



Defining Prevention Needs for Wisconsin's Youth: National and State Resources, Facts and Figures

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Defining Prevention Needs for Wisconsin's Youth

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Defining Prevention Needs for Wisconsin's Youth



Introduction

While progress is being made in prevention, both nationally and in Wisconsin, there is still much to be accomplished. Rates of alcohol, tobacco and other drug (ATOD) use among our youth remain high, with significant costs to our society in terms of a wide range of social and economic factors. Sexual activity and teen pregnancy are on the rise. Problems related to ATOD and sexual activity are significant, and in many cases, Wisconsin's averages lie well above the national norms in a variety of ATODA areas.¹

According to the Centers for Disease Control's Youth Risk Behavior Survey, Wisconsin ranks higher than the national average in a number of areas related to risky behavior, including illicit drug use, marijuana use, and binge drinking.² In 1999, 6.4 percent of Wisconsin's youth ages 12 – 17 (31,000), were substance dependent.³ With regard to binge drinking, Wisconsin ranks second in the nation (24%), and our youth ages 12 – 17 are seventh nationally (14.7%) and fifth highest among non-SIG states.⁴ SIG states are those states that have received federal "State Incentive Grant" funds to address alcohol and drug prevention aimed specifically at youth ages 12 through 17. Wisconsin is one of eleven states nationwide to receive such funding. With Wisconsin's implementation of the SIG over the next three years, including the application of scientifically-based prevention programming among counties, it is hoped that the higher percentages of risky behaviors will drop to levels at or below those nationally.

PERCENT OF 12-TO 17-YEAR-OLDS USING SUBSTANCES COMPARED TO SIG TARGETS				
	Illicit Drugs	Marijuana	Binge Drinking	Perception of Risk
National mean	5.3%	7.9%	10.9%	NA
Wisconsin rates	11.8%	9.0%	14.7%	NA
WI ranking among 23 non-SIG states	Tied for 6 th	4 th	5 th	NA
Targeted levels by 2004/5 NHSDA	Reduce 10% to 10.6%	Reduce to Nat. Ave. 7.9%	Reduce 10% to 13.2%	10% increase from 2001 NHSDA level

Source: 1999 National Household Survey carried out by the National Institute on Drug Abuse (Substance Abuse and Mental Health Administration (SAMSHA), US Dept. of Health and Human Services.

Wisconsin Youth Risk Behavior Survey

Every year the Centers for Disease Control (CDC) collaborate with states to carry out the "Youth Risk Behavior Survey" (YRBS). Wisconsin participates in the Youth Risk Behavior Survey every two years to develop the Wisconsin Youth Risk Behavior Survey (WYRBS, also available online).⁵ Similar surveys are conducted in 42 states, 4 territories and sixteen large cities. Here, the survey is administered by the Wisconsin Department of Public Instruction (DPI) and the University of Wisconsin – Madison Comprehensive Cancer Center (UWCCC). It provides a statewide picture of risk behaviors and assets among youth, and also allows comparisons between Wisconsin's and the nation's YRBS prevalence rates.

Methods and Design

- The survey is administered every two years beginning in 1993.
- Random sample of classrooms in public schools with grades 9 - 12.
- In 2001, 2,120 students in 54 public high schools participated.
- Results are generalizable to the state as a whole; there is no school or county-specific data.

2001 Wisconsin Youth Risk Behavior Survey Wisconsin Department of Public Instruction

Throughout this summary, slides are included to illustrate the statistics and show the results of the 2001 WYRBS. They are available as a PowerPoint (TM) presentation online (<http://www.dpi.state.wi.us/dpi/dlsea/ssp/ppt/yrbs01.ppt>).

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“Gateway” Drugs: Alcohol, Tobacco, and Marijuana

"A child who reaches age 21 without smoking, abusing alcohol or using drugs is virtually certain never to do so."

- Joseph A. Califano, Jr., *CASA Chairman and President*

Prevention of alcohol, tobacco and marijuana use are critical components to prevention of subsequent use of cocaine, heroin, hallucinogens, inhalants, and other illicit substances.

- J.C. Merrill, K.S. Fox, S.R. Lewis, and G.E. Pulver, in *Cigarettes, Alcohol, Marijuana: Gateways to Illicit Drug Use*⁶

Alcohol, tobacco and marijuana constitute the “triad” of gateway drugs, with alcohol and tobacco most often the first gateway substances of adolescents, according to *Adolescence Magazine* and numerous other sources. Adolescents from 12 to 17 years in age who use all three of these substances have a 266-percent greater chance of using other illicit drugs than their peers who use only one of these substances. However, use of any one of these substances: tobacco, alcohol, or marijuana increases the likelihood that a youth will use other illicit substances.⁷

In October 1994, the Center on Addiction and Substance Abuse (CASA) at Columbia University published the most comprehensive national analysis ever done on the link between the use of "gateway drugs" -- tobacco, alcohol and marijuana --and the subsequent use of cocaine and other illicit drugs. Among other alarming facts, the CASA report *Cigarettes, Alcohol, Marijuana: Gateways to Illicit Drug Use* revealed that 12- to 17-year-olds who smoke are:

- 12 times more likely to use heroin than those who have never used cigarettes,
- 51 times more likely to use cocaine and
- 57 times more likely to use crack.

If those 12- to 17-year-olds smoke more than a pack of cigarettes a day, their risk factors for abuse of other drugs rises precipitously. These teens are:

- 51 times more likely to use heroin,
- 106 times more likely to use cocaine and
- 111 times more likely to use crack.
- Forty-three percent of individuals who use marijuana before age 18 go on to use cocaine.
- Young people between the ages of 12 and 17 who use marijuana are 85 times more likely to use cocaine than non-marijuana users.

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CASA's research further demonstrates that a 12-year-old who smokes is 30 times more likely to have used illicit drugs than a child of the same age who doesn't smoke. "What is startling is that children who never smoked are almost certain not to use heroin, cocaine or crack, while a significant proportion of children who smoke heavily have used these drugs and many of them have become addicted," said Joseph Califano, CASA chairman. "This analysis proves that, for too many of America's children, cigarettes are a drug of entry into the world of illicit drugs."

The increase in marijuana use by 8th graders is especially disturbing in light of the CASA study's finding that the risk of becoming a regular (monthly or more frequently) illicit drug user is greater the younger an individual starts to use marijuana. Adults who started using marijuana before age 15 are 55 times more likely to become regular cocaine users than adults who have never used marijuana.⁸



In December, 1998, CASA released their second report on the relationship between tobacco use and use of other drugs: "Teens Who Smoke Cigarettes Much Likelier to Try Pot." Continued research showed that there is a strong correlation between teens who smoke cigarettes and those who drink alcohol and have tried marijuana. Teens who smoke are 5 ½ times likelier to have tried pot, 6 times likelier to get drunk at least once a month and 3 times likelier to try an illegal drug in the future than teens who don't smoke. Additionally:

- **63% of teen smokers got drunk at least once a month compared with 10% of nonsmokers.**
- **79% of smokers also have smoked marijuana compared with 14% of nonsmokers.**
- **42% of smokers are likely to try an illegal drug in the future compared to 14% of nonsmokers.**

Source: *Teens Who Smoke Cigarettes Much Likelier to Try Pot*, CASA, Columbia University, New York, 1998.

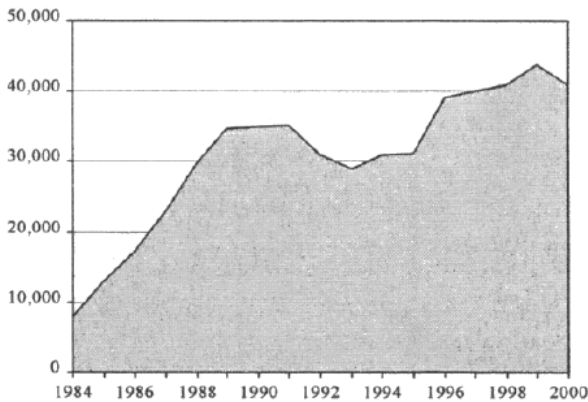
Alcohol Use and Abuse and our Youth

The most recent WYRBS indicated that alcohol use among youth remains a problem in Wisconsin. Research also shows that youth who use alcohol are more likely to have alcohol problems later in life, and alcohol use affects the brain and physical development of adolescents as they move toward adulthood. Additionally, alcohol use remains a factor in many other high-risk behaviors for adolescents, including sexual assaults and victimization, violence, personal and property crimes.

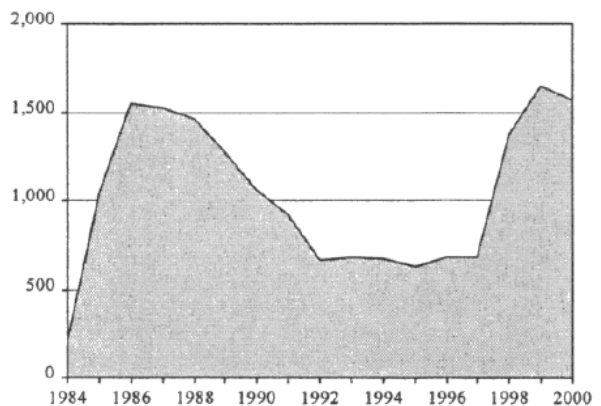
One area of youth risk measured by the WYRBS is driving after drinking, and riding with a driver who has been drinking. While drinking and driving habits among youth have shown a decline over the past decade, they again appear to be rising. According to the Wisconsin Department of Transportation 2000 Wisconsin Alcohol Traffic Facts Book⁹:

- Of 30,592 drivers convicted of OWI (Operating While Intoxicated) in Wisconsin in 2000, 3,106 (10 percent) were under age 21 at the time of violation.
- During 2000, 38,324 people were arrested for Operating While Intoxicated (OWI) in Wisconsin, including 655 persons who were under 18. This compares to 35,753 arrests in 1990.

UNDERAGE ALCOHOL CONSUMPTION CONVICTIONS

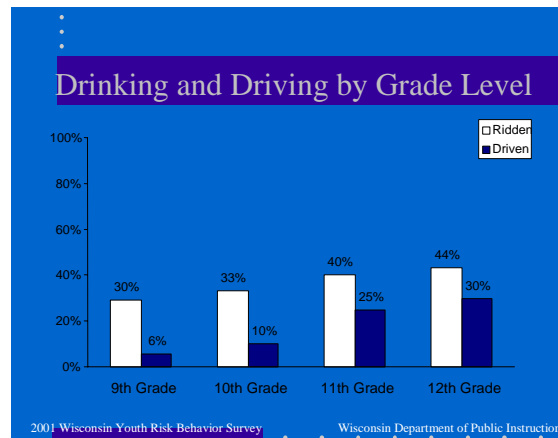


UNDERAGE ALCOHOL OPERATION CONVICTIONS



The graphs provided by the WI Department of Transportation indicate that underage alcohol consumption convictions are again rising after a dip during the early 1990s. The WYRBS supports these figures.

As the statistics provided in the WYRBS on the following page show, although the percentage of twelfth graders who have



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driven after drinking has decreased, an unacceptably high percentage of youth continue to drive after drinking. In addition, a surprising number of youth place themselves at risk by riding with someone who has been drinking.

DPI Survey and Youth Risk Behavior Survey Data

Year	10 th Grade Students	12 th Grade Students	Have Driven After Drinking (In Last 12 Months)	
	(n)	(n)	10 th Graders	12 th Graders
1989	1,516	1,701	17%	46%
1991	1,365	1,479	15%	40%



Year	10 th Grade Students	12 th Grade Students	Have Driven After Drinking (In Last 30 Days)		Have Been in Vehicle Driven by Someone Who Had Been Drinking (In Last 30 Days)	
	(n)	(n)	10 th Graders	12 th Graders	10 th Graders	12 th Graders
1993	845	600	9.9%	24.7%		
	859	613			40.3%	40.6%
1997	291	226	11.8%	23.9%		
	296	227			35.7%	37.3%
1999	376	250	13.5%	28.3%		
	380	250			36.5%	39.5%

(n) = number of students surveyed

Source: Wisconsin Dept. of Public Instruction, 1997 WYRBS, by Ben Kadel, Wisconsin Survey Research Laboratory. Madison, WI 1998.

(Note: 1995 survey did not yield generalizable data)

Unintentional Injuries		
	<u>2001 WI</u>	<u>1999 US</u>
Riding with a driver who had been drinking	36%	33%
Student driving after drinking alcohol	17%	13%

2001 Wisconsin Youth Risk Behavior Survey Wisconsin Department of Public Instruction

The WYRBS also shows a statistically significant higher percentage of Wisconsin students who have been injured in motor vehicle accidents when either driving after drinking or riding with a driver who had been drinking when compared to the most recent statistics for the US as a whole.¹⁰

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The following chart, reproduced from the *2000 Wisconsin Alcohol Traffic Facts Book* published by the WI Department of Public Transportation, shows the long-range costs to the state of youth alcohol use are great, both financially and in lost human potential.

STATEWIDE ARRESTS FOR OWI AND LIQUOR LAW VIOLATIONS ADULTS AND JUVENILES 1976-2000

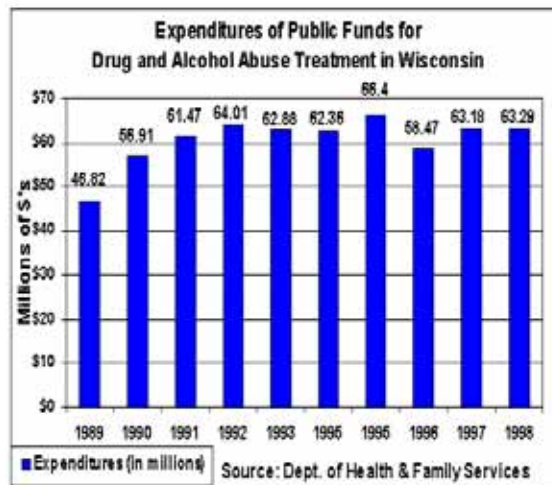
Year	OWI			Liquor Law Violations		
	Adults	Juveniles	Total	Adults	Juveniles	Total
1976	18,152	407	18,559	3,663	10,018	13,681
1977	20,091	486	20,577	4,173	9,750	13,923
1978	26,564	651	27,215	5,058	9,812	14,870
1979	29,097	854	29,951	5,277	10,608	15,885
1980	31,059	857	31,916	7,731	11,711	19,442
1981	31,885	863	32,748	8,828	11,976	20,804
1982	29,081	708	29,789	8,342	11,865	20,207
1983	32,120	636	32,756	10,185	11,909	22,094
1984	37,078	690	37,768	8,962	11,403	20,365
1985	37,712	751	38,463	11,767	12,202	23,969
1986	39,491	837	40,328	13,310	14,076	27,386
1987	36,318	787	37,105	18,930	13,654	32,584
1988	33,729	634	34,363	26,201	12,786	38,987
1989	33,618	546	34,164	29,830	12,367	42,197
1990	35,277	549	35,826	29,937	12,723	42,660
1991	35,888	497	36,385	27,305	11,843	39,148
1992	35,070	396	35,466	24,178	9,904	34,082
1993	35,080	388	35,468	23,017	9,998	33,015
1994	34,572	454	35,026	24,576	10,768	35,344
1995	35,005	411	35,416	25,267	11,244	36,511
1996	37,146	516	37,662	28,747	13,690	42,437
1997	36,894	543	37,437	29,136	13,747	42,883
1998	37,112	596	37,708	33,233	15,114	48,347
1999	36,961	587	37,548	34,668	15,129	49,797
2000	37,669	655	38,324	34,288	14,355	48,643

	OWI			Liquor Law Violations		
	Adults	Juveniles	Total	Adults	Juveniles	Total
1991 Data						
Male	30,305	407	30,712	20,803	7,726	28,529
Female	5,583	90	5,673	6,502	4,117	10,619
1992 Data						
Male	29,075	324	29,399	18,301	6,450	24,751
Female	5,995	72	6,067	5,877	3,454	9,331
1993 Data						
Male	29,180	317	29,497	17,307	6,474	23,781
Female	5,900	71	5,971	5,710	3,524	9,234
1994 Data						
Male	28,740	348	29,088	18,459	6,860	25,319
Female	5,832	106	5,938	6,117	3,908	10,025
1995 Data						
Male	28,857	346	29,203	18,730	7,287	26,017
Female	6,148	65	6,213	6,537	3,957	10,494
1996 Data						
Male	30,483	395	30,878	21,215	8,862	30,077
Female	6,663	121	6,784	7,532	4,828	12,360
1997 Data						
Male	30,993	420	31,413	21,639	8,721	30,360
Female	6,901	123	7,024	7,497	5,026	12,523
1998 Data						
Male	29,647	467	30,114	24,591	9,661	34,252
Female	7,465	129	7,594	8,642	5,453	14,095
1999 Data						
Male	30,049	460	30,509	25,273	9,667	34,940
Female	6,912	127	7,039	9,395	5,462	14,857
2000 Data						
Male	30,587	513	31,100	24,996	9,187	34,183
Female	7,082	142	7,224	9,292	5,168	14,460

NOTE: OWI arrests are for operating a motor vehicle while intoxicated. Liquor law violations are arrests for alcohol-related crimes other than OWI, such as Furnishing Alcohol to Minors and Drinking in Public. Also included are all Underage Drinking Violations such as Not a Drop, Consumption, and Possession. For these charts, adults are defined as persons 18 years old or older and juveniles are defined as persons under the age of 18 years.

According to the February 2002 CASA Report, *Teen Tiplers: America's Underage Drinking Epidemic*¹¹, underage drinkers are a critical segment of the alcohol beverage market. Since most heavy and problem drinkers begin drinking before they reach age 21, underage drinking is key to the profitability of the alcohol industry.

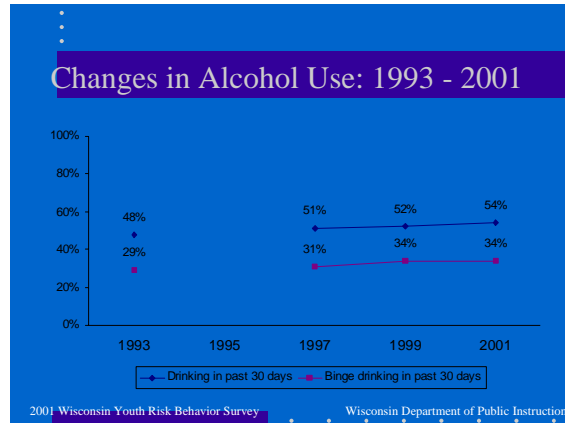
- 87 percent of adults who drink had their first drink of alcohol before age 21.
- Individuals who begin drinking before the age of 15 are four times more likely to become alcohol dependent than those who begin drinking at age 21.
- The prevalence of lifetime alcohol abuse is greatest for those who begin drinking at age 14.
- Underage drinkers and adult heavy drinkers combined consume 61 percent of the alcohol sold in the U.S.



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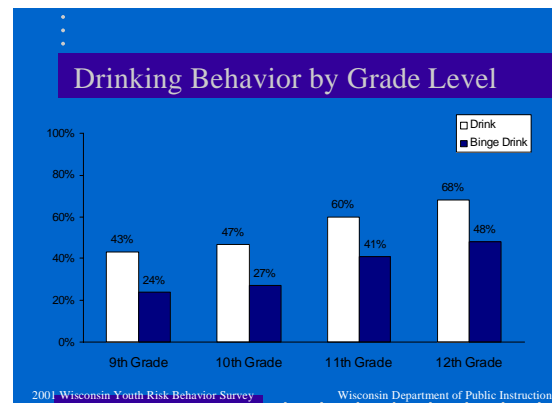
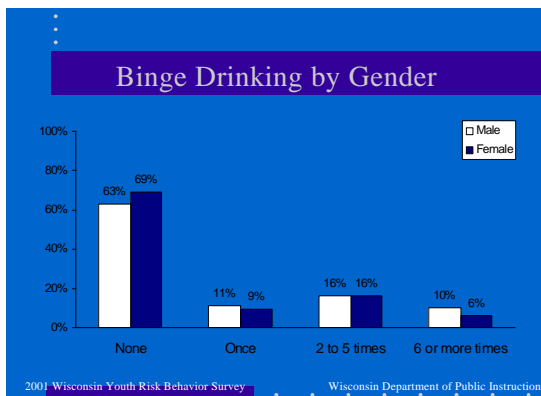
According to the 2001 WYRBS Executive Summary of the Wisconsin Department of Public Instruction¹²:

- The prevalence of students reporting at least one alcoholic drink in the past 30 days preceding the survey increased significantly from 48 percent in 1993 to 54 percent in 2001.
- The prevalence of students reporting having five or more drinks at one time (binge drinking) in the past 30 days preceding the survey increased significantly from 29 percent in 1993 to 34 percent in 2001.
- Male students were significantly more likely than female students to report drinking five or more drinks at a time prior to the survey, with 37 percent of males reporting this behavior compared to 31 percent of females.



Alcohol Use

- 54% of students reported having at least one alcoholic drink in the past 30 days, up from 48% in 1993.
- 34% report having five or more drinks at one time in the past 30 days, an increase of 5% from 1993.
- Significantly more male students than female students reported binge drinking once in the past 30 days.



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CASA REPORT ON UNDERAGE DRINKING:

Underage drinkers account for 25 percent of all the alcohol consumed in the U.S., according to *Teen Tiplers: America's Underage Drinking Epidemic*, a new report released in 2002 by CASA. The 145-page report, the result of two years of research and analysis, found that more than five million high schoolers (31 percent) say they binge drink at least once a month. The gender gap in alcohol consumption that for generations separated girls and boys has disappeared among younger teens: male and female ninth graders are just as likely to drink (40 percent vs. 41 percent) and to binge drink (22 percent vs. 20 percent).

"Underage drinking has reached epidemic proportions in America," says Joseph A. Califano Jr., CASA president and former U.S. Secretary of Health, Education and Welfare. "Alcohol damages the young brain, interferes with mental and social development and interrupts academic progress. Alcohol is the fatal attraction for many teens, a major factor in the three leading causes of teen death - accidents, homicide and suicide."

"Alcohol is far and away the top drug of abuse for American kids" says Susan Foster, CASA vice-president and director of Policy Research and Analysis. "The college binge drinking problem starts with children and teens, and that's where our prevention and education efforts must be focused."

Source: Center on Addiction and Substance Abuse at Columbia University. *Teen Tiplers: American's Underage Drinking Epidemic*. New York, 2002.

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Tobacco Use

Tobacco use is the single leading cause of preventable death in the United States, accounting for approximately 430,000 deaths each year. According to the US Centers for Disease Control and Prevention, approximately 80 percent of tobacco users initiate before age 18 years. (CDC MMWR Youth Tobacco Surveillance U.S., 2000)¹³ Although cigarette sales nationally fell by 10.3 percent between 1998-1999, tobacco advertising and promotional expenditures rose 22.3 percent to \$8.24 billion, the most ever reported to the Federal Trade Commission. The estimated portion spent on Wisconsin advertising each year? \$157 million!

Tobacco use in Wisconsin continues to present considerable burdens to society in terms of health care costs, productivity and lost human potential. The statistics, compiled from the 2001 Wisconsin Youth Risk Behavior Survey, the Wisconsin Youth Tobacco Survey 2000, the national Youth Risk Behavior Survey 1991-1999, and the national Behavior Risk Factor Survey (1997), speak for themselves:

- Number of people in Wisconsin who die each year from smoking: 7,850¹⁴
- Annual health care expenditures in Wisconsin directly related to tobacco use: \$1.4 billion¹⁵
- In 2001, 37 percent of high school females participating in the Wisconsin Youth Risk Behavior Survey reported smoking cigarettes in the past 30 days, compared to 29 percent of high school males.¹⁶
- According to the Center for Tobacco Research and Intervention (CTRI) and the Wisconsin Women's Health Foundation, 37% of reproductive-aged Wisconsin women smoke--the highest percentage of any state in the nation. Twenty-three percent of new Wisconsin mothers report having smoked cigarettes during their pregnancy. More than 2,500 Wisconsin women die prematurely each year as a direct result of diseases caused by their tobacco use.¹⁷
- The WI Youth Tobacco Survey 2000 indicates that tobacco use has decreased to 33 percent in 2000, but is still a significant problem.¹⁸

Tobacco

- 33% of students reported smoking at least one cigarette in the past 30 days. This includes a range from 21% of 9th graders to 44% of 12 graders.
- Prevalence of current smoking decreased significantly from 38% in 1999 to 33% in 2001.
- Female students were significantly more likely than male students to be current smokers.

2001 Wisconsin Youth Risk Behavior Survey Wisconsin Department of Public Instruction

Tobacco (cont.)

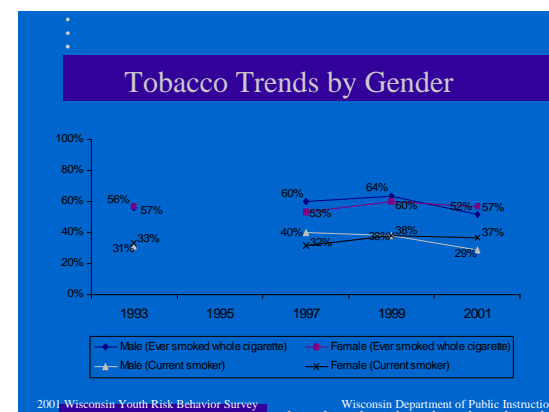
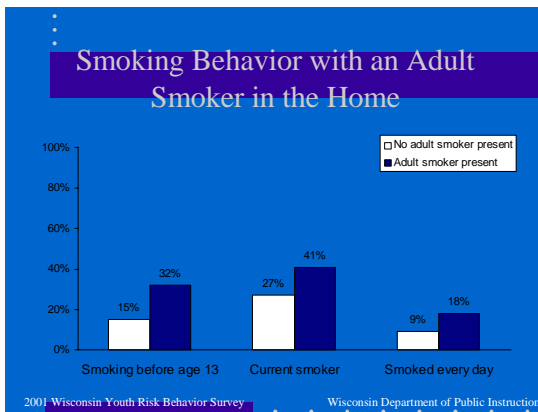
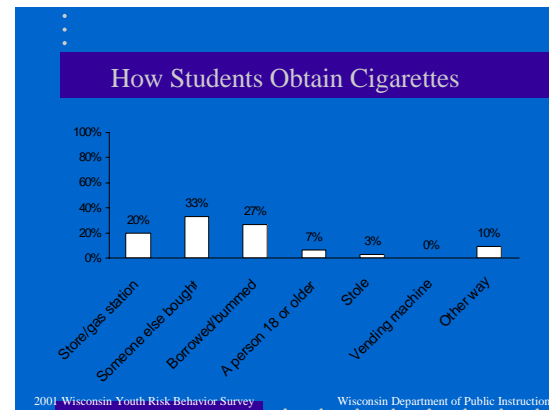
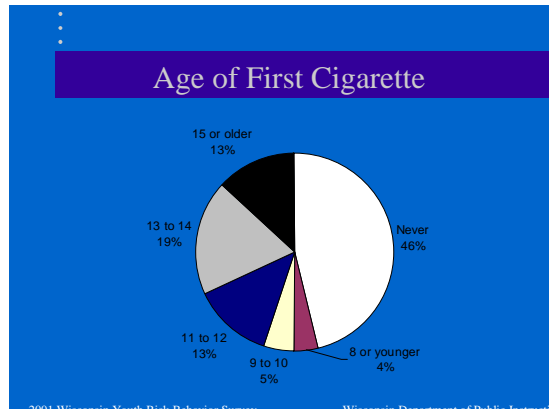
- Prevalence of students reporting smoking cigarettes on school property in the past 30 days significantly decreased from 17% in 1997 to 10% in 2001.
- Black students were significantly less likely to report both having smoked in the past 30 days (17% vs. 33%) and ever smoking daily (15% vs. 25%).

2001 Wisconsin Youth Risk Behavior Survey Wisconsin Department of Public Instruction

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According to the 2001 Wisconsin Youth Risk Behavior Survey¹⁹:

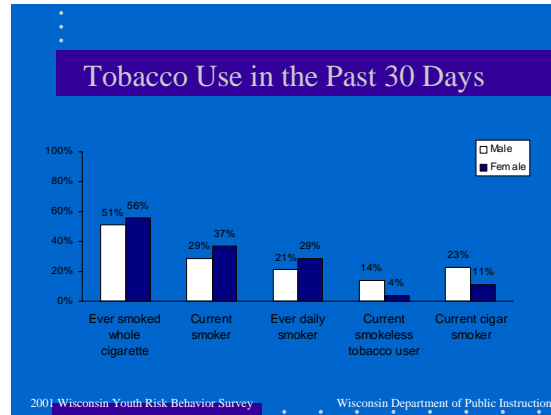
- 22 percent of youth who have ever smoked were age 12 or younger at the time of their first cigarette.
- Youth with an adult smoker in the home were nearly twice as likely to use tobacco, and to use it twice as frequently as youth without an adult smoker in the home.
- The largest percentage of youth had someone else purchase cigarettes for them, followed by the ability to borrow or "bum" tobacco, and 20 percent of youth who smoked were able to purchase cigarettes themselves at stores or gas stations.
- Smoking behaviors are showing a significant downward trend among male youth that is much less pronounced among females. Not only are females much more likely than their male classmates to begin try smoking, but they are more likely to become smokers.



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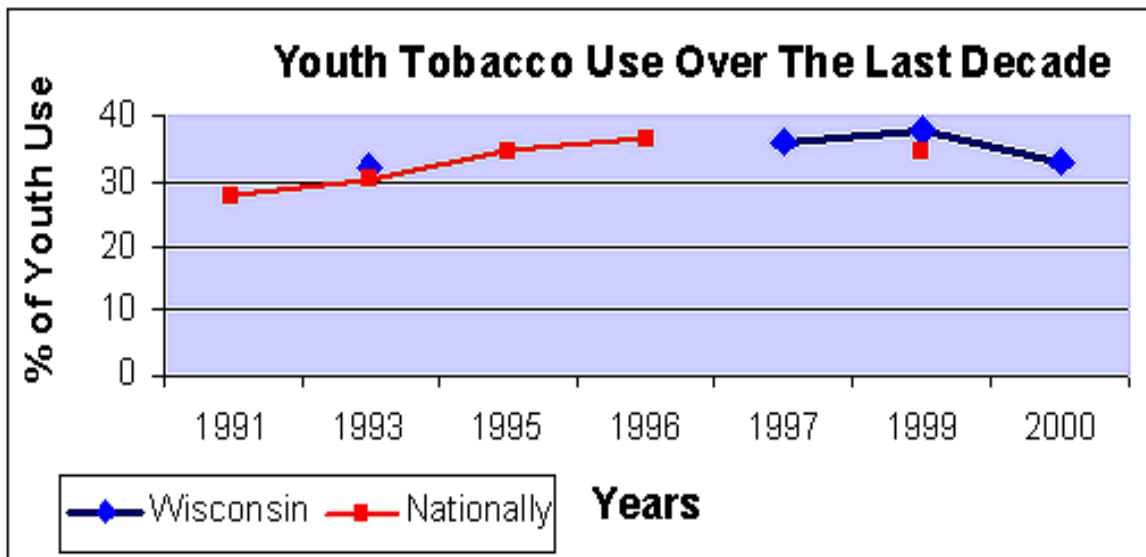
Tobacco Use Among Racial/Ethnic Minority Groups, According to the 1998 US Surgeon General's Report²⁰:

- Cigarette smoking prevalence increased in the 1990s among African American and Hispanic adolescents after several years of substantial decline among adolescents of all four ethnic/minority groups (Asian and Pacific Islanders, American Indians, African Americans and Hispanics). This increase is particularly striking among African American youth.



- Tobacco use varies within and among ethnic/minority groups; among adults, American Indians have the highest prevalence of tobacco use and African American and Southeast Asian men also have a high prevalence of smoking. Asian American and Hispanic women have the lowest prevalence.

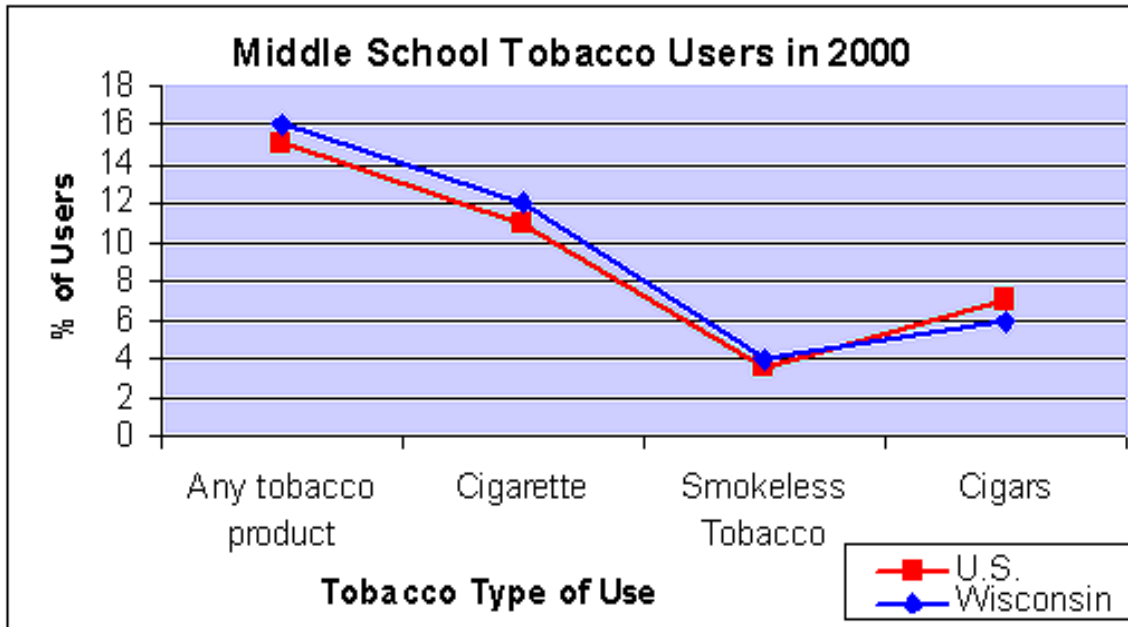
According to the WI Youth Tobacco Survey, the percentage of high school students who currently smoke was 33 percent compared to the national median of 29.2 percent. In almost every type of tobacco use, Wisconsin youth had higher percentages of tobacco use than the national figures.²¹



Percentage of Wisconsin youth tobacco use compared to national youth tobacco use over the last decade.

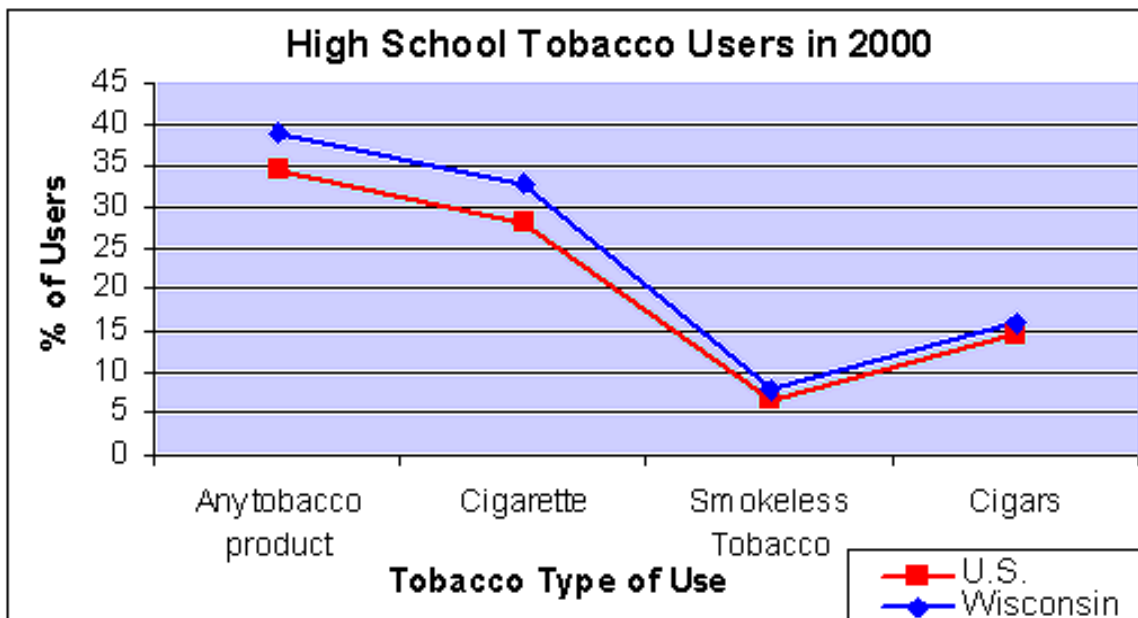
Sources: CDC MMWR Youth Tobacco Surveillance U.S.(2000) and Wisconsin Youth Tobacco Survey (2000).

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Percentage of middle school students who were current users of any tobacco product, by type of product, Wisconsin and United States, 2000.

Sources: CDC MMWR Youth Tobacco Surveillance U.S. (2000) and Wisconsin Youth Tobacco Survey (2000).



Percentage of high school students who were current users of any tobacco product, by type of product, Wisconsin and United States, 2000.

Sources: CDC MMWR Youth Tobacco Surveillance U.S.(2000) and Wisconsin Youth Tobacco Survey (2000).

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Wisconsin is losing ground. The state dropped from 13th to 20th in 2001 in a national report ranking how states are using money from the 1998 settlement with tobacco companies to fight tobacco use. In fiscal year 2002-2003, the state Joint Finance Committee cut funding for the Wisconsin Tobacco Control Board to \$15.5 million from \$25 million in the previous year. This figure is much lower than the \$31 million the US Centers for Disease Control recommends for funding an effective tobacco control program in Wisconsin.²²

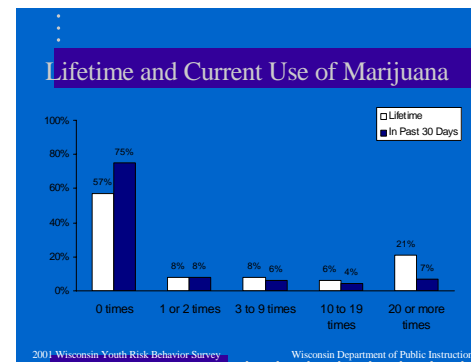
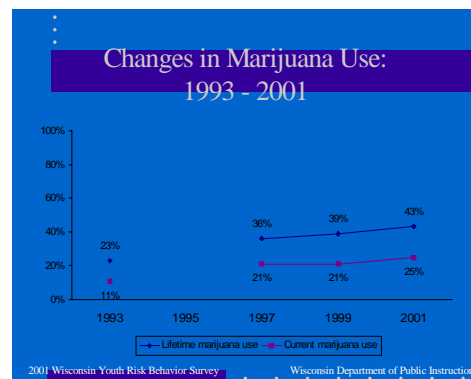
In 2001, Wisconsin sold its multi-billion dollar tobacco settlement for a one-time payment of \$1.3 billion, which created an endowment of \$470 million that could be tapped to fund tobacco control programs. Despite funding cuts, there continues to be a significant need for education and prevention on tobacco-related issues for our youth.

Marijuana Use

Marijuana use has also been rising among adolescents in Wisconsin, and is significantly higher than reported use just six years ago. According to the National Drug Enforcement Center, in its *Wisconsin Drug Threat Assessment*, published in 2001, marijuana remains the most readily available and most widely abused drug throughout Wisconsin.²³ The Wisconsin Department of Public Instruction Executive Summary of the 2001 WYRBS states that the prevalence of students who reported using marijuana in the past 30 days increased significantly from 11 percent in 1993 to 25 percent in 2001.

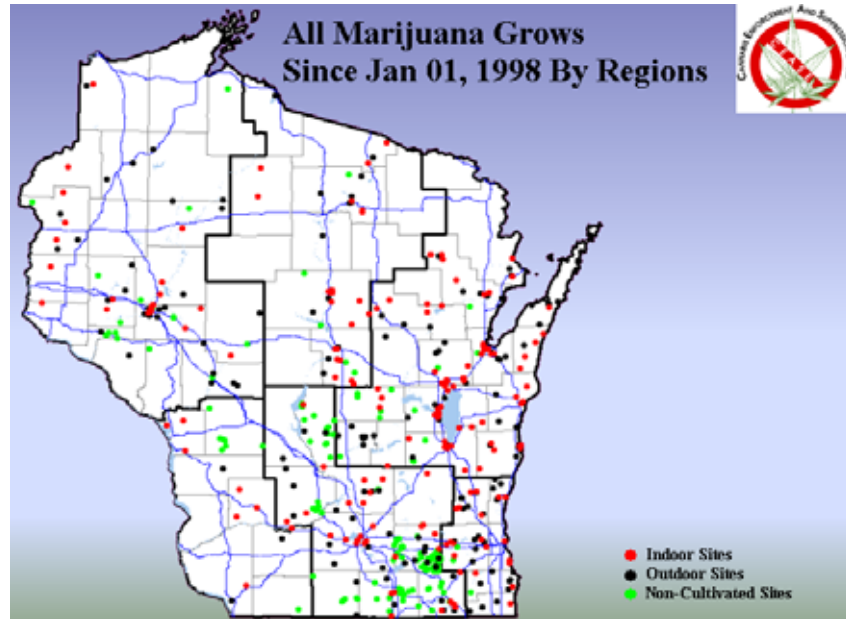
Despite the rise in marijuana use among Wisconsin teens, however, the reported use is significantly below that nationally. Wisconsin youth are reporting less use than their peers nationally, but more use than they reported in 1993. Interestingly, male students were more likely than female students to report that they had been offered, given or sold illegal drugs on school property in the past 12 months (31% vs. 22%).²⁴

According to the May 2001 *Wisconsin Drug Threat Assessment* published by the National Drug Intelligence Center, U.S. Department of Justice, marijuana production is also increasing in Wisconsin and "marijuana is more readily available in Wisconsin today than at any other time."²⁵ According to the US Drug Enforcement Administration, Wisconsin ranked fifth among all states for indoor marijuana-growing activity in 2000.²⁶



Defining Prevention Needs for Wisconsin's Youth

Education and prevention about marijuana use are critical issues for parents as well as for youth. When parents or communities are unsure or unable to address the issue of drug use, normalization of drug use occurs. One form of normalization is the entry and growth of drug use and offering within the school environment. The reported use of marijuana in the school environment has increased significantly, indicating that marijuana use is becoming "normalized" within some schools and communities.



Source: "Wisconsin Drug Trends" presentation by the Wisconsin Department of Justice, Division of Narcotics Enforcement – Powerpoint Presentation – November 2001.

According to the Centers for Substance Abuse Prevention (CSAP):

"As more and more teenagers believe that marijuana is harmless, and do not disapprove of those who use it, there has been a dramatic increase in marijuana use—among 12- to 17-year-olds, use has doubled since 1992. These trends are particularly disturbing because research has shown that marijuana use is associated with a variety of health risks, including lung cancer, short-term memory loss, and amotivational syndrome. Marijuana use also can contribute to risky behaviors and adverse physical and social consequences. These include increased involvement in violence and crime; impaired driving; and unplanned and unprotected sex, which can lead to unplanned pregnancy and acquiring sexually transmitted diseases such as HIV/AIDS. Perhaps most problematic is that marijuana is being used increasingly by large numbers of very young teens. This is extremely disruptive to their psychological, social, and academic well-being. There are important life skills to be learned during adolescence and marijuana can impair the learning of these skills."

Nelba Chavez, Ph.D. Administrator, Substance Abuse and Mental Health Services Administration

Defining Prevention Needs for Wisconsin's Youth

Other Drugs

Wisconsin youth engaged in cocaine use in 1999 to a far higher degree than that just six years earlier, but are significantly less likely to report use of LSD than the national average, according to the 1999 WYRBS.²⁷

In a startling statistic, about one in six students have reported the use of inhalants. Inhalants are chemical vapors that are emitted from common household items. Inhalants are one of the easiest “drugs” for youth to access, consisting of paints, solvents, even “white out” and the aerosol from cans of whipped cream. The youngest of youth can purchase these items, or find them in the household. Inhalant use can lead to seizures, permanent brain or neurological damage, coma, or sudden death.²⁸



Cocaine and Other Drugs

- ✓ *Students in 1999 were significantly more likely to have reported using cocaine ever in their lives than students in 1993 (9% compared to 5%)**
- ✓ *Students in Wisconsin are less likely to report ever using LSD than the national average (11% compared to 17%)**
- ✓ *16% used an inhalant to get high at least once in their life*
- ✓ *About three in ten said that someone offered, sold, or gave them illegal drugs on school property in the past 12 months*

** Differences are statistically significant (with 95% confidence)*

2/4/2002

Source: WYRBS Department of Public Instruction State of Wisconsin
Presentation created by: Matt Sloan and Todd Bailey, 2002²⁹.

Cocaine

The May 2001 *Wisconsin Drug Threat Assessment* published by the National Drug Intelligence Center, U.S. Department of Justice, states that:

Cocaine and crack are problems in urban areas in Wisconsin, most notably Milwaukee, Kenosha, Racine, and the Appleton and Green Bay areas. The purity levels for powdered and crack cocaine have risen to 80 percent in the year 2000 from 60 percent in 1997, while prices have dropped. Crack cocaine is the drug most associated with violent crime in Wisconsin.³⁰

The following state maps, provided by the Wisconsin Department of Justice, in their report *Wisconsin Drug Trends*, show that cocaine use shifts throughout the

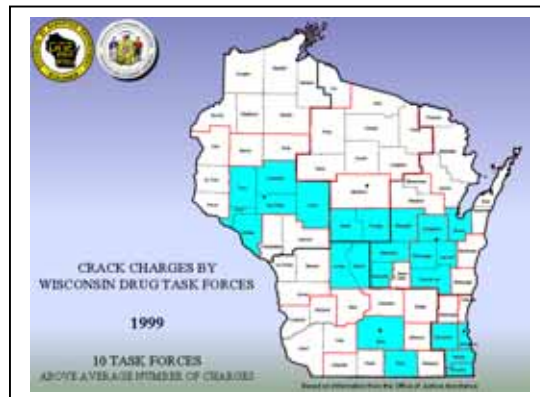
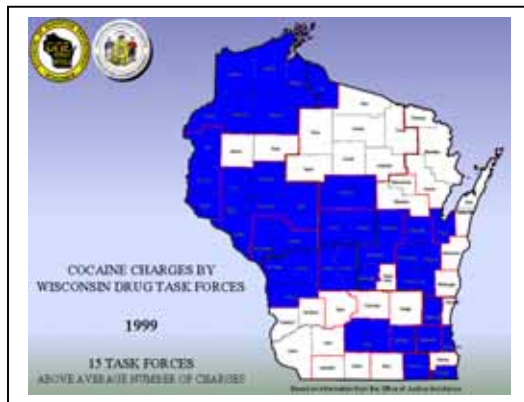
Wisconsin Clearinghouse for Prevention Resources

Defining Prevention Needs for Wisconsin's Youth

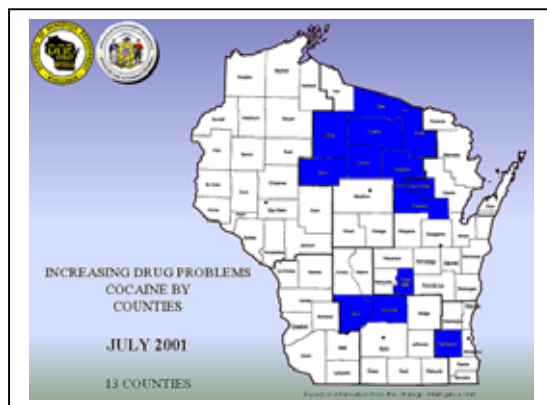
state. The only areas that appear to be immune to it are those in which crack is more often used than regular cocaine, or in which use is average or below. Crack is an especially volatile form of cocaine, and is associated with violence toward others and criminal behaviors. As a drug, it is highly addictive, changing the brain structure and chemistry.



1997: Cocaine and crack charges by Wisconsin drug task forces. Highlighted counties have above-average number of charges.



1999: Cocaine and crack charges by Wisconsin drug task forces. Highlighted counties have above-average number of charges.



July 2001: Increasing drug problems by counties (cocaine, crack). Highlighted counties have above-average number of charges.

Wisconsin Clearinghouse for Prevention Resources

Defining Prevention Needs for Wisconsin's Youth

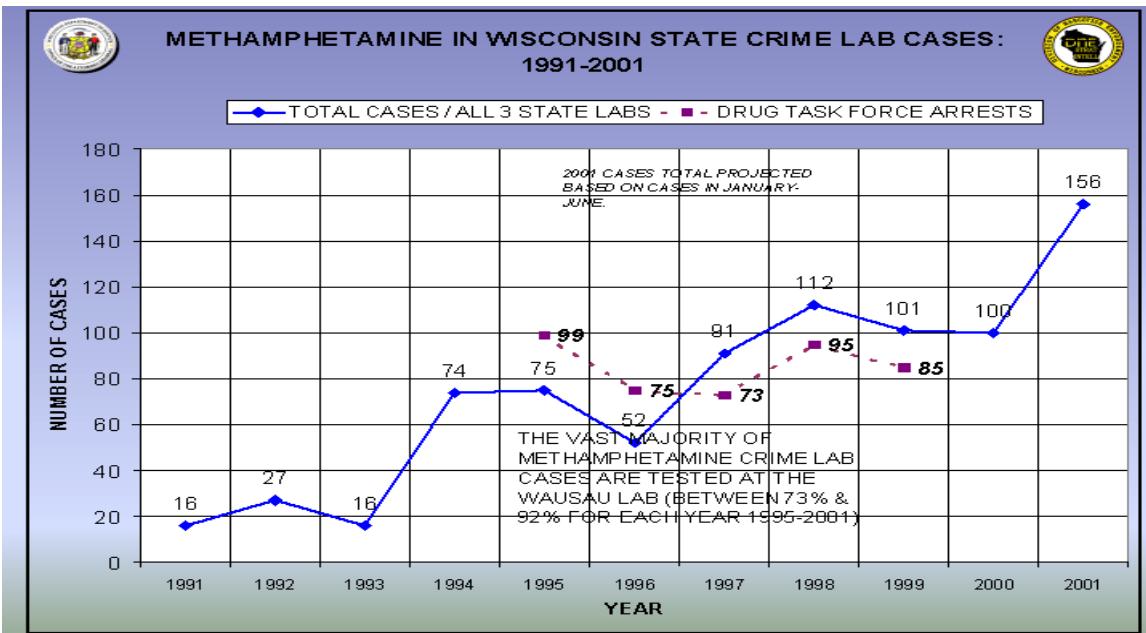
Methamphetamines

Methamphetamine is a powerful, illegally-produced stimulant that attacks the central nervous system. Use of methamphetamine can quickly lead to nervousness, compulsive behavior, irritability, anger, aggressiveness, hallucinations, paranoia and depression with suicidal tendencies, heart attacks and strokes. The mention of methamphetamine use has increased by 47 percent in Wisconsin hospital emergency room reports; from 120 in 1996 to 177 in 1998. Methamphetamine use is especially troublesome since it is a drug sometimes called the "child abuse" drug. Users are particularly prone to violence, delusions and paranoia as the effects of the drug wear off.

According to the May 2001 *Wisconsin Drug Threat Assessment* published by the National Drug Intelligence Center, U.S. Department of Justice:

An increase in methamphetamine abuse in western Wisconsin is linked to significant increases in domestic violence and child abuse and neglect cases. Documented cases of child neglect indicate that users often leave children unattended while they seek the drug. One northern county reported a 100 percent increase in domestic violence cases in a one -year period (1998), a situation which the U.S. Attorney for the Western District and law enforcement officials attribute to a rise in methamphetamine abuse³¹.

Methamphetamine abuse is most common in the western areas of Wisconsin, crossing the borders from Iowa and Minnesota. As law enforcement in those states becomes more focused on drug labs, the "cookers and dealers" are relocating into Wisconsin. Labs are sometimes mobile, and may temporarily set up in state parks and along state trails, where there is limited law enforcement presence and work can be done in trucks or vans. The labs are also set up by students who can download the recipes for the drug from the Internet and easily gather together the ingredients from farm supplies.



Defining Prevention Needs for Wisconsin's Youth

The following maps, provided by the Wisconsin Division of Narcotics Enforcement and the WI Department of Justice, Office of the Attorney General, show these increasing trends even more clearly. Highlighted counties indicate that methamphetamine cases have been submitted to the state crime lab, and the number of counties with increasing drug problems (lower right hand corner).



The dangers of methamphetamine are not limited to the user and their families, however. The by-products of methamphetamine production are explosive and dangerous, and have been found abandoned in containers along roadways throughout the state, creating a hazard for road crews.

More than five million Americans tried methamphetamine in 1997, up 40 percent from 3.8 million in 1994, according to the National Institute on Drug Abuse Household Survey. Meth use among kids is sharply higher in rural areas: 15 percent of rural sophomores have tried stimulants such as methamphetamine - a rate 50 percent higher than their urban peers (9.9 percent) and 30 percent higher than their counterparts in small cities (11.5 percent).

CASA, *"Meth Has Come to Main Street": Small Towns and Rural Communities Move to Center Stage in Drug and Alcohol Abuse and Addiction*, February 23, 1999.

Ecstasy and Club Drugs

Ecstasy and club drugs are synthetic chemicals that alter the perceptions of the user. Even prevention specialists refer to these drugs by their chemical acronyms (MDMA) or street names (E). The actual chemical names are most often far too long and unwieldy for all but a chemist.

Ecstasy (MDMA) use has been increasing among Wisconsin teens at an alarming rate, as shown by the maps on the following page. Often used at raves (all night dance parties), ecstasy, or "E", is also known as the "love drug" for the feelings of well being it imparts to users. Ecstasy suppresses the urge to eat, sleep, and drink fluids, all of which can lead to severe dehydration and has resulted in death. According to the May 2001 *"Wisconsin Drug Threat Assessment"* published by the National Drug Intelligence Center, U.S. Department of Justice, three deaths occurred in Wisconsin from ecstasy in the six months preceding March 2001.

Ecstasy is not the only youth "club drug." Others include ketamine ("Special K"), GHB ("Easy Lay"), GBL, and LSD ("acid"). This group of drugs is generally used by youth in group, rave, or "club" settings and are not known to cause violence in users. However, GHB is known as a "rape" drug because it can be slipped into an unsuspecting individual's drink, rendering the victim incapable of resisting sexual advances.

All club drugs pose risks for youth. Club drugs affect the serotonin and chemical pathways of the brain. As the drugs wear off, the natural chemical stores within the brain are depleted which leads to or exacerbates depression. Of greatest concern, recent brain research shows that the teen years comprise the second most explosive rate of brain growth and development, and are a time when the brain is also very physically and bio-chemically vulnerable.³²



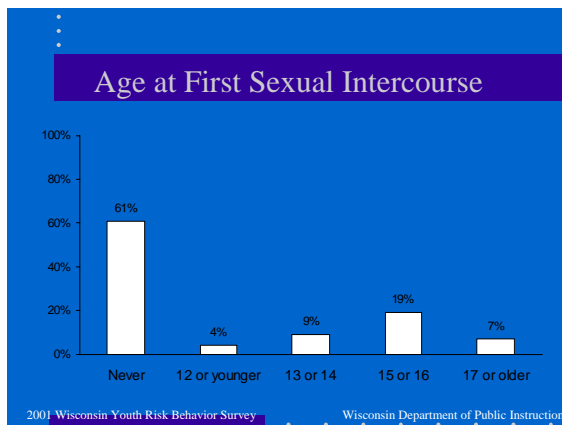
The above maps, provided by the Wisconsin Division of Narcotics Enforcement and the WI Department of Justice, Office of the Attorney General, show increasing drug problems with MDMA/Ecstasy by counties (January 2001, left, and July 2002, right).

Pregnancy Prevention – Sexual Activity

The 2001 Wisconsin Youth Behavior Survey shows a significant decrease in students reporting sexual intercourse when compared to that of their peers in 1993. These numbers represent the combined percentages of all students surveyed. The figures provided here are taken from a presentation on the results of the survey.³³

When looking at the percentages of youth who report having engaged in sexual intercourse at least once over their lifetime, more than twice as many twelfth graders report they have had intercourse than ninth graders. Nearly one-third of ninth graders surveyed report that they have engaged in sexual intercourse.

The National Campaign to Prevent Teen Pregnancy reports that pregnancy rates among adolescent girls in Wisconsin are below those nationally for every age group.³⁴



Between 1995 and 1997, national pregnancy rates dropped 11 percent for girls aged 14 or younger. However, pregnancy rates dropped only 7 percent in Wisconsin during those years for girls of the same age group. Overall, teen birthrates have dropped for girls ages 15 to 19 years of age by 20 percent from 1991 to 1999 nationally, and by 18 percent in Wisconsin.³⁶

The only ethnic group in Wisconsin for whom birthrates have risen is Hispanic/Latina teens, ages 15 to 19. Rates have risen 19 percent from 1991 to 1999 in Wisconsin in comparison to a decrease of 12 percent nationally during the same time for the same group.³⁷

Sexual Behavior

- The percentage of students having ever had sexual intercourse decreased from 47% in 1993 to 39% in 2001.
- 76% of those students who have had sex reported using a reliable form of birth control.
- 23% of students reported having sex before the age of 16, a significant decrease from 33% in 1993.

2001 Wisconsin Youth Risk Behavior Survey Wisconsin Department of Public Instruction

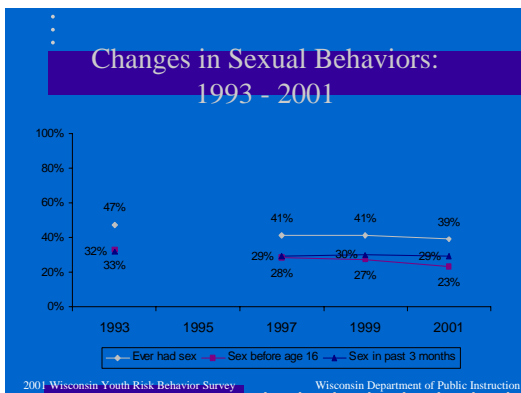
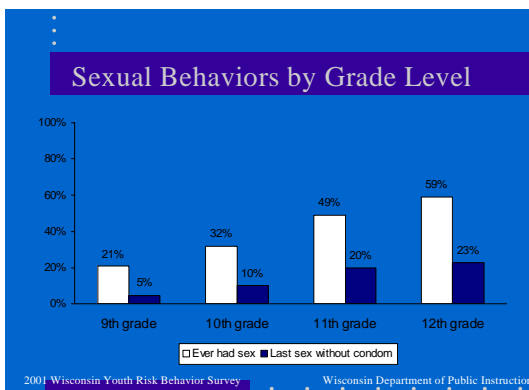
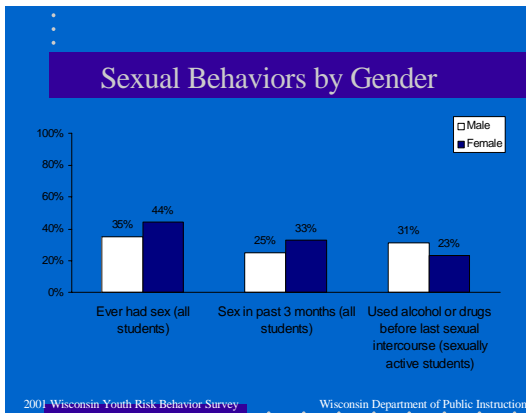
Sexual Behavior (cont.)

- Having sexual intercourse increases with grade level.
- Female students are significantly more likely than male students to have had sex.
- Black students are significantly more likely than white students to have ever had sex, to have had sex in the past 3 months, and to have had multiple partners in their lifetime.
- Learning about HIV/AIDS in school has significantly increased from 1993.

2001 Wisconsin Youth Risk Behavior Survey Wisconsin Department of Public Instruction

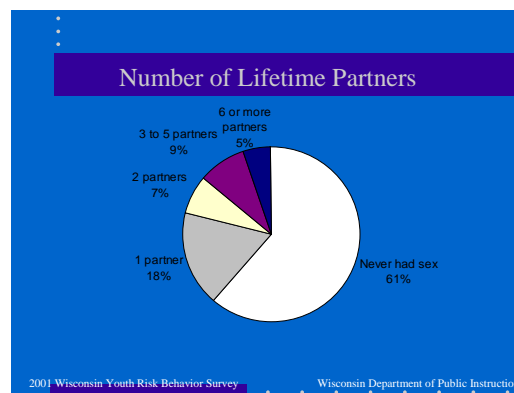
In 1996, Wisconsin ranked the 10th lowest in teen pregnancy rates for girls ages 15 to 17 years. Three years later, Wisconsin ranked 8th lowest in teen pregnancy rates for girls of the same ages. It is interesting to note that while pregnancy rates dropped 13 percent nationally for girls ages 15 through 19 between 1992 and 1996, pregnancy rates dropped 16 percent in Wisconsin for the same age group during that time.³⁵

Defining Prevention Needs for Wisconsin's Youth



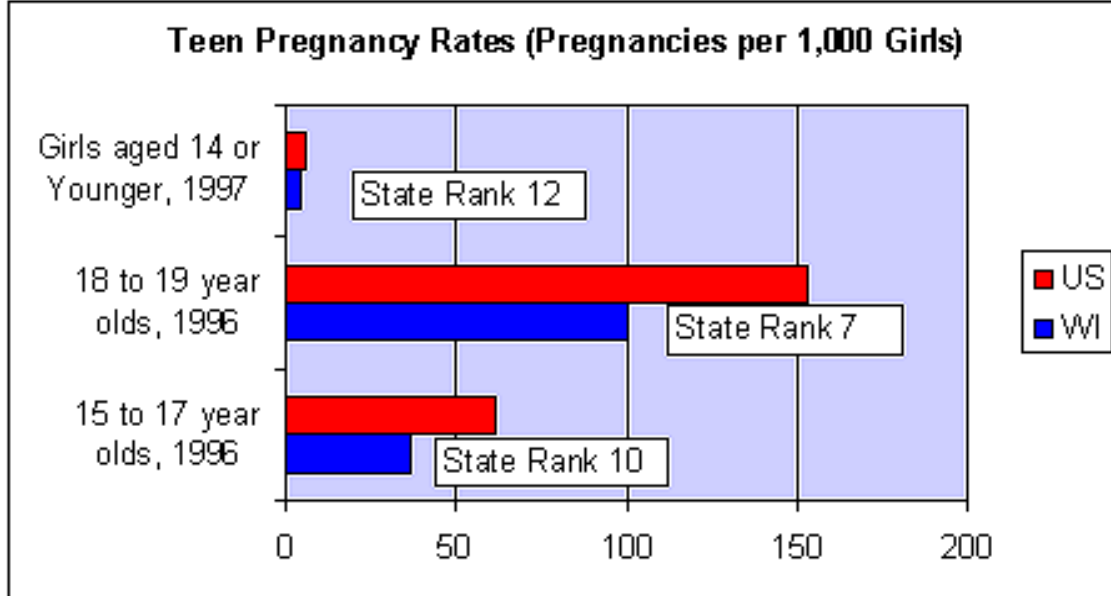
According to the Teen Pregnancy and Childbearing in Wisconsin Fact Sheet of the National Campaign to Prevent Teen Pregnancy, the percentage of students in Wisconsin's public high schools, grades 9-12, (1999) report that:

- 4 percent of girls and 5 percent of boys had sex for the first time when they were age 12 or younger.
- 10 percent of girls and 11 percent of boys have already had at least four sexual partners.
- 20 percent of girls and 28 percent of boys used alcohol or drugs before their last sexual experience.
- 46 percent of girls and 70 percent of boys used a condom the last time they had sex.
- 27 percent of girls used birth control pills before the last time they had sex.



According to the 2001 Wisconsin Youth Risk Behavior Survey, 11 percent of students who engaged in sexual intercourse used no method of birth control.³⁸ The previous WYRBS (1999) indicated that 54 percent of Wisconsin students, compared to 63 percent nationally, have ever talked with their parents or other adult family members about AIDS or HIV infection.³⁹ The percentage of Wisconsin youth having ever talked with their parents or other adult family members about AIDS or HIV infection dropped significantly, to 49 percent of youth in 2001.⁴⁰

Defining Prevention Needs for Wisconsin's Youth



Source: The National Campaign to Prevent Teen Pregnancy. *Fact Sheet. Teen Pregnancy and Childbearing in Wisconsin* (February 2002).

New Survey Finds More Than Five Million 15- to 24-Year-Olds Have Unprotected Sex Because of Substance Use⁴¹

Almost one quarter (23 percent) of sexually active teens and young adults – about 5.6 million 15- to 24-year-olds nationally – report having unprotected sex because they were drinking or using drugs at the time. Twenty-nine percent say that because of alcohol and drug use, they did “more sexually than they had planned,” according to a new national survey conducted by the Kaiser Family Foundation and released at a conference, *Dangerous Liaisons: Substance Abuse and Sexual Behavior*, sponsored by The National Center on Addiction and Substance Abuse (CASA) at Columbia University, and co-sponsored by the Foundation and the National Institute of Drug Abuse (NIDA).

“For teens, drinking and sex is at least as dangerous as drinking and driving,” said Joseph A. Califano Jr., president of CASA and former U.S. Secretary of Health, Education and Welfare. “The message of this study is loud and clear: to be effective, sex education -- in all its forms -- must discuss the connection between sexual activity and alcohol and drug abuse, and those who promote abstinence must help teens see that connection.”

Of the 15- to 24-year-olds surveyed: 50 percent say “people their age” mix alcohol or drugs and sex “a lot.” · 73 percent believe that their peers often don't use condoms when alcohol and drugs are in the picture. · 37 percent want more information about “how alcohol or drugs might affect decisions about having sex.”

“Many teens, as well as young adults, are mixing sex with alcohol and drugs, and putting themselves at risk,” said Drew E. Altman, Ph.D., president of the Kaiser Family Foundation. “These are sensitive issues that many young people don't like to talk about, so these data likely underestimate the full extent of the problem.”

Defining Prevention Needs for Wisconsin's Youth



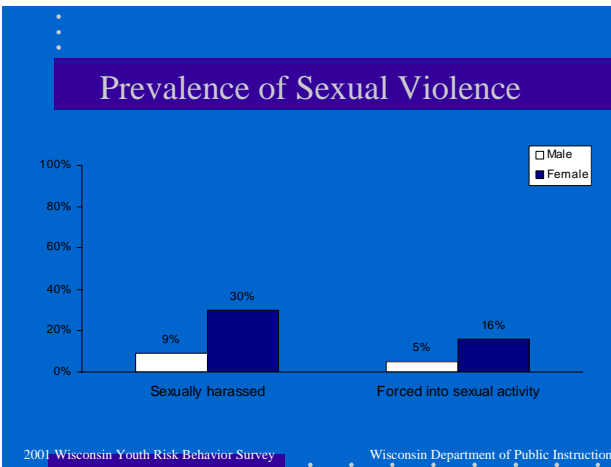
CDC's Quick Facts on Sexual Activity and Substance Use Among Youth

According to the Centers for Disease Control and Prevention (CDC): About half of all 9-12th grade students have had sexual intercourse. The percentage increases by grade with 60 percent of 12th graders having had sexual intercourse, compared with 35 percent of 9th graders.

Source: Centers for Disease Control and Prevention. *Trends in Sexual Risk Behaviors Among High School Students – United States 1991-2001*. Morbidity and Mortality (MMWR) 2002; 51 (38): 856-859. Available online at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5138a2.htm>

Victimization of Youth

The school environment is a large part of the adolescent's life, yet there have been a series of violent actions in our nation's schools in recent years leading to student deaths and mass murder. The WYRBS also looks at youth violence and sexual victimization. Both females and males report being sexually harassed and forced to have sex.⁴²

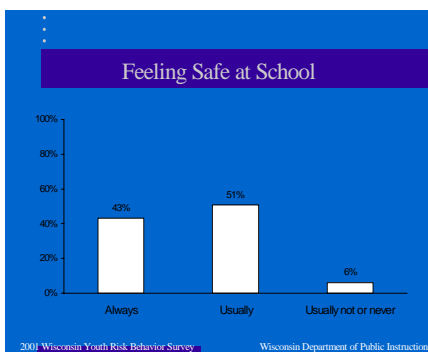


According to Katherine Kocs, author of *Sticks and Stones: Changing the Dynamics of Bullying and Youth Violence*, individuals engaging in bullying behaviors are one of the greatest costs to society in terms of services provided, and loss of tax revenues, as well as loss of human potential.⁴³

Students who feel safe in school on a daily basis tend to earn grades that are fully one grade level above those students who don't feel safe on a daily basis. For high school students, the difference between those A's and B's, or B's and C's can mean a difference in colleges, other educational or occupational opportunities, and even lifetime earnings.⁴⁴

% of Average Grades Earned	% of Average Grades Earned	
	Non-Victims	Multi-Victims
A's	33.1%	22.8%
B's	38.5%	34.3%
C's	19.8%	29.9%
D's	6.5%	9.9%
F's	2.1%	3.5%

Source: *Co-Relation of Grades and Victimization* Furlong, M.J., Morrison, R. L., & Boles, S.; *California School Climate and Safety Survey*. Paper presented at the annual meeting of the California Association of School Psychologists. Los Angeles, CA. (1991).



An improvement in student's feeling of safety can translate into higher educational scores, helping schools meet or improve academic standards and improved mental health for students.

Defining Prevention Needs for Wisconsin's Youth

The WYRBS shows a strong correlation between youth aggressive behaviors and other risky behaviors among Wisconsin students. In fact, aggressive behavior is the strongest predictor of other risky behaviors among Wisconsin youth.

	Alcohol					
Drugs	XXX	Drugs				
Sexual Activity	XX	XXX	Sexual Activity			
Suicide	X	XX			Suicide	
Tobacco	XXX	XXX	XX	X	Tobacco	
Vehicle Safety	XXX	XXX	XX			Vehicle Safety
Violent Behavior	X	XXX	XX	XX	XX	XX

•(X) signifies correlations from 0.15 to 0.24

•(XX) signifies correlations from 0.25 to 0.34

•(XXX) signifies correlations of 0.35 or greater

2001 Wisconsin Youth Risk Behavior Survey Wisconsin Department of Public Instruction

(Source for all slides: *Results of the 2001 Wisconsin Youth Risk Behavior Survey*, WI DPI PowerPoint presentation).

“Continuing longitudinal research maintains that children identified by peers as participating in bullying behavior at age 8, commit more serious crimes and more aggressive crimes as adults. There are more anti-social traits requiring services throughout their life time: higher rates of criminal activity, rates of driving offenses, drunk driving, child abuse, unemployment, alcoholism, and mental health problems. And they are associated with significantly higher rates of spousal abuse.

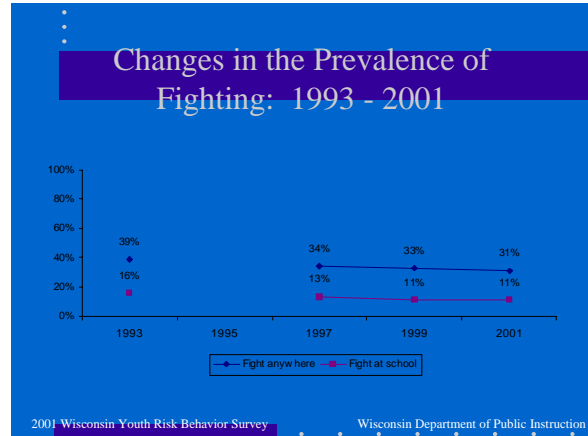
Throughout their lifetime, perpetrators utilize more welfare while paying fewer taxes, spending more time in jail, suffering more accidents and illnesses, and living shorter, less productive lives.

By the end of elementary school nearly half of male aggressors are no longer at their age-appropriate grade level. By age 19 their IQ’s have fallen, even though most aggressors began their school careers with IQ’s comparable to their classmates.”

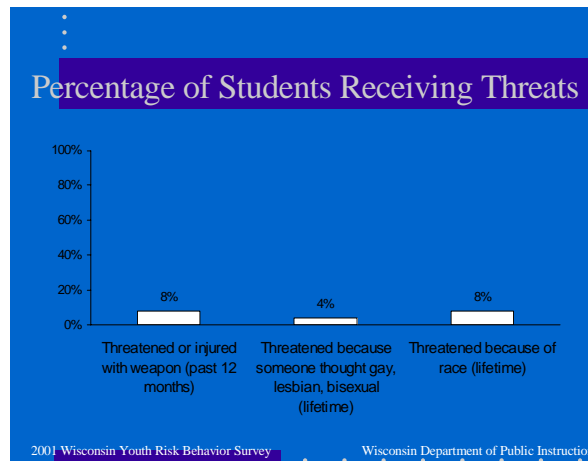
Source: K. Kocs, Sticks and Stones: Changing the Dynamics of Bullying and Youth Violence

Defining Prevention Needs for Wisconsin's Youth

According to the WYRBS, just over 36 percent of Wisconsin male high school and middle school students were engaged in a physical fight in 2001 and 26 percent of female high school and middle school students in Wisconsin were also engaged in physical fighting sometime during the year. These percentages represent a six percent decrease in fights among males since 1999, and a one percent increase in fighting among females.⁴⁵



The majority of physical fights occurred off school property, which is illustrative of juvenile crime: the majority of crimes against youth and crimes committed by youth happen after school hours. And despite media attention, according to R.A. Mendel, author of *More Help: reducing Juvenile Crime, What Works – And What Doesn't*, “the number of people killed in school violence episodes nationally has dropped by more than 50 percent over the past six years. In a nation with about 50 million school children, only 26 people died in school violence during the 1998-99 school year – less than one-third the number of Americans (88) who were killed by lightning in 1996.”⁴⁶



Weapons and Violence

- Reports of carrying a weapon anywhere decreased from 19% in 1993 to 13% in 2001, while reports of carrying a gun anywhere decreased from 9% in 1993 to 5% in 2001.
- The percentage of students who reported being involved in a fight anywhere decreased from 39% in 1993 to 31% in 2001, and at school, from 16% to 11%.
- Male students had a significantly higher prevalence rate than female students on nearly every measure of violence and weapon use.

Weapons and Violence (cont.)

- More female students reported ever having been sexually harassed at school compared to male students.
- Black students were significantly more likely than white students to report being involved in a physical fight both anywhere and at school.
- Black students were also more likely than white students to report being threatened or hurt with a weapon at school.

Defining Prevention Needs for Wisconsin's Youth

New research shows that childhood abuse and neglect result in permanent brain changes that are significant enough to cause psychological and emotional problems in adulthood.⁴⁷ Researchers report abnormal development of the left hemisphere of the brain, associated with depression and memory problems. Adults who had been abused or neglected as children failed to integrate the functions of the left and right hemispheres as well as their peers, and were more likely to experience seizures with changes in the limbic system of the brain (which controls emotions). Researchers also found that nearly twice as many of those formerly abused had brain abnormalities in EEG readings (electroencephalograms) that were related to self-destruction and aggression.⁴⁸



Defining Prevention Needs for Wisconsin's Youth

Suicide

Suicide was the second most common cause of death among 15-to 24-year-olds in Wisconsin in 1997, in contrast to the third most common cause of death among that age group nationally.⁴⁹ Of the one hundred deaths attributable to suicide, forty-four of those were among youth ages 15 to 19.⁵⁰ Consequently, suicide is major health concern for health officials, prevention specialists, and all involved with youth.

As discussed above, victimization affects mental health as much as many other factors. Youth who are victimized are at a much greater risk of depression, suicide and acting out violently against others. Youth who are involved in substance abuse have a greater risk of suicide.⁵¹

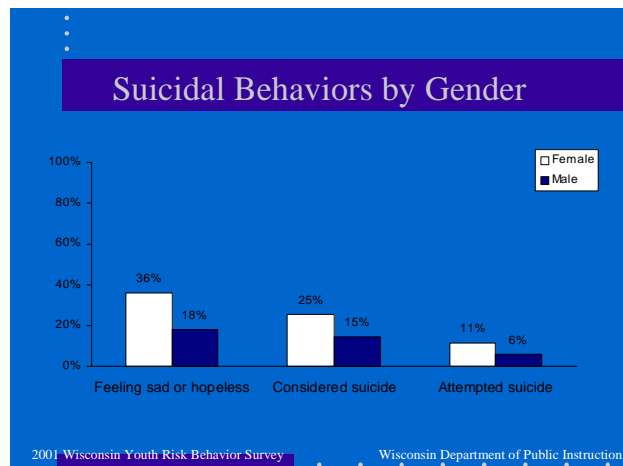
Suicide

- The percentage of students reporting having seriously considered suicide has dropped significantly since 1993 from 27% in 1993 to 20% in 2001.
- Female students are significantly more likely than male students to report feeling sad or hopeless, and to consider and attempt suicide.

2001 Wisconsin Youth Risk Behavior Survey Wisconsin Department of Public Instruction

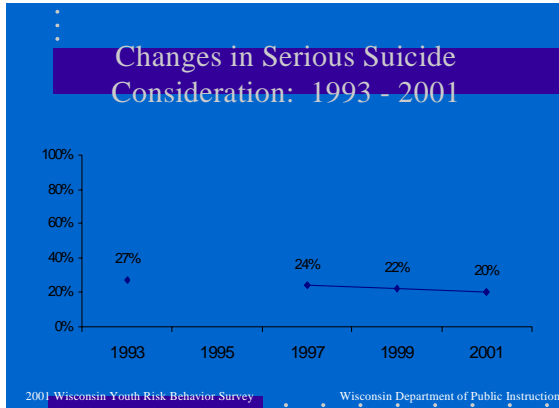


Historically, females are more likely than males to have depression and consider suicide; this held true for Wisconsin students as well.



Research shows that substance abuse and suicide share risk and protective factors. Those same factors that place youth at risk for substance abuse – lack of positive adult involvement in their life, for instance – also place youth at risk for suicide.⁵² In addition, the use of drugs alters the structure of the brain, lowering the availability of serotonin – a critical chemical for stability of emotional range.

Defining Prevention Needs for Wisconsin's Youth



Suicide

	2001 WI	1999 US
Seriously consider suicide	20%	19%
Attempted suicide	9%	8%

2001 Wisconsin Youth Risk Behavior Survey Wisconsin Department of Public Instruction

More than 25 percent of Wisconsin students reported being depressed during the past year. While 27 percent of Wisconsin students reported seriously contemplating suicide in the past year in the 1993 WYRBS, that percentage dropped significantly to 22 percent in the 1999 WYRBS, and to 20 percent in the 2001 WYRBS.

Conclusion

The results of the surveys and studies summarized in this report leave no doubt that our youth are threatened by drugs, violence and suicide, and that there is a drastic need for prevention at all levels – at home, at school and at play. We have the tools and the knowledge to help. It is vital that we implement any and all possible methods to reduce the devastation caused during the formative years. We can turn these numbers around.

Defining Prevention Needs for Wisconsin's Youth

Endnotes

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² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Wisconsin Department of Public Instruction: *2001 Wisconsin Youth Risk Behavior Survey*. By University of Wisconsin-Madison Comprehensive Cancer Center. Bulletin No. 02141. Madison WI 2002. Available online at: <http://www.dpi.state.wi.us/dpi/dlsea/sspwpdf/yrbs01.pdf>.

⁶ Merrill, J.C., Fox, K.S., Lewis, S.R., and Pulver, G.E. *Cigarettes, Alcohol, Marijuana: Gateways to Illicit Drug Use*. New York, 1994.

⁷ "What's Happening: Tobacco, Alcohol and Marijuana: 'Gateways' to Cocaine," in *Adolescence Magazine* 8(2) (1995): 16.

⁸ Merrill, J.C., Fox, K.S., Lewis, S.R., and Pulver, G.E. *Cigarettes, Alcohol, Marijuana: Gateways to Illicit Drug Use*. New York, 1994.

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¹¹ Center on Addiction and Substance Abuse (CASA) at Columbia University, *Teen Tiplers: American's Underage Drinking Epidemic*. New York, 2002.

¹² Wisconsin Department of Public Instruction, *2001 Wisconsin Youth Risk Behavior Survey: Executive Summary*. Madison, 2002. Available online: <http://www.dpi.state.wi.us/dpi/dlsea/sspwpdf/yrbs01ex.pdf>.

¹³ Centers for Disease Control and Prevention. *CDC Surveillance Summaries*, Nov. 2., 2001. MMWR 2001: 50 (No. SS-4).

¹⁴ Centers for Disease Control and Prevention, *Tobacco Control State Highlights 2002*, Information and Prevention Resources. Available online at: http://www.cdc.gov/tobacco/statehi/html_2002/state_highlights2002.htm.

¹⁵ Ibid.

¹⁶ WI-DPI. *2001 WYRBS*. By University of Wisconsin-Madison Comprehensive Cancer Center. Bulletin No. 02141. Madison WI 2002. Available online at: <http://www.dpi.state.wi.us/dpi/dlsea/sspwpdf/yrbs01.pdf>.

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Defining Prevention Needs for Wisconsin's Youth

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