



Drug-Free Communities

Local Problems Require Local Solutions

Drug-Free Communities Support Program 2014 National Evaluation Report

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Drug-Free Communities Support Program

History and Background

Created through the Drug-Free Communities Act of 1997, the Drug-Free Communities (DFC) Support Program funds community coalitions working to reduce substance use among youth and to create safer and healthier communities. Through this program, youth, parents, schools, law enforcement, business professionals, faith-based organizations, media, local, state and tribal government, and other community members join forces as community-based coalitions to meet the local prevention needs of youth, families, and the communities in which they live. The ultimate goals for DFC community coalitions are to (1) reduce substance use among youth and (2) increase collaboration in the community to address substance use and associated problems.¹

The DFC Support Program is funded and directed by the Office of National Drug Control Policy (ONDCP), with support from the Substance Abuse and Mental Health Services Administration (SAMHSA), and with additional training and technical assistance from the Community Anti-Drug Coalitions of America's (CADCA) National Coalition Institute. From the beginning of the DFC Support Program to the awarding of Fiscal Year (FY) 2013 DFC grants, ONDCP has awarded over 2,000 DFC grants to community coalitions across the nation.² DFC grantees have included community coalitions in all 50 states, the District of Columbia, the Virgin Islands, American Samoa, Puerto Rico, Guam, Micronesia, and Palau. They represent rural, urban, suburban, and tribal communities. DFC grantees receive awards of up to \$125,000 per year for up to five years per award, with a maximum of 10 award years. DFC grantees are required to match Federal funds, thus at a minimum doubling the financial resources available to implement and enhance community substance use prevention activities and resources.

Data in the DFC 2014 National Evaluation Report

This report provides an annual update on DFC national evaluation findings. Findings are reported in three major sections. First, process data on strategies implemented by FY 2013 DFC grantees are presented in order to provide information regarding *how* DFC grantees engage in activities to bring about change.³ Next, outcome data reflecting *change* on DFC core measures are provided both for all DFC grantees ever funded and for FY 2013 DFC grantees specifically. The outcomes section of the report also includes a comparison to national data. Finally, an overview of new community assets DFC grantees are able to put into place is provided.

Progress report data used for grants monitoring and the national evaluation are submitted in February and August.⁴ Information about core measures data submitted in the progress reports is

¹ Office of National Drug Control Policy (2015). *Drug-Free Communities Support Program*. Retrieved on 4/1/15 from <http://www.whitehouse.gov/ondcp/Drug-Free-Communities-Support-Program/>

² Office of National Drug Control Policy (2015). *Drug-Free Communities Support Program*. Retrieved on 4/1/15 from <http://www.whitehouse.gov/ondcp/Drug-Free-Communities-Support-Program/>. In total, 1502 community coalitions have received a DFC grant. However, 651 of these (43%) have received a second award to continue work from Year 6 to Year 10. Some DFC grantees who receive a Year 6 award do so one to three years after the completion of their first five year grant.

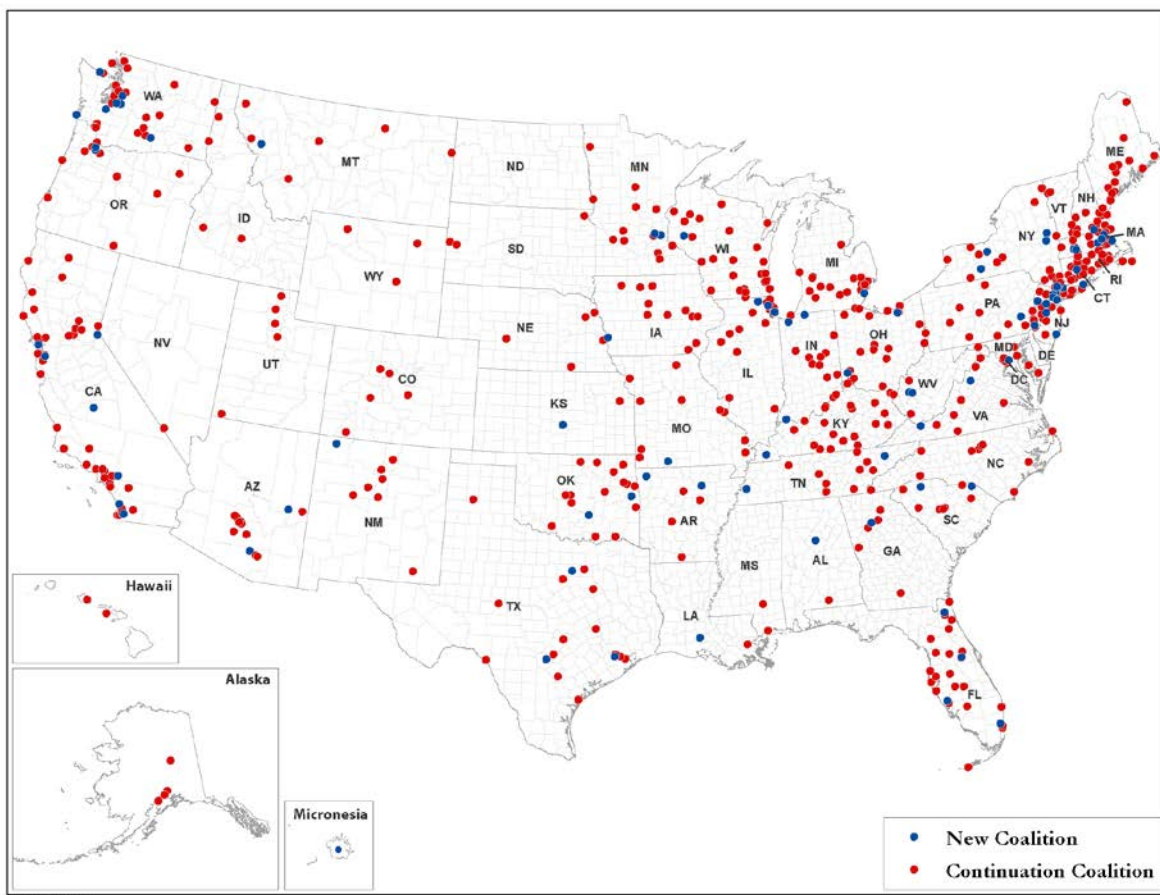
³ In September 2014, FY 2014 DFC grants were awarded, with a total of 660 FY 2014 DFC coalitions, including 99 new year 1 coalitions. The FY 2014 grantees have not yet reported data and are not included in this report.

⁴ From 2005 to 2011, DFC grantees reported data in May and November. Starting in 2012, the reporting schedule was changed to February and August to facilitate grantees' grant renewal process. This report covers data submitted in August 2014, which covers progress from February-July 2014.

included later in this report, including definitions of the core measures. This report contains data submitted by DFC grantees in progress reports on activities and outcomes through July 2014. Progress report data on coalition activities have been reported since 2005 and core measures outcome data have been reported since 1999.⁵ The data in this report are presented as a reflection of the relationship between being a DFC grantee and change in outcomes.

In FY 2013, ONDCP awarded 147 new DFC grants and 471 DFC continuation grants, bringing the total number of DFC grantees to 619.⁶ One DFC grantee relinquished the grant in 2014, which reduced the total number of DFC grantees in the FY 2013 cohort from 619 DFC grantees to 618 DFC grantees (see Figure 1). These 618 DFC grantees are the primary focus of this report.⁷ Some analyses provided in this report also include all DFC grantees ever funded, including those DFC grantees whose funding ended prior to August 2014.

FIGURE 1: FY 2013 DFC GRANTEE (618) ARE LOCATED IN MOST STATES AND IN MICRONESIA



⁵ Only core measures data collected since 2002 are included in this report. Beginning in 2002, DFC grantees received guidance that clarified reporting of core measures improving data quality.

⁶ Office of National Drug Control Policy (2014). *Drug-Free Communities Support Program*. Retrieved on 4/1/15 from https://www.whitehouse.gov/sites/default/files/ondcp/grants-content/3_fy_2013_drug-free_communities_continuation_grants.pdf and https://www.whitehouse.gov/sites/default/files/ondcp/grants-content/1_fy_2013_drug-free_communities_new_grants.pdf. DFC also awarded 23 mentoring grants. Given the difference in the goals of the grants, DFC Mentoring grantee data are not included in the DFC National Evaluation

⁷ Less than 4% of DFC grantees (13 of the 618 grantees) did not submit their August progress report in time for inclusion in this report. This brings the number of grantees down to 604 for some of the analyses reported here.

DFC Potential Reach

DFC grantees identify their catchment areas by zip code. Each DFC community coalition indicates all zip codes in which their grant activities are targeted, and these zip codes were merged with 2010 U.S. Census data to provide a rough estimate of the number of people that DFC grantees may reach and impact. The total population of all catchment areas of DFC grantees funded in FY 2013 was approximately 73.4 million, or 23.8% of the population of the United States.⁸ These catchment areas include approximately 2.9 million middle school students between the ages of 12-14 and 4.1 million high school students between the ages of 15-18. That is, between one in four and one in five youth was living in a community with DFC in 2014 (23.0% of all United States youth at the middle school level and 23.2% of all youth at the high school level).⁹ Since DFC grantee data on catchment areas has been collected (i.e., starting in 2005), DFC community coalitions have targeted areas with a combined population of approximately 123.1 million, or 40.0% of the U.S. population. That is, four in ten persons in the U.S. has lived in a community with a DFC community coalition since 1999.

DFC Potential Reach

Together, the 618 DFC grantees funded in FY 2013 target 73 million people, which is 24% of the population of the United States. FY 2013 DFC grantees' catchment areas include more than 2.9 million middle school students and 4.1 million high school students. Since the program's inception, DFC grantees have targeted areas that cover 40% of the U.S. population.

DFC Sector Membership

To support the DFC goal of increased community collaboration regarding prevention of youth substance use, DFC grantees are required to engage community members from twelve sectors in order to conduct their work. DFC grantees are successful at this, with 89% reporting having at least one active member from each sector.¹⁰ Since the 2012 changes made to the progress reporting system, DFC grantees reports on the number of coalition members have remained largely consistent. From the most recent data, Figure 2 provides an overview of the median number of active members from each of the twelve sectors.

The median number of active members ranged from 1 to 6 per sector. On average, the youth sector had the highest median number of active members across DFC grantees (6 active members), followed by the school sector (4 active members). Median number of active members was lowest for the media sector (1 active member). Across the 12 sectors, DFC grantees reported involving a median of 35 total active members, which means that across all 618, DFC grantees have involved over

***DFC Grantees:
Building Community Capacity***

Based on median number of staff (5) and active sector members (35), the 618 FY 2013 DFC grantees mobilized approximately 25,000 individuals to engage in youth substance use prevention work.

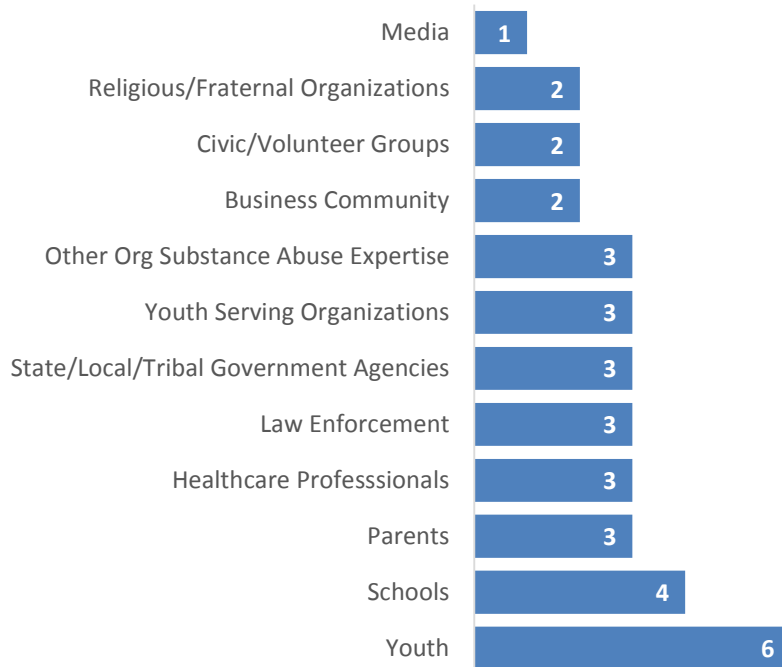
⁸ Among FY 2013 DFC grantees, a total of 613 coalitions reported zip code data in 2014, 4 reported zip code data in 2013, and one reported zip code data in 2012.

⁹ See United States Census 2010 data, Summary File 2, retrieved from <http://www.census.gov/2010census/>.

¹⁰ Of the 618 FY 2013 DFC Coalitions, 606 provided updated membership data in August 2014. For this analysis, previous progress report data was used for the remaining 12 coalitions. February 2014 data was used for 7 coalitions, August 2013 data was used for 3 coalitions, February 2013 data was used for 1 coalition, and August 2012 data was used for 1 coalition.

21,000 active sector members,. DFC coalitions also rely on the work of paid and volunteer staff members; grantees reported involving a median of 3 paid and 2 volunteer staff members. The addition of paid and volunteer staff brings the total of individuals mobilized by the FY 2013 DFC grantees to work on youth substance use prevention to nearly 25,000.

FIGURE 2. FY 2013 DFC GRANTEES ACTIVELY ENGAGED MEMBERS FROM ALL TWELVE SECTORS WITH YOUTH AND SCHOOLS CONTRIBUTING THE HIGHEST AVERAGE NUMBER OF MEMBERS



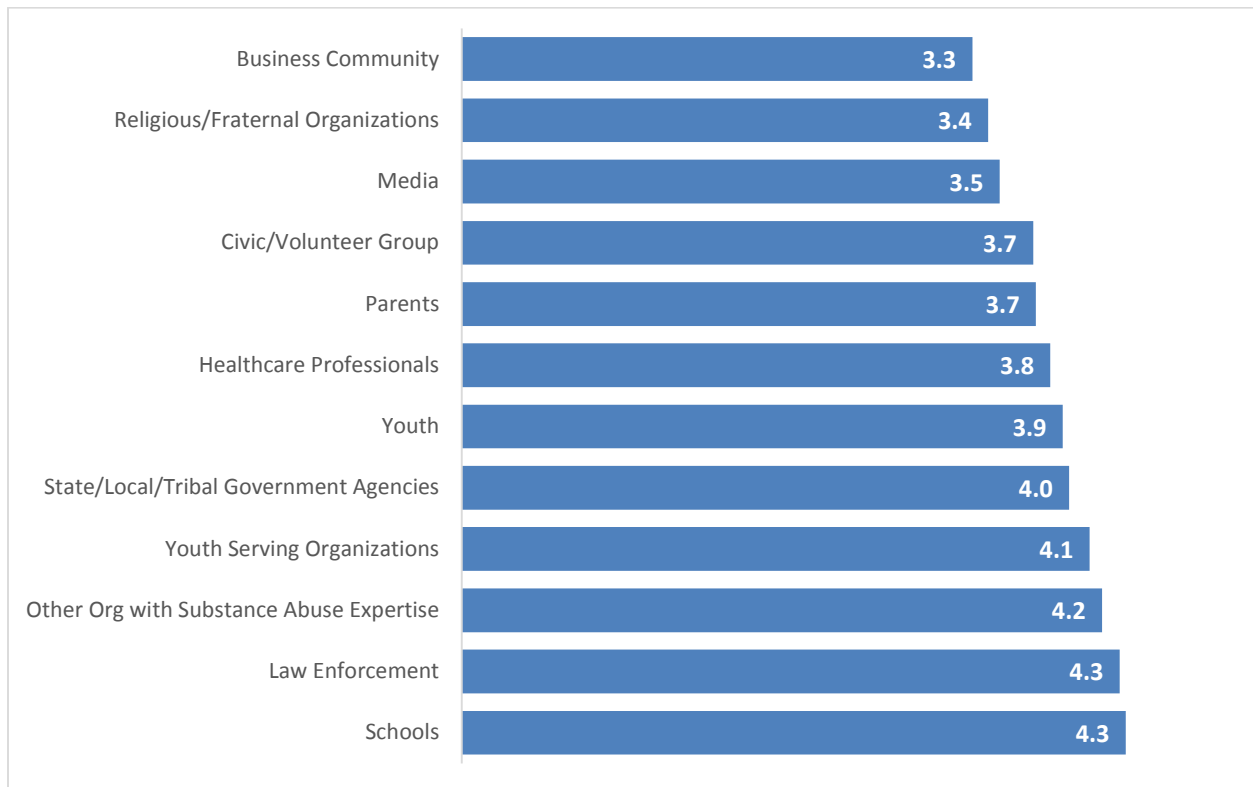
Notes: Numbers represent the median number of active members from each sector. The number of DFC grantees reporting on number of active members by sector was 618.

Source: Membership Data, August 2014 Progress Report

DFC grantees were asked to indicate how involved on average members from each sector were in coalition activities. Involvement was rated on a five point scale with 5 indicating very high involvement, 4 indicating high involvement, 3 indicating medium involvement, 2 indicating some involvement, and 1 indicating low involvement (see Figure 3). On average, no sector was rated as being below medium involvement. The school sector and law enforcement sector had the highest average level of involvement (4.3) followed by other organizations with expertise in substance use (4.2) and youth serving organizations (4.1).

Given the focus on preventing youth substance use, youth involvement was examined more closely. Based on a median number of six youth sector members, the 618 DFC grantees have engaged just over an estimated 3,700 youth in coalition work. Just over one-third of DFC grantees (34%) indicated that involvement with the coalition by youth was very high; an additional one-third of DFC grantees indicated involvement was high (37%) while 18% indicated medium involvement by youth. The remaining 11% of DFC grantees reported only some (7%) or low (4%) involvement by youth and may want to identify additional strategies in order to better engage youth with the coalition.

FIGURE 3. FY 2013 DFC GRANTEES REPORTED MEMBERS FROM EACH SECTOR AVERAGED AT LEAST MEDIUM INVOLVEMENT, WITH MEMBERS FROM LAW ENFORCEMENT AND SCHOOLS RATED HIGHEST ON AVERAGE LEVEL OF INVOLVEMENT



Notes: The number of DFC grantees reporting on level of involvement by sector was 618. Involvement was rated on a five point scale with 5 indicating very high involvement, 4 indicating high involvement, 3 indicating medium involvement, 2 indicating some involvement, and 1 indicating low involvement

Source: Progress Report Membership Data, August 2014

Strategy Implementation

Every six months, DFC grantees report on activities they have engaged in during the timeframe. In DFC grantee’s progress reports and here, the activities are grouped into CADCA’s Seven Strategies for Community Change with any given activity coded into a single strategy.¹¹ The seven strategies include providing information, enhancing skills, providing support, enhancing access/reducing barriers, changing consequences, changing physical design, and modifying/changing policies. The following provides an overview of the activities engaged in within each of the strategies by FY 2013 DFC grantees from February to July 2014. This six month window is generally reflective of the types of activities that occur during any given six month window of the grant. The data suggests that DFC grantees engage in a range of activities during each six month period in order to achieve their goals.¹² The majority of DFC grantees (604 of 618; 98%) submitted a progress report including strategy implementation data.

Providing Information

Activities in this strategy provide individuals with information related to youth substance use, preventing youth substance use, and the consequences of youth substance use. Examples include educational presentations, public service announcements, brochures, and presentations during community meetings. Providing information activities are one way that DFC grantees establish themselves in the community as go-to experts on youth and substance

use/substance use prevention. Nearly all DFC grantees (99.5%) reported engaging in activities designed to provide information to community members (see Table 1).

Between February and July 2014, most DFC grantees (94%) disseminated prevention materials (including brochures and flyers). In addition, some 421,694 media spots were advertised via print, billboard, television, radio, and other methods by 472 DFC grantees (78%). DFC grantees are also utilizing social media to communicate, with nearly half of DFC grantees (47%) reporting posting new materials on coalition websites that garnered more than a half million hits.

In addition to providing general prevention information via print and electronic media, DFC community coalitions also directly engaged youth and adults in their communities. For example, from February to July 2014, DFC coalitions held 7,338 face-to-face information sessions. The sessions reached 137,641 adults and 156,303 youth. DFC grantees also held or contributed to 3,224 special events that served some 744,963 attendees. This means that in total, DFC grantees estimated that just under one million community members came into contact with their coalition through an informational session or event.¹³

**Progress Report Quote:
Providing Information**

“We have partnered with [the] Sheriff’s Department, Superior Court judges and the Department of Education to be involved with eight large venue presentations throughout [the] county on underage drinking, prescription drug and e-cigs, reaching well over 1,800 parents, youth, law enforcement and community members.”

¹¹ See <http://www.cadca.org/resources/detail/definint-seven-strategies-community-change>.

¹² Open-ended responses submitted in the progress reports were examined for descriptions of sample activities engaged in by DFC grantees. A sample quote is provided within each strategy to highlight the efforts of DFC grantees.

¹³ Some participant’s in face-to-face information sessions may have attended more than one event.

TABLE 1: DFC GRANTEES' ACCOMPLISHMENTS RELATED TO PROVIDING INFORMATION, FEBRUARY 2014 TO JULY 2014

Activity	Number of DFC Grantees Engaged in Activity	Percentage of DFC Grantees Engaged	Number of Completed Activities	Number of Adults Served	Number of Youth Served
Information Dissemination: Brochures, flyers, posters, etc. distributed	565	93.5%	--a	--b	--b
Media Coverage: TV, radio, newspaper stories covering coalition activities	525	86.9%	7,057	--b	--b
Informational Materials Produced: Brochures, flyers, posters, etc. produced	522	86.4%	138,201	--b	--b
Direct Face-to-Face Information Sessions	526	87.1%	7,338	137,641	156,303
Media Campaigns: Television, radio, print, billboard, bus or other posters aired/placed	472	78.2%	421,694	--b	--b
Special Events: Fairs, celebrations, etc.	522	86.4%	3,224	468,798	276,165
Social Networking: Posts on social media sites (e.g., Facebook, Twitter)	507	83.9%	65,608	967,821 followers	393,975 followers
Information on Coalition Website: New materials posted	282	46.7%	5,165	576,652 Hits	--b
Summary: Providing Information	601	99.5%	648,287	N/A	N/A

Notes: The number of DFC grantees reporting activity data in February to August 2014 was 604. In some cases, the same youth or adults may have participated in multiple activities. Outliers beyond 3 standard deviations were removed.

^a DFC grantees reported distributing a total of 1,284,273 brochures, flyers, posters, etc.

^b Data on number of people served was not reported since it could not be collected consistently and reliably by all grantees.

^c Number of web hits.

N/A = Not Applicable

Source: Progress Report Activity Data, August 2014

Enhancing Skills

The purpose of activities in this strategy is to enhance the skills of participants, members, and staff regarding substance use prevention. Examples include youth conferences, parenting workshops, staff training, and technical assistance (see Table 2). The vast majority of DFC grantees (97%) engaged in activities related to enhancing skills. Providing youth education and training programs was the most common activity completed by coalitions with 505 (84%) delivering some 5,714 sessions to 184,944 youth. Over half (61%) of DFC community coalitions conducted parent training sessions about drug awareness, prevention strategies, and parenting skills. Training was also provided to 61,739 community members, 16,822 teachers, and 17,411 workers at businesses that sell alcohol or tobacco.

Progress Report Quote: Enhancing Skills

“The ‘In School Prevention Series’ was held to discuss the dangers of substance abuse with students. This series featured MSAPC staff and guest speakers... In total, three middle schools and one high school were visited as a part of the series, reaching 410 middle school students and 300 high school students.”

TABLE 2: DFC GRANTEES’ ACCOMPLISHMENTS RELATED TO ENHANCING SKILLS, FEBRUARY 2014 TO JULY 2014

Activity	Number of DFC Grantees Engaged in Activity	Percentage of DFC Grantees Engaged in Activity	Number of Completed Activities	Number of Adults Served	Number of Youth Served
Youth Education and Training: Sessions focusing on providing information and skills to youth	505	83.6%	5,714	N/A	184,944
Community Member Training: Sessions on drug awareness, cultural competence, etc. directed to community members, (e.g., law enforcement, landlords)	382	63.3%	1,214	61,739	N/A
Parent Education and Training: Sessions directed to parents on drug awareness, prevention strategies, parenting skills, etc.	366	60.6%	1,624	54,681	N/A
Business Training: Sessions on server compliance, training on youth-marketed alcohol products, tobacco sales, etc.	208	34.4%	685	17,411	N/A
Teacher Training: Sessions on drug awareness and prevention strategies directed to teachers or youth workers	243	40.2%	612	16,822	N/A
Summary: Enhancing Skills	590	96.7%	9,849	150,653	184,944

Notes: The number of DFC grantees reporting activity data in February to August 2014 was 604. In some cases, the same youth or adults may have participated in multiple activities. Outliers beyond 3 standard deviations were removed.

N/A = Not Applicable

Source: Progress Report Activity Data, August 2014

Providing Support

DFC grantees provide support for people to participate in activities that reduce risk or enhance protection. Examples include providing substance-free activities, mentoring programs, and support groups (see Table 3).¹⁴ Most DFC grantees (87%) engaged in activities related to providing support. More than half of the DFC grantees (63%) sponsored or supported alternative social events, attended collectively by nearly 140,000 youth. DFC grantees also supported 1,645 youth organizations and clubs with 21,838 members as well as 1,317 youth recreation programs with 38,147 participants. DFC grantees provided or supported 446 community events attended by nearly 54,000 youth and adults. In addition, DFC grantees conducted 1,209 youth and family support groups with 8,809 participants.

Progress Report Quote: Providing Support

“Our coalition was able to implement...our local high school’s annual “Sober Grad Night” (300+ youth served), a youth-led alternative activity named “A Day of Play” focusing on getting youth in our community doing something healthy and positive on the weekend with [our local Congressman], and the Police Activities League’s annual 3-on-3 basketball tournament with a special kick off drug-free assembly (300+ youth served).”

TABLE 3: DFC GRANTEE’S ACCOMPLISHMENTS RELATED TO PROVIDING SUPPORT, FEBRUARY 2014 TO JULY 2014

Activity	Number of DFC Grantees Engaged in Activity	Percentage of DFC Grantees Engaged in Activity	Number of Completed Activities	Number of Adults Served	Number of Youth Served
Alternative Social Events: Drug-free parties, other alternative events supported by the coalition	380	62.9%	1,525	71,871	139,081
Youth/Family Community Involvement: Community events held (e.g., neighborhood cleanup)	183	30.3%	446	30,140	23,853
Youth Recreation Programs: Recreational events (e.g., athletics, arts, outdoor activities) supported by coalitions	190	31.5%	1,317	N/A	38,147
Youth/Family Support Groups: Leadership groups, mentoring programs, youth employment programs, etc. supported by coalitions	135	22.4%	1,209	4,281	4,528
Youth Organizations: Clubs and centers supported by coalitions	147	24.3%	1,645	N/A	21,838
Summary: Providing Support	524	86.8%	6,142	106,292	227,447

Notes: The number of DFC grantees reporting activity data in February to August 2014 was 604. In some cases, the same youth or adults may have participated in multiple activities. Outliers beyond 3 standard deviations were removed.

N/A = Not Applicable

Source: Progress Report Activity Data, Report, August 2014

¹⁴ DFC grantees must comply with all Federal policies and regulations describing allowable and unallowable grant expenditures. In addition, the DFC Program has specific funding restrictions. DFC grant funds may not necessarily fund all of the activities examples provided for each of the Strategies for Community Change. See <http://www.samhsa.gov/sites/default/files/grants/pdf/sp-14-002-modified2.pdf> for a sample grant application describing funding limitations.

Enhancing Access/Reducing Barriers

The purpose of activities in this strategy is to improve systems and processes to increase the ease, ability, and opportunity to utilize those systems and services. Examples include providing transportation to treatment, providing child care, reducing the availability of tobacco, alcohol, and drugs, and cultural/language translation (see Table 4).¹⁵ Most DFC grantees (88%) engaged in activities related to enhancing access/reducing barriers.

Three-quarters (77%) of DFC grantees were involved in activities to reduce home and social access, for example implementing activities such as community prescription drug take-back programs.¹⁶ More than a quarter of DFC grantees (29%) reported increasing access to substance use services with more than 32,000 adults and over 21,000 youth referred to substance use services during this reporting period. A third (34%) of DFC grantees engaged in activities designed to improve access through culturally sensitive outreach (e.g., providing services and materials in languages other than English). Nearly 17,000 adults and youth received supports such as transportation or access to child care that facilitated involvement in prevention and treatment.

Progress Report Quote:

Enhancing Access/Reducing Barriers

“In April 2014, [the coalition] partnered with the [local] Police Department and Safe Passage to sponsor a Prescription Drug Drop Off/Take Back Day, collecting at least 70 pounds of discarded and outdated drugs from more than 350 people.”

TABLE 4: DFC GRANTEE ACCOMPLISHMENTS RELATED TO ENHANCING ACCESS/REDUCING BARRIERS, FEBRUARY 2014 TO JULY 2014

Activity	Number of DFC Grantees Engaged in Activity	Percentage of DFC Grantees Engaged in Activity	Number of Adults Served	Number of Youth Served
Reducing Home and Social Access: Adults and youth participating in activities designed to reduce access to alcohol and other substances (e.g., prescription drug take-back programs)	463	76.7%	1,207,021	307,266
Improve Access through Culturally Sensitive Outreach: People targeted for culturally sensitive outreach (e.g., multilingual materials)	203	33.6%	221,126	53,329
Increased Access to Substance Use Services: People referred to employee assistance programs, student assistance programs, treatment services	173	28.6%	32,570	21,357
Improved Supports: People receiving supports for enhanced access to services (e.g., transportation, child care)	57	9.4%	10,249	6,348
Summary: Enhancing Access/Reducing Barriers	529	87.6%	1,470,966	388,300

Notes: The number of DFC grantees reporting activity data in February to August 2014 was 604. Outliers beyond 3 standard deviations were removed.

^a Data on number of people served was not reported since it could not be collected consistently and reliably by all grantees.

N/A = Not Applicable

Source: Progress Report Activity Data, August 2014

¹⁵ Please see footnote 14 regarding limitations on uses of DFC funding. DFC grant funds may not necessarily fund all of the activities examples provided for each of the Strategies for Community Change.

¹⁶ Many prescription drug take-backs involve drop boxes that are not monitored on a 24/7 basis, making it difficult to estimate the number of adult/youth participants.

Changing Consequences

In this strategy, activities focus on increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences (incentives/disincentives) for performing that behavior. For example, providing recognition of positive accomplishments (e.g., passing compliance check) is an incentive whereas increasing fines for underage drinking violations is a disincentive. More than three-fourths of the DFC grantees (78%) engaged in activities related to changing consequences. Table 5 presents an overview of the number of DFC grantees who conducted activities related to changing consequences and businesses affected by these activities.

**Progress Report Quote:
Changing Consequences**

“The Police conducted a Compliance Check where 5 out of 16 stores failed... The CTC coalition created certificates for the businesses that passed and the Police took them to each of the businesses to display the fact that they passed.”

Half (51%) of DFC grantees engaged in activities focused on strengthening enforcement of existing laws, while 39% strengthened surveillance activities. DFC grantees reported more engagement in recognizing positive business behavior than in publicizing negative business behavior. Specifically, more than a third (38%) of DFC grantees implemented recognition programs that reward local businesses for compliance with local ordinances linked with the sale of alcohol and tobacco. Fewer DFC grantees (17%) publicly identify establishments that were noncompliant with local ordinances. Between February 2014 and July 2014, more than 9,000 businesses received recognition for compliance and slightly more than 2,000 businesses were identified for noncompliance.

TABLE 5: DFC GRANTEES’ ACCOMPLISHMENTS RELATED TO CHANGING CONSEQUENCES, FEBRUARY 2014 TO JULY 2014

Activity	Number of DFC Grantees Engaged in Activity ^a	Percentage of DFC Grantees Engaged in Activity	Number of Businesses
Strengthening Enforcement (e.g., DUI checkpoints, shoulder tap, open container laws)	368	51.0%	N/A
Strengthening Surveillance (e.g., “hot spots,” party patrols)	236	39.1 %	N/A
Recognition Programs: Businesses receiving recognition for compliance with local ordinances (e.g., pass compliance checks)	231	38.3%	9,443
Publicizing Non-Compliance: Businesses identified for non-compliance with local ordinances	103	17.1%	2,028
Summary: Changing Consequences	472	78.0%	11,576

Notes: The number of DFC grantees reporting activity data in February to August 2014 was 604. Outliers beyond 3 standard deviations were removed.

^aData on number of people served was not collected since it could not be collected consistently and reliably by all grantees.

N/A = Not Applicable

Source: Progress Report Activity Data, August 2014

Changing Physical Design

For this strategy, activities involve changing the physical design or structure of the community environment to reduce risk or enhance protection. Examples of activities in this area include cleaning up blighted neighborhoods, adding lights to a park, and regulating alcohol outlet density (see Table 6).¹⁷ Two-thirds of DFC grantees (67%) engaged in activities related to changing physical design. Slightly less than a third worked on identifying physical design problems (31%) while nearly as many improved signage or advertising by suppliers (30%). More than 150 problem establishments were identified and 1,516 suppliers made changes in signage, advertising, or displays corresponding to alcohol or tobacco sales. In addition, DFC grantees completed 244 neighborhood cleanup and beautification events, encouraged 825 businesses to designate alcohol and tobacco free zones, and improved 85 public places to facilitate surveillance (e.g., improving visibility of “hot spots” of substance dealing or use).

Progress Report Quote: Changing Physical Design

“During the summer youth training program, a group of students went to [a gas station] ... This establishment was chosen due to its location as a highly traveled bus route to three schools. Over 15 large tobacco advertisements were found in this store... [The] students wrote a letter to the manager of the store asking to reduce the number of advertisements to 3 or less and hand delivered the letter. The manager of the store agreed to remove the advertisements.”

TABLE 6: DFC GRANTEES’ ACCOMPLISHMENTS RELATED TO CHANGING PHYSICAL DESIGN, FEBRUARY 2014 TO JULY 2014

Activity	Number of DFC Grantees Engaged in Activity	Percentage of DFC Grantees Engaged in Activity	Number of Completed Activities
Identifying Physical Design Problems: Physical design problems (e.g., hot spots, clean-up areas, outlet clusters) identified through environmental scans, neighborhood meetings, etc.	188	31.1%	692
Improved Signage/Advertising by Suppliers: Suppliers making changes in signage, advertising, or displays	180	29.8%	1,516
Cleanup and Beautification: Clean-up/beautification events held	137	22.7%	244
Encourage Designation of Alcohol-Free and Tobacco-Free Zones: Businesses targeted or that made changes	112	18.5%	825
Identify Problem Establishments: Problem establishments identified (e.g., drug houses) and closed or modified practices	52	8.6%	155
Improved Ease of Surveillance: Areas (public places, hot spots) in which surveillance and visibility was improved (e.g., improved lighting, surveillance cameras, improved line of sight)	44	7.3%	85
Summary: Changing Physical Design	406	67.2%	3,517

Notes: The number of DFC grantees reporting activity data in February to August 2014 was 604. Outliers beyond 3 standard deviations were removed.

Source: Progress Report Activity Data, August 2014

¹⁷ Please see footnote 14 regarding limitations on uses of DFC funding. DFC grant funds may not necessarily fund all of the activities examples provided for each of the Strategies for Community Change.

Modifying/Changing Policies

For this strategy (see Table 7), activities involve formal change in written procedures, by-laws, laws, rules, proclamations, and/or voting procedures.¹⁸ Examples of activities include school drug testing policies and local use ordinances. Three-fourths of DFC grantees (76%) engaged in activities related to modifying/changing policies. Passing or modifying laws related to school policies are most common with nearly a third (32%) of DFC grantees engaged in this activity to successfully impact 151 policies. DFC grantees also successfully modified or changed

laws/policies concerning: underage use, possession, or behavior under the influence (78); drug-free workplaces (68); sales restrictions (59); facilitating access to treatment or prevention services (54); parental liability/enabling behaviors (50); and supplier advertising/liability (33).

**Progress Report Quote:
Modifying/Changing Policies**

“Information provided to the board of health during the public comment period included health risks to youth from cigarettes and cigars; research on the links between cigar and cigarette smoking; local data of youth use of cigarettes; and policies proven effective in reducing and preventing youth smoking.”

TABLE 7: DFC GRANTEES’ ACCOMPLISHMENTS RELATED TO MODIFYING/CHANGING POLICIES, FEBRUARY 2014 TO JULY 2014

Activity: Laws or Policies Passed/Modified Concerning:	Number of DFC Grantees Engaged in Activity	Percentage of DFC Grantees Engaged in Activity	Number of Policies Passed/Modified
School: Drug-free schools	195	32.3%	151
Citizen Enabling/Liability: Parental liability or enabling	131	21.7%	50
Underage Use: Underage use, possession, or behavior under the influence	153	25.3%	78
Supplier Promotion/Liability: Supplier advertising, promotions, or liability	88	14.6%	33
Cost: Cost (e.g., alcohol taxes/fees, tobacco taxes)	82	13.6%	37
Treatment and Prevention: Sentencing alternatives to increase treatment or prevention	94	15.6%	54
Sales Restrictions: Restrictions on product sales	78	12.9%	59
Workplace: Drug-free workplaces	76	12.6%	68
Outlet Location/Density: Density of alcohol outlets	52	8.6%	27
Summary: Changing Policies	456	75.7%	557

Notes: The number of DFC grantees reporting activity data in February to August 2014 was 604. Outliers beyond 3 standard deviations were removed.

Source: Progress Report Activity Data, August 2014

¹⁸ DFC Grantees are legally prohibited from using Federal dollars for lobbying. As such, costs for lobbying cannot be calculated as contributing to the required match. For more information refer to Restrictions on Grantee Lobbying (Appropriations Act Section 503). See also grantee terms and conditions at <http://www.whitehouse.gov/ondcp/information-for-current-grantees>.

Summary: Implementation of Strategies

The reporting of activities carried out by DFC grantees between February 2014 and July 2014 documents the comprehensive presence of DFCs in their communities. Among the 604 DFC grantees that submitted a progress report, nearly all (99.5%) indicated they had engaged in information dissemination activities. Nearly as many (97%) provided services related to enhancing skills. These types of activities tend to build credibility in the community, identify the coalition as a reliable source of information and serve to build capacity both by informing people about the coalition and training community members to engage in prevention work directly. Slightly fewer (88%) engaged in activities to promote access/reduce barriers to prevention and treatment services and engaged in supporting positive activities reducing risk for substance use (87%); more than three-fourths (78%) engaged in activities to change consequences; 76% promoted policy changes to decrease use and associated negative behaviors; and 67% engaged in activities to change physical environments to decrease opportunities for and encouragement of substance use.

More DFC grantees provided skills activities for youth than any other community group; alternative drug-free activities for youth were the support activity implemented by the most DFC grantees; reducing home and social access to substances was the enhancing access/reducing barriers activity most often implemented by DFC grantees; and more DFC grantees focused on school policies than on any other category of law and policy change. Many DFC grantees reported anecdotally on the involvement of youth in activities across strategy types, indicating youth were the agents

of change as well as the target of activities. The work of DFC grantees represents a comprehensive, multi-faceted approach focusing on the reduction of youth substance use that reaches communities containing more than one fifth of the nation's population in the targeted age groups.

DFC Grantees Engagement with Youth

Youth were involved with or directly impacted by a broad range of DFC Grantees' activities. Examples include:

- ◆ 156,303 youth participated in face-to-face information sessions
- ◆ 184,944 youth participated in training
- ◆ 139,081 youth participated in alternative social events
- ◆ 38,147 involved through youth recreation programs
- ◆ 21,838 youth involved through youth organizations
- ◆ 307,266 youth participated in activities to reduce home and social access
- ◆ 32% of grantees passed/modified 151 school policies

Interim Core Measures Findings from the Outcome Evaluation

This section of the report provides findings related to changes in core measures outcomes. A brief description of the DFC core measures as revised in 2012 is provided first. Next, findings from analyses related to long-term change in DFC core measures are provided. For prevalence of past 30-day use, these analyses include a comparison to national data. This is followed by findings from analyses related to short-term change in DFC core measures. Finally, baseline and change data for all new and revised DFC core measures introduced in the 2012 revisions are provided. For an overview of the core measures and the types of outcome analyses conducted, refer to page 17. Data analyses presented in this report describe changes in the core measures from 2002 to 2014 within communities while DFC grantees were in place. The findings in this report provide a reflection of the relationship between coalition activities and community outcomes.¹⁹

2012 Revised Core Measures

DFC grantees are required to report core measures data every two years. In January 2012, revised DFC core measures were communicated to DFC grantees. This change was motivated in part by the desire to align the DFC core measures with SAMHSA's National Outcome Measures (NOMs). All data analyses of DFC core measures are predicated on tracking change over time, and two time points worth of data are therefore needed to measure change. If a given DFC core measure remained the same in the transition from the old to the revised core measures, the legacy data were aligned with the latest core measures report from August 2014. For new and revised core measures, baseline data are presented. This report includes the first analysis of change over time associated with new and revised core measures. Highlights of changes made in the transition to the revised core measures include:

- **Addition of Perception of Peer Disapproval:** The addition of this core measure will allow analyses regarding the potential relationship between perceived disapproval of parents and peers on the decision to use alcohol, tobacco, or other drugs.
- **Addition of Prescription Drugs as a Core Substance:** Beginning in 2012, DFC grantees were required to include in their core measures survey questions that ask about each core measure with regard to illicit use of prescription drugs defined as “using prescription drugs not prescribed to you.”
- **Revised Perception of Risk of Alcohol (Changed from Regular Use to Binge Drinking):** To be consistent with the NOMs, the perception of risk measure for alcohol use was modified to measure perceived risk of binge drinking rather than perceived risk of regular use.²⁰ Grantees are permitted to continue to measure perception of risk of regular alcohol use as that data is reported for other Federal grant programs.
- **Revised Specificity Provided on “Regular” Use:** Several measures (perception of risk for marijuana use, perception of parental disapproval of alcohol use) previously focused on regular use with regular use undefined. For perception of risk of marijuana, regular marijuana use is now defined as 1-2 times per week. For perception of parental disapproval of alcohol use, regular use of alcohol is now defined as 1-2 drinks nearly every day.

¹⁹ While grant activities were designed and implemented to cause a reduction in youth substance use, establishing a causal relationship is not possible.

²⁰ Some DFC grantees continue to collect perception of risk of regular alcohol use, undefined. In this report, findings for both perception of risk undefined regular alcohol use and binge alcohol use are reported.

DFC NATIONAL EVALUATION: OUTCOMES ANALYSES

The four DFC core measures included in this report are defined as follows:

- **Past 30-Day Prevalence of Use:** The percentage of survey respondents who reported using alcohol, tobacco, marijuana, or (illicit use of) prescription drugs at least once in the past 30 days.
- **Perception of Risk:** The percentage of survey respondents who reported that regular use of alcohol, tobacco, or marijuana has moderate risk or great risk. Regular use of alcohol was defined as 1 or 2 drinks nearly every day. Regular use was defined for tobacco as one or more packs of cigarettes a day. Regular use for marijuana was defined as using once or twice a week. The perception of risk of prescription drug use core measure covers any illicit prescription drug use. The revised core measure for perceived risk of alcohol, covers binge use defined as five or more drinks of an alcoholic beverage (beer, wine, liquor) once or twice a week.
- **Perception of Parental Disapproval:** The percentage of survey respondents who reported their parents feel regular use of alcohol (1-2 drinks nearly every day) is wrong or very wrong. The percentage of survey respondents who report their parents feel *any* use of tobacco, marijuana, or illicit prescription drug use is wrong or very wrong.
- **Perception of Peer Disapproval:** The percentage of survey respondents who reported that their friends thought it would be “wrong” or “very wrong” for them to drink alcohol regularly (1-2 drinks nearly every day), or engage in any tobacco use, marijuana use, or illicit prescription drug use.

Given that some changes have been made in perception of risk and perception of parental disapproval measures, this report includes analysis of both legacy core measures and new/revised core measures.

ANALYTIC STRATEGIES

DFC grantees are required to report core measures data every two years, with new five-year funding cohorts initiated each program year. Therefore, each year's outcome data includes a different set of DFC grantees. Because of this data collection process, the full DFC data record does not constitute annual trend data for a consistent set of coalitions. To provide useful indications of change in outcomes for coalitions, the evaluation team conducted separate t-test analyses of average change in core measures for DFC community coalitions as follows. Average change scores are weighted based on coalition sample size for surveyed youth.

Analyses of Long-Term Change. To provide a longer-term measure of change within a more complete sample of coalitions, the evaluation team identified each DFC grantee's first outcome report and compared that figure to their most recent report. For example, if Grantee A submitted data at four time points, the analysis examined change from the first submission to the fourth submission. This analysis includes a large number of coalitions across reporting cycles, and summarizes the longer term changes in outcomes that have been achieved. Results of these analyses are presented for (1) all DFC grantees ever funded and (2) FY 2013 DFC grantees only, that reported outcome data at least twice between 2002 and 2014. The average amount of time elapsed between first and last time reported for all DFC grantees ever funded was between 1.2 and 4.7 years, depending on the DFC Core measure. The average amount of time elapsed between first and last time reported for FY 2013 DFC grantees was between 1.2 and 5.4 years, depending on the DFC Core measure.

Analyses of Short-Term Change. To assess recent short-term change and provide an early warning for emerging trends, 2013 core measures data was compared to the most recent previous report for each DFC grantee in that cohort (which was 2012 data in 26% of cases, 2011 data in 68% of cases, and 2010 data in 6% of cases). This analysis reflects the most recent changes in core measures for DFC grantees. These data are for DFC grantees reporting in 2014, and may not reflect trends in results across all DFC grantees.

Comparison to National Data. Results on changes in past 30-day prevalence of use within DFC grantees were also compared to a nationally representative sample of high school students taking the Youth Risk Behavior Survey (YRBS) in 2003, 2005, 2007, 2009, 2011, and 2013. Because different coalitions report data each year, DFC results are based on the grantees that reported core measures data in a given year. YRBS data corresponding to DFC data are available only for high school students on the measures of 30-day use. YRBS is a nationally representative survey which includes sample respondents drawn from both DFC and non-DFC communities.

Percentage Point Change, Past 30-Day Prevalence of Use

Results for the long-term analyses described earlier are presented in Table 8. DFC grantees' most recent report of the past 30-day prevalence of use was compared to their first report to identify change that has occurred since the beginning of the DFC grant in those coalitions. For all grantees ever funded, the first report includes data submitted from 2002 to 2014.²¹ The average amount of time elapsed between these first and most recent reports was 4.1 years. Change in past 30-day prevalence of illicit use of prescription drugs are presented here for the first time. These data are reported for FY 2013 DFC grantees only as fewer than ten DFC grantees who are not currently funded reported change scores for prescription drugs. Note that the number of FY 2013 DFC grantees with prescription drug change scores is much smaller than for the other substances.

Several aspects of the past 30-day prevalence of use data are worth noting. Among both middle school and high school students, at both first and most recent report and for both all DFC grantees ever funded and FY 2013 DFC grantees only, past 30-day use of alcohol is the most highly used substance reported, with approximately twice as many youth reporting alcohol as either tobacco or marijuana past 30-day use.²² Reported past 30-day illicit use of prescription drugs was lower than for all other substances. The relatively high rates of past 30-day use of alcohol, with up to 37% of high school students reporting past 30-day use suggests the need for ongoing prevention efforts such as those provided by DFC grantees. In addition, among all grantees ever funded and among FY 2013 DFC grantees only on their most recent observation, the percentage of high school students reporting past 30-day use of marijuana (17% for each cohort) exceeds the percentage of

TABLE 8: LONG-TERM CHANGE IN PAST 30-DAY PREVALENCE OF USE^a

School Level	Substance	n	Long-Term Change: First Observation to Most Recent <i>All DFC Grantees Since Program Inception</i>			n	Long-Term Change: First Observation to Most Recent <i>FY 2013 DFC Grantees Only</i>		
			% Report Use, First Outcome	% Report Use, Most Recent Outcome	% Point Change		% Report Use, First Outcome	% Report Use, Most Recent Outcome	% Point Change
Middle School	Alcohol	1,035	13.5	10.2	-3.3*	465	12.9	8.8	-4.1*
	Tobacco	1,030	6.8	4.8	-2.0*	459	6.3	3.9	-2.4*
	Marijuana	1,020	5.3	4.5	-0.8*	460	5.2	4.4	-0.7*
	Prescription	N/A	N/A	N/A	N/A	116	2.8	2.2	-0.6*
High School	Alcohol	1,103	36.8	31.1	-5.7*	495	35.8	28.7	-7.1*
	Tobacco	1,085	19.0	14.4	-4.5*	486	18.1	12.1	-6.0*
	Marijuana	1,088	18.3	17.4	-0.9*	492	18.2	17.4	-0.8*
	Prescription	N/A	N/A	N/A	N/A	143	6.9	5.9	-1.0*

Notes: * p<.01; n represents the number of DFC grantees included in the analysis. N/A indicates Not Applicable

^a Outcomes represent weighted averages for each DFC grantee based on the total number of students used in the percentage point change calculation (i.e., adding number of students surveyed at first observation to number surveyed at most recent observation). Outliers beyond 3 standard deviations were removed. All numbers were rounded.

Source: Progress Report, 2002-2014 core measures data

²¹ Data are collected prior to submission so year of data collection is primarily from 2001 to 2013. Some grantees collect and report data in the same year.

²² The term, 'students' is used in reporting core measures as the majority of DFC grantees have indicated that data are collected from youth who attend school. Substance use rates among youth in the community not attending school are not possible for most DFC grantees to collect in a consistent, representative manner.

high school students that reported past 30-day use of tobacco (14% and 12%, respectively). Among the FY 2013 DFC grantees only, most recent outcome, a slightly higher percentage of middle school youth also reported past 30-day marijuana use (4.4%) as compared to tobacco use (3.9%).

All DFC Grantees Ever Funded, Long-term Change. Long-term analyses suggest a consistent record of significant reductions in youth substance use outcomes in communities with a DFC grantee from 2002 to 2014 (see Table 8). The prevalence of past 30-day use of alcohol, tobacco, and marijuana each declined significantly among both middle school and high school students. The prevalence of past 30-day alcohol use dropped the most in absolute percentage point terms, declining by 3.3 percentage points among middle school students and declining by 5.7 percentage points among high school students. The prevalence of past 30-day tobacco use declined by 2.0 percentage points among middle school students, and by 4.5 percentage points among high school students from DFC grantees' first report to their most recent report. Though significant, the declines in the prevalence of past 30-day marijuana use were less pronounced, declining by 0.8 percentage points among middle school and 0.9 percentage points among high school students.

FY 2013 DFC Grantees, Long-term Change. Among FY 2013 grantees, a similar pattern emerged, with significant declines in the prevalence of past 30-day use of alcohol, tobacco, and marijuana from the first to most recent report among both middle school and high school students (see Table 8). In addition, past 30-day use of prescription drugs also declined

significantly among both middle school and high school students. The declines in the prevalence of past 30-day use of marijuana while significant among middle school students (0.7 percentage points) and high school students (0.8 percentage points) remained less pronounced than declines in past 30-day use of alcohol and tobacco. Still, put in perspective of the potential reach of the FY 2013 DFC grantees of 2.9 million middle school youth and 4.1 million high school youth, the decrease in past 30-day prevalence of marijuana use from first to most recent report represents an estimated 20,300 fewer middle school youth and 32,800 fewer high school youth reporting past 30-day marijuana use.²³

Percentage Point Change and Potential Reach: Marijuana

Percentage point change can be multiplied by the total potential population reach to estimate reduction in the number of youth living in a DFC community using a given substance. Using marijuana as an example, it is estimated that in FY 2013 DFC grantee's communities:

20,300 fewer middle school youth and 32,800 fewer high school youth engaged in past 30-day use of marijuana at the most recent report compared to the first report.

Percentage Change, Past 30-Day Prevalence of Use

So far, change in prevalence of use has been reported as absolute percentage point change. To put these findings in perspective, the amount of long-term change in prevalence of use (from first to most recent report) can also be considered as a percentage change relative to the first report (see box on the following page for a discussion of percentage point change versus percentage change). For example, while the prevalence of past 30-day marijuana use among middle school students

²³ DFC grantees do not survey all youth in their catchment areas, therefore these numbers are an estimate extrapolating from surveyed youth to the wider population.

declined by a modest 0.8 percentage points in the long-term analysis among all DFC grantees funded since inception (from 5.3% to 4.5%), this represents a 15% reduction in the prevalence of marijuana use by middle school youth during that period (Figure 4).

**UNDERSTANDING PERCENTAGE POINT CHANGE VERSUS PERCENTAGE CHANGE:
TWO WAYS TO PRESENT FINDINGS ON LONG-TERM CHANGE
IN PREVALENCE OF PAST 30-DAY USE**

Two sets of change scores, percentage point change and percentage change, are presented on the long-term change outcomes (i.e., first observation to most recent data) for prevalence of past 30-day use. Both sets of findings provide value and context to the results. Analyses to test for significant change are the same for both ways of presenting the data. To show how these two change scores are calculated, consider the following data from Table 8 on long-term change of the prevalence of past 30-day alcohol use at the middle school level:

First Observation	Most Recent Observation	Change
13.5%	10.2%	-3.3 percentage points (rounded)

- Percentage Point Change (presented in Table 8):** Table 8 in the report presents the percentage point change in prevalence between DFC grantees' first and most recent report. Presenting change over time in terms of percentage point changes is typical when reporting prevalence data on a population. It is also known as a measure of "absolute change" because all findings are reported using 100% as the denominator. It is calculated by simply subtracting the first recent observation from the most recent observation, i.e.:

Percentage point change (-3.3) = most recent observation (10.2%) - first observation (13.5%)

- Percentage Change (presented in Figures 4 and 5):** Figures 4 and 5 in the report present change over time in terms of the percentage change between the first and most recent observation. Percentage change (also called relative change) demonstrates how much change was experienced relative to the baseline. This can provide important context especially when prevalence rates are low such as in the example above. It is calculated by dividing the percentage point change by the first observation, i.e.:

Percentage change (-24.4%) = percentage point change (-3.3%) / first observation (13.5%)

Both strategies provide technically correct presentations of findings. While the national evaluation team prefers to present data using percentage point changes (i.e., because presenting absolute values is less confusing), reporting percentage change can be an effective way to show how different findings relate to each other. As a general rule of thumb, it is preferable to present percentage point changes when presenting data about a community, and it is preferable to present percentage changes when comparing one group's performance to the other (e.g., middle school vs. high school results).

FIGURE 4: PERCENTAGE CHANGE IN PAST 30-DAY ALCOHOL, TOBACCO, AND MARIJUANA PREVALENCE OF USE: SIGNIFICANT LONG-TERM CHANGE AMONG ALL DFC GRANTEEES SINCE INCEPTION OF THE GRANT

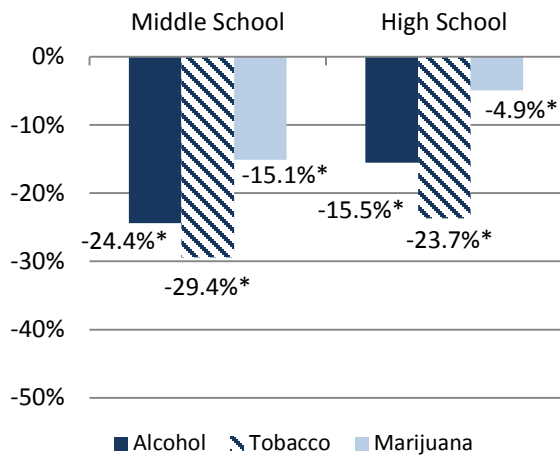
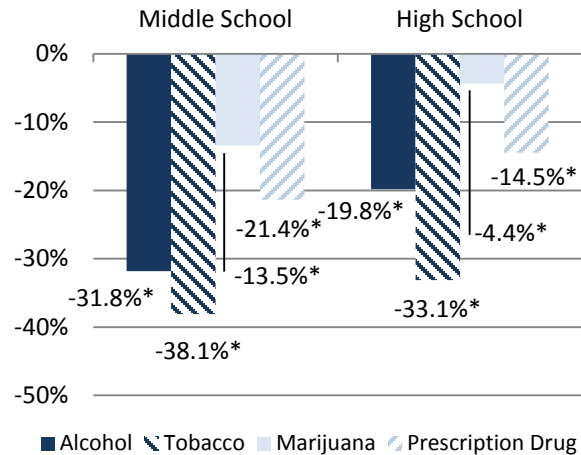


FIGURE 5: PERCENTAGE CHANGE IN PAST 30-DAY ALCOHOL, TOBACCO, MARIJUANA, AND PRESCRIPTION DRUG PREVALENCE OF USE: SIGNIFICANT LONG-TERM CHANGE AMONG FY 2013 DFC GRANTEEES



Notes: * $p < .05$; Percentage change outcomes represent weighted averages for each DFC grantee based on the total number of students used in the percentage point change calculation (i.e., adding number of students surveyed at first observation to number surveyed at most recent observation). Change scores were rounded as presented in Table 8 for these calculations.

Source: Progress Report, 2002-2014 core measures data

All DFC Grantees Ever Funded, Long-term Percentage Change. As shown in Figure 4, prevalence of alcohol use by middle school youth declined by 24%, prevalence of tobacco use by middle school youth declined by 29%, and prevalence of marijuana use by middle school youth declined by 15% from the first to the most recent data reports across all DFC grantees ever funded. Percentage reductions in prevalence of use of alcohol and marijuana at the high school level were less pronounced. High school alcohol use declined by 16% and high school tobacco use declined by 24%, a rate similar to that of middle school youth. High school marijuana use declined by 5% between DFC grantees' first data report and their most recent data report. As noted in the long-term analyses, all of the reductions were significant. Since greater percentages of high school students report use, their less pronounced percentage declines actually result in impacting a greater number of individuals. For example, past 30-day prevalence of alcohol use declined by 24.4% in middle school youth (from 13.5% to 10.2%) and by 15.5% in high school youth (from 36.8% to 31.1%). Based on potential reach the approximate number of middle school youth who reported past 30-day use of alcohol went from 391,500 to 295,800, a decrease of 95,700 middle school youth. Among high school youth reported past 30-day use went from approximately 1,508,800 to 1,275,100, a decrease of 233,700 youth.

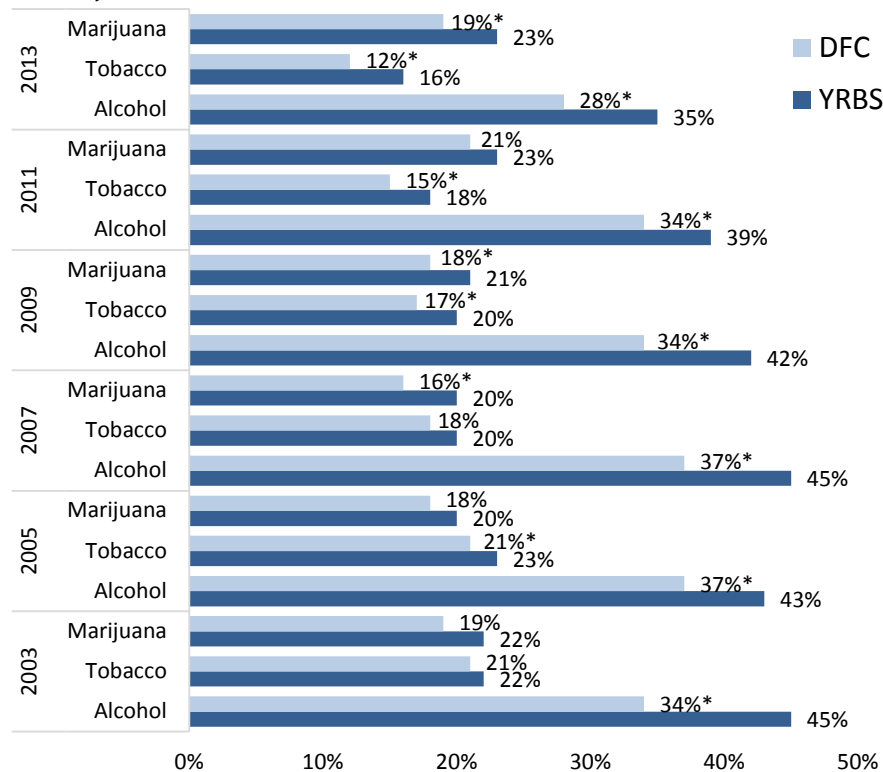
FY 2013 DFC Grantees, Long-term Percentage Change. Among FY 2013 DFC grantees (Figure 5), the prevalence of past 30-day alcohol use among middle school youth declined by 32% from the first to most recent report and the prevalence of past 30-day tobacco use declined by 38%. Prevalence of past 30-day illicit use of prescription drugs (21%) and of marijuana use (14%) also declined but at a relatively lower rate. FY 2013 DFC grantees also reported declines among high school students in the prevalence of past 30-day tobacco use (33%), alcohol use (20%), illicit prescription drug use (15%), and marijuana use (4%). All decreases were statistically significant. As with all DFC grantees ever funded, given that greater percentages of high school youth report past 30-day use of any given substance, their declines actually result in impacting a greater number

of individuals. For example, past 30-day prevalence of alcohol use declined by 31.8% in middle school youth and by 19.8% in high school youth. Based on potential reach the approximate number of middle school youth who reported past 30-day use of alcohol went from 374,100 to 255,200, a decrease of 118,900 middle school youth. Among high school youth reported past 30-day use went from approximately 1,467,800 to 1,176,700, a decrease of 291,100 youth.

Comparison to National Data, Past 30-Day Prevalence of Use

As shown in Figure 6, prevalence rates of past 30-day use among high school students for alcohol were significantly lower in communities with a DFC grantee than in areas sampled by the Youth Risk Behavior Survey (YRBS) in all six years compared (i.e., 2003, 2005, 2007, 2009, 2011, and 2013).²⁴ Prevalence rates for marijuana use were significantly lower in DFC communities in 2007, 2009, and 2013. DFC grantees generally mirrored national prevalence of past 30-day tobacco use, but were significantly lower in 2009, 2011, and 2013. Some of the DFC grantees' data are included in the national YRBS data as some grantees report using the YRBS to track local trends; therefore the comparisons are conservative estimates.

FIGURE 6: COMPARISON OF DFC GRANTEE AND NATIONAL (YRBS) REPORTS OF PAST 30-DAY ALCOHOL, TOBACCO, AND MARIJUANA PREVALENCE OF USE AMONG HIGH SCHOOL STUDENTS



Notes: *Difference between DFC grantees and YRBS was statistically significant at the $p < .05$ level.

²⁴ Source: Youth Risk Behavior Surveillance System (YRBSS) data from 1991 – 2013. Accessed April 3, 2015 <http://nccd.cdc.gov/youthonline/App/Default.aspx>. Significance testing is based on an examination of confidence intervals. Where the confidence intervals for the two groups (DFC and YRBS) do not overlap, the difference is considered to be significant. YRBS does not collect data on past 30-day illicit use of prescription drugs.

Perception of Risk/Harm of Use

One factor that may contribute to youth engaging in substance use is their perception of risk/harm of use of doing so.²⁵ DFC grantees engage in activities, including providing information and enhancing skills (training), intended in part to inform youth about potential risks associated with substance use. Understanding shifts in perception of risk provides insights on one potential contributing factor to the declines in past 30-day use reported in the previous section. As mentioned, the core measure for perception of risk of alcohol changed from a measure of perceived risk of regular alcohol use to perceived risk of binge drinking. Similarly, perceived risk of regular marijuana use changed to define “regular use” as 1-2 times a week. Change data for revised core measures, where available, are reported in the revised and new DFC core measures section. Here, data for perception of risk of alcohol and marijuana reflect the prior core measure.

All DFC Grantees Ever Funded, Long-term Change. Significant increases in students’ perception of risk/harm were reported at both the middle and high school levels for alcohol and tobacco between DFC grantees’ first and most recent outcomes report (Table 9). Among all DFC grantees funded since the inception of the program, the perception of risk for alcohol use among middle school students increased by 4.0 percentage points and increased by 6.1 percentage points among high school students. The perception of risk of tobacco use also increased, with positive movements of 2.5 percentage points among middle school youth and of 3.2 percentage points among high school

TABLE 9: LONG-TERM CHANGE IN PERCEPTION OF RISK/HARM OF USE^a

School Level	Substance	n	Long-Term Change: First Observation to Most Recent All DFC Grantees Since Program Inception			n	Long-Term Change: First Observation to Most Recent FY 2013 DFC Grantees Only		
			% Report Perceive Risk, Most Recent Outcome	% Report Perceive Risk, Most Recent Outcome	% Point Change		% Report Perceive Risk, Most Recent Outcome	% Report Perceive Risk, Most Recent Outcome	% Point Change
Middle School	Alcohol ^b	872	66.0	70.0	+4.0**	334	64.8	69.4	+4.6**
	Tobacco	947	80.2	82.7	+2.5**	414	79.9	82.0	+2.1**
	Marijuana ^c	834	78.8	79.1	+0.3	303	77.6	78.2	+0.6
High School	Alcohol ^b	894	61.5	67.7	+6.1**	322	62.5	68.2	+5.6**
	Tobacco	992	80.4	83.6	+3.2**	436	80.4	84.5	+4.1**
	Marijuana ^c	896	65.8	64.9	-0.9	326	64.7	62.3	-2.4*

Notes: * p<.05; ** p<.01; n represents the number of DFC grantees included in the analysis.

^a Outcomes were weighted for each DFC grantee based on the total number of students used in the percentage point change calculation (i.e., adding number of students surveyed at first observation to number surveyed at most recent observation). Outliers beyond 3 standard deviations were removed. All numbers were rounded.

^b Core measure covers perception of risk of regular alcohol use (i.e., legacy core measure); future reports will include perception of risk of binge drinking.

^c Core measure covers perception of risk of regular marijuana use. This legacy measure did not define regular use. Future reports will include perception of risk of smoking marijuana 1-2 times a week.

Source: Progress Report, 2002-2014 core measures data

²⁵ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (January 3, 2013). *The NSDUH Report: Trends in Adolescent Substance Use and Perception of Risk from Substance Use*. Rockville, MD. <http://www.samhsa.gov/data/sites/default/files/NSDUH099a/NSDUH099a/sr099a-risk-perception-trends.pdf>

youth. Tobacco was the substance with the highest perception of risk for both middle school and high school students; tobacco was also the substance with the greatest percentage change decrease in past 30-day use (see Figure 4). Perception of risk of marijuana use for both middle school youth and high school youth did not change significantly among all DFC grantees ever funded.

FY 2013 DFC Grantees, Long-term Change. Changes in perception of risk among FY 2013 DFC grantees followed a similar pattern (see Table 9), with significant increases in perceived risk of alcohol use (4.6 percentage points among middle school youth and 5.6 percentage points among high school youth) and tobacco use (2.1 percentage points for middle school and 4.1 percentage points for high school). Among FY 2013 DFC grantees, the perception of risk of marijuana use for middle school youth did not change significantly. However, perception of risk of marijuana use *decreased* significantly for high school youth (2.4 percentage points). Currently, this decreased perception of risk is not associated with increased past 30-day use for marijuana.

Perception of Parental Disapproval of Use

Among all DFC grantees funded since the inception of the DFC program, the perception of parental disapproval was relatively high and increased significantly across all substances for both middle and high school students (Table 10). These increases ranged from 1.1 percentage points (high school marijuana) to 3.9 and 3.8 percentage points (high school and middle school tobacco, respectively) between DFC grantees’ first and most recent data reports. Among FY 2013 DFC grantees, significant increases in the perception of parental disapproval were observed for all substances, with the exception of high school marijuana.

TABLE 10: LONG-TERM CHANGE IN PERCEPTION OF PARENTAL DISAPPROVAL^a

School Level	Substance	n	Long-Term Change: First Observation to Most Recent <i>All DFC Grantees Since Program Inception</i>			n	Long-Term Change: First Observation to Most Recent <i>FY 2013 DFC Grantees Only</i>		
			% Report Parental Disapproval, First Outcome	% Report Parental Disapproval, Most Recent Outcome	% Point Change		% Report Parental Disapproval, First Outcome	% Report Parental Disapproval, Most Recent Outcome	% Point Change
Middle School	Alcohol ^b	800	86.2	89.7	+3.5**	300	87.1	91.4	+4.4**
	Tobacco	907	90.2	94.0	+3.8**	413	91.9	95.3	+3.4**
	Marijuana	926	91.6	94.2	+2.6**	419	92.7	94.9	+2.3**
High School	Alcohol ^b	853	76.0	78.5	+2.5**	318	76.9	80.8	+3.9**
	Tobacco	955	83.7	87.5	+3.9**	435	85.0	89.3	+4.3**
	Marijuana	968	85.7	86.8	+1.1**	438	86.3	86.5	+0.3

Notes: ** p<.01; n represents the number of DFC grantees included in the analysis.

^a Outcomes represent weighted averages for each DFC grantee based on the total number of students used in the percentage point change calculation (i.e., adding number of students surveyed at first observation to number surveyed at most recent observation). Outliers beyond 3 standard deviations were removed. All numbers were rounded.

^b Core measure covers perception of parental disapproval of regular alcohol use. This legacy measure did not define regular use. Data on changes in the revised perception of parental disapproval of alcohol are provided in Table 13.

Source: Progress Report, 2002-2014 core measures data

Most Recent Core Measures Findings: Short-Term Change

Table 11 presents data collected by DFC grantees in 2013, and compares outcomes from 2013 to the next most recent data report.²⁶ These analyses of short-term change provide an early-warning system to detect trends in recent data. Given the changes in core measures that were made in 2012, some DFC grantees were no longer collecting legacy core measures in 2013.²⁷ Therefore, for the short-term change results, findings are reported for core measures that were unchanged and for revised core measures (see Table 11). For past 30-day use, the new core measure substance, illicit use of prescription drugs, is included. The remaining new core measures are presented in the following section. The number of DFC grantees with short-term change data remains relatively low and these results should be interpreted with caution when the sample size is less than 100 DFC grantees.²⁸

Past 30-Day Prevalence of Use: FY 2013 DFC Grantees, Short-term Change. Among both middle school and high school youth, reported past 30-day prevalence of use was lowest for illicit use of prescription drugs. Restricting data to that collected from 2010 to 2013, both middle school youth and high school youth reported higher past 30-day use of marijuana than of tobacco. While the tobacco/marijuana differences for middle school youth were relatively small, by high school, the difference was 7 percentage points. This suggests the need for increased focus by DFC grantees on strategies for addressing marijuana use.

Significant declines were observed in the prevalence of past 30-day use among middle school students for alcohol (1.4 percentage points) and (illicit) prescription drugs (0.7 percentage points), but no significant change for tobacco or marijuana use. As noted in the perception of risk data, perception of risk of marijuana use has been unchanged in both middle school and high school youth and this may be contributing to the lack of change in past 30-day marijuana use for middle school youth. Still, fewer than 5% of middle school youth reported past 30-day use of tobacco or marijuana suggesting that most middle school youth are choosing not to use these substances. Among high school students, there were significant declines for all four substances: alcohol (3.2 percentage points), tobacco (2.3 percentage points), marijuana (0.9 percentage points), and illicit use of prescription drugs (1.5 percentage points).

Perception of Risk: FY 2013 DFC Grantees, Short-term Change. For short-term change, change in the revised core measures for alcohol and marijuana are reported. The perception of risk associated with binge alcohol use appears to be higher among both middle school and high school youth than perception of risk associated with regular alcohol use (undefined regular use). Perception of risk for marijuana use that specifies regular use as 1-2 times per week generally seems to be similar but slightly lower than perception of risk associated with undefined regular use that was previously collected. The number of DFC grantees reporting on the new core measures at two time points was relatively small.

²⁶ As a general reference, for past 30-day prevalence of alcohol use, prior year data was 2012 data in 26% of cases, 2011 data in 68% of cases, and 2010 data in 6% of cases. Prior year percentages vary by each core measure substance combination but are very similar to these. Data on peer disapproval are provided in Table 16.

²⁷ DFC grantees are all working towards collection of the current DFC core measures. In some cases, DFC grantees face challenges in correcting surveys so they continue to collect legacy core measures data. To the extent new/revised core measure data are available, they are reported here.

²⁸ For example, fewer than 75 DFC grantees have short-term outcomes for perception of risk of alcohol use (57 DFC grantees reported middle school change and 73 DFC grantees reported high school change). Only 44 DFC grantees reported perception of risk of marijuana use short-term change data. Some findings may shift as the number of DFC grantees collecting data increases.

TABLE 11: SHORT-TERM CHANGE IN DFC CORE MEASURES, FY 2013 DFC GRANTEES^a

Core Measure	School Level	Substance	n	Short-Term Change: Data Collected in 2013 vs. Next Most Recent Report		
				% Next Most Recent Outcome	% 2013 Outcome	% Point Change
Past 30-Day Use	Middle School	Alcohol	175	8.7	7.3	-1.4**
		Tobacco	173	4.0	3.6	-0.4
		Marijuana	170	4.2	4.4	0.2
		Prescription	60	2.7	2.1	-0.7**
	High School	Alcohol	201	31.5	28.3	-3.2**
		Tobacco	197	13.8	11.6	-2.3**
		Marijuana	199	19.6	18.7	-0.9*
	Prescription	74	7.1	5.6	-1.5**	
Perception of Risk ^b	Middle School	Alcohol (binge)	57	64.0	75.9	11.9**
		Tobacco	140	82.8	84.9	2.1*
		Marijuana (1-2/week)	44	70.7	72.4	1.7
	High School	Alcohol (binge)	73	65.3	72.8	7.5**
		Tobacco	164	85.0	86.1	1.0
		Marijuana (1-2/week)	44	56.2	51.3	-5.0*
Perception of Parental Disapproval ^c	Middle School	Alcohol	35	93.0	95.3	2.3**
		Tobacco	149	94.7	95.7	1.0**
		Marijuana	152	95.1	95.2	0.1
	High School	Alcohol	37	83.1	89.3	6.2**
		Tobacco	169	88.0	90.3	2.4**
		Marijuana	170	86.1	86.5	0.4

Notes: * p<.05; ** p<.01; n represents the number of DFC grantees included in the analysis.

^a Outcomes represent weighted averages for each DFC grantee based on the total number of students used in the percentage point change calculation (i.e., adding number of students surveyed at first observation to number surveyed at most recent observation). Outliers beyond 3 standard deviations were removed. All numbers were rounded.

^b Outcomes for Perception of Risk of marijuana was based on smoking marijuana once or twice a week. Outcomes for perception of risk of alcohol use was based on binge drinking of alcohol.

^c Outcomes for Perception of Parental Disapproval of alcohol was defined as having 1 to 2 drinks of an alcoholic beverage nearly every day.

Source: Progress Report, 2002-2014 core measures data

DFC grantees reported significant increases in perception of risk of alcohol use (binge use) at both the middle school and high school levels (11.9 and 7.5 percentage points, respectively). DFC grantees also reported a significant increase in the perception of risk of tobacco use at the middle school level (2.1 percentage points). Perception of risk of tobacco use at high school level was unchanged. The findings associated with perception of risk for marijuana use based on short-term change reflect similar challenges as identified in the long-term analyses. Specifically, perception of risk of marijuana use (1 to 2 times per week) among middle school youth remained unchanged, while for high school youth there was a significant *decrease* in perception of risk (5.0 percentage points). In 2013, for both middle school and high school youth, perception of risk of marijuana use was lower than perception of risk for either alcohol or tobacco.

Perception of Parental Disapproval: FY 2013 DFC Grantees, Short-term Change. Perception of parental disapproval of alcohol use increased significantly for both middle and high school students (2.3 and 6.2 percentage points, respectively). Middle school and high school youth also reported significant increases in perception of parental disapproval for tobacco use (1.0 and 2.4 percentage points, respectively). Perception of parental disapproval for marijuana use did not change significantly among either group of students. Among middle school youth, perception of parental disapproval of marijuana use was relatively high (95%); while high school youth also reported generally high perceptions of parental disapproval (87%), it was lower than among middle school students. At the most recent time point, high school students' perception of parental disapproval of marijuana use was lower than perception of parental disapproval of alcohol or tobacco.

Revised and New DFC Core Measures: Baseline and Change Data

This section provides information related to the revised and new DFC core measures. Baseline data reflect all grantees who have reported the new or revised measure on at least one occasion. For the first time, change score data associated with the new DFC core measures are also presented. The number of DFC grantees who have reported data for the new and revised core measures twice remains relatively small. The data reported here reflect an early indicator of what may occur as additional DFC grantees report data. However, some results may change once additional change data are received.

Baseline Data, Revised DFC Core Measures. Table 12 presents baseline data for the revised DFC core measures. That is, across all DFC grantees ever funded, percentage at first outcome is reported for each revised DFC core measure. Perception of risk of binge use of alcohol was approximately two thirds of middle school and high school students (68.9% and 69.3%, respectively). Perception of parental disapproval for alcohol use with regular use defined as 1-2 drinks nearly every day was high among both middle school and high school students (93% and 85%, respectively). For both revised perception of risk and revised parent disapproval, these percentages are similar to, but slightly higher than, perception of risk of regular alcohol use. Finally, perception of risk of defined regular marijuana use (1-2 times per week) was much higher among middle school students (73.1%) than among high school students (57.3%). Interestingly, for both middle school and high school students, the revised perception of risk of marijuana use is slightly lower than for the prior marijuana perception of risk core measure when regular use was undefined. One explanation for this is that youth may previously have interpreted regular use to mean daily use and perceived that as higher risk than 1-2 times per week.

**TABLE 12: BASELINE METRICS FOR REVISED DFC CORE MEASURES:
ALCOHOL AND MARIJUANA**

Core Measure	School Level	Substance	n	%, First Outcome
Perception of Risk	Middle School	Alcohol (binge use)	469	68.9
		Marijuana (1-2/week)	438	73.1
	High School	Alcohol (binge use)	507	69.3
		Marijuana (1-2/week)	467	57.3
Perception of Parental Disapproval	Middle School	Alcohol (1-2 drinks nearly every day)	359	93.1
	High School	Alcohol (1-2 drinks nearly every day)	382	85.4

Notes: n represents the number of DFC grantees included in the analysis. Outliers beyond 3 standard deviations were removed. All numbers were rounded.

Source: Progress Reports, 2012-2014 core measure data

Change Data, Revised DFC Core Measures. Given that the majority of data collected for the revised DFC core measures is recent, the short-term change analyses included reporting on change in the revised core measures associated with having collected the data in 2013 and at one earlier time point. Here, all FY 2013 DFC grantees who have collected the revised core measure at two points are included in the analyses (see Table 13). Among both middle school and high school youth, the perception of risk of binge drinking increased significantly from first to most recent report (7.2 and 4.8 percentage point change, respectively). Perception of risk of regular marijuana use (1-2 times per week) did not change significantly among middle school youth. However, among high school youth there was a significant *decrease* in perception of risk of marijuana use of 4.8 percentage points. This finding is similar to the decrease for high school youth in perception of risk for regular marijuana use reported with the earlier perception of risk data and suggests the need for DFC grantees to develop strategies to address this change.

Perception of parent disapproval of alcohol use, defined as 1-2 drinks nearly every day increased significantly among both middle school and high school students. Perception of parent disapproval for alcohol as defined in the revised measure was higher for both middle school and high school youth than the prior core measure, perception of parent disapproval of regular alcohol use, undefined (see Table 10). For example, within FY2013 DFC grantees, 80.8% of high school students reported parental disapproval of regular alcohol use (undefined) at most recent report while 89.6% perceived parental disapproval of 1-2 drinks nearly every day.

TABLE 13: REVISED DFC CORE MEASURES CHANGE SCORES, FY 2013 DFC GRANTEES^a

Core Measure	School Level	Substance	n	Change from First Observation to Most Recent FY 2013 DFC Grantees Only		
				%, First Outcome	% Most Recent Outcome	% Point Change
Perception of Risk (Revised Core Measures)	Middle School	Alcohol (binge)	132	66.4	73.6	7.2*
		Marijuana (1-2/week)	96	73.4	73.6	0.2
	High School	Alcohol (binge)	152	68.5	73.4	4.8*
		Marijuana (1-2/week)	101	59.2	54.5	-4.8*
Perception of Parental Disapproval (Revised Core Measures)	Middle School	Alcohol (1-2 drinks nearly every day)	59	92.4	95.1	2.8*
	High School	Alcohol (1-2 drinks nearly every day)	65	82.5	89.6	7.1*

Notes: * p<.01; n represents the number of DFC grantees included in the analysis.

^a Outcomes represent weighted averages for each DFC grantee based on the total number of students used in the percentage point change calculation (i.e., adding number of students surveyed at first observation to number surveyed at most recent observation). Outliers beyond 3 standard deviations were removed. All numbers were rounded.

Source: Progress Report, 2002-2014 core measures data

Illicit Use of Prescription Drugs. As of August 2014, between 328 (perception of peer disapproval, middle school youth) and 502 (perception of past 30-day use, high school youth) DFC grantees had collected at least one core measure data point related to illicit use of prescription drugs, the new core measure substance (see Table 14). Baseline data suggest that past 30-day illicit use of prescription drugs was relatively low among both middle school (2.9%) and high school (6.7%) students. Perception of risk, perception of parental disapproval, and perception of peer disapproval of illicit use of prescription drugs are all relatively high, with perception of peer disapproval among high school students (see Figure 7) being the highest across this measure at each grade level.

TABLE 14: BASELINE METRICS FOR REVISED CORE MEASURES: PRESCRIPTION DRUGS

Core Measure	School Level	Substance	n	%, First Outcome
Past 30-Day Use	Middle School	Prescription Drugs	455	2.9
	High School	Prescription Drugs	502	6.7
Perception of Risk	Middle School	Prescription Drugs	365	80.4
	High School	Prescription Drugs	397	82.1
Perception of Parental Disapproval	Middle School	Prescription Drugs	358	95.6
	High School	Prescription Drugs	393	93.0
Perception of Peer Disapproval	Middle School	Prescription Drugs	328	89.1
	High School	Prescription Drugs	357	77.9

Notes: n represents the number of DFC grantees included in the analysis. Outliers beyond 3 standard deviations were removed. All numbers were rounded.

Source: Progress Reports, 2012-2014 core measure data

Fewer FY 2013 DFC grantees have reported data associated with illicit use of prescription drugs at two time points but available data are reported in Table 15. Both perception of risk and perception of parental disapproval of illicit use of prescription drugs increased significantly within middle school and high school youth. Percentage change in past 30-day illicit use of prescription drugs also decreased significantly within both middle school and high school youth (see Tables 8 and 11). In general, data collected to date suggest that DFC grantees can work to help youth to continue to make good choices regarding illicit use of prescription drugs, preventing future initiation of use: reported use is low and perception of risk, parental disapproval and peer disapproval are all high.

TABLE 15: REVISED DFC CORE MEASURES CHANGE SCORES, FY 2013 DFC GRANTEES^a

Core Measure	School Level	Substance	n	Change from First Observation to Most Recent FY 2013 DFC Grantees Only		
				%, First Outcome	%, Most Recent Outcome	% Point Change
Perception of Risk	Middle School	Prescription	54	79.1	81.6	2.5*
	High School	Prescription	66	79.4	81.5	2.1*
Perception of Parental Disapproval	Middle School	Prescription	54	93.2	96.5	3.3**
	High School	Prescription	57	90.4	94.6	4.2**

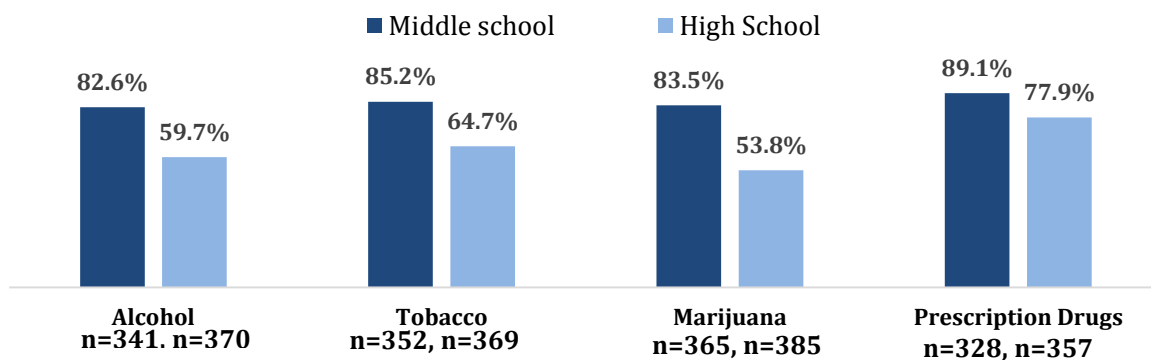
Notes: * p<.05; ** p<.01; n represents the number of DFC grantees included in the analysis.

^a Outcomes represent weighted averages for each DFC grantee based on the total number of students used in the percentage point change calculation (i.e., adding number of students surveyed at first observation to number surveyed at most recent observation). Outliers beyond 3 standard deviations were removed. All numbers were rounded.

Source: Progress Report, 2002-2014 core measures data

Perception of Peer Disapproval. Perception of peer disapproval of use for each of the four core measure substances is the final new DFC core measure. Figure 7 presents an overview of the baseline data on this DFC core measure. Notably, perception of peer disapproval drops at some point during the transition from middle school to high school. This was true for all substances, although perceptions of peer disapproval were lowest for alcohol (60%) and marijuana (54%) among high school youth. DFC grantees may want to consider engaging in activities that build on the higher perception of peer disapproval in middle school youth and work against this general decrease in perceived peer disapproval that occurs with increasing age. Across substances, perception of peer disapproval was highest for illicit use of prescription drugs among both middle school and high school youth.

FIGURE 7: BASELINE PERCEPTION OF PEER DISAPPROVAL WAS HIGHER AMONG MIDDLE SCHOOL THAN AMONG HIGH SCHOOL STUDENTS ACROSS ALL SUBSTANCES



Notes: n represents the number of DFC grantees who reported perception of peer disapproval data. Outliers beyond 3 standard deviations were removed.

Source: Progress Reports, 2012-2014 core measure data

Table 16 provides an overview of change in perception of peer disapproval. Among middle school youth, there were significant increases in perception of peer disapproval for each of the four core measure substances ranging from 3.1 percentage points for perception of peer disapproval of marijuana use to a 6.2 percentage point increase for alcohol use. Among high school youth, perception of peer disapproval increased significantly for alcohol, tobacco, and prescription drugs. However, perception of peer disapproval of marijuana use did not change significantly within high school youth. These general increases in perception of peer disapproval may reflect DFC grantee efforts during youth trainings and alternative events to help youth understand actual social norms for substance use among their peers.²⁹ More specifically, as noted in the following section on community assets, 65% of DFC grantees put into place a social norms campaign after receipt of the DFC funding.

TABLE 16: CHANGE IN PERCEPTION OF PEER DISAPPROVAL, FY 2013 DFC GRANTEES^a

Core Measure	School Level	Substance	n	Change from First Observation to Most Recent FY 2013 DFC Grantees Only		
				%, First Outcome	% Most Recent Outcome	% Point Change
Perception of Peer Disapproval	Middle School	Alcohol	44	82.4	88.6	6.2*
		Tobacco	61	83.6	87.2	3.5*
		Marijuana	62	83.0	86.0	3.1*
		Prescription	41	86.7	92.1	5.4*
	High School	Alcohol	51	58.4	66.9	8.5*
		Tobacco	68	63.3	68.2	4.9*
		Marijuana	69	57.6	58.1	0.5
		Prescription	44	73.8	81.8	8.0*

Notes: * p<.01; n represents the number of DFC grantees included in the analysis.

^a Outcomes represent weighted averages for each DFC grantee based on the total number of students used in the percentage point change calculation (i.e., adding number of students surveyed at first observation to number surveyed at most recent observation). Outliers beyond 3 standard deviations were removed. All numbers were rounded.

Source: Progress Report, 2002-2014 core measures data

²⁹ For an example of research on using social norms campaigns to influence behaviors see Hansen, W. B. & Graham, J. W. (1990). Preventing alcohol, marijuana, and cigarette use among adolescents: Peer pressure resistance training versus establishing conservative norms. *Preventive Medicine, 20*(3), 414-430.

Interim Community Assets Findings

Every August, DFC grantees complete the Coalition Classification Tool (CCT), a survey that asks coalition members to provide information on coalition structure, performance, objectives, and local characteristics. In August 2014, 327 DFC grantees completed the CCT. One section of the CCT asks grantees to identify which of 40 specific community assets commonly associated with youth substance use reduction and prevention were in place in their coalitions before they received the DFC grant, those that were in place as a result of receiving the grant, and those not yet in place in the DFC community to date.³⁰ Examples from the list of 40 potential community assets that DFC grantees may put into place include billboards warning against the use of alcohol, tobacco, or other drugs, media literacy training, Shoulder tap operations, and party patrols. While all these assets enhance the coalition’s capacity to prevent or reduce youth substance use, those that were implemented as a result of DFC coalition efforts provide an additional source of information about the local impact of the grant. Table 17 presents the top five community assets put into place as a result of the DFC grant by FY 2013 DFC grantees as reported in August 2014. That is, of the 40 community assets listed, these five assets had the highest percentage of grantees who were able to put the asset in place in their community as a result of the DFC grant.

Progress Report Quote: Community Assets

“Students completed the social norms campaign at all four schools. Students were in charge of surveying their peers on attitudes about drinking and drug use; entering the data; choosing poster messages; determining the staff spokesperson; picking the design; putting up the posters; and conducting the follow-up survey. An article was printed in a local newspaper about the campaign. The evaluation surveys indicated that this year’s poster campaign was particularly successful due to the inclusion of photographs of the school spokesperson.”

TABLE 17: MOST FREQUENTLY IMPLEMENTED COMMUNITY ASSETS

Community Asset	Asset Put into Place as a Result of DFC Coalition		Asset in Place Before DFC Grant		Asset Not in Place in Community	
	n	%	n	%	n	%
Town hall meetings on substance problems within the community	232	70.9	61	18.7	34	10.4
Prescription drug disposal programs	220	67.2	85	26.0	22	6.7
Culturally competent materials that educate the public about issues related to substance use	218	66.7	69	21.1	40	12.2
Social norms campaigns	213	65.1	42	12.8	72	22.0
Youth substance use warning posters	179	54.8	85	26.0	63	19.3

Notes: The number of DFC grantees reporting CCT data in August 2014 was 327.
Source: Coalition Classification Tool Data, August 2014

³⁰ DFC grantees actually report on which of the community assets have been put into place in their community in the past year as a result of being a DFC coalition as well as indicating those ever put into place as part of the DFC grant. For the purposes of this report, these two categories were combined.

Town hall meetings were the most common asset put into place by DFC grantees (71%) while only 10% reported still not having this asset. Most DFC communities (93%) also offered prescription drug disposal programs. While 26% of the responding DFC grantees already had a prescription drug disposal program in place prior to receiving the grant, about two-thirds of coalitions (67%) acquired this asset only after receiving their DFC grant. Other assets that were put into place by a high percentages of DFC grantees as a result of receiving a DFC grant included culturally competent materials (67%) and youth substance use warning posters (55%).

Social norms campaigns stand out as a top five asset added by DFC grantees given the reported increases in peer disapproval measures in DFC grantees communities. In all, 78% of DFC grantees have a social norm campaign in their community, but most of these DFC grantees (65%) put a social norms campaign into place only after receiving DFC funding as compared to the 13% already engaging in a social norms campaign prior to receiving funding. Social norms campaigns generally focus on giving youth factual and motivational information about the positive behaviors engaged in by peers with the intention of helping youth recognize that most youth are not engaging in negative behaviors.

Conclusions

Youth in DFC communities generally report decreased substance use, increased perception of risk, and increased perception of parental and peer disapproval.

Based on core measures data collected by DFC grantees from 2002 to 2014, the DFC National Evaluation found that past 30-day prevalence of use declined significantly from first to most recent observation across all substances (alcohol, tobacco, marijuana, (illicit) prescription drugs) at the middle school and high school level among all DFC grantees ever funded and among FY 2013 DFC grantees only. A key DFC goal is preventing youth

substance use and these findings are in line with meeting that goal. For past 30-day prevalence of alcohol, tobacco, and marijuana use, youth in DFC communities reported significantly lower use than national YRBS data. While the long-term reported declines in youth substance use across all DFC grantees is promising, the prevalence of past 30-day use levels remain high enough to suggest the ongoing need for prevention work at the community level. Among the FY 2013 DFC grantees, just under 1-in-3 (29%) high school youth report past 30-day use of alcohol, with nearly 1-in-5 (17%) reporting past 30-day use of marijuana, 1-in-10 (12%) reporting past 30-day use of tobacco, and 1-in-16 (6%) reporting past 30-day illicit use of prescription drugs. Each of these represents an increase from the percentages of youth in middle school reporting past 30-day use, suggesting the need to consider prevention activities that target youth in middle school and as they transition from middle school to high school.

Youth reports of perceptions of substance use as harmful and of parental disapproval of substance use are also generally improving in communities served by DFC grantees. This shift in perceptions may be critical as increased perception of risk is generally associated with decreased use of a substance, while decreased perception of risk is generally associated with increased use of a substance.³¹ Among all DFC grantees since program inception, perception of parental disapproval increased significantly for alcohol and tobacco, and marijuana use among youth between DFC grantees' first report and most recent report while perception of risk increased significantly for alcohol and tobacco use. Within FY 2013 DFC grantees, middle school and high school youth also reported significant increases in perception of risk and perception of parental disapproval of alcohol and tobacco use. In addition, middle school and high school youth reported significantly increased perceptions of peer disapproval of alcohol, tobacco, and illicit prescription drug use; middle school youth also significantly increased in perception of peer disapproval of marijuana use.

Analyses examining short-term trends provide further evidence of areas where DFC grantees may be succeeding at preventing youth substance use. Comparing 2013 data to next most recent report, middle school and high school youth had significant decreases in alcohol and (illicit) prescription drug use. High school youth also had significant declines in tobacco and marijuana use. While middle school youth did not report decreased use for tobacco and marijuana, fewer than 5% reported using these substances in the past 30-days. Perception of risk and perception of parental disapproval for alcohol use and illicit prescription drug use increased significantly from next most recent report to 2013 in middle school and high school youth. Middle school youth also had

³¹ SAMHSA (2014). *Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863*. Retrieved from <http://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.pdf>.

significant increases in perception of risk and parental disapproval of tobacco use while high school youth increased on perception of parental disapproval of tobacco use.

DFC grantees are engaging youth and communities in a broad range of ways that builds community capacity to prevent substance use

February 2014 and August 2014, DFC grantees distributed prevention materials in a broad range of settings; reached over 740,000 people with special events; held direct face-to-face information sessions with just under 300,000 attendees; trained over 330,000 youth, parents, and other community members; recognized more than 9,000 businesses for compliance with local ordinances; and passed or modified 557 laws or policies. Youth were specifically engaged in many of the activities including involving over 38,000 youth in youth recreation programs and over 21,000 youth in youth organizations. Over 300,000 youth participated in activities to reduce home and social access to substances. Approximately 2-in-every-3 DFC grantees put into place a social norms campaign, a prescription drug take-back program and/or a town hall meeting using DFC funding.

Progress has been made but challenges remain in addressing youth use of and perceptions about marijuana

There are signs of success, yet challenges remain, in addressing youth use of and perceptions about marijuana. Past 30-day prevalence of marijuana use for both all DFC grantees ever funded and for FY 2013 grantees decreased significantly in both middle school and high school youth. However, these significant decreases were all less than one percentage point, a smaller decrease than past 30-day use of alcohol and tobacco. Reported past 30-day use of marijuana in DFC communities was significantly lower than national rates reported in YRBS in 2013.

Successes associated with reductions in past 30-day use of marijuana are somewhat tempered by challenges suggested by findings associated with perception of risk, parent disapproval and peer disapproval particularly for high school youth. The majority of middle school youth (approximately 78%) reported perceiving at least moderate risk associated with marijuana use, with no significant changes over time (long-term or short-term). By high school, perception of risk of marijuana use has decreased with about 62% of high school youth perceiving at least moderate risk associated with use. Across all DFC grantees ever funded, high school youth perception of risk of marijuana use did not change significantly; within FY 2013 DFC grantees only, perception of risk of using marijuana *decreased* significantly among high school youth when examining both long-term and short-term change. Perception of parental disapproval of marijuana use increased significantly for both age groups across all DFC grantees ever funded and when examining long-term change in middle school youth for FY 2013 DFC grantees. However, perception of parental disapproval of marijuana use was unchanged when examining long-term change in high school youth among FY 2013 DFC grantees only and for short-term change in both middle school and high school youth.

Peer disapproval of marijuana use also suggests that challenges remain in preventing the use of marijuana in youth. For both middle school and high school youth, perception of peer disapproval

of marijuana use was lower than for any other substance, including alcohol, based on most recent report. While perceptions of peer disapproval of marijuana use did increase significantly among middle school youth, there was no change in high school youth's perceptions. Collectively, these findings suggest that DFC grantees may need to monitor their local data on this issue closely and seek to identify ways to help youth understand risks associated with marijuana use.

Data related to illicit prescription drug use suggest this is a promising area for continued prevention work.

30-day illicit use of prescription drugs as the next lowest substance (tobacco use). Perception of risk and perception of parental disapproval of illicit prescription drug use is high. Perception of peer disapproval is also higher for illicit prescription drug use than for any other substance. For example, based on most recent report among high school youth, 82% perceive peer disapproval for illicit drug use while the next highest substance was 68% disapproval for tobacco use. DFC grantees have the opportunity to build on these data to find ways to reinforce existing perceptions and further support youth in making the decision not to engage in illicit use of prescription drugs, hopefully in ways that continue to prevent illicit prescription drug use into adulthood.

DFC National Evaluation findings suggest DFC-funded community coalitions are successful in preventing youth substance use --- successful in mobilizing communities to prevent youth substance use --- meeting the DFC program's goals!

generally increased as has perception of parental disapproval. Data on the new core measure, peer disapproval, suggest that DFC grantees have generally significantly increased the perception that peers will disapprove of substance use in their communities. The introduction of social norms campaigns through DFC funding reported by 65% of DFC grantees submitting community assets data, may be a key link in the reported increases in peer disapproval that can be explored in future reports.

Given that the most recent progress report data indicates that the total DFC catchment area covers 24% of the U.S. population in FY 2013, the potential positive impact of the program is quite large. DFC and other community coalitions may want to consider the range of activities engaged in by DFC grantees in planning their own activities in working to reduce youth substance use.

Early data suggest that illicit prescription drug use is well suited for prevention focus. Within both middle school and high school youth, past 30-day prevalence of illicit prescription drug use is lower than for any other substance. Among high school youth, for example, half as many youth report past

Collectively the data suggest DFC grantees' activities are associated with positive outcomes among youth in DFC communities, meaning that DFC grantees are meeting project goals. DFC grantees consistently report that they are actively engaging members across sectors, building community capacity to address youth substance use. These efforts, as noted, have resulted in decreased past 30-day use across all substances. In FY 2013, past 30-day use of alcohol, tobacco, and marijuana among high school youth were all significantly lower than national YRBS averages.

Perception of risk of using substances has