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Health

SCHOOL-BASED PREVENTION WORKS, BUT CHOOSE YOUR PROGRAM WISELY

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As opioids and tobacco continue to claim Hoosier lives, many are looking toward K-12 school-based prevention programs to stem the tide.

One of the most well-known prevention programs is Drug Abuse Resistance Education, or D.A.R.E. At its height, D.A.R.E. was implemented across the world, with more than \$750 million spent on the program annually. But **study** (<https://www.ncbi.nlm.nih.gov/books/NBK44294/>)



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after **study** (<http://cebcp.org/evidence-based-policing/what-works-in-policing/>) has found little evidence for the impacts of D.A.R.E. on drug use.

This is a common problem: Keeping kids off drugs and alcohol is not easy. As a result, not every intervention works.

The good news is there are school-based prevention programs with strong evidence for positive impact. These include programs like **LifeSkills Training** (<http://www.blueprintsprograms.com/factsheet/lifeskills-training-1st>), **Project Towards No Drug Abuse** (<http://www.blueprintsprograms.com/factsheet/project-towards-no-drug-abuse>), **Positive Action** (<http://www.blueprintsprograms.com/factsheet/positive-action>) and others certified as evidence-based by the Substance Abuse and Mental Health Services Administration (SAMHSA), the U.S. Surgeon General and, in Indiana, the Family and Social Services Administration (**FSSA** (http://www.in.gov/fssa/dmha/files/Indianas_Evidence_Based_Practice_Guide_Feb_16.pdf)). Scientific research shows these programs cause substantial reductions in the use of tobacco, alcohol and other drugs—and even **improvements in academic outcomes** (<https://ies.ed.gov/ncee/wwc/EvidenceSnapshot/380>) in some cases.

Unfortunately, these programs are often crowded out by D.A.R.E. or homegrown programs that lack evidence. National surveys indicate that only **8-10 percent** (<https://addiction.surgeongeneral.gov/surgeon-generals-report.pdf>) of schools use evidence-based programs. While there is no comprehensive survey of school-based prevention in Indiana, anecdotal evidence indicates D.A.R.E. is still in use.

This is a problem. Every dollar of funding or hour of time spent on a program without evidence is a dollar or an hour that could be spent on a program with a track record of lowering drug use.

Of course, we should be open to supporting the development of innovative, new school-based prevention programs. But any new programs should have clear value added over existing programs to justify trying something that may turn out not to work – especially when effective, evidence-based programs do exist and could simply be replicated and scaled broadly. And, of course, any new programs should be rigorously evaluated, too.

School-based programs are an essential part of a comprehensive approach to preventing substance use disorder and smoking. Inspiring behavior change and creating lasting impact should start with prioritizing programs with strong evidence for positive outcomes. ▲