Communities struggling to prevent youth problem behaviors, such as substance use and delinquency, should be encouraged by new research from the University of Washington Social Development Research Group (SDRG) showing that Communities That Care (CTC) reduced the initiation of alcohol use, cigarette smoking, delinquency, and violence through the end of high school. The CTC prevention planning system activates and trains a local coalition of stakeholders to develop and implement a science-based approach to prevention. CTC helps each community increase high-quality implementation of tested, effective preventive interventions that address elevated widespread risk factors for adolescent problem behaviors.

Key Messages

The CTC prevention system activates and trains local coalitions of stakeholders to select and faithfully implement evidence-based prevention programs targeting community-specific elevated risks for adolescent problem behaviors. In a randomized trial, youth exposed to CTC from Grades 5 through 9 were significantly more likely to abstain from substance use and delinquency through Grade 12, even though few were exposed to evidence-based prevention programs after Grade 9. They were:

- 32% more likely to have abstained from any drug use
- 31% more likely to never have used gateway drugs (alcohol, cigarettes, marijuana)
- 31% more likely to have abstained from alcohol use
- 13% more likely to have abstained from cigarette smoking
- 18% more likely to never have committed a delinquent act
- 14% less likely to ever have committed a violent act

Communities That Care has a new website with training information and videos designed to help communities interested in implementing CTC: communitiesthatcare.net

The Community Youth Development Study (CYDS) tested the efficacy of CTC in preventing adolescent problem behaviors in a randomized trial involving 24 communities in seven states.
Communities were matched in pairs within state on demographic characteristics including population size and racial and ethnic diversity. One community from each pair was randomly assigned to receive the CTC intervention. The other was assigned to the control group. The 12 intervention communities were trained in CTC in 2003. Between 2004 and 2008, when panel youth were in Grades 5 through 9, CTC communities implemented 2 to 5 evidence-based preventive interventions each year. Study support for implementing CTC lasted until 2008.

A longitudinal panel of 4,407 youth from the 24 communities was surveyed annually from Grade 5 prior to the intervention through Grade 12 (except at Grade 11), three years after implementation support ended. Youth reported on their own substance use and delinquent behavior each time surveyed.

**Results:** SDRG’s research findings published in *JAMA Pediatrics* show that the CTC intervention offered in the CYDS to youth from Grades 5 through 9 was effective in increasing abstinence from substance use, delinquency, and violence through the end of high school. This increase in abstinence was sustained three years after implementation support ended, even though youth were exposed to few evidence-based prevention programs after Grade 9. As Table 1 shows, youth exposed to CTC were significantly more likely than control youth to never use any drugs, gateway drugs, alcohol, or cigarettes through the end of Grade 12. They were also significantly more likely to never engage in delinquent or violent behaviors through Grade 12. CTC did not significantly affect the Grade 12 prevalence of past-month drug use, past-year drug use, or past-year delinquency and violence in the CYDS trial. CTC appears to prevent youth from starting to engage in problem behavior in the first place.

**Conclusion:** Communities that implemented CTC from Grades 5 through 9, a developmentally sensitive time for drug use and delinquency initiation, significantly reduced the onset of substance use and delinquency through the end of high school.

For additional information on this topic, please refer to the original article:


---

**Table 1. Percent of Youth Who Never Used Substances or Never Engaged in Delinquency Through the Spring of Grade 12**

<table>
<thead>
<tr>
<th>Substance Use or Delinquency</th>
<th>CTC, %</th>
<th>Control, %</th>
<th>Adjusted Risk Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any drugs</td>
<td>24.5</td>
<td>17.6</td>
<td>1.32*</td>
</tr>
<tr>
<td>Gateway drugs**</td>
<td>29.4</td>
<td>21.0</td>
<td>1.31*</td>
</tr>
<tr>
<td>Alcohol</td>
<td>32.2</td>
<td>23.3</td>
<td>1.31*</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>49.9</td>
<td>42.8</td>
<td>1.13*</td>
</tr>
<tr>
<td>Marijuana</td>
<td>52.6</td>
<td>48.2</td>
<td>1.07</td>
</tr>
<tr>
<td>Binge drinking</td>
<td>50.4</td>
<td>43.9</td>
<td>1.11</td>
</tr>
<tr>
<td>Delinquency</td>
<td>41.7</td>
<td>33.0</td>
<td>1.18*</td>
</tr>
</tbody>
</table>

*among baseline non-initiators in CTC and control communities

**p < .05

**++ includes alcohol, cigarettes, and marijuana