

# Comprehensive Community Substance Abuse Prevention Plan

*A comprehensive plan to reduce substance abuse and promote healthy youth,  
young adults and individuals in the Mid Coast Communities  
of Brunswick, Harpswell and Sagadahoc County.*

*August 2007*



*For a lifetime of caring*



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# Comprehensive Community Substance Abuse Prevention Plan

## Table of Contents

**Executive Summary**..... Page

### **I. INTRODUCTION**

### **II. THE CROSS COMMUNITY PLANNING GROUP AND THE PLANNING PROCESS**

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

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

Work Cited Page.....

Exhibit A.....

Exhibit B.....

## **Executive Summary**

### **Comprehensive Community Substance Abuse Prevention Plan for Sagadahoc County and the Towns of Brunswick & Harpswell**

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 four 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 4,450 or 75.5% of Sagadahoc County, Brunswick and Harpswell 6-12th graders participated in a substance abuse survey called the Maine Youth Drug & Alcohol Use Survey (MYDAUS). Through the data analysis, we found:

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

- 25.6% of 8th graders drank alcohol in the past 30 days.
- 15.9% of 8th graders reported using an inhalant.
- 34.8% of 9<sup>th</sup> graders reported using alcohol within the past 30 days.
- 14.9% of the 9<sup>th</sup> graders reported binge drinking<sup>1</sup> within the past 2 weeks.
- 53.2% of the 12<sup>th</sup> graders reported using alcohol within the past 30 days.
- 32.1% of the 12<sup>th</sup> graders reported binge drinking within the past 2 weeks.
- 19.7% 9-12th graders reported taking a prescription prescribed to someone else.
- 66% 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.

In addition, because little is known about our young adult population age 18-25 years old, we designed and 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 Adult Learning Center, the Addiction Resource Center, area businesses and a wide variety of email contacts. We received 224 completed surveys.

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

- 63% reported participating in drinking within the last 30 days and, of those, 72% participated in binge drinking within the last 2 weeks. Our conclusion is that binge drinking in this age group is a significant problem.

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<sup>1</sup> Binge drinking is defined as drinking 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.

- 31% 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 three 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 reasons that substance abuse or misuse by our senior citizens goes undetected are varied, according to National Institute on Drug Abuse (NIDA) report that some 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 three 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 Cross Community Planning Group recommends the following components for the Comprehensive Community Substance Abuse Prevention Plan:

- 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). (Already started in September 2006).

### **Recommendations continued**

- 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).
- Increase effectiveness of retailers' policies and practices that restrict access to alcohol by underage youth, by facilitating meetings with Brunswick and Topsham 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 Brunswick schools and School Administration District 75 (SAD75) 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 Bowdoin College and University College at Bath/Brunswick to develop information for students, by developing a new strategy to get age-appropriate information to college-age students, 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 at two large group practices in Brunswick and with staff at Mid Coast Hospital.
- 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 Cross Community Planning Group 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 Sagadahoc County and the Towns of Brunswick & Harpswell**

### **I. INTRODUCTION**

Did you know that about fifty percent (50%) of the 12<sup>th</sup> graders in Sagadahoc County & Brunswick 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 6<sup>th</sup> graders in Sagadahoc County and Brunswick report having used alcohol in their lifetime?<sup>2</sup>

In October 2006, community leaders in Sagadahoc County and Brunswick 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. THE CROSS COMMUNITY PLANNING GROUP 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.

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<sup>2</sup> Data from the 2006 Maine Youth Drug and Alcohol Use Survey.

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 Substance Abuse Prevention coalition called the Cross Community Planning Group 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 Cross Community Planning Group**

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

Mid Coast Hospital has worked on substance abuse issues for many years, especially through the Addiction Resource Center. 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 February 28, 2006, the United Way Council and Mid Coast Hospital co-sponsored with Attorney General Steven Rowe a public forum entitled: "Underage Drinking in Our Community: Why Should You Care?"<sup>3</sup> There was an outpouring of interest in the subject, with over 160 Mid Coast parents and law enforcement, school and health professionals attending the forum at Mt Ararat High School in Topsham.

Over 50 people attended a follow up meeting in March 2006 where attendees were split into three working groups representing Topsham, Bath and Brunswick. Each group identified 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 Cross Community Planning Group.

This 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 strategic planning grant has added some additional collaborative partners including Bath Area Family YMCA and school, health and police officials from the Town of Richmond. We receive frequent requests from people wanting to be included in our effort and, as we continue to raise awareness, we expect that there will be additional interested community members.

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<sup>3</sup> This forum was the first of many forums around the state as the Attorney General and State Office of Substance Abuse reached out to communities to raise awareness and spur local action on these issues.



The advisory body and planning team for the Sagadahoc County, Brunswick and Harpswell SPF-SIG project is the ‘Cross Community Planning Group’. This team has regional representation covering all towns within Sagadahoc, Brunswick and Harpswell; 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, and the grantee Patricia Conner, LCPC, LADC, Director of EAP and Substance Abuse Prevention at Mid Coast Hospital 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 Leadership Team provided connections to local community input on the direction of the project and generated ideas on how to meet project deliverables. Members of the Team are:

**Cross Community Planning**

<b>Group Members</b>	<b>Affiliation</b>
Paula Benoit	Parent-State Senator-Business Owner
Christine Buchanan	Maine State Police
Chad Carleton	Sagadahoc Sheriff Department
Pat Conner	Mid Coast Hospital
Deb Fisk	Principal Richmond High School
Terry Goan	Brunswick Police Department
Mary Herman	Former Maine First Lady-Parent
Tom Kivler	Mid Coast Hospital
O'Neil Laplante	Richmond Police Department
Pam Lindvall	Richmond Health Center
Jane Meisenbach	Parent-School Board Topsham
Yvonne Mickles	Parent-United Way of Mid Coast Maine
Bill Moir	Brunswick Police Department
Lynn Pellitier	Parent
Ted Raedel	Bath Police Department
Robert Savary	Bath Police Department
Mimi Sorg	Parent-Social Worker SAD 75
Leilani Teel	Grandparent
Priscilla Vaughan	Parent-Teacher Brunswick Middle School
Barbie Ware	Parent-Community Policing Bath
Martha Witham	Superintendent, Richmond Schools

The Coalition began by developing vision and mission statements for our region.

**Vision Statement:**

To create an environment in the Mid Coast Communities where every person is supported by family, peers, and the community. Where every individual will receive all that he or she needs to become safe, healthy, substance free, educated and a contributing member of their community.

**Mission Statement:**

To engage people from every sector of Sagadahoc County, Brunswick and Harpswell to form a community alliance for healthy youth, individuals and families that focuses on strengthening the character and competencies of all our community members.

### Geographic Area Served

This plan was created to serve Sagadahoc County, population 35,214, Brunswick 21,172 and Harpswell 5,239 (Figure 1.0)

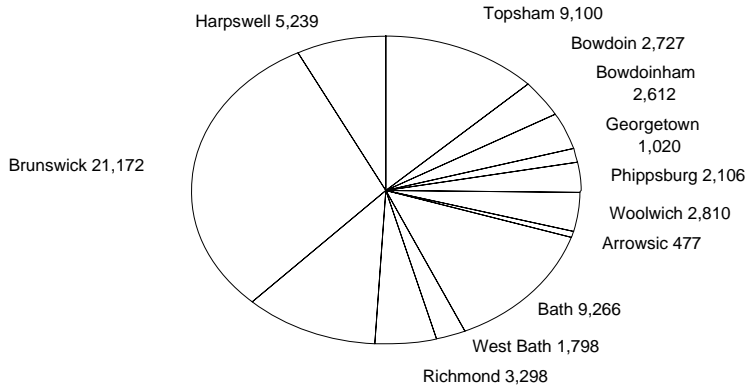


Figure 1.0 Population of Towns in Sagadahoc County and of Brunswick and Harpswell in Cumberland County (Source: US Census, 2000)

#### **Demographics of the Region:**

Sagadahoc County's population is 35,214, with 25% under age 18, and 12% over age 65. The median age is 38. (US Census, 2000). The population is 99% white. Sagadahoc County has 6.9% of its families living at the 100% poverty rate.

Brunswick's population is 21,172, with 26% under age 18 and 15% over age 65. In 2000 the median age was 35.5 years (US Census, 2000). The population is 99% white. The Town of Brunswick has 7% of its families living at the 100% poverty rate.

Harpswell's population is 5,239, with 19.6% under age 18 and 18.8% over age 65. Harpswell Island students attend School Administration District 75 (SAD75) located in Sagadahoc County and participated in SAD75 Maine Youth Drug and Alcohol Use Survey (MYDAUS).

### **Ongoing Effective Prevention Planning**

The Cross Community Planning Group 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.

Mid Coast Hospital with United Way staff have participated and provided leadership for the Cross Community Planning Group (CCPG) while simultaneously implementing the Essential Services grant. The Essential Services Grant (ESG) was received by Mid Coast Hospital in 2005. It has enabled the planning group to review best practices prevention strategies specific to the Mid Coast area. ESG is specifically directed toward alcohol and marijuana prevention, and proposes to serve 12-18 year olds and the parents of those youth.

The Cross Community Planning group 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 Cross Community Planning Group recommends an increase in the number of substance abuse education and prevention interventions throughout Sagadahoc County, Brunswick and Harpswell, 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 – Access Health established in 1995
2. Review surveys and other data to determine what risk and protective factors exist in the community – One ME 2003, Essential Services 2006
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**

The readiness assessment indicates that Sagadahoc County, Brunswick and Harpswell communities collectively are implementing strategies to reduce underage drinking and are at a planning stage for the other populations identified in this plan. The fact that communities perceive that there is a local problem and that something should be done about it has added momentum to our mission. There are identifiable leaders who are committed participants on the Cross Community Planning Group, which has been meeting monthly since April 2006. The group members continue to be committed to providing education about the dangers of substance abuse and engaging other members of the community to be active participants in the implementation of this strategic plan.

### **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. Here are descriptions of four programs currently offered in our region.

***All Stars*** - a 14-week facilitated program for adolescents ages 11-14. The goal of *All Stars* is to delay or prevent high risk behaviors. We have offered the *All Stars* program in a number of venues including the Bath Skateboard Park, the Riverview Foundation which is a martial arts program in Topsham, and the Bath Recreation Department through the ARTWORKS program. The *All Stars* program has been offered a total of 9 different times in the above-mentioned locations.

***Don't Toss Your Teen*** – a 6-week parenting program based on the Parent Effectiveness Curriculum of Thomas Gordon. This program was offered three times per year, once in each of the three communities. In the last two years this 6-week program has included over 175 parents. The feedback from participants was excellent.

***Parenting Wisely*** - this parenting program, available on CD or VHS, is a “take-home and complete” program. The program was offered to all parents who attended the *Don't Toss Your Teen* program and many parents did use the program. Material from the *Parenting Wisely* program was then incorporated into discussion during the *Don't Toss Your Teen* program. Presently reviewing venues where the program can be offered.

***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 three police departments Bath, Brunswick and Topsham as well as Sagadahoc County Sheriff have adopted a zero tolerance policy on enforcement of underage drinking.

*Communities Against Substance Abuse* – Funded by essential services grant from OSA. Implemented a number of strategies to limit access to alcohol by underage youth. Did some initial collaboration with small businesses who sell alcohol. Produced three half-hour videos on the danger of underage drinking and drug use which were shown repeatedly on seven (7) cable television stations.

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. 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 (Bath School District, School Administration District 75, Brunswick School District and Richmond School District) 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/>

		Sagadahoc County & Brunswick School Districts	Maine
		Percentage	Percentage
Prior 30-Day Use	ALCOHOL	31.2%	29.0%
	CIGARETTES	12.1%	13.8%
	MARIJUANA	14.9%	14.1%
Prior 2-Weeks	Binge Drinking	15.2%	14.6%
Ever Used	PRESCRIPTION DRUGS	12.3%	12.0%
	INHALANTS	12.0%	12.2%
	STIMULANTS	2.9%	3.3%

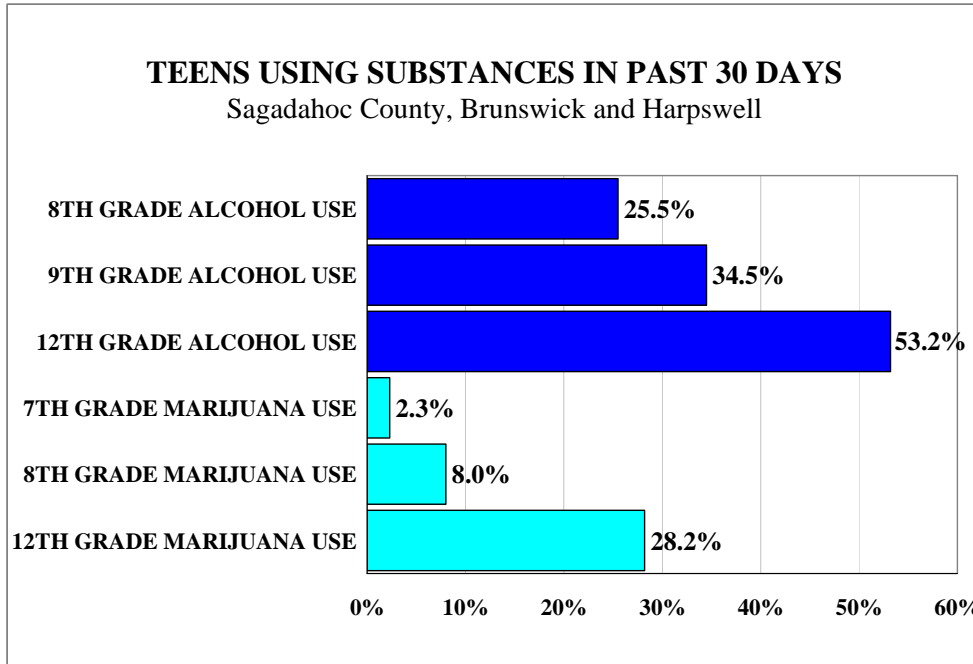
Figure 2: Summary of 2006 Maine Youth Alcohol and Drug Use Survey (MYDAUS) Sagadahoc County & Brunswick School Districts vs Maine, Grades 6 - 12

### Sagadahoc County, Brunswick and Harpswell Middle School Children

- 25.5% of 8th graders drank alcohol in the past 30 days.
- 2.1% of 7th graders had smoked marijuana in the past 30 days.
- 8.0% of 8th graders had smoked marijuana in the past 30 days.
- 15.8% of 8th graders reported using an inhalant.

**Sagadahoc County, Brunswick and Harpswell High School Students**

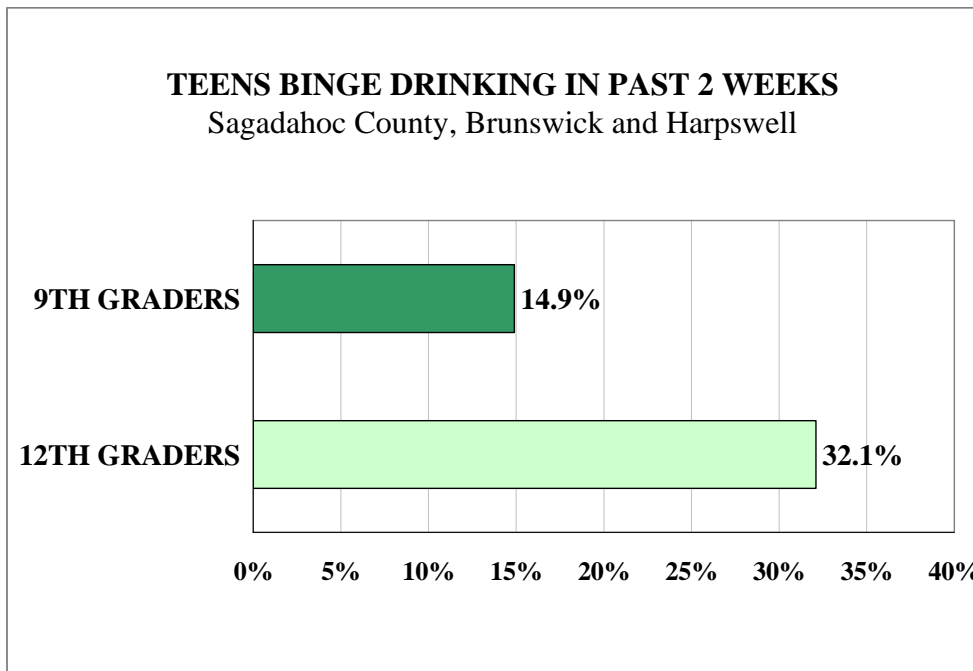
- 32.1% had 5 or more drinks of alcohol within a few hours in past 14 days.
- 53.2% of 12th graders drank alcohol in past 30 days.
- 34.5% of 9th graders reported drinking alcohol within the past 30 days.
- 28.2% of 12<sup>th</sup> graders had smoked marijuana in the past 30 days.
- 19.7% reported taking a prescription prescribed to someone else.



These local MYDAUS figures are consistent with those from the *National Household Study on Drug Abuse (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 (Mid Coast Hospital) serving Sagadahoc County and Brunswick reported 45 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.

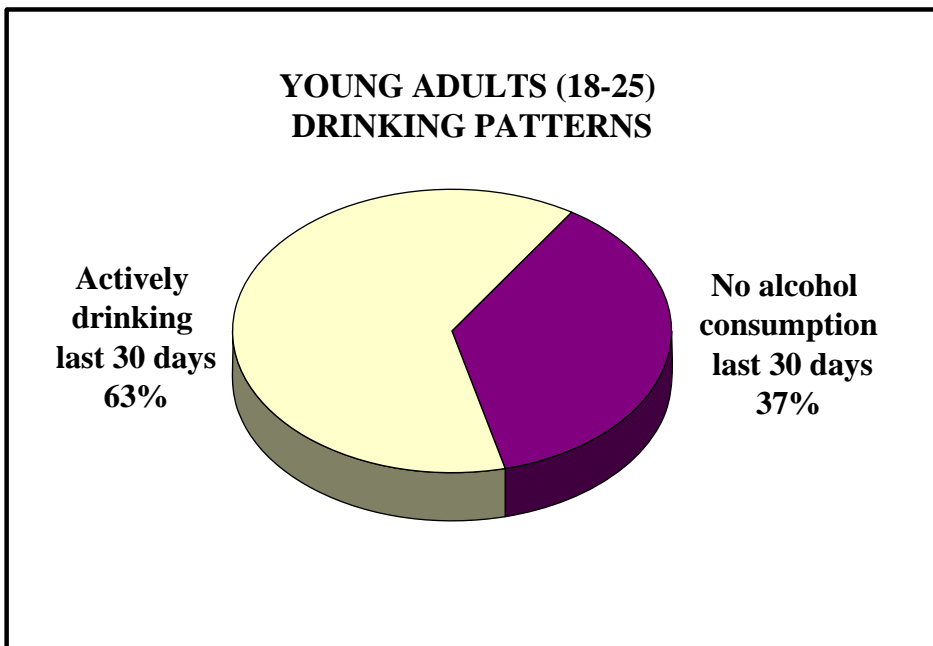
**Young Adult Population 18-25 year olds**

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.

We designed and 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 Adult Learning Center, the Addiction Resource Center, area businesses and a wide variety of email contacts. We received 224 completed surveys.

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

- 63% reported participating in drinking within the last 30 days and, of those, 72% participated in binge drinking within the last 2 weeks, demonstrating that binge drinking in this age group is a significant problem.
- Also 31% of survey participants reported having negative effects of 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 154 visits to the Mid Coast Hospital Emergency Room with a primary or secondary diagnosis of alcohol/drug abuse.
- Local legal data collected indicated 125 OUI's, arrest and/or summonses related to alcohol and/or illicit drugs.



### 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 249 drug and/or alcohol related arrests of adults in Sagadahoc County, Brunswick and Harpswell.
- In 2006, there were approximately 370 alcohol related juvenile arrest in Sagadahoc County.
- In 2006, there were over 175 drug related juvenile arrest in Sagadahoc County.
- In 2006, there were 45 youth under the age of 18 and 154 young adults 18-26 years old seen at Mid Coast Hospital 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 there 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 IMPLEMENTION STEPS**

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

The Cross Community Planning Group 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). (Already started in September 2006).
- 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 effectiveness of retailers’ policies and practices that restrict access to alcohol by underage youth, by facilitating meetings with Brunswick and Topsham retailers and offering Responsible Retailers Training.
- Increase effectiveness of school substance abuse policies, by working with all four school systems to strengthen policy on substance abuse based on guidance provided by OSA.

- Reduce appeal of underage drinking by increasing the knowledge of health risks, by working with the Brunswick schools and School Administration District 75 (SAD75) 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 Bowdoin College and University College at Bath/Brunswick to develop information for students, by developing a new strategy to get age appropriate information to college age students, 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 at two large group practices in Brunswick and with staff at Mid Coast Hospital.
- 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.
- Efforts are currently underway with Bowdoin College and Southern Community College in Bath to undertake some collaborative efforts to address the issues of high risk drinking with the 18-26 year olds. A Memorandum of Understanding outlining the area college's commitment to work together is attached.
- 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>	<ol style="list-style-type: none"> <li>1. Policy (Maine Chiefs of Police Model Policy)</li> <li>2. Education of officers (training) on best practices, why policy is important etc.</li> <li>3. Enforcement—increase enforcement actions related to underage drinking, furnishing and hosting laws</li> </ol>	<ol style="list-style-type: none"> <li>1. Towns whose police departments have implemented the model policy increases (Year One)</li> <li>2. Number of officers region-wide who are trained on model policy and its importance increases (Year One)</li> <li>3. Number of underage drinking, furnishing and hosting citations increases (Year One)</li> </ol>
<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>	<ol style="list-style-type: none"> <li>1. Communication—social marketing campaign targeted to parents (OSA's Parent Campaign)</li> <li>2. Collaboration with local media, parent groups, to get the message out (OSA's Parent Campaign)</li> </ol>	<ol style="list-style-type: none"> <li>1. Number of parents aware of recommended monitoring practices increases (Year One)</li> <li>2. Ads, press releases, speaking engagements around monitoring practices increases from present (Year One)</li> </ol>

	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)
Objective 5: Decrease	1. Collaboration—community organizing for policy	1. Number of coalitions and community



<p>advertising /promotions that appeal to youth</p> <p>Capacity Building Actions: Increase community awareness and encourage community to organize for policy changes</p>	<p>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>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 CCHC increases (including law enforcement entities and other community organizations)(Year Two)</li> </ol>

enforcement and prevention community	shared priority (through Maine Chiefs of Police Model Policy)	
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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>	<ol style="list-style-type: none"> <li>1. Communication about available self assessment screening tools to raise awareness of the health risks associated with drinking</li> <li>2. Education about web-based assessment feedback programs and web-based courses</li> <li>3. Collaboration with colleges and workplaces to pass policies to institutionalize screening</li> </ol>	<ol style="list-style-type: none"> <li>1. Number of workplaces and colleges aware of self assessment tools increases (Year One)</li> <li>2. Workplaces and colleges aware of the benefits of web-based assessment increases (Year One)</li> <li>3. Number of workplaces and colleges with screening as policy increases (Year Two)</li> </ol>
<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>	<ol style="list-style-type: none"> <li>1. Collaboration—community mobilizing for local and state level changes to limit promotions and increase pricing, in partnership with the Maine Alcohol Impact Coalition</li> <li>2. Policy—implement college and workplace policies in accordance with OSA’s Substance Abuse in the Workplace Program</li> <li>3. Enforcement—ensure that Substance Abuse in the Workplace policies are enforced</li> </ol>	<ol style="list-style-type: none"> <li>1. Coalitions become members of the Maine Alcohol Impact Coalition and sign petition to increase alcohol tax (Year One)</li> <li>2. Number of colleges and workplaces with substance abuse policies increases (Year One)</li> <li>3. Number of colleges and workplaces enforcing substance abuse policies</li> </ol>

		increases (Year One)
Objective 3: Establish 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	1. Communication about available self assessment 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	1. Number of health care systems aware 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 and colleges with screening as policy increases (Year Three and beyond)

**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	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	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

merchants	to remind servers of liability laws	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

Objective (from intervening variables)	Strategies (to address contributing factors)	Benchmarks (How will you know you have achieved your objectives? When do you expect to achieve them?)
Objective 1: Increase knowledge of health risks of misuse of prescription drugs  Capacity Building Actions: Build relationships with local employers	1. Collaboration with employers to adopt HMP Worksite Health Framework incorporating a Drug-Free Workplace Program  2. Policy—Encourage employers to adopt a Drug Free Workplace policy  3. Communication to employees about the Drug-Free workplace policy and program to include information about health risks and consequences for violating policy	1. Number of employers interested in participating in Drug Free Workplace Program increases (Year Three and beyond)  2. Number of employers participating in Drug Free Workplace Program increases (Year Three and beyond)  3. Number of employees aware of health risks and consequences for violating Drug Free Workplace policy increases (Year Three and beyond)

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

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

Objective (from intervening variables)	Strategies (to address contributing factors)	Benchmarks (How will you know you have achieved your objectives? When do you expect to achieve them?)
<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. Utilizing Mid Coast Hospitals collection days.</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 Cross Community Planning Group has determined would best suit Sagadahoc County, Brunswick and Harpswell 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 Cross Community Planning Group will serve Sagadahoc County, Brunswick and Harpswell 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.

- There is a Mid Coast Council of Churches with monthly meeting. Efforts will be made to attend these meetings to begin to dialogue with ministers about possible involvement in the Substance Abuse Prevention Effort. The Cross Community Planning Group has engaged in talks with the Brunswick Navel Air Station and will continue to keep an open dialog.
- 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. We have been in contact with ADCARE in regards to getting some of our local youth involved in the Youth Empowerment Program. We are exploring the development of Students Against Drunk Driver (SADD) group in SAD75, Bath and Richmond. Brunswick already has a SADD group 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 Cross Community Planning Group recommends using, for the implementation of this plan, the current structure developed by the Healthy Maine Partnership (HMP). The Healthy Maine Partnership (HMP) coalition Access Health currently, has four standing subcommittees actively developing strategies that help implement the HMP work plan: Physical Activity and Nutrition, Environmental Tobacco Smoke, Work Healthy (worksite wellness) and Substance Abuse.

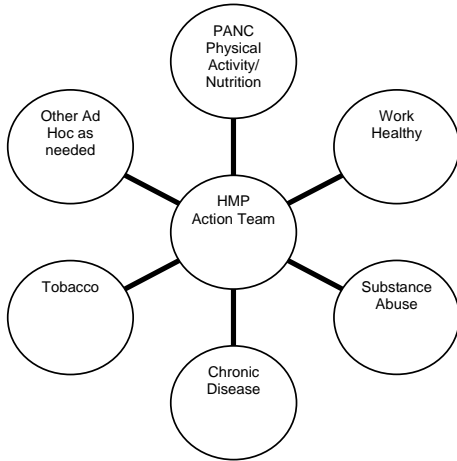
The Cross Community Planning Group recommends the Substance Abuse Subcommittee for this grant will replace the existing Cross Community Planning group which has served as the planning group for the OSA Essential Services grant for which Mid Coast Hospital serves as lead agency. Additional Ad hoc committees will be created as needed. The membership of our proposed HMP Action Team will consist of 1-2 representatives from each subcommittee to serve on the Team. Each member will represent a categorical focus.

It is anticipated that the subcommittees will be restructured into the following groups (See Figure 3):

- ETS Committee will become Tobacco Committee (ETS, cessation and prevention);
- Physical Activity/Nutrition, Work Healthy Committee, and Substance Abuse, will remain the same;

- A new Chronic Disease Committee (early identification and self management) will be convened.

In addition to having expertise in respective areas, members will also represent a variety of communities in the local service area.



Some members of our Healthy Maine Partnership (HMP) coalition Access Health have a 13-year history of working together, since the coalition was founded in 1994. Many others have extensive experience working together either internally with or externally in the community. Substance abuse prevention has been part of Access Health Coalition since the One ME grant in 2003.

Figure 3: Proposed Subcommittee Structure

Figure 4 on the following page shows how the HMP Action Team fits within the governance structure of the Comprehensive Community Health Coalition. (CCHC). The Maine Department of Health and Human Services developed a framework for county health structure that will support the integration and streamline Maine’s coalition-based efforts addressing the public’s health of Healthy Maine Partnerships. Comprehensive community health coalitions (CCHC) are expected to effectively address the important public health issues of tobacco, substance abuse, physical inactivity, poor nutrition, and chronic diseases (cardiovascular disease, cancer, diabetes, asthma, and other chronic lung diseases).

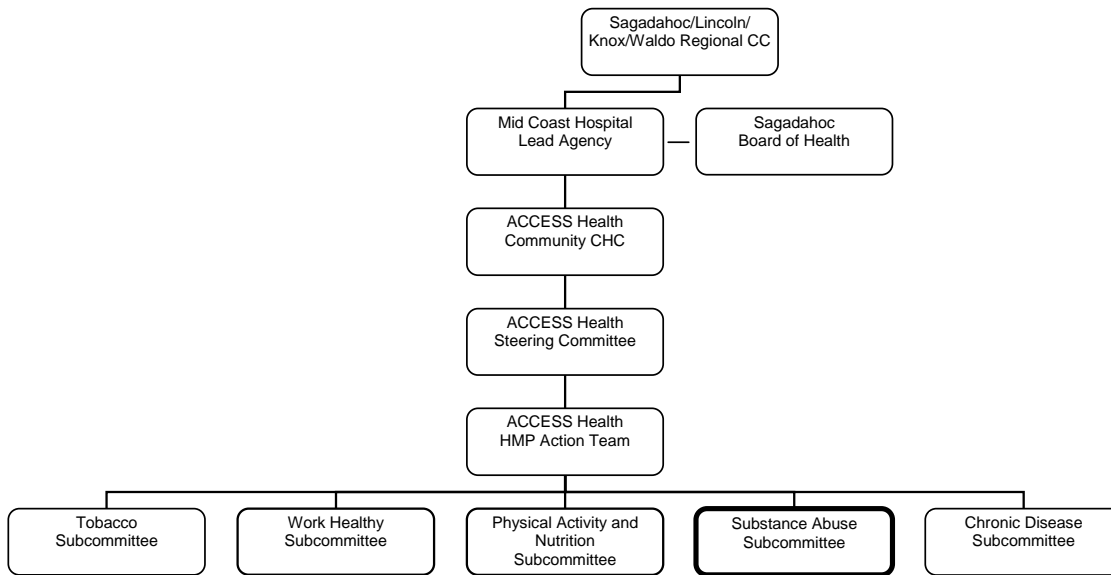


Figure 4.0 Governance Structure of the Comprehensive Community Health Coalition

The HMP Action Team will lead by example to ensure volunteer involvement and recruitment. Action Team members’ volunteer involvement in the ACCESS Health 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**

Cross Community Planning Group recommends the community Partnership Needs Assessment for Sagadahoc, Brunswick and Harpswell and 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 Sagadahoc Board of Health on the progress that has been made toward the goals listed below in the workplan. The Cross Community Coalition is also working with Access Health to develop an instrument to be used to evaluate the effectiveness of programs implemented in Sagadahoc County. This Comprehensive Community Prevention Plan will be revised and updated as needed.

### **Funding Strategies**

Mid Coast Hospital's Prevention programs currently receives funding from the following grants: Tobacco Prevention Grant through HMP and Essential Services State grant. Mid Coast Hospital 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. The Hospital will also explore funding from local foundations such as Davenport Fund 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.

**Long-Term Goals and Outcomes**  
**Work Plan**  
**Sagadahoc County**

<b>OSA Substance Abuse Workplan</b>					
<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)
<b>3.1</b> Increase effectiveness of local underage drinking law enforcement policies & practices (based on Maine Chiefs of Police/OSA model policy)	Began September 2006	Pat Conner	Topsham, Bath, Richmond	<b>Enforcement:</b> Shoulder Tap, <b>Enforcement, Collaboration:</b> Communities Mobilizing for Change on Alcohol <b>Policy:</b> Maine Police Chiefs Model policy	
<b>3.2</b> Increase use of recommended parental monitoring practices for	September, 2007	Pat Conner	Topsham, Bath,	<b>Communication:</b> <b>Education:</b> Media Campaign, newspapers and	

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**

underage drinking				movie theatre using information from OSA parenting site Explore use of strategies included in Community Intervention Trials	
<b>3.3</b> Increase effectiveness of retailers policies and practices that restrict access to alcohol by underage youth	September, 2007	Pat Conner	Topsham, and Bath	<b>Collaboration:</b> Host initial Retailers Breakfast for Bath Retailers <b>Education:</b> Responsible Retailing Training	
<b>3.5</b> Increase effectiveness of school substance abuse policy	07/08 school year	Pat Conner	SAD75, Bath, Richmond	<b>Education:</b> Provide guidelines from OSA and work with each school system to revise and strengthen their policy. <b>Policy:</b> Work with school systems to strengthen policies regarding substance abuse especially in terms of	

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**

				enforcement.	
<b>3.6</b> Reduce appeal of underage drinking by increasing the knowledge of the health risks	07/08 year	School	Pat Conner	Bath, SAD 75	<p><b>Collaboration, Education:</b> work with Bath and SAD 75 school department health education teachers to review health curriculum and improve the ways that substance abuse prevention material is presented. Develop SADD group. Work collaboratively with Bath Police Department, school system, and other partners to develop video on impact of a fatal drunk driving accident on the community as a whole.</p>
<b>3.10</b> Reduce appeal of high risk drinking	November, 2007		Pat Conner	Bath	<p><b>Collaboration:</b> Working with the</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**

(among 18-25 year olds) by increasing knowledge of the health risks				Southern Community College in Bath <b>Education:</b> Develop strategy to get accurate and age appropriate information to college age students	
<b>3.11</b> Decrease promotions and pricing that encourage high risk drinking among young adults (18-25 year olds)	October, 2007	Pat Conner	Bath, Topsham	<b>Collaboration:</b> work with retailers who sell alcohol to reduce the promotion of high risk drinking. <b>Education:</b> about the impact of pricing and promotions on encouraging high risk drinking with retailer who sell alcohol.	
<b>Insert other optional objectives selected</b>					



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**

**Long-Term Goals and Outcomes**  
**Work Plan**

**Cumberland County (Brunswick and Harpswell)**

MCP Required Objective:	Work to begin by (date)	Who Is Responsible for leading implementation?	Towns prioritized in year one	Pre-approved Strategies**	Other Strategies (Must go through OSA evidence based strategy approval process before funds can be spent on these)
3.1 Increase effectiveness of local underage drinking law enforcement policies & practices (based on Maine Chiefs of Police/OSA model policy)	Began September 2006	Pat Conner	Brunswick	Enforcement: Shoulder Tap, Policy, Enforcement, Collaboration: Communities Mobilizing for Change on Alcohol Policy: Maine Police Chief Model policy	
3.2 Increase use of recommended parental monitoring practices for underage drinking	September, 2007	Pat Conner	Brunswick	Communication: Media Campaign, newspapers and movie theatre using information from OSA	

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**

				parenting site. Work with OSA regarding material to be used in media campaign	
3.3 Increase effectiveness of retailers policies and practices that restrict access to alcohol by underage youth	September, 2007	Pat Conner	Brunswick	Collaboration: Hold Follow up meeting with Brunswick and Topsham Retailers  Education: Responsible Retailers Training	
3.5 Increase effectiveness if school substance abuse policies	07-08 school year	Pat Conner	Brunswick	Education: provide Brunswick school system with model policy from OSA and work with them to revise their policy.	
3.6 Reduce appeal of underage drinking by increasing the knowledge of the health risks	07-08 school year	Pat Conner	Brunswick	Collaboration: with Brunswick schools to review the health curriculum and find ways to improve how the healthy risk information regarding underage drinking is presented. Work with the SADD group to put on educational events regarding the dangers of underage drinking.	
3.10 Reduce appeal of high risk drinking (among	September, 2007	Pat Conner	Brunswick	Collaboration: Working with Bowdoin College,	

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**

18-25 year olds) by increasing knowledge of the health risks				develop information for students on dangers of high risk drinking. Develop strategy to get accurate and age appropriate information to college age student as well as working group. Explore use of Wellness Outreach in the Workplace.. Develop strategy for age group who are working	
3.11 Decrease promotions and pricing that encourage high risk drinking among young adults (18-25 year olds)	Not Implementing strategies on this objective in year one in Brunswick.				
Insert other optional objectives selected					
3.15 Reduce availability of prescription drugs for purposes other than prescribed, by increasing prescriber’s and dispenser’s awareness of and use of the Prescription Monitoring Program.	January, 2008	Pat Conner	Brunswick and Harpswell	Collaboration: Approach 2 large group practices in Brunswick to Education: distribute information on high risk drinking dangers. Work with Mid Coast Hospital physicians to educate them and their patients. Education: Provide training/information on	Need to explore what is available information approved by OSA

**Comment [AR1]:** See page 22 of the strategy approval guide for more information  
<http://www.maine.gov/dhhs/osa/prevention/community/spfsig>

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**

				Maine's PMP.	
3.16 Increase the number of employers with a substance abuse priority population work force to use the HMP Worksite Health Framework to address the dangers of high risk drinking and misuse of prescription drugs	March 2008	Pat Conner	Brunswick	Education: educate employer of young adults 18-26 to provide educational material to their workforce on the dangers of high risk drinking and misuse of prescription drugs.	Will work with OSA on the material and approach used.