

CORONER'S PROGRAM INEFFECTIVE?

We question the value of education in deterring criminal behavior.

BY GLENN CAMPBELL

As part of the package of sanctions given to young offenders, the juvenile court often assigns them to the Coroner's Visitation Program. This is a tour and class given by the County Coroner's office that shows delinquents real dead bodies and a slide presentation illustrating the gruesome consequences of criminal behavior.

The program is immensely popular among politicians and the public, and, logically, it seems like it should work. If kids see the bloody results of, say, drinking and driving, they may be less inclined to do it.

The teens who attend this program are required to pay for it themselves: \$45. The question is, is this investment cost effective?

For about the same price, these kids could attend the Circus-Circus Fright Dome during the Halloween season, where they get to see severed body parts and ghoulish dead things in five haunted houses as well as enjoy their favorite roller coasters and motion-sickness rides.

Science suggests that the two programs are about equally effective in preventing future crime—that is, not at all.

Both programs have been around for about five years, but neither can offer any useful statistics on recidivism. The best the creators of the Coroner's Program can offer is that of "X" number of delinquents who have attended the program, only "Y" number have reoffended. That's like saying that a toothpaste gets your teeth "50%

FRIGHT DOME
AT CIRCUS CIRCUS



whiter." 50% whiter than what?

We would like to conduct a double-blind study. In it, delinquents would be assigned randomly to either the Coroner's Program or the Fright Dome. A year or two later, we would see how many kids from each group got in

trouble again. Consistent with academic studies of similar programs, we predict no statistical difference between them.

Most of the credible scientific evidence points in the same direction: Educational programs DO NOT WORK in controlling impulsive behaviors. Education can teach technical skills and impart knowledge but it cannot teach emotional control to those who have very little to begin with. This doesn't just apply to the Coroner's Program but to ALL educational programs and ALL impulsive and addictive behaviors.

It may take a while to absorb this news. Society doesn't want to accept it. Education is often touted as the solution to everything, if only we had enough money. It is one thing bureaucracies know how to do: sit people down and try to program them. If this silver bullet doesn't work, it means that many of society's worst problems simply have no solution.

It's a sad fact of human nature: You can't talk people out of their bad habits.

Take the DARE program in public schools (Drug Awareness Resistance Education). It is arguably the most popular drug prevention program in the history of mankind—and it's completely ineffective. Study after study has shown, without a doubt, that DARE does nothing to decrease teen drug abuse. (Find this newsletter on our website for some links.) Some studies have even shown that DARE increases drug experimentation among kids exposed to the program.

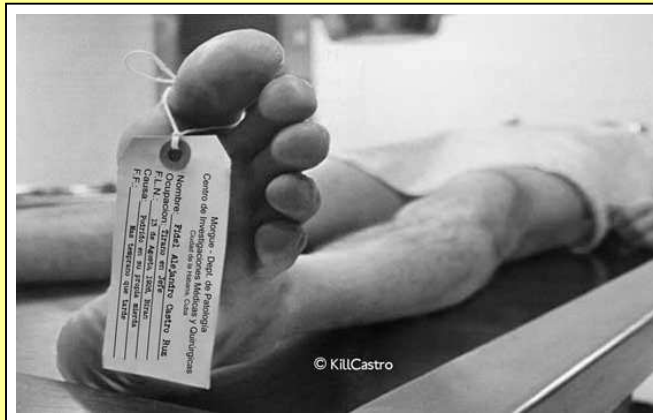
Imagine you were an adolescent who had no exposure to drugs, who hardly even knew what they were. If police officers and other pillars of your community came to your school to teach you about drugs, showing you how to identify them and telling you how bad they were in spite of the high, wouldn't your curiosity be piqued? This program is virtually giving you a road map for how to defy authority.

So how do you really keep a kid off drugs? You get involved with him. You engage him in meaningful activities that keep him off the streets. You keep an eye on him. You become sensitive to his needs and responsive to his messages.

Education is no substitute for any of these things. No matter what the curriculum is, any "program" from an outside source is an escape from

responsibility, and it is just as likely to encourage the forbidden behavior as discourage it.

The statistical results of the DARE program have been so disappointing that the federal government has cut off funding for it. Now the feds have a new tack: "Parents. The Anti-Drug." That's the right idea, because only parents, or people acting like them, can truly divert a child from impulsive behavior. They do it, however, by conditioning and example, not by words and scare tactics.



The new national approach is to prevent teen drug abuse by encouraging parents, via advertising, to spend more time with their kids. Alas, this is probably just another form of education that doesn't work.

An even bigger bombshell is that drug treatment doesn't work—after someone is already hooked on drugs. Are we saying that when Britney Spears checks into a very expensive rehab program the program itself is useless in curing her addiction? Yes, that's exactly what we are saying.

Drug treatment is a huge industry with one of the sorriest success records of any supposedly medical field. Any program can get you off drugs right now (say, by locking you in a room without access to them) but in the long term even the best programs are only marginally more successful than a control group. In its statistical outcomes, drug treatment is roughly equivalent to the weight loss industry—and filled with just as much hokum.

It is an open secret among the intelligentsia in juvenile justice, in psychiatry and in child welfare that many of the most popular interventions are ineffective by any scientific measure and stay alive only for political reasons. The experts know these approaches don't work, but these programs have powerful supporters, are inscribed in law or at least give courts and agencies something to do, so cutting them is not

an option.

So what really cures drug addiction? Mostly, it happens when someone gets so beaten up by the effects of their addiction that they make their own decision to change. Once that threshold has been crossed, any treatment program (or none at all) is likely to succeed. If that level hasn't been reached, then every form of treatment is a waste of resources. It may even be counterproductive if it allows the addict to shift the burden for his cure to someone else.

There is one intervention known to change impulsive behavior: pain. You can try to educate a reckless driver about the dangers of speeding, but the only thing that is really going to slow him down is a speeding ticket. The threat of the ticket isn't enough. He has to actually suffer for his actions before the lesson hits home.

The Coroner's Program might be effective to the extent that it seems painful or that it engages the youth in some kind of community, but the same effect might be achieved by having the kid dig a ditch or play a team sport.

If exposing a kid to the mechanics of death changes anything, it might simply be making him less afraid of it. In mitigating a teen's natural fear, the program could be achieving the opposite of what is intended, making him more death-defying.

The thing is, nobody really knows. There have been no studies. For all we know, the Coroner's Program could have some deterrent or reformatory value, or it could have some social or political usefulness apart from its statistical outcome. We just don't have any data.

We're not saying the program should be discontinued. The Coroner likes to show off his craft, and the kids seem to like the program. "Cool!" they say after the initial shock has worn off. In practical terms, the Fright Dome is open only in October, while the Coroner's Program operates all year. The Coroner's Program might have a role in juvenile justice as long as we see it for what it primarily is.

Juvenile entertainment.

—G.C.

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