



D.A.R.E. DAY!

Implementing Evidence-Based Drug Education in an Adventist Educational Setting

The students in Mr. Brown's¹ 5th-grade classroom wait in excited anticipation for the arrival of a special guest who has been visiting each week since the beginning of the semester. Rebekah, the class helper for the day, passes out glossy workbooks to each student. On the cover of each is the warm, smiling face of a cartoon lion named Daren.

A few minutes before one o'clock, a uniformed police officer walks into the classroom with a big smile, carrying an 18-inch plush stuffed Daren the Lion, stickers, pencils, and a workbook.

The students sit quietly at their desks as Mr. Brown welcomes Officer

Burnett and assures him that all of the students have completed their homework from last week. Sergeant Burnett replies, "Fantastic! Students, I need your help today. Can you tell me what day today is?" The students eagerly respond, "D.A.R.E. Day!"

Since 1983, the Drug Abuse Resistance Education (D.A.R.E.) program has become one of the most popular and widely used school-based prevention programs to help empower youth to make responsible choices about drug use as well as to deal with violent behaviors such as bullying. Because young people in both Adventist and non-Adventist circles are often exposed to drugs through their peers, the media, or family members, incorporating programs like

D.A.R.E. within the Seventh-day Adventist educational environment can provide a vital tool in equipping our young people to make responsible and safe choices about drugs.

Overview of the Problem

According to the United Nations Office on Drugs and Crime (UNODC), globally from 2006-2010, illicit drug use remained stable with between 3.4 percent to 6.6 percent of 15- to 24-year-olds using.² UNODC also estimates that cannabis and amphetamine-type stimulant use are the most widely used illicit drugs by 15- to 24-year-olds, ranging from 2.6-5.0 percent and 0.3-1.2 percent, respectively.³ Further-

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more, national studies indicate that some young people are already using and/or abusing alcohol, tobacco, marijuana, inhalants, and psychotherapeutic drugs by the age of 12 or 13.⁴

In America, alcohol remains the most widely used drug among adolescents, with three out of 10 reporting that they have consumed alcohol by the end of 8th grade—a figure that rises to seven out of 10 by the time they leave high school.⁵ Johnston and colleagues also found that marijuana use among 10th- and 12th-grade students has been rising for the past four years, with roughly one in 15 high school seniors reporting daily or near-daily use. On a more positive note, these researchers noted a continued decline in tobacco use in all grades studied since the mid-1990s, although there was a slight increase in 2010.⁶

Another concern is the growing use of electronic cigarettes or e-cigarettes (Electronic Nicotine Delivery Systems) amongst teenage youth. E-cigarettes are battery-powered devices that provide a dose of nicotine in aerosol form as well as flavoring (i.e., fruit or mint), depending on the brand. They have no therapeutic value. Legislation and public health investigations are currently pending in many countries.⁷ Between 2011 and 2012, e-cigarette experimentation and recent use doubled among U.S. middle school and high school students, with an estimated 1.78 million students having ever used e-cigarettes as of 2012.⁸ Furthermore, this national study estimated that 160,000 students who reported ever using e-cigarettes have never used conventional cigarettes or tobacco products. Goniewicz and Zielinska-Danch found that 23 percent of Polish high school students, aged 15 to 19 years, have tried e-cigarettes.⁹

Drug use among teens is commonly explained using the “gateway” hypothesis. This theory assumes that young people who use alcohol and cigarettes are more likely to experiment with marijuana, and those who use marijuana are more likely to progress to the use of other dependency-producing drugs, such as pills (e.g., barbiturates, stimulants), cocaine, and heroin.¹⁰

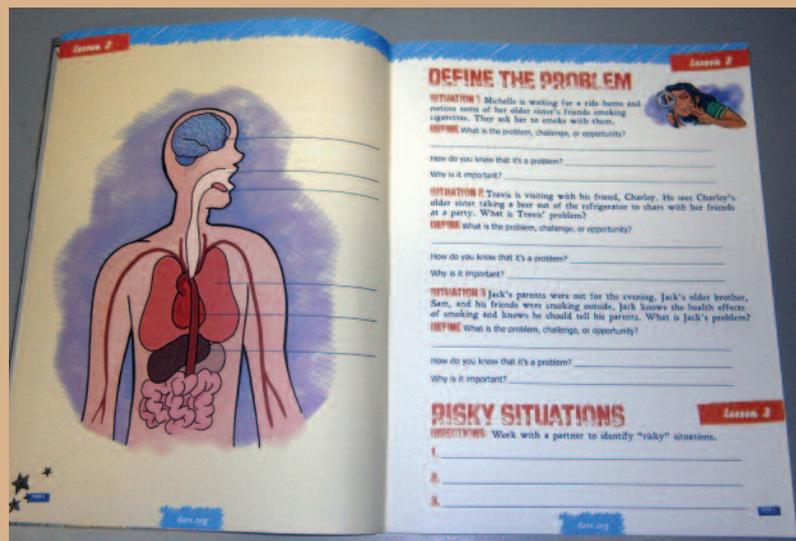
Based on biblical principles that

focus on the body as the temple of God (i.e., 1 Corinthians 6:19) and texts strongly critical of intoxication (i.e., Proverbs 20:1 and Ephesians 5:18), Seventh-day Adventists have been in the forefront of opposition to substance use, viewing abstinence as definitional to their faith. Unfortunately, drug use has occurred at Christian institutions, such as colleges, boarding and day academies, junior academies, and elementary schools, despite policies that prohibit such use. For instance, Helm et al.¹¹ found that in their sample from a religiously conservative university that approximately 42 percent of the students used alcohol, 35 percent engaged in binge drinking,¹² 35 percent used tobacco, and 34 percent

used marijuana. While this is about half the rate within the general United States population, these data indicate that prevention is crucial.¹³

Reasons for Teen Drug Use, Risk Factors, and Protective Factors

When considering what type of school-based prevention programming to develop or use, it is important to briefly review the causes of substance abuse. The best evidence-based prevention programs start with a clear understanding of the causes of drug use and abuse. People use drugs for various reasons such as obtaining pleasure and euphoria; meeting social expectations;



Top: Article author Harvey Burnett in his police sergeant uniform. Bottom: A page spread from the D.A.R.E. curriculum.

dealing with anxiety or stress; avoiding pain; and achieving an altered state of consciousness.¹⁴

However, a more important question centers around the reasons why a young person would accept an offer to use drugs, usually from his or her peers. Kobus and Henry¹⁵ found that peer-group use predicted individual alcohol, cigarette, and marijuana use. Miller et al. found several reasons why teens accept drug offers, including peer pressure/acceptance by one's peers; curiosity; rationalization (talked self into trying the drug offered); negative feelings; and role models who engage in the behavior.¹⁶ Peer pressure and rationalization were the most frequent reasons given for teen acceptance of a drug offer. A crucial factor was that many teens entered into a situation where drugs were being offered with an indecisive mindset that made them vulnerable to urging from their peers or from their own internal pressure.¹⁷ Thus, to be successful, any prevention program must address resistance to peer pressure and work to help young people develop a decisive mindset not to use drugs.

The Drug Abuse Resistance Education (D.A.R.E.) Program¹⁸

Schools have implemented a number of drug-prevention programs to help reduce drug use and enhance learning among students. One of the most popular is the Drug Abuse Resistance Education Program (D.A.R.E.).

D.A.R.E. was launched in 1983 in Los Angeles, California, as a collaborative prevention and education program between local law enforcement and local schools to address substance use/abuse and other high-risk behaviors among young people. D.A.R.E. focuses on developing "a world in which students everywhere are empowered to respect others and choose to lead lives free from violence, substance abuse, and other dangerous behaviors."¹⁹

The D.A.R.E. program's curricula are designed to be taught sequentially from grades K-12, with an elementary 5th- to 6th-grade core curriculum and curricula for middle school and senior high school (see Table 1). The elementary, middle, and senior high school

curricula are organized as 10-week, 10-lesson programs, with each lesson requiring one 40- to 45-minute class period that emphasizes interaction between instructors and students.

One of the unique aspects of D.A.R.E. is how it is taught. The program uses a specially trained local uniformed law-enforcement officer or presenter. In fact, D.A.R.E. officers must complete 80 hours of preparatory training before they can teach the curriculum in the classroom. There is usually no cost for the officer training program, other than expenses for travel, lodging, and per diem, which are normally paid for by the requesting agency. Hammond,

et al. found that students who received D.A.R.E. from police officers as instructors evaluated their instructors more positively than non-police instructors and tended to reinforce student intentions not to use drugs.²⁰

Since its inception, D.A.R.E. has been taught in hundreds of public and private American school districts, as well as in 44 other countries.²¹ With D.A.R.E.'s expansion throughout the world over the past decade, its program may be useful for Adventist schools in a variety of international settings. Mangham indicated in 2007 that D.A.R.E. was the most widely used substance-abuse education program in Canadian communities.²²

Table 1. D.A.R.E. <i>keepin' it REAL</i> Programs Curricula for Elementary, Middle/Junior High, and Senior High			
Lessons	5th/6th Grade Core	Middle/Junior High	Senior High
1	Introduction to D.A.R.E.'s <i>keepin' it REAL</i> Program	Options and Choices	Introduction to D.A.R.E. Senior High
2	Drug Information for Responsible Decision Making	Risks	Costs, Supply and Demand
3	Risks and Consequences	Communication and Conflict	Decisions and Consequences
4	Peer Pressure	Refuse	Teenagers and the Law
5	Dealing With Stressful Situations	Explain	Driving While Impaired
6	Basics of Communication	Avoid	Zero Tolerance and Drug Testing
7	Nonverbal Communication and Listening	Leave	Drugs, Media, and Violence
8	Bullying	Norms	Managing Anger and Resolving Conflicts Without Drugs
9	Helping Others	Feelings	Choosing Alternatives to Violence
10	Getting Help From Others and Review	Support Network	Forming Safe and Healthy Teen Relationships

Criticisms of the D.A.R.E. Program

Despite the D.A.R.E. program's popularity, it has also come under criticism with regard to its effectiveness in preventing substance use among youth. For instance, Ennett, et al. found that D.A.R.E. had no significant influence on teen drug use or attitudes and skills related to preventing drug use.²³ Other research studies have also found the program to be ineffective in reducing substance use or preventing the future use of drugs among adolescents.²⁴

Unfortunately, these studies focused on students who received only the core curriculum and failed to compare their results to schools where the D.A.R.E. core curriculum was used in conjunction with a more holistic school health education approach that included additional school-based drug-prevention education strategies for middle school- and high school-level students.²⁵ Furthermore, these studies approached D.A.R.E. with a misperception or bias about what contributes to an effective drug-prevention program. D.A.R.E. is not a "cure-all" or "stand-alone" program for preventing drug use among youth. Effective strategies integrate school-based programs like D.A.R.E. with broader community partnerships that help reduce drug use among young people; such as youth involvement in local church-sponsored activities and mentoring programs.²⁶

The New D.A.R.E. *keepin' it REAL* Curriculum

As the result of criticisms of D.A.R.E., program leaders and researchers worked together to redesign the program. They sought to develop and implement the best evidence-based strategies to prevent substance abuse among youth. In 1989, Penn State University initiated the Drug Resistance Strategies Project (DRS) in order to study how adolescents perceive drugs and drug offers as well as how they determine risks and make good decisions. This project was funded by the National Institute on Drug Abuse. By using previous research related to teaching resistance and life skills, and employing a culturally based narrative preven-

Table 2. NIDA's 16 Principles for Effective Prevention Programs*	
Risk Factors and Protective Factors	
1	Should enhance protective factors and reverse or reduce risk factors.
2	Should address all forms of drug abuse, alone or in combination, including the underage use of legal drugs, illicit drug use, and inhalant, prescription, and over-the-counter drug use.
3	Should address the type of drug-abuse problems in local community, target modifiable risk factors, and strengthen identified protective factors.
4	Should be tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity to improve program effectiveness.
Prevention Planning	
Family Programs	
5	Family-based prevention programs should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information.
School Programs	
6	Can be designed to intervene as early as preschool to address risk factors for drug abuse and academic difficulties.
7	For elementary school children, should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout.
8	For middle or junior high and high school students, should increase academic and social competence with the following skills: study habits; communication; peer relationships; self-efficacy and assertiveness; drug-resistance skills; reinforcement of antidrug attitudes; and strengthening of personal commitments against drug abuse.

tion approach, the DRS designed, implemented, and assessed D.A.R.E.'s new *keepin' it REAL* curriculum.²⁷ (The acronym *REAL* [Refuse, Explain, Avoid, and Leave] represents the four methods that adolescents use to resist drug offers.)

Research has shown that the initial decision to use drugs often involves peer pressure and no clear decision not to use. Students who were exposed to the *keepin' it REAL* curriculum were less likely to use gateway drugs (alcohol, cigarettes, and marijuana).²⁸ Hecht and his colleagues also found that these students were less supportive of their peers using drugs and had an increased ability to resist drug experimentation and use.

The original D.A.R.E. program has been redesigned to address the criticisms of researchers and utilize the best evidence-based practices documented

by researchers and the National Institute on Drug Abuse. D.A.R.E. America licensed the *keepin' it REAL* program from Penn State University in 2009 for national and international use. It is the most widely disseminated middle school substance-prevention program in the world. In fact, the program is currently listed as an evidence- and school-based, multicultural substance-abuse prevention program for students 12-14 years of age on the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP) Website.²⁹

Evidence-based curriculum development was also applied to the D.A.R.E. elementary core curriculum.³⁰ By the end of 2013, the new *keepin' it*

Community Programs	
9	Should focus on the general population at key transition points, such as promotion to middle school. This can produce beneficial effects even among high-risk families.
10	Programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone.
11	Programs reaching populations in multiple settings—for example, schools, clubs, faith-based organizations, and the media—are most effective when they present consistent, community-wide messages in each setting.
Prevention Program Delivery	
12	When communities adapt programs to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original research-based intervention, including structure, content, and delivery.
13	Should be long term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals.
14	Should include teacher training on good classroom-management practices.
15	Are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing, that allow for active involvement in learning about drug abuse and reinforcing skills.
16	Can be cost-effective. For each dollar invested in prevention, a saving of up to \$10 in treatment for alcohol or other substance abuse can be realized.
* E. B. Robertson, S. L. David, and S. A. Rao, <i>Preventing Drug Use Among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders</i> (Bethesda, Md.: National Institute on Drug Abuse, U.S. Department of Health and Human Services, 2003), 2nd edition.	

REAL elementary core curriculum for grades 5 and 6 will be implemented by D.A.R.E. officers. The new curriculum is based on social-emotional learning theory,³¹ which identifies and teaches several basic skills: how to control one's impulses and how to think about risks and consequences in order to engage in more responsible decision making, which should result in the young person's developing a determination to not use drugs. Furthermore, the curriculum has been aligned with the Common Core 5th-grade standards to provide a framework for core instruction in U.S. classrooms.³²

Evidence-Based Drug Prevention Programs for Schools

The National Institute on Drug Abuse has developed a comprehensive research-based guide for parents, educators, and community leaders to help prevent drug use and abuse among children and adolescents.³³ Table 2 provides

16 key research-based principles that characterize effective prevention strategies such as the D.A.R.E. *keepin' it REAL* program. The guide goes on to address risk and protective factors related to teen substance use, how to plan for drug-abuse prevention within any area of the community, and how to apply prevention principles in drug-prevention programs. The guide also provides examples of both universal and selective research-based drug-abuse prevention programs that can be implemented within a K-12 environment.

SAMHSA has established the National Registry of Evidence-based Programs and Practices (NREPP), a searchable online registry of more than 280 interventions in the areas of mental health promotion/treatment; and substance-abuse prevention/treatment. The NREPP lists 143 school-based substance-use/abuse prevention programs that can be implemented by educators.³⁴

Implementing an Evidence-Based Drug Prevention Program in Adventist Schools

Unfortunately, substance use does occur in Adventist educational institutions. While evidence suggests that Adventist youth use dangerous substances at a much lower rate than non-Adventist youth, a number of studies suggest that about half of Adventist youth have used alcohol, and about one-third have tried marijuana.³⁵ Therefore, it is important for Adventist educational leaders to take an active role in equipping our youth with the skills and support necessary to make good decisions when faced with offers to use or experiment with drugs. In addition to the information that has been shared in this article, the following suggestions should be used as a guide in implementing an evidence-based prevention program in an Adventist educational environment:

1. We must accept the fact that Adventist youth may be offered alcohol, tobacco, marijuana, and other drugs, and some currently use dangerous substances. Our students come from various socioeconomic, ethnic, cultural, parental, and experiential backgrounds and hence have different levels of exposure to drugs and attitudes toward using them. Therefore, we must equip them with the best strategies and knowledge to deal with drug offers.

2. Providing a spiritual foundation by incorporating our religious beliefs and creating youth-centered church activities can help to deter drug use. Koenig, McCullough, and Larson's³⁶ review of more than 100 studies noted that religion can help prevent involvement in substance use. More recent studies have also confirmed that religious belief and attitudes, pro-social behaviors, and involvement in church activities are protective against adolescent drug use.³⁷

3. Teachers, administrators, parents, and students need to collaborate in selecting an evidence-based substance-abuse prevention program that is the "best fit" to empower K-12 students to resist using drugs and other dangerous substances. This may mean budgeting to implement such curricula as *keepin' it REAL* or LifeSkills Training as early as

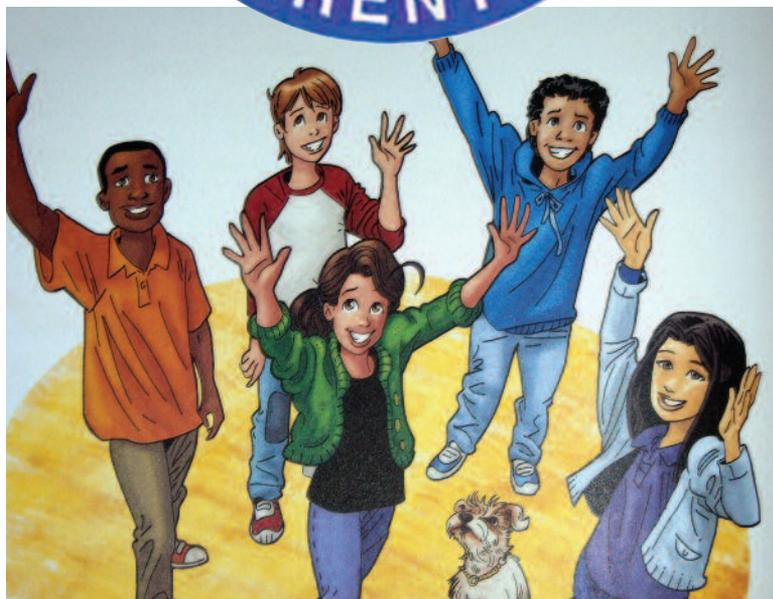
5th grade and to continue with booster curricula at the 8th, 10th, and 12th grades. Many evidence-based prevention programs are relatively inexpensive, and can be developed and implemented in cooperation with local law enforcement and public health departments.

4. The school's prevention curriculum should include an educational component for parents, the church community, and the local community that empowers them to help their youth make good decisions regarding substance use. For example, an Adventist school or youth club could host a seminar on youth drug use, its impact on the user, school, family, and community, and commitment to Christian principles about healthful living can help prevent and deter drug use. The D.A.R.E. Community Education Program provides a good foundation to build from and can be combined with other materials promoting healthful living.

5. The school should implement an ongoing assessment process to evaluate substance-use prevention curricula and their outcomes. This will provide important feedback regarding aspects of any program that need improvement or revision.

Conclusion

One of God's most inspirational and instructional messages regarding how parents and educational leaders should teach children is found in Proverbs 22:6, "Start children off on the way they should go, and even when they are old they will not turn from it" (NIV).³⁸ Ellen White succinctly described the goal of Christian education: "True education is that which will train children and youth for the life that now is, and in reference to that which is to come; for an inheritance in that better country, even in an heavenly [one]."³⁹ Drug-prevention programs such as D.A.R.E. are important educational tools that can and should be used by Adventist educators to help guide, teach, train, empower, mentor, and encourage safe and responsible behaviors among our students in regard to drug use as well as how to develop an intimate and lifelong relationship with their Savior, Jesus Christ. ✍



T-shirt, stuffed lion, and other D.A.R.E. materials.



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