



Youth Assessment Report of Marinette & Menominee Counties

March 2026

Prepared by Communities that Care (CTC) of Marinette & Menominee Counties Data Workgroup

INTRODUCTION

This Youth Data Assessment Report provides highlights and key findings from multiple data collection methods conducted by the Communities That Care (CTC) coalition beginning in the fall of 2024. The coalition conducts this comprehensive assessment every two years, with data monitored and reviewed by coalition staff, evaluators, and accredited survey company representatives.

The purpose of this data collection and evaluation process is to establish benchmarks that guide prioritization, discussion, and action related to youth substance use problem behaviors and the risk and protective factors that influence them. The findings inform the work of CTC coalition workgroups, community leaders in Marinette and Menominee Counties, community organizations, parents, and other stakeholders. Data gathered through this assessment directly informs the coalition's logic models and annual action plans.

The coalition collected and analyzed youth-related data using the following sources:

- *Pride PLUS Student Survey*
- *Local, state, and national comparison data*
- *Year-to-year student survey trend data*
- *Spring 2025 Youth Focus Group findings*
- *Environmental scans related to nicotine and alcohol*
- *CTC coalition event post-survey results*

The Pride PLUS Student Survey was administered to 6th, 8th, 10th, and 12th grade public school students across Marinette and Menominee Counties during the 2024–2025 school year. This survey is an approved instrument used to collect required core measures for the Centers for Disease Control and Prevention (CDC) and the White House Office of National Drug Control Policy (ONDCP) as part of the Drug-Free Communities (DFC) Grant. This grant helped financially support the CTC coalition from December 2020 through September 2025.

The goal of this survey and analysis is to provide our community with reliable information about youth substance use and perceptions of alcohol, tobacco/nicotine, marijuana, and other drugs. This report highlights the data points that warrant the greatest community attention and prevention focus.

All 12 public school districts within Marinette and Menominee Counties participated in the survey process. The electronic survey was available for three weeks between October and November 2024. In total, 1,906 surveys were completed, with 1,774 deemed valid responses, resulting in a strong 93% valid response rate.

In addition to measuring youth substance use behaviors, the survey also assesses environmental key risk and protective factors:

- **Protective factors** are conditions that help buffer youth from exposure to risk of substance use by reducing the impact of those risks or influencing how young people respond to them.
- **Risk factors** are conditions that increase the likelihood of youth involvement in substance use.

Youth focus groups were conducted the following spring in four school districts, as part of the coalition's biennial focus group process. One additional district was unable to participate during this assessment cycle due to school renovations, classroom displacement, and an earlier-than-usual end to the school year. Healthy Youth Coalition (HYC) advisors and school administrators assist with coordinating focus groups, including the random selection of high school participants and logistical planning. CTC coalition staff, along with adult coalition members from the Data and Alcohol, Tobacco/Nicotine, and Marijuana (ATM) Products workgroups, facilitate the sessions and collect responses. A total of 53 students participated in these focus groups.

Environmental scans were also conducted as part of this assessment period. Nicotine product scans were completed during the 2023–2024 year, and alcohol scans during the 2024–2025 year. In total, 59 nicotine scans and 41 alcohol scans were conducted across the two counties.

Finally, other public data and year-to-year comparison reports from student surveys conducted by HYC and CTC since the 2005–2006 school year were analyzed to assess long-term trends and measure program effectiveness. While student survey tools have evolved over time, all instruments were validated and approved through the DFC grant program, and comparable questions remained consistent across years to ensure reliable trend analysis. The same geographic region and grade levels have been surveyed throughout this period.

The 2024–25 youth data assessment was financially supported by the DFC Support Grant and the Provident Health Foundation. In-kind services were generously provided by the Menominee County ISD and the Healthy Youth Coalition. We also thank all 12 public school districts for partnering with us, as allowing access to students and providing time for data collection is crucial for the validity and outcome of this assessment.

Finally, we recognize and appreciate all agencies and organizations involved in the CTC coalition for their role in administering, assessing, and delivering this effort. Our work would not be possible without their dedication, time, and commitment to supporting youth in our community.

COMMUNITY BACKGROUND

The Communities That Care (CTC) coalition of Marinette and Menominee Counties works to prevent and reduce substance use among youth ages 12–18 across Marinette County, Wisconsin, and Menominee County, Michigan. These neighboring, rural counties span approximately 2,888 square miles and serve a combined population of 65,393 residents across 12 public school districts. The region is largely industry-based and conservative in nature, with the Menominee River serving as a geographic divider while also connecting the two communities. Marinette County also borders Dickinson County, Michigan, creating multiple cross-border access points.

Youth in this region are often raised in environments where alcohol use, even overuse, is normalized. Alcohol is commonly present not only in traditional settings, such as bars and restaurants, but also at youth-centered events, including graduations, family and holiday gatherings, hunting camps, and even children’s birthday parties. Students in a local focus group highlighted the impact of this exposure, sharing messages for adults in the community: “Be a better role model,” and “Limit your own use.”

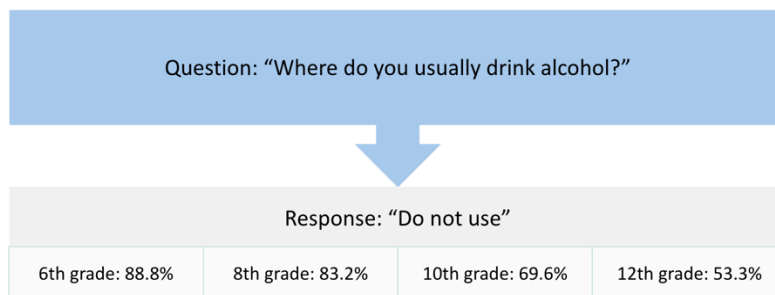
Daily life for many families regularly crosses state lines. It is common for individuals to live in one state while working, attending school, or participating in activities in the other. School of choice policies further support movement across districts, and children in shared custody arrangements often move between households in both states. These factors contribute to a highly interconnected and mobile youth population, reinforcing the importance of a coordinated, cross-county prevention approach.

In addition to cultural norms, differences in state laws and policies contribute to confusion around substance use and expectations for youth. For example, Wisconsin law permits alcohol consumption by minors when accompanied by a parent or guardian, while Michigan enforces a zero-tolerance policy for underage alcohol use regardless of parental presence. Policy differences also exist around tobacco and vaping products, including variations in flavor restrictions, retail regulations, and licensing requirements. Additionally, Michigan allows both medical and adult-use marijuana, while Wisconsin maintains an illegal stance for both. These inconsistencies can create mixed messages for youth and present challenges for prevention efforts, particularly in a region where crossing state lines is part of everyday life.

This context is important to consider when reviewing the results, as it helps explain the unique challenges and influences shaping youth substance use in our region.

ASSESSMENT RESULTS

Who’s NOT Drinking Alcohol?



When students were asked, “Where do you usually drink alcohol?” a significant percentage reported that they **do not use alcohol**, with even over half of the oldest population of 12th grade students indicating non-use.

This is an important success to recognize and celebrate. Highlighting the majority of youth who are making healthy choices helps shift perceptions from the belief that “everyone is drinking” to the understanding that choosing not to drink is common and normal. By continuing to share these positive norms within our schools and communities, we can help reinforce healthy behaviors and encourage more youth to make safe and responsible choices.

As students approach their senior year of high school, alcohol use can sometimes appear more visible, which can create the perception that “almost everyone is drinking.” The data shows the reality that many

students are still choosing not to use alcohol. Addressing these misperceptions is an important part of prevention efforts, as youth are strongly influenced by what they believe their peers are doing.

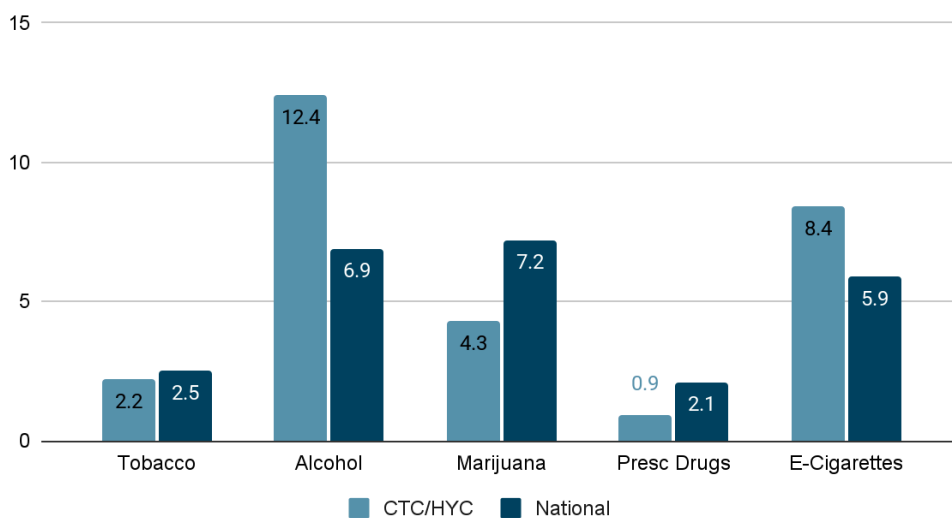
Reinforcing accurate information about peer behavior can help reduce pressure to experiment with alcohol and support healthier decision-making among students.

How Many Youth Are Using Illegal Substances?

The information in the graph below highlights the top substances of use reported by youth and the percentage of students who indicated use within the past 30 days. In accordance with federal grant guidelines, Drug-Free Communities (DFC)-funded coalitions must identify and prioritize at least two substances to address through prevention efforts based on local data findings.

30-Day Reported Use Rates:

All Combined Grades - Comparison charts



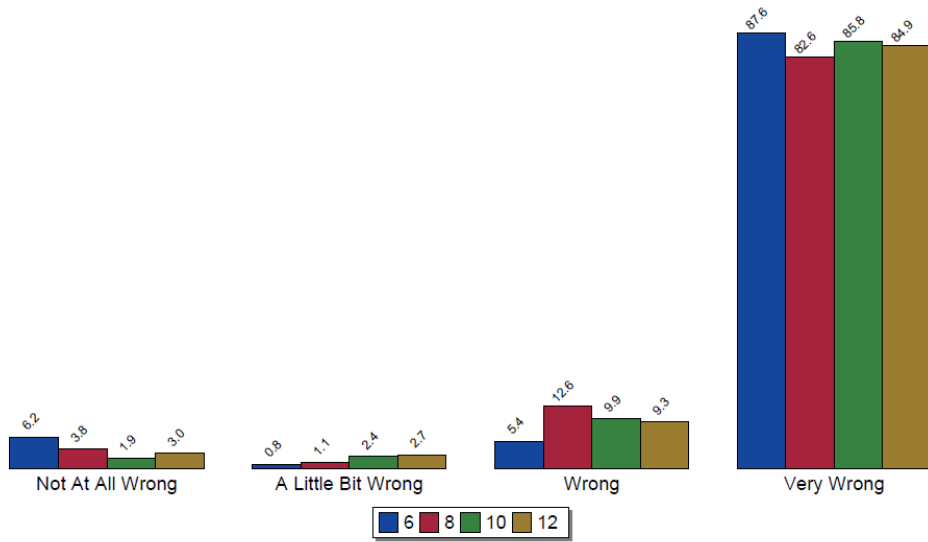
Survey results show that overall, local youth substance use rates are comparable to or lower than national averages for tobacco products, prescription drug misuse, and marijuana use. However, e-cigarette use is slightly higher than the national average among our local youth.

Youth alcohol use remains a continued area of concern. Local past 30-day alcohol use rates are currently **nearly double the national average**, although it is important to note that this 30-day use rate locally has **declined significantly over time** through ongoing community prevention efforts.

Is the Community Disapproving of Use?

The data in the graph below shows that youth are clearly hearing and responding to prevention messages from parents and caregivers that using prescription medications not prescribed to them is harmful. This trend reflects the long-term impact of national awareness and prevention efforts surrounding the opioid epidemic over the past 15 years.

Perception of Parental Disapproval Use Prescription Drugs Not Prescribed To You



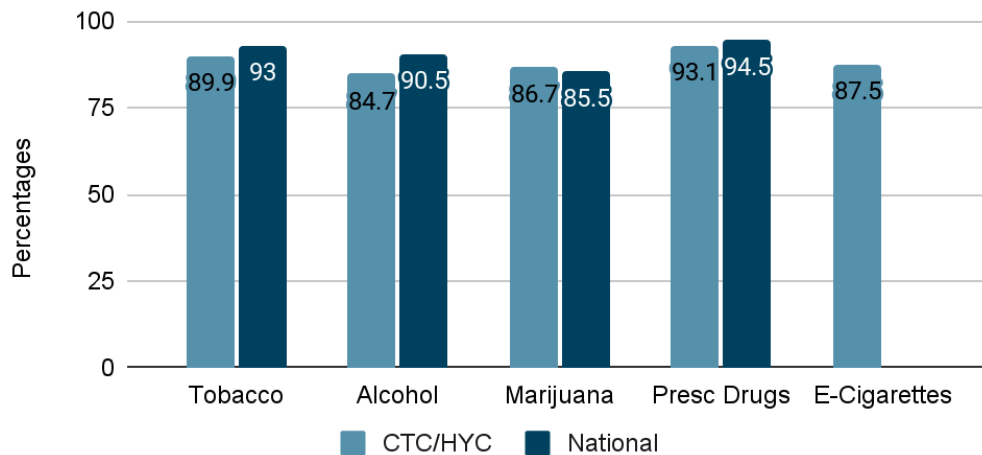
Source: Pride Surveys

These results demonstrate how comprehensive prevention strategies, when implemented consistently across families, schools, healthcare systems, and communities, can lead to positive outcomes. The data shows encouraging trends across grade levels, reinforcing that coordinated prevention messaging can effectively influence youth perceptions and behaviors.

Overall, local comparison rates are very similar to national rates when youth are asked whether they believe their parents would disapprove of their use of various substances, with rates across all substances in the high 80-90 percent averages.

Parental Disapproval Rates:

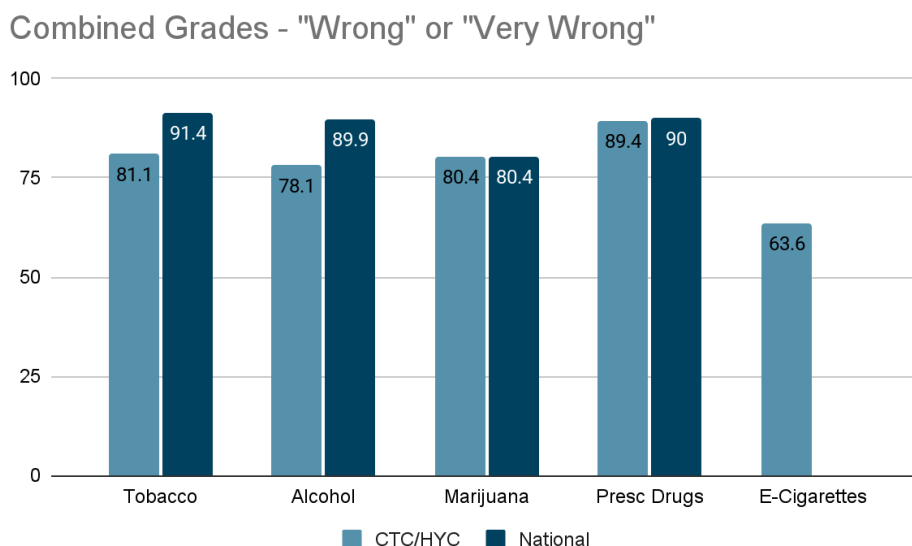
All Combined Grades - "Wrong" or "Very Wrong"



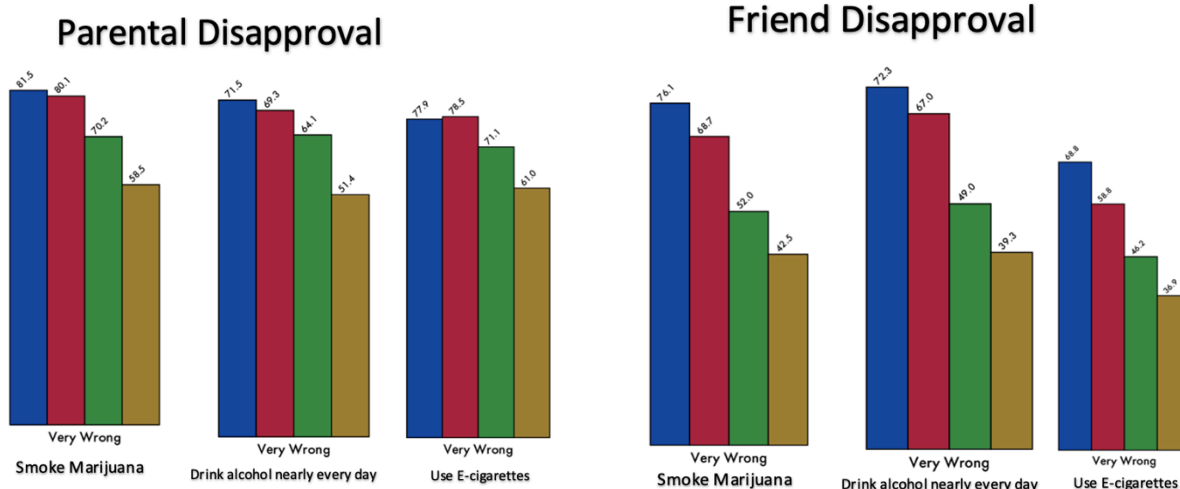
Note: Many national surveys do not include sufficient e-cigarette data, so national rates for some questions are unavailable.

The graph below displays friend disapproval rates of using substances. These graphs highlight key areas of concern, beginning with alcohol, where local rates differ significantly from national averages. E-cigarette use also stands out, showing extremely low levels of perceived disapproval among peers - the lowest of all top five substances of concern.

Friend Disapproval Rates:



Additionally, perceived disapproval declines as youth get older. In contrast, previously mentioned opioid graphs show that disapproval rates remain consistent across all grade levels. With the legal age of use at 21, students are still 3–4 years away from legal access and remain in a critical period of brain development, during which substance use can increase the risk of addiction.



Are The Dangers of Drugs and Alcohol Being Discussed with Youth?

The danger of drugs is an important message for youth to hear from many directions. The data below shows that students report only 27.2% of their parents and 20% of their teachers talk about the dangers of drugs “often” or “a lot. Discussing the dangers can impact perception and ultimately deter potential use. Ideally, youth should hear similar messages from parents and teachers to reaffirm the dangers.

Table 3.8: Parents Talk About Dangers of Drugs

RESPONSE	PCT
Never	22.4
Seldom	18.0
Sometimes	32.4
Often	17.9
A Lot	9.3

Table 3.7: Teachers Talk About Dangers of Drugs

RESPONSE	PCT
Never	21.3
Seldom	26.3
Sometimes	32.4
Often	14.4
A Lot	5.6

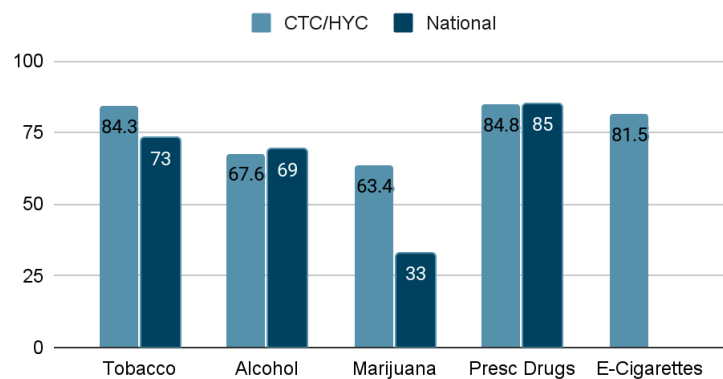
What Protective Factors are Helping to Reduce and Prevent Youth Use?

Individual protective factors can reduce the likelihood of substance use, such as earning good grades or having parents who set clear rules and consistently enforce consequences. Environmental protective factors also play an important role, as communities can support prosocial opportunities, extracurricular involvement, and other positive activities. Local survey results show that youth who participate in community and school activities, athletics, and/or have religious involvement **report lower levels of substance use.**

Youth focus group findings reinforce these results, highlighting that reasons for not using substances often stem from parental expectations and consequences, athletic commitments, school involvement, and participation in extracurricular activities. Youth also frequently cited awareness of the dangers of substance use, further emphasizing the importance of consistent messaging and education.

Perception of risk is a critical protective factor influencing youth behavior. When young people perceive substance use as harmful, they are significantly less likely to engage in it. This perception is strengthened through ongoing education and a comprehensive, community-wide approach to prevention messaging.

All Combined Grades - "Moderate" or "Great Risk"



Locally, youth perception of harm related to initiation substances is comparable to or higher than national averages. Notably, the perceived risk of marijuana use is more than double the national rate. The coalition attributes this to its proactive prevention efforts over the past several years in anticipation of, and response to, marijuana legalization in one half of its service area.

Despite these higher perception rates, youth focus groups reveal ongoing confusion about the risks associated with marijuana use. As one participant shared, “More people are enticed to try it because they were never really educated on it,” while another noted, “Marijuana feels similar to alcohol, which is now normalized. Everything happening around marijuana is doing the same to it.”

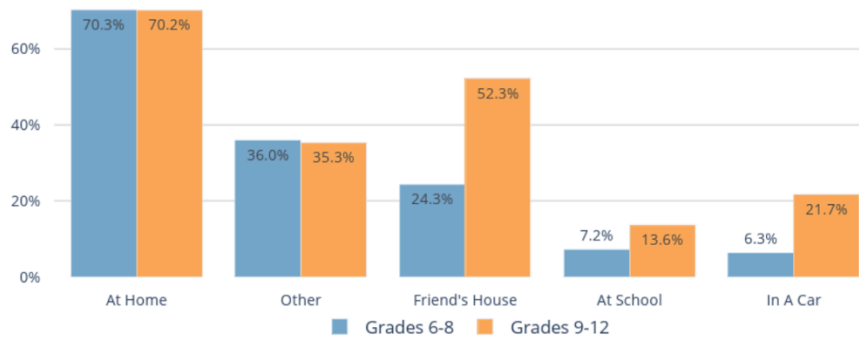
At the same time, most respondents described the changing marijuana landscape in the community as “disgusting” and “embarrassing” (Focus Groups, 2025). Youth report that the oversaturation of marijuana businesses, coupled with marketing through billboards, social media, mascots, and signage, directly appeals to them. They also note that these businesses often operate promotions in local restaurants, offer loyalty programs, and even sponsor youth-oriented spaces, such as one high school’s bleachers.

Prevention trainings and evaluation check-ins suggest these negative reactions to the tactics are more common among older youth. However, as younger students grow up in an environment where marijuana use is increasingly normalized due to legalization it can make future shifts in perception or risk possible. Continued proactive prevention efforts are essential to sustain current perceptions of harm and prevent future declines.

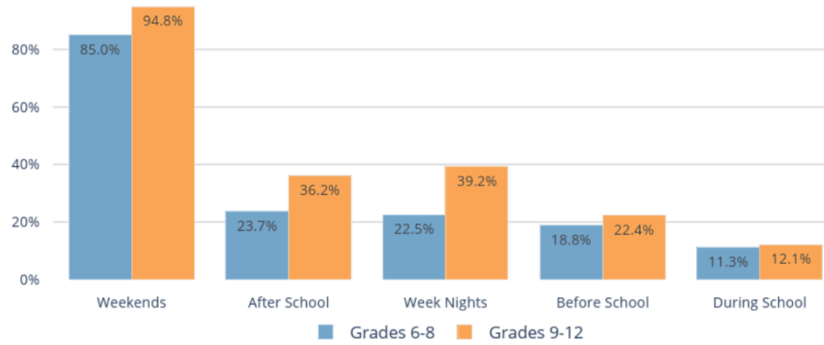
When and Where are Youth Using Substances?

Survey results indicate that about 70% of substance use occurs at home, with a friend’s house being the next most common location. Youth report that only 10% of use occurs at school—the lowest of all locations. Structured school activities may help occupy youth time and energy, and school policies create a protective environment that discourages use.

Where Students Use Drugs



When Students Use Drugs



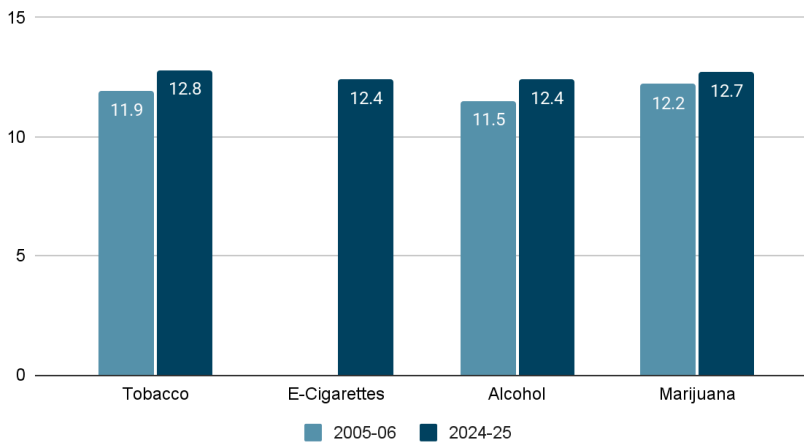
Focus groups and student survey results identified weekends, after school, and school breaks as the top times for substance use. Expanding structured activities for youth during these periods could help reduce opportunities for use and serve as a protective factor.

When Do Local Youth Begin Using Substances?

Youth who report using illegal substances are also asked to indicate the age at which they first began using. Research shows that the younger a person begins using substances, and the more frequently they use, the higher their risk for substance addiction later in adulthood, as well as an increased likelihood of continued illegal substance use.

The graph below shows the combined average age of onset across all grade levels. For example, among students who report alcohol use, 6th graders report starting at an average age of 10.9, 8th graders at 11.6, 10th graders at 12.6, and 12th graders at 14.3. When averaged together, this results in an overall age of onset of 12.4 years. The graph also compares current local data to the original baseline data collected during the 2005–2006 survey year.

Community Progress - Average Age of Onset



E-cigarette age of onset data was not collected until the 2021–2022 survey year and is therefore not available for earlier comparison years

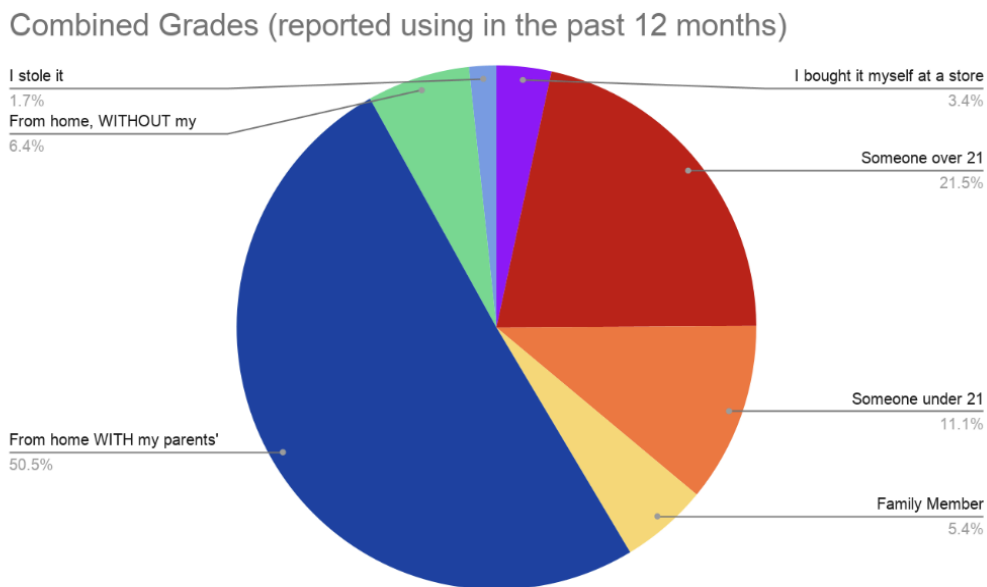
Overall, the average age of onset across substances shows nearly a one-year delay in our community compared to the first set of data collection results. While a one-year delay may appear small, prevention efforts often take many years to show measurable change. In this field, delaying the age of onset by even one year represents a meaningful success, providing youth with an additional year of protection during a critical period of development. Continued prevention efforts are critical to sustaining these positive trends and further delaying the onset of substance use among youth in our community.

How Are Youth Getting Substances?

Availability of substances is an important factor when examining youth substance use. Research shows that when substances are easier for youth to access, the likelihood of experimentation and regular use increases. Understanding where and how youth perceive substances to be available helps communities identify opportunities to reduce access and strengthen prevention efforts.

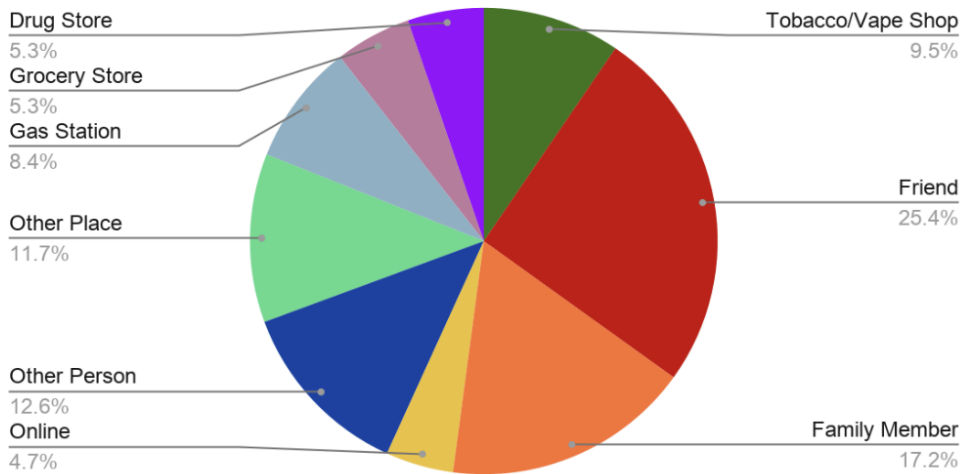
Locally, youth perceive alcohol as the most available substance, with approximately 37% reporting it is “very easy” or “fairly easy” to obtain, followed by e-cigarettes at 31.9%. Tobacco and marijuana are nearly equal in third and fourth place. The graphs below illustrate who is providing these substances and where youth are obtaining them. Social access is the most common source for alcohol, often with parental permission at home, while nicotine products are most frequently obtained from someone under 21. These results are validated by youth focus group sessions, with student participants sharing, “I tried my first beer at 10 from my dad.”, and “they are probably stealing it (e-cigarettes/vapes) from their parents or getting it from friends or older siblings.” Statements like these quickly shape logic models for the coalition, and give us an accurate picture of our local condition data.

Breakdown of Alcohol Availability Sources:



Breakdown of Nicotine/E-Cigarette Availability Sources:

Combined Grades (reported using in the past 12 months)



To better understand how youth under 21 initially acquire these substances to share with peers, coalition members examined the data more closely. Focus group results revealed that minors often obtain products from local stores that fail to check IDs or from family members who provide them. These initial sources then contribute to the higher rates of social access, where youth can obtain substances from friends or peers.

CONCLUSION

The data workgroup recommends that the coalition prioritize the following substances, based on 30-day reported use among youth:

1. **Alcohol**
2. **Nicotine Products/E-cigarettes**
3. **Marijuana**

The workgroup also identified root causes and risk factors influencing the use of these substances:

1. **Availability (retail and social access):**
 - Alcohol
 - Nicotine Products/E-cigarettes
 - Marijuana
2. **Youth Attitudes Favorable Toward Substance Use:**
 - Alcohol
 - Nicotine Products/E-cigarettes
 - Marijuana
3. **Parental Attitudes Favorable Toward Substance Use:**
 - Alcohol
4. **Price and Promotion:**
 - Marijuana

Collecting and reporting data alone will not solve these issues. However, consolidating this information allows us to identify key concerns affecting youth in our region. By involving community stakeholders, and people like you, we can focus efforts where they are most needed, increasing our collective impact. The coalition thrives because of the community members and agencies who are passionate and committed to this work, and remain engaged at every step.

As part of the SPF framework, after assessment recommendations are released, logic models are revised and action plans are created, including goals, objectives, strategies, and activities. These plans are implemented by each specific CTC workgroup during monthly action-oriented meetings. Activities are time-sensitive to ensure follow-through.

Many local agencies already address aspects of these issues, but often without the resources to tackle root causes comprehensively. Communities That Care brings together these resources and agencies, enabling a coordinated approach to address underlying risk factors, a true example of collective impact.

These challenges are not unique to our community. Ignoring them will only increase their impact. Prevention work establishes a solid foundation for youth to build upon, and the time and resources dedicated to addressing these risks are critical for long-term positive outcomes.

Meaningful change does not happen overnight. It requires guidance, monitoring, and continuous evaluation to ensure that efforts produce the intended results. Communities That Care remains committed to surveying students every other year to provide data and assess the effectiveness of implemented measures, with the full cooperation of our school districts.

For a complete list of action plan strategies and activities, or to get involved in a workgroup, call 906-863-5665 ext. 1033 or email ctcmarinette-menominee@gmail.com. We also invite you to attend quarterly whole-community meetings to stay updated on activities, data outcomes, and other regional initiatives.

If you have specific questions, would like a facilitated conversation with other groups about the data, or would like the workgroup to do additional research on a specific topic or risk, please contact us at the above information. We thank you for your time in reading this report and sharing the information with others.