

## Overview

A previous report on Vermont's Partnership for Success (PFS) project, the predecessor to RPP, documents a pattern of favorable effects for PFS on rates of high school student substance use behaviors and risk factors between 2013 and 2015.<sup>1</sup> This executive summary highlights selected findings from a more recently completed report that analyzed YRBS data through 2017. The findings provide further support for positive effects of PFS and its continuation in the form of Vermont's Regional Prevention Partnerships (RPP) initiative.

## Background

PFS was implemented by the Vermont Department of Health (VDH) Division of Alcohol and Drug Abuse Programs (ADAP) and funded through a grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). A distinguishing feature of PFS was the transition from a system that allocated funds to organizations serving single or small groups of communities to one that allocates funds at a regional level defined primarily by county. Counties receiving PFS funds were Chittenden, Lamoille, Rutland, Washington, Windham, and Windsor. Prevention efforts initiated through PFS continued in these regions beyond 2016 through a follow-up grant from SAMHSA referred to in Vermont as the RPP. Funding from RPP was also allocated to other regions of the state, but interventions in those areas were not underway until mid-2017, thereby making the 2017 YRBS a helpful source for further assessing PFS effects in the six initially funded regions.

The goals for PFS included reductions in rates of underage and binge drinking among persons aged 12 to 20 and reductions in prescription drug misuse and abuse rates among persons aged 12 to 25. Reductions in marijuana use were added as a goal for RPP. Data from the Vermont's biannual Youth Risk Behavior Survey (YRBS) provided one source of outcome data for the evaluation. The most recent YRBS data available for the previous report were from 2015. This report describes evaluation findings that incorporate data from the 2017 YRBS and also includes marijuana use measures. Because PFS-funded regions continued many of

their prevention efforts under RPP, and because the transition from PFS to RPP occurred midway between the 2015 and 2017 YRBS administration, it is not possible to distinguish PFS from RPP influences during this timeframe.

## Methods

Substance use outcome measures examined were past 30-day (i.e., "current") alcohol use, binge drinking, and marijuana use, and lifetime misuse of prescription pain relievers and stimulants. Risk factors examined were low disapproval of high-school aged persons using alcohol and marijuana, and low perceived risk of harm from binge drinking and using marijuana regularly. All measures are reported as prevalence rates (i.e., percentages of students reporting use or indicating the presence of a risk factor). Data reported here are from high school students in grades 9 to 12.

The rates for each year were calculated across all 6 PFS-funded regions combined, and across all other areas of the state combined, for each year 2013, 2015, and 2017. The data were weighted to reflect student demographics of each county. No adjustments were made for differences between PFS and non-PFS regions in demographic composition, as past analyses have shown this makes little difference to the patterns revealed in the data. Students from schools that did not participate in the YRBS all three years were not included to maximize comparability across years.<sup>2</sup>

The prevalence rates were examined for each measure to determine:

- a) if rates for the combined PFS regions were moving in the desired direction over time
- b) if changes over time in the rates were more favorable in the PFS regions as compared to the non-PFS regions.

Although the 2013 and 2015 data were examined in the previous report, these data are shown again here to provide a complete picture of changes over the entire timeframe from 2013 to 2017.

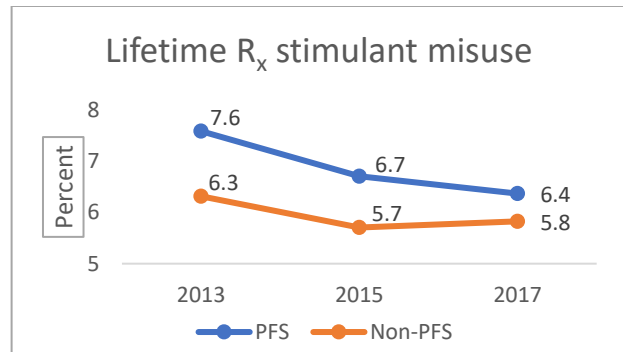
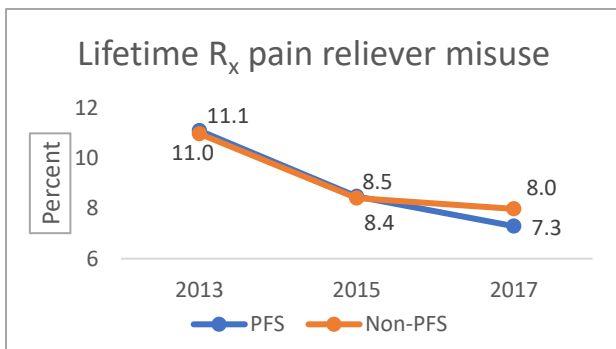
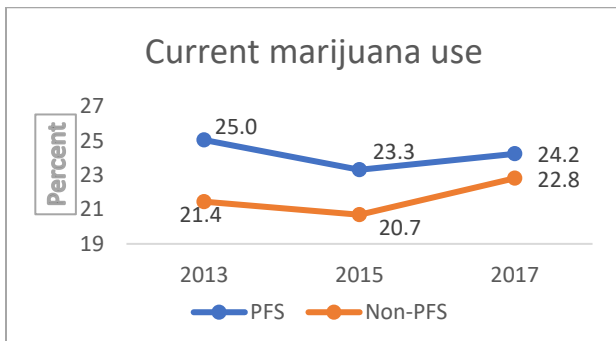
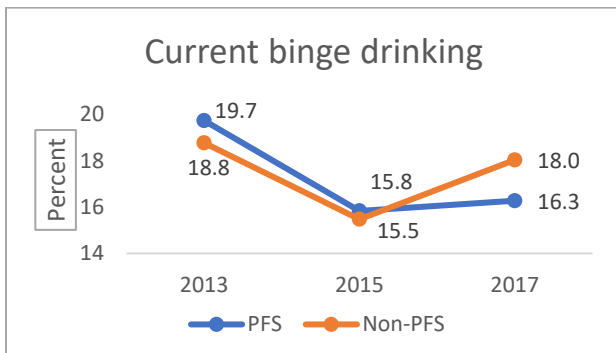
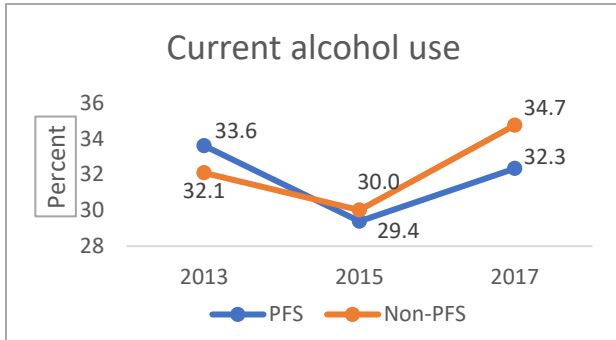
Because an experimental design involving random assignment of regions could not be employed, findings from these analyses are meant to determine if there is empirical support for positive effects of PFS, rather than conclusive evidence.

<sup>1</sup> See the [PFS Evaluation Summary](#) report available on the VDH/ADAP website.

<sup>2</sup> For these reasons, some values shown in this report differ very slightly from those in the previous report.

## Findings

Charts showing high school student prevalence rates across years, for both PFS and non-PFS regions, are displayed below for the five substance use behavior measures examined.



For all five substance use measures, the rates among the PFS regions, collectively, decreased from 2013 to 2015. Between 2015 and 2017, however, and reflecting the statewide trends, the rates for current alcohol use, binge drinking, and marijuana use increased. Although disappointing, it was still the case that for all five measures, the PFS-funded regions continued to experience favorable changes (i.e., lesser increases or greater decreases) relative to the non-PFS regions. The differences in the degree of change between PFS and non-PFS regions across the entire 4-year period were statistically significant for both the alcohol use measures and current marijuana use. Although the charts are not shown, a similar pattern of relatively more favorable change among PFS-funded regions across the four years was also observed for all four risk factors pertaining to disapproval and perceived risk of alcohol and marijuana use.

Similar analyses conducted on YRBS-based measures from middle school students produced less definitive findings. Differences between PFS and non-PFS regions in changes over time for these measures were mixed and generally small and non-significant, with the few notably favorable effects for PFS limited to the 2013 to 2015 timeframe.

## Conclusions

The findings reported here suggest that the apparent positive effects of PFS observed on high school student substance use outcomes and risk factors from 2013 to 2015 were sustained for the following two-year period through 2017. This is an encouraging result considering that PFS funding has been expanded through the RPP project to all regions of Vermont.

This report was prepared by the Pacific Institute for Research and Evaluation (PIRE). More information, including a detailed version of the report, is available at [www.vt-rpp-evaluation.org](http://www.vt-rpp-evaluation.org).