

February 2010

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Admin. Assistant

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Chairman of Board:

Norman Pink

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Richard Tessier



New Office In St. Cloud!

Minnesota D.A.R.E., Inc.
has relocated its office to:

St. Cloud Hospital's -
Recovery Plus
713 Anderson Ave.
St. Cloud, MN 56303-2048



D.A.R.E.—A New Generation

Kathi Ackerman, Executive Director

In January, 2010, Minnesota D.A.R.E., Inc. began celebrating our 20th year serving children and families. Recently, as we graduated the 39th class of new D.A.R.E. officers, we began to see that these officers had been D.A.R.E. students at one time. They already knew, first hand, the **“importance of D.A.R.E.”** We are beginning a “New Generation” of D.A.R.E.

Twenty years ago, D.A.R.E. was just a drug prevention program. In the 80's drug usage was increasing, the economy was down, and crime was up. In the 90's, the economy improved and so did drug education. Our program and curriculum changed several times to meet the current situations. D.A.R.E. responded to research. We expanded programming to include kindergarten thru high school. We added “positive alternative activities.” And we grew into a nationwide, then worldwide program.

Society now is being challenged again and D.A.R.E. has been asked to pick up several other safety areas in our schools—bullying; cyberbullying; Internet Safety; prescription and over the counter drugs, role modeling, gangs, methamphetamine abuse and the officer is asked to be the school resource officer as well. D.A.R.E. responded to these needs and developed new curriculum and further added parent and community presentations.

Does D.A.R.E. Work?

When I came to work for Minnesota D.A.R.E. over 12 years ago, I was shocked to see the battle going on in the prevention world. I am not in law enforcement; I had been working in the Iowa Courts representing children in need of assistance. Ninety to ninety-five percent of my caseload was children neglected and/or abused by parents, family members, or other familiar adults involved with drugs and/or alcohol. When I had the chance to break this cycle, I jumped on it. We all know that just waiting to react to a situation is very costly (not just financial but also to children and families), and “ineffective.” I could not believe that there was a world of people fighting about “preventing” this devastation. Why wouldn't the researchers, law enforcement, educators, and parents embrace each other to stop this senseless problem?

Early on, I began to realize that there is a lot of money and power behind tobacco, drugs, and alcohol. Not everyone wants to stop this problem. Many capitalize on it. There are the manufacturers and dealers; for-profit programs; and there are also problems with the motivation and credibility of researchers and/or journalists writing the articles. Interpreting research can be very subjective. Many professors need to be published to get their tenure. Journalists need to get published to

get paid. Getting published has nothing to do with helping people. Very quickly I learned that articles, using the studies that showed poor results, would become news and others could and would be discarded or discredited. D.A.R.E. could update their curriculum to address the studies/research but that would not stop criticism. Even when D.A.R.E. provided updated curriculum, the old research and negative interpretation would still be out there for the next 20 years. If the interpretation of the same research were seen as positive, it was down played and only the negative was highlighted. A program that gained so much student, educator, and parental support, was so often discredited for personal gain. If they really wanted to stop the drug problem, wouldn't they help in the efforts instead? Why would they only criticize? The researchers questioned why an “ineffective” program was pushed so strongly by parents and educators. Maybe it was because while the research community was demanding long term studies and arguing over what was “effective”, our children were growing up. Maybe it was because we parents didn't expect D.A.R.E. to stop all drug abuse in just a few short weeks in the 5th grade. Maybe it was because parents recognized that a positive, adult role model talking to our kids about the dangers of drugs wasn't a bad thing. Maybe we parents saw how our kids loved

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D.A.R.E. and their D.A.R.E. officers and we just wanted to build on that relationship. All the studies were showing these positive comments and feelings about the program but these were also ignored or discredited. Maybe D.A.R.E. has remained strong because the general public just has doubts about the research community.

In the early 90's, the prevention world was still trying to figure out what was effective and how can you prove effectiveness in prevention. How do you prove that kids were "prevented" from using? Who wants their kids in the control group? Will what works for one child or classroom or city; work everywhere? Evaluations on D.A.R.E. were done on the elementary curriculum, alone, without the other grades and then criticized for not having a long-term impact. Did you really expect 10-17 weeks of one component of a comprehensive program to last forever? If so, why are we not doing this with an "effective" math program? It would save a whole lot of time and money. D.A.R.E. also developed parent programs but they are seldom used by schools or departments and D.A.R.E. was criticized for limited parental involvement. Yet parents have come out in large numbers to the D.A.R.E. graduations and the studies show that parents are one of the strongest supporters of the D.A.R.E. program. D.A.R.E. was criticized for using law enforcement in the classrooms, yet almost all the studies showed that as having a very positive impact. Shouldn't we take that positive information and build on it?

Did you ever wonder why D.A.R.E. has had to undergo so many independent studies while other prevention curriculums pay

for and conduct their own studies? It certainly makes me wonder why D.A.R.E. is expected to do so much more than other programs. Yet D.A.R.E. is a non-profit organization that gives the curriculum to law enforcement at no charge and reduces the price of workbooks to only \$.89. Many of the other curriculums are done by "for profit" organizations or organizations that charge a lot more money. Special speakers charge in the \$1000 range to speak to students. Why are these curriculums not put under the same microscope?

D.A.R.E. has been criticized for costing so much money. Free curriculum and free or reduced student workbooks... what expense? They figure in the cost of the officer, of course. The entire cost of the officer even though he/she doesn't need equipment, car, etc. for D.A.R.E. The officer is certainly not in the classroom all the time. School is only in session 9 months out of the year. They do not spend their whole day teaching D.A.R.E.; most officers are also working the streets. Many chiefs or sheriffs know that the officer is providing more service in that classroom for one hour than writing tickets on the street (which has been proven to be...ineffective too). Now what about the other curriculums, where is the cost for the teacher? Where is the special drug training for the teacher? Do they have knowledge of their community's drug problem? How much will it cost to train them? Or will they even train them? Should the teachers

be expected to pick up yet another thing?

Steven Glass fabricated an article in 1997 that was published in two magazines that gave D.A.R.E. the title "controversial" that still comes back to haunt us. Mr. Glass was fired and had to make a formal apology to D.A.R.E., however, the apology for the fabrication was never publicized. Many, many other articles followed Steven Glass' and carried the rumors and fabrications on like a bad game of telephone. Negative news is what sells. The pro-D.A.R.E. articles never made the news. If D.A.R.E. defended themselves; they were again criticized. What is controversial about teaching kids about safety issues?

When I arrived as the Director in 1997, Minnesota D.A.R.E., Inc. in had already been asked to take part in a study with the University of Minnesota's Department of Epidemiology. Dr. Cheryl Perry led a team to further develop an after school component—D.A.R.E. PLUS and at the same time evaluate the junior high/middle school program. This project was funded by the National Institute on Drug Abuse. Dr. Perry and her team felt that a program that was so well accepted by communities should be utilized as a strong base to build upon. The team, in their March, 2000 article in the Journal of School Health, pointed out several important points about D.A.R.E. and the past evaluations. "Past D.A.R.E. evaluations of the elementary curriculum were reporting short-term changes in knowledge, attitudes, beliefs, and cigarette smoking behavior. These results were

modest in size, not sustained in the long-term studies, and the short-term effectiveness for delaying drug use was small, and substantially less than that of more interactive prevention programs. However, the interactive programs D.A.R.E. was being compared to had been implemented in the middle or junior high school, not the elementary. Even the successful curricula had not shown encouraging results when they were evaluated in dissemination studies that had less control over implementation by the investigators.” The researchers felt that maybe evaluation should be compared to these studies rather than with results from controlled trials. The University of Minnesota team went on to state many other very positive statements about D.A.R.E. (This article can be found at www.mndare.org). The project team developed a Minnesota D.A.R.E. Plus program that was shown to be effective. However, schools and law enforcement do not have the funding, staff, or time to implement a comprehensive program and the program was shelved just like most middle school or high school programming.

During this same time period, Dr. Joseph Donnermeyer from the Ohio State University would conduct several studies and address the misinterpretation of some the research results. He found the D.A.R.E. curriculum to be “effective.” He wrote and had published articles stating his findings. Those studies and articles went unnoticed or were discredited. (This information is also available at www.mndare.org.)

In 2000, the Robert Wood Johnson Foundation decided to go to work with the University of Akron to develop the best possible, universal, prevention curriculum by utilizing all the knowledge the prevention world had gained. They asked D.A.R.E. to

deliver this program and participate in a long-term study. D.A.R.E. agreed and changed their current program to meet these new standards. The Robert Wood Johnson Foundation paid the University of Akron to develop this “universal” curriculum (not DARE). The program was showing positive effectiveness in the short term, as D.A.R.E. always does, but when Hurricane Katrina hit and disrupted one of the major cities in the study, the long term study fell apart. Thus, still another problem of doing “long-term” studies on children and families...times change, people change. There were positive results to the study and articles were published but not publicized. D.A.R.E. was found to be a very effective delivery system and D.A.R.E. officers were found to be very effective teachers. This was exactly the role D.A.R.E. had been asked to do this project; deliver the program. (Those articles can be found at www.mndare.org).

D.A.R.E. continues to utilize that delivery system and those effective officers to deliver new enhancement programming in methamphetamine abuse, bullying, cyberbullying, Internet Safety, gangs, role models, and prescription and over-the-counter drug abuse. These programs include community presentations to involve parents and other adults. D.A.R.E. is collaborating with other professionals to help provide the most up-to-date information on safety topics. Parent take-home lessons have been incorporated to begin discussions at home where prevention must be continued. If there is a safety issue

impacting our children, D.A.R.E. has a system to get the latest information out into our schools and communities. In July, 2009, D.A.R.E. America released a new Middle School Curriculum. This curriculum is science-based and is on the NREEP list of effective and promising prevention programs. This program was developed by funding by the National Institute on Drug Abuse at Penn State University and Arizona State University. D.A.R.E. continues to conduct on-going evaluations by experts. D.A.R.E. meets the National Health Standards. D.A.R.E.’s “iKeepSafe” Internet and Cyber-bullying curricula has been evaluated as highly effective. And many other studies and articles support these findings.

We live in a world that likes to criticize instead of putting that energy into making a difference. Whenever pro-DARE arguments are given, I hear, “Well in the past studies said...” Well in hind sight we know a lot of new things. The past is gone and we can’t change it, all we have is right now. This is a “new generation” of students and parents. Let the past go and work with us toward the future. There is nothing controversial about D.A.R.E. After 12 years, all I have seen is a bunch of cops working hard to help kids instead of having to arrest them or take them to the hospital or do a death notification. I see them devoting their lives to these kids. At least for today, why don’t we thank them instead of criticizing them. **Join us!**

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****Did you know that on the “Effective School-Based Program list, D.A.R.E. and Keepin’ It Real is the same program!! The program was developed by Penn State and Arizona State Universities.*

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Opioids and Other Prescription Drugs: Parents and Communities Collaborate

By: Kathi Ackerman, Executive Director

Use of opioids and other prescription drugs for non-medical use is increasing at incredible rates. Approximately 1.3 million US citizens report abuse of prescription drugs each year. (Simoni-Wastila, 2004) Opioids fall into the narcotic analgesics class which is the leader in non-medical abuse. (Simoni-Wastila, 2004) The problems are not all arising from physician prescriptions but largely from illicit sources such as family, friends or illegitimate sources. (Carise, 2007) The Internet has also become a popular source for obtaining these drugs without prescriptions. (Forman, 2006) These drugs can be very effective if used under a physician's care, however, if misused they can prove deadly. Parents and communities need to work together to help prevent the misuse and abuse of these powerful substances.

Recent media attention largely due to the deaths of celebrities, have brought to light the dangers of these drugs. Anna Nicole Smith died of an overdose in 2007. She had been prescribed 1,800 pills in the previous five weeks of her life. Her son died from a lethal combination of methadone and two anti-depressants, 120 day prior to her death. Heath Ledger died in 2008 from an accidental overdose. He died from a combination of several doctor prescribed drugs. And June of 2009, Michael Jackson died from what appears to be a cocktail of pain medications. Criminal charges are pending on this case. Medications assist many with relief from pain often associated with health issues, if used as prescribed. When abused, these drugs can have deadly results.

According to the some of the latest drug usage trend reports, illicit drug use is declining for teens. Unfortunately, the use of

prescription drug abuse is increasing and is currently being abused more than any illicit drug except marijuana. Prescription drugs are being abused more than heroin, methamphetamine and cocaine combined. (CADCA, 2008) In 2005, over 9 million people (age 12 and older) were current users of illicit drugs other than marijuana. Of these, 6.4 million non-medically used psychotherapeutic drugs. If we break this down even further, 4.7 million used pain relievers, 1.8 million used tranquilizers, 1.1 million used stimulants (approx. 512,000 meth), and 272,000 sedatives. (Streetdrugs, 2008) According to the Office of National Drug Control Policy, in 2006 more than 2.1 million teens abused prescription drugs and most teens get these drugs from friends and family. Parents are often unaware of this abuse and are not discussing the dangers to their children even though research shows that parental disapproval is one of the most effective ways to keep kids from using drugs. These drugs can often be found in a child's home and some teens are using these prescription and over-the-counter drugs with alcohol and other drugs. The interaction of these combinations, often referred to as cocktails, can have serious medical complications. (ONDCP, 2008)

Drugs being abused: opioids/pain relievers such as hydrocodone, oxycodone, morphine, fentanyl (Vicodin, Lorcet, Dilaudid, OxyContin, MS-Contin, Sublimaze); tranquilizers such as Valium and Xanax; stimulants such as Adderall, Concerta, Ritalin; and cough medicine containing dextromethorphan (DXM); sleep aids such as Tylenol PM; and motion sickness pills such as Dramamine. Adults and children feel safe taking prescription or over the counter medications because they are given to us by doctors. However, these drugs can have the same affects as drugs like heroin. The public has to be educated about the conse-

quences of the misuse and abuse of these drugs.

This growing problem is going to cost our country billions of dollars in our criminal justice system as crime increases to feed this habit and violence from the use and abuse. We will pay in treatment centers and hospitals as many new patients will enter that would never have used "illegal" drugs. And social services will feel the burden as families are devastated and destroyed by addiction, accidents, and death.

Parental and community involvement, along with prevention education for children, seems to be a key is slowing the abuse of these drugs and the impact on society. The effectiveness of prevention components for students could be greatly enhanced if they are done along with community presentations for adults. According to the National Office of Drug Control Strategy's Performance Measures of Effectiveness; intervention should begin early, it should be repeated over time especially in later developmental stages, and intervention should be done in settings that affect the risk of and protection for abuse such as homes and communities (ONDCP, Principals of Prevention, 2003) Often the extension of programming for the parents and communities is left out of prevention programs. The National Institute on Drug Abuse states in "Principal 1" of their *Prevention Principals under Preventing Drug Abuse among Children and Adolescents* that programs need to enhance protective factors and reverse risk factors. One of these protective factors is the support of parents. "Principal 5" encourages drug education and information for families. "Principal 10" states that combining two or more effective programs can be more effective such as school-based and family-based programs.

(NIDCP, 2008) In order to incorporate the parents and other community members, they need to be properly educated on the topic and given tools to utilize in providing this support.

Utilizing a panel of community experts appears to be an effective way to attack the problem. If we take the information gained from our students on the impact of their instructor and apply it to the parents, we will find that a positive perception of the instructor can affect “refusal, communication and decision-making skills, normative beliefs, perceived consequences of use, and substance use.” (Tonkin, 2008) We take this one step further and involve law enforcement as a presenter in our adult programming. Hammond et al. (2007) found that “students who had police officers as instructors evaluated program instructors significantly higher than students who had non-police officers.” If these same findings were also found effective with parents, the article goes on to state that the use of police officers has the potential to help improve the effectiveness of the prevention program. (Hammond, 2007) One study of D.A.R.E. found that parents, an important piece in prevention, respond positively to the program, and view peace officers as positive instructors. (Donnermeyer, 2000) If the officer making an impact in the classroom were to be a part of the panel providing information to the parents, the impact and perceptions could be carried over to

these parents and community members.

A physician, as a presenter, may also have an impact on parents. In a 2007 study done on alcohol prevention, measured the reactions of adolescents and parents, to a screening and brief intervention with a physician. This was done to see if primary care physicians could be used to help reduce alcohol consumption in their non-alcohol-dependent patients. Parents and adolescents were found to be very interested, receptive and supported a physician-initiated component. (Youast, 2007) Physicians and pharmacists are experts on the topics of drugs and their actions and reactions. This addition or combination could also help ensure that accurate information is provided to the parents and community members and that their questions are adequately answered. Prevention programming expanding to include parents, peers, and other community members have shown to be more effective. (Perry, 1996) Project Northland, a program that has evidence of effectiveness, utilizes parents, peer, and community involvement. This program uses the approach “to empower parents and other citizens in these communities to build their own capacity for prevention based on building networks of support and encouraging broad-based participation.” (Williams, 1995) Mangham (2007) sees “that

prevention is a whole community endeavor.” He goes on to say that D.A.R.E.’s use of trained peace officers who work and live in the community, utilizes this resource. Building on this idea and putting together a panel of community experts on this topic, can help encourage parents and others in the community, to come together to be a part of the solution.

If you compare this community panel of experts against CASAS Promising Practices (2008), you will find that it can be effective, as the studies cited indicate. It is innovate and creative as it is pulling together several sections of the community in a collaboration not normally utilized as a team in prevention, but all are involved in some way with the topic. And it goes beyond the basics in discussing a topic that is beyond basic drug prevention education by pulling together experts in the area. It addresses a specific problem, Prescription and Over-the-Counter Drug Abuse, and calls for action and accountability from our parents and communities. What would happen if we all worked together on an issue?

**Resource citations available at www.mndare.org

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Deputy Dave Struckman Minnesota DARE Officer of the Year—2009

Deputy Dave Struckman (Le Sueur County Sheriff's Office) received the MN DARE Officer of the Year Award at this year's Gangster Gala. Considering all of his work both on and off duty, he is an inspiration for the DARE program, DARE Officers, and the children. He has made an impact on his DARE students by teaching and supporting them through good times and bad times. MN DARE has received many thank you letters from students who had Deputy Dave as their DARE Officer.

((Letter from Fr. George, Pastor of St. Anne's Church)

I would like to nominate Sgt. Dave, a member of the Le Sueur County Sheriff, as the recipient for the DARE Lifetime Achievement Award. Deputy Dave has been teaching DARE in our county for some 18 years now. He has won the respect and love of both his students and adults. I cannot list all his achievements in this paper, but here are few.

Needless to say that he has faced, as many DARE programs have, the criticism of some adults as to why our students need DARE. When a school starts to consider whether or not to keep DARE, the parents call and write to the school in great numbers to let them know they must keep DARE. They say it is important to their child. Deputy Dave has built a close and won-

derful relationship with the youth and adults of our county. Some of the adults can recount their own days of DARE with Deputy Dave and how much they learned and the fun they had in his class.

Over all these years Deputy Dave has led his students beyond their class to show how they can affect people's lives today. One example is of a high school student from one of the high schools in our county that was found to have leukemia. Deputy Dave encouraged his classes to reach beyond themselves and touch someone's life. Through *The Caringbridge Website* his students have sent over a hundred notes to this lad filled with encouragement and care. The mother of this young lad wrote in her son's site how awesome and a joy it was for her and her son to receive and read all those messages of hope and support from Dave's DARE students. His students not only know how to say "No!" they also know how to reach out and help others in need. Earlier we had some students in a northern Minnesota native American school shot. Dave helped his students not only write cards to that school, but to do so in a way that the Na-



(From left: Richard Tessier, Deputy Dave Struckman, Kathi Ackerman)

tive American school children could truly appreciate. The cards were colorful, filled with eagles, nature and all the symbolism that is important to the Native Americans. The school sent back to the students a handwritten thank you with all the teachers of the school signing it. Awesome.

I would like to share another example of the impact Deputy Dave has on our youth. As pastor of a parish in Le Sueur County I remember getting a call one evening from a high school student. He had come home from school after practice to find his mother lying drunk on the floor. This same young man has lost his father to suicide a couple of years earlier. He found his dad in the garage - he had shot himself. Who does this young man turn to get help? He called me wanting to know if I could reach Deputy Dave. His mother would be alright for she had gotten drunk before. He just wanted to talk to Deputy Dave. I called the dispatch office and had

them page Dave and have him call me. In minutes Dave was on the phone. He was at a sports event with his family. We arranged to meet at an intersection in the county and we drove out to the house together. A neighbor and I took care of the mom, while Dave sat on the back steps, listening and talking to the young man. I can say without a doubt that the reason why that young man is sober and alive today is because of Deputy Dave. A man had come into his classroom and taught him not only how to say no, but about self-esteem, their worth, about caring, and how to reach out for help and give help to others. This young man turned to the one who taught him all this. And that was his DARE teacher. What an awesome task and power our DARE Officers have and I know they use their power to help our young people. I have seen how DARE goes beyond just drug awareness and how it shows our youth how to survive the troubles before them. In our county, it is the DARE Officer who empowers our youth.

We also had our share of young people being killed in snowmobile, car, ATV accidents, and suicide. When that high school in our county gathers with its students to talk about what happened they are invited to stop and see one of the people who have gathered to help them in such situations. School staff, school counselors, local clergy, etc. are all there, but who do

they go to? Yep, Deputy Dave. They know that he cares about them. Deputy Dave then helps the children with letters to the family, doing ribbons in the person's memory, and planning a visit to the funeral home. His presence is always a sigh of relief to all who are there.

This wonderful man has given his life, not only to the county as a whole by being a deputy sheriff, but especially to the youth of our county. Besides being a DARE Officer, he has been a coach. He is on the county's CISM Team and SWAT Team. Dave is also a husband and father. I wish I had time and space to tell you more. Deputy Dave, DARE Officer for Le Sueur County in Minnesota, is a worthy recipient of this award. Please consider him.

Who am I? I am Fr. George. I have been a pastor in this county in parishes for 19 years. I have had Deputy Dave in my parish schools and have worked with him in the DARE class. I have personally seen my students grow in the DARE classes. Dave truly empowers these young men and women to say NO. In his class they learn of friendship, self-esteem, problem solving, that people care about them and also to take time to reach out and help others when you can. As the chaplain for the Le Sueur County Sheriff's Office I have also personally been with Dave when he had to be with youth and families in tragic times. After all these years of teaching DARE in the county, Dave often says he was one of my students. Almost all deaths in our

county are personal for Dave because of DARE. When I ride with Dave it is fun to see youths along the road and in different towns stop and wave at Deputy Dave as he drives past in his DARE car. Our youths have been very lucky to have a dedicated man like Dave to be our DARE Officer. He is a very deserving person to receive this Achievement Award. I am proud and a better person for having met and been with Dave in his D.A.R.E. classes.

Fr. George J. Graftsky
 Pastor of St. Anne's Church
 Chaplain of Le Sueur County
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Minnesota D.A.R.E. 20 Year Anniversary

On January 20, 2010, Minnesota D.A.R.E. (Drug Abuse Resistance Education) will celebrate 20 years of service to Minnesota children and families. A year of special activities will commemorate the event.

The D.A.R.E. program was developed as a pilot program in 1983 in Los Angeles. This was largely in response to a large increase in drug use and abuse creating increases in crime. D.A.R.E. was a program that utilized specially trained, uniformed, law enforcement in the classrooms to gain the attention of the students and to provide information about their neighborhoods. These officers saw the ineffectiveness of reacting to the problem and wanted instead to prevent it.

As the drug problems carried into the Midwest, Attorney General Skip Humphrey sent Norm Coleman (who worked for Skip Humphrey at that time) to learn about this D.A.R.E. program. Under the direction and leadership of Attorney General Humphrey and Norm Coleman, the Minnesota project quickly took off and became a lead program in the country.

In 1990, Norm Coleman signed the Articles of Incorporation setting up Minnesota D.A.R.E., Inc. as the nonprofit to manage D.A.R.E. programming for Minnesota.

Today, Minnesota D.A.R.E. is much more than a drug and alcohol prevention program. This program is recognized and remembered by many as a friendship between a "cop and a kid." Hundreds of officers have been specially trained by the Minnesota Bureau of Criminal Apprehension. These officers touch over 70,000 students annually in grades Kindergarten through High School. After 20 years in Minnesota, we

are now preparing to reach a second generation of D.A.R.E. students.

This one time drug prevention program now takes on many safety issues our young people face—bullying and cyberbullying; respect and friendship; Internet Safety; gangs; role models; and prescription and over the counter drug abuse. Community presentations are now presented to parents, grandparents, and others in the community. Special events or positive alternatives are conducted to include the entire family. Many other collaborators have joined the program like the Minnesota National Guard Counterdrug Unit and the Minnesota Pharmacists Association/Foundation. Foundations, corporations, businesses and hundreds of individuals come together to support our young people.

With so much attention on the high costs of health care; the lack of support for prevention is once again being brought to the table. We know that prison does not work. Treatment is a difficult road. Social services and hospitals cannot handle the load. All are very costly. In the

meantime, lack of insurance for drug abusers, crime, and family issues impact all Minnesotans. Prevention just seems logical. We are talking about our children.

Join Minnesota D.A.R.E., our officers, students, alumni, educators, and supporters in celebrating our accomplishments and entering another decade of support for our children and families.

For more information contact Minnesota D.A.R.E., Inc. at 1-800-990-DARE (3273), MNDARE@aol.com or go to www.mndare.org.

2009 Monitoring the Future Survey

The 2009 "Monitoring the Future" survey's latest percentages to be used with the D.A.R.E. elementary and middle school lessons:

Use in the Last 30 Days by 8th Graders:

- Tobacco 6.5%
- Smokeless Tobacco 3.7%
- Alcohol 14.9%
- Been Drunk 5.4%
- Marijuana 6.5%
- Hallucinogens 0.7%
- Inhalants 3.8%

The Monitoring the Future study is an annual survey of the behaviors, attitudes, and values of American secondary school students, college students, and young adults. Each year, a total of some 50,000 8th, 10th, and 12th grade students are surveyed.

Help Stop Student Abuse of Rx Drugs

D.A.R.E. America is pleased to announce a partnership with MedSafe, Inc. MedSafe manufactures the MedSafe digital lockbox, an innovative and unique device which installs easily into most existing medicine cabinets to store and secure Rx medications to protect our kids.

Over 90% of students abusing Rx (prescription) drugs obtain the drugs in their home or the homes of family and friends. Properly securing Rx drugs will restrict

access by kids and immediately have a positive impact on the significant problem of youth abuse of these substances.

To allow communities and D.A.R.E. instructors to further benefit from this partnership, for a limited time, MedSafe has agreed to greatly reduce the price of the unit to \$39.95 (reg. \$59.95).

Please visit www.dare.org or www.helpsaveourkids.com for more information about the MedSafe product and the

D.A.R.E./MedSafe partnership.

The D.A.R.E./MedSafe partnership and the MedSafe digital lockbox also afford communities an extraordinary opportunity to raise funds to support your D.A.R.E. program, and will reduce the Rx/OTC problem simultaneously.

5.11 Tactical Series Winning Nominations

The owner of 5.11 Tactical Series read the nominations and selected the most deserving DARE students to win a trip to their lodge in Montana. Conner Riley from Morris, Minnesota was nominated as a deserving student of 5.11s Light for Life Foundations Show Them They Way Program. Congratulations!!

23rd International D.A.R.E. Training Conference

When: July 20 (Tues.)–22 (Thur.), 2010.

Opening ceremonies will take place at 1:30pm on July 20th.

Where: Duke Energy Convention Center, Cincinnati, Ohio.

How to Register: Conference Registration begins Jan. 18, 2010.

Go to dare.org for more details!

*Discussion Board
for Officers—named
the FORUM—on
www.dare.org in the
"Officers Only"
section. Why not
communicate with
other D.A.R.E.
Officers from
around the world?*

Visit us at:
www.mndare.org





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E-mail: MNDARE@aol.com



Upcoming Events & Other Information: For more information go to www.mndare.org

SUPERVALU -Water Park of America is hosting a special D.A.R.E. event on May 16, 2010.

Game Works/Timberwolves DARE Game will be held on March 28, 2010.

Game Works/Twins DARE Game will be held on April 18, 2010.

April 8, 2010 is National DARE Day!!

Poster Contest 2010—"Why is DARE important?" Due April 8, 2010.

20 Years of MN DARE—send us short stories/summaries of experiences of your experiences with DARE or your DARE officer. Send to MNKazue@aol.com

You can order Elementary and Middle School Rx/OTC workbooks, as well as certificates and seals. Email to MNKazue@aol.com.

Goldy Locks Tour—"Today, I Won't Be Afraid". She is only charging \$300 per day and can do about 3-4 schools a day. Check her website at <http://todayiwontbeafraid.com/>. To book her for a DARE event at your school or for more information, email MNDARE@aol.com.

Credit card donations available at www.mndare.com under "How to Donate" link on the left side of main page.