

**Evaluation of Maine's
Strategic Prevention Framework
Final Report 2005–2010**

This report is produced for:
Maine Office of Substance Abuse (OSA)
Department of Health and Human Services

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Executive Summary

In 2004, Maine was selected through a competitive process to be among the first cohort of states to receive a Strategic Prevention Framework State Incentive Grant (SPF SIG) from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). The grant funded the State's effort to develop its substance abuse prevention infrastructure and to implement evidence-based approaches to prevention reflecting needs and resources, and involving a comprehensive strategic plan at the state and local levels.

Infrastructure Summary

One of the primary goals of the SPF SIG project was to build Maine's Infrastructure and Prevention capacity. Before receiving its SPF SIG funding, Maine's Office of Substance Abuse characterized the state's prevention infrastructure as one facing underserved areas, inconsistent and limited funding, and a lack of coordinated efforts across the various prevention funding sources (state, federal and private). These challenges resulted in both gaps and duplication of prevention efforts across the state.

To meet the goals of reducing substance use and its related consequences, Maine recognized that it was essential to develop a strengthened, more systematic prevention infrastructure. The original proposal identified six goals for infrastructure and capacity development that would be achieved through the SPF SIG:

- Conduct a statewide epidemiological analysis to identify high-need areas/subpopulations;
- Develop local needs assessments and strategic plans;
- Create a consistent cross-disciplinary prevention infrastructure at the local and regional levels;
- Increase the number of communities that coordinate funding from multiple state programs;
- Increase the number of communities that implement evidence-based prevention programs; and
- Develop and implement a cross-disciplinary Prevention Workforce Development Plan.¹

The primary evaluation question, then, is "What was the effect of the Strategic Prevention Framework on service capacity and other infrastructure objectives?" To answer this question, the evaluators, Hornby Zeller Associates, Inc. (HZA) administered the Community Infrastructure Assessment (CIA) at three points throughout the SPF SIG process, capturing critical information about eight infrastructure domains identified by the national cross-site team. HZA also reviewed meeting minutes, conducted interviews with key informants in 2006 and 2010, and held site visits with all grantees to supplement the findings of the CIA. As can be seen in the table below, Maine made great strides over the course of the SPF SIG in regard to its prevention infrastructure.

¹ Office of the Governor, Application for Federal Assistance, Strategic Prevention Framework SIG, June 30, 2004.

Table 1. Accomplishments of Maine’s SPF SIG: Infrastructure

Domain	Score*			Major Achievements
	2006	2008	2010	
Organizational Structure	2.08	2.29	2.46	Established and sustained Prevention Advisory Board Substance Abuse included in statewide Public Health Infrastructure
Data and Data Systems	2.03	1.67	2.13	Completed a Statewide Epidemiological Profile Communities drafted 16 Local Needs Assessments Established and sustained State Epidemiological Outcomes Workgroup (SEOW)
Planning	2.20	2.36	2.53	Created State of Maine Strategic Plan; updated in 2010 Communities drafted 16 Local Strategic Plans
Workforce Development	1.58	1.97	2.31	Supported Workforce Development for Prevention Survey Established Prevention Calendar Expanded opportunities for technical assistance and training
Evidence-Based Practices	2.19	2.19	2.25	Created Evidence-based Strategy List Established method for determining “Acceptable Evidence” for emerging strategies Focused on Environmental Strategies
Cultural Competence	1.35	1.31	1.67	Completed studies of six Cultural Subpopulations Enhanced collaboration with Maine Tribes Supported Cultural Competence at the local level
Evaluation and Monitoring	2.00	2.07	2.36	Created single reporting system for Public Health Infrastructure Released how-to guides for communities (Assessment and Evaluation) Created Logic Models for local implementation efforts
Sustainability	2.06	1.96	2.45	Established partnerships with other state agencies involved in prevention Included language in most recent RFP to allow for future funding to be braided in

Source: Community Infrastructure Assessment (CIA), 2006, 2008 and 2010.

*Scores represent the average capacity and infrastructure that exists for substance abuse prevention within the Healthy Maine Partnership organizations across the state. In this case, 1 equals low, 2 equals moderate, and 3 equals high-capacity or infrastructure.

Implementation Summary

Through an intense, year-long process of needs assessment and strategic planning occurring at the state level, Maine chose to focus on three priority consumption areas and their related consequences. This decision was supported through consultation with Maine's Federal SPF SIG Project Officer. In 2007, Maine funded 28 communities to implement evidence-based environmental approaches to address the following priority areas:

- 1) Underage drinking;
- 2) High risk drinking among young adults (18 to 25); and
- 3) Young adult (18 to 25) prescription drug misuse.

OSA further broke these priorities into 16 objectives and identified approved strategies to address each. Of the objectives, five were required of SPF SIG grantees meaning all grantees had to select at least one strategy that was identified for each of the required objectives.

To increase the effectiveness of local underage drinking law enforcement policies and practices, OSA asked grantees to work with local police departments to: develop a departmental policy around underage drinking; work to enhance their existing policy; provide training to officers on best practices; and support departments as they implemented Party Patrols and compliance checks. All districts reported that they built stronger relationships with their local police departments and cited this as one of the great successes of the SPF SIG; in fact, they reported working with about 100 departments across the state each year.² Over the course of the SPF SIG, the proportion of high school students reporting that they thought they would be caught by the police for drinking alcohol had increased from 11 percent in 2006 to 12 percent in 2008.

To increase the effectiveness retailer policies and practices, and to decrease pricing specials and alcohol promotions, grantees could: offer Responsible Beverage Service (RBS) Trainings; help retailers incorporate the best practices; educate retailers on the importance of prioritizing underage access to alcohol; implement the Card ME program; educate merchants about the negative impacts of low pricing and promotions; work with them to limit promotions; and to implement activities to inform customers of the penalties for furnishing alcohol to minors. RBS Trainings were offered in every public health district, and coalition estimates suggest that staff from more than 600 Maine retailers participated over the course of the SPF SIG, making these trainings the most commonly implemented strategy to address retail access to alcohol. All SPF SIG grantees reported great success with this particular strategy and by 2008, 63 percent of high school students thought it was easy to obtain alcohol, compared to 66 percent in 2006.

To increase use of recommended parental monitoring practices for underage drinking, SPF SIG grantees could use the OSA Parent Media Campaign materials to build a social marketing campaign, hold educational meetings for parents or work with agencies,

² Because coalitions may work with the same departments in each work plan year on different components, an annual count is provided here.

organizations and worksites to educate parents. Coalitions in all Public Health Districts used a variety of media to try to get their message across to the general community. In total, coalitions estimated that the messages about parental monitoring and modeling were distributed across more than 1,300 channels (examples of which include media outlets, doctors' offices, stores, community bulletin boards, public transportation, movie theaters, and restaurants), and resulted in more than 1.2 million media exposures between 2006 and 2009. While the social marketing campaign was implemented with relative success, coalitions reported that parents were especially difficult to reach and there was often wide variance in terms of attendance at parent meetings. In 2008, 85 percent of high school students reported that their parents thought alcohol use was wrong, compared to 83 percent in 2006, and 42 percent thought they would be caught by their parents (up from 39 percent in 2006).

To increase young adults' knowledge of the health risks associated with risky drinking behaviors, OSA developed a Drug-Free workplace component to be incorporated into the HMP Worksite Framework. Coalitions could distribute information about available assessment and self-help materials; help employers provide information to their employees; help develop a substance abuse policy; and help employers learn how to consistently enforce that policy. Although some coalitions reported modest success with worksites, this was one of the less successful initiatives undertaken by the SPF SIG. The primary barrier was one of access, with coalitions finding that many businesses were simply unwilling to work with them in regards to employee use of alcohol and drugs.

OSA also identified strategies for coalitions to use in partnership with colleges and universities that mirrored the strategies for worksites. These strategies included distributing information about available assessment and feedback services and developing appropriate substance abuse policies and procedures. Coalitions reported limited success with these strategies in large part because they overlapped with the work that many colleges and universities had been engaged in through Maine's Higher Education Alcohol Prevention Partnership (HEAPP) prior to the SPF SIG. In some cases, this overlap created a barrier for coalitions in developing relationships with their local colleges and universities as the institutions felt they were already implementing the strategies.

Outcomes Summary

One of Maine's great achievements during the SPF SIG was a 6.6 percentage point decrease in the rate of underage drinking in the past month among high school students between 2004 and 2008; from 41.6 percent in 2004 to 35 percent in 2008 (see the table below). The observed decline between 2006 and 2008, the first two years of SPF SIG implementation at the local level, marked the first decrease of this magnitude since 1998.

Table 2. Critical Prevention Factors for Maine High School Students: 2004, 2006 and 2008

	2004	2006	2008
Past-Month Alcohol Use	41.6%	40.3%	35.0%
Binge-Drinking (past two weeks)	23.0%	21.6%	18.2%
Caught by Parents	37.6%	39.1%	41.5%
Caught by Police	10.5%	11.1%	12.1%
Clear Rules	79.8%	80.6%	81.2%
Easy Access	69.2%	66.3%	63.4%
Parents Think Use Wrong	82.3%	83.1%	84.9%
Perception of Harm (1-2 per day)	65.0%	66.5%	68.4%
<i>Source: Maine Youth Drug and Alcohol Use Survey, grades 9-12</i>			

Maine’s original SPF SIG grant laid out 16 measures where the state hoped to see improvements as a result. During the course of the needs assessment and strategic planning process, these measures were narrowed based upon the review of epidemiological data. The remaining relevant benchmarks included:

- Increase proportion of youth who report no 30-day use of alcohol by five percent;
- Reduce two-week binge-drinking among youth by five percent;
- Decrease perceived access to alcohol among youth by 10 percent;
- Increase perceived consistency of underage drinking enforcement by 10 percent;
- Reduce the proportion of 9th-12th graders who start drinking before age 14 by 10 percent;
- Increase proportion of 9th-12th graders who report no 30-day use of any substances by five percent;
- Increase proportion of 9th-12th graders who report no lifetime use of any substances by five percent; and
- Reduce binge-drinking among 18-24 year olds by five percent.

Maine’s ability to meet these benchmarks during the implementation SPF SIG is illustrated in the following table which uses data from the Maine Youth Drug and Alcohol Use Survey (MYDAUS) and the Behavioral Risk Factor Surveillance Survey (BRFSS) to calculate the rates of change. For youth, data from 2004 serve as a baseline for calculating a rate of change from 2008 estimates. For young adults, BRFSS 2006 and 2009 data are used. Although Maine did observe decreases in prescription drug use, no benchmark was established at the outset of the grant against which to gauge success.

Table 3. Accomplishments of Maine’s SPF SIG: Outcome Benchmarks

Indicator	Target	Actual	Status
Increase proportion of youth who report no 30-day use of alcohol	+5%	+11.3% ³	✓
Reduce 2-week binge-drinking among youth	-10%	-20.8%	✓
Decrease perceived ease of access to alcohol among youth	-10%	-8.3%	Not met
Increase perceived consistency of underage drinking enforcement	+10%	+15.1%	✓
Reduce the proportion of 9 th -12 th graders who start drinking before age 14	-10%	-8.2%	Not met
Increase proportion of 9 th -12 th graders who report no 30-day use of any substances	+5%	+49.3%	✓
Increase proportion of 9 th -12 th graders who report no lifetime use of any substances	+5%	+22.2%	✓
Reduce binge-drinking among 18-24 year olds by 5 percent	-5%	-17.1%	✓

Data results from the 2009 Maine Youth Integrated Health Survey (MIYHS) are somewhat more challenging to interpret. Direct comparisons between the 2008 MYDAUS and the new 2009 MIYHS data are not possible due in large part to changes in the format and administration methodology of the survey.⁴ For this reason, the data findings should be used as a baseline against which to gauge future progress, rather than a final measure by which to determine previous successes.

Nonetheless, the statewide 2009 survey data do suggest that positive outcomes continue. As demonstrated in Table 4 on the following page, the past-month use of alcohol among high school students remained stable statewide between 2008 and 2009 (35% and 34.7%, respectively). However, binge-drinking within the past two weeks increased slightly from 18 to 20 percent.

³ Using YRBSS data, the rate of change between 2005 and 2009 is 19 percent (from 57% in 2005 to 68% in 2009).

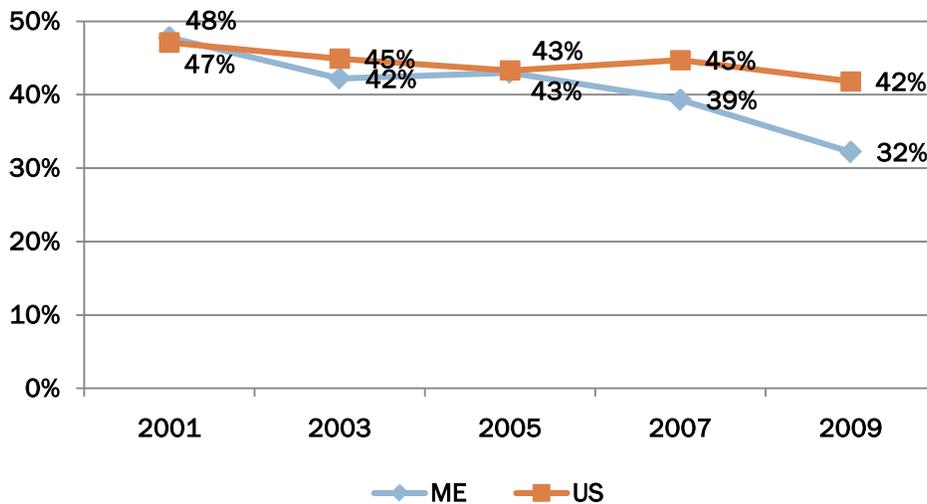
⁴ For more information on the 2009 survey, please see: <http://www.maine.gov/youthhealthsurvey/main.cgi>

Table 4. Critical Prevention Factors for Maine High School Students: 2008 and 2009			
	2008		2009
Past-Month Use of Alcohol	35.0%		34.7%
Binge-Drinking (past two weeks)	18.2%		20.1%
Caught by Parents	41.5%		42.1%
Caught by Police	12.1%		15.6%
Clear Rules	81.2%		85.2%
Easy Access	63.4%		67.5%
Parents Think Use Wrong	84.9%		82.7%
Perception of Harm	68.4%		59.9%

Source: 2008 Maine Youth Drug and Alcohol Use Survey, grades 9-12; 2009 Maine Integrated Youth Health Survey, grades 9-12. Trending between 2008 MYDAUS and 2009 MIYHS is not possible due to changes in the administration methodology of the survey. Data are presented together here for discussion purposes only.

When Maine is compared to national trends using a nationally comparable source of student data, however, the downward trend continues in 2009. As demonstrated by the graphic below, Maine’s rate of past-month alcohol use among high school students declined from 43 percent in 2005 (the first year of the SPF) to 32 percent in 2009. Moreover, these declines are far greater than the current national trends in underage alcohol use, where rates actually increased in 2007 to 45 percent before decreasing slightly to 42 percent in 2009.

Figure 1. Previous 30-Day Use of Alcohol by High School Students in Maine and United States, 2001 to 2009



Source: Youth Risk Behavior Surveillance System (YRBSS), 2001 - 2009.

As mentioned, prescription drugs were not included in the original proposal with established targets. However, misuse of prescription drugs among young adults ages 18 to 25 was

identified in Maine's SPF SIG Strategic Plan as a priority, and grantees could work on selected strategies relating to prescription drugs. According to the National Survey on Drug Use and Health (NSDUH), the past-year use of painkillers among 18 to 25 year olds has been decreasing slightly each year since 2003-04, from 13 percent in 2004-05 to 12 percent in 2007-08. Maine also conducted a community survey in 2008 ($n = 564$) and 2010 ($n = 741$) to obtain information about this population. Those results show a statistically significant decline in non-medical use of pain relievers in the past year, from 16 percent in 2008 to 11 percent in 2010.

Conclusion

Sustainability of the SPF SIG can be thought of as the ability to integrate the newly developed SPF SIG approaches into the fabric of existing prevention programs and services. Although dedicated prevention staff and programming at the local level have not been sustained uniformly, SPF SIG principles have been fully embraced and integrated into Maine's prevention infrastructure. In particular, OSA places a strong emphasis on implementing evidence-based programs and environmental strategies, and it routinely engages in data-driven decision-making. These advances in capacity and the infrastructure developed to support them at the state level will sustain well beyond the lifetime of the SPF SIG project.

Of the five objectives required of SPF SIG grantees, strategies to engage local police, retailers and parents appear to have had the most unilateral successes across all the public health districts. Indeed, student survey data from 2006 and 2008 shows promising changes observed on measures that directly relate to these strategies. Maine saw significant reductions in the rates of underage drinking and high-risk drinking among young adults over the course of the SPF SIG. The student survey data and supplemental qualitative information strongly suggest that environmental strategies implemented statewide under the SPF SIG influenced the decline in drinking rates among high school students. The evidence is less clear about the linkage between the work completed under the SFP SIG and the decreases in binge-drinking observed among the young adult population. This is also the case for the observed decreases in the rates of prescription drug use among this age group. Nonetheless, the successes experienced in Maine show the value of statewide implementation of the SPF SIG approach using evidence-based environmental strategies.