Drug-Free Communities Support Program National Cross-Site Evaluation

END-OF-YEAR 2020 REPORT

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Executive Summary

Administered by the Office of National Drug Control Policy (ONDCP), the Drug-Free Communities (DFC) Support Program grant funds community coalitions to build the capacity needed to prevent and reduce youth substance use. The contributions of DFC coalitions constitute a critical part of the Nation's drug prevention infrastructure, as they are a catalyst for building capacity to implement local solutions to effect change. This summary of findings is based on national evaluation data reported through August 2020, presented in full in the report.

DFC coalitions met the goal of significantly increasing the percentages of middle school and high school youth in their communities who chose not to use substances (Figure ES1). Significant decreases in past 30-day prevalence of use are presented as percentage change in Figure ES2, with the largest changes associated with decreased tobacco use. While unchanged in the most recent DFC cohort (fiscal year [FY] 2019), nearly all (97%) middle school youth choose not to misuse prescription drugs. Perceptions that parents and/or peers would disapprove of youth substance use also generally increased significantly over time. Youth's perceptions of risk associated with using substances have mostly been unchanged or decreased significantly over time. Among high school youth, those in DFC communities reported significantly lower past 30-day use of alcohol and marijuana in 2019 as compared to a national sample (Youth Risk Behavior Survey).

FIGURE ES1. OVERVIEW OF CORE OUTCOMES FINDINGS

ALL DFC GRANT RECIPIENTS SINCE INCEPTION

MIDDLE SCHOOL

OUTCOME	ALCOHOL	TOBACCO	MARIJUANA	PRESCRIPTION DRUGS
PAST 30-DAY NON-USE	↑	↑	↑	↑
PERCEPTION OF RISK	NC	NC	↓	↓
PARENTAL DISAPPROVAL	↑	↑	↑	NC
PEER DISAPPROVAL	↑	↑	NC	NC

HIGH SCHOOL

OUTCOME	ALCOHOL	TOBACCO	MARIJUANA	PRESCRIPTION DRUGS
PAST 30-DAY NON-USE	↑	↑	↑	↑
PERCEPTION OF RISK	NC	↑	↓	NC
PARENTAL DISAPPROVAL	↑	↑	NC	↑
PEER DISAPPROVAL	↑	↑	NC	↑

FY 2019 DFC GRANT RECIPIENTS

MIDDLE SCHOOL

OUTCOME	ALCOHOL	TOBACCO	MARIJUANA	PRESCRIPTION DRUGS
PAST 30-DAY NON-USE	↑	↑	↑	NC
PERCEPTION OF RISK	↓	↓	↓	↓
PARENTAL DISAPPROVAL	↑	↑	NC	NC
PEER DISAPPROVAL	NC	↑	↓	NC

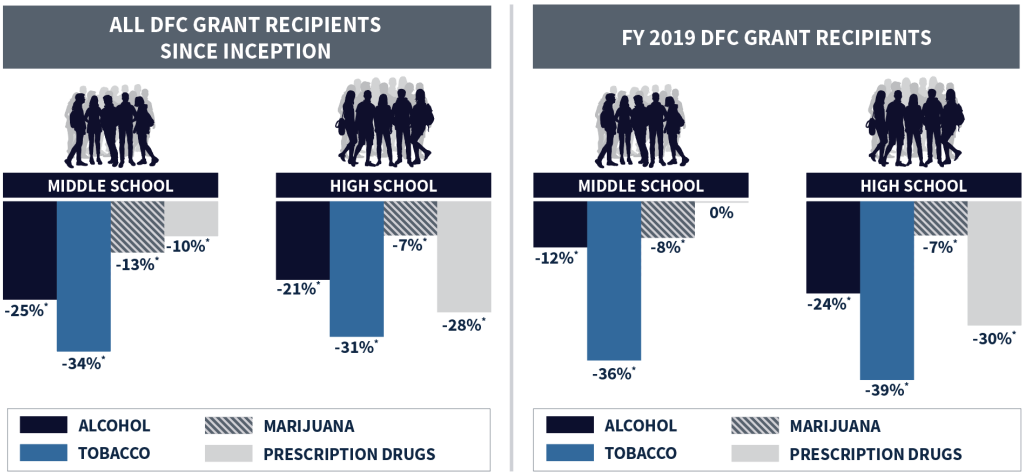
HIGH SCHOOL

OUTCOME	ALCOHOL	TOBACCO	MARIJUANA	PRESCRIPTION DRUGS
PAST 30-DAY NON-USE	↑	↑	↑	↑
PERCEPTION OF RISK	↓	↓	↓	NC
PARENTAL DISAPPROVAL	↑	↑	NC	↑
PEER DISAPPROVAL	↑	↑	NC	↑

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

Note: ↑ = significant increase; ↓ = significant decrease; **NC**=No Change

FIGURE ES2. PERCENTAGE CHANGE IN PAST 30-DAY PREVALENCE OF



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

Note: *$p < .05$

Approximately 1 in 5 Americans (18%) lived in a community with a DFC coalition in 2020, and nearly 30,200 people were successfully mobilized to engage in prevention efforts. Nearly half (48%) target at least some of their prevention efforts toward specific demographic subgroups of youth (e.g., Hispanic or Latino; lesbian, gay, bisexual, or transgender (LGBT); Black or African American youth). The Youth and School sectors contributed the highest median number of sector members; the School, Law Enforcement, and Other Organization with Substance Use Expertise sectors had the highest average level of involvement.

Two-thirds of DFC coalitions (67%) reported hosting a youth coalition, an effective strategy for increasing youth sector engagement. Hosting a youth coalition was associated with broader member and active member representation as well as higher reported involvement of the Youth, School, Law Enforcement, Media, Civic/Volunteer groups, and Parent sectors. DFC coalitions with a hosted youth coalition were significantly more likely to have engaged in 19 specific implementation activities across a range of strategy types.

Nearly half (49%) of DFC coalitions implemented at least one activity from at least five of the seven strategies for community change. The most commonly implemented activities by strategy type included: social networking (93%, *Providing Information*), youth education and training (66%, *Enhancing Skills*), providing alternative/drug-free social events (38%, *Providing Support*), reducing home and social access to substances (51%, *Enhancing Access/Reducing Barriers*), drug-free schools polices (18%, *Educating/Informing about Modifying/ Changing Policies or Laws*), and identifying community physical design problems (20%, *Changing Physical Design*). Social norms campaigns designed to send out positive messages surrounding healthy behaviors and attitudes and culturally competent materials related to substance use were the most common assets put into place by DFC coalitions after they received their grant awards (68% and 67%, respectively).

Most DFC coalitions (73%) reported that they implemented activities to address opioids and/or methamphetamine. Almost all DFC coalitions (98%) addressed prescription opioids; half addressed fentanyl or other synthetic opioids (55%) and heroin (51%), while a smaller percentage (22%) indicated their work targeted methamphetamine. Top activities included providing information about sharing/storage of prescription opioids and promoting take-back events (92%) and increasing the availability of drug take-back boxes (73%). DFC coalitions also provided the community with information and training on opioids and associated risks (84% and 66%, respectively).

Approximately three fourths of DFC coalitions (76%) reported that their coalition engaged in activities to address vaping. Most of these coalitions addressed nicotine/tobacco (94%) and/or marijuana (84%). Many DFC coalitions formed task forces, or combined efforts with local tobacco prevention task forces to combat vaping. Social media was used to share information and provide training about youth vaping use, signs of addiction, and ways tobacco retailers target youth. Coalitions collaborated on innovative programs to reduce vaping, such as free cessation classes, new school disciplinary policies, and vape take-back programs.

In 2020, COVID-19 related school closures, social distancing and indoor gathering size limit mandates, and stay-at-home restrictions generally presented challenges to building capacity and strategy implementation. While many coalitions successfully relied on virtual platforms to continue engaging with members and youth, some DFC coalitions were hindered by limitations in local internet access.

As with any evaluation, the DFC evaluation has limitations. Given these limitations, a causal relationship cannot be claimed between DFC coalition activities and the outcomes reported here. However, the results are consistent with expectations that DFC is effective when the grant has been implemented locally as intended.

Drug-Free Communities Support Program

This Drug-Free Communities (DFC) Support Program National Evaluation Annual Report was prepared by the DFC National Evaluation Team at ICF and provides an update on findings from the DFC National Evaluation based on data collected through August 2020.[1] This report should be read in the context of the ongoing coronavirus (COVID-19) pandemic that had an impact on work across the United States since March 2020. The report primarily focuses on the efforts of DFC coalitions as reported in August 2020 reflecting efforts from February 1st, 2020 to July 31st, 2020, so the impact from COVID-19 was considerable and will be discussed throughout the report as well as in a special section. A more comprehensive separate report on COVID-19 and DFC is forthcoming.

The findings presented in this report provide an update on DFC coalitions' progress in meeting the primary goals of the DFC program:

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

This report first provides an overview of the history and background of the DFC program, as well as information on data used in the report. Next, evaluation findings are presented in five sections: *Community Context*, *Building Capacity*, *Strategy Implementation, Core Measures Findings, Hosting a Youth Coalition,* and *DFC Efforts During COVID-19*. Community context data provide information on the potential reach of DFC and on the range of settings/groups ***where/with whom*** DFC coalitions conduct their work. Data on building capacity identify members ***whom*** DFC coalitions have engaged within their community to prevent and reduce youth substance use. Strategy implementation data summarizes ***how*** DFC coalitions bring about community change, including putting community assets into place as a result of receiving DFC funding. DFC core outcomes analyses 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 substances (alcohol, tobacco, marijuana, and misuse of prescription drugs). DFC core measures findings are compared to findings from national youth substance use survey findings where possible. Finally, the report discusses hosting a youth coalition and challenges and success related to the efforts of DFC coalition during the COVID-19 pandemic. A conclusions section provides a high-level overview of key findings.

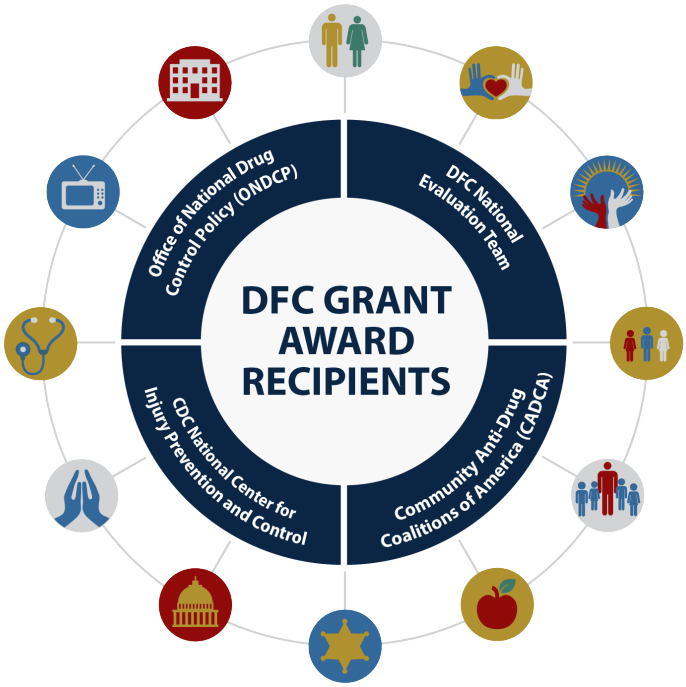
[1] ICF is an independent third-party evaluator under contract with ONDCP. Addition information on the range of data provided in the report is presented in the Data section.

[2] For DFC, youth are defined as individuals 18 years of age or younger. For the FY 2019 Funding Opportunity Announcement for Drug-Free Communities Support Program grants, see: Substance Abuse and Mental Health Services Administration, HHS. (2018). Drug-Free Communities Support Program-New: Funding Opportunity Announcement. Retrieved from https://www.samhsa.gov/grants/grant-announcements/sp-19-005

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 emphasizing local solutions for local problems. DFC coalitions are composed of representatives from 12 sectors (defined in the *Building Capacity* section) that organize as community-based coalitions to meet the local prevention needs of the youth and families of their community. DFC is funded and directed by the Office of National Drug Control Policy (ONDCP), working in collaboration with Federal and community partners to support DFC coalitions to help them succeed (see Figure 1). The Centers for Disease Control and Prevention (CDC) National Center for Injury Prevention and Control (NCIPC) provides grant management services and government project officer monitoring support.[3] Training and technical assistance intended to strengthen the capacity of the DFC coalitions, including through the National Coalition Academy, are provided by the Community Anti-Drug Coalitions of America (CADCA), a national non-profit. In addition to conducting the national evaluation, the DFC National Evaluation Team provides evaluation-related technical assistance to DFC coalitions, including in relation to data collection and reporting.

FIGURE 1. DRUG-FREE COMMUNITIES SUPPORT PROGRAM: PARTNERS FOR COMMUNITY CHANGE



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

DFC grant award recipients receive up to $125,000 annually for up to 5 years per award, with a maximum of 10 years of grant award funding per grant recipient.[4] Since 1998, DFC grants have been awarded to community-based coalitions that represent all 50 States and several Territories and Tribal communities. In Fiscal Year (FY) 2019, 718 community coalitions were awarded DFC grants.[5] Of these, 428 (60%) were funded through an initial 5-year grant; the remaining 290 (40%) were in Years 6 to 10

[3] CDC-NCIPC officially began this role on October 1st, 2020, after an award from ONDCP. Prior to this, the Substance Abuse and Mental Health Services Administration acted in this role.

[4] DFC coalitions must demonstrate they have matching funds from non-Federal sources. In Years 1 through 6, a 100% match is required. In Years 7 and 8, this increases to a 125% match; in Years 9 and 10 it increases to a 150% match. For further information on matching see: Substance Abuse and Mental Health Services Administration, HHS. (2019). Drug-Free Communities Support Program-New: Funding Opportunity Announcement (https://www.samhsa.gov/grants/grant-announcements/sp-19-005).

[5] ONDCP initially awarded 719 FY 2019 DFC grants. One recipient made the decision not to accept the grant leaving 718 awarded grants.

of funding through a second 5-year grant. As of FY 2019, nearly 3,000 DFC grants have been awarded in just under 2,000 communities.[6]

Data

This report is a summary of findings based on national evaluation data submitted through August 2020.[7] In August 2020, FY 2019 DFC coalitions reported on membership and activities from February 1st, 2020, through July 31st, 2020, as well as submitting any new core measure data collected. Table 1, arranged by year of award, shows the number of FY 2019 grant award recipients who submitted the August 2020 progress report. In total, 715 of the 718 FY 2019 DFC coalitions submitted a progress report in August 2020. [8]

TABLE 1. NUMBER OF FY 2019 DFC GRANT AWARD RECIPIENTS BY YEAR OF AWARD SUBMITTING AUGUST 2020 PROGRESS REPORT

YEAR OF AWARD	NUMBER OF GRANT AWARD RECIPIENTS SUBMITTING REPORT	NUMBER OF FY 2019 GRANT AWARD RECIPIENTS	PERCENTAGE OF GRANT AWARD RECIPIENTS SUBMITTING REPORT
Year 1	108	108	100.0%
Year 2	94	94	100.0%
Year 3	60	60	100.0%
Year 4	60	60	100.0%
Year 5	105	106	99.1%
Year 6	83	83	100.0%
Year 7	60	61	98.4%
Year 8	37	37	100.0%
Year 9	31	31	100.0%
Year 10	77	78	98.7%
Total	715	718	99.6%

Source: DFC August 2020 Progress Report

In addition, all core measures data collected by DFC grant recipients from 2002 through 2020 and submitted by August 2020 were included in this report. For the core measures analyses, in addition to examining all core measures data submitted from all DFC grant recipients since inception, separate analyses were conducted of data submitted by FY 2019 coalitions.

[6] Based on available data through FY 2019, 1,999 communities have received DFC grant awards, with 1,025 communities receiving a Year 1 to Year 5 award and 974 communities receiving an additional Year 6 to Year 10 award. Combined, these total 2,973 DFC grant awards. This is a conservative estimate of awards through FY 2019 as much award data pre-2009 were not available.

[7] Grant awards in FY 2019 were made in three separate cohorts: September 2019, October 2019, and December 2019. While the six-month reporting window was the same for all FY 2019 grant recipients, it is worth noting that Year 1 and Year 6 coalitions awarded in December 2019 had only seven months of funding.

[8] This number represents nearly all (99.6%) FY 2019 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.

Progress Report Data

DFC coalitions collect and submit a broad range of data through biannual progress reports. Progress report data presented in the *Community Context* section of this report includes information regarding the community context (e.g., geographic setting), focus of coalition efforts (e.g., target substances), and key protective and risk factors found in the local community (e.g., availability of substances, positive school climate). In their grant applications, DFC coalitions provide the ZIP codes that define the catchment area for the community they serve, which is then used to understand the potential reach of DFC coalitions. Throughout the progress report, DFC coalitions report qualitatively about their work, successes, and challenges during the reporting period in open-text response fields. Quotes from DFC coalitions are used throughout the report to facilitate understanding of their work in the community.[9]

Sector membership data (presented in the *Building Capacity* section of this report) includes the number of members, number of active members, and level of involvement by each of the 12 community sectors. Active members are those who have attended a formal coalition meeting, participated in a coalition task force or work group, or contributed significantly to planning at least one coalition activity. The 12 required community sectors[10] are:

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

DFC coalitions also report on the activities they have implemented during the reporting period (presented in the *Strategy Implementation* section of this report). Activities are grouped into the Seven Strategies for Community Change, with any given activity linked to a single strategy.[11] The seven strategies are *Providing Information*, *Enhancing Skills*, *Providing Support*, *Enhancing*

[9] Throughout this report, when incorporating qualitative anecdotes with findings, DFC coalitions will be identified by their FY 2019 funding year (1–10) and by the U.S. census region where they are located (see https://www.census.gov/geographies/reference-maps/2010/geo/2010-census-regions-and-divisions-of-the-united-states.html).

[10] As per the FY 2019 Funding Opportunity Announcement. For details, see Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2019). Drug-Free Communities Support Program-New: Funding Opportunity Announcement. Retrieved from https://www.samhsa.gov/grants/grant-announcements/sp-19-005

[11] 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

Access/Reducing Barriers, *Changing Consequences*, *Educating and Informing about Modifying/Changing Policies or Laws,* and *Changing Physical Design*. For each completed activity type within a given strategy, DFC coalitions are asked to provide additional information (e.g., number of completed activities, number of youth participating, number of adults participating).

Core Measures Data

DFC coalitions are required to collect and submit new core measures data at least every 2 years.[12] COVID-19 likely impacted much data collection in 2020, but some DFC coalitions were able to provide previously unreported 2019 data. This report focuses on the current DFC core measures, some of which were revised or added in 2012.[13] 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 DFC focus on prevention, past 30-day prevalence data are primarily reported here as prevalence of non-use (non-misuse). That is, data reflect the percentage of youth who did not report use (misuse) of the substance in the prior 30 days.[14]
- **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.

[12] 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).

[13] 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.

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

Community Context

DFC coalitions report a range of information regarding their: a) geographic setting, b) focus of prevention activities on specific subgroups of youth, c) identification of the top five substances targeted by their coalition, and d) key local protective and risk factors.[15] This information helps to better understand the types of communities DFC coalitions are working in and the problems they are addressing locally. The following sections summarize DFC coalitions' responses to questions pertaining to these four topics from their August 2020 Progress Report.

DFC Potential Reach

In 2020, nearly 1 in 5 Americans lived in a community with a DFC-funded coalition.

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

DFC Reach

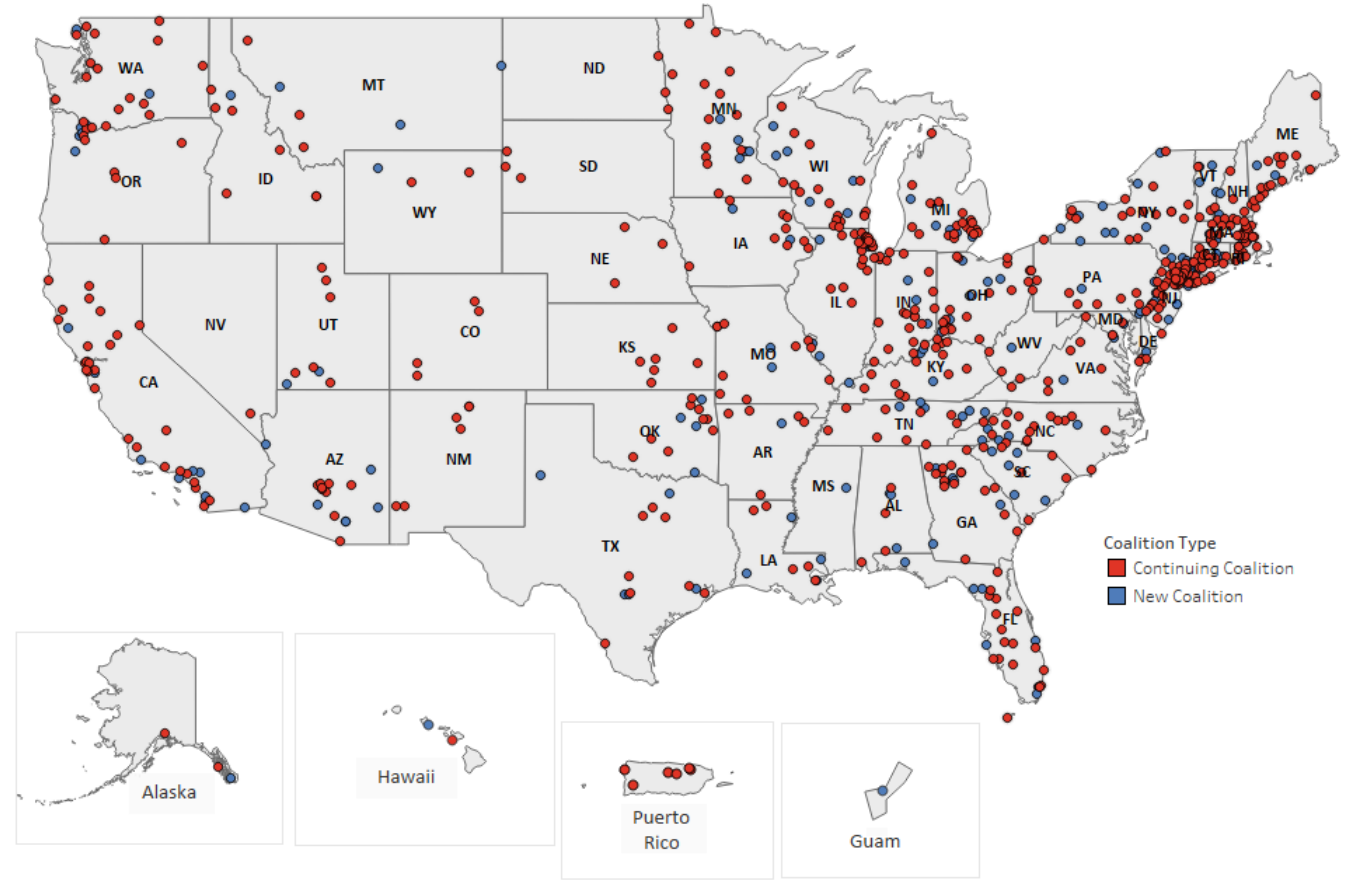
Given the number and broad geographic distribution of DFC coalitions (see Figure 2 for geographic location of the FY 2019 coalitions), a large number of Americans live in communities served by grant recipients, potentially benefitting from the program.[16] An estimated 57 million (18% of the U.S. population) lived in communities served by DFC coalitions receiving funding in FY 2019. This included approximately 2.3 million middle school students ages 12 to 14 (just under one-fifth [18%] of all middle school youth) and 3.2 million high school students ages 15 to 18 (just under one-fifth [18%] of all high school youth).[17] Since 2005, DFC community coalitions have served areas with a combined population of approximately 162 million, or 51%, of the U.S. population.

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

[16] DFC coalitions identify catchment areas by ZIP codes, indicating all ZIP codes in which grant activities are conducted. DFC coalitions provide target ZIP code information in their grant application; therefore, these data are available for all 718 coalitions. These ZIP codes were merged with 2010 United States (U.S.) Census data to provide an estimate of DFC coalitions potential reach and impact. DFC coalitions provide ZIP codes while the Census Bureau uses ZCTAs. See U.S. Census 2010 Age Groups and Sex table by ZIP Code Tabulation Area (ZCTA). These are similar but not identical (see https://www.census.gov/topics/population/age-and-sex/data/tables.html. and https://www.census.gov/programs-surveys/geography/guidance/geo-areas/zctas.html). Note that some ZIP codes reported by DFC coalitions are not found in the U.S. Census ZCTA, typically because they represent smaller communities. Census estimates reported here are likely a conservative estimate of potential reach of the DFC grant.

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

FIGURE 2. MAP OF FY 2019 DFC GRANT AWARD RECIPIENTS



Source: DFC FY 2019 Grant Application coalition ZIP code information

Focus on Specific Subgroups of Youth

Almost half of DFC coalitions (48%) reported targeting building capacity efforts, information dissemination or other interventions to one or more specific demographic subgroups, which is eight percentage points higher than what was reported in February 2020 by FY 2018 DFC coalitions. DFC coalitions were most likely to report that they focused their efforts to some extent on working with Hispanic or Latino youth (34%); lesbian, gay, bisexual, or transgender (LGBT) youth (17%); or Black or African American youth (18%). Smaller percentages of DFC coalitions focused their efforts at least to some extent on American Indian or Alaska Native youth (6%), Asian youth (4%), or Native Hawaiian or Pacific Islander youth (2%).

Community Type

On average, DFC coalitions reported serving 1.4 of the 5 community types (frontier, rural, suburban, urban, and inner city).[18] Of the 715 coalitions reporting in August 2020, self-identifying as working in

[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 5.

rural (51%) or suburban (43%) communities was most common, followed by urban (29%) areas. Smaller percentages of DFC coalitions indicated working in inner-city (9%) or frontier (3%) communities.[19]

Substances Targeted by DFC Coalitions

DFC coalitions were asked to select from a list of sixteen substances up to five substances on which their coalition targets prevention efforts in their community (see Table 2). On average, DFC coalitions reported targeting 4.2 substances. Almost all DFC coalitions reported targeting efforts to address alcohol (98%), while most targeted marijuana (89%), misuse of any prescription drugs (i.e., prescription opioids, prescription non-opioids or both; 82%), and tobacco/nicotine (74%).[20] DFC coalitions were more likely to have focused on the misuse of prescription opioids (79%), compared to the misuse of prescription non-opioids (36%); slightly more than one-third (34%) indicated they were focused on the misuse of both types of prescription drugs.

TABLE 2. TARGET SUBSTANCES FOCUS

SUBSTANCE	NUMBER OF DFC COALITIONS TARGETING	PERCENTAGE OF DFC COALITIONS TARGETING
Alcohol	700	97.9%
Marijuana	638	89.2%
Any Prescription Drugs	584	81.7%
Prescription Drugs (Opioids)	568	79.4%
Tobacco/Nicotine	528	73.8%
Prescription Drugs (Non-Opioids)	259	36.2%
Heroin, Fentanyl, Fentanyl analogs or other Synthetic Opioids	144	20.1%
Over-the-Counter drugs	62	8.7%
Synthetic Drugs/Emerging Drugs	57	8.0%
Methamphetamine	52	7.3%
Cocaine/Crack	7	1.0%
Inhalants	2	0.3%
Stimulants (Uppers)	5	0.7%
Tranquilizers	0	0.0%
Hallucinogen	1	0.1%
Steroids	0	0.0%

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

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

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

Community Protective and Risk Factors

DFC coalitions identify local protective and risk factors existing within their communities, based on a provided list in the progress report. 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 may increase the difficulty of mitigating these dangers. DFC coalitions may focus prevention activities on reducing or addressing important risk factors in their community.

On average, DFC coalitions selected 8 of the 14 potential protective factors as the focus of activities to build upon current community strengths. Key protective factors (see Table 3) that DFC coalitions reported working to strengthen included pro-social community involvement (75%), positive peer groups (69%), and positive school climate (62%). Three family factors were also identified by over half of DFC coalitions as key protective factors: opportunities for pro-social family involvement (61%), family connectedness (60%), and parental monitoring and supervision (60%).

DFC coalitions also identified a range of local risk factors. On average, DFC coalitions selected 7 of the 13 potential risk factors as the focus of what they needed to address in their communities. Commonly reported risk factors were perceived community norms of acceptability of substance use (93%), youth having favorable attitudes towards substance use/misuse (80%), and availability of substances that can be misused (86%). A majority of DFC coalitions identified family-related risk factors that needed to be addressed, including perceptions that parents lacked the ability or confidence to speak with their children about substance use (68%), parental attitudes that are favorable toward antisocial behavior (59%), and family trauma or stress (57%).

TABLE 3. PERCENTAGE OF DFC COALITIONS' IDENTIFYING SPECIFIC PROTECTIVE AND RISK FACTORS

DFC COALITIONS IDENTIFYING GIVEN PROTECTIVE FACTOR TO STRENGTHEN (%)		DFC COALITIONS IDENTIFYING GIVEN RISK FACTOR TO ADDRESS (%)	
Pro-social community involvement	75.1%	Perceived acceptability (or lack of disapproval) of substance use/Community norms favorable toward substance use	92.9%
Positive contributions to peer group	68.7%	Availability of substances that can be misused	85.5%
Positive school climate	61.8%	Individual youth have favorable attitudes towards substance use/misuse	80.3%
Advertising and other promotion of information related to substance use	61.8%	Parents lack ability/confidence to speak to their children about substance use	68.4%
Opportunities for pro-social family involvement	61.0%	Early initiation of the problem behavior	61.4%
Family connectedness	60.4%	Parental attitudes favorable to antisocial behavior	59.4%
Parental monitoring and supervision	59.6%	Family trauma/stress	57.2%
Recognition/acknowledgement of efforts	59.2%	Low commitment to school	47.0%
Contributions to the school community	58.9%	Inadequate laws/ordinances related to substance use/access	33.1%
School connectedness	58.0%	Inadequate enforcement of laws/ordinances related to substance use	27.8%
Laws, regulations, and policies	54.3%	Academic failure	26.6%
Cultural awareness, sensitivity, and inclusiveness	50.2%	Lack of local treatment services for substance use	19.7%
Strong community organization	46.0%	Available treatment services for substance use insufficient to meet needs in timely manner	16.5%
Family economic resources	23.8%		

Source: DFC August 2020 Progress Report

Building Capacity to Prevent and Reduce Substance Use

Comprehensive community collaboration is a fundamental premise of effective community prevention and the DFC program. To that end, DFC coalitions are required to engage community members from 12 sectors in their work. This section examines the efforts of DFC coalitions to build community capacity to reduce and prevent substance use among youth and includes an examination data on active members by sector and the average level of member involvement by sector. Examples of DFC coalitions' engagement in building capacity are provided.

Number of Active Sector Members

Almost all DFC coalitions (93%) reported meeting the requirement to have at least one current member from each of the 12 sectors.[21] In addition, a majority (74%) also reported having at least one ***active*** member from each sector; this was a small decrease compared to the percentage (80%) reporting at least one active member in the prior annual report on the FY 2018 cohort.[22] Active members are defined as those who have attended at least one meeting during which coalition work was conducted within the past 6 months.[23] Active members are likely to contribute to planning and carrying out the coalition's action plan, including implementation of activities. It is likely that some members who might otherwise have been active in 2020 were restricted in participation due to COVID-19 and that opportunities to be active were also reduced.[24]

Figure 3 shows the median number of active members per coalition from each of the 12 sectors based on the August 2020 data.[25] 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 (5 active members), followed by Schools (4 active members). The median number of active members was lowest for the Media and Religious/Fraternal Organizations sectors (1 active member each). All remaining sectors had a median of 2 active members.

Summed across the 12 sectors, DFC coalitions reported involving a median of 38 total active members.[26] Extrapolating from the median across all 718 FY 2019 DFC coalitions, these DFC coalitions are estimated to have engaged approximately 27,300 active sector members. DFC coalitions reported involving a median of two paid and two volunteer staff members in August 2020. The addition of staff members brings the total estimated number of community members mobilized by the 718 FY 2019

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

[22] See the prior annual report here.

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

[24] Generally, 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 and high school.

[25] The median is used here rather than the mean because a small percentage of DFC coalitions reported very large numbers of active members, particularly for youth and parents, skewing the mean. Extreme outliers (above 3 standard deviations from the mean) were excluded from these analyses prior to identifying the median.

[26] The median is the midpoint in a frequency distribution. Note that when the number of total active members is first summed, the median is larger (38) than if the median number of active members by sector is summed (27), as in Figure 3.

FIGURE 3. DFC GRANT AWARD RECIPIENTS' MEDIAN NUMBER OF ACTIVE MEMBERS BY SECTOR

Source: DFC August 2020 Progress Report
Note: There were between 693 and 707 DFC coalitions that reported on the number of active members by sector.

DFC coalitions to work on youth substance use prevention from 27,300 to slightly less than 30,200. While fewer than the 35,500 mobilized in the prior six months, DFC coalitions were able to engage a significant number of people during the COVID-19 pandemic.[27]

DFC COALITIONS: BUILDING COMMUNITY CAPACITY

The 718 FY 2019 DFC coalitions mobilized nearly 30,200 people to engage in youth substance use prevention.

Involvement of Active Sector Members

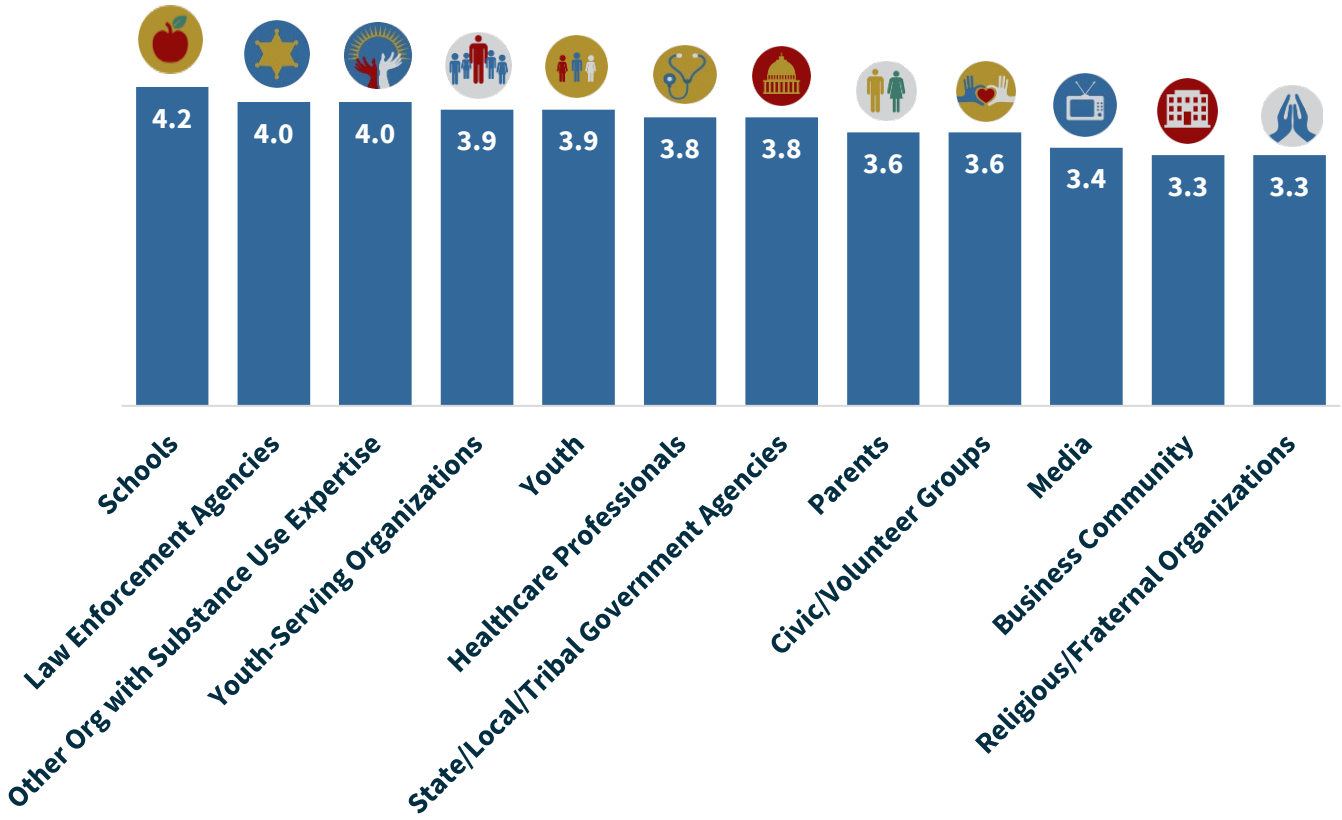
DFC coalitions were asked to indicate their perception of how involved, on average, active members from each sector were in coalition activities, rating their involvement as very low, low, medium, high, or very high (see Figure 4).[28] On average, all sectors were rated as having medium involvement or higher. Involvement in three sectors was rated as being high or very high, on average. The School, Law Enforcement, and Other Organization with Substance Use Expertise sectors had the highest

[27] See the prior annual report here. In February 2020, the median number of active members was 38 (compared to 48 in February 2019). The median number of staff members (4) was the same as February 2020.

[28] Involvement was rated on a 5-point scale with 5 indicating *very high* involvement, 4 indicating *high* involvement, 3 indicating *medium* involvement, 2 indicating *low* involvement, and 1 indicating *very low* involvement.

average level of involvement (4.2, 4.0, and 4.0, respectively), followed by Youth-Serving Organizations and Youth (3.9 each; see the *Hosting a Youth Coalition* section for additional information on Youth sector involvement). Additional information regarding School sector engagement is forthcoming in a separate brief.

FIGURE 4. DFC GRANT AWARD RECIPIENTS' AVERAGE RATING OF INVOLVEMENT BY SECTOR



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

New Partnerships

In August 2020, DFC coalitions had the opportunity to share information on new or unique sector partnerships they developed during the reporting period. A review of the data shows that DFC coalitions collaborated with a variety of new or unique entities such as neighboring DFC coalitions, professional athletes, members of the arts community (e.g., an acting troupe, a breakdancing group), attorneys, realtors, insurance agencies, libraries, waste management companies, HIDTA representatives, and National Guard representatives. Several coalitions partnered with driving schools, which reach young people through their driver's education programs. For example, a Year 4 coalition in the Northeast reported recruiting a driver's education agency with "8 staff members/educators (serves 725 young drivers every 6 months) to include underage drinking and marijuana education brochure [and information about] the young brain with all of their materials in every classroom session." Some coalitions reported partnering with researchers at higher education

institutions who offered their expertise in areas of participatory action research, adolescent brain development, and survey development.

Coalitions also discussed engagement with representatives from underrepresented groups such as the NAACP, the LGBTQ community, Latino communities, and tribal representatives. For example, a Year 4 coalition in the Northwest stated, "Because [our coalition] is located on [a] reservation, we felt that it was necessary to have an Elder Sector. Elders are very important to the [local] Tribe and our youth, and having this sector be represented is vital to our mission and efforts. The Elders love the engagement with the youth and their knowledge is imperative to the sustainability of the culture in our community, as well as the Coalition's [sustainability]."

DFC coalitions also discussed the ways in which they pivoted their efforts because of the COVID-19 pandemic and how this was reflected in the agencies that they engaged with in 2020. Several DFC coalitions worked with food distribution centers and emergency management offices to address pandemic related concerns in their community. A Year 3 coalition in the South noted that, "Due to COVID-19 and emergency sheltering, we partnered [with emergency management] to obtain Naloxone kits for the shelter and provided helpful substance use resources to assist with planning and implementation. Everyone who sheltered was given a Crisis Brochure of all the substance use and mental health resources available in the community." Another coalition (Year 2, Northeastern region) highlighted that they "partnered with [the food distribution center] as they handed out boxes of free food and summer lunches to stuff some of our info in the boxes or bags for people picking up to take home. It was a way for us to give back to our communities where it was needed as well as a free way to distribute 400-600 pieces of info every week."

Activities to Build Capacity

Coalitions engage in a range of activities to build their capacity to serve their communities. 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 training for coalition members (chosen by 44% of coalitions), recruitment (41%), and outreach to key stakeholders in substance use prevention initiatives (39%). These numbers also reflected some changes to coalition operations, likely due to COVID-19, as the percent of coalitions choosing recruitment and outreach activities was slightly higher during the previous February 2020 reporting period (48% and 45%, respectively). Other common activities selected in August 2020 included engaging the general community in substance use prevention initiatives (35%), strengthening strategies (32%), and building shared vision/consensus among coalition members (27%).

TABLE 4. DFC COALITIONS' TOP CAPACITY-BUILDING ACTIVITIES

CAPACITY-BUILDING ACTIVITY	% OF COALITIONS SELECTING IN TOP THREE	NUMBER OF COALITIONS SELECTING IN TOP THREE
Training for coalition members (e.g., building leadership capacity among coalition members)	43.9%	314
Recruitment (e.g., increasing coalition membership and participation)	41.3%	295
Outreach (e.g., engaging key stakeholders in substance use prevention initiatives)	39.4%	282
Engaging the general community in substance use prevention initiatives	34.5%	247
Strengthening strategies (e.g., planning/executing substance use/misuse prevention initiatives)	31.5%	225
Building shared vision/consensus (e.g., attaining an agreement among coalition members regarding goals, planned initiatives, etc.)	27.1%	194
Improving information resources (e.g., engaging in research or evaluation activities)	21.7%	155
Developing/Executing a media plan to draw attention to new drug threats	16.6%	119
Increasing fiscal resources (e.g., attaining funding for substance use prevention initiatives)	14.0%	100
Gathering community input (e.g., holding hearings on drug problems)	13.8%	99
Strengthening data connections across coalition sectors	6.3%	45
Other[29]	2.7%	19

Source: DFC August 2020 Progress Report
Note: Coalitions select up to three activities from a list of ten activities (or select other).

Coalitions provided many examples when asked to describe their main accomplishments in capacity building during the reporting period, spanning a range of activities in which they established new and deeper relationships with organizations across various sectors; provided virtual trainings to youth/families, coalition members, and the larger community; invested in efforts to further engage youth and/or form youth coalitions; and used various modes of media (social media, print, and radio) to increase their reach within the area they serve during COVID-19 (for examples, see text boxes labeled *Coalition Voices: Building Community Capacity*).

DFC coalitions also identified some challenges in building capacity during this reporting period. One common challenge was engaging members from certain sectors, particularly parents, youth, and individuals from the faith-based and business communities. Coalitions with these challenges felt this was often due to scheduling conflicts and staff turnover. Several coalitions mentioned they were coping with the ongoing COVID-19 pandemic, which caused a shift in staff priorities, decreased member engagement, and resulted in the loss of partners in various sectors. Some coalitions

[29] "Other" responses described coalitions' capacity-building activities in the face of COVID-19, including transitioning to remote meetings and events and outreach through social media.

reported that school closures, social distancing guidelines, and the inability to hold in-person meetings and events caused them to reconsider engagement and prevention strategies. While many coalitions relied on the use of virtual platforms to continue engaging with members, some coalitions were hindered by insufficient internet access.

COALITION VOICES: BUILDING COMMUNITY CAPACITY

- "While it has been a struggle to deal with the COVID-19 pandemic, we have not only kept up all of our meetings and workshops, but actually increased involvement in all of our committees and coalition meetings. We believe that because people don't have to get in their cars, drive to a meeting, and find parking in busy downtown [city], they are "showing up" more readily for virtual meetings and online presentations. The Program Director of the Coalition began a daily email to all coalition members just after the quarantine hit, to stay connected with the coalition. This became so popular that it is now a weekly blog on the Coalition website. [It highlights] the work of the Coalition but also personal anecdotes of dealing with quarantine life. This has expanded our reach in the community. As well, we have had weekly interviews with coalition members on a local radio station, along with regular PSAs about the coalition. We have put all of the interviews and PSAs on our website. Our Sustainability Committee is very active, meeting at least monthly, to ensure sector representation and awareness of the coalition's goals and objectives for our members."

  --Year 8, Western region

- "This year we launched a massive social media campaign as a pivot of our efforts during COVID-19 closures. Based on the increased amount of time many youth spent online, we were able to use social media campaigns to engage the youth and the general community in substance abuse prevention initiatives, including a click to call campaign referring youth and their families to wrap-around services, testing, and referral sources. So many additional needs of our youth became apparent during COVID-19, social media marketing using the youth's social media account really helped to boost engagement."

  --Year 3, Midwestern region

- "During this reporting period, we have worked very closely with our media sector as our marketing team has come up with a great plan of social media output. We have had scheduled posts of different drug trends, and other information to engage the community more during these tough times of not being able to get together and carry out much programming or events."

  --Year 6, Southern region

- "Other than the increased members at our coalition meetings, which is exciting, we have also engaged more people in the work we have done around our equity statement, our focus on adding a community wide youth wellness council as well as creating the strategic communications strategy we believe will help us tell our story from our website allowing us to show our value. We are building a stronger foundation for sustainability and to impact the youth and families of our community as they are searching for resources in these strange times as youth are more and more turning to substances to cope with the stress of the times."

  --Year 6, Western region

Strategy Implementation

A primary purpose of collaboration across sectors that traditionally work independently is to leverage skills and resources in the planning and implementation of prevention strategies, often in innovative ways. To assess what DFC coalitions are doing, information was provided on 41 unique prevention activities. These activities were grouped into the Seven Strategies for Community Change, with any given activity linked to a single strategy.[30] As previously noted, the seven strategies are *Providing Information*, *Enhancing Skills*, *Providing Support*, *Enhancing Access/Reducing Barriers*, *Changing Consequences*, *Educating and Informing about Modifying/Changing Policies or Laws*, and *Changing Physical Design*. This section of the report provides an overview of the specific activities and strategies that DFC coalitions reported in their August 2020 Progress Report as having implemented.[31] The following seven sections describe in greater detail implementation of activities DFC coalitions reported in August 2020.[32]

Overview: Implementation of Strategies

Activity implementation was clearly impacted by COVID-19. Figure 5 presents the percentage of FY 2019 DFC coalitions who had implemented at least one activity within each of the seven strategies in the six months during which COVID-19 began to lead to restrictions (February 1st, 2020 to July 31st, 2020) as compared to the percentage of FY 2018 DFC coalitions who did so in the six months that preceded COVID-19 (August 1st, 2019 to January 31st, 2020). The only strategy DFC coalitions were able to implement at similar rates across the two time periods was *Providing Information* (99% and 100%, respectively). In August 2020, there was a reduction of 20 percentage points or more over the prior six-month period in the percentage of DFC coalitions' engaging in at least one activity within the *Providing Support, Educating and Informing about Modifying/Changing Policies and Laws, Changing Physical Design,* and *Changing Consequences* strategy types. While DFC coalitions successfully continued to engage in many prevention activities, many planned activities were not able to be implemented (see the *DFC Coalition Efforts During COVID-19* section of this report).

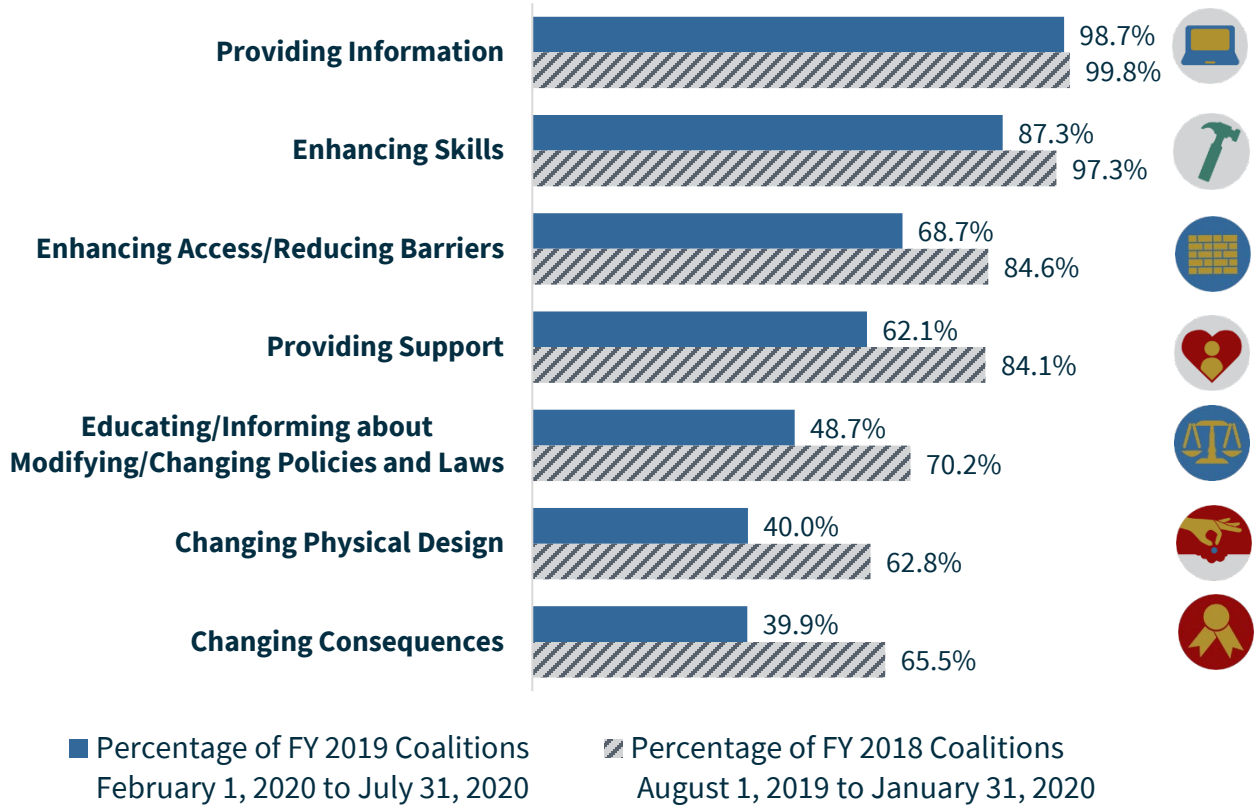
Similarly, COVID-19 had an impact on the extent to which DFC coalitions were engaged in a comprehensive mix of strategies (see Figure 6). Pre COVID-19, nearly two-thirds of DFC coalitions implemented at least one activity in at least six of the seven strategy types (62%) while under one-third (29%) were able to do so during COVID-19. Far more DFC coalitions during COVID-19 (29%) than pre-COVID-19 (7%) implemented at least one activity in three or fewer strategy types. Across the two time periods, similar percentages of coalitions were able to implement at least one activity in five of the seven strategies (20% and 19%).

[30] 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

[31] Coalitions were asked to report on activities that were implemented from February 1st, 2020 through July 31st, 2020.

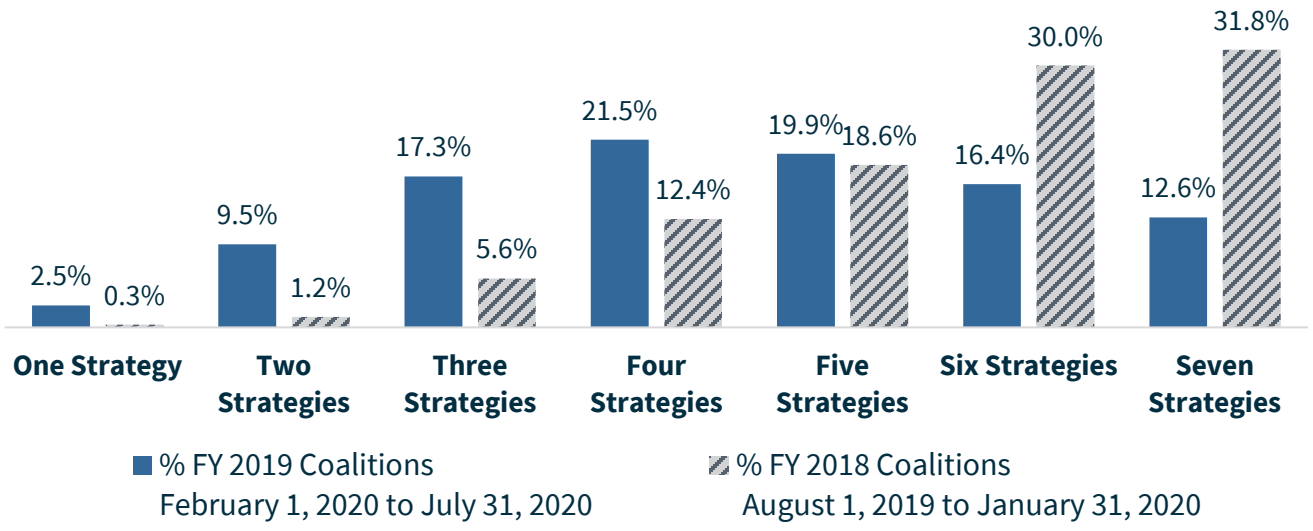
[32] These tables can be compared to the prior annual report to see further examples of how COVID-19 impacted activity implementation.

FIGURE 5. PERCENTAGE OF DFC COALITIONS ENGAGED IN ANY ACTIVITY WITHIN EACH OF THE SEVEN STRATEGIES FOR COMMUNITY CHANGE PRIOR TO AND DURING COVID-19



Source: DFC February 2020 and August 2020 Progress Reports
Note: n=715 FY 2019 coalitions reporting in August 2020; n=661 FY 2018 coalitions reporting in February 2020.

FIGURE 6. PERCENTAGE OF DFC COALITIONS IMPLEMENTING THE SEVEN STRATEGIES FOR COMMUNITY CHANGE BY NUMBER OF STRATEGIES ENGAGED IN PRIOR TO AND DURING COVID-19



Source: DFC February 2020 and August 2020 Progress Reports
Note: Totals within each period differ from 100% due to rounding. n=715 FY 2019 coalitions reporting in August 2020; n=661 FY 2018 coalitions reporting in February 2020.

Providing Information

Providing Information is one way that DFC coalitions establish themselves in the community as experts on youth substance use prevention. Prevention activities within this strategy provide community members with information related to youth substance use, including prevention strategies and the consequences of use. Examples include public service announcements, brochures, and presentations during community meetings.

COALITION VOICES: *PROVIDING INFORMATION*

"The youth door decorating contest created great excitement and was very successful. Many students within the school participated in decorating their classroom door with substance use related messages with the materials provided by the coalition."

— Year 7, Midwestern region

"The coalition was able to create short videos containing information for parents and teachers concerning substance misuse, trauma, and self-destructive behaviors. We worked in partnership with therapists, parents, and youth. The videos have been used on social media and various websites [and are] set to be disseminated by the schools to all parents at the beginning of the school year.

— Year 2, Southern region

Nearly all DFC coalitions (99%) reported engaging in activities to *Provide Information* to community members (see Table 5). During this reporting period, more than half (63%) of coalitions estimated that *Providing Information* was the strategy on which staff members spent most of their efforts. Together, coalitions reported 4,854 in-person events, during which 318,429 community members encountered their coalition. For information DFC coalitions disseminated through indirect channels (e.g., social networking and website hits) for which individual exposure could be estimated, DFC coalition information reached some 12.7 million individuals.[33]

Nearly all DFC coalitions (93%) disseminated prevention materials (including brochures and flyers). In addition, approximately 104,200 via print, billboard, television, radio, and other types of media spots were run by 499 DFC coalitions (70%). Over half of the coalitions (58%) reported posting new materials on coalition websites that garnered over one million hits.

In addition to *Providing Information* via print and electronic media, DFC coalitions also directly engaged youth and adults in their communities. For example, DFC coalitions reported they held 4,119 face-to-face information sessions. The sessions reached 76,659 adults and more than 92,500 youth. DFC coalitions also held or contributed to 735 special events that served 97,401 adults and 52,317 youth.

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

TABLE 5. DFC COALITIONS' ACCOMPLISHMENTS RELATED TO *PROVIDING INFORMATION*

ACTIVITY	NUMBER OF COALITIONS ENGAGED	PERCENTAGE OF COALITIONS ENGAGED	NUMBER OF COMPLETED ACTIVITIES	NUMBER OF ADULTS SERVED	NUMBER OF YOUTH SERVED
Social Networking: (e.g., Facebook, Twitter, etc.)	667	93.3%	131,988	8,502,652 followers	3,175,500 followers
Information Materials Disseminated: Brochures, flyers, posters, etc. distributed	537	75.1%	--[a]	--[b]	--[b]
Information Materials Prepared/Produced: Brochures, flyers, posters, etc. prepared	523	73.1%	46,300	--[b]	--[b]
Media Campaigns: Television, radio, print, billboard, bus, or other posters aired/placed	499	69.8%	104,204	--[b]	--[b]
Media Coverage: TV, radio, newspaper stories covering coalition activities	429	60.0%	4,480	--[b]	--[b]
Information on Coalition Website: New materials posted	416	58.2%	5,461	1,091,361 hits[c]	--[b]
Direct Face-to-Face Information Sessions	393	55.0%	4,119	76,659	92,502
Special Events: Fairs, celebrations, etc.	202	28.3%	735	97,401	52,317
Summary: *Providing Information*	**706**	**98.7%**	**297,287**	**N/A**	**N/A**

Source: DFC August 2020 Progress Report

Notes: In the August 2020 Progress Report, 715 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 403,666 brochures, flyers, posters, etc.

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

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

Enhancing Skills

Other than *Providing Information*, DFC coalitions overall devoted more staff effort to *Enhancing Skills* than any other strategy. More than half (57%) of coalitions reported that *Enhancing Skills* was one of the top two strategies receiving staff effort. The purpose of activities within this strategy is to enhance the skills of participants, members, and staff regarding substance use prevention. Examples include youth conferences, parenting workshops, and staff and teacher training (see Table 6). Most DFC coalitions (87%) engaged in activities related to *Enhancing Skills* during the reporting window.

Youth education and training programs were the most common activities completed, with 470 coalitions (66%) delivering 3,288 sessions to nearly 106,000 youth. A total of 268 DFC coalitions (38%) reported conducting 856 parent training sessions about drug awareness, prevention strategies, and parenting skills with an estimated reach of over 46,000 parents.

Training also was provided to an estimated 41,000 community members, almost 12,000 teachers, and more than 2,500 workers at businesses that sell substances (such as alcohol, tobacco, or marijuana). Overall, 207,744 individuals were reached through these interpersonal *Enhancing Skills* training activities.

COALITION VOICES: *ENHANCING SKILLS*

"[Coalition] staff provided merchant education via phone outreach to 209 vendors, which included training tips on best carding practices for home delivery and curbside pickup in order to reduce/prevent underage drinking. Businesses were asked survey questions including if they were offering curbside pickup, if they were offering home delivery, and if they were aware of the ABC (Alcohol Beverage Control) training requirements."

— Year 6, Southern region

"Due to COVID-19, we began a weekly [virtual] training called "Webinar Wednesday" where we hosted community partners to implement training to youth on mental health, substance use, and other risky behaviors."

— Year 5, Southern region

TABLE 6. DFC COALITIONS' ACCOMPLISHMENTS RELATED TO *ENHANCING SKILLS*

ACTIVITY	NUMBER OF COALITIONS ENGAGED	PERCENTAGE OF COALITIONS ENGAGED	NUMBER OF COMPLETED ACTIVITIES	NUMBER OF ADULTS SERVED	NUMBER OF YOUTH SERVED
Youth Education and Training Programs: Sessions focusing on providing information and skills to youth	470	65.7%	3,288	N/A	105,818
Community Member Education and Training Programs: Sessions directed to community members (e.g., law enforcement, landlords)	309	43.2%	1,549	41,358	N/A
Parent Education and Training Programs: Sessions directed to parents on drug awareness, prevention strategies, parenting skills, etc.	268	37.5%	856	46,131	N/A
Teacher/Youth Worker Education and Training Programs: Sessions on drug awareness and prevention strategies directed to teachers or youth workers	190	26.6%	595	11,872	N/A
Business Training (e.g., responsible beverage server/vendor training [voluntary or mandatory])	95	13.3%	265	2,565	N/A
Summary: *Enhancing Skills*	**624**	**87.3%**	**6,553**	**101,926**	**105,818**

Source: DFC August 2020 Progress Report

Notes: In the August 2020 Progress Report, 715 DFC grant award recipients reported activities. In some cases, the same youth or adults may have participated in multiple activities. Outliers beyond three standard deviations were removed.
N/A = Not applicable

Providing Support

DFC coalitions provide support for people to participate in activities that reduce risk or enhance protective factors associated with substance use in their communities.[34] Examples include providing substance-free social or recreational activities, mentoring programs, and support groups (see Table 7).

COALITION VOICES: *PROVIDING SUPPORT*

"Our youth council developed their very own youth support group where they can assist their student peers in feeling supported and having a safe space to talk about their issues and mental health and substance use."

— Year 3, Western region

"During the pandemic, we have offered weekly Teen Talks, opportunities for youth to engage in online 'get togethers' to talk about issues, play online games, have fun challenges, and learn about the dangers of substance use. These have been very well received and attended."

— Year 8, Western region

Nearly two-thirds of DFC coalitions (62%) engaged in activities related to *Providing Support*. More than one-third (38%) sponsored or supported drug-free alternative social events attended collectively by more than 63,000 youth. DFC coalitions also supported 477 youth organizations and clubs serving nearly 10,000 youth, and an additional 718 youth recreation programs with more than 24,000 participants. DFC coalitions held or supported 723 community service events, in which nearly 84,000 youth and adults to participate. DFC coalitions also supported 1,246 youth and family support groups, helping nearly 12,000 participants. During this reporting period, DFC coalitions supported protective activities serving approximately 222,000 community members overall. When asked to rank implementation strategies by the amount of coalition staff effort spent on each, two-thirds (66%) of DFC coalitions ranked *Providing Support* activities in their top three.

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

TABLE 7. DFC COALITIONS' ACCOMPLISHMENTS RELATED TO *PROVIDING SUPPORT*

ACTIVITY	NUMBER OF COALITIONS ENGAGED	PERCENTAGE OF COALITIONS ENGAGED	NUMBER OF COMPLETED ACTIVITIES	NUMBER OF ADULTS SERVED	NUMBER OF YOUTH SERVED
Alternative/Drug-Free Social Events: Drug-free parties, other alternative events supported by the coalition	**271**	**37.9%**	**1,193**	**27,716**	**63,141**
Youth/Family Community Involvement: Community events held (e.g., school or neighborhood cleanup)	**166**	**23.2%**	**723**	**54,770**	**28,993**
Youth/Family Support Groups: Leadership groups, mentoring programs, youth employment programs, etc., supported by coalitions	**138**	**19.3%**	**1,246**	**6,854**	**4,914**
Youth Organizations/Drop-In Centers: Clubs and centers supported by coalitions	**91**	**12.7%**	**477**	**1,552**	**9,966**
Organized Youth Recreation Programs: Recreational events (e.g., athletics, arts, outdoor activities) supported by coalitions	**87**	**12.2%**	**718**	**4,182**	**19,845**
Summary: *Providing Support*	444	62.1%	4,357	95,074	126,859

Source: DFC August 2020 Progress Report

Notes: In the August 2020 Progress Report, 715 DFC grant award recipients reported activity data. In some cases, the same youth or adults may have participated in multiple activities. Outliers beyond three standard deviations were removed.

Enhancing Access/Reducing Barriers

Just over two-thirds of DFC coalitions (69%) engaged in activities related to *Enhancing Access/Reducing Barriers* during the reporting period (see Figure 5). The purpose of activities within this strategy is to improve the ease, ability, and opportunity for community members to utilize systems and services providing substance use prevention and treatment resources, or to reduce barriers that might impede utilization. Examples include providing transportation to treatment; providing child care; reducing the availability of tobacco, alcohol, and drugs; and conducting cross-cultural outreach, such as through the translation of materials into language(s) other than English (see Table 8).[35]

Among coalitions using this strategy, the activities reported by the largest proportion of DFC coalitions (51%) were those intended to reduce home and social access to substances. Fewer

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

coalitions (31%) reported increasing access to substance use services or improving access through culturally sensitive outreach (24%). Only 11% concentrated on improving supports for service use. More than 237,000 adults and youth were provided with increased access to substance use services. More than 16,300 adults and youth received supports such as transportation or access to child care that facilitated participation in prevention and treatment.

COALITION VOICES: *ENHANCING ACCESS/REDUCING BARRIERS*

"The coalition sent packets to 118 Native American high school graduates with a letter congratulating the students on their graduation, an abalone shell filled with sage (used by Native Americans for praying and smudging), and information about the Coalition. The graduates were asked to consider joining the Coalition or to submit the name of someone they knew who may be interested in joining."

— Year 3, Midwestern region

"We carried out a medication disposal initiative via local funeral homes. We provided them with information regarding the importance of properly disposing of prescription/non-prescription medications. This information came with 2 [disposal packets] for family use. The information was distributed in both English and Spanish."

— Year 3, Southern region

TABLE 8. DFC COALITIONS' ACCOMPLISHMENTS RELATED TO *ENHANCING ACCESS/REDUCING BARRIERS*

ACTIVITY	NUMBER OF COALITIONS ENGAGED	PERCENTAGE OF COALITIONS ENGAGED	NUMBER OF ADULTS SERVED	NUMBER OF YOUTH SERVED
Reducing Home and Social Access to Alcohol and Other Substances (e.g., prescription drug disposal)	**362**	**50.6%**	**775,856**	**107,957**
Increased Access to Substance Use Services (e.g., court mandated services, assessment and referral, EAPs, SAPs)	**218**	**30.5%**	**201,874**	**35,258**
Improve Access Through Culturally Sensitive Outreach (e.g., multilingual materials)	**174**	**24.3%**	**159,027**	**32,925**
Improved Supports for Service Use (e.g., transportation, child care)	**77**	**10.8%**	**14,172**	**2,174**
Summary: *Enhancing Access/Reducing Barriers*	491	68.7%	1,150,929	178,314

Source: DFC August 2020 Progress Report

Notes: In the August 2020 Progress Report, 715 DFC grant award recipients reported activity data. Outliers beyond three standard deviations were removed.

Changing Consequences

Activities within the *Changing Consequences* strategy promote community practices that encourage positive organizational or individual behaviors to reduce the risk of substance use and resulting harms, and to discourage behaviors that increase this risk. For example, public recognition of business practices that reduce the risk of harmful substance use (e.g., passing compliance checks) is

an incentive to adopt behaviors that reduce risk; increasing surveillance for substance use violations (e.g., driving under the influence [DUI] checks) is a disincentive. Table 9 presents an overview of the number of DFC coalitions that conducted activities related to *Changing Consequences* and businesses affected by these activities. About 40% of the DFC coalitions engaged in activities related to *Changing Consequences* during the reporting period. Nearly one-fourth (24%) of DFC coalitions engaged in activities to strengthen enforcement of existing laws and 18% strengthened surveillance activities.

COALITION VOICES: *CHANGING CONSEQUENCES*

"The coalition has helped work with law enforcement to implement 'Hope Not Handcuffs' for young people in violation of drug laws. Youth are able to receive treatment instead of juvenile detention."

— Year 1, Midwestern region

"The coalition presented the annual Community Leadership Award to youth that have demonstrated outstanding leadership, dedication, and commitment to the coalition's mission. The award was presented by the Mayor and Coalition leaders at a virtual Board meeting."

— Year 6, Northeastern region

Within the *Changing Consequences* strategy, DFC coalitions reported more engagement in recognizing positive business behavior than in publicizing negative business behavior. Specifically, 14% of DFC coalitions implemented recognition programs that rewarded 1,891 local businesses for compliance with local ordinances linked to the sale of alcohol and tobacco. Few (5%) DFC coalitions engaged in activities to publicly identify 541 establishments that were non-compliant with local ordinances.

TABLE 9. DFC COALITIONS' ACCOMPLISHMENTS RELATED TO *CHANGING CONSEQUENCES*

ACTIVITY	NUMBER OF COALITIONS ENGAGED[A]	PERCENTAGE OF COALITIONS ENGAGED	NUMBER OF BUSINESSES REACHED
Strengthening Enforcement (e.g., supporting DUI checkpoints, shoulder tap, open container laws)	174	24.3%	N/A
Strengthening Surveillance (e.g., monitoring "hot spots," party patrols)	126	17.6%	N/A
Recognition Programs (e.g., programs for merchants who pass compliance checks, drug-free youth)	101	14.1%	1,891
Publicizing Non-Compliance (e.g., advertisements highlighting businesses not compliant with local ordinances	34	4.8%	541
Summary: *Changing Consequences*	**285**	**39.9%**	**2,432**

Source: DFC August 2020 Progress Report

Notes: In the August 2020 Progress Report, 715 DFC grant award recipients reported activity data. Outliers beyond three standard deviations were removed.

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

N/A = Not applicable

Educating and Informing about Modifying/Changing Policies or Laws

The *Educating and Informing about Modifying/Changing Policies or Laws* strategy involves engaging in activities to educate and inform the community concerning the effects of current and potential laws, rules, policies, and practices that influence substance use and the accompanying harmful outcomes for the community (see Table 10).[36] Examples include educating about school drug-testing policies and local use ordinances. Nearly half (49%) of DFC coalitions engaged in activities related to *Educating and Informing about Modifying/Changing Policies or Laws* that were associated with a change. Educating and informing on drug-free school policies was most common, with 18% of DFC coalitions engaged in this activity to successfully bring change to 84 school policies. DFC coalitions also successfully educated about laws or policies concerning underage use, possession, or behavior under the influence (61 policies); citizen enabling/liability (19 policies); and sales restrictions (44 policies), among others.

COALITION VOICES: EDUCATING AND INFORMING ABOUT *MODIFYING/CHANGING POLICIES OR LAWS*

"Our coalition had great success educating our community on bills currently proposed for legislation. Right now, our coalition is very focused on the 'Locks Saves Lives' initiative and is working to [educate around the proposed] state mandate for new builders requiring all new housing to have one installed locking cabinet inside the home for substances."

— Year 5, Western region

"We have worked closely with the school administration and our youth coalition to modify policies regarding marijuana use and vaping in school to incorporate a restorative practice including education on the effect of the substance use for both students and parents."

— Year 10, Northeastern region

[36] 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 10. DFC COALITIONS' ACCOMPLISHMENTS RELATED TO *EDUCATING AND INFORMING ABOUT MODIFYING/CHANGING POLICIES OR LAWS*

ACTIVITY: LAWS OR POLICIES PASSED/MODIFIED CONCERNING:	NUMBER OF COALITIONS ENGAGED	PERCENTAGE OF COALITIONS ENGAGED	NUMBER OF POLICIES PASSED/MODIFIED
School: Policies promoting drug-free schools	125	17.5%	84
Underage Use: Laws/public policies targeting use, possession, or behavior under the influence for minors	108	15.1%	61
Citizen Enabling/Liability: Laws/public policies concerning adult (including parent) social enabling or liability (e.g., social host ordinances)	77	10.8%	19
Sales Restrictions: Laws/public policies concerning restrictions on product sales (e.g., methamphetamine precursor access, alcohol at gas stations)	72	10.1%	44
Treatment and Prevention: Laws/public policies promoting treatment or prevention alternatives (e.g., diversion treatment programs for underage substance use offenders)	59	8.3%	35
Supplier Promotion/Liability: Laws/public policies concerning supplier advertising, promotion, liability (e.g., server liability, product placement, happy hours, drink specials, mandatory compliance checks, responsible beverage service)	52	7.3%	25
Outlet Location/Density: Laws/public policies concerning limitations and restrictions of location and density of alcohol or marijuana outlets	50	7.0%	16
Cost: Laws/public policies concerning cost (e.g., alcohol, tobacco, or marijuana tax, fees)	44	6.2%	18
Workplace: Policies promoting drug-free workplaces	44	6.2%	30
Summary: *Educating and Informing about Modifying/Changing Policies or Laws*	**348**	**48.7%**	**332**

Source: DFC August 2020 Progress Report

Notes: In the August 2020 Progress Report, 715 DFC grant award recipients reported activity data. Outliers beyond three standard deviations were removed.

Changing Physical Design

This strategy involves *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 11).[37] *Changing Physical Design* activities were engaged in by 40% of DFC coalitions. Identifying physical design problems was the activity used by most of these coalitions (20%). Slightly fewer coalitions (14%) worked on improving signage or advertising by suppliers, and 10% worked on neighborhood cleanup and beautification events.

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

COALITION VOICES: *CHANGING PHYSICAL DESIGN*

"Coalition members identified areas in the community where needles were thrown on the ground. One particular location was at a community park. We identified an organization that was making needle collection boxes and was willing to give them to us. We talked to our county government about installing this box."

— Year 3, Southern region

"[The coalition] is taking an abandoned tennis court known for drug activity and graffiti and transforming it into a usable skate board park. Graffiti has been removed, city has granted permission for use of property, plans have been developed, and grants are being written."

— Year 3, Western region

Some 526 physical design problems were identified and more than 800 improvements in signage, advertising, or displays corresponding to sales of substances (such as alcohol, tobacco, or marijuana) were reported. DFC coalitions completed 132 cleanup and beautification events, encouraged 135 businesses to designate alcohol and tobacco-free zones, and improved 45 public places to facilitate surveillance (e.g., improving visibility of "hot spots" for substance dealing or use).

TABLE 11. DFC COALITIONS' ACCOMPLISHMENTS RELATED TO *CHANGING PHYSICAL DESIGN*

ACTIVITY	NUMBER OF COALITIONS ENGAGED	PERCENTAGE OF COALITIONS ENGAGED	NUMBER OF COMPLETED ACTIVITIES
Identifying Physical Design Problems (e.g., environmental scans, neighborhood meetings, windshield surveys)	140	19.6%	526
Promote Improved Signage/Advertising Practices by Suppliers (e.g., decrease signage or advertising, change product locations)	103	14.4%	801
Cleanup and Beautification (e.g., Improve parks and other physical landscapes, neighborhood clean-ups)	71	9.9%	132
Encourage Business/Supplier Designation of "no alcohol" or "no tobacco" zones	60	8.4%	135
Improved Visibility/Ease of Surveillance in Public Places and Substance Use Hotspots (e.g., improved lighting, surveillance cameras, improved line of sight)	28	3.9%	45
Identify Problem Establishments for Closure (e.g., close drug houses)	20	2.8%	43
Summary: *Changing Physical Design*	**286**	**40.0%**	**1,682**

Source: DFC August 2020 Progress Report

Notes: In the August 2020 Progress Report, 715 DFC grant award recipients reported activity data. Outliers beyond three standard deviations were removed.

Summary of Coalition Strategy Implementation

While DFC coalitions faced many COVID-19 related challenges, they continued to engage in and support a broad range of activities that addressed the complex and interrelated factors that influence substance use among youth. These activities encompassed broad information dissemination, efforts

to enhance individual skills and interpersonal supports that reduce substance use, and changes to community, institutional, and behavioral environmental factors that contribute to or mitigate substance use among youth. Each DFC coalition focuses on selecting the range of the Seven Strategies for Community Change that best addresses local needs and challenges: identifying local solutions to address local problems. The full range of strategies is needed because substance use has no single cause. Just over one-fourth (29%) of coalitions engaged in at least some activity supporting six or seven of the strategy types and at least one-fifth engaged in five or four strategy types (20% and 22%, respectively).

The mix of community members and sectors engaged by DFC coalitions is further evidence of their comprehensive scope. Although their 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 2020 Progress Report, 706 coalitions reported providing information to approximately 13 million adults. DFC coalitions used a range of public information outlets (e.g., public service announcements, news stories, brochures, posters, social media) to increase information and awareness in their communities, something they were able to find ways to do even in the midst of social-distancing and stay-at-home restrictions.

The DFC strategy implementation data also document the complementary strategies that focus activities where they will have the greatest impact. Informed, well-trained adults help facilitate the community and family environmental changes that are critical to substance use prevention. DFC coalitions also engage in activities that create opportunities for social interaction between adults and youth. An example of a complementary strategic orientation was the engagement of adults (nearly 776,000) and youth (approximately 108,000) 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 support services). Collectively, these contribute to family and community environments that are more protective of positive youth behavior (and substance use prevention).

Community Assets Findings

Once a year, DFC coalitions complete the Coalition Classification Tool (CCT), a survey that asks them to provide information on coalition structure, performance, objectives, and local characteristics. In August 2020, 705 FY 2019 DFC coalitions completed the CCT (98% of all FY 2019 DFC coalitions). In one section of the CCT, grant recipients select which of 22 specific community assets commonly associated with youth substance use reduction and prevention were in place in their coalitions before they received the DFC grant, those that were put into place after receiving the grant, and those not yet in place in the community to date.[38] Examples from the list of potential community assets that

[38] DFC coalitions report on which of the community assets have been put into place in their community in the past year as a result of being a DFC coalition as well as indicating those ever put into place as part of the DFC grant. For the purposes of this report, these two categories were combined.

DFC grant award recipients may put into place include billboards warning against the use of alcohol, tobacco, or other drugs, media literacy training, and party patrols.[39]

While each of these community assets may enhance the coalition's capacity to prevent or reduce youth substance use, those that were implemented after coalitions received their DFC grant awards provide an additional source of information about the local impact of the grant. That is, these assets may not yet have been in place in the community if not for the DFC grant award. Table 12 presents the top five community assets put into place after receiving the DFC grant award.[40]

TABLE 12: COMMUNITY ASSETS MOST FREQUENTLY IMPLEMENTED AFTER DFC GRANT AWARD

COMMUNITY ASSET	PERCENTAGE OF DFC COALITIONS WITH ASSET PUT IN PLACE AS A RESULT OF DFC GRANT AWARD	PERCENTAGE OF DFC COALITIONS WITH ASSET IN PLACE BEFORE DFC GRANT	PERCENTAGE OF DFC COALITIONS WITH ASSET NOT IN PLACE IN COMMUNITY
Social norms campaigns	67.7%	16.9%	15.5%
Culturally competent materials that educate the public about issues related to substance use	67.4%	23.1%	9.5%
Town hall meetings on substance use and prevention within the community	62.9%	25.0%	12.1%
Youth substance use warning posters	60.6%	26.5%	12.9%
Prescription drug disposal programs	54.2%	41.1%	4.7%

Source: DFC August 2020 Coalition Classification Tool Data
Note: n=705 FY 2019 coalitions reporting CCT data in August 2020.

Social norms campaigns were the most common asset put into place by DFC coalitions after they received their grant awards (68%). DFC coalitions also reported that they were able to create culturally competent materials to educate the community about substance use as a result of the grant (67%). Nearly two-thirds of DFC coalitions (63%) reported having town hall meetings and supporting substance use warning posters (61%) since receiving their grant awards. More than half (54%) also offered prescription drug disposal programs since receiving their DFC grant awards.

[39] Party patrols involve law enforcement regularly visiting (patrolling) an area where youth are suspected of gathering 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.
[40] These were the only assets which were put into place by more than 50% of DFC coalitions after a DFC grant award.

Addressing Local Drug Crises

For the first time in the August 2020 Progress Report, DFC coalitions had the opportunity to answer items focused on addressing Local Drug Crises, specifically opioids/methamphetamine and vaping. DFC coalitions indicated whether their coalition engaged in any activities to address opioids (e.g., prescription opioids, heroin, fentanyl/fentanyl analogs or other synthetic opioids, or methamphetamine, in the community) then answered a range of follow-on questions; the same occurred for vaping (e.g., e-cigarettes). These DFC coalitions were then asked to describe activities implemented.

Opioids and Methamphetamine

CDC has identified opioid use and opioid overdose deaths as an epidemic. In 2019, just over two-thirds (70%) of all drug overdose deaths were associated with opioids (e.g., prescription opioids, heroin, fentanyl).[41] While prescription opioids contributed to an early wave of opioid overdose deaths, recent data suggests a current wave driven by overdose deaths involving synthetic opioids. The majority of overdose deaths (nearly 85%) deaths involved illicitly manufactured fentanyl, heroin, cocaine, or methamphetamine (alone or in combination) during January–June 2019.[42] DFC coalitions are encouraged to focus on building capacity to identify local problems and address them with local solutions. One way to understand the extent to which DFC coalitions are meeting this goal is to examine how they address new challenges that arise in their communities. During this reporting period related to COVID-19, the rise in opioid use (and associated opioid overdoses and fatalities) continued to be a challenge in many communities. The efforts of DFC coalitions to direct prevention programming/initiatives at youth opioid use are presented next.

Prior to the addition of the new section in August 2020, the only way to assess DFC coalitions' focus on prescription opioids or heroin was to measure the number who listed these as target substances. In August 2020 Progress Reports, nearly all DFC coalitions (81%) selected prescription opioids, heroin, or both as among their top five substances targeted (see Figure 7).[43] Most DFC coalitions (60%) indicated they were targeting prescription opioids but not heroin; one-fifth (19%) selected both heroin and prescription opioids; and a small percentage (1%) indicated they were targeting heroin only.[44]

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[41] See Mattson CL, Tanz LJ, Quinn K, Kariisa M, Patel P, Davis NL. Trends and Geographic Patterns in Drug and Synthetic Opioid Overdose Deaths — United States, 2013–2019. MMWR Morb Mortal Wkly Rep 2021;70:202–207. DOI: http://dx.doi.org/10.15585/mmwr.mm7006a4 and Understanding the Epidemic | Drug Overdose | CDC Injury Center.

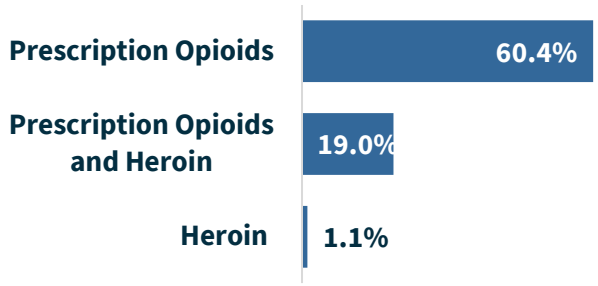
[42] O'Donnell J, Gladden RM, Mattson CL, Hunter CT, Davis NL. Vital Signs: Characteristics of Drug Overdose Deaths Involving Opioids and Stimulants — 24 States and the District of Columbia, January–June 2019. MMWR Morb Mortal Wkly Rep 2020;69:1189–1197. DOI: http://dx.doi.org/10.15585/mmwr.mm6935a1

[43] Beginning in August 2017, DFC coalitions could select prescription opioids or prescription non-opioids specifically. Previously, only the broader term of prescription drugs was an option. In February 2020, heroin was expanded to include Heroin, Fentanyl, Fentanyl analogs or other Synthetic Opioids. The term heroin is used in this report to reflect this broader definition. In the prior annual report (see the prior annual report here), 81% of FY 2019 DFC coalitions selected prescription drugs, heroin, or both, slightly lower than the 86% of FY 2018 DFC coalitions reporting this focus in February 2020.

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

FIGURE 7. PERCENTAGE OF FY 2019 DFC COALITIONS TARGETING PRESCRIPTION OPIOIDS, HEROIN, OR BOTH

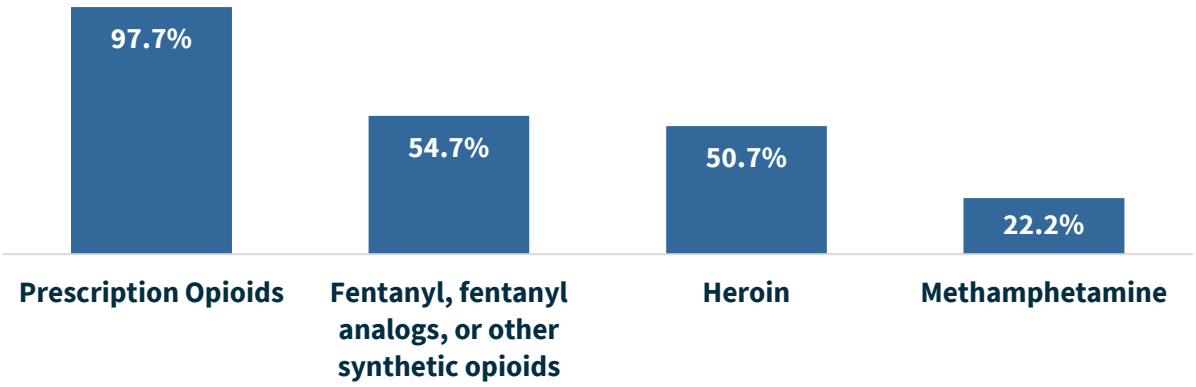
Of all DFC coalitions submitting August 2020 Progress Report data, 81% reported targeting Prescription Opioids, Heroin, or both in their top 5 substances.



Source: DFC August 2020 Progress Report

In comparison to selecting opioids as a target substance, fewer DFC coalitions (73%) indicated that they engaged in activities to address opioids and/or methamphetamine this same reporting period in the new opioids section, with almost all again indicating that they had addressed prescription opioids (98%; see Figure 8). Approximately half of them indicated that their work addressed fentanyl or other synthetic opioids (55%) and heroin (51%), while a smaller percentage (22%) indicated their work targeted methamphetamine. Some coalitions that targeted prescription opioids, heroin or both may have felt that their efforts were limited enough to not include in the new section on addressing opioids/methamphetamine (e.g., may have mentioned opioids briefly in presentations or limited implementation such as sharing of resources).

FIGURE 8. SUBSTANCES ADDRESSED BY COALITIONS WHO ADDRESSED OPIOIDS/METHAMPHETAMINE

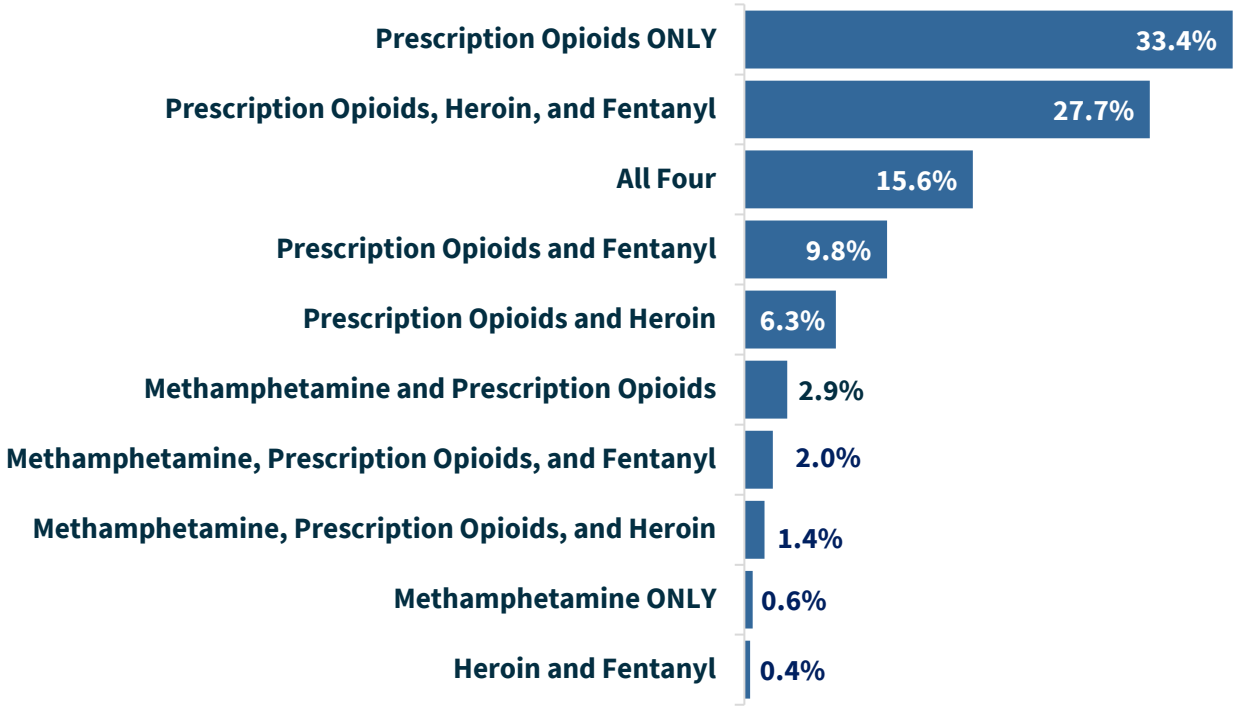


Source: DFC August 2020 Progress Report
Note: Totals do not add to 100% because DFC coalitions could select more than one substance.

This primary focus on prescription opioids was also illustrated by the combination of substances the coalitions addressed (Figure 9). About one third of all coalitions who completed the local drug crises section indicated that their work addressed *only* prescription opioids (33%). Another 28% indicated that their coalition addresses three of the four substance categories: prescription opioids, heroin, and

fentanyl/synthetic opioids. About 16% reported addressing all four substances. Less than 1% of coalitions reported targeting only methamphetamine, and no coalitions reported targeting only heroin or only fentanyl/synthetic opioids.

FIGURE 9. MIX OF SUBSTANCES ADDRESSED: OPIOIDS/METHAMPHETAMINE



Source: DFC August 2020 Progress Report

DFC coalitions reported on engagement in each of three Building Capacity activities with 87% indicating they had engaged in at least one of the three (see Table 13). The most common Building Capacity activity (75%) was DFC coalition staff engagement with a work group organized elsewhere in the community.

TABLE 13. BUILDING CAPACITY ACTIVITIES ENGAGED IN BY DFC COALITIONS TO ADDRESS OPIOIDS AND METHAMPHETAMINE

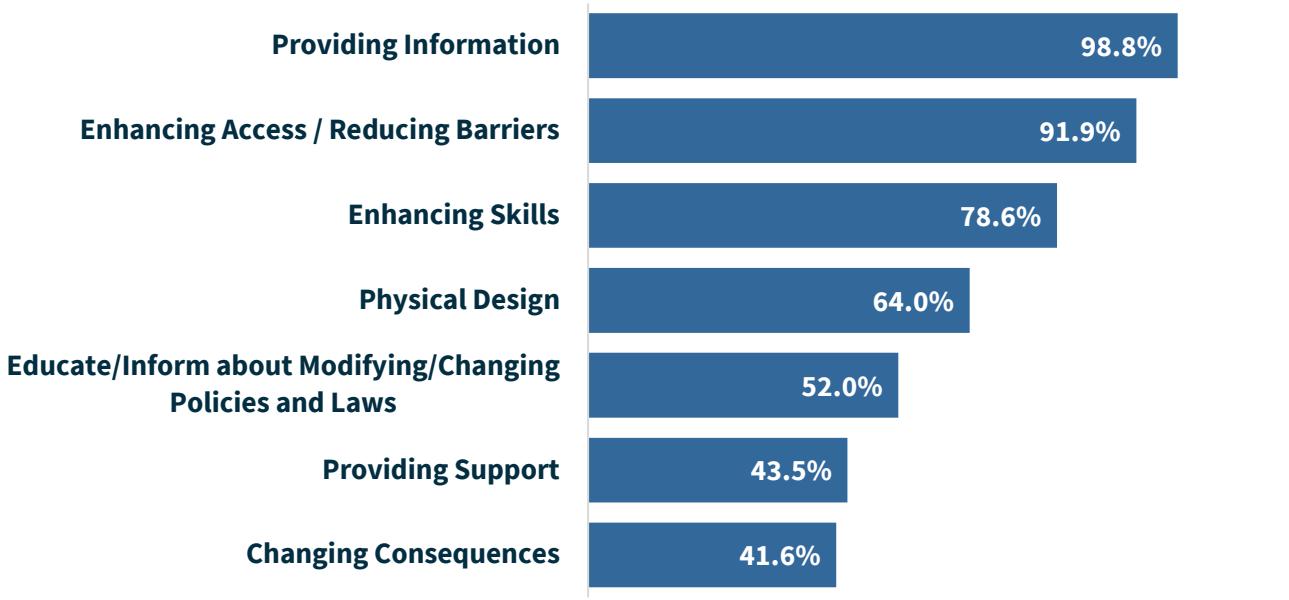
ACTIVITY	PERCENTAGE OF DFC COALITIONS IMPLEMENTING
Key coalition staff engaged with work groups organized by others in the community to address opioids/methamphetamine	75.0%
Invited new community members/sectors to join the coalition based on expertise relevant to addressing opioids/methamphetamine	69.7%
Established one or more work groups or subgroups specifically focused on opioids/methamphetamine	53.6%

Source: DFC August 2020 Progress Report Data
Note: Totals do not add to 100% because DFC coalitions could select more than one substance.

DFC coalitions also indicated if they engaged in activities grouped into the Seven Strategies for Community Change. Figure 10 shows the percentage of DFC coalitions who indicated implementing at least one of the activities within each strategy. The two most common strategies were *Providing*

Information and *Enhancing Access/Reducing Barriers*, with almost all coalitions implementing at least one activity to address opioids/methamphetamine within these strategies (99% and 92%, respectively). Slightly fewer than half of the coalitions implemented activities within the *Providing Support* and *Changing Consequences* strategies (44% and 42%, respectively).

FIGURE 10. STRATEGIES MOST IMPLEMENTED BY DFC COALITIONS TO ADDRESS OPIOIDS AND METHAMPHETAMINE



Source: DFC August 2020 Progress Report Data

The top three activities implemented to address opioids and/or methamphetamine were all categorized as *Providing Information* (see Table 14 for activities engaged in by at least 30% of DFC coalitions; see Appendix B for full table). DFC coalitions provided information on sharing/storing prescription drugs (92%), promoted prescription drug drop boxes and/or take-back events (92%), and providing general information about opioids to the community (84%).

Many coalitions also engaged in activities to *Enhance Access/Reduce Barriers*, including increasing prescription drug take-back drop boxes (73%) and take-back events (64%). Relatedly, 61% of coalitions worked to increase safe storage solutions within homes or schools. Two thirds (66%) of DFC coalitions reported *Enhancing Skills* through community education sessions on the risk of opioid use, while a slightly smaller percentage provided community training on the signs of opioids/ methamphetamine use (54%). While less universal, over 35% of DFC coalitions reported *Educating and Informing* regarding naloxone policies and Good Samaritan Laws.[45]

[45] Good Samaritan laws offer legal protection to people providing reasonable assistance to those who are incapacitated, in this case calling for help or administering naloxone to overdose victims

TABLE 14. ACTIVITIES MOST COMMONLY IMPLEMENTED BY DFC COALITIONS TO ADDRESS OPIOIDS AND METHAMPHETAMINE

ACTIVITY	PERCENTAGE OF DFC COALITIONS IMPLEMENTING	STRATEGY TYPE
Information about sharing/storage of prescription opioids	92.1%	Providing Information
Promotion of prescription drug drop boxes/take back events	91.5%	Providing Information
Information about opioids currently identified as an issue in the community or surrounding community	83.8%	Providing Information
Make available or increase availability of local prescription drug take-back boxes	73.0%	Enhancing Access/ Reducing Barriers
Community education and training on opioid risks for various community stakeholders	65.7%	Enhancing Skills
Make available or increase availability of Narcan/naloxone	64.5%	Enhancing Access/ Reducing Barriers
Make available or increase availability of local prescription drug take-back events	64.2%	Enhancing Access/ Reducing Barriers
Increase safe storage solutions in homes or schools	60.5%	Physical Design
Distribution of treatment referral cards/brochures/stickers	56.1%	Providing Information
Community education and training on signs of opioid/ methamphetamine use	54.1%	Enhancing Skills
Education and training to reduce stigma associated with opioid dependency	52.8%	Enhancing Skills
Promotion of Prescription Monitoring Program	39.7%	Providing Information
Policies regarding Narcan/naloxone administration	37.8%	Educate/Inform about Modifying/Changing Policies and Laws
Recovery groups/events	37.3%	Providing Supports
Good Samaritan Laws	35.1%	Educate/Inform about Modifying/Changing Policies and Laws
Improving access to opioid methamphetamine prevention, treatment, and recovery services through culturally sensitive outreach (e.g., multilingual materials, culturally responsive messaging)	33.7%	Enhancing Access/ Reducing Barriers
Prescribing guidelines	33.3%	Providing Information

Source: DFC August 2020 Progress Report Data

DFC coalitions described key activities to address opioids/methamphetamine, with particular emphasis on prescription opioids. DFC coalitions emphasized engaging with the Law Enforcement sector, Healthcare sector, and Other Organization with Expertise in Substance Abuse sector; they also reported collaborating with schools, businesses, and parents. DFC coalitions frequently mentioned Law Enforcement involvement with drug take-back boxes and events. They indicated that members of the Healthcare sector, including pharmacists, hospital staff, doctors, and dentists, often played a key role in distributing informational materials and items like lock boxes. Other key partners who distributed these materials included senior care centers, first responders, and funeral homes.

DFC coalitions targeted broad swaths of the community with opioid prevention activities. For example, many coalitions provided access to naloxone and training about how to administer it. Some

coalitions offered this training primarily to first responders or medical staff, while others branched out, training community members and "anyone who might find themselves near an overdose" (Year 3, Northeastern region). One coalition received media attention for their program training "youth coalition members and other community members as young as six" in the use of naloxone. They "developed a 'murder mystery' to be used in teaching Narcan usage to youth, and a toolkit for adult leaders interested in helping youth that have been downloaded from our website hundreds of times." (Year 1, Southern region). A Year 9 coalition in the Western region posted their naloxone webinar online for anyone to access. After completing the training, participants could fill out a web survey and receive a free naloxone kit.

DFC coalitions also provided activities that were targeted to specific audiences. Many facilitated school-based prevention education for middle and high schoolers, and support groups for youth affected by the addiction of a loved one. For parents of teenagers, DFC coalitions provided training about safe drug storage and the risks of opioid misuse. DFC coalitions also conducted numerous activities to support people on the path to recovery, either directly (e.g. through overdose response visits, support groups, and transportation to treatment) or indirectly (e.g. educating doctors about Medication-Assisted Treatment [MAT], reducing stigma in the community). For example, one coalition created "*You are Worthy* bags filled with educational resources… that are left with families at the scene of every overdose response" (Year 4, Southern region).

COALITION VOICES: OPIOIDS PREVENTION

"In the beginning of March, we met with two different independent senior living facilities to plan on-site prescription take back events… Not only did we have to cancel those due to COVID, but we also had to cancel the two events we hold on Take Back Day at our Sheriff's department and Police Department. We provided the community with home disposal options and safe storage ideas until our public buildings reopened, offering access to disposal boxes."

— Year 8, Midwestern region

Large numbers of coalitions distributed drug deactivation bags for at-home disposal of medications through community partnerships, by mail, and in person. Coalitions reported that deactivation bags were growing in popularity before the pandemic, but became indispensable as other drug take-back options were limited this spring. In April, the DEA's National Prescription Drug Take Back Day was cancelled; coalitions typically rely on the event to collect and dispose of a large quantity of prescription drugs. Furthermore, many local take-back boxes became inaccessible as municipal buildings closed, shortened their hours of operation, or changed building access policies. In addition to drug deactivation bags, some coalitions conducted drug take-back by mail, whereby community members could return prescription medication directly to a pharmacy. DFC coalitions also provided containers for safe sharps disposal, and a few coalitions mentioned working to implement a syringe exchange program.

Another trend reported by DFC coalitions was the popularity of data sharing and overdose mapping (often with assistance from High Intensity Drug Trafficking Areas [HIDTA] grant recipients) to monitor

the opioid epidemic and inform local decision making. Several coalitions mentioned using the Overdose Mapping and Application Program (ODMAP) tool created by the Washington/Baltimore HIDTA.[46] DFC coalitions also highlighted the importance of data-sharing between their coalition, regional opioid workgroups, and sector member agencies.

Only a small fraction of coalitions described specific activities focused on methamphetamine prevention. While a few coalitions stated that they had been combatting methamphetamine for many years, many other DFC coalitions indicated that methamphetamine is just starting to become an issue in their area. They noted that they learned about the growing issue through Law Enforcement and other sector members, key informant interviews, or through data-sharing agreements with first responders. In addition to learning more about methamphetamine use in general, several DFC coalitions reported being in the process of building capacity to prevent youth methamphetamine use. Some have already created and distributed informational materials, while others are still in the planning stages. One Year 4 coalition in the Northeast wrote, "after learning that meth was starting to really infiltrate our communities, we decided the best way forward was to educate ourselves so that we could better understand and educate the community." The coalition's coordinator attended a course about methamphetamine, then partnered with their District Attorney to write a column for the local paper about the risks of methamphetamine and the options for recovery.

Alternatively, there were a small number of DFC coalitions who noted that they were originally founded as anti-methamphetamine coalitions before branching out to other substance prevention. One such coalition stated that they helped "get the components used to make methamphetamine removed from store shelves even before state legislation was enacted" (Year 2, Southern region). A Year 4 coalition in the Midwest described a multi-pronged approach to the methamphetamine issue in their county, which included social media and web awareness campaigns, and conversations with treatment and recovery groups. In addition, they wrote,

> "This [curriculum training] will allow us to meet with youth who are currently living in a home where substance use is prevalent. This curriculum is focused on reducing the risk of youth use, building confidence and life skills. The Coordinator has had conversations with law enforcement to discuss 'hot spots' and increasing surveillance in those areas of the county. Law enforcement has a pulse on users and their habits in the county. They report a majority of methamphetamine is bought outside of the county and brought in. A few are currently using the one-pot method for personal use." (Year 4, Midwestern region)

Vaping

While slightly lower than in 2019, youth vaping use continues to be a national challenge, with past 30-day use rates in 2020 of 20% among high school students and 5% among middle school students.[47]

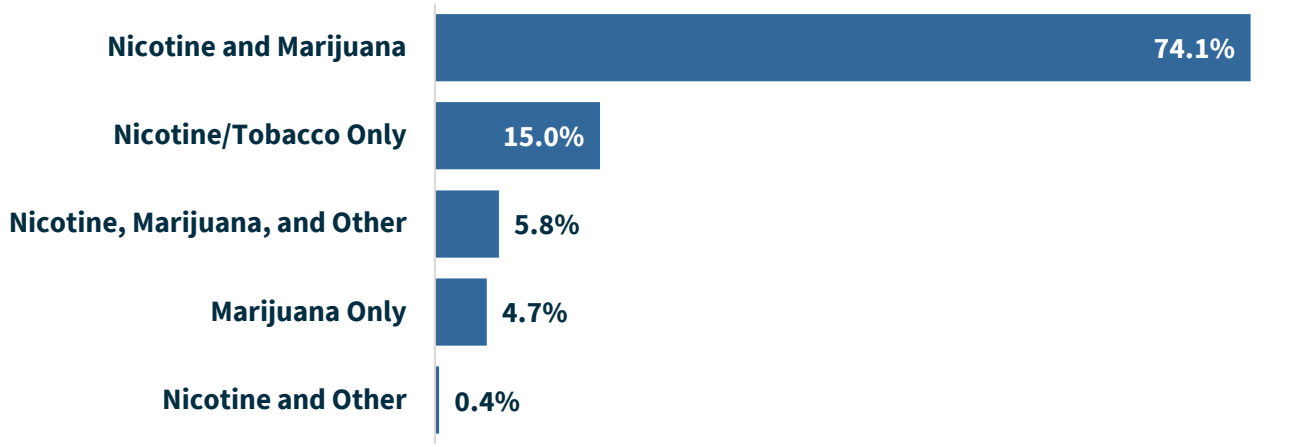
[46] See www.hidta.org/odmap/ and http://www.odmap.org/ for more information.

[47] Centers for Disease Control and Prevention. (2020, February 24). *About electronic cigarettes (E-cigarettes).* Retrieved from https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html and Wang TW, Neff LJ, Park-Lee E, et al. E-cigarette Use Among Middle and High School Students — United States, 2020. Morbidity and Mortality Weekly Report, 2020;69.

Approximately three quarters (76%) of DFC coalitions reported that their coalition engaged in activities to address vaping locally. Of those coalitions who addressed vaping, 94% reported that their anti-vaping work targeted nicotine/tobacco, and 84% reported that their anti-vaping work addressed marijuana. Additionally, 33 coalitions (6% of those who addressed vaping) reported addressing another substance. The most commonly mentioned "other" substance was flavored e-liquid or "vape juice" (17 responses), followed by alcohol (5 responses).[48] A few coalitions reported targeting vaping of the following substances: methamphetamine, opioids, synthetic marijuana, other synthetic drugs, other prescription drugs, and kratom. Three coalitions wrote that they were addressing unspecified other substances (e.g., "other black market vapes" and "anything that can be smoked").

The most common combination of vaped substances being addressed was nicotine and marijuana (Figure 11). Of all coalitions that reported addressing vaping locally, 74% reported addressing both nicotine and marijuana but not an "other" substance. Another 15% of coalitions addressed nicotine/tobacco only. Only 6% addressed all three categories: nicotine, marijuana, and another substance. Less than 5% of coalitions addressed marijuana only. Less than half a percent (0.4%) indicated that they were addressing nicotine and another substance, but not marijuana.

Figure 11. VAPED SUBSTANCES ADDRESSED BY DFC COALITIONS



Source: DFC August 2020 Progress Report Data

DFC coalitions frequently mentioned collaborating with the School, Healthcare, Parent, Youth, and Law Enforcement sectors to prevent and reduce vaping. Healthcare sector members often assisted with providing training to parents and youth. Many coalitions also collaborated with state- and federal-level tobacco prevention programs, in some cases gaining access to advertising and informational materials, or support and training from state public health and tobacco specialists.

[48] Coalitions that selected "other" but described nicotine or marijuana in the open text fields were not included in this count (examples include "tobacco", "vaping", and "THC"). References to marijuana concentrates such as hashish, dabs, or wax were also counted as marijuana and not included in the count of "other" substances.

Less frequently, coalitions noted the involvement of other sectors, such as businesses and youth-serving organizations. Several DFC coalitions created internal committees or task forces to tackle vaping. Some coalitions had pre-existing marijuana or tobacco committees that chose to address vaping.

One coalition described how their existing tobacco committee addresses vaping, and how they have created a smaller vaping group that will lead this work going forward: "The coalition's Tobacco Committee Chairs have convened a vaping task force. The Task Force has met with our largest populated city's mayor and city health department. We have provided talks to city employees and to the county's chambers safety council regarding vaping and the workplace. The task force has been meeting virtually and has a 12-sector representation and has been working to develop a task force action plan." They noted that the tobacco committee recorded podcast episodes about vaping, shared information on the coalition website, provided information to schools, and "worked in partnership with the youth coalition to create an anti-vaping video that has been shared widely in the county." (Year 2, Midwestern region)

In many communities, DFC coalitions joined forces with (non-DFC) tobacco prevention coalitions or programs. Together, they collaborated to conduct environmental scans, host community events and assemblies, provide resources to the school sector, and offer prevention curricula for youth. Some DFC coalitions have created community vaping task forces that facilitate collaborating with these external partners.

As the COVID-19 pandemic disrupted normal coalition activities, many coalitions pivoted to social media, websites, and online video as their platform for *Providing Information*. DFC coalitions used social media to share information about youth use, the dangers of vaping, signs of addiction, ways tobacco retailers target youth, and resources for quitting. They shared content from national anti-vaping campaigns, paid for targeted ads, and posted original content such as videos filmed by youth coalitions. These efforts typically targeted youth, parents, and the general community. Coalitions also provided information about vaping via traditional platforms such as billboards, newspaper ads, radio, TV, and direct mail. Coalitions also provided information directly to other sectors such as hospital staff, school administrators, local governments, and youth-serving organizations.

The primary audiences for coalitions' *Enhancing Skills* efforts were youth, parents, teachers, and school staff. DFC coalitions provided in-school or virtual trainings on the risks of vaping and refusal skills to middle school and high school students; some coalitions also trained elementary school students as young as third grade, as well as college students. Youth prevention curricula were often delivered by a coalition staff member, a school staff member (such as a nurse or health teacher), or a youth coalition peer educator. In some cases, law enforcement or healthcare professionals also provided trainings. For adults, DFC coalitions hosted townhalls and "Parent Universities." DFC coalitions reported that many parents are still unaware of the risks and basic facts about vaping. Because students are now dealing with addiction to vaping at home, however, the content of parent trainings has evolved. DFC coalitions incorporated information about the warning signs of addiction,

how to talk to kids about vaping, and resources for quitting. They also provided trainings for other audiences including school bus drivers, municipal employees, vaping product vendors, law enforcement, veterans, and members of Youth Courts.

While online webinars have become a popular way to host trainings during COVID-19, coalitions are still working out how best to adapt some vaping activities. Multiple reports mentioned that because of the success of mock bedroom activities (where parents learn to see hidden signs of vaping in a teen's room), DFC coalitions are working to create a virtual version of these events. One coalition reported developing an at-home version of a vaping escape room. The escape room tool kit was distributed by community libraries. It included "an entire escape room with activities, puzzles, and game clues to encourage youth and their families to stay away from vaping and to educate them on the dangers of vaping marijuana and tobacco." (Year 5, Midwestern region)

In addition to *Enhancing Skills*, coalitions often collaborated with schools on *Changing Consequences* for youth who vape, often in tandem with changing school policy and *Enhancing Access* to treatment. Numerous DFC coalitions reported that local schools now offer vaping cessation classes for students who violate vaping policies, either in addition to or as an alternative to existing consequences. Details of these programs varied significantly from school to school. In some cases, students completed a single online module or in-person session about the dangers vaping. In other cases, students enrolled in a multi-week program. Several DFC coalitions purchased cessation or intervention programs from national organizations, while others created their own curricula. One coalition designed and applied a three-track Alternative-to-Suspension model in which students were assigned to either a Prevention Pathway, Cessation Pathway, or Intervention Pathway, based on their needs.

Some alternative-to-suspension programs required students and parents to attend the class together, creating an opportunity for dialogue between school administrators and parents. A Year 6 coalition in the Western region piloted one such program for students caught vaping marijuana. Students received fewer days of suspension but were required to take a 1-hour workshop with their parent about the risks of marijuana. Reflecting on the program, an educator wrote the following in a letter to the coalition:

> "Out of the 20 that we worked with, 2 of our students reoffended. While that is obviously unfortunate, if they hadn't gone through your program, they may have been long term suspended through the year or semester. However, this offered opportunity for them to stay with us under a behavior contract. … This partnership has helped me grow as an educator and has definitely equipped our families with resources, communication skills, and opportunities with the school that was not previously been in place." (Year 6, Western region)

DFC coalitions also partnered with schools to provide voluntary cessation options. One coalition started an anonymous group for high school students who had requested help quitting. The group was designed and run by "two members of the coalition, a high school therapist and the coordinator (who also works in treatment)." The group educated 6 students in the spring semester, and the

coalition reported that "two of the students who were enrolled in the course are now vape/nicotine free and have been for 3 months." (Year 2, Midwestern Region)

A handful of DFC coalitions also worked with schools on *Changing Consequences* using vaping detectors. Some coalitions were still researching the devices as of the report submission and had not yet installed detectors. Others piloted the devices in schools, with varying degrees of success. According to one coalition, "school administration did not think they were effective enough to rationalize purchasing additional units. There were many false alarms, and getting to the bathroom in time to identify the student violator was also a challenge" (Year 2, Northeastern region). Others found the program successful—one coalition wrote, "The units helped administration identify youth who were vaping while in school. Identified youth were referred to use an online program for intervention. The units also deter use in school as youth knew they were in the bathrooms." (Year 5, Southern region)

Additionally, DFC coalitions helped curtail youth vaping by reducing availability of vaping devices. Despite the pandemic, multiple coalitions worked with law enforcement to continue compliance checks, ensuring that vendors are not selling vape products to youth under 21. Coalitions also provided vendor education to ensure that employees are aware of new Tobacco 21 laws and the dangers of youth vaping. Additionally, numerous coalitions worked to *Educate and Inform about Modifying and Changing Policies* on the state and local level. Youth coalition members played a particularly strong role in outreach to legislators. For example, one coalition described how youth participated in a state-wide campaign that led to stricter regulations on vaping retailers:

> "Peer leaders have been part of … a statewide anti-tobacco advocacy group. Through this affiliation, teen leaders have learned about the advertising tactics of the tobacco industry, they have led peer education efforts in the cafeteria and throughout the community, they have spoken to local and state legislators about the easy accessibility of tobacco and vaping products. These efforts have led to changes in local policy (requiring that tobacco and vape products be sold at a certain distance from schools, parks, and other places that children congregate)." (Year 7, Northeastern region)

While some coalitions focused education efforts on a single policy, such as tobacco free parks or tobacco retailer licensing, others cast a wide net, educating about a number of potential policies.

> "The coalition and youth coalition educated senators, representatives, and local government on the following policies: increasing the prevention budget, raising the smoking age to 21, adding an excise tax on all electronic cigarette products, banning electronic cigarette flavors, and outlet density. During all of these sessions we were very careful not to lobby but to educate. The state legislature passed the following changes: smoking age raised to 21, excise tax added to all electronic cigarette products, ban on flavors in all stores other than specialty shops, and ID requirement for all specialty shop customers." (Year 3, Western region)

Finally, some DFC coalitions also partnered with schools and law enforcement to restrict access to vaping devices through vape take-back programs. Coalitions who conduct take-back programs allow

students to anonymously drop off vapes to an authority figure. In exchange, some coalitions provide resources for quitting or some type or reward. One coalition gave each student “free resources, information about quit lines/texts/apps, and fidget toys to encourage students to use instead of vaping if they feel anxious or the urge to use.” They also reported that several youth who gave back their vapes became involved in youth coalition efforts to prevent other youth from vaping. (Year 5, Northeastern region). A few coalitions noted that because vaping devices are electronics and contain batteries, they should be disposed with care, along with other electronics or hazardous materials.

In summary, DFC coalitions collaborated with numerous sectors to address vaping, but they noted particularly strong collaboration with School and Healthcare sectors. Coalitions provided information and supported numerous trainings, mostly for youth and parents. They also engaged in a variety of practices to change disciplinary practices and enhance access to treatment for youth who vape: for example, using vape detectors to identify students who vape, offering vaping education or cessation classes as an alternative to suspension, and providing anonymous options for students to turn in their devices and seek treatment.

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.[49] For this report, core measures data were initially analyzed with all available data from DFC coalitions since the inception of the grant. Next, data were analyzed including only the DFC coalitions funded in FY 2019 (see Appendix A, Tables A.2 and A.3 for counts by report time and substance, respectively for each sample).[50] The first set of analyses provides information regarding changes in community outcomes since DFC was first funded, whereas the second set seeks to emphasize community outcomes associated with DFC grant recipients funded during FY 2019. 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 C for data presented in tables). The greater the disparity between the two bars, the more likely it is the difference was statistically significant; whereas the more equivalent the bars are, the more likely it is the difference was not significant.[51]

Core Measures Findings Summary

Figure 12 below provides a high-level summary of the core outcomes results for the sample of all coalitions since inception and for the FY 2019 coalitions. A green 'up' arrow indicates that the most recent measure significantly increased from the earliest measure, a positive finding; a red 'down' arrow indicates the most recent measure significantly decreased from the earliest measure, a negative outcome. A value of 'NC' or No Change indicates there was no significant difference between the most recent and earlier measures for that outcome. For example, for all coalitions since inception, we can see that Past 30-Day Non-Use rates increased significantly across all substances at both the middle and high school levels. Conversely, we can see that for the FY 2019 sample, Perception of Risk decreased significantly across all substances and levels, except for Prescription Drugs at the high school level, which was unchanged.

[49] DFC coalitions have reported data from 2002 to 2020. For core measures changed or introduced in 2012, including peer disapproval and all measures for misuse of prescription drugs, data have been reported from 2012 to 2020. Data were analyzed using paired *t*-tests. The first and the most recent outcomes were weighted based on the number of students surveyed by DFC grant award recipients. Outliers with change from first report to most recent report scores greater than three standard deviations were excluded from the analyses. Significance is indicated when the statistical significance reached a value of $p < .05$.

[50] For core measures in place only since 2012, most of the DFC grant award recipients in the all DFC since grant inception sample are also in the FY 2019-only sample. For example, to date, 636 DFC coalitions since grant inception have two data points reported on past 30-day prevalence of use of prescription drugs for middle school youth. Of these 636, 403 (63%) also were in the FY 2019-only sample. In comparison, only 442 of the 1,395 (32%) DFC coalitions that have reported past 30-day prevalence of alcohol use among middle school youth were in the FY 2019-only sample.

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

FIGURE 12. OVERVIEW OF CORE OUTCOMES FINDINGS

ALL DFC GRANT RECIPIENTS SINCE INCEPTION

MIDDLE SCHOOL

OUTCOME	ALCOHOL	TOBACCO	MARIJUANA	PRESCRIPTION DRUGS
PAST 30-DAY NON-USE	↑	↑	↑	↑
PERCEPTION OF RISK	NC	NC	↓	↓
PARENTAL DISAPPROVAL	↑	↑	↑	NC
PEER DISAPPROVAL	↑	↑	NC	NC

HIGH SCHOOL

OUTCOME	ALCOHOL	TOBACCO	MARIJUANA	PRESCRIPTION DRUGS
PAST 30-DAY NON-USE	↑	↑	↑	↑
PERCEPTION OF RISK	NC	↑	↓	NC
PARENTAL DISAPPROVAL	↑	↑	NC	↑
PEER DISAPPROVAL	↑	↑	NC	↑

FY 2019 DFC GRANT RECIPIENTS

MIDDLE SCHOOL

OUTCOME	ALCOHOL	TOBACCO	MARIJUANA	PRESCRIPTION DRUGS
PAST 30-DAY NON-USE	↑	↑	↑	NC
PERCEPTION OF RISK	↓	↓	↓	↓
PARENTAL DISAPPROVAL	↑	↑	NC	NC
PEER DISAPPROVAL	NC	↑	↓	NC

HIGH SCHOOL

OUTCOME	ALCOHOL	TOBACCO	MARIJUANA	PRESCRIPTION DRUGS
PAST 30-DAY NON-USE	↑	↑	↑	↑
PERCEPTION OF RISK	↓	↓	↓	NC
PARENTAL DISAPPROVAL	↑	↑	NC	↑
PEER DISAPPROVAL	↑	↑	NC	↑

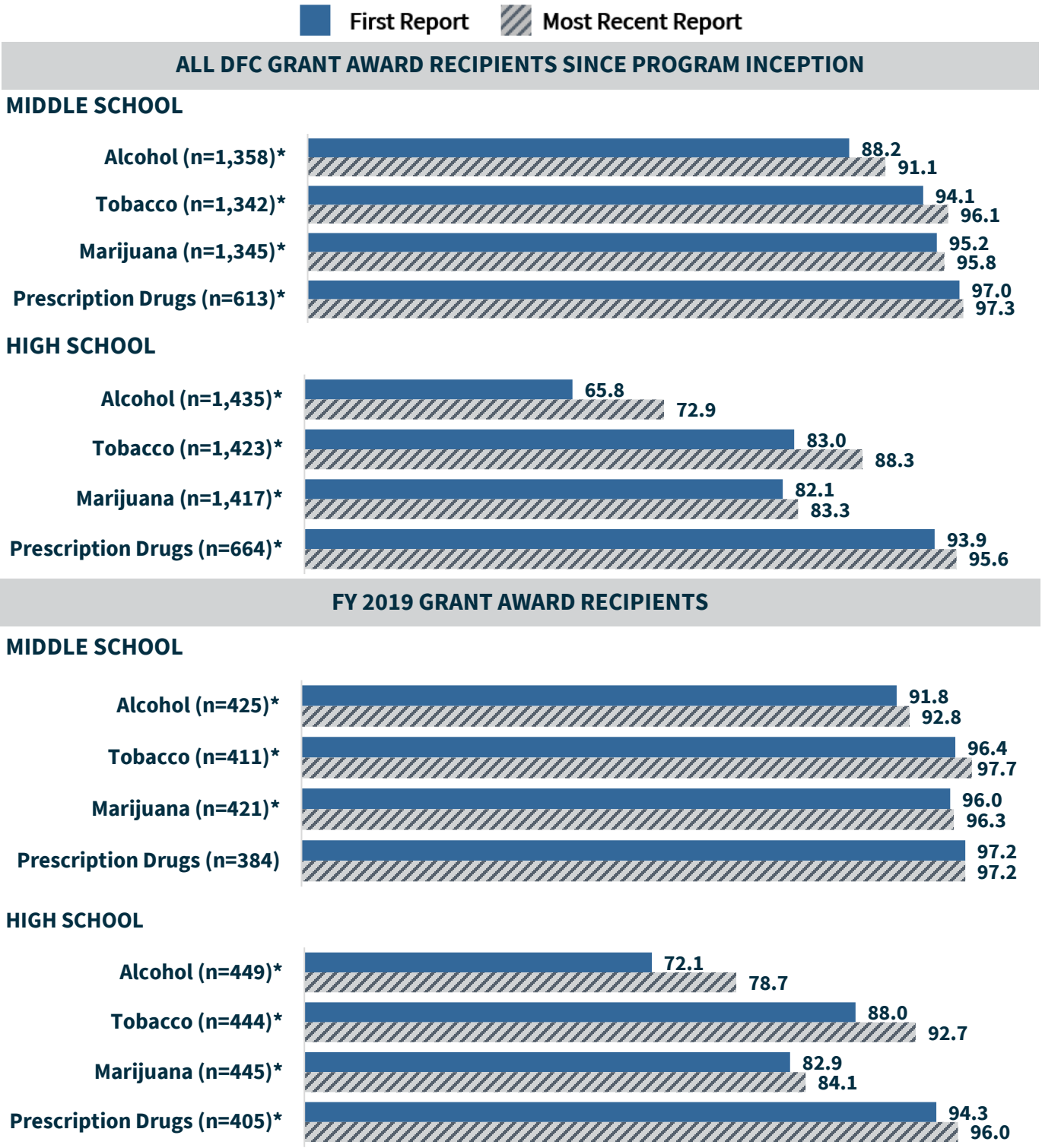
Source: DFC 2002–2020 Progress Reports, core measures data
Note: ↑ = significant increase; ↓ = significant decrease; **NC**=No Change

Past 30-Day Prevalence of Non-Use

A key goal of the DFC grant is to prevent and reduce youth substance use (i.e., to increase non-use). For alcohol, tobacco, marijuana, and prescription drugs, at both middle 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 13 and Table C.2, Appendix C). That is, in communities with a DFC coalition, more youth reported choosing not to use each of these core measure substances at most recent report than at first report. These findings were also true for the FY 2019 sample, except middle school youth reporting non-misuse of prescription drugs, which was very high (97%) and was unchanged from first to most recent report.

Several aspects of the past 30-day prevalence of non-use data are worth noting and represent a persistent pattern from the last DFC annual report. First, in addition to the significant increases over time in non-use during the past 30 days, the majority of youth (greater than 88% in middle school and greater than 66% in high school) reported they did not use each of the given core measure substances at each report (first report and most recent report). Although most youth choose not to use

FIGURE 13. PERCENTAGE OF PAST 30-DAY PREVALENCE OF NON-USE FROM FIRST REPORT TO MOST RECENT REPORT BY SCHOOL LEVEL AND DFC GRANT AWARD RECIPIENT GROUP



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

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

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 2019 sample to the potential reach of DFC based on capture area census estimates (see Table 15). For example, the estimated number of middle school youth reporting past 30-day alcohol non-use from first report to most recent report increased from 2,100,000 to 2,123,000, which translates to approximately an additional 23,000 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 2,339,000 to 2,553,000, an increase of approximately 214,000 high school youth not consuming alcohol. For the FY 2019 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.

TABLE 15. FY 2019 DFC COALITIONS INCREASES IN THE NUMBER OF YOUTH REPORTING PAST 30-DAY NON-USE

PAST 30-DAY NON-USE OF…	ESTIMATED INCREASE IN NUMBER OF MIDDLE SCHOOL YOUTH	ESTIMATED INCREASE IN NUMBER OF HIGH SCHOOL YOUTH
Alcohol	23,000	214,000
Tobacco	30,000	153,000
Marijuana	7,000	39,000
Prescription Drug (misuse)	No change	55,000

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

Second, as in past years, although most youth reported non-use of alcohol within the past 30 days (see Figure 13 and Table C.2, Appendix C), alcohol was the substance with the lowest past 30-day prevalence of non-use (i.e., highest use) among middle school and high school youth, at first report and most recent report. This remained true for all DFC coalitions since inception and FY 2019 DFC coalitions only (see Table C.1, Appendix C). Across all DFC coalitions funded since inception, just less than three-fourths (73%) of high school youth reported past 30-day alcohol non-use at most recent report. In comparison, at most recent report, more high school youth in the sample of all DFC coalitions funded since inception reported not using marijuana or tobacco and not misusing prescription drugs (83%, 88%, and 96%, respectively). In both samples, most middle school youth (91% or more) reported they had not used each of the given substances at most recent report, although alcohol again had the lowest prevalence of non-use compared to tobacco, marijuana, and prescription drug non-misuse (i.e., 91% versus 96%, 96%, and 97%, respectively, in the sample of all DFC coalitions funded since inception; see Figure 13 and Table C.2, Appendix C). The relatively high rates of past 30-day prevalence of alcohol use (e.g., in the FY 2019 sample at most recent report, 7% of middle school youth and 21% 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, reported past 30-day prevalence of non-misuse of prescription drugs was higher than for all other substances, except FY 2019 middle school non-use of tobacco. Nearly all middle school and high school youth (97% and 96%, respectively) reported no misuse of prescription drugs in the past

30 days. Prevalence of non-misuse of prescription drugs was high at first report and significantly increased from the first report to the most recent report among high school youth in communities served by DFC coalitions.

Finally, more high school youth reported past 30-day use of marijuana than tobacco in the sample of all DFC coalitions since inception and in the FY 2019 sample, and this difference has increased between first report and most recent report. For example, among high school youth in the FY 2019 sample, the difference in non-use between tobacco and marijuana at first report was 5.1 percentage points, but by most recent report the difference was 8.6 percentage points.

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 14 presents percentage change data (see Table C.1, Appendix C, for the underlying data used to calculate the percentage change).[52]

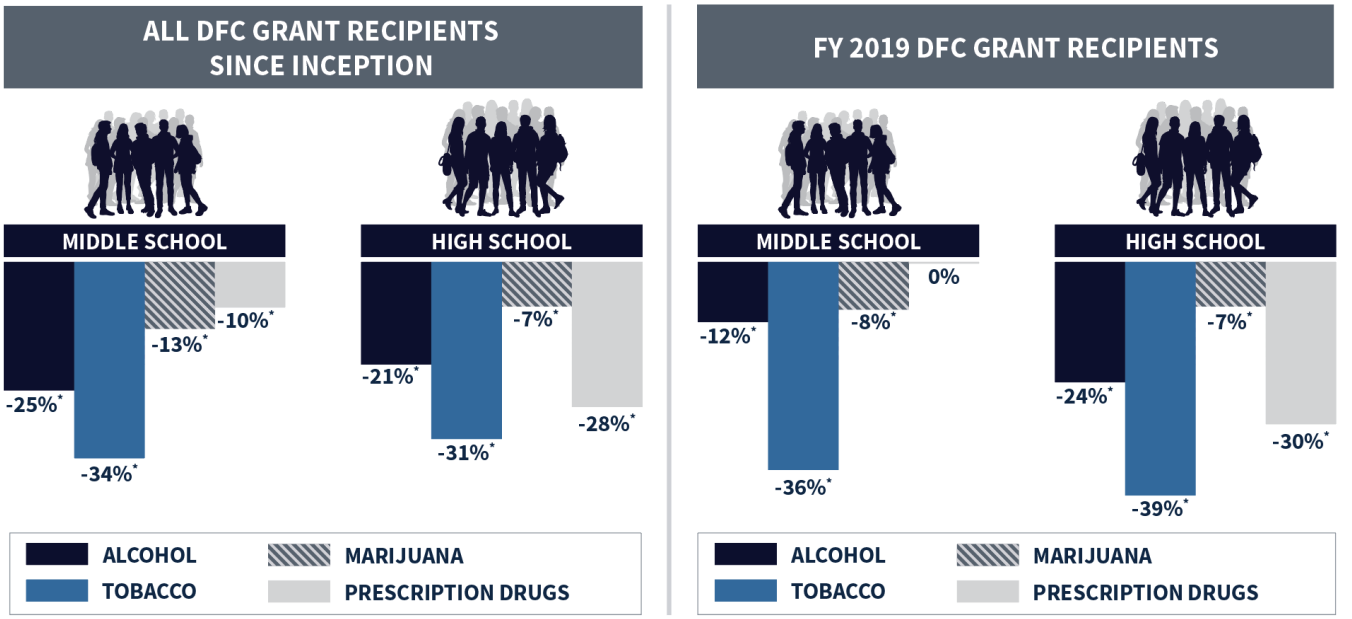
As shown in Figure 14, the past 30-day prevalence of alcohol use declined by 25%, tobacco declined by 34%, marijuana declined by 13%, and prescription drugs declined by 10%[53] from first report to most recent report among middle school youth across all DFC coalitions ever funded. High school past 30-day prevalence of use of alcohol declined by 21%, tobacco declined by 31%, marijuana declined by 7%, and prescription drug misuse declined by 28%. All reductions in past 30-day prevalence of use for this sample were significant.

Percentage decreases in past 30-day prevalence of use among the FY 2019 grant award recipients followed similar patterns to those for all DFC grant awards to date. In this sample, the percentage decreases were greatest for reports of tobacco use for both middle school (36%) and high school (39%) youth. The next greatest decreases were for past 30-day prevalence of prescription drug use in high school and alcohol use in high school (30% and 24%, respectively). Marijuana use decreased for both middle school and high school youth (8% and 7%, respectively), but the change for prescription drugs among middle school youth in the FY 2019 sample was non-significant.

[52] 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.

[53] The percentage point change was only 0.3, which when divided by the first report value of 3% yields a 10% reduction.

FIGURE 14. PERCENTAGE CHANGE IN PAST 30-DAY PREVALENCE OF ALCOHOL, TOBACCO, AND MARIJUANA USE AND PRESCRIPTION DRUG MISUSE



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

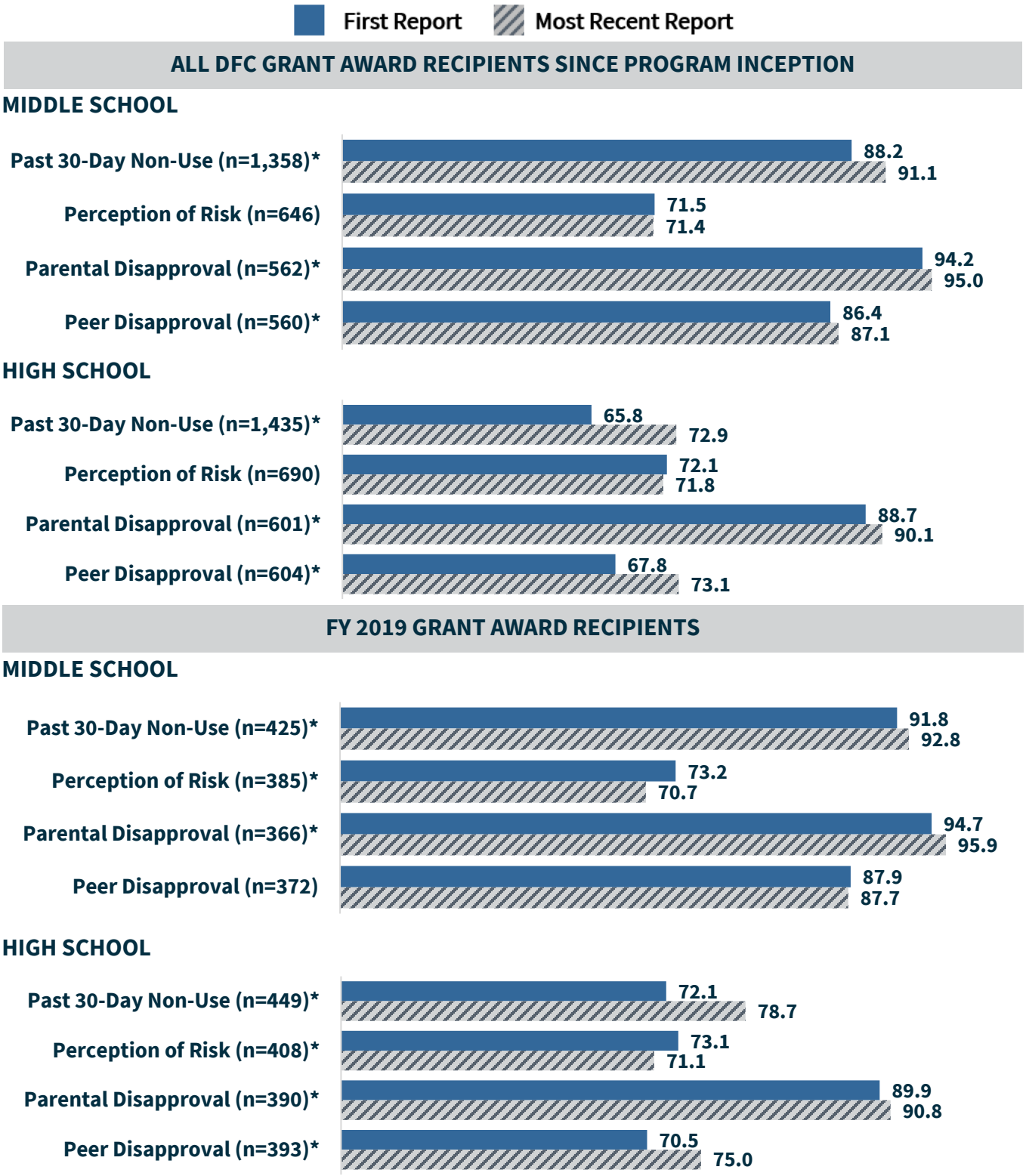
Notes: *$p < .05$; percentage change outcomes represent weighted averages for each DFC grant award recipient based on the total number of youth used in the percentage point change calculation (i.e., adding the number of youth surveyed at first observation to the number of youth surveyed at most recent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

Alcohol Core Measures Findings

Figure 15 provides the alcohol core measures data findings (also see Appendix C). 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. Peer disapproval data have only been collected from 2012 to 2020, 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 2020).

For all DFC coalitions since inception and for FY 2019 DFC coalitions, two-thirds of the differences in alcohol core measures between the first and most recent reports were significant increases. One exception was for middle and high school youth's perception of risk for all DFC coalitions since inception, which was 71% to 72% across both grade levels and time of report. In addition, change in perceived peer disapproval rates among middle school youth in the FY 2019 sample failed to reach statistical significance. Both middle school youth's perceptions of peer disapproval and perceptions of parental disapproval rates were relatively high at both time points (88% and 95%, respectively).

FIGURE 15. ALCOHOL CORE MEASURES: FIRST REPORT TO MOST RECENT REPORT BY SCHOOL LEVEL AND DFC GRANT AWARD RECIPIENT GROUP



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

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

As noted in the previous section, alcohol had the lowest prevalence of past 30-day non-use (highest prevalence of use) among both middle school and high school youth, across both samples and both time points (see Figure 13 and Table C.2, Appendix C). Percentages of youth reporting past 30-day non-use of alcohol decreased from middle school to high school. Still, from first report to most recent report, past 30-day non-use of alcohol increased significantly within both age groups and both samples.

Alcohol: Perception of Risk

Beginning in 2012, perception of risk of alcohol use was defined as being associated with binge alcohol use (five or more drinks of an alcoholic beverage [beer, wine, or liquor] once or twice a week). Among middle and high school youth, changes in perception of risk from first report to most recent report were non-significant for both samples (see Figure 15 and Table C.3, Appendix C). Less than three-fourths of both middle school and high school youth perceived risk associated with this type of alcohol use. This result suggests DFC coalitions may need to identify strategies, beginning in middle school, to help youth understand the risks associated with binge drinking.

Alcohol: Perception of Parental and Peer Disapproval

Perception of parental disapproval of alcohol use for middle school youth in both samples of DFC coalitions was high at both first report and most recent report (approximately 94% to 96%) and increased significantly in both samples (0.8 and 1.2 percentage points for all coalitions and FY 2019 coalitions, respectively) (see Figure 15 and Table C.4, Appendix C). High school youth's perceptions of parental disapproval of alcohol use at first report also were high (approximately 89%) and increased significantly by 1.4 and 0.9 percentage points among all DFC coalitions since inception and the FY 2019 samples, respectively.

Perception of peer disapproval of alcohol use increased significantly in all coalitions since inception for middle school youth and in both samples for high school youth. Among middle school youth, the increase was from 86% to 87% among all coalitions since inception but was unchanged among FY 2019 coalitions (88% at both time points). Fewer high school youth than middle school youth perceived peer disapproval associated with alcohol use. At first report, just over two-thirds (approximately 68%) of high school youth among all DFC coalitions since inception and approximately 71% among the FY 2019 coalitions perceived peer disapproval, with significant increases to approximately 73% and 75%, respectively. The percentage of high school youth perceiving peer disapproval was similar to the percent reporting non-use, suggesting that high school youth who are not using alcohol may perceive disapproval (though 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 15 and Tables C.4 and C.5, Appendix C). Among middle school youth, the difference was approximately 7 percentage points lower depending on the time of the report and the sample. By high school, only about two-thirds of high school youth perceived

peers as disapproving of alcohol use, whereas 89% to 91% perceived parents as disapproving at any given time point, a difference of approximately 20 percentage points.

Tobacco Core Measures Findings

The past 30-day prevalence of non-use of tobacco increased significantly for both age groups and both samples (see Figure 16 and Table C.2, Appendix C). In general, percentages of youth reporting not using tobacco, perceiving the risk of tobacco use, and perceiving parental and peer disapproval were high (81% or greater) at both first report and most recent report for both age groups and for all DFCs since grant inception and FY 2019-only grant award recipients. The notable exceptions were high school youth's perception of peer disapproval for both samples, hovering between 73% and 80% and FY 2019 middle school youth's most recent perceived risk (79%; see Table C.5, Appendix C).

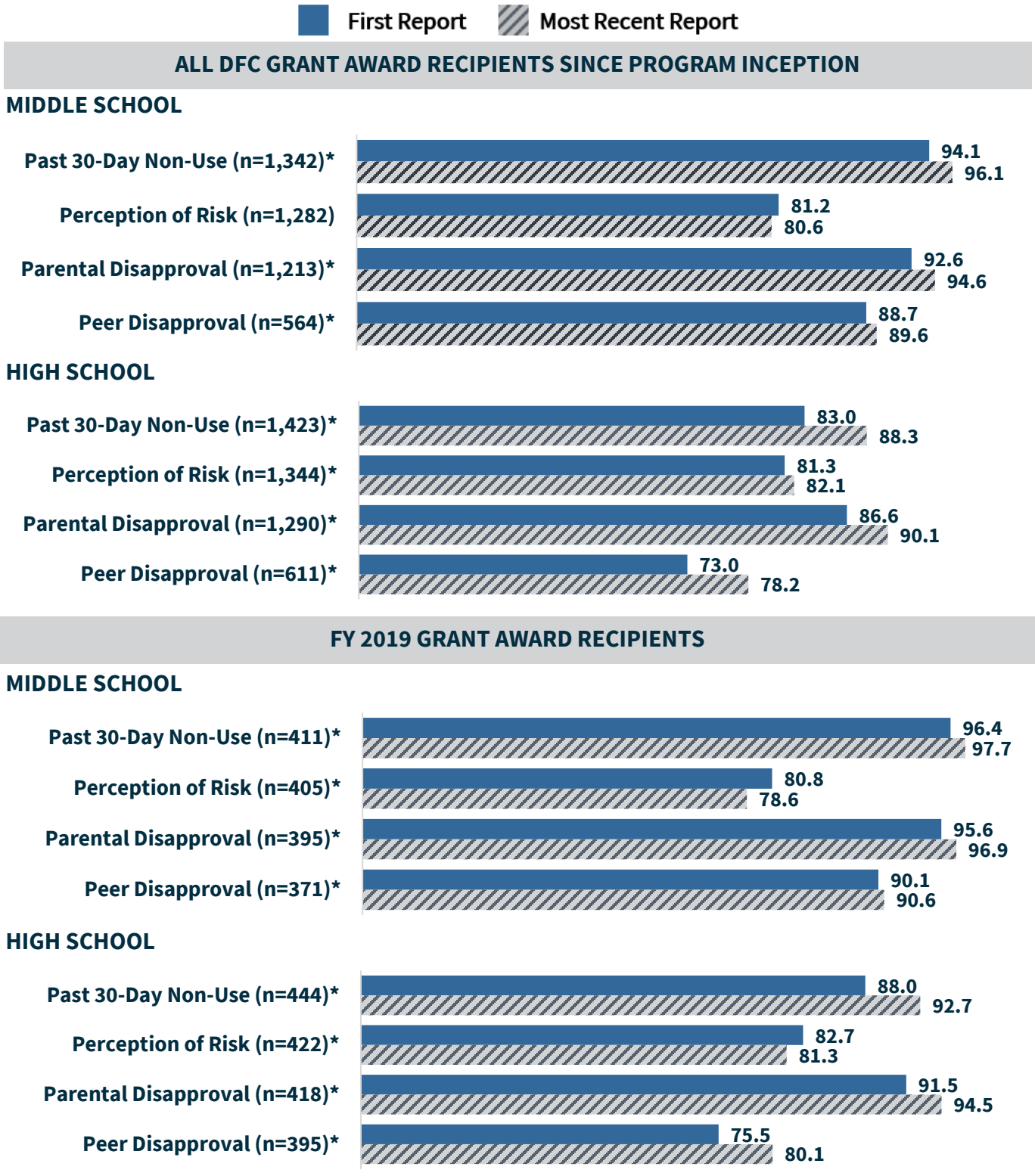
Tobacco: Perception of Risk

Although perceived risk of tobacco use was relatively unchanged for middle school youth among all DFC coalitions since inception, there was a significant *decrease* (of 2.2 percentage points) in perceived risk for middle school youth in the FY 2019 sample (see Figure 16 and Table C.3, Appendix C). Perceived risk of tobacco use increased significantly for high school youth among all DFC coalitions since inception (0.8 percentage points) but *decreased* significantly by 1.4 percentage points in the FY 2019 sample. The findings regarding decreased perceived risk of tobacco use among FY 2019 coalitions suggest that DFC coalitions may need to increase focus in their work on risk associated with tobacco use.

Tobacco: Perception of Parental and Peer Disapproval

Perception of parental disapproval of tobacco use (wrong or very wrong) increased significantly for both samples in both middle school and high school youth. Perception of peer disapproval increased significantly in both middle and high school youth for both samples (see Figure 16 and Tables C.4 and C.5, Appendix C). In the FY 2019 sample, high school youth's perceived peer disapproval significantly increased 4.6 percentage points to 80%. Perception of parental disapproval rates were a bit higher among middle school (93% to 97%) than high school youth (87%–95%). Middle school youth's perception of peer disapproval (89% to 91%) of tobacco use was slightly lower than their perception of parental disapproval. By high school, fewer youth perceived peer disapproval (73% to 80%) associated with tobacco use compared to both peer disapproval in middle school youth and parental disapproval in both age groups.

FIGURE 16. TOBACCO CORE MEASURES: FIRST REPORT TO MOST RECENT REPORT BY SCHOOL LEVEL AND DFC GRANT AWARD RECIPIENT GROUP



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

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

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 17 and Table C.2, Appendix C). The percentages of middle school youth who perceived parental disapproval and peer disapproval in both samples also were generally high: 93%-95% for parental disapproval and 86%-87% for peer disapproval at both time periods. However, the percentage of middle school youth perceiving risk declined significantly in both samples (2.9 and 4.7 percentage point declines among all coalitions since inception and the FY 2019 coalitions, respectively). As compared to middle school, both for all DFC since inception and the FY 2019 samples, smaller percentages of high school youth perceived risk (49% to 54%), parental disapproval (87% to 88%), and peer disapproval (58% to 60%) associated with marijuana use.

Marijuana: Perception of Risk

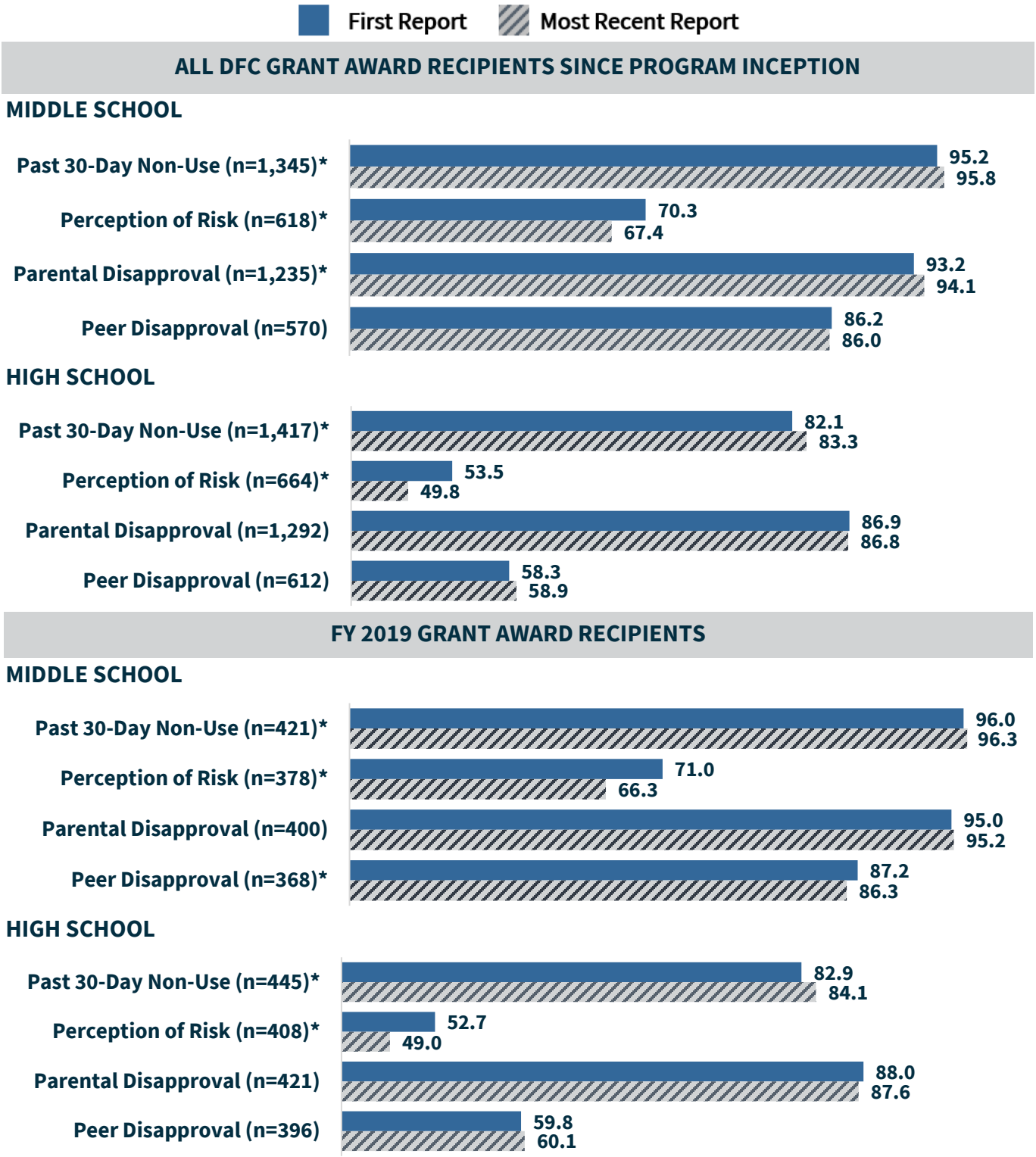
The measure for perception of risk as currently defined (use marijuana once or twice a week) was introduced in 2012 (see Figure 17 and Table C.3, Appendix C). To date, 618 coalitions have collected these data at two time points for middle school youth, whereas 664 have collected them for high school youth. Over half of all DFC coalitions since inception included in the analyses of perception of risk of marijuana also are included in the FY 2019 DFC coalitions (i.e., 378 or 61% of the middle school sample from all DFC since inception and 408 or 61% of the high school sample from all DFC since inception).

Among middle school youth, the perceived risk of marijuana use significantly *decreased* between first report and most recent report among all DFC coalitions since inception (a *decrease* of 2.9 percentage points) and in the FY 2019 sample (a *decrease* of 4.7 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 3.7 percentage points in each). That is, significantly fewer middle and high school youth perceived risk associated with smoking marijuana once or twice a week at most recent report compared to first report, in both samples. These findings suggest that DFC coalitions may need to increase their focus on the risks associated with youth marijuana use.

Marijuana: Perception of Parental and Peer Disapproval

Middle school and high school youth both reported relatively high levels of perceived parental disapproval of marijuana use (93% to 95% of middle school youth and 87% to 88% of high school youth; see Figure 17 and Table C.4, Appendix C). For middle school youth, there was a significant increase in perceived parental disapproval among all DFC coalitions since grant inception (0.9 percentage points), but not for the FY 2019 sample. Perceived parental disapproval was unchanged among high school youth across all DFC coalitions and in the FY 2019 sample. Among high school youth, the percentage reporting perceived parental disapproval of marijuana use at most recent

FIGURE 17. MARIJUANA CORE MEASURES: FIRST REPORT TO MOST RECENT REPORT BY SCHOOL LEVEL AND DFC GRANT AWARD RECIPIENT GROUP



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

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

report was high in both samples (87% and 88%) but was slightly lower than for any other substance, including for alcohol use at most recent report (90% and 91% in the two samples; see Table C.4, Appendix C).

Perception of peer disapproval of marijuana use was unchanged from first report to most recent report for middle and high school students among all DFC coalitions since inception and among high school students within the FY 2019 sample but decreased significantly among middle school students within the FY 2019 sample (0.9 percentage points; see Figure 17 and Table C.5, Appendix C). The percentage of high school youth perceiving peer disapproval was generally lower for marijuana (58% to 60%) than for any other substance, including alcohol (68% to 75%; see Table C.5, Appendix C). 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

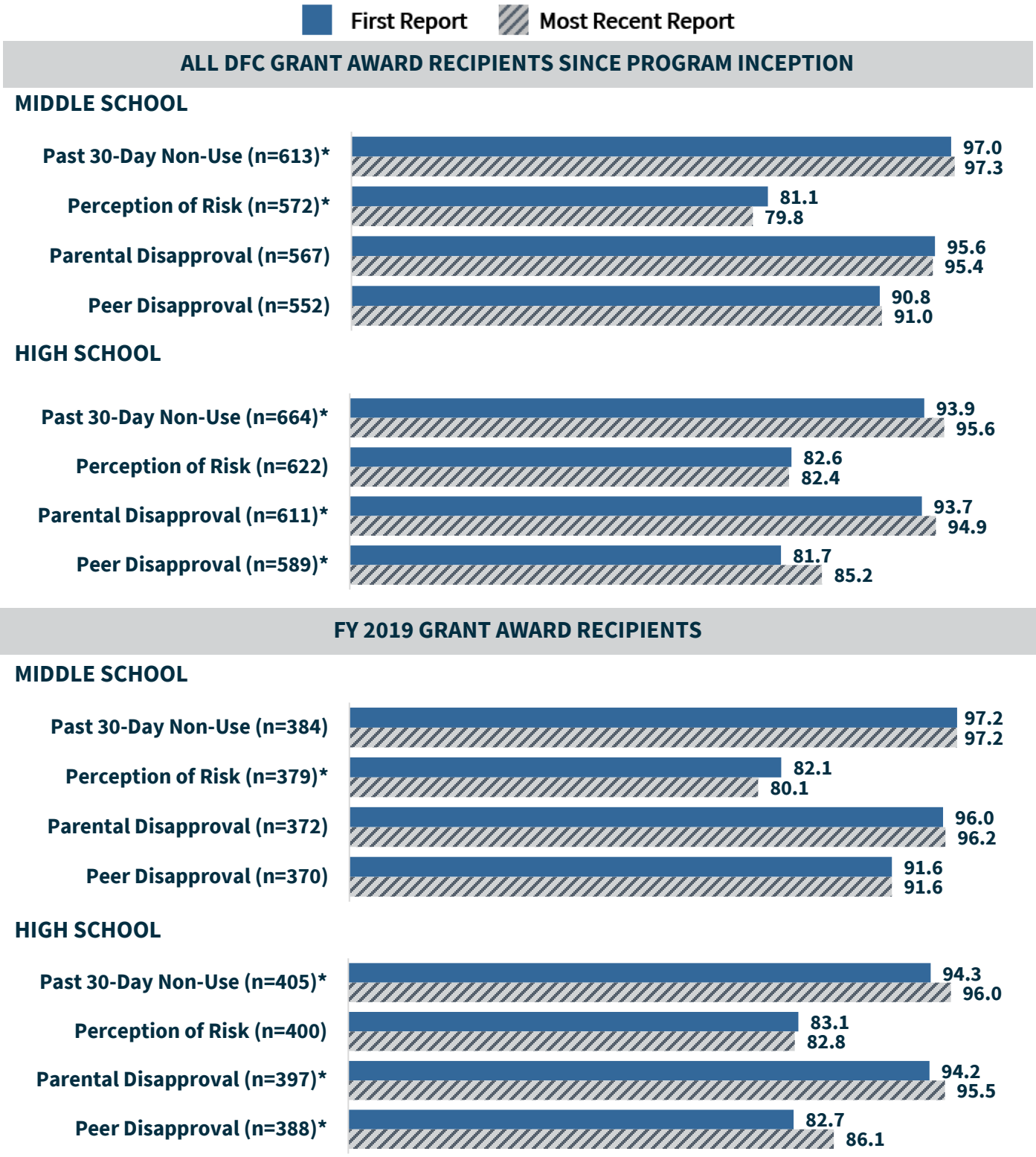
Figure 18 provides the core measures data findings for misuse of prescription drugs (defined as use of prescription drugs not prescribed to you; also see Appendix C). Misuse of prescription drugs was introduced as a core measure substance in 2012. Therefore, the data for all core measures for this substance reflect a generally smaller sample of DFC coalitions than for other core measures substances (the two samples include many of the same coalitions).

As noted previously, past 30-day prevalence of non-misuse of prescription drugs was higher than for any other substance at both time points and for both age groups and both samples, except non-use of tobacco (97.7%) among middle school youth (versus prescription drug non-use of 97.2% in the FY 2019 sample). At most recent report, at least 97% of middle school and about 96% of high school youth reported they had not misused prescription drugs in the past 30 days, a high percentage that increased significantly from first report to most recent report for high school students in both samples (see Figure 18 and Table C.2, Appendix C), with a significant change among middle school youth in the all DFC coalitions since inception sample (0.3 percentage points).

Prescription Drugs: Perception of Risk

Perception of risk of prescription drug misuse was generally high (80% to 83%), but did significantly decrease from first report to most recent report among middle school students in both samples (1.3 and 2.0 percentage points, respectively; see Figure 18 and Table C.3, Appendix C). High school perception of risk was unchanged among both samples. Perceived risk of misuse of prescription drugs was very similar to perceived risk of tobacco use (79% to 82%) and was higher than for both alcohol (71% to 73%) and marijuana (49% to 71%; see Table C.3, Appendix C).

FIGURE 18. PRESCRIPTION DRUGS (MISUSE) CORE MEASURES: FIRST REPORT TO MOST RECENT REPORT BY SCHOOL LEVEL AND DFC GRANT AWARD RECIPIENT GROUP



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

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

Prescription Drugs: Perception of Parental and Peer Disapproval

Youth perceptions of parental disapproval of prescription drug misuse for both age groups and both samples were high (95% to 96% in middle school youth and 94% to 96% in high school youth). Perceived parental disapproval among middle school youth in both samples was unchanged from first report to most recent report but increased significantly among high school youth in both samples (1.2 and 1.3 percentage points in each, respectively; see Figure 18 and Table C.4, Appendix C). Peer disapproval of prescription drug misuse increased significantly for high school youth among all DFC coalitions since grant inception and FY 2019 coalitions (3.5 and 3.4 percentage points, respectively), but was unchanged among middle school youth in both samples. For both middle school and high school youth, perceived peer disapproval was higher for prescription drug misuse than for any other substance. The same was true for parental disapproval among high school youth, whereas middle school youth's perception of parental disapproval was similar across substances.

Comparison with National Data

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 19).[54] Because there is likely some overlap between samples, these comparisons are conservative estimates of the difference that DFC is making in communities.[55]

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 9 years compared (i.e., every other year beginning in 2003 through 2019). In 2019, the difference between the DFC and YRBS samples in past 30-day prevalence of alcohol use was 9 percentage points (20% and 29%, 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 not a significant difference between the DFC and YRBS samples in 2019 (7% and 6%, respectively), representing a decrease among youth in both samples compared to 2017. Fewer youth in DFC communities than in the YRBS national sample reported

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

[55] 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.

tobacco use in all years except 2015 and 2019. In general, youth tobacco use has trended downward across time with use decreasing earlier in communities with a DFC coalition. In both the national and DFC samples, tobacco use has been lower than marijuana use since 2011, when an uptick in marijuana use was seen in the data.

Prevalence rates for marijuana use also were significantly lower in DFC communities than in the YRBS national sample between 2005 and 2019. Marijuana use by high school youth in DFC communities has followed the same pattern from 2011 through 2017, decreasing slightly by about 3 percentage points.

FIGURE 19. COMPARISON OF DFC AND NATIONAL (YRBS) REPORTS OF PAST 30-DAY ALCOHOL, TOBACCO, AND MARIJUANA USE AMONG HIGH SCHOOL STUDENTS

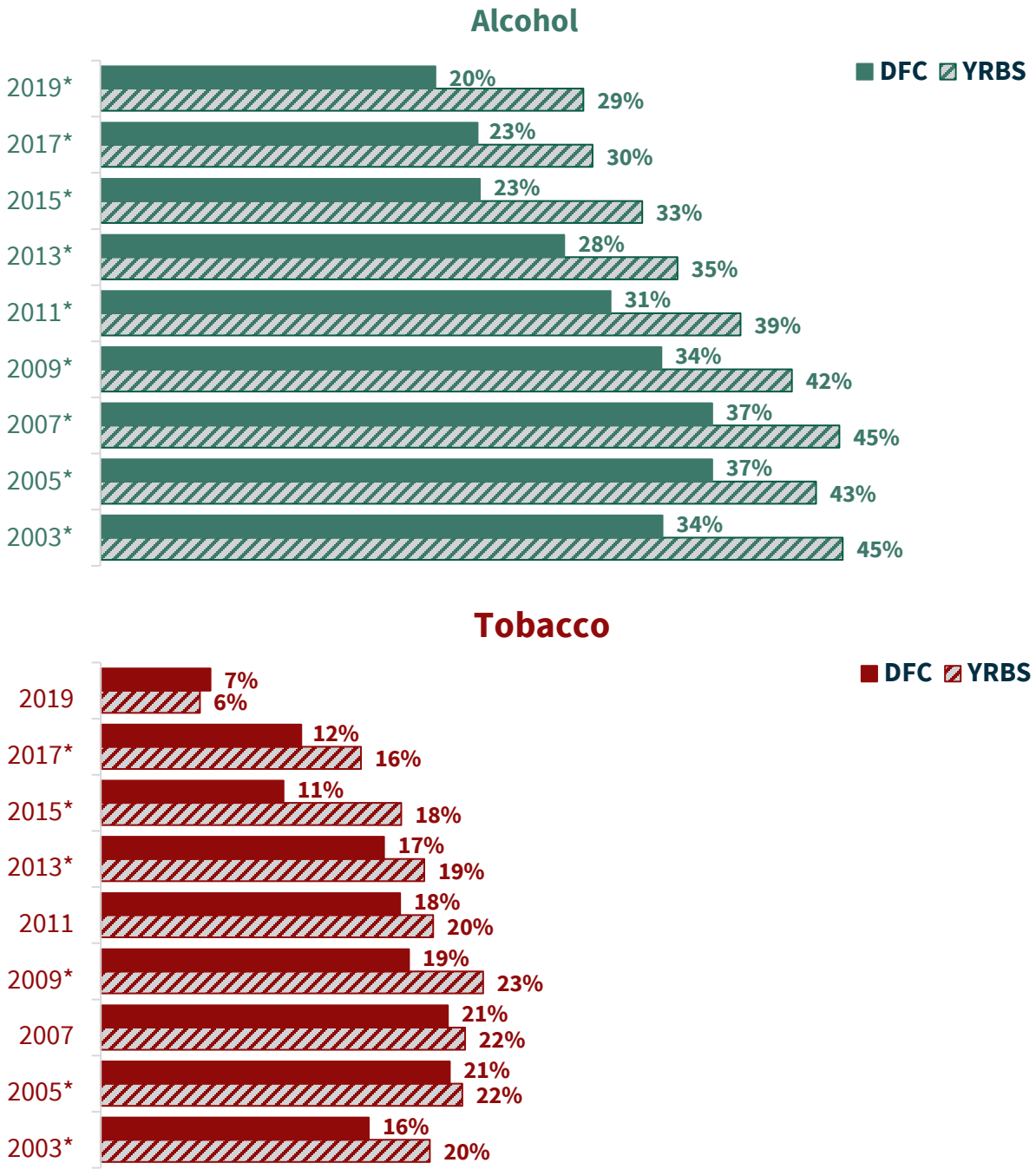
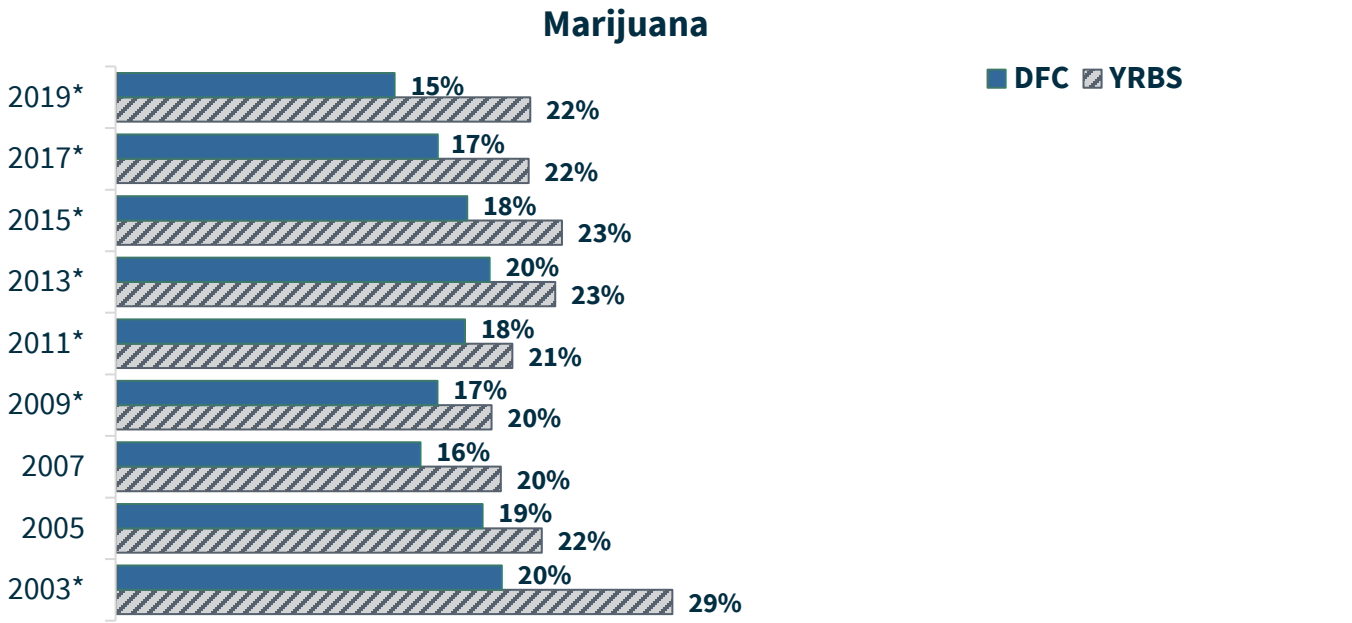


FIGURE 19. CONTINUED



Source: DFC Progress Report, 2003–2020 core measures data; CDC 2019 Youth Risk Behavior Survey Data downloaded from https://www.cdc.gov/healthyyouth/data/yrbs/data.htm

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.

Hosting a Youth Coalition

Given the DFC program's focus on preventing youth substance use, youth engagement has been examined closely in the DFC National Evaluation. In August 2020, DFC coalitions responded to up to four items regarding youth coalitions in each progress report: (1) indicate if they hosted a youth coalition ('yes', 'Not currently, but the coalition is working to host a youth coalition within the next six months,' and 'No and no plans to host a youth coalition within the next six months'); (2) if yes, how often the youth coalition met; (3) if yes, how involved the youth coalition was in planning prevention activities for youth; and (4) if yes, how involved the youth coalition was in overall coalition leadership.[56]

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.

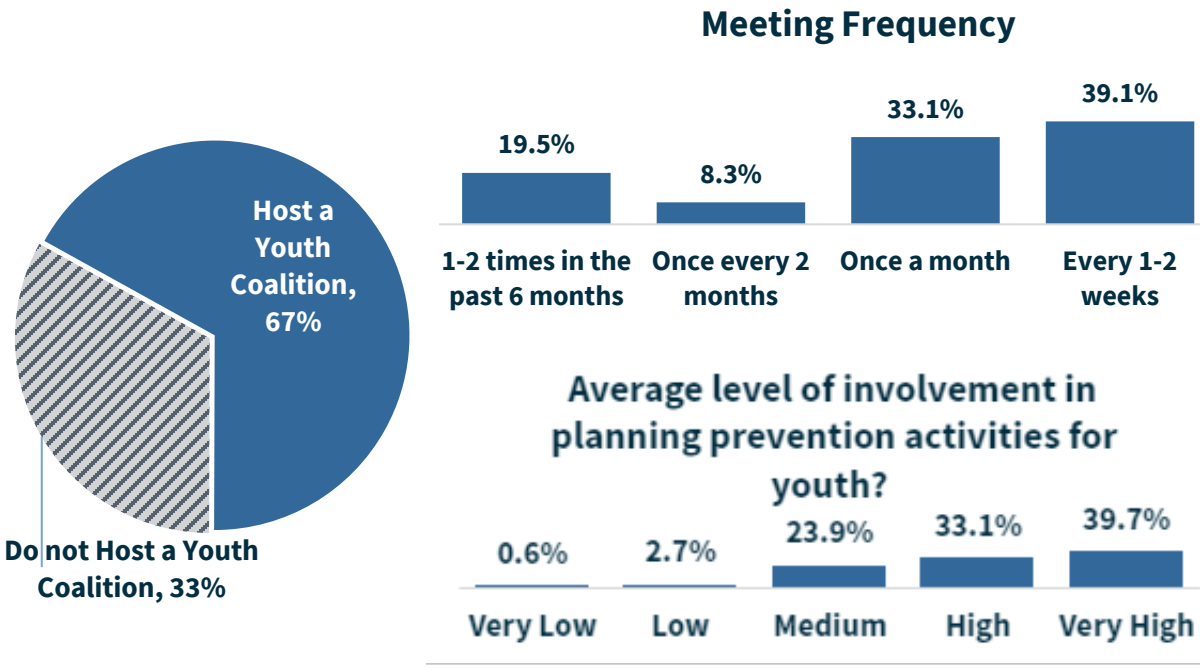
Of the 715 DFC coalitions that responded to the youth coalition questions in the August 2020 Progress Report, 479 coalitions (67%) reported hosting a youth coalition in their work (see Figure 20).[57] This is lower than the percentage reported in the prior annual report (72%).[58] Of the coalitions not hosting a youth coalition (33%), about 60% were working to host a youth coalition within the next six months, while about 40% had no plans to host a youth coalition.

Of these 479 coalitions, most (72%) reported their hosted youth coalition met at least once a month.[59] COVID-19 impacted the extent to which youth coalitions could meet at least once a month, down from the 87% that reported hosting youth coalitions that met at least once a month in February 2020. This was true even with DFC coalitions seeking new ways to host meetings, including with their youth coalitions. Average involvement for youth coalitions in these planning activities received a rating of 4.1 on a scale of 1 (very low) to 5 (very high), or between high and very high. The percentage of DFC coalitions who rated their youth coalitions as highly or very highly involved in August 2020 was also down from February 2020 (73% and 82%, respectively).

A new question provides insight into the extent to which DFC coalitions provide youth coalitions with leadership opportunities with approximately half (50%) indicating that a youth coalition representative attended leadership meetings and had a say in coalition decision making. Smaller percentages indicated that youth members attended leadership meetings but did not have a say in coalition decisions or that no youth members attended these meetings (8% and 33%, respectively). A small percentage (9%) selected that this was not applicable as their coalition does not have a board, steering committee, leadership team (i.e., the group that provides overall leadership to the coalition).

[56] From February 2016 to February 2018, coalitions simply selected 'yes' or 'no' to indicate if they hosted a youth coalition.
[57] This has decreased from February 2020, when 72% of DFC coalitions reported hosting a youth coalition.
[58] See the prior annual report here.
[59] Of these coalitions, 39.1% met once every 1- or 2 weeks while 33.1% met once a month, for a total of 72.2%. Another 8.3% met once every 2 months while 19.5% of those with youth coalitions reported they met only one or two times in the past 6 months.

FIGURE 20. DFC COALITIONS REPORTING HOSTING A YOUTH COALITION AND THE MEETING FREQUENCY, AND LEVEL OF INVOLVEMENT OF THE YOUTH COALITION



Source: DFC August 2020 Progress Report

Comparison of DFC Coalitions Hosting Versus Not Hosting a Youth Coalition

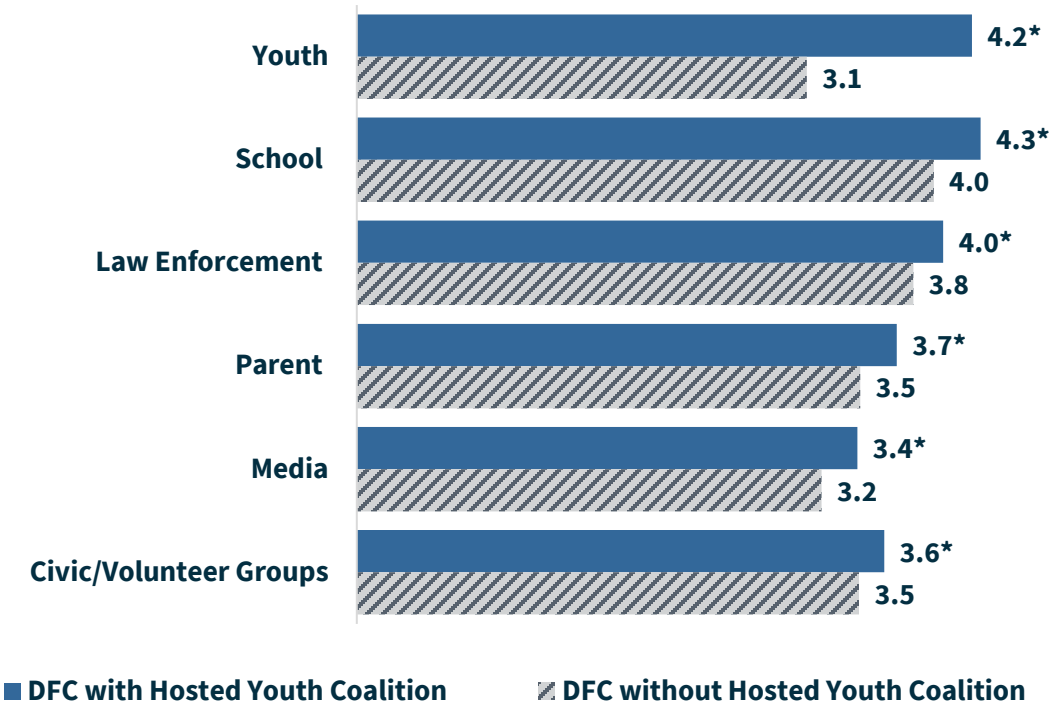
To better understand how DFC coalitions hosting a youth coalition might differ from those coalitions not hosting a youth coalition, additional analyses were conducted on membership and strategy engagement. Because most DFC coalitions hosting a youth coalition reported that youth were highly or very highly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

Membership Involvement and Youth Coalitions

Reported involvement of the Youth, School, Parent, Media, Law Enforcement, and Civic/Volunteer groups sectors within the DFC coalition all were rated significantly higher by DFC coalitions hosting as compared to those not hosting a youth coalition (see Figure 21).[60] The largest difference was for Youth sector involvement, where the difference between the two groups was 1.1 points on the 5 point rating scale. DFC coalitions that reported hosting a youth coalition had a higher average level of Youth sector involvement (4.2, or *high* involvement) than those that reported not hosting a youth coalition (3.1, or *medium* involvement).

[60] Based on Mann-Whitney-Wilcoxon analyses: Youth sector $p < .0001$; School sector $p < .0001$; Law Enforcement sector $p < .05$; Media sector $p < .05$; Civic/Volunteer groups sector $p < .05$; Parent sector $p < .01$

FIGURE 21. AVERAGE LEVEL OF SECTOR INVOLVEMENT IN DFC COALITIONS WITH A HOSTED YOUTH COALITION AS COMPARED TO THOSE WITHOUT A HOSTED YOUTH COALITION

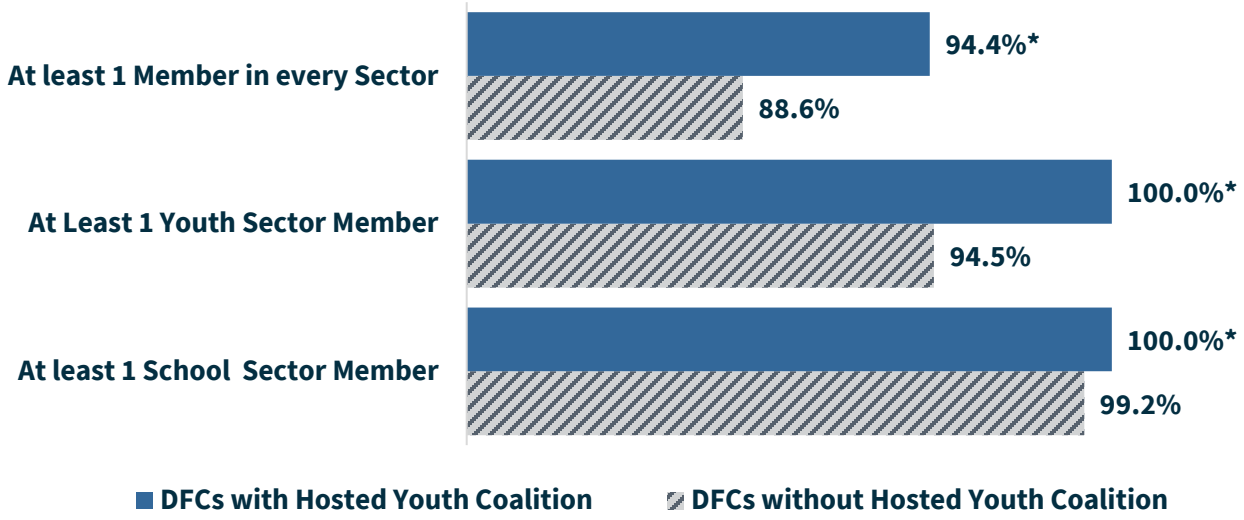


Source: DFC August 2020 Progress Report
Notes: * indicates p < .05 (significant difference)

Hosting a youth coalition also was associated with broader member representation (see Figure 22). 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 (94% versus 89%, respectively),[61] at least one Youth sector member (100% versus 95%),[62] and at least one School sector member (100% versus 99%).[63] Finally, hosting a youth coalition was associated with broader active member representation (see Figure 23). The findings on active sector members (Figure 23) 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 (78% versus 67%)[64] and in the Youth (99% versus 88%),[65] School (100% versus 98%),[66] Civic (97% versus 93%),[67] and Parent (98% versus 95%)[68] sectors.

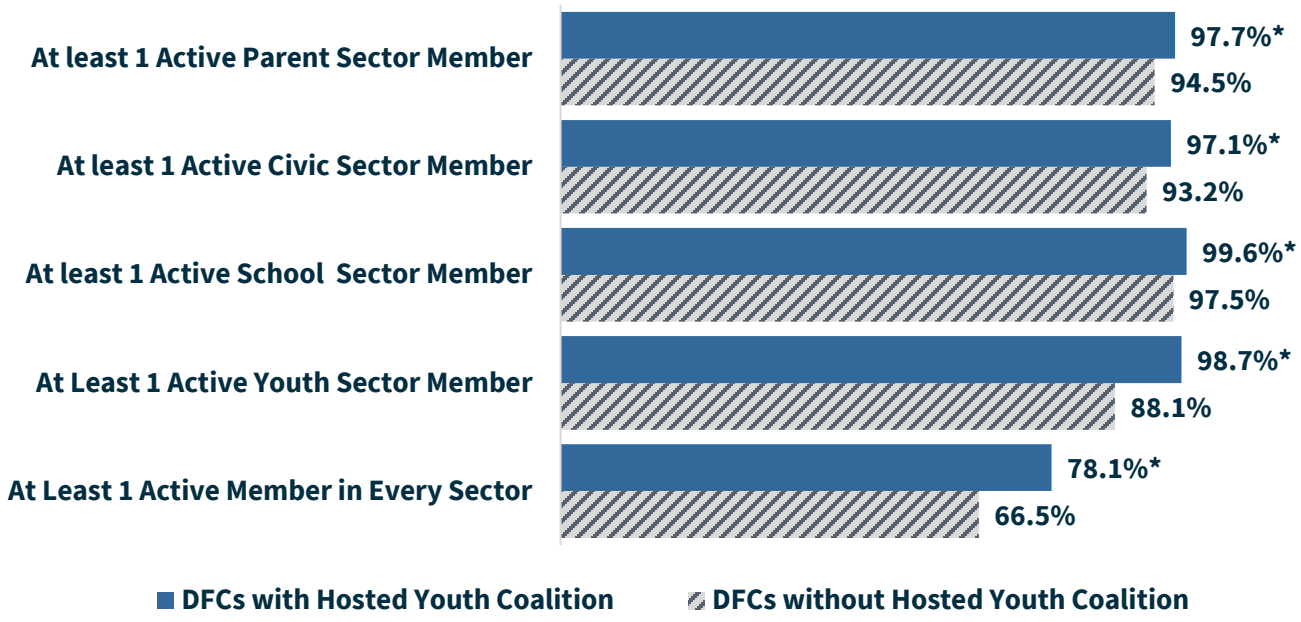
[61] $\chi^2(1) = 7.63$, $p < .001$
[62] $\chi^2(1) = 26.87$, $p < .001$
[63] $\chi^2(1) = 4.07$, $p < .05$
[64] $\chi^2(1) = 11.04$, $p < .001$
[65] $\chi^2(1) = 39.31$, $p < .001$
[66] $\chi^2(1) = 6.45$, $p < .05$
[67] $\chi^2(1) = 5.85$, $p < .05$
[68] $\chi^2(1) = 5.03$, $p < .05$

FIGURE 22. SECTOR MEMBERSHIP IN DFC COALITIONS WITH A HOSTED YOUTH COALITION AS COMPARED TO THOSE WITHOUT A HOSTED YOUTH COALITION



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

FIGURE 23. ACTIVE SECTOR MEMBERSHIP IN DFC COALITIONS WITH A HOSTED YOUTH COALITION AS COMPARED TO THOSE WITHOUT A HOSTED YOUTH COALITION



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

DFC Coalitions' Engagement with Youth

DFC coalitions with a hosted youth coalition were further compared to those that did not host one to gain a better understanding of the differences in implementation activities undertaken by each during the August 2020 reporting period. The results of these chi-square analyses suggest that DFC coalitions with a hosted youth coalition were significantly more likely than those not hosting one to have engaged in 19 specific implementation activities, such as youth education and training programs, across a range of strategy types (see Table 16 for the six activities with the greatest differences in implementation; see Table D.1, Appendix D, for all results).

Differences occurred across a broad range of the Seven Strategies for Community Change; however, the greatest difference (22 percentage points) was in implementing youth education training sessions, which is an *Enhancing Skills* activity. Whereas most (73%) DFC coalitions that host a youth coalition implemented at least one education training session, just more than half (51%) 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 more likely to engage in more youth- and family-centered activities (28% versus 14%, respectively) and youth/family support groups (24% versus 11%). In addition, activities implemented by significantly more DFC coalitions with a hosted youth coalition included two *Providing Information* activities (i.e., media coverage and direct face-to-face information sessions) and a *Providing Support* activity (i.e., providing alternative/drug-free social events).

TABLE 16. ACTIVITIES IMPLEMENTED SIGNFICANTLY MORE BY DFC COALITIONS WITH, COMPARED TO THOSE WIHOUT, A HOSTED YOUTH COALITION

ACTIVITY	% OF DFC COALITIONS HOSTING A YOUTH COALITION REPORTING ACTIVITY	% OF DFC COALITIONS NOT HOSTING A YOUTH COALITION REPORTING	PERCENTAGE POINT DIFFERENCE
Youth Education and Training Programs: Sessions focusing on providing information and skills to youth	72.9%*	51.3%	21.6
Youth/Family Community Involvement: Community events held (e.g., school or neighborhood cleanup)	27.8%*	14.0%	13.8
Youth/Family Support Groups	23.7%*	11.0%	12.4
Media Coverage: TV, radio, newspaper stories covering coalition activities	64.1%*	51.7%	12.4
Alternative/Drug-Free Social Events: Drug-free parties, other alternative events supported by the coalition	42.0%*	29.7%	12.3
Direct Face-to-Face Information Sessions	58.9%*	47.0%	11.9%

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

DFC coalitions provided many examples of the types of activities engaged in with youth coalitions. One common activity was engaging youth to educate and inform decision makers on substance use issues, their impact, and what youth think can be done. DFC coalitions often noted these efforts contributed to the overall success of the coalition, "We are very successful because of [our youth coalition's] effort and support. During the last 6 months every strategy that we implemented involved them. One of their major accomplishments is their growing relationship with our city council and commission board. They were able to present to them in February about their recent trip to CADCA and their goals and accomplishments this year. They also took the time to educate them on current substance rates and concerns in our area" (Year 3, Western region).

Youth coalitions also were often mentioned as engaging in the mentoring of peers and near-peers.[69] As reported by one DFC coalition, "Our coalition also started a mentor/mentee program for older high school students to mentor incoming freshmen for the duration of the summer. The upperclassmen were each assigned a mentee and connected with them via phone, text, and social media prior to and throughout the duration of the program. The juniors and seniors were able to engage these new, incoming high school students in a real way despite the challenges of COVID-19. The students began meeting in person towards the beginning of the summer and have been meeting twice weekly since" (Year 9, Northeastern region).

Challenges to Hosting a Youth Coalition

Many DFC coalitions, particularly those without youth coalitions, have found their efforts to engage youth hindered by the COVID-19 pandemic. The shutdown in the spring caused many coalitions to lose momentum or drop members, and they have had challenges keeping youth engaged virtually. Most DFC coalitions (with and without youth coalitions) have been unable to meet in person for eight months, and “Zoom fatigue” was mentioned by numerous grantees.[70] Keeping youth and youth coalitions engaged typically involved effort to find innovative ways to connect with their peers. "Beginning in April, the HYPE club leader began reaching students with Kahoot challenges, Tik Tok challenges, a student focused prevention blog and virtual dance parties, efforts to keep youth engaged and active and to finish teaching the Too Good for Drugs program" (Year 1, Southern region). Another coalition stated, “Our Youth Ambassadors have created different social media platforms for their outreach (YouTube, Snapchat, Instagram, Facebook, Website); they run a weekly 40 Developmental Asset video series on YouTube where they talk about various assets; they host Friday Live interactive sessions on Facebook; they hold dialogue sessions with our community leaders (they have held one with our Police Chief, and another with our Community Building Institute Leaders); they participated and even gave a speech during our Community Unity Rally” (Year 8, Midwestern region).

[69] Near-peers are slightly younger. They might be one grade level lower or may involve middle school students mentoring elementary students while high school students mentor middle school students.

[70] Zoom is one online platform for meeting virtually. Zoom fatigue refers broadly to losing interest in online platforms to meet with others.

Generally, the primary reasons DFC coalitions give for not having a youth coalition are that they have difficulty engaging youth or they engage youth in other ways and did not want to duplicate efforts. Some of the ways coalitions without a youth coalition engaged youth were through extant clubs in school and the community. They partner with these organizations and youth participate in the larger coalition, but the extant club is not as closely linked to the work and mission of the DFC coalition. DFC coalitions with youth coalitions had greater numbers of youth involved, but the activities they participated in were similar to those of coalitions who reported strong youth involvement outside of a youth coalition (e.g., developing social media campaigns, implementing sticker shock campaigns and beautification projects).

DFC Coalition Efforts During COVID-19

Throughout this report, examples of the impact of COVID-19 on the work of DFC coalitions to prevent and reduce youth substance use have been noted. A more extensive brief on DFC coalitions' successes and challenges in continuing efforts in the context of COVID-19 is forthcoming. This section of the report provides highlights of some of the challenges faced by coalitions during the August 2020 reporting period and some of the innovative solutions they came up with to overcome those challenges.

Challenges Related to COVID-19

Many DFC coalitions expressed concern about their abilities to fund their prevention efforts during this reporting period, specifically meeting the matching requirement of the DFC grant. Some matching funds come from assigning dollar values to volunteer hours, but as fewer meetings were held and fewer activities implemented, the need for volunteers decreased. In addition, DFC coalitions noted that some organizations that had reliably provided financial support to coalitions in the past, suddenly had to redirect those funds to efforts aimed at fighting the spread of COVID-19. That sentiment is clearly shown in the comments expressed by several coalition members:

- "Since COVID, the hospital is no longer able to provide funding due to revenue loss." (Year 10, Midwestern region)
- "We will continue to seek federal and local support, but many of the funds are diverted at this time to crisis pandemic needs." (Year 10, Midwestern region)
- "Since COVID-19 pandemic began several of our collaborating partners that supported us with matching have been closed since March, so their ability to provide match dollars has been impacted greatly." (Year 7, Northeastern region)
- "COVID-19 has dealt our coalition a tough hand in some areas of our budget, foundation/non-profit organizations and in-kind donations in particular." (Year 6, Southern region)

DFC coalitions noted that in some cases key sector members and even leadership were asked to repurpose their time to assist the community in responding to the COVID-19 pandemic. For example, sector members with public health expertise were needed to assist in the COVID-19 response. Other comments focused on the challenges COVID-19 created for coalition staff and their sector partners, particularly law enforcement, faced when attempting to implement in-person activities amid local stay-at-home orders and safe distancing guidelines:

- "COVID-19 made it so our law enforcement partners were not doing alcohol compliance checks." (Year 10, Midwestern region)
- "These activities had to be canceled because of COVID-19, we were not going to ask the youth to work with the police to conduct compliance checks during the pandemic." (Year 9, Northeastern region)
- "Due to COVID-19 local law enforcement agencies had to reschedule the road safety check point until it is safe to do so." (Year 10, Northeastern region)
- "Some challenges we face are the shelter in place order due the COVID pandemic, transitions to a virtual platform, and adjusting to community outreach virtually." (Year 8, Western region)

While many DFC coalitions noted that they were able to move at least some meetings and events to a virtual environment, others noted challenges with this solution. In some communities, internet access is not widely available, leaving some to many coalition members unable to be included in virtual events. Even where internet was available, some coalition members and staff stretched to have access to a tool to connect virtually given competing family priorities (e.g., having only one computer and one smart phone in the home, with several children attending school virtually and parents who also may have been working virtually). One coalition in particular noted that "COVID-19 significantly disrupted activities…one of the major barriers [our coalition] uncovered during this pandemic is families' limited access to electronic devices (i.e., computers, laptops, Smart Phones, etc.) and high-speed internet access. This made communication with parents or youth a significant barrier." (Year 6, Midwestern region).

Successes and Innovative Strategies in Response to COVID-19

Despite the challenges faced by DFC coalition members regarding diminished funding and the inability to provide services and information in person, many coalitions found ways to persevere. The following statements are prime examples of how coalitions made the necessary adjustments to succeed during the pandemic.

- "The biggest success in this category was that our coalition led the development of a community mutual aid form at the onset of COVID-19 and our team led the organization of community members to help one another during the hard time." (Year 8, Western region)
- "Due to the COVID-19 pandemic, the coalition has been connecting virtually since April and has succeeded at continuing policy education projects and launching a youth-led social media resiliency-building campaign during this reporting period." (Year 5, Western region)
- "We had youth who joined our virtual presentations even with COVID and schools being shut down!" (Year 6, Northeastern region)

Some DFC coalitions responded to the hardships presented by the COVID-19 pandemic in new and creative ways. For example, one coalition member stated that "We have a youth engagement group to provide peer support during COVID, so students receive peer support to not engage in alcohol, marijuana or other substances" (Year 8, Western region). A member of another coalition said that "Our local funds have taken a hit with the COVID pandemic, but our board has been extremely forward thinking to ensure that we are able to award the same amount of funds out to local programs from the offender fees in a situation like this" (Year 9, Midwestern region).

Others expressed innovative ways that they were able to implement their action plans:

- "During the covid-19 pandemic, we took the opportunity to disseminate prevention messaging through social media and deliver additional substance use education presentations via virtual platforms." (Year 6, Western region)
- "When COVID-19 closed the schools, we took the vaping posters made by the students and digitized them for use on social media to educate parents." (Year 10, Midwestern region)

- "During this period the coalition has focused on adjusting coalition work into a virtual platform (due to COVID), revamped coalition policies, pushed online community education and advocacy, providing virtual skill building webinars and focused on community assessment and data collection." (Year 7, Southern region)
- "COVID-19 caused the cancellation of in-person implementation we are currently undertaking the intimidating task of transitioning our strategies to the virtual world which entails: staff training on zoom meetings; working remotely and virtual presentations; investment in equipment and software to facilitate sustainable online presence; development of an online hub for trainings related to our strategies…"(Year 6, Southern region)

As the COVID-19 pandemic continues to unfold, DFC coalitions will need to continue to find ways to respond. Several studies have noted concerns that COVID-19 may be contributing to mental health challenges and to increased substance use for some.[71] Those in recovery, including youth, may have lost access to much needed community resources and supports that helps them to remain drug-free. Prevention efforts may need to shift but do continue to be needed.

[71] See for example: Czeisler, M.E., Lane, R.I., Petrosky, E., et al. (2020). Mental Health, Substance Use, and Suicidal Ideation during COVID-19 Pandemic – United States, June 24-30, 2020. MMWR Morbidity and Mortality Weekly Report 2020:69:1049-1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6392a1; https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html; and https://www.drugabuse.gov/about-nida/noras-blog/2020/04/covid-19-potential-implications-individuals-substance-use-disorders

Conclusions

This report provides a summary of findings for the DFC program through the August 2020 Progress Report, with an emphasis on the efforts of DFC coalitions during the six months preceding August 1st, 2020. Like the United States as a whole, much of the prevention work of DFC coalitions was challenged by COVID-19 restrictions that impacted daily life in their communities (e.g., school closures, limits on event sizes). While facing real challenges, DFC coalitions continued to make a positive difference in their communities during this time frame. The following is an overview of key takeaways from this report.

DFC Reach

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

Since program inception in 1998, the federally (ONDCP) funded DFC Support Program has been awarded to coalitions serving a wide range of people and communities. Based on DFC coalitions' reports of ZIP codes served (since 2005) and compared to census data, DFC coalitions have targeted areas that covered half of the United States (51%). An estimated 1 in 5 Americans lived in a community currently being served by a DFC coalition in 2020 alone. This translates to the 718 DFC coalitions potentially serving more than approximately 60 million people including 2.3 million middle school and 3.2 million high school youth.

Key Core Measure Outcomes

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

DFC coalitions continued to make significant progress toward achieving the goal of preventing and reducing youth substance use. The majority of youth in DFC communities reported choosing not to use each of the core measure substances (alcohol, tobacco, marijuana, misused prescription drugs). For alcohol, tobacco, and marijuana—among both middle school and high school age groups for all DFC coalitions since inception and for the FY 2019 sample—there was a significant increase in past 30-day prevalence of non-use (decreased use). That is, in communities with a DFC coalition, more youth reported choosing not to use each of these core measure substances at most recent report than at first report. In both samples, choosing not to misuse prescription drugs also was significantly higher at most recent report for high school youth but was unchanged among middle school youth. Although middle school youth reporting non-misuse of prescription drugs was unchanged from first to most recent report in

both samples, nearly all youth in this age group (97%) reported choosing not to misuse prescription drugs at any given time point.

While these findings are promising, several trends in youth substance use are worth noting as DFC coalitions continue their efforts. Alcohol continues to be the most commonly used substance, followed by marijuana and tobacco. Prescription drug misuse had the lowest prevalence rates. In addition, high school youth were more likely to report substance use (across substances) than were middle school youth, stressing the importance of beginning prevention efforts early and then reinforcing them over time. High school youth were more likely to report past 30-day use of marijuana than of tobacco at both first and most recent report in both samples (e.g., in the FY 2019 sample, 16% of high school youth reported past 30-day use of marijuana as compared to 7% reporting past 30-day use of tobacco at most recent report). Following are additional key findings by substance across the remaining core measures of perception of risk, perception of peer disapproval and perception of parent disapproval.

Alcohol

For all DFC coalitions since inception and for FY 2019 DFC coalitions, over half of the differences in alcohol core measures between the first and most recent reports were significant increases, a positive finding (see Figure 15 and Appendix C). One exception was for both middle and high school youth's perception of risk associated with alcohol use which was unchanged in the sample of all coalitions since inception and *decreased* significantly in the FY 2019 sample. Future activities designed to improve understanding of risks associated with binge drinking are encouraged to be implemented. In addition, perceived peer disapproval rates among middle school youth in the FY 2019 sample were unchanged; perceived disapproval was relatively high at both time points (88%) among these youth.

Tobacco

In general, percentages of youth reporting perceiving the risk of tobacco use and perceiving parental and peer disapproval were high (80% or greater) at both first report and most recent report for both age groups and for both samples (see Figure 16 and Appendix C). Perceptions of peer and parental disapproval of tobacco use increased significantly for both middle school and high school youth in both samples. Perception of risk associated with tobacco use findings are of some concern given that in the FY 2019 sample, both middle school and high school youth's perceptions *decreased* significantly. While the DFC core measure emphasizes smoking of tobacco, this recent decrease may be a carryover of some youth's perceptions of low risk associated with vaping nicotine and is worth DFC coalitions working to address.

Marijuana

While the continuing significant increases in youth choosing not to use marijuana are promising, findings associated with the remaining marijuana core measures are more concerning (see Figure 17

and Appendix C). Both middle school and high school youth's perception of risk associated with marijuana use *decreased* significantly in both samples. While middle school youth's perceived parental disapproval increased significantly in the all DFC since inception sample, it was unchanged in the FY 2019 sample while peer disapproval among middle school youth in the FY 2019 sample also *decreased* significantly. High school youth's perceptions of parental and peer disapproval of marijuana use were unchanged in both samples. Of concern is that high school youth's perceived peer disapproval of marijuana use was lower than for any other substance at both time points.

DFC coalitions conduct prevention work to educate and inform in a national environment where there are ongoing initiatives to change laws to allow medical and/or recreational marijuana use and the messages about the safety of marijuana use (at least for adults) that accompanies many of those initiatives. In the FY 2019 sample, while less than 4% of middle school youth report using marijuana, over two-thirds (67%) reported they did not perceive risk associated with use at most recent report although most perceived both parents and peers would disapprove of marijuana use (95% and 86%, respectively) at most recent report. By high school, 16% of youth report past-30-day marijuana use at most recent report while only 49% perceived risk and only 60% perceived peer disapproval (88% perceived parental disapproval).

Prescription Drugs (Misuse)

Past 30-day prevalence of non-misuse of prescription drugs was higher than for any other substance at both time points and for both age groups and both samples, except non-use of tobacco among middle school youth (e.g., in the FY 2019 sample, 97% of middle school youth and 96% of high school youth reported no misuse of prescription drugs in the past 30 days; see Figure 18 and Appendix C). Among middle school youth, differences over time were unchanged with the exception of perception of risk, which *decreased* significantly in both samples. Middle school youth's past 30-day prevalence of non-misuse of prescription drugs also increased significantly in the all DFC since inception sample. Among high school youth, perception of risk associated with misuse of prescription drugs was unchanged over time while perceptions of parent and peer disapproval both increased significantly.

Comparison to National Data

Among high school youth, those in DFC communities reported significantly lower past 30-day use of alcohol and marijuana in 2019 as compared to a national sample. No difference was found between the two samples on past 30-day use of tobacco.

Past 30-day prevalence of use among high school youth in DFC coalitions were compared to the same prevalence of use for YRBS data (from 2003 to 2019). In 2019, past 30-day use of alcohol was significantly lower in DFC communities (20% as compared to 29%). The same was true for past 30-day use of marijuana (15% as compared to 22%). Past 30-day use of tobacco did not differ significantly between DFC and YRBS samples in 2019 (7% and 6%, respectively).

Target Substances Focus and Community Context

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

DFC coalitions focused their efforts on substances that youth may be at-risk of using locally. Nearly all DFC coalitions (98%) targeted alcohol, followed by marijuana (89%), prescription drugs (82%) and tobacco/nicotine (74%). DFC coalitions that addressed prescription drug misuse in their communities commonly reported strategies to address prescription opioids (79%). Some DFC coalitions focused their prevention efforts on working with Hispanic/Latino youth (34%), Black/African American youth (18%), LGBT youth (17%) and/or American Indian or Alaska Native youth (6%). DFC coalitions were working in the range of U.S. community types including rural areas (51%), suburban areas (43%) and/or urban areas (29%); small percentages of DFC coalitions work in inner-city (9%) or frontier (3%) settings.

Coalitions identified a range of local protective and risk factors that the coalition may be working to build on or to address. DFC coalitions highlighted pro-social community involvement (75%), creating positive contributions to peer groups (69%), positive school climate (62%), and advertising/promotion information related to substance use (62%) as local community protective factors. Families were also identified as protective factors regarding opportunities for pro-social family involvement (61%), family connectedness (60%) and parental monitoring and supervision (60%), rounding out the top seven protective factors. Community risk factors to address identified by DFC coalitions included perceived community norms favorable to substance use (93%), substance availability (86%), individual youth with favorable attitudes towards substance use (80%), and early initiation of problem behaviors (substance use) by youth (61%). Family factors also presented community risk factors including parents lacking ability/confidence to speak to youth about substance use (68%), favorable parental attitudes towards antisocial behavior (59%), and family trauma/stress (57%).

Membership and Capacity

In 2020, DFC coalitions successfully mobilized nearly 30,200 people, building capacity to engage in youth substance use prevention.

DFC coalitions reported high levels of engagement from community sector members. In 2020, the average coalition consisted of two paid staff, two volunteer staff, and 38 active members from across 12 sectors. While fewer community members were mobilized during the COVID-19 pandemic than in prior periods, 30,200 community members working to prevent and reduce youth substance use because of the DFC grant represented ongoing significant community investment in prevention. The highest levels of active membership continued to be in the Youth and School sectors (median of 5 and 4 active members, respectively). The School, Law Enforcement, and Other Organization with Substance Use

Expertise sectors were rated the highest on coalition involvement (with means of 4.2, 4.0, and 4.0 on a 5-point scale, respectively). DFC coalitions engaged in a range of ongoing activities to build capacity including training for coalition members (44%), recruitment (41%), and outreach (39%).

Strategy Implementation

DFC coalitions were challenged to engage in a comprehensive range of prevention strategies during COVID-19 restrictions but were still able to successfully implement many activities in line with local restrictions.

Building upon the Seven Strategies for Community Change, DFC coalitions reported a broad and sophisticated set of implementation activities, working to innovate on delivery where possible as COVID-19 restrictions were put into place. DFC coalitions were most successful at continuing to *Provide Information* around substance use at rates similar to those pre-COVID-19. Fewer coalitions were able to implement each of the other six strategy types when comparing pre-COVID-19 to during COVID-19 percentages. Few DFC coalitions (13%) reported engaging in implementing activities across all seven strategies or in at least of six of the seven strategies (13% and 17%, respectively).

In all, DFC coalitions reported having nearly 12 million social media followers and providing information in-person during face-to-face sessions and special events to approximately 319,000 youth and adults. DFC coalitions also trained nearly 106,000 youth and provided support to more than 41,000 community members. Many activities implemented were specifically focused on collaboration with youth or were intended to have direct impacts on youth. Collectively, these have resulted in high engagement of youth in DFC coalition activities and may have contributed to an increase in youth in DFC communities who do not report engaging in substance use in the past 30 days. Youth-centered activities included trainings, alternative social events, and recreation programs. The most common policies or laws that DFC coalitions reported educating and informing the community about were those associated with school policies; one third of DFC coalitions reported engaging in education that resulted in the passage or modification of 84 school policies.

DFC coalitions were able to put a range of community prevention assets into place based on receiving the DFC grant. Social norms campaigns, culturally competent materials, town halls, youth substance use warning posters and prescription drug disposal programs were the most commonly identified as new assets in DFC communities, with 54% to 68% of DFC coalitions implementing these activities.

Opioids and Methamphetamine Prevention: Addressing Local Drug Crisis

81% of DFC coalitions consider opioids a target substance and 73% implemented activities to address opioids and/or methamphetamine.

Most DFC coalitions (81%) were focused on opioids as a target substance while 73% answered additional questions regarding engaging in activities to address opioids and/or methamphetamine. Addressing prescription opioids (98%) was a central focus of these efforts, although heroin and fentanyl, fentanyl analogs and

other synthetic opioids were also often addressed. While just over one-fifth (22%) of DFC coalitions implemented at least one activity including a methamphetamine focus, less than one percent implemented activities focused solely on methamphetamine.

Many DFC coalitions described working with existing community opioid task forces (75%) while also working to invite new sector members (70%) or establishing a within DFC opioid task force (54%). Perhaps due to COVID-19 restrictions, the most common strategies to address opioids in the six months covered in the August 2020 Progress Report were all *Providing Information* activities. Additionally, many DFC coalitions have hosted and collaborated on events to educate their communities about the opioid crisis and strategies for prevention and treatment. Coalitions discussed trainings, summits, and forums on opioid-related topics, such as signs and symptoms of opioid use; effective prevention strategies including safe storage and disposal of prescription drugs; and treatment options or treatment providers. These opportunities to learn about opioids and opioid prevention were provided to a range of stakeholders, including youth and families, local lawmakers, law enforcement, religious leaders, medical professionals, real estate agents, funeral directors, businesses, and community and coalition members. Additionally, DFC coalitions reported they have distributed drug deactivation systems; postcards to inform the public of prescription drop-box locations; given out prescription drug lock boxes; set up permanent drop boxes in the community; and conducted naloxone trainings.

Vaping Prevention: Addressing Local Drug Crisis

76% of DFC coalitions implemented activities to address vaping, primarily of nicotine and marijuana products.

Just over three-fourths (76%) of DFC coalitions were working to prevent youth use of vaping devices to consume substances. DFC coalitions reported using a wide variety of strategies and activities to combat youth vaping. Central to their approach was collecting and sharing local as well as national data. Youth sector members and youth coalition members often lead on or contributed significantly to planning and implementation of anti-vaping strategies, including peer and near-peer education activities as well as mentoring. DFC coalitions reported educating and informing about the potential effects of policies such as vaping bans, restricting nicotine content in e-cigarettes and cartridges, or excise taxes. Many coalitions reported efforts to ensure that school policies addressed vaping and worked with schools to help youth already struggling with vaping addiction. Vaping Take-Back events as well as education on identification of vaping tools also emerged as key prevention strategies.

Hosting Youth Coalitions

67% of DFC coalitions hosted a youth coalition, a promising practice associated with increased youth involvement with DFC coalitions.

Just over two-thirds of DFC coalitions (67%) reported hosting a youth coalition in their work and among coalitions not hosting a youth coalition (33%), about 60% were

working to host one within the next six months. Most (72%) youth coalitions were meeting at least once a month and were highly (33%) or very highly (40%) involved in planning and implementing prevention activities for other youth. Not surprisingly, youth sector members were rated as significantly more involved in a DFC coalition's efforts if the coalition hosted a youth coalition (4.2 or high involvement) compared with those that did not host a youth coalition (3.1 or medium involvement; see Figure 20). That is, hosting a youth coalition serves as a central way to involve youth in prevention of substance use work. Parent, School, Law Enforcement, and Civic/Volunteer groups sector members were also more likely to be involved when DFC coalitions hosted a youth coalition.

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

COVID-19

As mentioned throughout this report, the COVID-19 pandemic presented real challenges for the work of DFC coalitions, who often found innovative ways to overcome these challenges and continue their prevention efforts. Holding coalition meetings in person was often not possible, nor were many planned activities able to be implemented. In a typical spring, many DFC coalitions hold events associated with high school graduations and proms, but these events were cancelled in many communities along with school closures more generally. DFC coalitions also struggled to find ways to meet their matching funds requirements, due both to reduced opportunities and need for volunteer hours as well as some partners having reduced access to disposable funds. While many sector members continued to work closely with the DFC coalition, some sector members and even some coalition staff were asked to focus their time to helping the community respond to COVID-19, reducing time for prevention efforts. Competing priorities at home, such as helping children who were engaged in remote learning also reduced access to coalition members.

Several coalitions noted understanding that COVID-19 restrictions might be challenging mentally for community members including youth. Youth sector members were engaged to reach out to youth to provide supports to one another. Youth were also engaged using a range of social media to continue to raise awareness about substance use and its associated risks. Like many, DFC coalitions also adjusted by moving to hold their meetings and events virtually when possible. Internet access and, over time, fatigue with time spent in online meetings presented challenges for some DFC coalitions. DFC coalitions also found new, innovative ways to share resources during the pandemic, for example including resources in school lunch/school packet pick-ups, in sewer bills and in the case of one coalition in the county tax bill.

Limitations

In examining the findings, it is worth noting several limitations or challenges. First, this year's annual report focused on the FY 2019 cohort of DFC coalitions who submitted reports regarding their efforts that occurred from February 1st, 2020 to July 31st, 2020. Most of this time, from March forward, involved some to eventually most/all DFC coalitions experiencing COVID-19 restrictions in their communities.

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

Another challenge is that each DFC coalition makes local decisions regarding how to collect core measures data, such as where to administer the survey, what grades to collect data from, the length of the survey used, and the order in which survey items are presented. However, all surveys are reviewed by the DFC National Evaluation Team for core measures, and core measures data may only be entered if the item has been approved on the survey. Small variations are allowed (e.g., coalitions may ask youth to report on how many days in the past 30 days they used a given substance [from 0–30] rather than just a yes-or-no question on past 30-day use). Some coalitions collect all core measures, whereas others have been approved for only some of the core measures. These variations across surveys may influence how youth respond to a survey. However, because most DFC coalitions make only small changes to their survey over time and because change from first report to most recent report are calculated in each DFC coalition to generate the national average, this challenge is somewhat addressed.

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

encouraged to collect representative data from their area of focus; however, each coalition is ultimately responsible for their own sampling strategies. DFC coalitions indicate any concerns about the representativeness of samples when reporting the data.

Appendix A. Core Measure Items and Year Data Collected

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

TABLE A.1. CORE MEASURE ITEMS RECOMMENDED WORDING (2012 TO PRESENT)

PAST 30-DAY PREVALENCE OF USE		
	Yes	No
During the past 30 days did you drink one or more drinks of an alcoholic beverage?	☒	☒
During the past 30 days did you smoke part or all of a cigarette?	☒	☒
During the past 30 days have you used marijuana or hashish?	☒	☒
During the past 30 days have you used prescription drugs *not prescribed to you*?	☒	☒

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

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

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

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

TABLE A.2. COALITION COUNT REPORTING BY TIME AND SUBSTANCE SINCE GRANT INCEPTION

	FIRST REPORT								LAST REPORT							
	ALCOHOL		TOBACCO		MARIJUANA		PRESCRIPTION DRUGS		ALCOHOL		TOBACCO		MARIJUANA		PRESCRIPTION DRUGS	
YEAR	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
2002	65	4.3	65	4.3	64	4.3										
2003	110	7.3	108	7.2	107	7.1	2	0.3					1	0.1		
2004	261	17.3	258	17.2	257	17.1			3	0.2	3	0.2	3	0.2		
2005	216	14.3	213	14.2	218	14.5			16	1.1	16	1.1	16	1.1		
2006	106	7	109	7.3	110	7.3			61	4	59	3.9	59	3.9		
2007	69	4.6	69	4.6	69	4.6	1	0.1	73	4.8	72	4.8	73	4.9		
2008	90	6	89	5.9	86	5.7	4	0.6	122	8.1	124	8.3	124	8.2		
2009	78	5.2	77	5.1	79	5.2	6	0.8	69	4.6	67	4.5	68	4.5		
2010	103	6.8	103	6.9	105	7	25	3.5	81	5.4	80	5.3	79	5.2		
2011	56	3.7	58	3.9	56	3.7	78	10.8	59	3.9	62	4.1	61	4.1		
2012	50	3.3	49	3.3	52	3.5	148	20.6	150	9.9	147	9.8	146	9.7	8	1.1
2013	45	3	43	2.9	44	2.9	121	16.8	111	7.4	107	7.1	110	7.3	30	4.2
2014	84	5.6	85	5.7	84	5.6	126	17.5	76	5	77	5.1	77	5.1	45	6.3
2015	59	3.9	60	4	58	3.9	77	10.7	46	3.1	47	3.1	46	3.1	38	5.3
2016	67	4.4	67	4.5	67	4.5	83	11.5	99	6.6	98	6.5	100	6.6	84	11.7
2017	35	2.3	34	2.3	34	2.3	32	4.4	100	6.6	99	6.6	99	6.6	90	12.5
2018	14	0.9	14	0.9	14	0.9	16	2.2	224	14.9	224	14.9	223	14.8	215	29.9
2019					1	0.1	1	0.1	167	11.1	167	11.1	167	11.1	158	21.9
2020									51	3.4	52	3.5	53	3.5	52	7.2
Total	1508		1501		1505		720		1508		1501		1505		720	

Source: DFC Progress Reports 2002—2020

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

TABLE A.3. COALITION COUNT REPORTING BY TIME AND SUBSTANCE FOR FY 2019 SAMPLE

	FIRST REPORT								LAST REPORT							
	ALCOHOL		TOBACCO		MARIJUANA		PRESCRIPTION DRUGS		ALCOHOL		TOBACCO		MARIJUANA		PRESCRIPTION DRUGS	
YEAR	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
2002	1	0.2	1	0.2	1	0.2										
2003	3	0.6	3	0.6	3	0.6										
2004	3	0.6	2	0.4	3	0.6										
2005	2	0.4	3	0.6	2	0.4										
2006	3	0.6	3	0.6	3	0.6										
2007	8	1.7	9	1.9	7	1.5	1	0.2								
2008	16	3.5	17	3.7	16	3.5	4	0.9								
2009	24	5.2	23	5	25	5.4	4	0.9								
2010	56	12.1	55	11.9	57	12.3	9	2.1	1	0.2						
2011	37	8	39	8.4	37	8	21	4.8								
2012	35	7.6	35	7.6	37	8	53	12.2	1	0.2	1	0.2	1	0.2		
2013	33	7.1	32	6.9	32	6.9	63	14.5	2	0.4	2	0.4	2	0.4	1	0.2
2014	78	16.9	77	16.7	77	16.7	96	22.1	5	1.1	5	1.1	5	1.1	4	0.9
2015	50	10.8	51	11	49	10.6	56	12.9	2	0.4	3	0.6	2	0.4	3	0.7
2016	66	14.3	66	14.3	66	14.3	79	18.2	21	4.5	21	4.5	22	4.8	17	3.9
2017	34	7.4	33	7.1	33	7.1	31	7.1	50	10.8	49	10.6	49	10.6	43	9.9
2018	13	2.8	13	2.8	13	2.8	16	3.7	171	37	171	37	170	36.8	163	37.6
2019					1	0.2	1	0.2	158	34.2	158	34.2	158	34.2	151	34.8
2020									51	11	52	11.3	53	11.5	52	12
Total	462		462		462		434		462		462		462		434	

Source: DFC Progress Reports 2002—2020

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

Appendix B. Activities to Address Opioids/Methamphetamine

TABLE B.1. ACTIVITIES MOST COMMONLY IMPLEMENTED BY DFC COALITIONS TO ADDRESS OPIOIDS AND METHAMPHETAMINE

STRATEGY TYPE: ACTIVITY	PERCENTAGE OF DFC COALITIONS IMPLEMENTING
PROVIDING INFORMATION	
Information about sharing/storage of prescription opioids	92.1%
Promotion of prescription drug drop boxes/take back events	91.5%
Information about opioids (heroin, fentanyl, fentanyl analogs or other synthetic opioids) currently identified as an issue in the community or surrounding community	83.8%
Distribution of treatment referral cards/brochures/stickers	56.1%
Promotion of Prescription Monitoring Program	39.7%
Prescribing guidelines	33.3%
Information about methamphetamine risks	26.0%
Information about methamphetamine currently identified as an issue in the community or surrounding community	25.8%
Information delivered via a town hall forum or conference related to methamphetamine	11.8%
ENHANCING SKILLS	
Community education and training on opioid risks for various community stakeholders (e.g., train youth/parents on risks associated with taking prescriptions not prescribed to you, train school athletic staff/players/families on addressing pain following injury or surgery, train realtors on working with clients to properly store medications prior showing homes	65.7%
Community education and training on signs of opioid/methamphetamine use (e.g., Hidden in Plain Sight trainings)	54.1%
Education and training to reduce stigma associated with opioid dependency	52.8%
Prescriber education and training	23.3%
Education, training, and/or technical assistance on monitoring compliance for the Prescription Monitoring Program	15.8%
PROVIDING SUPPORTS	
Recovery groups/events	37.3%
Youth/family support groups for individuals affected by opioid/methamphetamine dependency	29.2%

TABLE B.1. (CONTINUED)

STRATEGY TYPE: ACTIVITY	PERCENTAGE OF DFC COALITIONS IMPLEMENTING
ENHANCING ACCESS/REDUCING BARRIERS	
Make available or increase availability of local prescription drug take-back boxes	73.0%
Make available or increase availability of Narcan/naloxone	64.5%
Make available or increase availability of local prescription drug take-back events	64.2%
Improving access to opioid methamphetamine prevention, treatment, and recovery services through culturally sensitive outreach (e.g., multilingual materials, culturally responsive messaging)	33.7%
Make available or increase availability of medication assisted treatment for opioid dependency (e.g., suboxone, Vivitrol, methadone)	24.5%
Make available or increase availability of substance use screening programs (e.g., SBIRT)	23.7%
Make available or increase availability of judicial alternatives for individuals with an opioid/ methamphetamine dependency who are convicted of a crime (e.g., drug court, teen court)	17.5%
Drop-in events/centers to connect people addicted to opioids/methamphetamine and/or their families to treatment/recovery opportunities	17.3%
Make available or increase availability of transportation to support opioid prevention, treatment, or recovery services (e.g., medication assisted treatment, counseling, drug court)	14.8%
Home visit follow-ups after an overdose/overdose reversal (e.g., safety official and healthcare provider visit to share and connect to treatment options)	11.8%
CHANGING CONSEQUENCES	
Drug task forces to reduce access to opioids/methamphetamine in community	28.1%
Identify and/or increase monitoring of opioid/methamphetamine use "hot spots"	25.8%
Recognition programs (e.g., physicians exercising responsible prescribing practices, individuals in recovery from opioid/methamphetamine dependency)	12.3%
EDUCATE/INFORM ABOUT MODIFYING/CHANGING POLICIES AND LAWS	
Policies regarding Narcan/naloxone administration	37.8%
Good Samaritan Laws	35.1%
State policies supporting a Prescription Monitoring Program	25.6%
Laws/public policies promoting treatment or prevention alternatives (e.g., diversion treatment programs for underage substance use offenders)	23.3%
Crime Free Multi-Housing Ordinances	1.7%
PHYSICAL DESIGN	
Increase safe storage solutions in homes or schools (e.g., lock boxes)	60.5%
Clean needles and other waste related to opioid use from parks and neighborhoods)	10.4%
Identify problem establishments for closure (e.g., close drug houses, "pill mills")	6.0%

Source: DFC August 2020 Progress Report Data

Appendix C Core Measures Data Tables

TABLE C.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 2019 DFC GRANT AWARD RECIPIENTS			
	n	% Report Use, First Outcome	% Report Use, Most Recent Outcome	% Point Change	*n*	% Report Use, First Outcome	% Report Use, Most Recent Outcome	% Point Change
MIDDLE SCHOOL								
Alcohol	1358	11.8	8.9	-2.9*	425	8.2	7.2	-1.0*
Tobacco	1342	5.9	3.9	-2.0*	411	3.6	2.3	-1.3*
Marijuana	1345	4.8	4.2	-0.6*	421	4	3.7	-0.3*
Prescription Drugs	613	3	2.7	-0.3*	384	2.8	2.8	0.0
HIGH SCHOOL								
Alcohol	1435	34.2	27.1	-7.1*	449	27.9	21.3	-6.6*
Tobacco	1423	17	11.7	-5.3*	444	12	7.3	-4.7*
Marijuana	1417	17.9	16.7	-1.2*	445	17.1	15.9	-1.2*
Prescription Drugs	664	6.1	4.4	-1.7*	405	5.7	4	-1.7*

Source: Progress Report, 2002–2020 core measures data

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

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

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

TABLE C.2. LONG-TERM CHANGE IN PAST 30-DAY PREVALENCE OF NON-USE[A]

	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 2019 DFC GRANT AWARD RECIPIENTS			
SCHOOL LEVEL AND SUBSTANCE	*n*	% Report Non-Use, First Outcome	% Report Non-Use, Most Recent Outcome	% Point Change	*n*	% Report Non-Use, First Outcome	% Report Non-Use, Most Recent Outcome	% Point Change
MIDDLE SCHOOL								
Alcohol	1358	88.2	91.1	2.9*	425	91.8	92.8	1.0*
Tobacco	1342	94.1	96.1	2.0*	411	96.4	97.7	1.3*
Marijuana	1345	95.2	95.8	0.6*	421	96	96.3	0.3*
Prescription Drugs	613	97	97.3	0.3*	384	97.2	97.2	0.0
HIGH SCHOOL								
Alcohol	1435	65.8	72.9	7.1*	449	72.1	78.7	6.6*
Tobacco	1423	83	88.3	5.3*	444	88	92.7	4.7*
Marijuana	1417	82.1	83.3	1.2*	445	82.9	84.1	1.2*
Prescription Drugs	664	93.9	95.6	1.7*	405	94.3	96	1.7*

Source: Progress Report, 2002–2020 core measures data

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

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

TABLE C.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 2019 DFC GRANT AWARD RECIPIENTS			
	n	% Report, First Outcome	% Report, Most Recent Outcome	% Point Change	*n*	% Report, First Outcome	% Report, Most Recent Outcome	% Point Change
MIDDLE SCHOOL								
Alcohol[b]	646	71.5	71.4	-0.1	385	73.2	70.7	-2.5*
Tobacco[c]	1282	81.2	80.6	-0.6	405	80.8	78.6	-2.2*
Marijuana[d]	618	70.3	67.4	-2.9*	378	71	66.3	-4.7*
Prescription Drugs[e]	572	81.1	79.8	-1.3*	379	82.1	80.1	-2.0*
HIGH SCHOOL								
Alcohol[b]	690	72.1	71.8	-0.3	408	73.1	71.1	-2.0*
Tobacco[c]	1344	81.3	82.1	0.8*	422	82.7	81.3	-1.4*
Marijuana[d]	664	53.5	49.8	-3.7*	408	52.7	49	-3.7*
Prescription Drugs[e]	622	82.6	82.4	-0.2	400	83.1	82.8	-0.3

Source: Progress Report, 2002–2020 core measures data

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

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

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

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

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

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

TABLE C.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 2019 DFC GRANT AWARD RECIPIENTS			
	n	% Report, First Outcome	% Report, Most Recent Outcome	% Point Change	*n*	% Report, First Outcome	% Report, Most Recent Outcome	% Point Change
MIDDLE SCHOOL								
Alcohol[b]	562	94.2	95	0.8*	366	94.7	95.9	1.2*
Tobacco[c]	1213	92.6	94.6	2.0*	395	95.6	96.9	1.3*
Marijuana[c]	1235	93.2	94.1	0.9*	400	95	95.2	0.2
Prescription Drugs[d]	567	95.6	95.4	-0.2	372	96	96.2	0.2
HIGH SCHOOL								
Alcohol[b]	601	88.7	90.1	1.4*	390	89.9	90.8	0.9*
Tobacco[c]	1290	86.6	90.1	3.5*	418	91.5	94.5	3.0*
Marijuana[c]	1292	86.9	86.8	-0.1	421	88	87.6	-0.4
Prescription Drugs[d]	611	93.7	94.9	1.2*	397	94.2	95.5	1.3*

Source: Progress Report, 2002–2020 core measures data

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

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

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

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

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

TABLE C.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 2019 DFC GRANT AWARD RECIPIENTS			
	n	% Report, First Outcome	% Report, Most Recent Outcome	% Point Change	*n*	% Report, First Outcome	% Report, Most Recent Outcome	% Point Change
MIDDLE SCHOOL								
Alcohol[b]	560	86.4	87.1	0.7*	372	87.9	87.7	-0.2
Tobacco[c]	564	88.7	89.6	0.9*	371	90.1	90.6	0.5*
Marijuana[c]	570	86.2	86	-0.2	368	87.2	86.3	-0.9*
Prescription Drugs[d]	552	90.8	91	0.2	370	91.6	91.6	0.0
HIGH SCHOOL								
Alcohol[b]	604	67.8	73.1	5.3*	393	70.5	75.0	4.5*
Tobacco[c]	611	73	78.2	5.2*	395	75.5	80.1	4.6*
Marijuana[c]	612	58.3	58.9	0.6	396	59.8	60.1	0.3
Prescription Drugs[d]	589	81.7	85.2	3.5*	388	82.7	86.1	3.4*

Source: Progress Report, 2002–2020 core measures data

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

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

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

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

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

Appendix D. Comparison of Engagement in Activities by Youth Coalition Status

TABLE D.1. ACTIVITIES IMPLEMENTED BY SIGNIFICANTLY MORE DFC COALITIONS WITH A HOSTED YOUTH COALITION VERSUS THOSE WITHOUT ONE

ACTIVITY	% OF DFC COALITIONS HOSTING A YOUTH COALITION REPORTING ACTIVITY	% OF DFC COALITIONS NOT HOSTING A YOUTH COALITION REPORTING ACTIVITY	CHI-SQUARE, *p*
Youth Education and Training Programs: Sessions focusing on providing information and skills to youth	72.9%	51.3%	$\chi^2(1) = 32.7, p < .001$
Youth/Family Community Involvement: Communities events held (e.g., neighborhood cleanup)	27.8%	14.0%	$\chi^2(1) = 16.9, p < .001$
Youth/Family Support Groups	23.4%	11.0%	$\chi^2(1) = 15.5, p < .001$
Media Coverage: TV, radio, newspaper stories covering coalition activities	64.1%	51.7%	$\chi^2(1) = 10.1, p = .001$
Alternative Social Events: Drug-free parties, other alternative events sponsored by the coalition	42.0%	29.7%	$\chi^2(1) = 10.2, p < .001$
Direct Face-to-Face Information Sessions	58.9%	47.0%	$\chi^2(1) = 8.5, p < .01$
Parent Education and Training: Sessions directed to parents on drug awareness, prevention strategies, parenting skills, etc.	41.1%	30.1%	$\chi^2(1) = 8.3, p < .01$
DFC Coalition Website	61.2%	52.1%	$\chi^2(1) = 5.0, p < .05$
Recognition Programs: Businesses receiving recognition for compliance with local ordinances (e.g., passing compliance checks)	17.1%	8.1%	$\chi^2(1) = 10.7, p < .001$
Informational Materials Disseminated	78.1%	69.1%	$\chi^2(1) = 6.9, p < .01$
School Policy: Drug-free schools	20.3%	11.9%	$\chi^2(1) = 7.1, p < .01$
Strengthening Surveillance (e.g., “hot spots,” party patrols)	20.3%	12.3%	$\chi^2(1) = 6.9, p < .01$
Strengthening Enforcement (e.g., DUI checkpoints, shoulder tap, open container laws)	26.9%	19.1%	$\chi^2(1) = 4.9, p < .01$
Youth Organizations/Drop-in Centers	15.0%	8.1%	$\chi^2(1) = 6.9, p < .01$
Cleanup and Beautification event held	12.1%	5.5%	$\chi^2(1) = 7.7, p < .0$
Social Networking: Posts on social media sites (e.g., Facebook, Twitter)	95.4%	89.0%	$\chi^2(1) = 10.4, p < .001$
Improved Signage/Advertising practices by suppliers	16.5%	10.2%	$\chi^2(1) = 5.1, p < .01$
Encourage Designation of Alcohol-Free and Tobacco-Free Zones: Businesses targeted on that made changes	10.0%	5.1%	$\chi^2(1) = 5.0, p < .01$
Outlet Location/Density: Density of alcohol outlets	8.4%	4.2%	$\chi^2(1) = 4.1, p < .05$

Source: DFC August 2020 Progress Report

TABLE D.2. ACTIVITIES WITH NO SIGNIFICANT DIFFERENCE IN IMPLEMENTATION OF SPECIFIC ACTIVITIES BY DFC COALITIONS WITH A HOSTED YOUTH COALITION VERSUS THOSE WITHOUT ONE

ACTIVITY	% OF DFC COALITIONS HOSTING A YOUTH COALITION REPORTING ACTIVITY	% OF DFC COALITIONS NOT HOSTING A YOUTH COALITION REPORTING ACTIVITY
Citizen Enabling/Liability: Laws/public policies concerning adult (including parent) social enabling or liability (e.g., social host ordinances)	12.3%	7.6%
Media Campaigns: TV, radio, print, billboard, bus or other posters aired/placed	72.0%	65.3%
Cost: Laws/Public Policies Concerning Cost (e.g., alcohol, tobacco, or marijuana tax, fees)	7.3%	3.8%
Improved Visibility/Ease of Surveillance in Public Places and Substance Use Hotspots: (e.g., improved lighting, surveillance cameras, improved lines of sight)	4.8%	2.1%
Underage Use: Laws/public policies targeting use, possession, or behavior under the influence of minors	16.7%	11.9%
Community Member Training: Sessions on drug awareness, cultural competence, etc., directed to community members (e.g., law enforcement, landlords)	45.3%	39.0%
Treatment/Prevention: Laws/public policies promoting treatment and prevention alternatives	9.4%	5.9%
Supplier Promotion/Liability: Laws/public policies concerning supplier advertising, promotion, or liability	8.4%	5.1%
Special Events: Fairs, celebration, etc.	30.1%	24.6%
Organized Youth Recreation Programs	13.4%	9.7%
Reducing Home and Social Access to Alcohol and Other Substances: (e.g., prescription drug disposal)	52.4%	47.0%
Teacher Training: Sessions on drug awareness and prevention strategies directed to teachers and youth workers	28.0%	23.7%
Improve Access Through Culturally Sensitive Outreach: People targeted for culturally sensitive outreach (e.g., multilingual materials)	25.7%	21.6%
Identify Physical Design Problems	20.7%	17.4%
Improved Supports: People receiving support for enhanced access to services (e.g., transportation, childcare)	11.5%	9.3%
Workplace: Drug-free workplaces	6.7%	5.1%
Business Training (e.g., responsible beverage service/vendor training [voluntary or mandatory])	12.7%	14.4%
Sales Restriction	10.4%	9.3%
Increased Access to Substance Use Services: People referred to employee assistance programs, student assistance programs, treatment services	30.9%	29.7%
Publicizing Non-Compliance: Businesses identified for noncompliance with local ordinances	4.6%	5.1%
Identify Problem Establishments: Problem establishments identified (e.g., drug houses) and closed or modified practices	2.9%	2.5%
Information Materials Prepared	75.4%	68.6%

Source: DFC August 2020 Progress Report

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