

THE VALUE OF D.A.R.E. AND PREVENTION EDUCATION

Many people question the value of prevention education activities and curriculum. They believe that prevention education can have little influence on young people's attitudes and behaviors about using illicit substances. Recently, during a seminar I conducted in San Antonio, Texas that was part of an annual meeting for a national association of high school principals, I asked participants what they **did not like** about prevention education. One participant raised his hand, and exclaimed: **"It takes a child more than a week to learn how to read, so why should we expect young people to be immune from the dangers of drug use because we ribbons around everything for a week, or spend 17 hours in the classroom trying to teach kids about the dangers of drugs."** His concern is real because it is about the lack of reinforcement of the messages taught in various prevention education activities. Schools and communities that treat prevention education activities as a "technology fix," that is, an attitude that says "we've done _____ prevention education program, so we don't have to do anything else," miss the point.

The fact is that prevention education, especially in the school setting, can make a positive difference, but can be so much more effective if reinforced by the school environment, by families, by positive peers, and by the norms and values of the community.

A statewide study conducted among 11th grade students in Ohio in 1995 demonstrates the importance of prevention education activities like D.A.R.E. This study included nearly 3,200 students, and utilized the American Drug and Alcohol Survey™ (ADAS). Estimates of substance use from ADAS are nearly identical to the Monitoring the Future's annual report on substance use among high school seniors. Monitoring the Future is the standard for gauging nationwide changes in trends on adolescent drug use in the United States. Another strength of ADAS is that it has over 30 computer cross-checks for exaggerated and inconsistent answers, enhancing the reliability and validity of the survey instrument.

This statewide study of Ohio's 11th graders included a series of questions about student's prior participation in prevention education activities, such as D.A.R.E. Nearly **38 percent** of the respondents had participated in D.A.R.E. Other popular school-based prevention activities included belonging to a Just Say No Club (**29%**), participating in Red Ribbon Week activities (**20%**) and participating in the Quest program (**6%**).

Unfortunately, there is a serious gap. Nearly 36 percent of this 11th grade class had never been involved in school-based prevention activities. Lack of participation was not restricted to a particular demographic group. Relatively equal proportions of males and females, black and white students, and rural, suburban and urban students were not involved (or involved) in prevention activities.

The good news is that students who indicated previous participation in prevention, such as D.A.R.E., scored lower on the ADAS drug involvement scale. This scale allows for the classification of students into three groups: low risk (abstainers, light alcohol users, and those who have not recently experimented), moderate risk (occasional drug users, especially marijuana), and high risk (heavy alcohol and marijuana users, and users of other more serious drugs).

Among students who had participated in the elementary D.A.R.E. program, 71 percent were in

the low risk group (compared to 55% of 11th graders who had never participated in prevention education). **Nineteen (19) percent** were in the moderate risk group (versus 27 percent of non-participants) and **10 percent** in the high risk group (versus 18 percent of non-participants).

Of even greater importance is the reinforcing effect of participation in multiple prevention education activities. For example, **seventy-three percent** of students who had participated in the elementary level D.A.R.E. program were involved in other prevention activities. Of those students who participated **only** in the D.A.R.E. elementary program, 62 percent were in the low risk group (with 24% in the moderate risk group and 14% in the high risk group). Although these scores are better than 11th graders who had never participated in D.A.R.E., they are not as good as the elementary students who had the lessons of D.A.R.E. reinforced through participation in other activities.

Students who had participated in D.A.R.E. were more likely to be involved in other prevention education activities, like the D.A.R.E. middle or senior level programs, Red Ribbon Week, or membership in a Just Say No Club. Whenever D.A.R.E. was reinforced by some other prevention education activity, the results were more favorable. For example, **77 percent** of students who were involved in the D.A.R.E. elementary program plus two other prevention education activities (regardless of the type of activity) scored in the low risk group (16% in the moderate risk group, and 7% in the high risk group).

Two other important points: (1) D.A.R.E. also reduces negative peer influence, increases family communication about the dangers of drugs, and creates a more positive image of law enforcement among students; and (2) support for D.A.R.E. among teachers, principals and parents is very high. In fact, over 97 percent of educators and parents recommend that D.A.R.E. be continued in their schools. This latter point is important because it represents another form of reinforcement. **Teachers and principals** set the tone for the school environment. The more they see D.A.R.E. as a viable and effective program, the more likely they are to stress the importance of healthy choices to students in terms of how school policy is set, and in terms of interaction between students and educators both in and out of the classroom. **Parents** reinforce the program because the family is still the most important institution for the socialization of young people. Parents who believe that the D.A.R.E. program is viable and effective are more likely to reinforce D.A.R.E.'s messages with their own children.

In summary, the reply to the principal who questioned the value of prevention education is straightforward and positive: **"Yes, sir. It does take more than one week to teach a child to read. And, it does take more than one week of tying red ribbons to car antennas or 17 hours of classroom instruction to educate young people to make healthy choices. Prevention education activities like D.A.R.E. remind students, teachers, parents, and the whole community that healthy choices are behaviors that can and should be learned. Truly, it does take a village. D.A.R.E. makes everyone's village a better place to live."**

ABOUT THE AUTHOR: Joseph F. Donnermeyer is an Associate Professor in the Department of Human and Community Resource Development at The Ohio State University. He is a researcher and trainer in the evaluation of prevention education programs and the development of community support for prevention efforts. He may be contacted at 614-292-9167 or jdonnerm@pop.service.ohio-state.edu.