

## 1.13 Mixed results from UK pilot of US's most popular prevention programme

**Findings** An evaluation of DARE (Drug Abuse Resistance Education) delivered by police to 10–11-year-old pupils in a Mansfield school focused on whether in the months after the 17-week programme pupils expressed opinions and intentions consistent with its objectives. DARE aims to impart information and provide children with the skills to refuse drugs. At the time of the research it focused on resisting peer pressure and practising appropriate responses to drug offers.

Of the 100 pupils receiving DARE roughly 80 completed questionnaires and participated in single-gender focus groups exploring their perceptions of drugs and attitudes to drug users, dealers, and drug offers. The groups also probed how far effective drug refusal skills had been inculcated. Later, 12 pupils were individually interviewed. Data from an earlier evaluation (which included schools not receiving DARE) served as a comparison condition.

The clearest positive impact was a substantial increase in the numbers spontaneously identifying cigarettes and alcohol as 'drugs' to 79% and 49% respectively, well above those in schools not receiving DARE. Awareness of cocaine, crack, ecstasy and needles/syringes had also increased but – though these are the illegal drugs pupils are most likely to encounter – few mentioned cannabis and amphetamines. Most pupils retained stereotyped and unrealistic views of drug users, drug dealers and drug-offer situations. Though aware of how they might feel pressured to take drugs, they generally lacked confidence and assertiveness in their anticipated reactions.

**In context** DARE is the USA's most popular substance education programme and an adapted version is now being promoted nationally in the UK. The current study was not designed to test DARE against other approaches but to develop the Mansfield programme (which has since been modified) prior to UK-wide expansion. Pupils came from a single school with a relatively homogenous racial and cultural mix, restricting the generalisability of the results.

For a curriculum focusing on resistance skills, the study found disappointing short-term improvements in this area, a result also seen in the USA. Other US evaluations have led to warnings that, if it displaced more effective programmes, DARE would render a net disservice to drug prevention. However, since that verdict a US study has reported that regular use of more deviant drugs was much less common among young men in a DARE cohort six years after the lessons than in a comparison group. Another linked greater DARE participation with less frequent drug use among US teenagers though it is unclear whether DARE caused these outcomes or whether another programme might not have done better.

Some recent studies have cast doubt on the assumptions underlying DARE that peer pressure to use drugs – and therefore the lack of skills to resist this – are major factors in drug use.

**Nugget 1.11; Teaching in the tender years, p. 4**

**LINKS**

**Practice implications** For DARE the authors recommend refinements to make it more relevant to real-life situations and to develop more positive refusal skills, taking account of the different perceptions and reactions of boys and girls and pupils' mistaken beliefs that drug offers are more likely come from strangers than from peers.

Schools not committed to DARE might argue that the considerable classroom time it absorbs could profitably be diverted to other forms of health education, though for some the gains in police-community-school relations and the extra teaching input will make DARE a preferred option. The desirability of partnership with the class teacher and of continuity and integration with other school activities are recognised by DARE's UK supporters, but these are easier to achieve with a programme led by schools. The fact that the lead is taken by outside experts seems out of line with national guidance.

**Main sources** ① Whelan S, Culver J. *Don't say 'no', say DARE!* N. Notts Health Promotion, 1997. Copies: apply ISDD ② Whelan S, Culver J. "Teaching young people how to say No." *Education and Health*: 1997, 15(3), p. 43–46. Copies: apply ISDD.

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