Substance Abuse in Maine

THE RESEARCH

The research on substance abuse suggests there are three primary strategies to reduce it – prevention, treatment, and law enforcement. This report will focus primarily on Prevention, particularly with reference to how it might fit into the Maine Commission on Community Service strategic plan . First we will look at the statistics and then focus on prevention strategies in Maine and elsewhere. Finally, we will examine where an AmeriCorps project could have the highest impact in Maine.

NATION

The most recent national level statistics come from the 2013 National Survey on Drug use and Health (NSDUH) conducted by the Substance Abuse and Mental Health Services Administration (SAMSHSA). Illicit drug use in the United States has been increasing - usually marijuana, which has increased to about 5.7% of people aged 12 or older since 2007. Other than marijuana, drug use has stabilized or declined. For example, cocaine use has decreased from between 2.0 and 2.4 million in 2002-2007 to 1.5 million in 2013. The number and percentage of methamphetamine users in 2013 were similar to those in 2012 and 2011, but higher than those in 2010. The most common "entry" drug for younger teens is an inhalant, but more than half of new illicit drug users begin with marijuana.

Drug use is highest among people in their late teens and twenties, but it is increasing among people in their fifties and early sixties. Among adults aged 50 to 64, the rate of current illicit drug use increased from 2.7% in 2002 to 6% in 2013, and for adults aged 50 to 54, the rate increased from 3.4% in 2002 to 7.9% in 2013. Older adults between the ages of 55 to 59 saw a 3.8% increase in illicit drug use, and those aged 60 to 64 saw a 2.8% increase. This increase may be partly due to the aging of the baby boomers whose rates of illicit drug use have historically been higher than those of previous generations.

Nationally, drinking by underage persons (ages 12-20) has declined, as has driving under the influence of alcohol. In addition, fewer Americans are smoking – about 21.3 percent of the population in 2013 – down from 2002 when the rate was 26%. Interestingly, teen smoking is declining at a faster rate than the general population – declining from 13% in 2002 to 5.6% in 2013. These statistics and others can be viewed in their entirety in the Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings, U.S. Department of Health & Human Services, http://store.samhsa.gov/home

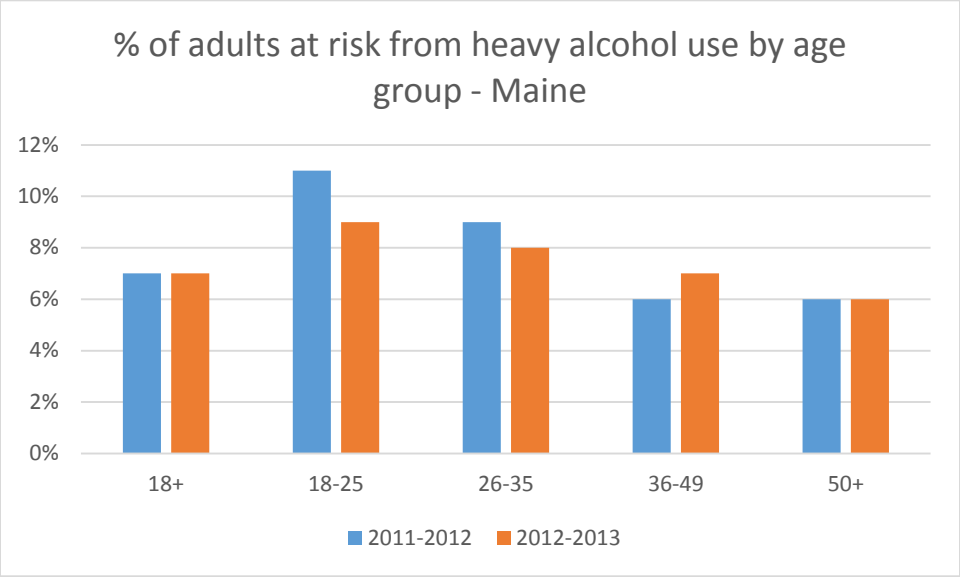
MAINE

Maine is part of the Northeast Region (which also includes Vermont, New Hampshire, Massachusetts, New York, Connecticut, Rhode Island, New Jersey, and Pennsylvania) in the NSDUH reports and data. Among persons aged 12 or older, the rate of current illicit drug use in 2013 was 9.2 % in the northeast – exceeded only by the West at 11.8%. However, the rate of alcohol use for people aged 12 or older in 2013 was the highest in the Northeast at 58%. Every year the Behavioral Risk Factor Surveillance System (BRFSS) conducts a nationwide survey. Most of the Maine statistics discussed below come from that survey unless otherwise noted.

ALCOHOL

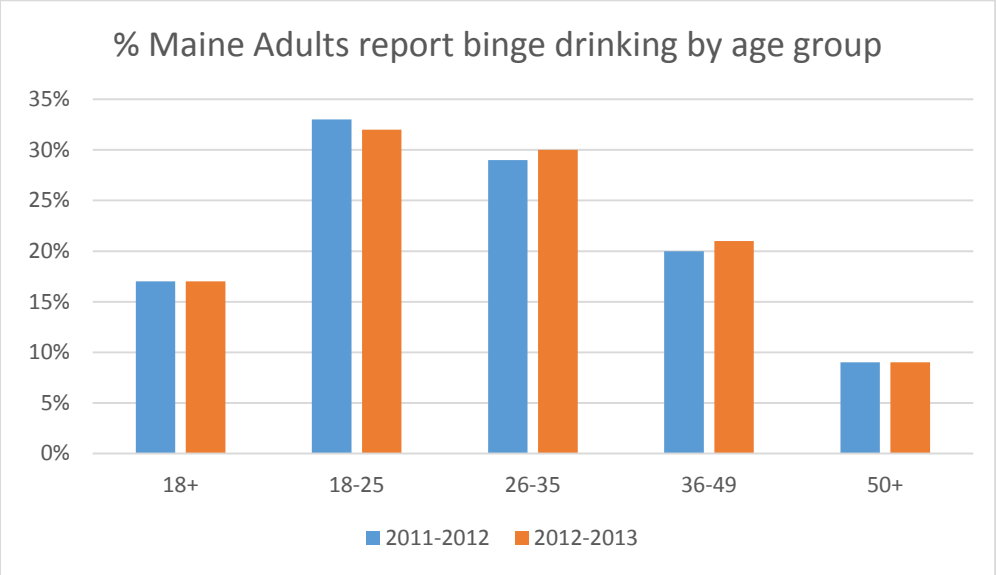
Alcohol remains the substance most often used by Mainers across the lifespan. In 2012-13, 18 to 25 year olds appeared to be at greatest risk from heavy alcohol use, with about one in ten reporting that they consumed at least one alcoholic drink per day in the past 30 days.

During the period 2012-13, seven percent of adults 18 and over reported having consumed alcohol on a daily basis, putting them at risk from heavy alcohol use. Eighteen to 25 year olds reported the highest rate at nine percent while 26 to 35 year olds reported the second highest rate at seven percent. Rates of use among 18 to 25 year olds decreased by two percentage points from 2011-12 to 2012-13.



Source: BRFSS, 2011-12 and 2012-13

Similarly, in 2012-13, the highest binge drinking rates (BRFSS defines binge drinking as five or more drinks in one sitting for a male and four or more drinks in one sitting for a female) were found among 18 to 25 year olds and 26 to 35-year-olds. Rates of binge drinking have remained fairly stable over time. During 2012-13, 17 percent of Maine adults age 18 and over reported binge drinking at least once in the past 30 days. Adults between the ages of 18 and 25 reported the highest rate at 32 percent; this was followed by 26 to 35 year olds with a rate of 30 percent. The lowest rate of binge drinking was reported among Mainers over the age of 50 (9%). Binge drinking rates did not change much from 2011-12 to 2012-13.



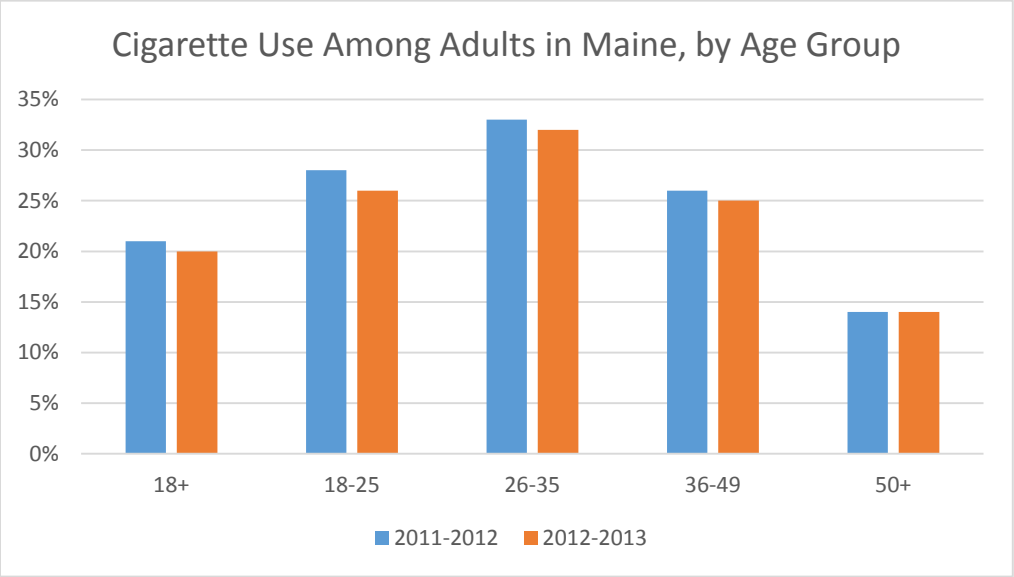
Source: BRFSS, 2011-12 and 2012-13

After alcohol, cigarettes, marijuana and prescription drugs are the most commonly used drugs in Maine. Rates of cigarette use and marijuana use in Maine is decreasing, but prescription drug misuse is not and caused 272 Mainers' deaths in 2015 according to the Maine Medical Association.

CIGARETTES

Overall, cigarette use is decreasing in Maine, but one out of every five Maine residents reported smoking at least one cigarette in the previous month. About 6000 adolescents in Maine reported using cigarettes during the 2013-2014 surveys which was a decrease from previous years, but still higher than the national average (6.3% compared to 5.2%). Maine high school student cigarette smoking decreased from 18% in 2009 to 13% in 2013.

During 2012-13, 20 percent of Maine adults reported smoking at least one cigarette in the past 30 days. Mainers ages 26 to 35 reported the highest rate of daily cigarette use, at 32 percent, followed by 18 to 25 year olds at 26 percent, and 36 to 49 year olds at 25 percent. Cigarette use among adults remained relatively stable since 2011-12.



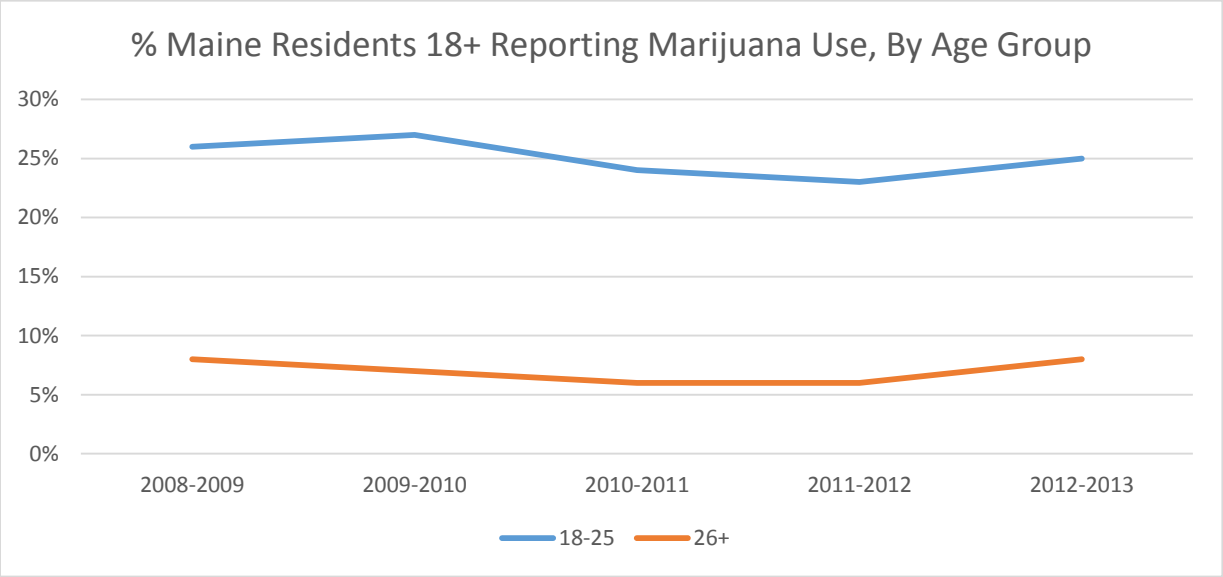
Source: BRFSS, 2011-12 and 2012-13

MARIJUANA

In Maine, about 10,000 youth between the ages of 12-17 (about 10.8% of all adolescents) reported using illicit drugs within the month prior to being surveyed by NSDUH in 2013-2014. This percentage did not change significantly from the previous survey years of 2010-2011. This compared to 9.1% at the national level. SAMHSA data broken down by small areas reports marijuana use in Maine in 2013 as follows:

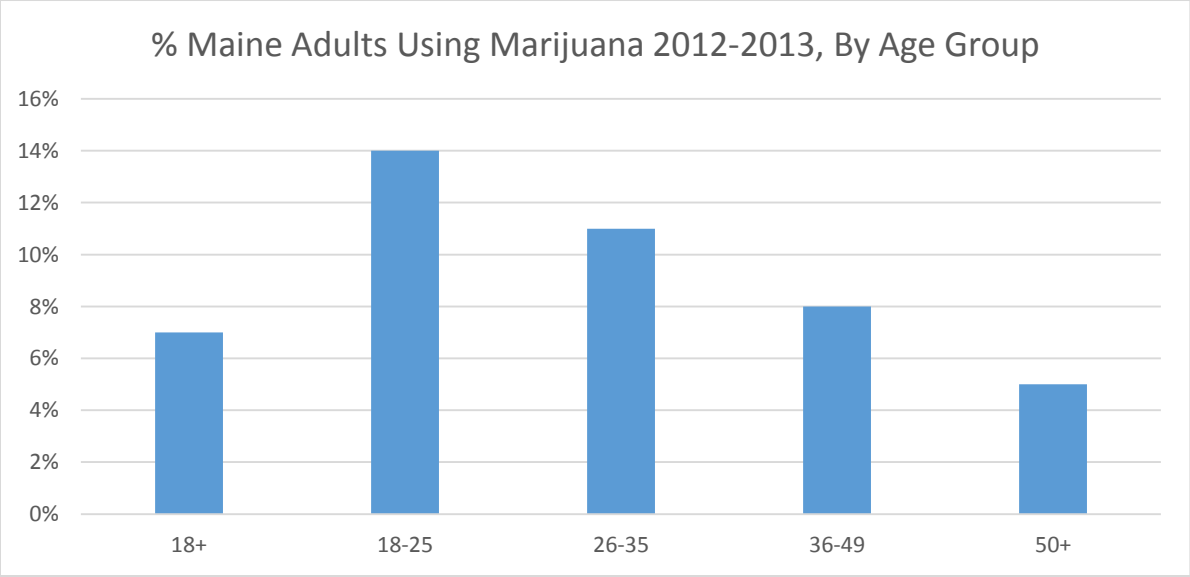
Aroostook	9.05%
Central	11.90%
Cumberland	12.88%
Downeast	12.11%
Midcoast	11.62%
Penquis	13.25%
Western	11.89%
York	9.29%

One in four (25%) Maine residents between the ages of 18 and 25 used marijuana in the past month in 2012-13, an increase of two percentage points since 2011-12. Marijuana use rates among those 26 and older also observed a slight increase from 2011-12 (6%) to 2012-13 (8%).



Source: NSDUH, 2008-09 to 2012-13

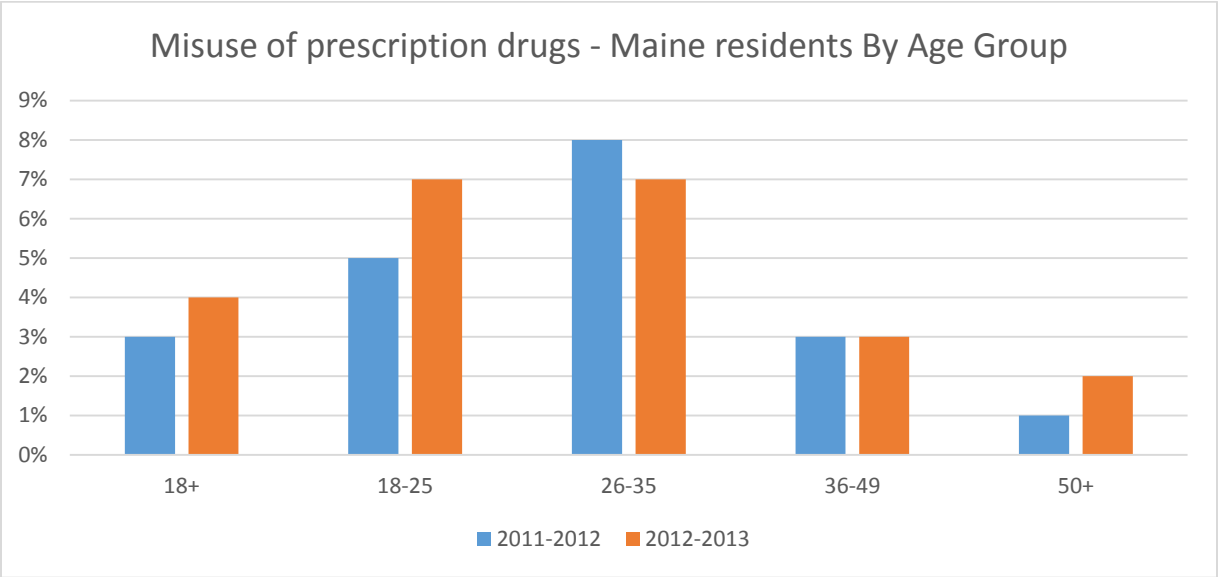
According to the 2012-13 BRFSS, about seven percent of Maine adults (18 and older) reported using marijuana within the past 30 days. The highest rate was among 18 to 25 year olds (14%), followed by 26 -35-year-olds (11%).



Source: BRFSS, 2012-13

PRESCRIPTION DRUG MISUSE

During 2012-13, the highest rates of lifetime prescription drug misuse were observed among adults between the ages of 18 and 35; seven percent reported misusing prescription drugs within their lifetime. During the 2011-12 period, four percent of adults 18 and older in Maine reported having misused prescription drugs during their lifetime. The highest rate of misuse was among adults 26 to 35 years old (7%) and 18 to 25 year olds (7%). Interestingly, the rate of non-prescription drug use among high school students has dropped from 18% in 2009 to 12% in 2013.



Data Source(s): BRFSS, 2011-12 and 2012-13

SUBSTANCE ABUSE OR OVERDOSE RELATED DEATHS IN MAINE

Maine adults between the ages of 30 to 34 had the highest rate of death due to substance abuse or overdose during 2014, at 39.3 deaths per 100,000. The second highest rate was among people between the ages of 35 to 54 years old at 26.9 per 100,000. Notably, the substance abuse and overdose death rates among 21 to 29 year olds and 30 to 34 year olds increased dramatically from 2013 to 2014. Overdose deaths due to substance abuse in Maine have increased 39 percent from 2012 to 2014. *

Source: Office of Data Research and Vital Statistics (ODRVS), 2010-2014* *2014 results are preliminary

In 2015 The Maine Department of Health and Human Services produced a State Epidemiological Outcomes Workgroup report entitled "SEOW Special Report: Heroin, Opioids, and Other Drugs in Maine". Many of the charts produced by this group can be found in **Appendix 1**. Some of the Maine specific findings include:

- Drug overdose deaths in Maine increased by 34% from 2011 to 2014.
- One in three drug overdose deaths in Maine involved Benzodiazepines, one in four involved heroin, and one in five involved fentanyl.
- Fentanyl deaths in Maine increased by 377% from 2013-2014
- From 2013 to 2014 the number of drug overdose deaths in Maine involving pharmaceutical drugs increased by 77% while those due to illicit drugs increased by 60%.

- Cumberland and York counties had the highest rates of emergency medical services overdose responses due to drugs/medication.
- Rates of drug related overdose deaths are highest in Washington, Androscoggin, Cumberland, Kennebec, and Somerset counties.
- From 2005 to 2014 the number of drug affected baby notifications increased by 480%; Penobscot and Washington counties reported the highest rates.
- In 2013 twelve percent of high school students in Maine reported misusing prescription drugs in their lifetime.
- Rates of illicit drugs and prescription drug misuse are higher among younger adults 18 to 25.
- Maine appears to have a higher illicit drug (other than marijuana) use rate among 18 to 25 year olds compared to the Northeast and the Nation.
- In 2014 about 1 in 4 (24%) primary treatment admissions were related to Heroin – up from 7% in 2010.
- Primary treatment admissions due to synthetic opioids and/or heroin/morphine were most common among 26 to 34 year olds.
- Almost half (47%) of primary admissions for heroin/morphine were among those ages 26-34.
- Androscoggin, Cumberland, York, and Kennebec counties had the highest rate of adult primary treatment admissions related to heroin.
- Washington and Androscoggin counties observed the highest rates of primary treatment admissions related to synthetic opioids.
- Washington county's primary admission rate of synthetic opioids was more than twice the statewide rate.
- Knox county observed the highest rate of primary treatment admissions due to methadone/buprenorphine.
- Nearly half of adults served in Maine state mental health agencies also had a substance use disorder.

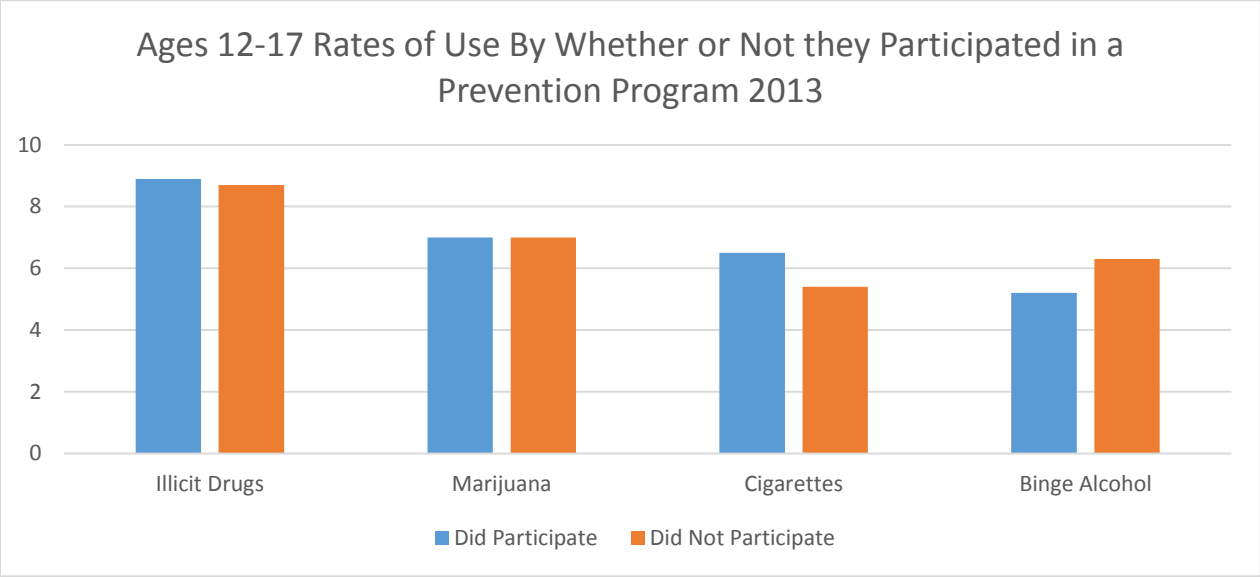
This writer has chosen to limit the discussion of substance abuse in Maine to those that have been reviewed above, but for a fuller account of substance abuse trends in Maine and some additional areas such as cocaine use and inhalant use and the impact to society of substance abuse, please see *Substance Abuse Trends in Maine State Epidemiological Profile 2015*, Maine Department of Health and Human Services, Office of Substance Abuse and Mental Health Services, produced by Hornby Zeller Associates, Inc. in July 2015. This 132-page report looks at the issues in much greater depth, as well as health and law enforcement data. For example, one of the more disturbing trends reported is the number of reports in Maine made to Child Protective Services of infants born affected by substance abuse – 961 in 2014. This number has been increasing every year since 2010.

PREVENTION STRATEGIES TO REDUCE SUBSTANCE ABUSE NATIONALLY AND IN MAINE

National

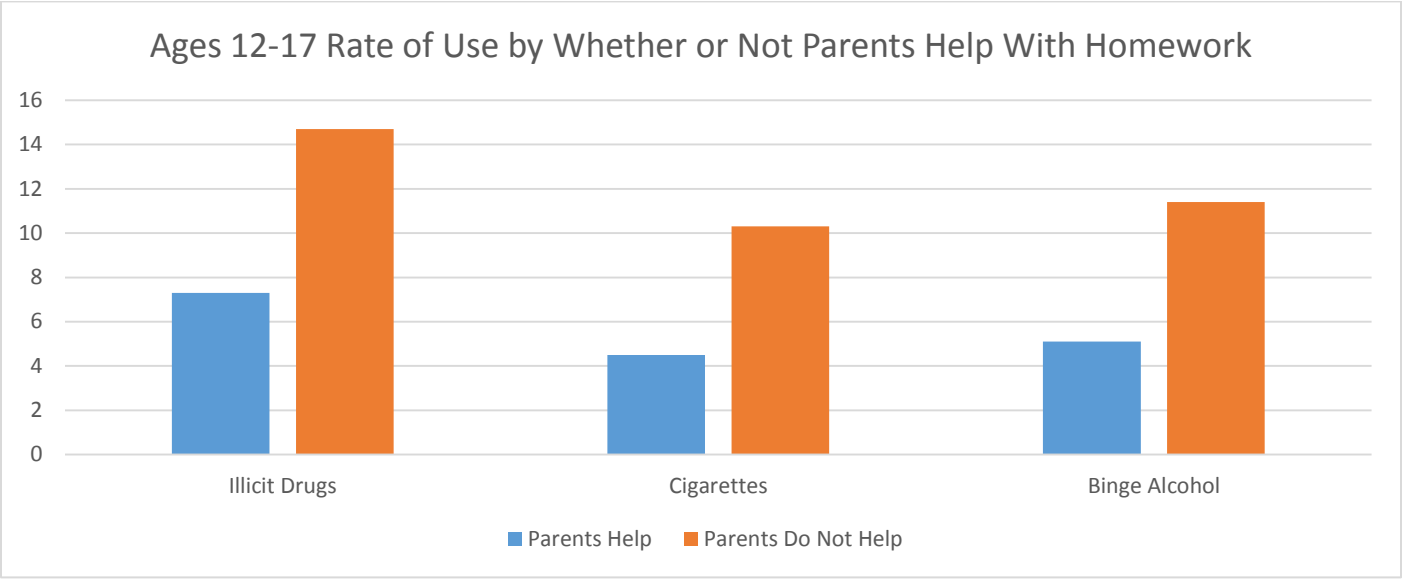
Approaching the topic of substance abuse from a preventative viewpoint necessarily involves engaging youth. Some of the strategies have involved prevention in school as well as outside of school. Building family bonds and empowering communities have also been approaches, as has the strategy of targeting high risk groups. How have these worked? The most recent national statistics come from SAMHSA.

In 2013 approximately 1 in 9 youths aged 12 to 17 (11.5%) reported they had participated in drug, tobacco, or alcohol prevention programs outside of school in the past year. In that same year, youths who did or did not participate in these programs had similar rates of past month use for illicit drugs (8.9% vs. 8.7%), marijuana (7% for both groups), cigarettes (6.5% and 5.4%), and binge alcohol use (5.2% vs. 6.3%).



By contrast, in that same year, 72.6% of youths aged 12-17 said they had seen or heard drug or alcohol prevention messages in the past year from sources outside of schools. The prevalence of past month use of illicit drugs among those who reported having such exposure (8.4%) was lower than the prevalence among those who reported having no such exposure (10.0%).

In 2013, past month use of illicit drugs and cigarettes and binge alcohol use were lower among youths aged 12 to 17 who reported that their parents always or sometimes engaged in supportive or monitoring behaviors than among youths whose parents seldom or never engaged in such behaviors. For instance, the rate of past month use of any illicit drug in 2013 was 7.3% for youths whose parents always or sometimes helped with homework compared with 14.7% among youths who indicated that their parents seldom or never helped. Rates of current cigarette smoking and past month binge alcohol use also were lower among youths whose parents always or sometimes helped with homework (4.5% and 5.1% respectively) than among youths whose parents seldom or never helped (10.3% and 11.4%).



Maine

There are many prevention, law enforcement and treatment efforts currently ongoing in Maine to address substance abuse issues. Here we will look at a couple of the prevention efforts, with a major emphasis on what is happening in the area of prescription drug misuse.

Alcohol

An Enforcing Underage Drinking Law (EUDL) discretionary grant given to Maine included several recommendations after a 2011 national assessment, but those specifically directed to Community-Based Programs were:

- Promote the inclusion of underage drinking in the Maine Learning Results
    - Provide schools with accurate information related to the extent, nature and consequences of underage drinking in Maine
    - Utilize law enforcement and criminal justice professionals to educate students about the legal consequences of underage drinking
- Implement Drug Impairment Training for Educational Professionals (DITEP) for school personnel
    - Identify schools with significant rates of underage drinking reported in surveys and/or as evidenced by students consuming alcohol at or before school or at school events
    - Quality DITEP for Continuing Education Credit for teachers
    - Create additional incentives for completing DITEP
- Sustain and expand the use of evidence-based underage drinking prevention strategies in schools
- Assess parental knowledge and attitude related to underage drinking law enforcement (including conducting a parent survey)
- Sustain and expand college underage drinking enforcement to better coordinate efforts between campus police and state and local law enforcement
- Provide employers with information and resources to address young employees' underage drinking
- Provide employers with "best practices" for limiting young employees access to alcohol and support this through materials, training, and incentives
- Leverage the resources of established community coalitions to implement strategies to enforce underage drinking laws, with careful assurance that EUDL funds are used exclusively for underage drinking.

Cigarettes

Through a collaborative effort between the Substance Abuse and Mental Health Services (SAMHS), MeCDC, and the Office of Attorney General (OAG), these three agencies oversee the effort to perform statewide retail tobacco compliance checks. Agents (law enforcement personnel), Supervisors, and Minors age 16 to 17 years old carry out these retail tobacco compliance check inspections at licensed tobacco retail establishments. The OAG directly oversees this work.

A DHHS Health Inspection Program (HIP) requires all persons who sell tobacco to consumers to first obtain an annual retail tobacco license from HIP. HIP works collaboratively with the OAG and provides an updated active retail tobacco license on a weekly basis. The OAG then provides the retail license list to those carrying out the retail tobacco compliance check inspections at licensed tobacco retailer establishments that are open and accessible to youth under 18 years of age. SAMHS and OAG monitor and report on these retail tobacco compliance check inspections. The OAG will prosecute all violators who do not comply with Maine's retail tobacco sales laws, including licensed tobacco retail establishments, owners, and sales clerks. Separate FDA retail tobacco compliance check inspections from the same HIP retail tobacco license list are also conducted statewide. Annual renewal of licensed tobacco retail establishments ensures compliance inspection efficiency and allows for more precise inspections by tracking business types and operating hours throughout the inspection contract year. These retail tobacco compliance check inspections will be clearly targeted to licensed tobacco retail establishments open and accessible to youth.

Additionally, MeCDC encourages Maine's 27 Healthy Maine Partnerships (HMP) that are local public health coalitions to actively promote the MeCDC Partnership for a Tobacco-Free Maine (PTM) NO BUTS! (Blocking Underage Tobacco Sales) responsible retailer program to licensed tobacco retail establishment throughout Maine. NO BUTS! provides free on-line, or in-person curriculum and training. PTM offers NO BUTS! retailers an additional tobacco prevention program called Star Store, which is a program that requires local youth to survey the exterior and interior retail to reduce tobacco or eliminate tobacco advertising, especially near youth specific novelty items including food and drink.

Marijuana

On November 2, 1999 Maine legalized medical marijuana and in 2009 Maine decriminalized marijuana when legislation made possession of 2.5 ounces or less a civil infraction. In 2013 Portland Maine legalized the possession of 2.5 ounces within the city's limits and in 2014 South Portland followed suit. This November voters will decide whether or not to regulate marijuana like alcohol statewide. Two recent polls (Maine People's Resource Center and Critical Insights) show the majority of Maine residents support legalization of marijuana.

Maine police chiefs oppose legalization, saying their jobs were made more difficult by Maine's legalization of medical marijuana and that allowing recreational use would pose a whole host of new problems. Lt. John Kilbride of the Falmouth Police Department has developed an educational campaign for local use by police across the state. Through speaking engagements and social media, he urges Maine voters to consider what has happened in Colorado since that state legalized pot four years ago. There is also opposition from a coalition called Mainers Protecting Our Youth and Communities.

Given the current flux in state law, it is uncertain whether any prevention efforts beyond what is already in place would be viable. The SAMHSA data referenced above suggests there has been no increase in marijuana use for minors ages 12-17 between 2010 and 2014, and only a slight increase in use between these same years in people 18 years and older despite the change in Maine laws.

Prescription Drug Misuse

Dr. Brian Pierce is president of the Maine Medical Association. He writes in an article for the Portland Press Herald/Maine Sunday Telegram, January 10, 2016, that it is his belief that the emphasis on managing pain together with the introduction of powerful extended release pain-killing medications such as OxyContin combined to make opiates significantly more available, and then,

> "Thousands of patients who received opioid-based drugs through legitimate prescriptions eventually became addicted and then, when the medical culture began to change and such prescriptions were harder to obtain, moved on to heroin." Portland Press Herald, 1/10/16

Dr. Pierce goes on to talk about the recent establishment of three task forces in Maine focusing on treatment, law enforcement, and prevention/harm reduction as part of the Maine Opiate Collaborative. We will look at the prevention and harm reduction task force next.

Maine Opiate Collaborative: Prevention and Harm Reduction Task Force

In the Fall of 2015 U.S. Attorney Thomas Delahanty, Attorney General Janet Mills and Commissioner John Morris formed the Maine Opiate Collaborative following Senator King's roundtable forums on opiate abuse and the governor's forum on the same topic. The Collaborative consisted of three task forces: Prevention and Harm Reduction, Law Enforcement and Treatment. Each of these task forces, which consisted of content experts, people with broad experience, people in the medical field and people in recovery, developed a set of goals, objectives and strategies. This report will look at the final recommendations of the Prevention and Harm Reduction Task force, released in May of 2016 with the idea that these strategies may act as a roadmap for future MCCS involvement through an AmeriCorps project.

GOAL 1: Promote good public health and safety and reduce the harmful effects of opiate use.

OBJECTIVE	STRATEGY
Increase the understanding of harms and decrease stigma surrounding opiate and heroin use disorder.	Educate the general public about the opiate/heroin problem in Maine. Conduct a comprehensive statewide public education campaign consisting of traditional and social media.
Decrease youth use of opiates and associated risk factors.	• Increase the capacity of adults who care or work with youth, to educate and support youth to prevent opioid use. • Promote prevention and early intervention of child abuse and neglect.
Reduce unnecessary access to legal opiates.	• Enhance and strengthen Maine's Monitoring Program to reduce unsafe prescribing practices among providers. • Expand and support efforts promoting safe storage and disposal of opiates.
Decrease the number of drug-affected babies born in Maine each year.	Improve care coordination: counseling, pre-natal and early intervention after discharge for mothers with opiate use disorders.

OBJECTIVE	STRATEGY
Decrease opiate overdose and death in Maine	Increase access to Naloxone for people using opiates, their families, and friends.
Increase opportunities and decrease barriers to recovery for people with substance use disorders.	• Build statewide and community capacity to provide recovery supports and services and foster resiliency. • Recovery coaches are integrated into local systems (drug courts, jails, treatment centers, hospitals, recovery centers, etc.) in all public health districts • Increase access to treatment for substance abuse disorders

GOAL TWO: Strengthen and enhance Maine's public health infrastructure to prevent and reduce opiate use disorders and overdose deaths.

OBJECTIVE	STRATEGY
Enhance state's capacity to implement a comprehensive approach to prevent and reduce opiate use disorders.	• Create a high level position to coordinate a comprehensive approach across state and local government to the drug problem in Maine. • Enhance the role of the Maine Substance Abuse Services Commission in addressing substance use disorders in Maine. • Build and enhance the capacity of Maine 2-1-1 to serve as the information and resource hub for individuals, families, and affected others seeking services for opiate and other drug addiction.
Increase district and local level capacity to prevent and reduce opiate misuse and overdose in Maine.	• Provide support to the Public Health Districts to collaborate with all sectors to implement substance use disorder prevention efforts. • Support local communities, coalitions, and other groups to use a multi-sector collaborative approach to prevent opiate misuse and other substance use disorders.

Statutes

There have been several changes in the Maine statutes to address prescription drug misuse, including:

2013 Me. Laws, Chap. 121
Made changes to the Unused Pharmaceutical Disposal Program as recommended by the Prescription Drug Abuse Task Force, which was established by the Governor and the Attorney General by Executive Order 2012-002. The purpose of the law is to reduce the cost of safe, effective and proper disposal of unused pharmaceuticals in order to reduce prescription drug abuse. (2013 LD 881)

2011 Me. Laws, Chap. 217

Adopted the interstate prescription monitoring program compact which would provide a mechanism for state prescription monitoring programs to securely share prescription data. (2011 HB 1056)

2011 Me. Laws, Chap. 81

Directed the Substance Abuse Services Commission to convene a work group to review and make recommendations for improvements in how physicians and other prescribers treat patients in chronic, non-cancer-related pain without causing addiction or diversion. (2011 HB 1102)

Maine Prescription Drug Task Force

In addition to these statutory changes, a Maine Prescription Drug Task Force was formed in 2012 which is governed by Maine's State Attorney General. It is a 17-member group which includes medical and law enforcement professionals, addiction specialists and pharmaceutical experts. In the ensuing several years the Task Force has compiled several resources, including the following:

- The Prescription Monitoring Program (PMP) is a tool created to prevent and detect prescription drug misuse and diversion, as well as enable better coordination of care. PMP maintains a database of all transactions for schedule II, III and IV controlled substances dispensed in the State of Maine. This database is available online to prescribers and dispensers.
- Community education resources and information about prescription drug misuse and abuse prevention, treatment and recovery are available, including:
    - A list of specific messages and primary target audiences that most need information about the problem and how to address it, and
    - Links to brochures, handouts and other materials that can be used to inform the community about the issue of prescription drug misuse and abuse.
- Resources for practicing physicians and the public on management of pain are also available. This includes the Board of Licensure in Medicine Chapter 21 rule on use of controlled substances for treatment of pain, OSA's prescription monitoring program and DEA rules on requirements for prescribing Schedule II controlled substances.
- The Task Force is working to implement a statewide Diversion Alert Program that provides prescribers with drug crime information from local law enforcement to assist in determining whether patients are legitimately in need of controlled substance prescriptions.
- The Safe Medicine Disposal for ME website provides information for Maine citizens about options for safely disposing of unused and unwanted medicines.

Drug Free Communities -Office of National Drug Control Policy (ONDCP)

The Drug Free Communities (DFC) Program recognizes that local problems require local solutions. Drug Free Communities (DFC) organizations mobilize communities to prevent youth drug use by creating local data-driven strategies to reduce drug use in the community. ONDCP works to foster the growth of new coalitions and support existing coalitions through the DFC grants. In 2016, the following Maine organizations received grants of $125,000 each to be disbursed annually for five years from ONDCP:

- SoPo Unite: All Ages, All In, to serve South Portland
- Choose To Be Healthy Coalition, southern York County
- Mid-Maine Substance Use Prevention Coalition, Greater Waterville and northern Kennebec County
- Sanford Strong Coalition, to serve Sanford
- Casco Bay CAN (Create Awareness Now), Freeport, Falmouth, Yarmouth, Cumberland, North Yarmouth, Gray, New Gloucester, and Pownal
- Westbrook Communities that Care, Westbrook
- Coastal Healthy Communities Coalition-Project Alliance, Biddeford
- Be the Influence Coalition: A Windham-Raymond Collaborative, Windham and Raymond
- ACCESS Health, Brunswick, Harpswell and Sagadahoc County
- Healthy Lincoln County Substance Abuse Prevention Coalition, Lincoln County
- Southern Kennebec Substance Abuse Work Group, Gardiner, Augusta and the capital area of central Maine
- Healthy Sebasticook Valley Coalition, Sebasticook Valley region
- Bangor Public Health Advisory Board Substance Abuse Prevention, Bangor
- Healthy Acadia, Down East Acadia region
- Community Alcohol and Drug Education Team (CADET) Aroostook, Aroostook County
- River Valley Healthy Communities Coalition, Dixfield, Mexico, Rumford, Bethel and other areas of Oxford County
- Healthy Aroostook Coalition, Aroostook County
- Healthy Community Coalition, Greater Franklin County

Source: Office of National Drug Control Policy http://www.ondcp.gov/dfc/grantee_map.htm l

SAMHSA/CDC Grant

In September Maine US Senators Angus King and Susan Collins announced the receipt of $605,230 from the federal government to improve drug abuse prevention efforts and better track opioid overdoses. The money is coming from a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the other is from the Centers for Disease Control and Prevention. The SAMHSA grant is to raise awareness of the dangers of sharing medication and to work with the pharmaceutical and medical communities on the risks of over-prescribing. The CDC grant is aimed at improving the surveillance of and response to opioid-involved overdoses.

THE ROLE OF AMERICORPS PROJECTS NATIONALLY

AmeriCorps for San Juan County Partnership

Botvins Life Skills Training is a National Health Promotion Associate and an evidence-based prevention program for schools, families and communities. 2015 research published in the World Journal of Preventative Medicine tested the effectiveness of a substance abuse prevention program for deterring tobacco, alcohol, and marijuana use among high school students. The prevention program teaches social resistance skills and general personal and social competence skills. Rates of substance use behavior were examined among students from 12 public high schools that were randomly assigned to either receive the prevention program or serve as a treatment-as-usual control group. The impact of the prevention program was tested using composite indicators of daily substance use based on items measuring the frequency of smoking, drinking, drunkenness, marijuana use, and marijuana intoxication. Findings indicated that there were 52% fewer daily substance users in the intervention condition compared to controls. Conclusions drawn from this study are that: (1) daily substance use can be prevented in high school students using a competence enhancement approach that addresses key risk and protective factors; (2) prevention approaches that are effective for middle school students can also be effective for high school students, if adapted to be developmentally appropriate; and (3) universal prevention approaches delivered by classroom teachers with minimal specialized training offer the potential for widespread dissemination and a cost-effective approach to an important public health problem. Botvin, G.J., Griffin, K.W., Williams, C. (2015). **Preventing Daily Substance Use among High School Students Using a Cognitive-Behavioral Competence Enhancement Approach**. *World Journal of Preventive Medicine, 3(3):48-53.*

The AmeriCorps for San Juan County Partnership in New Mexico trains its AmeriCorps members to implement these types of evidence-based substance abuse prevention programs in elementary, middle and high schools throughout the county, particularly in the Navajo Nation.

Council on Substance Abuse-NCADD, Alabama.

The Our Village program provides pre-school kids ages 3-5 prevention education that promotes youth development, build assets and resilience, and decrease risk taking behaviors. The program provides kids prevention education sessions and activities. An AmeriCorps VISTA collaborates with child care providers to implement prevention education sessions for kids and parents as well as develop promotional materials and work to build the capacity of the program.

BYU Family, Home, and Social Science

This is a 159-member AmeriCorps project with a focus on Healthy Futures. BYU Family, Home, and Social Science (FHSS) utilizes members from the BUY FHSS student body to increase the capacity of non-profit mental health and substance abuse treatment centers. Under the supervision of a licensed mental health professional, AmeriCorps members serve in a variety of service locations along the Wasatch Front, providing direct clinical services to clients seeking treatment.

Ministry of Caring, Delaware

The Secretary of the Department of Health and Social Services, in partnership with the Governor of Delaware and the Mayor of Wilmington, have joined forces with key community partners to address the challenge of substance abuse prevention. The project will respond to the growing epidemic of substance abuse by deploying AmeriCorps members as a resource in providing substance abuse prevention programming to youth and young

adults in the city of Wilmington and New Castle County. This is part of the Caring Corps AmeriCorps program through which AmeriCorps members serve the needs of the poor and homeless.

UNITE Service Corps, Kentucky

Operation UNITE (is a nonprofit organization created in 2003 by U.S. Congressman Hal Rogers (KY-5th) to provide a regional, community-based anti-drug response to the prescription drug epidemic sweeping across southern and eastern Kentucky. Serving a 32-county region, UNITE is engaged in numerous education, treatment and law enforcement initiatives designed to empower citizens' groups and community leaders to no longer accept or tolerate the drug culture.

In October 2012 The UNITE Service Corps initiative was described as a model to other rural counties by Wendy Spencer, executive office of the Corporation for National and Community Service. These AmeriCorps Service Corps members provide math tutoring and drug abuse prevention education using the" Too Good for Drugs" and "Healthy Futures/Take 10" wellness curricula to elementary school students. Test scores for these students showed a 46.53% increase in drug education knowledge and healthy decision-making information.

The members also serve as sponsors for anti-drug UNITE Clubs and recruit volunteers for school-based prevention programs. In 2016-2017 UNITE will employ 54 full-time AmeriCorps members at 53 schools in 15 school districts in 12 counties. AmeriCorps members also serve as sponsors for anti-drug UNITE Clubs and recruit volunteers for school-based prevention programs. By harnessing the power of AmeriCorps and community volunteers, UNITE has developed an effective strategy to help thousands of Kentucky youth keep away from drugs and stay on track in school.

New Castle County, Delaware

In response to the epidemic of substance abuse in Delaware, Governor Jack Markell launched a program to place AmeriCorps members at the Boys and Girls Clubs throughout New Castle County to educate young people age 12 to 20 about the need for substance abuse prevention. Members teach anti-drug curriculum and serve as capacity builders, role models, frontline workers, and coordinators to support community-designed, sustainable substance abuse prevention activities.

Passaic County, New Jersey

AmeriCorps members serving through United for Prevention (UP) in Passaic County in New Jersey are building the capacity of programs working to prevent and reduce alcohol and drug abuse among the youth and adults. AmeriCorps members are mobilizing and training volunteers, developing outcome tracking systems with a local university, and raising funds to expand client counseling services. A copy of UP's Strategic Plan adopted for 2012-2016 is included here in Appendix II as an example of how one community planned their initiative to reduce alcohol and drug abuse.

The Marshfield Clinic, Wisconsin

The Marshfield Clinic AmeriCorps program in Wisconsin places members across the state to support community coalitions to address the social and health consequences of youth substance abuse. AmeriCorps members implement the evidence-based *Guiding Good Choices* program to provide parents skills and knowledge to prevent substance abuse among their children.

Yuma, Arizona

Since being elected in January 2014, Mayor Douglas Nicholls has wanted to do something to address methamphetamine in Yuma County. Initial discussions led to a partnership with AmeriCorps and the Yuma Police Department. This is a grassroots effort to create a network of teams to help educate and raise awareness about the dangers of meth among the people of Yuma County. The campaign also seeks to connect people with treatment options to help them get better. This campaign has been partly funded through a grant from the Tohono O'odham Nation in the amount of $15,220.28 for educational purposes. AmeriCorps VISTA members are leading the city's anti-meth abuse program in coordination with the Yuma Police Department, business leaders, and more than 50 organizations. "Don't Meth With Yuma" is a grassroots effort to raise awareness about the dangers of meth and connect people with treatment options.

Northwoods Niijii Enterprise Community, Wisconsin

This year in Lac du Flambeau 3 AmeriCorps VISTA volunteers join the ranks of 17 previous VISTA volunteers, representing a 10-year legacy of partnerships between the AmeriCorps program and Northwoods Niijii. Northwoods Niijii works with the Lac du Flambeau Band of Lake Superior Chippewa, the Sokaogan Chippewa Community of Mole Lake and the Menominee Indian Tribe of Wisconsin. Over the past 10 years, Niijii has created 81 community projects and 780 jobs. NiiJii's mission to empower residents to eliminate poverty through successful business partnerships grounded in Native American values has proved a fitting match for the AmeriCorps program, as well.

An AmeriCorps tribal program led by the Northwoods NiiJii Enterprise Community is addressing substance abuse in the 11 federally recognized tribal nations of Wisconsin. AmeriCorps members lead initiatives on youth engagement, prescription drug abuse prevention, parent networks, and public awareness campaigns. Since 2010, 42 AmeriCorps members have provided 100,000 hours of service, recruited 400 volunteers, and served more than 7,400 parents and youth.

CONCLUSION

Alcohol is the substance most often abused by Mainers across the lifespan and the substance for which most seek treatment. Great progress has been made towards reducing the rate of alcohol use among Maine's youth, as evidenced by the most recent data trends that show an overall decline in both past month rates of any alcohol use and binge drinking. Among adults, 18 to 25 year olds as well as those 26 to 35 are the most likely to binge drink and to drink heavily.

Prescription drugs continue to represent a serious public health concern for Maine. In 2013, more than one in ten high school students reported misusing prescription drugs in their lifetime. Fortunately, the rates for lifetime as well as past month misuse of prescription drugs among students decreased from 2009 to 2013. Among adults, Mainers between the ages of 18 and 35 continue to have the highest rates of prescription drug and pain reliever misuse and the largest increase in prescription drug misuse occurred in those persons 50 and older. Maine continues to have a higher than national average of state population 65 and higher (18% in Maine vs. 14% nationally). This may suggest some focus on this population would have significant impact.

The most commonly used illegal drug in Maine is marijuana. More than one in five high school students reported using marijuana within the past month; similar rates are seen within the young adult (18 to 25) population. The current flux in Maine laws regarding marijuana could make a project in this area problematic.

In recent years, as the availability of prescription narcotics has leveled off, heroin use and the consequences thereof have been on the rise. Overdose deaths due to heroin/morphine increased by 500 percent since 2011. According to overdose data, heroin use is most common among Mainers 25 to 54 years old. Furthermore, arrests related to heroin have also increased with one in three DEA drug offenses in 2014 involving heroin.

There have been both systemic, statutory, and community efforts deployed in Maine over the past several years to address substance abuse. The statistics would suggest that many of these efforts have had impact as is reflected in the decreases cited above. There are various AmeriCorps projects across the nation that have tackled the topic of substance abuse. I could not find any kind of AmeriCorps project targeting senior substance abuse, although there are several that provide services to seniors – just not in this arena.

The data reviewed above suggests some potential areas for an AmeriCorps project in Maine, including:

1. Because of the large over 65 population in Maine, as well as the rural nature of the state, a project targeting senior substance abuse might appeal to the MCCS in terms of innovation and modeling.
2. Substance abuse prevention projects – whatever they might be – should target Androscoggin, Cumberland, York, Kennebec, Washington, and Knox counties because of the higher prevalence of the problem in those counties.
3. At the national level school prevention programs did not have much effect, but there was significant impact for those who heard drug or alcohol prevention messages from sources outside of schools. This suggest the possibility of partnering with other agencies to work on the strategy proposed by the Maine Opiate Collaborative to produce a statewide education campaign that engages youth in developing messages and social media content.
4. There are several areas where an AmeriCorps project could help to implement the recommendations of the Maine Opiate Collaborative other than the statewide education campaign, such as:
    a. Assist in the creation of a Substance Use Prevention Toolkit for Schools using evidence based resources that might include how to partner with community coalitions or professionals, curriculum choices, materials for parents and materials that specifically educate students on the effects of specific drugs on the brain.
    b. Work with Maine's Prescription Monitoring Program in terms of development and staffing.
    c. Create and maintain a database of all takeback and medicine drop-off sites in Maine as well as updating the database of Maine disposal services. A possible partnership with the USDEA is suggested since they currently assist with the destruction of collected medicines.
    d. Establish a pilot project to fully implement and evaluate the Snuggle Me project at a minimum of two Maine hospitals. There is a Maine workgroup that produced a report on this strategy called "The Snuggle Me Project: Embracing Drug Affected Babies and Their Families in the First Year of Life To Improve Medical Care and Outcomes Maine." https://www1.maine.gov/dhhs/mecdc/documents/SnuggleME-Project.pdf They recommend screening for substance abuse during pregnancy and enrollment in a treatment program that continues throughout the pregnancy and after birth.
    e. Work to establish or support existing neighborhood based community recovery centers, and establish collegiate recovery communities at all Maine colleges, modeling the ones that exist at UM Orono and USM.
    f. Partner with the Maine Harm Reduction Alliance to further their goals of advancing the health and wellbeing of people who use drugs through education, advocacy, and action. One of their peer network projects work with peer advocates to increase safer drug use practices among people actively using drugs.

g. Establish and fund a network of neighborhood based community recovery centers while establishing or supporting existing community based recovery coalitions at the same time. Include establishing collegiate recovery communities at Maine colleges, like the ones that currently exist at USM and UMO.
h. Conduct behavioral health career fairs geared for people in recovery and locate these fairs at colleges and universities.
i. Train volunteers as recovery coaches. Currently the only entity in Maine that trains recovery coaches is the Maine Alliance for Addiction Recovery. Once trained, these coaches can be embedded into hospital systems and other treatment facilities. These recovery coaches would help people in transition from facilities and provide linkages to community support.
j. Work with 2-1-1 to staff and train for calls for services related to substance use disorders.
k. A VISTA might be ideal to work with each Maine Public Health District to identify and coordinate recovery coalitions and local entities involved in substance use prevention, intervention, treatment and recovery. This VISTA could help link community members to services and would assist the Public Health District Coordinating Council to use a multi-sector, collaborative approach to substance use disorders as well as other public health issues. The Maine Opiate Collaborative calls this position a "Substance Use Disorder Coordinator" and recommends state funding for the position in each public health district.

RESOURCES

Behavioral Health Barometer Maine, 2015, Substance Abuse and Mental Health Services Administration, HHS Publication No. SMA-16-Baro-2015-ME, 2015, U.S. Department of Health and Human Services.

Promising Strategies to Reduce Substance Abuse, U.S. Department of Justice, NCJ 183152, September 2000

Substance Abuse Trends in Maine State Epidemiological Profile 2015, Maine Department of Health and Human Services, Office of Substance Abuse and Mental Health Services, by Hornby Zeller Associates, Inc., July 2015

Substance Abuse and Mental Health Services Administration, *Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863, Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Substance Abuse and Mental Health Services Administration, *The National Cross-Site Evaluation of High-Risk Youth Programs*. Center for Substance Abuse Prevention, DHHS Publication No. (SMA) 00-3375. Rockville, MD, 2002

The SBHSQ Report, *Marijuana Use and Perceived Risk of Harm*, Lipari, Williams, July 2014.

The Primary Care Companion for CNS Disorders, *The Growing Problem of Illicit Substance Abuse in the Elderly: A Review*, Taylor, Grossberg, Department of Neurology and Psychiatry, St. Louis University School of Medicine, St. Louis, MO., February 2012, Physicians Postgraduate Press, Inc.

Annual SYNAR Report, FFY2016, Maine

Behavioral Risk Factor Surveillance System Survey, Center for Disease Control and Prevention, http://www.cdc.gov/brfss/data_documentation/index.htm

National Institute on Drug Abuse, National Trends retrieved from www.drugabuse.gov/publications/drugfacts/nationwide-trends August 28, 2016

Office of Data Research and Vital Statistics, a Division of the Maine Public Health System, http://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/vital-records/

Enforcing Underage Drinking Law, Maine, Dvision of Population Health, http://www.maine.gov/dhhs/mecdc/population-health/prevention/lawenforcement/EUDL%20Grantees%20Web/ASPII%20Grant.htm

Maine People's Resource Center, Public Opinion Survey, March 5-8, 2016 http://www.mprc.me/research/0416_referendums.pdf

Bangor Daily News, "New Poll Shows 55% Support for Pot Legalization In Maine, May 12, 2016 http://stateandcapitol.bangordailynews.com/2016/05/12/new-poll-shows-55-percent-support-for-marijuana-legalization/

Portland Press Herald/Maine Sunday Telegram, "Maine Voices: Steps Maine Can Take to Fight Addiction", January 10, 2016 http://www.pressherald.com/2016/01/10/maine-voices-steps-maine-can-take-to-fight-addiction/

Recommendations of the Maine Opiate Collaborative, May 2016 https://www.mainequalitycounts.org/image_upload/Maine-Opiate-Collaborative_Recommendations.pdf

Maine Revised Statutes, Chapters 81, 121 and 217

Maine Prescription Drug Task Force, Office of the Maine Attorney General, Preventing Prescription Drug Abuse; Protecting Maine, http://www.maine.gov/ag/initiatives/drugsummit2011/

Portland Press Herald, "Eighteen Maine drug prevention groups win $125,000 each in federal grants", September 6, 2016 http://www.pressherald.com/2016/09/06/three-communities-win-375000-for-youth-drug-abuse-prevention/

Portland Press Herald, Maine will get $600,000 in federal grants to track opioid overdoses", September 3, 2016 http://www.pressherald.com/2016/09/03/maine-to-get-grants-to-track-opioid-overdoses/

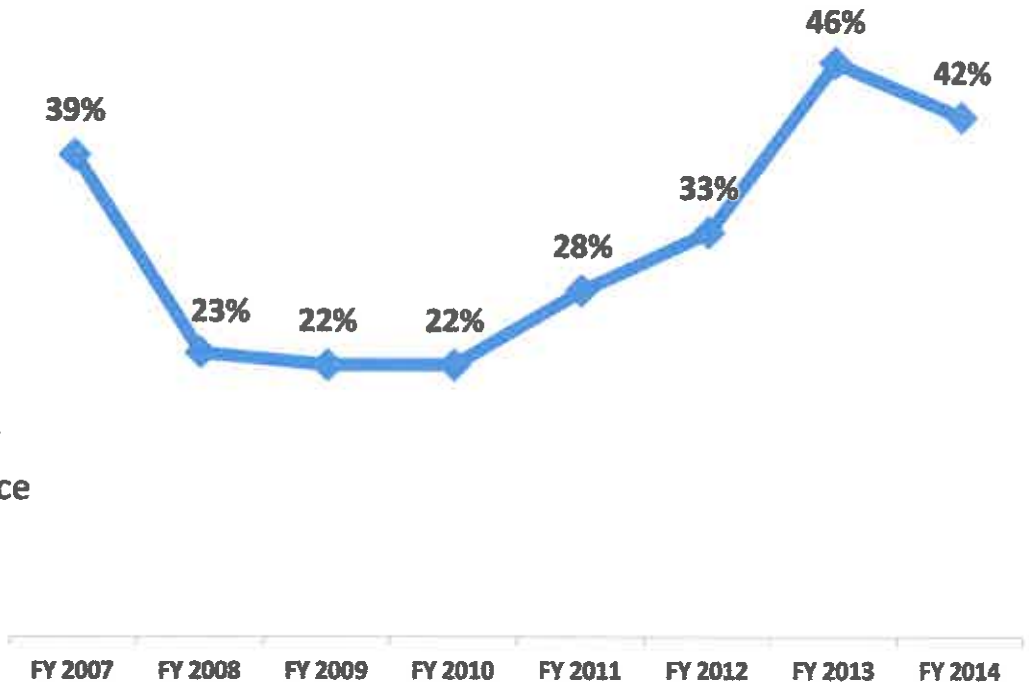
Botvin, G.J., Griffin, K.W., Williams,C. (2015) "Preventing Daily Substance Use Among High School Students Using a Cognitive-Behavioral Competence Enhancement Approach." *World Journal of Preventitive Medicine*, 3(3):48-53

Corporation for National and Community Service, "National Service: A Resource for Drug Prevention and Education", CNCS, www.nationalservice.gov

Percent of adults served through Maine state mental health agencies (SMHA) who had co-occurring mental health and substance use disorders: 2007-2014

From 2009 to 2013, the percentage of adults served through SMHA who had a **co-occurring** mental health and substance use disorder increased by 24 points.

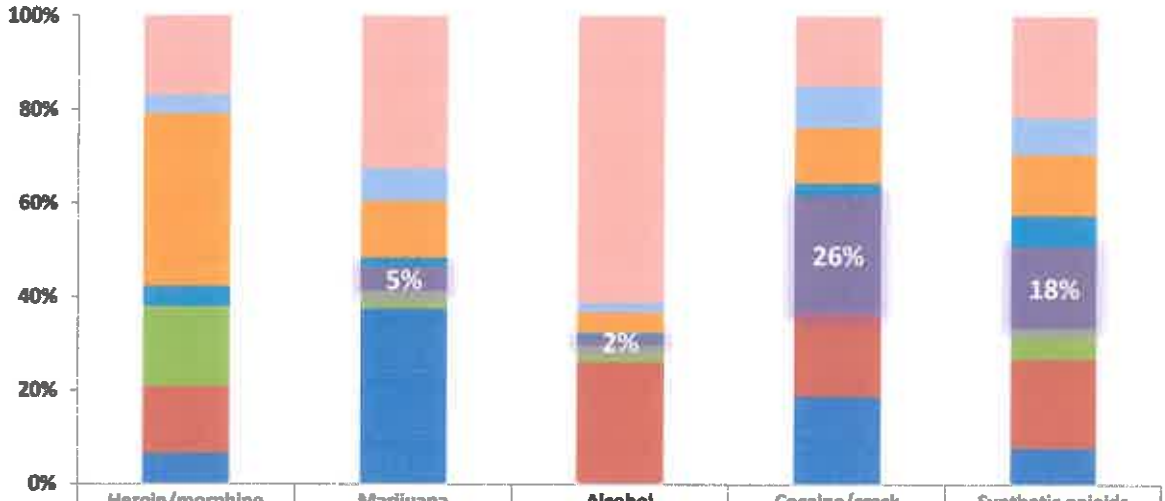
In 2014, almost **half** (42%) of adults served through SMHA had a **co-occurring** mental health and substance use disorder.



Source: Center for Mental Health Services, Uniform Reporting System

Secondary admissions for substance use treatment, by primary drug: 2014

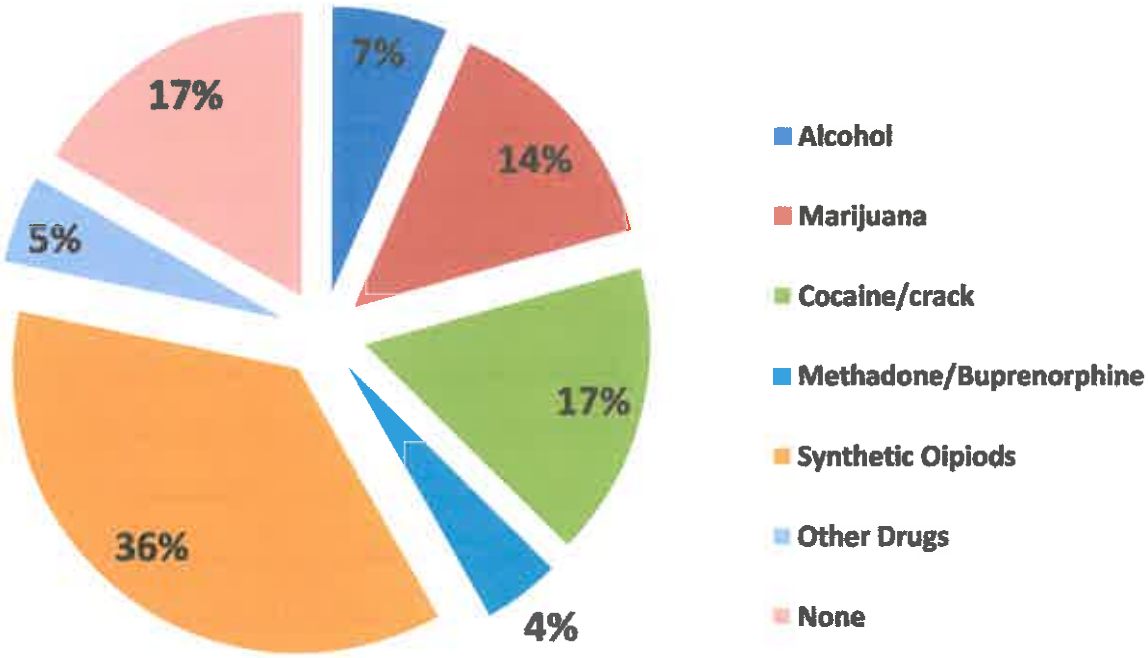
Of those with a primary admission of **cocaine/crack** admissions, **26%** had a secondary admission of **heroin/morphine**.



	Heroin/morphine	Marijuana	Alcohol	Cocaine/crack	Synthetic opioids
None	17%	32%	61%	15%	22%
Other Drugs	4%	7%	2%	9%	8%
Synthetic Opiods	36%	12%	4%	12%	13%
Methadone/Buprenorphine	4%	2%	1%	3%	7%
Heroin/Morphine	0%	5%	2%	26%	18%
Cocaine/crack	17%	4%	3%	0%	7%
Marijuana	14%	0%	26%	18%	19%
Alcohol	7%	37%	0%	19%	8%

Source: Maine Treatment Data System

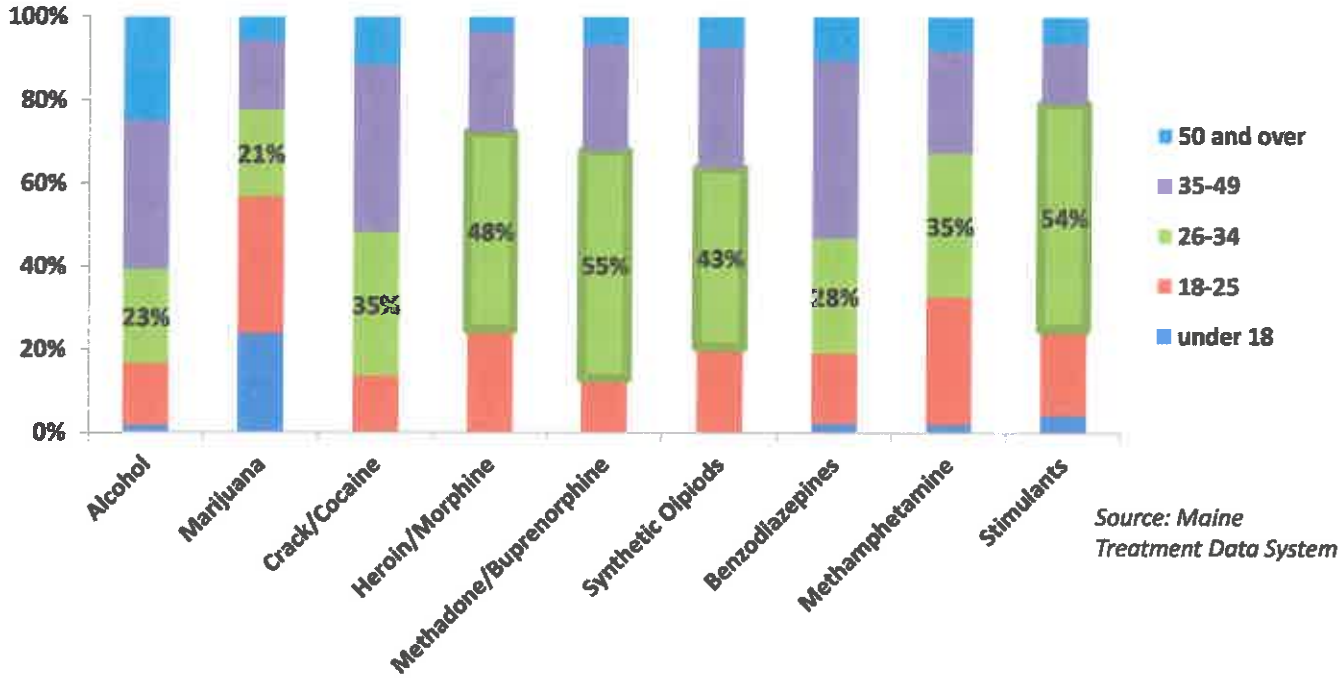
Secondary admissions among primary heroin/morphine treatment admissions (adults 18+): 2014



Source: Maine Treatment Data System

Of those with a primary admission of heroin/morphine, **36%** had a secondary admission related to **synthetic opioids**, **17%** related to **cocaine**, and **14%** related to **marijuana**.

Primary substance use treatment admissions, by drug type and age group: 2014



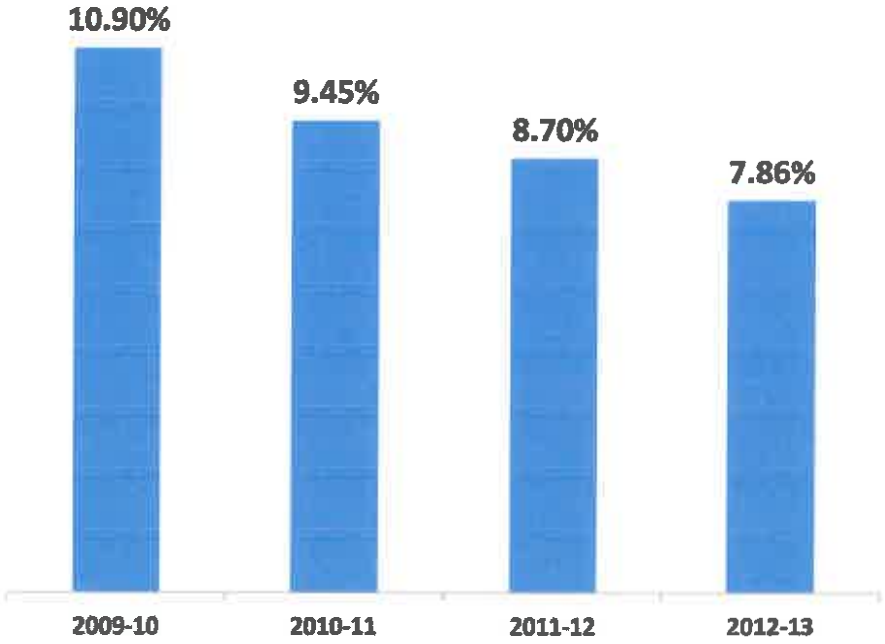
Source: Maine Treatment Data System

Primary treatment admissions due to **heroin/morphine**, **methadone /buprenorphine**, **synthetic opioids**, and **stimulants** were most common among those **26 to 34** years old.

Illicit drug* use other than marijuana in the past month among 18-25 year olds in Maine: 2009-10 to 2012-13

Illicit drug use (other than marijuana) among **18 to 25** year olds has been **declining** since 2009-10.

**Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.*

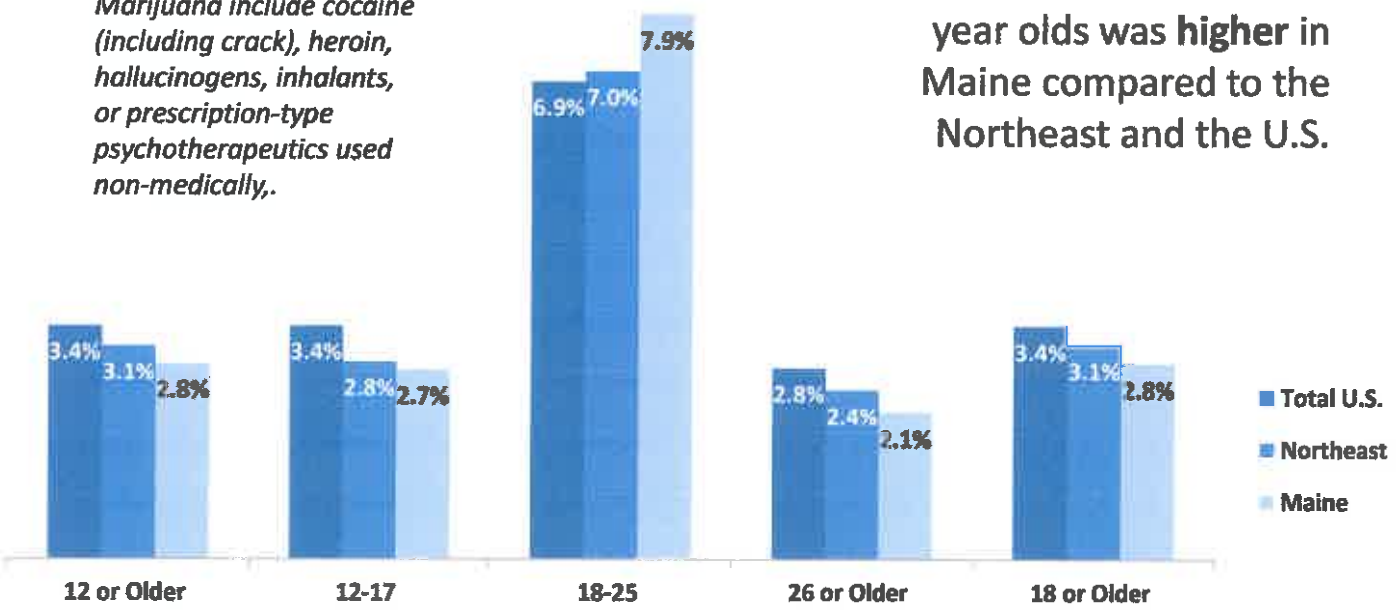


Source: National Survey on Drug Use and Health

Illicit drug* use other than marijuana in the past month, by age group and state: 2012-13

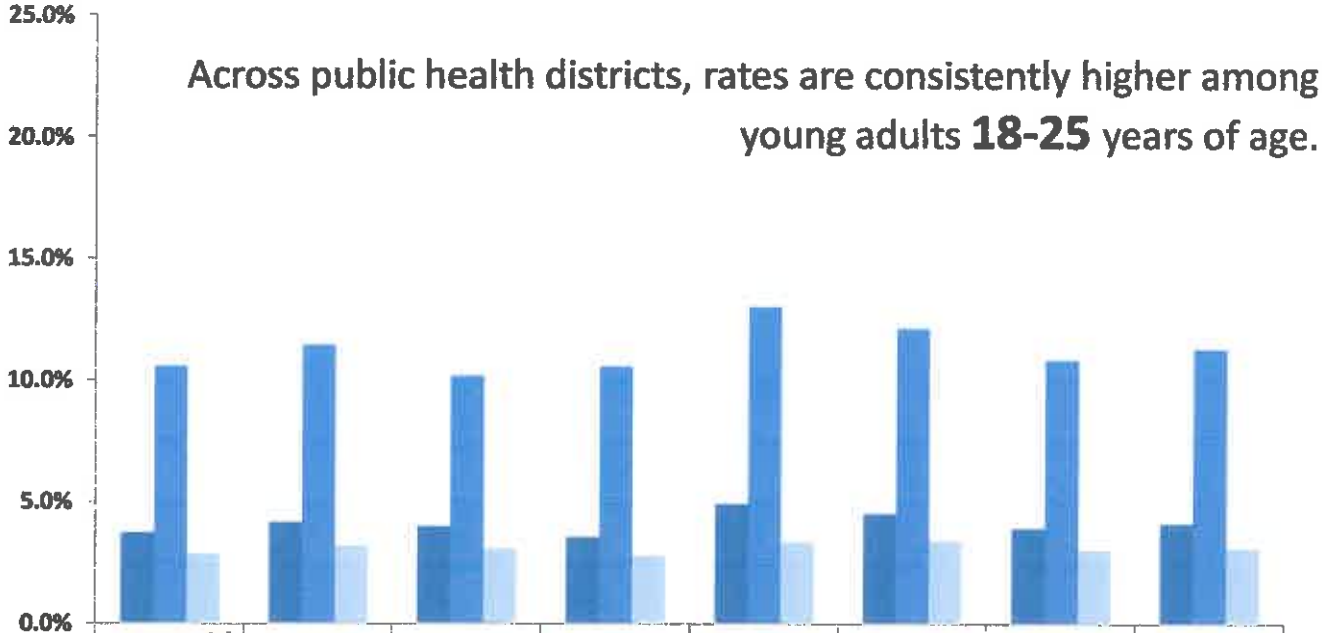
Illicit drug use (other than marijuana) among **18 to 25** year olds was **higher** in Maine compared to the Northeast and the U.S.

**Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically,.*



Source: National Survey on Drug Use and Health

Percent of adults who used prescription pain relievers in past year for nonmedical use, by age group and public health district: 2010-12

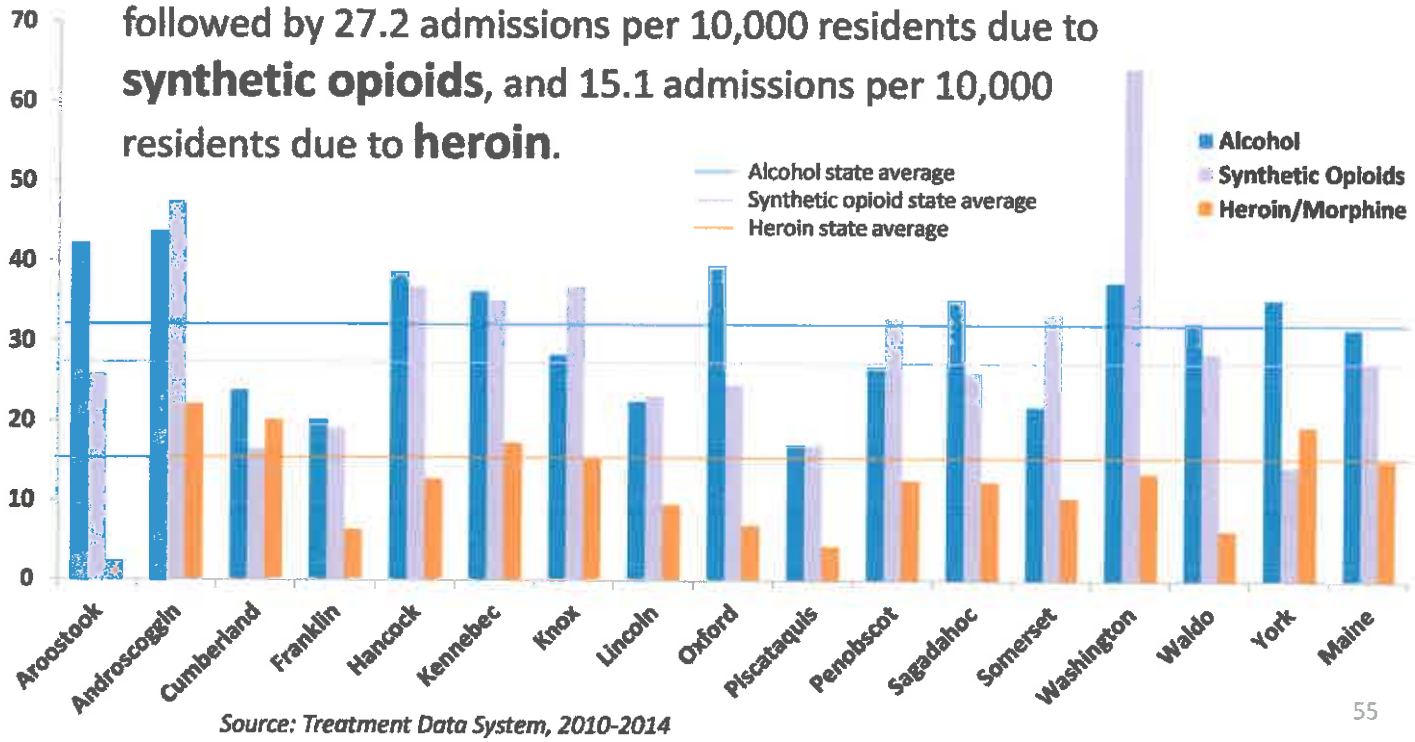


	Aroostook/ Downeast	Central	Cumber.	Midcoast	Penquis	Western	York	Maine
18+	3.7%	4.2%	4.0%	3.5%	4.9%	4.5%	3.9%	4.1%
18 to 25	10.6%	11.4%	10.2%	10.6%	13.0%	12.1%	10.8%	11.3%
26+	2.9%	3.2%	3.1%	2.8%	3.3%	3.4%	3.0%	3.1%

Source: National Survey on Drug Use and Health

Average rate (per 10,000 residents) of adult primary treatment admissions, by drug type and county: 2012-14

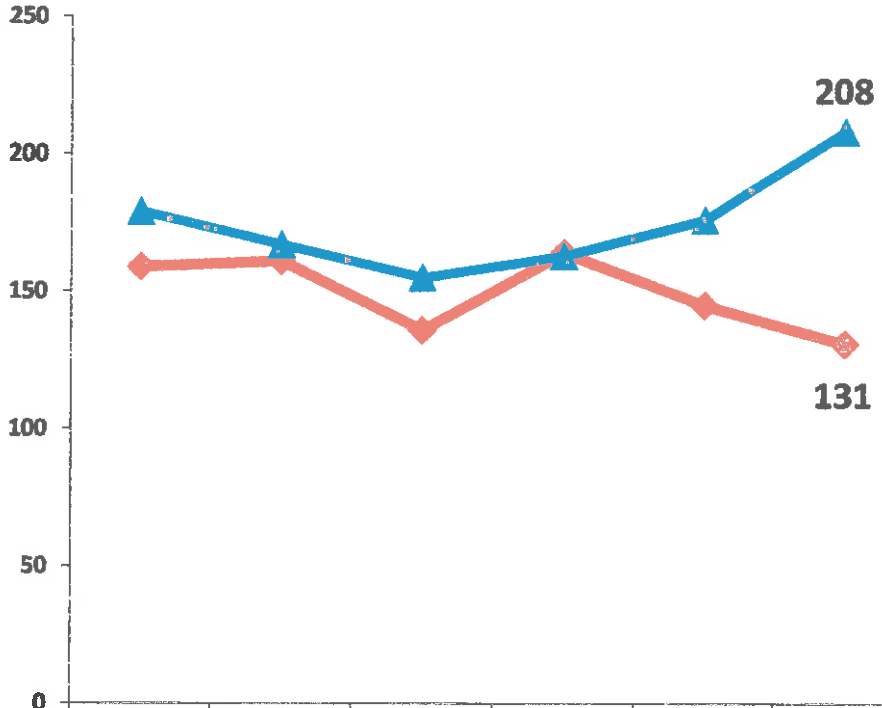
During 2012-14, Maine observed a yearly rate of 31.6 primary admissions due to **alcohol** per 10,000 residents, followed by 27.2 admissions per 10,000 residents due to **synthetic opioids**, and 15.1 admissions per 10,000 residents due to **heroin**.



Source: Treatment Data System, 2010-2014

Unintentional Injury Deaths in Maine, by type: 2009-2014

In 2014, there were **208 drug** related overdose deaths compared to **131 motor vehicle** related deaths.

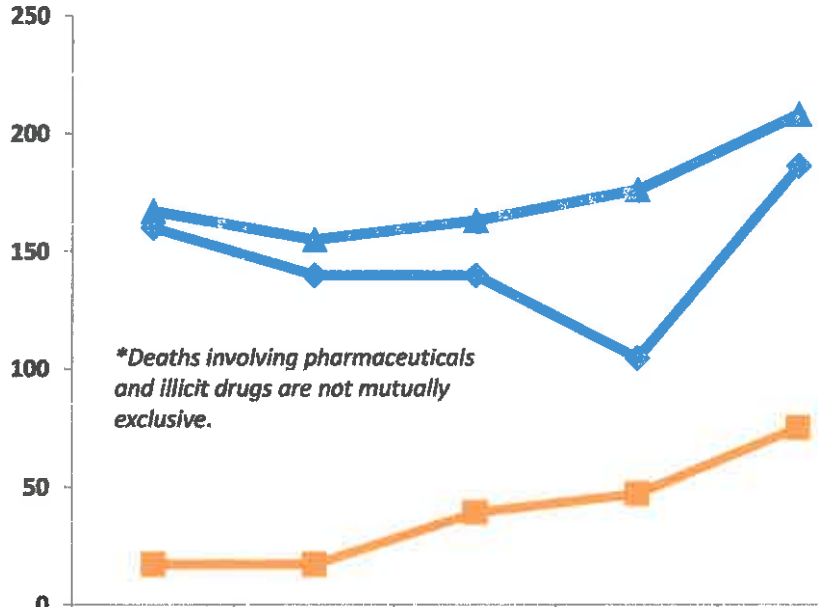


	2009	2010	2011	2012	2013	2014
Motor vehicle-related injury deaths	159	161	136	164	145	131
Drug-related overdose deaths	179	167	155	163	176	208

Source: Office of the Chief Medical Examiner, Maine Bureau of Highway Safety/Maine Department of Transportation

Number of deaths* caused by pharmaceuticals and/or illicit drugs: 2010–2014

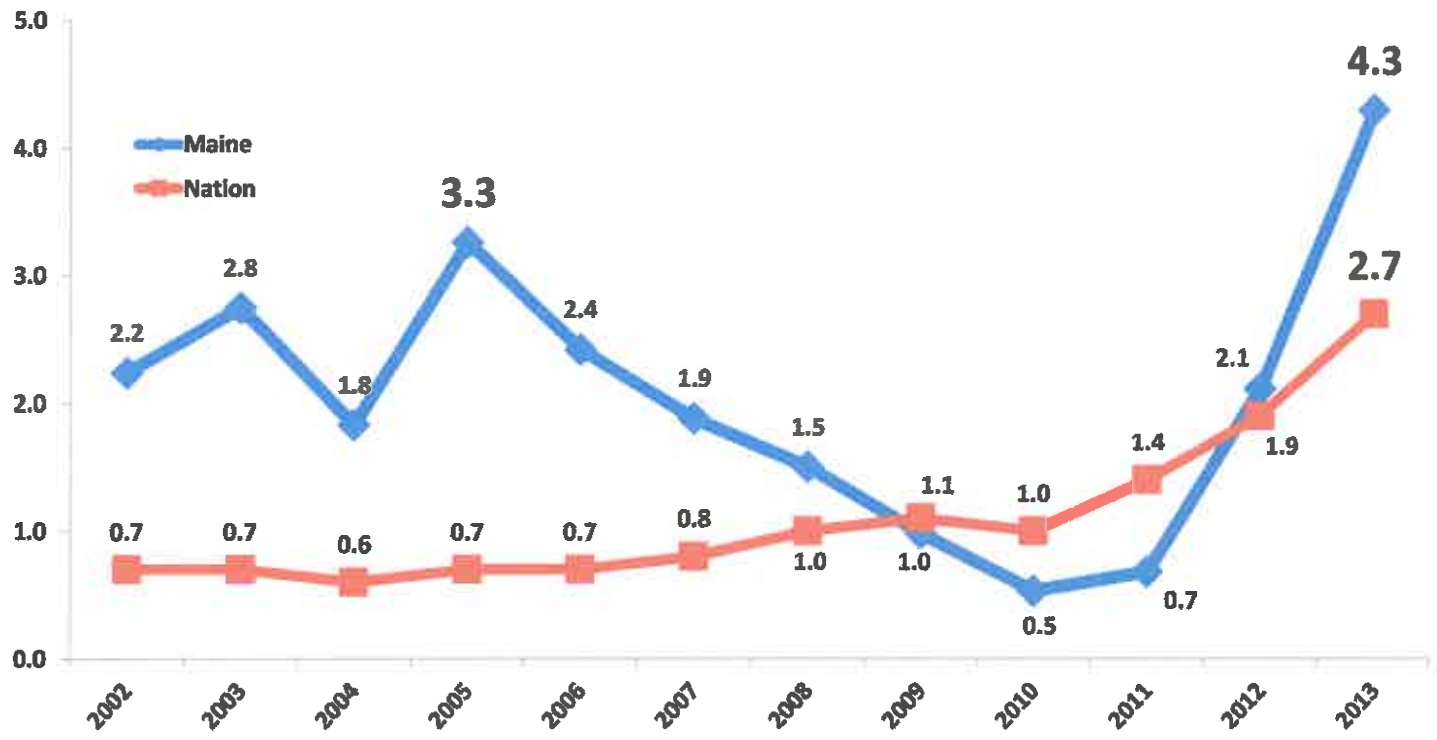
- From 2011 to 2014, Maine observed a 34% increase in the number of all **drug** related **overdose deaths**.
- In 2014, most (89%) drug overdose deaths involved **pharmaceutical drugs**.
- There was a **340%** increase in the number of **illicit** drug-related overdose deaths was observed from 2011 to 2014.



	2010	2011	2012	2013	2014
Pharmaceutical	160	140	140	105	186
Illicit	17	17	39	47	75
All	167	155	163	176	208

Source: Marci Sorg, Margaret Chase Smith Policy Center at University of Maine, Office of the Chief Medical Examiner

Heroin related death overdoses, Maine vs. Nation: 2002-2013

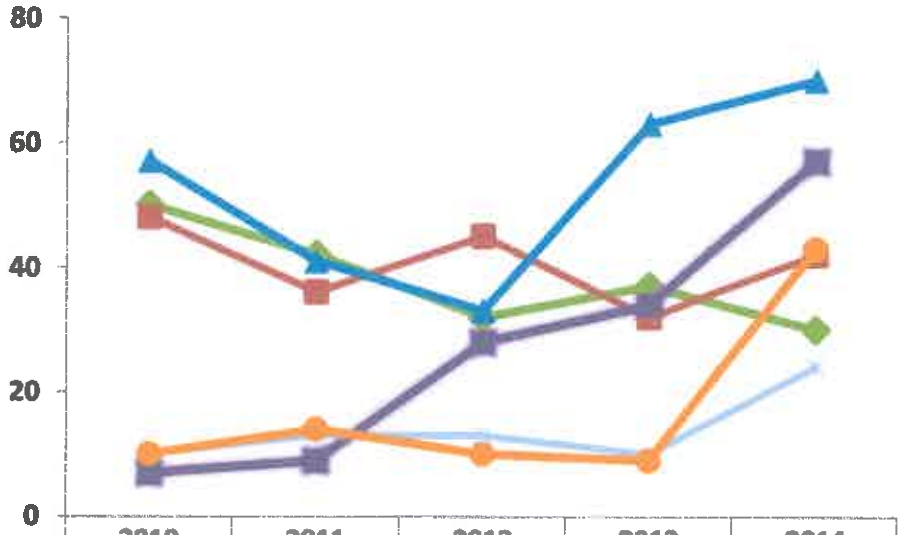


Source, National Data: USCDC; Multiple Cause of Death Files from the National Vital Statistics System, 2002-2013.

Source, Maine Data: Maine Department of Health and Human Services, Office od Research, Data and Vital Statistics

Number of drug deaths* involving specific drug types**: 2010–2014

- In 2014, there were **57** deaths involving **heroin/morphine**; a 530% increase since 2011.
- **Fentanyl** related deaths increased by **377%** from 2013 (9) to 2014 (43)



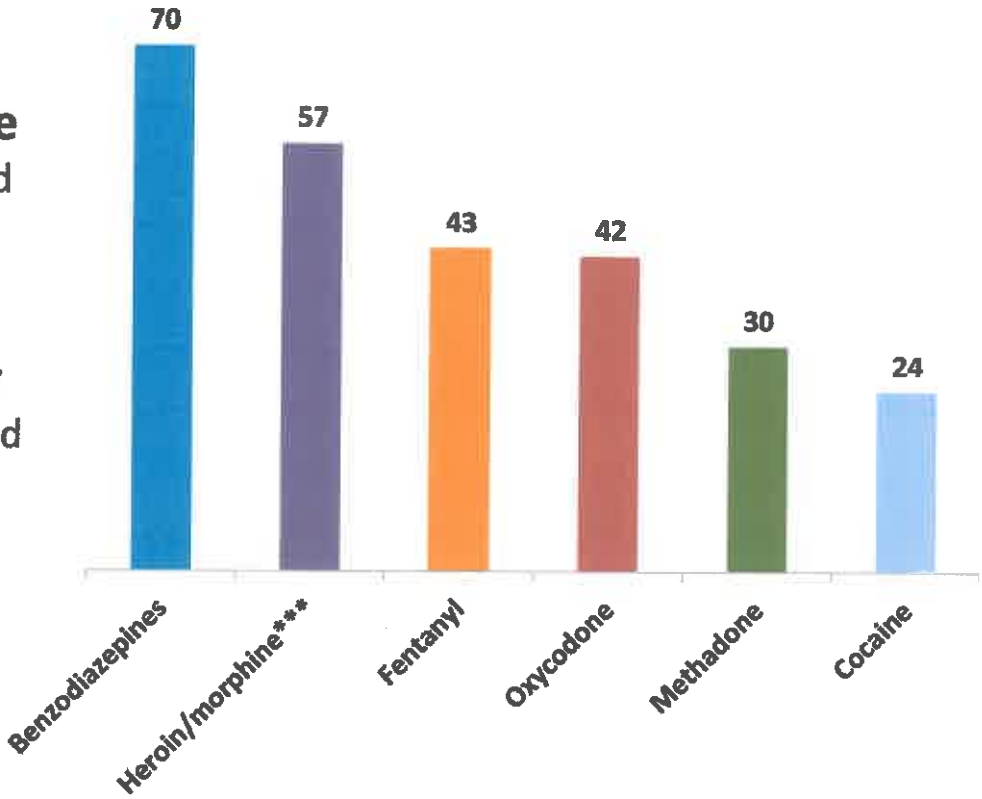
	2010	2011	2012	2013	2014
Methadone	50	42	32	37	30
Oxycodone	48	36	45	32	42
Benzodiazepines	57	41	33	63	70
Heroin/morphine**	7	9	28	34	57
Cocaine	10	13	13	10	24
Fentanyl	10	14	10	9	43

**Deaths caused by known pharmaceutical morphine removed from total.*
***Some deaths may be caused by more than one key drug.*

Source: Marci Sorg, Margaret Chase Smith Policy Center at University of Maine, Office of the Chief Medical Examiner

Number of drug deaths involving specific drug types*: 2014**

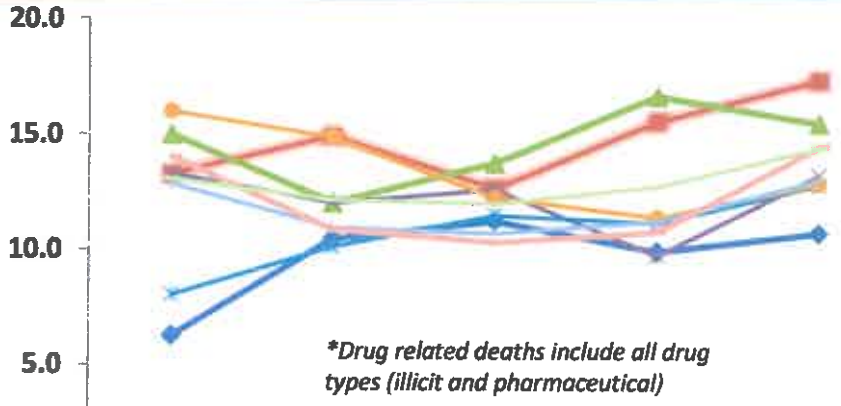
- More than **one in three overdose deaths** involved **benzodiazepines.**
- More than **one in four overdose deaths** involved **heroin/morphine**.



**Some deaths may be caused by more than one key drug.*
***2014 results are preliminary*
****Deaths caused by known pharmaceutical morphine removed from total.*

Source: Marci Sorg, Margaret Chase Smith Policy Center at University of Maine, Office of the Chief Medical Examiner

Drug-related* death rate per 100,000, by public health district: 2009-10 to 2013-14



	2009-10	2010-11	2011-12	2012-13	2013-14
Aroostook	6.3	10.5	11.2	9.9	10.8
Central	13.3	14.9	12.7	15.6	17.4
Cumberland	15.0	12.0	13.8	16.7	15.5
Downeast	13.3	12.0	12.6	9.8	13.3
Mid Coast	8.0	10.1	11.5	11.2	12.9
Penquis	16.0	14.9	12.3	11.4	12.9
Western	12.9	11.0	10.7	11.3	13.1
York	14.0	10.9	10.3	10.8	14.5
Maine	13.1	12.2	12.0	12.8	14.4

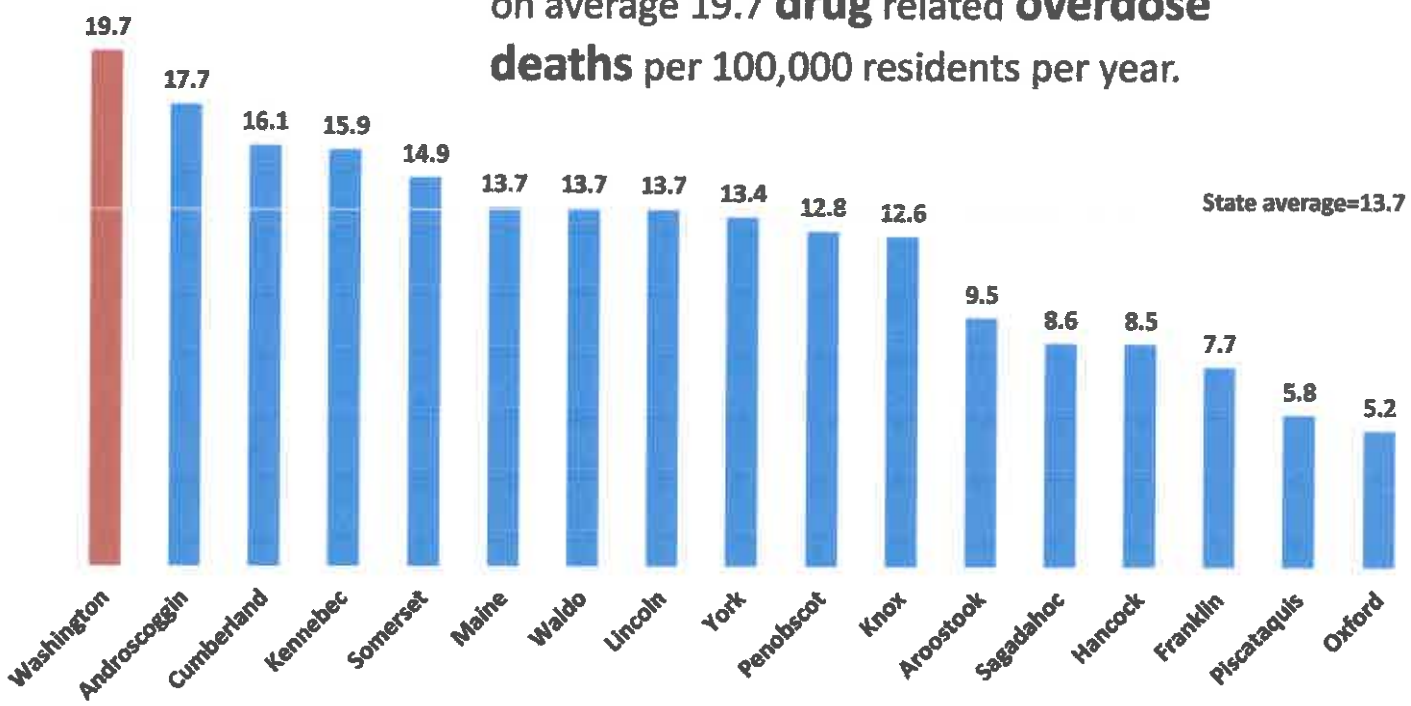
Source: Marci Sorg, Margaret Chase Smith Policy Center at University of Maine, Office of the Chief Medical Examiner

Central and **Cumberland** have observed some of the highest rates of drug related **overdose deaths.**

In 2013-14, **Central** observed the highest average of drug related deaths, at **17.4** per 100,000 residents per year.

Drug-related* death rate per 100,000, by county: 2012-14

In 2012-14, **Washington** county observed on average 19.7 **drug** related **overdose deaths** per 100,000 residents per year.

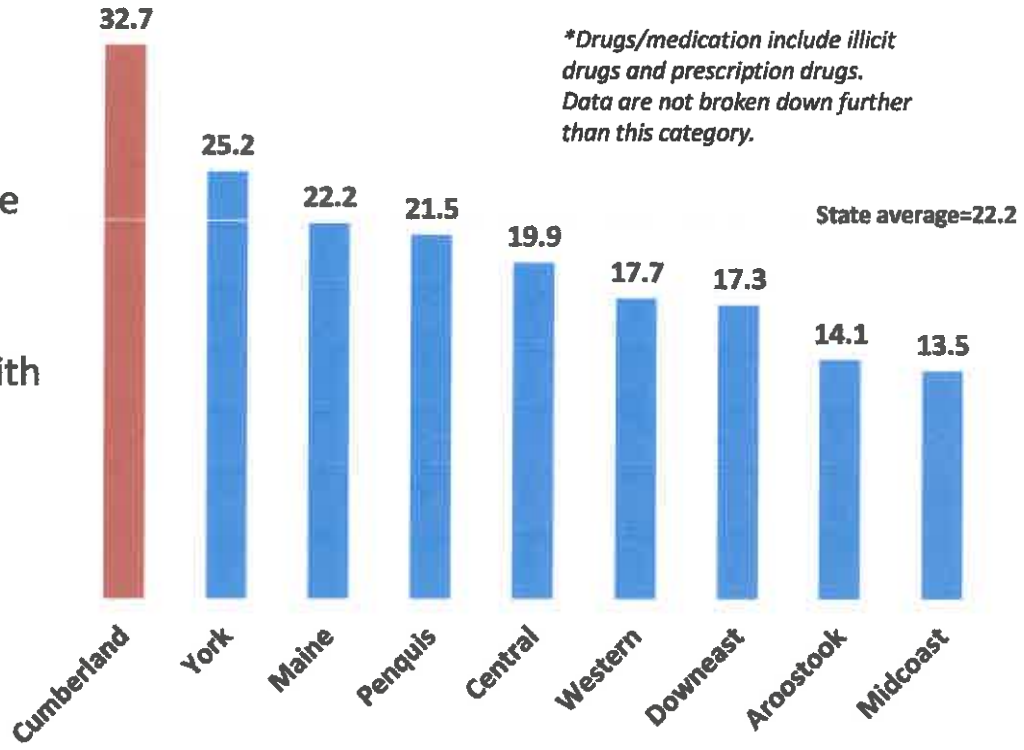


Source: Marci Sorg, Margaret Chase Smith Policy Center at University of Maine, Office of the Chief Medical Examiner

**Drug related deaths include all drug types (illicit and pharmaceutical)*

Number of EMS overdose responses due to drugs/medications* per 10,000 residents, by public health district: 2014

In 2014, **Cumberland** observed the highest rate of EMS **overdose** responses due to **drugs/medication** with an average of 32.7 responses per 10,000 residents.

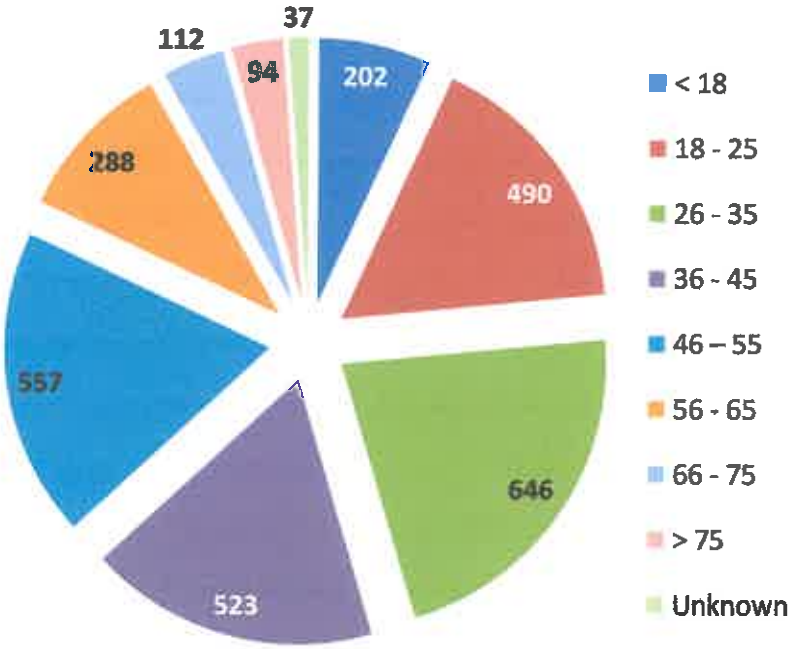


Source: Maine Emergency Medical Services

Distribution of EMS drug/medication* overdose responses, by age and type: 2014

EMS **overdose** responses due to **drugs/medication** were most common among Mainers between **26 and 55** year olds.

**Drugs/medication include illicit drugs and prescription drugs. Data are not broken down further than this category.*



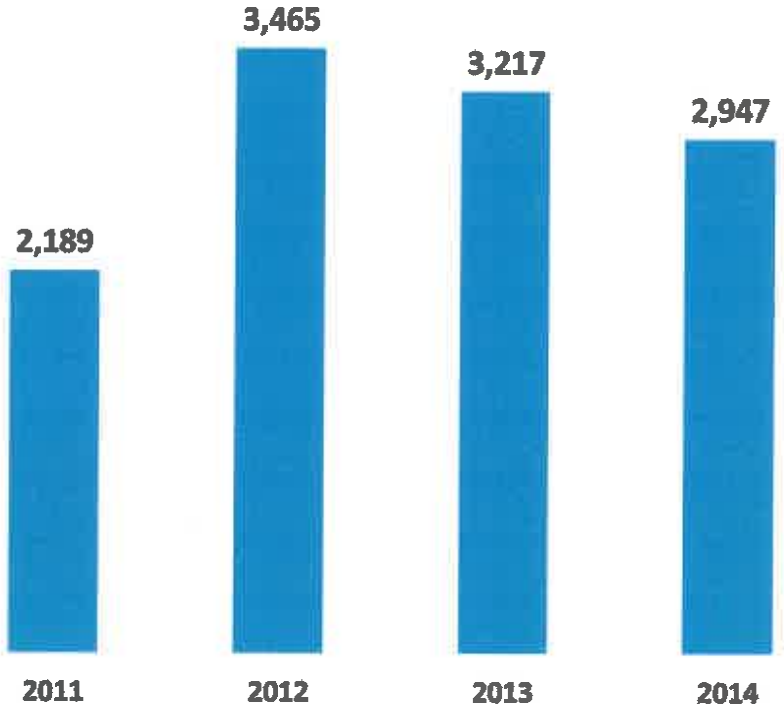
	< 18	18 - 25	26 - 35	36 - 45	46 – 55	56 - 65	66 - 75	> 75	Unknown
Percent by Age Group (n=2947)	7%	17%	22%	18%	19%	10%	4%	3%	1%

Source: Maine Emergency Medical Services

Number of overdose EMS responses related to drugs/medications*: 2011–2014

From 2011- 2014, Maine EMS reported a **35% increase** in **overdoses** from **drugs/medications**.

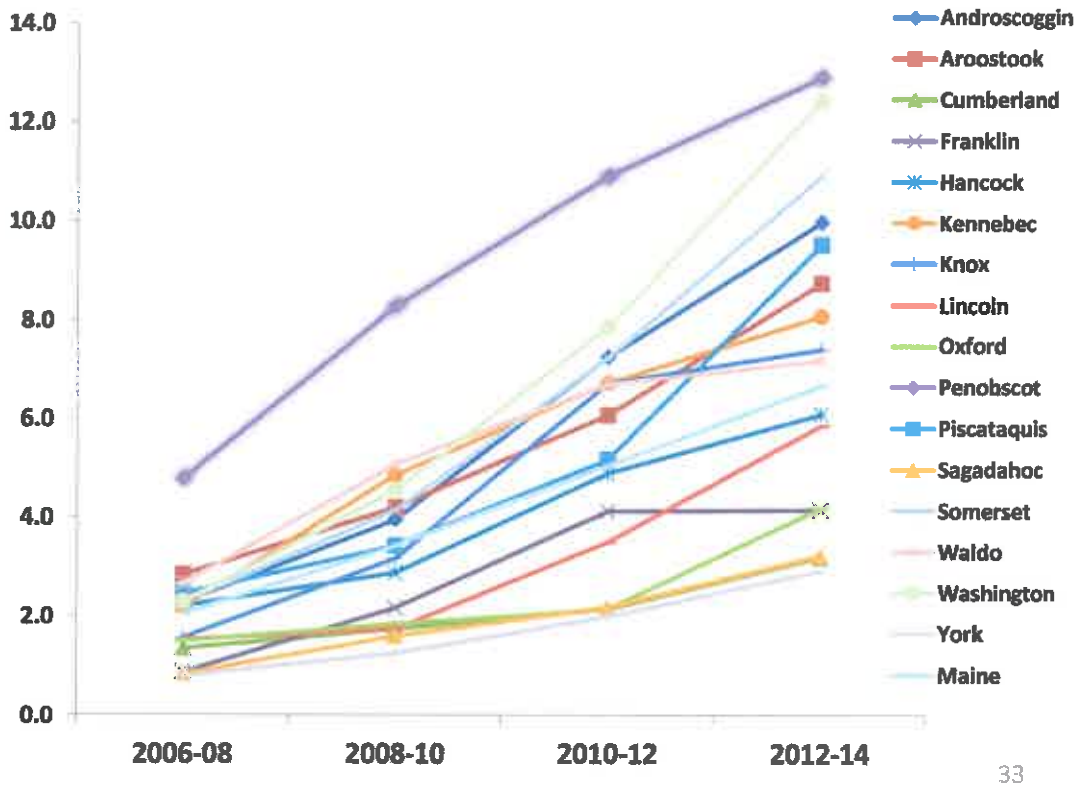
**Drugs/medication include illicit drugs and prescription drugs. Data are not broken down further than this category.*



Source: Maine Emergency Medical Services

Average rate of drug affected baby notifications per 10,000 residents, by county: 2006-08 to 2012-14

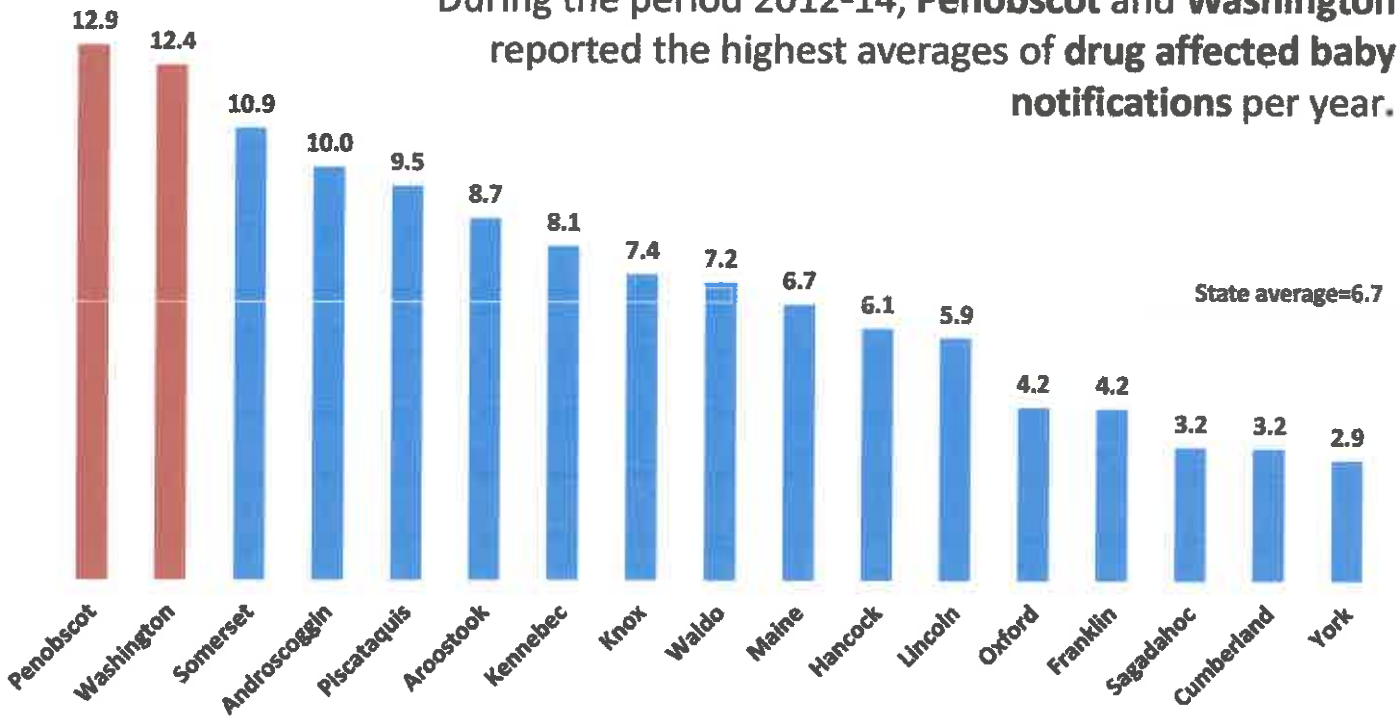
- Since 2006-08, **Penobscot** has observed the highest rate of **drug affected baby notifications.**



Source: Office of Child and Family Services (OCFS), Maine Automated Child Welfare Information System (MACWIS).

Average rate of drug affected baby notifications per 10,000 residents, by county: 2012-14

During the period 2012-14, **Penobscot** and **Washington** reported the highest averages of **drug affected baby notifications** per year.



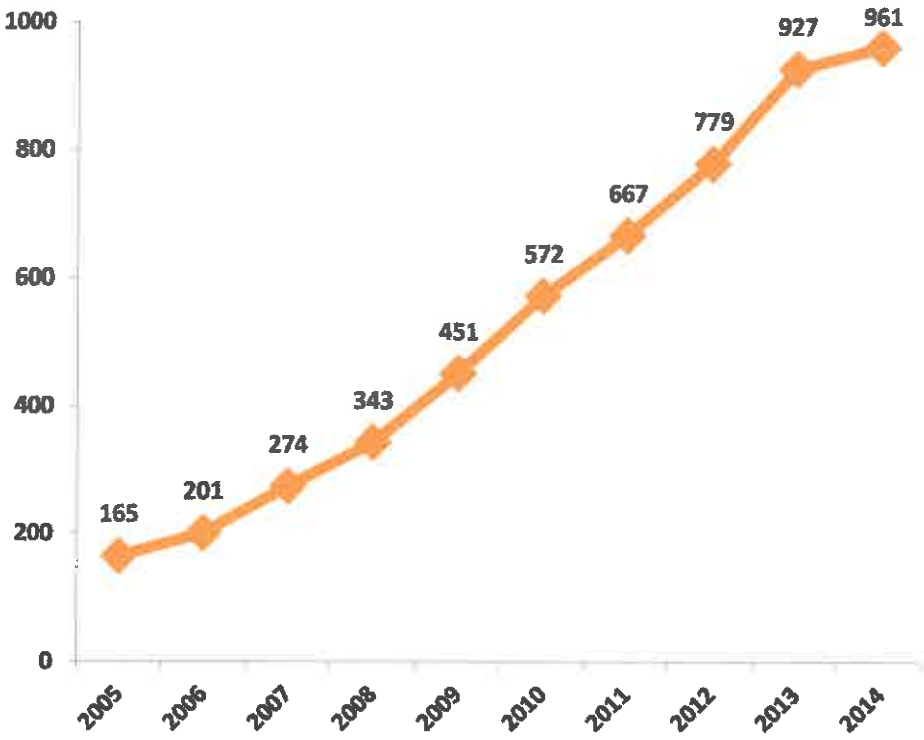
Source: Office of Child and Family Services (OCFS), Maine Automated Child Welfare Information System (MACWIS).

Number of drug affected baby notifications*: 2005-2014

In 2014, there were a total of **961** reports of **drug affected baby notifications.**

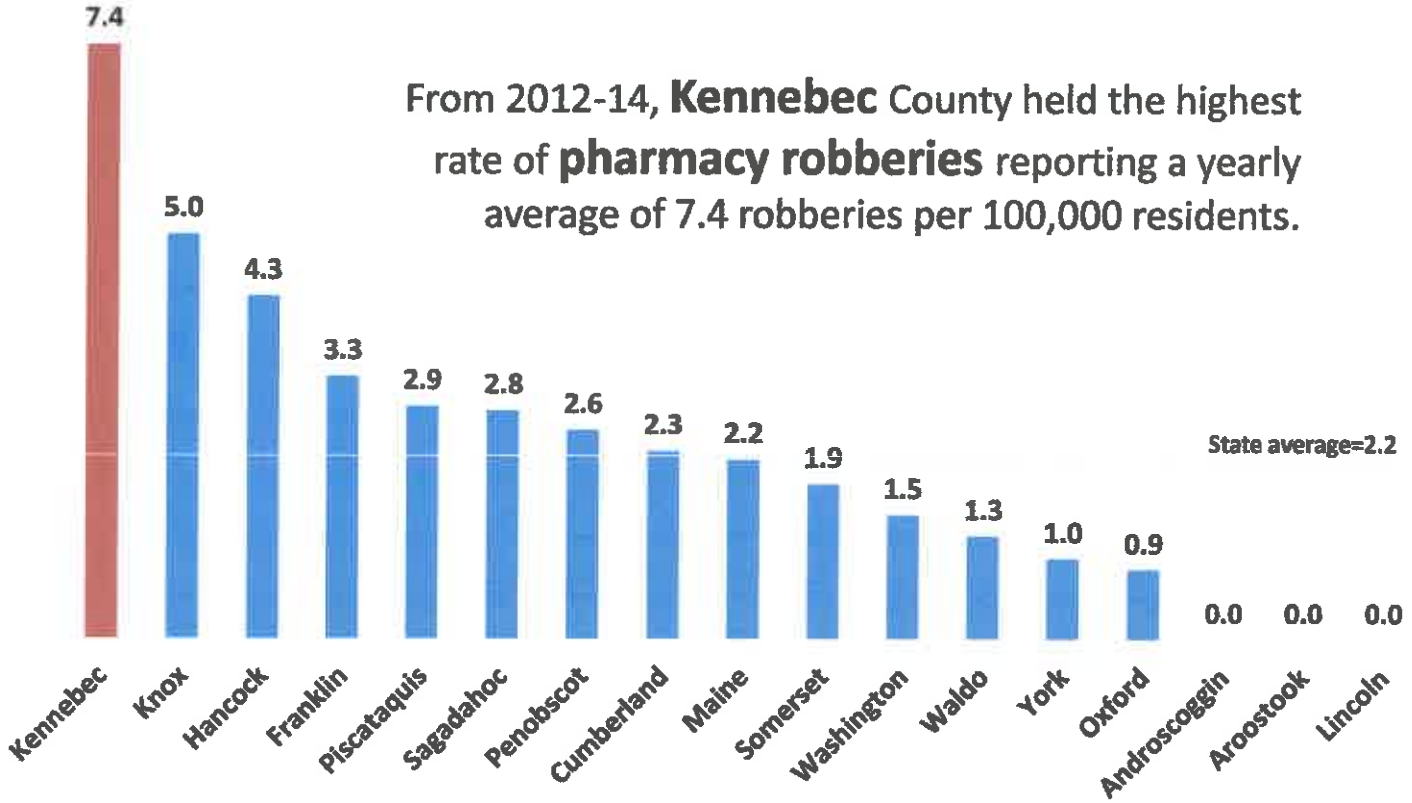
From 2005 to 2014, the number of drug affected baby notifications increased by **480%.**

**This measure reflects the number of infants born in Maine where a healthcare provider reported to OCFS that there was reasonable cause to suspect the baby may be affected by illegal substance abuse or demonstrating withdrawal symptoms resulting from prenatal drug exposure (illicit or prescribed appropriately under a physician's care for the mother's substance abuse treatment) or who have fetal alcohol spectrum disorders.*



Source: Office of Child and Family Services (OCFS), Maine Automated Child Welfare Information System (MACWIS).

Rate of pharmacy robberies per 100,000 residents: 2012-14



Source: Maine Drug Enforcement Agency/Uniform Crime Report

SEOW Special Report: Heroin, Opioids, and Other Drugs in Maine

By Tim Diomede, MPPM

October 2015

Paul R. LePage, Governor Mary C. Mayhew, Commissioner

State Epidemiological Outcomes Workgroup

2012-2016

STRATEGIC PLAN

United For Prevention in Passaic County

CONTACT

Sherrine Schuldt, CHES
Prevention Specialist
United for Prevention in Passaic County
schuldts@wpunj.edu

United For Prevention in Passaic County

TABLE OF CONTENTS

NEEDS ASSESSMENT	**4**
Community Overview	5
Methodology	6
Results	9
Priority 1: Reduce Underage Drinking	9
1.1 Consumption	9
1.2 Consequences	10
1.3 Intervening Variables	11
1.4 Target Population	11
1.5 Prevention Resources	11
1.6 Community Readiness	11
Priority 2: Illegal Drugs	12
2.1 Consumption	12
2.2 Consequences	12
2.3 Geographic Consideration	13
2.4 Intervening Variables	13
2.5 Prevention Resources/Community Readiness	13
Priority 3: Prescription Drugs	14
3.1 Consequences	14
3.2 Consumption Patterns	14
3.3 Geographic/Target Population Differences	14
3.4 Intervening Variables	14
3.5 Prevention Resources	14
3.6 Community Readiness	15
Priority 4: New and Emerging Drugs	15
4.1 Consumption	15
4.2 Consequence	15
Summary of Needs Assessment	16
CAPACITY AND INFRASTRUCTURE	**17**
PROGRAM PLAN	**19**
1. Reduce Underage Drinking	20
1.1 Private Property Ordinances	21
1.2 Parent Programs	22
1.3 Youth Programs	23
2. Reduce the Availability of Prescription Drugs	24
2.1 Availability of Prescription Drugs	25
3. Enhance Communication and Coordination	26
3.1 Communication	27
3.2 Access of Local Data	28
3.3 Evidence-based Strategies	29
Summary of Program Plan	30
REFERENCES	**31**

APPENDICES

APPENDICES	33
A. Results: Prevention Resources Assessment	33
B. Key Informant Interview Respondents	38
C. Progress Table: County-Wide Policy Scan	39
D. Results: Age Specific Juvenile Arrest Rates per 100,000 – Liquor Law Infractions	40
E. Results: Juvenile Arrest Rates by County	41
F. Alcohol Related Motor Vehicle Accident Rates for Passaic County	42
G. Number of Liquor Licensees Rates for Passaic County	43
H. Results: Key Informant Interviews	44
I. Results: Age Specific Juvenile Arrest Rates per 100,000 – Drug Abuse Violations	45
J. Results: Uniform Crime Report Adult Arrest Rates for Passaic County	46
K. Results: Uniform Crime Report Juvenile Arrest Rates for Passaic County	47
L. Logic Models	48

1 – NEEDS ASSESSMENT

Passaic County is a geographically and culturally diverse region of northern New Jersey with just over 501,000 residents (as of the 2010 US Census). From the rugged, mountainous highlands in the northwestern part of the county to the more densely populated, low-lying urban areas in the southeast, population growth continues to remain a trend in Passaic County. Since the 2000 census the county has become home to an additional ~11,000 residents, representing a +2.5% change in population during the last decade. Whereas the average population density (persons per square mile) in New Jersey is 1,185, the population density of Passaic County is significantly higher, at just over 2,705.[1,2]

Passaic County is comprised of 16 municipalities (3 cities, 3 townships, and 10 boroughs) as well as several smaller, unincorporated communities. Passaic County is one of the most racially and ethnically diverse counties in the state of New Jersey, with almost 55% of all residents representing non-white groups. According to 2010 US Census data, 12.8% of county residents are black, 5% are Asian, ~4% are multiracial, and nearly 1% of residents are American Indian, primarily those affiliated with the Ramapough Lenape Nation. Also of significance, 37% of all county residents are persons of Hispanic or Latino origin. This is noteworthy as the same population comprises a proportionally smaller 17.7% of the population of the entire state of New Jersey. Passaic County therefore has a much more concentrated population of Hispanic/Latino residents.[1,28]

Within Passaic County, the diversity within each municipality must also be considered, as each community has unique attributes. West Milford, for instance, located in the most northwesterly corner of the county (and comprising one of the largest geographic areas of the county at 80 square miles) is home to about 16,000 residents, 95% of whom are white. The City of Passaic, on the other hand, is located in the eastern section of the county and is only 3.2 square miles, yet is home to almost 68,000 people, 65% of whom represent racial/ethnic minorities. In the City of Passaic 59% of residents speak Spanish at home. In fact, over one-quarter of all Passaic County residents are foreign-born.[1]

Slightly over one-half of all county residents are female. Persons aged 65 and older represent 12% of the population of Passaic County, while 25% of residents are less than 18 years of age. In Passaic County, 80% of adult residents are high school graduates (as compared to 87% of residents statewide) and 24% of adult residents have at least a Bachelor's degree (as compared to 34% of all New Jersey state residents.) Although the number of same-sex partner households is not available for every municipality within the county (and that number would not include non-partnered, non-heterosexual individuals), based on data that are available (8.2% of households in the city of Passaic, for example) it is clear that sexual orientation is an important demographic consideration in Passaic County. [1, 29]

A full regional description and articulation of the diversity of Passaic County residents is found in the "Community Overview" on page 4 of this plan. Further, this overview compares Passaic County census data to that of the State of New Jersey.

Community Overview

PASSAIC COUNTY QUICK FACTS	PASSAIC COUNTY	NEW JERSEY
POPULATION		
Population, 2011 estimate	502,007	8,821,155
Population, percent change, April 1, 2010 to July 1, 2011	0.2%	0.3%
Population, 2010	501,226	8,791,894
AGE/GENDER		
Persons under 5 years, percent, 2011	6.9%	6.1%
Persons under 18 years, percent, 2011	24.6%	23.2%
Persons 65 years and over, percent, 2011	12.3%	13.7%
Female persons, percent, 2011	51.4%	51.3%
RACE		
White persons, percent, 2011 (a)	76.0%	74.1%
Black persons, percent, 2011 (a)	14.7%	14.6%
American Indian and Alaska Native persons, percent, 2011 (a)	1.4%	0.6%
Asian persons, percent, 2011 (a)	5.4%	8.7%
Native Hawaiian and Other Pacific Islander persons, percent, 2011 (a)	0.2%	0.1%
Persons reporting two or more races, percent, 2011	2.3%	1.9%
Persons of Hispanic or Latino Origin, percent, 2011 (b)	37.7%	18.1%
White persons not Hispanic, percent, 2011	44.8%	58.9%
Foreign born persons, percent, 2006-2010	27.1%	20.3%
LANGUAGE		
Language other than English spoken at home, percent age 5+, 2006-10	46.1%	28.7%
EDUCATION		
High school graduates, percent of persons age 25+, 2006-2010	81.5%	87.3%
Bachelor's degree or higher, percent of persons age 25+, 2006-2010	25.2%	34.6%
HOUSING		
Housing units, 2011	176,264	3,562,553
Homeownership rate, 2006-2010	55.3%	66.9%
Housing units in multi-unit structures, percent, 2006-2010	53.2%	36.0%
Median value of owner-occupied housing units, 2006-2010	$382,600	$357,000
Households, 2006-2010	161,428	3,176,069
Persons per household, 2006-2010	3.00	2.69
Living in same house 1 year & over, 2006-2010	91.5%	89.4%
INCOME		
Per capita money income in past 12 months (2010 dollars) 2006-2010	$26,095	$34,858
Median household income 2006-2010	$54,944	$69,811
Persons below poverty level, percent, 2006-2010	15.1%	9.1%
TRAVEL TIME		
Mean travel time to work (minutes), workers age 16+, 2006-2010	26.8	29.8
OTHER		
Veterans, 2006-2010	18,524	488,675

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

NEEDS ASSESSMENT METHODOLOGY

In March 2012, a team of individuals at William Paterson University (the grant recipient) undertook a needs assessment process which first began with a county-wide resource inventory. Necessitated by the closure of the county's primary community prevention agency, this resource inventory began with a thorough review of documents provided by the former director of the closed agency that identified past county prevention partners. Based on this review, a systematic process of partner identification and targeted relationship building was initiated by the needs assessment team, which consists of Coalition Coordinator and Prevention Specialist, Sherrine Schuldt, CHES and three trained undergraduate Public Health research assistants from William Paterson University, Nichole Kershaw, Vanesa Apaza, and Stephanie Rudalf. The team is overseen by Glen L. Sherman, Ph.D. the Associate Vice President and Dean of Student Development and William Kernan, EdD, MPA, MCHES, Associate Professor of Public Health at William Paterson University.

In April of 2012, the team began to utilize needs assessment instruments provided by our grant technical assistance partner, Rutgers University. The team developed a set of internal objectives for this needs assessment, identifying a specific number of data points desired for each instrument with deadlines for data collection, entry, and analysis.

Needs assessment data, once collected, were cleaned and coded using codebooks developed by the student research assistants, and summarized in a series of internal reports. The needs assessment team presented the findings from this needs assessment process to the nine members of the county coalition Strategic Planning Workgroup who represent local government, schools, treatment and prevention providers and various municipal alliances.

This needs assessment process involved both the collection of new data and the analysis of exiting data. Specific to primary data collection, several instruments were used to conduct the needs assessment for Passaic County. Following is a description of each instrument used as well as the specific methodology employed by the needs assessment team to collect data with each instrument.

Prevention Resource Assessment:

Consistent with the earlier emphasis on partner identification and relationship building that defined the initial resource inventory, the needs assessment team conducted a prevention resource assessment of Passaic County using the questionnaire provided by the Rutgers Technical Assistance (RTA) team. The Coalition Coordinator and research assistants worked collaboratively to identify and contact existing agencies and organizations that might provide substance abuse prevention programs and services to residents of Passaic County. The needs assessment focused on the identification of non-profit agencies, schools, healthcare facilities, universities/colleges, faith-based organizations, local/county government, and other entities; law enforcement agencies and alliances were avoided in this process, as suggested by the RTA (see Appendix A).

After pilot testing the instrument with a short list of respondents, a snowball sampling methodology was used in order to identify additional potential respondents for the prevention resource assessment. A total of 20 agencies were identified.

Respondents were asked questions to determine if prevention programs were in place, their involvement in specific prevention efforts, their target population, funding sources, location, geographical areas served, and the strategies used to address the issues of concern (see Appendix A).

Diverging from the recommendation of the RTA, instead of a web-based administration of the prevention resource assessment, the Passaic County administration was done via personal interview (phone and in-person). This methodology was selected for several strategic reasons: 1. To make a personal connection with each agency and encourage relationship building, 2. To introduce the new county Prevention Specialist to the other key prevention specialists in Passaic County, and 3. To provide the opportunity for rich qualitative data collection through the use of spontaneous questioning and targeted exploration of emergent themes.

Key Informant Interviews: An interview script was developed based on the interview/focus group questions provided by the RTA. Key community stakeholders were then identified and asked questions from this prepared script. Questions were asked in order to determine whether or not individuals felt that certain substances were appearing in the community, which substances the informants felt were cause for concern in their communities as well as questions to determine the agency that the informant represented and the geographical area that is served (see Appendix B).

Once again, additional information was asked of each key informant – they were asked to provide additional detail about what is actually going on in their community, and what they felt the community needs in order to see improvement.

Convenience sampling was used to identify these 22 key informants. These individuals were selected based on their involvement in each of their communities and because of their knowledge of, and experience with, substance abuse prevention and treatment in Passaic County.

Policy Scans: Utilizing the policy scan tool provided by the RTA, the process of identifying the local ordinances surrounding the four identified priority areas began in early July. Initially the policy scan process involved contacting individual law enforcement agencies in each municipality. This methodology however, proved to be challenging, as only some municipal law enforcement agencies responded.

An alternate methodology was identified when one of the project research assistants ferreted out several web-based sources of this information. For example, the ABC handbook was identified as an extremely reliable resource in order to find state ordinances regarding alcohol. In order to find local ordinances, the E-Codes System and Coded Systems Corporation provided some data (see Appendix C).

However, after a significant amount of effort pulling data from these web-based sources, it was determined that these data were incomplete, thus this process is ongoing.

Law Enforcement Interviews: Based on an instrument provided by the RTA, six law enforcement interviews were conducted. Municipal police departments were contacted by phone and asked questions in order to determine what prevention programs were in place, the town that is served and the funding source of the program.

Existing Data: Many sources of existing data were identified for use during this needs assessment process.

For example, contacts made with local hospitals regarding substance abuse yielded several sources of existing data. In particular, Chilton Hospital provided data from 2010 regarding drug and

alcohol related admissions seen in their hospital. Though located in Morris County, Chilton receives many patients from Passaic County towns, servicing nine of the 16 Passaic County municipalities.

While full results of the needs assessment are presented in the next section, it is noteworthy that this particular data set yielded key findings related to several of the coalition's priority areas. For instance, the report indicated that 41% of admissions in 2010 were directly related to alcohol abuse, including alcohol abuse with a secondary substance. Similarly, the report stated that 39% of hospital admissions were related to heroin and other opiate use. Cocaine related admissions accounted for 4% of the hospital's admissions while marijuana accounted for 7% and other drugs accounted for 9% of Chilton's total admissions for the year.[3]

Hospitals are not a constituency that the Passaic County coalition has worked with extensively in the past. Recognizing the mutual benefits arising from the sort of data exchange that could result from closer relationships, these partners will be essential as the coalition continues its ongoing needs assessment process.

In collaboration with RTA, the coalition has carefully reviewed all existing data relevant to Passaic County and its municipalities provided on Sakai through the New Jersey DMHAS and other partner agencies, including demographic information for Passaic County, arrest data, poison control data from 2011 and substance abuse related treatment admissions from various county hospitals, among others. Using this information the coalition has assembled a binder with this data, as well as informative articles about environmental strategies, illegal drugs, alcohol, and emerging drugs trends which was retrieved through various government and agency websites. Once created, these binders were distributed to each municipality in order to make this information easily accessible to the municipal alliances.

UPinPC STRATEGIC PLANNING WORKGROUP

Winona Cleveland	Passaic County Department of Human Services
Dr. Michael D'Arcangelo	Chair, Human Services Department, Passaic County Community College
Tom Fischetti	City of Passaic Municipal Alliance
Richard Goldberg	Mayor of Hawthorne
Robbin Gulino	Wayne Township Municipal Alliance Coordinator
Donna Huber	County Alliance Coordinator, Passaic County Department of Human Services
Kim Mapp	Student Assistance Counselor, Wayne Valley High School
Carolyn McCombs	Paterson Alliance Coordinator & Director Paterson Family Success Center
Francine Vince	Director, Passaic County Division of Mental Health and Addiction Services

NEEDS ASSESSMENT RESULTS

The Passaic County needs assessment team strongly believes that needs assessment is an ongoing process. The coalition, based on the recommendation of the NJPN technical Assistance team (NJPNTA), will form an epidemiology work group to be charged with the development of a plan for the ongoing assessment of needs. While plans for ongoing assessment of needs are underway, following is a preliminary presentation of results.

Priority Area 1: Underage Drinking

1.1 Consumption:

The New Jersey Survey on Drug Use and Abuse (DMHAS, 2009) indicates that the 30-day prevalence of alcohol use in Passaic County was 48%.[4] As reported in the Emergency Admissions of Uniform Bill-Patient (UB-04) Data compiled by the Division of Addiction Services, New Jersey Department of Human Services, there were 8,527 alcohol-related emergency room admissions among individuals 12 years of age and above in Passaic County, with the highest numbers occurring in the three major urban centers (the cities of Paterson, Passaic, and Clifton).[5] The New Jersey Substance Abuse Monitoring System (NJSAMS) report (July 2012) indicates that in 2011 there were a total of 1,141 (30%) Passaic County resident admissions due to alcohol abuse; of these admissions, 9 individuals were members of one of our most vulnerable populations, those under the age of 18 years.[6] Alcohol use and abuse is clearly of concern in Passaic County.

NJSAMS also revealed that the Passaic Alliance treatment facility in Passaic City had an alcohol related substance abuse treatment admissions rate of 61% for 2011. Of these cases, 97% were treated in Passaic County hospitals.[7] Juvenile arrest records for 2008 indicate that in Passaic County 10 arrests were made for drunken driving and 105 arrests for liquor law infractions.[8]

Juvenile arrest rates for Passaic County in 2009 show that for every 100,000 juveniles, 59.4 juveniles were arrested for liquor law infractions (See Appendices D and E).[20] Juvenile age specific arrest rates for 2009 per 100,000 for the four counties that surround Passaic County are as follows: 168.0 in Morris County, 253.8 in Bergen County, 97.8 in Sussex County, and 47.6 in Essex County (See Appendices D and E).[20] Based on these data, it is safe to say that in Passaic County alcohol is an important factor in both county morbidity rates and crime rates.

A recent National Institute on Drug Abuse (NIDA) study found that "alcohol use remains extremely widespread among today's teenagers. Nearly three-quarters of today's students (73%) have consumed alcohol (more than just a few sips) by the end of high school, and about two-fifth's (41%) have done so by 8th grade. In fact, more than half (56%) of the 12th graders and a fifth (20%) of 8th graders in 2006 report having been drunk at least once in their life."[9] According to national data for 2005-2006 from the Substance Abuse and Mental Health Services Administration (SAMHSA), 16.5 percent of youth ages 12-17 utilized alcohol during the 30 days prior to the National Survey on Drug Use and Health being administered.[10] The

Epidemiological Profile for Substance Abuse (2007) concluded that "the three year average of total lifetime use by 7th and 8th graders is above the 2002 national rate."[11]

While the current needs assessment focused primarily on recent data provided by DMHAS, it is noteworthy that issues related to under-age alcohol consumption are not new. Close to four in ten New Jersey middle school students (38.8%) reported that they had a drink of alcohol in their lifetime; 12.6% had their first drink before the age of 11.[12] Based on annual National Surveys on Drug Use and Health from 2003-2006, estimates of annual averages of alcohol consumption by New Jersey children ages 12-17 increased over the course of the four years between 2003-2006.[13] Referencing the New Jersey State Epidemiological Profile for Substance Abuse (2007), "in New Jersey, a substantial portion of youth (ages 12-17) reported drinking alcohol (18.8%)" as well as "binge drinking (10.5%)."[11] Therefore, based on these data, prevention efforts targeted toward Passaic County youth are paramount.

Passaic County is also home to three Universities (Passaic County Community College, William Paterson University, and a portion of Montclair State University), all of which enroll underage students. Recent data indicate that forty percent of the nation's college students continue to engage in binge drinking.[14] Further, "68 percent of under-age students used alcohol within the 30 days" prior to taking the Core Institute survey administered in 2005.[15] Local New Jersey data provided by the most recent New Jersey Higher Education Consortium on Alcohol and Other Drug Abuse Prevention administration of the CORE survey (representing nine colleges and universities from around the state during academic year 2007-2008) indicated that 17% of students under age 21 were identified as Dangerous Drinkers, compared to 13% of older students, which suggested a need for further and/or targeted intervention for this particular group of students.[16] Other local data indicate that "Alcohol use in college populations is normative (almost nine out of ten students drink alcohol)." "Though not the majority of students, high risk or heavy drinking is a persistent and relatively large problem compared to other drug use. About 30% of students consume five or more drinks in a row on more than one occasion in a two week period."[11] So the ongoing need to address underage drinking on our college campuses in Passaic County is clear.

1.2 Consequences:

The Rutgers University Center for Advanced Infrastructure and Transportation reported alcohol related motor vehicle accidents per 1000 residents aged 16 and above for Passaic County in 2009. The report concluded that Little Falls had the most alcohol related motor vehicle accidents totaling 3.32. Following Little Falls, West Milford had the second highest alcohol related motor vehicle accidents totaling 3.22. Ringwood came in third with 2.11 alcohol related motor vehicle (see Appendix F) . [17] These findings are noteworthy because they are the first of many presented in this report that suggest significant differences in use and abuse rates for all substances of concern based on county geographic and geo-cultural variables.

Retail availability and private property ordinances have been identified by the Chart Book as root causes for alcohol abuse and misuse in Passaic County. In 2009 Haledon was identified as having the most alcohol licensees per 1000 residents in all of Passaic County, totaling 2.04. Clifton was second, having a total of 1.51 alcohol licensees per 1000 residents. Paterson had the third most alcohol licensees per 1000 totaling 1.33 (see Appendix G). The chart book also noted that of the 16 municipalities in Passaic County, Passaic, Bloomingdale, Paterson, Totowa and Woodland Park do not have private property ordinances as of 2009.[18] Once again, geography (in this case urban, peri-urban, and rural community status) seems to be a critical issue to consider.

Reduction of underage drinking has been the primary priority focus of the Passaic County Childhood Drinking (CD) Coalition for the past 6 years. There are clear indications that a serious

problem in relation to alcohol use exists for younger (underage) residents. The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking (2007)[19] suggests that these individuals are 7 times more likely by age 17 to binge frequently (6 or more times per month). This report also points out that underage alcohol use has been associated with drunken driving crashes, violence, suicide, educational failure, physical and psychological problems and other behavioral issues. These problems are intensified by early onset of teen drinking. The younger the drinker, the worse the problem they will eventually have with alcohol. Efforts to prevent children from beginning to use alcohol are easier to implement than interventions once patterns of use are established, so delaying the onset of alcohol use becomes crucial. 25% of Passaic County residents are less than 18 years of age, so this population represents a significant and vulnerable group of residents.[1]

1.3 Intervening Variables:

Intervening variables and risk factors were identified relating to the prevalence of underage drinking in Passaic County. Results from the interviews and additional qualitative data collected in the needs assessment process show that individuals who lack social skills are more likely to drink. It was also found that the low cost of obtaining alcohol and its relatively easy accessibility greatly increases the likelihood of underage drinking. Similarly, it was noted that youth who show that they do not have proper coping skills also frequently turn to alcohol. Several more identified risk factors included boredom, household income level, geographic location as well as prior family history of abuse. Lastly, there is an overall decreased perception of harm in both parents as well as the individuals who are using the substance.[20]

Key informants listed several existing protective factors in reducing the prevalence of underage drinking. Further, many interviewees suggested additional potential protective factors not yet in place. These included more parent networks, education, prison drug rehab programs, more law enforcement resources, stricter consequences for juveniles, instituting curfews (Passaic City does have a curfew, for example), and more alternative activities for youth to engage in, which would help alleviate drinking related to boredom.[20]

1.4 Target Population:

Upon analysis of the key informant interview transcripts, it was found that everyone interviewed (n=22) felt that underage drinking is a serious issue in their community. Of these individuals, 94.7% stated that it is one of the top three substances of abuse in their community (see Appendix H).[20] To effectively reduce underage drinking the coalition will focus its efforts on programming that involves both youth and parents.

1.5 Prevention Resources:

The Prevention Resource Assessment provided data about what different agencies in Passaic County are currently doing in order to combat underage drinking. When analyzing the Prevention Resource Assessment results it was found that of the twenty prevention agencies identified, 90% of them have programs that focus in some way on the prevention of alcohol.[20]

1.6 Community Readiness:

While the policy scan data collection is ongoing, some primary findings are available. For example, it was found that several communities in Passaic County have local regulations that are much more stringent than state ordinances, making the access to certain substances more difficult.[20] Further policy scan results are forthcoming.

Many gaps that have been identified regarding data related to alcohol use and abuse in Passaic County. There is little available information about consumption patterns and geographical population differences. Similarly, while some related consequences are known, such as alcohol related motor vehicle accidents, the needs assessment did

not identify other significant and current consequences in the community. Due to Passaic County's geography, it is extremely important to get more information so that the whole county can be properly represented. While key informants suggested protective factors that could work to combat substance abuse in their communities, the fact that they need to make suggestions shows that there are simply not enough protective factors in each community. Different municipalities need to do more in order to actively help reduce underage drinking. Similarly, local conditions have not yet fully been identified. In order to promote change, more needs to be done in order to determine which local conditions could be contributing to the problem. Also, while it is clear that agencies are doing much prevention work around alcohol in the county, it is not known specifically what is being done and if it is effective. More research needs to be done in order to determine this. Lastly, the results from the policy scan are lacking simply due to the fact that what is available and accessible is incredibly difficult to interpret and understand. Overall, the needs assessment revealed that there is much more work that needs to be done in order to be able to properly promote prevention efforts and assist the communities of Passaic County specific to alcohol and underage drinking in particular.

Priority Area 2: Illegal Drugs

2.1 Consumption:

The 2009 New Jersey Survey on Drug Use and Health indicates that when compared to all other New Jersey counties, Passaic County has the lowest prevalence of illicit drug use (at 4.3% compared to the state mean of 6.7%; range 4.5%) and the lowest rate of residents meeting the criteria for substance abuse or dependence (at 6.6% compared to the state mean of 9.6%; range 7.5%).[4] However, other data clearly illustrate the extent of illegal drug abuse Passaic County. For instance, drug use and dependence accounted for a total of 1,577 emergency room admissions in 2008, as well as another 375 admissions where drugs were implicated in poisoning or drug psychoses.[5] Similarly, the New Jersey Substance Abuse Monitoring System (NJSAMS) for 2011 reports a total of 1726 (45%) substance abuse treatment admissions for heroin and other opiates – 523 (14%) for marijuana and 290 cocaine (8%) for Passaic County residents.[6] Therefore, while rates of illegal drug use might not be as high when compared to other counties, the negative consequences of drug use in the county are indisputable.

According to the New Jersey Substance Abuse Monitoring System (NJSAMS) specific to the Passaic Alliance in the city of Passaic, marijuana related substance abuse treatment admissions for 2011 totaled 19% of all admissions for the year. Similarly, heroin and other opiate related substance abuse treatment admissions accounted for 9%. Of all of these cases, 97% of individuals were treated in Passaic County hospitals.[7]

Juvenile arrest rates for Passaic County in 2009 show that for every 100,000 juveniles, 217.6 juveniles were arrested for drug abuse violations (See Appendices I and E).[20] Juvenile age specific arrest rates for 2009 per 100,000 for the four counties that surround Passaic County are as follows: 260.6 in Morris County, 242.2 in Bergen County, 237.5 in Sussex County, and 318.7 in Essex County (See Appendicies I and E).[20]

2.2 Consequences:

The 2008 arrest data for adults illustrate a significant illegal drug abuse issue within Passaic County. A total of 3269 adults were arrested for drug abuse while 1145 arrests were made for the sale of illegal drugs, including 887 arrests for the

sale of opium, 316 arrests for the sale of marijuana, and 34 arrests for the sale of 34. An additional 2115 adults were arrested on drug possession/use charges (1097 arrests for opium, 766 arrests for marijuana, and 13 arrests for synthetic drugs).[21]

Further, 2008 county and state arrest records show that 387 juveniles were arrested for drug abuse, while another 124 juveniles were arrested for selling drugs, including 38 arrests for the sale of marijuana and 83 arrests for the sale of opium. Among Passaic County juveniles, 224 arrests were made for drug possession/use (20 arrests for opium, 177 for marijuana, and 6 for synthetic drugs).[8]

2.3 Geographic Consideration:

The extant data indicates a disproportionate representation of adult arrest data by municipality, with 63% of drug abuse arrests, 83% of drug sale arrests, and 52% of drug possession/use arrests occurring in the city of Paterson.[20] Further, 90% of all opium sale arrests and 74% of all opium possession/use arrests among adults occurred in the city of Paterson (see Appendix J).[20] Also concerning is that 50% of all juvenile arrests related to opium possession/use occurred in the city of Paterson (see Appendix K).[20] As Paterson is geographically central to all other municipalities in Passaic County (as well as many communities in neighboring counties) and proximal to all major highways, it is a key location for targeted prevention efforts for all drugs of abuse, but particularly for opioids. Based on the stories told by these diverse data sets, further research on the extent of illegal drug abuse in Passaic County is certainly warranted.

2.4 Intervening Variables:

The 22 key informant interviews revealed that illegal drug use is perceived as an issue in their respective communities. It also revealed that the intervening variables for the illegal drug use, particularly marijuana, in Passaic County's communities include a lack of social skills, accessibility, a lack of coping skills, a reduced perception of harm towards the drugs, and boredom. As a way of reducing this behavior and to ultimately protect their community, the interviewees suggested implementing parent networks, education, prison drug rehab programs, more law enforcement resources, curfews, stricter consequences for juveniles and more alternative activities into their community.

2.5 Prevention Resources/Community Readiness:

Nineteen out of twenty prevention resource agencies assessed are in fact providing health education programs related to illegal drugs for Passaic County. Most of the prevention agencies are heavily focused on health education programs, however, none of their strategies focus on environmental change.

Although much knowledge has been gained from research on illegal drugs in Passaic County, several data gaps remain. For example, based upon the interviews of key community members, it is evident that very little information exists about illegal drugs other than marijuana and cocaine. Moreover, the policy scans indicate that information relating to illegal drug regulations, both state and local, are difficult to locate readily.

Priority Area 3: Prescription Drugs

3.1 Consequences:

While there is currently little data regarding prescription drug use in Passaic County, it was found that in 2011 Passaic County has had 15 prescription opioid involved deaths in comparison to 9 related deaths in 2004. Although it is important to note that from 2004 to 2011, there has been an indefinite trend of prescription opioid related deaths in Passaic County. New Jersey state prescription opioid involved deaths have risen from 328 deaths in 2004 to 461 deaths in 2011. This data set shows a sudden spike in 2006, but returns to the increasing trend for the following years. When comparing these data sets, there is no definite trend in prescription opioid related deaths in Passaic County, but it is safe to assume that the county data results will follow the NJ state data trend[22]. According to the 2010 Middle School Risk & Protective Factor Survey, 4.3% of Passaic County middle school students' abuse prescription drugs annually and 5.7% abuse them in their lifetime.[23]

3.2 Consumption Patterns:

The New Jersey Poison Control Center releases yearly data on calls made to their institution for help and information regarding substance use. A total of 19 calls were made to the NJ Poison Control Center in 2011 for residents of Passaic County who intentionally abused one or more substances. A total of 24 substances were reported among individuals who made those calls, 50% of them adhering to prescription drugs.[24]

3.3 Geographic/Target Population Differences:

Passaic County is bordered by Bergen, Morris, Sussex, and Essex counties. It is important to recognize the presence of these neighboring communities because their health issues can influence the direction of prescription drug use among residents in Passaic County and vice versa. While Sussex County has a low number of 5 prescription opioid involved deaths in 2011, Bergen and Essex counties have high numbers of 21 and 30 prescription opioid involved deaths in 2011. Both, Bergen and Essex, counties have had an ambiguous trend of deaths since 2004, yet all number of deaths has been high; with a median of 30 deaths over the course of seven years. Morris County has also increased in number of prescription opioid related deaths from 4 deaths in 2004 to 19 deaths in 2007. It is also important to note that Morris and Bergen counties follow the same sudden spike of New Jersey state prescription opioid related deaths in 2006.[22]

3.4 Intervening Variables:

It is important to note that family members and friends who keep their prescription drugs in cabinets and cupboards make accessing and abusing prescription drugs easy. The New Jersey Division of Consumer Affairs has launched a prescription monitoring program called Project Medicine Drop that allows residents the opportunity to dispose their unused and expired prescription drugs at a participating police department. The Little Falls police department has recently adopted a Prescription Drop Box that can be used by anyone in the community to drop off their unused prescription drugs. This project serves as a protective factor and a prevention resource to reduce prescription drug abuse in Passaic County.[25]

3.5 Prevention Resources:

The prevention resource assessment revealed that 80% of county agencies provide programs that focus on prescription drugs. [20]

3.6 Community Readiness:

Results from the key informant interviews provide a broader understanding of prescription drug abuse in the Passaic County community. Eighty-four percent of the key informants' perceived prescription drug use as an issue in Passaic County, but only 42% of them believed it to be one of the top three priority substance in their community (see Appendix H). One interviewee noted that veterans have been arrested for heroin and prescription use because post-traumatic stress. Another interviewee mentioned that they have encountered clients using heroin that may have started with prescription drug use.

As stated before, programs that focus on prescription drug abuse are available to some sectors of the community.[20] This may be because there is knowledge and awareness about the prescription drug abuse issue among community leaders and institutions. Also, local data and information about prescription drug abuse is not available in a centralized unit for all members of the community. Even though there is a lack of data regarding prescription drug abuse, the resources to make an impact on prescription drug abuse reduction is available for the community to utilize.

Priority Area 4: New and Emerging Drugs

4.1 Consumption:

The New Jersey Poison Information and Education System reported that between July 2010 and August 2011, they received calls regarding 88 exposure cases related to K2 (synthetic marijuana) and 45 bath salts exposure cases. Although none were from Passaic County, anecdotal evidence, mainly gleaned through members of local Municipal Alliances, does suggest that there is increased use of both substances in the county, particularly among the county's youth.[26,27]

4.2 Consequences:

Issues related to new and emerging drugs were not frequently mentioned in the key informant interviews. In fact, only 37% of key informants perceived new and emerging drug use as an issue in their community, while 9% of key informants perceived K2 as one of the top three drugs of use in their community. Data from the prevention resource assessment showed that 30% of agencies assessed provided programs that focus on designer drugs.[20] Currently, there is no available information on consumption rates and policy scan results regarding new and emerging drugs.

Summary of Results

Based on the findings of this needs assessment, the Strategic Planning Workgroup identified three priority focus areas for the Regional Coalition.

The first priority is alcohol, with a specific focus on reducing underage drinking. This was identified as a high priority by 95% of the prevention specialists interviewed.[20] Based on the data collected, it was determined that the prevention plan should include strategies that target both youth and parents.

The second priority, to reduce the availability of prescription pills, was chosen due to the high treatment admission rates for heroin and other opiates which, in 2011, were 1726 for Passaic County as reported by New Jersey Substance Abuse Monitoring System (NJSAMS).[6]

The needs assessment process also revealed gaps in communication about and coordination of prevention efforts in Passaic County. Presently there is no one central location in Passaic County for the sharing or collaboration of prevention resources, data, and nationally recognized programs. Therefore, a third priority for the coalition is to develop interventions and implement strategies to fill these gaps in communication and coordination in order to enhance prevention communication and collaboration in the county.

The needs assessment also revealed gaps in the collection of data relating to the four priority areas. The policy scan generated information on State and local ordinances and policies for alcohol only and nothing concerning illegal drugs. There is also no accessible data available on the disparities of local consumption and consequence patterns for each municipality. For that reason, the coalition will use this information, or lack thereof, to work closely with the local prevention resources to collect the missing information. This will be an opportunity for the coalition to offer community trainings on how to gather and interpret substance abuse data, as well as, provide a 'home' for the data to be made available and accessible to all.

Finally, the needs assessment process uncovered significant variations in priority drug issues, access, intervening variables, and local conditions based on geographical variables. Therefore, as each of the three identified priority areas is addressed, the coalition will continue to study these differences, in both the built environments and among the diverse populations within each municipality, and implement area-appropriate and culturally competent environmental strategies.

2 – CAPACITY/INFRASTRUCTURE

The existing Passaic County Childhood Drinking Coalition (CD Coalition) reformulated its name and mission statement in July 2012 to **United for Prevention in Passaic County (UpinPC),** with the vision of "*creating environmental change relating to substance abuse by promoting awareness, communication, and support for all county residents."* The coalition also adopted a new mission: "to prevent and reduce alcohol and drug abuse among the youth and adults of Passaic County by offering training, community education, sharing of resources and encouraging collaboration between communities."

Prior to this reformulation, the Passaic County Childhood Drinking Coalition worked in collaboration with partners from William Paterson University (WPU) for the previous six years.

Currently, Hawthorne Mayor Richard Goldberg serves as the most recent chair of the CD coalition, with William Paterson University acting as lead agency and fiduciary of the grant. The grant authors, Glen L. Sherman, Ph.D. the Associate Vice President and Dean of Student Development and William Kernan, EdD, MPA, MCHES, Associate Professor of Public Health, function as administrators of the grant and supervise the prevention specialist and research assistants.

Membership of the 'new' Coalition is currently comprised of former members of the CD Coalition, representing government, law enforcement, schools, treatment agencies, prevention providers and local Municipal Alliances, all of whom remain congruent with the mission of the 'new' coalition.

Though the coalition has a strong commitment from several sectors in the county, it is evident that recruitment efforts need to reach the broader demographics of Passaic County. Coalition members will spend their energies encouraging representation from all race/ethnicity, sexual orientation, gender and age groups to join the coalition, with added consideration for recruiting members not yet representing all twelve of the required sectors. Further outreach for the missing sectors will include attendance at community and county programs, Student Assistance Counselor meetings, local seminars and Municipal Alliance meetings to garner support and interest from youth, parents, the business community, media, civic and volunteer groups, religious or fraternal organizations and healthcare professionals.

Recruitment has been a central focus throughout the needs assessment phase. Stakeholders in the community have been approached either directly over the telephone or face-to-face by the prevention specialist. These conversations resulted in personal invitations for each of them to join the prevention efforts of the coalition.

New relationships and community connections were formed during this time. All three of the hospitals serving Passaic County have expressed a commitment to the vision of the coalition as well as an interest to partner on future conferences and community events. Prevention providers feel a renewed sense of shared responsibility and collaboration in reducing the negative effects and harmful consequences of substance abuse. Treatment agencies are excited to learn that the coalition will respond to the issues surrounding substance abuse by offering county-wide community trainings, in addition to providing opportunities for collaboration and networking. This outreach not only served to build capacity for the coalition, but it has raised the level of hope and purpose for those engaged in the daily consequences of drug and alcohol abuse.

The coalition has developed a strong relationship with both the Passaic County Director of Mental Health and Addiction Services and the County Alliance Coordinator. These associations have led to the collaboration of two recent county-wide trainings for the local Municipal Alliances, prevention providers and school administrators that resulted in renewed interest for membership in the coalition. The training provided attendees with an introduction to the Strategic Prevention Framework and a resource binder complete with substance abuse data records and a multitude of evidenced-based prevention programs.

The prevention specialist was also encouraged to participate in their county meetings; the Passaic County Professional Advisory Committee on Alcoholism and Drug Abuse, the Local Advisory Committee on Alcoholism and Drug Abuse, and the Faith-Based Committee of the Workforce Investment Board of Passaic County, and together with her active role in the Community Health Needs Assessment committee at St. Mary's Hospital and Chilton Neighbors for Better Health committee at Chilton Hospital, it is foreseeable that the prevention specialist will eventually accomplish the goal of building diverse relationships throughout the county and filling the gaps needed for the coalition to reach its capacity.

Further capacity work in the next grant year in addition to the recruitment of new members will involve developing a definition of what it means to be a member of the coalition, the identification of work groups and other opportunities for involvement, and the articulation of a leadership structure for the coalition, which may include the drafting of a set of by-laws.

Cultural Competency

As mentioned earlier in this plan, Passaic County is one of the most racially and ethnically diverse counties in the state of New Jersey, with almost 55% of the 501,000 residents representing non-white groups. According to 2010 US Census data, 12.8% of county residents are black, 5% are Asian, ~4% are multiracial, and nearly 1% of residents are American Indian. Also of significance, 37% of all county residents are persons of Hispanic or Latino origin.[1,2]

Slightly over one-half of all county residents are female. Persons aged 65 and older represent 12% of the population of Passaic County, while 25% of residents are less than 18 years of age. In Passaic County, 80% of adult residents are high school graduates and 24% of adult residents have at least a Bachelor's degree.[1]

To ensure cultural competence in future environmental management efforts, membership recruitment will also take into consideration key demographic variables relevant to Passaic County, as described earlier, including age, gender, sexual orientation, race/ethnicity, and ability. This will include recruiting representative members from within and with knowledge of these diverse communities.

Further, based on the number of Spanish speaking households reported earlier the coalition will actively recruit Spanish-speaking members. Linguistic competence will further be enhanced by reaching out to other sectors of the community, including those who speak Arabic and Polish, as these two languages are reported to be the primary language of another 16,500 households.

The 2005 Passaic County Health Status Indicators Report shows that while the majority of Passaic County residents appear to be Christian or Jewish, there is a significant and growing Muslim population within the county. Based on the wide diversity of religious organizations and houses of worship present in Passaic County, it will also be important to include members from diverse religious backgrounds.

Finally, as outlined earlier, indicators of literacy suggest that Passaic County lags behind most other New Jersey counties. Therefore literacy, readability, language usage, and translation will all be key elements of successful environmental management prevention programming in the county.[29]

3 – PROGRAM PLAN

Supported by the findings from the needs assessment reported in the preceding pages, United for Prevention in Passaic County (UPinPC) has generated three problem statements on which to focus over next several years. These three problem statements will provide direction for development and implementation of a series of specific environmental management strategies and interventions aimed at achieving a number of desired prevention outcomes within the county.

These problem statements are:

1. Ninety-five percent of individuals identified alcohol use/abuse as the number one priority drug issue, particularly among underage youth.

2. Availability of prescription drugs leads to misuse among individuals for whom the medication is not intended.

3. Communication and coordination of AOD prevention services for all four priority areas is suboptimal.

Please see the full articulation of these problem statements presented in the logic models in Appendix L.

PRIORITY AREA 1:

REDUCE UNDERAGE DRINKING

The New Jersey Survey on Drug Use and Abuse (DMHAS, 2009) indicates that the 30-day prevalence of alcohol use in Passaic County was 48%[4.] 95% of individuals interviewed identified alcohol use/abuse as the number one priority drug issue, particularly among underage youth. Of those individuals interviewed (key stakeholders and law enforcement) it was revealed that there is a lack of directly-related consequences for the underage drinker[20.]

The first time offense penalty for those communities with the Private Property Ordinance is $250, with the possibility of having driving privileges suspended or postponed, the second and subsequent offense is $350. In most cases this penalty implicates the parent and not the child. Law enforcement officers have become frustrated: "Time affects the kid, money affects the parent, and we need more consequences for behavior directly related to the behavior (of underage drinking)."

Overlapping this issue is the fact that parents also play a role in not fully understanding the consequences related to the underage drinker and/or themselves. Parents in Passaic County have a decreased perception of harm toward the dangers associated with the underage drinker. There is clear indication in the county that parents need to be more informed on the consequences of underage drinking and the Social Host Liability Laws.

This strategy is targeted at reducing underage drinking in youth by changing the consequences related to their behavior. This will involve collaborating with local municipalities and law enforcement agencies to bring about a county-wide change. Subsequently, because parents are also directly involved with the consequence of an underage drinker when they choose to host a teenage party, they too will be our target population for this approach. The coalition will direct its efforts toward changing the consequences and responsibility of underage drinking as it relates to the offender and parents in general.

STRATEGIES TO REDUCE UNDERAGE DRINKING

- TARGET PRIVATE PROPERTY ORDINANCES
- ENHANCE PARENT PROGRAMS
- ENHANCE YOUTH PROGRAMS

STRATEGIES TO TARGET PRIVATE PROPERTY ORDINANCES

Increase the number of municipalities with private property ordinances:

UPinPC will advocate for all sixteen municipalities to adopt the Private Property Ordinance. Eleven of the sixteen municipalities currently have the ordinance in place. Paterson, Totowa, Woodland Park, Bloomingdale and Passaic City have not yet adopted the Private Property Ordinance.

SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOME	LONG-TERM OUTCOMES
Increase the number of municipalities utilizing the Private Property Ordinance throughout the county.	Create a county-wide message to youth that underage drinking on private property will not be tolerated.	Reduce underage drinking on private property on a county-wide level.

Modify penalties related to the violation of Private Property Ordinances:

UPinPC will collaborate with Law Enforcement to advocate for stricter consequences to the underage drinker by modifying the current penalties to the Private Property Ordinance. This may include:

1. Increase the fine to an amount that will accommodate a mandatory two day community/life-skills education program for the first time offender.
2. Increase the suspension or postponement of driving privileges from six months to twelve months.
3. Encourage enforcement of penalties associated with this ordinance.

SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
Increase youth perception of consequences related to underage drinking.	Create a county-wide message to youth that there are consequences to consuming alcohol illegally.	Reduce alcohol use by youth by increasing consequences and providing a skill-building education workshop for first-time offenders that may serve as an intervention step for some.

STRATEGIES TO ENHANCE PARENT PROGRAMS

Increase the number of municipalities that promote the "Parents Who Host, Lose the Most" Campaign:

UPinPC will encourage and support awareness of the Social Host Liability Laws, by promoting the use of the *Parents Who Host, Lose the Most Campaign* in all sixteen municipalities. This campaign will function to create a county-wide message to parents that underage drinking will not be tolerated and that serving alcohol to minors in your home is subject to criminal prosecution.

SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
Increase parents perception of consequences and laws related to serving alcohol to minors.	Enhance county-wide norm that underage drinking will not be tolerated. Increase parental perception of harm due to underage drinking.	Reduce underage drinking.

Create a parent education webpage on the coalition website:

UPinPC will create a parent education web-page designed for the UPinPC website that will give users up-to-date information on the existing consequences of underage drinking as it relates to the offender and the parent. On the web-page, parents will be able to find information regarding the Social Host Liability Laws, Private Property Ordinances, substance abuse information, parent advice and support in both English and Spanish. The parent web-page will be managed by parent volunteers from the coalition.

SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
A user friendly parent web-page that provides support, advice and up-to-date substance abuse information	Increased parental awareness of their role in parenting youth as potential underage drinkers.	Increased parental knowledge of the consequences of underage drinking and substance abuse related information.

STRATEGIES TO ENHANCE YOUTH PROGRAMS

Initiate a PhotoVoice program targeting community risk and protective factors in three pilot municipalities (urban, suburban, and rural)

UPinPC will involve youth from three culturally, economically and geographically diverse communities in Passaic County. With the use of PhotoVoice, youth will use photographs to identify risk factors that contribute to use and misuse of substance abuse in their community. Youth will also highlight protective factors that exist in their environment that contribute toward building resiliency against the harms of substance abuse. Data will be used to enhance the design and implementation of environmental management prevention strategies. As the program realizes success, more youth in additional communities will be recruited for involevement.

SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
Involve youth to identify community needs and resources.	Mobilize the three identified communities to seek change by acknowledging the risk factors that result in high-risk behaviors in youth.	Reduce the harmful effects of substance abuse by identifying the community-based risk and protective factors associated with substance use.

Advocate for funding to support existing first-time juvenile offenders program

UPinPC will seek funding to duplicate the fourteen week first-time juvenile offenders program that has been developed as a station-house adjustment program by Passaic City Police Department. The program requires first-time offenders to attend workshops on Saturday mornings that covers topics such as teen violence, gangs, peer pressure, team building, and alcohol and other drug information as well as trips to the County jail and funeral parlor.

SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
Increase awareness and support for the fourteen week first-time juvenile offenders program.	Increase the number of communities that utilize a fourteen week program for first-time juvenile offenders.	Reduce the number of underage drinkers and repeat offenders.

PRIORITY AREA 2:

REDUCE AVAILABILITY OF PRESCRIPTION DRUGS

In 2011, Passaic County's rate of treatment admissions for heroin and other opiates was 45%, compared to 14% for marijuana and 8% for cocaine.[6] Eighty-four percent of the key informants interviewed perceived prescription drug use as an issue in Passaic County.[20] The coalition will work toward to reducing the availability of unwanted, unused and expired medications by creating a greater awareness for the two nationally recognized programs and collaborating with the New Jersey Consumer Affairs and their Project Medicine Drop program.

During the needs assessment, it was identified that there is a lack of awareness in the County concerning the two national prescription medication collection programs. It was noted that only two sites were registered for National Take Back Initiative and three for The American Medicine Chest Challenge. There is a need in the County for greater promotion of these two programs.

The New Jersey Consumer Affairs program, Project Medicine Drop, aims to identify permanent sites where medications can be disposed of safely. Currently, Passaic County has one permanent drop box at the Police Station in Little Falls. The challenge that this program faces is finding a safe, well lit and guarded site where the boxes can be firmly secured to the ground. This strategy will work toward collaborating with municipalities and law enforcement to locate a secure site for these drop boxes.

STRATEGIES TO REDUCE AVAILABILITY OF PRESCRIPTION DRUGS

INCREASE THE NUMBER OF REGISTERED SPECIAL AWARNESS DAY PRESCRIPTION DROP SITES IN THE COUNTY

INCREASE THE NUMBER OF PERMANANT PRESCIPTION MEDICINE DROP BOXES IN THE COUNTY

STRATEGIES TO REDUCE THE AVAILABILITY OF PRESCRIPTION DRUGS

Increase the number of 'National Take Back Initiative' and 'The American Medicine Chest Challenge' sites:

UPinPC will create a greater awareness in the County for the nationally recognized prescription drug abuse programs designed to decrease the availability of prescription pills - the Drug Enforcement Agency's 'National Take Back Initiative' and 'The American Medicine Chest Challenge'.

SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
Create a greater county-wide awareness of the two existing prescription drug abuse programs.	Increase the number of participating sites that are registered to participate in National Take Back Initiative and The American Medicine Chest programs.	Reduce the availability of prescription pills in Passaic County.

Increase the number of permanent drop boxes in the county:

The coalition will reduce the availability of prescription pills in Passaic County by collaborating with 'Project Medicine Drop', a program of the New Jersey Division of Consumer Affairs, to advocate for permanent drop off boxes in each municipality that will collect all unneeded and expired medications. Passaic County currently has one permanent drop off box in Little Falls.

SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
Collaborate with New Jersey Division of Consumer Affairs to identify new sites for permanent drop off boxes.	Reduce the availability of prescription pills by advocating for more permanent drop off boxes in Passaic County.	Decrease the availability of prescription pills by increasing the number of permanent prescription pill drop off boxes in Passaic County.

PRIORITY AREA 3: ENHANCE COMMUNICATION & COORDINATION

Since the closing of the Passaic County Council on Alcoholism in 2011, prevention efforts have been curtailed in Passaic County. There is no affiliate to the New Jersey Prevention Network (NJPN), no centralized prevention agency that can provide resources, education and support to the prevention community and county residents, and there is no one entity that is able to unite and share the work of those involved in substance abuse issues throughout the county.

Prevention specialists in Passaic County have expressed the need for ongoing help to collect, analyze and interpret substance abuse data. They have also conveyed a strong desire for support that can guide them toward utilizing improved environmental strategies that will work to reduce underage drinking, illegal drug use, the misuse of prescription drugs and the use of new emerging drugs in Passaic County.

This strategy is targeted at meeting the prevention needs of professionals and county residents alike. The goal is to equip key stakeholders with knowledge, tools and easy access to local data that they need to effectively reduce and prevent substance abuse in Passaic County. The coalition views this level of support as continuous and consistent.

STRATEGIES TO ENHANCE COMMUNICATION AND COORDINATION

- ENHANCE COMMUNICATION & COLLABORATION
- ENHANCE ACCESS TO DATA
- SUPPORT THE USE OF EVIDENCE-BASED ENVIRONMENTAL STRATEGIES

STRATEGIES TO ENHANCE COMMUNICATION AND COLLABORATION

Create a website for the coalition:

UPinPC will create a website to provide easy access to State, County and local healthcare services as well as weblinks to evidenced based strategies, treatment and prevention agencies, NA and AA resources and NJPN. The coalition will collaborate with established agencies in the county to help make these services accessible to county residents. This information will also be available in Spanish.

SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
Identify substance abuse prevention resources for the coalition website.	Increased relationship building and collaboration with agencies in the count.	Increased access to local, County and State substance abuse prevention resources.

Recognize community prevention partnerships:

UPinPC will recognize those community partnerships that actively share in the mission of the coalition. Each month one agency will be highlighted with links to their services and information on how their prevention efforts are making a difference in the community.

SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
Develop relationships with prevention agencies with a similar mission.	Form partnerships and collaborate on prevention efforts with prevention agencies.	Increased coalition partnerships through nurturing and collaboration.

STRATEGIES TO ENHANCE ACCESS TO DATA

Provide access to local data via website:

UPinPC will utilize its website as a source of easy access to local data. As identified by the needs assessment, significant substance abuse data gaps exist throughout the county.

SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
Identify substance abuse data gaps and resources that exist.	Develop relationships for enhanced data sharing.	Provide valid and reliable local, County and State substance abuse data via the coalition website.

Provide technical assistance to county partners regarding the use of GeoMapping and Geographical Information Systems:

UPinPC will make available GeoMapping and Geographical Information System (GIS) support through the coalition's partnership with William Paterson University.

SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
Identify the need for GeoMapping and GIS support.	Promote the importance of utilizing GeoMapping and GIS progams.	Provide technical support for GeoMapping and GIS programs.

STRATEGIES TO SUPPORT THE USE OF EVIDENCED-BASED ENVIRONMENTAL STRATEGIES

Provide technical assistance to county partners regarding data needs:

UPinPC will provide two skill-building seminars a year, identified by local prevention needs, to support the local Municipal Alliances and community partners. These seminars will include, but not be limited to; How to Run a Focus Group, Analyzing and Interpreting Data and How to Construct Effective Community Surveys.

SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
Identify local prevention needs for skill-building seminars.	Provide two skill-building seminars a year to support local Alliances and community partners.	Enhance knowledge concerning data collection and interpretation.

Monitor the use of SAMHSAs ten environmental strategies for reducing the use/misuse of substances in all four priority areas:

UPinPC will aim to monitor all ten environmental strategies for reducing underage drinking within Passaic County; Responsible Beverage Service, Alcohol Compliance Checks, Happy Hour Restrictions, Controls on Alcohol Outlet Location, Sobriety/traffic Safety Checkpoints, Graduated Drivers' Licensing Laws, Social Host Liability Laws, Keg Registration, Restricting Sales of Alcohol at Public Events and Increasing Taxes on the Sale of Alcohol.

SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
Document environmental strategies that are currently being utilized in Passaic County.	Identify environmental strategies that are making a difference in the County and create an awareness around them.	Increased awareness of environmental strategies for reducing substance abuse.

Provide skill enhancement for the implementation of evidence-based strategies:

UPinPC will advise local Alliances and prevention partners about evidenced-based strategies that have been specifically designed to create population-level change concerning substance abuse.

SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
Increase awareness to local partners about evidenced-based strategies.	Promote evidence-based strategies throughout the County.	Increased knowledge on how to implement evidence-based strategies to create population-level change.

SUMMARY OF PROGRAM PLAN

These problem statements have been identified as priority areas for Passaic County by people who are representative of the prevention community. Their thoughts and concerns have been carefully documented and analyzed, and will serve as baseline information for future review. As the coalition moves forward with these identified strategies, it will continue to listen, gauge and reflect on the effectiveness of the interventions. It is in the coalition's best interest to continuously reevaluate the strategies proposed by developing evaluation tools that will not only measure the outcomes of the interventions, but will help the coalition keep a pulse on any emerging needs or trends that might show up. This information will be carefully monitored and analyzed by the data workgroup. Should the strategies prove to be ineffective or unmanageable due to emergent challenges; immediate revision and adjustment to keep the focus of the proposed plan will be made.

The data workgroup, which comprises of the Epidemiologist from Passaic County Department of Health, the Health Educator from Clifton Health Department, the Director of Mental Health and Addiction Services for Passaic County and the Research Team from William Paterson University, will continue with an ongoing needs assessment process to gather more pertinent and needed information to address the data gaps identified in this plan.

Primarily, the data workgroup will use the gaps that have been recognized from the key informant interviews, policy scan and prevention resource assessment in order to create new survey instruments to focus on those particular issues.

For example, the policy scan identified many gaps, so the search will continue to provide information to the municipalities of Passaic County in a way that is easily accessible and comprehensible. Similarly, by creating new instruments with questions/prompts that allow for the identification of consumption patterns, consequences, and intervening variables specific to each community, additional key informant interviews and focus groups will be conducted. The epidemiology workgroup will also continue to identify entities that conduct prevention work in the county in order to create a comprehensive document that can be distributed throughout the county.

Evaluation Plan: While the research team at William Paterson University is prepared to develop strategies for process and outcome evaluation of the proposed strategies, further direction from our TA's is needed so that data needs at both the local and state level are met, and duplication of effort is avoided.

Sustainability: In addition to the many references to the creation of a sustainable coalition structure made in the capacity and infrastructure section, because Passaic County does not have an identified prevention agency to serve as host and home to the county coalition, the coalition is dedicated to seeking additional funding sources that will help to sustain the work of the coalition. This work will be done in close collaboration with individuals with expertise in grant writing from William Paterson University.

REFERENCES

1. United States Census Bureau (2011), 2010 Census State and County Quick Facts, Passaic County, New Jersey, retrieved from http://quickfacts.census.gov
2. "Passaic County, New Jersey: Rich history, bright future." (2010-2011) About the county, retrieved from http://www.passaiccountynj.org/
3. Chilton Hospital (2012, May). Secondary Data Profile. pp. 3 &35
4. New Jersey Department of Human Services, Division of Mental Health and Addiction Services (2009). The 2009 New Jersey Survey on Drug Use and Health. (Chapter 8)
5. Office of Research, Planning, Evaluation, Information Systems, and Technology, Division of Addiction Services, New Jersey Department of Human Services (2009). Emergency Admission of Uniform Bill-Patient (UB-04) Data, Alcohol, Drug Use and Abuse by Municipality: Passaic County Report.
6. New Jersey Substance Abuse Monitoring System (2012, July). 2011 Passaic County Resident Admissions by Age, by Primary Drug, pp.13-15
7. NJDMHAS (2009) Substance Abuse Treatment Provider Report
8. State of New Jersey, Department of Law and Public Safety, Division of State Police, Uniform Crime Reporting Unit (2009), Unified Crime Report Data: New Jersey County and State Juvenile Arrests, pp. 647-671.
9. Johnson, L.D., O'Malley, P. M., Bachman, J. G., & Schulengerg, J.E. (2007). Monitoring the future national results on adolescent drug use: Overview of key findings. (NIH Publication No. 07-6202). Bethesda, MD: National Institute on Drug Abuse, 9.
10. SAMSHA (2005/06), Office of Applied Studies, National Survey on Drug Use and Health.
11. The New Jersey State Epi-Profile Workgroup. (2007). New Jersey State Epidemiological Profile for Substance Abuse, 19.
12. Rutgers University Bloustein School of Planning and Public Policy (2006). The 2005 New Jersey Student Health Survey of Middle and High School Students, 85.
13. SAMSHA (2003-05), Office of Applied Studies, National Survey on Drug Use and Health
14. Johnston, L.D., O'Malley, P.M., Bachman, J.G., & Schulenberg, J.E. (2008). Monitoring the Future: National Survey Results on Drug Use, 1097-2005, Volume II: College Students and Adults Ages 19-45. National Institute on Drug Abuse, 26.

15. The Core Institute. (2005) Statistics on Alcohol and Other Drug Use on American Campuses. Southern Illinois University-Carbondale.
16. Flower, S.M. (2008). Campus Survey of Alcohol And Other Drug Norms: New Jersey Higher Education Consortium. New Jersey Department Of Human Services, Division of Addiction Services, Rowan University Center For Addiction Studies.
17. Rutgers University Center for Advanced Infrastructure and Transportation (2009). Alcohol Related Motor Vehicle Accidents.
18. NJDMHAS (2009) Passaic County Chartbook Data
19. The Surgeon General's Call to Action To Prevent and Reduce Underage Drinking (2007) retrieved from www.surgeogeneral.gov
20. Apaza, V., Kershaw, N., Rudalf, S. (2012). The Summary Report of Needs Assessment Data: Passaic County
21. State of New Jersey, Department of Law and Public Safety, Division of State Police, Uniform Crime Reporting Unit (2009), Unified Crime Report Data: New Jersey County and State Adult Arrests, pp. 1468-1522.
22. HIDTA (2011) New Jersey, Drug Overdose Deaths: New Jersey State Medical Examiner's Office
23. NJDMHAS (2010) NJ Middle School Risk & Protective Factor Survey
24. NJ Poison Control (2011) Intentional Abuse Cases by County
25. NJ Consumer Affairs (2012) Project Medicine Drop. Retrieved from www.njconsumeraffairs.gov/meddrop
26. New Jersey Poison Information and Education System (2011). Report on Bath Salts Exposure-Related Cases, pp. 1-6.
27. New Jersey Poison Information and Education System (2011). Report on K2/Synthetic Marijuana Exposure-Related Cases, pp. 1-7.
28. United States Census Bureau. Census 2000 Demographic Profile Highlights: Passaic city, New Jersey.
29. Peters, S. (2005, October). Passaic County Health Indicators Report. Passaic County Department of Health, Passaic County Governmental Public Health Partnership, retrieved from http://www.pcdh.org

Appendix A

Prevention Resource Assessment Data

NAME	Agency	Interest	Mission	Program	Target Population
Youth Consultation Services	Community based/ Advocacy Organization	Statewide Listing & Coalition	Youth, Psychosocial	School Program & Health Ed. Workshop	YA, Parents, Culture
Chilton Hospital	Healthcare Facility	Statewide Listing & Coalition	Psychosocial, treatment	Health Ed. Workshop& School Program & Community	1.Adults, Parents, Culture 2.Youth, Adults, Parents, Community, Culture
Pequannock Township	Government	Statewide Listing	Communities	School, Community & Health Ed.	Youth, Adults, Parents, Community, Culture
New Bridge	Other non-profit	Statewide Listing & Coalition	Psychosocial, Education	Community, School Program, & Health Ed. Workshop	1. Youth, Parents 2. Youth, Culture(5) 3. Parents, Culture
Door Into the Future	-	Coalition	Psychosocial, Treatment, Environment	Addiction Prev. Workshop & Health Ed.	Adults, Parents, Culture
The Challenge Programs	For Profit	Statewide Listing & Coalition	Environment, Psychosocial, Treatment,	Addiction Prev.	Youth, Culture
B&G Club of Paterson/ Passaic	Youth Focused	Statewide Listing & Coalition	Environment, Youth,	Health Ed. Workshop	Youth, Culture
City of Paterson, Department of Health & Human Services	Government	Statewide Listing & Coalition	Community	School Program	Youth, Parents, Culture
NJ Community Development Corporation	Other non-profit	Statewide Listing & Coalition	Youth, Education, Community	School Program & Health Ed. Workshop	1.Youth, Parents, Culture 2. Youth, Culture
The Center for Family Resources	Other non-profit	Statewide Listing & Coalition	Youth, Psychosocial, Education, Community	Addiction Prev. Workshop & Community-Based & Health Ed. Workshop	Community, Youth, Adults, Pregnant, Parents, Culture

NAME	AGENCY	INTEREST	MISSION	PROGRAM	TARGET POPULATION
C.A.R.E	Youth-Focused	Statewide Listing & Coalition	Psychosocial, Education, Youth,	Addiction Prev., Community-Based & Health Ed.	Community, Youth, Parents, Culture
Paterson Counseling Center	Other non-profit	Statewide Listing & Coalition	Treatment,	Health Ed. Workshop & Community Based & Addiction Prev.	Community, Pregnant, Parents, Culture
St. Joseph's Healthcare System	Healthcare Facility	Statewide Listing	Treatment	Health Ed. Workshop & Community Based	Community, Pregnant, Parents, Culture
Northern NJ Maternal Child Health Consortium	Other non-profit	Statewide Listing & Coalition	Treatment, Community,	Addiction Prev. & Community-Based	Community, YA, Adults, Pregnant, Culture
B&G Club of Haledon	Youth-Focused	-	Youth, Psychosocial,	Health Education Workshop	Youth
B&G Club of Clifton	Youth-Focused	-	Environment, Youth, psychosocial	Health Education Workshop	Youth, YA, Parents, Culture
Straight and Narrow "Family Success Center"	Other Non-profit	Statewide Listing & Coalition	Education, Treatment,	Health Ed. Workshop & Community-Based	Community, Youth, Adults, Pregnant, Culture
United Passaic Organization (UPO)	Other non-profit	Statewide Listing & Coalition	Community	Health Ed. Workshop & Alternative Activity	Youth, Culture
Wayne Counseling & Family Services	Other non-profit	Statewide Listing	Education, Psychosocial	School Program	Youth, Parents
WPU Counseling Health & Wellness Center	University	Statewide Listing & Coalition	Education	Health Ed. Workshop & Alternative Activity & School Based	YA, Culture

NAME	STRATEGIES (7)	SUBSTANCE	FUNDING	LOCATION	SERVICE
Youth Consultation Services	1.Provide Info 2.Enhance Skills 3.Provide Support 4.Enhance Access/ Reduce Barriers	Alcohol, Tobacco, Prescription, Illegal Drugs, Marijuana, Ecstasy, Cocaine, Crack Cocaine, Heroin, Methamphetamine / Crystal Meth	State/ Federal	Newark	Paterson

NAME	STRATEGIES (7)	SUBSTANCE	FUNDING	LOCATION	SERVICE
Chilton Hospital	1.Provide Info 2.Enhance Skills 3.Provide Support 4. Enhance Access/ Reduce Barriers 1.Provide Info 2.Enhance Skills 3.Provide Support	Alcohol, tobacco, Prescription Drugs, Illegal Drugs, Marijuana, Ecstasy, Cocaine, Crack Cocaine, Heroin, Designer Drugs	Agency	Pompton Plains	Passaic County, Pompton Lakes, West Milford, Ringwood, Wanaque
Pequannock Township	1.Provide Info 2. Enhance Access/ Reduce Barriers	Alcohol, Illegal Drugs, marijuana, Ecstasy, Cocaine, Crack Cocaine, Heroin, Meth, Designer Drugs	Agency	Pompton Plains	Bloomingdale
New Bridge	1.Provide Info 2.Enhance Skills 1.Provide Info 2.Enhance Skills 3.Provide Support (5) 1.Provide Info 2.Enhance Skills 3.Provide Support 3. Enhance Access/ Reduce Barriers	Alcohol, Marijuana, Tobacco, General A & D, Prescription Drugs, Illegal Drugs, Ecstasy, Cocaine, Crack Cocaine, Heroin, Meth, Designer Drugs,	State/ Federal & Sliding Scale & Donations	Pompton Lakes	Passaic County
Door Into the Future	1.Provide Info 2.Enhance Skills 3.Provide Support 4. Enhance Access/ Reduce Barriers	Alcohol, tobacco, prescription drugs, illegal drugs, general,	Sliding Scale & Self Paid	Passaic	Passaic
The Challenge Programs	1.Provide Info 2.Enhance Skills 3.Provide Support 4. Enhance Access/ Reduce Barriers	Alcohol, Tobacco Prescription, Illegal Drugs, General	Insurance & Self Paid	Paterson	Paterson
B&G Club of Paterson/ Passaic	1.Provide Info 2.Enhance Skills 3.Provide Support 1.Provide Info 2.Provide Support	Alcohol, Tobacco, Prescription Drugs, Illegal Drugs, Marijuana, Ecstasy, cocaine, Crack cocaine, heroin, Meth, General	State/ Federal & Agency	Paterson & Passaic	Paterson, Passaic
City of Paterson, Department of Health & Human Services	1.Provide Info 2.Provide Support 3. Enhance Access/ Reduce Barriers	Alcohol, Tobacco, Prescription, Illegal, General A &D	State/ Federal	Paterson	Paterson
NJ Community Development Corporation	1.Provide Info 2.Enhance Skills 3.Provide Support 4. Enhance Access/ Reduce Barriers (2)	Alcohol, Tobacco, Prescription, Illegal, General A &D	State/ Federal & Paterson Public Schools	Paterson	Totowa, Little Falls, Woodland Park, Clifton, Wayne, Paterson, Haledon

NAME	STRATEGIES (7)	SUBSTANCE	FUNDING	LOCATION	SERVICE
The Center for Family Resources	1.Provide Info 2.Enhance Skills 3.Provide Support 4. Enhance Access/ Reduce Barriers (2)	Alcohol, Tobacco, Prescription, General, Illegal=Marijuana, Cocaine, Crack Cocaine, Meth	State/ Federal	Ringwood	Ringwood, West Milford, Pompton Lakes, Hewitt, Wayne, Haskell, Haledon, Clifton
C.A.R.E	1.Provide Info 2.Enhance Skills 3.Change Consequences, 4.Enhance Access/ Reduce Barriers	Alcohol, Tobacco, Prescription, Illegal, General	Self-Pay	Totowa	Passaic County
Paterson Counseling Center	1.Provide Info 2.Enhance Skills 3.Provide Support 4.Change Consequences 5.Enhance Access/ Reduce Barriers 6.Modify/Change Policies	Alcohol (Underage & Problem Use) Illegal drugs, Heroin	Insurance & Self-Pay	Paterson	Paterson
St. Joseph's Healthcare System	1.Provide Info 2.Enhance Skills	General D & A, Illegal Drugs	Agency	Paterson	Passaic County
Northern NJ Maternal Child Health Consortium	1.Provide Info 2.Enhance Skills 3.Provide Support 4. Enhance Access/ Reduce Barriers	Alcohol, Tobacco, Prescription, General, Illegal= marijuana, ecstasy, cocaine, heroin, designer drugs	State/ Federal	Paterson	Passaic County
B&G Club of Haledon	1.Provide Info 2.Enhance Skills 3.Provide Support 4. Enhance Access/ Reduce Barriers	Alcohol, Tobacco, Prescription, Illegal, General	Agency	Haledon	Haledon, Prospect Park
B&G Club of Clifton	1.Provide Info 2.Enhance Skills 3.Provide Support 4. Enhance Access/ Reduce Barriers	Alcohol, Tobacco, Prescription, General, Illegal=Marijuana, Ecstasy, Cocaine, Crack Cocaine, Heroin, Meth, Designer Drugs	State/ Federal	Clifton	Clifton
Straight and Narrow "Family Success Center"	1.Provide Info 2.Enhance Skills 3.Provide Support 4. Enhance Access/ Reduce Barriers	Alcohol, Tobacco, Prescription, Illegal	State/ Federal	Paterson	Paterson

NAME	STRATEGIES (7)	SUBSTANCE	FUNDING	LOCATION	SERVICE
United Passaic Organization (UPO)	1.Provide Info 2.Enhance Skills 3.Provide Support 4.Enhance Access/ Reduce Barriers 5. Change Consequences 1. Change Consequences 2.Enhance Skills 3.Provide Support 4. Enhance Access/ Reduce Barriers	Alcohol, Tobacco, Prescription, Illegal, general	Passaic County Human Services	Passaic	Passaic
Wayne Counseling & Family Services	1. Enhance Skills	General A & D	State/ Federal	Wayne	Paterson
WPU Counseling Health & Wellness Center	1.Provide Info 2.Enhance Skills 3.Provide Support 4. Change Consequences 5. Modify/Change Policies (2) 1.Provide Info 2.Enhance Skills 3. Change Consequences	Alcohol, Tobacco, Prescription, General, Illegal= marijuana, ecstasy, cocaine, crack cocaine, heroin, meth, designer drugs, (steroids= prescription)	State/ Federal & Agency	Wayne	William Paterson Community

Appendix B

Agencies Contacted for Key Informant Interviews

Agency Name	Area Serviced
Bloomingdale Police Department	Bloomingdale
C.A.R.E. (Client Action & Resource Empowerment)	Wayne, Little Falls, West Paterson, Clifton, West/South Passaic
Chilton Hospital	Wanaque, Ringwood, Pompton Lakes, West Milford
Clifton Police Department	Clifton
Door into the Future	Passaic City
Haledon Police Department	Haledon
Hawthorne High School (SAC)	Hawthorne
Hawthorne Police Department	Hawthorne
Headstart	West Milford, Pompton Lakes, Wayne, Clifton, Ringwood
Intervention Strategies International	Paterson
Mental Health Association of Paterson	All lower Passaic County
New Bridge Services	Pompton Lakes, West Milford, Ringwood, Bloomingdale, Wayne, Wanaque, Haskell
New Jersey Community Development Corporation	Passaic County
Options Counseling	Paterson and Clifton
Passaic County Technical Institute	Paterson (85%), Clifton, Passaic
Passaic Police Department	Passaic
Passaic Valley Regional HS	Little Falls, Totowa, Woodland Park
Paterson Municipal Alliance	Paterson
Straight & Narrow Treatment Center	Paterson (Fourth Ward), Wayne, North Haledon, West Milford
Totowa Police Department	Totowa
Wayne Police Department	Wayne
West Milford Police Department	West Milford

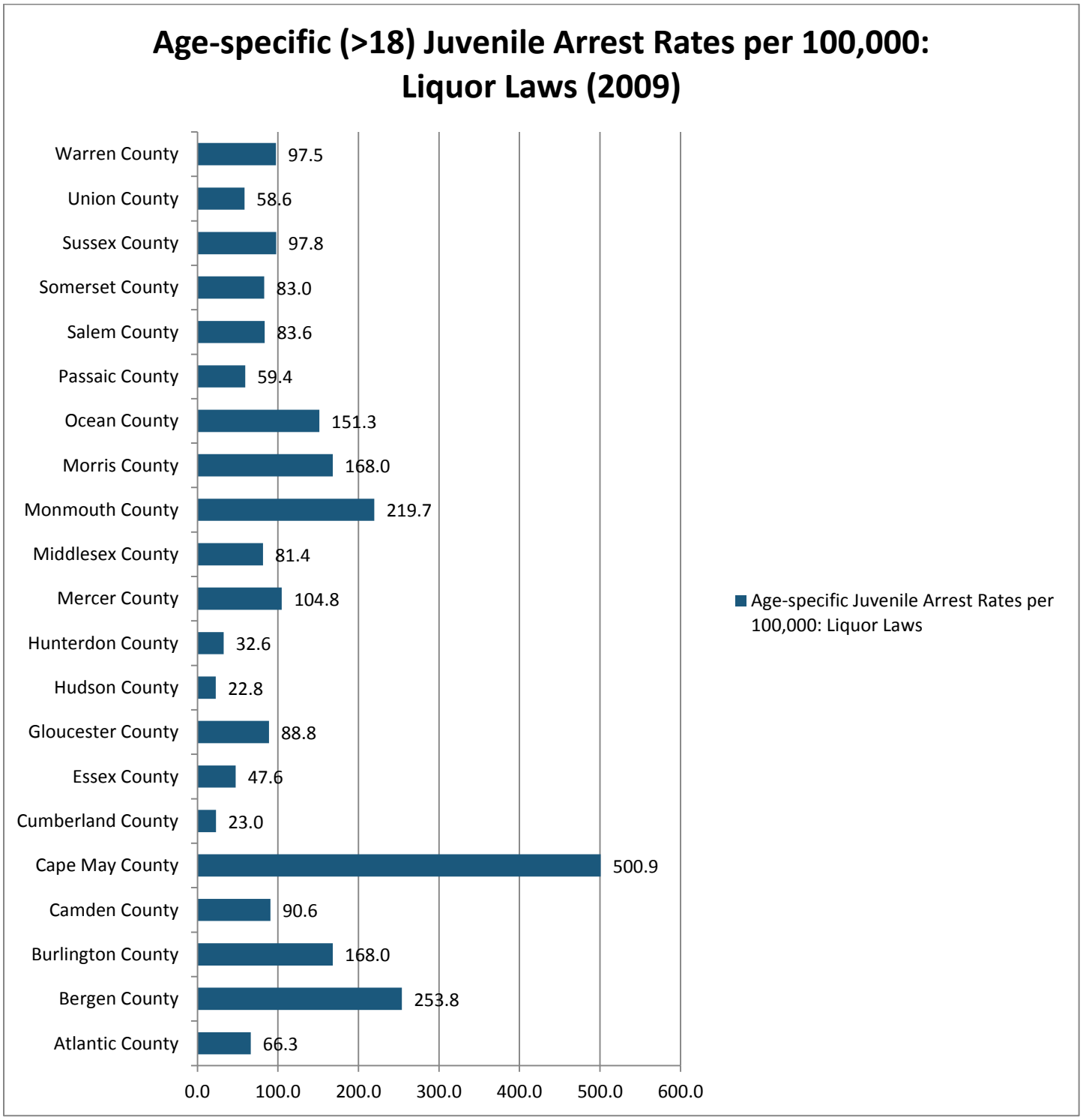
Appendix C

Policy Scan Progress

	Alcohol	Illegal Drugs	Prescription Drugs	New & Emerging Drugs	Tobacco
Bloomingdale	√	X	X	X	O
Clifton	√	X	X	X	O
Haledon	√	X	X	X	O
Hawthorne	√	X	X	X	O
Little Falls	√	X	X	X	O
North Haledon	√	X	X	X	O
Passaic	√	X	X	X	O
Paterson	√	X	X	X	O
Pompton Lakes	√	X	X	X	O
Prospect Park	O	X	X	X	O
Ringwood	O	X	X	X	O
Totowa	O	X	X	X	O
Wayne	O	X	X	X	O
Wanaque	O	X	X	X	O
West Milford	O	X	X	X	O
Woodland Park	O	X	X	X	O

Legend
√ = ordinances identified, and scan complete
O = ordinances identified, but scan incomplete
X = unidentified ordinances, scan incomplete

Appendix D


Age-specific (>18) Juvenile Arrest Rates per 100,000: Liquor Laws (2009)
Warren County 97.5
Union County 58.6
Sussex County 97.8
Somerset County 83.0
Salem County 83.6
Passaic County 59.4
Ocean County 151.3
Morris County 168.0
Monmouth County 219.7
Middlesex County 81.4
Mercer County 104.8
Hunterdon County 32.6
Hudson County 22.8
Gloucester County 88.8
Essex County 47.6
Cumberland County 23.0
Cape May County 500.9
Camden County 90.6
Burlington County 168.0
Bergen County 253.8
Atlantic County 66.3
0.0
100.0
200.0
300.0
400.0
500.0
600.0
Age-specific Juvenile Arrest Rates per 100,000: Liquor Laws

Appendix E

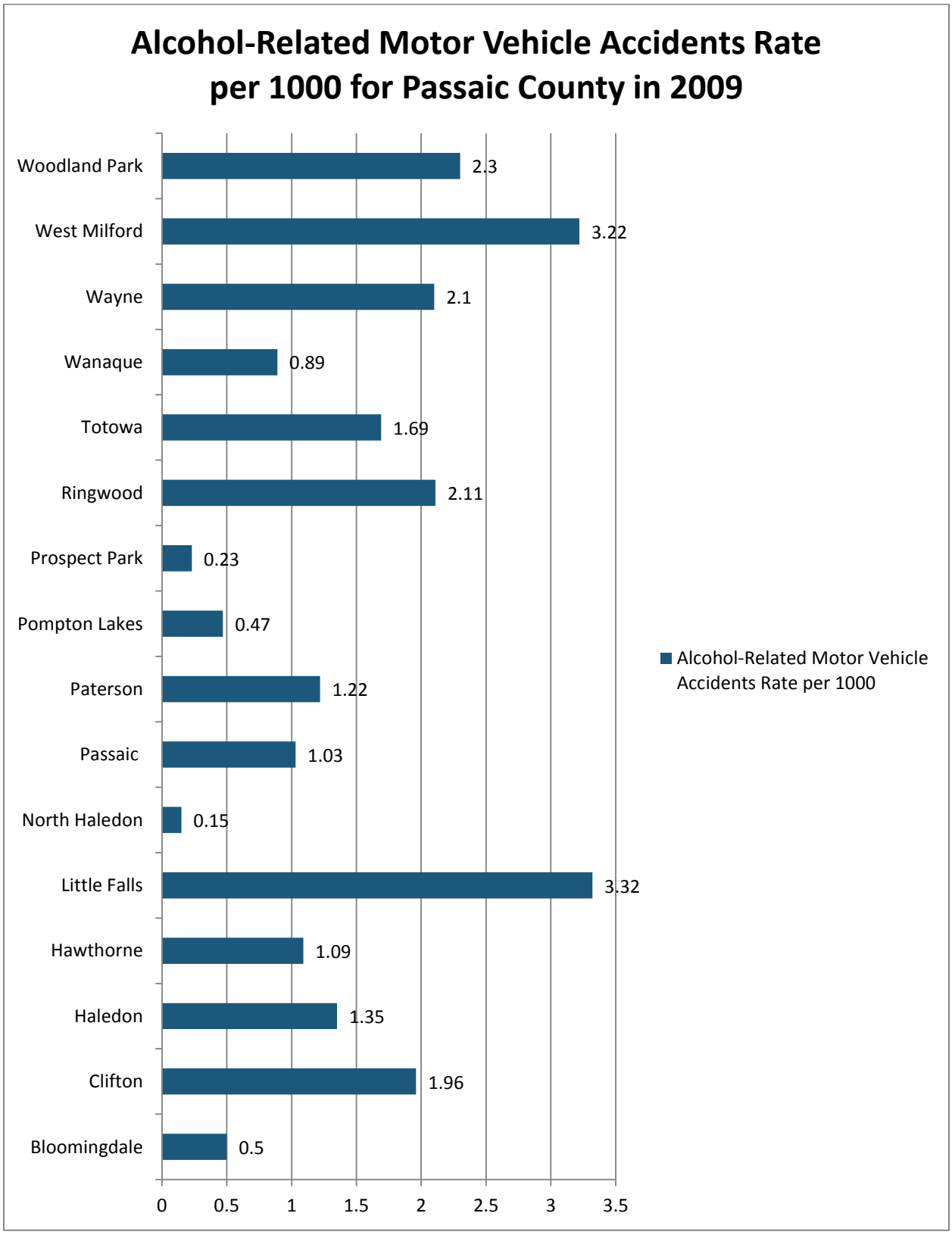
Juvenile Arrest Data
Age Specific Rates >18 for New Jersey in 2009

	Atlantic	Bergen	Burlington	Camden	Cape May	Cumberland	Essex
Liquor Laws	42	504	172	114	92	9	92
Drug Abuse Violations	203	481	255	465	131	105	616
Total Juvenile population >18	63,321	198,585	102,366	125,759	18,368	39,208	193,289
LL Rates p/100,000	66.3	253.8	168.0	90.6	500.9	23.0	47.6
DAV Rates p/100,000	320.6	242.2	249.1	369.8	713.2	267.8	318.7

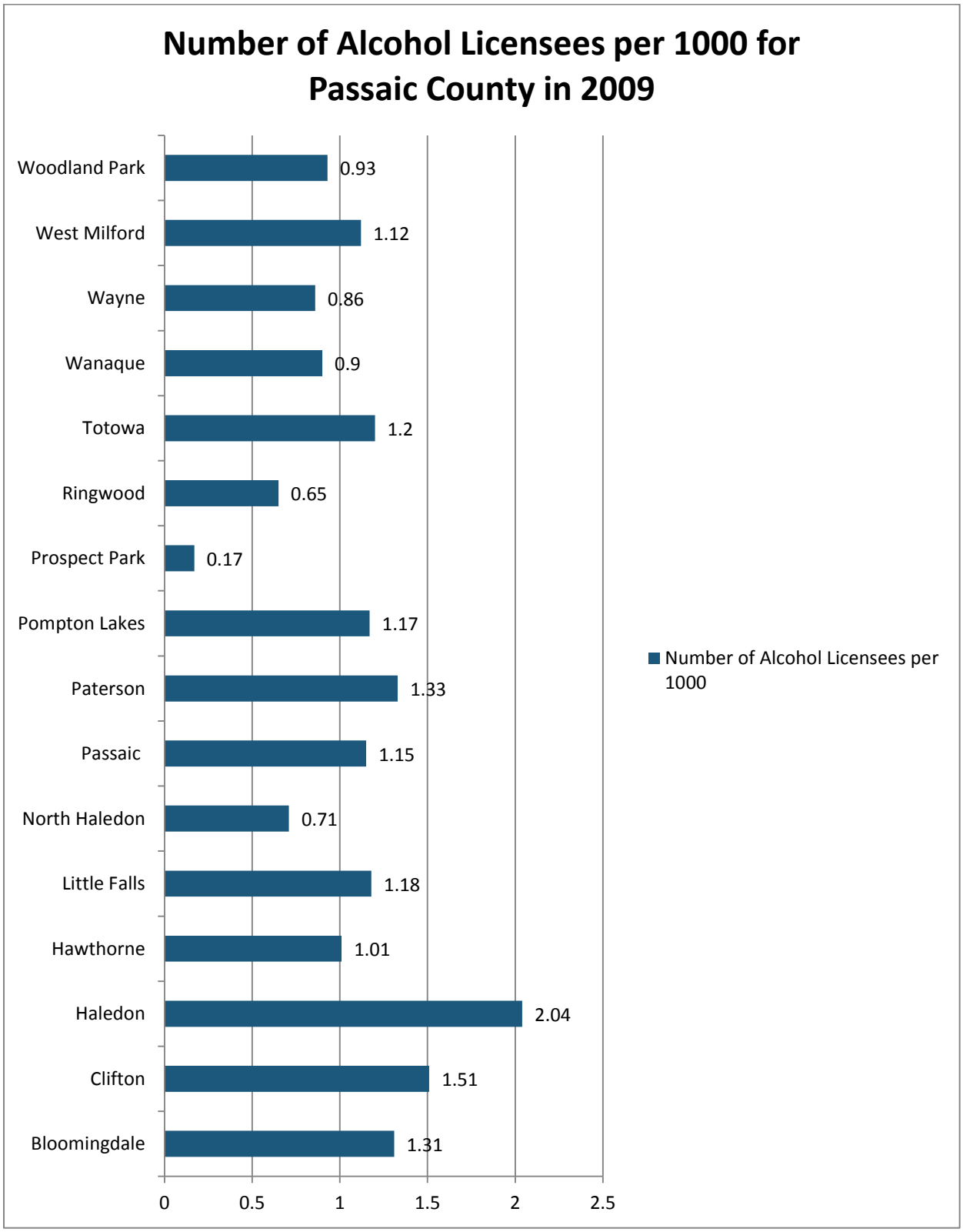
	Gloucester	Hudson	Hunterdon	Mercer	Middlesex	Monmouth	Morris
Liquor Laws	61	28	10	88	150	338	196
Drug Abuse Violations	181	285	82	474	290	516	304
Total Juvenile population >18	68,703	122,659	30,701	83,985	184,267	153,862	116,662
LL Rates p/100,000	88.8	22.8	32.6	104.8	81.4	219.7	168.0
DAV Rates p/100,000	263.5	232.4	267.1	564.4	157.4	335.4	260.6

	Ocean	Passaic	Salem	Somerset	Sussex	Union	Warren
Liquor Laws	200	74	13	67	35	76	25
Drug Abuse Violations	341	271	39	120	85	275	47
Total Juvenile population >18	132,162	124,538	15,559	80,771	35,792	129,639	25,652
LL Rates p/100,000	151.3	59.4	83.6	83.0	97.8	58.6	97.5
DAV Rates p/100,000	258.0	217.6	250.7	148.6	237.5	212.1	183.2

Appendix F

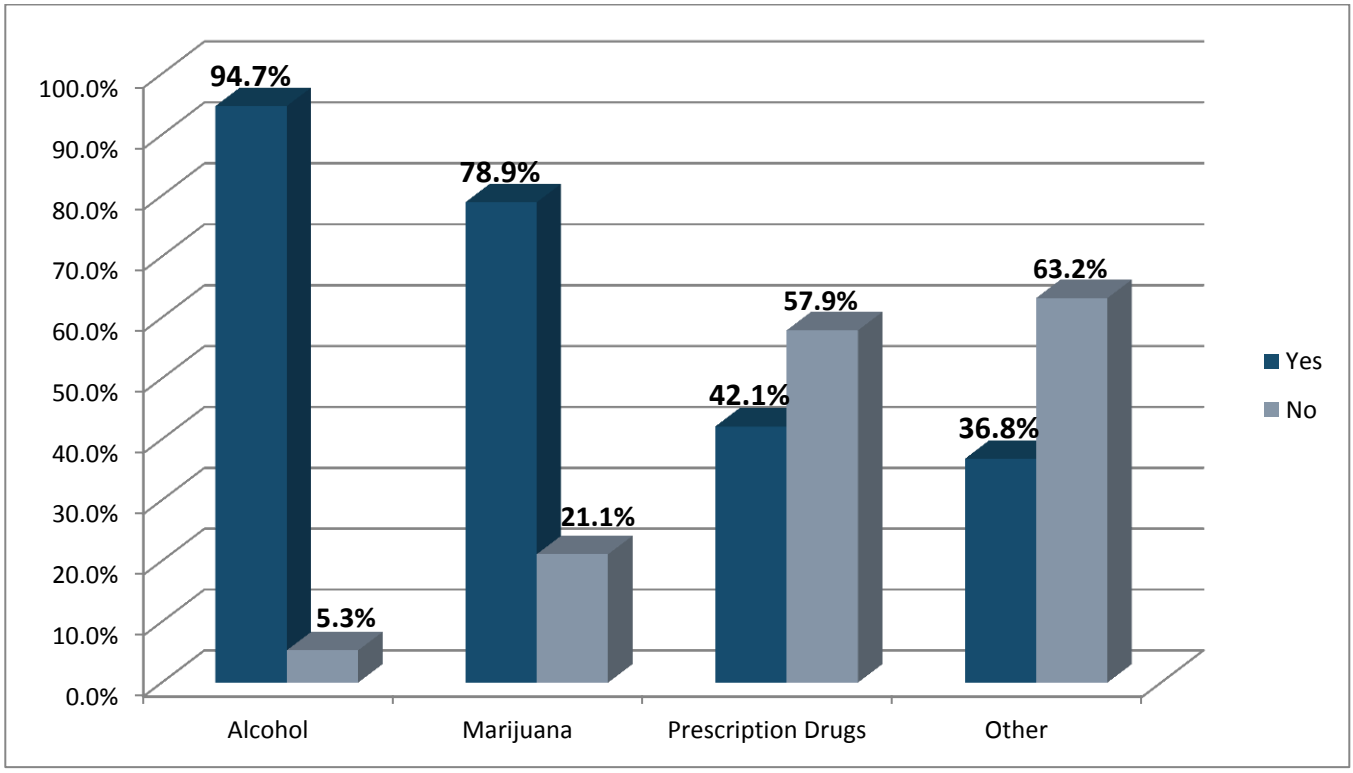

Alcohol-Related Motor Vehicle Accidents Rate per 1000 for Passaic County in 2009
Woodland Park
2.3
West Milford
3.22
Wayne
2.1
Wanaque
0.89
Totowa
1.69
Ringwood
2.11
Prospect Park
0.23
Pompton Lakes
0.47
Paterson
1.22
Passaic
1.03
North Haledon
0.15
Little Falls
3.32
Hawthorne
1.09
Haledon
1.35
Clifton
1.96
Bloomingdale
0.5
0
0.5
1
1.5
2
2.5
3
3.5
Alcohol-Related Motor Vehicle Accidents Rate per 1000

Appendix G


Number of Alcohol Licensees per 1000 for Passaic County in 2009
Woodland Park
0.93
West Milford
1.12
Wayne
0.86
Wanaque
0.9
Totowa
1.2
Ringwood
0.65
Prospect Park
0.17
Pompton Lakes
1.17
Paterson
1.33
Passaic
1.15
North Haledon
0.71
Little Falls
1.18
Hawthorne
1.01
Haledon
2.04
Clifton
1.51
Bloomingdale
1.31
0
0.5
1
1.5
2
2.5
Number of Alcohol Licensees per 1000

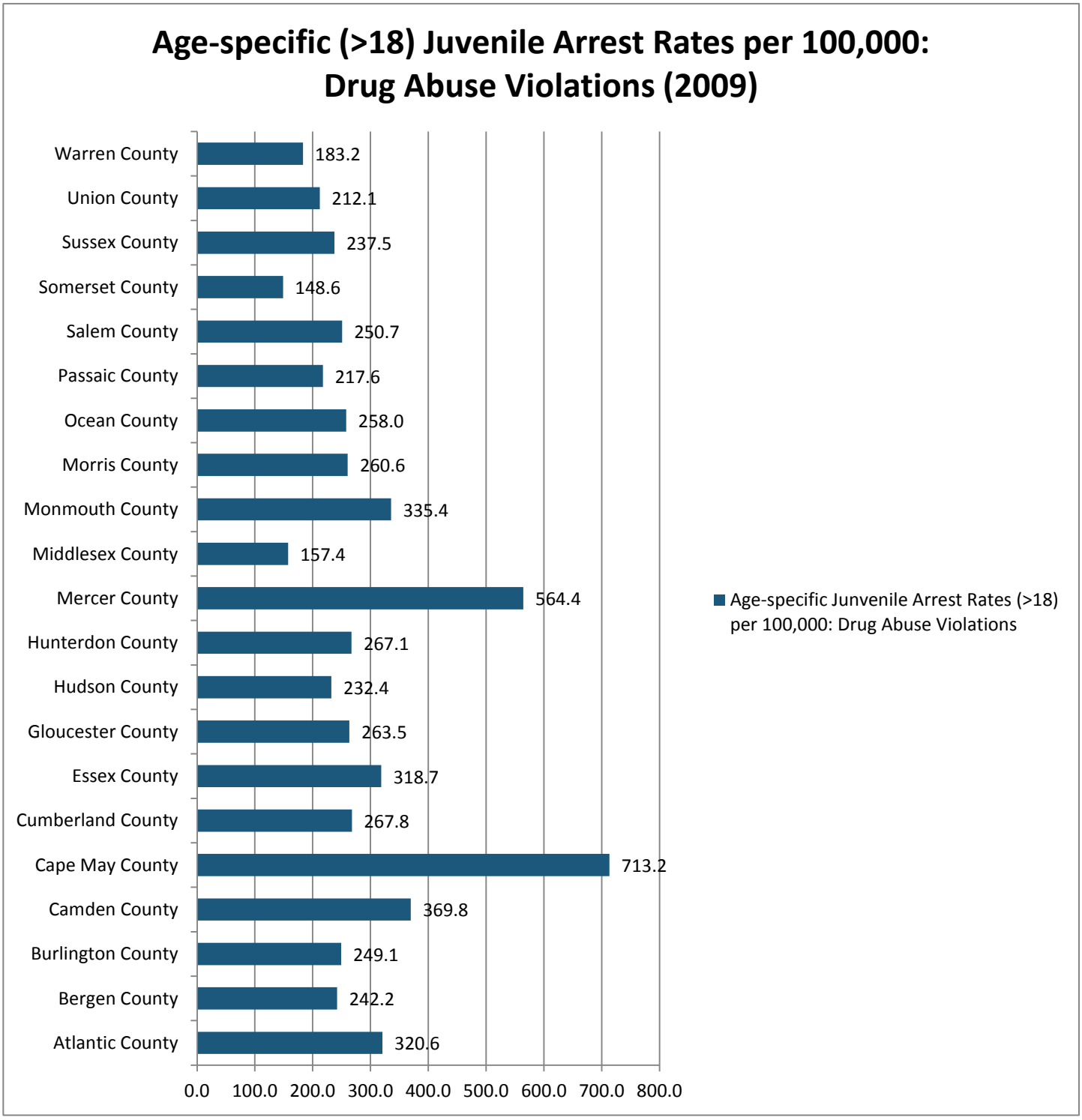
Appendix H

Key Informant Interview Results



Percentage of Key Informants who feel that the following substances is one of the top three substances of use in their community (n=19)

Appendix I


Age-specific (>18) Juvenile Arrest Rates per 100,000:
Drug Abuse Violations (2009)
Warren County 183.2
Union County 212.1
Sussex County 237.5
Somerset County 148.6
Salem County 250.7
Passaic County 217.6
Ocean County 258.0
Morris County 260.6
Monmouth County 335.4
Middlesex County 157.4
Mercer County 564.4
Hunterdon County 267.1
Hudson County 232.4
Gloucester County 263.5
Essex County 318.7
Cumberland County 267.8
Cape May County 713.2
Camden County 369.8
Burlington County 249.1
Bergen County 242.2
Atlantic County 320.6
0.0 100.0 200.0 300.0 400.0 500.0 600.0 700.0 800.0
Age-specific Junvenile Arrest Rates (>18) per 100,000: Drug Abuse Violations

Appendix J

2008 Uniform Crime Report Adult Arrests in Passaic County (%)					
	Drug Abuse	Drug Sale	Drug Possession/Use	Opium Sale	Opium Possession/Use
Bloomingdale	0.64	0.17	0.90	-	0.27
Clifton	8.20	6.72	8.89	2.82	6.84
Haledon	0.49	0.79	0.33	0.56	0.09
Hawthorne	2.69	0.09	3.64	0.11	0
Little Falls	3.27	0.96	4.54	0	1.09
North Haledon	0.28	0.26	0.28	0.11	-
Passaic	9.33	3.41	12.58	3.49	11.12
Paterson	62.95	82.96	52.39	89.51	74.29
Pompton Lakes	0.46	0.44	0.47	0.11	0.09
Prospect Park	1.25	0.09	1.89	0.11	1.09
Ringwood	1.59	0.26	2.32	0	0.09
Totowa	0.76	1.57	0.33	1.80	0.18
Wanaque	0.76	0.35	0.99	0.11	0.36
Wayne	5.26	0.44	7.99	0.11	3.37
West Milford	1.28	0.70	1.70	0.23	0.27
Woodland Park	0.37	0.26	0.43	0.23	0.18

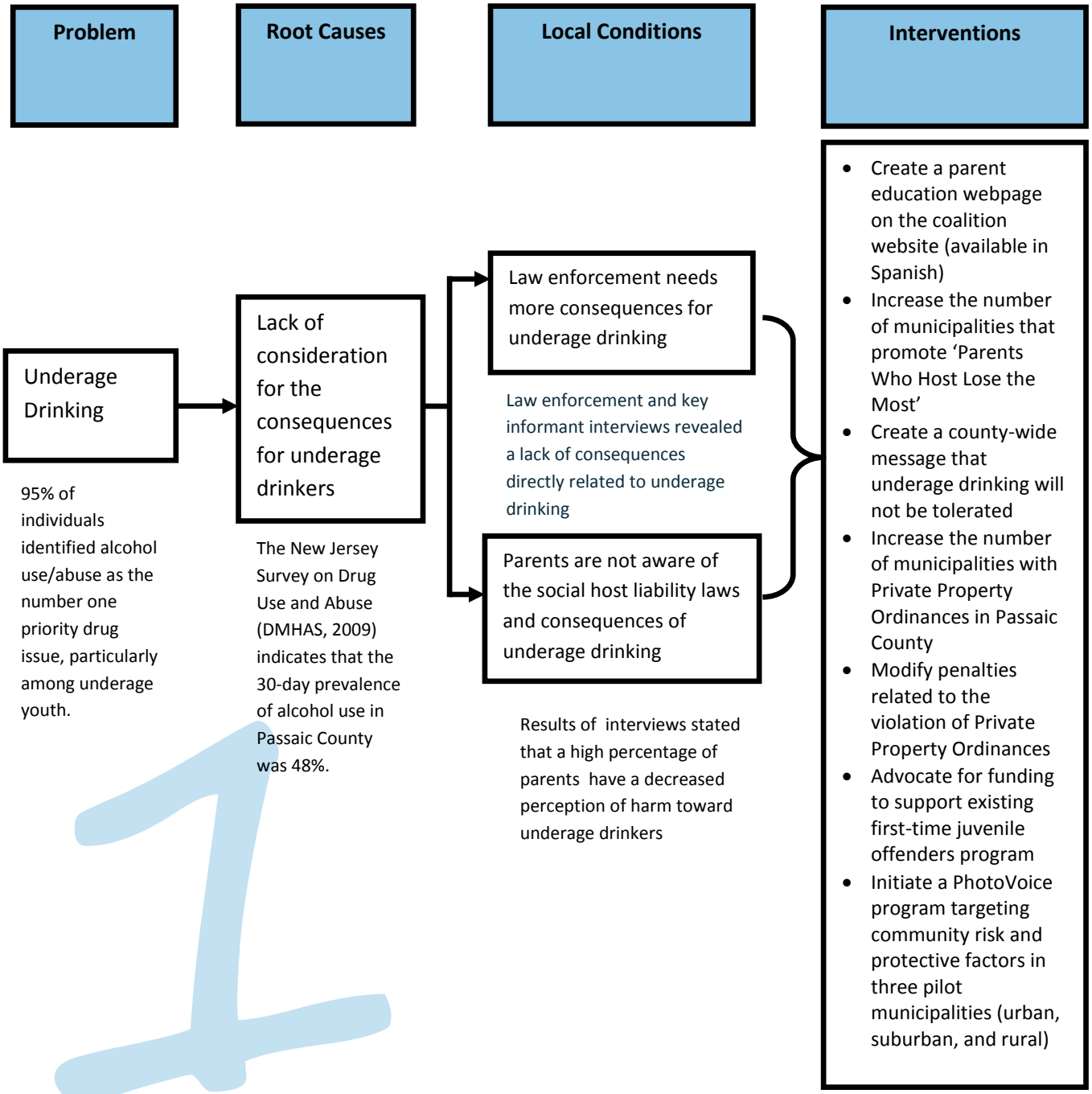
Appendix K

2008 Uniform Crime Report Juvenile Arrests in Passaic County (%)					
	Drug Abuse	Drug Sale	Drug Possession/Use	Opium Sale	Opium Possession/Use
Bloomingdale	0.86	0.81	0.89	-	0
Clifton	14.08	0	21.88	-	10
Haledon	1.44	2.42	0.89	-	0
Hawthorne	2.01	0	3.13	-	0
Little Falls	2.87	0	4.46	-	0
North Haledon	0.29	0	0.45	-	0
Passaic	7.47	11.29	5.36	8.43	10
Paterson	40.52	76.61	20.54	91.57	50
Pompton Lakes	1.72	0	2.68	-	0
Prospect Park	0.29	0	0.45	-	5
Ringwood	7.47	2.42	10.27	-	0
Totowa	0.86	2.42	0	-	0
Wanaque	0.86	0	1.34	-	5
Wayne	9.20	0	14.29	-	15
West Milford	10.06	4.03	13.39	-	5
Woodland Park	0	0	0	-	0

Appendix L

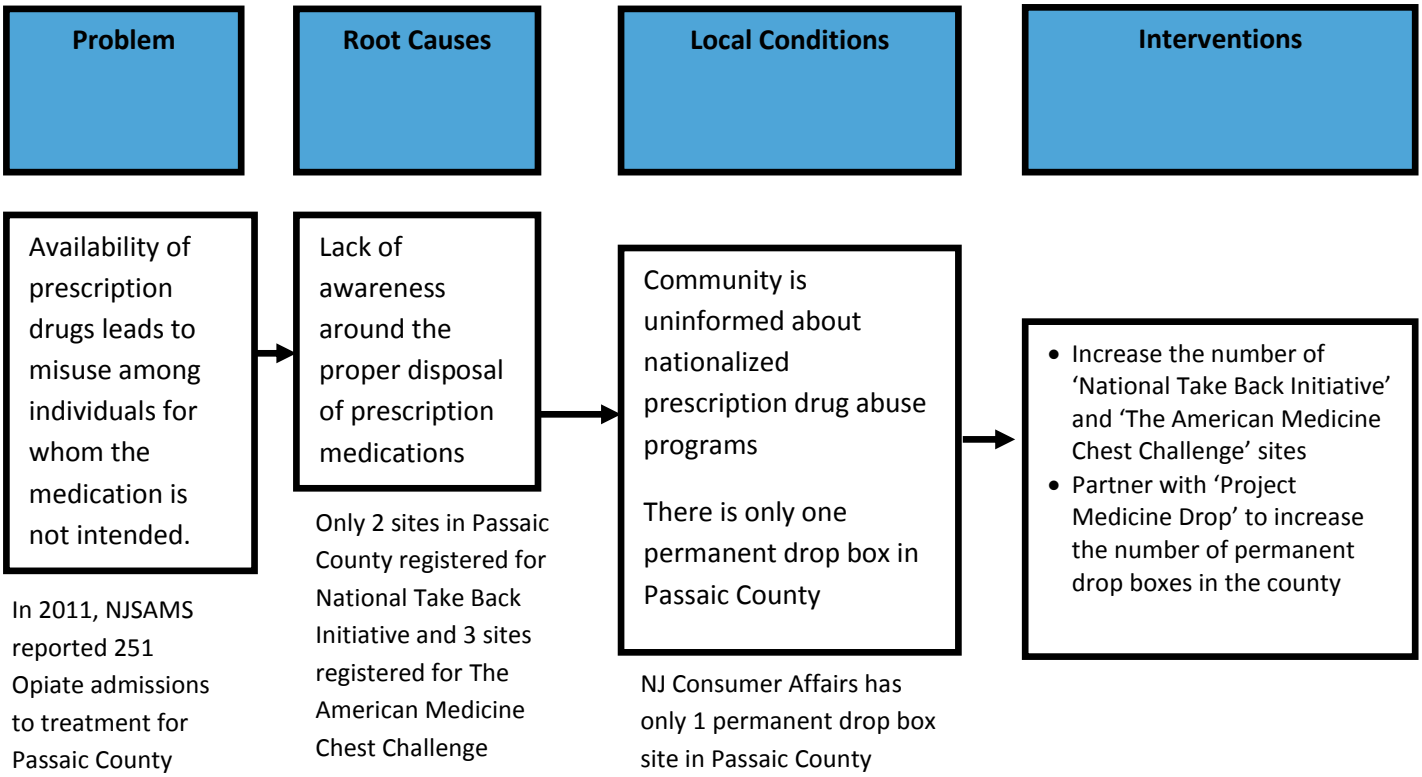
LOGIC MODELS

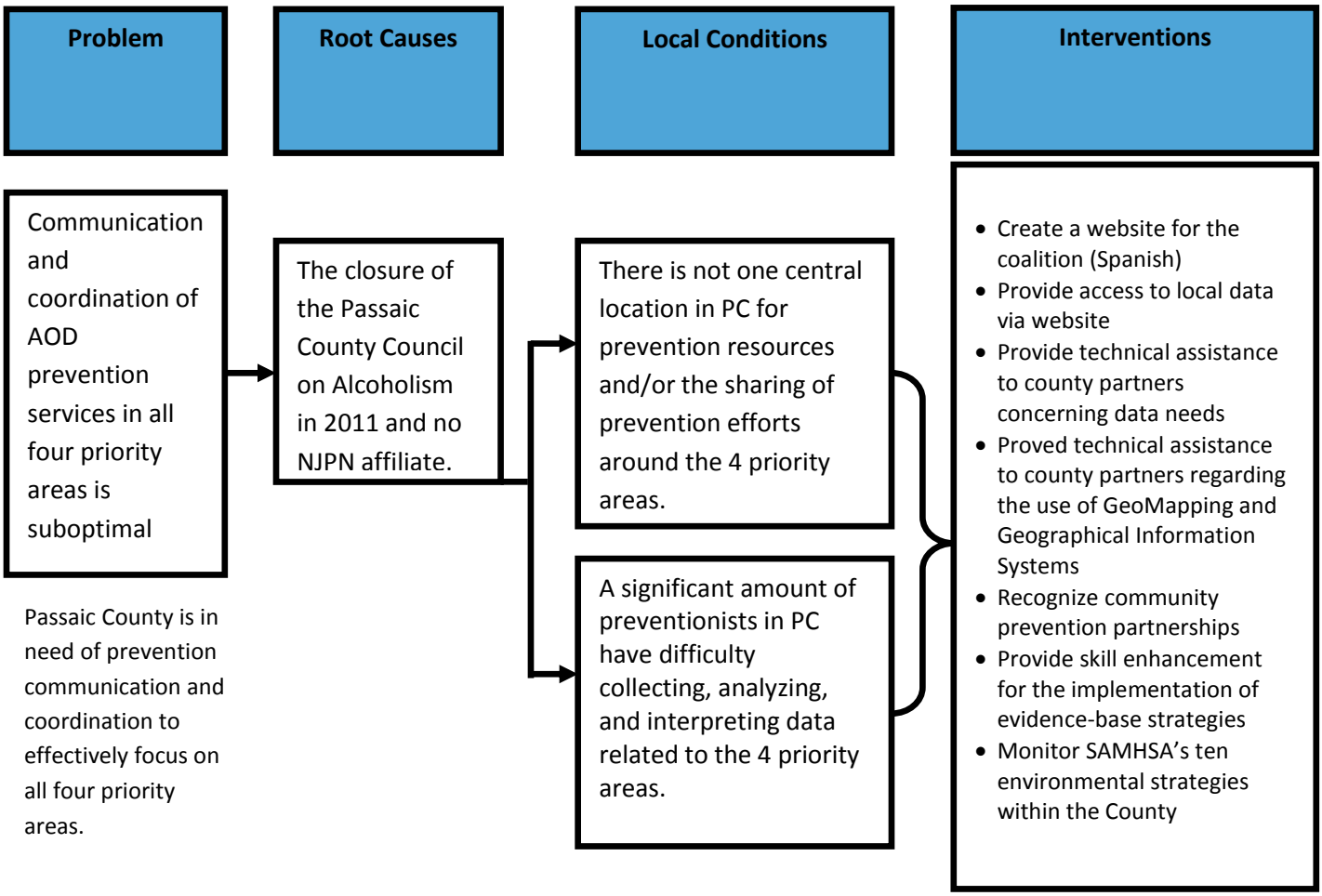
PRIORITY AREA 1:
REDUCE UNDERAGE DRINKING



PRIORITY AREA 2:

REDUCE AVAILABILITY OF PRESCRIPTION DRUGS



PRIORITY AREA 3:

ENHANCE COMMUNICATION & COORDINATION