

**OXFORD COUNTY, MAINE
SUBSTANCE ABUSE PREVENTION
STRATEGIC PLAN FOR THE YEARS 2007 – 2012**

County Vision: It is not easy to abuse alcohol or other drugs in Oxford County.

Mission: Reduce the risk alcohol, prescription drug abuse, marijuana and inhalants and pose in Oxford County.

Introduction

Community Concepts of South Paris (CCI), the Healthy Oxford Hills of Norway (HOH), and the River Valley Healthy Communities Coalition of Rumford (RVHCC) partnered this September 2006, with the financial assistance of the Maine Office of Substance Abuse, to research the status of the substance abuse issue in Oxford County and to develop a strategic plan to address this issue.

A detailed report on the status of substance abuse in Oxford County, and its negative consequences, are contained in the appendices. Statistical data was accessed primarily through the following websites:

- The MYDAUS surveys: <http://www.maine.gov/maineosa/survey/report.php?mode=county>.
- Maine substance abuse related archival indicators. <http://www.maine.gov/dhhs/osa/data/archival/socind.htm>

A summary of the results is as follows:

For Oxford County's youth, alcohol, marijuana, prescription drugs and inhalants are the 4 most used drugs. According to the 2006 MYDAUS survey for Oxford County public school students:

- 29% used alcohol in last 30 days
- 14% used marijuana in last 30 days
- 14% binged on alcohol last 2 weeks
- 13% ever used inhalants and
- 12% ever abused prescription drugs

Young adults are the most likely adult demographic to overuse alcohol and use marijuana:

- 43% of adults age 18 and older used alcohol in “last 30 days”
- 28% of adults age 18 and older participated in “binge drinking” last 30 days (5/row men; 4/row women)
- 3.2% of adults age 18 and older used marijuana in “last 30 days”
- 18-25 year olds have highest rate of binge drinkers (33.3% last 30 days)
- 18-20 age group has highest rate of marijuana users (16.9%) followed by 21-24 (8.3%)
- 25-34 age group has highest “crossing threshold” for prescription narcotics
- 35-44 age group has highest “crossing threshold” for prescription tranquilizers

Although Oxford County people of all age groups are apt to be charged with driving while intoxicated (adults approximately 6 per 1,000 population; adolescents about 4 per 1,000), younger drivers have the higher tragedy factor and Oxford County’s policing community are ardent in their support of enforcing Maine’s underage drinking laws. Focus groups with police identified that underage drinking and perceived lack of support of some parents are large issues for police. All of Oxford County’s policing agencies – 8 local, Sheriff and State Police, have signed onto the Maine Police Chief Association’s model policies and in February 2006 they publicly committed (carried on TV channel 6 and local newspapers) to strong enforcement.

Focus groups with social service, education, health, substance abuse counselors and others re-affirmed that parents are often a negative factor in underage drinking, and also our best hope for impacting this issue. The need to educate parents was an overwhelming conclusion of the needs assessment, even as parents who might most make the difference with their youngsters are perceived to be hardest to reach. The Partners identify 21st century methods such as Internet, DVD’s and other nontraditional ways of interacting with parents.

Prescription drug abuse is an apparent fast growing problem and has escalated since the February 2006 MYDAUS survey. Substance abuse counselors and police are shocked at the prevalence of non-prescribed prescription drugs in the schools and on the streets.

Marijuana use is another county-wide problem, with interesting dynamics. Often users make a conscious choice to use marijuana instead of alcohol or other drugs, because they perceive it is harmless or not as addictive as other substances. Many substance abuse counselors see marijuana as the most common substance in use.

In Oxford County, retail access and promotions was considered less an issue than perceived risk of use, enforcement, and parental monitoring. Counselors and police officers believe most minors access alcohol through older purchasers. Actually, many professionals (especially police and counselors) scoff at the idea of utilizing any scarce resources towards these areas when one could be focusing all of the resources towards parental monitoring and perceived risk. It is not that professionals disregard the realities of access and promotions toward underage drinkers; it is that professionals see up close the overwhelming power of lax parental monitoring, absence of perceived risk, and absence of sense of getting caught as much stronger factors in adolescent use. Therefore, we are starting lightly on the retail access and promotions strategies, as we are apparently in a contemplative/preparatory stage of change in these 2 areas, and will educate ourselves as we go in these 2 areas to prove the worthiness of these strategies. The 3 remaining strategies areas we expect to use the remainder of our passionate energies, as we are in an active stage of change and quite ready to implement to the very best of our abilities.

During the planning phase, the Partners engaged many county residents including an “open” 6 week strategic planning work team. We will continue the enthusiasm of this group through the end of the formal strategic planning process, and then afterward during implementation. We are calling this group, for now, the Oxford County Substance Abuse Task Force (OCSATF) we expect the group to meet from 8 – 12 times per year, and to be affiliated as part of the HMP Action Teams of both the RVHCC and HOH.

County Vision: It is not easy to abuse alcohol or other drugs in Oxford County.

The overall strategies of this plan is to move towards this vision – to change the culture and make the use of illicit drugs (including alcohol for minors) harder and less socially acceptable, similar to how tobacco and nicotine’s social acceptability has radically changed in the past 10 years.

We plan to support national and state efforts, including law changes, and change environmental affects in the county that currently allow ease of access and relative social acceptability. We also plan to target additional resources to prevent higher risk populations from imminent use, and shift the present cultural stigmatism so that gaining help with a use/abuse issue is also socially acceptable, available and affordable.

First Year

The Maine Office of Substance Abuse, through their access to federal funds, has offered Oxford County competitive funding to utilize evidence based environmental strategies to address underage drinking and high risk drinking, initially through the period ending 9/30/08. The funds must be used to impact the following objectives:

1. Increase effectiveness of local underage drinking law enforcement policies and practices.
2. Increase recommended parental monitoring practices for underage drinking.
3. Reduce the appeal of high risk drinking by increasing the knowledge of health risks.
4. Increase effectiveness of retailer’s policies and practices that restrict access to alcohol by underage youth.
5. Decrease promotions and pricing that encourage high risk drinking among young adults.

The 3 Partners applied for the funding this May 2007 to the Maine Office of Substance Abuse. The county was divided into 2 parts by existing school districts, with the HOH’s covering the Oxford Hills, Buckfield and Hiram/Porter school districts, and the RVHCC covering the Rumford, Dixfield, Bethel and Fryeburg school districts.

Workplan

Objective	Month work will start on this objective	Towns prioritized in Year 1	Settings prioritized in Year 1 (if applicable)	Persons Responsible [indicate lead responsibility with “(lead)” after name]
3.1. Increase effectiveness of local underage drinking law enforcement policies and practices.	January 2008	Rumford, Bethel	School	Joan Churchill, Community Concepts (lead) Staff, RVHCC
<p>Starting in February 2008, encourage and support two of 4 public school districts to adopt OSA recommended Model School Policies on Alcohol and Drug Use (Mountain Valley School District serving greater Rumford area and Bethel’s Telstar School District), by end of first contract year. (OSA is expecting to be completing the Model Policies by year end 2006).</p> <p>Process Steps:</p> <ol style="list-style-type: none"> a. Lay the groundwork – Meet with Superintendents of SAD 43 and 44 b. Conduct situation Analysis – Identify existing policies c. Develop an Action Plan – School Board approval by June 2008 d. Implement Plan for Change – Policy in place by September 2008 e. Monitor and Evaluation – Number of infractions <p>Implement “Parents Who Host Lose the Most” social marketing campaign re: alcohol laws per developer’s recommendations during May and June 2008. This will be a joint effort with the region, by end of first contract year. http://www.maine.gov/dhhs/osa/prevention/adult/parenthost.htm.</p> <p>Process Steps:</p> <ol style="list-style-type: none"> a. Lay the groundwork – Review campaign b. Conduct Situation Analysis – Review law pertaining to hosting underage drinking events c. Develop an Action Plan – Collaborate with Regional HMPs to initiate campaign d. Implement Plan for Change – Coordinate with Regional HMPs to promote this campaign regionally e. Monitor and Evaluation – Compare to past infractions <p>Continue to support Oxford County policing agencies via Oxford County Substance Abuse Task Force (OCSATF), by following up public underage drinking related arrest news articles with editorials, letters to the editor and features regarding consequences, facts and deterring underage drinking; serving as liaison between policing community and prevention, treatment and legislative efforts, by end of first contract year.</p> <p>Process Steps:</p> <ol style="list-style-type: none"> a. Lay the groundwork – Meet with Oxford County Sheriff’s Department b. Conduct Situation Analysis – Current statistics regarding underage drinking arrests c. Develop Action Plan – Identify Coalition members who could write letters, etc. d. Implement plan for change – Coordinate with Regional Partners e. Monitor and Evaluation – Compare statistics 				

Objective	Month work will start on this objective	Towns prioritized in Year 1	Settings prioritized in Year 1 (if applicable)	Persons Responsible [indicate lead responsibility with “(lead)” after name]
Increase effectiveness of local underage drinking law enforcement policies and practices.	January 2008	Rumford, Bethel	School	Joan Churchill, Community Concepts (lead) Staff, RVHCC
<p>Lead Oxford County Substance Abuse Task Force in order to achieve the following goals: (a) support Oxford County policing efforts in regard to underage drinking law enforcement; (2) advocating for enhanced underage drinking laws at the state level; (3) continue to implement Oxford County’s 5 year Substance Abuse Prevention Strategic Plan, by end of first contract year.</p> <p>Process Steps:</p> <ol style="list-style-type: none"> a. Lay the groundwork - Completed during OSA/SIG contract planning phase through 6/30/07 b. Conduct Situation Analysis - Completed during OSA/SIG contract planning phase through 6/30/07 c. Develop an Action Plan - Completed during OSA/SIG contract planning phase through 6/30/07 (see above and formal in-depth plan to be completed by 6/30/07) d. Implement Plan for Change - Implement 4 objectives above in partnership with Community Concepts and other regional partners e. Monitor and Evaluation - Evaluate and monitor per objectives in Oxford County Strategic plan - # of objectives completed, MYDAUS and other outcome surveys 				
Objective	Month work will start on this objective	Towns prioritized in Year 1	Settings prioritized in Year 1 (if applicable)	Persons Responsible [indicate lead responsibility with “(lead)” after name]
Increase recommended parental monitoring practices for underage drinking.	October 2007	Rumford area Bethel area Fryeburg area	Schools Homes	Staff, RVHCC (lead) Joan Churchill, Community Concepts (mentor) School Health Coordinators
<ol style="list-style-type: none"> 1. Implement OSA social marketing campaigns targeting parents in the community including “Find out More/Do More” parenting monitoring and upcoming parental modeling campaigns according to evidence based recommendations and/or OSA recommendations, targeting “step up” days 				

at area schools transitioning students from elementary school to middle school, and middle school to high school. Conduct the presentation at 3 “step up day” parenting events in the CCHC local service area, by end of contract year.

2. Develop strategies to get the Find Out More/Do More campaign materials and other evidence-based video and written content linked clearly to local school and other community websites so the information is accessible when parents want it, by end of first contract year.

http://www.maineparents.net/useful_info_for_parents.html.

Process Steps:

- (1) Lay the groundwork – Review campaigns, meet with school health coordinators
- (2) Conduct Situation Analysis – Review school schedules
- (3) Develop an Action Plan – Plan presentations to coincide with school “Step up Days”
- (4) Implement Plan for Change – Presentations completed by June 2008
- (5) Monitor and Evaluation – Number of youth and parents at events, number of materials distributed

Objective	Month work will start on this objective	Towns prioritized in Year 1	Settings prioritized in Year 1 (if applicable)	Persons Responsible [indicate lead responsibility with “(lead)” after name]
Increase effectiveness of retailer’s policies and practices that restrict access to alcohol by underage youth.	September 2007	Dixfield Mexico	Convenience Stores	Staff, RVHCC, Lead

Conduct 2 retail education programs using OSA upcoming model CardME Retailer education program. Educate retailers on the issue of underage drinking and identify possible methods of retailer training including utilizing certified trainer programs to supplement our educational materials. OSA’s CARDME is designed for the managers and owners of the stores. Instead of educating positions with high turnover rates, such as sales clerks, the programs works with managers and store owners on setting norms around selling alcohol in their stores, by end of first contract year.

Process Steps:

1. Lay the groundwork – Obtain and review CardMe Retailer education program. See if it fits in with No Buts.
2. Conduct Situation Analysis – Assess stores for interest (Lovell Store caught in compliance check)
3. Develop an Action Plan – Recruit and train program providers
4. Implement Plan for Change – Work with at least 2 stores in LSA.
5. Monitor and Evaluation – Evaluate success of program; future compliance checks

Objective	Month work will start on this objective	Towns prioritized in Year 1	Settings prioritized in Year 1 (if applicable)	Persons Responsible [indicate lead responsibility with “(lead)” after name]
Reduce the appeal of high		Rumford Area		Staff, RVHCC (lead)

risk drinking by increasing the knowledge of health risks.	October	Bethel Area Fryeburg Area	Schools	Joan Churchill, Community Concepts (mentor) School Health Coordinators
<p>(There are no colleges in Oxford County although there are 2 sub-sites of the University of Maine system, located in South Paris and Rumford, traditionally utilized by non-traditional students. We are not proposing a college-based intervention for this reason.)</p> <ol style="list-style-type: none"> To impact public school aged minors, conduct social marketing campaigns utilizing the OSA-developed materials including “Find Out More/Do More“ at 3 “step up day forums”, Parents Who Host the Most Lose the Most” in May and June, and piggy-backing on underage drinking/high risk drinking news events to educate parents, minors and the general public on the health risks of high risk drinking. This objective ties in with objectives stated in other goals. For public school age minors, utilize the Oxford County Substance Abuse Prevention Task Force to forward planning and implementation strategies for 2nd year programming that provide evidence based prevention education with in school minors to enhance their knowledge of the risks involved with high risk drinking. In this regard, forward community-level goals to have evidence based Project Success and a substance abuse counselor in all high schools during the term of the strategic plan. Plan to implement evidence based social marketing campaigns re: high risk drinking, plan to implement future OSA-sponsored DEEP-inspired curricula by end of first contract year. 				
Objective	Month work will start on this objective	Towns prioritized in Year 1	Settings prioritized in Year 1 (if applicable)	Persons Responsible [indicate lead responsibility with “(lead)” after name]
Decrease promotions and pricing that encourage high risk drinking among young adults.		Dixfield Mexico	Convenience Stores	Staff, RVHCC (Lead) Joan Churchill, Community Concepts (mentor)
<p>Conduct retail education campaign to a minimum of 2 retailers to encourage retailers to target advertising towards adults using OSA recommended evidence based methods and the Youth Empowerment and Policy Project recommendations “Alcohol Retailers Local Code of Conduct” by end of first contract year. http://www.neias.org/YEP/Download.html</p> <p>Process Steps:</p> <ol style="list-style-type: none"> Lay the groundwork – Meet with YEPP and YAP groups Conduct Situation Analysis – Conduct Storefront Surveys Develop an Action Plan – Release results of survey to media Implement Plan for Change – Youth meet with retailers Monitor and Evaluate – Number of stores with limited amount of advertising, conduct surveys in following years 				
Objective	Month work will start on this objective	Towns prioritized in Year 1	Settings prioritized in Year 1 (if applicable)	Persons Responsible [indicate lead responsibility with “(lead)” after name]
Increase effectiveness of	September 2007	Oxford Hills, Buckfield		Healthy Oxford Hills

local underage drinking law enforcement policies and practices.	(obj's 3 & 4) 2/2008 #1 5/2008 #2	And Porter/Hiram area Many of these are Regional/county-wide	N/a	Substance Abuse Coordinator- Lead Community Concepts
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- (1) Starting in February 2008, encourage and support 2 public school districts to adopt OSA recommended Model School Policies on Alcohol and Drug Use (Oxford Hills Comprehensive High School, Buckfield High), by end of first contract year. (OSA is expecting to be completing the Model Policies by year end 2006).
- (2) Implement "Parents Who Host Lose the Most" social marketing campaign re: alcohol laws per developer's recommendations during May and June 2008. This will be a joint effort with the region, by end of first contract year.
<http://www.maine.gov/dhhs/osa/prevention/adult/parenthost.htm>.
- (3) Continue to support Oxford County policing agencies via Oxford County Substance Abuse Task Force (OCSATF), by following up public underage drinking related arrest news articles with editorials, letters to the editor and features regarding consequences, facts and deterring underage drinking; serving as liaison between policing community and prevention, treatment and legislative efforts, by end of first contract year.
- (4) Lead Oxford County Substance Abuse Task Force in order to achieve the following goals: (a) support Oxford County policing efforts in regard to underage drinking law enforcement; (2) advocating for enhanced underage drinking laws at the state level; (3) continue to implement Oxford County's 5 year Substance Abuse Prevention Strategic Plan, by end of first contract year.

Process Steps	Person Responsible	Planned Complete Date	Description of How Steps will be Accomplished
1. Lay the groundwork	HOH, CCI	Completed	Completed during OSA/SIG contract planning phase through 6/30/07
2. Conduct Situation Analysis	HOH, CCI	Completed	Completed during OSA/SIG contract planning phase through 6/30/07
3. Develop an Action Plan	HOH, CCI	Completed	Completed during OSA/SIG contract planning phase through 6/30/07 (see above and formal in-depth plan to be completed by 6/30/07)
4. Implement Plan for Change	HOH *2, 3, 4 CCI #1	August 2008	Implement 4 strategies/approaches above in partnership with Community Concepts and other regional partners
5. Monitor and Evaluation	HOH	August 2008	Evaluate and monitor as identified in Oxford County Strategic plan - # of objectives completed, MYDAUS and other outcome surveys

Objective	Month start on this objective	Towns prioritized in Year 1	Settings prioritized in Year 1 (if applicable)	Persons Responsible [indicate lead responsibility with "(lead)" after name]
Increase recommended	November 07	Oxford Hills Area	N/a	Healthy Oxford Hills Substance Abuse Coordinator- Lead

parental monitoring practices for underage drinking.		And Buckfield area		Community Concepts
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1. Implement OSA social marketing campaigns targeting parents in the community including “Find out More/Do More” parenting monitoring and upcoming parental modeling campaigns according to evidence based recommendations and/or OSA recommendations, targeting “step up” days at area schools transitioning students from elementary school to middle school, and middle school to high school. Conduct the presentation at 4 “step up day” parenting events targeting Oxford Hills area by end of contract year.
2. Develop strategies to get the Find Out More/Do More campaign materials and other evidence-based video and written content linked clearly to local school and other community websites so the information is accessible when parents want it, by end of first contract year.
http://www.maineparents.net/useful_info_for_parents.html.
3. Conduct 2 workplace education programs using OSA developed “Substance Abuse and the Workplace” campaign to improve business’ ability to deal with substance abuse and to enable parents to be educated about underage drinking. Continue the efforts completed in June 2007 and target 2 business that attended the presentations to educate the businesses on workplace substance abuse issues and about the issues related to underage drinking from both a minor’s perspective and a parent’s perspective, by end of first contract year. Materials used will be OSA Workplace and Underage drinking materials. <http://www.maine.gov/dhhs/osa/prevention/workplace/index.htm>.

Process Steps	Person Responsible	Planned Complete Date	Description of How Steps will be Accomplished
1. Lay the groundwork	HOH, CCI	Completed	Completed during OSA/SIG contract planning phase through 6/30/07
2. Conduct Situation Analysis	HOH, CCI	Completed	Completed during OSA/SIG contract planning phase through 6/30/07
3. Develop an Action Plan	HOH, CCI	Completed	Completed during OSA/SIG contract planning phase through 6/30/07 (see above and formal in-depth plan to be completed by 6/30/07)
4. Implement Plan for Change	HOH *2,3 CCI #1,2	August 2008	Implement 3 strategies/approaches above in partnership with Community Concepts and other regional partners
5. Monitor and Evaluation	HOH	August 2008	Evaluate and monitor objectives in Oxford County Strategic plan - # of objectives completed, MYDAUS and other outcome surveys

Objective	Month work will start on this objective	Towns prioritized in Year 1	Settings prioritized in Year 1 (if applicable)	Persons Responsible [indicate lead responsibility with “(lead)” after name]
Increase effectiveness of retailer’s policies and practices that restrict access to alcohol by underage youth.	January 2008	Norway , South Paris	N/a	Healthy Oxford Hills Substance Abuse Coordinator- Lead Community Concepts

Brief description of your approach to carrying out the process steps and examples of strategies you plan to use to achieve this objective (for any strategies that are integrated/coordinated across your CDC/HMP and OSA SPF-SIG workplans, note cross-references):

Conduct 2 retail education programs using OSA upcoming model CardME Retailer education program. Educate retailers on the issue of underage drinking and identify possible methods of retailer training including utilizing certified trainer programs to supplement our educational materials. OSA’s CARDME is designed for the managers and owners of the stores. Instead of educating positions with high turnover rates, such as sales clerks, the programs works with managers and store owners on setting norms around selling alcohol in their stores, by end of first contract year.

Process Steps	Person Responsible	Planned Complete Date	Description of How Steps will be Accomplished
1. Lay the groundwork	HOH, CCI	Completed	Completed during OSA/SIG contract planning phase through 6/30/07
2. Conduct Situation Analysis	HOH, CCI	Completed	Completed during OSA/SIG contract planning phase through 6/30/07
3. Develop an Action Plan	HOH, CCI	Completed	Completed during OSA/SIG contract planning phase through 6/30/07 (see above and formal in-depth plan to be completed by 6/30/07)
4. Implement Plan for Change	HOH	August 2008	Implement strategy/approach above in partnership with Community Concepts and other regional partners
5. Monitor and Evaluation	HOH	August 2008	Evaluate and monitor objective in Oxford County Strategic identified in strategic plan - # of objectives completed, MYDAUS and other outcome surveys

Objective	Month work will start on this objective	Towns prioritized in Year 1	Settings prioritized in Year 1 (if applicable)	Persons Responsible [indicate lead responsibility with “(lead)” after name]
Reduce the appeal of high risk drinking by increasing the knowledge of health risks.	November 2007	Norway, South Paris	N/a	Healthy Oxford Hills Substance Abuse Coordinator- Lead Community Concepts

1. For out of school minors and parents of minors, conduct 2 workplace education programs using OSA developed Substance Abuse and the Workplace campaign to improve business’ ability to deal with substance abuse and to enable working minors and parents to be educated about underage drinking and high risk drinking. Continue the efforts completed in June 2007 and target 2 business that attended the presentations to educate the businesses on workplace substance abuse issues and about the issues related to high risk drinking from both a minor’s perspective and a parent’s perspective. Materials used will be OSA Workplace and Underage drinking materials by end of first contract year. <http://www.maine.gov/dhhs/osa/prevention/workplace/index.htm>, <http://www.maine.gov/dhhs/osa/prevention/community/spfsig/documents/learningcommunity07/background%20story.doc>.

(There are no colleges in Oxford County although there are 2 sub-sites of the University of Maine system, located in South Paris and Rumford, traditionally utilized by non-traditional students. We are not proposing a college-based intervention for this reason.)

2. To impact public school aged minors, conduct social marketing campaigns utilizing the OSA-developed materials including “Find Out More/Do More“, Parents Who Host the Most Lose the Most” throughout the year, and piggy-backing on underage drinking/high risk drinking news events to educate parents, minors and the general public on the health risks of high risk drinking. This objective ties in with objectives stated in other goals.

3. Plan to implement evidence based social marketing campaigns re: high risk drinking, plan to implement future OSA-sponsored DEEP-inspired curricula by end of first contract year.

Process Steps	Person Responsible	Planned Complete Date	Description of How Steps will be Accomplished
1. Lay the groundwork	HOH, CCI	Completed	Completed during OSA/SIG contract planning phase through 6/30/07
2. Conduct Situation Analysis	HOH, CCI	Completed	Completed during OSA/SIG contract planning phase through 6/30/07
3. Develop an Action Plan	HOH, CCI	Completed	Completed during OSA/SIG contract planning phase through 6/30/07 (see above and formal in-depth plan to be completed by 6/30/07)
4. Implement Plan for Change	HOH *1,2 CCI #2,3	August 2008	Implement 3 strategies/approaches above in partnership with Community Concepts and other regional partners
5. Monitor and Evaluation	HOH	August 2008	Evaluate and monitor per objectives in Oxford County Strategic plan - # of objectives completed, MYDAUS and other outcome surveys

Objective	Month work will start on this objective	Towns prioritized in Year 1	Settings prioritized in Year 1 (if applicable)	Persons Responsible [indicate lead responsibility with “(lead)” after name]
Decrease promotions and pricing that encourage high risk drinking among young adults.	January 2008	Norway , South Paris		Healthy Oxford Hills Substance Abuse Coordinator- Lead Community Concepts

Conduct retail education campaign to a minimum of 2 retailers to encourage retailers to target advertising towards adults using OSA recommended evidence based methods and the Youth Empowerment and Policy Project recommendations “Alcohol Retailers Local Code of Conduct” by end of first contract year. <http://www.neias.org/YEP/Download.html> The local Youth Advocacy Project (YAP) will be invited to participate to their level of interest with adult goal of having youth participate in meetings with retailers and do walk-around in establishment.

Process Steps	Person Responsible	Planned Complete Date	Description of How Steps will be Accomplished
1. Lay the groundwork	HOH, CCI	Completed	Completed during OSA/SIG contract planning phase through 6/30/07
2. Conduct Situation Analysis	HOH, CCI	Completed	Completed during OSA/SIG contract planning phase through 6/30/07
3. Develop an Action Plan	HOH, CCI	Completed	Completed during OSA/SIG contract planning phase through 6/30/07 (see above and formal in-depth plan to be completed by 6/30/07)
4. Implement Plan for Change	HOH	August 2008	Implement strategy/approach above in partnership with Community Concepts and other regional partners
5. Monitor and Evaluation	HOH	August 2008	Evaluate and monitor as identified in Oxford County Strategic plan - # of objectives completed, MYDAUS and other outcome surveys

Objective	Month work will start on this objective	Towns prioritized in Year 1	Settings prioritized in Year 1 (if applicable)	Persons Responsible [indicate lead responsibility with “(lead)” after name]
Decrease promotions and pricing that encourage high risk drinking among young adults.	January 2008	Norway , South Paris		Healthy Oxford Hills Substance Abuse Coordinator- Lead Community Concepts

Conduct retail education campaign to a minimum of 2 retailers to encourage retailers to target advertising towards adults using OSA recommended evidence based methods and the Youth Empowerment and Policy Project recommendations “Alcohol Retailers Local Code of Conduct” by end of first contract year. <http://www.neias.org/YEP/Download.html> The local Youth Advocacy Project (YAP) will be invited to participate to their level of interest with adult goal of having youth participate in meetings with retailers and do walk-around in establishment.

Process Steps	Person Responsible	Planned Complete Date	Description of How Steps will be Accomplished
6. Lay the groundwork	HOH, CCI	Completed	Completed during OSA/SIG contract planning phase through 6/30/07
7. Conduct Situation Analysis	HOH, CCI	Completed	Completed during OSA/SIG contract planning phase through 6/30/07
8. Develop an Action Plan	HOH, CCI	Completed	Completed during OSA/SIG contract planning phase through 6/30/07 (see above and formal in-depth plan to be completed by 6/30/07)
9. Implement Plan for Change	HOH	August 2008	Implement strategy/approach above in partnership with Community Concepts and other regional partners
10. Monitor and Evaluation	HOH	August 2008	Evaluate and monitor as identified in Oxford County Strategic plan - # of objectives completed, MYDAUS and other outcome surveys

YEARS 2 – 5: UNDERAGE DRINKING AND HIGH RISK DRINKING:

We plan to implement the above underage drinking and high risk drinking environmental strategies contingent on (a) continued funding and (b) positive outcomes. We are not reaching all the county in the first year and will target additional school districts, towns, retail stores, etc. in subsequent years, depending upon need, interest and ability. In addition, we expect to focus on:

1. **Social Access:** Mobilizing community around the Saco river basin (Fryeburg area) to address the partying by vacationers – changing community norms. No timelines because unfunded at this time.
2. **Retail Access:** Supporting police with ID checks at retail establishments to continue to send the message to retailers that they will receive sanctions if they do not consistently card.
3. **Business community –** sense from recent opportunities for Chamber members and other businesses to participate in Substance Abuse in the Workplace training, that the general business community is in a “pre-contemplative” stage of change with regard to employee substance use/abuse. We will work on moving the business community towards contemplative/preparation/action stages.

OTHER SUBSTANCE ABUSE ISSUES OXFORD COUNTY WANTS TO ADDRESS

Underage drinking, high risk drinking by all age groups, marijuana, non-prescribed prescription drug use among all age groups, and inhalant/poison use among young teens are the greatest substance abuse issues identified in our status report during early 2007. Although there is currently no targeted funding for the remainder of our plan, there is a willingness and interest in forwarding the following initiatives. We welcome additional minds and spirit as we collaborate and focus to forward our vision and mission.

The following identifies the strategies Oxford County hopes to implement to move towards our vision: a county where it is hard to abuse substances. The three partners do not have funds for these initiatives as of this writing. However, we have identified creative ways of moving forward with many of the issues, while keeping a strategic eye out for financial opportunities. This part of the plan does not contain timeframes (other than goals to develop and begin implementation by the end of year 05) because we have no funding and cannot predict what funding streams may be available due to the National and State budget conditions.

Underage drinking: 29% of 6th – 12th grade public school students said they used alcohol in a past 30 day period, and 14% admitted to binge drinking in the past 2 weeks. Police, counselors, preventionists, social service providers and community members were clear in their recognition that cultural influences play a significant role in this issue. Perhaps no different from any U.S. community, there is a broad sense that many residents share a fatalistic view that underage drinking is inevitable. This is not surprising in our advertising-saturated society where alcohol is presented as a normal part of any joyful occasion. At the same time Oxford County people firmly believe the young are our best hope, and that parents and schools have the potential to shift the current cultural mindset – similar to how “drinking and driving” has lost its social acceptability over the past 25 years.

Those particularly interested in the issue of underage drinking – the many police officers, substance abuse counselors and other professionals believe strengthening the environmental factors are a good first step in preventing underage drinking. Therefore the first year strategies above are a firm part of this plan. Those that are most interested in the issues of substance abuse, especially underage drinking and high risk drinking – those that are on our steering committee – are clear that environmental strategies are only a first step. They see not only early prevention but also early intervention as keys to successfully intervening in underage drinking and high risk drinking.

It appears that in Oxford County, many more minors obtain alcohol via “social access” rather than from direct retail access. Police are ardent in their belief that enforcement is only a first step. Strict enforcement of provision to minors and underage drinking laws, parental monitoring, and enhanced understanding of the risks associated with underage drinking together have enormous potential to deter people age 21 and over from providing alcohol to minors, and to keep young people from drinking alcohol. Education – and the methods of providing education – is our primary goal and will be our primary challenge. We believe that having underage people understand the risks is so critical that we believe school curricula must contain enhanced substance use risk information, and that parents, schools and the general community must continually send the same message. We firmly believe that most young people, when continually provided factual information on the risks of alcohol use, will make good choices.

The trick and art is to create forums to get this information continually into the ears and minds of young people, their parents, and general community members, in the context of a society where the alcohol industry has relatively infinite marketing dollars to promote alcohol.

Although we firmly agree with public health/environmental strategies, we further recognize that environmental strategies itself is not comprehensive substance abuse prevention. Comprehensive, pragmatic prevention education targeted to young people and early intervention services targeted to young people in high risk categories are also required, if we are to truly reduce the incidence of substance abuse.

In addition to the 10 objectives above, which we intend to continue if/when their effectiveness is intuited and/or evidenced and funds are available.

Strategies:

1. Explore evidence based alternatives and enhancements to the current civil fine system when a minor is cited for alcohol related violations. There is great enthusiasm for an outcome based program that motivates parents to be part of the civil adjudication process – requiring parental attendance at an education session, etc. The committee will ask our Androscoggin partners to present at an upcoming meeting, conduct a literature search, contact the juvenile probation officer, DA, judges and others that would be involved in the project, and research funding opportunities. The group believes there is potential for a learning moment when a minor is cited for an alcohol violation and that the community must have a better response than now.
2. Expand Project Success and/or other similar evidence based primary prevention/early intervention programs into all 7 public high schools in Oxford County. The great strength of Project Success is that it combines primary prevention education of the risks of alcohol and other drug use with ongoing screening, assessment and support for all students at a high

school. It offers the possibility of continual messaging. It provides students with class based, individual and group opportunities to learn about risk of alcohol use and mitigate current use or issues that may compel use. This program has been successfully used at the Oxford Hills Comprehensive High School (OHCHS) for 4 years. Community Concepts firmly believes it is one reason that this school district's alcohol use rates are significantly below the State and county average. (Not every component of Project Success has been fully implemented all 4 years, due to budget constraints; the notable absence has been in marketing/advertising/in-school community relations; this could only add to its success.) Capacity needs: Evidenced based research/models review to understand implementation; mobilize local judges, juvenile corrections officers, district attorney, and our Task Force to gain collective understanding. Systems structure to be built and financing arranged.

3. Expand Project Success and/or other similar evidence based primary prevention/early intervention programs into all 7 public high schools in Oxford County. The great strength of Project Success is that it combines primary prevention education of the risks of alcohol and other drug use with ongoing screening, assessment and support for all students at a high school. It offers the possibility of continual messaging. It provides students with class based, individual and group opportunities to learn about risk of alcohol use and mitigate current use or issues that may compel use. This program has been successfully used at the Oxford Hills Comprehensive High School (OHCHS) for 4+ years. Community Concepts firmly believes it is one reason that this school district's alcohol use rates are significantly below the State and county average. (Not every component of Project Success has been fully implemented, due to budget constraints; the notable absence has been in marketing/advertising/in-school community relations; this could only add to its success.) Capacity building: It would be great for research funds to correlate MYDAUS data statewide with implementation of such programs; otherwise, continued relationship building with school district leaders and prevention funding to expand.

3. Expand an evidence based program similar to Project Success and/or tailor Project Success to the developmental stage of middle school youth and provide such a program at every public middle school in Oxford County. The goal is to offer continual prevention education, screening, assessment and support so students have a clear, continual, factual understanding of substance use risks, and assistance in mitigating current use or issues that may compel use. Capacity building: Continued relationship building with school district leaders and prevention funding to expand services.

4. Align with Project Aware, a Maine nonprofit with a key staff person residing in Oxford Hills, to tap this geographic opportunity and their wealth of knowledge and expertise in prescription drug abuse prevention using education, art and drama as an environmental strategy. Find and develop funding streams to offset the costs of developing and implementing creative partnerships with youth and artists (using Project Aware as a model) for providing young people in grades 7-12 with developmentally appropriate expressive methods (art, music, drama, other) regarding the risks of alcohol and other drug use. Young people tell us they need constant reminders and this is an additional way of transferring alcohol risk information to young people. Oxford County has many creative artists and students who are interested in forwarding this method. Capacity building: As mentioned, locate funding, and support Project Aware in programming in Oxford County.

5. Approach all 7 public school districts with the goal of enhancing public school curricula grades K-12 regarding the risks of underage drinking. We want to ensure that schools have developmentally appropriate substance abuse education information available to its students in engaging formats. Education has been incredibly powerful in reducing the incidence of teen smoking and many drugs,

including alcohol. We need to ensure alcohol education includes the risks of early addiction, unintended pregnancy, accidental death, car crashes, etc. Kids need to know the risks when they are very young, to inoculate them so they may make educated choices. The HMP network gives us an avenue with district curriculum directors and other administrators and school leaders. Our goal is to review the status of current curricula and make recommendations for enhancements. Capacity building: Continue developing relationship with strategic school leaders to “get in the door” and on the curriculum committee for health.

6. Expand free, confidential substance abuse counseling services to all Oxford County public middle and high schools. SAD #17’s ability to house a Project Success educator, social worker and substance abuse counselor may be strong inputs leading to this school district’s lesser rates of alcohol and other drug use, compared to county and State averages. Community Concepts firmly believes this to be true, as Mountain Valley High School’s alcohol use rates (as measured in the MYDAUS surveys), which has also had a substance abuse counselor for over 5 years, are less than the state and county average (but more than SAD #17). Brief counseling has been proven effective in reducing and stopping use in many national studies. Free and confidential counseling allows many students with “affected other” issues (most often parents) to develop coping skills so they will not resort to using due to family stress. These students are at the highest risk of becoming substance users and counseling can be extremely effective in deterring and delaying use. Capacity building: Relationship with school leaders and critical funding for counselors – distance between small schools is a factor but can be overcome.

7. Expand a comprehensive focus on deterring “pit parties” the notorious Bain of community police departments. Police state that although additional funds for details would not be refused, capturing fleeing adolescents will always be a somewhat impossible task. Taking the long view, police believe education of the risks associated with high risk drinking has a better chance of reducing the number of minors attending these events. Education, parental monitoring, and organized events/parental sponsored events so youth do not have opportunity to attend “pit” parties, coupled with consistent enforcement are the 4 legs of the pit party stool. Capacity building: model guidelines might be helpful in helping organizations focus on this most effectively.

8. Expand Oxford County’s substance abuse preventionists with a series of “train the trainer” sessions so that many more helping professionals and volunteers feel comfortable about presenting about effective prevention strategies, and have access to many of the educational materials. Create many “prevention champions/ambassadors” who can help to spread effective prevention messages. Currently there are 3 or 4 of us and we need to expand this number so that impromptu presentations can occur in myriad of forums from school Board meetings to classrooms to Kiwanis meetings, etc. etc. Make available the PowerPoint’s and electronic materials in our mutual possessions to interested parties. Extend invitations to Community Coalition of Western Maine, HMP’s and other potentially interested people. Offer future on-line prevention courses, etc. Capacity building: State could help by providing free training – web based? – that is affordable (free) so more and more strategic leaders can access body of knowledge; we can cultivate prevention champions to be trained;

9. Develop creative partnership with graphic/web designer and local access TV stations to help us get effective, evidence based prevention methods to young people and to their parents, using methods that are appealing to their demographic. We believe parents and students will make better choices if they have accurate, accessible information. We have the information but do not have great methods of making the information accessible. Capacity building: Funds to contract with graphic designer – State can do this most efficiently.

10. Substance abuse preventionists realize that supervised, healthy options can deter underage drinking, simply because young people do not have access. A plan would not be a true wish list if we did not support YWCA/YMCA, Boys and Girls Clubs, etc. as comprehensive components of a substance abuse prevention plan. We also recognize that Oxford County, larger than twice the size of Rhode Island, and financially modest and at this time without any willing “sugar daddies” is not a great candidate for such a large investment. We would provide prevention support to any entity able to create such a model. Capacity building: Paid preventionists in targeted organizations to provide time to this effort.

11. Tap into the strengths and energy of the Youth Empowerment and Policy Projects (YEPP) that are in Oxford County. Currently, two students from OHCHS have been integral in the marketing/advertising policies and DVD’s. We would continue to promote, assist and publicize their recommendations. Capacity building: Funding for preventionists to provide time to this effort.

High Risk Drinking Our survey identified that 28% of county adults aged 18 and over said they drank at a high risk level at least once during a 30 day period. That is almost 1/3 of the population. Similar to national statistics, the under 25 population have the highest rates, but older people are still drinking at high risk levels. High risk drinking carries the potential of grave consequences, and local police are firm in their belief that education of the young, rather than heightened policing, is the key to the eventual successful alteration of this phenomenon. Oxford County policing agencies have made a public commitment to enforcing underage drinking laws yet they recognize that an opportunity may be lost for current high risk drinkers that could be realized for current and future youth. Oxford County does not have a college so it is harder to find captive audiences of young adults. In addition to the continued focus on successful initiatives identified in our first year plan above (enforcement, parental monitoring, workplace education), we propose the following focuses.

Strategies:

1. Primary education in K-12, with information about low risk drinking when of legal age at the earliest grades evidence based practice suggests. Low risk drinking education is unfortunately more complex than the 2 per man/1 per woman daily suggestion. However, inoculating our youth with information as early as possible about low risk drinking/safe thresholds will help them compare the many mixed messages they will see and experience in family life and through mass culture. Can we create more adult low risk drinkers because more youth are exposed to another norm? As evidence builds, we will encourage schools and preventionists to include this information as part of comprehensive prevention education. Getting to high risk drinkers when they are young and hopefully inoculating them is our best, long term bet on impacting high risk drinking. Capacity building actions: Continue to develop relationships with school districts curriculum coordinators and other leaders; locate funding so preventionist can focus time on this opportunity.

2. Education to parents –We plan to set up a series of forums for parents using the OSA “5 tips for parents.” Our goal is to introduce this information to parents of teens entering middle school as well as public forums through local groups and organizations. We are laying the ground work for an agenda which involves the presentation of materials as well as small group discussions. We are laying the ground work for the presentation of these groups to the schools and community. Capacity building:

Piggyback on current strategies with anticipated OSA funds and develop additional resources so that there is adequate preventionist time in county to conduct this effort.

Marijuana

Many local substance abuse counselors suggest that marijuana is often the primary drug of choice for their Oxford County clientele. There is no doubt that marijuana use is an issue in Oxford County, with 14% of public school 6th – 12th graders said they used in past 30 days, as did 17% of 18-20 year olds and 8.3% of 21 – 24 year olds. Although the Maine Use Survey of adults shows 21 and older use as almost half of under 21 year olds, anecdotal counselor data and OSA TDS data show that for both youth and adults, marijuana use is the 2nd most abused substance after alcohol.

Antidotal information also points to a fair degree of marijuana cultivation in parts of rural Oxford County, with the River Valley area typically experiencing summertime raids on marijuana farmers. Marijuana is addictive and perhaps the conventional wisdom that it isn't is a factor in its relatively high use rate. It is recognized that marijuana is an illegal drug that has advocates for legalization for medical use. We heard many students and adults say that they chose to use marijuana instead of alcohol or other drugs because they believed it to be less addictive, benign. Police and counselors identify parental use as an issue, especially for youth picked up for alcohol or marijuana possession. Many parents discount marijuana as risky.

Police state the small civil penalties for marijuana possession add to the sense that it is a minor drug. Interested community members, such as the police, counselors and others helping providers want specific attention to marijuana risks as part of our comprehensive plan.

Strategies:

1. Educate students on the factual risks of marijuana use, using the K-12 curriculum, Project Success, and other school-based forums. Marijuana facts must be delivered in a respectful manner so that students will not feel patronized and must clearly recognize that students were making a conscious choice to do something less harmful for themselves (good thinking!) but marijuana is not a good choice. Capacity building needs: continue building relationships with district curriculum coordinators and locate funding to implement.
2. Educate helping professionals who are in contact with children and parents so that they know the current status of marijuana and addiction and its risks. Capacity building needs: Steering committee can develop curriculum to present to area coalitions, schools, etc. This can be accomplished by coordination and will not need further funds.
3. Include in parental messages regarding underage drinking about the risks of marijuana. Recognize that many parents think marijuana is a safer alternative to drinking and use this as a contemplative state for parents – they are at least thinking about risks! Capacity building needs: build this message into all parent messages; alcohol is not the only high risk drug.
4. Keep the messaging about marijuana risks in the public eye – marijuana addiction has ruined the potential of many individuals and families – it is not a good alternative to other addictive substances. Advocate policy, law and regulatory changes to reduce the incidence of marijuana non-medical use and

addiction. Capacity building actions: Continued commitment by partners and Steering Committee to this strategy in order to highlight the issue of marijuana use.

Non-Prescribed Prescription Drugs

This issue is statistically prevalent at number 3 but appears to be rapidly escalating, even since the 2006 MYDAUS survey. When the survey was completed in February 2006, 14% of 6th – 12th grade students said they ever used non-prescribed prescription drugs. Antidotal information indicates the trend is moving upward, with emergency room personnel, police, counselors, social workers and students telling of a rapidly escalating incidence rate. We heard about “pharm parties” of middle school students, young mothers and young men stealing, selling themselves, and lying to physicians to maintain their addiction and/or sell product.

Narcotics and opiates are very prevalent in Maine, and many well meaning medical doctors and others who are authorized to write prescriptions (dentists and dental specialists, others) do not appear to be regularly screening for addictive issues or comprehensively (or any at all) educating patients on the risks and benefits of addictive prescriptive drugs. The negative consequences of prescription drug abuse is greater for adolescents and young adults than for elders. Perhaps because they have less legal access, teens and young adults purchase more on the black market, steal medications and are subsequently in public view more than elder prescription drug abusers. Statistically, even though elders are far more likely to have a legally prescribed narcotic or other pain medication, they are less likely to create negative society-level consequences. The elderly are miss-managing their medications, and many become addicted to pain medications, but the societal consequences pale in comparison to the teens and middle age population.

The issue of prescription drug abuse was spoken of very passionately in focus groups. Some told us “that as highly addictive substances move their way into the psyches of many individuals a desperate “cleverness” emerges.” Crimes specific to the access of the drugs are prevalent in this addictive behavior. There is a substantial need to increase the awareness of the abuse of prescription drugs to prevent not only substance abuse but street crime and child abuse.

We heard many stories and personally experienced situations where physicians (not all in Oxford County) gave prescriptions to teenagers and adults for Vicodin for wisdom teeth extractions, without screening or education. The street price of some of these drugs are high and some individuals see selling pills as an income producer. Some told us the street price of Vicodin is approximately \$3 a pill, priced low enough to increase its black market availability among low income users. Police spoke of area physicians trying to put up barriers to dishonest and addicted patients by requiring a police report when a patient reports “stolen” meds. Police project that “80%” of the police reports are “bogus” and one officer reported to have called a physician to clearly inform him that the police report says “person reports” and there was no proof.

Counselors who work with students, notably middle school students this school year, are alarmed at what the students say about “pharm” parties where students throw pills they’ve stolen from home into a bowl and then grab pills. Whether students are boasting and exaggerating or not, we do not know; we know that veteran counselors are particularly concerned about this emerging issue. There are several issues we wish to address.

Strategies:

1. Supply. By definition, these various products are obtained by prescription. Anecdotally, we understand most are from physicians and other prescribers in a 50 or so mile radius; we have not heard of much sales via the Internet (as of this writing). We want to see a comprehensive education campaign to prescription writers (broader than MD's!!) and secondarily the broader health care field so that they can gain a full understanding of the extent of the issue in Maine, and what "best practices" have emerged for comprehensive evidence based prescribing and monitoring practices. Capacity building needs: Funds so a preventionist can focus on this issue; relationship building with hospital, local MD's and other prescription writers; contact with organization reputable to provide information and implementation funds.
2. Supply. Most students appear to be getting these medications from family members – parents, grandparents, etc. We need an extensive education campaign, based on Project Aware materials and other evidence based materials, to notify parents, grandparents and others to lock or monitor their medications and medicine cabinets. Capacity building needs: funds so preventionists can focus upon issue using evidence based practices.
2. Supply. Prescription drug manufacturer's need to be held more accountable for the ease of drugs on the black market. One initiative would be getting funds from the prescription drug manufacturers to provide evidence based prevention programming, and to support and advocate for laws and regulations at local, state and federal level to reduce their ease of access. Capacity building needs: funds so preventionists can focus upon issue using evidence based practices.
3. Reduce demand: Education – School based and community based education must be developed and implemented to educate people of all ages on the risks of using non-prescribed prescription drugs, including highlighting the negative consequences experienced in the local area, targeted to the age ranges of the community. The counseling community, police, emergency room folks, Maine's Project Alert experts, and others have never seen addiction occur as fast as with non-prescribed drugs. This is a significant issue and the public, and most especially youth and their family members, need to understand the risks so they can make an informed decision. Capacity building needs: funds so preventionists can focus upon issue using evidence based practices.

Inhalants

Inhalants was the 3rd most used substance by young people of public school age, after alcohol and marijuana. The incidence is higher in grades 7 – 9; this could be that use is reduced or that those students who are still using are no longer in school or were absent at the time of the survey. Higher incidence in middle school grades has been observed throughout the state and over years. Inhalants are a significant concern because of their toxicity and potential for brain damage and accidental death. Inhalants are poisons and many are very addictive. Prevention strategies focus on helping people realize them as poisons and their toxic nature. The young brain does not appear to pause and consider the potential harm in its quest for a quick high. Although environmental-based education is indeed a

necessary component of a comprehensive strategy to prevent inhalant use, one must also address why a youngster would want or need to utilize inhalants in the first place.

Strategies:

1. A new nationally promoted inhalant abuse training has been developed for helping adults to learn more about inhalant abuse and how to prevent it. We will promote this information in presentations to public sectors. Capacity building needs: funds so preventionists can focus upon issue using evidence based practices.
2. Many preventionists at RVHCC and HOH have additional training on inhalant use and will be able to present at targeted events. Capacity building needs: funds so preventionists can focus upon issue using evidence based practices.
3. We will help schools to incorporate inhalant prevention within school curricula using evidenced based materials. Capacity building needs: funds so preventionists can focus upon issue using evidence based practices.

Better functioning adults/Elders

Much of this strategic plan is geared to addressing substance abuse issues that have grave community or individual public consequences. Thus, strategies to prevent the negative consequences of intoxicated drivers, juvenile delinquency, and shattered lives of young Oxford County residents are prominent in this strategic plan. What about preventing substance abuse by “better functioning adults” and elders?

Strategies:

1. Education on the risks of late-onset alcohol and other drug use is critical. During various life stages and during critical events, people may be vulnerable to use and addiction, and education of the risks of alcohol, marijuana, prescription drugs is critical to making informed decisions. Capacity building needs: funds so preventionists can focus upon issue using evidence based practices.
2. Many people with addictions are able to function fairly in society and the fact of an addiction is unknown to all but the closest family members and friends. Reducing the stigma associated with reaching out by the addicted person or the affected others, and reducing barriers to accessing counseling (payment, travel, time) can help people address the issues and make healthier choices. Capacity building needs: funds so preventionists can focus upon issue using evidence based practices.
1. Elders are at particular risk of later onset substance abuse due to the extent of personal losses associated with aging, the attending isolation, the ease of accessing potentially addicted drugs from well-meaning physicians, and the social acceptance of elderly use (“they have nothing else to do/to make them happy”). Education, education to physicians re: elder addiction, reduction of stigma, and access to counseling are critical components of a comprehensive prevention strategy. Capacity building needs: funds so preventionists can focus upon issue using evidence based practices.

4. Elders are also at risk of having prescription drugs stolen by friends and family members and are becoming unwitting suppliers– an educational program targeted to grandparents and other elders to build awareness of keeping track of medications, disposing of them properly, hiding them if necessary. They, as well as every age group, needs to be conscious of their “value” to others who may already be addicted or wishing to experiment with prescription drugs. Capacity building needs: funds so preventionists can focus upon issue using evidence based practices.

References and resources (live links as of 6/25/07)

- The MYDAUS surveys can be accessed here: <http://www.maine.gov/maineosa/survey/report.php?mode=county>.
- Maine substance abuse related archival indicators. <http://www.maine.gov/dhhs/osa/data/archival/socind.htm>
- New Maine liquor laws: <http://www.maine.gov/dps/liqr/Docs/NewLiquorLaws050915.doc>
- Social Marketing handbook: The MYDAUS surveys can be accessed here: <http://www.maine.gov/maineosa/survey/report.php?mode=county>.
- Parents Who Host Lose the Most: <http://www.maine.gov/dhhs/osa/prevention/adult/parentinfo.doc>
- 5 Tips to Prevent Underage Drinking: <http://www.maineparents.net/pdfs/5tips.pdf>
- Should parents follow the European model? <http://www.maineparents.net/pdfs/european.pdf>
- Maine law for parents and teens <http://www.maineparents.net/pdfs/mainelaw.pdf#search=%22Maine%20laws%20furnishing%20liquor%20to%20minors%22>
- Maine liquor liability laws: <http://www.usm.maine.edu/alcohol/laws.htm>
- Maine Office of Substance Abuse On-line Library and requests: <http://osairc.informe.org/>
- Medical impact of alcohol use on teens. http://www.maineparents.net/medical_impact.html
- Inhalant use: What you should know. <http://www.inhalantabusetraining.org/>
- Find out more, Do more parent campaign. <http://www.maineparents.net/>
- Underage drinking in the U.S. :The facts. http://www.iaaonline.org/pdf/UnderageDrinkingintheUnitedStates_TheFacts.pdf
- Marijuana awareness kit. <http://www.mediacampaign.org/marijuana/actionkit.html>