

# *Comprehensive Community Substance Abuse Prevention Plan*



*Lincoln County*

*August 2007*



Report written by Yvonne Mickles of United Way of Mid Coast Maine  
with support from the Communities Against Substance Abuse coalition

Cover: Map courtesy of Lincoln County Economic Development Office

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August 2007

# Comprehensive Community Substance Abuse Prevention Plan

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## Executive Summary

### Comprehensive Community Substance Abuse Prevention Plan for Lincoln County

As part of the Strategic Planning Framework (SPF1) grant requirements from the Office of Substance Abuse, we collected and analyzed data from a variety of sources including, but not limited to the following: Maine Youth Drug and Alcohol Use Survey (MYDAUS) data from three school districts, focus groups, emergency room data, crime statistics, state and county data, and national data.

#### Key Findings from Data Collection and Analysis

In 2006, over 1,800 or 61 % of Lincoln County's 6-12th graders participated in a substance abuse survey called the Maine Youth Drug & Alcohol Use Survey (MYDAUS). Through the data analysis, we found overall Lincoln County has a lack of substance abuse prevention initiatives within the community. Lincoln County has the third highest substance usage numbers within the State. Marijuana use .....Key findings include:

#### Key Findings - Youth 6<sup>th</sup>-12<sup>th</sup> Graders

- 21% of 8th graders drank alcohol in the past 30 days
- 38.2% of 9<sup>th</sup> graders reported using alcohol within the past 30 days
- 16.9% of 9<sup>th</sup> graders reported binge drinking<sup>1</sup> within the past 2 weeks
- 20.3% of 10th graders reported using an inhalant
- 24.6% of 10<sup>th</sup> graders reported marijuana use within the past 30 days
- 19.4% of 10th graders reported taking a prescription prescribed to someone else
- 49.4% of 12<sup>th</sup> graders reported using alcohol within the past 30 days
- 28% of 12<sup>th</sup> graders reported binge drinking within the past 2 weeks
- 67% of the youth reported the ease of obtaining alcohol

The data clearly demonstrates that young people in our region are using and abusing alcohol. Young people report that there are not many significant barriers to obtaining alcohol and teens are not concerned about being caught drinking by either police or parents. These issues need to be addressed.

We found that there is limited data about the usage of substances among the young adult population ages 18-25 years old. Utilizing the tool designed by the Sagadahoc County Substance Abuse coalition, we administered a substance abuse questionnaire for this population. We had a wide range of 18-25 year olds participate in the survey. We collected surveys from area businesses and a wide variety of email contacts. We received 132 completed surveys.

#### Key findings – Youth 18-25 Year Olds

- 67% reported participating in drinking within the last 30 days and, of those, 78% participated in binge drinking within the last 2 weeks. Our conclusion is that binge drinking in this age group is a significant problem.
- 29% of survey participants reported having negative effects from their alcohol consumption such as loss of employment, lateness for work, and negative family interactions.

These additional data clearly reinforce that the age group of 18-25 is engaging in high-risk drinking with many negative consequences impacting our community workforce, family structure and social cost.

We found very little local data concerning drug and alcohol use among the elderly population. To obtain information on this population, we held two focus groups with direct elder care workers, including public housing officials, retirement community staff, and other direct care staff. They told us of incidents of prescription misuse among the elders and stressed the need for additional data. Alcohol abuse was also identified by elder care workers as a problem with this population. The information received from the focus groups was consistent with Sagadahoc County information. The reasons that substance abuse or misuse by our senior citizens goes undetected are varied, according to a National Institute on Drug Abuse (NIDA) report that shows that some seniors are no longer active in mainstream society and there is simply no one around to notice. Also the symptoms of alcohol abuse and prescription drug misuse mimic the symptoms of medical conditions common to elderly. Denial on the part of family members and caregivers often contributes to the lack of detection of substance abuse problems in this population.

### **Key Findings – Elderly Population**

- Lack of understanding about medications result in prescription misuse.
- In Maine 30% of those 65 and older take eight or more medications, increasing the opportunities for mistakes and misuse.
- 20% use tranquilizers daily.
- 36% of those seniors with a mental health diagnosis received medication only, without support services.
- 33% received psychotropic medication without a formal diagnosis.

Based on interviews, the two focus groups and national research, we can expect between 5% to 15% of elderly in Maine to have substance abuse and/or misuse issues. What is critical to identifying dependency problems with this population is how the questions are asked. Stigma is a big deterrent to people being willing to acknowledge unhealthy use of alcohol or misuse of prescription drugs. It is a serious problem for our elderly population in Maine.

## **Recommendations**

The state has provided a list of evidence based programs for substance abuse prevention. After reviewing this list, the Communities Against Substance Abuse recommends the following strategies:

- Increase effectiveness of local underage drinking law enforcement, through use of Shoulder Tap Program, adoption of Maine Police Chiefs Model Policy in each community, and using strategies of the evidence-based program Communities Mobilizing for Change on Alcohol (CMCA).
- Increase use of parental monitoring practices for underage drinking, through use of a media campaign in collaboration with Maine's Office of Substance Abuse (OSA). Implement strategies of Committees Integration Trials (CIT).
- Increase use of parental monitoring practices for underage drinking, through use of a media campaign in collaboration with Maine's Office of Substance Abuse (OSA). Implement strategies of Committees Integration Trials (CIT) coordinating with local schools and community meetings.
- Increase effectiveness of retailers' policies and practices that restrict access to alcohol by underage youth, by facilitating meetings with local retailers and offering Responsible Retailers Training.
- Increase effectiveness of school substance abuse policies, by working with our four school systems to review and strengthen their substance abuse policies based on guidance provided from OSA.
- Reduce appeal of underage drinking by increasing the knowledge of health risks, by working with the local schools to review and improve health curriculum, and by sponsoring education events regarding the dangers of underage drinking.
- Reduce appeal of high risk drinking among 18-25 year olds, by working with law enforcement, collaborating with local business and schools to distribute substance abuse educational material and by developing a new strategy to get age-appropriate information to 18-25 year olds, and by exploring use of Wellness Outreach Programs in the Workplace.
- Reduce availability of prescription drugs for purposes other than prescribed, by promoting the use of the Prescription Monitoring Program with physicians.
- Increase the number of employers using educational materials in the workforce that target 18-26 year old employees on the dangers of high risk drinking and misuse of prescription drugs.
- Implement strategies from Communities Mobilizing for Change on Alcohol (CMCA) and community intervention trials to combat access to alcohol by underage drinkers.

The Communities Against Substance Abuse coalition has developed a two-year Workplan with a timeline as well as tables showing Goals, Objectives, Strategies and Benchmarks to direct implementation of this Comprehensive Community Substance Abuse Prevention Plan.

# **Comprehensive Community Substance Abuse Prevention Plan**

## **for Lincoln County**

### **I. INTRODUCTION**

Did you know that over half (50%) of the 12<sup>th</sup> graders in Lincoln County report having used alcohol in their lifetime? About twenty five percent (25%) of these same 12<sup>th</sup> graders report having used marijuana.

Would you be shocked to learn that almost twenty percent (20%) of 8<sup>th</sup> graders in Lincoln County report having used alcohol in their lifetime?<sup>1</sup>

In October 2006, community leaders in Lincoln County chose to work collaboratively on the Office of Substance Abuse's Strategic Prevention Framework State Incentive Grant (SPF SIG). At that time, Maine's Public Health Work Group was beginning to designate regions for the purpose of data collection, planning, administration, funding allocation, and the effective and efficient delivery of public health services.

This report describes how these communities came together to address substance abuse issues, highlights the key findings from our needs assessment process, and proposes a Community Action Plan along with implementation steps and a two-year work plan.

### **II. COMMUNITIES AGAINST SUBSTANCE ABUSE AND THE PLANNING PROCESS**

#### **About Coalitions**

By definition, coalitions start with the coming together of individuals in previously unrelated groups, seeking to build a better community. Our region's coalition works toward substance abuse prevention and education.

Research has shown that a "systems approach" can be significantly more effective than classroom education alone. Thus, coalitions that have a written strategic plan with measurable objectives are significantly more likely to report having a direct impact on reducing alcohol, tobacco and other drug use as well as other problem behaviors in the communities than those who do not.

The State of Maine, through the Office of Substance Abuse (OSA), has provided all 16 Counties throughout the state with funding through Substance Abuse Prevention Framework State Incentive Grants (SPF-SIG). With this support from OSA, our local

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<sup>1</sup> Data from the 2006 Maine Youth Drug and Alcohol Use Survey.



Substance Abuse Prevention coalition called the Communities Against Substance Abuse has created a Comprehensive Community Prevention Plan. Our coalition strives to use the combined strengths of educators, parents, law enforcement, business owners, and others to reduce the negative effects of substance abuse throughout our community.

### **The Communities Against Substance Abuse Coalition**

United Way of Mid Coast Maine convened Communities Against Substance Abuse, the core working group for this project. This community team came together as a direct result of the past recent community forums. The Group aims to work on preventing and reducing underage drinking by educating and engaging all levels of the community.

United Way of Mid Coast Maine has a Safe & Healthy Community Council of community volunteers who selected underage drinking as their top priority in the fall of 2005. This set the groundwork for a larger community effort.

On November 16, 2006 in Wiscasset and on November 30, 2006 in Boothbay Harbor the United Way Council co-sponsored with Attorney General Steven Rowe a public forum entitled: "Underage Drinking in Our Community: Why Should You Care?" There was an outpouring of interest in the subject, with over 100 regional parents, and law enforcement, school and health professionals attending the forum.

Over 25 people attended both follow up meeting held in March 2007 where attendees were split into working groups to identify issues within their community, reviewed MYDAUS data, discussed their communities' readiness to address underage drinking and selected three representatives to represent their region and participate on a core working group. The core working group was named the Communities Against Substance Abuse.

This substance abuse prevention community coalition recruited volunteers from many sectors of the community, identified existing efforts addressing underage drinking, collaborated with other coalitions to develop very strong alliances with groups of parents, school personnel, businesses, local media and the strongest involvement by law enforcement.

The advisory body and planning team for the Lincoln County, SPF-SIG project is the 'Communities Against Substance Abuse'. This team has regional representation covering all towns within Lincoln County; many of its members are affiliated with existing coalitions engaged in prevention work in other areas of Health Care.

The coordinator, Yvonne Mickles of United Way of Mid Coast Maine responsibilities included setting meetings, identifying project needs, educating the team on the SPF-SIG process, requesting information from team members to assist the process, collecting data, providing a bridge between the SPF-SIG SPEP assessment and the requirements for the Healthy Maine Partnership SPF-SIG component, and otherwise managing the project.

The CASA Team provided connections to the community, input on the direction of the project, ideas on how to meet project deliverables. Members of the Team are:

Communities Against Substance Abuse

Affiliation

Mary Trescot	Youth Promise
Paula Gibbs	Wiscasset Newspaper
Mary Schneider	Parent
Lisa Bogue	Lincoln County Assistant District Attorney
Linda Lupton	Boothbay Regional Middle School, Guidance
Joe Grant;	Parent
Holly Stover	Department of Health & Human Services
Bonnie McKinney	Parent
Michelle York	School Union #74, School Health Coordinator
Tina Tucker	Parent
Patty Kimball	Volunteer of America
Marianne Pinkham	Senior Spectrum Coastal Community Center
John Blamey	Medomak Valley Community Foundation
Alex Gaeth	Big Brothers/Big Sisters of Mid Coast Maine
Yvonne Mickles	United Way of Mid Coast Maine

## **VISION STATEMENT**

To create an environment within the community that strives to support and educate all individual and provide access to all that he or she needs to become safe, health and free from substance abuse.

## **MISSION STATEMENT**

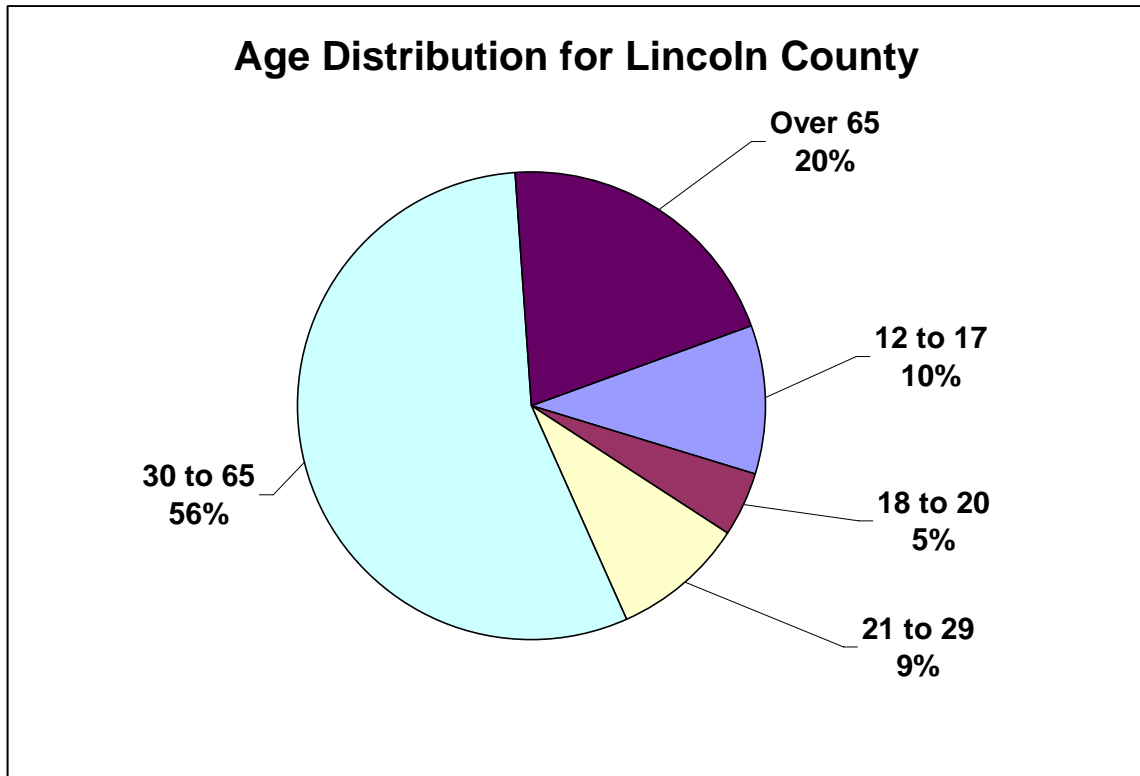
The Lincoln County Community Against Substance Abuse Coalition will provide a structured, planned approach to the prevention of alcohol, tobacco and other drug abuse: by providing education and awareness to the whole community; by building community alliances that engage all sectors of the community; by maximizing resources through communication and coordination and by modifying the environmental norms to support and strengthen each community member.

;

## Geographic Area Served

This plan was created to serve Lincoln County, population 34,729 (Figure 1.0)

Total Lincoln County Population 34,729



**Figure 1.0 Population of Towns in Lincoln County** (Source: US Census, 2003)

### **Demographics**

Lincoln County's population is 34,729, with 9% under age 18, and 18% over age 65. The median age is 38. (US Census, 2000). The population is 99% white. Lincoln County has 6.9% of its families living at the 100% poverty rate.

## **Ongoing Effective Prevention Planning**

The Communities Against Substance Abuse chose to utilize the prevention framework outlined below to develop a written plan. The outline was identified by the State as a scientific process. Working from a common plan has encouraged widespread support.

United Way staff has participated and provided leadership for the Communities Against Substance Abuse (CASA). The CASA efforts reviewed the needs assessment data to identify priority risk and protective factors. The prioritization of risk and protective factors provides a targeted focus for the prevention strategies to be implemented in the community. The CASA recommends an increase in the number of substance abuse education and prevention interventions throughout Lincoln County in an effort to reduce the negative effects of substance abuse on our young people.

Several methods were utilized to ensure that all key stakeholders were invited to the table and engaged in the decisions made during the preparation of this plan. Communication and community feedback was maintained through e-mail, individual telephone calls, local news coverage and monthly meetings.

## **Community Building Process**

1. Utilization of existing community coalition
2. Review surveys and other data to determine what risk and protective factors exist in the community
3. Develop a vision statement
4. Articulate problem statement
5. Define goals
6. Identify measurable objectives for each goal
7. Identify strategies
8. Develop action steps to achieve each objective
9. Create a funding plan
10. Write plan
11. Distribute Plan
12. Document progress

## **Readiness Assessment**

Using OSA's logic model as a guide, many aspects of the Lincoln County strategic plan are focused on increasing awareness and changing social norms. Achieving regional success with this plan will require continued coordination between prevention coalitions and the ability to demonstrate successes to the community at large in order to build momentum and continued support.

We will strive to:

- Explore additional ways to build on current collaborative capacity and networking among prevention agencies within Lincoln County.
- Identify organizations not currently involved in substance abuse prevention that might be interested in exploring substance abuse issues.
- Offer educational opportunities to community members and organizations to raise the level of awareness of substance abuse problems in Lincoln County.
- Develop a shared vision for substance abuse prevention amongst leaders of prevention activities.
- Systematically plan and implement broad, inclusive and multi-media prevention dissemination.
- Continue to build collaborative capacity to build and implement sustainable prevention infrastructure.
- Identify and increase preventionists' access to multiple local sources of substance abuse data to inform planning.
- Explore ways to engage entities involved in substance abuse prevention in sharing information regarding prevention initiatives.
- Identify relevant local data sources that can be used to inform prevention.
- Identify potential resources to educate preventionists about conducting evaluation research.
- Build capacity to conduct evaluation.

### **Resource Assessment**

The goal of resource assessment is to identify services that exist within the community which are available to respond to the identified priority risk factors and gaps in services. Overall Lincoln County has a lack of substance abuse prevention initiatives within the community. One can assume the higher MYDAUS numbers can in part be contributed to the lack of resources offered in Lincoln County. Lincoln County has the third highest substance usage numbers within the State, Here are descriptions of programs currently under consideration by CASA members

***Jump Start*** - is a program on decision-making and personal responsibility offered to first time juvenile offenders and at-risk youth in Lincoln County. This 12-hour course helps youth recognize the relationship between their decisions and the consequences of their actions.

***Communities Against Substance Abuse*** – We will leverage work done by the CASA group in Sagadahoc County to incorporate a number of strategies to limit access to alcohol by underage youth, including collaborating with small business who sells alcohol. Broadcast a video produced by Sagadahoc County CASA on the danger of underage drinking.

***Shoulder Tap*** - Shoulder Tap Program targets youth trying to purchase alcohol illegally, and is part of the implementation of Maine Police Chiefs Model Policy in each community. Shoulder Tap enforces a zero tolerance policy on purchasing alcohol for

minors. The Boothbay Harbor police department has both adopted a zero tolerance policy on enforcement of underage drinking.

Coalition members have gathered and reviewed information about existing programs and services. In particular additional resources are needed to address the following populations:

1. Youth 8 to 17 years old and their parents.
2. Need for youth organized programs for both High School and Middle School aged youth.
3. Young adult 18-26 programs who engage in high-risk drinking.
4. Elderly programs to combat misuse of prescription drugs and alcohol abuse.

## II. NEEDS ASSESSMENT, KEY FINDINGS AND RISK FACTORS

The majority of the following information was compiled from the results of the 2000 through 2006 Maine Youth Drug and Alcohol Use Survey (MYDAUS). The MYDAUS, a multiple choice survey, is administered by local schools under the authority of the Maine Department of Education.

The purpose of the survey is to quantify the use of alcohol, tobacco and other substances among middle and high school students in Maine, and to identify the risk and protective factors that influence a student's choice of whether or not to engage in these and related harmful behaviors. These influences are found in the different domains of the student's social environment: peer group, family, school and community. Identification of specific populations in which the risk factors are high and the protective factors are low, permits the targeting of interventions where they are most needed. Unless otherwise noted, the results reported in this document are from the surveys administered to 6th-12th grade school students. A complete copy of these results, is available through the Office of Substance Abuse Web site <http://www.maine.gov/dhhs/osa/>

Figure 2: Summary of 2006 Maine Youth Alcohol and Drug Use Survey (MYDAUS)  
Lincoln County vs. Maine, Grades 6 - 12

		<b>Lincoln County School Districts</b>	<b>Maine</b>
		<b>Percentage</b>	<b>Percentage</b>
<b>Prior 30-Day Use</b>	<b>ALCOHOL</b>	<b>33.2%</b>	<b>29.0%</b>
	<b>CIGARETTES</b>	<b>17.1%</b>	<b>13.8%</b>
	<b>MARIJUANA</b>	<b>17.4%</b>	<b>14.1%</b>
<b>Prior 2-Weeks</b>			
	<b>Binge Drinking</b>	<b>16.9%</b>	<b>14.6%</b>
<b>Ever Used</b>			
	<b>PRESCRIPTION DRUGS</b>	<b>12.7%</b>	<b>12.0%</b>
	<b>INHALANTS</b>	<b>14%</b>	<b>12.2%</b>
	<b>STIMULANTS</b>	<b>3.9%</b>	<b>3.3%</b>

### Lincoln County Middle School Students

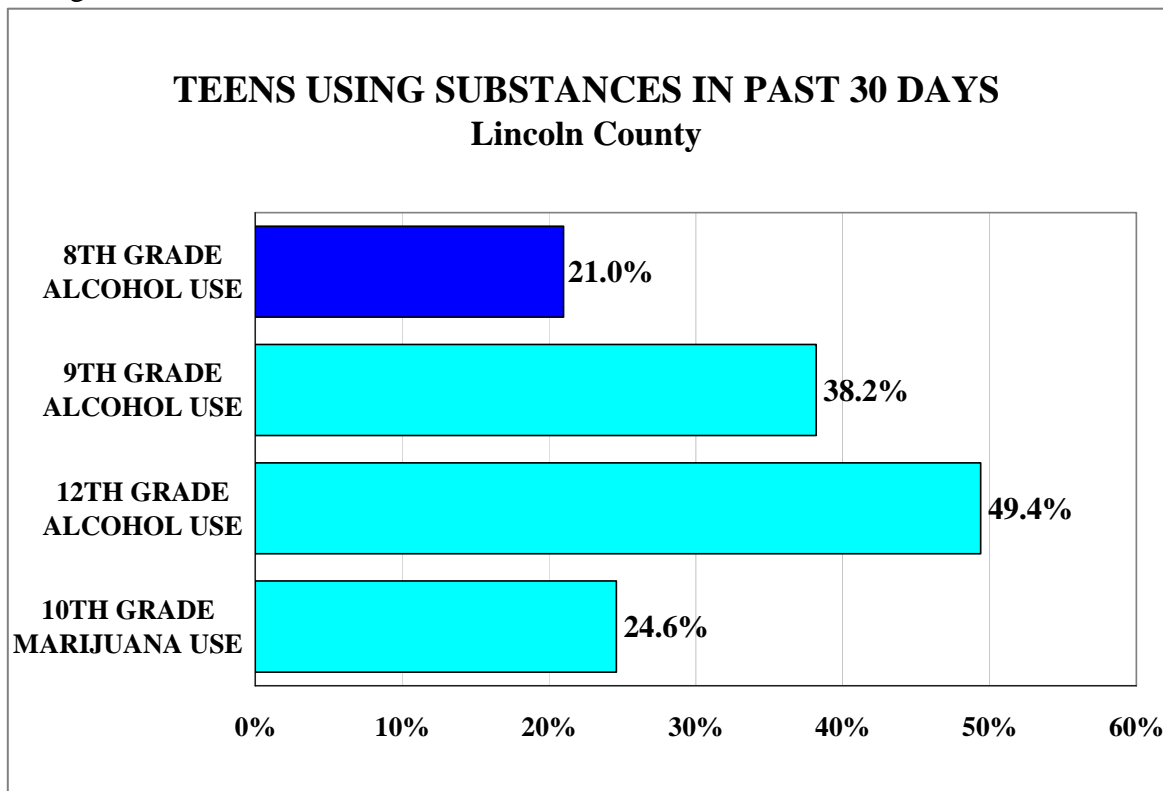


- 21% of 8th graders drank alcohol in the past 30 days.
- 8.5%.of 8<sup>th</sup> had 5 or more drinks of alcohol within a few hours in past 14 days.
- 7.4% of 8th graders reported taking a prescription prescribed to someone else.
- 13.5% of 8th graders reported using an inhalant.

**Lincoln County**  
**High School Students**

- 28% of 12 graders had 5 or more drinks of alcohol within a few hours in past 14 days.
- 49.4% of 12th graders drank alcohol in past 30 days.
- 38.2% of 9th graders reported drinking alcohol within the past 30 days.
- 29.0% had smoked at marijuana in the past 30 days.
- 12.7% reported taking a prescription prescribed to someone else.

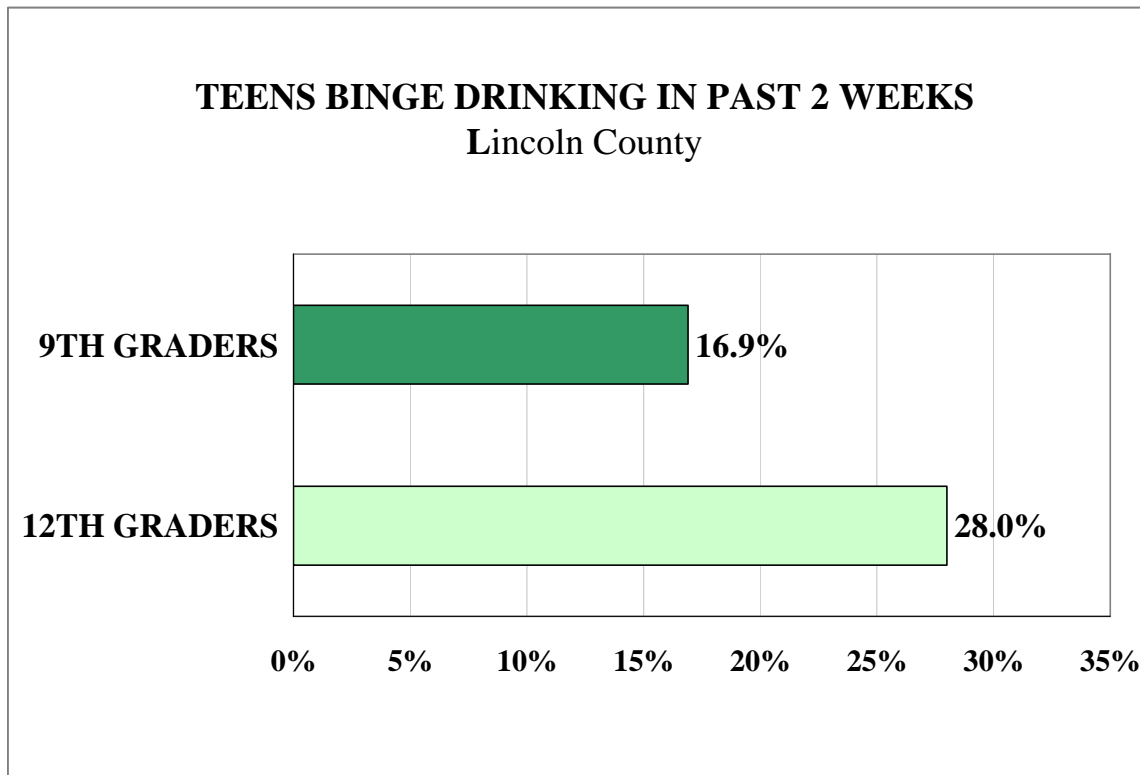
These local MYDAUS figures are consistent with those from the National Household Study on Drug Abuse in which 21% of non-large-metropolitan teens aged 12-17 said they have used alcohol and 4% of rural kids aged 12-17 described themselves as heavy users. Underage use is higher in New England compared to the rest of the country; Lincoln County’s usage is third out of the sixteen counties in the State of Maine. Alcohol, marijuana and inhalant use in Lincoln County has been consistently higher than state averages since 2000.



These local MYDAUS figures are consistent with those from the *National Household Study on Drug Abuse (NHSDA)* in which 21% of non-large-metropolitan teens aged 12-

17 said they have used alcohol and 4% of rural kids aged 12-17 described themselves as heavy users. Underage use is higher in New England compared to the rest of the country. There has been a gradual decrease in the age of first use of alcohol. The trend is different for cigarette initiation, with fewer kids starting to smoke between 1996 and 2006.

In 2006, one of the two local hospitals serving Lincoln County reported 32 emergency room visits from 12-17 year olds that was related to alcohol and/or drug use.



*The National Advisory Committee on Rural Health and Human Services*

Alcohol is "universally, the substance of choice" among youth and adults alike, in both urban and rural areas. In fact, 20 percent of rural young adults (aged 18 to 25) met criteria for alcohol or drug abuse in 2003, compared to 10 percent of youth (aged 12 to 17) and about 6 percent of adults." The data reviewed by *Hartley and Gale* reveal that alcohol is used more by rural youth of high school age than by urban youth.

Binge drinking, consuming five or more drinks on the same occasion (whether at the same time or within hours of each other) on at least one day in the past 30 days, also occurs most often among youth in rural and frontier areas of the United States.

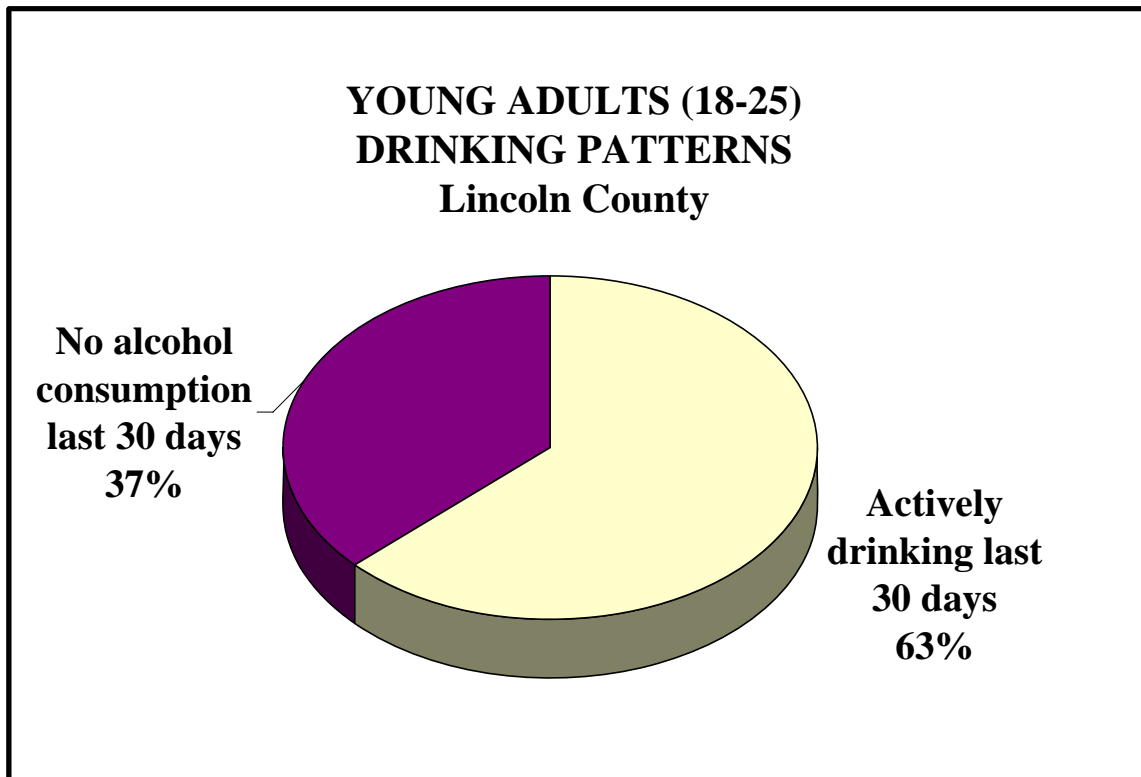
**Young Adult Population 18-25 year olds**

In reviewing the data OSA made available for this project including the MYDAUS data, epidemiological data, and other assessment data, the group realized that there was little data on the 18-25 cohort and their use patterns.

Utilizing the tool designed by the Sagadahoc County Substance Abuse coalition we administered a substance abuse questionnaire for this group. We had a wide range of 18-25 year olds participate in the survey. We collected surveys from the area businesses and a wide variety of email contacts. We received 132 completed surveys.

**Key findings – Youth 18-25 Year Olds**

- 67% reported participating in drinking within the last 30 days and, of those, 78% participated in binge drinking within the last 2 weeks. Our conclusion is that binge drinking in this age group is a significant problem.
- 29% of survey participants reported having negative effects from their alcohol consumption such as loss of employment, lateness for work, and negative family interactions.
- Review of 2005 emergency room visits for this age group revealed 119 visits to the Emergency Room with a primary or secondary diagnosis of alcohol/drug abuse.



**Elderly Population**

Alternative funding is needed to both collect additional data and explore strategies to address prescription misuse/abuse and alcohol abuse. Recent census data estimates that nearly 35 million people in the United States are 65 years or older. Substance abuse among those 60 years and older (including misuse of prescription drugs) currently affects about 5-15 percent (5.9 million) of this population. By 2020, the number of older adults with substance abuse problems is expected to double.

### **Key findings – Elderly**

- Lack of understanding about medications result in prescription misuse.
- In Maine, 30% of those 65 and older take eight or more medications increasing the opportunities for mistakes and misuse.
- 20% use tranquilizers daily.
- 36% of those seniors with a mental health diagnosis received medication only, without support services.
- 33% received psychotropic medication without a formal diagnosis.

Alcohol abuse was also identified by elder care workers as a problem with this population. The reasons that substance abuse by our senior citizens goes undetected are varied, but most have to do with the fact they are no longer active in mainstream society and there is simply no one around to notice. Also the symptoms of alcohol abuse and prescription misuse mimic the symptoms of medical conditions common to elderly. Denial on the part of family members and caregivers often contributes to the lack of detection of substance abuse problems in this population.

Based on interviews, the three focus groups and national research, we can expect between 5% to 15% of elderly in Maine to have substance abuse issues. It is a serious problem for our elderly population in Maine.

### **Impact of Substance Abuse on Families and Communities**

- In 2006, there were over 234 drug and/or alcohol related arrests of adults in Lincoln County.
- In 2006, there were approximately 85 alcohol related juvenile arrest in Lincoln County.
- In 2006, there were over 150 drug related juvenile arrest in Lincoln County.
- In 2006, there were 32 youth under the age of 18 and 119 young adults 18-26 years old seen at local emergency room for a primary or secondary alcohol or drug related medical issue.

### **Understanding Risk and Protective Factors**

Research shows that certain risk factors present in a young person's life increase the possibility of that youth becoming involved in problem behaviors.

Protective factors shield youth from exposure to risk by either reducing the impact of risk factors or changing the way that young people respond to risk factors. Strong, positive bonding to family, school, community and peers supports healthy behaviors by setting and communicating healthy beliefs and clear standards for behavior.

Risk and protective factors are classified into four domains: community, family, school, and individual/peer. These classifications provide a scientific and nondiscriminatory method of assessing a child's environment. This classification system is much more accurate than simply considering a child's ethnicity, socioeconomic status or family structure.

There is a direct correlation between the number of risk factors present for a youth and the likelihood that he or she will participate in negative behaviors. Specifically, an adolescent's exposure to risk factors is associated with more drug use and delinquency. There is also evidence that exposure to a number of protective factors is associated with lower prevalence of these problem behaviors.

These risk factors are associated with the following five problem behaviors: delinquency, violence, substance abuse, teen pregnancy, and school dropout. Although indicators are related to multiple problem behaviors, the focus of this assessment is on risk factors associated directly with substance abuse.

### **Family Risk Factor: Parental Attitudes**

Family influence, with clear standards for behavior and healthy beliefs, can offset the negative influence a child may be exposed to elsewhere. This positive influence can build a web of protection for a child and buffer against risks for problem behaviors. Frequently, schools do not begin to address substance abuse problems until adolescence, although problems often begin in preadolescence. Family functioning, structure, and values have a significant impact on children's capacity to develop positive social skills and cope with life's challenges. Poor family management practices include lack of clear expectations for behavior, failure of parents to monitor their children (knowing where they are and who they are with), and excessively severe or inconsistent punishment.

### **School/Individual/Peer Risk Factor: Early Initiation of the Problem Behavior**

This risk factor has been shown to increase the risk of drug abuse, delinquency, teen pregnancy, school dropout, and violence.

The earlier young people drop out of school, begin using drugs, commit crimes or become sexually active, the greater the likelihood that they will have chronic problems with these behaviors later. For example, research shows that young people who initiate alcohol use before the age of 14 have a 40% chance of developing an addiction whereas if one waits until age 21 this is only a 10% chance of addiction.

During elementary school years, children usually express anti-drug, anti-crime and pro-social attitudes and have difficulty imagining why people use drugs, commit crimes and drop out of school. However, in middle school, as peers participate in such activities, attitudes often shift toward greater acceptance of these behaviors. This acceptance translates to the perception that the problem behavior is not harmful and places young people at greater risk. Teenagers typically experience a phenomenon referred to as a “personal fable”. Rice paraphrases Alkanet’s definition as the, “adolescent belief in the uniqueness of their own experiences” (Rice 176). This explains why even teenagers with access to information regarding the dangers of risky behaviors, such as substance abuse, sometimes continue to participate in these activities. While they know these behaviors are harmful to others, they believe they will be exempt.

### **Community/Environmental Risk Factor: Changing norms**

Environmental strategies are focused on changing aspects of the environment that contribute to the use of alcohol and other drugs. Specifically, environmental strategies aim to decrease the social and health consequences of substance abuse by limiting access to substances and changing social norms that are accepting and permissive of substance abuse. Changing public laws, policies and practices will create environments that decrease the probability of substance abuse. Broadly defined, individual strategies are short-term actions focused on changing individual behavior, while environmental strategies involve longer-term, potentially permanent changes that have a broader reach (e.g., policies and laws that affect all members of society).

### **III. COMMUNITY SUBSTANCE ABUSE PREVENTION PLAN AND IMPLEMENTATION STEPS**

#### **Community Substance Abuse Prevention Plan Recommendations**

The state has provided a list of evidence based programs for substance abuse prevention. After reviewing this list, the Communities Against Substance Abuse recommends the following strategies.

- Increase effectiveness of local underage drinking law enforcement, through use of Shoulder Tap Program adoption of Maine Police Chiefs Model Policy in each community and using strategies of evidence based program Communities Mobilizing for Change on Alcohol (CMCA).
- Increase use of parental monitoring practices for underage drinking, through use of a media campaign in collaboration with Maine's Office of Substance Abuse (OSA). Implement strategies of Committees Integration Trials (CIT).
- Increase use of parental monitoring practices for underage drinking, through use of a media campaign in collaboration with Maine's Office of Substance Abuse (OSA). Implement strategies of Committees Integration Trials (CIT) coordinating with local schools and community meetings.
- Increase effectiveness of retailers' policies and practices that restrict access to alcohol by underage youth, by facilitating meetings with local retailers and offering Responsible Retailers Training.
- Increase effectiveness of school substance abuse policies, by working with our four school systems to review and strengthen their substance abuse policies based on guidance provided from OSA.
- Reduce appeal of underage drinking by increasing the knowledge of health risks, by working with the local schools to review and improve health curriculum, and by sponsoring education events regarding the dangers of underage drinking.
- Reduce appeal of high risk drinking among 18-25 year olds, by working with law enforcement, collaborating with local business and schools to distribute substance abuse educational material and by developing a new strategy to get age-appropriate information to 18-25 year olds.
- Reduce availability of prescription drugs for purposes other than prescribed, by promoting the use of the Prescription Monitoring Program with physicians.
- Increase the number of employers using educational materials in the workforce that target 18-26 year old employees on the dangers of high risk drinking and misuse of prescription drugs.

- Implement strategies from Communities Mobilizing for Change on Alcohol (CMCA) and community intervention trials to combat access to alcohol by underage drinkers.

The following pages outline in detail the Goals, Objectives, Strategies and Benchmarks associated with this plan. These strategies and timeline for implementation are more fully detailed in the full Workplan attached at the end of this report.



**Problem Statement: Reduce alcohol use among youth (with primary focus on high-school aged youth)**

**Goal:** Reduce appeal of underage drinking

<b>Objective (from intervening variables)</b>	<b>Strategies (to address contributing factors)</b>	<b>Benchmarks (How will you know you have achieved your objectives? When do you expect to achieve them?)</b>
<p>Objective 1: Increase effectiveness of law enforcement policies &amp; practices (based on MCOPA/OSA model policy)</p> <p>Capacity Building Actions: Building relationships with town police departments and encourage them to implement the MCPM policy and increase enforcement actions</p>	<p>1. Policy (Maine Chiefs of Police Model Policy)</p> <p>2. Education of officers (training) on best practices, why policy is important etc.</p> <p>3. Enforcement—increase enforcement actions related to underage drinking, furnishing and hosting laws</p>	<p>1. Towns whose police departments have implemented the model policy increases (Year One)</p> <p>2. Number of officers region-wide who are trained on model policy and its importance increases (Year One)</p> <p>3. Number of underage drinking, furnishing and hosting citations increases (Year One)</p>
<p>Objective 2: Increase use of recommended parental monitoring practices</p> <p>Capacity Building Actions: Build relationships with local media, work with schools to implement policy</p>	<p>1. Communication—social marketing campaign targeted to parents (OSA's Parent Campaign)</p> <p>2. Collaboration with local media, parent groups, to get the message out (OSA's Parent Campaign)</p>	<p>1. Number of parents aware of recommended monitoring practices increases (Year One)</p> <p>2. Ads, press releases, speaking engagements around monitoring practices increases from present (Year One)</p>

	3. Policy—notification of parents required by school policy (OSA's 'How To Guide' for School Policy)	3. Number of schools with model policies increases (Year Two)
Objective 3: Increased knowledge of health risks of underage drinking  Capacity Building Actions: Build relationships with local media, workplaces, community venues to increase awareness of risks associated with underage drinking	1. Communication—social marketing campaign targeted to parents about health risks (OSA's Parent Campaign)  2. Collaboration with local media, parent groups, to get the message out (OSA's Parent Campaign)  3. Education to broader community knowledge about health risks associated with underage drinking (OSA's Parent Campaign)	1. Number of parents aware of health risks of underage drinking increases (Year One)  2. Ads, press releases, speaking engagements around monitoring practices increases (Year One)  3. Community's awareness of health risks of underage drinking increases (Year One)
Objective 4: Decrease counter-productive adult modeling behavior  Capacity Building Actions: Build relationships with local media, workplaces, community venues to increase awareness of impact of modeling	1. Communication—social marketing campaign targeting parents to publicize penalties for hosting and other laws regarding underage drinking (OSA's Parent Campaign)  2. Collaboration—partnership with local media, parent groups, businesses and organizations (OSA's Parent Campaign)  3. Education of parents and community about impact of modeling (OSA's Parent Campaign)	1. Number of parents and community members aware of penalties for hosting and furnishing increases (Year One)  2. Ads, press releases, literature, speaking engagements around impact of modeling increases (Year One)  3. Number of parents and community members aware of the impact of modeling increases (Year Two)

<p>Objective 5: Decrease advertising /promotions that appeal to youth</p> <p>Capacity Building Actions: Increase community awareness and encourage community to organize for policy changes</p>	<p>1. Collaboration—community organizing for policy changes to reduce youth access to alcohol through Maine Alcohol Impact Coalition</p> <p>2. Policy—state, retailers to implement administrative penalties, minimum age of seller requirements, responsible retailing systems etc. with assistance from Maine Alcohol Impact Coalition</p>	<p>1. Number of coalitions and community organizations who have become members of the Maine Alcohol Impact Coalition increases (Year Two to Three)</p> <p>2. Number of state policies around responsible retailing increases (Year Three and beyond)</p>
<p>Objective 6: Increased effectiveness of school substance abuse policies</p> <p>Capacity Building Actions: Work with schools to implement school substance abuse policies</p>	<p>1. School policies (OSA's How To Guide for School Policies)</p> <p>2. Enforcement (OSA's How To Guide for School Policies)</p>	<p>1. Number of schools with model substance abuse policies increases (Year Two)</p> <p>2. Schools report increased and more consistent enforcement of school substance policies (Year Two)</p>

**Problem Statement: Reduce alcohol use among youth (with primary focus on high-school aged youth)**

**Goal: Reduce Underage Access to Alcohol**

<b>Objective (from intervening variables)</b>	<b>Strategies (to address contributing factors)</b>	<b>Benchmarks (How will you know you have achieved your objectives? When do you expect to achieve them?)</b>
<p>Objective 1: Increase effectiveness of retailers' policies and practices that restrict underage access</p> <p>Capacity Building Actions: Build relationships with merchants</p>	<ol style="list-style-type: none"> <li>1. Education of merchants, clerk training etc through OSA's Card ME Program</li> <li>2. Policy—Retailers to implement responsible retailing systems</li> <li>3. Collaboration with Maine Alcohol Impact Coalition to have a stronger, collective, statewide impact</li> </ol>	<ol style="list-style-type: none"> <li>1. Number of merchants visited through Card ME program increases (Year One)</li> <li>2. Number of retailers with responsible retailing systems increases (Year Two)</li> <li>3. Number of coalitions and community organizations who have become members of the Maine Alcohol Impact Coalition increases (Year Two to Three)</li> </ol>
<p>Objective 2: Increase effectiveness of policies and practices that affect social access</p> <p>Capacity Building Actions: Build relationships and awareness within the media, work to fund increased enforcement, build relationships between law</p>	<ol style="list-style-type: none"> <li>1. Communication of penalties for hosting, supplying minors etc through OSA's Sticker Shock Campaign, work with DA's office to publicize incidents of illegal hosting</li> <li>2. Enforcement—increase enforcement related to underage drinking, furnishing, hosting laws</li> <li>3. Collaboration and coalition building between law enforcement and prevention community to establish underage drinking enforcement as a</li> </ol>	<ol style="list-style-type: none"> <li>1. News stories involving penalties for hosting increase, stores participating in Sticker Shock increases (Year Two)</li> <li>2. Citations around underage drinking, furnishing and hosting increase (Year Two)</li> <li>3. Membership of CASA increases (including law enforcement entities and other community</li> </ol>

enforcement and prevention community	shared priority (through Maine Chiefs of Police Model Policy)	organizations)(Year Two)
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**Problem Statement: Reduce High Risk Drinking Among Adults (With Primary focus on 18-25 Year Olds)**

**Goal: Reduce Appeal of High-Risk Drinking**

<b>Objective (from intervening variables)</b>	<b>Strategies (to address contributing factors)</b>	<b>Benchmarks (How will you know you have achieved your objectives? When do you expect to achieve them?)</b>
<p>Objective 1: Increase knowledge of health risks of high-risk drinking</p> <p>Capacity Building Actions: Build relationships with workplaces and colleges</p>	<p>1. Communication about available self assessment screening tools to raise awareness of the health risks associated with drinking</p> <p>2. Education about web-based assessment feedback programs and web-based courses</p> <p>3. Collaboration with colleges and workplaces to pass policies to institutionalize screening</p>	<p>1. Number of workplaces and colleges aware of self assessment tools increases (Year One)</p> <p>2. Workplaces aware of the benefits of web-based assessment increases (Year One)</p> <p>3. Number of workplaces screening as policy increases (Year Two)</p>
<p>Objective 2: Decrease promotions and pricing that encourages high-risk drinking</p> <p>Capacity Building Actions: Build relationships with workplaces and colleges, other community entities to encourage organized approach to policy changed</p>	<p>1. Collaboration—community mobilizing for local and state level changes to limit promotions and increase pricing, in partnership with the Maine Alcohol Impact Coalition</p> <p>2. Policy—implement college and workplace policies in accordance with OSA’s Substance Abuse in the Workplace Program</p> <p>3. Enforcement—ensure that Substance Abuse in the Workplace policies are enforced</p>	<p>1. Coalitions become members of the Maine Alcohol Impact Coalition and sign petition to increase alcohol tax (Year One)</p> <p>2. Number workplaces with substance abuse policies increases (Year One)</p> <p>3. Number workplaces enforcing substance abuse policies increases (Year One)</p>
<p>Objective 3: Establish</p>	<p>1. Communication about available self assessment</p>	<p>1. Number of health care systems aware</p>

mechanisms in health care systems that increase use of screening & brief intervention to reduce high-risk drinking  Capacity Building Actions: Build relationships with health care community	screening tools to raise awareness of the health risks associated with drinking  2. Education about web-based assessment feedback programs and web-based courses  3. Collaboration with health care systems to pass policies to institutionalize screening	of self assessment tools increases (Year Three and beyond)  2. Health care systems aware of the benefits of web-based assessment increases (Year Three and beyond)  3. Number of workplaces with screening as policy increases (Year Three and beyond)
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**Problem Statement: Reduce High Risk Drinking Among Adults (With Primary focus on 18-25 Year Olds)**

**Goal:** Reduce Availability of Alcohol that encourages high-risk drinking

<b>Objective (from intervening variables)</b>	<b>Strategies (to address contributing factors)</b>	<b>Benchmarks (How will you know you have achieved your objectives? When do you expect to achieve them?)</b>
Objective 1: Increase effectiveness of retailer policies and practices to reduce sales/service to visibly intoxicated persons  Capacity Building Actions: Build relationships with local merchants	1. Collaboration with merchants to establish and enforce responsible retailing practices through OSA's Card Me Program  2. Education of merchants and seller/servers through Responsible Beverage Server Training  3. Communication campaign with warning posters to remind servers of liability laws	1. Number of retailers with responsible retailing systems increases (Year Two)  2. Number of merchants participating in Responsible Beverage Server Training increases (Year Two)  3. Number of establishments with warning posters increases (Year Two)

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**Problem Statement: Reduce prescription drug abuse among young adults (ages 18-25)**

**Goal:** Reduce appeal of misuse of prescription drugs

<b>Objective (from intervening variables)</b>	<b>Strategies (to address contributing factors)</b>	<b>Benchmarks (How will you know you have achieved your objectives? When do you expect to achieve them?)</b>
<p>Objective 1: Increase knowledge of health risks of misuse of prescription drugs</p> <p>Capacity Building Actions: Build relationships with local employers</p>	<ol style="list-style-type: none"> <li>1. Collaboration with employers to adopt HMP Worksite Health Framework incorporating a Drug-Free Workplace Program</li> <li>2. Policy—Encourage employers to adopt a Drug Free Workplace policy</li> <li>3. Communication to employees about the Drug-Free workplace policy and program to include information about health risks and consequences for violating policy</li> </ol>	<ol style="list-style-type: none"> <li>1. Number of employers interested in participating in Drug Free Workplace Program increases (Year Three and beyond)</li> <li>2. Number of employers participating in Drug Free Workplace Program increases (Year Three and beyond)</li> <li>3. Number of employees aware of health risks and consequences for violating Drug Free Workplace policy increases (Year Three and beyond)</li> </ol>



**Problem Statement: Reduce Prescription drug abuse among young adults (18-25 years old)**

**Goal:** Reduce availability of prescription drugs for purposes other than prescribed

<b>Objective (from intervening variables)</b>	<b>Strategies (to address contributing factors)</b>	<b>Benchmarks (How will you know you have achieved your objectives? When do you expect to achieve them?)</b>
<p>Objective 1: Increase prescribers' and dispensers' awareness of and use of the Prescription Monitoring Program</p> <p>Capacity Building Actions: Build relationships with local prescribers and dispensers</p>	<ol style="list-style-type: none"> <li>1. Collaboration to work with drug prescribers, dispensers, and their employers to increase use and usability of Maine's Prescription Monitoring Program</li> <li>2. Education to prescribers and dispensers about the PMP, why it is important and how to use it</li> <li>3. Communication using media to increase public knowledge about the proper storage and disposal of prescription drugs.</li> </ol>	<ol style="list-style-type: none"> <li>1. Identification of prescribers and dispensers region-wide (Year Three and beyond)</li> <li>2. Prescriber and Dispenser awareness of PMP increases (Year Three and beyond)</li> <li>3. Press releases and news stories about PMP increases (Year Three and beyond). Increased collection of unused medications.</li> </ol>

## **Best Practices**

Best practices are those strategies, activities, or approaches that have been shown through research and evaluation to be effective at preventing and/or delaying substance abuse and reviewed by **The Center for Substance Abuse Prevention (CSAP)**. The following is a list of programs the Communities Against Substance Abuse has determined would best suit Lincoln County, needs. At this time, the Coalition believes that all programs should be universal in nature, that is, they should be equally accessible to all members of our community.

**Program:** *Communities Mobilizing for Change on Alcohol Risk Factors:* Community Laws & Norms Favorable Availability of Alcohol Protective Factors: Healthy Beliefs & Clear Standards

This program is implemented by communities and is designed to change policies and practices of community institutions in ways that reduce access to alcohol by teenagers. Communities implementing this program report significantly lower DUI arrests among 18-20 year olds. In addition, these communities found it was much less likely that 18 to 20 year olds would attempt to purchase alcohol, frequent bars, or provide alcohol to other teens after implementing this program.

**Program:** *Responsible Beverage Service Risk Factors:* Community Laws & Norms Favorable Toward Drug Use Availability of Drugs Protective Factors: Healthy Beliefs & Clear Standards

This program is designed to educate those who serve alcoholic beverages about the dangers, in terms of both their liability and their patron's well being, of continuing to serve intoxicated patrons.

**Program:** *Community Trials Intervention:* Environmental strategy to address high risk drinkers. It is designed to address alcohol use patterns of people of all ages. Interventions include community awareness prevention and parental supervision.

## **Implementation Steps**

The Communities Against Substance Abuse will serve Lincoln County, by sustaining a community prevention system and coordinating implementation of the prevention plan through community partners. The coalition has engaged a fair number of community partners including police, parents, schools, public officials and local businesses. We will coordinate a process designed to objectively identify other community partners such as pharmacist, physicians, and local churches, who will help implement programs and services outlined in the prevention plan to meet the identified priorities for youth, young adults and the elderly. The coalition will work with community partners to leverage, access, manage and distribute resources for implementation of the plan. The coalition

may support additional programs and services as necessary to meet the changing needs of the youth and families of Mid Coast.

In addition, we plan to work with the following groups to assist with implementation.

- We think the best way to interest and attract youth to the cause is to reach out to groups that may already have some interest like those students who have already been involved in tobacco prevention efforts as in Boothbay Regional School District. We are exploring the development of Students Against Drunk Driver (SADD) group in Boothbay Regional School, Wiscasset and Lincoln Academy at the High School.

The completion of a written strategic plan document marks an important milestone in the planning process, but the major benefits to the community will be realized when the plan is put into operation. Achieving the established goals will require effort and attention. It also requires considerable coordination.

### **Organizational Chart: Governance and Leadership**

The Communities Against Substance Abuse recommends using the governance for the implementation of this plan on the current structure developed by the Lincoln County Healthy Maine Partnership (HMP). The Healthy Maine Partnership (HMP) coalition current structure has four standing subcommittees actively developing strategies that help implement the HMP work plan: Physical Activity and Nutrition, Environmental Tobacco Smoke, Work Healthy (worksites wellness) and Substance Abuse.

The Communities Against Substance Abuse recommends the Substance Abuse Subcommittee for this grant will replace the existing Communities Against Substance Abuse. Youth Promise serves as lead agency for the Healthy Maine Partnership and will continue to staff the four subcommittees, including the Substance Abuse Subcommittee. Additional Ad hoc committees will be created as needed.

The Lincoln County Health Maine Partnership Action Team will lead by example to ensure volunteer involvement and recruitment. Action Team members' volunteer involvement in the substance abuse prevention coalition, as well as their dedication to their specific health-related pursuits, will serve to attract additional volunteers interested in advancing our goals and objectives at the local, regional and state level.

### **Method of Evaluation**

Communities Against Substance Abuse recommends the community Partnership Needs Assessment for Lincoln data collected from MYDAUS and law enforcement agencies as the evaluation tools to evaluate progress toward problem behavior and risk factor goals. To create the baseline needs assessment, the Maine Youth Alcohol and Drug Use Survey (MYDAUS) results and other related data was used. As new data becomes available, the

coalition will update its needs assessment and report to the Lincoln County Healthy Maine Partnership on the progress that has been made toward the goals listed below in the workplan. The CASA is also working with HMP to develop an instrument to be used to evaluate the effectiveness of programs implemented in Lincoln County. This Substance Abuse Prevention Comprehensive Community Prevention Plan will be revised and updated as needed.

### **Funding Strategies**

Youth Promise programs currently receive funding from the following grants: Tobacco Prevention Grant through HMP and a Juvenile Justice Grant. Youth Promise and United Way of Mid Coast Maine is committed to prevention and will continue to seek and apply for grants that are applicable to our mission statement and the implementation of this plan. Youth Promise will also explore funding from local foundations to fund specific aspects of this plan. With increased community momentum on the issue of substance abuse prevention, it is possible that private funding could come from local businesses. United Way of Mid Coast Maine, an organization who dedicates most of its funding to addressing community issues, may also be approached as an additional funding source for some aspects of this plan.

**OSA Substance Abuse Workplan**

<b>MCP Required Objective:</b>	<b>Work to begin by (date)</b>	<b>Who Is Responsible for leading implementation?</b>	<b>Towns prioritized in year one</b>	<b>Pre-approved Strategies**</b>	<b>Other Strategies</b> (Must go through OSA evidence based strategy approval process before funds can be spent on these)
<p><b>3.1</b> Increase effectiveness of local underage drinking law enforcement policies &amp; practices (based on Maine Chiefs of Police/OSA model policy)</p>	<p><b>10/01/07</b></p>	<p><b>Mary Trescot and Substance Abuse Coordinator</b></p>	<p><b>Damariscotta Waldoboro Wiscasset Boothbay Harbor Newcastle Bristol Bremen Nobleboro Jefferson Alna Westport Is. Edgecomb Boothbay</b></p>	<p>1- enforcement: using model policy 2- collaboration: partner w/all local law enforcement agencies, retailers, families, educators, et al 3-education : training officers in each dept. using state model 4- communication: disseminate info throughout the community 5-policy: adopt local policy based on state model</p>	

All SPF-SIG funded Substance Abuse Prevention Strategies must meet the criteria for evidence-based prevention strategy based on the guidelines from SAMHSA. Please read the *OSA SPF-SIG Strategy Approval Guide*, before filling out this “Component B OSA Substance Abuse Workplan.” For all strategies in “Other Strategies” column, please fill out the forms provided in the guide and submit to the Office of Substance Abuse. To access and download the guide and required forms, go to <http://www.maine.gov/dhhs/osa/prevention/community/spfsig/>

**Component B (OSA Substance Abuse) Workplan**

			<b>Southport</b>		
<b>3.2</b> Increase use of recommended parental monitoring practices for underage drinking	10/01/07	<b>Mary Trescot and Substance Abuse Coordinator</b>	<b>Damariscotta  Waldoboro  Wiscasset  Boothbay Harbor  Newcastle  Bristol  Bremen  Nobleboro  Jefferson  Alna  Westport Is.  Edgecomb  Boothbay  Southport</b>	1- enforcement: support increased enforcement of underage drinking laws 2- collaboration :partner with community 3- education: hold community parent meetings 4- communications: publicize information 5- policy: adopt written policy	

All SPF-SIG funded Substance Abuse Prevention Strategies must meet the criteria for evidence-based prevention strategy based on the guidelines from SAMHSA. Please read the *OSA SPF-SIG Strategy Approval Guide*, before filling out this “Component B OSA Substance Abuse Workplan.” For all strategies in “Other Strategies” column, please fill out the forms provided in the guide and submit to the Office of Substance Abuse. To access and download the guide and required forms, go to <http://www.maine.gov/dhhs/osa/prevention/community/spfsig/>

**Component B (OSA Substance Abuse) Workplan**

<p><b>3.3</b> Increase effectiveness of retailers policies and practices that restrict access to alcohol by underage youth</p>	<p>10/01/07</p>	<p><b>Mary Trescot and Substance Abuse Coordinator</b></p>	<p><b>Damariscotta Waldoboro Wiscasset Boothbay Harbor Newcastle Bristol Bremen Nobleboro Jefferson Alna Westport Is. Edgecomb Boothbay Southport</b></p>	<p>1-enforcement: serving practices 2-collaboration: with merchants to develop a responsible retailing model 3-education:merchant education (seller-server) 4-communications: place posters in stores, bars et al 5- policy adopt written policy</p>	
<p><b>3.10</b> Reduce appeal of high risk drinking (among 18-25 year olds)</p>	<p>10/01/07</p>	<p><b>Mary Trescot and Substance Abuse Coordinator</b></p>	<p><b>Damariscotta Waldoboro Wiscasset Boothbay Harbor Newcastle</b></p>	<p>1-enforcement:drinking laws and drug-free workplaces 2-collaboration:work with schools, businesses to distribute informational materials</p>	

All SPF-SIG funded Substance Abuse Prevention Strategies must meet the criteria for evidence-based prevention strategy based on the guidelines from SAMHSA. Please read the *OSA SPF-SIG Strategy Approval Guide*, before filling out this “Component B OSA Substance Abuse Workplan.” For all strategies in “Other Strategies” column, please fill out the forms provided in the guide and submit to the Office of Substance Abuse. To access and download the guide and required forms, go to <http://www.maine.gov/dhhs/osa/prevention/community/spfsig/>

**Component B (OSA Substance Abuse) Workplan**

by increasing knowledge of the health risks			<b>Bristol Bremen Nobleboro Jefferson Alna Westport Is. Edgecomb Boothbay Southport</b>	3-education:use web based assessment feedback program as appropriate 4-communications:distribute information about assessment feedback services, educational and/or self-help materials 5- policy support workplace policies to offer personalized assessment feedback to all employees or require all employees to take evidence based course as part of general orientation	
<b>3.11</b> Decrease promotions and pricing that encourage high risk drinking among young adults (18-25 year olds)	10/01/07	<b>Mary Trescot and Substance Abuse Coordinator</b>	<b>Damariscotta Waldoboro Wiscasset Boothbay Harbor Newcastle Bristol Bremen Nobleboro Jefferson Alna Westport Is. Edgecomb Boothbay Southport</b>	1-enforcement:compliance checks 2-collaboration:work with retailers to limit promos 3-education:merchant education around the negative impact of low pricing and special promotions 4-communications:publicize information in all local papers 5- policy: support state in placing limits on cheap drink promos	
<b>Insert other optional objectives selected</b>					