Maine

Substance Abuse Prevention

Strategic Prevention Framework

Plan

Summary

2006 – 2010

I. Introduction

Overview

Maine is currently developing a statewide substance abuse prevention infrastructure that will address major substance abuse problems and priorities identified from a statewide needs assessment. This infrastructure will be developed under a five-year Strategic Prevention Framework State Incentive Grant (SPF-SIG), funded by the Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration (SAMHSA). The goal of this grant is ambitious - to prevent the onset and reduce the progression of substance abuse across the lifespan by taking a public-health approach. To meet these goals, the SPF-SIG is based on outcomes-based prevention efforts that focus at the population-level on the consumption of alcohol and other drugs and their consequences.

This report presents Maine's Strategic Plan for developing the substance abuse prevention infrastructure needed to meet the goals of the SPF-SIG. A strategic plan is like a roadmap - it is only useful if you know where you want to go. A statewide needs assessment was conducted to suggest the direction Maine needs to go in order to reduce the consumption and consequence of the most abused substances in the state. To prevent and reduce the future use of these substances, Maine must enhance the infrastructure and coordination of substance abuse prevention and health promotion at the state and local levels. The Strategic Plan presents short-term, intermediate, and long-term outcomes that correspond to where we want to go to as well as strategies to tell us how to get there. To give an overview of where Maine is going, Figure 1 presents three intermediate and the two long-term outcomes.

Figure 1. Major Outcomes Expected to Result from Strategic Plan

Intermediate Outcomes

- Strengthen state level substance abuse prevention infrastructure
- Strengthen local level substance abuse prevention infrastructure
- Primary and secondary prevention efforts result in positive changes in skills, beliefs, knowledge, attitudes, perceptions and norms within the communities

Long Term Outcomes

- Decrease in alcohol and other drug abuse, including: high risk drinking, marijuana, prescription medications, and methamphetamine
- Decrease in morbidity, mortality, injury, and disability related to substance use/abuse

Vision

In October 2004 Maine's Office of Substance Abuse published a State Prevention Plan. The Plan's vision and mission serve equally well as the vision and mission for the current Strategic Plan, to which we have added three guiding principles (Figure 2). Maine's 2007 State Health Plan calls for improving the accessibility, affordability, and quality of Maine's health care system, with the vision of making Maine the healthiest state in the country. The plan promotes the interdependence of health behaviors and services, emphasizing the importance of developing Maine's public health system. This emphasis is consistent with and supportive of the integrative, public health focus of the State Substance Abuse Prevention Strategic Plan.

Figure 2. Vision For Maine Citizens

Vision: "A public untouched by substance abuse." *

Mission: "To prevent and reduce substance abuse and related problems by providing leadership, education, and support to communities and institutions throughout Maine."*

Guiding Principles:

- Substance abuse prevention should be integrated with other Maine health prevention and wellness promotion activities.
- Maine's substance abuse system should be data-driven, from the identification of problems and priorities, to monitoring and surveillance, to evaluating outcomes.
- Communities should be key partners in this initiative, and have flexibility in how they develop their substance abuse prevention infrastructure.

*Maine Office of Substance Abuse. State Prevention Plan. October 2004.

Logic Model and Approach to Successful Implementation

For the Maine SPF-SIG to achieve its long-term outcomes, significant changes are required at the state and local levels. The links among these changes are depicted in the Logic Model for Substance Abuse Prevention in Maine (Figure 3).

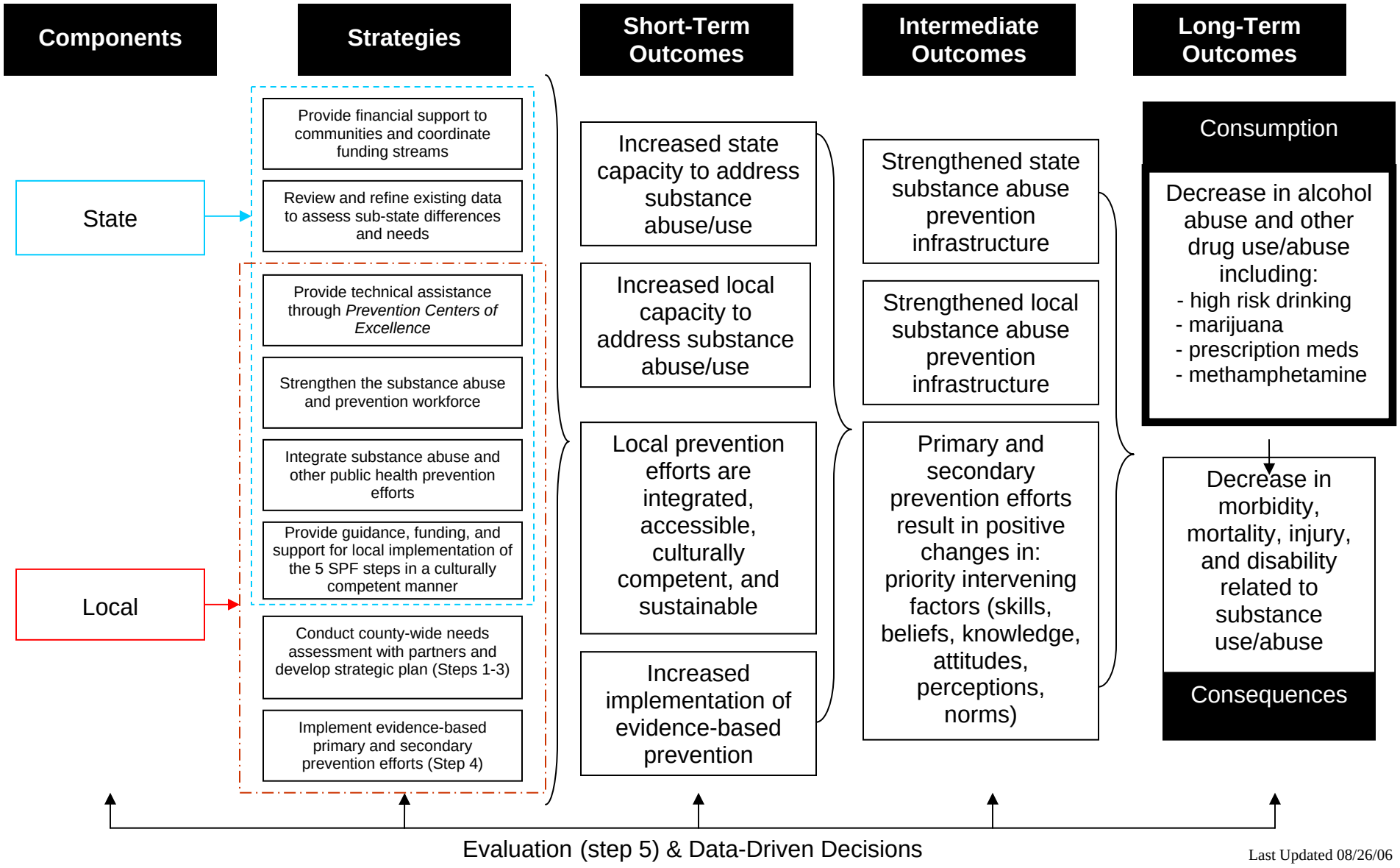
UUThe logic model represents the mission of this strategic plan document. The basic mechanisms that will be put in place to address the identified needs (both those for substance abuse services and those for the development of capacity) can be found in the strategies column of the model. In addition, procedures for ensuring that training and technical assistance are provided effectively where needed are incorporated into the strategies. The strategies described in the logic model are described in much more detail in the workplan to enact the strategic plan, presented in Appendix 4.

Context and Planning

Historically, Maine has lacked a strong, viable public health infrastructure, in part because of the absence of a strong county and local governmental infrastructure. In many states, public heath is provided through county governments. Maine's sixteen counties are large, sparsely populated, and do not have a well-established or well-financed governmental structure. Effective community coalitions have developed in some areas of the state. Many of these coalitions were supported and nurtured by the One ME program, but could benefit from a more defined, organized, and sustainable public health infrastructure.

To enhance and coordinate its public health infrastructure, State Health Officials, legislative representatives and key partners, are in the process of deciding how many Healthy Maine Partnerships (HMPs) are feasible, what their geographic coverage will be, and what their scope of responsibility should include. The HMP's, originally were community and school partnerships that worked to improve physical activity and nutrition and reduce tobacco use and tobacco related diseases. They have more recently expanded to include the prevention of type II diabetes, asthma, alcohol abuse, and some cancers. Changes are expected to be implemented by July 2007. Reducing the number of HMPs could provide an excellent opportunity to develop, integrate and provide adequate funding for the state's substance abuse prevention infrastructure with other public health resources.

Figure 3. Maine Strategic Prevention Framework (SPF) Logic Model



Last Updated 08/26/06

This Strategic Plan was drafted by staff from the University of Southern Maine's Muskie School of Public Service, headed by David Lambert. The Project's State Epidemiologic Workgroup (SEW) and Executive Management Team (EMT), The Strategies for Healthy Youth Workgroup and The Children's Cabinet helped review and advise the development of the Strategic Plan.

A Glossary of Key Terms used in this Plan is presented in Appendix 1.

II. Needs and Capacity Assessment

Approach and Methods

The state-wide needs assessment was conducted using information from four primary sources:

(1) analysis of national and state secondary data sets conducted by the SPF-SIG Project epidemiologist to identify rates of highest prevalence by age group and geographic area;
(2) interviews with state and local stakeholders to elicit recommendations for prioritizing areas of substance abuse prevention and community infrastructure development;
(3) GIS Maps created by the University of Maine Prevention Center of Excellence detailing the distribution of prevention coalitions and substance abuse prevention programs; and
(4) an assessment of Maine's state prevention infrastructure conducted by the Strategies for Healthy Youth (SHY) Workgroup using a standardized assessment tool.

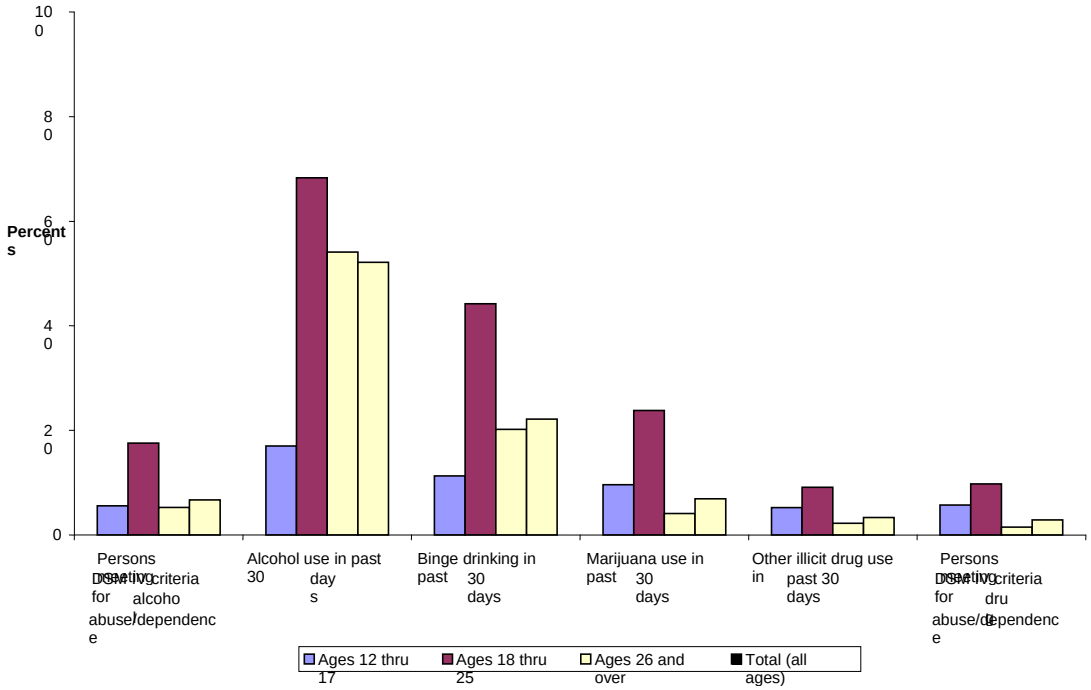
Information was collected and analyzed concurrently from these sources and reviewed by the SEW. The SEW included OSA staff, persons from collaborating state and community agencies, and researchers and evaluators working on the SPF-SIG who are knowledgeable about national and state substance abuse data and prevention issues in Maine.

Epidemiological Analysis

National and state level data sets were identified that included alcohol and other drug (AOD) information that could be used in the needs assessment. (The SEW decided not to analyze tobacco data because Maine already has a tobacco strategic plan coordinated by the Partnership for a Tobacco-Free Maine.) Data sets were organized and analyzed, as appropriate, for AOD consequences and consumption among all age groups at the state and at the county level (Appendix 2). A flow-chart of this analysis is presented in (Appendix 3). Most of the consumption data sets meeting the eligibility criteria for being used in the needs assessment had a large enough sample size to generate valid and stable state-level AOD estimates by demographic group. However, very few of these data-sets had sufficient sample size to generate reliable estimates at the county, or sub-county, level.

State-level analyses clearly indicated the importance of focusing the SPF-SIG on youth and young adults and on high-risk-drinking, marijuana use, and the abuse of prescription medication. Alcohol abuse is Maine's most prevalent substance abuse problem, followed by marijuana use (Figure 4). Young adults (age 18-25) have the highest prevalence, compared to other age groups for all alcohol and drug use problems shown in Figure 4.

Figure 4. Use of Alcohol and other Drugs, By Age, in Maine (2002)
(Source: National Survey of Drug and Use and Health)



Young adults have substantially higher rates (self-reported) of binge–drinking (Figure 5 and high-risk drinking (Figure 6) than older adults. The importance of focusing prevention efforts on Maine's youth as well as young adults is underscored in Table 1, which demonstrates a dramatic increase in use of alcohol, marijuana, and prescription drugs as youth move from middle school into high school.

Data for middle and high school students indicate that prescription drug abuse is also a high priority. See table 1. Comparable data for the adult population was not available. (Prescription drug abuse in the young adult population and elder populations will be examined in the cultural subpopulations studies). Data was not available to assess fully the consumption and consequence of methamphetamine (meth) use by Mainers. Meth has reached epidemic levels in many states and Maine has seen a growing increase in incidents and arrests, though the numbers are still small relative to other substances. National accounts and studies of the substantial problems related to both methamphetamine use and prescription drug diversion substantiate the SEW's concern about these growing problems. [1] [2]

Table 1. Binge-Drinking, Marijuana Use, and Illicit Use of Prescription Drugs by Maine Middle School and High School Students (Percent)

Grade	Binge Drinking Past Two weeks	Used Marijuana Past 30-Days	Illicit Prescription Drug Use Past 30-Days
Middle-School (grades 6-8)	5.3	4.3	4.3
High-School (grades 9-12)	23.0	24.5	10.4

(Source: Maine Youth Drug and Alcohol Use Survey, 2004)

Persons age 25-34 and age 35-44 also have high rates of heavy drinking (Figures 5 and 6). Males have higher rates of binge drinking than females across all age groups (Figure 6). While the SEW wanted to

examine the substance abuse needs of Maine's growing elder population (age 65 or older), no data set that met our inclusion criteria was available for this purpose. The sample sizes in available data sets restricted our ability to analyze the needs of ethnic, racial, and other subpopulations. [3]

Figure 5. Self-Reported High Risk and Binge Drinking in Past 30-Days, By Age
(Source: Maine Behavior and Risk Factor Surveillance System, 2004)

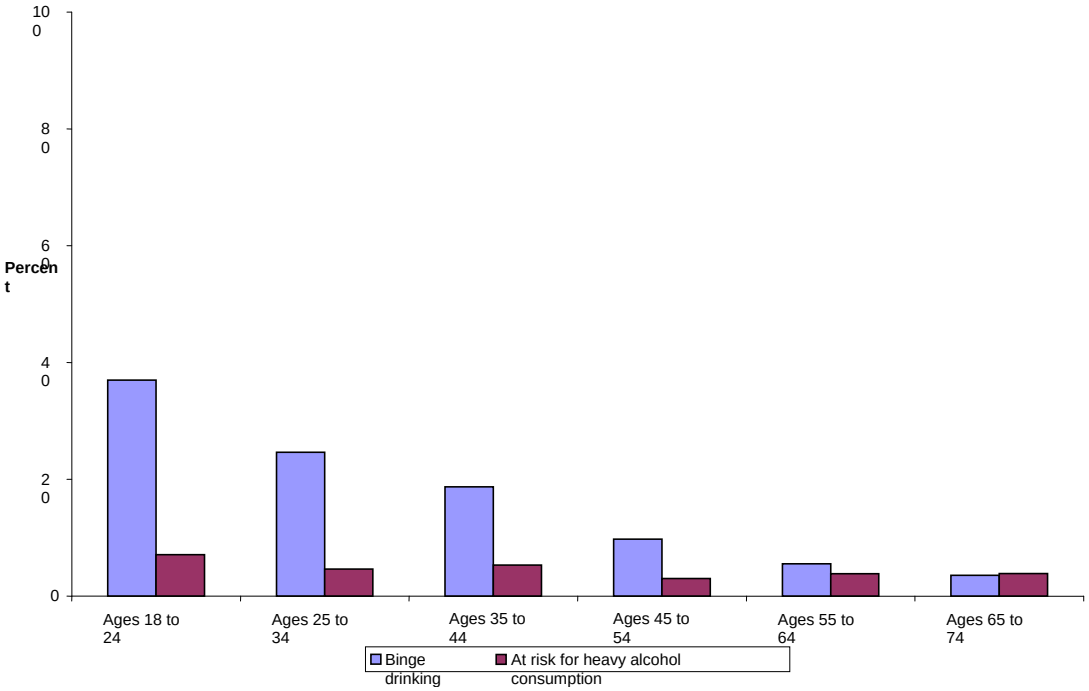
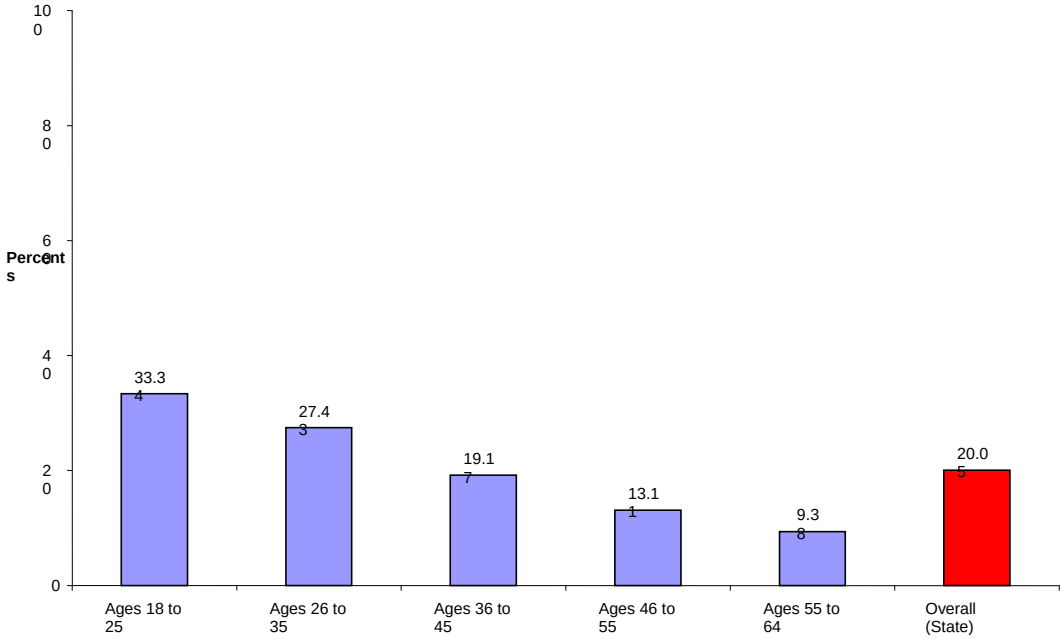


Figure 6. Self-Reported High-Risk Drinking * One or More Days in Past 30-Days, By Age
(Source: Maine General Population Survey, 2004)



The epidemiological analysis established the importance of focusing the resources of the SPF-SIG on youth and young adults and on preventing high-risk drinking, marijuana use, and abuse of prescription medications (all of which have proven to be high in both Maine data and national research). Interviews with state and local stakeholders support these priorities and suggested the need to address the use/abuse of other drugs, including meth, opiates and inhalants. Given limited SPF-SIG resources, Maine has decided to target high-risk drinking, marijuana use, and abuse of prescription drugs. While Meth prevention will not be a specific focus of local SPF-SIG grantee funding there is a strong connection between local grantees' implementation of evidence-based prevention and efforts to prevent the growing problem of meth abuse .

Stakeholder Interviews

Interviews were conducted with four groups of stakeholders: (1) OSA staff directly involved with the SPF-SIG Grant; (2) Strategies for Healthy Youth Workgroup; (3) State-level stakeholders, including senior level departmental staff members of the Children's Cabinet, and members of state agencies and coalitions likely to be familiar with the SPF-SIG; and (4) Local-level stakeholders, including OSA Grantees; social service organizations; local coalitions, and school counselors and officials.

OSA staff identified the state's major current substance abuse problem to be underage drinking, followed by binge drinking, prescription drug abuse, opioid use, and marijuana use. OSA staff were very mindful of the growing problem of methamphetamine, based on national trends and increasing incidents and arrests in Maine. OSA staff also noted the need to pursue global, comprehensive strategies in promoting prevention as well as targeting specific substances. The Strategies for Healthy Youth (SHY) Workgroup also identified underage drinking and binge drinking as top priority problems, followed by marijuana use and use of selected drugs including opiods, prescription drugs, and inhalants. OSA staff and SHY workgroup members reported that there is a tendency for the public to sometimes be less concerned than they might be about alcohol use and marijuana use in light of how prevalent the use of these substances are.

State and local stakeholders were asked to prioritize substance-abuse problems in Maine. State stakeholders were asked how important different substance abuse problems were across the state and local stakeholders were asked how important these problems were in their communities or among the populations they served. See Table 2 for survey results. Stakeholder results were consistent with what the state level health risk data show.

Table 2. Rating of Substance Problems by Community Stakeholders

How significant are the following substance abuse problems in your community or the populations which you serve?	Not a Problem	Minor Problem	Moderate Problem	Major Problem
Binge drinking (number)	0 % (0)	7 % (3)	42 % (19)	51 % (23)
Alcohol in general (number)	0 % (0)	2 % (1)	33 % (15)	64 % (29)
Marijuana (number)	0 % (0)	5 % (2)	50 % (22)	45 % (20)
Prescription medication (number)	0 % (0)	19 % (8)	45 % (19)	36 % (15)
Opioids (number)	2 % (1)	30 % (13)	49 % (21)	19 % (8)

Meth-amphetamine (number)	2 % (1)	54 % (22)	39 % (16)	5 % (2)
Cocaine (number)	7 % (3)	44 % (18)	39 % (16)	10 % (4)

State-level infrastructure

Politics, real and perceived differences in departmental and agency missions, and separate, and often competing funding streams have historically hampered effective coordination and development of state-level substance abuse prevention infrastructure across Maine. Improvements in substance abuse prevention have been made through the creation of the Children's Cabinet, the One ME Project, the coordination with the Healthy Maine Partnerships, and a number of successful OSA initiatives. Senior department and agency staff were asked "What one thing would be most helpful to address the difficulty substance abuse can pose to the mission or services provided by your agency?" Their answers reflected several major themes, including:

- the need for more services, providers, and funding;
- integration of services; and
- changing the culture and environment of communities ("environmental impact").

Local-level infrastructure

Stakeholders (state and community) were asked to identify gaps in community services and infrastructure that hindered prevention of major substance abuse problems. Lack of funding and the need to change the culture and values of communities (environmental impact) to support 'on-the-ground' programs were frequently described as follows:

Funding

- "Inadequate funding is the most important issue to address. Prevention is a hard sell, especially to communities who want to treat their problems away. Stable funding would allow for capacity building, public education, and policy change."

- "I am the only paid administrative prevention staff person for our program. The opportunity to collaborate with other community agencies is there; however I find it difficult to take the time from my administrative duties to do this."

- "We can't even keep a substance abuse counselor at our high school due to limited capacity and resources. While we know having a counselor is important, we have shifted the burden to other providers within our system who are already maxed out."

Values and norms of communities

- "A disproportionate amount of media advertising encourages consumption of alcohol and use of prescription drugs that leads to increased use and abuse."

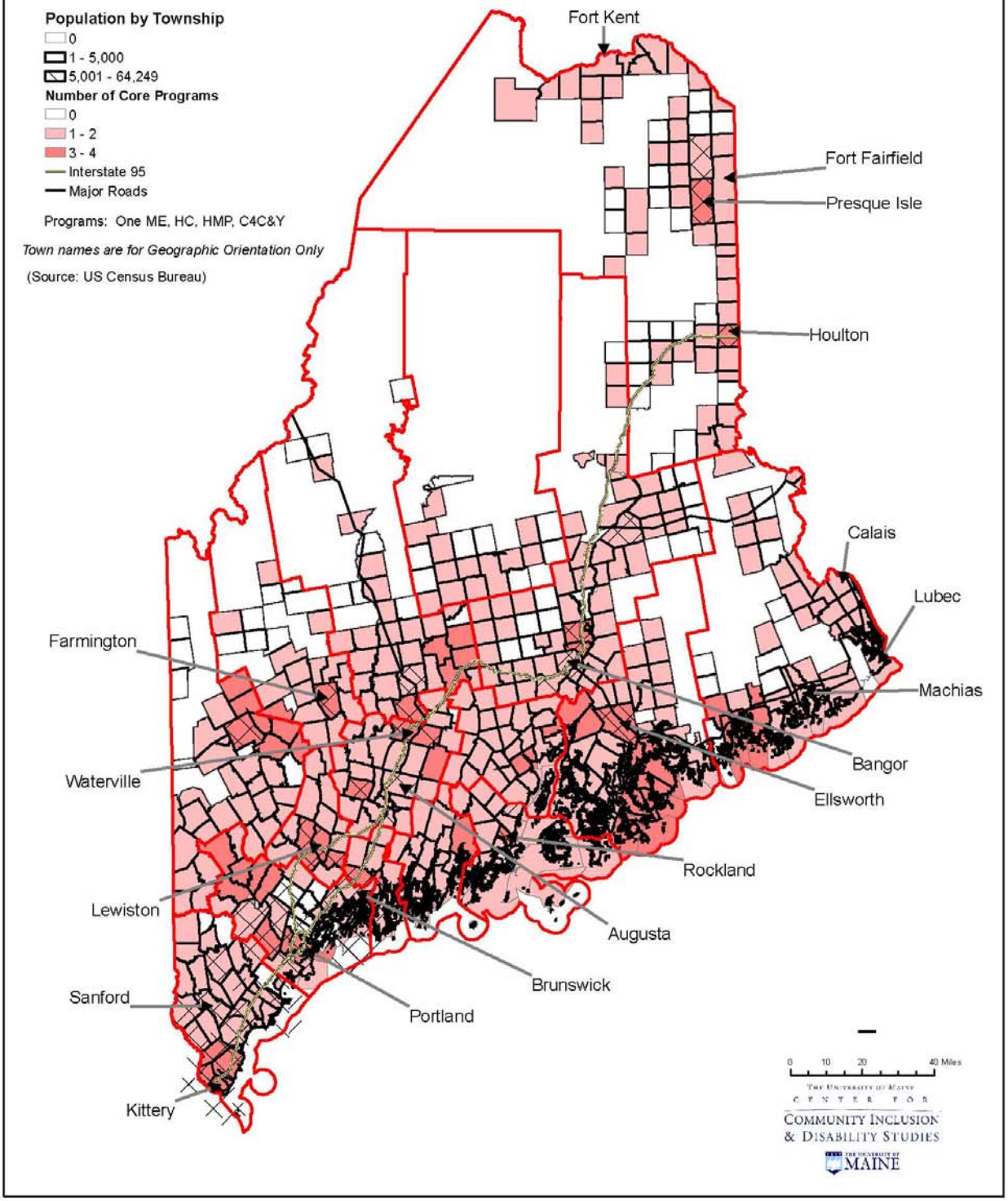
- "We need to change community beliefs that substance abuse is a right of passage. All parts of the community must collaborate on asserting that substance abuse is not acceptable."

- "Communities must get past denial that there is a problem - not my child, not in my community"

Assessing Capacity and Infrastructure

Availability and distribution of prevention coalitions*:* The Prevention Center of Excellence at the University of Maine created a series of GIS maps showing the distribution of prevention coalitions and substance abuse prevention programs among towns and counties across the state in 2005. These maps provide a snapshot of the local infrastructure for prevention in Maine that has been developed and supported by state and federal funds over the last few years. The full set of maps may be viewed at http://www.maineosa.org/prevention/community/spfsig/index.htm. Map 1 presents the distribution of four important prevention coalition programs, by population density, across Maine. The One ME Program was developed under Maine's earlier State Incentive Grant (SIG);the Healthy Maine Partnerships (HMP) have promoted an environmental approach to prevention; the Healthy Community Coalitions and the Communities for Children and Youth (C4C&Y) have worked in many important areas of prevention across the state. This Map shows that these four coalition programs are reasonably well distributed across the state, relative to its population.

Map 1. Frequency of Core Programs and Population Density, by Minor Civil Divisions
(May 16, 2006)



SPF-SIG Priorities

The epidemiological analysis established the importance of focusing the resources of the SPF-SIG on youth and young adults and on preventing high-risk drinking, marijuana use, and abuse of prescription medications (all of which have proven to be high in both Maine data and national research). Interviews with state and local stakeholders support these priorities and suggested the need to address the use of other drugs, including meth, opiates and inhalants. Given limited resources, the Maine SPF SIG has decided to target high-risk drinking, marijuana use, and abuse of prescription drugs. While Meth prevention will not be a specific focus of local SPF-SIG grantee funding there is a strong connection between local grantees' implementation of evidence-based prevention and efforts to prevent the growing problem of meth abuse .

Based on the epidemiological analysis, stakeholder interviews, and available resources the following consumption outcomes will be the priority of Maine's SPF SIG:

1. Reduce high-risk drinking among Maine youth (12-17).
2. Reduce high-risk drinking among Maine young adults (18-25).
3. Reduce marijuana use, abuse of prescription medications, and use of other drugs among Maine youth (12 -17)
4. Reduce marijuana use, abuse of prescription medications, and use of other drugs among Maine young adults (18-25)
5. Slow the spread and reduce the use of methamphetamines in Maine. (While Maine's SPF SIG will not be funding prevention initiatives around Meth, they will collaborate with other programs to address this)

Based on state and local stakeholder interviews and on the advisory groups capacity assessment about Maines current prevention capacity and infrastructure the following infrastructure outcomes were identified:

State-level priorities:

- Enhance data infrastructure and epidemiological analysis capacity
- Coordinate funding streams
- Strength the substance abuse prevention workforce
- Integrate substance abuse and other public health prevention efforts

Local-level priorities:

- Conduct county-wide needs assessment; mobilize and builds capacity; and develop a strategic plan
- Implement culturally appropriate evidence-based primary and secondary prevention programs and services
- Monitor and evaluate the process and effectiveness of local grantees
- Train and strengthen a skilled and culturally-competent prevention workforce

Shy Work Group Assessment

A subcommittee of the Strategies for Healthy Youth (SHY) Workgroup was charged with assessing the adequacy of Maine's state level infrastructure to provide prevention, health promotion and youth development programs The subcommittee adapted the *System Capacity for Adolescent Health: Public*

Health Improvement Tool for this task. Major priority areas identified, relevant to the goals of the SPF-SIG, included:

- **Data Analysis and Use:** Move beyond data collection, analysis and reporting to using data to develop programs, guide policy and evaluate adolescent prevention, and health promotion.
- **Visibility of Youth Issues:** Increase visibility of adolescent and young adult health issues (prevention, health promotion, positive youth development) amongst Maine's general population
- **Workforce development:** Invest in workforce development so that there is a sufficient pool of qualified professionals.

III. Planning and Implementation

At the core of the SPF-SIG grant will be the work of local grantees, who will be funded to develop or strengthen county-wide substance abuse prevention infrastructure and services. They will be assisted in this effort by OSA, the two Prevention Centers of Excellence (University of Southern Maine and the University of Maine), and by the SPF SIG evaluation contractor (Hornby and Zeller Associates) in 10 domains. See figure 7.

Figure 7: Domains for Technical Assistance

SPF-SIG funding supports two Regional Prevention Centers of Excellence at The University of Maine (located in Orono) and at the University of Southern Maine (located in Portland and Augusta). These Centers will provide technical assistance to the local grantees in the following areas as they move forward in the planning and implementation stages of their efforts to develop a county-wide substance abuse prevention infrastructure.

1. Readiness
2. Linkages within the county
3. Linkages outside the county
4. Leadership
5. Planning
6. Business capacity
7. Technical expertise
8. Cultural Competence
9. Dissemination
10. Sustainability

Local grantees will be asked to develop county-wide substance abuse prevention (utilizing the first 3 steps of the SPF) within the context of the broader public health infrastructure being developed under the state health plan. Grantees will be asked to develop a collaborative governance structure to provide leadership and coordination to the local communities and agencies within their county. Key tasks are to:

- **Engage all local partners** with commitment to and experience in substance abuse prevention into a countywide network/infrastructure
- **Strengthen relationships with other partners** engaged in health promotion and public health efforts, and coordinate substance abuse prevention strategies with other health promotion and public health strategies.
- **Coordinate efforts** of local partners into a strategic countywide effort, and integrate local and countywide plans with the state SPF-SIG strategic plan and the state health plan.
- **Develop ways to fill gaps** in current efforts so that there is greater opportunity for needs to be met in communities that are not currently covered by the existing coalition/service delivery infrastructure.
- **Pilot-test a fiscal and administrative structure** that will increase potential for long-term sustainability through increased coordination of funding streams, improved capacity to leverage

new funding sources, and by improving the efficiency and effectiveness of prevention, health promotion, and public health.

- **Create collaborative, integrated county-wide substance abuse prevention strategic plans.**
- **Build capacity county-wide to implement evidence-based substance abuse prevention** programs, policies, and practices at the local level
- **Work with** the Public Health Workgroup, OSA, the Governor's Office, the Maine CDC, and other partners to **develop a sustainable prevention/public health infrastructure.**

A comprehensive approach to implementing the SPF five steps will be built into three phases, with each phase informed by the data available and the analysis completed at each point in the process:

- The first phase of work by local subgrantees to be funded with the SPF-SIG funds, during the 2006-07 state fiscal year, will focus on Steps 1, 2, and 3 (assessment, mobilization, and planning) of the Strategic Prevention Framework – known as Phase I, an infrastructure building phase.

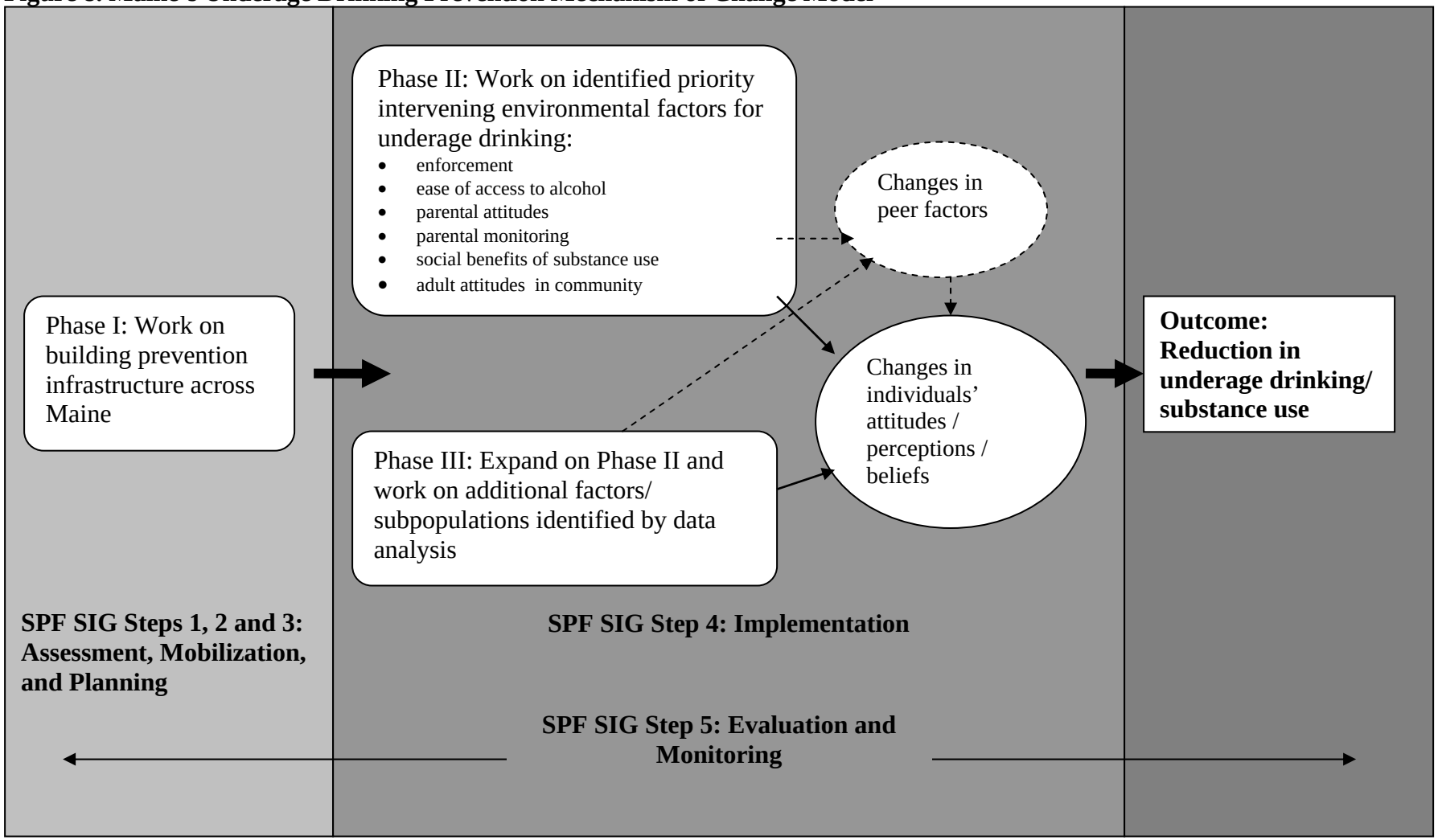
- Step 4 of the SPF framework (implementation) will occur in two phases.

    - Phase II will focus on environmental strategies to reduce underage drinking (with a focus on enforcement and 5 other intervening variables). Phase II will begin concurrently with Phase I in those counties that have the capacity and are ready to do both simultaneously. Where local partners are not ready to implement Phase II yet, the timing of Phase II will be delayed - these communities will implement Phase II concurrently with Phase III, starting in 2007. This will provide for additional time and technical assistance in counties where the Phase I (planning) work will be more extensive; this flexible approach will accommodate differences in readiness across the state.
    - Phase III, to begin in July 2007, will build on Phase II, adding individual-level strategies to environmental approaches and expanding funding to also target the 18-25 year old population, as well as other specific high-need subpopulations to be identified through the continuing epidemiological analysis and the results of the cultural subpopulation needs assessment studies. In Phase III, funding will not necessarily be equitably distributed across the state, but will be targeted to those areas that are identified by the epidemiological analysis as being "highest need" based on the specific priorities identified.

- Step 5 of the framework is evaluation, and occurs throughout every phase of the process, at all levels, which will include measuring process and impact of the SPF and the implemented programs, policies, and practices.

Environmental strategies (Phase 2) are essential for effective substance abuse prevention of underage drinking. Prevention strategies directed at individuals usually assume that substance abuse is the result of individual factors, such as rebelliousness, family history, low academic achievement, favorable attitude towards substance use and anti-social behavior. Environmental strategies assume that individuals do not become involved with substances solely on the basis of personal characteristics. Rather, they are influenced by a set of factors in the shared environment, the rules and regulations of the social institutions to which people belong, the norms of the communities in which they live, the mass media messages to which they are exposed, and the accessibility of alcohol, tobacco, and illicit drugs. Because substance abuse is viewed as a product of the overall system, effective prevention requires making appropriate modifications to the community/environment at large. The three Phases of prevention activities for underage drinking are depicted in Figure 8.

Figure 8. Maine's Underage Drinking Prevention Mechanism of Change Model



IV. Evaluation and Monitoring

Maine's evaluation of its SPF SIG initiative will be carried out by Hornby Zeller Associates, Inc. (HZA), a firm with extensive SAMHSA evaluation experience, including the program level evaluation of Maine's SIG. The evaluation will consist of both process and outcome components and will operate at the state, community and program levels. The process component will focus on the community and program levels and address the five steps of the Strategic Prevention Framework and will ask the following questions.

1. How closely did the implementation match the five-step process of the Strategic Prevention Framework?
2. How closely did the implementation match the proposal submitted to the state?
3. What types of deviation occurred?
4. What led to the deviations?
5. What impact did the deviation have on the interventions and evaluation?
6. To what extent did the community and program level plans and implementation reflect cultural competence?

The outcome evaluation will provide data to measure changes in the national outcome domains and the relationship between changes in the outcomes and the implementation of the Strategic Prevention Framework. Outcome evaluation questions will be examined in relation to the state, community and program levels.

State-level Surveillance, Monitoring and Evaluation Activities

Given that the national evaluator will be examining the state level implementation of the plan and its fidelity to the Strategic Prevention Framework, the state-level surveillance activities will focus on three major questions:

1. Did the project produce changes in the National Outcome Measures (NOMs) at the state level?
2. Did the project produce changes in other state-level indicators that were used in the needs assessment, were the targets for change, and that are appropriate for evaluation?
3. Did the project implement other state-level changes identified in the strategic plan; what factors either contributed to or detracted from their achievement?

NOMS: Between the work of the epidemiologist and the evaluator, data has been collected on all of the NOMS and will serve as baseline data. These data will be updated every other year to detect state-level changes.[4] It should be noted that not all of the NOMs are reported in the State Epidemiological Data (SEDS) available through SAMHSA. Because the data sources vary, the reliability of the data varies as well.

State-Level Indicators: The areas that have been targeted in the needs assessment and that are expected to change at the state level are listed below. Some of which are reflected in the NOMs, as well:

Alcohol consumption

1. Reduction in high risk drinking among 18 to 25 year olds.
2. Reduction in high risk drinking among adults.

Drug consumption

1. Reduction in illicit drug use among Maine youth, ages 12 to 17.
2. Reduction in illicit drug use among young adults, ages 18 to 25.
3. Reduction in illicit drug use among adults, ages 26 and older.
4. Reduction in abuse of prescription medication.
5. Reduction in the spread of methamphetamine use.

Other State-level Changes: Other state-level changes that are targeted in the Strategic Plan and that will be assessed by the state evaluator are:

- Was Maine's capacity to support a substance abuse prevention infrastructure throughout the state enhanced, and if so how?
- Did the state provide the resources and supports needed to develop a community-based substance abuse infrastructure throughout the state?

What Will be Tracked and How

The state-level surveillance, monitoring and evaluation activities we anticipate implementing to address these questions are as follows:

1) Updating the NOMs by returning to the same data sources that were used to generate the baseline data. These include:
    a. Abstinence: Office of Applied Studies, SAMHSA, National Survey on Drug Use and Health; BRFSS/SEDS
    b. Employment/education: Maine Safe and Drug-Free Schools Data Collection Project; Maine General Population Survey; Substance Abuse Testing Report, Maine Department of Labor
    c. Crime and criminal justice: Crime and Justice Data Book, Maine Statistical Analysis Center; Fatality Analysis Reporting System (FARS)
    d. Access/Capacity: KIT Solutions; Treatment Data System (Office of Substance Abuse)
    e. Cost Effectiveness: Maine Safe and Drug Free Schools as reported in KIT Solutions
    f. Evidence-based Practices: Maine Safe and Drug Free Schools and ONE ME (SIG) as reported in KIT Solutions

2) Reporting on other state-level indicators include, in addition to the Abstinence indicators listed in 1a) above, MYDAUS and Maine General Population Survey

3) Reporting on other state level changes include: interviews, document review.

HZA will also assist local grantees in monitoring and evaluating their programs.

V. Additional Resources

Resources are available that the reader may find helpful in understanding and using this strategic plan:

Maine's SPF SIG substance abuse assessment and epidemiological profile

The Full Strategic Plan Document

These documents and more may be accessed at:

http://www.maine.gov/dhhs/osa/prevention/community/spfsig

[1] Meth" abuse started in California several decades ago and has steadily spread eastward since then. SAMHSA reports that in 2004, 1.4 million persons ages 12 or older had used methamphetamine in the past year and half had used it in the past month (SAMHSA 2005). The impact of meth abuse is widespread, involving law enforcement; crisis services, public health, and families and communities.

[2] OxyContin and other controlled pain medications are frequently used (abused) for getting high rather than for pain control. Prescription Drug abusers frequently "doctor shop" or show up at emergency rooms in search of prescriptions, and are disproportionately involved in automobile and other accidents. (GAO 2004). An alarming increase in the abuse of prescription drugs in Maine prompted state policymakers to develop Maine's Prescription Monitoring Program (PMP). Treatment admissions for drug abuse had increased from 83 in 1995 to 1148 in 2003. The number of overdose deaths increased steadily – as did the proportion of these deaths caused by prescription drug abuse. In 2001 there were 90 drug deaths in the state; 70 (78 percent) were caused by a pharmaceutical. One year later, in 2002, the number of overdose deaths had nearly doubled to 166; 148 of these deaths (89 percent) were caused by a pharmaceutical. Arrests for prescription drug diversion increased steadily, accounting for 16 percent of arrests made by Maine Drug Enforcement Agency in 2003. In 2002 more than twenty percent of Maine high school seniors reported that they have used prescription drugs to get high.

ENDNOTES

[3] Several efforts are underway to analyze further the needs of subpopulations. Grants awarded in 2005 includes analyses of the needs of the 65-and-older age group, Sudanese and Cambodian refugees and Gay/Lebian/Bisexual/Transgendered/Questioning (GLBTQ) young adults. Results of these studies will be available in Fall 2006.

[4] While the data themselves may be collected annually and tracked over time, we cannot expect to see a change in results that can be attributed to SPF SIG for a couple of years due to the time lag in the data.