
Assessment Report

Section 1: From the initial review of existing data and prior assessments,

1. What consumption patterns are of particular concern in your county? Why? Among which population(s)?

Consumption of alcohol, marijuana, and prescription drugs among youth 12 to 17 year olds and adults are areas of concern for Knox County. Additionally, inhalant use among 8th, 10th, 11th, and 12th graders presents great concern not only because Knox County has the highest rate in the state but also because of the severe threat of death that can result from a one time use. *Source: MYDAUS, OSA indicator data, Uniform Crime Reporting, National Center for Health Statistics and MDEA all included in County Profile compiled by Hornby Zeller*

2. What consequences are of concern? Why?

Knox County has a higher than state average of juvenile arrests for alcohol and drug violations. The reasons for these arrests are perceived as a threat to public safety.

Arrests for alcohol and drug violations including OUI are higher than state averages as are suicide, overdose deaths, and treatment admissions. These are recognized as threats to public safety, individual, and community well-being. *Source: MYDAUS, OSA indicator data, Uniform Crime Reporting, National Center for Health Statistics and MDEA all included in County Profile compiled by Hornby Zeller*

3. What knowledge gaps exist?

- Rates of youth inhalant use exist but there is no information directly related to county relevant consequences.
- Overdose information does not delineate whether the substance was an illicit drug or a prescription drug.
- Intervening factors for adult substance use must be determined.

1. High-risk Drinking Among Youth (12-17):

Consequences of high-risk drinking among youth in the county

The arrest rate for alcohol related violations of youth age 12 to 17 years was three times higher than state averages in 2002.

In your county, is there a connection between the following intervening variables and the consumption of alcohol or the consequences of high-risk drinking?	If yes, what is the connection (contributing factors) and how do you know this?
Enforcement	With a few exceptions, local enforcement of underage drinking laws have been progressive yet challenging due in part to the rural nature of the county. Understaffed law enforcement departments along with the number and variety of available places for youth to consume also hamper enforcement measures. Furthermore, and perhaps more difficult to address, is blatant disrespect for law enforcement officers and disregard for underage drinking laws by youth and adults. This unfortunate norm, along with others, has a negative effect on community involvement in relation to reporting and condoning behavior. <i>Source: Key informant interviews, and anecdotal information.</i>
Retail access	There is little to no information about youth purchasing alcohol through retail outlets in the county. However, retail outlets do play a part in youth access through product placement. Law enforcement departments report that "grab and go" theft by underage drinkers occurs two to three times weekly. <i>Sources: Key informant interviews, and anecdotal information.</i>
Social access	Availability of and access to alcohol for youth is quite easy. For instance, "pit parties" (events which take place in the many gravel pits/mines throughout the county and which may be planned or spontaneous; such occurrences are usually initiated by minors yet attended by young adults who along with older siblings and peers

supply alcohol) are widespread through out the county.

Promotion

Youth also find sources for alcohol at friend's homes in many cases no matter if parents are absent or present. *Source: Key informant interviews, and anecdotal information.*

Research shows that in-store marketing displays developed by national advertisers of alcohol products influence youth. Many local retailers participate in such selling techniques. Alcohol placed in numerous locations throughout the store where it is promoted as complimentary of other products normalizes the perception of frequent use as logical and gratifying.

There is one known community event promoted as family entertainment that hosts a beer garden. Attempts to obtain information about temporary alcohol permits for other community events proved to be fruitless. This coalition learned that such temporary permits are not tracked by state government.

While corporate promotion of alcohol to minors is egregious it must be mentioned that alcohol is routinely promoted unawares by poor role modeling of parents and adults in the community. *Source: Key informant interviews, and anecdotal information.*

Perceived risk of harm of use

Consumption and consequence patterns of youth use indicate that they have a very limited understanding of the harm of drinking. In fact, anecdotal information provides insight about how alcohol use among youth has come to mimic the patterns of young adults. Drinking games pared with the typical teen attitude of invincibility have driven youth use to dangerous extremes.

Additionally, there is limited awareness among parents about the effects of alcohol use on the teen brain. *Source: Key informant interviews, anecdotal information, and MYDAUS.*

Community/Family norms

It is difficult to separate community norms from family norms since one strongly influences the other. In some communities, instances of underage substance use are minimized because attention about untoward behavior may jeopardize a community's reputation, a school's sports team, or a community figure's character.

An attitude exists among some parents and youth alike that there is a safe level of underage alcohol use. This mistaken concept is reinforced in community settings by the frequently echoed phrase "responsible use" and the concept some parents hold about teaching their children to drink.

Well-meaning but misguided parents have been known to host gatherings and also furnish alcohol to underage drinkers with the idea that they are supplying a "safe" environment in which kids can experiment. *Source: Key informant interviews, and anecdotal information.*

Family norms

It has been noted in many key informant interviews and casual conversations that generational patterns of substance abuse is a key factor in family norms. Stress, mental health, depressed economics, lack of opportunity, lack of support, poor parenting, and under education were named as some of the reasons for unhealthy role models; however, unhealthy role models are not limited to low income, uneducated families. This factor is also found among families some consider to be in the higher echelons of society. *Source: Key informant interviews, and anecdotal information.*

2. High-risk Drinking Among Young Adults (18-25):

Consequences of high-risk drinking among young adults in the county

Increased rate of reported crimes, arrest for alcohol 50% higher than state average, suicide, economics, crime, lost opportunity/diminished life potential, family problems.

In your county, is there a connection between the following intervening variables and the consumption of alcohol or the consequences of high-risk drinking?	If yes, what is the connection (contributing factors) and how do you know this?
Enforcement	The penalty for young adults 18-21 is minimal and perceived as a nuisance. The consequences for underage drinkers are correction based; for those over 18 the consequences are punitive. A 1 st offence results in \$100 fine; it was noted that speeding fines are more significant.
Retail access	Convenience in accessing alcohol is a factor for this age group. Alcohol is sold in almost every "mom & pop" store, most drug stores, and all major grocery stores. Pricing reinforces the behavior for some while it has no effect on others. <i>Source: Key informant interviews, anecdotal information.</i>
Social access	Alcohol is a common ingredient in many, if not most, social gatherings of young adults. It is an accepted and depended upon vehicle to enhance the perception of "fun." <i>Source: Key informant interviews, anecdotal information.</i>
Promotion	Similar to promotion to youth age 12-17, research shows that in-store marketing displays developed by national advertisers of alcohol products influence are aimed at young adults. Many local retailers are encouraged by the alcohol industry to participate in such selling techniques through incentive programs.

Furthermore, there is an effort by legislatures and business owners to decrease the square footage required for the issuance of liquor licenses

Source: Key informant interviews, anecdotal information.

Perceived risk of harm of use

Young adults view alcohol as less harmful than illicit drugs and are uneducated or unaware about the symptoms and risks of alcohol poisoning. *Source: Key informant interviews, anecdotal information.*

Community norms

In recent years, "Pub crawls" were popular addendums to community celebrations and events and generally appealed to young adults. Their popularity has waned in recent years to one event. While public drunkenness is not generally tolerated there are no overt community messages (with the exception of law enforcement) against it and is oftentimes a source for jokes minimizing the gravity of the issue. The absence of community messaging reinforces the negative behavior.

Legislatures see increasing the number of liquor licenses as a means to support small businesses, however is widely unaware of these efforts and the related consequences of increased licenses.

Family norms

The county lacks sufficient treatment resources and there is no coordination of substance abuse treatment with other health services. Once again generational patterns of misuse come into play in the consumption and consequences of young adult substance use. If there is any restraint about actions that might condone underage drinking, those restraints are openly dismissed when parents and legal aged children engage and facilitate one another in like minded maladjusted behavior. *Source: Key informant interviews, anecdotal information.*

3. High-risk Drinking Among Other Adults (30 and over):

Consequences of high-risk drinking among other adults in the county

Increased rate of reported crimes, arrest for alcohol 50% higher than state average, suicide, economics, crime, lost opportunity/diminished life potential, family problems.

In your county, is there a connection between the following intervening variables and the consumption of alcohol or the consequences of high-risk drinking?	If yes, what is the connection (contributing factors) and how do you know this?
Enforcement	The consequences for underage drinkers are correction based; for those over 18 the consequences are punitive. A 1 st offence results in \$100 fine; it was noted that speeding fines are more significant.
Retail access	Convenience in accessing alcohol is a factor for this age group. Alcohol is sold in almost every "mom & pop" store, most drug stores, and all major grocery stores. Pricing reinforces the behavior for some while has no effect for other. <i>Source: Key informant interviews, anecdotal information.</i>
Social access	At this age, high risk drinking patterns have become normalized into daily life and a natural part of socialization. <i>Source: Key informant interviews, anecdotal information.</i>
Promotion	Similar to promotion to younger cohorts, research shows that in-store marketing displays developed by national advertisers of alcohol products influence purchases. Many local retailers are encouraged by the alcohol industry to participate in such selling techniques through incentive programs.
	Furthermore, there is an effort by legislatures and business owners to decrease the square footage required for the issuance of liquor licenses <i>Source: Key informant interviews, anecdotal information.</i>

Perceived risk of harm of use

Alcohol is viewed as less harmful than illicit drugs; there appears to be a lack of education and awareness about the symptoms and risks of alcohol poisoning. *Source: Key informant interviews, anecdotal info.*

Community norms

While public drunkenness is not generally tolerated, there are no overt community messages (with the exception of law enforcement) against it and is oftentimes a source for jokes minimizing the gravity of the issue. The absence of community messaging reinforces the negative behavior. *Source: Key informant interviews, anecdotal information.*

Family norms

Generational patterns of misuse are factors in perpetuating family traditions of alcohol use. It is reported that people in this age range will engage in risky behavior with their children and establishing a reinforcing pattern of maladjusted behavior. One key informant attributes this behavior to "late life maturity." *Source: Key informant interviews, anecdotal information.*

4. Marijuana Use Among Youth (12-17):

Consequences of marijuana use among youth in the county

The arrest rate for drug violations of youth age 12 to 17 years is 40% higher than state average.

In your county, is there a connection between the following intervening variables and the consumption of marijuana or the consequences of its use?

If yes, what is the connection (contributing factors) and how do you know this?

Enforcement

Law enforcement officers maintain that the decriminalization of marijuana which has reduced the penalties for possession has also reduced the preventative threat of being caught and perceived consequences of prosecution. *Source: Key informant interviews, anecdotal information.*

Retail access

Most retail outlets sell rolling papers along with tobacco products. There was no mention of youth access to other drug paraphernalia in community interviews or anecdotal reports. *Source: Key informant*

Social access	<p><i>interviews, anecdotal information.</i></p> <p>(Same as for alcohol) Availability of and access to marijuana for youth is quite easy. "Pit parties" (events which take place in the many gravel pits/mines throughout the count and which may be planned or spontaneous; such occurrences are usually initiated by minors yet attended by young adults who along with older siblings and peers supply marijuana) are widespread through out the county. <i>Source: Key informant interviews, anecdotal information.</i></p>
Promotion	<p>Instances of marijuana cultivation have increased with the aid of on line education through internet access. This increases the local access to marijuana.</p>
Perceived risk of harm of use	<p>Parents and youth generally do not perceive health risks associated with marijuana use. In fact, some perceive it to be safer than alcohol. Parents fear the consequential impact of getting caught on their child's future scholastic plans more than health risks. They seem to be unaware of the changes in the chemical composition and addictiveness of marijuana. Youth however, do not perceive any real consequences for getting caught and are dismissive of health risks. <i>Source: Key informant interviews, anecdotal information.</i></p>
Community norms	<p>Unlike tobacco, marijuana carries little disapproval in the communities. As with family norms, it has come to be an expected experimentation by youth. <i>Source: Key informant interviews, anecdotal information.</i></p>
Family norms	<p>Key community informants indicate that the lack of parental monitoring is a chief contributor to youth use. Some parents view marijuana as another rite of passage and something to be expected. <i>Source: Key informant interviews, anecdotal information.</i></p>

5. Marijuana Use Among Young Adults (18-25):

Consequences of marijuana use among young adults in the county

Arrests for drug violations, overdoses, drug related accidental deaths, treatment admissions, economics, crime, lost opportunity/diminished life potential, and family problems.

In your county, is there a connection between the following intervening variables and the consumption of marijuana or the consequences of its use?	If yes, what is the connection (contributing factors) and how do you know this?
Enforcement	Law enforcement officers maintain that the decriminalization of marijuana which has reduced the penalties for possession has also reduced the preventative perceived threat of being caught and prosecution. <i>Source: Key informant interviews, anecdotal information.</i>
Retail access	Most retail outlets sell rolling papers along with tobacco products. There was no mention of youth access to other drug paraphernalia in community interviews or anecdotal reports. <i>Source: Key informant interviews, anecdotal information.</i>
Social access	Marijuana is used in social gatherings almost as commonly as alcohol. <i>Source: Key informant interviews, anecdotal information.</i>
Promotion	Instances of marijuana cultivation have increased with the aid of on line education through internet access. This increases the local access to marijuana.
Perceived risk of harm of use	There is generally no perception of health risks associated with marijuana use. In fact, some perceive it to be safer than alcohol. People are either unaware or unconcerned about the changes in the chemical composition and addictiveness of marijuana. The perceived risk or degree of prosecution when caught is minimal. <i>Source: Key informant interviews, anecdotal information.</i>
Community norms	Unlike tobacco, marijuana carries little disapproval in the communities. <i>Source: Key informant interviews, anecdotal information .</i>
Family norms	As with alcohol, marijuana use among this cohort is not denigrated. <i>Source: Key informant interviews, anecdotal information.</i>

6. Marijuana Use Among Other Adults (30 and over):

Consequences of marijuana use among other adults in the county

Arrests for drug violations, overdose and drug related accidental deaths, treatment admissions, economics, crime, lost opportunity/diminished life potential, and family problems.

In your county, is there a connection between the following intervening variables and the consumption of marijuana or the consequences of its use?	If yes, what is the connection (contributing factors) and how do you know this?
Enforcement	Law enforcement officers maintain that the decriminalization of marijuana which has reduced the penalties for possession has also reduced the preventative perceived threat of being caught and prosecution. <i>Source: Key informant interviews, anecdotal information.</i>
Retail access	Most retail outlets sell rolling papers along with tobacco products. There was no mention of youth access to other drug paraphernalia in community interviews or anecdotal reports. <i>Source: Key informant interviews, anecdotal information.</i>
Social access	Marijuana is commonly used in social gatherings. <i>Source: Key informant interviews, anecdotal information.</i>
Promotion	Instances of marijuana cultivation have increased with the aid of on line education through internet access. This increases the local access to marijuana.
Perceived risk of harm of use	There is generally no perception of health risks associated with marijuana use. In fact, some perceive it to be safer than alcohol. People are either unaware or unconcerned about the changes in the chemical composition and addictiveness of marijuana. The perceived risk or degree of prosecution when caught is minimal. <i>Source: Key informant interviews, anecdotal information.</i>
Community norms	Unlike tobacco, marijuana carries little disapproval in the communities. <i>Source: Key informant interviews, anecdotal information.</i>
Family norms	As with alcohol, marijuana use among this cohort is not denigrated. <i>Source: Key informant interviews, anecdotal information.</i>

7. Non-medical Use of Prescription Drugs Among Youth (12-17):

What are the consequences of non-medical use of prescription drugs among youth in your county?

The arrest rate for drug violations of youth age 12 to 17 years is 40% higher per capita than state average.

In your county, is there a connection between the following intervening variables and the consumption of prescription drugs for non-medical use or the consequences of this type of use?

If yes, what is the connection (contributing factors) and how do you know this?

Enforcement

No known connection

Retail access

No known connection

Social access

Youth find access to prescription drugs in unsupervised medicine cabinets of family and friends. Stolen prescription medications are then sold and/or shared in schools and social gatherings. *Source: Key informant interviews, anecdotal information.*

It has been reported that numbers of youth will bring prescription medications (pills) to gatherings where they are mixed in a bowl. The kids will then dip into the bowl taking any kind of combination that comes out. *Source: Key informant interviews, anecdotal information.*

Promotion

There are some youth who can identify prescription drugs by their imprint code more readily than drug recognition officers. These youth, who are internet savvy, have access to web sites that promote and educate about substance abuse.

Perceived risk of harm of use

Youth perceive that drugs given by a doctor are not harmful. *Source: Key informant interviews, anecdotal information.*

Community norms

The prevalence of use among youth is largely unknown to parents and community members. MYDAUS provides a measure of awareness but most MYDAUS information is not publicly available. *Source: Key informant interviews, anecdotal information.*

Family norms

Generational patterns of use exist i.e. prescription sharing, self-medicating, calling the physicians office requesting, and obtaining medication without an examination. *Source: Key informant interviews, anecdotal information.*

8. Non-medical use of Prescription Drugs Among Young Adults (18-29):

Consequences of non-medical use of prescription drugs among young adults in the county

Per capita, the following consequences were higher than state average: arrests for drug violations 27%, overdose deaths 3%, substance abuse treatment admissions (all ages) 35%.

In your county, is there a connection between the following intervening variables and the consumption of prescription drugs for non-medical use or the consequences of this type of use?

If yes, what is the connection (contributing factors) and how do you know this?

Enforcement
Retail access
Social access

No known connection
NO known connection

Promotion

Key informants report that prescription diversion tactics such as fictitious reporting of stolen medication with the goal of replacement and theft are routinely employed by young adults who abuse prescription drugs. Pharmaceutical companies advertising their wares in public venues have multi-dimensional effects on prescription use. It has been noted that some patients will request brand name drugs, which sell better on the street, stating that the generic is not as effective. *Source: Key informant interviews, anecdotal information.*

Perceived risk of harm of use

Youth perceive that drugs given by a doctor are not harmful. *Source: Key informant interviews, anecdotal information.*

Community norms

The prevalence of prescription abuse is largely unknown among county residents. *Source: Key informant interviews, anecdotal information.*

Family norms

Prescription sharing among family members is common. Many people do not want to be examined by a doctor but call and request prescriptions be called into the pharmacy. *Key informant interviews, anecdotal information.*

9. Non-medical use of Prescription Drugs Among Other Adults (30 and over):

Consequences of non-medical use of prescription drugs among other adults in the county

Per capita, the following consequences were higher than state average: Arrests for drug violations 27%, overdose deaths 3%, substance abuse treatment admissions (all ages) 35%.

In your county, is there a connection between the following intervening variables and the consumption of prescription drugs for non-medical use or the consequences of this type of use?	If yes, what is the connection (contributing factors) and how do you know this?
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Enforcement	No known connection
Retail access	No known connection
Social access	Key informants report that prescription diversion tactics such as fictitious reporting of stolen medication with the goal of replacement and theft are routinely employed by young adults who abuse prescription drugs.
Promotion	Pharmaceutical companies advertising their wares in public venues have multi-dimensional effects on prescription use. It has been noted that some patients will request brand name drugs, which sell better on the street, stating that the generic is not as effective. <i>Source: Key informant interviews, anecdotal information.</i>
Perceived risk of harm of use	Most adults share a misconception with youth about the safety of doctor prescribed medications being safer than illicit drugs. <i>Source: Key informant interviews, anecdotal information.</i>
Community norms	The prevalence of prescription abuse is largely unknown among county residents. <i>Source: Key informant interviews, anecdotal information.</i>
Family norms	Prescription sharing among family members is common. Many people do not want to be examined by a doctor but call and request prescriptions be called into the pharmacy. <i>Key informant interviews, anecdotal information.</i>
<i>Miscellaneous notes and comments</i>	Key informants report that pharmacy owners pressure pharmacists to fill prescriptions against better judgment and at a fast pace by reprimand when refusing to fill a suspicious request. <i>Key informant interviews, anecdotal information.</i>

Section 3: Capacity Assessment

KCCHC has strong external linkages, good support, and resources from outside our County. We appreciate the funding that has streamed from these external groups, entities i.e. OSA and HMP, for example. It has been important to KCCHC to have both staff and partners go to as many educational and informational meetings and conferences offered as possible, even when it has involved traveling a distance to attend. It is hoped that these monies will help build more towards developing stronger internal linkages as we endeavor to further prevention practice.

Knox County can not boast a large number of preventionists, and what could be deemed a negative has actually allowed KCCHC to expand unfettered our collaborative and partnering efforts. We are fortunate to have caring and passionate members, including those who have served on The Core Group. Public health promotion in this community is relatively new, and it is an exciting time for KCCHC to make inroads. Those working toward this end are enthusiastic about turning what has been determined already an area strong in substance abuse into a county more in tune with prevention. The seeds are in place.

We will continue to build on our strong business capacity. KCCHC's clean executive style leadership and clear lines of reporting personnel management have enabled the necessary data collection, information management, decision making, and prevention costs to go after appropriate RFP's. The planned addition of a fulltime substance abuse program specialist will help defray current time constraints that determine future proposal preparation and work loads.

During the assessment process, it became apparent that the County lacks data about substance abuse and the non-college 18-25 year old population, as well as data about prescription drug misuse across the life span. The Core Group believes that having staff hours dedicated to providing substance abuse education, prevention, programs, and mobilizing community members around substance abuse issues will expand the capacity of the coalition to provide prevention activities. The new funding, which will allow for a full time substance abuse prevention specialist, hopefully also will allow for further data collection, including consequence data.

A priority also has been set to develop collaborative relationships that will maximize the use of existing funding, professional services, knowledge sharing, and networking, to enhance county prevention benefits and expand capacity in monitoring use and abuse skills. To this end, strengthened external and internal linkages will instill the capacity needed to further environmental and policy changes.

(Please see our Capacity Assessment, following Section 3, below.)

Attachments

**Strategic Planning and Environmental Programming (SPEP) Grantee
Capacity Summary**

October 2006

KNOX COUNTY

Lead Agency: Knox County Community Health Coalition (KCCHC)

Respondents: Cheryl Cichowski,
Knox County Community Health Coalition

Connie Putnam,
Knox County Community Health Coalition

Note 1: Content in the *Summary* sections of this document reflects the views communicated by the respondent to the interviewer. Content in the *Feedback* and *Analysis* sections of this document reflect the thoughts and responses to respondent perspectives from the University of Maine Prevention Center of Excellence (PCoE).
Note 2: Information provided in this document reflects the viewpoints of the respondent and PCoE personnel.
Note 3: In the content of this document, locally based, grassroots agencies are defined as informal groups organized to achieve one or more prevention goals. “Formal agencies”, are defined as organizations with an established structure and purposive representation from relevant county groups.

Analysis

Knox County has some significant strengths, particularly in business capacity, linkages to external prevention sources and responsiveness to grant requirements. However, limited prevention resources and sparse prevention personnel create barriers to the development, implementation, and systematic evaluation of an integrated and consistent prevention infrastructure that can deliver county-relevant activities. Training, assistance in identifying and garnering prevention resources, and broad technical assistance would be warranted in order to:

- Identify or develop data sources in addition to MYDAUS data to inform prevention;
- Leverage strength in business capacity to identify and fill needs for county specific prevention knowledge and skill;
- Build on the current KCCHC structure to develop collaborative relationships that can maximize use of existing fiscal and professional resources, knowledge sharing, and expand prevention benefits to the public;
- Build the capacity of the county to identify and obtain resources necessary to implement and evaluate sustained evidence-based prevention efforts;
- Design dissemination to share the concrete benefits of prevention with the public as a means to aid in public responsiveness and support for prevention; and
- Recruit and engage the full diversity of the county in prevention planning, implementation, evaluation and dissemination.

Capacity Domain – Readiness:

1. Community members’ recognition that substance abuse is a problem;
2. Community commitment to prevention; and
3. Community willingness to commit resources to prevention.

SUMMARY

According to the respondents, substance abuse problems are not fully recognized in Knox County. Some communities recognize substance abuse problems in their areas while others do not. Respondents hypothesized that non-recognition

may be a function of the stigma related to substance abuse problems. Prescription drugs are of major concern for law enforcement in the Rockland area and likely a problem is other areas as well. Recently, there has been much attention focused on prescription drug diversion, as there have been homes vandalized for prescription drugs. Although community members are fearful, it does not appear that community members demonstrate the readiness to take action. Rockland police and sheriff are supportive of substance abuse prevention.

The respondents report that drug sales may infiltrate the fishing community in this area. High school graduates or drop-outs may use the fishing industry as a vehicle to make money by smuggling drugs. Some families of this group have articulated and responded to this problem by creating an awareness/action group to address substance abuse.

According to the respondents, there seem to be diverse awareness and views among communities about the magnitude and nature of substance abuse problems. Findings of a recent survey of area physicians revealed that 95% do not report substance abuse as a problem among children.

Another concern identified, by the respondents, is drug use related to the Maine State prison, pre-release center and county jail to communities in this county. Because drug trafficking within the prison is known to exist and because of the stressful nature of prison related jobs, individuals working in these penal environments may be a group at risk for self-medication. There is no mandated drug testing to monitor this problem.

Among those who recognize substance abuse problems, there is a willingness to address the problems. The respondents reported more support for intervention activities than prevention efforts and limited commitment of resources for prevention efforts. Limited resources, time and funding create barriers to efficacious substance abuse prevention. The lead agent is a non-profit organization, which hinders fund raising, as the reporting organization would be competing for the same money. The respondents reported that they are currently looking at strategies for funding.

FEEDBACK

1. Identify and remediate barriers to recognition and articulation of substance abuse problems.
2. Build capacity to broadly engage members of the fishing community in substance abuse prevention efforts.

3. Provide education to physicians’ about substance abuse problems and prevention needs.
4. Build capacity to increase support for prevention efforts and their integration with intervention activities.
5. Build capacity for obtaining local funding support for needed prevention efforts.

Capacity Domain – Internal Linkages: Community or organizational capacity to collaborate and/or network with other organizations, entities and resources **within** its regional area as demonstrated by:

1. Awareness of substance abuse prevention efforts throughout the county;
2. Collaboration; and
3. Networking (informal sharing of information/services among individuals/groups who share a common interest).

SUMMARY

The respondents indicated that there are very few preventionists in the county, but there is collaboration among them facilitated by minimal competition and turf issues. Knox County Community Health Coalition (KCCHC) is the only prevention coalition in the county and works to maintain what collaboration exists among the limited prevention professionals and personnel. It seems difficult to develop and implement collaboration and resource sharing among other prevention groups.

Respondents recognize a need to change the local norms of fear, apathy, and denial with attitudes such as “kids will be kid” and “alcohol use is a rite of passage”. One strategy being considered is a parenting network.

The respondents see great potential in this project to engage more community members in prevention efforts and in network development.

FEEDBACK

1. Enhance awareness of substance abuse issues problems and prevention needs throughout all segments of the community.
2. Build collaborative capacity and networking among prevention agencies within the county.

Capacity Domain – External Linkages: Awareness of and ability to access information and other resources (e.g. substance abuse prevention expertise, best practice information, etc.) from organizations based outside of the boundaries of the community. This includes:

1. Awareness of prevention efforts outside the county; and
2. Having a working relationship with the Maine Office of Substance Abuse.

SUMMARY

The respondents stressed that linkages with resources outside the community are stronger than internal relationships. The Internet has been a useful and accessible tool through which preventionists obtain information. Although preventionists are able to obtain relevant information at trainings and conferences, the challenge remains to translate and implement this learning into meaningful and relevant prevention in Knox County given the available resources. Preventionists within this county network and collaborate with programs doing similar work with similar population groups in other counties. Because many programs in Knox County receive funding from the Maine Office of Substance Abuse, a working relationship with OSA has been established, with the exception of schools that do not receive OSA funding.

FEEDBACK

1. External linkages are strong in this county.
2. Build capacity to translate and implement learning into prevention practice.

Capacity Domain – Leadership: The ability to:

1. Articulate a clear and compelling vision for the future;
2. Take action to implement the vision;
3. Mobilize others toward the vision (for this characteristic, the capacity assessment asks how well community members know leaders of prevention activities); and
4. Work collegially with other leaders.

SUMMARY

KCCHC has been identified as a leader in substance abuse prevention. Outside of KCCHC, few leaders of substance abuse prevention efforts exist. According to the respondents, the leaders focus their efforts on substance abuse treatment over prevention. Leaders in areas indirectly related to substance abuse prevention may address some prevention issues. And thus the extent to which these leaders share a common vision and work together is dependent on the nature of their activities.

According to the respondents, knowledge of prevention held by community members is restricted primarily to prevention organizations that are well known in the county and for the most part these organizations are concerned with issues other than substance abuse prevention (e.g. teen pregnancy).

Because of the negative stigma of substance abuse, leaders are more able to engage community members in prevention activities that are not directly related to substance abuse and other types of community services efforts such as building playgrounds. Community members' lack of recognition of substance abuse problems creates a significant barrier for leaders to seek community engagement in prevention efforts.

FEEDBACK

1. Increase community members' awareness of prevention needs and efforts in the county.
2. Explore ways to reduce the barriers to prevention involvement created by the negative stigma related to substance abuse.
3. Build capacity to engage a greater number of community members in substance abuse prevention efforts.

Capacity Domain – Planning Process: A collaborative process involving information gathering, needs assessment, goal setting, strategizing and action steps, with multi-level community involvement. The process is:

1. Universally accessible;
2. Includes diverse populations from relevant individuals;
3. Includes plans to improve community capacity;
4. Includes negotiation of rules to guide how planning will occur;

5. Results in consensus on desired prevention outcomes;
6. Informed by substance abuse data; and
7. Includes an annual review of prevention initiatives.

SUMMARY

The respondents indicated not all planning processes are universally accessible and further, that awareness of these needs and adequate resources are not available to expand access. Those who address universal access at meetings generally do so because they are federally associated or required to do so under federal law. Although their literacy volunteers work in the community, they do not focus their efforts on universal access to information. As an example, respondents reported that the deaf community in Knox County feels excluded from prevention planning, but they have not expressed interest in attending any prevention planning meetings to date.

Respondents report that, in the planning process, diverse perspectives are sought only if required by part of a contract or RFP. Similarly, plans to improve community capacity to participate in planning are typically not developed or implemented by preventionists unless required by funding sources. Although some preventionists seek to build planning capacity of organizations, generally, limited systematic attention is directed to building the capacity of community members to participate in planning. Rather, in this county, capacity is built through relationships and via word of mouth.

Preventionists in Knox County have variable access to local data on substance abuse indicators for prevention planning efforts. Because MYDAUS data, the only consistent source of local data is difficult to access, the respondents expressed a need for preventionists to identify and obtain other data sets. It has been difficult to identify these sources, their location and how to access them.

According to the respondents, while a small number of organizations convene on their own, regular annual meetings for all entities involved in substance abuse prevention do not occur unless the Office of Substance Abuse requires this activity.

FEEDBACK

1. Determine the most efficacious methods for preventionists plan and implement community planning capacity building in the planning process.
2. Expand participation in the planning process to a larger number and diversity of community members and organizations.
3. Build the capacity of the county to implement planning that is inclusive and universally accessible.
4. Identify and increase preventionists' access to multiple local sources of substance abuse data to inform planning.
5. Identify and implement methods to engage preventionists and others involved in substance abuse in sharing systematically generated substance abuse data resources.

Capacity Domain – Business Capacity: The human, fiscal, structural and technical ability to initiate and carry out policies, programs and services with accountability and credibility. Financial capacity is the ability to leverage funding to implement desired programs. Characteristics of organizational business capacity include having:

1. A legal status with a governance structure, executive leadership, and clearly defined roles;
2. Systems for budgeting, accounting, financial/inventory controls, reporting, personnel management, information/data management, and monitoring prevention costs;
3. Information and data inform decision-making; and
4. Ability to find and write grants.

SUMMARY

The KCCHC, which is the lead agency for the SPEP grant, has strong business capacity. It has legal status with a governance structure and executive leadership; clear lines of reporting for personnel management system. KCCHC also has systems for managing information, data collection and prevention costs. Decision-making is informed by information and data. Staff members of the KCCHC know how to identify and respond to requests for proposals. However, the respondents identified time constraints as a major obstacle for further proposal preparation.

FEEDBACK

1. The business capacity of this county is sound.

2. Provide technical assistance and identify additional resources to expand proposal development.

Capacity Domain – Technical Knowledge of Substance Abuse Prevention: Knowledge of:

1. What substance are being abused by various age groups, locally, in Maine, and nationally;
2. How to obtain and interpret consumption and consequence prevalence rates;
3. Laws governing abused substances and related anti-social behaviors;
4. Understanding of what individual and ecological factors increase or decrease the risk for abusing substances;
5. Metrics for assessing consumption;
6. Sound indicators for measuring the consequences of substance abuse;
7. Understanding of what is meant by evidence-based prevention, what interventions are supported by current evidence; and
8. Understanding of the influence of environmental factors on substance abuse issues.

SUMMARY

According to the respondents, preventionists, school personnel and many parents are knowledgeable about the substances being abused by diverse local groups. The respondents reported that preventionists in Knox County are knowledgeable about what substances are being abused by diverse groups at the state and national level. While preventionists know how to obtain substance abuse prevalence rates from MYDAUS data, the respondents indicated that interpretation of the data is not a strength. Currently, MYDAUS data is the only data resource being accessed by preventionists in this county. The respondents reported that preventionists are not aware of other avenues for obtaining substance abuse prevalence data.

The respondents indicated that preventionists are not necessarily knowledgeable of all of the laws related to substance abuse and other associated behaviors and thus do not holistically analyze the relationship between laws and problems. For example, a change in policy regarding alcohol outlet density may be perceived as a business barrier rather than a preventive advantage.

According to the respondents, preventionists primarily rely on MYDAUS as the metric for assessing consumption and have not identified or used other more accessible and potent data sources because they are understaffed. Due to limited resources, computer capacity is limited as well.

The respondents reported that most preventionists in Knox County are aware of evidence-based prevention but do not necessarily know which evidence-based methods would be most efficacious to implement in order to meet prevention goals, that include high teen pregnancy and late life maturity.

According to the respondents, preventionists are knowledgeable about community standards and attitudes that influence substance abuse in the general population. However, engaging the public in activities that can provoke prevention-positive attitudinal and behavioral change has been difficult. Preventionists do not focus their efforts on policy and environmental change, and seem more invested in intervention than prevention.

FEEDBACK

1. Educate preventionists to develop knowledge and skill in data location, interpretation and use for informing prevention.
2. Increase the capacity of preventionists to access multiple sources of substance abuse consumption and consequence prevalence data.
3. Educate preventionists in legal and policy aspects of substance abuse and prevention.
4. Engage in technical assistance to identify and secure grant and contract support to expand prevention resources.
5. Build the capacity of community members and organizations involved in prevention to identify, analyze, select and implement efficacious and relevant evidence based prevention methods.
6. Build the capacity of preventionists to educate community members about community standards and attitudes that influence substance abuse and prevention in the county population.
7. Build capacity of organizations and community members to address substance abuse problems through policy and environmental change.

<p>Capacity Domain – Skill in Monitoring Use and Abuse: Skills in assessment of needs/resources/readiness and substance abuse consumption and consequences. Skill in monitoring use and abuse includes:</p>
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1. A process in place to assess consumption and consequences, resources, and readiness to develop a substance abuse prevention infrastructure;
2. A process in place for evaluation of substance abuse prevention activities;
3. Access to local data on substance abuse indicators;
4. Review of local data to inform prevention planning; and
5. Knowledge of where to get resources to conduct evaluation research.

SUMMARY

The respondents indicated that most preventionists in Knox County have completed assessments regarding consumption and consequences, resources, and readiness to develop a substance abuse prevention infrastructure. According to the respondents, each agency in Knox County has its own process in place to evaluate substance abuse prevention activities.

According to the respondents, preventionists rely on MYDAUS data to inform prevention efforts because other sources may not exist, or if they do, are not accessible. Limited computer equipment further hampers efforts to locate and use relevant data sources. Limited data has created a serious dearth of information on consumption patterns for the 18-24 age range as well as for the 25 and older age range.

The respondents indicated that preventionists have knowledge of where to get resources to implement evaluation research. The Muskie School, the Office of Substance Abuse and the Internet were identified evaluation resources that are primarily accessed when evaluation is required by grant funding.

FEEDBACK

1. Identify relevant data sources that can be used to inform prevention.
2. Identify the best sources and methods to measure and document consumption patterns for individuals of ages 18-24 and above.

Capacity Domain – Use of Systematic Evaluation Strategies: Systematic strategies to generate knowledge that is logical, confirmable understandable and useful. This includes:

1. Use of systematic evaluation strategies to test prevention outcomes; and
2. Use of findings from outcome evaluations to make judgments about program effectiveness.

SUMMARY

The respondents reported that preventionists in Knox County use systematic evaluation strategies to test prevention outcomes. They said that preventionists also use findings from outcome evaluations to make judgments about program effectiveness.

FEEDBACK

1. Evaluation conducted by outside entities seems to be strength.
2. Build the internal capacity to conduct evaluation.

Capacity Domain – Cultural Competence: Cultural competence is defined as attention to diversity, group symmetry, and inclusion in all thinking and action. It involves:

1. Inclusion of individuals from diverse backgrounds within the leadership of SPEP prevention activities;
2. Participation of all segments of the community in the SPEP process;
3. Contributions of all segments of the community in substance abuse prevention efforts; and
4. Participation of all segments of the community in all aspects of substance abuse prevention.

SUMMARY

The respondents reported that individuals representing some diverse groups (i.e. people who work with youth, represent youth; people who work with seniors, represent seniors, etc.) are included within the SPEP leadership. However, respondents plan to encourage future participation of all segments of the community in the SPEP process and in subsequent substance abuse prevention efforts. Through focus groups in multiple areas, respondents are eliciting

contributions to inform prevention efforts from all segments of the community. The respondents stressed that the KCCHC makes significant efforts to engage, welcome and invite a broad spectrum of the community in their prevention work.

FEEDBACK

1. Systematically implement plans to engage the full diversity of the county in prevention planning and implementation.

Capacity Domain – Dissemination: Sharing information with relevant and interested groups and individuals to inform, educate, empower and mobilize. It includes:

1. Dissemination of important prevention evaluation findings throughout the community;
2. Organization of visible prevention projects;
3. Use of electronic media (radio, Internet, television, CD-ROM), print, and oral presentations to disseminate information; and
4. Dissemination efforts that reach all community members.

SUMMARY

The respondents reported that preventionists disseminate important prevention evaluation findings throughout the community. Preventionists also organize visible prevention projects. Currently organized meetings to discuss and combat underage drinking have been held.

The respondents indicated that print media, some electronic media such as Internet and CD-ROM as well as some oral presentations are currently used to disseminate information about substance abuse prevention. At this time, TV and radio have not been utilized for dissemination.

According to the respondents, the KCCHC attempts to reach all community members with information about substance abuse prevention. However, the respondents reported they were unsure about the success of these attempts.

FEEDBACK

1. Systematically plan and implement broad, inclusive and multi-media prevention dissemination.
2. Evaluate dissemination and use findings to improve inclusive, universally accessible dissemination.
3. Identify resources and funding to expand dissemination.

Capacity Domain – Sustainability: Development of the organizational structure, procedures, policies, and cooperative agreements that enable and support continuation of countywide substance abuse prevention activities. It includes:

1. A stable prevention infrastructure;
2. Community commitment to sustain prevention efforts;
3. Seeking out a diversified funding base;
4. Agency incorporation to sustain core functioning;
5. Making progress in implementing strategies to achieve outcomes; and
6. Making changes to prevention programs in response to changes in community needs.

SUMMARY

The respondents reported that Knox County does not have a stable prevention infrastructure. Community members and organizations involved in prevention activities attempt to obtain a diversified funding base. According to the respondents, preventionists sustain their efforts to prevent substance abuse by making progress in implementing key strategies to achieve desired outcomes as required by funding sources. The respondents reported that with the exception of KCCHC, plans are proceeding with incorporation to sustain core functioning

The respondents indicated that community members do not appear to be committed to sustaining substance abuse prevention efforts. According to the respondents, community member level of commitment is issue dependent.

Because of limited time and resources, there seems to be minimal attention to sustaining prevention efforts. The respondents shared that if they could see a positive outcome, community members would be supportive of programs for youth and for elder safety.

According to the respondents, there is sustainability in discrete geographic areas in Knox County but preventionists do not see collaboration and linkages among these regions. Preventionists make changes to prevention programs in response to changes in community needs. However, the respondents indicated that it is difficult to engage towns in a collaborative working relationship.

FEEDBACK

1. Build the collaborative capacity of the county to build and implement sustainable prevention infrastructure.
2. Demonstrate the potential and actual benefits of systematic, collaborative prevention to the public in order to gain support for and involvement in prevention.
3. Build the capacity throughout the county for inclusive and long-term involvement in prevention.

Assessment Committee Responsibilities

County: Knox County

Committee Member	Affiliation	Role/Responsibility
Stacey Belley	5 Town Communities That Care	The Core Group
Jeff Brawn, Intern	MSAD #40	The Core Group
Rilla Bray, Educator	Family Planning	The Core Group
Cheryl Cichowski, Staff	KCCHC	The Core Group
Lisa Ettinger, Concerned Parent	Camden	The Core Group
Sgt. Don Finnegan	Rockland Police Department	The Core Group
Jayne Harper	WellnesSphere	The Core Group
Kay Henderson, Federal Grant Writer	Pen Bay Health Care	The Core Group
Carrie Horne, Assistant Director	NAMI, ME	The Core Group
Martha Kempe, Director	Community School Passages Program	The Core Group
Jeff Kuller, Director	Camden Parks and Rec Department	The Core Group
Nancy Laite	HealthyWise, LLC	The Core Group
Henry Lunn	Educational and Career Counseling	The Core Group
Lt. Gerard Madden	Maine State Police, Thomaston Barracks	The Core Group
Carole Martin, Executive Director	Youthlinks	The Core Group
Woody Moore, School Health Coordinator	MSAD#5	The Core Group
George Mueller	MidCoast Business Advisors	The Core Group
Chuck Nguyen, Social Worker	MSAD #40	The Core Group
Mary Orear, Executive Director	Mainely Girls	The Core Group
Patricia Ott, RSVP Program Director	Penquis CAP	The Core Group
Connie Putnam, Director	KCCHC	The Core Group
Alice Shea, Program Manager	Youthlinks	The Core Group

Indicator Data for Substance Use Among Middle and High School Students in Knox County

Indicator	Overall Rate of use, 2006	Group with highest rates, 2006	Compared to state?	Other notes
Lifetime use: alcohol	52.4	12 th grade	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	State: 47.7%
Lifetime use: marijuana	30.6	12 TH grade	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	State: 25%
Lifetime misuse: prescription drugs	14.7	11 th grade	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	State: 12%
Previous 30-day use: alcohol	33.3	11 th grade	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	State 29%
Previous 30-day use: marijuana	18.9	12 th grade	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	State 14.1%
Previous 30-day misuse: prescription drugs	6.4	11 th grade	<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input checked="" type="checkbox"/> About the same	State 6%
Previous 2-week participation in binge drinking by grade	18.7	12 th grade	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	State: 14.6%
Previous 2-week participation in binge drinking by gender	21.1 male 16.9 female	Male	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	State rate Male—14.9% Female—13.2%
Age first tried alcohol	52.4	14 and older	N/A	
Age first tried marijuana	39.3	14 and older	N/A	

Substances of greatest concern in our county:

Alcohol, marijuana, prescription drugs, and inhalants are a great concern.

Subpopulations/age groups of particular concern in our county:

- Students in grades 10 and 12 have shown a high usage of Alcohol, Marijuana and Prescription drugs
- 10th graders have purported a high use of inhalants

Substances consumed in our county at a higher rate than the state:

Alcohol, Prescription Drugs, Marijuana, inhalants

Areas where we need more information (such as who, what, where, why and when):

We need more information concerning the consequences of inhalant use, and why the 10th graders seem to be most prone to using. Is this a particularly difficult time of transition for this age group in their school and/or home environments? Or, does it relate more to a stage in their level of maturity and development?

Indicator Data for Substance Use among Adults in Knox County (KC)

Indicator	County: Rate of use	State: Rate of Use	Compared to state?	Other notes
Lifetime use among adults: alcohol	98.7	91.8	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	
Lifetime use among adults: marijuana	46.8	40.5	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	
Lifetime use among adults: prescription drugs	0	4.9	<input type="checkbox"/> Higher <input checked="" type="checkbox"/> Lower <input type="checkbox"/> About the same	
Previous 30-day use among adults: alcohol	66.2	56.6	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	
Previous 30-day use among adults: marijuana	4.2	4	<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input checked="" type="checkbox"/> About the same	
Previous 12-month participation in binge drinking	44.6	50.8	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	

Indicator	County: Rate of use	State: Rate of Use	Compared to state?	Other notes
Previous 30-day participation in binge drinking	26.9	27.8	<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input checked="" type="checkbox"/> About the same	
Previous 12-month binge drinking by gender (not available for all counties)			<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	
Individuals crossing the threshold for prescription drugs	Female: 52.4 Male: 47.7	Female: 62.7 Male: 37.3	<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	Female threshold rates are higher than KC males yet significantly lower than state average and lowest among counties Male rates are lower than KC females yet significantly higher than state average and highest among counties.
Median age of individuals crossing the threshold	40	42	<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input checked="" type="checkbox"/> About the same	

Substances of greatest concern in our county:

Alcohol, marijuana, and prescription drugs

Substances consumed in our county at a higher rate than the state:

Alcohol, marijuana, prescription drugs

Areas where we need more information (such as who, what, where, why and when):

We need more information and data for the 18-65 year olds, and within that range, specifically 2 groups:

1. those who have graduated from high school, and are not attending college (we found it very hard to gather info on them)
2. the aging baby boomers, especially those who have used recreational drugs through out their lives, and now, as they are getting older, may be taking a lot of prescriptions

Consequences of concern in my county among particular subpopulations/age groups:

Crime, overdose deaths, suicide

Indicator Data: Substance Use Consequences among Youth in Knox County

Indicator	Rate of consequence in most recent year: <u>County</u>	Compared to state?	Trends over time?	Other notes
Juvenile arrests for alcohol violations	2.1% (2,138/100K)	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	State rate: .7% (685/100K)
Juvenile arrests for drug violations	.9% (934/100K)	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	State rate: .6% (552/100K)
Percent of all youth drivers (under 21) in fatal crashes who were alcohol-involved	0	<input type="checkbox"/> Higher <input checked="" type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease <input type="checkbox"/> No change	State rate: 22.7
Suspensions/removals due to alcohol or drugs	Alcohol 0 Marijuana 10%	<input type="checkbox"/> Higher <input checked="" type="checkbox"/> Lower <input type="checkbox"/> About the same	N/A	State Alcohol 12.6% State Marijuana 34% <i>3 year average ages 12 -17, 01-02 to 02-03</i>

Consequences of concern in my county:

Juvenile arrests for drug and alcohol violations

Consequences in which my county exceeds the state:

Juvenile arrests

Consequences where we need more information (such as who, what, where, why and when):

Our County is rather low key in how “consequences” are reported regarding juvenile arrests. A lot more could be done surrounding the events leading up to such an arrest, as well as the actual outcome (be it an arrest or otherwise), sending the message that local law enforcement is serious in its efforts to deter substance abuse. The consequences of youth drug and alcohol use with the law, community, home and family environments, etc. need to be better known.

Indicator Data: Substance Use Consequences among Adults in Knox County

Indicator	Rate of consequence in most recent year: <u>County</u>	Compared to state?	Trends over time?	Other notes
Rates of reported crimes per 1,000 people, by type	21% property 4.7% violent	N/A	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
Arrests for alcohol violations, age 18 and older	1.5% (1,469/100K)	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	State: 1% (984/100K)
Adult OUI arrests, age 18 and older	.8% (793/100K)	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	State: .7% (656/100K)
Arrests for drug violations, age 18 and older	.6% (595/100K)	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	State .4% (431/100K)
Percent of total fatal crashes over 5 years that were alcohol-related	27.1%	<input type="checkbox"/> Higher <input checked="" type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input checked="" type="checkbox"/> No change	State: 34.1%
Percent of all young adult drivers (21 to 29) in fatal crashes who were alcohol-involved	36.4%	<input type="checkbox"/> Higher <input checked="" type="checkbox"/> Lower <input type="checkbox"/> About the same	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	State: 54.3%
Percent of all adult drivers (30 and older) in fatal crashes who were alcohol-involved	10.3%	<input type="checkbox"/> Higher <input checked="" type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease <input type="checkbox"/> No change	State: 20%
Deaths by underlying cause <i>All counties with less than 100K residents</i>	Cirrhosis 3.9% SA.4% Suicide 14.1% Homicide 1.5%	N/A	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
Overdose deaths	14.8	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	State: 11.4%
Treatment admissions (all ages)	1.7% (1,651/100K)	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	State: 1.1% (1,085/100K)

Indicator	Rate of consequence in most recent year: <u>County</u>	Compared to state?	Trends over time?	Other notes
Percent of total treatment admissions (18 and older) involving alcohol	66.3%	<input type="checkbox"/> Higher <input checked="" type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	State: 71.8%
Percent of total treatment admissions (18 and older) involving marijuana	32.1%	<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	State: 32%
Percent of total treatment admissions (18 and older) involving prescription drugs (not available for all counties)	24.5%	<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	24%

Consequences of concern in my county:

Arrests for alcohol and drug violations, OUI, overdose deaths

Consequences of concern in my county among particular subpopulations/age groups:

The 18-25 year old population

Consequences in which my county exceeds the state:

Arrests for alcohol and drugs violations, including OUI arrests; overdoes deaths

Consequences where we need more information (such as who, what, where, why and when):

More consequence data is needed in order to do successful prevention, and to impact the community enough to make environmental and policy changes.

Note: In a very timely article printed today, August 23, 2007, in the Courier Gazette, *Knox County Drug Overdose Deaths Highest Rate in the State*, Maine’s Office of Substance Abuse Director, Kim Johnson said:

“Overdose deaths went up rapidly since 2002 statewide....Admissions for treatment in Knox County continue to rise. Seven years ago there were 19 people in Knox County treated for prescription opiate abuse, ... That number continued to climb to 61, reaching a peak of 69 in 2003.”

The same article quoted Dr. Marcella Sorg of the Margaret Chase Smith Center for Public Policy as saying, “Knox has 3 percent of Maine’s population, but has 5 percent of Maine’s drug-induced deaths.”

Review of Past Needs Assessments

• Who conducted it and when?	• What geographic area did it cover?	• What age group(s) did it cover?	• What type of information is in the assessment ?	• What were the key findings relevant to substance abuse prevention?
<ul style="list-style-type: none"> 1. Rockland PD 	<ul style="list-style-type: none"> Rockland 	<ul style="list-style-type: none"> 2006 voters 	<ul style="list-style-type: none"> community safety, quality of life, drug and traffic enforcement 	<ul style="list-style-type: none"> TBD
<ul style="list-style-type: none"> 2. MVHS Freshmen Survey 	<ul style="list-style-type: none"> Friendship, Union, Washington, Warren, Waldoboro 	<ul style="list-style-type: none"> 14-16 YO 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">

Regions in the county in which an assessment that included substance abuse has not been conducted:

With a thorough search, and to the best knowledge of the Core Group, there have been no county-wide substance abuse prevention assessments prior to this SPEP assessment. It is the speculation of Core Group members that the reasons behind this are several – the community traits of fear, apathy, and denial have created a lack of public demand for such a county-wide assessment, which in turn could be why there has been no funding to do such an assessment. Also, the prevailing perspective to date has been one of seeing the area as target populations that fit criteria for *specific* grant funding opportunities, as opposed to that of seeing the region as a whole.

