

PREVENTION UPDATE

Drug Free Communities Support Program

Overview

Administered by the Office of National Drug Control Policy (ONDCP), in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), the Drug Free Communities Support Program (DFC) is a federal grant program that provides funding to community-based coalitions that organize to prevent youth substance use. Since the passage of the *DFC Act* in 1997, the DFC program has funded nearly 2,000 coalitions and currently mobilizes nearly 9,000 community volunteers across the country. Grantees have included coalitions in all 50 states, the District of Columbia, the Virgin Islands, American Samoa, Puerto Rico, Guam, Micronesia, and Palau. They represent rural, urban, suburban, and tribal communities. DFC grantees receive awards of up to \$125,000 per year for up to five years per award, with a maximum of 10 years. The philosophy behind the DFC program is that local drug problems require local solutions. With a small federal investment, the DFC program doubles the amount of funding through the DFC program's match requirement, to address youth substance use. Recent evaluation data indicate that where DFC dollars are invested, youth substance use is lower. Over the life of the DFC program, youth living in DFC communities have experienced reductions in alcohol, tobacco, and marijuana use.

The ONDCP's <u>2012 National Drug Control Strategy</u> says, "Important steps have been taken to address the unique needs of special populations affected by the drug problem. With regard to college and university students, the Administration has partnered with college and university leaders to advance prevention, early intervention, treatment, and recovery initiatives on campuses across the country." According to SAMHSA, 146 campuses across the country are participating in DFC grants.

What the Evidence Tells Us

The *Drug Free Communities Support Program National Evaluation 2011 Interim Findings Report* (2012) is based on DFC national evaluation data on alcohol, tobacco, and marijuana use that DFC grantees report every two years. While it cannot be determined for certain from these data that DFC coalitions alone caused the changes described in this report, they do describe changes that were measured within DFC communities during the years studied. In addition, the evaluation does not include data on college students as it is limited to effects on youths in middle school and high school.

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



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

Lessons Learned From Colleges and Universities

Marshal University in Huntington, W.Va., is a member of the <u>Cabell County Substance Abuse Prevention Partnership</u> (CCSAPP), a coalition of various agencies, organizations, and individuals working together to reduce local substance abuse with strong collaborative partnerships and community ownership, using awareness, education, and communitywide solutions. CCSAPP, which is housed in the United Way of the River Cities, is funded by a DFC grant.

"DFC money tends to really focus on underage and for most agencies in the state of West Virginia that means a K–12 focus. But this coalition actually has an equal focus on three areas: middle school, high school, and higher education," said Carla Lapelle, associate dean for student affairs at Marshall and chair of The Network Addressing Collegiate Alcohol and Other Drug Issues.

"While there is an underage drinking rather than a high-risk drinking focus, we have stretched those parameters a little to address a large problem we had in the past with violence associated with drinking, especially around the college-student-frequented bars. CCSAPP did a lot of work a couple of years ago in particular to try to get some ordinances changed in the city and to raise awareness about that association," said Lapelle.

In addition, CCSAPP came on campus and trained residence hall advisers and Greek student leaders, provided some financial support for university staff to attend conferences, and used Marshall students to assist with coalition projects, such as evaluation projects, including administering survey instruments and inputting and analyzing data.

"They work as a class on these projects and it really raises the involvement of students in prevention work. It was students that did the <u>geographic information system (GIS) mapping</u> the coalition used to try to get ordinances changed," said Lapelle.

In Texas, DFC coalitions routinely work with colleges and universities. For example, the Greater Dallas Council on Alcohol and Drug Abuse provided training for all 11North Texas Colleges and worked closely with Southern Methodist University and the five Dallas community colleges. The Galveston County Coalition with BACODA (Bay Area Council on Drugs & Alcohol) works with Texas A&M University-Galveston and several community colleges in the Gulf Coast area.

This Prevention Update (offering an overview of current topics, news, legislation, research, or innovations in the field) was funded by the Office of Safe and Healthy Students at the U.S. Department of Education under contract number ED-04-CO-0069/0005 with Education Development Center, Inc. The contracting officer's representative was Phyllis Scattergood. The content of this Prevention Update does not necessarily reflect the views or policies of the U.S. Department of Education, nor does the mention of trade names, commercial products, or organizations imply endorsement by the U.S. government. This Prevention Update also contains hyperlinks and URLs for information created and maintained by private organizations. This information is provided for the reader's convenience. The U.S. Department of Education is not responsible for controlling or guaranteeing the accuracy, relevance, timeliness, or completeness of this outside information. Further, the inclusion of information or a hyperlink or URL does not reflect the importance of the organization, nor is it intended to endorse any views expressed, or products or services offered.