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REPLY

Response to Comment by Hecht & Miller-Day on ''Truth and D.A.R.E.: Is D.A.R.E.'s new Keepin' it REAL curriculum suitable for American nationwide implementation?''

We would first like to thank the Editors-in-Chief of *Drugs: Education, Prevention, and Policy* for the opportunity to respond to the Comment written by Drs. Hecht and Miller-Day.

We contend our paper does not conclude that Keepin' it REAL is ineffective. The purpose of our paper is to answer the question ''Is D.A.R.E.'s new Keepin' it REAL curriculum suitable for American nationwide implementation,'' and not ''Has Keepin' it REAL been effective at curbing substance use in a randomized controlled trial(s).'' As Hecht, Miller-Day, and their collaborators have shown in several studies (many of which are cited in our paper), the answer to the latter question is yes. Our paper, on the other hand, answers the former question, with what we suggest is a healthy dose of caution, but not outright criticism.

The premise of our paper is that there are currently no published peer-reviewed evaluations of the specific version of KiR used by D.A.R.E. Naturally, this gave us pause as we thought about the extensive prevention resources dedicated to D.A.R.E. To answer our research question without such studies specific to KiR D.A.R.E., we sought to glean as much information as we could about the program from past evaluations of other KiR versions. This approach is different from pooling together all previous versions of KiR and assuming KiR D.A.R.E. will follow the effectiveness of failed past iterations – instead, we argued that, because past adaptations/versions of the KiR program have had varying levels of effectiveness, it is at least reasonable to assume that KiR D.A.R.E. may (or may not) have a different level of effectiveness from the original version of KiR. This uncertainty led to our recommendation that the specific version/adaptation of KiR D.A.R.E. should be studied for its effectiveness, rather than relying only on the effectiveness of, for example, the original KiR program. In line with this conclusion, we are delighted to hear that a pilot test has been conducted with KiR D.A.R.E.

Hecht and Miller-Day challenge our description of the two randomized controlled trials of the original KiR program. We concede that the wording ''program was developed specifically for a Hispanic audience'' is imprecise. Instead, we intended to call attention to the notion that the two major trials that established KiR as an ''evidence-based program'' in NREPP had been conducted among a primarily Hispanic, urban, low-income student population, which is not representative of much of D.A.R.E. America's clientele. However, our paper describes in detail that two culturally targeted and one multicultural version of the program were tested in two separate randomized controlled trials, and we even cite the effect sizes from those trials in papers co-authored by Hecht and Miller-Day. As Hecht and Miller-Day mention, we excluded a third trial of the original KiR program (using a population of rural, predominantly White students) from our analysis. That is because the third trial evaluated the impact of implementation fidelity on program effectiveness, while we limited our review to evaluations of program effectiveness alone. For example, the third trial concludes that ''when delivered well, the [KiR] program has a better effect on proximal outcomes and substance use compared to when the program is delivered poorly'' – which is promising but not direct evidence of program effectiveness.

There is a lively debate regarding the value of culturally grounded prevention that cannot be reviewed in this short Response. However, we believe that Hecht and Miller-Day hyperbolize our recommendation. We are not romanticized enough to claim that every prevention provider should ''independently evaluate every new program as it adopts with each new population in order to support claims of using an evidence-based program.'' However, it would seem reasonable to test the program among a group more representative of D.A.R.E.'s core clientele.

Finally, we would caution readers against prioritizing the findings in government/industry reports and popular media sources over the findings of peer-reviewed publications. Hecht and Miller-Day justify KiR's effectiveness using the Surgeon General's Report, the National Registry of Evidence-based Programs and Practices, and Scientific American – none of which are peer-reviewed, academic publications. To be clear, we are not impugning the effectiveness of KiR. However, we caution readers against relying on generalized accreditations of effectiveness — peer-reviewed studies of effectiveness often tell a more nuanced story. We appreciate the opportunity to respond to Drs. Hecht and Miller-Day's Comment.

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