

Attachment 4:

Sample Annual Evaluation Report and Executive Summary



National Evaluation of the Drug-Free Communities Support Program Summary of Core Outcome Findings through 2013

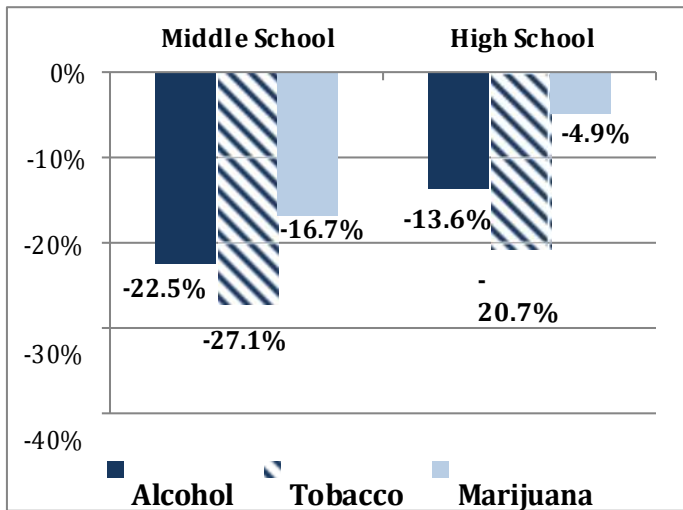
The goals of the Drug-Free Communities Support Program are to strengthen community collaboration and to reduce youth substance use.

Administered by the Office of National Drug Control Policy (ONDCP), with support from the Substance Abuse and Mental Health Services Administration (SAMHSA), the Drug-Free Communities (DFC) Support Program funds community coalitions to prevent and reduce youth substance use. The contributions of community coalitions constitute a critical part of the Nation's drug prevention infrastructure. They are a catalyst for creating local change where drug problems manifest and affect the citizens of this country. A summary of findings based on data reported by DFC grantees presented in full in the 2013 National Evaluation Report.

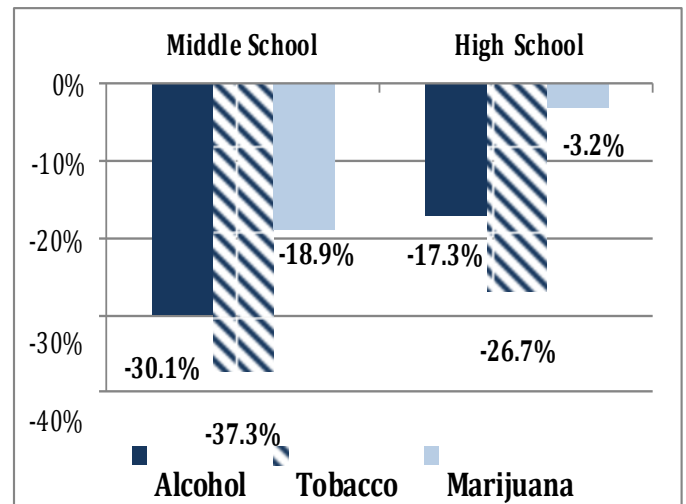
Long-Term Change in DFC Core Measures

Prevalence of Youth Substance Use Has Declined Significantly in DFC Communities. Prevalence of past 30-day use declined significantly between the first and the most recent data reports across all substances (alcohol, tobacco, marijuana) and school levels (middle and high school). This was true for both all DFC grantees ever funded (see Figure 1) and for the Fiscal Year (FY) 2012 DFC grantees only (see Figure 2). Percentage change decreases were largest for prevalence of past 30-day use of tobacco, then past 30-day use alcohol. Prevalence of past 30-day use of marijuana among high school students had the smallest percentage change but was a significant decrease.

**FIGURE 1: PERCENTAGE CHANGE IN PAST 30-DAY USE:
FIRST REPORT TO MOST RECENT REPORT
(ALL DFC GRANTEES EVER FUNDED)**



**FIGURE 2: PERCENTAGE CHANGE IN PAST 30-DAY USE:
FIRST REPORT TO MOST RECENT REPORT
(FY2012 DFC GRANTEES ONLY)**



Perceptions of Risk of Tobacco and Alcohol Use Have Changed Significantly in the Desired Direction:

Among all DFC grantees ever funded and among FY2012 DFC grantees, perception of risk for alcohol and tobacco use and perception of parental disapproval increased significantly among DFC youth at both the middle and high school levels between the first report and the most recent report.

Changing Perceptions of Youth Marijuana Use: Perception of risk of marijuana use did not change significantly for either middle school or high school youth between first and most recent report among all DFC grantees ever funded and among FY2012 DFC grantees only. Perception of parental disapproval of marijuana use did increase significantly among middle school youth for all DFC grantees ever funded and for FY2012 DFC grantees. Among high school youth, perception of parental disapproval increased significantly for all DFC grantees ever funded but not for FY2012 DFC grantees only.

Recent Trends in Change in DFC Core Measures: 2012 Report versus Most Recent Report

The following trends were observed among DFC grantees that reported on outcome data collected in 2012. Because DFC grantees are required to report outcome data every two years, these recent trends are based on data from less than half of the FY2012 DFC grantees. Rather than comparing first to most recent data, these trends focus on comparisons between the 2012 report and the most recent report.

- **Prevalence of Past 30-Day Use of Alcohol and Tobacco Declined Significantly in DFC Grantee Communities:** Among DFC grantees that reported data from 2012, there was a significant decline in prevalence of alcohol use at both the middle school level (-2.3 percentage points) and high school level (-1.8 percentage points) from their next most recent report (most commonly data from 2010). Middle school and high school tobacco use also decreased significantly (-1.5 and -2.4 percentage points, respectively) during this time period.
- **Prevalence of Past 30-Day Use of Marijuana by Middle School Youth Declined Significantly but Remained Unchanged in High School Youth.** Among DFC grantees that reported data from 2012, prevalence of marijuana use among middle school decreased significantly (-0.8 percentage points) from their most recent report. During this same time frame, prevalence of past 30-day use of marijuana by high school students remained unchanged.

General Trends in Prevalence of Past 30-Day Substance Use Based on Most Recent

While the Significant Declines in Prevalence of Past 30-Day use are Promising, Youth Substance Use Remains High, Particularly for Alcohol, Suggesting an Ongoing Need for the DFC Program. Within both middle school and high school youth, nearly twice as many youth report past 30-day use of alcohol as report use of either tobacco or marijuana. Based on most recent report for FY2012 Grantees, 9% of middle school and 30% of high school youth report past 30-day use of alcohol. At this same time, similar percentages of middle school youth report tobacco and marijuana past 30-day use (4.2% and 4.3%, respectively). However, among high school youth, past 30-day use of tobacco is slightly lower than past 30-day use of marijuana (13.7% and 18.1%, respectively).

Perception of Peer Disapproval

Perception of Peer Disapproval of Substance Use Declines Between Middle School and High School. Among middle school youth, over 80% reported perceiving that their peers would think it would be wrong for them to use a given substance (alcohol, tobacco, marijuana, illicit use of prescription drugs). Smaller percentages of high school youth reported similar perceptions for alcohol, tobacco, marijuana, and illicit use of prescription drugs (56%, 63%, 55% and 74%, respectively). This suggests that youth perceptions of peer disapproval of substance use decreases from middle to high school.

Findings Related to the Implementation of Prevention Strategies

DFC grantees are encouraged to engage in a range of activities, categorized by 7 strategy types, and clearly do so. Virtually all DFC coalitions (over 98%) engaged in Providing Information and Enhancing Skills activities, and many report these as a foundation for work in other strategies. The smallest percentage of DFC grantees engaged in activities related to Changing Physical Design, although just under three-fourths of DFC grantees engaged in these activities (72%). Slightly more than three-fourths of DFC coalitions (77%) reported engaging in activities related to Modifying/Changing Policies. Generally, grantees focus on modifying/changing one to two types of policies at a time. Modifying/Changing Policies related to drug-free schools was engaged in by the highest percentage of DFC grantees (29%), and these grantees reported being generally successful. Citizen Enabling/Liability policies had the second highest policy engagement, but lowest number of successes, suggesting that enacting these types of laws can take considerable effort and time.

NOTE: Given the evaluation design, a causal relationship cannot be claimed with certainty between DFC coalition activities and the outcomes reported here. However, the results are consistent with expectations that DFC is effective when the program has been implemented as intended. Please see the full report for additional information.

ONDCP | DFC National Outcome Evaluation Status Update

ONDCP seeks to foster healthy individuals and safe communities by effectively leading the Nation's effort to reduce drug use and its consequences

Drug-Free Communities Support Program

2013 National Evaluation Report



December 2014

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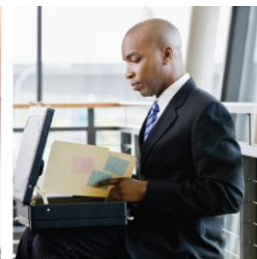
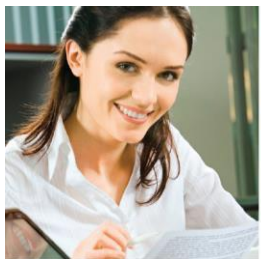


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Drug-Free Communities Support Program

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 Program to the awarding of Fiscal Year (FY) 2012 DFC grants that are the focus of this report, 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 2013 National Evaluation Report

This report is intended to provide an annual update on DFC national evaluation findings. Findings are reported in two major sections. First, process data on strategies implemented by FY2012 DFC grantees are presented in order to provide information regarding *how* DFC grantees engage in activities to bring about change. Next, outcome data reflecting *change* on DFC core measures are provided both for all DFC grantees ever funded and for FY2012 DFC grantees specifically. The outcomes section of the report also includes a comparison to some national data. The data in this report are presented as a reflection of the relationship between being a DFC grantee and change in outcomes.

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 in February and August of each year.³ Information about core measures data submitted into COMET is included later in this report, including definitions of the core measures. This report contains data submitted by DFC grantees in COMET on activities and

¹ Office of National Drug Control Policy (2013). *Drug-Free Communities Support Program*. Retrieved on 11/2/13 from <http://www.whitehouse.gov/ondcp/Drug-Free-Communities-Support-Program/>

² Office of National Drug Control Policy (2013). *Drug-Free Communities Support Program*. Retrieved on 11/2/13 from <http://www.whitehouse.gov/ondcp/Drug-Free-Communities-Support-Program/In-September-2013-FY2013-DFC-grants-were-awarded-with-a-total-of-619-FY2013-DFC-coalitions-including-86-new-year-1-coalitions-The-FY2013-grantees-first-reported-data-in-February-2014-and-are-not-included-in-this-report>.

³ From 2005 to 2011, 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 2013, which covers progress from February-July 2013.

outcomes through July 2013.⁴ 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 1999.⁵

In FY2012, ONDCP awarded 60 new DFC grants and 608 DFC continuation grants, bringing the total number of DFC grantees to 668.⁶ Two DFC grantees relinquished grants in 2013, which reduced the total number of DFC grantees in the FY2012 cohort from 668 DFC grantees to 666 DFC grantees, plus 24 DFC mentoring grantees. These 666 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 2013. Figure 1 provides a map indicating the location of all 692 FY2012 DFC grantees, including DFC mentoring grantees (6 new and 18 continuation mentoring grantees).⁸

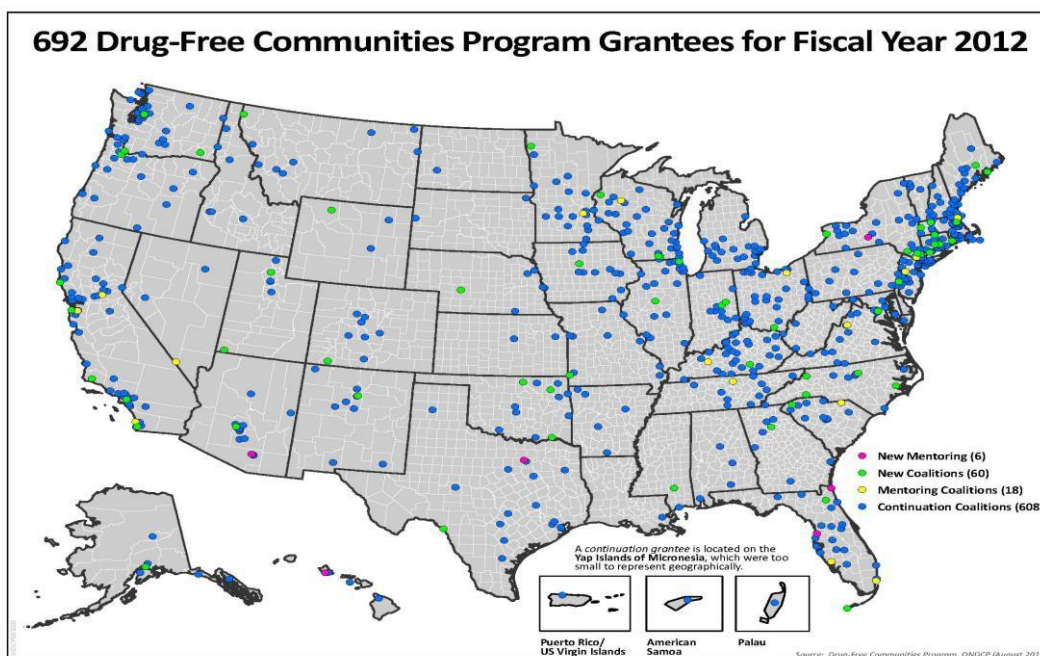


FIGURE 1: DFC GRANTEES, FY2012

Notes: Two DFC grantees relinquished their grant which reduced the total number of DFC grantees in the FY2012 cohort from 668 DFC grantees to 666 DFC grantees, plus 24 DFC mentoring grantees.

⁴ COMET was revised in 2012. Revisions were designed to reduce burden on grantees and to increase the quality and usefulness of the data for the evaluation, particularly related to strategies used by grantees.

⁵ Only core measures data collected since 2002 are included in this report.

⁶ Office of National Drug Control Policy (2013). *Drug-Free Communities Support Program*. Retrieved on 11/2/13 from <http://www.whitehouse.gov/ondcp/fy-2012-new-grants>.

⁷ Less than 6% of grantees (37 of the 667 grantees) did not submit their progress report in time for inclusion in this report. This brings the number of grantees down to 630 for some of the analyses reported here.

⁸ 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 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 may reach and impact. The total population of all catchment areas of DFC grantees funded in FY2012 was approximately 67.6 million, or 21.9% of the population of the United States. These catchment areas include approximately 2.6 million middle school students between the ages of 12-14 and 3.7 million high school students between the ages of 15-18. This is approximately 21.3% of all United States youth at the middle school level and 21.4% 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 114.3 million, or 37.0% of the U.S. population. That is, slightly more than one in three persons in the U.S. has lived in a community with a DFC community coalition since 1999.

Together, the 666 DFC grantees funded in FY2012 target 68 million people, which is 22% of the population of the United States. FY2012 DFC grantees' "catchment areas" include more than 2.6 million middle school students and 3.7 million high school students. Since the program's inception, DFC grantees have targeted areas that cover 37% 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 generally successful at this, with 89% reporting having at least one active member from each sector. 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 (5 active members). Median number of active members was lowest for the media sector (1 active member).

In addition to average number of active members, 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 youth serving organization and other organizations with expertise in substance abuse (4.1).

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

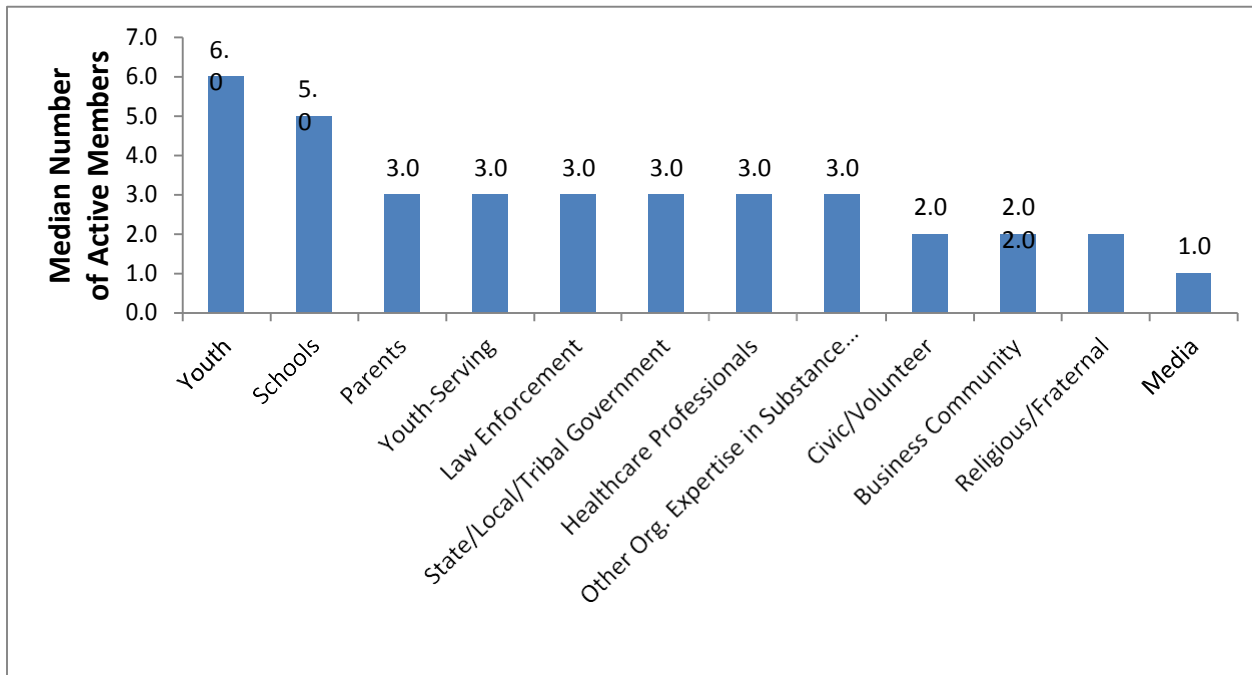


FIGURE 2: MEDIAN NUMBER OF ACTIVE MEMBERS BY SECTOR FOR ALL FY2012 DFC GRANTEES AND FOR FY2012 DFC GRANTEES EXCLUDING APPROXIMATELY 10% WITH HIGHEST ACTIVE MEMBERSHIP RATES

Notes: The number of DFC grantees reporting on number of active members by sector was 666. Source: COMET Membership Data, August 2013

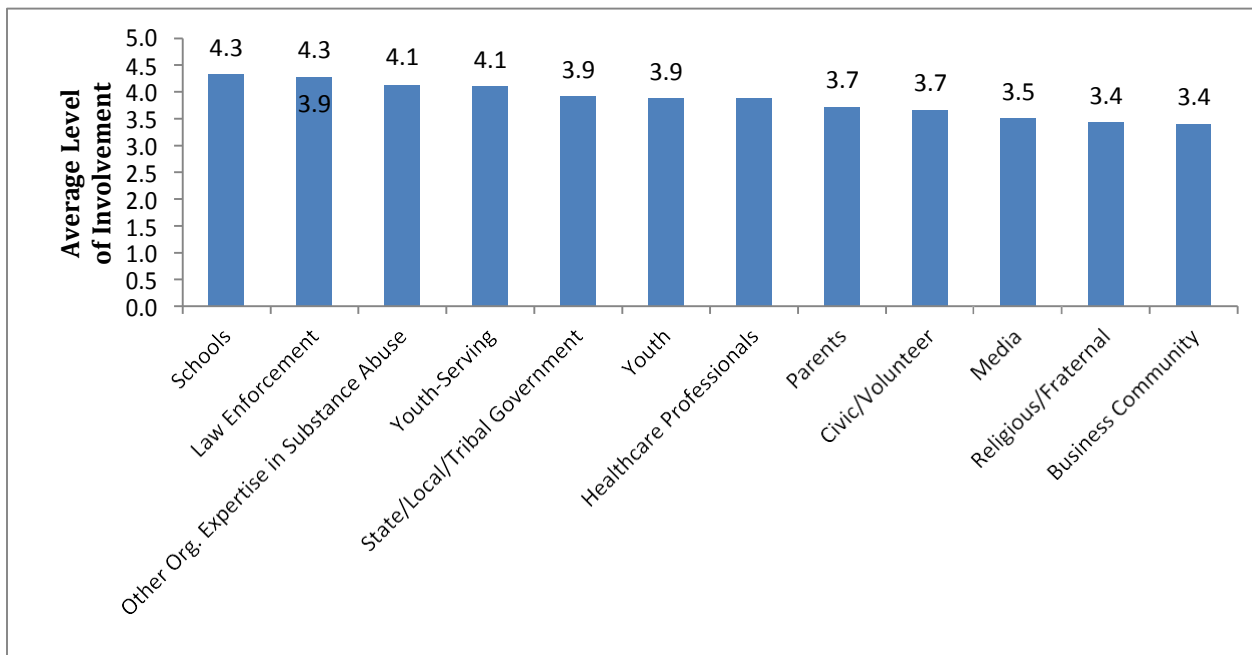


FIGURE 3: AVERAGE LEVEL OF INVOLVEMENT BY SECTOR FOR ALL FY2012 DFC GRANTEES

Notes: The number of DFC grantees reporting on level of involvement by sector was 666. Source: COMET Membership Data, August 2013

Implementation of Strategies

Every six months, DFC grantees report on activities they have engaged in during the timeframe. The activities are grouped into CADCA’s Seven Strategies for Community Change¹⁰, with any given activity coded into a single strategy. 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 by FY2012 DFC grantees from February to July 2013.

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 presentations during community meetings.

All DFC grantees, except one (99.8%), reported engaging in providing information activities (see Table 1). Between February 2013 and July 2013, 593 DFC grantees (94%) disseminated prevention materials (including brochures and flyers). In addition, more than 140,000 media spots were advertised via print, billboard, television, radio, and other methods by 534 DFC grantees (85%). Moreover, nearly half of DFC grantees reported posting new materials on coalition websites that garnered over 823,831 hits.

Over and above providing general prevention information via print and electronic media, DFC community coalitions also directly engaged youth and adults in their communities to deliver prevention information. From February 2013 to July 2013, 9,238 face-to-face information sessions were held. The sessions reached over 103,000 adults and more than 130,000 youth. DFC grantees also held or contributed to 3,191 special events that served over 700,000 attendees.

Quotes from the Field: Providing Information

“The [Secure Your Meds] campaign included: 150 radio awareness messages; 2,250 daily digital billboard messages in strategic locations around our community for 14 days during the campaign; in-kind bus ads; and campaign ads and information on Task force website and Facebook page.”

¹⁰ See <http://www.cadca.org/resources/detail/definint-seven-strategies-community-change>.

TABLE 1: DFC GRANTEES' ACCOMPLISHMENTS RELATED TO PROVIDING INFORMATION, FEBRUARY 2013 TO JULY 2013

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	593	94.1%	1,781,730	-- ^a	-- ^a
Media Coverage: TV, radio, newspaper stories covering coalition activities	561	89.0%	8,243	-- ^a	-- ^a
Informational Materials Produced: Brochures, flyers, posters, etc. produced	553	87.8%	173,486	-- ^a	-- ^a
Direct Face-to-Face Information Sessions	542	86.0%	9,238	103,950	132,752
Media Campaigns: Television, radio, print, billboard, bus or other posters aired/placed	534	84.8%	142,325	-- ^a	-- ^a
Special Events: Fairs, celebrations, etc.	523	83.0%	3,191	385,422	308,201
Social Networking: Posts on social media sites (e.g., Facebook, Twitter)	495	78.6%	38,628	1,004,790 followers	433,940 followers
Information on Coalition Website: New materials posted	301	47.8%	6,066	823,831 hits ^b	-- ^a
Summary: Providing Information		629 99.8%	2,162,907	N/A	N/A

Notes: The number of DFC grantees was 630. In some cases, the same youth or adults may have participated in multiple activities.

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

^b Number of web hits.

N/A = Not Applicable

Source: COMET Activity Data, August 2013

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 youth conferences, parenting workshops, staff training, and technical assistance (see Table 2). Nearly all DFC grantees (98%) engaged in activities related to enhancing skills. Providing youth education and training programs was the most common activity completed by coalitions with 531 (84%) participating. Nearly 6,800 sessions were delivered to more than 200,000 youth. Over half (59%) of DFC community coalitions conducted parent training sessions about drug awareness, prevention strategies, and parenting skills. Training was also provided to over 60,000 community members, more than 17,000 teachers and more than 13,000 workers at businesses that sell alcohol or tobacco.

Quotes from the Field: Enhancing Skills

“Seventy Juniors and Seniors from [the local] High School volunteered their time . . . to go into [the local] Middle School's 7th and 8th grade classes (total 425) to inform and educate the students about marijuana use [and other drugs].”

“The Coalition has also partnered with the [state] liquor commission to host local Total Education in Alcohol Management trainings locally. The first training was held in November and 39 employees for local establishments attended.”

TABLE 2: DFC GRANTEE ACCOMPLISHMENTS RELATED TO ENHANCING SKILLS, FEBRUARY 2013 TO JULY 2013

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	531	84.3%	6,786	N/A	229,387
Community Member Training: Sessions on drug awareness, cultural competence, etc. directed to community members, (e.g., law enforcement, landlords)	386	61.3%	1,418	63,924	N/A
Parent Education and Training: Sessions directed to parents on drug awareness, prevention strategies, parenting skills, etc.	373	59.2%	1,827	48,274	N/A
Business Training: Sessions on server compliance, training on youth-marketed alcohol products, tobacco sales, etc.	260	41.3%	1,058	13,286	N/A
Teacher Training: Sessions on drug awareness and prevention strategies directed to teachers or youth workers	245	38.9%	607	17,036	N/A
Summary: Enhancing Skills	620	98.4%	11,696	142,520	229,387

Notes: The number of DFC grantees was 630. In some cases, the same youth or adults may have participated in multiple activities. N/A = Not Applicable;

Source: COMET Activity Data, August 2013

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).¹¹ A majority of DFC grantees (87%) engaged in activities related to providing support. Most DFC grantees (67%) sponsored or supported alternative social events, attended collectively by over 140,000 youth. DFC grantees also supported 1,464 youth organizations and clubs with 35,610 members as well as 1,099 youth recreation programs with 45,082 participants. DFC grantees provided or supported 407 community events attended by more than 80,000 participants. In addition, DFC grantees conducted 1,187 youth and family support groups with over 13,000 participants.

Quotes from the Field: Providing Support

“The [event] was also planned and presented at 3 local high schools in October. Over 1200 students were able to experience this event and their reaction was very positive and receptive to the messages that were delivered. The Maze is a true community project with over 80 volunteers from Law enforcement... the medical community and [other sectors].”

“Along with collaborative partners, the DFC program hosted its 5th annual youth encampment.... There were 675 youth and family members in attendance, which includes 258 tribal youth and 156 native parents.”

TABLE 3: DFC GRANTEE ACCOMPLISHMENTS RELATED TO PROVIDING SUPPORT, FEBRUARY 2013 TO JULY 2013

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	423	67.1%	1,657	50,347	142,805
Youth/Family Community Involvement: Community events held (e.g., neighborhood cleanup)	198	31.4%	407	42,955	40,521
Youth Recreation Programs: Recreational events (e.g., athletics, arts, outdoor activities) supported by coalitions	198	31.4%	1,099	N/A	45,082
Youth/Family Support Groups: Leadership groups, mentoring programs, youth employment programs, etc. supported by coalitions	170	27.0%	1,187	6,250	7,565
Youth Organizations: Clubs and centers supported by coalitions	163	25.9%	1,464	N/A	35,610
Summary: Providing Support	547	86.8%	5,814	99,552	271,583

Notes: The number of DFC grantees was 630. In some cases, the same youth or adults may have participated in multiple activities.

N/A = Not Applicable

Source: COMET Activity Data, Report, August 2013

¹¹ 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.

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 of materials/services, etc. (see Table 4).¹² Most DFC grantees (91%) engaged in activities related to enhancing access/reducing barriers. More than three-quarters (80%) 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.¹³ Slightly more than a quarter of DFC grantees (28%) reported increasing access to substance use services with more than 11,000 adults and over 7,400 youth referred to substance use services during this reporting period. About a third (33%) of DFC grantees engaged in activities designed to improve access through culturally sensitive outreach, for example providing services and materials in languages other than English. More than 9,000 adults and 12,000 youth received supports such as transportation or access to child care that facilitated their involvement in prevention and treatment activities.

Enhancing Access/Reducing Barriers

“[We] conducted DEA Take-Back at 2 sites in collaboration with 2 law enforcement agencies, taking back 177 pounds of drugs, and [we] broadly disseminated information about Rx abuse, including at pharmacies.”

“[We] partnered with the local Hispanic church to assist with drug and alcohol free youth activities and support information dissemination about drug trends and resources in Spanish.”

TABLE 4: DFC GRANTEES’ ACCOMPLISHMENTS RELATED TO ENHANCING ACCESS/REDUCING BARRIERS, FEBRUARY 2013 TO JULY 2013

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)	504	80.0%	-- ^a	-- ^a
Improve Access through Culturally Sensitive Outreach: People targeted for culturally sensitive outreach (e.g., multilingual materials)	210	33.3%	155,200	77,216
Increased Access to Substance Use Services: People referred to employee assistance programs, student assistance programs, treatment services	175	27.8%	11,408	7,441
Improved Supports: People receiving supports for enhanced access to services (e.g., transportation, child care)	81	12.9%	9,043	12,564
Summary: Enhancing Access/Reducing Barriers	572	90.8%	175,651	97,221

Notes: The number of DFC grantees was 630.

^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: COMET Activity Data, August 2013

¹² Please see footnote 10 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.

¹³ 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., substance-free youth) is an incentive whereas increasing fines for underage drinking violations is a disincentive. Most DFC grantees (82%) 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.

Changing Consequences

The coalition worked with law enforcement to report the sale of synthetic drugs from a local retail store. The drugs were seized and the store closed.

Just over half (55%) of DFC grantees engaged in activities focused on strengthening enforcement of existing laws, while 42% 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 2013 to July 2013, 7,212 businesses received recognition for compliance and 2,025 businesses were identified for noncompliance.

TABLE 5: DFC GRANTEE ACCOMPLISHMENTS RELATED TO CHANGING CONSEQUENCES, FEBRUARY 2013 TO JULY 2013

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)	348	55.2%	N/A
Strengthening Surveillance (e.g., "hot spots," party patrols)	261	41.4%	N/A
Recognition Programs: Businesses receiving recognition for compliance with local ordinances (e.g., pass compliance checks)	242	38.4%	7,212
Publicizing Non-Compliance: Businesses identified for non-compliance with local ordinances	109	17.3%	2,025
Summary: Changing Consequences	514	81.6%	9,237

Notes: The number of DFC grantees was 630.

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

Source: COMET Activity Data, August 2013

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).¹⁴ Nearly three-fourths of DFC grantees (72%) engaged in

activities related to changing physical design. Slightly more than a third of DFC grantees worked on identifying physical design problems (35%). Almost a third improved signage or advertising by suppliers (31%). In sum, 1,255 physical design problems were identified and 2,549 suppliers made changes in signage, advertising, or displays corresponding to alcohol or tobacco sales. In addition, DFC grantees completed 303 neighborhood cleanup and beautification events, encouraged 681 businesses to designate alcohol and tobacco free zones, and improved 133 public places to facilitate surveillance (e.g., improving visibility of “hot spots” of substance dealing or use).

Quotes from the Field: Physical Design

“In collaboration with the Coalition, two stores improved their storefront façade, installing windows free of alcohol advertising and increasing visibility and safety from within and outside of the store.”

TABLE 6: DFC GRANTEE ACCOMPLISHMENTS RELATED TO CHANGING PHYSICAL DESIGN, FEBRUARY 2013 TO JULY 2013

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.	220	34.9%	1,255
Improved Signage/Advertising by Suppliers: Suppliers making changes in signage, advertising, or displays	197	31.3%	2,549
Cleanup and Beautification: Clean-up/beautification events held	142	22.5%	303
Encourage Designation of Alcohol-Free and Tobacco-Free Zones: Businesses targeted or that made changes	125	19.8%	681
Identify Problem Establishments: Problem establishments identified (e.g., drug houses) and closed or modified practices	69	11.0%	199
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)	58	9.2%	133
Summary: Changing Physical Design	451	71.6%	5,120

Notes: The number of DFC grantees was 630.
Source: COMET Activity Data, August 2013

¹⁴ Please see footnote 10 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.¹⁵ Examples of activities include school drug testing policies and local use ordinances. Slightly more than three-fourths of DFC grantees (77%) engaged in activities related to modifying/changing policies. Nearly a third (30%) of DFC grantees engaged in modifying or changing school policies, and 135 policies were changed. DFC grantees also successfully modified or changed 73 laws/policies related to supplier advertising/liability; 64 laws/policies concerning underage use, possession, or behavior under the influence; 53 laws/policies related to facilitating access to treatment or prevention services; 52 laws/policies associated with restrictions on the sale of alcohol or tobacco; 48 laws/policies related to drug-free workplaces; and 32 laws/policies related to parental liability/enabling behaviors.

TABLE 7: DFC GRANTEE ACCOMPLISHMENTS RELATED TO MODIFYING/CHANGING POLICIES, FEBRUARY 2013 TO JULY 2013

Activity	Number of DFC Grantees Engaged in Activity	Percentage of DFC Grantees Engaged in Activity	Number of Policies Passed/Modified
School: Laws or policies passed/modified concerning drug-free schools	187	29.7%	135
Citizen Enabling/Liability: Laws or policies passed/modified concerning parental liability or enabling	156	24.8%	32
Underage Use: Laws or policies passed/modified concerning underage use, possession, or behavior under the influence	153	24.3%	64
Supplier Promotion/Liability: Laws or policies passed/modified concerning supplier advertising, promotions, or liability	113	17.9%	73
Cost: Laws or policies passed/modified concerning cost (e.g., alcohol taxes/fees, tobacco taxes)	113	17.9%	38
Treatment and Prevention: Laws or policies passed/modified concerning sentencing alternatives to increase treatment or prevention	101	16.0%	53
Sales Restrictions: Laws or public policies passed/modified concerning restrictions on product sales	95	15.1%	52
Workplace: Laws or policies passed/modified concerning drug-free workplaces	66	10.5%	48
Outlet Location/Density: Laws or zoning ordinances passed/modified concerning the density of alcohol outlets	66	10.5%	19
Summary: Changing Policies	487	77.3%	514

Notes: The number of DFC grantees was 630.
Source: COMET Activity Data, August 2013

¹⁵ DFC Grantees are legally prohibited from using Federal dollars for lobbying. As such, costs for lobbying cannot be used as 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 2013 and July 2013 documents the comprehensive presence of DFCs in their communities. Nearly every DFC community coalition (99.8%) submitting a report during this reporting period indicated they had engaged in information dissemination activities. Virtually all (98%) provided services related to enhancing skills, 91% engaged in activities to promote access/reduce barriers to prevention and treatment services; 87% engaged in supporting positive activities reducing risk for substance use; 82% engaged in activities to change consequences; 77% promoted law or policy changes to decrease use and associated negative behaviors; and 72% 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 implemented by the most DFC grantees; reducing home 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.

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 data for all new DFC core measures introduced in the 2012 revisions are provided. The box on interpreting findings provides an overview of the types of outcomes analyses that were conducted.

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). 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 2013.

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:

- **Removal of Age of First Use as a Core Measure:** Age of First Use is difficult to use as a performance measure, given that 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 may have happened many years in the past. Some DFC coalitions continue to collect Age of First Use for local assessment purposes.
- **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.”
- **Perception of Risk of Alcohol Changed 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.¹⁶ 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.

For this report, the focus is on data reported on three of the four core measures from 2002 to 2013 (Past 30-Day Prevalence of Use, Perception of Risk, Perception of Parental Disapproval).¹⁷ 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. The findings in this report provide a reflection of the relationship between coalition activities and community outcomes.¹⁸ The section on interpreting findings provides an overview of the definitions of the core measures and the analyses presented in this report.

¹⁶ 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.

¹⁷ Outliers beyond 3 standard deviations were removed for change scores on each core measure, core substance.

¹⁸ While grant activities were designed and implemented to cause a reduction in youth substance use, it cannot be stated with certainty that DFC community coalitions caused changes in outcomes. Establishing a causal relationship would require assigning communities randomly to receive the DFC grant, a research design that is not appropriate given how the DFC grant was established.

INTERPRETING FINDINGS

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, 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 (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, 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. Results of these analyses are presented for (1) all DFC grantees ever funded and (2) FY2012 DFC grantees only, that reported outcome data at least twice between 2002 and 2013. The average amount of time elapsed between first and last time reported for all DFC grantees ever funded was between 3.9 and 4.6 years, depending on the DFC Core measure. The average amount of time elapsed between first and last time reported for FY 2012 DFC grantees was between 4.1 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, 2012 core measures data was compared to the most recent previous report for each DFC grantee in that cohort (which was 2011 data in 19% of cases, 2010 data in 73% of cases, and 2009 data in 8% of cases). This analysis reflects the most recent changes in core measures for DFC grantees. These data are for DFC grantees reporting in 2013, 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.

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 2013. The average amount of time elapsed between these first and most recent reports was 4.1 years. Although prescription drug use was added as a core substance in 2012, 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.

Trends in the past 30-day prevalence of use data are worth noting. First, among both middle school and high school students, the most recent report of past 30-day use was approximately twice as high for alcohol as for either tobacco or marijuana.¹⁹ The relatively high rates of past 30-day use of alcohol, with up to 31% of high school students reporting past 30-day use suggests the need for ongoing prevention efforts such as those provided by DFC grantees. It is also notable that among FY2012 DFC grantees on their most recent observation, the percentage of high school students reporting past 30-day use of marijuana (18%) exceeds the percentage of high school students that reported past 30-day use of tobacco (14%).

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 All DFC Grantees Since Program Inception			n	Long-Term Change: First Observation to Most Recent FY2012 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	974	13.8	10.7	-3.1**	523	13.3	9.3	-4.0**
	Tobacco	971	7.0	5.1	-1.9**	518	6.7	4.2	-2.5**
	Marijuana	958	5.4	4.5	-0.9**	516	5.3	4.3	-1.0**
High School	Alcohol	1,034	37.4	32.3	-5.1**	553	37.0	30.6	-6.4**
	Tobacco	1,018	19.3	15.3	-4.0**	545	18.7	13.7	-5.0**
	Marijuana	1,018	18.5	17.6	-0.9**	549	18.7	18.1	-0.6*

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: COMET, 2002-2013 core measures data

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 2013. 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 3.1

¹⁹ 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.

percentage points among middle school students and declining by 5.1 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 4.0 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 0.9 percentage points among middle school and high school students.

FY2012 DFC Grantees, Long-term Change. Among FY2012 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. Importantly, the declines in the prevalence of past 30-day use of marijuana while significant among middle school students (-1.0 percentage points) and high school students (-0.6 percentage points) remained less pronounced than declines in past 30-day use of alcohol and tobacco.

**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
13.8%	10.7%	-3.1 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.:

$$\text{Percentage point change } (-3.1) = \text{most recent observation } (10.7\%) - \text{first observation } (13.8\%)$$

- 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.:

$$\text{Percentage change } (-22.5\%) = \text{percentage point change } (-3.1\%) / \text{first observation } (13.8\%)$$

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).

Percentage Change, 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 past 30-day marijuana use among middle school students declined by a modest 0.9 percentage points in the long-term analysis among all DFC grantees funded since inception (from 5.4% to 4.5%), this represents a 17% reduction in the prevalence of marijuana use by middle school youth during that period (Figure 4).

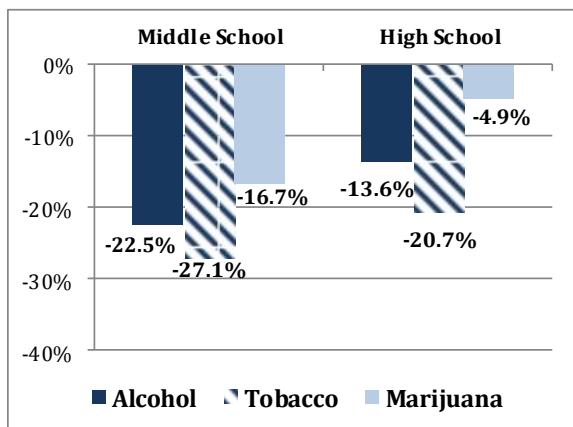


FIGURE 4: PERCENTAGE CHANGE IN PAST 30 DAY ALCOHOL, TOBACCO, AND MARIJUANA PREVALENCE OF USE: LONG-TERM CHANGE AMONG ALL DFC GRANTEES SINCE INCEPTION OF THE GRANT

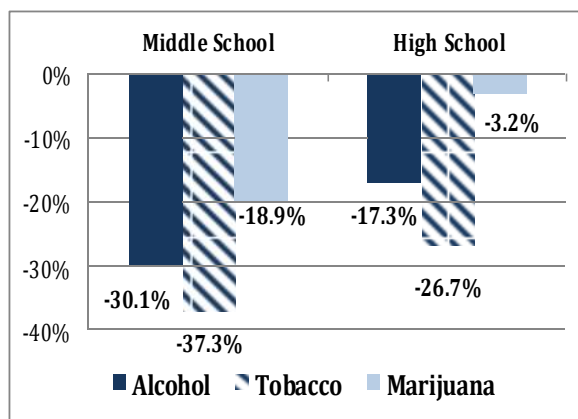


FIGURE 5: PERCENTAGE CHANGE IN PAST 30 DAY ALCOHOL, TOBACCO, AND MARIJUANA PREVALENCE OF USE: LONG-TERM CHANGE AMONG FY2012 DFC GRANTEES

*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).*

Source: COMET, 2002-2013 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 23%, prevalence of tobacco use by middle school youth declined by 27%, and prevalence of marijuana use by middle school youth declined by 17% from the first to the most recent data reports across all DFC grantees ever funded. Percentage reductions in prevalence of use at the high school level were less pronounced. High school alcohol use declined by 14%, high school tobacco use declined by 21%, and 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.

FY2012 DFC Grantees, Long-term Percentage Change. Among FY2012 DFC grantees (Figure 5), the prevalence of past 30-day alcohol use among middle school youth declined by 30% from the first to most recent report, the prevalence of past 30-day tobacco use declined by 37%, and the prevalence of past 30-day marijuana use declined by 19%. FY2012 DFC grantees also reported

declines among high school students in the prevalence of past 30-day alcohol use (-17%), tobacco use (-28%), and marijuana use (-3%). All changes were statistically significant.

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 YRBS in all five years compared (i.e., 2003, 2005, 2007, 2009, and 2011). Prevalence rates for marijuana use were lower in DFC communities for four of the five years (2003, 2005, 2007, and 2009) but did not differ significantly from national data in 2011. DFC grantees generally mirrored national prevalence of past 30-day tobacco use, but were significantly lower in 2009 and 2011.²⁰

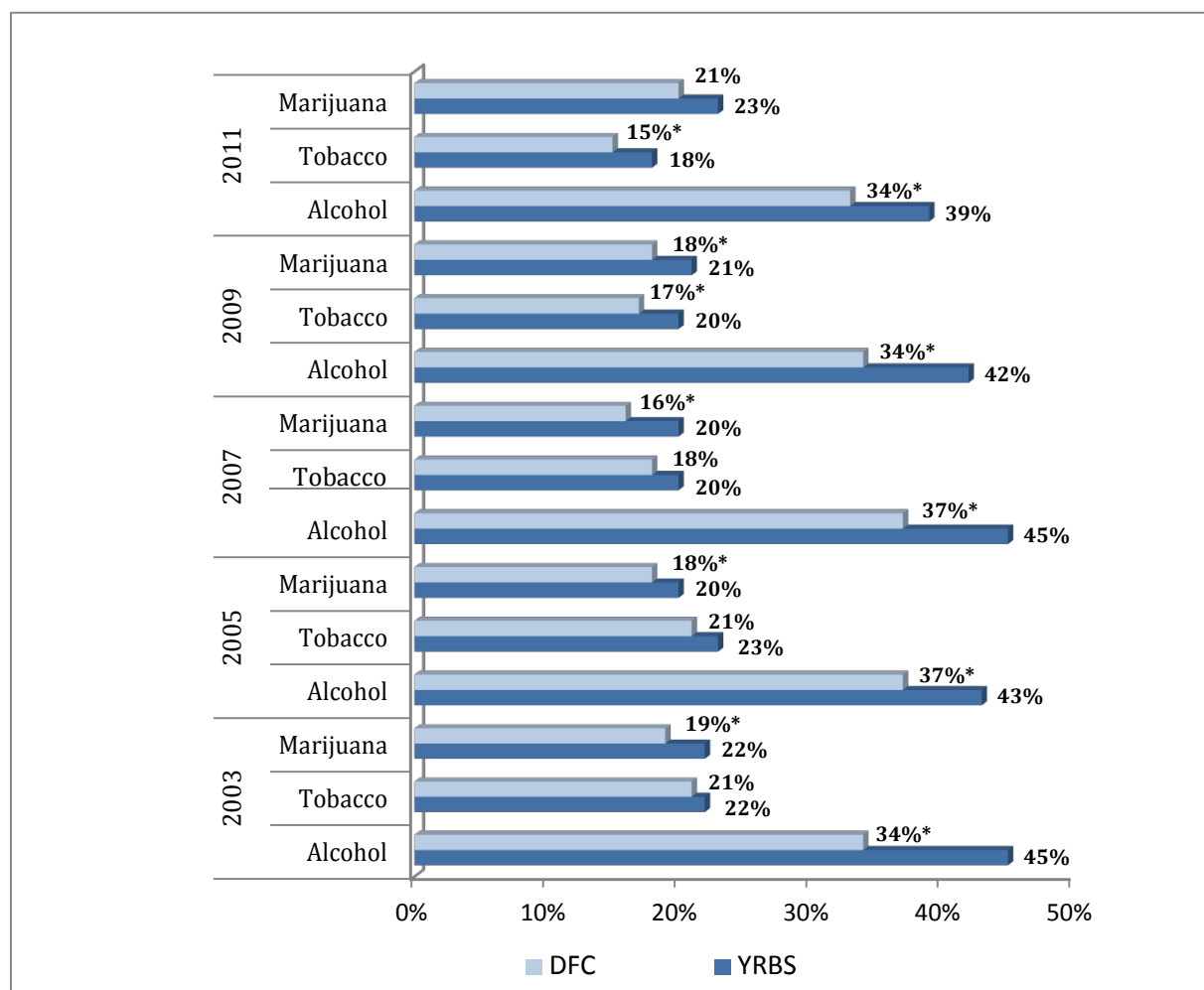


FIGURE 6: COMPARISON OF DFC GRANTEE AND NATIONAL (YRBS) REPORTS OF PAST 30-DAY ALCOHOL, TOBACCO, AND MARIJUANA PREVALENCE OF USE AMONG HIGH SCHOOL STUDENTS

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

²⁰ The majority of DFC grantees who collected core measure data in 2013 will not submit that data until 2014, therefore comparisons to 2013 YRBS data, which became available in June 2014 are not yet possible.

Perception of Risk/Harm of Use

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. As only one time period of new DFC core measures data has been collected, the data presented for perceived risk of alcohol use and marijuana use are based on the legacy core measure (i.e., regular use).

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 3.2 percentage points and increased by 5.2 percentage points among high school students. The perception of risk of tobacco use also increased, with positive movements of 2.0 percentage points among middle school youth and of 3.0 percentage points among high school youth. One note of concern is that perception of risk of marijuana use slightly decreased among both middle school and high school youth although this change was not statistically significant among all DFC grantees ever funded. Tobacco was the substance with the highest perception of risk for both middle school and high school students.

FY2012 DFC Grantees, Long-term Change. Changes in perception of risk among FY2012 DFC grantees followed a similar pattern, with significant increases in perceived risk of alcohol use (+3.4 percentage points among middle school youth and +6.0 percentage points among high school youth) and tobacco use (+1.5 percentage points for middle school and +4.4 percentage points for high school). Among FY2012 DFC grantees, perception of risk of marijuana use decreased slightly but changes were again not statistically significant among either middle or high school youth.

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 FY2012 DFC Grantees Only		
			% Report Perceive Risk, First Outcome	% Report Perceive Risk, Most Recent Outcome	% Point Change		% Report Perceive Risk, First Outcome	% Report Perceive Risk, Most Recent Outcome	% Point Change
Middle School	Alcohol ^b	861	65.7	68.9	+3.2**	432	64.4	67.8	+3.4**
	Tobacco	895	80.2	82.2	+2.0**	475	80.0	81.5	+1.5*
	Marijuana ^c	818	79.0	78.8	-0.2	393	78.4	77.6	-0.8
High School	Alcohol ^b	875	61.2	66.4	+5.2**	422	61.7	67.7	+6.0**
	Tobacco	937	80.3	83.3	+3.0**	504	80.0	84.4	+4.4**
	Marijuana ^c	880	66.0	65.3	-0.7	427	65.5	63.9	-1.6

Notes: ** 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: COMET, 2002-2013 core measures data

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 +3.6 and +3.8 percentage points (high school and middle school tobacco, respectively) between DFC grantees' first and most recent data reports. Among FY2012 DFC grantees, significant increases in the perception of parental disapproval were observed for all substances, with the exception of high school marijuana, which also increased but not significantly.

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>			Long-Term Change: First Observation to Most Recent <i>FY2012 DFC Grantees Only</i>			
			% Report Parental Disapproval, First Outcome	% Report Parental Disapproval, Most Recent Outcome	% Point Change	n	% Report Parental Disapproval, First Outcome	% Report Parental Disapproval, Most Recent Outcome	% Point Change
Middle School	Alcohol ^b	777	86.2	89.4	+3.2**	376	86.5	90.7	+4.2**
	Tobacco	854	89.9	93.7	+3.8**	470	90.6	94.5	+3.9**
	Marijuana	871	91.4	94.1	+2.7**	475	92.0	94.5	+2.5**
High School	Alcohol ^b	835	75.9	77.7	+1.8**	410	75.9	79.0	+3.1**
	Tobacco	895	83.4	87.0	+3.6**	491	83.7	88.0	+4.3**
	Marijuana	910	85.6	86.7	+1.1**	494	85.6	86.5	+0.9

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. Future reports will include perception of parental disapproval of having 1-2 drinks nearly every day.

Source: COMET, 2002-2013 core measures data

Most Recent Core Measures Findings: Short-Term Change

Table 11 presents data collected by DFC grantees in 2012, and compares reports from 2012 to the next most recent data report (which was 2011 data in 19% of cases, 2010 data in 73% of cases, and 2009 data in 8% of cases). These analyses of short-term change provide an early-warning system to detect trends in recent data. Given the changes in core measures, some DFC grantees were no longer collecting legacy core measures in 2012. As can be seen in Table 11, this was particularly the case for perception of risk for marijuana use and perception of parental disapproval of alcohol use where the sample size of DFC grantees is relatively small. Therefore, findings for these variables on short-term change should be interpreted with caution.

Past 30-Day Prevalence of Use: FY2012 DFC Grantees, Short-term Change. Significant declines were observed in the prevalence of past 30-day use among middle school students for alcohol (-2.3 percentage points), tobacco (-1.5 percentage points), and marijuana use (-0.8 percentage points). Among high school students, there was a significant decline in tobacco and alcohol use (-2.4 and -1.8 percentage points), but no significant change for marijuana use.

TABLE 11: SHORT-TERM CHANGE IN DFC CORE MEASURES, FY2012 DFC GRANTEES^a

Core Measure	School Level	Substance	n	Short-Term Change: Data Collected in 2012 vs. Next Most Recent Report		
				% First Outcome	% Most Recent Outcome	% Point Change
Past 30-Day Use	Middle School	Alcohol	304	12.4	10.1	-2.3**
		Tobacco	305	5.6	4.0	-1.5**
		Marijuana	301	5.4	4.6	-0.8*
	High School	Alcohol	315	33.7	31.9	-1.8**
		Tobacco	311	16.1	13.7	-2.4**
		Marijuana	312	19.0	18.6	-0.3
Perception of Risk	Middle School	Alcohol	118	63.4	63.7	0.2
		Tobacco	250	81.8	79.8	-2.0**
		Marijuana	63	76.6	67.0	-9.6**
	High School	Alcohol	106	64.4	66.3	+2.0
		Tobacco	262	83.8	84.3	+0.5
		Marijuana	64	65.6	58.8	-6.8**
Perception of Parental Disapproval	Middle School	Alcohol	41	91.8	88.3	-3.5*
		Tobacco	252	94.5	95.4	+0.8*
		Marijuana	254	94.9	95.6	+0.7
	High School	Alcohol	47	83.1	79.9	-3.2
		Tobacco	260	88.6	89.5	+0.8
		Marijuana	261	88.3	87.9	-0.5

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: COMET, 2002-2012 core measures data

Perception of Risk: FY2012 DFC Grantees, Short-term Change. DFC grantees reported no significant change in perception of risk of alcohol use at the middle school level, but significant increases in the perception of risk of alcohol use at the high school level (+2.0 percentage points). DFC grantees reported significant declines in the perception of risk of tobacco use at the middle school level (-2.0 percentage points), but no significant change in perception of risk of tobacco use at the high school level. Finally, DFC grantees reported significant declines in the perception of risk of marijuana use at both the middle school level (-9.6 percentage points) and at the high school level (-6.8 percentage points). Declines in perception of risk are of concern to DFC grantees as substance use can increase when perception of risk decreases. Still, as noted, the number of grantees reporting the legacy core measures for perception of risk of alcohol and marijuana decreased and this may be impacting significance testing for short-term change on these measures.

Perception of Parental Disapproval: FY2012 DFC Grantees, Short-term Change. Perception of parental disapproval of alcohol use decreased significantly for middle school students, but did not change significantly among high school students. As with perception of risk, the change in this core measure decreased the number of grantees collecting this data since 2012. Perception of parental disapproval of tobacco use increased significantly for middle school but not high school students. Perception of parental disapproval of marijuana use did not change significantly among either group of students.

Establishing Baseline Data: Revised and New DFC Core Measures

Revised DFC Core Measures. Table 12 presents baseline data for the revised DFC core measures. Since there is only one time period of data collected for the revised core measures for the vast majority of DFC grantees, the calculation of change scores was not yet possible. Perception of risk of binge use of alcohol was approximately two thirds of middle school and high school students (68.7% and 69.0%, respectively). This is similar to perception of risk of regular alcohol use previously reported. Perception of parental disapproval for alcohol use with regular use defined was high among both middle school and high school students. While similar to prior reports of parental disapproval, perception of parental disapproval of alcohol use with defined use appears to be slightly higher. Finally, perception of risk of regular marijuana use was much higher among middle school students (74.6%) than among high school students (59.3%).

TABLE 12: BASELINE METRICS FOR REVISED DFC CORE MEASURES

Core Measure	School Level	Substance	N	%, First Outcome
Perception of Risk	Middle School	Alcohol (binge use)	330	68.7
	High School	Alcohol (binge use)	365	69.0
Perception of Parental Disapproval	Middle School	Alcohol	249	92.6
	High School	Alcohol	264	83.3
Perception of Risk	Middle School	Marijuana (regular use)	316	74.6
	High School	Marijuana (regular use)	342	59.3

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

Source: COMET Progress Reports, 2012-2013 core measure data

Illicit Use of Prescription Drugs. A growing number of DFC grantees are reporting baseline data on DFC core measures for illicit use of prescription drugs (Table 13). As of August 2013, past 30-day illicit use of prescription drugs was relatively low among both middle school (3.2%) and high school (7.2%) 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 being the lowest (75.4 percent).

TABLE 13: BASELINE METRICS FOR REVISED CORE MEASURES

Core Measure	School Level	Substance	N	%, First Outcome
Past 30-Day Use	Middle School	Prescription Drugs	303	3.2
	High School	Prescription Drugs	342	7.2
Perception of Risk	Middle School	Prescription Drugs	205	81.3
	High School	Prescription Drugs	235	82.2
Perception of Parental Disapproval	Middle School	Presc	202	95.3
	High School	Presc	217	91.9
Perception of Peer Disapproval	Middle School	Prescription Drugs	172	88.2

High School	Prescription Drugs	185	75.4
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Notes: n represents the number of DFC grantees included in the analysis. Outliers beyond 3 standard deviations were removed. All numbers were rounded.
Source: COMET Progress Reports, 2012-2013 core measure data

Perception of Peer Disapproval. Perception of peer disapproval of use of 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 during the transition from middle school to high school. This was true for all substances, although perceptions of peer disapproval were lowest for alcohol (56%) and marijuana (55%) 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 age.

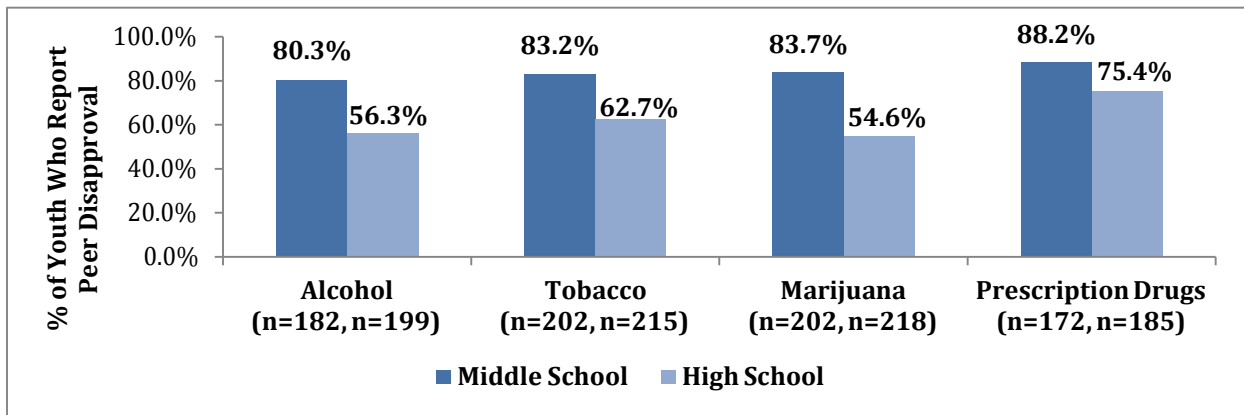


FIGURE 7: PERCEPTION OF PEER DISAPPROVAL OF ALCOHOL, TOBACCO, MARIJUANA AND ILLICIT USE OF PRESCRIPTION DRUGS AMONG MIDDLE SCHOOL AND AMONG HIGH SCHOOL STUDENTS

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

Source: COMET Progress Reports, 2012-2013 core measure data

Conclusion

Based on core measures data collected by DFC grantees from 2002 to 2013, 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 all DFC grantees ever funded, meeting the DFC goal of preventing youth substance use. Among FY2012 DFC grantees reporting core measure data, there were also significant declines in prevalence of past 30-day use across substances. 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 enough to suggest the ongoing need for prevention work at the community level. This is particularly the case among high school youth, suggesting the need to consider prevention activities that target youth as they transition from middle school to high school in addition to targeting at each age level. Among the FY2012 DFC grantees, 1 in 3 (31%) high school youth report past 30-day use of alcohol, with nearly 1 in 5 (18%) reporting past 30-day use of marijuana, and 14% reporting past 30-day use of tobacco.

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 is 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.²¹ Among all DFC grantees since program inception and among FY2012 DFC grantees, perception of risk increased significantly for alcohol and tobacco use among youth between DFC grantees' first report and most recent report. 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 FY2012 DFC grantees at the high school level. Perception of risk of using marijuana also has not changed significantly from first report to most recent report among all DFC grantees since program inception or among FY2012 DFC grantees only. Baseline data on peer disapproval of substance use suggests declines occur in the transition from middle school to high school.

In general, the DFC national evaluation data are consistent with what would be expected if the program were having the intended impact. Given that the most recent progress report data indicates that the DFC catchment areas covers 22% of the U.S. population in FY2012, the potential positive impact is quite large. Collectively the data suggest DFC grantees' activities are associated with positive outcomes among youth in DFC communities. Between February 2013 and August 2013, DFC grantees distributed more than 1.5 million prevention materials; reached over 600,000 people with special events; held direct face-to-face information sessions with more than 230,000 attendees; trained over 350,000 youth, parents, and community members; recognized more than 9,000 businesses for compliance (or noncompliance) with local ordinances; and passed or modified slightly more than 500 laws or policies. 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.

²¹ SAMHSA (2013). *The NSDUH Report: Trends in adolescent substance use and perception of risk from substance use*. Retrieved from <http://www.samhsa.gov/data/2k13/NSDUH099a/sr099a-risk-perception-trends.pdf>.