
Strategic Plan Outline

Introduction

Waldo County came late to the SPF SIG assessment and planning process. A formative meeting was held in November of 2006 in order to gauge interest in preparing a response to OSA's RFP for Assessment and Planning. Agreement was reached to work collaboratively to prepare a proposal. Those agreeing to participate and support the process were: Dan Bennett, Director of Community Services, Waldo County Healthcare; Amy Wagner, Community Health Improvement Coordinator, Healthy Living Project (HMP); Dale Cross, Executive Director, Waldo County YMCA; Jan Anderson, Chair – Belfast Area Task Force on Substance Abuse; Margaret Micolichuk, Restorative Justice Project; Michael Morse, Manager of Addiction Services, Pen Bay Health Care; Sheila Muldoon, Belfast Career Center, and Building Communities for Children Coalition; Joseph Robinson, Waldo County Community Action Partners; Sheriff Scott Story, Waldo County Sheriff's Office; and Patrick Walsh, Waldo County Preschool & Family Services, and Building Communities for Children Coalition.

These partners signed MOUs and committed to participate. Members of this group came to be identified as the Core Group, whose purpose was to oversee the Assessment and Planning phases of the project. Upon notice of acceptance of the proposal and finalization of a contract with OSA, the Assessment process began in January. Some of the Core Group members who had a specific interest in planning, began in March to serve on the Planning Committee with others to help construct the Strategic Plan.

Vision

Waldo County is a community that creates and fosters conditions where all can thrive in a safe, healthy, nurturing environment free of alcohol abuse, drug abuse and addiction.

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

The strategic plan covers the 26 municipalities that comprise Waldo County. This area encompasses 730 square miles and shares its borders with 6 other counties; Hancock, Kennebec, Knox, Lincoln, Penobscot and Somerset. According to 2006 statistics there are 38,715 people, or 3% of the state's population, living in Waldo County. This equates to approximately 53 people per square mile. (U.S. Census Bureau)

The geographic make-up of Waldo County is rural with the largest municipalities being Belfast, Winterport, Searsport, Lincolnville, and Unity. It is a county comprised of many farms, cottage industries and grassroots organizations. Waldo County's landscape runs from the seacoast to the hills. There are many traditional fishing and marine based industries along the coast and many farms, especially dairy, inland.

Partners collaborating, assessing and planning for this area include representatives from a wide array of organizations drawn from sectors as diverse as social services, substance abuse treatment, medical services, law enforcement, education, and community organizations. Organizational partners involved as members of the Core Group include: Waldo County Preschool & Family Services, that administers a variety of services for children and families, provides education regarding family issues, and substance abuse prevention strategies; the Waldo County Sheriff's Office; Waldo Community Action Partners, providing services to Waldo County's low income population; the Healthy Living Project, one of 31 Healthy Maine Partnerships; Choice Skyward, a substance abuse treatment service; the Restorative Justice Project, working with offenders and at-risk youth to reduce chances of first time or repeat offenses; the Belfast Area Task Force Substance Abuse (a grassroots organization) ; the Waldo County Healthy Community Coalition and the Building Communities for Children Coalition. Additionally the assessment and planning team involved various other local police departments, education personnel, and health and treatment providers.

Description of Planning Team and Process (including data and information used)

A roster of community leaders that were deemed instrumental in assessing and planning was initially developed during a meeting of the Core Group at their January 22nd meeting. These individuals consisted of representatives from a variety of sectors including: probation and parole, religious, business, school, and medical. Said community leaders were subsequently mailed a survey intended to elicit information regarding their perceptions about substance abuse and the variables that contribute to it in Waldo County, and an invitation to attend a focus group. Invitations were followed up by phone calls to remind participants and confirm their attendance and the focus group was convened on March 7th.

At this meeting the facilitating staff member introduced attendees to the purpose and method of SPF – SIG, presented them with data from MYDAUS and preliminary information from the Key Informant Survey which had been distributed to them, and solicited further information regarding attendees perceptions of intervening variables and contributing factors that influence substance abuse trends in Waldo County. At the end of this meeting five of the attendees expressed an interest in continuing to be involved as planning team members. These included representatives from education, substance abuse treatment, and government sectors.

The planning team met three times throughout April, including the 4th, the 11th and the 24th. Planning members included several attendees from the initial focus group and various members of the Core Group. At their first meeting on the 4th, planners were introduced to the concept of comprehensive and evidence-based strategies, and exposed to the results of assessments to date. They then brainstormed strategies to address underage drinking and young adult prescription drug misuse, as well as prioritizing minimum common program objectives related to substance abuse for the Healthy Maine Partnership RFP. Their meeting on the 11th involved some further discussion of these consumption patterns but focused on programs, organizations, and other resources that already exist within the community and that are active in addressing substance abuse and that may be able to take on some of the strategies included in the strategic plan. Their last meeting, held on the 24th, focused on brainstorming strategies to address high risk drinking among young adults.

Processes Used to Interpret Information and Make Decisions

Staff collaborated to interpret and prioritize the information accrued throughout the course of the assessment. Information was deemed necessary for consideration in the development of a strategic plan based on repeated strong mention within the context of varying sources (surveys, focus groups, interviews and assessments), and OSA's priorities. This information was summarized for presentation in a document entitled "What We Know" which was then presented to and approved by the Core Group after some discussion regarding what additional information would need to be collected.

Using this summary and several source documents, the core group determined priority goals and intervening variables. This document and the supplementary source documents were then used by the Planning Group to inform their discussions of consumption patterns, intervening variables, and strategies to address these variables. With the assistance of staff, the planning group brainstormed strategies that would have an impact on substance abuse, and resources needed to help in the application of these strategies, over the course of three meetings held during the month of April.

Equipped with the results of the assessment and trainings provided by Northeast CAPT, staff compiled the input and ideas generated by planning team meetings and developed them into a comprehensive plan. The Core Group supplied further input to the strategic plan on April 26th, and approved the strategic plan as it was set forth for inclusion in the Healthy Maine Partnership RFP on May 17th.

Prioritization of Goals and Objectives (What are the priorities and why?)

As a result of the assessment activity that included review of data, survey of community leaders, Focus Group discussion, jail inmate interviews and other

information, the Core Group identified Waldo County priorities as those already identified through the State assessment process.

The priorities are to reduce: Underage Drinking, High Risk Drinking by Young Adults, and Prescription Drug Misuse by Young Adults. The Core Group concluded that the greatest impact on substance abuse in our communities could be accomplished by successfully addressing those consumption patterns.

Problem Statement: Underage drinking has emerged as a priority for Waldo County. Evidence includes: high rates of individuals admitted to treatment facilities with alcohol listed as primary detail drug report and age of first use between 14 and 18 years; a high percentage of youth reporting prior 30-day use of alcohol on MYDAUS; and a high proportion of inmates interviewed reported using alcohol before the age of 20.

Goal: Reduce Underage Drinking

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 effectiveness of local underage drinking law enforcement policies & practices (based on Maine Chiefs of Police/OSA model policy)</p> <p>Capacity Building Actions: We will work to support the further development of the Comprehensive Community Health Coalition and coordinate efforts with the HMP, the SAUs and law enforcement agencies.</p>	<ol style="list-style-type: none"> 1. Work with area police (municipal and State) to adopt a consistent underage drinking enforcement policy 2. Promote party reporting telephone line and stories of police response 3. 	<ol style="list-style-type: none"> 1. By October i, 2008 2 police departments will have joined the Sheriff's Office and Belfast Police Department in adopting the OSA/Chiefs of Police Model Policy. 2. We will distribute 250 Report-A-Party cards to high school staff and other providers of youth services in the Fall of 2007 and Spring of 2008.
<p>Objective 2: Increase use of</p>	<p>1. Circulation and use of OSA's "Find Out More, Do</p>	<p>1. We will distribute 100 sets of Find Out</p>

<p>recommended parental monitoring practices for underage drinking</p> <p>Capacity Building Actions: Collaborate with the Healthy Youth Project, the HMP Action Team, School Health Coordinators, and SAU administrators.</p>	<p>More" campaign materials for parents</p> <p>2. Promotion of Safe Homes Network, Parent Pledge and distribution of directory of Safe Homes</p> <p>3. Circulation of "Parents Who Host, Lose The Most" educational materials</p> <p>4. Offer Guiding Good Choices training to parents of children aged 9 to 14</p>	<p>More, Do More materials at Parent Nights and other community events in the 2007-2008 school year.</p> <p>2. We will support the continued expansion of the Safe Homes project at Troy Howard Middle School and help one other school begin a Safe Homes Project by June 30, 2008.</p> <p>3. We will circulate 100 sets of materials informing adults about the social host liability laws prior to July 30, 2008.</p> <p>4. We will offer 2 cycles of the Guiding Good Choices curriculum at collaborating schools prior to June 30, 2008.</p>
<p>Objective 3: Increase effectiveness of retailers policies and practices that restrict access to alcohol by underage youth</p> <p>Capacity Building Actions: Coordinate activity with the Healthy Youth Project, the YAP project of the HMP and create a constructive dialogue with business</p>	<p>1. Recruit volunteers and businesses to participate in Sticker Shock campaign</p> <p>2. Involve retailers in CardMe Training Program and Alcohol Marketers Code of Conduct</p> <p>3. Educate local alcohol retail businesses</p>	<p>1. We will Identify 10 alcohol retailers that will agree to participate in Sticker Shock and enlist 15 to 20 youth volunteers to apply stickers in November 2007 and May 2008</p> <p>2. We will train 4 store owner/managers with the CardME training and enroll 4 alcohol retailers in the Code of Conduct by September 30, 2008</p> <p>3. We will develop an informational packet</p>

owners.	(manager and employees) about underage drinking reduction	using MYDAUS data that summarizes use patterns and accessibility information and distribute 50 packets to alcohol retailers by before June 30, 2008.
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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 4: Reduce appeal of underage drinking by increasing knowledge of health risks</p> <p>Capacity Building Actions: Collaborate with school district administrators, curriculum directors and school health coordinators.</p>	<ol style="list-style-type: none"> 1. Collaborate with School Health Coordinators and SAUs to review existing health curriculum elements 2. Work with SAUs to develop participatory research projects conducted by students that can be tied into curriculum 3. Work with SAUs to compile MYDAUS data and report to community 	<ol style="list-style-type: none"> 1. Prior to June 30, 2008 we will work with school districts to see if there are points in the health curriculum that can be expanded to provide more information about the health risks associated with drinking alcohol. 2. Prior to June 30, 2008 we will have identified a school group or class that can take on a research project tied into a health, science or social studies curriculum that will allow students to explore substance abuse issues. 3. Prior to September 30, 2008, we will have completed Data Use Agreements with all 3 school districts that will provide for sharing some school specific MYDAUS information with students and with the community.

Problem Statement: High risk drinking among adults aged 18 – 25 has emerged as a priority in Waldo County. Evidence includes: high rates of individuals admitted to treatment facilities reporting alcohol as their primary detail drug of first use; relatively high rates of chronic drinking reported among elderly men; and all Jail inmates interviewed reported participation in binge drinking.

Goal: Reduce High Risk drinking among 18 to 25 year olds

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: Reduce appeal of high risk drinking by increasing knowledge of the health risks</p> <p>Capacity Building Actions: These strategies will require collaboration with the HMP and with the business community. Additionally, we will need to develop and support a good relationship with college/school administrators and representatives of the building trades.</p>	<ol style="list-style-type: none"> 1. Work with HMP Coordinator, Action Team and worksites to incorporate substance use and abuse information in workplace health education programs 2. Work with Unity College and the Hutchinson Center to implement participatory research projects 3. Work with Unity College and the Hutchinson Center to incorporate information on high-risk drinking into student orientation. 	<ol style="list-style-type: none"> 1. By September 30, 2008 we will have developed educational materials for presentation in 2 worksites that have a group of 18 to 25 year old employees and/or other adult employees who are parents. 2. By June 30, 2008 a student or student group at the Hutchinson Center and at Unity College will have each completed a research project related to the health/social consequences associated with high-risk drinking. 3. By January 1, 2008 we will have completed a review of college orientation materials and made recommendations for inclusion of information related to the

	<p>4. Work with Waldo County Technical Center to ensure that education regarding substance use and related safety issues in the workplace/jobsite is addressed.</p>	<p>health/social/academic consequences associated with high-risk drinking.</p> <p>4. By January 1, 2008 we will have completed a review of Technical Center practices concerning education about the risks of alcohol and other drug use in the workplace and provided input, recommendations and assistance to expand those messages if necessary.</p>
<p>Objective 2: Decrease promotions and pricing that encourage high risk drinking among young adults</p> <p>Capacity Building Actions: These activities will be successful if we can build cooperative relationships with businesses who work hard to be profitable and with local governments.</p>	<p>1. Educate merchants about negative impacts of promotions and pricing on excessive drinking</p> <p>2. Work at the city and town level to review and influence policies related to liquor licensing, and promotions and pricing strategies that encourage excessive drinking.</p> <p>3. Involve local alcohol retailers in adopting the</p>	<p>By August 30, 2008 we will have developed an information packet for licensees that describes the extent of the alcohol abuse problem in Waldo County, the consequences and the impact of promotions. We will plan to distribute 50 of these packets.</p> <p>2. By August 30, 2008 we will work with law enforcement agencies to identify alcohol licensees that have a record of violations and work with the city and towns to review their licensing practices and determine if policies can be adopted to discourage promotions that generate problems.</p> <p>3. By September 30, 2008 5 alcohol</p>

	Local Alcohol Marketer's Code of Conduct	retailers will have adopted the Code of Conduct.
<p>Objective 3: Establish mechanisms in health care systems that increase use of screening and brief intervention to address high risk drinking.</p> <p>Capacity Building Actions: Collaborate with Hospital administration, staff and medical association.</p>	<p>1. Continue to build relationships with health care professionals to share educational programs.</p> <p>2. Collaborate with regional partners to influence insurers to provide incentives to employers who participate in healthy worksite activities</p> <p>3. Encourage healthcare professionals to ask all patients about high risk drinking habits.</p>	<p>1. We will work with the Hospital administration and with the local medical association to schedule a "grand rounds" training at the hospital that covers the efficacy of screening for alcohol and other substance abuse problems prior to September 30, 2008.</p> <p>2. We will work with regional partners to develop a strategy to influence insurers to offer benefits for healthy worksite programs prior to September 30, 2008.</p> <p>3. We will research and provide to 10 family health care practices examples of alcohol screening tools by June 30, 2008.</p>

Section 3: Capacity Assessment

Attach your capacity assessment to the report you submit to OSA.

13. Which areas of capacity (strengths) will assist you in the development of your strategic plan?

As part of our county's response to the HMP RFP, partners have been able to work toward greater integration of mission and services in public health. Linkages between service providers, law enforcement and local government are solid. All segments have participated in planning and have demonstrated expertise in substance abuse prevention activities. Partner organizations have developed a plan for the Comprehensive Community Health Coalition that involves shared management, oversight, evaluation and fiscal responsibility. Existing coalitions have provided needs assessment information and participated in the current analysis. The strategic plan will be coordinated with existing activities supported through an Essential Prevention Services grant, the work of the HMP, the School Administrative Units and other coalitions and community groups.

14. Which areas of capacity will be included in your strategic plan as areas that you will work on in the coming years and why?

In order to provide county-wide reach, the Coalition will need to continue to ensure that part of its work is to have community level dialogues and develop community leadership to promote health and well-being. These efforts align with the work of the Healthy Community Coalition, that has already begun work in the Unity area, in the town of Monroe and begun to discuss engaging with Palermo, both of which are outlying communities from the county center. This community level work provides us with the greatest likelihood of reaching the lower income population that represents our most identified diversity of population.

Outreach to worksites in collaboration with the HMP will provide more opportunity to engage the young adult population (18 - 25) and provide health related information. Increased coordination with college administration at 2 colleges will provide a means to educate and engage the student population in participatory research that will benefit the campus and surrounding community.

The issue of substance use and abuse is seen by Coalition partners as having a central place of concern in the assessment of health in Waldo County. Our meetings and assessment have presented an opportunity to identify strategies that will impact on the problem. The commitment of partners to the plan and building stronger relationships is likely to result in better service provision. Financial resources are expected to continue to be a challenge but partners will explore the range of support that may be available.

Capacity Building Priorities

We have a long history of collaboration here in Waldo County. The Waldo County Community Action Network was formed here in 1988 and consisted of agency representatives serving our County. This Committee created a Directory of Resources, addressed homelessness, economic development and partnered with the Maine Community Foundation to create the Waldo County Fund to provide community building support to non-profits. In 1993 that work was reconstituted into a successor that came to be called Waldo County Building Communities for Children. That coalition has continued with strong leadership to meet, assess needs and support program development. The current mailing list includes more than 40 agency representatives and citizens.

In 2003, a state legislator, Joe Brooks, convened a group called the Social Health Task Force, looking at conditions in Waldo County communities that resulted in high incidences of adolescent drug use and elderly suicides. The group met and heard presentations from state and local experts. As a result of these meetings, members attended training in the use of the Healthy Community approach to promoting well-being. The Task Force evolved into the Healthy Community Coalition. With leadership and support from Waldo County Community Action Partners an AmeriCorps Vista position was secured and the group began a process of needs assessment and developed information materials that reflected conditions in each of the 26 communities in the County. The group then set up a schedule for regional community dialogues and invited community members to meetings where, through facilitated discussion, residents addressed some of the strengths and challenges facing their community. The group has held dialogues in Stockton Springs, Searsmont, Monroe and Unity. The meetings in Unity and Monroe have lead to follow-up meetings, and in the case of Unity, with the structural support of Unity Barn Raisers, the formation of 3 sub-committees that have continued to meet and discuss strategies to address priority needs in their region.

Many of the partners in this work have been active together in the Building Communities for Children Coalition (BCC) and the Healthy Living Project (Waldo county's HMP). The Building Communities for Children Coalition, in partnership with Waldo County Preschool & Family Services, as fiscal sponsor, has been supported by the Office of Substance Abuse as a One-ME Stand United for Prevention coalition, and then as an Essential Prevention Services grantee. The coalition staff and members have a 4 year history of addressing underage drinking, using a model community organizing strategy, informational strategies, partnering with law enforcement on enforcement and policy initiatives, supporting school-based model programs and student awareness days, and focusing on asset development for youth.

This collaborative history has been the ingredient that has made it possible for us to conduct this assessment and planning process while at the same time addressing the integration of existing coalitions, projects and initiatives in support of the Comprehensive Community Health Coalition structure envisioned in the HMP RFP.

Administrators of our Hospital (the fiscal agent for the HMP), Waldo County Preschool & Family Services (fiscal agent for the Building Communities for Children Coalition), Waldo County Community Action Partners (fiscal agent for the Healthy Community Coalition) and the Waldo County YMCA have met several times in recent months to help craft a vision for a Comprehensive Community Health Coalition and ensure that we will move forward collaboratively to be successful.

The planning group that has worked to develop the governance structure of the Comprehensive Community Health Coalition, presented a vision of shared leadership through an Executive Committee, an Action Team, and sub-committees of the Action Team, that would provide direct support to the completion of elements of the workplans.. Members of the Core Planning group have agreed to participate on a subcommittee that will oversee the substance abuse prevention strategy and to help identify sources of financial support. Professor Pat Clark from Unity College has recently agreed to participate on this subcommittee representing both the College and the Unity community Our history of collaboration and good relationships helps us to be confident that, together, we can meet the targets identified in the plan..

Action Plan (insert and describe your workplan for year one)

The workplan follows the collaborative process and will involve close work with law enforcement, schools and colleges, business community, health care providers and community residents throughout the county. The plan calls for close work between the coordinator hired for the project, the Healthy Youth Project coordinator (current OSA funded

position), the Community Health Improvement Coordinator (HMP), School Health Coordinators in 2 school districts, and the Youth Advocacy Project coordinator at the Waldo County YMCA.

Details of the work involve community level dialogue about the impact of substance abuse and prevention strategies, education for parents and youth, worksite education, participatory research projects in schools and colleges, and engagement with healthcare providers to ensure increased participation in the Prescription Monitoring Program and to offer brief screening for those at risk for substance abuse problems. We will work to expand law enforcement partnerships that have been developed with the Waldo County Sheriff's Office and the Belfast Police Department to include smaller departments and encourage their adoption of the Model Underage Drinking Enforcement Policy.

Sustainability

As described in the Capacity Building narrative above, partner agencies and individuals have committed to continue to monitor this work, share the work and make suggestions to improve the effectiveness of the strategies employed. (MOUs are attached as an Appendix). Our group was challenged in thinking about a 3 to 5 year plan. The consensus was that we needed to have experience in supporting the initiatives identified, and in monitoring the apparent effectiveness of that work, before we can plan too far ahead.

A current $\frac{3}{4}$ time position is supported by the Essential Prevention Services grant until December of 2008. A planned $\frac{3}{4}$ time position will hopefully be funded through the SPF-SIG grant funds. Both of these staff will be placed at the same agency and will provide mutual support for complementary strategies.

Through the use of the community level organizing approach outlined by the Communities Mobilizing for Change on Alcohol model and through the current effort of organizing community dialogues using the Healthy Community approach, we are hopeful that we can identify individuals and local groups that will broaden support for the work. That support could be financial, but it will just as likely be in the form of personal commitment and action (human capital).

Appendices

Assessment Report

Planning Model

**Proposed substance abuse prevention workplan outline for new project –
to reduce underage drinking, high risk drinking by young adults and prescription drug abuse by young adults**

Policy:

- Work with area police (municipal and State) to adopt a consistent underage drinking enforcement policy
- Work with insurers to provide incentives for worksite implementation of The Healthy Workplace
- Work at the city and town level to review and influence policies related to liquor licensing, and promotions and pricing strategies that encourage excessive drinking
- Advocate for policy requiring drug prescribers to utilize Prescription Monitoring Program

Enforcement:

- Support continued availability of law enforcement's party reporting telephone line and response team
- Support Waldo County SO and Belfast PD in compliance checks and communicate results to community
- Support retailer's adherence to licensing regulations with respect to promotions

Communication:

- Promote party reporting telephone line and stories of police response
- Circulation and use of OSA's "Find Out More, Do More" campaign materials for parents
- Promotion of Safe Homes Network, Parent Pledge and distribution of directory of Safe Homes
- Circulation of "Parents Who Host, Lose The Most" educational materials
- Work with SAUs to compile MYDAUS data and report to community
- Recruit volunteers and businesses to participate in Sticker Shock campaign

Collaboration:

- Continue to work with middle and high schools, school administrators, Parent Teacher Groups and School Health Coordinators to build Safe Homes Network
- Utilization of the Communities Mobilizing for Change on Alcohol organizing model
- Involve retailers in CardMe Training Program and Alcohol Marketers Code of Conduct (AdCare Educational Institute)
- Utilization of the Communities Mobilizing for Change on Alcohol organizing model
- Work with YAP to engage in sticker shock campaign (relates to MCP 5.4 from HMP Work Plan)
- Collaborate with School Health Coordinators to review existing policies and make recommendations for improvement

- Collaborate with School Health Coordinators and SAUs to review existing health curriculum elements
- Work with HMP Coordinator, Action Team and worksites to incorporate substance use and abuse information in workplace health education programs
- Collaborate with others within the region to influence insurers to offer incentives to employers who participate in healthy workplace activities and training
- Continue to build relationships with local colleges to develop educational programs and materials related to the health risks associated with high risk drinking
- Work with others within the region to review and influence state policy surrounding liquor licensing regulations related to promotions and pricing
- Work with HMP Action Team and worksites to incorporate substance use and abuse information in workplace health education programs
- Collaborate with regional partners to influence insurers to provide incentives to employers who participate in healthy worksite activities
- Continue to build relationships with local colleges to co-develop educational programs and distribute materials
- Continue to build relationships with health care professionals to share educational programs
- Work with HMP Coordinator and Action Team and worksites to incorporate substance use and abuse information in workplace health education programs
- Continue to build relationships with health care professionals, prescribers and dispensers of prescription drugs and encourage increased participation in the Prescription Monitoring Program

Education:

- Offer Guiding Good Choices training to parents of children aged 9 to 14
- Work with Juvenile Community Corrections Officers and courts to develop educational programs for juvenile offenders and their families that may reduce the risk of re-offending for alcohol or other substance issues
- Educate local alcohol retail businesses (manager and employees) about underage drinking reduction
- Develop training for school teachers and staff that will help them to identify students who are under the influence of alcohol or prescription medications in order to intervene appropriately
- Work with SAUs to develop participatory research projects conducted by students that can be tied into curriculum
- Work with YAP students to support their choice of participatory research projects
- Educate local alcohol retail businesses (manager and employees) about consequences associated with underage drinking

and the effect of advertising on adolescent decision making

- Educate merchants about negative impacts of promotions and pricing on excessive drinking
 - Educate retailers and bar owners about negative impacts of excessive drinking, including licensing consequences and civil liability
-
- Work with Unity College and the Hutchinson Center to implement participatory research projects
 - Work with Unity College and the Hutchinson Center to incorporate information on high-risk drinking into student orientation
 - Work with Unity College and the Hutchinson Center to incorporate information on prescription drug abuse in student orientation
 - Work with Waldo County Technical Center to ensure that education regarding substance use and related safety issues in the workplace/jobsite is addressed

Early Intervention: ■ Encourage healthcare professionals to ask all patients about high risk drinking habits

1. Form for OSA SPF-SIG Workplan

This workplan must accompany each Component B proposal narrative

Please duplicate this form for each objective proposed

(no page limit - submit as many pages as needed to capture all objectives you propose)

<p>Process Steps:</p> <ol style="list-style-type: none"> 1. Lay the groundwork 2. Conduct Situation Analysis 3. Develop an Action Plan 4. Implement Plan for Change 5. Monitor and Evaluate
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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 & practices (based on Maine Chiefs of Police/OSA model policy)	October	All towns		Project Coordinator – lead Action Team Coalition Members
<p>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):</p> <p><i>Policy:</i></p> <ul style="list-style-type: none"> ▪ Work with area police (municipal and State) to adopt a consistent underage drinking enforcement policy <p><i>Enforcement:</i></p> <ul style="list-style-type: none"> ▪ Support continued availability of law enforcement’s party reporting telephone line and response team <p><i>Communication:</i></p> <ul style="list-style-type: none"> ▪ Promote party reporting telephone line and stories of police response <p><i>Education</i></p> <ul style="list-style-type: none"> ▪ Work with Juvenile Community Corrections Officers and courts to develop educational programs for juvenile offenders and their families that may reduce the risk of re-offending for alcohol or other substance issues 				

2. Form for OSA SPF-SIG Workplan

This workplan must accompany each Component B proposal narrative

Please duplicate this form for each objective proposed

(no page limit - submit as many pages as needed to capture all objectives you propose)

- Process Steps:
1. Lay the groundwork
 2. Conduct Situation Analysis
 3. Develop an Action Plan
 4. Implement Plan for Change
 5. Monitor and Evaluate

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]
3.2 Increase use of recommended parental monitoring practices for underage drinking	October	Belfast Searsport Thorndike	High Schools Middle/Jr. High School	Project Coordinator – lead School Health Coordinators Action Team Coalition members
<p>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):</p> <p><i>Communication:</i></p> <ul style="list-style-type: none"> ▪ Circulation and use of OSA’s “Find Out More, Do More” campaign materials for parents ▪ Promotion of Safe Homes Network, Parent Pledge and distribution of directory of Safe Homes ▪ Circulation of “Parents Who Host, Lose The Most” educational materials <p><i>Collaboration:</i></p> <ul style="list-style-type: none"> ▪ Continue to work with middle and high schools, school administrators, Parent Teacher Groups and School Health Coordinators to build Safe Homes Network ▪ Utilization of the Communities Mobilizing for Change on Alcohol organizing model <p><i>Education:</i></p> <ul style="list-style-type: none"> ▪ Offer Guiding Good Choices training to parents of children aged 9 to 14 ▪ Work with Juvenile Community Corrections Officers and courts to develop educational programs for juvenile offenders and their families that may reduce the risk of re-offending for alcohol or other substance issues 				

3. Form for OSA SPF-SIG Workplan

This workplan must accompany each Component B proposal narrative

Please duplicate this form for each objective proposed

(no page limit - submit as many pages as needed to capture all objectives you propose)

Process Steps:
 1. Lay the groundwork
 2. Conduct Situation Analysis
 3. Develop an Action Plan
 4. Implement Plan for Change
 5. Monitor and Evaluate

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]
3.3 Increase effectiveness of retailers policies and practices that restrict access to alcohol by underage youth	October	Belfast Searsport Winterport Lincolnvile Unity	Alcohol retail outlets	Project Coordinator – lead Action Team members Coalition members Youth Advocacy Program

Communication:

- Recruit volunteers and businesses to participate in Sticker Shock campaign

Enforcement:

- Support Waldo County SO and Belfast PD in compliance checks and communicate results to community

Education:

- Educate local alcohol retail businesses (manager and employees) about underage drinking reduction

Collaboration:

- Involve retailers in CardMe Training Program and Alcohol Marketers Code of Conduct (AdCare Educational Institute)
- Utilization of the Communities Mobilizing for Change on Alcohol organizing model
- Work with YAP to engage in sticker shock campaign (relates to MCP 5.4 from HMP Work Plan)

4. Form for OSA SPF-SIG Workplan

This workplan must accompany each Component B proposal narrative

Please duplicate this form for each objective proposed

(no page limit - submit as many pages as needed to capture all objectives you propose)

Process Steps:
 1. Lay the groundwork
 2. Conduct Situation Analysis
 3. Develop an Action Plan
 4. Implement Plan for Change
 5. Monitor and Evaluate

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]
3.5 Increase effectiveness of school substance abuse policies	November	Belfast Searsport Thorndike Unity	Schools	Project Coordinator – lead School Health Coordinators Action Team

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):

Collaboration:

- Collaborate with School Health Coordinators to review existing policies and make recommendations for improvement
- Utilization of the Communities Mobilizing for Change on Alcohol organizing model

Education

- Develop training for school teachers and staff that will help them to identify students who are under the influence of alcohol or prescription medications in order to intervene appropriately

5. Form for OSA SPF-SIG Workplan

This workplan must accompany each Component B proposal narrative

Please duplicate this form for each objective proposed

(no page limit - submit as many pages as needed to capture all objectives you propose)

Process Steps:

1. Lay the groundwork
2. Conduct Situation Analysis
3. Develop an Action Plan
4. Implement Plan for Change
5. Monitor and Evaluate

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]
3.6 Reduce appeal of underage drinking by increasing knowledge of health risks	November	Belfast Searsport Thorndike Unity	schools	Project Coordinator – lead School Health Coordinators Action Team Youth Advocacy Program

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):

Collaboration:

- Collaborate with School Health Coordinators and SAUs to review existing health curriculum elements
- Utilization of the Communities Mobilizing for Change on Alcohol organizing model

Education:

- Work with SAUs to develop participatory research projects conducted by students that can be tied into curriculum
- Work with YAP students to support their choice of participatory research projects

Communication:

- Work with SAUs to compile MYDAUS data and report to community

6. Form for OSA SPF-SIG Workplan

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Process Steps:

1. Lay the groundwork
2. Conduct Situation Analysis
3. Develop an Action Plan
4. Implement Plan for Change
5. Monitor and Evaluate

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]
3.8 Decrease alcohol advertising/promotions that appeal to youth	October	Belfast Searsport Winterport Unity Lincolnville	Alcohol retail outlets	Project Coordinator – lead Action Team
<p>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):</p> <p><i>Collaboration:</i></p> <ul style="list-style-type: none"> ▪ Involve retailers in CardMe Training Program and Local Alcohol Marketer’s Code of Conduct that addresses the type and amount of in-store advertising that promotes alcohol ▪ Utilization of the Communities Mobilizing for Change on Alcohol organizing model <p><i>Education:</i></p> <ul style="list-style-type: none"> ▪ Educate local alcohol retail businesses (manager and employees) about consequences associated with underage drinking and the effect of advertising on adolescent decision making 				

7. Form for OSA SPF-SIG Workplan

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(no page limit - submit as many pages as needed to capture all objectives you propose)

- Process Steps:
1. Lay the groundwork
 2. Conduct Situation Analysis
 3. Develop an Action Plan
 4. Implement Plan for Change
 5. Monitor and Evaluate

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]
Change community norms favorable to underage drinking	October	Belfast Searsport Winterport Lincolnville Unity	community	Project Coordinator – lead Action Team Coalition members
<p>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):</p> <p><i>Collaboration:</i> Utilization of the Communities Mobilizing for Change on Alcohol organizing model</p>				

8. Form for OSA SPF-SIG Workplan

This workplan must accompany each Component B proposal narrative

Please duplicate this form for each objective proposed

(no page limit - submit as many pages as needed to capture all objectives you propose)

Process Steps:

1. Lay the groundwork
2. Conduct Situation Analysis
3. Develop an Action Plan
4. Implement Plan for Change
5. Monitor and Evaluate

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]
3.10 Reduce appeal of high risk drinking by increasing knowledge of the health risks	November	All	Worksites Colleges Technical Center	Project Coordinator – co-lead HMP Coordinator – co-lead Action Team
<p>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):</p> <p><i>Collaboration:</i></p> <ul style="list-style-type: none"> ▪ Work with HMP Coordinator, Action Team and worksites to incorporate substance use and abuse information in workplace health education programs (Relates to worksite analyses in MCP objective 2.5 from HMP Work Plan) ▪ Collaborate with others within the region to influence insurers to offer incentives to employers who participate in healthy workplace activities and training ▪ Continue to build relationships with local colleges to develop educational programs and materials related to the health risks associated with high risk drinking ▪ Utilization of the Communities Mobilizing for Change on Alcohol organizing model <p><i>Policy:</i></p> <ul style="list-style-type: none"> ▪ Work with insurers to provide incentives for worksite implementation of The Healthy Workplace <p><i>Education:</i></p> <ul style="list-style-type: none"> ▪ Work with Unity College and the Hutchinson Center to implement participatory research projects ▪ Work with Unity College and the Hutchinson Center to incorporate information on high-risk drinking into student orientation ▪ Work with Waldo County Technical Center to ensure that education regarding substance use and related safety issues in the workplace/jobsite is addressed 				

9. Form for OSA SPF-SIG Workplan

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(no page limit - submit as many pages as needed to capture all objectives you propose)

Process Steps:

1. Lay the groundwork
2. Conduct Situation Analysis
3. Develop an Action Plan
4. Implement Plan for Change
5. Monitor and Evaluate

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]
3.11 Decrease promotions and pricing that encourage high risk drinking among young adults	October	Belfast	Alcohol licensees City Hall	Project Coordinator – lead Action Team Coalition members
<p>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):</p> <p><i>Enforcement:</i></p> <ul style="list-style-type: none"> ▪ Support retailer’s adherence to licensing regulations with respect to promotions <p><i>Education:</i></p> <ul style="list-style-type: none"> ▪ Educate merchants about negative impacts of promotions and pricing on excessive drinking <p><i>Policy:</i></p> <ul style="list-style-type: none"> ▪ Work at the city and town level to review and influence policies related to liquor licensing, and promotions and pricing strategies that encourage excessive drinking <p><i>Collaboration:</i></p> <ul style="list-style-type: none"> ▪ Involve local alcohol retailers in Local Alcohol Marketer’s Code of Conduct ▪ Work with others within the region to review and influence state policy surrounding liquor licensing regulations related to promotions and pricing 				

10. Form for OSA SPF-SIG Workplan

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(no page limit - submit as many pages as needed to capture all objectives you propose)

Process Steps:

1. Lay the groundwork
2. Conduct Situation Analysis
3. Develop an Action Plan
4. Implement Plan for Change
5. Monitor and Evaluate

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]
3.12 Establish mechanisms in health care systems that increase use of screening and brief intervention to address high risk drinking	November	all		Project Coordinator – co-lead HMP Coordinator – co-lead Action Team
<p>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):</p> <p><i>Collaboration:</i></p> <ul style="list-style-type: none"> ▪ Work with HMP Action Team and worksites to incorporate substance use and abuse information in workplace health education programs (Relates to worksite analyses in MCP objective 2.5 from HMP Work Plan) ▪ Collaborate with regional partners to influence insurers to provide incentives to employers who participate in healthy worksite activities ▪ Continue to build relationships with local colleges to co-develop educational programs and distribute materials ▪ Continue to build relationships with health care professionals to share educational programs <p><i>Policy:</i></p> <ul style="list-style-type: none"> ▪ Work with insurers to provide incentives for worksite implementation of The Healthy Workplace <p><i>Education:</i></p> <ul style="list-style-type: none"> ▪ Work with Unity College and the Hutchinson Center to implement participatory research projects ▪ Work with Unity College and the Hutchinson Center to incorporate information on high-risk drinking in student orientation <p><i>Early Intervention:</i></p> <ul style="list-style-type: none"> ▪ Encourage healthcare professionals to ask all patients about high risk drinking habits 				

11. Form for OSA SPF-SIG Workplan

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- Process Steps:
1. Lay the groundwork
 2. Conduct Situation Analysis
 3. Develop an Action Plan
 4. Implement Plan for Change
 5. Monitor and Evaluate

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]
3.13 Increase effectiveness of retailer’s policies and practices that restrict availability of alcohol that encourages high risk drinking (ie. sales/service to visibly intoxicated persons)	October	Belfast Searsport Winterport Lincolnville Unity	Alcohol licensees	Project Coordinator – lead Action Team Coalition members
<p>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):</p> <p><i>Enforcement:</i></p> <ul style="list-style-type: none"> ▪ Support compliance checks <p><i>Education:</i></p> <ul style="list-style-type: none"> ▪ Educate retailers and bar owners about negative impacts of excessive drinking, including licensing consequences and civil liability <p><i>Collaboration:</i></p> <ul style="list-style-type: none"> ▪ Work with local alcohol retailers to adopt Local Alcohol Marketer’s Code of Conduct 				

12. Form for OSA SPF-SIG Workplan

This workplan must accompany each Component B proposal narrative

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(no page limit - submit as many pages as needed to capture all objectives you propose)

- Process Steps:
1. Lay the groundwork
 2. Conduct Situation Analysis
 3. Develop an Action Plan
 4. Implement Plan for Change
 5. Monitor and Evaluate

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]
Change community norms favorable to high risk drinking	October	all	community	Project Coordinator – lead Action Team Coalition members
<p>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):</p> <p><i>Collaboration:</i> Utilization of the Communities Mobilizing for Change on Alcohol organizing model</p>				

13. Form for OSA SPF-SIG Workplan

This workplan must accompany each Component B proposal narrative

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(no page limit - submit as many pages as needed to capture all objectives you propose)

- Process Steps:
1. Lay the groundwork
 2. Conduct Situation Analysis
 3. Develop an Action Plan
 4. Implement Plan for Change
 5. Monitor and Evaluate

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]
3.14 Reduce appeal of high risk drinking or misuse of prescription drugs by increasing knowledge of health risks	November	all	Worksites colleges	Project Coordinator – co-lead HMP Coordinator – co-lead Action Team Coalition members
<p>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):</p> <p><i>Collaboration:</i></p> <ul style="list-style-type: none"> ▪ Work with HMP Coordinator and Action Team and worksites to incorporate substance use and abuse information in workplace health education programs (relates to worksite analyses from MCP objective 2.5 from HMP Work Plan) ▪ Continue to build relationships with local colleges ▪ Utilization of the Communities Mobilizing for Change on Alcohol organizing model ▪ Continue to build relationships with health care professionals, prescribers and dispensers of prescription drugs and encourage increased participation in the Prescription Monitoring Program <p><i>Policy:</i></p> <ul style="list-style-type: none"> ▪ Work with insurers to provide incentives for worksite implementation of The Healthy Workplace <p><i>Education:</i></p> <ul style="list-style-type: none"> ▪ Work with Unity College and the Hutchinson Center to implement participatory research projects ▪ Work with Unity College and the Hutchinson Center to incorporate information on prescription drug abuse in student orientation 				

14. Form for OSA SPF-SIG Workplan

This workplan must accompany each Component B proposal narrative

Please duplicate this form for each objective proposed

(no page limit - submit as many pages as needed to capture all objectives you propose)

Process Steps:

1. Lay the groundwork
2. Conduct Situation Analysis
3. Develop an Action Plan
4. Implement Plan for Change
5. Monitor and Evaluate

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]
<p>3.15 Reduce availability of prescription drugs for purposes other than prescribed, by increasing prescribers and dispensers awareness of and use of the Prescription Monitoring Program based on assessment-based local substance abuse prevention priorities</p>	<p>November</p>	<p>all</p>	<p>Health care sites Pharmacies community</p>	<p>Project Coordinator – lead Action Team Coalition members</p>
<p>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):</p> <p><i>Collaboration:</i></p> <ul style="list-style-type: none"> ▪ Work with drug prescribers and dispensers to increase participation in the Prescription Monitoring Program ▪ Utilization of the Communities Mobilizing for Change on Alcohol organizing model <p><i>Policy:</i></p> <ul style="list-style-type: none"> ▪ Advocate for policy requiring drug prescribers to utilize Prescription Monitoring Program 				

15. Form for OSA SPF-SIG Workplan

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Process Steps:

1. Lay the groundwork
2. Conduct Situation Analysis
3. Develop an Action Plan
4. Implement Plan for Change
5. Monitor and Evaluate

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]
Change community norms favorable to the abuse of prescription drugs	October	all	community	Project Coordinator – lead Action Team Coalition members
<p>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):</p> <p><i>Collaboration:</i></p> <ul style="list-style-type: none"> ▪ Utilization of the Communities Mobilizing for Change on Alcohol organizing model 				

Assessment Report

County Name:	Waldo
Person Completing Form:	Patrick Walsh
Completion Date:	6/14/2007

Section 1: What you learned initially

From your initial review of existing data and prior assessments,

1. What consumption patterns are of particular concern in your county? Why? Among which population(s)? Please make sure you list the source of your information.

Underage Drinking, High Risk Drinking by Young Adults, and the Abuse of Prescription Drugs by youth and young adults emerged as the main concerns in Waldo County. This conclusion is drawn from an analysis of MYDAUS data, data reviewed in Maine's epidemiological analysis, the Waldo County Supplement of the Report on Substance Consumption and Consequences prepared by Hornby Zeller Associates, Inc. dated September, 2006, surveys completed by youth and community leaders, a Focus Group of diverse informed stakeholders, from interviews conducted with a sample of Waldo County Jail inmates, responses from 70 attendees at an Underage Drinking Forum in March 2006, and the report of the Belfast Area Task Force on Substance dated June, 2005.

2. What consequences are of concern? Why? Please make sure you list the source of your information.

Juvenile arrests for alcohol and drug offenses were higher than the state average in the period 1991 - 2002 according to data from the Department of Public Safety's Uniform Crime Reporting System. Safe and Drug Free Schools data reveals that school suspensions for alcohol and drug violations were roughly equal to the state average in the 2001 through 2004 school years. MYDAUS data reveals a significant number of students who report being "Drunk Or High at School" and the percentage of students who report "Feeling Unsafe at School" is the highest in the state. The Waldo County Rate of Crime Reports is slightly higher than the state average. Arrests for alcohol violations

including OUI arrests is higher than the state average although the incidence of fatal traffic accidents involving alcohol appears to be about half the state average.

Information found in the Treatment Data Systems verifies that alcohol is the drug of first choice for most people seeking treatment. 62% reported alcohol and drug initiation prior to age 18. Interviews with inmates at the Waldo County Jail confirmed this with 90% reporting using prior to age 20 and 36% reporting using prior to age 15. Adult substance abuse problems clearly are linked with early initiation.

Core Group and Focus Group discussions included expressions of concern about the lack of available treatment and the lack of insurance coverage for treatment for substance abuse addictions.

More than 50% of Waldo County adults participated in at least 1 incident of binge drinking in the prior 12 months as reported by the Maine General Population Survey of 2004. Opinions expressed in survey responses and Focus Group discussion identified the importance of adult modeling of alcohol and drug use in affecting the decision making of young people

3. What knowledge gaps exist?

In Waldo County we have few cultural sub-populations. Diversity in our culture is typified by economic differences with a significant number of residents in poverty. The Treatment Data Systems report for those Waldo County residents entering treatment reveals that 71% reported incomes of under \$10,000 annually. While this may be explained as the impact of addiction prior to entering treatment, it may also suggest a greater likelihood of substance use by those accustomed to low aspirations and lack of success.

We have identified a population of people who are "different" due to sexual orientation, but to this point have not been able to find a mechanism or an established group to discuss how substance use might affect this population. Some research exists that reveals LGBTQ youth are at a higher risk of substance use and abuse.

Surveys with both youth and adults suggest that we need to find ways to effectively communicate the risks associated with substance use and abuse, and particularly with the early initiation of substance use. MYDAUS survey data clearly reveals that the greatest perceived risk of harm is from the use of cigarettes, followed by the regular use of marijuana. Anti-smoking campaigns appear to have been effective in raising the consciousness of young people leading to reduced use. We need to continue to develop campaigns that will effectively educate young people about the health risks associated with alcohol, prescription drugs and other drug use.

