



**Drug-Free Communities Support Program
National Evaluation:
2018 National Evaluation
End-of-Year Report**

A Report by the
Office of National Drug Control Policy

June 2019

Table of Contents

Drug-Free Communities Support Program	4
History and Background	4
Data in 2018 End-of-Year Evaluation Report.....	6
Progress Report Data	6
Core Measures Data.....	8
DFC Reach.....	8
Community Context	10
Focus on Specific Subgroups of Youth	10
Geographic Setting.....	10
Substances Targeted by DFC Coalitions	11
Community Protective and Risk Factors.....	12
Building Capacity to Prevent and Reduce Substance Use	15
Number of Active Members.....	15
Involvement of Active Members	17
Activities to Build Capacity	18
Highlighting School Sector Engagement	21
Strategy Implementation.....	22
Overview: Implementation of Strategies	22
Providing Information.....	24
Enhancing Skills	26
Providing Support.....	27
Enhancing Access/Reducing Barriers.....	28
Changing Consequences.....	30
Educating and Informing About <i>Modifying/Changing Policies</i>	31
School Policies.....	32
Changing Physical Design	33
Summary of Coalition Strategy Implementation	34
Community Assets Findings.....	35
Core Measures Findings from the Outcome Evaluation	38
Past 30-Day Prevalence of Non-Use	38
Percentage Change in Prevalence of Past 30-Day Use	41
Alcohol Core Measures Findings.....	42

Alcohol: Perception of Risk	44
Alcohol: Perception of Parental and Peer Disapproval	44
Tobacco Core Measures Findings.....	45
Tobacco: Perception of Risk	47
Tobacco: Perception of Parental and Peer Disapproval.....	47
Marijuana Core Measures Findings.....	47
Marijuana: Perception of Risk.....	47
Marijuana: Perception of Parental and Peer Disapproval	49
Prescription Drugs (Misuse) Core Measures Findings.....	49
Prescription Drugs: Perception of Risk.....	51
Prescription Drugs: Perception of Parental and Peer Disapproval.....	51
Comparison with National Data	51
Promising Practices.....	55
Hosting a Youth Coalition	55
Comparison of DFC Coalitions Hosting Versus Not Hosting a Youth Coalition	56
Law Enforcement Sector Engagement.....	61
Building Capacity to Address Opioids	66
Sample Activities to Address Opioids.....	68
Conclusions	72
Limitations.....	79
Appendix A. Core Measure Items	81
Appendix B. Core Measures Data Tables.....	83
Appendix C. Comparison of Engagement in Activities by Youth Coalition Status.....	88
Appendix D. Comparison of Engagement in Activities by Level of Involvement of Law Enforcement Sector	90
Appendix E. DFC Coalitions Addressing the Opioid Epidemic.....	92

Drug-Free Communities Support Program

The Drug-Free Communities (DFC) Support Program 2018 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, with an emphasis on DFC coalitions funded through fiscal year (FY) 2017.¹ 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 abuse among youth.
- Reduce substance abuse among youth and, over time, reduce substance abuse among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.²

This report first provides an overview of the history and background of the DFC program. Next, evaluation findings are presented in three sections: building capacity data (e.g., DFC coalition membership data), strategy implementation data, and core measure outcomes data. The building capacity data identify **whom** DFC coalitions have engaged with in the 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. This section also presents findings on community assets that DFC coalitions have put into place as a result of receiving DFC funding. 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). Findings associated with core measures are also compared to findings from national survey data regarding youth substance use. Next, the report discusses **promising practices** that DFC coalitions utilize with a focus on youth coalitions, addressing opioids, and engagement of the Law Enforcement sector. 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*

¹ ICF is an independent third party evaluator under contract with ONDCP. FY 2017 DFC grants were awarded in September 2017, with these coalitions submitting data in February and August 2018.

² For DFC, youth are defined as individuals 18 years of age or younger. For the FY 2017 funding opportunity announcement for Drug-Free Communities Support Program grants, see: Substance Abuse and Mental Health Services Administration, HHS. (2017). Drug-Free Communities support program-new: Funding opportunity announcement. Retrieved from <https://www.samhsa.gov/grants/grant-announcements/sp-17-001>

Capacity section) that organize as community-based coalitions to meet the local prevention needs of the youth and families of their community.

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) provides 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 technical assistance support to DFC coalitions regarding data collection and reporting.

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 FY 2017, 713 community coalitions were awarded DFC grants. Of these, 413 (58%) were in Year 1 to Year 5 of receiving a DFC grant, whereas the remaining 300 (42%) were in Year 6 to Year 10. As of FY 2017, more than 2,600 DFC grants have been awarded in more than 1,700 communities.⁴

Figure 1. Drug-Free Communities Support Program: Partners for 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 icons in the outer circle.

³ DFC coalitions must demonstrate they have matching funds from non-Federal sources relative to the amount of Federal dollars requested. In Years 1–6, a 100 percent match is required. In Years 7 and 8, this increases to a 125 percent match, and finally in Years 9 and 10 to a 150 percent match. See the FY 2017 funding opportunity announcement for further information on matching see: Substance Abuse and Mental Health Services Administration, HHS. (2017). Drug-Free Communities support program-new: Funding opportunity announcement. Retrieved from <https://www.samhsa.gov/grants/grant-announcements/sp-17-001>

⁴ Based on data available to the DFC National Evaluation for awards through FY 2017, 1,796 communities have received DFC grant awards, with 966 communities receiving a Year 1 to Year 5 award and the remaining 830 communities receiving an additional Year 6 to Year 10 award. Combined, these total 2,626 DFC grant awards. This is a conservative estimate of awards through FY 2016 because data from the early years of DFC (pre-2009) were not consistently available.

Data in 2018 End-of-Year Evaluation Report

In several sections of this report, FY 2017 DFC coalitions that submitted a progress report through the DFC Management and Evaluation (DFC Me) system in August 2018 are the primary focus.⁵ DFC coalitions reported on membership and activities from February 1, 2018, through July 31, 2018.⁶ Table 1 outlines the number of FY 2017 grant award recipients who submitted the August 2018 progress report by year of award. In total, 707 of the 713 FY 2017 DFC coalitions submitted a report in August 2018.⁷ In addition, all core measures data submitted through 2018 were included in this report. For the core measures analyses, in addition to examining all core measures data submitted through August 2018, analyses were conducted looking at data submitted by FY 2017 coalitions specifically.

Table 1. Number of FY 2017 DFC Grant Award Recipients Submitting August 2018 Progress Report by Year of Award

Year of Award	Number of Grant Award Recipients Submitting Report	Percentage of Grant Award Recipients Submitting Report
Year 1	62	8.8%
Year 2	60	8.5%
Year 3	107	15.1%
Year 4	95	13.4%
Year 5	85	12.0%
Year 6	36	5.1%
Year 7	30	4.2%
Year 8	79	11.2%
Year 9	95	13.4%
Year 10	58	8.2%
Total	707	100.0%

Source: DFC August 2018 Progress Report

Progress Report Data

DFC coalitions collect and submit a broad range of data biannually in required progress reports. 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 sectors. Active members are those who have attended a formal coalition meeting,

⁵ DFC grant awards are made in September of each fiscal year, with the award going from October 1 to September 30 of the following year. This means that FY 2017 awards were made in September 2017, with the grant award recipients submitting progress reports in February and August 2018.

⁶ DFC Me was developed under the leadership of ONDCP in 2015, with DFC coalitions first using this system in February 2016.

⁷ This represents nearly all (99%) FY 2017 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 few (1%) DFC coalitions that did not meet the reporting requirement in this timeframe.

participated in a coalition task force or work group, or contributed significantly to planning at least one coalition activity.

The 12 required sectors are:⁸

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 abuse
12. Other Organization involved in reducing substance abuse

DFC coalitions also report on the activities they have implemented during the previous 6 months (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.⁹ The seven strategies are *Providing Information, Enhancing Skills, Providing Support, Enhancing Access/Reducing Barriers, Changing Consequences*, educating or informing the community about *Modifying/Changing Policies*, and *Changing Physical Design*. For each completed activity 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).

Progress report data include information regarding the community context (e.g., geographic setting), focus of coalition efforts (e.g., target substances), budget, key protective and risk factors found in the local community (e.g., availability of substances, positive school climate), information on planning activities, and general challenges. 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 used to understand the potential reach of DFC coalitions. Throughout the progress report, DFC coalitions report qualitatively about their work, successes, and challenges from the previous 6 months in open-

⁸ As per the FY 2017 funding opportunity announcement. For details, see Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2017). Drug-Free Communities support program-new: Funding opportunity announcement. Retrieved from <https://www.samhsa.gov/grants/grant-announcements/sp-17-001>

⁹ 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>

text response fields. Quotes from DFC coalitions are used throughout the report to support an understanding of their work in the community.¹⁰

Core Measures Data

DFC coalitions are required to collect and submit new core measures data every 2 years.¹¹ DFC coalitions attach new core measures data to either their February or August report once data collection is complete. This report focuses on findings regarding the current DFC core measures, which were revised in January 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 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.
- **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 2017, ONDCP awarded 99 new DFC grants (i.e., 62 in Year 1 and 37 in Year 6) and 614 DFC continuation grants, bringing the total number of FY 2017 DFC coalitions included in the evaluation to 713 (see Figure 2 for geographic location).¹⁴ DFC coalitions identify their catchment areas by ZIP code.

¹⁰ Throughout this report, when incorporating qualitative anecdotes with findings, DFC coalitions will be identified by their FY 2017 funding year (1–10) and by the U.S. census region where they are located (see <https://www.census.gov/geo/reference/webatlas/regions.html>).

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 percent.

¹⁴ DFC coalitions provide target ZIP code information in their grant application; this data is available for all 713 coalitions.

Each DFC coalition indicates all ZIP codes in which its 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

DFC Potential Reach

1 in 5 Americans lived in a community with a DFC-funded coalition in 2018. Since 2005, **49%** of the U.S. population has lived in a community with a DFC coalition.

coalitions may reach and impact.¹⁵ The total estimated population of all catchment areas of DFC coalitions funded in FY 2017 was approximately 62.8 million, or 20 percent of the population of the United States. These catchment areas include approximately 2.5 million middle school students ages 12–14 (one-fifth [20%] of all middle school youth)

and 3.6 million high school students ages 15–18 (one-fifth [20%] 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 154 million, or 49%, of the U.S. population. That is, nearly 1 in 2 people in the United States has lived in a community with a DFC coalition since 2005.

¹⁵ See U.S. Census 2010 Age Groups and Sex table by ZIP Code Tabulation Area (ZCTA) https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_SF1_OTP1&prodType=table. DFC coalitions provide ZIP codes while the Census Bureau uses ZCTAs. These are similar but not identical (see <https://www.census.gov/geo/reference/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.

Community Context

DFC coalitions answer a range of questions regarding geographic setting, focus of prevention on specific subgroups of youth, identification of the top five substances targeted by the 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 FY 2017 DFC coalitions' responses to these questions.

Focus on Specific Subgroups of Youth

Slightly more than one-fourth (27%) of FY 2017 DFC coalitions 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 (20%) or Black or African American (10%) youth. Smaller percentages of DFC coalitions focused their efforts to at least some extent on work with lesbian, gay, bisexual, or transgender (LGBT) youth (7%); American Indian or Alaska Native youth (5%); Asian youth (3%); or Native Hawaiian or Pacific Islander youth (1%).

Geographic Setting

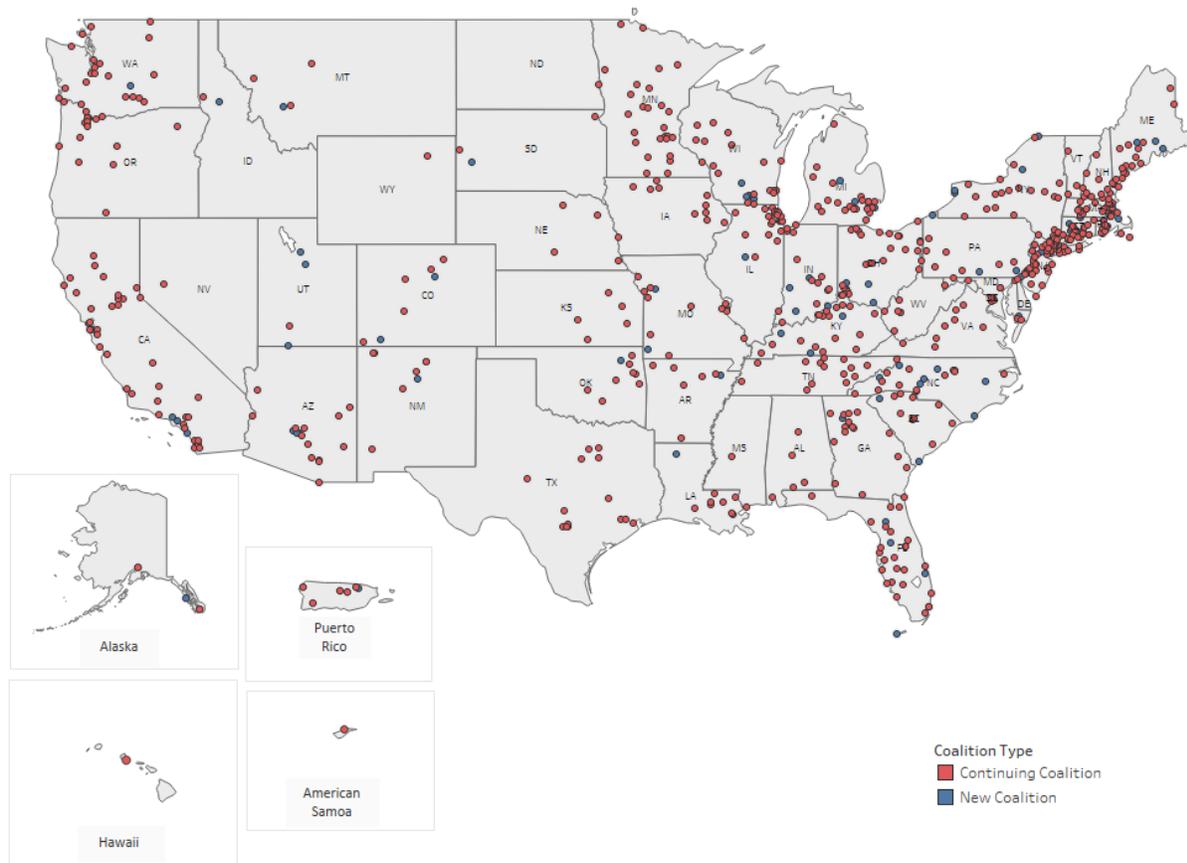
On average, DFC coalitions reported serving 1.3 different geographic settings.¹⁸ Of the 707 coalitions reporting in August 2018, self-identifying as working in rural (52%) or suburban (43%) communities was most common, followed by urban (27%) areas. Smaller percentages of DFC coalitions indicated working in inner-city (9%) or frontier (2%) communities.¹⁹

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

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 on each of these. 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>

Figure 2. FY 2017 DFC Grant Award Recipients Were Located in Most States and in Two U.S. Territories



Source: DFC FY 2017 Grant Application coalition ZIP code information

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 (98%), marijuana (90%), and misuse of any prescription drugs (90%; see Table 2).²⁰ Most DFC coalitions specifically focused on the misuse of prescription opioids (87%), compared to the misuse of prescription non-opioids (39%); just more than one-third (35%) indicated they were focused on the misuse of both types of prescription drugs. Slightly less than two-thirds (63%) of the FY 2017 DFC grant recipients were focused on addressing tobacco use. A

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.

small percentage (3%) indicated they focused on other substances, mainly e-cigarettes and vaping (which are delivery methods, rather than substances).²¹

Table 2. Alcohol, Marijuana, Prescription Drugs, and Tobacco Were Targeted by Most DFC Coalitions

Substance	Number of DFC Coalitions Targeting	Percentage of DFC Coalitions Targeting
Alcohol	690	98%
Marijuana	639	90%
Any Prescription Drugs	638	90%
Prescription Drugs (Opioids)	613	87%
Tobacco	447	63%
Prescription Drugs (Non-Opioids)	275	39%
Heroin	182	26%
Over-the-Counter drugs	81	11%
Synthetics	78	11%
Methamphetamine	44	6%
Other	24	3%
Cocaine	11	2%
Inhalants	4	1%
Stimulants	4	1%
Tranquilizers	2	0%
Hallucinogens	1	0%
Steroids	0	0%

Source: DFC August 2018 Progress Report

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.

²¹ During training, DFC coalitions concerned about youth use of vaping devices are encouraged to select the substance that youth use in these delivery systems. Of the 24 (3%) DFC grant recipients that selected “other,” 21 responded they focused on e-cigarettes or vaping (but did not specify substance), one stated they focused on “designer drugs,” one stated they focused on “commercial tobacco,” and one stated they focused on “emerging concerns.”

Table 3. DFC Coalitions Perceived a Range of Protective and Risk Factors Were Relevant in Their Community

% of DFC Coalitions Identifying Given Protective Factor to Strengthen		% of DFC Coalitions Identifying Given Risk Factor to Address	
Pro-social community involvement	73%	Availability of substances that can be abused	87%
Positive contributions to peer group	69%	Perceived acceptability (or disapproval) of substance abuse	86%
Positive school climate	66%	Favorable attitudes towards the problem behavior	84%
Opportunities for pro-social family involvement	63%	Parents lack ability/confidence to speak to their children about ATOD ^a use	63%
Advertising and other promotion of information related to ATOD use	60%	Family trauma/stress	58%
Recognition/acknowledgement of efforts	60%	Early initiation of the problem behavior	53%
Family connectedness	58%	Parental attitudes favorable to antisocial behavior	53%
Contributions to the school community	55%	Low commitment to school	43%
Laws, regulations, and policies	55%	Lack of local treatment services for substance use	33%
School connectedness	55%	Inadequate enforcement of laws/ordinances related to substance use	29%
Parental monitoring and supervision	52%	Available treatment services for substance use insufficient to meet needs in timely manner	29%
Strong community organization	52%	Inadequate laws/ordinances related to substance use/access	28%
Cultural awareness, sensitivity, and inclusiveness	46%	Academic failure	25%
Family economic resources	20%		

^a ATOD refers to alcohol, tobacco, and other drug use.

Source: DFC August 2018 Progress Report

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 school climate (66%), opportunities for pro-social family involvement (63%), and advertising and other promotion of information related to alcohol, tobacco, and other drug (ATOD) use (60%; see Table 3). Slightly more than half of the DFC coalitions were also working to build upon contributions to the school community (55%) and school connectedness (55%) strengths.

Although DFC coalitions identified local protective factors, they 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. The most commonly reported risk factors in August 2018 were availability of substances (87%), perceived acceptability of substance abuse (86%), and favorable attitudes toward the problem behavior (84%; see Table 3). Approximately half of the 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 (63%), family trauma or stress (58%), and parental attitudes that are favorable toward antisocial behavior (53%). One-third (33%) of DFC coalitions identified the lack of local treatment services for substance use as a risk factor, whereas 29 percent indicated that available treatment services for substance use were insufficient to meet needs in a timely manner.

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 involvement of each sector's members. 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 August 2018 progress report data, almost all DFC coalitions (95%) reported meeting the grant requirement of having at least one current member from each of the 12 sectors.²² In addition, a majority (76%) also reported having at least one **active** member from each sector; this was a small increase compared to the percentage (75%) reporting at least one active member in August 2017. Active members were defined as those who had attended at least one meeting during which coalition work was conducted within the past 6 months.²³ That is, 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 August 2018 data.²⁴ The median number of active members ranged from one to five per sector. The Youth sector had the highest median number of active members across DFC coalitions (five active members), followed by Schools (four active members), Law Enforcement, Healthcare Professionals, and Parents (three active members each), then Business Community, Civic/Volunteer Groups, Other Organizations with Substance Abuse Expertise, State/Local/Tribal Government

²² Government Project Officers work with DFC coalitions that have challenges in meeting this grant requirement.

²³ The DFC National Evaluation Team provided technical assistance to DFC coalitions regarding defining active members.

²⁴ 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.

Agencies, and Youth-Serving Organizations (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’ Membership Engagement: Youth and Schools Sectors Contributed the Highest Median Number of Active Members



Note: There were 707 DFC coalitions that reported on the number of active members by sector.
Source: DFC August 2018 Progress Report

DFC Coalitions: Building Community Capacity

The 713 FY 2017 DFC coalitions mobilized an estimated **33,500** people to engage in youth substance use prevention.

Summed across the 12 sectors, DFC coalitions reported involving a median of 42 total active members.²⁵ Extrapolating from the median across all 713 FY 2017 DFC coalitions, these DFC coalitions are estimated to have engaged approximately 30,000 active sector members. DFC coalitions, who also rely on the work of paid and volunteer staff, reported involving a median

of two paid and three volunteer staff members in August 2018. The addition of staff members brings the total estimated number of community members mobilized by the 713 FY 2017 DFC coalitions to

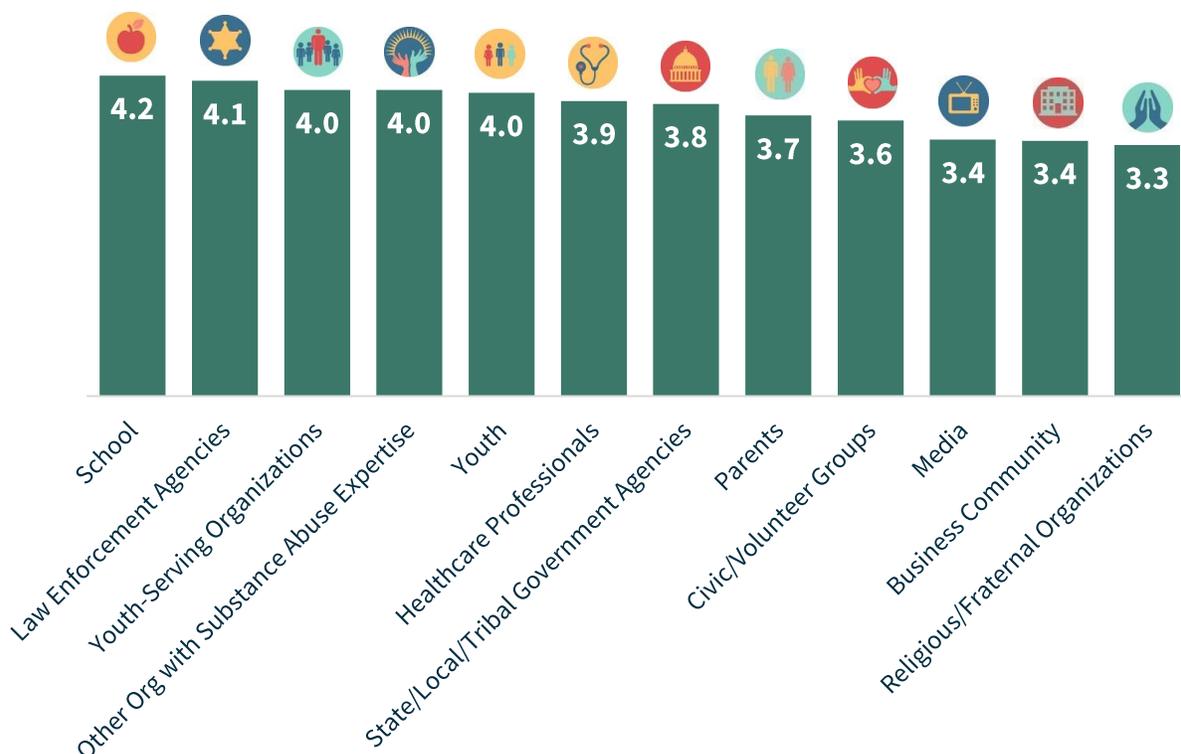
²⁵ The median is the midpoint in a frequency distribution. Note that when the number of total active members is first summed, the median is larger (42) than if the median number of active members by sector is summed (30), as in Figure 3.

work on youth substance use prevention to slightly more than 33,500. Overall, the median number of active members reported by sector was slightly higher during this reporting period compared to August 2017.²⁶

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 *some* involvement, and 1 indicating *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 and Law Enforcement sectors had the highest average level of involvement (4.2 and 4.1, respectively), followed by Youth-Serving Organizations, Other Organizations with Substance Abuse Expertise, and Youth (4.0 each).

Figure 4. DFC Grant Award Recipients Reported a Range of Involvement Across Sectors, with Schools and Law Enforcement Sectors Having the Highest Average Involvement Rating



Note: Level of involvement by sector was rated on a 5-point scale: 5 = *very high*, 4 = *high*, 3 = *medium*, 2 = *some*, 1 = *low*.

Source: DFC August 2018 Progress Report

²⁶ In August 2018, the median number of active members was 42 (compared to 40 in August 2017). The median number of staff members (5) was the same across the 2 years.

Activities to Build Capacity

Coalitions engage in a range of activities to build their coalition’s capacity to serve their community. As Table 4 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), training for coalition members (46%), and outreach to key stakeholders in substance abuse prevention initiatives (44%). Other common activities included engaging the general community in substance prevention initiatives (41%), strengthening interventions (31%), and building shared vision/consensus among coalition members (26%).

Table 4. DFC Coalitions’ Selection of 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)	47.9%	339
Training for coalition members (e.g., building leadership capacity among coalition members)	45.7%	323
Outreach (e.g., engaging key stakeholders in substance abuse prevention initiatives)	44.4%	314
Engaging the general community in substance abuse prevention initiatives	40.7%	288
Strengthening interventions (e.g., planning/executing substance abuse prevention initiatives)	31.1%	220
Building shared vision/consensus (e.g., attaining an agreement among coalition members regarding goals, planned initiatives, etc.)	25.7%	182
Increasing fiscal resources (e.g., attaining funding for substance abuse prevention initiatives)	19.2%	136
Gathering community input (e.g., holding hearings on drug problems)	15.3%	108
Improving information resources (e.g., engaging in research or evaluation activities)	14.3%	101
Developing/executing a media plan to draw attention to new drug threats	11.3%	80
Other ²⁷	1.0%	7

Source: DFC August 2018 Progress Report

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 presented trainings to the larger community and stakeholders, supported training for coalition staff and members, invested in efforts to build youth engagement and/or form youth coalitions, engaged with

²⁷ “Other” responses describing coalitions’ capacity-building activities included developing a youth prevention squad, evaluating the coalition via Kaizen assessment and a member survey, executing a media plan to draw attention to alcohol abuse issues specific to the area, developing community presentations for delivery by the coalition’s prescription drug prevention and marijuana prevention teams, having staff members attend the CADCA National Coalition Academy, and developing a buy-in plan for participation of community leaders.

new partners, and pursued data collection and application opportunities (for examples, see text boxes labeled Coalition Voices: Building Community Capacity). Several themes emerged from these examples of accomplishments: Coalitions incorporate a variety of capacity-building strategies into their strategic plan and regular coalition activities. Particular focus is often given to recruiting additional members from a variety of sectors in the community and to developing leadership capacity and substance use prevention knowledge among the staff and members. DFC coalitions also reported building community capacity in specific sectors by partnering with key individuals in the sector and hosting trainings and presentations for others in the sector who may not be involved with the coalition.

DFC coalitions also identified some common challenges in building capacity. Turnover of staff is one such challenge, including turnover in both coalition staff and sector members, causing the coalition to rebuild relationships. Some coalitions reported struggling with very active, long-term members and leaders “retiring” from the coalition. 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 who must leave the area.

Coalition Voices: Building Community Capacity to Address Youth Substance Use

- **“We enhanced our stature in the community by promoting the opening of our new Community Hub . . . with over 100 in attendance at our Grand Opening. New alliances were formed with [a local hospital] to deliver chronic pain management support. The relationship with county substance abuse prevention organizations, [another local hospital] and the county prosecutor were solidified by participation in the county health needs assessment and the countywide [regional] coalition. Our school working group, with representation from all school levels and districts, was able to deliver a joint presentation to all local school districts on alternatives for student tip line/reporting app. The successful launch of the middle school club, with capacity participation of 50 youth, effectively delivered substance use prevention messages, received rave reviews from parents and kids, and resulted in 4 new adult and 4 new high school volunteers. Our 4 sober coffee house evenings averaged attendance by 50–60 young adults and youth, many in recovery, providing the foundation for future collaborations with substance use prevention organizations and treatment/recovery facilities.”** (Year 1, Northeastern region)
- “We were able to collaborate with the [local] University School of Pharmacy and the [local] Medical Association to offer continuing education units to their members. This educational event led to two new members from the Healthcare community becoming involved with the coalition. In fact, **we are getting ready to launch a prescription drug safety education campaign which will involve 93 pharmacy school students disseminating 10,000 educational flyers at pharmacies throughout the region.**” (Year 3, Southern region)

Coalition Voices: Building Community Capacity to Address Youth Substance Use (continued)

- “Our coalition continues to grow & improve as we shift to a group that has more initiatives that are driven by members. During this reporting period, our coalition held their first meeting without staff. A volunteer member facilitated this meeting, where members worked on our coalition’s 12-month action plan & approved our first set of coalition bylaws (developed by a coalition subcommittee). Our youth coalition meets regularly to plan & implement environmental strategies focused on underage drinking and Rx abuse. Our Youth Sector Representative was trained and began facilitating meetings during this reporting period. **We continue to see an increase in the number of projects that [youth coalition] members are taking the lead on.** During this reporting period, [youth coalition] implemented a new recruitment strategy driven by current youth members where they conducted a recruitment presentation in 15 6th grade classrooms. As a result of this strategy, we gained 32 new members. . . . We conducted a new member Peer Leadership workshop, training 30 new Peer Leaders for the 2018–2019 prevention and coalition programs. For the first time this year, we trained current Peer Leaders & [youth coalition] members to lead workshop activities.” (Year 5, Northeastern region)
- “The Coalition spent time thoughtfully considering how it could merge its efforts with groups already addressing mental health. The topic of "behavioral health" has come to the forefront in our community. Whether by teaching youth social-emotional skills, promoting mindfulness and self-care, or increasing access to treatment services, people are talking about mental health and its intersection with substance abuse. The Coalition increased its capacity greatly by enfolded more individuals and organizations into the existing network. **Bringing different voices to the table has expanded the opportunities to address substance abuse through a mental health lens.** As a result of the merger, an action team formed around issues of access and equity. The group involves representatives from the Latino and Somali communities and is working to address barriers to treatment such as language/interpretation, cultural acceptance/acknowledgement of well-being, dispelling culturally based stigma, and increasing the number of providers who are themselves Latino or Somali.” (Year 10, Midwestern region)
- “**Several new school and parental partners were gained during the reporting period as a direct result of redefining coalition goals and building a shared consensus with members.** Additionally, the coalition held several general community forums on substance use, prevention, harms, and resources, furthering the community’s understanding of our role thereby improving community interest and building capacity.” (Year 10, Midwestern region)
- “**The Coalition has also worked closely with the staff at the largest high school in our county to develop a list of interventions for students** facing suspension for drug policy violations, to identify training opportunities for school staff, to streamline the referral process, and to provide brief interventions through our local Health Services Agency. **We will be sharing the model with other high schools in the county.**” (Year 3, Western region)
- “**We introduced a Strengthening Families Parent and Youth Training Program in English and Spanish,** and conducted four training sessions for a total of 35 families in the grant identified target area. This training is evidenced based and evaluated by [the] State University Cooperative Extension. (Year 6, Western region)

Highlighting School Sector Engagement

Some DFCs reported strong collaboration with School sector members, who often partner with coalitions on data collection, data use, youth programming, and event planning. Several DFCs noted that the school district served as a primary mode of communication with parents. For example, one coalition noted, “Information about the coalition is distributed throughout the community through email blasts from the school district to all the parents in the district, to encourage participation” (Year 2, Northeastern region). Other coalitions worked with school staff to hold parent events such as marijuana town halls or pre-prom educational events. One coalition shared, “This reporting period, we tried a parent event with a local school district that involved ... an educational prevention event with a speaker, resources, and a set-up of our ‘teen underground’ mock bedrooms set-up, in hopes to increase protective factors within the community” (Year 3, Northeastern region).

Many coalitions also worked with school district staff to plan school-based strategies such as student wellness programs, prevention curricula, and professional development for teachers and staff. One coalition reported, “We have successfully planned to implement two evidenced-based programs in our school district ... One is a PreK–12th grade daily mindfulness program [and] the other is a student-led anti-bias/cultural competence program” (Year 9, Northeastern region). Another coalition shared, “A strong need was recognized by the coalition to increase local capacity among partners for EBP [evidence-based programs] delivery. As a result, [the coalition] is supporting the training of trainers for middle school teachers in [city], and will be providing them with implementation mentoring so that they can become proficient with the content and delivery of [brand name life skills program], which will allow the program to be incorporated into the school district” (Year 2, Western region). In addition, many DFC coalitions worked with school districts to provide youth programs such as leadership institutes, drug-free dances, and student clubs. One coalition reported, “Over 120 students signed up for D-FY [Drug-Free Youth] in May of 2017, as a result of another partnership the coalition formed with the [Name] Career and Development Center and the school district ... Students who joined D-FY could apply for summer employment through the school district” (Year 10, Southern region).

When DFCs reported challenges collaborating with their School sector members, these issues were most commonly due to high staff turnover and State or local regulations that limit the coalition’s ability to work in the school. These challenges are typically addressed through ongoing efforts on the part of the coalition to help new school staff members and leadership to better understand the work and value of engagement with the DFC coalition.

Strategy Implementation

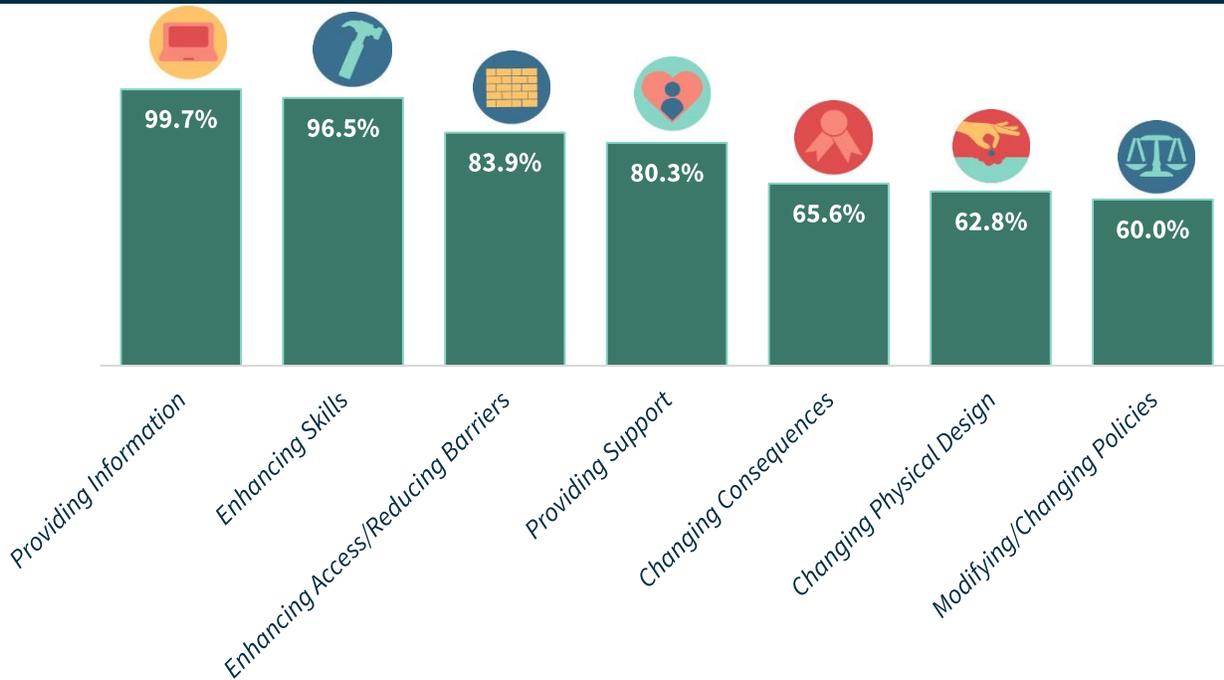
A primary purpose of collaboration across sectors that traditionally work independently is leveraging skills and resources in planning and implementing prevention strategies. To assess what DFC coalitions are doing, 41 unique prevention activities have been identified. These activities were grouped into the Seven Strategies for Community Change, with any given activity linked to a single strategy.²⁸ As previously noted, the seven strategies are *Providing Information*, *Enhancing Skills*, *Providing Support*, *Enhancing Access/Reducing Barriers*, *Changing Consequences*, educating or informing the community about *Modifying/Changing Policies*, and *Changing Physical Design*. This section of the report provides an overview of the specific activities and strategies that DFC coalitions reported having implemented in their August 2018 progress report. These reflect all activities that were implemented by DFC coalitions during the six-month window from February 1, 2018, through July 31, 2018. Information on the numbers of activities and community members they reached is also provided. Finally, the engagement of youth in activities implemented by DFC coalitions is highlighted.

Overview: Implementation of Strategies

The activities of DFC coalitions reported in August 2018 document the comprehensive presence of DFC coalitions in their communities. All but 2 of the 707 DFC coalitions (99.7%) that submitted an August 2018 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 (84%) and *Providing Support* (80%) activities. About two-thirds of the DFC coalitions engaged in *Changing Consequences* (66%) activities, *Changing Physical Design* activities to decrease opportunities for and encouragement of substance use (63%), or activities to educate and inform on *Modifying/Changing Policies* to decrease substance use and associated negative behaviors (60%).

²⁸ 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>

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



Source: DFC August 2018 Progress Report

A majority of DFC coalitions engaged in a comprehensive mix of strategies, with more than half (57%) implementing at least one activity from at least six of the seven strategies (29% of coalitions implemented six strategies and 28% of coalitions employed all seven strategies; see Figure 6). Another fifth (21%) of DFC coalitions implemented at least one activity across five of the seven strategies. Conversely, very few (3%) DFC coalitions reported a more narrowly targeted approach of implementing at least one activity within only one or two of the seven strategies.

Figure 6: DFC Coalitions Engaged in a Comprehensive Mix of Activities Across the Seven Strategies for Community Change



Source: DFC August 2018 Progress Report

Table 5 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 5. 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
<i>Providing Information</i>	✓	✓	✓	✓	✓
<i>Enhancing Skills</i>	✓	✓	✓	✓	✓
<i>Providing Support</i>	✓	✓	✓	✓	✓
<i>Enhancing Access/Reducing Barriers</i>	✓	✓	✓	✓	✓
<i>Changing Consequences</i>	✓	✓	✓		
<i>Changing Physical Design</i>	✓	✓		✓	✓
<i>Educating and Informing About Modifying/Changing Policies</i>	✓		✓		✓

Source: DFC August 2018 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 two DFC coalitions (99.7%) reported engaging in activities to *Provide Information* to community members (see Table 6).

Providing Information is the strategy in which the greatest number of DFC coalitions engaged. During this reporting period, more than half (58%) of coalitions estimated that *Providing Information* was the strategy on which staff members spent most of their efforts. Together, coalitions reported 12,054 in-person events, during which an estimated 1.2 million community members encountered their coalition. For indirect information channels (social networking and website hits) for which individual exposure could be estimated, DFC coalition information reached some 10.3 million community members.²⁹

Coalition Voices: *Providing Information*

“[The youth coalition] assisted in [developing] a Snapchat filter that ran during all six of the high school proms. The message displayed was, ‘Get dressed up, not messed up, stay Sober’”. All high schools also received air fresheners with the same message.”

— Year 4, Southern region

“Social Media has been a significant help to the implementation of our activities, this has been the most effective way to communicate these activities. We’re able to get other partners to share our information, reaching a wider net of people. We have also found that other local coalitions are sharing the information that we provide, and wanting to participate or collaborate with us.”

— (Year 2, Western region)

²⁹ 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.

Nearly all DFC coalitions (92%) disseminated prevention materials (including brochures and flyers). In addition, 7,094 media spots via print, billboard, television, radio, and other methods were run by 575 DFC coalitions (81%), and nearly half of the coalitions (50%) reported posting new materials on coalition websites that garnered 790,987 hits.

In addition to *Providing Information* via print and electronic media, DFC community coalitions also directly engaged youth and adults in their communities. For example, DFC coalitions reported they held nearly 9,300 face-to-face information sessions. The sessions reached an estimated more than 172,000 adults and nearly 246,000 youth. DFC coalitions also held or contributed to more than 2,700 special events that served an estimated 490,000 adults and 321,000 youth.

Table 6. 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
Information Dissemination: Brochures, flyers, posters, etc. distributed	649	91.8%	-- ^a	-- ^b	-- ^b
Social Networking: Posts on social media sites (e.g., Facebook, Twitter)	648	91.7%	109,531	7,328,626 followers	2,145,093 followers
Direct Face-to-Face Information Sessions	607	85.9%	9,297	172,477	245,762
Information Materials Prepared: Brochures, flyers, posters, etc. prepared	596	84.3%	80,935	-- ^b	-- ^b
Media Coverage: TV, radio, newspaper stories covering coalition activities	575	81.3%	7,094	-- ^b	-- ^b
Media Campaigns: Television, radio, print, billboard, bus or other posters aired/placed	565	79.9%	94,649	-- ^b	-- ^b
Special Events: Fairs, celebrations, etc.	564	79.8%	2,757	489,505	321,396
Information on Coalition Website: New materials posted	352	49.8%	4,959	790,987 hits ^c	-- ^b
Summary: <i>Providing Information</i>	705	99.7%	309,222	N/A	N/A

Notes: In the August 2018 Progress Report, 707 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 978,364 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.

N/A = Not applicable

Source: DFC August 2018 Progress Report

Enhancing Skills

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 7). The majority of DFC coalitions (97%) engaged in activities

Coalition Voices: *Enhancing Skills*

“The coalition, in collaboration [with] local partners, developed, updated, and presented a Best Practices guide for opioid prescribers.”

— Year 8, Midwestern region

“We trained about 110 community members in understanding teens and drug use, along with adolescent brain development. These presentations were very well-received.”

— Year 6, Western region

related to *Enhancing Skills* during the 6-month reporting window. Within this group, providing youth education and training programs was the most common activity completed, with 599 coalitions (85%) delivering 5,905 sessions to an estimated 212,700 youth. The one-half (52%) of all DFC community coalitions that reported conducting a total of 1,751 parent training sessions about drug awareness, prevention strategies, and parenting skills estimated reaching some 53,000 parents. Training also was provided to an estimated 60,200 community members, 22,400 teachers, and 9,900 workers at businesses that sell alcohol or tobacco.

Table 7. 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: Sessions focusing on providing information and skills to youth	599	84.7%	5,905	N/A	212,687
Community Member Training: Sessions on drug awareness, cultural competence, etc., directed to community members (e.g., law enforcement, landlords)	437	61.8%	1,617	60,196	N/A
Parent Education and Training: Sessions directed to parents on drug awareness, prevention strategies, parenting skills, etc.	368	52.1%	1,751	53,027	N/A
Teacher Training: Sessions on drug awareness and prevention strategies directed to teachers or youth workers	281	39.7%	845	22,437	N/A
Business Training: Sessions on server compliance, training on youth-marketed alcohol products, tobacco sales, etc.	225	31.8%	861	9,889	N/A
Summary: <i>Enhancing Skills</i>	682	96.5%	10,979	145,549	212,687

Notes: In the August 2018 Progress Report, 707 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

Source: DFC August 2018 Progress Report

Other than *Providing Information*, DFC coalitions overall devoted more staff effort to *Enhancing Skills* than any other strategy. Just more than half (54%) of coalitions reported that *Enhancing Skills* was one of the top two strategies receiving staff effort. Overall, they reported reaching an estimated 358,200 community members through these interpersonal *Enhancing Skills* training contacts.

Providing Support

DFC coalitions provide support for people to participate in activities that reduce risk or enhance protection associated with substance use.³⁰ Examples include providing substance-free activities, mentoring programs, and support groups (see Table 8). Most DFC coalitions (80%) engaged in activities related to *Providing Support*. Of this group, nearly two-thirds of the DFC coalitions (64%) sponsored or supported drug-free alternative social events, such as after-prom events, attended collectively by nearly 164,000 youth. DFC coalitions also supported more than 1,100 youth organizations and clubs serving approximately 13,000 youth, and an additional 1,047 youth recreation programs with 26,800 participants. DFC coalitions held or supported 868 community service events, providing opportunities for 129,000 family and youth to participate. DFC coalitions also supported an estimated 1,100 youth and family support groups, helping approximately 13,400 participants. During this reporting period, DFC coalitions supported opportunities for protective activities that served approximately 445,000 community members overall. When asked to rank implementation strategies by the amount of coalition effort spent on each, more than half (62%) 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*

“A major notable accomplishment during the period was the planning and implementation of the Second Annual Law Enforcement and Youth Basketball Tournament. This year’s Tournament exceeded all expectations and quadrupled in size, with over 105 middle and high school students participating. Adult players included law enforcement officers, school principals and teachers, and other adult community leaders... Students on these teams sat together with their adult members, visited Tournament exhibits together, and established relationships and built communications, which was a goal of the effort... The Mayor and City Council presented a proclamation to the Coalition for its efforts in bringing the community together.”

— Year 4, Southern region

³⁰ 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. (2017). Drug-Free Communities support program-new: Funding opportunity announcement. Retrieved from <https://www.samhsa.gov/grants/grant-announcements/sp-17-001>

Table 8. 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 Social Events: Drug-free parties, other alternative events supported by the coalition	449	63.5%	2,002	86,108	163,990
Youth/Family Community Involvement: Community events held (e.g., neighborhood cleanup)	239	33.8%	868	82,185	47,298
Youth Recreation Programs: Recreational events (e.g., athletics, arts, outdoor activities) supported by coalitions	153	21.6%	1,047	9,122	26,764
Youth/Family Support Groups: Leadership groups, mentoring programs, youth employment programs, etc., supported by coalitions	138	19.5%	1,134	5,699	7,717
Youth Organizations: Clubs and centers supported by coalitions	114	16.1%	1,154	3,093	12,965
Summary: <i>Providing Support</i>	568	80.3%	6,205	186,207	258,734

Notes: In the August 2018 Progress Report, 707 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.

Source: DFC August 2018 Progress Report

Enhancing Access/Reducing Barriers

As Figure 5 shows, a majority of DFC coalitions (84%) engaged in activities related to *Enhancing Access/Reducing Barriers*. 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 child care; reducing the availability of tobacco, alcohol, and drugs; and conducting cross-cultural outreach, e.g., language translation (see Table 9).³¹

³¹ 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. (2017). Drug-Free Communities support program-new: Funding opportunity announcement. Retrieved from <https://www.samhsa.gov/grants/grant-announcements/sp-17-001>

Within the group using this strategy, the activities reported by the largest proportion of DFC coalitions (68%) were those intended to reduce home and social access to substances. Fewer coalitions (34%) reported increasing access to substance use services, and a similar percentage (30%) reported improving access through culturally sensitive outreach (e.g., providing services and materials in languages other than English), whereas only 10% concentrated on improving supports for service use. More than 148,000 adults and youth were referred to substance use services. More than 24,000 adults and youth received supports such as transportation or access to child care that facilitate participation in prevention and treatment.

Coalition Voices: *Enhancing Access/Reducing Barriers*

“New partnerships were established with [16 medical facilities]. Each location agreed to receive and distribute drug disposal bags and/or Medication Safety for Older Adults brochures. In addition, delivery of disposable bags were made to the multiple county pharmacies at [six major retailers].”

— Year 9, Midwestern region

“Thirty volunteers hosted booths at five locations for the National Prescription Drug Take-Back Event. For the first time, [local high school] Spanish Honor Society students provided translation services at three sites. Volunteers collected surveys and provided community members with information about the importance of medication lock boxes, as well as gave away lock boxes through a drawing.”

— Year 5, Midwestern region

Table 9. 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: Adults and youth participating in activities designed to reduce access to alcohol and other substances (e.g., prescription drug take-back programs)	483	68.3%	1,327,214	242,180
Increased Access to Substance Use Services: People referred to employee assistance programs, student assistance programs, treatment services	240	33.9%	96,844	51,199
Improve Access Through Culturally Sensitive Outreach: People targeted for culturally sensitive outreach (e.g., multilingual materials)	209	29.6%	103,688	67,756
Improved Supports: People receiving supports for enhanced access to services (e.g., transportation, child care)	73	10.3%	16,528	7,567
Summary: <i>Enhancing Access/Reducing Barriers</i>	593	83.9%	1,544,274	368,702

Notes: In the August 2018 Progress Report, 707 DFC grant award recipients reported activity data. Outliers beyond three standard deviations were removed.

Source: DFC August 2018 Progress Report

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 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 10 presents an overview of the number of DFC coalitions that conducted activities related to *Changing Consequences* and businesses affected by these activities. Two-thirds of the DFC coalitions (66%) engaged in activities related to *Changing Consequences* during the reporting period. Of this group, nearly one-half (45%) of DFC coalitions engaged in activities focused on strengthening enforcement of existing laws; just less than one-third (28%) strengthened surveillance activities.

Within the *Changing Consequences* strategy, DFC coalitions reported more engagement in recognizing positive business behavior than publicizing negative business behavior. Specifically, one-third (32%) of DFC coalitions implemented recognition programs that rewarded nearly 5,700 local businesses for compliance with local ordinances linked with the sale of alcohol and tobacco. In comparison, fewer (12%) DFC coalitions engaged in activities to publicly identify nearly 1,500 establishments that were noncompliant with local ordinances.

Coalition Voices: *Changing Consequences*

“The most notable accomplishment would have to be the implementation of the compliance checks that hit our county all on one day by the collaboration of the Law Enforcement representative on the coalition. We had, for the first time ever, all three law enforcement agencies in our county working together.”

— Year 2, Northeastern region

“Operation Angel is in the early stages of implementation by [the police department], as a result of efforts by the coalition members. This action is intended to change consequences of self-reporting a substance-addiction problem by an individual who is seeking help. Instead of being placed in jail, the individual will be assisted with enrollment in an in-patient rehab. On-going follow-ups with the individual will be made by police officers who are working with the Operation Angel program.”

— Year 4, Southern region

Table 10. 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., DUI checkpoints, shoulder tap, open container laws)	319	45.1%	N/A
Recognition Programs: Businesses receiving recognition for compliance with local ordinances (e.g., pass compliance checks)	225	31.8%	5,696
Strengthening Surveillance (e.g., "hot spots," party patrols)	199	28.1%	N/A
Publicizing Non-Compliance: Businesses identified for non-compliance with local ordinances	86	12.2%	1,458
Summary: <i>Changing Consequences</i>	464	65.6%	7,154

Notes: In the August 2018 Progress Report, 707 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

Source: DFC August 2018 Progress Report

Educating and Informing About *Modifying/Changing Policies*

The educating and informing about *Modifying/Changing Policies* 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 11).³² Examples of activities include educating about school drug-testing policies and local use ordinances. A majority (60%) of DFC coalitions engaged in activities related to educating or informing about *Modifying/Changing Policies* that were associated with a change. Educating or informing on school policies was most common, with one-fourth (25%) of these DFC coalitions engaged in this activity to successfully bring change to 126 drug-free school policies. DFC coalitions also successfully educated about laws or policies concerning underage use, possession, or behavior under the influence (90 policies), supplier advertising/liability (55 policies), and sales restrictions (54 policies), among others.

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

"[A] committee of our youth have started working on fighting marijuana legalization efforts. They created a cost study looking at the costs associated with legalizing marijuana. They presented their cost study at a press conference and have met with several lawmakers to educate them on the negative consequences to youth of marijuana legalization."

— Year 3, Midwestern region

³² 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 11. DFC Coalitions’ Accomplishments Related to Educating and Informing About Modifying/Changing Policies

Activity: Laws or Policies Passed/Modified Concerning:	Number of DFC Coalitions Engaged	Percentage of DFC Coalitions Engaged	Number of Policies Passed/Modified
School: Drug-free schools	176	24.9%	126
Underage Use: Underage use, possession, or behavior under the influence	135	19.1%	90
Citizen Enabling/Liability: Parental liability or enabling	89	12.6%	23
Sales Restrictions: Restrictions on product sales	85	12.0%	54
Supplier Promotion/Liability: Supplier advertising, promotions, or liability	71	10.0%	55
Workplace: Drug-free workplaces	71	10.0%	48
Treatment and Prevention: Sentencing alternatives to increase treatment or prevention	69	9.8%	36
Cost: Cost (e.g., alcohol taxes/fees, tobacco taxes)	52	7.4%	30
Outlet Location/Density: Density of alcohol outlets	46	6.5%	29
Summary: Modifying/Changing Policies	424	60.0%	491

Notes: In the August 2018 Progress Report, 707 DFC grant award recipients reported activity data. Outliers beyond three standard deviations were removed.

Source: DFC August 2018 Progress Report

School Policies

Given that numerous coalitions reported having educated and informed about school policies, examples of activities provided under this strategy were examined in detail. DFC coalitions reported working on various steps in the process to influence school policy. Working with school district staff, coalitions researched community perceptions, analyzed existing policies, and generated ideas for improvement. In one DFC community, a school and a coalition hired a consultant to survey parents about the athletic codes of conduct. One coalition shared, “Through ongoing relationship-building with our local school district, the district has agreed to review their school policies regarding substance use and move towards integrating prevention education into the mandatory annual training for all teachers and staff” (Year 5, Southern region). Another coalition reported their school district now “reviews student codes of conduct and athletic codes and policies on an annual basis” (Year 5, Northeastern region).

The school policies that have been added in DFC communities have addressed a wide range of topics, such as educational programs, trauma-informed practice, student conduct, and athletic codes of conduct. Some DFC coalitions also modified existing school policies to include new substances, clarify consequences, and identify resources for support. Numerous coalitions reported changes to school policy regarding e-cigarettes, vaping devices, and marijuana specifically. As one coalition reported, “After seeing an increase in the number of students who were caught with vapes last year, [the high school] realized they weren’t satisfied with the language around vaping in their school policy. Through the process of looking into the language around vaping, they ended up enhancing

their school policy to clear up vague language around the process, plan, and discipline around students caught with substances in general” (Year 8, Midwestern region). This sentiment that existing tobacco policies were not specific enough about vaping was echoed by many coalitions. One coalition found that teachers had trouble disciplining students for vaping because they could not tell if a student was consuming tobacco, marijuana, or flavored “vape juice.” To reduce this ambiguity, the school introduced a new policy: “All vape pens and appliances will be treated as containing THC or other drugs and the student shall receive a nine-day drug suspension. If the child takes and passes a drug test, the suspension will be reduced to a one-day tobacco offense” (Year 8, Midwestern region).

This policy change also illustrates one of two divergent trends: Some DFC coalitions have focused on increasing consequences for substance use in their schools, whereas other coalitions have focused on shifting from punitive consequences to rehabilitative options. For example, one coalition shared, “A no tolerance policy on vaping has also been implemented in our schools. Students found with any vaping devices or paraphernalia will result in immediate suspension” (Year 3, Northeastern region). Meanwhile, another DFC coalition is helping a local school pilot test a policy that provides an alternative to suspension. Under the new rules, “If students violate the alcohol or drug policy, they will be screened with evidence-based substance use screening tools and triaged to a low- to medium-risk intervention or a high-risk intervention. High-risk students will meet with [certified alcohol and drug abuse counselors] at the school. Low- and medium-risk students will participate in an evidence-based program” (Year 3, Western region).

DFC coalitions also reported working on policies that expand mandatory educational programs for students or professional development opportunities for teachers and staff. For instance, one coalition supported a policy to educate students about the risks of opioid use. Another DFC coalition developed a policy recommendation for the school district that would require students to receive a set number of hours of prevention education per semester. Several DFC coalitions are working to inform their school districts about Screening, Brief Intervention, and Referral to Treatment (SBIRT) and extend SBIRT training to more staff members. For example, one coalition shared that these efforts are “ongoing, with a collaboration newly formed with other coalitions, and an emphasis on State and other grant funding for universal SBIRT in the schools. The [local] school district is committed to SBIRT and has trained three additional staff to conduct the screenings, but universal is still the main goal” (Year 9, Midwestern region).

Changing Physical Design

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 12).³³

³³ 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. (2017). Drug-Free Communities support program-new: Funding opportunity announcement. Retrieved from <https://www.samhsa.gov/grants/grant-announcements/sp-17-001>

Coalition Voices: Changing Physical Design

“Our youth coalition presented a proposal to [our town] to change the physical design of a small park located adjacent to the [local youth center]. The park was overgrown with trees and brush and teens were using the area to smoke marijuana and it was a place where they would go to fight. The youth coalition asked the town to cut back the trees and remove the brush, along with adding lighting. The town agreed, and the park is now a bright, clean place where families eat lunch and just sit on the benches.”

— Year 4, Western region

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 (30%). Almost one-fourth of the coalitions worked on neighborhood cleanup and beautification events (24%) and improving signage or advertising by suppliers (23%). Nearly 900 physical design problems were identified and almost 1,400 improvements in signage, advertising, or displays corresponding to alcohol or tobacco sales were reported. In addition, DFC coalitions completed 351 cleanup and beautification events, encouraged 317 businesses to designate alcohol

and tobacco-free zones, and improved 134 public places to facilitate surveillance (e.g., improving visibility of “hot spots” for substance dealing or use).

Table 12. 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: Physical design problems (e.g., hot spots, cleanup areas, outlet clusters) identified through environmental scans, neighborhood meetings, etc.	213	30.1%	872
Cleanup and Beautification: Cleanup/beautification events held	167	23.6%	351
Improved Signage/Advertising by Suppliers: Suppliers making changes in signage, advertising, or displays	164	23.2%	1,379
Encourage Designation of Alcohol-Free and Tobacco-Free Zones: Businesses targeted or that made changes	102	14.4%	317
Improved Ease of Surveillance: Areas (public places, hot spots) in which surveillance and visibility were improved (e.g., improved lighting, surveillance cameras, improved line of sight)	57	8.1%	134
Identify Problem Establishments: Problem establishments identified (e.g., drug houses) and closed or modified practices	48	6.8%	135
Summary: <i>Changing Physical Design</i>	444	62.8%	3,188

Notes: In the August 2018 Progress Report, 707 DFC grant award recipients reported activity data. Outliers beyond three standard deviations were removed.

Source: DFC August 2018 Progress Report

Summary of Coalition Strategy Implementation

DFC coalitions engage in and support a broad range of activities that recognize and address the complex and interrelated factors that influence substance use among youth. These activities encompass 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 to find local solutions to local problems. The comprehensiveness of these strategies is important because substance use has no single cause. During the six-month window that is reflected by the August 2018 progress report, the majority of DFC coalitions clearly engaged in this comprehensive range, with the majority (57%) engaging in at least some activity within six or seven of the strategy types and another one-fifth (21%) engaging in five strategy types. 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 August 2018 progress report, 707 coalitions documented contact with more than 10 million adults in the prior 6 months alone. 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 strategy data also document the implementation of 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 is the engagement of adults (1.5 million) and youth (369,000) 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).

Community Assets Findings

In addition to the strategy data, every August, DFC coalitions complete the Coalition Classification Tool (CCT) survey. In August 2018, the CCT focused on Community Assets, with 680 (96%) FY 2017 DFC coalitions completing this requirement. DFC grant award recipients were asked to identify which of 44 specific community assets commonly associated with youth substance use reduction and prevention were in place in their coalitions before they received the DFC grant, which ones were in

place as a result of receiving the grant, and which were not yet in place in the DFC community.³⁴ Although each of these community assets may enhance the coalition’s capacity to prevent or reduce youth substance use, those implemented as a result of DFC coalition efforts provide an additional source of information about the local impact of the grant. That is, these assets may not have been in place in the community if not for the DFC grant award. Examples from the list of potential community assets that DFC coalitions may put in place include billboards warning against the use of alcohol, tobacco, or other drugs; media literacy training; shoulder tap operations;³⁵ and party patrols.³⁶

Table 13 presents the top five community assets put in place as a result of the DFC grant by FY 2017 DFC coalitions. Town hall meetings were the most common asset put in place by DFC coalitions as a result of the DFC grant (73%); less than one-fifth (18%) of DFC coalitions reported having town hall meetings prior to DFC grant award. As a result of the DFC grant, a majority of DFC coalitions (72%) also reported they were able to implement social norms campaigns and to create culturally competent materials to educate the community about substance use. Slightly more than two-thirds of DFC coalitions (68%) implemented prescription drug disposal programs as a result of receiving a DFC grant. Finally, more than half the DFC coalitions reported, as a result of receiving a DFC grant, displaying posters warning against youth substance use (59%).

Table 13: Community Assets Most Frequently Implemented After DFC Grant Award

Community Asset	% with Asset Put in Place as a Result of DFC Coalition Grant Award	% with Asset in Place Before DFC Grant	% with Asset Not in Place in Community
Town hall meetings on substance problems within the community	73.1%	17.6%	9.3%
Culturally competent materials about ATOD use	72.1%	18.5%	9.4%
Social norms campaigns	71.6%	14.6%	13.8%
Prescription drug disposal programs	68.4%	27.9%	3.7%
Youth substance use warning posters	59.3%	22.6%	18.1%

Note: There were 680 DFC coalitions reporting CCT data in August 2018.

Source: August 2018 CCT data

Social norms campaigns stand out as a top-five asset added by DFC coalitions. One potential outcome of such campaigns is not only reduced youth substance use but also increased perceptions

³⁴ DFC grant award recipients report on which community assets have been put in place in their community in the past year as a result of being a DFC grant award recipient and indicate those ever put in place as part of the DFC grant. For the purposes of this report, these two categories were combined.

³⁵ Shoulder tap operations are designed to curtail the problem of adults providing alcohol to minors in and around licensed alcohol outlets. Typically, Youth and Law Enforcement sectors collaborate on these operations. A youth, under direction from law enforcement, approaches an adult entering the outlet and requests that they buy alcohol for them. Adults who agree and provide alcohol to the youth are then held accountable by law enforcement. Alcohol is the substance this activity is most commonly used with, but it can apply to other substances as well.

³⁶ Party patrols involve law enforcement regularly visiting (patrolling) an area where youth are suspected to gather together to engage in substance use. A range of coalition sectors are often involved with identifying areas to patrol. Law enforcement acts to stop the behavior if it occurs, although the increased surveillance also decreases the likelihood of a party occurring.

of peer disapproval associated with substance use. Of the DFC coalitions that have a social norm campaign in their community, only a small proportion (15%) already were engaging in a social norms campaign prior to receiving funding. Social norms campaigns generally focus on giving youth factual and motivational information about the positive behaviors engaged in by peers with the intention of helping youth recognize that most youth are not engaging in negative behaviors (and may not approve of such use by their peers). Continued efforts on social campaigns may help to counter beliefs that might otherwise contribute to possible increases in past 30-day prevalence of substance use.

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.³⁷ For core measures not changed or introduced in 2012, DFC coalitions have reported data from 2002 to 2018. For core measures approved in 2012, including peer disapproval and all measures for misuse of prescription drugs, data have been reported from 2012 to 2018. 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 2017.³⁸ 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 currently funded DFC grant recipients. 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). Change in the core measure where the most recent report (green bar) is larger than the first report (navy blue bar) represents increased past 30-day prevalence of non-use, perception of risk/harm of use, and perception of parental and peer disapproval—changes that are in line with the goals of the grant. 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.³⁹ The scale across all bar graphs is from 45 percent to 100 percent (see Figures 7 and 10–13).

Past 30-Day Prevalence of Non-Use

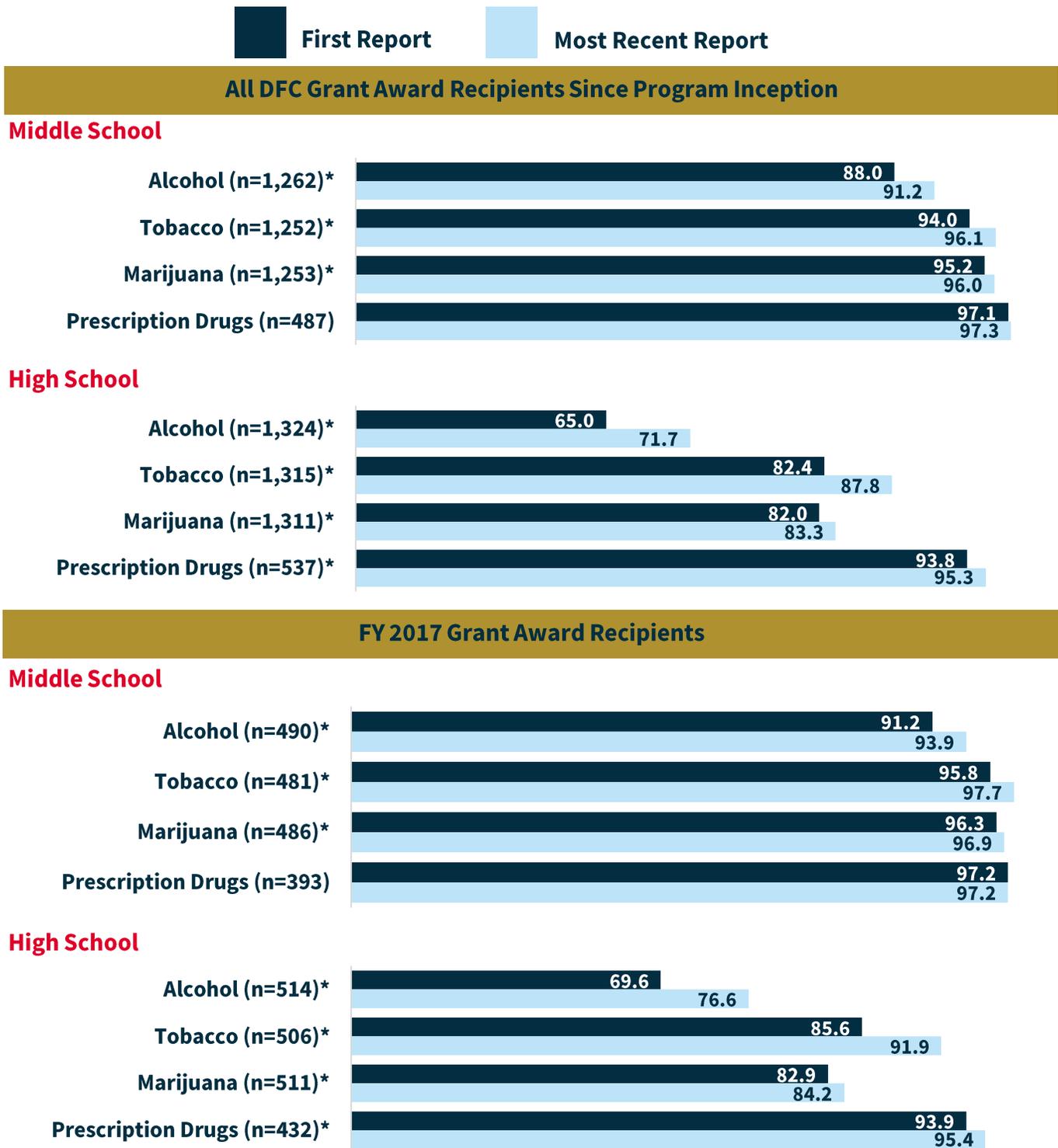
One of the key goals of the DFC grant is to prevent and reduce youth substance use (increase non-use). For alcohol, tobacco, and marijuana—both middle school and high school age groups for all DFC coalitions since inception—there was a significant increase in past 30-day prevalence of non-use (see Figure 7 and Table B.2, Appendix B). That is, in communities with a DFC coalition, more youth reported not using each of these core measure substances at most recent report than at first report. Non-use of prescription drugs was unchanged among middle school youth, but significantly higher at most recent report for high school youth. The same was true for the FY 2017 sample. Although middle school youth reporting non-misuse of prescription drugs was unchanged, nearly all youth in this age group (97%) reported non-misuse of prescription drugs at any given time point.

³⁷ 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 scores greater than three standard deviations were excluded from the analyses. Significance is indicated when the statistical significance reached a value of $p < .05$ or less.

³⁸ For core measures in place only since 2012, most of the DFC grant award recipients in the all DFC ever-funded sample are also in the FY 2017-only sample. For example, to date, 500 DFC coalitions ever funded have two data points reported on past 30-day prevalence of use of prescription drugs for middle school youth. Of these 500, 404 (81%) also were in the FY 2017-only sample. In comparison, only 497 of the 1,284 (39%) DFC coalitions that have reported past 30-day prevalence of alcohol use among middle school youth were in the FY 2017-only sample.

³⁹ 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



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.

Source: DFC Progress Report, 2002–2018 core measures data

Several aspects of the past 30-day prevalence of non-use data are worth noting and represent a persistent pattern from last year. First, although there were significant increases over time in non-use during the past 30 days, the majority of youth reported they did not use each of the given core measure substances at each report (first report and most recent report). This finding is consistent with previous years. 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 2017 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 2,189,000 to 2,254,000, which translates to approximately an additional 65,000 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 2,297,000 to 2,528,000, an increase of approximately 231,000 high school youth not consuming alcohol.

Among middle school youth, past 30-day non-use of tobacco increased from approximately 2,299,000 to 2,345,000, an increase of 46,000; past 30-day non-use of marijuana increased from 2,311,000 to 2,325,000, an increase of approximately 14,000 middle school youth. The approximate number of high school youth who reported past 30-day non-use of tobacco increased from 2,825,000 to 3,033,000, an increase of 208,000. For marijuana, high school youth reports of past 30-day non-use increased from 2,736,000 to 2,779,000, an increase of 43,000. For the FY 2017 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. Among high school youth, reported past 30-day non-misuse of prescription drugs increased from approximately 3,099,000 to 3,148,000, an increase of approximately 49,000 youth.

Table 14. FY 2017 DFC Coalitions Significantly Increased the Number of Youth Who Reported 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	65,000	231,000
Tobacco	46,000	208,000
Marijuana	14,000	43,000
Prescription Drug (misuse)	No Change	49,000

Note: Number of estimated youth is based on extrapolating percentage change to potential reach based on census estimates.

Source: DFC Progress Report, 2002–2018 core measures data

Second, as in past years, although most youth still reported non-use of alcohol within the past 30 days (see 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 ever funded and FY 2017 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 (72%) 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 95%, respectively). In both samples, most middle school youth (90% or more) reported they had not used each of the given substances at most recent report, including alcohol, 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). The relatively high rates of past 30-day prevalence of alcohol use (e.g., in the FY 2017 sample at most recent report, 6% of middle school youth and 23% 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. Nearly all middle school and high school youth (97% and 95%, 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, the percentage of high school youth reporting past 30-day non-use of marijuana was lower than the percentage of these youth reporting past 30-day non-use of tobacco, in most cases. That is, more high school youth reported past 30-day use of marijuana than tobacco. The exception was for first report across all DFC recipients since inception, in which prevalence of non-use was similar for tobacco and marijuana (82%). Among middle school youth, prevalence of non-use of tobacco and marijuana were similar at each time point in each 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 (all DFC coalitions ever funded) and Figure 9 (FY 2017 grant award recipients) present percentage change data (see Table B.1, Appendix B, for the underlying data used to calculate the percentage change).⁴⁰

As shown in Figure 8, the past 30-day prevalence of alcohol use declined by 27 percent, past 30-day prevalence of tobacco use declined by 35 percent, past 30-day prevalence of marijuana use declined by 17 percent, and past 30-day prevalence of prescription drug misuse declined by 7 percent from first report to most recent report among middle school youth across all DFC coalitions ever funded. High school past 30-day prevalence of use of alcohol declined by 19 percent, tobacco declined by 31

⁴⁰ 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.

percent, marijuana declined by 7 percent, and prescription drug misuse declined by 24 percent. All of these 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: Long-Term Change Among All DFC Grant Award Recipients Since Grant Inception

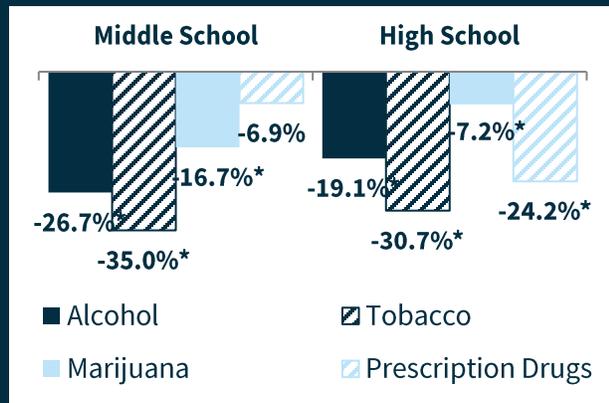
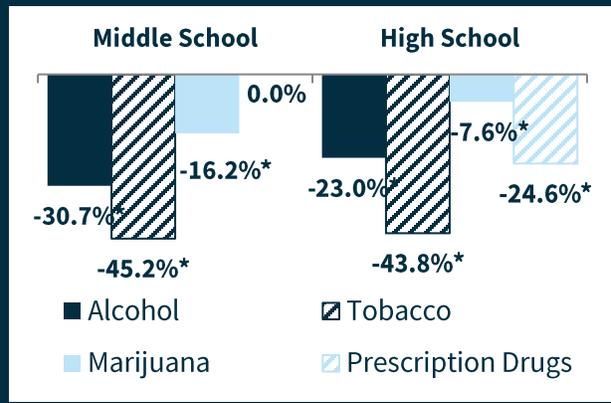


Figure 9: Percentage Change in Past 30-Day Prevalence of Alcohol, Tobacco, and Marijuana Use and Prescription Drug Misuse: Long-Term Change Among FY 2017 DFC Grant Award Recipients



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 scores were rounded as presented in Table B.1 for these calculations.

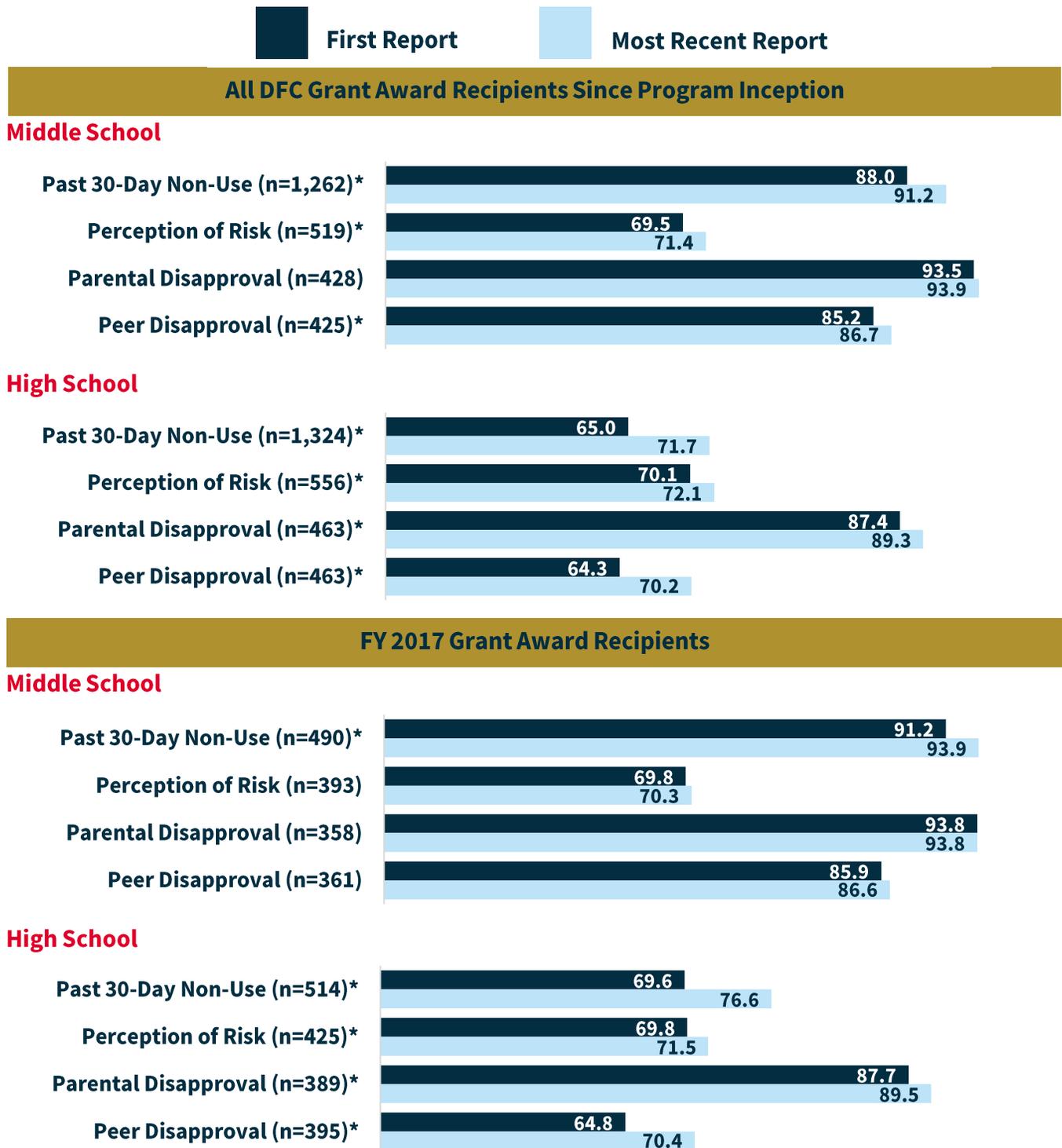
Source: DFC Progress Report, 2002–2018 core measures data

Percentage decreases in past 30-day prevalence of use among the FY 2017 grant award recipients followed similar patterns to those for all DFC grant awards to date (see Figure 9). In this sample, the percentage decreases were greatest for reports of tobacco use for both middle school (45%) and high school (44%) 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 (31% and 25%, respectively). Marijuana use decreased for both middle school and high school youth (16% and 8%, respectively), and alcohol use decreased by 23 percent at the high school level. Each of these changes was significant. For prescription drugs, there was no change for middle school youth in the FY 2017 sample.

Alcohol Core Measures Findings

Figure 10 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 2018, therefore, among all DFC coalitions since inception, a much smaller number of DFC coalitions have change data for these three alcohol core measures compared to past 30-day prevalence of non-use (collected from 2002 to 2018).

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



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.

Source: DFC Progress Report, 2002–2018 core measures data

For all DFC coalitions since inception and for FY 2017 DFC coalitions, most of the difference in alcohol core measures between the first and most recent reports were significant increases. One exception in both samples was for middle school youths' perception of parental disapproval, which was high at both time points (approximately 94%) and did not change significantly. Perception of risk and perception of peer disapproval associated with alcohol use also were unchanged for middle school youth in the FY 2017 sample only.

As noted in the previous section, alcohol had the lowest prevalence of past 30-day non-use among both middle school and high school youth, across both samples and both time points (see Figure 10 and Table B.2, Appendix B). Percentages of youth reporting past 30-day non-use of alcohol also decreased from middle school to high school. However, from first report to most recent report, past 30-day non-use of alcohol increased significantly for 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 school youth, perception of risk increased significantly from first report to most recent report for all DFC coalitions since inception (1.9 percentage points) but not among FY 2017 DFC coalitions (0.5 percentage points; see Figure 10 and Table B.3, Appendix B). Perception of risk of alcohol use (binge drinking) increased significantly from first report to most recent report among high school youth for all DFC coalitions and FY 2017 DFC coalitions (2.0 and 1.7 percentage points, respectively). There was no difference in perceived risk between middle school and high school youth at each time point. Less than three-fourths of both middle school and high school youth perceived risk associated with this type of alcohol use. However, by high school, the percentage of youth who reported use was much higher than in middle school. Together, these findings suggest that DFC coalitions may need to identify strategies, beginning in middle school, to help youth understand the risks associated with binge drinking. That is, the relatively low perception of risk of alcohol use among middle school youth may explain the lower percentage of high school youth reporting past 30-day alcohol non-use. The approximately 30 percent of middle school youth who do not perceive the risk of drinking alcohol (binge use) may be at increased risk of drinking alcohol, including binge drinking, once they are in high school.

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%) but did not increase significantly in either sample (0.4 and 0.0 percentage point increase for all coalitions and FY 2017 coalitions, respectively) (see Figure 10 and Table B.4, Appendix B). High school youths' perceptions of parental disapproval of alcohol use at first report also were high (approximately 87%), and increased significantly by similar amounts among all DFC coalitions since inception and the FY 2017-only sample (1.9. and 1.8 percentage points, respectively).

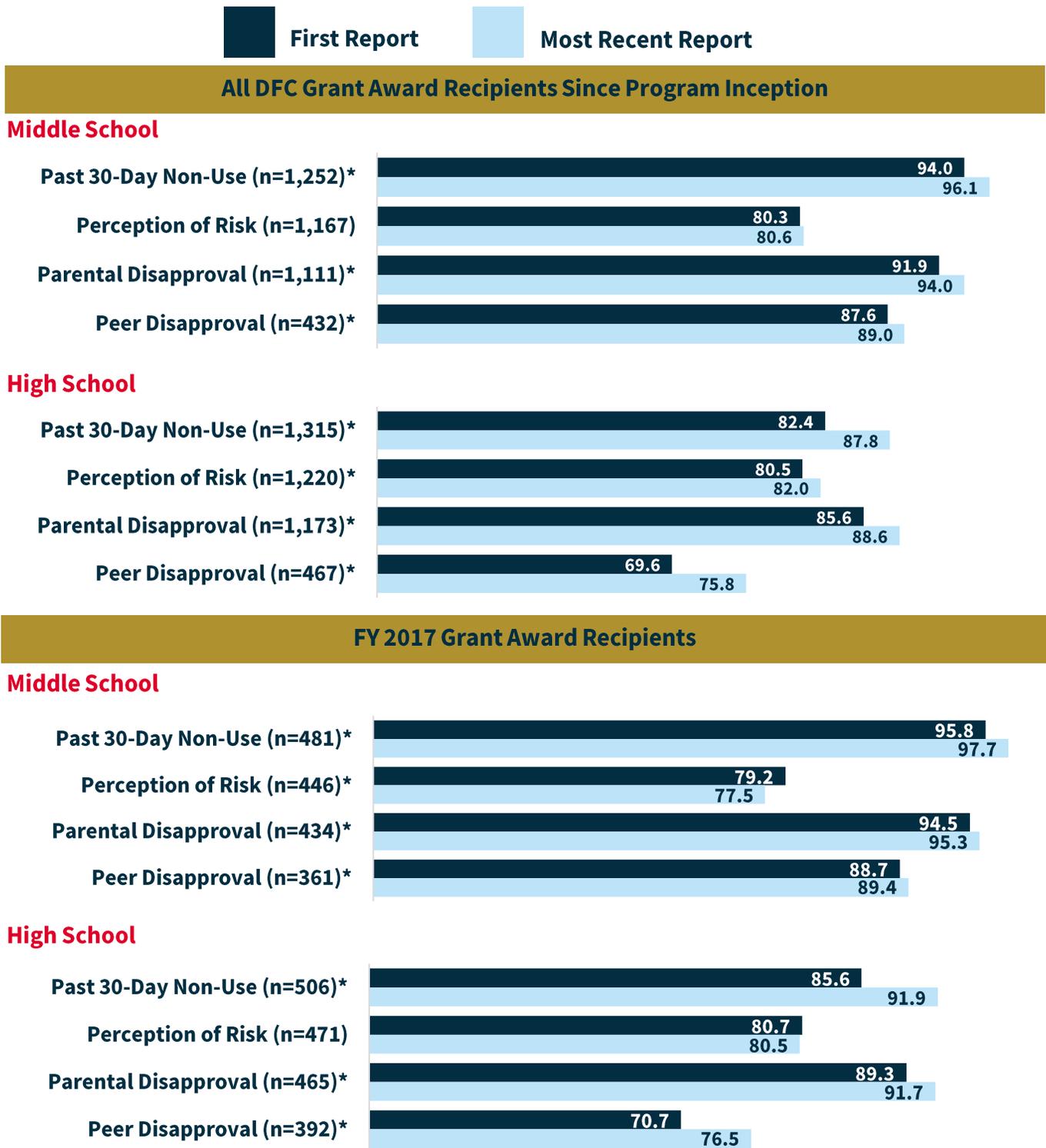
Perception of peer disapproval of alcohol use increased significantly in all coalitions since inception for middle school and in both samples for high school youth. Among middle school youth, the increase was from 85 percent and 86 percent, respectively, to 87 percent across the two samples (increases of 1.5 and 0.7 percentage points, respectively—the latter change was not significant). Fewer high school youth than middle school youth perceived peer disapproval associated with alcohol use. At first report, less than two-thirds (approximately 64%) of high school youth among all DFC coalitions ever funded and the FY 2017 coalitions perceived disapproval, although this increased significantly to more than two-thirds (70.2 and 70.4%) by most recent report (increases of 5.9 and 5.6 percentage points, respectively). The percentage of high school youth perceiving peer disapproval was approximately 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 10 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 87 to 90 percent perceived parents as disapproving at any given time point, a difference of approximately 20 percentage points compared to middle school youth, depending on the time of report and the sample.

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 11 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 DFC and FY 2017-only grant award recipients. The notable exception was high school youths' perception of peer disapproval for both samples, hovering between 70 percent and 77 percent (also see Table B.5, Appendix B).

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



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.

Source: DFC Progress Report, 2002–2018 core measures data

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* in perceived risk for middle school youth in the FY 2017 sample (1.7 percentage point decrease; see Figure 11 and Table B.3, Appendix B). Perceived risk of tobacco use increased significantly for high school youth among all DFC coalitions since inception (1.5 percentage points) but was unchanged in the FY 2017 sample. Together, the findings in the FY 2017 sample regarding perceived risk of tobacco use suggest that DFC coalitions may need to increase the focus on risk associated with tobacco use in their work.

Tobacco: Perception of Parental and Peer Disapproval

Perception of both parental and peer disapproval of tobacco use (wrong or very wrong) increased significantly for both middle school and high school youth in both samples (see Figure 11 and Tables B.4 and B.5, Appendix B). Parental disapproval was perceived at similar rates by middle school (92%–95%) and high school youth (86%–92%). Middle school youths' perception of peer disapproval of tobacco use was slightly lower than their perceptions of parental disapproval (88%–89%). However, by high school, even fewer youth perceived peer disapproval (70%–77%) associated with tobacco use compared to both peer disapproval in middle school youth and parental disapproval in both age groups.

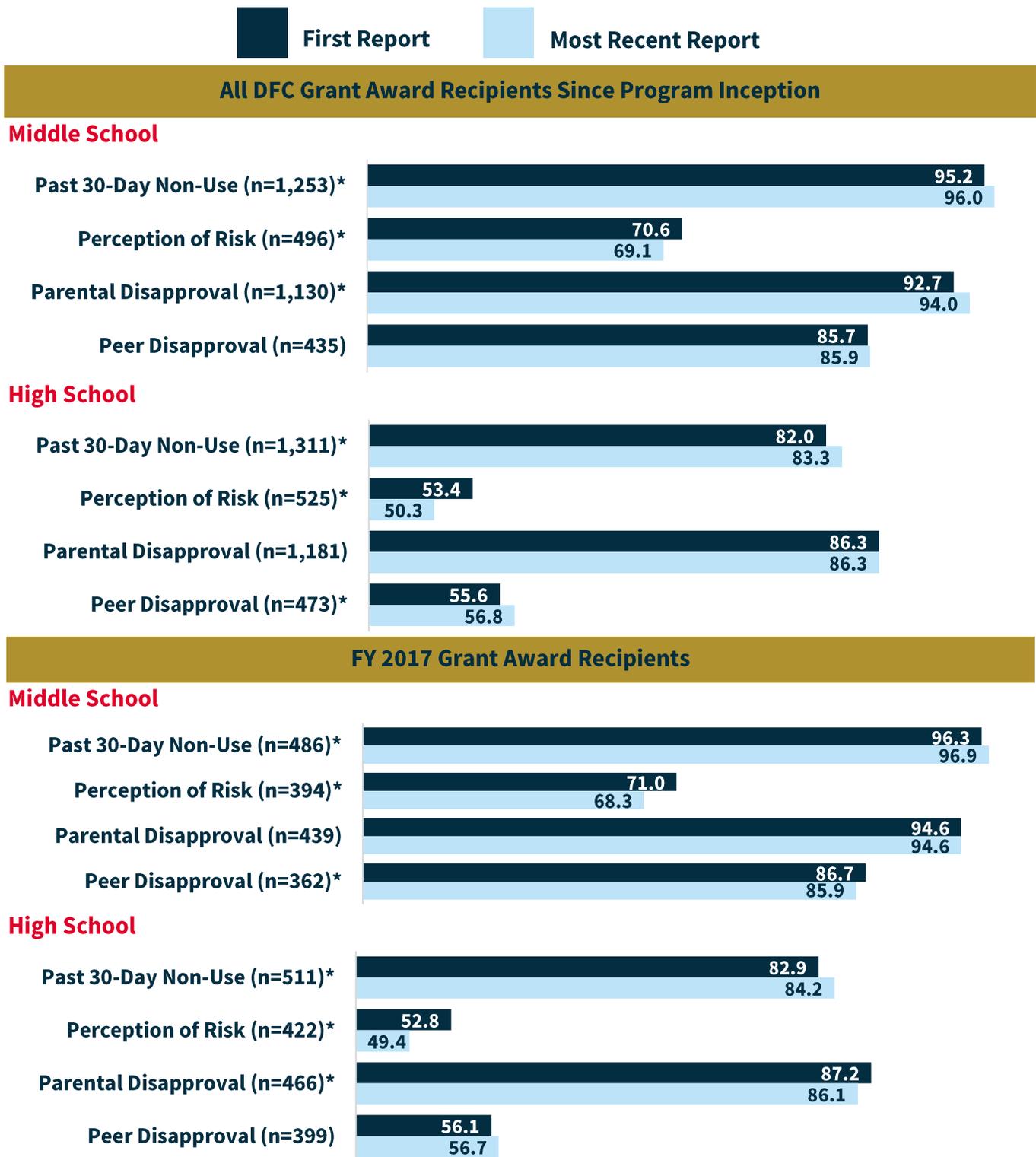
Marijuana Core Measures Findings

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 12 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 at both first report and most recent report (approximately 94% and 86%, respectively). However, the percentage of middle school youth perceiving risk declined significantly in both samples (1.5 and 2.7 percentage point declines among all coalitions since inception and the FY 2017 coalitions, respectively). By high school, smaller percentages of youth compared to middle school perceived risk, parental disapproval, and peer disapproval associated with marijuana use (49%–53%, 86%–87%, and 56%–57%, respectively) in both samples.

Marijuana: Perception of Risk

The measure for perception of risk as currently worded (use marijuana once or twice a week) was introduced in 2012 (see Figure 12 and Table B.3, Appendix B). To date, 496 coalitions have collected these data at two time points for middle school youth, whereas 525 have collected them for high school youth. The majority of all DFC coalitions included in the analyses of perception of risk of marijuana are also FY 2017 DFC coalitions (i.e., 80% of the middle school samples, 81% of the high school samples). That is, the analyses for the two samples are very similar given the amount of overlap between the two samples.

Figure 12. Marijuana Core Measures: Change from First Report to Most Recent Report by School Level and DFC Grant Award Recipient Group



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.

Source: DFC Progress Report, 2002–2018 core measures data

Among middle school youth, the perceived risk of marijuana use changed significantly between first report and most recent report among all DFC coalitions since inception (a *decrease* of 1.5 percentage points) and in the FY 2017 sample (a *decrease* of 2.7 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 3.1 and 3.4 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%–95% of middle school youth and 86%–87% of high school youth; see Figure 12 and Table B.4, Appendix B). For middle school youth, there was a significant increase in perceived parental disapproval among all DFC coalitions ever funded (1.3 percentage points) but not for the FY 2017 sample. Perceived parental disapproval was unchanged among high school youth across all DFC coalitions but *decreased* significantly in the FY 2017 sample (1.1 percentage points). Among high school youth, the percentage reporting perceived parental disapproval of marijuana use at most recent report was high (86%) but was slightly lower than for any other substance, including for alcohol use (87%–89%). Perception of peer disapproval of marijuana use was relatively unchanged from first report to most recent report for middle school students among coalitions since inception and for high school students in the FY 2017 sample (see Figure 12 and Table B.5, Appendix B). There was a significant *decrease* among middle school students in the FY 2017 sample (0.8 percentage points) and a significant increase for high school students among all coalitions since inception (1.2 percentage points). Although perceived peer disapproval of marijuana use increased among high school students, it was still only 57 percent at most recent report. The percentage of high school youth perceiving peer disapproval was generally lower for marijuana (56%–57%) than for any other substance, including alcohol (64%–70%; 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

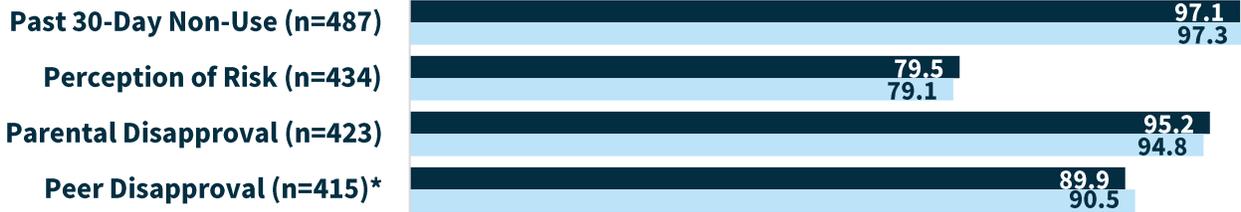
Figure 13 provides the core measures data findings for misuse of prescription drugs (use of prescription drugs not prescribed to you; also see Appendix B). Misuse of prescription drugs was introduced as a core measure substance in 2012. Therefore, the data for all core measures for this substance reflect a generally smaller sample of DFC coalitions than for other core measures substances (the two samples include many of the same coalitions).

Figure 13. Prescription Drugs (Misuse) Core Measures: Change from First Report to Most Recent Report by School Level and DFC Grant Award Recipient Group

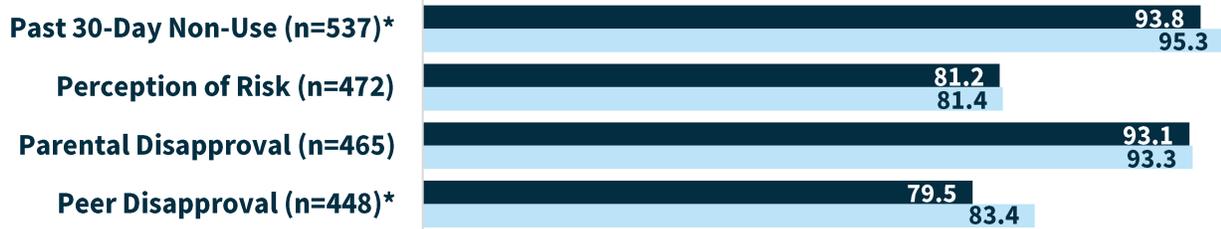
First Report
 Most Recent Report

All DFC Grant Award Recipients Since Program Inception

Middle School

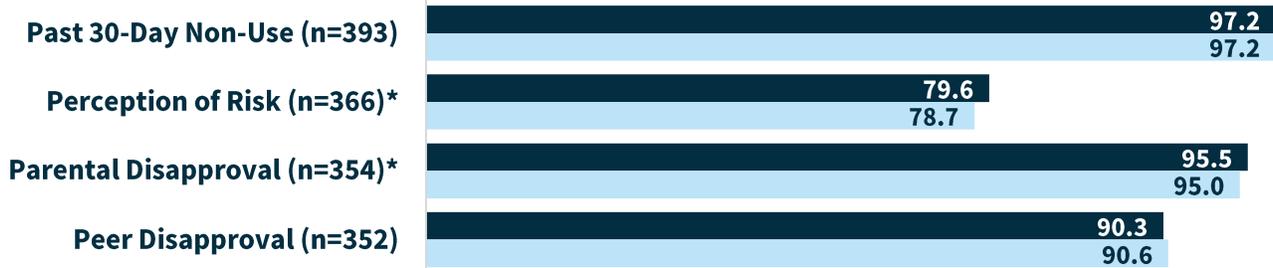


High School

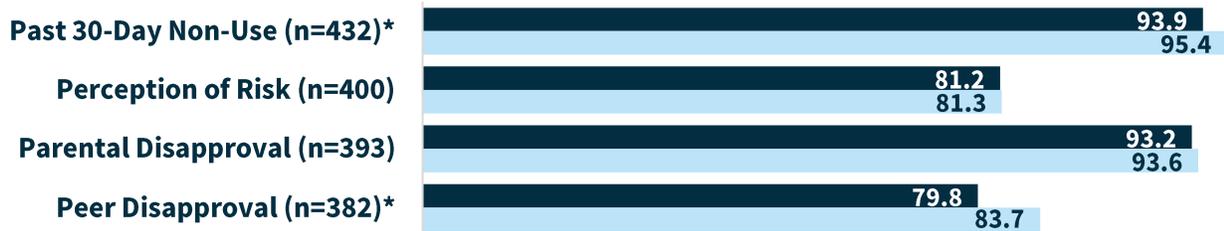


FY 2017 Grant Award Recipients

Middle School



High School



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.

Source: DFC Progress Report, 2012–2018 core measures data

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. At least 97 percent of middle school and 95 percent 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 13 and Table B.2, Appendix B), with non-significant changes among middle school youth in both samples (0.2 and 0.0 percentage points, respectively).

Prescription Drugs: Perception of Risk

Perception of risk of prescription drug misuse was generally high overall (79%–81%), but did not change significantly from first report to most recent report (see Figure 13 and Table B.3, Appendix B) except for a significant *decrease* among middle school students in the FY 2017 sample (0.9 percentage points). Perceived risk of misuse of prescription drugs was very similar to perceived risk of tobacco use (78%–82%), and was higher than both alcohol (70%–72%) and marijuana (49%–71%; see Table B.3, Appendix B).

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 (95% and higher in middle school youth and 93% and higher in high school youth) and were unchanged from first report to most recent report (see Figure 13 and Table B.4, Appendix B) except for a significant *decrease* among middle school students in the FY 2017 sample (0.5 percentage points). Peer disapproval of prescription drug misuse increased significantly for high school youth among all DFC coalitions and FY 2017 coalitions (3.9 percentage points each), was significantly higher for middle school students in all coalitions since inception (0.6 percentage points), and was relatively unchanged among middle school youth in the FY 2017 sample. 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.

Comparison with National Data⁴¹

The results for past 30-day prevalence of use among high school youth in DFC coalitions were compared to findings from a nationally representative sample of high school students taking the Youth Risk Behavior Survey (YRBS; see Figure 14).⁴² Because there is likely some overlap between

⁴¹ These comparisons were first examined in the DFC National Evaluation 2016 End-of-Year Report.

⁴² Comparisons examine confidence intervals (95%) for overlap between the two samples. CDC YRBS data corresponding to DFC data are available only for high school students on the past 30-day use measures and only for alcohol, tobacco, and marijuana. YRBS data are collected only in odd years. For more information on YRBS data see <https://www.cdc.gov/healthyYouth/data/yrbs/index.htm> and <https://www.cdc.gov/healthyYouth/data/yrbs/data.htm>

samples, these comparisons are conservative estimates of the difference that DFC is making in communities.⁴³

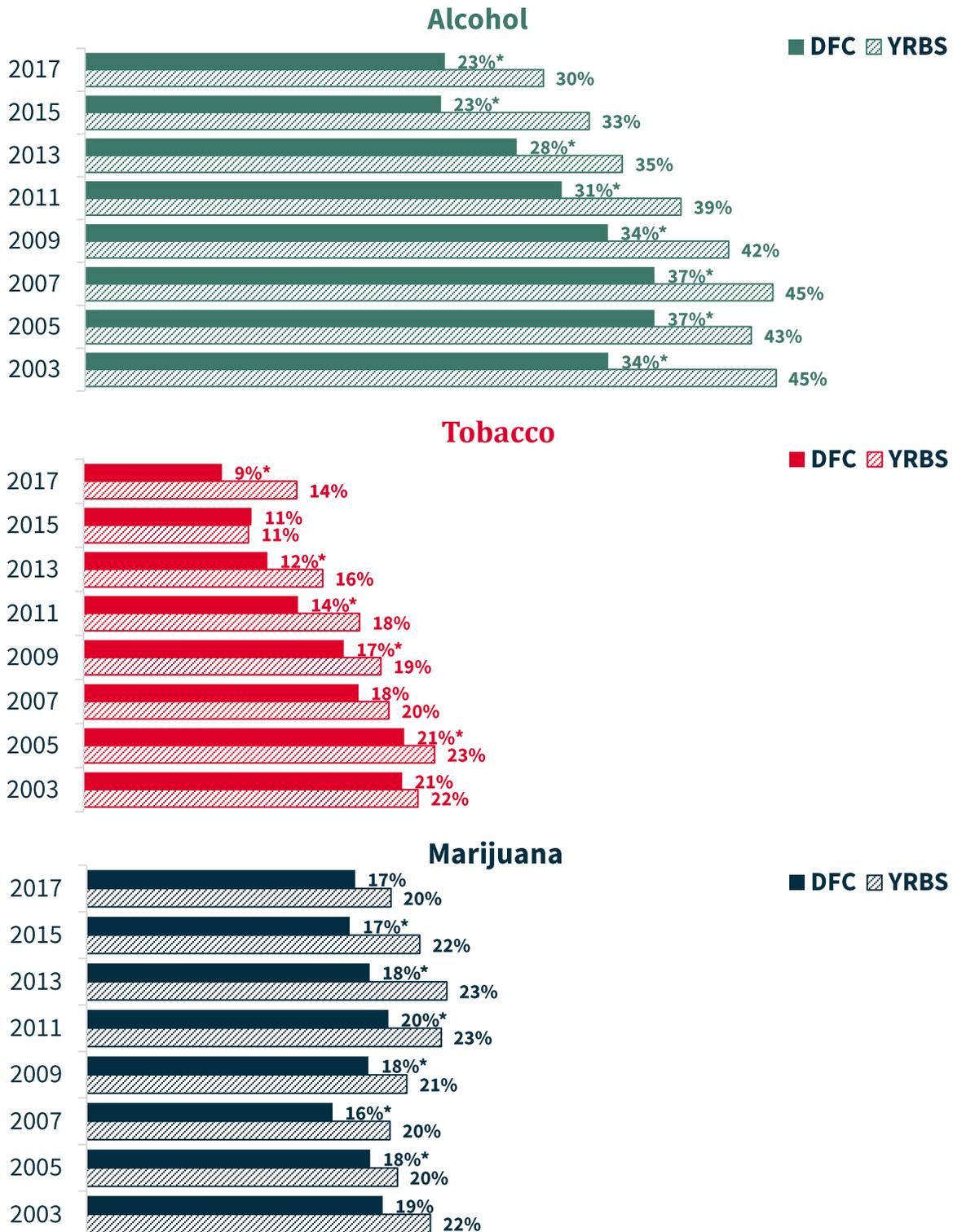
Prevalence rates of past 30-day alcohol use among high school students were significantly lower in communities with a DFC coalition than in the national YRBS in all 8 years compared (i.e., 2003, 2005, 2007, 2009, 2011, 2013, 2015, and 2017). In 2017, the difference between the DFC and YRBS samples in past 30-day prevalence of alcohol use was 7 percentage points (23% and 30%, respectively). Although prevalence rates have been declining over time in both samples, the difference between the two samples has remained significant in each year for which comparison was possible.

For high school tobacco use, there was a significant difference between the DFC and YRBS samples in 2017 (9% and 14%, respectively), representing a decrease among youth in the DFC sample and an increase among youth in the YRBS sample compared to 2015. Fewer youth in DFC communities than in the YRBS national sample reported tobacco use in all years except 2015 (when each reported prevalence rates of 11%). In general, youth tobacco use trended toward a decrease across both samples through 2015, but the most recent data suggest a stronger decline among youth in the DFC coalition communities compared to a slight increase among youth in the YRBS sample. It is also noteworthy that in both the national and DFC samples, tobacco use is lower than marijuana use, with a continued steady decline in tobacco use in both samples, but an apparent recent yet short-lived uptick in marijuana use in both samples in 2011.

Prevalence rates for marijuana use also were significantly lower in DFC communities than in the YRBS national sample between 2005 and 2015, whereas the 2017 difference between DFC and YRBS was not significant (17% and 20%, respectively). Marijuana use by high school youth in both samples has followed the same pattern from 2011 through 2017, decreasing slightly by about 3 percentage points.

⁴³ Some DFC coalitions report using YRBS data to track local trends and thus may be included in the national YRBS data. That is, some change in YRBS data may occur in part due to efforts from DFC coalitions. Comparisons with the national sample also are influenced by the range of survey instruments that DFC coalitions use to collect core measures data and the year in which DFC coalitions collect their core measures data. Although surveys must use appropriate DFC core measures wording to be included in the DFC National Evaluation data, the order of core measure items and the length of the surveys can vary widely across DFC coalitions. In addition, YRBS data is mostly collected during the spring of odd-numbered years. While DFC coalitions are required to report core measures data every 2 years, each coalition may determine their own data collection schedule, further limiting the comparison between the two national samples.

Figure 14. Comparison of DFC and National (YRBS) Reports of Past 30-Day Alcohol, Tobacco, and Marijuana Use Among High School Students



Notes: Comparisons are between YRBS and DFC data examining confidence intervals for overlap between the two samples; * indicates $p < .05$ (significant difference); numbers are percentages of youth reporting past 30-day use.

Source: DFC Progress Report, 2003–2018 core measures data; CDC 2017 Youth Risk Behavior Survey Data downloaded from <https://www.cdc.gov/healthyyouth/data/yrbs/data.htm>

Although additional direct comparisons cannot be made due to differences in methodology, the DFC core measures findings are largely consistent with trends over time found in other national datasets on youth substance use, with overall declines in alcohol and tobacco, but recent fluctuations in marijuana use. For example, results from the national Monitoring the Future survey⁴⁴ found that during a similar timeframe (2003 to 2017) among middle and high school youth combined (Grades 8, 10, and 12):

- **Alcohol** past 30-day use has been steadily declining, from 33.2% in 2003 to an all-time low of 18.7% in 2018, nearly half the level seen in 2003.
- **Tobacco** use (i.e., cigarette smoking [other forms of tobacco delivery were measured separately]) among high school youth has continued a decline that first began in the 1990s, with past 30-day use dropping steadily from 16.6% in 2003 to a low of 4.6% in 2018 (down from a previous peak of 28.3% in 1997).
- **Marijuana** use, similar to the DFC sample, recently had higher prevalence rates than regular tobacco use. In the Monitoring the Future sample, past 30-day use of marijuana declined from 2003 (14.8%) to 2008 (12.5%), began to rise to its most recent peak in 2013 at 15.6%, declined slightly, and then had a slight uptick again in 2018 to 14.6%.

The National Survey on Drug Use and Health (NSDUH), another long-term national dataset on youth substance use, also combines data across middle and high school youth (aged 12–17) in any past 30-day use of alcohol, cigarettes, or marijuana to report the following results:⁴⁵

- **Alcohol** use in the past 30 days among 12- to 17-year-olds declined from 17.7% in 2003 to 9.9% in 2017.
- **Tobacco** use (defined as any use of cigarettes) in the past 30 days for this age group declined from 12.2% in 2003 to 3.2% in 2017.
- **Marijuana** use in this age group showed some fluctuation, as in other national findings: Past 30-day use declined slightly from 7.9% in 2003 to 6.7% in 2006, held steady until 2008, rose to a recent peak of 7.9% in 2011, and has since tapered off to 6.5% in both 2016 and 2017.

⁴⁴ Miech, R. A., Schulenberg, J. E., Johnston, L. D., Bachman, J. G., O'Malley, P. M., & Patrick, M. E. (2018). *National adolescent drug trends in 2018*. Retrieved from <http://www.monitoringthefuture.org>

⁴⁵ Substance Abuse and Mental Health Services Administration. (2018). *Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health* (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Retrieved from <https://www.samhsa.gov/data>

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, data from site visits and both quantitative and qualitative data from 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, engaging the Law Enforcement sector, and addressing opioids.

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 progress report data from 2016 and 2017 further supported this idea. Since February 2016, DFC coalitions have responded to up to three items regarding youth coalitions in each progress report: (1) indicate (yes or no) if they hosted a youth coalition, (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. A *youth coalition* is defined as:

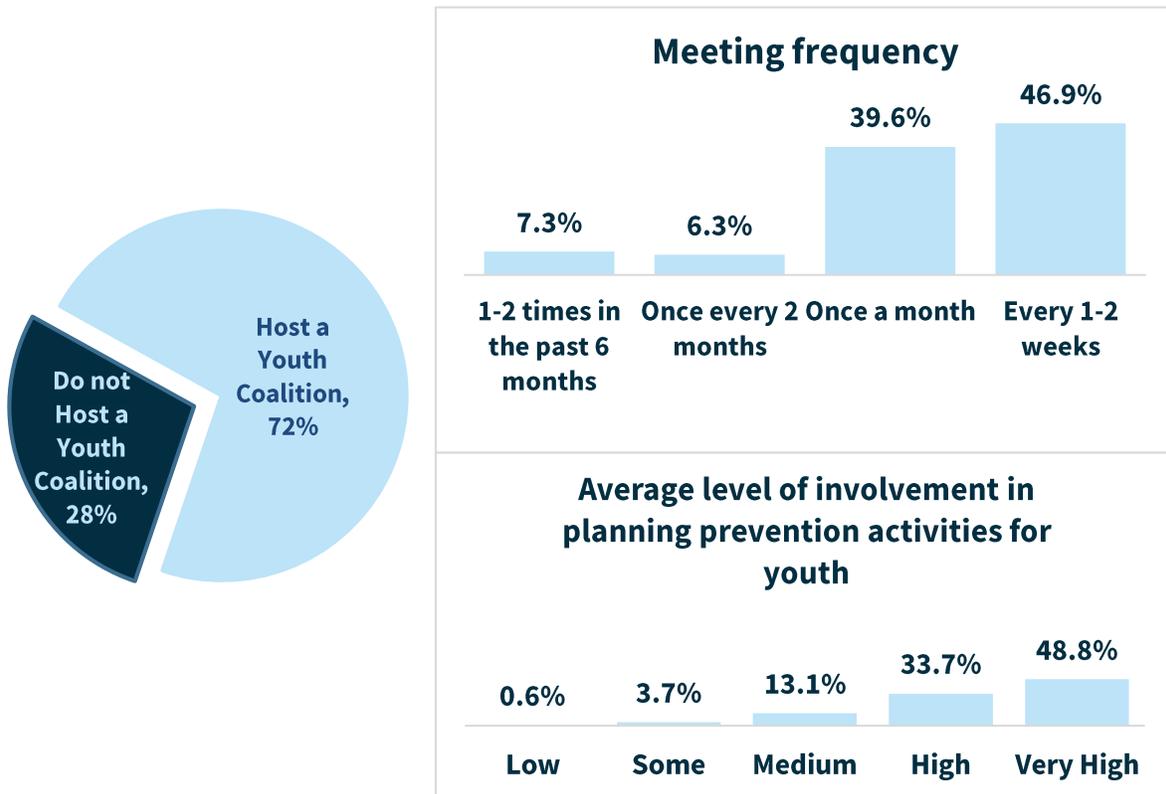
A group of youth who work together to plan and implement activities related to the mission of the full coalition. An adult coalition member serves as a mentor or leader, but the youth have key leadership roles. The youth coalition is integral to the full coalition, but generally meets independently.

The August 2018 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 707 DFC coalitions that responded to the youth coalition questions in the August 2018 progress report, 510 coalitions (72%) reported hosting a youth coalition in their work (see Figure 15). This is 6 percentage points greater than what was reported in August 2017 (66%). Of these 510 coalitions, most (87%) reported their hosted youth coalition met at least once a month.⁴⁶ 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 (low) to 5 (very high), or between high and very high. The majority of DFC coalitions (83%) reported these youth coalitions are highly or very

⁴⁶ Of these coalitions, 46.9% met once every 1- or 2 weeks while 39.6% met once a month, for a total of 86.5%. Another 6.3% met once every 2 months while 7.3% of those with youth coalitions reported they met only one or two times in the past 6 months.

highly involved in coalition planning and activities; 13% reported medium involvement; and few (less than 5%) reported low or only some involvement in planning activities.

Figure 15. The Majority of DFC Coalitions Hosted a Youth Coalition, with Most Youth Coalitions Meeting at Least Monthly and Being Highly or Very Highly Involved in Planning and Implementing Prevention Activities



Source: DFC August 2018 Progress Report

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 involved in planning and implementing activities, these analyses sought to better understand the overall relationship between youth coalitions and youth engagement.

Membership Involvement and Youth Coalitions

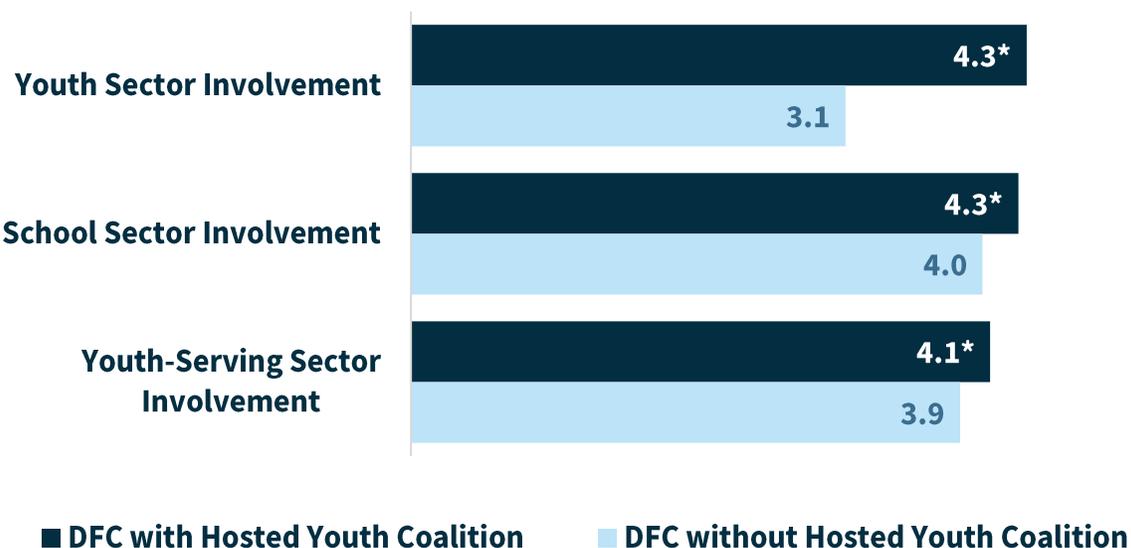
Perceptions of Youth, School, and Youth-Serving sector involvement with the DFC coalition all differed significantly between DFC coalitions hosting and those not hosting a youth coalition (see Figure 16).⁴⁷ The largest difference was for Youth sector involvement, where the difference between the two 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

⁴⁷ Based on Mann-Whitney-Wilcoxon analyses: Youth sector $p < .0001$; School sector $p < .05$; Youth-Serving sector $p < .05$

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 who host a youth coalition.

Similarly, DFC coalitions hosting a youth coalition also perceived significantly higher involvement of the School and Youth-Serving sectors, although the differences were smaller (see Figure 16). DFC coalitions hosting a youth coalition reported higher levels of average involvement for the School (4.3 versus 4.0) and Youth-Serving (4.1 versus 3.9) sectors compared to those that did not host a youth coalition.

Figure 16. Average Level of Involvement by Youth, School, and Youth-Serving Sector Members Significantly Higher in DFC Coalitions with a Hosted Youth Coalition Than in Those Without One



Notes: * indicates $p < .05$ (significant difference).

Source: DFC August 2018 Progress Report

Hosting a youth coalition was also associated with broader member and active member representation (see Figures 17 and 18). The findings on active sector members 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 (79% versus 67%)⁴⁸ and in the Youth (99% versus 88%)⁴⁹ and Media (93% versus 86%) sectors.⁵⁰ Although significant, smaller differences were found between DFC coalitions with a hosted youth coalition and those without with regard to having at least one active sector member in the

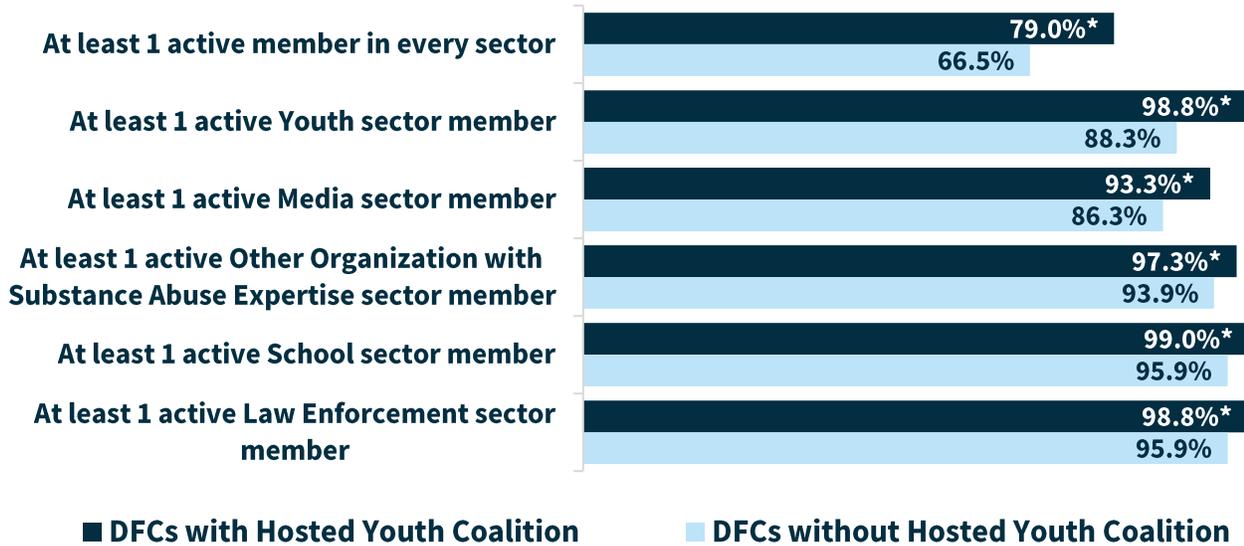
⁴⁸ $\chi^2(1) = 12.06, p < .01$

⁴⁹ $\chi^2(1) = 39.82, p < .001$

⁵⁰ $\chi^2(1) = 8.93, p < .01$

Other Organizations with Substance Abuse Expertise (97% versus 94%),⁵¹ School (99% versus 96%),⁵² and Law Enforcement sectors (99% versus 96%).⁵³

Figure 17. DFC Coalitions with a Hosted Youth Coalition Were *Significantly* More Likely to Have Active Member Representation in Each of the 12 Sectors and at Least One Active Youth, Media, Other, School, and Law Enforcement Sector Member



Note: * indicates $p < .05$ (significant difference).

Source: DFC August 2018 Progress Report

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 (96% versus 92%, respectively),⁵⁴ at least one Youth sector member (100% versus 98%),⁵⁵ and at least one State/Local/Tribal Government sector member (100% versus 99%).⁵⁶

⁵¹ $\chi^2(1) = 4.49, p < .05$

⁵² $\chi^2(1) = 7.47, p < .01$

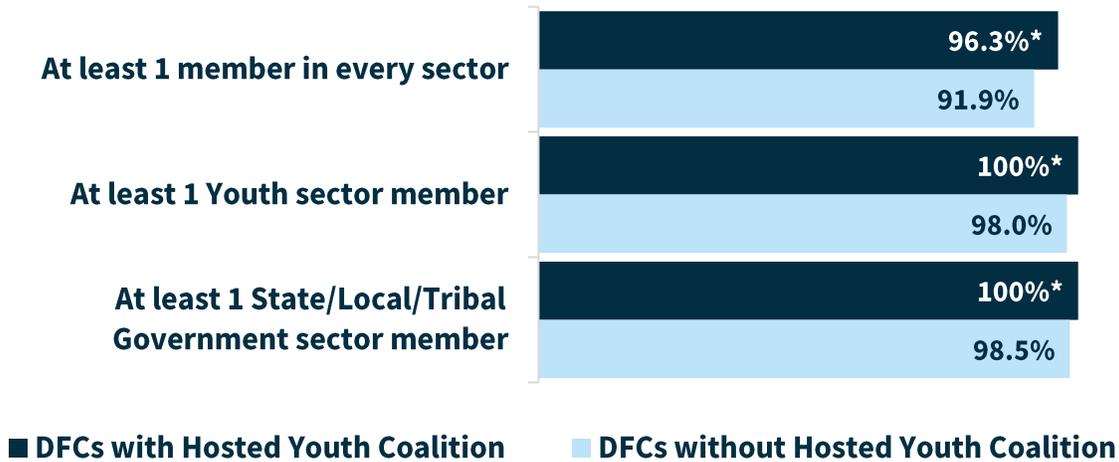
⁵³ $\chi^2(1) = 66.09, p < .02$

⁵⁴ $\chi^2(1) = 55.84, p < .02$

⁵⁵ $\chi^2(1) = 1,010.41, p < .01$

⁵⁶ $\chi^2(1) = 7.80, p < .01$

Figure 18. DFC Coalitions with a Hosted Youth Coalition Were *Significantly* More Likely to Have Member Representation in Each of the 12 Sectors and at Least One Youth and State/Local/Tribal Government Sector Member



Note: * indicates $p < .05$ (significant difference).

Source: DFC August 2018 Progress Report

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 *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.

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:

- **213,000** youth participated in training
- **164,000** youth participated in alternative social events
- **27,000** youth were involved through youth recreation programs
- **13,000** youth were involved through youth organizations
- **242,000** youth participated in activities to reduce home and social access
- **25%** of DFC coalitions educated/informed about **126** new school policies addressing substance use

DFC coalitions with a hosted youth coalition were further compared to those who did not host one to gain a better understanding of the differences in implementation activities undertaken by each during the August 2018 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 (22 percentage points) was in implementing youth education and training sessions, which is an *Enhancing Skills* strategy.⁵⁷ Whereas most (91%) DFC coalitions that host a youth coalition implemented at least one youth education and training session during the 6-month reporting period, just more than two-thirds (69%) 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 alternative/drug-free social events (69% versus 50%, respectively), recognition programs (36% versus 22%), and activities aimed at reducing home and social access to substances (72% versus 58%). In addition, activities implemented by significantly more DFC coalitions with a hosted youth coalition included a *Changing Physical Design* activity (i.e., community cleanup and beautification) and a *Providing Information* activity (i.e., media campaigns). 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 with a Youth Coalition Reporting Activity	% of DFC Coalitions Without a Youth Coalition Reporting Activity	Percentage Point Difference
Youth Education and Training: Sessions focusing on providing information and skills to youth*	91%	69%	22
Alternative Social Events: Drug-free parties, other alternative events supported by the coalition*	69%	50%	19
Recognition Programs*	36%	22%	14
Reducing Home and Social Access to Alcohol and Other Substances*	72%	58%	14
Teacher/Youth Education and Training*	43%	31%	12
Community Member Education and Training*	65%	55%	10

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

Source: DFC August 2018 Progress Report

⁵⁷ Ibid.

Law Enforcement Sector Engagement

In 2018, the decision was made to more closely examine DFC coalitions' engagement with the Law Enforcement sector. In addition to examining progress report data, nine DFC coalitions were selected for site visits because of their perceived high level of engagement with the Law Enforcement sector based on Progress Report data from 2017. The Law Enforcement sector can include local, county, and State law enforcement and emergency services, school resource officers, juvenile justice, and probation offices. In addition, at the Federal level, Law Enforcement sector engagement often included agencies such as the U.S. Drug Enforcement Administration (DEA) and ONDCP's High Intensity Drug Trafficking Areas (HIDTA) grant recipients.⁵⁸ Here, data from the August 2018 progress report associated with Law Enforcement is described along with an introduction to strategies used by DFC coalitions to achieve high engagement with the Law Enforcement sector. For analyses across all FY 2017 DFC coalitions, coalitions were first grouped into two categories based on how the coalitions had rated involvement of their Law Enforcement sector. The high engagement group reported "high" or "very high" Law Enforcement involvement ($n = 549$; 78%) and the low engagement group rated involvement as "low," "some," or "medium," Law Enforcement sector involvement ($n = 158$, 22%).

Membership Involvement and Law Enforcement

As previously reported, the Law Enforcement sector had among the highest number of active members (median of 3), second only to the Youth and School sectors (median of 5 and 4 active members, respectively).⁵⁹ Law Enforcement members were considered among the most highly involved in DFC coalitions, with an average rating of 4.1, equivalent to *high* involvement. In addition, the engagement of Law Enforcement members in coalitions seems to be associated with strength in membership across sectors. As shown in Figure 19, DFC coalitions with high Law Enforcement engagement were significantly more likely than coalitions with low Law Enforcement engagement to have at least one active member in every sector (78% versus 68%)⁶⁰ and at least one active member in the Law Enforcement sector (100% versus 92%).⁶¹

⁵⁸ For additional information on ONDCP's HIDTA program, see:

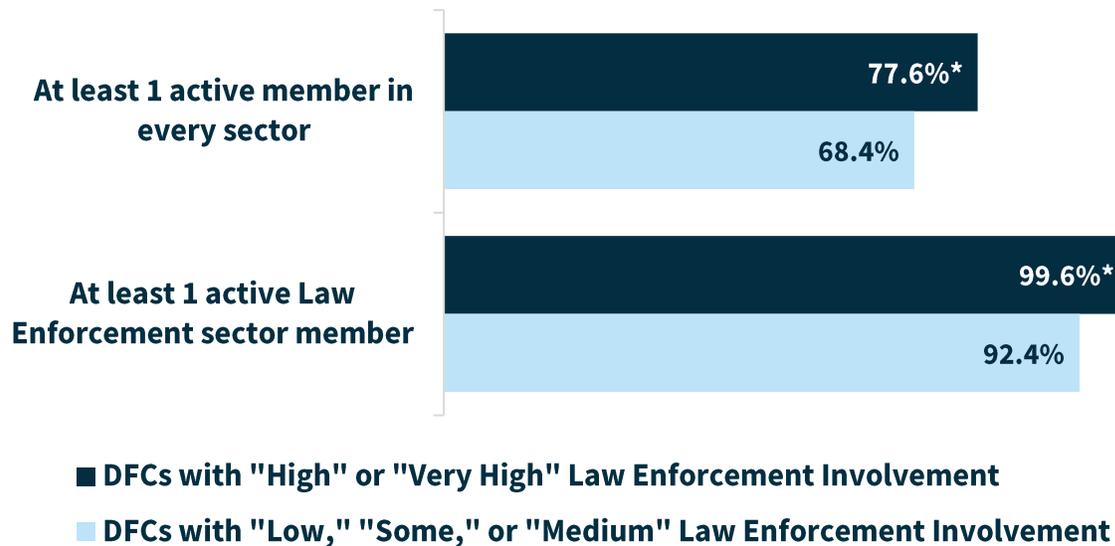
Office of National Drug Control Policy. (2017). Grants & programs. Retrieved from <https://www.whitehouse.gov/ondcp/grants-programs>

⁵⁹ The Parents and Healthcare Professionals sectors also had a median of three sector members (see Figure 3).

⁶⁰ $\chi^2(1) = 5.67, p < .02$

⁶¹ $\chi^2(1) = 33.05, p < .001$

Figure 19. DFC Coalitions with High or Very High Law Enforcement Involvement Were Significantly More Likely to Have Active Member Representation in Each of the 12 Sectors and at Least One Active Law Enforcement Sector Member



Source: DFC August 2018 Progress Report

Law Enforcement Engagement and Strategy Implementation

The importance of the Law Enforcement sector to DFC coalitions' work is also seen in commonly implemented strategies. DFC coalitions with high Law Enforcement sector engagement were compared with those with low Law Enforcement sector engagement on activity implementation across the Seven Strategies for Community Change. Table 16 shows the six activities with the greatest differences in implementation, all of which favor DFC coalitions with high Law Enforcement engagement (see also Tables D.1 and D.2, Appendix D). The greatest difference (20 percentage points) was for strengthening enforcement, which is a *Changing Consequences* strategy.⁶² DFC coalitions with high Law Enforcement sector engagement, versus those with low Law Enforcement engagement, were also significantly more likely to have implemented activities designed to strengthen surveillance (32% versus 15%), reduce home and social access to substances (72% versus 56%), and train businesses to prevent youth substance use (35% versus 22%).

⁶² $\chi^2(1) = 19.4, p < .001$

Table 16. Example of Activities Implemented Significantly More by DFC Coalitions with High Versus Low Law Enforcement Sector Engagement

Activity	% of DFC Coalitions with High Law Enforcement Sector Engagement That Reported Conducting the Activity	% of DFC Coalitions with Low Law Enforcement Sector Engagement That Reported Conducting the Activity	Percentage Point Difference
Strengthening Enforcement (e.g., DUI checkpoints, shoulder tap, open container laws)	49.5%	29.7%	19.8
Strengthening Surveillance (e.g., “hot spots,” party patrols)	32.1%	14.6%	17.5
Reducing Home and Social Access: Adults and youth participating in activities designed to reduce access to alcohol and other substances (e.g., prescription drug take-back programs)	71.8%	56.3%	15.5
Business Training: Sessions on server compliance, training on youth-marketed alcohol products, tobacco sales, etc.	34.8%	21.5%	13.3
Direct Face-to-Face Information Sessions	88.0%	78.5%	9.5
Parent Education and Training: Sessions directed to parents on drug awareness, prevention strategies, parenting skills, etc.	54.1%	44.9%	9.2

Note: See Table D.1, Appendix D, for chi-square results.

Source: DFC August 2018 Progress Report

DFC coalitions reported during site visits and in progress report open text fields that Law Enforcement sector members have been engaged through a multitude of activities, including speaking at youth, parent, and community education programs and hosting sober events; conducting enforcement activities like retailer compliance checks and party patrols; and presenting at and participating in task forces and informational conferences related to substances (e.g., marijuana, opioids). Some DFC coalitions reported they have received crucial data from Law Enforcement related to arrests, overdoses, and retailer compliance; however, some DFC coalitions noted they have struggled to obtain data from their Law Enforcement sector members. DFC coalitions shared the following examples of successes relating to their activity engagement with the Law Enforcement sector:

- “We have established a close partnership with local law enforcement and have co-sponsored several ‘anti-crime’ public safety measures together, including bait car efforts, community-wide clean-ups, graffiti-out campaigns, and ‘coffee with a cop’ in high crime areas.” (Year 6, Western region)
- “We have been working closely with law enforcement and the agency that manages the 911 system, and have developed an enhanced 911 system, allowing parents or other citizens to report underage drinking incidents by dialing 911.” (Year 8, Southern region)

- “The coalition, in partnership with local law enforcement, participated in the national drug take-back day for the first time in over 8 years.” (Year 7, Western region)
- “Coalition members have been invited to join the police in ride-alongs to check for compliance with respect to our targeted lounges and private clubs.” (Year 8, Southern region)

Additionally, DFC coalitions reported they have seen collaboration between the Law Enforcement sector and other coalition sector members, including schools and healthcare professionals, in addressing the needs of youth affected by drug use at home or in their communities. One coalition noted that Law Enforcement representatives have come together with school representatives to develop support practices and policies for working with traumatized and drug-endangered youth. Several other coalitions described collaboration between Law Enforcement and Healthcare sectors, specifically related to identifying occurrences of opioid misuse and working toward better prevention solutions, and also described working with their Law Enforcement sector, often on task forces, as crucial to efforts to address opioids in their community (also see the section on *Building Capacity to Address Opioids*):

- “We worked with the National Guard and HIDTA [High Intensity Drug Trafficking Areas] to implement an opioid overdose tracking system to collect more data.” (Year 6, Southern region)
- “[DFC coalition] staff are now leading [an opioid safety coalition], which is comprised of medical professionals, pharmacists, law enforcement, and members of the community, working together to address the issue of opioid abuse, effectively expanding the [DFC coalition] membership.” (Year 7, Western region)
- “The coalition and opioid consortium hosted a judicial symposium that brought together law enforcement, judicial, and treatment providers to establish common ground and educate these sectors.” (Year 6, Midwestern region)
- “Approximately 200 healthcare professionals, law enforcement agents, students, and community members personally impacted by opioid dependence attended [a coalition-sponsored conference on the opioid epidemic] to develop knowledge and skills in understanding treatment for opioid dependence; understanding trauma and stigma; and how to offer a client-centered continuum of care.” (Year 6, Western region)

Regarding prescription drug take-back events, Law Enforcement partners and DFC coalitions often develop a reciprocal relationship. Law enforcement agencies have held take-back events and installed permanent drop boxes in their stations, and DFC coalitions have informed community members and assisted law enforcement agencies in getting medications picked up by the appropriate organizations (e.g., DEA). During site visits, several DFC coalitions also noted that they played a key role in local Law Enforcement sector members making the decision to engage in these activities.

Although many DFC coalitions shared that they successfully garnered commitments from the Law Enforcement sector, some reported challenges in engaging the multiple law enforcement agencies that serve their communities. Often, this was due to limited capacity in law enforcement agencies, particularly in smaller communities, or a perceived lack of interest in or commitment to collaboration by law enforcement leaders in their community. Another reason DFC coalitions cited for lack of success in working with the Law Enforcement sector was cultural or language barriers between law enforcement agencies and community members, especially in areas with large rural or immigrant populations. These challenges in engaging the Law Enforcement sector were often seen as having a negative impact on the community. One coalition noted that youth in their community are aware of areas with low law enforcement surveillance and have exploited that knowledge when looking for locations to use illegal substances or engage in illegal activities.

DFC Coalitions Support Law Enforcement Collaboration

“My background is law enforcement, and I feel at any point I can call any of these guys, but to get them all in the same room, from my perspective, is almost impossible. Not only are we talking 4 different jurisdictions, we’re talking County, we’re talking Fire officials, we’re talking EMTs and finally the primary group that is up here when it comes to [the] Overdose Map (ODMAP) was the Marshal’s office. From my position, that’s impossible to get ... She [the DFC coordinator] was able to get everybody in the room.”

— Year 3, Southern region, HIDTA member

Promising Practices for Increasing Law Enforcement Engagement

The site visits were particularly informative with regard to how DFC coalitions with high Law Enforcement sector engagement implemented practices to increase and improve that engagement. These practices may also apply to building capacity with additional sectors, although that was not the focus of the visits. The following three interrelated practices were the most consistently reported across coalitions:

1. **Focus on Relationship-Building:** Coalition staff reported working to find the right person in each law enforcement agency to connect with regarding DFC efforts. In some cases, a law enforcement leader (sheriff, police chief) was the key person, whereas in others it was an officer tasked with community engagement. Relationships were built by regularly engaging this person, often over several years. When possible, having the right person from one agency contributed to appropriately meeting the right person from another agency and building new relationships. Underlying DFC coalitions’ efforts to build relationships was being able to find opportunities to support Law Enforcement and find out what they needed, not just what the coalition needed from them. Because of these efforts, the relationships were often described as reciprocal, with give-and-take rather than being one-sided. During site visits, participants typically noted their appreciation of the work each member does, and that mutual appreciation facilitated openness to collectively engaging in activities. Several Law Enforcement sector members noted that one goal of their agency is to build positive relationships with the community, and their work with the DFC coalition supports that goal.

Some DFC coalitions also made concerted efforts to create relationships between Law Enforcement sector members from various agencies by developing task forces that held regular meetings.

2. **Communicate Regularly and with Purpose:** Each of the DFC coalitions reported that a key step in relationship-building was finding out the best way to communicate with their Law Enforcement members; some preferred to be texted, whereas phone calls or emails worked for others. Coalition staff members shared that they were willing to be flexible and did not make any assumptions about the best way to communicate. They also were sure to reach out with a purpose. Because of this, most coalition staff members reported they often heard back quickly when they reached out.
3. **Be Persistent:** As one Law Enforcement sector member noted, “With the police departments, there’s so many things going on that if you don’t stay on top of them, people [officers] will stop coming.” Successful engagement, especially with new Law Enforcement members, often came about because coalition staff members persisted in pursuing the relationship. They kept calling until they found the right person. They recognized that people are busy and kept reaching out rather than assuming a lack of interest. Law enforcement officials often reported that they appreciated this persistence and saw it as a sign the DFC coalition was serious about the relationship. In addition, DFC coalition staff members noted they attended events involving law enforcement. They would introduce themselves and their coalition and then follow up after with additional communication.

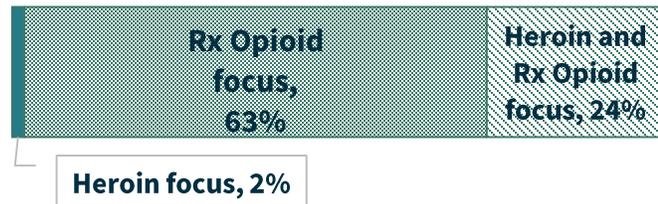
Underlying these practices is a foundation of trust, particularly pertaining to data crucial to *Providing Information* activities. DFC coalitions shared valuable community data with Law Enforcement members, including youth core measures data and data collected from various other sectors (e.g., schools, parents, public health). In return, their Law Enforcement partners provided trustworthy law enforcement data and HIDTA information. For example, one coalition reported that the New York/New Jersey HIDTA released a report with new information on vaping, and the DFC coalition shared that widely in their community: “It’s not just law enforcement information, it’s information you need to get out to community groups. We use [the DFC coalition] as the doorway to do that” (Year 3, Southern region).

Building Capacity to Address Opioids

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 substance challenges that arise in their communities. During recent years, many DFC coalitions reported needing to address the increase in issues related to opioids in their local community. The Centers for Disease Control and Prevention (CDC) has identified opioid use and opioid overdose deaths as an epidemic. In 2017, an estimated two-thirds (68%) of all drug overdose deaths were associated with opioids (e.g., prescription opioids, heroin, fentanyl), and the number of opioid-related deaths in 2017 was six times higher than in 1999 (in 2016,

the number was five times higher than in 1999). On average, 130 people died every day from an opioid overdose in 2017 in America, an increase from 115 per day in 2016 and 91 per day in 2015.⁶³ In August 2018 progress reports, nearly all DFC coalitions (89%) selected prescription opioids, heroin, or both as among their top five substances targeted (see Figure 20).⁶⁴ Most DFC coalitions (63%) indicated they were targeting prescription opioids but not heroin, slightly less than one-fourth (24%) selected both heroin and prescription opioids, and a small percentage (2%) indicated they were targeting heroin only. As seen in Figure 21, this focus on opioids by DFC coalitions is occurring across the United States.

Figure 20. 89% of FY 2017 DFC coalitions targeted heroin, prescription opioid drugs, or both



Source: DFC August 2018 Progress Report

The DFC National Evaluation Team examined qualitative data from open-ended response items on the August 2018 progress reports for indications that DFC coalitions were responding to this relatively new challenge by addressing opioids (see Table E.1, Appendix E). Open-ended responses were searched for opioid-specific key terms (e.g., opiate, opioids, heroin, fentanyl, or oxycodone). Of the coalitions with progress report data, 46.4% mentioned opioids in at least one open-ended response field.

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 707 DFC coalitions with August 2018 progress report

Of all FY 2017 DFC coalitions, 73% mentioned either prescription drugs or opioids.

data, almost three-fourths (73%) mentioned either prescription drugs or opioids, far more than the 46% who specifically mentioned opioids.⁶⁵ It's important to note that some DFC coalitions working on opioids may not have included

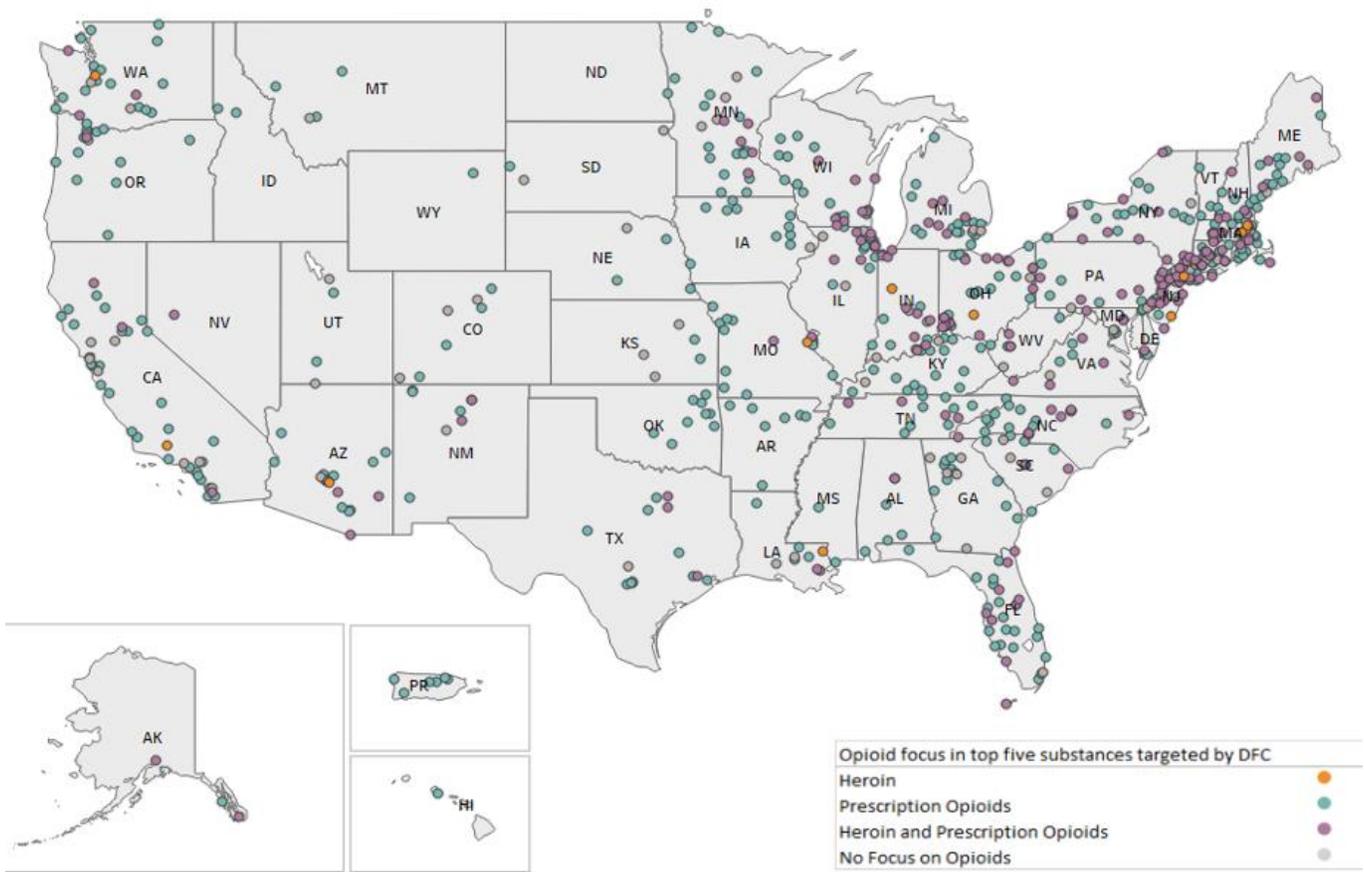
descriptions of these efforts in any of their open-ended responses, whereas others may have described this work using only prescription drug terminology (i.e., without specifying prescription opioids).

⁶³ For CDC data, see Wide-ranging Online Data for Epidemiologic Research (WONDER), National Center for Health Statistics 2017, available at <http://wonder.cdc.gov>

⁶⁴ 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 August 2017, 87 percent of FY 2016 DFC coalitions selected prescription drugs, heroin, or both, similar to the 89 percent of FY 2017 DFC coalitions reporting this focus in August 2018.

⁶⁵ Of the 707 coalitions, 185 mentioned prescription drugs but not opioids, 78 mentioned opioids but not prescription drugs, 250 mentioned both, and 78 mentioned neither.

Figure 21. FY 2017 DFC Grant Award Recipients Across the United States Report Prescription Opioids, Heroin, or Both as a Target Substance



Note: Only coalitions who submitted an August 2018 Progress Report are shown.

Sources: DFC August 2018 Progress Report; DFC FY 2017 Grant Application coalition ZIP code information

Sample Activities to Address Opioids

Based on the qualitative data provided in the August 2018 progress reports, DFC coalitions have been engaging in a broad range of activities across the Seven Strategies for Community Change to address opioids. Several DFC coalitions also reported ways they have been building capacity around opioid prevention, such as providing targeted support and technical assistance to other coalitions and opioid or heroin task forces in their region. One coalition noted that they “hosted an additional planning session with our partners in a county-wide opioid task force, so that we could more clearly prioritize local needs in the municipalities we have in common and that dovetail with county-wide resources and needs” (Year 2, Northeastern region). The following sections provide a summary of the types of opioid-related activities that DFC coalitions reported implementing.

Educating and Training

Many DFC coalitions have hosted and collaborated on events to educate their community about the opioid crisis and strategies for prevention and treatment. Coalitions discussed trainings, summits, and forums on opioid-related topics, such as effective prevention strategies, addiction and recovery,

safe storage and disposal of prescription drugs, signs and symptoms of opioid use, and available treatment services. Some of these informational sessions were presented or attended at the regional, State, or national level. One coalition noted they planned, coordinated, and implemented a summit that “provided keynote speakers with up-to-date information on the opioid crisis and efforts to enhance safe prescribing, disposal, and a comprehensive understanding of opioids” (Year 8, Western region). These opportunities to learn about opioids and opioid prevention were provided to community members, local lawmakers, religious leaders, medical professionals, and youth and families dealing with addiction, among other stakeholder groups.

DFC coalitions also implemented skill-building trainings on opioid-related topics. For example, one coalition reported that “training was provided to 92 prescribers (healthcare and dental) on opioid prescribing policies, [State] prescription drug monitoring program, dose of reality, and current drug trends” (Year 9, Midwestern region).⁶⁶ Other training examples mentioned by coalitions included hosting naloxone trainings with community members, law enforcement, and youth; prescription drug disposal training with senior citizens and real estate agents; leadership trainings with youth; and training on the danger of opioids with coalition members.

Prescription Drug Disposal and Take-Back Programs

DFC coalitions provided information regarding the steps they have taken to encourage safe prescription drug disposal practices. DFC coalitions reported they have distributed drug deactivation systems, including one coalition that distributed 422 of these systems to families with youth who might access their prescription drugs. Coalitions also distributed postcards to inform the public of prescription drop-box locations, provided information on how to obtain Narcan, gave out prescription drug bottle lock caps, and set up permanent drop boxes at new locations such as pharmacies and primary care provider, veterinarian, and chiropractor offices.

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 include:

- “While addressing opioids and prescription drug abuse in our community, our coalition has disposed of approximately 5,300 pounds of unused medication, while operating 5 drop box locations across the county.” (Year 8, Midwestern region)
- “We partner with county law enforcement to establish and maintain [the county] prescription drug collection box network, consisting of 17 locations that span the county and net over 600 lbs.” (Year 9, Midwestern region)

⁶⁶ Dose of Reality is a collaborative statewide public awareness, education, and prevention effort developed through a partnership between Wisconsin State agencies and the U.S. Department of Justice. It provides opioid-related program material ideas, treatment resources, and information targeted to specific populations including youth, parents, seniors, Native Americans, and service members. For more information see:

Wisconsin Department of Justice. (2019). Dose of reality—Prevent prescription painkiller abuse in Wisconsin. Retrieved from <https://doseofrealitywi.gov>

- “[The coalition] also had another successful DEA prescription drug take-back day, collecting over 1,200 pounds of prescription drugs at 13 locations.” (Year 10, Southern region)
- “Six communities participated in the DEA drug take-back day, collecting 1,133 pounds of prescription medication.” (Year 6, Midwestern region)

Additionally, DFC coalitions discussed the impact of these take-back programs over time. One coalition reported working with law enforcement agencies to collect over 7 tons of unwanted medication since the start of their program (Year 10 coalition, Southern U.S.). Other coalitions have seen increases in the amount of medications collected during the past several years, with one coalition reporting an increase of more than 300 pounds since their first take-back day in October 2017 (Year 3, Southern region).

Task Forces

Another activity reported by DFC coalitions during the August 2018 reporting period related to opioid and heroin task forces, which often focus on prevention, harm reduction, treatment, and recovery topics related to these substances. The intent of these task forces is often, as one coalition put it, “working together to develop strategies to prevent opioid misuse by strengthening existing strategies and identifying new strategies to help reduce access and educate the community to change community norms” (Year 8, Midwestern region).

Many DFC coalitions discussed partnering with existing task forces in their community, region, or State; some of these coalitions reported an increase in membership or member engagement during the reporting period. For example, one coalition “has increased its [opioid task force] membership to 170 and has added an additional subcommittee, employer workforce, to combat the opioid crisis at the workforce level” (Year 5, Southern region). Other coalitions identified a need for a local opioid task force and formed their own, often bringing in partners from their community and surrounding areas.

Coalitions reported engaging in a variety of activities through their opioid task forces, including:

- Identifying needs and developing logic models,
- Promoting a State pain management guide and introducing prescribers to prescription drug monitoring programs,
- Promoting and holding take-back events, and
- Identifying and evaluating current prevention programming and any gaps.

The work of task forces has been recognized by their communities. One coalition reported receiving a proclamation from the city commission for their research and work on their heroin and opioid task force.

Innovative Approaches

In addition to these prevention strategies, DFC coalitions described a variety of innovative approaches to heroin and other opioid problems in their community. Examples include:

- “The opioid task force developed a brochure about drug diversion information for veterinarians and was allowed to have it included in the packets for attendees at the 2018 [State] veterinary medical association conference.” (Year 3, Southern region)
- Working with partners to establish opioid call or text hotlines. These 24-hour hotlines are intended to provide real-time help, emotional support, referrals, and community resources related to heroin or opioids.
- Engaging youth coalitions to develop and distribute prescription drop-off location cards, radio public service announcements (PSAs), and a door-knocking campaign during which youth “walked around the community with adult advisers and went from door to door and person to person explaining to the community and their peers what their mission was and why they felt strongly about the opioid epidemic that is affecting the community and some of their fellow peers.” (Year 2, Northeastern region)
- Implementing mobile prescription drug take-back events to reach members of traditionally underserved communities.

Conclusions

This report provides a summary of findings for the DFC program through the August 2018 progress reporting window. The following is an overview of key takeaways from this report.

Nearly 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 2018.

Since program inception, a wide range of people and communities have been exposed to the federally funded DFC Support Program. Based on DFC coalitions' reports of ZIP codes served and compared to census data, DFC coalitions have targeted areas that covered nearly half (49%) of the U.S. population between 2005 and 2018. In 2018 alone, the 713 DFC coalitions funded in FY 2017 targeted services to communities with 62.8 million people, or one-fifth (20%) of the population of the United States. This includes 2.5 million

middle school- and 3.6 million high school-aged youth. DFC locations implemented activities in rural (52%), suburban (43%), and urban (27%) community settings.

DFC coalitions reported increased past 30-day prevalence of non-use (decreased use) of alcohol, tobacco, marijuana, and prescription drugs not prescribed to the user.

DFC coalitions made significant progress toward achieving the goal of preventing and reducing youth substance use. DFC coalitions reported targeting efforts toward addressing alcohol (98%), marijuana (90%), misuse of prescription drugs (90%), and tobacco use (63%), which are the DFC core measure substances. The majority of middle school and high school youth in communities with a DFC coalition reported they have not used each of these core substances within the past 30 days, and prevalence of non-use increased from the

first report to most recent report; i.e., these figures are increasing in the "right" direction over time. This positive increase was true for both middle school and high school youth, and in both sample groups examined, with the exception of prescription drug misuse among middle schoolers, for which non-misuse was already very high and unchanged from first to most recent report (97% at both points for both samples). As in previous years, among FY 2017-funded DFC coalitions, there were positive findings of significant increases from first to most recent report of *non-use of substances* (past 30 days) for alcohol, tobacco, and marijuana for both age groups (middle school and high school age). As noted, there were also significant increases in past 30-day non-use of prescription drugs, but only at the high school level.

Prevalence of past 30-day non-use for middle school youth at most recent report in the FY 2017 sample was high (94% and higher for each of the substances), with increases in non-use from first report to most recent report ranging from 0.6 percentage points for marijuana non-use to 2.7 percentage points for alcohol non-use.

Among high school youth at most recent report in the FY 2017 sample, there was similarly high prevalence of non-use for tobacco (92%) and non-misuse of prescription drugs (95%), with significant increases of 6.3 and 1.5 percentage points from first report to most report, respectively. However, in the FY 2017 sample, fewer high school youth reported past 30-day non-use of alcohol (77%) and marijuana (84%) at most recent report compared to tobacco prescription drugs; that is, alcohol and marijuana were more likely to have been used in the past 30 days. These rates stand in contrast to higher rates of non-use among middle school youth. Although increased non-use is promising, the prevalence of youth who reported past 30-day use, including nearly 1 in 4 (23%) high school youth who reported past 30-day use of alcohol and 1 in 6 (16%) high school youth who reported past 30-day use of marijuana at most recent report in the FY 2017 sample, suggests the continued need for programs like DFC that support communities in engaging in ongoing strategies to support prevention.

The declining rates of substance use (increases in non-use) are in line with national trends. Still, DFC coalitions appear to contribute to these national increases. When compared to national YRBS 2017 data, significantly fewer high school youth in DFC communities reported use of alcohol and tobacco. Although high school youth did not differ significantly on marijuana use in 2017, this appears to be due to national rate of use approaching that of DFC communities. More generally, high school youth in DFC coalition communities were less likely to have used these substances in the last 30 days than youth in the national YRBS sample in each of the years for which comparable data were available (2003–2017).

Social norms campaigns are one activity utilized by the majority (86%) of DFC coalitions to prevent use. These campaigns focus on giving youth factual and motivational information about the positive behaviors engaged in by peers with the intention of helping youth recognize that most of their peers are not engaging in negative behaviors. The finding that the majority of youth are not engaging in substance use, with respect to each core measure substance, may be useful in supporting DFC coalitions in their implementation of these social norms campaigns.

Youth in DFC communities continued to report high or increased perceptions of parental and peer disapproval. However, high school youth reported relatively lower perception of peer disapproval for marijuana and alcohol use.

Youth perceptions of perceived disapproval from parents and peers may contribute to the decisions they make regarding substance use. Youth who perceive disapproval may be less likely to use substances than youth who do not perceive such disapproval. Among middle school youth in communities served by DFC coalitions, there was a very high rate of perceived parental disapproval of substance use across substances (alcohol, tobacco, marijuana, and misuse of prescription drugs) in

both samples (all DFC and FY 2017 only): at least 92 percent or more at both first report and most recent report. There were some small but significant changes in perception of parental disapproval in

this age group from first to most recent report. In both samples (all DFC coalitions ever funded and FY 2017-only DFC coalitions), perceived parental disapproval of tobacco use increased significantly from first report to most recent report among middle school youth. Middle school youths' perceived parental disapproval of marijuana use increased significantly for all DFC coalitions funded (but not for the FY 2017 sample).

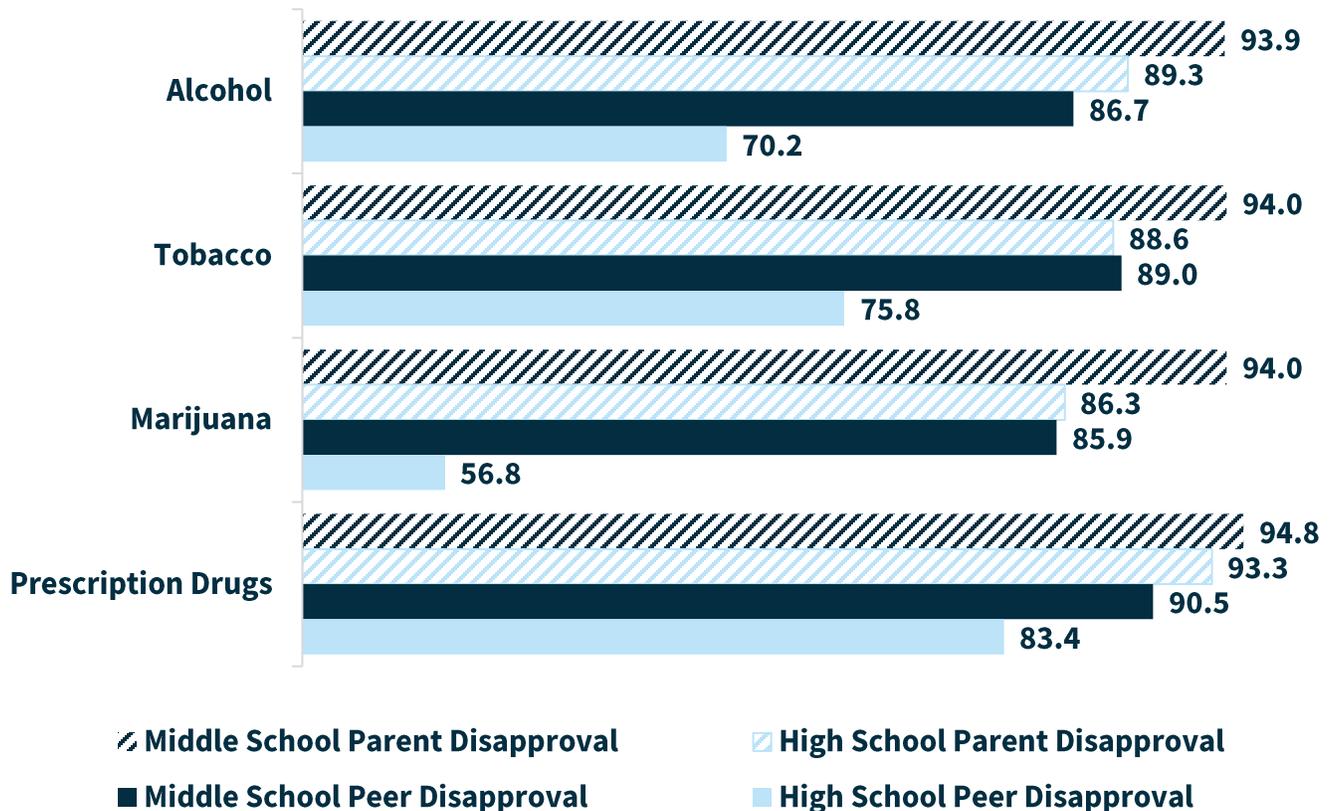
For middle school youth in both samples, there were significant increases in perceived peer disapproval of tobacco use. Perceived peer disapproval of both alcohol use and prescription drug misuse increased significantly among all DFC coalitions ever funded, but not in the FY 2017 sample. Middle school youth in the FY 2017 sample had no significant change in perceptions of peer disapproval of prescription drugs, but a slight *decrease* in perceptions of peer disapproval of marijuana use.

For high school youth in both samples, there were significant increases in perceived parental disapproval of both alcohol use and tobacco use, whereas there was no significant change in perceived parental disapproval of misuse of prescription drugs. Perceived parental disapproval of marijuana use was unchanged among all DFC coalitions since inception, but decreased significantly in the FY 2017 sample (-1.1 percentage points). For high school youth in both samples, there were significant increases in perceived peer disapproval for all substances, except perception of peer disapproval of marijuana use in the FY 2017 sample, which was relatively unchanged.

Perceived parental disapproval was similar across middle school and high school youth and similar to perceived peer disapproval in middle school youth. Using the all DFC coalitions since inception sample at most recent report as an example, the largest gap between middle school and high school youths' perception of parental disapproval was for marijuana use (8 percentage points; see Figure 22 and Table B.4, Appendix B). However, perceived peer disapproval of substance use was lower among high school youth than middle school youth for all substances (see Figure 22; see also Table B.5, Appendix B).

Compared to middle school youth, high school youths' perception of peer disapproval were 29 percentage points lower for marijuana use, 17 percentage points lower for alcohol use, and 13 percentage points lower for tobacco use. The smallest difference between the age groups for perceived peer disapproval was for misuse of prescription drugs, which was 7 percentage points lower for high school than middle school youth (see Figure 22 and Table B.5, Appendix B).

Figure 22. High School Youths' Perceptions of Peer Disapproval Were Lower Than Perceptions of Parental Disapproval (Both Age Groups) and Lower Than Middle School Youths' Perceptions of Peer Disapproval among all DFC Coalitions Since Inception



Notes: Numbers indicate percentages perceiving disapproval (wrong or very wrong) at most recent report among all DFC coalitions.

Similar patterns were seen for the FY 2017-only sample and for first report.

Source: DFC Progress Report, 2002–2018 core measures data

These findings suggest the need for DFC coalitions to continue efforts to help youth understand peer disapproval and how to influence it through the transition from middle school to high school. For example, far more high school youth reported past 30-day non-use of marijuana than reported perceiving peers would disapprove of such use (83-84% and 57%, respectively, in both samples). As previously noted, social norms campaigns, in place in nearly all (86%) DFC communities, may be one effective strategy to inform high school youth about the extent to which peers may disapprove of use, given their own unwillingness to use a given substance. As seen in Figure 22, perceived peer disapproval among high school youth was lower for marijuana than for any other substance at most recent report, with more than half (57%) reporting their peers would disapprove of marijuana use.

Data on perception of risk suggest that DFC coalitions may need to engage in additional activities to help youth understand the risk associated with use, especially the risk associated with marijuana use.

Perceived risk of tobacco use was generally high (78% to 82%) across grade levels and samples. For middle school youth, recent data based on the FY 2017 sample suggest that perceived risk of tobacco use has *decreased* significantly, although this was unchanged across all DFC coalitions since inception. Perceived risk of tobacco use increased significantly from first report to most recent report for high school youth across all DFC coalitions since

inception but was relatively unchanged for high school youth in the FY 2017 sample. Together these findings suggest there may be a renewed need to ensure that youth, beginning in middle school, understand risks associated with tobacco use.

Across grade levels and samples, most youth (79% to 81%) perceived risk associated with misuse of prescription drugs, and this was unchanged from first to most recent report, except for a small, but statistically significant, *decrease* among middle school youth in the FY 2017 DFC coalition sample. Interestingly, high school youth were somewhat more likely than middle school youth to report perceiving risk associated with misuse of prescription drugs in both samples. As was the case last year, some DFC coalitions reported anecdotally that high school youth participating in sports received education regarding prescription drug misuse, whereas others had increased inclusion of this topic during health classes. These types of activities may be contributing to an understanding of the risks associated with prescription drug misuse in high school youth.

The findings for perception of risk of alcohol (binge use) suggest several needs. Slightly less than three-fourths (70%–72%) of middle school and high school youth perceived risk associated with binge alcohol use, although this increased significantly for middle school youth among all DFC coalitions since inception and for high school youth in both samples. That is, middle school youth and high school youth were very similar in their perceptions of risk of alcohol use, and perceived risk associated with alcohol use was lower than either tobacco or prescription drug misuse. The DFC core measure for perceived risk associated with alcohol use emphasizes binge drinking (“five or more drinks at a single time”), making this finding particularly concerning given this is a high amount of alcohol consumption. DFC coalitions may want to engage in activities that explain specific risks associated with binge alcohol use to youth in both age groups. Given that alcohol is the most commonly used substance by both middle and high school youth, increased understanding of associated risks may also contribute to decreased use over time, or at least to decreased binge use. DFC National Evaluation data do not separate binge alcohol use from taking a single sip of alcohol, so it is unknown the extent to which youth are engaging in higher-risk alcohol use behaviors. These efforts need to begin in middle school, given that reported past 30-day prevalence of alcohol use increased from middle school to high school.

Middle school and high school youth, in both samples, reported perceptions of risk of marijuana use that *decreased* significantly from first report to most recent report. That is, perception of risk of marijuana use among youth generally changed in the wrong direction. In addition, although about two-thirds (68%–69% in both samples) of middle school youth perceived risk in marijuana use at most recent report, by high school at most recent report, only half (49%–50%) of youth perceived moderate or great risk associated with marijuana use. In fact, high school youths’ perceived risk of marijuana use at most recent report was lower than for any other substance, including alcohol. This was also true for middle school youth, although the difference between perceived risk of marijuana and alcohol use was smaller. One reason for concern is that this decreased perception of risk may eventually be associated with increased past 30-day prevalence of use, although that has not yet occurred in DFC coalition communities (our data show small but significant decreases from first to most recent report in past 30-day use of marijuana among both middle and high school youth). To remain effective at reducing marijuana use, DFC coalitions may need to improve or increase efforts to develop and implement appropriate strategies to help youth better understand risks associated with marijuana use.

DFC coalitions successfully built capacity in their communities to address substance use, including addressing opioids, in line with the goals of DFC.

The findings of this report provide valuable insights into the makeup of DFC coalitions and their effectiveness in mobilizing their communities. On average, FY 2017 DFC coalitions were led by two paid staff members, with support from three unpaid staff members, in mobilizing 42 community members from across 12 sectors to actively engage

in the work of the coalition. Collectively, an estimated 33,500 community members were mobilized in the 6 months preceding the reporting submission (August 2018). The Youth and School sectors provided the highest median number (5 and 4, respectively) of active coalition members, followed by the Law Enforcement, Parent, and Healthcare sectors providing a median of 3 active members each. The School and Law Enforcement sectors were the two highest-rated sectors on involvement (with means of 4.2 and 4.1 on a 5-point scale, respectively).

An examination of DFC coalitions’ engagement on addressing opioids provides further evidence that DFC is succeeding at mobilizing communities and building capacity to address substance use issues as they arise in the community. Establishing task forces and hosting town halls and conferences were some of the key strategies DFC coalitions reported for building capacity in this area. Almost all DFC coalitions (89%) were targeting efforts to some extent to address opioids, including heroin and prescription opioids, as one of their top five target substances, and 73 percent mentioned their work on either prescription drugs or opioids in their open-ended comments. DFC coalitions engaged in a broad range of strategies to address opioids, although much of this work was related to education about prescription opioids and providing prescription drug take-back events. Almost all DFC coalitions (96%) reported having a prescription take-back program or event in their communities,

and over half (68%) of DFC coalitions said they had implemented these events as a result of receiving their DFC grant award (Table 13). That is, prescription drug take-back events were not occurring in many communities until the DFC coalition was funded.

Among some of the innovative approaches to addressing opioids that coalitions described were providing veterinarians with drug diversion information, establishing opioid call or text hotlines to provide real-time support and referrals, and engaging youth coalitions in reaching out to the community via public service announcements and distributing information on prescription drug take-back events. DFC coalitions also educated the community about naloxone use.

Hosting a youth coalition is a promising practice for mobilizing and engaging youth.

Hosting a youth coalition remains a promising practice associated with positive findings. Approximately three-fourths (72%) of DFC coalitions reported hosting a youth coalition. Collectively, analyses comparing DFC coalitions with a youth coalition versus those without

one suggest these youth coalitions are a promising practice for mobilizing and engaging youth with the community coalition. For example, DFC coalitions with a hosted youth coalition were significantly more likely to report higher average involvement in the Youth sector, as well as the School and Youth-Serving sectors. In addition, DFC coalitions hosting a youth coalition were significantly more likely than DFC coalitions without one to have at least one member representing every sector (96% versus 92%) and significantly more likely to have an active member in several individual sectors.

Most (83%) DFC coalitions with a hosted youth coalition generally reported their youth coalition was highly or very highly involved in planning and implementing prevention activities. That is, youth were actively involved in creating substance use changes in their communities. Overall, DFC coalitions with a hosted youth coalition were significantly more likely to have engaged in 15 types of activities (see Table C.1, Appendix C). For example, conducting at least one youth educating-and-training session was far more likely in DFC coalitions with a hosted youth coalition than those without one (91% and 69%, respectively). Among other activities engaged in by significantly more DFC coalitions hosting a youth coalition were implementing alternative/drug-free social events for youth, recognizing businesses for compliance with local substance ordinances programs, conducting activities aimed at reducing home and social access to substances, hosting teacher/youth worker training sessions, and providing community member education and training sessions.

DFC coalitions are successfully engaging with the Law Enforcement sector through relationship-building, communication, and persistence.

The Law Enforcement sector was one of the sectors with the highest number of active members, second only to the Youth and School sectors. Law Enforcement members were also considered among the most highly involved in DFC coalitions, with an average rating of 4.1, equivalent to high involvement. Although more than three-fourths (78%) reported high or very high engagement by Law Enforcement, the remaining

coalitions faced some challenges in this area, making it worthwhile to understand how to improve engagement with this sector. During site visits, three key interrelated strategies were consistently identified as promising practices for Law Enforcement sector engagement. Namely, DFC coalitions emphasized taking the time to build relationships, stay in regular communication, and be persistent. These should occur in the context of finding ways the DFC coalition can support the Law Enforcement sector, and how Law Enforcement can support the work of DFC coalitions. There was a clear recognition that Law Enforcement sector members are often busy, making persistence especially central to establishing new relationships. Together, these practices also helped to establish trust, particularly around data sharing, between the coalition and Law Enforcement.

DFC coalitions with high compared to low Law Enforcement sector involvement were significantly more likely to have at least one active member in every sector (78% versus 68%) and in the Law Enforcement sector (100% versus 92%). The importance of the Law Enforcement sector to DFC coalitions' work was also seen in differences in strategy implementation. DFC coalitions reported that Law Enforcement sector members have been engaged through a multitude of activities, including speaking at youth, parent, and community education programs; hosting sober events; and conducting enforcement activities like retailer compliance checks and party patrols. Law Enforcement was often engaged with task forces; for example, to address opioids. DFC coalitions with high involvement by the Law Enforcement sector were more likely to engage in several types of activities. The greatest difference (20 percentage points) was for strengthening enforcement.

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

Activities engaged in by DFC coalitions fall under each of the Seven Strategies for Community Change, with more than half (57%) implementing at least one activity among each of the seven strategies. Most (77%) DFC coalitions implemented at least one activity in at least five of the seven strategy types (Figure 6). Not surprisingly, many activities were specifically engaged in collaboration with

youth or were intended to have direct impacts on youth. These 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. 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.

Limitations

In examining the findings, it is worth noting several limitations or challenges. First, 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.

Comparisons were made to national YRBS data, but only for past 30-day use and only for high school youth. Although these comparisons favor DFC coalitions, they are limited because there are not comparable national data for the remaining core measures or for middle school youth. In addition, 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 2002–2018 from many DFC coalitions are available. The number of coalitions with change data on new core measures introduced in 2012 was typically much smaller. This was especially true for the core measures on misuse of prescription drugs. As additional data become available, it will become clearer whether the findings to date are representative of the broad range of DFC coalitions.

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 scores are calculated in each DFC coalition to generate the national average, this challenge is somewhat addressed.

Although most coalitions report collecting 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 being in school. 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 capture area; 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

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?	<input type="checkbox"/>	<input type="checkbox"/>		
During the past 30 days did you smoke part or all of a cigarette?	<input type="checkbox"/>	<input type="checkbox"/>		
During the past 30 days have you used marijuana or hashish?	<input type="checkbox"/>	<input type="checkbox"/>		
During the past 30 days have you used prescription drugs <i>not prescribed to you</i> ?	<input type="checkbox"/>	<input type="checkbox"/>		

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How wrong do your parents feel it would be for you to smoke tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How wrong do your parents feel it would be for you to smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How wrong do your friends feel it would be for you to smoke tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How wrong do your friends feel it would be for you to smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?”

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 2017 DFC Grant Award Recipients			
	<i>n</i>	% Report Use, First Outcome	% Report Use, Most Recent Outcome	% Point Change	<i>n</i>	% Report Use, First Outcome	% Report Use, Most Recent Outcome	% Point Change
Middle School								
Alcohol	1262	12.0	8.8	-3.2*	490	8.8	6.1	-2.7*
Tobacco	1252	6.0	3.9	-2.1*	481	4.2	2.3	-1.9*
Marijuana	1253	4.8	4.0	-0.8*	486	3.7	3.1	-0.6*
Prescription Drugs	487	2.9	2.7	-0.2	393	2.8	2.8	0.0
High School								
Alcohol	1324	35.0	28.3	-6.7*	514	30.4	23.4	-7.0*
Tobacco	1315	17.6	12.2	-5.4*	506	14.4	8.1	-6.3*
Marijuana	1311	18.0	16.7	-1.3*	511	17.1	15.8	-1.3*
Prescription Drugs	537	6.2	4.7	-1.5*	432	6.1	4.6	-1.5*

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.

Source: Progress Report, 2002–2018 core measures data

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 percent 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 2017 DFC Grant Award Recipients			
	<i>n</i>	% Report Non-Use, First Outcome	% Report Non-Use, Most Recent Outcome	% Point Change	<i>n</i>	% Report Non-Use, First Outcome	% Report Non-Use, Most Recent Outcome	% Point Change
Middle School								
Alcohol	1262	88.0	91.2	3.2*	490	91.2	93.9	2.7*
Tobacco	1252	94.0	96.1	2.1*	481	95.8	97.7	1.9*
Marijuana	1253	95.2	96.0	0.8*	486	96.3	96.9	0.6*
Prescription Drugs	487	97.1	97.3	0.2	393	97.2	97.2	0.0
High School								
Alcohol	1324	65.0	71.7	6.7*	514	69.6	76.6	7.0*
Tobacco	1315	82.4	87.8	5.4*	506	85.6	91.9	6.3*
Marijuana	1311	82.0	83.3	1.3*	511	82.9	84.2	1.3*
Prescription Drugs	537	93.8	95.3	1.5*	432	93.9	95.4	1.5*

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.

Source: Progress Report, 2002–2018 core measures data

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 2017 DFC Grant Award Recipients			
	<i>n</i>	% Report, First Outcome	% Report, Most Recent Outcome	% Point Change	<i>n</i>	% Report, First Outcome	% Report, Most Recent Outcome	% Point Change
Middle School								
Alcohol ^b	519	69.5	71.4	1.9*	393	69.8	70.3	0.5
Tobacco ^c	1167	80.3	80.6	0.3	446	79.2	77.5	-1.7*
Marijuana ^d	496	70.6	69.1	-1.5*	394	71.0	68.3	-2.7*
Prescription Drugs ^e	434	79.5	79.1	-0.4	366	79.6	78.7	-0.9*
High School								
Alcohol ^b	556	70.1	72.1	2.0*	425	69.8	71.5	1.7*
Tobacco ^c	1220	80.5	82.0	1.5*	471	80.7	80.5	-0.2
Marijuana ^d	525	53.4	50.3	-3.1*	422	52.8	49.4	-3.4*
Prescription Drugs ^e	472	81.2	81.4	0.2	400	81.2	81.3	0.1

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

Source: Progress Report, 2002–2018 core measures data

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 2017 DFC Grant Award Recipients			
	<i>n</i>	% Report, First Outcome	% Report, Most Recent Outcome	% Point Change	<i>n</i>	% Report, First Outcome	% Report, Most Recent Outcome	% Point Change
Middle School								
Alcohol ^b	428	93.5	93.9	0.4	358	93.8	93.8	0.0
Tobacco ^c	1111	91.9	94.0	2.1*	434	94.5	95.3	0.8*
Marijuana ^c	1130	92.7	94.0	1.3*	439	94.6	94.6	0.0
Prescription Drugs ^d	423	95.2	94.8	-0.4	354	95.5	95.0	-0.5*
High School								
Alcohol ^b	463	87.4	89.3	1.9*	389	87.7	89.5	1.8*
Tobacco ^c	1173	85.6	88.6	3.0*	465	89.3	91.7	2.4*
Marijuana ^c	1181	86.3	86.3	0.0	466	87.2	86.1	-1.1*
Prescription Drugs ^d	465	93.1	93.3	0.2	393	93.2	93.6	0.4

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

Source: Progress Report, 2002–2018 core measures data

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 2017 DFC Grant Award Recipients			
	<i>n</i>	% Report, First Outcome	% Report, Most Recent Outcome	% Point Change	<i>n</i>	% Report, First Outcome	% Report, Most Recent Outcome	% Point Change
Middle School								
Alcohol ^b	425	85.2	86.7	1.5*	361	85.9	86.6	0.7
Tobacco ^c	432	87.6	89.0	1.4*	361	88.7	89.4	0.7*
Marijuana ^c	435	85.7	85.9	0.2	362	86.7	85.9	-0.8*
Prescription Drugs ^d	415	89.9	90.5	0.6*	352	90.3	90.6	0.3
High School								
Alcohol ^b	463	64.3	70.2	5.9*	395	64.8	70.4	5.6*
Tobacco ^c	467	69.6	75.8	6.2*	392	70.7	76.5	5.8*
Marijuana ^c	473	55.6	56.8	1.2*	399	56.1	56.7	0.6
Prescription Drugs ^d	448	79.5	83.4	3.9*	382	79.8	83.7	3.9*

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

Source: Progress Report, 2002–2018 core measures data

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 with a Youth Coalition Reporting Activity	% of DFC Coalitions Without a Youth Coalition Reporting Activity	Chi-square, <i>p</i>
Youth Education and Training: Sessions focusing on providing information and skills to youth	90.8%	69.0%	$\chi^2(1) = 51.9, p < .001$
Alternative Social Events: Drug-free parties, other alternative events supported by the coalition	68.6%	50.3%	$\chi^2(1) = 20.7, p < .001$
Recognition Programs: Businesses receiving recognition for compliance with local ordinances (e.g., passing compliance checks)	35.7%	21.8%	$\chi^2(1) = 12.6, p < .001$
Reducing Home and Social Access: Adults and youth participating in activities designed to reduce access to alcohol and other substances (e.g., prescription drug take-back programs)	72.2%	58.4%	$\chi^2(1) = 12.5, p = .001$
Teacher Training: Sessions on drug awareness and prevention strategies directed to teachers or youth workers	43.3%	30.5%	$\chi^2(1) = 9.8, p < .01$
Community Member Training: Sessions on drug awareness, cultural competence, etc., directed to community members (e.g., law enforcement, landlords)	64.5%	54.8%	$\chi^2(1) = 5.7, p < .05$
Encourage Designation of Alcohol-Free and Tobacco-Free Zones: Businesses targeted or that made changes	17.1%	7.6%	$\chi^2(1) = 10.3, p < .001$
School Policy: Drug-free schools	27.5%	18.3%	$\chi^2(1) = 6.4, p < .01$
Cleanup and Beautification events held	26.1%	17.3%	$\chi^2(1) = 6.1, p < .01$
Improve Access Through Culturally Sensitive Outreach: People targeted for culturally sensitive outreach (e.g., multilingual materials)	32.0%	23.4%	$\chi^2(1) = 5.1, p < .01$
Parent Education and Training: Sessions directed to parents on drug awareness, prevention strategies, parenting skills, etc.	54.3%	46.2%	$\chi^2(1) = 3.8, p < .05$
Media Campaigns: Television, radio, print, billboard, bus, or other posters aired/placed	82.0%	74.6%	$\chi^2(1) = 4.8, p < .05$
Media Coverage: TV, radio, newspaper stories covering coalition activities	83.1%	76.6%	$\chi^2(1) = 3.9, p < .05$
Social Networking: Posts on social media sites (e.g., Facebook, Twitter)	93.3%	87.3%	$\chi^2(1) = 6.7, p < .01$
Direct Face-to-Face Information Sessions	87.5%	81.7%	$\chi^2(1) = 3.8, p < .05$

Source: DFC August 2018 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 with a Youth Coalition Reporting Activity	% of DFC Coalitions Without a Youth Coalition Reporting Activity
Strengthening Enforcement (e.g., DUI checkpoints, shoulder tap, open container laws)	47.3%	39.6%
Youth/Family Community Involvement: Community events held (e.g., neighborhood cleanup)	35.6%	29.4%
Improved signage/advertising practices by suppliers	24.9%	18.8%
DFC Coalition Website	51.4%	45.7%
Organized Youth Recreation Programs	23.1%	17.8%
Identify Physical Design Problems	31.6%	26.4%
Underage Use: Underage use, possession, or behavior under the influence	20.4%	15.7%
Increased Access to Substance Use Services: People referred to employee assistance programs, student assistance programs, treatment services	35.2%	31.0%
Strengthening Surveillance (e.g., “hot spots,” party patrols)	29.0%	25.9%
Special Events: Fairs, celebrations, etc.	80.6%	77.7%
Publicizing Non-Compliance: Businesses identified for noncompliance with local ordinances	12.9%	10.2%
Workplace: Drug-free workplaces	10.8%	8.1%
Improved Ease of Surveillance: Areas (public places, hot spots) in which surveillance and visibility was improved (e.g., improved lighting, surveillance cameras, improved line of sight)	8.8%	6.1%
Improved Supports: People receiving supports for enhanced access to services (e.g., transportation, child care)	11.0%	8.6%
Youth Organizations/Drop-in Centers	16.7%	14.7%
Identify Problem Establishments: Problem establishments identified (e.g., drug houses) and closed or modified practices	7.3%	5.6%
Treatment Prevention	10.2%	8.6%
Informational Materials Disseminated	92.2%	90.9%
Outlet Location/Density: Density of alcohol outlets	6.7%	6.1%
Business Training: Sessions on server compliance, training on youth-marketed alcohol products, tobacco sales, etc.	32.0%	31.5%
Cost: Cost (e.g., alcohol taxes/fees, tobacco taxes)	7.5%	7.1%
Citizen Enabling/Liability: Parental liability or enabling	12.4%	13.2%
Supplier Promotion/Liability: Supplier advertising, promotions, or liability	9.8%	10.7%

Source: DFC August 2018 Progress Report

Appendix D. Comparison of Engagement in Activities by Level of Involvement of Law Enforcement Sector

Table D.1. Activities Implemented Significantly More by DFC Coalitions with High Versus Low Law Enforcement Sector Engagement

Activity	% of DFC Coalitions with High Law Enforcement Sector Engagement Engaging in the Activity	% of DFC Coalitions with Low Law Enforcement Sector Engagement Engaging in the Activity	Chi-square, <i>p</i>
Strengthening Enforcement (e.g., DUI checkpoints, shoulder tap, open container laws)	49.5%	29.7%	$\chi^2(1) = 19.4, p < .001$
Strengthening Surveillance (e.g., “hot spots,” party patrols)	32.1%	14.6%	$\chi^2(1) = 18.6, p < .001$
Reducing Home and Social Access: Adults and youth participating in activities designed to reduce access to alcohol and other substances (e.g., prescription drug take-back programs)	71.8%	56.3%	$\chi^2(1) = 13.5, p = .001$
Business Training: Sessions on server compliance, training on youth-marketed alcohol products, tobacco sales, etc.	34.8%	21.5%	$\chi^2(1) = 10.0, p = .01$
Direct Face-to-Face Information Sessions	88.0%	78.5%	$\chi^2(1) = 9.1, p < .01$
Parent Education and Training: Sessions directed to parents on drug awareness, prevention strategies, parenting skills, etc.	54.1%	44.9%	$\chi^2(1) = 4.1, p < .05$
Underage Use: Underage use, possession, or behavior under the influence	21.1%	12.0%	$\chi^2(1) = 6.6, p < .01$
Youth Education and Training: Sessions focusing on providing information and skills to youth	86.5%	78.5%	$\chi^2(1) = 6.1, p < .05$
Treatment Prevention	11.5%	3.8%	$\chi^2(1) = 8.2, p < .01$
Community Member Training: Sessions on drug awareness, cultural competence, etc., directed to community members, (e.g., law enforcement, landlords)	61.4%	53.8%	$\chi^2(1) = 5.5, p < .05$
Supplier Promotion/Liability: Supplier advertising, promotions, or liability	11.5%	5.1%	$\chi^2(1) = 5.6, p < .05$
Workplace: Drug-free workplaces	11.5%	5.1%	$\chi^2(1) = 5.6, p < .05$
Publicizing Non-Compliance: Businesses identified for noncompliance with local ordinances	13.5%	7.6%	$\chi^2(1) = 4.0, p < .05$
Informational Materials Disseminated	93.1%	87.3%	$\chi^2(1) = 5.4, p < .05$
Youth/Family Community Involvement: Community events held (e.g., neighborhood cleanup)	31.9%	40.5%	$\chi^2(1) = 4.1, p < .05$

Source: DFC August 2018 Progress Report

Table D.2. Activities with No Significant Difference in Implementation by DFC Coalitions with High Versus Low Law Enforcement Sector Engagement

Activity	% of DFC Coalitions with High Law Enforcement Sector Engagement Engaging in the Activity	% of DFC Coalitions with Low Law Enforcement Sector Engagement Engaging in the Activity
Increased Access to Substance Use Services: People referred to employee assistance programs, student assistance programs, treatment services	35.8%	27.8%
DFC Coalition website	51.4%	44.3%
Teacher Training: Sessions on drug awareness and prevention strategies directed to teachers or youth workers	41.3%	34.2%
Media Campaigns: Television, radio, print, billboard, bus, or other posters aired/placed	81.4%	74.7%
Identify Physical Design Problems	31.3%	26.1%
School Policy: Drug-free schools	25.9%	21.5%
Recognition Programs: Businesses receiving recognition for compliance with local ordinances (e.g., pass compliance checks)	32.6%	29.1%
Outlet Location/Density: Density of alcohol outlets	7.3%	3.8%
Sales Restrictions	12.8%	9.5%
Identify Problem Establishments: Problem establishments identified (e.g., drug houses) and closed or modified practices	7.5%	3.8%
Improved Ease of Surveillance: Areas (public places, hot spots) in which surveillance and visibility was improved (e.g., improved lighting, surveillance cameras, improved line of sight)	8.7%	5.7%
Media Coverage: TV, radio, newspaper stories covering coalition activities	82.0%	79.1%
Cost: Cost (e.g., alcohol taxes/fees, tobacco taxes)	8.0%	5.1%
Social Networking: Posts on social media sites (e.g., Facebook, Twitter)	92.2%	89.9%
Improved signage/advertising practices by suppliers	23.7%	21.5%
Special Events: Fairs, celebrations, etc.	80.1%	78.5%
Improved Supports: People receiving supports for enhanced access to services (e.g., transportation, child care)	29.7%	29.1%
Citizen Enabling/Liability: Parental liability or enabling	12.8%	12.0%
Youth/Family Support Groups	19.7%	19.0%
Improve Access Through Culturally Sensitive Outreach: People targeted for culturally sensitive outreach (e.g., multilingual materials)	29.7%	29.1%
Alternative Social Events: Drug-free parties, other alternative events supported by the coalition	63.6%	63.3%
Youth Organizations/Drop-in Centers	15.8%	17.1%
Encourage Designation of Alcohol-Free and Tobacco-Free Zones: Businesses targeted or that made changes	14%	15.8%
Organized Youth Recreation Programs	20.6%	25.3%
Cleanup and Beautification events held	22.4%	27.8%

Source: DFC August 2018 Progress Report

Appendix E. DFC Coalitions Addressing the Opioid Epidemic

Table E.1. DFC Coalitions' August 2018 Progress Report Data (FY 2017 Coalitions) on Opioids Relative to August 2017 (FY 2016 Coalitions) Progress Report Data and Centers for Disease Control and Prevention's Drug Overdose Death Data from 2017

CDC Notes	State	Number of Coalitions with FY 2017 Progress Report Data	Number of FY 2017 Coalitions That Mention Opioids in Open Text Response	% of Coalitions Mentioning Opioids in FY 2017	% of Coalitions Mentioning Opioids in FY 2016	Change in % of Coalitions Mentioning Opioids from FY 2016 to FY 2017
B	VT	4	4	100%	50%	50%
	AK	3	3	100%	50%	50%
	HI	1	1	100%	0%	100%
B,C	NC	20	15	75%	65%	10%
	MT	4	3	75%	50%	25%
B,C	CT	25	18	72%	48%	24%
B,C	NJ	31	19	61%	39%	22%
	KS	5	3	60%	25%	35%
A,B,C	OH	27	16	59%	68%	-9%
A,B	NH	12	7	58%	58%	0%
B,C	ME	19	11	58%	56%	22%
B,C	TN	14	8	57%	36%	21%
B,C	FL	30	17	57%	39%	18%
B,C	MI	27	15	56%	43%	13%
B,C	MD	9	5	56%	33%	23%
C	SC	11	6	55%	30%	25%
B	MA	32	17	53%	52%	1%
B,C	AZ	17	9	53%	21%	32%
	TX	14	7	50%	36%	14%
B	RI	8	4	50%	33%	17%
	NE	4	2	50%	17%	33%
C	WI	22	10	45%	33%	12%
C	GA	16	7	44%	50%	-6%

^aN/A = Not applicable

CDC Notes:

A = State in CDC top five opioid overdose deaths in 2017 (**dark orange cells**). The District of Columbia would be in the top five if it were a state. New Hampshire and Delaware were both fifth in opioid overdose deaths.

B = State in CDC highest category of opioid overdose deaths in 2017 (age-adjusted rates of 21.1–57.0 deaths per 100,000 population). All states in the top five are also in the highest category (**light orange cells, if B but not A**).

C = State with statistically significant increase in opioid deaths from 2016 to 2017 (**yellow cell if only C**).

Table E.1 (continued)

CDC Notes	State	Number of Coalitions with FY 2017 Progress Report Data	Number of FY 2017 Coalitions That Mention Opioids in Open Text Response	% of Coalitions Mentioning Opioids in FY 2017	% of Coalitions Mentioning Opioids in FY 2016	Change in % of Coalitions Mentioning Opioids from FY 2016 to FY 2017
B	MO	14	6	43%	33%	10%
C	NY	52	22	42%	44%	-2%
	WA	26	11	42%	22%	20%
A,B,C	KY	24	10	42%	33%	9%
B,C	IN	15	6	40%	29%	11%
C	CA	41	16	39%	28%	11%
B,C	IL	24	9	38%	29%	9%
B	NM	8	3	38%	43%	-5%
	IA	11	4	36%	27%	9%
A,B,C	WV	9	3	33%	22%	11%
B,C	LA	9	3	33%	25%	8%
	OK	9	3	33%	27%	6%
C	AL	6	2	33%	33%	0%
A,B,C	PA	19	6	32%	38%	-6%
	AR	7	2	29%	17%	12%
	CO	7	2	29%	17%	12%
	OR	1	3	27%	0%	27%
B	UT	4	1	25%	33%	-8%
	VA	9	2	22%	22%	0%
	MN	27	5	19%	25%	-6%
	SD	3	0	0%	0%	0%
	ID	2	0	0%	100%	-100%
	MS	2	0	0%	33%	-33%
A,B,C	DE	2	0	0%	0%	0%
	ND	1	0	0%	100%	-100%
	WY	1	0	0%	0%	0%
B	NV	1	0	0%	0%	0%

^aN/A=Not applicable.

CDC Notes:

A = State in CDC top five opioid overdose deaths in 2017 (**dark orange cells**). The District of Columbia would be in the top five if it were a state. New Hampshire and Delaware were both fifth in opioid overdose deaths.

B = State in CDC highest category of opioid overdose deaths in 2017 (age-adjusted rates of 21.1–57.0 deaths per 100,000 population). All states in the top five are also in the highest category (**light orange cells, if B but not A**).

C = State with statistically significant increase in opioid deaths from 2016 to 2017 (**yellow cell if only C**).

Sources: August 2018 DFC Progress Report, CDC data <https://www.cdc.gov/drugoverdose/data/statedeaths.html>. CDC data does not include US territories but does include the District of Columbia.