# Drug-Free Communities Support Program National Evaluation

# ANNUAL REPORT
# JULY 2020

A REPORT BY THE OFFICE OF NATIONAL DRUG CONTROL POLICY

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# Drug-Free Communities Support Program

The Drug-Free Communities (DFC) Support Program 2020 National Evaluation End-of-Year Report was prepared by the DFC National Evaluation Team at ICF and provides an update on findings from the DFC National Evaluation.[1] Together, the findings provide information about DFC coalitions' progress on achieving the following primary goals of DFC:

- Establish and strengthen collaboration among communities, public and private non-profit agencies, and Federal, State, local, and Tribal governments to support the efforts of community coalitions working to prevent and reduce substance use among youth.
- Reduce substance use among youth and, over time, reduce substance use among adults by addressing the factors in a community that increase the risk of substance use and promoting the factors that minimize the risk of substance use.[2]

This report first provides an overview of the history and background of the DFC program. Next, evaluation findings are presented in four sections: *Building Capacity* (e.g., DFC coalition membership data), *Strategy Implementation, Core Measures Findings,* and *Promising Practices*. Data on building capacity identify ***whom*** DFC coalitions have engaged with in their community to prevent and reduce youth substance use. Second, process data on strategies implemented by DFC coalitions provide information regarding ***how*** they work to bring about community change. Third, changes in the DFC core outcomes data are presented, which reflect ***community-level change*** in youth past 30-day non-use, perception of risk of use, and perception of parental and peer disapproval of use associated with four key substances (alcohol, tobacco, marijuana, and misuse of prescription drugs). Next, the report discusses ***promising practices*** that DFC coalitions utilize with a focus on hosting a youth coalition, preventing youth vaping, and addressing opioid use. Finally, key findings are summarized.

## History and Background

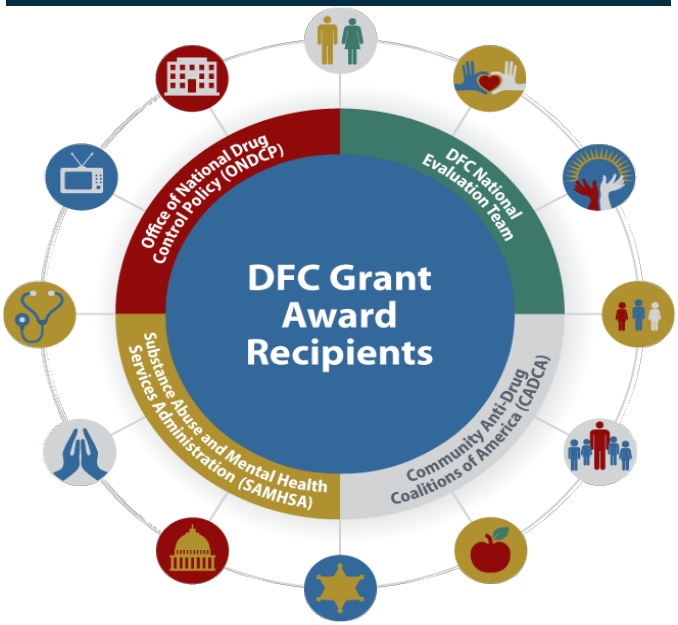
Created through the Drug-Free Communities Act of 1997, the DFC Support Program funds community coalitions to prevent and reduce youth substance use by emphasizing finding local solutions for local problems. DFC coalitions are composed of representatives from 12 sectors (defined in the *Building Capacity* section) that organize as community-based coalitions to meet the local prevention needs of the youth and families of their community.

[1] ICF is an independent third-party evaluator under contract with ONDCP.

[2] For DFC, youth are defined as individuals 18 years of age or younger. For the FY 2018 funding opportunity announcement for Drug-Free Communities Support Program grants, see: Substance Abuse and Mental Health Services Administration, HHS. (2018). Drug-Free Communities support program-new: Funding opportunity announcement. Retrieved from https://www.samhsa.gov/sites/default/files/grants/pdf/sp-18-002-dfc-foa-1-30-18.pdf

The DFC Support Program is funded and directed by the Office of National Drug Control Policy (ONDCP). ONDCP has engaged several partners to collaborate in supporting DFC coalitions to help them succeed (see Figure 1). The Substance Abuse and Mental Health Services Administration (SAMHSA) provided grant award management and government project officer monitoring support. Training and technical assistance intended to strengthen the capacity of the DFC coalitions, including the required National Coalition Academy, are provided by the Community Anti-Drug Coalitions of America (CADCA). In addition to conducting the national evaluation, the DFC National Evaluation Team provides evaluation-related technical assistance support to DFC coalitions, including data collection and reporting.

**Figure 1. Drug-Free Communities Support Program: Partners for Community Change**




**Notes:** DFC grant award recipients are supported in achieving DFC goals by ONDCP, SAMHSA, CADCA, and the DFC National Evaluation Team. DFC coalitions engage 12 sectors to achieve change in the community, represented here by the 12 sector icons in the outer circle.

DFC grant award recipients receive up to $125,000 per year for up to 5 years per award, with a maximum of 10 years of grant award funding.[3] Since 1998, the DFC Support Program has awarded DFC grants to community-based coalitions that represent all 50 States, several Territories, and rural, urban, suburban, and Tribal communities. In Fiscal Year (FY) 2018, 724 community coalitions were awarded DFC grants. Of these, 421 (58%) were in Year 1 to Year 5 of receiving a DFC grant, whereas the remaining 303 (42%) were in Year 6 to Year 10. As of FY 2018, nearly 2,800 DFC grants have been awarded in just under 1,900 communities.[4]

## Data in 2020 Annual Evaluation Report

This report is a summary of findings based on national evaluation data submitted in February 2020, reported by DFC grant award recipients, with an emphasis on DFC coalitions funded through

[3] DFC coalitions must demonstrate they have matching funds from non-Federal sources relative to the amount of Federal dollars requested. In Years 1 through 6, a 100% match is required. In Years 7 and 8, this increases to a 125% match, and finally in Years 9 and 10 it increases to a 150% match. See the FY 2018 funding opportunity announcement for further information on matching: Substance Abuse and Mental Health Services Administration, HHS. (2018). Drug-Free Communities support program-new: Funding opportunity announcement. Retrieved from https://www.samhsa.gov/grants/grant-announcements/sp-18-002

[4] Based on data available to the DFC National Evaluation for awards through FY 2018, 1,892 communities have received DFC grant awards, with 1,001 communities receiving a Year 1 to Year 5 award and the remaining 891 communities receiving an additional Year 6 to Year 10 award. Combined, these total 2,783 DFC grant awards. This is a conservative estimate of awards through FY 2018 because data from the early years of DFC (pre-2009) were not consistently available.

FY 2018.[5] The August 2019 Progress Report was postponed due to expiration in required approval. As a result, FY 2018 DFC coalitions reported in February 2020 on membership and activities from February 1, 2019, through the end of their grant award (typically September 30, 2019) or through January 31, 2020, for DFC coalitions that received continuation awards in FY 2019 (see Table 1).[6]

**Table 1. Grant Recipient Reporting Period for February 2020 Progress Report**

| Year of Grant Funding | Period of Activity Reported in February 2020 Progress Report |
|---|---|
| FY 2018<br>Year 5 or Year 10 | February 1, 2019 - End of grant funding |
| FY 2018<br>Years 1-4 and Years 6-9 | February 1, 2019 - January 31, 2020 |

Table 2, arranged by year of award, shows the number of FY 2018 grant award recipients who submitted the February 2020 progress report. In total, 661 of the 724 FY 2018 DFC coalitions submitted a progress report in February 2020.[7]

**Table 2. Number of FY 2018 DFC Grant Award Recipients by Year of Award Submitting February 2020 Progress Report**

| Year of Award | Number of Grant Award Recipients Submitting Report | Number of FY 2018 Grant Award Recipients | Percentage of Grant Award Recipients Submitting Report |
|---|---|---|---|
| Year 1 | 94 | 95 | 98.9% |
| Year 2 | 60 | 62 | 96.8% |
| Year 3 | 60 | 61 | 98.4% |
| Year 4 | 105 | 107 | 98.1% |
| Year 5 | 77 | 96 | 80.2% |
| Year 6 | 60 | 61 | 98.4% |
| Year 7 | 37 | 37 | 100.0% |
| Year 8 | 30 | 30 | 100.0% |
| Year 9 | 77 | 79 | 97.5% |
| Year 10 | 61 | 96 | 63.5% |
| Total | 661 | 724 | 91.3% |

**Source:** DFC February 2020 Progress Report

[5] Grant awards in FY 2019 were made in three separate cohorts: September 2019, October 2019, and December 2019. As such, a subset of the FY 2019 DFC coalitions completed only one month of grant implementation prior to their first reporting period in February 2020. To provide a more complete picture of coalition activities, findings from FY 2019 DFC coalitions will be highlighted in the next DFC National Evaluation Annual Report, which will include data submitted through the August 2020 reporting period.

[6] FY 2018 DFC grants were awarded in September 2018, with the first required report occurring in February 2019. For grants ending in 2019 (not awarded an FY 2019 grant), some recipients receive a no-cost extension to continue work beyond September 30. Progress reports are completed by the DFC coalition staff. Core measure data, based on data collected from youth in the community, are summarized and attached to progress reports as new data become available (at a minimum, DFC coalitions are required to collect and report new core measure data every two years).

[7] This number represents nearly all (91%) of FY 2018 DFC grant award recipients. Additional DFC coalitions may have completed the progress report after data were received by the DFC National Evaluation Team for this report. The DFC National Evaluation Team received progress report data after providing Government Project Officers with 6 weeks to approve the progress reports. Government Project Officers were likely engaged in ongoing interaction with the DFC coalitions that did not meet the reporting requirement in this timeframe.

In addition, all core measures data submitted through 2020 were included in this report. For the core measures analyses, all core measures data submitted through February 2020 were analyzed, and further analyses were conducted looking specifically at data submitted by FY 2018 coalitions. The focus on FY 2018 coalitions who reported on work through 2019 supports understanding of how recently funded DFC coalitions are meeting the DFC goal of reducing and preventing youth substance use.

### Progress Report Data

DFC coalitions collect and submit a broad range of data biannually in required progress reports. Progress report data presented in the *Community Context* section of this report includes information regarding the community context (e.g., geographic setting), focus of coalition efforts (e.g., target substances), and key protective and risk factors found in the local community (e.g., availability of substances, positive school climate). DFC coalitions provide in their grant applications the ZIP codes that define the catchment area for the community in which they target activities, which is then used to understand the potential reach of DFC coalitions. Throughout the progress report, DFC coalitions report qualitatively about their work, successes, and challenges during the reporting period in open-text response fields. Quotes from DFC coalitions are used throughout the report to support an understanding of their work in the community.[8]

Sector membership data (presented in the *Building Capacity* section of this report) includes information about number of members, number of active members, and level of involvement by each of the 12 community sectors. Active members are those who have attended a formal coalition meeting, participated in a coalition task force or work group, or contributed significantly to planning at least one coalition activity. The 12 required community sectors[9] are:

1. Youth (age 18 or younger)
2. Parent
3. School
4. Law Enforcement
5. Healthcare Professional or Organization (e.g., primary care, hospitals)
6. Business
7. Media
8. Youth-Serving Organization
9. Religious/Fraternal Organization
10. Civic/Volunteer Group (e.g., a member from a local organization committed to volunteering)
11. State, Local, or Tribal Governmental Agency with expertise in the field of substance use

[8] Throughout this report, when incorporating qualitative anecdotes with findings, DFC coalitions will be identified by their FY 2018 funding year (1–10) and by the U.S. census region where they are located (see https://www.census.gov/geographies/reference-maps/2010/geo/2010-census-regions-and-divisions-of-the-united-states.html).

[9] As per the FY 2018 funding opportunity announcement. For details, see Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2018). Drug-Free Communities support program-new: Funding opportunity announcement. Retrieved from https://www.samhsa.gov/grants/grant-announcements/sp-18-002

12. Other Organization involved in reducing substance use

DFC coalitions also report on the activities they have implemented during the reporting period (presented in the *Strategy Implementation* section of this report). Activities are grouped into the Seven Strategies for Community Change, with any given activity linked to a single strategy.[10] The seven strategies are *Providing Information*, *Enhancing Skills*, *Providing Support*, *Enhancing Access/Reducing Barriers*, *Changing Consequences*, *Educating and Informing about Modifying/Changing Policies or Laws,* and *Changing Physical Design*. For each completed activity type within a given strategy, DFC coalitions are asked to provide additional information (e.g., number of completed activities, number of youth participating, number of adults participating).

### Core Measures Data

DFC coalitions are required to collect and submit new core measures data at least every 2 years.[11] DFC coalitions provide new core measures data in their progress report once data collection is complete. This report focuses on findings regarding the current DFC core measures, which were revised in 2012.[12] Briefly, the core measures are defined as follows (see Appendix A for specific wording for each of the core measure items):

- **Past 30-Day Prevalence of Use/Non-Use:** The percentage of survey respondents who reported using alcohol, tobacco, or marijuana (prevalence of use) or misusing prescription drugs at least once within the past 30 days (prevalence of misuse). Given the focus of DFC is on prevention, past 30-day prevalence data are primarily reported here as prevalence of non-use (non-misuse). That is, the data reflect the percentage of youth who did not report use (misuse) of the substance in the prior 30 days.[13]
- **Perception of Risk:** The percentage of survey respondents who perceived that use of a given substance has moderate risk or great risk. Perceived risk of alcohol use is associated with five or more drinks of an alcoholic beverage (i.e., beer, wine, or liquor) once or twice a week (binge drinking of alcohol). Perceived risk of tobacco use is associated with smoking one or more packs of cigarettes a day. Perceived risk of marijuana use is associated with using marijuana once or twice a week. The perception of risk of prescription drugs core measure is associated with any use of prescription drugs not prescribed to the user (misuse).
- **Perception of Parental Disapproval:** The percentage of survey respondents who perceived their parents would feel that regular use of alcohol (one or two drinks nearly every day) or engaging in *any* use of tobacco, marijuana, or misuse of prescription drugs is wrong or very wrong.

[10] CADCA derived the strategies from work by the University of Kansas Work Group on Health Promotion and Community Development—a World Health Organization Collaborating Centre. For more information: Community Anti-Drug Coalitions of America. (2010). The Coalition Impact: Environmental prevention strategies. Alexandria, VA: National Coalition Institute. (Original work published 2008). Retrieved from https://www.cadca.org/sites/default/files/resource/files/environmentalstrategies.pdf

[11] DFC coalitions are encouraged to collect data from youth in at least three grade levels, with at least one grade level in middle school (Grades 6 through 8) and at least one in high school (Grades 9 through 12).

[12] A few core measures were revised in 2012, whereas new core measures (i.e., perception of peer disapproval and misuse of prescription drugs) were added. For unchanged core measures, data have been collected since 2002.

[13] These prevalence of non-use data are calculated by subtracting the prevalence of use percentage from 100%.

- **Perception of Peer Disapproval:** The percentage of survey respondents who perceived their friends would feel it would be wrong or very wrong for them to drink alcohol regularly (one or two drinks nearly every day), or engage in *any* use of tobacco, marijuana, or misuse of prescription drugs.

## DFC Reach

In FY 2018, ONDCP awarded 156 new DFC grants (i.e., 95 in Year 1 and 61 in Year 6) and 568 DFC continuation grants, bringing the total number of DFC coalitions to 724 (see Figure 2 for geographic location).[14] DFC coalitions identify their catchment areas by ZIP code. Each DFC coalition indicates all ZIP codes in which its grant activities are targeted; these ZIP codes were merged with 2010 United States (U.S.) Census data to provide an estimate of the number of people that DFC coalitions may reach and impact.[15] The total estimated population of all catchment areas of these DFC coalitions was approximately 60 million (19% of the population of the U.S.). These catchment areas included approximately 2.4 million middle school students ages 12 to 14 (one-fifth [19%] of all middle school youth) and 3.4 million high school students ages 15 to 18 (one-fifth [19%] of all high school youth).[16] Since DFC grant award recipient data on catchment areas have been collected (i.e., since 2005), DFC community coalitions have targeted areas with a combined population of approximately 160 million, or 51%, of the U.S. population. That is, 1 in 2 people in the U.S. has lived in a community with a DFC coalition since 2005.

***DFC Potential Reach***

**In 2019, 1 in 5 Americans lived in a community with a DFC-funded coalition.**

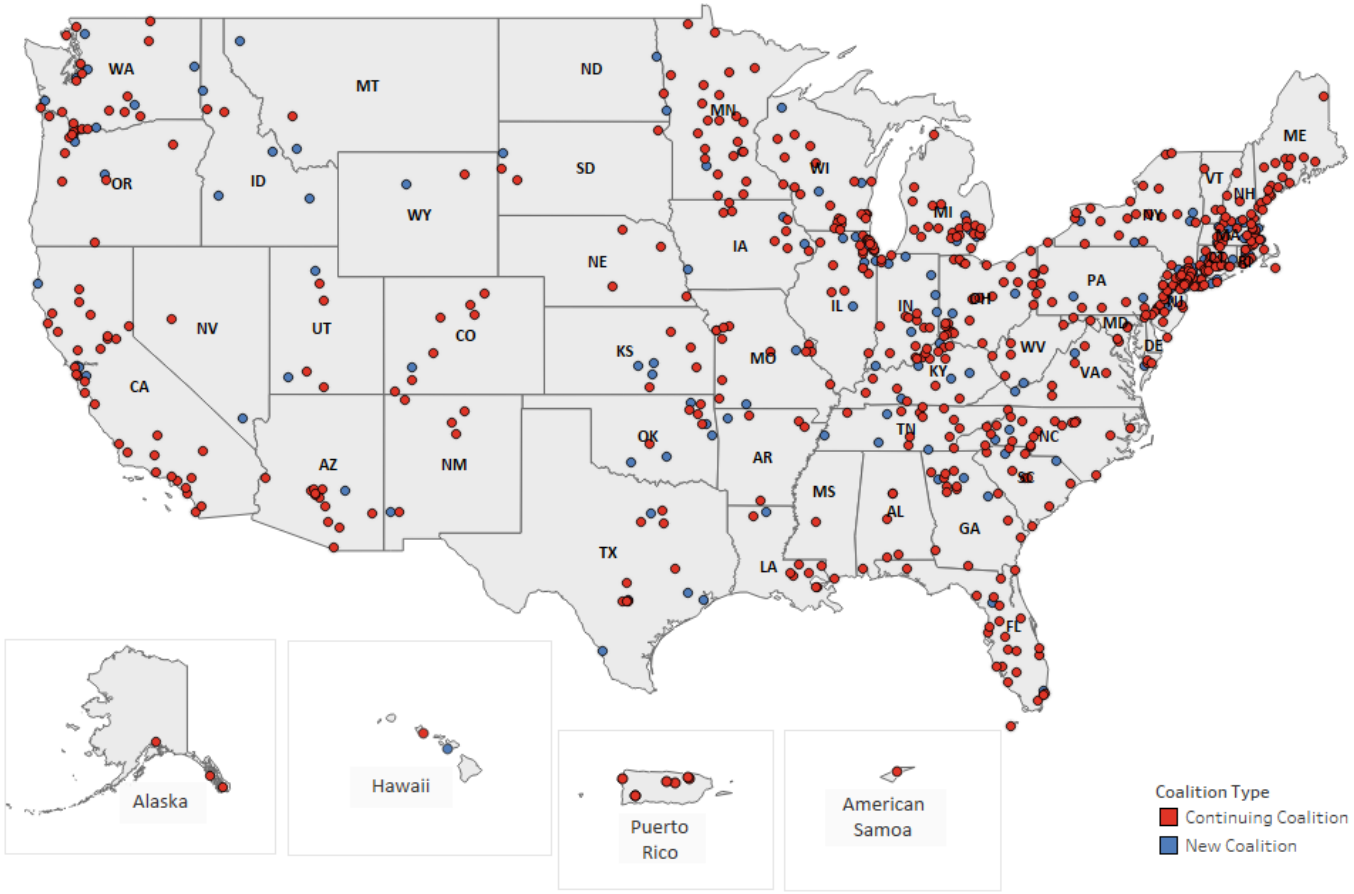
**Since 2005, 51% of the U.S. population has lived in a community with a DFC coalition.**

[14] DFC coalitions provide target ZIP code information in their grant application; therefore, these data are available for all 724 coalitions.

[15] See U.S. Census 2010 Age Groups and Sex table by ZIP Code Tabulation Area (ZCTA) https://www.census.gov/topics/population/age-and-sex/data/tables.html. DFC coalitions provide ZIP codes while the Census Bureau uses ZCTAs. These are similar but not identical (see https://www.census.gov/programs-surveys/geography/guidance/geo-areas/zctas.html). Note that some ZIP codes reported by DFC coalitions are not found in the U.S. Census ZCTA, typically because they represent smaller communities. That is, census estimates reported here are likely a conservative estimate of potential reach of the DFC grant.

[16] Age is used as an indicator of school level here because U.S. Census data are not collected by grade level.

## Figure 2. Map of FY 2018 DFC Grant Award Recipients




**Source:** DFC FY 2018 Grant Application coalition ZIP code information

# Community Context

DFC coalitions answer a range of questions regarding: geographic setting, focus of prevention activities on specific subgroups of youth, identification of the top five substances targeted by their coalition, and key local protective and risk factors.[17] This information helps to better understand the types of communities DFC coalitions are working in and the problems they are addressing locally. The following sections summarize DFC coalitions' responses to these questions from their February 2020 Progress Report.

## Focus on Specific Subgroups of Youth

DFC coalitions (40%) reported they targeted building capacity or at least some information or interventions to one or more specific demographic groups. Specifically, DFC coalitions were most likely to report that they focused their efforts to some extent on working with Hispanic or Latino youth (28%); lesbian, gay, bisexual, or transgender (LGBT) youth (14%); or Black or African American youth (13%). Smaller percentages of DFC coalitions focused their efforts at least to some extent on work with American Indian or Alaska Native youth (6%), Asian youth (4%), or Native Hawaiian or Pacific Islander youth (2%).

## Geographic Setting

On average, DFC coalitions reported serving 1.3 different geographic settings.[18] Of the 661 coalitions reporting in February 2020, self-identifying as working in rural (52%) or suburban (44%) communities was most common, followed by urban (26%) areas. Smaller percentages of DFC coalitions indicated working in inner-city (9%) or frontier (2%) communities.[19]

## Substances Targeted by DFC Coalitions

DFC coalitions were asked to select up to five substances their coalition was focused on targeting in their communities. On average, DFC coalitions reported targeting 4.3 substances. Most DFC coalitions reported targeting efforts to address alcohol (97%), marijuana (90%), and misuse of any prescription drugs (87%, as presented in Table 3).[20] Most DFC coalitions specifically focused on the misuse of prescription opioids (84%), compared to the misuse of prescription non-opioids (37%); slightly more than one-third (35%) indicated they were focused on the misuse of both types of prescription drugs. In February 2020, almost three-fourths (72%) of DFC grant recipients identified addressing

[17] DFC coalitions could select multiple responses for each of these questions. Therefore, total responses exceed 100%.

[18] DFC coalitions selected all geographic settings that applied. The median number of geographic settings served was 1, with a minimum of 1 and a maximum of 4.

[19] DFC communities self-identify geographic setting. Frontier communities are generally communities with sparse populations located some distance (at least 60 minutes travel) from larger population centers and services. For additional information, see: Methodology for designation of frontier and remote areas, 79 Fed. Reg. 25599 (May 5, 2014). Retrieved from https://www.federalregister.gov/documents/2014/05/05/2014-10193/methodology-for-designation-of-frontier-and-remote-areas

[20] Beginning in August 2017, DFC coalitions could specify opioid prescription drugs versus non-opioid prescription drugs as a target substance. Before then, the category was broadly labeled as prescription drugs.

tobacco/nicotine use as a priority. The focus on tobacco/nicotine was an increase of 9 percentage points from the prior annual report and likely reflects increased focus of DFC coalitions on vaping.[21]

**Table 3. Target Substances Focus**

| Substance | Number of DFC Coalitions Targeting | Percentage of DFC Coalitions Targeting |
|---|---|---|
| Alcohol | 642 | 97.1% |
| Marijuana | 592 | 89.6% |
| Any Prescription Drugs | 575 | 87.0% |
| Prescription Drugs (Opioids) | 557 | 84.3% |
| Tobacco/Nicotine | 474 | 71.7% |
| Prescription Drugs (Non-Opioids) | 246 | 37.2% |
| Heroin, Fentanyl, Fentanyl analogs or other Synthetic Opioids | 142 | 21.5% |
| Synthetic Drugs / Emerging Drugs | 62 | 9.4% |
| Over-the-Counter Drugs | 53 | 8.0% |
| Methamphetamine | 44 | 6.7% |
| Cocaine/Crack | 7 | 1.1% |
| Stimulants (Uppers) | 4 | 0.6% |
| Inhalants | 3 | 0.5% |
| Tranquilizers | 1 | 0.2% |
| Hallucinogens | 0 | 0.0% |
| Steroids | 0 | 0.0% |

**Source:** DFC February 2020 Progress Report
**Note:** Each DFC coalition may select up to five target substances.

## Community Protective and Risk Factors

DFC coalitions are encouraged to identify local protective and risk factors existing within their communities, based on a provided list. Protective factors are the characteristics of a community, individuals, families, schools, or other circumstances that *decrease* the likelihood of substance use and its associated harms. DFC coalitions may focus prevention activities on building upon or strengthening protective factors that are perceived to be particularly important in a community. Conversely, risk factors are the characteristics of the community, individuals, families, schools, or other circumstances that may *increase* the likelihood of substance use and its associated harms, or increase the difficulty of mitigating these dangers. DFC coalitions may focus prevention activities on reducing or addressing risk factors that are perceived to be particularly important in a community.

On average, DFC coalitions selected 8 of the 14 potential protective factors as the focus of activities to build upon current community strengths. Key protective factors that DFC coalitions reported working to strengthen included pro-social community involvement (73%), positive peer groups (69%), positive

[21] See https://www.whitehouse.gov/wp-content/uploads/2019/06/2018-DFC-Report_Full-Evaluation-Final.pdf.

school climate (65%), opportunities for pro-social family involvement (63%), and recognition/acknowledgement of efforts (61%), as indicated in Table 4.

**Table 4. DFC Coalitions Identification of Protective and Risk Factors**

| DFC Coalitions Identifying Given Protective Factor to Strengthen (%) | | DFC Coalitions Identifying Given Risk Factor to Address (%) | |
|---|---|---|---|
| Pro-social community involvement | 73.2% | Perceived acceptability (or lack of disapproval) of substance use/ Community norms favorable toward substance use | 89.1% |
| Positive contributions to peer group | 69.0% | Availability of substances that can be mis-used | 84.3% |
| Positive school climate | 65.1% | Individual youth have favorable attitudes toward substance use/misuse | 76.6% |
| Opportunities for pro-social family involvement | 62.9% | Parents lack ability/confidence to speak to their children about substance use | 68.5% |
| Recognition/acknowledgement of efforts | 60.8% | Early initiation of the problem behavior | 60.2% |
| Contributions to the school community | 59.9% | Family trauma/stress | 58.4% |
| Advertising and other promotion of information related to substance use | 59.5% | Parental attitudes favorable to antisocial behavior | 57.0% |
| Family connectedness | 58.2% | Low commitment to school | 42.8% |
| Parental monitoring and supervision | 57.6% | Inadequate laws/ordinances related to substance use/access | 33.1% |
| Laws, regulations, and policies | 57.0% | Inadequate enforcement of laws/ordinances related to substance use | 31.5% |
| School connectedness | 56.3% | Lack of local treatment services for substance use | 28.1% |
| Strong community organization | 48.7% | Academic failure | 25.6% |
| Cultural awareness, sensitivity, and inclusiveness | 48.6% | Available treatment services for substance use insufficient to meet needs in timely manner | 22.7% |
| Family economic resources | 20.1% | | |

**Source:** DFC February 2020 Progress Report

DFC coalitions also identified a range of local risk factors. On average, DFC coalitions selected 7 of the 13 potential risk factors as the focus of what they needed to address in their community. Commonly reported risk factors were perceived acceptability of substance use (89%) and availability of substances that can be mis-used (84%). A majority of DFC coalitions identified family-related risk factors that needed to be addressed, including parents lacking the ability or confidence to speak with their children about substance use (69%), family trauma or stress (58%), and parental attitudes that are favorable toward antisocial behavior (57%).

# Building Capacity to Prevent and Reduce Substance Use

Comprehensive community collaboration to reduce and prevent substance use among youth is a fundamental premise of effective community prevention and the DFC program. To this end, DFC coalitions are required to engage community members from the 12 sectors to conduct their work. Building capacity is central to the work of DFC coalitions. Ongoing engagement with the community to bring in new sector members facilitates opportunities for new ideas for activities and new strategies for implementing activities. In addition, by bringing the various sectors together on a regular basis, DFC coalitions also potentially contribute to networking across sectors in ways that build capacity not only for the DFC coalition, but also for the sector organizations. This section examines DFC coalitions' efforts at building community capacity to reduce and prevent substance use among youth. This includes an examination of sector membership, including the number of active members by sector and the average level of member involvement in each sector. Examples of DFC coalitions' engagement in building capacity are provided. Building capacity is revisited in the *Promising Practices* section of this report.

## Number of Active Members

In the February 2020 Progress Report data, almost all DFC coalitions (93%) reported meeting the grant requirement of having at least one current member from each of the 12 sectors.[22] In addition, a majority (80%) also reported having at least one ***active*** member from each sector; this was a small increase compared to the percentage (76%) reporting at least one active member in the prior annual report.[23] Active members were defined as those who had attended at least one meeting during which coalition work was conducted within the past 6 months.[24] Active members are likely to contribute to planning and carrying out the coalitions' action plan, including implementation of activities. A DFC coalition's number of sector members and active members may change over time, in part because of the coalition's efforts to build capacity. In addition, members may move into and out of the community or experience work or family changes that affect their ability to work with the coalition. Youth sector members are expected to change over time because each year some youth enter and leave middle school and high school.

Figure 3 provides an overview of the median number of active members from each of the 12 sectors based on the February 2020 data.[25] The median number of active members ranged from one to six per sector. The Youth sector had the highest median number of active members across DFC coalitions (six active members), followed by Schools (four active members), Law Enforcement Agencies, Parents, Healthcare Professionals, State/Local/Tribal Government Agencies, and Youth-Serving Organizations

[22] Government Project Officers work with DFC coalitions that have challenges in meeting this grant requirement.
[23] See https://www.whitehouse.gov/wp-content/uploads/2019/06/2018-DFC-Report_Full-Evaluation-Final.pdf.
[24] The DFC National Evaluation Team provided technical assistance to DFC coalitions regarding defining active members.
[25] The median is used here rather than the mean because a small percentage of DFC coalitions reported very large numbers of active members, particularly for youth and parents, skewing the mean. However, extreme outliers (above 3 standard deviations from the mean) were excluded from these analyses prior to identifying the median.

(three active members each), then Business Community, Civic/Volunteer Groups, Other Organizations with Substance Use Expertise (two active members each). The median number of active members was lowest for the Media and Religious/Fraternal Organizations sectors (one active member each).

**Figure 3. DFC Grant Award Recipients' Median Number of Active Members by Sector**


**Source:** DFC February 2020 Progress Report
**Note:** There were between 64 and 655 DFC coalitions that reported on the number of active members by sector.

Summed across the 12 sectors, DFC coalitions reported involving a median of 45 total active members.[26] Extrapolating from the median across all 724 FY 2018 DFC coalitions, these DFC coalitions are estimated to have engaged approximately 32,500 active sector members. DFC coalitions, who also rely on the work of paid and volunteer staff, reported involving a median of two paid and two volunteer staff members in February 2020. The addition of staff members brings the total estimated number of community members mobilized by the 724 FY 2018 DFC coalitions to work on youth substance use prevention to slightly less than 35,500. Overall, the median

***DFC Coalitions: Building Community Capacity***

**The 724 FY 2018 DFC coalitions mobilized nearly 35,500 people to engage in youth substance use prevention.**

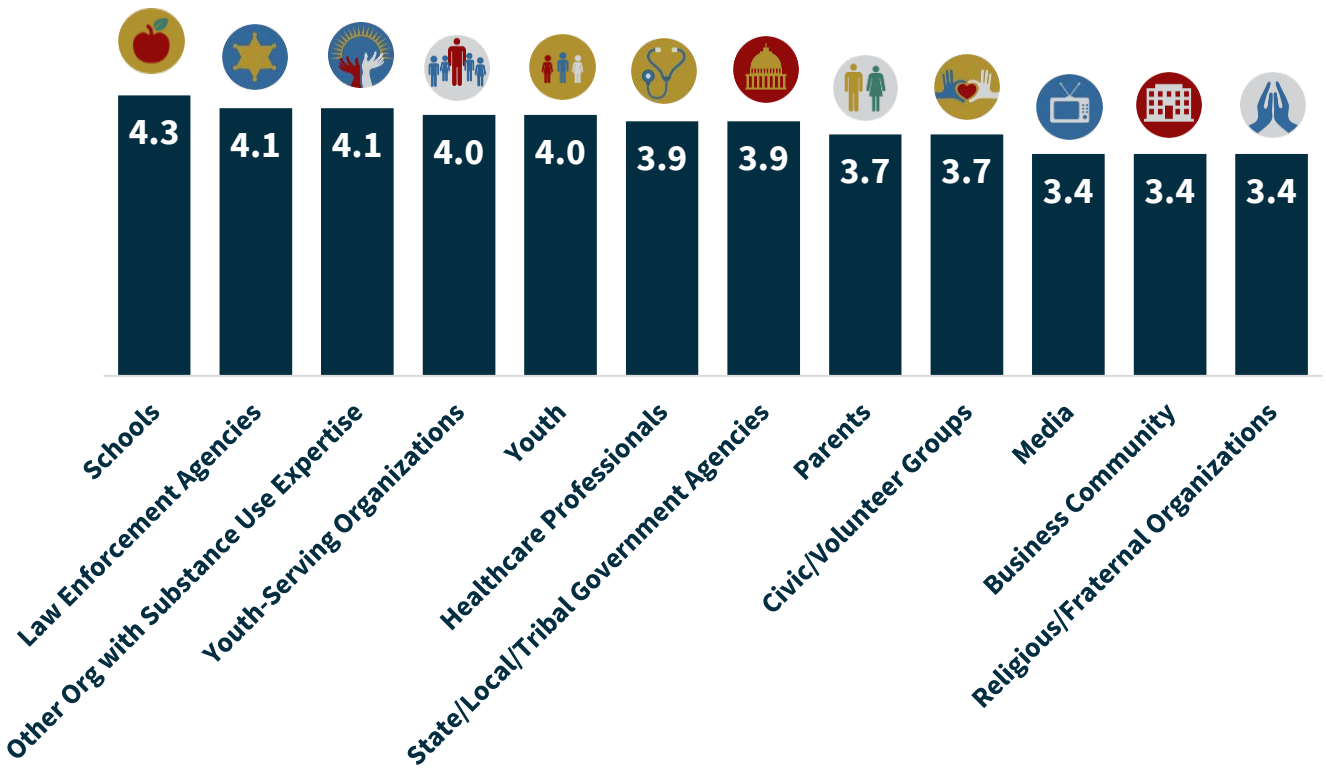
[26] The median is the midpoint in a frequency distribution. Note that when the number of total active members is first summed, the median is larger (45) than if the median number of active members by sector is summed (33), as in Figure 3.

number of active members reported by sector was slightly higher during this reporting period compared to the prior annual report.[27]

## Involvement of Active Members

DFC coalitions were asked to indicate how involved, on average, active members from each sector were in coalition activities (see Figure 4). Involvement was rated on a 5-point scale with 5 indicating *very high* involvement, 4 indicating *high* involvement, 3 indicating *medium* involvement, 2 indicating *low* involvement, and 1 indicating *very low* involvement. On average, all sectors were rated as having medium involvement or higher (averages were greater than 3). Five sectors were rated as being between high and very high on involvement (4 to 5). The School, Law Enforcement, and Other Organization with Substance Use Expertise sectors had the highest average level of involvement (4.3, 4.1, and 4.1, respectively), followed by Youth-Serving Organizations and Youth (4.0 each).

**Figure 4. DFC Grant Award Recipients' Average Rating of Involvement by Sector**




**Source:** DFC February 2020 Progress Report
**Note:** Level of involvement by sector was rated on a 5-point scale: 5 = *very high*, 4 = *high*, 3 = *medium*, 2 = *low*, 1 = very *low*.

[27] See https://www.whitehouse.gov/wp-content/uploads/2019/06/2018-DFC-Report_Full-Evaluation-Final.pdf. In February 2020, the median number of active members was 45 (compared to 42 in August 2018). The median number of staff members (4) was less than in August 2018 (5).

## Activities to Build Capacity

Coalitions engage in a range of activities to build their capacity to serve their communities. As Table 5 shows, when asked to select the three most common activities they had engaged in during the reporting period to build capacity, coalitions most frequently selected recruitment (chosen by 48% of coalitions), outreach to key stakeholders in substance use prevention initiatives (45%), and training for coalition members (42%). Other common activities included strengthening strategies (39%), engaging the general community in substance prevention initiatives (38%), and building shared vision/consensus among coalition members (25%).

**Table 5. DFC Coalitions' Top Capacity-Building Activities**

| Capacity-Building Activity | % of Coalitions Selecting in Top Three | Number of Coalitions Selecting in Top Three |
|---|---|---|
| Recruitment (e.g., increasing coalition membership and participation) | 48.3% | 319 |
| Outreach (e.g., engaging key stakeholders in substance use prevention initiatives) | 45.2% | 299 |
| Training for coalition members (e.g., building leadership capacity among coalition members) | 41.9% | 277 |
| Strengthening strategies (e.g., planning/executing substance use/misuse prevention initiatives) | 39.2% | 259 |
| Engaging the general community in substance use prevention initiatives | 37.8% | 250 |
| Building shared vision/consensus (e.g., attaining an agreement among coalition members regarding goals, planned initiatives, etc.) | 25.1% | 166 |
| Increasing fiscal resources (e.g., attaining funding for substance use prevention initiatives) | 18.3% | 121 |
| Gathering community input (e.g., holding hearings on drug problems) | 15.7% | 104 |
| Improving information resources (e.g., engaging in research or evaluation activities) | 11.3% | 75 |
| Developing/executing a media plan to draw attention to new drug threats | 11.2% | 74 |
| Other[28] | 0.9% | 6 |

**Source:** DFC February 2020 Progress Report

**Note:** Coalitions select up to three activities from a list of ten activities (or select other).

Coalitions provided many concrete examples when asked to describe their main accomplishments in capacity-building during the reporting period, spanning a range of activities in which they established new relationships with historically hard-to-reach sectors; provided training to youth/families and the larger community; took steps to build cultural diversity and inclusion through translation of materials and outreach to diverse cultural groups; invested in efforts to further engage youth and/or form

[28] "Other" responses describing coalitions' capacity-building activities included forming a task force to address opioid abuse, increasing credibility with stakeholders, and staff capacity building.

youth coalitions; and used social media to increase their reach within the area they serve (for examples, see text boxes labeled Coalition Voices: Building Community Capacity).

DFC coalitions also identified some common challenges in building capacity. One such challenge was engaging members from certain sectors, particularly parents, youth, and individuals from the faith-based and business communities. Coalitions with these challenges felt this was often due to competing priorities and reported brainstorming virtual alternatives for potential members who want to participate but cannot attend coalition meetings. Although some coalitions reported success in cultural inclusion, others noted it was a challenge for them: a few DFC coalitions stated having the desire to increase cultural competency and outreach to their diverse community but had not yet been able to engage these community members in a meaningful way. They reported continuing their efforts to identify leaders from these groups and to build trust in the coalition's goals and efforts among minority populations. Finally, several coalitions mentioned they were coping with the aftermath of natural disasters such as hurricanes, which can cause displacement, loss of members, and loss of partners in various sectors.

## Coalition Voices: Building Community Capacity

- "**Targeted efforts are being made to reach out to individual school districts in an effort to engage partners and address local concern and need**. Historically, involvement at the monthly coalition table was relied upon to make contact with schools and work together on prevention efforts targeting their buildings. With recent turnover in administration in multiple districts, we saw a decline in school staff attendance and little to no awareness of our coalition as a resource and source of support. **As such, beyond invitations to the monthly coalition meetings, meetings with individual schools have begun to enhance relationships and bring greater awareness to our resources**. Since these individual meetings began, 2 of our 4 school districts have begun targeted work on a nicotine-free schools plan and begun attending coalition meetings for the first time. Also, after helping to provide funding to send a member of the County Planning and Zoning committee to a nearby listening session about medical marijuana laws, we've been seen as an ally and place to ask for information and support from that office." (Year 3, Midwestern region)
- "In an effort to increase capacity, we **combined our efforts with the local tobacco cessation group to increase the capacity of both groups.** We also merged the meetings and are currently working to include a coalition that works with the homeless population in all of our meetings. [Coalition] members also attend coalition meetings all over the area and spread the word about what we are doing with DFC." (Year 5, Midwestern region)
- "The council has increased capacity of the coalition from **an average of 12 members to an average of 23 members attending meetings** during this reporting period by engaging more with the community during community events and also one on one engagement by the DFC Project Coordinator. **This has increased the ability to bring new perspective to the coalition and has helped with the strategic planning for future years**." (Year 2, Midwestern region)

### Coalition Voices: Building Community Capacity (continued)

- "The coalition promotes coordination and collaboration to make efficient use of community resources. Outreach and recruitment have remained a focus for the coalition. As a result of these efforts, **the coalition has built a strong partnership with the [city's] HIDTA (High-Intensity Drug Trafficking Areas program), DEA Division, County Office of Drug Policy, [college of pharmacy at local university], and other local government and city agencies.** The coalition and HIDTA collaborated on a website to offer the community information related to substance abuse prevention, treatment, drug education and a means to report anonymous tips regarding drug trafficking. The partnership with the DEA and the coalition created an opportunity to host the first-ever Opioid Prescription Drug Abuse Seminar for primary care physicians in the region. **Over 150 physicians received appropriate prescribing guidelines for opioids and DEA's requirements regarding the handling of controlled substances.** The coalition is currently part of a project to develop a set of policy recommendations for elected and city officials that will highlight service gaps and illuminate opportunities to address the needs in the area." (Year 7, Southern region)
- "During this reporting period, **the coalition continues to partner with Hispanic leaders and provide prevention outreach during various events.** The coalition, along with a volunteer who assisted with translation, was able to collaborate with the [local] Latin Festival and provide drug prevention materials to over 700 parents and youth. **Materials were available in English and Spanish.** Attendees received information on proper medication storage and disposal. Lock boxes were provided to families who were at risk of having their medication misused or at risk of small children accidentally consuming them." (Year 2, Southern region)

## Highlighting School Sector Engagement

DFC coalitions reported strong collaboration with School sector members, who often partner with coalitions on collecting and sharing data, educating youth and staff, and seeking additional funding opportunities. DFC coalitions commonly work together with schools in their communities to survey youth on behaviors and perceptions around substance use. Some coalitions noted that in order to increase survey response rates, they had worked with school principals to include consent forms in the back to school packets distributed to parents. One DFC coalition reported that their local school district "has become a huge advocate for the value of data and how it helps frame the work they do every day" (Year 7, Midwestern region).

DFC coalitions also reported working closely with schools to share information, including survey data. This included sharing information with parents and community members through the school webpage, school social media accounts, email addresses shared by the school, presentations at school events, and school newsletters. For example, one coalition wrote that "the local school district and cities have been very helpful in disseminating information via weekly correspondence with parents and community members and sharing updates on trends, policies, and prevention activities" (Year 8, Midwestern region).

Education provides another major collaboration opportunity for many DFC coalitions and schools. Many DFC coalitions reported working to educate school officials on prevention topics related to their

communities. School administration and staff members have attended coalition data summits and DFC coalitions have shared coalition information and youth data trends with school officials who have in turn educated others. For example, one DFC coalition noted that it "worked with the school superintendent who was invited to give testimony on the impact of e-cigarettes/vaping before a special session of the state senate" (Year 3, Northeastern region).

> "[Our coalition] provides a 'tip of the month' that is disseminated by our superintendent throughout all of the school's parent newsletters – these tips are created by our project coordinator in conjunction with guidance from our leadership team."
>
> — Year 3 coalition, Northeastern region

In February 2020, DFC coalitions reported planning staff professional development days, parent education nights, and naloxone (Narcan) trainings. Training and education topics included substance use, mental health, and behavioral health issues that can contribute to substance use. Additionally, several DFC coalitions discussed working with schools to implement evidence-based substance prevention programs, including those focusing specifically on vaping and tobacco. One DFC coalition partnered with the school district to translate materials from an evidence-based training program in order to reach more youth.

A few DFC coalitions also shared their experiences working with schools to secure additional funding for coalition efforts. One coalition wrote that a partnership among the local school district, police department, and a tobacco control program led to over $350,000 in new grant funding, much of which went to supporting substance use prevention in their schools, including hiring a new school resource officer and installing vaping detectors. Another coalition reported working very closely with its school district, who "sees the value of our programs" and has "indicated that they [the school district] will carry some of the financial burden for those in coming years, which also helps with sustainability" (Year 3, Western region).

Finally, many DFC coalitions reported partnering with schools to educate and inform about substance use policies, which led to the creation of new policies and updates to existing policies, particularly around tobacco and/or the use of e-cigarettes. Coalition efforts to educate and inform on school policies are discussed in more detail in the *School Policies* section of this report.

# Strategy Implementation

A primary purpose of collaboration across sectors that traditionally work independently is leveraging skills and resources in planning and implementing prevention strategies. To assess what DFC coalitions are doing, information was provided on 41 unique prevention activities. These activities were grouped into the Seven Strategies for Community Change, with any given activity linked to a single strategy.[29] As previously noted, the seven strategies are *Providing Information*, *Enhancing Skills*, *Providing Support*, *Enhancing Access/Reducing Barriers*, *Changing Consequences*, *Educating and Informing about Modifying/Changing Policies or Laws*, and *Changing Physical Design*. This section of the report provides an overview of the specific activities and strategies that DFC coalitions reported in their February 2020 Progress Report as having implemented.[30] Information on the numbers of activities and community members they reached is also provided.

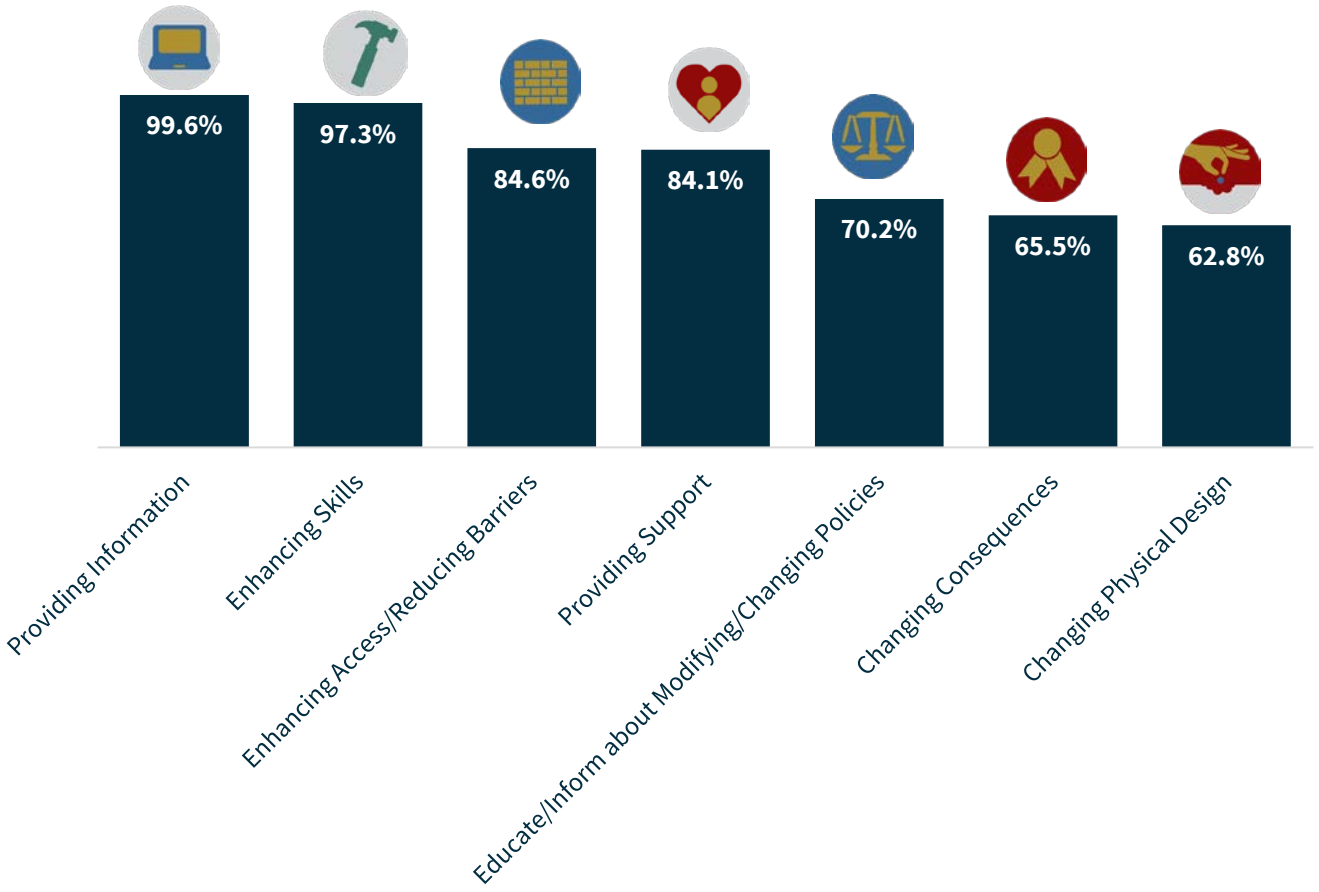
## Overview: Implementation of Strategies

The activities of DFC coalitions reported in February 2020 document the comprehensive presence of DFC coalitions in their communities. All but one of the 661 DFC coalitions (99.8%) that submitted a February 2020 Progress Report indicated they had engaged in *Providing Information* dissemination activities (see Figure 5). Nearly all (97%) provided services related to *Enhancing Skills*. Activities within these two strategies tend to build credibility in the community, identify the coalition as a reliable source of information, and build capacity both by informing people about the coalition and training community members to engage in prevention work directly. Lower percentages of DFC coalitions engaged in *Enhancing Access/Reducing Barriers* to prevention and treatment services (85%), *Providing Support* (84%), and *Educating and Informing about Modifying/Changing Policies or Laws* to decrease substance use and associated negative behaviors (70%) activities. Approximately two-thirds of the DFC coalitions engaged in activities related to *Changing Consequences* (66%) and *Changing Physical Design* (63%).

[29] Community Anti-Drug Coalitions of America. (2010). The Coalition Impact: Environmental prevention strategies. Alexandria, VA: National Coalition Institute. (Original work published 2008). Retrieved from https://www.cadca.org/sites/default/files/resource/files/environmentalstrategies.pdf

[30] For FY 2018 DFC coalitions who received continuation awards in FY 2019, these activities were implemented from February 1, 2019 through January 31, 2020. FY 2018 Year 5 and Year 10 coalitions who were not funded in FY 2019 reported implementation from February 1, 2019 through the end of their grant award.

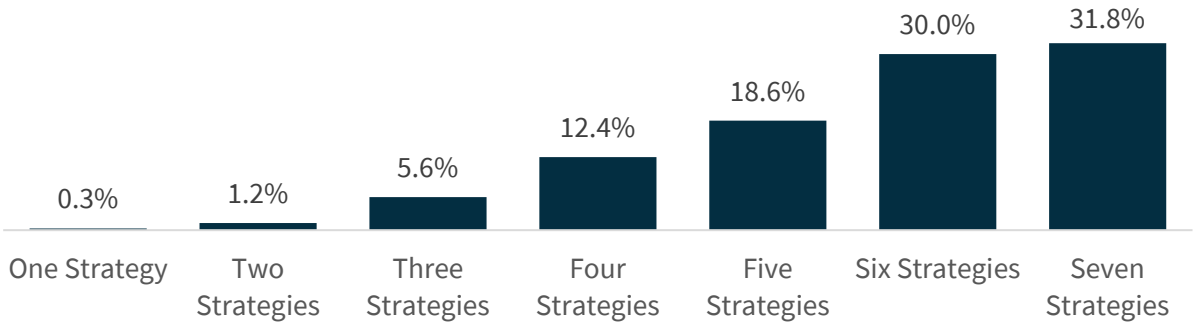
**Figure 5. Percentage of DFC Coalitions Engaged in Any Activity Within Each of the Seven Strategies for Community Change**




**Source:** DFC February 2020 Progress Report

A majority of DFC coalitions engaged in a comprehensive mix of strategies, with most (62%) implementing at least one activity from at least six of the seven strategies (30% of coalitions implemented six strategies and 32% of coalitions employed all seven strategies; see Figure 6). The remaining coalitions (38%) implemented at least one activity from one to five of the seven strategies. Specifically, one fifth (19%) implemented at least one activity across five of the seven strategies and just over 1 in 10 (12%) implemented at least one activity across four of the seven strategies. Fewer DFC coalitions reported a more narrowly targeted approach of implementing at least one activity within only one to three of the seven strategies (6% implemented activities in three strategies, 1% of coalitions implemented activities in two strategies and less than 1% of coalitions (0.3%) implemented activities in one strategy).

**Figure 6. Percentage of DFC Coalitions Implementing the Seven Strategies for Community Change by Number of Strategies Engaged In**




**Source:** DFC February 2020 Progress Report
**Note:** Totals to 99.9% due rounding.

Table 6 provides an overview of the five combinations of strategies implemented most often by DFC coalitions. All five of these most-common combinations included implementing *Providing Information*, *Enhancing Skills*, *Providing Support*, and *Enhancing Access/Reducing Barriers* activities.

**Table 6. Five Most Common Mixes of the Seven Strategies for Community Change Utilized by DFC Coalitions**

| | Strategy Mix 1 | Strategy Mix 2 | Strategy Mix 3 | Strategy Mix 4 | Strategy Mix 5 |
|---|---|---|---|---|---|
| ***Providing Information*** | X | X | X | X | X |
| ***Enhancing Skills*** | X | X | X | X | X |
| ***Providing Support*** | X | X | X | X | X |
| ***Enhancing Access/Reducing Barriers*** | X | X | X | X | X |
| ***Changing Consequences*** | X | | X | X | |
| ***Changing Physical Design*** | X | X | | X | |
| ***Educating and Informing About Modifying/Changing Policies or Laws*** | X | X | X | | |

**Source:** DFC February 2020 Progress Report

## Providing Information

*Providing Information* activities are one way that DFC coalitions establish themselves in the community as experts on youth substance use prevention. Activities within this strategy provide individuals in the community with information related to youth substance use, including youth substance use prevention and the consequences of youth substance use. Examples include public service announcements, brochures, and presentations during community meetings. All but one DFC coalition (99.8%) reported engaging in activities to *Provide Information* to community members (see Table 7).

**Coalition Voices: *Providing Information***

"We developed epidemiological profiles which were used in community level presentations and informational presentations to the Council of Governments as well as the community health improvement planning committee at the region's hospital network."

— Year 10, Northeast region

"The coalition worked with the newly formed Recovery Coalition which is made up of local people in recovery from a substance use disorder. They have planned and organized numerous outreach events as well as an anti-drug Christmas Play."

— Year 8, Midwest region

*Providing Information* is the strategy in which the greatest number of DFC coalitions engaged. During this reporting period, more than half (63%) of coalitions estimated that *Providing Information* was the strategy on which staff members spent most of their efforts. Together, coalitions reported 17,548 in-person events, during which an estimated 2 million community members encountered their coalition. For indirect information channels (e.g., social networking and website hits) for which individual exposure could be estimated, DFC coalition information reached some 18.3 million community members.[31]

Nearly all DFC coalitions (93%) disseminated prevention materials (including brochures and flyers). In addition, 251,907 media spots via print, billboard, television, radio, and other methods were run by 555 DFC coalitions (84%), and a majority of the coalitions (61%) reported posting new materials on coalition websites that garnered 2.4 million hits.

In addition to *Providing Information* via print and electronic media, DFC coalitions also directly engaged youth and adults in their communities. For example, DFC coalitions reported they held 13,489 face-to-face information sessions. The sessions reached an estimated 355,560 adults and nearly 448,000 youth. DFC coalitions also held or contributed to 4,059 special events that served nearly 685,000 adults and over 489,000 youth.

[31] This overall estimate is based on the data but is inevitably inexact. For example, some participants in face-to-face information sessions may have attended more than one event during the reporting period; distributed materials may not have been read or may have been further circulated and read by additional community members.

**Table 7. DFC Coalitions' Accomplishments Related to *Providing Information***

| Activity | Number of DFC Coalitions Engaged | Percentage of DFC Coalitions Engaged | Number of Completed Activities | Number of Adults Served | Number of Youth Served |
|---|---|---|---|---|---|
| Social Networking: (e.g., Facebook, Twitter, etc.) | 622 | 94.1% | 111,327 | 13,120,973 followers | 2,738,795 followers |
| Information Materials Disseminated: Brochures, flyers, posters, etc. distributed | 612 | 92.6% | --[a] | --[b] | --[b] |
| Direct Face-to-Face Information Sessions | 607 | 91.8% | 13,489 | 355,560 | 447,628 |
| Special Events: Fairs, celebrations, etc. | 567 | 85.8% | 4,059 | 684,777 | 489,475 |
| Information Materials Prepared/Produced: Brochures, flyers, posters, etc. prepared | 560 | 84.7% | 124,062 | --[b] | --[b] |
| Media Campaigns: Television, radio, print, billboard, bus or other posters aired/placed | 555 | 84.0% | 251,907 | --[b] | --[b] |
| Media Coverage: TV, radio, newspaper stories covering coalition activities | 545 | 82.5% | 7,470 | --[b] | --[b] |
| Information on Coalition Website: New materials posted | 406 | 61.4% | 49,916 | 2,439,914[c] | --[b] |
| **Summary: *Providing Information*** | **660** | **99.8%** | **562,230** | **N/A** | **N/A** |

**Source:** DFC February 2020 Progress Report

**Notes:** In the February 2020 Progress Report, 661 DFC grant award recipients reported data. In some cases, the same youth or adults may have participated in multiple activities. Outliers beyond three standard deviations were removed.

[a] DFC coalitions reported distributing a total of 6,662,526 brochures, flyers, posters, etc.

[b] Data on the number of persons served were not reported because this figure could not be collected consistently and reliably by all DFC coalitions.

[c] Number of web hits. Some DFC coalitions reported being unable to track hits.

## Enhancing Skills

Other than *Providing Information*, DFC coalitions overall devoted more staff effort to *Enhancing Skills* than any other strategy. Just over half (54%) of coalitions reported that *Enhancing Skills* was one of the top two strategies receiving staff effort. The purpose of activities within this strategy is to enhance the skills of participants, members, and staff regarding substance use prevention. Examples include youth conferences, parenting workshops, and staff and teacher training (see Table 8). The majority of DFC coalitions (97%) engaged in activities related to *Enhancing Skills* during the reporting window.

Providing youth education and training programs was the most common activity completed, with 579 coalitions (88%) delivering 9,432 sessions to an estimated 368,000 youth. The 421 (64%) DFC coalitions that reported conducting a total of 2,521 parent training sessions about drug awareness, prevention strategies, and parenting skills with an estimated reach of over 78,000 parents. Training also was provided to an estimated 77,000 community members, 45,300 teachers, and almost 14,000 workers at businesses that sell substances (such as alcohol, tobacco, or marijuana). Overall, an estimated 583,000 individuals were reached through these interpersonal *Enhancing Skills* training activities.

**Coalition Voices: *Enhancing Skills***

"As a coalition, and along with several sector representatives, we presented training on Adverse Childhood Experiences (ACE's), as well as Resilience training."

— Year 5, Southern region

"[The coalition] connected with local vape shop owners to educate on concerns and prevention strategies."

— Year 4, Northeastern region

**Table 8. DFC Coalitions' Accomplishments Related to *Enhancing Skills***

| Activity | Number of DFC Coalitions Engaged | Percentage of DFC Coalitions Engaged | Number of Completed Activities | Number of Adults Served | Number of Youth Served |
|---|---|---|---|---|---|
| **Youth Education and Training Programs: Sessions focusing on providing information and skills to youth** | **579** | **87.6%** | **9,432** | **N/A** | **368,353** |
| **Community Member Education and Training Programs: Sessions directed to community members (e.g., law enforcement, landlords)** | **451** | **68.2%** | **2,780** | **76,951** | **N/A** |
| **Parent Education and Training Programs: Sessions directed to parents on drug awareness, prevention strategies, parenting skills, etc.** | **421** | **63.7%** | **2,521** | **78,485** | **N/A** |
| **Teacher/Youth Worker Education and Training Programs: Sessions on drug awareness and prevention strategies directed to teachers or youth workers** | **333** | **50.4%** | **1,288** | **45,309** | **N/A** |
| **Business Training (e.g., responsible beverage server/vendor training [voluntary or mandatory])** | **233** | **35.2%** | **1,002** | **13,586** | **N/A** |
| **Summary: *Enhancing Skills*** | **643** | **97.3%** | **17,023** | **214,331** | **368,353** |

**Source:** DFC February 2020 Progress Report

**Notes:** In the February 2020 Progress Report, 661 DFC grant award recipients reported activities. In some cases, the same youth or adults may have participated in multiple activities. Outliers beyond three standard deviations were removed.

N/A = Not applicable

## Providing Support

DFC coalitions provide support for people to participate in activities that reduce risk or enhance protective factors associated with substance use in their communities.[32] Examples include providing substance-free activities, mentoring programs, and support groups (see Table 9). Most DFC coalitions (84%) engaged in activities related to *Providing Support*. Two-thirds of the DFC coalitions (66%) sponsored or supported drug-free alternative social events, such as after-prom events, attended collectively by more than 180,000 youth. DFC coalitions also supported more than 1,700 youth organizations and clubs serving approximately 36,300 youth, and an additional 2,637 youth recreation programs with more than 64,000 participants. DFC coalitions held or supported 1,542 community service events, providing opportunities for 132,657 youth and adults to participate. DFC coalitions also supported an estimated 2,000 youth and family support groups, helping approximately 20,000 participants. During this reporting period, DFC coalitions supported opportunities for protective activities that served over 512,000 community members overall. When asked to rank implementation strategies by the amount of coalition effort spent on each, nearly two-thirds (63%) of DFC coalitions reported that *Providing Support* activities represented one of the top three strategies on which the greatest amount of their staff effort was spent.

**Coalition Voices: *Providing Support***

"We implemented the [coalition] Summer Academy. We worked with approximately 60 youth to provide re-purposed prevention education focusing on alcohol, marijuana, and tobacco. Parents would occasionally stop in to observe the activities. Additionally, we implemented a summer theater project with approximately 50 youth participants. We hosted four theater performances, which focused on alcohol, marijuana, and community trauma."

— Year 3, Southern region

"Our coalition coordinated with the Youth Collaboration Board to host a summer kick-off at the local Teen Center. The Teen Center provides a safe, substance-free location for youth to spend time. At the summer kickoff, youth participated in a 3x3 basketball tournament and created artwork for the center."

— Year 1, Northeastern region

[32] DFC coalitions must comply with all Federal policies and regulations describing allowable and unallowable grant expenditures. In addition, the DFC Support Program has specific funding restrictions. DFC grant funds may not necessarily fund all of the activities indicated in examples provided for each of the Strategies for Community Change. For the most recent description of DFC grant funding limitations, see Substance Abuse and Mental Health Services Administration, HHS. (2019). Drug-Free Communities support program-new: Funding opportunity announcement. Retrieved from https://www.samhsa.gov/sites/default/files/grants/pdf/fy_2019_dfc_new_foa_sp-19-005_ondcp_final.pdf

**Table 9. DFC Coalitions' Accomplishments Related to *Providing Support***

| Activity | Number of DFC Coalitions Engaged | Percentage of DFC Coalitions Engaged | Number of Completed Activities | Number of Adults Served | Number of Youth Served |
|---|---|---|---|---|---|
| **Alternative/Drug Free Social Events: Drug-free parties, other alternative events supported by the coalition** | **437** | **66.1%** | **2,576** | **74,882** | **180,063** |
| **Youth/Family Community Involvement: Community events held (e.g., school or neighborhood cleanup)** | **246** | **37.2%** | **1,542** | **66,680** | **65,977** |
| **Organized Youth Recreation Programs: Recreational events (e.g., athletics, arts, outdoor activities) supported by coalitions** | **140** | **21.2%** | **2,637** | **27,318** | **36,904** |
| **Youth/Family Support Groups: Leadership groups, mentoring programs, youth employment programs, etc., supported by coalitions** | **131** | **19.8%** | **2,021** | **9,507** | **10,501** |
| **Youth Organizations/Drop-In Centers: Clubs and centers supported by coalitions** | **131** | **19.8%** | **1,725** | **4,164** | **36,298** |
| **Summary: *Providing Support*** | 556 | 84.1% | 10,501 | 182,551 | 329,743 |

**Source:** DFC February 2020 Progress Report

**Notes:** In the February 2020 Progress Report, 661 DFC grant award recipients reported activity data. In some cases, the same youth or adults may have participated in multiple activities. Outliers beyond three standard deviations were removed.

## Enhancing Access/Reducing Barriers

Most DFC coalitions (85%) engaged in activities related to *Enhancing Access/Reducing Barriers* (see Figure 5). The purpose of activities within this strategy is to improve the ease, ability, and opportunity for community members to utilize systems and services providing substance use prevention and treatment resources. Examples include providing transportation to treatment; providing childcare; reducing the availability of tobacco, alcohol, and drugs; and conducting cross-cultural outreach, such as language translation (see Table 10).[33]

[33] DFC coalitions must comply with all Federal policies and regulations describing allowable and unallowable grant expenditures. In addition, the DFC Support Program has specific funding restrictions. DFC grant funds may not necessarily fund all of the activities indicated in examples provided for each of the Strategies for Community Change. For the most recent description of DFC grant funding limitations, see Substance Abuse and Mental Health Services Administration, HHS. (2019). Drug-Free Communities support program-new: Funding opportunity announcement. Retrieved from https://www.samhsa.gov/sites/default/files/grants/pdf/fy_2019_dfc_new_foa_sp-19-005_ondcp_final.pdf

Within the coalitions using this strategy, the activities reported by the largest proportion of DFC coalitions (70%) were those intended to reduce home and social access to substances. Fewer coalitions (37%) reported increasing access to substance use services, and a similar percentage (32%) reported improving access through culturally sensitive outreach (e.g., providing services and materials in languages other than English), whereas only 15% concentrated on improving supports for service use. More than 105,000 adults and youth were provided with increased access to substance use services. More than 42,400 adults and youth received supports such as transportation or access to childcare that facilitated participation in prevention and treatment.

**Coalition Voices:**
***Enhancing Access/Reducing Barriers***

"We held two very successful, city wide events that connected thousands of people to resources and increased public awareness of prevention and recovery. Narcan prescriptions were also given out and free Narcan was provided to those in need. We had performances by people in recovery, free food vendors, and many different tables and activities than we ever have in past years.

— Year 5, Northeastern region

"We gained new Spanish speaking volunteers who deliver the Life Skills curriculum in Spanish for our bilingual middle school classes and we translate all Lesson Plans, Activity Books, PowerPoints, and movies into Spanish to accommodate students in the program. For the first time, we collaborated with law enforcement, healthcare, and our youth coalition to create a 15-minute underage drinking prevention video in English and Spanish to be delivered to over 400 students."

— Year 6, Northeastern region

**Table 10. DFC Coalitions' Accomplishments Related to *Enhancing Access/Reducing Barriers***

| Activity | Number of DFC Coalitions Engaged | Percentage of DFC Coalitions Engaged | Number of Adults Served | Number of Youth Served |
|---|---|---|---|---|
| **Reducing Home and Social Access to Alcohol and Other Substances (e.g., prescription drug disposal)** | **462** | **69.9%** | **1,251,815** | **492,841** |
| **Increased Access to Substance Use Services (e.g., court mandated services, assessment and referral, EAPs, SAPs)** | **244** | **36.9%** | **54,509** | **50,542** |
| **Improve Access Through Culturally Sensitive Outreach (e.g., multilingual materials)** | **211** | **31.9%** | **74,422** | **42,454** |
| **Improved Supports for Service Use (e.g., transportation, childcare)** | **96** | **14.5%** | **18,369** | **24,052** |
| **Summary: *Enhancing Access/Reducing Barriers*** | 559 | 84.6% | 1,399,115 | 609,889 |

**Source:** DFC February 2020 Progress Report
**Notes:** In the February 2020 Progress Report, 661 DFC grant award recipients reported activity data. Outliers beyond three standard deviations were removed.

## Changing Consequences

Activities within the *Changing Consequences* strategy promote community practices that encourage positive organizational or individual behaviors to reduce the risk of substance use and resulting harms, and to discourage behaviors that increase this risk. For example, public recognition of business practices that reduce the risk of harmful substance use (e.g., passing compliance checks) is an incentive to adopt behaviors that reduce risk; increasing surveillance for substance use violations (e.g., driving under the influence [DUI] checks) is a disincentive. Table 11 presents an overview of the number of DFC coalitions that conducted activities related to *Changing Consequences* and businesses affected by these activities. Approximately two-thirds of the DFC coalitions (66%) engaged in activities related to *Changing Consequences* during the reporting period. Nearly one-half (45%) of DFC coalitions engaged in activities focused on strengthening enforcement of existing laws; just less than one-third (30%) strengthened surveillance activities.

### Coalition Voices: *Changing Consequences*

"The coalition highlights an adult or youth member every month in our e-Newsletter for their work in prevention. They are given questions to answer on the importance of prevention and tips they have for other adults and their peers."

— Year 6, Midwestern region

"[We have been] working with schools to develop intervention programs in place of out of school suspension for drug use."

— Year 2, Midwestern region

Within the *Changing Consequences* strategy, DFC coalitions reported more engagement in recognizing positive business behavior than in publicizing negative business behavior. Specifically, one-third (32%) of DFC coalitions implemented recognition programs that rewarded 7,274 local businesses for compliance with local ordinances linked to the sale of alcohol and tobacco. In comparison, fewer (13%) DFC coalitions engaged in activities to publicly identify 1,223 establishments that were non-compliant with local ordinances.

**Table 11. DFC Coalitions' Accomplishments Related to *Changing Consequences***

| Activity | Number of DFC Coalitions Engaged[a] | Percentage of DFC Coalitions Engaged | Number of Businesses Reached |
|---|---|---|---|
| Strengthening Enforcement (e.g., supporting DUI checkpoints, shoulder tap, open container laws) | 298 | 45.1% | N/A |
| Recognition Programs: (e.g., programs for merchants who pass compliance checks, drug-free youth) | 209 | 31.6% | 7,274 |
| Strengthening Surveillance (e.g., monitoring "hot spots," party patrols) | 199 | 30.1% | N/A |
| Publicizing Non-Compliance (e.g., advertisements highlighting businesses not compliant with local ordinances | 88 | 13.3% | 1,223 |
| **Summary: *Changing Consequences*** | **433** | **65.5%** | **8,497** |

**Source:** DFC February 2020 Progress Report

**Notes:** In the February 2020 Progress Report, 661 DFC grant award recipients reported activity data. Outliers beyond three standard deviations were removed.

[a] Data on the number of people served could not be collected consistently and reliably by all grant award recipients.

N/A = Not applicable

## Educating and Informing about Modifying/Changing Policies or Laws

The *Educating and Informing about Modifying/Changing Policies or Laws* strategy involves engaging in activities to educate and inform the community concerning the effects of current and potential laws, rules, policies, and practices influencing substance use and the accompanying harmful outcomes for the community (see Table 12).[34] Examples of activities include educating about school drug-testing policies and local use ordinances. A majority (70%) of DFC coalitions engaged in activities related to *Educating and Informing about Modifying/Changing Policies or Laws* that were associated with a change. Educating and informing on drug-free school policies was most common, with one-third (33%) of these DFC coalitions engaged in this activity to successfully bring change to more than 200 school policies. DFC coalitions also successfully educated about laws or policies concerning underage use, possession, or behavior under the influence (152 policies); outlet location/density (114 policies); and sales restrictions (93 policies), among others.

**Coalition Voices:**
**Educating and Informing About**
***Modifying/Changing Policies or Laws***

"The coalition met with local elected officials and the State Governor's office to educate them about the dangers of passing a proposed state law that intended to increase alcohol sales at restaurants and bars. The law was defeated on the floor of the state assembly."

— Year 6, Western region

"The coalition supported and provided education for a state Board of Health's temporary ban on vaping flavors and provided information for a permanent ban on flavors."

— Year 9, Western region

[34] DFC coalitions are legally prohibited from using Federal dollars for lobbying and are informed of this in their grant terms and conditions. As such, costs for lobbying cannot be calculated as contributing to the required match. For detail, see New Restrictions on Lobbying, 45 CFR 93 (2004). Retrieved from https://www.hhs.gov/grants/grants/grants-policies-regulations/lobbying-restrictions.html

**Table 12. DFC Coalitions' Accomplishments Related to *Educating and Informing about Modifying/Changing Policies or Laws***

| Activity: Laws or Policies Passed/Modified Concerning: | Number of DFC Coalitions Engaged | Percentage of DFC Coalitions Engaged | Number of Policies Passed/Modified |
|---|---|---|---|
| **School: Policies promoting drug-free schools** | 217 | 32.8% | 210 |
| **Underage Use: Laws/public policies targeting use, possession, or behavior under the influence for minors** | 186 | 28.1% | 152 |
| **Sales Restrictions: Laws/public policies concerning restrictions on product sales (e.g., methamphetamine precursor access, alcohol at gas stations)** | 120 | 18.2% | 93 |
| **Treatment and Prevention: Laws/public policies promoting treatment or prevention alternatives (e.g., diversion treatment programs for underage substance use offenders)** | 100 | 15.1% | 67 |
| **Outlet Location/Density: Laws/public policies concerning limitations and restrictions of location and density of alcohol or marijuana outlets** | 97 | 14.7% | 114 |
| **Citizen Enabling/Liability: Laws/public policies concerning adult (including parent) social enabling or liability (e.g., social host ordinances)** | 96 | 14.5% | 36 |
| **Supplier Promotion/Liability: Laws/public policies concerning supplier advertising, promotion, liability (e.g., server liability, product placement, happy hours, drink specials, mandatory compliance checks, responsible beverage service)** | 72 | 10.9% | 38 |
| **Workplace: Policies promoting drug-free workplaces** | 71 | 10.7% | 67 |
| **Cost: Laws/public policies concerning cost (e.g., alcohol, tobacco, or marijuana tax, fees)** | 62 | 9.4% | 49 |
| **Summary: *Educating and Informing about Modifying/Changing Policies or Laws*** | **464** | **70.2%** | **826** |

**Source:** DFC February 2020 Progress Report

**Notes:** In the February 2020 Progress Report, 661 DFC grant award recipients reported activity data. Outliers beyond three standard deviations were removed.

## School Policies

In the February 2020 Progress Report, many DFC coalitions reported educating and informing about school policies. In total, they educated and informed about 210 school policies that were eventually passed, which targeted a variety of substances and topics such as school prevention programs, consequences for substance use, special events, and regulations regarding the school campus. To better understand this activity, progress report open-text fields were examined for mentions of working on school policies.

DFC coalitions engaged with schools and districts about policy in a variety of ways. In some cases, coalition members were actively involved in the policy redesign process, while in other cases, the coalition increased awareness of an issue amongst school leaders, who then revised the policy. Some DFC coalitions developed sample policies to present to school leaders. One coalition described how it compiled a packet of resources and examples to facilitate a policy update: "The coalition worked with

the schools to educate on the harms of vaping and how to address vaping in the schools. A toolkit was prepared that provides a comprehensive plan to address vaping. It includes a review of school policy and offers model policy recommendations, alternative to suspension examples, education of staff, students and parents, and cessation resources" (Year 5, Midwestern region).

Several DFC coalitions mentioned that youth coalition members played a key role in approaching school leaders to discuss policy. At least one coalition reported that their youth members conducted a policy analysis that led a school to adopt changes: "We have four [youth] ambassadors in our coalition. These students were taught to evaluate their school policies for inclusion of people, substances, locations, and more. They were then able to inform school leaders where there were gaps. One education association approved changes to their policy." (Year 3, Southern region).

By far the most common school policy topic mentioned in February 2020 was vaping. In many cases, DFC coalitions worked with schools that had tobacco or substance-free policies in place and helped to update those policies to address vaping or e-cigarettes. In one case, however, a coalition reported its school became a tobacco-free campus for the first time, noting that coalition members "met with the school district numerous times, educating on the dangers of tobacco use, secondhand smoke, marijuana, vaping, and the impact on teens seeing adults smoking on school grounds. The district, after years of work, has gone to tobacco free grounds" (Year 5, Southern region). A few coalitions noted a challenge with disciplining students for vaping: it is not visually or often physically obvious what substance students are vaping. Some DFC coalitions have educated and informed about addressing this ambiguity. One coalition stated, "School administration were trained by the State Police in using marijuana testing kits, in order to identify if the substance being vaped had marijuana in it" (Year 1, Northeastern region). For more detail about how DFC coalitions are combating youth vaping, see the *Vaping* section under *Promising Practices.*

Many of the school policy updates coalitions discussed were related to altering consequences, either for vaping or other substance-related offenses. In the prior annual report, school disciplinary policy changes generally followed one of two trends: some DFC coalitions focused on heightening consequences, while others focused on shifting from punitive to rehabilitative consequences. In February 2020, while a few DFC coalitions did mention increasing punishments, a much greater portion described working toward rehabilitative options. Several DFC coalitions informed about adding educational programs or cessation classes to the school discipline policy for substance use offenses and/or instituting alternative-to-suspension policies. Under these policies, students who commit certain drug-use offenses would participate in a vaping education class, counselling plan, or other beneficial program instead of being suspended. Under some policies, students still receive a suspension but can 'buy back' suspended days by taking a class. Coalition leaders noted that these programs provide valuable support to participating students:

- "The coalition identified an alternative to suspension program which is a youth smoking cessation program. Coalition members met with both school districts served [by the coalition] to present the program to administration and outline the program…Both schools adopted this alternative program

as the policy and the coalition coordinator coordinates with the schools to provide this program to students on demand." (Year 2, Midwestern region)

- "Our coalition worked to get mindfulness [e.g., meditation] passed as an alternative to after school detention. Students serving a detention are offered the choice of mindfulness or detention. Those who have opted to try mindfulness have expressed great feedback, and many have started practicing mindfulness on their own time. We are working to evaluate the effectiveness of this further." (Year 5, Northeastern region)

Some disciplinary policies enabled referrals to mental health programs or Student Assistance programs. Coalitions also educated and informed about SBIRT (Screening, Brief Intervention, and Referral to Treatment) policies more generally. SBIRT is a public health approach that allows early intervention in substance use behavior. This approach to referral is not restricted to students who have violated a disciplinary policy and can be used for the general student population. One Year 5 coalition in the Southern Region reported, "The Coalition… has educated key community leaders about the importance of SBIRT and intervention for youth. This includes substance misuse and risk factors for youth that may lead to substance misuse."

Several DFC coalitions also educated and informed about restorative justice. Restorative justice is a discipline strategy in which students learn to work through conflicts collaboratively.[35] It requires offenders to take ownership of their actions, and encourages growth, empowerment, and healing for victims. In restorative justice practices, stakeholders (including the offender, and anyone harmed by his or her behavior) collectively determine how best to repair the harm and move forward.[36] One DFC coalition described how their coalition has supported the implementation of a policy that first passed in 2018:

- "We have a full-time in-school restorative coordinator who handles the response plan and re-entry program along with student, parent, administration, social worker, licensed counselor. We have held restorative practice sessions, sent staff to trainings, and provide information packets to parents (and have a parent connector session this spring to focus on the new policy and athletic code-where students no longer get kicked off of teams and can still participate in practices/meetings but don't play in games for a probationary period)." (Year 3, Northeastern region)

Aside from addressing vaping and disciplinary practice, DFC coalitions also educated and informed about other types of school policies, such as those relating to student activities, prevention education, special events, and naloxone availability. A handful of DFC coalitions described changes governing how students interact with the coalition. For example, one school district changed its policy to allow middle school students to participate in the youth coalition, a privilege previously reserved for high school students. In another case, the school district added a policy allowing youth

[35] See Wilson, D. B., Olaghere, A., & Kimbrell, C. S. (2018). Effectiveness of restorative justice principles in juvenile justice: A meta-analysis. Inter-university Consortium for Political and Social Research. Retrieved from https://www.ncjrs.gov/pdffiles1/ojjdp/grants/250872.pdf

[36] It should be noted that not all educational programs or alternative-to-suspension programs incorporate restorative justice, and vice versa (not all restorative justice decisions include educational programs). Because restorative justice is predicated on group decision-making, the outcomes or consequences will vary by student. In the progress reports, some DFC coalitions referred to cessation or education options as a key component of their schools' restorative justice policies.

coalition members to obtain a varsity letter for prevention, based on the number of activities in which they participated. Similarly, a DFC coalition shared:

- "The coalition collaborated on a policy change within the school district...that specifies that extracurricular academic credit will be given at the high school for involvement in the coalition's prevention film production strategy to reduce favorable attitudes and social norms associated with youth substance use. The coalition also collaborated with the School District for a policy to enable students to earn community service hours credit by participating in coalition activities and community prevention events." (Year 3, Midwestern region)

Other DFC coalitions educated and informed on new school policies, which will allow the coalitions to provide prevention education to more students. In one instance a local school "passed a policy mandating all student athletes and their parent/guardian complete an online vaping education curriculum" (Year 3, Northeastern region). Another DFC coalition will be allowed to pilot its Life Skills training program with Grade 4 students thanks to a policy change. If the pilot is successful, the program may be expanded.

A few DFC coalitions mentioned working on policies related to special events such as prom. Examples included creating an official annual drug-free after-prom, and instituting safe rides to and from prom, as this coalition reported:

- "During prom season, our coalition supplied buses to and from the prom venue for our high school seniors. Attendance on the bus was voluntary and the number of students taking the bus varied every year. We did this for 4 years. We created a festive atmosphere at the starting location...a red carpet, water on the bus, photos, and fun items were handed out. Our police were on site welcoming students onto the bus. Administrators were on hand as were parents and many coalition members. We encouraged the school administration to make these buses mandatory, promoting our goal of keeping our teens safe. Finally, this year, 2020, it has been announced that the buses for both the junior and senior prom are mandatory! This will be a new policy for the school district and one that is directly the result of our coalition!" (Year 9, Northeastern region)

Two DFC coalitions mentioned policies regarding naloxone in schools. For instance, one coalition's work kick-started a multi-year process toward making naloxone available in schools: "Several years ago, we organized a Narcan training for teachers. More than 40 teachers attended. Due to push-back from community members, the trained teachers had to return their Narcan kits. Also, school nurses were not permitted to have Narcan kits in their offices. In 2019, the school districts relented and now permit school nurses to have Narcan. Teachers are not allowed to have Narcan" (Year 5, Northeastern region).

### Tobacco 21

Tobacco 21, Federal legislation raising the federal minimum age for sale of tobacco products from 18 to 21 years, was passed on December 20, 2019. However, there were many efforts to develop State and municipal regulations prior to the passage of the Federal legislation. In the February 2020 Progress Report, DFC coalitions discussed their roles in educating and informing about local Tobacco 21 policies and laws.

In a collaborative effort, one DFC coalition "worked closely with the [local] Department of Health and Human Services to get the [local] Tobacco 21 law passed. We successfully passed and implemented the law in July of 2019 and by October of 2019, all of [the State] successfully passed the Tobacco 21 ordinance. We held educational forums for tobacco retailers throughout [the community] with information on how to successfully enforce Tobacco 21. We gave new signage to every tobacco retailer throughout [the community] with information on Tobacco 21" (Year 6, Northeastern region).

DFC coalitions educated and informed on Tobacco 21 in a variety of ways. In some cases, coalitions were involved from the beginning, sharing information with the community through social media posts, creating and disseminating informational brochures, and sending out email communication. Some DFC coalitions worked to collaborate with local stakeholders in order to create buy-in. One coalition reported, "Our coalition hosted a policy leader dinner and taught about Tobacco 21, resulting in two cities changing their policies to T21. These mayors then helped us advocate at the state level and all of [our state] went to T21" (Year 8, Western region). Another coalition ensured its youth were prepared to advocate: "We have provided the opportunity for our youth to attend the Use Your Voice Advocacy training each year, to prepare them to be able to share their concerns with others. Our youth have been going to the State Capitol every year for the past four years, to [educate legislators] about passing this law. They have talked with their peers, and we have shared the information broadly in the community" (Year 6, Western region). One DFC coalition outlined its role in getting its state's Tobacco 21 law passed:

- "The Coalition was instrumental in passing the 501st Tobacco 21 policy in the country. Educated and passionate, [our] youth came together with the county's Tobacco Leadership Team, the local hospital's CEO and representatives, and local government to encourage forward movement with an ordinance to raise the age for tobacco…to 21. It all started with 4 passionate youth leaders who stood before their local City Commission and educated them on what they are seeing with the vaping epidemic in their schools and communities. The commissioners were greatly impacted by the stories from these local youth and encouraged the above partners to work with the City Attorney to craft an ordinance. With the help of the American Heart Association and the National Tobacco 21 team, the ordinance became the best evidence-based ordinance in the state. This process took over 3 months and involved the city attorney, youth, healthcare representatives, and other passionate community members. We all learned a lot about advocating, what goes into creating an ordinance to make it evidence-based, and how long the whole process can take. In September of 2019, the Ordinance was voted in and was the best ordinance in the state. The United States has now passed Tobacco 21 nationally, but we are very pleased to be able to say that we were instrumental in passing it locally first." (Year 2, Midwestern region)

Several DFC coalitions shared how they informed their communities of the new law. One coalition reported, "[Our State] passed Tobacco 21, and it went into effect in January 2020. We have worked to inform our community. We are facilitating conversations about the law because it is unlawful to purchase tobacco products, but not illegal to have possession of them. We have worked collaboratively with community members, other coalitions, and our youth" (Year 6, Western region). As described by another coalition, "Tobacco 21 was passed in [our State]. We served on a Tobacco 21

Coalition in our county. When it passed, we educated our Coalition and also launched an Escape the Vape information campaign which addressed laws and dangers of vaping tobacco" (Year 10, Midwestern region). Lastly, a coalition communicated the new law through a variety of outlets and ensured signs were up to date: "On October 1, 2019, the Tobacco 21 law was passed in [our state]. Our first steps were to post the new law on our Facebook page. We notified everyone during our monthly meeting. We also had a Q&A after our meeting to answer questions and explain the new law. Some of the information disclosed was the new language and the meaning behind it. Because of the new law, we also presented to the parks commission for permission to change signage throughout the city parks and parklets to change the verbiage to include e-cigarettes. We also asked the change in signage to be translated into Spanish" (Year 9, Northeastern region).

## Changing Physical Design

**Coalition Voices: *Changing Physical Design***

"[The coalition] installed "vape detectors" in the bathrooms at both high schools."

— Year 5, Western region

"[Our coalition provided] yard signs throughout the city supporting youth protective factors."

— Year 8, Midwestern region

For this strategy, activities involve *Changing Physical Design* features of the community environment to reduce risk or enhance protection. Examples of activities in this area include cleaning up blighted neighborhoods, adding lights to parks, and regulating alcohol outlet density (see Table 13).[37] *Changing Physical Design* activities were engaged in by nearly two-thirds (63%) of DFC coalitions. Identifying physical design problems was the activity used by most of these coalitions (33%). One-fourth of the coalitions (26%) worked on improving signage or advertising by suppliers, and nearly as many (22%) worked on neighborhood cleanup and beautification events. Nearly 800 physical design problems were identified and more than 1,100 improvements in signage, advertising, or displays corresponding to sales of substances (such as alcohol, tobacco, or marijuana) were reported. In addition, DFC coalitions completed 360 cleanup and beautification events, encouraged 313 businesses to designate alcohol and tobacco-free zones, and improved 145 public places to facilitate surveillance (e.g., improving visibility of "hot spots" for substance dealing or use).

[37] DFC grant funds may not necessarily fund all of the activities indicated in examples provided for each of the Strategies for Community Change. For the most recent description of DFC grant funding limitations, see Substance Abuse and Mental Health Services Administration, HHS. (2019). Drug-Free Communities support program-new: Funding opportunity announcement. Retrieved from https://www.samhsa.gov/sites/default/files/grants/pdf/fy_2019_dfc_new_foa_sp-19-005_ondcp_final.pdf

**Table 13. DFC Coalitions' Accomplishments Related to *Changing Physical Design***

| Activity | Number of DFC Coalitions Engaged | Percentage of DFC Coalitions Engaged | Number of Completed Activities |
|---|---|---|---|
| Identifying Physical Design Problems (e.g., environmental scans, neighborhood meetings, windshield surveys) | 218 | 33.0% | 787 |
| Promote Improved Signage/Advertising Practices by Suppliers (e.g., decrease signage or advertising, change product locations) | 173 | 26.2% | 1,145 |
| Cleanup and Beautification (e.g., Improve parks and other physical landscapes, neighborhood clean-ups) | 148 | 22.4% | 360 |
| Encourage Business/Supplier Designation of "no alcohol" or "no tobacco" zones | 95 | 14.4% | 313 |
| Improved Visibility/Ease of Surveillance in Public Places and Substance Use Hotspots (e.g., improved lighting, surveillance cameras, improved line of sight) | 56 | 8.5% | 145 |
| Identify Problem Establishments for Closure (e.g., close drug houses) | 45 | 6.8% | 193 |
| **Summary: *Changing Physical Design*** | **415** | **62.8%** | **2,943** |

**Source:** DFC February 2020 Progress Report

**Notes:** In the February 2020 Progress Report, 661 DFC grant award recipients reported activity data. Outliers beyond three standard deviations were removed.

## Summary of Coalition Strategy Implementation

DFC coalitions engaged in and supported a broad range of activities that recognized and addressed the complex and interrelated factors that influence substance use among youth. These activities encompassed broad information dissemination, efforts to enhance individual skills and interpersonal supports that reduce substance use, and changes to community, institutional, and behavioral environmental factors that contribute to or mitigate substance use among youth. Each DFC coalition is encouraged to focus on a comprehensive range of the Seven Strategies for Community Change that best addresses local needs and challenges. Coalitions have found that local problems are best solved by local solutions. The comprehensiveness of these strategies is important because substance use has no single cause. During the nine- to twelve-month window that is reflected by the February 2020 Progress Report, the majority of DFC coalitions clearly engaged in this comprehensive range, with the majority (62%) engaging in at least some activity within six or seven of the strategy types and nearly one-fifth (19%) engaging in five strategy types. As reflected in the progress report data, DFC coalitions recognize and meet the need for comprehensive and complementary prevention activities to improve the likelihood that youth will have protective supports that are associated with decreased initiation and ongoing engagement by youth in substance use.

The mix of community members and sectors engaged by DFC coalitions is further evidence of their comprehensive scope. Although the focus is preventing substance use among youth, DFC coalitions also engage adults to make family and community environments more supportive of youth choosing to remain or become drug free. In the February 2020 Progress Report, 661 coalitions reported providing information to approximately 16.6 million adults. DFC coalitions used a range of public

information outlets (e.g., public service announcements, news stories, brochures, posters, social media) to increase information and awareness in their communities.

The DFC strategy implementation data also document the complementary strategies that focus activities where they will have the greatest impact. Informed, well-trained adults help facilitate the community and family environmental changes that are critical to substance use prevention. Skills enhancement contacts typically differentiate youth and adult audiences because the skills needed by each group concerning prevention are distinct. DFC coalitions also engage in activities that create opportunities for social interaction between adults and youth. An example of a complementary strategic orientation was the engagement of adults (approximately 1.4 million) and youth (approximately 610,000) in activities aimed at *Enhancing Access/Reducing Barriers*, which included programs such as prescription drug take-back events and access to culturally appropriate community services (e.g., recovery services). Collectively, these contribute to family and community environments that are more protective of positive youth behavior (and substance use prevention).

## Core Measures Findings from the Outcome Evaluation

This section provides findings related to changes in core measures outcomes from DFC coalitions' first report to most recent report.[38] For core measures not changed or introduced in 2012, DFC coalitions have reported data from 2002 to 2020. For core measures approved in 2012, including peer disapproval and all measures for misuse of prescription drugs, data have been reported from 2012 to 2020. For this report, core measures data were initially analyzed with all available data from DFC coalitions since the inception of the grant. Next, data were analyzed including only the DFC coalitions funded in FY 2018 (see Appendix A, Tables A.2 and A.3 for counts by report time and substance, respectively for each sample).[39] The first set of analyses provides information regarding changes in community outcomes since DFC was first funded, whereas the second set seeks to emphasize community outcomes associated with DFC grant recipients funded during FY 2018. The findings illustrate the relationship between the comprehensive range of coalition activities and changes in community outcomes. The data are presented visually in the body of this report using bar graphs (see Appendix B for data presented in tables). The greater the disparity between the two bars, the more likely it is the difference was statistically significant; whereas the more equivalent the bars are, the more likely it is the difference was not significant.[40] The scale across all bar graphs is from 45% to 100% (see Figures 7 and 10 through 13).

### Past 30-Day Prevalence of Non-Use

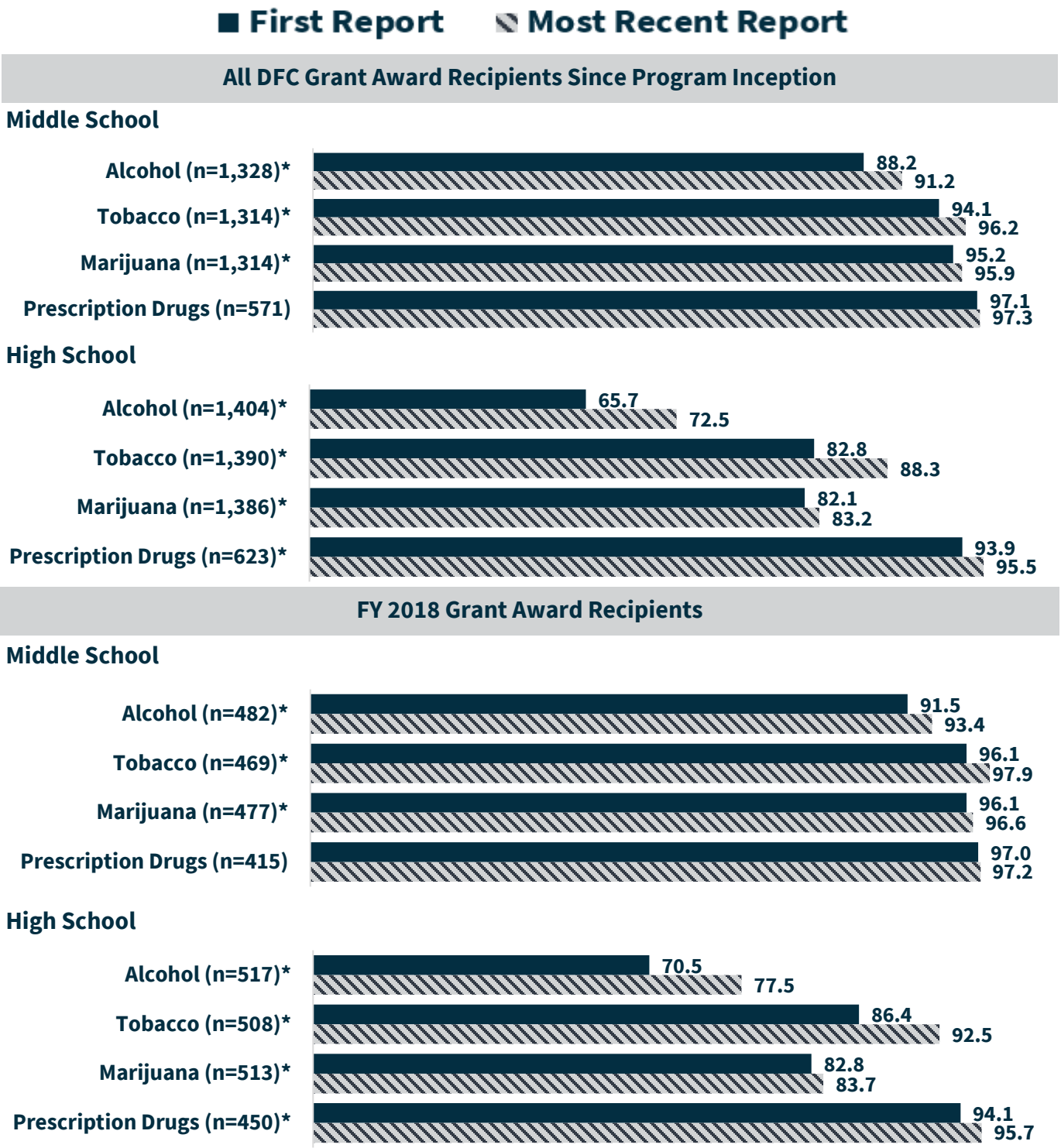
One of the key goals of the DFC grant is to prevent and reduce youth substance use (i.e., to increase non-use). For alcohol, tobacco, and marijuana—both middle school and high school age groups for all DFC coalitions since inception—there was a significant increase in past 30-day prevalence of non-use (see Figure 7 and Table B.2, Appendix B). That is, in communities with a DFC coalition, more youth reported choosing not to use each of these core measure substances at most recent report than at first report. Choosing not to misuse prescription drugs also was significantly higher at most recent report for high school youth but was unchanged among middle school youth. These findings were also true for the FY 2018 sample. Although middle school youth reporting non-misuse of prescription drugs was unchanged from first to most recent report, nearly all youth in this age group (97%) reported choosing to not misuse prescription drugs at any given time point.

[38] Data were analyzed using paired *t*-tests. The first and the most recent outcomes were weighted based on the number of students surveyed by DFC grant award recipients. Outliers with change from first report to most recent report scores greater than three standard deviations were excluded from the analyses. Significance is indicated when the statistical significance reached a value of $p < .05$.

[39] For core measures in place only since 2012, most of the DFC grant award recipients in the all DFC since grant inception sample are also in the FY 2018-only sample. For example, to date, 585 DFC coalitions since grant inception have two data points reported on past 30-day prevalence of use of prescription drugs for middle school youth. Of these 585, 426 (73%) also were in the FY 2018-only sample. In comparison, only 491 of the 1,354 (36%) DFC coalitions that have reported past 30-day prevalence of alcohol use among middle school youth were in the FY 2018-only sample.

[40] Significant differences at the $p < .05$ level are indicated with an asterisk.

## Figure 7. Percentage of Past 30-Day Prevalence of Non-Use from First Report to Most Recent Report by School Level and DFC Grant Award Recipient Group




**Source:** DFC 2002–2020 Progress Reports, core measures data

**Note:** * indicates $p < .05$ (statistically significant difference). Outcomes represent weighted averages for each DFC coalition based on the total number of youth included in the percentage point change calculation (i.e., adding the number of youth surveyed at time of first report to the number surveyed at time of the most recent report). Outliers beyond three standard deviations were removed.

Several aspects of the past 30-day prevalence of non-use data are worth noting and represent a persistent pattern from the last annual report. First, in addition to the significant increases over time in non-use during the past 30 days, the majority of youth (greater than 88% in middle school and greater than 66% in high school) reported they did not use each of the given core measure substances at each report (first report and most recent report). Although most youth choose not to use substances, the significant changes associated with having a DFC coalition translated to thousands of *additional* youth making the choice not to use a given substance. These numbers are based on extrapolating from the percentage change for the FY 2018 sample to the potential reach of DFC based on capture area census estimates (see Table 14). The estimated number of middle school youth reporting past 30-day alcohol non-use from first report to most recent report increased from 2,199,000 to 2,244,000, which translates to approximately an additional 45,000 middle school youth reporting past 30-day alcohol non-use. The approximate number of high school youth who reported past 30-day alcohol non-use increased from 2,398,000 to 2,636,000, an increase of approximately 238,000 high school youth not consuming alcohol.

Among middle school youth, past 30-day non-use of tobacco increased from approximately 2,309,000 to 2,353,000, an increase of 44,000; past 30-day non-use of marijuana increased from 2,309,000 to 2,321,000, an increase of approximately 12,000 middle school youth. For the FY 2018 sample, there was no significant change in reports of past 30-day non-misuse of prescription drugs among middle school students with almost all (97%) reporting not misusing at each time point. The approximate number of high school youth who reported past 30-day non-use of tobacco increased from 2,939,000 to 3,146,000, an increase of 207,000. For marijuana, high school youth reports of past 30-day non-use increased from 2,816,000 to 2,847,000, an increase of 31,000. Among high school youth, reported past 30-day non-misuse of prescription drugs increased from approximately 3,201,000 to 3,255,000, an increase of approximately 54,000 youth.

**Table 14. FY 2018 DFC Coalitions Increases in the Number of Youth Reporting Past 30-Day Non-Use**

| Past 30-Day Non-Use of… | Estimated Increase in Number of Middle School Youth | Estimated Increase in Number of High School Youth |
|---|---|---|
| Alcohol | 45,000 | 238,000 |
| Tobacco | 44,000 | 207,000 |
| Marijuana | 12,000 | 31,000 |
| Prescription Drug (misuse) | No change | 54,000 |

**Source:** DFC 2002–2020 Progress Reports, core measures data
**Notes:** Number of estimated youth is based on extrapolating percentage change to potential reach based on census estimates.

Second, as in past years, although most youth still reported non-use of alcohol within the past 30 days (see Figure 7 and Table B.2, Appendix B), alcohol was the substance with the lowest past 30-day prevalence of non-use among middle school and high school youth, at first report and most recent report. This remained true for all DFC coalitions since inception and FY 2018 DFC coalitions only. That is, alcohol was the substance that youth were most likely to report having used during the past 30 days

(see Table B.1, Appendix B). Across all DFC coalitions funded since inception, just less than three-fourths (73%) of high school youth reported past 30-day alcohol non-use at most recent report. In comparison, at most recent report, more high school youth in the sample of all DFC coalitions funded since inception reported not using marijuana or tobacco and not misusing prescription drugs (83%, 88%, and 96%, respectively). In both samples, most middle school youth (91% or more) reported they had not used each of the given substances at most recent report, although alcohol again had the lowest prevalence of non-use compared to tobacco, marijuana, and prescription drug non-misuse (i.e., 91% versus 96%, 96%, and 97%, respectively, in the sample of all DFC coalitions funded since inception; see Figure 7 and Table B.2, Appendix B). The relatively high rates of past 30-day prevalence of alcohol use (e.g., in the FY 2018 sample at most recent report, 7% of middle school youth and 22% of high school youth reported past 30-day use) suggests the need for ongoing prevention efforts targeting youth alcohol use such as those provided by DFC coalitions.

Third, as previously found, reported past 30-day prevalence of non-misuse of prescription drugs was higher than for all other substances, except FY 2018 middle school non-use of tobacco. Nearly all middle school and high school youth (97% and 96%, respectively) reported not misusing prescription drugs in the past 30 days. Prevalence of non-misuse of prescription drugs was high at first report and significantly increased from the first report to the most recent report among high school youth in communities served by DFC coalitions.

Finally, more high school youth reported past 30-day use of marijuana than tobacco in the sample of all DFC coalitions since inception and in the FY 2018 sample, though the difference between these two substances at first report in the sample containing all DFC recipients was only 0.7 percentage points. Among middle school youth, prevalence of non-use of tobacco and marijuana was similar within the sample containing all DFC recipients since inception but was 1.3 percentage points higher for tobacco among middle-schoolers in the FY 2018 sample.

### Percentage Change in Prevalence of Past 30-Day Use

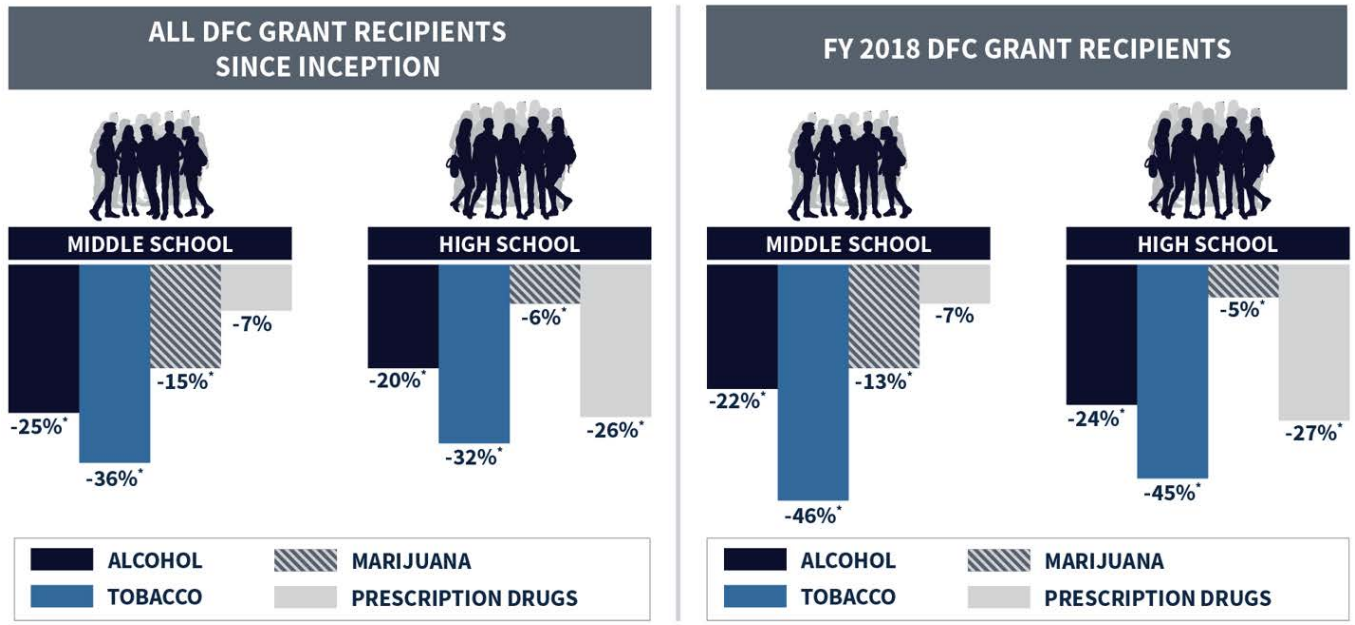
The amount of change in past 30-day prevalence of use (from first report to most recent report) can also be considered as a percentage change relative to the first report. That is, given that past 30-day prevalence of non-use has increased, what was the percentage decrease in past 30-day prevalence of use? Figure 8 presents percentage change data (see Table B.1, Appendix B, for the underlying data used to calculate the percentage change).[41]

As shown in Figure 8, the past 30-day prevalence of alcohol use declined by 25%, past 30-day prevalence of tobacco use declined by 36%, and past 30-day prevalence of marijuana use declined by 15% from first report to most recent report among middle school youth across all DFC coalitions ever funded. For past 30-day prevalence of prescription drug misuse, there was a non-significant change

[41] Percentage change (i.e., relative change) demonstrates how much change was experienced relative to the baseline. It is calculated as the percentage point change (most recent report minus first report) divided by first report, multiplied by 100, to report as a percentage.

among middle school youth across all DFC coalitions ever funded. High school past 30-day prevalence of use of alcohol declined by 20%, tobacco declined by 32%, marijuana declined by 6%, and prescription drug misuse declined by 26%. All reductions in past 30-day prevalence of use for this sample were significant except for prescription drug use at middle school.

**Figure 8. Percentage Change in Past 30-Day Prevalence of Alcohol, Tobacco, and Marijuana Use and Prescription Drug Misuse**




**Source:** DFC 2002–2020 Progress Reports, core measures data

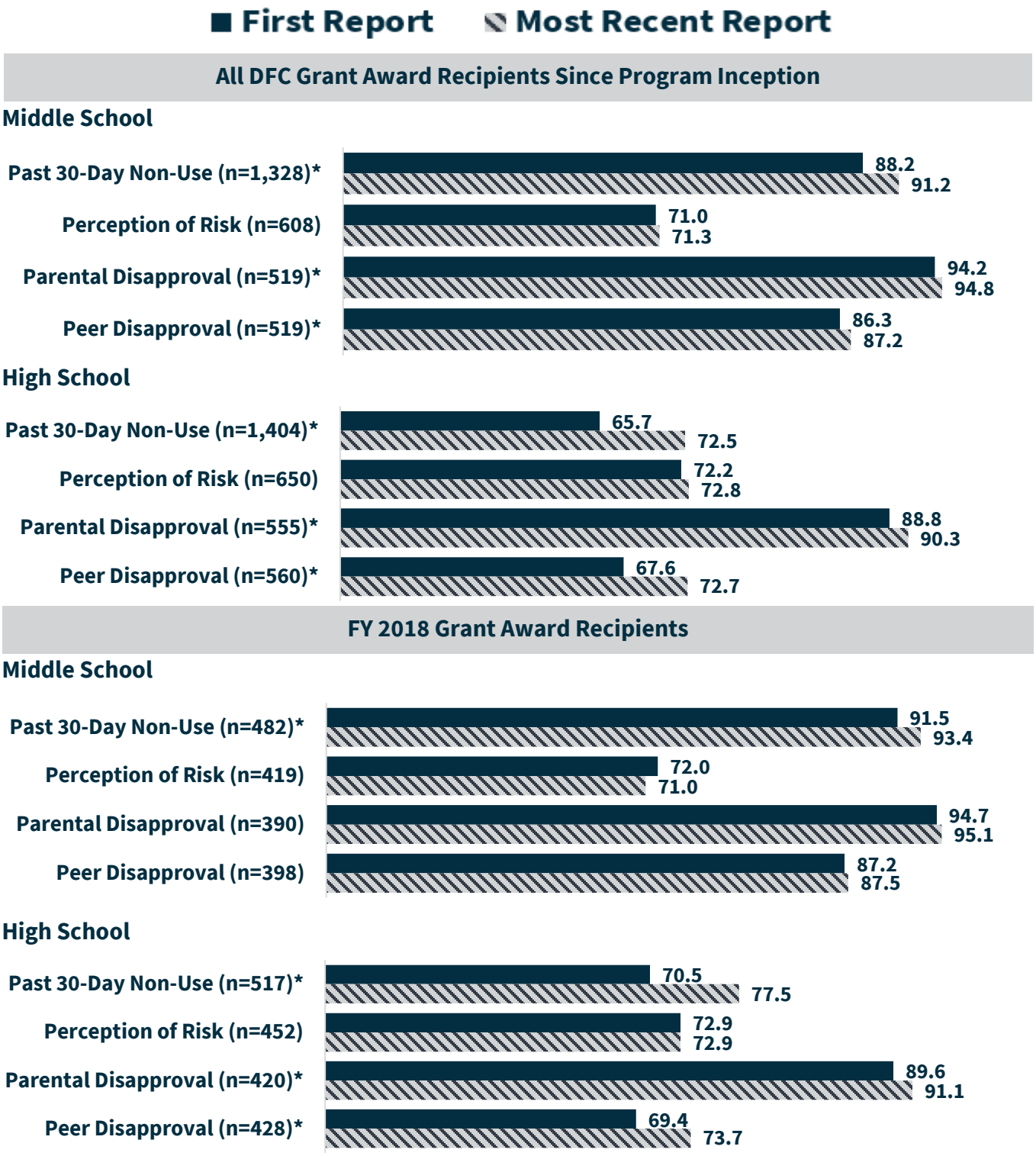
**Notes:** * $p < .05$; percentage change outcomes represent weighted averages for each DFC grant award recipient based on the total number of youth used in the percentage point change calculation (i.e., adding the number of youth surveyed at first observation to the number of youth surveyed at most recent observation). Change from first report to most recent report was rounded as presented in Table B.1 for these calculations.

Percentage decreases in past 30-day prevalence of use among the FY 2018 grant award recipients followed similar patterns to those for all DFC grant awards to date. In this sample, the percentage decreases were greatest for reports of tobacco use for both middle school (46%) and high school (45%) youth. The next greatest decreases were for past 30-day prevalence of alcohol use in middle school and prescription drug misuse among high school youth (22% and 27%, respectively). Marijuana use decreased for both middle school and high school youth (13% and 5%, respectively), and alcohol use decreased by 24% at the high school level. Each of these changes was significant. For prescription drugs, there was a non-significant change for middle school youth in the FY 2018 sample.

## Alcohol Core Measures Findings

Figure 9 provides the alcohol core measures data findings (also see Appendix B). For alcohol, perception of risk and parental disapproval core measures were both redefined and peer disapproval was first introduced as a core measure in 2012. These data have only been collected from 2012 to 2020, therefore, among all DFC coalitions since inception, a much smaller number of DFC

## Figure 9. Alcohol Core Measures: Percentage Point Change from First Report to Most Recent Report by School Level and DFC Grant Award Recipient Group




**Source:** DFC 2002–2020 Progress Reports, core measures data

**Note:** * indicates $p < .05$ (significant difference). Outcomes represent weighted averages for each DFC coalition based on the total number of youth included in the percentage point change calculation (i.e., adding the number of youth surveyed at time of first report to the number surveyed at time of the most recent report). Outliers beyond three standard deviations were removed.

coalitions have change data for these three alcohol core measures compared to past 30-day prevalence of non-use (collected from 2002 to 2020).

For all DFC coalitions since inception and for FY 2018 DFC coalitions, over half of the differences in alcohol core measures between the first and most recent reports were significant increases. One exception was for middle and high school youths' perception of risk, which was 71% to 73% across both samples, grade levels and time of report. In addition, change in perceived parental disapproval rates among middle school youth in the FY 2018 sample failed to reach statistical significance. However middle school youth's perceptions of parental disapproval rates were relatively high at both times points (95%) with perceived peer disapproval rates only slightly lower (87%).

As noted in the previous section, alcohol had the lowest prevalence of past 30-day non-use (highest prevalence of use) among both middle school and high school youth, across both samples and both time points (see Figure 9 and Table B.2, Appendix B). Percentages of youth reporting past 30-day non-use of alcohol decreased from middle school to high school. That is, fewer high school than middle school youth report choosing not to use alcohol. Still, from first report to most recent report, past 30-day non-use of alcohol increased significantly within both age groups and both samples.

### Alcohol: Perception of Risk

Beginning in 2012, perception of risk of alcohol use was defined as being associated with binge alcohol use (five or more drinks of an alcoholic beverage [beer, wine, or liquor] once or twice a week). Among middle and high school youth, changes in perception of risk from first report to most recent report were non-significant for both samples (see Figure 9 and Table B.3, Appendix B). Less than three-fourths of both middle school and high school youth perceived risk associated with this type of alcohol use. This result suggests DFC coalitions may need to identify strategies, beginning in middle school, to help youth understand the risks associated with binge drinking.

### Alcohol: Perception of Parental and Peer Disapproval

Perception of parental disapproval of alcohol use for middle school youth in both samples of DFC coalitions was high at both first report and most recent report (approximately 94% to 95%) but only increased significantly in the all coalitions since inception sample (0.6 and 0.4 percentage point increase for all coalitions and FY 2018 coalitions, respectively) (see Figure 9 and Table B.4, Appendix B). High school youths' perceptions of parental disapproval of alcohol use at first report also were high (approximately 89%) and increased significantly by equivalent amounts among all DFC coalitions since inception and the FY 2018-only sample (1.5 percentage points in each).

Perception of peer disapproval of alcohol use increased significantly in all coalitions since inception for middle school youth and in both samples for high school youth. Among middle school youth, the increase was from 86% to 87% among all coalitions since inception and from 87.2% to 87.5% among FY 2018 coalitions (the latter change was not significant). Fewer high school youth than middle school youth perceived peer disapproval associated with alcohol use. At first report, just over two-thirds (approximately 68%) of high school youth among all DFC coalitions since inception and

approximately 69% among the FY 2018 coalitions perceived peer disapproval, with significant increases to approximately 73% and 74%, respectively. The percentage of high school youth perceiving peer disapproval was similar to the percent reporting non-use. This suggests that it is possible that high school youth who are not using alcohol perceive disapproval, although it is not possible to connect an individual youth's responses on these items at the national level.

Among both middle school and high school youth, perceived disapproval of alcohol use was lower relative to peers than to parents (see Figure 9 and Tables B.4 and B.5, Appendix B). Among middle school youth, the difference was approximately 7 percentage points lower depending on the time of the report and the sample. By high school, only about two-thirds of high school youth perceived peers as disapproving of alcohol use, whereas 89% to 91% perceived parents as disapproving at any given time point, a difference of approximately 20 percentage points.

## Tobacco Core Measures Findings

The past 30-day prevalence of non-use of tobacco increased significantly for both age groups and both samples (see Figure 10 and Table B.2, Appendix B). In general, percentages of youth reporting not using tobacco, perceiving the risk of tobacco use, and perceiving parental and peer disapproval were high (80% or greater) at both first report and most recent report for both age groups and for all DFCs since grant inception and FY 2018-only grant award recipients. The notable exceptions were high school youths' perception of peer disapproval for both samples, hovering between 73% and 79% and FY 2018 middle school youths' most recent perceived risk (79%; see Table B.5, Appendix B).

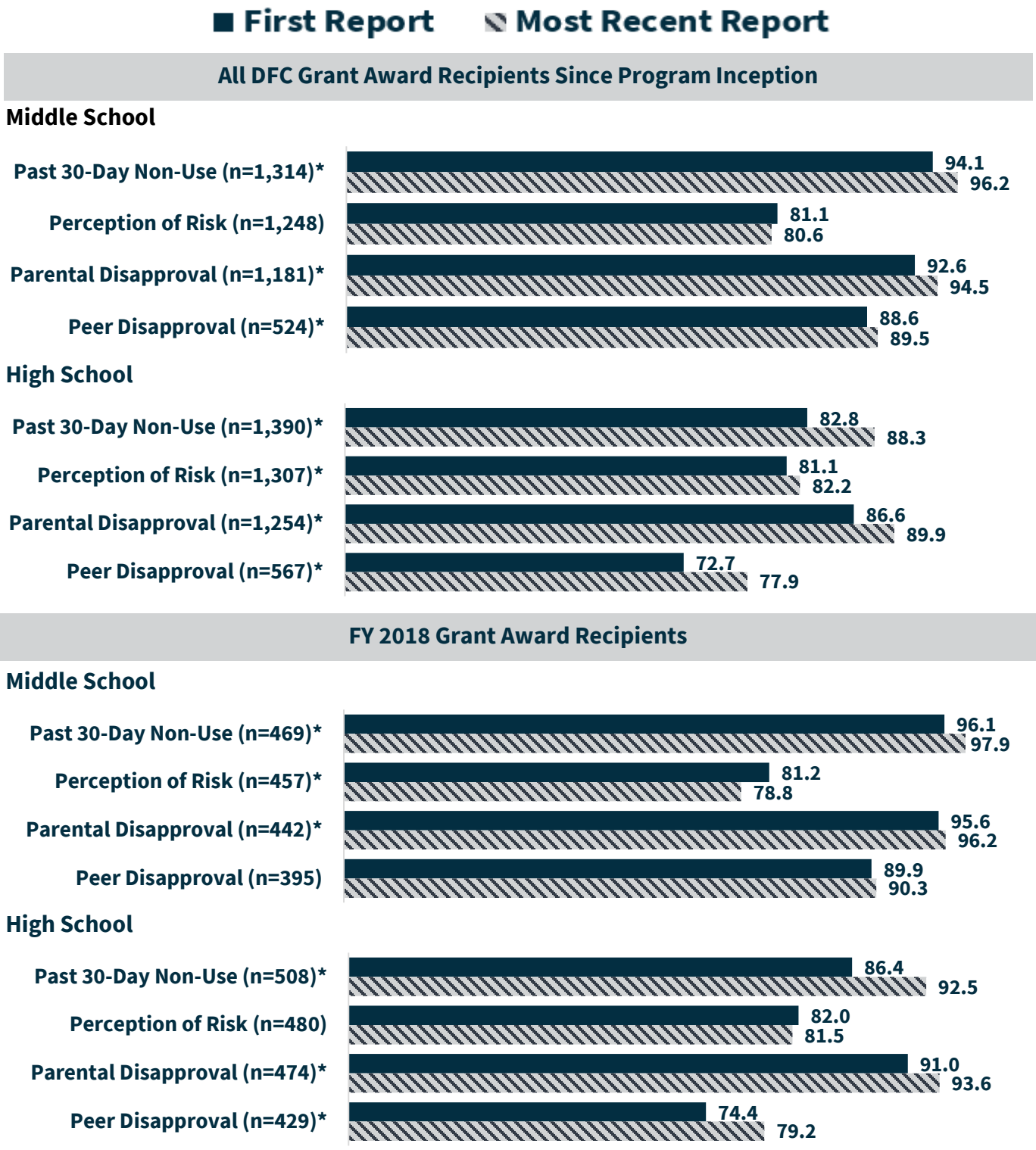
### Tobacco: Perception of Risk

Although perceived risk of tobacco use was relatively unchanged for middle school youth among all DFC coalitions since inception, there was a significant *decrease* (2.4 percentage point decrease) in perceived risk for middle school youth in the FY 2018 sample (see Figure 10 and Table B.3, Appendix B). Perceived risk of tobacco use increased significantly for high school youth among all DFC coalitions since inception (1.1 percentage points) but was unchanged in the FY 2018 sample. The middle school findings regarding decreased perceived risk of tobacco use suggest that DFC coalitions may need to increase focus in their work on risk associated with tobacco use.

### Tobacco: Perception of Parental and Peer Disapproval

Perception of parental disapproval of tobacco use (wrong or very wrong) increased significantly for both samples in both middle school and high school youth. Perception of peer disapproval increased significantly in both middle and high school youth for all coalitions since inception and among high school youth within the FY 2018 sample (see Figure 10 and Tables B.4 and B.5, Appendix B). In the FY 2018 sample, high school youths' perceived peer disapproval significantly increased 4.8 percentage points to 79%. Perception of parental disapproval rates were a bit higher among middle school (93% to 96%) than high school youth (87%–94%). Middle school youths' perception of peer disapproval (89% to 90%) of tobacco use was slightly lower than their perception of parental disapproval.

## Figure 10. Tobacco Core Measures: Change from First Report to Most Recent Report by School Level and DFC Grant Award Recipient Group




**Source:** DFC 2002–2020 Progress Reports, core measures data

**Note:** * indicates $p < .05$ (significant difference). Outcomes represent weighted averages for each DFC coalition based on the total number of youth included in the percentage point change calculation (i.e., adding the number of youth surveyed at time of first report to the number surveyed at time of the most recent report). Outliers beyond three standard deviations were removed.

By high school, fewer youth perceived peer disapproval (73% to 79%) associated with tobacco use compared to both peer disapproval in middle school youth and parental disapproval in both age groups.

## Marijuana Core Measures Findings

The majority of middle school and high school youth reported not using marijuana in the past 30 days in both samples, and past 30-day prevalence of non-use increased significantly from first report to most recent report (see Figure 11 and Table B.2, Appendix B). The percentages of middle school youth who perceived parental disapproval and peer disapproval in both samples also were generally high: 93%-95% for parental disapproval and 86%-87% for peer disapproval at first report and 94%-95% for parental disapproval and 86% for peer disapproval at most recent report. However, the percentage of middle school youth perceiving risk declined significantly in both samples (2.9 and 4.0 percentage point declines among all coalitions since inception and the FY 2018 coalitions, respectively). As compared to middle school, in both the all DFC since inception and the FY 2018 samples, smaller percentages of high school youth perceived risk (49% to 54%), parental disapproval (87% to 88%), and peer disapproval (58% to 59%) associated with marijuana use.

### Marijuana: Perception of Risk

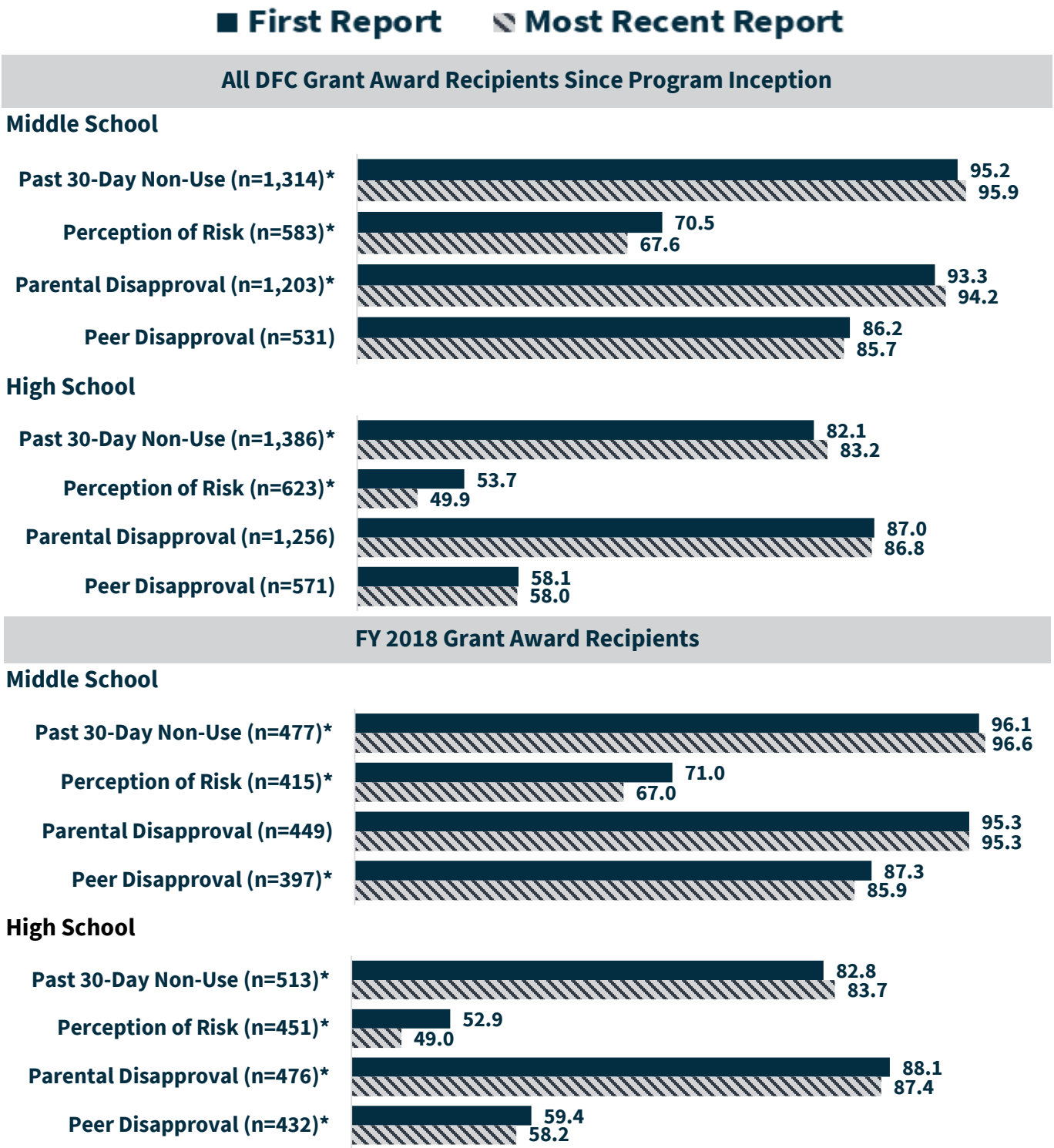
The measure for perception of risk as currently defined (use marijuana once or twice a week) was introduced in 2012 (see Figure 11 and Table B.3, Appendix B). To date, 583 coalitions have collected these data at two time points for middle school youth, whereas 623 have collected them for high school youth. The majority of all DFC coalitions since inception included in the analyses of perception of risk of marijuana also are included in the FY 2018 DFC coalitions (i.e., 415 or 71% of the middle school sample from all DFC since inception and 451 or 72% of the high school sample from all DFC since inception). That is, the analyses for the two samples are similar given the amount of overlap between the two samples.

Among middle school youth, the perceived risk of marijuana use significantly *decreased* between first report and most recent report among all DFC coalitions since inception (a *decrease* of 2.9 percentage points) and in the FY 2018 sample (a *decrease* of 4.0 percentage points). For high school youth, perceived risk of marijuana use *decreased* significantly from first report to most recent report in both samples (*decreases* of 3.8 and 3.9 percentage points, respectively). That is, significantly fewer middle and high school youth perceived risk associated with smoking marijuana once or twice a week at most recent report compared to first report, in both samples. These findings suggest that DFC coalitions may need to increase their focus on the risks associated with youth marijuana use.

### Marijuana: Perception of Parental and Peer Disapproval

Middle school and high school youth both reported relatively high levels of perceived parental disapproval of marijuana use (93% to 95% of middle school youth and 87% to 88% of high school youth; see Figure 11 and Table B.4, Appendix B). For middle school youth, there was a significant

## Figure 11. Marijuana Core Measures: Change from First Report to Most Recent Report by School Level and DFC Grant Award Recipient Group




**Source:** DFC 2002–2020 Progress Reports, core measures data

**Note:** * indicates $p < .05$ (significant difference). Outcomes represent weighted averages for each DFC coalition based on the total number of youth included in the percentage point change calculation (i.e., adding the number of youth surveyed at time of first report to the number surveyed at time of the most recent report). Outliers beyond three standard deviations were removed.

increase in perceived parental disapproval among all DFC coalitions since grant inception (0.9 percentage points), but not for the FY 2018 sample. Perceived parental disapproval was unchanged among high school youth across all DFC coalitions but *decreased* significantly in the FY 2018 sample (0.7 percentage points). Among high school youth, the percentage reporting perceived parental disapproval of marijuana use at most recent report was high in both samples (87%) but was slightly lower than for any other substance, including for alcohol use at most recent report (90% and 91% in the two samples; see Table B.4, Appendix B).

Perception of peer disapproval of marijuana use was unchanged from first report to most recent report for middle and high school students among all DFC coalitions since inception but decreased significantly within the FY 2018 sample (1.4 and 1.2 percentage points, respectively; see Figure 11 and Table B.5, Appendix B). The percentage of high school youth perceiving peer disapproval was generally lower for marijuana (58% to 59%) than for any other substance, including alcohol (68% to 74%; see Table B.5, Appendix B). For middle school youth, perceptions of peer disapproval of marijuana use were similar to perceptions of peer disapproval of alcohol use, both of which were lower than for the remaining core measures substances (tobacco and misuse of prescription drugs).

## Prescription Drugs (Misuse) Core Measures Findings

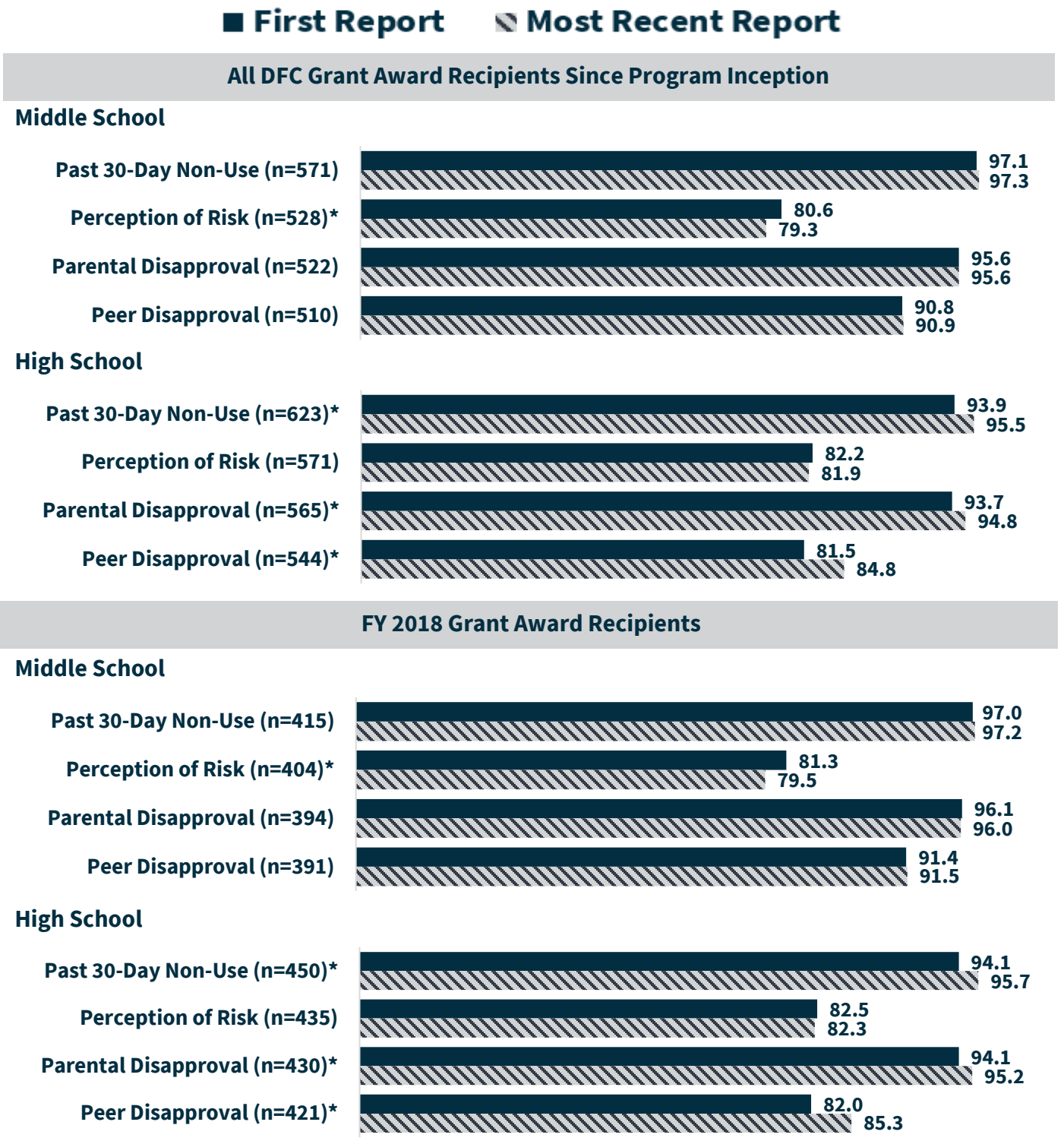
Figure 12 provides the core measures data findings for misuse of prescription drugs (defined as use of prescription drugs not prescribed to you; also see Appendix B). Misuse of prescription drugs was introduced as a core measure substance in 2012. Therefore, the data for all core measures for this substance reflect a generally smaller sample of DFC coalitions than for other core measures substances (the two samples include many of the same coalitions).

As noted previously, past 30-day prevalence of non-misuse of prescription drugs was higher than for any other substance at both time points and for both age groups and both samples, except non-use of tobacco (97.9%) among middle school youth (versus prescription drug non-use of 97.2%). At most recent report, at least 97% of middle school and about 96% of high school youth reported they had not misused prescription drugs in the past 30 days, a high percentage that increased significantly from first report to most recent report for high school students in both samples (see Figure 12 and Table B.2, Appendix B), with non-significant changes among middle school youth in both samples (0.2 percentage points in each, respectively).

### Prescription Drugs: Perception of Risk

Perception of risk of prescription drug misuse was generally high (79% to 83%), but did significantly decrease from first report to most recent report among middle school students in both samples (1.3 and 1.8 percentage points, respectively; see Figure 12 and Table B.3, Appendix B). High school perception of risk was unchanged among both samples. Perceived risk of misuse of prescription drugs was very similar to perceived risk of tobacco use (79% to 82%) and was higher than for both alcohol (71% to 73%) and marijuana (49% to 71%; see Table B.3, Appendix B).

## Figure 12. Prescription Drugs (Misuse) Core Measures: Change from First Report to Most Recent Report by School Level and DFC Grant Award Recipient Group




**Source:** DFC 2002–2020 Progress Reports, core measures data

**Note:** * indicates $p < .05$ (significant difference). Outcomes represent weighted averages for each DFC coalition based on the total number of youth included in the percentage point change calculation (i.e., adding the number of youth surveyed at time of first report to the number surveyed at time of the most recent report). Outliers beyond three standard deviations were removed.

### Prescription Drugs: Perception of Parental and Peer Disapproval

Youth perceptions of parental disapproval of prescription drug misuse for both age groups and both samples were high (96% in middle school youth and 94% and higher in high school youth). Perceived parental disapproval among middle school youth in both samples was unchanged from first report to most recent report but increased significantly among high school youth in both samples (1.1 percentage points in each, respectively; see Figure 12 and Table B.4, Appendix B). Peer disapproval of prescription drug misuse increased significantly for high school youth among all DFC coalitions since grant inception and FY 2018 coalitions (3.3 percentage points each) but was unchanged among middle school youth in both samples. For both middle school and high school youth, perceived peer disapproval was higher for prescription drug misuse than for any other substance. The same was true for parental disapproval among high school youth, whereas middle school youths' perception of parental disapproval was similar across substances.

# Promising Practices

One goal of the DFC National Evaluation is to assist in identifying potential promising practices that community coalitions engage in to achieve goals. To identify such practices, both quantitative and qualitative data from the February 2020 Progress Reports were examined. Although community coalitions are encouraged to consider the potential of engaging in the practices described here, this is in the context of identifying local solutions to local problems. That is, some DFC coalitions may be addressing local problems with solutions not yet identified by the DFC National Evaluation. Here we have organized promising practices around three issues: hosting a youth coalition, preventing youth vaping, and addressing opioid use.

## Hosting a Youth Coalition

DFC coalitions are a strong example of working *with* youth and providing opportunities for positive youth contributions and development, rather than solely doing things *for* or *to* youth. Given the DFC program's focus on preventing youth substance use, youth engagement has been examined closely in the DFC National Evaluation. Site visits conducted from 2012 to 2015 first suggested that hosting a separate youth coalition was a promising strategy to successfully engage youth in substance use prevention, and DFC Progress Report data from 2016 through 2019 further supported this idea. In February 2020, DFC coalitions responded to up to three items regarding youth coalitions in each progress report: (1) indicate if they hosted a youth coalition ('yes', 'Not currently, but the coalition is working to host a youth coalition within the next six months,' and 'No and no plans to host a youth coalition within the next six months'); (2) if yes, how often the youth coalition met; and (3) if yes, how involved the youth coalition was in planning prevention activities for youth.[42]

A *youth coalition* is defined as:

> A group of youth who work together to plan and implement activities related to the mission of the full coalition. An adult coalition member serves as a mentor or leader, but the youth have key leadership roles. The youth coalition is integral to the full coalition, but generally meets independently.

The February 2020 data on youth coalitions were analyzed and are reported here. Together, the findings continue to provide support for DFC coalitions hosting a youth coalition as a promising practice that is being adopted more widely by DFC coalitions across the nation. Of the 661 DFC coalitions that responded to the youth coalition questions in the February 2020 Progress Report, 479 coalitions (72%) reported hosting a youth coalition in their work (see Figure 13).[43] This is the same as the percentage reported in the prior annual report (72%).[44] The coalitions not hosting a youth coalition (28%) were evenly divided between those who were working to host a youth coalition (48%) and those with no plans to host a youth coalition (52%).

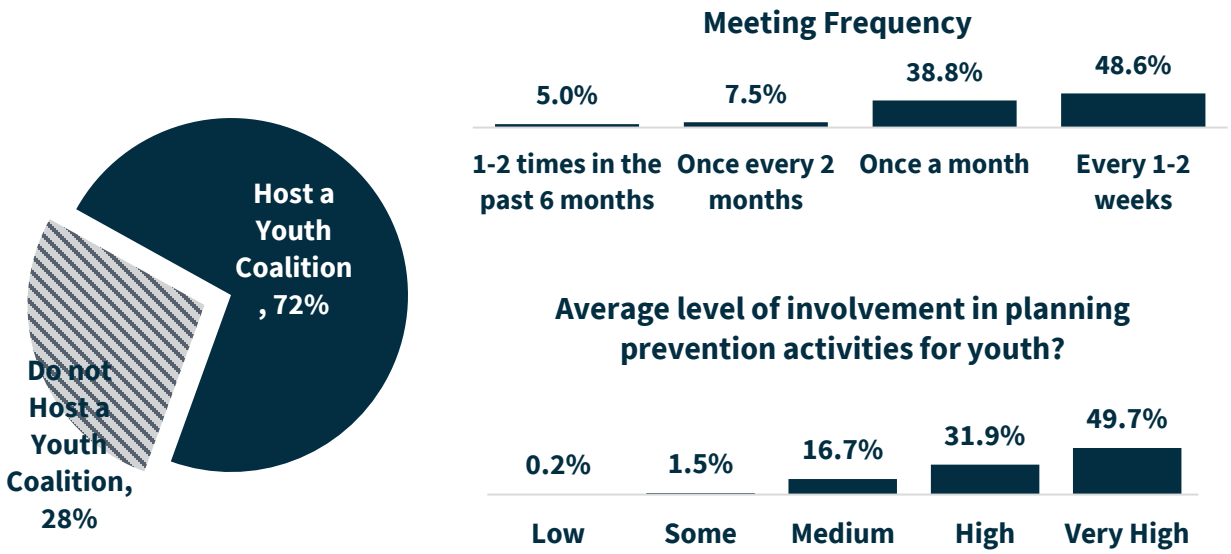
[42] From February 2016 to February 2018, coalitions simply selected 'yes' or 'no' to indicate if they hosted a youth coalition.
[43] This has increased from February 2019, when 70% of DFC coalitions reported hosting a youth coalition.
[44] See https://www.whitehouse.gov/wp-content/uploads/2019/06/2018-DFC-Report_Full-Evaluation-Final.pdf.

Of these 479 coalitions, most (87%) reported their hosted youth coalition met at least once a month.[45] DFC coalitions also reported on the level of involvement of their hosted youth coalition in planning prevention activities for youth, using the same scale as sector member involvement. Average involvement for youth coalitions in these planning activities received a rating of 4.3 on the scale of 1 (very low) to 5 (very high), or between high and very high. Most DFC coalitions (82%) reported these youth coalitions are highly or very highly involved in coalition planning and activities; 17% reported medium involvement; and few (less than 2%) reported low or very low involvement in planning activities.

### Comparison of DFC Coalitions Hosting Versus Not Hosting a Youth Coalition

To better understand how DFC coalitions hosting a youth coalition might differ from those coalitions not hosting a youth coalition, additional analyses were conducted on membership and strategy engagement. Because most DFC coalitions hosting a youth coalition reported that youth were highly or very highly involved in planning implementation activities with youth, these analyses sought to better understand the overall relationship between youth coalitions and youth engagement.

**Figure 13. DFC Coalitions Reporting Hosting a Youth Coalition and the Meeting Frequency, and Level of Involvement of the Youth Coalition**




**Source**: DFC February 2020 Progress Report

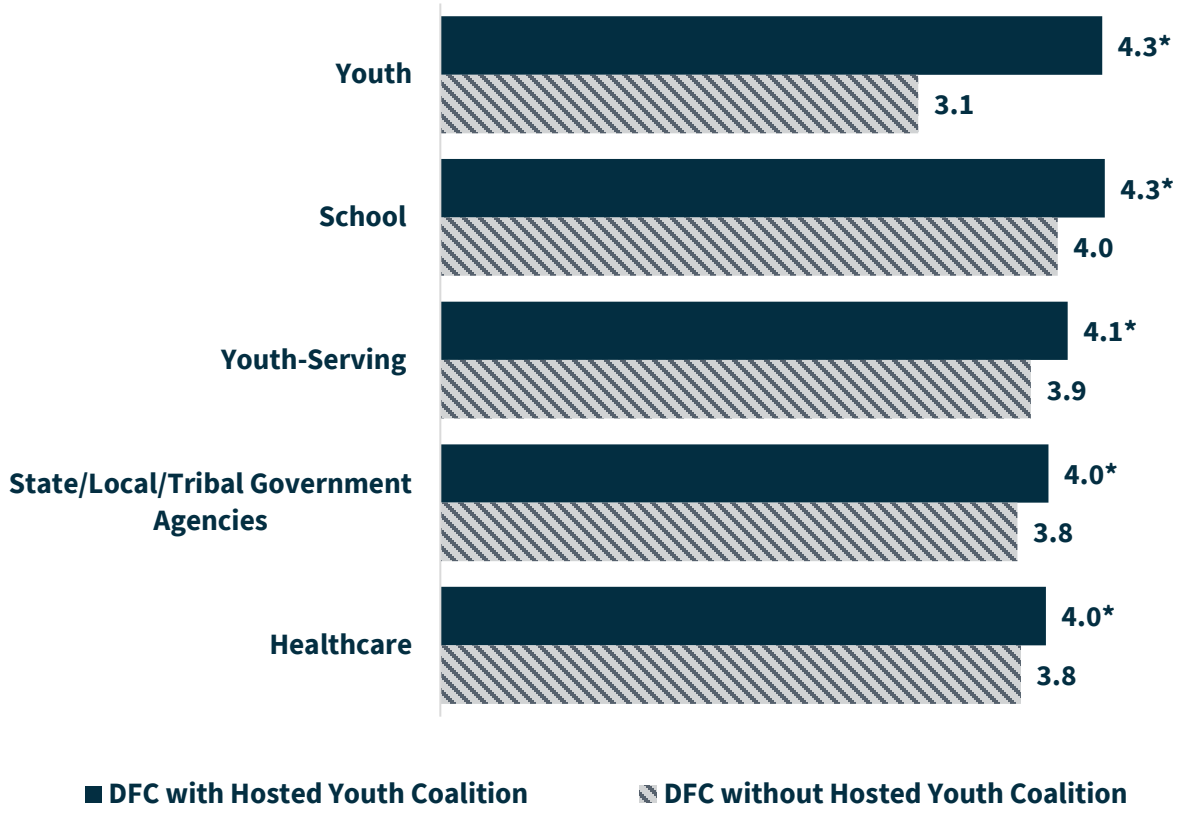
#### *Membership Involvement and Youth Coalitions*

Reported involvement of the Youth, School, Youth-Serving, Healthcare, and State/Local/Tribal Government Agencies sectors with the DFC coalition all differed significantly between DFC coalitions

[45] Of these coalitions, 48.6% met once every 1- or 2 weeks while 38.8% met once a month, for a total of 87.4%. Another 7.5% met once every 2 months while 5.0% of those with youth coalitions reported they met only one or two times in the past 6 months.

hosting and those not hosting a youth coalition (see Figure 14).[46] The largest difference was for Youth sector involvement, where the difference between the two groups was 1.2 points on the 5 point rating scale. DFC coalitions that reported hosting a youth coalition had a higher average level of Youth sector involvement (4.3, or *high* involvement) than those that reported not hosting a youth coalition (3.1, or *medium* involvement). This finding supports what was observed during site visits regarding higher youth engagement associated with DFC coalitions that host a youth coalition.

**Figure 14. Average Level of Sector Involvement in DFC Coalitions With a Hosted Youth Coalition as Compared to Those Without a Hosted Youth Coalition**

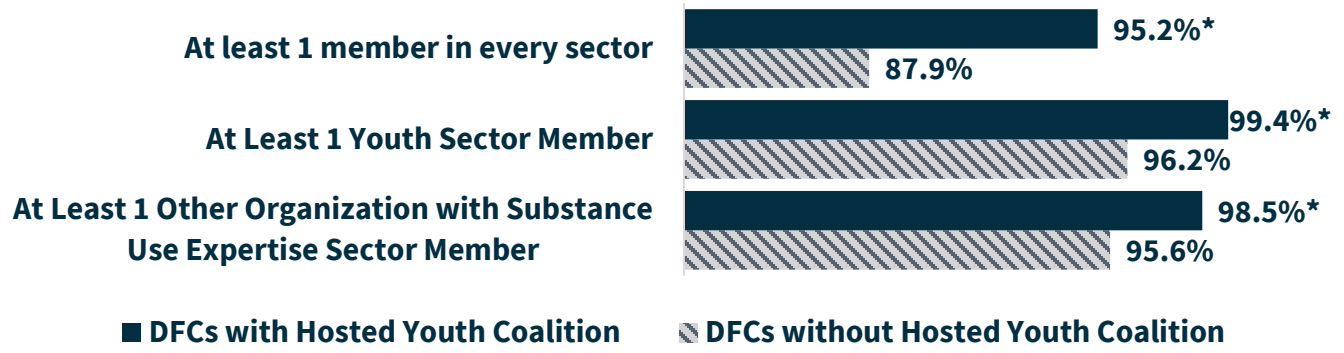



**Source:** DFC February 2020 Progress Report
**Notes:** * indicates $p < .05$ (significant difference)

[46] Based on Mann-Whitney-Wilcoxon analyses: Youth sector $p < .0001$; School sector $p < .0001$; Youth-Serving sector $p < .01$; Healthcare sector $p < .05$; State/Local/Tribal Government Agencies sector $p < .01$

Hosting a youth coalition was associated with broader member representation (see Figure 15). DFC coalitions with a hosted youth coalition were significantly more likely than those without a hosted youth coalition to have at least one member representing each of the 12 sectors (95% versus 88%, respectively),[47] at least one Youth sector member (99%[48] versus 96%),[49] and at least one Other Organization with Substance Use Expertise sector member (99% versus 96%).[50]

**Figure 15. Sector Membership in DFC Coalitions with a Hosted Youth Coalition as Compared to Those Without a Hosted Youth Coalition**

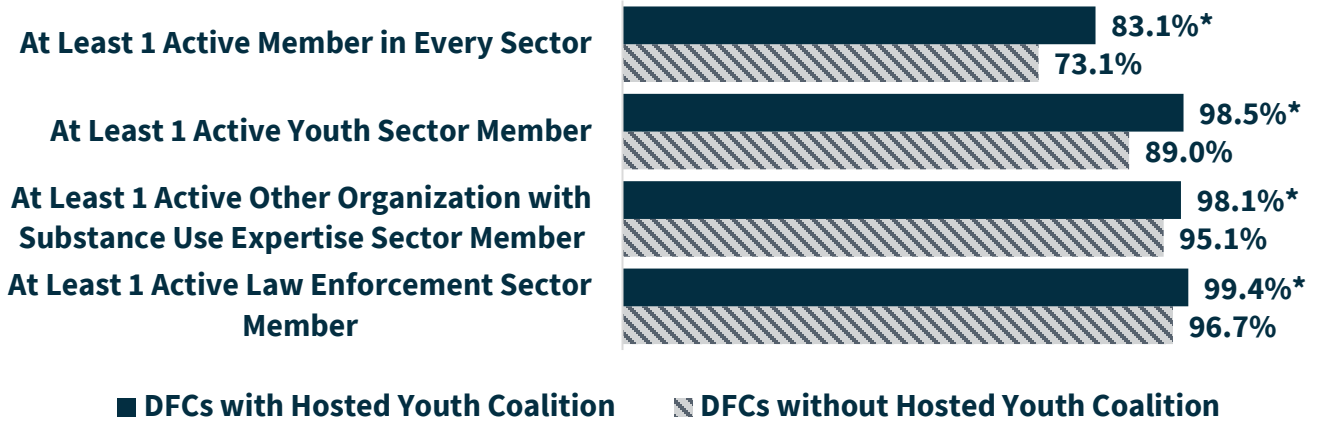



**Source:** DFC February 2020 Progress Report
**Note:** * indicates $p < .05$ (significant difference).

Finally, hosting a youth coalition was also associated with broader active member representation (see Figures 15 and 16). The findings on active sector members (Figure 17) are particularly relevant because these sector members are more highly engaged in the work of the DFC coalition. DFC coalitions with a hosted youth coalition were more likely to have one *active* member in all 12 sectors (83% versus 73%)[51] and in the Youth (99% versus 89%),[52] Other Organization with Substance Use Expertise (98% versus 95%),[53] and Law Enforcement (99% versus 97%) sectors.[54]

[47] $\chi^2(1) = 11.04$, $p < .001$
[48] Three coalitions reported that they host a youth coalition but have no youth sector members.
[49] $\chi^2(1) = 9.18$, $p < .01$
[50] $\chi^2(1) = 5.12$, $p < .05$
[51] $\chi^2(1) = 8.37$, $p < .01$
[52] $\chi^2(1) = 30.56$, $p < .001$
[53] $\chi^2(1) = 4.68$, $p < .05$
[54] $\chi^2(1) = 7.00$, $p < .01$

**Figure 16. Active Sector Membership in DFC Coalitions with a Hosted Youth Coalition as Compared to Those Without a Hosted Youth Coalition**




**Source:** DFC February 2020 Progress Report
**Note:** * indicates $p < .05$ (significant difference).

### *Strategy Engagement and Youth Coalitions*

Given that a central goal of DFC is to prevent and reduce youth substance use, understanding DFC coalitions' engagement of youth in strategies is of particular interest. The detailed data on activities and community participation demonstrate an important principle of addressing youth substance use prevention at the community level. Across the Seven Strategies for Community Change, more DFC coalitions engaged in activities targeting youth than those targeting any other community group: alternative drug-free activities for youth were the most implemented *Providing Support* activity; reducing home and social access to substances was the most implemented *Enhancing Access/Reducing Barriers* activity; and more DFC coalitions focused on educating about school policies (where youth are centrally located) than on any other category of *Educating and Informing about Modifying/Changing Policies or Laws*. In summary, DFC coalitions engaged youth directly in building stronger and more positive community connections that are associated with substance use prevention (see the box summarizing DFC coalitions' engagement with youth).

**DFC Coalitions' Engagement with Youth**

Youth were involved with or directly affected by a broad range of DFC coalitions' activities. Examples based on approximate number of participants include:

- **368,000** youth participated in training
- **180,000** youth participated in alternative social events
- **36,900** youth were involved through youth recreation programs
- **36,300** youth were involved through youth organizations
- **492,800** youth participated in activities to reduce home and social access
- **33%** of DFC coalitions educated/informed about **210** new school policies addressing substance

DFC coalitions with a hosted youth coalition were further compared to those that did not host one to gain a better understanding of the differences in implementation activities undertaken by each during the February 2020 reporting period. The results of these chi-square analyses suggest that DFC coalitions with a hosted youth coalition were significantly more likely than those not hosting one to have engaged in 15 specific implementation activities, such as alternative social events and youth training, across a range of strategy types (see Table 15 for the six activities with the greatest differences in implementation; see Table C.1, Appendix C, for all results).

The greatest difference (20 percentage points) was in implementing alternative/drug-free social events, which is a *Providing Support* strategy. Whereas most (72%) DFC coalitions that host a youth coalition implemented at least one alternative/drug-free social event, just more than half (52%) of DFC coalitions that did not host a youth coalition did so. DFC coalitions hosting a youth coalition, versus those not hosting one, were also significantly more likely to have implemented a youth education and training session (93% versus 74%, respectively); parent education and training sessions (68% versus 53%); and activities aimed at recognizing businesses for compliance with local ordinances (35% versus 23%). In addition, activities implemented by significantly more DFC coalitions with a hosted youth coalition included a *Changing Consequences* activity (i.e., strengthening enforcement) and an *Enhancing Skills* activity (i.e., community member training). That is, although DFC coalitions that hosted a youth coalition generally were more likely to engage in more youth- and family-centered activities, differences occurred across a broad range of the Seven Strategies for Community Change.

**Table 15. Examples of Specific Activities Implemented Significantly More by DFC Coalitions With, Compared to Those Without, a Hosted Youth Coalition**

| Activity | % of DFC Coalitions Hosting a Youth Coalition Reporting Activity | % of DFC Coalitions not Hosting a Youth Coalition Reporting Activity | Percentage Point Difference |
|---|---|---|---|
| Alternative/Drug-Free Social Events: Drug-free parties, other alternative events supported by the coalition* | 71.5% | 51.9% | 20 |
| Youth Education and Training Programs: Sessions focusing on providing information and skills to youth* | 92.9% | 73.5% | 19 |
| Parent Education and Training Programs* | 67.9% | 52.5% | 15 |
| Recognition Programs (e.g., programs for merchants who pass compliance checks, drug-free youth)* | 35.0% | 22.7% | 12 |
| Strengthening Enforcement (e.g., supporting DUI checkpoints, shoulder tap programs, open container laws)* | 48.1% | 36.5% | 12 |
| Community Member Education and Training Programs* | 71.3% | 60.2% | 11 |

**Source:** DFC February 2020 Progress Report
**Notes:** * indicates $p < .05$ (significant difference). Also see Table C.1, Appendix C, for chi-square results.

## Promising Practices for Addressing Local Drug Crisis

DFC coalitions are encouraged to focus on building capacity to identify local problems and address them with local solutions. One way to understand the extent to which DFC coalitions are meeting this goal is to examine how they address new challenges that arise in their communities. During this reporting period, both the rise in vaping and opioids (and associated opioid overdoses and fatalities) were challenges in many communities. DFC coalition's efforts to direct prevention programming/initiatives at these emerging drug issues are presented next.

### Vaping Prevention

Youth use of Electronic Nicotine Delivery Systems (ENDS), referred to here as vaping, continued to increase in 2019, with past 30-day use rates reaching 27% among high school students and 10% among middle school students.[55] This increase follows a marked spike in vaping from 2017 to 2018, in which past 30-day vaping of nicotine nearly doubled (from 11% to 21% among 12th grade students).[56]

Vaping devices are used to consume various substances including nicotine and THC, yet research shows many youth do not know what substance they are consuming, or believe they are vaping just flavored water.[57] Regardless of the substance used, e-cigarettes emit carcinogens, volatile organic compounds, and heavy metals such as lead during the vaporizing process.[58] As of February 2020, the CDC reported that at least 2,800 individuals had been hospitalized with the E-cigarette or vaping associated lung injury (EVALI).[59] In December 2019, Tobacco 21 legislation was enacted, prohibiting sale of any tobacco product, including e-cigarettes, to anyone under the age of 21.[60]

Commensurate with national trends, DFC coalitions have documented youth vaping challenges in their communities and have leapt into action to address the issue. Out of the 661 FY 2018 coalitions that submitted a February 2020 Progress Report, over 58% mentioned a vaping keyword such as e-cigarettes, vapor, or Juul in their responses to open-ended questions.[61] This is an increase of 11 percentage points over the previous year.[62] These numbers likely provide a conservative estimate of

[55] Centers for Disease Control and Prevention. (2020, February 24). *About electronic cigarettes (E-cigarettes).* Retrieved from https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html

[56] National Institute on Drug Abuse (NIDA). (2018, December 17). Teens using vaping devices in record numbers. Retrieved from https://www.drugabuse.gov/news-events/news-releases/2018/12/teens-using-vaping-devices-in-record-numbers

[57] NIDA. (2016, February). Teens and E-cigarettes. Retrieved from https://www.drugabuse.gov/drug-topics/trends-statistics/infographics/teens-e-cigarettes

[58] Centers for Disease and Prevention. (2020, February 25). *Outbreak of lung injury associated with the use of e-cigarette, or vaping, products.* Retrieved from https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html

[59] Ibid.

[60] U.S. Food and Drug Administration. (2020, February 12). *Tobacco 21.* Retrieved from https://www.fda.gov/tobacco-products/retail-sales-tobacco-products/tobacco-21

[61] The DFC National Evaluation Team searched all open text fields of the February 2020 Progress Reports for the following key words: 'E-cigarette, e-cig, vape, vapor, vaping, vapes, e-cigarettes, e-cigs, ecigarettes, juul, jule, juuling, juling, ENDS.'

[62] Of the DFC coalitions that submitted a February 2019 Progress Report, 47% mentioned a vaping keyword. A total of 712 non-closeout non-lapse coalitions submitted a February 2019 Progress Report with 333 mentioning a vaping keyword.

how many DFC coalitions are concerned about vaping in their communities, as some may not have mentioned work they are doing.

### *Substances Vaped Targeted by DFC Coalitions*

Most DFC coalitions that mentioned vaping did not specify what substance their coalition focused on, if any. Amongst DFC coalitions that did mention a target substance, the majority wrote about nicotine or tobacco. A portion of coalitions referred to addressing both nicotine and marijuana vaping, and a small minority of coalitions targeted vaping of marijuana or THC only.

Amongst those that focused on vaping marijuana, some DFC coalitions cited concerns about EVALI, which has been linked to vaping of THC products.[63] DFC coalitions also reported concerns over how new state marijuana policies might impact youth access to THC products, including vaping cartridges. A few DFC coalitions referenced differences in the political landscape regarding nicotine and THC, as one Year 6 coalition in the Western region of the U.S. explained:

- "While major progress has been made on the tobacco front, there seems to be much less support by city council to regulate marijuana. It is unclear why these members have hesitation to address this growing issue, but it could be due to increased tax revenue, the recent passing of [a recreational marijuana referendum], and pro-retail sentiment. Only one council member seems willing to address the marijuana vaping issues in our area, while other council members seem to be moving in the other direction. [Our coalition] met with the willing council member to [help inform and] brainstorm how to strengthen marijuana policy and develop viable prevention strategies."

### *Activities to Address Vaping*

DFC coalitions reported using a wide variety of strategies and activities to address youth vaping, and many coalitions described deploying more than one strategy against vaping. DFC coalitions collected and analyzed local data, which then improved the coalitions' ability to plan strategies and activities. A number of coalitions focused on building capacity to address vaping, including collaborating with other local coalitions. Youth also played a key role in anti-vaping efforts, both within their communities and by connecting with other youth in their state. The most common strategies mentioned by DFC coalitions were *Educating and Informing about Modifying/Changing Policies or Laws, Providing Information*, and *Enhancing Skills.* Other strategies of note included *Enhancing Access/Reducing Barriers* and *Changing Consequences*.

#### Data-Driven Decisions

In the February 2020 Progress Report, many DFC coalitions mentioned collecting, analyzing, and utilizing data on vaping. In addition to administering youth surveys, DFC coalitions reported using other methods to learn about vaping within their communities. One coalition trained youth members to conduct focus-groups with other youth. A few DFC coalitions conducted environmental scans or advertising surveys to track vaping visibility and accessibility. At another coalition, members conducted an informal assessment of local retailers to determine whether vendors were familiar with

[63] Centers for Disease and Prevention. (2020, February 25). *Outbreak of lung injury associated with the use of e-cigarette, or vaping, products.* Retrieved from https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html

vaping purchase laws. And in one case, a DFC coalition conducted a waste survey where it assessed the amount of trash created by vaping cartridges and packaging. These data collections helped coalitions paint a nuanced picture of vaping use and presence in their communities. Many coalitions then leveraged this data to educate lawmakers, inform and train community members, and drive strategic planning.

In some cases, data also helped coalition members determine specific problem areas to target with activities. Examples of problem areas identified from local data collections include ease of use in schools, ease of access, and lack of parental knowledge/disapproval. A Year 9 coalition in the Midwest wrote, "The parental monitoring piece is key in understanding the vaping problem. Focus group participants overwhelmingly identified that many parents are unaware that their child/teen is vaping due to lack of understanding of the new age vape products and how easily they can be concealed."

### Youth Involvement

Numerous DFC coalitions reported that Youth sector members played a key role in their anti-vaping activities. Youth developed products such as public service announcements, letters to the editor, print media, and social media advertisements. They served as educators and taught peers, near-peers, and school staff about the dangers of vaping. Youth also collected data that they then used to prepare materials for *Providing Information* or policy-related activities, which one coalition described:

- "The Youth Action Team engaged teens in a 'No Vape November' observational data collection activity wherein youth collected photos and screenshots to demonstrate the prevalence of advertising and promotion of vaping products to youth. Over 300 images were collected and are currently being used by the youth team to create a "Don't Let History Repeat Itself" campaign, demonstrating how young people are being targeted by the e-cig/vaping industry in ways that mirror the tobacco industry in the 20th century." (Year 3, Northeastern region)

A small number of coalitions mentioned that their Youth sector members participated in state-wide youth-driven initiatives, including *The 84* in Massachusetts, *TNSTRONG* in Tennessee, and *Incorruptible.us* in New Jersey. Many Youth sector members received education and training about effective prevention from these organizations, which they then applied by planning and implementing local activities. Other coalitions reported that Youth sector members received training from CADCA and other conferences. A Year 3 coalition wrote, "The members of our youth coalition who have received training through CADCA's National Youth Leadership Institute have returned to their school communities and delivered effective staff development and school district policy advocacy initiatives targeting e-cigarette use and possession" (Year 3, Midwestern region).

### Capacity Building

Finally, many DFC coalitions reported that they built capacity and strengthened partnerships to respond to vaping. Multiple coalitions reported collaborating with other local organizations, especially nearby DFC coalitions and tobacco coalitions, to increase their reach. For example, a Year 5 coalition in the Southern region reported, "The Coalition recently participated in the 1st Anti-Vaping Coalition meeting in our city. This is a joint venture between our coalition and the Metropolitan

Health Department and other key stakeholders." Other DFC coalitions reported creating internal vaping task forces or committees.

A few coalitions worked to improve collaboration with key partners including School, Healthcare, and Law Enforcement sectors around vaping. Some DFC coalitions reported putting additional effort into repairing or maintaining relationships after staff turnover occurred at their sector member organizations. Others have deepened already strong connections by working together to address vaping. One coalition wrote,

- "Our relationship with our school has grown immensely over this reporting period. We have become part of our Community Management Team which meets once a month and talks about mental health and substance related problems within the school. Out of this team we were able to create a subcommittee around anti-vaping problems, and from this team we created a comprehensive vaping protocol to eliminate out of school suspension and provide a restorative justice model as well as further educating our students about the vaping epidemic and utilize peer to peer education." (Year 9, Northeastern region)

A few DFC coalitions reported that the rise of vaping has increased overall coalition membership because students and parents are motivated to reduce the prevalence of vaping in their community. Numerous DFC coalition members held or attended training sessions to increase their knowledge about vaping prevention. One coalition reported that it has trained instructors, both in- and outside its service area, with its award-winning prevention curriculum:

- "We piloted and released our updated version of our Tobacco, Marijuana & E-Cigarettes Course (TMEC) in our community and have added several new TMEC instructors both local and statewide. At the start of February 2020, we received HIDTA's national award for 'Outstanding Public Safety/Public Health Collaborative Effort' for our TMEC and instructor training which was awarded in Washington DC by the White House Office of National Drug Control Policy (ONDCP) Director Jim Carroll" (Year 1, Western region).

### Educating and Information about Modifying/Changing Policies or Laws

Many DFC coalitions described educating and informing about updates to school disciplinary policies.[64] Some schools and districts added language about vaping to existing substance use policies, while others introduced a tobacco-free campus policy for the first time. DFC coalitions also worked with schools to refine policies so that students caught vaping would receive access to educational interventions or cessation classes, rather than punitive consequences alone. For more detail about how DFC coalitions worked with school and local leaders on school policy, please refer to the *School Policy* section of this report.

At the State level, a few coalitions stated that their efforts helped educate the decision-makers behind State Tobacco 21 laws. For example, one DFC coalition reported it, "collaborated on a statewide campaign with other coalitions, educating [State] lawmakers on the current youth vaping

[64] DFC coalitions are legally prohibited from using Federal dollars for lobbying and are informed of this in their grant terms and conditions. As such, costs for lobbying cannot be calculated as contributing to the required match. For detail, see New Restrictions on Lobbying, 45 CFR 93 (2004). Retrieved from https://www.hhs.gov/grants/grants/grants-policies-regulations/lobbying-restrictions.html

epidemic. Efforts resulted in the new Tobacco 21 State Law, effective October 2019" (Year 3, Northeastern region). Other coalitions reported educating and informing about the potential effects of other policies such as temporary vaping bans, restricting nicotine content in e-cigarettes and cartridges, or excise taxes.

At the local government level, several coalitions said they presented data such as youth vaping statistics and advertising surveys to local lawmakers. A few reported that their DFC coalition had become a trusted resource on substance use issues, and that they valued the ability to meet with lawmakers and answer their questions. In many cases, youth leaders gave presentations or wrote to their lawmakers about the vaping issue in their schools. DFC coalition members educated and informed about several types of local laws such as tobacco free parks, tobacco outlet density and location restrictions, and municipal bans of specific products and/or devices. A few coalitions educated and informed about Tobacco Retail License policies.[65] One DFC coalition described how their coalition members informed lawmakers who were working on a suite of related tobacco policies:

- "The city passed several tobacco control ordinances in 2019, in part to address youth vaping, that went into effect on January 1, 2020:
  - Anyone under the age of 21 found to be in possession of a tobacco product or vaping device will be subject to a citation and will have the opportunity to participate in an educational diversion program.
  - A density policy prohibiting new tobacco retailers from establishing within 1,000 feet of a school or park and 500 feet from one another.
  - A tobacco retail license, a fee that tobacco retailers pay to the city to fund enforcement and retailer education.
  - A flavors ban, prohibiting the sale of all flavored tobacco products, except mint, menthol, and wintergreen combustible cigarettes and chew.
  - Our coalition helped distribute an initial public survey about the potential policies via social media. We attended planning meetings to provide information about the impact of the proposed policies. We also educated the public via social media and in person about the new policies" (Year 3, Western region).

### Providing Information

As the vaping policy landscape has evolved, coalitions have also made efforts to *Provide Information* about the new laws and how they would affect their service areas. A Year 8 coalition in the Northeastern region stated, "On October 1, 2019, the Tobacco 21 law was passed in our State. Our first steps were to post the new law on our Facebook page." A Year 4 coalition in the Western region wrote, "Tobacco 21 was implemented in our State to raise the legal age for nicotine product sales to 21. We helped spread the word about this law being implemented and the health benefits of quitting smoking and resources to quit smoking and vaping."

[65] Some States require all retailers that sell tobacco to consumers to purchase a license, while others do not.

As in previous progress reports, DFC coalitions also reported providing information on the risks of vaping, and the rates of youth use in their communities. For example, one coalition stated, "We have developed two vaping prevention videos, one for youth and one for parents [called] 'How do I know if my teen is vaping?' to educate parents on the harms and to support the school policies of no vaping pens on school grounds" (Year 7, Southern region). A Year 9 coalition from the Midwest reported, "The coalition really felt the impact of the vaping crisis and devised a media plan to address that in our county with youth radio ads, a billboard on the highway by the hospital, and presentations to youth, parents, and teachers" (Year 9, Midwestern region). As these examples demonstrate, many of the coalitions that were *Providing Information* about vaping (e.g. ads, billboards), also utilized other strategies such as *Enhancing Skills*, in a coordinated anti-vaping response.

### Enhancing Skills

*Enhancing Skills* continues to be one of the most reported strategies for addressing vaping, as DFC coalitions drew on the expertise of various sectors to provide training for numerous audiences. In the February 2020 Progress Report data, about half of the references to *Enhancing Skills* activities were about activities for adults, including trainings and town halls. Amongst activities for adults, coalitions frequently described events for parents, teachers, school staff, and community members, and occasionally mentioned vendor education for tobacco retailers.

Several coalitions noted that educating parents continues to be a top priority, as many parents are either unaware of vaping risks, or have a permissive attitude toward youth vaping use. Public reception of these trainings varied, however. Mock-bedroom activities, where parents can see vaping and drug paraphernalia, and learn how they are concealed, were reported as being particularly well-received. A few coalitions noted that some of their parent events have been well-attended while others have not. One coalition wrote of the importance of choosing a timeslot or location that is easy for parents to attend:

- "Our coalition continues to work with parents in our community to enhance their ability/confidence to speak to their child about marijuana/vaping as marijuana legalization changes throughout the United States and vaping marijuana becomes more popular in our community. This risk factor is a challenge for us because parents are busy and night presentations are not well attended. We partnered with our youth coalition to deliver a forum for Middle School parents to address this risk factor. We also partnered with the High School to deliver a presentation to enhance the skills of parents to talk to their child about vaping and marijuana during a Freshman Orientation Parent Meeting." (Year 6, Northeastern region)

Other references to *Enhancing Skills* activities described providing training to youth. School-based prevention education was particularly common. Many of these educational programs for youth were provided in classrooms or in an assembly format. Some DFC coalitions provided interactive group learning activities such as escape rooms. One coalition wrote,

- "Coalition members developed a new educational presentation on vaping that was offered to all the schools in the County. In addition, they developed an interactive experience, Escape the Vape. It is an escape room experience where teams or individuals can get out of the room by answering some

questions about vaping and e-cigarettes. This experience has been a huge success with middle and high school students along with adults" (Year 9, Midwestern region).

Another Midwestern coalition described how it provided interactive education during lunch periods:

- "Each November, students engage in games that teach them about the chemicals found in e-liquid, the health risks, and strategies [to] quit. This year we obtained x-rays from the local student who underwent a lung transplant and enlarged them to display during lunches. We surrounded the films by everyday household items such as a car battery, nail polish remover, magnets, insect repellent…as visuals of the chemicals that can be found in e-cigarettes. Another day we asked students to take the straw challenge, breathing only through a straw for 30 seconds. This was a way for them to get a glimpse of life with lung disease, and it was effective" (Year 7, Midwestern region).

### *Other Vaping Prevention Strategies*

Other emerging strategy and activity trends include *Changing Physical Design* by providing signage for no-vape zones, *Changing Consequences* through strengthening surveillance and enforcement, *Enhancing Access* to cessation classes, and reducing home access to vaping through vape "take-backs."

DFC coalitions collaborated with businesses and organizations on *Changing Physical Design* by supporting and designating smoke- and vape-free areas including recreational spaces, restaurants, and workplaces. For example, one DFC coalition stated, "We have been working to educate community members on the benefits of having smoke and vapor free workplaces, housing complexes, and at our parks. In June 2019, a local healthcare provider enacted a policy to be a 'tobacco/vaping free' business. A number of coalitions also helped supply updated signage for locations which became vape-free" (Year 4, Southern region).

One way that DFC coalitions are *Changing Consequences* is by supporting new technology for surveillance and enforcement, particularly as it pertains to school substance policies. Coalitions noted that it is difficult for school staff to identify when students are vaping and, once students are caught, what substance they were using. A few coalitions mentioned working with School Resource Officers (SROs) or other personnel to implement testing strips that indicate whether a product contains THC. Several coalitions said they researched or started using vaping detectors for surveillance but reported mixed results. One DFC coalition relayed the following experience:

- "With the installation of vape detectors, we learned many challenges with administrators getting notifications from the system and being able to respond in a timely fashion. In addition, when responding, if several students were in the restrooms at once, it was difficult to identify the students who were actually vaping, making it difficult to enforce policies as a result of the detectors." (Year 3, Southern region)

A small number of coalitions reported reducing home and social access to vaping with a newer activity called a "Vape Take-back," based on the concept of prescription drug take-back events. One coalition wrote that implementing this initiative at two schools "resulted in the collection of 150 vape devices and over 80 kids turning in their vapes. This was such a huge success and really opened the doors for further collaboration with these schools" (Year 9, Northeastern region). Another coalition conducted a similar activity, and wrote that the take-back was anonymous, however, "everyone who

dropped off a vape was handed information about the harmful effects and quit line information" (Year 4, Northeastern region).

As addressed under the *School Policies* section of this report, many DFC coalitions were working to improve youth access to treatment services such as cessation classes. While these changes fall under the *Educating and Informing about Modifying/Changing Policies or Laws* strategy, they also have the effect of *Changing Consequences* for students and *Enhancing Access* to substance use services. In some cases, coalition members personally taught vaping cessation classes, while in other cases the coalition helped schools identify promising programs for educators to implement. A number of DFC coalitions noted challenges in finding an appropriate cessation program for teenagers who want to stop vaping. One Year 9 coalition in the Northeastern region of the U.S. described the situation:

- "Another challenge that we have encountered during this reporting period is a lack of usable evidence-based practices for youth interventions. As schools enforce no-tolerance policies for substances, including vaping and ENDS, they often reach out to us for resources for youth. We have tried working with the state Prevention Services program to implement an evidence based intervention, but it is costly and time consuming and feedback from some school staff is that they felt it was not effective and would not recommend it moving forward. We have offered several of our own variations of substance use prevention education to referred students but continue to look at other programs that will help youth who have been caught using substances, in an effective and practical manner."

This challenge reflects the transition that coalitions are going through, as many DFC coalitions extend their work on primary vaping prevention to assisting students who are already addicted to vaping.

### *Vaping Summary*

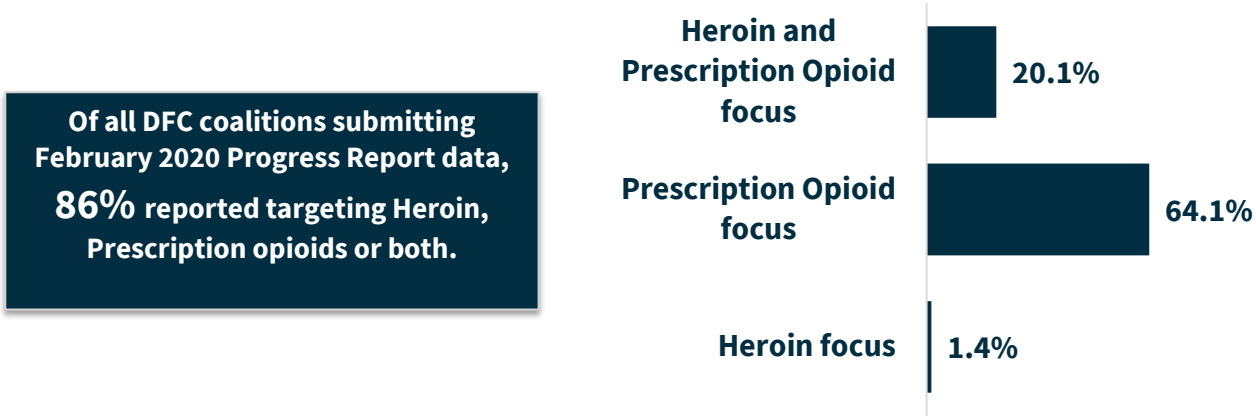
As data from the February 2020 Progress Report show, over half of DFC coalitions are concerned about youth vaping in their communities. DFC coalitions report engaging in a wide variety of prevention strategies and activities to address this increasingly prevalent substance use trend. Below is a summary of key themes from these DFC coalitions' progress report responses.

- DFC coalitions utilized local data to determine the prevalence of vaping and target specific areas for improvement. In addition to survey data, coalitions used youth focus groups, environmental scans, and advertising studies to understand the influences in their community.
- Coalitions built capacity to address vaping, particularly by deepening partnerships with sector members and initiating collaboration with neighboring community coalitions.
- Youth sector members and youth coalition members lead or contributed to a variety of anti-vaping activities, including data collection, planning, developing materials, peer education, and more.
- Coalitions educated and informed on state, local, and school policies about vaping, with a focus on reducing youth use and establishing appropriate consequences.
- Numerous coalitions mentioned *Providing Information* and *Enhancing Skills* activities targeted at both youth and adult community members. In both age groups, coalitions shared the success of interactive learning experiences such as escape rooms and mock bedrooms.
- Emerging strategies for combatting vaping include vape take back events and vaping detectors, however coalitions have reported mixed results with vape detectors, and more information is needed to provide a full picture about take back events.

## Opioid Prevention

The Centers for Disease Control and Prevention (CDC) has identified opioid use and opioid overdose deaths as an epidemic. In 2018, an estimated two-thirds (70%) of all drug overdose deaths were associated with opioids (e.g., prescription opioids, heroin, fentanyl), and the number of opioid-related deaths in 2018 was six times higher than in 1999 (up from five times higher in 2016). On average, 128 people died every day from an opioid overdose in 2018 in America, a slight decrease from 130 per day in 2017.[66] In February 2020 Progress Reports, nearly all DFC coalitions (86%) selected prescription opioids, heroin, or both as among their top five substances targeted (see Figure 17).[67] Most DFC coalitions (64%) indicated they were targeting prescription opioids but not heroin; one-fifth (20%) selected both heroin and prescription opioids; and a small percentage (1%) indicated they were targeting heroin only.[68]

**Figure 17. Percentage of FY 2018 DFC Coalitions Targeting Heroin, Prescription Opioids, or Both**




**Source:** DFC February 2020 Progress Report

As seen in Figure 18, this focus on opioids by DFC coalitions is occurring across the United States. The DFC National Evaluation Team examined qualitative data from open-ended response items on the February 2020 Progress Reports for indications that DFC coalitions were responding to this growing challenge by addressing opioids. Open-ended responses were searched for opioid-specific key terms (e.g., opiate, opioids, heroin, fentanyl, or oxycodone). Of the coalitions with February 2020 Progress Report data, 45% mentioned opioids in at least one open-ended response field.

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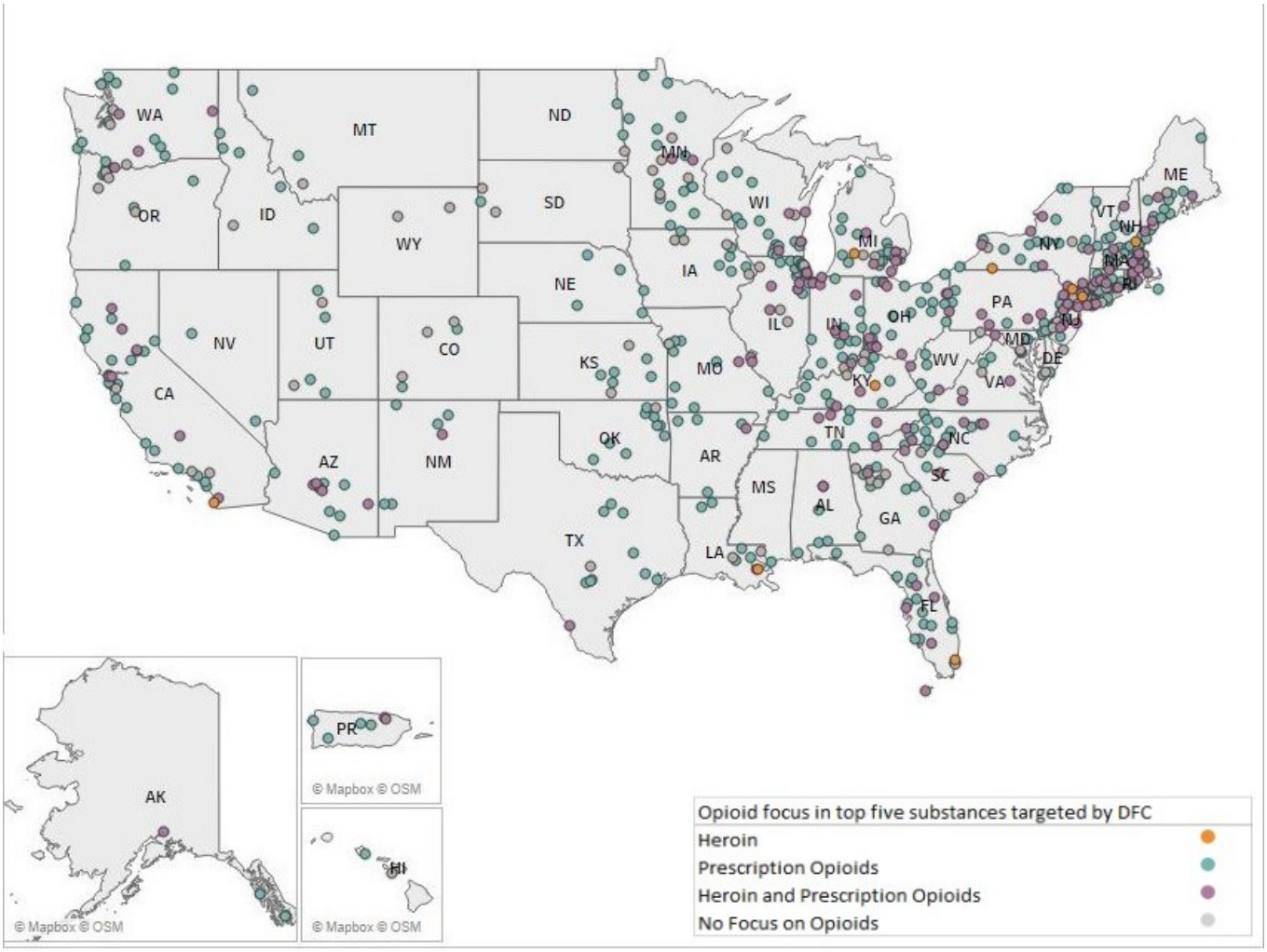
[66] For CDC data, see Wide-ranging Online Data for Epidemiologic Research (WONDER), National Center for Health Statistics 2018, available at http://wonder.cdc.gov

[67] Beginning in August 2017, DFC coalitions could select prescription opioids or prescription non-opioids specifically. Previously, only the broader term of prescription drugs was an option. In February 2020, heroin was expanded to include Heroin / Fentanyl, Fentanyl analogs or other Synthetic Opioids. The term heroin is used in this report to reflect this broader definition. In the prior annual report (see https://www.whitehouse.gov/wp-content/uploads/2019/06/2018-DFC-Report_Full-Evaluation-Final.pdf), 89% of FY 2016 DFC coalitions selected prescription drugs, heroin, or both, slightly higher than the 86% of FY 2018 DFC coalitions reporting this focus in February 2020.

[68] 'Heroin' in this context refers to heroin/fentanyl, fentanyl analogs or other synthetic opioids.

Given that most DFC coalitions indicated their work with prescription drugs was focused on prescription opioids in target substances, open-ended responses also were searched for mention of prescription drugs (e.g., prescription, Rx). Of all 661 DFC coalitions with February 2020 Progress Report data, almost two-thirds (61%) mentioned prescription drugs. Taken together, 71% of reporting coalitions mentioned either opioids or prescription drugs.[69] It's important to note that some DFC coalitions working on opioids may not have included descriptions of these efforts in any of their open-ended responses, whereas others may have described this work using only prescription drug terminology (i.e., without specifying prescription opioids).

**Figure 18. Map of FY 2018 DFC Grant Award Recipients Reporting Prescription Opioids, Heroin, or Both as a Target Substance**




**Sources:** DFC February 2020 Progress Report; DFC FY 2019 Grant Application coalition ZIP code information
**Note:** Only coalitions that submitted a February 2020 Progress Report are shown.

[69] Of the 661 coalitions, 173 mentioned prescription drugs but not opioids, 66 mentioned opioids but not prescription drugs, 231 mentioned both, and 191 mentioned neither.

### *Sample Activities to Address Opioids*

DFC coalitions have been engaging in a broad range of activities across the Seven Strategies for Community Change to address opioid use in their communities. The following sections provide a summary of the different opioid-related activities reported by DFC coalitions in February 2020.

#### Increasing Collaboration

Many DFC coalitions described working to increase membership and/or collaboration with key sectors in their fight against opioids. Although this relationship-building often takes time, DFC coalitions have ultimately been successful in developing these partnerships. For example, one coalition reported that "it has taken us four months to build a relationship with the new lead for emergency services in order for the coalition's data work group to have access to the Narcan administration data and intervention protocol when Narcan is administered" (Year 5, Southern region).

Several DFC coalitions said they are working closely with the Religious/Fraternal sector, often developing strategies specifically tailored to grow their relationship with this group. For example:

- "We are building our relationship with the faith community, helping them to understand their role within the opiate crisis." (Year 10, Northeastern region)
- "To increase membership in the faith-based sector, we held a Christmas candlelight vigil on the courthouse lawn for families that had lost someone to the opioid crisis." (Year 1, Southern region)
- "The coalition developed an Rx misuse prevention faith-based toolkit. The toolkit includes small medication lock boxes, locking medication pouches, deactivation kits, Naloxone kit, list of permanent drop box locations, community services resource card, schematic on how to use the Naloxone kit and items provided in the toolkit, and contact information for questions or replacement of items. The purpose of the toolkit is to provide Faith-Based organizations with resources for the individuals they serve in the community and/or organization. Toolkits have been distributed to four Faith-based organizations." (Year 7, Southern region)

In addition to working with the Religious/Fraternal sector, DFC coalitions reported increasing collaboration with other sectors including Healthcare, Parents, Law Enforcement, and Business (specifically, physicians, real estate agents, and funeral home directors):

- "The coalition has continued to work with our local health and behavioral health partners to have more physicians certified and more addiction counselors able to help in the opioid crisis." (Year 9, Midwestern region)
- "The partnership with the [local] DEA and the coalition created an opportunity to host the first-ever opioid prescription drug abuse seminar for primary care physicians in the region." (Year 6, Southern region)
- "We are also partnering with real estate agents and funeral homes to get our prevention and resource information into the community." (Year 4, Northeastern Region)

#### Educating and Training

Many DFC coalitions have hosted and collaborated on events to educate their communities about the opioid crisis and strategies for prevention and treatment. Coalitions discussed trainings, summits,

and forums on opioid-related topics, such as signs and symptoms of opioid use; effective prevention strategies including safe storage and disposal of prescription drugs; and treatment options and providers. These opportunities to learn about opioids and opioid prevention were provided to a range of stakeholders, including youth and families, local lawmakers, law enforcement, religious leaders, medical professionals, businesses, and community and coalition members. Examples of the events developed by coalitions included:

- "We hold an opioid conference for families, local officials, and prevention professionals that provides folks with evidence-based strategies that are already bearing successful results: drop boxes, take back days, disposal bags, prescriber education, and policy changes at schools and in the workplace." (Year 9, Northeastern region)
- "The coalition, in partnership with the DEA 360, held an opioid summit for 4,000 youth in grades 8-12 attended by key state leadership, including the governor as well as parents and school counselors." (Year 5, Southern region)
- "We educated 75 seniors on medication safety and disposal during a lunch & learn in collaboration with our police deputy chief." (Year 8, Northeastern region)

Additionally, DFC coalitions created larger educational campaigns to reach the broader community, such as public service announcements, information cards, and door knockers distributed by youth.

### Prescription Drug Disposal and Take-Back Programs

In their February 2020 progress report, DFC coalitions also provided information regarding the steps they have taken to encourage safe prescription drug disposal practices. DFC coalitions reported they have distributed drug deactivation systems; sent postcards to inform the public of prescription drop-box location; given out prescription drug lock boxes; and set up permanent drop boxes in the community. These efforts were targeted to reach certain high-risk populations at times, including the elderly and families with youth. One coalition noted that it has "worked to reduce barriers to proper disposal and access to unneeded prescription drugs by conducting drug take-backs in housing units with high concentrations of elderly and disabled" (Year 7, Midwestern region).

DFC coalitions also reported hosting and participating in prescription drug take-back events on multiple days and at multiple locations. Some of the successes reported by coalitions included:

- "[Our coalition] created a strong take back medication day program with hundreds of volunteers, successful working relationship with [our] county Sheriff's office, and placement of permanent drop boxes in each police station." (Year 10, Midwestern region)
- "We expanded our satellite drop off locations for the DEA take back day to three, covering a good bit of the county." (Year 9, Southern region)
- "While addressing opioids and prescription drug abuse in our community, our coalition has disposed of approximately 7,000 pounds of unused medication, while operating five drop boxes." (Year 9, Midwestern region)

### Naloxone Trainings

DFC coalitions reported working with their communities to hold trainings on the use of naloxone (sometimes referred to by the brand name Narcan), an opioid overdose reversal medication.[70] Coalitions discussed hosting these trainings for first responders, law enforcement, school personnel, and community members. A success noted by one coalition included "expanding its Narcan training reach with over 2,000 individuals being trained across the county" (Year 4, Midwestern region).

Several DFC coalitions have seen changes after hosting naloxone trainings. One DFC coalition shared that its training led to changes in the local school district: "We offered a training on understanding addiction and followed with a training on Narcan, and our school district adopted a policy on Narcan training and availability in the schools" (Year 7, Southern region). Another DFC coalition felt its training led to positive changes: "We have put on a few more Naloxone trainings, which have brought in interest from some new partners and entities we have not worked with before" (Year 6, Western region).

In addition to trainings, DFC coalitions reported playing a key role in distributing naloxone throughout the community, most often to healthcare providers, schools, and law enforcement. One coalition shared: "Our naloxone distribution program has allowed us to distribute over 2,000 kits throughout [our] county to families, substance users, and organizations at risk of coming into direct contact with an overdose" (Year 4, Western region).

### Task Forces

Another activity reported by DFC coalitions during the February 2020 reporting period related to opioid and heroin task forces, which often focus on monitoring, prevention, harm reduction, treatment, and recovery topics related to these substances. The majority of DFC coalitions that discussed tasks forces conveyed that these groups are truly joint efforts. Many DFC coalitions have joined existing opioid task forces, bringing their experience to an already established group while also supporting their sustainability efforts:

- "The most significant capacity building accomplishment was the integration of [our coalition's] prevention efforts with the [regional] opioid task force's efforts to increase access to addiction treatment and recovery supports, leading to the newly rebranded [opioid task force]." (Year 6, Northeastern region)
- "In an effort to increase county-wide collaboration and to support the transition post-DFC funding, the coalition formally combined with the county's opiate task force and health department's overdose prevention network." (Year 10, Midwestern region)
- "Our two staff members are also members of the mayor's opioid task force, which lends the opportunity to network with surrounding towns and coalitions." (Year 1, Northeastern region)
- "In addition, [our coalition] staff are now leading the safe Rx opioid safety coalition, which comprises medical professionals, pharmacists, law enforcement, and members of the community working

[70] While DFC coalitions may host trainings on the use of naloxone and distribute the medication, DFC funds are not used to purchase naloxone.

together to address the issue of opioid abuse, effectively expanding [coalition] membership." (Year 8, Western region)

At other times, DFC coalitions have taken the lead to form opioid task forces where there have not been any in the past, often bringing in partners from their communities and surrounding areas. DFC coalitions reported engaging in a variety of activities through these opioid task forces, including:

- Collecting data through interviews and opioid use/overdose dashboards;
- Using data to formulate strategic and action plans;
- Developing informational campaigns; and
- Compiling guides on best practices for safe Rx prescribing and alternative pain management.

### *Additional Approaches to Address Opioids*

In addition to the prevention strategies described above, DFC coalitions described a variety of novel approaches to address heroin and other opioid problems in their communities, including:

- "We held our second 5K - Half Marathon; we had 86 people registered for the event. We're extremely pleased that on a survey we did for the runners, 81% of the runners said they learned new information about opioids in [the state] because of the race, this included new information about the problem, how to talk with their provider about prescription pain medications, and safe ways to store or dispose of medications." (Year 6, Western region)
- "The coalition sponsored an opioid town hall meeting which was broadcast to three communities held at the schools for those who wanted to be in attendance and in addition it was live streamed so individuals who could not come to the meeting but wanted to participate [could watch]." (Year 4, Midwestern region)
- "During this reporting period, the coalition collaborated with EMS to help implement a new 'leave behind' program. This program will allow 911 operators to ask a series of questions related to opioids, which the operator will relay to the first responders who will then know to leave behind Narcan for the family [along with] program information." (Year 1, Southern region)
- "Our youth conducted a youth-led and youth-directed communication campaign using [social media] and disseminated new campaign messages on preventing opioid and methamphetamine use and prescription drug abuse through social media." (Year 5, Southern region)

# Conclusions

This report provides a summary of findings for the DFC program through the February 2020 Progress Reporting window. The following is an overview of key takeaways from this report.

## DFC Reach

Since program inception in 1998, the federally (ONDCP) funded DFC Support Program has been awarded to coalitions serving a wide range of people and communities. Based on DFC coalitions' reports of ZIP codes served (since 2005) and compared to census data, DFC coalitions have targeted areas that covered half of the United States (51%). An estimated 1 in 5 Americans lived in a community currently being served by a DFC coalition in 2019 alone. This translates to the 724 DFC coalitions potentially serving more than 60 million people including 2.4 million middle school- and 3.4 million high school-aged youth.

***Half of the U.S. population has lived in a community with a DFC coalition since 2005, and 1 in 5 Americans lived in a community with a DFC coalition in 2019.***

## Target Substances Focus and Community Context

In order to best conduct their local work, DFC coalitions focus their efforts on substances that youth may be at-risk of using. Nearly all DFC coalitions (97%) targeted alcohol, followed by marijuana (90%), prescription drugs (87%) and tobacco/nicotine (72%). Most commonly, coalitions that addressed prescription drug misuse in their communities reported strategies to address prescription opioids (84%). DFC locations were most likely to be working in rural areas (52%), suburban areas (44%) and/or urban areas (26%), with some DFC coalitions specifically working in inner-city (9%) or frontier (2%) settings.

***DFC coalitions work to prevent and reduce youth substance use across a range of substances across the range of community types. On average, they are building on 8 existing protective factors and addressing 7 risk factors to create meaningful community level change.***

Coalitions identified a range of local protective and risk factors that the coalition may be working to build on or to address. For example, coalitions regularly focused on increasing pro-social community involvement (73%), creating positive contributions to peer groups (69%), positive school climate (65%), engaging families (63%) and building family and school connectedness (58% and 56%, respectively). Additionally, coalitions report closely following best practices in community organizing for risk reduction, including addressing perceived community norms favorable to substance use (89%), substance availability (84%), favorable youth attitudes towards substance use (77%), parental knowledge and capacity to discuss substance use (69%), and favorable parental attitudes towards substance use (57%).

## Membership and Capacity

***In 2019, DFC coalitions successfully mobilized nearly 35,500 people, building capacity to engage in youth substance use prevention.***

DFC coalitions report high levels of engagement from the community. In 2019, the average coalition consisted of two paid staff, two volunteer staff, and 45 active members from across 12 sectors. The highest level of active membership was in the Youth sector, with a median of six active members. This was followed by the School sector (four active members), and by Law Enforcement Agencies, Parents, Healthcare, State/Local/Tribal Government, and Youth-Serving Organizations sectors (each with three active members). The School, Law Enforcement, and Other Organization with Substance Use Expertise sectors were the highest-rated sectors on involvement (with means of 4.3, 4.1, and 4.1 on a 5-point scale, respectively). DFC coalitions engage in a range of ongoing activities to build capacity including recruitment (48%), outreach (45%), and training for coalition members (42%).

## Strategy Implementation

***DFC coalitions engaged in a comprehensive range of strategies for developing local solutions to a range of local problems.***

Building upon the Seven Strategies for Community Change, DFC coalitions report a broad and sophisticated set of implementation activities. Nearly one third of DFC coalitions reported engaging in implementing activities across all seven strategies in the past year (32%), closely followed by across six strategies (30%). In all, DFC coalitions reported having nearly 16 million social media followers and providing information in-person during face-to-face sessions and special events to approximately two million youth and adults. DFC coalitions also trained more than 368,000 youth and provided support to more than 500,000 community members.

Many activities implemented were specifically focused on collaboration with youth or were intended to have direct impacts on youth. Collectively, these have resulted in high engagement of youth in DFC coalition activities and may have contributed to an increase in youth in DFC communities who do not report engaging in substance use in the past 30 days. Youth-centered activities included trainings, alternative social events, and recreation programs. The most common policies or laws that DFC coalitions reported educating and informing the community about were those associated with school policies; one third of DFC coalitions reported engaging in education that resulted in the passage or modification of over 200 school policies.

## Trends in Past 30-Day Prevalence of Non-Use of Substances

DFC coalitions made significant progress toward achieving the goal of preventing and reducing youth substance use. The majority of youth in communities report choosing not to use each of the core measure substances (alcohol, tobacco, marijuana, misused prescription drugs). For alcohol, tobacco,

and marijuana—among both middle school and high school age groups for all DFC coalitions since inception and for the FY 2018 sample—there was a significant increase in past 30-day prevalence of non-use. That is, in communities with a DFC coalition, more youth reported choosing not to use each of these core measure substances at most recent report than at first report. In both samples, choosing not to misuse prescription drugs also was significantly higher at most recent report for high school youth but was unchanged among middle school youth. Although middle school youth reporting non-misuse of prescription drugs was unchanged from first to most recent report in both samples, nearly all youth in this age group (97%) reported choosing not to misuse prescription drugs at any given time point. Between middle and high school figures across substances, DFC coalitions have increased non-use by an estimated 600,000+ youth across the U.S.

***DFC coalitions reported significantly increased past 30-day prevalence of non-use (decreased use) of alcohol, tobacco, and marijuana. High school youth choosing not to misuse prescription drugs also increased significantly. Nearly all (97%) middle school youth choose not to misuse prescription drugs.***

While these findings are promising, several trends in youth substance use are worth noting as DFC coalitions continue their efforts. Alcohol was the most commonly used substance, followed by tobacco and marijuana. Prescription drug misuse had the lowest prevalence rates. In addition, high school youth are more likely to report substance use (across substances) than were middle school youth, stressing the importance of beginning prevention efforts early and then reinforcing them over time. High school youth were also more likely to report past 30-day use of marijuana than of tobacco at most recent report in both samples (e.g., in the FY 2018 sample, 16% of high school youth reported use of marijuana as compared to 8% reporting use of tobacco at most recent report). Following are additional key findings by substance across the remaining core measures of perception of risk, perception of peer disapproval and perception of parent disapproval.

### Alcohol

For all DFC coalitions since inception and for FY 2018 DFC coalitions, over half of the differences in alcohol core measures between the first and most recent reports were significant increases (see Figure 9 and Appendix B). One exception in both samples was for middle and high school youths' perception of risk, which was around 72% across both samples and grade levels and remained unchanged. Future activities designed to improve understanding of risks associated with binge drinking are encouraged to be implemented. In addition, perceived parental disapproval and peer disapproval rates among middle school youth in the FY 2018 sample were unchanged. However, middle school youths' perceptions of parental disapproval rates were relatively high at both points (95%) with perceived peer disapproval rates only slightly lower (87%).

### Tobacco

In general, percentages of youth reporting perceiving the risk of tobacco use and perceiving parental and peer disapproval were high (80% or greater) at both first report and most recent report for both age groups and for both samples (see Figure 10 and Appendix B). The notable exceptions were high school youths' perception of peer disapproval for both samples, hovering between 73% and 80%, and FY 2018 middle school youths' most recent perceived risk (79%). One potential concern was that among middle school youth in the FY 2018 sample, perception of risk *decreased* significantly over time and perceived peer disapproval was unchanged. Middle school youth did report significant increases in perceived parent and peer disapproval among all DFC grants since inception but significantly increased only for perceived parent disapproval in the FY 2018 sample. Among high school youth, perceived parental and peer disapproval increased significantly over time across both samples.

### Marijuana

While the continuing increases in youth choosing not to use marijuana are promising, findings associated with the remaining core measures particularly for the most recent cohort (FY 2018 sample) are more concerning (see Figure 11 and Appendix B). Middle school youth in the FY 2018 sample reported significant *decreases* in both perception of risk and perception of peer disapproval associated with marijuana use, while high school youths' perceptions of risk, parental disapproval and peer disapproval all *decreased* significantly. DFC coalitions are likely up against initiatives to change laws to allow medical and/or recreational marijuana use and the messages about the safety of marijuana use (at least for adults) that accompanies many of those initiatives. While less than 5% of middle school youth report using marijuana, 67% reported they did not perceive risk associated with use at most recent report. By high school, 16% of youth report past-30-day marijuana use at most recent report while only 49% perceived risk and only 58% perceived peer disapproval.

### Prescription Drugs (Misuse)

Past 30-day prevalence of non-misuse of prescription drugs was higher than for any other substance at both time points and for both age groups and both samples, except non-use of tobacco (e.g., 97.9% in FY 2018 sample) among middle school youth (versus prescription drug non-use of 97.2%, FY 2018 sample). Among middle school youth, differences over time did not differ significantly (see Figure 12 and Appendix B). The exception to this was for perception of risk, which *decreased* significantly in both samples. Among high school youth, perception of risk associated with misuse of prescription drugs was unchanged over time while perceptions of parent and peer disapproval both increased significantly.

## Hosting Youth Coalitions: Promising Practices

The majority of DFC coalitions (72%) reported hosting a youth coalition in their work and among coalitions not hosting a youth coalition (28%), half (48%) were working to host one within the next six

months. Most (87%) youth coalitions were reported meeting at least once a month and that youth coalitions were highly (32%) or very highly (50%) involved in planning and implementing prevention activities for other youth. Not surprisingly, youth sector members were rated as significantly more involved in a DFC coalition's efforts if the coalition hosted a coalition (4.3 or high involvement) than did not host a youth coalition (3.1 or medium involvement; see Figure 14). That is, hosting a youth coalition serves as a central way to involve youth in prevention of substance use work. Schools, Youth-Serving Organizations, Healthcare, and State/Local/Tribal Government Agencies sector members all were also more likely to be involved when DFC coalitions hosted a youth coalition.

DFC coalitions with a hosted youth coalition were also significantly more likely than those not hosting one to have engaged in 15 specific implementation activities, such as holding alternative social events and youth training, across a range of strategy types. The greatest difference (20 percentage points) was in implementing alternative/drug-free social events, which is a *Providing Support* strategy. Whereas DFC coalitions hosting a youth coalition were significantly more likely to engage in youth- and family-centered activities, they were also significantly more likely to engage in activities aimed at *Changing Consequences* and *Enhancing Skills*.

## Addressing Local Drug Crisis: Promising Practices

While examination of core measure data provides an understanding of DFC coalitions' impact on youth use of key substances, many DFC coalitions are also working on addressing new challenges. In particular, many DFC coalitions discussed prevention efforts focused on addressing vaping and opioids in their communities.

### Vaping Prevention

Throughout the reporting period (from January 2019 to February 2020), youth vaping use continued to increase nationally, with past 30-day use rates reaching 27% among high school students and 10% among middle school students.[71] Among DFC coalitions that mentioned a target substance, the majority wrote about nicotine or tobacco. A portion of coalitions referred to vaping of both nicotine and marijuana, and a small minority of coalitions targeted vaping of marijuana or THC only.

DFC coalitions reported using a wide variety of strategies and activities to combat youth vaping. Central to their approach was collecting and sharing local as well as national data. Youth sector members and youth coalitions' members often lead on or contributed significantly to planning and implementation of anti-vaping strategies, including peer education. DFC coalitions reported educating and informing about the potential effects of policies such as vaping bans, restricting nicotine content in e-cigarettes and cartridges, or excise taxes. Many coalitions reported efforts to ensure that school policies addressed vaping and worked with schools to help youth already

[71] Centers for Disease Control and Prevention. (2020, February 24). *About electronic cigarettes (E-cigarettes).* Retrieved from https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html

struggling with vaping addiction. Vaping Take-Back events as well as education on identification of vaping tools also emerged as key prevention strategies.

### Opioid Prevention

Most DFC coalitions (86%) were focused on targeting opioids. DFC coalitions have been engaging in a broad range of activities across the Seven Strategies for Community Change to address opioid use in their communities. Many DFC coalitions described working to increase membership and/or collaboration with key sectors in their fight against opioids. Additionally, many DFC coalitions have hosted and collaborated on events to educate their communities about the opioid crisis and strategies for prevention and treatment. Coalitions discussed trainings, summits, and forums on opioid-related topics, such as signs and symptoms of opioid use; effective prevention strategies including safe storage and disposal of prescription drugs; and treatment options or treatment providers. These opportunities to learn about opioids and opioid prevention were provided to a range of stakeholders, including youth and families, local lawmakers, law enforcement, religious leaders, medical professionals, real estate agents, funeral directors, businesses, and community and coalition members. Additionally, DFC coalitions reported they have distributed drug deactivation systems; postcards to inform the public of prescription drop-box locations; given out prescription drug lock boxes; set up permanent drop boxes in the community; and conducted naloxone trainings.

## Limitations

In examining the findings, it is worth noting several limitations or challenges. First, this year's annual report focused on the FY 2018 cohort of DFC coalitions who submitted reports regarding their efforts that occurred in 2019 into early 2020. Most FY 2018 coalitions completed the report. Some Year 10 coalitions, however, had not yet completed the Progress Report in time for inclusion in this report.

Next, although DFC coalitions' grant activities were designed and implemented to prevent or bring about a reduction in youth substance use, it is not possible to establish a causal relationship because there is not an appropriate comparison or control group of communities from which the same data are available. This report includes analyses on core measures data provided for core measures that were introduced in 2012. Some core measures were unchanged in 2012, and data from 2002–2020 from many DFC coalitions are available. The number of coalitions with two data points on new core measures introduced in 2012 was typically smaller. This was especially true for the core measures on misuse of prescription drugs. Overall, multiple years of findings from the DFC National Evaluation support that DFC coalitions are associated with decreased youth substance use across a range of substances.

Another challenge is that each DFC coalition makes local decisions regarding how to collect core measures data, such as where to administer the survey, what grades to collect data from, the length of the survey used, and the order in which survey items are presented. However, all surveys are reviewed by the DFC National Evaluation Team for core measures, and core measures data may only be entered if the item has been approved on the survey. Small variations are allowed (e.g., coalitions

may ask youth to report on how many days in the past 30 days they used a given substance [from 0–30] rather than just a yes-or-no question on past 30-day use). Some coalitions collect all core measures, whereas others have been approved for only some of the core measures. These variations across surveys may influence how youth respond to a survey. However, because most DFC coalitions make only small changes to their survey over time and because change from first report to most recent report are calculated in each DFC coalition to generate the national average, this challenge is somewhat addressed.

Although most coalitions report collecting core measures data in schools, this is not always the case. Additionally, youth not currently in school may report different experiences with substance use than youth attending school. Few, if any, DFC coalitions collect data from youth not attending schools, in part because these individuals are harder to locate and may be less willing to complete surveys. In addition, data are reported by grade level, emphasizing that data collection is predicated on school attendance. Each DFC coalition's survey also varies in length and content. Youth responding to longer surveys or surveys in which core measures appear later, for example, may respond differently than youth whose surveys are shorter or in which core measures appear earlier. Finally, DFC coalitions are encouraged to collect representative data from their area of focus; however, each coalition is ultimately responsible for their own sampling strategies. DFC coalitions indicate any concerns about the representativeness of samples when reporting the data.

# Appendix A. Core Measure Items and Year Data Collected

The following is the recommended wording for each of the core measure items, in place since 2012. DFC coalitions submit surveys for review to ensure they are collecting each given core measure item. For example, many DFC coalitions collect past 30-day prevalence of use by asking the number of days (0 to 30) in the past 30 days the youth used the given substance. Any use is counted as "yes," and therefore the data are to be submitted.

**Table A.1. Core Measure Items Recommended Wording (2012 to Present)**

| **Past 30-Day Prevalence of Use** | | |
|---|---|---|
| | **Yes** | **No** |
| **During the past 30 days did you drink one or more drinks of an alcoholic beverage?** | ☒ | ☒ |
| **During the past 30 days did you smoke part or all of a cigarette?** | ☒ | ☒ |
| **During the past 30 days have you used marijuana or hashish?** | ☒ | ☒ |
| **During the past 30 days have you used prescription drugs *not prescribed to you*?** | ☒ | ☒ |

| **Perception of Risk** | | | | |
|---|---|---|---|---|
| | **No risk** | **Slight risk** | **Moderate risk** | **Great risk** |
| **How much do you think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?** | ☒ | ☒ | ☒ | ☒ |
| **How much do you think people risk harming themselves physically or in other ways if they smoke one or more packs of cigarettes per day?** | ☒ | ☒ | ☒ | ☒ |
| **How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?** | ☒ | ☒ | ☒ | ☒ |
| **How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them?** | ☒ | ☒ | ☒ | ☒ |

| **Perception of Parental Disapproval** | | | | |
|---|---|---|---|---|
| | **Not at all wrong** | **A little bit wrong** | **Wrong** | **Very wrong** |
| **How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?** | ☒ | ☒ | ☒ | ☒ |
| **How wrong do your parents feel it would be for you to smoke tobacco?** | ☒ | ☒ | ☒ | ☒ |
| **How wrong do your parents feel it would be for you to smoke marijuana?** | ☒ | ☒ | ☒ | ☒ |
| **How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?** | ☒ | ☒ | ☒ | ☒ |

| Perception of Peer Disapproval | Not at all wrong | A little bit wrong | Wrong | Very wrong |
|---|---|---|---|---|
| How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day? | ☒ | ☒ | ☒ | ☒ |
| How wrong do your friends feel it would be for you to smoke tobacco? | ☒ | ☒ | ☒ | ☒ |
| How wrong do your friends feel it would be for you to smoke marijuana? | ☒ | ☒ | ☒ | ☒ |
| How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you? | ☒ | ☒ | ☒ | ☒ |

DFC coalitions also are permitted to collect and submit perception of risk and peer disapproval alcohol core measures associated with the Sober Truth on Preventing Underage Drinking (STOP) Act grant. These may be collected instead of or in addition to the respective DFC core measure. These data were not included in the current report. For perception of risk of alcohol use, the alternative item is: "How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks of an alcoholic beverage nearly every day?" For peer disapproval, the item is worded as attitudes toward peer use: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?"

## Table A.2. Coalition Count Reporting by Time and Substance since Grant Inception

| | First Report | | | | | | | | Last Report | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Alcohol | | Tobacco | | Marijuana | | Prescription Drugs | | Alcohol | | Tobacco | | Marijuana | | Prescription Drugs | |
| Year | n | % | n | % | n | % | n | % | n | % | n | % | n | % | n | % |
| 2002 | 65 | 4.4 | 65 | 4.4 | 64 | 4.3 | | | | | | | | | | |
| 2003 | 110 | 7.5 | 108 | 7.4 | 107 | 7.3 | 2 | 0.3 | | | | | 1 | 0.1 | | |
| 2004 | 261 | 17.7 | 258 | 17.6 | 257 | 17.5 | | | 3 | 0.2 | 3 | 0.2 | 3 | 0.2 | | |
| 2005 | 216 | 14.6 | 213 | 14.5 | 218 | 14.8 | | | 16 | 1.1 | 16 | 1.1 | 16 | 1.1 | | |
| 2006 | 106 | 7.2 | 109 | 7.4 | 110 | 7.5 | | | 61 | 4.1 | 59 | 4.0 | 59 | 4.0 | | |
| 2007 | 69 | 4.7 | 69 | 4.7 | 69 | 4.7 | 1 | 0.1 | 73 | 4.9 | 72 | 4.9 | 73 | 5.0 | | |
| 2008 | 90 | 6.1 | 89 | 6.1 | 86 | 5.8 | 4 | 0.6 | 122 | 8.3 | 124 | 8.4 | 124 | 8.4 | | |
| 2009 | 78 | 5.3 | 77 | 5.2 | 79 | 5.4 | 6 | 0.9 | 69 | 4.7 | 67 | 4.6 | 68 | 4.6 | | |
| 2010 | 103 | 7 | 103 | 7.0 | 105 | 7.1 | 25 | 3.7 | 81 | 5.5 | 80 | 5.4 | 79 | 5.4 | | |
| 2011 | 56 | 3.8 | 58 | 4.0 | 56 | 3.8 | 78 | 11.5 | 59 | 4.0 | 62 | 4.2 | 61 | 4.1 | | |
| 2012 | 49 | 3.3 | 48 | 3.3 | 51 | 3.5 | 147 | 21.7 | 150 | 10.2 | 147 | 10 | 146 | 9.9 | 8 | 1.2 |
| 2013 | 45 | 3.1 | 43 | 2.9 | 44 | 3 | 120 | 17.7 | 111 | 7.5 | 107 | 7.3 | 110 | 7.5 | 30 | 4.4 |
| 2014 | 80 | 5.4 | 81 | 5.5 | 80 | 5.4 | 120 | 17.7 | 78 | 5.3 | 79 | 5.4 | 79 | 5.4 | 46 | 6.8 |
| 2015 | 58 | 3.9 | 59 | 4.0 | 57 | 3.9 | 75 | 11.1 | 51 | 3.5 | 52 | 3.5 | 51 | 3.5 | 42 | 6.2 |
| 2016 | 58 | 3.9 | 58 | 4.0 | 58 | 3.9 | 71 | 10.5 | 116 | 7.9 | 115 | 7.8 | 117 | 7.9 | 96 | 14.2 |
| 2017 | 23 | 1.6 | 22 | 1.5 | 22 | 1.5 | 19 | 2.8 | 144 | 9.8 | 144 | 9.8 | 144 | 9.8 | 134 | 19.8 |
| 2018 | 8 | 0.5 | 8 | 0.5 | 8 | 0.5 | 9 | 1.3 | 237 | 16.1 | 237 | 16.1 | 236 | 16 | 225 | 33.2 |
| 2019 | | | | | 1 | 0.1 | 1 | 0.1 | 100 | 6.8 | 100 | 6.8 | 100 | 6.8 | 92 | 13.6 |
| 2020 | | | | | | | | | 4 | 0.3 | 4 | 0.3 | 5 | 0.3 | 5 | 0.7 |
| Total | 1475 | | 1468 | | 1472 | | 678 | | 1475 | | 1468 | | 1472 | | 678 | |

**Source:** DFC Progress Reports 2002—2020

**Notes:** *n* represents the number of DFC coalitions included in the analysis; difference scores may not equal percentage point change due to rounding.

## Table A.3. Coalition Count Reporting by Time and Substance for FY 2018 Sample

| | First Report | | | | | | | | Last Report | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Alcohol | | Tobacco | | Marijuana | | Prescription Drugs | | Alcohol | | Tobacco | | Marijuana | | Prescription Drugs | |
| Year | n | % | n | % | n | % | n | % | n | % | n | % | n | % | n | % |
| 2002 | 1 | 0.2 | 1 | 0.2 | 1 | 0.2 | | | | | | | | | | |
| 2003 | 4 | 0.8 | 4 | 0.8 | 4 | 0.8 | | | | | | | | | | |
| 2004 | 6 | 1.2 | 5 | 1.0 | 6 | 1.2 | | | | | | | | | | |
| 2005 | 10 | 1.9 | 11 | 2.1 | 10 | 1.9 | | | | | | | | | | |
| 2006 | 11 | 2.1 | 11 | 2.1 | 11 | 2.1 | | | | | | | | | | |
| 2007 | 20 | 3.9 | 21 | 4.1 | 19 | 3.7 | 1 | 0.2 | | | | | | | | |
| 2008 | 38 | 7.3 | 39 | 7.5 | 37 | 7.1 | 4 | 0.9 | | | | | | | | |
| 2009 | 50 | 9.7 | 49 | 9.5 | 51 | 9.8 | 4 | 0.9 | | | | | | | | |
| 2010 | 67 | 12.9 | 66 | 12.7 | 69 | 13.3 | 11 | 2.3 | 1 | 0.2 | | | | | | |
| 2011 | 38 | 7.3 | 40 | 7.7 | 38 | 7.3 | 35 | 7.4 | 1 | 0.2 | 1 | 0.2 | 1 | 0.2 | | |
| 2012 | 29 | 5.6 | 29 | 5.6 | 31 | 6 | 74 | 15.7 | 2 | 0.4 | 2 | 0.4 | 2 | 0.4 | | |
| 2013 | 34 | 6.6 | 33 | 6.4 | 33 | 6.4 | 78 | 16.6 | 3 | 0.6 | 3 | 0.6 | 3 | 0.6 | 1 | 0.2 |
| 2014 | 78 | 15.1 | 77 | 14.9 | 77 | 14.9 | 105 | 22.3 | 7 | 1.4 | 7 | 1.4 | 7 | 1.4 | 6 | 1.3 |
| 2015 | 53 | 10.2 | 54 | 10.4 | 52 | 10 | 66 | 14.0 | 12 | 2.3 | 13 | 2.5 | 12 | 2.3 | 10 | 2.1 |
| 2016 | 54 | 10.4 | 54 | 10.4 | 54 | 10.4 | 67 | 14.3 | 61 | 11.8 | 61 | 11.8 | 62 | 12.0 | 48 | 10.2 |
| 2017 | 19 | 3.7 | 18 | 3.5 | 18 | 3.5 | 16 | 3.4 | 119 | 23.0 | 119 | 23 | 119 | 23.0 | 110 | 23.4 |
| 2018 | 6 | 1.2 | 6 | 1.2 | 6 | 1.2 | 8 | 1.7 | 219 | 42.3 | 219 | 42.3 | 218 | 42.1 | 208 | 44.3 |
| 2019 | | | | | 1 | 0.2 | 1 | 0.2 | 89 | 17.2 | 89 | 17.2 | 89 | 17.2 | 82 | 17.4 |
| 2020 | | | | | | | | | 4 | 0.8 | 4 | 0.8 | 5 | 1.0 | 5 | 1.1 |
| Total | 518 | | 518 | | 518 | | 470 | | 518 | | 518 | | 518 | | 470 | |

**Source:** DFC Progress Reports 2002—2020

**Notes:** *n* represents the number of DFC coalitions included in the analysis; difference scores may not equal percentage point change due to rounding.

# Appendix B. Core Measures Data Tables

## Table B.1. Long-Term Change in Past 30-Day Prevalence of Use[a]

| School Level and Substance | Long-Term Change: First Observation to Most Recent, All DFC Grant Award Recipients Since Program Inception | | | | Long-Term Change: First Observation to Most Recent, FY 2018 DFC Grant Award Recipients | | | |
|---|---|---|---|---|---|---|---|---|
| | *n* | % Report Use, First Outcome | % Report Use, Most Recent Outcome | % Point Change | *n* | % Report Use, First Outcome | % Report Use, Most Recent Outcome | % Point Change |
| **MIDDLE SCHOOL** | | | | | | | | |
| Alcohol | 1328 | 11.8 | 8.8 | -3.0* | 482 | 8.5 | 6.6 | -1.9* |
| Tobacco | 1314 | 5.9 | 3.8 | -2.1* | 469 | 3.9 | 2.1 | -1.8* |
| Marijuana | 1314 | 4.8 | 4.1 | -0.7* | 477 | 3.9 | 3.4 | -0.5* |
| Prescription Drugs | 571 | 2.9 | 2.7 | -0.2 | 415 | 3.0 | 2.8 | -0.2 |
| **HIGH SCHOOL** | | | | | | | | |
| Alcohol | 1404 | 34.3 | 27.5 | -6.8* | 517 | 29.5 | 22.5 | -7.0* |
| Tobacco | 1390 | 17.2 | 11.7 | -5.5* | 508 | 13.6 | 7.5 | -6.1* |
| Marijuana | 1386 | 17.9 | 16.8 | -1.1* | 513 | 17.2 | 16.3 | -0.9* |
| Prescription Drugs | 623 | 6.1 | 4.5 | -1.6* | 450 | 5.9 | 4.3 | -1.6* |

**Source:** Progress Report, 2002–2020 core measures data

**Notes:** * $p < .05$; *n* represents the number of DFC coalitions included in the analysis; difference scores may not equal percentage point change due to rounding.

[a] Outcomes represent weighted averages for each DFC coalition based on the total number of youth used in the percentage point change calculation (i.e., adding the number of youth surveyed for the first observation to the number surveyed for the most recent observation). Outliers beyond three standard deviations were removed. All numbers were rounded; percentage point change was rounded after taking the difference score.

Table B.2 provides the same data as Table B.1, but data were calculated as prevalence of non-use of substances in the prior 30 days. These were calculated as 100% minus the prevalence of past 30-day use (Table B.1).

**Table B.2. Long-Term Change in Past 30-Day Prevalence of Non-Use[a]**

| School Level and Substance | Long-Term Change: First Observation to Most Recent, All DFC Grant Award Recipients Since Program Inception | | | | Long-Term Change: First Observation to Most Recent, FY 2018 DFC Grant Award Recipients | | | |
|---|---|---|---|---|---|---|---|---|
| | *n* | % Report Non-Use, First Outcome | % Report Non-Use, Most Recent Outcome | % Point Change | *n* | % Report Non-Use, First Outcome | % Report Non-Use, Most Recent Outcome | % Point Change |
| **MIDDLE SCHOOL** | | | | | | | | |
| Alcohol | 1328 | 88.2 | 91.2 | 3.0* | 482 | 91.5 | 93.4 | 1.9* |
| Tobacco | 1314 | 94.1 | 96.2 | 2.1* | 469 | 96.1 | 97.9 | 1.8* |
| Marijuana | 1314 | 95.2 | 95.9 | 0.7* | 477 | 96.1 | 96.6 | 0.5* |
| Prescription Drugs | 571 | 97.1 | 97.3 | 0.2 | 415 | 97.0 | 97.2 | 0.2 |
| **HIGH SCHOOL** | | | | | | | | |
| Alcohol | 1404 | 65.7 | 72.5 | 6.8* | 517 | 70.5 | 77.5 | 7.0* |
| Tobacco | 1390 | 82.8 | 88.3 | 5.5* | 508 | 86.4 | 92.5 | 6.1* |
| Marijuana | 1386 | 82.1 | 83.2 | 1.1* | 513 | 82.8 | 83.7 | 0.9* |
| Prescription Drugs | 623 | 93.9 | 95.5 | 1.6* | 450 | 94.1 | 95.7 | 1.6* |

**Source:** Progress Report, 2002–2020 core measures data

**Notes:** * $p < .05$; *n* represents the number of DFC coalitions included in the analysis; difference scores may not equal percentage point change due to rounding.

[a] Outcomes represent weighted averages for each DFC coalition based on the total number of youth used in the percentage point change calculation (i.e., adding the number of youth surveyed for the first observation to the number surveyed for the most recent observation). Outliers beyond three standard deviations were removed. All numbers were rounded; percentage point change was rounded after taking the difference score.

## Table B.3. Long-Term Change in Perception of Risk/Harm of Use[a]

| School Level and Substance | Long-Term Change: First Observation to Most Recent, All DFC Grant Award Recipients Since Program Inception | | | | Long-Term Change: First Observation to Most Recent, FY 2018 DFC Grant Award Recipients | | | |
|---|---|---|---|---|---|---|---|---|
| | *n* | % Report, First Outcome | % Report, Most Recent Outcome | % Point Change | *n* | % Report, First Outcome | % Report, Most Recent Outcome | % Point Change |
| **MIDDLE SCHOOL** | | | | | | | | |
| Alcohol[b] | 608 | 71.0 | 71.3 | 0.3 | 419 | 72.0 | 71.0 | -1.0 |
| Tobacco[c] | 1248 | 81.1 | 80.6 | -0.5 | 457 | 81.2 | 78.8 | -2.4* |
| Marijuana[d] | 583 | 70.5 | 67.6 | -2.9* | 415 | 71.0 | 67.0 | -4.0* |
| Prescription Drugs[e] | 528 | 80.6 | 79.3 | -1.3* | 404 | 81.3 | 79.5 | -1.8* |
| **HIGH SCHOOL** | | | | | | | | |
| Alcohol[b] | 650 | 72.2 | 72.8 | 0.6 | 452 | 72.9 | 72.9 | 0.0 |
| Tobacco[c] | 1307 | 81.1 | 82.2 | 1.1* | 480 | 82.0 | 81.5 | -0.5 |
| Marijuana[d] | 623 | 53.7 | 49.9 | -3.8* | 451 | 52.9 | 49.0 | -3.9* |
| Prescription Drugs[e] | 571 | 82.2 | 81.9 | -0.3 | 435 | 82.5 | 82.3 | -0.2 |

**Source:** Progress Report, 2002–2020 core measures data

**Notes:** * $p < .05$; *n* represents the number of DFC coalitions included in the analysis; difference scores may not equal percentage point change due to rounding.

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

[b] Perception of risk of five or more drinks once or twice a week

[c] Perception of risk of smoking one or more packs of cigarettes per day

[d] Perception of risk of smoking marijuana one or two times per week

[e] Perception of risk of any use of prescription drugs not prescribed to user

## Table B.4. Long-Term Change in Perception of Parental Disapproval[a]

| School Level and Substance | Long-Term Change: First Observation to Most Recent, All DFC Grant Award Recipients Since Program Inception | | | | Long-Term Change: First Observation to Most Recent, FY 2018 DFC Grant Award Recipients | | | |
|---|---|---|---|---|---|---|---|---|
| | *n* | % Report, First Outcome | % Report, Most Recent Outcome | % Point Change | *n* | % Report, First Outcome | % Report, Most Recent Outcome | % Point Change |
| **MIDDLE SCHOOL** | | | | | | | | |
| Alcohol[b] | 519 | 94.2 | 94.8 | 0.6* | 390 | 94.7 | 95.1 | 0.4 |
| Tobacco[c] | 1181 | 92.6 | 94.5 | 1.9* | 442 | 95.6 | 96.2 | 0.6* |
| Marijuana[c] | 1203 | 93.3 | 94.2 | 0.9* | 449 | 95.3 | 95.3 | 0.0 |
| Prescription Drugs[d] | 522 | 95.6 | 95.6 | 0.0 | 394 | 96.1 | 96.0 | -0.1 |
| **HIGH SCHOOL** | | | | | | | | |
| Alcohol[b] | 555 | 88.8 | 90.3 | 1.5* | 420 | 89.6 | 91.1 | 1.5* |
| Tobacco[c] | 1254 | 86.6 | 89.9 | 3.3* | 474 | 91.0 | 93.6 | 2.6* |
| Marijuana[c] | 1256 | 87.0 | 86.8 | -0.2 | 476 | 88.1 | 87.4 | -0.7* |
| Prescription Drugs[d] | 565 | 93.7 | 94.8 | 1.1* | 430 | 94.1 | 95.2 | 1.1* |

**Source:** Progress Report, 2002–2020 core measures data

**Notes:** *$p < .05$; *n* represents the number of DFC coalitions included in the analysis; difference scores may not equal percentage point change due to rounding.

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

[b] Perception of disapproval of one or two drinks of an alcoholic beverage nearly every day

[c] Perception of disapproval of any smoking of tobacco or marijuana

[d] Perception of disapproval of any use of prescription drugs not prescribed to user

## Table B.5. Long-Term Change in Perception of Peer Disapproval[a]

| School Level and Substance | Long-Term Change: First Observation to Most Recent, All DFC Grant Award Recipients Since Program Inception | | | | Long-Term Change: First Observation to Most Recent, FY 2018 DFC Grant Award Recipients | | | |
|---|---|---|---|---|---|---|---|---|
| | *n* | % Report, First Outcome | % Report, Most Recent Outcome | % Point Change | *n* | % Report, First Outcome | % Report, Most Recent Outcome | % Point Change |
| **MIDDLE SCHOOL** | | | | | | | | |
| Alcohol[b] | 519 | 86.3 | 87.2 | 0.9* | 398 | 87.2 | 87.5 | 0.3 |
| Tobacco[c] | 524 | 88.6 | 89.5 | 0.9* | 395 | 89.9 | 90.3 | 0.4 |
| Marijuana[c] | 531 | 86.2 | 85.7 | -0.5 | 397 | 87.3 | 85.9 | -1.4* |
| Prescription Drugs[d] | 510 | 90.8 | 90.9 | 0.1 | 391 | 91.4 | 91.5 | 0.1 |
| **HIGH SCHOOL** | | | | | | | | |
| Alcohol[b] | 560 | 67.6 | 72.7 | 5.1* | 428 | 69.4 | 73.7 | 4.3* |
| Tobacco[c] | 567 | 72.7 | 77.9 | 5.2* | 429 | 74.4 | 79.2 | 4.8* |
| Marijuana[c] | 571 | 58.1 | 58.0 | -0.1 | 432 | 59.4 | 58.2 | -1.2* |
| Prescription Drugs[d] | 544 | 81.5 | 84.8 | 3.3* | 421 | 82.0 | 85.3 | 3.3* |

**Source:** Progress Report, 2002–2020 core measures data

**Notes:** *$p < .05$; *n* represents the number of DFC coalitions included in the analysis; difference scores may not equal percentage point change due to rounding.

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

[b] Perception of disapproval of one or two drinks of an alcoholic beverage nearly every day

[c] Perception of disapproval of any smoking of tobacco or marijuana

[d] Perception of disapproval of any use of prescription drugs not prescribed to user

# Appendix C. Comparison of Engagement in Activities by Youth Coalition Status

## Table C.1. Activities Implemented by Significantly More DFC Coalitions with a Hosted Youth Coalition Versus Those Without One

| Activity | % of DFC Coalitions Hosting a Youth Coalition Reporting Activity | % of DFC Coalitions not Hosting a Youth Coalition Reporting Activity | Chi-square, *p* |
|---|---|---|---|
| Alternative/Drug-Free Social Events: Drug-free parties, other alternative events supported by the coalition | 71.5% | 51.9% | $\chi^2(1) = 22.4$, $p < .001$ |
| Youth Education and Training Programs: Sessions focusing on providing information and skills to youth | 92.9% | 73.5% | $\chi^2(1) = 45.7$, $p < .001$ |
| Recognition Programs: Businesses receiving recognition for compliance with local ordinances (e.g., passing compliance checks) | 35.0% | 22.7% | $\chi^2(1) = 9.3$, $p < .01$ |
| Strengthening Enforcement (e.g., DUI checkpoints, shoulder tap, open container laws) | 48.1% | 36.5% | $\chi^2(1) = 7.2$, $p = .01$ |
| Teacher/Youth Worker Education and Training Programs: Sessions on drug awareness and prevention strategies directed to teachers or youth workers | 52.9% | 43.6% | $\chi^2(1) = 4.5$, $p < .05$ |
| Community Member Education and Training Programs: Sessions on drug awareness, cultural competence, etc., directed to community members (e.g., law enforcement, landlords) | 71.3% | 60.2% | $\chi^2(1) = 7.4$, $p < .01$ |
| Encourage Business/Supplier Designation of "No Alcohol" or "No Tobacco" or "No Marijuana" Zones | 16.3% | 9.4% | $\chi^2(1) = 5.0$, $p < .05$ |
| School Policy: Policies promoting drug-free schools | 36.5% | 25.4% | $\chi^2(1) = 6.2$, $p < .01$ |
| Special Events: Fairs, celebrations, etc. | 88.1% | 79.6% | $\chi^2(1) = 7.9$, $p < .01$ |
| Sales Restrictions: Laws/public policies concerning restrictions on product sales | 20.0% | 13.3% | $\chi^2(1) = 4.0$, $p < .05$ |
| Parent Education and Training Programs: Sessions directed to parents on drug awareness, prevention strategies, parenting skills, etc. | 67.9% | 52.5% | $\chi^2(1) = 13.5$, $p < .001$ |
| Media Campaigns: Television, radio, print, billboard, bus, or other posters aired/placed | 86.3% | 77.9% | $\chi^2(1) = 6.8$, $p < .01$ |
| Media Coverage: TV, radio, newspaper stories covering coalition activities | 85.0% | 75.7% | $\chi^2(1) = 7.9$, $p < .01$ |
| Social Networking (e.g., Facebook, Twitter, etc.) | 95.6% | 90.1% | $\chi^2(1) = 7.3$, $p < .01$ |
| Identify Physical Design Problems (e.g., environmental scans, neighborhood meetings, windshield surveys) | 35.6% | 26.0% | $\chi^2(1) = 5.6$, $p < .05$ |

**Source:** DFC February 2020 Progress Report

## Table C.2. Activities with No Significant Difference in Implementation of Specific Activities by DFC Coalitions with a Hosted Youth Coalition Versus Those Without One

| Activity | % of DFC Coalitions Hosting a Youth Coalition Reporting Activity | % of DFC Coalitions not Hosting a Youth Coalition Reporting Activity |
|---|---|---|
| Cleanup and Beautification (e.g., improve parks and other physical landscapes, neighborhood cleanups) | 24.2% | 17.7% |
| Youth/Family Community Involvement: Community events held (e.g., school or neighborhood clean-up) | 38.8% | 33.1% |
| Promote Improved Signage/Advertising Practices by Suppliers | 27.7% | 22.1% |
| Information on Coalition Website | 62.1% | 59.7% |
| Organized Youth Recreation Programs | 21.5% | 20.4% |
| Direct Face-to-Face Information Sessions | 92.9% | 89.0% |
| Underage Use: Laws/public policies targeting use, possession, or behavior under the influence for minors | 28.7% | 26.5% |
| Increased Access to Substance Use Services: People referred to court mandated services, employee assistance programs, student assistance programs, treatment services | 37.7% | 34.8% |
| Strengthening Surveillance (e.g., monitoring "hot spots," party patrols) | 30.8% | 27.6% |
| Improve Access Through Culturally Sensitive Outreach | 32.7% | 29.8% |
| Publicizing Non-Compliance (e.g., advertisements highlighting businesses not compliant with local ordinances) | 14.0% | 11.0% |
| Workplace: Policies promoting drug-free workplaces | 12.1% | 7.2% |
| Improved Visibility/Ease of Surveillance in Public Places and Substance Use Hotspots: (e.g., improved lighting, surveillance cameras, improved lines of sight) | 7.9% | 9.9% |
| Improved Supports for Service Use (e.g., transportation, childcare) | 15.6% | 11.6% |
| Youth Organizations/Drop-in Centers | 19.8% | 19.9% |
| Identify Problem Establishments for Closure (e.g., close drug houses) | 7.5% | 5.0% |
| Treatment/Prevention: Laws/public policies promoting treatment and prevention alternatives | 16.3% | 12.2% |
| Informational Materials Disseminated | 93.1% | 91.2% |
| Outlet Location/Density: Location and density of alcohol outlets | 15.6% | 12.2% |
| Business Training (e.g., responsible beverage service/vendor training [voluntary or mandatory]) | 35.8% | 33.7% |
| Cost: Laws/Public Policies Concerning Cost (e.g., alcohol, tobacco, or marijuana tax, fees) | 8.5% | 11.6% |
| Citizen Enabling/Liability: Laws/public policies concerning adult (including parent) social enabling or liability (e.g., social host ordinances) | 15.4% | 12.2% |
| Supplier Promotion/Liability: Laws/public policies concerning supplier advertising, promotion, or liability | 11.7% | 8.8% |
| Youth/Family Support Groups | 20.4% | 18.2% |
| Information Materials Prepared/Produced | 85.0% | 84.0% |
| Reducing Home and Social Access to Alcohol and Other Substances: (e.g., prescription drug disposal) | 70.4% | 68.5% |

**Source:** DFC February 2020 Progress Report

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