

970412

LEGISLATIVE REFERENCE LIBRARY
HV5824.C45 D78 1997

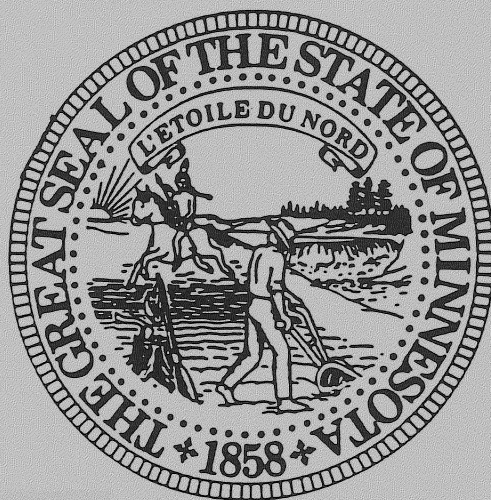


3 0307 00056 1608

**DRUG ABUSE RESISTANCE EDUCATION
(D.A.R.E.)**

PROGRAM EVALUATION

FINAL REPORT



JULY 16, 1997

**PRESENTED TO THE
MINNESOTA DRUG ABUSE RESISTANCE EDUCATION
ADVISORY COUNCIL**

**BY THE
MINNESOTA INSTITUTE OF PUBLIC HEALTH**

IHV
5824
.C45
D78
1997

Acknowledgments:

Members of the Evaluation Team, Anu Sharma, Ph.D., Search Institute; Ken Winters, Ph.D., University of Minnesota, Department of Psychiatry; Jean King, Ph.D., University of Minnesota, Department of Education Policy and Administration; Roger Svendsen, M.S., C.P.S., Jerry Jaker, Ed.S. from the Minnesota Institute of Public Health; and Jean Funk M.A., Director of the Minnesota Prevention Resource Center and the Minnesota Star of the North Prevention Coalition, contributed to the design of the survey instrument and interview protocols, collection and analysis of the data, and preparation of this report. Becky Sechrist from the Minnesota Institute of Public Health managed storage of data and application of NUD•IST software.

Professor Cheryl Perry, Ph.D., University of Minnesota School of Public Health, reviewed the literature review and commented on various aspects of the study. Professor Gail Milgram, Ed.D., Director of Education and Training, Rutgers University Center of Alcohol Studies, reviewed the literature review and offered helpful comments on reporting findings.

We also acknowledge the contributions and cooperation of the staff, students and parents from Champlin, Cold Spring-Rocori, Columbia Heights, Duluth, Kasson-Mantorville, Milaca, Moorhead, North St. Paul-Maplewood-Oakdale, St. Paul and Worthington school districts. We further acknowledge the cooperation of the chemical health specialists, funders and others who agreed to be interviewed.

We appreciate the opportunity provided by Ray Spack, Minnesota Bureau of Criminal Apprehension D.A.R.E.

Training Coordinator, for allowing members of the Evaluation Team to observe the D.A.R.E. Officer Training Program. We also acknowledge the cooperation of David Weidenfeller, former Executive Director of Minnesota D.A.R.E. Inc., in providing the team with access to information about program materials, implementation and costs.

Lastly, we want to thank the members of the Minnesota D.A.R.E. Advisory Council's Subcommittee on Evaluation for helpful and constructive input and feedback throughout the project. The members of the subcommittee include: Lorna Rohach, Educator; John Kelly, Chief, New Brighton Police Department; John Laux, Executive Director, Peace Officers Standards and Training Board; Walter Munsterman, Educator; Tom Evans, Minnesota D.A.R.E. Officers Association; Maureen Kucera, Director of Special Projects, Minnesota Attorney General's Office; Mary Ellison, Assistant Director, Office of Community Services, Minnesota Department of Children, Families, and Learning; Geri Boisvert, Minnesota Department of Children, Families, and Learning; Jan Bodnia, Minnesota Department of Children, Families, and Learning; Ray Spack, Bureau of Criminal Apprehension; and David Weidenfeller, former Executive Director, Minnesota D.A.R.E., Inc.

*Tom Griffin, Project Director
Vice President for Program Development and
Evaluation
Minnesota Institute of Public Health*

RECEIVED

SEP 11 1997

LEGISLATIVE REFERENCE LIBRARY
STATE OFFICE BUILDING
ST. PAUL, MN 55155

D.A.R.E. Advisory Council Members

Hubert H. Humphrey III, Chair
Minnesota Attorney General

Bruce Johnson, Commissioner
Department of Children, Families &
Learning

Don Davis, Commissioner
Department of Public Safety

Harvey Anderson, Principal
Waterville-Elysian-Morristown
Elementary/Junior High Schools

Jody Boutelle
MN Parent Teacher Association

Claudia Finzen
Chemical Health Specialist, Chaska
School District

Michael Ganley, President
MN Police & Peace Officers Association

Bernard Gill
Hennepin County Family & Children's
Services

Carl Jorgensen
MN D.A.R.E. Officers Association,
Blaine Police Department

Chief John Kelley
New Brighton Police Department

Joseph Krogman
Marshall Police Department, D.A.R.E.
Officer

John Laux, Executive Director
Peace Officer Standards & Training
Board

Les Martisko
South Central Service Cooperative

Walter Munsterman
Educator

Everlyn Perry
Ruben Lindh School, Minneapolis

Lorna Rohach
Educator

Chief Jules Zimmer
North Branch Police Department

TABLE OF CONTENTS

<i>Introduction</i>	1
<i>Executive Summary</i>	3
<i>Methodology</i>	5
<i>Literature Review</i>	9
<i>Findings</i>	17
<i>Recommendations</i>	31
<i>Selected Bibliography</i>	33
<i>Appendix A—Survey Tables</i>	37
<i>Appendix B—Data Collection Components</i>	53
<i>Appendix C—Site Maps</i>	57
<i>Appendix D—Communities Used in Prevention Specialist Interviews, Case Studies and School Survey</i>	63
<i>Appendix E—Survey Instrument</i>	67
<i>Appendix F—Prevention Specialist Interview Protocol</i>	73
<i>Appendix G—Funder Interview Protocol</i>	77
<i>Appendix H—Case Study Interview Protocols</i>	81
<i>Appendix I—Prevention Strategies</i>	93

DRUG ABUSE RESISTANCE EDUCATION (D.A.R.E.) PROGRAM EVALUATION FINAL REPORT

INTRODUCTION

Purpose

The Minnesota D.A.R.E. Advisory Council has contracted with the Minnesota Institute of Public Health (MIPH) to conduct an evaluation of the D.A.R.E. Program as it operates in Minnesota. The purpose of this evaluation is to provide timely and useful information to the Minnesota D.A.R.E. Advisory Council and other interested organizations and individuals about the impact of the program on participating youth, their parents, schools and surrounding communities.

The information generated is intended to be helpful to local community members, school administrators, community prevention specialists and funding sources. It is not the intent of this evaluation to measure outcomes of the program in terms of student use of alcohol, tobacco, or other drugs. Rather, the focus of this evaluation is to better understand how and why the D.A.R.E. Program impacts participating youth and others in the communities implementing D.A.R.E.

Background

The Drug Abuse Resistance Education (D.A.R.E.) Program was developed as a cooperative effort by the Los Angeles Police Department (LAPD) and the Los Angeles Unified School District (LAUSD) in 1983. This program was designed to be a drug abuse prevention education program whose stated goal was to equip elementary school children with skills for resisting peer pressure to experiment with tobacco, drugs, and alcohol. The program uses uniformed law enforcement officers to teach

a formal curriculum to classroom students over a 17-week period (United States Department of Justice, 1991).

Since its initial introduction into the LAUSD, D.A.R.E. has become one of the most frequently used school-based prevention curricula in the United States and Minnesota (Griffin, Benson, Svendsen, 1992; Ennet, 1994). D.A.R.E. has been adopted in more than 50% of school districts throughout the country and in more than 80% of the districts in Minnesota (Minnesota D.A.R.E. Inc., 1997).

D.A.R.E. was developed at a time when there was growing concern among the general public about youth alcohol and other drug use. While public attention to drug use issues declined somewhat during the 1980s, today's parents, educators and the general public are increasingly concerned about these issues. Drug use by young people is perceived by the public to be among the most serious problems facing the public schools (Elam, Rose, Gallup, 1996). The number one goal of the 1997 National Drug Control Strategy is "to educate and enable America's youth to reject illegal drugs as well as the use of alcohol and tobacco" (National Drug Control Strategy, 1997). In addition, the Secretary of Health and Human Services has recently announced a special National Youth Substance Abuse Prevention Initiative. A primary focus of this effort is to prevent use of marijuana among America's teenagers. Public health leaders, political leaders, parents, educators and the public are all concerned about the risks of alcohol, tobacco, and other drug use by youth.

The increasing concerns reflect a changing picture of drug use in the United States. Rates of marijuana use by adolescents have been increasing throughout the 1990s. At the same time, there are marked changes in their attitudes and beliefs about marijuana (Johnston, et al., 1996). These changes have occurred in virtually every demographic subgroup, which suggests that broad cultural forces have influenced today's adolescents' perceptions about marijuana in a way that is different from those of adolescents in the 1980s. Ironically, a possible explanation for this increase in marijuana use is the

past success of prevention efforts. Today's youth have had less opportunity to observe negative consequences of use and therefore may have experienced "generational forgetting" of important knowledge about marijuana (Johnston, 1997).

During this same time span, there has also been an increase in tobacco use. Tobacco use by youth is illegal and causes serious health problems. In addition, since cigarette smokers are more likely than non-smokers to try marijuana, an increase in cigarette smoking may be a contributing factor to the increase in marijuana use. There is great public attention being paid to the problems associated with tobacco use by youth as evidenced by the nearly daily media coverage of the new FDA regulations restricting youth access to tobacco, the multi-state consumer protection lawsuit filed against the tobacco industry, and tobacco use issues in general.

This evaluation of D.A.R.E. coincides with a growing public concern about alcohol, tobacco, and other drug use and a need to implement prevention programs that are theoretically sound, carefully implemented and contribute to the overall prevention of problems. A key thrust of the recently announced Secretary's Youth Substance Abuse Initiative is the "application of scientifically-defensible prevention research and evaluation findings" (GFA No. SP 97-003, 1997). Thus, this evaluation is a timely effort to generate information which should be helpful to the Minnesota D.A.R.E. Advisory Council and those responsible for implementation of D.A.R.E. in strengthening a widely used and accepted prevention program.

EXECUTIVE SUMMARY

The purpose of this evaluation is to better understand the D.A.R.E. Program as it operates in Minnesota. It is not the intent of this evaluation to measure outcomes of the program in terms of student use of alcohol, tobacco, or other drugs. Rather, the focus of this evaluation is to better understand how and why the D.A.R.E. Program impacts participating youth and others in the communities implementing D.A.R.E.

A variety of data collection strategies was used in order to complete this evaluation. Using multiple approaches increases the likelihood that the limitations of any single strategy will be offset by strengths of other techniques. This report reflects findings from an extensive literature review, a survey of 290 persons in communities using D.A.R.E., and interviews and focus groups with 405 persons knowledgeable about D.A.R.E.

Key Findings from Literature Review

1. Recent prevention strategies showing the most promise of demonstrating effectiveness focus on change at multiple levels, including the family, social groups, local communities and broader society.
2. The expected impact of any single prevention program is likely to be limited and difficult to isolate.
3. The potential of classroom-based prevention, in isolation from other prevention approaches, has been consistently demonstrated to have limited impact on student alcohol and other drug use.
4. School classroom prevention programs have been found to be most effective if they are based on the social influences model for primary prevention.
5. There are a number of methodological factors

that have been noted in the research on the effectiveness of D.A.R.E. including:

- No pure control group,
 - Low rates of use at baseline,
 - Unit of analysis—classroom or student,
 - Self report responses limit validity,
 - Lack of longitudinal studies, and
 - Limited attention to officer variables and fidelity to curriculum goals.
6. The majority of D.A.R.E. evaluation studies report minimal effects on the objective of preventing the onset or continued use of alcohol or other drugs.
 7. Some studies report a positive impact on refusal skills.
 8. Most studies report no effect on self-esteem.
 9. Some studies report improved relationships between police and students.
 10. Some studies report that the symbolic value of police and school working together is a powerful affirmation of traditional values and an important aspect of the program.

Key Findings in Minnesota

1. The vast majority of persons surveyed and interviewed express generally positive feelings about D.A.R.E.
2. The vast majority of respondents believe that D.A.R.E. must be integrated into a more comprehensive set of prevention strategies implemented over time in order to be effective.

3. The most frequently reported benefit of D.A.R.E. is an improved relationship between police and students.
4. An important benefit of D.A.R.E. is the symbolic power of the police coming into the classroom and working cooperatively with teachers to address an important social problem.
5. There are mixed perspectives on the effectiveness of D.A.R.E. in meeting its objective of preventing alcohol and other drug use.
6. A large number of D.A.R.E. graduates recall D.A.R.E. positively and remember specific peer resistance skills taught in the program, but also report not using these skills in real life circumstances.
7. There is general concern that the preventive effects of D.A.R.E. are not long lasting.
8. The most common concern expressed by school staff and community members was the belief that there is not sufficient reinforcement of prevention messages in the school and community.
9. The D.A.R.E. graduation is often noted as a key positive aspect of D.A.R.E.
10. Some parents interviewed believe that participation in D.A.R.E. gives important information to their children and gives them an opportunity to talk with their children about alcohol and other drug use.
11. Law enforcement officials are generally supportive of D.A.R.E., but concurrently raise concerns about its staffing, role and impact.
12. D.A.R.E. training is believed to be effective.
13. The most critical responses about D.A.R.E. were made by chemical health specialists and teachers who report that D.A.R.E. is not flexible, not well integrated with other prevention efforts in the school/district, or minimizes the contribution of other prevention programs.
14. Some parents, community members and professional staff express serious concerns about specific aspects of D.A.R.E.
15. D.A.R.E.'s ability to promote and market is nearly universally acknowledged as effective in creating recognition of D.A.R.E.
16. It is widely believed that it is difficult to evaluate the impact of D.A.R.E.

Recommendations

1. Restate the goals of the program to more accurately reflect the perceived and documented benefits of improved relationships between police and students, as well as the relationships between police and the broader community.
2. Capitalize on the positive community perceptions of D.A.R.E. to support other prevention efforts in the school and community, especially reinforcing strategies used with older students.
3. Increase cooperative planning and program implementation efforts with school and community staff responsible for other prevention programming in the school and community.
4. Expand parent involvement in D.A.R.E.
5. Assist schools and community groups to apply D.A.R.E. marketing and outreach success lessons to their K-12/Community Prevention efforts.
6. Consider and incorporate a less cumbersome process to adapt the curriculum and instructional strategies.
7. Regularly update role-plays used in resistance skills lessons to increase their relevance to students.

METHODOLOGY

A variety of data collection strategies was used in order to complete this evaluation. The use of multiple approaches allowed the Evaluation Team to understand the impact of D.A.R.E. from a variety of perspectives and viewpoints. No single evaluation technique is likely to yield the complete picture of any program. Using multiple approaches increases the likelihood that the limitations of any single strategy will be offset by strengths of other techniques (Brewer and Hunter 1989). Often referred to as triangulation, the use of multiple measurements enabled the Evaluation Team to view the picture of D.A.R.E.'s operation in Minnesota from multiple perspectives.

In order to increase the likelihood that this evaluation would produce useful information to key D.A.R.E. stakeholders, specific evaluation questions considered were developed in cooperation with the Minnesota D.A.R.E. Advisory Council Subcommittee on Evaluation.

Data Collection

There were five major data collection components of this evaluation:

1. An extensive review of relevant evaluations of D.A.R.E. that have been conducted throughout the country since the program was introduced in 1983.

This review helped focus the development of other aspects of the evaluation, including interview protocols and focus group questions. It also provided summary information regarding the known effects of D.A.R.E. on student knowledge, attitudes and behavior.

2. A series of structured interviews with 30 alcohol, tobacco, and other drug prevention specialists in Minnesota.

These interviews were designed to determine the perspectives of knowledgeable and experi-

enced prevention professionals about the impact of D.A.R.E., reasons for its popularity, and the integration of D.A.R.E. with other school and community based prevention efforts. The process for selecting prevention specialists was determined in cooperation with the Minnesota D.A.R.E. Advisory Council Subcommittee on Evaluation (See Appendix F for Interview Protocol).

3. A series of structured interviews with 16 key funders of D.A.R.E.

These interviews were designed to determine the perspectives of D.A.R.E. funders regarding program strengths, weaknesses, and perceived value to the community. In addition, the funders were asked to identify any specific evaluation questions that might be of personal or organizational interest. To the extent possible, each of these questions was addressed in subsequent data collection activities (See Appendix G for Interview Protocol).

4. Case studies of 10 schools that have been implementing the D.A.R.E. program for a minimum of three years.

The case studies provided an in-depth review of the impact of D.A.R.E. on participating youth, their parents, school and community. The school superintendent in each district selected was contacted and invited to participate in this study by Attorney General Humphrey. The intensive case study sites were selected in cooperation with the Minnesota D.A.R.E. Advisory Council Subcommittee on Evaluation (See Appendix C for map of sites). The sampling procedure also considered geographic distribution of sites and reflection of the ethnic and cultural diversity of the state. One site, originally selected, declined to participate because of involvement in other research and evaluation projects. A comparable school district was selected as a replacement. Approval

of participation was secured prior to beginning data collection (See Appendix H for Interview Protocols).

Data collection strategies used at each intensive site included:

- focus groups and/or interviews with parents of D.A.R.E. students and/or graduates,
 - focus groups and/or interviews with school staff from participating schools,
 - interviews with community members knowledgeable about local prevention activities,
 - interviews and/or focus groups with D.A.R.E. graduates ages 13-18,
 - interviews with the local D.A.R.E. officer and at least one other law enforcement official,
 - observations of D.A.R.E. in classrooms, and
 - other interviews as appropriate based on findings of the initial interviews.
5. A survey administered to representatives of a randomly selected sample of 95 elementary or middle schools implementing D.A.R.E., but not included in the case study sites (See Appendix E for the survey instrument. See Appendix C for map of districts included in survey).

The purpose of this survey was to determine the perceptions of these individuals of the impact of D.A.R.E. on participating students, their teachers, parents, and the school climate. The survey was distributed by the chemical health specialist to each of the following individuals with each target school:

- the school principal or district superintendent,

- the chemical health and/or violence prevention coordinator,
- the school board chair,
- the local chief of police, and
- a parent organization representative.

The sample included schools from four town sizes which reflect the population distribution of the state (See Appendix D for List of Cities).

In addition, Evaluation Team members observed the two week D.A.R.E. officer training program and graduation ceremony.

Data Analysis

Qualitative data collected through focus groups, key informant interviews, and observations were analyzed throughout the evaluation. To facilitate analysis of the data, evaluators used the QSR NUD•IST (Non-numerical Unstructured Data Indexing, Searching, and Theorizing) software package (QSR NUD•IST, 1996). NUD•IST facilitates ongoing, systematic and complete data analysis through efficient document management and by facilitating development and exploration of ideas. It also allows great flexibility in revision and preliminary identification of emerging themes. Other reasons for selection of the NUD•IST software package were its capacity for storage of interview notes, transcription of focus group interviews and field notes, as well as the capacity to create categories of ideas, manage those categories in a flexible system, search all texts for common themes, and test emerging theories or hypotheses as the data was being collected and stored.

Given the large amount of data collected for this project from interviews, focus groups and observations, data reduction was critical. Data reduction includes the process of selecting, focusing, simplifying, abstracting and transforming data that appear in written field notes or transcriptions (Miles and Huberman, 1994). Through coding and indexing of ideas in the NUD•IST software program, data

reduction was accomplished by clustering similar comments and themes into categories for further analysis. Emerging themes and tentative conclusions could also be verified by reviewing the categories created in the NUD•IST package. Simply counting comments is one way to understand the extent to which particular categories were generally accepted or widely believed by respondents. This was helpful in verifying our tentative conclusions and understandings that emerged as the project continued.

Survey Methodology

The survey was developed by the Evaluation Team and pilot-tested by members of the Minnesota D.A.R.E. Advisory Subcommittee on Evaluation.

In all, 290 of 475 eligible persons responded to the survey, representing a 61% individual response rate. Seventy-seven school districts returned the postcard stating that the survey had been distributed, representing a potential 81% school district response rate. However, since the survey was anonymous, this number could not be checked against the actual returned surveys. Nonetheless, it is likely "in the ballpark" of school districts represented.

Quantitative data from the survey were analyzed using the Statistical Analysis System (SAS) software package. One-way frequencies for all items and by type of respondent (role in school district or community) were computed and reported (See Appendix A for Survey Tables).

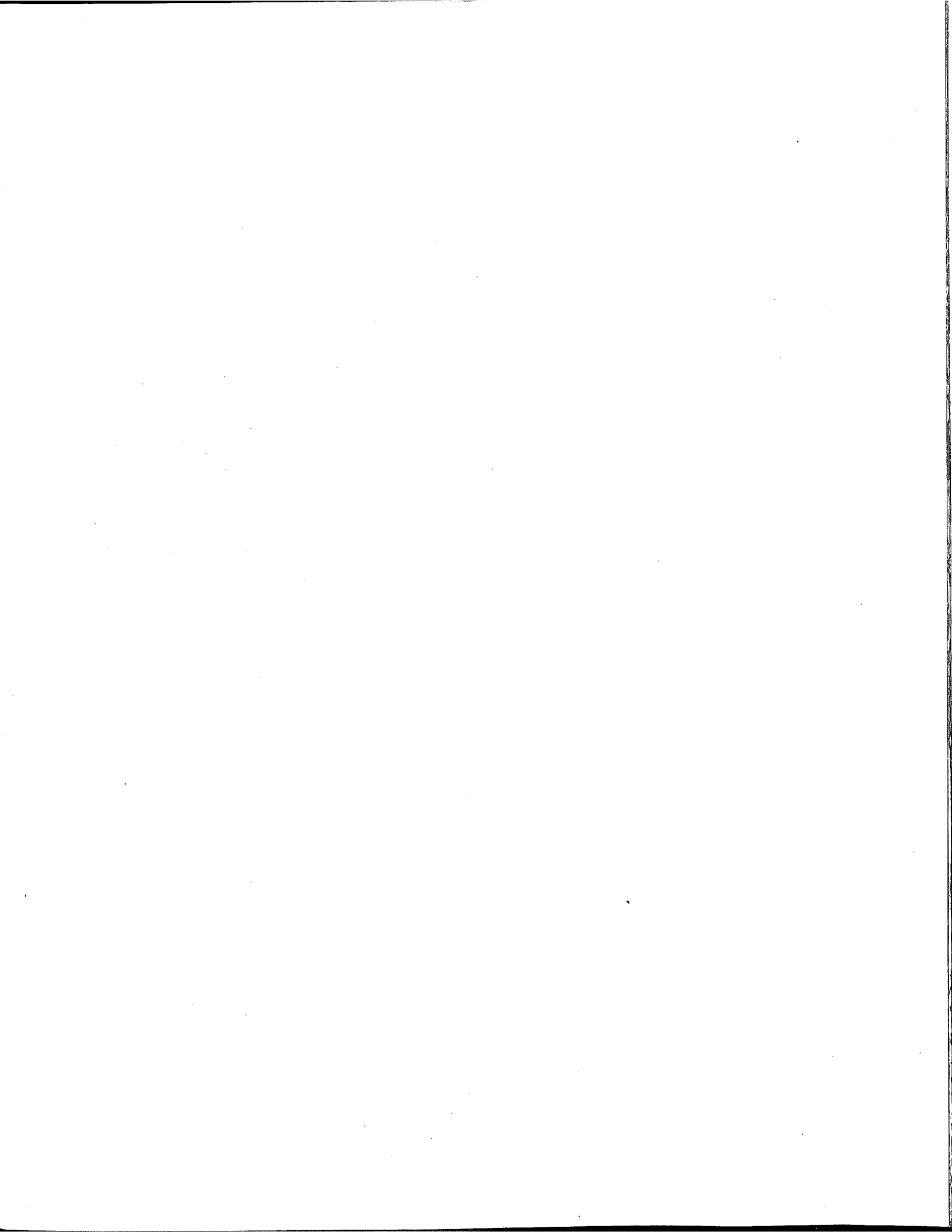
School principals and superintendents were combined into one category called "School Administrators" for reporting purposes. If on any item, more than 10% of the total sample did not respond, this was noted in the corresponding table.

Evaluation Limitations

Conclusions drawn from this evaluation are based on data collected from a variety of sources, using both quantitative and qualitative data collection analysis procedures. The mixed method approach used in this

evaluation was intended to strengthen the credibility of the findings and allow the evaluators to describe the impact of D.A.R.E. as accurately as possible. While the mixed method evaluation approach does allow certain strategies to compensate for the weaknesses of other strategies, there are limitations to the approach used in this study.

1. The literature review includes some studies of D.A.R.E. programs in other states that have been criticized by proponents of D.A.R.E. because they evaluate the effect of an older version of the D.A.R.E. curriculum, which has since been updated and revised.
2. Qualitative data gathering procedures and analysis are vulnerable to investigator bias. While efforts were made throughout the study to reduce the impact of investigator bias through Evaluation Team meetings and discussions; inter-rater reliability checks on the coding of all data; introspection on the part of the investigators; and the use of multiple investigators, there is the potential for personal biases to influence how data is collected, analyzed and reported.
3. While the rates of response to the survey were considered acceptable by the Evaluation Team, we did not conduct a non-respondent analysis to determine if there were differences between those who completed the survey and those who did not.
4. The case study sites were selected purposefully to provide a variety of contexts in which D.A.R.E. was being taught. The nine sites selected were not randomly chosen, nor do they necessarily reflect the range of experiences that school districts may be having with D.A.R.E. These should be considered examples rather than a representative sample of Minnesota school districts.



LITERATURE REVIEW

The purpose of the first phase of this evaluation, an extensive literature review of the scientific and lay literature available on D.A.R.E., was to summarize results of existing evaluations of D.A.R.E.'s impact on students' knowledge, attitudes and behavior. The findings of the review also served to guide development of subsequent components of this project, including formulation of interview protocols, focus group questions and case study design.

We reviewed approximately 100 documents, including program evaluation reports, editorials and news articles reporting on D.A.R.E.'s effectiveness published since the program was introduced in 1983, as well as government reports (e.g. United States Department of Justice) and releases provided by D.A.R.E. America. A wealth of popular literature (e.g. editorials and news articles) was examined since it provides a community perspective on D.A.R.E. The evaluations examined in-depth were limited to studies published in peer-reviewed journals.

The research team felt that it was important to include a broader perspective of prevention strategies and research so that the effectiveness of D.A.R.E. could be considered within the broader context of other prevention efforts in a school district or community. Current prevention research is emphasizing the importance of multiple efforts by many sectors of the community, targeting people of different ages, addressing both individuals and the broader community environment, and sustaining efforts over time (Pentz et al., 1989; Perry, et al., 1996; Wagenaar and Perry, 1994). D.A.R.E. is often one of many prevention strategies being implemented in a school district or community. Equally likely, though, are instances in which D.A.R.E. is the only strategy being employed. Clearly, D.A.R.E.'s effectiveness within a given community will be impacted by its role within an overall prevention plan. In order to understand the impact of D.A.R.E., it seems prudent to consider the program within a broader context of prevention efforts in any community.

This literature review is organized in four sections:

- Section 1 provides a brief overview of current prevention research and practice in order to provide a context for examining the impact of D.A.R.E. within a given community.
- Section 2 describes evaluation methodological factors that complicate accurate assessment of the effects of D.A.R.E. and interpretation of research findings.
- Section 3 describes a number of factors that may be influencing the effectiveness of D.A.R.E.
- Section 4 summarizes the reported effects of D.A.R.E. on students' knowledge, attitudes and behavior.

Section 1

An overview of prevention models, research, and practices

Alcohol, tobacco and other drug use by youth results from an interconnected set of: 1) social influences such as public policy, family, friends, availability, religious beliefs and traditions, and social norms (Wagenaar and Perry, 1994); and 2) personal factors, including personality traits, biological/genetic characteristics and reasoning ability (Petraitis, Flay, and Miller, 1995). Planning efforts to prevent alcohol, tobacco and other drug use and, related problems must thus consider all these social and personal factors in order to increase the likelihood that any given prevention program will be effective.

Recent prevention strategies showing the most promise in demonstrating effectiveness focus on change at multiple levels, including the family, social groups, local communities and broader society. These approaches advocate changing the broader environment across the whole population and are not simply

targeted to those deemed to be at highest risk for the initiation of alcohol, tobacco and other drug use and related problems (Wagenaar and Perry, 1994). This current perspective, that prevention effectiveness requires multiple efforts aimed at different sectors of the community, suggests that the expected impact of any single prevention program is likely to be modest and, from a research standpoint, difficult to isolate.

School based prevention efforts represent a wide range of theories regarding the prevention of early experimental use of alcohol, tobacco and other drugs (Petraitis, Flay, and Miller, 1995). School classroom prevention programs have been found to be most effective if they are based on the social influences model for primary prevention (Hansen, 1992). These programs typically include seven major components: 1) identifying short term social consequences of use; 2) exploring reasons why youth use substances; 3) discovering that substance use is not normative among their peers; 4) learning about the influences of advertising and adult role models on substance use; 5) learning and practicing resistance skills; 6) learning how substance abuse problems affect their community; and 7) making a public commitment to abstain from substance use (Botvin, 1986; Perry, 1996). Each of these components is interactive and requires active participation and involvement of students. A common interactive approach occurs when peers are trained to lead various group activities in the classroom. Peer led programs have been demonstrated to be more successful in reducing the onset of use than the same curriculum taught by classroom teachers or other adults (Botvin et al., 1986; Perry, 1996; Perry et al., 1988).

Promising prevention strategies being practiced in Minnesota were examined in a 1992 study sponsored by the Minnesota Department of Education (See Appendix I for Prevention Strategies). In this report, a taxonomy of strategies was developed for those approaches in which some empirical support had been demonstrated toward inhibiting experimental use of substances or reversing a pattern of current use. This taxonomy was organized into four spheres of strategies designed to: 1) promote skills, knowledge and values of individual students; 2) promote a

positive school climate; 3) empower parents; and 4) mobilize the community to become involved in prevention (Griffin, Benson, and Svendsen, 1992). One caution noted in the report was that the empirical literature at that time supporting inclusion of any given strategy in this taxonomy was of mixed quality and lacked research in the area of comprehensive, community-based prevention efforts. However, since then, there has been a marked improvement in documentation of the effects of broad, comprehensive prevention projects (Perry, 1996).

Section 2

Methodological factors affecting evaluations of D.A.R.E.

There are a number of methodological factors that have been noted in the research on the effectiveness of D.A.R.E. First, it is difficult to find a pure "no treatment" control group. It is likely that any control group to which D.A.R.E. classrooms are compared will have received or is receiving another prevention program during the course of the evaluation project (Harmon, 1993). Second, because base rates of substance use by elementary age children are quite low, detecting any change in those rates is difficult. Third, since D.A.R.E. is a program administered to classrooms rather than individuals, the appropriate unit of analysis is the classroom itself or the school, not the student. Studies that used individual students as the unit of analysis may have overestimated the effects of the program due to large sample sizes of students, as opposed to the relatively smaller number of classrooms (Murray and Hannon, 1990). Fourth, most studies relied solely on self reported data and had no validity checks integrated into the evaluation design. Fifth, there is a lack of longitudinal data measuring the degree to which the program effects are maintained over time. Sixth, there were few evaluations that examined the effect of the individual D.A.R.E. officer on student knowledge, attitudes or behavior. Finally, the consistency with which D.A.R.E. officers follow the curriculum has rarely been investigated. This concept, referred to as "fidelity to program goals", ensures that evaluations

of the same program offered by different officers at different sites actually compared similar programs.

Section 3

Factors influencing the effectiveness of D.A.R.E.

A variety of factors influence the effectiveness of any prevention program. A major factor that probably limits the impact of D.A.R.E. is that it is a classroom curriculum intervention. The potential of classroom based prevention, in isolation from other prevention approaches, has been consistently demonstrated to have limited impact on student alcohol and other drug use (Hansen, 1990; Wagenaar and Perry, 1994). As explained in Section 1, current research indicates that prevention efforts with the greatest promise are comprehensive, multi-sector programs that involve schools, families and community policy, norms and practices (Pentz, 1989; Perry et al., 1996; Wagenaar and Perry, 1994). A unique aspect of D.A.R.E. is the involvement of uniformed police officers as teachers, which creates a link between two sectors of the community. The curriculum also includes a component that involves parents, primarily in a summary graduation event. Nevertheless, the program focuses primarily on the classroom instruction of students; therefore, it cannot be considered to be a comprehensive prevention program as described by current prevention theory and research.

A second factor that limits effectiveness is the rapid change in attitudes toward alcohol and other drug use and the increases in their use that occurs in the total population during adolescence. Alcohol and other drug prevention programs are attempting to change behaviors that have a strong developmental component. In order to impact this powerful developmental trend toward increased use, any prevention effort must be equally powerful and reinforced over time (Clayton et al., 1996).

Our literature review identified other factors that may influence the effects of D.A.R.E. These include: variations in the skills and credibility among the

officers conducting the program (Clayton, 1991); inconsistent use of reinforcing or booster programs in years following initial exposure to D.A.R.E. (Ennet et al., 1994; McNeal and Hansen, 1995); varying fidelity to specific curriculum activities and goals; and potential lack of reinforcement of key messages by other segments of the community. Discussions of possible revisions of the D.A.R.E. curriculum and teaching methods should continue to consider ways in which these factors can be improved.

Section 4

The effects of D.A.R.E. on students' knowledge, attitudes and behavior

D.A.R.E.'s primary stated objective is to prevent, reduce and delay drug use among children and youth. Generally, the majority of D.A.R.E. evaluation studies report minimal or modest effects of D.A.R.E. on the primary program objective of preventing the onset or continued use of alcohol or other drugs by students. Where positive effects are found, they are typically equivalent to those found in non-D.A.R.E. control groups (Ringwalt et al., 1991; Wysong et al., 1994; Ennet et al., 1994; Clayton et al., 1991; McNeal and Hansen, 1995; Rosenbaum et al., 1994; Dukes et al., 1996). Studies in which lowered use of alcohol or other drugs is noted tend to report immediate effects that are not necessarily sustained over time (Ennet et al., 1994). There is some evidence that participation in D.A.R.E. is associated with reduction in tobacco use (Ennet et al., 1994). This is particularly interesting in light of the fact that D.A.R.E. does not focus specifically on tobacco use in the curriculum. Chart 1 (See Pages 13-14) summarizes the findings of 13 evaluation studies published in peer reviewed journals during the past 10 years. Each of these studies measured various outcomes of the D.A.R.E. elementary school curriculum.

Ennet et al. (1994) conducted a meta-analysis of eight D.A.R.E. evaluations meeting certain methodological criteria. This meta-analysis also showed

negligible to modest impact of D.A.R.E. on students' use of alcohol and other drugs. There is stronger evidence of D.A.R.E.'s demonstrated ability to achieve its secondary objectives, which are: increased self-esteem; increased resistance to peer pressure; better family, police and teacher bonds; enhanced social skills; and less acceptance of risky behavior (Dukes et al., 1995; Ennet et al., 1994; Harmon, 1993). These secondary behaviors and attitudes are believed to be protective factors, reducing the likelihood of high risk behaviors such as alcohol, tobacco and other drug use. It should be noted however, that some studies have found the effects of D.A.R.E. on these secondary outcomes to be small (Ennet et al., 1994). Others have found greater effects (Dukes, et al., 1995), but these greater effects were not sustained over time.

In addition to measuring the impact of D.A.R.E. on students' knowledge, attitudes and behavior, researchers have also explored the role of D.A.R.E. as a symbolic political response to public concern about drug use problems. Wysong, Aniskiewicz, and Wright (1994) have suggested that one important outcome of implementing D.A.R.E. is its symbolic value in exemplifying societal concern about drug use problems. It has been further hypothesized that D.A.R.E.'s linking of schools and police is a powerful affirmation of traditional values and likely to be well received by the community regardless of demonstrated effectiveness as a prevention program. This theme is also evident in lay press articles and editorials about the program, which often reference the improvement of relationships between students and police as a positive outcome of the program. The symbolic value of D.A.R.E. and its resultant popularity can also be considered a contextual factor that is likely to enhance the impact of the curriculum.

In sum, it is difficult to clearly document that the D.A.R.E. program is more effective in reducing drug use behavior compared to control groups or other prevention programs, and there is no evidence that effects are sustained over time in the absence of booster sessions. These findings are not surprising in light of research suggesting that the impact of any

single prevention program is likely to be modest and difficult to isolate. While this pattern of results may be discouraging, there are fairly consistent findings that D.A.R.E. impacts positively on several attitudinal and health-related behaviors that are conceptually linked to a positive and healthy lifestyle and philosophy. These secondary factors include improved self-esteem; increased confidence in peer-resistance skills; improved bonding with police, teachers and family members; and enhanced social skills.

CHART 1-Impact of D.A.R.E. as reported in selected studies:

AUTHOR STATE N=Sample Size	Onset of or Contin- ued Use of ALCO- HOL, TOBACCO or OTHER DRUGS	SELF-ESTEEM	RESISTANCE to PEER PRESSURE	BONDS to POLICE, TEACHERS, FAMILY
DeJong, 1987 (California) N=1,663	D.A.R.E. students report significantly less use than non-D.A.R.E. students on "Overall substance use Index"	No differences between D.A.R.E. and non-D.A.R.E. students.	D.A.R.E. students significantly less likely than non-D.A.R.E. students to indicate acceptance of offers of alcohol and drugs.	
Aniskiewicz & Wysong, 1990 (Indiana) N=629	Increase in drug knowledge and attitudes in desired direction.		Willingness to use resistance skills. No significant differences between D.A.R.E. and non-D.A.R.E. students in Locus of Control responses.	Symbolic Political Power identified.
Wysong, Aniskiewicz & Wright, 1994 (Indiana) N=665	No significant differences between D.A.R.E. and non-D.A.R.E. students in use.	No differences between D.A.R.E. and non-D.A.R.E. students.	No significant differences between D.A.R.E. and non-D.A.R.E. students in Locus of Control responses.	Mixed results regarding attitude toward D.A.R.E. officers.
Ringwalt, Ennett & Holt, 1991 (North Carolina) N=1,270	No difference in use or intention to use. Effect in desired direction on attitudes toward drugs.		D.A.R.E. students report significant effect on assertiveness.	
Clayton, et al., 1991a (Kentucky) N=1,927	No differences in use of cigarettes, alcohol & marijuana. Significant difference in desired direction on attitudes toward drugs.	No differences between D.A.R.E. and non-D.A.R.E. students.	Positive, but not significant, differences between D.A.R.E. and non-D.A.R.E. students.	
Clayton, et al, 1991b (Kentucky) N=1,927 21% attrition	No significant differences in use of alcohol, marijuana and cigarettes after 2 years.			
Clayton, et al, 1996 (Kentucky) N=1,927 45% attrition	No significant differences in use after 5 years. Some differences in attitudes towards drugs sustained.		Positive effect in short term not sustained at 5 years.	

CHART 1-Impact of D.A.R.E. as reported in selected studies:

AUTHOR STATE N=Sample Size	Onset of or Contin- ued Use of ALCO- HOL, TOBACCO or OTHER DRUGS	SELF-ESTEEM	RESISTANCE to PEER PRESSURE	BONDS to POLICE, TEACHERS, FAMILY
Harmon, 1993 (South Carolina) N=708	No differences in use of cigarettes, alcohol & marijuana. Significant difference in desired direction on attitudes toward drugs.	No differences between D.A.R.E. and non-D.A.R.E. students.	D.A.R.E. students report more assertiveness than non- D.A.R.E. students. No significant differences in coping strategies.	No significant differences in attitude toward police. D.A.R.E. students report greater belief in pro-social norms.
Ennet, et al., 1994 (Illinois) N=1,334	No difference in alcohol or cigarette initiation or quitting. D.A.R.E. students less likely than non- D.A.R.E. students to increase cigarette use.	Significant differences in desired direction at post test, not sustained after 1 year.	Positive but not significant differences between D.A.R.E. and non-D.A.R.E. students.	
Rosenbaum, et al, 1994 (Illinois) N=1,584	No significant effect on initiation or quitting. Some subgroup differences.	No differences between D.A.R.E. and non-D.A.R.E. students.	Positive but not significant differences between D.A.R.E. and non-D.A.R.E. students.	No significant differences between D.A.R.E. and non-D.A.R.E. students regarding school perfor- mance or behavior.
McNeal & Hansen, 1995 (North Carolina) N=4,206 Students 35 Schools	Little or no difference between D.A.R.E. and non-D.A.R.E. students on substance use. D.A.R.E. students significantly more likely to report inhalant use.			
Dukes, Ullman & Stein, 1995 (Colorado) N=9,552 Students 440 Classrooms		Classrooms participating in D.A.R.E. report higher average self-esteem than those not participating.	Classrooms participating in D.A.R.E. report less acceptance of risky behavior than those not participating.	Classrooms participating in D.A.R.E. report increased social bonding than those not participating.
Dukes, Ullman & Stein, 1996 (Colorado) N=940 Students	No significant differences after 3 years.	No significant differences after 3 years.	No significant differences after 3 years.	No significant differences after 3 years.

FINDINGS

Survey results, case study observations and interview data, and responses of key informant interviews, have been organized and analyzed concurrently and integrated into 17 key findings. In most cases, findings from all sources were consistent or complementary. Wherever a discrepancy among results from any of the data sources occurred, it has been noted below. Whenever possible, the findings are presented in the actual words of the participants of this evaluation.

1. The vast majority of persons surveyed and interviewed express generally positive feelings about D.A.R.E.

Ninety four percent of the survey respondents believe that D.A.R.E. is very popular in their community (Table 3). The majority of school staff, parents, students and community members interviewed as part of the case studies confirmed this belief by responding favorably to a variety of questions about D.A.R.E.'s impact and reception in their community. The popularity of D.A.R.E. is so strong that 88% of the survey respondents agreed with the statement, "Even if there is no scientific evidence that D.A.R.E. works, I would still support it." (Table 3). Clearly, D.A.R.E. is valued for reasons other than its potential or actual impact on student alcohol, tobacco or other drug use. These reasons will be described in greater detail later in this section of this report.

"I think it's the best program that's out there in society at this point." (Police chief)

"It was fun for my kids. It's the greatest thing since they invented ice cream. They have a great rapport with the officer." (Parent of D.A.R.E. graduate)

"I feel pretty good about [our investment in] D.A.R.E. I don't know if it's due to constituents' comments or real results. It could be both." (Funder)

"I think D.A.R.E. is like religious teaching...if we teach faith and values when they're young, they might experiment, but they'll come back to it. What would it be like without D.A.R.E.?" (Community representative)

"There is a group spirit with D.A.R.E (since) all of the students experience it at the same time...D.A.R.E. has a sense of more stability than most of these types of programs." (Teacher)

"D.A.R.E. is a common sense approach. We want to grab onto concrete examples of ways to teach kids skills. Kids are excited and parents are excited!!" (Funder)

"...even if it's not proven that the kids will stay off drugs, cigarettes or alcohol based on D.A.R.E.—to me, it was worth it." (Parent of D.A.R.E. graduate)

2. The vast majority of respondents believe that D.A.R.E. must be integrated into a more comprehensive set of prevention strategies implemented over time in order to be effective.

Current prevention research is emphasizing the importance of multiple efforts by many sectors of the community, targeting people of different ages, addressing both individuals and the broader community environment, and sustaining efforts over time (Pentz et al., 1989; Perry, et al., 1996; Wagenaar and Perry, 1994). Comprehensive prevention programs often use mass media to reinforce messages, involve parents in multiple activities and work toward establishing and implementing community policies and practices that limit youth access to alcohol and tobacco, in addition to school based curriculum provided throughout a child's education. A majority of education professionals identify D.A.R.E. as one component of a broader district or community-wide prevention effort.

Some educators expressed concern that D.A.R.E. is at times referred to as a comprehensive program rather than a single component of a more comprehensive school and community based effort.

"We're realistic and follow the national debates, but we still think it is good and we take it for what it is, a part of our total curriculum, and what it can do." (School superintendent)

"D.A.R.E. is perceived positively. It's not the only prevention (program), but rather a critical piece of our entire prevention program. D.A.R.E. contributes... but is not a stand alone program... No one program can constitute a drug prevention program. It needs to be a multiple messenger approach. D.A.R.E. is a critical part of that approach... Consequently, not all our prevention successes can be credited to D.A.R.E., nor can our failures be solely wrapped around D.A.R.E.'s neck." (Chemical health specialist)

"D.A.R.E. certainly is a piece of the puzzle." (Chemical health specialist)

"D.A.R.E. is a true and false answer to a multiple choice question." (School district administrator)

"It's part of our whole community program. It's good, effective, but no more than other efforts." (School staff)

"(Prevention) is not just the responsibility of D.A.R.E. Parents need to be more involved. The parent component needs to be greater. Not only in the 5th grade, but also in boosters." (Community representative)

"So somehow it has to connect with parents. We should have D.A.R.E. for parents." (Teacher)

"Communities need to be careful that the popularity of D.A.R.E. does not inadvertently compete with other, more effective prevention programs." (Community representative)

"D.A.R.E. is both popular and successful in our district. The only danger I see is that if it's over

promoted, school and community people will think that it's all we need and that would be a big problem." (Chemical health specialist)

3. **The most frequently reported benefit of D.A.R.E. is an improved relationship between police and students.**

Ninety eight percent of the survey respondents believe that students have a better impression of police officers because of D.A.R.E. (Table 9) School staff, parents, community members, law enforcement officers and students interviewed in the case studies support this finding. Adults interviewed strongly believed that the positive relationship with the D.A.R.E. officer extended to relationships with other law enforcement officials and authority figures in general.

An exception to this finding surfaced with focus groups of high school students who were graduates of D.A.R.E. and parents who reported that the D.A.R.E. officers' improved relationships with students did not carry over to other officers who were observed to be less approachable and concerned for youth. A second concern was raised by students that felt that if a very negative perception of police exists in a specific neighborhood, then a relationship with a D.A.R.E. officer is not likely to overcome this perception.

The personal attributes of individual D.A.R.E. officers is reported to be a significant factor in the perceived impact of D.A.R.E. by students and school staff, and a majority of students report favorable impressions of their D.A.R.E. officer.

Community representatives, school staff, and law enforcement officials reported that personal contact with a law enforcement officer through D.A.R.E. has a positive impact on some recent immigrant populations that held negative and fearful attitudes toward law enforcement officials in their homeland.

"I don't know how effective D.A.R.E. is (in preventing alcohol, tobacco, or other drug use by students), but it is very effective for improving impressions of law enforcement officers." (Parent of D.A.R.E. graduate)

"It may not change drug behavior, but it does change attitudes and is great on presenting a positive, non-TV image of cops." (Chemical health specialist)

"I think this is a good thing, because then the kids can establish a relationship with a police officer and realize they're people too." (Parent of D.A.R.E. graduate)

"I think D.A.R.E. makes them seem more approachable... I'm not scared of them anymore either, unless they're driving behind me." (Parent of D.A.R.E. graduate)

"We actually had a D.A.R.E. officer stop by our house when we had an open house for a celebration not long ago. I watched my kids' reaction to that and it was really something positive to see." (Parent of D.A.R.E. graduate)

"My children have their own personal police officer." (Parent of D.A.R.E. graduate)

"I am a role model for the entire community, not just my students. No matter what the circumstances are, kids know, or I've made them feel, that they are just as important as anybody." (D.A.R.E. Officer)

"This is a movement in the police department to be more responsive, but it doesn't give a balanced view. D.A.R.E. is not indicative of the entire force or the power thing with police." (Parent of D.A.R.E. graduate)

"It puts police in a helpful situation, an assisting situation, as opposed to a confrontational situation where kids normally see the police. They've screwed up, so then the police come." (Teacher)

"Little kids look up to gang members more than police officers because the gangs are pushing kids to get in there and do it, whereas the police officers always seemed kind of busy. They should put more effort into it. Stopping and talking with kids once in a while. They used to drive by in their cars and hand out baseball cards and stuff—I haven't seen them do that for three years. That was always exciting. They would stop by the park and you knew they were checking things out and you felt very safe. Now, the only time they're checking things out is at night." (High school D.A.R.E. graduates' focus group)

"Police see D.A.R.E. as positive public relations, D.A.R.E. officers are better at dealing with adolescents on the street. Positive relationships develop. These officers do lots of schmoozing." (Chemical health specialist)

"I think it depends on where you come from—some people don't trust the police... living in the area that I did and seeing the police, I never trusted the police... and I don't necessarily think a police officer was right for a school like that. It was a bad neighborhood." (9th and 10th grade D.A.R.E. graduates' focus group)

"First there is great public relations for the law enforcement. Secondly, kids then see cops in a different light." (Police chief)

"I'm not sure about the actual cause and effect, but in terms of other things like meeting and befriending an officer, (and) gaining respect for officers, (then I'd rank D.A.R.E. very high)." (Parent of D.A.R.E. graduate)

4. An important benefit of D.A.R.E is the symbolic power of the police coming into the classroom and working cooperatively with teachers to address an important social problem.

D.A.R.E. leads to a perception among parents and the broader community that schools and police are working together to prevent alcohol, tobacco and other drug problems among youth.

Identifiable in both interviews and survey responses, this cooperation is highly valued by most adults.

Many parents believe that D.A.R.E. demonstrates a commitment on the part of the school and community to take action to respond to alcohol, tobacco and other drug use problems in their communities.

"It offers a glimmer of hope to frightened parents. Parents are scared—this is a calm in the storm. A legitimate level of fear is present in the community and this offers hope." (Police chief)

"Prevention messages need to come from many sources and it's nice to have the police so visible and giving clear messages." (Chemical health specialist)

"I'm thrilled that any prevention is happening at the school. I like it as a reinforcement to what we've been saying to our kids all along." (Parent of D.A.R.E. graduate)

"I'm sick of kids going down. We'll try anything. D.A.R.E. is reputable." (Community Representative)

"One thing I like is I think it's made an impression on not only the kids and parents, but the community. Store owners, business owners—they see posters, articles in the newspapers, kids with their projects and I think that's really important. I think the whole community needs to work together to help kids and guide kids." (Parent of D.A.R.E. graduate)

"There is more of a sense of order in the school. Kids understand the need to be cooperative. D.A.R.E. has something to do with this." (D.A.R.E. Officer)

"Because of the church and state separation, kids seem to not get any moral education or how to take a stand. D.A.R.E. is the exception. It really has a strong opinion from someone." (Parent of D.A.R.E. graduate)

"D.A.R.E. instills (in the students and community) that school is a safe place." (Elementary teacher)

"D.A.R.E. clearly states right from wrong." (Elementary teacher)

"I think it's so much more effective because it is a police officer—the kids need to hear the message from all over—from their family, from society and the community, and part of that community is the D.A.R.E. officer and the school. It has to be a united front and if we only do it through the education system, then that's only one media. At this age, in particular, they start to say, 'oh, yah mom.' This (D.A.R.E. officer) is another person that has a lot of credibility and it's good." (Teacher)

"We think it's the best thing that's ever happened to a police department. I can't imagine how the community could get a more positive attitude towards the police department and I think that is important. I can't imagine what is more important to the community and to the police officers out there." (Teacher)

"Law enforcement is positive, a refreshing change. People think it builds bridges." (Superintendent)

"People are frustrated with drugs, they'll be attracted to anything positive." (Funder)

"It's an issue of symbolism and politics. A symbol of hope. Seventeen hours is simply not realistic. What D.A.R.E. attempts to do is outstanding. We need to de-politicize it. The danger of symbolism is in creating a false sense of security." (School district administrator)

"When you ask parents why they want D.A.R.E., it's a sense of hope and security that kids will make better decisions." (School district administrator)

"Not only is it for the kids in the D.A.R.E. program, it has shown some community involvement that doesn't always come out. It's not just the school district and the police. There are a lot of community people that have been involved

in this. And I don't think all those people have kids in the program. It's been a good deal for the community—for community involvement. And the kids really liked it.” (Parent of D.A.R.E. graduate)

“Appeals to conservative middle class values. Strikes a chord with a sense of community.” (Chemical health specialist)

“The public likes the fact of uniformed officers in the school... People are scared of early drug use and it's a sign of early prevention.” (Community representative)

5. **There are mixed perspectives on the effectiveness of D.A.R.E. in meeting its objective of preventing alcohol and other drug use.**

While 81% of the survey respondents report that they believe that D.A.R.E. is moderately or very effective as an alcohol, tobacco and other drug prevention program (Table 11) and more than 70% believe that fewer students actually use one or more of these drugs because of D.A.R.E. (Table 10), less than a third of interview respondents believe that D.A.R.E. impacts the use of these substances by participating students. Many students who have completed D.A.R.E. question the effectiveness of the program and minimize its impact on their own behavior.

It is interesting to note that some school staff believe that while D.A.R.E. may not prevent the use of alcohol, it may have a positive impact by reducing the quantity of alcohol consumed and reducing negative consequences of use.

“One of my kids told me that he has been offered cigarettes and he just said no and walked away. They really do learn.” (Parent of D.A.R.E. graduate)

“I went to (a community festival) this past summer and it seemed like every child from 12-16 had a cigarette in their hands. I asked my husband what happened to the D.A.R.E. program (because I

know all of our kids take it).” (Parent of D.A.R.E. graduate)

“D.A.R.E. is not at all effective. It has no impact at all. I am working with kids with whom the program has not been successful.” (Community representative)

“There is a difference between use and abuse. It's like the difference between a prank and delinquency. Drug awareness is increasing, we can't stop experimentation. D.A.R.E. keeps the problems less.” (Community representative)

“Some kids still do drugs, but I know we are helping kids. We often witness experimentation. Where we have our greatest success is with reducing frequency, problems, and delaying use.” (D.A.R.E. Officer)

“Its had some effect, but most of us had their minds made up before this program and the program doesn't change it.” (7th and 8th grade D.A.R.E. graduates' focus group)

“I know that even though the statistics tell us that use has gone up, my personal belief is that we have reached many kids despite that and maybe those are the kids who might have gotten involved with alcohol and drug issues that didn't because of D.A.R.E.” (Teacher)

“I'm not sure if (the) total program makes an impact, I think it's probably in one ear and out the other for most kids.” (Funder)

“I don't know. I think it is effective, but we caught our daughter smoking after class in 7th grade.” (Parent of D.A.R.E. graduate)

“In relation to the prevention of alcohol and other drug use we don't know how bad it would be otherwise so it's hard to tell how much good we've done. The kids in the middle group who are undecided about alcohol, tobacco, or other drug use are the ones who are being helped the most.” (Chemical health specialist)

"...as far as actually preventing someone from smoking or drinking, I'm going to say that's not (so good), but the other stuff they get from it is important." (Parent of D.A.R.E. graduate)

"You learn everything and you know everything, but just because you know everything doesn't mean you're not going to do it...I know what tobacco and stuff does to you." (High school D.A.R.E. graduates' focus group)

6. A large number of D.A.R.E. graduates recall D.A.R.E. positively and remember specific peer resistance skills taught in the program, but also report not using these skills in real life circumstances.

A surprisingly high number of students reported that the D.A.R.E. activities were different than other classes. Based on classroom observations of the D.A.R.E. lessons being taught, discussions with teachers, and a review of the curriculum materials, the D.A.R.E. activities do not appear to be markedly different from other teaching approaches. Therefore, the evaluation team believes that the uniqueness of a uniformed police officer leading active lessons and the outside of the classroom activities may be more significant factors in the students' positive perceptions than the program materials or strategies. Regardless of the reason, a majority of students interviewed remember the program as fun and lively.

At least some students in every focus group of D.A.R.E. graduates were able to recall and accurately describe three or more resistance skills taught in D.A.R.E. It is possible that these strategies were reinforced in other prevention programs, but students were able to make a clear connection to the D.A.R.E. program and in some cases remembered the exact role play circumstances in which the strategy was introduced. Most report not actually using the strategies, however.

Some students emphasized that the resistance skills taught were not realistic and useful as they

grew older. Some high school students now believe that the D.A.R.E. officer suggested that these skills would be much easier to use than it actually has been for them in their daily lives. Many of these students also expressed concern about the importance of offering honest and accurate information.

"It's popular because the officers make it kind of fun. They don't just say here's the facts. They do activities, role plays. If they said read this book, nobody would like it. It helps you so much when something is fun, you actually listen to it." (6th Grade D.A.R.E. graduates' focus group)

"D.A.R.E. was really good. You demonstrate refusal skills. There are skits and plays... The basketball game and the ride to the Target Center was neat... (I remember) Daryl the D.A.R.E. Lion, the stories, the courage to say no." (6th grade D.A.R.E. graduates' focus group)

"I liked it because it was fun. More kids would smoke if you didn't have it... The officer made it fun... The officer got kids involved, we didn't just sit at our desks..." (7th and 8th grade D.A.R.E. graduates' focus group)

"(D.A.R.E.) was really helpful. Teaches you about things that happen because of drugs and stuff. I think it gets the message across about drugs and alcohol. Gives you some ways to turn down drugs that you feel comfortable with... To know how to deal with it when people ask you." (7th and 8th grade D.A.R.E. graduates' focus group)

"Cold shoulder, just say no, broken record, make an excuse, walk away, there is strength in numbers (are examples of resistance skills)." (7th and 8th grade D.A.R.E. graduates' focus group)

"(I've) never been asked... (I) learned ways to get out of stuff... (I've) not really used them. They're no use in real life." (7th and 8th grade D.A.R.E. graduates' focus group)

"Just say no. Walk away. Turn around. Just ignore them. But that doesn't work. Not in real life."

Especially when you're dealing with gangs. It doesn't work that way at all. It's much harder to say no." (High school D.A.R.E. graduates' focus group)

"I think it should be more honest—like they came to our school and said there were really no drugs in school and that's not true—I'd say 55% of kids here are doing some type of drug, or more. They should have prepared us for that because they pretty much lied to us and said there was nothing in high school." (High school D.A.R.E. graduates' focus group)

7. There is general concern that the preventive effects of D.A.R.E. are not long lasting.

The majority of adults interviewed who believe that D.A.R.E. has an impact on the use of alcohol, tobacco or other drugs also believe that the effect is short term and is often offset by societal influences to use alcohol and tobacco as the students get older. More than half (55%) of the survey respondents agree that as they get older, other influences in the lives of youth overcome the effects of D.A.R.E. (Table 12).

"Kids like it while they're in it, but there's no long lasting carry over. Smoking is a big deal, but D.A.R.E. doesn't deal with it." (Chemical health specialist)

"Bottom line is the effects wear off. Some last until 6th grade, others 7th grade, others beyond." (Teacher)

"Fifth graders love it. I question the long term impact. Our school is examining the impact and whether to continue the program." (Chemical health specialist)

"It was fun. You could ask questions. It's been so long since we've had it, it doesn't matter to us anymore. It matters, but we can't remember what happened in 4th grade. It's not brought up again, no follow-up. Now the pressure is too high." (High school D.A.R.E. graduates' focus group)

"When they're sitting right here in your classroom in 6th grade and listening, and going through the activities, you think wow, it will probably be effective, but when they leave, there are so many factors that enter the picture. I think that D.A.R.E., like any program, is only part of what goes on in that kid's life, and it really involves a lot of different influences." (Teacher)

8. The most common concern expressed by school staff and community members was the belief that there is not sufficient reinforcement of prevention messages in the school and community.

This finding is consistent with the concern that any impact of D.A.R.E. is often offset by powerful societal influences to use alcohol and tobacco as students mature. Some respondents suggested that D.A.R.E. be expanded and offered to older students as a booster, but a greater number of school staff and students suggested that other prevention strategies or programs may be more useful and effective.

Most students interviewed that had completed both the elementary (grade 5) and junior high (grade 8) D.A.R.E. curricula reported less satisfaction with and value of the junior high program. The students' responses were echoed by school staff familiar with both programs.

"D.A.R.E. does the best job possible as the foundation for prevention programs in our area. One hundred percent of the graduates declare that they won't use, but later obviously, some change their minds. We need to stay with those kids in their resolve not to use." (Police chief)

"D.A.R.E. would work better, if (the school) had follow-up programs and they talked about the choices we made and why we made them." (9th and 10th grade D.A.R.E. graduates' focus group)

"I also took D.A.R.E. in 5th and 8th grade. I passed both times, thank you, but I didn't feel it was necessary in 8th grade... It was great in 5th

grade, but 8th grade seemed like a waste of time.” (9th grade D.A.R.E. graduates’ focus group)

“The 8th grade lessons are a bit mundane and below the level of 8th graders.” (Community representative)

“It’s a good place to start, but follow-up in later years needs to occur...Knowledge, education, and repetition are keys to drug prevention.” (Chemical health specialist)

“Boosters are needed, but may not take the form of D.A.R.E.” (D.A.R.E. Officer)

“They don’t have a refresher so I believe it goes back to the parents’ responsibility to reinforce that, and I’m afraid that’s where in certain situations that it falls by the wayside, because it’s over and done with at graduation.” (Parent of D.A.R.E. graduate)

“One time inoculation is not going to work on anything.” (Funder)

“I’ve never had follow-up presentations or anything on drugs that have been effective...” (9th and 10th grade D.A.R.E. graduates’ focus group)

9. The D.A.R.E. graduation is often noted as a key positive aspect of D.A.R.E.

A large majority of parents and law enforcement officials believe the graduation is an important and positive demonstration of students’ intentions not to use alcohol or other drugs as well as a reinforcement of family and community values about remaining drug free.

Some educators expressed concern that D.A.R.E.’s involvement of parents is limited to attendance at the graduation event. These school staff generally believed that D.A.R.E.’s popularity offers an excellent opportunity to expand parental involvement in prevention efforts well beyond participation at the graduation.

“The graduation was great. It provided a forum

for kids to affirm non-use.” (Parent of D.A.R.E. graduate)

“The D.A.R.E. graduation is a very visible event, very well attended. It really brings school, family, and communities together. Much better attended than a parent/teacher conference.” (School staff focus group)

“At our last D.A.R.E. graduation, we had three city council members and three school board members.” (Elementary principal)

“Maybe D.A.R.E. should have a required session for parents and kids to come in together. We’ve always had an excellent turnout for the graduation, but that’s only a one night commitment.” (Teacher’s focus group)

“There is a strong turnout for graduation. People see it as important. (D.A.R.E.) celebrates after (completion)—you don’t see that for other programs.” (Community representative)

“What other community event has 1,000 people getting together...D.A.R.E. graduation...this was really important. It was positive for the community, it was really an important effort for the community.” (Police chief)

10. Some parents interviewed believe that participation in D.A.R.E. gives important information to their children and gives them an opportunity to talk with their children about alcohol and other drug use.

Most parents expressed vague positive feelings about their child’s participation in D.A.R.E., but a minority of parents reported specific examples of how D.A.R.E. had triggered a discussion with their child about alcohol, tobacco, other drugs, or refusal skills.

“I think she was exposed to things through the D.A.R.E. program that she wouldn’t have been exposed to at that time, certainly not at home, because we just never talked about that kind of thing...I know with us living in a small rural

community, at times we don't feel like we really have any of this type of stuff really happening here, but it is...I think through this type of program, our children are really better equipped and educated about it if they were exposed to it in some way or another." (Parent of D.A.R.E. graduate)

"It was informative. They got stuff that I couldn't give them. It gave her guidelines and supported us at home. I don't know if it helped, but it sure couldn't hurt them." (Parent of D.A.R.E. graduate)

"They usually give us a pretty good breakdown each day what they've covered in school. It didn't seem like they had any new revelations or anything. I think it was probably a nice way to open a door to a discussion. We've had discussions at dinner about drugs and things, and I thought it was probably an easier way to bring it out, at home. A foot in the door." (Parent of D.A.R.E. graduate)

"I've gone to 2 or 3 D.A.R.E. graduations. The fact that children learn some coping skills and saying no to negative behaviors is reassuring to parents. I think it stimulates communication between parent and child." (Funder)

11. Law enforcement officials are generally supportive of D.A.R.E., but concurrently raise concerns about its staffing, role and impact.

While the vast majority of survey responses from law enforcement officers were supportive of most aspects of D.A.R.E., interviews surfaced some concerns among some law enforcement administrators regarding the effectiveness of D.A.R.E. as a prevention program. Law enforcement administrators tend to report the value of D.A.R.E. as a good example of community policing and offer mixed reactions to the program's effectiveness in prevention.

Some law enforcement administrators also expressed concerns about the cost-effectiveness of D.A.R.E. This perception is not supported by survey respondents (Table 7), but is clearly

an important issue in some departments and may warrant further attention.

The cost effectiveness of D.A.R.E. was not considered formally as a component of this study and may be an important consideration for future evaluations of D.A.R.E.

"(Our department) wanted to add a component that put an officer in the school with kids early. D.A.R.E. fits with community policing." (Police chief)

"D.A.R.E. fits with our philosophy of providing police services. D.A.R.E. really fits with community policing." (Deputy police chief)

"Cost effectiveness of the program (is an obstacle), officers cost a lot of money." (Police chief)

"There is little objective evidence that this works. (It is) a social program that has become politically untouchable. It is an inefficient use of police officers. There is no evidence that police do better (than teachers)." (Police chief)

"I wouldn't trade an hour of our liaison officer for an hour of D.A.R.E." (Secondary principal in a group discussion with city and law enforcement officials about D.A.R.E.)

12. D.A.R.E. officer training is believed to be effective.

The vast majority of D.A.R.E. officers and their supervisors are very satisfied with initial and inservice training provided (Table 6). Observation of the training confirmed that the training is well designed and professionally delivered. High fidelity to curriculum goals and instructor directions are a direct result of the training structure and style. Many D.A.R.E. officers reported that the training increased their communication skills, which improved their capacities to do other types of police work.

The only concern expressed regarding the outcome of training comes from educators and some community members who are concerned

that D.A.R.E. officers don't fully understand how D.A.R.E. fits with other prevention strategies, and they have limited ability to be flexible and adapt D.A.R.E. to be better integrated with K-12 or community based prevention (See finding #13).

"This high quality program is high quality from the start... The ability to screen, train and get high quality officers (contributes to D.A.R.E.'s popularity in Minnesota)." (Police chief)

"The training is excellent. Graduates leave riding on a cloud. They can take on anything." (Police chief)

"D.A.R.E. has made me deal with kids differently. I take more time. I'm more aware of kids and families. I think it has helped me be a better person in general." (D.A.R.E. Officer)

"(D.A.R.E. training) has helped me in every part of my life. My work, with co-workers, my marriage and how I relate to my daughter." (D.A.R.E. Officer)

"D.A.R.E. officers are well received, because they are well trained..." (Principal)

"Made me a better listener. Got me off my high and mighty enforcement box. It has really made me focus on relationships to problems, rather than just enforcement, making arrests." (D.A.R.E. Officer)

Some D.A.R.E. officers also report the importance of working cooperatively with teachers.

"If the teacher is wanting to be involved, I get them into it—then, to the kids, it appears that this is really important. When the teacher is not there you do your best and you do a fine job, but it doesn't make as big of an impact—it is a necessary, positive impact." (D.A.R.E. Officer)

13. The most critical responses about D.A.R.E. were made by chemical health specialists and teachers who report that D.A.R.E. is not flexible, not well integrated with other preven-

tion efforts in the school/district, or minimizes the contribution of other prevention programs.

Despite overwhelmingly favorable perceptions of D.A.R.E. among those surveyed and interviewed, serious concerns from approximately 20% of school chemical health specialists and a few community based prevention specialists surfaced periodically throughout this evaluation. These concerns focused primarily on the perceived inflexibility of D.A.R.E. to make adjustments that might allow better integration of all prevention programs in a school district and surrounding community. Some respondents also believed that this inflexibility was grounded in a belief on the part of selected D.A.R.E. personnel that other prevention approaches were less valuable or important. When these concerns arise, it appears that tension between school staff and D.A.R.E. staff reduce the capacity of both to share resources and implement strategies in a complementary style.

"Law enforcement officers should team rather than simply be at the school. I can't get them to cooperate with social services." (Chemical health specialist)

"It needs to be more flexible. Not quite so curriculum driven. Prevention needs to be so much broader. D.A.R.E. is flashy and needs more community focus. We'd like to work with them and it's so hard." (Chemical health specialist)

"We need to be very flexible, ever-changing, making sure we don't get stuck with any one method..." (Chemical health specialist)

"This could be done in a shorter time than 17 hours, less formally." (Chemical health specialist)

"There is no room for compromise with D.A.R.E." (Chemical health specialist)

"They have an absolute lack of recognition that we have a thoughtful, comprehensive approach to prevention in K-12." (Chemical health specialist)

"We don't want to get rid of them, we want them to adapt their program to fit our overall district needs." (Chemical health specialist)

"Our district has considered and suggested modifications. The officers said this is possible only when D.A.R.E. America modifies the curriculum." (Chemical health specialist)

"Role plays are too 'hokey' and repetitious. D.A.R.E. is too rigid, i.e. kids have concerns, but D.A.R.E. officers can't deal (with) them." (Community representative)

It should be noted that some school staff felt that the perceived inflexibility of D.A.R.E. was actually an example of fidelity to program goals that is often difficult to achieve with prevention curricula.

"Once you turn a program over to teachers you never really know what happens. At least with D.A.R.E. you know exactly what they will get in each of the seventeen lessons!!" (Chemical health specialist)

14. Some parents, community members and professional staff express serious concerns about specific aspects of D.A.R.E.

In the course of collecting data for this evaluation, the evaluation team members encountered approximately ten knowledgeable persons who expressed serious concerns about certain aspects of D.A.R.E. While clearly not consistent with the vast majority of perceptions described above, these concerns were often based on specific experiences and reflect informed perspectives that merit consideration.

"The D.A.R.E. officers that I've met are wonderful. But this concept is absolutely absurd. We need to have police give consequences to kids and we need to have professionals trained in teaching to do this kind of program." (Community representative)

"Go with the facts and not the politics... All the money spent on D.A.R.E. is too much and it is going to the wrong place... D.A.R.E. is an awareness program and not a prevention program and prevention is what we need." (Community representative)

"My opinion is that teachers, parents, and kids like it, but I'm not sure if it is at all helpful." (School nurse)

"D.A.R.E. takes too great a share of prevention resources for its effects." (Community representative)

"Lessons don't have as much material as they could have. Bare bones. Law enforcement officers aren't teachers and we can't expect them to be teachers..." (Chemical health specialist)

"D.A.R.E. must fit local needs. The state D.A.R.E. needs to allow locals to customize it. D.A.R.E. is too commercialized, and there are too many restrictions placed on it. You have to customize it for your local kids." (D.A.R.E. Officer)

"(I have) concerns over cops becoming teachers, (they) really should remain police officer(s). This could be done in a much more cheaper way." (Community representative)

"Bottom line is that D.A.R.E. is too long. (It) should be redone, shorter and not so hokey." (Community representative)

15. D.A.R.E.'s ability to promote and market is nearly universally acknowledged as effective in creating recognition of D.A.R.E.

Almost without exception, people interviewed and surveyed were aware of D.A.R.E. and many commented specifically on D.A.R.E.'s outreach and marketing strategies (Table 2). In most cases, respondents felt that the marketing and outreach efforts accounted for at least some of D.A.R.E.'s popularity. In some cases, respondents believed that the outreach efforts overstated D.A.R.E.'s demonstrated effectiveness.

Nearly all students interviewed recalled the D.A.R.E. lion or bear and many commented favorably on the D.A.R.E. products (rulers, T-shirts, etc.) that they received as part of their participation in the program. Eighty percent of survey respondents agreed that D.A.R.E. merchandise is an integral part of the program's success (Table 3).

*"They've done a great job in marketing, that's why it's so popular. Everybody knows about it."
(Elementary teacher)*

*"There is an aggressive advertising and outreach element to D.A.R.E. that is not present with a lot of other prevention programs."
(Youth minister)*

*"D.A.R.E. is marketed very well. It's very visible...and offers a quick fix for parents and the community."
(Community representative)*

*"What I'd hate to see is if there are some negative results, that our efforts are thrown out because we haven't done our job thoroughly and implemented comprehensively. Let's build on what we've learned and improve D.A.R.E. if necessary."
(Funder)*

*"One of the most visible programs in the community. Marketed very well. Very visible. Kids love it."
(Community representative)*

16. It is widely believed that it is difficult to evaluate the impact of D.A.R.E.

Nearly half of the persons interviewed expressed some concern about the difficulty of evaluating a program such as D.A.R.E. Similar concern about the difficulty of responding to specific survey items was one of the most frequent written comments added to the surveys by respondents. The primary questions regarding the difficulties in evaluation centered on the challenge of teasing out the effects of one specific program from all of the other prevention strategies being employed in schools and communities.

It was also evident that many schools are not formally or regularly evaluating any prevention

efforts. The most frequently reported evaluation approach was review of trend data provided by the Minnesota Student Survey. While this survey provides extensive information on current student behavior, including alcohol, tobacco and other drug use and trends over time, it cannot provide information about the impact of any single prevention program.

Some respondents believe that the symbolic power of D.A.R.E. described above has resulted in an inability for supporters of D.A.R.E. to realistically assess its impact and operation.

*"I evaluate D.A.R.E. through the participation of my own kids and by the numbers of people involved. The auditoriums are full at graduations."
(Funder)*

*"Effectiveness needs to be re-evaluated (while we) still continue it. If it saves one kid, it's cost effective."
(Parent of D.A.R.E. graduate)*

*"Prevention outcomes seem so elusive and program evaluation techniques so limited that it is difficult to decide the relative effectiveness of prevention approaches. We are left with using face validity—what makes sense..."
(Chemical health specialist)*

*"We use the Minnesota Student Survey to evaluate prevention."
(Chemical health specialist)*

*"With this evaluation, are they trying to get rid of D.A.R.E.? Why is this program being evaluated so much more than other prevention programs?"
(Teacher)*

*"D.A.R.E. has become a politically untouchable institution. And all based on anecdotal evidence."
(Police chief)*

*"We got lots of pressure from the police chief and parents to adopt D.A.R.E.... Teachers read the literature and felt it didn't warrant time given the limited impact of D.A.R.E.... Principals were concerned that if evaluation results were negative, what would they do? Most won't evaluate it."
(Chemical health specialist)*

“There is a lot of debate about the effectiveness of D.A.R.E. In relationship to what else we have, this is the best. The question isn't to D.A.R.E. or not to D.A.R.E., the question is how to improve it. It needs to stay on mission and this is a role for the Advisory Committee.” (Funder)

RECOMMENDATIONS

We recognize that the purpose of this and any evaluation is not to dictate decisions, but rather to help illuminate important issues and inform decision-makers about various aspects of the program. It is our intention to help the Minnesota D.A.R.E. Advisory Council and others interested in the operation of the D.A.R.E. program in Minnesota understand the complexity of the issues related to the impact of D.A.R.E. It is not our intention to give simple answers to complex questions, but we do believe some recommendations warrant consideration. It is in this spirit that we offer the following recommendations:

1. **Restate the goals of the program to more accurately reflect the perceived and documented benefits of improved relationships between police and students, as well as the relationships between police and the broader community.**

Many people believe that D.A.R.E. has merit and worth because of its ability to bring students and police together in a safe and positive classroom environment that leads to improved relationships. The vast majority of participants in this evaluation value D.A.R.E. because of the improved relationships between students, police and the broader community. It seems prudent to more accurately describe the goals of D.A.R.E. in terms of its power to impact student perceptions of police, police understanding of students, and improved relationships between police and the community.

2. **Capitalize on the positive community perceptions of D.A.R.E. to support other prevention efforts in the school and community, especially reinforcing strategies used with older students.**

D.A.R.E. has a remarkably positive reputation in schools and communities throughout Minnesota. Since no single prevention program can be expected to be effective in reducing or prevent-

ing alcohol, tobacco or other drug use problems, D.A.R.E. can greatly enhance its impact by using its powerful community-wide presence to openly and actively support other prevention efforts, especially those targeted to older students who have completed the D.A.R.E. elementary program. Those who work with D.A.R.E. need to be cautious that its popularity does not inadvertently interfere with the support and resources that other prevention efforts require.

3. **Increase cooperative planning and program implementation efforts with school and community staff responsible for other prevention programming in the school and community.**

D.A.R.E. can be a key component of a comprehensive school and community based prevention effort. If D.A.R.E. is perceived to be separate from other prevention efforts, the potential power of both D.A.R.E. and other programs will be limited. Prevention professionals in both schools and community organizations will likely welcome increased involvement of D.A.R.E. officers in planning at a local level and D.A.R.E. Advisory Council and Minnesota D.A.R.E., Inc. at a state level. Cooperative planning should strengthen D.A.R.E. and other prevention efforts and increase the likelihood of achieving a more positive impact on youth.

Other prevention approaches identified in recent publications from the National Institute on Drug Abuse and the Center for Substance Abuse Prevention include: efforts to establish and enforce policies that limit youth access to alcohol and tobacco; school-based curricula implemented at multiple grade levels; parent training and education; and sessions for children and parents together.

4. **Expand parent involvement in D.A.R.E.**

Clearly, D.A.R.E. is valued by many parents for both its effectiveness in improving relationships between students and police and its symbolic power of demonstrating a community concern for youth. Intentionally increasing parental involvement in D.A.R.E. activities seems likely to strengthen parents' capacity to maintain some of the positive effects of D.A.R.E. as their children mature. Examples include take-home activities, D.A.R.E. officer initiated opportunities for parents to talk with other parents, education for parents about talking with their children about important social issues, or other strategies. More than many other school-based programs, D.A.R.E. holds great promise for attracting parental participation in prevention efforts.

The graduation event offers another opportunity for D.A.R.E. officers to encourage parents to continue prevention efforts throughout their child's adolescence at home by role modeling appropriate choices about alcohol, tobacco and other drugs; setting and communicating clear expectations for their children's behavior; supporting existing laws restricting youth access to alcohol and tobacco; and regularly talking to their children about alcohol, tobacco and other drugs.

5. **Assist schools and community groups to apply D.A.R.E. marketing and outreach success lessons to their K-12/Community Prevention efforts.**

The phenomenal speed and reach of the diffusion of D.A.R.E. throughout the United States and Minnesota reflects the timing of the development of the program in relationship to the public's concern about drug use among youth, early evaluations that showed generally positive effects, outreach efforts, and broad display and distribution of D.A.R.E. products bearing the logo. Other prevention programs can benefit from the lessons learned by Minne-

sota D.A.R.E., Inc. in their efforts to promote and institutionalize D.A.R.E. throughout Minnesota.

6. **Consider and incorporate a less cumbersome process to adapt the curriculum and instructional strategies.**

Chemical health specialists in schools and community organizations, teachers, and some D.A.R.E. officers recognize that any program must occasionally be tailored or customized to meet the unique needs and resources of a school or community. Despite the value of maintaining high fidelity to original program goals, the perceived unwillingness of D.A.R.E. to allow accommodations for local circumstances or changes in the basic curriculum when warranted, leaves D.A.R.E. in a position in which certain lessons may not fit the broader K-12 or community-wide prevention plan. Encouraging greater input from chemical health specialists and teachers, allowing for greater creativity and flexibility on the part of D.A.R.E. officers, and generally being more flexible in interaction with school staff will likely strengthen D.A.R.E. and increase both the quality of instruction and the degree to which D.A.R.E. is integrated into other prevention efforts.

7. **Regularly update role-plays used in skills lessons to increase their relevance to students.**

The role plays are a specific example of an aspect of the curriculum that would benefit from creative adaptations and periodic updating. D.A.R.E. graduates remember the resistance skills taught by name, but frequently found them to be unrealistic and difficult to apply in real life situations. The content of the curriculum could be strengthened if officers worked with youth, teachers and chemical health specialists to update resistance skills examples and situations to reflect local community needs and circumstances.

Selected Bibliography

- Aniskiewicz, Rick and Earl Wysong. Evaluating D.A.R.E.: Drug Education and the Multiple Meanings of Success. *Policy Studies Review* 9(4) 1990: 726-747.
- Becker, Harold K., Michael W. Agopian, and Sandy Yeh. Impact Evaluation of Drug Abuse Resistance Education (D.A.R.E.). *Journal of Drug Education* 22(4) 1992: 283-291.
- Bosworth, Kris and JaDora Sailes. Content and Teaching Strategies in 10 Selected Drug Abuse Prevention Curricula. *Journal of School Health* 63(6) 1993: 247-253.
- Borvin, Gilbert. Substance Abuse Prevention Research: Recent Developments and Future Directions. *Journal of School Health* 56(9) 1986: 369-374.
- Brewer, John and Albert Hunter. *Multimethod Research: A Synthesis of Styles*. Newbury Park, CA: Sage, 1989.
- Brown, Joel H. and Marianne D'Emidio Caston. On Becoming at Risk Through Drug Education: How Symbolic Policies and Their Practices Affect Students. *Evaluation Review* 19(4) 1995: 451-491.
- Clayton, Richard D., Anne Cattarello, and Bryan Johnstone. The Effectiveness of Drug Abuse Resistance Education (Project D.A.R.E.): 5 Year Follow-up Results. *Preventive Medicine* 25 1996: 307-318.
- Clayton, Richard D., et al. Persuasive Communication and Drug Prevention: An Evaluation of the D.A.R.E. Program. *Persuasive Communication and Drug Abuse Prevention*. Hillsdale, NJ: Lawrence Erlbaum Associates, 1991. 295-313.
- Clayton, Richard D., Anne Cattarello, and Katherine P. Walden. Sensation Seeking as a Potential Mediating Variable for School Based Prevention Intervention: A Two Year Follow-up of D.A.R.E. *Health Communication* 3(4) 1991: 229-239.
- D.A.R.E. America. *Gallup Survey Revealed that Students Believe Drug Abuse Resistance Education (D.A.R.E.) Helps Them Avoid Problems*. July 7, 1993.
- DeJong, William. A Short Term Evaluation of Project D.A.R.E. (Drug Abuse Resistance Education): Preliminary Indications of Effectiveness. *Journal of Drug Education* 17(4) 1987: 279-294.
- Drug Strategies. *Making the Grade: A Guide to School Drug Prevention Programs*. Washington, DC: Drug Strategies, 1996.
- Dukes, Richard L., Jodie Ullman, and Judith Stein. An Evaluation of D.A.R.E. (Drug Abuse Resistance Education), Using A Solomon Four-Group Design with Latent Variables. *Evaluation Review* 19(4) 1995: 409-435.
- Dukes, Richard L., Jodie B. Ullman, and Judith A. Stein. Three Year Follow-Up of Drug Abuse Resistance Education (D.A.R.E.). *Evaluation Review* 20(1) 1996: 49-66.
- Dusenbury, Linda and Mathea Falco. Eleven Components of Effective Drug Abuse Prevention Curricula. *Journal of School Health* 65(10) 1995: 420-425.
- Educational Operations Concepts, Inc. *Final Report: An Evaluation of the Drug Abuse Resistance Education (D.A.R.E.) Program in Minneapolis*. November, 1989.
- Elam, Stanley M., Lowell C. Rose, and Alec M. Gallup. The 28th Annual Phi Delta Kappa/ Gallup Poll of the Public's Attitudes Toward the Public Schools. *Phi Delta Kappan* 78(1) 1996: 41-59.

- Ennett, Susan T. and Dennis P. Rosenbaum. Long Term Evaluation of Drug Abuse Resistance Education. *Addictive Behaviors* 19(2) 1994: 113-125.
- Ennett, Susan; et al. How Effective is Drug Abuse Resistance Education? A Meta-Analysis of Project D.A.R.E. Outcome Evaluations. *American Journal of Public Health* 84(9) 1994: 1394-1401.
- Faine, John R. and Edward Bohlander, Jr. *An Evaluation of the Drug Abuse Resistance Education Program. D.A.R.E. in Kentucky Schools, 1988-1989*. Bowling Green, KY: Social Research Laboratory, Western Kentucky University, August 1, 1989.
- GFA No. SP 97-003. *CSAP Cooperative Agreements for Centers for the Application of Prevention Technologies (CAPT)*. Rockville, MD: Center for Substance Abuse Prevention, 1997.
- Gorman, D. M. Are School-based Resistance Skills Training Programs Effective in Preventing Alcohol Misuse? *Journal of Alcohol and Drug Education* 41(1) 1995: 74-98.
- Griffin, Tom, Peter Benson and Roger Svendsen. *Promising Prevention Strategies: A Look at What Works*. Minnesota Department of Education Community Education/Learner Services. Anoka, MN: Minnesota Institute of Public Health, 1992.
- Hansen, William B. School-Based Substance Abuse Prevention: A Review of the State-of-the-Art Curriculum, 1980-1990. *Health Education Research* 7(3) 1992: 403-430.
- Hansen, William B. Pilot Test Results Comparing the All Stars Program with Seventh Grade D.A.R.E.: Program Integrity and Mediating Variable Analysis. *Substance Use and Misuse* 31(10) 1996: 1359-1377.
- Hansen, William B. Prevention Programs: Factors That Individually Focused Programs Must Address. *Resource Papers for the Secretary's Youth Substance Abuse Prevention Initiative*. Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services, March 1997.
- Harmon, Michele Alicia. Reducing the Risk of Drug Involvement Among Early Adolescents. *Evaluation Review* 17(2) 1993: 221-239.
- Hawkins, J. David, Richard F. Catalano, and Janet Y. Miller. Risk and Protective Factors for Alcohol and Other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention. *Psychological Bulletin* 112(1) 1992: 64-105.
- Johnston, Lloyd D., et al. *National Survey Results on Drug Use from the Monitoring the Future Study, 1975-1995*. Rockville, MD: National Institute of Health, 1996.
- Johnston, Lloyd D. The Epidemiology of Marijuana and Other Illicit Drugs. *Resource Papers for the Secretary's Youth Substance Abuse Prevention Initiative*. Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services, March 1997.
- Kochis, Donna. The Effectiveness of Project D.A.R.E.: Does it Work?. *Journal of Alcohol and Drug Education* 40(2) 1995: 40-47.
- McNeal, Ralph B. and William B. Hansen. An Examination of Strategies for Gaining Convergent Validity in Natural Experiments: D.A.R.E. as an Illustrative Case Study. *Evaluation Review* 19(2) 1995: 141-158.
- Miles, Matthew B. and A. Michael Huberman. *Qualitative Data Analysis: An Expanded Sourcebook*. 2nd ed. Thousand Oaks, CA: Sage, 1994.
- Minnesota D.A.R.E., Inc. The Unfinished Agenda. *Minnesota D.A.R.E., Official Home Page*. 1997. <http://www.millcomm.com/~wjsphoto/mndare.htm> (13 May 1997).

- Minnesota Department of Children, Families, and Learning. *Minnesota Student Survey: Perspectives on Youth*, 1995.
- Montoya, Colleen F., et al. *Evaluating School-Linked Prevention Strategies: Alcohol, Tobacco, and Other Drugs*. 17-20 Mar. 1993. San Diego: University of California, San Diego, 1993.
- Murray, David M. and Peter J. Hannan. Planning for the Appropriate Analysis in School Based Drug Use Prevention Studies. *Journal of Consulting and Clinical Psychology* 58(4) 1990: 458-468.
- Palumbo, Dennis and Jennifer L. Ferguson. Evaluating Gang Resistance Education and Training (G.R.E.A.T.). *Evaluation Review* 19(6) 1995: 597-619.
- Patton, Michael Quinn. *Utilization-Focused Evaluation*. 2nd ed. Newbury Park, CA: Sage, 1986.
- Pecchia, David J. Drug Abuse Resistance Education: An Evaluation of the D.A.R.E. and Counteract Programs Implemented in Robbinsdale, Minnesota Independent School District 281. Thesis. St. Cloud State University, 1991.
- Pentz, J.A., et al. A Multi-Community Trial for Primary Prevention of Adolescent Drug Abuse: Effects on Drug Use Prevalence. *Journal of the American Medical Association* 261 1989: 3259-3266.
- Perry, C. and M. Grant. Comparing Peer Led to Teacher Led Youth Alcohol Education in Four Countries. *Alcohol Health and Research World* 12(4) 1988: 322-326.
- Perry, Cheryl L. Models for Effective Prevention. *The Prevention Researcher* 3(1) 1996.
- Perry, Cheryl L., et al. Project Northland: Outcomes of a Community-Wide Alcohol Use Prevention Program During Early Adolescence. *American Journal of Public Health* 86(7) 1996: 956-965.
- Peterson, Robert E. *D.A.R.E.: Michigan Answers the Critics*. State of Michigan, November, 1994.
- Petratis, John, Brian R. Flay, and Todd Q. Miller. Reviewing Theories of Adolescent Substance Use: Organizing Pieces in the Puzzle. *Psychological Bulletin* 117(1) 1995: 67-86.
- QSR NUD•IST Users Guide*. Melbourne Victoria, Australia: Qualitative Solutions & Research Pty Ltd., 1996.
- Ringwalt, Christopher, Susan Ennett, and Kathleen Holt. An Outcome Evaluation of Project D.A.R.E. (Drug Abuse Resistance Education). *Health Education Research* 6(3) 1991: 327-337.
- Rogers, Everett M. Diffusion of Drug Abuse Prevention Programs: Spontaneous Diffusion, Agenda Setting, and Reinvention. *Reviewing the Behavioral Science Knowledge Base on Technology Transfer*. NIDA Research Monograph 155. Rockville, MD: NIDA, 1995. 90-105.
- Rogers, Everett M. *Diffusion of Innovations*. 4th ed. New York, NY: The Free Press, 1995.
- Rosenbaum, Dennis P., et al. Cops in the Classroom: A Longitudinal Evaluation of Drug Abuse Resistance Education (D.A.R.E.). *Journal of Research in Crime and Delinquency* 31(1) 1994: 3-31.
- United States. National Institute on Drug Abuse. *Preventing Drug Use Among Children and Adolescents: A Research-Based Guide*. Washington, DC: NIDA, 1997.
- United States. Office of National Drug Control Policy. *The National Drug Control Strategy, 1997*. Washington, DC: Office of National Drug Control Policy, Executive Office of the President, 1997.
- United States Department of Justice. Bureau of Justice Assistance. Community Policing and D.A.R.E.: A Practitioner's Perspective. *Bureau of Justice Assistance Bulletin*. June, 1995.

United States Department of Justice. Office of Justice Programs. Bureau of Justice Assistance. Drug Abuse Resistance Education (D.A.R.E.). *Bureau of Justice Assistance Fact Sheet*. September, 1995.

United States Department of Justice. Office of Justice Programs. Bureau of Justice Assistance. Implementing Project D.A.R.E.: Drug Abuse Resistance Education. *Implementation Manual*. June, 1988.

United States Department of Justice. Office of Justice Programs. Bureau of Justice Assistance. An Introduction to D.A.R.E.: Drug Abuse Resistance Education. *Program Brief*. October, 1991.

United States Department of Justice. Office of Justice Programs. Bureau of Justice Assistance. An Introduction to the National D.A.R.E. Parent Program. *Program Brief*. June, 1993.

Wagenaar, Alexander C. and Cheryl L. Perry. Community Strategies for the Reduction of Youth Drinking: Theory and Application. *Journal of Research on Adolescence* 4(2) 1994: 319-345.

Wysong, Earl, Richard Aniskiewicz, and David Wright. Truth or D.A.R.E.: Tracking Drug Education to Graduation and as Symbolic Politics. *Social Problems* 41(3) 1994: 448-472.



APPENDIX A

SURVEY TABLES

Table 1: Characteristics of the Survey Sample

Characteristics	Sample Size	Percent (%) of Total Sample
TOTAL	290	100
Role in school district or community		
School Principal ¹	52	18
School Superintendent ¹	5	2
School Board Member	32	11
Teacher	69	24
Chemical Health/Drug Free Schools Coordinator	45	16
Parent Organization Representative	27	9
Local Law Enforcement Official ¹	48	17
Other	11	4
Length of time D.A.R.E. in school/school district²		
2 years or less	15	5
3-4 years	52	18
5-6 years	95	33
More than 6 years	115	40
Don't know	11	4
Grades D.A.R.E. is taught in school/school district²		
Elementary only	198	71
Junior high school only	11	4
Both elementary and junior high	70	25
D.A.R.E. is the only alcohol and drug prevention program in school/school district³		
Yes	20	7
No	263	93
Respondent's child has completed D.A.R.E. program		
Yes	143	50
No	98	34
Not a parent	46	16

¹ In subsequent analyses, School Principals and Superintendents are combined into one category called School Administrators.

² As reported by School Administrators

³ As reported by Chemical Health/Drug Free Schools Coordinators

Table 2: Awareness of D.A.R.E.

Percentage who Strongly Agree or Agree	School Administrators ¹	School Board Members	Teachers	Chemical Health Coordinators	Parent Organization Rep.	Local Law Enforcement	TOTAL
I am aware of how my community perceives D.A.R.E.	98	97	83	94	96	96	92
I know enough about the D.A.R.E. program that I could describe it in detail to another person.	86	49	94	85	74	98	84

¹ Combined category of School Principals and School Administrators

Table 3: Community Perceptions of D.A.R.E.

Percentage who Strongly Agree or Agree	School Administrators ¹	School Board Members	Teachers	Chemical Health Coordinators	Parent Organization Rep.	Local Law Enforcement	TOTAL
D.A.R.E. is very popular in our community.	100	86	93	91	89	98	94
D.A.R.E. makes people in the community feel like they are helping with the drug problem.	82	84	77	89	88	89	84
Even if there is no scientific evidence that D.A.R.E. works, I would still support it.	85	86	91	84	93	92	88
D.A.R.E. is an important component of our school's overall drug program.	95	91	99	100	92	96	96
The D.A.R.E. logo and merchandise is an integral part of the program's success.	88	73	82	69	100	81	80

¹ Combined category of School Principals and School Administrators

Table 4: Parental Perceptions of D.A.R.E.

Percentage who Strongly Agree or Agree (except last item*)	School Administrators ¹	School Board Members	Teachers	Chemical Health Coordinators	Parent Organization Rep.	Local Law Enforcement	TOTAL
Parents in my community think that D.A.R.E. is the best prevention strategy.	80	74	81	69	77	89	81
Most parents in my community are supportive of D.A.R.E.	100	97	100	100	96	98	100
Parents in my community think they don't need to talk to their kids about alcohol and drugs after they graduate from D.A.R.E.	10	7	17	28	15	23	17
How many parents of D.A.R.E. students attend D.A.R.E. activities (e.g., graduation, fund-raisers)?*							
Less than 20%	2	7	1	5	0	15	5
20-50%	18	21	21	14	26	19	19
51-80%	29	52	25	32	44	34	33
More than 80%	41	7	46	25	15	26	31
Don't know	11	14	6	13	15	6	13

¹ Combined category of School Principals and School Administrators

Table 5: Student and Teacher Perceptions of D.A.R.E.

Percentage who Strongly Agree or Agree	School Administrators ¹	School Board Members	Teachers	Chemical Health Coordinators	Parent Organization Rep.	Local Law Enforcement	TOTAL
Students in our school/school district like the D.A.R.E. program.	98	97	97	100	96	100	98
Most teachers in my community are supportive of D.A.R.E.	100	100	99	98	96	100	99
Teachers in our school/school district do not feel a part of D.A.R.E.	20	7	20	16	8	10	15

¹ Combined category of School Principals and School Administrators

Table 6: Perceptions of D.A.R.E. Officers

Percentage who Strongly Agree or Agree	School Administrators ¹	School Board Members	Teachers	Chemical Health Coordinators	Parent Organization Rep.	Local Law Enforcement	TOTAL
D.A.R.E. officers in my school district are adequately trained.	100	100	94	98	100	100	98
D.A.R.E. officers are carefully selected in our community.	92	93	85	93	96	92	91

¹ Combined category of School Principals and School Administrators

Table 7: Perceptions of the Cost of D.A.R.E.

Percentage who Strongly Agree or Agree	School Administrators ¹	School Board Members	Teachers	Chemical Health Coordinators	Parent Organization Rep.	Local Law Enforcement	TOTAL
My school district spends too much of their drug prevention funds on D.A.R.E.	0	0	1	0	8	2	1
The expense of D.A.R.E. is too high compared to the benefits received.	6	7	1	5	8	6	5

¹ Combined category of School Principals and School Administrators

Table 8: Perception of D.A.R.E. and Other Prevention Programs

Percentage who Strongly Agree or Agree (except last item*)	School Administrators ¹	School Board Members	Teachers	Chemical Health Coordinators	Parent Organization Rep.	Local Law Enforcement	TOTAL
Because of D.A.R.E., parents attend other prevention activities less than they used to. ²	4	19	14	3	8	0	8
How does D.A.R.E. compare to other prevention programs in terms of its success in preventing alcohol and other drug use by students? ^{*3}							
More successful than most	67	46	69	34	70	77	61
About the same as most	31	50	31	63	25	23	37
Less successful than most	2	4	0	2	5	0	2

¹ Combined category of School Principals and School Administrators

² 36 of 290 (12%) persons did not respond to this question.

³ 44 of 290 (15%) persons did not respond to this question.

Table 9: Perceived Effectiveness of D.A.R.E.: Non-ATOD Outcomes

Percentage who Strongly Agree or Agree	School Administrators ¹	School Board Members	Teachers	Chemical Health Coordinators	Parent Organization Rep.	Local Law Enforcement	TOTAL
Students have better self-esteem as a result of D.A.R.E.	95	93	96	94	92	100	95
The relationship between law enforcement and the school district has improved as a result of D.A.R.E.	98	93	96	100	92	96	97
Students have a better impression of police officers because of D.A.R.E.	100	90	100	98	96	100	98
D.A.R.E. has helped change our community's attitudes toward becoming more drug free.	88	80	78	72	82	90	82

¹ Combined category of School Principals and School Administrators

Table 10: Perceived Effectiveness of D.A.R.E.: ATOD Outcomes

Percentage who Strongly Agree or Agree	School Administrators ¹	School Board Members	Teachers	Chemical Health Coordinators	Parent Organization Rep.	Local Law Enforcement	TOTAL
We would have a serious youth drug problem in our community if not for D.A.R.E.	49	47	67	52	63	75	60
D.A.R.E. teaches students to resist peer pressure to use alcohol, tobacco and other drugs.	100	94	99	98	100	90	97
Fewer students in my school/school district use <u>alcohol</u> because of D.A.R.E. ²	85	61	75	72	72	78	75
Fewer students in my school/school district use <u>tobacco</u> because of D.A.R.E. ³	80	65	80	60	64	73	71
Fewer students in my school/school district use <u>drugs</u> (e.g., marijuana, cocaine, methamphetamines) because of D.A.R.E. ⁴	81	68	87	78	82	87	81
Students in my school/school district <u>know more</u> about the effects of drugs (e.g., marijuana, cocaine, methamphetamines) because of D.A.R.E.	100	97	99	95	100	98	97

¹ Combined category of School Principals and School Administrators

² 43 of 290 (15%) persons did not respond to this question.

³ 41 of 290 (14%) persons did not respond to this question.

⁴ 40 of 290 (14%) persons did not respond to this question.

Table 11: D.A.R.E.: Perception of Overall Effectiveness

	School Administrators ¹	School Board Members	Teachers	Chemical Health Coordinators	Parent Organization Rep.	Local Law Enforcement	TOTAL
Overall, how would you rate D.A.R.E.'s effectiveness as an alcohol, tobacco and other drug use prevention program?							
Very effective	40	25	34	25	40	36	33
Moderately effective	44	43	50	50	44	55	48
Somewhat effective	14	29	14	25	16	9	17
Not at all effective	2	4	2	0	0	0	2

¹ Combined category of School Principals and School Administrators

Table 12: D.A.R.E.: Are the Effects Perceived as Long-lasting?

Percentage who Strongly Agree or Agree	School Administrators ¹	School Board Members	Teachers	Chemical Health Coordinators	Parent Organization Rep.	Local Law Enforcement	TOTAL
When kids get older, they don't use what they learned in D.A.R.E.	29	20	27	29	24	19	26
When kids get older, other influences in their lives overcome the effects of D.A.R.E.	54	57	60	64	55	38	55

¹ Combined category of School Principals and School Administrators

Table 13: How can D.A.R.E. be Improved?

Percentage who Strongly Agree or Agree	School Administrators ¹	School Board Members	Teachers	Chemical Health Coordinators	Parent Organization Rep.	Local Law Enforcement	TOTAL
I take the attitude that D.A.R.E. is not broken so don't fix it.	58	41	51	42	33	62	50
D.A.R.E. could be improved by adding more education discussion sessions for parents.	92	97	82	95	89	96	90
I am in favor of extending D.A.R.E. to junior and senior high grade levels.	86	80	86	88	89	91	87
D.A.R.E. should be taught by school prevention specialists.	9	33	9	9	23	4	12
D.A.R.E. needs more funding to become truly effective.	48	63	64	55	56	66	59
D.A.R.E. would be more effective if its curriculum were more flexible.	11	48	16	25	22	22	21

¹ Combined category of School Principals and School Administrators



APPENDIX B

DATA COLLECTION COMPONENTS

DATA COLLECTION COMPONENTS

Key Informant Interviews

- 30 School Chemical Health Specialists
- 16 Funders
- 13 Community Representatives

Case Study Components

- 11 Focus groups of parents of D.A.R.E. graduates (41 people)
- 1 Individual interview with a parent of a D.A.R.E. graduate
- 7 Focus groups with school staff from participating schools (24 people)
- 18 Individual interviews with school staff members
- 5 Focus groups with community members (44 people)*
*Note: 3 groups included school staff as well as community members
- 11 Focus groups with D.A.R.E. graduates ages 13-14 (87 people)
- 11 Focus groups with D.A.R.E. graduates ages 15-16 (69 people)
- 5 Focus groups with D.A.R.E. graduates ages 17-18 (57 people)*
*Note: 1 group included students ages 15-18
- 13 Individual interviews with D.A.R.E. officers
- 11 Individual interviews with the chief law enforcement officer

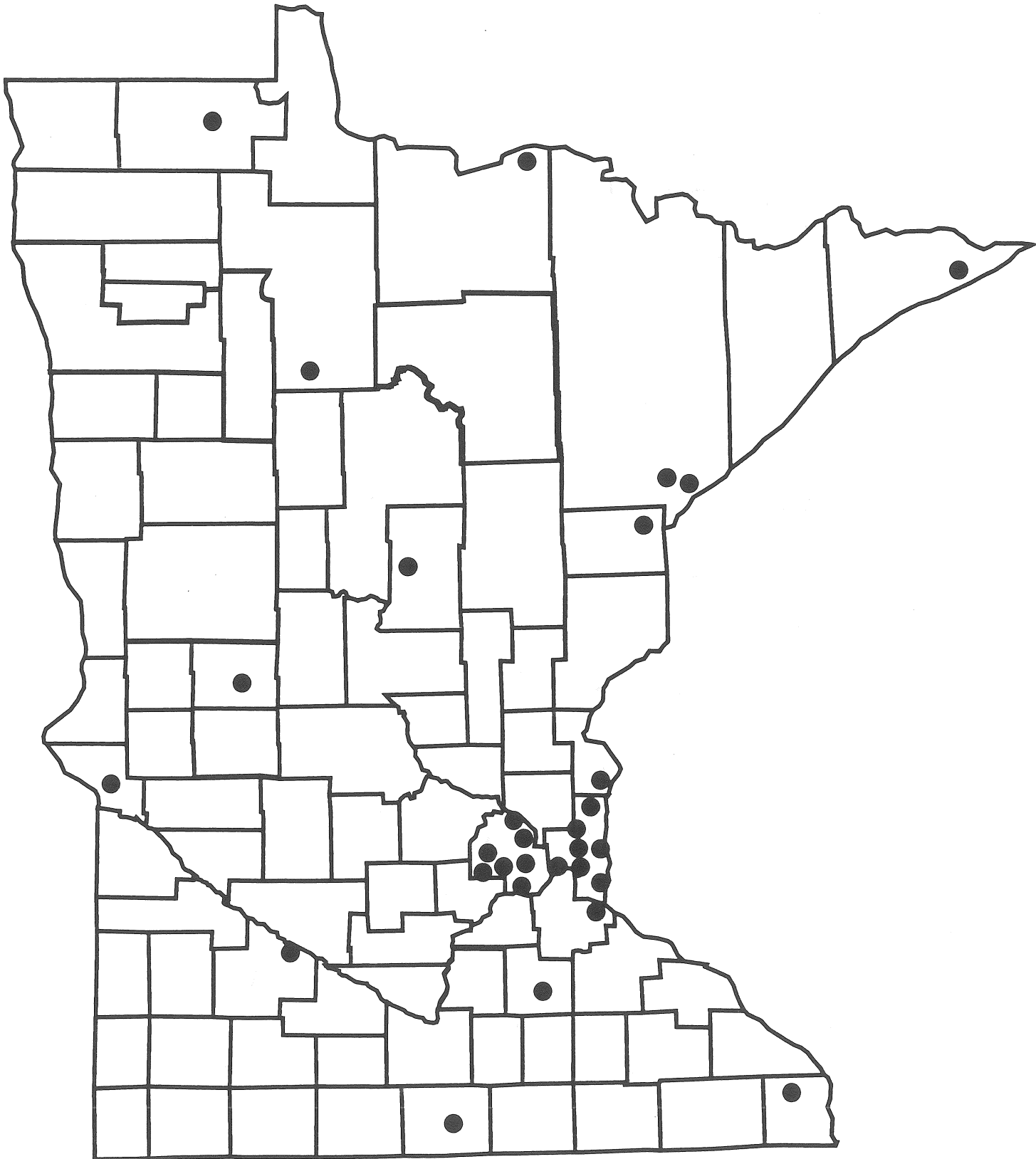
Characteristics of Survey Sample

- 57 School Administrators
- 32 School Board Members
- 69 Teachers
- 45 Chemical Health/Drug Free Schools Coordinator
- 27 Parent Organization Representative
- 48 Law Enforcement Official
- 11 Other

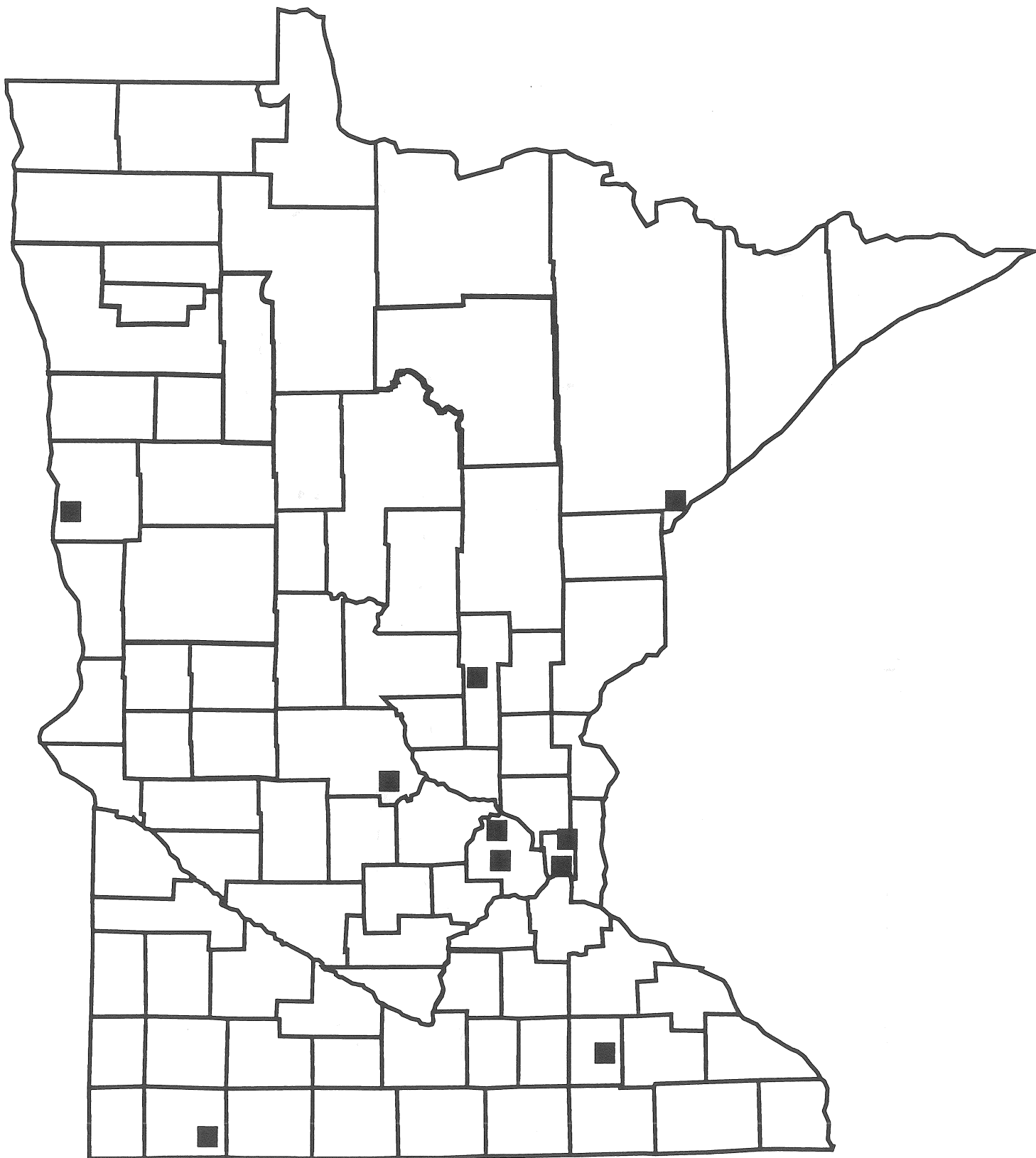


APPENDIX C SITE MAPS

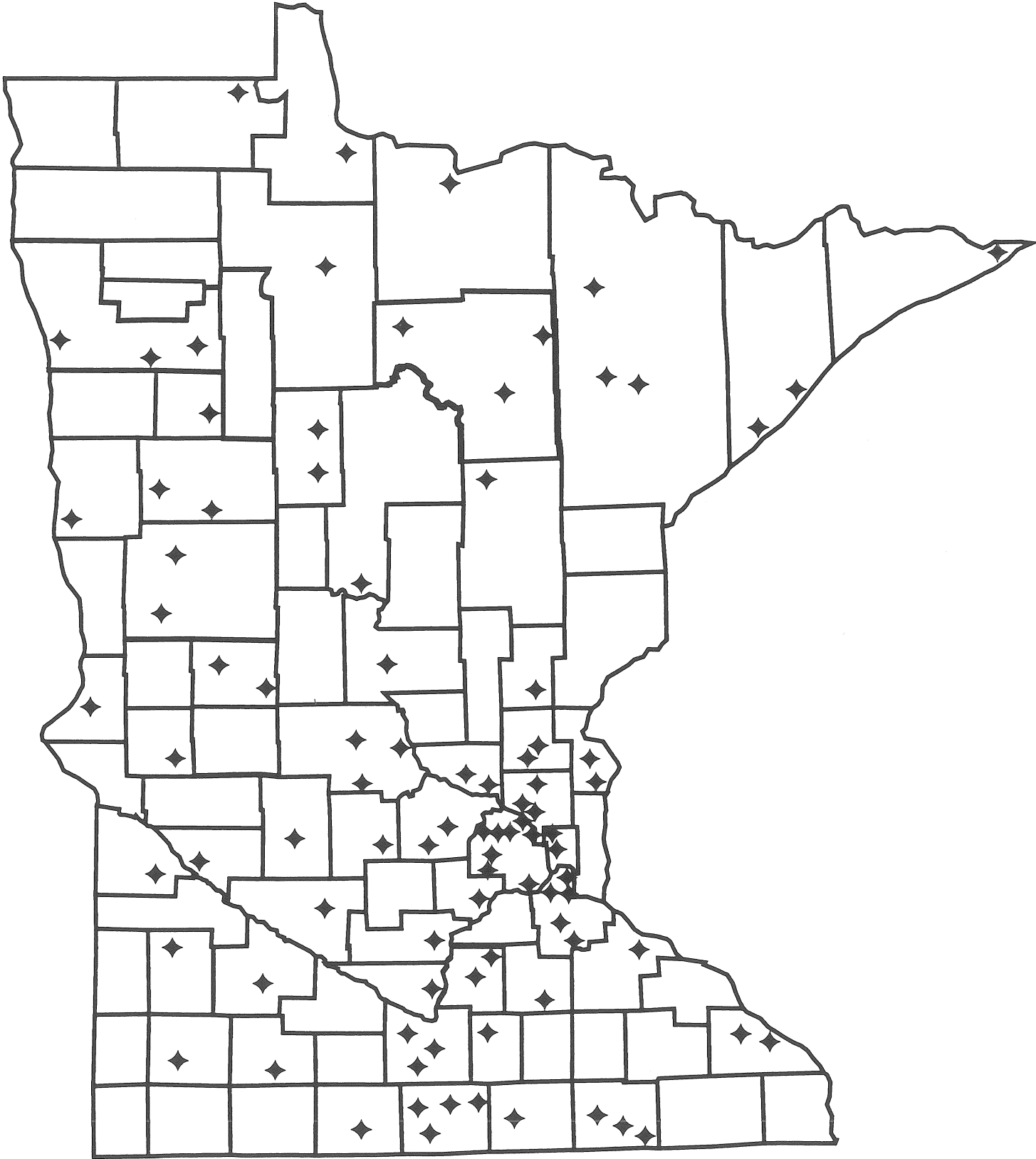
Site Map Prevention Specialist Interviews



Site Map Case Studies



Site Map School Survey



APPENDIX D
COMMUNITIES USED IN
PREVENTION SPECIALIST
INTERVIEWS, CASE STUDIES
AND SCHOOL SURVEY

*Prevention Specialists
Interviews*

Alexandria
Bemidji
Bloomington
Blue Earth
Brainerd
Carlton
Chisago Lakes
Cook County-Grand Marais
Duluth (2)
Faribault
Forest Lake
Hastings
Houston
International Falls
Minneapolis
Minnetonka
Mounds View
Maplewood/N. St. Paul
Ortonville
Osseo
Redwood Falls
Robbinsdale
Roseau
Rosemount
St. Louis Park
S. St. Paul
Stillwater
Washington County-South
White Bear Lake

Case Study Sites

Champlin
Cold Spring
Columbia Heights

Duluth
Kasson-Mantorville (Dodge
County)
Milaca
Moorhead
Phalen Lake (St. Paul)
Worthington
Maplewood/N. St. Paul (Pilot
Site)

*School Survey
District Size Under
500*

Adams
Arlington
Audubon
Baudette
Birchdale
Climax
Dawson
Delavan
Eden Valley
Fertile
Fosston
Grand Portage
Hancock
Hill City
Howard Lake
Isanti
Keewatin
Lake Wilson
LaPorte
Leroy
Minneota
Mountain Iron
Naytahwaush

Nevis
Osakis
Pillager
Randolph
Wabasso
Wheaton

*School Survey
District Size 501 -
1,999*

Albany
Austin
Big Lake
Bird Island
Blue Earth
Brooklyn Center
Dassel
Detroit Lakes
Dilworth
Eden Valley
Fairmont
Farmington
Good Thunder
Hutchinson
Janesville
Lindstrom
Little Falls
Marble
Marshall
Montevideo
Montgomery
Mora
New Brighton
New Prague
North Branch
Orr

Pelican Rapids
Ponemah
Red Wing
Sartell
Silver Bay
St. Anthony
St. Peter
Two Harbors
Vernon Center
Virginia
Warroad
Wells
Windom
Winnebago

*School Survey
District Size 2,000 -
9,999*

(italics indicates a metro area site)

Albert Lea
Buffalo
Burnsville
Cambridge
Cedar
Chanhassen
Crystal
Edina
Elk River
Faribault
Fergus Falls
Garfield
Lakeland
Lakeville
Mendota Heights
Plymouth

Rollingstone
Roseville
Squaw Lake
Willmar
Winona

*School Survey
District Size 10,000
and Over*

(italics indicates a metro area site)

Apple Valley
Anoka
Brooklyn Park
Coon Rapids
Maple Grove



APPENDIX E

SURVEY INSTRUMENT

Minnesota D.A.R.E. Survey

The Minnesota D.A.R.E. Advisory Council has commissioned an evaluation of the D.A.R.E. Program in Minnesota. This evaluation is being conducted by the Minnesota Institute of Public Health, a private nonprofit organization not affiliated with D.A.R.E. The purpose of this survey is to obtain your views on the D.A.R.E. program. Your answers will be strictly anonymous, and no one will be able to find out how you or anyone else answered. The subsequent reports will combine respondents' answers as part of the effort to define the impact of the D.A.R.E. Program. The survey will take approximately 15 minutes to complete. After you complete the survey, please return it to the Minnesota Institute of Public Health in the enclosed postage paid envelope.

Remember, we are interested in your opinions about D.A.R.E. Even if you do not know the D.A.R.E. program well, we would still like you to answer the questions based on your opinions.

Thank you very much for the time and attention you give to completing these questions honestly and thoughtfully.

Directions: Check one circle for each question (☉)

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-----------------------|-----------------------|-----------------------|----------|-------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|
| <p>1. What is your role in your school district or community?</p> <ul style="list-style-type: none"> <input type="radio"/> School principal <input type="radio"/> Parent organization representative <input type="radio"/> Chemical health/Drug Free Schools coordinator <input type="radio"/> School board member <input type="radio"/> Local law enforcement official <input type="radio"/> School principal <input type="radio"/> School superintendent <input type="radio"/> Teacher <input type="radio"/> None of the above <p>2. How long has D.A.R.E. been a part of your school/school district?</p> <ul style="list-style-type: none"> <input type="radio"/> 2 years or less <input type="radio"/> 3-4 years <input type="radio"/> 5-6 years <input type="radio"/> More than 6 years <input type="radio"/> Don't know <p>3. Has your child (or children) completed the D.A.R.E. program?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> I am not a parent <p>4. In what grade(s) is the D.A.R.E. program taught in your school/school district?</p> <ul style="list-style-type: none"> <input type="radio"/> Elementary school only <input type="radio"/> Junior high school only <input type="radio"/> Both elementary and junior high | <p>5. Is D.A.R.E. the only alcohol and drug prevention program in your school/school district?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <p>In your opinion,...</p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td></td> <td style="text-align: center;">Strongly Agree</td> <td style="text-align: center;">Agree</td> <td style="text-align: center;">Disagree</td> <td style="text-align: center;">Strongly Disagree</td> </tr> <tr> <td>6. We would have a serious youth drug problem in our community if not for D.A.R.E.</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>7. I am aware of how my community perceives D.A.R.E.</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>8. Students have better self-esteem as a result of D.A.R.E.</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>9. Parents in my community think that D.A.R.E. is the best prevention strategy.</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>10. D.A.R.E. officers in my school district are adequately trained.</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>11. Most parents in my community are supportive of D.A.R.E.</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table> | | Strongly Agree | Agree | Disagree | Strongly Disagree | 6. We would have a serious youth drug problem in our community if not for D.A.R.E. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 7. I am aware of how my community perceives D.A.R.E. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 8. Students have better self-esteem as a result of D.A.R.E. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 9. Parents in my community think that D.A.R.E. is the best prevention strategy. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 10. D.A.R.E. officers in my school district are adequately trained. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 11. Most parents in my community are supportive of D.A.R.E. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Strongly Agree | Agree | Disagree | Strongly Disagree | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. We would have a serious youth drug problem in our community if not for D.A.R.E. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. I am aware of how my community perceives D.A.R.E. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Students have better self-esteem as a result of D.A.R.E. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Parents in my community think that D.A.R.E. is the best prevention strategy. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. D.A.R.E. officers in my school district are adequately trained. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Most parents in my community are supportive of D.A.R.E. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

In your opinion,...

- | | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 12. Students in our school/school district like the D.A.R.E. program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. I am in favor of extending D.A.R.E. to junior and senior high school grade levels. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. I know enough about the D.A.R.E. program that I could describe it in detail to another person. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. D.A.R.E. teaches students to resist peer pressure to use alcohol, tobacco, and other drugs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. When kids get older, they don't use what they learned in D.A.R.E. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. My school district spends too much of their drug prevention funds on D.A.R.E. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. When kids get older, other influences in their lives overcome the effects of D.A.R.E. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. The relationship between law enforcement and the school district has improved as a result of D.A.R.E. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

In your opinion,...

- | | Strongly Agree | Agree | Disagree | Strongly Disagree |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 20. D.A.R.E. is very popular in our community. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. D.A.R.E. has helped change our community's attitudes toward becoming more drug free. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. D.A.R.E. could be improved by adding more education discussion sessions for parents. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. D.A.R.E. officers are carefully selected in our community. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. I take the attitude that D.A.R.E. is not broken so don't fix it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. Most teachers in my community are supportive of D.A.R.E. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. Even if there is no scientific evidence that D.A.R.E. works, I would still support it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. Teachers in our school/school district do not feel a part of D.A.R.E. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. D.A.R.E. should be taught by school prevention specialists. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

In your opinion,...

- | | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 29. D.A.R.E. needs more funding to become truly effective. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30. Students have a better impression of police officers because of D.A.R.E. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. D.A.R.E. would be more effective if its curriculum were more flexible. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32. D.A.R.E. makes people in the community feel like they are helping with the drug problem. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. D.A.R.E. is an important component of our school's overall drug program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34. Parents in my community think they don't need to talk to their kids about alcohol and drugs after they graduate from D.A.R.E. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 35. The expense of D.A.R.E. is too high compared to the benefits received. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 36. Because of D.A.R.E., parents attend other prevention activities less than they used to. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

In your opinion,...

- | | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 37. The D.A.R.E. logo and merchandise is an integral part of the program's success. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 38. Fewer students in my school/school district use <i>alcohol</i> because of D.A.R.E. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 39. Fewer students in my school/school district use <i>tobacco</i> because of D.A.R.E. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 40. Fewer students in my school/school district use <i>drugs</i> (e.g. marijuana, cocaine, methamphetamines) because of D.A.R.E. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 41. Students in my school/school district <i>know more</i> about the effects of drugs (e.g. marijuana, cocaine, methamphetamines) because of D.A.R.E. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 42. How many parents of D.A.R.E. students attend D.A.R.E. activities (e.g. graduation, fund-raisers)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | <input type="radio"/> | Less than 20% | | |
| | <input type="radio"/> | 20-50% | | |
| | <input type="radio"/> | 51-80% | | |
| | <input type="radio"/> | More than 80% | | |
| | <input type="radio"/> | Don't know | | |

43. Overall, how would you rate D.A.R.E.'s effectiveness as an alcohol tobacco, and other drug use prevention program?

- Very effective
- Moderately effective
- Somewhat effective
- Not at all effective

44. How does D.A.R.E. compare to other prevention programs in terms of its success in preventing alcohol and other drug use by students?

- More successful than most
- About the same as most
- Less successful than most

Please add any additional comments about D.A.R.E. and its impact in your community.

Comments:

THANK YOU!!



APPENDIX F
PREVENTION SPECIALIST
INTERVIEW PROTOCOL

D.A.R.E. Evaluation-Interview Protocol
School Chemical Health/Prevention Specialists

District _____ % of Time in Prevention _____
School _____ % of Time in D.A.R.E. _____

The focus of this evaluation will be to better understand how and why the D.A.R.E. Program impacts participating youth and others in the communities implementing D.A.R.E.

The evaluation will include an extensive review of other relevant evaluations of D.A.R.E. that have been conducted during the recent past, interviews with D.A.R.E. graduates and their parents, interviews with educators and law enforcement officials, and surveys of other persons likely to be familiar with the impact of D.A.R.E.

Our purpose in meeting with you today is to learn more about your thoughts, feelings and experiences with the D.A.R.E. Program.

Anything you tell us will not be personally attributed to you in any reports that result from this evaluation. All of our reports will be written in a manner that no individual comment can be attributed to a particular person. Do you have any questions before we begin?

1. Please tell us briefly about your role within your school district. (note grade level D.A.R.E. is offered, boosters, etc.)
2. How are you currently involved with prevention efforts, including D.A.R.E.?
3. How did you initially become involved in D.A.R.E.? (note length of time, nature of contact)
4. How would you describe the impact of D.A.R.E. in your school (or district)? (note grade level D.A.R.E. is offered, boosters, etc.)
5. Please explain how prevention efforts are evaluated in your school (or district)? Has D.A.R.E. been evaluated?
6. Some of D.A.R.E.'s goals include:
 - Prevention of alcohol and other drug use
 - Increasing self esteem
 - Improving peer resistance (refusal skills)
 - Improving bonds with police/school/family.Based on your experience and observations, how well does D.A.R.E. meet these goals?
7. What is your opinion of having a law enforcement (police) officer teach this content/area?
8. What is the role of D.A.R.E. in the overall prevention plan for your district? (Why is it where it is?)
9. How does D.A.R.E. fit with other prevention efforts in your school (district) and community?

10. In your opinion, what factors contribute to D.A.R.E.'s popularity throughout the state?

11. In comparison to other prevention programming, what is the overall impact of D.A.R.E. as a prevention strategy in your school? (Circle the answer chosen)

Much less than other strategies	Less than most other strategies	About the same as other strategies	More than most other strategies	Much more than other strategies
---------------------------------------	---------------------------------------	--	---------------------------------------	---------------------------------------

12. Is there anything else we should have asked you? Do you have any additional comments about D.A.R.E. or our evaluation?

Thank you!

If you have any questions about this project, you may contact Tom Griffin, Project Director at 612-427-5310.

Interviewer's Name _____ Date Interview Completed _____



APPENDIX G

FUNDER INTERVIEW PROTOCOL

D.A.R.E. Evaluation-Interview Protocol
Representatives of Key Funding Organizations

Funder Name: _____

The focus of this evaluation will be to better understand how and why the D.A.R.E. Program impacts participating youth and others in Minnesota communities that implement D.A.R.E.

The evaluation will include an extensive review of other relevant evaluations of DARE that have been conducted during the recent past, interviews with DARE graduates and their parents, interviews with educators and law enforcement officials, and surveys of other persons likely to be familiar with the impact of D.A.R.E.

Our purpose in meeting with you today is to learn more about your thoughts and feelings about the program and to discover if there are evaluation questions that you would like answered that we may then incorporate into this study.

Anything you tell us will not be personally attributed to you in any reports that result from this evaluation. All of our reports will be written in a manner that no individual comment can be attributed to a particular person. Do you have any questions before we begin?

1. Please briefly describe your organization and your role within it.
2. How familiar are you with D.A.R.E.? (Content? Procedures?)
3. How did you initially become involved in D.A.R.E.? (Length of time, nature of contact)
4. What are the three most important factors you consider when deciding about whether or not to fund a program? (Note specific criteria, target audiences, purposes of grants)
5. How well does D.A.R.E. fit those criteria?
6. What effect does the fact the program uses police officer have on your funding decisions?

1. None	2. Very Little	3. Some	4. A lot	5. Great Deal
---------	----------------	---------	----------	---------------
7. In general, how do you evaluate the success of programs to which you offer financial support? (Expectation of reports, internal or external evaluations, intuition, publicity)
8. Are there any evaluation questions that you would like answered that we should consider as we conduct our study? (As specific as possible)
9. What is your impression of D.A.R.E.'s impact or success overall? (In the local community, statewide, nationally, or in the specific area of funding)

- | | | | | |
|---------|----------------|---------|----------|---------------|
| 1. None | 2. Very Little | 3. Some | 4. A lot | 5. Great Deal |
|---------|----------------|---------|----------|---------------|


10. How do you feel about the impact of your investment in D.A.R.E.? (Global assessment of impact, merit, worth...noting fit with criteria identified in #3 above)

11. Is there anything else we should have asked you? Do you have any additional comments about D.A.R.E. or our evaluation of D.A.R.E.?

Thank you!

If you have any questions about this project, you may contact Tom Griffin, Project Director at 612-427-5310.

Interviewer's Name _____ Date Interview Completed _____



APPENDIX H
CASE STUDY INTERVIEW
PROTOCOLS

D.A.R.E. Evaluation-Interview Protocol
Case Study Site-Parents

District _____ School _____

The focus of this evaluation will be to better understand how and why the D.A.R.E. Program impacts participating youth and others in the communities implementing D.A.R.E.

The evaluation will include an extensive review of other relevant evaluations of D.A.R.E. that have been conducted during the recent past, interviews with D.A.R.E. graduates and their parents, interviews with educators and law enforcement officials, and surveys of other persons likely to be familiar with the impact of D.A.R.E.

Our purpose in meeting with you today is to learn more about your thoughts, feelings and experiences with the D.A.R.E. Program.

Anything you tell us will not be personally attributed to you in any reports that result from this evaluation. All of our reports will be written in a manner that no individual comment can be attributed to a particular person. Do you have any questions before we begin?

1. Please describe your experiences with the D.A.R.E. Program. (discussions with child, participation in graduation events, parent evening)
- 1.5. (Follow-up if appropriate) Please describe the kinds of topics you discussed with your child as a result of his/her participation in D.A.R.E.
2. How does D.A.R.E. compare to other alcohol, tobacco, and other drug prevention programs in which you and/or your child have participated?
3. What is your opinion of having a law enforcement (police) officer teach this content area?
4. Has your child's involvement in D.A.R.E. influenced how you think about law enforcement (police) officers?
5. What are your impressions of how your son/daughter was affected by D.A.R.E.?
6. How have you been personally impacted by your child's involvement in D.A.R.E.?
7. In your experience, how effective is D.A.R.E. in preventing the use of alcohol, tobacco and other drugs by students?

I Don't Know	Not at All Effective	Very Effective
	1 2	3 4

8. What is your overall impression of D.A.R.E.'s impact or success in your child's school?

9. In your opinion, what factors contribute to D.A.R.E.'s popularity throughout the state?
10. Is there anything else we should have asked you? Do you have any additional comments about D.A.R.E. or our evaluation of D.A.R.E.?

Thank you!

If you have any questions about this project, you may contact Tom Griffin, Project Director at 612-427-5310

Interviewer's Name _____ Date Interview Completed _____

D.A.R.E. Evaluation Interview Protocol
Case study interviews-school and community professional staff

District _____ School _____

The focus of this evaluation will be to better understand how and why the D.A.R.E. Program impacts participating youth and others in the communities implementing D.A.R.E.

The evaluation will include an extensive review of other relevant evaluations of D.A.R.E. that have been conducted during the recent past, interviews with D.A.R.E. graduates and their parents, interviews with educators and law enforcement officials, and surveys of other persons likely to be familiar with the impact of D.A.R.E.

Our purpose in meeting with you today is to learn more about your thoughts, feelings and experiences with the D.A.R.E. Program.

Anything you tell us will not be personally attributed to you in any reports that result from this evaluation. All of our reports will be written in a manner that no individual comment can be attributed to a particular person. Do you have any questions before we begin?

1. Please describe your experiences with the D.A.R.E. Program.
2. How does D.A.R.E. compare with other prevention programs in your community?
3. How does D.A.R.E. fit with other alcohol, tobacco, and other drug prevention programs that are offered in your school (or district or community)?
4. What is your opinion of having a law enforcement (police) officer teach this content area?
5. What are your impressions of how youth in your school (or district or community) have been affected by D.A.R.E.?
6. In your experience, how effective is D.A.R.E. in preventing the use of alcohol, tobacco and other drugs by students?

I Don't Know	Not at All Effective	Very Effective
	1 2	3 4

7. What is your overall impression of D.A.R.E.'s impact or success in your school (or district or community)?
8. In your opinion, what factors contribute to D.A.R.E.'s popularity throughout the state?

9. Is there anything else we should have asked you? Do you have any additional comments about D.A.R.E. or our evaluation of D.A.R.E.?

Thank you!

If you have any questions about this project, you may contact Tom Griffin, Project Director at 612-427-5310.

Interviewer's Name _____ Date Interview Completed _____

D.A.R.E. Evaluation-Interview Protocol
D.A.R.E. Officers

District _____ School _____

How long have you been a D.A.R.E. Officer? _____

The focus of this evaluation will be to better understand how and why the D.A.R.E. Program impacts participating youth and others in the communities implementing D.A.R.E.

The evaluation will include an extensive review of other relevant evaluations of D.A.R.E. that have been conducted during the recent past, interviews with D.A.R.E. graduates and their parents, interviews with educators and law enforcement officials, and surveys of other persons likely to be familiar with the impact of D.A.R.E.

Our purpose in meeting with you today is to learn more about your thoughts, feelings and experiences with the D.A.R.E. Program.

Anything you tell us will not be personally attributed to you in any reports that result from this evaluation. All of our reports will be written in a manner that no individual comment can be attributed to a particular person. Do you have any questions before we begin?

1. Please describe your experiences with the D.A.R.E. Program.
2. How did you come to be a D.A.R.E. officer? (What factors did you consider in deciding to become a D.A.R.E. officer?)
3. How well do you believe the D.A.R.E. Instructor Training prepared you to implement the program in the classroom? (What kinds of continuing education have you had available to you? Have you participated in continuing education programs?)
4. How carefully do you follow the core curriculum goals/plan for each activity? (Do you add or delete anything? Do you emphasize drugs, tobacco, or alcohol? What drugs do you emphasize?)
5. How do you work with the classroom teacher?
6. What if any obstacles do you encounter in teaching D.A.R.E.? Do you anticipate any in the future?
7. Have any students not graduated from D.A.R.E.? If so, what were the circumstances?
8. How does D.A.R.E. fit with other alcohol, tobacco, and other drug prevention programs that are offered in the school community where you work?
9. What are your impressions of how youth in your school (or district or community) have been affected by D.A.R.E.?

1. Very Negatively 2. Negatively 3. Don't Know 4. Positively 5. Very Positively

10. In what ways has your involvement in D.A.R.E. affected other aspects of your police work? (Any impact on involvement with youth after school, relationships with graduates, involvement with parents, relationships with other officers?)

11. How do you determine the impact or success of your efforts as a D.A.R.E. Officer?

12. In your experience, how effective is D.A.R.E. in preventing the use of alcohol, tobacco and other drugs by students?

I Don't Know	Not at All Effective	Very Effective
	1 2	3 4

13. What is your overall impression of D.A.R.E.'s impact or success in your community?

14. In your opinion, what factors contribute to D.A.R.E.'s popularity throughout the state?

15. Is there anything else we should have asked you? Do you have any additional comments about D.A.R.E. or our evaluation of D.A.R.E.?

Thank you!

If you have any questions about this project, you may contact Tom Griffin, Project Director at 612-427-5310.

Interviewer's Name _____ Date Interview Completed _____

D.A.R.E. Evaluation-Interview Protocol
Chief Law Enforcement Officials

District/City _____

The focus of this evaluation will be to better understand how and why the D.A.R.E. Program impacts participating youth and others in the communities implementing D.A.R.E.

The evaluation will include an extensive review of other relevant evaluations of D.A.R.E. that have been conducted during the recent past, interviews with D.A.R.E. graduates and their parents, interviews with educators and law enforcement officials, and surveys of other persons likely to be familiar with the impact of D.A.R.E.

Our purpose in meeting with you today is to learn more about your thoughts, feelings and experiences with the D.A.R.E. Program.

Anything you tell us will not be personally attributed to you in any reports that result from this evaluation. All of our reports will be written in a manner that no individual comment can be attributed to a particular person. Do you have any questions before we begin?

1. Please describe your experiences with the D.A.R.E. Program.
2. What are the three most important factors you consider when deciding about whether or not to fund a program? (Note specific criteria, target audiences, purposes of programs)
3. How well does D.A.R.E. fit those criteria?
4. How do you select a D.A.R.E. officer (criteria)?
5. How well do you believe the training prepared your officer to implement the D.A.R.E. program?
6. How do you determine the impact or success of a D.A.R.E. officer's efforts?
7. How does D.A.R.E. fit with other alcohol, tobacco, and other drug prevention programs that are offered in your community?
8. What, if any, obstacles do you anticipate in the future of D.A.R.E.?
9. What is your overall impression of D.A.R.E.'s impact or success in your community?
10. What are your impressions of how youth in your school (or district or community) have been affected by D.A.R.E.?

11. In your experience, how effective is D.A.R.E. in preventing the use of alcohol, tobacco and other drugs by students?

I Don't Know

Not at All Effective

Very Effective

1

2

3

4

12. In your opinion, what factors contribute to D.A.R.E.'s popularity throughout the state?

13. Is there anything else we should have asked you? Do you have any additional comments about D.A.R.E. or our evaluation of D.A.R.E.?

Thank you!

If you have any questions about this project, you may contact Tom Griffin, Project Director at 612-427-5310.

Interviewer's Name _____ Date Interview Completed _____

D.A.R.E. Evaluation-Focus Group Protocol
Student focus groups

District _____ School _____

The focus of this evaluation will be to better understand how and why the D.A.R.E. Program impacts participating youth and others in the communities implementing D.A.R.E.

The evaluation will include an extensive review of other relevant evaluations of D.A.R.E. that have been conducted during the recent past, interviews with D.A.R.E. graduates and their parents, interviews with educators and law enforcement officials, and surveys of other persons likely to be familiar with the impact of D.A.R.E.

Our purpose in meeting with you today is to learn more about your thoughts, feelings and experiences with the D.A.R.E. Program.

Anything you tell us will not be personally attributed to you in any reports that result from this evaluation. All of our reports will be written in a manner that no individual comment can be attributed to a particular person. Do you have any questions before we begin?

1. Please tell us briefly about your experience with D.A.R.E. (note grade level D.A.R.E. was taught, did student participate in a booster program)
2. What do you remember most about D.A.R.E.? (officer, specific skills learned, content of lessons, etc.)
3. One of the goals of D.A.R.E. is to improve students' ability to resist peer influence to do risky or illegal acts. Can you give us an example of a resistance skill you learned in D.A.R.E.? (Have you used it in a real life situation? How did it work?)
4. In your opinion, how does D.A.R.E. compare to other prevention programs that you have been involved with in your school, religious organization, or community?
5. Are you currently involved with another prevention program?
6. How did being involved in D.A.R.E. affect the way you think about police or sheriff? (Probe to clarify any changes, examples of bonding, maintaining relationships, or negative responses)
7. Have you talked to your parents about D.A.R.E.? About what?
8. How would you describe the impact of D.A.R.E. on the choices your classmates have been making about alcohol, tobacco, and other drug use since you participated in the program?
9. How would you describe the impact of D.A.R.E. on the choices you have been making about alcohol, tobacco, and other drug use since you participated in the program?

10. In your opinion, what factors contribute to D.A.R.E.'s popularity in schools throughout the state?

11. Is there anything else we should have asked you? Do you have any additional comments about D.A.R.E. or our evaluation?

Thank you!

If you have any questions about this project, you may contact Tom Griffin, Project Director at 612-427-5310.

Interviewer's Name _____ Date Interview Completed _____



APPENDIX I

PREVENTION STRATEGIES

(Excerpted from *Promising Prevention Strategies: A Look at What Works* by Tom Griffin, Peter Benson and Roger Svendsen)

26 Promising Prevention Strategies

Locus of Action	Strategies Specific to Alcohol and Other Drugs ←→ Strategies Promoting General Health/Well-Being
Promote the Skills, Knowledge, and Values of Individual Students	Social Competencies
	1 Teach refusal skills
	2 Teach pressure-resisting skills
	3 Teach decision-making and problem-solving skills
	4 Teach goal-setting skills
	5 Teach interpersonal skill (listening, friendship-making, etc.)
	Information/Knowledge
	6 Teach the health, social and legal consequences and risks of alcohol, tobacco and other drug use
	Personal Development
	7 Enhance self-esteem
	8 Promote the personal understanding and sharing of feelings
	9 Promote identification and appreciation of one's skills and talents
Positive Values	
10 Promote devaluation of alcohol, tobacco and other drug use and affirmation of being chemically free	
11 Develop prosocial values	
12 Develop educational commitment and aspiration	

26 Promising Prevention Strategies *(continued)*

Locus of Action	Strategies Specific to Alcohol and Other Drugs	←————→ Strategies Promoting General Health/Well-Being
Promote Positive School Climate	<p>13 Adopt clear alcohol, tobacco, and other drug policies</p> <p>14 Develop normative expectation of non-use</p>	<p>15 Develop caring community</p> <p>16 Promote involvement of students in co-curricular activities in school and/or community</p> <p>17 Involve students in youth service/service learning in school and/or community</p>
Empower Parents	<p>18 Help parents develop a commitment to play a primary prevention role with their children</p> <p>19 Teach parents how to establish rules, standards, and effective discipline regarding chemical use</p>	<p>20 Teach parents how to support, nurture, and affirm children</p>
Mobilize Community	<p>21 Establish a community-based prevention task force</p> <p>22 Collect community data to monitor trends in alcohol and other drug use</p> <p>23 Pay attention to racial/ethnic factors in creating prevention strategies</p> <p>24 Use data to plan, evaluate, and modify prevention efforts</p> <p>25 Provide consistent and frequent messages discouraging use</p> <p>26 Place emphasis on changing adult alcohol, tobacco, and other drug use attitudes and behavior</p>	