



**COAT**

COMMUNITY OVERDOSE  
ACTION TEAM



# COMMUNITY-WIDE SUBSTANCE USE ASSESSMENT

| 2024-2025



**Public Health**

Prevent. Promote. Protect.

**Outagamie County**



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**Outagamie County Public Health  
2024-2025 Community-Wide Substance Use Assessment**

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# Introduction

Substance use affects many people in Outagamie County — individuals, families, and entire communities. To better understand the challenges and needs in our area, Outagamie County Public Health (OCPH) launched a community-wide assessment. The goal was to learn directly from those with lived experience, service providers, first responders, and concerned residents. We wanted to know: What are people seeing? What support is missing? What changes could make a difference? By centering real voices and lived experiences, this assessment helps guide the next steps in our local efforts to prevent overdoses, support recovery, and reduce harm. Additionally, the results help direct Outagamie County's Opioid Settlement funding, including new initiatives and resources needed across the county.

“

**If I am treated like a human,  
that would make all the difference.**

”



# Community Overdose Action Team

## Who We Are

### Mission

*To save lives and prevent overdose deaths by uniting community partners through coordinated education, support, and targeted intervention strategies.*

### Vision

*A community where every life is valued, and the risk of overdose is eliminated through comprehensive prevention, compassionate support, and unwavering collaboration.*



Healthcare



Recovery Services



Harm Reduction



Law Enforcement



Public Health



Housing



Lived Experience Communities



# Gathering Input

November 2024



## Survey

On November 18, 2024, the Community-Wide Substance Use Assessment survey opened to the public.

December 31, 2024  
Survey is closed

January 2025



## Focus Groups & Partner Conversations

Focus groups with people who use substances and those in recovery, and partner conversations began in January 2025. We asked about access to support, local concerns, comfort discussing substance use, and the impacts of stigma.

March 19, 2025  
Focus Group  
for People in  
Short-term  
Recovery

March 12, 2025  
Focus Group  
for People in  
Short-term  
Recovery

February 4, 2025  
Focus Group for  
People who use  
drugs

January 28, 2025  
Focus Group for  
People in Long-term  
Recovery

April  
2025



## Review

COAT reviewed the **more than 600** individual responses and began prioritizing new initiatives.

# Substance Use Survey



**448**  
**Responses**



**78.1%**

of respondents said they know someone who uses substances.



**85.9%**

of respondents said there is not enough education on substance use in Outagamie County.



**42.6%**

of respondents said they are trained in and comfortable using naloxone.

**Key findings from the survey include:**

- High perception of local substance use
- Strong interest in harm reduction training and tools
- Clear consensus: current education and access are lacking
- Many know someone who uses substances
- Gaps remain in awareness, access, and comfort in seeking support

**33.5%**

of respondents said they are not trained in using naloxone but want training.

# Substance Use Survey

## Most Common Barrier

Stigma and Judgment: Includes shame, fear of community or professional judgment

*Even when I am clean, I am treated like an addict.*

*I am still waiting for help and losing faith in the system fast.*

## Other Barriers

- Cost & Insurance: Affording treatment and taking time off are major challenges
- Accessibility: Long waitlists, confusing systems, not knowing where to start

## Cultural/Identity Fit:

People want LGBTQ+ affirming, trauma-informed, culturally aligned services.

## Support-Seeking Behavior by Gender & LGBTQ+ Identity:

Males who identify as LGBTQ+ were among the least likely to report feeling comfortable reaching out for support if facing substance use challenges.

This may reflect compounded stigma, fear of discrimination, or lack of culturally affirming resources.

## Overdose Awareness Decreases with Age:

The survey responses suggest a downward trend in familiarity with the signs and symptoms of overdose as age increases.

Younger age groups (18–44) reported higher awareness, while those 65 and older demonstrated the lowest familiarity.



# Substance Use Survey

## What should be done to prevent overdose deaths?

### Top Suggestions

“

*When pressured to change, people will isolate. Plus, there aren't enough resources to help - it's like putting a Band-Aid on a gunshot wound and then shoving them out the door.*

”

1

Expand harm reduction tools (Naloxone, Fentanyl Test Strips, Overdose Aid Kit [OAK] boxes).

2

Educate youth and families early.

3

Launch anti-stigma campaigns.

4

Improve access to treatment and mental health services.

5

Build peer support and mentorship systems.

6

Train providers in trauma-informed and compassionate care.

7

Partner with schools, workplaces, faith leaders, and trusted messengers.



# Community Partner Conversations

## Frequent Topics Discussed

- **Education and Stigma Reduction** were consistently named as foundational to prevention.
- **Peer Support and Recovery-Oriented Services** are seen as critical for long-term recovery and engagement.
- **Systemic Barriers**, including housing, transportation, and funding, are major obstacles.
- **Justice-Involved Individuals** need targeted reentry and overdose prevention support.
- **Substance Use as a Health Issue** and the emphasis to shift away from moral blame.

“

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*Users are not criminals and are already struggling. We need to abolish the stigma of 'users are bad people.' Police are not doctors, and prisons/jails are not rehab facilities - they only make the problem worse!*

”

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## Suggested Partner-Led Initiatives:

- County-wide anti-stigma campaigns featuring recovery stories.
- Peer support networks embedded in emergency rooms, jails, and clinics.
- Jail-based Medication for Opioid Use Disorder (MOUD) and warm handoffs to peer supports and housing.
- Development of a centralized resource guide.
- Expansion of transitional and sober housing options.
- Community-led, substance-free events that promote connection and wellness.



# Community Partner Priorities

## Education & Prevention

- Deliver culturally relevant, trauma-informed prevention messages
- Use peer voices & normalize help-seeking
- Provide youth-targeted messaging
- Host substance-free events

## Justice-Involved Support

- Screen for trauma and substance use at booking into jail
- Establish jail-based treatment pods
- Improve reentry care coordination
- Address post-release housing and employment needs

## Treatment & Recovery Access

- Expand detox, respite, MOUD, and sober housing
- Fund peer navigation and recovery coach roles
- Reduce entry barriers

## Stigma Reduction & Cultural Shifts

- Educate the public on the chronic nature of substance use
- Train professionals on language and trauma-informed engagement
- Launch community-wide anti-stigma campaigns



## Educational Topics Considered Critical:

- Fentanyl awareness and overdose reversal education
- The role of trauma and Adverse Childhood Experiences (ACEs) in substance use
- Navigating support services and treatment options
- Alcohol's overlooked health impact
- The wide demographic reach of substance use (not limited to any one group)
- The economic burden of substance use on health and justice systems

# Focus Groups

## Key Themes

### Stigma is Still a Barrier:

Experiences of judgment from the public, healthcare providers, & within recovery circles.

“

*Stigma is overwhelming. Asking for help feels like admitting failure, and people fear being seen as weak.*

”

### Housing is a Major Missing Link:

Transitional and sober housing, especially for women and formerly incarcerated individuals, is lacking.

“

*We really are just ordinary people. Something just happened along the way.*

”

### Detox and MAT are Inaccessible:

Medication-Assisted Treatment (MAT) like Suboxone and Methadone is difficult to access, especially after incarceration. Detox support post-crisis is fragmented or unavailable.

“

*Knowing I wouldn't be judged, just helped, would make all the difference.*

”

### One-Size Programs Don't Fit All:

Mandated 12-step approaches were helpful for some but harmful or ineffective for others. Participants requested multiple trauma-responsive recovery models.



# Focus Groups

“

*Stop trying to fix us. It's a sickness, not a character defect.*

”

## Suggested Initiatives

- **Jail-Based Recovery Pod with MOUD:** Develop a dedicated program within the jail that offers trauma-informed care, MOUD access, and coordinated reentry planning.
- **Peer Recovery Mentor Program:** Employ individuals with lived experience to serve as mentors in emergency rooms, jails, shelters, and outreach programs.
- **Transitional Sober Housing for Women:** Prioritize gender-specific housing with trauma-informed wraparound supports, including parenting and grief counseling.
- **Short-Term Detox & Respite Facility:** Launch a low-barrier detox and recovery bridge option to engage people post-overdose or hospital discharge.
- **Stigma Reduction Training for Healthcare Providers:** Require training in addiction science, compassionate communication, and cultural humility.
- **Diversify Recovery Pathways:** Promote alternatives to 12-step programs.
- **Expand Trauma-Focused Services:** Integrate grief, Post Traumatic Stress Disorder, and ACEs programming at all levels of care through partnerships with trauma-informed organizations.



# Completed Assessment

## Summary of Most Frequently Identified Needs

- Increase access to naloxone and public harm reduction tools.
- Expand MOUD services (especially in jails, emergency departments, and rural areas).
- Improve transitions between crisis, treatment, and recovery.
- Expand sober/transitional housing - especially for women and people reentering from jail.
- Embed peer recovery mentors in jails, emergency rooms, clinics, and outreach programs.
- Enhance same-day access to services and simplify pathways to care.
- Integrate trauma-informed practices across all sectors.
- Address stigma through public education and professional training.

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“

*Addiction is not a choice, but recovery is.*

”

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# Call to Action

## Turning Insight Into Impact

“—  
I need help, but I am scared of what will happen if I ask for it.  
—”

This assessment offers more than data - it offers insight, connection, and a shared understanding of what our community is facing. Through hundreds of voices and experiences, we've gained a clearer picture of the strengths we can build on and the gaps we can no longer ignore.

Now, we have an opportunity to move forward - together.

### What You Can Do

Even small actions can create meaningful change. As a community member, you can:

- Learn the signs of overdose and how to use naloxone - you could save a life.
- Practice compassion toward people impacted by substance use, knowing recovery is not one-size-fits-all.
- Talk openly with friends, family, or coworkers about substance use and mental health - it helps reduce stigma and encourages others to seek support.

### Moving Forward

The work ahead will take collaboration, care, and community spirit. Whether you're a provider, a neighbor, or someone impacted personally, your voice and presence matter.

**Together, we can build a community where hope, healing, and recovery are possible - for everyone.**





## Contact Information

*If you have any questions about the data or information included in this report or for general inquiries, please call or email us.*

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