

*A 14-month research project suggests that the DARE drugs education resource may be failing in some of its most important aims*

The authors are both Health Promotion Specialists with North Nottinghamshire Health Promotion.

Shaun Whelan & John Culver

# Teaching young people how to say No

**D**rug Abuse Resistance Education (DARE) was developed by the Los Angeles Police Dept. in 1984; it is the most widely-disseminated drug education programme in the USA, and has also been used in primary schools in the UK.

Nottinghamshire Constabulary has invested heavily in DARE, with the aim of implementing it in all the primary schools in the county. In 1995–6 an evaluation of the programme took place within a Mansfield middle school, the aim being to discover if the children were 'able to articulate attitudes and behaviours which are consistent with the emphasis of DARE'. North Nottinghamshire Health Promotion and North Nottinghamshire Training & Enterprise Council co-funded the research.

This article summarises the report.

## DARE and its aims

DARE has two basic aims:

- To foster antipathy towards the use of drugs.
- To help people resist pressure to use drugs against their will.

In this sense, DARE is not altogether different from a plethora of school-based drug education programmes within the UK. Where it is different, however, is that it is delivered within a classroom (not to groups) by a uniformed police officer. The input is spread over 17 weekly one-hour sessions.

## The research plan

The evaluation took the following form:

1. Three Year 6 classes (10–11 year olds), totalling 100 children, were involved. No child-

ren from black or minority ethnic communities took part.

2. Before the course began, the children all completed a 'draw and write' questionnaire that had been used in a previous evaluation.

3. The same questionnaire was completed again a week after the course ended, by 80% of the pupils.

4. Four months after the course ended, 83% of the children completed a structured attitude questionnaire.

5. Two weeks after that, 82% of the children were invited to take part in a series of group discussions.

6. Four months later still, a stratified random sample of 12 pupils were selected and interviewed individually. The interviews were tape-recorded and lasted for about 25 minutes.

## What is a drug?

To find out what the children included under the heading of 'drugs', the questionnaire asked them to write down the items they might expect to find inside a bag labelled 'drugs' that someone had dropped.

The pre- and post-test results showed some clear differences.

	Pre (%)	Post (%)
Cigarettes	38	79
Alcohol	2	49
Crack/cocaine	14	40
Ecstasy	0	50
Cannabis	1	11
Amphetamines	0	1
(Needles & syringes)	39	66

*Discovering if the children were 'able to articulate attitudes and behaviours which are consistent with the emphasis of DARE'.*

The huge rise in the rating of ecstasy could in part be attributed to the well-publicised death of Leah Betts, which occurred during the DARE input.

The very large rise in the number of youngsters that put tobacco and alcohol into the 'drugs' category will be noticed. It is also interesting to compare the very small percentage of pre-DARE respondents that considered alcohol to be a drug with the substantial number that put tobacco into this category.

The inclusion of these items raised the question of legal as opposed to illegal drugs, and the term 'illegal' drugs was used throughout the questionnaire to include alcohol and tobacco. When the questionnaire was piloted with a group that had not undergone the DARE programme, they were clear that alcohol and tobacco were illegal as the term related to their (under-age) purchase, and distinguishing between 'illegal' and 'legal' drugs confused the issue for them.

Recent research suggests that the drugs most likely to be offered to young people and used by them are cannabis and amphetamines (HEA/BMRB, 1996). However, the study found that these drugs did not appear high in the 'awareness' list, with only 11% suggesting that they might find cannabis in the bag, and only 1% including amphetamines. Is this a satisfactory state of affairs after a 17-week course?

### Where are drugs found?

This aspect was examined during discussion sessions with the small groups.

Drugs were consistently perceived as being 'out there', something external to the world of the cohort. Neither the boys nor the girls considered it likely that they would be offered drugs, apart from a small minority in one of the six girls' discussion groups.

However, both the boys' and the girls' groups felt that this likelihood was heavily dependent upon location. Big cities like Nottingham, Derby, and of course London were mentioned, but some also referred to areas of their home town, Mansfield, which apparently were less savoury than their own neighbourhoods.

The girls commonly linked areas of social and economic deprivation with drugs, and both genders located drug trafficking in dark alleys, industrial areas, and the like. The significance of these environments was again reflected within the individual interview work, when the youngsters consistently responded that they would expect



pect drug offers to be made either in derelict areas or in town centres.

A recurrent theme, which has been evident throughout this longer-term research, is the 'maleness' of the world of drugs. Both boys and girls clearly accept this. Furthermore, most of the cohort, and particularly the boys, would not expect women to be involved in drugs at all. This was clearly demonstrated both in the interviews and in the 'draw' components of the two questionnaire surveys.

### Dealers and users

Drug dealers, in the view of this group, were smart and well-off — unlike the users. However, within the individual interviews it emerged that girls tended to visualise users as 'normal' people, while the boys tended to picture them as 'mucky', skinheads, tattooed, or wearing dark, ripped clothing. Overwhelmingly, drug users assumed a demonic aspect for this male cohort:

*They wear dark clothes and creep up on people.*

The relationship of drugs with crime was sustained throughout the evaluation.

### Dealing with drug offers

This was the main focus of attention during the group discussions and the individual interviews. How did these young people think they would respond if someone came up and offered them drugs?

The responses showed that they expected the dealer to be older, stronger, and more difficult

to resist than someone of their own age. Both boys and girls predicted that they would feel shock, fear, anger or confusion. Several of the girls' groups also expected to feel pressure, panic, and even paralysis (expressed as 'freezing' or 'going cold'). Here are some extracts from the boys' group discussions:

*I don't know what to think. I'd feel like I just didn't know where I am.*

*I'd feel confused. I'd just want to scream and run.*

The girls' comments included:

*I would want to get away from the situation, wish I was somewhere else.*

*I'd feel like crying and running away.*

*I'd feel really upset and would not know what to do.*

Several of the groups gave the impression that they might accept the drug just in order to get out of the situation.

### Drugs and the 'peer group'

Drug use by friends within places such as the school precincts was judged as 'stupid' or 'idiotic' rather than criminal. There is a clear distinction between the threatening, external world of drugs and drug users and the use of drugs by people closer to the cohort's frame of experience:

*The kids and that, they're just trying to see what they are like.*

*They're not hooked or anything, they're just trying it.*

The effect of peer-group pressure on young people to accept drugs was an important part of the study, on two counts:

- The DARE curriculum pays particular attention to peer pressure.
- Young people are, statistically, more likely to obtain drugs from those they know or are acquainted with.

The boys emphasised the importance of maintaining credibility with their peers. This led to them suggesting a range of responses to drug offers that did not fit in with the stated objectives of DARE. They included:

- If a friend has been offered drugs, paying them to refuse.
- Alternatively, offering to buy their friend a gift or do some other favour if they refuse.

***They might accept the drug just in order to get out of the situation.***

***Teenagers, seen as a more likely source of drug offers than their contemporaries, were generally viewed with trepidation.***

***Neither the boys nor the girls considered it likely that they would be offered drugs.***

***Drug dealers, in the view of this group, were smart and well-off — unlike the users.***

- Buying the drugs and offering to keep them safe; secretly handing them over to the police, and then telling the person that they have been lost.
- Buying the drugs, pretending that they were for other friends.

These responses, showing how important it is to boys to maintain credibility with their friends, need to be taken into account by DARE workers. They may need to re-orient the curriculum and mode of delivery to address the issue more effectively.

The girls, in comparison, showed little discernible regard for the maintenance of 'peer credibility', even though they were equally aware of the pressures this could bring. To them, the need to avoid becoming involved with drugs was of paramount importance. In some cases this was allied with a similar concern for their friends.

It was noticed that the presence of girls appeared to strengthen the boys' belief in their ability to refuse drugs in the presence of their peers, while the girls' determination to refuse drugs in any circumstances seemed to be weakened in the presence of boys.

### In summary

1. Most of the young people, especially the boys, tended to stereotype drug users and dealers as belonging to an older and remote group, and felt that drugs were unlikely to affect them personally. However, it must also be acknowledged that:

- The vast majority of young people obtain drugs in the first instance from friends or acquaintances.
- Drugs are offered to a significant minority of young people in Year 6.

2. Teenagers, seen as a more likely source of drug offers than their contemporaries, were generally viewed with trepidation, and the youngsters expressed doubts about their ability to refuse drug offers from this group; DARE needs to work on this.

3. The group expressed a range of ways of saying 'No', and seemed to be extremely confident that they could avoid accepting drugs when they were on familiar ground and dealing with people of their own age. This even extended to offers within their peer group.

4. However, not all the 'refusal' strategies

## Can drugs be good for you?

Write a sentence about how drugs can be good for you Some drugs can when  
your ill and your in agony  
and you need penicillin from the  
chemist for your cough or your headache



## Can drugs be bad for you?

Write a sentence about how drugs can be bad for you loads of drugs can  
kill you because they send you  
wappy and dizzy and you  
can die



These are two of the questions that appeared in the 'draw and write' questionnaire used before and after the exercise.

appeared satisfactory, being unassertive or evasive. There is clear scope here for development within the DARE curriculum, and careful consideration needs also to be given to the different needs of boys and girls in this area.

5. Arising from this is the point that if boys and girls do have different educational needs, which is suggested by this study, then these need to be taken into account within the DARE curriculum and the training of its officers.

### Recommendations

1. *Seeking best practice* The authors recommend constituting a Curriculum Development Forum, which allows those agencies with a drug education brief (schools, LEAs, the police, and health promotion departments) some input into the DARE curriculum. This will ensure that it can incorporate the best practice from a range of organisations that, aggregated, have a huge amount of skill and experience in delivering drug education to pupils and students within a class setting.

2. *Telling adults* There were differences of opinion among the young people with respect to telling an adult about a drug offer. This was one of the criteria of effectiveness against which the evaluators felt that DARE should be assessed. It

was not the principle of 'telling an adult', but whom to tell, that was at issue here: in general, girls would rather tell a parent, while boys would be more likely to tell a teacher. This, obviously, affects the way the information is handled. DARE should clarify the 'what to do, whom to tell' issues in relation to drug incidents.

3. *Challenging stereotypes* In the course of the study, the young people gave the media as the most important source of information about drugs. This may be behind their stereotyped images of drug users and dealers. DARE should consider ways of conveying more realistic messages, perhaps using a take-home element that

involves parents. Further consolidation of the programme may usefully employ other tactics, such as building classroom partnerships, to which the DARE philosophy subscribes.

4. *Process or outcome?* The evaluation of DARE in this Mansfield school have so far concentrated on measuring its 'effectiveness' through judging its outcomes. We suggest that the orientation of future research should concentrate on its processes. Are its curriculum, teaching methodology and implementation appropriate, or could alternative practices be developed in order to harmonise it more effectively with the pupils' class work and the contributing agencies? Moreover, are the benefits of the programme transferable to other 'liveskills' areas?

5. *Minority groups* This study involved a fairly homogeneous white group; it would be valuable to evaluate the programme within a sample of young people from different racial and cultural backgrounds.

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Correspondence should be directed to North Nottinghamshire Health Promotion, Postgraduate Medical Centre, Bassetlaw Hospital, Worksop S81 0BD.

### Reference

HEA/BRMB International, 1996. *Drug Realities: National Drugs Campaign Survey*. London: Health Education Authority.