

# Data to Action



Substance Use Assessment | 2021





# ONEIDA COUNTY

— HEALTH DEPARTMENT —

Oneida County Community Assessment of Substance Use

## Oneida County Community Assessment of Substance Use

*Prepared by:*



# CATALYST

AT THE UNIVERSITY OF WISCONSIN STOUT

*Prepared for:*

Oneida County Health Department

---

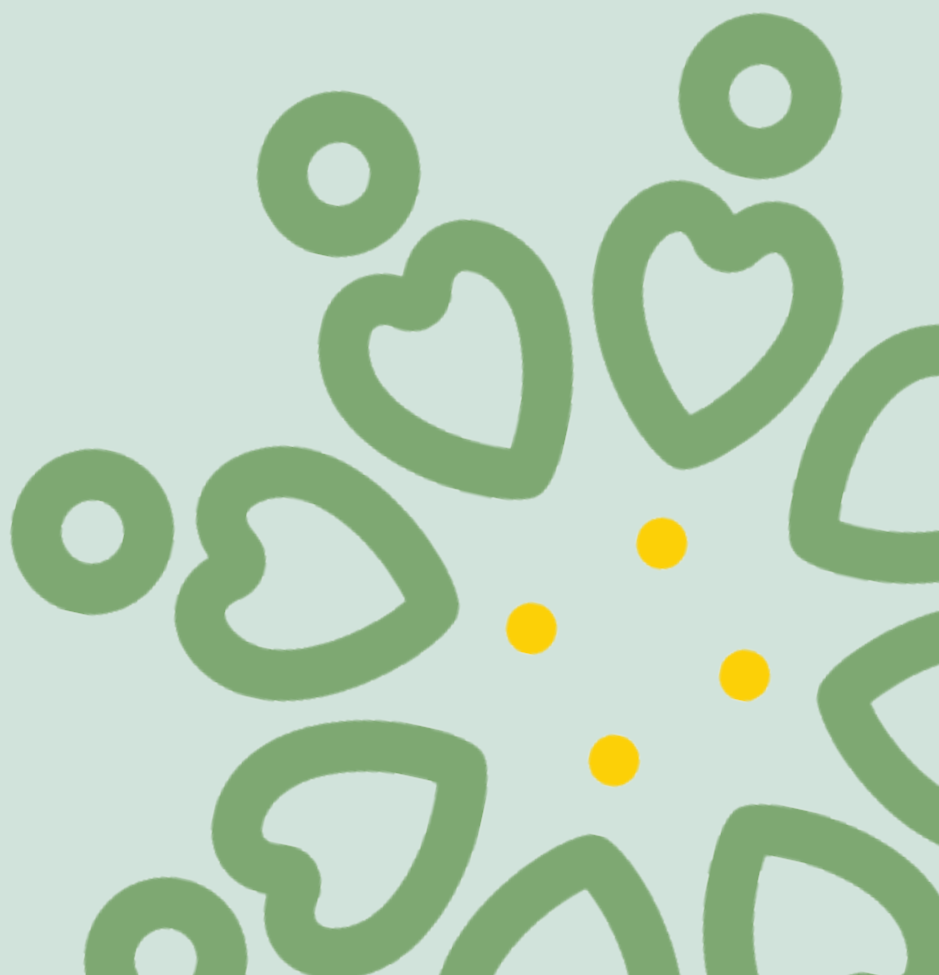
**Survey created by:**

Catalyst at UW-Stout

**Report Distributed to:**

Oneida County Health Department

This survey was developed by and is owned by UW-Stout and may not be copied without permission. For further information about this survey, please contact Catalyst at UW-Stout. ([catalyst@uwstout.edu](mailto:catalyst@uwstout.edu)).



# When you partner with Catalyst for your applied research needs, you can expect the following from us:

## *Experience & Education*

Catalyst staff has over 50 years of combined experience in conducting institutional research and over 20 years working with quality improvement initiatives. Catalyst staff has Masters and Doctoral degrees in evaluation studies, applied psychology, research design, and qualitative/quantitative analysis.

## *Evidence*

The great work done by Catalyst staff has been recognized not only by our clients, but by the Malcolm Baldrige Quality Program and the Academic Quality Improvement Program.

## *Expertise*

Catalyst staff has active working relationships with UW-Stout faculty, staff and students in survey development, survey administration, statistical analysis, qualitative analysis, and other aspects of research design. Catalyst staff also draws on the expertise of over 250 faculty members with content knowledge in a wide array of fields.

## *Expectations*

You can depend on Catalyst to provide you with a robust and rigorous approach to your research project. We want your institution to be able to take our research and apply it to your institutional community in the most effective way possible to create meaningful change. You can expect us to provide you with clear, concise reports that are easy to read and interpret.

***We will be with you  
each step of the way  
to enable you to  
achieve your goals.***

## Mission

The office of Planning, Assessment, Research and Quality is responsible for strategic planning and accountability, institutional research and assessment, Catalyst, quality initiatives and university policies. We employ a participatory, collaborative planning process and rigorous approach to research and assessment. Decisions are informed by data and reflect the needs of UW-Stout and our external clients. Our dedication to continuous quality improvement promotes intelligent risk taking and innovative thinking university-wide. Our transparent approach to sharing data and information demonstrates accountability to the university and the public.

## Vision

Living our values to grow the capacity of our campus and external clients to use information for decision-making and meaningful change.



## Values

We are knowledgeable and professional, with the expertise to provide quality service



We provide information and resources for decision-making



We approach our work with honesty and integrity, and infuse ethics throughout all we do



We value accuracy, efficiency, reliability, and timeliness while upholding the highest standards



We are flexible, resourceful, and innovative and value continuous quality improvement



We use participatory and collaborative approaches to planning, decision-making, and research

# Contents

<b>8</b>	<b>Survey Demographics</b>
<b>16</b>	<b>Survey Results</b>
<b>26</b>	<b>Focus Group Results</b>
<b>58</b>	<b>Appendix A - Focus Group Survey</b>
<b>74</b>	<b>Appendix B - Focus Group Facilitator Guide</b>
<b>88</b>	<b>Appendix C - Sense Making Session Slides</b>

## Overview

The Oneida County Health Department (OCHD) in collaboration with the Northwoods Community, Outreach, Prevention, and Education Coalition (COPE), specifically the Oneida County Alcohol and Other Drug Subcommittee, and the Northwoods Tobacco Free Coalition (NWTFC), was awarded grant funding to complete this project. The Overdose Data to Action Community Prevention Grant (OD2A) is a cooperative agreement from the Centers of Disease Control and Prevention (CDC). The goal of this funding opportunity is to strengthen and enhance the capacity of communities to respond to substance use and abuse issues to prevent morbidity and mortality associated with opioid overdose, use disorder and other opioid-related harms. Secondary funding was secured through the Tobacco Prevention and Control

Community Intervention Grant (TCP) through the Wisconsin Department of Health Services (DHS). This funding is intended to support communities in Wisconsin to engage in tobacco prevention and control advocacy efforts that result in decreasing tobacco-related disparities through engagement and collaboration among populations impacted by tobacco-related disparities and organizations that work with these populations.

The overall purpose of this project is to collect community-level data related to opioid and tobacco and other substance related use and misuse and to develop strategies to address these issues within the community by centering the voices of those most impacted in a participatory data collection process.

## Methodology

This project consisted of four phases. In phase one of this project, publicly available data was compiled and analyzed to define the scope of opioid, tobacco, alcohol and other substance concerns specific to Oneida County, Wisconsin. Primary sources of data included the Wisconsin Department of Health Services, the Census Bureau, the Federal Bureau of Investigation, the Substance Abuse and Mental Health Services Administration, the Wisconsin Department of Justice, the National Highway Traffic Safety Administration, and the Centers for Disease Control and Prevention. This data was then used to develop a set of survey questions to gather data directly from Oneida County residents to both further define substance concerns and to develop strategies to address issues.

A Community Survey on Substance Use was developed and administered to Oneida County residents. Survey items focused on asking residents to define their perceptions of substance use prevalence within the community and to define causes and comorbidities of substance use. This data was then used to inform a set of focus group questions that were designed to further define the problem and to ultimately develop strategies to curb substance concerns. Findings were then shared with a group of community leaders through a Sense Making Session to further refine strategies offered by survey and focus group participants. This presentation is made available in Appendix C

# Survey Demographics

The Oneida County Community Survey on Substance Use was administered from 4/7/2021 to 5/17/2021. Data was collected electronically using Qualtrics, a web-based survey platform. Survey links were shared with key community partners and promoted using local and social media platforms. There was a total of 446 complete or partially complete survey submissions.

## Ethnicity

Ethnicity breakdown was measured with a 'check all that apply' survey item. Responses are displayed in Figure 1. Respondents were representative of the total county population when compared to the most recently available Census Bureau Estimates from 2019.

Figure 1: Majority v Minority Breakdown



Table 1: Ethnic Comparison

Ethnicity	Survey	County
American Indian or Alaska Native	1.75%	1.31%
Asian	0.87%	0.39%
Black or African American	0.22%	0.65%
Hispanic, Latino, or Spanish	1.09%	1.24%
Middle Eastern or North African	0.22%	0.20%
White	94.10%	96.10%
Other	1.75%	0.20%



## Gender

Gender was measured using a multiple-choice option. Responses are displayed in Figure 2. Females are over-represented in our sample (70.63% vs 49.92% in the general population), while males are under-represented when compared to the latest Census Bureau estimates. Please note that the Census Bureau does not account for anything other than male/female when it comes to sex or gender.

Figure 2: Female v Male Comparison

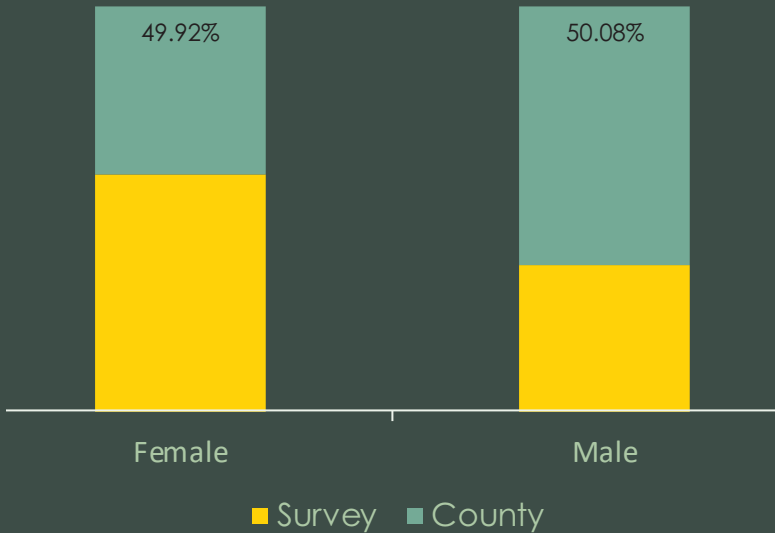


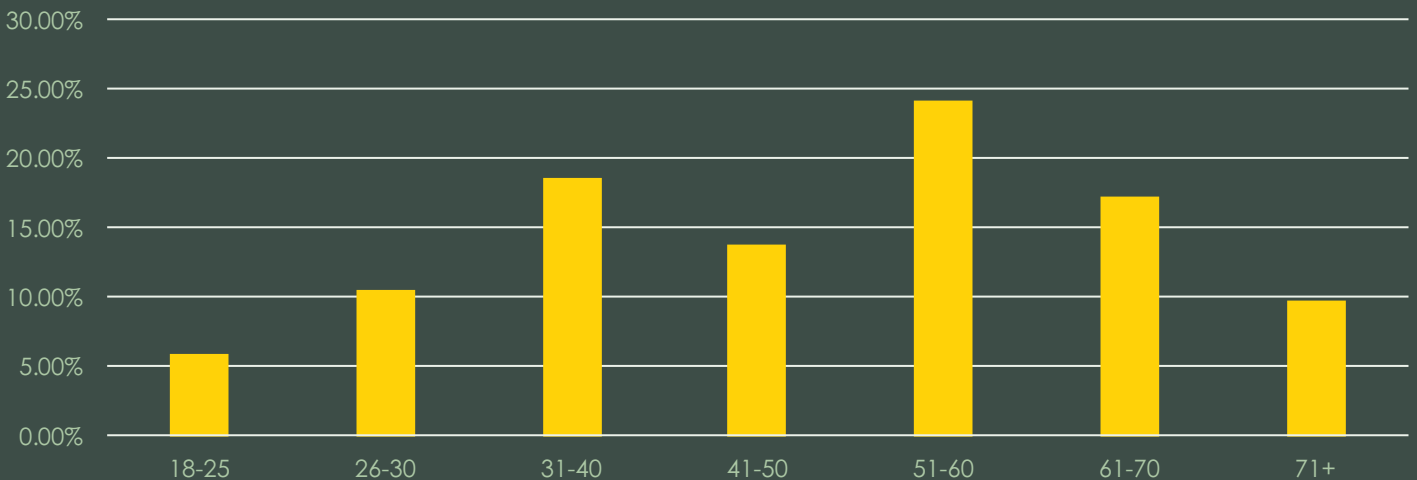
Table 2: Gender Comparison

Gender	Survey	County
Female	70.63%	49.92%
Male	28.48%	50.08%

## Age

The average age of participants was 37.04 with a standard deviation of 16.6 and a median age of 38. This is consistent with the most recent Census estimate of 41 as the median age. Figure 3 displays the distribution of ages.

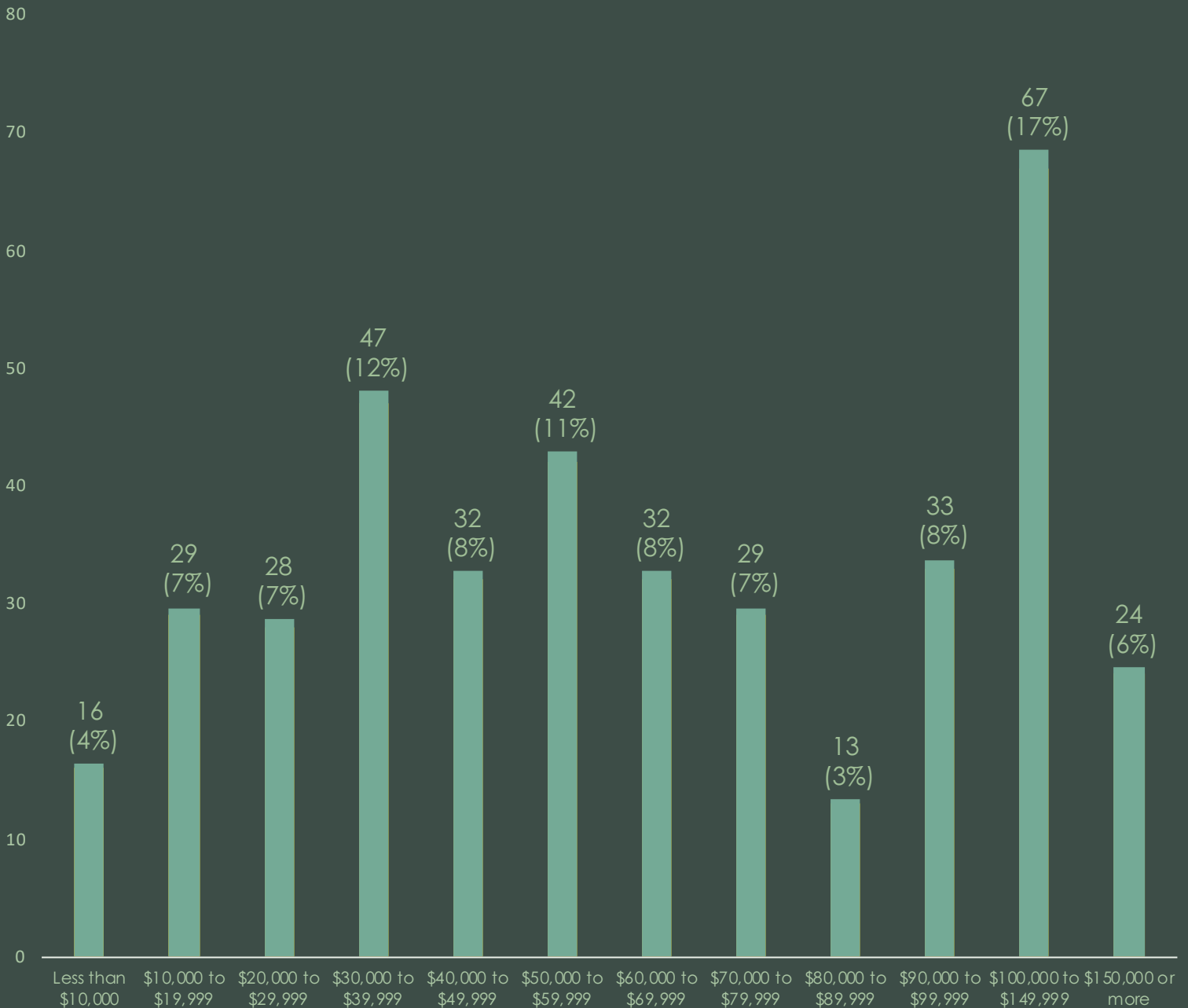
Figure 3: Age of Participants



## Income, Family Size and Poverty

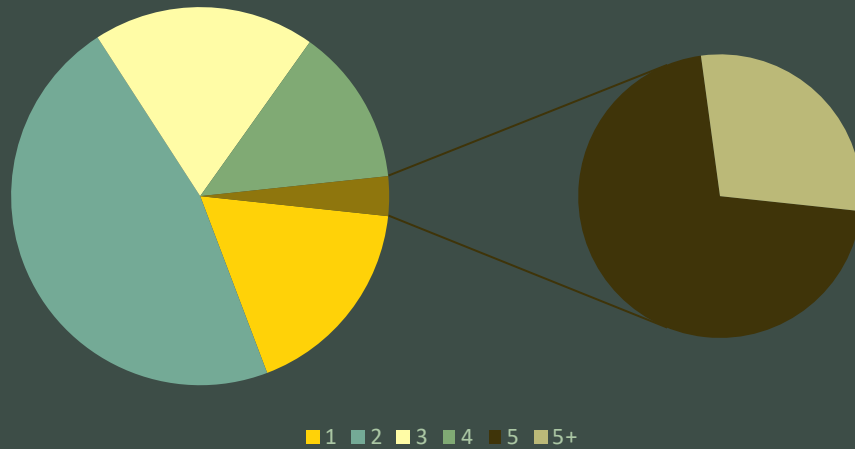
Household income was evenly distributed within our survey sample as displayed in the figure below. Most participants reported a household income estimated to be somewhere between \$100,000 and \$149,000 while the median household income was between \$60,000 and \$69,000. Poverty rates within our sample (9.79%) are consistent with both 2019 estimates of county (7.68%) and national (10.50%) populations.

Figure 4: Household Income



The majority of participants (44%) reported having two children. Other participants reported having 1 (18%), 2 (47%), 3 (19%), 4 (13%), 5 (2%) and 5+ (1%). This is in alignment with the average household size in Oneida County (3.06).

Figure 5: Number of Children



## Social Connectedness

Participants were asked to respond to a set of statements aimed at measuring their perceived sense of social connectedness. Items were rated on a scale of 1 = strongly disagree to 5 = strongly agree. In general, the higher the score the higher degree of social connectedness. Response means ranged from 3.29 to 3.52, indicating strong agreement among items and an overall high sense of social connectedness. Overall, the mean score was 3.60/5. The authors of the scale state that 3.5 indicates a greater tendency to be socially connected.

Table 3: Social Connectedness

Social Connectedness	Rank	Mean (SD)
There are people I can count on in an emergency.	3.52	3.52 (.69)
There is someone I could talk to about important decisions in my life.	3.46	3.46 (.7)
I have close relationships that provide me with a sense of well-being.	3.38	3.38 (.78)
I have relationships where my competence and skill are recognized.	3.37	3.37 (.74)
I feel part of a group of people who share my attitudes and beliefs.	3.29	3.29 (.76)

N = 454

## Stressful Situations

Participants were asked to rank the number times they encountered a stressful situation as defined by a list of circumstances. The top 15 responses are presented below. Stress and anxiety were the most reported circumstances. Other notable findings include chronic health conditions, financial distress and not being able to access care when needed.

Table 4: Condition

Condition	%	Rank
Stress- emotional strain caused by difficult situations	24.00%	1
Anxiety- feeling anxious, nervous, tense, scared or like something bad was going to happen	21.13%	2
Depression- feeling sad or hopeless almost every day for two weeks or more	10.40%	3
Chronic pain- constant pain that lasts for 6 months or longer	9.85%	4
Chronic health problems or serious illnesses (diabetes, asthma, cancer, etc.)	8.52%	5
Financial distress- unable to make money to pay bills	6.08%	6
Physical disability - condition that affects a person's mobility or physical capacity	5.20%	7
Access to care - not able to access healthcare when needed	4.09%	8
Learning disability (ADHD, dyslexia, unable to read, language barrier)	3.10%	9
Discrimination- been treated differently because of your race, sexual orientation, gender, religion, etc.	2.32%	10
Housing instability - overcrowding, moving frequently, staying with relatives, homelessness	1.44%	11
Suicidal thoughts- seriously considered suicide or made a plan to attempt suicide	1.11%	12
Hunger- going hungry because there is not enough food in your home	1.00%	13
Health literacy - not able to understand basic health information needed to make decisions about health	0.88%	14
Crime - theft, burglary, arson	0.66%	15

## Healthcare

Participants were asked to indicate if they have health insurance. 94% of participants indicated currently having healthcare. Of them, 18% said that they currently have BadgerCare.

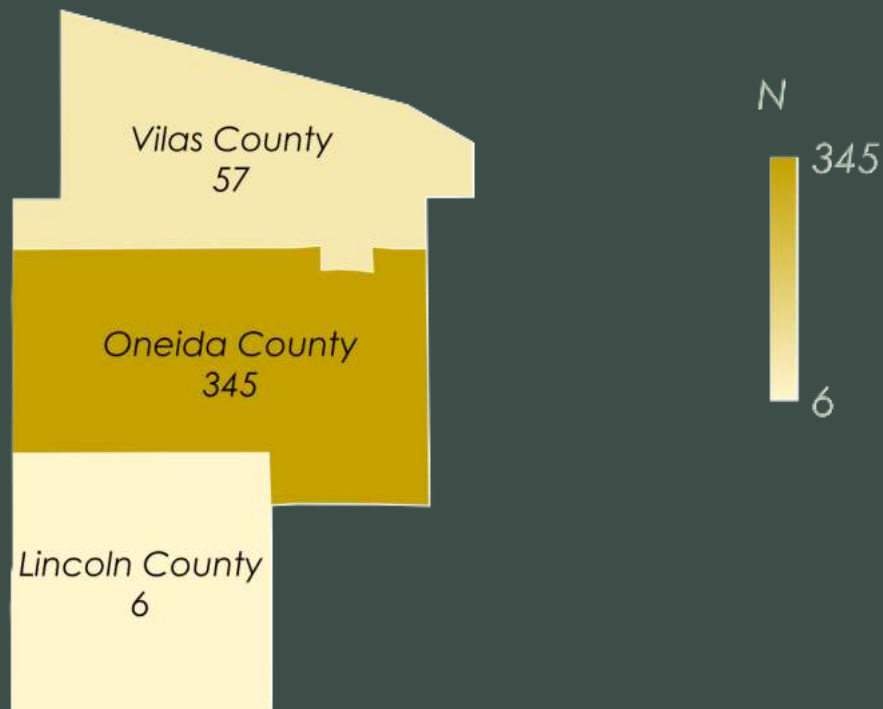
Figure 6: Healthcare Breakdown



## Population by County

Because participants were only required to report that they work in Oneida county, participation was distributed throughout the region. The vast majority of participants lived in Oneida County (82%), with Vilas (13%) and Lincoln (1%) counties following closely.

Figure 7: Participant Representaion by County



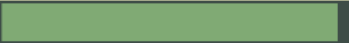














## Occupation

Participants were asked to select which listed occupation best represents their own occupation. Healthcare/Treatment Provider (19.28%), Retired (17.77%), and Other (13.80%) were the most selected occupations. These were followed by Social Services (8.51%), Caregiver/Homemaker (6.62%), Service Industry (6.62%), Education (5.48%), Small Business Owner (4.54%), and Skilled Labor (4.35%).

When participants indicated that Other best matched their occupation, they were given the opportunity to provide their occupation in a text box. Other occupations included manufacturing, caregiver, and professional/office environment, among the more than 50 miscellaneous responses.

Table 5: Occupation

Occupation	Proportion	N (%)
Healthcare / Treatment Provider		102 (19.28%)
Retired		94 (17.77%)
Other		73 (13.80%)
Social Services / State / Local / Tribal Govt.		45 (8.51%)
Caregiver/Homemaker		35 (6.62%)
Service Industry / Retail / Food Service		35 (6.62%)
Education / Teacher / Professor		29 (5.48%)
Small Business Owner		24 (4.54%)
Skilled Labor / Agriculture		23 (4.35%)
Unemployed		20 (3.78%)
Unable to work due to disability		17 (3.21%)
Law / Criminal Justice		13 (2.46%)
Student / Youth		8 (1.51%)
Broadcasting / Media / Social Media		6 (1.13%)
Religious Organization		5 (0.95%)

N = 102

## Survey Results

Survey results are presented below. Participants were asked to rank substances by the level of threat they posed to the community using a scale of 1 = No problem at all and 5 = A very big problem. Substances are listed by magnitude of concern using the mean and standard deviation of responses. The mean tells us the rank order of substances while the standard deviation tells us the degree to which people agreed in their rating. In general, the smaller the standard deviation, the more agreement there was among participants.

In addition to ranking substances by means, a frequency table is also included, showing the breakdown of response options participants chose. This is especially helpful when interpreting the percentage of people who said they were unsure as to whether or not a given substance posed a threat.

### Substance Concerns

Participants were asked to rate the degree to which various substances posed a danger to their community. Participants rated a list of substances using a 5-point scale where 1 = No problem at all and 5 = A very big problem. Participants were also given a 6th option indicating that they were Unsure, opting them out of rating any given item. Results are presented in Substance Concerns Table. Methamphetamine, Alcohol, and Binge Drinking were the top three substances of concern. These substances were ranked as posing nearly the same threat as noted by the similarity of mean scores (3.90-4.02).

Prescription Opioids followed closely with a mean of 3.69 out of 5. Vaping and Smoking followed closely with Marijuana and Other Tobacco Products garnering the least amount of concern.

Many participants indicated they were unsure as to whether or not a given substance was a problem in their community. Over 27% of participants reported not knowing if heroin was a problem compared to roughly 17% of participants who reported not knowing if Methamphetamine was an issue.



Table 6: Substance Concerns

Substance Concerns	Rank	Mean (Std. Dev)
Methamphetamine (crystal meth, ice, crank)	1	4.02 (1.06)
Alcohol Consumption (beer, wine, liquor)	2	4.00 (1.18)
Binge Drinking (5+ drinks for men, 4+ for women per occasion)	3	3.90 (1.16)
Prescription Opioids not as prescribed by a doctor	4	3.69 (1.12)
Heroin, Fentanyl (smack, dope, junk)	5	3.45 (1.19)
Vaping/E-Cigarettes (nicotine)	6	3.43 (1.20)
Smoking Cigarettes (tobacco)	7	3.31 (1.19)
Marijuana/THC (pot, weed, hashish, hash oil)	8	2.93 (1.50)
Other Tobacco Products (cigars, chew, snuff)	9	2.91 (1.13)

N = 524

Table 6a: Substance Concerns

Substance Concerns	No problem at all	A little problem	More than a little problem	A big problem	A very big problem	Unsure
Smoking Cigarettes (tobacco)	6.31%	19.31%	24.67%	24.09%	18.16%	7.46%
Vaping/E-Cigarettes (nicotine)	6.53%	13.24%	22.07%	25.91%	19.00%	13.24%
Other Tobacco Products (cigars, chew, snuff)	8.49%	24.90%	26.06%	16.99%	8.49%	15.06%
Heroin, Fentanyl (smack, dope, junk)	4.21%	12.43%	19.89%	17.97%	17.78%	27.72%
Prescription Opioids not as prescribed by a doctor (pain medications like morphine, Vicodin®, Percocet®, OxyContin®)	3.82%	8.41%	20.65%	26.00%	23.33%	17.78%
Methamphetamine (crystal meth, ice, crank)	2.69%	5.18%	13.63%	27.83%	33.78%	16.89%
Marijuana/THC (pot, weed, hashish, hash oil)	20.31%	20.88%	12.26%	13.60%	20.69%	12.26%
Alcohol Consumption (beer, wine, liquor)	3.05%	10.88%	15.08%	20.04%	45.61%	5.34%
Binge Drinking (5+ drinks for men, 4+ for women per occasion)	3.07%	10.34%	15.90%	23.56%	36.97%	10.15%

N = 524

## Under 21

Participants were asked to rate which substances posed the biggest concern to individuals under the age of 21 in their community. Participants rated substances using a 5-point scale where 1 = No problem at all and 5 = A very big problem. Participants were also given a 6th option indicating that they were Unsure, opting them out of rating any given item. Results are presented in Substance Abuse Under 21 Table. Vaping and the use of E-Cigarettes was rated as the most

concerning substance issue, with a mean rating of 3.76 out of 5. Alcohol Consumption (3.71), and Binge Drinking (3.64) showed similar mean scores. Driving under the influence was also rated as concerning, and participants' mean rating was 3.53 out of 5. Methamphetamine, Prescription Opioids, Cigarettes, Marijuana/THC, and Heroin all ranked above a 3 out of 5, indicating moderate concern. Other Tobacco Products were considered the least concerning substance.

Table 7: Substance Abuse Under 21

Under 21 Substance Concerns	Rank	Mean (Std.Dev)
Vaping/E-Cigarettes (nicotine)	1	3.76 (1.06)
Alcohol Consumption (beer, wine, liquor)	2	3.71 (1.12)
Binge Drinking (5+ drinks for men, 4+ for women per occasion)	3	3.64 (1.17)
Driving under the influence	4	3.53 (1.16)
Methamphetamine (crystal meth, ice, crank)	5	3.34 (1.23)
Prescription Opioids not as prescribed by a doctor	6	3.22 (1.16)
Smoking Cigarettes (tobacco)	7	3.18 (1.09)
Marijuana/THC (pot, weed, hashish, hash oil)	8	3.17 (1.36)
Heroin (smack, dope, junk)	9	3.02 (1.21)
Other Tobacco Products (cigars, chew, snuff)	10	2.98 (1.15)

N = 488

Table 7a: Substance Abuse Under 21

Under 21 Substance Concerns	No problem at all	A little problem	More than a little problem	A big problem	A very big problem	Unsure
Heroin (smack, dope, junk)	4.95%	16.08%	15.88%	9.90%	8.66%	44.54%
Methamphetamine (crystal meth, ice, crank)	3.94%	12.86%	16.18%	13.69%	13.69%	39.63%
Prescription Opioids not as prescribed by a doctor	3.09%	14.40%	21.19%	10.91%	11.73%	38.68%
Driving under the influence	3.09%	10.70%	20.78%	16.87%	18.52%	30.04%

Under 21 Substance Concerns	No problem at all	A little problem	More than a little problem	A big problem	A very big problem	Unsure
Other Tobacco Products (cigars, chew, snuff)	5.39%	23.03%	19.50%	15.56%	8.51%	28.01%
Binge Drinking (5+ drinks for men, 4+ for women per occasion)	3.09%	11.73%	17.70%	21.81%	22.84%	22.84%
Marijuana/THC (pot, weed, hashish, hash oil)	11.16%	16.32%	17.15%	17.15%	17.56%	20.66%
Smoking Cigarettes (tobacco)	3.07%	21.68%	25.36%	19.43%	11.45%	19.02%
Vaping/E-Cigarettes (nicotine)	1.64%	9.84%	20.29%	28.07%	24.39%	15.78%
Alcohol Consumption (beer, wine, liquor)	2.26%	11.93%	22.22%	24.07%	27.37%	12.14%

N = 488

## Drinking and Overdose

Participants were asked to rate the extent to which driving under the influence and drug overdose are a problem in their community. Participants rated drinking and overdose on a 5-point scale where 1 = No problem at all and 5 = A very big problem. Participants were also given a 6th option indicating that they were Unsure, opting them out of rating any given item. Results are presented in Drinking and Overdose Table. Driving under the influence of alcohol was ranked as the top concern, with a mean rating of 3.85 out of 5. Of

respondents, 34.32% indicated that drunk driving was "A very big problem". Driving under the influence of substances other than alcohol was the next leading concern (3.60), followed by drug overdose (3.45).

It should be noted that 22.13% of respondents indicated that they were unsure how problematic drug overdose was in their community.

Table 8: Drinking and Overdose

Drinking and Overdose	Rank	Mean (Std.Dev)
Driving under the influence of alcohol	1	3.85 (1.08)
Driving under the influence of substances other than alcohol	2	3.60 (1.12)
Drug overdose (injury or death)	3	3.45 (1.10)

N = 507

Table 8a: Drinking and Overdose

Drinking and Overdose	No problem at all	A little problem	More than a little problem	A big problem	A very big problem	Unsure
Driving under the influence of alcohol	1.78%	10.06%	23.67%	25.64%	34.32%	4.54%
Driving under the influence of substances other than alcohol	2.56%	12.43%	21.70%	24.26%	21.50%	17.55%
Drug overdose (injury or death)	3.75%	10.47%	26.48%	21.15%	16.01%	22.13%

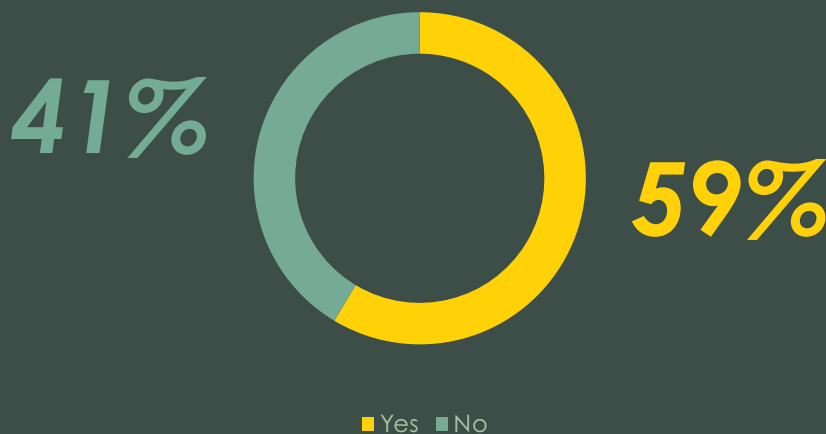
N = 507

## Availability

Participants were asked if they have noticed a change in the availability of opioids in the area. A majority of participants reported yes (59%). A follow up question was posed to those noting a change to describe the change. Participants reported that doctors have new rules and regulations to follow when prescribing. They have become more suspicious of opioid misuse, leading to

fewer prescriptions. Participants suggested that it is easier to by opioids "on the street" rather than a physician. They also noted that street drugs are not as safe and can lead to negative community outcomes. For example finding discarded hypodermic needles in unexpected areas, a perceived increase in criminal activity, and an increase in overdose and overdose related death.

Figure 8: Change in Opioid Availability



## Recent Use

Participants were asked to report the degree to which they used a given substance within the past 30 days. Participants responded using a scale ranging from 1=never, to 8=everyday. Alcohol Consumption, Smoking Cigarettes, and Marijuana were the most used substances. Alcohol Consumption (3.23) was rated more than a full point above Smoking Cigarettes (2.13), indicating widespread usage. A full 21.49% of respondents, or one out of every 5 people, reported having consumed alcohol within the past 30 days.

Smoking Cigarettes was the activity reported as most likely to be an everyday occurrence (12.10%), followed by Marijuana (4.27%) and Alcohol Consumption (4.04%).

The vast majority of participants also indicated having never used Heroin (98.73%), Methamphetamine (96.17%), Prescription Opioids (94.06%), Other Tobacco Products (90.43%), and Vaping/E-Cigarettes (90.41%)

It should be noted that these ratings are a result of self-report, which tends to underestimate actual usage.

Table 9: Recent Use

Recently Used (30 Days)	Rank	Mean (Std.Dev)
Alcohol Consumption (beer, wine, liquor)	1	3.23 (1.99)
Smoking Cigarettes (tobacco)	2	2.13 (2.35)
Marijuana/THC (pot, weed, hashish, hash oil)	3	1.66 (1.64)
Binge Drinking (5+ drinks for men, 4+ drinks for women per occasion)	4	1.61 (1.12)
Vaping/E-Cigarettes (nicotine)	5	1.31 (1.26)
Other Tobacco Products (cigars, chew, snuff)	6	1.26 (1.09)
Prescription Opioids not as prescribed by a doctor	7	1.11 (0.59)
Methamphetamine (crystal meth, ice, crank)	8	1.10 (0.67)
Heroin (smack, dope, junk)	9	1.03 (0.34)

N = 471

Table 9a: Recent Use

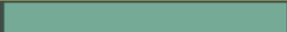
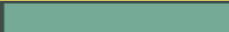

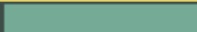
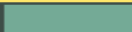
Recent Use	Never	+30 Days Ago	1-2 days	3-5 days	6-9 days	10-19 days	20-29 days	Every day
Smoking Cigarettes (tobacco)	72.40%	11.46%	0.64%	1.27%	0.42%	0.64%	1.06%	12.10%
Vaping/E-Cigarettes (nicotine)	90.41%	4.48%	1.28%	0.21%	0.00%	0.64%	0.43%	2.56%
Other Tobacco Products (cigars, chew, snuff)	90.43%	4.89%	1.91%	0.00%	0.21%	0.43%	0.43%	1.70%
Heroin (smack, dope, junk)	98.73%	1.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.21%
Prescription Opioids not as prescribed by a doctor	94.06%	4.25%	0.85%	0.21%	0.00%	0.21%	0.00%	0.42%
Methamphetamine (crystal meth, ice, crank)	96.17%	1.91%	0.64%	0.21%	0.00%	0.43%	0.21%	0.43%
Marijuana/THC (pot, weed, hashish, hash oil)	75.00%	13.68%	3.85%	0.64%	0.21%	1.71%	0.64%	4.27%
Alcohol Consumption (beer, wine, liquor)	24.04%	18.72%	21.49%	10.00%	8.72%	9.36%	3.62%	4.04%
Binge Drinking	66.03%	19.23%	9.40%	1.71%	1.71%	0.85%	0.85%	0.21%

N = 471

## Smoking

Participants were asked to respond to a series of statements aimed at measuring attitudes related to smoking, tobacco, and marijuana use where 1 = strongly disagree and 5 = strongly agree. Most participants agreed (4.25/5) that e-cigarettes have negative health consequences. Participants reported that individuals tend to use marijuana (3.42/5) more than tobacco (2.98/5) to cope with stress.

Table 10: Smoking, Coping and Stress

Item	Rank	Mean (SD)
E-cigarettes have negative health consequences		4.25 (1.32)
Marijuana products help individuals cope with stress		3.42 (1.39)
Tobacco is a gateway drug		3.00 (1.45)
Tobacco products help individuals cope with stress		2.98 (1.44)
Smoking poses less risk to health than illegal substances		1.92 (1.23)

N = 455

Table 10a: Smoking, Coping and Stress

Smoking	Disagree	Slightly disagree	Neutral	Slightly agree	Agree
People who develop an addiction to other drugs often start with tobacco use first	25.05%	10.99%	22.42%	22.42%	19.12%
Smoking poses less risk to health than illegal substances	54.75%	18.10%	12.36%	9.71%	5.08%
E-cigarettes have negative health consequences	10.62%	2.88%	5.53%	13.05%	67.92%
Tobacco products help individuals cope with stress	25.83%	10.38%	20.53%	26.49%	16.78%
Marijuana products help individuals cope with stress	17.92%	3.76%	23.45%	28.10%	26.77%

N = 455

## Short Answer Questions

Survey participants were asked to respond to a series of short answer questions aimed at gathering perceptions about addiction and treatment options in Oneida County. These comments were used to inform focus group questions meant to get a better understanding of how these barriers could be overcome.

*Listed from most responses to least responses.*

### Top 10 Reasons Preventing People from Seeking Treatment



Participants were asked to describe barriers that would prevent substance users from seeking treatment. The top 10 reasons are reported in the list to the right. Stigma was the most referenced reason citing the shame people will face by admitting they have a problem as the biggest barrier. Lack of money and limited access to treatment services were also cited. Further barriers to treatment focused on interpersonal reasons including denial, the power of addiction and the fear of change.

**Stigma**

**Financial Barriers to Care**

**Lack of Treatment Services**

**Denial**

**Power of Addiction**

**Fear of Change**

**Underlying Mental Health Concerns**

**Peer Pressure**

**No Desire to Quit**

**Fear of Legal Ramifications**

### Top 10 Factors Contributing to Addiction



Participants were asked to describe factors that contribute to addiction. Mental health, depression, stress and anxiety were the most cited factors, followed by environmental factors including lack of support and peer pressure.

**Mental Health Disorders**

**Depression**

**Stress**

**Anxiety**

**Lack of Support**

**Peer Pressure**

**Family Cycle (Upbringing)**

**Past Trauma**

**Socioeconomic Status**

**Poor Coping Skills**



## Top Known Treatment Options

Participants were asked to describe known treatment options in the area. About half of the participants indicated they knew of available treatment options but could not name a specific provider. Sample comments included "outpatient therapy" or "AODA treatment" options. Koinonia , Ascension Koller, and Marshfield were the top named treatment options while others vaguely described "Human Services" or the "Health Department". These comments suggest that most participants had a vague awareness of treatment options available in their community.



**Aware of Options, Cannot Name Specific Provider**

**Koinonia**

**Ascension Koller Behavioral Health**

**Marshfield AODA**

**Human Service Center**

**Health Department**

**Aspirus Clinic**

**Non-Specific Entities, e.g. "Health Care Provider"**

**Church and/or Religious Support Groups**

**One-Time Mentions (Aspirus, Phoenix, Cornerstone, etc.)**



# Focus Group Results

## Focus Groups

### 17 Groups

A total of 17 unique sessions were held over three months to gather data from groups and individuals. In addition to inviting members of the public to participate, specific groups were targeted.

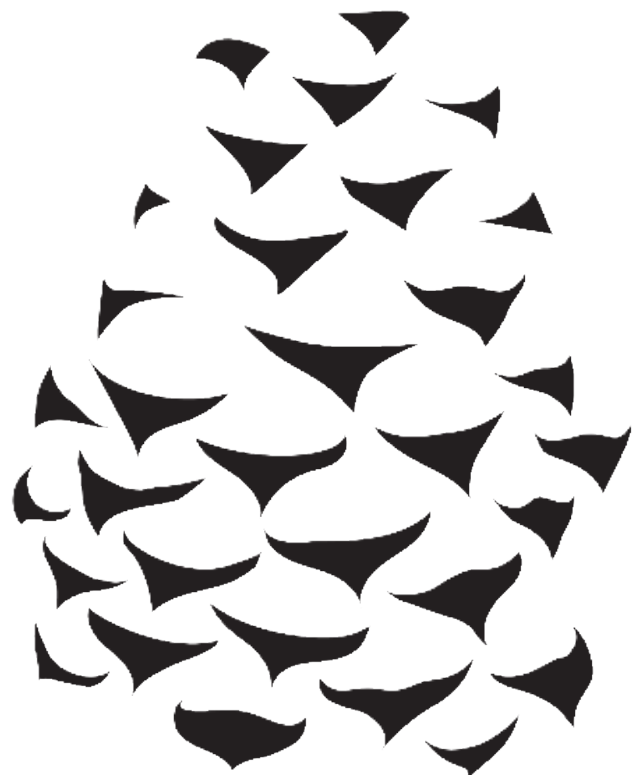
#### Targeted groups included:

- Hospital and EMS staff
- Parents, teachers, and students from local elementary, middle, and high schools
- Police and Fire staff
- Substance use treatment providers
- Individuals with substance use concerns

A full question route and protocol were developed and used to train facilitators to collect data. The Focus Group Facilitator Guide is available in Appendix B. Focus Groups were electronically recorded and later transcribed for data analysis. Responses were pooled by question and were uploaded to Nvivo, a qualitative data analysis software package, for analysis. All comments were read by two separate coders to identify themes independently. A meeting was then held where common themes were identified and a finalized list of themes was produced. From there, the two coders independently coded the data according to themes and a meeting was then held to resolve discrepancies between the two coders. Agreement between the two coders met or exceeded the benchmark of 90% agreement.

### Interpreting Theme Tables

Themes are categories that many respondents identified in their responses. The themes (and the comments that fit within the themes) were identified and agreed upon by two researchers. Frequencies in the table are reflective of the number of comments that fall under each theme. They do not represent the number of respondents that referenced a theme. Therefore, it is possible to have higher frequencies than total respondents. Percent coverage is reflective of how representative a theme is within the context of all responses. As such, a theme with low frequency and high coverage could exist if there are few comments included in this theme, but they are very detailed.



Participants were asked 13 Questions

— Which risk factors do you feel are associated with a higher likelihood of developing a substance use concern in Oneida County?

Table 1

Theme	Frequency	Definition	Examples
<b>Social norms around substance use</b>	26 (20%)	<b>Acceptance to smoke, vape, binge drink, etc.</b>	<ul style="list-style-type: none"> <li>All the feedback on the cultural norm</li> <li>Community norms. But even more so cultural norms in the state of Wisconsin. Alcohol is synonymous with the state of Wisconsin. Drink Wisconsin wasn't an accident.</li> <li>I think some of ours are also incredible cultural norms, traditions. Our hunting seasons and things like that are often built with alcohol. That's why alcohol kind of trickles through the top of both lists.</li> </ul>
<b>Peer pressure</b> <i>Subtheme of Social Norms</i>	9 (7%)	<b>Peer pressure to smoke, vape, binge drink, etc.</b>	<ul style="list-style-type: none"> <li>And I also think it can be peer pressure and the sense of belonging.</li> <li>Peer pressure is. In some ways it can be it's like everyone is doing it then people just pressure you. And it's like one of those moments where you can say no, but you really can't</li> <li>I think that the self-esteem, flowing or peer pressure. I think that that's for me too, I mean I'm addictive personality, so I mean like I start, I start one and everybody is different, but you don't know that until it happens and then it's too late.</li> </ul>
<b>Family history</b>	24 (19%)	<b>Family history of use/abuse of substances</b>	<ul style="list-style-type: none"> <li>I am thinking of students that I've worked with, and I think family history of abuse of either the alcohol or drugs or whatever because they see it. They don't know any differently, regardless of what type of education. Or what they receive? About those things, so I think family history is a big factor.</li> <li>The family history</li> <li>In like an addictive family home</li> </ul>
<b>Parenting</b> <i>Subtheme of Family History</i>	6 (5%)	<b>Ineffective parenting to foster use/abuse of substances</b>	<ul style="list-style-type: none"> <li>Yeah, no I would agree. I think it's parental, I mean we're not talking about kids exactly that are young. I mean, I think it starts and stems from any age and the lack of parental supervision going forth.</li> <li>Yeah, no I would agree. I think it's parental, I mean we're not talking about kids exactly that are young. I mean, I think it starts and stems from any age and the lack of parental supervision going forth.</li> <li>I was gonna say when there's little to no parental discipline in like a house or like the child is exposed to it on like a daily weekly basis in the like home in Redmond.</li> </ul>

Theme	Frequency	Definition	Examples
<b>Mental health Issues</b>	17 (13%)	<b>Mental health issues, especially those unresolved, stigma around mental health</b>	<ul style="list-style-type: none"> <li>Mental health. I think in the Northwoods and living in a rural community, the thing I see as a social worker is access to services we just.</li> <li>So mental health</li> <li>Which then creates mental health issues, abuse, neglect and then leads to the attempted self-medicating. That leads to the addiction because the self-medication is not the correct avenue to take.</li> </ul>
<b>Trauma</b> <i>Subtheme of Mental health issues</i>	11 (9%)	<b>History of trauma</b>	<ul style="list-style-type: none"> <li>History of trauma.</li> <li>So, I think some of the risk factors would be like aces, adverse childhood experiences, a lot of trauma</li> <li>And they might be having a trauma, a traumatic experience that deprives them from being open and talk about the issue.</li> </ul>
<b>Availability of substances</b>	13 (10%)	<b>Cost of substances, geographic location, access to substances</b>	<ul style="list-style-type: none"> <li>Access to it. Models. In other words, people close using it.</li> <li>I think I'm glad they are recognizing the meth issue, it's made the top five, I mean that is the real issue, and I think the risk factor for meth is maybe trying other drugs, like using other things before. Meth isn't your gateway drug, it's not the thing you first try. It's usually they've tried something else like heroin or cocaine. They've usually tried something else, and then meth is the best high, I guess. The cheapest high.</li> <li>Availability is huge too. How many liquor licenses are just in the city of XXX establishments and gas stations and sell these products? Vape and alcohol. I think it's just a kind of Wisconsin as a whole is a big drinking state anyway, but the availability is huge, look at Minnesota, they have to drive over Wisconsin on Sundays cause they can't buy it there, so... I think that's a big part of it too, and it's not much to do here in the winter, and the weather's not good. So just go to the bar.</li> </ul>
<b>Difficulty accessing substance abuse programs</b>	8 (6%)	<b>Lack of other means to access treatment including program availability, knowledge of program, and participant availability.</b>	<ul style="list-style-type: none"> <li>And then the access to services.</li> <li>I think like Lauren had said, it's just having the availability of services to the families. If we have a child that we're concerned with a lot of times they are sent to Appleton or Green Bay area and I don't know what the costs and everything are involved with that, but if we had something local, I think it would be beneficial. And then there may not be such a stigma about the whole mental health process because it would be local and available here versus having to go somewhere else.</li> <li>And just not having the resources or education in the schools like we should early on. Like even starting in elementary school,</li> </ul>
<b>Lack of social connectedness</b>	6 (5%)	<b>LGBT other not accepted youth/peer pressure/Lack of connection with others/parental supervision and connection/withdrawal from social situations</b>	<ul style="list-style-type: none"> <li>And I would like to add to LGBT, so its ah, very judgy area up here. Yeah, so kids or adults who are not accepted find other outlets.</li> <li>And to go off of hers, maybe communication. So, like communication within the family and whatnot is not the greatest.</li> <li>Being disconnected from your community or friends or not having purpose or feeling connected to others in a human contact way, not a social media way.</li> </ul>

Theme	Frequency	Definition	Examples
Poverty	5 (4%)	<b>Not having financial means to access treatment, as well as not having a car, not being able to take off work,</b>	<ul style="list-style-type: none"> <li>Well, I would say poverty.</li> <li>Nothing new, everything that you guys have said with head start. A lot of it is the poverty,</li> <li>Lower on the socioeconomic order. Also, I would say because lack of education. So lower socioeconomic or. The term that people don't like to use underprivileged, cause the privilege is not knowing your privilege. That people that have under access are more likely. Substance use concerns. Not saying it's hard to be rich, but it gets rid of some of the problems.</li> </ul>
Coping with stress	3 (2%)	<b>Resiliency in responding to stress factors, supportive network</b>	<ul style="list-style-type: none"> <li>It might be like, coping skills, they just don't have the coping skills. Healthy coping skills, to deal with them.</li> <li>Being stressed. Over working. School. Trying to keep up with homework. Pretty much anything that can help it shortly</li> <li>It's like athletic stress too like if you're in a lot of extracurricular [activities] then you like are stressed out, maybe you're not on like on your game or your school grades are slipping, and you need to stay in school and your sport. Then that's stresses like needing to be better than you are, you need your time of sleep to do homework, so you're gonna stay up and do some things like that. It's just a lot of stress.</li> </ul>
Other	27 (21%)	<b>Other comments that did not fit into a theme</b>	<ul style="list-style-type: none"> <li>I feel. Untreated ADHD. There's a huge risk factor.</li> <li>Yeah, also through the aspect of labels going to</li> <li>An addictive personality. Say if someone tries something and they like it a lot, but they know it's bad for them, but they keep doing it because it makes him feel good.</li> </ul>

## — What opportunities are there to support families and break cycles of addiction?

Table 2

Theme	Frequency	Definition	Examples
<b>Local Therapists, Physicians, other Professionals</b>	21 (18%)	<b>Number of local professionals</b>	<ul style="list-style-type: none"> <li>I think therapy and coaching through health services is amazing and we're trying as a national conversation. We're trying to break this stigma of mental health that it's OK to say, "I attend therapy". I attend therapy once a week myself.</li> <li>If they contact our service in Minocqua, we can provide counseling or family members spouses. It has to do with being an effective family member.</li> <li>I think we're fortunate to have some recovery coaches in our area that that can offer that support to the families or to individuals.</li> </ul>

Theme	Frequency	Definition	Examples
<b>Regional Availability</b> <i>Subtheme of Local Therapists, Physicians, other Professionals</i>	9 (8%)	<b>Access to local professionals, as well as concerns about professionals leaving the area</b>	<ul style="list-style-type: none"> <li>We don't have enough professionals that know how to treat these people in the area. There's just not enough, they cannot do it all by themselves. They're helping the whole county. So, if we could somehow lure some psychiatric people that wanna live in this area.</li> <li>Once again, just maintaining physicians and therapists and social workers and everything in the community to have the services available.</li> <li>I'm saying like just from the question, it sounded like you meant what opportunities and outside outlets are there for families to go get help. This person was not that I've heard of like family counseling up here is kind of nonexistent.</li> </ul>
<b>Education</b>	20 (17%)	<b>Educating families and children on substance use/abuse, strategies</b>	<ul style="list-style-type: none"> <li>It's a good question. I don't know what is available. I know what would help is education, but where do they get that education, especially in an ongoing manner.</li> <li>With the education, because the truth is that you're also only an individual and the one way to bolster yourself up is through education</li> <li>Educating the children.</li> </ul>
<b>Specific programs</b> <i>Subtheme of Education</i>	6 (5%)	<b>Interventions through a variety of programs</b>	<ul style="list-style-type: none"> <li>I know that core behavioral health has a program called COPE. The C-O-P-E and it's a comprehensive outpatient education group that meets three days a week in person at this point. That's a really great resource.</li> <li>We used to have the DARE program. The Oneida County Sheriff's Department would come in and do the DARE program.</li> <li>I remember having groups and having a brief specialist come in and talk about the grief of giving up your drug and being better parents and trying to role model for the children in those. It was very short lived, unfortunately. It was held at the Human Service Center for the ISP groups.</li> </ul>
<b>School</b> <i>Subtheme of Education</i>	3 (3%)	<b>Implementing interventions in a school setting</b>	<ul style="list-style-type: none"> <li>That's why the schools important, because then it's forced, not forced because they're already there, they have to be at school. Just making sure that people around you are aware of the situation.</li> <li>I think part of the hard thing is many times you don't know what's going on behind closed doors. Working with children, it can be our school districts that bring concerns forward back to social services. Question them and bringing forward the strategies and what they're seeing at home,</li> <li>Maybe the schools can help with that, but I'm sure it comes down to resources as well with them.</li> </ul>
<b>Guidance counselors/specialists</b> <i>Subtheme of Education</i>	3 (3%)	<b>Implementing interventions via guidance counselors/specialists</b>	<ul style="list-style-type: none"> <li>In the school system, we have guidance counselors and teachers building which is helpful.</li> <li>As a school district, the support people aren't there. They're just like, "it's so much work and so many families to support" that "I don't think it's feasible to." I think families who advocates themselves that they need support get support.</li> </ul>

Theme	Frequency	Definition	Examples
<b>Community engagement</b>	19 (16%)	<b>Activities such as swimming lessons, orgs, summer school, climbing, church, volunteering, etc. that pull them away from "WI drinking culture"</b>	<ul style="list-style-type: none"> <li>In our schools too, we try to do some activities in the evenings to get families involved... trying to get them away from breaking the cycle or being involved with any kind of substance.</li> <li>Whether it's your group of friends or an organization. I guess like more organizations would be nice. More Boy Scout presidents. More activities that aren't drinking oriented would be a good start. But this is Wisconsin.</li> <li>In terms of community organizations like the YMCA and programming in that way provide, from project protective factors can engage the family when they know that it necessarily always breaks the cycle... I would imagine that there are other kinds of community organizations or events of that nature that bring families together. And as was just being discussed, provide an opportunity to do activities that don't involve or revolve around substances.</li> </ul>
<b>Non-alcoholic local events</b> <i>Subtheme of Community Engagement</i>	5 (4%)	<b>Similar or same events as offered now, just non-alcoholic</b>	<ul style="list-style-type: none"> <li>For like the county to know, I think that if there are activities for families to do, that really helps because even though the family may still use, they didn't use on that night or for those three hours... think of the Lions Club with the Halloween party and Eagle River.</li> <li>Community open climb. It is a community building activity, a sober community activity. Also, an activity that will get them out of the typical culture.</li> <li>There's not a lot of activities for those kids that don't involve drinking. You go to the hunting shack. If you have a bunch of beers with your aunts, uncles, brothers, you know whatever fishing scene kind of thing. Having recreational opportunities around. Some of those rules that don't involve alcohol or drugs or whatever the family issue is would be good.</li> </ul>
<b>Support groups</b>	18 (16%)		<ul style="list-style-type: none"> <li>Right now, I'm in recovery, but I'm gonna just be there for other parents and stuff like that or recovery groups.</li> <li>I think there's some things that have [been] done with strengthening families. Not sure how heavy or your often. Children's Wisconsin has strengthening families.</li> <li>I work with these amazing people at school. I see teachers who are willing to stay after and connect with kids, create groups that kids are interested in, support them with food, support them with time, support them with all sorts of things. We do have some protective factors in the people.</li> </ul>
<b>Parenting support groups</b> <i>Subtheme of Support Groups</i>	7 (6%)		<ul style="list-style-type: none"> <li>We were hoping to get something close to a parenting group for families that were having truancy issues and that would also touch on breaking the cycles and parenting tips. But we couldn't get the grant money to do it.</li> <li>Sometimes even having simple parenting classes can offer support to parents who are struggling.</li> <li>Now all of these other things you mentioned. There's Family Circles, at Lac du Flambeau. Children of Wisconsin was mentioned. There's a number of those parenting things that are very good overall programs.</li> </ul>

Theme	Frequency	Definition	Examples
<b>Share personal experience</b> <i>Subtheme of Support Groups</i>	6 (5%)		<ul style="list-style-type: none"> <li>Through reading other people's experiences, you can prepare yourself. The reality is, you're not always going to have a support network. You gotta learn to tread water.</li> <li>I'm usually very open about my recovery so that people can ask me or people that have kids and their families ask me questions. You can tell anyone in the world I was here. I do not care whatsoever. That's how I am. I'm open about it so that I can help other people.</li> <li>It's really good to be open like that, 'cause when you're open like that, then then your kids too would be more likely to come and talk to you.</li> </ul>
<b>Breaking familial cycle of addiction</b>	14 (12%)	<b>Comments discussed family-specific issues and how they relate to recovery</b>	<ul style="list-style-type: none"> <li>Meeting them where they're at with that and allowing our families to have somebody there, too, that they can relate to, that can support them, so that they're not treated as if they're a criminal, but that that we can work through it and support them to make positive changes.</li> <li>Taking the children of high-risk families and educating them individually and not letting them slip through the cracks.</li> <li>The second part of the question is the hard part about breaking the cycle of addiction. Supporting families is one thing, but getting into that part when a lot of students will talk about what they see at home.</li> </ul>
<b>Alternatives to incarceration</b>	8 (7%)	<b>Comments centered around jail as an ineffective method to treating addiction</b>	<ul style="list-style-type: none"> <li>A really great thing would be having a drug court here.</li> <li>There should be some consequences for certain things, but if it's a mental health issue, punish them and throw them in jail or in juvie, then treat.</li> <li>Jail, incarceration is a part of it, but what do we do then? We don't have anything going on in the jails to teach on different lifestyles or resources we're giving them in the jail, they're just sitting there for two months, not using, but they're not picking up the life skills to be able to make the changes.</li> </ul>
<b>Change in social norms</b>	7 (6%)	<b>Adopting more healthy social norms</b>	<ul style="list-style-type: none"> <li>But that's the battle. It is a socially acceptable thing here. That's what everybody does is what everybody has ever done.</li> <li>My child was showing me the other day. He said, this is the statistic of Wisconsin. Out of the 10 hottest places with people [that have] the highest level of consumption, all of the 10 are cities in Wisconsin. The top ten in the country. Going back to the cycle.</li> <li>Children model what they see and what they learn. This is easier said than done, but I think parents at a younger age when their kids are super young need to get a head start on learning what's coming.</li> </ul>



Theme	Frequency	Definition	Examples
<b>Streamlining treatment options</b>	6 (5%)	<b>Connecting services to provide a continuous line of care</b>	<ul style="list-style-type: none"> <li>I would say increasing our relationship to improve as a school district, improving our relationship with social services and [the] human service center.</li> <li>Those students, even beyond the school are like, "What am I gonna do? Because before I had this support in the school, and am I still going to have the support? Do I have those teachers that care about me? They cared about me before to be my support." Do we really have a system to help these people?</li> <li>It would be nice if we could give them the resources in jail, give them assistance for outside when they leave, be able to go in and make sure they're going into a safe environment without. Jail is part of it, I agree, but there needs to be something else in addition to it.</li> </ul>
<b>Early intervention</b>	3 (3%)	<b>Introduce intervention education to youth as early as possible</b>	<ul style="list-style-type: none"> <li>I would just say early intervention is our greatest opportunity for increasing families' natural supports,</li> <li>Whatever it be. I think an early intervention into that type of atmosphere where somebody can get to the family and give them resources to use to either: one, address their addiction, or two, teach them parenting skills that they just don't know or they're not aware of.</li> <li>People don't reach out in time, and then it's too late and by that time they're good and addicted. The little things that you think they would report and say, oh, we need to get some help with that, and they just don't do it, and then it ends up in either us coming out there to Narcan them or stealing from them to get the drug that they need.</li> </ul>

**— What can we, the community, do to reduce the stigma surrounding substance use concerns in Oneida County? (Ex. alcohol, other substance, or tobacco use)**

**Table 3**

Theme	Frequency	Definition	Examples
<b>Education</b>	45 (36%)	<b>Providing more education on substance use and mental health</b>	<ul style="list-style-type: none"> <li>And I mean they used to have the signs out of lawns. Was that DARE?</li> <li>So maybe like teaching hope in school, and resilience, and strength to say no rather than not telling us anything.</li> <li>I had educated the youth OK; I feel like that's where it all starts, is educating elementary schools about these crucial topics so that they're aware and what lies ahead so they can prepare themselves for that.</li> </ul>

Theme	Frequency	Definition	Examples
<b>Substance use stigma</b> <i>Subtheme of Education</i>	19 (15%)	<b>Education specifically on substance use stigma</b>	<ul style="list-style-type: none"> <li>• So, just to repeat that for the people on Zoom, you just said that there's a lot of stigma related to the treatment, getting treatment.</li> <li>• So, education to kind of get after that stigma... So not necessarily the education about substance use or about these substances.</li> <li>• I feel it's really important for the aspect of education to push to get into schools at an earlier age to stop or prevent that stigma while it's happening or before it's happening, but education is a huge one.</li> </ul>
<b>Treating addiction as a disease</b> <i>Subtheme of Education</i>	7 (6%)	<b>Health promotion and disease prevention education among community members</b>	<ul style="list-style-type: none"> <li>• People see schizophrenia as a medical condition, or they see depression as a medical condition. They don't see addiction as that. They see that as a choice, you make a choice to drink. You can put any day; you can walk away from it. They don't see it.</li> <li>• I think there's media, I think WJW has done quite a few stories that try to reduce that stigma. I'm not willing to do more so I think that's good. You know, different things we can do. Trying to help people realize that it's the disease, not a defect.</li> <li>• Trying to focus on these, that they're diseases. It's not something that's just by choice or, it's their happenstance. Especially for younger kids. Because they're oftentimes exposed, but then experience the stigma and then are afraid to reach out and it keeps repeating a cycle. If they understand from the get-go that it's a disease and not something to be ashamed of, maybe they'll be more apt to reach out to get help. So, really sort of changing that way we focus [on the] disease, and that is something that can start a lot earlier than it does and would help to reduce the stigma as well.</li> </ul>
<b>Programs</b> <i>Subtheme of Education</i>	5 (4%)	<b>Education through specific programs</b>	<ul style="list-style-type: none"> <li>• Do we still have the DARE program? Isn't that important to start with them pretty young? Or is DARE just teaching them to stay away from drugs and alcohol.</li> <li>• I think that we have an avenue that will allow us to. I don't know in what form. I haven't seen the whole program in action, but through character strong, which is something that we are targeting in our school, that will be an avenue to target. Because we can be kind to other people, but sometimes, I mean, kindness was the theme for our character strong last month? There are people that have some issues representing kindness. Because the world for them is very aggressive, so I see that as an avenue in school.</li> <li>• Project aware... It helps with the stigma and the shame because of the barriers. He literally erases any barrier [a] family can have. It's like "here's the packet of paperwork". It's amazing.</li> </ul>

Theme	Frequency	Definition	Examples
<b>Support groups in general</b>	24 (19%)	<b>Connecting with others who are trying to improve themselves for one reason or another. Addiction is one type of issue people face and you can work on yourself together with people facing other issues. It humanizes the process</b>	<ul style="list-style-type: none"> <li>Teachers that reach out.</li> <li>[There] are programs out there, but I wish there are more programs that could reach out more instead of having the person who's using reach out, because generally [they] don't want to reach out.</li> <li>Maybe create more support groups. Create support groups that are more based around specifics such as age, sex, things like that. Just to be a little bit more personal and make people feel... I think people are very reluctant in some sense to come to meetings because they feel like "I'm not going to belong". If we create support groups that are based on specifics like that, it may create an openness to come, to try.</li> </ul>
<b>Nothing we can do, I don't know</b>	10 (8%)	<b>There's no stigma and no helping them there isn't stigma around getting help</b>	<ul style="list-style-type: none"> <li>I don't think that there is that big of a stigma for trying to get help or actually break[ing] that cycle. I really don't. I think people think that in their minds and that's their own inner demon that there's a stigma for it. I don't think there really is, truthfully. I think people think that themselves.</li> <li>No way to stop it. It's like everyone's doing it.</li> </ul>
<b>Small towns lead to increased feelings of judgement</b>	9 (7%)	<b>Leads to decreased motivation to seek treatment</b>	<ul style="list-style-type: none"> <li>I think the stigma is a lot stronger, especially in this small town.</li> <li>You don't have many people. There is that lack of anonymity. It kind of becomes, "oh, it's just so and so."</li> <li>I guess in the larger cities, there's a lot of anonymity. Small towns up here, people get wind quickly about who's in trouble. Who's doing what, and the general public will know a lot more about that before somebody gets into trouble. They can make it really public, and they get arrested or something like that. If someone were to come forward with [the] problem [of] getting them out of the community that they're in, in a small town, and taking them somewhere else to get the help so it's anonymous to where they come from. It's kind of important.</li> </ul>
<b>Alternative to punitive measures</b>	5 (4%)	<b>Alternatives to punitive measures to manage substance use</b>	<ul style="list-style-type: none"> <li>Not exactly punishing high schoolers. If they do, do it because it's usually it's not even their fault.</li> <li>As a peer specialist, my job is not to judge in any way but accept what they are telling me, and perhaps if their goal is not to abstain completely but to cut back enough to live a productive life in their eyes. I think there's a lot of stigma because there's less acceptance of casual use. I think if people felt more comfortable to talk about their casual use and not be afraid of punishment, that that would be helpful.</li> </ul>

Theme	Frequency	Definition	Examples
Substance use is isolating	4 (3%)	Leads to decreased motivation to seek treatment	<ul style="list-style-type: none"> <li>At some point [it] creates isolation. It creates depression and other mental health. Maybe that was already underlying, that now becomes prominent.</li> <li>OK yeah, I kind of get what he's saying. When you know someone that drinks all the time, like a lot of drugs or substance abuse, maybe not like staying away from them because of that reason. Putting your distance, if that's what you need to take care of yourself, but also not treating someone different because of it. At least a huge difference.</li> <li>I just want to isolate. Well, I got a dog. I'm fine, my dog is great and she's my best friend. I feel like people can be as mean as they want, I don't have drinking problem. It's not really, I don't think there's a stigma.</li> </ul>
Other	29 (23%)	People sharing personal experiences that don't answer the question or repeat that there is a problem.	<ul style="list-style-type: none"> <li>Yeah, or saying bring your stuff. If you know anybody *inaudible* that no one's in trouble.</li> <li>And I don't mean to walk over you guys at all. Just having a different opinion, because I totally respect the victim first method and stuff like that. I just also worry about the other side.</li> <li>Stop treating someone [as an] outcast when they try to get to know them more, like just saying "Don't read a book by its cover". Just getting [to] know [them] more. Don't treat them like an outcast.</li> </ul>

— Describe community strategies that you feel are most effective at supporting individuals who are experiencing substance use concerns.

Table 4

Theme	Frequency	Definition	Examples
Social connectedness	34 (27%)	Social connections with others that increase the social support network	<ul style="list-style-type: none"> <li>Having a coach, having people within that role, could be a church organization, it could be anything that gives them a sense of community or family that is away from those same people.</li> <li>Some people are like that's great that you're here to listen, but I need an answer, feedback. I don't want you just to sit here and listen. I want I would like some answers of what I could do.</li> <li>It's great to have those support groups around and just be able to talk to people that you don't know so that you're able to connect in a different way,</li> </ul>

Theme	Frequency	Definition	Examples
<b>Peer-to-peer</b> <i>Subtheme of School Connectedness</i>	4 (3%)	<b>Connections with peers</b>	<ul style="list-style-type: none"> <li>Peer groups.</li> <li>That treatment works and there is recovery. Stories of recovery. People identifying as recovering. It can be very, very powerful because otherwise what people tend to hear about is the whole other side. When people are not in recovery.</li> <li>They see another person one-on-one that was successful with the same problem, the chances of breaking free may be a little bit better.</li> </ul>
<b>Professional/mentor role</b> <i>Subtheme of School Connectedness</i>	8 (6%)	<b>Connections with mentors or professionals</b>	<ul style="list-style-type: none"> <li>Sponsors.</li> <li>Building that that relationship with the with the people in the community or what the professionals are working with.</li> <li>And I think trusting their doctors... Doctors can be very good advocates or good source of resources to get them the help that they need.</li> </ul>
<b>Recovery coaches</b> <i>Subtheme of School Connectedness</i>	10 (8%)	<b>Connections with recovery coaches or sponsors</b>	<ul style="list-style-type: none"> <li>If they build a good relationship with the case worker, they've had much more success. If that relationship is strong, that helps immensely.</li> <li>Really great recovery coaches have been really successful.</li> <li>The certified peer specialists work well with that.</li> </ul>
<b>Community/county orgs and programs</b>	29 (23%)	<b>Community based programs</b>	<ul style="list-style-type: none"> <li>The community strategies would go back to the outreach programs.</li> <li>Is there any active relationship or outreach to local churches or religious organizations to assist with the substance abuse in the state?</li> <li>I think a safe space with people who've been trained to hold recovery conversations... People need spaces where other people are going through the same thing as them and they could feel safe to share their story.</li> </ul>
<b>Treatment services</b> <i>Subtheme of School Connectedness</i>	16 (13%)	<b>Substance use treatment programs</b>	<ul style="list-style-type: none"> <li>The more services you can get someone with an addiction to meth or alcohol connected to, the greater likelihood of their recovery or the longer their sobriety lasts before their next relapse.</li> <li>Well AA and the NA is available.</li> <li>Celebrate Recovery is a huge recovery program that would help everybody in the family realize- or the addict to realize their anxiety issues or how to cope with addiction. [It] all goes back to awareness and just having the programs in place that are there to help a recovering addict or family members of addiction.</li> </ul>
<b>Community services</b> <i>Subtheme of School Connectedness</i>	5 (4%)	<b>Community services that are not substance use-based</b>	<ul style="list-style-type: none"> <li>The people who lack transportation have the alternate resource of a hotline or a sponsor that they can call or text. And the peer groups, like going to weight watchers.</li> <li>We've ran the after-school programs like CAST... You teach coping skills to combat depression and suicide and substance use. It's an acronym, Coping and Support Training. It's a national program.</li> <li>A Woman's Resource Center... in the community, it had all these different classes in self-esteem and assertiveness. And it was just all a woman's center. And all these support groups.</li> </ul>

Theme	Frequency	Definition	Examples
<b>Promote available treatment services</b>	12 (10%)	<b>Increase awareness of existing treatment options</b>	<ul style="list-style-type: none"> <li>• A strategy would be to really amp up advertising for those things to really make members of the community aware that we have these things.</li> <li>• An up-to-date resource guide too, because I think resources change pretty often.</li> <li>• I think just having stuff in common places like you go to the grocery store and there's a whole board full of ads about for sales and this and you know, services. That would be a great place to even put something there because not every person who experiences something with substance abuse is going to say, oh, I should really reach out for some resources.</li> </ul>
<b>Increased number of treatment options</b>	11 (9%)	<b>Increase the number of substance use treatment options</b>	<ul style="list-style-type: none"> <li>• Most larger companies have a personnel-I can't remember the name of the plan now- where you can get mental health care or something like that. (EAP: Employee assistance program).</li> <li>• Yes, I don't know any services that. I can refer somebody to, and they'll get in that day. Especially inpatient. Oh my God. outpatient takes five months to get.</li> <li>• So, I feel like there's almost like not enough of the support systems</li> </ul>
<b>Decrease barriers to basic services</b>	8 (6%)	<b>Decrease barriers that prevent access to internet, transportation, food, clothes</b>	<ul style="list-style-type: none"> <li>• It seems like transportation is helpful because there's been substance abuse oftentimes you don't have access to a vehicle</li> <li>• Spotty Internet. Spotty internet is a big issue for doing any kind of telecom.</li> <li>• Some basic clothing, some basic hygiene products, and we have those accessible and available to any student who needs them. We have also had programs where we can offer backpacks and basic school supplies to any student who needs them.</li> </ul>
<b>Reduce financial barriers to treatment</b>	6 (5%)	<b>Make treatment options more affordable</b>	<ul style="list-style-type: none"> <li>• A lot of times they don't have the means, to get there themselves and check themselves into a facility or a lot of times they just don't have the cash to do it.</li> <li>• You gotta pay 5 grand up front. Most of our families don't have that, and that's a less expensive version. Like some of them are asking for 8-9 just to walk in the door to pay it with.</li> <li>• So, since February, when the Medicaid opened up, the residential substance use disorder program benefit, everyone flocked to residential treatment that has Medicaid because they now have the ability for that to be funded in the majority. The room and board are not funded, so I think that that made a huge difference for trying to find a place because now you have everyone who has Medicaid. There's their opportunity.</li> </ul>

Theme	Frequency	Definition	Examples
Education	5 (4%)	<b>Educate community members about the dangers of substance use/abuse</b>	<ul style="list-style-type: none"> <li>I think we're doing a better job of doing that in our community and it's only going to grow with the more education we can get for the people that reside here and anybody else that wants to be a part of that.</li> <li>I think that, like in middle school in elementary, when you know there is a current of like don't do drugs... We weren't taught about like the loss other people feel with that kind of thing and the loss you feel within yourself if you're doing that thing. It's just like it's the stigma and it's a lot of the fact that like we were never taught about it.</li> </ul>
Other	12 (10%)	<b>Other comments that suggest strategies that did not fit into a theme</b>	<ul style="list-style-type: none"> <li>Hotlines.</li> <li>Praise is a big one for me to just on little things. You know that's not make the polls so big whatever. But people have higher authority I guess.</li> <li>Again, it goes up to Parents and Modeling and you know things like that too.</li> </ul>
Nonproductive comments	7 (6%)	<b>Negative comments surrounding substance use</b>	<ul style="list-style-type: none"> <li>Back when I first came up here, you worked big marijuana cases, worked cocaine cases. Now it is meth and some heroin.</li> <li>In a lot of cases, I'd be great if we could trade the people from Oneida county for Wausau because then they lose their friends. That's what they don't need to be by, they don't need to be by that group of people.</li> <li>It's 24 hours and they're high again and now they're chasing that same drug again. They know they're better off looking to support, get support, getting help with the getting high. And that's for some people, they aren't making that decision 'cause they don't care.</li> </ul>

## — How can we connect offenders involved with the criminal justice system to the care they need related to substance use concerns?

Table 5

Theme	Frequency	Definition	Examples
Local Programs	19 (14%)	<b>Community resources that are not affiliated with criminal justice system.</b>	<ul style="list-style-type: none"> <li>• Oh yeah. Any social service agency I think that's the problem.</li> <li>• Well, first of all is getting them the care that they need here. It has to be available here. And it has to be utilized.</li> <li>• Yeah so. So that's all they do? Is they just go Behind bars and they don't have anybody that comes in and talks to them? Not more AA meetings or nothing?</li> <li>• Not in this- Oneida County</li> <li>• Nothing? Oh, that is so wrong.</li> </ul>
Post incarceration	18 (13%)	<b>Treatment programs available to offenders' post incarceration</b>	<ul style="list-style-type: none"> <li>• Yeah, they don't have any place to go.</li> <li>• Is some feedback that we've gotten that that, perhaps there's more services For those transitioning From jail back in the community that could Be you know helpful.</li> <li>• There are some. Like we have a great program back home. And there are two faith-based programs that you can go straight from the prison or jail, 8-to-12-month program and just learn how to be a normal human being sober. So, and that's would be an amazing thing to have, but they don't even have rehabs. Basically, that much up here that you can even go to, to continue to try to live your life normally and they don't know how it will come out after these periods of time. And that leads to relapsing because they just don't know how to do anything because they've been using for it so long, so I think those programs would be amazing.</li> </ul>
Access to recovery coaching/mentorship	17 (12%)	<b>Increase treatment options that include access to coaches or mentors</b>	<ul style="list-style-type: none"> <li>• What you doing in recovery coach? In Rhinelander, at the Police Department. Isn't that prearrest yet?</li> <li>• I think talking with them about. Where they wanna go, what they see is recovery. That's it. So, you know, like which direction, Which direction to lead them.</li> <li>• We were just talking a little bit more about that peer support</li> </ul>
During incarceration	14 (10%)	<b>Treatment programs available to offenders while incarcerated</b>	<ul style="list-style-type: none"> <li>• I think it would be really nice if we could get the Kohler classes from Kohler to go out there, that Would be really beneficial</li> <li>• Well, but I don't know that... I don't know that they would let somebody like that into the jail, like This person might have more ability to get into a jail to work with people then somebody that's been a user in the past, so</li> <li>• Again, I know you said therapists, you Know it's limited, of type of services they get before they're released from incarceration, but If that could be increased or I know this like you said, there's a lot of stipulations for their probation. There's gotta be another layer in here, yeah?</li> </ul>



Theme	Frequency	Definition	Examples
<b>Target at-risk populations</b>	14 (10%)	<b>Identify individuals at higher risk to reoffend and develop interventions</b>	<ul style="list-style-type: none"> <li>• Focus group with addicts?</li> <li>• Is that one of the groups that they're gonna be with the Entire population.</li> <li>• And I think that there should be something mandated like you know. If you were, you know I mean, how many hours later and he was still drunk. So, I think there should be something mandated that anyone Has something in their system that it's automatic? You know, but how we connect them I don't know, you know?</li> </ul>
<b>Target reoffenders</b> <i>Subtheme of Target at-risk populations</i>	6 (4%)		<ul style="list-style-type: none"> <li>• I would think it would be mandatory because, you know you're habitually breaking the law. Conditional release, you gotta break the habit.</li> <li>• I really, really feel and try to push for You know some sort of drug court. I think it's so important to Have, that we don't. That's that would be a great point. And Some of the benefits.</li> <li>• You can successfully do a program like this without the offender wanting to make that change. They have to want to make that change first. We have such a high rate of OWIs and so many drug offenses up here ...But it always falls back to the offender. They have to Want it.</li> </ul>
<b>Target youth of high-risk family</b> <i>Subtheme of Target at-risk populations</i>	3 (2%)		<ul style="list-style-type: none"> <li>• The label on the fact that yeah, we give it a label.</li> <li>• So, adults and youth experiencing substance use disorders. Often use tobacco products, smoking cigarettes, chewing tobacco, E cigarettes at a higher rate than the general population.</li> <li>• Of things, can we do as a county to provide support for not only that parent to get better, but then those kids were constantly taking care of their parents who's got a very big problem.</li> </ul>
<b>Alternative to incarceration</b>	13 (9%)	<b>Programs that offer offenders a path to recovery without incarceration</b>	<ul style="list-style-type: none"> <li>• Drug court.</li> <li>• I came. Up with a recovery mode should be one, Family treatment court.</li> <li>• Any other thoughts on connecting? Offenders, whether pretrial or while in jail, with either recovery support with recovery support services, or help transitioning back into the community</li> </ul>
<b>Decrease barriers to basic services</b>	10 (7%)	<b>Decrease barriers that prevent access to internet, transportation, food, clothes</b>	<ul style="list-style-type: none"> <li>• All the places that they could are filled</li> <li>• It's weeks before you can get in.</li> <li>• Having it well and you have to have that. Immediate services to Referring to if you have a Three to six month wait list. That it makes an issue.</li> </ul>
<b>Make substance use treatment options more affordable</b>	9 (7%)	<b>Offenders/families cannot afford services. Insurance won't cover it</b>	<ul style="list-style-type: none"> <li>• Sometimes it comes down to funding. Yeah, you know, because if we had more money, we could probably hire more counselors</li> <li>• I think that there are people who throw in the towel before they even try 'cause that right there is a huge one and again, I don't think that's just us up here. That is country wide.</li> <li>• And then the people that don't have a decent insurance or insurance at all. They get that referral and say I can't afford that</li> </ul>

Theme	Frequency	Definition	Examples
Policy reform	7 (5%)	Reform policies specific to sentencing, treatment availability in jails, inmate conduct, etc.	<ul style="list-style-type: none"> <li>• Throw a lot of funding at AODA stuff.</li> <li>• The state needs to mandate something, if they wanna push reform in law enforcement, then give us the resources to reform</li> <li>• There are a lot of people that go through training for this, drug dependency, but not something I have funding for. Anyway, on my budget, I can't just create this position.</li> </ul>
More compassionate	4 (3%)	Listening to individual stories, minimizing stigma, etc.	<ul style="list-style-type: none"> <li>• We just can't even understand. I personally cannot understand that high to be so drawing that I would give up my whole life for that.</li> <li>• some of the people who are incarcerated then they earn their GED and they've been posting that on social media. A boost for them So that if we can continue to really boost the people who are trying to make that Transition or do make that transition better themselves? That's going to Help their self-esteem as well.</li> </ul>
Continuity of Care	3 (2%)	Create continuous source of support for individuals during and after incarceration	<ul style="list-style-type: none"> <li>• These are things like that, Individual therapist that is supposed to, you know, write/Sign them off. Once they've completed a certain level of time, it's just that it's not probably Necessary best interest to be in that situation because I mean, depending on the person, obviously. But you know there's there should be more gradations of sort of supports.</li> <li>• You know you're sort of thrust into Sort of maybe individual therapy or You know voluntarily aiding groups in the community, but where is that sort of step down, you know process of at least three months of treatment before they can get a solid footing again, and that's kind of That's the piece that, sort of Feels like it's missing. It's like yes, they Would do much better If they had a stronger support system throughout</li> </ul>

**— What would help to change the idea that commercial tobacco use is acceptable among those who are experiencing substance use concerns?**

Table 6

Theme	Frequency	Definition	Examples
Increase substance abuse prevention education	21 (29%)	Increase education programs for substance use/abuse prevention	<ul style="list-style-type: none"> <li>• I think education. More education on addiction, I mean. Commercial tobacco use is addictive, just as much as other substances</li> <li>• My only answer that would be yes more. Education more studies. But again, I struggle with the fact that like how? Do we how do we? Deprioritize tobacco and alcohol. When they're legal things. And that everywhere else you look. Our culture lionizes it</li> <li>• I think it just goes back to getting them at a younger age.</li> </ul>

Theme	Frequency	Definition	Examples
<b>Negative health consequences</b> <i>Subtheme of Increase substance abuse prevention education</i>	9 (12%)	<b>Highlight negative health consequences in education</b>	<ul style="list-style-type: none"> <li>I think education once again is a big thing. Education about health concerns, legal concerns.</li> <li>But it's just something that people don't think about. We look at the instant overdose death. OK, that's one person. 20 years down the road you're gonna get something that dies from nicotine. It's not going to be tomorrow.</li> <li>I don't think that you're going to get to them and get them to quit unless they come down with something like COPD or something like that. And sometimes then you won't even get them to quit,</li> </ul>
<b>Tobacco/vaping misinformation</b> <i>Subtheme of Increase substance abuse prevention education</i>	3 (4%)	<b>Highlight common misinformation and consequences of vaping</b>	<ul style="list-style-type: none"> <li>I think there's a tremendous amount of information out there already about use of tobacco. Vaping was a little bit different where there was a lot of misinformation about how serious it was. It was better, cleaner than regular tobacco use.</li> <li>And yes, and with the vaping I remember the advertisement. I even talked to my child would say. Look at how inviting the colors of the smoke and all this? It's almost seductive. Because the target now was them,</li> <li>I'm like why this vapes there's 50 different types of vapes that we saw in the... community. Why this one? Is it easy to get or do you like the flavors or what? And they're like, no. I just kind of like the package.</li> </ul>
<b>Do nothing</b>	18 (25%)	<b>Smoking is an acceptable alternative to substance use</b>	<ul style="list-style-type: none"> <li>That's hard. I think I'd rather battle with somebody with a hardcore drug of addiction then tell them to quit smoking.</li> <li>So, we live in an area too where there are only some cultures where tobacco is definitely part of their system of life. And so, it's very accepted. And then I also think that having personal substance abuse is trying to stay clean or sober is using the tobacco. It is a way to sort of transition them to being clean and sober.</li> <li>But specifically, tobacco and alcohol, I think people are accepting of it. Some people do, some people don't.</li> </ul>
<b>Promote stress reduction strategies</b>	12 (16%)	<b>Promote stress reduction strategies as alternatives to tobacco use</b>	<ul style="list-style-type: none"> <li>I guess agree with the calming effect of nicotine. You know it's apparent. People do it for stress relief things along those lines.</li> <li>To give them more tools for coping. If they're using it to cope... If they're trying to get off of a different substance, that they use tobacco to cope with that period of time.</li> <li>The one that really comes to mind is, possibly having community classes for coping... Just having that extra support because the only reason that I'm currently smoking is because I had way too much stress</li> </ul>

Theme	Frequency	Definition	Examples
Role modeling	3 (4%)	Role modeling to make smoking look less cool	<ul style="list-style-type: none"> <li>I think if people knew how much it affects the community, they would be shocked. But how you get that message out there when it's normalized so much and a lot of our students that are using tobacco or alcohol is because their parents either use it or use it with them. It's hard to help our students understand that is not acceptable when they have a parent who is their most important person in their life... who is doing it with them, so it's that, I think is a barrier for us as an education system.</li> <li>They make those things look so cool, and so asking for those kids to carry around that now it's difficult to try to...</li> <li>There's no reason to do it, 'cause it's just bad for you. But the power is it's sexy... The coolest thing was smoking in the bar... You have your you have your drink. You have your cigarette. You know have a martini and cigar.</li> </ul>
Other	19 (26%)	Other comments that did not fit into a theme	<ul style="list-style-type: none"> <li>Insurance coverage.</li> <li>I figured a perfect amount of taxes when the tax offsets the cost of treatment. So, we set the tax rate that has to happen on a pack of cigarettes or alcohol or tobacco to say... Make it be equal.</li> <li>More barriers are that there aren't enough support groups specific for that.</li> </ul>

**— What strategies would help to decrease the perception that vaping/e-cigarettes among youth is acceptable?**

Table 7

Theme	Frequency	Definition	Examples
Highlight negative health consequences of vaping	10 (15%)	Promote concepts regarding misconceptions and unknown negative health consequences of vaping,	<ul style="list-style-type: none"> <li>The kids that it is working for they identified family and consequences from sports.</li> <li>The commercials that are on TV, not just from Omega. Some of them are really powerful. The people are like 30 years old.</li> <li>And the fact that that doesn't get out to anyone. I mean, maybe it does, but like not from my standpoint, I've never seen that out there, and if it's true, youth doesn't know.</li> </ul>

Theme	Frequency	Definition	Examples
<b>Reinforce negative consequences of vaping not related to health</b>	9 (14%)	<b>Reinforce financial, social, school, or legal repercussions of vaping</b>	<ul style="list-style-type: none"> <li>• There's this Babble coalition that the public health department has that many people are involved in, and they've talked to legislators about changing policy or changing laws. I'm not sure if they've used that strategy (going into businesses and trying to buy cigarettes underage) in the past, I know we've done that with different things.</li> <li>• How do you get them to think that their phones are not the greatest thing? It's a good question too. That's it, hopefully just the health issue, but the problem is that seems to go in one ear and out the other.</li> <li>• The other thing is money. This stuff isn't cheap... now the cheapest pack of cigarettes you can buy is probably 6 bucks. That's the cheapest. If you smoke one in a pack a day at \$6. I would have a thing with the clients on money issues. When you need X amount of money a day for your drug or for your booze, and then you have to have cigarettes. You're spending \$200 a month for cigarettes. And if you show them that they understand it.</li> </ul>
<b>School Programs</b>	9 (14%)	<b>Integrating vaping education into existing programs</b>	<ul style="list-style-type: none"> <li>• Education</li> <li>• I think education in general among youth. Like in middle school and high school.</li> <li>• Only other thing that I could think of is more education in the high school and bring in a dead lung.</li> </ul>
<b>Connect youth to their peers</b>	9 (14%)	<b>Develop programs that create peer-to-peer connections to support vaping prevention/cessation</b>	<ul style="list-style-type: none"> <li>• Having involvement could be a good strategy for getting people connected with that decision making process.</li> <li>• Kohler to come in and provide groups for our students like a substance abuse counselor at the higher levels. That would be helpful too.</li> <li>• Partner with some other groups at the YMCA. Big Brothers Big Sisters is now getting going here. That might be another group that could partner up. Any community group that's going to teach and help the kids.</li> </ul>
<b>Offer vaping-specific curriculum</b>	7 (11%)	<b>Introduce new education programs specific to the dangers of vaping, promote healthy alternatives</b>	<ul style="list-style-type: none"> <li>• I believe it's touched on in health. The one you passed in middle school, one class and high school curriculum somewhere. Going to say we might need some more.</li> <li>• I was just thinking we might need to revamp our curriculum somehow to update what type of things that the teens are up against. Or vaping probably wasn't part of the initial curriculum, and so putting a chapter or a segment in there to educate kids on that.</li> <li>• They could have an auditorium with some younger Kids that got sick or had health problems from vaping. That might talk to the other kids their own age, and somebody might say, well, they're my own age, statistics. You get your whole health statistics of how bad did you get.</li> </ul>
<b>Other</b>	22 (33%)	<b>Other comments that did not fit into a theme</b>	<ul style="list-style-type: none"> <li>• The scared straight thing.</li> <li>• Start talking about it younger.</li> <li>• The compliance checks. And to do compliance checks for vaping, maybe our sales would also be used, although now you have online retailers.</li> </ul>

## — How can we involve at-risk community members in the decision-making process related to prevention, response and community support strategies?

Table 8

Theme	Frequency	Definition	Examples
<b>Support groups</b>	20 (12%)	<b>Gathering of community members to support each other in developing community strategies</b>	<ul style="list-style-type: none"> <li>Have programs and include them in the decisions on what they're going to do.</li> <li>Making sure that they're that they're on the community coalitions that work on all these different areas.</li> <li>Having focus groups like this... Just more opportunity where they know they're not going to get in trouble.</li> </ul>
<b>Form sub support groups</b> <i>Subtheme of Support groups</i>	10 (11%)	<b>Groups specifically for women, youth, families, incarcerated, people in treatment programs</b>	<ul style="list-style-type: none"> <li>Like women's outreach was great, have another thing for guys or youth. Or yeah, definitely need more programs.</li> <li>I think it'd be awesome if you guys could get a group of addicts together to sit in the room and discuss this kind of stuff</li> <li>I would also point out here that as you're taking a strategy to go get ideas on this, make sure you start at different ages, target both genders separately.</li> </ul>
<b>Create safe spaces to provide feedback</b>	15 (17%)	<b>Offer anonymous feedback options, meet people where they are at, offer distance/virtual participation options</b>	<ul style="list-style-type: none"> <li>I think that kids are OK when in a space that they feel is safe. So, I think like one of the things we need to work on is providing that safe place where kids can have say.</li> <li>Oh, maybe if it's anonymous, but if they can give us anonymous feedback. The other thing I think that works best for Kids is if they See somebody who they can relate to and looks like them. It would be helpful for other kids to hear and to See the person and connect those things.</li> <li>Maybe people would be more willing to participate in the Group if it was Maybe zoom and he didn't have to, He could have the camera off, but you could get their input at least.</li> </ul>
<b>Promote engagement opportunities</b>	13 (15%)	<b>Create media campaign to advertise and promote opportunities related to strategic planning to reduce substance use in the community</b>	<ul style="list-style-type: none"> <li>Spreading it out on the Snapchat or Facebook or whatever people are on.</li> <li>Billboards</li> <li>I think opportunities like this need to be advertised more, there were a lot of kids that wanted to come to this that had no idea what's happening today</li> </ul>
<b>Offer incentives</b>	8 (9%)	<b>Offer small incentives to increase participation</b>	<ul style="list-style-type: none"> <li>They gotta be a Reward, and there better be a reward. Like an incentive, yeah.</li> <li>Money incentive motivation. They could give them a pass to the Dome for a day or like a movie certificate, mini golf certificates. Getting ice cream cone at culvers or Dairy Queen.</li> <li>Sometimes they gave them gas cards afterwards. Not real big ones or a Walmart gift card. And that was for there for taking the time to come.</li> </ul>

Theme	Frequency	Definition	Examples
<b>Thoughtfully engage participants</b>	7 (8%)	<b>Recognition that mental health is a comorbidity of substance use to guide strategic planning efforts</b>	<ul style="list-style-type: none"> <li>Well behind substances use, I think people are so quick to point to substance abuse issues and just the substance itself, it really needs to take a look at what's underlying and most times the underlying issues for substances are mental health. Or experiences that have caused Mental health symptoms, things like that so. I think it's just a big underlying connection between the two.</li> <li>And it becomes a vicious Cycle, you know like you Drink too much, but then you feel guilty. But then that adds to your depression.</li> <li>It becomes the coping mechanism. It's not getting to the root of the problem. It's filling that void. substance is really just seen as a state of mental health.</li> </ul>
<b>Closed feedback loop</b>	6 (7%)	<b>Use specific examples that demonstrate to participants how previous comments were used to enact change</b>	<ul style="list-style-type: none"> <li>Giving them a copy of the results from the survey or letting them know that this program is being started because of the input that was given by other people in their group. Get some recognition.</li> <li>Convince them that your reason for sharing it with us as a way to say that how can we stop the next person from using twice when we stop them the first time.</li> <li>Get them involved in the process and then Hopefully they'll make appropriate decision making and together you know they'll be on the right path. And then they'll see that they contributed.</li> </ul>
<b>Other</b>	19 (22%)	<b>Other comments that did not fit into a theme</b>	<ul style="list-style-type: none"> <li>Like the good version of peer pressure.</li> <li>I think you have to have responsible parents in order to then engage them... I don't know how you can engage parents that don't think their kids are doing anything wrong.</li> <li>Recovery they got to want to do it, the person themselves. If you're talking about the ones that are actually using the drug or alcohol, they have to want to be clean in order for it to work.</li> </ul>

## — Describe how mental health and substance use are interconnected.

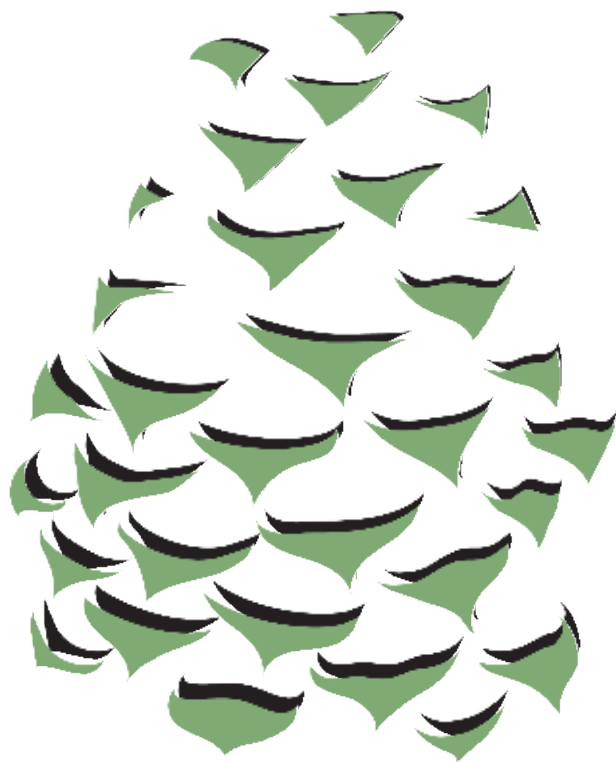
Table 9

Theme	Frequency	Definition	Examples
<b>Underlying mental health disorder leads to substance use</b>	21 (29%)	<b>Mental health concerns that go unaddressed lead to substance use</b>	<ul style="list-style-type: none"> <li>Well, I think typically Anyone who's using this substance has an Underlying mental health Disorder or condition, and that typically stems from trauma, Poverty or Lack of skills at a young age. So, I would say usually they're Very connected, one follows the other.</li> <li>I'm thinking if the mental health can be addressed early on, they may not have a substance abuse. They may not have to turn to something else if they receive the help and interventions that they need soon enough.</li> <li>Also, I feel like When you're Like when you're depressed, you're probably more susceptible to like peer pressure and trying drugs and stuff because keeping users like an escape so Yeah, so that's how it's really Hard to follow.</li> </ul>
<b>Substance use as a coping mechanism</b> <i>Subtheme of Underlying mental health disorder leads to substance use</i>	6 (8%)	<b>Use of substance to self-medicate mental health conditions</b>	<ul style="list-style-type: none"> <li>Coping mechanism.</li> <li>Self-medicating. yes exactly.</li> <li>you could make a decision today that you wanna get some mental help and you call somebody, unless you are gonna kill yourself or somebody else, there's just not any... They're not getting into it today, you're probably not getting into it tomorrow, is probably gonna be... And then these people feel hopeless and turn to other things to try to get away from those feelings.</li> </ul>
<b>History of trauma leads to substance use</b> <i>Subtheme of Underlying mental health disorder leads to substance use</i>	6 (8%)		<ul style="list-style-type: none"> <li>I think the trauma That that some people have experienced Definitely impacts both the mental health and substance use</li> <li>I again my experience a lot of the substance abusers have had, throughout especially childhood and so on, they've had major issues there, so they are- dual diagnosis is very common. And again, I would say depression feeds substance abuse and then it's like a vicious cycle and a lack of resiliency or lack of focus or purpose in your life can feed it as well.</li> <li>A lot of people Have trauma to numb the trauma They go to Drugs, alcohol, vaping, stuff like that just so they don't have to feel sad anymore and so they can't feel anything, so they don't. If the logic is if I Don't feel sad It's like it never happened.</li> </ul>



<p><b>Limited mental health treatment- leads to increased use</b>  <i>Subtheme of Underlying mental health disorder leads to substance use</i></p>	<p>4 (5%)</p>	<p><b>Lack of mental health treatment options leads to an increase in prevalence</b></p>	<ul style="list-style-type: none"> <li>• a lot of the mental health services, these things are like not Easily available to people like this, but like things such as drugs, alcohol and like. Vaping like you can have that in your pocket. Or like somewhere nearby instead of, you know, having to go to An office to go Talk to somebody or having to make sure You go to the nurses Office to have your medicine and stuff like that I Think like it's more Like available in a sort and like having those resources like even medication like that's all expensive, like super expensive and I think that's one of the Problems is because it's Super expensive and like people can't always afford that.</li> <li>• We see that all the time where we're screening somebody and ask are you in counseling and yeah, but I can't see my counselor for another month or two, so then they're having problems, mental problems, so they go to using substance to help them feel better. So obviously, there's not enough resources for everything, especially mental health...</li> </ul>
<p><b>Substance use and mental health issues are comorbidities</b></p>	<p>11 (15%)</p>	<p><b>Substance use and mental health issues often present together</b></p>	<ul style="list-style-type: none"> <li>• That's just where it circles back to the idea that if I do it, it only affects me. But it doesn't that's honestly selfish thinking.</li> <li>• I feel like it comes with numbing your emotions. And when you use Those substances release dopamine in your brain the feel good chemical And when you release those feel good chemicals and release so much At one time that when you're Doing things that usually make You feel happy playing basketball drawing What would usually give you That natural dopamine you don't get that anymore. So, you have all These hobbies that you used to do with that You don't feel the same about anymore. I feel like that's where that mental health and substance use interconnects in your mind.</li> </ul>
<p><b>Lack of providers and treatment providers in the area (poly)</b></p>	<p>7 (10%)</p>	<p><b>There are not enough providers in the area to meet the substance use and mental health treatment needs of the community</b></p>	<ul style="list-style-type: none"> <li>• I've been told in some areas that therapists are a three to six month waiting list, and that's just so awful for people in crisis that.</li> <li>• And because there are so few providers and you have so many steps and it first see this Person and then they refer, you know to wait so long for another way it. Since its time constraints, yeah, time constraints is huge. Just keeps pushing it out, pushing it out, you know?</li> <li>• Well, and it's cheaper and easier probably to get an appointment with your dealer than it is with your doctor.</li> </ul>
<p><b>Stigma is a barrier for users seeking treatment</b></p>	<p>5 (7%)</p>	<p><b>Stigma is a barrier for users seeking treatment</b></p>	<ul style="list-style-type: none"> <li>• I personally feel that the stigma against mental health is more than substance abuse, so a person would rather be an alcoholic than someone with a mental health problem.</li> <li>• But then we got to overcome that during that stigma, even amongst substance users, they don't want to talk to therapists. Or they're faking talking to a therapist or in the drug community. Is medically assisted, you know? Getting off the drug, some people say that's not abstinence You know, and then there's a lot of judging within the recovery community itself</li> </ul>

<p><b>Substance use can lead to mental health issues</b></p>	<p>4 (5%)</p>	<p><b>Substance use can lead to mental health issues</b></p>	<ul style="list-style-type: none"> <li>• Withdrawal symptoms too. After not using. You just Take drugs that the doctor gives you, prescribes to you.</li> <li>• We have seen quite a few people that never had any kind of history of mental health issues and use the wrong substance and trigger their psychosis or schizophrenia that they then You know, have to deal with for the rest of their life Because of using a long getting along thing.</li> </ul>
<p><b>Other</b></p>	<p>9 (12%)</p>	<p><b>Other comments that did not fit into a theme</b></p>	<ul style="list-style-type: none"> <li>• when it comes to like Substance abuse and acceptance, I think there's a lot more to it than people realize. cause drugs are such a big thing right now, it brings you together. Sometimes I feel like when there Aren't those drugs friends Don't just get together and they don't know how. If you have friends, you're socializing, interacting with each other, bonding With each other Because now we simply don't know how to Do that without drugs.</li> <li>• If we've given them the tools and support, it. Life goes in cycles, so something Is always going to happen to you and it's that Resiliency piece when You fall back. Do you have access To the things that help you get where you need to go. And if you don't, how Do we get you there?</li> <li>• Yeah, I guess I arrested somebody a couple weeks ago that's been sober for 26 years. He has a chip in his pocket, and he was operating under the influence of a different drug... he wasn't sober from something else that he was finding a release from. You know it's a lifelong thing. You gotta battle it, but you also need a team of people you're not going to do it by yourself.</li> </ul>



## — What systems are in place to identify the possibility of a spike in overdose and to inform response and communication protocols within specific communities?

Table 10

Theme	Frequency	Definition	Examples
<b>Availability of Narcan</b>	29 (36%)	<b>Narcan is readily available to users through various means and emergency services have varying access</b>	<ul style="list-style-type: none"> <li>• Where are they getting it all from? The doctors. There's an automatic prescription portal. They can get as much as they want.</li> <li>• Well, that was an interesting thing. If you need Narcan, just ask the pharmacist, so I don't even know that we're aware of what actual Narcan is out there because they're giving it out, and we're not even aware.</li> <li>• I know social services and recovery coaches have access to it, and of course medical field... You as a person have access to that. It's not just the medical field and police.</li> </ul>
<b>Narcan misuse</b> <i>Subtheme of Availability of Narcan</i>	9 (11%)	<b>Availability of Narcan among substance abusers leads to increased use due to lower perceived threat of overdose</b>	<ul style="list-style-type: none"> <li>• It's taking a tool that should be prepared for an emergency. It becomes an enabler at that point.</li> <li>• And then are we enabling it? Are we saying go ahead and overdose 'cause your buddy will save you?</li> <li>• What was happening was there these three people sitting in the house. One would stay sober, one would overdose, and you'd hit him with Narcan. [he would] come to, the other person would overdose, hit him with Narcan and come to. That's the parties that they have. They have one person that stays sober who can administer Narcan. They would have pile of Narcan,</li> </ul>
<b>Lack of systematic centralized reporting within police units</b>	17 (21%)	<b>Police departments do not have a shared monitoring and reporting method to communicate overdoses</b>	<ul style="list-style-type: none"> <li>• Well, I would say like-you said they get transported out often times two and they're so ill, and then they're in a different county and then they have different law enforcement. And we run into A lot of problems.</li> <li>• The information that I get, I'll pass on to the officers via email or I'll pull an incident where they can review it.</li> <li>• I like to think of myself as a cast net when I work, I like to cast out a net. Everyday try to make that net larger and larger. I talk to drug users currently, talked to past drug users, drug dealers. I talk to people in other agencies that you know, price County, Vilas County, etc.</li> </ul>
<b>Lack of systematic centralized reporting of overdoses within hospitals</b>	10 (12%)	<b>Hospitals are recording overdose data but are not monitoring and reporting</b>	<ul style="list-style-type: none"> <li>• Well, my son really unintentionally overdoses a lot, and so he's going to the hospital, to the emergency room quite often and people there can see the red flag.</li> <li>• An overdose is an overdose, whether it's intentional or not intentional. It should still be reported.</li> <li>• Our case, we have had So many people that straight up overdosed on meth, or Heroin. And the hospitals are not reporting it. So, law enforcement doesn't even get notified, there's no intervention there.</li> </ul>

Theme	Frequency	Definition	Examples
<b>Lack of safe places to report self-use and/or overdose</b>	5 (6%)	<b>Substance users do not have a safe and confidential reporting method for reporting use and/or overdoses</b>	<ul style="list-style-type: none"> <li>If you got your addicts to cooperate with that, make an app for it.</li> <li>It could be anonymous app. Have you overdosed? Have you been given Narcan? Taken Narcan in the last 30 days to do an accident or purposeful overdose?</li> </ul>
<b>Other</b>	20 (24%)	<b>Other comments that did not fit into a theme</b>	<ul style="list-style-type: none"> <li>I don't think right now that we have any kind of system that tells if there's overdoses</li> <li>When you start to realize that how much Narcan is being sold or given out, that is a derivative that I think we should be watching, because if we're using 600 units of Narcan every 30 days, people are using this. For a long time, you only find full boxes of Narcan and now it seems like you're only finding empty boxes of Narcan.</li> <li>They would actually do a buy-back where it was like you bring it in and you would get the grocery gift card. Had some of that where they weren't out money and we turn them in a right way, where they're trying to get the product off the street.</li> </ul>

— Describe the impact of polydrug use.

Table 11

Theme	Frequency	Definition	Examples
<b>Most use is polydrug use</b>	9 (39%)	<b>Most substance use could be considered polydrug use</b>	<ul style="list-style-type: none"> <li>A lot of people who deal with addictions you know it's not just one, it's many.</li> <li>We've seen so many people with alcohol that you know they come in with identification of opioids or meth and then the alcohol is there when you start testing didn't even come up originally. People with opioids, Once the meths available, they moved to the meth too. Most of the people who see as polydrug almost no one is just a single substance anymore.</li> <li>New Year's Eve is always good for cocaine, because you want to stay up for the party. Your birthday, you gotta figure out what drugs you want on different days. I guess when it for me the answer to the Poly drug use is I don't think there is A non poly drug use.</li> </ul>

Theme	Frequency	Definition	Examples
<p><b>Polydrug use is especially dangerous/lethal</b></p>	<p>5 (22%)</p>	<p><b>Polydrug use is especially dangerous/lethal</b></p>	<ul style="list-style-type: none"> <li>• I can imagine the impact on the Human body is quite severe if it's making Someone go from one end to the other. Like I don't know something that would calm them to something that would Excite them.</li> <li>• a lot of- you are talking just illegal drugs, or I mean what are you asking because every single patient we deal with is like, uh, polypharmacy where they're taking 15 to 20 different medications. Uh, you know a lot of times- The only time we really see a lot of the you know that type of thing is when people try committing suicide that we really see it.</li> <li>• The impact on our community. People are dying. They're dying from the meth and the fentanyl. People lives are being put at risk every day. Like first responders because of the fentanyl mix that's in these types of drugs, you know, if they come across something, you could be up and talking one second, the next second you would be on the ground. Paramedics are attending to you, so the effects are deadly, and our community is dying. Our community is, there's addiction via the meth or the alcohol. There's addiction running rampant throughout the area.</li> </ul>
<p><b>Medication substitution</b></p>	<p>2 (9%)</p>	<p><b>Change in doctor behavior to prescribe other medication over narcotics</b></p>	<ul style="list-style-type: none"> <li>• Probably the group that are heavily into polydrug are probably Most in need of that inpatient slash residential because someone was Speaking to in there exactly right. The impact on the body. Well, the Impact on the brain is just huge. It takes a while before they can. They're so Short of neurotransmitters and being up and down and all over the place that yeah, they often would benefit from some time in a supportive environment with treatment available kind of thing.</li> <li>• I was told that I had to see psychiatrists and so they would start prescribing stuff and then It's not working, so let's add another one like that. You know the ones I was literally the case of polydrug You know people were just prescribing medication after medication and then Finally, I was like nobody is helping me like I'm just lost here. So, I started self-medicating.</li> </ul>
<p><b>Other</b></p>	<p>7 (30%)</p>	<p><b>Other comments that did not fit into a theme</b></p>	<ul style="list-style-type: none"> <li>• some of the new stuff that's coming out like that krokodil. That's got battery acid in it, and it Just eats you from the Inside out but it's a Long sustained high.</li> <li>• I guess that would be considered polysubstance us to some degree.</li> <li>• Within two years, yeah, I mean it's a newer drug but, the doctors are giving it more because it's a pain reliever, for her nerve pain. So, you had a lot of people with neuropathy, or you know just nerve pain and when they go in and the doctors instead of giving them The OXYS or the Hydros, they just throw gabapentin on them. But then these- It just you take three and it's like it's not taking the edge off. So, you take 4, ooh that feels pretty good. Take 5 whoa. take 6 lets party. And then they just Keep going and they build a tolerance to it.</li> </ul>

— Describe how substance use concerns (ex. alcohol, opioids and tobacco) are currently addressed within schools?

Table 12

Theme	Frequency	Definition	Examples
<b>Traditional reporting system</b>	6 (38%)	<b>Teachers report incidents to reporting authority who in turn discusses the incident with family</b>	<ul style="list-style-type: none"> <li>I think sometimes the classroom teacher, or in our case sometimes special Ed teachers May be the first person to kind of be made aware of the child situation or family situation because they feel comfortable talking to us, then we talk to like our guidance counselor maybe our principal.</li> <li>We have like meetings occasionally on students that we have high risk concerns about, and so we kind of problem solve together... From there the guidance counselor might be more involved with chatting with the family as far as resources that are available, and kind of help guide them in the right direction.</li> <li>As a Social worker... I can go and do a home visit and see what's going on and try and support the family</li> </ul>
<b>Substance abuse prevention education</b>	5 (31%)	<b>Educational programs for substance abuse prevention</b>	<ul style="list-style-type: none"> <li>The SCL curriculum that our guidance counselor pushed out includes a lot of a lot of resistance and self-worth and coping.</li> <li>Probably just like DARE maybe making them aware. It's working well.</li> <li>We did have discussions last year about using like the ACE. It's like we never really went beyond the discussing of what to do with it. Frankly is a curriculum but it has been discussed amongst our staff essentially.</li> </ul>
<b>Other</b>	5 (31%)	<b>Other comments that did not fit into a theme</b>	<ul style="list-style-type: none"> <li>I'm not clear what those would be.</li> <li>I don't know exactly how they are currently addressed within schools.</li> <li>That training was provided through DPI or Department of Public Instruction through the state, and they took the time to go through that as teams within the building. That was good training for our teaching assistant, but I do believe that there is a program too for any of our employees that feel they're having a drug or alcohol issue that they can go into 8 fire departments and seek out assistance.</li> </ul>

## — How are youth and young adults accessing illegal substances (ex. alcohol, opioids and tobacco)?

Table 13

Theme	Frequency	Definition	Examples
Family members or home	7 (39%)	Access to substances comes from family members or at home	<ul style="list-style-type: none"> <li>• They have older siblings or family members or friends that purchase Things for them. Some of them are stealing stuff out of parents and grandparents medicine cabinets.</li> <li>• Well, parents gotta take care of their booze at home, and how many do? I don't think very many do. At least that's what I've heard from the kids-Or when they were kids. And I'm presuming the opioids they get from home as well if somebody in their house is using them.</li> <li>• Start with alcohol. Because we know how that youth are getting alcohol. Here's a parent cabinet going to drink that OK. Yeah, here you go</li> </ul>
Peers or Friends	3 (17%)	Access to substances comes from peers or friends	<ul style="list-style-type: none"> <li>• Or they'll go buy it and then they'll go out to a field, and they'll be drinking alcohol with local kids. Or they'll be a part of an organization where they can get the with local kids. They can get the alcohol or get the drug and they can bring it into that organization.</li> </ul>
Other sources	3 (17%)	Access to substances comes from other than family members and peers	<ul style="list-style-type: none"> <li>• You can have it, or they just go online and get the fake ID's for 50 bucks that look fairly real good.</li> <li>• Social media Internet. Be easy, you know for the kid to hook up with the kid from Brandon or Tomahawk or whatever and They can't get it here, they'll find it Somewhere else so.</li> <li>• Community members who are users often will create a space where youth are middle school high schoolers go, they feel they can go there If they have a poor home life and don't feel they have a relationship Maybe with their parents or grandparents or caregivers. They connect with these other adults in the community who are or maybe Give them access to drugs and alcohol.</li> </ul>

Theme	Frequency	Definition	Examples
Other	5 (28%)	Other comments that did not fit into a theme	<ul style="list-style-type: none"> <li>• It's gonna be the influx in the summer months too. Yeah, you know, it's our biggest problem. We have it during the school year but not horrible. Yeah, alcohol is pretty limited in high school.</li> <li>• Otherwise, yeah, I these kids all have money now. I don't know how- How do they have money? That's the other thing I was thinking is the money, you know, but yeah, I mean where did they get the money for this? I mean, do parents just give them money all the time? Because a lot of them don't work. Well, some of them do work, but you know, yeah. I don't know.</li> <li>• Yeah, I think I read an article just the other day about how loneliness is now more dangerous to people than alcohol, tobacco, and obesity. Even though they have access to phones There was an interesting experiment. I forget how long ago it was about. It's called Rat Park. I forget the name of the scientists that talked about, you know they put rats in cages and fed them morphine. They all got addicted to morphine and then they put them in a challenging and interesting environment with other rats and none of them really chose to be addicts anymore, and I don't know if that's different here in small rural communities versus the city, but there's not much for them to do sometimes. You know like that there's not places to hang out, things to do. So, it's something to think about.</li> </ul>





## Oneida County Community Survey on Substance Abuse Prevention

### *Start of Block: Description and Consent*

Q1

This survey is about substance use and mental health behaviors. It has been developed to better understand how you view the health of our community. This information will be used to help plan effective community prevention and response efforts. Your participation is completely voluntary and the information you provide will be kept confidential. Please respond to the questions based on what you really do, think or believe. If you are not comfortable answering any questions, just leave it blank and move on. The questions that ask about your background will be used only to describe the participants completing this survey. This survey is open to Oneida County residents age 18 and older.

Funding for this project was made possible by the Overdose Data to Action (OD2A) cooperative agreement #6NU17CE925003-02-02 from the Centers for Disease Control and Prevention (CDC). The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government Please click the arrow below to begin the survey.

Q2

Are you a resident of Oneida County and 18 years of age or older?

Yes (1)

No (2)

*Skip To: End of Survey If Are you a resident of Oneida County and 18 years of age or older? = No*

*End of Block: Description and Consent*

*Start of Block: Use Problems (Community Perception)*

**Q3**

In your opinion, how much of a problem are the following substances in your community?

	No problem at all (1)	A little problem (2)	More than a little problem (3)	A big problem (4)	A very big problem (5)
Smoking Cigarettes (tobacco) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaping/E-Cigarettes (nicotine) (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Tobacco Products (cigars, chew, snuff) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (smack, dope, junk) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription Opioids not as prescribed by a doctor (pain medications like morphine, Vicodin®, Percocet®, OxyContin®) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamine (crystal meth, ice, crank) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana/THC (pot, weed, hashish, hash oil) (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol Consumption (beer, wine, liquor) (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Binge Drinking (5+ drinks for men, 4+ for women per occasion) (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving under the influence (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q4**

Are there other substances that are a problem in your community?

Yes (1)

No (2)

*Display This Question:*

*If Are there other substances that are a problem in your community? = Yes*

**Q5**

What additional substances, other than those previously mentioned, are a problem in your community?

---

---

---

---

---

*End of Block: Use Problems (Community Perception)*

*Start of Block: Negative Outcomes Related to AODA - Community Perceptions*

**Q6**

In your opinion, how much of a problem are the following in your community?

	No problem at all (1)	A little problem (2)	More than a little problem (3)	A big problem (4)	A very big problem (5)
Driving under the influence of alcohol (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving under the influence of substances other than alcohol (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug overdose (injury or death) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7

When it comes to people under the age of 21, how much of a problem are the following substances in your community?

	No problem at all (1)	A little problem (2)	More than a little problem (3)	A big problem (4)	A very big problem (5)
Smoking Cigarettes (tobacco) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaping/E-Cigarettes (nicotine) (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Tobacco Products (cigars, chew, snuff) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (smack, dope, junk) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription Opioids not as prescribed by a doctor (pain medications like morphine, Vicodin®, Percocet®, OxyContin®) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamine (crystal meth, ice, crank) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana/THC (pot, weed, hashish, hash oil) (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol Consumption (beer, wine, liquor) (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Binge Drinking (5+ drinks for men, 4+ for women per occasion) (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving under the influence (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q8**

Are there any other problems with community members under the age of 21?

Yes (1)

No (2)

*Display This Question:*

*If Are there any other problems with community members under the age of 21? = Yes*

**Q9**

What additional problems, other than those previously mentioned, are a problem with community members under the age of 21?

---

---

---

---

---

*End of Block: Negative Outcomes Related to AODA - Community Perceptions*

*Start of Block: Use Problem (self)*

**Q10**

In the last 30 days, how many days did you use the following?

	Never Used (1)	Longer than 30 days ago (2)	1-2 days (3)	3-5 days (4)	6-9 days (5)	10-19 days (6)	20-29 days (7)	Every day (8)
Smoking Cigarettes (tobacco) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaping/E-Cigarettes (nicotine) (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Tobacco Products (cigars, chew, snuff) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (smack, dope, junk) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription Opioids not as prescribed by a doctor (pain medications like morphine, Vicodin®, Percocet®, OxyContin®) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamine (crystal meth, ice, crank) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana/THC (pot, weed, hashish, hash oil) (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol Consumption (beer, wine, liquor) (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Binge Drinking (5+ drinks for men, 4+ for women per occasion) (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving under the influence (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q11**

In the last 30 days, did you try to quit using tobacco, alcohol, or other substances?

- Yes (1)
- No (2)
- Never used (5)

**Q12**

What barriers do you think prevent individuals from receiving treatment?

---

---

---

---

---

*End of Block: Use Problem (self)*

---

*Start of Block: Comorbidity Factors (self)*

**Q13**

In the last 12 months, have you experienced problems related to any of the following? *Select all that apply.*

- Access to care - inability to access healthcare when needed (1)
- Anxiety- feeling anxious, nervous, tense, scared or like something bad was going to happen (23)
- Assault (physical)- has any threatened or or used violence to cause injury to your body (2)
- Assault (sexual)- have you been physically forced to have unwanted sexual contact (3)
- Chronic health problems or serious illnesses (diabetes, asthma, cancer, etc.) (4)
- Chronic pain- persistent pain that lasts for 6 months or longer (5)
- Crime - theft, burglary, arson (24)
- Depression- feeling sad or hopeless almost every day for two weeks or more (6)



- Discrimination- been treated differently because of your race, sexual orientation, gender, religion, etc. (7)
- Financial distress- unable to generate income to pay bills (9)
- Health literacy - ability to understand basic health information needed to make decisions about health (25)
- Housing instability - overcrowding, moving frequently, staying with relatives, homelessness (26)
- Hunger- going hungry because there is not enough food in your home (21)
- Learning disability (ADHD, dyslexia, unable to read, language barrier) (14)
- Physical disability (22)
- Stress- emotional strain arising from difficult circumstances (17)
- Suicidal thoughts- seriously considered suicide or made a plan to attempt suicide (20)

**Q14**

Please rate your agreement with the following statements.

	Disagree (1)	Slightly disagree (3)	Neutral (4)	Slightly agree (5)	Agree (6)
People who develop an addiction to other drugs often start with tobacco use first (smoking, chew, e-cigarettes) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking poses less risk to health than illegal substances (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-cigarettes have negative health consequences (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco products help individuals cope with stress (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana products help individuals cope with stress (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q15**

Please rate your agreement with the following statements related to social relationships.

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
I have close relationships that provide me with a sense of emotional security and well-being. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel part of a group of people who share my attitudes and beliefs. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is someone I could talk to about important decisions in my life. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have relationships where my competence and skill are recognized. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are people I can count on in an emergency. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*End of Block: Comorbidity Factors (self)*

*Start of Block: Awareness of Treatment Options in Oneida County*

**Q16**

Where do you typically get information about what is happening in Oneida County? *Select all that apply.*

- Newspapers (1)
- Television (2)
- Social Media (3)
- Friends/Family (4)
- Flyers/Posters (5)
- Radio (6)
- Websites (please specify which websites) (7)
- Other (please specify) (8)

**Q17**

Are you aware of treatment options for alcohol, tobacco, or other substance drugs in your community?

Yes (1)

No (2)

*Display This Question:*

*If Are you aware of treatment options for alcohol, tobacco, or other substance drugs in your community? = Yes*

**Q18**

What treatment options are you aware of?

---

---

---

---

---

**Q19**

Here are a few community resources:

WisconsinTobacco Quit Line: <https://quitline.wisc.edu/kNOw>

Meth Campaign: <https://knowmethwi.org/know-meth/>

Dose of Reality: <https://doseofrealitywi.gov/>

*End of Block: Awareness of Treatment Options in Oneida County*

*Start of Block: Demographic Questions*

**Q20**

What is your 5-digit zip code?

---

**Q21**

Which of the following best represents your current occupation?

- Healthcare / Treatment Provider (1)
- Education / Teacher / Professor (5)
- Small Business Owner (6)
- Student / Youth (7)
- Law / Criminal Justice (9)
- Broadcasting / Media / Social Media (10)
- Social Services / State / Local / Tribal Govt. (11)
- Religious Organization (13)
- Youth Serving Agency / Childcare (14)
- Skilled Labor / Agriculture (15)
- Service Industry / Retail / Food Service (18)
- Retired (17)
- Unemployed (20)
- Other (12)

**Q22**

What is your highest level of education?

- Some high school (1)
- High school diploma, GED, or other equivalent certificate (2)
- Some College (3)
- Associate's degree (4)
- Bachelor's degree (5)
- Master's degree (6)
- Doctorate degree (7)

**Q23**

What is your estimated household income including all sources before taxes?

- Less than \$10,000 (1)
- \$10,000 to \$19,999 (4)
- \$20,000 to \$29,999 (5)
- \$30,000 to \$39,999 (6)
- \$40,000 to \$49,999 (7)
- \$50,000 to \$59,999 (8)
- \$60,000 to \$69,999 (9)
- \$70,000 to \$79,999 (10)
- \$80,000 to \$89,999 (11)
- \$90,000 to \$99,999 (12)
- \$100,000 to \$149,999 (13)
- \$150,000 or more (14)
- Prefer not to answer (15)

**Q24**

Including yourself, how many people currently live in your household?

- ▼ 1 (1) ... 10+ (10)

**Q25**

Do you currently have health insurance?

- Yes (1)
- No (2)

**Display This Question:**

*If Are you aware of treatment options for alcohol, tobacco, or other substance drugs in your community? = Yes*

**Display This Question:**

*If Do you currently have health insurance? = Yes*

**Q26**

Are you currently enrolled in Medicare/Badgercare?

- Yes (1)
- No (2)

**Q27**

Which category best describes you? *Select all that apply.*

- American Indian or Alaska Native (4)
- Asian (7)
- Black or African American (8)
- Hispanic, Latino, or Spanish (9)
- Middle Eastern or North African (10)
- Native Hawaiian or Other Pacific Islander (11)
- White (12)
- Other (13)

**Q28**

Which sex was assigned to you at birth?

- Female (1)
- Male (2)
- Other (3)

**Q29**

What is your sexual orientation?

- Heterosexual (straight) (1)
- Homosexual (lesbian/gay) (2)
- Bisexual (3)
- Transgender (4)
- Unsure (5)
- Other (6)

**Q30**

How old are you?

▼ 18 (4) ... 100 (88)

*End of Block: Demographic Questions*

---

*Start of Block: Stigma*

**Q31**

Please rate your agreement with the following statements related to **opioids**.

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
Medication-assisted treatments with a federally approved drug, such as methadone, help people who are addicted to opioids. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends and family of people who use opioids should have access to Naloxone or Narcan, which is a medication that helps save the life of an individual who is overdosing on opioids. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Needle exchange programs, which are where injection drug users can access clean syringes, helps prevent the spread of infectious diseases. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people who misuse opioid medications get them from friends and family, whether the drugs are bought, given, stolen, etc. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical providers contribute to opioid addiction. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Q31**

Please rate your agreement with the following statements.

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
People who use illegal drugs should be arrested and prosecuted. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in jail or prison should be provided substance use disorder treatment options. (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important to develop partnerships among public safety and first responders in order to connect individuals and families who are at risk with necessary prevention resources. (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal use of drugs can cause withdrawal syndrome in newborns, including feeding difficulties, greater risk of seizures, low birth weight, or death. Therefore, women of childbearing age who use illicit drugs should have access to birth control methods. (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who abuse drugs often have experienced trauma, toxic stress, and/or adverse childhood experiences like abuse, neglect, violence, or an unsafe home. (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who are experiencing addiction lack individual will power to quit. (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Governmental policy helps shape community norms so that all people can thrive. (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our health is our individual responsibility. (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**End of Block: Stigma**



## Oneida County Health Department

# Capturing Stakeholder Feedback

*Oneida County Substance Use Assessment*  
*August 2021*

## FOCUS GROUP Facilitator Guide



**Extension**

UNIVERSITY OF WISCONSIN-MADISON  
ONEIDA COUNTY



**COPE  
coalition**

*Community. Outreach. Prevention. Education*



**CATALYST**  
AT THE UNIVERSITY OF WISCONSIN STOUT



**NORTHWOODS  
tobacco  
FREE  
COALITION**

## **CONTENTS**

- 76 Introduction Script
- 79 Focus Group Questionnaire
- 84 Focus Group Notes Template

# INTRODUCTION SCRIPT – 30 MINUTES



## Oneida County Community Assessment on Substance Use August 2021 Focus Groups

### ARRIVAL – MEAL (10 Minutes)

### INTRODUCTIONS - ICEBREAKER (10 Minutes)

- Name, Title, Organization
- Icebreaker Question Options:
  - ~ What is your favorite Wisconsin landmark or State Park?

### INTRODUCTION – SCRIPT - READ (10 Minutes)

Welcome to the focus group on substance use prevention and intervention. Thank you for taking the time to talk with us. Your experience, opinions and feedback is valuable in the identification and decision making efforts to improve health outcomes associated with substance use concerns. The results will help determine our next steps in creating better support strategies for substance use prevention, treatment and recovery.

These focus groups are part of a comprehensive community assessment on substance use in Oneida County. Funding for this project was made possible by the Overdose Data to Action cooperative agreement from the Centers for Disease Control and Prevention and the State of Wisconsin Tobacco Prevention and Control Program community interventions funding. In addition, this project would not be possible without an extensive local collaborative network between partners involved in the Community Outreach Prevention and Education Coalition (COPE) and the Northwoods Tobacco Free Coalition, with special recognition of UW-Madison Division of Extension Oneida County and the Oneida County Health Department.

If after this experience you would like to learn more or get involved in local efforts, please contact Jenny Chiamulera, Oneida County Health Department. Her contact information is located on the notepads provided.

My name is (**name**), I will be facilitating the conversation. With me today is (**name**), who will be taking notes and watching the clock to make sure we stay on time!

We expect that the discussion portion of the focus groups to take about 60-90 minutes depending on conversation. If you need to use the restroom at any time, feel free to do so. (**Location**).

## Questions?

Before we begin, I'd like to briefly go through some ground rules. We want to create a safe space for everyone to share.

- This conversation is confidential. We will not use any names when we compile the results report. We will be recording our conversation to help us remember your responses to the questions. People often say very helpful things in these discussions and we can't write fast enough to capture everything.
- Participation is voluntary. If someone wishes to end their participation, they should feel free to get up and leave at any time without disrupting the group.
- Please keep what is said here, along with the names of who was here, confidential. We want people to feel free to express their opinions without fear.
- There are no right or wrong answers to the questions – we are interested in what everyone has to say about this topic. All comments, positive or negative, are helpful.
- You don't have to agree with the other people here, in fact we like to hear differing views in order to understand different perspectives. Feel free to share your point of view, but please do so respectfully and respect others opinions.
- Please speak one at a time. For sake of time and in order to ensure all voices are heard, I may ask some of you to shorten your comments or conclude what you're saying so other people can speak. Before anyone speaks a second time to the same question, I will make sure everyone has had a first chance to speak.
- I will be encouraging everyone to participate, but no one is required to speak.
- We will be using a parking lot for topics of importance that are raised but do not completely relate to the conversation. We will revisit these at the end of the discussion if there is time and/or follow-up after the focus group time.
- We understand the sensitive nature of these conversations. We do not know everyone in the room personal experience. You may feel "triggered" by a certain questions or comment and that is okay. Take care of yourself first. Feel free to step out if you need a break. Just know that someone will check on you. We can talk after if additional support is needed.
- Sometimes when emotions are running high, the language used can become colorful. This can be offensive to others. Please be aware of that when choosing your words. We encourage everyone to speak freely, but try to use respectful, professional language.

## **Questions? Comments?**

Lastly...

- At times you will hear us reference the Oneida County public opinion survey, this is referring to the Community Survey on Substance Use that was completed in May and June of this year (2021).
- Sometimes people like to write down their thoughts before they speak. Feel free to do this if you find it helpful. You have some pens and paper in front of you for that purpose.
- We have also provided fidget toys, feel free to touch and play. During emotional conversations these can be helpful self-regulation tools to help with focus, attention, calming, and active listening.

**Final questions – comments before we get started?**

# FOCUS GROUP QUESTIONNAIRE – 90 MINUTES



## Oneida County Community Assessment on Substance Use August 2021 Focus Groups

Reference **Catalyst Focus Group Guide** for Facilitation Techniques and Tips

QUESTIONNAIRE KEY	
<b>QUESTION NARRATIVE</b>	Introduces question and gives some context/background.
<b>CORE QUESTIONS (1-9)</b>	Main focus question.
<b>QUESTION PROBES (a-d)</b>	Additional questions to elicit more detail information in regard to the topic if needed.
<b>KEY STAKEHOLDER QUESTIONS (10-14)</b>	Additional questions for certain target audiences.

### QUESTIONNAIRE – APPROXIMATELY 10 MINUTES PER QUESTION – GIVE 2 MINUTES WARNING

The Oneida County Public Opinion Survey revealed that these are the top substances of concern in our community in order of greatest to least concern

#### General Community

1. Alcohol Consumption (beer, wine, liquor)
2. Methamphetamine (crystal meth, ice, crank)
3. Binge Drinking (5+ drinks for men, 4+ for women per occasion)
4. Prescription Opioids not as prescribed by a doctor (pain medications like morphine, Vicodin®®, Percocet®®, OxyContin®®)
5. Vaping/E-Cigarettes (nicotine)

#### People under the age of 21

1. Vaping/E-Cigarettes (nicotine)
2. Alcohol Consumption (beer, wine, liquor)
3. Binge Drinking (5+ drinks for men, 4+ for women per occasion)
4. Methamphetamine (crystal meth, ice, crank)
5. Prescription Opioids not as prescribed by a doctor (pain medications like morphine, Vicodin®®, Percocet®®, OxyContin®®)

Q1

Which risk factors\* do you feel are associated with a higher likelihood of developing a substance use concern in Oneida County?

- a. Describe how specific risk factors affects the problem.
- b. What are some things (programs or resources) that would help reduce risk factors?

*\*Risk Factors are characteristics (a feature or quality belonging to a person, place, or thing) or experiences (condition of being affected by something) that increase the likelihood of a person developing a disease or health disorder.*

---

The Oneida County Public Opinion Survey stated a lack of family support and harmful family influences as risk factors for increasing the likelihood of developing a substance use concern. Family support and connectedness was cited as protective factors for lowering the likelihood of developing a substance use concern.

Q2

What opportunities are there to support families and break cycles of addiction?

- a. What community strategies would be effective at lowering the likelihood of developing a substance use concern?

*\*Protective Factors are characteristics (a feature or quality belonging to a person, place, or thing) or experiences (condition of being affected by something) that decrease the likelihood of a person developing a disease or health disorder.*

---

The Oneida County public opinion survey showed that stigma\* and shame connected with substance use creates barriers (or obstacles) for getting help (care and support) for individuals and their families.

Q3

What can we, the community, do to reduce the stigma\* surrounding substance use concerns in Oneida County? (ex. alcohol, other substance, or tobacco use)

- a. How does stigma affect the lives of people living with substance use problems?
- b. How is stigma different in smaller or rural communities?

*\*Stigma refers to the mark of disgrace and negative ways in which society views behaviors that are seen as different and less desirable than what is considered the acceptable norm. It occurs when people are shamed, discredited, or treated differently because of a characteristic or condition.*



---

The Oneida County public opinion survey stated that stress and anxiety over not being able to address personal issues and challenges of coping with life stressors (work, money, past trauma) are related to substance use and avoiding treatment options.

**Q4** Describe community strategies that you feel are most effective at supporting individuals who are experiencing substance use concerns.

- a. What recovery support services are most helpful at increasing treatment success?
- b. Is it more difficult to provide social supports\* given that we live in a rural area? If so, why?

*\*Social Support is the process of providing assistance or comfort to others, typically to help them cope with stressors (behaviors and situations) that are related to physical and mental/emotional strain.*

**Q5** How can we connect offenders involved with the criminal justice system to the care they need related to substance use concerns?

- a. What are barriers to creating diversion\* and recovery support programs.
- b. What pre-arrest referral strategies or practices would be most effective?
- c. What pre-trial diversion\* programs (ex. Drug court) would be most helpful?
- d. What jail-based recovery support services would be most helpful for individuals transitioning back into the community?

*\*Diversion programs are alternatives to prosecution which seek to divert certain offenders from traditional criminal justice processing into a program of supervision and services.*

---

Adults and youth experiencing substance use disorder use tobacco products (ex. smoking cigarettes, chewing tobacco, e-cigarettes, etc.) at a higher rate than the general population. The majority of Oneida County public opinion survey respondents said that smoking poses a greater health risk than illegal substances. In addition, participants disagreed when asked if tobacco products help people cope with stress.

**Q6** What would help to change the idea that commercial tobacco use is acceptable among those who are experiencing a substance use concerns?

- a. What are barriers to implementing tobacco dependence intervention programs?

The Oneida County public opinion survey results also showed that electronic cigarette use (vaping) was the number one concern among people under the age of 21.

**Q7** What strategies would help to decrease the perception that vaping/e-cigarettes among youth is acceptable?

- a. What community strategies would be helpful at supporting a change in youth tobacco use?
  - b. What education programs would help balance tobacco prevention and control policies and support quitting?
- 

Engaging affected community members in decision making and systems change efforts helps to improve overall health outcomes.

**Q8** How can we involve at-risk community members in the decision-making process related to prevention, response and community support strategies?

- a. What barriers exist?
- b. What incentives may be useful to increase involvement?
- c. What approaches would add value for participation and avoid stigma or harm?

**Q9** Describe how mental health and substance use are interconnected.

- a. How does this connection impact treatment?
- 

### **KEY STAKEHOLDER QUESTIONS – PUBLIC SAFETY/FIRST RESPONDERS/TREATMENT PROVIDERS/ TARGET POPULATION**

**Q10** What systems are in place to identify the possibility of a spike in overdose and to inform response and communication protocols within specific communities?

- a. What barriers are there to implementing harm reduction strategies for preventing overdose?
- b. Reflect on access of naloxone/NARCAN within the community.
- c. Describe your organizations current naloxone distribution policy/procedure.

**Q11** Describe the impact of polydrug\* use. a. How does this connection impact treatment?

- a. Reflect on the connection between synthetic opioids and methamphetamine.

*\*Polydrug use is a term for the use of more than one drug or type of drug at the same time or one after another.*

---

## KEY STAKEHOLDER QUESTIONS – SCHOOLS/YOUTH SERVICING AGENCIES/YOUTH/PARENTS

**Q12** Describe how substance use concerns (ex. alcohol, opioids and tobacco) are currently addressed within schools?

- a. Are substance use interventions or support provided for students and/or staff?
- b. Does your school policy support prevention and intervention measures?

**Q13** How are youth and young adults accessing illegal substances (ex. alcohol, opioids and tobacco)?

- a. What strategies would be effective in reducing youth access?
-

# FOCUS GROUP NOTES TEMPLATE



## Oneida County Community Assessment on Substance Use August 2021 Focus Groups

Reference **Catalyst Focus Group Guide** for Facilitation Techniques and Tips

**General Instructions:** Capture as much of the conversation as you can. The focus group will be recorded. Most Important – Capture Non-Verbal Communication. After the focus group complete a post-facilitator roundtable to capture addition observations and comments from others in the room. This will help to summarize “experience”.

<b>Focus Group Title:</b>		
<b>Date:</b>	<b>Time:</b>	<b>Number of Participants:</b>
<b>Facilitator:</b>	<b>Note Taker:</b>	<b>Other Core Team Members:</b>

**Q1** Which risk factors\* do you feel are associated with a higher likelihood of developing a substance use concern in Oneida County?

- a. Describe how specific risk factors affects the problem.
- b. What are some things (programs or resources) that would help reduce risk factors?

**NOTES:**

**Q2** What opportunities are there to support families and break cycles of addiction?

- a. What community strategies would be effective at lowering the likelihood of developing a substance use concern?

**NOTES:**

**Q3** What can we, the community, do to reduce the stigma\* surrounding substance use concerns in Oneida County? (ex. alcohol, other substance, or tobacco use)

- a. How does stigma affect the lives of people living with substance use problems?
- b. How is stigma different in smaller or rural communities?

**NOTES:**

**Q4** Describe community strategies that you feel are most effective at supporting individuals who are experiencing substance use concerns.

- a. What recovery support services are most helpful at increasing treatment success?
- b. Is it more difficult to provide social supports\* given that we live in a rural area? If so, why?

**NOTES:**

**Q5** How can we connect offenders involved with the criminal justice system to the care they need related to substance use concerns?

- a. What are barriers to creating diversion\* and recovery support programs.
- b. What pre-arrest referral strategies or practices would be most effective?
- c. What pre-trial diversion\* programs (ex. Drug court) would be most helpful?
- d. What jail-based recovery support services would be most helpful for individuals transitioning back into the community?

**NOTES:**

**Q6** What would help to change the idea that commercial tobacco use is acceptable among those who are experiencing a substance use concerns?

a. What are barriers to implementing tobacco dependence intervention programs?

**NOTES:**

**Q7** What strategies would help to decrease the perception that vaping/e-cigarettes among youth is acceptable?

a. What community strategies would be helpful at supporting a change in youth tobacco use?

b. What education programs would help balance tobacco prevention and control policies and support quitting?

**NOTES:**

**Q8** How can we involve at-risk community members in the decision-making process related to prevention, response and community support strategies?

a. What barriers exist?

b. What incentives may be useful to increase involvement?

c. What approaches would add value for participation and avoid stigma or harm?

**NOTES:**

**Q9** Describe how mental health and substance use are interconnected.

a. How does this connection impact treatment?

**NOTES:**

**Q10** What systems are in place to identify the possibility of a spike in overdose and to inform response and communication protocols within specific communities?

- a. What barriers are there to implementing harm reduction strategies for preventing overdose?
- b. Reflect on access of naloxone/NARCAN within the community.
- c. Describe your organizations current naloxone distribution policy/procedure.

**NOTES: KEY STAKEHOLDER QUESTIONS – PUBLIC SAFETY/FIRST RESPONDERS/TREATMENT PROVIDERS/TARGET POPULATION**

**Q11** Describe the impact of polydrug\* use.

- a. Reflect on the connection between synthetic opioids and methamphetamine.

**NOTES: KEY STAKEHOLDER QUESTIONS – PUBLIC SAFETY/FIRST RESPONDERS/TREATMENT PROVIDERS/TARGET POPULATION**

**Q12** Describe how substance use concerns (ex. alcohol, opioids and tobacco) are currently addressed within schools?

- a. Are substance use interventions or support provided for students and/or staff?
- b. Does your school policy support prevention and intervention measures?

**NOTES: KEY STAKEHOLDER QUESTIONS – SCHOOLS/YOUTH SERVICING AGENCIES/YOUTH/PARENTS**

**Q13** How are youth and young adults accessing illegal substances (ex. alcohol, opioids and tobacco)?

- a. What strategies would be effective in reducing youth access?

**NOTES: KEY STAKEHOLDER QUESTIONS – SCHOOLS/YOUTH SERVICING AGENCIES/YOUTH/PARENTS**

## Sense Making Session Slides

*Oneida County Substance Use Assessment*





# Oneida County Substance Use Assessment 2021

Prepared for:



Prepared by:



## OVERVIEW

The Oneida County Health Department was awarded a Community Prevention Grant as part of the Center for Disease Control efforts to prevent opioid overdoses

### Overall Goal

To collect community-level data related to opioid, tobacco, and other substance use.

To develop strategies to address these issues within the community.

Special focus on centering voices of those most impacted in a participatory data collection process.

### Funding Info

The Oneida County Health Department (OCHD) in collaboration with the Northwoods Community, Outreach, Prevention, and Education Coalition (COPE), specifically the Oneida County Alcohol and Other Drug Subcommittee, and the Northwoods Tobacco Free Coalition (NWTFC), was awarded grant funding to complete this project.

Secondary funding was secured through the Tobacco Prevention and Control Community Intervention Grant (TCPIC) through the Wisconsin Department of Health Services (DHS).

## METHODOLOGY

### Publicly Available Data Recon

Investigated rates of poverty, crime, drug & alcohol use and other factors

### The Oneida County Community Survey

Survey administered electronically

- Shared on Facebook, promoted by key partners

524 complete or partial responses

Combination of multiple choice, scaled, and short answer questions

Results from survey used to formulate Focus Group questions

### Focus Groups

A total of 17 focus groups were held with variety of key populations within Oneida County including

- Police and Fire Departments
- Health Care Providers
- Substance Use Treatment Providers
- Substance use treatment recipients (target population)
- Middle and High School Students and Faculty

Results used to determine what actions can be taken to reduce substance abuse and related consequences

This is what we are talking about today!

## SURVEY RESULTS – Demographic Information

Non-Minority vs Minority Representation



Ethnicity	Survey	County
American Indian or Alaska Native	1.75%	1.31%
Asian	0.87%	0.39%
Black or African American	0.22%	0.65%
Hispanic, Latino, or Spanish	1.09%	1.24%
Middle Eastern or North African	0.22%	0.20%
White	94.10%	96.10%
Other	1.75%	0.20%

Figure 2: Female v Male Comparison

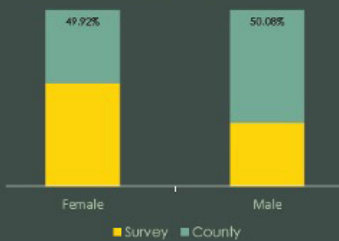
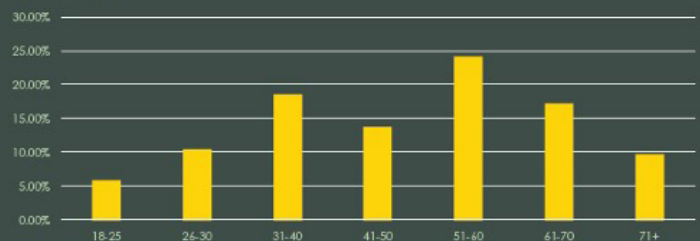


Table 2: Gender Comparison

Gender	Survey	County
Female	70.63%	49.92%
Male	28.48%	50.08%

Figure 3: Age of Participants



## SURVEY RESULTS – Demographic Information

Occupation	Proportion	N (%)
Healthcare / Treatment Provider		102 (19.28%)
Retired		94 (17.77%)
Other		73 (13.80%)
Social Services / State / Local / Tribal Govt.		45 (8.51%)
Caregiver/Homemaker		35 (6.62%)
Service Industry / Retail / Food Service		35 (6.62%)
Education / Teacher / Professor		29 (5.48%)
Small Business Owner		24 (4.54%)
Skilled Labor / Agriculture		23 (4.35%)
Unemployed		20 (3.78%)
Unable to work due to disability		17 (3.21%)
Law / Criminal Justice		13 (2.46%)
Student / Youth		8 (1.51%)
Broadcasting / Media / Social Media		6 (1.13%)
Religious Organization		5 (0.95%)



of Participants currently have healthcare



of Participants currently have BadgerCare

## SURVEY RESULTS – Substance Concerns

- Methamphetamine, Alcohol, and Binge drinking were the top three substances of concern.
- Prescription Opioids were also a concern.
- Vaping and Smoking followed closely with Marijuana and Other Tobacco Products garnering the least amount of concern

Substance Concerns	Rank	Mean (Std. Dev)
Methamphetamine (crystal meth, ice, crank)		4.02 (1.06)
Alcohol Consumption (beer, wine, liquor)		4.00 (1.18)
Binge Drinking (5+ drinks for men, 4+ for women per occa:		3.90 (1.16)
Prescription Opioids not as prescribed by a doctor		3.69 (1.12)
Heroin, Fentanyl (smack, dope, junk)		3.45 (1.19)
Vaping/E-Cigarettes (nicotine)		3.43 (1.20)
Smoking Cigarettes (tobacco)		3.31 (1.19)
Marijuana/THC (pot, weed, hashish, hash oil)		2.93 (1.50)
Other Tobacco Products (cigars, chew, snuff)		2.91 (1.13)

## SURVEY RESULTS – Recent Use

- Alcohol Consumption, Smoking Cigarettes, and Marijuana were the most used substances
- Alcohol Consumption (3.23) was rated more than a full point above Smoking Cigarettes (2.13), indicating widespread usage
- \*\*\*These are self-reported values, which tends to underestimate actual usage.

Recently Used (30 Days)	Rank	Mean (Std.Dev)
Alcohol Consumption (beer, wine, liquor)	1	3.23 (1.99)
Smoking Cigarettes (tobacco)	2	2.13 (2.35)
Marijuana/THC (pot, weed, hashish, hash oil)	3	1.66 (1.64)
Binge Drinking (5+ drinks for men, 4+ drinks for women per occasion)	4	1.61 (1.12)
Vaping/E-Cigarettes (nicotine)	5	1.31 (1.26)
Other Tobacco Products (cigars, chew, snuff)	6	1.26 (1.09)
Prescription Opioids not as prescribed by a doctor	7	1.11 (0.59)
Methamphetamine (crystal meth, ice, crank)	8	1.10 (0.67)
Heroin (smack, dope, junk)	9	1.03 (0.34)

## SURVEY RESULTS – Stress

- Stress and anxiety were the most reported circumstances.
- Other notable findings include chronic health conditions, financial distress and not being able to access care when needed.

Condition	%	Rank
Stress- emotional strain caused by difficult situations	24.00%	1
Anxiety- feeling anxious, nervous, tense, scared or like something bad was going to happen	21.13%	2
Depression- feeling sad or hopeless almost every day for two weeks or more	10.40%	3
Chronic pain- constant pain that lasts for 6 months or longer	9.85%	4
Chronic health problems or serious illnesses (diabetes, asthma, cancer, etc.)	8.52%	5
Financial distress- unable to make money to pay bills	6.08%	6
Physical disability - condition that affects a person's mobility or physical capacity	5.20%	7
Access to care - not able to access healthcare when needed	4.09%	8
Learning disability (ADHD, dyslexia, unable to read, language barrier)	3.10%	9
Discrimination- been treated differently because of your race, sexual orientation, gender, religion, etc.	2.32%	10
Housing instability - overcrowding, moving frequently, staying with relatives, homelessness	1.44%	11
Suicidal thoughts- seriously considered suicide or made a plan to attempt suicide	1.11%	12
Hunger- going hungry because there is not enough food in your home	1.00%	13
Health literacy - not able to understand basic health information needed to make decisions about health	0.88%	14
Crime - theft, burglary, arson	0.66%	15

## SURVEY RESULTS – Concerns among those Under 21

Under 21 Substance Concerns	Rank	Mean (Std.Dev)
Vaping/E-Cigarettes (nicotine)	1	3.76 (1.06)
Alcohol Consumption (beer, wine, liquor)	2	3.71 (1.12)
Binge Drinking (5+ drinks for men, 4+ for women per occasion)	3	3.64 (1.17)
Driving under the influence	4	3.53 (1.16)
Methamphetamine (crystal meth, ice, crank)	5	3.34 (1.23)
Prescription Opioids not as prescribed by a doctor	6	3.22 (1.16)
Smoking Cigarettes (tobacco)	7	3.18 (1.09)
Marijuana/THC (pot, weed, hashish, hash oil)	8	3.17 (1.36)
Heroin (smack, dope, junk)	9	3.02 (1.21)
Other Tobacco Products (cigars, chew, snuff)	10	2.98 (1.15)

- Vaping and the use of E-Cigarettes was rated as the most concerning substance issue
- Alcohol Consumption (3.71), and Binge Drinking (3.64) showed similar mean scores
- Methamphetamine, Prescription Opioids, Cigarettes, Marijuana/THC, and Heroin all ranked above a 3 out of 5, indicating moderate concern

## SURVEY RESULTS – Drinking and Overdose

Drinking and Overdose	Rank	Mean (Std.Dev)
Driving under the influence of alcohol	1	3.85 (1.08)
Driving under the influence of substances other than alcohol	2	3.60 (1.12)
Drug overdose (injury or death)	3	3.45 (1.10)

- Driving under the influence of alcohol was ranked as the top concern
- 22.13% of respondents indicated that they were unsure how problematic drug overdose was in their community
- 17.55% of respondents indicated that they were unsure about how problematic driving under the influence of substances other than alcohol
- These findings indicate that the public has limited knowledge of overdose related deaths.

## SURVEY RESULTS –Social Connectedness

Social Connectedness	Rank	Mean (SD)
There are people I can count on in an emergency.		3.52 (.69)
There is someone I could talk to about important decisions in my life.		3.46 (.7)
I have close relationships that provide me with a sense of well-being.		3.38 (.78)
I have relationships where my competence and skill are recognized.		3.37 (.74)
I feel part of a group of people who share my attitudes and beliefs.		3.29 (.76)

- Response means ranged from 3.29 to 3.52 indicating strong agreement among items and an overall high sense of social connectedness
- Overall, the mean score was 3.60/5. The authors of the scale indicate 3.5 indicates a greater tendency to be socially connected.

## SURVEY RESULTS – Top 10 Factors

### Factors preventing people from seeking treatment

Stigma  
 Financial Barriers to Care  
 Lack of Treatment Services  
 Denial  
 Power of Addiction  
 Fear of Change  
 Underlying Mental Health Concerns  
 Peer Pressure  
 No Desire to Quit  
 Fear of Legal Ramifications

### Factors contributing to addiction

Mental Health Disorders  
 Depression  
 Stress  
 Anxiety  
 Lack of Support  
 Peer Pressure  
 Family Cycle (Upbringing)  
 Past Trauma  
 Socioeconomic Status  
 Poor Coping Skills

### Top known treatment options

Aware of Options, Cannot Name Provider  
 Koinonia  
 Ascension Koller Behavioral Health  
 Marshfield AODA  
 Human Service Center  
 Health Department  
 Aspirus Clinic  
 Non-Specific Entities,  
 Church and/or Religious Support Groups

## Key Findings

### KEY FINDINGS DISCUSSION

#### Definition

- A detailed explanation of the concept

#### Evidence to Support the Definition

- Participants provided feedback on the top concerns/issues facing their community

#### Evidence for Next Steps

- Participants provided suggestions as to how to address each key finding

#### Reflection

- What questions do you have about these results?
- In what ways do these results match or differ from your experience?
- How would you respond/act now that you have this information?
- What more needs to be known in order to take action?

## GROUND RULES

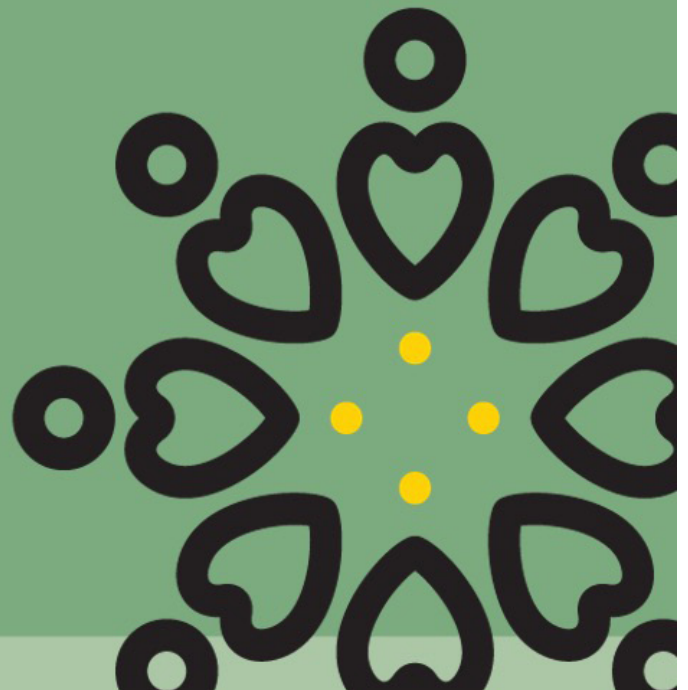
- There are no bad ideas, we all have unique perspectives
- Be respectful of others' comments, use "Yes, And" instead of "Yes, But"
- Keep your comments human centered, people are more than their problems
- Be mindful of how long or often you speak, make space for everyone to speak up
- Use the chat to add to the conversation, avoid side conversations

## SUBSTANCE USE AND THE MENTAL HEALTH CONNECTION

### Definition

Mental Health Issues are a risk factor for an increased likelihood of developing a substance use concern.

*\*Risk Factors are characteristics (a feature or quality belonging to a person, place, or thing) or experiences (condition of being affected by something) that increase the likelihood of a person developing a disease or health disorder.*





## Substance Use and the Mental Health Connection

Most people with Substance Use Disorder started with, or have a Mental Health Disorder

- Mental Health Disorder is the underlying condition of substance use

Substance use as self-treatment of a mental health disorder

- Stigma around getting treatment for a mental health disorder leads to self-medication
- Some would rather use substances to cope than seek treatment

## EVIDENCE

Limited coping skills leads to substance use

Early intervention to Mental Health Disorder/Anxiety/Depression/etc. to prevent Substance Use Disorder

Past trauma leads to substance use

Substance use/addiction can lead to mental health disorder

- How or after the substance addiction changes the chemical makeup of the brain is the mental health issue

## Substance Use and the Mental Health Connection

## EVIDENCE FOR NEXT STEPS

Reduce stigma around seeking treatment for mental health issues.

Increase availability of mental health services

Promote mental health services as substance use prevention

Early youth education about substance use and tobacco use

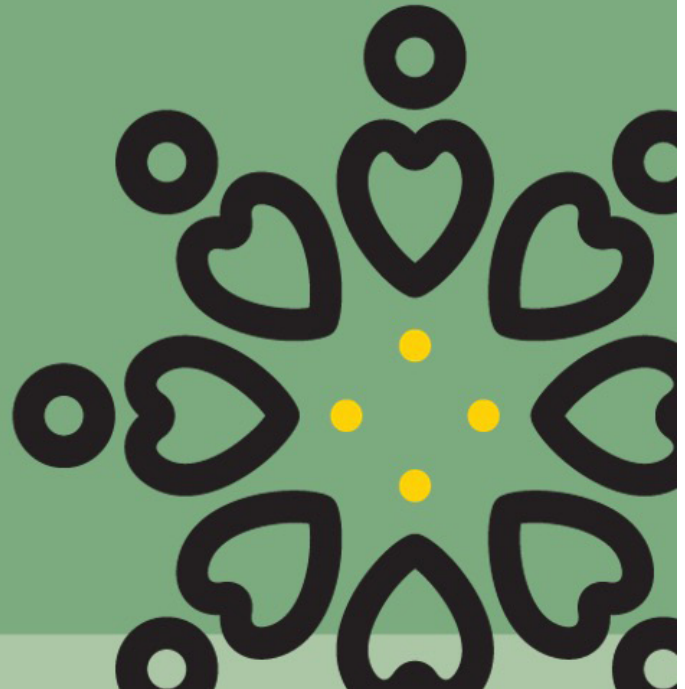
- Target at-risk youth and provide them with coping skills resources

Provide education related to mental health and coping skills

# COMMUNITY/SOCIAL NORMS AROUND SUBSTANCE USE

## Definition

Community/Social Norms around Substance Use are risk factors associated with a higher likelihood of developing a substance use concern in Oneida County.



## Community/Social Norms around Substance Use

## EVIDENCE

**Social Norms:** Substance Use, Alcohol Use, and Tobacco Use are social activities. They bring people together and/or are used in social environments.

- There is a lack of social events without substances (alcohol specifically)

**Social Access:** to alcohol and other substances. Increases availability, initiation and makes it difficult to abstain.

- Peer Pressure to fit in

**Cultural Norms:** drinking in Wisconsin

**Family History/Norms:** cycle of addiction

Mental health and substance use stigma is more pervasive in smaller communities

Changing social norms

- Sober events
- Family/youth activities
- Skill building activities

Normalize non-use of substance as a substance use preventive measure

Provide examples of the impact substance use can have (financial, social, emotional, etc.)

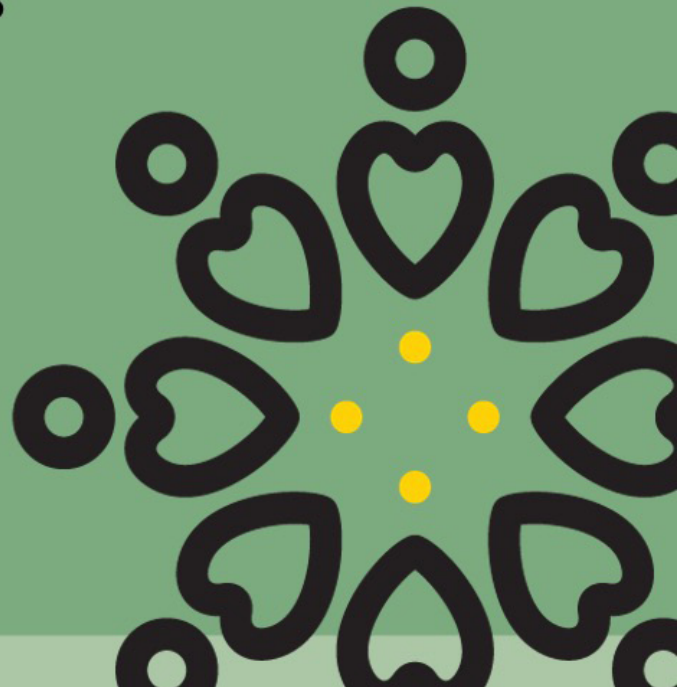
## SOCIAL CONNECTEDNESS - COMMUNITY CONNECTEDNESS

### Definition

Social Connectedness\* was identified as an effective community strategy for supporting individuals who are experiencing substance use concerns.

\*The Oneida County public opinion survey stated that stress and anxiety over not being able to address personal issues and challenges of coping with life stressors (work, money, past trauma) are related to substance use and avoiding treatment options.

\*\***Social Support** is the process of providing assistance or comfort to others, typically to help them cope with stressors (behaviors and situations) that are related to physical and mental/emotional strain.



## Social Connectedness – Community Connectedness

### EVIDENCE

Addiction is isolating. Feeling disconnected from the general community

- Loneliness leads to addiction: need for challenging and interesting environments

Varying or limited communication between recovery resource providers for community response

Varying or limited communication between Law Enforcement/Emergency Medical Services in reporting rates of overdose

Lack of role models/mentors

Lack of engagement of recovery community in decision making processes

- Lack of recovery supports and groups that engage the recovery community in leadership roles

Lack of understanding of substance use/addiction/recovery amongst the general population

## Social Connectedness – Community Connectedness

### EVIDENCE FOR NEXT STEPS

Building relationships/community between recovery resource/treatment providers to work together

Increased awareness of existing recovery resources

Early interventions

- identifying high risk (Law Enforcement/Emergency Medical Services)
- targeting at risk groups among youth (LGBT, Not accepted youth, etc.)

Peer to peer recovery supports

Peer to peer advocacy

Family support groups

Alternatives to incarceration

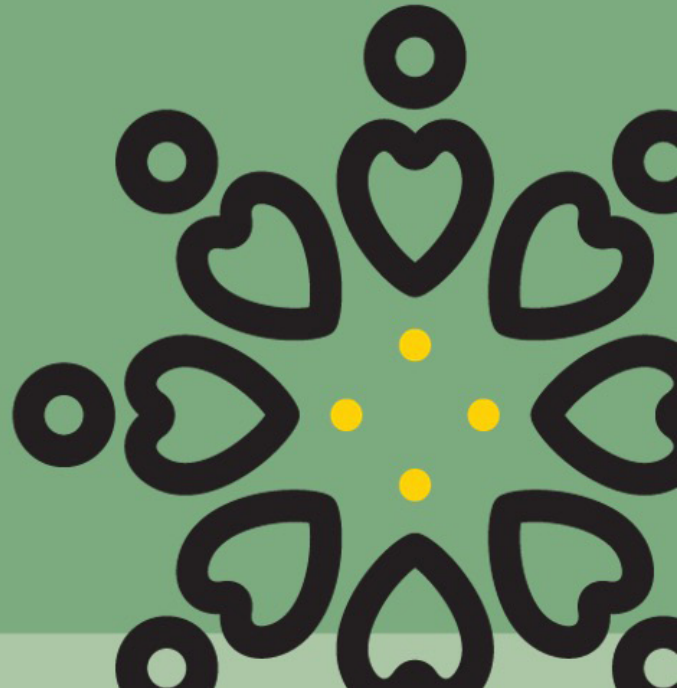
Be more compassionate

Connect youth to peers

# ACCESS TO CARE

## Definition

Access to Care is characterized as barriers to seeking substance use/abuse treatment. Examples include limited treatment options, financial barriers and limited access to available services.



## Access to Care

Limited local Mental Health and Substance Use Disorder Treatment Options

- Limited treatment providers and recovery resources
- Limited resources and treatment providers
- Difficulty keeping and paying providers in the area
- Long waitlists to get into treatment
- Complicated and lengthy process of establishing with a provider

Lack of knowledge of the available resources and programs

No current recovery programming within the criminal justice system

## EVIDENCE

Varying knowledge, accessibility and misuse of harm reduction strategies: NARCAN

Lack of systematic reporting for youth substance users (schools)

Lack of county/community wide efforts to communicate substance use/overdose rates in the community

Limited access to peer recovery support services

Limited access to recovery supports groups for families

## Access to Care

Reduce barriers to care (financial; transportation; internet; subsidize etc.)

Continuity of care - Building relationships/community between recovery resource/treatment providers to work together

Continuity of care between criminal justice and treatment services

- Jail based treatment programs and reentry programs
- Transition housing/Transition support to learn activities of daily living

## EVIDENCE FOR NEXT STEPS

Community programs that are affiliated with those in the criminal justice system

Alternatives to incarceration

- Treatment courts: targeting reoffenders

Early interventions: identifying high risk. By the time people reach out for help it is too late

Peer recovery supports included in the treatment team (working with others in recovery)

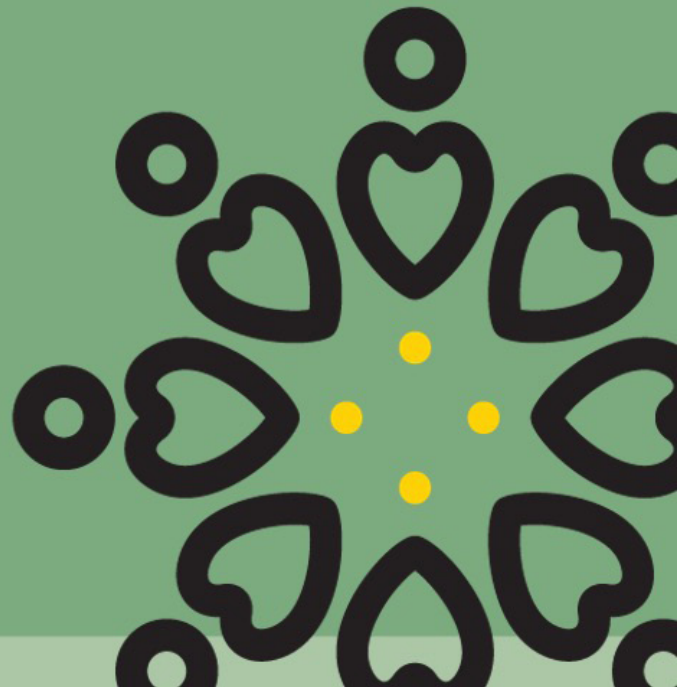
Family recovery supports

## STIGMA

### Definition

The stigma\* and shame connected with substance use creates barriers (or obstacles) for getting help (care and support) for individuals and their families.

*\*Stigma refers to the mark of disgrace and negative ways in which society views behaviors that are seen as different and less desirable than what is considered the acceptable norm. It occurs when people are shamed, discredited, or treated differently because of a characteristic or condition.*



## Stigma

Stigma around mental health is strong and leads to Substance Use Disorder because people do not want to, or know how to get help for Mental Health

Mental health stigma for getting treatment

Stigma of receiving medication assisted treatment vs abstinence

## EVIDENCE

Compassion fatigue of Law Enforcement/Emergency Medical Services

- High rates of recidivism lead to burnout

Lack of anonymity prominent in rural communities

- Everyone knows everyone
- Repeat offenders
- Treatment providers know everyone
- Word of mouth about problems
- Family history

## Stigma

## EVIDENCE FOR NEXT STEPS

Engagement of recovery community in decision making process and media outreach

Share and celebrate stories of recovery

Understanding addiction as a disease

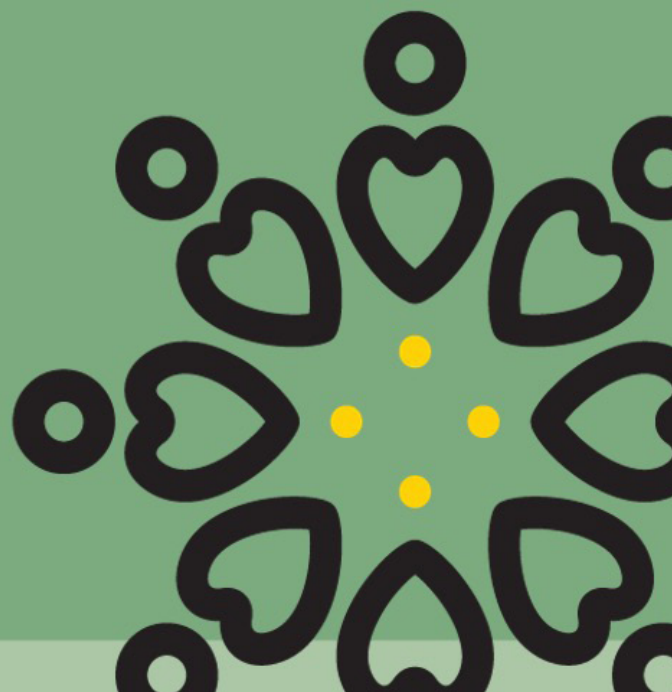
Peer recovery support programs

Compassion training for Law Enforcement/Emergency Medical Services officials relating to burnout when dealing with substance users

# ALTERNATIVES TO INCARCERATION

## Definition

Alternatives to incarceration were cited as a protective factor that help connect offenders involved with the criminal justice system to the care they need related to substance use concerns.



## Alternatives to Incarceration

## EVIDENCE

Disappointment that there are no programs within the Oneida County criminal justice system to support people with Substance Use Disorder.

Thought that the criminal justice system is providing recovery services

Lack of recovery support resources for individuals within the jail.

Lack of recovery support programming for individuals transitioning from jail back into the community

Community members expressed desire to introduce drug courts as an alternative to incarceration for substance use related offenses



## Alternatives to Incarceration

## EVIDENCE FOR NEXT STEPS

Connect offenders involved with the criminal justice system to the care they need related to substance use concerns

Alternatives to punitive measures

- Need for programs that offer offenders a path to recovery other than incarceration - treatment court, specifically family court

Increase access to peer recovery support specialists within the treatment team/program

Target reoffenders and high-risk families, support the entire family

Decrease barriers (financial, transportation, clothes, etc.)

Create continuous custody of care for individuals seeking substance abuse treatment