

Final Report

Substance Abuse Prevention Strategic Plan Greater Franklin County

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Strategic Prevention Framework-State Incentive Grant
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I. Introduction

The Healthy Community Coalition (HCC) was formed in 1989 with the purpose of bringing organizations and individuals together in the Greater Franklin County community to pursue a common purpose. An affiliate of Franklin Community Health Network, HCC has a staff of 12 that works with community partners on a number of issues including tobacco cessation, promotion of physical activity, improving nutrition, breast health, and community building. *See Appendix A for Organizational Chart*

One of the oldest and largest Healthy Community Coalitions in the country, HCC seeks to measurably improve the health and well-being of the people in the region, and works with a diverse array of partners to pursue cultural change in areas identified by the community.

In the last decade, the Healthy Community Coalition has repeatedly identified substance abuse as a community health priority and made significant strides in addressing tobacco, particularly, as well as the risk factors for substance abuse in youth. In the summer of 2006, HCC applied for and received funding from the Office of Substance Abuse to more comprehensively assess the nature of substance abuse in Greater Franklin County, build community capacity to address the identified issues, and develop a five year strategic plan to reduce and prevent substance abuse.

Integral to the strategic planning process was the assembly of a robust group of more than 40 community members, professionals and health leaders. These individuals attended seven two-hour Work Group meetings and numerous small group gatherings in an effort to understand and prioritize the substance abuse issues in Greater Franklin County. They initially identified the following issues:

- Marijuana Use
- High Risk Drinking Among Youth and Adults
- Underage Drinking
- Prescription Drug Misuse and Abuse
- Crystal Methamphetamine Use
- Cocaine Use.

Through a prioritization process that took into consideration community and organizational resources, available time, nature of the issue, the availability and integrity of the data that supported the issues, and finally, the ability to affect change, the following were put forth as the three major goals:

- Reduce High Risk and Under Age Drinking
- Reduce Prescription Drug Abuse and Misuse
- Prevent Crystal Methamphetamine Use

A strategic plan was then developed. This was the result of active community participation and passionate dialogue. This group looks forward to growing and making its vision to effectively prevent substance use a reality.

II. Vision

The Vision of the Substance Abuse Strategic Planning Work Group was to assess our county's needs and capacity, and to develop a strategic plan that will increase our ability to effectively prevent substance use in our county for youth and adults. Having successfully completed the first phase of the strategic planning process, the group's vision now includes implementing the strategies outlined in the strategic plan.

III. Description of Geographic Areas Covered in the Strategic Plan and Collaborating Partners

The geographic region covered in this strategic planning process is Greater Franklin County – all of Franklin County, and specific border towns that fall into adjacent counties including Livermore and Livermore Falls (Androscoggin County) and Vienna (Kennebec County). Greater Franklin County's population is approximately 40,000, with a large and growing population of residents over 65 years old, and 20 percent of the population under the age of 18. The Greater Franklin region is one of the poorer regions in the state, with 12.6 percent living below poverty and a median household income of just \$33,936. This inland region spans 1,800 square miles stretching from central Maine north to the Canadian border, including substantial tracts of frontier land and an average population of only 17.4 persons per square mile, making it among the most rural regions of the country. The main industries are farming, forestry, and paper; until very recently the shoe industry dominated the economy, but most of those factories have closed over the past decade. With the erosion of the manufacturing sector came the growth of the service sector, which has resulted in a dearth of full-time jobs and a vast increase in part-time positions that rarely offer benefits.¹ It is with this backdrop of hard times, uncertainty, yet a certain respected tenacity that the Substance Abuse Strategic Planning Work Group considered data and anecdotal information.

See Appendices B for Map of the Area and C for a List of Community Partners

IV. Description of Planning Team and Process

HCC structured its planning process by first engaging key staff to lead the project. Program Coordinators Lisa Laflin and Nicole Ditata, brought a wealth of individual experience and expertise to the position. They assembled a diverse group of individuals representing various stakeholders, relying on HCC's long-standing community relationships to recruit an influential cross-section of leaders and advocates. The representatives included community members, advocacy agency staff, businesspeople, law enforcement officials, clergy, health care professionals and youth organization leaders. Named the Substance Abuse Prevention Strategic Planning Work Group (SAPSPW), it grew to more than forty representatives. This was a testament to the strength of HCC's capacity building efforts, and community interest in building a solid substance abuse prevention infrastructure.

¹ U.S. Census Bureau

Throughout the course of the planning process, Work Group members were presented with data gathered by Healthy Community Coalition staff, and then encouraged to bring forward additional assessments that had been completed in the communities.

The following is a list of the data sets that were reviewed. The data represented here in each category is by no means exhaustive, it is a representative sample of data from each set that led the group to determine its substance abuse priorities, establish its goals, and develop its objectives and strategies. It is important to note that there are considerable challenges to collecting data at the local level. There are inconsistencies, small sample sizes, confidentiality issues, and gaps where there simply isn't any data collected.

See Appendix D for key data sets that are represented in their original form

Maine State Substance Abuse Assessment and Epidemiologic Profile 2005

Maine's Substance Abuse Epidemiological Profile provided an overview of the available substance abuse data/indicators at the state as well as local level. The data provided in the report were compiled by Maine's State Epidemiological Workgroup (SEW). This group was comprised of representatives from the Office of Substance Abuse and collaborating partners. SEW's goal was to use this data to inform state level policy decisions, and be a resource to local level prevention providers. It was highly informative to study Maine's overall landscape of substance abuse, in order to contextualize Greater Franklin County.

In addition to having the dubious distinction of ranking high or moderately high in categories, such as marijuana use rates in grades 9 – 12, and 30-day non-medical prescription drug use in grades 9 - 12:

- Franklin County has the highest percentage of 9 – 12th grade students reporting binge drinking
- Franklin County has the second highest rate of alcohol-involved fatalities per 100,000 population (although a low number of actual fatalities)

Franklin County Profile provided by the Office of Substance Abuse and MYDAUS Data

A County Profile was prepared by Hornby Zeller Associates, Inc. This data set included data gathered from Treatment Data System (TDS), 2000-2003 and U.S. Census Bureau; Maine Drug Enforcement Agency, 1997 – 2003; Unified Crime Reporting (UCR), 1994-2002 and MYDAUS (Maine Youth Drug and Alcohol Use Survey) among others. MYDAUS data provided the bulk of the information in this profile. MYDAUS reports from individual school districts that participated in the survey were also consulted during our assessment process, but were only discussed in the aggregate to ensure confidentiality. (This was particularly important to be able to review data from Livermore and Livermore Falls schools, as these towns are in

Androscoggin County and information would not have been provided in the Franklin County profile.)

Key findings:

- Lifetime marijuana use among 11th graders in Franklin County exceeds state average by almost 10 percent.
- Lifetime alcohol use among 11th graders in Franklin County exceeds state average by almost 10 percent.
- Previous 30-day alcohol use by 11th graders exceeds state average by 14 percent; 12th graders exceed state average by 10 percent.
- Binge drinking among 11th graders exceeds state average by 10 percent; 12th graders by almost 10 percent.
- Juvenile arrests for drug violations age 10 – 17 (1991-2002) has greatly exceeded state average
- Rate of suspensions/removal from school due to alcohol or drugs greatly exceeds state average (2001-2004)
- Percent of total treatment admissions among adults involving alcohol exceeds state average by 12 percent.
- Lifetime misuse of prescription drugs among 6th – 12th graders is higher in 3 out of 4 categories. (Categories being: Using 3-5 times, 6-9 times, and 10 or more times. Only 1-2 times was lower than state average.)

Community Health Visioning

Every other year, for the past 14 years, regional health care providers and concerned agencies sponsor a Community Health Visioning process to build widespread consensus on priorities for improving community health. This unique process, which Healthy Community Coalition administers, engages the broad spectrum of our residents and health leaders in conversation about issues impacting health as well as the resources available to address concerns and opportunities. Health leaders and providers agree to incorporate information from the Visioning into their strategic planning. Strong efforts were made to reach out to disenfranchised populations within the services area. For instance, in order to reach out to a large percentage of residents living in remote and geographically isolated areas, community members are surveyed at ATV club meetings, senior citizen groups, on the mobile health unit, at fairs and community events, and historical society meetings. In addition to reaching people where they are, this ensures representation of diverse individuals and their needs. Meetings were hosted at worksites, mills, and wood turning factories to assure participation of working residents. Special interviews were conducted in Livermore Falls, particularly at the Apple-Pumpkin Festival, which is traditionally popular in the

Franco-American community. In 2006, Healthy Community Coalition engaged more than 2000 people in the Visioning process.

Over the years, many new initiatives and programs have been developed in the community directly as a response to the Visioning. In the last four Community Health Visionings (2000, 2002, 2004, and 2006), substance abuse and youth opportunities were identified by the community as leading health priorities, and that led to HCC's efforts in substance abuse prevention and the formation of the Substance Abuse Prevention Strategic Planning Work Group. (A complete report of the Community Health Visioning process is available online at www.fchn.org/hcc)

High School Principal Interviews and School Incident Reports

(Substance abuse related incidents that were significant enough to result in suspension as reported by principals of two area schools in February, 2006.) Data collection was over a five-year period, 2000-2005, and data indicate:

- Suspensions for drug paraphernalia remained consistent (averaging 3 suspensions per year in one school that reported).
- Suspensions for drug impairment fluctuated but average remained at 6 suspensions per year in two schools that reported.
- Suspension rates for tobacco possession increased over five years with a high of 21 suspensions in '04-05 in one school that reported.

As a result of the assessment, principals requested the following when asked:

- A substance abuse counselor to work on prevention, dysfunctional families, mental health issues and kids living with kids
- An alternative education program (vocational opportunities for underclassmen)

Local Police Department Reports

Local police data from towns across Greater Franklin County indicate that both youth and adult substance use is a major problem. One town recorded over 100 drug, alcohol, and tobacco related violations among youth and adults in a one year period. A department in the northern and most rural region of the county reported 30 "operating under the influence" violations and a centralized town reported 16 cases of youth in possession of alcohol. In addition, local and county law enforcement officials report that more than 75 percent of the juvenile crimes committed that they respond to are drug related.

On two separate occasions first-hand accounts of the nature of substance abuse were heard. First, a representative from the Franklin County Sheriff's Dept. conducted a community presentation on substance use and abuse in Greater Franklin. Secondly, a Farmington Police Department Detective gave a compelling presentation entitled Drugs of Abuse: Use and Trends at a spring SAPSPW meeting.

The objectives for the presentation were:

- To identify various street drugs, designer drugs, and pharmaceutical drugs commonly abused in Maine and Franklin County
- To learn to recognize the signs of drug use/abuse and
- To identify symptoms associated with various drugs, medical complications and health problems

Key themes from both presentations were:

- Approximately 80 percent of the crimes committed in Franklin County are related to substance abuse.
- Prescription drug misuse is rampant – particularly Oxycodone and Oxycontin.
- Cocaine is also a concern in Franklin County. The high lasts up to 20 minutes per dose and then, after the high, there is profound depression, restlessness and irritability, causing the need to seek more of the drug to maintain the high. It was stated that half of all drug cases in Franklin County are cocaine related, and noted that cocaine use is even evident at the Middle School.
- Crack cocaine use, while somewhat modest, is evident in the area.
- Heroin was more of an issue a few years ago; after several deaths heroin use has seemingly declined.
- All overdose deaths that have responded to are believed to have been accidental due to recreational drug use, not suicide.
- Inhalants are an issue, particularly in the younger school-aged children.
- Crystal Meth can be made from common household chemicals. It produces an extreme high. Meth labs are highly volatile and require trained professionals to clean up – at considerable expense. While Meth use has not reached the level seen in other communities, it is right next door (Lewiston, for example) and plans should be made for its arrival
- Marijuana is the most readily available and widely used illicit drug in the US and it is heavily used in Franklin County. Of special note is the potency of the current marijuana in use. The marijuana used in the 70's had THC levels of 2 – 3 percent and now varieties such as BC Hydro have THC levels between 17 – 30 percent.

Youth Focus Groups and Surveys

In 2004, the Program Coordinator Nicole Ditata interviewed students and youth advisors from all five school districts in response to the 2004 MYDAUS report that indicated a high prevalence of tobacco, alcohol, and marijuana use by students in grades 8-12 in Franklin County. The interviews were designed to elicit personal responses to the data and galvanize the group to think creatively and realistically about ways to respond. Youth advisors and students stated firmly that lack of after-school and out-of-school activities was the most prevalent risk factor for youth in the community. Another consistent theme that emerged in focus groups was lack of “parental supervision.” Students throughout the five school districts stated that if parents would talk to them about drug use, not provide alcohol or tobacco, check in with children on a regular basis, ask more questions about where they are going, and set appropriate boundaries, their peers would be less likely to use substances. High School students also said that their parents often approve of them using tobacco and

alcohol and that their parents use tobacco, alcohol, and other substances on a regular basis in their presence. The substance using behavior of parents seems to send a confusing message to children regarding the dangers of substance use and parents perceived approval of substance use. The statements from middle and high school students are consistent with county-wide MYDAUS data for that year (2004) that reports 47 percent of students in grades 6-12 are “at risk” due to parental attitudes that favor antisocial behavior and 42 percent at risk due to “poor family management.”

Follow-up focus groups with middle and high school students identified the limited number of after school activities available, the barriers students face to participating, and student ideas for improvement. The significant barriers to participating in after school activities, as identified by students, indicate the need to address this risk factor as a strategy to decrease youth substance use. Discussion notes from the focus groups were then reviewed to identify emerging themes and compiled into a county-wide report. Individual student interviews were also used to collect information regarding access, use, and resources available to students.

In 2005, University of Maine at Farmington students conducted follow-up youth focus groups in conjunction with the principal interview discussed earlier. High school students in all five school districts participated with a similar outcome to what the principals reported: students identified an increased need for school-based substance abuse counselors and increased parental supervision.

Community Member Focus Groups

Focus groups were held in 2006 to gather community member opinions on substance abuse problems. Participants were recruited by Market Decisions, Inc. All participants were over 18, and a resident of the region. An average of 13 people attended each focus group. They were held in three distinct geographically diverse communities within Franklin County: Rangeley, a northern resort community, Jay, a working class mill-town with a large percentage of people of Franco-American heritage, and Farmington, the county seat and economic center of Franklin County. Participants were asked a series of identical questions in each focus group, and were given the opportunity to comment as well. While each focus group was scheduled for two hours, the participation level was so high, each session lasted closer to three hours, and people remained in the parking lot discussing the issues that were raised. Participants were asked the same set of questions in each focus group.

See Appendix E for Focus Group Questions

Focus Group Key Themes:

1. Harder substances such as cocaine, crack cocaine, and crystal methamphetamine (meth), are in our community.

Example: Cocaine was discussed in all 3 focus groups as a topic of concern. Meth labs are in the area and will have devastating consequences if further prevention efforts are not undertaken.

2. There is a marked need for increased parental supervision and participation in children's lives.

Example: People said that the problem is within the family structure. There is an emptiness in children's lives that needs to be addressed. This is why they are turning to drugs to cope with their feelings.

3. Adults and youth are significantly influenced by media.

Example: The Healthy Maine Partnership commercials are effective but we are bombarded with other media such as movies and MTV that show substance use as desirable.

4. There is unprecedented access to prescription drugs, marijuana, alcohol and tobacco.

Example: All substances are easy to obtain by all ages. There was consensus that one can "get marijuana within the hour."

5. The community needs to look at worksite laws pertaining to substance abuse.

Example: It is very difficult to fire someone who is using drugs in the workplace. This is dangerous for workers. Participants noted specific incidents of substances being used in high risk situations, including while operating a paper machine in local mills, and while operating ski lifts.

6. We live in a culture and community where prescription drugs are over-prescribed, and they have become the standard for a "quick fix."

Example: Many comments made regarding doctors writing too many prescriptions and writing for stronger medicine than they need to. We have an "addictive society." Prescription drug abuse is prevalent across the ages.

7. Inhalant use is a concern.

Example: Participants who work with youth discussed the increase in use of paint sprays, huffing, and whippets. Conversely, a significant number of others had not even heard of inhalant use.

8. There is a significant influence from tourists in Greater Franklin County.

Example: People from out of state are bringing in drugs to Sugarloaf, Saddleback and to time-share condominiums located in these resort communities. This is hard to control.

9. It is cool to be addicted.

Example: Schools are doing a good job educating youth about the health risks of using substances, however youth and adults succumb to peer pressure, and feel like they need to fit into the "in crowd" and are able to do so when they use substances.

10. More resources are needed to ensure adequate law enforcement, and there is inconsistency in how laws are enforced.

Example: Law enforcement is doing a great job but they have large territories to cover with limited resources. Participants also said that there is a double standard in rural communities, “police favor athletes and relatives.”

11. There is a perceived leniency in the judicial system.

Example: In general, people are not being punished appropriately for substance abuse infractions. The judicial system is not consistent with the way that they deal with the infractions.

Local Behavioral Risk Factor Surveillance System (BRFSS)

During the course of the SPF-SIG assessment, Healthy Community Coalition also contracted with Strategic Marketing Services, Inc. to conduct a local BRFSS telephone survey among adults in Franklin County. By unaided prompt, when asked what the biggest health problem facing our community, respondents ranked substance abuse in the top five, among obesity and poor diet, the high cost of health care, cancer, and lack of insurance.

Key Informant Interviews

HCC conducted more than thirty Key Informant Interviews. Selected themes from five interviews are captured here:

Detective at Farmington Police Department

- *Significant amount of substance abuse in Greater Franklin County*
- *Substance use and abuse is starting quite young – what used to be a high school issue is now clearly beginning in middle school*
- *The absence of caring parents in many children’s lives is very evident*
- *Most of the juvenile crimes committed are related to substance use*

Phillips Middle School Teacher

- *Youth need more parental involvement*
- *Kids need something productive and engaging to do after school. If they are not engaged in productive opportunities, many youth turn to substances, particularly because they don’t see any alternatives – especially in the more rural areas of the county like Phillips*

Jay School Department Substance Abuse Counselor

- *Youth need parents who are actively involved*
- *Kids are turning to drugs (particularly prescription drugs) at a younger and younger age*
- *Relationships need to be developed with individuals the youth can trust*

Assistant Director of Residential Life, University of Maine Farmington

- *Students are driving off campus to consume alcohol; former efforts by local police were successful (roadblocks), but unfortunately no longer done due to resources*
- *Stores around the University of Maine are readily selling to minors*
- *An increase in campus activities seemed to reduce substance abuse*
- *Plans to reduce substance abuse must consider snow days, and seasonal changes such as the first few days when the weather warms up in the spring, as there is significant substance use during these times*

Assistant Director of Family Services at Community Concepts, a local social services agency

- *Youth are turning to substances as a coping mechanism because they don't know other behaviors, having grown up, many times, in a family of abusers.*
- *There is a cultural acceptance of substance abuse in Greater Franklin County.*
- *Positive, trusting relationships need to be nurtured. Our system constantly points fingers at bad behavior, but does little to support the person or family that is being punished. Families need somebody who will listen and not point fingers.*
- *Kids are educated about the consequences of substance abuse, but they have very little life skills education. It is one thing to know that abusing cocaine, for example, may kill you, but it is another to know how to make a successful choice and problem solve your way out of a situation where cocaine may be an attractive alternative.*

Local Hospital Emergency Room data via www.healthweb.state.me.us

Poisoning by drugs, medicinal and biological substances (ICD 9 Codes 960-979) rates as reported from 2000 – 2004 doubled in 2003 and remained at that rate in 2004. The rates for Franklin Memorial were higher than comparable regional hospitals. Toxic effects of substances chiefly nonmedicinal as to source (ICD 9 Codes 980-989). Rates are average as compared to comparable regional hospitals. They increased the first two years of reporting and then stabilized.

University of Maine Farmington (UMF) Core Survey

Key findings from a nationally-conducted survey support the need to limit retail access to alcohol around the local college campus, and to engage college students in substance-free activities.

Local High School Survey

An “Illegal Substance Survey” was overseen by faculty but administered by students at one local high school. The survey indicated:

- Alcohol, particularly beer and vodka, was the drug of choice for 9th – 12th graders
- The top reasons for using drugs in each grade was “stress,” and “friends’ influence”
- When asked where they used substances, a surprisingly large percentage of students abused substances at home. (It was highest in 11th grade at 24 percent.)
- Approximately 1/3 of 10th – 12th graders bought alcohol or drugs locally, vs. buying them over the internet, stealing, having substances provided by families, or from friends

Adjudication Data

Franklin County (32 percent) ranked significantly higher in adjudication rates that were related to drug offenses than the state (18 percent).

Poverty in Maine Report

Lower socio-economic status, as measured by lower education and income status, is associated with higher rates of incidence and death from heart disease, diabetes, obesity, lead poisoning, and low birth weight. (Healthy Maine 2010.) Additionally, lower socio-economic status is attributed to greater incidence of substance abuse. The region certainly suffers from the effects of poverty. Franklin County’s individual poverty rate in 2003 was higher than the state rate, both for the population as a whole and for those under 18. The proportion of the school-age population eligible for free and reduced school lunch in FY ’06 was considerably higher than in the state as a whole. Median household income in Franklin County in 2003 was 13.5 percent lower than the state median income. It was 10 percent below the 200 percent poverty level for a four-person household.

Healthy Community Coalition assessments via five years of SAMHSA-funded Youth-to-Youth program.

HCC has worked actively with area youth in all five school districts in the region. Through mentoring programs, an annual Youth Summit, and a Youth Advisor program, youth were taught leadership skills, social problem solving skills, and resiliency. During the course of this programming, the youth, mentors, and educators who were involved contributed greatly to discussions of the nature of substance abuse in the region. A clear picture emerged from the dialogue:

- students have ready access to a great variety of substances
- students exhibit risky behavior because they feel disempowered, and they feel that there is nothing to do in the area
- students assume substance use is the norm because they have been surrounded by it in their family situation and in the community
- peer leadership and parent involvement are critical tools to curbing substance use

Community Stories

Collecting quantitative data was an essential part of HCC's assessment process. However, community stories that were gathered via the considerable outreach efforts of HCC (via its mobile health unit) and others (such as Western Maine Community Action's Low Income Heating Assistance Program) played a tremendous role in the process. Anecdotal information was a valuable companion to surveys and reports, and significantly helped shape our direction. When woven together, these threads completed a tapestry whose design revealed, most significantly:

- the culture of substance abuse. Generations of substance use in families have helped to make substance abuse, particularly alcohol and marijuana, acceptable.
- poverty, limited education, and the perception that there is nothing to do but turn to substances in order to cope with life's trials, contributes to the prevalence of substance abuse.
- there is unprecedented access to various substances, most notably now prescription drugs
- law enforcement and the judicial system need to work much more collaboratively
- law enforcement actions need to be supported by the judicial system
- population targets should be considered for effective prevention efforts, but concentrate on addressing the lifespan

Work Group Contributions

The work of the Substance Abuse Prevention Strategic Planning Work Group cannot be underestimated. In each two-hour meeting, group members shared invaluable information from perspectives as varied as a parent, a sexual abuse prevention advocate, to a police officer, and a school substance abuse counselor. The Work Group's collective voices helped the strategic planning process accurately reflect the landscape of substance abuse in Greater Franklin County.

V. Processes Used to Interpret Information and Make Decisions

In order to efficiently probe the issues unveiled by the data, smaller groups were formed. These groups were based on initial efforts to identify priorities, which tended to be a bit more holistic and concerned with quality of life issues and culture, vs. specific substances. These small groups were structured as follows:

1. Information and Resources *Facilitator: Nicole Ditata*

Problem: Greater Franklin County residents and service providers are not fully aware of the extent of the substance use and abuse in the area or the resources available to address the issue.

2. Youth Substance Abuse *Facilitator: Karen Haley*

Problem: There is a high rate of substance use and abuse among youth and young adults.

3. Prescription Drugs *Facilitator: Steve Kelleher*

Problem: There is significant non-medical use of prescription drugs in Greater Franklin County, affecting youth, young adults, adults and the elderly.

4. Character Development *Facilitator: Missy Danforth*

Problem: People are abusing substances as a coping mechanism, and there is a perception that there are no opportunities for them, so there is little incentive to quit.

5. Community Involvement *Facilitator: Lisa Laflin*

Problem: The informal support systems in communities has drastically eroded, which leaves a lack of support to those in need and a general lack of community spirit and pride.

6. Parental Involvement *Facilitator: Sandy Warren*

Problem: Parents are not actively involved in their children's lives.

7. Law Enforcement *Facilitator: Marc Bowering*

Problem: There is a perceived leniency both in the judicial system in terms of sentencing, and in local law enforcement consistently enforcing laws.

The facilitators of these small groups developed logic models halfway through our planning process. They then shared their logic models and findings with the large group. This proved to be a challenge for group leaders and HCC Program staff. The logic model concept was met with varying degrees of interest, and was a bit complex for some members of the group. In addition, the group was concerned that it had to mesh with evolving State priorities and expectations, despite taking different directions on occasion. With support from the evaluation team at Hornby Zeller, and guidance from HCC staff who were receiving extensive training at the time, the group restructured. It focused on working solely as a large group, and developing a strategic plan that took into consideration issues such as law enforcement and culture (former small group considerations), but noting these as intervening variables to specific substance abuse patterns. Thus redirected, the group was challenged to prioritize the most important substance abuse patterns/substances. Initial priorities were arrived at, and they were:

- Marijuana Use
- High Risk Drinking Among Youth and Adults
- Underage Drinking
- Prescription Drug Misuse and Abuse
- Crystal Methamphetamine Use
- Cocaine Use

VI. Prioritization of Goals and Objectives

Using considerations outlined in this report's introduction (community and organizational resources, available time, nature of the issue, the availability and integrity of the data that supported the issues, and finally, the ability to affect change), the group was polled, via e-mail. Group members were asked to rank the substance abuse patterns/substances, paying careful attention to the matrix of considerations. Almost 100 percent of group members responded to the e-mail request. Results were tabulated and brought to a subsequent SAPSPW meeting. While Under Age Drinking, High Risk Drinking, and Prescription Drug Misuse and Abuse were ranked high, Crystal Methamphetamine was not. However, eloquent pleas for primary prevention were heard and respected – in other words look at what is happening in neighboring urban communities and seize the opportunity to prevent a substance abuse crisis vs. reduce an issue. Thus, Crystal Meth moved into the top priorities for Greater Franklin County.

Specific strategies from the previous small group work and from comments at larger group meetings were then merged into a draft strategic plan. Using logic model templates provided by the Office of Substance Abuse and the evaluation team, the plan was presented to the group at a meeting in June. All 53 strategies were reviewed by projecting the plan onto a wall. This larger-than-life display enabled comments and revisions to be captured instantly via computer. This was a tipping point for the Work Group. The comprehensiveness of the plan could be readily seen and cuts, while few, were readily made because they could be made in context with other decisions. With time running short at that meeting, a "Measurements Task Force" was assembled. This group met twice during the summer and corresponded via e-mail. In conjunction with HCC staff it developed Activities and Measurements for each strategy in the Strategic Plan. The final step in the planning process was to request comments and final approval from all SAPSPW members, and gather commitments (in the form of Memoranda of Understanding) from group members to move forward in implementing the strategic plan.

See Appendix F for MOUs

VII. Brief Summary and Recommendations

The Healthy Community Coalition looks forward to mobilizing the existing Strategic Planning Work Group and other community partners to implement the strategies outlined in the strategic plan. As recipient of the grant funds to complete this strategic planning process, HCC feels it has successfully laid the groundwork for prevention planning in Greater Franklin County. To ensure the group's vision and strategic planning steps can successfully bear fruit, there are a number of recommendations offered by the Work Group, and by Healthy Community Coalition:

- The Work Group felt strongly that the community should look at alcohol consumption holistically. Acknowledge the differences between Under Age and High Risk Drinking, but recognize the power in making the prevention of high risk drinking and under age drinking into one goal.
- The life span should be considered as well when addressing prescription drug misuse and abuse, as it affects all ages.
- Be sensitive to the fact that there are a tremendous variety of substances available and currently known, with others immediately or distantly on the horizon. Incorporate a philosophy into the strategic planning process that allows the group to be responsive to changing times, and be proactive, employing primary prevention tactics as appropriate. This philosophy is evident in Crystal Meth being defined as a prevention priority in Greater Franklin County.
- Increase the capacity of the local community to access and interpret existing data sets. Offer trainings and resources. In addition, improve the availability of data sources both at the state and county level.
- Develop and support the substance abuse prevention workforce by offering appropriate trainings at the state level, while providing access to financial resources to support trainings sponsored by coalitions at the local level. Explore prevention education opportunities at all levels - community college, university system and post-graduate work. Develop an effective system for informing individuals and institutions of those options.
- Continuously strive to be culturally competent. Cultural competency can be defined as a set of behaviors, attitudes and policies that come together in a system, agency, or program or among individuals, enabling them to function effectively in diverse cultural interactions and similarities within, among, and between groups.
- Encourage State entities, advocacy organizations and Comprehensive Community Health Coalitions to collaborate, and ensure that current and future collaborations are closely merged with the developing Public Health infrastructure in Maine.
- Be mindful of the Work Group's and Healthy Community Coalition's focus on prevention, but encourage robust conversations around increasing or improving treatment opportunities.
- Be sure to engage all sectors of the community in future substance abuse prevention activities, and inform them of progress systematically via Internet postings, newsletters and community meetings.

- Seek funding to sustain prevention planning and implementation using a coordinated approach, accessing the grant writing resource of Franklin Community Health Network, Healthy Community Coalition and community partners. At the close of this strategic planning process, HCC has received funding to support multiple strategies outlined in the strategic plan. These are noted as HMP objectives. In addition, HCC has already applied for funding through the Substance Abuse and Mental Health Administration's Drug Free Communities grant. Funding will support strategies that focus on community service, social problem solving skills development, and mentoring.

VIII. Strategic Plan Summary

The Full Strategic Plan Follows this Summary

After completing a thorough assessment process, the Substance Abuse Prevention Strategic Planning Work Group created a strategic plan that focuses on three major goals:

- Reduce High Risk and Under Age Drinking
- Reduce Prescription Drug Abuse and Misuse
- Prevent Crystal Methamphetamine Use

Within each of these three major goals, intervening variables were considered. Intervening variables are the factors that have been identified as influencing the occurrence and magnitude of substance use and its consequences. The framework for this strategic planning process is built on the idea that making changes to these variables at the community level will cause changes in substance use and related problems. The Work Group focused on the following intervening variables, although not all were addressed in each goal:

- Retail Access
- Social Access
- Promotions and Pricing
- Parental Monitoring
- Law Enforcement
- Knowledge of Health Risks
- Advertising
- Screening/Early Intervention
- Adult Modeling
- School Policies
- Culture

Under each intervening variable, there are specific strategies to implement over the next five years. These were grouped under these headings: Communication, Policy, Education, Collaboration, Law Enforcement, and Other. Timeline, Responsible Parties and Activities/Measures were mapped out for each intervening variable and strategy. This provides a concrete framework to achieve outcomes.

The strategic plan works with multiple populations across the lifespan to reach its goals. It is not diluted, however, as it paid careful attention to being able to make a difference within particular target populations. (For example, a robust mentoring campaign to engage youth; an emphasis on work sites to reach 18-25 year olds, and a campaign to reach caregivers describing the potential for misuses issues with the elderly they care for.)

Overall the strategic plan:

- **Focuses on the retail environment**, including looking at access and promotions that encourage the use and abuse of alcohol and engaging retailers in increasing the use of effective policies and practices (such as carding); and the role of physicians and pharmacists in educating about prescription drug misuse or abuse
- **Focuses on law enforcement**, and policy development, including increasing the use of model polices, encouraging communication between the judicial system, providers, the State, and law enforcement; and standardizing data collection
- **Focuses on developing nurturing relationships for young people** through mentoring programs, parent education, and connections to positive social opportunities
- **Focuses on engaging and educating the community** in a wide variety of ways about the nature of substance abuse in Greater Franklin County, while simultaneously providing tools to empower individuals to make a difference.

The plan involves multiple community partners to effectively meet the goals of the strategic plan. Key relationships include, but are not limited to, partnerships with the Franklin County Children's Task Force, Farmington Police Department, University of Maine Farmington, and the caring professionals of the medical community, including providers affiliated with Franklin Community Health Network.

A diverse group of stakeholders have agreed to continue the momentum gained in this strategic planning process. Memoranda of Understanding, which are attached in this report, have been signed by many of those interested parties, indicating continued engagement as well as dedication to implement specific strategies.

Goal: Reduce High Risk and Under Age Drinking in Greater Franklin County

Intervening Variables and Strategies	Timeline	Responsible Parties	Activities/Measures
<u>Retail Access</u>			
<p>-Policy Use Geographic Information Systems (GIS) mapping software to map all Greater Franklin County retail establishments that sell alcohol to better understand ease of access.</p> <p>-Policy Engage retailers and policy makers in regulating access to alcohol by exploring policies that limit access to alcohol.</p> <p>-Education Increase effectiveness of retailers' policies and practices that restrict access to alcohol by underage youth. (See HMP 3.3)</p>	<p>Beginning October, 2007</p> <p>Beginning November, 2007</p> <p>Beginning November, 2007</p>	<p>Lisa Laflin, Healthy Community Coalition and Nate Morse, Healthy Community Coalition</p> <p>Lisa Laflin, Healthy Community Coalition and Nicole Ditata, Healthy Community Coalition</p> <p>Lisa Laflin, Healthy Community Coalition and Nicole Ditata, Healthy Community Coalition</p>	<p>A GIS map is created of all 75+ Greater Franklin County retail establishments that sell alcohol.</p> <p>3 Big Apple Stores in the service area that have 100% carding policies for alcohol sales share their model with 75 retailers for replication.</p> <ul style="list-style-type: none"> • 75 retail establishments that sell alcohol will be provided materials to encourage them to restrict access to alcohol by underage youth by the end of year 1. • 3 community members per year for 5 years are trained in the OSA/HEAPP CardMe program; 5 retail establishments will be educated in the first year, increasing to 18 per year in the next 4 years. (Initially focus on 5 stores surrounding University of Maine at Farmington consisting of Cumberland Farms, Ron's Market, Big Apple, Jack's Trading Post and Maxwell's.) All stores will be recognized for participation.

<u>Promotions and Pricing</u>				
<p>-Collaboration Decrease promotions and pricing that encourage high risk drinking among young adults (18-25 year olds). (See HMP 3.11)</p>	<p>Beginning January, 2008</p>	<p>Lorna Nichols, Franklin County Chamber of Commerce; Bud Martin, University of Maine, Farmington; Lisa Laflin, Healthy Community Coalition and Nicole Ditata, Healthy Community Coalition</p>	<ul style="list-style-type: none"> • Collaborate with owners and managers of local establishments to set common standards for limiting advertising; regulation of pricing specials and promotion. (Focus on 5 stores surrounding University of Maine at Farmington consisting of Cumberland Farms, Ron's Market, Big Apple, Jack's Trading Post and Maxwell's.) • Develop a system to recognize stores that create positive changes. • By the end of year 3, encourage 75 retail establishments that sell alcohol to limit advertising and promotions - based on recommendations of initial stores' collaboration. 	
<u>Parental Monitoring</u>				
<p>-Education Increase use of recommended parental monitoring practices for underage drinking. (See HMP 3.2)</p>	<p>Beginning September, 2007</p>	<p>Sandy Richard, RN, Healthy Community Coalition, Jennifer McCormack, RN, Healthy Community Coalition</p>	<p>Meet with responsible parties and develop a consistent message to present at worksites. Use <i>Find Out More, Do More</i> materials; and Drug-Free Action Alliance's <i>Parents who Host Lose the Most</i> public awareness campaign. (Focus on 2 worksites with at least 25 employees each per year, beginning with Sugarloaf and Saddleback.)</p>	
<u>Law Enforcement</u>				
<p>-Enforcement Increase effectiveness of local underage drinking law enforcement policies and practices (based on Maine Chiefs of Police/OSA model policy). (See HMP 3.1)</p>	<p>Beginning September, 2007</p>	<p>Detective Marc Bowering, Farmington Police Department and Bridgette Gilbert, MSAD 9 School Resource Officer/Farmington Police Officer</p>	<ul style="list-style-type: none"> • Contact area law enforcement agencies, including Farmington Police Department, Franklin County Sheriff's Department, and UMF Campus security to review current law enforcement policies, identify current policy use, and identify any barriers and issues • Incorporate Chiefs of Police/OSA model policy training into Criminal Justice Academy mandated 	

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<p>-Enforcement For monitoring and assessment purposes, implement the use of Unified Crime Reporting data and encourage the use of the system among all law enforcement agencies serving Greater Franklin County. <i>(This strategy applies to all three Goals.)</i></p>	<p>Beginning March, 2008</p>	<p>Detective Marc Bowering, Farmington Police Department and Bridgette Gilbert, MSAD 9 School Resource Officer/Farmington Police Officer</p>	<p>training. Incorporate mandated training through monthly district training to ensure all officers receive training, not just new officers.</p> <p>5 Chief's of Police, State Police, Sheriff's Dept, UMF police dept. adopt Unified Crime Reporting system.</p>
<p><u>Knowledge of Health Risks</u></p>			
<p>-Education Reduce appeal of underage drinking by increasing knowledge of the health risks. <i>(See HMP 3.6)</i></p> <p>-Education Provide Franklin County health teachers evidence-based substance abuse information. <i>(This strategy applies to all three Goals.)</i></p> <p>-Education Develop and implement a training program for elementary and middle school students based on</p>	<p>Beginning February, 2008</p> <p>Beginning January, 2008</p> <p>Beginning January, 2009</p>	<p>Nicole Ditata, Healthy Community Coalition; Melissa Yeaton, community member/health educator</p> <p>Lisa Laflin, Healthy Community Coalition and Nicole Ditata, Healthy Community Coalition</p> <p>Lisa Laflin, Healthy Community Coalition and Nicole Ditata, Healthy Community Coalition,</p>	<ul style="list-style-type: none"> • Educate youth and adults on the health risks of underage drinking by focusing on the effects of alcohol on brain development. Target 2 area Cub Scouts and 2 4-H Clubs per year as well as Mt. Blue High School's YETI Club. Resources will be provided and material will be incorporated into the groups' programming (such as a display at the well-attended 4-H booth at the Farmington Fair, as part of a traveling exhibit that appears on HCC's mobile health unit, or a locally produced video). • Identify and engage 2 other groups per year to reach vulnerable youth. <p>Identify 10 key educational materials from OSA and other sources, and provide all five area school districts educational resources during Red Ribbon Week.</p> <ul style="list-style-type: none"> • Implement program in Jay School Department in the first year (beginning January, 2009), and

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<p>the Social Problem Solving curricula developed as part of the SAMHSA model program <i>Across Ages</i>. Integrate with other groups' programs as well, such as Franklin County Children's Task Force "Adversaries to Allies" program. <i>(This strategy applies to all three Goals.)</i></p> <p>-Education Encourage businesses to develop Drug Free Workplace policies using materials developed by the Maine Office of Substance Abuse. <i>(This strategy applies to all three Goals.) (See HMP 3.10)</i></p> <p>-Education Explore evidenced-based court diversion programs, develop program to serve Greater Franklin County, while linking with existing programs such as Smokeless School Days and Juvenile Automated Substance Abuse Evaluation (JASAE). <i>(This strategy applies to all three Goals.)</i></p> <p>-Other Identify treatment resources in Greater Franklin County, inform community, providers and organizations of options. <i>(This strategy applies to all three</i></p>	<p>Beginning January, 2008</p> <p>Beginning October, 2007</p> <p>Beginning November, 2007</p>	<p>Renee Blanchet, Franklin County Children's Task Force, Karen Haley, Jay School Dept.</p> <p>Noreen Comeau, FNP; Sandy Richard, RN, Healthy Community Coalition, Lisa Laflin, Healthy Community Coalition, Nicole Ditata, Healthy Community Coalition</p> <p>Joan Dawson, Department of Corrections; Nicole Ditata, Healthy Community Coalition</p> <p>Alecia Pineo, Public Health Nursing; April Guagenti, Evergreen Behavioral Services</p>	<p>offer the program in 4 elementary schools and 4 middle schools in five years. Increase attendance in program by 20% each year.</p> <ul style="list-style-type: none"> • Meet with 3 other organizations offering programs that could incorporate elements of the SPS curriculum, train 5 key members to implement the program. • Encourage 5 area Chambers of Commerce to educate their members about developing a Drug Free Workplace policy; 5 businesses adopt drug-free workplace policy in 5 years. • Work with workplaces to distribute educational materials to employees to increase their knowledge of health risks and/or to pass policies to institutionalize Drug Free Workplace Policies. Focus on 2 worksites per year, beginning with Sugarloaf and Saddleback. <p>Evaluate need, identify (look at Healthy Androscoggin model) and evaluate 3 programs as determined by need, test/pilot one program</p> <p>Develop resource list in print and online on The Community Connector. Integrate with outreach efforts of The Franklin Resource Network and the Community Health Visioning Access to Health Care Task Force.</p>
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<p><i>Goals.)</i></p> <p>-Other Determine steps to leverage more resources for additional treatment opportunities. <i>(This strategy applies to all three Goals.)</i></p>	<p>Beginning September, 2007</p>	<p>April Guagenti, Evergreen Behavioral Services; Kim Lane, Tri-County Mental Health</p>	<p>(www.TheCommunityConnector.org.)</p> <p>Convene a subcommittee of the Workgroup to lead the discussion. Group identifies at least 2 additional counselors trained in substance abuse counseling.</p>	
<p><u>Advertising</u></p>				
<p>-Education Develop or adapt an existing curriculum for a for-credit course that illustrates the influence media has on substance use. Adapt to college level as well as high school and middle school levels. Teach youth to be able to deconstruct advertisements so as to understand the forces promoting a “pill to solve all problems,” for example. <i>(This strategy applies to all three Goals.)</i></p>	<p>Beginning April, 2008</p>	<p>Bud Martin, University of Maine, Farmington; Lisa Laflin, Healthy Community Coalition; Beth Jennings, University of Maine, Farmington; Lois Hall, community member; Alyce Cavanaugh, School Health Coordinator for MSAD 9</p>	<ul style="list-style-type: none"> • Course developed and integrated into health curriculum in 3 MSAD 9 schools by the end of 5 years. • Course offered at UMF at least once a year by the end of year 3. 	
<p><u>Screening/Early Intervention</u></p>				
<p>-Education Prenatal providers conduct appropriate screenings for all pregnant women during first or second visit and again at 20 weeks, using an evidenced-based model such as UNCOPE. Environmental factors are considered as well, including use in family. (Resources and materials are then provided appropriate to the screening results.)</p>	<p>Beginning September, 2008</p>	<p>Renee Blanchet, Franklin County Children's Task Force Growing Healthy Families Program; Christine Hufnagel, Community Concepts</p>	<p>100% of women that are part of the Growing Healthy Families Program are screened each year.</p>	

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<p><i>(This strategy applies to all three Goals.)</i></p>			
<p><u>Adult Modeling</u></p>			
<p>-Education Develop and implement an educational program for grandparents regarding the important role they play in substance abuse prevention efforts in their grandchildren's lives. (Include younger grandparents as well.) <i>(This strategy applies to all three Goals.)</i></p> <p>-Education Launch community service and mentoring component based on SAMHSA's <i>Across Ages</i> model program. This will include 1-2 hrs/week of community service and mentoring for each participating youth. <i>(This strategy applies to all three Goals.)</i></p> <p>-Collaboration Inform students and parents of area schools about weekend activities and encourage them to attend. This strategy capitalizes on pre-existing resources and opportunities available locally throughout the region that are no or low-cost, and tobacco and alcohol free. <i>(This strategy applies to all three Goals.)</i></p>	<p>Beginning January, 2008</p> <p>Beginning October, 2008</p> <p>Beginning March, 2008</p>	<p>Renee Blanchet, Franklin County Children's Task Force</p> <p>Carol Timberlake, North Country Associates; Deb Chase, Maine After School Network; Lisa Laflin, Healthy Community Coalition and Nicole Ditata, Healthy Community Coalition</p> <p>Joe Nelson, Farmington Recreation Dept.; Paula Roy, MSAD 58; Sheila McMillan; Franklin Journal; Healthy Community Coalition volunteers; UMF Practicum student</p>	<ul style="list-style-type: none"> • Incorporate educational materials into PASTA (Parenting the Second Time Around) program coordinated by Franklin County Children's Task Force. Conduct PASTA program twice a year reaching 40 people annually. • Distribute materials to a targeted audience of Greater Franklin County SeniorsPlus Meal recipients, all area Red Hat Society groups in the area, and Greater Franklin County residential social clubs such as Lavoie Street Elderly Housing Social Club and Farmington Court. • Develop a communication system using, school newsletters, e-mail and the Internet to reach 2500 students in MSAD 9 in year 1. • Extend communication system to each additional school district (4) in each of the next 4 years.

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<u>School Policies</u>			
<p>-Policy Review UMF's and local schools' alcohol policies to educate Workgroup on current practices and to advise changes as appropriate.</p> <p>-Education Research UMF orientation process to be sure that alcohol policies are discussed in admissions tours, "Accepted Student Days," and Freshman orientation, and to make recommendations as appropriate.</p>	<p>Beginning September, 2007</p> <p>Beginning September, 2007</p>	<p>Beth Jennings, University of Maine at Farmington; Irv Faunce, Western Maine Community Action</p> <p>Beth Jennings, University of Maine at Farmington, Irv Faunce, Western Maine Community Action</p>	<p>UMF's and all five school district's alcohol policies are reviewed. Recommendations are made to the Strategic Planning Workgroup for further consideration and action as warranted.</p> <p>Alcohol policies are discussed annually at all 3 initial points of contact with incoming students.</p>

Goal: Reduce Prescription Drug Abuse and Misuse in Greater Franklin County				
Intervening Variables and Strategies	Timeline	Responsible Parties	Activities/Measures	
<u>Social Access/Availability</u>				
<p>-Enforcement Design a "safe" method for teens to report substance abuse in school and educate teens on the importance of using this vehicle for communications. <i>(This strategy applies to all three Goals.)</i></p>	Beginning January, 2008	Karen Haley, Jay School Department, Paula Roy, MSAD 58, Bridgette Gilbert, MSAD 9	Integrate with existing school systems' policies a safe and effective way of reporting substance use; such as establishing confidential lock boxes, so teens who wish to report substance abuse issues can feel comfortable doing so. The systems in all 5 area school systems are reviewed in the beginning of year 2; system is established by the end of year 2.	
<p>-Communication Work with state-level agencies to effectively change rulings and wordings of existing laws so that communication about potential prescription drug misuse between law enforcement and medical community is improved.</p>	Beginning September, 2007	Noreen Comeau, FNP	Develop language in collaboration with the Maine DEA; E-Prescribing Quality Review Committee of the Franklin Community Health Network; Commissioner of Public Safety; and other state officials to create a system. Meet with all local law enforcement agencies in Greater Franklin County for feedback and buy-in.	
<p>-Communication Focus on northern tier to develop a part-time volunteer school resource officer position to improve communication in schools. <i>(This strategy applies to all three Goals.)</i></p>	Beginning September, 2009	Bridgette Gilbert, MSAD 9 School Resource Officer/Farmington Police Officer; Quenten Clark, MSAD 58 Superintendent	School resource officer position established and collaboration established with Rangeley and Mt. Abram.	

<u>Retail Access/Availability</u>				
<p>-Communication Reduce availability of prescription drugs for purposes other than prescribed, by increasing prescribers' and dispensers' awareness of and use of the Prescription Monitoring Program based on assessment-based local substance abuse prevention priorities. This, in turn, creates a quality review process. (See HMP 3.15)</p>	<p>Beginning October, 2007</p>	<p>Noreen Comeau, FNP; Ralph Johnson, Chief Information Officer, Franklin Community Health Network</p>	<p>Prescription Monitoring Workgroup will meet 4 times per year to discuss the development of a local physician-based quality review process for assessing provider-prescribing patterns in private practices, FMH's ED Department, and Pine Tree Medical Associate's practices. This will involve using OSA's Prescription Monitoring Program and other prescription databases as may be made available to the group. The group will be comprised of the existing members of a consortium which has spent the past 18 months implementing electronic prescribing technology among the 59 medical prescribing providers in Greater Franklin County.</p>	
<p>-Collaboration Work with the prescribing providers in Franklin County (physicians, nurse practitioners, physician assistants) to encourage the use of contracts with patients who are prescribed narcotics for more than a pre-defined period (e.g., one week).</p>	<p>Beginning January, 2009</p>	<p>Noreen Comeau, FNP</p>	<ul style="list-style-type: none"> • Meet with Franklin Community Health Network Medical Staff twice to discuss the issue • Meet with HealthReach Community Health Centers' staff twice • Identify and meet with all others in area, including dentists, mental health practices and private offices. • Contracts used in at least 15 practices by the end of 5 years. 	
<p>-Collaboration Create and/or identify a system for the proper disposal of unused prescription medications which is convenient, free, and safe.</p>	<p>Beginning September, 2008</p>	<p>Noreen Comeau, FNP</p>	<p>Participation in the State's "Mail Back" program. Educational materials are identified and distributed to the 7 Greater Franklin County pharmacies, all area nursing homes, and other residential facilities, SeniorsPlus, and 10 associations in Greater Franklin County, including the Tyngtown Club, Rotary Clubs and Red Hat Societies.</p>	
<p>-Education Post information at local pharmacies about drugs that are likely to be abused illegally and addresses ways in which youth and adults are currently abusing</p>	<p>Beginning November, 2007</p>	<p>Lisa Laflin, Healthy Community Coalition and Nicole Ditata, Healthy Community Coalition; Office of Substance Abuse; John</p>	<p>Obtain materials from OSA, develop localized material as well, and distribute to the 7 pharmacies in Greater Franklin County.</p>	

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<p>these medications in Greater Franklin County. Also distribute treatment resources that are available in Greater Franklin County.</p> <p>-Education In conjunction with local physicians and pharmacists, develop an information tool for prescribing providers advising them of the issue and how they might avoid problems for their patients in the area of prescription medication abuse.</p>	<p>Beginning January, 2009</p>	<p>Murray, R Ph</p> <p>Dr. Stephen Bien; Lisa Laflin, Healthy Community Coalition and Nicole Ditata, Healthy Community Coalition</p>	<p>Obtain information from Maine Medical Association, SAMHSA and OSA. Meet with the 7 Pine Tree Medical Associates practices' staff at each organization's staff meeting to inform them of the issues in Greater Franklin County.</p>	
<p><u>Culture</u></p>				
<p>-Communication Develop and implement a communications plan through the local media (newspaper, TV, etc) using community stories and statistics to prevent or reduce substance use and abuse. Also, identify and promote existing systems of support for individuals trying to alter cultural patterns that support turning to substances as a coping mechanism.</p>	<p>Beginning January, 2008</p>	<p>Lisa Laflin, Healthy Community Coalition and Nicole Ditata, Healthy Community Coalition; Sheila McMillan, The Franklin Journal; J.P. Fortier, Mt. Blue Community Access TV; April Guagenti, Evergreen Behavioral; Kim Lane, Tri-County Mental Health</p>	<ul style="list-style-type: none"> • Distribute a "Grocery Gazette" to more than 100 stores and public locations in Greater Franklin County. • Tape and air 3 "HealthBeat" radio shows on WKTJ • Develop and deliver 12 PSA's a year on local radio station WKTJ. • Air monthly PSAs on two local Cable TV stations in Farmington and Jay. • Have 2 articles in area newspapers appear per year. • Post information monthly on www.TheCommunityConnector.org and FCHN website. • Distribute informational flyer to all mental health agencies in Greater Franklin County as well as Pine Tree Medical Associates practices. 	
<p><u>Knowledge of Health Risks</u></p>				
<p>-Policy Encourage elderly and other patients to use only one pharmacy</p>	<p>Beginning September,</p>	<p>Charlie Woodcock, Franklin Health Access</p>	<ul style="list-style-type: none"> • Franklin Health Access staff members counsel each FHA client during initial visit. 	

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<p>in order to better track prescriptions that may cause reactions with each other.</p> <p>-Communication Encourage the community to ask questions of their pharmacist about their prescriptions</p> <p>-Communication Distribute a brochure to care givers describing the potential for misuse issues with the elderly they care for. Should address what to look for; who to call; where to turn.</p>	<p>2007</p> <p>Beginning June, 2008</p> <p>Beginning March, 2008</p>	<p>John Murray, R Ph</p> <p>Laurie Winsor, Androscoggin Home Care and Hospice; Susan Giguere, Care and Comfort</p>	<ul style="list-style-type: none"> • Prescription Assistance Program Coordinator at Franklin Health Access counsels all clients at each visit. Engage all local pharmacists to develop the message that invites patients to ask questions. Address barriers to pharmacist educating patients, including privacy and time. • Distribute information obtained from OSA and other sources to 4 home health agencies serving the region, 2 local caregiving support groups, and SeniorsPlus. • Present materials at Health Leaders Forum and The Franklin Resource Network. • Post online on www.TheCommunityConnector.org.
<p><u>Screening/Early Intervention</u></p>			
<p>-Education Provide appropriate information to educate area medical providers about substance abuse issues in Greater Franklin County, and provide tools so they know what to do when substance abuse is identified. <i>(This strategy applies to all three Goals.)</i></p>	<p>Beginning September, 2007</p>	<p>Franklin Community Health Network Medical Staff providers; Karen Rogers, RN, MSN, Director of Education, Franklin Community Health Network; Lisa Laflin, Healthy Community Coalition; Nicole Ditata, Healthy Community Coalition</p>	<ul style="list-style-type: none"> • Partner with Ben Franklin Center at Franklin Memorial Hospital to offer 2 programs for medical staff per year for 5 years on substance abuse issues. • Present at staff meetings of 4 HealthReach Community Health Centers. • By year, 3 encourage 7 Franklin Community Health Network practices to conduct parent education regarding substance use at five and ten year Well Child Check visits. Conduct child education at ten year visit, and with adolescents during routine visits.

Goal: Prevent Crystal Methamphetamine Use in Greater Franklin County

Intervening Variables and Strategies	Timeline	Responsible Parties	Activities/Measures
<u>Law Enforcement</u>			
<p><i>-Enforcement</i> Develop and implement a First Responder training to ensure, firefighters, NorthStar personnel, and others are appropriately trained to respond to, and report the inappropriate use of prescription drugs, Crystal Methamphetamine, and alcohol. <i>(This strategy applies to all three Goals.)</i></p>	Beginning January, 2008	Karen Rogers, RN, MSN, Director of Education, Franklin Community Health Network	Identify key organizations and host 6 first responder trainings in 5 years.
<u>Social Access</u>			
<p><i>-Policy</i> Convene a sub committee of the Strategic Planning Workgroup with existing and new stakeholders to more fully develop and implement an action plan to address the epidemic of Crystal Methamphetamine - before it starts.</p>	Beginning November, 2007	Renee Blanchet, Franklin County Children's Task Force; Bud Martin, University of Maine, Farmington	Subcommittee is convened. Plan is drafted and presented to entire Workgroup by April, 2008.

<u>Knowledge of Health Risks</u>				
<p>-Education Educate “in-home” organizations such as visiting nurses, Bee Line Cable, mail carriers, CMP, CNAs, DHHS, to identify Methamphetamine labs and then how to respond appropriately.</p>	<p>Beginning November, 2007</p>	<p>Karen Rogers, RN, MSN, Director of Education, Franklin Community Health Network</p>	<p>Educate the staff of two organizations per year for five years.</p>	
<p>-Education Educate parents and educators about Crystal Methamphetamine use: what to look for, and how to respond appropriately, and how to prevent use in the first place.</p>	<p>Beginning, October, 2008</p>	<p>State level expert to be determined</p>	<p>Identify 10 key educational materials from OSA and other sources, and provide all 5 area school districts educational resources during Red Ribbon Week.</p>	
<p>-Education Educate landlords and landowners (community members) about Crystal Methamphetamine use: what to look for, and how to respond appropriately.</p>	<p>Beginning, January, 2008</p>	<p>Bill Marceau, Foothills Management</p>	<ul style="list-style-type: none"> • Distribute information to area landlords annually through the area landlord’s association. • Distribute information at 25 town offices in Greater Franklin County. 	

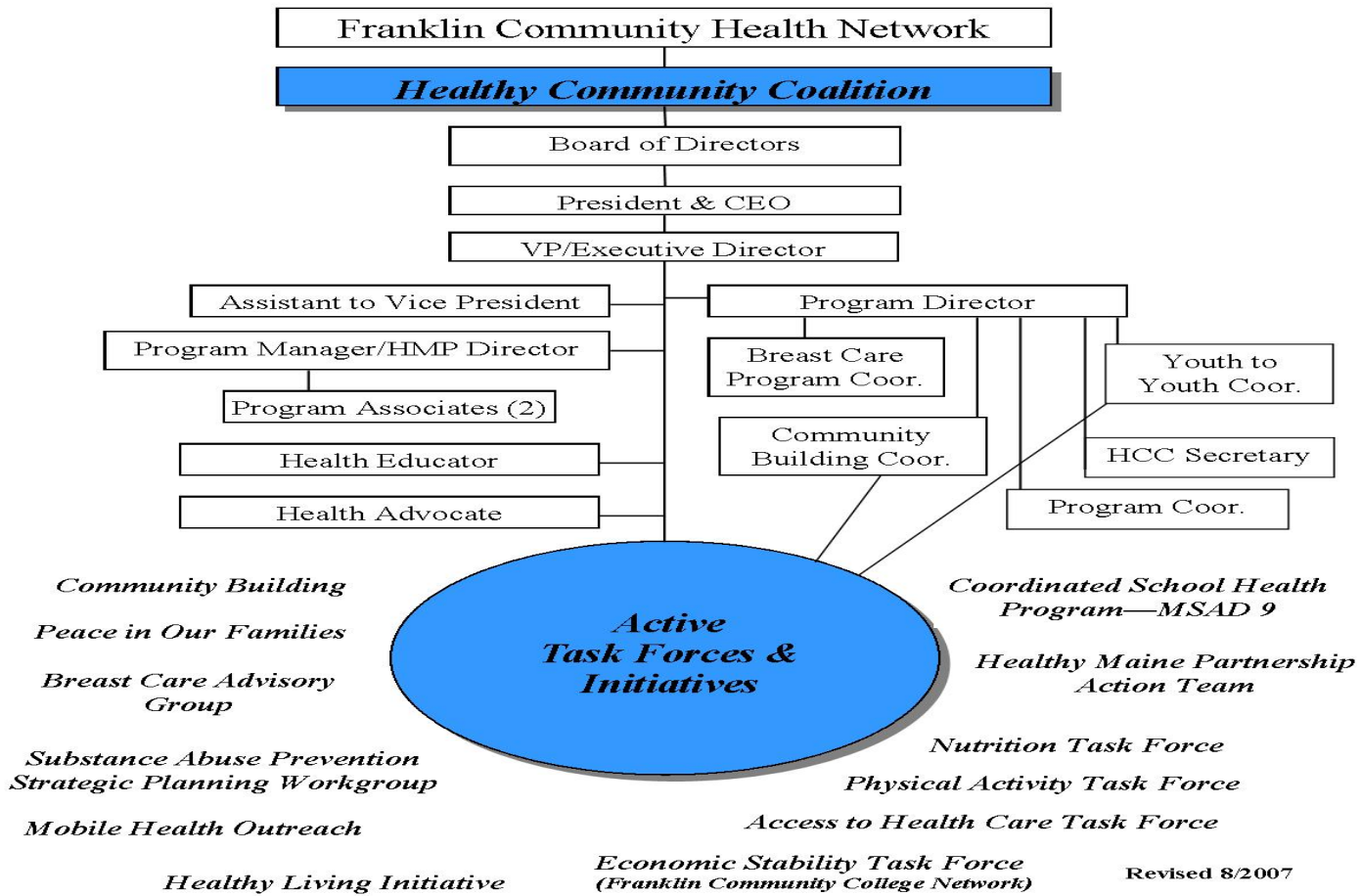
OSA – Office of Substance Abuse (Maine)

SAMHSA – Substance Abuse and Mental Health Services Administration (Federal)

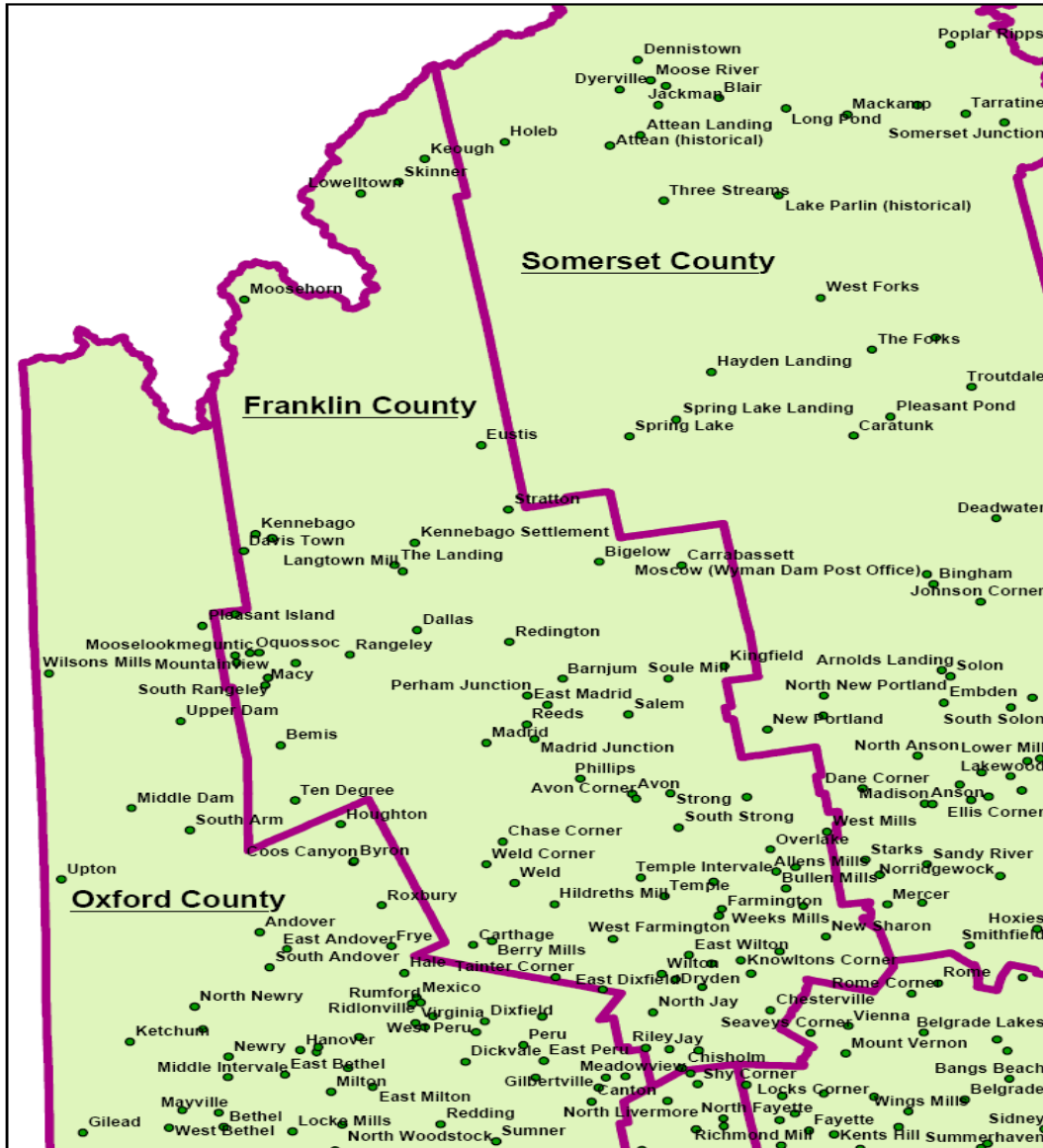
HEAPP – Higher Education Alcohol Prevention Partnership (Maine)

UMF – University of Maine, Farmington

Healthy Community Coalition Organizational Structure



Appendix B AREA MAP



Appendix C

COLLABORATING PARTNERS

Pam Adams	Director of Client Services and Peace in Our Families Faciltator, Sexual Assault Victims Emergency Services
Holly Austin	Social Worker, Rangeley Lakes Regional School
Leah Binder	Vice President, Franklin Community Health Network and Executive Director, Healthy Community Coalition
Renee Blanchet	Executive Director, Franklin County Children's Task Force
Marc Bowering	Detective, Farmington Police Department
Caitlin Carsen-Gabriel	Communications Coordinator, Central Maine Community College
Noreen Comeau, FNP	Family Nurse Practitioner, Wilson Stream Family Practice
Melissa Danforth	Special Projects Manager, Franklin Community Health Network
Joan Dawson	Juvenile Community Corrections Officer, Maine Department of Corrections, Juvenile Services
Nicole Ditata, CHES	Program Coordinator, Healthy Community Coalition
Irv Faunce	Program and Operations Manager, Western Maine Community Action
Ted Finn	Principal, Livermore Falls Middle School
Connie Jones	Community Services Director, SeniorsPlus
Shea Gilbert, RN	Public Health Nurse, Maine Department of Health and Human Services
Bridgette Gilbert	School Resource Officer and Farmington Police Officer, Mt. Blue High School
Sandy Gregor	Community Member, Former SeniorsPlus (Area Agency on Aging), Site Coordinator
April Guagenti, MSW	Executive Director, Evergreen Behavioral Services
Ernie Gurney	Ourtreach Worker, New Beginnings
Karen Haley, LMSW-cc, CADC	Substance Abuse Counselor, Jay School Department
Lois A. Hall	Community Member
Christine Hufnagel, LMSW-C	Associate Director of Family Services, Community Concepts, Inc.
Beth Jennings, M.Ed., LCPC	Counselor, University of Maine at Farmington, and HEAPP representative
Steve Kelleher, FACHE	Program Director (Former), Healthy Community Coalition
Lisa Laflin	Program Coordinator, Healthy Community Coalition
Christine Libby, MOTR/L, LSW	Occupational Therapist, Franklin Community Health Network
Jon Lamarche	Certified Personal Trainer/Fitness Coordinator, Rangeley Region Health Center
Bill Marceau	Owner/Operator, Foothills Management
Maurice Martin	Professor, Community Health Education, University of Maine Farmington
John Murray, RPh	Pharmacist
Joe Nelson	Assistant Director, Farmington Recreation Department
Megan Norris	Middle School Student, Livermore Falls

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Alecia Pineo, RN	Public Health Nurse, Maine Department of Health and Human Services
Kristen Plummer	Sexual Assault Victims Emergency Services
Sandy Richard, RN	Program Manager and Parent Representative, Healthy Community Coalition
Lesa Rose	Program Coordinator, Healthy Community Coalition
Paula Roy	Teacher, Phillips Middle School
Jennifer Tumlin	Assistant Director of Residential Life, University of Maine at Farmington
Dr. Robert E. Wall	Superintendent, Jay School Department
Janis Walker Campbell	Assistant to the Vice President, Franklin Community Health Network
Rev. Cathie Wallace	Pastor, First Congregational Church (Old South), Farmington
Sandy Warren	Childrens Librarian, Wilton Free Public Library
Paula Widmer, LCSW	Shine! Counseling and Life Coaching
Melissa Yeaton	Community member, School Health Coordinator (former), MSAD 9
Jeremy Young	Intern, Sexual Assault Victims Emergency Services

Appendix D

KEY DATA SETS

- **Maine's Strategic Prevention Framework State Incentive Grant
Substance Consumption and Consequences
County Profile Supplement**
(see <http://www.maine.gov/dhhs/osa/prevention/community/spfsig/>)
- **Maine State Substance Abuse Assessment and Epidemiological Profile 2005**
(see <http://www.maine.gov/dhhs/osa/prevention/community/spfsig/>)
- **MYDAUS Report – Franklin County**
(<http://www.maine.gov/maineosa/survey/home.php>)

Appendix E

FOCUS GROUP QUESTIONS

T1. High Risk Drinking Among Youth (12-17)					
Scenario: High risk drinking includes drinking frequently, drinking and driving, drinking when pregnant, as well as binge (5 or more drinks on the same occasion) drinking. Basically it is drinking in a manner that puts you at higher risk of suffering consequences.					
Q1. Enforcement: Are underage drinking laws enforced by police in Greater Franklin County?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q2. Retail Access: Do local businesses “card” youth who attempt to purchase alcohol?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q3. Social Access: A. Do you think youth have access to alcohol during supervised parties? B. Do you think youth have access to alcohol during unsupervised parties?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q4. Promotion: Do you think youth are influenced by the way media portrays drinking?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q5. Perceived Risk of Harm: Do you think youth understand the consequences of alcohol use?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q6. Community Norms: Does your community send a clear message that underage drinking is dangerous?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q7. Family Norms: Do you think parents send a clear message that underage drinking is dangerous?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always

Participant Comments:					
Observer Comments:					
T2. High Risk Drinking Among Adults					
Scenario: High risk drinking includes drinking frequently, drinking and driving, drinking when pregnant, as well as binge (5 or more drinks on the same occasion) drinking. Basically it is drinking in a manner that puts you at higher risk of suffering consequences.					
Q1. Enforcement: Are drinking laws enforced by police in Greater Franklin County?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q2. Retail Access: Do think it is easy to buy alcohol in your community?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q3. Social Access: Do you think adults feel that they have to have alcohol at a party to have a good time?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q4. Promotion: Do you think adults are influenced by the way media portrays drinking?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q5. Perceived Risk of Harm: Do you think adults understand the consequences of alcohol use?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q6. Community Norms: Does your community send a clear message that high risk drinking is dangerous?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q7. Family Norms: Do you think parents send a clear message to their children that underage drinking is dangerous?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Participant Comments:					

Observer Comments:					
T3. Marijuana Use Among Youth (12-17)					
Scenario: Regular use of marijuana is more than once per week.					
Q1. Enforcement: Are marijuana use laws enforced by police in Greater Franklin County?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q2. Retail Access: Do you think it is easy for youth to buy marijuana in your community?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q3. Social Access: A. Do you think youth have access to marijuana during supervised parties? B. Do you think youth have access to marijuana during unsupervised parties?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q4. Promotion: Do you think youth are influenced by the way media portrays marijuana?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q5. Perceived Risk of Harm: Do you think youth understand the consequences of marijuana use?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q6. Community Norms: Does your community send a clear message that marijuana use is dangerous?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q7. Family Norms: Do you think parents send a clear message that marijuana use is dangerous?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Participant Comments:					

Observer Comments:					
T4. Marijuana Use Among Adults					
Scenario: Regular use of marijuana is more than once per week.					
Q1. Enforcement: Are marijuana use laws enforced by police in Greater Franklin County?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q2. Retail Access: Do you think it is easy to buy marijuana in your community?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q3. Social Access: Do you think adults have access to marijuana during social events?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q4. Promotion: Do you think adults are influenced by the way media portrays marijuana?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q5. Perceived Risk of Harm: Do you think adults understand the consequences of marijuana use?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q6. Community Norms: Does your community send a clear message that marijuana use is dangerous?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q7. Family Norms: Do you think parents send a clear message to their children that marijuana use is dangerous?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Participant Comments:					
Observer Comments:					

T5. Tobacco Use Among Youth (12-17)					
Scenario: Tobacco products include: cigarettes & smokeless tobacco. Regular use of cigarettes is half pack or more per day.					
Q1. Enforcement: Are underage tobacco laws enforced by police in Greater Franklin County?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q2. Retail Access: Do local businesses “card” youth who attempt to purchase tobacco?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q3. Social Access: A. Do you think youth have access to tobacco during supervised parties? B. Do you think youth have access to tobacco during unsupervised parties?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q4. Promotion: Do you think youth are influenced by the way media portrays tobacco use?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q5. Perceived Risk of Harm: Do you think youth understand the consequences of tobacco use?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q6. Community Norms: Does your community send a clear message that tobacco use is dangerous?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q7. Family Norms: Do you think parents send a clear message that tobacco use is dangerous?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Participant Comments:					
Observer Comments:					

T6. Tobacco Use Among Adults					
Scenario: Tobacco products include: cigarettes & smokeless tobacco.					
Q1. Enforcement: Are tobacco laws enforced by police in Greater Franklin County?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q2. Retail Access: Do you think it is easy to buy tobacco products in your community?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q3. Social Access: Do you think you can obtain tobacco products easily in the community?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q4. Promotion: Do you think adults are influenced by the way media portrays tobacco use?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q5. Perceived Risk of Harm: Do you think adults understand the consequences of tobacco use?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q6. Community Norms: Does your community send a clear message that tobacco use is dangerous?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q7. Family Norms: Do you think parents send a clear message that tobacco use is dangerous?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Participant Comments:					
Observer Comments:					
T7. Non-Medical Use of Prescription Drugs Among Youth (12-17)					
Scenario: Non-medical use of prescription drugs includes intentional overuse, distributing, selling and sharing.					

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Q1. Enforcement: Do students believe that non-medical use of prescription drug policies at school will be enforced?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q2. Retail Access: Can youth access prescription drugs in retail stores when open?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q3. Social Access: A. Do you think youth have access to prescription drugs during supervised parties? B. Do you think youth have access to prescription drugs during unsupervised parties?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q4. Promotion: Do you think youth are influenced by the way media portrays non-medical use of prescription drugs?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q5. Perceived Risk of Harm: Do you think youth understand the consequences of non-medical use of prescription drugs?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q6. Community Norms: Does your community send a clear message that non-medical use of prescription drugs is dangerous?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q7. Family Norms: Do you think parents send a clear message that non-medical use of prescription drugs is dangerous?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Participant Comments:					
Observer Comments:					

T8. Non-Medical Use of Prescription Drugs Among Adults					
Scenario: Non-medical use of prescription drugs includes intentional overuse, distributing, sharing and selling.					
Q1. Enforcement: Is non-medical use of prescription drugs enforced by police in Greater Franklin County?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q2. Retail Access: Do you think adults try to fill fraudulent prescriptions at local pharmacies?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q3. Social Access: Do you think you can obtain non-medical prescription drugs easily in the community?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q4. Promotion: Do you think adults are influenced by the way media portrays non-medical use of prescription drugs?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q5. Perceived Risk of Harm: Do you think adults understand the consequences of non-medical prescription drugs use?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q6. Community Norms: Does your community send a clear message that non-medical prescription drug use is dangerous?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Q7. Family Norms: Do you think parents send a clear message to their children that non-medical prescription drug use is dangerous?	1 Never	2 Rarely	3 Not Sure	4 Sometimes	5 Always
Participant Comments:					
Observer Comments:					

Additional questions:

1. Today we have discussed tobacco, alcohol, marijuana & non-medical use of prescription drugs. Are there other substances that you are concerned with?
2. What do you see as the biggest problems associated with substance use in your community? Are these problems new?
3. Why do you think these problems exist in your community?