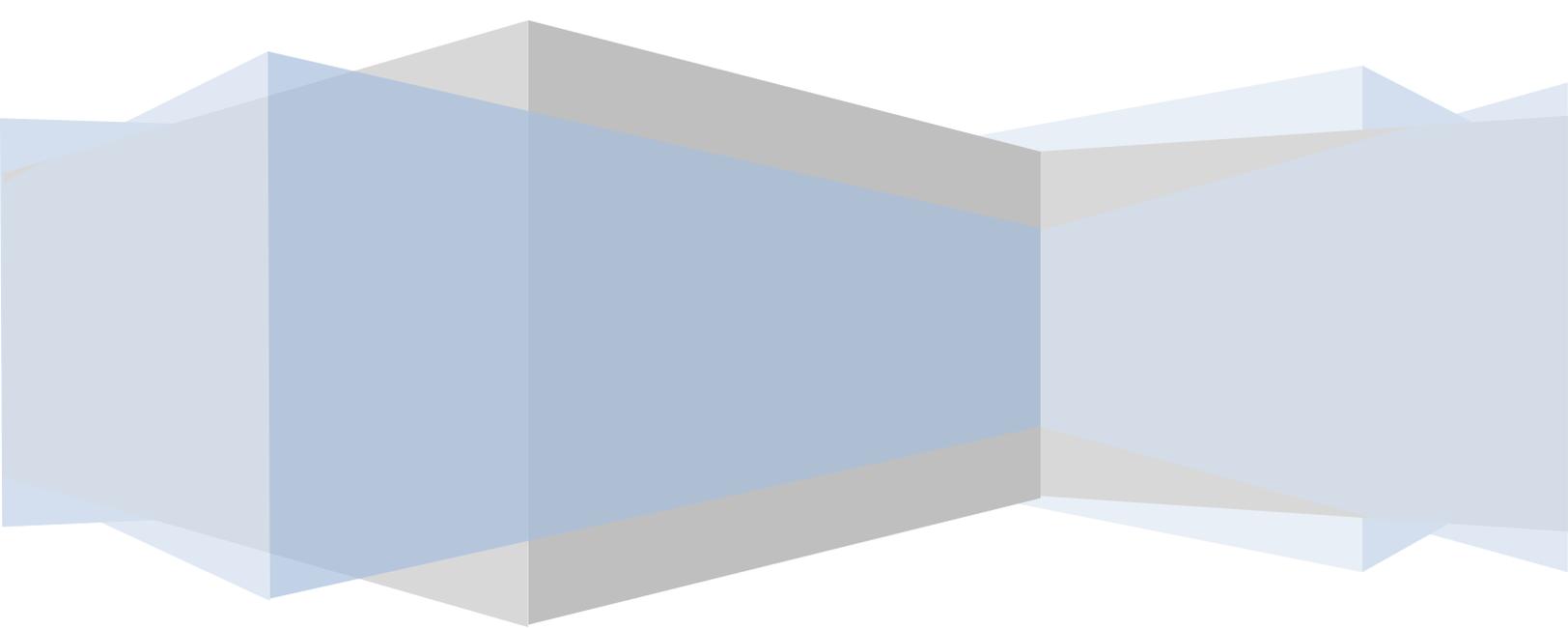


# **Marion County Substance Abuse Prevention Needs Assessment 2019**



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## Executive Summary

Marion County, Oregon began a comprehensive needs assessment process in March 2018 with the goal of identifying the greatest substance related problems and consumption patterns. More specifically, the assessment sought to answer the following three questions.

1. What is the biggest substance abuse issue impacting Marion County?
2. Where is the problem occurring?
3. Why is the problem happening?

Step one engaged the community in the assessment process with a kick-off event in May 2018, followed by the development of a Needs Assessment Workgroup with a diverse cross-section of stakeholders representing the major communities throughout Marion County. This group identified and collected all available substance-related indicators including both consumption and consequence data from across the lifespan. The group then thoroughly reviewed and narrowed the indicators using a version of the Hanlon Method similar to that used in the CHA.

After extensive identification, collection, analysis and ranking, the workgroup determined **Alcohol is the most significant substance abuse issue impacting Marion County**. The workgroup then took a deeper look at alcohol to better understand where alcohol is affecting Marion County residents and why it is happening. This included a closer examination of underage drinking, crime, and drinking and driving. Additionally, the workgroup explored why the issue is occurring within four major causal areas identified by the stakeholders: retail availability, social availability, individual factors and community norms.

The assessment team and county staff also collected qualitative data by conducting five town hall meetings and seven key informant interviews across the county to gain a deeper understanding of why and provide context to the quantitative data.

Four major themes surfaced through the analysis of the qualitative data.

1. Misperceptions around alcohol use persist in Marion County
2. Culture and community norms contribute to problems
3. Social availability contributes to problems
4. There is a lack of knowledge of the health consequences to alcohol use

In conclusion, the assessment found that alcohol is the most significant issue impacting Marion County, the problem is impacting the entire county with no community standing out from others, and the problem is centered on community norms and social availability. Alcohol use is

culturally accepted across all cultural groups and communities and as a result is also available to youth and adults in nearly every social situation.

While Marion County will continue to implement strategies targeting a wide array of substance related problems, this assessment suggests the county should focus on the misuse of alcohol and its related consequences. More specifically, prevention should work throughout the county to implement strategies that attempt to change community norms and address the social availability of alcohol to both youth and adults.

Qualitative data show that Marion County has a lack of awareness toward alcohol-related issues and an acceptance of underage drinking. Youth most often get their alcohol from parents or other adults, and alcohol is considered a normal part of community and family events. Alcohol is an expectation at both personal and social community events, misperceptions exist around alcohol use, and there is little knowledge of the health consequences of misusing alcohol. This implies awareness and education strategies may be part of a comprehensive prevention approach.

Town hall and interview participants also suggested future prevention approaches. These include, increasing the price of alcohol through taxes, raising awareness of alcohol-related problems, providing youth education regarding consequences to alcohol use, taking a harm reduction approach to prevention, correcting misperceptions around alcohol use, providing alternative or alcohol-free activities, looking at prevention through a cultural lens, engaging parents, holding liquor license holders accountable, enforcing current alcohol laws, providing training regarding over-service, providing school-based prevention trainings, addressing upstream problems like housing and transportation, and providing mental health support in schools.

## Introduction

In 2018, Marion County set about conducting its second multi-county community health assessment (CHA). In the prior assessment substance abuse indicators were limited primarily to tobacco with only two indicators for alcohol. Seeing the gap in understanding the impact of substance abuse on the overall health and wellness of Marion County residents, the Health Promotion and Prevention office requested an in-depth substance abuse needs assessment. The focus was to ensure the assessment aligned with the CHA in terms of the inclusion of both quantitative and qualitative data, utilization of a similar methodology, and taking a deeper dive into substance-related consequences and consumption indicators. As a result, Marion County, Oregon began a comprehensive needs assessment process in March 2018 with the goal of identifying the greatest substance-related problems and consumption patterns. More specifically, they sought to answer the following three basic questions.

1. What is the biggest substance abuse issue impacting Marion County?
2. Where is the problem occurring?
3. Why is the problem happening?

The questions concerned all Alcohol, Tobacco, and other Drugs, and they looked across the lifespan. Working in collaboration with other county agencies and researchers at Sunshine Consulting, Marion County prevention staff used existing data as well as conducted original research to complete the assessment. This included collecting all possible data, narrowing this data based upon specific criteria, and conducting focus groups and key informant interviews. This final needs assessment report is intended to help Marion County with the next step of creating a comprehensive strategic plan for prevention. It will also provide useful data for the eventual evaluation of that plan.

## Community Description

Marion County spans more than 1182 square miles, including both rural and urban communities, and has a population of more than 350,000 people. The county includes 20 incorporated cities and 37 unincorporated communities. According to the U.S. Census Bureau, Salem is the largest city with a population of more than 170,000, making it the second largest city in Oregon outside the Portland Metropolitan area. Idanha is the smallest city in the county with only 134 citizens. Other large communities include Jefferson, Keizer, Silverton, Stayton, and Woodburn.

Located in the heart of the Willamette Valley, Marion County has the Willamette River as its western boundary and the Cascade Range as the eastern boundary. Its present boundaries were created in 1856. Salem, the county seat, is one of the valley's oldest cities. The county also contains the Interstate 5 corridor, which has traditionally been an issue of concern for illicit drugs like marijuana, methamphetamine, and opioids.

## Population

Data from the U.S. Census Bureau shows that the county itself has over 336,000 people, with 87% living in urban areas and 13% living in rural areas. About 25% of Marion County residents are 0-17 years old, 60% are 18-64, and the remaining 15% are 65 years and older. The population is split evenly between male (49.9%) and female (50.1%) residents.

In recent years, the population has grown in number, as well as ethnic and racial diversity. While most residents are White (89%), African Americans make up 1.5%, American Indians and Native Alaskans make up 2.6%, Asians make up 2.4%, Native Hawaiians and other Pacific Islanders make up 1%, and people of two or more races make up 3.5%. Hispanic and Latino residents make up 26.7% of the population. Median household income is just over \$50,000 per year, and roughly 12% of families and 16.0% of the population live below the poverty line.

Marion County also has a large number of institutions for incarceration and juvenile detention, as well as the Oregon State hospital. In 2016, there were nearly 6,500 people reported as institutionalized within these locations.

## Education

There is a population of more than 14,000 college students in Marion County, residing at Willamette University, Corban University, and Chemeketa Community College. Many residents also commute out of town to nearby Western Oregon University, Portland State University, University of Oregon, or Oregon State University.

The County has ten independent school districts serving more than 60,000 Kindergarten through 12<sup>th</sup> grade students. In the 2016-2017 school year, there were 17,869 high school students, and 14,014 middle school students. Sixty-nine percent of these students attended school in the Salem/Keizer School District, 9% in the Woodburn School District, 6% in the Silver Falls School District, and the rest split in small percentages in the other 7 School Districts.

Of residents 25 years and older, 85% have a high school degree or higher, and 23% have a college degree or higher.

## Economy

Agriculture, food processing, education, lumber, and manufacturing are all important to Marion County's economy. However, government is the county's main employer and economic base. According to the Oregon State University extension, Marion County has the highest value of agricultural production of any county in Oregon. In fact, it has one of the highest percentages of people employed in agriculture in America. Historically, Marion County has produced grass seed, Christmas trees, hops, berries (one specifically named a Marion Berry after the county itself), and a large number of communities are involved with the timber industry.

However, as the timber industry has declined, the rise of world recognized Oregon wines took place resulting in the planting of thousands of acres of grape vines. This crop is still expanding, with new fields of grapes popping up along many roadsides, replacing other types of farming. More recently, craft beers and ciders are joining the wine industry, bringing an increased demand for hops.

## **Prevention History**

Two decades ago there were many Youth Service Teams, Community Progress Teams, the Children and Families Commission, as well as Oregon Together and Communities that Care groups. These served communities across the county in five communities. (Salem/Keizer, Jefferson, Silverton, Stayton and Woodburn). Recently, a major change to overall public health has been the shift in focus from direct service to policy and environmental strategies.

The county has benefitted from competitive Drug Free Community grants in Silverton and Salem. These taught community partners to use the Strategic Prevention Framework, strengthening capacity to assess, build capacity, plan, implement, and evaluate programs at the local level.

Marion County Prevention Services implemented Federal Enforcing Underage Drinking Laws Grants in partnership with OLCC and local police departments to reduce underage drinking through community enforcement and environmental strategies over the past 20 years. These funds bolstered block grants, and also included small discretionary grants that funded specific taskforce activities. When drug prevention block and discretionary grants were available, the largest school district (Salem/Keizer) was able to hire drug prevention specialists. This allowed county prevention staff to focus on rural districts with less resources and capacity.

Overall, Marion County has seen a decrease in its prevention focus across the board, with reductions of coalition and community teams, and a loss grant funded prevention projects.

## **Assessment Process**

The first step in conducting a comprehensive community needs assessment is to engage the community. An initial meeting was held with prevention staff in March, 2018 to build knowledge and buy-in for the needs assessment process. It also resulted in a basic project plan. Researchers and prevention staff spent the following two months recruiting stakeholders from around the County and identifying data sources. In May, 2018 Marion County kicked off this assessment process by inviting key stakeholders to a training event, ensuring a common foundation for the needs assessment. This led to the finalization of the three research questions listed above, and identification of further data sources.

The second step was to form a community needs assessment workgroup. At the kickoff event, stakeholders were invited to participate in the process in whatever manner worked best for them. One of these was to work closely with Marion County staff as part of the assessment workgroup. The workgroup had two distinct roles. First, they shared data to be used in the assessment. Second, they made decisions about data in order to prioritize findings and answer research questions. This ensured the process be driven by data and not politics or opinions.

In July, 2018 the group met to discuss available consequence and consumption data, and to identify other data sources with the goal of inventorying the universe of substance-related data in Marion County. Table 1 below details membership in this workgroup.

**Table 1. Marion County Needs Assessment Workgroup Participants**

Name	Organization/Affiliation
Carisa Dwyer	Sunshine Consulting
Rodney Wambeam	Sunshine Consulting
Kerryann Bouska	Marion County Public Health
Susan McLauchlin	Marion County Public Health
Theresa Hutchison	Santiam Hospital
Billie Williams	Family Building Block
Ann Krier	Planned Parenthood
Jan Holowati	Silverton
Marr Plummer	City of Silverton/MC Wellness
Shannon Ramberg	Pacific Ridge Residential
Paloma DeLaTorre	Jefferson School District
Melissa LaCrosse	Jefferson School District
Kelly Owen	Salem Hospital
Levi Herrera	Mano a Mano
Nathan Geer	Corban University
Eric Howald	Keizer Times
AJ DeBacker	Salem Keizer School District
Alexa Anderson	Willamette University Student
Jennifer Brown	DHS Child Welfare
Janine Stice	South Salem Connect
David Zavala	Keizer Police Department

Following the July meeting, researchers narrowed the list of data sources by applying criteria developed by the workgroup for including data indicators in the assessment analysis. These criteria included: availability of trend data, availability of comparable rates, sufficient sample size, ongoing data collection, causal relationship to substance use, reliable and valid measurement, and availability of demographics or social determinants. Researchers were then able to apply four further narrowing criteria to each indicator for presentation to the workgroup.

In September, 2018 the workgroup met to discuss data and identify specific consequences and consumption patterns for deeper analysis. This led to the creation of 30 specific consequence

charts and 15 consumption charts. In November, 2018 the workgroup met to answer the question of the biggest substance abuse related issue impacting Marion County, and in December, 2018 they met to discuss causes for the problem.

In January, 2019 worked turned toward answering where and why the identified problem happens. This included analysis of data based upon geography, as well as looking into the causal areas identified at the December meeting. Researchers and prevention staff used available data to compare problems by municipality as well as to look more deeply at causal areas in the county. Researchers and prevention staff also developed protocols for key informant interviews and town hall meetings to gather qualitative data around substance abuse in Marion County. This data was gathered and analyzed in January through March, 2019. It was analyzed by coding transcripts and identifying higher level answers to research questions. Table 2 describes who was interviewed and where town hall meetings took place. Results of the entire needs assessment were presented to the larger group of stakeholders in April, 2019.

**Table 2. Key Informant Interviews and Town Hall Meetings in Marion County**

Collection Method	Date	Who/Where
Key Informant Interview	1/22/19	Deputy/Marion Co. Sheriff (Jefferson)
Key Informant Interview	2/20/19	Event Sponsor/Salem
Key Informant Interview	2/27/19	Principal/Woodburn S.D.
Key Informant Interview	2/28/19	School Counselor/Salem/Keizer S.D.
Key Informant Interview	3/8/19	School Counselor/Woodburn S.D.
Key Informant Interview	3/15/19	Chamber of Commerce/Silverton
Key Informant Interview	3/21/19	SRO/Woodburn S.D.
Town Hall Meeting	2/15/19	Mano y Mano/S. Salem
Town Hall Meeting	2/26/19	Bridgeway/Salem
Town Hall Meeting	3/1/19	Willamette University/Salem
Town Hall Meeting	3/3/19	Jefferson
Town Hall Meeting	3/20/19	Silverton

Given the need to provide more context to the causal areas of Community Norms and Social Availability, key stakeholders and town halls were identified to engage those with more of an

understanding of how youth access alcohol and to describe norms within communities across the county. A detailed analysis is provided at the conclusion of the report.

## Narrowing Results

After the initial survey of indicators, consequence and consumption data was presented to the needs assessment workgroup with four important criteria: value as a percentage or rate of persons in the county, ratio compared to the Oregon state average, data trend, and size based on the raw number of people impacted in the county. Census data was used to calculate many of the criteria. Finally, a score was given as a way to compare the overall importance of an indicator. The following table describes the rubric that was used to apply scores between 1 and 3 on each criteria and 0 in the event the data was not available.

**Table 3. Criteria Rubric for Interpreting Initial Consequence and Consumption Data**

Criteria	Score of 1	Score of 2	Score of 3	*Score of 0
Value for Percentages	0% to 4.9%	5% to 14.9%	15% or Greater	
Value for Rates per 100,000 People	0 to 9.9	10 to 99.9	100 or Greater	
Ratio	Better	Same	Worse	*If not available
Trend	Decrease	Similar	Increase	*If not available
Raw Number (Consequences)	0 to 99	100 to 999	1,000 or Greater	
Raw Number (Consumption)	0 to 999	1,000 to 9,999	10,000 or Greater	

After presentation of both the consequence and consumption data with scores included, the workgroup broke into small groups, discussed what criteria to use when further narrowing the list of consumption indicators and came up with their list of priority indicators. This was then shared with the larger group, with some groups including additional indicators. The workgroup prioritized indicators with a score of 5 or above; ratios worse than the state, large in size, and with a negative trend; lower grades with a high value and worse than the state; and in some cases those that had a high value and large population even if better than the state average. Table 4 shows the final list of included indicators.

**Table 4. List of Included Indicators for Further Narrowing of Problems in Marion County**

Substance	Consumption Indicators	Consequence Indicators
Alcohol	30 day Alcohol Use 8 <sup>th</sup> /11 <sup>th</sup> grade  Binge Drinking Female/Male Adults  30 day Alcohol Use Young Adults/College	DUII offenses  DUII arrests  MIP  Riding in a car with a parent/adult who's been drinking  Riding in a car with a teen who's been drinking  Driving a car after drinking
Tobacco	Cigarette Use Adults	Lung cancer mortality  Lung cancer incidence  Tobacco MIP incidence  Tobacco poisoning
Other Drugs	30 day Marijuana Use 8 <sup>th</sup> grade  30 day Rx Use 11 <sup>th</sup> grade  30 day Illicit Drug Use 8 <sup>th</sup> /11 <sup>th</sup> grade  30 day Marijuana Use Young Adults/College  30 day Illicit Drug Use Young Adults/College	Drug offenses  Drug arrests  Adjudications for methamphetamines  Opioid related ER injury visits  Adjudications for Heroin  Opioid related poisonings
Combined		ATOD related school suspensions and expulsions  Alcohol and Drug involved crash injuries

The full tables of consequence and consumption data with narrowing criteria as reviewed by the workgroup at the September meeting can be found in Appendix A. The consequence and consumption data prioritized by workgroup members along with additional data obtained regarding treatment are presented below exactly as used by the workgroup to determine the target problem in Marion County during the November meeting. The group walked through each of the following indicators, discussed the score for magnitude and applied a modified version of the Hanlon method to score each indicator for seriousness and preventability as done through the Marion County Health Assessment process. The data presented below include the indicators with narrowing criteria and final score, as well as trend charts. It also includes the general interpretation of the data. **Based on discussion around this information, the workgroup determined the biggest substance abuse issue impacting Marion County was alcohol. More specifically, the target should be underage drinking and adult high-risk drinking, leading to drinking and driving, crime, and treatment for alcohol use disorders.**

## Consequences

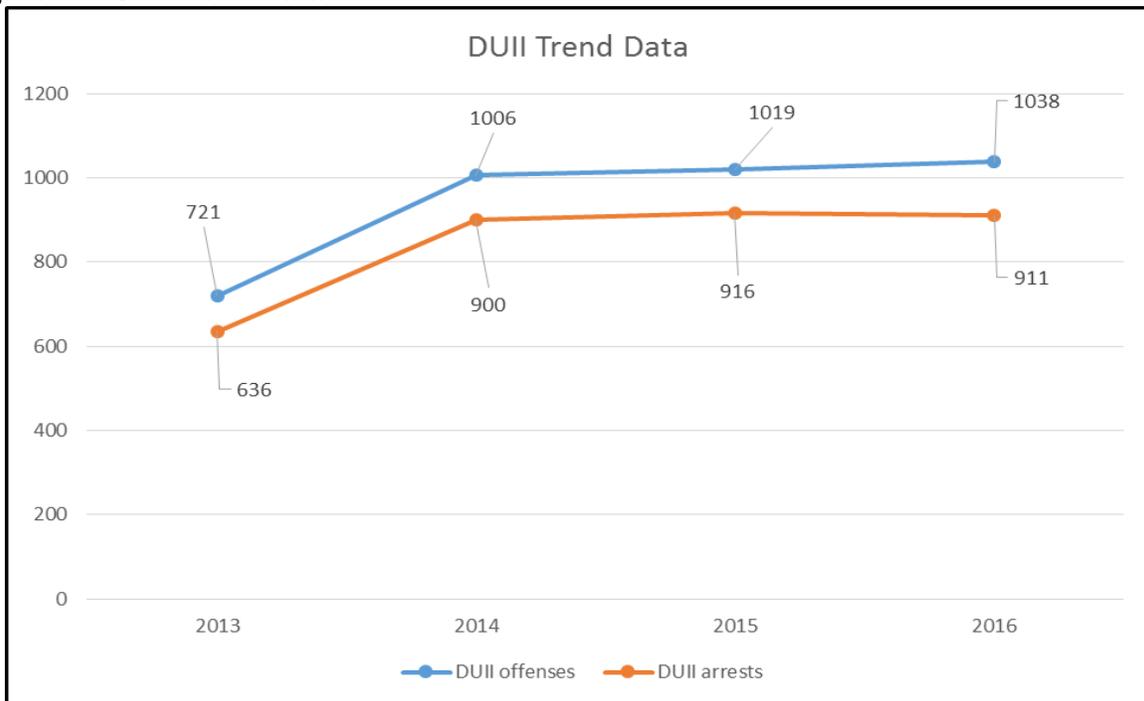
DUII Offenses (ONIBRS)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
309.1 per 100,000 people	1.30 (worse)	Increase	1,038	12

DUII Arrests (ONIBRS)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
271.3 per 100,000 people	1.31 (worse)	Increase	911	11

Figure 1. DUII Trend Data



Data Source: ONIBRS

**In Marion County, there has been a steady increase in the number of DUII offenses and arrests and the ratio compared to the state is worse impacting nearly 1000 individuals per year.**

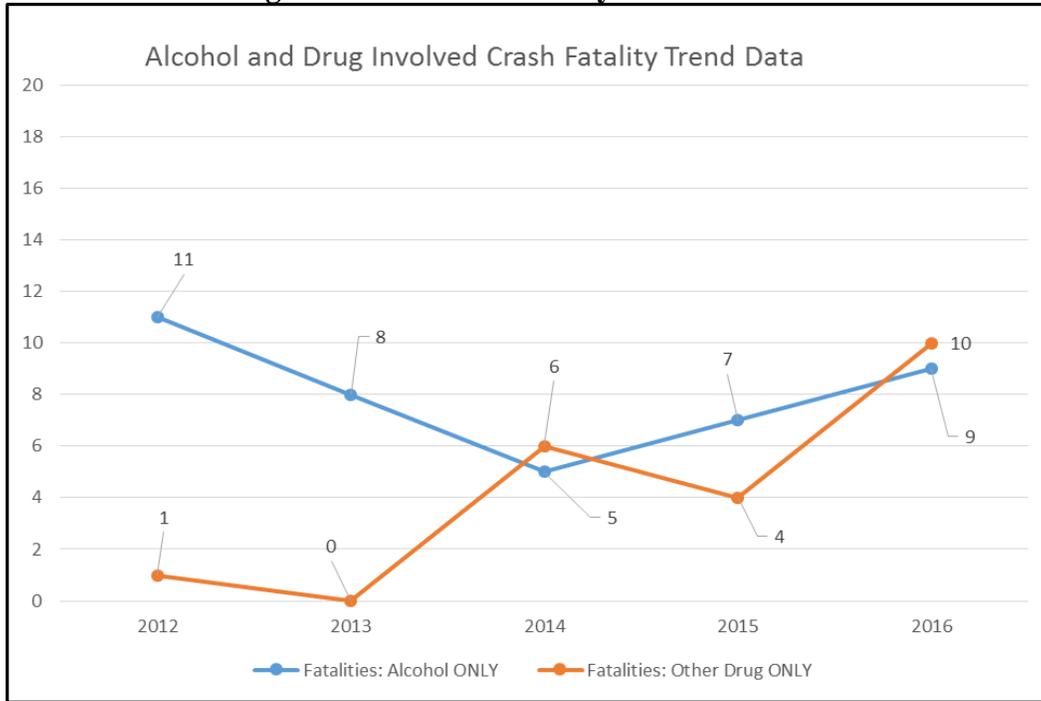
Alcohol Involved Crash Fatalities (ODOT)\*

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
2.7 per 100,000 people	0.79 (better)	Similar	9	5

Other Drug Involved Crash Fatalities (ODOT)\*

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
3.0 per 100,000 people	1.9 (worse)	Increase	10	7

Figure 2. Alcohol and Drug Involved Crash Fatality Trend Data



Data Source: Oregon Department of Transportation

**In Marion County, the trend of alcohol involved crashes is relatively stable, fatalities due to other drugs has increased and is higher than the state rate.**

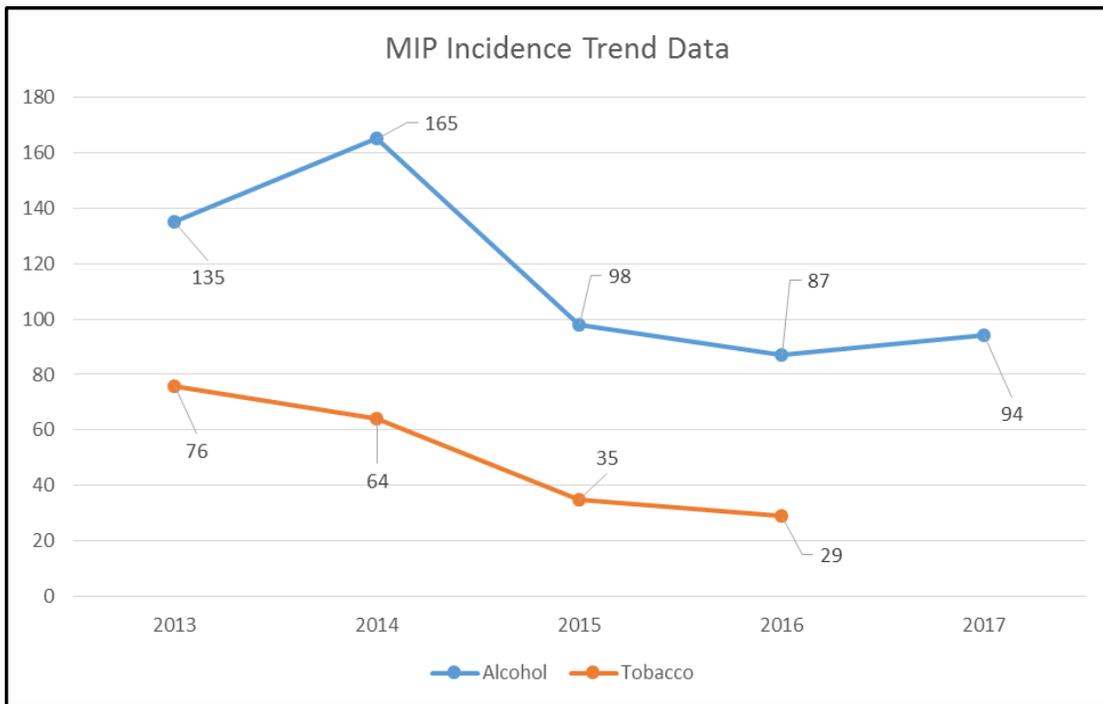
Alcohol MIP (Juvenile Justice Information System)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
110.9 per 100,000 people	1.22 (worse)	Decrease	94	8

Tobacco MIP (ONIBRS)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
34.5 per 100,000 people	1.04 (worse)	Decrease	29	7

Figure 3. MIP Incidence Trend Data



Data Source: Oregon Youth Authority

**In Marion County, there has been a decrease in the number of alcohol and tobacco related MIPs, however it continues to be higher than the state rate.**

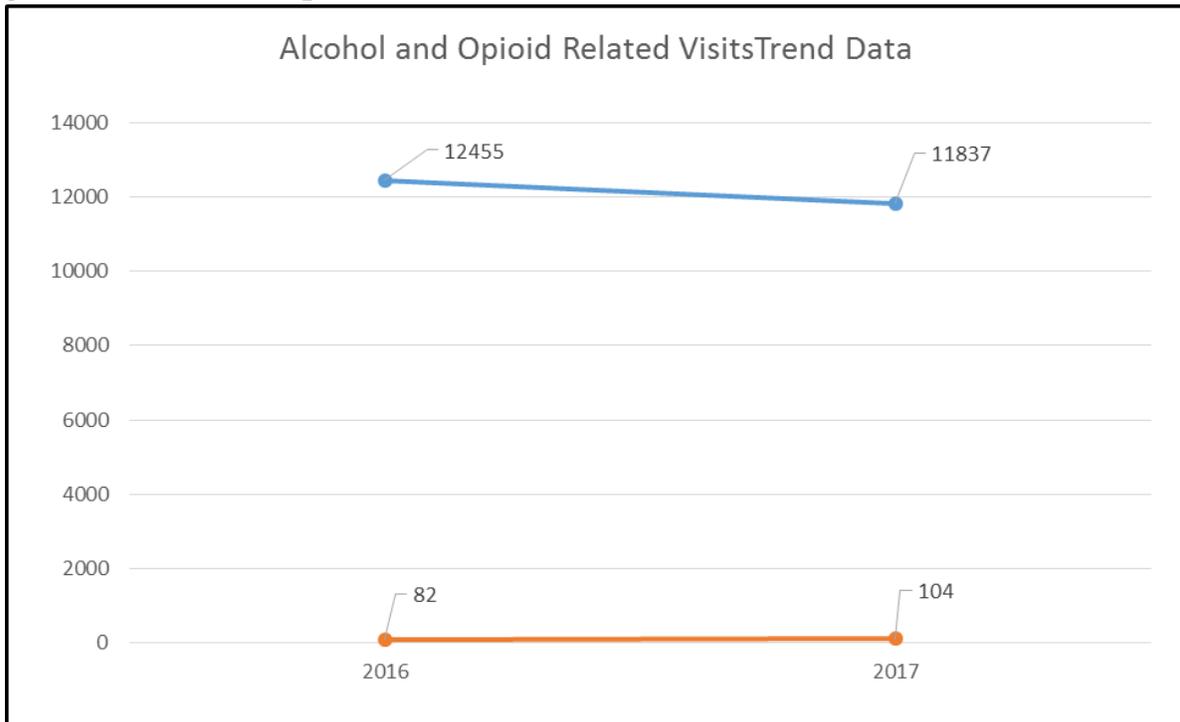
Alcohol-Related Visits (ESSENCE)\*

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
3,468.4 per 100,000 people	NA	Decrease	11,837	7

Opioid-Related Injury Visits (ESSENCE)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
30.5 per 100,000 people	NA	Increase	104	7

Figure 4. Alcohol and Opioid Related Visits Trend Data



Data Source: ESSENCE

**In Marion County, the number of alcohol related visits to the emergency room has decreased over time, the number of opioid related visits has increased.**

Eighth (8<sup>th</sup>) Graders Riding in a Vehicle Driven by a Parent or Adult who had been Drinking (SWS)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
13.6%	0.94 (better)	Similar	647	7

Eleventh (11<sup>th</sup>) Graders Riding in a Vehicle Driven by a Parent or Adult who had been Drinking (SWS)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
14.5%	1.12 (worse)	Decrease	679	8

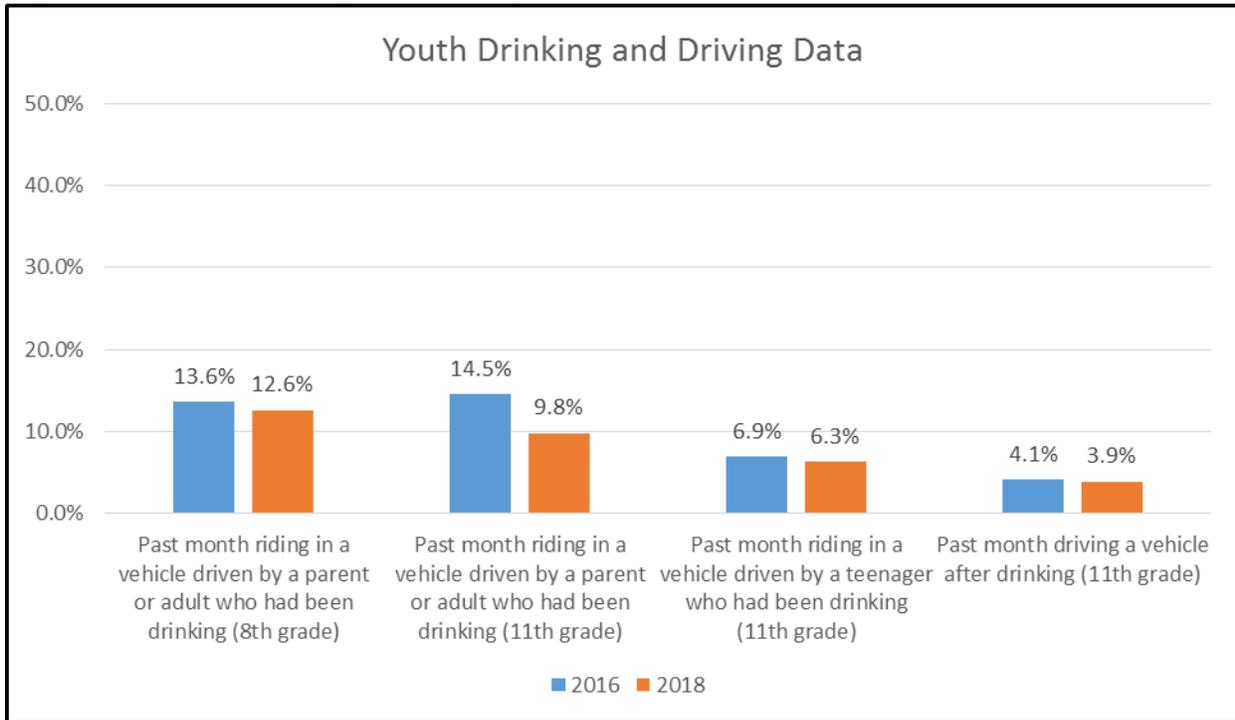
Eighth (11<sup>th</sup>) Graders Riding in a Vehicle Driven by a Teenager who had been Drinking (SWS)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
6.9%	1.13 (worse)	Similar	323	9

Eleventh (11<sup>th</sup>) Graders Driving a Vehicle after Drinking (SWS)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
4.1%	1.08 (worse)	Similar	192	8

Figure 5. Youth Drinking and Driving Data



Data Source: Marion County Student Wellness Survey

**In Marion County, the trends of youth driving in a car with someone who has been drinking has stabilized, the county continues to exceed the state rate for 11<sup>th</sup> graders both as a passenger and as a driver.**

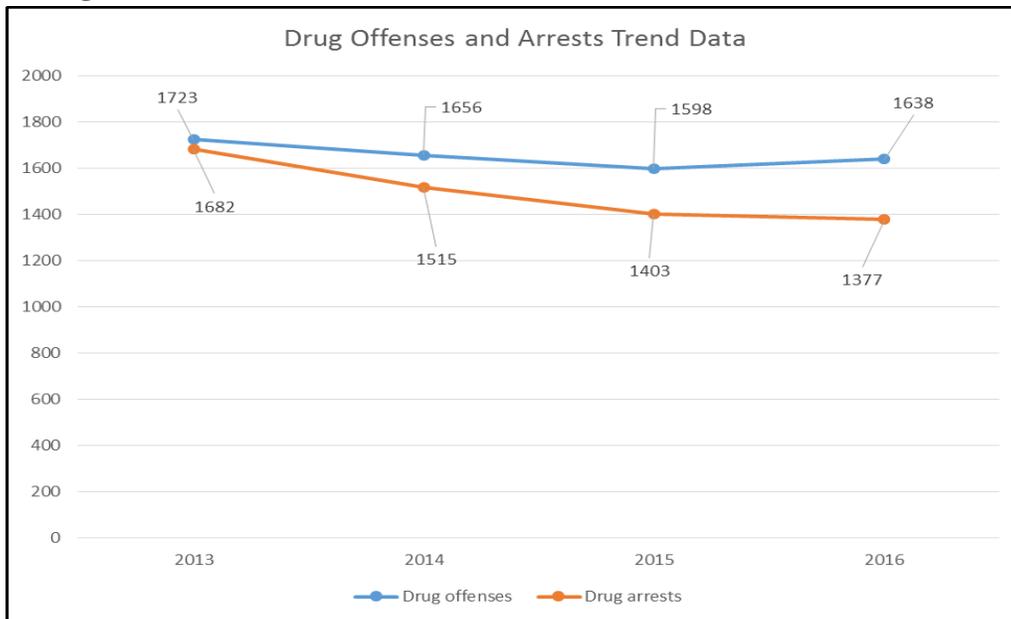
Drug Offenses (ONIBRS)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
487.8 per 100,000 people	1.41 (worse)	Similar	1638	11

Drug Arrests (ONIBRS)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
410.1 per 100,000 people	1.75 (worse)	Decrease	1377	10

Figure 6. Drug Offenses and Arrests Trend Data



Data Source: ONIBRS

**In Marion County, the rate of drug related arrests and offenses has either stabilized or decreased slightly, the county continues to exceed the state rate.**

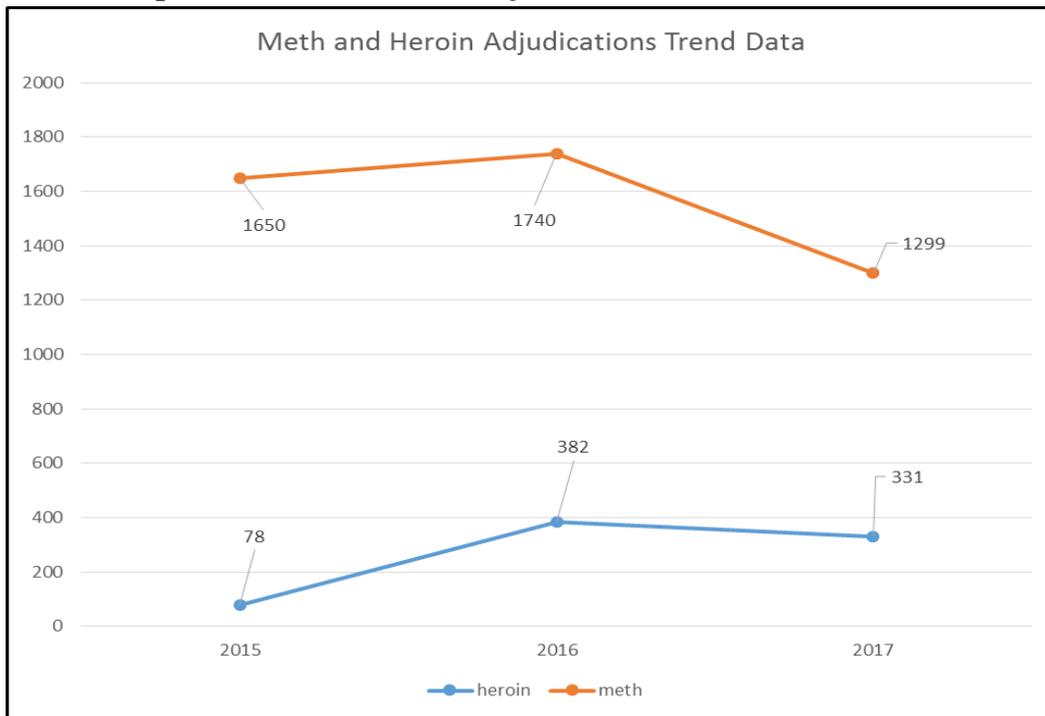
Adjudications of Meth Crimes (Marion County DA)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
380.6 per 100,000 people	NA	Similar	1299	8

Adjudications of Heroin Crimes (Marion County DA)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
97.0 per 100,000 people	NA	Increase	331	7

**Figure 7. Methamphetamine and Heroin Adjudications Trend Data**



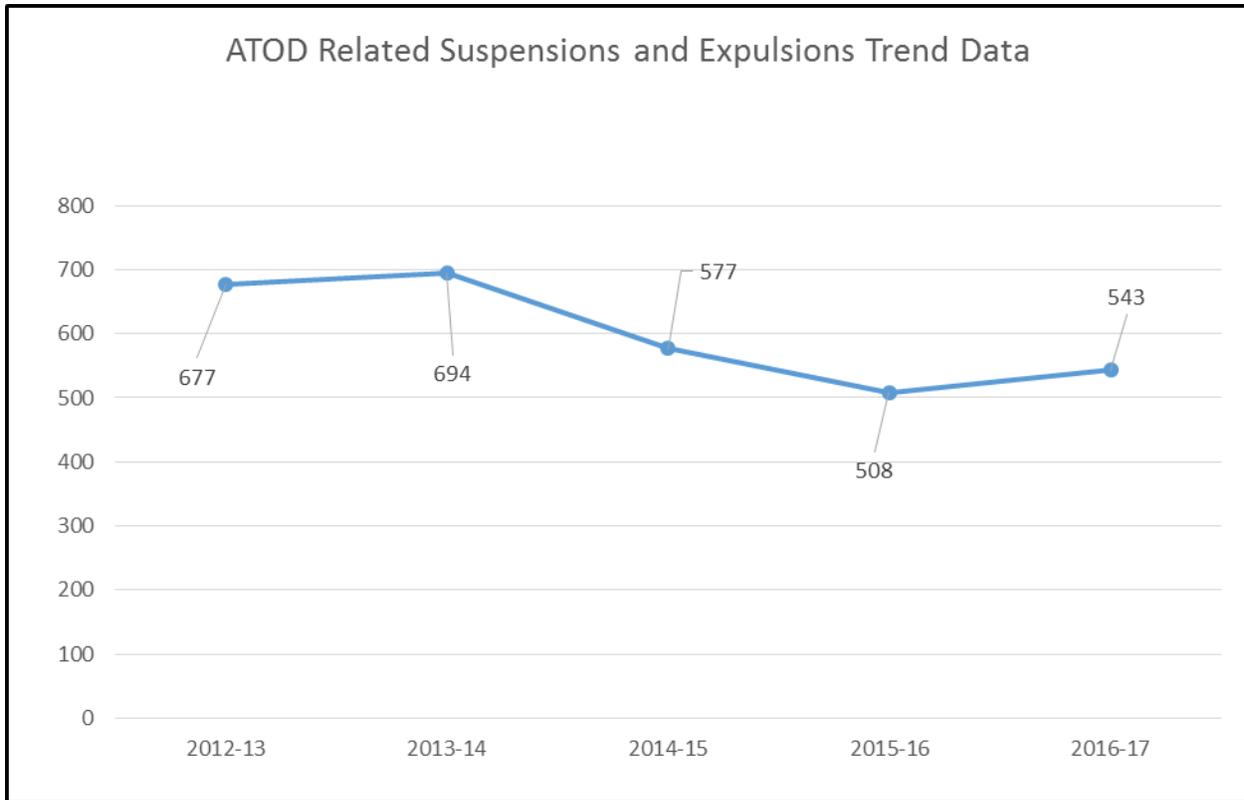
Data Source: Marion County District Attorney's Office

**In Marion County, there has been a decrease in adjudications related to Methamphetamines, however there has been a significant increase in Heroin related adjudications. Part of this is due to the D.A. prosecuting all cases to ensure referral to treatment.**

ATOD Related School Suspensions and Expulsions (ODE)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
1.03%	1.2 (worse)	Decrease	543	7

**Figure 8. Alcohol, Tobacco and Other Drug Related Suspensions and Expulsions Trends**



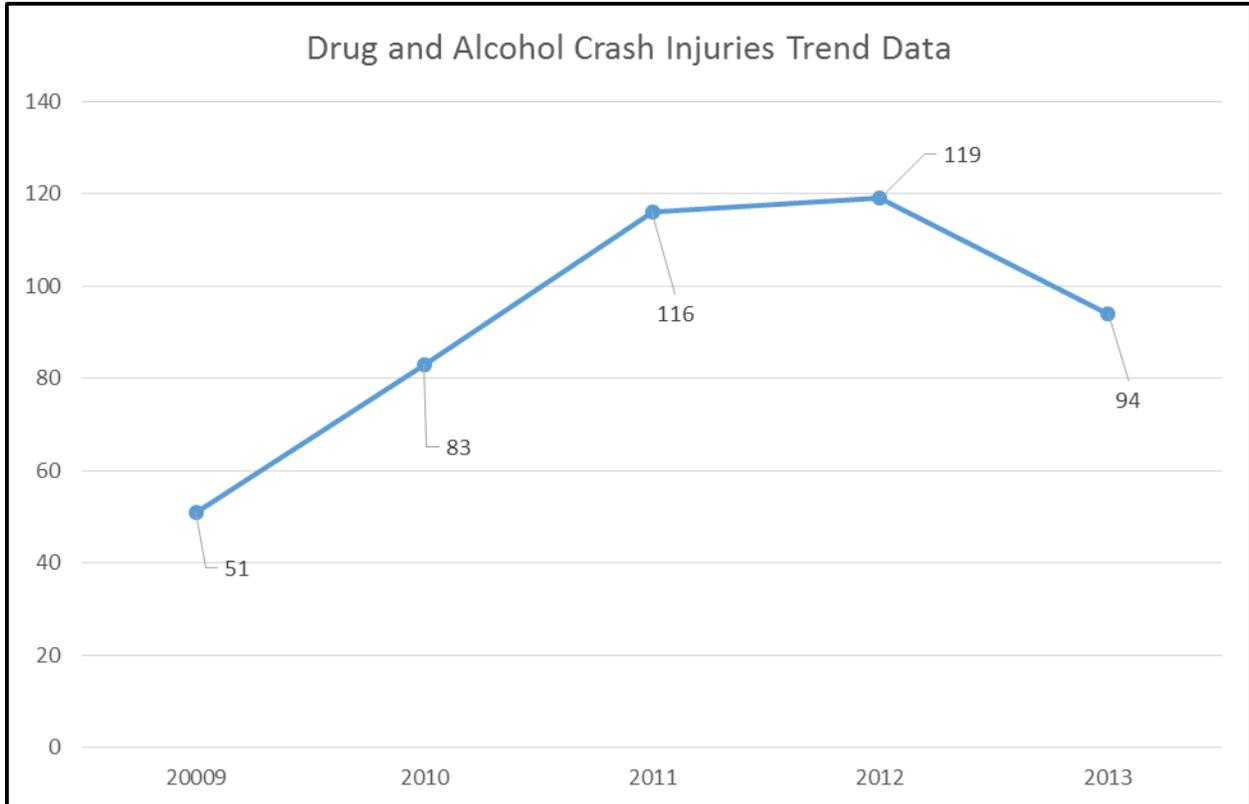
Data Source: Oregon Department of Education

**In Marion County, there has been a decrease in alcohol, tobacco and other drug related suspensions and/or expulsions, however the rate exceeds the state average.**

Alcohol and Drug Involved Crash Injuries (ODOT)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
29.2 per 100,000 people	0.93 (better)	Increase	94	7

**Figure 9. Drug and Alcohol Crash Injuries Trends**



Data Source: Oregon Department of Transportation

**In Marion County, while better than the state average, there has been an increase in the number of alcohol and drug involved crash injuries.**

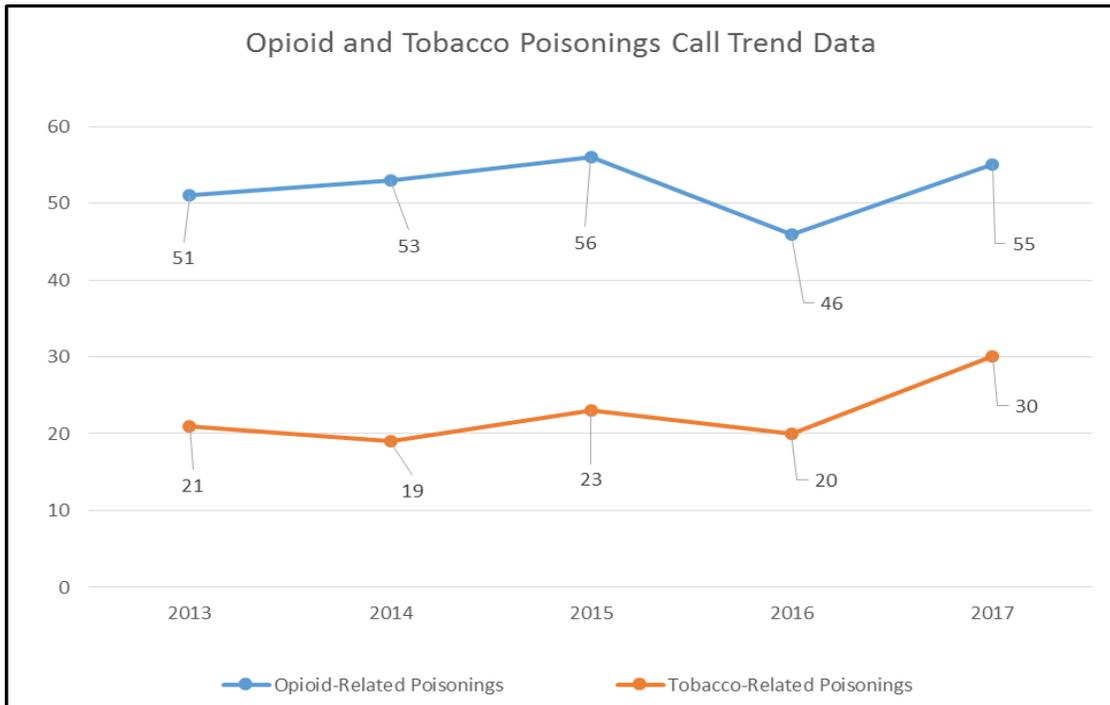
Opioid-Related Poisoning Calls (Oregon Poison Center)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
16.1 per 100,000 people	1.2	Similar	55	8

Tobacco-Related Poisoning Calls (Oregon Poison Center)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
8.8 per 100,000 people	1.7	Increase	30	8

Figure 10. Opioid and Tobacco Poisonings Calls



Data Source: Oregon Poison Control Center

**In Marion County, the number of opioid related calls to the Oregon Poison Center has remained stable while the number of calls related to tobacco have increased.**

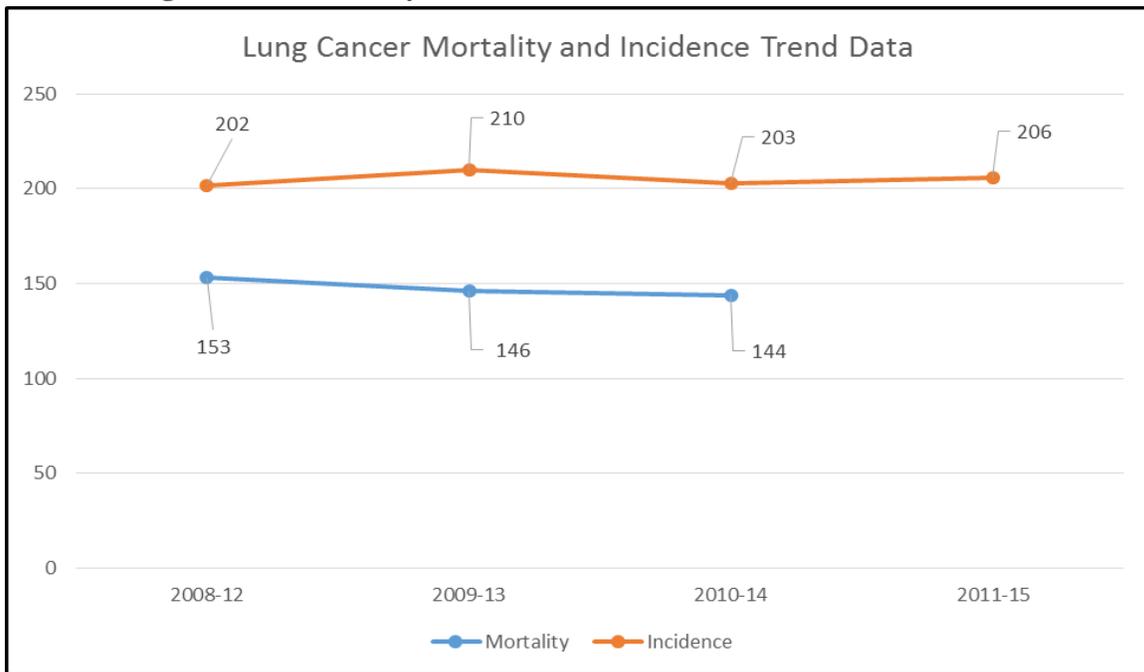
Lung Cancer Mortality (Oregon Vital Records)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
44.9 per 100,000 people	1.02 (worse)	Decrease	144	8

Lung Cancer Incidence (OHA)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
70 per 100,000 people	(worse)	Similar	206	9

Figure 11. Lung Cancer Mortality and Incidence Trends



Data Source: Marion County Health Department

**In Marion County, there has been stability in the number of lung cancer incidences and a decrease in lung cancer mortality, the trend continues to be higher than the state average.**

**Marion County Substance Abuse Prevention Needs Assessment 2019**

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**Youth 12 to 17 Alcohol Treatment (DSSURS)\***

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
46 per 100,000 people	NA	Decrease	39	4

**Youth 12 to 17 Cannabis Treatment (DSSURS)\***

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
246.5 per 100,000 people	NA	Decrease	209	6

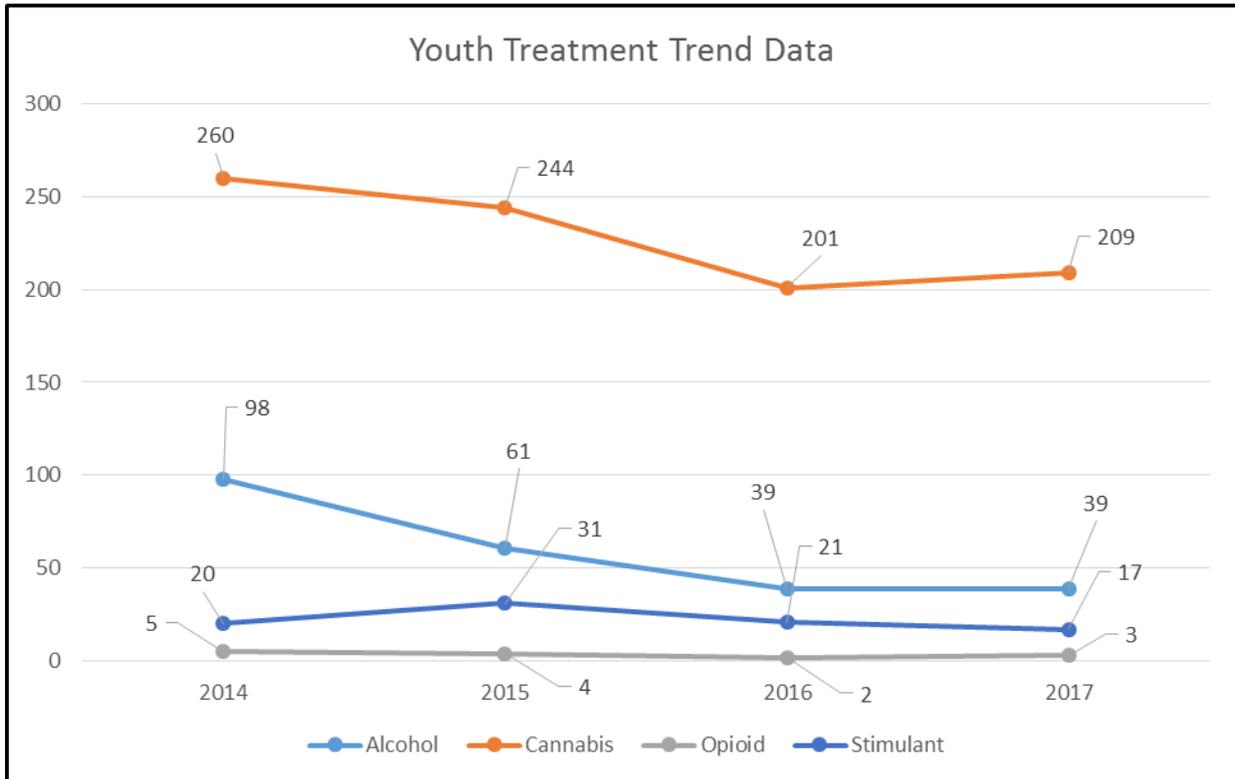
**Youth 12 to 17 Opioid Treatment (DSSURS)\***

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
3.5 per 100,000 people	NA	Similar	3	4

**Youth 12 to 17 Stimulant Treatment (DSSURS)\***

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
20.1 per 100,000 people	NA	Similar	17	5

Figure 12. Youth Treatment Trends



Data Source: Oregon Health Authority

**In Marion County, youth treatment for cannabis is higher than all other substances combined.**

Adult 18+ Alcohol Treatment (DSSURS)\*

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
315.4 per 100,000 people	NA	Increase	809	8

Adult 18+ Cannabis Treatment (DSSURS)\*

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
81.9 per 100,000 people	NA	Similar	210	6

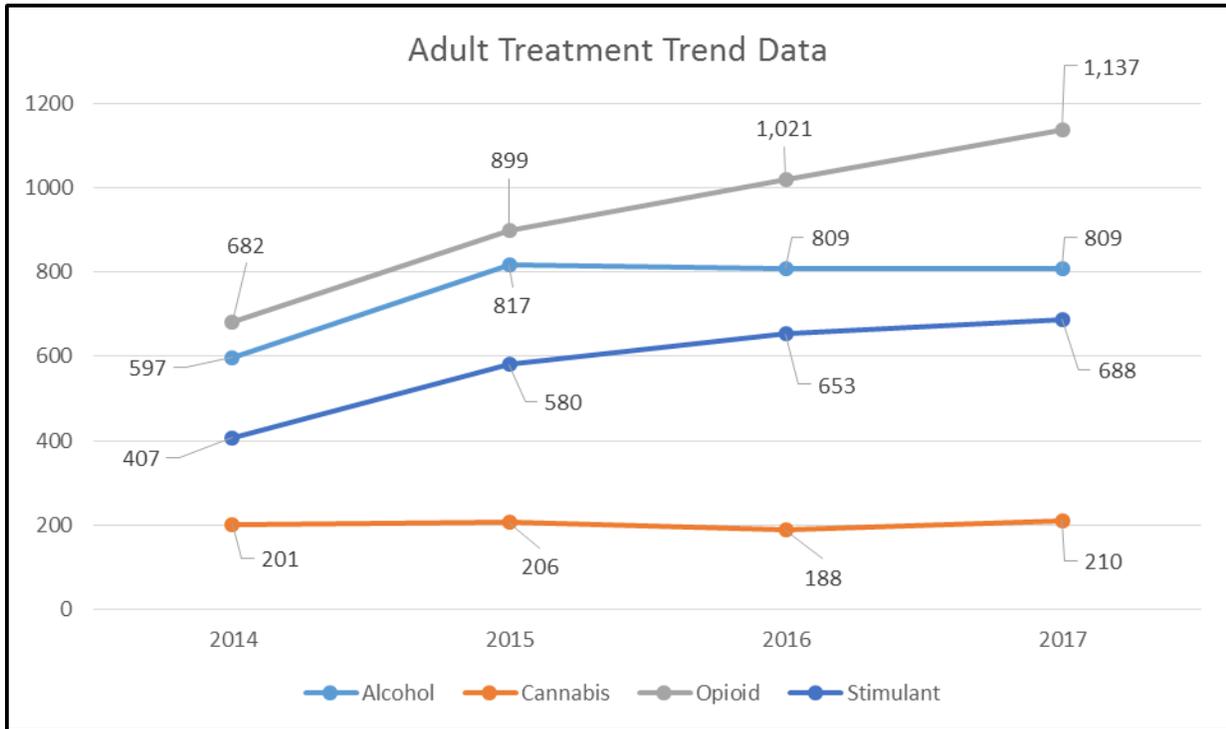
Adult 18+ Opioid Treatment (DSSURS)\*

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
443.3 per 100,000 people	NA	Increase	1,137	9

Adult 18+ Stimulant Treatment (DSSURS)\*

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
268.2 per 100,000 people	NA	Increase	688	8

Figure 13. Adult Treatment Trends



Data Source: Oregon Health Authority

**In Marion County, adult treatment is highest for alcohol and opioids. Adults seek treatment for cannabis at the lowest levels.**

## Consumption

Eighth (8<sup>th</sup>) Grade 30 Day Alcohol Use (SWS)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
14.2%	0.92 (better)	Similar	675	7

Eleventh (11<sup>th</sup>) Grade 30 Day Alcohol Use (SWS)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
27.1%	0.91 (better)	Decrease	1,270	7

Eighth (8<sup>th</sup>) Grade 30 Day Marijuana Use (SWS)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
8.0%	1.11 (worse)	Similar	374	9

Eleventh (11<sup>th</sup>) Grader 30 Day Marijuana Use (SWS)\*

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
18.3%	0.96 (better)	Similar	857	8

Eleventh (11<sup>th</sup>) Grader 30 Day Prescription Drug Use (SWS)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
6.7%	1.08 (worse)	Decrease	314	7

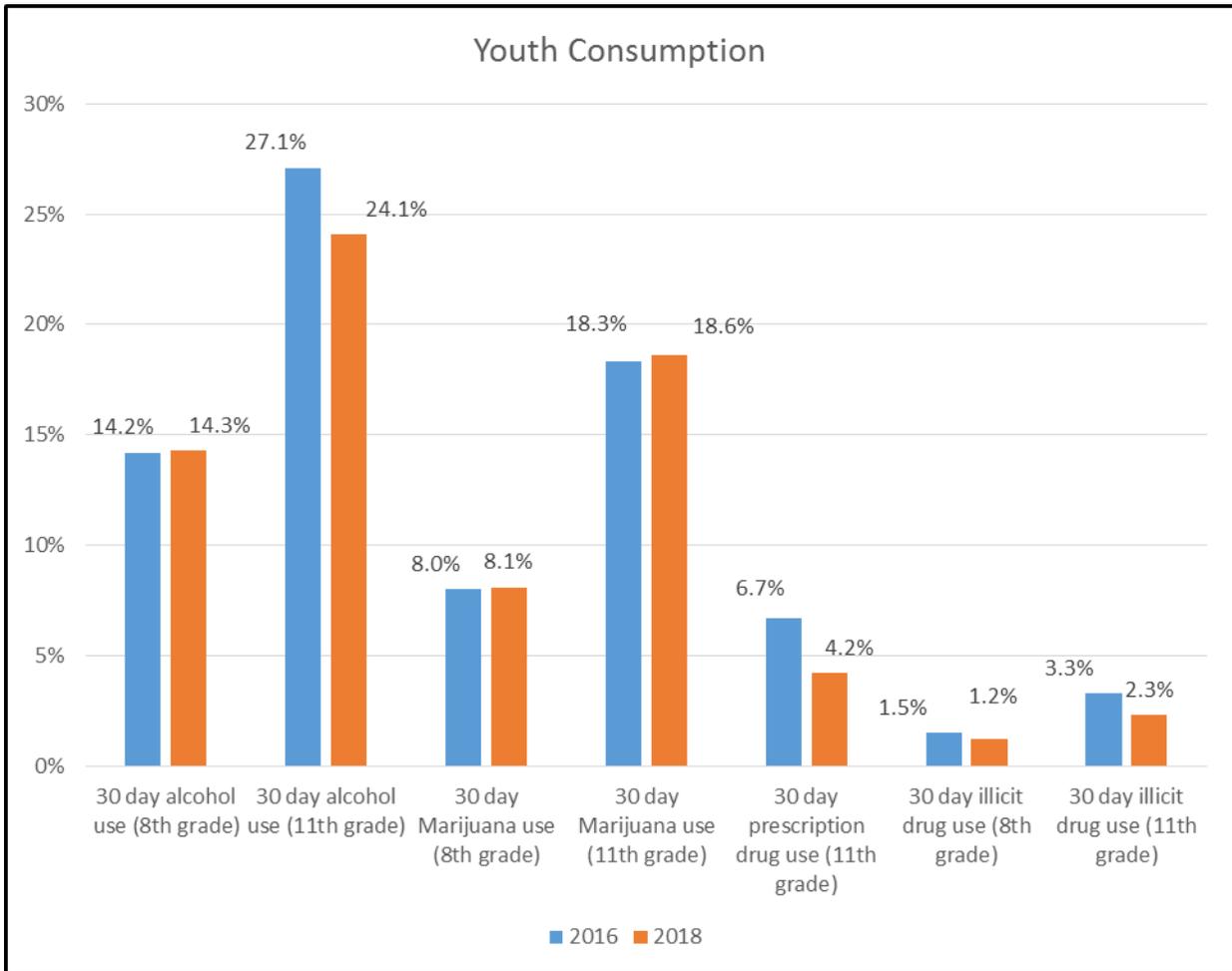
Eighth (8<sup>th</sup>) Grader 30 Day Illicit Drug Use (SWS)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
1.5%	1.07 (worse)	Similar	71	7

Eleventh (11<sup>th</sup>) Grader 30 Day Illicit Drug Use (SWS)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
3.3%	1.22 (worse)	Similar	155	7

**Figure 14. Youth Consumption**



Data Source: Marion County Student Wellness Survey

**In Marion County, youth consume alcohol and marijuana at the highest levels. Roughly a quarter of all 11<sup>th</sup> graders report using alcohol in the past month.**

Current Cigarette Smoking (BRFSS)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
16.5%	0.92 (better)	NA	40,138	7

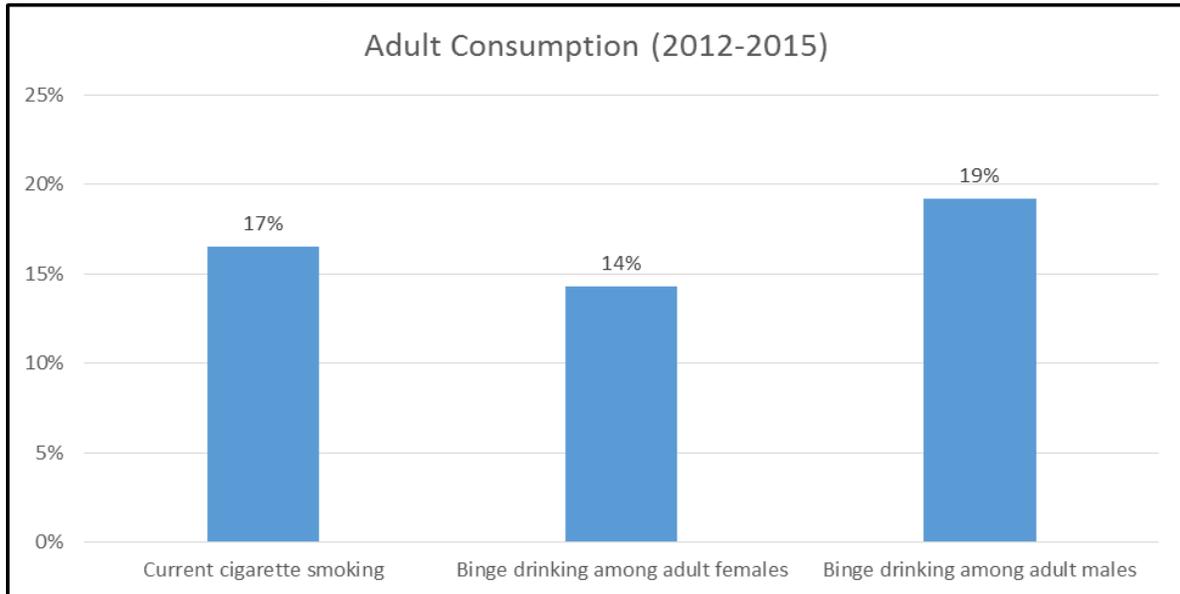
Binge Drinking Among Adult Females (BRFSS)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
14.3%	1.08 (worse)	NA	17,655	8

Binge Drinking Among Adult Males (BRFSS)

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
19.2%	0.86 (better)	NA	23,036	7

**Figure 15. Adult Consumption**



Data Source: Oregon Health Authority Behavioral Risk Factor Surveillance Survey

**In Marion County, binge drinking is highest among men, but binge drinking among women is higher than state levels.**

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**30 Day Alcohol Use (NCHA)**

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
65.0%	NA	Similar	1,732	7

**30 Day Binge Drinking (NCHA)\***

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
29.0%	NA	Similar	773	6

**30 Day Marijuana Use (NCHA)**

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
32.0%	NA	Increase	853	7

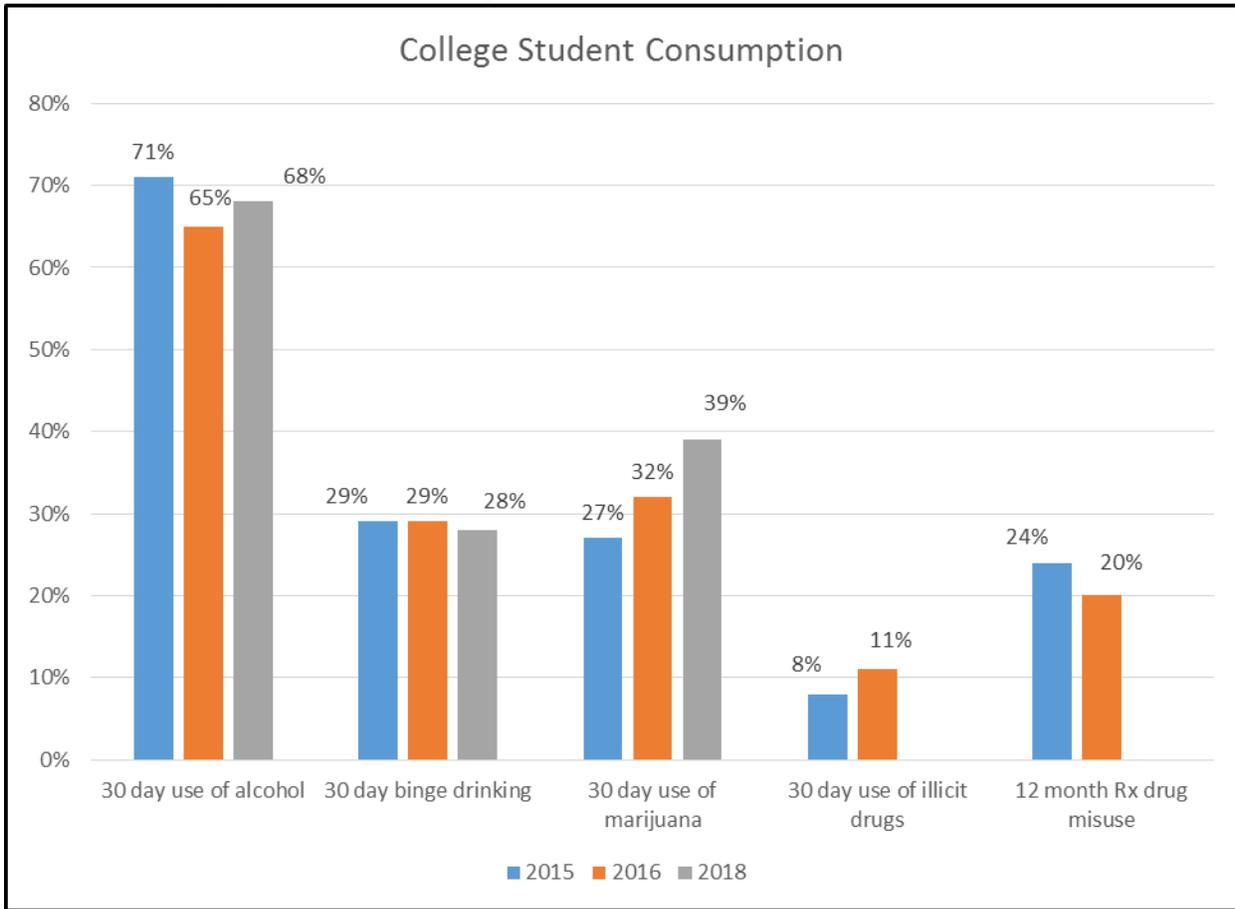
**30 Day Illicit Drug Use (NCHA)**

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
11.0%	NA	Increase	293	6

**12 Month Rx Drug Misuse (NCHA)\***

Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
20.0%	NA	Decrease	533	5

Figure 16. College Student Consumption



Data Source: National College Health Assessment Survey

**In Marion County, more than two thirds of college students use alcohol each month, and past month use of marijuana has increased dramatically in the past few years.**

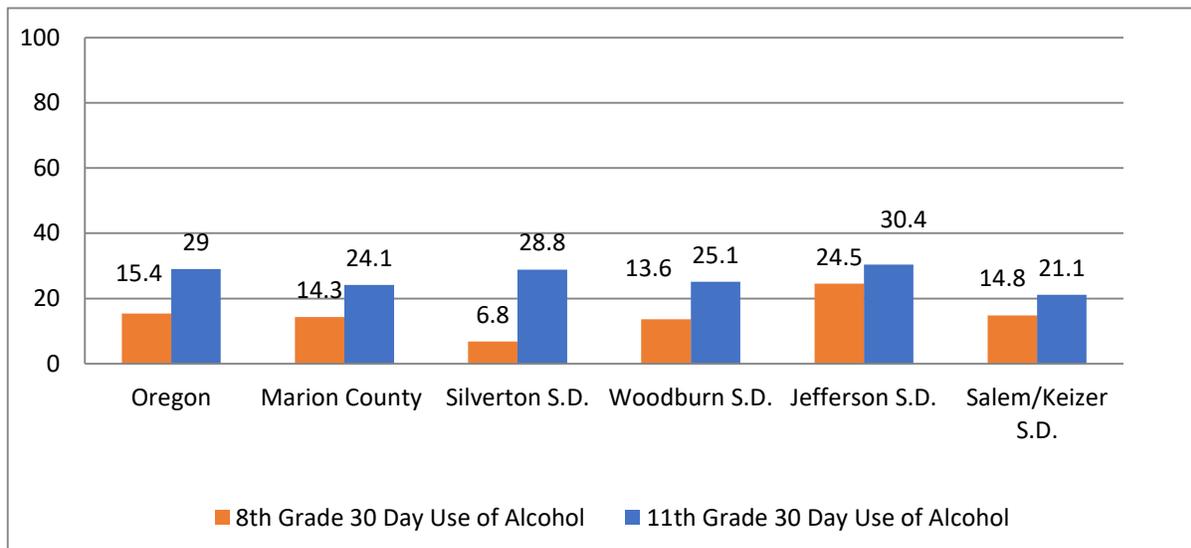
## Where Is It Happening?

Once the workgroup determined alcohol is the most significant substance issue impacting Marion County, the assessment team took a deeper look at alcohol to better understand where alcohol is affecting Marion County residents. This involved gathering targeted indicator data at municipal and school district levels. Unfortunately, most of this important data was not available below a county level. It was available for some sources in three specific areas: underage drinking, crime, and drinking and driving.

### Underage Drinking

Consumption data is only available locally from student surveys and by school district. Figure 1 below shows 30 day use of alcohol among 8<sup>th</sup> and 11<sup>th</sup> graders in four school districts compared to Marion County and Oregon. Of note is the slightly higher alcohol use rates in the Jefferson school district, the slightly lower alcohol use rates for 11<sup>th</sup> graders in the Salem/Keizer school district, and the much lower alcohol use rates for 8<sup>th</sup> graders in the Silverton school district. However, all grades in each school district report past month use of alcohol to some degree.

**Figure 17. Thirty Day Use of Alcohol by 8<sup>th</sup> and 11<sup>th</sup> Graders in Four Marion County School Districts in 2018**



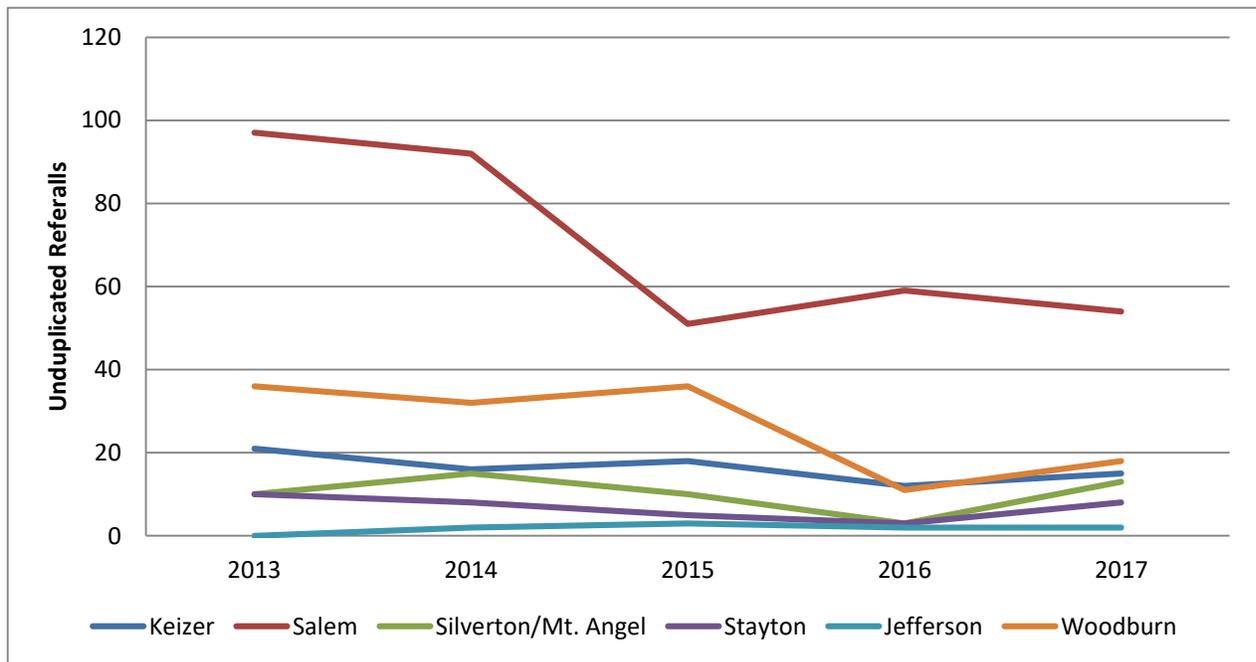
Data Source: Marion County Student Wellness Survey

## Crime

Alcohol related arrest data is available for juveniles and adults for the largest municipalities in Marion County. This includes MIP referrals, total juvenile alcohol-related arrests, and adult alcohol-related arrests. Alcohol-related school disciplinary action is also included for four available school districts. Much more law enforcement data is available from local police departments, but it is not always comparable to other local data. For this reason, it can't be used here. However, it could be used locally to learn more about alcohol related crime and to guide prevention efforts.

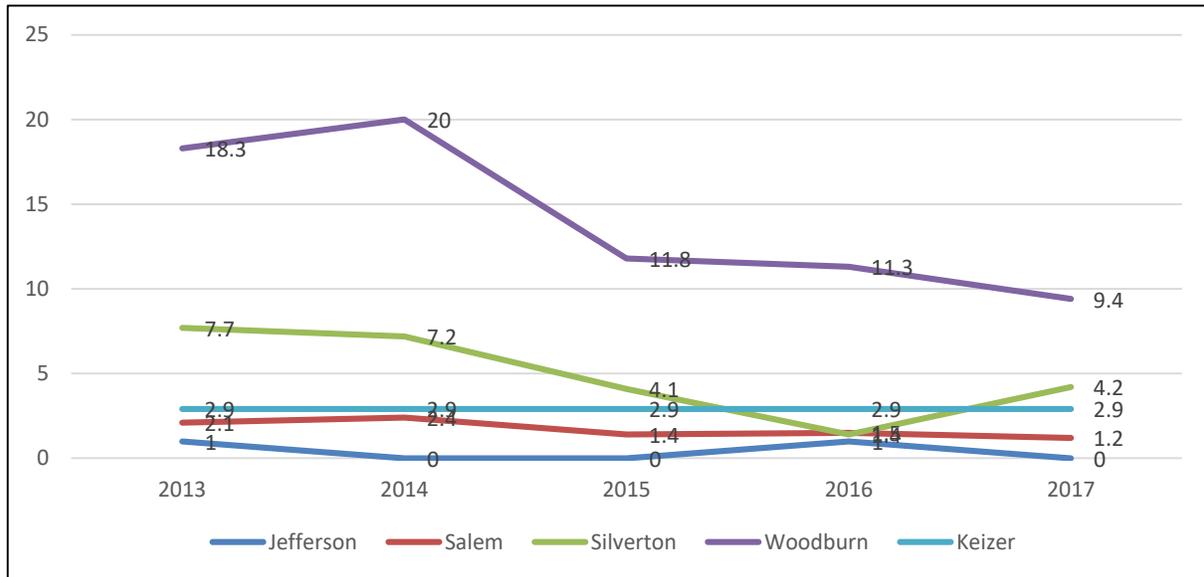
While crime data is both a measure of enforcement and problems, this data show that larger communities often have more problems in terms of sheer numbers. But rates are similar across the board. One exception is Woodburn, where juvenile arrests per 1000 youth are higher than those in other cities.

**Figure 18. Minor in Possession of Alcohol Related Referrals for Six Municipalities in Marion County by Year**



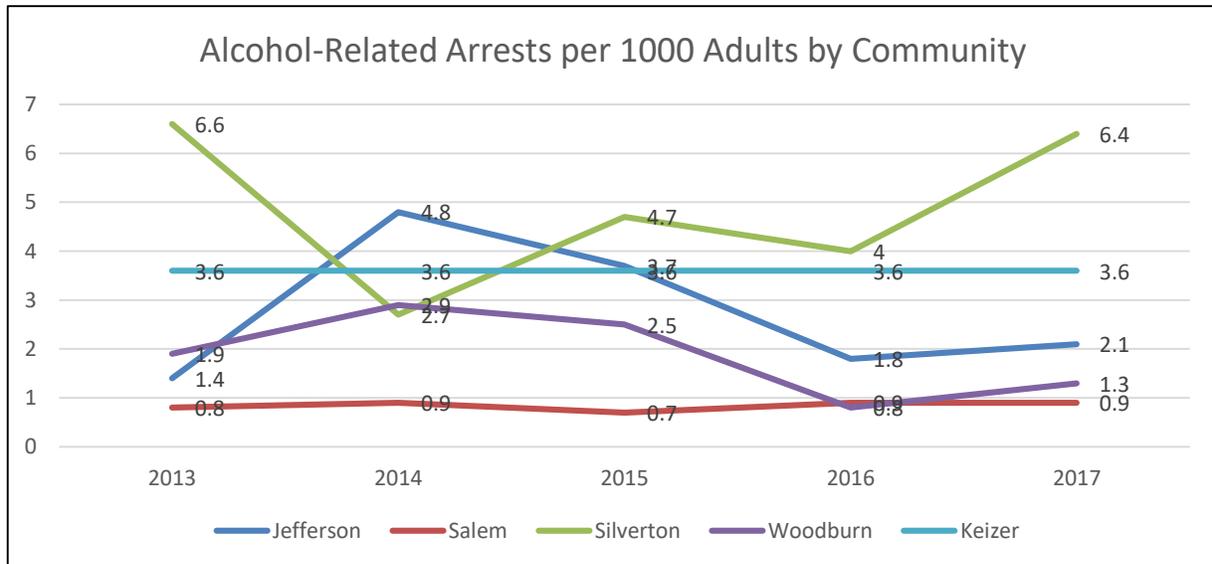
Data Source: Marion County Substance Abuse Prevention Report

**Figure 19. Alcohol Related Arrests per 1000 Youth for Five Municipalities in Marion County by Year**



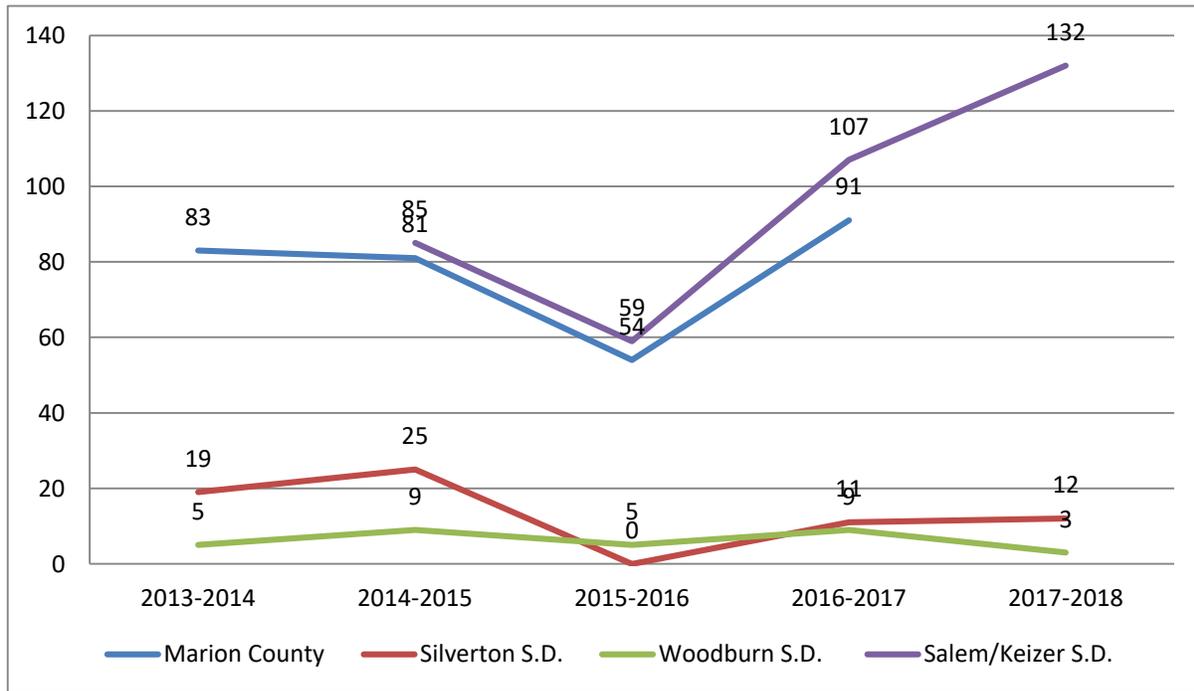
Data Source: Local Police Departments

**Figure 20. Alcohol Related Arrests per 1000 Adults for Five Municipalities in Marion County by Year**



Data Source: Local Police Departments

**Figure 21. Alcohol Related School Disciplinary Action for Four School Districts in Marion County by Year**

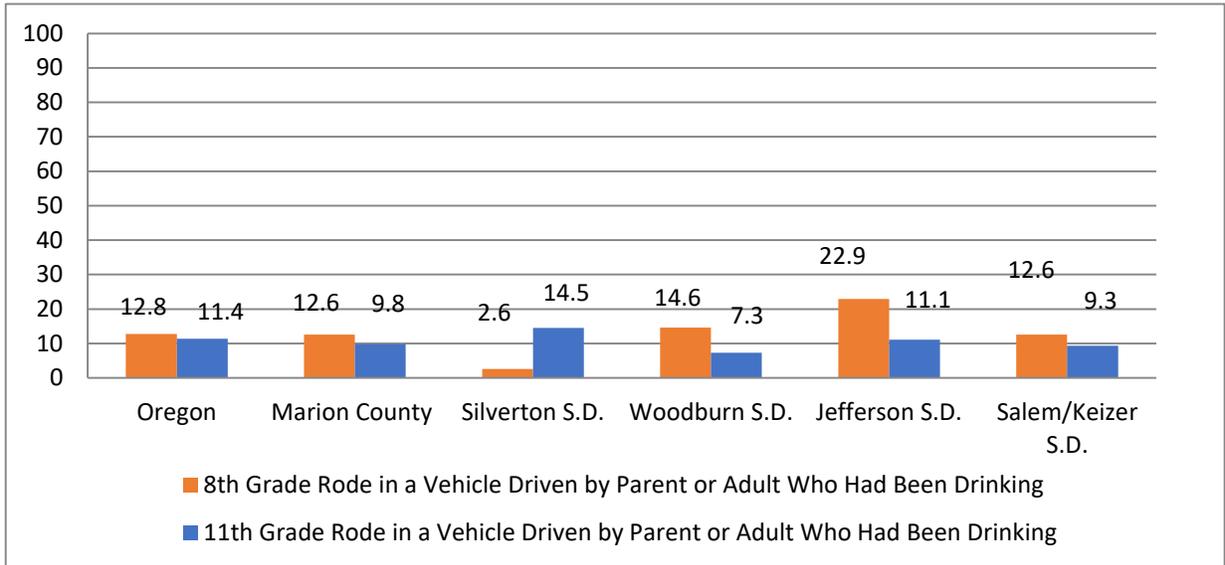


Data Source: Oregon Department of Education, Silverton School District, Woodburn School District and Salem/Keizer School District

## Drinking and Driving

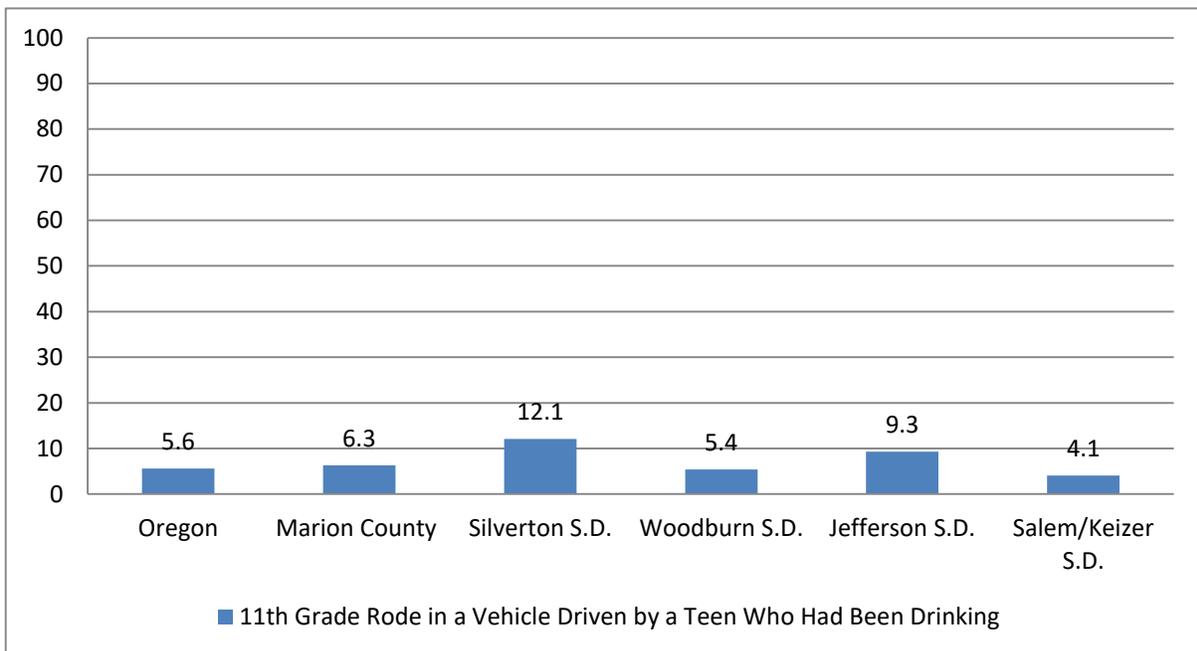
Outside of drinking and driving as an alcohol-related crime, self-reported data is also available for youth who have ridden in a vehicle with an adult or teen that has been drinking, and for youth who have driven after drinking. Figures 5 through 7 below display this data among 8<sup>th</sup> and 11<sup>th</sup> graders in six school districts compared to Marion County and Oregon. Of note, Silverton school district 8<sup>th</sup> graders report rarely riding in a vehicle with an adult that has been drinking, while Jefferson school district 8<sup>th</sup> graders report riding in a vehicle with an adult that has been drinking at nearly double the rate for Marion County. Silverton 11<sup>th</sup> graders report riding in a vehicle driven by a teen that has been drinking and driving a vehicle after drinking at much higher rates than Oregon or Marion County. However, nearly all 11<sup>th</sup> graders in each school district report drinking and driving or riding with someone who has been drinking to some degree.

**Figure 22. Rode in a Vehicle Driven by and Adult Who Had Been Drinking for 8<sup>th</sup> and 11<sup>th</sup> Graders in Four Marion County School Districts in 2018**



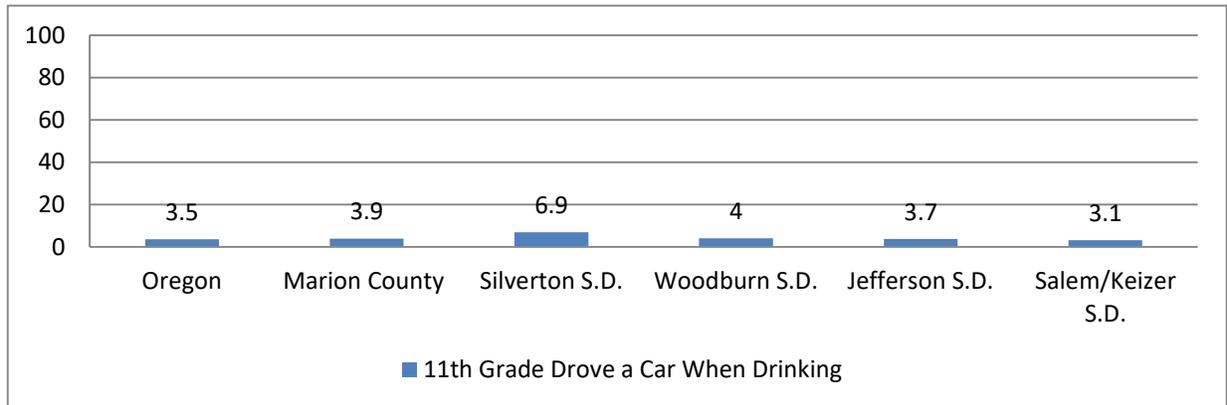
Data Source: Oregon Student Wellness Survey

**Figure 23. Rode in a Vehicle Driven by and Teen Who Had Been Drinking for 8<sup>th</sup> and 11<sup>th</sup> Graders in Four Marion County School Districts in 2018**



Data Source: Oregon Student Wellness Survey

**Figure 24. Drove a Vehicle Driven After Drinking for 11<sup>th</sup> Graders in Four Marion County School Districts in 2018**



Data Source: Oregon Student Wellness Survey

In sum, while there are instances of individual communities having larger problems than others (for example, Jefferson school district has higher rates of alcohol use among 8<sup>th</sup> graders or Woodburn arrests more youth for alcohol-related crime than other municipalities), **the data show that alcohol-related issues exist wherever there are people in Marion County. In other words, every community in the county has issues with alcohol.**

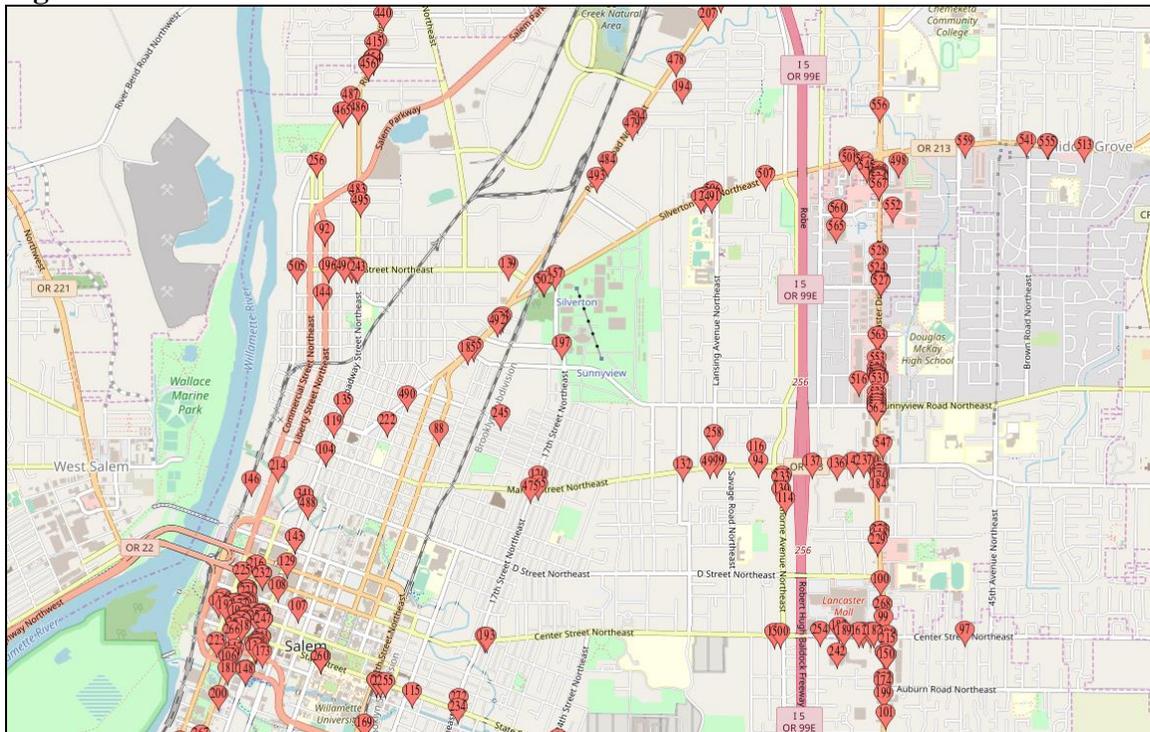
## Why Is It Happening?

Finally, the assessment team took a deeper look at alcohol to better understand what is causing alcohol issues in Marion County residents. This is based upon several causal areas identified by the workgroup, including retail availability, social availability, individual factors, and community norms. The research team looked at data for contributing factors in each area, as well as conducting focus groups and key informant interviews to determine the relative impact of causal areas. The sections below detail collected information in each area.

### Retail Availability

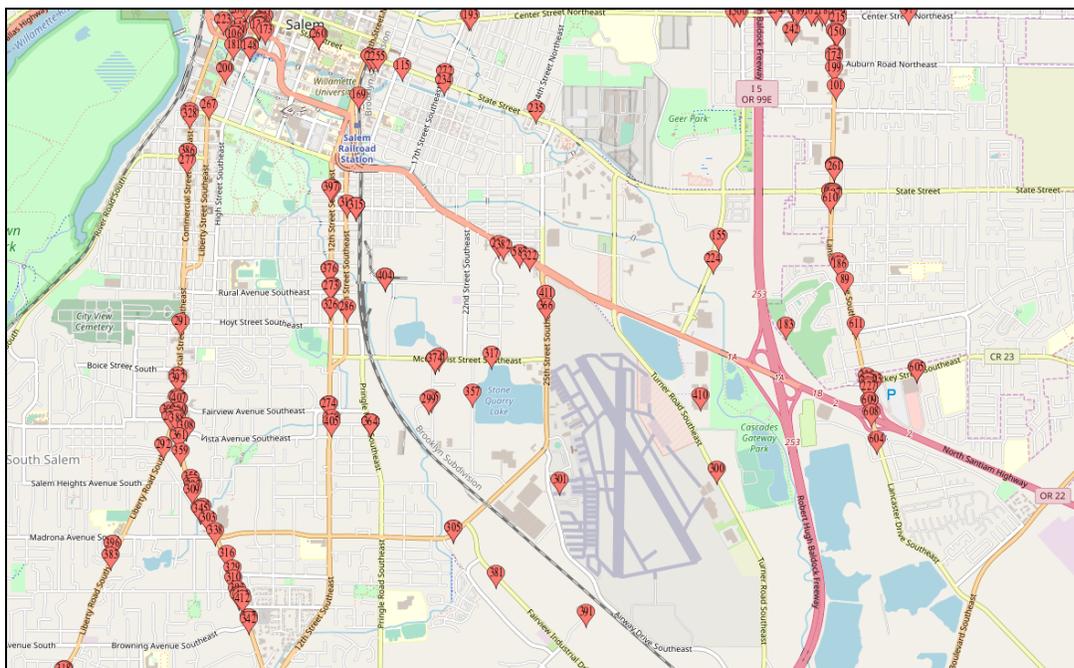
This causal area refers to the ability to easily purchase alcohol, which, in turn, can lead to alcohol-related problems. Maps of alcohol outlet density and data on alcohol compliance checks provide some insight into the retail availability of alcohol in Marion County. More specifically, alcohol outlet density has been linked with increased rates of alcohol use, violence and other consequences related to alcohol use. Figures 8 through 10 below provide examples the locations of retail alcohol outlets in the most populated parts of the county. Results of mapping show that, not surprisingly, alcohol outlets exist on major thoroughfares and wherever there are larger populations of people.

Figure 25. Alcohol Outlets in North Salem/Keizer



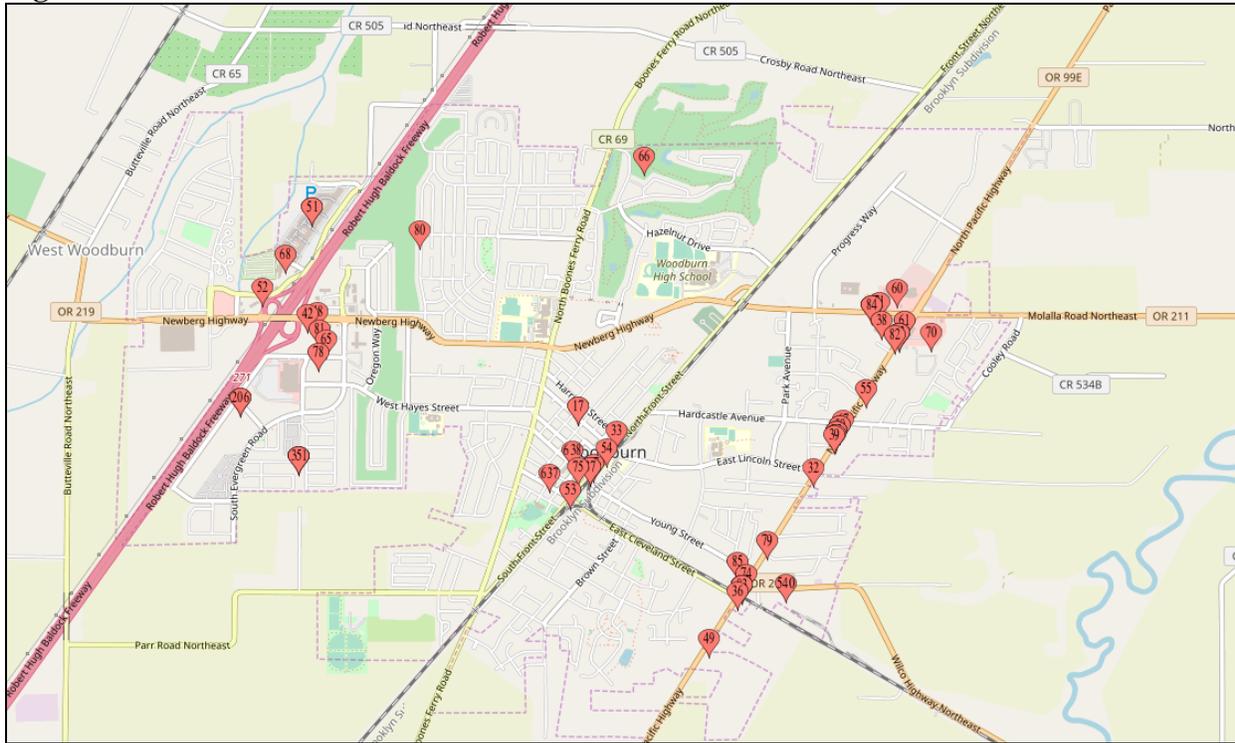
Data Source: Oregon Liquor Control Commission

Figure 26. Alcohol Outlets in South Salem



Data Source: Oregon Liquor Control Commission

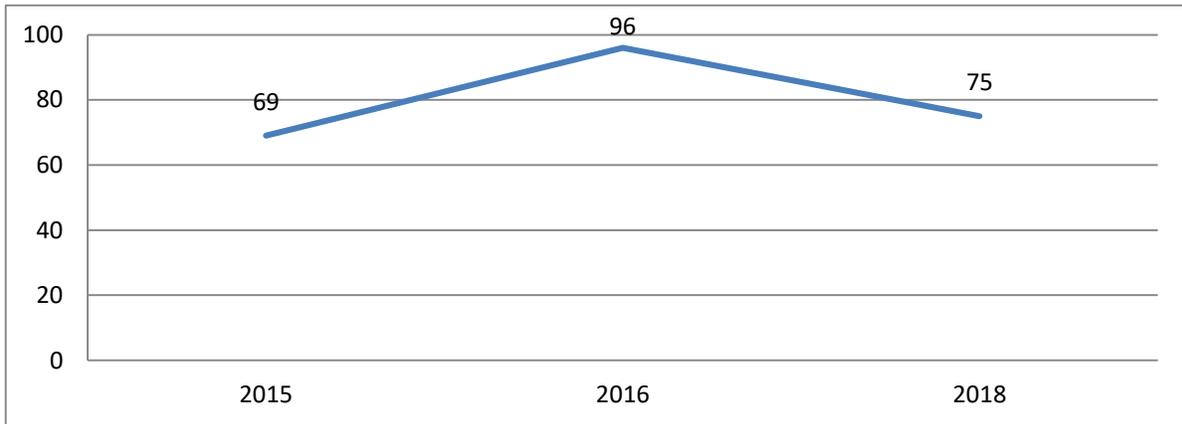
**Figure 27. Alcohol Outlets in Woodburn**



Data Source: Oregon Liquor Control Commission

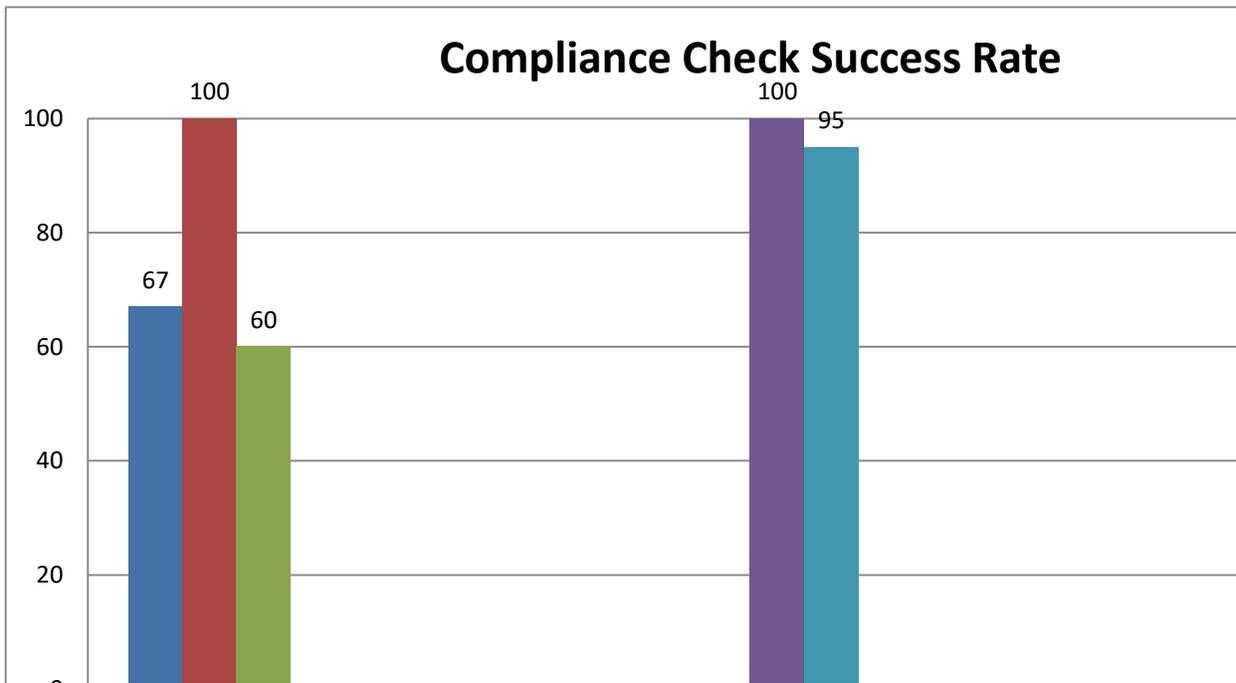
The selling of alcohol to minors can contribute to high risk drinking among youth. One measure of this is compliance check rates conducted through minor decoy operations. This data is available for Marion County as well for seven specific communities over the past few years. However, local level compliance checks are not completed in every community every year. Results show that generally compliance check success rates are high, with some variation by community (for example, poor rates in Woodburn and Salem in 2015). This can be important information for local prevention efforts.

**Figure 28. Compliance Check Success Rate for Marion County by Year**



Data Source: Oregon Liquor Control Commission

**Figure 29. Compliance Check Success Rate for Specific Communities in Marion County by Year**



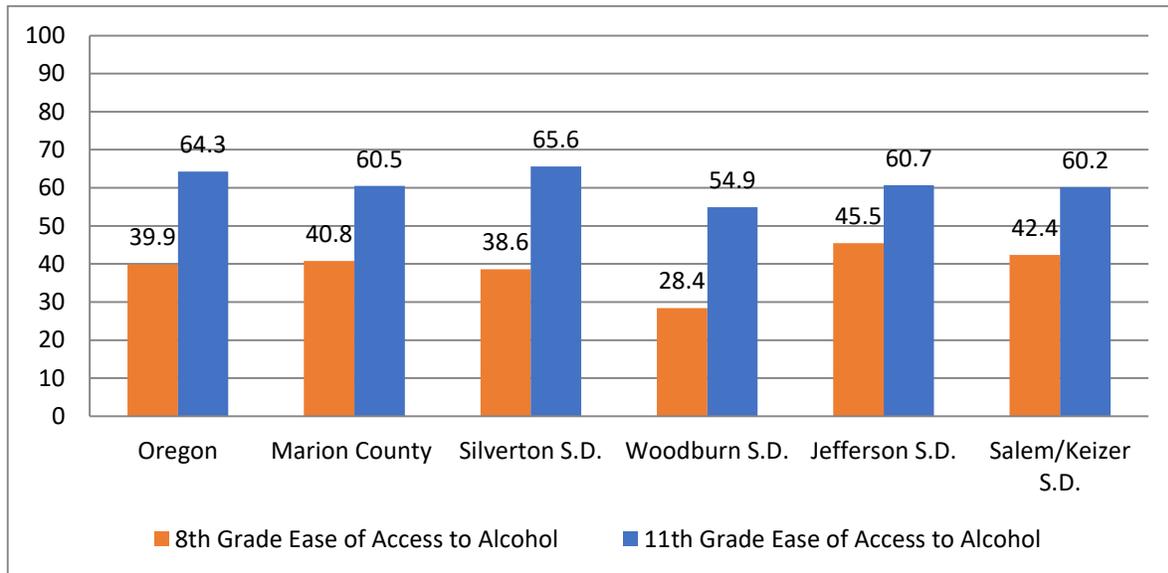
Data Source: Oregon Liquor Control Commission

## Social Availability

This causal area refers to obtaining alcohol from friends, associates, and family members. It can also refer to the availability of alcohol at gatherings such as parties and other social events. Social access to alcohol can lead to underage drinking, adult binge drinking, and related consequences. Measures of social availability include youth reporting how easy it is to obtain alcohol and where they get alcohol. Special event liquor license provide a picture of alcohol availability at social events. Figures 13 and 14 show the youth survey data, while Figures 15 displays special event liquor licenses in Marion County and four available communities.

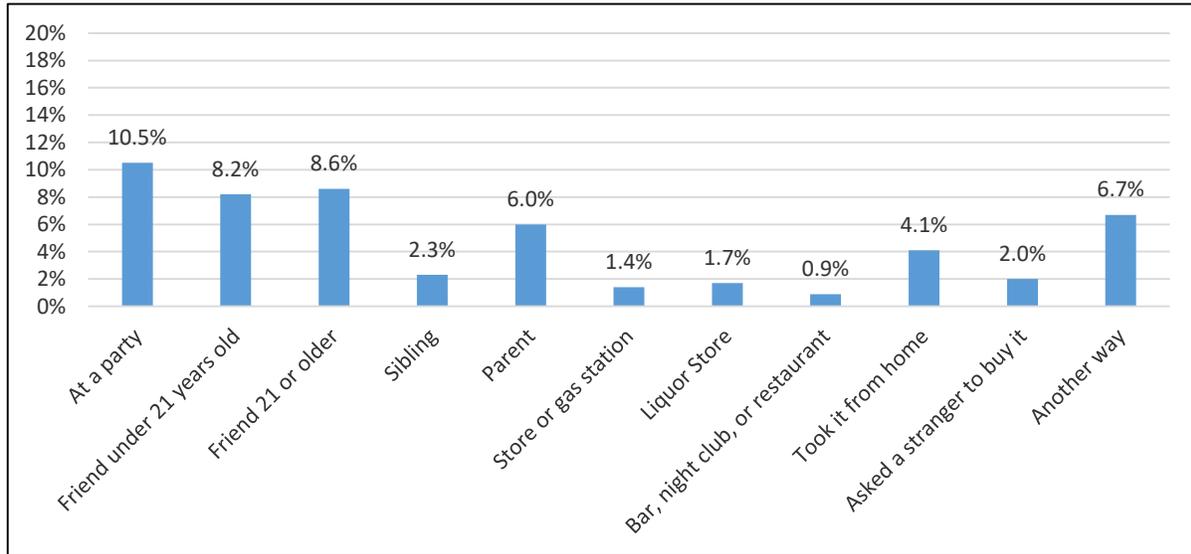
Results show that nearly half of 8<sup>th</sup> graders and well more than half of 11<sup>th</sup> graders in Marion County think it is easy to get alcohol. Moreover, 11<sup>th</sup> graders who report drinking mostly get alcohol socially (at parties, from friends and parents, or by taking it). This is combined with nearly two special event liquor licenses issued per day in the county. Moreover, Salem, Keizer, and Silverton issue the most special event liquor licenses, and Woodburn has increased these licenses five-fold since 2013.

**Figure 30. Ease of Access to Alcohol Reported by 8<sup>th</sup> and 11<sup>th</sup> Graders in Four Marion County School Districts in 2018**



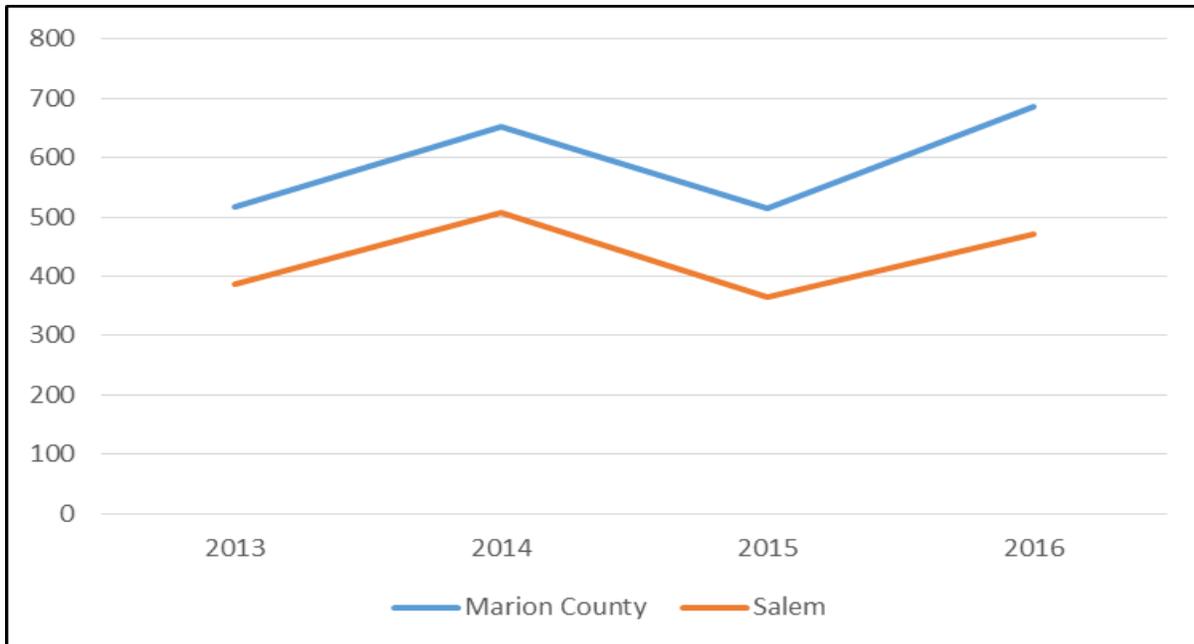
Data Source: Oregon Student Wellness Survey

**Figure 31. Where 11<sup>th</sup> Graders in Marion County Report Getting Alcohol in the Past 30 Days in 2016**



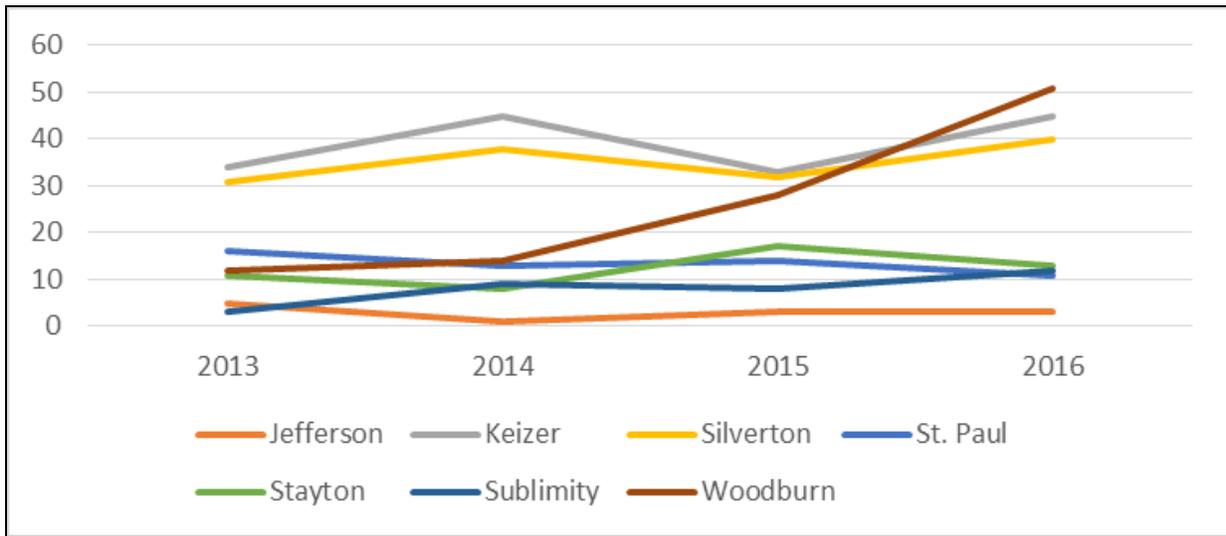
Data Source: Oregon Student Wellness Survey

**Figure 32. Special Event Liquor Licenses issued for Each Individual Event and by Year in Marion County and Salem**



Data Source: Oregon Liquor Control Commission

**Figure 33. Special Event Liquor Licenses issued for Each Individual Event and by Year in Smaller Marion County Communities**



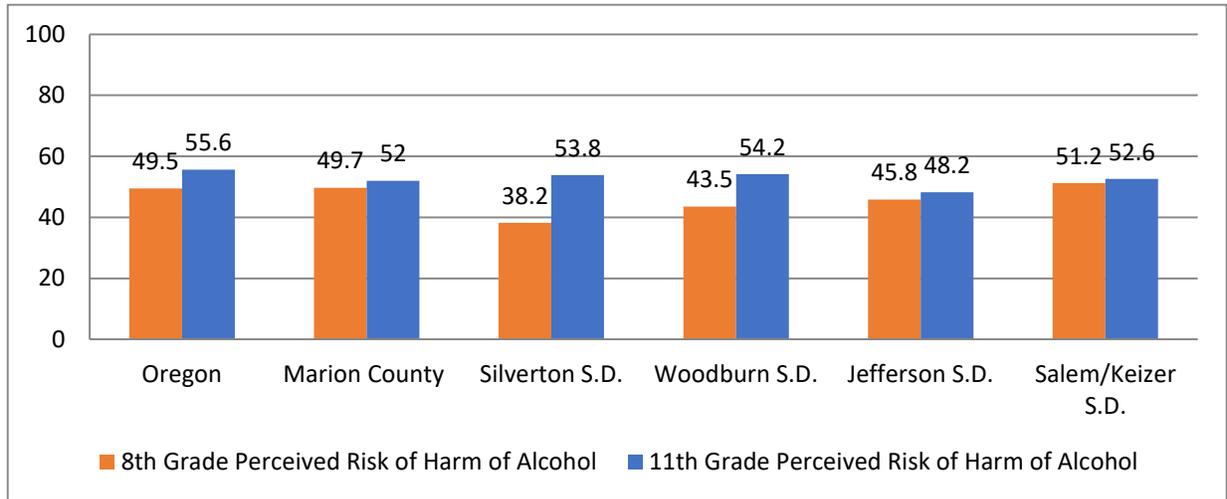
Data Source: Oregon Liquor Control Commission

## Individual Factors

Individual factors that can influence underage drinking and adult binge drinking include biological factors, socioeconomic factors, and individual attitudes, beliefs and perceptions around alcohol use. Since little can be done to change biological predisposition, the primary focus of this causal area is on individual attitudes, along with unique characteristics in a community that may influence the misuse of alcohol. Many of these are measured on youth surveys. Figures 17 and 18 show the results of two of the most important individual risk factors, the perceived risk and harm of alcohol use and the disapproval of alcohol use, for four school districts as well as Marion County and the State of Oregon. These are also two of the best predictors of youth alcohol use. The Oregon Student Wellness Survey for Marion County provides a full accounting of individual youth risk and protective factors that is beyond the scope of this assessment. However, individual communities and schools may take a deeper look at the results of their student surveys when considering individual level strategies like youth prevention programs.

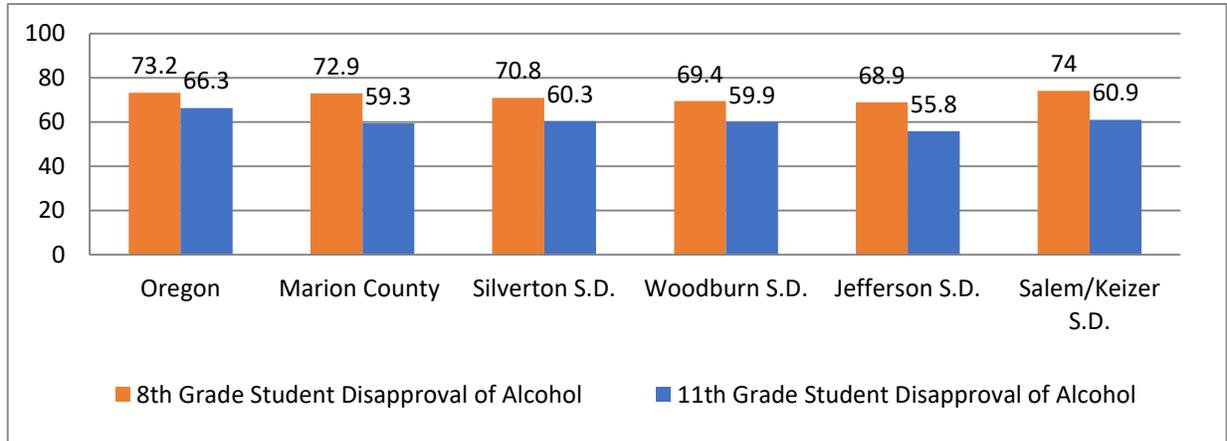
Results suggest that Marion County and individual school districts have very similar percentages as the state of Oregon for both 8<sup>th</sup> and 11<sup>th</sup> graders on these two important risk factors. More specifically, roughly half of both grades perceive alcohol as risky or harmful, with a low of 38% for Silverton 8<sup>th</sup> graders and a high of 54% for Silverton 11<sup>th</sup> graders. The lack of perceived risk and harm among teenagers is important, and strategies could be implemented to counter this misperception. Also important is the nearly 30% of 8<sup>th</sup> graders and 40% of 11<sup>th</sup> graders who don't disapprove of underage drinking. Again, efforts could be taken to counter this individual level attitude.

**Figure 34. Perceived Risk or Harm of Alcohol among 8<sup>th</sup> and 11<sup>th</sup> Graders in Four Marion County School Districts in 2018**



Data Source: Oregon Student Wellness Survey

**Figure 18. Student Disapproval of Alcohol Use among 8<sup>th</sup> and 11<sup>th</sup> Graders in Four Marion County School Districts in 2018**



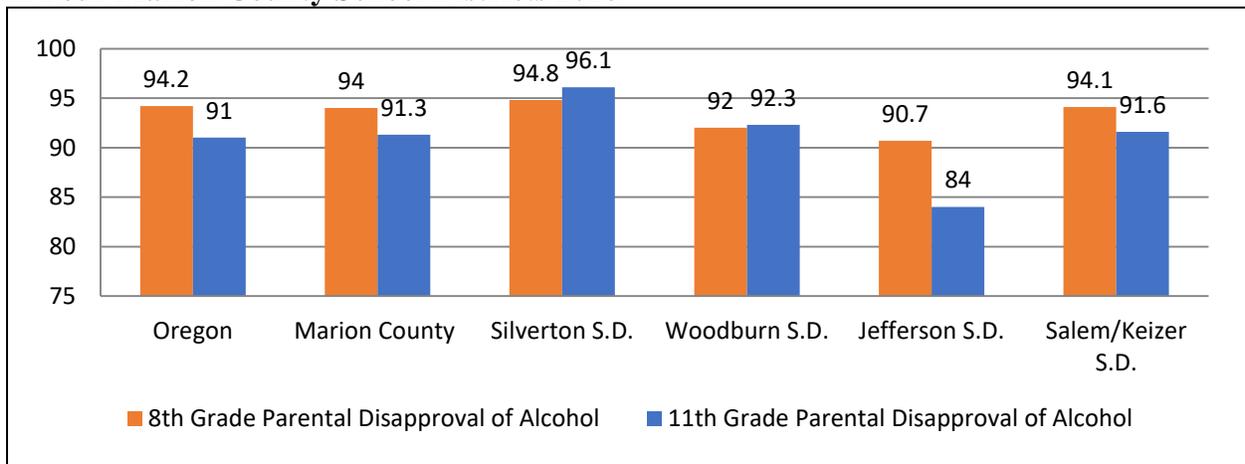
Data Source: Oregon Student Wellness Survey

## Community Norms

Community norms refer to the acceptability or unacceptability of certain behaviors in a community that can lead to alcohol-related problems, and it is the one causal area that most often overlaps with others. A community’s culture is related to everything from social availability of alcohol to individual attitudes and perceptions. Much was learned about norms from the town hall meetings and interviews discussed below, but youth survey data also provides an understanding of how culture influences alcohol misuse. Figures 19, 20, and 21 show perceptions of parental and peer disapproval of alcohol as well as the perceived use of alcohol by peers.

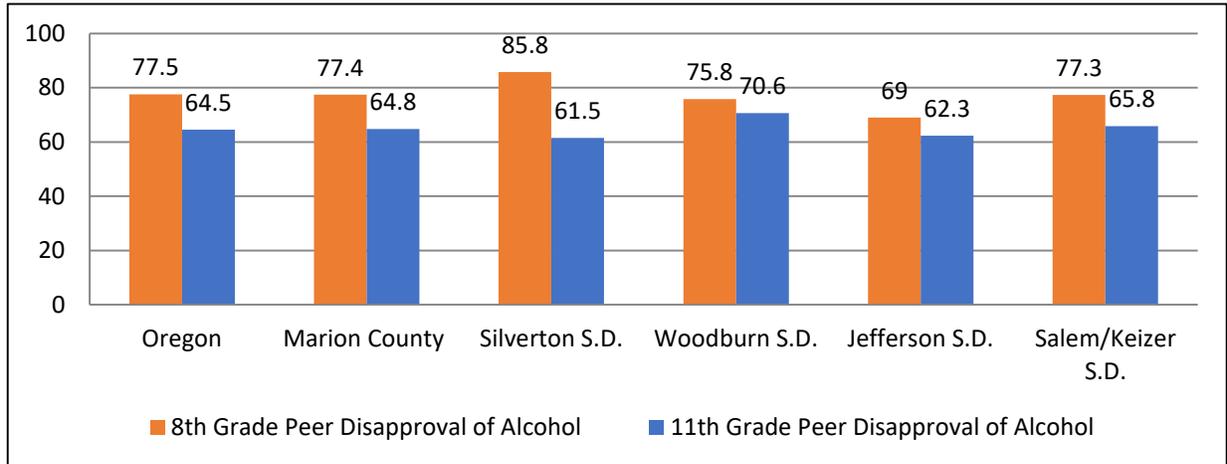
Results show that youth in Marion County generally believe their parents disapprove of youth alcohol use, and they believe their peers also disapprove of youth alcohol use. Indeed perceptions of peer disapproval (65% for 11<sup>th</sup> graders) are actually slightly higher than their own disapproval (59% for 11<sup>th</sup> graders) when it comes to alcohol use (see Figures 18 and 20). Youth also greatly misperceive use of alcohol by peers. Over 57% of 8<sup>th</sup> graders in Marion County believe most of their peers drank alcohol in the past month, but only 14% of 8<sup>th</sup> graders actually report using alcohol in the past month. Similarly, over 71% of 11<sup>th</sup> graders in Marion County believe most of their peers drank alcohol in the past month, but only 24% actually report using alcohol in the past month.

**Figure 19. Perception of Parental Disapproval of Alcohol Use among 8<sup>th</sup> and 11<sup>th</sup> Graders in Four Marion County School Districts 2018**



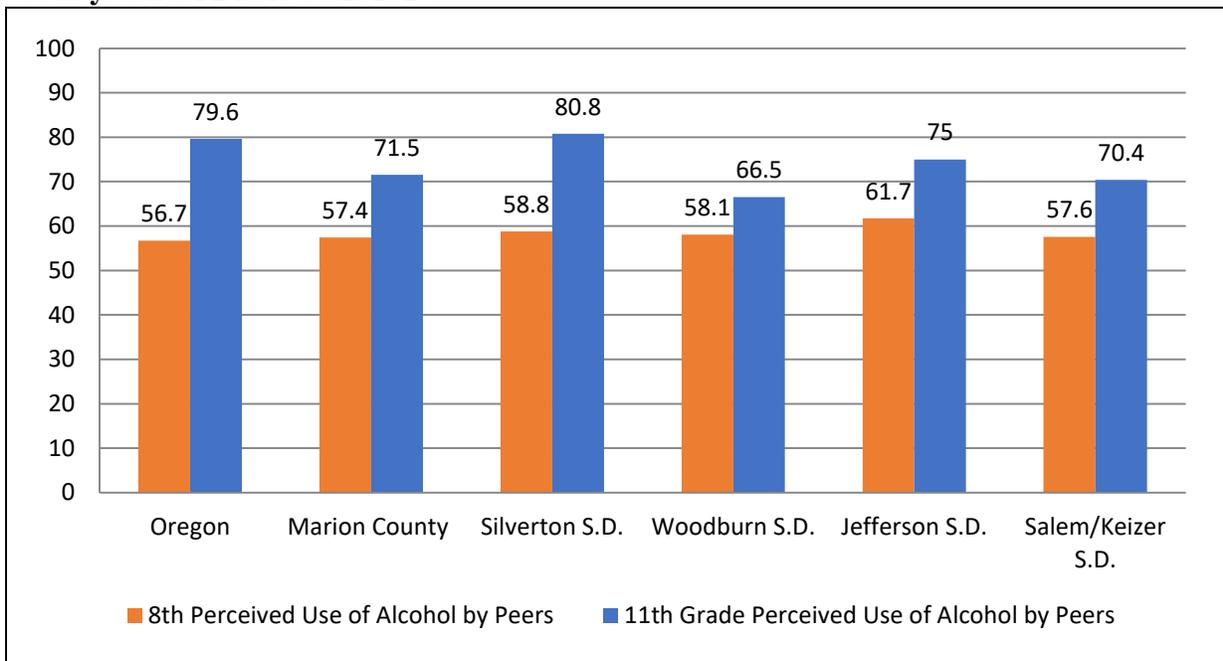
Data Source: Oregon Student Wellness Survey

**Figure 20. Perception of Peer Disapproval of Alcohol Use among 8<sup>th</sup> and 11<sup>th</sup> Graders in Four Marion County School Districts in 2018**



Data Source: Oregon Student Wellness Survey

**Figure 21. Perception of Peer Alcohol Use among 8<sup>th</sup> and 11<sup>th</sup> Graders in Four Marion County School Districts in 2018**



Data Source: Oregon Student Wellness Survey

## **Town Hall Meetings and Key Informant Interviews**

In order to add context to causal area data collected above, the prevention staff and research team conducted five town hall meetings and seven interviews. This qualitative data provided a deeper understanding of why people in Marion County misuse alcohol. More specifically, participants responded to questions about alcohol culture, youth and adult access to alcohol, and other potential causes for alcohol issues in Marion County. The summary of these findings are provided below. A framework that provides more detail around the coding of answers to these questions and more is provided in Appendix B.

### **Alcohol Related Problems**

The most commonly identified alcohol related problems are DUII, Violence and Health related consequences with particular focus on alcohol as self-medication and overconsumption by young adults within college settings. Personal consequences, misuse/abuse and alcohol in combination with other drugs was mentioned. Unique to the community of Jefferson is the issue of out of town river floaters providing alcohol to minors, consuming on the river, littering and driving after drinking on the river.

### **Causes of Alcohol Misuse**

The causes of alcohol misuse fell into a number of areas including primarily community norms, social availability and individual factors consistent with the quantitative data collected and prioritized by the workgroup. Norms as causes were described as parents modeling alcohol as a coping mechanism and cultural norms within the Russian and Latino cultures within Woodburn in particular. However, of note, is that alcohol is not viewed as part of the cultural norms of white and/or the dominant culture within Marion County and yet it is evident it is not only a norm, but an expectation at both personal and public events, and a rite of passage for all cultures. Social availability as a cause is described as parents providing alcohol “under supervision,” cultural norms within specific cultural functions and events and via river floaters in Jefferson. Individual factors are described through the use of alcohol as a coping mechanism for stress, anxiety, depression, loneliness and trauma, as well as a result of family history of substance abuse. Other causes mentioned include retail availability, however on a much smaller scale and limited geographically to Jefferson from specific stores or bars that provide to known minors and stolen from local stores in South Salem. Promotion, lack of enforcement and legal consequences, and systematic issues such as poverty, homelessness, lack of public housing, and lack of transportation were also mentioned.

### **Norms/General Attitudes and Culture of Alcohol Use**

The responses regarding alcohol norms, general attitudes around alcohol and the culture of alcohol use overlapped significantly and therefore are combined to illustrate the major themes. These centered on alcohol as socially acceptable, the normalization of alcohol use among adults, and the cultural expectations of alcohol. Alcohol is seen as normal, acceptable, an important part of socializing, and means to having fun and relaxing. Adults normalize use of

alcohol as a coping mechanism and pass alcohol to minors at social events once they reach an acceptable age. This age range varied from community to community, but fell between the ages of 15 to 20. Alcohol use is described as a cultural expectation, a rite of passage, good for the community with a desire and expectation to be present at all locations and events whether they be personal, family gatherings, or community events. The one exception to this is within Jefferson where there are a number of public events that do not include alcohol. Comments included “drinking is not needed to have a good time,” and may reflect a recent change to combat the reported perception that Jefferson is known as a “drinking town.” Within the college community, the use of alcohol is certainly viewed as a rite of passage, binge drinking and drinking to get drunk is normal, and young adults report looking forward to access to these events and having more things to do on the weekend.

### **Attitude toward Driving while Under the Influence (DUI) of Alcohol**

While the majority of participants in both the interviews and the town halls describe DUI as one of the most common alcohol-related problems, and the quantitative data reviewed demonstrates DUI’s are still very much of an issue, participants perceive it as no longer a big problem. DUI is described as no longer acceptable, DUI’s are not okay and that the norms have changed. Designated drivers are expected and/or to use Uber or Lyft, walk home or give rides to strangers if needed. There were only a couple caveats to this within the college community where young adults often don’t understand impaired judgement, where it is seen as normal as long as they don’t have too much or wait and eat before driving.

### **Groups Promoting Alcohol**

Essentially everyone is seen as a promoter of alcohol. Participants listed major community events such as First Friday, Brewfests, and sporting events as well as mass media as covering the most people. However, community fundraisers, events, civic groups, religious groups, businesses and local retailers, and sports team sponsors were also mentioned. In multiple instances throughout both the interviews and the town halls alcohol was described as a fundamental part of all events. Communities and/or individual fundraisers can make more money if alcohol is present and its presence at all events has become an expectation.

### **Access to Alcohol**

While the sources of alcohol for both adults and minors are the expected sources such as retailers (stores, bars, and restaurants) and social sources (family, friends over 21, and social gatherings), community events were only mentioned one time and that was in response to the question of adult’s access and consumption of alcohol. This appears in contradiction to the repeated description of alcohol being at every event, the promotion of alcohol by wineries and breweries, and even the more recent addition of alcohol in movie theaters. This potentially speaks to the normalization of alcohol at community events.

### **Okay to Serve Alcohol to Minors, When and at What Age**

The situations most commonly described as being okay to serve alcohol to minors centers around the family. Family celebrations, holidays, and religious ceremonies were all given as

reasons. It was also stated that alcohol is viewed as less problematic if served by parents both as safer “under supervision” as well as hesitation in going against family practices or house rules. From a young adult perspective, providing alcohol to minors often occurs from those who recently turned 21 with a disconnect or difficulty viewing friends under 21 as minors.

### **Alcohol and Drug Training for School Counselors or School Resource Officers**

School counselors do not receive training in alcohol and drugs outside of those that may have a Drug Recognition Expert as their School Resource Officer (SRO), or receiving presentations on current drug trends. SRO’s receive crisis training and basic drug identification, but it is only extensive for Drug Recognition Experts. One school reported having an Alcohol and Drug Counselor on-site for student referrals, however the majority reported needing more training or support or a need for on-site counselors. Within the Salem/Keizer School District they have found a huge asset in the utilization of the 3<sup>rd</sup> Millennial Curriculum, giving them more knowledge as well as a method to retain students in school versus historically high numbers of out-of-school suspensions and expulsions.

### **Impact of Disciplinary Policies and Percentage of Issues Related to Alcohol**

The responses to the percentage of issues relating to alcohol use varied considerably between school counselors and school resource officers. Counselors or principals reported a very low percentage of school issues being related to alcohol, whereas school resource officers reported 5-15% within middle schools, 15-20% in high schools and upwards of 75% of both school and community issues involving alcohol within Jefferson in particular. As for the impact of disciplinary policies, this varied as well. Jefferson reported as having little effect, Woodburn as having some effect in terms of students being suspended for shorter amounts of time when following the diversion contract, and in Salem/Keizer a significant impact where they are utilizing the 3<sup>rd</sup> Millennial Curriculum to keep kids in schools. In both Woodburn and Salem/Keizer it appears the focus has shifted to avoid student involvement in the juvenile system and to keep students in school while addressing substance abuse issues.

### **Safety Measures and/or Policies at Special Events**

The feedback from special event hosts or coordinators was that internal and external policies play a huge role in keeping alcohol out of the hands of minors and ensuring overall safety. Community events serving alcohol are viewed as the safest place to consume alcohol, not providing alcohol to minors, and not over-serving patrons who appear visibly drunk. Training is provided to servers to avoid over-service or sales to minor, and safety plans are heavily emphasized and enforced. Four major themes surfaced through the analysis of the qualitative data:

#### **Theme One: Misperceptions around alcohol use persist in Marion County. People believe...**

- DUIs are no longer an issue
- Only some cultures have a problem
- Alcohol problems are not an issue in their communities

**Theme Two: Culture and community norms contribute to problems. People believe...**

- Drinking is what normal people do
- All events include alcohol
- The acceptable age to start drinking is between 15 and 20 years old
- Alcohol is an investment in their community and economy

**Theme Three: Social availability contributes to problems. People believe...**

- Youth get alcohol from parents and other adults
- Adults need alcohol to socialize
- If kids want alcohol, they will find a way to get it

**Theme Four: There is a lack of knowledge of the health consequences to alcohol use.**

- People focus on social consequences like drinking and driving or violence
- People forget health consequences beyond overconsumption or addiction (like cirrhosis, cancer, heart disease, and obesity)

**In the end, Alcohol plays an important role in both the culture and economy of Marion County. It can be seen at nearly every event both small and large. Adult drinking is normal and underage drinking is accepted.**

## Conclusion

This assessment process involved a multitude of partners throughout the county through attendance at the kick-off and wrap-up meetings, membership in the assessment workgroup, providing data at both a county and community level and support in arranging and participating in the qualitative data collection process. Susan McLaughlin, specifically, was instrumental in identifying and engaging community partners, expanding the prevention network, requesting and obtaining data from an array of state and county partners and in gathering the qualitative data with support from her colleagues through the facilitation of community focus groups and stakeholder interviews.

By entering into this process, the needs assessment expanded the data capacity of the county to better understand the impact of substance abuse through the compiling of existing data, highlighting data gaps, collection of new data through qualitative research and increasing the network of prevention partners involved in addressing substance abuse throughout the county. This gave the county staff an in-depth view and understanding of the needs of Marion County residents and will provide critical data for both the county and community partners to utilize in future initiatives and grant funding applications.

The purpose of the collection and analysis of all this data was to answer the original three assessment questions presented above. The assessment workgroup spent countless hours over the course of a year and ultimately answered these and other questions while considering the data and in discussion. In short, the main questions with answers are:

1. What is the biggest substance abuse issue impacting Marion County? **Alcohol**
2. Where is the problem occurring? **Everywhere**
3. Why is the problem happening? **Community Norms and Social Availability**

In conclusion, the assessment found in response to the three original assessment questions that alcohol is the most significant issue impacting Marion County, the problem is impacting the entire county with no community standing out above the other as the issue is widespread, and the problem is centered on community norms and social availability. Alcohol use is culturally accepted across all cultural groups and communities and as a result is also available to youth and adults in nearly every social situation.

## Recommendations

While Marion County will continue to implement strategies targeting a wide array of substance related problems, this assessment suggests the county should focus on the misuse of alcohol and its related consequences. More specifically, prevention should work throughout the county to implement strategies that attempt to change community norms and address the social availability of alcohol to both youth and adults.

Qualitative data show that Marion County has a lack of awareness toward alcohol-related issues and an acceptance of underage drinking. Youth most often get their alcohol from parents or other adults, and alcohol is considered a normal part of community and family events. In fact alcohol is an expectation at both personal and social community events. Misperceptions exist around alcohol use, and there is little knowledge of the health consequences of misusing alcohol. This implies awareness and education strategies may be part of a comprehensive prevention approach.

Town hall and interview participants also suggested future prevention approaches. These include, increasing the price of alcohol through taxes, raising awareness of alcohol-related problems, providing youth education regarding consequences to alcohol use, taking a harm reduction approach to prevention, correcting misperceptions around alcohol use, providing alternative or alcohol-free activities, looking at prevention through a cultural lens, engaging parents, holding liquor license holders accountable, enforcing current alcohol laws, providing training regarding over-service, providing school-based prevention trainings, addressing

upstream problems like housing and transportation, and providing mental health support in schools.

Finally, this assessment provides data for the future evaluation of prevention efforts in Marion County. Not all assessment data is good evaluation data, but a number of indicators used above can be used to measure progress on alcohol prevention efforts. Table 5 below displays recommended evaluation indicators and data sources.

**Table 5. Recommended Evaluation Measures for Marion County Alcohol Prevention Efforts**

Indicator	Data Source
30 day use of alcohol 8 <sup>th</sup> and 11 <sup>th</sup> grades	Oregon Student Wellness Survey (SWS)
Perception of peer use of alcohol 8 <sup>th</sup> and 11 <sup>th</sup> grades	
Ease of access to alcohol 8 <sup>th</sup> and 11 <sup>th</sup> grades	
Rode in a car with a parent who had been drinking 8 <sup>th</sup> and 11 <sup>th</sup> grads	
Rode in a car with a teen who had been drinking 11 <sup>th</sup> grade	
Driven a car after drinking 11 <sup>th</sup> grade	
Adult female binge drinking	Behavioral Risk Factor Surveillance System (BRFSS)
Adult male binge drinking	
Alcohol minor in possession (MIP) arrests	Juvenile Justice Information System
Driving under the influence of intoxicants (DUII) offenses	Oregon National Incident Based Reporting System (ONIBRS)

## Appendix A: Consequence and Consumption Data Tables

### Alcohol Consequence Indicator Scores Based Upon Four Narrowing Criteria

Data Source	Indicator	Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (increase, decrease, or similar)	Size (raw number of people)	Score
Incidence Based Reporting System (ONIBRS, 2013-2016))	DUII offenses	309.1 per 100,000 people	1.30 (worse)	Increase	1,038	12
	DUII arrests	271.3 per 100,000 people	1.31 (worse)	Similar	911	10
	Liquor law offenses	65.2 per 100,000 people	0.80 (better)	Decrease	219	6
	Liquor law arrests	67.3 per 100,000 people	0.83 (better)	Decrease	226	6
Juvenile Justice Information System (2013-2017)	MIP	110.9 per 100,000 people	1.22 (worse)	Decrease	94	8
Oregon Department of Transportation (2009-2016)	Alcohol involved crash fatalities	3.0 per 100,000 people	0.71 (better)	Similar	10	5

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Oregon Poison Center (2013-2017)	Alcohol-related poisonings	24.6 per 100,000 people	NA	Similar	84	5
Oregon Vital Records (2010-2016)	Death due to alcohol consumption	16.2 per 100,000 people	1.11 (worse)	Similar	53	8
Oregon Health Authority Measures and Outcomes Tracking System	Adult alcohol treatment	315.4 per 100,000 people	NA	Increase	809	8
	Juvenile alcohol treatment	46 per 100,000 people	NA	Decrease	39	4
Marion County District Attorney (2014-2017)	Adjudications of DUII and DUII other crimes	271.3 per 100,000 people	NA	Decrease	926	6
	Juvenile DUII	3.5 per 100,000 people	NA	Similar	3	4
	MIP	47.2 per 100,000 people	NA	Decrease	40	4
ESSENCE (EMT and ER data, 2016-2017)	Alcohol-related visits	3,468.4 per 100,000 people	NA	Decrease	11,837	7
Student Wellness Survey (SWS for 2016)	Past month riding in a vehicle driven by a parent or adult who had been drinking (8 <sup>th</sup> grade)	13.6%	0.94 (better)	NA	647	5
	Past month riding in a vehicle driven by a	14.5%	1.12 (worse)	NA	679	7

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	parent or adult who had been drinking (11 <sup>th</sup> grade)					
	Past month riding in a vehicle driven by a teenager who had been drinking (11 <sup>th</sup> grade)	6.9%	1.13 (worse)	NA	323	8
	Past month driving a vehicle after drinking (11 <sup>th</sup> grade)	4.1%	1.08 (worse)	NA	192	6
Data Dashboard	Hospitalizations due to alcohol abuse	3.4 per 100,000 people	NA	Similar	11	
Marion County Sherriff's Office (2015)	Percent of inmates in the Marion County jail reporting alcohol use issues at intake	13.4% of inmates	NA	NA	44	4
Oregon Dept. of Education (2012-2017)	Alcohol related school suspensions and expulsions	0.16%	NA	Decrease	84	3
National College Health Assessment (2014-2016)	Got in trouble with the police	1%	NA	Similar	27	4
	Someone had sex with me without my consent	3%	NA	Similar	80	4

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	Had sex with someone without their consent	0.2%	NA	Similar	5	4
	Had unprotected sex	17%	NA	Increase	453	8
	Physically injured yourself	12%	NA	Decrease	320	5
	Physically injured another person	1%	NA	Similar	27	4
	Seriously considered suicide	4%	NA	Similar	107	5
	Alcohol affected individual academic performance	5%	NA	Increase	133	7
	Drive after drinking or binge drinking	0.4%	NA	Similar	11	4

## Other Drug Consequence Indicator Scores Based Upon Four Narrowing Criteria

Data Source	Indicator	Value (as a percentage)	Ratio (above or below 1.0)	Trend (up, down, or unclear)	Size (raw number of people)	Score
Incidence Based Reporting System (ONIBRS, 2013-2016)	Drug offenses	487.8 per 100,000 people	1.41 ( <b>worse</b> )	Similar	1638	11
	Drug arrests	410.1 per 100,000 people	1.75 ( <b>worse</b> )	<b>Decrease</b>	1377	10
Oregon Department of Transportation (2009-2016)	Drug involved crash fatalities	3.3 per 100,000 people	1.32 ( <b>worse</b> )	<b>Increase</b>	11	8
Oregon Poison Center (2013-2017)	Street Drugs-related (including Marijuana) poisonings	21.6 per 100,000 people	NA	<b>Increase</b>	78	6
Oregon Vital Records (2010-2016)	Deaths due to drug poisoning	9.6 per 100,000 people	0.97 ( <b>better</b> )	Similar	32	5
Oregon Health Authority Measures and Outcomes Tracking System	Adult Cannabis treatment	81.9 per 100,000 people	NA	Similar	210	6
	Juvenile Cannabis	246.5 per 100,000	NA	<b>Decrease</b>	209	6

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	treatment	people				
Marion County District Attorney (2014-2017)	Adjudications of marijuana crimes	5.0 per 100,000 people	NA	Decrease	17	3
	Adjudications of methamphetamine crimes	380.6 per 100,000 people	NA	Similar	1299	8
	Adjudications of cocaine crimes	12.3 per 100,000 people	NA	Increase	42	6
	Adjudications of MDMA crimes	1.2 per 100,000 people	NA	Decrease	4	3
	Juvenile Marijuana	31.8 per 100,000 people	NA	Similar	27	5
	Juvenile meth	16.5 per 100,000 people	NA	Similar	14	5
	Juvenile cocaine	0 per 100,000 people	NA	Similar	0	4
	Minor attempting to purchase marijuana	33.0 per 100,000 people	NA	Similar	28	5
Marion County Sherriff's Office (2015)	Percent of inmates in the Marion County jail reporting drug use issues at intake	37.6%	NA	NA	327	5
Oregon Dept. of Education (2012-	Drug related school suspensions and	0.74%	NA	Decrease	392	4

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2017)	expulsions					
Juvenile Justice Information System (2013-2017)	Marijuana offenses	129.7 per 100,000 people	0.51 (better)	Decrease	110	7
	Less than an Ounce offenses	42.5 per 100,000 people	0.49 (better)	Decrease	36	4

## Tobacco Consequence Indicator Scores Based Upon Four Narrowing Criteria

Data Source	Indicator	Value (as a percentage)	Ratio (above or below 1.0)	Trend (up, down, or unclear)	Size (raw number of people)	Score
Oregon Vital Records	Lung cancer mortality	44.9 per 100,000 people	1.02 (worse)	Decrease	144	8
Oregon Public Health Assessment Tool	Chronic lower respiratory disease mortality	47 per 100,000 people	Same	Increase	160	8
	COPD prevalence	6,100 per 100,000 people	Same	Increase	20,127	11
Oregon Health Authority Chronic Disease Data	Lung cancer incidence	70 per 100,000 people	(worse)	Decrease	224	8
Oregon National Incidence Based Reporting System (ONIBRS, 2013-2016)	Tobacco MIP incidences	34.5 per 100,000 people	1.04 (worse)	Decrease	29	6
	Tobacco MIP arrests	26.2 per 100,000 people	0.98 (better)	Decrease	22	5
Oregon Dept. of Education (2012-2017)	Tobacco related school suspensions and expulsions	0.13%	NA	Decrease	67	3
Juvenile Justice	Tobacco offenses	27.1 per 100,000	0.81 (better)	Decrease	23	5

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Information System (2013-2017)		people				
Oregon Poison Center (2013-2017)	Tobacco poisonings	8.8 per 100,000 people	NA	Increase	30	5

## Opioid/Prescription Drugs Specific Consequence Indicator Scores Based Upon Four Narrowing Criteria

Data Source	Indicator	Value (as a percentage)	Ratio (above or below 1.0)	Trend (up, down, or unclear)	Size (raw number of people)	Score
Prescription Drug Monitoring Program (PDMP, 2000-2016)	Opioid overdose deaths	4 per 100,000 people	0.62 (better)	Similar	13	5
	Opioid hospitalizations	7.5 per 100,000 people	0.68 (better)	Increase	24	6
Oregon Health Authority Measures and Outcomes Tracking System	Adult Opioid drug Treatment	3.5 per 100,000 people	NA	Similar	3	4
	Juvenile Opioid drug treatment	443.3 per 100,000 people	NA	Increase	1,137	9
ESSENCE (EMT and ER data, 2016-2017)	Opioid drug-related injuries	30.5 per 100,000 people	NA	Increase	104	7
Marion County District Attorney (2014-2017)	Adjudications of heroin crimes	97.0 per 100,000 people	NA	Increase	331	7
	Adjudications of prescription opioid crimes	10.0 per 100,000 people	NA	Similar	34	5
	Juvenile heroin	1.2 per 100,000 people	NA	Similar	1	4
	Juvenile prescription opioids	2.4 per 100,000 people	NA	Similar	2	4

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Oregon Poison Center (2013-2017)	Opioid-related poisonings	16.1 per 100,000 people	NA	Similar	55	5
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### General ATOD Consequence Indicator Scores Based Upon Four Narrowing Criteria

Data Source	Indicator	Value (as a percentage or rate)	Ratio (above or below 1.0)	Trend (up, down, or unclear)	Size (raw number of people)	Score
Oregon Dept. of Education (2012-2017)	ATOD related school suspensions and expulsions	1.03%	1.2 (worse)	Decrease	543	7
Juvenile Justice Information System (2013-2017)	Substance/Alcohol offenses	43.6 per 100,000 people	0.87 (better)	Decrease	37	5
Oregon Department of Transportation (2009-2013)	Alcohol and Drug involved crash injuries	29.2 per 100,000 people	0.93 (better)	Similar	94	6

## Consumption Indicator Scores Based upon Four Narrowing Criteria

	Indicator	Value (as a percentage of the specific population)	State Ratio (above or below 1.0)	Trend (up, down, or unclear)	Size (estimate of the raw number of people)*	Score
Student Wellness Survey (SWS for 2016)	30 day alcohol use (8 <sup>th</sup> grade)	14.2%	0.92 (better)	NA	675	5
	30 day alcohol use (11 <sup>th</sup> grade)	27.1%	0.91 (better)	NA	1,270	6
	30 day binge drinking (8 <sup>th</sup> grade)	4.9%	0.91 (better)	NA	233	3
	30 day binge drinking (11 <sup>th</sup> grade)	14.6%	0.94 (better)	NA	684	6
	30 day Cigarette use (8 <sup>th</sup> grade)	3.3%	1.00 (same)	NA	157	4
	30 day Cigarette use (11 <sup>th</sup> grade)	6.8%	0.88 (better)	NA	324	5
	30 day Marijuana use (8 <sup>th</sup> grade)	8.0%	1.11 (worse)	NA	374	7
	30 day Marijuana use (11 <sup>th</sup> grade)	18.3%	0.97 (better)	NA	857	6
	30 day prescription drug use (8 <sup>th</sup> grade)	3.1%	0.94 (better)	NA	148	3

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	30 day prescription drug use (11 <sup>th</sup> grade)	6.7%	1.08 ( <i>worse</i> )	NA	314	6
	30 day illicit drug use (8 <sup>th</sup> grade)	1.5%	1.07 ( <i>worse</i> )	NA	71	5
	30 day illicit drug use (11 <sup>th</sup> grade)	3.3%	1.22 ( <i>worse</i> )	NA	155	5
	30 day use of e-cigs or vaping (8 <sup>th</sup> grade)					
	30 day use of e-cigs or vaping (11 <sup>th</sup> grade)					
Behavioral Risk Factor Surveillance Survey (BRFSS, 2012-2015 average for 18+ and 2010-2013 average for 18+ by gender)	Current cigarette smoking	16.5%	0.92 ( <i>better</i> )	NA	40,138	7
	Adult binge drinking	14.8%	0.84 ( <i>better</i> )	NA	36,003	6
	Adult heavy drinking	4.9%	0.63 ( <i>better</i> )	NA	11,920	5
	Binge drinking among adult females	14.3%	1.08 ( <i>worse</i> )	NA	17,655	8
	Binge drinking among adult males	19.2%	0.86 ( <i>better</i> )	NA	23,036	7
	Heavy drinking among adult females	7.4%	0.91 ( <i>better</i> )	NA	9,136	5
	Heavy drinking among adult males	4.0%	0.51 ( <i>better</i> )	NA	4,799	4

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National College Health Assessment (2014-2016)	30 day use of alcohol	65.0%	NA	Similar	1,732	7
	30 day binge drinking (5-6 drinks)	29.0%	NA	Similar	773	6
	30 day use of marijuana	32.0%	NA	Increase	853	7
	30 day use of cocaine	2.9%	NA	Similar	77	4
	30 day use of methamphetamine	0.0%	NA	Similar	0	3
	30 day use of tobacco	18.0%	NA	Similar	478	6
	30 day use of illicit drugs	11.0%	NA	Increase	293	6
	12 month use of prescription drugs not prescribed by a doctor	20.0%	NA	Decrease	533	5

\* 8<sup>th</sup> grade provides middle school estimate and 11<sup>th</sup> grade provides high school estimate

## Appendix B: Qualitative Data Coding Framework

Question or Content Area	Initial Coding Framework	Final Coding Framework
Alcohol Related Problems	Health and Mental Health Consequences	Self-medication, overconsumption due to lack of experience/parents overconsuming at events and death
	Drinking and Driving	Drinking and Driving *not in Silverton, car accidents
	Violence	Fighting at bars, home, at parties; domestic violence; and sexual assault
	Personal Consequences	Impact on personal life including development; academics and school dropout; and family
	Misuse/Abuse	Underage Drinking and Addiction
	Out of Towners Related Consequences	Floaters: drinking on the river, driving after drinking; providing alcohol to minors, trash left on the river*Jefferson only
	Alcohol and Other Drugs	Cross-fading (high and drunk at the same time) and Lean or Sizzurp (cough syrup with alcohol) *Woodburn Schools only
Causes	Retail Availability	Sales from local stores and bars to underage minors personally known (Jefferson); and over service

	Individual Factors	Coping; Stress; Anxiety; Depression; Loneliness; Trauma; and Family History of Substance Abuse
	Community Norms	Parents modeling as coping mechanism; cultural norms within Russian and Latino cultures *Woodburn
	Social Availability	Parents providing alcohol “under supervision”; cultural norms within specific cultural functions and events; river floaters providing to minors
	Systematic Issues	Poverty; homelessness; lack of public housing; generational poverty; lack of transportation *Jefferson
	Promotion	Glamorization in the media; social media
	Criminal Justice	Lack of enforcement; lack of legal consequences to retailers; SRO’s not seen as resource for fear of enforcement related to other issues *Woodburn
Youth Access to and Consumption of Alcohol	Retailers	Liquor stores, shoulder-tapping, stolen from stores, retailers willing to sell to youth they know*Jefferson
	Friends over 21	Recently of age youth not seeing friends underage as an issue
	Family	Parents; older siblings; family events; and theft from home

	Fake IDs	
	Social Gatherings	Parties; Off-Campus parties; out of city limits bonfires
Adult Access to and Consumption of Alcohol	Bars/Restaurants	Taprooms; breweries; wineries
	Stores	Grocery; Liquor; Minimarts
	Events	*only mentioned one time
	Social Gatherings	Parties; family gatherings; tailgating
	Out of Town	River floaters bring alcohol into town
	Home	
	Other Locations	Movie theaters; work
Age and Situations Alcohol is Provided to Minors	17-20	Okay to either sell to or serve if known by store or bar owners*Jefferson
	Friends Over 21	Recent 21 yr olds purchase for UAD friends/Disconnect among 21 yr olds as peers don't feel like minors
	Parents	Okay if "under supervision"; less problematic if served by parents; college students seen as adults
	Cultural Exceptions	Okay if you're with family at parties, celebrations or religious holidays; machismo (expected as males)
	Acceptable Age 15-20	Varies from community to community; 18-20 for college communities; 16/17 to deal

		with stress and 12-14 early adopters*Woodburn schools
Social Availability as Contributor	Available	“If kids want to get it, they will find a way”
	Social Availability	Normalizes drinking; people know the risks of sexual assault, but go out anyway;
	Contradictions	Social availability isn’t an issue, but community pushing for open container law downtown*Silverton; “community events are on the the safest places to drink”
Norms/General Attitudes and Culture of Alcohol Use	Socially Acceptable	Seen as normal; acceptable; important part of socializing; fun; way to relax; “only live once”
	Adults Normalize Use	Parents use to cope with stress, beer is part of normal adult life; heavy drinking acceptable for some groups and known as “drinking town”*Jefferson; parents pass alcohol to kids
	Cultural Expectations	Rite of passage; huge part of Latino Culture (alcohol makes people feel grateful or thankful, way to thank others, expected at every occasion whether happy or sad, machismo-weak if you don’t drink); expected part of Russian Culture and/or stereotyped
	Good for the Community	Desire for alcohol at all locations and events; generates

		more revenue; wineries and breweries normalize; tied to music, community events and even movie theaters.
	Part of College Experience	Rite of passage; look forward to access to more events and things to do on the weekend; alcohol isn't as bad as drugs; binge drinking/drinking to get drunk is normal; experimentation
	Partying Tool	Makes parties better and fun; used as a partying tool; drinking enhances experience at events
	*Drinking not needed to have a good time	Unique to Jefferson a number of popular events do not provide alcohol and increasing perception alcohol is not needed to have fun
Attitude Toward DUII	Negative Stigma	Norms have changed, no longer acceptable; DUII not okay
	Designated Driver Expected	DD expected; use Uber or Lyft; walk home; rides given to strangers if needed
	DUII Acceptable with Caveats	Normal as long as you don't have too much; wait and eat before drinking; only going a short distance; young people don't understand impaired judgement*College Town Hall
Groups Promoting Alcohol	Everyone	Civic groups, religious, business, events

	Community Events	First Friday; Brewfests; Fundraisers; other Community Events
	Sports Teams	Sports teams; sport team sponsors; sporting and male centered events
	Media	Advertisements by alcohol industry and grocery stores; mass media; music/radio
	River Floaters	Unique to Jefferson out of towners that come to float the river
Community Norms as Contributor	Parent Modeling	“It’s legal if everyone stays the night”
	College Experience	Frat parties: binge drinking is the norm; pre-gaming and drinking games normalized
	Cultural Norm	Latino Culture: Machismo, tied to masculinity; available at all social and personal gatherings. Russian Culture: alcohol use increases during Russian holidays and UAD more acceptable during these holidays
	Community Experience	Community events include alcohol (Oktoberfest, brewfests, etc...); Good for business, good for the community
	Contradictions	“It’s everywhere, available”; Alcohol available everywhere so it’s all about norms”

Leading Cause of Alcohol Misuse	Community Norms	Alcohol expected and acceptable; part of traditions and culture
	Social Availability	Availability in social context is the biggest contributor to alcohol misuse