

Cumberland County Assessment for Substance Abuse
The Cumberland County SPEP Collective
June 2007

Assessment Committee Responsibilities

County: Cumberland County

Committee Member	Affiliation	Role/Responsibility
Lucie Rioux	Communities Promoting Health Coalition	Collective Member and Core Group Member
Amanda Beal	Communities Promoting Health Coalition	Collective Member and Core Group Member
Kaki Dimock	PROP	Collective Member and Core Group Member
Erica Schmitz	MCD/ 21 Reasons	Collective Member and Core Group Member
Ronnie Katz	Health and Human Services City of Portland	Collective Member and Core Group Member
Christina Lamarre	Raymond Mentoring	Collective Member
Dona Forke	Bridgton HMP	Collective Member
Sandy Hale	Westbrook School Dept.	Collective Member
Malory Shaughnessy	MASAP, Cumberland County Commissioners	Collective Member

Bethany Sanborn	Healthy Portland HMP	Collective Member
Tina Harnett Pettingill	Health and Human Services City of Portland	Collective Member
Lee Anne Dodge	USM	Collective Member
Scott Gagnon	Day One	Collective Member
Carol Troy	The Women's Project	Collective Member
Margaret Jones	Day One	Collective Member
Bob Scarpelli	South Portland Police	Collective Member
mike Clifford	Portland Public Schools	Collective Member
Robin Haley	Falmouth Public Schools	Collective Member
John Kenney	Cumberland/ North Yarmouth Public Schools	Collective Member
Melissa Fochesato	21 Reasons	Collective Member
Colleen Taylor-Capano	Gray/ New Gloucester parents	Collective Member
Lynn Doxey	City of Portland, Minority Health Dept.	Collective Member
Stephanie Duggan	District Attorney's Office	Collective Member
Martin Lynch	MSAD 15	Collective Member

Indicator Data for Substance Use Among Middle and High School Students (from County Profile Supplement)

Indicator	Overall Rate of use, 2006	Group with highest rates, 2006	Compared to state?	Other notes
Lifetime use: alcohol	48.8%	12 th graders	<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input checked="" type="checkbox"/> About the same	Big increase in percent lifetime use between 8 th and 9 th grade
Lifetime use: marijuana	25.6%	12 th graders	<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input checked="" type="checkbox"/> About the same	10% of students have used Marijuana a few times, while 14% have used it more than 10 times.
Lifetime misuse: prescription drugs	11.6%	12 th graders	<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input checked="" type="checkbox"/> About the same	Rates have actually decreased over the last few data cycles in Cumberland County
Previous 30-day use: alcohol	29.7%	12 th graders	<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input checked="" type="checkbox"/> About the same	There is a 13% increase in 30-day alcohol use between 8 th and 9 th grade.
Previous 30-day use: marijuana	15.6%	12 th grade	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	Cumb. Co has higher rates of use in 11 th and 12 th grade. The data also indicates that 5% of students have used marijuana more than 10 times in the past 30 days
Previous 30-day misuse: prescription drugs	5.7%	12 th grade	<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input checked="" type="checkbox"/> About the same	11 th and 12 th grade have about the same rates of use
Previous 2-week participation in binge drinking by grade	About 14.8%	12 th grade	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	
Previous 2-week participation in binge drinking by gender	14.3%	Males	<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input checked="" type="checkbox"/> About the same	
Age first tried alcohol	53% 14 and older		N/A	Age of first drink has increased over time

Indicator	Overall Rate of use, 2006	Group with highest rates, 2006	Compared to state?	Other notes
Age first tried marijuana	37% 14 and older		N/A	Age of first marijuana use increased over time

Substances of greatest concern in our county:

- Binge drinking is of great concern. There is a huge increase in 30-day use between 8th and 9th grade and over a third of 12th graders have participated in binge drinking in the past 30 days.
- Marijuana is of concern since over a quarter of 12th graders report past 30-day use.

Subpopulations/age groups of particular concern in our county:

- 9th graders are of particular concern for binge drinking not just because of the increase in drinking, but also because of their vulnerable position within the school environment. They report the greatest amount of fear for their safety during this year and report much greater access to drugs and alcohol than they did in 8th grade.
- 11th and 12th graders are of particular concern in regards to marijuana use considering their especially high rates of use (statistically significantly higher than the state). It is also concerning that 12% of 11th and 12th graders first tried marijuana before the age of 14.

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

Marijuana

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

We need more information about what happens as 8th graders move into the high school setting. What changes in their lives, in the school environment, in their development, in the social environment, etc., that would contribute to the much higher rates of use and binge drinking. We also need more information about marijuana use. Who is smoking, where they are smoking and for what reasons. There is a big gap in info about marijuana in general.

Indicator Data for Substance Use Among Adults (from County Profile Supplement)

Indicator	County: Rate of use	State: Rate of Use	Compared to state?	Other notes
Lifetime use among adults: alcohol	94.2%	91.8%	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	
Lifetime use among adults: marijuana	49.1%	40.5%	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	Marijuana use is almost 9% higher in Cumberland Co. although it is not clear whether the difference is statistically significant. (no p-value indicated)
Lifetime use among adults: prescription drugs	4%	4.9%	<input type="checkbox"/> Higher <input checked="" type="checkbox"/> Lower <input type="checkbox"/> About the same	Not enough information to determine statistical significance
Previous 30-day use among adults: alcohol	67.9%	56.6%	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	Previous 30-day use is 10% higher in Cumberland Co
Previous 30-day use among adults: marijuana	4.7%	4%	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	Not enough information to determine statistical significance
Previous 12-month participation in binge drinking	48.7%	50.8%	<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input checked="" type="checkbox"/> About the same	
Previous 30-day participation in binge drinking	27.5%	27.8%	<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input checked="" type="checkbox"/> About the same	
Previous 12-month binge drinking by gender (not available for all counties)	Men: 54.6% Women: 43%	Men: 57% Women: 44%	<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input checked="" type="checkbox"/> About the same	Men have a 10% higher rate of binge drinking than women
Individuals crossing the threshold for prescription drugs	Female: 60.5% Male: 39.2%	Female: 62.7% Male: 37.3%	<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input checked="" type="checkbox"/> About the same	20% more females cross the threshold than males
Median age of individuals crossing the threshold	43	42	<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input checked="" type="checkbox"/> About the same	

Substances of greatest concern in our county:

Alcohol use. Almost half the population has binged in the past year and more than a quarter have in the past 30 days.

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

Marijuana appears to be consumed at a higher rate although unsure if percentage difference is statistically significant.

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

I need to look at the actual data that the marijuana stats came from. I want to know who are the binge drinkers more specifically. We know that men are more likely than women to binge but we need more information on various age groups, and subpopulations to better assess the problem.

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

- Binge drinking

Indicator Data: Substance Use Consequences Among Youth (from County Profile Supplement)

Indicator	Rate of consequence in most recent year: County	Compared to state?	Trends over time?	Other notes
Juvenile arrests for alcohol violations	346	<input type="checkbox"/> Higher <input checked="" type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input checked="" type="checkbox"/> No change	There has been a decrease in alcohol arrests over the last ten years, but it has held steady for the past 4 years
Juvenile arrests for drug violations	475	<input type="checkbox"/> Higher <input checked="" type="checkbox"/> Lower <input type="checkbox"/> About the same	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	Since 1996, the year with the highest rate, arrests are down, but over the past 4 years there has been an increase of almost 100 arrests per 100,000 youth
Percent of all youth drivers (under 21) in fatal crashes who were alcohol-involved	4.4	<input type="checkbox"/> Higher <input checked="" type="checkbox"/> Lower <input type="checkbox"/> About the same	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	A slight increase. Cumberland Co. has a very low percent of youth involved in fatal accidents involved with alcohol
Suspensions/removals due to alcohol or drugs	N/A	<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	N/A	Lower in Alcohol and other drugs but higher percentage of removals due to Marijuana

Consequences of concern in my county:

Cumberland Co has lower rates of most of the consequence data but arrests are not always a good way to track the consequences. Considering that use rates seem to be similar, it doesn't necessarily follow that arrest rates would be so much lower. Because Cumberland Co is home to the biggest city in Maine, it is possible that the police do not have as much time and energy to concentrate on drugs and alcohol compared to the rest of the state.

Consequences in which my county exceeds the state:

Suspensions for Marijuana are higher in our county

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

In general, we need more consequence data. There is limited data in the county profile that gives us a really good sense of the consequences of youth drug and alcohol use. We need more info on the problems it causes in the home environment, on schooling, on health, etc.

Indicator Data: Substance Use Consequences Among Adults (from County Profile Supplement)

Indicator	Rate of consequence in most recent year: County	Compared to state?	Trends over time?	Other notes
Rates of reported crimes per 1,000 people, by type	6.8	N/A	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input checked="" type="checkbox"/> No change	
Arrests for alcohol violations, age 18 and older	954	<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input checked="" type="checkbox"/> About the same	<input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease <input type="checkbox"/> No change	
Adult OUI arrests, age 18 and older	712	<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input checked="" type="checkbox"/> About the same	<input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease <input type="checkbox"/> No change	
Arrests for drug violations, age 18 and older	312	<input type="checkbox"/> Higher <input checked="" type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input checked="" type="checkbox"/> No change	
Percent of total fatal crashes over 5 years that were alcohol-related	39%	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	Compared to other counties? One of the highest
Percent of all young adult drivers (21 to 29) in fatal crashes who were alcohol-involved	56.7%	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	This graph is astounding! The state decreased the percentage while Cumberland Co went up by 18%
Percent of all adult drivers (30 and older) in fatal crashes who were alcohol-involved	20.7%	<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input checked="" type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input checked="" type="checkbox"/> No change	
Deaths by underlying cause		N/A	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
Overdose deaths	17	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	The rate is less than it was the year before but it is higher than the previous 5 years.

Indicator	Rate of consequence in most recent year: <u>County</u>	Compared to state?	Trends over time?	Other notes
Treatment admissions (all ages)	1132	<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input checked="" type="checkbox"/> About the same	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
Percent of total treatment admissions (18 and older) involving alcohol	66.8%	<input type="checkbox"/> Higher <input checked="" type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease <input type="checkbox"/> No change	
Percent of total treatment admissions (18 and older) involving marijuana	26.8%	<input type="checkbox"/> Higher <input checked="" type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease <input type="checkbox"/> No change	
Percent of total treatment admissions (18 and older) involving prescription drugs (not available for all counties)	28.9%	<input checked="" type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease <input type="checkbox"/> No change	

Consequences of concern in my county:

The fatal car accidents involving alcohol among the 18-24 year old population is very concerning. The percentages have gone up considerably even while the rates in the state have gone down. Overdose deaths are also of great concern in our county. The rates are much higher than the rest of the state.

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

The 18-24 year old population is of great concern

Consequences in which my county exceeds the state:

Fatal car crashes for young adults

Overdose deaths

Treatment admissions involving prescription drugs

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

We need much more consequence data concerning other health problems and monetary consequences

Review of Past Needs Assessments

County Name: Cumberland County
Person Completing Form: Liz Blackwell-Moore
Completion Date: _____

Once you have collected the past assessments that have been conducted in your county, fill out the grid below.

Who conducted it and when?	What geographic area did it cover?	What age group(s) did it cover?	What type of information is in the assessment ?	What were the key findings relevant to substance abuse prevention?
1. Child and Family Services at PROP:2005	Cumberland County	Parents of children in Head Start Program	Concerns of parents of children	Drug and alcohol abuse were a small concern of parents with children in head start
2. MYDAUS County data:2006	-Cumberland County -All School Districts in the County except for 1	6 th -12 th grade	Use and consequence data, risk and protective behaviors	Binge drinking is a major problem in our county and we have high rates of marijuana use
3. One Maine One Coalition: 2003	Portland	Youth	Info on how youth get access to alcohol, why they drink, and the environment	Family and community were found to be major focus areas for alcohol interventions
4. USM Core Data Surveys	Cumberland Country	College students	Substance abuse and alcohol use data among college students	Patterns of use and consequence data for college students
5. The Women's Project: 2006	Cumberland County Colleges	College age women	Percentages of alcohol use among women, reasons for use.	High percent of women were binge drinking and they believed it was normative behavior

6. Portland DFC Needs Assessment and Asset Mapping:2006	Portland	Youth	Community/environment domain, Family/Parent domain, and Individual/Peer Domain	Public's priorities are similar to the OSA Priorities
7. CPHC DFC Needs Assessment and Asset Mapping:2006	Buxton, Gorham, Hollis, Raymond, Scarborough, Standish, Windham, South Portland and Westbrook	Youth	Results from focus groups with youth and parents	Parents unaware of child use. Mixed messages from parents and media. Lack of community organizing.
8. CPHC Community health Assessment	Buxton, Gorham, Hollis, Raymond, Scarborough, Standish, Windham, South Portland and Westbrook	All ages	Mostly data on chronic disease and alcohol use	Higher rates of adult drinking than the state Higher rates of binge drinking than the state
9. Bridgton Community Assessment: 2004	Bridgton, Naples, Sebago, and Casco	Youth	Substance abuse data, mostly from the MYDAUS	Substance use by teens and their low perception of risk of alcohol use
10. Poverty in Maine 2006 by Maine Community Action Association	Cumberland County	All ages	Socio-economic data	Socio-economic data of the county
11. BRFSS State of Maine Data	State of Maine	Adults over 18	Alcohol use	Binge and heavy drinking statistics for the state by different criteria (eg: age, race, gender, etc)
12. Overdose Data: 2006	Cumberland County	Adults over 18	Overdose statistics	Cumberland Co has the highest percentage of overdose deaths

13. Maine Safe and Drug Free Schools and Communities Act Program: 2004-2005	State of Maine	Youth	Stats on incidents of student removal due to drug and alcohol use	Marijuana accounted for over half the school removals
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List any regions in your county in which an assessment that included substance abuse has not been conducted and why (if known):

With a thorough search, no assessment could be found in the 95 corridor region, which includes, Falmouth, Yarmouth, North Yarmouth, Cumberland, Pownal, and Freeport. Some information has been collected about Freeport by the HMP in Sagadahoc County, but that information is bundled with the rest of their county. It can be assumed that assessment has been completed in that area because they are not currently covered by an HMP.

Assessment Report

County Name:	<u>Cumberland County</u>
Person Completing Form:	<u>Liz Blackwell-Moore</u>
Completion Date:	<u>5/29/07</u>

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.
 - High-risk drinking among youth (MYDAUS '06)
 - High-risk drinking among young adults (County profile, USM core data)
 - Marijuana Use among youth (MYDAUS '06)
 - Cocaine Use (Arrest data)
 - Prescription Drug Use (MYDAUS '06 and national data on young adults)
2. What consequences are of concern? Why? Please make sure you list the source of your information.
 - Correlation between alcohol and other drug use (MYDAUS '06)
 - High rates of sexual risks with alcohol use for youth (CASA)
 - High rates of fatal traffic accidents involving young adults and alcohol (County Profile)
 - High Rates of sexual assault when either or both parties have been using alcohol (CASA and The Women's Project Study)
 - Cocaine use is linked to high rates of crime (DEA arrest data)

Please see **Appendix A: Highlights from Preliminary Assessment**

3. What knowledge gaps exist?
After brainstorming the contributing factors for the areas of concern, the Collective created a list of questions to address the gaps in knowledge that exist after the preliminary assessment. Below are the questions:

12-17 year olds

- Are youth self-medicating with marijuana
- What is the perception of risk of driving while high as compared to drinking and driving
- Why do youth use marijuana?

- What types of non-substance related activities are there for youth to do on a weekend night?
- What is the interplay between alcohol and other drugs? Would lower alcohol rates mean lower drug use rates overall?
- What are the rewards in school/family/community, for antisocial behavior?

18-25 year olds

- Why does this age group use marijuana?
- What types of non-substance related activities are there for young adults to do on a weekend night?
- What is the interplay between alcohol and other drugs?
- What is their perception of the dangers of crack vs. cocaine?
- What is college students perception of the students that live in chem.-free housing?

25+ year olds, Parents

- Questions around parents use of marijuana and their perceptions and/or acceptability of children's use
- Parental perception of youth prescription drug use, their knowledge of youth use, and where youth get access to prescription drugs
- What is the interplay between alcohol and other drugs?

Possible Key Informant Questions:

- Is law-enforcement trained to look for prescription drugs when they break up a house party with youth?
- Are cashiers trained to look for suspicious purchases of over-the-counter medications?
- Have "No Child Left Behind" standards left prescription drug use off the radar of schools?
- How do workplace employers reward employees with alcohol? What are workplace rules around alcohol and drugs and how are those rules enforced?

Focus Group Plan:

Focus Group Name	Age group	Population?	Location	Date	Time	Facilitators
The Women's Project	18-25	Women in recovery		Thurs. March 15th	9:30-10:30	Liz and Dona
Raymond Parent	over 25	Rural parents	Raymond elementary	Jan. 31st	6-7 pm	Kaki and Christina
Raymond Youth	12 to 17	Rural youth	Raymond elementary	Jan. 31st	6-7pm	Liz and Amanda
Prop Peer Leader	12 to 17	Mostly refugee and immigrant population	Riverton	Thurs. Feb. 22	3:30-4:30	Liz and Amanda
Leadership and Resiliency Project	12 to 17	Targeted at-risk youth in high school	Westbrook	Fri. Feb. 2		Amanda and Chanda
High School Class	16-17			March 22	9:40am	Amanda and Chanda
Day One Transitional Housing Program	18-25	People in Recovery	Transitional House	Wed. March 14	5:00-6:00	Liz and Lucie
Cumberland County Jail	18 -25	Men	CCJ	Tues. March 13		Ronni and Amanda (PPH)

**** For focus group questions and results, please see Appendix B and C**

Key Leader Meeting Plan:

Zone	Date and Time	Location	Liaison
Zone 1	Wed. Feb 28, 4-6pm	Windham Public Library	Christina Lamarre
Zone 2	Wed. Feb 28, 2:30-4:30	Falmouth High School Library	Robin Haley
Zone 3	March 13, 11-1	Portland City Hall	Ronnie Katz
Zone 4	Mon. March 5, 4-6	St. Max's Church	Lucie Rioux

**** For Key leader questions and results, please see Appendix D and E**

Section 2: Putting it all together

Please see Appendix F: Key Findings Summary

1. High risk drinking among youth: 12-17 years old

Consequences:

Fatalities: Nationally, 5000 people under the age of 21 die annually from alcohol-related injuries involving underage drinking. 1900 die annually from traffic accidents. (Surgeon General)

Increase in Sexual Risks:

- Nationally, Almost 9 out of 10 (88%) 15-24 year-olds say that people their age drink or use drugs before having sex at least “sometimes”- including 50% who say this happens “a lot”.
- 24% of sexually active 15-17 year-olds reported doing more sexually than planned because they had been drinking or using drugs (Kaiser)
- In Maine, of currently sexually active high school students, 26% reported that they drank or used drugs before their last intercourse. (Maine YRBS 2005)

Suicide: In Maine, 81% of attempted suicides among 15-24 year-olds were from poisoning (often including alcohol). (Maine Youth Suicide Prevention Program)

Early alcohol use increases risk of dependence: 40% of people who used alcohol before age 15 also describe their behavior and drinking at some point in their lives in ways consistent with an alcohol dependence diagnosis. (Surgeon General)

Academic Problems: Of Maine general education high school students who are removed from school for prohibited behavior, 30% are removed due to drug-related acts (which includes alcohol). (Lobster Book 2005-2006)

Developmental Consequences: Recent studies show that early alcohol use may have detrimental effects on the developing brain, including neurocognitive impairment. (Surgeon general)

Contributing Factors:

Retail Access/ Availability

- Shoplifting- placement of alcohol in stores is convenient for stealing
- Lack of lock caps in hard alcohol bottles (like the one's Shaw's has)
- Youth employees of stores getting alcohol at stores or allowing other youth to buy

Social Access/ Availability

- Alcohol easy to access at home for 6th-8th graders
- Adults purchasing alcohol for underage drinkers (includes adults the youth know, and adults who they meet outside of a alcohol outlet)
- The ability of youth to drive increases their ability to drink outside of adult supervision (pit parties in the woods, house parties, etc)
- Cell phone use makes it easy to create parties at the last minute

Price:

- Deals on alcohol make it easier for youth to afford it
- Cumberland County has the highest median income in the state, many receive allowances and/or work outside the home which means youth have more money to afford alcohol.

Enforcement:

- Perception that they won't get caught:
 - Parties are hard to find
 - Pit parties in the woods are hard to find

- In urban areas, there are many other priorities above underage drinking
- They never hear of other kids getting caught unless they do something stupid, like get in a car accident
- Lack of resources at Police Departments
- Police culture: Perception is that it's not a crime, it's a rite of passage, we all did it
- Keg registration tags are easy to remove

Perceived Risk:

- High perceived risk for drinking and driving but not for anything else related to alcohol use
- Perception that hard alcohol is more dangerous than beer
- Perception that fruity drinks aren't as dangerous??

Community Climate:

- Lack of support from enforcement community
- The perception from adults that it's no big deal, we all went through it and survived
- Lack of chem.-free activities that are affordable, accessible, and appropriate for the age group
- Driving is expected and the bus is not a viable option.
- My space/ utube create expectations for youth around behavior (lots of video and pictures of other young people drinking or being drunk)

Family Climate:

- Parental attitude that supports drinking
- Parents drinking a lot in the home
- Alcohol available at home
- Parents don't want kids to drive so they let them drink at their homes
- Pressure from parents for high achievement
- Family history of addiction, mental health issues, sexual assault

School Climate:

- Perception of safety at school is low during 1st years in high school in Cumberland Co.
- Lack of interventions and prevention of substance abuse at schools
- More pressure for high academic achievement, to fit in and do well in all areas
- Perception that it's not a big deal if I get caught, teachers don't care if they use
- Off campus privileges during the school day offer unsupervised times to use
- Jr. High and High schools begin to use "Push-out" rules (ie: the expectations of kids get tougher and more authoritarian without working on engagement of kids)

Developmental Transitions:

- Expectations and perceptions of self change from middle school to high school
- Driving opens up new opportunities for independence and substance use
- Personal/sexual identity is changing during this time

2. High Risk Drinking among Young Adults: 18-25 years old

Consequences:

Increase in Sexual Risks:

- Alcohol Use by victim, perpetrator, or both, has been implicated in 46 to 75 percent of date rapes among college students (Kaiser)

- Among adults aged 18-30, heavy drinkers are five times as likely as non-heavy drinkers to have at least ten sex partners in a year. Multiple sex partners is a primary risk factor for transmission of STDs, including HIV. (Kaiser)
- Heavy drinkers between the ages of 18-25 were more than twice as likely to contract an STD in the past year than young adults who abstained from alcohol. (SAMHSA)

FASD: Each year, 40,000 infants in the US are affected by FASD (Fetal Alcohol Spectrum Disorders), the leading known cause of mental retardation and birth defects. (National Organization on Fetal Alcohol Syndrome)

Traffic Fatalities: HUGE increase (18%) in fatal accidents involving alcohol within this age group

Addiction: 18-20 year olds have the highest prevalence of DSM-IV alcohol dependence

Contributing Factors:

Retail Access/ Availability:

- Upper class people and older friends buy for the underage in this age group
- If the person looks older they don't get carded

Social Access/ Availability:

- Independent living makes it easy to have parties
- Older friends buy for underage drinkers

Price:

- Affordable
- Price specials that target younger age groups, ie: 50 cent drafts

Promotion:

- Big Marketing by Big Alcohol
- Movies about this age groups are alcohol centric and promote binge drinking
- Alcohol ads feature young beautiful people

Enforcement:

- Campus security is inconsistent
- Campus Administration does not prioritize alcohol as a major problem
- Not a priority for police (compared to other issues like violence)

Perceived Risk:

- Lack of information about: serving size, alcohol content, harm reduction strategies, etc
- Now legal for this age group, so perceived risk is reduced further
- Campus police are not consistent and do not prioritize alcohol

Community Climate:

- Some workplaces promote drinking as part of their climate
- Alcohol is the "least of all evils"
- Lack of intervention resources (treatment to quit) for people with no insurance/ low income

Family Climate:

- 18 is the "on-your-own" age, family encourages them to do their own thing
- Parents are more likely to condone drinking by this age group and be more relaxed about rules at home.

School Climate:

- Alcohol connected the school identity and loyalty, especially by alumni (via memories)
- Ostracism by other students for not participating in drinking/drugs

Developmental Transitions:

- Lack of maturity, ie: identifying responsible drinking
- Struggling with new found independence and identity

3. Marijuana Use (all ages)

Consequences:

Academic Problems: Marijuana use, possession and distribution make up 41% of all drug and alcohol related incidents resulting in student removal in Maine (Lobster Book 2004)

Contributing Factors:

Retail Access/ Availability:

- Easy to access

Social Access/ Availability:

- Socially acceptable especially among parents who use or have used

Price:

- Generally inexpensive

Promotion:

- Medical Marijuana debate has given new positive recognition to marijuana
- Seen as “natural”, healthier than cigarettes

Enforcement:

- Not a priority for police and therefore there is a lack of enforcement

Perceived Risk:

- Perception that it is not addictive
- Minor legal consequences and low perceived legal consequences
- Lack of knowledge that it can lead to depression/ ADHD
- Perception that it is safer to drive while high than to drink and drive

Community Climate:

- Community supervision is lacking in some areas, lack of community relationships, rural areas where houses are far apart
- Lack of activities for young people after school, at night, on weekends
- Nothing to do at night on college campuses, lack of intellectual conversation

Family Climate:

- Lack of family fun/social activities that do not involve substances
- Many parents use or have used in their lifetime
- Parental supervision is lacking especially right after school

School Climate:

- Arts/music/ dance programs have been cut and there is a lack of creative outlets within school
- Lack of physical education and physical activity in school so youth get bored
- Youth do not learn to self-organize their unstructured time/play

Developmental Transitions:

- Using pot to lubricate social interaction during transition times, ie: high school and college
- Self-medicating for ADHD is common
- Getting a license

4. Prescription Drug Misuse (all ages)

Consequences:

Overdose: Visits to emergency rooms arising from nonmedical use of prescription and over-the-counter drugs rose 21% between 2004 and 2005 (SAMHSA and DAWN network)

Addiction: New England has the 2nd highest rate of prescription drug addiction in the U.S.

Contributing Factors:

Retail Access/ Availability:

- Easily prescribed (ER, Doctor, Dentist)
- Internet access (legit and black market)
- Fake symptoms to get Rx
- Over-the-counter meds are very easy to get

Social Access/ Availability:

- Out of medicine cabinet of parents
- From friends at college who are prescribed the meds
- Increase use of email/codes
- Get it from partner

Price:

- Over-the-counter meds are inexpensive
- Rx is covered by insurance and subsidized so it's inexpensive
- Stealing is free
- Sex for drugs costs no money

Promotion:

- Media ad saturation for prescription drugs
- Promoting to Doctors, incentives from Rx companies help promote use of certain drugs
- Huge drug company lobbying

Enforcement:

- Hard to detect
- Police may not be looking for Rx when busting a party
- Child protection services may not be trained to look for Rx abuse
- OSA monitoring system may not detect who the abuser is, just the name of the person who has gone over the threshold

Perceived Risk:

- Low perceived risk because it is approved by doctor and on tv ads
- Ignorance to existence of RX abuse problem

Community Climate:

- Denial about the problem
- Ignorance and obliviousness to the problem
- Lack of training for cashiers around suspicious purchases of over-the-counter meds

Family Climate:

- Relationships/partner pressures from and/ or acceptance of use

School Climate:

- Not addressed in school health classes
- No-child left behind standard move this issue off the radar of school admin and teachers

Developmental Transitions:

- Self-medicating as a result of prior trauma

5. Crack Cocaine/ Cocaine Use

Consequences:

Drug Arrests: Cocaine and Crack Cocaine made up more than 50% of the drug arrests of people over 18 in Cumberland County in 2005 and the first half of 2006. (Maine DEA)

Death: In 2005, 26.7% of all drug deaths occurred in Cumberland County (but only 20% of the population in Maine). (Maine Drug-Related Mortality Patterns (1997-2005) Cumberland County, ME)

Contributing Factors:

Retail Access/ Availability:

- N/A

Social Access/ Availability:

- Coke is more available at parties because it is more socially acceptable than Crack

Price:

- Crack is cheap and cheaper than coke

Promotion:

- Underground dealer marketing difficult to address

Enforcement:

- Strong enforcement related to behavior
- Users behave badly, receive attention from law enforcement and then the drug is discovered
- Sentencing laws are harsher from Crack than Cocaine, reinforcing the perception that cocaine isn't as dangerous

Perceived Risk:

- Coke is perceived as cool, for rich people, models and people who drive BMWs

Community Climate:

- People who use coke and crack are perceived to be the “worst” kind of substance user
- There is a connection between crack, poverty, and racism
- Acceptable to use cocaine in a busy restaurant by the cooks (cash based job, working late hours, working fast)

Family Climate:

- Parental recreational use has negative impact on children
- Dramatic erosion of family system when member is addicted

School Climate:

- Some students use coke to help them stay up to work on papers or stay up late for the party
- Fierce competition for academic achievement and athletic achievement may contribute to the use of cocaine by some students

Developmental Transitions:

- Both college and non college age young adults are exposed to cocaine/ crack

Section 3: Capacity Assessment

Please See Appendix F for the Capacity Report

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

Combined, the members of the core group are incredibly knowledgeable about substance abuse prevention, conducting assessments, and strategic planning. Their guidance will assist greatly in creating structure for the larger Collective strategic planning meetings. The Collective, with members from many sectors of the county, will bring their knowledge of the local issues and their cultural competence to the strategic planning process. Combined, the core group and the collective are the greatest assets to the project.

There are currently 2 DFC recipients in Cumberland County; one at CPHC and one at 21 Reasons. These 2 grants enable the projects to build the capacity and the ability of the substance abuse coalitions acting in their communities.

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?

- Continued Data collection on non-college 18-25 year old population
- Continued Data Collection for Cocaine and creation of a task force
- Finding Consequence data for Marijuana use

During the assessment process, it became clear that there is a lack of data on Cocaine use but a perception in certain sub-populations that there are high rates of Cocaine use. Especially in the more urban communities, focus group participants and law enforcement officers expressed their anecdotal opinion that cocaine use is on the rise. No quantitative data specifically on rates of cocaine use could be found but it is something that the Collective would like to build the capacity to collect in the future. There are also enough people concerned about the influx and increase in crack and cocaine use that the creation of a task force to work on the problem is possible in the future. Healthy Androscoggin, in Androscoggin County, completed an extensive research project on substance abuse among the non-college 18-25 year old population. From the data collected, it is clear that rates of use are much higher and that the issues surrounding use are different than the college 18-25 year old population. This research alerted the Cumberland County Collective to the need for more extensive data collection among this population in Cumberland County. The time frame of this current project did not allow the Collective to do extensive research on this population. It has become a high priority for capacity building activities.

Finding consequence data for marijuana use is not just a local issue but a national one as well. There has recently been some new data published but it came after the assessment period of this project. The Collective did not want to lose the focus of marijuana use because of the lack of consequence data and evidenced-based strategies; as a result, the Collective has decided to make it a priority for capacity building.