

# Drug-Free Communities Support Program

## 2012 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) Program supports 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, media, local, state and tribal government, and other community members join forces through 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.

The DFC grant 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). Since the beginning of the DFC grant program, ONDCP has awarded nearly 2,000 DFC grants to community coalitions across the nation.<sup>1</sup> 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.

DFC community coalitions work with community members at the grassroots level by recruiting and organizing all relevant community leaders and organizations to plan for and implement desired community changes. These changes potentially affect all neighborhood residents, although the focus is on children and youth. To enact and sustain positive community changes, DFC grantees receive extensive assistance during planning and implementation via ONDCP and SAMHSA, with additional training and technical assistance from the Community Anti-Drug Coalitions of America's (CADCA) National Coalition Institute.

### Data in 2012 National Evaluation Report

Data for the DFC National Evaluation are collected through the Coalition Online Management and Evaluation Tool (COMET). Progress report data used for grants management and the national evaluation are collected in COMET twice each year. Information about core measure data submitted into COMET is included later in this report, including definitions of the core measures. This report contains the first presentation of data from the revised COMET system, collected in August 2012. COMET revisions, based on work from 2010 to 2012, were designed to reduce burden on grantees and to increase the quality and usefulness of the data for the evaluation.

The transition to a revised data collection system coincided with the movement to revised core measures (described in a subsequent section) and a revised reporting schedule. DFC grantees are now required to submit data in February and August of each year, instead of May and November. This change to a revised system and reporting schedule resulted in a single COMET report for Fiscal

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<sup>1</sup> Office of National Drug Control Policy (2012, March). *Drug-Free Communities Support Program*. Retrieved on 1/21/13 from <http://www.whitehouse.gov/ondcp/Drug-Free-Communities-Support-Program/>

Year (FY) 2011 grantees in August 2012.<sup>2</sup> Progress report data on coalition activities have been reported since the first reporting period in 2005 (which reflected activities from October 2004 through March 2005) and core measures outcome data have been reported since 1999.<sup>3</sup>

In FY2011, ONDCP awarded 86 new DFC grants and 607 DFC continuation grants, bringing the total number of these types of DFC grantees to 693 at the time of COMET data submission. In addition, two DFC grantees who received no cost extensions also submitted COMET reporting data in August 2012, bringing the total to 695. These 695 DFC grantees who reported data in August 2012 are the primary focus of this report.<sup>4</sup> Some analyses provided in this report also include all DFC grantees ever funded, including those DFC grantees whose funding ended prior to August 2012. Figure 1 provides a map indicating the location of all 726 FY2011 DFC grantees, including DFC mentoring grantees (20 new and 12 continuation mentoring grantees).<sup>5</sup>



**FIGURE 1: DFC GRANTEE, FY2011**

**NOTE:** One DFC grantee relinquished their grant in 2012, which reduced the total number of DFC grantees in the FY2011 cohort from 694 DFC grantees to 693 DFC grantees, plus 32 DFC mentoring grantees.

<sup>2</sup> New FY2011 DFC grantees also submitted a report in May 2012.

<sup>3</sup> Only core measure data collected since 2002 are included in this report.

<sup>4</sup> Office of National Drug Control Policy (2012). *Drug-Free Communities Support Program*. Retrieved on 3/28/12 from <http://www.whitehouse.gov/ondcp/fy-2011-new-grants>.

<sup>5</sup> DFC Mentoring Program grantees use their funds to serve as mentors to new or developing community coalitions that have never had a DFC grant. Through the DFC Mentoring Program, experienced coalitions share the knowledge and expertise gained as a DFC grantee with non-grantee communities to help emerging coalitions in their efforts to reduce local youth substance use and to help the coalition obtain a DFC grant. Mentoring grantee data are not included in the DFC National Evaluation.

## DFC Potential Reach

DFC community coalitions identify their catchment areas by zip code. Each DFC community coalition indicates all zip codes in which their grant activities are targeted in order to assess catchment area. The zip codes provide a rough estimate of the number of people that DFC may potentially reach and impact based on what is known about the populations in those zip codes. The total population of all catchment areas of DFC grantees funded in FY2011 was approximately 112 million, or 36% of the population of the United States. These catchment areas include over 4.4 million middle school students between the ages of 12-14 and 6.3 million high school students between the ages of 15-18. This is about 36% of all United States youth in each age range.<sup>6</sup>

*Together, the 693 DFC grantees funded in FY2011 target more than 112 million people, which is 36% of the United States. DFC grantees' catchment areas include more than 4.4 million middle school students and 6.3 million high school students.*

## Implementation of Strategies and Accomplishments

DFC community coalitions are encouraged and supported in using evidence-informed strategies shown to be effective in reducing substance use. They are introduced to the “Seven Strategies for Community Change” during training events and through publications developed by the National Coalition Institute.<sup>7</sup> The seven strategies are: 1) providing information, 2) enhancing skills, 3) providing support, 4) enhancing access/reducing barriers, 5) changing consequences, 6) changing physical design, and 7) modifying/changing policies. Activities that fall under each of these strategies are used in various combinations by DFC community coalitions to address community needs and build on community assets related to preventing substance use.<sup>8</sup> In August 2012, all current DFC grantees submitted progress report data on their involvement in the seven strategies from October 2011 to July 2012. An overview of what the 695 DFC grantees reported for each strategy is provided next.<sup>9</sup>

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<sup>6</sup> United State Census 2010 data, Summary File 2, retrieved from <http://www.census.gov/2010census/>.

<sup>7</sup> See <http://www.cadca.org/resources/detail/definint-seven-strategies-community-change> for additional information. See also <http://www.udmo.com/powerup/faq/7%20strategies.pdf> for additional information. Retrieved on 2/14/12 from the University of Kansas Work Group on Health Promotion and Community Development—a World Health Organization Collaborating Centre.

<sup>8</sup> 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/Grants/2013/sp-13-002.pdf> for a sample grant application describing funding limitations.

<sup>9</sup> Throughout this section, readers are cautioned to keep in mind that grantees typically take attendance at individual events. Some youth and adults likely participate in more than one coalition activity. Therefore, counts reflect some duplication.

## Providing Information

Activities in this strategy provide individuals with information related to data on youth substance use, preventing youth substance use, and the consequences of youth substance use. Examples include educational presentations, public service announcements, brochures, and community meetings. All DFC grantees (100%) reported engaging in providing information activities (see Table 1). From October 2011 through July 2012, 638 DFC grantees (92%) disseminated more than 2 million pieces of prevention materials (brochures, flyers). In addition, more than 450,000 media spots were placed (print, billboard, television, radio, etc.) by 587 grantees (85%). About half of DFC grantees reported posting new materials on coalition web sites, resulting in almost 1.5 million hits. In addition to providing general prevention information via print and media, DFC grantees also directly engaged youth and adults in their communities to deliver information focused on prevention. From October 2011 through July 2012, 16,509 face-to-face information sessions were held that reached more than 140,000 adults and more than 200,000 youth. Moreover, coalitions held or contributed to 5,651 special events with more than 1.3 million attendees.

**TABLE 1: DFC GRANTEES ACCOMPLISHMENTS RELATED TO PROVIDING INFORMATION, OCTOBER 2011-JULY 2012**

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	638	91.8%	2,026,759	-- <sup>a</sup>	-- <sup>a</sup>
Informational Materials Produced: Press releases, brochures, flyers, posters, etc. produced	620	89.2%	186,112	-- <sup>a</sup>	-- <sup>a</sup>
Media Coverage: Media stories covering coalition activities	612	88.1%	12,362	-- <sup>a</sup>	-- <sup>a</sup>
Direct Face-to-Face Information Sessions	609	87.6%	16,509	140,404	203,682
Special Events: Fairs, celebrations, etc.	595	85.6%	5,651	748,265	558,331
Media Campaigns: Television, radio, print, billboard, or other posters aired/placed	587	84.5%	463,868	-- <sup>a</sup>	-- <sup>a</sup>
Social Networking: Posts on social media sites	488	70.2%	30,977	186,062 followers	142,193 followers
Information on Coalition Website: New materials posted	346	49.8%	9,779	1,486,758 hits <sup>b</sup>	--
<b>Summary: Providing Information</b>	<b>695</b>	<b>100%</b>	<b>2,752,017</b>	<b>N/A</b>	<b>N/A</b>

Notes: The number of DFC grantees was 695. Outliers beyond 3 standard deviations above were removed. This, on average, eliminated four DFC Grantees per each reported statistic. In some cases, the same youth or adults may have participated in multiple activities.

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

<sup>b</sup> Number of web hits for adults and youth.

N/A = Not Applicable

Source: COMET Activity Data, Report 8.5

## Enhancing Skills

The purpose of activities in this strategy is to enhance the skills of participants, members and staff needed to achieve population-level outcomes. Examples include parenting workshops, youth conferences, staff training, and technical assistance (see Table 2). The majority of DFC grantees (98%) engaged in activities related to enhancing skills. The most common type of enhancing skills activity, engaged in by 605 (87%) DFC grantees, was providing youth education and training programs. More than 9,500 sessions were delivered to nearly 300,000 youth. Nearly 100,000 parents also received training via 2,830 parent education and training sessions provided by 476 (69%) grantees. Training was also provided to more than 27,000 teachers, more than 70,000 community members, and more than 20,000 workers at establishments that sell alcohol or tobacco.

### Quotes from the Field: Enhancing Skills

*A very successful responsible beverage service initiative was accomplished by the coalition. Twenty-one individuals from four different locations received training from the coalition. The coalition was able to find a partner in the community to sustain the program in 2012-2013 beyond Drug-Free Communities and STOP Act grant funding.*

**TABLE 2: DFC GRANTEES ACCOMPLISHMENTS RELATED TO ENHANCING SKILLS, OCTOBER 2011-JULY 2012**

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 prevention information to youth	605	87.1%	9,579	N/A	295,849
Parent Education and Training: Sessions on drug awareness, prevention strategies, parenting skills, etc. directed to parents	476	68.5%	2,830	97,024	N/A
Community Member Training: Sessions on drug awareness, cultural competence, etc. directed to community members, including law enforcement, media, and landlords	474	68.2%	1,894	74,339	N/A
Teacher Training: Sessions on drug awareness directed to teachers or youth workers	332	47.8%	1,460	27,496	N/A
Business Training: Sessions on server compliance, training on youth-marketed alcohol products, tobacco sales, etc.	317	45.6%	1,496	22,100	N/A
<b>Summary: Enhancing Skills</b>	<b>686</b>	<b>98.7%</b>	<b>17,259</b>	<b>220,959</b>	<b>295,849</b>

Notes: The number of DFC grantees was 695. Outliers beyond 3 standard deviations above were removed. This, on average, eliminated four DFC grantees per each reported statistic. In some cases, the same youth or adults may have participated in multiple activities.

N/A = Not Applicable

Source: COMET Activity Data, Report 8.5

## 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).<sup>10</sup> The majority of the DFC grantees (71%) sponsored or supported alternative social events, attended collectively by more than 200,000 youth. DFC grantees also supported 1,840 youth organizations and clubs with 34,370 members, and 1,587 youth recreation programs with 63,900 participants. DFC grantees provided or supported 1,036 community events with more than 100,000 participants, as well as 1,242 youth and family support groups with more than 15,000 participants.

### Quotes from the Field: Providing Support

*[We held] a quarterly event that is designed to compete with the house parties in the city that are reportedly the most common way for the city's youth to access alcohol. The coalition work group...has come together to plan and implement these events. The group recruits youth and organizations to plan safe, substance-free alternative events for youth ages 13+. Over 250 youth and over 20 adult volunteers attend the events.*

**TABLE 3: DFC GRANTEES ACCOMPLISHMENTS RELATED TO PROVIDING SUPPORT, OCTOBER 2011-JULY 2012**

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	492	70.8%	2,673	88,307	211,345
Youth/Family Community Involvement: Community events held (e.g., neighborhood cleanup)	289	41.6%	1,036	39,817	74,945
Youth Recreation Programs: Recreational events (e.g., athletics, arts, outdoor activities) supported by coalitions	237	34.1%	1,587	N/A	63,900
Youth Organizations: Clubs and centers supported by coalitions	204	29.4%	1,840	N/A	34,370
Youth/Family Support Groups: Leadership groups, mentoring programs, youth employment programs, etc. supported by coalitions	187	26.9%	1,242	6,575	9,304
<b>Summary: Providing Support</b>	<b>610</b>	<b>87.8%</b>	<b>8,378</b>	<b>134,699</b>	<b>393,864</b>

Notes: The number of DFC grantees was 695. Outliers beyond 3 standard deviations above were removed. This, on average, eliminated four DFC grantees per each reported statistic. In some cases, the same youth or adults may have participated in multiple activities.

N/A = Not Applicable

Source: COMET Activity Data, Report 8.5

<sup>10</sup> Please see footnote 8 regarding limitations on uses of DFC funding. DFC community coalitions may engage in some activities provided in examples that are not funded through DFC or match funds.



## 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, and cultural/language translation of materials/services (see Table 4).<sup>11</sup> More than three-quarters (77%) of DFC grantees were involved in prescription drug take-back programs.<sup>12</sup> Slightly less than one third of DFC grantees (29%) reported increasing access to substance use services with almost 24,000 adults and nearly 20,000 youth referred to substance use services during this reporting period. Nearly 40% of DFC grantees provided services in a culturally competent manner which typically involved the development of prevention materials in other languages. More than 16,000 adults and 6,000 youth received supports such as transportation or access to child care that facilitated their involvement in prevention and treatment activities.

**Quotes from the Field:**  
**Enhancing Access/Reducing Barriers**

*...and the Partnership collaborated with the...County Sheriff's Department to participate in two National Take Back Days...So far this year we have collected 31 boxes totaling 806 pounds.*

**TABLE 4: DFC GRANTEE ACCOMPLISHMENTS RELATED TO ENHANCING ACCESS/REDUCING BARRIERS, OCTOBER 2011-JULY 2012**

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
Reducing Home and Social Access: Adults and youth participating in prescription drug takeback programs	534	76.8%	N/A	--a	--a
Cultural Competence: People targeted for culturally sensitive outreach (e.g., multilingual material development)	274	39.4%	N/A	233,512	175,529
Increased Access to Substance Use Services: People referred to employee assistance programs, student assistance programs, treatment services	204	29.4%	N/A	23,978	19,976
Improved Supports: People receiving supports for enhanced access to services (e.g., transportation, child care)	97	14.0%	N/A	16,128	6,601
<b>Summary: Enhancing Access/Reducing Barriers</b>	<b>641</b>	<b>92.2%</b>	<b>N/A</b>	<b>1,284,690</b>	<b>482,871</b>

Notes: The number of DFC grantees was 695. Outliers beyond 3 standard deviations above were removed. This, on average, eliminated four DFC coalitions per each reported statistic.

<sup>a</sup> 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: COMET Activity Data, Report 8.5

<sup>11</sup> Please see footnote 8 regarding limitations on uses of DFC funding. DFC community coalitions may engage in some activities provided in examples that are not funded through DFC or match funds.

<sup>12</sup> Many prescription drug takebacks involve drop boxes that are not monitored on a 24/7 basis, making it difficult to estimate of the number of adult/youth participants. The evaluation team is considering monitoring the number of pounds of prescription drugs collected, rather than the number of 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. An example of an incentive is providing recognition of positive accomplishments (e.g., substance-free youth). Examples of disincentives include increasing fines for underage drinking violations and increasing the likelihood of citations being given for a specific crime (e.g., social hosting laws). Table 5 presents an overview of the number of DFC grantees involved in activities related to changing consequences, as well as the number of businesses affected by these activities.

### Quotes from the Field: Changing Consequences

*The Survey of Alcohol Compliance is conducted by the [State] Excise Police to evaluate the availability of alcoholic beverages to persons under the age of 21. Inspections consist of... Officers and 18-20 year-old youths who attempt to obtain alcohol at licensed retail establishments. Conducted in phases, the primary goal is to reduce access and availability of alcoholic beverages to [the State's] youth. Regular and consistent compliance checks have resulted in a county improvement in compliance rate from 85.5% in 2011 to 93.6% compliance between Jan. 2012 and June 2012.*

Less than half (43%) of DFC grantees have implemented recognition programs that reward local businesses for compliance with local ordinances related to the sale of alcohol and tobacco. Fewer DFC grantees (19%) publicly identify establishments that have been noncompliant with local ordinances. During this reporting period, 8,148 businesses received recognition for compliance and 2,491 businesses were identified for noncompliance.

**TABLE 5: DFC GRANTEES ACCOMPLISHMENTS RELATED TO CHANGING CONSEQUENCES, OCTOBER 2011-JULY 2012**

Activity	Number of DFC Grantees Engaged in Activity <sup>a</sup>	Percentage of DFC Grantees Engaged in Activity	Number of Businesses
Recognition Programs: Businesses receiving recognition for compliance with local ordinances	297	42.7%	8,148
Publicizing Non-Compliance: Businesses receiving recognition for non-compliance with local ordinances	132	19.0%	2,491
<b>Summary: Changing Consequences</b>	<b>571<sup>b</sup></b>	<b>82.2%</b>	<b>10,639</b>

Notes: The number of DFC grantees was 695. Outliers beyond 3 standard deviations above were removed. This, on average, eliminated four DFC grantees per each reported statistic.

<sup>a</sup> Data on number of people served was not collected since it could not be collected consistently and reliably by all grantees.

<sup>b</sup> Two additional categories were included in the COMET system but were not reported in this table because quantifying involvement and accomplishments in these categories was not possible. The two categories are: (1) Strengthening Enforcement: e.g., supporting DUI checkpoints, shoulder tap programs, open container laws, and (2) Strengthening Surveillance: e.g., "hot spots," party patrols. Involvement in these activities was included in the "summary" row.

Source: COMET Activity Data, Report 8.5

## Changing Physical Design

Activities in this strategy involve changing the physical design or structure of the community environment to reduce risk or enhance protection. Cleaning up blighted neighborhoods, adding lights to a park, and regulating alcohol outlet density are examples of activities in this strategy (see Table 6).<sup>13</sup> Slightly more than a third of DFC grantees have worked on identifying physical design problems (37%) and improving signage or advertising by suppliers (35%). Altogether, 1,088 physical design problems were identified and 1,384 suppliers made changes in signage, advertising, or displays related to alcohol or tobacco sales. DFC grantees also engaged in 451 neighborhood cleanup and beautification events and improved 146 public places to facilitate surveillance (e.g., improving visibility of “hot spots” of substance dealing or use).

**TABLE 6: DFC GRANTEES ACCOMPLISHMENTS RELATED TO CHANGING PHYSICAL DESIGN, OCTOBER 2011-JULY 2012**

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	258	37.1%	1,088
Improved Signage/Advertising by Suppliers: Suppliers making changes in signage, advertising, or displays	246	35.4%	1,384
Cleanup and Beautification: Clean-up/beautification events held	197	28.3%	451
Encourage Designation of Alcohol-Free and Tobacco-Free Zones: Businesses targeted or that made changes	160	23.0%	813
Identify Problem Establishments: Problem establishments identified (e.g., drug houses), plus the number that modified practices	100	14.4%	287
Improved Ease of Surveillance: Areas (public places, hot spots) in which surveillance and visibility was improved	69	9.9%	146
<b>Summary: Changing Physical Design</b>	<b>521</b>	<b>75.0%</b>	<b>4,169</b>

Notes: The number of DFC grantees was 695. Outliers beyond 3 standard deviations above were removed. This, on average, eliminated four DFC grantees per each reported statistic.

Source: COMET Activity Data, Report 8.5

<sup>13</sup> Please see footnote 8 regarding limitations on uses of DFC funding. DFC community coalitions may engage in some activities provided in examples that are not funded through DFC or match funds.

## Modifying/Changing Policies

In this strategy (see Table 7), activities involve formal change in written procedures, by-laws, laws, rules, proclamations, and/or voting procedures.<sup>14</sup> Examples include workplace initiatives, school drug testing policies and local use ordinances. More than a third (37%) of DFC grantees engaged in modifying or changing policies in schools, and 229 policies were changed. DFC grantees were also successful in modifying or changing 109 laws/policies related to supplier advertising/liability; 109 laws/policies related to restrictions on the sale of alcohol or tobacco; 103 laws/policies concerning underage use, possession, or behavior under the influence; 98 laws/policies related to facilitating access to treatment or prevention services; 93 laws/policies related to drug-free workplaces; 80 laws/policies related to parental liability/enabling behaviors; 65 laws/policies concerning taxes or fees for alcohol or tobacco; and 29 laws/policies related to the location or density of alcohol outlets.

**TABLE 7: DFC GRANTEES ACCOMPLISHMENTS RELATED TO MODIFYING/CHANGING POLICIES, OCTOBER 2011-JULY 2012**

Activity	Number of DFC Grantees Engaged in Activity	Percentage of DFC Grantees Engaged in Activity	Number of Completed Activities
School: Laws or policies passed/modified concerning drug-free schools	256	36.8%	229
Citizen Enabling/Liability: Laws or policies passed/modified concerning parental liability or enabling	208	29.9%	80
Underage Use: Laws or policies passed/modified concerning underage use, possession, or behavior under the influence	188	27.1%	103
Supplier Promotion/Liability: Laws or policies passed/modified concerning supplier advertising, promotions, or liability	154	22.2%	109
Treatment and Prevention: Laws or policies passed/modified concerning sentencing alternatives to increase treatment or prevention	138	19.9%	98
Sales Restrictions: Laws or public policies passed/modified concerning restrictions on product sales	135	19.4%	109
Cost: Laws or policies passed/modified concerning cost (e.g., alcohol taxes/fees, tobacco taxes)	106	15.3%	65
Workplace: Laws or policies passed/modified concerning drug-free workplaces	98	14.1%	93
Outlet Location/Density: Laws or zoning ordinances passed/modified concerning the density of alcohol outlets	76	10.9%	29
<b>Summary: Changing Policies</b>	<b>547</b>	<b>78.7%</b>	<b>915</b>

Notes: The number of DFC grantees was 695. Outliers beyond 3 standard deviations above were removed. This, on average, eliminated four coalitions per each reported statistic.

Source: COMET Activity Data, Report 8.5

<sup>14</sup> Lobbying with federal dollars is not permitted. As such, costs for lobbying cannot be used as match. For more information refer to Restrictions Grantee Lobbying (Appropriations Act Section 503). See also <http://www.whitehouse.gov/ondcp/information-for-current-grantees>.

## Summary: Implementation of Strategies

In summary, the reporting of activities carried out by DFC grantees between October 2011 and July 2012 documents a comprehensive presence in their communities. Every DFC community coalition submitting a report during this reporting period indicated they had engaged in information dissemination activities. Nearly two thirds (65%) had engaged in at least seven of the eight information activities on which they were specifically asked to report. In addition, a great majority of DFC grantees engaged in each of the additional strategies reported on in COMET. Virtually all (99%) provided services related to enhancing skills, 92 percent engaged in activities to promote access/reduce barriers to prevention and treatment services; 88 percent engaged in supporting positive opportunities for positive activities reducing risk for substance use; 82 percent carried out activities designed to increase incentives for non-use; 79 percent promoted law or policy changes to decrease use and associated negative behaviors; and 75 percent engaged in activities to change physical environments to decrease opportunities for and encouragement of substance use.

The most frequently used activities within each strategy area often targeted youth. More DFC grantees provided skills activities for youth than any other community group; alternative drug-free activities for youth were the support activity used by the most DFC grantees; reducing home access to substances was the enhancing access/reducing barriers activity most often used by DFC grantees; and more DFC grantees focused on school policies than on any other category of law and policy change. 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 third of the nation's population.

## Interim Core Measures Findings from the Outcome Evaluation

### 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 large part by the desire to align the DFC core measures with SAMHSA's National Outcome Measures (NOMs). DFC grantees were aware that changes to the core measures were coming, and in some cases may have already been collecting revised core measure data prior to 2012. Each DFC grantee was required to submit surveys used to collect core measure data in order to identify if original and/or revised core measures were being collected. In all, 308 of the 695 grantees (44%) who submitted COMET reports in August 2012 reported some core measure outcome data. Some DFC grantees reported on data that was collected in different years (i.e., 2012 data and 2011 data collection). In all, 126 DFC community coalitions (18%) reported on core measure data collected in 2012, 128 (18%) reported on data collected in 2011 and 54 (8%) reported on data collected in 2010. Finally, in the August 2012 COMET submission, 24 DFC community coalitions submitted core measure data collected in 2007, 2008 or 2009.

Given the recent change to core measures, only baseline data is available for the revised measures, and these data will be presented in a later section. 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 2012.

The four DFC original core measures included (1) the prevalence of past 30-day use, (2) perception of risk, (3) perception of parental disapproval, and (4) age of first use. Each of the original core measures covered three substances: alcohol, tobacco, and marijuana. Highlights of changes made in the transition to the revised core measures include:

- **Addition of Prescription Drugs as a Core Substance:** There has been a rapid expansion in the past decade in the number of youth who engage in illicit use of prescription drugs and other medications.<sup>15</sup> The broad availability of prescription drugs and misperceptions about their dangers is an alarming combination. Beginning in 2012, DFC grantees are required to include in their core measures survey questions that ask about each core measure with regard to using prescription drugs not prescribed to you.
- **Removal of Age of First Use as a Core Measure:** Age of First Use is difficult to use as a performance measure, given that many youth may have already started using substances prior to the start of the DFC grant. Moreover, it is not a particularly reliable measure since many youth must recall an event that happened many years in the past. Some DFC coalitions continue to collect Age of First Use for local assessment purposes.
- **Perception of Risk of Alcohol Moved from Regular Use to Binge Drinking:** To be consistent with the NOMs, and to capture a more realistic pattern of use among youth, the Perception of Risk measure for alcohol use was modified to measure perceived risk of binge drinking rather than perceived risk of regular use.<sup>16</sup> Grantees are permitted to continue to measure perception of risk of regular alcohol use as that data is reported for other federal grant programs.
- **Additional Specificity Provided on “Regular” Use:** Several measures (Perception of Risk for Alcohol, Tobacco, and Marijuana, Perception of Parental Disapproval of alcohol use) focus on regular use of a particular substance. While regular use of alcohol was previously defined as 1-2 drinks nearly every day, regular use of marijuana was not defined. Regular marijuana use is now defined as 1-2 times per week.
- **Perception of Peer Disapproval Added as a Core Measure:** Perception of Peer Disapproval was added as a core measure. 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.

For this report, the focus is on data reported on three of the four core measures collected from 2002 to 2012 (Past 30-Day Prevalence of Use, Perception of Risk, Perception of Parental Disapproval). Since Age of First Use has been dropped as a core measure, it is not included in this report. Data analyses presented in this report describe changes over time within communities while DFC grantees were in place. These analyses cannot determine for certain that DFC community coalitions caused those changes. The box on interpreting findings provides an overview of the definitions of the core measures and the analyses used in this report.

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<sup>15</sup> Office of National Drug Control Policy (2007). *Teens and prescription drugs: An analysis of recent trends on the emerging threat*. Washington, DC: Author.

<sup>16</sup> In this report, perception of risk of regular alcohol use was reported by the majority of DFC grantees. Perception of Risk of binge alcohol use will be discussed in the baseline data.

## INTERPRETING FINDINGS

The four new 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 and 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, which covers binge use, is described in the section of the report on baseline data. Binge use was defined for alcohol 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 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, the legacy core measures will continue to be reported on until change scores can be computed from at least two data points.

### 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 analyses of change in core measures for DFC community coalitions as follows.

**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. The average amount of time elapsed between first and last time reported was between 3.9 and 4.1 years, depending on the outcome. Results of these analyses include (1) all DFC grantees ever funded and (2) FY2011 DFC grantees only, that reported outcome data at least twice between 2002 and 2012.

**Analyses of Short-Term Change.** To assess recent short-term change and provide an early warning for emerging trends, 2011 core measures data was compared to the most recent previous report for each DFC grantee in that cohort (which was 2010 data in 39% of cases, 2009 data in 49% of cases, 2008 data in 8% of cases, and 4% of DFC grantees had a most recent report in 2007 or prior). This analysis reflects the most recent changes in core measures for DFC grantees. These data are for DFC grantees reporting in 2012, 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, and 2011. 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 both DFC and non-DFC communities.

## Past 30-Day Prevalence of Use

Results for the long-term analyses described earlier are presented in Table 8. DFC community coalitions' most recent reports of the past 30-day prevalence of use were compared to their first report to identify change that has occurred since the beginning of the DFC grant in those coalitions. The average amount of time elapsed between these reports was 4.1 years. Although prescription drug use was added as a core substance, it is not reported here because only one time point of data has been collected on the revised core measures. Point estimates for baseline data on the prevalence of past 30-day (illicit) prescription drug use is reported in a later section.

Two descriptive trends in the past 30-day prevalence of use data are worth noting. First, at both the middle school and high school level, youth were almost twice as likely to have reported past 30-day use of alcohol as of either tobacco or marijuana. Among high school youth, approximately one third of youth report past 30-day use of alcohol, indicating the need for ongoing prevention efforts such as those provided by DFC community coalitions. A second trend of interest is that while historically slightly more youth reported past 30-day tobacco use than reported past 30-day marijuana use, this trend has been reversed among high school youth in the most recent year. Among current DFC grantees on their most recent observation, 16% of high school youth reported past 30-day use of tobacco, while 19% reported past 30-day use of marijuana.

**TABLE 8: PAST 30-DAY PREVALENCE OF USE<sup>a</sup>**

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 Current DFC Grantees Only		
			% 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	882	14.3	11.4	-2.8**	487	14.2	10.8	-3.4**
	Tobacco	886	7.2	5.4	-1.9**	489	6.7	4.7	-2.0**
	Marijuana	873	5.7	4.5	-1.3**	486	5.6	4.4	-1.2**
High School	Alcohol	939	37.1	33.3	-3.8**	518	36.9	32.5	-4.4**
	Tobacco	932	19.4	16.2	-3.2**	516	18.6	15.6	-3.0**
	Marijuana	925	18.5	17.8	-0.7**	513	18.1	19.0	+0.8**

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

<sup>a</sup> 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).

Source: COMET, 2002-2012 core measures data

**Long-term Change, All Grantees.** Long-term analyses suggest a consistent record of positive accomplishment for substance use outcomes in communities with a DFC grantee from 2002 to 2012. The prevalence of past 30-day use of alcohol, tobacco, and marijuana 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 2.8 percentage points among middle school students and declining by 3.8 percentage points among high school students. The prevalence of past 30-day tobacco use declined by 1.9 percentage points among middle school



students, and by 3.2 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 1.3 percentage points among middle school students and by 0.7 percentage points among high school students.

**Long-term Change, Current Grantees.** Among current grantees, a similar pattern emerged, with significant declines in the prevalence of past 30-day use of alcohol and tobacco use from the first to most recent report. However, though the prevalence of past 30-day use of marijuana among middle school students declined significantly (-1.2 percentage points), the prevalence of past 30-day marijuana use among high school students increased between the first and most recent report by 0.8 percentage points.

**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
14.3%	11.4%	-2.8 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.:

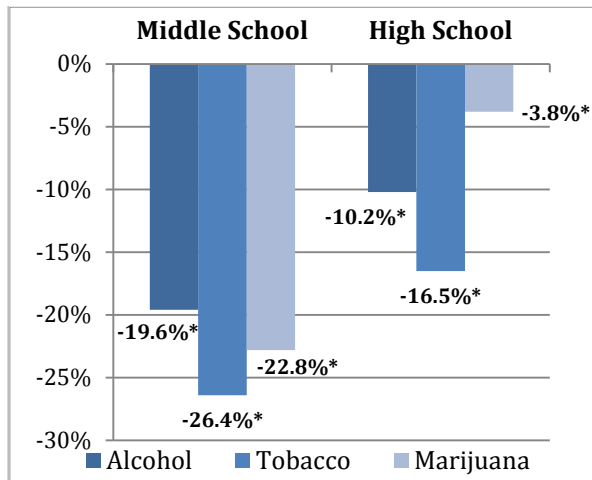
$$\text{Percentage point change } (-2.8) = \text{most recent observation } (11.4\%) - \text{first observation } (14.3\%)$$

- Percentage Change (presented in Figure 2):** Figure 2 in the report presents 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.:

$$\text{Percentage change } (-19.6\%) = \text{percentage point change } (-2.8\%) / \text{first observation } (14.3\%)$$

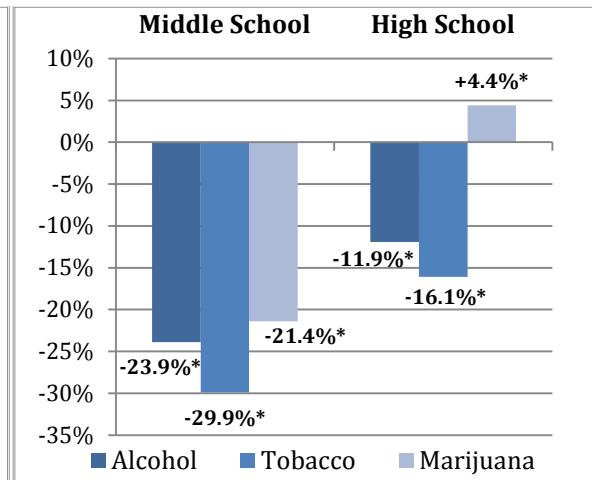
Both figures provide technically correct presentations of findings. While the national evaluation team prefers to present data using percentage point changes (i.e., because presenting absolute values is less confusing), reporting percentage change can be an effective way to show how different findings 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).

**Percentage Change in Past 30-day Prevalence of Use.** Thus 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 prior page for discussion of percentage point change versus percentage change). For example, while the prevalence of marijuana use among middle school students declined by a modest 1.3 percentage points in the long-term analysis among all DFC grantees funded since inception (from 5.7% to 4.5%), this represents a 23% reduction in the prevalence of marijuana use by middle school youth during that period (Figure 2).



**FIGURE 2: PERCENTAGE CHANGE IN PAST 30 DAY ALCOHOL, TOBACCO, AND MARIJUANA PREVALENCE OF USE: LONG-TERM CHANGE AMONG ALL DFC GRANTEEES SINCE INCEPTION OF THE GRANT**

Note: \*  $p < .01$ ; 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).

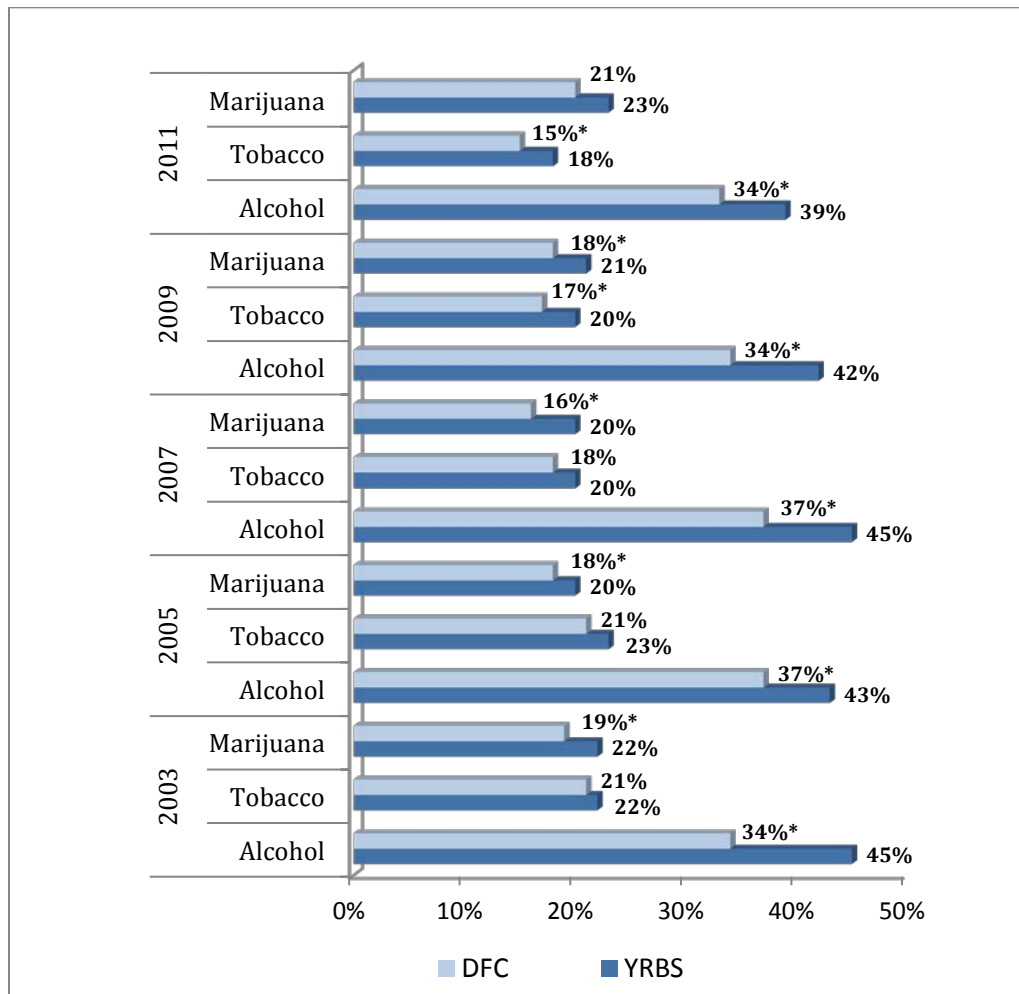


**FIGURE 3: PERCENTAGE CHANGE IN PAST 30 DAY ALCOHOL, TOBACCO, AND MARIJUANA PREVALENCE OF USE: LONG-TERM CHANGE AMONG CURRENT DFC GRANTEEES**

**Long-term Change, All Grantees.** As shown in Figure 2, prevalence of alcohol use by middle school youth declined by 20%, prevalence of tobacco use by middle school youth declined by 26%, and prevalence of marijuana use by middle school youth declined by 23% from the first to the most recent data reports across DFC grantees. Percentage reductions in prevalence of use at the high school level were less pronounced. High school alcohol use declined by 10%, high school tobacco use declined by 17%, and high school marijuana use declined by 4% 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.

**Long-term Change, Current Grantees.** Among current DFC grantees (Figure 3), the prevalence of past 30-day alcohol use among middle school youth declined by 24% from the first to most recent report, the prevalence of past 30-day tobacco use declined by 30%, and the prevalence of past 30-day marijuana use declined by 21%. Current DFC grantees also reported declines among high school students in the prevalence of past 30-day alcohol use (-12%) and tobacco use (-16%); however, the prevalence of past 30-day marijuana use among high school students increased by 4%. All changes were statistically significant.

**Comparison to National Data.** As shown in Figure 4, 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 YRBS in all five years compared (i.e., 2003, 2005, 2007, 2009, and 2011), and prevalence rates for marijuana use were lower in DFC communities for four of the five years (2003, 2005, 2007, and 2009). DFC grantees generally mirrored national prevalence of past 30-day tobacco use, but were significantly lower in 2009 and 2011.



**FIGURE 4: COMPARISON OF DFC GRANTEE AND NATIONAL (YRBS) REPORTS OF PAST 30-DAY ALCOHOL, TOBACCO, AND MARIJUANA PREVALENCE OF USE AMONG HIGH SCHOOL STUDENTS**  
 \*Difference between DFC grantees and YRBS was statistically significant at the  $p < .05$  level.

### Perception of Risk/Harm of Use

As mentioned earlier, the core measure for perception of risk of alcohol has changed from a measure of perceived risk of regular alcohol use to perceived risk of binge drinking. As only one time period of data has been collected, the data presented for perceived risk of alcohol use are based on the legacy core measure (i.e., regular use). Moreover, perceived risk of regular marijuana use is also presented as a legacy measure. This core measure has defined “regular use” as 1-2 times a week. Future reports will include change scores on the revised core measures.

**Long-term Change, All Grantees.** Significant increases in youths’ 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 3.6 percentage points and increased by 6.3 percentage points among high school students. The perception of risk of tobacco use also increased, with positive movements of 2.4 percentage points among middle school youth and of 4.4 percentage points among high school youth. Perception of risk of marijuana use did not change significantly among either middle school or high school youth.

**Long-term Change, Current Grantees.** Changes in perception of risk among current (FY2011) DFC grantees followed a similar pattern, with significant increases in perceived risk of alcohol use (+4.2 percentage points among middle school youth and +6.2 percentage points among high school youth) and tobacco use (+2.8 percentage points for middle school and +5.1 percentage points for high school). Among current grantees, perception of risk of marijuana use did not change significantly among either middle school or high school youth.

**TABLE 9: PERCEPTION OF RISK/HARM OF USE<sup>a</sup>**

School Level	Substance	n	Long-Term Change: First Observation to Most Recent All DFC Grantees Since Program Inception			Long-Term Change: First Observation to Most Recent Current DFC Grantees Only			
			% Report Perceive Risk, First Outcome	% Report Perceive Risk, Most Recent Outcome	% Point Change	n	% Report Perceive Risk, First Outcome	% Report Perceive Risk, Most Recent Outcome	% Point Change
Middle School	Alcohol <sup>b</sup>	833	65.7	69.3	+3.6**	457	65.0	69.3	+4.2**
	Tobacco	832	80.2	82.6	+2.4**	464	79.6	82.4	+2.8**
	Marijuana <sup>c</sup>	810	78.7	78.9	+0.2	438	76.9	78.1	+1.2
High School	Alcohol <sup>b</sup>	881	59.4	65.7	+6.3**	483	61.3	67.6	+6.2**
	Tobacco	868	78.9	83.4	+4.4**	489	79.4	84.5	+5.1**
	Marijuana <sup>c</sup>	867	64.7	64.7	0.0	468	65.4	64.0	-1.4

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

<sup>a</sup> 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).

<sup>b</sup> 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.

<sup>c</sup> 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: COMET, 2002-2012 core measures data

## Perception of Parental Disapproval of Use

Among DFC grantees funded since the inception of the DFC program, the perception of parental disapproval increased significantly across all substances for both middle and high school students (Table 10). These increases ranged from +2.8 percentage points (high school alcohol) to +4.7 percentage points (high school and middle school tobacco) between DFC grantees' first and most recent data reports. Among current DFC grantees, significant increases in the perception of parental disapproval were observed for all measures (+2.4 high school marijuana to +5.7 high school tobacco).

**TABLE 10: PERCEPTION OF PARENTAL DISAPPROVAL<sup>a</sup>**

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>Current 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 <sup>b</sup>	775	83.9	88.1	+4.2**	424	83.5	88.9	+5.3**
	Tobacco	790	88.2	92.8	+4.7**	455	88.4	93.1	+4.7**
	Marijuana	806	89.3	93.6	+4.2**	460	89.4	93.4	+4.0**
High School	Alcohol <sup>b</sup>	827	74.6	77.4	+2.8**	455	74.7	78.4	+3.7**
	Tobacco	827	82.1	86.8	+4.7**	476	82.2	87.8	+5.7**
	Marijuana	841	84.5	87.3	+2.9**	478	84.6	87.0	+2.4**

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

<sup>a</sup> 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).

<sup>b</sup> Core measure covers perception of parental disapproval of regular alcohol use. This legacy measure did not define regular use. Future reports will include perception of parental disapproval of having 1-2 drinks nearly every day.

Source: COMET, 2002-2012 core measures data

## Most Recent Core Measures Findings: Short-Term Change

Table 11 presents data collected by DFC grantees in 2011, and compares reports from 2011 to the next most recent data report (which was 2010 data in 39% of cases, 2009 data in 49% of cases, 2008 data in 8% of cases, and 4% of DFC grantees had a most recent report in 2007 or prior). These analyses of short-term change provide an early-warning system to detect trends in recent data.

As shown in Table 11, significant declines were observed in the prevalence of past 30-day use for middle school alcohol use (-1.6 percentage points), high school alcohol use (-2.2 percentage points), and high school tobacco use (-1.4 percentage points). However, a significant increase was observed in the prevalence of past 30-day tobacco and marijuana use for middle school students (+1.0% and +0.7%, respectively), and prevalence of past 30-day marijuana use among high school students (+1.3 percentage points).

**TABLE 11: SHORT-TERM CHANGE IN DFC CORE MEASURES<sup>a</sup>**

Core Measure	School Level	Substance	n	Short-Term Change: 2011 Report vs. Next Most Recent		
				% Report Use, First Outcome	% Report Use, Most Recent Outcome	% Point Change
Past 30-Day Use	Middle School	Alcohol	184	12.0	10.4	-1.6**
		Tobacco	185	5.2	6.2	+1.0*
		Marijuana	186	4.5	5.3	+0.7**
	High School	Alcohol	216	36.1	33.8	-2.2**
		Tobacco	213	16.5	15.1	-1.4**
		Marijuana	213	19.6	20.9	+1.3**
Perception of Risk	Middle School	Alcohol	161	69.4	69.6	+0.2
		Tobacco	161	83.3	83.0	-0.3
		Marijuana	138	81.1	75.1	-6.0**
	High School	Alcohol	177	63.1	67.3	+4.1*
		Tobacco	176	81.3	84.6	+3.3**
		Marijuana	156	62.1	59.1	-3.1**
Perception of Parental Disapproval	Middle School	Alcohol	137	90.4	90.6	+0.2
		Tobacco	169	93.8	94.8	+1.0**
		Marijuana	173	95.0	95.3	+0.3
	High School	Alcohol	150	78.0	78.0	0.0
		Tobacco	180	86.7	88.2	+1.4*
		Marijuana	185	87.3	87.0	-0.3

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

<sup>a</sup> 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).

Source: COMET, 2002-2011 core measures data

This short-term trend in increased marijuana use among both middle school and high school youth warrants close monitoring. During the same short-term period, DFC grantees also reported significant declines in the perception of risk of marijuana use at both the middle school level (-6.0 percentage points) and at the high school level (-3.1 percentage points). Perception of parental disapproval of marijuana use did not change significantly. The recent trend in increased prevalence of marijuana use is similar to the results from the National Survey of Drug Use and Health which reported that 30-day use of marijuana increased by 0.6 percentage points among 13 year olds and by 1.0 percentage points among 18 year olds between 2010 and 2011<sup>17</sup>.

<sup>17</sup> US Department of Health and Human Services (2012). Results from the 2011 National Survey on drug use and Health: Detailed tables (Table 1.12b). Retrieved from <http://www.samhsa.gov/data/NSDUH/2011SummNatFindDetTables/NSDUH-DetTabsPDFWHTML2011/2k11DetailedTabs/Web/PDFW/NSDUH-DetTabsSect1peTabs11to18-2011.pdf>.

DFC grantees reported a significant increase in the perception of risk of alcohol use at the high school level (+4.1 percentage points), and in the perception of risk of tobacco use at the high school level (+3.3 percentage points). DFC grantees also reported significant increases in the perception of parental disapproval of tobacco use at both the middle school level (+1.0 percentage points) and at the high school level (+1.4 percentage points). All other short-term changes in perception of risk and perception of parental disapproval for alcohol and tobacco use were non-significant.

### Establishing Baseline Data: Revised Core Measures

Table 12 presents baseline data for the revised core measures. Since there is only one time period of data collected for these revised core measures, the calculation of change scores is not yet possible. While the number of DFC grantees reporting on the revised core measures is generally small, over 100 DFC grantees reported baseline data on prevalence of past 30-day illicit use of prescription drugs. In this sample of coalitions, 2.7% of middle school youth and 6.4% of high school youth reported past 30-day illicit use of prescription drugs. Future reports will include data on changes in the revised core measures.

**TABLE 12: BASELINE METRICS FOR REVISED CORE MEASURES**

Core Measure	School Level	Substance	N	% Report Use, First Outcome
Past 30-Day Use	Middle School	Prescription Drugs	105	2.7
	High School	Prescription Drugs	117	6.4
Perception of Risk	Middle School	Alcohol (binge use)	111	65.0
		Marijuana (regular use)	104	75.8
		Prescription Drugs	43	72.3
	High School	Alcohol (binge use)	126	68.8
		Marijuana (regular use)	114	61.9
		Prescription Drugs	45	73.0
Perception of Parental Disapproval	Middle School	Alcohol	64	92.6
		Prescription Drugs	36	94.2
	High School	Alcohol	67	84.9
		Prescription Drugs	34	91.7
Perception of Peer Disapproval	Middle School	Alcohol	26	74.7
		Tobacco	40	83.4
		Marijuana	40	84.7
		Prescription Drugs	22	76.1
	High School	Alcohol	23	60.4
		Tobacco	36	62.9
		Marijuana	37	59.6
		Prescription Drugs	20	73.5

Notes: n represents the number of DFC grantees included in the analysis.  
 Source: COMET, 2012 core measures data

## Conclusion

Based on core measures data collected by DFC grantees from 2002 to 2012, 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) at the middle school and high school level. Among current DFC grantees reporting core measure data, there were also significant declines in prevalence of past 30-day use, with the exception of a significant increase in the percentage of high school youth reporting past 30-day use of marijuana (+0.8 percentage point increase). Even with the long-term reported declines in youth substance use across all DFC grantees, the prevalence of past 30-day use levels remain high, particularly among high school youth. Approximately 1 in 3 (33%) high school youth report past 30-day use of alcohol, with nearly 1 in 5 (18%) reporting past 30-day use of marijuana and 16% reporting past 30-day use of tobacco. Reduction in youth substance use has the potential of bringing added benefits in improving the broad range of individual, family, and community problems related to such use.

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. Among all DFC grantees since program inception and among current (FY2011) DFC grantees, perception of risk increased significantly for alcohol and tobacco use among youth between DFC grantees' first report and most recent report. However, no change in perception of risk of marijuana use was reported among middle school or high school youth. Middle school youths' perception of parental disapproval increased significantly for alcohol, tobacco and marijuana. High school students' perception of parental disapproval increased for alcohol and tobacco use. However, while all DFC grantees since program inception reported significant increases in parental disapproval of marijuana use, there was no significant change among current grantees at the high school level.

While it cannot be determined for certain that the work of DFC community coalitions caused any of the significant changes, the data are consistent with what would be expected if the program were having an impact with only two exceptions (i.e., increases in prevalence of past 30-day marijuana use by high school students and a lack of significant findings in perception of risk of marijuana use at the middle and high school levels). The most recent progress report data on accomplishments of DFC grantees provides a solid indication that this program's footprint is quite large. DFC catchment areas cover 36% of the U.S. population. Between October 2011 and July 2012, DFC grantees distributed more than 2 million prevention materials; reached over 1 million people with special events; held direct face-to-face information sessions with almost 350,000 attendees; trained over 500,000 youth, parents, and community members; recognized more than 10,000 businesses for compliance (or noncompliance) with local ordinances; and passed or modified slightly more than 900 laws or policies.