

# **Appendix 1**

## Glossary

## Appendix 1. Glossary

<b>STRATEGIC PLANNING TERMS</b>	
<b>Goal</b>	A general statement indicating a desired result that is long-term and strategic. In this document used in a generic sense.
<b>Indicator</b>	A specific, observable and measurable characteristic or change that shows progress toward achieving a specific outcome.
<b>Intervening Factor</b>	Factor that mediates between the intervention and the intended outcome. Such as, if <u>access</u> to alcohol is limited, then the outcome to reduce alcohol consumption is more likely to be achieved.
<b>Logic Model</b>	A tool used to visually describe the linkages between program activities and expected outcomes.
<b>Objective</b>	A meaningful specific statement about an end result to be accomplished in a given period of time.
<b>Outcome</b>	A measurable change in the health of an individual or group of people that is attributable to an intervention. Outcomes can be short-term, intermediate, or long-term depending on the time period within which they are likely to occur.
<b>Stakeholder</b>	Any organization or individual who has a vested interest in the outcome of a particular activity and stands to gain or lose depending on the decisions made or policies implemented.
<b>Strategy</b>	A plan or method towards the achievement of a defined goal or objective.
<b>SUBSTANCE USE AND PUBLIC HEALTH TERMS</b>	
<b>Alcohol Abuse</b>	A pattern of problem drinking that results in negative health, social and/or legal consequences.
<b>Binge Drinking</b>	Five or more drinks on the same occasion at least once in the last 30 days.
<b>Consumption</b>	Overall use, acute or heavy, use in risky situations, of alcohol or other drugs
<b>Consequences</b>	Substance-related problems such as illnesses related to alcohol, drug overdose deaths, car crashes or suicides related to alcohol or drugs, and crime.
<b>High risk drinking</b>	Much of the prevention field has moved to using the term "high-risk" drinking, because of concerns about misinterpretation of the term "binge drinking". "High-risk drinking" is a broader term that shifts the focus away from <i>how much</i> alcohol is consumed, and instead is based in part on the negative <i>consequences</i> of misuse of alcohol.
<b>Prescription Drug Abuse</b>	Prescribed drugs that are used non-medically (e.g. pain relievers, tranquilizers, stimulants, sedatives) and not as prescribed by a doctor or other health care practitioner.
<b>Prevention</b>	The active, assertive process of creating conditions and/or personal attributes that promotes the well being of people.
<b>Substance Abuse</b>	Use of a psychoactive substance in a manner detrimental to the individual or society.
<b>Public Health</b>	Preventing disease and promoting health through community efforts. Major components include (1) assessing and monitoring of the health of communities and populations at risk to identify health problems and priorities; (2) formulating public policies to address identified health problems and priorities; and (3) assuring that populations have access to appropriate and cost-effective care.
<b>Young Adult</b>	A person in transition from a teenager to an adult. For purposes of this plan, this includes ages 18-25.

## **Appendix 2**

### Data Sets Used in Epidemiological Analysis for Needs Assessment

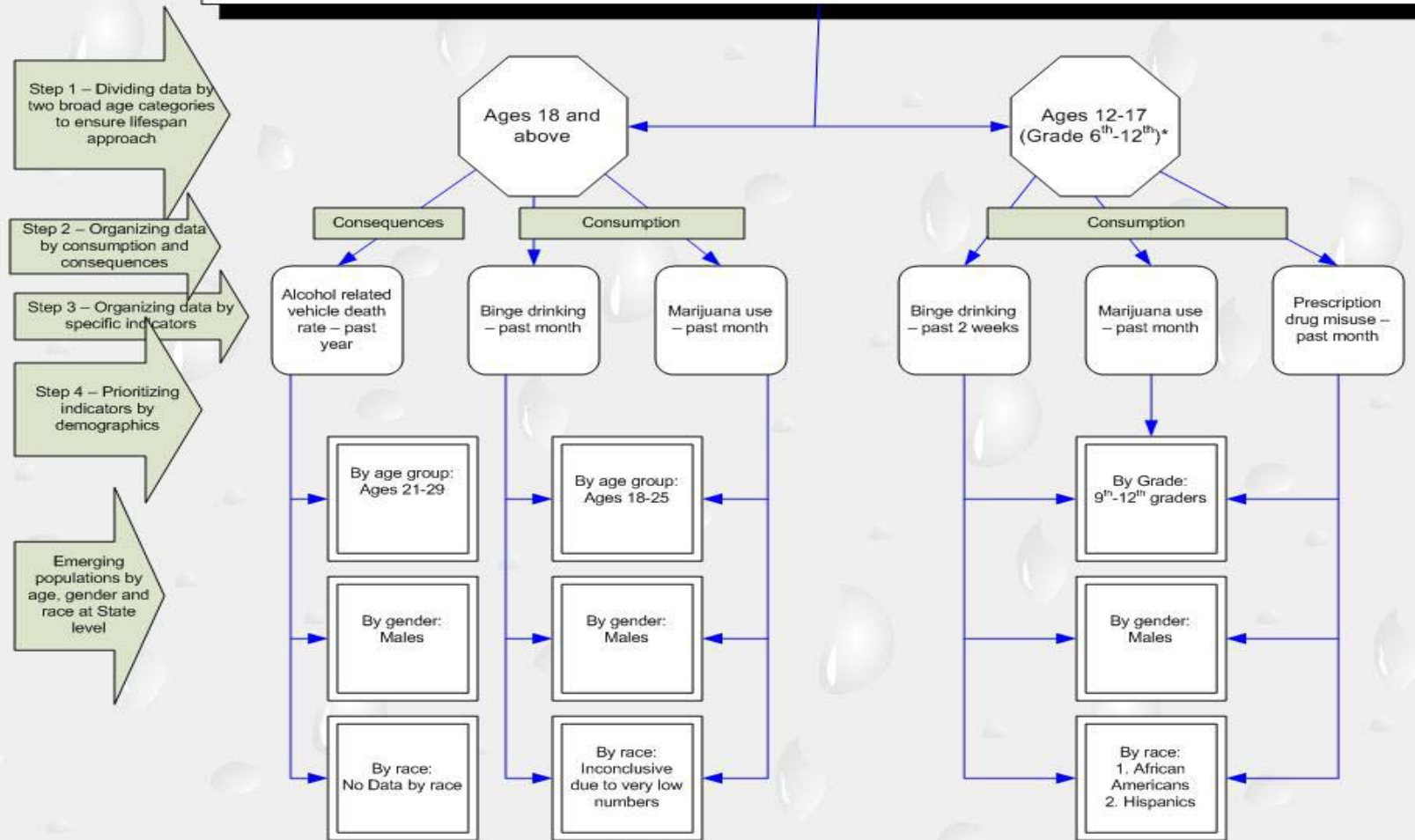
## Appendix 2. Data Sets Used in Epidemiological Analysis for Needs Assessment

<b>Dataset (abbreviation)</b>	<b>Source</b> (N = national S = state)	<b>Dataset/ database type</b>	<b>Data collection time</b>	<b>Contains indicators about</b>
Behavior and Risk Factor Surveillance System (BRFSS)	CDC (N)	Telephone Survey	Year round	Health risks (ages 18+)
Maine General Population Household Survey (MGP)	OSA (S)	Telephone Survey	Aug/Sept 2004	ATOD use (ages 18-64)
Maine Youth Drug and Alcohol Use Survey/Youth Tobacco Survey (MYDAUS/YTS)	OSA (S)	Classroom written survey	Once every two years (February)	ATOD use (grades 6 <sup>th</sup> -12 <sup>th</sup> ) other prohibited behaviors, and risk/protective factors
National Survey on Drug Use and Health (NSDUH)	SAMHSA (N)	Telephone survey	Year round	ATOD use and mental health (ages 12+)
State epidemiological data systems (SEDS)	SAMHSA CSAP (N)	Database of ATOD consumption and consequence datasets	Depends on the dataset source	ATOD consumption and consequences (depends on data source)
Youth Risk Behavior Surveillance System (YRBSS)	CDC (N)	Classroom written survey	Once every two years (Spring semester)	Risk taking behavior (7 <sup>th</sup> – 12 <sup>th</sup> graders)

## **Appendix 3**

### **Analysis Plan for Prioritizing Substance Abuse Target Populations**

Figure 2-2: Stepwise epidemiological analyses for prioritizing substance abuse target populations by demographics (State level data)



\* Underage drinking considered separately as required by the SPF SIG grant

# **Appendix 4**

## Work-plan

**Table 6-1: Intermediate Outcome 1: Strengthened state level substance abuse prevention infrastructure.**

This outcome is to be achieved by enhancing Maine’s state-level capacity to support a state-wide prevention infrastructure aimed at reducing the consumption and consequences of substance use.

State Level Strategies	State Level Action Steps	Status	Responsibility*
<p><b>1. Review and refine existing data to assess sub-state differences and needs:</b></p> <p>Enhance Maine's substance abuse data infrastructure and epidemiological analysis capacity to support data-driven decision-making and enhance the state's ability to assess the capacity of the states' substance abuse prevention infrastructure.</p> <p><i>The action steps listed to the right represent steps in a plan that the SEW developed for continuing data improvement throughout the life of the grant.</i></p>	<ul style="list-style-type: none"> <li>A. Complete assessment of existing data collection methods and datasets to identify gaps and other problems.</li> <li>B. Develop a 3-year data improvement plan. This plan will include four sections: data collection, analysis, dissemination, and refinement of planning based on additional data. Additionally the plan will include a component for technical assistance to local subgrantees on using data.</li> <li>C. Establish effective methods to measure, analyze and prioritize environmental and individual intervening factors.</li> <li>D. Conduct increasingly sophisticated data analysis using existing data to assist with planning and ongoing monitoring and evaluation.</li> <li>E. Create GIS Maps to display selected needs assessment data.</li> <li>F. Using evaluator funding and resources, conduct small studies regarding the links between substance use and two areas of consequences, sexual assault and child abuse.</li> <li>G. Develop plan to coordinate/support dissemination and use of substance abuse data across state agencies, local service providers and community organizations.</li> <li>H. Continue to assess the current capacity of and identify gaps in local community prevention infrastructure throughout Maine through use of GIS mapping, stakeholder interviews and the development of local capacity to do this assessment work.</li> </ul>	<p>Complete</p> <p>Developed Yr 2 &amp; implemented Yr 3-5</p> <p>Yr 2 &amp; 3 (in progress) Ongoing</p> <p>Yr 2</p> <p>In progress</p> <p>Yr 2 &amp; 3</p> <p>In progress; ongoing</p>	<p>SEW; SPF-SIG epidemiologist;</p> <p>SEW; SPF-SIG Epidemiologist; EMT</p> <p>SEW; SPF-SIG Epidemiologist</p> <p>SEW; SPF-SIG Epidemiologist PCoE-UM</p> <p>HZA</p> <p>SEW; SPF-SIG Epidemiologist; EMT; SHY</p> <p>PCoE-UM; EMT; SEW</p>
<p><b>2. Integrate substance abuse prevention and other public health prevention</b></p>	<ul style="list-style-type: none"> <li>I. Collaborate with Maine Center for Disease Control and the Governor’s Office to incorporate substance abuse prevention into the State Health Plan, the work of the Public Health Work Group, and the Healthy</li> </ul>	<p>Yr 2 &amp; 3 (&amp; ongoing)</p>	<p>OSA</p>



**Table 6-1: Intermediate Outcome 1: Strengthened state level substance abuse prevention infrastructure.**

This outcome is to be achieved by enhancing Maine’s state-level capacity to support a state-wide prevention infrastructure aimed at reducing the consumption and consequences of substance use.

State Level Strategies	State Level Action Steps	Status	Responsibility*
<p><b>efforts:</b></p> <p>Promote state-level partnerships/coordination of planning to support the development of county-level infrastructure and a cross-disciplinary approach to substance abuse prevention.</p> <p>Improve the coordination and efficiency of different funding streams to support substance abuse prevention and health promotion.</p> <p>Integrate the SPF-SIG Strategic Plan with other state health plans.</p> <p>Support effective collaboration and planning for substance abuse prevention between the state and local communities.</p> <p><i>This strategy also appears in Intermediate Outcome 2</i></p>	<p>Maine Partnerships strategic plan.</p> <p><b>J.</b> Create multi-disciplinary, and user-friendly tools for coordination and capacity building that are accessible to all key local and state partners. Integrate common state tools and protocols for shared use across state agencies with local prevention grantees.</p> <p><b>K.</b> Work with the Department of Corrections to ensure substance abuse prevention and treatment services reach youth and first-offender adults incarcerated with substance abuse issues.</p> <p><b>L.</b> Collaborate with mental health professionals and the CO-SIG) to develop tools and training for clinicians from both professions and primary care providers to help identify and refer adults with substance abuse issues.</p> <p><b>M.</b> Collaborate with Maine CDC chronic disease programs to plan, fund, and implement prevention practices that target cross-risk factors or disease.</p> <p><b>N.</b> Collaborate and coordinate with Governor’s Office of Health Policy and Finance (which is responsible for the state health plan).</p> <p><b>O.</b> Collaborate with Maine CDC in planning for new, county-level, public health infrastructure.</p> <p><b>P.</b> Create systematic opportunities for communities to share implementation strategies and evaluation results of effective community prevention program models as well as other feedback with state and regional planners.</p>	<p>Ongoing</p> <p>Begin YR3</p> <p>Begin YR3</p> <p>In progress</p> <p>Ongoing</p> <p>YR2&amp;3</p> <p>YR3 and ongoing</p>	<p>OSA; SHY; HMP</p> <p>OSA; Prev Mgr.</p> <p>OSA; Prev Mgr.</p> <p>SHY; OSA; SPF-SIG staff</p> <p>Key SPF-SIG staff Prev. Mgr.</p> <p>SPF-SIG staff with grantees</p>
<p><b>3. Strengthen the substance abuse prevention workforce:</b></p> <p>Expand the competence and</p>	<p><b>Q.</b> Develop a short-term and a long-term workforce development strategy for the substance abuse prevention workforce</p>	<p>In progress YR 2-5</p>	<p>PCoE-USM; OSA</p>

**Table 6-1: Intermediate Outcome 1: Strengthened state level substance abuse prevention infrastructure.**

This outcome is to be achieved by enhancing Maine’s state-level capacity to support a state-wide prevention infrastructure aimed at reducing the consumption and consequences of substance use.

State Level Strategies	State Level Action Steps	Status	Responsibility*
<p>effectiveness of Maine's substance abuse and public health workforce on substance abuse prevention issues.</p> <p><i>This strategy also appears in Intermediate Outcome 2 because workforce development is needed at the local level as well.</i></p>	<p>R. Collaborate with agencies involved with workforce development for health promotion and public health, as well as other prevention fields that intersect with substance abuse prevention, to develop a shared model of core competencies and cross-disciplinary base training.</p> <p>S. Establish a set of substance-abuse specific core competencies and a curriculum to assist professionals in achieving those competencies.</p> <p>T. Provide core competency and best practices training on substance abuse prevention in multiple formats as part of an integrated state prevention effort directed to professionals across multiple disciplines.</p> <p>U. Evaluate all training results and communicate to the public and policy makers.</p>	<p>In progress YR 2-5</p> <p>In progress YR 2-3 YR3-5</p> <p>YR4</p>	<p>PCoE-USM; OSA</p> <p>OSA; PCoE-USM &amp; UM OSA; PCoE-USM; NECAPT</p> <p>HZA; OSA; SPF-SIG</p>

**\*Key to Abbreviations**

- OSA: Office of Substance Abuse
- Prev Team: OSA’s Prevention Team
- Prev Mgr.: Prevention Team Manager
- SPF-SIG: Strategic Prevention Framework – State Incentive Grant Project
- SEW: State Epidemiological Workgroup
- SHY: Strategies for Healthy Youth Workgroup
- EMT: Executive Management Team
- HZA: Hornby Zeller Associates, the project evaluator
- PCoE: Prevention Center of Excellence
- UM: University of Maine
- USM: University of Southern Maine
- NECAPT: Northeast Center for the Application of Prevention Technology

Appendix 4. WORKPLAN FOR STRATEGIC PLAN

<b>Table 6-2: Intermediate Outcome 2: Strengthened local level substance abuse prevention infrastructure.</b>			
This outcome is to be achieved through the development of a state-wide county-based substance abuse prevention infrastructure which assures that local prevention efforts as integrated, accessible, culturally competent and sustainable.			
<b>State Level Strategies</b>	<b>State Level Action Steps</b>	<b>Status</b>	<b>Responsibility</b>
<p><b>1. Provide financial support to local counties for the provision of substance abuse prevention programs and services.</b></p> <p>Develop process for selecting communities to receive funding based on need, readiness, and capacity to develop/strengthen local prevention infrastructure. Develop methods to support the sustainability of local prevention infrastructure beyond the SPF SIG.</p>	<p>A. Develop RFPs to fund local level strategic planning, implementation of environmental approaches to reducing underage drinking, and the implementation of evidence-based programs and services to meet needs that are identified by the state’s epidemiological analysis.</p>	<p>Yr 2 (Phase I &amp; II) and Yr 3 (Phase II &amp; III)</p>	<p>Prev. Team; SPF-SIG</p>
	<p>B. Fund local/county grants to achieve the outcomes set forth in the RFPs.</p>	<p>Yr 3 (Phase I &amp; II) and Yr 4-5 (Phase II &amp; III)</p>	<p>OSA</p>
	<p>C. Develop and disseminate guidelines for creating sustainable prevention initiatives to all funded communities. Then develop a format for sustainability planning which local grantees will use. Review local plans annually.</p>	<p>YR 3-5</p>	<p>SPF-SIG; HZA</p>
<p><b>2. Provide guidance, funding and support for local implementation of the 5 SPF Steps:</b></p> <p>Identify training needs of community grantees and create training opportunities to meet these needs.</p>	<p>D. Develop a resource guide on needs/resources assessment, strategic planning, and the selection of evidence-based programs, policies, and practices appropriate to the objectives in this plan, as well as specific community types and contexts.</p>	<p>YR 2</p>	<p>HZA</p>
	<p>E. Provide technical assistance on capacity building for county level and community level entities, particularly for communities in underserved areas of the state.</p>	<p>YR 3-5</p>	<p>SPF-SIG; PCoEs; HZA</p>
	<p>F. Provide training opportunities to all community grantees on coalition-building, conducting and using needs assessments, developing a</p>	<p>YR 3-5</p>	

**Table 6-2: Intermediate Outcome 2: Strengthened local level substance abuse prevention infrastructure.**

This outcome is to be achieved through the development of a state-wide county-based substance abuse prevention infrastructure which assures that local prevention efforts are integrated, accessible, culturally competent and sustainable.

State Level Strategies	State Level Action Steps	Status	Responsibility
<p>Enhance communities' access to and collaboration with existing prevention resources, coalitions and prevention networks.</p> <p>Provide standardized evaluation and administrative tools to funded communities.</p> <p>Monitor and evaluate the implementation and outcomes of Maine's SPF-SIG.</p>	<p>strategic plan, monitoring and evaluating programs, tools and services, developing sustainable programs and using evidence-based practices and models appropriate to their needs and priorities.</p> <p>G. Connect local grantees with resources available through the Prevention Centers of Excellence and the OSA IRC.</p> <p>H. Develop and disseminate standardized evaluation tools (e.g. needs assessment, collaboration instruments etc.) to grantees</p> <p>I. Develop and disseminate standardized grant management tools to grantees</p> <p>J. Integrate the evaluation team into SPF-SIG project management, planning and implementation activities.</p> <p>K. Assist community grantees to collect process and outcome data and to monitor program fidelity.</p> <p>L. Monitor and assess usefulness of reporting formats and requirements for process and outcome measures as they are being collected.</p> <p>M. Provide guidance to local stakeholders and community grantees on how to interpret and use evaluation data.</p>	<p>YR 2-5</p> <p>YR 2-5</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>YR 3-5</p> <p>YR 3-5</p>	<p>PCoE-UM&amp;USM</p> <p>OSA , PCoE</p> <p>HZA; OSA (KIT)</p> <p>OSA (KIT)</p> <p>SPF-SIG; SEW; HZA</p> <p>HZA; SPF-SIG Epidemiologist</p> <p>HZA; SPF-SIG staff</p> <p>HZA; SPF-SIG epidemiologist</p>
<p><b>3. Strengthen the substance abuse prevention workforce:</b></p> <p>Create a prevention workforce curriculum that includes core prevention competencies and cross disciplinary approaches</p>	<p>N. Develop a short-term and long-term workforce development strategy that will increase opportunities for local level prevention workers</p> <p>O. Require SPF SIG grant-funded staff to assess their professional development needs and provide a professional development plan to OSA.</p> <p>P. Collaborate with agencies involved with workforce development for</p>	<p>In progress</p> <p>Ongoing</p>	<p>PCoE-USM; OSA Prev.Team</p> <p>OSA Project Officers</p> <p>PCoE; Prev.</p>

**Table 6-2: Intermediate Outcome 2: Strengthened local level substance abuse prevention infrastructure.**

This outcome is to be achieved through the development of a state-wide county-based substance abuse prevention infrastructure which assures that local prevention efforts are integrated, accessible, culturally competent and sustainable.

State Level Strategies	State Level Action Steps	Status	Responsibility
<p>to substance abuse prevention.</p> <p>(See Table 6-1 Steps Q - U. The strategies and action steps overlap because workforce development is planned for both state and local substance abuse prevention professionals.)</p>	<p>health promotion and public health, as well as other prevention fields that intersect with substance abuse prevention, to develop a shared model of core competencies and cross-disciplinary base training.</p> <p>Q. Establish a set of substance-abuse specific core competencies and a curriculum to assist professionals in achieving those competencies.</p> <p>R. Provide training in multiple formats for local level professionals.</p> <p>S. Evaluate all training results and communicate to appropriate stakeholders</p>	<p>In progress</p> <p>In progress</p> <p>YR 3</p> <p>YR 4</p>	<p>Team</p> <p>PCoE- USM&amp;UM; OSA</p> <p>OSA; USM; NECAPT</p> <p>HZA: SPF-SIG</p>
<p><b>4. Provide assistance to local partners for making their programs and service culturally competent:</b></p> <p>Support community grantees in identifying and providing programs and services that are culturally appropriate to the age, gender, ethnicity, sexual orientation, and geography of the persons being served.</p>	<p>T. Disseminate the results of the six studies completed through the Cultural Subpopulations Needs Assessment grants and support communities in their use of the information.</p> <p>U. Steven is sending some wording on PCoE-UM's work on demographics re subpopulations</p> <p>V. Develop a plan to educate Maine's prevention workforce on culturally tailoring evidence-based strategies for specific age groups and ethnic, racial and other cultural subpopulations.</p> <p>W. Include young people from the Maine Youth Legislative Advisory Council, the Youth Empowerment and Policy Group, and/or other youth development programs in developing effective outreach resources on alcohol use to youth.</p> <p>X. Assess and engage higher education in increasing the pool and interdisciplinary skills of prevention professionals.</p> <p>Y. Develop key contact points and resources for community grantees to access culturally-specific information and training related to substance abuse prevention best practices.</p>	<p>Yr 2-3</p> <p>YR 2-3</p> <p>YR 2-5</p> <p>YR 4-5</p> <p>YR 3</p>	<p>SPF-SIG; Cult Sub grantees</p> <p>SPF-SIG; Cult Sub grantees</p> <p>OSA</p> <p>OSA; HEAPP, PCoEs</p> <p>SPF-SIG; Cult Sub grantees;</p>

**Table 6-2: Intermediate Outcome 2: Strengthened local level substance abuse prevention infrastructure.**

This outcome is to be achieved through the development of a state-wide county-based substance abuse prevention infrastructure which assures that local prevention efforts as integrated, accessible, culturally competent and sustainable.

State Level Strategies	State Level Action Steps	Status	Responsibility
	Z. Collaborate with other state agency partners to identify additional training and technical assistance needs related to cultural competence.	Ongoing	PCoEs SPF-SIG; SHY; PCoEs

**Table 6-3: Intermediate Outcome 3: Primary and secondary prevention efforts result in positive changes in priority intervening factors (skills, beliefs, knowledge, attitudes, perceptions, norms)**

This outcome is to be achieved through increased implementation of evidence-based prevention programs, policies and practices. The capacity to implement will be enhanced by achieving Intermediate Outcomes 1 and 2.

<b>Local level strategies</b>	<b>Local/ Level Action Steps</b>	<b>Status</b>	<b>Responsibility</b>
<p><b>1. Conduct county-wide needs assessment with partners and develop strategic plan (Steps 1-3)</b></p> <p>Establish county wide capacity and plan for implementation of evidence –based substance abuse prevention programs, policies and practices.</p>	A. Assess the current capacity of the coalitions and organizations in the county to provide substance abuse and related prevention programming and services (readiness assessment).	YR 2-3	Potential grantees; HZA
	B. Develop the partnerships that will be necessary to create a county-level capacity for substance abuse prevention, including Memoranda of Understanding to formalize key relationships.	YR 2-5	Potential grantees
	C. Create a strategic plan, using as guidance the SPF-SIG Framework (five steps and six principles). Also use the results of the SPF-SIG’s United Governance Structure Study to guide development.	YR 2-3	Grantees
<p><b>2. Integrate substance abuse prevention efforts with other public health prevention efforts.</b></p>	D. Assure that the planning efforts undertaken for the SPF-SIG Project include all the key prevention coalitions and organizations that currently operate in the county.	Ongoing	Grantees
	E. Incorporate a broad perspective on prevention in the strategic planning process while assuring that substance abuse prevention issues are addressed. Coordinate with organizations whose activities are related and develop partnerships that provide mutual support and avoid duplication with other programs such as Drug Free Communities.	Ongoing	Grantees
<p><b>3. Implement evidence-based substance abuse prevention programs, policies and practices in a culturally competent manner.</b></p> <p>With the help of the evaluation, measure the achievement of</p>	F. Respond to funding opportunities from the state SPF-SIG Project and other sources to carry through the intent of the county strategic plan by implementing evidence-based prevention programs, policies and practices to address needs identified by the state’s epidemiological analysis, supplemented by local needs assessment activities.	Ongoing	Strategic Planning grantees
	G. Cooperate with and assist the SPF-SIG evaluation as required in contracts and strengthen the county’s evaluation capacity.	YR 2-5	Grantees
	H. Use the information on the achievement of outcomes for further		

**Table 6-3: Intermediate Outcome 3: Primary and secondary prevention efforts result in positive changes in priority intervening factors (skills, beliefs, knowledge, attitudes, perceptions, norms)**

This outcome is to be achieved through increased implementation of evidence-based prevention programs, policies and practices. The capacity to implement will be enhanced by achieving Intermediate Outcomes 1 and 2.

<b>Local level strategies</b>	<b>Local Level Action Steps</b>	<b>Status</b>	<b>Responsibility</b>
positive changes in priority intervening factors.	program development/sustainability.	YR 3-5	Grantees
	I. Utilize the results from the six Cultural Subpopulation Needs Assessment Studies, as applicable	YR 3-5	Grantees



**Table 6-4: Long Term Outcome 1: Decrease in alcohol and other drug abuse including: high risk drinking, marijuana, prescription meds, and methamphetamine.**

**Long Term Outcome 2: Decrease in morbidity, mortality, injury, and disability related to substance use/abuse**

These outcomes will be achieved as a result of the achievement of the short term and intermediate outcomes in the plan. This chart specifies the specific targets and lists steps that will be suggested for local level programs.

Target Substance and Age Group	Baseline	State and Local Level Strategies and Action Steps	Status	Responsibility
Reduce high-risk drinking among Maine youth (12-17).	grades 9-12 binge drinking is 23.01%, MYDAUS 2004; grades 6-8 binge drinking is 5.26% , MYDAUS 2004	<p>A. Develop a comprehensive underage drinking prevention plan that targets the priority environmental intervening factors including collaboration with the Attorney General’s Office and Public Safety, as well as other state partners. (state and local)</p> <p>B. Implement evidence-based programs, policies, practices, and that are age, gender, and culturally appropriate for 12-17 year olds to reduce underage drinkin, in part by impacting the identified priority environmental intervening factors (local)</p>	In progress  YR 2-3	OSA; EUDL; other state partners  Phase II grantees
Reduce high-risk drinking among Maine young adults (18-25).	Binge drinking rates of 18-25 year olds in females 32.3%; in males 55.1%, average 2002-2004 NSDUH*  Binge drinking rate of 18-25 year olds 43.8% average 2003 and 2004 NSDUH	<p>C. Develop a comprehensive prevention plan that targets reducing underage and high-risk drinking among Maine’s young adult population. (state and local)</p> <p>D. Implement evidence-based programs, policies, and practices to reduce underage drinking and high-risk drinking that are age, gender and culturally appropriate for students attending Maine’s colleges and universities. (local)</p> <p>E. Implement evidence-based programs, policies, and practices to reduce underage drinking and high-risk drinking that are age, gender and culturally appropriate for young adults not in college (age 18-25). (local)</p>	YR 3-5  YR 3-5  YR 3-5	SEW; SPF SIG; OSA; grantees  Grantees; HEAPP  Grantees

**Table 6-4: Long Term Outcome 1: Decrease in alcohol and other drug abuse including: high risk drinking, marijuana, prescription meds, and methamphetamine.**

**Long Term Outcome 2: Decrease in morbidity, mortality, injury, and disability related to substance use/abuse**

These outcomes will be achieved as a result of the achievement of the short term and intermediate outcomes in the plan. This chart specifies the specific targets and lists steps that will be suggested for local level programs.

Target Substance and Age Group	Baseline	State and Local Level Strategies and Action Steps	Status	Responsibility
Reduce high-risk drinking among other Maine adult subpopulations.	Binge drinking rates of 18-64 year olds in females 15.6%; in males 24.6%, 2004 MGP	<ul style="list-style-type: none"> <li>F. Develop and disseminate effective outreach to primary care providers about consequences of alcohol abuse and how to screen and refer, or treat, patients with alcohol use issues. (state and local)</li> <li>G. Develop and disseminate effective outreach to employers about consequences of alcohol abuse and how to refer and link to available prevention services and resources. (state and local)</li> <li>H. Culturally target and tailor evidence-based strategies based upon results from the cultural sub-populations studies. (local)</li> <li>I. Facilitate collaboration between substance abuse prevention and other initiatives involving substance abuse issues (e.g., child abuse prevention, sexual assault prevention, domestic violence prevention, Co-occurring Disorders, cardiovascular health, tobacco prevention, community health). (state and local)</li> </ul>		
Reduce marijuana use, abuse of prescription medications, and use of other drugs among Maine youth (12 - 17).	Marijuana use 6 <sup>th</sup> -8 <sup>th</sup> grades 4.25%, 9 <sup>th</sup> -12 <sup>th</sup> grades 24.51%. Prescription drugs 6 <sup>th</sup> -8 <sup>th</sup> grades 4.26%, 9 <sup>th</sup> -12 <sup>th</sup> grades 10.44%]	<ul style="list-style-type: none"> <li>J. Implement evidence-based programs, policies, and practices to reduce the use of marijuana among pre-teens and teens (12-17). (local)</li> <li>K. Implement evidence-based programs, policies, and practices to reduce the illegal use of prescription drugs among pre-teens and teens (12-17). (local)</li> <li>L. Implement evidence-based programs, policies, and practices to reduce community norms and favorable attitudes towards youth marijuana use.</li> </ul>		

**Table 6-4: Long Term Outcome 1: Decrease in alcohol and other drug abuse including: high risk drinking, marijuana, prescription meds, and methamphetamine.**

**Long Term Outcome 2: Decrease in morbidity, mortality, injury, and disability related to substance use/abuse**

These outcomes will be achieved as a result of the achievement of the short term and intermediate outcomes in the plan. This chart specifies the specific targets and lists steps that will be suggested for local level programs.

Target Substance and Age Group	Baseline	State and Local Level Strategies and Action Steps	Status	Responsibility
Reduce marijuana use, abuse of prescription medications, and use of other drugs among Maine young adults (18-25).	Marijuana rates of 18-25 year olds in females 20.7%; in males 29.8%, Maine average 2002-2004 NSDUH*	<ul style="list-style-type: none"> <li>M. Implement age, gender, and culturally appropriate evidence-based programs, policies, and practices to reduce the use of marijuana and the abuse of prescription drugs among students attending Maine's colleges and universities. (local)</li> <li>N. Implement evidence-based programs, policies, and practices to reduce marijuana use and abuse of prescription drugs among young adults not in college (age 18-25). (local)</li> <li>O. Collaborate with Public Safety, DEA, and other partners on prevention methods to limit access to marijuana and prescription drugs that are abused. (state and local)</li> </ul>		
Reduce marijuana use and abuse of prescription medications among other Maine adult sub-populations. Slow the spread and use of methamphetamine in Maine.	[to be determined] Used Marijuana in past 30 days: 26-34 years old 8.7%; 35-49 5.4%; 50 or old 1%. National data 2003 NSDUH	<ul style="list-style-type: none"> <li>P. Implement evidence-based programs, policies, and practices to increase the perceived risk of marijuana use and the use of other drugs and to reduce access to and perceived benefits of marijuana and other drugs. (local)</li> <li>Q. Develop effective outreach to employers about consequences of drug abuse and how to refer and link to prevention services and resources. (state and local)</li> <li>R. Develop effective outreach to voluntary community agencies and associations (e.g., community centers, churches, synagogues, mosques) (local)</li> <li>S. Develop effective outreach to agencies and community associations serving older persons (60 +). (local)</li> <li>T. Develop educational material, tools and protocols that are culturally,</li> </ul>		

**Table 6-4: Long Term Outcome 1: Decrease in alcohol and other drug abuse including: high risk drinking, marijuana, prescription meds, and methamphetamine.**

**Long Term Outcome 2: Decrease in morbidity, mortality, injury, and disability related to substance use/abuse**

These outcomes will be achieved as a result of the achievement of the short term and intermediate outcomes in the plan. This chart specifies the specific targets and lists steps that will be suggested for local level programs.

Target Substance and Age Group	Baseline	State and Local Level Strategies and Action Steps	Status	Responsibility
		age and gender appropriate and incorporate into the preceding strategies. (state)		
Slow the spread of methamphetamine use in Maine.	baseline: Meth-Labs in Maine is 3, 2004 National Clandestine Lab database; Meth treatment admissions 40, 2004	<ul style="list-style-type: none"> <li>U. Develop and implement effective outreach to educate pharmacists, law enforcement, schools, and the general public about the warning signs of methamphetamine use. (state and local)</li> <li>V. Restrict access to pseudoephedrine used in the manufacture of methamphetamine; monitor the effectiveness of the newly enacted LD 1601 which requires many cold and allergy pills containing pseudoephedrine to be placed behind the counter. (state)</li> <li>W. Develop and pilot a Maine Methamphetamine Watch program. (state)</li> <li>X. Monitor national methamphetamine watch web page; post information that may be useful to retailers, community providers, and law enforcement. (state)</li> </ul>		