

# **“It’s The Norm”**

***Assessment of community needs relating to underage substance abuse in Oneida and Vilas Counties, Wisconsin.***

**Prepared for:**

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## ***Assessment of community needs and readiness relating underage substance abuse in Oneida and Vilas Counties, Wisconsin.***

This report on the nature, circumstances, consequences and potential response to underage alcohol, tobacco and other substance use and abuse in Oneida County, Wisconsin, was commissioned by the Oneida County AODA Coalition, in cooperation with the Oneida County Health Department and the Positive Alternatives Coalition through the Great Lakes Inter-Tribal Council (Lac du Flambeau, Wisconsin). Funding for the report was made available through the Drug Free Communities Support Grant and the Drug Free Communities Mentoring Grant.

The opinions expressed in this report do not necessarily reflect the official position and policies of the Oneida County AODA Coalition, the Oneida County Public Health Department, or Great Lakes Inter-Tribal Council, which are each governed by their own principles and policies. Each agencies' activities described in this report are in accordance with their own principles, policies and within the scope of its mandate.

The consultant expresses her sincere thanks to all representatives met during the assessment process; without their willingness to support the process by providing valuable information, time and cooperation, this report and all of the activities that will be implemented to address underage substance abuse in northern Wisconsin would not be possible. This report is intended for public use and may be reproduced in whole and in parts with permission from Great Lakes Inter-Tribal Council (Lac du Flambeau, Wisconsin) and the Oneida County AODA Coalition (Rhinelander, Wisconsin). Acknowledgement of the source is appreciated.

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Thanks to the schools and school boards who cooperated and provided the invaluable student survey information. This information provides so much of the foundation of this report. Without your cooperation, we would have very little opportunity to understand and influence the lives of the children in our community for the better.

Sincerely,

Erica Brewster

Oneida County, Wisconsin  
1 June 2010

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## EXECUTIVE SUMMARY

### Youth and Substance Use Northwoods

Nobody in the Northwoods of Wisconsin will dispute that alcohol plays a large role in the local way of life, with one liquor license per every 130 people in Oneida County and fewer than every 120 people in Vilas County, compared to one for every 250 in the state of Wisconsin and one for every 1500 persons across the U.S. Tobacco has become less prevalent over the last two decades, but there continues to be a strong voice for smoker's rights across the region.

Marijuana is the most used illicit drug in the region, aided to some degree by the rural nature of the area allowing for some local production in the remote forests. Availability and popularity of other street drugs varies widely both between drugs and around different towns in the region. Yet, the most pressing drug abuse issue is also the most recent: prescription drug abuse. Law enforcement seizures of diverted pharmaceuticals has doubled repeatedly in the last several years; the number of youth arrests for prescription drugs accounts for nearly half of all youth drug arrests and is equal to the number of marijuana citations compared to only 15% of all adult drug arrests.

The impact on the local community comes in the costs, both in dollars and in lives. Individuals are hospitalized in Oneida County for alcohol or drug related problems at a rate between 0.3 to 1.3 times and in Vilas County 2 to 3.2 times higher than in the state of Wisconsin, and costs per capita are as much as much as 280% higher than on average for the whole state. Year after year, Oneida and Vilas counties are home to the highest number of recreational snowmobile fatalities in the state, with alcohol and/or drugs implicated in three quarters of all snowmobile and 60% of boating deaths.

Just how much of an impact this has on attitudes and behaviors of local youth in use of alcohol, tobacco and other drugs is evident in the results of the student surveys. While Oneida and Vilas students generally report risk behaviors at or below rates of their state and national peers, those that do engage in risk behavior do so often and intensely. Three quarters of students who reported drinking in the last 30 days also reported binge drinking.

Local students report drinking before the age of 13 at much higher rates than their state or national peers, with as many as half of middle school students saying they had already had more than a few sips of alcohol. These rates suggest more than 15% of area youth will develop alcohol or other drug dependency and other social problems in their lifetimes. When between one in five and one in ten persons are struggling with substance-related problems such as violence, difficulty maintaining work, depression, or drinking and driving, it depresses the workforce potential, creates public safety risks, increases demand on law enforcement and health care, and impacts economic development of a region.

Yet, there are many opportunities for parents, community members, municipal governments, police and sheriff, school, business owners and other community leaders to take concrete action to ensure the healthy development of youth. Those students asked whether they felt their families loved them and gave them the help and support they needed overwhelmingly (89.7%) responded affirmatively. Family relationships are the most influential factor in determining whether youth engage in risk behaviors. Students report similar feelings of connection to their schools. Parents, schools and communities can build on this foundation to develop programs that impact youth and youth behaviors.

By developing coordinated measures that limit youth access to alcohol we can create an environment where alcohol can be enjoyed safely by adults and where prescription drugs are used appropriately by those that need them. The questions of how much *availability*, *accessibility*, *affordability*, *attractiveness* and *acceptability* we want to allow each substance is something that we, as individuals, communities and authorities, have the power and responsibility in Wisconsin to manage locally.

## **1. PURPOSE OF ASSESSMENT**

### **1.1. Positive Alternatives Coalition and Oneida County AODA Coalition**

#### **1.1.1 Positive Alternatives Coalition**

The Positive Alternatives Coalition was established in 2002 in response to the Strategic Prevention Framework State Incentive grant awarded to 17 counties across Wisconsin by the Department of Health Services. The Positive Alternatives Coalition is chaired by Sue Wolfe and is elected annually according to the coalition by-laws (2009). PAC receives administrative support from the Great Lakes Inter-Tribal Council which has administered the Wisconsin State Incentive Grant and now the federal Drug Free Communities Support Grant that supports all activities of the coalition. The coalition meets monthly at the St. Germain (WI) fire house.

The Positive Alternatives Coalition is a member of the Northwoods Coalition since 2008. The Northwoods Coalition is a network of over 40 diverse community coalitions working together to promote effective substance abuse prevention through networking, advocacy, mentoring and leadership. Member coalitions join together through a non-governing board of directors, with representation from each member coalition. Marshfield Clinic Center for Community Outreach provides education, training, technical assistance, consultation and other resources to members of the Northwoods Coalition.

#### **1.1.2 Oneida County AODA Coalition**

The Oneida County AODA Coalition was established in 2007 in response to the Healthy People, Healthy Oneida County community health improvement plan (2007-2011). This plan identifies Alcohol and Other Substance Abuse Use and Addiction as one of four core priority areas, specifically identifying adult and adolescent binge drinking as a statistic of major concern for Oneida County<sup>1</sup>.

The Oneida County AODA Coalition is chaired by two co-chairs, elected annually according to the coalition by-laws (2009), and receives administrative support from two health department staff assigned to the coalition. The coalition meets monthly (currently second Friday of each month) at the Rhinelander Courthouse.

The Oneida County AODA Coalition has been a member of the Northwoods Coalition since 2008. The Northwoods Coalition is a network of over 40 diverse community coalitions working together to promote effective substance abuse prevention through networking, advocacy, mentoring and leadership. Member coalitions join together through a non-governing board of directors, with representation from each member coalition. Marshfield Clinic Center for Community Outreach provides education, training, technical assistance, consultation and other resources to members of the Northwoods Coalition.

The Oneida County AODA Coalition receives additional technical and capacity support from the Positive Alternatives Coalition (PAC), a Drug Free Communities Support Grant recipient.

### **1.2. Drug Free Communities Support Grant and DFC Mentoring Grant**

The federal Drug Free Communities Support Grant is directed through the Office of National Drug Control Policy (ONDCP) in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA)<sup>2</sup>. This federal grant supports community coalitions with representatives from twelve sectors (youth, parents, media, law enforcement, schools, faith-based and fraternal

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<sup>1</sup> Oneida County Public Health Department (2006). Healthy People Healthy Oneida County, Community Health Plan 2007-2011.

<sup>2</sup> ONDCP and SAMHSA. (2009) Drug Free Communities Support Program: Overview. <http://www.ondcp.gov/DFC/overview.html>

organizations, health care professionals, and state, local and tribal government officials, plus interested community representatives) in improving coordination of local prevention efforts.

The Drug Free Communities (DFC) grant tracks impact of programming through “four core measures,” specifically 1) age of onset of use (if any), 2) use in last 30 days, 3) perceived risk of use, and 4) perceived parental approval of use of alcohol, tobacco, marijuana and other drugs. Impact is tracked through surveys of adolescents in grades 6 through 12. Funded coalitions are required to survey students every two years and report on these measures to the ONDCP.

Coalitions that are awarded funds under this grant are eligible to receive funding for five years, renewable up to ten years with re-application after the fifth year. The Positive Alternatives Coalition, a coalition established by the Great Lakes Inter-Tribal Council (GLITC) through the Wisconsin State Incentive Grant in 2003, is currently in its fifth year of the first round of funding. As an established coalition, PAC became the recipient of a DFC Mentoring Grant in 2009 to support the Oneida County AODA Coalition in developing its capacity as a coalition.

The Drug Free Communities (DFC) Mentoring grant is designed for coalitions that are currently recipients of the DFC grant to support the development of other community coalitions<sup>3</sup>. One of the end goals of the mentoring grant is to enable participating coalitions to apply for a federal Drug Free Communities grant. Through the mentoring grant, PAC and GLITC have provided support for coalition building, needs assessment and strategic prevention framework development. This report is the outcome of the needs assessment process as supported by the DFC mentoring grant.

### **1.3. Purpose of the Assessment**

The purpose of this assessment is to provide the Positive Alternatives Coalition and the Oneida County AODA Coalition with comprehensive baseline information that will enable the coalitions to make informed decisions regarding needs and opportunities relating to underage substance use and abuse in Oneida and Vilas Counties, including whether submitting applications for federal DFC grants, grant renewals, or other grants, is in the coalition’s best interests.

This report will examine current needs as determined through student and community surveys, qualitative community scans of alcohol and tobacco retail outlets, interviews with key community leaders and informants. This report is intended to be used by the Positive Alternatives Coalition and the Oneida County AODA Coalition in determining its place within the larger framework of community-based prevention and determining its role in addressing the gaps that still exist in community prevention work.

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<sup>3</sup> ONDCP and SAMHSA (2009) Drug Free Communities Support Program: Mentor Grant Program. [http://www.ondcp.gov/DFC/mentor\\_grant\\_progr.html](http://www.ondcp.gov/DFC/mentor_grant_progr.html)



## 2. ALCOHOL, TOBACCO, OTHER DRUGS AND YOUTH: BACKGROUND AND JUSTIFICATION

### 2.1. Northwoods and Oneida and Vilas Counties, Wisconsin

The “Northwoods” of Wisconsin is a region in Wisconsin defined by the Department of Natural Resources and the Applied Population Lab as a nine-county<sup>4</sup> area in north-central Wisconsin.

**The nine-county Northwoods Region of Wisconsin**



Source: Wisconsin SCORP Regional Demographic Profile: the Northwoods

The Northern Highlands ecological area within this nine-county further narrows geographical area encompassing Oneida and Vilas counties. According to the Wisconsin Land Legacy Report, this area is defined by the glacial kettle lakes and and pine and hardwood forests (DNR 2006). Many of these lakes and forests are preserved within over 250,000 acres of public lands.

**Northern Highlands Ecological Landscape**



Source: DNR Wisconsin Land Legacy Report, 2006

These features attract thousands of tourists annually, and the main industrial products are those that utilize natural resources (logging, paper mills, etc.). In general, the hospitality and leisure industry accounts for about 15% of the Northwoods region’s workforce jobs, and wood/paper industrial products account for another seven percent (Brockmiller 2008).

Tourism and seasonal properties are central to the economic and cultural make-up of Oneida County, Vilas County and surrounding counties in Wisconsin and the Upper Peninsula of Michigan. Over the years the area has gained a reputation as a place to relax and “have a good time.” Often, that “good time” and leisure is associated with consumption of alcohol and other substances.

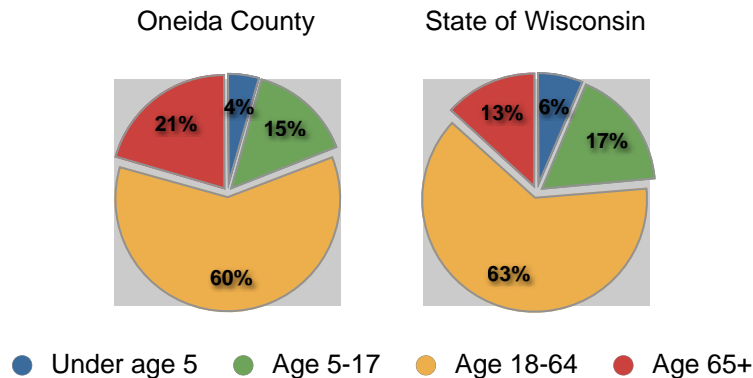
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<sup>4</sup> Florence, Forest, Iron, Langlade, Lincoln, Oneida, Price, Taylor and Vilas Counties

## 2.2. Demographics

### 2.2.1 Oneida County

According to the US Census 2006-2008 American Community Survey, the population of Oneida County is just over 36,000. One-fifth of the county's population is over the age of 65, which is nearly double the national percentage of 12.6%; the percentage of children under five is less than the national average.



There are nearly 4,500 families with children under 18 in Oneida County, but the average size of families is smaller than families in the state of Wisconsin as a whole (2.35 persons vs. 2.99 persons per family in the state), and on average, fewer Oneida County families have children under 18 living in the household (25.3% of families in Vilas County vs. 45.9% in the state). Fewer families with children under 18 results in decreasing school enrollments across the region.

The population of Oneida County continues to increase, but it is entirely as a result of in-migration of adults and retirees to the area. If the net in-migration were to cease, the population of the county would shrink, as the number of deaths in the county outnumbers the number of births (Brockmiller 2008).

These natural resource-rich rural communities attract seasonal visitors who establish second homes and who increasingly choose to permanently retire to the region. The demographic of Oneida County and surrounding counties is increasingly trending towards an elderly population. Oneida County is projected to have a steady increase in the age of the population. The median age in the 2000 census was 42 years, already six years above the state median age of 36 (SCORP 2004). The gap is expected to widen to a full seven years difference by 2030.

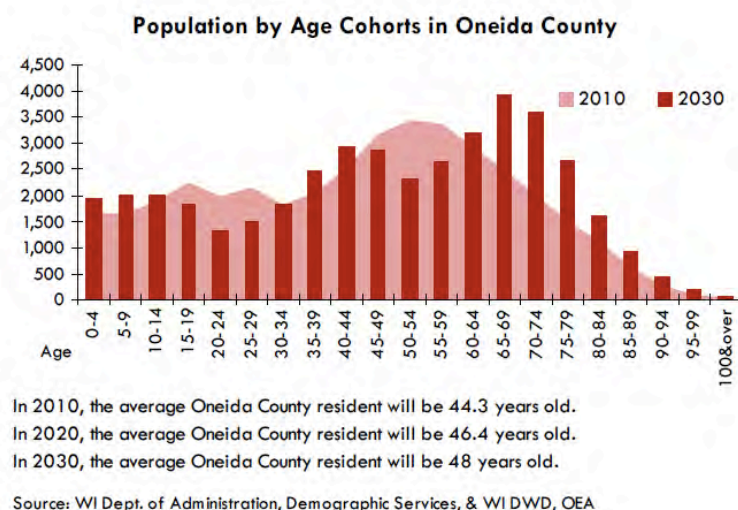
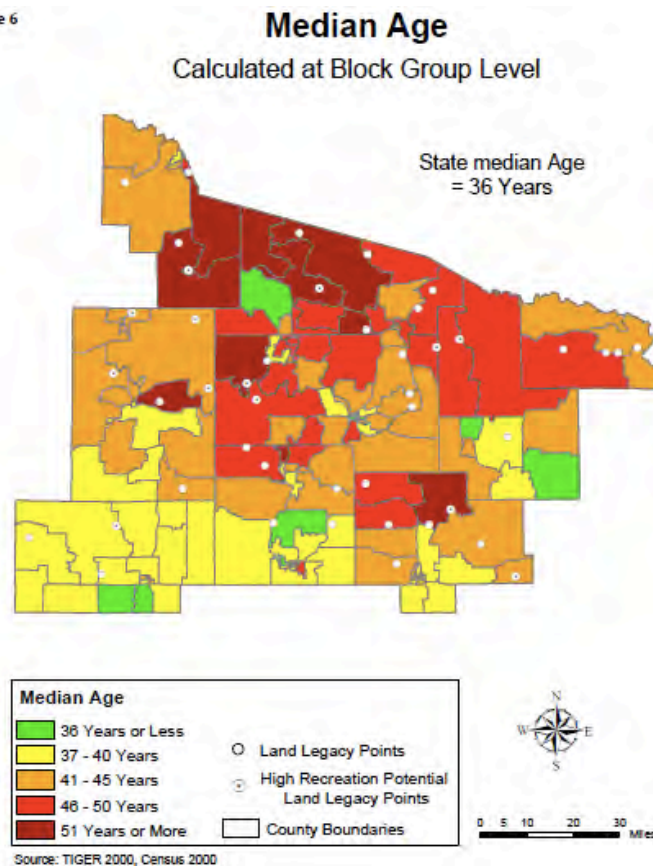


Figure 6



Source: Wisconsin SCORP Regional Demographic Profile: the Northwoods

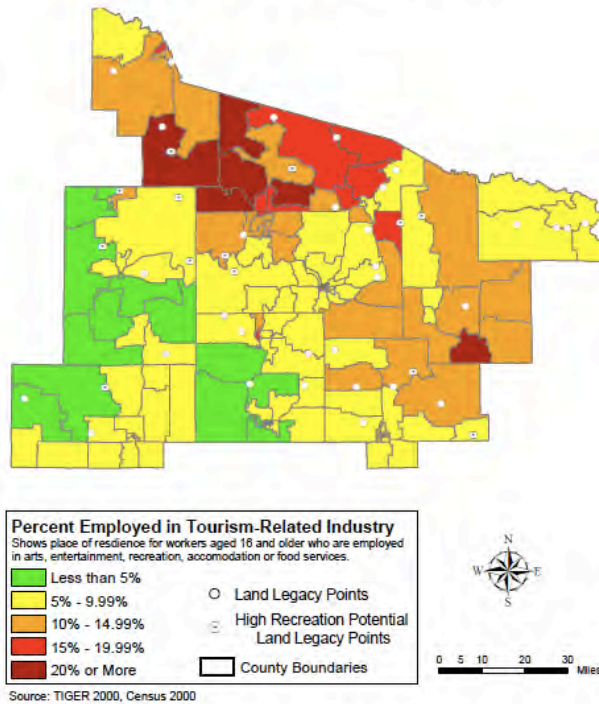
Another influence on the aging of the population is the continued trend of young adults leaving the area to pursue higher education and professions; they are not projected to return to the area as long-term productive workers (Brockmiller 2008, 1). The local population of young adults (ages 19-29) are usually involved in the part-time and seasonal employment market, which provides low and unstable wages and, while demanding little in the way of training or skills, also offers few opportunities for professional advancement.

Oneida County has a broader economic base in trade, transportation and utilities, than its northern neighbor of Vilas County. These sectors account for a quarter of the workforce and payroll, education and health for another quarter of the force and even more of the payroll, followed then by leisure and hospitality. (Brockmiller 2008). Yet, wages in the leisure and hospitality industry lag behind the other sectors, accounting for 13% of the labor force but only 5% of payroll receipts. Overall wages in Oneida County for all sectors are lower than Wisconsin as a whole.

Also, the concentration of sector employment shifts across regions within the county, creating differences at the block level as to where individuals are employed in the lower-wage tourism industry versus higher and more stable wages of the health, education and trade sectors (SCORP 2004). Rhinelander remains the center of most manufacturing, trade/transportation and health care jobs. The other larger population centers of Minocqua/Woodruff and Three Lakes have much higher rates of tourism industry employment.

### Tourism Industry Employment

Calculated at Block Group Level



Source: Wisconsin SCORP Regional Demographic Profile: the Northwoods

This translates into matching patterns in median household income, with population blocks near Rhinelander showing median incomes of \$40,000 or more in and lower outside of Rhinelander in the 2000 census. As distance from Rhinelander increases, the median age of the residents and median housing value also increases, demonstrating the duality of the county in a central industrial and trade focused city center surrounded by a retirement and tourism-based economy of the surrounding communities (SCORP 2004). This results in an increasing disparity between local, year-round residents in education and income, and those moving to the area as seasonal residents and, eventually, the retired population.

Compared to the rest of the state, the population of the region is more impoverished. Oneida County households make, on average, nearly \$7,500 less per year than households across the state. While the county has, on average, a higher percent of residents with high school and similar percent with college degrees, the regions within the county with the highest proportions of college educated persons are generally those with a median age over 46 years, indicating many of the college degree holders in Oneida County are retirees (SCORP 2004). The block groups immediately around Rhinelander (near the hospital, professional business centers, and the technical college) are the exception.

	Oneida County	Wisconsin	United States
Median Household Income	\$44,782	\$52,249	\$52,175
Adults 25+ High School Graduates	91.5%	85.1%	84.5%
Adults 25+ with bachelors degree or higher	21.2%	22.4%	27.4%

Source: Census 2008

### 2.2.2 Vilas County

According to the US Census 2006-2008 American Community Survey, the population of Vilas County is just over 22,000. One-quarter of the county’s population is over the age of 65, which is double the national percentage of 12.6%; the percentage of children under five is less than the national average.

There are approximately 2,600 families with children under 18 in Vilas County, but the average size of families is smaller than families in the state of Wisconsin as a whole (2.29 persons vs. 2.99 persons per family in the state), and on average, fewer Vilas County families have children under 18 living in the household (34% of families in Vilas County vs. 45.9% in the state). The impact of fewer children under 18 has been the decreasing school enrollments across the region.

The population of Vilas County continues to increase, entirely as a result of migration of adults and retirees to the area. If the net in-migration were to cease, the population of the county would shrink, as the number of deaths in the county outnumber the number of births (Brockmiller 2008). According to the Vilas County Workforce Profile, “Vilas County’s natural increase is much lower than either the state or nation but the net migration was more that four times higher than either the state or nation” (Brockmiller 2009).

These natural resource-rich rural communities attract seasonal visitors who establish second homes and who increasingly choose to permanently retire to the region. The demographic of Vilas County and surrounding counties is increasingly trending towards an elderly population. Vilas County has the oldest population in the region. The median age in 2000 was already above the state mean (46 vs. 36 years); some areas of the county already had an average age of 51+ years in 2000 (SCORP 2004).

Source: Vilas County Workforce Profile, 2008

Source: Wisconsin SCORP Regional Demographic Profile: the Northwoods

As the population continues to age, increasingly young adults leave the area to pursue higher education and professions and are not projected to return to the area as long-term productive workers (Brockmiller 2008, 6). The local population of young adults (ages 19-29) are usually involved in the part-time and seasonal employment market, which provides low and unstable wages and, while demanding little in the way of training or skills, also offers few opportunities for professional advancement.

While tourism numbers are difficult to track, 24% of all Vilas County employees are employed in the tourism industry (Brockmiller 2008). The population of seasonal visitors and second home-owners continues to grow. In Vilas County, nearly three in five housing units is considered “seasonal” housing, compared to fewer than one in ten across the state as a whole (SCORP 2004). This results in an increasing disparity between local, year-round residents in education and income, and those moving to the area as seasonal residents and, eventually, the retired population.

Compared to the rest of the state, the population of the region is less educated and more impoverished. Vilas County households make, on average, nearly \$10,000 less per year than households across the state. The percent of adults over the age of 25 that have a high school diploma is similar to the state and nation, but the percentage of adults with a four-year college degree is lower. The regions within the county with the highest proportions of college educated persons are those with a median age of 51 years or more and with a median income of \$40,000 or less, indicating many of the college degree holders in Vilas County are retirees.

	Vilas County	Wisconsin	United States
Median Household Income	\$41,184	\$52,249	\$52,175
Adults 25+ High School Graduates	85.4%	85.1%	84.5%
Adults 25+ with bachelors degree or higher	17.6%	22.4%	27.4%

Source: Census 2000

### 2.3. Schools and Education

According to the Wisconsin Cooperative Educational Services Agency (CESA), as of the 2008-2009 school year, there were approximately 1,610 students enrolled in eight middle schools, and 2,725 students enrolled in five high schools in Oneida and Vilas counties. There are also 930 home-schooled students in the CESA 9 area, which encompasses the 13 school districts in Vilas and Oneida counties as well as another 13 additional districts outside of these two counties.

In general, school populations have been decreasing across the area, both as a result of reduced natural population growth (smaller numbers of families and smaller family sizes after the Baby Boomer generation) and a general out-migration of young adults and in-migration of older adults and retirees. Young adults of child-bearing years leave due to a combination of lack of high-paying jobs and increasingly high land values creating a gap in affordable housing.

Local schools struggle to maintain adequate budgets to provide services under the current state funding formulas. Additionally, they have seen many state and federal dollars for prevention and substance abuse programming cut or eliminated. This, combined with staffing reductions and a renewed focus on academic performance have limited the schools' ability to provide staff or classroom time to substance abuse prevention education or intervention.

### 2.3.1. Student Surveys

In 2009, students in three of the five high schools and all of the middle schools in Oneida and Vilas counties participated in student surveys regarding youth risk behaviors, including substance abuse. Approximately one quarter of all students in the five area high schools (27% or 723 students) took the High School Youth Risk Behavior Survey (YRBS). The High School YRBS is designed to monitor high risk behaviors relating to safety, alcohol, tobacco, marijuana, other drugs, sexual activity, and protective factors (i.e., adult supportive relationships) among students in grades 9-12. This survey is administered to students in schools across the United States by the Centers for Disease Control (CDC) National Center for Chronic Disease Prevention and Health Promotion and throughout Wisconsin through the Department of Public Instruction every two years (in odd numbered years). National and state trends on select questions are published and made publicly available.

One of the three local high schools first administered the survey in 2007. The other two high schools used the YRBS for the first time in 2009. One local high school administers the Tri-Ethnic survey every three to six years; unfortunately the Tri-Ethnic and Youth Risk Behavior Survey are different enough to make valid comparisons nearly impossible. Inquiries indicate the remaining high school does not yet administer a risk or resiliency survey of any kind to its students.

All five middle schools in Vilas County and one middle school in Oneida County have participated in the Drug Free Communities (DFC) survey since 2006. The two remaining middle schools in Oneida County administered the Middle School version of the YRBS. Both surveys ask approximately the same questions and are generally comparable. The DFC survey represents approximately 37% of all students in grades 6-8 in Vilas and Oneida Counties, and the Middle School YRBS another 38.5% by the DFC, for a total of 76% of the middle school student population surveyed.

<b>% Student Population of Vilas and Oneida Counties participating in risk and resiliency surveys</b>					
<b>School level</b>	<b>YRBS (grades 6-8 or 9-12)</b>	<b>DFC (grades 6-8)</b>	<b>Other survey</b>	<b>No survey offered</b>	<b>Total Surveyed</b>
Middle School	37%	38.5%	0.0%	0.0%	75.5%
High School	27%	N/A	< 32.5%	18.5%	< 60%

Due to the lack of available trend data from the schools using the Middle School YRBS, only results from the DFC middle school survey will be examined in this report. The middle school survey sample is a much stronger sample than is available for area high school students. Unfortunately, national and state trend data is far more likely to be reported at the high school level than the middle school, so valid and reliable comparison to outside data is limited for the middle school level (Donovan 2007).

Student survey information would also be far more reliable and more convenient to analyze if all students at all schools were surveyed with the same survey tool on the same periodic basis. Nonetheless, the survey information available provides invaluable information on the general status of student risk behaviors.

## 2.4. Law Enforcement

In Wisconsin, the sheriff is an elected official with a term of four years. Each county elects a sheriff. The Sheriff's Departments in Oneida and Vilas counties provide police protection in areas not otherwise covered by a local police department or tribal enforcement agency as well as specialized investigative services within the county and region.

There are several legal jurisdictions in addition to the two sheriffs departments in Oneida and Vilas County. There are six local police jurisdictions, including Minocqua Police Department, Rhinelander City Police Department, Three Lakes Police Department, and Woodruff Police Department in Oneida County, and Eagle River City Police Department and Lac du Flambeau Tribal Law Enforcement in Vilas County. The Department of Natural Resources (DNR) maintains specialized law enforcement citation power in national and state forests.

Each department maintains independent citation authority within their jurisdiction, but submit the Uniform Crime Report as required to the Wisconsin Department of Justice. Citation data is reported through the Crime and Arrests Report, published yearly by the Wisconsin Office of Justice Assistance. In these reports, police and sheriff statistics are reported by jurisdiction while numbers for all state and federal lands are combined and reported as a single state-wide DNR number.

## 2.5. Hospitals, Mental Health services and AODA Treatment Options

Due to the lack of substance abuse treatment services, alcohol and drug detoxification is done at area hospitals. Between 2000 to 2007, the Oneida County rate for hospitalization due to drug and alcohol detoxification remained well above the state rate; the cost per capita for alcohol detoxification, while only half as much as was spent in neighboring Vilas County, was still nearly a third more than in Wisconsin as a whole (DHS 2008).

	Oneida County 2000-2007		Vilas County 2000-2007		Wisconsin 2000-2007	
	Rate	Cost per capita	Rate	Cost per capita	Rate	Cost per capita
Alcohol-related hospitalizations	3.8	\$26	6.7	\$49	2.5	\$16
Drug-related hospitalizations	1.1	\$9	1.4	\$12	0.7	\$5

	Oneida County 2007		Vilas County 2007		Wisconsin 2007	
	Rate	Cost per capita	Rate	Cost per capita	Rate	Cost per capita
Alcohol-related hospitalizations	3.4	\$31	7.2	\$63	2.2	\$20
Drug-related hospitalizations	1.0	\$10	2.1	\$23	0.7	\$6

Access to residential treatment services is extremely limited. There is one residential treatment center for adults located in the city of Rhinelander, which can be up to a 45 minute drive from the furthest parts of the county. Cost is prohibitive for those seeking residential services, as Wisconsin state law limits Wisconsin insurance coverage for residential treatment to \$6,000 per patient. Outpatient treatment services are being expanded slowly outside of the city of Rhinelander, but there is often a wait time.

Adolescent treatment services are available as outpatient only, most requiring travel time. The nearest inpatient treatment services are in Green Bay (150-175 miles one way), with waiting times for most admissions.

## 2.6. Social Characteristics and Tourism

Northern Wisconsin shares many of the characteristics of the state of Wisconsin as a whole. In the Milwaukee Journal Sentinel's series "Wasted In Wisconsin," they briefly outline some of the factors that influence the culture in Wisconsin around alcohol and substance use:

Climate. Ethnicity. The historical importance of the brewing industry. The interpersonal dynamics that govern how people learn to live comfortably in a group. The social nature of most drinking. A relative lack of newcomers who might foster change. The premium many here place on being just a regular person. The need for identity (2008).

If these are factors that influence Wisconsin as a whole, then Northern Wisconsin, with its greater climate extremes, less diversity, value of traditional ways of life, dependence on tourism and desire to be hospitable, and in-migration limited to those of retirement age compounds the effect locally.

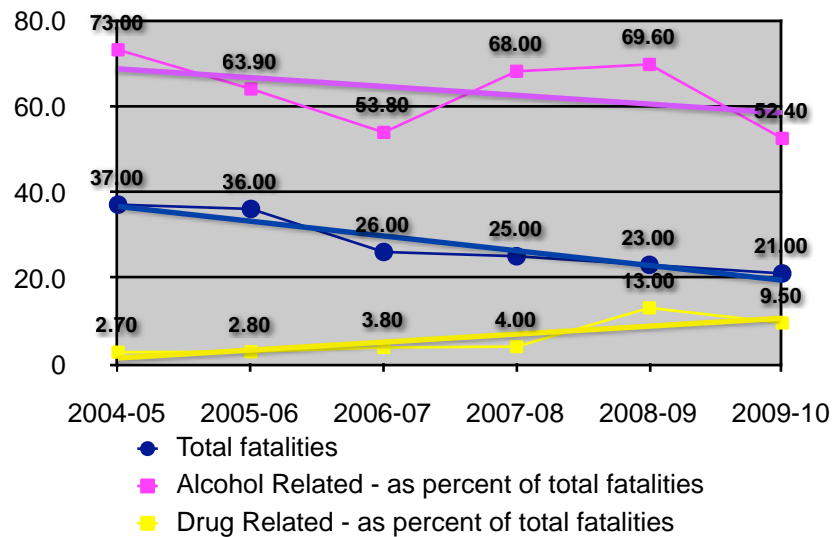
As stated earlier, much of the economy of the Northwoods revolves around the seasonal tourism industry. One indicator of this is the number of recreational vehicle fatalities in the Northwoods as compared to the rest of the state.

Overall, snowmobiling fatalities have declined steadily since reporting began in the 2004/05 season. This is in part attributable to increased awareness and safety education requirements for young snowmobilers, and enforcement on the trails.

Yet, one thing that has remained mostly consistent is the percentage of snowmobile fatalities that have alcohol involvement, state-wide. While alcohol is the main substance discussed by media in relation to recreational activities (notably snowmobiling and boating), increasingly drugs and prescription drugs are associated with recreational vehicle fatalities, often mixed with alcohol.

As demonstrated in the chart below, in the last two snowmobiling seasons (2008/2009 and 2009/2010) incidence of **drug** related fatalities have tripled and doubled respectively over the incidences in each season from 2004 to 2007 (DNR 2010). Statewide, fatal accidents that involve drugs do not count for a large number of accidents, but the percentage of all fatal accidents is increasing rapidly.

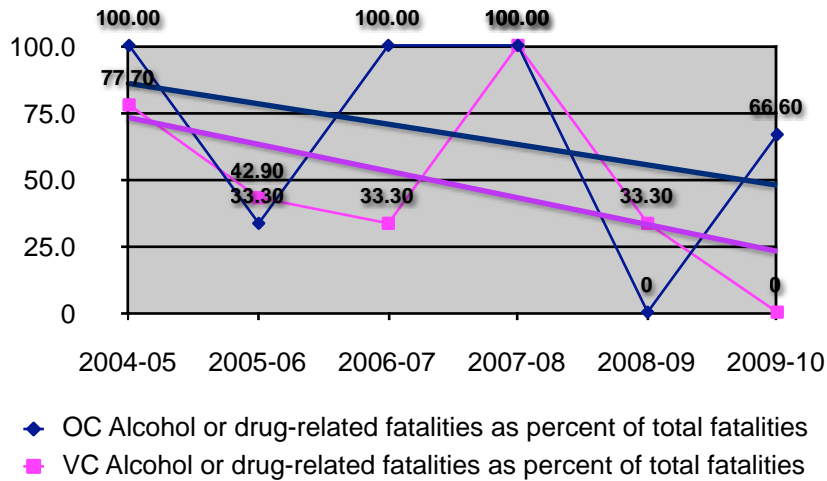
**Wisconsin snowmobile fatalities and percent alcohol and drug related as percent of total, 2004-2010**



Locally, Oneida and Vilas counties have traded the honors for the most snowmobile deaths in the state since reporting began in 2004-05, with Oneida County averaging just over 3 deaths (2.3, 74% drug or alcohol related) and Vilas just over 4 (again, 2.3, or 56% drug or alcohol related) per year. Although the rate continues to decrease, and there is a slight decrease in the percent of alcohol or drug related deaths as the total, there is still a notably high rate of snowmobile deaths attributable to alcohol.

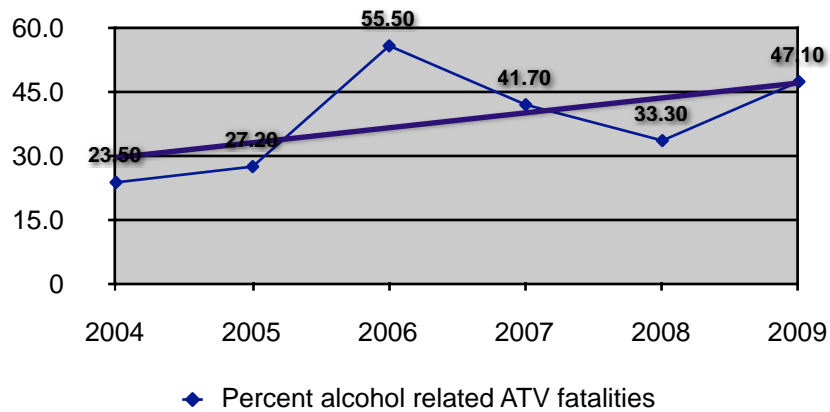


**Percent of snowmobile fatalities that are alcohol or drug related in Oneida and Vilas County, 2004-2010**

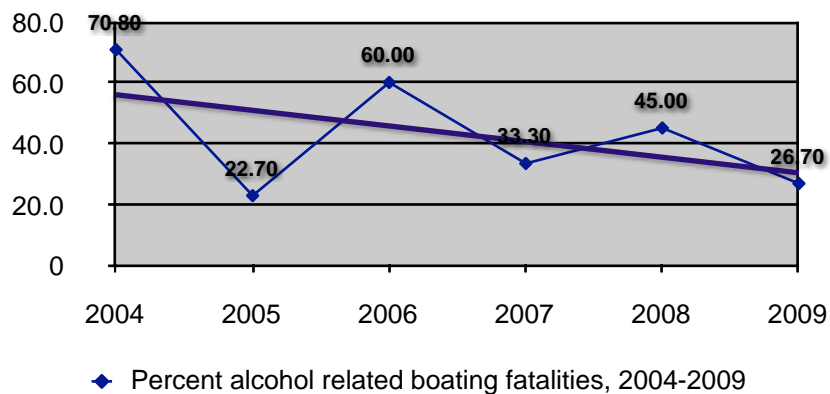


Statewide, trends are similar for boat and all-terrain vehicle (ATV) fatalities, though percent fatalities with alcohol involvement is generally less than with snowmobiles.

**Percent alcohol-related All-Terrain Vehicle fatalities, Wisconsin 2004-2009**



**Percent alcohol-related boating deaths, Wisconsin 2004-2009**



On average in the state, just over one third (36.6%) of the 101 ATV fatalities recorded between 2004 and 2009 were alcohol related, as compared to nearly two-thirds (64.3%) of snowmobile fatalities during the same time period.

Locally, ATV recreation is not as popular as snowmobile or boating, so the numbers of ATV fatalities recorded in Oneida and Vilas counties are negligible. For boating accidents, 60% of fatalities in Oneida and Vilas County are alcohol-related, much higher than the state average of 43% during the same time period.

<b>Percent recreational fatalities attributable to alcohol and/or drugs, 2004-2010</b>			
	<b>Snowmobile</b>	<b>Boating</b>	<b>ATV</b>
<b>Oneida County</b>	73.7%	60%	0%
<b>Vilas County</b>	56%	60%	0%
<b>Wisconsin</b>	64.3%	43%	36.6%

The role that alcohol, and increasingly drugs, is playing in local recreation activities establishes a base for the local community culture. People come here to enjoy the natural surrounding and the associated recreational activities. Local communities seek to extend hospitality and welcome to them. When alcohol and other substances are seen as an integral part of the mix, the result, as shown by the DNR statistics, is lives unnecessarily lost each year.

### 3. MAJOR SURVEY FINDINGS

Surveys of two major populations were used in this assessment: students and community members. Surveys of students at area schools forms a baseline understanding of what risk behaviors youth in our communities report engaging in and what risk they attribute to those behaviors. A second survey methodology was used to gain a base understanding of how adults in the community perceive youth behaviors and what level of motivation there is in the community to address the behaviors. Following are the major findings of the three survey tools.

The basic results from these three surveys are summarized here with a brief discussion. These surveys will be referred to throughout the remainder of the report with further data from these surveys used in context within each section.

#### 3.1. Drug-Free Communities (DFC) Survey: 6-8th grade

The Positive Alternatives Coalition (PAC) has been administering the DFC survey in all middle schools in Vilas County (plus one school in Oneida County<sup>5</sup>) since 2006. This survey provides the most consistent trend data for students in the two county area. However, there is limited amount of trend data for grades 6-8 available at the state or national level, so there is limited opportunity for comparison of local student trends to other population sets. Still, this information is an invaluable gauge of student behaviors in the Northwoods.

##### 3.1.1. Methodology

The DFC survey tool uses questions based largely on the Youth Risk Behavior Tool and is designed to specifically measure the “Four Core Measures” as required by the Drug Free Communities grant as follows:

- |             |                                                                                                                                                                                                              |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Alcohol     | <ul style="list-style-type: none"><li>• Age of onset of use</li><li>• Use in last 30 days</li><li>• Perceived risk of use of alcohol</li><li>• Parental approval/disapproval of use of alcohol</li></ul>     |
| Tobacco     | <ul style="list-style-type: none"><li>• Age of onset of use</li><li>• Use in last 30 days</li><li>• Perceived risk of use of tobacco</li><li>• Parental approval/disapproval of use of tobacco</li></ul>     |
| Marijuana   | <ul style="list-style-type: none"><li>• Age of onset of use</li><li>• Use in last 30 days</li><li>• Perceived risk of use of marijuana</li><li>• Parental approval/disapproval of use of marijuana</li></ul> |
| Other drugs | <ul style="list-style-type: none"><li>• Use in last 30 days</li></ul>                                                                                                                                        |

The survey is administered in the fall semester of the school year annually at six area middle schools using a Internet-based survey. All students in grades 6-8 at the schools are requested to take part in the survey. Parents can opt students out of the survey.

In 2009, 590 students in grades 6-8 at six area middle schools completed the survey, representing approximately 65% of the student population in grades 6-8 at these schools, and approximately one third of all middle schoolers in Oneida and Vilas counties. Division between grades was fairly equal, though there were slightly fewer 7th graders represented in the 2009 survey. Gender representation was equally divided between male and female respondents.

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<sup>5</sup> Minocqua Hazelhurst Lake Tomahawk (MHLT) in Minocqua, WI

### 3.1.2. Results

The following table summarizes the key results for the four core measures for the years 2006-2009.

Summary table: DFC Survey, 2006-2009				
	2006	2007	2008	2009
<b>Any use of alcohol, last 30 days</b>	15.5%	14.0%	19.6%	15.8%
<b>First use of alcohol before age 13</b>	39.0%	35.0%	41.7%	40.9%
<b>Any use of cigarettes, last 30 days</b>	3.6%	3.5%	3.2%	3.8%
<b>First smoked cigarettes before age 13</b>	11.9%	10.6%	9.9%	11.5%
<b>Any use of marijuana, last 30 days</b>	3.6%	3.4%	3.1%	3.2%
<b>First used marijuana before age 13</b>	4.4%	4.4%	5.3%	4.3%
<b>Any use of a street drug, last 30 days</b>	*	*	*	0.6%
<b>Any use of an inhalant, last 30 days</b>	6.8%	7.9%	5.2%	3.5%
<b>Any use of a prescription drug, last 30 days</b>	1.2%	1.2%	1.5%	1.2%

### 3.1.3. Discussion

The first notable trend is the decrease in the percent of students reporting inhalant use in the last 30 days. When PAC began working with middle school students, inhalant use was a main point of concern. Schools and PAC targeted programming at this issue. The rates of reported inhalant use have been cut nearly in half over the four years of programs.

Alcohol use, however, remains more or less steady over time, despite targeted programming.

The following table offers a comparison between the DFC survey of 6-8th graders, and Monitoring the Future (MTF) national survey of 8th graders.

Summary table: DFC Survey, 2006-2009				
	2006	2007	2008	2009
<b>Any use of alcohol, last 30 days</b>	15.5%	14.0%	19.6%	15.8%
<b>MTF any use of alcohol last 30 days - 8th grade</b>	17.2%	15.9%	15.9%	14.9%
<b>Any use of cigarettes, last 30 days</b>	3.6%	3.5%	3.2%	3.8%
<b>MTF any use of cigarettes last 30 days - 8th grade</b>	8.7%	7.1%	6.8%	6.5%
<b>Any use of marijuana, last 30 days</b>	3.6%	3.4%	3.1%	3.2%
<b>MTF any use of marijuana last 30 days - 8th grade</b>	6.5%	5.7%	5.8%	6.5%
<b>Any use of a street drug, last 30 days</b>	N/A	N/A	N/A	0.6%
<b>MTF any use of a street drug last 30 days - 8th grade</b>	0.8%	0.7%	0.7%	0.7%
<b>Any use of an inhalant, last 30 days</b>	6.8%	7.9%	5.2%	3.5%
<b>MTF any use of an inhalant last 30 days - 8th grade</b>	4.2%	4.1%	3.9%	3.8%
<b>Any use of a prescription drug, last 30 days</b>	1.2%	1.2%	1.5%	1.2%
<b>MTF any use of a prescription drug last 30 days - 8th grade</b>	2.2%	2.8%	2.5%	2.3%

In general, these students are at or below national survey results for similar risk behaviors. It is important to note, however, that these local results include 6th and 7th graders, who are generally less likely to engage in risk behaviors, while the MTF survey reports on 8th grade only. Thus, as when local survey numbers are equal to or a bit above national survey numbers (as with alcohol use), this highlights an area of potential concern. The same proportion of students in all of 6th, 7th and 8th grade report a using alcohol as only 8th graders nation-wide. This indicates either more students are in the 6th in 7th grade, or more 8th graders are drinking locally than nationally.

DFC-surveyed students do seem to be using cigarettes and marijuana at significantly lower rates than their national peers. As stated above, local efforts to reduce use of inhalants seem to have had an effect in bringing percentages down to national levels.

Measure of street drugs combines a variety of drugs (e.g., cocaine, methamphetamine, MDMA, etc.). Street drug and prescription drugs use among middle school students in Vilas County appears to be steady and lower than on the national survey.

### 3.2. Youth Risk Behavior Survey: Grades 9-12

The High School Youth Risk Behavior Survey is designed to monitor high risk behaviors relating to safety, alcohol, tobacco, marijuana, other drugs, sexual activity, and other protective factors (i.e., adult supportive relationships) among students in grades 9-12. It is administered every two years nationally by the Centers for Disease Control and Prevention (CDC) and in the state of Wisconsin by the Department of Public Instruction (DPI). There is trend data available at the national level dating back to 1991 and in Wisconsin since 1993.

#### 3.2.1. Methodology

Students in three of five high schools in Oneida and Vilas counties participated in the survey. The school with the largest student population administered the survey for the second time through the Wisconsin DPI. The Wisconsin DPI survey is administered through a computer-based system. The other two schools with markedly smaller student populations administered the survey using paper-based surveys. Some additional questions were included in the paper-based survey that were not included in the Wisconsin DPI version.

The three schools represented the range of schools in Oneida and Vilas counties. The largest school represented the most “urbanized” of the five schools with a total high school population of over 1000 students. The other two schools are rural schools with a total student population under 300. The student demographic of all high schools in the area largely reflects the homogenous white Caucasian demographic of the Northwoods. The one high school with a significant American Indian population uses the Tri-Ethnic survey, so students from that school are not represented here.

Each of the schools administered the survey in the fall semester of the 2009-2010 school year, between the months of October and December. Due to the small student populations, all students were invited to participate. Parents were able to opt their students out.

#### 3.2.2. Results

Approximately one quarter of all area high schoolers (27% or 723 students), or 54% of the student population of the three target schools in grades 9-12 completed the survey. For the purposes of this assessment, results will be reported according to the “Four Core Measures” area as used by the Drug Free Communities (DFC) Survey (Section 3.1), with additional results referenced later in the report.

Summary Table	
	YRBS Aggregate %
Lifetime alcohol use	66.3
Drink before the age of 13	26.6
Any alcohol use, last 30 days	32.5
Binge drinking, last 30 days	19.7
Lifetime cigarette use	41.1
Smoke before the age of 13	15.7
Any cigarette use, last 30 days	19.3
Daily cigarette use (every day for 30 days)	13.6
Lifetime marijuana use	24.8
Marijuana use before age 13	7.7
Any marijuana use, last 30 days	13.3
Any use of a street drug - lifetime	3.0
Any use of an inhalant - lifetime	10.5
Any use of a prescription drug - lifetime	17.9
* “Aggregate” is the combined percentage of the 3 participating high schools	

Lifetime history of alcohol use among high schoolers is high, with two of every three high schoolers taking the survey stating that they had tried alcohol (outside of religious practices and more than a couple of sips) at least once in their life. One in three had had alcohol in the last month, implying that of the students who try alcohol, approximately half continue to use on a reoccurring basis.

Students who have tried cigarette smoking is a quarter less than the number who have had alcohol. Yet, the percent of students that have ever smoked and have smoked in the last month is similar in pattern to that of alcohol use, with about half of all student who tried smoking report smoking in the last month.

Again, a similar pattern is seen for marijuana use: students who have ever used marijuana is less by a fifth than the percent of students reporting smoking; yet, the half of the students who have ever used marijuana used marijuana in the last month.

Of the other drugs reported on, inhalants and prescription drugs vastly outpaced all other street drugs in popularity. Lifetime prescription drug use is approaching rates of marijuana use.

### 3.2.3. Discussion

Trend data is not available for high schools as the survey has only been administered twice in one school district and once in the other two districts. Comparison to national and state data is the most useful basis for interpreting local behaviors.

Summary Table: High School Youth Risk Behavior Survey 2009			
	US %	WI %	Aggregate* %
Lifetime alcohol use	72.5	74.4	66.3
Drink before the age of 13	21.1	19.2	26.6
Any alcohol use, last 30 days	41.8	41.3	32.5
Binge drinking, last 30 days	24.2	25.2	19.7
Lifetime cigarette use	46.3	43.6	41.1
Any cigarette use, last 30 days	19.5	20.5	19.3
Daily cigarette use (every day for 30 days)	11.2	11.3	13.6
Heavy smoking (more than 10 cig. per day on days smoked)	7.8	6.2	2.5
Lifetime marijuana use	36.8	34.2	24.8
Any marijuana use, last 30 days	20.8	18.9	13.3
Any use of a street drug - lifetime	-	3.4	3.0
Any use of an inhalant - lifetime	11.7	9.6	10.5
Any use of a prescription drug - lifetime	-	20.5	17.9

\* "Aggregate" is the combined percentage of the 3 participating high schools

Interestingly, despite Wisconsin being a state known for binge drinking, high schoolers responding to the YRBS in Wisconsin don't report binge drinking at rates higher than in the nation, and rates for students in Oneida and Vilas counties are even lower than state-wide. It may be argued that by introducing youth to alcohol at a young age teaches them to manage their alcohol more wisely as they grow older, resulting in binge drinking rates in high school lower than national or state averages. This would be a dangerous assumption.

Studies have shown that onset of drinking before the age of 13 is associated with alcohol related problems ranging from use of other drugs to alcohol related violence, drinking and driving, work difficulties, depression and long-term alcohol and drug abuse (Gruber 1996, Hanna 1999). With the advance in technology, a multitude of studies have been done on the impact of alcohol on the developing brain. Pre-adolescent and adolescent brains are sensitive to changes in the stressor and stimuli, and exposing those regions to drugs and alcohol rewires the way they react later in life (Spear 2000). These changes appear to be extremely age-sensitive, as the studies referenced above also indicate that simply delaying alcohol use until the age of 13 or older can significantly reduce the risk for these behaviors.

Early alcohol use and heavy drinking are associated with significantly increased risk for alcohol-related problems in adulthood. If a 12 year-old begins drinking, the child has a two in five chance of developing alcohol dependence in their life; an 18-year-old's risk is reduced to one in five, and a 21-year-old's risk is only one in ten (Brown 2002).

With two thirds of high schoolers in Oneida and Vilas counties saying they have already consumed alcohol in their lifetime, and at least a quarter reporting drinking before the age of 13, fifteen percent of area youth will develop alcohol dependency in their lifetime.

Further, there might be reason to suspect the student responses about binge drinking in this survey. Students were surveyed in the late fall of the year, possibly in a time between popular periods for heavy drinking: homecoming festivities and deer hunting. If students were surveyed at a different time of the year, binge drinking and numbers reporting drinking in the last 30 days might be different.

Finally, there are some indications upon closer analysis of those students completing paper-based surveys, that those students who do drink drink heavily and drink often, indicating an intensity in behavior, even if it is not as prevalent across the entire student population. Based on results of the paper-based survey, three quarters (75%) of the students who reported drinking in the last 30 days also binge drank, more than half on three or more occasions. Very few students who use marijuana report not drinking or smoking, and the students that are the heaviest users of marijuana are also those students that have lifetime history of other illegal drug use.

There is an opportunity to use this national and state trend comparison data as a point of positive attributes of the local high school population. If used appropriately, this type of information can be used to develop positive social norms among all students, but particularly those students at the critical age of 12-14, when the transition from middle school to high school is beginning and the point where most risk behaviors begin.

However, the major point of concern in these numbers is the high percentage of students reporting first consuming alcohol before the age of 13. Each school independently had a percentage of students first drinking before the age of 13 beyond the state percentage, indicating a consistent area of concern across the towns and school districts in Oneida and Vilas counties.

The high percentage of students beginning to drink before the age of 13 is consistent with the DFC survey finding of 6-8th grade students (generally students under the age of 13) reporting consuming alcohol in the last 30 days at rates equal to the national rate for 8th grade alone.

Comparing responses from the high school and middle school surveys can also demonstrate certain trends in behaviors between younger and older students.

<b>Comparison Table: Behaviors High School YRBS vs. Middle School DFC</b>		
	<b>YRBS 2009 %</b>	<b>DFC 2009 %</b>
<b>Drink before the age of 13</b>	26.6	40.9
<b>Any alcohol use, last 30 days</b>	32.5	15.8
<b>Smoke before age of 13</b>	15.7	11.5
<b>Any cigarette use, last 30 days</b>	19.3	3.8
<b>Marijuana use before age of 13</b>	7.7	4.3
<b>Any marijuana use, last 30 days</b>	13.3	3.2
<b>Any use of a street drug - lifetime</b>	3.0	0.6
<b>Any use of an inhalant - lifetime</b>	10.5	3.5

As we would expect, most of the indicators for students in grades 6-8 are markedly lower than those for students in grades 9-12. Yet, the one that does stand out is the number of students reporting that they had consumed alcohol, more than just a couple of sips, before the age of 13.

One might intuitively expect that if nearly half of students in grades 6-8 report drinking alcohol then by the time they are in high school, response rate would be consistent. However, according to John Donovan of the University of Pittsburgh, a variety of studies have shown this is not the case for self-reported age-onset response for older adolescents and adults (2007). Children are more likely to accurately report the age of an onset of a recent behavior than adolescents or adults attempting to recall the age they first began.

So, in this case comparing percent response of high school and middle school students to the same question may be problematic. Following a single cohort of students (i.e., monitoring survey responses from 6-8th graders in 2006 as they age to 10-12th graders in 2010) may not also be useful, since according to these studies, those students would be expected to report an older age of onset over the years.

Unfortunately, there is extremely limited national or state data for sixth to eighth grade students. Donovan argues there is need for monitoring children’s experience with alcohol before the age of 12, as this is both a critical developmental period and a period that goes relatively unmonitored in standard survey reporting.

Locally we have the results from the DFC survey, as reported above, and also results from two other schools that administered the Middle School Youth Risk Behavior Survey. Both surveys asked about age of onset of alcohol use, but the rate or response for use before age 13 was markedly different.

Use of alcohol before age 13 and 10, 6-8th grade DFC vs. Middle School YRBS		
	2009 DFC	2009 MS YRBS
Drink before age 13	40.9%	22.7%
Drink before age 10	24.3%	12.0%

Again according to the article by Donovan, there is a great variety in the types of questions asked and in the response from the students in middle school surveys across the U.S. and internationally. There may be some question about how the wording of the question was presented. In the DFC survey, students are asked:

**How old were you when you first had more than one or two sips of beer, wine, or hard liquor (for example: vodka, whiskey, or gin)?**

The YRBS survey question reads:

**How old were you when you had your first drink of alcohol other than a few sips?**

Both surveys specify that any questions about alcohol are other than alcohol used for religious purposes. Yet, nearly one quarter of students responding to this question select “10 or younger” as the age they first drank alcohol, compared to half that many taking the Middle School YRBS. There may still be some confusion among these middle school students about what constitutes an “alcohol drink.”

For our purposes, it will be critical to encourage schools to continue monitoring this trend at the local level. So far students in the DFC survey are remarkably consistent in their responses. The Middle School YRBS has only been administered locally once (twice at one school), so trend data is not yet available for these schools.

A closer analysis of the individual schools taking the DFC survey does demonstrate there are specific schools within the cohort whose students respond at higher levels. This will be a point for discussion within the coalition and with these schools to identify local factors influencing student responses or behavior.

Student attitudes towards the perceived risk of different substances and the perception of parental approval/disapproval of use of different substances is influential in directing adolescent attitudes and



behavior. The table below demonstrates local responses to perceived risk and parental approval/disapproval of use of different substances.

<b>Comparison Table: Attitudes - Student perception of risk and parental condonation High School YRBS vs. Middle School DFC</b>			
	<b>DFC 2009 %</b>	<b>YRBS 2009 %</b>	<b>NSDUH* 2007 %</b>
<b>Alcohol</b>			
<b>Great risk from binge drinking</b>	34.3	28.5	40.0
<b>No risk/slight risk from binge drinking</b>	26.5	26.1	-
<b>Parents feel alcohol use is a very wrong / wrong</b>	81.7	64.2	93.8
<b>Parents feel alcohol use is a little bit wrong / not at all wrong</b>	12.5	24.2	-
<b>Not sure how parents feel about alcohol use</b>	5.7	10.2	-
<b>Tobacco</b>			
<b>Great risk from tobacco use</b>	72.1	66.1	69.3
<b>No risk/slight risk from tobacco use</b>	7.0	10.8	-
<b>Parents feel tobacco use is very wrong / wrong</b>	94.0	83.3	95.8
<b>Parents feel tobacco use is a little bit wrong / not at all wrong</b>	3.4	9.4	-
<b>Not sure how parents feel about tobacco use</b>	2.6	5.4	-
<b>Marijuana</b>			
<b>Great risk from marijuana use</b>	73.2	28.6	34.2
<b>No risk/slight risk from marijuana use</b>	8.5	31.8	-
<b>Parents feel marijuana use is very wrong / wrong</b>	95.0	90.7	96.9
<b>Parents feel marijuana use is a little bit wrong / not at all wrong</b>	2.9	5.8	-
<b>Not sure how parents feel about marijuana use</b>	2.4	2.9	-
* NSDUH: National Survey on Drug Use and Health, Office of Applied Studies, Substance Abuse and Mental Health Administration (SAMHSA) <a href="http://www.oas.samhsa.gov/2k9/159/ParentInvolvementHTML.pdf">http://www.oas.samhsa.gov/2k9/159/ParentInvolvementHTML.pdf</a>			

In these surveys, students' perception of risk of alcohol use and tobacco use remain fairly consistent from middle school to high school. However, when compared to national data, perception of risk of binge drinking is markedly lower for local students than it is national-wide. Rates for smoking are consistent. While it may be noted that students in the local high schools are not reporting higher rates of binge drinking than the state or national average, the students that do binge drink may drink even more heavily as their perception of the risk is much lower than the already low national numbers.

Additionally, local students generally believe their parents think it "less wrong" for them to drink than across the nation as a whole. This difference could potentially be greater as the national data only reports on percent of students believing their parents would "strongly disapprove" of their behavior, while these statistics include two categories: believing their parents would think it "wrong" and "very wrong" for them to engage in these behaviors.

Interestingly, the perception that marijuana poses "great risk" to "no or slight risk" is a drastic shift between the middle school survey and the high school survey, with almost a third of high school students perceiving little or no risk to marijuana use. Yet the perception that their parents would not approve of them using marijuana remains high, at levels similar to the national survey.

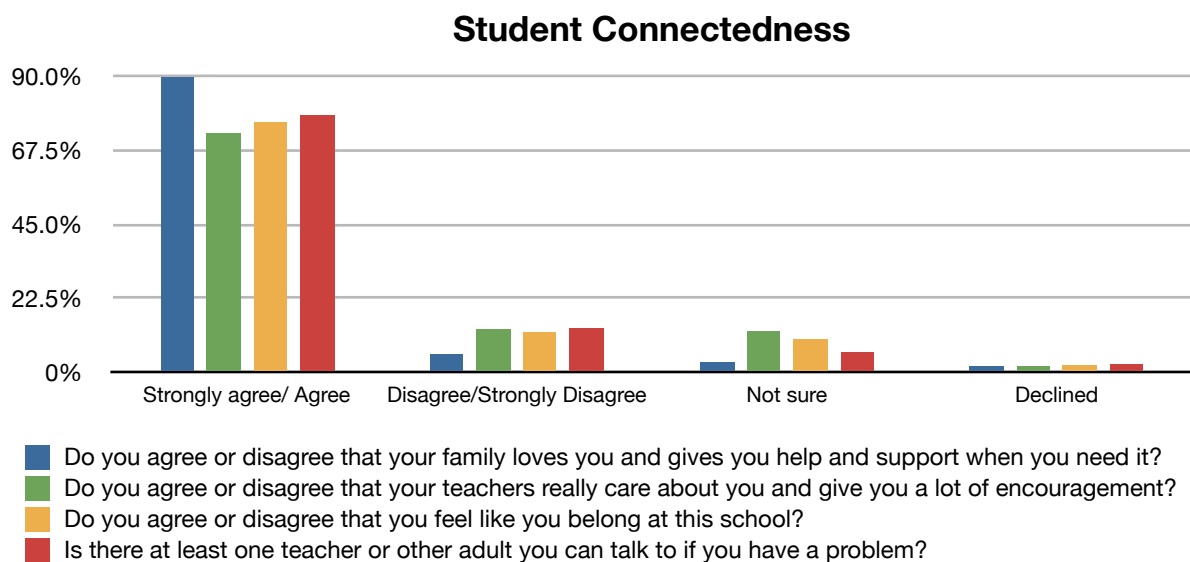
There is variation in the tobacco data, but not to the extent of alcohol or marijuana. These differences are more consistent with differences in age.

The role of families (especially parents) and community (especially schools) in influencing youth tendencies towards substance abuse has been widely studied and documented. Parents are considered as the primary factor in shaping their children's behavior, both positive and negative, in regards to alcohol and substance use; children who's parents warn them off of using drugs are less likely to use drugs, but children who are in conflict with their parents or see their parents modeling or even simply do not discuss alcohol or drug use are more likely to use substances (Halaevalu 2001). Delinquency

and substance abuse in school and other social settings is lower among children that have a strong bond with their parents, and in a circular association, there is a positive relationship of attachment to school on parental relationships (Liska 1985, Simons 1991).

Among students asked if they agreed or disagreed that their family loves them and gives them help and support when they needed it, an overwhelming majority (89.7%) responded either “strongly agree” or “agree.” The point of note is that positive relationships with parents *do not* indicate lower levels of alcohol or drug use. Nearly all students who reported the highest levels of marijuana and other drug use or alcohol use in the last 30 days all gave positive responses to this question. However, it does indicate an opportunity for parents to have an influence on their children’s behavior.

Slightly fewer students (72.6%) responded that they felt like their teachers really cared and gave them encouragement. Reaction among those students reporting alcohol, marijuana or other drug use still trended positive, but was far more mixed than about their feelings towards their parents. A similar number of students (76% and 78% respectively) said they felt like they belonged at their school and that they knew of at least one other adult other than their parents they could go to if they have a problem.



Still, with far more than a majority of students expressing their positive connection to family and schools, there is a strong foundation in the local communities for developing a coherent message that can truly impact youth attitudes and behavior. Studies have shown that youth will be influenced by these factors, and it is the choice of the adults in the community what the outcome of that influence will be.

These surveys offer an invaluable insight to the attitudes and behaviors of local students. Perception of risk and parental attitudes establishes a baseline for measuring shifts in cultural and social norms over time. Education measures that provide fact-based information to students and communications skills to parents is key to prevention programming (Palmgreen 2006). This is the type of education that can simultaneously impact both adolescent attitudes and behavior.

### 3.3. Community Perception Survey

Regardless of the actual extent of a problem in a community, success of an intervention is contingent on the motivation of the community to respond to the problem. If the community does not perceive that there *is* a problem, the likelihood that they will be motivated to actively participate in an intervention is low. Indeed, an intervention could create a backlash from within the community that would undermine productive outcomes.

To this end, a community perception survey was developed and administered to the residents of Oneida and Vilas counties in an attempt to gauge the level of awareness and support for interventions relating to alcohol, tobacco and other drug issues.

#### 3.3.1. Methodology

This survey was developed by selecting questions from tools used in past community surveys and questionnaires from WI and MN state departments of health.

The survey was distributed in both electronic (using Survey Monkey) and hardcopy formats. Paper copies and signs informing residents of Vilas and Oneida County about the survey were placed in public locations throughout the two counties. Media releases were used to publicize information in newspaper, on local radio and television news. Surveys were available between October 26 and December 18, 2009.

517 surveys responses were collected, 221 from Oneida County, 232 from Vilas County, and 64 from Forest, Iron, Lincoln, Price or Rusk counties.

**Limitations:** As the survey was not administered using statistically accurate sampling methodology, the results of this survey cannot be considered to be representative of the opinion of Oneida and Vilas counties as a whole. Survey response was entirely voluntary. Survey responses should be considered as the opinion of the survey respondents only.

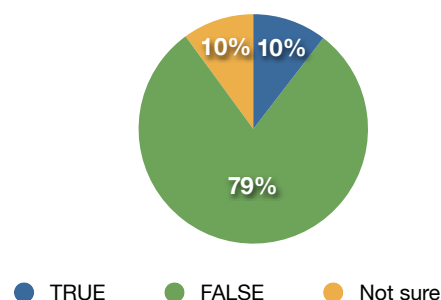
#### 3.3.2. Results

**Demographics:** Total response to the survey represented approximately one percent of the total population of the two counties (517 total responses recorded). Half of all responses came from those who self-identified as Vilas County residents, 47% from Oneida. Approximately one quarter of responses came from those under the age of 30, another quarter from those between ages 40 and 49, a third from ages 50 to 59, and the remaining 20% were those aged 60 or older. Response was also balanced among those with children under 12, those with children between 12 and 21, children over 21, and those with no children.

**Knowledge:** The first question read was a question about knowledge. The question read: “True or false, under current Wisconsin statues, it is legal for parents to serve alcohol to their children’s underage friend in their home if they have the permission of the other children’s parents/guardians.”

While the majority of responses (80%) gave the correct answer of false, one in five respondents selected “True” (10%) or “Not sure” (10%).

**Legality: serving children’s friends - Total, Vilas and Oneida Counties**



**Underage Drinking:** The vast majority (93%) of survey respondents in Oneida and Vilas counties believe it is either “very common” or “common” for youth to consume alcohol at unsupervised gatherings; 44% believe parents provide the alcohol consumed at underage parties.

Another overwhelming majority (97%) of survey respondents identified adult friends and siblings as a source of the alcohol for underage youth; 93% identified parents not monitoring the supply of liquor in their homes as a source.

Most respondents (96% and 88% respectively) identified youth perception of alcohol use as “cool” and the general availability/accessibility of alcohol as the main reasons for drinking.

**Intervention for underage drinking:** Most (95%) of survey respondents said increased parental involvement and 89% said increased adult education would be an effective means of addressing underage drinking.

On the opposite end, only 25% thought a lowered legal drinking age, 49% eliminate sales of alcohol at community events, and 56% tracking keg ownership would reduce alcohol use among underage youth.

**Tobacco:** 77% of respondents in Oneida and Vilas counties identified cigarette smoking as a “serious” or “very serious” problem among youth; 5% were unsure.

66% believed chewing tobacco was a problem; 11% were unsure.

41% believed the use of new smokeless tobacco products (e.g., Camel Orbs, Snus, etc.) was a problem; 40% were not sure.

51% of respondents thought retailers selling tobacco products to underage youth is a problem, and 51% believed inadequate compliance checks were a problem; 19% were unsure for both questions.

Again, most survey respondents (92%) identified increased parental involvement in prevention efforts as a primary way to reduce tobacco use.

**Prescription drugs:** Top prescription drugs identified as being abused in Oneida and Vilas counties (more than 100 responses each): OxyContin, Ritalin, Vicodin, and Codeine.

24% of respondents did not know or were unsure of the prescription drugs abused in their community.

75% of respondents identified “stealing from friends or family” and “buying or trading” as major means of obtaining prescription drugs.

30% of Oneida County respondents identified town/county prescription drug collection as a preferred means of disposal compared to only 18.5% of Vilas County respondents.

92% of respondents identified increased awareness of prescription drug misuse and monitoring personal prescriptions as means to reduce prescription and other drug abuse.

**Other drugs:** The following table summarizes the survey respondents’ perception of ease of obtaining other drugs.

<b>Perceived ease of obtaining illegal drugs in Oneida and Vilas counties</b>		
	<b>% believe “easy” or “very easy”</b>	<b>% don’t know or not sure</b>
<b>Marijuana</b>	88	8
<b>Prescription drugs</b>	82	8
<b>Fake a disorder to get prescription for drugs</b>	55	16
<b>Other drugs</b>	75	14

### 3.3.3. Discussion

The inherent difficulty in a survey such as this is questions directly addressing underage drinking behavior could not be asked in the same way they are on the Youth Risk Behavior Survey, and there is more room for interpretation of responses. Perception is not fact, except by the way people respond. How people think about an issue will define how they will act.

Only one question was asked that addressed actual knowledge on an issue, but the response to that question is worth examining. Survey respondents were asked, “True or false, under current Wisconsin statutes, it is legal for parents to serve alcohol to their children’s underage friends in their homes if they have the permission of the other children’s parents/guardians.”

Under current social host laws, it is not legal in Wisconsin for adults to serve alcohol to any underage person other than their own child or underage spouse. Yet, 10% of survey respondents answered “true” and another 10% were unsure of the answer to this question, meaning one in five of persons taking the survey were not clear on state social hosting laws. Simply not understanding laws could lead to situations when adults provide alcohol to underage drinkers in part because they are not aware of the laws or the consequences to those laws.

Following on that, nearly all (97%) survey respondents identified other adults as sources of alcohol for underage youth, be it through direct purchasing or through indirect means such as not monitoring the liquor supply at home. This corresponds with school survey responses in which most students who drank (75%, and 81% of binge drinkers) said they either got the alcohol they drank by giving a legal-aged person money to purchase it for them, or they were given alcohol by another person.

This type of direct education to change social norms has been standard practice for many years. The main shift in these social marketing campaigns has been to target adults instead of exclusively educating youth. Nearly all respondents to the survey said increased adult education (89%) and increased parental involvement in prevention efforts (95%) would be the most effective means of preventing underage drinking.

Many of the effective social marketing education and prevention efforts in recent years have shifted focus away from youth and on to the adults that provide the alcohol. The “Parents Who Host Lose the Most” seeks to raise awareness of the consequences of being a “social host” in providing alcohol to underage drinkers. Other campaigns, such as “Be The Wall” between kids and alcohol, specifically send the message to adult audiences about being clear, firm and consistent in refusing to provide or allow underage drinking.

One of the most effective social marketing campaigns has been the push to eliminate underage smoking in the last 20 years. This campaign used both adult education through social marketing and normative changes as well as environment changes that restrict youth access to tobacco (e.g., compliance checks on sales, increased enforcement of tobacco laws, etc.). As a result, teen smoking rates have dropped, and according to the local student surveys, students in Oneida and Vilas counties are smoking at rates lower than the national or state averages.

Yet, adult respondents to the perception survey don’t immediately see the same benefit to applying similar environmental strategies to alcohol. While nearly all respondents said adult education and involvement would help reduce underage drinking, only half said eliminating alcohol sales at community events and just over half said tracking keg ownership would be effective.

Adults are still concerned about smoking among youth, and the community perception survey demonstrated a gap in understanding of teen behaviors. Only 5% of respondents were uncertain about cigarette smoking among teens, but the number doubled to 11% for chewing tobacco. Finally, among the new products (i.e., Orbs, Snus, sticks and strips), 40% were not sure if they were a problem among teens or not. These new products demand continued effort in community education to prevent teens from switching to these products and to raise community awareness about the attractiveness of these products to those underage.

Again, most respondents saw parental involvement as a primary means of preventing youth tobacco use.

Prescription drugs are an emerging drug threat in the Northwoods region of Wisconsin. Despite a quarter of survey respondents unsure or did not know which specific drugs are most abused in the county, more than 100 responses each identified the top four as OxyContin, Ritalin, Vicodin and Codeine.

According to the Northcentral Drug Enforcement Group (NORDEG), Methadone is the number one most seized prescription drug in 2009, followed by hydrocodone (Lortab), yet neither were among the top four identified. This may indicate that the major prescription drug abuse and drug seizures is currently within the traditional “drug user” circles (as methadone is a synthetic opioid used as a replacement for heroin in addiction recovery), but those identified by survey respondents are an indication of the emergence of the prescription drug problem into the wider populations and the media coverage of problems such as ADHD medication abuse among schools students.

According to the local enforcement authorities, the prescription drug problem is rapidly evolving out of these traditional drug user circles and into the wider community. Increasingly there is little demographic division in prescription drug use and abuse. Sources for these prescription drugs, according to NORDEG, is largely forged or altered prescriptions, but the survey respondents and general public are becoming more sensitive to individuals stealing prescriptions from family members and increasing rates of burglary and property crimes associated with prescription drugs. Three quarters of survey respondents saw “stealing from friends or family” and “buying or trading” as a major means of getting prescription drugs.

Finally, there was a significant difference in Oneida and Vilas Counties respondents to means of disposal of unused prescription medications. Nearly a third (30%) of Oneida County residents reported using a town/county prescription drug collection as their preferred means of disposing of unused prescription medication. Yet only one fifth (18.5%) of Vilas County respondents gave the same answer. This indicated the need for expanded public prescription collection and disposal programs in Vilas County; however, as of April 2010, a new anonymous drop program has been begun in Vilas County. It will be interesting to note any impact of this program in future surveys.

#### 4. SUBSTANCE ABUSE IN ONEIDA AND VILAS COUNTIES

Alcohol, tobacco, marijuana and other drugs are all available, used and abused in the Northwoods of Wisconsin, including Oneida and Vilas counties, though prevalence of individual substances varies widely in different parts of the county.

Alcohol is widely accepted as the primary substance of concern in northern Wisconsin. Respondents<sup>6</sup> to a community perception survey administered in the fall of 2009 in Oneida and Vilas counties identified alcohol as the primary substance of concern from among alcohol, tobacco, marijuana, prescription drug abuse and other drugs by a wide margin.<sup>7</sup>

Substance	Rank selected	Percent selecting rank
Alcohol	1	63.8%
Tobacco	2	29.4%
Prescription drugs	2	28.0%
Marijuana	3	35.7%
Other drugs	5	52.4%

Drug and alcohol citations vary widely over time and among the different jurisdictions in Oneida and Vilas counties. Due to the small populations in the community, a single large incident in a year will cause citation rates to vary widely (from a rate of zero to the hundreds per 100,000 population) in from one year to the next.

Comparing drug and alcohol arrest data at the local jurisdiction level may not be the most useful, but some interesting information can be gained from examining the county trends. In both Oneida and Vilas counties the rate of juvenile liquor law violations is, on average, above the state rate of approximately 771 arrests per 100,000 juvenile population. Oneida County averages 999 and Vilas County 935 per 100,000 juvenile population.

Rates of Juvenile Drug and Alcohol Violations, average 2006, 2007, 2008								
Drug Violations per 100,000 juvenile population			Liquor law violations per 100,000 juvenile population			OWI Violations per 100,000 juvenile population		
Oneida	Vilas	WI	Oneida	Vilas	WI	Oneida	Vilas	WI
398	277	365	999	935	771	67	21	50

Also, the percent of juvenile arrests for drug offenses has been fairly consistent from 2006 to 2008, at about 5% in Oneida County and about 7% of all arrests in Vilas County. These are both above the state percentages of about 4.6% during this time. Rates were consistent for adult arrests, with Oneida County averaging 5% of all arrests as drug arrests and Vilas County at 7%.

Further detail on the specific drug-type arrests is given in Appendix A. The table below demonstrates that in general adults in the Northcentral Drug Enforcement Group (NORDEG) area are arrested primarily on marijuana violations (69% of all drug arrests), while youths are nearly evenly divided between marijuana (42.9% of all drug arrests) and pharmaceutical violations (40.9% of all drug arrests). Notably, pharmaceuticals only account for 15.1% of all drug arrests for adults.

<sup>6</sup> 517 responses, 2% age <19, 8% age 20-29, 15% age 30-39, 25% age 40-49, 33% age 50-59, 18% age 60+

<sup>7</sup> 68.3% ranked alcohol number one must pressing issue in the community; 29.4% selected tobacco and 28.0% selected prescription drugs as number 2, 35.7% chose marijuana as number 3

Type of Drugs in Arrests, Juvenile vs. Adult Oneida and Vilas Counties, NORDEG 2009		
Drug Type	% Juvenile Drug Arrests	% Adult Drug Arrests
Marijuana	43	70
Pharmaceuticals	41	15
Cocaine/Crack	0	4
Heroin	8	5
Methamphetamine	0	1
Club Drugs	2	1
Other drugs	6	4

Additional information from the State Forest Rangers adds another dimension to the situation. State, and National Forest citations are reported to the state through the DNR as one single number, so citations given on state or federal lands are not included in county totals above.

The Northern Highland-American Legion State Forest covers more than 225,000 acres, mainly in Vilas but also in Oneida and Iron counties. In a private communication from Shawn Jones, Law Enforcement Ranger, the 2009 State Forest citation statistics were described more fully. As stated in the communication, “alcohol cases are primarily underage possession/consumption...there are a few procuring, absolute sobriety, and open intoxicant in a motor vehicle cases included...”

Of interest is the number of citations given within the forest that went to court.

	Oneida County Citations			
	Number of Citations by State Forest Rangers, 2009			Other Jurisdiction Juvenile Violations**
	Local	Visitor	Total	2008
Alcohol*	4	19	23	28
Drug	4	10	14	25

\* total juvenile liquor law violations and juvenile OWI violations;

\*\* total juvenile alcohol and drug arrests by Oneida County Sheriff, Rhinelander City PD, Minocqua PD, Three Lakes PD, Woodruff PD

When compared to the total number of liquor law/OWI and drug violations in the entire county (sheriff’s department, town and city police) combined, the citations given on State Forest land could be considered to increase the total number of citations given in a county by nearly one half. For drugs, citations from the State Forest would almost double the total drugs arrests made in Vilas County.

This is particularly telling because a large number of the campgrounds in the Northern-Highlands Forest are in the relatively small area of the forest located in Oneida County. There isn’t any indication of which part of the forest most arrests are occurring in, but it does reinforce the strong ties between local recreation activities and the consumption of alcohol.

The state does not differentiate the number of citations given to local residents or visitors for sheriff or police. Yet the large number of underage visitors that are cited for violations in State Forest land is an indication of the culture that attracts and engages the visitors to the area. Even for our underage and drug-consuming tourist population, there is a perception of a culture of **availability** (substances are procurable), a culture allowing **access** (they can get it), a culture of **affordability** (they are able to purchase it), and a culture of **attractiveness** (they come here to partake in it).

In the following sections we will examine the categories of substances (Alcohol, Tobacco, Marijuana and Other Drugs) by their relative *availability*, *accessibility*, *affordability*, and *attractiveness* youth in Oneida County communities.



## 4.1 Alcohol

### 4.1.1. Availability

Alcohol is by far the most widely available substance in Oneida County. According to a ranking published by the Milwaukee Journal Sentinel, the top six counties for number of taverns licensed to sell alcohol per 10,000 persons are in the north central and north eastern regions of Wisconsin surrounding Vilas and Oneida counties. Vilas County ranks third with 62.9 licensed taverns per 10,000 population, and Oneida County ranks fifth in the state with 48.6. (JS Online 2008)

County	Population	Tavern Licenses per 10,000 Residents	Rank of Tavern Licenses per 10,000 Residents
Iron	6,307	1,253	1
Florence	4,768	71.3	2
Vilas	22,083	62.9	3
Price	14,465	58.1	4
Oneida	36,243	48.6	5
Forest	9,807	46.9	6

When all liquor licenses (class A, class B, class A/B, class C, beer licenses, not including special event licenses) for restaurants, bars, wineries and retail outlets are included, the number of licenses increases to 76 per 10,000 per population in Oneida County, or one license for ever 132 residents, and more than 85 per 10,000 population or fewer than 120 persons per licensed establishment in Vilas County. In both counties there is at least one retail outlet every four and a half square miles.

County	Number of licensed taverns per 10,000 persons	Number of liquor licenses per 10,000 persons	Ratio Liquor licenses : People	Outlet density
Oneida County	48.6	76	1 : 132	1 outlet every 4.5 m <sup>2</sup>
Vilas County	62.9	> 85	1 : < 120	> 1 outlet every 4.5 m <sup>2</sup>
Wisconsin	18.7	40	1 : 250	1 outlet every 2.4 m <sup>2</sup>
Nation	N/A	7	1 : 1500	1 outlet every 16.7 m <sup>2</sup>

The high numbers of liquor licenses per resident is, in part, due to the vast increase in summer population. Summer population, inclusive of seasonal residents and short-term visitors, fluctuates widely. While this does decrease the number of licenses per capita, it also results in competition among restaurants and outlets to attract customers in the short time they are in the communities.

A high density or prevalence of commercial sources of alcohol in a community has been noted to be correlated with higher numbers of alcohol fatalities; however, simply having low density or prevalence (as demonstrated by “dry” counties with no licensed alcohol sales legally permitted), low prevalence of commercial outlets can lead to an increased incidence of traffic accidents due to residents driving longer distances while intoxicated (Schulte, 2003).

### 4.1.2. Access

Also, another factor must be considered along with simple availability of alcohol. Alcohol may be widely available in the community, but if administrative, social and community policies are in place to limit those under a legal age from accessing alcohol, then youth can be protected from many of the harmful effects. While most of the research into underage persons accessing alcohol have focused on college populations, there are opportunities to extend these findings to general underage populations. (Wechsler, 2002, Toomley 2007)

Youth access to alcohol has long been considered a problem in northern Wisconsin. Of all students surveyed in grades 9-12, one-third self-reported some amount of alcohol use in the last 30 days. This means at least one out of three high school students were able to gain access to alcohol. Students in grades 6-8 reported alcohol use at approximately half the rate of high schoolers in the previous month, so at least one in six middle schoolers had access to alcohol.

Indeed, students in grades 6-8 in Vilas County were asked, if they wanted to, how hard they believed it would be to get alcohol. Nearly half (43%) of all students answered “very easy” or “sort of easy.” Of those that had consumed alcohol in their life, half (49%) said it was very easy to get alcohol the last time they drank it, and another quarter (23%) said it was sort of easy. Nearly three quarters of middle schoolers believe accessing alcohol is not difficult.

Sources of alcohol for underage drinkers are not a mystery to the public. High school students who reported drinking in the past month were asked where they got their alcohol. They said: they were given alcohol by another person (51%), they gave a person of legal age money to buy it for them (27%), they took it from a store or another place (5%) or by some other means (16%).

Overall, those answers correlated strongly with adult perceptions of where young adults get their alcohol. On the Community Perception Survey, 97% of respondents identified adult siblings or friends a source of alcohol; 93% believed that parents not monitoring their home liquor supply as a means of access for underage drinkers. In countless informal conversations, in stories about adolescence and experimenting with alcohol and other substances, or from questioning students and community members themselves, there is much agreement with both student and perception survey results.

Communities can take steps towards formalizing social, community and administrative policies that can limit youth access to alcohol. Using the University of Minnesota Alcohol Epidemiology Program’s “Policies to Reduce Youth Access to Alcohol” as a guide (2009), these are some factors that might influence youth access to alcohol in Oneida County.

Policy and Justification (University of Minnesota, 2009)	Status in Oneida and Vilas Counties
<b>Social Policies</b>	
<p><b>Beer Keg Registration:</b></p> <ul style="list-style-type: none"> <li>• Beer kegs are often a main source of alcohol at teenage parties; kegs may encourage drinking larger quantities of beer</li> <li>• Keg registration is a tool to identify and punish adults who buy beer kegs for underage youth</li> </ul>	<p>There is currently no requirement for keg registration in Oneida or Vilas County.</p> <p>According to the Community Perception Survey administered in Vilas and Oneida counties, 56% of respondents felt that keg registration would help reduce underage access to alcohol.</p>
<p><b>Alcohol Restrictions on Public Property:</b></p> <ul style="list-style-type: none"> <li>• Alcohol restrictions on public property control the availability and use of alcohol at parks, beaches and other public spaces. Restrictions can range from total bans on alcohol consumption to restrictions on the times or places at which alcohol can be consumed.</li> <li>• Underage drinking may occur in a variety of unsupervised places such as parks, beaches, cemeteries, or parking lots. Prohibiting or restricting alcohol consumption in these public spaces will likely make it easier for police to prevent or break up underage drinking parties.</li> </ul>	<p>Each municipality and authority independently regulates drinking public places within their jurisdiction. County, State and Federal laws apply to County, State and Federal lands. Towns regulate use of alcohol within public places in towns.</p> <p>State parks have jurisdiction and citation authority over the State lands and campgrounds. Open container and OWI laws apply to all motorized vehicles and citations can be given by the DNR or police. One third of all citations given to underage users of alcohol in Oneida and Vilas counties were given on State Forest land.</p> <p>86% of respondents to the Community Perception Survey felt that drinking associated with local recreation activities contributed to underage drinking.</p>

Policy and Justification (University of Minnesota, 2009)	Status in Oneida and Vilas Counties
<b>Social Policies</b>	
<p><b>Alcohol Restrictions at Community Events:</b></p> <ul style="list-style-type: none"> <li>• Alcohol restrictions at community events include policies that control the availability and use of alcohol at public venues, such as concerts, street fairs and sporting events. Such restrictions can be implemented voluntarily by event organizers or through local legislation.</li> <li>• Alcohol restrictions at these events can range from a total ban on alcohol consumption to the posting of warning posters that detail the risks associated with consuming alcohol.</li> <li>• At community events, underage youth may easily get alcohol by buying it directly or by having friends over 21 buy it for them. One study showed that youth were able to purchase alcohol in 50% of attempts at community festivals.</li> </ul>	<p>Due to the seasonal tourism-based economy, Oneida and Vilas County communities host a large number of community events.</p> <p>Many community events have alcohol available or are sponsored by popular alcohol companies. Licensing is controlled by the local municipality (towns or cities). Event organizers must apply for and gain approval from the town board to receive an event alcohol license. The fees are usually nominal.</p> <p>There are relatively few environmental interventions for limiting youth access to alcohol at festivities, such as a 21-or-older alcohol tent, double roping of a cordoned drinking area (to prevent passing of drinks) or a two-drink purchase limit.</p> <p>Few respondents to the Youth Risk Behavior Survey reported getting the alcohol they drank in the last 30 days at a public or sporting event. However, the survey was administered in the fall of the year, while most public events take place in the summer.</p> <p>Respondents to the Community Perception Survey ranked elimination of alcohol sales at community events as 12th out of 13 methods given to reduce underage drinking.</p>

Policy and Justification (University of Minnesota, 2009)	Status in Oneida and Vilas Counties
<b>Social Policies</b>	
<p><b>Social Host Liability:</b></p> <ul style="list-style-type: none"> <li>• Under social host liability laws, adults who serve or provide alcohol to minors or persons who are intoxicated can be held liable if the person who was provided alcohol is killed or injured, or kills or injures another person</li> <li>• In some states, social host liability is covered under dram shop law. Dram shop liability refers to a drinking establishment's potential financial liability for serving alcohol to an intoxicated or underage person who later causes injury to a third party. However, dram shop law normally only covers commercial service and not private parties.</li> <li>• Surveys of youth show that the most common sources of alcohol are the young person's own home or from persons over the age of 21 who purchase alcohol for them.</li> <li>• Some adults believe underage drinking is just part of growing up and therefore think it is acceptable to give alcohol to underage people.</li> </ul>	<p>Wisconsin has no "dram shop" laws.</p> <p>However, "social hosts" (non-commercial providers of alcohol) can be held liable if an underage person injures or kills another person after becoming intoxicated. This extends to "purchasing alcohol for, or giving alcohol to, the underage person or by the conscious act of contributing money towards their purchase of alcohol," however, this does not include adults who do not provide but knowingly allow drinking to take place on their own private (non-commercial) property. (Mays 2009)</p> <p>In Wisconsin, persons under the age of 21 are permitted to possess or consume alcohol if they are with a parent, legal guardian, or spouse over the age of 21.</p> <p>On the Community Perception Survey, when asked <i>"True or False: under current WI Statutes, it is legal for parents to serve alcohol to their children's underage friends in their homes if they have the permission of the other children's parents/guardians."</i> 13% of Oneida County respondents said "True" and another 5% were unsure. Compared to residents of Vilas County, Oneida County respondents were nearly half again as likely to answer "True." While it is legal for an adult to drink with his or her underage children or spouse in Wisconsin, one in five survey respondents were not clear that this law does not extend to other underage persons.</p> <p>93% of survey respondents believe it is common or very common for youth to drink alcohol at unsupervised gatherings, but only 44% believe it is common or very common for adults to provide alcohol to children.</p> <p>Yet, 97% of survey respondents believed that adult friends and/or siblings as a primary source of alcohol consumed by underage individuals; 93% said that adults not monitoring their supply of alcohol in the house was an opportunity.</p> <p>Most middle school and high school students taking the Drug Free Communities or Youth Risk Behavior Surveys in Oneida and Vilas counties that reported drinking in the last month reported that they were given alcohol or gave a legal-aged person money to purchase the alcohol they drank.</p> <p>The majority (74%) of Oneida County Community Perception Survey respondents disagreed with the idea that "underage drinking is just a phase youth pass through."</p>

Social policies are largely the responsibility of local municipalities, public land jurisdictions, and tribal and county government. This can create layers of complexity and confusion when a variety of jurisdictions different policies, yet it can also create opportunity for advocating for specific changes at the local level.

Another difficulty can occur when policies that are in place are not or cannot be enforced due to time or budget restrictions on the part of the various jurisdictional enforcement agencies. As local leaders make difficult decisions about which priorities areas need to be focused on, information about local teen behavior and the effectiveness of policy enforcement in prevention can make use of limited funds more effective.

A comprehensive and specific list of recommendations for actions that municipalities can take in response to limiting youth access to alcohol and mitigating the harmful impacts of alcohol on a community are outlined in the State of Wisconsin's State Council on Alcohol and Other Drug Abuse Alcohol, Culture and Environment (ACE) Workgroup Recommendations, available from [http://www.law.wisc.edu/rcid/news/ace\\_final.pdf](http://www.law.wisc.edu/rcid/news/ace_final.pdf) (2010).

Most campaigns in the United States against underage drinking have switched from focusing on targeting teenagers with the underage drinking and have begun targeting their parents and any person of age that might provide alcohol to minors. These social norms campaigns emphasize the role adults play in enabling and preventing underage alcohol use.

With up to one in five survey respondents answering "true" or "not sure" to the social hosting true/false question on the Community Perception Survey, a priority area for Oneida and Vilas counties would be the improvement of understanding of what social host laws exist in the state and what the penalties are for providing alcohol in their homes.

### **Campaigns targeting adults**

The "Parents Who Host Lose the Most: Don't Be a Party to Teenage Drinking" campaign is designed to raise adult awareness of the impact, legally and morally, of social hosting around population "party" periods of Prom, Graduation and, occasionally, Homecoming. This campaign enables local communities to use a variety of visibility and media resources as well as community town hall meetings and other public information meetings to increase public awareness of the penalties of providing alcohol and to provide information on how to ensure youth are not drinking.

Other states have initiated other campaigns targeting specific adult behaviors that enable youth to access alcohol. These include anti- "shoulder-tapping" campaigns. "Shoulder-tapping" or "Hey Mister" approaches are when youth approach adults and ask them to buy alcohol for them. One example of this type of campaign comes from the Oregon Liquor Control Commission: "Alcohol for Teens? I Don't Buy It." This campaign used mass media to remind adults that purchasing for underage persons who approach them is not only socially irresponsible, but legally could risk jail time and large fines. (More information on this campaign available at <http://olccblog.blogspot.com/2009/07/campaign-targets-adults-buying-alcohol.html>)

We currently do not have local statistics or information on how often strangers are asked to purchase alcohol for minors in northern Wisconsin. However, both student and community perception surveys indicate that teenagers get the majority of the alcohol they drink from adults. Broader based campaigns that target all adults (not just parents) may be more appropriate for northern Wisconsin. One such campaign in Florida instructs adults to "Be The Wall" between minors and alcohol. This applies to parents, older siblings, friends, commercial providers and any adult that has access to alcohol and potential contact with minors. (More information on this campaign is available at <http://www.bethewall.org>)

Policy and Justification (University of Minnesota, 2009)	Status in Oneida and Vilas Counties
<b>Commercial Policies</b>	
<p><b>Administrative Penalties:</b></p> <ul style="list-style-type: none"> <li>• An administrative penalty is a legal mechanism that allows a local governing body to penalize alcohol license holders for failing to comply with state laws or local ordinances relating to sales of alcoholic beverages</li> <li>• The time and expense associated with prosecuting alcohol-related laws through the court system may discourage some communities from enforcing them.</li> <li>• An administrative penalty ordinance allows a local government to establish and enforce standards of behavior among alcohol licensees within its jurisdiction.</li> <li>• Administrative penalties may encourage alcohol licensees to create establishment policies and practices that discourage the sale of alcohol to underage youth.</li> </ul>	<p>Each municipality and authority within Oneida and Vilas counties independently determines their use of administrative penalties for enforcing compliance. At this time it is not know what individual procedures are in place in each of the 21 municipalities and state and county forest lands.</p>
<p><b>Minimum Age of Seller:</b></p> <ul style="list-style-type: none"> <li>• Age of seller policies require that servers and clerks at alcohol establishments be of a minimum age in order to serve or sell alcohol.</li> <li>• State laws specify a minimum age for employees who sell or serve alcoholic beverages in a licensed establishment.</li> <li>• Several studies indicate that younger employees are more likely than older employees to sell to underage youth and intoxicated patrons.</li> </ul>	<p>In Wisconsin, underage persons can sell, dispense or give away alcoholic beverages if they are of the age of 18 or older.</p> <p>In Wisconsin it is possible for a person age 18 or older to obtain an operator's license; if they do not have their own operator license they must be supervised by a licensee, agent or adult member of the licensee's family.</p>

Policy and Justification (University of Minnesota, 2009)	Status in Oneida and Vilas Counties
<b>Commercial Policies</b>	
<p><b>Checking Age Identification:</b></p> <ul style="list-style-type: none"> <li>• These guidelines may reduce illegal sales of alcohol to underage youth: <ul style="list-style-type: none"> <li>• Encouraging employees to refuse to sell alcohol to any customer who does not have a valid ID showing he/she is 21 or older.</li> <li>• Increasing employees' detection of fake IDs.</li> </ul> </li> </ul>	<p>The Wisconsin Department of Revenue reminds licensees to ensure they check IDs of those wishing to drink in their establishments. It encourages licensees to “Become familiar with current valid driver’s licenses and IDs. Compare the questioned ID with a standard, like your own ID. Be suspicious if it looks like the card was altered or tampered with, if it is discolored, or if any of the letters, logos, or photos are poorly applied or partially missing. Do not accept ID’s you’re unfamiliar with. See Publication 302, Wisconsin Alcohol Beverage and Tobacco Laws for Retailers, for ID checking guidelines.” (WDR, 2009)</p> <p>In local, informal surveys of alcohol retailers and restaurants/taverns in Vilas County, ID checking habits, signage and enforcement varied widely. The majority of places posted “We ID” signs and many had “how to spot fake ID signage for their employees. Some also posted signs about refusal to serve those they felt were intoxicated. Generally retail outlets were more likely to request photo identification on a regular basis. These surveys were informal and should in no way be construed to be a form “compliance check” on these businesses.</p>
<p><b>Compliance Checks:</b></p> <ul style="list-style-type: none"> <li>• A compliance check is a tool to identify alcohol establishments that sell alcohol to underage youth.</li> <li>• Compliance checks can be used for two purposes: <ul style="list-style-type: none"> <li>• Enforcement: To enforce state criminal statutes, local administrative ordinances, or both.</li> <li>• Educational: To identify, warn, and educate alcohol establishments that serve or sell alcohol to underage youth.</li> </ul> </li> <li>• In many communities, youth are able to purchase alcohol at commercial outlets. Several studies show that in communities where there is little or no enforcement, individuals who look younger than age 21 can buy alcohol without showing age identification in 45-50% of their attempted purchases</li> </ul>	<p>Law enforcement jurisdictions in Oneida County include: Oneida County Sheriff’s Department, Rhinelander City Police Department, Minocqua City Police, Three Lakes Police, and, to a small degree, the State and Federal Forest warden system.</p> <p>Law enforcement jurisdictions in Vilas County include: Vilas County Sheriff’s Department, Eagle River City Police Department, Lac du Flambeau Tribal Law Enforcement, and the State Forest warden system.</p> <p>Currently there are no organized, cross-county, cross jurisdictional programs for underage alcohol compliance checks in Oneida County. There is no reporting on compliance checks as there are with tobacco sales compliance checks.</p>

Policy and Justification (University of Minnesota, 2009)	Status in Oneida and Vilas Counties
<b>Commercial Policies</b>	
<p><b>Alcohol Home Delivery Restrictions</b></p> <ul style="list-style-type: none"> <li>• Home delivery restrictions regulate liquor stores that offer delivery of alcoholic beverages to personal residences. A home delivery policy may: <ul style="list-style-type: none"> <li>• Prohibit or ban the delivery of alcohol to residential addresses.</li> <li>• Place restrictions on home deliveries.</li> </ul> </li> <li>• Underage youth use home delivery services to purchase alcohol. Ten percent of 12th graders and 7% of 18- to 20-year-olds in 15 midwestern communities reported that they obtained alcohol through delivery services in the last year.</li> <li>• Home delivery sales are unsupervised. Delivery persons may have less incentive to check purchasers' age identification when they are away from the licensed establishment</li> </ul>	<p>Wisconsin does not allow home deliveries.</p> <p>According to the Wisconsin Department of Revenue: "Sales by retailers of alcohol beverages must occur at the licensed premises, with the buyer and seller face-to-face at the time of sale. Wineries that possess a wine direct shipper's permit from the state may make sales and deliver directly to customers without the customer having to be at the premises." (WDR, 2009)</p>
<p><b>Responsible Beverage Service Training</b></p> <ul style="list-style-type: none"> <li>• RBST, also known as "server training," refers to educating owners, managers, servers and sellers at alcohol establishments about strategies to avoid illegally selling alcohol to underage youth or intoxicated patrons.</li> <li>• Training can be required by local or state law, or a law/ordinance may provide incentives for businesses that undergo training. In addition, some individual establishments may voluntarily implement training policies in the absence of any legal requirements or incentives.</li> </ul>	<p>Wisconsin requires a four-hour, one-time responsible server training for all who hold alcohol licenses. Courses are offered by vocational and technical training schools. They are also increasingly offered online.</p> <p>While licensees are required to have had training, servers and other employees are not mandated to have this training.</p>
<p><b>Warning Posters:</b></p> <ul style="list-style-type: none"> <li>• Alcohol warning posters are notices or signs located in alcohol establishments that provide information related to the legal, social, and health consequences of alcohol use. Posters may be required by state or local law, or used voluntarily by alcohol establishments.</li> </ul>	<p>Wisconsin has no requirement for posting warnings or other signage for alcohol licensees.</p> <p>However, it was observed during an informal survey that most commercial alcohol retailers displayed a "We ID" poster.</p> <p>There are also no limits on alcohol advertising or other promotional signage.</p>

Overall development of commercial policies are largely regulated at the state level, though some administrative penalties can be instituted by local administrative bodies. Yet, enforcement of these larger policies does remain largely the responsibility of local authorities and law enforcement jurisdictions.

Informal conversations among visitors to the Northwoods and during visits to other states often illicit surprise at the infrequency of ID checks in northern Wisconsin. Many retailers abide by the "card anybody who appears to be under 30," but many people note how few bars or restaurants routinely follow the ID policy locally. More than simple laziness or disregard for a policy, there seems to be a sense that requesting an ID as a potential point of confrontation that might offend a welcome customer.



Compliance checks are another means of enforcing a policy that largely falls on the local law enforcement to carry out. Yet, as has been shown with tobacco, using underage agents attempting to purchase an illegal item is a good way to educate about and enforce commercial policies that are in place. This type of program requires cooperation of the local municipality government as well as the police or other law enforcement agency with community advocacy and action groups.

Policy and Justification (University of Minnesota, 2009)	Status in Oneida and Vilas Counties
<b>Community Institutions</b>	
<p><b>The role of civic groups in reducing youth access to alcohol</b></p> <ul style="list-style-type: none"> <li>• Civic groups, such as Rotary Clubs, Kiwanis Clubs, and VFWs, can play an important and visible role in reducing underage drinking, not only within their own institutions but also in the wider community.</li> <li>• While [educational] efforts are good tools for educating parents and other community members, they should be supplemented with strategies that will effectively reduce youth access to alcohol and change other factors in the community that contribute to underage drinking (i.e., lack of positive social opportunities, etc.).</li> <li>• Strategies for reducing youth access to alcohol               <ul style="list-style-type: none"> <li>• Adopt policies and practices to prevent underage alcohol use at civic club functions, fundraisers, and events.</li> <li>• Implement community service activities in collaboration with civic organizations.</li> <li>• Work with alcohol merchants in the community to prevent alcohol sales to youth.</li> <li>• Participate in the planning of community festivals and other events.</li> <li>• Donate money and/or sponsor fundraisers for prevention organizations.</li> <li>• Encourage compliance checks.</li> <li>• Educate city council members on policy-level solutions to keep alcohol away from teens.</li> <li>• Recruit community support for the passage of local ordinances to reduce youth access to alcohol through public speaking and media advocacy activities.</li> </ul> </li> </ul>	<p>There has been limited involvement in the Oneida County AODA Coalition, the Positive Alternatives Coalition (PAC), the Vilas County Youth Coalition and the new Association for Substance Abuse Prevention (ASAP) group of members of some civic groups.</p> <p>This involvement has not spread to include large numbers or necessarily to influencing the activities of a civic group in Oneida or Vilas County as a whole.</p> <p>The strength of local civic groups has been a benefit to the community at large. The broad membership and the involvement of a diverse retirement community could greatly benefit local prevention organizations in their efforts to educate the general public and the political and decision-making community.</p> <p>The participation of many retailers and service providers in these organizations could provide strong leadership in role modeling a social norm in the community. By setting a strong example in development and enforcement of policies, local civic groups and their members would represent the expectations local business owners have for responsible serving and entertaining.</p>
<p><b>What Colleges Can Do</b></p> <ul style="list-style-type: none"> <li>• Underage drinking on college campuses continues to be a significant problem nationwide. Underage alcohol use is associated with numerous problems including unintentional injuries, assault, risky sexual behavior and rape.</li> <li>• The role of colleges in reducing youth access to alcohol. Colleges, as institutions, have legal and assumed duties to ensure that students' conduct does not create a foreseeable risk to other students.</li> </ul>	<p>Neither Oneida nor Vilas County have 2 or 4 year college campuses within its jurisdiction.</p> <p>Nicolet Area Technical College in Oneida County is the nearest post-secondary institution. It is a non-residential campus. The campus is a smoke-free campus and has held programming to address alcohol and substance abuse among the non-residential and mostly non-traditional student population.</p> <p>In addition, faculty of the College have been involved in the Oneida County AODA Coalition.</p>

Policy and Justification (University of Minnesota, 2009)	Status in Oneida and Vilas Counties
<b>Community Institutions</b>	
<p><b>What Faith Organizations Can Do</b></p> <ul style="list-style-type: none"> <li>• The involvement of faith organizations in the prevention of underage alcohol use is important because of their presence in individuals' lives, their credibility in the community, and their ability to mobilize large and diverse groups of people.</li> <li>• Strategies to reduce youth access to alcohol <ul style="list-style-type: none"> <li>• Establish a policy on alcohol use at congregational events</li> <li>• Educate parents on their role in preventing youth access to alcohol.</li> <li>• Initiate and participate in community-wide efforts to reduce youth access to alcohol.</li> </ul> </li> </ul>	<p>The faith community is a central part of the lives of many Oneida and Vilas County citizens. Currently there is no coordinated effort between churches to promote moral standards or policies regarding alcohol use among underage youth, although individual churches may do some targeted programming or may maintain certain policies at congregational events.</p>
<p><b>What Hotels and Motels Can Do</b></p> <ul style="list-style-type: none"> <li>• Youth may be able to access alcohol at unsupervised parties held at hotels and motels where adults over the age of 21 or underage youth have rented a room. In addition, youth may obtain alcohol at events, such as wedding receptions, held at hotels.</li> <li>• Strategies to reduce youth access to alcohol at hotels <ul style="list-style-type: none"> <li>• Restrict the number of persons who can occupy a room at one time.</li> <li>• Prohibit parties on hotel property that create a noise disturbance.</li> <li>• Regularly monitor hotel parking lots and other unsupervised areas.</li> <li>• Post signs at the registration desk and in each room informing adult renters of their legal liability of providing alcohol to youth.</li> <li>• Restrict room rental to persons 18 years of age or older. Check the age identification of all persons appearing under 25.</li> <li>• Allow only trained servers to serve alcohol at hotel events.</li> <li>• Require event planners to hire extra security for events in which alcohol will be served.</li> <li>• Hire extra security during sporting events.</li> </ul> </li> </ul>	<p>Hotel policies are often subject to larger chain policies. Locally many resorts are independently owned and maintain their own policies based on state and local laws. Currently there are no coordinated activities to address underage alcohol use while staying in hotels or motels in Oneida or Vilas counties.</p>

Policy and Justification (University of Minnesota, 2009)	Status in Oneida and Vilas Counties
<b>Community Institutions</b>	
<p><b>What Parents Can Do</b></p> <ul style="list-style-type: none"> <li>• Parents play a central and important role in influencing their children’s alcohol use. They control the availability of alcohol in the household, serve as role models of alcohol use, influence family norms on alcohol use, and set alcohol-related expectations for their children.</li> <li>• Strategies to reduce youth access to alcohol <ul style="list-style-type: none"> <li>• Monitor the alcohol supply in the home.</li> <li>• Talk with other parents.</li> <li>• Never purchase or provide alcohol to your teen’s underage friends or other youth.</li> <li>• Begin or join community efforts to reduce youth access to alcohol.</li> </ul> </li> </ul>	<p>The “Parents Who Host” campaign (<a href="http://sites.google.com/site/parentswhohostawi/Home">http://sites.google.com/site/parentswhohostawi/Home</a>) seeks to educate parents about how they can limit their children’s access to alcohol in the home and at parties. This program is in its second year of implementation locally. This is still limited to a basic education effort and hasn’t become a full, multi-faceted social marketing movement.</p> <p>Development of a Parent Network program at area school districts is currently in the beginning phases. A Parent Network town hall-style meetings would educate parents about a topic. Members of a Parent Network would sign a pledge to maintain a substance-free home for youth and would be part of a parent directory.</p>

Community groups play a crucial role in developing the broad community support that is necessary to generate social pressure necessary to create lasting changes in social norms. Community groups are how community members naturally come together for social support, interaction and communication. Leadership within these groups can have influence over the attitudes and actions of their wider membership. By using these natural organizations to inform, educate or develop policy, issues can be brought to the attention of larger numbers of people and to those who may not otherwise be exposed to certain messages. By creating internal policies within these groups regarding underage use of alcohol, members are more likely to translate those measures into their daily life.

Community groups also play a role in political and environmental policy activism within their communities. These groups may be able to directly or indirectly influence elected officials or law enforcement through their activities and collaboration in the community. Often community organizations see their role and mission as improving the health and well-being of their members and the wider community, and they will take a message to those they see as having opportunity to influence those policies.

Oneida and Vilas counties have a wide variety of community groups that may or may not fit into the traditional definitions or examples given above. In addition to fraternal and civic organizations, Oneida and Vilas Counties also have a large number of specialty interest organizations such as lakes organizations, natural resources and conservation groups, and recreation clubs, plus many area businesses and chambers of commerce that could have a stake in reducing underage drinking.

### 4.1.3. Affordability

A third factor to consider besides simple availability and access to a substance is the affordability of that substance. There has long been academic discussion about the effect of price on the negative impacts of alcohol consumption for both adult and youth (traffic fatalities, liver cirrhosis, etc.). Much of the research seems to support the theory that (as economic theory would predict) higher prices, particularly as influenced by higher excise taxes, educes overall consumption and thus many of the negative impacts; such as a 10% increase in the price of alcohol beverages would reduce drinking and driving by nearly 8% for adults and 15% for minors under 21 (Chaloupka 2002, Kenkel 2003).

According to a study by researchers at the City University of New York, University of Illinois-Chicago, and Kean College, modern youth are unique in that they often have the most disposable income of any generation of youth, yet they are price-sensitive (Grossman 1994). If an item simply becomes too costly, they will not purchase it. The question remains - how much is too much?

These researchers observed that the lack of increase in alcohol excise taxes, both at the state and national level, has resulted in overall declining prices of alcohol over time. The federal tax is approximately 5 cents per “drink,” a rate that has not been adjusted for inflation and would be three higher than it currently is if adjusted for inflation (CSPI 2007). Wisconsin’s current tax stands at 6.5 cents per gallon (less than one cent per drink) and has not been changed since 1969 (Wisconsin State Legislature, n.d.). According to the Center for Science in the Public Interest, as of 2009 Wisconsin ranks second, and is tied with Missouri for lowest current beer tax rate among all 50 states (edged out by Wyoming which charges only 2 cents per gallon beer tax) (2009). Wisconsin is more than \$0.20 behind on the national average beer excise tax.

During an informal survey of retail establishments in Oneida and Vilas counties, the average price of a mixed drink was noted to be between \$4.00 and \$8.00. It is generally possible to find 24 packs of beer and a variety of wine for under \$10 at retail outlets.

Even if youth are not directly purchasing alcohol, the relative affordability of alcohol can contribute to parents not monitoring the supply in their homes, or to adult friends/siblings being willing to share alcohol with those underage.

#### **4.1.4. Attractiveness**

Attractiveness in large part refers to mass media advertising campaigns that attempt to market a product to an individual consumer. However, attractiveness can also refer to a youth’s desire to adopt certain behaviors because they see those behaviors modeled as a social or cultural norm within their community or peer group.

It is far easier to regulate or limit commercial advertising through legal or administrative means than it is to change the social attitudes of a community at large. While it is not easy to say which factor has the most influence over behavior, it is important to address each.

Alcohol advertising has not been limited to the extent that tobacco advertising has, and to the extent, to which it is limited varies by state.

An informal survey of alcohol retail outlets demonstrated a variety of advertising methods that might be considered attractive to youth and young adults, or may even contribute to the ability of youth to access alcohol through stealing.

Of eight retail outlets surveyed that sold alcohol, seven had alcohol advertising placed within four feet of the floor, and five had advertising on the front windows. Three of the eight placed alcohol and tobacco advertising within close proximity to candy, all places that would be particularly noticeable to young children. Only a few placed alcohol or tobacco advertisements on the front entry door itself.

In each establishment, alcohol itself was placed on the floor, and in five of the eight, alcohol was placed within four feet of the door. Additionally, six of the eight stores sold single units of alcohol (e.g., a can of beer). Proximity to the entry door and single units increases opportunities for shoplifting and can offer opportunities for underage drinkers to access alcohol.

#### **4.2. Tobacco**

The situation for tobacco use in the state and in Oneida and Vilas counties is experiencing an evolution largely due to the statewide smoking ban due to go into effect July 5, 2010. As of this date, indoor smoking will no longer be permitted within enclosed public places and businesses in the state.

Still, in Oneida County 25% and in Vilas County 22.9% of adults currently smoke, compared to 19.9% in the state as a whole (WISH n.d.). Smoking during pregnancy remains a serious concern in both counties with 21% of Oneida and 10% of Vilas County pregnant mothers smoking cigarettes, compared to only 14% in the state of Wisconsin (UWPHI 2010). A variety of health risks are associated with smoking during pregnancy, including risk of miscarriage, premature birth, low

birthweight babies, and increased risk of infants suffering dying of Sudden Infant Death Syndrome (SIDS) (CDC 2009).

Tobacco use remains the leading cause of preventable death in Wisconsin. According to the Tobacco Facts report, 16% of all deaths in the state are attributed to smoking, while in Oneida and Vilas County 19% of deaths are due to smoking-related causes (Tobacco Facts 2009). Smoking costs Oneida and Vilas County an average of \$444 per capita for health care costs.

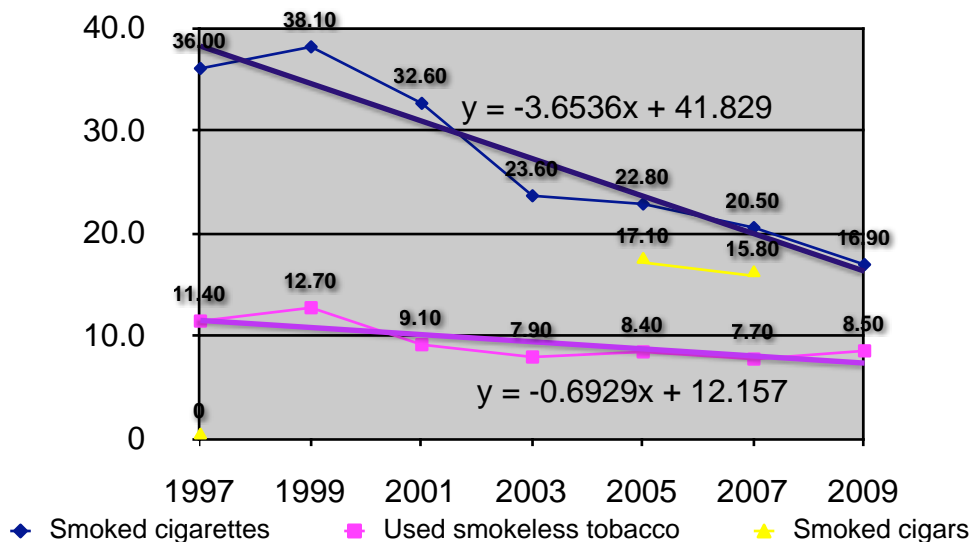
According to the Wisconsin Tobacco Facts, smoking is correlated with other health risk characteristics and behaviors, such as low educational levels (less than high school or high school diploma), low economic status (income less than \$25,000), and those who also report heavy drinking (2009).

Tobacco use has decreased precipitously among middle school in the state of Wisconsin between 2000 and 2008. Smoking rates have decreased from 12.2% to 4.3% among students in grades 6-8 (Tobacco Facts 2009). In the survey of middle school students in Oneida and Vilas County, 3.5% students in grades 6-8 reported cigarette use in the last 30 days.

Cigarette use has also declined among high school students, from 32.9% in 2000 to 20.7% in 2008. A similar rate (19.3%) of students in grades 9-12 in Oneida and Vilas counties reported use of cigarettes during the last 30 days.

However, following the increased national restrictions on cigarette sales, advertising and increased taxes, as well as the 26 states that have or are enacting statewide smoking bans, there is now concern about availability and marketing of smokeless tobacco products. In general, the numbers of students reporting smokeless tobacco use has also decreased in the state of Wisconsin and nationwide, but not at the same rate as cigarette use decline.

**Percentage of Wisconsin students who smoked cigarettes or used smokeless tobacco or smoked cigars on 1 or more of the past 30 days**



Currently tobacco manufacturers are promoting the “dissolvable” tobacco products. R.J. Reynolds has begun by introducing products such as Camel Orbs, Snus, Strips and Sticks, meant to be placed between the teeth and lip and dissolved in between 10 and 15 minutes. These are marketed as alternative nicotine sources for smokers who are increasingly restricted on where they can smoke.

Star Scientific, Inc., a pioneer in the tobacco tablet market has filed with the FDA to receive certification that one of these products, a wintergreen flavored tobacco lozenge, is less harmful than cigarettes or other traditional tobacco products. (Kesmodel, 2010) The FDA has asked R.J. Reynolds

to provide their research on the appeal of these products to youth. This is particularly of interest following a nation-wide ban on flavored cigarettes and restrictions on tobacco product packaging.

There is little hard information or research available on these new and emerging products, but some parental advocacy groups express concern that these tablets and sticks can resemble gum or candy, yet contain enough nicotine to do serious health harm to small children. Additionally, there is concern that the way these are packaged to look like common breath mints or candy containers could attract children and youth.

#### **4.2.1. Availability**

Tobacco products are still widely available at grocery stores, convenience stores or gas stations and specialty stores around the area. Outlets selling tobacco products must be licensed by their local town government. However, due to the upcoming statewide smoking ban, there is some expectation by these town governments that some outlets previously licensed will not renew their cigarette and tobacco licenses.

Locally in Oneida and Vilas counties, licensed tobacco sellers are restricted by state and federal regulations, including bans on sales to minors, sales of single cigarettes, and advertising that targets young adults.

#### **4.2.2. Access**

Besides the Wisconsin statewide indoor smoking ban, additional national restrictions have been placed on sales. In June 2009 tobacco regulation was placed under the authority of the Food and Drug Administration.

National restrictions on access have backstopped local restrictions, particularly those aimed at youth. According to Wisconsin Wins, a campaign to decrease youth access to tobacco products through law enforcement-partnered compliance checks, state sales to minors has decreased from a statewide average of over 20% in 2002 to just over 5% in 2009 (WI Wins 2010). The WI Wins program in Oneida County was managed by the Oneida County Health Department. When they began checking and citation of businesses in 2001, the illegal sales rate of tobacco products to minors was over 38%. Seven years later, after education campaigns with cigarette retailers, the rate decreased to 7%, on its way to an all-time low of 2.6% in 2009. According to the WI Wins website, Vilas County reports that out of 105 compliance checks completed, only one outlet failed the check (fail rate of 0.95%), though there is some debate about the reliability of this figure.

According to the Youth Risk Behavior Survey given to students in grades 9-12 at three of five area high schools, 16.7% of student smokers reported purchasing cigarettes at a store. Students were evenly divided between purchasing/giving money to purchase cigarettes and bumming or stealing the cigarettes they smoked.

#### **4.2.3. Affordability**

Over the past several years there has been a steady trend of increasing taxes and limits placed on the sales of cigarettes and some other tobacco products. According to the Wisconsin Tobacco Prevention and Control Program, there has been a statewide downward trend in per capita cigarette sales since 1990 (2009). With the excise tax per pack of cigarettes in Wisconsin currently at \$2.52 per pack - among the highest in the nation - the price of cigarettes has been credited as a large part of this change.

Until recently some loopholes remained for individuals to purchase discount cigarettes. On March 18, 2010, Congress further expanded federal authority by banning US Postal Service delivery of tobacco ordered over the Internet; major private sector delivery services (UPS, FedEx, DHL) in New York State, a major source already have private agreements not to deliver tobacco purchased on the Internet. This prevents individuals from accessing tax-free or reduced-tax cartons of cigarettes across state lines. In Wisconsin, tribal smoke-shops charge the tax on cigarettes, but 70% of the revenue from

the tax is refunded to tribal councils with agreements with the state of Wisconsin (Wisconsin Department of Revenue 2009).

According to the CDC, in addition to reducing overall consumption and increasing the numbers of smokers who quit, an increase in taxes and overall price of cigarettes is an effective public policy measure for reducing adolescent smoking; it estimates that a 10% increase in cigarette taxes reducing smoking by 4% (CDC, 2009).

Yet, as at least half of the students that claimed to have smoked in the past reported that they got their cigarettes through “bumming” or stealing from others rather than purchasing, the price of cigarettes may not directly affect local underage smokers. However, if the increased prices decreases the purchasing of cigarettes by those targeted by student smokers, the indirect impact of decreased availability could have a positive impact on reducing adolescent smoking.

#### **4.2.4. Attractiveness**

There are strict State and Federal restrictions on advertising of tobacco products, particularly in marketing strategies that target youth. Cigarettes have not been advertised on television or radio since 1971 and smokeless tobacco advertisements were banned in 1986. Magazines, newspapers and billboards remain the major means of mass media marketing nationally, though further restrictions have been added, mainly at reducing the attractiveness of smoking to youth. Additionally, there has been a social norms push to reduce or eliminate the appearance of cigarettes in television and movies.

Further restrictions have been in place since 1989 since litigation agreements placed limits or bans on advertising/sponsorship of athletic or music events, distribution of t-shirts, hats or other gift-type items with cigarette brand logos, or packets with small numbers of cigarettes. These limits were formalized with the passing of the March 2010 PACT (Prevent All Cigarette Trafficking) Act.

However, there are still many marketing methods that target youth. In a survey of Vilas County retail outlets that sell tobacco products, six of eight had advertising located within four feet of the register, and five within four feet of the floor, at a height that would be noticeable by children. Three of the eight had advertising located within four feet of the candy, another area reasonably frequented by children.

Social norms are often found to have the most effect on youth smoking habits. The guidance counselors, teachers and principals at area middle and high schools note the marked decrease in numbers of students caught with cigarettes in their possession or seen to be smoking off school property in the last ten years. This correlates with the Youth Risk Behavior Survey, which showed only that while one in five students may have smoked in the last 30 days, a scant 2.5% smoked more than ten cigarettes per day. Local numbers also closely match state numbers which showed 4% of students reporting smoking on school property in 2009, which is down from 17% of students smoking on school property in 1997.

As school-aged smoking becomes less “normal” and transitions to being socially unacceptable locally, at the state level, and nationally, the full impact of the environmental policy changes that have systematically limited availability, access and attractiveness of tobacco products will be seen. It is exactly this sort of shift in attitudes that similar environmental measures taken against underage drinking seek to achieve.

### **4.3. Marijuana**

Marijuana has long been the most widely-abused drug in the United States. Forty percent of the U.S. population over the age of 12 reports use of marijuana in their lifetimes. There has also been a certain amount of legal shifting in some states and localities to move cannabis and some forms of marijuana from “illicit drug” to “controlled substance.” Yet, in Wisconsin, marijuana remains an illegal drug for sale and possession and is treated as such under the law.

### **4.3.1. Availability**

According to the Northcentral Drug Enforcement Group 2009 Threat Assessment report (described in Section 3.4. Other Drugs) marijuana is widely available in this region and is the third largest drug threat in the seven county NORDEG region. Marijuana accounts for the vast majority of drug-related citations (70% of all adult and 43% of all youth drug arrests in 2008).

Several factors contribute to the overall availability of marijuana in Oneida and Vilas counties and the NORDEG region as a whole. Much of the marijuana available in the area is grown locally, and because of the rural nature of the area, it is relatively easy to hide these grow operations. The amount of marijuana seized varies by month or year, usually dependent on identification of large grow operations.

### **4.3.2. Access**

Marijuana remains the most abused illicit drug among local adolescents, although pharmaceuticals are not far behind and, according to law enforcement officials, appear to be gaining ground. Locally, one in four high school students (24.8%) report having at least tried marijuana in their lifetimes, and just over one in ten (13.3%) report having using it in the last 30 days.

Since marijuana consumed locally is still mostly produced locally, there is a network of local producers and suppliers. Students who report a history of marijuana use often also report use first of alcohol and tobacco (many students report onset of use of all three substances between the ages of 13 and 14). Heavy marijuana users, while a very small percentage of the overall student population, are also usually those who have experimented or regularly use other drugs. This indicates a learning curve that can begin with learning to access alcohol and tobacco illegally, and may develop into a desensitization towards the legal ramifications of accessing marijuana.

### **4.3.3. Affordability**

The NORDEG report did not comment specifically on the price of marijuana locally, but as it remains the primary cause for adult and juvenile arrests and as availability remains high (as indicated by law enforcement seizures), the price must be relatively affordable to adults and youth alike.

### **4.3.4. Attractiveness**

Traditionally marijuana attracts a certain cult following, for example, clothing and jewelry identifying the cannabis plant. This social norm can attract youth who are searching for a distinct identity. Current attitudes towards marijuana are also shaped by the aging of the baby-boomer generation who had taken a more permissive view towards marijuana and drugs in general. Some youth may be exposed to a more relaxed attitude at home or among adult role models relating to marijuana.

## **4.4. Other Drugs**

With the exception of medically-sourced prescription drugs and, in some localities, marijuana, the control of cocaine, methamphetamine and other illicit drugs is in the hands of various law enforcement agencies. In northern Wisconsin, the Northcentral Drug Enforcement Group (NORDEG) is a coalition of sheriff's departments from seven northcentral Wisconsin counties.<sup>8</sup> NORDEG focuses on illicit drug issues and publishes an annual threat assessment that highlights the overall threats posed by various illicit drugs and the impact on the seven county area. The 2009 Threat Assessment report describes the impact on demography that tourism has in relation to drugs and illegal substances:

Demography in our NORDEG area is significantly impacted by the access to the cool and clean waters. We have hundreds of thousands of visitors and part time residents who spend their leisure time and dollars at the many seasonal vacation homes, private campgrounds and federal and state campgrounds. These visitors spend much of their time on the Northern Wisconsin Waters (8).

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<sup>8</sup> Forest, Langlade, Lincoln, Oneida, Price, Taylor, Vilas counties



Traditionally, the rural nature of the region has contributed to the local production of home-grown and homemade drugs, specifically marijuana and methamphetamine. Other drugs, such as cocaine/crack, heroin, club drugs and LSD are not produced locally and must be transported into the region.

The NORDEG report characterizes the relative threats of seven categories of drugs based on availability and patterns of abuse, numbers of drug dosage units seized, local street price, source and distribution patterns in the region, and crimes associated with each drug (Appendix A).

#### **4.4.1 Prescription Drugs**

Nationally, the problem of prescription drug abuse has increased exponentially. According to the director of the Office of National Drug Control Policy, in 2008 the numbers of new users of prescription medications among teens and adults for the first time outpaced the numbers of new users of marijuana (Kerlikowske 2009). Prescription drugs abuse is second only to marijuana as the most prevalent drug problem in the United States (ONDCP n.d.) Locally, the number of pharmaceuticals dosage units seized in the NORDEG area doubled and each year between 2005 and 2007; pharmaceuticals accounted for nearly the same number of juvenile drug arrests as marijuana compared to a fifth of the number of adult marijuana arrests (NORDEG 2009). Prescription drug abuse is not limited to the “traditional” drug user demographic, but encompasses every demographic from youth to the elderly and every socio-economic status from the poor to the rich. (NORDEG 2009) The Baby Boomer generation is considered at risk due to their cultural relationship with drugs and their increasing burden of chronic health issues. (DHS 2009)

Attitudes towards medically-prescribed drugs have shifted in recent years beginning in the medical community and rippling out to the larger U.S. population. According to Dr. Gurkupal Sikka, anesthesiologist at the St. Mary’s Hospital Pain Control clinic, much of the history of medical opioid abuse can be traced back to the 1990s when the philosophy of the medical community towards pain management shifted. Ethically, pain was then described as “something that should not happen” to a patient. The medical community began opening the prescription of certain narcotic drugs to a wider array of patients.

In 1997, the FDA began legalized direct-to-consumer-advertising of pharmaceutical products. As a result, prescription drug advertising became standard in US media at the same time doctors were becoming more liberal in their prescribing habits. The result has been a consumer population that demands access to drugs that previously may not have been deemed necessary or even appropriate for certain conditions.

About this same time there was an increase in the number of children diagnosed as having “attention deficit disorder” or “attention deficit hyperactivity disorder.” Prescriptions for Ritalin, Adderall and other behavior modification drugs became more common place. The street value of these drugs increased dramatically as students discovered a value to the drugs as study and concentration aids. In one conversation, a key informant even described a new student attitude towards hangovers after a night of partying: youth claim they aren’t a problem anymore because “all they need is to pop an Oxycontin for the pain and a Ritalin for energy.”

Increasingly pharmaceuticals are associated with thefts and burglaries, particularly breaking into private homes in search of medicines. The large elderly population can become a target of these crimes and domestic crimes as this population is increasingly prescribed potent medicines. There have been multiple overdoses and deaths associated with pharmaceuticals, including a high-profile case involving the death of a 10-month old baby swallowing a morphine tablet and her consequent death.

In the 24 March 2010 issue of the Vilas County News-Review, Detective Patrick Schmidt of the Vilas County Sheriff’s Department drug task force stated that local deaths due to pharmaceutical overdose had become epidemic in the last year. In 2009, four people died in area hospitals due to overdose, and in the first three months of 2010, three more deaths were reported (Krueger 2010).

### *Availability*

In 2009, NORDEG deemed pharmaceuticals as the largest drug threat in the region. The availability of pharmaceutical drugs was described as increasing dramatically and the pattern of abuse as involving a broad demographic ranging from children to the elderly. The number of dosage units seized by authorities in the task force area quadrupled between 2005 and 2007, though it dropped off again in 2008. This decrease was credited to improved law enforcement investigation and response procedures.

Dr. Gurkupal Sikka, anesthesiologist with the Pain Control Clinic at St. Mary's Hospital in Rhinelander, has been a long-time advocate for controls on prescribing of pain medications and for training for doctors and health care providers on the dangers of over-prescribing. He maintains that 96% of doctors are conscientious about their prescribing habits. He states that the challenge comes when some doctors become sloppy in their prescribing habits, and from the fact that the drug user network is far more organized and sophisticated than the physician network. He maintains that only 1-2% of the physician population consciously mis-prescribes, although it only takes one or two physicians to create a problem for a community.

A large factor contributing to availability of prescription drugs in Wisconsin is the lack of a unified monitoring system for prescription drugs. A prescription drug monitoring program is a central database where all prescription made by doctors are reported so pharmacies can see what prescriptions a patient already has. If an individual attempts to "doctor shop" (obtain a duplicate prescription from more than one doctor), every pharmacy will be able to see that that person already has a prescription for that medication.

Walgreens and Walmart pharmacies already have internal database systems, but without a unified system that links small and large private pharmacies, individuals in Wisconsin can still get prescriptions filled at different pharmacies. Additionally, it is possible for people from other states to cross the border into Wisconsin to access prescriptions, and vice versa.

According to the U.S. Department of Justice Drug Enforcement Administration Office of Diversion Control, 34 states currently have an operational prescription drug monitoring program (PDMP) (2010). Currently each state that shares a border with Wisconsin (Illinois, Iowa, Michigan and Minnesota) have a program in operation. Wisconsin is listed among the states planning to implement such a program and is somewhere in the process of proposing, preparing or considering legislation. In January 2010, the Wisconsin State Legislative health committee heard testimony on Wisconsin state Assembly Bill 227 (2009) that would create a prescription monitoring system in Wisconsin. Wisconsin Attorney General J.B. Van Hollen and many law enforcement and health experts believe that this type of unified system would drastically cut access to prescription drugs by those who would abuse them (2010).

### *Access*

Unlike traditional illicit drugs, abused pharmaceuticals are usually sourced locally from legal distributors, such as pharmacies or doctors. According to the report, forged prescriptions are one major means of acquiring the pharmaceuticals that enter the illegal drug market. In addition, drug dealers will "doctor shop," or visit several doctors to receive duplicate prescriptions. For the most part, prescription drugs are distributed through individuals in informal networks.

Respondents to the 2009 Community Perception Survey in Oneida and Vilas counties easily identified four of the top drugs available in the area, with more than 100 responses each identifying oxycodone (OxyContin), hydrocodone (Vicodin), Ritalin/Adderall and Codeine. A large majority (82%) of respondents believed it would either be "easy" or "very easy" for an individual to obtain prescription drugs, though only 55% thought it would be easy or very easy to fake a disorder in order to be prescribed drugs. Respondents believe it would be easier to get prescription drugs than other illicit drugs (82% vs. 75%).

Once individuals have prescription drugs, there is an additional challenge of disposing of unused prescriptions. Three quarters of respondents to the community perception survey in Vilas and Oneida counties identified the major sources of prescription drugs in the area to be through “buying and trading,” and “stealing from family and friends.” This is part of what has caused some educators to term the medicine cabinet as the “new drug dealer.” Unmonitored household supplies of medicines are widely accepted as a common point of access for those seeking prescription medications. The aging population in Oneida County increases the likelihood of chronic disease or chronic pain, for which prescription medication may be used. It is a simple process for a few pills to be taken from a prescription bottle at home. Burglary and theft of prescriptions from homes have been reported (NORDEG 2009, Krueger 2010).

One marked difference between Oneida and Vilas county respondents to the community perception survey was the number of individuals saying they used a town or county disposal program for their unused prescription medications. Nearly one third of Oneida County respondents stated they had used a public prescription drug collection program, but fewer than one in five (18.5%) of Vilas County respondents stated they did. In 2009 a state grant-funded program coordinated by the Vilas County Sheriff's office collected 34 pounds of prescription medications in the county (Krueger 2010).

#### *Affordability*

Although it was not stated in the report, personal communication with sheriff's department authorities indicate street prices for prescription drugs vary, but remain high and lucrative, and are often based on dosage units (price per pill). (Schmidt, Gardner, 2009)

#### *Attractiveness*

Due to the availability, access, relative affordability per dosage unit, and an overall shifting in social norms regarding the acceptability of use of drugs to “fix” chronic problems, prescription drugs enjoy a greater sense of attractiveness than their illicit drug counterparts. There is also a sense that prescription drugs are “safer” than illicit drugs since they come from reliable and regulated manufacturers and are used in legitimate medical situations. Youth have grown up with this attitude and may naturally gravitate towards the sense that a pill can fix everything.

### **4.4.2. Cocaine/Crack**

Crack cocaine and powder cocaine is reported to be the second most serious drug risk in the NORDEG region, mainly due to its continued availability despite a decrease in drug seizures. Only 4% of adult arrests and no youth arrests involve cocaine.

#### *Availability*

Cocaine is the third highest drug type addiction according to the Koinonia treatment statistics cited by the NORDEG report.

#### *Access*

According to the NORDEG Task Force, most of the cocaine sold in the region originates in Milwaukee or Chicago, and it is distributed through an organized network of gang dealers. Rates of abuse of cocaine among high school students is far lower than for marijuana or prescription drugs and similar to rates for other drug abuse. Again, due to the small sample size of students surveyed, change in behavior of just one or two students can easily skew the percentage.

#### *Affordability*

Prices for crack and powder cocaine have remained steady in the NORDEG region.

#### *Attractiveness*

Cocaine remains attractive among certain populations. Currently, according to the NORDEG report, cocaine abuse is increasing in and around regional Indian reservations. Anecdotally, it is noted that cocaine is primarily found in and around the Minocqua/Woodruff/Lac du Flambeau area in Oneida and Vilas counties.

#### **4.4.3. Heroin**

##### *Availability*

There has been a significant increase in availability of heroin since 2008, according to the NORDEG Task Force. Sheriff's offices have noted the increase in relation to the increased abuse of pharmaceutical drugs. There is a pattern of abuse of pharmaceuticals that begins with taking pills orally, then grinding up pills and snorting the powder, and finally mixing the powder and injecting the pharmaceuticals as drug users need increasingly powerful doses to get the same high. The injection of a drug is an easy gateway to the injection of heroin.

##### *Access*

Heroin is not produced locally. It is distributed mainly through a network of independent retailers, mainly within the Caucasian population in the NORDEG region. Notably, the city of Merrill had its first death due to heroin overdose in 2009 ("Update," 2010). NORDEG task force members warn that heroin is steadily moving into the area from the south.

##### *Affordability*

There was no information given on the price of heroin in the NORDEG report.

##### *Attractiveness*

As stated above, heroin is a "natural" step in the process of addiction to pharmaceuticals as well as other drugs. Behaviors learned in abuse of other drugs prepare the abuser for heroin use.

#### **4.4.4. Methamphetamine**

##### *Availability*

The threat caused by methamphetamine has declined steadily over the past several years. Availability has been limited due to the effective regulation of the sale of pseudo-ephedrine, one of the essential base ingredients.

##### *Access*

According to NORDEG, local production has been decreasing, and the main source of the methamphetamine abused locally is Minneapolis. Lincoln County continues to see some crime relating to meth, but statewide the threat is disappearing. Yet, among students meth remains one of the most reported drug abused after marijuana, all pharmaceuticals, and inhalants. Again, the small sample size could be skewed by a few students reporting, so any trend observations should be treated with extreme caution.

##### *Affordability*

While availability is decreasing, the street price for methamphetamine has remained steady, according to NORDEG. This is cause for some question, as street prices for drugs obey the basic rules of economics: low supply will drive up prices as long as there is a steady demand. Either demand has decreased along with the supply, or there may be some sources not completely understood that are maintaining the level of supply in the area.

#### *Attractiveness*

The attractiveness of methamphetamine has apparently been somewhat reduced by changes in the overall drug scene and possibly due to the dangerous nature of its production and relatively reduced local supply. Yet, there seems to be a certain number among the student population who still view methamphetamine as a drug of interest.

#### **4.4.5. Club Drugs**

##### *Availability*

The availability of club drugs, such as ecstasy, remains steady according to the NORDEG report.

##### *Access*

Ecstasy is not produced locally and must be imported from Minneapolis or Wausau and is generally distributed through independent retailers. This category of drugs remains the least abused in student surveys.

##### *Affordability*

There was no comment about price of club drugs in the NORDEG report.

##### *Attractiveness*

Due to the small amounts of seizures and extremely few crimes associated with the drugs, as well as extremely small numbers of students reporting use, it is difficult to attribute much relative attractiveness to these drug in the area. As the name implies, these drugs are often associated with the “club” scene, and as there are few opportunities for that type of entertainment in the area, other drugs may be considered to be a primary choice.

#### **4.4.6. Other drugs (LSD, amphetamines, psilocybin mushrooms, etc.)**

##### *Availability*

Other drugs are not considered relatively available in the NORDEG region.

##### *Access*

These drugs are not produced locally and, when available, are distributed through independent dealers.

##### *Affordability*

There is no comment about price of other illicit drugs made in the NORDEG report.

##### *Attractiveness*

There is no comment made to interpret relative attractiveness of other drugs in the area. There are no high school student statistics for use; middle school statistics through the DFC grant report extremely minimal use.

## **5. RECOMMENDATIONS**

The role that alcohol, and increasingly drugs, plays in a local economy based on tourism and seasonal homes and retirement communities establishes the foundation of the local Northwoods culture. People come here to enjoy the natural surroundings and the associated recreational activities. Local communities seek to extend hospitality and welcome to visitors. Yet, when alcohol and other substances are seen as an integral part of the impact - as shown by DNR, law enforcement, and health statistics - is on wages, productivity, tax dollars and lives unnecessarily lost each year.

The impact on youth growing up in this culture is the expectation that they, too, will be able to partake fully in it, even from a young age. Living in a tourist destination can impress upon youth the idea that vacationing is a normal part of life. It feeds the idea that there is “nothing to do” other than drink, smoke or use drugs. When they see adults in their lives, a primary influence on their decision-making, using alcohol, tobacco or other drugs, they respond by imitating the behaviors in their own lives.

Yet, these are the very people that have the power to create an environment in which youth are given a clear, consistent message of what behavior is acceptable for them, and are then limited in their ability to access alcohol, tobacco and other drugs that will impact their development. By creating an environment that protects youth, we also create an environment that allows adults to safely enjoy all the opportunities available to residents and visitors of the Northwoods.

The following are specific recommendations of tools and actions local individuals, community members, businesses and municipal leaders can implement policies that will limit youth access to alcohol and other substances.

(CONTINUED ON NEXT PAGE)

## 5.1. Student Surveys

Use of a standardized, nationally validated tool such as the Youth Risk Behavior Survey, students surveys offer two major benefits to schools, community coalitions and agencies that interact with youth in the community. First, these surveys give valuable insight into local student behavior. When repeated over time, a trend picture begins to develop and changes in student behavior related to alcohol, tobacco, drugs, and other risk behaviors can be mapped over time. This offers the opportunity to react appropriately to real problems in the community.

Second, nationally validated and widely-used survey tools offer the opportunity to compare local student data to state and national statistics. Not only can we gauge how local students are behaving compared to their counterparts across the state and nation, but we can also identify localized influences and determine local impact of programs.

Recommendations	Persons Responsible	Timeline
<p><b>Schools not yet administering student surveys are strongly encouraged to consider implementing the Youth Risk Behavior Survey program.</b></p> <ul style="list-style-type: none"> <li>- Improved sample size and validity of local results.</li> <li>- Individual schools will have tools to identify localized trends, potential for cost savings and improved outcomes through targeted AODA and other risk behavior programming.</li> </ul>	<ul style="list-style-type: none"> <li>- Middle and high school administration and school boards</li> <li>- UW Extension</li> <li>- CESA 9/DPI</li> <li>- Substance abuse prevention coalitions</li> </ul>	First semester of school year
<p><b>Continue process of surveying middle and high school students using the Youth Risk Behavior Survey</b> or a tool that utilizes questions similar to the YRBS, minimum every two years, to create a history for developing trend data.</p> <ul style="list-style-type: none"> <li>- State and national surveys are administered in fall semester of odd-numbered years</li> <li>- Attention should be given to selection of survey tool and question design to maximize comparability across school districts</li> </ul>	<ul style="list-style-type: none"> <li>- Middle and high school administration and school boards</li> <li>- UW Extension</li> <li>- CESA 9/DPI</li> <li>- Substance abuse prevention coalitions</li> </ul>	First semester of school year
<p><b>Develop a coordinated system for data mapping and management for use by local coalitions, schools, government, and law enforcement</b></p> <ul style="list-style-type: none"> <li>- Student survey data is only one piece of a larger picture. This report cites data from a variety of sources that should also be tracked and reported.</li> <li>- Data should be regularly reported to the community through coalition public relations and communications efforts</li> <li>- A system that is manageable and transferable for managing data should be developed so no one person is key to maintaining data tracking</li> </ul>	<ul style="list-style-type: none"> <li>- Substance abuse prevention coalitions</li> <li>- Coalition partners</li> <li>- AmeriCorps volunteers</li> </ul>	Ongoing

## 5.2. Community Response to Youth and Alcohol, Tobacco and Other Drugs

Alcohol is still the primary drug of choice for youth. The development of the adolescent brain is strongly impacted by exposure to alcohol, similar to how it is affected by other drugs. While tobacco is becoming less prevalent, there is the threat that new smokeless tobacco products will be marketed to youth. While marijuana remains the major illicit drug, pharmaceutical drugs are rapidly becoming the drug of choice among youth.

Communities, parents and individuals, including municipal authorities, social organizations, businesses can implement policies that restrict youth access to alcohol, creating an environment that fosters healthy development, while allowing safe enjoyment of alcohol by legal-aged adults.

Most (95%) of survey respondents said increased parental involvement and 89% said increased parental education would be effective means of addressing underage drinking; 92% said it would address tobacco use. Many successful underage substance use social marketing campaigns have been targeted at underage drinkers' primary source of the alcohol they drink and cigarettes they smoke: adult parents, friends, and siblings. The following are recommendations for specific ways of engaging adults.

Adult education and parental involvement		
Recommendations	Persons Responsible	Timeline
<p><b>Develop Parent Networks at area schools.</b></p> <ul style="list-style-type: none"> <li>- A common forum is offered as a way of educating adults about common substance and general adolescent issues.</li> <li>- Fact-based education, communications skills, "what-to-do-if," and local authorities (e.g., law enforcement) as guest speakers.</li> <li>- Adults develop a network of interpersonal resources for support.</li> </ul>	<ul style="list-style-type: none"> <li>- Middle and high school administration and school boards</li> <li>- Parents</li> <li>- UW Extension</li> <li>- Substance abuse prevention coalitions</li> <li>- AmeriCorps volunteers</li> </ul>	First semester of school year
<p><b>Implement campaign to educate adults about laws regarding underage drinking.</b></p> <ul style="list-style-type: none"> <li>- Laws regulating purchasing, pouring and providing alcohol to minors and underage drinkers.</li> <li>- Penalties that can be assessed against adults who do purchase, pour or provide illegally.</li> </ul>	<ul style="list-style-type: none"> <li>- Substance abuse prevention coalitions</li> <li>- Law enforcement</li> <li>- Judiciary</li> </ul>	With Parents Who Host campaign
<p><b>Secure personal supplies of pharmaceuticals, tobacco and alcohol.</b></p> <ul style="list-style-type: none"> <li>- Dispose of unused prescription medications.</li> <li>- Monitor home alcohol and tobacco supplies.</li> <li>- Do not store strong pharmaceutical medication in predictable or easily accessible location (i.e., medicine cabinet).</li> </ul>	<ul style="list-style-type: none"> <li>- Parents</li> <li>- All individuals in community</li> </ul>	Continuous
<p><b>Reinforce the trust children have that you love and support them.</b></p> <ul style="list-style-type: none"> <li>- Talk to them directly about what you expect their behavior to be around alcohol and other drugs.</li> <li>- Tell them how you can help them if they find themselves in a difficult situation.</li> </ul>	<ul style="list-style-type: none"> <li>- Parents</li> <li>- All adults to interact with underage youth</li> </ul>	Continuous

Social policies are largely the responsibility of local municipalities, public land jurisdictions, and tribal and county government. These agencies have the power to develop, implement and enforce specific policies. Prevention through proactive policies reduces the cost of law enforcement and emergency response to problems and the cost of lives lost.

Social and community organizations can develop internal policies that control youth access to substances and model appropriate behavior for youth. There are a large number of specialty interest organizations who may not see themselves as having a role or contributing to the problem of youth access to alcohol. Yet, whether for a fundraiser or internal function, these organizations can develop policies that delineate and train their members on how alcohol will be used and monitored.



By using these natural organizations to inform, educate or develop policy, issues can be brought to the attention of larger numbers and to those who might not otherwise be engaged in the conversation. By creating policies within these groups regarding underage use of alcohol, members are more likely to translate those measures to their daily life.

Community Policies		
Recommendations	Persons Responsible	Timeline
<p><b>Develop formal social, community and administrative policies that limit youth access to alcohol.</b></p> <ul style="list-style-type: none"> <li>- Review the Wisconsin Alcohol, Culture and Environment (ACE) report (<a href="http://www.law.wisc.edu/rcid/news/ace_final.pdf">http://www.law.wisc.edu/rcid/news/ace_final.pdf</a>) for specific actions that can be taken by municipalities, employers, education institutions and individuals to limit youth access to alcohol.</li> <li>- Communicate importance of formalized policies to community leaders in government, social and religious organizations, businesses and law enforcement.</li> </ul>	<ul style="list-style-type: none"> <li>- Municipal leaders</li> <li>- Organization leaders</li> <li>- Business Owners</li> <li>- Law enforcement</li> <li>- Parents</li> </ul>	Ongoing
<p><b>Implementation of alcohol age compliance checks.</b></p> <ul style="list-style-type: none"> <li>- Use state best practices and grants to support local law enforcement in carrying out age-compliance checks on local institutions</li> <li>- Coordinate compliance across law enforcement organizations</li> <li>- Develop system to recognize businesses that meet or exceed underage youth protection guidelines</li> </ul>	<ul style="list-style-type: none"> <li>- Law enforcement</li> <li>- AODA Coalition</li> <li>- Local municipalities/ county government</li> </ul>	Ongoing
<p><b>Educate members about how alcohol and other substances are to be handled within the context of the various activities of an organization.</b></p> <ul style="list-style-type: none"> <li>- Review best practices that limit youth access to alcohol and tobacco at special events</li> <li>- Review how alcohol and tobacco are used in internal organization events</li> <li>- Initiate a discussion and educate members within the organization about interaction with youth and attitudes of substance use and the organization's role in youth education</li> </ul>	<ul style="list-style-type: none"> <li>- Organization leaders</li> <li>- Substance abuse prevention coalitions (technical support)</li> </ul>	Ongoing
<p><b>Utilize coordinated networks between organizations to address youth concerns</b></p> <ul style="list-style-type: none"> <li>- Create a dialogue about youth substance abuse and other social problems in coalition, association, or chamber meetings</li> <li>- Develop community-wide best practice suggestions for business owners</li> </ul>	<ul style="list-style-type: none"> <li>- Chambers of commerce</li> <li>- Substance abuse prevention coalitions</li> </ul>	Ongoing

## 6. APPENDICES AND ATTACHMENTS

### Appendix A

Threat Level	Controlled Substance	Availability and Abuse	Seizures	Price	NORDEG Threat Assessment - 2009 <sup>1</sup>	Associated Crimes	Adult Arrests % of all arrests	Juvenile Arrests % of all drug arrests	ER visits (2009)	Hospital Data (2009)	Hospital admissions (2009)	Koinonia Treatment center report (2008) <sup>2</sup>	DFC % reported use last 30 days (2009)	Monitoring the Future last 30 day use - 8th grade (2009) <sup>3</sup>	LUHS Tri-Ethnic Survey - last 30 day use (2006)	RH/TL Phelps YRBS - lifetime use (2007/09)	State HS YRBS - lifetime use (2009) <sup>3</sup>
1	Pharmaceuticals	Availability: Increasing dramatically. Abuse: widely abused by a broad demographic, children to the elderly	Number of dosage units seized quadrupled between 2005 and 2007	N/A	Not produced locally. Source: pharmacies/doctors (local and non-local). Distribution: Multiple individuals	Associated with crimes (thefts/burglaries). Altering/ forging of prescriptions. Multiple overdoes. Domestic issues	96	51				Newest highest drug of addiction	1.2%	2.9%	N/A	17.9%	20.5%
2	Cocaine/Crack	Readily available in NORDEG region	Decrease in grams seized between 2006 and 2008	Consistent prices	Source: Chicago via Milwaukee. Distribution: gangs	Property crimes remained stable	27	0				Third highest drug type addiction, both primary and secondary diagnosis	0.7%	0.7%	3%	3.7%	5.2%
3	Marijuana	Most prevalent drug in NORDEG region. Third largest drug threat	Fluctuation in seizure amounts. Large increase in number of local grow operations seized	N/A	Largely grown locally (rural areas)	Sometimes associated with property crimes	444	54				Extensively abused. Highest secondary diagnosis	3.2%	5.8%	21%	24.8%	34.2%
4	Heroin	Significant increase in availability (2008)	N/A	N/A	Source: not produced locally. Distribution: Caucasian independent retailers	N/A	32	10				Number of clients in treatment for heroin doubled between 2007 and 2008	0.5%	0.4%	N/A	2.1%	1.9%
5	Methamphetamine	General decrease	Continued decrease in seized amounts from 2005 (credit restrictions on pseudoephedrine purchase)	Consistent prices	Source: local production (decreasing cases) but main source continues to be local production, some from Minneapolis. Distribution: Caucasian independent dealers	Lincoln County (2 cases) but decreasing state-wide	7	0				N/A	0.5%	0.7%	N/A	5.0%	3.8%
6	Club Drugs	Stable abuse and availability	Small amounts	N/A	Not produced locally. Source: Minneapolis, Wausau. Distribution: independent retailers	None statistically noted	5	3				N/A	0.7%	0.8%	N/A	1.1%	4.9%
7	Other drugs: LSD, amphetamines, psilocybin mushrooms	Availability: Not readily available. Abuse: not as widely abused as other threats	Amphetamines: 135 units. LSD: 15 units. Mushrooms: 2,44 grams	N/A	Not produced locally. Independent retail dealers	None noted	24	8				N/A	0.7%	0.7%	N/A	N/A	N/A

<sup>1</sup>Northcentral Drug Enforcement Group Task Force. (2009) 2009 Threat Assessment. p 10-19

<sup>2</sup>As reported in NORDEG 2009 Threat Assessment

<sup>3</sup>Monitoring the Future Study: Trends in Prevalence of Various Drugs for 8th graders, 10th graders, and 12th graders, 2005-2008. <http://www.drugabuse.gov/info/facts/HSYouthTrends.html>

<sup>3</sup> Wisconsin Youth Risk Behavior Survey, Trend Graphs (1993-2009). <http://dph.wi.gov/sspw/yrbssnack.html>

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