

Assessment Appendices:
Cumberland County Substance Abuse Assessment June 2007

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Appendix A: Highlights from Preliminary Assessment Cumberland County SPEP Project

ALCOHOL

Youth and Alcohol:

ALCOHOL - Prior 30-Day Use
Cumberland County vs Maine, by Grade, 2006

| Grade | Cumberland County | | | Maine | | | Sig Diff |
|-------|-------------------|-------|-------|-------|-------|-------|----------|
| | LCL | % | UCL | LCL | % | UCL | |
| 6th | 3.9% | 4.5% | 5.1% | 5.4% | 5.9% | 6.4% | - |
| 7th | 8.8% | 9.9% | 11.1% | 10.6% | 11.2% | 11.9% | |
| 8th | 17.1% | 19.8% | 22.5% | 19.6% | 20.5% | 21.4% | |
| 9th | 31.6% | 33.2% | 34.7% | 30.0% | 30.8% | 31.6% | + |
| 10th | 35.9% | 39.2% | 42.6% | 37.2% | 38.2% | 39.3% | |
| 11th | 43.2% | 45.6% | 47.9% | 43.6% | 44.6% | 45.6% | |
| 12th | 48.3% | 51.2% | 54.0% | 48.1% | 49.1% | 50.1% | |
| Total | 27.8% | 29.7% | 31.5% | 28.3% | 29.0% | 29.7% | |

13.4%
increase
btwn 8th and
9th grade

BINGE DRINKING - Prior 2 Weeks
Cumberland County vs Maine, by Grade, 2006

| Grade | Cumberland County | | | Maine | | | Sig Diff |
|-------|-------------------|-------|-------|-------|-------|-------|----------|
| | LCL | % | UCL | LCL | % | UCL | |
| 6th | 0.9% | 1.1% | 1.3% | 1.6% | 1.8% | 2.1% | - |
| 7th | 2.8% | 3.6% | 4.4% | 3.1% | 3.5% | 3.8% | |
| 8th | 6.5% | 7.7% | 8.9% | 7.2% | 7.7% | 8.2% | |
| 9th | 12.4% | 13.5% | 14.6% | 13.2% | 13.7% | 14.2% | |
| 10th | 17.9% | 19.3% | 20.8% | 19.0% | 19.7% | 20.4% | |
| 11th | 24.4% | 26.1% | 27.8% | 24.4% | 25.2% | 26.0% | |
| 12th | 29.5% | 31.9% | 34.4% | 28.6% | 29.4% | 30.3% | |
| Total | 13.7% | 14.9% | 16.1% | 14.1% | 14.6% | 15.0% | |

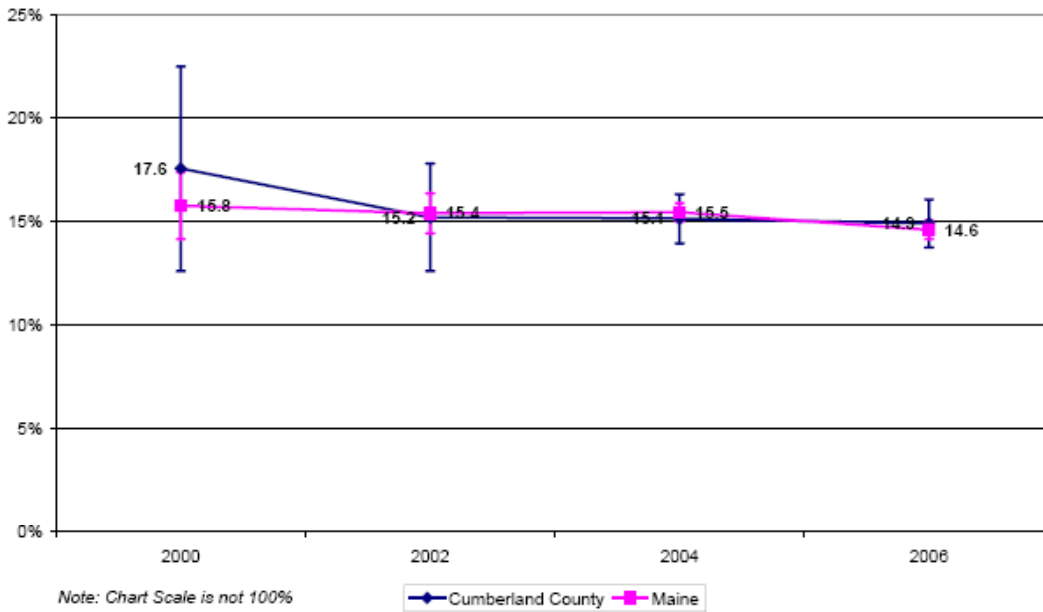
5.8%
increase
btwn 8th and
9th grade
and 6.8%
increase
btwn 10th
and 11th

Source: Cumberland Co MYDAUS 2006

Urban MYDAUS data 2004 from One Maine Assessment:

- 16% increase in 30-day Alcohol use between grade 8 & 9
- 10% increase in Binge Drinking past 2 weeks between grades 7 & 8

**BINGE DRINKING - Trend in Prior 2 Weeks
Cumberland County vs Maine**

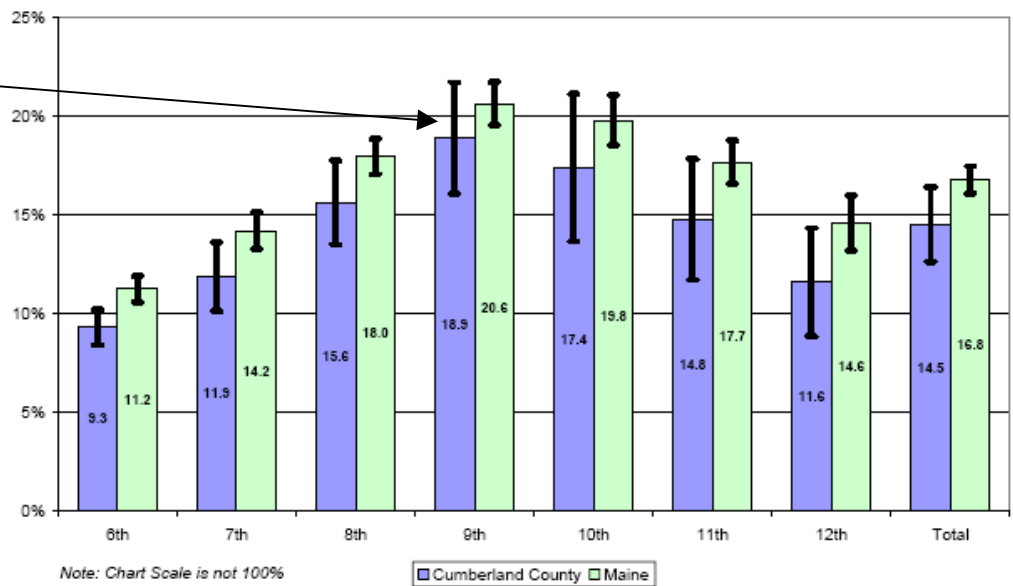


Source: Cumberland County MYDAUS

CC MYDAUS protective and risk factors:

**Prevalence of Students Feeling Unsafe at School
Cumberland County vs Maine, by Grade, 2006**

Feeling unsafe in school peaks in 9th grade



11% increase between 8th and 10th grade

- Perceived availability of drugs 2006

| 6 th grade | 8 th grade | 10 th grade | 12 th grade |
|-----------------------|-----------------------|------------------------|------------------------|
| 23% | 28.7% | 39.2% | 48.4% |

20% increase btwn 8th and 10th grade

- Parental attitude Favorable to Drug Use

| 6 th grade | 8 th grade | 10 th grade | 12 th grade |
|-----------------------|-----------------------|------------------------|------------------------|
| 9.9% | 21% | 41.7% | 43.4% |

18% increase btwn 8th and 10th grade

- Attitude favorable to Drug Use

| 6 th grade | 8 th grade | 10 th grade | 12 th grade |
|-----------------------|-----------------------|------------------------|------------------------|
| 15.4% | 28.1% | 45.8% | 45.6% |

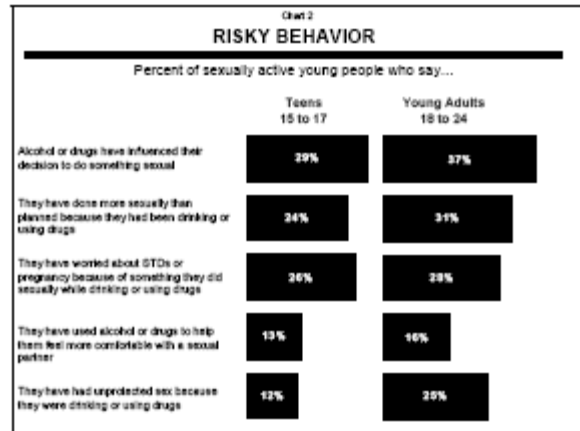
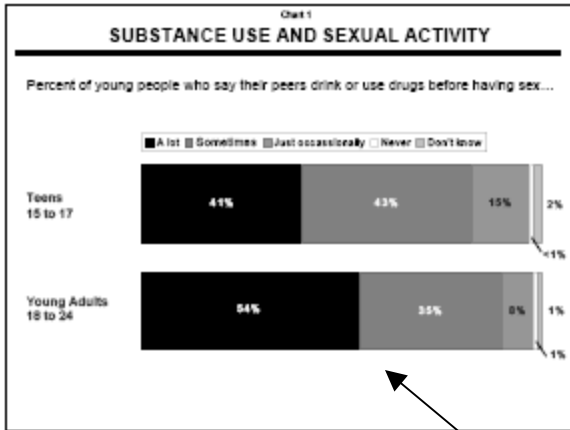
Correlation between Alcohol and Other Drug Use:

Analysis of county-wide MYDAUS data for students in grades 6-12 shows a high correlation between alcohol and other drug use:

- **Very strong association between 30-day alcohol and marijuana use** (gamma =.913)
- **Very strong association between 30-day alcohol and cigarette use** (gamma=.856); and

Strong association between 30-day alcohol and other drug use (gamma=.806) –includes psychedelics, cocaine/crack, MDMA (ecstasy), inhalants, stimulants, heroin, prescription drugs not prescribed for the student by a physician, and "other illegal drugs".

Source: Needs and Resource Assessment for Portland’s 2010 Substance Abuse Prevention Plan



Source: CASA Website Report 2002

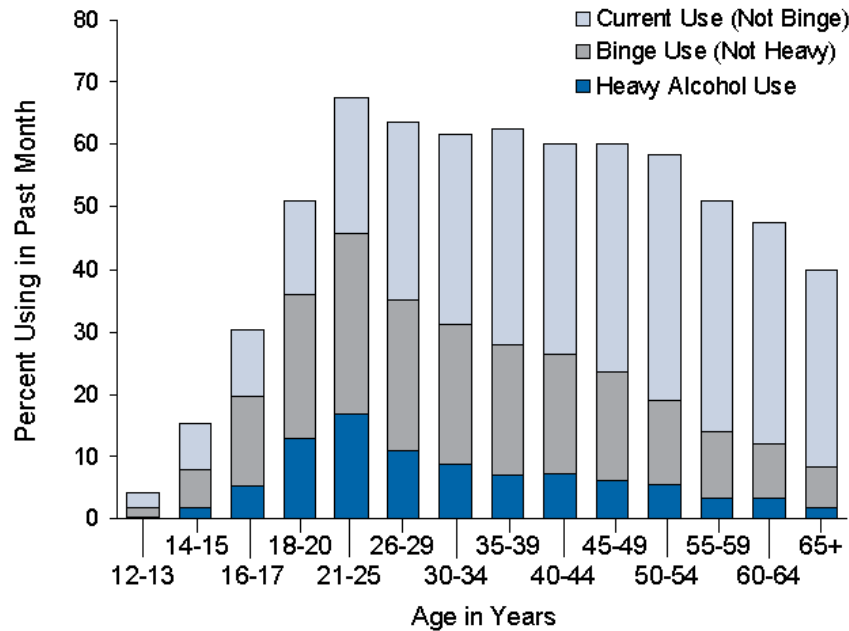
Most teens and young adults use alcohol at least sometimes before sex and risky sexual activity increases with the use of alcohol and drugs.



MYDAUS data shows a significant increase in alcohol use and binge drinking between 8th and 9th grade as well as increases in perceived availability of drugs, parental attitude favorable to drug use and personal attitude favorable to drug use. This data, coupled with the data that feeling unsafe in school peaks in 9th grade, indicates a place for further investigation. The consequences of high risk drinking within this age group, such as increased risky sexual behavior, a strong association between drinking and using other drugs, and the morbidity and mortality that can occur with high risk drinking, also merit more investigation.

18-24 year olds and Alcohol:

National Data: Current, Binge, and Heavy Alcohol Use among Persons Aged 12 or Older, by Age: 2005



The rate of binge drinking was 41.9 percent for young adults aged 18 to 25. Heavy alcohol use was reported by 15.3 percent of persons aged 18 to 25. These rates are similar to the rates in 2002, 2003, and 2004.

Source: 2005 National Survey on Drug Use & Health: National Results

Maine Data: BRFSS Maine Binge drinkers (adults having five or more drinks on one occasion) 2005

| Age: | | Yes | No |
|-------|----|-------------|-------------|
| 18-24 | % | 27.9 | 72.1 |
| | CI | (20.0-35.8) | (64.2-80.0) |
| | n | 44 | 116 |
| 25-34 | % | 23.3 | 76.7 |
| | CI | (18.5-28.1) | (71.9-81.5) |
| | n | 96 | 386 |
| 35-44 | % | 17.6 | 82.4 |
| | CI | (14.4-20.8) | (79.2-85.6) |
| | n | 117 | 601 |
| 45-54 | % | 11.4 | 88.6 |
| | CI | (9.0-13.8) | (86.2-91.0) |
| | n | 98 | 850 |
| 55-64 | % | 8.5 | 91.5 |
| | CI | (6.2-10.8) | (89.2-93.8) |
| | n | 59 | 685 |
| 65+ | % | 1.7 | 98.3 |
| | CI | (0.8-2.6) | (97.4-99.2) |
| | n | 15 | 861 |

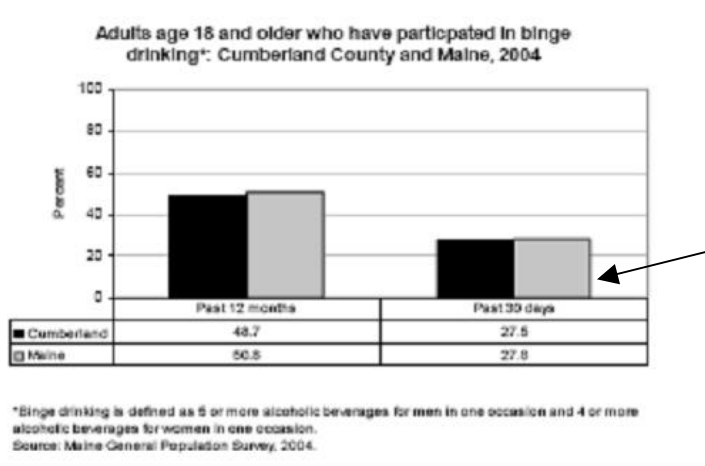
Very high rate among the 18-24 year olds

Binge drinking comparison 2002-2005

| Year: | | <u>18-24</u> | <u>25-34</u> | <u>35-44</u> | <u>45-54</u> | <u>55-64</u> | <u>65+</u> |
|-------|---|--------------|--------------|--------------|--------------|--------------|------------|
| 2005 | % | 27.9 | 23.3 | 17.6 | 11.4 | 8.5 | 1.7 |

| | | | | | | | |
|-------------|--------------|----------------------------------|----------------------------------|----------------------------------|---------------------------------|--------------------------------|-------------------------------|
| | CI n | (20.0-35.8) 44 | (18.5-28.1) 96 | (14.4-20.8) 117 | (9.0-13.8) 98 | (6.2-10.8) 59 | (0.8-2.6) 15 |
| 2002 | % CI n | 30.4 (22.6-38.2) 49 | 28.5 (23.1-33.9) 92 | 17.3 (13.5-21.1) 78 | 11.5 (8.6-14.4) 62 | 8.6 (5.3-11.9) 29 | 2.7 (1.1-4.3) 12 |

County Data:



Source: Cumb Co Profile

. Percentage of Respondents Using Specific Drugs in Past 30 Days
18-25 year old non-college population in Androscoggin Co.

| Drug | Percent Using: |
|---|----------------|
| Any Tobacco | 59.9% |
| Cigarette use | 58.3% |
| Alcohol | 63.8% |
| Binge Alcohol Use* (defined as 5 or more drinks in one sitting) | 38.4% |
| Marijuana | 27.5% |
| Any Illicit Drug Use | 29% |
| Any Illicit Drug Use Other than Marijuana | 7.3% |

Source: Healthy Androscoggin Study

Of the 63.8% of respondents that drank in the past 30 days, on average they drank 6.6 drinks per sitting and reported an average of 10.8 binges over the past 30 days.

Overall rate of binge drinking in ME for 18-24 yr. olds is 27.9%. Among non-college 18-25 yr. olds in Androscoggin it is 10% more (38.4%). Although we don't have Cumb. Co data, it is probable that the non-college population in Cumb. Co also has high rates of binge drinking.

Substance use comparison of unemployed/non-students with employed/non-students
18-25 year old non-college population in Androscoggin Co.

| Substance | Unemployed/non-student using (n=70) | Employed/non-student using (n=136) |
|-------------|--|---------------------------------------|
| Alcohol Use | 9.9 drinks per sitting | 5.3 drinks per sitting |

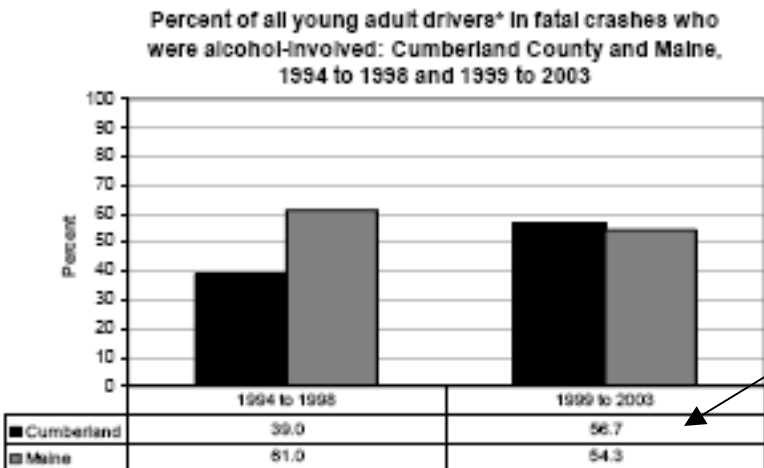
Source: Healthy Androscoggin Study

Heavy drinkers (adult men having more than two drinks per day and adult women having more than one drink per day) 2005

| Age: | | Yes | No |
|-------|--------------|--------------------------------|-----------------------------------|
| 18-24 | % CI n | 6.7 (2.7-10.7) 14 | 93.3 (89.3-97.3) 144 |
| 25-34 | % CI n | 5.7 (2.6-8.8) 27 | 94.3 (91.2-97.4) 449 |
| 35-44 | % CI n | 6.6 (4.6-8.6) 45 | 93.4 (91.4-95.4) 665 |
| 45-54 | % CI n | 6.4 (4.6-8.2) 62 | 93.6 (91.8-95.4) 876 |
| 55-64 | % CI n | 4.6 (2.9-6.3) 36 | 95.4 (93.7-97.1) 709 |
| 65+ | % CI n | 3.1 (1.7-4.5) 27 | 96.9 (95.5-98.3) 832 |

Again, the highest rates of heavy drinking are among 18-24 yr olds

Source: Maine BRFSS 2005



HUGE increase (18%) in fatal accidents involving alcohol within this age group.

*Young adult drivers includes drivers between the ages of 21 and 29.
Source: Fatality Analysis Reporting System (FARS) 1994-2003.

Source: Cumb. Co Profile

Consequences of Drinking and driving in Maine (from the Dept. of Transportation):

- Alcohol is a factor in 23% of all Maine crash costs.
- Alcohol-related crashes in Maine cost the public an estimated \$0.5 billion in 2000 (which includes \$0.2 billion in monetary costs and \$0.3 billion in quality of life losses.
- The average alcohol-related fatality in Maine costs \$3.7 million
- The estimated cost per injured survivor of an alcohol-related crash averaged \$107,000

College women and Drinking (The Women's Project Study)

- Our student survey, restricted to the SMCC campus where 81% of surveyed students were commuters versus residents (residing on campus), found **a 75% rate of consumption reported by males, and a 43% rate for females - 33% for underage females.**
- Bar and tavern owners interviewed indicated:
 - Males prefer beer, while females prefer hard liquor mixed drinks or shots of hard liquor.
 - Females students do respond to discount drink specials offered by local bars
 - Females are more often observed drinking in groups of females, or in mixed gender groups rather than in male/female or female/female couples.
 - Females report their motivation for drinking is to 'be social' and to 'have fun'.
- The single most prevalent risk factor for female student alcohol consumption appears to be the **normative nature of the behavior**

Consequences:

- Nationally, About 10 percent of female students who are frequent binge drinkers report being raped or subjected to nonconsensual sex, compared to only 3 percent of non-bingeing female students.
- Most campus rapes occur after heavy drinking (CAS). Ninety percent (90%) of all reported college rape cases involve the use of alcohol by at least one party, and 60% of college women who reported having sexually transmitted diseases link alcohol with their infection.



The data for 18-24 year olds is consistent across various data sources. They have the highest rates of binge drinking and heavy drinking and the study of the non-college population seems to indicate an even greater problem with alcohol among the unemployed/non student. Considering the increased rates of fatal accidents involving alcohol, and the high cost of alcohol-related accidents as well as the known problems associated with such high rates of binge and heavy drinking such as higher rates of sexual assault, and possibly, higher rates of unemployment, this population deserves further investigation.

MARIJUANA

MARIJUANA - Prior 30-Day Use
Cumberland County vs Maine, by Grade, 2006

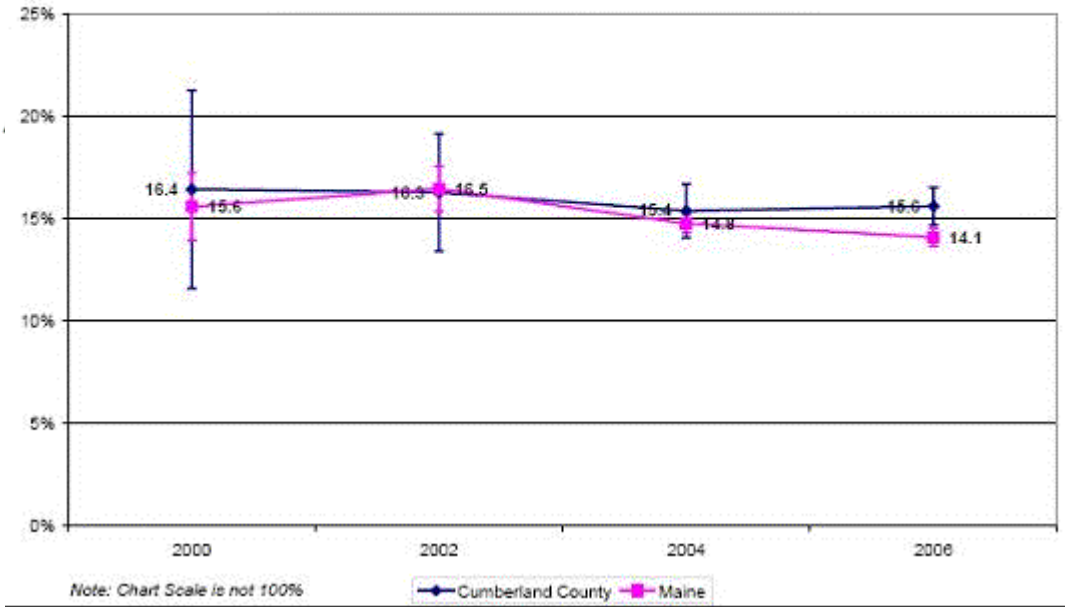
| Grade | Cumberland County | | | Maine | | | Sig Diff |
|-------|-------------------|-------|-------|-------|-------|-------|----------|
| | LCL | % | UCL | LCL | % | UCL | |
| 6th | 0.3% | 0.6% | 0.8% | 0.8% | 1.0% | 1.2% | - |
| 7th | 1.9% | 2.6% | 3.4% | 2.1% | 2.5% | 2.8% | |
| 8th | 6.6% | 8.0% | 9.5% | 6.0% | 6.6% | 7.1% | |
| 9th | 13.2% | 14.6% | 16.0% | 13.1% | 13.7% | 14.3% | |
| 10th | 20.5% | 21.7% | 22.9% | 19.8% | 20.4% | 21.0% | |
| 11th | 26.7% | 28.2% | 29.7% | 24.7% | 25.5% | 26.2% | + |
| 12th | 29.1% | 31.1% | 33.1% | 26.3% | 27.2% | 28.2% | + |
| Total | 14.6% | 15.6% | 16.5% | 13.6% | 14.0% | 14.5% | + |

Statistically Significant higher rates of use in Cumb. Co

LCL: 95% Lower confidence limit. HCL: 95% Upper confidence limit.
Sig Diff: Significant difference at 95% confidence, where plus (+) is higher and minus (-) is lower.

Source: Cumb. Co MYDAUS 2006

MARIJUANA - Trend in Prior 30-Day Use
Cumberland County vs Maine

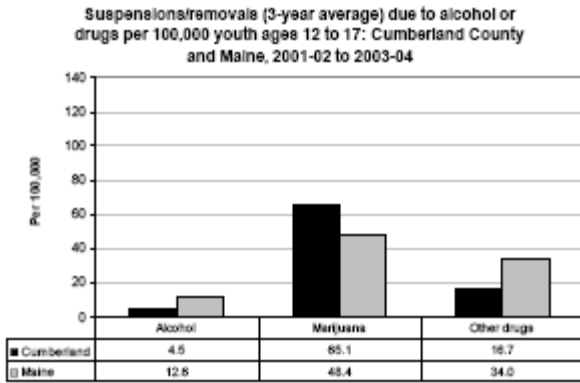


| | | | |
|-------|------|------|------|
| Maine | 12.5 | 45.4 | 34.0 |
|-------|------|------|------|

Source: Lobster Book, Safe and Drug Free Schools (SDFS), 2001-02 to 2003-04

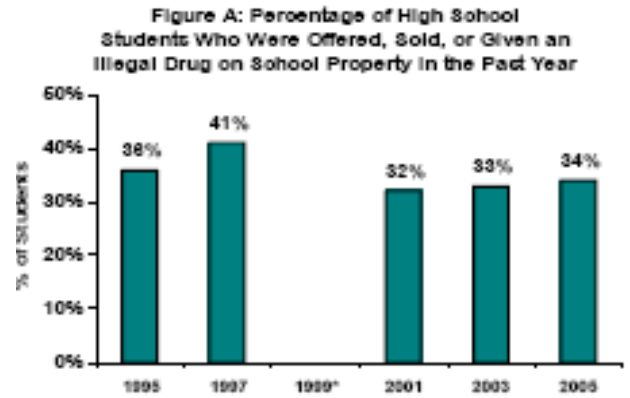
Source: Cumb. Co MYDAUS 2006

ALCOHOL- AND DRUG- RELATED SUSPENSIONS/REMOVALS



Source: Lobster Book, Safe and Drug Free Schools (SDFS), 2001-02 to 2003-04.

Source: Cumb. Co Profile



*There are no results because the data set in 1999 was not representative of the entire state.

Source: Maine YRBS 2005

By 12th grade, more than 25% of students in Cumb. Co have been drunk or high at school at least once in the past year

BEEN DRUNK OR HIGH AT SCHOOL IN PAST 12 MONTHS BY GRADE AND GENDER – Cumberland Co 2006

| | 6TH | 7TH | 8TH | 9TH | 10TH | 11TH | 12TH | MALE | FEMALE | TOTAL |
|-------------------|------|------|------|------|------|------|------|------|--------|-------|
| NEVER | 99.0 | 96.8 | 92.5 | 85.3 | 81.1 | 75.5 | 73.7 | 85.4 | 87.7 | 86.0 |
| 1-2 TIMES | 0.5 | 1.6 | 4.2 | 7.6 | 9.1 | 10.3 | 10.9 | 6.2 | 6.3 | 6.4 |
| 3-5 TIMES | 0.2 | 0.7 | 1.4 | 2.5 | 2.6 | 4.6 | 4.5 | 2.4 | 2.2 | 2.4 |
| 6-9 TIMES | 0.0 | 0.2 | 0.4 | 1.2 | 2.2 | 1.9 | 2.3 | 1.3 | 1.0 | 1.2 |
| 10 OR MORE | 0.3 | 0.7 | 1.4 | 3.5 | 5.0 | 7.8 | 8.6 | 4.7 | 2.8 | 4.0 |

Source: Cumb. Co. MYDAUS 2006

More boys than girls seem to use in school on a more consistent basis

Figure 20: Number of Incidents Resulting in Students' Removal from School by School Level

| Incident Category | Incident Type | Elementary | Middle/Jr. High School | Sr. High School | Total |
|-------------------|---------------------------------|------------|------------------------|-----------------|-------|
| Drug-Related | Alcohol Possession/Distribution | 2 | 2 | 8 | 12 |
| | Alcohol use | 7 | 2 | 27 | 36 |
| | Marijuana distribution | 1 | 6 | 14 | 21 |
| | Marijuana possession | 1 | 5 | 34 | 40 |
| | Marijuana use | 0 | 2 | 45 | 47 |
| | Other drug distribution | 2 | 4 | 15 | 21 |
| | Other drug possession | 1 | 2 | 29 | 32 |
| | Other drug use | 0 | 0 | 11 | 11 |
| | Tobacco possession/distribution | 2 | 2 | 12 | 16 |
| | Tobacco use | 1 | 3 | 26 | 30 |

Source: Maine Safe and Drug Free Schools and community Act Incident Report 2004

Although the previous chart asks about being drunk or high in school, when combined with this chart, it would seem that marijuana is more commonly used in school than alcohol.

Marijuana use, possession and distribution make up 41% of all drug and alcohol related incidents resulting in student removal in Maine (alcohol makes up 18% and other drugs make up 25%)

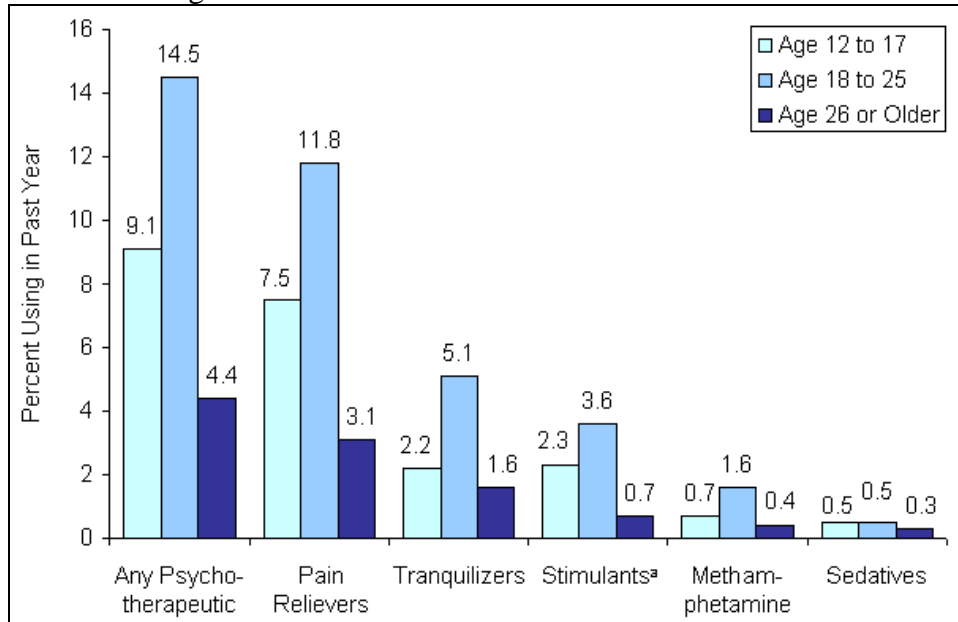


We know how many kids use marijuana but we don't know a lot. We have limited consequence data; that is to say that we don't have statistics on how marijuana use negatively impacts kids. This may be a place for further investigation with focus groups.

PRESCRIPTION DRUGS

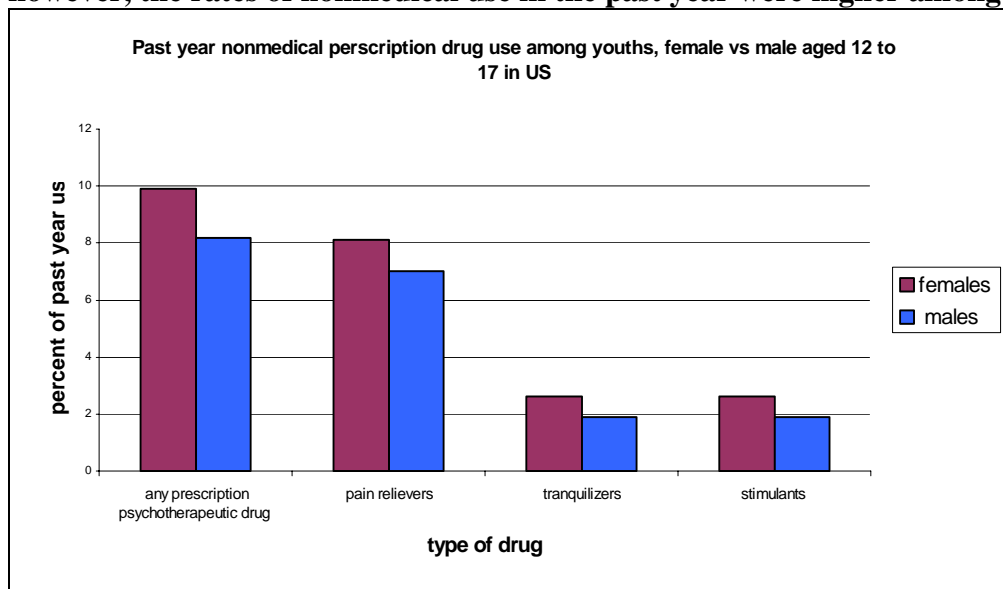
National data:

Past Year Nonmedical Use of Prescription Psychotherapeutic Drugs, by Drug Type and Age Group:
Annual Averages Based on 2002-2004



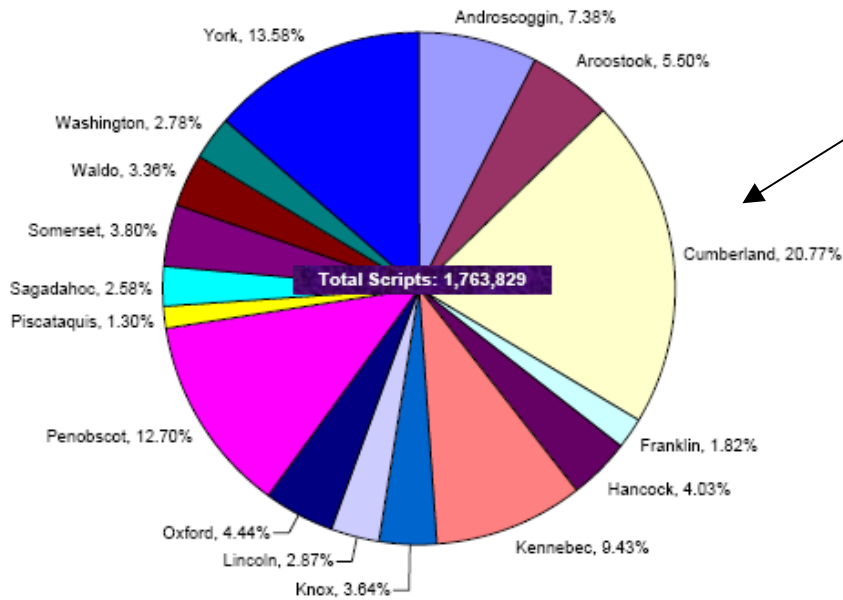
Among adults aged 18 or older, the risk of dependence or abuse for psychotherapeutics was greater for persons who initiated nonmedical use before age 16 compared with those who initiated use at age 16 or older.

Males generally had higher rates than females for misuse of pain relievers, stimulants and methamphetamine among the overall population aged 12 or older. **Among youths aged 12 to 17, however, the rates of nonmedical use in the past year were higher among females than males.:**



Created from data in: *Misuse of Prescription Drugs: Data from the 2002, 2003 and 2004 National Surveys on Drug Use and Health.*

County % of State Total



Data collection from July 2004 - June 2005

Cumb. Co also makes up 20% of Maine population

Source: Prescription Monitoring Program (OSA Website)

| County | PMP (4th Quarter 04 - 3rd Quarter 05): Patients over the threshold for all scheduled drugs per 100,000 population |
|--------------|---|
| Androscoggin | 151.7 |
| Aroostook | 145.7 |
| Cumberland | 122.9 |
| Franklin | 131 |
| Hancock | 181.8 |
| Kennebec | 183.8 |
| Knox | 158.4 |
| Lincoln | 135.3 |
| Oxford | 201.2 |
| Penobscot | 214.3 |
| Piscataquis | 109.2 |
| Sagadahoc | 104.2 |
| Somerset | 129 |
| Waldo | 109.8 |
| Washington | 80.6 |
| York | 135.3 |

Cumberland County has a lower amount of patients over the threshold than most of the state

Maine (State) | 143.4
 Source: Maine OSA Prescription Monitoring Program

Percent of threshold transactions in each drug category by county*

PMP Threshold Data (4th Quarter 04 - 3rd Quarter 05):

| County | % of transactions for Narcotics | % of transactions for Tranquilizers | % of transactions for Stimulants |
|-------------------|---------------------------------|-------------------------------------|----------------------------------|
| Cumberland (1990) | 63.7 | 29.2 | 3.6 |

Source: Maine OSA Prescription Monitoring Program

Most of the prescription drugs that pass the threshold in Cumberland Co are Narcotics.

**PRESCRIPTION DRUGS - Ever Used
 Cumberland County vs Maine, by Grade, 2006**

| Grade | Cumberland County | | | Maine | | | Sig Diff |
|-------|-------------------|-------|-------|-------|-------|-------|----------|
| | LCL | % | UCL | LCL | % | UCL | |
| 6th | 2.9% | 3.3% | 3.6% | 3.1% | 3.5% | 4.0% | |
| 7th | 3.4% | 4.3% | 5.2% | 4.2% | 4.6% | 5.0% | |
| 8th | 5.9% | 7.1% | 8.4% | 6.7% | 7.2% | 7.7% | |
| 9th | 11.0% | 12.0% | 13.0% | 11.4% | 11.9% | 12.4% | |
| 10th | 13.4% | 14.5% | 15.6% | 15.0% | 15.7% | 16.3% | |
| 11th | 14.9% | 18.3% | 21.7% | 18.7% | 19.5% | 20.4% | |
| 12th | 16.8% | 19.5% | 22.2% | 18.9% | 19.7% | 20.5% | |
| Total | 10.4% | 11.5% | 12.7% | 11.5% | 11.9% | 12.3% | |

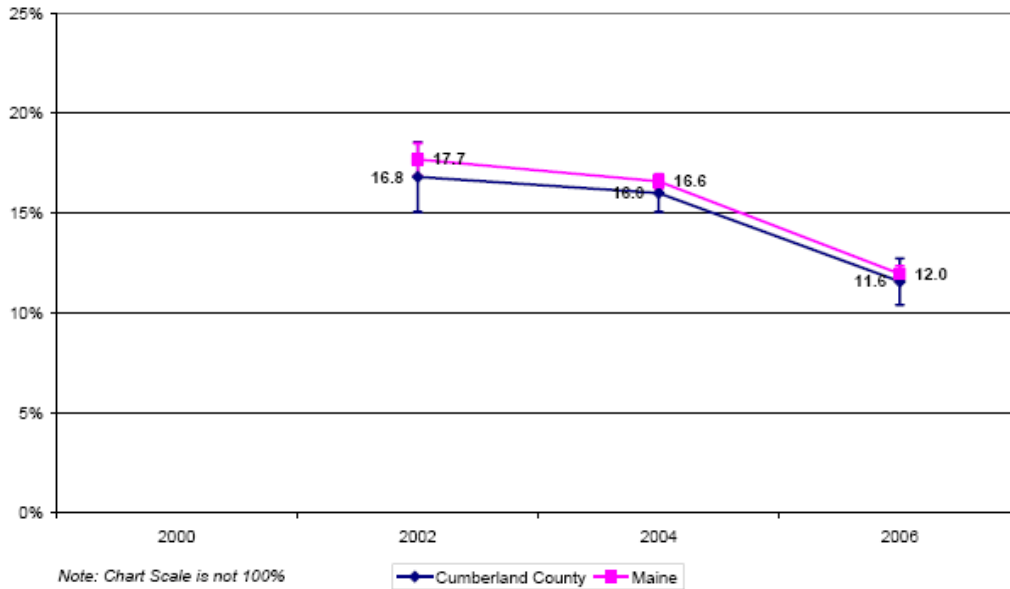
5% increase in use between 8th and 9th grade.

4% increase in use between 10th and 11th grade.

*LCL: 95% Lower confidence limit. HCL: 95% Upper confidence limit.
 Sig Diff: Significant difference at 95% confidence, where plus (+) is higher and minus (-) is lower.*

Source: Cumb. Co MYDAUS 2006

**PRESCRIPTION DRUGS - Trend in Ever Used
Cumberland County vs Maine**



Source: Cumb. Co MYDAUS 2006

Percentage of Respondents Reporting Lifetime Use of Specific Drugs
18-25 year old non-college population in Androscoggin Co.

| | |
|--------------------|-------|
| LSD | 9.3% |
| Cocaine/crack | 22.6% |
| Ecstasy | 21.2% |
| Methamphetamine | 7.4% |
| Heroin | 5.0% |
| Prescription Drugs | 29.9% |
| Other | 12.2% |

In focus groups within this study, perception was that prescription drugs were safer

Source: Healthy Androscoggin Study

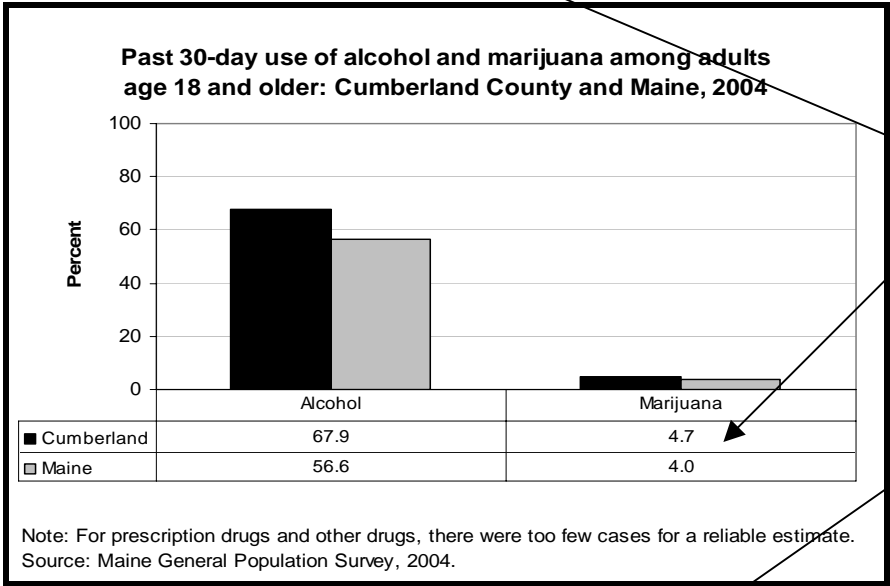


Nationally, prescription drug misuse appears to be a growing problem but we don't have a lot of local data to assess the problem adequately here in Cumberland co and the data we do have is not consistent. This may be a place for further investigation with key informant interviews, analysis of hospital discharge data, and other data collection efforts.

DRUGS, General:

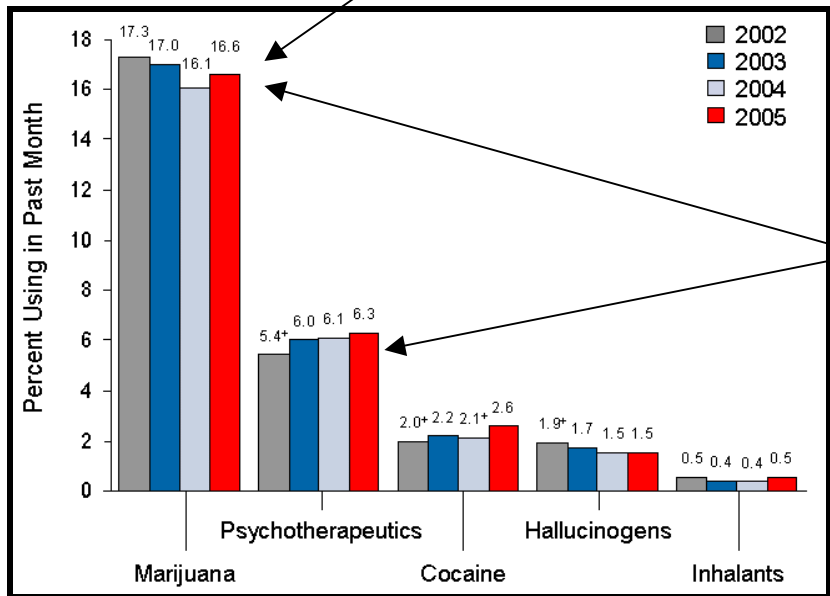
Nationally, among adults **aged 26 or older**, 5.8 percent reported current illicit drug use in 2005:

| | | | | |
|------------------|---------------------------|----------------|----------------------|------------------|
| 4.1 | 1.9 | .8 | .2 | .1 |
| Marijuana | Psychotherapeutics | Cocaine | Hallucinogens | Inhalants |



The national data is fairly consistent with county data. We do not have the county data by age, but we can assume that the rates for 18-25 year olds are probably similar to the national stats

National Past Month Use of Selected Illicit Drugs among Young Adults Aged 18 to 25: 2002-2005



Much higher rates of use among 18-25 year olds than indicated in the aggregated data on Cumb. Co

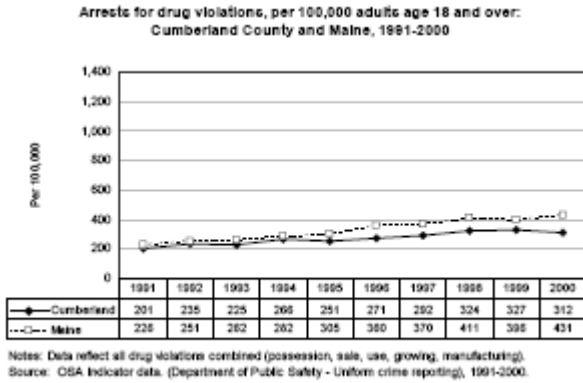
Source: Results from the 2005 National Survey on Drug Use and Health: National Findings

Percent of adults aged 18 or older by employment status who are current illicit drug users, 2005

| | | |
|-------------------------|------------------------------|------------------------------|
| % of Unemployed who use | % Employed part time who use | % Employed Full time who use |
| 17.1% | 10.4% | 8.2% |

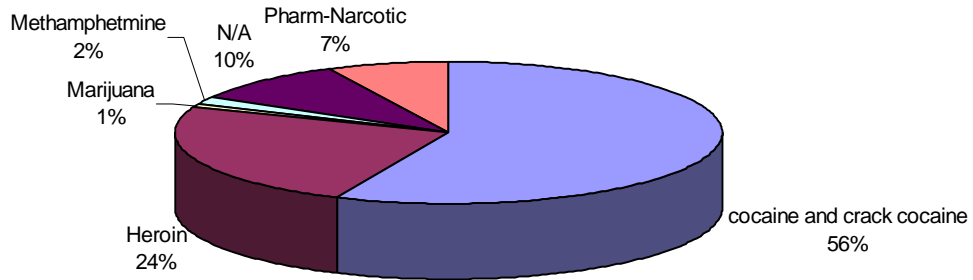
Although the rate of past month illicit drug use was higher among unemployed persons compared with those from other employment groups, most drug users were employed. Of the 17.2 million current illicit drug users aged 18 or older in 2005, 12.9 million (74.8 percent) were employed either full or part time.

Source: Results from the 2005 National Survey on Drug Use and Health: National Findings

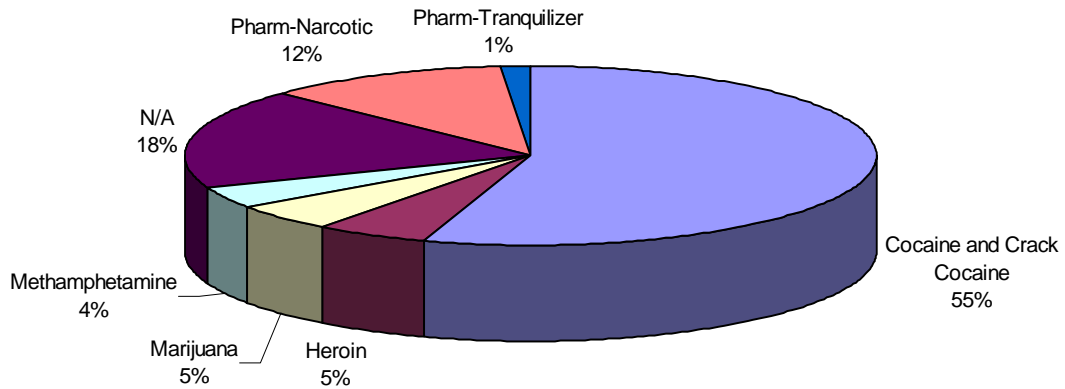


Source: Cumb. Co Profile

**Type of drug involved in arrests of adults over 18 in Cumberland Co.,
2005**



**Type of drug involved in arrests of adults over 18 in Cumberland Co.
2006 (Jan-Sept15th)**



Source: Created from Drug Arrest Data from Scott Pellitier

In 2005, Cumb. Co makes up less of the total deaths as compared to 2002, but we still make up 26.7% of all Maine drug deaths

Table 1. Cumberland County: Number of Drug Deaths by Manner by Year (2002-2005)

| | 2002 (percent total deaths) | 2003 (percent total deaths) | 2004 (percent total deaths) | 2005 (percent total deaths) | TOTAL* (percent total deaths) |
|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|----------------------------------|
| Maine All Drug Deaths | 165 | 153 | 162 | 176 | 656 |
| Maine Accident | 124 | 117 | 131 | 138 | 510 |
| Maine Suicide | 37 | 26 | 26 | 25 | 114 |
| Cumberland County All Drug Deaths | 65 (39.4%) | 45 (29.4%) | 38 (23.5%) | 47 (26.7%) | 195 (29.7%) |
| Cumberland County Accident | 55 | 39 | 33 | 33 | 160 |
| Cumberland County Suicide | 8 | 6 | * | 10 | 29 |
| City of Portland All Drug Deaths | 45 (27.3%) | 23 (15.0%) | 25 (15.4%) | 26 (14.8%) | 119 (18.1%) |
| City of Portland Accident | 38 | 19 | 23 | 18 | 98 |
| City of Portland Suicide | ** | ** | ** | ** | 16 |

* Table includes only manners of suicide and accident; sum is less than the total drug deaths

** Frequency too small to report (n<=5)

Source: Maine Drug-Related Mortality Patterns (1997-2005) Cumberland County, ME

Table 3. Cumberland County: Percent of All Drug Deaths by Drug Type (2002-2005)

| Drug Mentioned as Cause* | Maine | Cumberland County | City of Portland |
|------------------------------------|-------|-------------------|------------------|
| Alcohol in combination with a drug | 10.5% | 9.4% | 11.8% |
| Cocaine | 8.4% | 7.7% | 9.2% |
| All Narcotics | 66.5% | 68.3% | 68.9% |
| Heroin/Morphine** | 16.6% | 17.4% | 17.6% |
| Methadone** | 35.1% | 39.5% | 40.3% |
| Benzodiazepines | 10.2% | 10.3% | 12.6% |

* Drug categories are not mutually exclusive

** Drug included in all Narcotics

Source: Maine Drug-Related Mortality Patterns (1997-2005) Cumberland County, ME

62.5% of Cumberland County accidental drug death victims are male. The average age of all accidental death victims is 36.3 years.

Appendix B: Focus Group Questions

Focus Group Questions for Youth

1. Would you say that alcohol is a problem among youth at your school? What about other drugs - do you think a lot of youth at your school use drugs?
2. Describe the different types of students at your school who drink? Is there a particular type of student who smokes pot? Do they tend to be the same people?
3. Among students at your school, is there a difference in the kinds of alcohol and drugs that boys use versus girls?
4. Have you ever heard of the term “binge drinking”? What do you think that might mean? How many drinks would someone have to drink in order for it to be considered a dangerous amount? Do you think many youth your age engage in binge drinking?
5. Do you think people your age believe drinking hard liquor is more dangerous than drinking beer? **Make a continuum** of least to most dangerous types of alcohol.
6. Looking at the continuum, what kind of alcohol is used most often by people your age?
7. How do students at your school get alcohol?
8. Is prescription drug abuse a problem at your school? How do students at your school get prescription drugs?
9. For people your age, what is the easiest substance to get? **Make a continuum** of easiest to most difficult substance to get.
10. Where do youth use drugs and alcohol (in what settings)? Why do you think youth use drugs & alcohol?
11. What would stop someone you know from drinking or smoking pot? Do you think sports contracts at schools keep people from using?
12. What messages are you getting from adults about drinking and smoking pot?
 - a. Generally, do you think adults in your community think it’s okay for youth to use as long as they use responsibly or do you think their attitude is that youth should not use any alcohol or drugs?
 - b. Do adults in your community have different attitudes or acceptance levels for different drugs? **Make a continuum** of drugs most tolerated to least tolerated by adults.
13. What messages are youth getting from the media about drinking and using drugs?

14. What do you see as the number one problem caused by drinking for people your age?
15. What is the number one problem caused by smoking pot?
16. What is the number one problem caused by misusing prescription drugs?
17. If you wanted to talk with someone about alcohol or drugs, who would you go to?

Focus Group Questions for Parents of High School Aged Children

1. Which substance concerns you the most?
2. Are there certain groups of people in your community for whom these substances are of particular concern? Which groups?
3. Which substance concerns you the least?
4. In regards to youth in your community, what do you think is the biggest problem associated with substance use?
5. What do you see as the number one problem caused by drinking among youth?
6. What do you think is the prevailing philosophy or attitude for dealing with underage drinking among parents in your community?
7. Is this attitude different in regards to the use of other substances by youth?
8. What do you think is the easiest substance for youth to obtain? Make a continuum of easiest to most difficult substance to obtain. What makes you say that?
9. Where do you think youth get access to alcohol? Marijuana? Prescription drugs?
10. What do you consider binge drinking? Would this be considered a dangerous amount among your friends and family? What would a dangerous amount be?
11. Would you say that most of the adults in your community drink alcohol on a regular basis? Do you think there are a lot of adults that abuse drugs? Which drugs do you think they abuse?
12. How do you think the use of drugs or alcohol by adults affects use of substances by the youth in your community?
13. What strategies do you think are the most successful in keeping youth from drinking and using drugs?

Focus Group Questions for people in recovery

1. Do you have any thoughts about why young people start drinking or doing drugs?
2. Do you think there are certain types of people who drink alcohol? Is there a particular type of person who smokes pot? Do they tend to be the same people?
3. Have you ever heard of the term “binge drinking”? What do you think that might mean? How many drinks would someone have to drink in order for it to be considered a dangerous amount? Do you think many people your age engage in binge drinking?
4. Do you think people your age believe drinking hard liquor is more dangerous than drinking beer? Make a continuum of least to most dangerous types of alcohol.
5. Looking at the continuum, what kind of alcohol is used most often by people you know?
6. What is the easiest substance to get? Make a continuum of easiest to most difficult substance to get.
7. What do you think is the most commonly used substance amongst people you know?
8. Would you say that alcohol is a problem among your friends? What about drugs? Do a lot of your acquaintances or friends use drugs?
9. Amongst the people you know that have a problem with drugs and alcohol, at what age do you think most of them started drinking? Using drugs?
10. If you know people who abuse prescription drugs, how do you think they get it?
11. Where do people use drugs and alcohol?
12. What messages do you think people your age got from adults when they were growing up about drinking and using drugs?
 - a. Generally, do you think adults in your community when you were growing up thought that it was okay for youth to use as long as they used responsibly or do you think their attitude was that youth should not use any alcohol or drugs?
 - b. Do you think adults in your community had different attitudes or acceptance levels for different drugs
13. What messages do you think people get now from the media and the community about drinking and using drugs?
14. What do you see as the number one problem caused by drinking for people your age?
15. What is the number one problem caused by smoking pot?

16. What is the number one problem caused by using other drugs?
17. What would stop someone you know from drinking or using drugs?
18. If you could create a strategy to prevent youth from using alcohol and drugs, what would it be?

Focus Group Questions for CCJ 18-25 year olds

1. Would you say that alcohol is a problem among your friends? What about drugs? Do a lot of your acquaintances or friends use drugs?
2. Would you say that alcohol and drugs is a problem among the inmates at the jail? What gives you that impression?
3. Have you ever heard of the term “binge drinking”? What do you think that might mean? How many drinks would someone have to drink in order for it to be considered a dangerous amount? Do you think many youth your age engage in binge drinking?
4. Do you think people your age believe drinking hard liquor is more dangerous than drinking beer? Make a continuum of least to most dangerous types of alcohol.
5. Looking at the continuum, what kind of alcohol is used most often by people you know?
6. What is the easiest substance to get? Make a continuum of easiest to most difficult substance to get.
7. What do you think is the most commonly used substance amongst people you know? Is cocaine a commonly used drug?
8. If you know people who abuse prescription drugs, how do you think they get it?
9. Where do people use drugs and alcohol?
10. What would stop someone you know from drinking or using drugs? Do you think spending time in jail would stop someone from using?
11. What messages are you getting from the media and the community about drinking and using drugs?
12. What do you see as the number one problem caused by drinking for people your age?
13. What is the number one problem caused by smoking pot?
14. What is the number one problem caused by using other drugs?

Appendix C: Focus Group Results

Key Findings from Focus Groups

Cumberland County Substance Abuse Assessment 2006-2007

Focus Group Details:

Total Participants: Approximately 70 people

Age Groups:

- 4 youth groups
- 1 parent group (key leaders meetings were also made up of parents but results not listed here)
- 1 18-25 year-old groups
- 2 adult groups, 18- 50 years old

Other Characteristics:

- 1 all men
- 1 all women
- 2 rural
- 2 suburban
- 3 urban
- 1 mostly refugees and immigrants
- 2 with people in recovery
- 1 jail inmates

Youth 12-18 (4 focus groups)

Overview: We asked a series of questions to 4 different groups of youth. There was consensus on many topics but there was some differences they may be attributable to where they live, their cultural backgrounds, the school they attend, etc. Below are some of the key findings from the groups, mostly highlighting the areas of consensus.

Who drinks and who uses pot?

No one in any groups would identify one kind or person that drinks or smokes pot. Broad consensus that every type of person uses.

What is Binge Drinking and dangerous amounts of drinking?

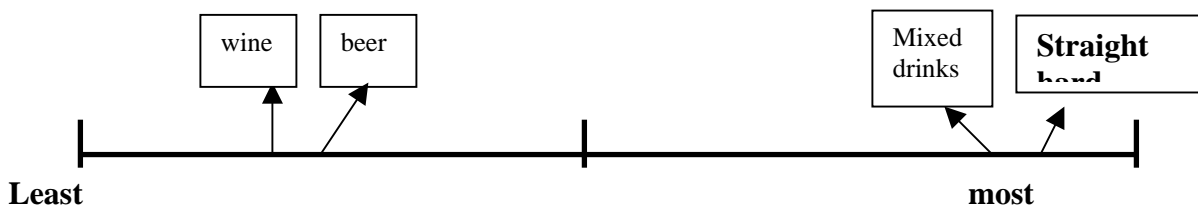
Youth did **not** describe a consistent definition for “binge drinking”. They agreed that a dangerous amount of alcohol is different for each person because everyone has a different tolerance, body make-up, etc.

Do boys and girls use same drugs and alcohol?

Most of the youth agreed that both boys and girls use the same kinds of drugs and alcohol

What is the least to most dangerous type of alcohol?

Most of the youth groups described something similar to the continuum below:



Most popular type of alcohol used?

Broad consensus that most youth drink hard liquor, usually as mixed drinks. There is more access to it.

Where do youth get access to alcohol?

Parents (stealing from or being provided by the parents), older siblings, friends who are older or look older.

Is prescription drug use a problem?

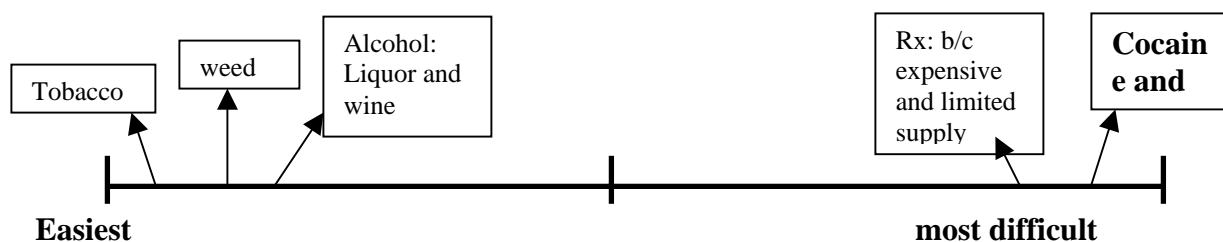
No Consensus

Where do youth get prescription drugs?

Consensus that youth either got the prescription from a Doctor for a legitimate reason to begin with and then started to misuse it or a youth bought it from someone who had received it legitimately from a Doctor.

What is easiest to most difficult drug to get?

Most of the youth groups described something similar to the continuum below



Easiest

most difficult

Weed is easier to get than alcohol because you don't have to be 21 to buy pot from a dealer.

Why do youth use?

No consensus but some of the answers were:

Stress, depression, addiction, peer pressure, boredom, feels good, to fit in, "freshman mimic seniors because they look up to them"

What messages are youth getting from adults in their community about drinking and smoking pot?

No broad consensus. But here are some answers:

- "Doesn't matter what parents say, they don't have much pull."
- "Parents don't pay attention to what kids are doing anyway"
- From parents who don't use, they hear abstinence messages
- Parents who use are more accepting of use
- Lots of youth said that "Parents or in denial"; they don't want to know about use

Media messages?

Very Broad Consensus that media glamorizes use. None of the groups had trouble coming up with lots of examples.

#1 problem associated with drinking for people your age?

No broad consensus. The only answers that were said more than once were: Drinking and driving, getting caught, people getting violent

#1 problem associated with smoking pot?

Only consensus answer was: Eating too much (gaining weight)

#1 problem associated with misusing prescription drugs:

All the groups mentioned: overdose, death, addiction

Who would you talk to about drugs and alcohol?

No consensus

People in Recovery and/or past substance abusers:

We held 3 focus groups that included people who were in recovery or who were past substance abusers. Two were held at treatment facilities and one was held at the Cumberland County Jail. We asked them a series of questions and below are some of the highlights from these conversations.

Why do young people start using alcohol and drugs?

Family – genetics and family climate

“My parents weren’t around and didn’t have time to watch over me when they were because we had a big family and work requirements made them unavailable.”

“Adult drinking leads to the mindset that dinking is okay- when I grow up I’m going to drink”

Who drinks and who uses pot?

Broad consensus that everyone can drink and everyone can be a pot smoker

What is Binge Drinking and dangerous amounts of drinking?

They all thought of binge drinking as meaning going on a “binge”, drinking lots of alcohol for days at a time. They all agreed that dangerous amounts are different for each person.

What is the least to most dangerous type of alcohol?

There was general agreement that all types can be dangerous depending on the person and how much they drink

Most common thing to drink?

No consensus

Easiest substance to get access to?

Broad Consensus that pot and alcohol were the easiest things to get.

Most Commonly Used?

No consensus. They all talked about phases of drugs. Cocaine is more popular now but that heroin is also coming back in. On group agreed that drug users use alcohol but not necessarily vice versus, while another group thought that people who were alcoholics were just as likely to use drugs as drugs addicts were to use drugs.

Among people who abuse dugs and alcohol, when do you think most of them started using?

Broad Agreement! Drinking at 12, doing drugs by 14

Where do people get prescription drugs?

Broad agreement that most people get Rx through legitimate channels- Doctors and emergency rooms or that they get it from someone who got it legitimately. It was also mentioned that people get it from their parents.

Where do people commonly use drugs and alcohol?

EVERYWHERE

When they were growing up, what messages did they get from adults in their community about drinking and using drugs?

“Drugs are bad”

“Pot is okay”

“If it is controlled or supervised, than we can keep it safe” (for alochol and pot)

Most of the people in the recovery groups had parents that drank and many who smoked pot. There were many people who said that their parents drank or did drugs with them when they were younger. Agreement that there was a dichotomy- people tell kids not to drink and then do it themselves.

#1 problem associated with drinking for people your age?

Death, addiction, jail, rehab, etc. These groups thought of the more dire consequences to use and also talked about how they had seen these consequences come to fruition for themselves and many, many friends

#1 problem associated with smoking pot for people your age?

No real consensus on this. Some mentioned eating too much, legal problems, doing nothing.

#1 problem associated with misusing prescription drugs?

Consensus on: Overdose, death, using other kinds of drugs

Some other consequences mentioned were: stealing from friends, losing kids, jail, losing job, family and support system

What strategy would you create to prevent youth from using?

There were many strategies offered but one thing came up a few times. They would like former addicts may be considered cool by youth, to go into schools and give them the real deal about using, not the glamorized version.

The other strategy with consensus was targeting parents and the family

In one group we asked them who in their lives had talked to them about their use?

They said no one ever talked to them about their use, that people simply walked out of their lives but that no one expressed concern or offered support to them along the way.

Parents:

We held one focus group made up entirely of parents but we also held 4 key leader meetings in which many of the participants were parents and often times answered questions based on what their impressions were of other parents in their community. Below are some key themes aggregated from what was said at all the meetings about parents in the community and the focus group.

Substances that are the biggest concern to parents?

Many people were concerned about illicit drugs like cocaine, meth, and things they haven't heard of. Some of the leaders in prevention said that many parents are concerned with drugs but that they should be more worried about alcohol since it is more pervasive and causes more deaths and accidents than other drugs

#1 problem caused by underage drinking?

Everyone knows that drinking and driving is a serious consequence of underage drinking and everyone is very concerned about it. There was also consensus that parents are concerned about grades, academics, and the effects of drinking (or getting caught drinking) on their academic success (ie: getting into college)

What is the attitude of the adult community around underage drinking?

Consensus that this varies greatly. Some parents push abstinence, some push responsible drinking. There was consensus that many parents are in denial, "If I don't see it and I don't hear it, then it doesn't exist" seems to be a prevailing attitude of some. There was a lot of talk in all the groups that there is a lack of parental supervision of teenagers. This may be a result of economics (parents have to work, parents are at the 2nd home in the mountains), from busy schedules, or from parental lack of skills around supervising teenagers.

Do a lot of adults use alcohol and drugs?

Consensus that there were a lot of parents that drink and some that smoke pot and few that use other illicit drugs. Agreement that parents use made the abstinence message a hard sell for youth.

Appendix D: Key Leader Meeting Questions

Key Leader Meeting Questions:

1. What role do families currently play in underage drinking and youth drug use? What about young adults and high risk drinking?
2. How aware do you think parents are of the risk of underage drinking among youth and high risk drinking among young adults? Why do you think this?
3. In your communities, how effective is law enforcement in dealing with the issue of underage drinking? Why? How about other drugs?
4. How well do you think your community is preparing young people for the transition from middle school to high school, and high school to beyond?
5. What role are schools playing in underage drinking and drug use? (this can include school policies and practices, as well as school climate)
6. What role do retailers, local and national, play in promoting high risk drinking to young people? What do you think most influences underage drinking and high risk drinking?
7. In combating substance abuse, what is your community's most promising asset?
8. What else would you like to see your community do to prevent substance abuse?

Appendix E: Key Leader Results

Key Leader Meeting Results

Cumberland County Substance Abuse Assessment 2006-2007

Key Leader Details:

- We held 4 across the county with key leaders in substance abuse prevention and key leaders in the community. Participants included: Teachers, substance abuse counselors, parents, police officers, prevention providers, treatment providers, town council members, students, etc.
- Almost every town in Cumberland County was represented at one of the meetings
- More than 50 people came to the 4 meetings.

In each meeting, we gave participants an overview of some of the data that we had collected thus far and how we arrived at the priorities of concern (ie: high risk drinking among youth, high risk drinking among 18-25 year-olds, etc). Then we asked them a series of questions and guided them through a discussion of what they thought contributed to the problem of substance abuse. Below are the answers they came up with, organized by intervening variables or factors that cause substance abuse consequences or consumption.

Family Climate:

- Providing Place for parties
- Enabling and modeling behavior of drinking and using drugs
- Lack of, or inconsistent parental supervision
- Socially acceptable to drink
- Parents endorsing drinking so their child will be in the “cool” group
- Parents have difficulty talking to youth about drinking b/c of own use, lack of communication skills, and lack of knowledge
- Denial Factor
- Parents don’t want to do the hard stuff; being a parent vs. friend
- Isolation parenting
- Disposable income and allowances facilitates access
- Parents rescue youth when they get caught
- Perception that alcohol is the least of the worries (more worried about drugs)
- Parents treating youth like adults and give them more responsibility than they are ready for
- Some parents’ don’t care if their children use
- Parents’ own use gets in the way of youth prevention
- Perception that socializing alcohol will lower the risks of drinking
- Parents share “war stories” of their own past use with their college-age kids – glorifying alcohol and “recreational drug use”
- Parents are done parenting when they send their children off to college
- Lack of ability to deal with the complicated stage of 18-25 where they should take some responsibility but are still not full adults
- Families and youth do not know how to deal with unstructured time

Community Climate:

- Alcohol is the least of all substance evils
- Some communities are advocating for lower drinking age- sending mixed messages
- Protective factors need to be built up
- Not enough chem.-free, risk taking (endorphin producing) activities for youth
- Facebook and myspace celebrate drinking
- Kids know where they can access alcohol in the community
- The community puts value on over-organization of teenager life
- “What happens at college stays at college”

School Climate:

- Lack of coach support of prevention efforts and school substance abuse contracts
- Perception that “cool” kids or the top athletes will not get in trouble if they are caught using substances
- School Substance abuse Contracts: are not consistently enforced and are very punitive (not enough education with the signing of the contract)
- Parents don’t back up the contracts or the school on enforcement
- Schools do not always uphold policies and contracts
- Teachers are not supportive of prevention efforts
- Lack of prevention curriculum, especially in High School where schools are only required to teach health class for ½ year
- In high school there is less student engagement and more punitive action
- 9th graders are trying to fit in and look to role models in upper class (many drink)
- Lack of support for youth that don’t use

Developmental Transitions:

- Need to build up protective factors
- Middle school to high school is huge transition where kids are trying to fit in. Substance use lubricates that process
- High expectations for youth that are not always reasonable
- Summer between 8th and 9th grade is a common time for initiation with substances
- Also big initiation period between 5th and 6th grade
- Age 22-25 is very stressful time after college and young adults are not prepared for how to deal with stress. They get mixed messages

Enforcement:

- Lack of Liquor enforcement agency is a real problem
- Lack of resources for PDs
- Youth access to legal aid based on higher income
- Perception/ reality that there is no enforcement
- Inconsistent enforcement
- Inconsistency on fines (cheaper to be caught with inhalants than marijuana)
- People don’t dramatically change by enforcement
- Youth know where to go so they won’t get caught

- Parents don't support police
- Courts don't back up enforcement
- Probation system is all backed up and makes enforcement difficult

Access:

- Youth know where to go to get alcohol
- Drugs are often more easily accessible than alcohol to underage
- Lack of carding enforcement
- Access with parents or at home

Perception of Risk:

- Lack of risk knowledge for alcohol among parents and youth
- Data doesn't get shared to the community
- Youth and parents don't know what risky drinking is

Media:

- Perception is that addressing the problem of advertising by alcohol is hard to touch
- National chain stores advertising has a serious impact on youth use
- TV has huge impact

Assets:

- Youth themselves
- Youth run prevention programming
- After-school programming
- School/Police relationships +
- Mentoring programs
- Alternative activities
- Wellness programs
- Skate parks
- Positive Connections with adults

What people want to see in their communities:

- Marketing and matching the planning of activities with what youth want
- Parents should be co-equals with educators
- More developmental asset building

Appendix F: Key Findings Summary

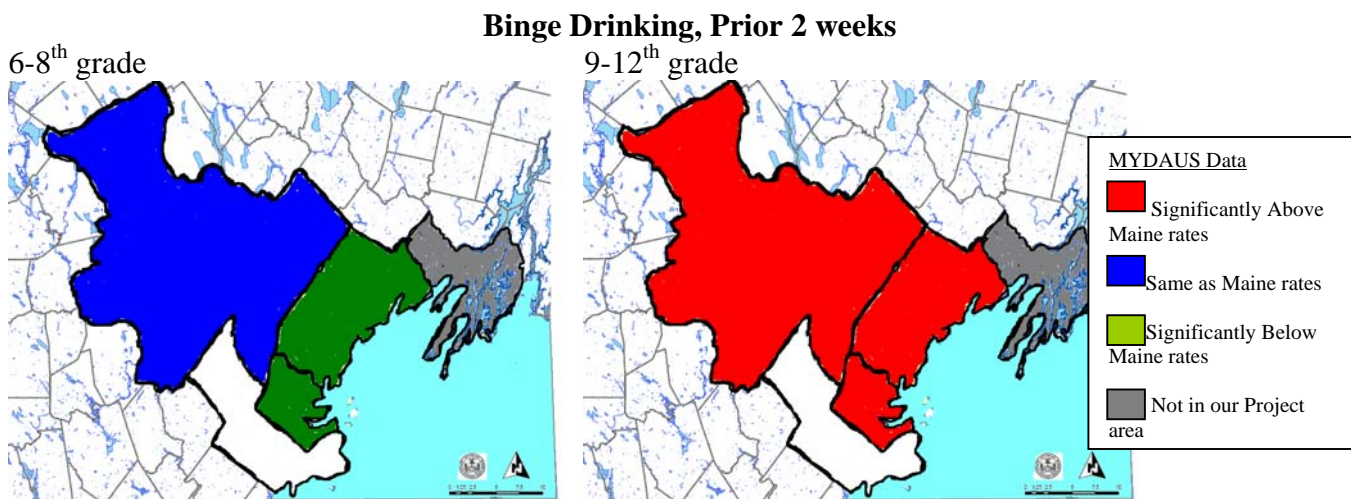
High risk drinking among youth (12-17)

Consumption:

2006 MYDAUS Data for Cumberland County

- 30% of 6-12th graders reported using Alcohol in the past 30 days
- 15% of 6-12th graders reported binge drinking in the prior 2 weeks

- 51% of 12th graders reported using alcohol in the past 30 days
- 31% of 12th graders reported binge drinking in the prior 2 weeks



**Specific Community MYDAUS data has been aggregated into zones. Therefore, the data shown here does not necessarily reflect the actual data for a specific community.

Patterns in Multiple drug use according to 2006 MYDAUS data for Maine:

- 35% of high school students in Maine reported using alcohol within the last 30 days
- Of the students that report alcohol use, about 50% report alcohol as the only substance they use
- nine out of ten (86%) high school students in Maine who use marijuana also use alcohol
- nine out of ten (87%) of high school students in Maine who abuse prescription drugs also use alcohol

Consequences:

Fatalities: Nationally, 5000 people under the age of 21 die annually from alcohol-related injuries involving underage drinking. 1900 die annually from traffic accidents. (Surgeon General)

Increase in Sexual Risks:

- Nationally, Almost 9 out of 10 (88%) 15-24 year-olds say that people their age drink or use drugs before having sex at least “sometimes”- including 50% who say this happens “a lot”.

- 24% of sexually active 15-17 year-olds reported doing more sexually than planned because they had been drinking or using drugs (Kaiser)
- In Maine, of currently sexually active high school students, 26% reported that they drank or used drugs before their last intercourse. (Maine YRBS 2005)

Suicide: In Maine, 81% of attempted suicides among 15-24 year-olds were from poisoning (often including alcohol). (Maine Youth Suicide Prevention Program)

Early alcohol use increases risk of dependence: 40% of people who used alcohol before age 15 also describe their behavior and drinking at some point in their lives in ways consistent with an alcohol dependence diagnosis. (Surgeon General)

Academic Problems: Of Maine general education high school students who are removed from school for prohibited behavior, 30% are removed due to drug-related acts (which includes alcohol). (Lobster Book 2005-2006)

Developmental Consequences: Recent studies show that early alcohol use may have detrimental effects on the developing brain, including neurocognitive impairment. (Surgeon general)

Intervening Variables: (Key Themes from Focus Groups and Key Leader Meetings)

Family Climate:

Parental Monitoring and Skills

- Disconnect from parents between the problem of underage drinking and their teenager

Parent Knowledge of risks

- Lack of knowledge of risks of drinking beyond drinking and driving and school enforcement
 - Perception that alcohol is the least of the worries (more worried about drugs)

Parental modeling and use

- **Parents' own use gets in the way of youth prevention**
- **Lack of positive parental modeling**

School Climate:

- Lack of prevention of substance abuse at schools
- Lack of coach support of prevention efforts and school substance abuse contracts
- Perception among youth that it's not a big deal to get caught by school
- Lack of upper class role models that do not drink
- Lack of support for youth that don't use

Enforcement:

- Perception among youth that they won't get caught and if they do it's not a big deal
- Lack of resources for Police

Community Climate:

- Lack of chem.-free activities that are affordable, accessible, and appropriate for this age group

Access:

- Parents don't think middle-school youth are at risk of using so they have easy access at home
- Drivers license and access to a car leads to freedom from parental oversight and easier access to substances or places to use
- Parents hosting and furnishing alcohol to youth

Developmental Transitions:

- Middle school to high school is huge transition where kids are trying to fit in. Substance use lubricates that process

- Summer between 8th and 9th grade is a common time for initiation with substances
- High expectations for youth that are not always reasonable

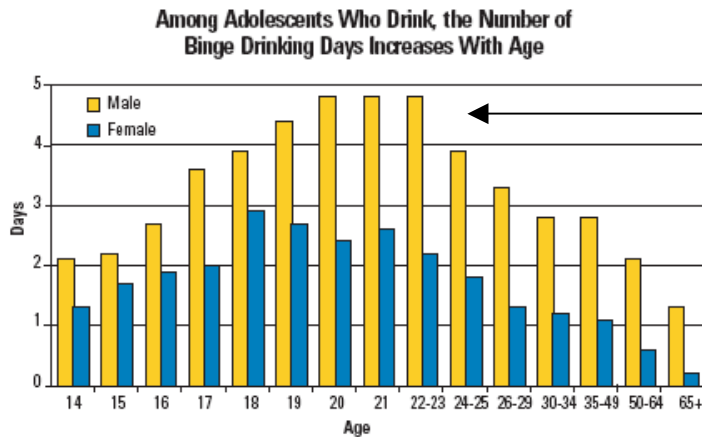
Perceived Risk:

- High perceived risk for drinking and driving but not for any other negative consequence
- Misperceptions about the risks related to type of alcohol and quantity

High risk drinking among young adults (18-25)

Consumption:

- In Maine in 2004, 28% of 18-25 year olds reported binge drinking in the past 30 days
- In a study of 18-25 year old *non-college population* in a nearby county, almost 40% reported binge drinking in the past 30 days. The average drinks-per-sitting was almost 7 drinks and they reported an average of 11 binges over the past 30 days.



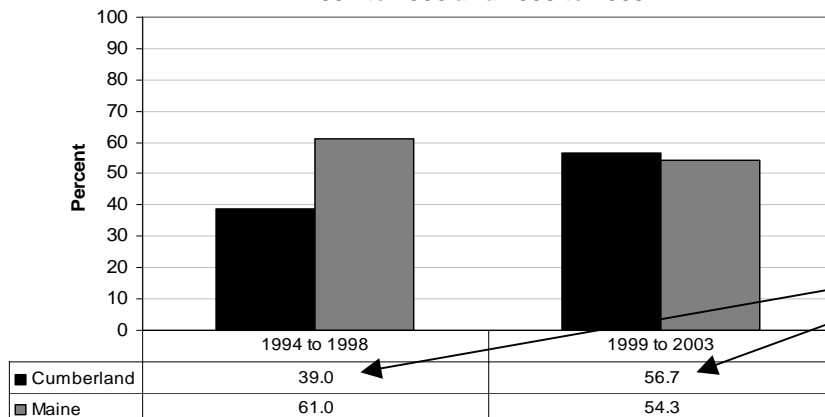
Binge drinking days peaks with 20-23 year olds

data source: SAMHSA 2005 NSDUH

Consequences:

Traffic Fatalities:

Percent of all young adult drivers* in fatal crashes who were alcohol-involved: Cumberland County and Maine, 1994 to 1998 and 1999 to 2003



HUGE increase (18%) in fatal accidents involving alcohol within this age group

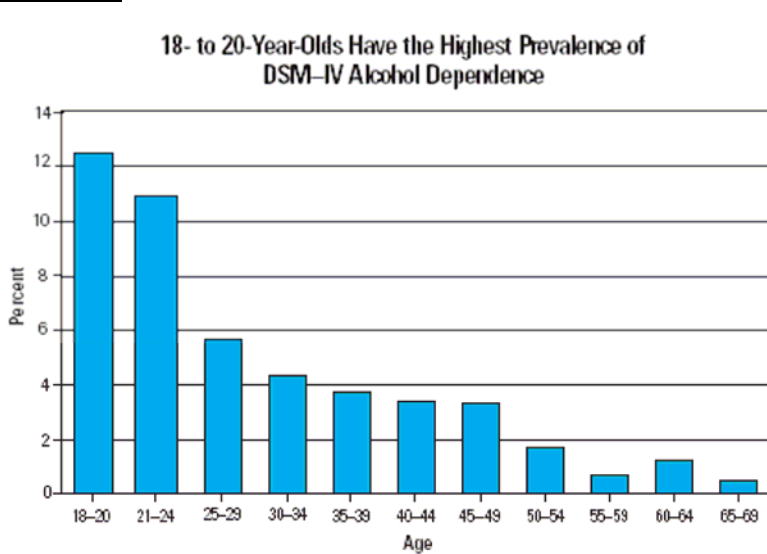
*Young adult drivers includes drivers between the ages of 21 and 29.
Source: Fatality Analysis Reporting System (FARS) 1994-2003.

Increase in Sexual Risks:

- Alcohol Use by victim, perpetrator, or both, has been implicated in 46 to 75 percent of date rapes among college students
- Among adults aged 18-30, heavy drinkers are five times as likely as non-heavy drinkers to have at least ten sex partners in a year. Multiple sex partners is a primary risk factor for transmission of STDs, including HIV. (Kaiser)
- Heavy drinkers between the ages of 18-25 were more than twice as likely to contract an STD in the past year than young adults who abstained from alcohol. (SAMHSA)

FASD: Each year, 40,000 infants are affected by FASD (Fetal Alcohol Spectrum Disorders), the leading known cause of mental retardation and birth defects. (National Organization on Fetal Alcohol Syndrome)

Addiction:



Data Source: Grant et al. 2004 (data from the National Epidemiologic Survey on Alcohol and Related Conditions)

Intervening Variables: (Key Themes from Focus Groups and Key Leader Meetings)

Retail Access:

- Lack of ID Checks at retail stores

Social Access:

- Upper Class students furnish for underclassmen
- No one is carded at unauthorized college parties

Price:

- Generally affordable
- Price specials target younger age groups and/or women (\$.50 drafts or “Ladies Night”)

Family Climate:

- Parents share “war-stories” of their college drinking days with their children and are more likely to condone drinking by this age (more relaxed about rules at home)
- Parents lack of ability to deal with the complicated stage of 18-25 where they should take some responsibility but are still not full adults

School Climate:

- Students who do not participate

Enforcement:

- Campus security is inconsistent
- Campus Administration does not prioritize alcohol as a major problem

Community Climate:

- “What happens at college stays at college”

Media

- Most alcohol advertising is geared towards 18-25 year old population

Perceived Risk:

- Lack of information about: serving size, alcohol content, harm reduction strategies
- Now legal for some in this age group so perceived risk is reduced further

Developmental Transitions:

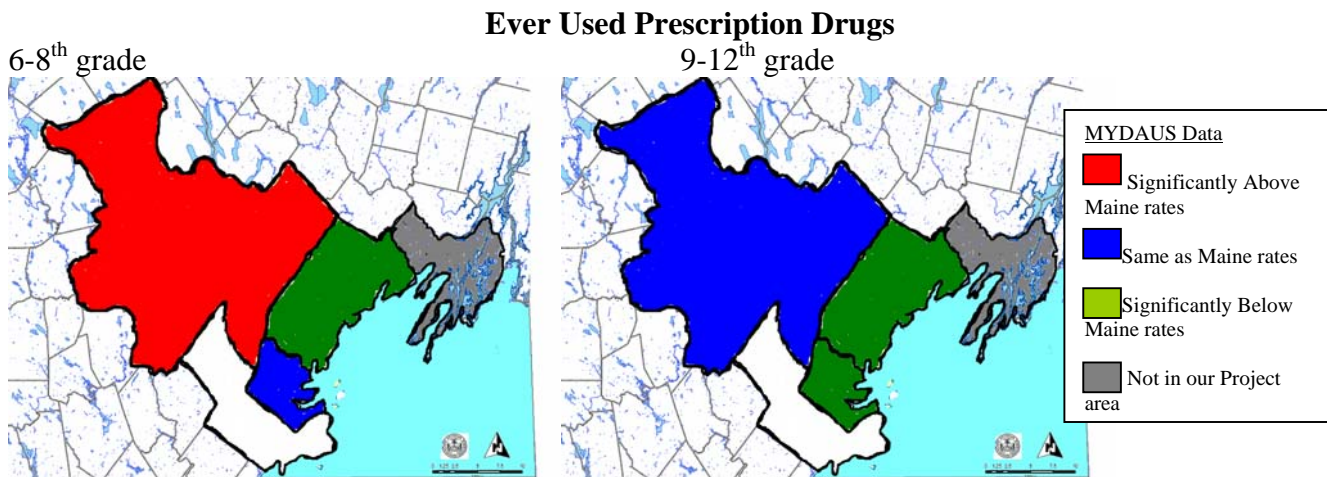
- Age 22-25 is very stressful time after college and young adults are not prepared for how to deal with stress. They get mixed messages

Prescription Drug Misuse

Consumption:

2006 MYDAUS Data for Cumberland County

- 11.5% of 6-12th graders reported ever misusing prescription drugs
- Actually, the % of 6-12th graders who have ever used has gone down from 17% in 2002 to 11% in 2006 (statistically significant)



**Specific Community MYDAUS data has been aggregated into zones. Therefore, the data shown here does not necessarily reflect the actual data for a specific community.

Percentage of Respondents Reporting Lifetime Use of Specific Drugs
18-25 year old non-college population in Androscoggin Co.

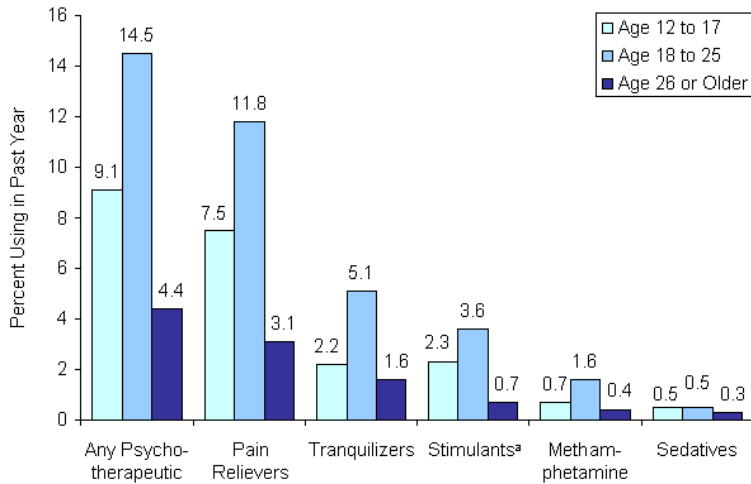
| | |
|--------------------|-------|
| LSD | 9.3% |
| Cocaine/crack | 22.6% |
| Ecstasy | 21.2% |
| Methamphetamine | 7.4% |
| Heroin | 5.0% |
| Prescription Drugs | 29.9% |
| Other | 12.2% |

In focus groups within this study, perception was that prescription drugs were safer

Source: Healthy Androscoggin Study

Nationally

Figure 2.4 Past Year Nonmedical Use of Prescription Psychotherapeutic Drugs, by Drug Type and Age Group: Annual Averages Based on 2002-2004



^a Includes methamphetamine.

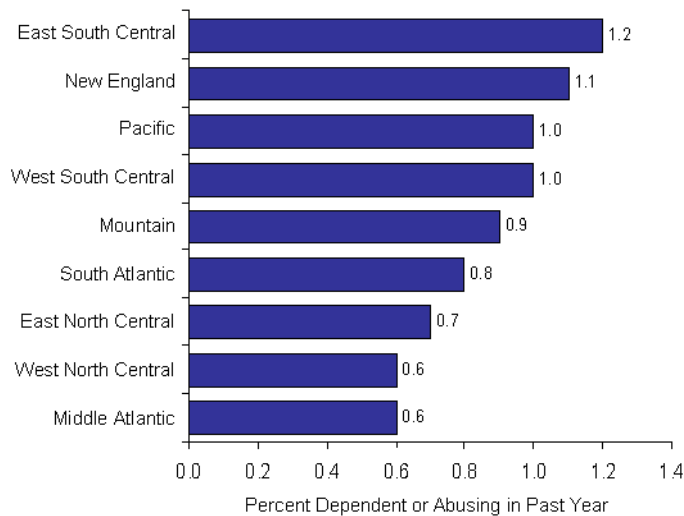
Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, and 2004

Consequences:

Death:

Addiction:

Figure 6.6 Substance Dependence or Abuse for Nonmedical Use of Any Prescription Psychotherapeutic Drug in the Past Year, by Census Division: Annual Averages Based on 2002-2004



D

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, and 2004.

Overdose: Visits to emergency rooms arising from nonmedical use of prescription and over-the-counter drugs rose 21 percent between 2004 and 2005 (SAMHSA and DAWN network)

Intervening Variables:

Access:

- Easily prescribed. (ER, Doctor, Dentist)
- No well-known place for disposal of old Rx so many end up in medicine cabinets for easy access to young people

School Climate:

- Not addressed in school health classes
- No-child left behind standard move this issue off the radar of school admin and teachers

Enforcement:

- Hard to detect by Police
- OSA monitoring system may not detect who the abuser is, just the name of the person who has gone over the threshold

Community Climate:

- Ignorance and obliviousness to the problem
- General acceptance of Rx use for legitimate reasons reduces perceived risk

Media

- Media ad saturation for prescription drugs
- Promoting to Doctors, incentives from Rx companies help promote use of certain drugs
Huge drug company lobbying

Perceived Risk:

- Low perceived risk because it is approved by doctor and on tv ads
- Ignorance to existence of Rx abuse problem

Developmental Transitions:

- Self-medicating as a result of prior trauma

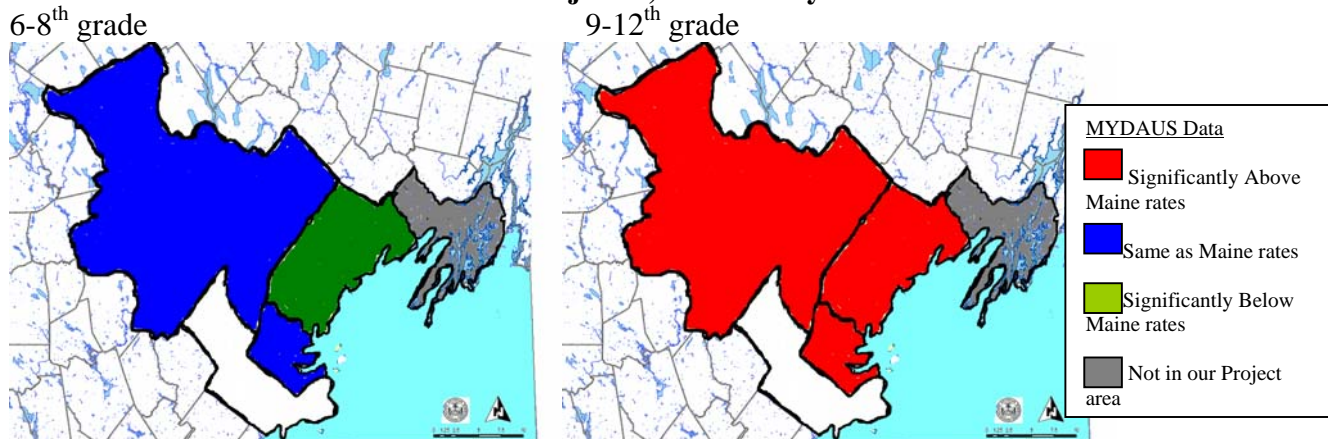
Marijuana Use

Consumption:

2006 MYDAUS Data for Cumberland County

- 30% of 12th graders report past 30-day use
- 16% of 6-12th graders report past 30-day use

Marijuana, Past 30-day Use



Consequences:

Academic Problems: Marijuana use, possession and distribution make up 41% of all drug and alcohol related incidents resulting in student removal in Maine (Lobster Book 2004)

Intervening Variables:

Access:

- Easy to access if people seek it out (do not have to be 21 to buy it)

School Climate:

- Youth do not learn to self-organize their unstructured time/play

Family Climate:

- Many parents use or have used in their lifetime
- Parental supervision is lacking especially right after school

Enforcement:

- Not a priority, or perceived as a priority for police and therefore there is a lack of enforcement

Community Climate:

- Community supervision is lacking in some areas, lack of community relationships, rural areas where houses are far apart
- Lack of activities for young people after school, at night, on weekends

Perceived Risk:

- Perception that it is not addictive

- Minor legal consequences and low perceived legal consequences
- Lack of knowledge that it can lead to depression/ ADHD
- Perception that it is safer to drive while high than to drink and drive

Developmental Transitions:

- Using pot to lubricate social interaction during transition times, ie: high school and college
- Self-medicating for ADHD is common

Cocaine/Crack Use

Consumption:

Cumberland County:

- MYDAUS does not ask questions specific to Cocaine so we don't have any local data on youth cocaine use.
- Anecdotally, in focus groups with people in recovery, we heard that Cocaine was very popular in Maine and particularly in the Portland Area. One person called Maine the "Cocaine State" because it was abundant and cheap to buy here.

In Maine:

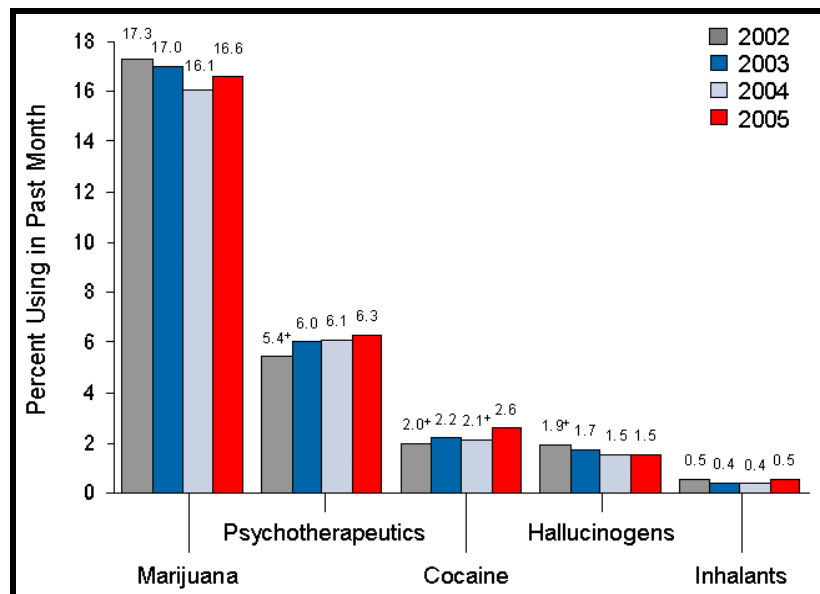
- 6% of middle school students and 8% of high school students reported lifetime Cocaine use, including powder, crack or freebase cocaine.
- 3% of high school students reported using any form of cocaine in the past month

Source: Maine YRBS 2005

Nationally, among adults **aged 26 or older**, 5.8 percent reported current illicit drug use in 2005:

| | | | | |
|------------------|---------------------------|----------------|----------------------|------------------|
| 4.1 | 1.9 | .8 | .2 | .1 |
| Marijuana | Psychotherapeutics | Cocaine | Hallucinogens | Inhalants |

National Past Month Use of Selected Illicit Drugs among Young Adults **Aged 18 to 25**: 2002-2005



Source: Results from the 2005 National Survey on Drug Use and Health: National Findings

Consequences:

Drug Arrests: Cocaine and Crack Cocaine made up more than 50% of the drug arrests of people over 18 in Cumberland County in 2005 and the first half of 2006. (Maine DEA)

Death: In 2005, 26.7% of all drug deaths occurred in Cumberland County (but only 20% of the population in Maine). (Maine Drug-Related Mortality Patterns (1997-2005) Cumberland County, ME)

Intervening Variables: No key themes yet identified for Cocaine

Appendix G: Capacity Report

Capacity Assessment for Substance Abuse Prevention Infrastructure Development Cumberland County March 2007

Introduction

The following consult report, from the University of Southern Maine Prevention Center, is intended as an assessment of strengths, resources, needs, and readiness for substance abuse (SA) prevention infrastructure development for Cumberland County. This report is intended to identify the skills and capacities Cumberland County needs to have in place in order to provide effective SA prevention across this county.

Capacity is defined for this report as including the human, technical and financial resources necessary to monitor affected populations and to implement substance abuse interventions in a culturally and socially sensitive way. It also includes being ready, willing and able to identify and successfully utilize information from and also network with external organizations and resources at the local, state and national levels.

Step 2 of the Strategic Planning Framework (SPF) is about mobilizing, taking stock of existing capacity, identifying strengths and gaps in capacity, building on strengths and filling in gaps. To this end, this report describes Cumberland County's particular technical assistance needs in preparation for development of their county strategic prevention plan.

The report is based on data collected from an on-site interview and discussions with Liz Blackwell Moore who is the coordinator for Cumberland County SPF-SIG grantee, Lucie Rioux, and Kaki Dimock, all employees of PROP (People's Regional Opportunity Program) in October 2006. There are 3 primary partners for this grant: PROP, City of Portland Public Health Division and Medical Care Development. The latter two partners were not interviewed for this assessment, so the data collected was based on the perceptions of staff from PROP.

This report is divided into the following 6 sections: Capacity Overview, Capacity Strengths, Areas Needing Capacity Development, Readiness Rating and Priority Areas of Technical Assistance and Concluding Observations.

Capacity Overview

Cumberland County, with Portland being the largest population center in the state, and having six other sizeable towns within its borders, has an abundance and diversity of resources that can be useful for creating a county-wide substance abuse prevention infrastructure. Historically, Portland organizations have tended to focus just on the greater Portland area and not county-wide. PROP, the lead collaborating partner for this SPF-SIG project in Cumberland County, has a county-wide organizational vision, which should help other organizations on this project with this broader county-wide perspective. While Cumberland County has sufficient resources for this project, it will need to focus on coordinating these resources to make sure that residents in all parts of Cumberland County have access to Substance Abuse Prevention programming and interventions.

It should be noted that Brunswick will be considered part of Sagadahoc County for purposes of the SPF-SIG, although it officially resides within the borders of Cumberland County.

The County Substance Abuse Planning Group organized for this project involves ten existing coalitions and three Healthy Maine Partnership organizations, all of which conduct outreach to populations in various geographical communities across the county. The challenge for this group will be to expand their perspectives on substance abuse prevention to include all age groups in their strategic planning efforts rather than just youth, which is where the traditional focus has been.

Capacity Strengths

Readiness

Cumberland County has recognized the need for SA prevention as part of a multi-faceted approach to reducing risky behaviors in youth ages 11-18 and has mobilized efforts across the county for this population group. Considering SA prevention across all age and income populations is relatively new for this county, but the need for a comprehensive approach has been identified.

Leadership

Because of previous highly visible efforts to focus on substance abuse prevention for youth, interviewees feel that most people know who the SA leaders are in Cumberland County. A core group of five people have made a commitment to work and provide leadership for this project. These include people from each of the three primary partner organizations.

Cumberland County is willing to participate in and support a new regional structure in their county as recommended in the Public Health Workgroup report to the legislature. Because of the multiple organizations and resources in this county there is a healthy tension and ongoing discussions among members of this project, as to who will be identified as the lead agency/organization/coalition for Cumberland County. Participation in this project has increased in part because players across the County want to be part of any new regional effort.

Planning

This grantee is experienced in planning, and using various SA Prevention instruments, tools and templates. They have already done assessments in 9 of the 26 communities within Cumberland County.

Business Capacity

PROP is the fiscal agent for this project and they have the full complement of established systems for budgeting, project reporting, and personnel management. PROP has contracted with Liz Blackwell-Moore for facilitation of coalition meetings, facilitating and consulting for the strategic planning process, and to disseminate information to the wider group of participants.

Substance Abuse Technical Expertise

This grantee has access to multiple experts within their county on substance abuse prevention.

Research and Evaluation Methods

This grantee has access to evaluation expertise from Glenwood Research through one of the participating coalitions. They also will be following the advice and guidelines of Hornby-Zeller staff. The grantee also intends to use the Prevention Centers of Excellence for needed research, literature reviews and referrals to other resources.

Dissemination

The grantee has the understanding, skills and experience to disseminate SA prevention findings across Cumberland County. Historically this county has had good press coverage. The core project leadership will be developing new methods of sharing the community assessment data on SA Prevention.

Sustainability

This grantee believes that the new statewide public health structure will direct their county's focus of sustainability. Multiple coalitions and organizations in Cumberland County have successful track records for obtaining grant funding. The new regional structure will most likely create an umbrella organization/agency that coordinates funding and through which all public health oriented funding to Cumberland County flows, including SA prevention.

Areas Needing Capacity Development

Readiness & Internal County Linkages

Historically Cumberland County has not collaborated with organizations and coalitions focusing on the college-age and senior populations on Substance Abuse Prevention. Both these populations will need to be represented in their strategic planning process. Prior to this SPF-SIG grant, Cumberland County identified the lack of involvement for SA Prevention efforts for any population by the more affluent communities along the I-295 corridor: Yarmouth, Falmouth, Freeport and Cape Elizabeth. Contributing to this lack of participation has been a perceived negative consequence for schools if they call attention to substance abuse by students. Getting these schools and communities involved in this county-wide SA Prevention project is an identified need of this grantee. Written MOUs and data use agreements may be useful vehicles to document appropriate use of data and roles of schools, communities and the grantee in taking actions to engender healthful behaviors in students.

An additional need is to mobilize more involvement in this SPF-SIG project by the medical community, particularly staff from Maine Medical Center and Mercy Hospital.

External Linkages

The grantee seeks help accessing resources outside their county from other SPF-SIG grantees, the prevention centers, federal resources and from other states. York County and Cumberland County will need to

coordinate their SPF-SIG planning efforts because of overlapping service areas by organizations and agencies in both counties.

Substance Abuse Technical Assistance

An information gap exists for this grantee on substance abuse prevention for young adults (college age) and seniors.

Collection and Interpreting Data

This grantee could use assistance on identifying an epidemiologist to assist them with categorizing and analyzing their data and how to present the data to meet a stated purpose(s). They would like help on answering the question: “What does the data say?”

They are seeking assistance with templates and examples of data use agreements that can be used with schools

This grantee currently has no access to emergency room data and would like assistance in obtaining this from local hospitals.

Cultural Competence

This grantee has identified the need to include more representation from organizations that provide services for seniors, young adults (both college and non-college) on their coalition and in their planning group.

A survey is needed as to the particular SA prevention needs of the various races, ethnic, and disability sub-populations, including refugees and immigrant, that exist across Cumberland County and to include representation from these groups into the SA prevention infrastructure planning process.

There is a need for data on the relationship of substance abuse and economic status, to understand the varying economic sub-populations across Cumberland County including the rural poor.

Readiness Rating

The scale used for the rating was: not at all prepared, minimally prepared, partially prepared, very prepared and fully prepared.

1. Cumberland County is very prepared to create a county-wide readiness assessment.
2. Cumberland County is very prepared to develop a county-wide needs assessment.
3. Cumberland County is partially prepared to create a county-wide resource assessment.
4. Cumberland County is partially prepared to complete MOU's for this project.

Priority Areas of Technical Assistance

The following three initial priority areas of technical assistance were identified by the grantee:

1. Getting more linkages within Cumberland County
2. Collection and Interpretation of Data (how to interpret and then present the data to multiple groups of people)
3. Cultural Competence and Sustainability (inclusion of seniors, college students and young adults who are non-college age)

Concluding Observations

Unlike many parts of Maine, Cumberland County's wealth of human resources and organizational capacity gives them an advantage when developing a county-wide substance abuse prevention infrastructure appropriately inclusive for all age and ethnic populations. The struggle this grantee faces is how to coordinate all these resources, so that the end result will be a focused strategic plan that can be easily accessed by providers and groups across the entire County, not just in the Greater Portland area. This grantee appears to have the leadership to tackle this challenge but their efforts will require considerable collaboration with multiple communities and organizations across the county and their efforts will need to be reinforced and financially sustained for many years into the future.