

Overview

A recently concluded three-year substance use prevention project implemented in selected regions of the state appears to have contributed to meaningful reductions in underage drinking and prescription drug misuse among youth and young adults. Although prevalence rates for a number of targeted substance use behaviors dropped statewide over a recent two-year span, the declines were generally more pronounced in the regions funded through Vermont's Partnerships for Success (PFS) grant. Only a few such differences were statistically significant, but the consistent pattern of findings across almost all the substance use and risk factor measures examined suggests that PFS has contributed to reducing targeted substance use behaviors in Vermont.

Background

PFS was implemented by the Vermont Department of Health (VDH) Division of Alcohol and Drug Abuse Programs (ADAP). It was funded through a grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Vermont's PFS adhered to SAMHSA's Strategic Prevention Framework (SPF), a five step process implemented by states, and selected regions or communities within states, for preventing substance use and related behavioral health problems. The goals of Vermont's PFS were to:

- Reduce underage and binge drinking among persons aged 12 to 20,
- Reduce prescription drug misuse and abuse among persons aged 12 to 25, and
- Increase state, regional, and community capacity to prevent underage drinking and prescription drug misuse by implementing a targeted regional approach.

PFS funding to selected regions began in July 2013 and continued through June 2016. Unlike past initiatives that funded individual communities, Vermont's PFS was designed to build a regional approach to substance use prevention. Specifically, ADAP allocated PFS funds to six regions of the state, defined primarily by county, and used the existing infrastructure of the VDH District Offices to coordinate implementation. VDH District Directors in the funded regions led the development of a regional strategic plan and

selected a community-based organization to be the fiscal agent and "lead agency" for each region's PFS work. Each of these six grantees partnered with other community-based organizations as needed. ADAP's regional Prevention Consultants provided technical assistance.

The counties served by these efforts were: Chittenden, Lamoille (along with five additional townships in the Morrisville Health District), Rutland, Washington, Windham, and Windsor. Despite initial challenges with determining roles and responsibilities of the various stakeholders, perceived benefits from the regional-based strategy included increased coordination, networking, and sharing of ideas and expertise across communities within each region.

Interventions

Grantees selected and implemented interventions from a menu provided by ADAP that included both required and optional categories. Accordingly, all grantees worked to inform policymakers and the general public about policy options to prevent underage drinking. Other strategies used by all six grantees included community mobilization, media advocacy, supporting enhanced law enforcement of alcohol laws and responsible alcoholic beverage service training, retailer recognition for passing underage alcohol sales compliance checks, and education and outreach to the community (including pharmacists and prescribers) about ways to reduce prescription drug misuse. Optional strategies implemented by some grantees included online alcohol screening and education programs, parent education programs, and Sticker Shock. Based on grantee reports, site visits, and other feedback, grantees were generally successful in implementing most or all of the key activities for the majority of their interventions.

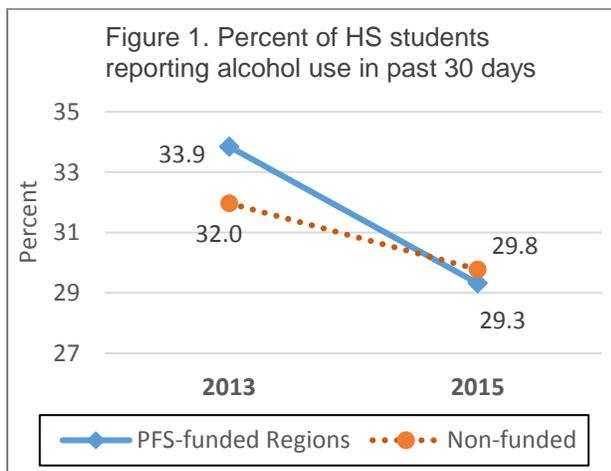
Outcome Evaluation Findings

Outcome measures, adjusted for differences in demographic characteristics, were obtained from the 2013 and 2015 high school (HS) and middle school (MS) Vermont Youth Risk Behavior Surveys (YRBS), and the 2014 and 2016 Vermont Young Adult Survey (YAS). The YAS is an online survey of Vermont residents aged 18 to 25. The survey data were first examined to see whether and to what degree targeted substance use prevalence

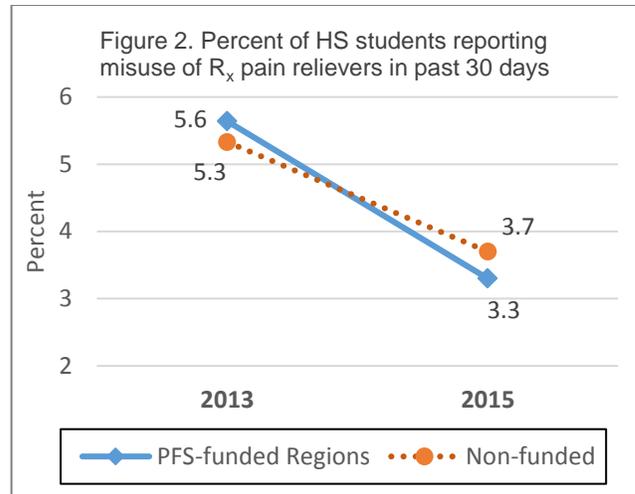
rates and associated risk factors decreased over time (i.e., between the baseline and the follow-up years) within the six PFS regions, collectively. To further assess whether PFS funding, specifically, may have contributed to any favorable outcomes observed, the percent change in each outcome measure in the PFS regions was compared to that experienced in the remainder of the state.

A total of 30 different outcome measures were analyzed, 8 from the MS YRBS, 10 from the HS YRBS, and 12 from the YAS. Substance use measures varied slightly across the surveys and included past 30-day, past year, and/or lifetime alcohol use, binge drinking, and misuse of various classes of prescription drugs. Risk factor measures included perceived ease of obtaining alcohol (by underage persons) and prescription pain relievers, low perceived risk of harm from using these substances, and tolerant student and parent attitudes towards underage drinking.

To exemplify the patterns of change observed for most outcome measures, the baseline and follow-up prevalence rates for any alcohol use in the past 30 days among HS students are shown in Figure 1. For this measure, the 13.6 percent drop in the prevalence rate (from 33.9% to 29.3%) in the PFS regions was significantly greater than the 6.9 percent decline in the non-PFS regions ($p < .05$).



Rates for another particularly important outcome, past 30-day misuse of prescription pain relievers among HS students, are shown in Figure 2. As was seen for alcohol use, the rates declined in both PFS-funded and non-funded areas, but again the decrease was greater in the PFS areas. The difference in the percent change between PFS and non-PFS areas was marginally significant ($p < .10$).



To more broadly summarize the patterns of change observed across all 30 outcomes, prevalence rates in the PFS-funded regions (collectively) dropped between the baseline and follow-up years for 24 of the 30 measures analyzed. Furthermore, the percent change values were more favorable to the PFS regions (i.e., greater decreases and/or smaller increases) compared to the remainder of the state for 26 of the 30 measures. Although only a few differences between PFS and non-PFS regions in the percent change were statistically significant, the patterns of results obtained were remarkable in their consistency with respect to both the decreases seen in the substance use measures and risk factors over time and the greater relative decreases (or, for a very few measures, smaller increases) experienced in the PFS-funded regions compared to the rest of the state. Additional analyses revealed that all six regions, when examined individually, experienced generally similar patterns.

Conclusions

The findings reported here provide good evidence that all three goals of the PFS as stated above have been realized. Because funding to the PFS regions has been continued through Vermont's follow-on grant, Regional Prevention Partnerships (RPP), monitoring and evaluation efforts will likewise continue.

The PFS evaluation was conducted by the Pacific Institute for Research and Evaluation (PIRE). A more detailed evaluation report is available from PIRE at: http://www.pire.org/documents/Vermont_PFS_Eval/Final_Report.pdf