

Saying no to 'Just say no'

By Marsha Rosenbaum

Earlier this month, in response to rising teen drug use and as part of his new and improved "get tough" policy, President Clinton stressed drug education as a key element of his war on drugs. As a sociologist and the mother of two teenagers, I, too, have been concerned about drug education. As do most parents, I wish "the drug thing" would somehow magically disappear, that my children could simply remain abstinent from all intoxicating substances forever.

This wish, of course, is a fantasy. I continue to hope, however, that my children do not fall into the trap of a heroin addict I interviewed nearly 20 years ago. She, like myself at the time, was a "nice Jewish girl" who came from a middle-class suburb of a large metropolitan area. Genuinely intrigued by how differently our lives had turned out, I asked how she had ended up addicted to heroin and in jail. I will never forget what she told me:

"When I was in high school they had these so-called drug education classes. They told us if we used heroin we would become addicted. They told us if we used marijuana we would become addicted. Well, we all tried marijuana and found we did not become addicted, so we figured the entire message was b.s. So then I went ahead and tried heroin, got strung out, and here I am."

Drug education programs of the 1960s were designed to frighten kids out of using heroin, marijuana, LSD, and methamphetamines. And, with a few exceptions, drug education from the late 1970s to the present has stressed the "just-say-no" approach.

Although millions of tax dollars have been spent on drug education, in the decades following the early scare tactics and later resistance campaigns, government surveys indicated more rather than less drug use among teenagers. If drug education was to be the key to attaining a population of abstinent adolescents, it did not do the job, largely because most programs are based on several questionable assumptions about adolescence and drug use.

First, drug education programs have, as their underlying premise, the goal of complete abstinence from all illegal drugs. The expectation that American adolescents, who are bombarded daily with messages to take some substance for pain relief, sleeplessness, depression or appetite suppression will not be tempted to experiment with

legal or illegal drugs is unrealistic.

Second, many programs define anything other than one-time experimentation as abuse. Although few programs acknowledge that responsible use is possible, students who have observed others or had first-hand experience that did not result in abuse discount the entire program.

A third assumption is that alcohol and cigarettes are "stepping stones" to the illegal drugs, and marijuana will be the gateway to "harder" drugs such as cocaine and heroin. Government surveys of prevalence show no evidence that one drug leads to another, and the vast majority of teenagers who use marijuana do not go on to use any other illegal drug. Again, teenagers who have known marijuana-only experimenters tend to discount the rest of the information contained in the program.

The fourth premise of drug education is that if children fully understood the risks of drugs, they would abstain. It is the job of teachers (who often know little about drugs themselves) to use any means, even deceit, to deter them. When given wholly negative messages, students often wonder, "If drugs are so bad, why would people want to use them at all?" They are rarely convinced by an unbalanced approach.

Finally, most programs are predicated on the notion that teenagers have little to contribute to their own drug education. Although they are taught decision-making skills for resistance to drug use, students are not allowed the option of making their own decisions about whether or not to experiment. When teenagers are outside the classroom and the watchful eye of parents, they actually do make their own decisions and often do a good job of it.

What teenagers really want out of drug education is honest, factual information that will help them make their own decisions about drugs. If they opt to experiment, they want to know as much as they can in order to avoid health problems.

Instead of the doctrinaire approach to drugs that has characterized the last 30 years, perhaps we should capitalize on students' attention and interest and use drug education to teach them generally about physiology and health. In so doing, we might even do something to help young people minimize the dangers of using legal and illegal drugs.

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