Drug Free Communities Support Program
National Evaluation
2011 Interim Findings Report

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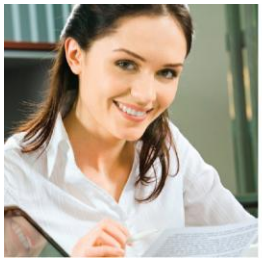
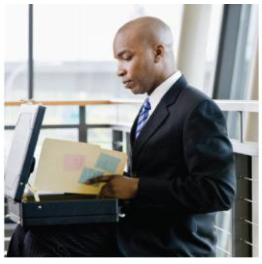







Summary of Findings

Administered by the Office of National Drug Control Policy (ONDCP), in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), the Drug Free Communities Support Program (DFC) is a Federal grant program that supports community coalitions in preventing and reducing youth substance use. 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. This summary of interim findings is based on DFC national evaluation data on alcohol, tobacco, and marijuana use that DFC grantees report every 2 years. It is important to note that it cannot be determined for certain from these data that DFC coalitions alone *caused* the changes described in this report However, they do describe changes that were measured within DFC communities during the years studied.

Past 30-day Use

Prevalence of past 30-day use declined significantly in DFC communities across all substances (alcohol, tobacco, marijuana) and school levels (middle and high school) between coalitions' first and most recent data reports. DFC grantees that reported data in 2010 experienced a significant decline in prevalence of alcohol use at both the middle school (-3.5 percentage points) and high school (-3.1 percentage points) level from their next most recent report, which was almost evenly split between 2008 and 2009 data. However, prevalence of marijuana use among high school youth was 1.1 percentage points higher, a statistically significant increase in the most recent reporting period.

Average Age of First Use

The average age of first use of a substance, or age of onset, was unchanged across time for middle school students in DFC communities. However, higher ages of first use were reported at the high school level from coalitions' first report to their most recent data reports for alcohol, tobacco, and marijuana. Although statistically significant, these changes were quite small. All positive movements in age of first use were 0.3 years (about 16 weeks) or less. Coalitions that reported age of first use data in 2010 indicated modest, but statistically significant, improvements from their next most recent report at the high school level for alcohol, tobacco, and marijuana.

Perception of Risk/Harm of Use

Perception of risk is defined as the percentage of respondents who report that regular use of alcohol, tobacco, or marijuana has moderate risk or great risk. Significant increases in the perception of risk associated with use were reported at both the middle and high school levels for alcohol, tobacco, and marijuana between the coalitions' first and most recent report. However, coalitions reporting outcome data in 2010 indicated a 4.5 percentage point decrease from their next most recent report in perception of risk for marijuana at the high school level. This result was statistically significant.

Perception of Parental Disapproval of Use

Perception of parental disapproval is defined as the percentage of respondents who report that their parents feel regular use of alcohol – or any use of tobacco or marijuana – is wrong or very wrong. Among DFC youth, perception of parental disapproval significantly increased between DFC coalitions' first outcome report and their most recent report. This was true across all substances for both middle and high school students. Coalitions that reported data in 2010 experienced no significant changes from their next most recent report in perception of parental disapproval at either the middle school or high school level.

To date, DFC Grantees have developed or enhanced coalitions in communities with a combined population of 133 million people. That is 48% of the entire United States.

History and Background of the Drug Free Communities Support Program

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 program is funded by the White House 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 Program, ONDCP has awarded nearly 2,000 DFC grants to communities across the nation.[1] DFC grantees have included 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 5 years per award, with a maximum of 10 years. Grant communities 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.

In Fiscal Year 2010, ONDCP awarded 741 DFC grants, which included 549 continuing grantees (grantees already in a 5-year cycle), 169 new grantees, 16 new mentoring grantees, and 7 continuing mentoring grantees (Figure 1).[2] 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.[3]

[1] Office of National Drug Control Policy (2010, August). *Fact Sheet: Drug Free Communities Support Program.* Retrieved on 9/29/10 from http://ondcp.gov/publications/pdf/dfc_fs.pdf.

[2] Office of National Drug Control Policy (2010). *DFC Funding Announcements*. Retrieved on 9/29/10 from http://ondcp.gov/dfc/index.html.

[3] Office of National Drug Control Policy (2010). *Mentor grant program*. Retrieved on 9/29/10 from http://ondcp.gov/dfc/mentor_grant_progr.html.

FIGURE 1: DFC GRANTEES, FY2010

DFC 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, grant communities 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. Grant communities follow SAMHSA's Strategic Prevention Framework (SPF) to guide complex community and system change processes. The SPF emphasizes five key steps: (1) assessment, (2) capacity, (3) planning, (4) implementation, and (5) evaluation.[4]

[4] Additional information on SAMHSA's Strategic Prevention Framework can be found at http://www.samhsa.gov/prevention/spf.aspx.

Membership

Coalitions involve active members from a broad range of community sectors with the average coalition reporting about 171 active members. Representatives from schools, other organizations involved in reducing substance use, youth-serving organizations, and youth sectors make up slightly more than half of all active members (Figure 2). Even those sectors with lower numbers of active members (e.g., law enforcement, religious or fraternal organizations, the business community) are well represented in many coalitions. The large numbers of active members, and the relatively broad participation across community sectors, are evidence of the extent to which coalitions mobilize diverse community resources toward a common purpose.

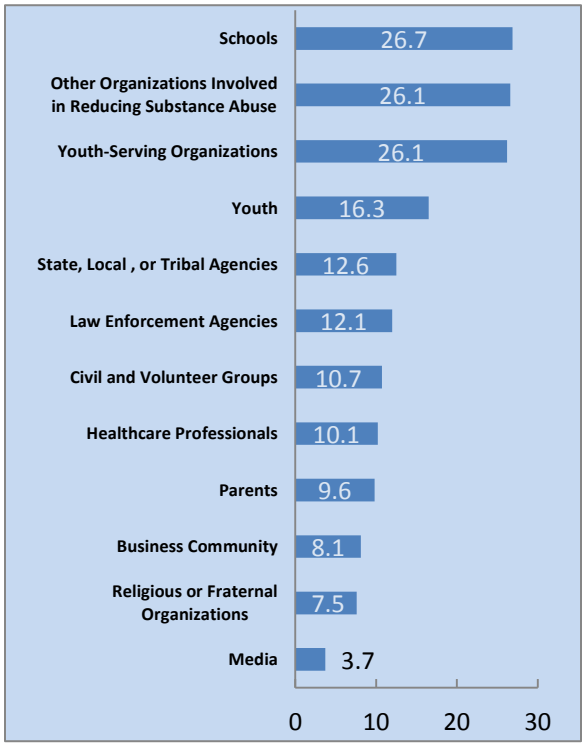


FIGURE 2: AVERAGE NUMBER OF ACTIVE COALITION MEMBERS IN 2010, BY SECTOR

Coalition Budgets

DFC grant communities more than meet their matching requirements (Figure 3). DFC grant funds only comprise an average of 36% of coalition budgets.[5] On average, in-kind contributions account for approximately the same percentage (35%) of coalition budgets. Other primary sources of funding include grants (10%), state government funds (7%), other Federal Government sources (4%), and local government sources (3%).

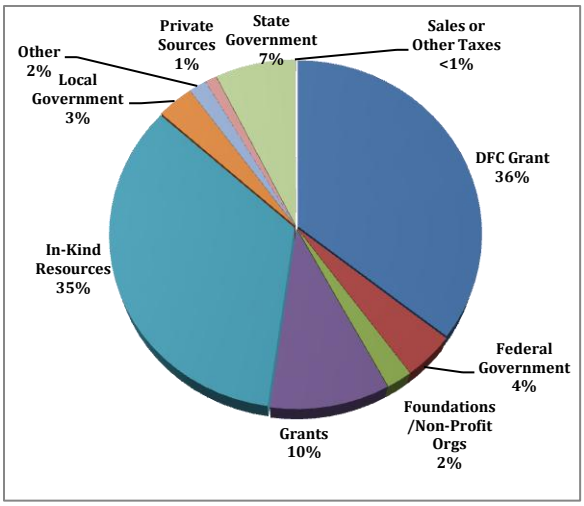


FIGURE 3: FUNDING SOURCE OF COALITION BUDGETS, AVERAGED ACROSS DFC COALITIONS

[5] Federal funds, including those passed through a state or local government cannot be used toward the required match, except in the case of a coalition that includes a representative of the Bureau of Indian Affairs, Indian Health Service, or a tribal government agency with expertise in the field of substance abuse.

Coalition Work in Action: Discouraging Alcohol Sales to Minors

"Individual coalition members 'adopt' a local alcohol-vending business, and visit them regularly to share information (including information on vendor training) and give the businesses support in their efforts to not sell to minors."

Implementation of Strategies and Activities

DFC 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 DFC's main training and technical assistance provider, the National Coalition Institute.[6] Activities that fall under each of these strategies are used in various combinations to address community needs and build on community assets related to preventing substance use. The "Seven Strategies for Community Change," and examples of associated activities that DFC coalitions are encouraged to engage in, include the following:

(1) 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 of activities include educational presentations, public service announcements, brochures, and community meetings.

(2) Enhancing Skills: Activities in this strategy are designed to enhance the skills of the participants, members, and staff needed to achieve population-level outcomes. Examples include parenting workshops, youth conferences, staff training, and technical assistance.

(3) Providing Support: In this strategy, activities create opportunities to support people to participate in activities that reduce risk or enhance protection. Examples include providing substance-free activities, mentoring programs, and support groups.

(4) Enhancing Access / Reducing Barriers: Activities in this strategy improve systems and processes to increase the ease, ability, and opportunity to use those systems and services. Examples include providing transportation to treatment, providing child care, and cultural/language translation of materials/services.

(5) 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

[6] See http://www.cadca.org/resources/detail/definint-seven-strategies-community-change for additional information.

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).

(6) 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, putting up billboards, and regulating alcohol outlet density are examples of activities in this strategy.

(7) Modifying/Changing Policies: In this strategy, activities involve formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures. Examples include workplace initiatives, school drug testing policies, and local use ordinances.[7]

Strategies can be implemented at the individual level or at the broader environmental level. "Individual strategies" focus on individual behavior and personal choices. "Environmental strategies" reach multiple people or groups of people and help coalitions promote community change in how substance use is perceived, discourage substance use, and support positive behaviors. Individual strategies may be more effective when combined with strategies that change the community environment that affects individual behavior. DFC requires the use of environmental prevention strategies as part of each grantee's Strategic and Action Plan.

Interim Findings from the Outcome Evaluation

The text box on interpreting findings (see following page) provides a brief description of the core outcome measures and the data analyses conducted for this evaluation. Data for the DFC National Evaluation is collected through the Coalition Online Management and Evaluation Tool (COMET), administered by KIT Solutions. Data used for grants management and the national evaluation are collected in COMET twice each year, with coalitions reporting core measure data in COMET every 2 years. Data on coalition activities have been reported since October 2004 and outcome data have been reported since 1999.

For this report, the focus is on data reported on the four core measures since 2002, as data collected prior to 2002 were sporadically provided by grantees and are less reliable than the more recent data. The four current core outcome measures are prevalence of past 30-day use, perception of risk, perception of parental disapproval, and average age of first use. These 4 core measures are asked regarding (1) alcohol, (2) tobacco, and (3) marijuana, resulting in a total of 12 outcomes. Data analyses presented in this report describe changes over time within DFC communities while coalitions were in place. These analyses cannot determine for certain that *only* DFC coalitions caused those changes.

[7] See footnote 6, and 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.

INTERPRETING FINDINGS

The four core DFC outcome measures are defined as follows:

- **Past 30-Day Use**: The percentage of respondents who reported using alcohol, tobacco, or marijuana at least once in the past 30 days.
- **Average Age of First Use**: Among respondents who reported ever using, the average age that they report first trying alcohol, tobacco, or marijuana.
- **Perception of Risk**: The percentage of respondents who reported that regular use of alcohol, tobacco, or marijuana has moderate risk or great risk. Regular use was defined for alcohol as one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day. Regular use was defined for tobacco as one or more packs of cigarettes a day. Regular use for marijuana was not defined.
- **Perception of Parental Disapproval**: The percentage of respondents who reported their parents feel regular use of alcohol is wrong or very wrong. The percentage of respondents who report their parents feel *any* use of cigarettes or marijuana is wrong or very wrong.

DFC coalitions are required to report core measures data every 2 years, with new 5-year funding cohorts initiated each program year. Therefore, each year's outcome data includes a different set of coalitions. 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 two separate analyses of change in core measures for coalition communities as follows.

Analyses of Short-Term Change. To assess recent short-term change, 2010 core measures data reported by coalitions was compared to the most recent previous report for each coalition in that cohort (which was 2009 data in roughly half of cases and 2008 data in the other half of cases). This analysis reflects the most recent changes in core measures for DFC communities. These data are for coalitions reporting in 2010, and may not reflect trends in results across all coalitions. These analyses are limited to currently funded grantees.

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 coalition's first outcome report and compared that figure to their most recent report. For example, if Coalition 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 3.6 years. These analyses include all DFC grantees ever funded.

Comparison to Other National Data. DFC results on changes in past 30-day use were also compared to a nationally representative sample of high school students taking the Youth Risk Behavior Survey (YRBS) in 2003, 2005, 2007, and 2009. Because different coalitions report data each year, DFC results are based on the coalitions 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.

TABLE 1: AVERAGE CHANGE IN PAST 30-DAY PREVALENCE OF USE[a]

			Short-Term Change: 2010 Data vs. Previous Observation				Long-Term Change: First Observation to Most Recent		
School Level	Substance	n	% Report Use, Time Prior to 2010	% Report Use, 2010	% Point Change	N	% Report Use, First Outcome	% Report Use, Most Recent Outcome	% Point Change
Middle School	Alcohol	162	18.0%	14.5%	-3.5**	760	15.7%	13.2%	-2.5**
	Tobacco	162	6.6%	6.4%	-0.2	761	8.1%	5.9%	-2.2**
	Marijuana	160	6.3%	6.3%	0.0	747	6.4%	4.9%	-1.5**
High School	Alcohol	165	36.8%	33.7%	-3.1**	803	38.1%	34.6%	-3.5**
	Tobacco	162	17.8%	16.8%	-1.0**	800	20.0%	16.8%	-3.2**
	Marijuana	163	17.7%	18.9%	+1.1*	797	18.9%	17.4%	-1.4**

Notes: * p<.05; ** p<.01; n represents the number of coalitions included in the analysis
[a] Outcomes were weighted for each coalition based on the number of students surveyed by the coalition.
Source: COMET, 2002-2010 core measures data

Past 30-Day Prevalence of Use

Results for the long- and short-term analyses described earlier are presented in Table 1. The findings represent a consistent record of positive accomplishment for substance use outcomes in DFC coalition communities.

Long-Term Change. Coalitions' most recent reports of past 30-day use were compared to their first report to identify the average change that has occurred since the beginning of the DFC grant in those coalitions. The average amount of time elapsed between these reports was 3.6 years.

Prevalence of past 30-day use for DFC youth significantly declined across all substances (alcohol, tobacco, marijuana) and school levels (middle and high school) between coalitions' first data report and their most recent data report (Table 1).

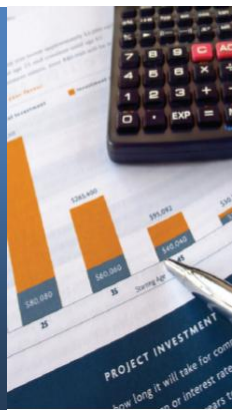
Short-Term Change. DFC grantees that reported data in 2010 experienced a significant decline in prevalence of alcohol use at both the middle school (-3.5 percentage points) and high school (-3.1 percentage points) level from their next most recent report. However, prevalence of marijuana use among high school students increased significantly by 1.1 percentage points, a result that is in line with national trends.[8]

Short-term reductions in past 30-day prevalence of alcohol use were substantial for both middle school students (-3.5 percentage points) and high school students (-3.1 percentage points; see Table 1). This may reflect increased DFC program emphases on environmental strategies and underage

[8] This upward movement in marijuana use mirrors the 2010 results from the National Survey of Drug Use and Health (NSDUH) which reported that 30-day use of marijuana among youth aged 12 to 17 increased from 6.7 to 7.4 percent (0.7 percentage points) between 2008 and 2010.

Coalition Work in Action: Prescription Drug Takeback Programs

"On November 14, the task force participated in the statewide Operation Medicine Cabinet drug take back program. A Coalition volunteer dropped off flyers and information to county doctors' offices, senior centers, and pharmacies…20 garbage bags of prescription and OTC drugs were collected. The Coalition Coordinator contacted the local newspaper… and they provided great coverage of the event."



drinking. The short-term trends for prevalence of tobacco use exhibited significant reductions only at the high school level (-1.0 percentage points). The significant increase in prevalence of marijuana use among high school students may be an initial indicator of a trend, or may just indicate the idiosyncrasies of the sample of coalitions reporting data in 2010 (*n*=163), which is smaller than the sample included in the long-term change analysis (*n*=797).

Percentage Change in Past 30-day Prevalence of Use. So far, change in prevalence of use has been reported as absolute percentage point change. To put these findings in perspective, the amount of long-term change in prevalence of use (from first to most recent report) can also be considered as a percentage change relative to the first report. For example, while the prevalence of marijuana use among middle school students declined by a modest 1.5 percentage points in the long-term analysis (from 6.4% to 4.9%), this represents a 23% reduction in the prevalence of marijuana use by middle school youth during that period (Figure 4).

As shown in Figure 4, prevalence of alcohol use by middle school youth declined by 16% and prevalence of tobacco use by middle school youth declined by 27% from the first to the most recent data reports across DFC communities. Percentage reductions in prevalence of use at the high school level were less pronounced. High school alcohol use declined by 9%, high school tobacco use declined by 16%, and high school marijuana use declined by 7% between DFC grantees' first data report and their most recent data report. Since greater percentages of high school students report use, these less pronounced declines actually result in affecting more individuals.

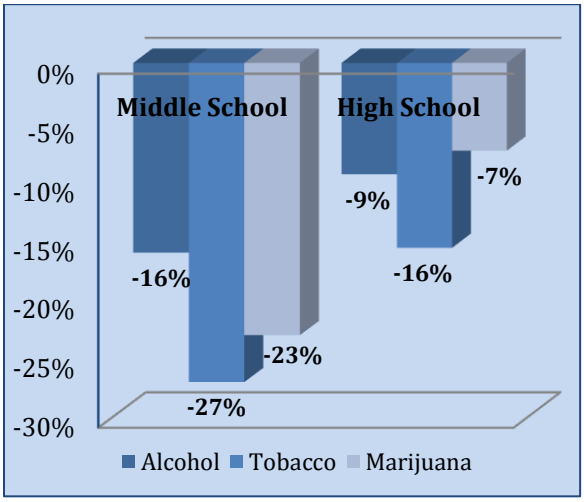


FIGURE 4: LONG-TERM CHANGE: PERCENTAGE DECLINE IN PAST 30 DAY ALCOHOL, TOBACCO, AND MARIJUANA PREVALENCE OF USE

Note: Percentage change based on weighted outcomes for each coalition given the number of students surveyed by the coalition.

Comparison to National Data. As shown in Figure 5, prevalence rates of past 30-day use among high school students for alcohol were significantly lower in DFC communities than in areas sampled by the YRBS in all 4 years compared (i.e., 2003, 2005, 2007, and 2009). Similarly, DFC communities reported significantly lower prevalence of past 30-day marijuana use among high school youth in 3 of the 4 years (i.e., 2003, 2005, 2007) than did areas sampled by the YRBS. There was not a significant difference between DFC and YRBS samples for prevalence of marijuana use in 2009. Differences in prevalence of past 30-day tobacco use were not significant at any time point.

These systematic differences in prevalence of use cannot be attributed solely to the presence of DFC coalitions. DFC communities need to apply for a grant, and, as part of that process, need to demonstrate both need (e.g., data on drug use) and resources (e.g., past efforts, strategic plan). Thus, DFC communities may be further along than some communities sampled by YRBS in their efforts to combat youth drug use, particularly compared to communities who are unable to submit a grant application. Nevertheless, given that DFC communities cover nearly one-third of the population of the United States, these findings suggest a lower rate of substance use in DFC-funded communities may be at least partially attributable to coalition activities in those communities. Although more research is needed to determine the extent to which coalitions might cause this difference, initial indications are positive.

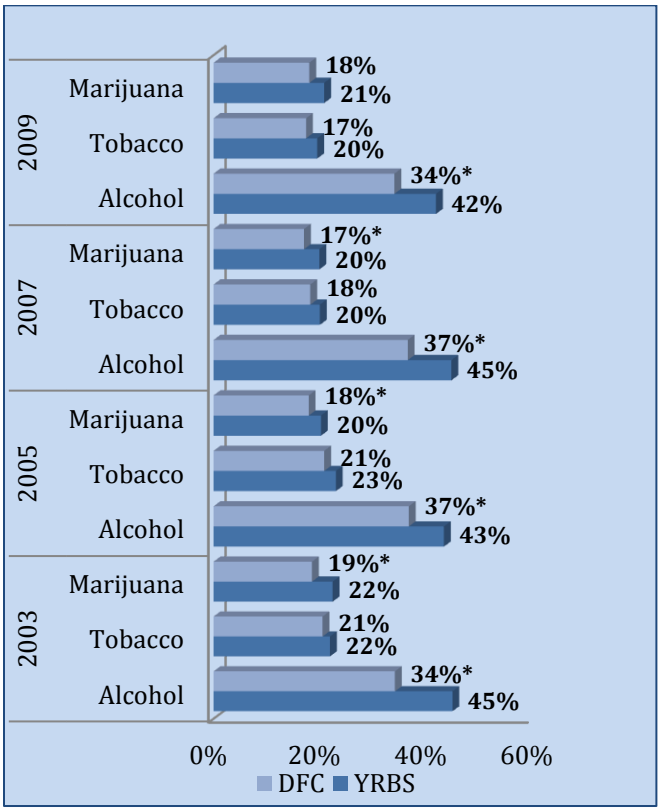


FIGURE 5: COMPARISON OF DFC AND NATIONAL (YRBS) REPORTS OF PAST 30-DAY ALCOHOL, TOBACCO, AND MARIJUANA PREVALENCE OF USE AMONG HIGH SCHOOL STUDENTS
*Difference between DFC and YRBS was statistically significant at the $p < .05$ level.

Average Age of First Use

The average age of first use of a substance is an important indicator of risk for escalating to substance abuse and associated problems later in life. Based on both an examination of short-term and long-term changes, average age of first use did not change at the middle school level. However, increases in age of first use for all substances were reported at the high school level, based on both short-term and long-term analyses (Table 2). Although statistically significant improvements were made at the high school level, all positive changes in age of first use were 0.3 years (about 16 weeks) or less.

TABLE 2: AVERAGE AGE OF FIRST USE AMONG YOUTH WHO REPORT USE [a]

		Short-Term Change: 2010 Data vs. Previous Observation				Long-Term Change: First Observation to Most Recent Observation			
School Level	Substance	n	Age of First Use, Time Prior to 2010	Age of First Use, 2010	Change	n	Age of First Use, First Outcome	Age of First Use, Most Recent Outcome	Change
Middle School	Alcohol	154	11.4 years	11.3 years	-0.1 years	699	11.3 years	11.3 years	0.0 years
	Tobacco	146	11.3 years	11.3 years	0.0 years	674	11.2 years	11.2 years	0.0 years
	Marijuana	139	12.0 years	11.9 years	-0.1 years	649	11.9 years	11.8 years	0.0 years
High School	Alcohol	154	13.4 years	13.7 years	+0.3 years**	728	13.4 years	13.5 years	+0.1 years**
	Tobacco	146	13.1 years	13.4 years	+0.3 years**	716	13.0 years	13.2 years	+0.3 years**
	Marijuana	150	13.8 years	14.0 years	+0.2 years**	718	13.8 years	14.0 years	+0.2 years**

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

[a] Outcomes were weighted for each coalition based on the number of students surveyed by the coalition.

Source: COMET, 2002-2010 core measures data

Coalition Work in Action: Reinforcing Positive Behavior through the Media

"An ad was placed in the local newspaper recognizing retailers who passed their compliance checks in the last year. Following the Sticker Shock campaign those retailers who participated were also recognized through newspaper coverage."

Perception of Risk/Harm of Use

Long-Term Change. Significant increases in youths' perception of risk/harm were reported at both the middle and high school levels for alcohol, tobacco, and marijuana between DFC coalitions' first and most recent outcomes report (Table 3). The change in perception of risk for alcohol use among middle school students (increase of 5.1 percentage points) and high school students (increase of 7.5 percentage points) was particularly strong, as was the change in perception of risk of tobacco use among high school students (increase of 5.3 percentage points).

Short-Term Change. For the most part, there was no significant change in perception of risk based on comparisons from 2010 to the most recent previous report. The one exception is that there was a 4.5 percentage point decrease in perception of risk for marijuana at the high school level.

TABLE 3: PERCEPTION OF RISK/HARM OF USE [a]

		Short-Term Change: 2010 Data vs. Previous Observation				Long-Term Change: First Observation to Most Recent Observation			
School Level	Substance	n	% Report Perceive Risk, Time Prior to 2010	% Report Perceive Risk, 2010	% Point Change	n	% Report Perceive Risk, First Outcome	% Report Perceive Risk, Most Recent Outcome	% Point Change
Middle School	Alcohol	158	66.9%	67.7%	+0.8	725	63.5%	68.7%	+5.1**
	Tobacco	156	82.1%	83.2%	+1.1	719	77.6%	80.9%	+3.3**
	Marijuana	157	78.7%	78.7%	0.0	724	75.2%	78.0%	+2.9**
High School	Alcohol	157	65.9%	65.9%	0.0	760	58.1%	65.6%	+7.5**
	Tobacco	155	83.4%	82.9%	-0.5	747	76.4%	81.7%	+5.3**
	Marijuana	156	70.1%	65.6%	-4.5**	762	62.6%	65.6%	+2.9**

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

[a] Outcomes were weighted for each coalition based on the number of students surveyed by the coalition.

Source: COMET, 2002-2010 core measures data

Perception of Parental Disapproval of Use

Long-Term Change. Among DFC youth, perception of parental disapproval increased significantly across all substances for both middle and high school students (Table 4). Perception of parental disapproval increased slightly more for middle school students relative to high school students on alcohol, tobacco, and marijuana.

Short-Term Change. Coalitions that reported data in 2010 experienced no significant changes in perception of parental disapproval at either the middle school or high school level.

TABLE 4: PERCEPTION OF PARENTAL DISAPPROVAL[a]

		Short-Term Change: 2010 Data vs. Previous Observation				Long-Term Change: First Observation to Most Recent Observation			
School Level	Substance	n	% Report Parental Disapproval, Time Prior to 2010	% Report Parental Disapproval, 2010	% Point Change	n	% Report Parental Disapproval, First Outcome	% Report Parental Disapproval, Most Recent Outcome	% Point Change
Middle School	Alcohol	156	87.4%	87.3%	-0.1	691	82.2%	86.4%	+4.2**
	Tobacco	150	92.9%	91.2%	-1.7	674	85.9%	90.9%	+5.1**
	Marijuana	156	93.0%	92.4%	-0.6	689	87.5%	92.0%	+4.5**
High School	Alcohol	156	77.5%	76.4%	-1.1	730	73.2%	75.8%	+2.6**
	Tobacco	150	86.7%	84.5%	-2.2	712	79.5%	84.4%	+4.9**
	Marijuana	156	87.4%	86.0%	-1.4	726	82.0%	86.0%	+4.0**

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

[a]Outcomes were weighted for each coalition based on the number of students surveyed by the coalition.

Source: COMET, 2002-2010 core measures data

Conclusion

The DFC National Evaluation found that past 30-day prevalence of use declined significantly across all substances (alcohol, tobacco, marijuana) and all grade levels (middle school, high school) between DFC coalitions' first and their most recent data report. Moreover, prevalence of past 30-day use was lower across all substances for DFC high school students than among a nationally-representative sample of high school students completing the Youth Risk Behavior Survey (YRBS). Differences in prevalence of 30-day use between DFC and YRBS were statistically significant for alcohol in 2003, 2005, 2007, and 2009 and for marijuana in 2003, 2005 and 2007. Differences in prevalence of tobacco use between DFC and YRBS were not statistically significant at any time point.

Given differences in sampling procedures among DFC grantees, inferences from data comparing DFC to YRBS must be cautious. However, the more substantial declines in use for DFC communities are a very promising sign of their potential benefit to their communities. Even with reported declines in youth substance use, these levels are still too high. DFC communities are experiencing more rapid reductions in prevalence of substance use than the nation overall. This reduction in substance use has the potential of bringing added benefits in improving the broad range of individual, family, and community problems related to youth substance use.

Perceptions of substance use as harmful and parental disapproval of substance use are also improving in DFC communities. Perception of risk increased significantly for alcohol, tobacco, and marijuana use among DFC youth between DFC coalitions' first report and most recent report. Moreover, youth perception of parental disapproval increased significantly for alcohol, tobacco, and marijuana use over the same period.

Future interim reports will continue to track youth alcohol, tobacco, and marijuana use. There will be minor changes to make core outcome data more relevant and sensitive. For instance, in addition to parental perceptions, youth will be asked to report on peer perceptions concerning substance use. This addition recognizes the strong influence of peers in youth decision making. Continued and strengthened tracking of coalition performance and community impacts is central to the DFC National Evaluation commitment to accurately informing decision making in DFC coalitions.