Drug-Free Communities (DFC) Support Program:
Executive Summary of 2017 End-of-Year Report Findings

Funded and directed by the Office of National Drug Control Policy (ONDCP), with support from the Substance Abuse and Mental Health Services Administration (SAMHSA), the Drug-Free Communities (DFC) Support Program funds community coalitions to build community capacity to prevent and reduce youth substance use. The contributions of community coalitions constitute a critical part of the Nation’s drug prevention infrastructure. They are a catalyst for creating local change where drug problems manifest and affect the citizens of this country. A summary of findings based on national evaluation data through August 2017 reported by DFC grant award recipients through fiscal year (FY) 2016, presented in full in the 2017 National Evaluation End-of-Year Report, follows.¹

Preventing/Reducing Youth Substance Use: Long-Term Change in DFC Core Measures

DFC coalitions report on four core measures linked to four core substances in order to understand change in DFC coalitions’ communities over time. The four core measures are:

- past 30-day use;
- perception of risk;
- perception of parental disapproval; and
- perception of peer disapproval.

The four core substances are alcohol, tobacco, marijuana, and misuse of prescription drugs (use of prescription drugs not prescribed to you). Analyses of changes in core measures over time were conducted separately for middle school and high school youth and were conducted both for the sample of all DFC coalitions funded to date and for the sample of fiscal year (FY) 2016 DFC coalitions.

Within communities with a DFC coalition, most middle school and high school youth reported not using each of the four core measure substances (alcohol, tobacco, marijuana, [non-misuse] prescription drugs) and over time prevalence of past 30-day use decreased significantly for all substances.

DFC coalitions made significant progress toward achieving the goal of preventing and reducing youth substance use. While most youth report not using substances, some youth do report use and prevalence of past 30-day use declined significantly between the first and the most recent data reported across all core measure substances, across both school levels, and in both samples (see Figures 1 and 2). The only exception to this was middle school youth past 30-day misuse of prescription drugs, which was unchanged in the FY 2016 sample.

Prevalence of tobacco use has seen the largest declines in both age groups, followed by decreases in prevalence of alcohol use. DFC coalitions reported targeting prevention efforts toward addressing alcohol (97%), marijuana (90%), misuse of prescription drugs (86%), and tobacco use (60%).

¹ See https://www.whitehouse.gov/ondcp/grants-programs/ for additional details about the DFC program and the findings summarized here. FY 2016 DFC grants were awarded in September 2016, with required reporting occurring in February and August 2017.
Across school levels, youth were least likely to report past 30-day misuse of prescription drugs (94-98% reporting not misusing). While most middle school youth and high school youth also reported not using alcohol in the past 30-days (88-93% and 64-76%, respectively), past 30-day prevalence of non-use was lowest for this substance. Most youth also report choosing not to use marijuana or tobacco. At most recent report, fewer high school youth reported not using tobacco than reported not using marijuana (91% and 84%, respectively in the FY 2016 sample). That is, more high school youth report having used marijuana than tobacco in the past 30-days, although marijuana use remained lower than alcohol use.

In FY 2016, approximately 1 in 5 Americans, including 1 in 5 youth, lived in a community with a DFC coalition. Given that DFC coalitions work at the community level, the significant decreases in prevalence of past 30-day use translate to thousands of additional youth making the choice not to use a given substance.

In FY 2016, 677 DFC coalitions received a grant award. These DFC coalitions worked in a broad range of community settings (e.g., 53% rural, 42% suburban, 25% urban) putting forward local solutions to address locally identified problems. Each DFC coalition indicates all ZIP codes in which their grant activities are targeted; these ZIP codes were merged with 2010 U.S. Census data to provide an estimate of the number of people that DFC grant award recipients may reach. Approximately 1 in 5 Americans (19%) was living in a DFC coalition’s target area in 2017. Since 2005, nearly 1 in 2 Americans has lived in a community with a DFC coalition (48%).

To better understand at the national level the significant decreases in youth substance use that is occurring in communities with a DFC coalition, percentage change in the FY 2016 sample was multiplied by the capture area population estimates (see Table 1). The estimates for reduced use/increased non-use are in the thousands.
For example, the significant decreases in alcohol use resulted in an estimated 83,000 middle school and 274,000 high school youth choosing not to use this substance. While the significant declines in prevalence of past 30-day use are promising, youth substance use still requires prevention efforts as prevalence of use remains a concern, particularly for alcohol. Targeting efforts to begin in middle school, or earlier, is also crucial as youth use of substances generally increases between middle school and high school.

**Youth in DFC communities generally reported high and/or increased perceptions of parental and peer disapproval.** One concern was that high school youth reported relatively lower perception of peer disapproval than middle school youth, especially for marijuana and alcohol use.

Most (91% or more) middle school youth in communities served by DFC coalitions perceived parental disapproval of substance use across substances (alcohol, tobacco, marijuana, and misuse of prescription drugs) at both first report and most recent report. Perceived parental disapproval for tobacco use increased significantly among middle school youth in both samples (e.g., from 94% to 96% in the FY 2016 sample). Middle school youth's perceived parental disapproval for alcohol use and for marijuana use increased significantly for all DFC coalitions funded (but not for the FY 2016 only sample). Perception of parental disapproval for misuse of prescription drugs was unchanged in both samples. Middle school youth also were high on perceived peer disapproval across substances, with 85-91% perceiving that their peers would disapprove of substance use. For middle school youth in both samples, there were significant increases in perceived peer disapproval for alcohol use; perceived peer disapproval of tobacco use also increased significantly in the All DFC Coalitions Ever Funded sample, but not in the FY 2016 sample. Middle school youth in both samples had no change in perceptions of peer disapproval of marijuana use and misuse of prescription drugs.

Similar to middle school youth, most (85-94%) high school youth reported perceiving that their parents would disapprove of use across substances. For high school youth in both samples, there were significant increases in perceived parental disapproval for both alcohol use and tobacco use; there was no change in perceived parental disapproval for misuse of prescription drugs (93-94% perceived parental disapproval at each time point). Perceived parental disapproval for marijuana use was unchanged in the All DFC Coalitions Ever Funded sample, but decreased significantly in the FY 2016 sample (-0.8 percentage points). For high school youth in both samples, there were significant increases in perceived peer disapproval for all substances, with the exception of perception of peer disapproval of marijuana use in the FY 2016 sample which was unchanged.

While high school youth in communities with a DFC coalition did report increased perceptions of peer disapproval, it is worth noting that perceived peer disapproval among high school youth was lower than perceived peer disapproval among middle school youth. For example, 85-87% of middle school youth perceived that peers would disapprove of alcohol use while only 63-68% of high school youth shared this perception, some 20 percentage points lower. The gap between the age groups was even greater for marijuana between middle school (86-87%) and high school youth (55-57%), some 30 percentage points lower. High school youth also had lower perceptions of peer disapproval than middle school youth for tobacco and prescription drugs although the gap here was slightly smaller, especially at most recent report (15 percentage points for tobacco and 9 percentage points for prescription drug misuse).

<table>
<thead>
<tr>
<th>Substance</th>
<th>Middle School Youth</th>
<th>High School Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>83,000</td>
<td>274,000</td>
</tr>
<tr>
<td>Tobacco</td>
<td>43,000</td>
<td>188,000</td>
</tr>
<tr>
<td>Marijuana</td>
<td>15,000</td>
<td>49,000</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>No Change</td>
<td>40,000</td>
</tr>
</tbody>
</table>
While youth generally had high perceptions of risk across substances, perception of risk data suggest that DFC coalitions may need to engage in additional activities to help youth understand the risks associated with use, especially risks associated with marijuana use.

Across grade levels, perception of risk was highest for both tobacco (79-82%) and for illicit use of prescription drugs (80-83%) as compared to perceived risk for alcohol (69-72%). The lowest perceived risk was for marijuana use in both middle school (71-72%) and especially high school (51-55%) youth. While perceived risk was generally unchanged or increased for alcohol, tobacco, and prescription drugs, an unexpected finding was that perceived risk of marijuana use actually decreased significantly from first to most recent report. This was true for high school youth in both samples and for middle school youth in the FY 2016 sample. In addition, middle school youth in the FY 2016 sample also decreased significantly in their perception of risk associated with tobacco use. These findings suggest that DFC coalitions may need to renew or increase efforts to ensure that youth, beginning in middle school, understand risks associated with substance use.

DFC Coalitions: Building Capacity to Prevent Youth Substance Use

Including DFC staff and the coalitions’ active sector members, DFC coalitions mobilized an estimated 30,500 community members to engage on youth substance use prevention work.

On average, DFC coalitions reported that they have 5 staff (2 paid, 3 volunteer) and 40 active members from across the 12 required DFC sectors. Collectively, the 677 FY 2016 DFC coalitions engaged an estimated 30,500 community members in youth substance use prevention work in 2017. The Law Enforcement and School sectors were rated highest on involvement with the DFC coalition, with these members engaged in collaborating on a range of activities including youth and parent education programs, providing alternative drug-free social activities for youth, and prevention summits/town halls.

Law Enforcement sector members, which can include a range of local, regional, and state law enforcement as well as representatives from High Intensity Drug Trafficking Areas (HIDTA) Program, were also identified by DFC coalitions as playing a key role in addressing opioids in the community.

Evaluation findings suggest that hosting a youth coalition is a promising DFC practice.

Youth are both one of the sectors with whom DFC coalitions must engage and the focus of the DFC goal: youth substance use prevention. One strategy that DFC coalitions use to engage youth in both ways is hosting a youth coalition. Approximately two-thirds (66%) of DFC coalitions reported hosting a youth coalition, with the majority (76%) of these providing participating youth with the opportunity to lead on planning and implementing activities with support from the broader coalition. Collectively, analyses comparing DFC coalitions with a hosted youth coalition, versus those without one, suggest that hosting a youth coalition is a promising practice.

For example, DFC coalitions with a hosted youth coalition, versus those without one, were significantly more likely to perceive youth as very highly involved with the coalition and less likely to perceive youth as having only some or low involvement. Both School and Law Enforcement sector members also were rated as significantly more involved when the DFC coalition hosted a youth coalition. DFC coalitions having a hosted youth coalition, versus not having one, were significantly more likely to have at least one member representing every sector (95% versus 88%), at least one active member in every sector (78% versus 69%), and at least one active member in the youth sector (97% versus 89%). Finally, hosting a youth coalition was related to engaging in significantly more prevention activities including implementing at least one alternative/drug-free social event, at least one youth training, at least one parent training, and at least one social networking activity.
Capacity building was also evident in DFC coalitions’ efforts to address opioids, with most (87%) DFC coalitions reporting they were targeting heroin, prescription opioids, or both. In addition, almost all (95%) report having a prescription drug take-back event in the community and nearly two-thirds (64%) of DFC coalitions note that these events were put into place as a result of coalition efforts following DFC grant award.

The DFC grant award supports communities in finding local solutions to local problems and many DFC communities have identified opioids as a substance they focus at least some attention on addressing. Specifically, 87% of DFC coalitions targeted heroin, prescription drugs (including prescription opioids) or both. A key strategy for addressing prescription opioids is bringing prescription take-back events into the community. While almost all (95%) DFC coalitions reported holding such an event in 2017, nearly two-thirds (64%) reported that the DFC grant award preceded implementation of these events. That is, the work of the DFC coalition following grant award contributed to introducing this activity to the community.

In addition to selecting heroin, prescription opioids, or both as a target substance, DFC coalitions described their efforts in the August 2017 Progress Report. In 44 of 54 (82%) States or Territories with a DFC coalition, at least one of these coalitions was talking about this work. DFC coalitions reported disseminating information through various media to large numbers of community members. A number of DFC coalitions reported that they planned, participated in, and/or presented at summits, forums, and town halls specifically on heroin and other opioids. Some of these provided an opportunity for community members, local substance abuse treatment providers, and others to discuss how to reduce access to prescription drugs, while others focused more broadly on educating attendees about the dangers of heroin and prescription opioid drug misuse. DFC coalitions also implemented trainings about the harmful effects of opioids and naloxone training. Several DFC coalitions noted that collaboration with Law Enforcement sector, in particular, was central to addressing opioids and perceived that activities to address opioids were successful, in part, because of the relationship that already existed between the coalition and this sector, while also improving on that relationship. Several DFC coalitions also noted that they were helpful to local and State policymakers who were trying to better understand what communities can do to address opioids.

Implementing Prevention Activities

DFC grant award recipients engaged in a comprehensive range of strategies in order to prevent and reduce youth substance use.

DFC coalitions engaged in a broad range of practices that moves from community mobilization and awareness to community action (and ultimately community outcomes). DFC coalitions are encouraged to engage in a range of prevention strategy activities, categorized by seven (7) strategy types, and clearly do so, with just under two-thirds (60%) of DFC coalitions implementing at least one activity within each of the seven strategies. Most (79%) DFC coalitions implemented at least one activity within at least five of the seven strategy types. The comprehensiveness of these strategies is important because substance use has no one, single cause and, therefore, no one, single solution.
All (100%) of the 660 DFC coalitions that submitted an August 2017 Progress Report indicated they had engaged in Providing Information dissemination activities. Nearly all (96%) 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 serve to 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 (83%), Providing Support (82%), and Changing Consequences (69%) activities. DFC coalitions were least likely to report engaging in activities to educate and inform on Modifying/Changing Policies to decrease substance use and associated negative behaviors (64%) and Changing Physical Design to decrease opportunities for and encouragement of substance use (61%).

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 Enhancing 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 Modifying/Changing Policies. In summary, DFC coalitions engage youth directly in building stronger and more positive community connections that are associated with substance use prevention.

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