

THE DARE FOUNDATION

SKILLS FOR LIFE

The document below was commissioned by New Zealand Police in 2004 to clearly show the differences between D.A.R.E. New Zealand and D.A.R.E. America.

Since this report was written, D.A.R.E New Zealand has re-branded to become The DARE Foundation of New Zealand – Skills for Life, and the document has been amended to reflect the re-branding (when referring to DARE New Zealand, the removal of dots between letters).

As a result of this re-branding the focus of DARE New Zealand changed from drug and alcohol resistance education to Skills for Life education.

There have also been changes to the programmes. DARE to Make Change is no longer, and DARE to Support your Kids is now under Community Programmes administered by The DARE Foundation of New Zealand

Since this report, 2 new programmes have been written, making a total of seven DARE Programmes. These are broken down into two groups:-

Community programmes - led by trained facilitators and administered by The DARE Foundation. These programmes include, DARE to Be You, DARE to Move On, DARE to Support your Kids

NZ Police programmes - Taught in New Zealand schools by Police Education Offices (PEO's). These programmes are administered by the New Zealand Police. These programmes include DARE to Make a Choice, Tena Kowhiria, DARE to Drive to Survive, DARE Reducing the Harm.

If you require any further information, then please do not hesitate to call our National Office - 04 238 3040 or email darenz@xtra.co.nz

**A Question of Difference:
A Comparative Study of
The American and New Zealand
DARE Programmes.**

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A report commissioned by the Evaluation Unit of the New
Zealand Police
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A Question of Difference: A Comparative Study of The American and New Zealand DARE Programmes.

1.0 EXECUTIVE SUMMARY

The American and the New Zealand DARE (Drug Abuse Resistance Education) programmes have little connection other than the D.A.R.E. name itself. In applying to D.A.R.E. America to use the terms *D.A.R.E.* and *D.A.R.E. New Zealand*, the New Zealand Police sought international links for their work. The New Zealand DARE programmes were specifically named so as to differentiate them from the American D.A.R.E. programme.

The essential difference between the American and the New Zealand DARE programmes is the way in which the New Zealand initiative has developed an indigenous programme that meets the particular needs of New Zealand students. These needs are met by New Zealand DARE having:

- programmes that were aligned with the New Zealand Curriculum Framework;
- programmes and resources developed through a comprehensive consultative process that gave shared ownership to Police, schools and the community;
- programme revisions with extensive collegial community consultations;
- a teaching and learning philosophy and approach (pedagogy) that fosters long-term (metacognitive) learning;
- a parallel programme in te reo Maori;
- culturally relevant and appropriate programme content and context; and
- culturally appropriate principles of best practice;

This process, and the outcomes, confer a unique identity on the New Zealand DARE programme that defines the question of difference.

The main contrasts between the American and the New Zealand DARE programmes are as follows:

- The role of police officers in the classroom differs. The New Zealand Police Education Officer (PEO) works in partnership with the classroom teacher. This is in direct contrast to the role of the original American police officer counterpart, who delivered the D.A.R.E. programme without input from the classroom teacher.

- The approach of the police officers to delivering the programmes differs. The New Zealand approach builds learning on what the class understands at the start of the programme (constructivist), and is based on an interactive approach to classroom delivery. The original American approach tended to offer pre-set blocks of learning, offered as lectures (didactic), with fewer opportunities for tasks to help explore and reinforce learning.
- The basis for learning differs. The New Zealand DARE programme was developed to fit with the New Zealand Curriculum Framework and be adapted to fit a school's needs and culture. The American D.A.R.E. programme was developed by the Health Superintendent of the Los Angeles Unified School District, based on the University of Southern California experimental anti smoking project SMART.

Both the American and New Zealand DARE programmes have been revised in line with the findings of a series of evaluations. Of particular note is the way in which the recent revision of the American D.A.R.E. programme has adopted an appreciable change in delivery style of the programme, moving away from a didactic style to a more interactive approach. This is as a result of criticism of the original American approach, which characterises the global perception of D.A.R.E. The most recent revision creates more commonality with the approach that New Zealand programmes have always taken.

The significance of the differences between the American and New Zealand D.A.R.E programmes means that it would be inaccurate and invalid to attribute the qualities of one country's programme to the other. Equally, there can be no validity in an assumption that the effectiveness of one country's programme can become a gauge for the effectiveness of the other.

2.0 OBJECTIVES OF THE STUDY

The objectives of the study were to:

- detail the developmental process for the New Zealand DARE programmes;
- identify the similarities and differences between the American D.A.R.E. and the New Zealand DARE programmes; and
- assess the significance of the differences identified.

3.0 RESEARCH METHODOLOGY

Achieving the objectives of the research

3.1 To detail the developmental process for the New Zealand DARE programmes.

There were two phases involved in detailing the development of the five New Zealand DARE programmes.

Phase 1:

- scoped initial written information on the original programmes and the revised versions that exist for four of the five programmes; and
- identified key experts to be interviewed from the field of alcohol and drug abuse in New Zealand as well as key personnel involved in the development and delivery of the New Zealand DARE programmes.

Phase 2:

- used the scoping information together with any additional information obtained from the key personnel being interviewed for the purposes of detailing the development of the New Zealand DARE programmes; and
- ensured a Tikanga Māori approach to key personnel involved in the development and delivery of Tēnā Kōwhiria.
- recognised and acknowledged that the New Zealand DARE programmes have evolved over the last two decades, and identified where they have been amended to reflect contemporary best practice.

3.2 To identify the similarities and differences between the American D.A.R.E. and the New Zealand DARE programmes

There were two phases involved in detailing the development of the American DARE programmes.

Phase 1:

- scoped information available on the American D.A.R.E. programmes in American curriculum documents together with descriptions contained in evaluations of American D.A.R.E.; and
- interviewed persons in New Zealand who have taught American D.A.R.E., with a view to enhancing the textual information gathered about the programmes.

Phase 2:

- used the scoping information together with any additional information obtained from programme evaluations and from persons being interviewed for the purposes of detailing the development of the American D.A.R.E. programmes;
- recognised and acknowledged that the American D.A.R.E. programmes have evolved over the last two decades, and identified where they have been amended to reflect contemporary best practice.

3.3 To assess the significance of the differences identified.

- The similarities and differences between the American D.A.R.E. and the New Zealand DARE programmes were identified in prose as well as table form, allowing for comment and the assessment of the significance of any differences identified.
- Features common to both the American and New Zealand DARE programmes were considered from the point of view of cultural relevance and appropriateness, with particular emphasis on references to the New Zealand programmes as being indigenous to this country.

4.0 LIMITATIONS OF THE STUDY

The Researcher did not visit American schools to determine how the American D.A.R.E. programme is currently being delivered, but did have contact with the Senior Research Associate responsible for the recent revision of the American D.A.R.E. programme.

5.0 INTRODUCTION

What is widely known as the New Zealand DARE Programme is a misnomer for what is, in fact, a set of five programmes focusing on drug education and targeted at young people of different ages. One of the programmes is specifically designed for children in kura kaupapa Māori, and accordingly uses the medium of te reo Māori.

Police Education Officers (PEOs) from the New Zealand Police Youth Education Service deliver classroom DARE programmes, in partnership with classroom teachers. The DARE Foundation of New Zealand operates under charter from D.A.R.E. International, and DARE New Zealand is the generic name for the various partners in DARE. Community DARE Support Committees, established throughout New Zealand, are tasked with funding, promoting and supporting the delivery of DARE programmes in the local community.

The following World Health Organisation definition of drugs is used by D.A.R.E. Educational Programmes:

A drug is any chemical entity or mixture of entities, other than those required for the maintenance of normal health, the administration of which alters biological function and possibly structure. This definition would exclude food, water and oxygen, and endocrine substances in amounts required for the maintenance of normal health. This definition includes both legal drugs (caffeine, nicotine, alcohol, pharmaceutical drugs) and illegal drugs.

The philosophy of D.A.R.E. is centred round a twofold expectation that:

- all people should respect the legal restrictions that relate to drugs; and
- drugs that do not have legal restrictions should be used in ways that are safe and healthy.

There is an acceptance that abuse of drugs can have a number of undesirable consequences such as social impairment, dependency, and physical and psychological harm. The programmes aim to promote the knowledge, skills and behaviour necessary to resist using illegal drugs, and encourage the wise use of other chemical substances.

6.0 FINDINGS

6.1 THE DEVELOPMENTAL PROCESS FOR THE NEW ZEALAND DARE PROGRAMMES

6.1.1 The Socio-Political Environment

The immediate precursor to the development of the New Zealand DARE programmes was a period during the 1970s and 1980s when a number of government initiatives focussed attention on effective ways to reduce the social problems that can arise from the misuse of alcohol and drugs.

The Alcohol Advisory Council of New Zealand (ALAC) eventuated from the *Misuse of Drugs Act* (1976) as a crown owned entity operating under the Alcoholic Liquor Advisory Council Act (1976). ALAC's primary objective was to promote moderation in the use of alcohol, and to develop and promote strategies that would reduce alcohol-related problems for the nation. Its mission was to promote and effect more moderation and therefore less harm. ALAC funded surveys of school children to determine their attitudes to, and use of, alcohol. At the same time, the Department of Education published the results of a comprehensive baseline survey of state secondary schools, undertaken in 1975. The survey indicated that smoking and consumption of alcohol were significant problems amongst 13-18 year old students. Cannabis was shown to be much less of a problem. The resultant initiative was the formation of a Drug Consultative Group, initiating a Health Education Resources Project that brought together key stakeholders from government and non-government agencies, the tertiary sector, schools and their communities. The practical outcome was a well-researched alcohol education kit for schools.

By 1985, New Zealand had developed a health curriculum. The prevalent view about curriculum delivery of health-related issues, including drugs and alcohol, was that it should be delivered by trained teachers, to ensure metacognitive learning took place. At this time, New Zealand Police (Police) were looking at ways to respond to an ongoing high demand for Police assistance with drug education in the classroom, aware that accepted pedagogy demanded teacher involvement. The way in which police culture was evolving meant that there was a notable change towards more proactive community policing, reflected in the emergent Law Related Education Programme (LREP), the forerunner of the present Youth Education Service.

6.1.2 The Search for a Positive Police Role

The late 1970s saw the first police education officers (PEOs) trained at Hamilton Teachers' College, with a view to working more closely with teachers on law-related education matters. Drug education was one such area where PEOs could be positively involved in law-related education.

A number of existing drug education approaches were considered in the search for a positive Police role in drug education, but they were not designed to provide the necessary PEO input in the classroom. A fresh suggestion came in 1987 from a member of the Auckland City West Rotary Club. Barry Smith had heard about D.A.R.E. during a conference visit to Los Angeles and suggested that the Police might consider the American D.A.R.E. Programme, as this could incorporate the desired role for PEOs. The resultant visit to Los Angeles by three Police staff to undertake D.A.R.E. training, and look at the operation of the programme, was funded by Rotary International and hosted by Los Angeles Rotarians.

The Los Angeles visit confirmed the value of having trained police working in classrooms, but it also raised questions about the long-term educational value of the American D.A.R.E. Programme. The Los Angeles approach in the classroom was didactic, and provided no role for the teacher. While there was undoubted appeal to students from having front-line police in class, police who could hold students' attention because of their knowledge of street life, there was no evidence that this approach led to deep learning or sustainable attitudinal or behavioural change with respect to drugs. The three visiting Police staff returned to New Zealand having concluded that the American D.A.R.E. Programme as such was unsuitable for use in New Zealand – it was a mismatch on two essential levels, firstly with New Zealand culture in its content and context, and secondly with the pedagogy that underpinned the embryonic New Zealand Curriculum Framework. Clearly any New Zealand drug education programme needed to address these issues.

6.1.3 Consultation and Concepts

The initiative that followed, in 1988, built on the lessons learned from the Los Angeles visit, and was undoubtedly an indigenous response that involved Police, schools and the community in a comprehensive consultative process. Although there was still an expressed wish within Police to maintain links with D.A.R.E. internationally, through the use of the DARE name, the New Zealand programmes needed to be reconceptualised and rewritten. The LREP section of Police instigated the formation of an inter-agency advisory committee to formulate the New Zealand DARE framework. The membership represented Police (the LREP section and drug enforcement), the Department of Education, the Department of Health, the Drugs Advisory Committee, the New Zealand Educational Institute, the Post Primary Teachers Association, Rotary and the incipient D.A.R.E. Foundation.

Principles of best practice were developed for the New Zealand DARE framework, and these included:

- congruence with the New Zealand Curriculum Framework and the Health Curriculum;
- the development of a parallel programme in te reo Māori;
- the PEO working in partnership with the classroom teacher;
- an interactive approach to classroom delivery; and
- naming New Zealand DARE programmes so as to differentiate them from the American D.A.R.E. Programme.

Based on the principles of best practice, a draft of the first New Zealand DARE programme, *Dare to Make a Choice*, was written. The name was chosen to differentiate it from the American D.A.R.E. programme. *Dare to Make a Choice* was aimed at students in the Standard 3 to Form 2 (9-12 years age band). The LREP Curriculum Officer co-ordinated the working party, made up of experienced PEOs and practising teachers with a background in health education. The teachers in the group were drawn from a range of:

- primary and intermediate schools;
- geographical areas;
- rural and urban areas; and
- decile-rated schools.

The Ministry of Education Curriculum Division and Teachers' Colleges helped with the selection of teachers.

The working party was very mindful that the programme had to be a fit with the pedagogical thinking that informed teaching and learning the health curriculum in New Zealand, and so adopted a psychosocial needs-based approach. The lessons accordingly emphasised decision-making skills, building self-esteem, and choosing healthy alternatives to drug use. There was a focus on interactive learning, with written and audiovisual materials produced for group discussions, peer work and role play. No reference material from the American D.A.R.E. programme was used in the development process. The draft programme went out to consultation to government departments, the New Zealand Drug Foundation, and Colleges of Education, and underwent a two phase trial in schools. Adaptations to the programme were made between trials, and evaluations were conducted briefly by Auckland College of Education (McQueen) and more extensively over several years by Massey University (Ashcroft and Harper). Section 7.1.5 looks more closely at the role of evaluation in the development process. It is noteworthy that the illustrations, narrative scenarios and video material that accompanied *Dare to Make A Choice* were devised and scripted by teachers from the working party. These teachers were determined to produce a programme with cultural relevance and appropriateness, that was indigenous to New Zealand.

6.1.4 The Expansion of D.A.R.E.

In 1990, despite the radical difference between the two countries' programmes, Police received approval from D.A.R.E. America to use the terms D.A.R.E. and D.A.R.E. New Zealand. The next six years saw the initial *Dare to Make a Choice* programme joined by the four other New Zealand DARE programmes. *Dare to Support Your Kids* was launched at the first national D.A.R.E. Conference, held in Dunedin in 1994, and was followed in the same year by *Dare to Drive to Survive*, sponsored by Caltex. Two years later, *Tēnā Kōwhiria* and *Dare to Make Change* were launched at the second national D.A.R.E. Conference, held at Ngaruawahia, and sponsored by D.A.R.E.'s new national sponsor, Telecom. During this time, the DARE Foundation was established by Auckland Rotarians, to provide funding and community support for the programmes. In 1991, the year following its inception, the DARE Foundation received funding of \$500,000, used mainly to publish *Dare to Make a Choice* and its accompanying videos. Initially, the DARE Foundation was merged with the Reaching Out Trust, creating the Child Development Foundation in 1992. However, two years later DARE was re-established as a separate entity when the Commissioner of Police withdrew it from the Child Development Foundation. New Zealand DARE became active internationally, with representation at the inaugural meeting of D.A.R.E. International in Washington D.C. in 1997.

At a meeting of the DARE Advisory Committee in 1989, it was decided that a parallel programme to *Dare to Make a Choice* should be developed for use in kura kaupapa Māori and bilingual schools. This programme was to:

- be developed in consultation with Māori;
- be written in te reo Māori; and
- reflect tikanga Māori.

Following some discussion about possible development models at the Advisory Committee, and consultation with Māori contacts in Huntly and Waiwhetu Marae Lower Hutt, it was decided that the Māori programme should be developed by one iwi and then offered to other iwi to adapt for their use. The Tainui kura, Rakaumanga, in Huntly, was approached to undertake the development, and the kura staff agreed. A team of kaiwhakaako was led by Wiha Malcolm of Ngati Awa, an adviser in Māori language at Rakaumanga. The development process had input from the Māori Studies Department of Waikato University, and Professor Timoti Karetu of Ngati Kahungunu gave advice on the interpretation and grammar of te reo Māori. The programme was named *Tēnā Kōwhiria*, at the suggestion of a colleague from Waikato University. The name literally presented a challenge to Māori children to 'make your choice' (Tēnā! Kōwhiria!), and then take responsibility for the outcomes.

Tēnā Kōwhiria is the first known indigenous drug education programme in the world to be written in an indigenous language as well as from a cultural perspective. The video resources that accompany *Tēnā Kōwhiria* are believed to be the first video teaching materials produced in Māori for use in New Zealand Schools. *Tēnā Kōwhiria* used a predominantly oral and visual approach and integrated cultural differences, for example an appreciation of whakama in oral language situations, and acknowledgement of the importance of the whanau as a support agency for young people. Language development became part of the process when a new Māori collective noun for drugs, *puroi*, was coined. The draft text was completed in 1995, after several consultative hui, and ongoing discussions about teaching and promotional materials. In 1996, the published version of *Tēnā Kōwhiria* was launched, together with video resources with scenarios developed at a 1995 hui in Palmerston North. The decision to have no pages in English resulted in some difficulty for teachers and PEOs who were not fluent in Māori. Some kura kaupapa Māori run the programme on their own, and some work together with PEOs.

Dare to Drive to Survive was developed as a programme for senior secondary students, to help them make informed, responsible decisions about alternatives to driving after drinking, and to reduce the death and injury that result from drinking and driving. Its development was a co-operative effort by the D.A.R.E. Foundation of New Zealand, the New Zealand Police in association with The Road Safety Trust, and Caltex. Teachers of the Health Curriculum were involved in the design. The programme reflected the New Zealand DARE principles of best practice in that it had an interactive approach, and was intended for delivery by a classroom teacher working in partnership with a trained police education officer.

Dare to Drive to Survive aimed to enable students to:

- adopt a safe approach to social occasions where alcohol plays a part;
- make informed decisions when faced with a situation involving drinking and driving;
- cope with social pressures associated with drinking and driving;
- identify hazards and help prevent crashes on the roads;
- accept responsibility and increasing independence as new drivers;
- find out about the agencies that exist that can offer help. e.g. SADD; and
- be informed about current legislation related to drinking and driving.

Parents and caregivers were encouraged to support the programme by being positive role models for young people, and modifying or changing their own behaviour regarding drinking and driving, and the associated pressures, as appropriate.

The DARE Foundation was responsible for developing *Dare to Support Your Kids*, a programme for the parents or caregivers of year 5 - 8 students, the age group targeted by the *Dare to Make a Choice* programme. The concept thinking behind *Dare to Support Your Kids* was to empower parents and caregivers and give them the confidence and skills to build sound family relationships and to work together to establish guidelines for the responsible use of drugs within their own families. The aim was to achieve this by:

- clarifying their own knowledge about common drugs that are of concern, and understand their effects;
- being aware of the possible signs and the symptoms of drug use and misuse;
- acquiring skills to encourage and support young people as they start to make decisions about drug use, and to take responsibility for those decisions;
- recognising drug-related problems and identify agencies and individuals who can help with these;
- understanding the importance of their own position as positive role models promoting healthy life styles and responsible decision making about drugs, which are within the law; and
- building sound relationships with their young people.

The programme's workshops were organised by local DARE Societies and facilitated by locally trained people from the community. Some schools that used the *Dare to Make a Choice* programme also offered *Dare to Support Your Kids* to strengthen the positive effect of the classroom teaching and learning.

Dare to Make Change was developed under the auspices of the DARE Foundation to encourage positive behaviour change in young people from 10 years of age who were experiencing difficulties in their lives. Referrals could come from family, teachers, Police, visiting teachers, or agencies such as the Child Youth and Family Services Department. Reasons for referral might be that the young person was:

- misusing drugs;
- exhibiting angry or violent behaviour;
- in trouble, or performing badly at school;
- lacking in self-discipline;
- in trouble with the Police;
- unhappy, with low self-esteem;
- experiencing difficulties at home; or
- having feelings of hopelessness, unworthiness or despair.

The *Dare to Make Change* programme was developed in consultation with Ron Phillips, an educational psychologist, and is based on his Therapeutic Storytelling Intervention (TSI) model. The concepts behind TSI relate to the *Reality Therapy and Change Theory* of William Glasser. The main resource is a fable he wrote specifically for the programme, entitled *Gem of the First Water*, and an accompanying teaching guide was developed by Police Youth Education Services (YES). Although Ron Phillips is coincidentally an American, *Dare to Make Change* evolved from work he was already engaged in while living in New Zealand, and has no connections with the American D.A.R.E. programme. The programme was extensively trialled before it was adopted.

Dare to Make Change was designed to operate as a primary intervention initiative with trained and monitored community facilitators using a story telling approach that engages small groups of four or five young people in change and decision making processes. The local DARE Society arranged training of facilitators, registered them, and monitored the implementation of the programme.

Each group meets for twenty, one hour sessions and focuses on *Gem of the First Water*, which follows the journey of a young boy from childhood to adult life. As he makes the journey, the boy identifies aspects of his present behaviour that he does not like, and decides on a new positive way of behaving. As well as listening to the story, the group takes part in activities such as creative writing, drawing, and an outdoor challenge. The aim is that members of the group gradually start to take responsibility for their own behaviour in response. The programme ends with a 'Celebration of Change', shared with significant people in the young people's lives. Parental or caregiver support is welcomed, and can have a strong influence on the success of the programme.

6.1.5 Evaluation and Review

The New Zealand DARE programmes have been evaluated, and consequently reviewed, on a number of occasions. *Dare to Make a Choice* was evaluated in its trial and subsequent implementation phases, by Auckland College of Education (McQueen) and Massey University (Ashcroft and Harper) respectively. The McQueen evaluation acknowledged the strength of the community involvement in the programme, and saw ownership as shared between the community and school. *Dare to Make a Choice* was not perceived as a Police programme; rather the involvement of police education officers was seen as a critical success factor. The Ashcroft and Harper evaluation was comprehensive and had five phases, spread over four years (mid 1989 to mid 1993). Each phase covered a different aspect of the programme:

- a detailed curriculum evaluation;
- teacher and student response to the programme;
- the role of the police education officer;
- effects of the programme in the wider community; and
- effects specifically on parents.

In brief, the evaluation study found that *Dare to Make a Choice* had a sound pedagogical basis, showed a high degree of instructional efficiency, and was received with enthusiasm by teachers, students and parents. It also indicated strong support for the role of the police education officer in the classroom. In addition there were some interesting flow-on effects into the home and community. Parents' responses showed that:

- some 90 per cent said that the programme was discussed at home;
- about 60 per cent said they had discussed the programme with friends, relatives work colleagues, or neighbours;
- around half noticed beneficial changes in their children; and
- about one in six reported that they had changed their attitudes, with many more simply saying that it had reinforced their existing attitudes about the misuse of drugs.

(Livingstone, 1997)

Two more recent evaluations have taken place that raise interesting questions about the efficacy of the New Zealand DARE programmes. In 1994, the University of Florida (Dr. Stephen Rollin) undertook an evaluation of 360 children, measuring self-concept, stress and drug knowledge. Half of the children were in trial and half in control groups. Measurement took place using a new series of standardised scales. The results showed small differences on some of the sub-scales; the trial children had higher self-esteem and lower stress. However, there was no measurable difference between the trial and control groups in the knowledge of drugs. In 1995-1996, Telecom sponsored an evaluation that sought to capture rich anecdotal data about the life changes that were attributable to *Dare to Make a Choice*. The use of a free phone number and anecdote postcards for posting produced 169 recorded responses (86 phone calls and 40 postcards). Collectively they showed that:

- 40 per cent of the respondents gave evidence of behaviour change;
- 11 per cent reported an increase in knowledge of drugs; and
- 6 per cent indicated some change in attitude had occurred.

(Livingstone, 1997)

Dare to Make a Choice was fine tuned according to the recommendations of these curriculum evaluations, and the report *Drug Education: Best Practice* (Pickens 1998), and was revised and updated more extensively in 1998, as a result of funding secured by the DARE Foundation from the Ministry of Education. In 1999, the second edition of *Dare to Make a Choice* was published. The rewriting took into account the recommendation of teachers that there should be two separate age level programmes, with an even greater emphasis on an interactive approach, to meet the learning needs of boys. The process of amending and rewriting was once again undertaken by health teachers and police education officers, and co-ordinated by the YES curriculum officer. The outcome was that *Dare to Make a Choice* represents a well-researched and designed programme, congruent with the curriculum document *Health and Physical Education in the New Zealand Curriculum*, and the essential skills in the *New Zealand Curriculum Framework*. Moreover, both the teaching and learning approach and the resources used in the delivery of *Dare to Make a Choice* are well designed to engage students in developing decision-making skills, building self-esteem, and choosing healthy alternatives to drug use.

The two programmes allow a school flexibility in selecting which is the most appropriate for their students' needs and the culture of the school.

The 1998 Ministry of Education contract also provided funding for the D.A.R.E. Foundation to:

- provide teacher training for *Tēnā Kōwhiria*; and
- conduct *Dare to Make Change* facilitator training workshops; and
- hold forums to identify an effective approach to anti tobacco smoking education.

Tēnā Kōwhiria was reviewed by the Education Review Office in 2003. The programme remains in its original form and YES had some concerns about the programme, namely:

- how appropriate the programme content is when compared with the mainstream *Dare to Make a Choice*, which has undergone a number of modifications;
- the level of language used in the programme;
- the capability of the Police to provide sufficient personnel competent in te reo to deliver the programme; and
- the extent of use of the programme.

The terms of reference for the review reflected these concerns and were to report on:

- the degree to which *Tēnā Kōwhiria* is consistent with the revised *Dare to Make a Choice* programme;
- management and organisation to support the implementation of *Tēnā Kōwhiria*;
- the extent of the use of *Tēnā Kōwhiria* and whether schools think it meets their needs; and
- recommendations for consideration.

The report confirmed that *Tēnā Kōwhiria* is a valuable immersion education programme, and that the language, cultural and drug education content are effectively interwoven. There was a recommendation that *Tēnā Kōwhiria* should be modified in line with *Dare to Make a Choice*, and an acknowledgement that YES recognised it was timely to undertake such a review. While the report also confirmed that the preference of kura was to have the programme delivered by a Maori speaking police education officer, it acknowledged that there are insufficient qualified personnel to meet this expectation. A number of recommendations were made to address the issues of programme and resource modification, and strategies for long term sustainability.

A revised version of *Dare to Drive to Survive* was published in 2001. The programme was shortened, and activities were changed to make them more suitable for use with senior secondary school students. A new video resource promoted discussion of issues such as the responsibility of adults for providing young people with alcohol. The revised programme can be used in curriculum areas such as life skills, transition, legal studies or English, and relates to the following strands in *Health and Physical Education in the New Zealand Curriculum*:

- Developing and maintaining personal health and physical well-being;
- Enhancing interactions and relationships with others; and
- Helping to create healthy communities and environments.

It can also be used to help fulfil the requirements of the National Certificate of Educational Achievement (NCEA). A report on an evaluation study of the programme (Silva) was published in 2002. The report found that students, teachers and PEOs expressed a high degree of support for the programme, and that there was strong evidence that students who participate in the programme will develop more positive attitudes towards issues relating to drinking and driving and have more knowledge about it.

In 2003, a revised version of *Dare to Support Your Kids* was published, updating the resources, and placing more emphasis on parents' role modelling positive drug use behaviours. The revision was the work of a writing party of DARE Foundation facilitators, co-ordinated by the YES curriculum officer.

During the development of *Dare to Make Change*, the process was extensively trialled. Evaluations were obtained from Learning Media, Otago University (Johnson, 1994, and Dalyrmp, 1997). The programme was evaluated again in 1998 by the University of South Australia (Briggs and Hawkins). This evaluation concluded that facilitators, participants and parents alike confirmed that *Dare to Make Change* was successful in changing young people's negative attitudes and behaviours. Examples of benefits from the programme were reported by 81% of the participants. There was convincing evidence that participants identified readily with the character in the story. Learning was facilitated through activity, and this style of learning was seen to be effective. The evaluation did, however, provide a caveat that some of the success might simply be the result of one-to-one attention for a participant from a facilitator they learned to trust.

Suggested improvements to the programme included:

- facilitators being trained in group management skills;
- parents learning about different parenting strategies to effect long term change;
- follow-up calls (after one month, three months, six months and a year) to participants after the programme ended to sustain the support structure;
- single sex groups to avoid attention-seeking behaviours by boys in mixed groups; and
- adapting the fable to create a greater affinity with Maori culture.

A more recent edition of *Dare to Make Change* has undergone some minor changes to make female characters more credible after criticisms of misogynous representations. In 2000 the instruction manual that accompanied the programme was revised by the DARE Foundation in conjunction with the author of *Gem of the First Water*.

7.0 DISCUSSION ABOUT THE SIMILARITIES AND DIFFERENCES BETWEEN THE AMERICAN D.A.R.E. AND THE NEW ZEALAND DARE PROGRAMMES

7.1 The American D.A.R.E. Programme

The American D.A.R.E. programme was devised in 1983 in Los Angeles by a team led by the Health Superintendent for the Los Angeles Unified School District, and is based on project SMART an experimental smoking prevention programme that was developed by the School of Pharmacy at the University of Southern California. The aim of D.A.R.E. (Drug Abuse Resistance Education) was to prevent the use of drugs by providing curriculum programmes for elementary, middle and senior high school students, with an emphasis on fifth or sixth grade students. The social competency pedagogical approach was based on building students' life skills through an emphasis on problem-solving, decision-making refusal skills, and self-esteem, with less of a focus on knowledge. The programme had the support of Rotary clubs, and was delivered solely by Los Angeles police officers in 17 45-60 minute sessions. The style of delivery was mainly expository, with children working out of activity books. The class teacher was largely passive in the process, and sometimes not even in the classroom during the sessions. There was no adaptation of the D.A.R.E. programme to fit with a responsive school curriculum or the culture of a school. Since 1983, D.A.R.E. has become the most widely disseminated school-based drug use prevention programme in the United States.

A series of reviews of the D.A.R.E. programme over time have produced a range of conflicting findings. Jong's short-term evaluation of the preliminary indications of Project D.A.R.E.'s effectiveness showed that D.A.R.E. students, particularly boys, reported significantly lower use of alcohol, cigarettes and other drugs, and used refusal strategies more often than students who had not received D.A.R.E. training.

A 1990 evaluation of the programme for 1985-1989, submitted to the Los Angeles Police Commission by the Los Angeles Evaluation and Training Institute, found that the rate of use of drugs and alcohol among D.A.R.E. programme users was less than non-D.A.R.E. students over the long-term. Contrastingly, in the same year, an Outcome Evaluation of Project D.A.R.E. (Ringwalt, Ennett, and Holt) found that D.A.R.E. demonstrated no effect on early adolescents' use of drugs (defined as alcohol, cigarettes or inhalants) or on their intentions to use these substances in future. The programme did appear to be successful, however, in increasing awareness of the cost of using these drugs. In a 1994 meta-analysis of eight studies, Ennett, Tobler, Ringwalt and Flewelling found that even short-term effects of the programme were modest. Harmon's 1993 evaluation of the effectiveness of D.A.R.E. in Charleston County, South Carolina, was inconclusive overall, though it found that D.A.R.E. should be effective in that:

- it was offered to students before the age when they were likely to experiment with drugs;
- it projected a positive image of police;
- it targeted ‘gateway drugs’ as an intervention to the use of heavier drugs; and
- it aimed to develop life skills.

In 1997 an evaluation review (Dukes, Stein and Ullman) looked at the long-term impact of D.A.R.E. They pointed out that previous follow-up studies (by Clayton Cattarello and Johnstone, 1996) of students had found no significant differences in drug use attitudes or behaviour as a result of input from D.A.R.E. Dukes Stein and Ullman concluded, as a result of their own research, that there was a possible sleeper effect for D.A.R.E. with reference to the use of harder drugs, especially among teenage males.

Most recently, the plethora of evaluations has led to changes in the middle school and high school programmes. A key difference between the original and revised programmes is that the revision is based on a theory of substance abuse prevention. This theory, based on scientific studies that have been shown to relate directly to the reduction of substance use, informs the programme content, and focuses it on the development of understandings and skills. There is also an appreciable pedagogical change in delivery style of the revised programme. Programme delivery has moved away from a didactic approach to an emphasis on contemporary learning strategies that encourage and sustain student participation in the classroom activities. There is little officer lecturing and there are few workbook activities to be completed. Instead there are many small group activities focused on problem-solving and role-play. The role-play provides opportunities for the students to practice:

- refusal strategies;
- assertiveness;
- discussing realistic situations and deciding what the problems really are; and
- deciding on realistic options for dealing with the problems.

In this way, the programme changes aim to prepare teens to deal effectively with the problems related to substance use and abuse by providing realistic problems that they frequently face. The intended outcomes focus on deep understandings of the effects of substances, the mastery of social and decision-making skills, and the development of personal values about not using drugs.

7.2 What’s in a Name? The American and New Zealand DARE Programmes

The American and New Zealand DARE initiatives are linked mainly through their use of name and intent:

The philosophy of D.A.R.E. is that all people should respect the legal restrictions that relate to drugs; and that drugs that do not have legal restrictions should be used in ways that are safe and healthy. The programmes aim to promote the

knowledge, skills and behaviour necessary to resist using illegal drugs, and encourage the wise use of other chemical substances (p.5).

In applying to D.A.R.E. America to use the terms D.A.R.E. and D.A.R.E. New Zealand, the New Zealand Police sought international links for their work. It is, however, clear that the original American and New Zealand DARE programmes themselves differed greatly, both in cultural content and context, and in the pedagogy that underpinned them. Indeed, the New Zealand DARE programmes were specifically named so as to differentiate them from the American D.A.R.E. Programme.

The principles of best practice that were developed for the New Zealand DARE framework were undoubtedly indigenous, with the importance placed on congruence with the New Zealand Curriculum Framework and the development of a parallel programme in te reo Māori. The design and development of the New Zealand DARE programme were equally as indigenous, the outcome of a comprehensive consultative process that gave shared ownership to Police, schools and the community. By way of contrast, the American D.A.R.E. programme had a limited genesis (see section 7.2.1).

Although the involvement of police officers in classroom delivery is common to both the original American and New Zealand DARE programmes, there the similarity ends. The 1988 New Zealand initiative built on the lessons learned from the Los Angeles visit and promulgated the role of the PEO as one of partnership with the classroom teacher. This was in direct contrast to the role of the American police officer counterpart, who delivered the D.A.R.E. programme without input from the classroom teacher.

Not only did the role of the American police officer differ from that of the New Zealand PEO, the approach of each in the classroom was quite different. Whereas the Los Angeles approach in the classroom tended to be didactic, using a discrete curriculum that was not responsive to a school's needs and culture, the New Zealand approach was constructivist, commensurate with the New Zealand Curriculum Framework, and based on an interactive approach to classroom delivery. The New Zealand DARE programmes were not simply a rewrite of the American D.A.R.E. programme, but a reconceptualisation aimed at maximising metacognitive learning. It is worth reiterating that the New Zealand programme *Dare to Make Change* was based on the work of an American educational psychologist but not on an equivalent American D.A.R.E. programme. The DARE resources developed for New Zealand Schools reflect the consultative process that took place to ensure they could be meaningfully integrated into curriculum planning in schools.

Both the American and New Zealand DARE programmes have been revised in line with the findings of a series of evaluations (sections 7.1.5 and 7.2.1). Of particular note is the way in which the American D.A.R.E. programme has adopted an appreciable pedagogical change in delivery style of the revised programme, moving away from an expository style to a more interactive approach. This creates more commonality with the approach the New Zealand programmes have taken since their inception.

Similarities

Programme Feature	Original American D.A.R.E.	New Zealand DARE
Intent	The programme aims to equip students with the skills to deal effectively with the problems related to substance use and abuse, including recognising and resisting pressures to experiment with substances.	The programmes aim to promote the knowledge, skills and behaviour necessary to resist using illegal drugs, and encourage the wise use of other chemical substances.
Aspects of Pedagogy	Psychosocial approach.	Psychosocial approach.

Differences

Programme Feature	Original American D.A.R.E.	New Zealand DARE
Programme Name	D.A.R.E.	Dare to Make a Choice; Tēnā Kōwhiria; Dare to Drive to Survive; Dare to Support your Kids; Dare to Make Change.
Aspects of Pedagogy	Based on the Botvin approach: building students' life skills through an emphasis on problem solving, decision-making refusal skills, and self-esteem, with less of a focus on knowledge.	Indigenous: constructivist, interactive, congruent with the New Zealand Curriculum Framework, and the development of a parallel programme in te reo Māori.
Design and Development	Based largely on the work of Dr. Gilbert J. Botvin, the Director of the Laboratory of Health Behavior at Cornell University. Devised in Los Angeles by a team led by the Health Superintendent for the Los Angeles Unified School District.	Indigenous, the outcome of a comprehensive consultative process that gave shared ownership to Police, schools and the community. PEOs and experienced teachers of Health developed mainstream programme; iwi consultation to develop <i>Tēnā Kōwhiria</i> .
Role of Police Officer in Classroom	The American police officer delivered the D.A.R.E. programme without input from the classroom teacher.	The 1988 New Zealand DARE initiative built on the lessons learned from the Los Angeles visit and promulgated the role of the PEO as one of partnership with the classroom teacher.

Approach of Police Officer in Classroom	A didactic approach, using a discrete curriculum with no flexibility to be responsive to student needs and school culture.	An interactive approach to classroom delivery. DARE programme integrated, with teacher help, into school's curriculum planning to meet student needs and fit with the school culture.
Resources to Support Programmes	Mainly workbooks; indigenous material, reflecting American culture.	Indigenous: resources support student participation and appropriate to New Zealand culture; Tēnā Kōwhiria the first known indigenous drug education programme in the world to be written in an indigenous language as well as from a cultural perspective.

7.3 The Significance of the Differences Identified between the American and New Zealand DARE Programmes

The umbrella name of D.A.R.E., with its linguistic ability to allow a play on words, and its stated programme intent, is shared by the American and New Zealand DARE programmes. The psychosocial approach to teaching and learning is also a common feature. Beyond these two similarities, all other programme features represent a question of difference. This means that it would be inaccurate and invalid to attribute the qualities of one country's programme to the other. Equally, there can be no validity in an assumption that the effectiveness of one country's programme can become a gauge for the effectiveness of the other.

The question of difference between the American and the New Zealand DARE programmes is crucial. The differences themselves (section 7.2.2) are considerable. Were the two countries' main drug education programmes not linked by the D.A.R.E. name, there would be little else to connect them. The attempt to show difference by differentiating the names of the New Zealand DARE programmes has not been sufficiently convincing, and the general perception is that there is no substantial difference.

The essential difference between the American and the New Zealand DARE programmes is the way in which the New Zealand initiative has developed an indigenous, responsive programme that is peculiar to the needs of New Zealand students. Culturally relevant and appropriate, New Zealand DARE has taken its revisions through iterations of collegial community consultations. This process, and the outcomes, confer a unique identity on the New Zealand DARE programme that defines the question of difference.

8.0 THE WAY FORWARD

The challenge of the way forward for the New Zealand DARE initiative is vested in a New Zealand solution. Much that has been published in New Zealand and elsewhere about drug education raises the issue of successful outcomes. Programme effectiveness can be measured against the objectives of reducing substance abuse in the community, but there are some very real difficulties in evaluating such outcomes. Short-term behavioural and attitudinal changes to drug use are not reliable predictors of long-term changes. There are other variables too that can affect the measurement of outcomes, variables like the willingness of participants to comment on their use of illegal substances, or the availability of the substances themselves at different points in time.

As well as the challenge to programme evaluation, there is a challenge to the efficacy of drug education in schools as the whole solution to societal drug abuse. The recent work of ALAC and the New Zealand Drug Foundation premises that DARE, with its established popularity in schools, must accept that it can only offer a partial solution in changing attitudes and behaviours. These organisations believe that the ongoing contribution of DARE should take its development into a wider sphere of consultation and collegiality than ever before, working with other agencies at government and community level to address the plethora of issues that centre around drug use, and tend to undermine drug abuse resistance education. These issues include:

- adolescence;
- adult role modelling;
- peer influences;
- societal culture;
- advertising and promotion; and
- products and marketing.

Schools represent just one of many environments where interventions are needed. The concern is that concentrating too heavily on schools to address misuse of drugs may expose them to undue pressure and underemphasise possible collaboration between schools, other social agencies and their communities. Surely the future direction of DARE in New Zealand is to build on its proud record and make a valuable contribution to a joint agency initiative. Its future direction is to continue to make a difference.

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