

Substance Use: Community Interventions involving Coalitions or Partnerships to Prevent Substance Use among Youth, Updated 2026

Community Preventive Services Task Force
Finding and Rationale Statement
Ratified June 2024

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CPSTF Finding and Rationale Statement

Context

Youth substance use is associated with increased risk for behavioral and academic problems, teen pregnancy, sexually transmitted infections, being involved in or experiencing violence, injuries, and mental health symptoms (such as anxiety and depression), among others (U.S. Department of Health and Human Services 2016). Preventing or delaying substance use initiation among youth (defined in this review as adolescents ages 10-17 years and young adults ages 18-24 years) reduces later risk for substance use, substance use disorders, and overdose (U.S. Department of Health and Human Services 2016).

In 2023, substance use was common among U.S. high school students and varied by substance. Approximately one-fourth of students reported current use of alcohol (22%), 17% reported current use of marijuana, and 4% reported prescription opioid misuse (CDC 2024). Substance use trends in the United States have changed in recent years. There have been increases in the availability of illegally-made fentanyl and other synthetic opioids, misuse of prescription drugs, popularity of e-cigarettes and vaping products, and changes in the legal and regulatory landscape for cannabis (Hoots et al. 2023).

Coalitions and partnerships are two organizational approaches to engaging communities in a coordinated substance use prevention effort (SAMHSA 2022, Hutchinson et al. 2021). These initiatives often include 1) engaging community members with needs assessments and prevention planning, 2) building community capacity, 3) selecting and implementing evidence-based practices, and 4) evaluating effectiveness over time (SAMHSA 2022). While community efforts have often focused on alcohol and tobacco prevention, these approaches may provide a framework for application to other substance use prevention priorities including prescription drug misuse, initiation and use of illegal and synthetic opioids, and overdose (SAMHSA 2023, Fishbein et al. 2023, U.S. Department of Health and Human Services 2016, HEALing Communities Study Consortium 2024).

Intervention Definition

Community interventions involving coalitions or partnerships to prevent substance use among youth are multi-component initiatives to prevent substance use by adolescents (ages 10-17 years) or young adults (ages 18-24 years). These efforts must have both a community-based organization and two or more interventions selected and implemented to reduce substance use demand, underage access, or both in the community. Interventions may focus on a specific substance of importance to the community or address risk and protective factors related to substance use in general.

Organization: Initiatives must be directed by a new or existing community-based organization which includes members of the community and may include representatives of community groups, local agencies, and research or implementation partners. Members of the community must be involved in selecting interventions for community implementation and may also be involved in identifying substance use prevention priorities, adapting or modifying interventions for local relevance, and participating in intervention implementation. The two organizational structures included in this review are:

- Community coalitions: Coalitions are an assemblage of relevant community-based organizations, agencies, leaders, and members of the community tasked with identifying and implementing the community prevention initiative.
- Community partnerships: Partnerships are organizations in which research or implementation partners engage with recruited community members, leaders, and organizations on the community initiative. In some partnerships, community members operate as action teams involved in the selection, adaptation, and implementation of community interventions.

The community initiatives examined in this review included support for implementation of the selected interventions. Implementation support included hired and trained members of the community or staffing support from research or implementation partners to coordinate community action. Coalitions and partnerships also received ongoing technical assistance from research and implementation partners in the form of consultations, trainings, program manuals and materials, and model policies.

Interventions: Interventions include two or more programs, activities, and policies selected to address community substance use prevention priorities. Interventions selected for implementation must be research-tested or identified as evidence-based (typically, community members select intervention approaches from a menu of evidence-based program options identified by the research, funding, or implementation partner). Specific interventions, which may differ from community to community, include:

- School-based interventions (e.g., classroom substance use prevention curricula; student assistance services; drug-free activities and events)
- Family-based interventions (e.g., small group trainings for parents on prevention communication and practices; drug-free activities and events for both parents and youth)
- Community-based interventions (e.g., mentorship programs, education and awareness activities, drug-free events)
- Retailer education to reduce sales of alcohol, tobacco, or cannabis to underage youth (e.g., in-person meetings with retailers in the community, compliance checks without citation or fines)
- Enforcement activities directed at underage sales or substance use (e.g., compliance checks with citations or fines; sobriety checkpoints; enhanced law enforcement presence at community events with alcohol service)
- Policy advocacy (e.g., events and activities to support adoption of local substance use prevention ordinances, policies, and local government practices).

CPSTF Finding (June 2024)

The Community Preventive Services Task Force (CPSTF) recommends community-based interventions involving coalitions or partnerships to prevent substance use among youth based on sufficient evidence of effectiveness in reducing both the initiation of substance use and rates of current use among adolescents and young adults.

Interventions implemented in rural and suburban communities were effective in reducing initiation and use of cannabis, tobacco, alcohol (including binge drinking), and illegal substances, however evidence was limited for urban settings. A subset of studies also found reductions in self-reported antisocial behaviors among youth.

Rationale

Basis of Finding

The CPSTF recommendation is based on evidence from a systematic review of 11 studies with 12 study arms (search period January 1990 to May 2023).

The systematic review team evaluated substance use measures reported in the included studies for the following outcome categories:

1. Initiation of use for one or more substances (7 studies)
2. Prevalence, amount, or frequency of use for one or more substances (10 studies)

Studies used a variety of self-reported measures for substance use outcomes primarily collected through school-based surveys of students in study communities or school districts. Initiation of substance use was commonly measured based on self-reported lifetime (ever) use. Substance use was typically measured based on use (any) in the previous 30 days. Measures of change in substance use included longitudinal follow-up of students (typically from middle school through high school) or longitudinal follow-up of schools (e.g., 12th grade students surveyed annually over the duration of the community intervention or study period).

Included studies evaluated a median of 21 communities or school districts (IQR: 10 to 28 communities or districts; 10 studies). Study evaluations included a median of 5921 participants or survey respondents (IQR: 2906 to 28,845 participants; 10 studies) with one state-wide study evaluating 470,795 student surveys collected from six survey waves over 11 years. The median duration of intervention activities was 36 months, with study participants exposed to interventions over 24-47 months (7 studies) and 48 to 72 months (3 studies); one study did not report on intervention duration.

For each outcome category, the review team generated overall effect estimates across substances. Then the review team generated assessments for each substance type (i.e., cannabis, tobacco, alcohol, binge drinking of alcohol, illegal substances, prescription drug misuse, and combined substance measures). As study data permitted, absolute or relative change measures were calculated, and summary effect estimates were generated. For study outcomes that could not be converted into absolute or relative change estimates, study results were summarized and grouped for a narrative assessment.

CPSTF findings are based on both summary effect estimates and narrative assessments for each outcome category and substance type. Evidence showed community interventions led to small but meaningful reductions in both initiation (Table 1) and use (Table 2) when including outcomes for cannabis, tobacco, alcohol, illegal substances, prescription drug misuse, and combined substance measures.

Table 1. Effects of Interventions on Initiation of Substance Use

Outcome	Absolute Change (pct pts) Median Study Effect Estimate	Relative Change (%) Median Study Effect Estimate	Narrative Evidence Direction and Reported Statistical Significance of Study Outcomes	Overall Direction of Effect
Overall*	-1.52 percentage points (IQI: -3.80 pct pts, -0.53 pct pts); 6 studies (18 estimates)	-4.00% (IQI: -7.74%, -1.56%); 6 studies (22 estimates)	2 favorable and significant	Favors the intervention

IQI: Interquartile Interval

*Cannabis, tobacco, alcohol (binge drinking not included), illegal substances, combined measures of substance use initiation.

Table 2. Effects of Interventions on Substance Use

Outcome	Absolute Change (pct pts) Median Study Effect Estimate	Relative Change (%) Median Study Effect Estimate	Narrative Evidence Direction and Reported Statistical Significance of Study Outcomes	Overall Direction of Effect
Overall*	-2.30 percentage points (IQI: -4.00 pct pts, -0.48 pct pts); 7 studies (25 estimates)	-7.00% (IQI: -11.83%, -1.27%); 7 studies (20 estimates)	4 favorable and significant, 4 favorable, 6 no change, 1 unfavorable; 5 studies (15 estimates)	Favors the intervention

IQI: Interquartile Interval

*Cannabis, tobacco, alcohol (binge drinking not included), combined measures of substance use. No studies provided consolidated measures of use of illegal substances.

Subset assessments for specific substances and combined measures are summarized in Table 3. Evidence showed that community interventions led to small, but meaningful (Matthay et al. 2021) reductions in initiation or use of cannabis, tobacco, alcohol including binge drinking, tobacco, and illegal substances.

Table 3. Substance specific Outcomes for Initiation and Use

Outcome	Measure	Absolute Change (percentage points) Median estimate (IQI); Number of Studies	Relative Change (%) Median estimate (IQI); Number of Studies	Narrative Results Direction and statistical significance of estimates	Overall Direction of intervention effect
Cannabis	Initiation	-1.42 (-3.16, 1.18); 4	-4.00% (-10.09, 6.90); 5	NA	Favors the intervention
Cannabis	Use	-2.70 (-4.00, -0.40); 7	-8.62% (-21.00, 11.75); 6	NA	Favors the intervention
Tobacco*	Initiation	-1.39 (-3.45, 2.68); 5	-3.25% (-8.34, 3.50); 5	NA	Favors the intervention
Tobacco*	Use	-1.45 (-2.40, 1.07); 7	-9.72% (-11.15, 2.77); 5	1 favorable and significant, 2 favorable, 1 no change	Favors the intervention
Alcohol	Initiation	-1.96 (-9.75, 0.65); 5	-3.73% (-5.50, 0.74); 5	1 favorable and significant	Favors the intervention
Alcohol	Use	-1.00 (-8.60, 0.10); 7	-5.00% (-22.0, 0.00); 7	2 favorable, 1 no change	Favors the intervention

Outcome	Measure	Absolute Change (percentage points) Median estimate (IQI); Number of Studies	Relative Change (%) Median estimate (IQI); Number of Studies	Narrative Results Direction and statistical significance of estimates	Overall Direction of intervention effect
Alcohol	Binge drinking	-3.00 (-5.00, -0.50); 9	-6.82% (-22.00, -1.87); 9	2 no change	Favors the intervention
Illegal substances#	Initiation	-0.80 (-6.10, 0); 3	-6.69% (-13.62, -0.98); 4	NA	Favors the intervention
Illegal substances#	Use	No summary estimate	No summary estimate	1 favorable and significant, 1 no change	Inconsistent results
Prescription drug misuse	Initiation	No summary estimate	No summary estimate	1 favorable and significant	Favors the intervention
Prescription drug misuse	Use	No summary estimate	No summary estimate	2 favorable and significant, 1 unfavorable	Favors the intervention
Combined measures	Initiation	-3.40, -5.23; 2	-3.64%, -12.00%; 2	NA	Favors the intervention
Combined measures	Use	-2.36 (-3.18, -1.60); 3	-3.00%, -3.00%; 2	NA	Favors the intervention

IQI: Interquartile Interval

*Includes results from one study that also evaluated vaping or use of electronic cigarettes

#Findings from studies that measured self-reported initiation of use of one or more substances selected from a list (for example, “use of one or more illegal drugs such as marijuana, cocaine, amphetamines, methamphetamines, barbiturates, inhalants, opioids, etc.”).

CPSTF judged the effect sizes for substance use outcomes (relative reductions of 3%-9%) as meaningful. These determinations were based on evidence that outcomes measured community-level changes in use of substances among all surveyed youth (regardless of actual exposure to interventions), and that effects were sustained over study follow-up periods of two to 14 years. Two studies followed students for 10 to 14 years respectively, from a middle-school intervention period into young adulthood (Kuklinksi et al. 2021, Oesterle et al. 2018; Spoth et al. 2017, Spoth et al. 2022). Both studies found significant effects through 12th grade, and sustained reductions in initiation of substance use through ages 21 and 23 years, although prevalence rates of substance use were not significantly different at follow-up.

Few studies evaluated substances of more recent concern including prescription drug misuse, and vaping or e-cigarette use. Only two studies examined changes in self-reported misuse of prescription drugs (Hawkins 2014, Komro 2017). The first found an increase in prescription drug misuse among intervention participants, though that increase was not significant (Hawkins 2014). The second study found a significant decrease in use among both of its intervention arms compared to the control (Komro 2017). Only one study evaluated intervention impact on self-reported vaping or e-cigarette use and found a favorable, but not statistically significant effect (Hawkins 2014). None of the included studies reported outcomes for recent or concurrent use of more than one substance (i.e., polysubstance use).

Only three studies examined intervention associated changes in morbidity outcomes, and results were inconsistent. All three studies evaluated differences in alcohol-related injuries or hospitalizations. One study from Sweden observed an increase in youth (ages 15-19 years) hospitalized with an alcohol-related diagnosis (Hallgren et al 2013). The second study from Australia found small relative reductions in injury-related hospitalizations, but differences among adolescents were not statistically significant (Toumbourou et al 2019). The third study assessed self-reported alcohol-

related injuries among college students in North Carolina (Wolfson et al 2012). Students in intervention schools reported a non-significant increase in directly experiencing injuries, but a significant decrease in causing injuries to others compared to students in comparison colleges.

A subset of studies included in this review also examined intervention effects on improving antisocial behaviors, reducing mental health symptoms (such as anxiety and depression), and improving educational attainment among youth (Table 4). Interventions were effective at reducing self-reported antisocial behaviors related to delinquency and violence overall and when related to alcohol use. There was not enough evidence to support a CPSTF determination on intervention effectiveness in reducing mental health symptoms (2 studies) or improving educational attainment (2 studies).

Table 4. Effects of Interventions on Antisocial behaviors, Mental Health, and School-related Outcomes

Outcome	Number of Studies (Estimates)	Narrative Evidence Direction and Reported Statistical Significance of Study Outcomes	Overall Direction of Effect
Antisocial behaviors related to delinquency and violence	5 (6 estimates)	4 significant and favorable, 1 favorable, 1 unfavorable	Favors the intervention
Antisocial behaviors related to alcohol use	2 (6 estimates)	3 significant and favorable, 2 favorable, 1 unfavorable	Favors the intervention
Mental health symptoms (e.g. anxiety and depression)	2 (3 estimates)	1 significant and favorable, 2 no change	Inconsistent results
Educational attainment	2 (2 estimates)	1 significant and favorable, 1 favorable	Favors the intervention

Applicability and Generalizability Considerations

Intervention Settings

The CPSTF finding is applicable to coalition or partnership directed interventions in community, school, and home settings in the United States. Eight of the 11 included studies were conducted in the United States with findings from this subset indicating effectiveness. Nine studies included rural communities and four studies included suburban communities with these subsets having evidence of effectiveness. One study with favorable effects on substance use outcomes was conducted in the Cherokee Nation (Komro et al 2017). While the two U.S. studies which included urban populations reported favorable effects on substance use outcomes, the overall findings from five studies which included urban communities were mixed. Additional studies are needed to determine the effectiveness of these interventions in urban settings.

Population Characteristics

The CPSTF finding is applicable to interventions targeting adolescents (ages 10-17 years at the time of intervention), and likely applicable to interventions for young adults (ages 18-24 years). Ten of the 11 included studies focused interventions at middle school-level adolescents, with follow-up evidence of effectiveness through high school. The median age of study youth at baseline was 13.5 years (3 studies). Although four studies evaluated community interventions to reduce access to alcohol among adolescents and young adults, only one study specifically focused on

young adults (college students) and found mixed effects. Findings are applicable to males and females since interventions were effective across nine studies where the distribution by gender was even. Only two studies compared effectiveness by gender and results were inconsistent.

Reporting on other demographic characteristics was limited across this body of evidence, and most studies evaluated students in rural communities who with predominantly identify as White. Study participants identified as White (median 79.9%; 6 studies), Black or African American (median 6.1%; 2 studies), Hispanic or Latino (20.0%; 3 studies), Asian (3.0%; 2 studies) American Indian (21.5%, 2 studies including 1 study conducted in the Cherokee Nation), or other (9.8%, 5 studies). None of the included studies reported participation rates for youth who identified as a sexual or gender minority. Four studies provided community-level data on free or reduced lunch program participation (range: 31.0% to 57.6%) None of the included studies examined differences in effectiveness for substance use outcomes by race, ethnicity, income, or family characteristics. More complete reporting of demographic characteristics of study communities and participants would help address several important evidence gaps.

Intervention Characteristics

The CPSTF finding is applicable to the organization of community action through both coalitions and partnerships; a focus on either general substance use prevention or narrowed to alcohol prevention; and the use of school-based interventions, family-based interventions, and community prevention activities with interventions maintained for at least two years.

Both coalitions (8 studies) and partnerships (3 studies) were effective organizations for substance use prevention. Evidence of effectiveness came from communities taking a general prevention approach (7 studies) or focusing on alcohol prevention (4 studies). All 11 included studies evaluated communities implementing school-based programs, and 10 also included family-based interventions. Results from the subset of studies that included community interventions (8 studies) were also favorable. The remaining interventions, retailer-directed activities (5 studies), enforcement of underage sales (5 studies) and policy activities (4 studies) were primarily implemented by community coalitions focused on alcohol prevention and results were generally favorable. All included studies evaluated interventions that were implemented for at least two years, and the median intervention duration was 36 months.

Data Quality Issues

There are several important limitations in the studies included in this review. Only four of the included studies randomized communities to intervention and control arms. Although most of the remaining studies attempted to match communities for assignment and comparison, community and demographic characteristics were incompletely reported or identified potentially meaningful differences at baseline. Some comparison communities implemented similar substance use prevention interventions targeting schools, families, and the community. Study youth may have moved into or out of study communities which were often in proximity.

Studies differed in substances and risk behavior outcomes, the measures used to evaluate change, and the reporting of results. These issues limited the review team's ability to compare study findings, consolidate effect estimates, and calculate summary effect estimates for the outcomes of interest. Almost all outcomes were based on self-reported substance use and other risk behaviors among participating youth, which introduced potential bias in these measures.

[Indigenous Knowledge](https://www.whitehouse.gov/wp-content/uploads/2022/12/OSTP-CEQ-IK-Guidance.pdf) [https://www.whitehouse.gov/wp-content/uploads/2022/12/OSTP-CEQ-IK-Guidance.pdf] was not explicitly incorporated within this systematic review. Only one study incorporated elements of Indigenous Knowledge in intervention development and evaluation on tribal lands (Komro et al. 2017).

Potential Benefits

CPSTF postulated that community-based interventions might also reduce substance use among adults. None of the included studies in this review examined substance use outcomes among older adults. No additional benefits were described or evaluated in the broader literature.

Potential Harms

CPSTF did not postulate any potential harms of community interventions involving coalitions or partnerships to prevent substance use among youth. None of the studies included in this review described or evaluated harms of these interventions. No harms were identified in the broader literature.

Considerations for Implementation

The following considerations for implementation are drawn from studies included in the existing evidence review, the broader literature, and expert opinion, as noted below.

Most of the studies included in this review provided training sessions for recruited coalition and partnership members. Training sessions covered a range of topics including but not limited to member roles and process steps, substance use issues, use of data for identifying local prevention priorities, and guidance on evidence-based prevention (Flewelling et al 2005, Eddy et al 2012).

Involvement of community members in decision-making roles may enhance health equity relevance of the community response (Komro et al. 2017). Initiatives should consider cultural relevance of the interventions selected for implementation (Bo et al 2023). Authors of some included studies (Eddy et al. 2012, Jonkman et al. 2015) suggested the need to balance fidelity to evidence-based interventions and cultural responsiveness in community efforts to promote health equity.

Family-based interventions were implemented by coalitions and partnerships in 10 of the 11 included studies. CPSTF recommends [family-based interventions that provide instruction or training to parents and caregivers to enhance substance use preventive skills and practices for children and adolescents](#).

CPSTF also recommends intervention approaches related to the following:

- [Preventing Excessive Alcohol Use](https://thecommunityguide.org/topics/excessive-alcohol-consumption.html) [https://thecommunityguide.org/topics/excessive-alcohol-consumption.html]
- [Reducing Tobacco Use](https://thecommunityguide.org/topics/tobacco.html) [https://thecommunityguide.org/topics/tobacco.html]

Several organizations offer implementation guidance for supporting community organizations and for specific interventions to address substance use.

Guidance related to Organization of Interventions

- [Brandeis Opioid Resource Connector](https://opioid-resource-connector.org/program-models?field_continuum_of_care_target_id%5B1%5D=1&field_stakeholders_target_id%5B96%5D=96) [https://opioid-resource-connector.org/program-models?field_continuum_of_care_target_id%5B1%5D=1&field_stakeholders_target_id%5B96%5D=96], a frequently updated selection of community-focused programs on interventions that address the opioid crisis.
- [State/Tribal Opioid Response Network \(SOR/TOR-TA\)](https://opioidresponsenetwork.org/about-us/) [https://opioidresponsenetwork.org/about-us/]

Specific Model Resources

- [CTC PLUS | The Center for Communities That Care](https://www.communitiesthatcare.net/programs/ctc-plus/) [https://www.communitiesthatcare.net/programs/ctc-plus/]

- [How It Works | PROSPER \(iastate.edu\) \[\]](#)

Funding

- [Drug Free Communities \(DFC\) Funding | Drug Overdose | CDC Injury Center](#)
[https://www.cdc.gov/drugoverdose/drug-free-communities/funding-announcements.html]
- [SAMHSA Strategic Prevention Framework – Partnerships for Success for Communities, Local Governments, Universities, Colleges, and Tribes/Tribal Organizations](#) [https://www.samhsa.gov/grants/grant-announcements/sp-23-004]
- [SAMHSA Substance Use Prevention, Treatment, and Recovery Services Block Grant \(SUBG\) program](#)
[https://www.samhsa.gov/grants/block-grants/subg]

Guidance Documents

- [Engaging Community Coalitions to Decrease Opioid Overdose Deaths Practice Guide 2023 | SAMHSA](#)
[https://www.samhsa.gov/resource/ebp/engaging-community-coalitions-decrease-opioid-overdose-deaths-practice-guide-2023]
- [Six Elements of Effective Coalitions Resource Toolkit | Prevention Technology Transfer Center \(PTTC\) Network](#)
[https://pttcnetwork.org/centers/global-pttc/product/six-elements-effective-coalitions-resource-toolkit]
- [Implementing Community-Level Policies to Prevent Alcohol Misuse | SAMHSA](#)
[https://www.samhsa.gov/resource/ebp/implementing-community-level-policies-prevent-alcohol-misuse]
- [Community Engagement: An Essential Component of an Effective and Equitable Substance Use Prevention System | SAMHSA](#) [https://www.samhsa.gov/resource/ebp/community-engagement-essential-component-substance-use-prevention-system]

The following resources provide technical assistance and guidance for specific intervention options and address issues that may be useful for implementing these interventions for specific communities:

- [Blueprints for Healthy Youth Development](#) [https://www.blueprintsprograms.org/] is a registry of scientifically rigorous and accessible prevention and intervention programs aimed at addressing youth health and behavior issues.

Technical assistance resources to improve implementation and delivery of effective substance abuse prevention interventions:

- [Products and Resources | Prevention Technology Transfer Center \(PTTC\) Network \(pttcnetwork.org\)](#)
[https://pttcnetwork.org/centers/global-pttc/products-and-resources]
- [Strategic Prevention Technical Assistance Center \(SPTAC\) | SAMHSA](#) [https://www.samhsa.gov/sptac]
- [Prevention Intervention Resource Center - High Intensity Drug Trafficking Areas \(hidta.org\)](#)
[https://www.hidta.org/adapt/prevention-intervention-resource-center/]
- [Evidence-based Prevention and Intervention Support \(EPIS\) Center \(psu.edu\)](#) [https://epis.psu.edu/]
- [Resources Center | Community Anti-Drug Coalitions of America \(CADCA\)](#) [https://www.cadca.org/resources-center/]
- [Applied Prevention Science International \(APSI\) | apsintl.org](#) [https://www.apsintl.org/services]

Technical assistance resources for Tribal communities:

- [Tribal Training and Technical Assistance Center | SAMHSA](https://www.samhsa.gov/tribal-ttac) [https://www.samhsa.gov/tribal-ttac]
- [Tribal Youth Resource Center - Resource Library](https://www.tribalyouth.org/resources/resource-library/?_sft_resource_issues=evidence-based-practices,intervention,prevention,substance-misuse) [https://www.tribalyouth.org/resources/resource-library/?_sft_resource_issues=evidence-based-practices,intervention,prevention,substance-misuse]

Evidence Gaps

CPSTF identified several areas that have limited information. Additional research and evaluation could help answer the following questions and fill remaining gaps in the evidence base.

CPSTF identified the following questions as priorities for research and evaluation:

- How effective are these interventions when implemented in urban communities?
- How effective are interventions when implemented in communities with historically disadvantaged racial and ethnic populations?
- How effective are interventions when implemented in communities with lower household incomes?
- How effective are interventions in reducing development of substance use disorders?
- How effective are interventions in reducing prescription drug misuse?

Remaining questions for research and evaluation identified in this review include the following:

- How effective are interventions in reducing polysubstance use among youth?
- How effective are interventions in reducing vaping initiation and use among youth?
- How effective are interventions when focused on substance use prevention in young adults?
- How effective are interventions in improving mental health outcomes?
- How effective are interventions in improving educational outcomes?
- How does effectiveness differ when evidence-based interventions selected by the coalition or partnership are modified to enhance cultural or community relevance?

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Toumbourou JW, Rowland B, Williams J, et al. Community Intervention to Prevent Adolescent Health Behavior Problems: Evaluation of Communities That Care in Australia. *Health Psychology*. 2019; vol. 38, no. 6: 536-544.

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington (DC): HHS, 2016.

Wolfson M, Champion H, McCoy TP, et al. Impact of a Randomized Campus/Community Trial to Prevent High-Risk Drinking Among College Students. *Alcoholism: Clinical and Experimental Research*. 2012; vol. 36, no. 10: 1767-1778.

Disclaimer

The findings and conclusions on this page are those of the Community Preventive Services Task Force and do not necessarily represent those of CDC. Task Force evidence-based recommendations are not mandates for compliance or spending. Instead, they provide information and options for decision makers and stakeholders to consider when determining which programs, services, and policies best meet the needs, preferences, available resources, and constraints of their constituents.

Document last updated July 30, 2026

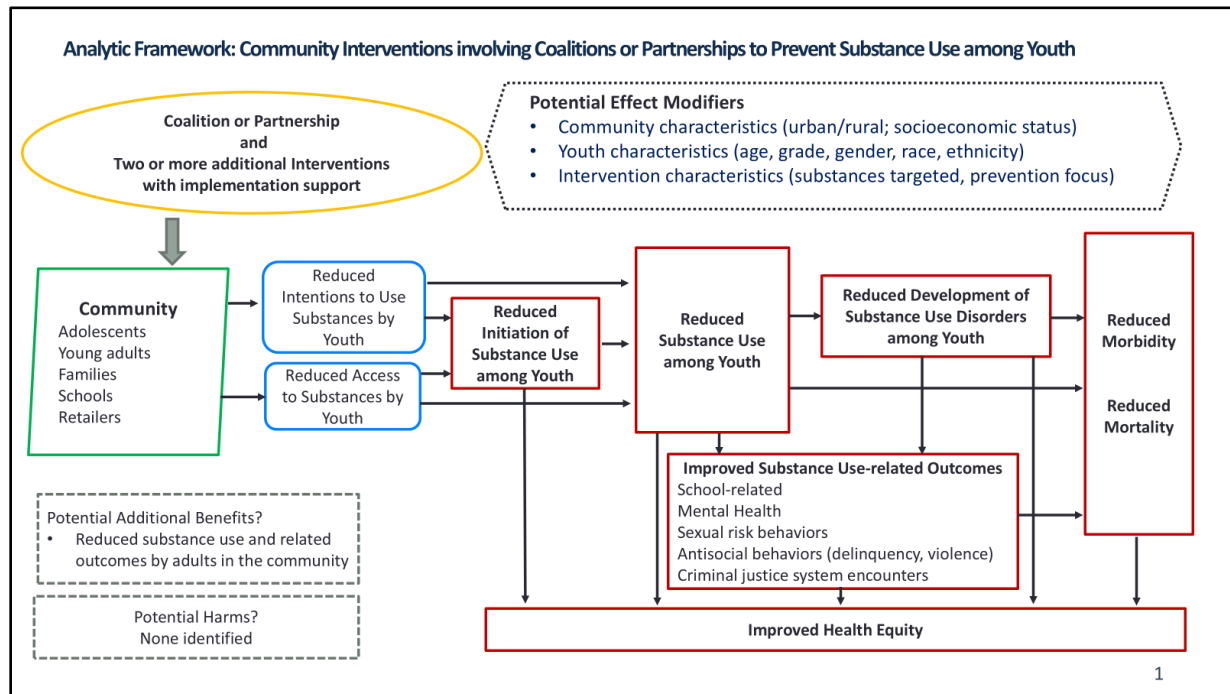
Appendices of Supporting Documents

Community Interventions Involving Coalitions or Partnerships to Prevent Substance Use among Youth

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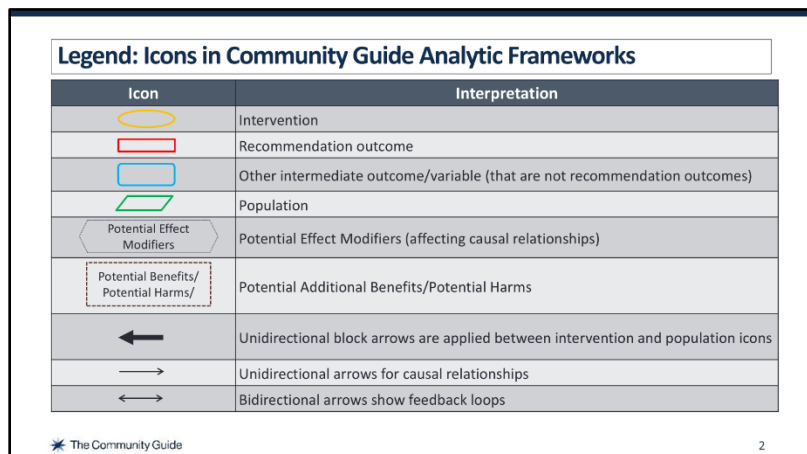
Appendix A Analytic Framework (Effectiveness Review)



Analytic Framework Text Description

The analytic framework depicts postulated pathways through which community interventions involving coalitions or partnerships may reduce substance use among youth and improve other risk behavior and school-related outcomes.

The diagram identifies the intervention as the combination of a coalition or partnership and two or more additional substance use prevention interventions with implementation support. The diagram identifies the community as the focus for intervention. Within the community, specific interventions may target adolescents ages 10-17 years, young adults ages 18-24 years, families of youth, schools, and retailers of alcohol, tobacco, or cannabis. Exposure to one or more interventions is postulated to influence two intermediate outcomes depicted in the diagram: reduced intentions to use substances by youth, and reduced access to substances among youth. Reductions in these intermediate outcomes are postulated to reduce the initiation of substance use among youth, as well as reduce the prevalence or frequency of substance use and the number of youths who subsequently develop substance use disorders.



Reductions in substance use outcomes among youth are postulated to improve one or more substance use-related outcomes among youth including school outcomes, mental health symptoms (such as anxiety or depression), sexual risk behaviors, antisocial behaviors (typically outcomes of delinquency or violence), and encounters with the criminal justice system.

The combination of reductions in substance use, substance use disorders, and substance use-related outcomes are postulated to reduce outcomes related to morbidity and mortality. The use of community interventions involving coalitions and partnerships for historically disadvantaged and lower income populations at high risk for substance use among youth is postulated to improve these outcomes and health equity.

Potential additional benefits of these interventions include reductions in substance use and related outcomes among adults in the community. Community interventions are not postulated to cause harms to participating or exposed youth or to the community.

Potential effect modifiers include characteristics of communities, youth characteristics, and differences in the interventions. Community characteristics include urban or rural setting, and the socioeconomic status. Characteristics of youth in the community include age and grade at intervention, gender, race, and ethnicity. Characteristics of the interventions include the substances targeted for interventions, and the prevention focus on demand, access, or both.

Appendix B

Search Strategy (Effectiveness Review): Community Interventions involving Coalitions or Partnerships to Prevent Substance Use among Youth

The following databases were searched from database inception through May 2023: Medline, Embase, CINAHL, PSYCINFO, Cochrane Library, and Scopus. The types of documents searched in the databases included journal articles, books, book chapters, reports, conference papers, and dissertations in English.

The strategy was intentionally broad to search for all studies with MeSH terms for coalitions and partnerships, delinquency and violence prevention, and any substance (e.g., alcohol, tobacco, cannabis, illicit substances, prescription drugs). Through deduplication, the search yielded 6726 citations.

Teams of two reviewers independently screened search results and abstracted qualifying studies. Differences were reconciled first by the two abstractors, with unresolved differences brought to all review team members to reach consensus. Members of the review team also scanned the bibliographies of all reviewed studies to identify any additional relevant literature. The CPSTF finding included 11 unique studies.

The search strategy is specified below.

Ovid MEDLINE(R) ALL 1946-

- 1 Adolescent/ 2
- 2 (adolescen* or teen* or youth or underage).ti,ab.
- 3 1 or 2
- 4 ((community or community based or civic) adj3 (stakeholder* or coalition* or engagement or partnership* or implement* or practice or alliance* or collaboration* or participation)).ti,ab,kw,kf. or exp Community Networks/ or exp Community Participation/
- 5 ((coalition* or cooperative or coalition based or community based or evidence based or science based) adj3 (training* or clinical trial* or intervention* participatory or prevent* or implement* or strateg* or program* or practice*)).ti,ab,kw,kf.
- 6 4 or 5
- 7 ((alcohol* or drug or prescription or opiate* or substance) adj2 (abuse or misuse or addiction or overdos*)).mp.
- 8 (marijuana or smoking or opiate* or vaping or tobacco or violen* or cocaine or delinquen* or devian* or "problem behavior" or heroin or methamphetamine or amphetamine).mp.
- 9 exp Illicit Drugs/ or exp Tobacco Smoking/ or exp Substance-Related Disorders/ or exp Alcohol Drinking/ or exp Underage Drinking/ or exp Problem Behavior/
- 10 or/7-9
- 11 exp animals/ not humans.sh.

- 11 3 and 6 and 10
- 12 limit 11 to (english language and yr="1990 -Current")

Embase 1974-

- 1 Adolescent/
- 2 (adolescen* or teen* or youth or underage).ti,ab.
- 3 1 or 2
- 4 ((community or community based or civic) adj3 (stakeholder* or coalition* or engagement or partnership* or implement* or practice* or alliance* or collaboration* or participation)).ti,ab,kw,kf. or exp Community Care/ or exp Community Participation/
- 5 ((coalition* or cooperative or coalition based or community based or evidence based or science based) adj3 (training* or clinical trial* or intervention* participatory or prevent* or implement* or strateg* or program* or practice*)).ti,ab,kw,kf.
- 6 4 or 5
- 7 ((alcohol* or drug or prescription or opiate* or substance) adj2 (abuse or misuse or addiction or overdos*)).mp.
- 8 (marijuana or smoking or opiate* or vaping or tobacco or violen* or cocaine or delinquen* or devian* or "problem behavior" or heroin or methamphetamine or amphetamine).mp.
- 9 exp Illicit Drugs/ or exp Tobacco Smoking/ or exp Drug Dependence/ or exp Drinking Behavior/ or exp Underage Drinking/ or exp Problem Behavior/
- 10 or/7-9
- 11 exp animals/ not humans.sh.
- 12 3 and 6 and 10
- 13 12 not 11
- 14 limit 12 to (english language and yr="1990 -Current")
- 15 limit 14 to "remove medline records"

APA PsycInfo 1806-

- 1 (adolescen* or teen* or youth or underage).ti,ab.
- 2 ((community or community based or civic) adj3 (stakeholder* or coalition* or engagement or partnership* or implement* or practice* or alliance* or collaboration* or participation)).ti,ab,hw. or community involvement/ or coalition formation/
- 3 ((coalition* or cooperative or coalition based or community based or evidence based) adj3 (training* or clinical trial* or intervention* or prevent* or participatory or implement or strateg* or program* or practice*)).ti,ab,hw.

- 4 2 or 3
- 5 ((alcohol* or drug or prescription or opiate* or substance) adj2 (abuse or misuse or addiction or overdos*)).mp.
- 6 (marijuana or smoking or opiate* or vaping or tobacco or violen* or cocaine or delinquen* or devian* or "problem behavior" or heroin or methamphetamine or amphetamine).mp.
- 7 Drug Usage/ or Drug Abuse/ or Alcohol Abuse/ or Underage Drinking/ or juvenile delinquency/
- 8 or/5-7
- 9 1 and 4 and 8
- 10 limit 10 to (human and english language and yr="1990 -Current")

Cochrane Library

- #1 MeSH descriptor: [Adolescent] explode all trees
- #2 (adolescen* OR teen* OR youth OR underage):ti,ab
- #3 #1 OR #2
- #4 ((community or community based or civic) NEAR/3 (stakeholder* or coalition* or engagement or partnership* or implement* or practice or alliance* or collaboration* or participation)):ti,ab
- #5 ((coalition* or cooperative or "coalition based" or "community based" or "evidence based" or "science based") NEAR/3 (training* or clinical trial* or intervention* participatory or prevent* or implement* or strateg* or program* or practice*)):ti,ab
- #6 #4 OR #5
- #7 ((alcohol* or drug or prescription or opiate* or substance) NEAR/2 (abuse or misuse or addiction or overdos*))
- #8 (marijuana or smoking or opiate* or vaping or tobacco or violen* or cocaine or delinquen* or devian* or "problem behavior" or heroin or methamphetamine or amphetamine)
- #9 #7 OR #8
- #10 #3 AND #6 AND #9 with Cochrane Library publication date Between Jan 1990 and Apr 2023

CINAHL(EbscoHost)

(MH "Adolescence") AND TI ((adolescen* OR teen* OR youth OR underage)) AND AB ((adolescen* OR teen* OR youth OR underage))

AND

TI (((community or community based or civic) N3 (stakeholder* or coalition* or engagement or partnership* or implement* or practice or alliance* or collaboration* or participation))) OR AB (((community or community based or civic) N3 (stakeholder* or coalition* or engagement or partnership* or implement* or practice or alliance* or collaboration* or participation)))

OR TI (((coalition* or cooperative or "coalition based" or "community based" or "evidence based" or "science based") N3 (training* or clinical trial* or intervention* participatory or prevent* or implement* or strateg* or program* or practice*))) OR AB (((coalition* or cooperative or "coalition based" or "community based" or "evidence based" or "science based") N3 (training* or clinical trial* or intervention* participatory or prevent* or implement* or strateg* or program* or practice*)))

AND

TI (((alcohol* or drug or prescription or opiate* or substance) N2 (abuse or misuse or addiction or overdos*))) OR AB (((alcohol* or drug or prescription or opiate* or substance) N2 (abuse or misuse or addiction or overdos*))) OR (marijuana or smoking or opiate* or vaping or tobacco or violen* or cocaine or delinquen* or devian* or "problem behavior" or heroin or methamphetamine or amphetamine) OR (MH "Substance Abuse") OR (MH "Alcohol Drinking") OR (MH "Juvenile Delinquency") OR (MH "Alcohol Abuse") OR (MH "Risk Taking Behavior")

Limiters - Published Date: 19900101-20231231

Narrow by Language: - English

Scopus

((INDEXTERMS (adolescent)) OR (TITLE-ABS (adolescen* OR teen* OR youth OR underage))) AND ((TITLE-ABS ((communit* OR "community based" OR civic) W/3 (stakeholder* OR coalition* OR engagement OR partnership* OR alliance* OR collaboration* OR participation OR participatory))) OR (INDEXTERMS ("community networks")) OR (TITLE-ABS (("coalition based" OR communit* OR "community based" OR "evidence-based" OR "evidence based") W/2 (training* OR "clinical trial" OR intervention* OR randomized* OR prevent* OR implement* OR strateg* OR program* OR practice*)))) AND ((TITLE-ABS ((alcohol* OR drug OR prescription* OR opiate* OR substance) W/2 (abuse OR misuse OR addiction OR overdos*))) OR (TITLE-ABS (marijuana OR smoking OR opiate* OR violen* OR delinquen* OR deviant OR vaping OR "problem behavior" OR tobacco OR cocaine OR heroin OR methamphetamine* OR amphetamine*)) OR (INDEXTERMS ("illicit drugs")) OR INDEXTERMS ("Tobacco Smoking")) OR INDEXTERMS ("substance-related disorders")) OR INDEXTERMS ("underage drinking")) OR INDEXTERMS ("alcohol drinking")) AND (LIMIT-TO (LANGUAGE , "English"))

Limits:

PUBYEAR 1990-2023

Appendix C

Included Studies (Effectiveness Review): Community Interventions involving Coalitions or Partnerships to Prevent Substance Use among Youths

The number of studies and publications do not always correspond (e.g., a publication may include several studies, or one study may be explained in several publications).

Anderson-Carpenter KD, Watson-Thompson J, Chaney L, et al. Reducing Binge Drinking in Adolescents through Implementation of the Strategic Prevention Framework. *Am J Community Psychol.* 2016; 57(1-2): 36–46.

Chilenski SM, Frank J, Summers N, et al. Public Health Benefits 16 Years After a Statewide Policy Change: Communities That Care in Pennsylvania. *Prevention Science.* 2019; 20:947–958.

Eddy JJ, Gideonsen MD, McClafin RR, et al. Reducing Alcohol Use in Youth Aged 12-17 Years Using the Strategic Prevention Framework. *Journal of Community Psychology.* 2012; vol. 40, No. 5, 607–620.

Flewelling RL, Austin D, Hale K, et al. Implementing Research-based Substance Abuse Prevention In Communities: Effects of a Coalition-based Prevention Initiative in Vermont. *Journal of Community Psychology.* 2005; vol. 33, no. 3: 333–353.

Hallgren M, Andreasson S. The Swedish six-community alcohol and drug prevention trial: Effects on youth drinking. *Drug and Alcohol Review.* 2013; 32: 504–511.

Hawkins JD, Oesterle S, Brown EC, et al. Youth Problem Behaviors 8 Years After Implementing the Communities That Care Prevention System-A Community-Randomized Trial. *JAMA Pediatrics.* 2014;168(2):122-129

Jonkman H, Aussems C, Steketee M, et al. Prevention of Problem Behaviours among Adolescents: The Impact of the Communities that Care Strategy in the Netherlands (2008–2011). *International Journal of Developmental Science.* 2015; 9: 37–52.

Komro KA, Livingston MD, Wagenaar AC. Multilevel Prevention Trial of Alcohol Use Among American Indian and White High School Students in the Cherokee Nation. *Am J Public Health.* 2017;107:453–459.

Kuklinski MR, Oesterle S, Briney JS, Hawkins D. Long-term Impacts and Benefit–cost Analysis of the Communities That Care Prevention System at Age 23, Twelve Years After Baseline. *Prev Sci.* 2021; 22(4): 452–463.

Livingston MD, Komro KA, Wagenaar AC. Effects of Alcohol Interventions on Other Drug Use in the Cherokee Nation. *Am J Public Health.* 2018, Vol 108, No. 2: 259-261.

Oesterle S, Kuklinski MR, Hawkins JD, et al. Long-Term Effects of the Communities That Care Trial on Substance Use, Antisocial Behavior, and Violence Through Age 21 Years. *Am J Public Health.* 2018; 108:659–665.

Bauman KE, Foshee VA, Ennett ST, et al. The influence of a family program on adolescent tobacco and alcohol use. *American Journal of Public Health* 2001;91(4):604–10.

Spoth R, Redmond C, Shin C, et al. PROSPER Community-University Partnership Delivery System Effects on Substance Misuse through 6½ Years Past Baseline from a Cluster Randomized Controlled Intervention Trial. *Prev Med*. 2013; 56(0): 190–196.

Spoth RL, Trudeau LS, Redmond C, et al. PROSPER partnership delivery system: Effects on adolescent conduct problem behavior outcomes through 6.5 years past baseline. *Journal of Adolescence*. 2015; 45:44–55.

Spoth R, Redmond C, Shin C, et al. PROSPER delivery of universal preventive interventions with young adolescents: long-term effects on emerging adult substance misuse and associated risk behaviors. *Psychological medicine*. 2017 Oct;47(13):2246–59.

Spoth R, Redmond C, Shin C, et al. Applying the PROSPER prevention delivery system with middle schools: Emerging adulthood effects on substance misuse and conduct problem behaviors through 14 years past baseline. *Child development*. 2022 Jul;93(4):925–40

Toumbourou JW, Rowland B, Williams J, et al. Community Intervention to Prevent Adolescent Health Behavior Problems: Evaluation of Communities That Care in Australia. *Health Psychology*. 2019; vol. 38, no. 6: 536–544.

Wagenaar AC, Livingston MD, Pettigrew D, et al. Communities Mobilizing for Change on Alcohol (CMCA): Secondary Analyses of an RCT Showing Effects of Community Organizing on Alcohol Acquisition by Youth in the Cherokee Nation. *Addiction*. 2018; 113(4): 647–655.

Wolfson M, Champion H, McCoy TP, et al. Impact of a Randomized Campus/Community Trial to Prevent High-Risk Drinking Among College Students. *Alcoholism: Clinical and Experimental Research*. 2012; vol. 36, no. 10: 1767–1778.

Appendix D

Summary Evidence Table (Effectiveness Review): Substance Use: Community Coalitions to Prevent Substance Use among Youth— Findings from a Community Guide Systematic Review Programs

Abbreviations Used in This Document:

- Intervention components
 -
- Measurement terms
 - CI: Confidence interval
 - OR: Odds Ratio
 - IRR: Incidence rate ratio
 - RRR: Relative risk reduction or relative risk ratio
 - ARR: Adjusted risk ratio
- Study design and Risk of Bias
 - RCT: randomized controlled trial

- Other terms:

- NA: not applicable
- NR: not reported
- NS: not significant
- SES: socioeconomic status
- Int: Intervention
- Cont: Control
- pct pts: percentage points
- yrs: years
- m: months
- hr: hours
- min: minutes

Notes:

- Suitability of design includes three categories: greatest, moderate, or least suitable design. [Read more](#)
- Race/ethnicity of the study population: The Community Guide only summarizes race/ethnicity for studies conducted in the United States.
- For population characteristics, if a study reported intervention and control separately, intervention population characteristics were reported.

Study	Population Characteristics	Intervention Characteristics	Results
Author (Year): Anderson-Carpenter 2016 Location: Kansas (8 communities), USA Period for Study: 6 years (72 months) Study Design: Other design with concurrent comparison CG Suitability: Greatest Quality of Execution (# of limitations): Fair (4 limitations)	Community organization: Coalition Urbanicity: Rural and urban Number of communities or school districts: 25 school districts (11 intervention and 14 control) Inclusion/Exclusion intervention school districts were required to have Kansas CTC student survey data with participation rates of 50% or higher for at least two years prior to the intervention period and throughout the duration of the study. School districts were excluded if less than 50% of students in grades 6, 8, 10, and 12 participated in the KCTC Survey Sample size: Entire accessible population 52,507 participants Study population: Participants Age: NR	Brief description of intervention and content: Communities were funded to implement Strategic Prevention Framework. Community coalitions selected evidence-based prevention strategies to prevent underage drinking School-based interventions included: -School policies on alcohol and defined penalties -Collaborative activities Intervention/program name: Strategic Prevention Framework (Kansas) Focus of intervention content or activities: Alcohol use prevention Interventions selected for implementation: School, community, retailer, enforcement, policy Intervention duration or intervention exposure period: 36 months (24-47 months) Comparison group: Usual care. Comparison communities were not funded to implement coalitions and SPF intervention process.	Outcome: Alcohol use-binge drinking Measure: Prevalence of student in grades 6,8,10,12 self-reported binge drinking (five or more alcoholic drinks in a row) one or more times within a two-week period. Absolute change: -2.0 percentage points Relative change: -15.7% Narrative results: Both groups reported a reduction in binge drinking, with the decrease slightly larger in intervention communities. No significant differences between districts in the intervention versus comparison groups, $F(1,27) = 0.14$, $p = .713$

Study	Population Characteristics	Intervention Characteristics	Results
	Grade level: 5 th -12 th Sex: NR Race/ethnicity: White 84%, Hispanic 6% Education: NR Income: NR Community characteristics: School district student participation in free/reduced lunch Intervention districts: 37% Comparison districts: 35%		
Author (Year): Chilenski 2019 Location: Pennsylvania, USA Period for Study: 11 years (132 months) Study Design: Other design with concurrent comparison CG Suitability: Greatest Quality of Execution (# of limitations): Fair (4 limitations)	Community organization: Coalition Urbanicity: Rural and suburban Number of communities or school districts: 388 school districts Inclusion/Exclusion: Included participating students in grades 6, 8, 10, and 12th grades in participating school/school districts. Sample size: 470,795 (Number of student-reported observations across 6 survey waves)	Brief description of intervention and content: Communities that Care model implemented from 1995 and 2002 with the majority of coalitions continued beyond 3 years. The coalition matches existing evidence-based programs (EBPs) to their identified priorities and demographics. Interventions varied by community but CTC guidance favored universal interventions. Some CTC communities implemented programs targeting children and families (not adolescents). Intervention/program name: Communities that Care (CTC) Pennsylvania	Outcome: Alcohol use Measure: Students in grades 6,8,10, 12 self-reporting alcohol use in the past 30 day Absolute change: -1.0 percentage points Relative change: 5.0% Narrative results: Adjusted OR=0.95 (95% CI 0.91, 0.99) Outcome: Alcohol use-binge drinking Measure: Students in grades 6,8,10, 12 self-reporting binge drinking in the past 2 weeks Absolute change: -0.39 percentage points Relative change: -6.0% Narrative results: Adjusted OR=0.94 (95%CI 0.89, 0.99) Outcome: Alcohol use initiation Measure: Students in grades 6,8,10, 12 self-reporting alcohol use in lifetime Absolute change: -1.96 percentage points Relative change: -5.0% Narrative results: Adjusted OR=0.95 (95%CI 0.89, 1.01) Outcome: Tobacco use Measure: Students in grades 6,8,10, 12 self-reporting cigarette use in the past 30 days Absolute change: -0.56

Study	Population Characteristics	Intervention Characteristics	Results
	Study population: Participants Age: NR Grade level: 6th, 8th, 10th, 12th Sex: female 50% male 50% Race/ethnicity: NR Education: NR Income: NR Community characteristics: Pennsylvania: Median household income is \$53,599, with a poverty rate of 12.9%	Focus of intervention content or activities: General substance use prevention Interventions selected for implementation: School, family, community Intervention duration: Variable Comparison group: Comparison school districts did not have Communities that Care programs, but may have implemented other interventions	Relative change: -11.0% Narrative results: Adjusted OR=0.89 (95%CI 0.82, 0.95) Outcome: Tobacco use initiation Measure: Students in grades 6,8,10, 12 self-reporting cigarette use in lifetime Absolute change: -1.28 percentage points Relative change: -11.0% Narrative results: Adjusted Odds ratio=0.89 (95%CI 0.83, 0.95) Outcome: Cannabis use Measure: Students in grades 6,8,10, 12 self-reporting marijuana use in the past 30 days Absolute change: -0.75 percentage points Relative change: -15.0% Narrative results: Adjusted Odds ratio=0.85 (95%CI 0.79, 0.91) Outcome: Cannabis use initiation Measure: Students in grades 6,8,10, 12 self-reporting marijuana use in lifetime Absolute change: -1.54 percentage points Relative change: -15.0% Narrative results: Adjusted Odds Ratio=0.85 (95%CI 0.80, 0.90) Outcome: Substance use (combined) Measure: Students in grades 6,8,10, 12 self-reporting use of any drug in past 30 days Absolute change: -1.37 percentage points Relative change: -3.0% Narrative results: Adjusted OR=0.97 (95%CI 0.92, 1.01) Outcome: Substance use initiation (combined) Measure: Students in grades 6,8,10, 12 self-reporting use of any drug in lifetime Absolute change: -5.23 percentage points Relative change: -12.0% Narrative results: Adjusted OR=0.88 (95%CI 0.81, 0.95) Outcome: Delinquency Measure: Students in grades 6,8,10, 12 self-reporting arrested in the past 12 months Absolute change: 0.24 percentage points

Study	Population Characteristics	Intervention Characteristics	Results
			Relative change: -5.7% Narrative results: Adjusted OR= 0.89 (95%CI 0.83, 0.96) Measure: Students in grades 6,8,10, 12 self-reporting suspended from school in the past 12 months Absolute change: -0.61 percentage points Relative change: -7.2% Narrative results: Adjusted Odds Ratio=0.91 (95%CI 0.84, 0.98) Outcome: Mental Health Measure: Students in grades 6,8,10, 12 self-reporting depression symptoms (from a set of 4 questions) in the past 12 months Absolute change: -0.022 (scale points) Relative change: NR Narrative results: Students in CTC districts reported significantly fewer depression symptoms than students in non-CTC districts p-value=0.046
Author (Year): Eddy 2012 Location: Wisconsin, USA Period for Study: 8 years (96 months) Study Design: Uncontrolled before-after CG Suitability: Least Quality of Execution (# of limitations): Fair (4 limitations)	Community organization: Partnership Urbanicity: Urban, suburban and rural Number of communities or school districts: 1 School (and community) Inclusion/Exclusion: Middle and High school students in participating schools implementing the All-Stars school-based program but excluded if in Life skills program Sample size: 3,419 survey Participants	Brief description of intervention and content: Alliance for Substance Abuse Prevention (ASAP) and followed SPF tool -Assessment of community needs -Selected evidence-based interventions County Health Department, school districts, law enforcement, physicians, and youth organizations throughout the county collaborated on this initiative School (and community)-based intervention: All Stars program curriculum and Life Skills curriculum Parent/Family interventions: Guiding Good Choices and	Outcome: Alcohol Use Measure: Percent of middle and high school students self-reporting monthly (or more) alcohol use (in the past year) Absolute change: - 8.6 percentage points Relative change: -37.7% Narrative results: Substantial and significant reduction in student self-reported monthly alcohol use -Subset results: Middle school students: -4.3 percentage points (-55.8%) p<=0.05 -Subset results: High school students: -11.4 percentage points (-29.8%) p<=0.05 Outcome: Alcohol Use-binge drinking Measure: Percent of middle and high school students self-reporting ever drinking 5 or more alcohol drinks in one occasion Absolute change: - 5.8 percentage points Relative change: -25.7% Narrative results: Substantial and significant reduction in student self-reported binge drinking (ever) -Subset results: Middle school students: -2.2 percentage points (-35.4%) p<=0.05 -Subset results: High school students: -11.6 percentage points (-26.9%) p<=0.05 Outcome: Alcohol use initiation

Study	Population Characteristics	Intervention Characteristics	Results
	Study population: Participants Age: 12-17 years as per survey Grade level: 9th-12th Sex: NR Race/ethnicity: Education: NR Income: NR Community characteristics: NR	Staying Connected with Your Teen for families Community interventions: Communities Mobilizing for Change on Alcohol, multi-faceted environmental program to decrease youth access to alcohol by raising community awareness Intervention/program name: Strategic Prevention Framework (SPF) Focus of intervention content or activities: Alcohol use prevention Interventions selected for Implementation: School, family, community, retailer, enforcement, policy Intervention duration: 60 months (48-72 months) (A few interventions 96 months) Comparison group: No comparison group	Measure: Student self-reported age for first use of any alcohol (average) Absolute change: + 0.8 years Relative change: NA Narrative results: Students were an average of 0.8 years older at first use of alcohol p=0.05 level
Author (Year): Flewelling 2005 Location: Vermont, USA Period for Study: 3 years (36 months)	Community organization: Coalition Urbanicity: Rural Number of communities or school districts: 21 intervention	Brief description of intervention and content: Existing community coalitions were utilized and did planning and needs assessments, developing goals and objectives, and selecting, implementing, and evaluating research-based programs and strategies.	Outcome: Substance Use-Cannabis Measure: Percentage who used marijuana past 30 days Absolute change: -2.7 percentage points Relative change: -9.25% Narrative change: Self-reported marijuana use in the past 30 days decreased significantly in intervention communities compared to control communities p<0.05 Outcome: Substance use-alcohol Measure: Percentage who used alcohol past 30 days

Study	Population Characteristics	Intervention Characteristics	Results
Study Design: Other design with concurrent comparison CG Suitability: Greatest Quality of Execution (# of limitations) Fair (2 limitations)	communities in a state-wide study Inclusion/Exclusion: Participating students in schools in Vermont participating in the YRBS survey in all 3 survey years (1997, 1999, 2001) Sample size: 24,684 survey participants Study population: Participants Age: NR Grade level: 8th-12th Sex: female 50.1% male 49.9% Race/ethnicity: White 90.2%, other 9.8% Education: Mother's education: 63.1% the intervention group had beyond a high school education Income: NR Community characteristics: NR	Coalitions were required to implement a core set of prevention programs and activities selected from a menu of programs and strategies that had been identified by CSAP as effective or promising on the basis of the research literature (selected and implemented 2 to 4 such research-based programs or activities). Full-time coalition coordinators were hired and trained. Intervention/program name: New Directions Focus of intervention content or activities: General substance use prevention Interventions selected for Implementation: School, family, community Intervention duration: 24 months (24-47 months) Comparison group: Usual care communities (school districts)	Absolute change: -0.9 percentage points Relative change: -2.1% Narrative results: Self-reported past 30 alcohol use decreased in intervention communities but the difference was not statistically significant. Outcome: Substance use-binge drinking alcohol Measure: Percentage who binge drank past 30 days Absolute change: -0.5 percentage points Relative change: -1.9% Narrative results: Self-reported binge drinking in the past 30 days decreased in intervention communities, but the difference was not statistically significant Outcome: Substance use-tobacco Measure: Percentage who smoked cigarettes past 30 days Absolute change: -2.4 percentage points Relative change: -9.7% Narrative results: Self-reported cigarette smoking in the past 30 days decreased significantly in intervention students compared to control $p < 0.05$ Outcome: Substance use initiation: cannabis Measure: Percentage who ever used marijuana Absolute change: -1.3 percentage points Relative change: -2.9 Narrative results: Self-reported ever use of cannabis decreased among intervention students compared to controls, but differences were NS $p < 0.10$ Outcome: Substance use initiation: alcohol Measure: Percentage who ever used alcohol Absolute change: -0.7 percentage points Relative change: -1.0% Narrative results: Self-reported ever use of alcohol decreased among intervention students, but differences were NS Outcome: Substance use initiation: tobacco Measure: Percentage who ever smoked cigarettes Absolute change: -1.5 percentage points Relative change: -3.2% Narrative results: Self-reported ever use of cigarettes decreased among intervention students, but differences were NS, $p < 0.10$ Outcome: Substance use initiation: inhalants

Study	Population Characteristics	Intervention Characteristics	Results
			Measure: Percentage who ever used inhalants Absolute change: -1.1 percentage points Relative change: -3.9% Narrative results: Self-reported ever use of inhalants among intervention students decreased, but differences were NS Outcome: Substance use initiation: Other drugs (cocaine, steroids, heroin, methamphetamines, and hallucinogens). Measure: Percentage who ever used other drugs (cocaine, steroids, heroin, methamphetamines, and hallucinogens). Absolute change: -0.8 percentage points Relative change: -7.3% Narrative results: Self-reported ever use of other drugs among intervention students decreased, but differences were NS
Author (Year): Hallgren 2013 Location: Sweden Period for Study: 5 years (60 months) Study Design: Controlled Before-After CG Suitability: Greatest Quality of Execution (# of limitations) Fair (4 limitations)	Community organization Coalition Urbanicity: Urban and rural Number of communities or school districts: 12 Inclusion/Exclusion: Surveyed youth: ages 15-19 in study communities Sample size: 8,092 survey participants Study population: Participants Age: range ages 15-19 Grade level: NR Sex: female 57.3% male 42.7% Race/ethnicity: NR Education: NR	Brief description of intervention and content: Selected Intervention communities had a prevention coordinator; a local steering committee, including senior elected officials; and an alcohol and drugs prevention policy adopted by the municipal council. Each trial community was provided with a menu of evidence-based prevention methods and offered training and technical support for the implementation of these. Intervention/program name: Sweden 6-communities program Focus of intervention content or activities: General substance use prevention	Outcome: Alcohol use Measure: Self-reported alcohol consumption by year 11 male students Absolute change: -16 centiliters/year Relative change: -2.3% Narrative results: No significant group by time effect $F(3,2207)=0.988$ $p=0.39$ Outcome: Alcohol use Measure: Self-reported alcohol consumption by year 11 female students Absolute change: -204 centiliters/year Relative change: -38.5% Narrative results: No significant group by time effect $F(3, 2978)=0.30$ $p=0.82$ Outcome: Alcohol binge drinking Measure: Proportion of youth self-reporting binge drinking (year 11 male students) Absolute change: -3 percentage points Relative change: -6.8% Narrative results: Binge drinking among intervention community year 11 male students decreased ($p=0.005$) Outcome: Alcohol binge drinking Measure: Proportion of youth self-reporting binge drinking (year 11 female students) Absolute change: 0 percentage points

Study	Population Characteristics	Intervention Characteristics	Results
	Income: NR Community characteristics: NR	Interventions selected for Implementation: School, family retailer, enforcement Intervention duration: 60 months (48-72 months) Comparison group: The six control communities were also engaged in alcohol prevention during the project period but with considerably less support and fewer programs overall based on national program funding	Relative change: 0% Narrative results: Binge drinking went down in both groups NS $p=0.079$ Outcome: Morbidity-alcohol related hospitalizations Measure: Number of adolescents (per 10,000) aged 15–19 years hospitalized with a primary or secondary alcohol-related diagnosis Absolute change: +12.3 adolescent alcohol-related hospitalizations per 10,000 adolescents Relative change: +93.2% Narrative results: Alcohol related hospitalizations increased among adolescents in intervention communities' statistical significance NR
Author (Year): Hawkins 2014 Location: 7 states (CO, IL, KS, ME, OR, UT, WA), USA Period for Study: 12 years (144 months) Study Design: Group Randomized Controlled Trial CG Suitability: Greatest Quality of Execution (# of limitations) Good (1 limitation)	Community organization: Coalition Urbanicity: Rural (12 communities) Number of communities or school districts: 24 Inclusion/Exclusion: 5th grade students in study communities in 2003-2004 who consented to participation in annual school-based surveys. Sample size: 4,068 survey participants Study population: Participants Age: NR	Brief description of intervention and content: CTC provided organizational support, training and technical assistance, and a community plan approval and funding process. CTC system organizes community coalitions (or identified an existing one). Coalitions followed a series of assessment and planning steps. This included selecting interventions from a CTC identified set of evidence-based programs to implement, drafting an implementation plan, and receiving CTC approval for funding. Coalitions were asked to prioritize evidence-based interventions for youth aged 10-14 years .	Kuklinski 2021 outcomes Outcome: Substance use initiation-alcohol Measure: Survey participants (grade 5 to age 23) self-reporting sustained abstinence from alcohol use (positive sign=favorable) Absolute change: +3.5 percentage points Relative change: +3.7% Narrative results: Sustained abstinence at age 23 was higher among survey participants in intervention communities than control communities. $t\text{-value}=3.34$; $p=0.01$ Outcome: Substance use initiation-cigarettes Measure: Survey participants (grade 5 to age 23) self-reporting sustained abstinence from cigarette use (positive sign=favorable) Absolute change: +4.1 percentage points Relative change: +5.7% Narrative results: Sustained abstinence from cigarettes was higher among intervention community survey participants, but difference was not statistically significant $t\text{-value} 1.67$; $p=0.13$ Outcome: Substance use initiation-cannabis Measure: Survey participants (grade 5 to age 23) self-reporting sustained abstinence from marijuana use (positive sign=favorable) Absolute change: +3.7 percentage points Relative change: +5.2%

Study	Population Characteristics	Intervention Characteristics	Results
	Grade level: 5th grade with follow-up in 12th grade, age 21, and age 23 Sex: female 50% male 50% Race/ethnicity: Black or African American 3% Asian 1% White 64% American Indian 5% Other 6% Hispanic or Latino 20% Education: NR Income: NR Community characteristics: Free-Reduced Price Lunch Participation 34.9%	Each year, community coalitions implemented 1 to 5 evidence-based programs. School-based programs: (All-Stars, Life Skills Training, Lion's Quest Skills for Adolescence, Project Alert, Olweus Bullying Prevention Program, Program Development Evaluation Training). Family-based programs: (Strengthening Families 10-14, Guiding Good Choices, Parents Who Care, Family Matters, Parenting Wisely). Community-based youth-focused programs: (Participate and Learn Skills, Big Brothers Big Sisters, Stay Smart, academic tutoring). Intervention/program name: Communities that Care (CTC) Focus of intervention content or activities: General substance use prevention Interventions selected for Implementation: School, family, community Intervention duration: 36 months (24-47 months)	Narrative results: Sustained abstinence from marijuana was higher among intervention community survey participants, with the difference approaching statistical significance. t-value=2.02; p=0.07 Outcome: Substance use initiation illicit drugs (Note: list includes prescription drug misuse) Measure: Survey participants (grade 5 to age 23) self-reporting sustained abstinence from illicit drug use (one or more of the following: cocaine, LSD, stimulants, opioids, other prescription drugs, heroin, MDMA, inhalants). (positive sign=favorable) Absolute change: +6.1 percentage points Relative change: +9.5% Narrative results: Sustained abstinence from use of illicit drugs was significantly higher among intervention community survey participants than controls. t-value 3.22; p=0.01 Outcome: Delinquency (lifetime at age 23 never engaged) Measure: Survey participants (grade 5 to age 23) self-reporting sustained abstinence from one or more antisocial behaviors (one or more of the following: stealing, damaging property, shoplifting, attacking someone with intent to harm, carrying a handgun [other than while hunting or as part of their job], being arrested, and beating up someone so badly that they probably needed medical attention). Absolute change: +4.9 percentage points Relative change: NR Narrative results: Self-reported never engaged in antisocial behaviors was higher among intervention community survey participants than controls with the difference approaching statistical significance); t-value 2.27; p=0.05 Outcome: Mental health-depression (lifetime at age 23) Measure: Survey participants (grade 5 to age 23) self-reporting no symptoms of depression in the past 2 weeks on all surveys (PHQ-9 score for major depressive disorder) Absolute change: -0.3 percentage points Relative change: NR Narrative results: No meaningful difference in self-reported symptoms of depression t-value=-0.26; p=0.80 Outcome: Mental health-anxiety (lifetime at age 23) Measure: Survey participants (grade 5 to age 23) self-reporting no symptoms of generalized anxiety disorder in the past 2 weeks on all surveys (GAD-7 score of less than 10)

Study	Population Characteristics	Intervention Characteristics	Results
		Comparison group: No CTC coalitions, interventions, resources, training or technical assistance. Communities participated in school-based surveys and received survey data every 2 years.	Absolute change: -0.2 percentage points Relative change: NR Narrative results: No meaningful difference at age 23 t-value=-0.16; p=0.88 Outcome: Educational attainment-college (age 23) Measure: Survey participants (age 23) self-reporting highest level of educational attainment (subset reporting 4-year college completion) Absolute change: +1.9 percentage points Relative change: NR Narrative results: Self-reported completion of 4-years of college was higher among intervention community survey participants than controls with the difference approaching statistical significance t-value 2.15, p=0.06 Oesterle 2018 outcomes not also examined in Kuklinski 2021 Current substance use prevalence comparisons for CTC at age 21 Outcome: Substance use-alcohol Measure: Survey participants (age 21) self-reporting alcohol use in the past year (negative=favorable) Absolute change: +0.1 percentage point Relative change: 0% Narrative results: No effect on prevalence of past year alcohol use among age 21 participants t-value=0.04 ARR=1.00 (95%CI 0.88, 1.14) Outcome: Substance use-alcohol binge drinking Measure: Survey participants (age 21) self-reporting past year binge drinking Absolute change: -1.6 percentage points Relative change: -2.5% Narrative results: Difference in prevalence of binge drinking was not statistically significant; t-value=-0.48 ARR=0.98 (95%CI 0.87, 1.10) Outcome: Substance use-tobacco Measure: Survey participants (age 21) self-reporting prevalence of past year use of cigarettes Absolute change: -2.4 percentage points Relative change: -6.0% Narrative results: Difference was favorable, but not statistically significant t-value= -0.86; ARR=0.94 (95%CI 0.81, 1.10) Outcome: Substance use-smokeless tobacco

Study	Population Characteristics	Intervention Characteristics	Results
			Measure: Survey participants (age 21) self-reporting prevalence of past year use of smokeless tobacco Absolute change: -2.7 percentage points Relative change: NR Narrative results: Difference was favorable, but not statistically significant t-value= -1.43; ARR=0.87 (95%CI 0.69, 1.09) Outcome: Substance use-e-cigarette use Measure: Survey participants (age 21) self-reporting prevalence of past year use of e-Cigarettes Absolute change: -2.4 percentage points Relative change: NR Narrative results: Difference was favorable, but not statistically significant t-value= -0.97; ARR=0.93 (95%CI 0.77, 1.11) Outcome: Substance use-cannabis Measure: Survey participants (age 21) self-reporting past year use of marijuana Absolute change: -0.4 percentage points Relative change: -1.0% Narrative results: No effect; t-value=-0.16; ARR=0.99 (95%CI 0.84, 1.16) Outcome: Substance use-prescription drug misuse Measure: Survey participants (age 21) self-reporting past year use non-medical prescription drugs Absolute change: +0.8 percentage points Relative change: NR Narrative results: No effect; t-value=0.72; ARR=1.08 (95%CI 0.84, 1.40) Outcome: Substance use -Illicit drugs Measure: Survey participants (age 21) self-reporting past year use of each of the following (cocaine, LSD, stimulants, opioids, heroin, MDMA, inhalants). Absolute change: NR Relative change: NR Narrative results: The prevalence of past year substance use did not differ significantly between CTC and control communities. Differences in past year use of each of these drugs (cocaine, LSD, stimulants, opioids, heroin, MDMA, inhalants) were not statistically significant NS Outcome: Violence (Note: subset of 3 items from antisocial behavior list)

Study	Population Characteristics	Intervention Characteristics	Results
			Measure: Survey participants (age 21) self-reporting lifetime engaging in one or more violent behaviors (attacking someone with intent to harm, carrying a handgun, and beating up someone) Absolute change: -4.7 percentage points Relative change: Reported as -11% Narrative results: Self-reported engaging in any of three specific behaviors was significantly lower among intervention community participants than control participants at age 21. t-value=-2.27 Adjusted risk ratio 0.89 (95%CI 0.79, 0.99) Note: Oesterle 2018 includes two combined measures examined for both initiation (sustained abstinence) and past year use (age 21). Outcome: Substance use initiation-any substance Measure: Survey participants (Grade 5 to age 21) self-reporting sustained abstinence from any drug use (positive=favorable) Absolute change: +2.0 percentage points Relative change: +2.1% Narrative results: Intervention participants at age 21 reported higher rates of sustained abstinence from all substances than control community participants, though difference was not statistically significant t-value=1.55 ARR=1.33 (95%CI 0.89, 2.01) Outcome: Substance use-any substance Measure: Survey participants (age 21) self-reporting use of any substances in the past year (negative=favorable) Absolute change: -2.3 percentage points Relative change: -3.0% Narrative results: Intervention community survey participants reported lower prevalence of use of any substance in the past year, but difference was not statistically significant ; t-value=-0.58 ARR=0.97 (95%CI 0.87, 1.09)
Author (Year): Jonkman 2015 Location: Netherlands Period for Study: 4 years (48 months)	Community organization: Coalition Urbanicity: Urban Number of communities or school districts: 10	Brief description of intervention and content: Organization: Community coalition (community board) with members primarily professionals from public health, municipal offices and public housing. (Note: Participation from students, business leaders,	Outcome: Tobacco use Measure: Adolescent self-reported smoking in the past month Absolute change: +3 percentage points Relative change: +11.5% Narrative results: Self-reported past month smoking was the same among intervention and comparison adolescents after 4 years NS post x condition coefficient= -0.817 (SE 19.382) Outcome: Initiation of tobacco use Measure: Adolescent self-reported smoking lifetime

Study	Population Characteristics	Intervention Characteristics	Results
Study Design: Controlled Before-After CG Suitability: Greatest Quality of Execution (# of limitations) Fair (4 limitations)	Inclusion/Exclusion: Students ages 12, 13, of 14 in 2008 in study neighborhoods who provided individual and parental consent to participate in the 4-year study Sample size: 643 survey participants Study population: Participants Age: range 12-14 at baseline; 15-17 at follow-up Grade level: NR Sex: female 54.8% male 45.2% Race/ethnicity: Dutch 82.3% Education: NR Income: NR Community characteristics: NR	and volunteers was low on the Dutch CTC Boards) Coalition conducted assessments and selected interventions from a list of tested programs. Each CTC community had a full-time local coordinator Interventions per CTC and evidence-based resources provided to coalitions Intervention/program name: Communities that Care (CTC) Focus of intervention content or activities: General substance use prevention Interventions selected for Implementation: School, family Intervention duration: 36 months (24-47 months) Comparison group: No additional interventions (usual care communities)	Absolute change: +4 percentage points Relative change: +10% Narrative results: Self-reported lifetime smoking was the same in intervention and comparison adolescents after 4 years Survival analysis showed no significant influence of the intervention on smoking initiation (NS) Outcome: Alcohol use Measure: Adolescent self-reported alcohol use in past month Absolute change: +6 percentage points Relative change: +9.7% Narrative results: Self-reported past month alcohol use increased among intervention adolescents after 4 years NS post x condition coefficient -0.444 (SE 60.86) Outcome: Alcohol use (binge drinking) Measure: Adolescent self-reported binge drinking Absolute change: -3 percentage points Relative change: -60% Narrative results: Self-reported binge drinking decreased among intervention group adolescents after 4 years; NS post x condition coefficient -0.287 (5.830) Outcome: Initiation of alcohol use Measure: Adolescent self-reported lifetime alcohol use Absolute change: +2 percentage points Relative change: +2.5% Narrative results: Self-reported lifetime alcohol increased slightly among intervention group adolescents; NS post x condition coefficient 0.077 (SE 0.391) Survival analysis also showed no significant intervention effect on alcohol use initiation Outcome: Cannabis use Measure: Adolescent self-reported marijuana use in the past month Comp (n=218): 4% Absolute change: +2 percentage points Relative change: +50% Narrative results: Self-reported past month marijuana use increased among intervention adolescents over 4 years Statistical significance NR Outcome: Initiation of cannabis use Measure: Adolescent self-reported marijuana use lifetime

Study	Population Characteristics	Intervention Characteristics	Results
			Absolute change: +2 percentage points Relative change: +16.7% Narrative results: Self-reported lifetime marijuana use increased in intervention adolescents over 4 years Statistical significance NR Outcome: Illicit drug use Measure: Self-reported "hard drug" use lifetime Absolute change: +0 percentage points Relative change: 0% Narrative results: Hard drug use did not change over 4 years Statistical significance NR Outcome: Delinquency Measure: Adolescent self-reported antisocial behaviors Absolute change: +2 percentage points Relative change: NR Narrative results: Self-reported antisocial behaviors increased among intervention adolescents over 4 years; NS post x condition coefficient 0.816 (4.157)
Author (Year): Komro 2017 Location: Cherokee Nation, USA Period for Study: 3 years (36 months) Study Design: Group Randomized Controlled Trial CG Suitability: Greatest Quality of Execution (# of limitations) Fair (3 limitations)	Community organization: Partnership Urbanicity: Rural Number of communities or school districts: 6 Inclusion/Exclusion: Selection of study communities: (1) served by a high school with 400 to 700 students; (2) had at least a 30-mile separation from other communities; and (3) had local businesses, including ones that sell alcohol. Students in	Brief description of intervention and content: Research-community partnership involving University of Florida researchers, Cherokee Nation Behavior Health staff, and study communities utilizing community-based participatory research principles. A member of the CN team served as the intervention director and supervises all intervention staff. CMCA intervention: -Hired local community organizer -Recruited community leadership/action teams to select and implement	Alcohol related results as per text of Komro 2017. Overall, three-way CMCA x CONNECT x Time interactions were statistically significant for current use ($X^2=24.79$; $P=.006$), heavy episodic drinking ($X^2=18.58$; $P=.046$), and alcohol consequences ($X^2=18.98$; $P=.041$). CMCA interventions only Outcome: Alcohol use Measure: Students (11-12th grade at follow-up) self-reporting alcohol use in the past 30 days Absolute change: -13 percentage points (95% CI = -20, -5) Relative change: -22% to -25% Narrative results: Statistically significant: $t = -3.37$; $p < .001$ Outcome: Alcohol use-binge or heavy Measure: Students (11-12th grade at follow-up) self-reporting binge or heavy alcohol use (5 or more drinks in a row on one occasion) in the past 30 days Absolute change: -12 percentage points (95% CI = -19, -5) Relative change: -22% to -25% Narrative results: Statistically significant $t = -3.38$; $p < .001$ Outcome: Alcohol related consequences

Study	Population Characteristics	Intervention Characteristics	Results
	study community school who assented to participation in surveys Sample size: 1,369 survey participants Study population: Participants Age: mean 15.2 years at baseline Grade level: cohort follow-up. baseline 9th-10th graders followed to 11-12th grades Sex: female 50% male 50% Race/ethnicity: White 46%, American Indian 38% Other 12% Education: NR Income: NR Community characteristics: Household income: ranged from \$26,222 to \$38,000, below median income for the state (\$44,287) Free-Reduced price lunch participation: 57.6%	intervention activities. Action teams initiated evidenced-based activities from a menu of options in the CMCA manual Note: The combined arm included CMCA interventions and CONNECT intervention which included a school counselor providing 1:1 motivational interviewing screening and brief intervention on alcohol use with every student with possible follow-up and referral to services. Intervention/program name: Communities Mobilizing for Change (CMCA) Focus of intervention content or activities: Alcohol use prevention Interventions selected for Implementation: CMCA: Family, community, retailer, enforcement, policy CMCA + School: School, family, community, retailer, enforcement, policy Intervention duration: 30 months (24-47 months) Comparison group: Comparison communities were noted to implement different community-wide interventions	Measure: Students (11-12th grade at follow-up) self-reporting alcohol related consequences (score for 5 items; e.g., academic, social, physical) Absolute change: -8 percentage points (95% CI= -13, -2) Relative change: -22% to -25% Narrative results: Statistically significant $t=-2.81$; $p=.005$ CMCA + CONNECT interventions (combined) Outcome: Alcohol use Measure: Students (11-12th grade at follow-up) self-reporting alcohol use in the past 30 days Absolute change: -5 percentage points (95% CI=-11, 0) Relative change: -12% to -15% Narrative results Statistically significant: $t=-2.11$; $p=.035$ Outcome: Alcohol use-binge or heavy Measure: Students (11-12th grade at follow-up) self-reporting binge or heavy alcohol use (5 or more drinks in a row on one occasion) in the past 30 days Absolute change: -5 percentage points (95% CI=-10, 0) Relative change: -12% to -15% Narrative results: Statistically significant $t=-2.01$; $p=.045$, Outcome: Alcohol related consequences Measure: Students (11-12th grade at follow-up) self-reporting alcohol related consequences (score for 5 items; e.g., academic, social, physical) Absolute change: -4 percentage points (95% CI=-8,-1) Relative change: -12 to -15% Narrative results: Statistically significant: $t=-2.52$; $p=.012$ Additional substance outcomes reported in Livingston 2018; Note p-values were for intervention x time across three intervention arm comparisons CMCA only intervention arm Outcome: Tobacco use Measure: Students (11-12th grade at follow-up) self-reporting cigarette use in the past 30 days Absolute change: -1.45 percentage points (95%CI -5.64, 2.74) Relative change: NR Narrative results: Not statistically significant $p=0.39$ Outcome: Tobacco use

Study	Population Characteristics	Intervention Characteristics	Results
		and school interventions over the study period	Measure: Students (11-12th grade at follow-up) self-reporting chewing tobacco use in the past 30 days Absolute change: -4.37 percentage points (95% CI=-7.97, -0.76) Relative change: NR Narrative results: Statistically significant p=0.005 Outcome: Cannabis use Measure: Students (11-12th grade at follow-up) self-reporting marijuana use in the past 30 days Absolute change: -6.75 percentage points (95%CI -10.08, -3.43) Relative change: NR Narrative results: Statistically significant: p=0.015 Outcome: Prescription drug misuse Measure: Students (11-12th grade at follow-up) self-reporting illegal prescription drug use in the past 30 days Absolute change: -5.01 percentage points (95%CI -7.57, -2.45) Relative change: NR Narrative results: Statistically significant p=0.029 Outcome: Other (Illegal) drug use Measure: Students (11-12th grade at follow-up) self-reporting other illegal Absolute change: -3.43 percentage points (95%CI -5.54, -1.32) Relative change: NR Narrative results: Statistically significant (95%CI -5.54, -1.32) CMCA+CONNECT (combined) intervention arm Outcome: Tobacco use Measure: Students (11-12th grade at follow-up) self-reporting cigarette use in the past 30 days Absolute change: -1.06 percentage points (95%CI -2.36, 4.47) Relative change: NR Narrative results: Not statistically significant p=0.39 Outcome: Tobacco use Measure: Students (11-12th grade at follow-up) self-reporting chewing tobacco use in the past 30 days Absolute change: -0.35 (95%CI -3.04, 2.34) Relative change: NR Narrative results: Not statistically significant (95%CI -3.04, 2.34) Outcome: Cannabis use

Study	Population Characteristics	Intervention Characteristics	Results
			Measure: Students (11-12th grade at follow-up) self-reporting marijuana use in the past 30 days Absolute change: -4.00 percentage points (95%CI -7.10, -0.90) Relative change: NR Narrative results: Statistically significant p=0.015 Outcome: Prescription drug misuse Measure: Students (11-12th grade at follow-up) self-reporting illegal prescription drug use in the past 30 days Absolute change: -3.74 percentage points (95%CI -6.07, -1.41) Relative change: NR Narrative results: Statistically significant p=0.029 Outcome: Other (Illegal) drug use Measure: Students (11-12th grade at follow-up) self-reporting other illegal drug use in the past 30 days Absolute change: -2.41 percentage points (95%CI -4.29, -0.52) Relative change: NR Narrative results: Statistically significant (95%CI -4.29, -0.52)
Author (Year): Spoth 2013 Location: Iowa and Pennsylvania. USA Period for Study: 6.5+ years Study Design: Group Randomized Controlled Trials CG Suitability: Greatest Quality of Execution (# of limitations) Good (1 limitation)	Community organization: Partnership Urbanicity: Suburban and rural Number of communities or school districts: 28 Inclusion/Exclusion: Initial eligibility criteria for communities in the study were: (a) school district enrollment between 1300 and 5200 students, and (b) at least 15% of students eligible for	Brief description of intervention and content: Community-University partnership. The three components of the PROSPER model consist of local community teams, state-level university researchers, and a Prevention Coordinator team in the land grant university Cooperative Extension System. Community teams were comprised of a Cooperative Extension staff team leader, a public-school representative co-leader, and representatives of local human service agencies, along with other local community stakeholders (e.g., youth and parents).	Outcome: Alcohol use behaviors-drunkenness Measure: 12th grade student self-reported past month drunkenness Absolute change: - 3 percentage points Relative change: Relative reduction rate (-)5.9% Narrative results: Favorable but not statistically significant at both 11th and 12th grade; F (1,72) =1.40 p=0.120 Outcome: Alcohol use risk behaviors-driving after drinking Measure: 12th grade student self-reported past-year driving after drinking Absolute change: -1 percentage points Relative change: Relative reduction rate (-)4.9% Narrative results: Favorable (stronger at 11th grade) but not statistically significant; F(1,72)=0.24; p=0.318 Outcome: Substance use-cigarette smoking Measure: 12th grade student self-reported past-month cigarette smoking Absolute change: -4 percentage points Relative change: Relative reduction rate (-)11.3% Narrative results: Significant reductions in both 11th and 12th grade; F(1,72)=3.32; p=0.036 Outcome: Substance use-cannabis

Study	Population Characteristics	Intervention Characteristics	Results
	free or reduced cost school lunches. Sample size: 7,774 survey participants Study population: Participants Age: mean 11.8 years Grade level: 5th-8th grade Sex: female 51% male 49% Race/ethnicity: White 85% Other 15% Education: NR Income: NR Community characteristics: Free-Reduced price lunch participation: 31.0%	Community teams selected a universal family-based intervention from a menu with 3 evidence-based options and a universal school-based curricular intervention from a menu with 3 evidence-based options. Implementation support: -Prevention Coordinator team in the land grant university -Cooperative Extension staff team leader Interventions: Family-based: Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14). School-based: Community teams selected one of 3 All Stars Life Skills Training: Project Alert Booster sessions were implemented in the following year Intervention/program name: PROMoting School-community-university Partnerships to Enhance Resilience (PROSPER) Focus of intervention content or activities: General substance use prevention	Measure: 12th grade student self-reported past-year marijuana use Absolute change: - 4 percentage points Relative change: Relative reduction rate (-)8.0% Narrative results: Significant reductions in both 11th and 12th grade; $F(1,72)=3.30$; $p=0.036$ Narrative for differences in frequency of marijuana use (text summary) Frequency of use/behavior findings showed significant point-in-time intervention effects on marijuana use at both grades; relative reduction rates were 15.1% and 14.4% at the 11th and 12th grade Outcome: Substance use-illicit substances Measure: 12th grade student self-reported past-year use of inhalants Absolute change: -2 percentage points Relative change: Relative reduction rate (-)28.3% Narrative results: Significant reduction among 12th grade students; $F(1,72)=3.18$, $p=0.039$ Outcome: Substance use-illicit substances Measure: 12th grade student self-reported past-year use of methamphetamines Absolute change: -1 percentage point Relative change: Relative reduction rate (-)31.4% Narrative results: Significant reduction in both 11th and 12th grade; $F(1,72)=4.55$, $p=0.018$ Outcome: Substance use initiation-lifetime use of illicit substances Measure: Student self-reported use of one or more illicit substances (methamphetamine, ecstasy, marijuana, drugs, or medications that were prescribed by a doctor for someone else, and Vicodin, Percocet, or Oxycontin not prescribed by a doctor) in lifetime. Combined into lifetime illicit substance use index sum 0-5. Absolute change: -0.25 score points Relative change: Relative reduction rate (-)15.0% Narrative results: Significant reductions in combined score for illicit drug use for both 11th and 12th grade $F(1,72)=25.53$, $p=0.001$ Spoth 2015 study Outcome: Delinquency- adolescent conduct problem behaviors Measure: 12th grade student self-reported past year behaviors [12 items;

Study	Population Characteristics	Intervention Characteristics	Results																																																																								
		Interventions selected for Implementation: School, family Intervention duration: 24 months (24-47 months) Comparison group: Usual care. No additional interventions	summed into an index (0-12) and dichotomized for relative rate reduction estimates) Absolute change: -0.265 sum points (SE 0.102) Relative change: Relative reduction rate: (-)11.1% Narrative results: Significant reduction in 12th grade; Effect size 0.05 (95%CI 0.006 to 0.469); t-value 2.60, p=0.012 Subset Follow-up of Young Adults in the PROSPER Study (Spath 2017/2022) Measure: Lifetime use at age 19, age 23, and age 25 Relative change: <table> <tr> <th></th><th>Age 19</th><th>Age 23</th><th>Age 25</th></tr> <tr> <td>Drink alcohol</td><td>NR</td><td>-1.7% ns</td><td>-1.7% ns</td></tr> <tr> <td>Drunkennes</td><td>NR</td><td>-1.3% ns</td><td>-2.2% ns</td></tr> <tr> <td>E-cigarettes</td><td>NR</td><td>+3.6% ns</td><td>+3.4% ns</td></tr> <tr> <td>Marijuana</td><td>-9.4% p<.05</td><td>+2.1% ns</td><td>+1.1% ns</td></tr> <tr> <td>Cocaine</td><td>-30.3% p<.05</td><td>-19.8% ns</td><td>-13.2% ns</td></tr> <tr> <td>Ecstasy</td><td>-33.1% p<.05</td><td>-21.1% ns</td><td>-21.4% ns</td></tr> <tr> <td>Methamphetamine</td><td>-41.0% p<.05</td><td>-36.4% p<.05</td><td>-36.8% p<.05</td></tr> <tr> <td>LSD/Hallucinogen</td><td>-35.1% p<.05</td><td>-23.0% p<.05</td><td>-26.4% p<.05</td></tr> <tr> <td>Narcotics (non-prescription)</td><td>-25.8% p<.05</td><td>-26.8% ns</td><td>-24.9% p<.05</td></tr> <tr> <td>Amphetamine (non-prescription)</td><td>-7.7% ns</td><td>+3.8% ns</td><td>-3.0% ns</td></tr> </table> Prescription drug misuse index Subset follow-up of higher-risk youth at age 19 (non-prescribed use of narcotics (e.g., Vicodin, Oxycontin, Percocet), amphetamines, and barbiturates): -19.9% p<0.05 Illicit Substance Use Index ((dichotomized and summed); methamphetamine, ecstasy, LSD (or other hallucinogens, including mushrooms), cocaine, and GHB or Rohypnol) <table> <tr> <th></th><th>Age 19</th><th>Age 23</th><th>Age 25</th></tr> <tr> <td></td><td>-25.3% p<.05</td><td>NR p<.05</td><td>NR p<.05</td></tr> </table> Subset Follow-up of Young Adults in the PROSPER Study (Spath 2017/2022) Measure: Current use at age 19, age 23, and age 25 Relative change: <table> <tr> <th></th><th>Age 19</th><th>Age 23</th><th>Age 25</th></tr> <tr> <td>Cigarette use-past month</td><td>-11.1% ns</td><td>-4.4% ns</td><td>+3.9% ns</td></tr> <tr> <td>E-cigarette use-past month</td><td>+0.9% ns</td><td>-0.9% ns</td><td>NR</td></tr> <tr> <td>Drunkennes-past month</td><td>-2.4% ns</td><td>+1.9% ns</td><td>-1.5% ns</td></tr> <tr> <td>Marijuana use-past month</td><td>NR</td><td>+9.9% ns</td><td>-21.4% ns</td></tr> </table>		Age 19	Age 23	Age 25	Drink alcohol	NR	-1.7% ns	-1.7% ns	Drunkennes	NR	-1.3% ns	-2.2% ns	E-cigarettes	NR	+3.6% ns	+3.4% ns	Marijuana	-9.4% p<.05	+2.1% ns	+1.1% ns	Cocaine	-30.3% p<.05	-19.8% ns	-13.2% ns	Ecstasy	-33.1% p<.05	-21.1% ns	-21.4% ns	Methamphetamine	-41.0% p<.05	-36.4% p<.05	-36.8% p<.05	LSD/Hallucinogen	-35.1% p<.05	-23.0% p<.05	-26.4% p<.05	Narcotics (non-prescription)	-25.8% p<.05	-26.8% ns	-24.9% p<.05	Amphetamine (non-prescription)	-7.7% ns	+3.8% ns	-3.0% ns		Age 19	Age 23	Age 25		-25.3% p<.05	NR p<.05	NR p<.05		Age 19	Age 23	Age 25	Cigarette use-past month	-11.1% ns	-4.4% ns	+3.9% ns	E-cigarette use-past month	+0.9% ns	-0.9% ns	NR	Drunkennes-past month	-2.4% ns	+1.9% ns	-1.5% ns	Marijuana use-past month	NR	+9.9% ns	-21.4% ns
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Study	Population Characteristics	Intervention Characteristics	Results
			Marijuana use-past year -10.8% ns +3.6% ns +2.4% ns Narcotics use-past year -20.0% ns -1.9% ns -2.4% ns LSD/Hallucinogens-past year NR +25.7% ns -2.0% ns Methamphetamines-past year NR -51.7% ns +2.0% ns
Author (Year): Tombourou 2019 Location: Australia Period for Study: 16 years (192 months) Study Design: Controlled Before-After CG Suitability: Greatest Quality of Execution (# of limitations) Fair (4 limitations)	Community organization: Coalition Urbanicity: Urban, suburban and rural Number of communities or school districts: 109 Inclusion/Exclusion: All students in the selected year levels within the participating schools were invited to take part in the annual survey Sample size: 41,328 survey participants Study population: Participants Age: mean 13.5 years (SD=1.7) Grade level: 5th-8th grade Sex: female 51.7% male 48.3% Race/ethnicity: NR Education: NR Income: NR Community characteristics: NR	Brief description of intervention and content: Community coalitions recruited to review local conditions and select interventions to meet local needs Coalition action plans focused on the prevention of adolescent alcohol use (and in three communities other drug use was also targeted) Interventions: Evidence-based programs were identified and regularly updated by the Australian Research Alliance which included: School-based drug use prevention education Parent and family education to reduce family risk factors Intervention/program name: Communities that Care (CTC) Focus of intervention content or activities General substance use prevention Interventions selected for Implementation: School, family Intervention duration: 72 months (48-72 months),	Total sample of student responses from 11 cross-sectional surveys of Grade 8 students in the period 1999-2015 Outcome: Alcohol use initiation Measure: Student self-reported lifetime alcohol use Absolute change: -16 percentage points Relative change: -6.0% Narrative results: OR=0.94 (95% CI 0.93, 0.95) The CTC sites had significantly higher rates of alcohol and cannabis use at the baseline in 1999 (e.g., alcohol use OR 1.88). The interaction (CTC Sites _ Survey Year) revealed significantly higher annual reductions in the CTC sites compared to other Australian localities in adolescent substance use behavior. $p < 0.05$ Outcome: Tobacco use initiation Measure: Student self-reported lifetime tobacco use Absolute change: NR Relative change: -3.0% Narrative results: OR=0.97 (95% CI 0.96, 0.99) The CTC sites had significantly higher rates of alcohol and cannabis use at the baseline in 1999 (e.g., alcohol use OR 1.88). The interaction (CTC Sites _ Survey Year) revealed significantly higher annual reductions in the CTC sites compared to other Australian localities in adolescent substance use behavior. $p < 0.05$ Outcome: Cannabis use initiation Measure: Student self-reported lifetime cannabis use Absolute change: NR Relative change: -4.0% Narrative results: OR=0.96 (95% CI 0.93, 0.98) The CTC sites had significantly higher rates of alcohol and cannabis use at the baseline in 1999 (e.g., alcohol use OR 1.88). The interaction (CTC Sites _ Survey Year) revealed significantly higher annual reductions in the CTC sites compared to other Australian localities in adolescent substance use behavior. $p < 0.05$ Outcome: Delinquency Measure: Student self-reported anti-social behaviors (5 item scale) Absolute change: NR Relative change: NR

Study	Population Characteristics	Intervention Characteristics	Results
		(A few communities greater than 72 months) Comparison group: Comparison communities did not implement Communities that Care (no additional interventions)	Narrative results: The interaction term (CTC Sites _ Survey Year) was significant revealing larger annual changes in the CTC sites compared to other Australian communities for reduction of antisocial behavior (unstandardized regression coefficient [B] = -0.001, (95% CI -0.002, 0.000) p<0.05
Author (Year): Wolfson 2012 Location: North Carolina, USA Period for Study: 3 years (36 months) Study Design: Group Randomized Controlled Trial CG Suitability: Greatest Quality of Execution (# of limitations) Fair (4 limitations)	Community organization: Coalition Urbanicity: College/university communities Number of communities or school districts: 10 Inclusion/Exclusion: Colleges: All 4-year, liberal arts colleges and universities in North Carolina with 2,500 or more full-time undergraduates, and with at least 20% of students living on-campus, were considered for inclusion. Military schools, single-gender schools, and seminaries or "Bible" schools were excluded. Sample size: 3,811 survey participants	Brief description of intervention and content: Study funded a college-based community organizer (a small monthly budget) to recruit a college/community coalition and to work on intervention implementation Coalitions included campus administrators, faculty, and staff, students, and community members. The SPARC study team developed a matrix of "best and most promising" environmental strategies based on the literature on reducing high-risk drinking and associated consequences on college campuses. The SPARC study team reviewed and, after any needed modifications, approved each plan. Interventions varied across colleges. Some interventions included: -Restrictions on provision of alcohol to underage or intoxicated students	Outcome: Alcohol use Measure: Student self-reported number of days they drank alcohol in the past 30 days Absolute change: -0.01 days Relative change: NR Narrative results: There was no change in self-reported days drank alcohol in the past month p=0.98 Outcome: Alcohol use-heavy or binge drinking Measure: Student self-reported number of days Binge Drinking (defined as 4 or more drinks in a row for women and 5 or more for men; past 30 days). Absolute change: +0.06 days Relative change: NR Narrative results: No change in self-reported binge drinking days in the past month p=0.83 Outcome: Alcohol use-drunkenness Measure: Student self-reported number of days drunk in a typical week. Absolute change: +0.06 days Relative change: NR Narrative results: No change in self-reported days drunk in a typical week p=0.25 Outcome: Alcohol use related consequences- moderate consequences due to own drinking Measure: Index of student self-reported items including: got drunk, had memory loss, had a hangover, did something later regretted, passed out, got into a verbal argument, rode with driver under the influence, missed a class, urinated in public, got sick/vomited, strained a relationship, drove a car under the influence, damaged property, was hurt or injured, and performed poorly on test or project. Absolute change: Estimate from random coefficient model= 0.12 Relative change: NA

Study	Population Characteristics	Intervention Characteristics	Results
	Study population: Participants Age: NR Grade level: College student Sex: female 60.8% male 39.2% Race/ethnicity: Black or African American 9.1% Asian 5.0% White 75.7% Other 6.0% Hispanic or Latino 4.2% Education: NR Income: NR Community characteristics: NR	-Restrictions on alcohol purchases/possession -Restrictions on alcohol use at campus events -Education Intervention/program name: Study to Prevent Alcohol Related Consequences (SPARC) Focus of intervention content or activities: Alcohol use prevention Interventions selected for Implementation: School, community, retailer, enforcement, policy Intervention duration: 36 months (24-47 months) Comparison group: No additional interventions for comparison	Narrative results: Student self-reported moderate consequences due to own drinking increased in intervention communities $p=0.65$ Outcome: Alcohol use related consequences- severe consequences due to own drinking Measure: Index of student self-reported items including: required medical treatment, received a ticket for DUI/DWI, involved in an automobile/motorcycle accident, got into a physical fight, got into trouble with police, victim of a crime, had sex later regretted, was taken advantage of sexually, and took advantage of another sexually. Absolute change: Estimate from random coefficient model= -0.01 (SE0.003) Relative change: NA Narrative results: Student self-reported severe consequences due to own drinking decreased in intervention communities $p=0.02$ NOTE: Authors estimated that by year 4, the observed decrease in the proportion of students experiencing 1 or more severe consequence because of their own drinking in the past 30 days translates into an average of 228 fewer students in each Intervention school experiencing these consequences Outcome: Alcohol use related consequences- interpersonal consequences due to others' drinking. Measure: Index of student reported items including: pushed, hit, or assaulted; threatened with physical violence; physical fight; verbal argument; taken advantage of sexually; victim of sexual assault/rape; harassed because of sexual orientation, race/ethnicity, religion, or gender; personal property or residence damaged; and victim of another crime. Absolute change: Estimate from random coefficient model =-0.12 (SE 0.08) Relative change: NA Narrative results: Student reported interpersonal consequences due to other's drinking decreased in intervention communities' -$p=0.16$ NOTE: Authors found a significant dose-response interaction for this outcome ($p=0.04$). Outcome: Alcohol use related consequences- community consequences due to others' drinking Measure: Index of student self-reported items including: had sleep or studying interrupted; found cans, bottles, or other litter in or around own residence; found vomit in or around own residence; and considered transferring to another school. Absolute change: Estimate from random coefficient model =-0.13 (SE 0.16) Relative change: NA

Study	Population Characteristics	Intervention Characteristics	Results
			Narrative results: Student reported community consequences due to others' drinking decreased in intervention communities $p=0.41$ Outcome: Morbidity- alcohol-related injuries Measure: Percent of students self-reported Experienced Alcohol-Related Injuries (one or more) including: automobile, motorcycle, bicycle, or all-terrain vehicle accidents; pedestrian hit by own motor vehicle; fall from height; sexual assault injuries; nonsexual assault injuries; and stab wound, gunshot wound, burn, or other serious injury. Absolute change: Estimate from random coefficient model =0.01% (SE 0.004) Relative change: NA Narrative results: Student self-reported alcohol related injuries increased slightly in study communities- $p=0.15$ Outcome: Morbidity- alcohol-related injuries Measure: Percent of student self-reported Caused Alcohol-Related Injuries to Others (one or more) including: automobile, motorcycle, bicycle, or all-terrain vehicle accidents; pedestrian hit by own motor vehicle; fall from height; sexual assault injuries; nonsexual assault injuries; and stab wound, gunshot wound, burn, or other serious injury. Absolute change: Estimate from random coefficient model =-0.01% (SE 0.001) Relative change: NA Narrative results: Student self-reported causing alcohol-related injuries to others decreased slightly in intervention communities $p=0.03$ NOTE: Authors found a significant dose-response interaction for this outcome ($p<0.01$)