

# Who DARES wins?

## Drug prevention and the police in schools

'DRUG ABUSE RESISTANCE EDUCATION' (DARE) is the most well-known drug education programme in the United States, and has been adopted by roughly half the school districts across America.<sup>1</sup> It has also begun to be used in British classrooms and so is perhaps becoming the most popular drug education package in the world. Despite this success, it is only one of several major school-based drug education programmes<sup>2</sup>, and there is little research evidence demonstrating its effectiveness – its popularity could perhaps be attributed more to political support for police-led drug prevention programmes than anything inherent in the programme itself. (See the *What is DARE?* box.)

A number of evaluations undertaken in the early 1990s agree that DARE's effects on drug use have been relatively modest.<sup>3</sup> They show that, while there is some success in increasing knowledge and social skills, there is little effect on behaviour and attitude change.

### Police benefit – but do the children?

DARE relies heavily on police participation in the classroom, and one of the few positive effects which has been identified relates to young people's attitudes towards the police. Not only are the police seen to be participating in a high profile activity, but they are also perceived as actively helping develop "police-friendly" citizens. While improved understanding of the police may be highly desirable in and of itself, it is debatable whether a school-based drug education programme is the right vehicle for it. In fact, it has been proposed that DARE's lack of success in its stated aim of stopping school-children taking drugs may also be attributable to police involvement:

"Who teaches DARE and how it is taught may provide other possible explanations for DARE's limited effectiveness. Despite the

*The pre-packaged DARE drug education programme is simple and easy to implement in schools. But it is American and as such may not be right for Britain. Here, the authors of a recent review of education programmes assess DARE and the role the police play in it*

by

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### SUMMARY

This article reports the results of a recent review of international research studies on school-based drug education. The effectiveness of the American police-led DARE programme is examined, as is the Australian model of teacher-led drug education. Although DARE has received a deal of media coverage and political support in the UK, the cultural appropriateness of importing such a programme from America is not immediately obvious, and the question as to who should teach drug education is still left unaddressed.

extensive DARE training received by law enforcement officers, they may not be as well equipped to lead the curriculum as teachers."<sup>4</sup>

If police forces both at home and in America see increased respect for the police as a relevant outcome, then maybe other means should be sought to achieve the same end.

### Anglicised DARE

Despite this reservation, British police officers are becoming increasingly involved in school-based drug education. In 1994, the Nottingham Drug Prevention Team reported on a pilot programme for 9-10 year olds.<sup>5</sup> This programme was derived directly from the experience of DARE in the United States. The DARE sequence of lessons was "accepted largely in its entirety", and – as in America – the lessons were delivered by uniformed police officers who, it was claimed, had appropriate experience and "unmatched credibility" in a classroom context. The report was unable to conclude as to whether DARE was an effective form of drug education and its stated aim of stopping drug use remained unproven. However, as with the American version, the police perhaps got more out of DARE than the children:

"For the police, there are a number of doubtless benefits derived from engaging in work of this nature."

Again, this should always be treated as a secondary outcome of drug education and other ways of achieving better police/community relations should be sought.

In 1993, another project loosely modelled on DARE was set up.<sup>6</sup> London's RIDE (Resistance in Drug Education) Project places more of an emphasis on teacher input and skills training than does DARE. The overall approach is cross-curricular and is taught from the age of six to

sixteen. Parental input is encouraged and uniformed Metropolitan Police officers and teachers are expected to work together in the classroom as a team, rather than one profession taking the lead. For example, pupils in Year 7 (12-13 year olds) receive 13 RIDE lessons, only four of which are provided exclusively by police officers.

Another example of the 'anglicisation' of DARE is the *Getting it Right* package, developed by the Hampshire Constabulary and education department. It is less drug-specific than DARE, with drugs sitting alongside safety and crime reduction as the issues which it aims to tackle. Perhaps one of its main aims is simply to establish good relationships between the police officers and the pupils.

In the end, as with RIDE, the emphasis is upon establishing a partnership between the police, teachers, parents and school governors. While police officers are enabled by their training and the design of the package to work effectively in classrooms, their primary role is to support and enhance the work of the teachers.

### **Defining areas of police expertise**

Although West Yorkshire police do not have a specific drug prevention programme, two Education Liaison Officers have produced a document which describes the Drugs Education Support policy of the force.<sup>7</sup> Central to this policy is the statement:

*"Research has shown clearly that any curriculum input around sensitive/emotive issues is best provided by the teacher who has regular contact with the group. "One-off" talks by visiting speakers have potential for problems."*  
[author's italics]

The role of the police in drug education is stated clearly in an appendix to the policy document. It specifies eight areas in which the police have specialised information – mainly relating to the law and the officer's own experience of how drugs, alcohol and solvents affect people and the local community. It is emphasised that:

*"Any involvement of Police Officers in a programme of drug education should be based on the above areas only."*

As a consequence it is proposed that they should refuse requests from schools to give "one-off" talks to young people. Instead they are advised to find out what provision exists within the school already and negotiate with the teacher the exact nature of their involvement in order to ensure that they are an integral part of a

### **WHAT IS DARE?**

Drug Abuse Resistance Education (DARE) was launched in 1983 in America by the Los Angeles Police Department and the LA Unified School District. It is a school-based programme of drug education, and was originally designed for elementary schools, though more recently programmes have been developed for both younger and older pupils.

The American Officer's guide to DARE says that it is "a collaborative effort by DARE certified law enforcement officers, educators, students, parents and community to offer an educational program in the classroom to prevent or reduce drug abuse and violence among children and youth". The emphasis is on providing information, developing decision-making skills, building self-esteem and offering healthy alternative lifestyles.

At the heart of the programme is a core course of 17 lessons, usually taught weekly for 45 to 60 minutes. Central to DARE is the use of specially trained police officers to take the courses. The topics covered by each lesson are:

- Personal safety
- Drug use
- Consequences
- Resisting pressure to use drugs
- Resistance techniques
- Building self-esteem
- Assertiveness
- Managing stress without using drugs
- Media influence on drug use
- Decision making and risk taking
- Alternatives to drugs
- Role models
- Support systems
- Dealing with pressure from gangs
- 'DARE summary'
- Taking a stand
- 'DARE culmination'

structured programme. Furthermore, it is stated that:

*"It must be understood that at no time should a Police Officer work in a classroom within this subject area without the presence of a teacher."*

These extracts clearly illustrate the concept of a code of practice which may nevertheless be unwritten but is likely to be employed at either formal or informal levels within most forces. To some extent, such a code of practice challenges the notion that police officers have "unmatched credibility" within a classroom context – the element of partnership is emphasised first and foremost.

### **An Australian alternative**

In contrast to America, it is interesting to note that there is very little reference to police participation in studies of Australian projects.

The National Campaign Against Drug Abuse (NCADA) was launched in 1985 to discuss "the growing problems of drug

abuse and addiction in Australia" and a Task Force on Evaluation was later set up. This body emphasised that education is only one element of prevention and recommended that drug education should be part of a comprehensive health education programme. Furthermore, the Task Force emphasised that any framework for prevention must take account of education, training and the media. One of the Task Force's main conclusions is especially relevant to current British concerns:

*"Teachers, when properly supported and resourced, can develop relevant and effective health/drug education programs for very little extra cost to the system."*

When the 15 most credible studies of Australian drug education were reviewed, it was concluded that:

*"if school based drug education is to accomplish any of its goals, it must be of sufficient intensity to be effective"*

and this means that it must be institutionalised in the school curriculum and supported throughout the years of compulsory schooling.<sup>8</sup>

Clearly, it can be seen that the Australian approach to drug education has developed from very different premises to that of the American. In spite of this, there is also Australian evidence which corroborates that from the United States regarding both the ineffectiveness and limitations of some drug education programmes.<sup>9</sup>

### **Culturally appropriate?**

One of the central issues in British drug education at the moment is the cultural appropriateness of certain imported programmes. In particular, DARE's reliance on the police and the teaching methods it employs are culturally questionable in the British context. This view is confirmed by the Advisory Council on the Misuse of Drugs (ACMD), which reviewed research conducted on school-based drug prevention programmes in the late 1970s and early 1980s. It reached similar findings to those of the Australian NCADA task force:

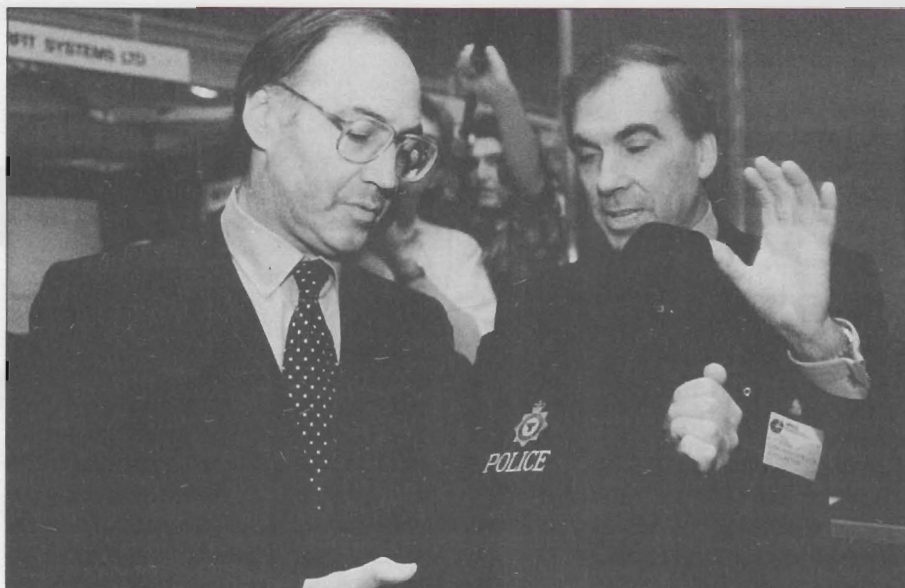
- it is possible to increase knowledge about drugs and their effects;
- but attempts to influence attitudes towards drug taking show mixed results, with more negative than positive findings;
- studies with the stated aim of reducing drug use generally show no change in levels of use.<sup>10</sup>

As the Australian perspective is perhaps more similar to the UK approach than is the American, it should be asked

whether it would not be more appropriate for Britain to develop its drug education policy along Australian lines. The Australian approach generally does not set out to explicitly reduce drug use. It is health orientated, and the emphasis is on a much broader educational approach rather than specifically focusing on prevention. Early indications from research findings are that such interactive skills-based programmes are more useful than the more directive and didactic police-led initiatives, and that these should be integrated within the established school curriculum.

Research also suggests that the most effective and efficient approach for this type of education is teacher or health worker-based rather than police-based. As with other forms of education, teachers may unsurprisingly be the most appropriate professionals to take the lead. The police, and the DARE programmes which they have become associated with, appear to be increasingly incongruous in the British context of drug education.

That said, there is international consensus on the importance of a multi-disciplinary approach, which emphasises partnership between teachers, police and parents and stresses the importance of community involvement in the development of any schools-based programme.



Would you trust this man with your child's education?

Furthermore, this partnership should extend beyond the classroom door, with teachers, governors, parents and representatives from police and health services working together to ensure that common signals are communicated to children and that any school-based initiatives are part of broader community campaigns.

#### Who is drug education for?

There is also a need to gather information regarding target audiences. Not only should programmes take into account the learning abilities and motivation of pupils, they should also recognise that there will be considerable variations in pupils' drug-related knowledge, attitudes and experience. In any one class of primary or secondary schoolchildren, there will be some pupils for whom the emphasis should be on prevention while others may react better to harm reduction messages.

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of a teacher

Both from America and Australia there is much support for the principle that drug prevention must be part of a comprehensive programme which extends throughout the period of compulsory schooling. Drug prevention should take account of both the dynamic nature of local drug cultures and the variations of drug experience and risk according to pupils'

ages and stages of social development. Drug prevention programmes must therefore be 'locally sensitive' and 'learner sensitive' if they are to be credible and effective. This reinforces the argument that teachers should be the central figures in school-based drug education programmes. Once again, it must be emphasised that drug education is meant to benefit the pupils, not the police.

#### Australia versus America

Many of the issues discussed in this article have not yet been seriously addressed by researchers. With regard to the evaluation of certain programmes, there is a great deal of mileage to be made in the discussion of their relative strengths and weaknesses. However, strengths and weaknesses are often less black and white than they may first appear.

For example, although evaluative studies identify increases in knowledge, they have not yet demonstrated any significant long-term – or even immediate – changes in either attitude or behaviour. And this applies both for harm reduction and prevention approaches. Ultimately, the conclusion of one Australian study is perhaps all that can be said:

"If school-based drug education programs are to make any "public health" contribution . . . we must know what best fits our system".<sup>11</sup>

In other words, any programme of drug education must work in the cultural context of the society in which it is implemented. And at present, it appears that the Australian approach to education (and to drugs in general) is the closest to the British. ○

1. Ennett S. *et al.* "How effective is Drug Abuse Resistance education? A meta-analysis of Project DARE outcome evaluations." *American Journal of Public Health*: 1994, 84(9), p.1394-1401.

2. It should be noted that there is a range of other drug prevention programmes in the US, such as the peer-led resistance SPARK programme, the PEDE (Person Education Development Education) programme from Minneapolis and Arizona's Teen Involvement for Drug Abuse Prevention programme. There is also an array of programmes associated with the "Just Say No" campaign which promotes refusal skills. These are listed in more detail in: Kim S. *et al.* "An outcome evaluation of a refusal skills programme as a drug prevention strategy." *Journal of Drug Education*: 1989, 19(4), p.363-71.

3. Ringwalt C. *et al.* "An outcome evaluation of Project DARE." *Health Education Research*: 1991, 6(3), p.327-37; Rosenbaum D. *et al.* "Cops in the classroom: A longitudinal evaluation of Drug Abuse Resistance Education." *Journal of Research in Crime and Delinquency*: 1994, 31(1).

4. Ennett S. *et al.* Op cit.

5. Whelan S., Moody D. *DARE, Mansfield: an evaluation of a drug prevention programme for children attending a middle school in Mansfield, Notts.* Nottingham: North Nottingham Health Promotion and Nottingham Drug Prevention Team, 1994.

6. Walsh A., and Hunt G. *RIDE: Resistance in Drug Education.* Esher: Metropolitan Police and Claremont Fan Court Senior School, 1993.

7. Eddison G., Stone P. *Drugs Education Support.* Bradford: West Yorkshire Police, undated.

8. James R., Carruthers S. "The role of the school in the national campaign against drug abuse." *Drug Education Journal of Australia*: 1991, 5(3), p.185-98.

9. Wragg J. "A review of successful and unsuccessful models of drug education." *Drug Education Journal of Australia*: 1991, 5(1), p.15-25.

10. Advisory Council on the Misuse of Drugs. *Prevention.* London: HMSO, 1984.

11. James R. *et al.* "How health promotion services can make a public health impact." *Australian Health Review*: 1990, 13(2), p.81-9.