SANTA CLARA COUNTY

Substance Use Assessment 2017

Behavioral Health Services Prevention Department

SANTA CLARA COUNTY
Behavioral Health Services

ASR

Substance Use Treatment and Prevention Services
Children, Family and Community Services Division

SANTA CLARA COUNTY
Behavioral Health Services

November 13, 2017

Dear Colleagues and Residents of Santa Clara County:

We are proud to present the Santa Clara County Substance Use Assessment Report for 2017. This report will provide baseline data on rates of alcohol and other drug use, attitudes, risks, and perceptions of harm among county-wide youth, adults and older adults.

Our county, as well as the rest of the country, is facing an ongoing need to keep our community aware of and safe from the harms of alcohol and other drugs. Specifically, in November 2016, adult use of marijuana became legal in California, and on January 1, 2018, retail sales of commercial marijuana will begin. Furthermore, on October 26, 2017, the opioid crisis was declared a national public health emergency. In order to increase the public's awareness of the crisis we are facing, useful data needed to be collected and reviewed to ensure we have a clear understanding of alcohol and other drug use, risks, attitudes and perceptions within our county.

To collect the information presented within this report, data were gathered through an online survey of 1,015 Santa Clara County residents eighteen years old and older, key informant interviews, and focus groups of adults, community providers, and youth. Youth data were also gathered from Project Cornerstone's most current survey which included over 32,000 county middle and high school students. A few key findings are listed below:

- Approximately 82% of County adults have consumed alcohol in their lifetime
- Roughly 2% of middle school students and 9% of high school students used marijuana in the past 30 days
- Among adults, 22% reported using prescription drugs in an unsanctioned way
- A large number of community members (88%) believe it is important to have prevention services for youth.

Based on the findings included in this report, we strongly believe this assessment will help frame discussions and actions among our partners and county residents as we seek to make Santa Clara County a healthier place to live and work.

Sue Nelson, EdD
Division Director, Children, Family and Community Services
Sue.Nelson@hhs.sccgov.org

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SANTA CLARA COUNTY

2017 Substance Use Assessment

Executive Summary

Behavioral Health Services Prevention Department

The Santa Clara County Behavioral Health Services Prevention Department undertook a study in spring 2017 to understand the current state of substance use countywide. The following results are some key takeaways from the study. The data below are compiled from a Community-Wide Survey with a sample of 1,015 residents age 18 and older, plus 18 key informant interviews and focus groups with youth under 18, providers, and community members.

Alcohol

Lifetime Use *(Have ever consumed)*

82%

Recent Use *(In the past 30 days)*

55%

Ease of Access[1] *(Easily able to obtain)*

90%

Perception of Harm of Binge Drinking* *(Do not believe it is at all harmful)*

5%

**Binge drinking is defined as consuming 4 or more drinks at one time.*

Marijuana

Lifetime Use *(Have ever used)*

43%

Recent Use *(In the past 30 days)*

14%

Ease of Access[1] *(Easily able to obtain)*

67%

Perception of Harm *(Do not believe use is harmful)*

21%

Where Accessed *(Location obtained in past 30 days)*

64% Dispensary

Prescribed Rx Drugs Used in an Unsanctioned Way

Lifetime Use *(Have ever used)*

22%

Recent Use *(In the past 30 days)*

5%

Ease of Access[1] *(Easily able to obtain)*

46%

Perception of Harm *(Do not believe use is harmful)*

4%

Where Accessed *(Location obtained in past 30 days)*

45% Pharmacy

Cocaine

Lifetime Use *(Have ever used)*

16%

Recent Use *(In the past 30 days)*

3%

Ease of Access[1] *(Easily able to obtain)*

23%

Perception of Harm *(Do not believe use is harmful)*

2%

Where Accessed *(Location obtained in past 30 days)*

55% Friend or Acquaintance

Methamphetamine

Lifetime Use *(Have ever used)*

10%

Recent Use *(In the past 30 days)*

3%

Ease of Access[1] *(Easily able to obtain)*

20%

Perception of Harm *(Do not believe use is harmful)*

1%

Where Accessed *(Location obtained in past 30 days)*

66% Friend or Acquaintance

[1]*Selected "Very Easy" or "Fairly Easy"*

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The Community Perspective

88% of respondents believed it was important to have prevention services for youth

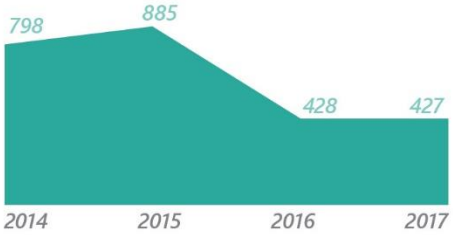
78% of respondents believed it was important to have prevention services for adults

53% of respondents were concerned about the amount of alcohol and/or drugs in their community

42% of respondents reported feeling connected to their community

Santa Clara County Facts

Drug Overdose Deaths[2]



Opioid Prescriptions[3]

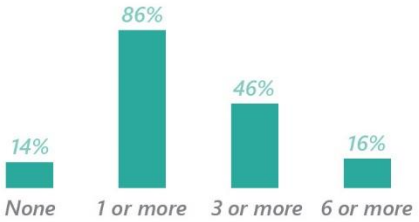
(Per 100 residents)

26.4	44.8	66.5
Santa Clara County	*California*	*United States*

Santa Clara County ranks lower than the state and the country

Number of Substances

(Ever used)



Marijuana in the Community

82% of respondents believed marijuana is acceptable to use for medicinal purposes

51% of respondents believed marijuana is acceptable to use recreationally

21% of respondents believed marijuana is not at all harmful

49% of those respondents who had ever tried marijuana used it for the first time before age 18

The Bottom Line[4]

Critical Aspects of Prevention Programs Identified by Providers"

- Education about the effects of substances
- Trauma informed
- Culturally and gender responsive
- Acknowledge underlying mental health issues
- Decrease stigma associated with addiction

What types of programs does the community want?

- Programs that aid in the development of emotional intelligence
- Programs that teach skills to help manage trauma, failure, and success
- Programs that connect individuals to the community
- Programs that educate individuals and providers
- Programs specifically targeted to youth and families

[2] *Source: County Health Rankings, 2017*
[3] *Source: Centers for Disease Control and Prevention, 2016*
[4] *Source: ASR led key informant interviews and focus groups*

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Youth Substance Use[4]

Preventing substance use among youth is one of the core aims of the Behavioral Health Services Prevention Department. This page contains key takeaways from data pertaining to youth that comes from Project Cornerstone.

Alcohol

Lifetime Use *(Have ever consumed)*

Middle School 28%

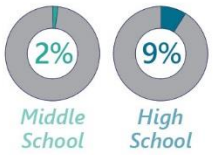
High School 48%

Recent Use *(In the past 30 days)*

Middle School 4%

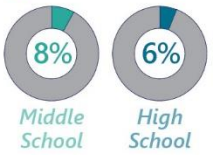
High School 17%

Binge Drinking *(In the past two weeks)*



Perception of Harm of Binge Drinking

(Believe it to be harmful)



Marijuana

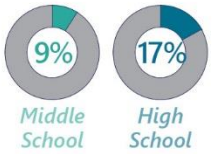
Recent Use *(In the past 30 days)*

Middle School 2%

High School 9%

Perception of Harm

(Believe smoking marijuana 1-2 times per week to be harmful)



Rx Drugs Not Prescribed to Them

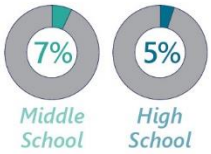
Recent Use *(In the past 30 days)*

Middle School 2%

High School 4%

Perception of Harm

(Believe taking Rx drugs not prescribed to them to be harmful)



Cocaine

Lifetime Use *(Have ever used)*

Middle School 2%

High School 2%

Inhalants

Recent Use *(In the past 30 days)*

Middle School 4%

High School 3%

Elementary School Student Facts

7% of elementary school students have consumed alcohol in the past year (more than a few sips)

4% of elementary school students have used marijuana in the past year

Heroin

Recent Use *(In the past year)*

Middle School <1%

High School <1%

Drunk Driving

16% of middle school students have ridden in a car driven by someone who had been drinking alcohol

18% of high school students have ridden in a car driven by someone who had been drinking alcohol

<1% of middle school students reported driving a car after drinking alcohol

3% of high school students reported driving a car after drinking alcohol

[4] *Source for all data on this page: Project Cornerstone (http://www.projectcornerstone.org/html/youthsurveyresults.html)*

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INTRODUCTION

The Santa Clara County Behavioral Health Services Prevention Department was founded as a result of the integration of the Mental Health Department (MHD) and the Department of Alcohol and Drug Services (DADS). As such, it provides prevention and intervention services to a diverse client base with complex needs. In the spring of 2017, the Behavioral Health Services Prevention Department (BHSPD) embarked on a comprehensive assessment of alcohol and substance use in Santa Clara County.

The goal of this assessment was to provide a snapshot of the current landscape of alcohol and substance use in Santa Clara County. Multiple national and state-level surveys explore the prevalence, risk factors, and community norms and perceptions of alcohol and substance use. However, no study currently exists that provides a comprehensive understanding of these issues among community members within Santa Clara County for the purpose of informing prevention efforts. To that end, the BHSPD commissioned this report as a part of a comprehensive process to gain knowledge about the current landscape of alcohol and substance use trends and attitudes in Santa Clara County. This report aims to help BHSPD better understand:

- The availability of alcohol and other substances,
- Rates of alcohol and substance use, and
- Norms and perceptions around the use of alcohol and other substances.

DATA COLLECTION METHODOLOGY

This assessment represents an extensive data collection process that included an online Community-Wide Survey, key informant interviews, focus groups, a literature review, and compilation of secondary data. Using this variety of methods allowed for a broad spectrum of perspectives and data points to inform this assessment.

Community-Wide Survey

A Community-Wide Survey was developed through a collaborative effort between Applied Survey Research (ASR) and the BHSPD. ASR developed survey questions to mirror nationally-validated indicators, as well as to meet BHSPD data interests pertaining to attitudes and behaviors associated with alcohol and other substance use in the county.

A stratified random sample of 1,015 respondents took an in-depth online survey regarding their own and what they perceive as their communities' experience with alcohol and substance use. The survey screening process was stratified to randomly sample respondents to match the general population of the Santa Clara County on race/ethnicity, age, and region as closely as possible.[1] Due to the sensitive nature of the information respondents were asked to share, recruitment for the Community-Wide Survey was limited to respondents age 18 and older. Please see further details about the survey sample in Appendix A.

NOTE: Throughout this report, observations of differences by gender, age, region, and/or race/ethnicity will be identified only when those differences are statistically significant at the $p<0.05$ level based on t-tests and chi-square tests of statistical significance.

Key Informant Interviews & Focus Groups

ASR conducted a total of 12 key informant interviews in the county. The list of interviewees was developed with BHSPD, and ASR conducted an independent vetting process to identify individuals who could provide a broad, high-level perspective of alcohol and substance use in the county over an hour-long conversation. Interviewees included representation from child welfare, community leaders, school districts and educators, probation, medical professionals, law enforcement, and social services. Table 1 summarizes the sectors or agencies that participated in interviews or focus groups. Six focus groups were held with staff from county agencies and community-

[1] The original sample collected of 1,201 respondents was overrepresented by White, non-Latina female respondents. As such, the sample was culled by randomly selecting overrepresented respondents to exclude from the sample, in order to bring the sample into greater alignment with population parameters. The final sample size was culled from 1,201 to a total of 1,015 respondents.

based organizations that provide services to individuals who are at-risk of use or who are currently using alcohol and other substances across Santa Clara County. Because youth under the age of 18 were excluded from participation in the Community-Wide Survey, all six focus groups included at least one individual who works directly or indirectly with youth, and two focus groups were held with youth themselves. The hour-long focus groups provided granular details on substances of greatest concern in the county, how substances are accessed, how use impacts the community, and why individuals use substances. Lastly, the focus groups discussed prevention efforts needed in the county.

Table 1. Interview and Focus Group Participants

KEY INFORMANTS	FOCUS GROUPS
• Local Educators • Probation Managers • Community-Based Organizations • Internal Medicine • Law Enforcement • Community Mental Health • Gang Prevention Task Force • County Coroner's Office	• Youth • Local Educators • Probation Officers • School Resource Officers • Community-Based Organizations • Behavioral Health Services • South County Youth Task Force • Department of Family and Children Services • Office of Supportive Housing

To ensure consistency in qualitative data collection efforts, an interview protocol was developed and implemented across interviews and focus groups. Questions included:

- What substances (including alcohol) or drugs are of the biggest concern right now in your community? What changes or trends have you noticed in substance use?
- How do you believe individuals access substances?
- What is the impact of substance use on families and the community at-large?
- Why you think people in this community use substances?
- What prevention strategies do you think might better address the needs in your community or among the individuals you serve?

Audio recordings of interviews and focus groups were coded by two independent reviewers to identify key themes. The most common crosscutting themes identified during interviews and focus groups are included in this report to provide additional details on attitudes and behaviors involving substance use in the county.

Secondary Data

Secondary data were collected to enhance the understanding of substance use in Santa Clara County in a broader context. The table below outlines the secondary data sources that were accessed for the current assessment.

Table 2. Secondary Data Sources

Secondary Data Source	Nature of Data	Data Years Accessed
Behavioral Risk Factor Surveillance System (BRFFS)	Health behaviors	2011–2015
National Survey on Drug Use and Health (NSDUH)	Drug use	2012–2014
U.S. Census Bureau	Demographic data	2015
Kidsdata	Health behaviors	2008–2015
California Healthy Kids Survey (CHKS)	Health Behaviors	2008–2015
Open Justice	Drug arrests	2012–2016
County Health Rankings	Drug mortality	2014–2017
National Center for Health Statistics (NCHS)	Health statistics and behaviors	2002–2016
California Department of Public Health	Medical marijuana cards	2017–2017
Project Cornerstone	Elementary, middle, and high school student health behaviors and substance use	2016–2017

AN OVERVIEW OF SANTA CLARA COUNTY

With a total population approaching 2 million, Santa Clara County is geographically, culturally, and socioeconomically diverse, characterized by densely populated urban areas abutting agricultural communities, as well as sparsely populated mountainous terrain. Although the county is only 1,312 square miles, it is home to nearly 5% of the population of the state of California and is the sixth largest county in the state.

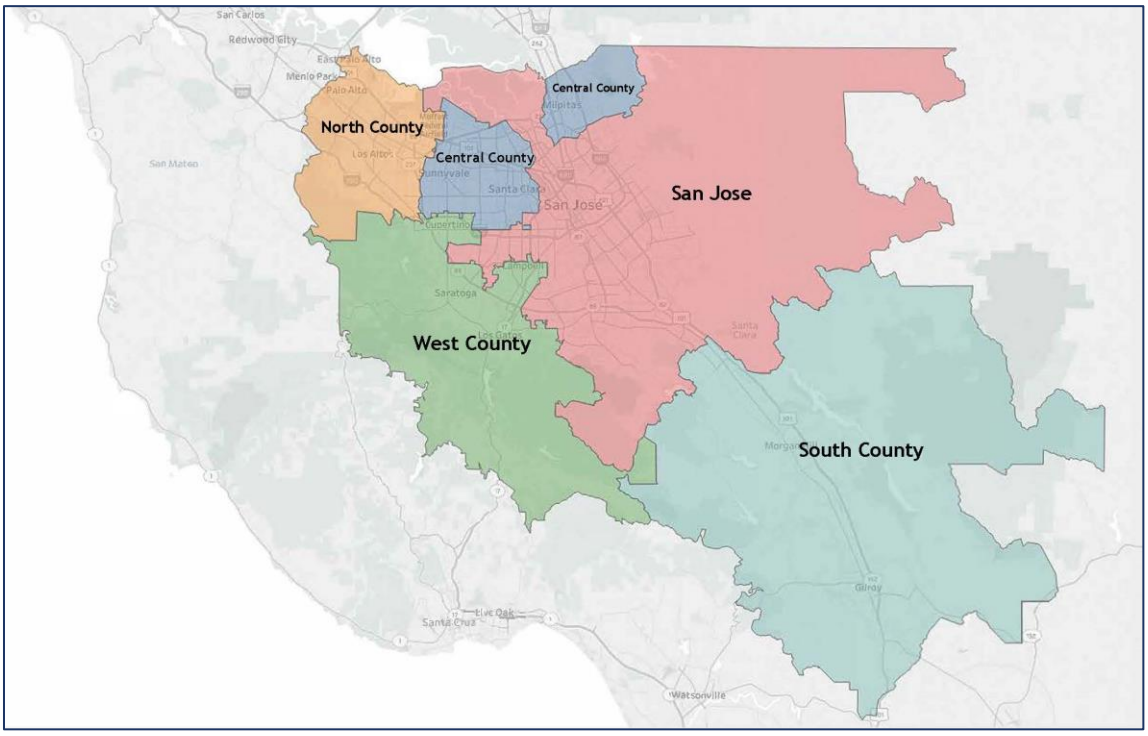
Diversity in the population across the county necessitates addressing substance use and prevention needs from a regional lens. Therefore, this assessment divides the county into five regions based on similar population demographics. Table 3 and Figure 1 identify the cities/towns for each region and provides the population estimates.

Table 3. Regions of Santa Clara County

	Included Cities, Towns, and Other Areas	Population Estimate	Percentage of County Population
North County	• Los Altos • Los Altos Hills • Loyola • Mountain View • Palo Alto	200,746	10.8%
Central County	• Milpitas • Santa Clara • Sunnyvale	356,247	19.2%
San Jose	• The City of San Jose	1,025,350	55.2%
West County	• Campbell • Cupertino • Holy City • Los Gatos • Monte Sereno • New Almaden • Redwood Estates • Saratoga	169,029	9.1%
South County	• Coyote • Gilroy • Morgan Hill • San Martin	106,394	5.7%
Total		**1,857,766**	**100%**

Source: U.S. Census Bureau, 2016

Figure 1. Regions of Santa Clara County



Source: Community-Wide Survey, 2017

County Context

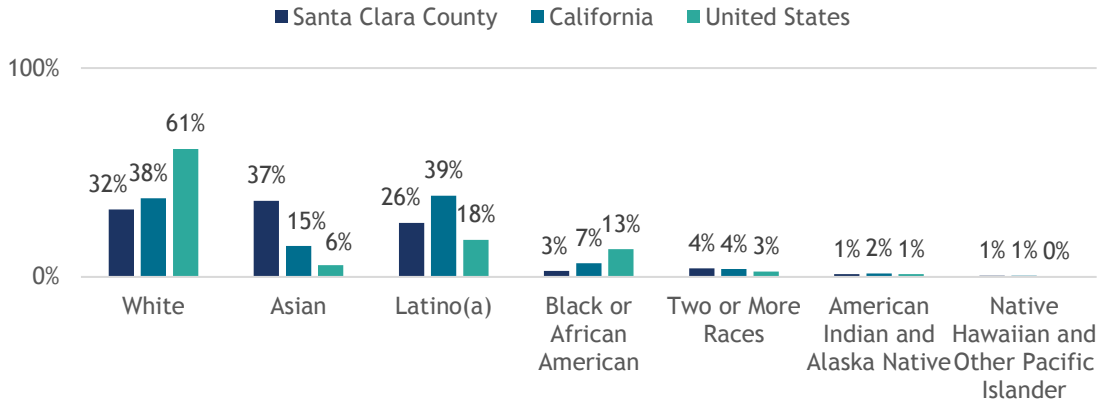
Provided below are descriptions of the local context of Santa Clara County, beginning with overall population demographics, followed by secondary data specific to alcohol and substance use in the county. Where possible, comparisons are made between Santa Clara County and surrounding counties and/or the state of California.

Race and Ethnicity

As of 2015, a majority of Santa Clara County residents identify as non-White[2], over 37% of residents are foreign-born, and 52% of residents speak a language other than English at home. In total, over 100 unique languages and dialects are spoken in the county. This makes Santa Clara among the most ethnically diverse counties in the country.[3,4] Figure 2 compares the racial and ethnic composition of Santa Clara County to that of California and the U.S.

[2] https://www.census.gov/quickfacts/fact/table/santaclaracountycalifornia,US/PST045216
[3] https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF
[4] https://www.census.gov/quickfacts/fact/table/santaclaracountycalifornia,US/PST045216

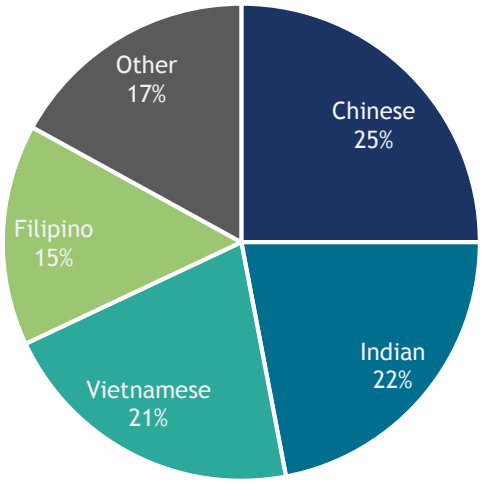
Figure 2. Race and Ethnicity: Santa Clara County, California, and U.S. Comparison



Note: The chart combines race and ethnicity; therefore, percentages may not add to 100%.
Source: U.S. Census Bureau, 2016

Given the high percentage of persons of Asian descent in the county, this subpopulation was further examined by ancestry to identify the predominant ethnic groups in the county (see Figure 3).

Figure 3. Asian Ethnicity, as Percent of the Asian Population in Santa Clara County



Source: U.S. Census Bureau, 2015

Education level

Within the county, high school graduation rates are on par with national rates (87% of county and national populations over 24 years of age have a high school diploma). However, there are significant differences in the rates at which individuals pursue

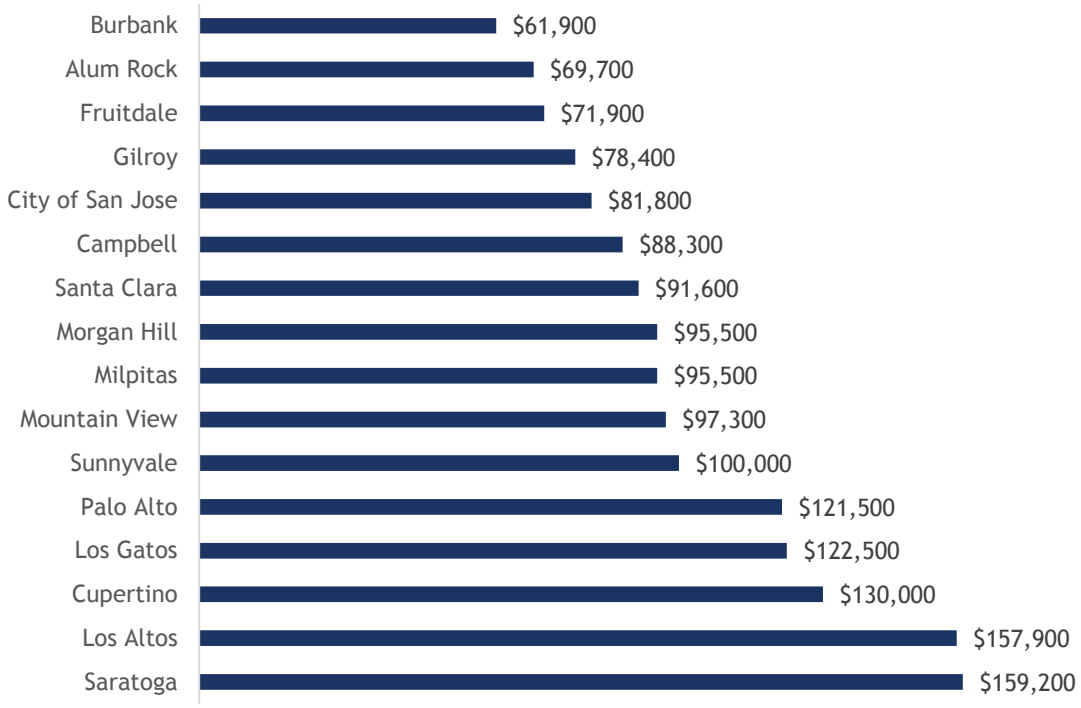
higher education; 48% of Santa Clara County adults 24 and older have a bachelor's degree or higher, compared to 30% of the general U.S. population.[5]

Socioeconomic Status

Home to Silicon Valley, Santa Clara is among the most affluent counties in the United States. However, the benefits of the high-tech economy in the region have not been shared by all. Although the average household income in the county was $128,243 in 2015, about one-fifth of households earned less than $35,000 annually, while over half of households earned more than $100,000.

As seen in Figure 4, there are large income disparities between communities across the county (selected due to their population), with households in Saratoga earning $159,000 and those in the Alum Rock neighborhood of San Jose earning less than half that amount annually.[6] The cost of living in Santa Clara County is one of the highest in the country, presenting an additional set of challenges inherent in these income disparities, such as housing.[7]

Figure 4. Median Income, Selected Communities



Source: U.S. Census Bureau, 2015

[5] https://www.census.gov/quickfacts/fact/table/santaclaracountycalifornia,US/PST045216
[6] https://statisticalatlas.com/county/California/Santa-Clara-County/Household-Income
[7] http://livingwage.mit.edu/counties/06085

Health Ranking

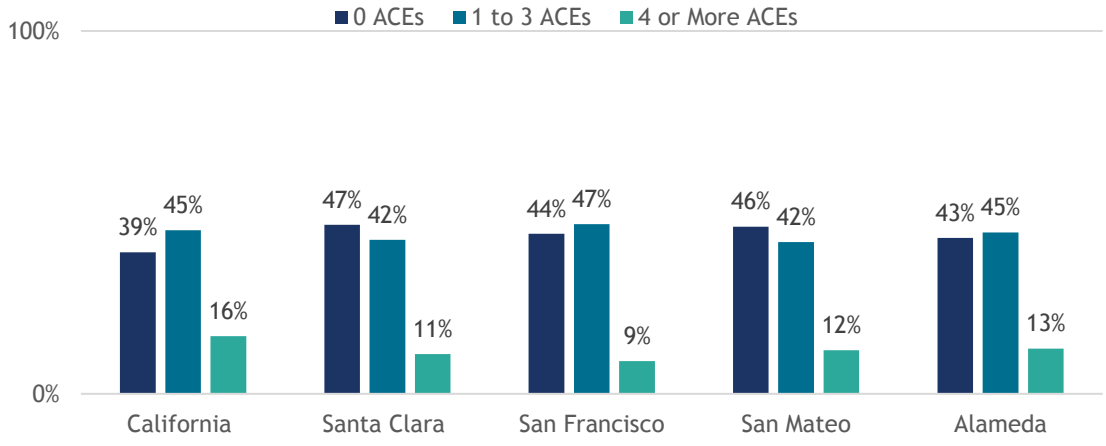
Santa Clara County ranks third overall in the state of California in terms of positive health outcomes.[8] This ranking considers factors such as life expectancy, health behaviors (e.g. smoking, drinking, obesity), social and economic factors (e.g. rates of high school graduation, children in poverty, and violent crime), and quality of life (e.g. mental health, physical health). In comparison, San Francisco County ranks 11th, San Mateo County ranks 1st, Alameda County ranks 8th, and Santa Cruz County ranks 16th.

Adverse Childhood Experiences

The Adverse Childhood Experiences (ACEs) model is a way to measure the level of trauma a person has experienced. The nature of adverse experiences that children may be exposed to are diverse, and may include (but at are not limited to): exposure to drugs and alcohol, experiencing abuse (psychological, physical, or sexual), residing with a family member who was experiencing mental illness, witnessing violence in one's home or neighborhood, or having a primary caregiver who was incarcerated.

Just under half of all households (47%) in Santa Clara County (SCC) report having zero adverse experiences compared to 39% of all Californians, indicating that as a whole residents of Santa Clara County experience less adversity relative to the average Californian.[9] Forty-two percent of all SCC households report experiencing one to three adverse experiences, and 11% report four or more adverse experiences. These rates are comparable to surrounding counties. Rates of ACEs in Santa Clara County, surrounding counties, and the state are presented in the figure below.

Figure 5. Adverse Childhood Experiences; County and State Comparisons



Source: Kidsdata.org, 2015. Note: Data were not available for Santa Cruz County

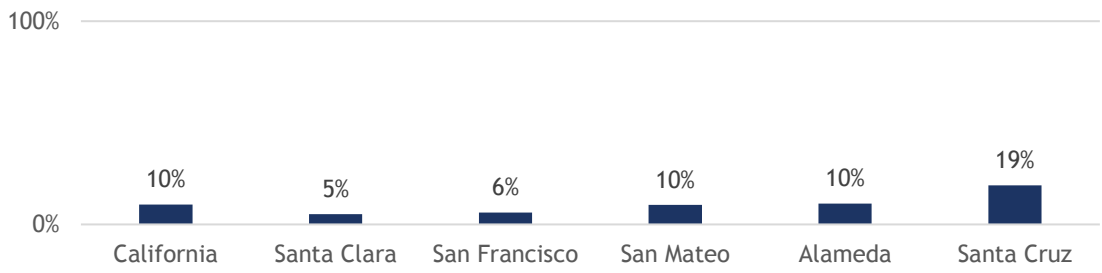
[8] http://www.countyhealthrankings.org/app/california/2017/rankings/santa-clara/county/outcomes/1/snapshot
[9] http://www.Kidsdata.org

Parental Drinking or Drug Problems

In the year 2011-2012, an estimated 12% of Santa Clara County children had a parent with a serious drinking or drug problem.[10] As illustrated in Figure 6, the proportion of children living with adults abusing substances in Santa Clara County is low relative to the state and neighboring counties. Less than 5% of individuals in Santa Clara County reported residing in a household as a youth (18 years or younger) where a member abused substances such as illegal drugs or prescription medications.[11,12]

> ***"For women, low-risk drinking is defined as no more than 3 drinks on any single day and no more than 7 drinks per week. For men, it is defined as no more than 4 drinks on any single day and no more than 14 drinks per week."-- National Institutes of Health***

Figure 6. Children Living with Adults Abusing Substances, County and State Comparison



Source: Kidsdata.org, 2016

Drug Arrests and Deaths

There were 1,088 drug-related arrests made in Santa Clara County in 2016, which accounted for 3% of drug-related arrests in California. Since 2014, the county and state have reported significant declines in arrests related to drug offenses. Table 4 lists the specific rates of drug arrests.

Table 4. Drug Arrests

Drug Arrests	Santa Clara County	California	Percentage of California
2016	1,088	38,988	2.8%
2015	1,225	44,629	2.7%
2014	4,583	137,054	3.3%
2013	4,627	137,152	3.4%
2012	3,575	120,995	3.0%

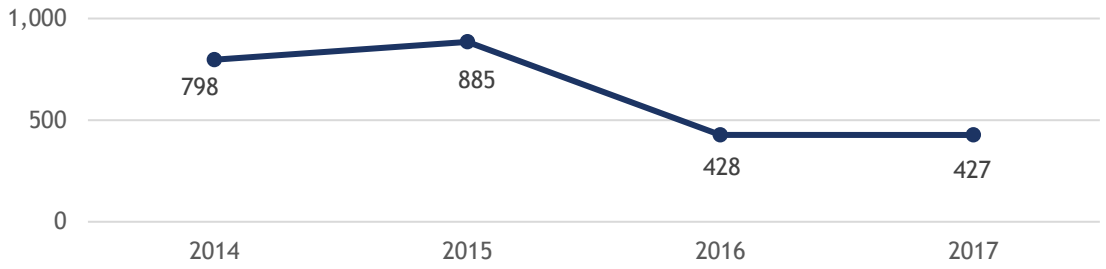
Source: Open Justice

[10] http://www.Kidsdata.org
[11] http://www.Kidsdata.org
[12] https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking

From 2014 to 2017, a total of 2,538 people died in Santa Clara County due to drug overdose. The number of individuals dying from drug overdose[13] has steadily decreased over time.

> *A drug overdose is the accidental or intentional ingestion or exposure to a substance resulting in death. -- National Institutes of Health*

Figure 7. Santa Clara County Drug Overdose Deaths (Persons)



Source: County Health Rankings, 2017

[13] https://www.drugabuse.gov/related-topics/treatment/intentional-vs-unintentional-overdose-deaths

PREVALENCE OF SUBSTANCE USE IN SANTA CLARA COUNTY

A primary goal of the current assessment is to better understand the prevalence of alcohol and substance use across and within demographic sectors of the county. This section reports on data collected from the online Community-Wide Survey regarding the substances individuals were most commonly using, and when they started using them. Note that in some cases, percentages may not add up to 100% due either to rounding or to multiple response options for particular survey items.

Where relevant, community voices are included and quotes or themes raised in the qualitative data collected are included to provide additional richness to our understanding of substance use in the county.

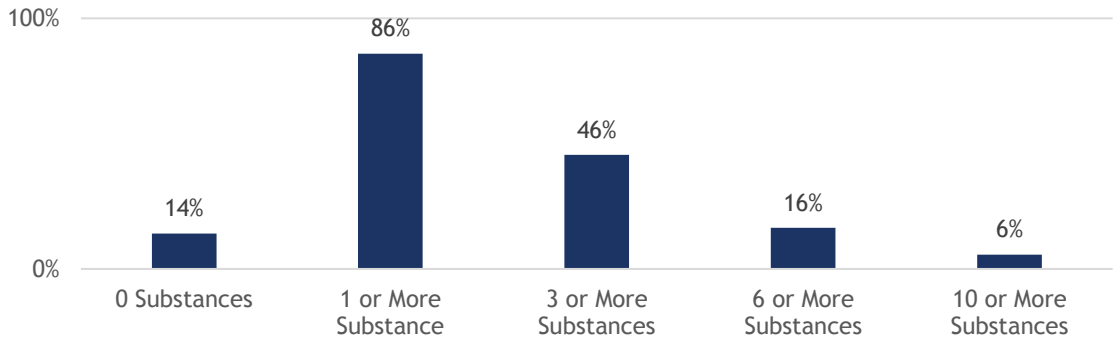
Overall Patterns of Substance Use

As illustrated in the following figure, the majority of survey respondents had engaged in some type of substance use in their lifetime. Nearly 86% of residents reported using at least one substance in their lifetime, out of a possible 14 listed substances.[14]

86%
of respondents report using at least one substance in their life

Men reported having used significantly more substances on average than women reported using (an average of 3.4 compared to 3.0 substances). Respondents aged 31-40 reported using a significantly greater number of substances during their lifetime than any other age group (3.9 substances, on average), while respondents aged 18-20 reported using significantly fewer substances than other age groups (1.7 substances).

Figure 8. Number of Substances Used



N=1,015; Source: Community-Wide Survey, 2017 and U.S. Census Bureau, 2016

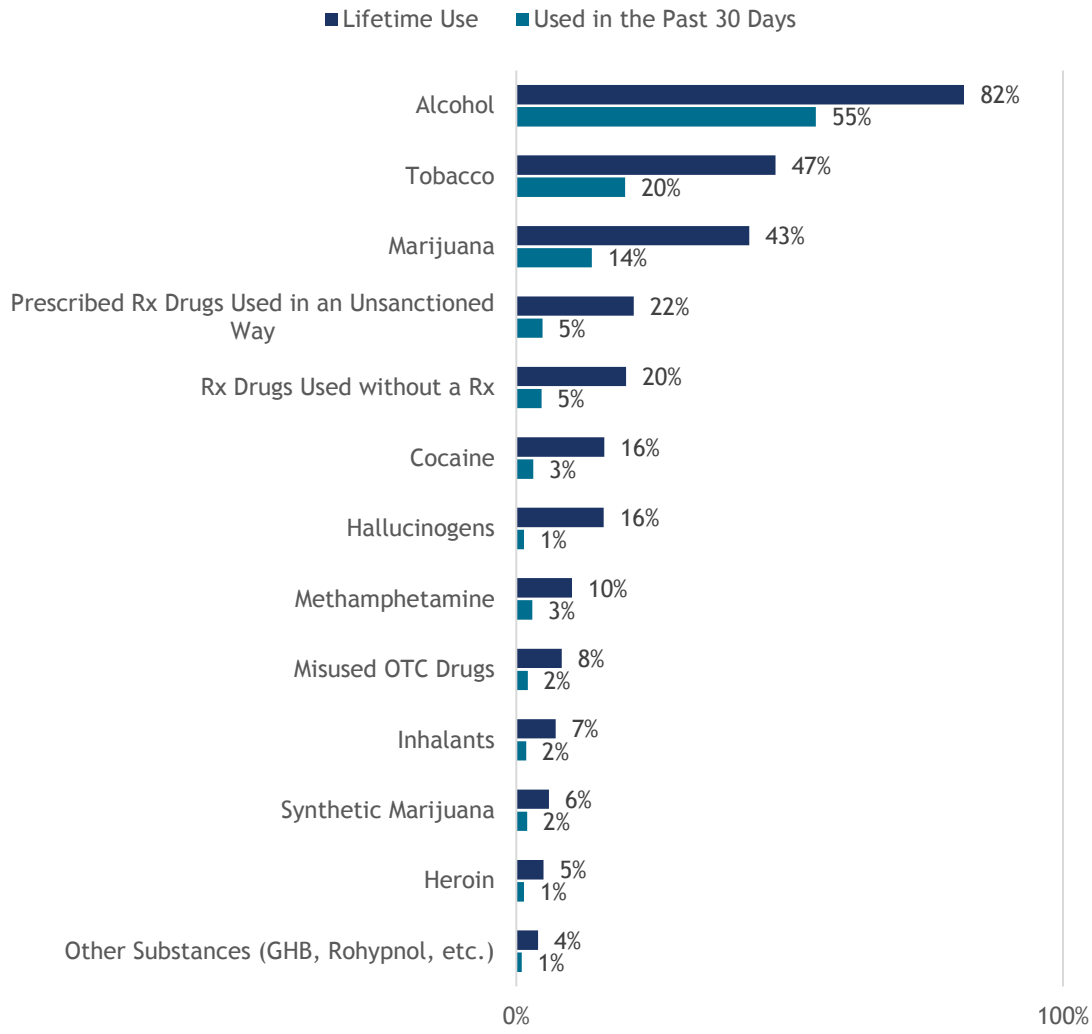
[14] The 14 substances queried: alcohol, tobacco, marijuana, prescribed Rx drugs used in an unsanctioned way, Rx drugs used without a prescription, cocaine, hallucinogens, methamphetamine, misused OTC drugs, inhalants, synthetic marijuana, heroin, two or more substances used at the same time, and other substances such as GHB and Rohypnol.

Of the three most populous racial or ethnic groups in the county, Latino(a)s reported using the highest average number of substances (4.4) over their lifetime, followed by non-Latino(a) Whites (3.3 substances) and Asians (2.0 substances).

The number of substances used did not vary substantially between the five regions, though residents of West County (2.5 substances) reported using slightly fewer substances than their counterparts in other regions of the county.

The most commonly-used substances identified by respondents were alcohol, tobacco, and marijuana (see Figure 9). As illustrated in the following figure, 82% of survey respondents reported consuming alcohol at least once in their lifetime, and 55% reported drinking alcohol in the past 30 days. Nearly half (47%) of residents reported using tobacco at some point in their lives, and 43% reported ever using marijuana. Reports of recent use (e.g., Past 30 days) of these two substances was lower than alcohol at 20% and 14%, respectively.

Figure 9. Overall Rate of Substance Use, Adults 18 and Older, Lifetime Use and Use in the Past 30 Days

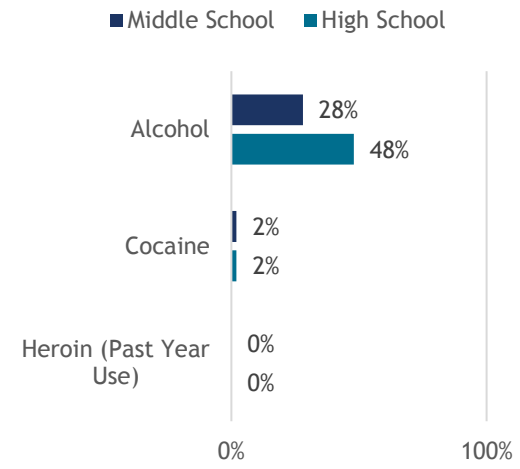


N=1,015; Source: Community-Wide Survey, 2017

Figure 10 below illustrates the number of middle- and high-school students who reported using alcohol, cigarettes, marijuana, prescription drugs not prescribed to them, cocaine, and heroin with data from Project Cornerstone. While rates of use reported by young people are considerably lower than those reported by adults, alcohol appears to be the most commonly-used substance by adults and youth.

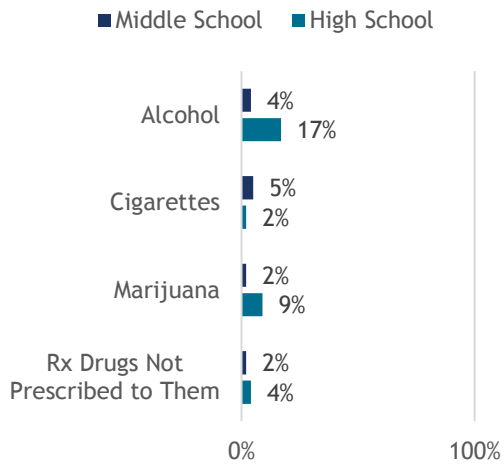
Figure 10. Overall Rate of Substance Use, Middle and High School Students

Lifetime Use



Middle School N=13,735, High School N=18,734
Source: Project Cornerstone, 2017

Use in the Past 30 Days



Middle School N=13,735, High School N=18,734
Source: Project Cornerstone, 2017

Project Cornerstone also asked elementary school students in grades four through six about their alcohol and marijuana use; in the past year, 7% had consumed alcohol and 4% had used marijuana.[15]

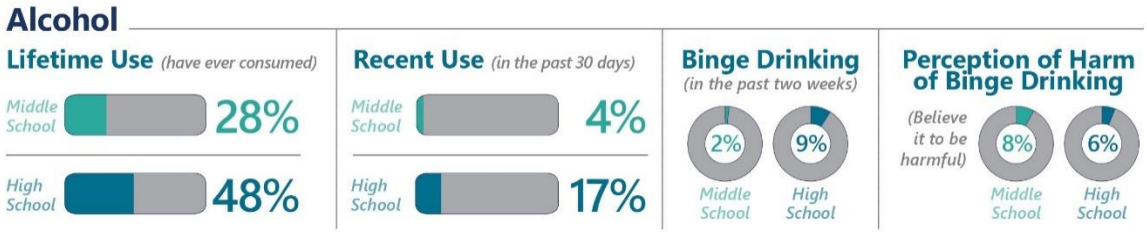
[15] Elementary School N=13,120; Source: Project Cornerstone, 2017.
http://www.projectcornerstone.org/html/youthsurveyresults.html

Alcohol Use

As one of the easiest substances to obtain, alcohol is a frequently-used substance throughout the United States, with over 86% of U.S. residents over the age of 18 reporting ever having consumed alcohol.[16] A recent epidemiologic survey finds that women, older adults, and minorities experienced the largest increases in alcohol use and high-risk drinking between 2001 and 2013.[17]

In 2010, the Centers for Disease Control and Prevention (CDC) estimates that high risk alcohol consumption cost the State of California over $35 billion ($940 per capita) in workplace productivity and healthcare, criminal justice, and motor vehicle crash expenses.[18]

Youth Alcohol Use in Santa Clara County



Although alcohol consumption is illegal for those under age 21, use is common. Among the survey sample, 52% of those aged 18 to 20 reported having had alcohol in their lifetime. Of those that had ever consumed alcohol, 30% drank one to twelve months ago, and 64% drank in the past month. In addition, survey respondents were asked to report the age they first used alcohol. Among those who had ever consumed alcohol (n=831), 12% reported first use at the age of 13 or younger, 35% reported first use at between the ages of 14 and 17, and 38% reported first use between the ages of 18 and 21. Eighty-four percent (84%) of those who had ever consumed alcohol had their first drink at age 21 or younger.

84%
of those who had ever consumed alcohol had their first drink at age 21 or younger

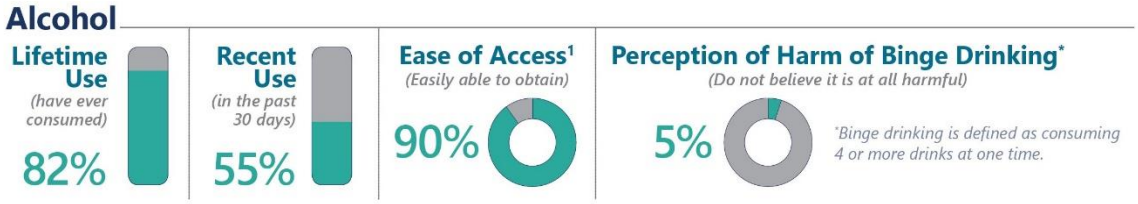
The use of alcohol in Santa Clara County among middle- and high-schoolers as assessed by Project Cornerstone, finds that nearly half (48%) of high school students and 28% of middle school students had ever

[16] https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-facts-and-statistics
[17] Grant, B. F., Chou, S. P., Saha, T. D., Pickering, R. P., Kerridge, B. T., Ruan, W. J., & ... Hasin, D. S. (2017). Prevalence of 12-Month Alcohol Use, High-Risk Drinking, and DSM-IV Alcohol Use Disorder in the United States, 2001-2002 to 2012-2013: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *JAMA Psychiatry*, *74*(9), 911-923.
[18] Sacks JJ, Gonzales KR, Bouchery EE, Tomedi LE, Brewer RD. 2010 national and state costs of excessive alcohol consumption. *Am J Prev Med*. 2015;49(5):e73-e79. https://www.cdc.gov/features/costsofdrinking/

consumed alcohol.[19] Almost 1 in 5 high school students and 4% of middle school students consumed alcohol in the past 30 days, and 7% of elementary school students in grades four, five, and six reported consuming alcohol in the past year.[20]

Project Cornerstone also found that 9% of high schoolers engaged in binge drinking in two weeks prior to survey administration, and that 2% of middle school students binge drank in the same time period.[21]

Lifetime Adult Alcohol Use in Santa Clara County



Given the ease of access and ubiquity in society, a majority (82%) of Santa Clara County residents age 18 and older reported ever consuming alcohol.

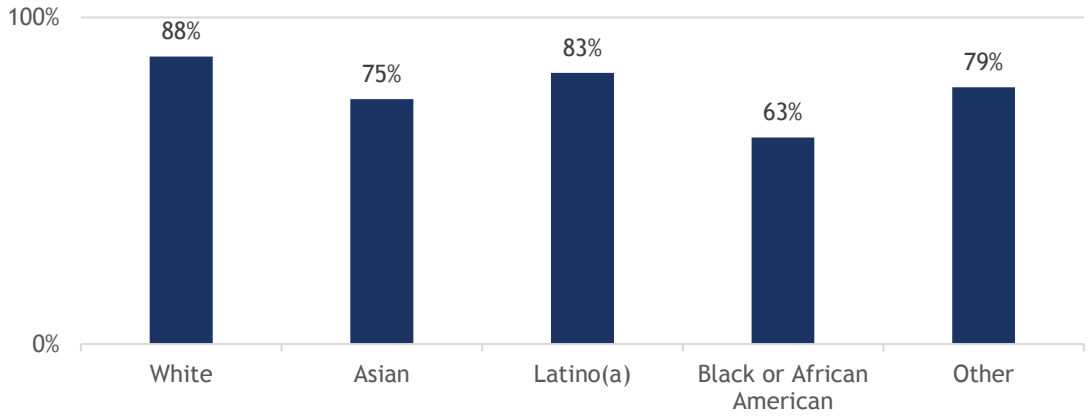
> ***"People seem to think that drinking massive quantities of wine is both acceptable and safe. People overindulging in wine has reached frightening levels." -- Community-Wide Survey Respondent***

The proportion of county residents reporting ever consuming alcohol did not vary substantially by region: Eighty-nine percent (89%) of North County residents, 82% of West and Central County residents, 81% of San Jose residents, and 75% of South County residents reported ever drinking alcohol.

A majority of White and Latino(a) respondents reported consuming alcohol in their lifetimes, while a somewhat smaller proportion of Asian and African American respondents reported ever drinking alcohol, as illustrated in the following figure.

[19] Middle School N=13,735, High School N=18,734; Source: Project Cornerstone, 2017. http://www.projectcornerstone.org/html/youthsurveyresults.html
[20] Middle School N=13,735, High School N=18,734; Source: Project Cornerstone, 2017. http://www.projectcornerstone.org/html/youthsurveyresults.html
[21] Middle School N=13,735, High School N=18,734; Source: Project Cornerstone, 2017. http://www.projectcornerstone.org/html/youthsurveyresults.html

Figure 11. Ever Consumed Alcohol, Race/Ethnicity



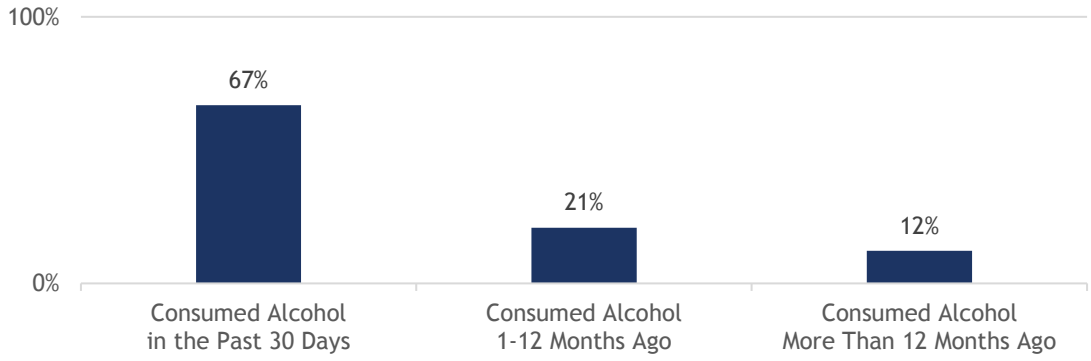
White n=371; Asian n=342; Latino(a) n=261; Black or African American n=19; Other n=14; American Indian or Alaska Native n=5; Native Hawaiian n=3
Note: Note: Native Hawaiian and American Indian or Alaska Native populations are not presented because of small sample sizes.
Source: Community-Wide Survey, 2017

Current Adult Alcohol Use

From 2012 to 2014, an estimated 52% of U.S. residents and 50% of Californians age 12 and over drank alcohol within the past 30 days.[22] In Santa Clara County, 55% of respondents age 18 and older reported drinking alcohol in the past 30 days.

Of those who had ever consumed alcohol, two-thirds (67%) reported having had a drink in the past 30 days.

Figure 12. Alcohol Consumption, Last Consumed



n=831
Source: Community-Wide Survey, 2017

[22] National Survey on Drug Use and Health, https://www.samhsa.gov/data/population-data-nsduh/reports?tab=34

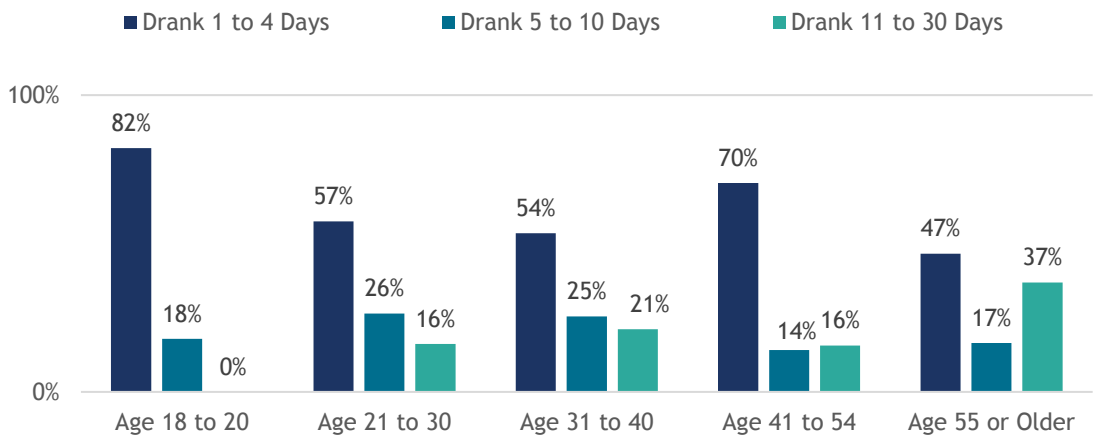
Among those who ever consumed alcohol, almost one-fifth of respondents aged 55 and older reported their last drink occurring more than a year ago, while approximately two-thirds of respondents in the age categories of 21 to 30, 31 to 40, and 41 to 54 reported having had a drink in the past 30 days. There was no difference in the frequency of consumption between males and females.

Over half of respondents aged 18 to 20 reported ever drinking (52%), and the majority of those respondents reported having a drink in the past 30 days (64%). In focus groups and interviews, some providers reported an increase in the rate of excessive alcohol use among all age groups that receive their respective services.

Among current drinkers, 59% reported consuming alcohol on one to four occasions over the past 30 days. Twenty-one percent (21%) reported drinking on five to ten occasions over the last 30 days, and 20% reported drinking on eleven to thirty occasions over the past 30 days.

The number of days respondents reported consuming alcohol over the past 30 days depended on age, as demonstrated in the figure below. Respondents between 18 and 20 years old were more likely to have consumed alcohol between one and four days in the past 30 days, while a greater proportion of residents 55 years or older drank with greater frequency: between 11 and 30 days out of the past 30 days (37%).

Figure 13. Days Alcohol Consumed out of the Past 30, Age



n=556
Source: Community-Wide Survey, 2017

Drinking in the past month varied by race. More than half of White survey respondents (52%) reported drinking between one and four days in the last 30 days, while a quarter (25%) reported drinking between 11 and 30 days, and 24% reported drinking between five and ten days out of the last 30 days. Asian survey respondents indicated drinking fewer days out of the month, with 63% drinking between one and four days. Similarly,

a majority of Latino(a)s (68%) reported drinking between one and four days out of the past 30 days. Drinking in the past 30 days did not differ significantly between the five regions of the county.

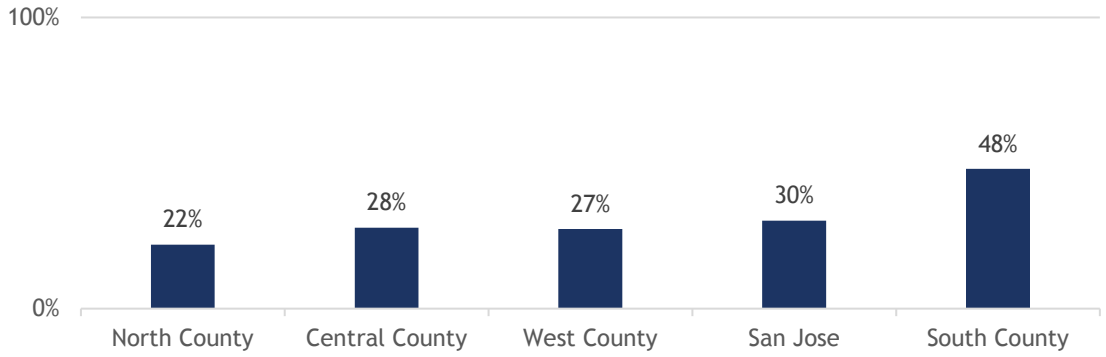
Binge Drinking

The National Institutes of Health (NIH) defines binge or problem drinking for women as more than 3 drinks at one time or more than 7 drinks per week, and for men as more than 4 drinks at one time or more than 14 drinks per week.[23] Approximately 25% of adults across the U.S. had at least one binge drinking day in the past year.[24] According to these NIH guidelines, 16% of Santa Clara County survey respondents met the threshold for binge drinking in the past 30 days.[25]

16%
of respondents met the threshold for binge drinking in the past 30 days

Binge drinking reported in the Community-Wide Survey varied by factors such as region, age, gender, and race/ethnicity. As seen in Figure 14 below, residents of South County reported higher rates of binge drinking (48%) than their counterparts in other regions of the county.

Figure 14. Binge Drinking, County Region



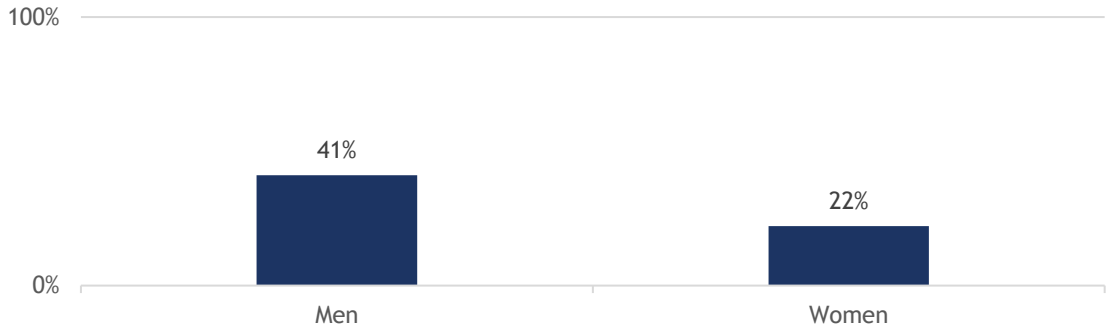
North County n=59; Central County n=97; West County n=44; San Jose n=331; South County n=25
Source: Community-Wide Survey

As expected, age was also a factor in binge drinking. Respondents between the ages of 31 and 40 reported the highest rate of binge drinking in the past 30 days (47%). Despite reporting a relatively higher number of days drinking when 55 and older, those over the age of 40 were much less likely to report binge drinking within the past 30 days.

Men reported binge drinking at a much higher rate than women, as illustrated below.

[23] https://www.cdc.gov/alcohol/data-stats.htm
[24] https://www.cdc.gov/nchs/fastats/alcohol.htm
[25] Respondents were asked how many drinks on average they consume during each occasion they drink.

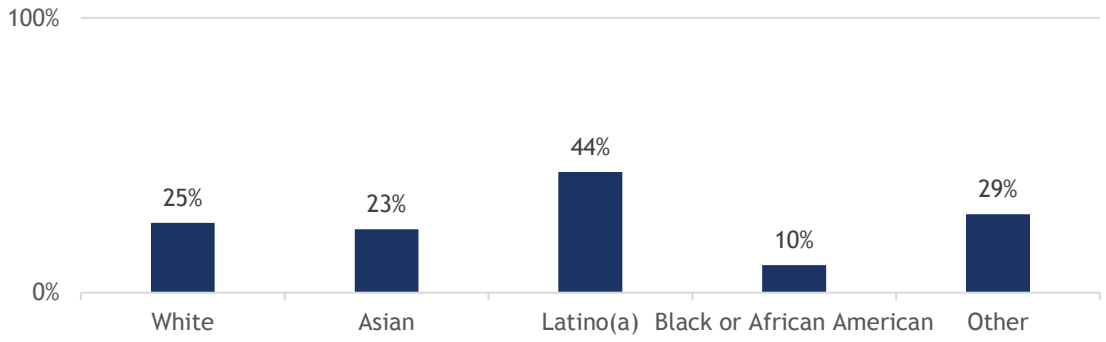
Figure 15. Binge Drinking, Gender



Men n=219; Women n=335
Source: Community-Wide Survey

Binge drinking behavior varied by race/ethnicity. As illustrated below, a substantially larger proportion of Latino(a) respondents reported drinking within the past 30 days that met the threshold for binge drinking on every occasion they consumed alcohol.

Figure 16. Binge drinking, Race and Ethnicity



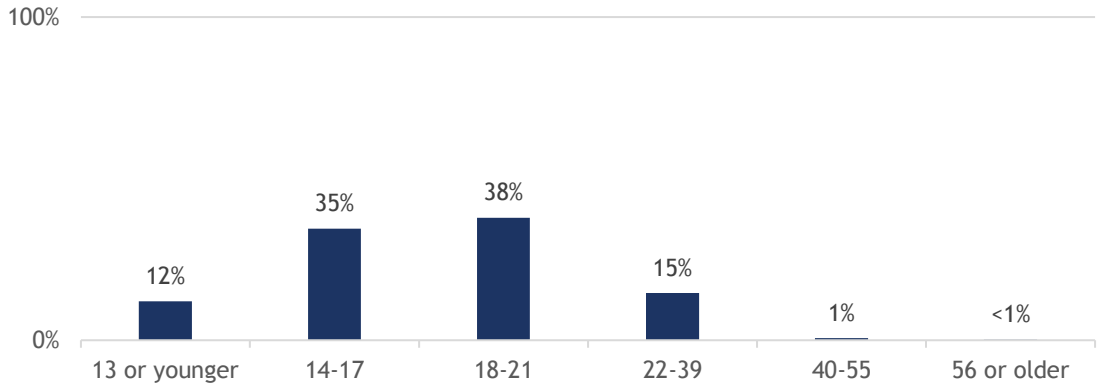
White n=228; Asian n=160; Latino(a) n=148; Black or African American n=10; Other n=7; American Indian or Alaska Native n=1; Native Hawaiian n=2. Note: Native Hawaiian and American Indian or Alaska Native populations are not presented because of small sample sizes.
Source: Community-Wide Survey (2017)

Age and Location of First Alcohol Use

An important focus of many substance use prevention programs is to prevent and/or delay first time use of substances. This section examines when and where Community-Wide Survey respondents consumed alcohol for the first time.

As seen in the figure below, 38% of those who ever consumed alcohol drank it for the first time between the ages of 18 and 21, though nearly as many (35%) tried it for the first time between the ages of 14 and 17. Twelve percent (12%) drank alcohol for the first time at age 13 or younger, and just about as many (15%) were between the ages of 22 and 39 at the time of their first drink.

Figure 17. Distribution of Age at First Use, Alcohol

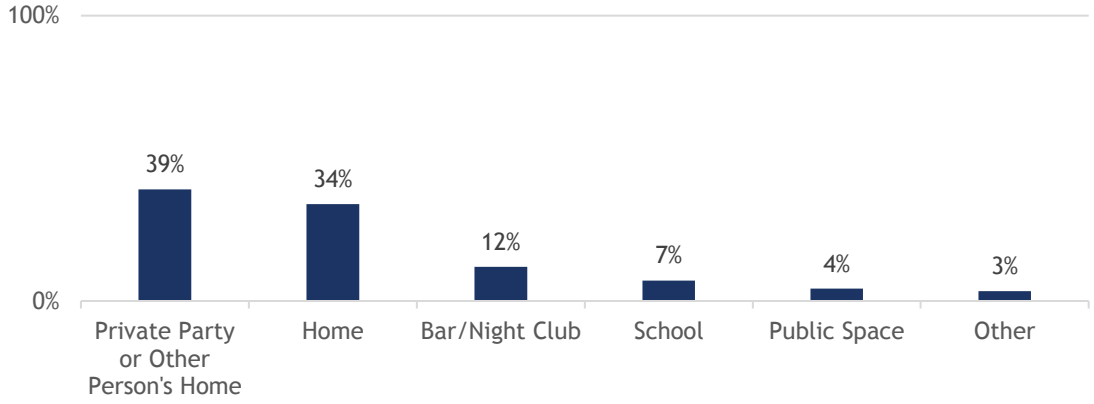


n=831
Source: Community-Wide Survey, 2017

Individuals' race and ethnicity influenced the age at which alcohol was first consumed. Nineteen percent (19%) of those who identified as Latino(a)s had their first drink at age 13 or younger, compared to 11% of Whites. Twenty-six percent (26%) of those identifying as Asian reported not consuming alcohol until age 22 or older.

As illustrated in the figure below, most respondents first used alcohol in either their own or someone else's home. Some of the "other" locations that respondents reported drinking alcohol for the first time included vehicles and restaurants.

Figure 18. Place of First Use, Alcohol



n=831; Source: Community-Wide Survey, 2017

The table below shows the location of first use by age of first use of alcohol. Among survey respondents reporting first time alcohol use as a youth between the ages of 14 and 17, almost half reported their first drink occurred at another person's home or private party (48%). However, individuals who consumed alcohol for the first time at age 13 or younger were most likely to have it at their own home (53%).

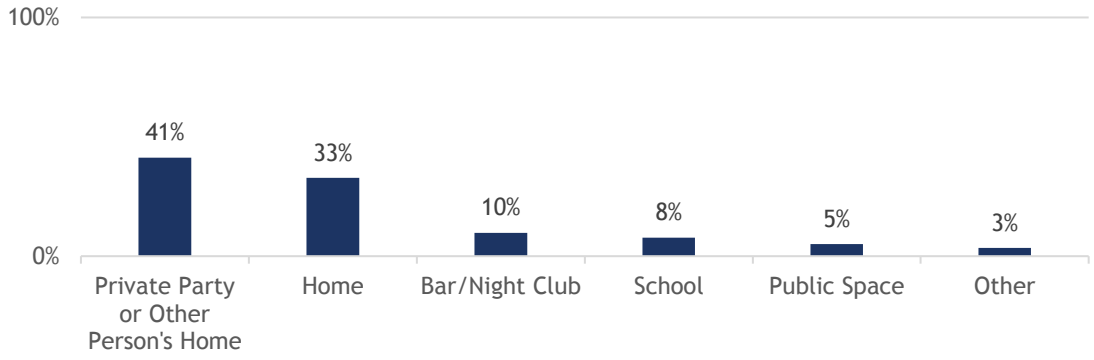
Table 5. Age and Location of First Use, Alcohol

Age at First Use	School	Your Home	Other Person's Home or Private Party	Bar or Night Club	Public Space (Path, Park, Rec Center, Etc.)	Other
13 or Younger	9%	53%	31%	0%	4%	3%
14 to 17	5%	33%	48%	2%	8%	4%
18 to 21	10%	26%	38%	20%	3%	3%
22 to 39	5%	10%	29%	22%	0%	3%
40 to 55	0%	17%	17%	50%	0%	17%
56 or Older	0%	50%	0%	50%	0%	0%
Total	**7%**	**34%**	**39%**	**12%**	**4%**	**3%**

13 or Younger n=100; 14 to 17 n=287; 18 to 21 n=315; 22 to 39 n=121; 40 to 55 n=6; 56 or older n=2.
Source: Community-Wide Survey, 2017

Forty-one percent (41%) of those who reported consuming alcohol for the first time at age 21 or younger were at a private party or another person's home, 33% were at their own home, and 10% were at a bar or night club. The following figure illustrates where people reported consuming alcohol if they used at age 21 or younger for first time.

Figure 19. Place of First Use if Used at Age 21 or Younger, Alcohol



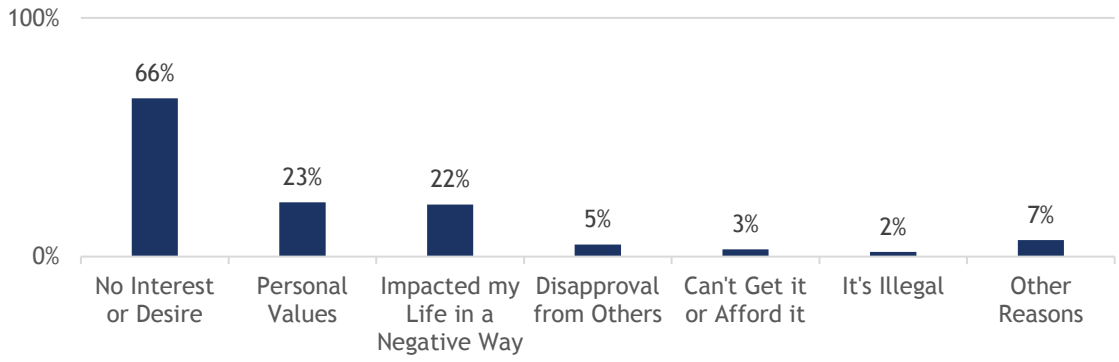
n=702
Source: Community-Wide Survey, 2017

Additionally, it appears that current alcohol consumption is associated with age of first consumption of alcohol. Respondents who started drinking at age 22 through 39 were less likely to have had a drink in the last 30 days as compared to those who had their first drink before age 22 (55% compared to 69%).

Reasons for Stopping Alcohol Use

If respondents had not consumed alcohol in more than a year, they were asked to identify the reason(s) they had stopped drinking. The majority of respondents (66%) endorsed stopping because they had no interest or desire to drink alcohol. Twenty-three percent (23%) reported they stopped because of personal values, and 22% indicated that alcohol impacted their life in a negative way.

Figure 20. Reasons for Stopping Alcohol Consumption



n=101. Note: Multiple response question. Percentages may not add to 100%.
Source: Community-Wide Survey, 2017

Community Voices on Alcohol Use

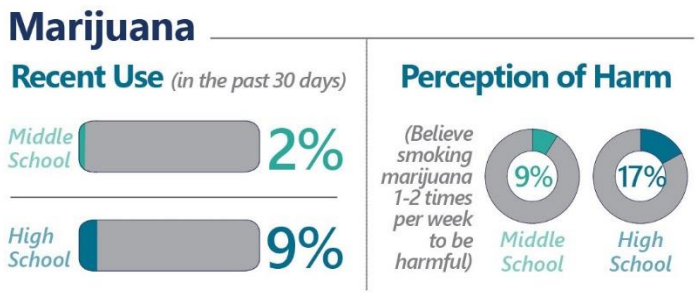
During interviews and focus groups, alcohol was commonly referenced as one of the most commonly used substance because it is easily accessible, affordable, and socially acceptable. It was noted that when individuals walk into their local grocery store, they are surrounded by alcohol or advertisements for alcohol.

Many providers highlighted that some youth, regardless of race or ethnicity, start using alcohol and substances because members of their families use. Some providers described examples of co-use, where parents or other close family members (aunts, uncles), supported or encouraged use by youth. The survey finding that Latino(a) respondents were more likely than Whites to start drinking prior to the age of 13 was supported by focus group discussions. Providers suggested that for Latino(a) youth, especially young men, drinking with family members was commonplace. Providers highlighted youth drinking at family parties and barbeques was allowed and sometimes encouraged; there was a perceived lack of supervision during these family gatherings which made it difficult to set safe and healthy limits around drinking.

Marijuana Use

California was the first state in the country to legalize medical marijuana in 1996. Since 1972, multiple pieces of legislation have decriminalized and decreased the penalties for non-medical marijuana possession, culminating in the legalization of adult use of non-medical marijuana by voters in 2016.[26] This study was completed before non-medical marijuana became legally available at retailers for residents over age 21, thus providing a baseline measure of marijuana use prior to the legalization of adult non-medical use.

Youth Marijuana Use in Santa Clara County

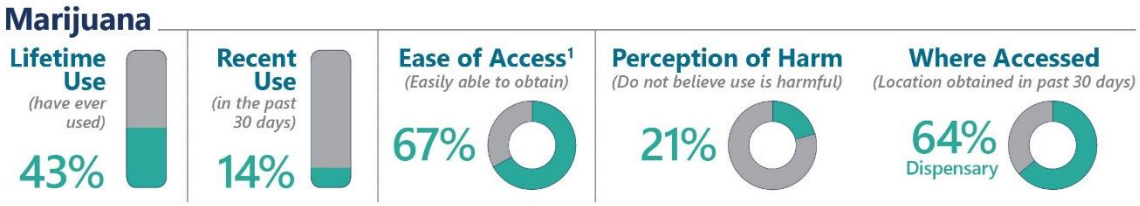


Among the survey sample, 32% of those aged 18 to 20 reported using marijuana in their lifetime. Of those who had ever used, 48% used marijuana in the past year and 33% used in the past 30 days. In addition, survey respondents were asked to report the age they first used marijuana. Among those who had ever used, 11% reported first use at the age of 13 or younger, 38% reported first use at between the ages of 14 and 17, and 34% reported first use between the ages of 18 and 21. Eighty-four percent (84%) of those who had used marijuana tried it for the first time at age 21 or younger.

According to data from Project Cornerstone, nearly 1 in 10 Santa Clara County high school students (9%) and 2% of middle school students have used marijuana in the past 30 days.[27] Additionally, 4% of elementary school students in grades four, five, and six reported using marijuana in the past year.[28]

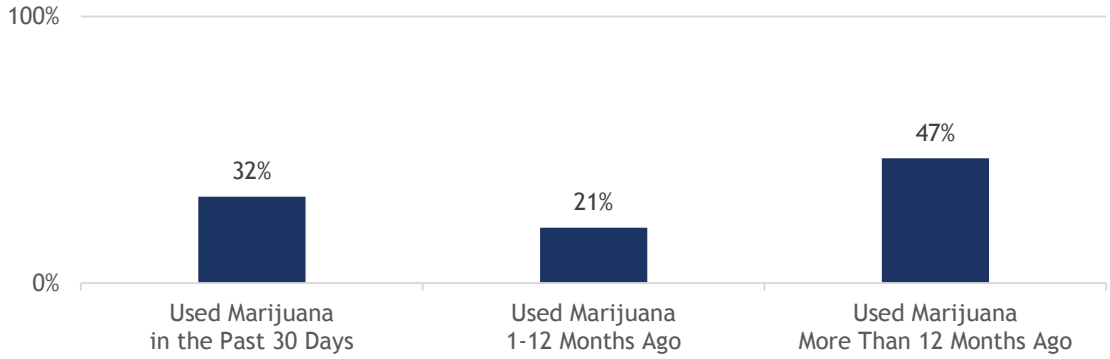
[26] http://www.latimes.com/politics/la-pol-ca-timeline-california-recreational-marijuana-history-20160708-snap-story.html
[27] Middle School N=13,735, High School N=18,734; Source: Project Cornerstone, 2017. http://www.projectcornerstone.org/html/youthsurveyresults.html
[28] Middle School N=13,735, High School N=18,734; Source: Project Cornerstone, 2017. http://www.projectcornerstone.org/html/youthsurveyresults.html

Lifetime Rates of Adult Marijuana Use in Santa Clara County



The National Survey on Drug Use and Health (NSDUH) estimated that 14% of U.S. residents and 12% of Californians age 18 or older had used marijuana in the past year.[29] In contrast, 22% of Santa Clara County survey respondents age 18 and older report having used marijuana in the past year.

Figure 21. Marijuana, Last Use

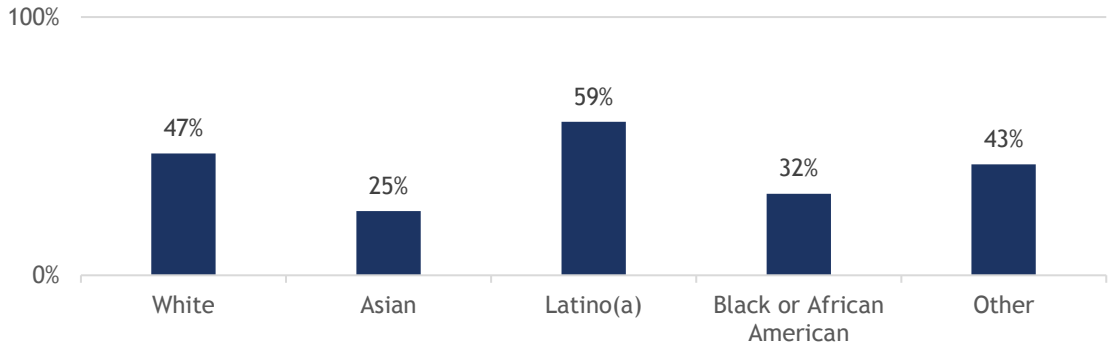


n=432
Source: Community-Wide Survey, 2017

Marijuana use did not vary much by gender, age, or region of the county. However, a larger proportion of Latino(a) respondents (59%) reported ever using marijuana compared to other respondents.

[29] National Survey on Drug Use and Health, 2015: https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.htm#tab1-2b

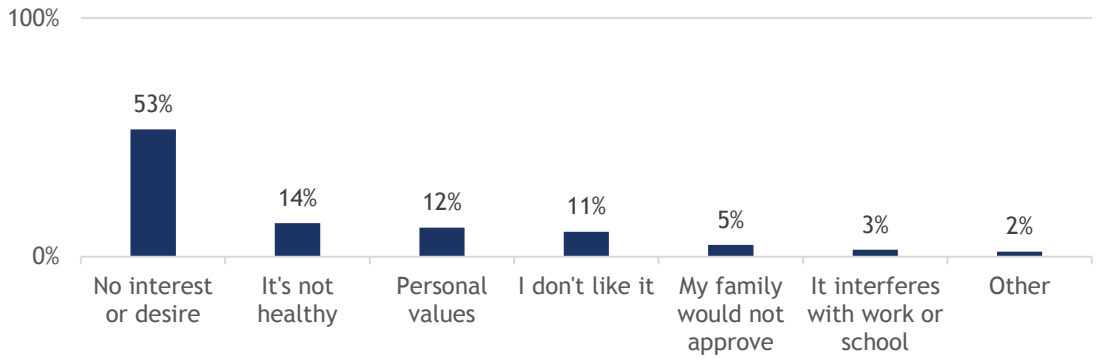
Figure 22. Ever Used Marijuana, Race/Ethnicity



White n=371; Asian n=342; Latino(a) n=261; Black or African American n=19; Other n=14; American Indian or Alaska Native n=5; Native Hawaiian n=3
Note: Native Hawaiian and American Indian or Alaska Native populations are not presented because they did not have a sample greater than five.
Source: Community-Wide Survey, 2017

Among those who reported never using marijuana, more than half (53%) indicated their main reason was having no interest or desire, as illustrated in the figure below.

Figure 23. Reason Never Used Marijuana



n=583
Source: Community-Wide Survey, 2017

While reasons for not using marijuana did not differ significantly by gender, race/ethnicity, or region, there were some differences observed by age. Compared to older age groups, a greater proportion of the youngest respondents, aged 18 to 20, were deterred from use by a belief that their family would disapprove. While only 10% of young adults aged 18 to 20 cite family disapproval as a reason not to use marijuana, it is compelling that a greater proportion of this age group cites this reason relative to any other age group, suggesting that 18 to 20-year-olds are more likely than older individuals to be influenced by family disapproval.

Current Adult Marijuana Use

Of those who reported using marijuana in the past 30 days, over half (54%) reported having used marijuana 1 to 4 days in the past month. Nineteen percent (19%) of current users used 5 to 10 days, and 27% used marijuana 11 to 30 days in the past month. More men used marijuana chronically than women, with 30% of men and 25% of women using marijuana 11 to 30 days in the past month.

Youth aged 18 to 20 were more likely to report using marijuana 1 to 4 days out of the past month (78%), while those aged 55 and older were more likely (47%) to report using marijuana 11 to 30 days out of the past month.

Additionally, providers in focus groups and interviews stated that marijuana use has increased rapidly among youth, older adults, those living in all regions of the county, and across socioeconomic segments.

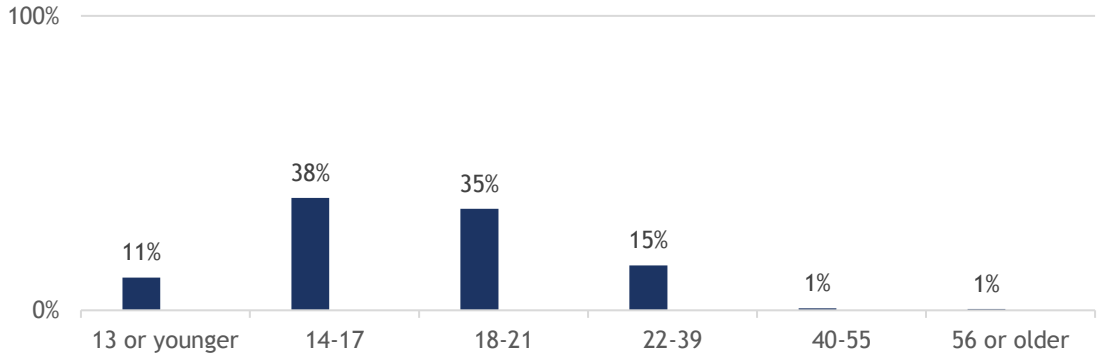
Age and Location of First Marijuana Use

Age of first use is an important indicator to track as marijuana becomes more widely available.

> ***"I started using marijuana in high school and still use it daily. I take care of my responsibilities first such as rent and bills. I use it on my own time off and never on the clock." -- Community-Wide Survey Respondent***

Of the 432 respondents who reported ever using marijuana, first time use was most commonly between the ages of 14 and 17 (38%), followed by ages 18 to 21 (35%) (see Figure 24 below). A greater proportion of women reported first use of marijuana by age 13 as compared to men (13% compared to 7%), but about half of both men and women reported first use of marijuana before the age of 18.

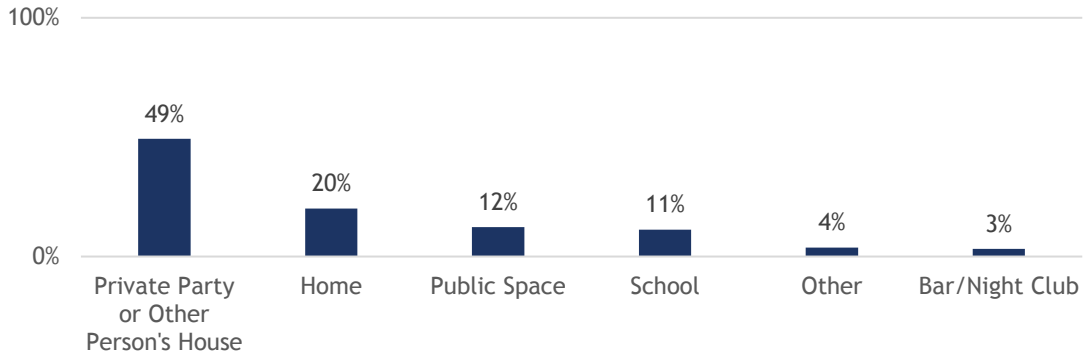
Figure 24. Age at First Use, Marijuana



n=432
Source: Community-Wide Survey, 2017

Survey respondents most frequently used marijuana for the first time at a private party or another person's home (47%) followed by their own home (20%). Some of the "other" locations that respondents reported using marijuana for the first time included concerts or music festivals, hiking, and at work. A private party or someone's home remained the most frequent location of first use across racial/ethnic groups in the county, county regions, and respondent age groups.

Figure 25. Place of First Use, Marijuana



n=432
Note: Due to rounding, percentages may not add to 100%
Source: Community-Wide Survey, 2017

The following table identifies the location people used marijuana for the first time by age at first use. Interestingly, those who first used marijuana at age 13 or younger (29%) were more likely to try it in their own homes than those who first used at ages 14 to 17 (18%) and 18 to 21 (17%).

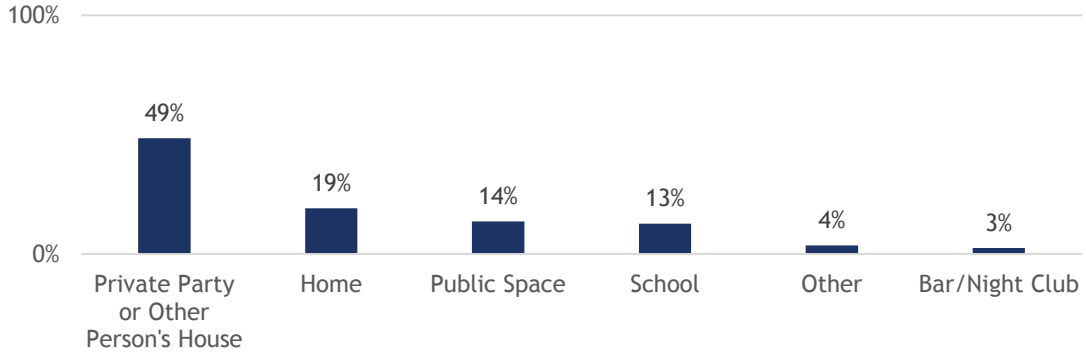
Table 6. Age and Location of First Use, Marijuana

Age at First Use	School	Your Home	Other Person's Home or Private Party	Bar or Night Club	Public Space (Path, Park, Rec Center, Etc.)	Other
13 or Younger	17%	29%	38%	2%	8%	6%
14 to 17	12%	18%	49%	0%	17%	4%
18 to 21	12%	17%	51%	5%	12%	3%
22 to 39	5%	26%	53%	8%	6%	3%
40 to 55	0%	0%	100%	0%	0%	0%
56 or Older	0%	50%	0%	0%	0%	50%
Total	**11%**	**20%**	**49%**	**3%**	**12%**	**4%**

n=432; Source: Community-Wide Survey, 2017

Forty-nine percent (49%) of those who reported using marijuana for the first time at age 21 or younger were at a private party or another person's home, 19% were at their own home, and 14% were in a public space such as a park, path, or recreation center (see Figure 26).

Figure 26. Place of First Use if Used at Age 21 or Younger, Marijuana

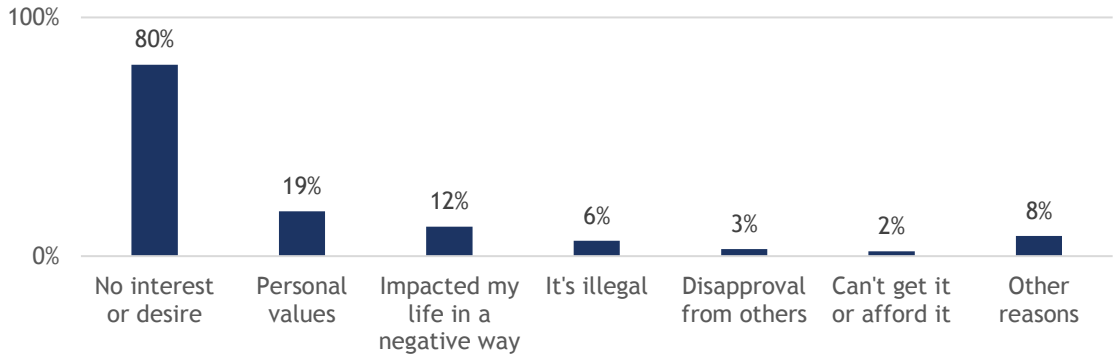


n=361
Note: Due to rounding, percentages may not add to 100%
Source: Community-Wide Survey, 2017

Reasons for Stopping Marijuana Use

Among respondents reporting previous marijuana use over a year ago, 80% reported having no interest or desire in continuing use. Those age 31 to 40 (18%) and 41 to 54 (20%) were more likely to report stopping because marijuana use impacted their lives in a negative way.

Figure 27. Reasons for Stopping Marijuana Use



n=202
Note: Multiple response question. Percentages may not add to 100%.
Source: Community-Wide Survey, 2017

Community Voices on Marijuana Use

Similar to alcohol, marijuana stood out across all focus groups and interviews as one of the most commonly used substances throughout the county. Marijuana was portrayed as a ubiquitous and easy to obtain substance used by youth and adults throughout Santa Clara County. The substance was frequently compared to alcohol and tobacco, with many of the same attitudes expressed toward alcohol and tobacco attributed to marijuana as well.

Similar to alcohol, non-medical marijuana remains illegal for those under the age of 21; however, there seems to be little awareness of this fact among youth. In focus groups with youth, it was clear that they perceived it to be legal for all individuals to use marijuana regardless of age. Only one youth noted that persons under the age of 18 need to have a medical marijuana card to legally use it.

The fact that alcohol and tobacco are legal contributes to a perception that they are not harmful; this same belief is expressed concerning marijuana as well. Many youth participants talked about marijuana as a plant; it is natural, healthy, and of-the-earth, which contribute to perceptions of the safety of its use. Providers who worked with

youth reported a lack of awareness among youth of the potential dangers of marijuana. Providers described those potential dangers as: 1) accidental overconsumption due to the increased potency of modern plant strains, 2) the effects on brain development for those using under the age of 25, and 3) the addictive properties of the substance.

> ***"My whole [extended] family smokes marijuana except for my household. No hard drugs of which I'm aware and alcohol typically consists of wine. All users are functional and no one has issues with abuse of any substance."***
> ***-- Community-Wide Survey Respondent***

Providers who work with youth voiced the need for more education about the effects and legality of marijuana use. Specifically, providers noted the need to educate youth that marijuana is not legal for those under the age of 21. Moreover, despite its legality, marijuana use can still have a negative impact on one's life, such as negatively affecting an individual's ability to obtain or maintain employment. Lastly, providers expressed concern that youth often consume excessive amounts of marijuana because they lack a general understanding of dosing, potency and its effects.

Prescription Drug Use

Prescription drug use has become increasingly problematic in communities across the U.S. The National Institute of Drug Abuse estimates that every day 90 Americans die of opioid overdose.[30] Although prescription opioids are the main substance of focus in the current opioid crisis, there are other categories of prescription drugs that may also be abused. For the purpose of this report, prescription drugs include:

- Pain relievers (e.g. Vicodin, OxyContin)
- Stimulants (e.g., Adderall, Ritalin)
- Sedatives or Depressants (e.g., Valium, Xanax, Ambien, Lunesta)

Two types of misuse of prescribed medications are discussed in this section: Unsanctioned use of prescribed drugs, and use of drugs not prescribed to the individual. Unsanctioned use includes behaviors such as:

- Taking the prescribed drugs in greater amounts, more often, or for longer than they were told to take it
- Sharing the prescription with friends or family
- Using the prescription with alcohol, drugs, or other prescriptions

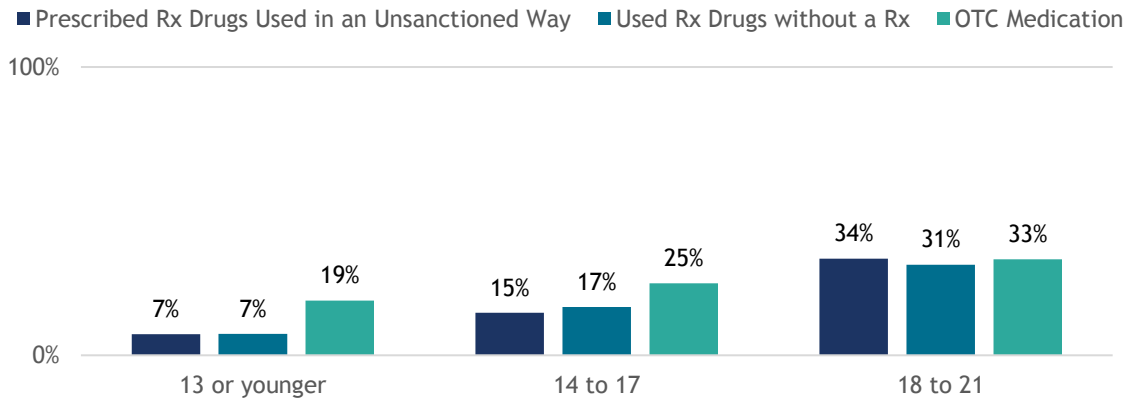
Over-the-counter (OTC) medications used for the purpose of getting high are also discussed in this section. Although OTC medications are not prescribed by a doctor, these medications have a prescribed use that can be abused.

[30] https://www.drugabuse.gov/drugs-abuse/opioids/opioid-crisis

Youth Prescription Drug Use in Santa Clara County

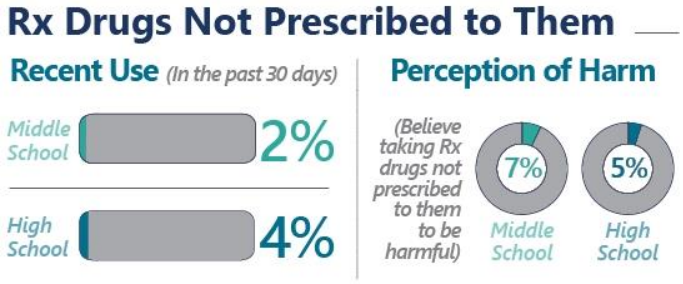
Survey respondents were asked to report the age they first used prescription drugs in the three categories described above. Figure 28 below highlights the percent of youth substance use by age for each category of prescription drugs used.

Figure 28. First Time Prescription Drug Use, Ages 13 and younger to Age 21



Prescribed Rx Drugs Used in an Unsanctioned Way n=218; Used Rx Drugs without a Rx n=204; OTC Medications n=84
Source: Community-Wide Survey, 2017

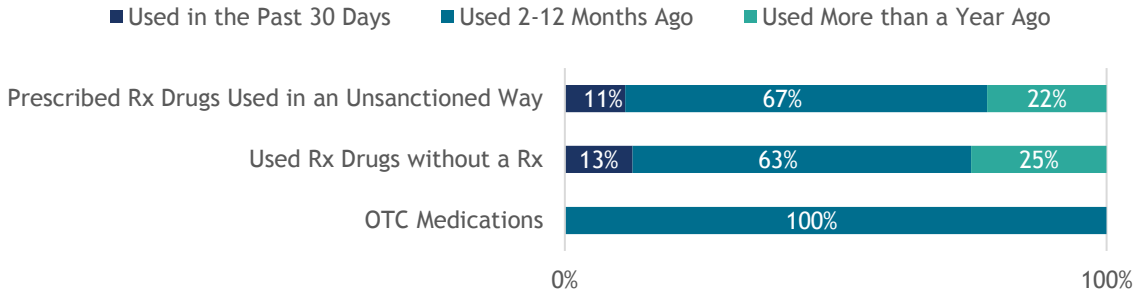
Four percent (4%) of high school students and 2% of middle school students reported using prescription drugs not prescribed them in the past 30 days.[31]



Eleven percent (11%) of survey respondents age 18 to 20 had ever used prescription drugs in an unsanctioned way, 9% had used prescription drugs without a prescription, and 2% had misused OTC medication in their lifetime (see Figure 29).

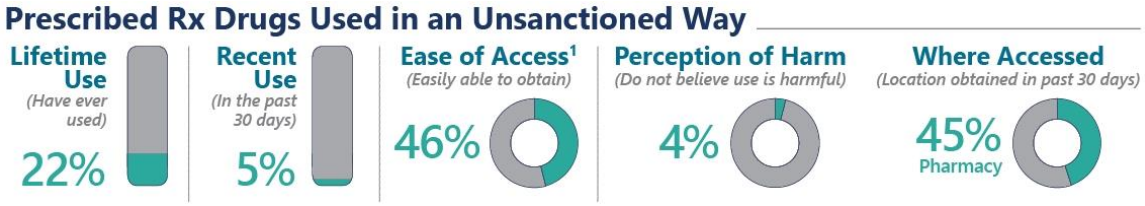
[31] Middle School N=13,735, High School N=18,734; Source: Project Cornerstone, 2017. http://www.projectcornerstone.org/html/youthsurveyresults.html

Figure 29. Prescription Drug Use, Ages 18 to 20



Prescribed Rx Drugs Used in an Unsanctioned Way n=9; Used Rx Drugs without a Rx n=8; OTC Medications n=2
Source: Community-Wide Survey, 2017

Lifetime Rates of Adult Prescription Drug Use in Santa Clara County

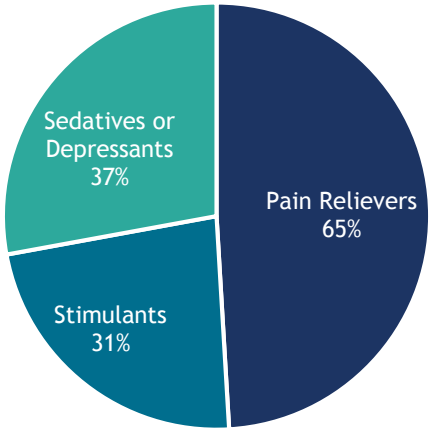


In 2015, an estimated 2.4% of the U.S. population aged 12 and older used a psychotherapeutic drug for a nonmedical purposes in the past month.[32] Related data from the Santa Clara County survey found that 22% of residents report having used prescription drugs prescribed to them in an unsanctioned way at least once, 20% report using prescription drugs without a prescription at least once, and 8% report using OTC medications to get high at least once.

As illustrated in the figure below, prescription pain relievers was the most common type of prescription drug respondents misused, followed by sedatives or depressants.

[32] https://www.cdc.gov/nchs/fastats/drug-use-illegal.htm

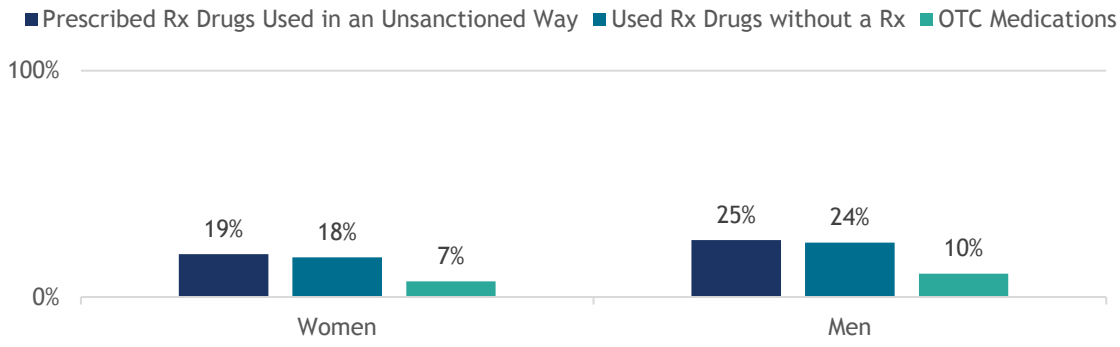
Figure 30. Types of Misused Prescription Drugs



n=734
Note: Multiple response question; values may not add to 100%
Source: Community-Wide Survey

Prescription drug use varied by gender, race, ethnicity, age, and region of the county. Men were more likely than women to report using prescribed drugs in an unsanctioned way or without a prescription, and/or an OTC medication in an unsanctioned way, as shown below.

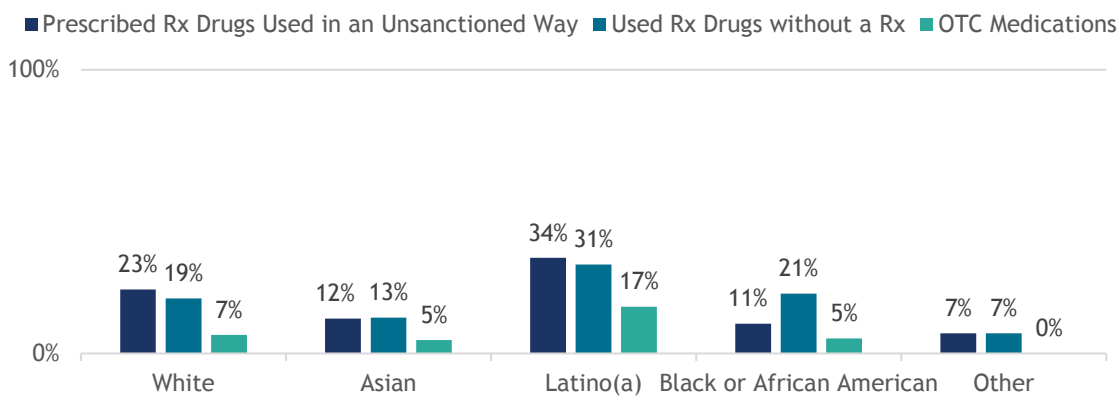
Figure 31. Lifetime Use of Prescription Drugs, Gender



Prescribed Rx Drugs Used in an Unsanctioned Way n=218; Used Rx Drugs without a Rx n=204; OTC Medications n=84
Source: Community-Wide Survey, 2017

Latino(a) respondents were more likely to have used prescription drugs as compared to other respondents, as illustrated in the figure below.

Figure 32. Lifetime Use of Prescription Drugs, Race and Ethnicity

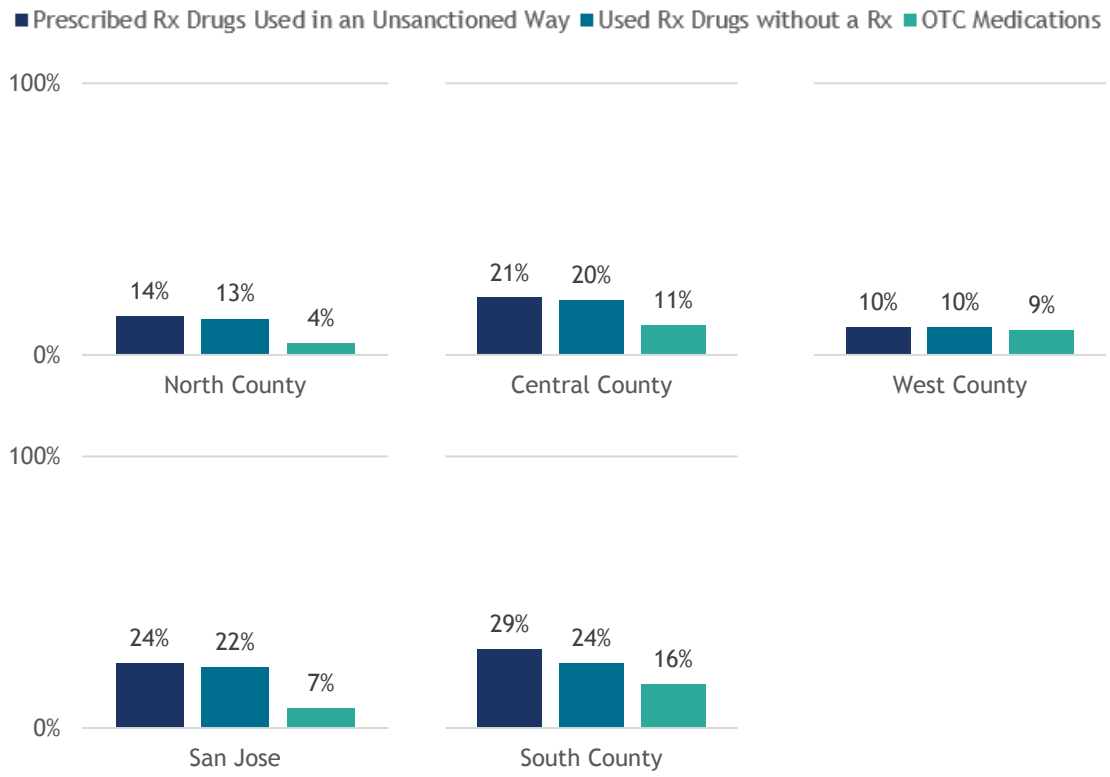


White n=371; Asian n=342; Latino(a) n=261; Black or African American n=19; Other n=14
Note: Race/ethnic groups with a sample less than 5 are not represented.
Source: Community-Wide Survey, 2017

Respondents aged 31 to 40 were more likely than other age groups to have used a prescription or OTC drug in an unsanctioned way.

Rates of use also varied widely in the five regions of Santa Clara County, with those in South County reporting statistically significantly higher usage of prescribed drugs used in an unsanctioned way (29%) than those in North County (14%) and West County (10%). South County respondents also reported higher usage of OTC medications than the other regions (16%, see Figure 33.).

Figure 33. Lifetime Use of Prescription Drugs, County Region



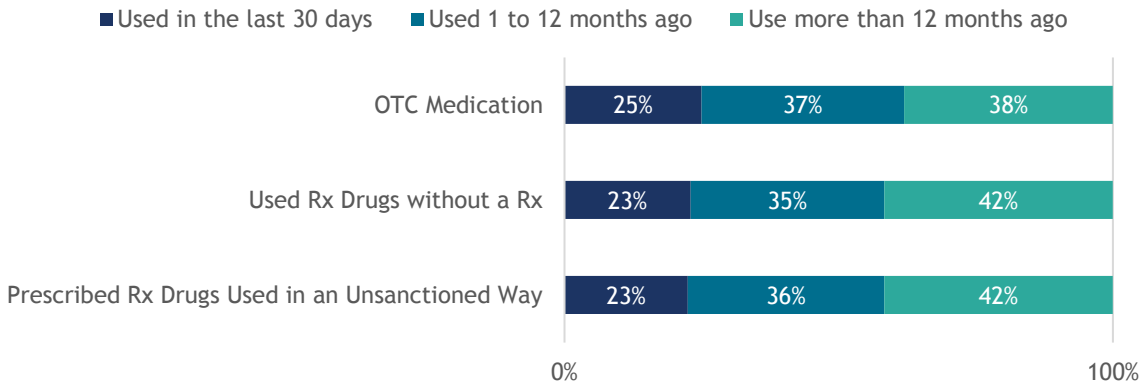
Prescribed Rx Drugs Used in an Unsanctioned Way n=218; Used Rx Drugs without a Rx n=204; OTC Medications n=84; North County n=98; Central County n=188; West County n=78; San Jose n=595; South County n=55
Source: Community-Wide Survey, 2017

Current Adult Prescription Drug Use

Although this section refers to two different behaviors related to prescription drug use, rates of use among prescribed but unsanctioned use and use without a prescription were fairly similar, with 5% indicating use in the past 30 days. Rates of unintended use of OTC medications were significantly lower: 8% of respondents indicated use during their lifetime and 2% reported use in the last 30 days.

Among respondents who reported ever misusing prescribed or OTC medications, nearly one-quarter reported misuse in the last 30 days.

Figure 34. Prescribed Medication, Last Used

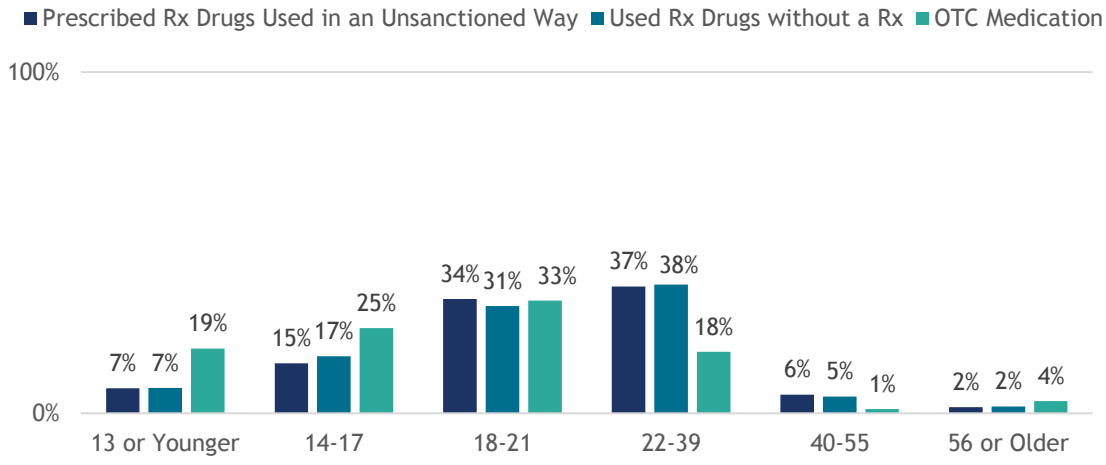


Prescribed Rx Drugs Used in an Unsanctioned Way n=218; Used Rx Drugs without a Rx n=204; OTC n=84

First Time Prescription Drug Misuse

Age of first misuse was fairly similar between unsanctioned use and use without a prescription, with the majority of respondents first using between the ages of 18 and 21 or the ages of 22 and 39. Notably, only a small proportion of respondents reported their first misuse of prescription drugs at age 40 or older. Age of first misuse of OTC medications tended to be younger, as shown below.

Figure 35. Age at First Use, Prescription Drugs and OTC Medications

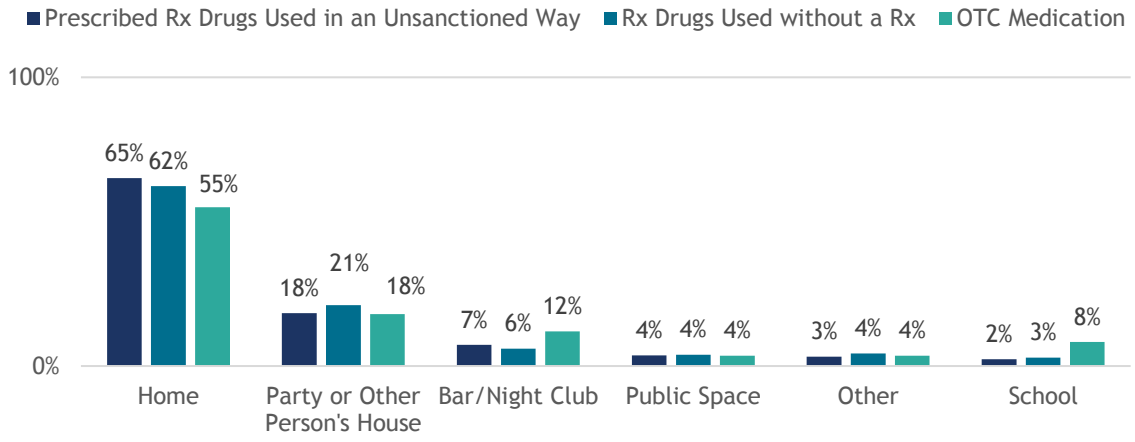


Prescribed Rx Drugs Used in an Unsanctioned Way n=218; Used Rx Drugs without a Rx n=204; OTC Medications n=84. Source: Community-Wide Survey, 2017

Among individuals who reported engaging in unsanctioned use, use without a prescription, or OTC medication misuse, most did so for the first time in their own home or at another person's home. Interestingly, a greater percentage of individuals reporting OTC medication misuse reported first misusing at school compared to unsanctioned use or use without a prescription. Some of the "other" locations that

respondents reported using prescription or OTC medications included vehicles, a hospital, work, hotel rooms, and camping.

Figure 36. Place of First Use, Misused Prescription Drugs



Prescribed Rx Drugs Used in an Unsanctioned Way n=218; Used Rx Drugs without a Rx n=204; OTC Medication n=84. Source: Community-Wide Survey, 2017

The following table provides the top three locations where people used prescribed prescription drugs in an unsanctioned way and prescription drugs without a prescription for the first time, by age at first use.

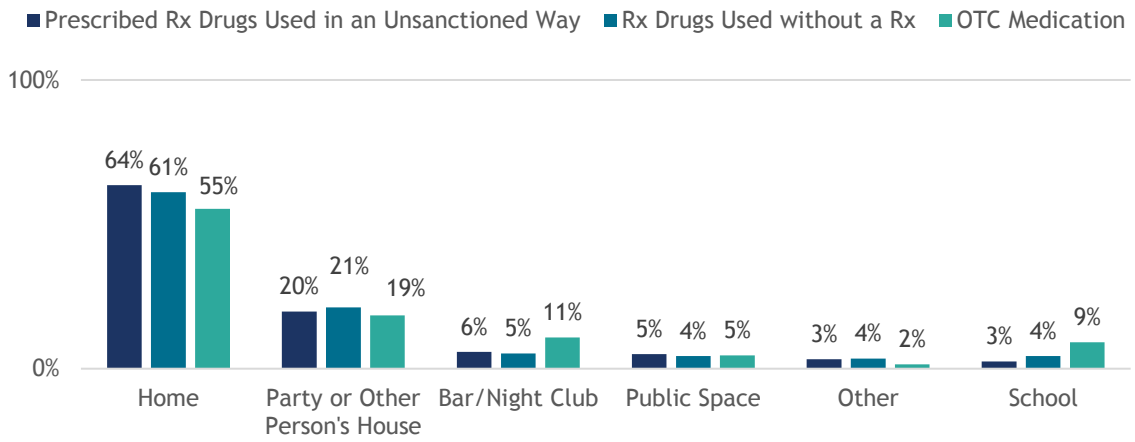
Table 7. Age and Location of First Use, Prescribed Prescription Drugs Used in an Unsanctioned Way and Prescription Drugs without a Prescription

	Prescribed Rx Drugs Used in an Unsanctioned Way			Rx Drugs Used without a Rx		
Age at First Use	Home	Other Person's Home or Party	Bar or Night Club	Home	Other Person's Home or Party	Bar or Night Club
13 or Younger	69%	13%	6%	87%	7%	7%
14 to 17	69%	16%	6%	59%	21%	3%
18 to 21	60%	23%	6%	56%	25%	6%
22 to 39	64%	17%	11%	62%	22%	7%
40 to 55	83%	17%	0%	60%	20%	0%
56 or Older	75%	0%	0%	100%	0%	0%
Total	**65%**	**18%**	**7%**	**62%**	**21%**	**5%**

Prescribed Rx Drugs Used in an Unsanctioned Way n=218; Used Rx Drugs without a Rx n=204
Source: Community-Wide Survey, 2017

Most of those who reported misusing prescription drugs for the first time at age 21 or younger were at their own homes (see Figure 37.)

Figure 37. Place of First Misused Prescription Drug among Users Age 21 or Younger

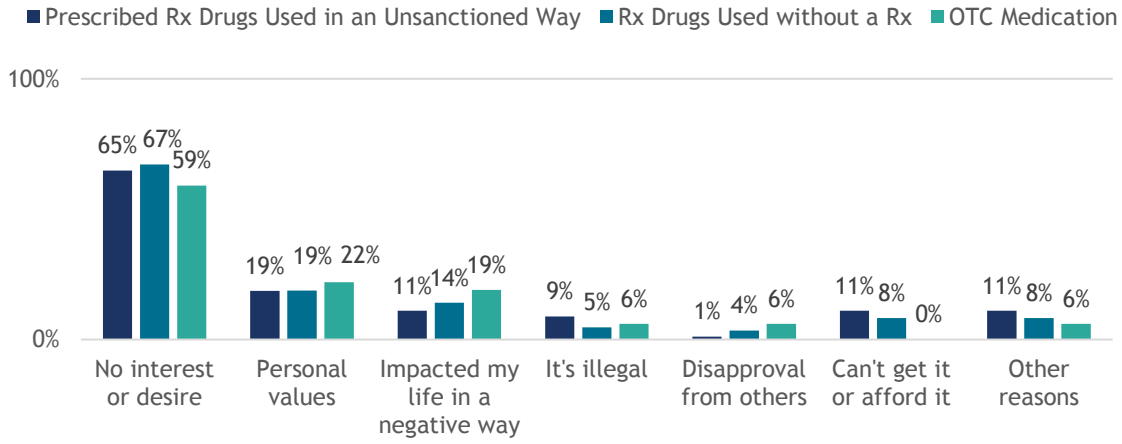


Prescribed Rx Drugs Used in an Unsanctioned Way n=121; Used Rx Drugs without a Rx n=113; OTC Medication n=65. Source: Community-Wide Survey, 2017

Reasons for Stopping Prescription Drug Use

Among those reporting no prescription drug misuse in over a year, respondents most frequently cited no interest or desire as the reason, as illustrated by the following figure.

Figure 38. Reasons for Stopping Misuse of Prescription Drugs



Prescribed Rx Drugs Used in an Unsanctioned Way n=91; Used Rx Drugs without a Rx n=85; OTC Medication n=32. Note: Multiple response question. Percentages may not add to 100%.
Source: Community-Wide Survey, 2017

Community Voices on Prescription Drug Use

Rates of prescription drug use did not vary significantly by region; however, interview and focus group participants expressed the belief that while the misuse of prescription medications was prevalent across the county, reasons for use vary by region. It was noted that misuse of prescriptions in North County was related to the pressures individuals feel to succeed in the many facets of their lives, including work and family. Additionally, during interviews and focus groups with youth services providers it was noted that youth were using "academic enhancers" such as Adderall, Ritalin, or Concerta due to pressures to perform well in school and extracurricular activities in order to gain admission into highly competitive colleges and universities, all while keeping up with a large social network.

Across the county, individuals who provide services to youth noted in focus groups and interviews that youth accessed drugs in a variety of ways, including taking them from their parent's or grandparent's medicine cabinets, purchasing them from peers at school, or purchasing them from the dark net.[33]

Youth providers noted that OTC medication use was common practice among youth. There were several different ways in which youth took OTC medications; some of the most popular included "sizzurp" (mixing cough syrup, soda, and Jolly Ranchers) as well as taking excessive amounts of medications that include "Triple C" (cough syrup mixed with Xanax or Coricidin) or dextromethorphan ("Robo"). Providers noted that youth could easily bring OTC medications in the formats referenced above to school campuses and disguise them as other beverages.

[33] The dark net or dark web is a small portion of the internet whose contents are not accessible via search engines. The dark net is also anonymous to both viewers and publishers of content. https://en.wikipedia.org/wiki/Darknet

Illegal Substance Use

This section explores the types of illegal substances used by Santa Clara County residents, including:

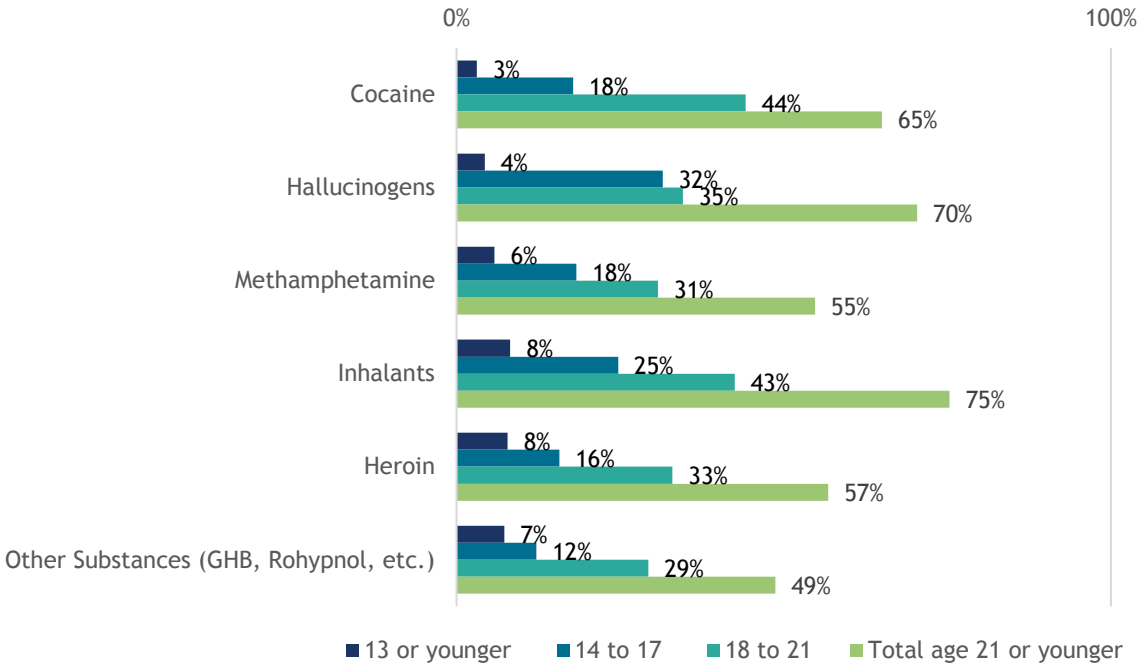
- Cocaine
- Hallucinogens (e.g., LSD, PCP, mushrooms, MDMA/Ecstasy, bath salts, Ketamine, DMT, AMT, Foxy, or Salvia)
- Methamphetamine
- Inhalants
- Heroin
- Other substances (e.g., GHB, Rohypnol, Kaht, or Kratom)

Non-medical marijuana is no longer illegal for those age 21 and older, so it is not included in this section except for comparisons and when it is included in secondary data.

Youth Illegal Substance Use in Santa Clara County

Survey respondents were asked to report if they used and the age they first used illegal drugs by drug type. Among those who reported first use at age 21 or younger, inhalants were the most commonly used followed by hallucinogens (75% and 70%, respectively; see Figure 39.) In addition, more youth report using these substances at a younger age than other illegal substances: 25% first use inhalants and 32% first use hallucinogens between 14 and 17 years of age. First use for other substances generally doubles between age 14 to 17 and age 18 to 21.

Figure 39. First Use of Illegal Drugs, Ages 21 and Younger



Cocaine n=163; Hallucinogens n=162; Methamphetamine n=104; Inhalants n=73; Heroin n=51; Other Substances n=41

Nationwide, 26% of youth reported using an illicit drug[34] at least once between the ages of 12 and 17. Sixteen percent (16%) used an illicit drug for the first time between the ages of 16 and 17 and 7% between the ages of 14 and 15.

[34] "Any Illicit Drug" includes: marijuana, cocaine (including crack), heroin, hallucinogens (including LSD, PCP, peyote, mescaline, psilocybin mushrooms, "Ecstasy," ketamine, DMT/AMT/"Foxy," and Salvia divinorum), inhalants, methamphetamine, or the misuse of prescription pain relievers, tranquilizers, stimulants, and sedatives. National Center on Health Statisticts, 2015.

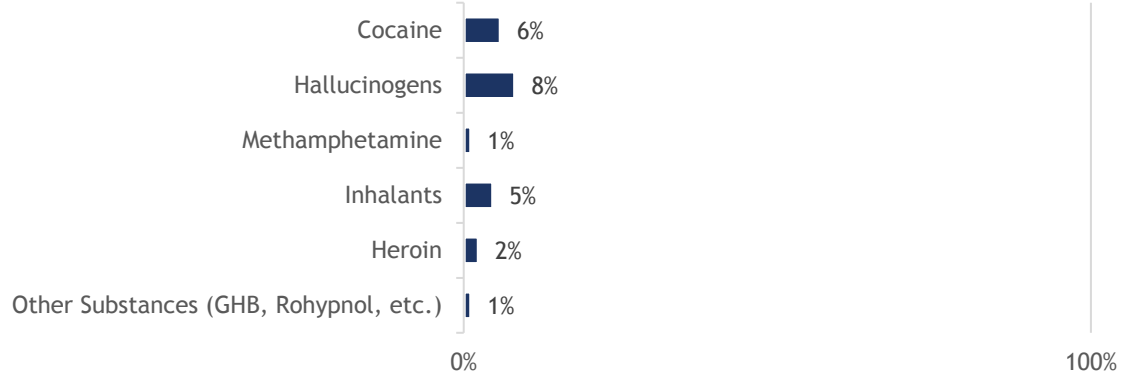
Table 8. National Substance Use Rates, Ages 12-17

	Any Illicit Drug[35]	Marijuana	Misused Prescription Drugs
12-13 years old	3%	1%	1%
14-15 years old	7%	6%	2%
16-17 years old	16%	14%	3%
Total 12-17 years old	**26%**	**21%**	**6%**

Source: National Center on Health Statistics, 2015

The percentage of Community-Wide Survey respondents age 18 to 20 that used each illegal substance ranged from 1 to 8% (see Figure 40.)

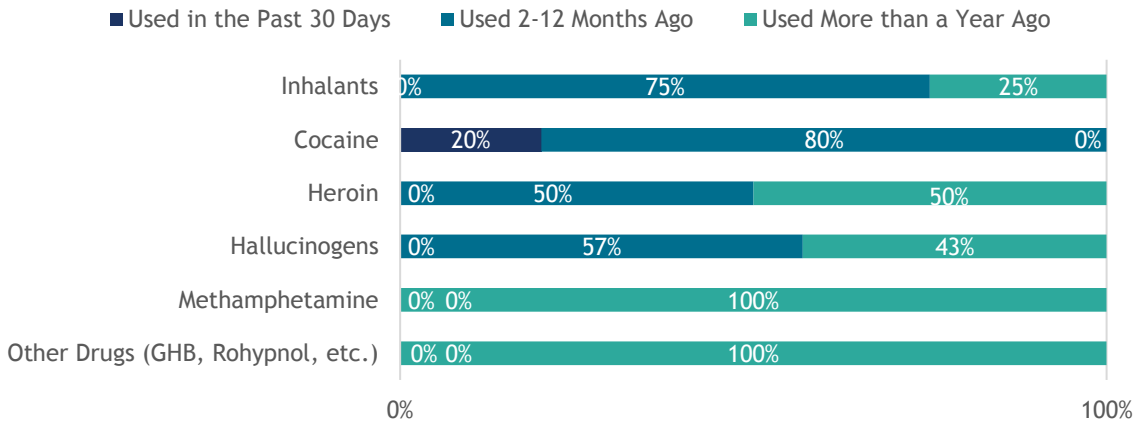
Figure 40. Lifetime Use among those Age 18 to 20, Illegal Substances



Age 18 to 20 n=85. Source: Community-Wide Survey, 2017

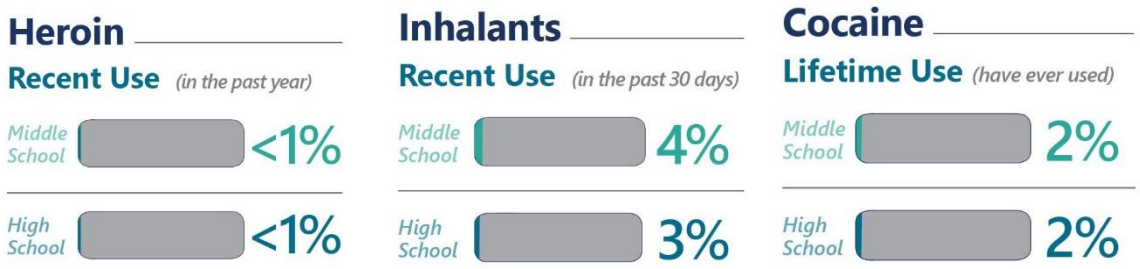
The following figure illustrates when survey respondents age 18 to 20 last used illegal substances and identifies cocaine as the most recently-used substance.

Figure 41. Last Use of an Illegal Substance, Ages 18 to 20



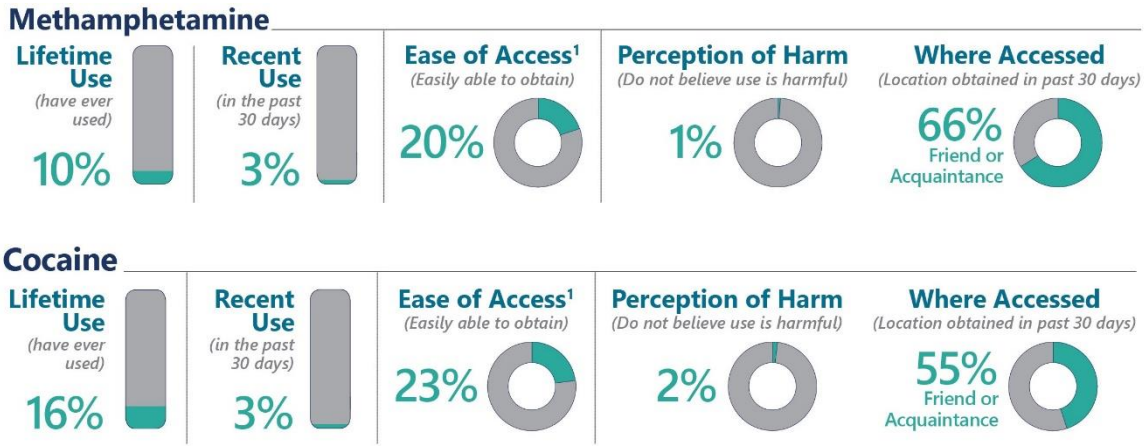
Inhalants n=4; Cocaine n=5; Heroin n=2; Hallucinogens n=7; Methamphetamine n=1; Other Drugs n=1
Source: Community-Wide Survey, 2017

[35] See above footnote



National Center on Health Statistics data reveal that 10% of the U.S. population aged 12 and older have used an illegal substance (including marijuana) in the past 30 days.[36] In Santa Clara County, the Project Cornerstone survey finds that 4% of middle schoolers and 3% of high schoolers reported using inhalants in the past 30 days.[37] Less than one percent (<1%) of middle and high school students reported using heroin in the past year.[38] Two percent (2%) of middle schoolers and 2% of high schoolers reported using cocaine in their lifetime.[39]

Lifetime Rates of Illegal Substance Use in Santa Clara County among Adults



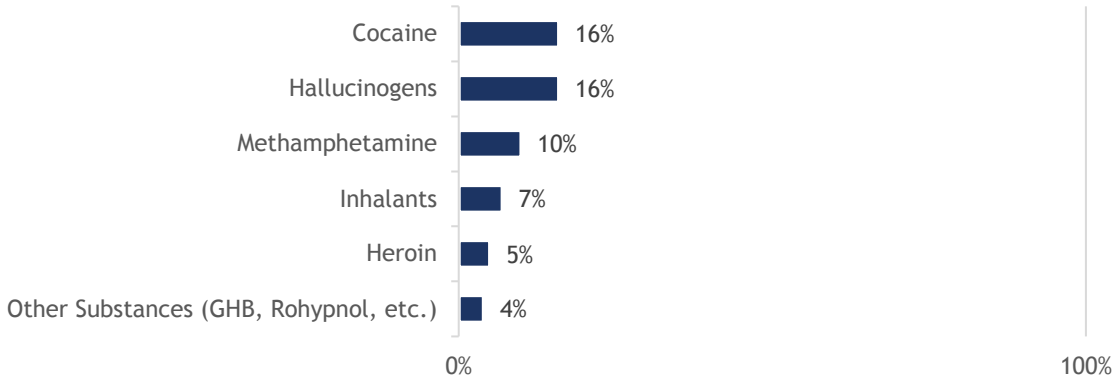
Although this section refers to a variety of illegal substances, rates of use were fairly similar across the different types of substances among Santa Clara County residents at least once in their lifetime. As noted, 22% of county adults have ever used marijuana. The figure below outlines use by substance, showing that marijuana use is followed by cocaine (16%) and hallucinogens (16%), followed by methamphetamine (10%). A small percentage of residents had used inhalants (7%), heroin (5%), or other substances

[36] https://www.cdc.gov/nchs/fastats/drug-use-illegal.htm
[37] Middle School N=13,735, High School N=18,734; Source: Project Cornerstone, 2017. http://www.projectcornerstone.org/html/youthsurveyresults.html
[38] Middle School N=13,735, High School N=18,734; Source: Project Cornerstone, 2017. http://www.projectcornerstone.org/html/youthsurveyresults.html
[39] Middle School N=13,735, High School N=18,734; Source: Project Cornerstone, 2017. http://www.projectcornerstone.org/html/youthsurveyresults.html

(4%)[40]. Respondents identifying as Latino(a) reported higher rates of ever using cocaine and methamphetamine than other races.

Lifetime use of illegal substances is presented in the figure below. Importantly, respondents were asked about each substance independently, thus percentages across substances will not add to 100%.

Figure 42. Lifetime Use, Illegal Substances



N=1,015. Source: Community-Wide Survey, 2017

Current Adult Illegal Substance Use

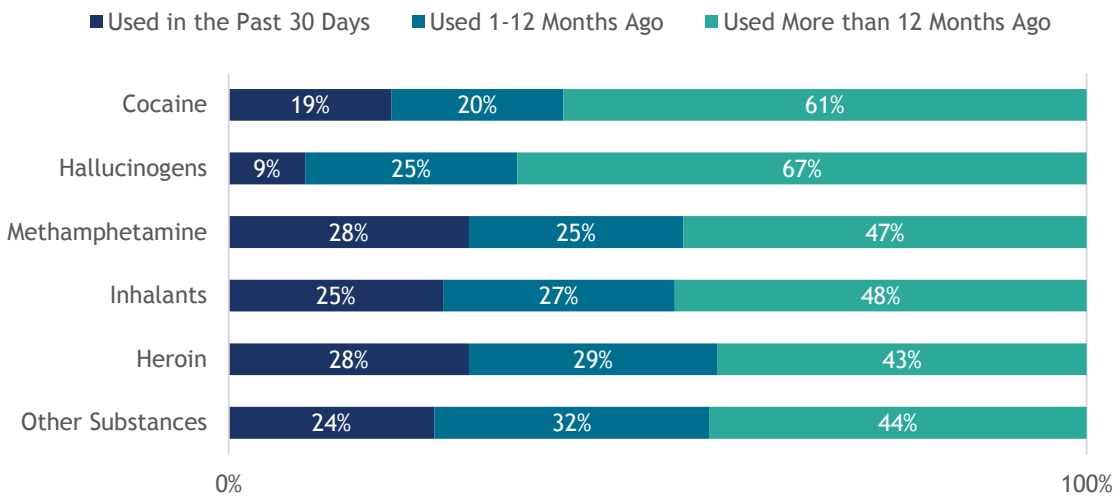
The National Center on Health Statistics indicates that 15% of U.S. adults aged 18 and older have used an illegal substance (including marijuana) in the past 30 days.[41,42]

The figure below outlines when respondents reported last using illegal substances by type. Across all substances, most individuals reported not using illegal substances in the past year. Respondents reporting use of methamphetamine, inhalants, and heroin indicated higher rates of use within the past 30 days than those using other substances.

Respondents identifying as Asian reported higher rates of using heroin and cocaine in the last 30 days than other races.

[40] "Other Substances" were defined as GHB, Rohypnol, Kaht, Kratom, or any other illegal substances not included in other categories.
[41] https://www.cdc.gov/nchs/data/hus/hus16.pdf#050
[42] From the CDC: "Any illicit drug includes marijuana, cocaine (including crack), heroin, hallucinogens (including LSD, PCP, peyote, mescaline, psilocybin mushrooms, "Ecstasy," ketamine, DMT/AMT/"Foxy," and Salvia divinorum), inhalants, methamphetamine, or the misuse of prescription pain relievers, tranquilizers, stimulants, and sedatives." https://www.cdc.gov/nchs/data/hus/hus16.pdf#050

Figure 43. Illegal Substance Use, Last Used



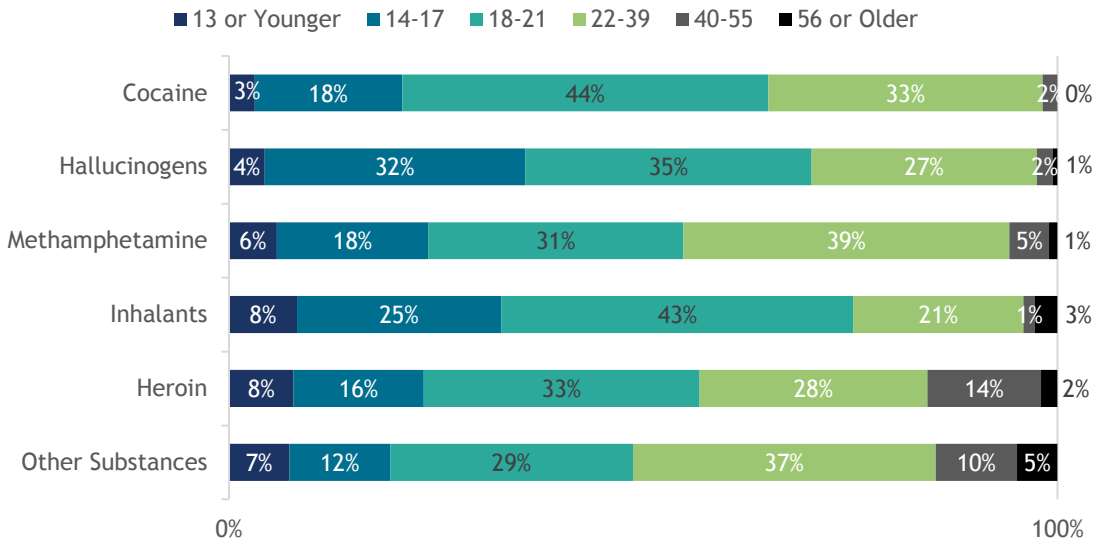
Cocaine n=163; Hallucinogens n=162; Methamphetamine n=104; Misused Over-the-Counter (OTC) Drugs n=84; Inhalants n=73; Heroin n=51; Other Substances n=41
Source: Community-Wide Survey, 2017

First Time Illegal Substance Use

Less than 10% of respondents reported using any illegal substances prior to the age of 13. Across all illegal substances, most report first time use between the ages of 18 and 21, or 22 and 39. A greater proportion of those who have used hallucinogens started use at a younger age, relative to other substances, as illustrated in the next figure (see also Youth Illegal Substance Use section above).

> ***"I've been using drugs since the age of 13. I've never really stopped on my own. I don't feel my drug of choice is a problem for me. I actually get very crazy when I'm off of it. My mind doesn't seem to work sober."***
> ***-- Community-Wide Survey Respondent***

Figure 44. Age at First Use, Illegal Substances

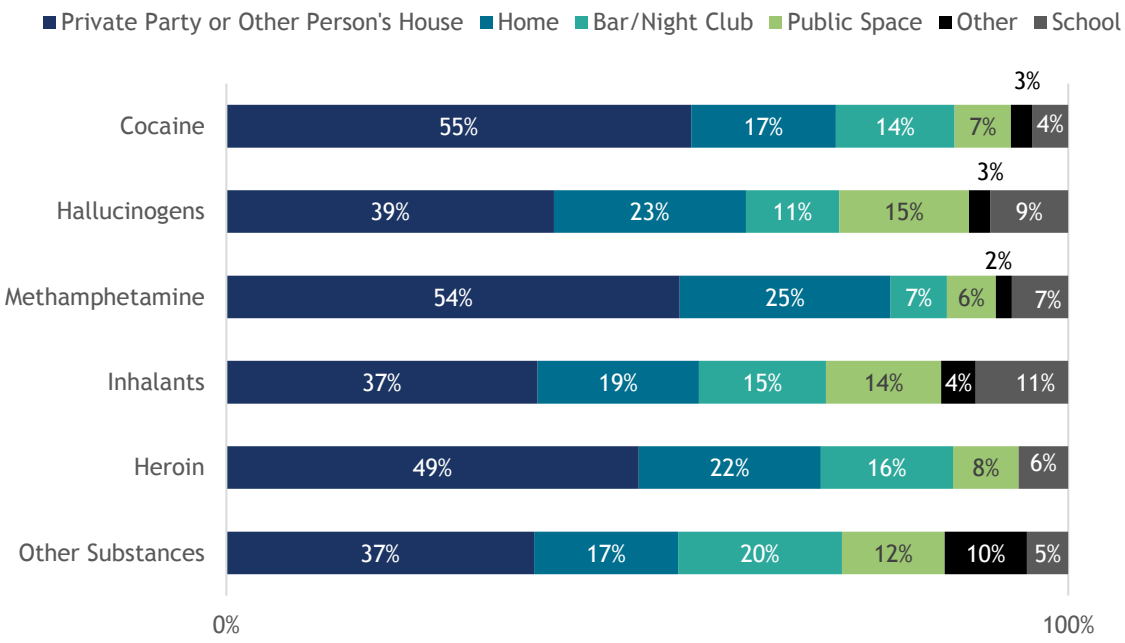


Cocaine n=163; Hallucinogens n=162; Methamphetamine n=104; Inhalants n=73; Heroin n=51; Other Substances n=41
Source: Community-Wide Survey, 2017

As illustrated in Figure 45, respondents reported first using methamphetamine in their own home, at a notably higher rate relative to other illegal substances. First time use of cocaine, heroin, hallucinogens, inhalants, and other substances most frequently occurred at another person's home or at a private party. Some of the "other" locations that respondents reported using cocaine for the first time include hotels, and "other" locations that respondents reported using hallucinogens for the first time include nature, raves, and concerts.

Interestingly, a greater proportion of respondents identifying as Latino(a) reported using methamphetamine in a park or public space for the first time, compared to 0% of other races.

Figure 45. Place of First Use, Illegal Substances



Cocaine n=163; Hallucinogens n=162; Methamphetamine n=104; Inhalants n=73; Heroin n=51; Other Substances n=41
Source: Community-Wide Survey, 2017

The table below provides the age and top three locations where people used cocaine, hallucinogens, and methamphetamine for the first time.

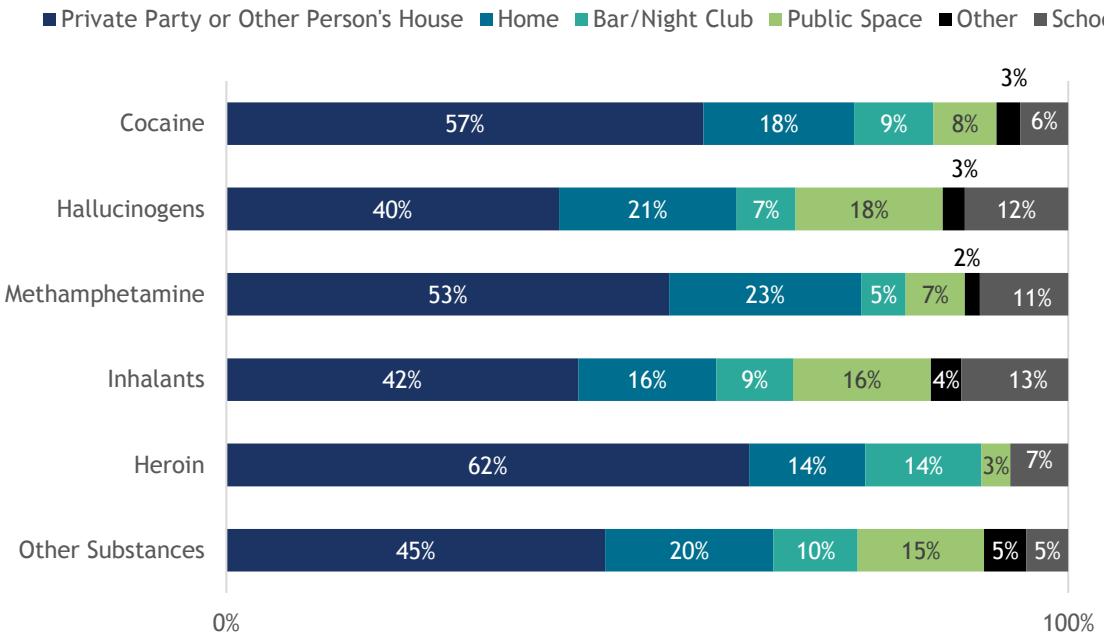
Table 9. Age and Location of First Use, Cocaine, Hallucinogens, and Methamphetamine

	Cocaine			Hallucinogens			Methamphetamine		
Age at First Use	Home	Other Person's Home or Party	Bar or Night Club	Home	Other Person's Home or Party	Bar or Night Club	Home	Other Person's Home or Party	Bar or Night Club
13 or Younger	40%	40%	0%	43%	14%	0%	50%	17%	0%
14 to 17	3%	55%	3%	20%	31%	6%	11%	63%	0%
18 to 21	22%	58%	13%	20%	50%	9%	25%	53%	9%
22 to 39	15%	54%	22%	30%	39%	21%	32%	54%	7%
40 to 55	33%	33%	33%	0%	0%	33%	0%	80%	20%
56 or Older	--	--	--	0%	100%	0%	0%	0%	0%
Total	**17%**	**55%**	**14%**	**23%**	**39%**	**11%**	**25%**	**54%**	**7%**

Cocaine n=163; Hallucinogens n=162; Methamphetamine n=104
Source: Community-Wide Survey, 2017

The following figure illustrates where people reported using illegal substances if they used at age 21 or younger for first time.

Figure 46. Place of First Use of Illegal Substances Among Users Age 21 or Younger at First Use

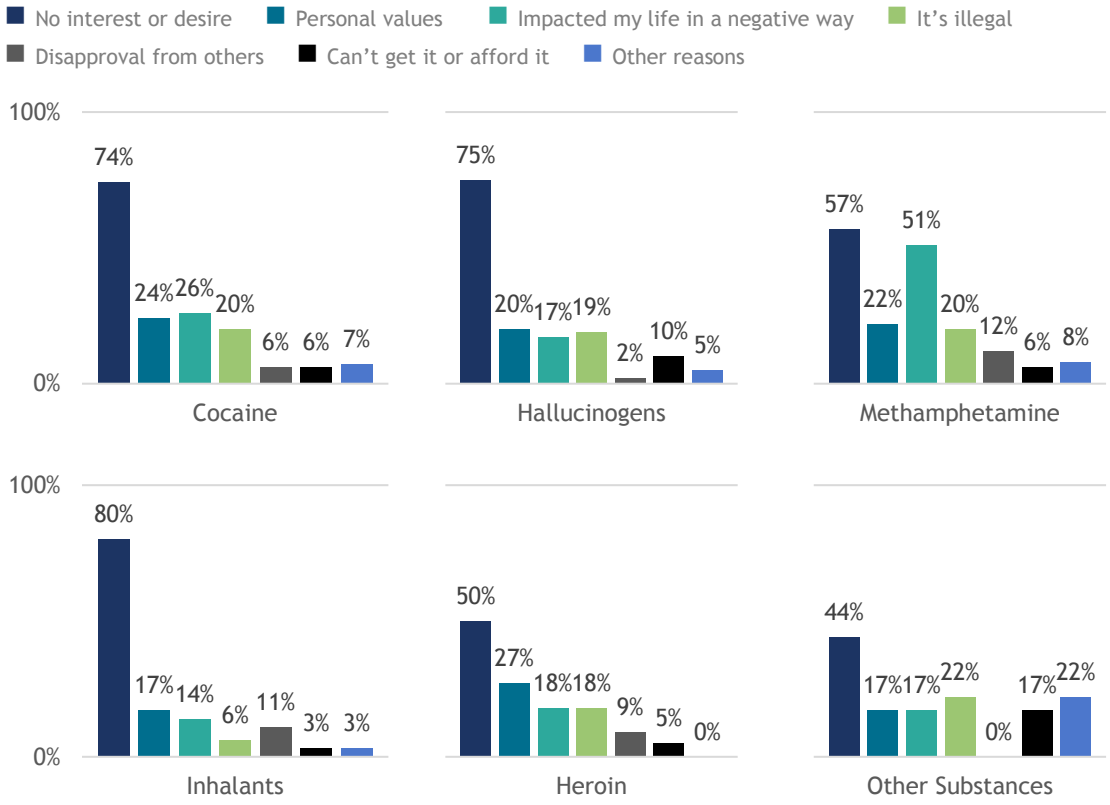


Cocaine n=106; Hallucinogens n=114; Methamphetamine n=57; Inhalants n=55; Heroin n=29; Other Substances n=20
Source: Community-Wide Survey, 2017

Reasons for Stopping Illegal Substance Use

When asked why they stopped using illegal substances, many respondents reported a lack of interest or desire; this was especially evident among individuals reporting use of inhalants, hallucinogens, and cocaine. Half of respondents whose last use of methamphetamine occurred over a year ago indicated they stopped because the substance impacted their life in a negative way.

Figure 47. Reasons for Stopping Illegal Substances



Cocaine n=163; Hallucinogens n=162; Methamphetamine n=104; Inhalants n=73; Heroin n=51; Other Substances n=41

Community Voices on Illegal Substance Use

Interview and focus group participants identified methamphetamine as the most commonly used illegal substance. While other illegal substances were noted, methamphetamines were discussed by almost all providers. Several providers noted that there has been a decrease in cocaine use throughout the county, and small increases in the use of heroin. Some providers noted that the increase in heroin use might be related to the opioid epidemic as individuals who can no longer access or afford prescription drugs may turn to heroin to fulfill their needs.

> ***"I [was] arrested 20 years ago for methamphetamine, both for possession and under the influence. I didn't like the experience and was fortunately able to kick my habit and get my life in order…"***
> ***-- Community-Wide Survey Respondent***

In focus groups and interviews, providers and youth relayed that the types of drugs used by youth depended on socioeconomic status, although this phenomenon was not observed in the survey data taken by adults. Providers indicated that more affluent youth were more likely to use prescription drugs, cocaine, or MDMA (also known as "Molly"), and that more less affluent youth were more likely to use methamphetamine.

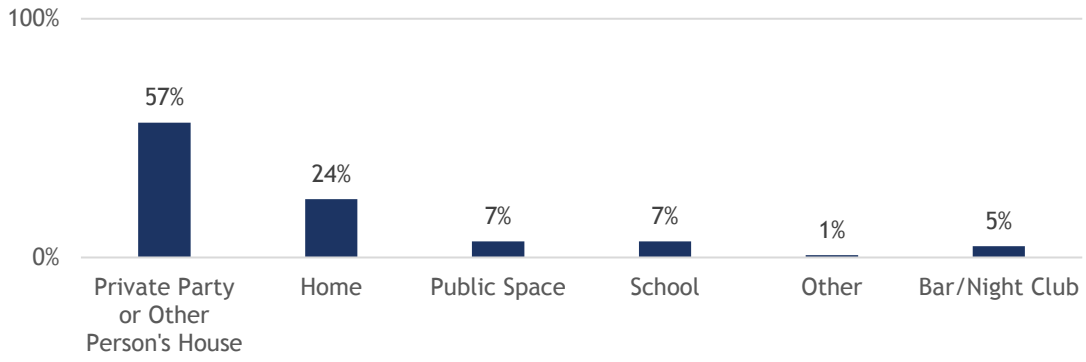
> ***"I moved here about a year ago. I had been clean for 3 months, thought moving to a new environment would help me stay that way. Instead, meth was shoved in my face, literally, every day. Now I'm addicted to a completely new drug I had never even seen before."***
> ***-- Community-Wide Survey Respondent***

Mixed Substance Use

Survey respondents were asked if they had ever used two or more substances (e.g., alcohol, marijuana, illegal substances, and/or prescription drugs) together at the same time. Over one-quarter (27%) of respondents reported ever using two or more substances together, with 8% of respondents reporting such use in the past 30 days. Individuals most frequently using two or more substances at a time were between the ages of 14 to 17 (25%), 18 to 21 (38%), and 22 to 39 (25%).

Fifty-seven percent (57%) of those who reported using two or more substances at once for the first time at age 21 or younger were at a private party or another person's home and 24% were at their own home (see Figure 48.).

Figure 48. Place of First Use if Used at Age 21 or Younger, Mixed Substances



n=193
Note: Due to rounding, percentages may not add to 100%
Source: Community-Wide Survey, 2017

During interviews and focus groups, the concurrent use of two or more substances was discussed only indirectly. It was noted that individuals may be actually using two or more substances without being aware they are engaging in this behavior. When drugs are created on the streets, they can be "laced" or "cut" with other drugs. As such, individuals may believe they are using marijuana when they might be using marijuana laced with methamphetamine. Youth service providers participating in focus groups and interviews described observing this scenario when youth tested positive for drugs other than marijuana during urine tests.

ACCESS TO SUBSTANCES IN SANTA CLARA COUNTY

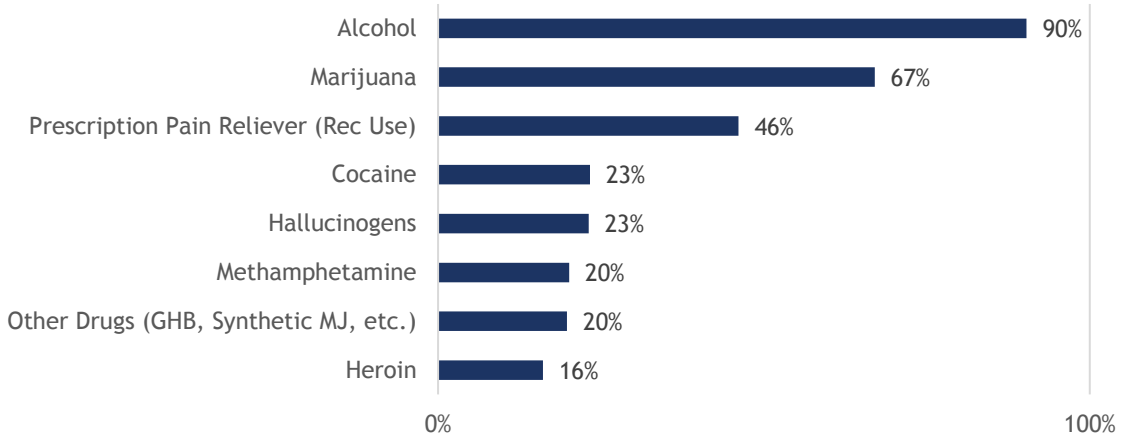
Understanding where and how easily Santa Clara County residents believe substances are acquired is crucial for designing effective prevention programs.

Respondents to the Community-Wide Survey were asked to indicate how easy they believed it would be to obtain various substances in the county and where they believed most people obtain them, even if they themselves have never accessed the substances before.

> ***"[Alcohol is] highly accessible in the community I live in…"***
> ***-- Community-Wide Survey Respondent***

Ninety percent (90%) of adult respondents believed that alcohol was "very easy" or "fairly easy" to obtain, while two-thirds (67%) reported marijuana was easy to obtain. Nearly half of respondents (46%) believed that obtaining a prescription pain reliever, stimulant, sedative, or depressant would also be easy. Significantly fewer respondents judged Illegal drugs such as cocaine, hallucinogens, heroin, and methamphetamines easy to access.

Figure 49. Ease of Access by Substance, Very Easy or Fairly Easy



N=1,015
Source: Community-Wide Survey, 2017

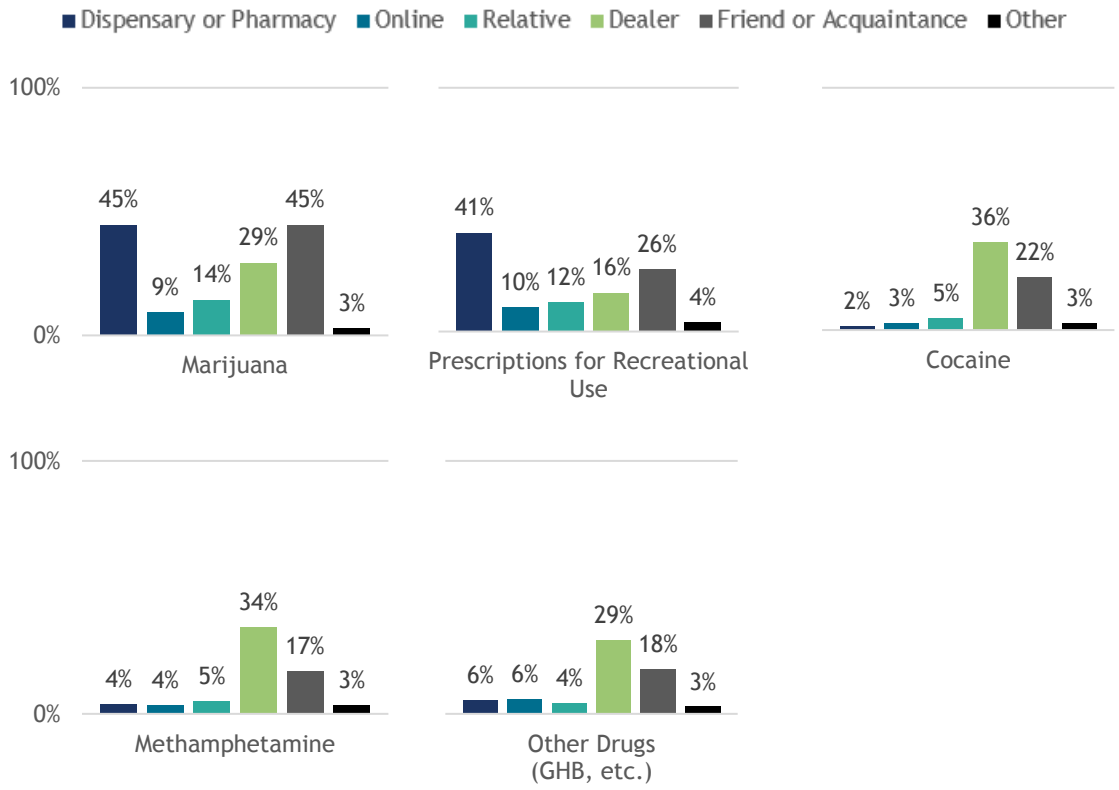
Perceptions of ease of access varied among the different regions of the county. A larger proportion of respondents from San Jose believed both cocaine and heroin to be easy to obtain as compared to those in North County. A greater proportion of San Jose residents perceived that it was easy to access alcohol relative to those in Central and South County. Residents of North and South County were more likely to believe methamphetamine was difficult to obtain than other regions.

Overall, relative to other age groups, a larger proportion of respondents aged 31 to 40 believed access to prescription drugs and illegal drugs to be easy.

A key component of accessing substances is knowing people who sell them. As such, respondents were asked if anyone offered to sell them an illegal drug in the past month. Eight percent of respondents reported being offered an illegal drug.

Respondents were asked to identify *where* they believed individuals could obtain marijuana and other substances in Santa Clara County, even if they had never personally used that substance; perceptions varied by substance, as illustrated in the figure below. Write-in survey responses identified parks, bars/nightclubs, and hotels as other places that respondents believe these substances might be obtained.

Figure 50. Sources of Marijuana, Cocaine, Misused Prescription Drugs, and Methamphetamine



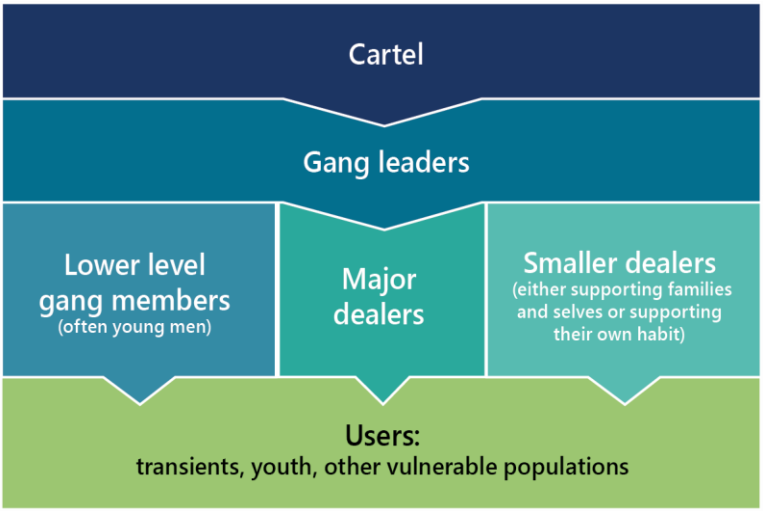
N=1,015
Note: Multiple response question. Percentages may not add to 100%.
Source: Community-Wide Survey, 2017

Interviews and focus groups with service providers revealed additional details concerning where residents obtain substances. Many providers spoke about cartel and gang influence in local drug trafficking, which originates at the convergence of five

highways[43] and counties[44] at the southern edge of Santa Clara County. Drugs are distributed through a network of gang members, typically young men who are at less risk of being incarcerated for long periods of time due to their age and lack of criminal records. Service providers also described a variety of big- to small-time dealers, some of whom deal to make a living, some of whom are supplementing other sources of family or household income, and some of whom are supporting their own habits, distribute the drugs further down the distribution chain to users.

The following is a visualization of the chain of distribution, from the cartel at the top to individual drug users at the bottom as described by focus group and interview participants.

Figure 51. Drug Distribution in Santa Clara County



Source: Applied Survey Research focus groups, interviews, 2017

Youth Access to Alcohol and Other Substances

Although youth did not participate in the survey, providers who work with youth and youth themselves discussed where young people obtain substances in the interviews and focus groups. Providers reported that youth obtain substances along the same chain of distribution mentioned above, and are often a target for gangs as both sellers and recipients of drugs. Gangs and drug distribution came up in every conversation about how youth access drugs, but most providers did not know the specifics of how those interactions and transactions took place. In addition, one aspect commonly referenced by providers was social media and the dark net. Providers noted that almost all youth have access to social media and that many social media platforms

[43] Interstate 101 and State Highways 29, 129, 152, and 156
[44] Counties: Santa Clara, San Benito, Monterey, Santa Cruz, and Merced

(e.g., Facebook, Instagram, Snapchat) are regularly used to advertise and facilitate the sale of drugs.

For drugs that are sold legally such as alcohol and marijuana, youth providers noted although youth may not be able to legally purchase alcohol and marijuana themselves, they could easily find avenues to obtain these substances such as having older friends, sibling, or strangers (via shoulder tapping) purchase at supermarkets and/or dispensaries.

With regards to marijuana specifically, youth providers noted that some youth grow their own marijuana, purchase from a dealer, or purchase it via social media.

In terms of accessing prescription drugs, youth providers also relayed that "pill parties" or "skittle parties" are a growing trend among youth in some areas, whereby prescription medications are stolen from their own homes, relatives, or open houses, and are mixed together in a bowl and served at parties where nobody knows what they are taking. In addition, youth providers noted that many youth who were accessing prescription drugs that were being used as "academic enhancers" were doing so through a prescription from their own primary care physician or through an acquaintance who had a prescription.

> ***"I have witnessed the trafficking of women and the connection with meth to that. Younger females are coming to us addicted to meth."***
> ***-- Key Informant Interview Participant***

Although mentioned by a minority of providers, it is important to note that some young people (especially young women) were accessing drugs via "romantic relationships." Providers noted that many young women were given drugs by individuals who they identified as "boyfriends." Importantly, providers who noted this trend perceived that these young women were being trafficked and alcohol and substances were being exchanged for sex. In addition, providers noted that youth who were introduced and accessing drugs via romantic partnerships continued these behaviors into adulthood.

Whether obtaining marijuana from individuals they are familiar with (i.e. older friends, siblings, or peers) or accessing substances through social media, providers relayed that youth are adept at taking advantage of their surroundings in order to obtain substances.

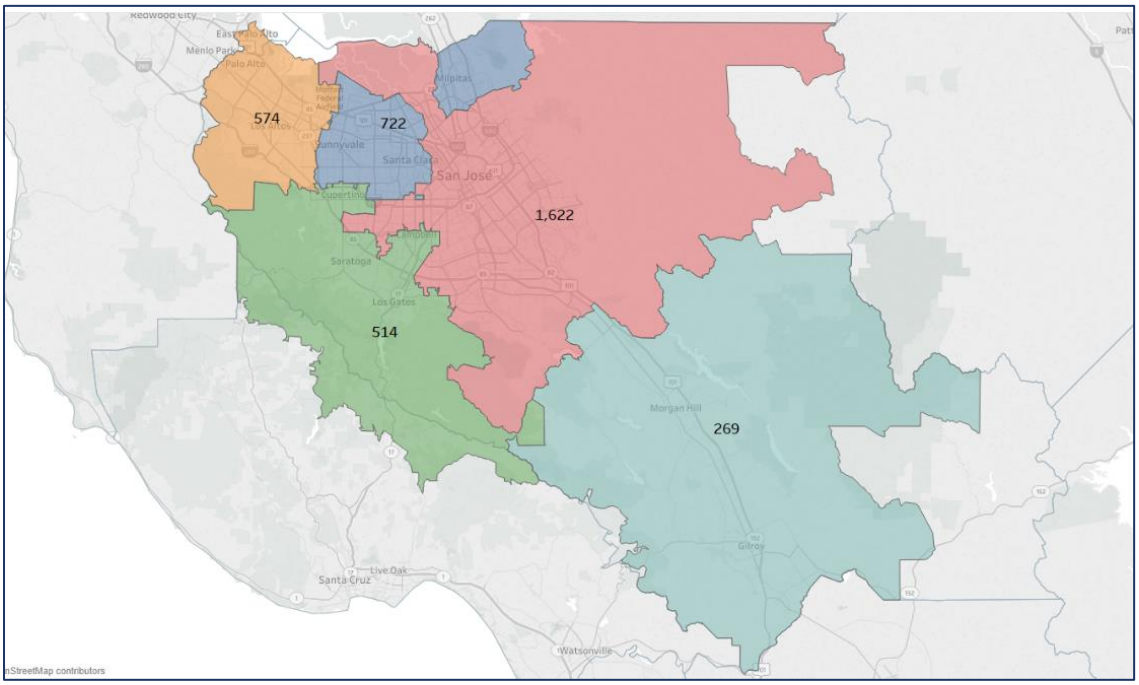
Adult Access to Alcohol

As the most heavily used substance reported in Santa Clara County, alcohol was also reported as the easiest to acquire by respondents of the Community-Wide Survey.

Liquor Licenses in Santa Clara County

As of August of 2017, there were 3,607 active liquor licenses in Santa Clara County, equating to 2.28 licenses per 1,000 residents. The figure below shows the concentration of licenses per region in the county. Licenses are fairly evenly distributed across the county on a per capita basis.

Figure 52. Liquor Licenses per County Region



Source: Community-Wide Survey. Data from California Alcoholic Beverage Control.

Perceptions of Alcohol Access in Santa Clara County

Respondents were asked to rate on a 4-point scale how easy or difficult they believe it would be to access a list of substances. On average, respondents found it between "fairly easy" and "very easy" to obtain alcohol. As expected, respondents under the age of 21 reported significantly more difficulty accessing alcohol than all other age groups, and those aged 55 and up reported an easier time accessing alcohol than all other groups.

> ***"There are just so many bars and it seems to be socially acceptable for people to drink all the time." -- Community-Wide Survey Respondent***

Race and ethnicity also had an impact on ease of accessing alcohol: White respondents indicated a belief that accessing alcohol would be easier than African American or Asian respondents, and Latino(a)s believed it easier to access alcohol than African Americans.

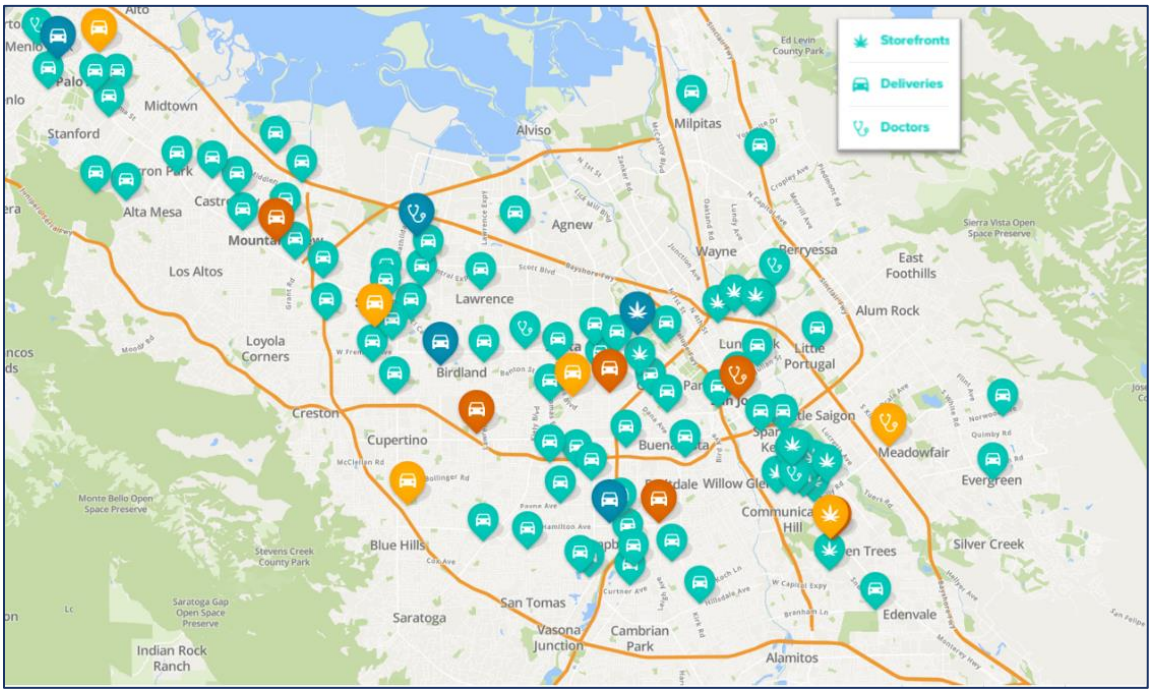
Adult Access to Marijuana

Although non-medical marijuana sales have not yet begun in the state or in Santa Clara County, marijuana is still widely accessed by many residents. This section examines the existing infrastructure for obtaining medical marijuana, where residents believe people access marijuana, and the perceptions of how easily residents feel they can obtain marijuana.

Medical Marijuana Dispensaries in Santa Clara County

As marijuana became decriminalized and then fully legalized for adults in California, it became increasingly easy to obtain.[45] Data on marijuana dispensaries are not publicly available, but the following maps feature data from private sources in order to display the locations of physical dispensaries, doctors who recommend medical marijuana usage, and medical marijuana delivery services.

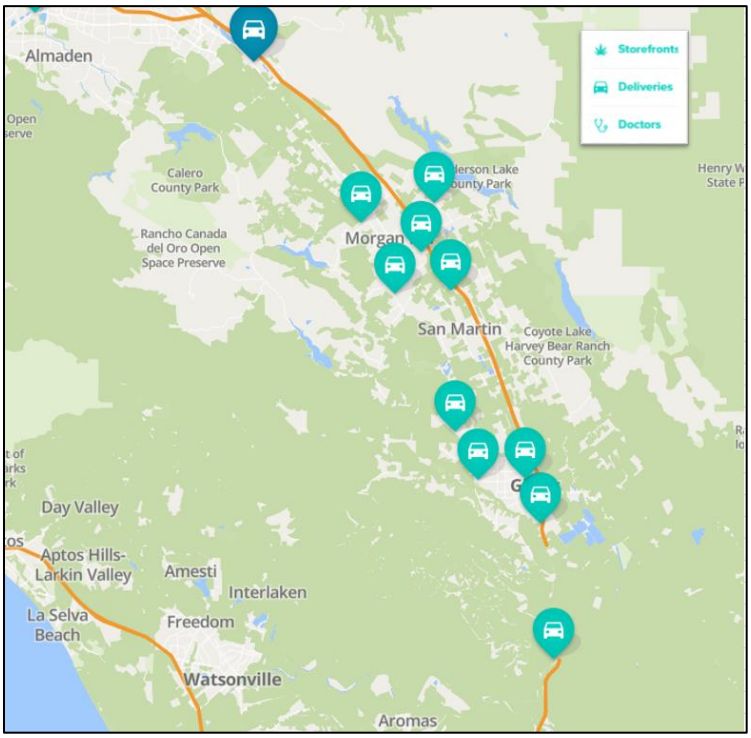
Figure 53. Medical Marijuana Availability, Santa Clara County (Excluding South County)



Source: WeedMaps.com

[45] http://www.latimes.com/politics/la-pol-ca-proposition-64-marijuana-legalization-crime-snap-20161103-story.html

Figure 54. Medical Marijuana Availability, South County



Source: WeedMaps.com

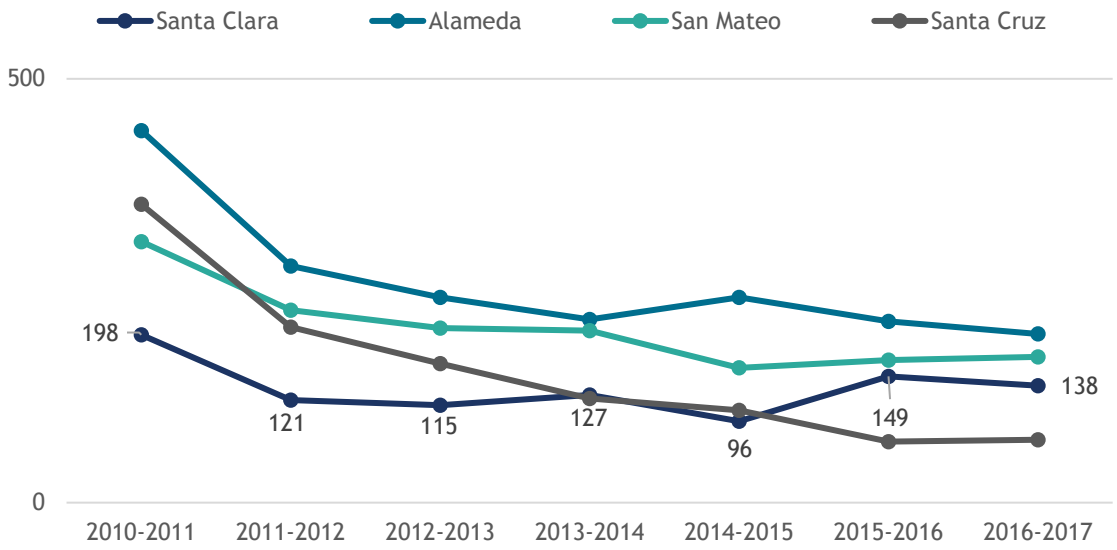
Medical Marijuana Cards in Santa Clara County

Since the 2005-2006 fiscal year, 2,301 medical marijuana cards have been formally issued by the Santa Clara County Public Health Department. As illustrated in the following figure, the number of medical marijuana cards issued by the County decreased in 2011 and has remained relatively stable since.

It is important to note that a medical marijuana card is not currently necessary to obtain marijuana at a dispensary; a doctor's letter suffices, and doctors' recommendations for medical marijuana can be obtained online in a matter of minutes. Both medical marijuana cards and doctors' letters expire after one year.[46]

[46] http://hightimes.com/medicinal/how-to-get-a-medical-marijuana-card/

Figure 55. Medical Marijuana Cards Issued by County, 2010-2017



Note: 2016-2017 data reflect cards issued through June 2017
Source: California Department of Public Health[47]

Perceptions of Marijuana Access in Santa Clara County

Two-thirds (67%) of respondents reported marijuana as "fairly easy" or "very easy" to access, but those perceptions varied by age: respondents aged 18 to 30 believed accessing marijuana to be easier than respondents aged 55 and older.

> ***"Marijuana is very easy to access - it is in the dispensaries, it is on the streets - and it is very affordable."***
> ***-- Focus Group Participant***

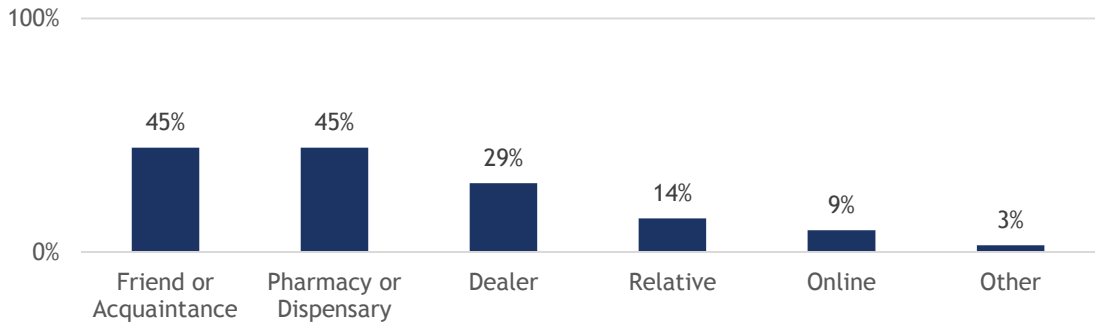
Ease of access to marijuana also varied by race. Latino(a) respondents perceived marijuana to be easier to obtain than White or Asian respondents, and Whites believed marijuana to be easier to obtain than Asians.

[47] https://archive.cdph.ca.gov/programs/MMP/Documents/MMPCounty%20Card%20Count%206-17rev.pdf

As illustrated in Figure 56, nearly half of respondents believed people obtain marijuana from either a dispensary (45%) or a friend or acquaintance (45%). Focus group and interview participants affirmed these survey findings, with participants referencing the ease with which residents can obtain marijuana from a dispensary and then share that marijuana with others. In addition, youth providers believed that some dispensaries were overproducing and selling through other avenues to individuals who cannot legally purchase through dispensaries.

Some of the "other" locations respondents reported obtaining marijuana include phone applications, hotels, growing marijuana themselves, and coworkers or classmates.

Figure 56. Adult Perceptions of How Marijuana is Obtained

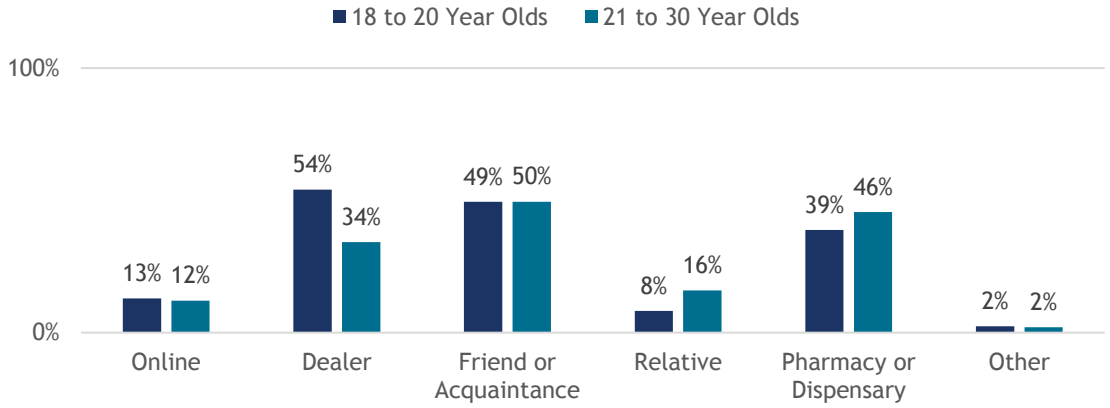


N=1,015. Note: Multiple response question. Percentages may not add to 100%.
Source: Community-Wide Survey, 2017

Compared to men, women more frequently indicated a belief that marijuana is acquired through a dealer, relative, dispensary, or a friend or acquaintance.

Because the 18 to 20 and 21 to 30 age groups reported relative ease in accessing marijuana, the following figure illustrates how these respondents perceived how marijuana is accessed. Those aged 18 to 20 were more likely to believe marijuana is obtained through a dealer, whereas respondents aged 21 to 30 more frequently believed people obtained marijuana from a dispensary.

Figure 57. Perceptions of How Marijuana is Obtained, 18 to 20 year olds and 21 to 30 year olds



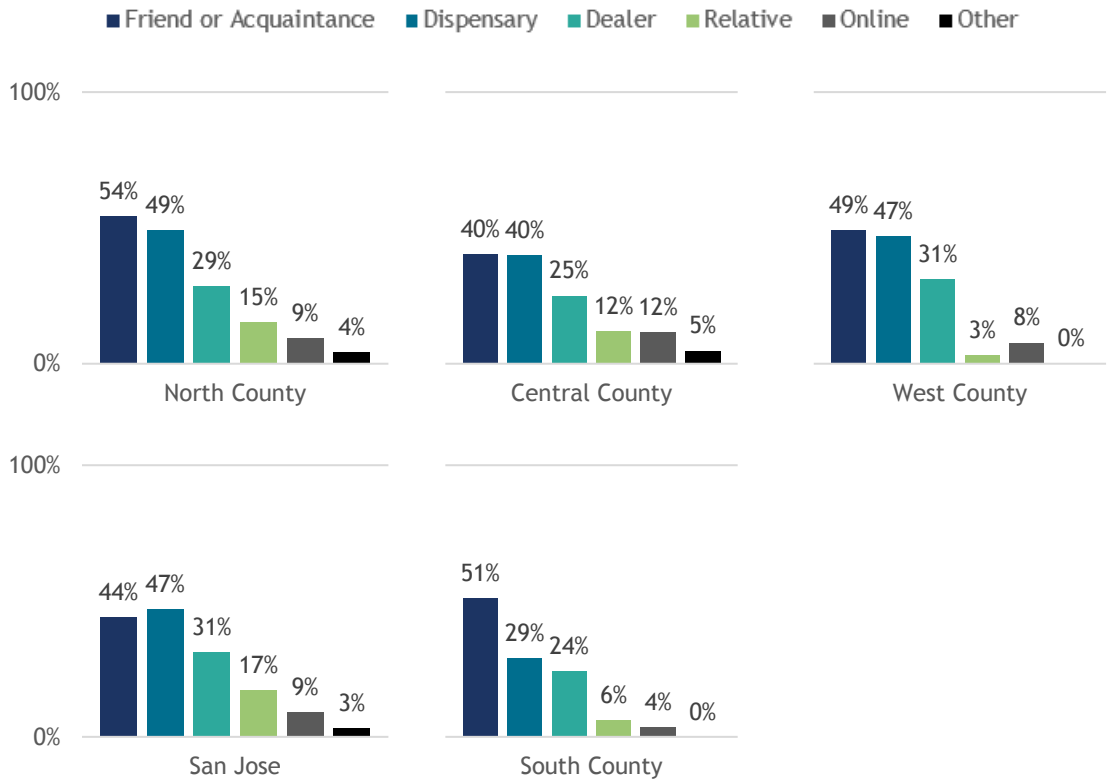
18 to 20 Year Olds n=85; 21 to 30 year olds n=281
Note: Multiple response question. Percentages may not add to 100%.
Source: Community-Wide Survey, 2017

Relative to other racial and ethnic groups, Latino(a) respondents indicated that marijuana would be significantly easier to access, identifying dispensaries and friends or acquaintances as primary sources for obtaining the substance.

Figure 58 illustrates how respondents from different regions of Santa Clara County believe marijuana is obtained. North, Central, West, and San Jose respondents shared a similar view of obtaining marijuana mostly through a friend or acquaintance, or from a dispensary. Perhaps due to the relative dearth of physical dispensaries in the region (although delivery services are plentiful (see map in Figure 54), South County residents reported marijuana was much more readily available through a friend or acquaintance than a dispensary. Between one-quarter and one-third of residents from all regions of the county believed people obtain marijuana from a dealer, despite availability in dispensaries.

Focus group and interview data suggest that marijuana obtained from dispensaries is shared amongst social groups and sold on the street to those who may not qualify to buy marijuana in a dispensary.

Figure 58. Perceptions of How Marijuana is Obtained, by Region



North County n=98; Central County n=188; West County n=78; San Jose n=595; South County n=55
Note: Multiple response question. Percentages may not add to 100%.
Source: Community-Wide Survey, 2017

Adult Access to Prescription Drugs

Prescription drug abuse has become a growing problem throughout the U.S. This section examines the prescribing rates for opioids across the country and Santa Clara County, as well as resident perceptions of ease and location of access.

Prescribing Rates in Santa Clara County

66.5
opioid prescriptions per 100 United States residents

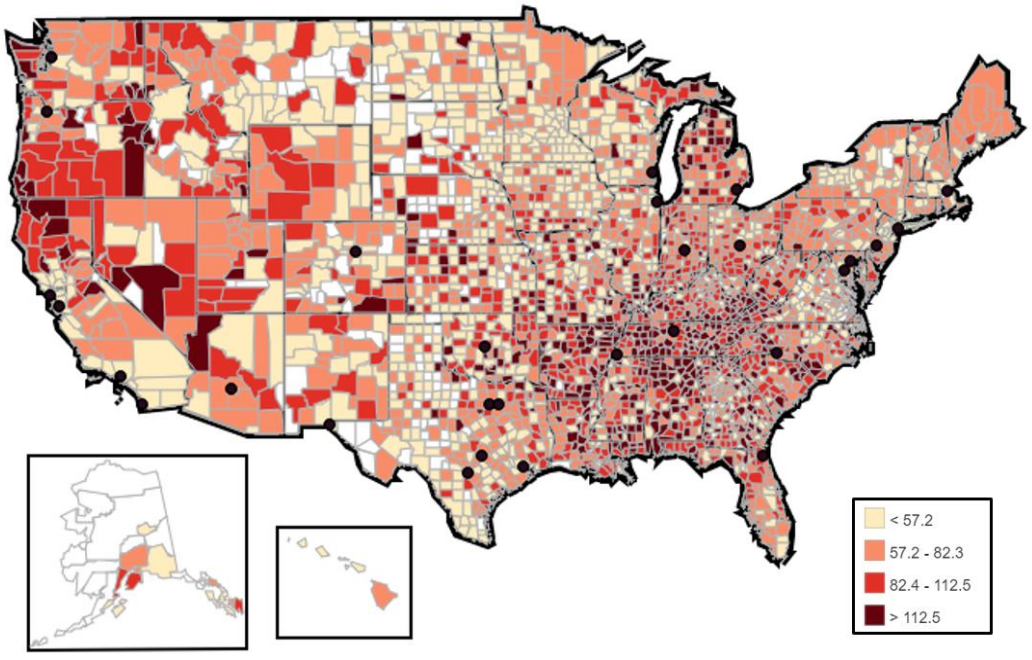
26.4
opioid prescriptions per 100 Santa Clara County residents

44.8
opioid prescriptions per 100 California residents

In 2016, there were 26.4 retail opioid prescriptions per 100 Santa Clara County residents, much lower than the national rate of 66.5 per 100 residents in the U.S.[48]

California has the fourth lowest opioid prescribing rate in the country, and Santa Clara County is one of the lowest in the state. Still, as detailed earlier in this report, opioid abuse and addiction is present in Santa Clara County.

Figure 59. Opioid Prescribing Rates by County, 2016



Source: Centers for Disease Control and Prevention, 2016

[48] https://www.cdc.gov/drugoverdose/maps/RXcounty2016.html

Perceptions of Prescription Drug Access in Santa Clara County

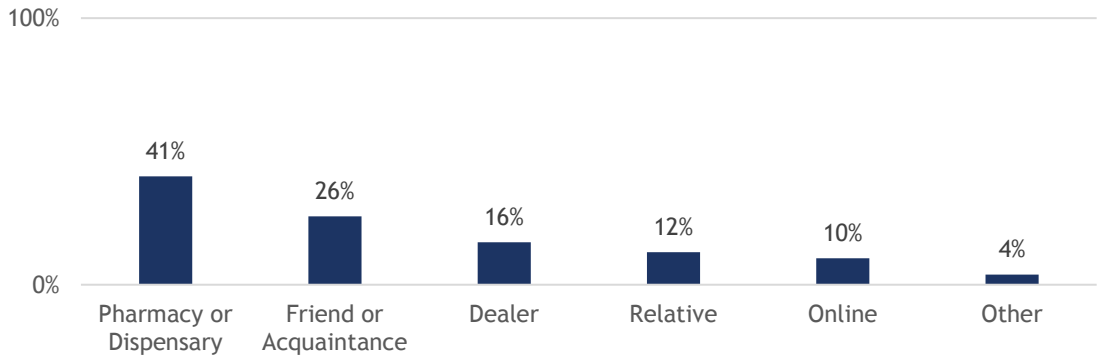
How residents believe misused prescription drugs are accessed can help inform prevention efforts throughout the county. The Community-Wide Survey found that nearly half of respondents (46%) believed that it was "fairly easy" or "very easy" to obtain prescription drugs that would be misused. Respondents aged 31 to 40 believed prescription drugs were markedly easier to obtain than respondents aged 21 to 30.

Perceived ease of access also varied by race. American Indians believed prescription drugs to be easier to obtain than Whites, African Americans, Asians, and those who identified with another race not otherwise specified. Additionally, Latino(a) respondents believed prescription drugs for misuse to be easier to obtain than White and Asian respondents.

> ***"I personally am not a user, but I am related to someone that had a very bad problem. He would go to different doctors to get multiple prescriptions. He would order pills online and have them delivered to him. It was very, very easy for him to get hold of the medications that he desired." -- Community-Wide Survey Respondent***

When respondents were asked where they believed misused prescription drugs were obtained, most reported a pharmacy or dispensary, as illustrated in the figure below. Approximately one-quarter of respondents believed people obtained prescription pain relievers, stimulants, depressants, or sedatives from friends. Some of the "other" locations respondents reported obtaining misused prescription drugs include bars or clubs, coworkers or classmates, stealing from someone with a prescription, or schools.

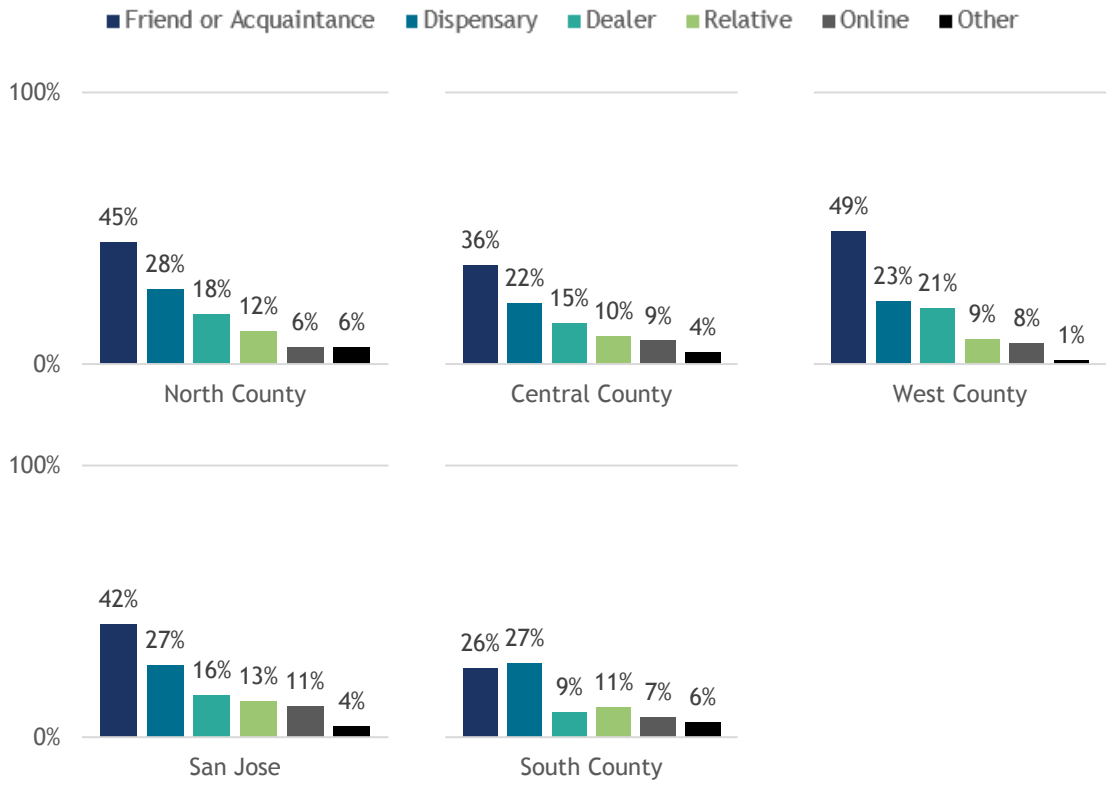
Figure 60. How Misused Prescription Drugs are Perceived to be Obtained



N=1,015
Note: Multiple response question. Percentages may not add to 100%.
Source: Community-Wide Survey, 2017

There were regional variations in where respondents believed misused prescription drugs were obtained. Those in South County reported lower rates of believing people obtained prescription drugs from a pharmacy or dispensary than other regions of the county. However, similar percentages of South County residents believed people obtained misused prescription drugs from a friend or acquaintance as other regions of the county.

Figure 61. How Misused Prescription Drugs are Perceived to be Obtained, by Region



North County n=98; Central County n=188; West County n=78; San Jose n=595; South County n=55
Note: Multiple response question. Percentages may not add to 100%.
Source: Community-Wide Survey, 2017

Adult Access to Illegal Substances

Although illegal substances are used by a relatively small proportion of the population as compared to alcohol, marijuana, or misused prescription drugs, service providers in focus groups related that some segments of the county are deeply affected by methamphetamine, cocaine, heroin, hallucinogen, and other drug use.[49] This section examines how residents perceive the availability and accessibility of those substances.

Perceptions of Illegal Substance Access in Santa Clara County

Overall, more respondents aged 31 to 40 reported believing that illegal substances are easy to obtain than other age groups. Those aged 41 to 54 reported believing cocaine and hallucinogens to be more difficult to obtain than those age 31 to 40 believed it to be. Respondents aged 31 to 40 also indicated a belief that other substances like GHB and Rohypnol would be more easily obtained than respondents aged 21-to-30 and respondents 55 or older.

> ***"The influx of crystal meth in San Jose and all of Santa Clara County due to gangs and the cartel is tremendous. Kids don't even have to money buy their first kilogram." -- Key Informant Interview Participant***

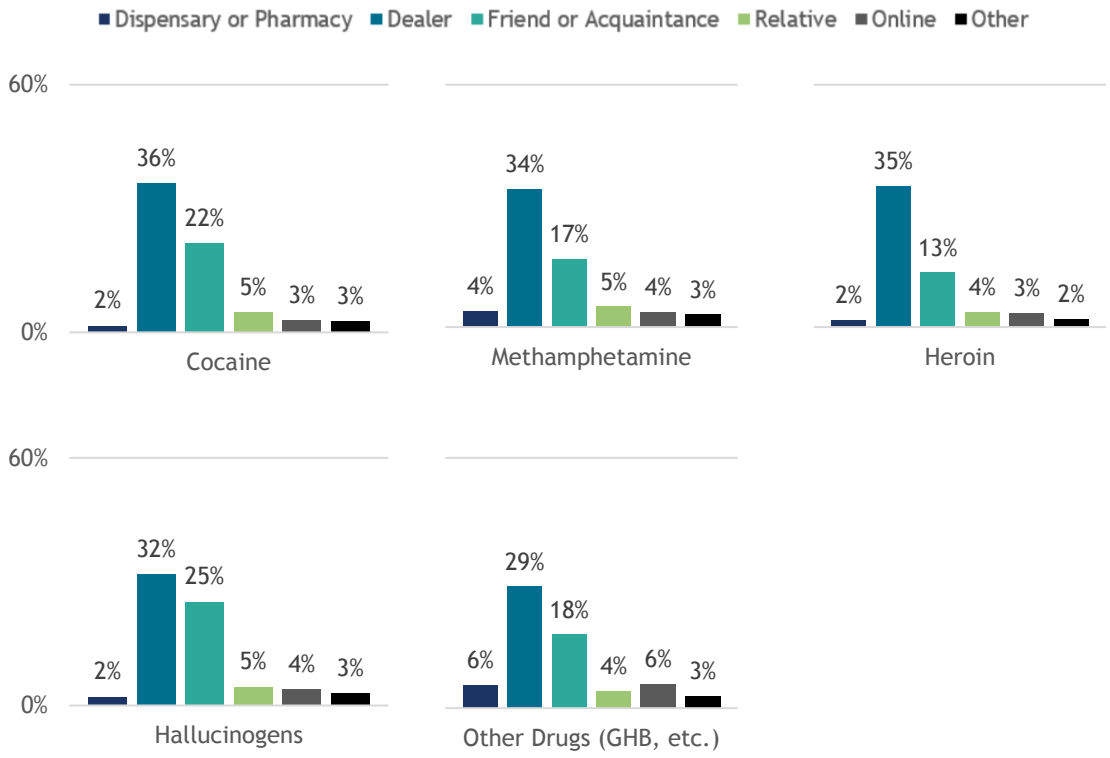
Ease of access also varied by race and ethnicity: Latino(a)s believed cocaine to be more easily accessed compared to Whites, African Americans, and Asians. Latino(a)s also believed heroin, hallucinogens, and other drugs like GHB and Rohypnol were easier to obtain compared to others.

Methamphetamine was perceived as more accessible by American Indians or Alaska Natives than by all other racial and ethnic groups. Latino(a)s believed methamphetamine was more easily obtained compared to Whites, African Americans, and Asians.

[49] The "other drugs" category contains the following substances: GHB, Rohypnol, Kaht, Kratom, or any other substance not contained within the other groups of substances.

As seen in Figure 62 below, respondents overwhelmingly believed cocaine, methamphetamine, heroin, hallucinogens, and other drugs were obtained through either a dealer or a friend or acquaintance. Some of the "other" locations respondents reported obtaining cocaine include bars or clubs, coworkers, and coca plants; "other" locations for obtaining methamphetamine include hotels, the black market, coworkers, schools, bars or clubs; "other" locations for obtaining heroin include halfway houses, coworkers, and classmates; "other" locations for obtaining hallucinogens include hotels, growing or making the substance themselves, schools, the black market, coworkers, the dark net, and rave parties.

Figure 62. How Illegal Substances are Perceived to be Obtained



N=1,015
Note: Multiple response question. Percentages may not add to 100%.
Source: Community-Wide Survey, 2017

RISK AND PROTECTIVE FACTORS ASSOCIATED WITH SUBSTANCE USE

Thus far, this report has focused on the types of substances used and how substances are accessed in Santa Clara County; however, a key component of alcohol and substance use relates to the factors that contribute to use.

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines risk factors as biological, psychological, family, community, or cultural factors that are linked with an increased likelihood of negative outcomes.[50] The socio-ecological model posits four levels of risk factors to consider: individual (e.g., age, education, income, psychosocial problems, relational (e.g., family, peers, teachers, and close relatives), community (e.g., schools, work, and neighborhoods), and societal (e.g., social and cultural norms).

This section reports on findings from the Community-Wide Survey, key informant interviews, and focus groups to better understand the risk factors that characterize Santa Clara County.

Individual Factors

The Community-Wide Survey asked individuals to identify stressors they had experienced in the past year based on common stressors that have been identified in the research literature to be risk factors for substance use. In total, respondents reported on 19 stressors. The top 10 stressors are represented in the figure on the following page. Given the time frame in which respondents were asked to consider these stressors, the connection between stress factors and substance use should be interpreted with caution.

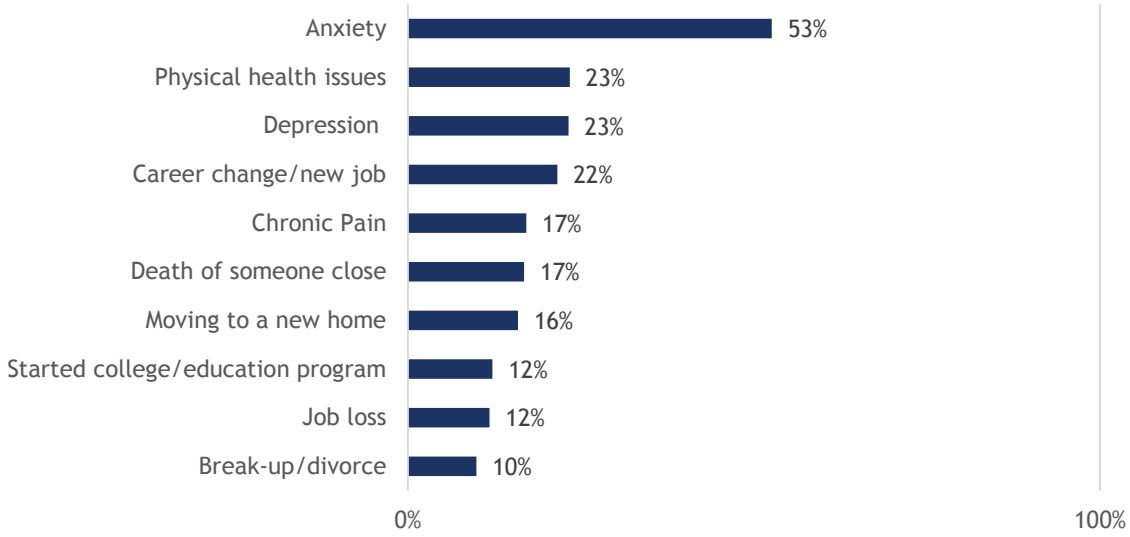
> ***"Alcohol is used for stress relief; [my] high tech job is too demanding."***
> ***-- Community-Wide Survey Respondent***

Nearly 43% of respondents reported experiencing at least one stressor in the past year. On average, men and women reported experiencing the same number of stressors (2.3 for men; 2.8 for women). Individuals who identified as Latino(a) (average of 3.3 stressors) or American Indian or Alaska Native (average of 4.6 stressors), reported experiencing more stressors relative to other groups. Overall, a high percentage of

[50] https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/risk-protective-factors

respondents identified experiencing depression (23%) and anxiety (53%), and a fairly small proportion of individuals identified struggling with other mental health issues (9%).

Figure 63. Most Common Stressors Experienced in the Last 12 Months



N=1,015
Source: Community-Wide Survey, 2017

Individuals aged 41 and older reported higher instances of chronic pain compared to younger respondents. Respondents aged 18 to 20 and those aged 21 to 30 more frequently reported experiencing depression, while anxiety was identified consistently as a stressor across all age groups. Respondents from South County more frequently reported experiencing depression (27%) and anxiety (75%) than other areas of the county.

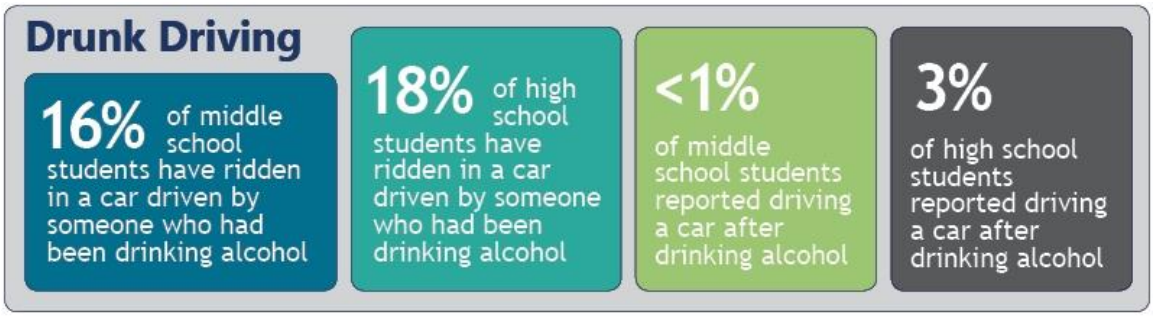
A similar theme arose in the interviews and focus groups; many noted that individuals turned to substances to self-medicate undiagnosed or undertreated mental health issues. Providers reported individuals might be using substances because they felt substances may be more effective than prescribed medications in addressing their mental health needs. In addition, prescribed medications can take several weeks to work effectively, and providers stated their clients reported wanting more immediate relief.

In examining the relationship between the total number of stressors reported by individuals and alcohol and substance use in the past 30 days, moderate, but statistically significant correlations were found between the number of stressors and

use of prescription medication (r=0.37, p<0.05)[51], inhalants (r=0.56, p<0.05), and other substances (r=0.64, p<0.05); those who reported more stressors were more likely to report having used these substances in the past 30 days. There was no significant relationship found between stressors and alcohol or marijuana use.

Middle and high school students also reported on some stressors they experience through Project Cornerstone. Forty-one percent (41%) of high school students and 29% of middle school students reported feeling sad or depressed some, most, or all of the time in the past month.[52] Thirty percent (30%) of high school students and 20% of middle school students also reported feeling that their life has no purpose. Seven percent (7%) of high school students and 5% of middle school students disagreed that they thought they would have a good life as an adult, underscoring a sense of hopelessness for some youth in the county related by youth service providers in interviews and focus groups.[53] Furthermore, 17% of high school students and 22% of middle school students reported being the victim of at least one instance of physical violence in the past two years.

Community-Wide Survey respondents were also asked to report if they had ever ridden in a car that was driven by someone (including themselves) who was "high" or had recently used alcohol or drugs. Almost half (46%) of respondents reported they engaged in this behavior. When asked if they experienced this behavior in the past 30 days, 37% of respondents reported that they had.



Students in middle and high school were asked similar questions about drunk driving behaviors by Project Cornerstone. When asked if they had ridden in a car whose driver had been drinking, 16% of middle schoolers answers in the affirmative. That number increased to 18% for high school students asked the same question. Additionally, <1%

[51] r is used to represent the Pearson Correlation Coefficient. The Pearson Correlation Coefficient ranges from -1 to +1, with values closer to -1 or +1 indicating a strong relationship between two variables (i.e. number of stressors and recent substance use).
[52] Middle School N=13,735, High School N=18,734; Source: Project Cornerstone, 2017. http://www.projectcornerstone.org/html/youthsurveyresults.html
[53] Middle School N=13,735, High School N=18,734; Source: Project Cornerstone, 2017. http://www.projectcornerstone.org/html/youthsurveyresults.html

of middle school students reported driving a car after drinking, but 3% of high school students reported that they had driven a car after drinking alcohol.[54]

Family and Relational Factors

Understanding the extent to which individuals are connected to others who use alcohol and other substances or who experience difficulty controlling their use is important, given the critical role of social relationships in shaping behavior.

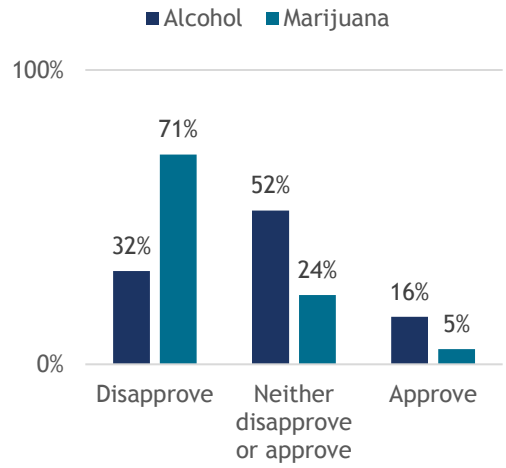
The Community-Wide Survey inquired about a number of factors associated with alcohol and substance use, including family factors. For individuals who identified themselves as parents with children over the age of six, 85% reported talking to their children about the effects of alcohol and substances.

Concomitantly, 90% of elementary school students in grades four, five, and six reported that their parents had told them it was important not to smoke cigarettes or use chewing tobacco.[55] Eighty-five percent (85%) also reported that their parents told them it is important not to use alcohol.[56]

In addition, individuals between the ages of 18 and 30 were asked to indicate the extent to which they believed their caregivers or friends/significant others would disapprove if they used alcohol or marijuana (see Figures 64 and 65). More than two-thirds of survey respondents ages 18 to 30 reported that their caregivers would disapprove of marijuana use. In contrast, one third (32%) of respondents this age believe their caregivers would disapprove of their alcohol use. Respondents report higher approval rates of friends/significant others of both alcohol and marijuana use compared to caregivers.

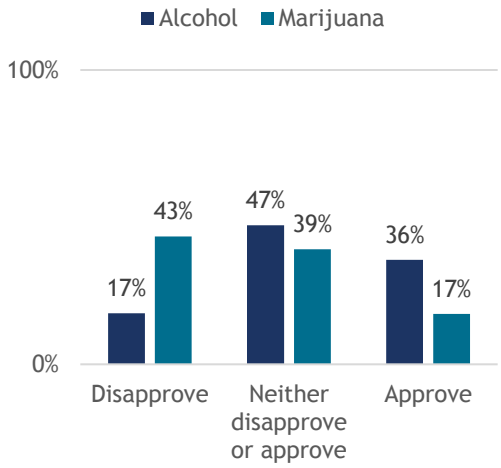
[54] Middle School N=13,735, High School N=18,734; Source: Project Cornerstone, 2017. http://www.projectcornerstone.org/html/youthsurveyresults.html
[55] Middle School N=13,735, High School N=18,734; Source: Project Cornerstone, 2017. http://www.projectcornerstone.org/html/youthsurveyresults.html
[56] Middle School N=13,735, High School N=18,734; Source: Project Cornerstone, 2017. http://www.projectcornerstone.org/html/youthsurveyresults.html

Figure 64. Age 18 to 30, Caregiver Approval of Alcohol and Marijuana Use



n=230
Source: Community-Wide Survey, 2017

Figure 65. Age 18 to 30, Friend or Significant Other Approval of Alcohol and Marijuana Use

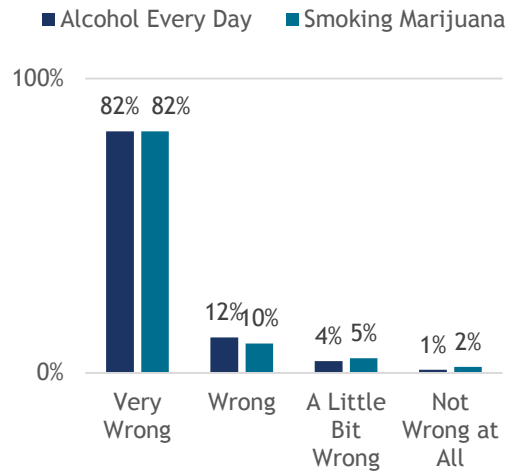


Alcohol n=360; Marijuana n=177
Source: Community-Wide Survey, 2017

Although measured on a different scale, Figures 66 and 67 below draw data from Project Cornerstone and show that middle and high school students also believe their parents would disapprove of them using alcohol (91% and 82% respectively) and marijuana (95% and 82% respectively).[57]

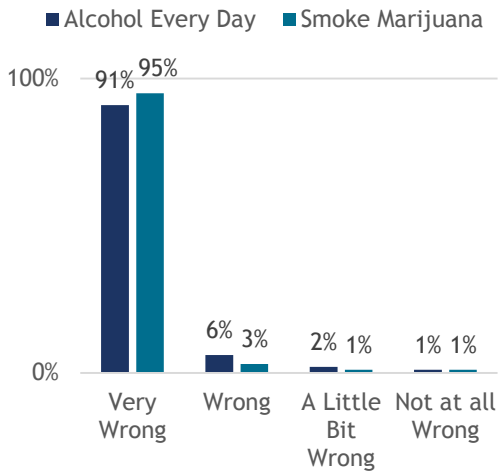
[57] Middle School N=13,735, High School N=18,734; Source: Project Cornerstone, 2017. http://www.projectcornerstone.org/html/youthsurveyresults.html

Figure 66. High School Parental Approval, Alcohol and Marijuana



Middle School N=13,735, High School N=18,734; Source: Project Cornerstone, 2017. http://www.projectcornerstone.org/html/youthsurveyresults.html

Figure 67. Middle School Parental Approval, Alcohol and Marijuana

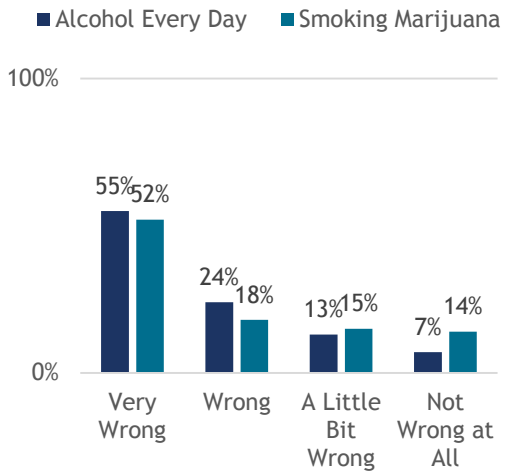


Middle School N=13,735, High School N=18,734; Source: Project Cornerstone, 2017. http://www.projectcornerstone.org/html/youthsurveyresults.html

As illustrated in the next set of figures, fewer high school students believe their friends would think it was "very wrong" for them to drink one or two alcoholic drinks per day (55%) or smoke marijuana (52%) than middle school students (79% alcohol and 83% marijuana).[58]

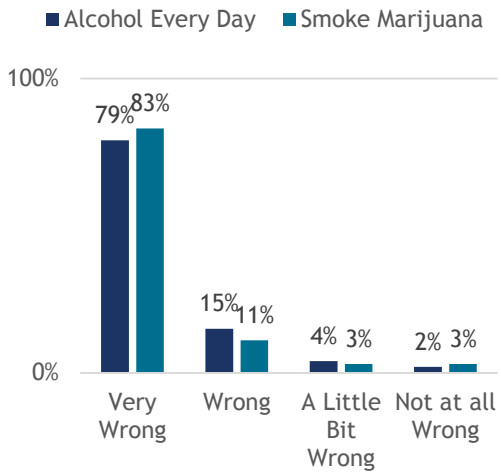
[58] Middle School N=13,735, High School N=18,734; Source: Project Cornerstone, 2017. http://www.projectcornerstone.org/html/youthsurveyresults.html

Figure 68. High School Friend Approval, Alcohol and Marijuana



Middle School N=13,735, High School N=18,734; Source: Project Cornerstone, 2017. http://www.projectcornerstone.org/html/youthsurveyresults.html

Figure 69. Middle School Friend Approval, Alcohol and Marijuana



Middle School N=13,735, High School N=18,734; Source: Project Cornerstone, 2017. http://www.projectcornerstone.org/html/youthsurveyresults.html

Despite the acknowledgement of parental disapproval of youth substance use as reported in the survey data, service providers participating in focus groups and interviews reported that substance use among youth was normalized by some families. Consequently, providers recounted that some youth found stopping substance use very difficult when parents were using substances at home, and sometimes using substances with their children.

> ***"[From age] 6 to 20 my dad was a drug addict and he made me try smoking. I liked it so I got addicted."***
> ***-- Community-Wide Survey Respondent***

The Community-Wide Survey inquired about the behaviors of respondents' friends to gauge social factors associated with substance use. The majority of respondents (76%) reported that their friends drank alcohol and 37% indicate their friends used marijuana in past year.

As illustrated in the pie chart below, survey respondents were also asked whether their friends engaged in other high-risk behaviors such as carrying handguns, being arrested, or being part of a gang. A moderate, positive relationship between having friends engaging in risky behaviors and the total number of substances the individual used was found.[59] These findings suggest that friends and acquaintances may be a

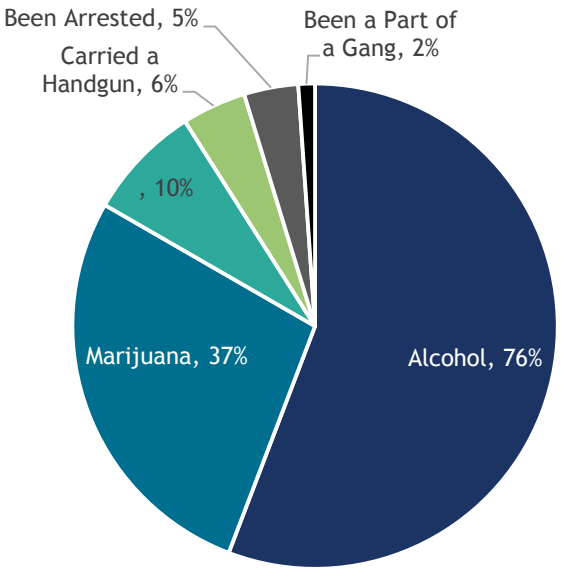
[59] Pearson's correlation coefficient = 0.496; N=1,015; p<0.01.

primary source for accessing substances and influencing risky behaviors, and point to the importance of social networks in substance use.

Middle and high school students were also asked about the high-risk behaviors their closest friends engaged in; 4% of middle school students reported that a few or some of their close friends drink alcohol once a week or more, and 5% reported a few or some of their friends have used drugs such as marijuana or cocaine.[60] The numbers were much higher for high school students, with 20% reporting that a few or some of their close friends drink alcohol once a week or more and 3% reporting that most or all of their friends drink alcohol once a week or more. Regarding drugs such as marijuana or cocaine, 26% of high school students reported that a few or some of their close friends have used drugs, and 8% reported that some or all of their close friends use drugs such as marijuana or cocaine.[61]

During interviews and focus groups, participants noted that youth use alcohol and substances to "fit in" or as a result of peer pressure. For youth, the strong influence of social media in disseminating information on parties where substances can be found was also noted as an additional source of peer pressure for youth, who may not want to feel left out.

Figure 70. Substance Use among Friends

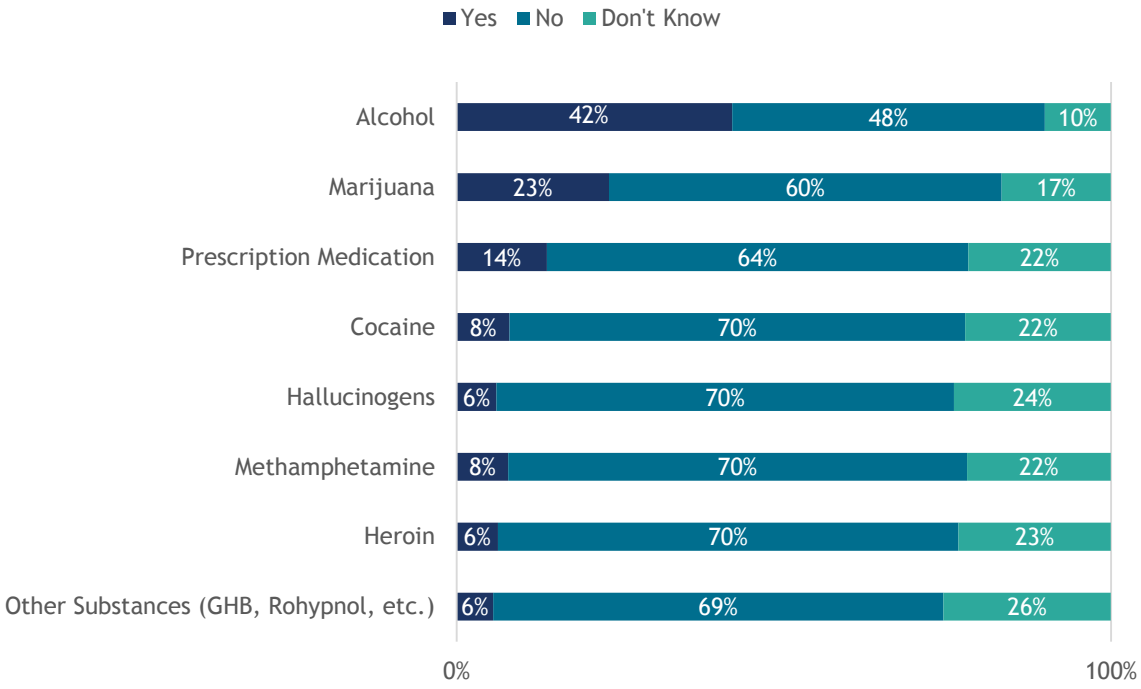


N=1,015
Source: Community-Wide Survey, 2017

[60] Middle School N=13,735, High School N=18,734; Source: Project Cornerstone, 2017. http://www.projectcornerstone.org/html/youthsurveyresults.html
[61] Middle School N=13,735, High School N=18,734; Source: Project Cornerstone, 2017. http://www.projectcornerstone.org/html/youthsurveyresults.html

The Community-Wide Survey also asked respondents if their relatives or friends experience difficulty controlling their use of alcohol and substances, beyond normal or social use. Forty-two percent (42%) of respondents reported having a relative or friend who could not control their alcohol use, and 23% reported having a relative or friend who could not control their marijuana use, as shown in the figure below.

Figure 71. Individuals with Relatives or Friends who have Difficulty Controlling their Drinking and Substance Use



N=1,015
Source: Community-Wide Survey, 2017

Community Factors

In interviews and focus groups, both youth and adult providers noted a lack of connection to the community and a sense of isolation were potential reasons why people may turn to substance use. Moreover, it was noted that individuals may turn to alcohol and other substances because they feel hopeless, or because they otherwise lack a sense of purpose in their life. The importance of feeling connected to the community in some manner, whether through a fulfilling job, a network of friends, or a peer support group, was referenced during almost every interview and focus group, and the Community-Wide Survey found that only 42% of respondents felt a connection to their community. When considering the perspective of individuals between the ages of 18 to 20 (n=85), only 28% reported feeling connected to their community,

Notably, over half (53%) of respondents expressed concern about the amount of substances in their community. When considering the perspective of individuals between the ages of 18 to 20 (n=85), 42% expressed concerned about the amount of substances in their community. Eighty-eight percent (88%) of survey respondents believed it was important to provide prevention services for youth, while 78% believed it was important to provide prevention services for adults.

N=1,015
Source: Community-Wide Survey, 2017

Societal Factors

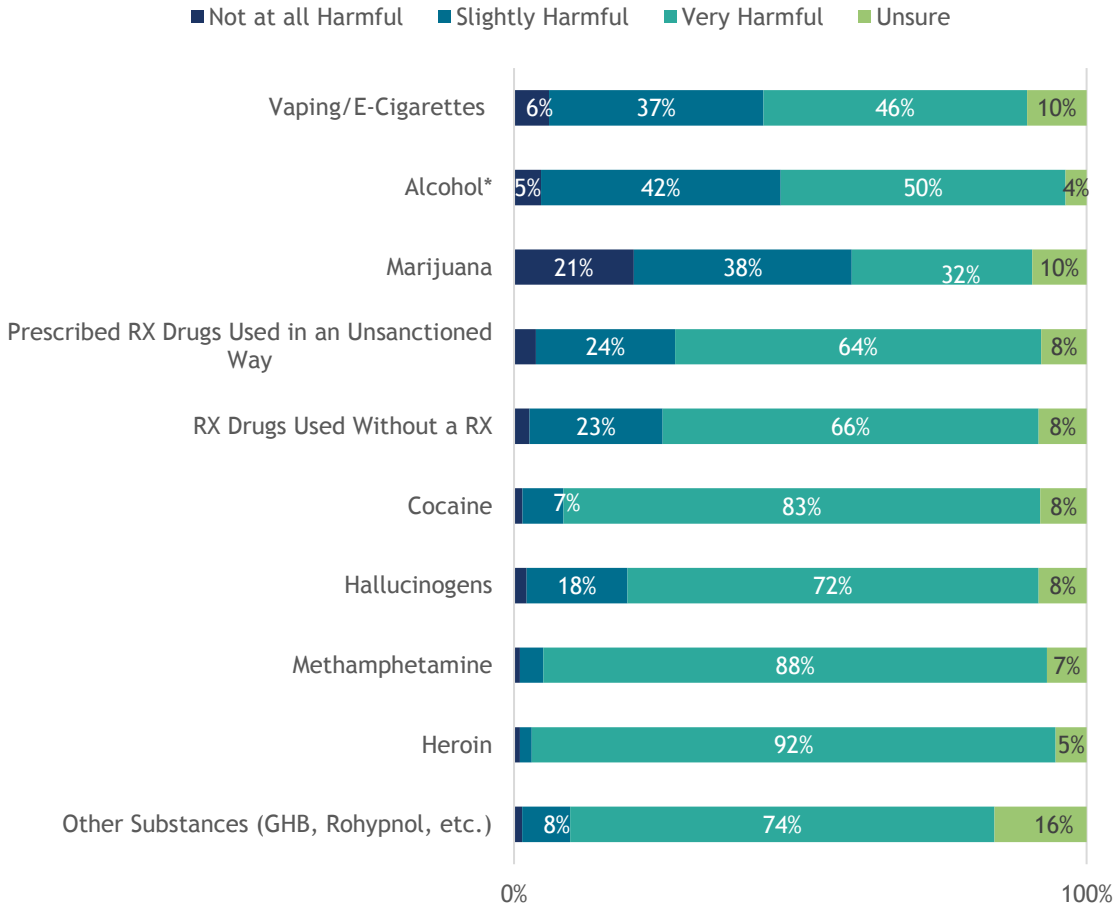
The decision to use alcohol and other substances is attributable, at least in part, to the extent to which an individual perceives it is socially acceptable and/or harmful. As depicted in the following figure, respondents indicated a belief that vaping/e-cigarettes, illegal drugs, and the misuse of prescribed medications were "very harmful." Conversely, only 50% of respondents perceived that consuming four or more alcoholic beverages in one sitting was "very harmful" (compared to 42% of respondents finding it "slightly harmful"), and only 32% of respondents reported that using marijuana was "very harmful."

> ***"I think that moderation and transparency are key. I don't think most drugs should be 'illegal', I think people should know the risks and consequences of using them and make their own choices."***
> ***-- Community-Wide Survey Respondent***

Over 20% of survey respondents indicated that using marijuana was "not at all harmful," which was supported by interview and focus group findings. Indeed, survey respondents identified marijuana use as safer than the consumption of four or more alcoholic beverages in one sitting and the least harmful by far of all the substances listed.

Focus group and interview participants discussed the longtime, widespread use of marijuana, but expressed grave concern that, with the passage of Proposition 64, marijuana would be viewed as similar to alcohol: safe because it is legal. Moreover, it was discussed in focus groups and interviews that marijuana was perceived as safe because it is "natural."

Figure 72. Adult Perceptions of Harm by Substance



*Consuming four or more alcohol beverages in one sitting
N=1,015. Note: Percentages less than 5 are not labeled.
Source: Community-Wide Survey, 2017

In addition to the Community-Wide Survey data above, data on how middle and high school students perceive the harm of certain substances was assessed by Project Cornerstone.

The following tables illustrate how risky students believe the following behaviors are: smoking, binge drinking, smoking marijuana, and taking prescription drugs not prescribed to them.

Table 10. Perception of Risk, Middle and High School Students

	Middle School				High School			
Level of Risk	Smoke 1 or more packs of cigarettes per day	Binge drink 1 to 2 times per week	Smoke mari-juana once or twice a week	Rx drugs not prescribed to them	Smoke 1 or more packs of cigarettes per day	Binge drink 1 to 2 times per week	Smoke mari-juana once or twice a week	Rx drugs not pre-scribed to them
No Risk	7%	8%	9%	7%	5%	6%	17%	5%
Slight Risk	4%	9%	7%	6%	5%	12%	20%	7%
Moder-ate Risk	12%	27%	20%	20%	14%	32%	25%	23%
Great Risk	77%	56%	64%	67%	75%	50%	38%	65%

Middle School N=13,735, High School N=18,734
Source: Project Cornerstone, 2017

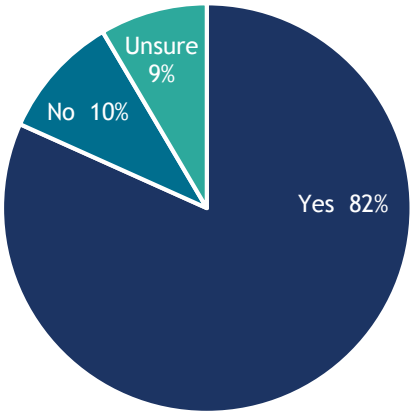
Lastly, the Community-Wide Survey asked respondents to indicate the extent to which they believed marijuana use was socially acceptable for medical and for non-medical purposes. The majority of respondents (82%) indicated it was socially acceptable for individuals to use marijuana for medical purposes, whereas only half (51%) of respondents indicated they believed it was socially acceptable for individuals to use marijuana for non-medical purposes.

> ***"…During the past few years, ever since marijuana got legalized in the state of CA…, sales have sky-rocketed and no severe deaths/incidents [have been] reported, so my view presently is that if this substance can help some people in alleviating pain, then go ahead and use it."***
> ***-- Community-Wide Survey Respondent***

Respondents who identified as Asian or with another race not otherwise specified were less likely to report that non-medical marijuana use was acceptable (40% and 42%,

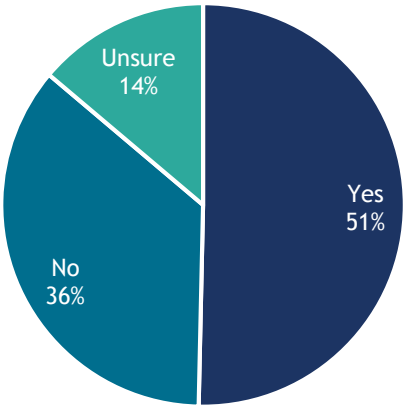
respectively). Among all other racial and ethnic groups, at least 50% of respondents thought non-medical marijuana use was socially acceptable.

Figure 73. Acceptance of the Use of Medical Marijuana



n=1,015
Source: Community-Wide Survey, 2017

Figure 74. Acceptance of the Use of Non-Medical Marijuana



n=1,015
Source: Community-Wide Survey, 2017

COMMUNITY NEEDS AND SERVICES

In order to understand the current landscape and outstanding needs of the community in relation to prevention efforts, interview and focus group participants were asked to share their opinions on why they believed community members used alcohol and substances.

> ***"There's trauma in life. Some people experience trauma at different levels. When we don't have coping skills to be able to deal with the trauma to get through it in a healthy way it's very easy to turn to something to help us..." -- Key Informant Interview Participant***

The most common responses from service providers included:

- Ease of access/inexpensive
  - Providers highlighted that individuals in Santa Clara County use alcohol and substances for myriad reasons and sometimes these reasons may overlap. During interviews and focus groups, it was commonly asserted that alcohol and substance use was occurring across the entire county by both youth and adults, as substances are readily available.
- Self-medicating mental health issues and managing the impacts of experiencing trauma
  - Providers expressed that individuals are turning to alcohol and other substances to help them through the complexities of life which may include experiencing trauma and managing mental health issues.
- Lack of positive coping skills, thus alcohol and substances are used to escape or relax
  - Providers felt that both youth and adults lacked positive coping skills, instead using alcohol and other substances to escape reality and ease the stress they experience, and often using prior to bedtime as an aid to relaxation and sleep.
- Intergenerational use
  - Providers noted that many youth live within family systems where alcohol and substance use is normalized, as it has occurred from generation to generation.
- To fit in; feel connected to something

- Providers noted that although alcohol and substance use are high risk behaviors they connect individuals who may otherwise be isolated or disconnected to other individuals or a community of other individuals who are engaging in similar behaviors.

- It (the high) feels good
  - Providers hesitantly presented the idea that individuals use alcohol and substances because it feels good. Providers acknowledged that the rush one experiences when using is difficult to replicate, and that some people use simply because they enjoy the feeling of being high and the escape they experience when they are high.

> ***"As an individual who has partaken in plenty of substances, when it comes to abuse, I don't believe it's the substance itself to be concerned about but rather the reason behind abusing the substance in the first place. An individual with a happy, balanced mind and heart does not feel the need to reach out for substance abuse." -- Community-Wide Survey Respondent***

The effects of alcohol and drug use discussed during interviews and focus groups stressed the high emotional and economic costs of substance use to families and the community. Many interview and focus group participants noted how substance use can disrupt and fracture the family unit, as addictive behaviors may lead to the neglect of basic needs of their children, economic uncertainty, emotional trauma, domestic violence, and family separation. With respect to the impact on the community, many noted that alcohol and substances have a large impact on county resources such as law enforcement, child welfare, behavioral health, and emergency services. Due to the crime that can be associated with alcohol and substances, many reported a lack of safety within the communities they reside. Finally, there are economic costs associated with a loss of a potential productive, contributing member of society due to alcohol and other substance use and addiction.

> ***"There is a great need to educate adults, not just adolescents and children, about the dangers of alcohol use."***
> ***-- Community-Wide Survey Respondent***

Community Awareness of Prevention Services

Interview and focus group participants were asked to discuss prevention services they were aware of in Santa Clara County. In general, there was a lack of knowledge about existing services across the county. Some programs referenced included late night gyms, the National Compadres Network, the Neighborhood Services Unit, and after school programs; however, it was unclear to interview and focus group participants whether these programs were actually targeted to prevent alcohol and substance use.

Community Prevention Service Needs

Interview and focus group participants were asked to describe the types of prevention services that are most needed within Santa Clara County. Based on the data that were collected from this question, ASR identified the critical aspects of prevention services, which are outlined in the table below. These represent the central components that participants believed should be a part of all programs, services, and education materials.

Table 11. Critical Aspects of Prevention Services Identified by Providers

• Trauma-informed	• Begin in early childhood (0 to 5) and remain constant
• Culturally responsive and relevant	• Gender responsive
• Evidence-based	• Strengths-based
• Promote collaboration among service providers across sectors	• Enhance sense of belonging within the community
• Address underlying mental health issues	• Eliminate the stigma associated with addiction; view addiction as a disease

These critical aspects of prevention services contributed by community members align with current best practices suggested by leading practitioners in prevention and addiction:

> ***"Drug policy should aim to promote the public good by improving individual and public health, neighborhood safety, and community and family cohesion, and by reducing crime." -- John Strang et al.*** [62]

Among interview and focus group participants, there was a general feeling that prevention services need to start in early childhood, with some providers suggesting that services should begin during prenatal care and should be consistent through early childhood (to age 5). In addition, there was a desire for services that were trauma-informed, culturally responsive, and gender responsive. Given the high rates at which individuals report experiencing trauma within the county, providers need a deep understanding of trauma and how to help individuals appropriately identify and manage trauma triggers.

In relation to culturally responsive care, providers highlighted that culturally responsive programs should employ staff who are not only fluent in the languages

[62] Strang J, Babor T, Caulkins J, Fischer B, Foxcroft D, Humphreys K. Drug policy and the public good: evidence for effective interventions. *The Lancet*. 2012;379:71–83. https://www.ncbi.nlm.nih.gov/pubmed/22225672

represented in the county, but who are also aware of their own cultural backgrounds and biases.

Lastly, providers believed it was essential to have prevention services that address mental health issues individuals are experiencing. This includes ensuring individuals are receiving mental health diagnoses and helping individuals understand ways to effectively manage symptoms related to these diagnoses. Providers highlighted that youth and adults were turning to alcohol and substances to manage mental health symptoms; thus, utilizing prevention efforts to correctly address these mental health issues may prevent some individuals from turning to alcohol and drugs. Similarly, providers voiced a strong desire for individuals in the county to view addiction as a disease rather than a negative behavior in order to eliminate stigmas associated with addiction.

Focus group and interview participants also discussed the types of prevention services and programs that they most desired within the county. From the data, four types of services and programs emerged.

- Programs to Develop Emotional Intelligence
- Programs to Help individuals Feel Connected to the Community
- Program to Educate (Individuals & Providers)
- Programs Specific to Youth

The following figure summarizes the central components of these four types of desired programs.

Figure 75. Prevention Programs Needed in Santa Clara County

Prevention Programs Needed in Santa Clara County
Programs to Develop Emotional Intelligence
• Learn coping mechanisms and effective communication • Enhance family functioning/cohesiveness • Develop emotional intelligence through drama (i.e., written word, plays, dance) • Learn effective ways to manage failure • Develop capacity to talk openly about alcohol and substance use in families
Programs to Help Individuals Feel Connected to their Community
• Provide support beyond the length of the service/programs • Provide free services with assisted transportation • Arrange peer support programs • Ensure service/activities are community wide • Offer vocational/educational training
Programs to Educate
• Educate on social media & its influence on alcohol and substance use • Educate parents on symptoms of alcohol and substance use • Support harm reduction models: abstinence vs. harm reduction • Develop public education materials on implications of Proposition 64 • Develop education materials for the public and professional sectors on prescription opiates
Programs Specific to Youth
• Provide healing circles to process trauma • Incorporate faith based communities • Provide youth with a rush of adrenaline; sense of risk taking • Help youth feel as though they have a meaningful purpose • Connect youth to a consistent, stable, caring adult

Perhaps the most common need expressed was for prevention programs and services that teach youth and adults positive coping strategies. Providers reported that individuals who use alcohol and other substances lack skills in effectively managing stress, anxiety, and failure, and that they need a variety of positive coping strategies that they can employ instead of using substances. In addition, providers suggested that families need programs and services that teach them how to effectively and openly talk about stress, anxiety, and failure. Parents need to know how to talk with their children so that their children can successfully process their experiences.

> ***"Children need to feel safe enough to fail, safe enough to not be the best on the team, safe enough to not get straight A's. We need to set kids up to cope and understand things at a young age." -- Focus Group Participant***

Providers also expressed interest in prevention programs or services that help individuals feel connected to their community. Interviews and focus group participants highlighted the importance of programs that provide individuals with opportunity within their communities such as educational or vocational training. These trainings should provide individuals with the potential to prosper within the county. Providers also believed that programs must be provided at no cost and that barriers to attending services, such as transportation and child care must also be addressed. Although dealing substances is illegal, many providers noted it is a lucrative industry. As such, it can be difficult to encourage individuals to avoid or leave the industry of dealing substances. People need to perceive value in educational and vocational training, and believe they can develop a fulfilling and purposeful career outside of the drug trade.

Specifically when talking about youth, providers noted this sense of belonging to the community could stem from having a relationship with a consistent and caring adult. This caring adult serves two purposes: first, it provides the youth with someone to turn to when they are struggling to cope with or manage their feelings or experiences, and second, it provides the youth with a stable adult who can model positive behaviors.

> ***"I have struggled with depression since I was sexually abused by my uncle. Ever since then I was looking for an outlet to let all my anger and frustration out so I ended up drinking then doing other drugs. I wish someone would [have] helped me with my anger and depression so I would've never done drugs..." -- Community-Wide Survey Respondent***

While most prevention programs and services referenced were focused on direct services for individuals (i.e. programs and interventions), there was also a call for education for providers in several areas. For example, there was a desire for outreach and education for those who are responsible for prescribing medications, such as on how to help individuals calibrate dosage to safely discontinue use. Similarly, individuals who have historically struggled to stop use of prescription medications need guidance on how to effectively communicate these struggles with those responsible for prescribing.

Another area that was discussed across multiple providers of services to youth was the power of social media. Youth understand and use social media in ways beyond the experience and knowledge of providers. Providers discussed a need for ongoing social media education and training, specifically on how different applications are utilized by youth.

Providers also called for specific programs for youth. These programs need to provide youth the opportunity to discuss the trauma they have experienced, such as in "healing circles".

> ***"I think it's very important to have peer groups speaking to kids about the dangers." -- Community-Wide Survey Respondent***

In addition, some suggested that youth need prevention services that provide them with a rush of adrenaline, as many youth use substances because they are curious and then they continue to use because they enjoy the feeling of being high. In fact, 38% of middle school students and 48% of high school students stated they like to do exciting things, even if they are dangerous.[63] Therefore, youth need safer alternatives that provide them with a similar rush of adrenaline, such as team sports or planned competitive activities like go-karts or paintball.

[63] http://www.projectcornerstone.org/html/youthsurveyresults.html

LIMITATIONS OF THE STUDY

As is typical of survey data, the original sample collected was overrepresented by female respondents, as women are more likely than men to respond to surveys. In addition, survey recruitment was particularly challenging among Latino and Asian communities in the county, due to the sensitive content of the survey. In order to support recruitment of Asian survey respondents, ASR posted flyers at community-based organizations, libraries, and grocery stores that serve the Latino and Asian communities in the county.

Despite significant recruitment efforts for focus group and interview participants among the aging and elderly population, attempts to pull together a focus group among this population/service providers were unsuccessful. Although the survey sample includes representation of the 55 and older age group in proportion to the population, this group remains under-researched with respect to attitudes and behaviors regarding drug and alcohol use.

The survey data are limited in that only adults 18 and over participated. This was due to human subject research guidelines that define minors as a vulnerable population and exposure to questions about drugs may cause distress for some youth. Project Cornerstone data that mirrored questions asked of the Community-Wide Survey were inserted into the report where applicable to make comparisons and provide additional context about youth substance use.

Although great efforts were made to obtain a survey sample that mirrors the general Santa Clara County population as closely as possible, the generalizability of the survey is limited due to the limited sample size of 1,015 that was obtained, as well as the method of data collection which relied exclusively on internet access.

CONCLUSION AND NEXT STEPS

Santa Clara County Behavioral Health Services Prevention Department leadership commissioned this report to learn more about substance use prevalence, access points, and perceptions held by residents across the county and demographic sectors. This study is groundbreaking in that it is the first comprehensive assessment providing this information at the county level and will help shape the landscape of substance use prevention services.

Overall, Santa Clara County has many strengths compared to other counties, the state, and the nation. However, substance use is socially accepted and quite prevalent in the county, with 86% of respondents having used at least one substance and 46% having used three or more (alcohol, tobacco, and marijuana, primarily) in their lifetimes. In addition, use happens throughout the county. There might be different conditions and drivers of use, but all areas and demographics are affected and impacted. Prevention efforts must be Community-Wide so that individuals can access them, regardless of the geographic location, age, race, ethnicity, or socioeconomic status.

The data provide evidence that alcohol and substances are easily accessible in the county. Many experts in the field perceive that the use of marijuana will continue to trend up given the passing of Prop 64. This change in legal status is also reflected in perceptions of low-risk, "normalized" use. Therefore, educational campaigns may be the best first line of defense to help minimize the ill-effects of use or abuse of marijuana as well as other substances. While alcohol and substances have negative effects – it is not clear that "just say no" or abstinence-only approaches are effective prevention strategies for everyone. Many individuals report living in environments that are saturated with opportunities to use, whether it is within the family or community, or they experience conditions that cause stress or disharmony such as trauma.

The biggest need emerging in terms of prevention appears to be teaching coping skills to handle the ups and downs of life. This can address many of the root causes of why individuals use. Santa Clara is a diverse, and complex area. Youth and families need coping skills to help them deal with their unique situations whether that be high pressures in work/school, a desire to feel connected, or managing traumatic experiences, or mental health symptoms.

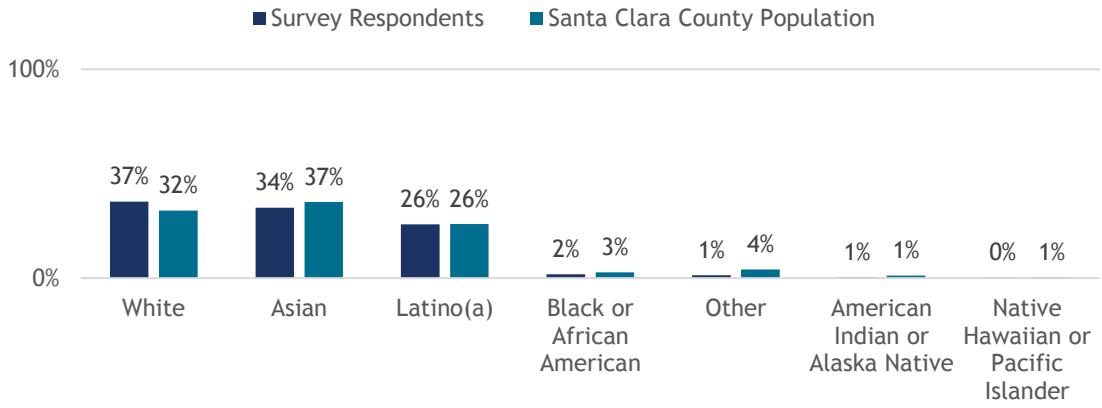
While the Community-Wide Survey, focus groups, key informant interviews, and secondary data review constitute a positive step forward in understanding a snapshot of substance use in Santa Clara County, more study is needed to further understand the needs of subpopulations in the county, such as young people under age 18 and those who do not have access to the internet. Furthermore, multiple years of data would enable the Santa Clara County Behavioral Health Services Prevention Department to compare data year to year and identify trends in substance use so as to better target prevention services to address the most current needs.

APPENDIX

Appendix A. Survey Sample

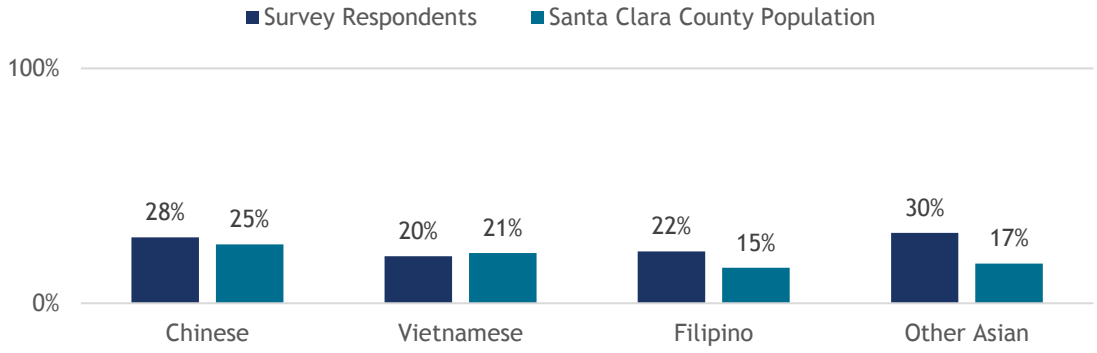
This appendix details the survey sample regarding race, ethnicity, age, region, and income level. As illustrated in the figure below, the race/ethnic distribution of the sample closely matches the distribution of the population of Santa Clara County.

Figure 76. Race and Ethnicity Survey Respondents



N=1,015
Source: Community-Wide Survey, 2017 and U.S. Census Bureau, 2016

Figure 77. Ethnic Distribution of Asian Population (as a percent of Asians)



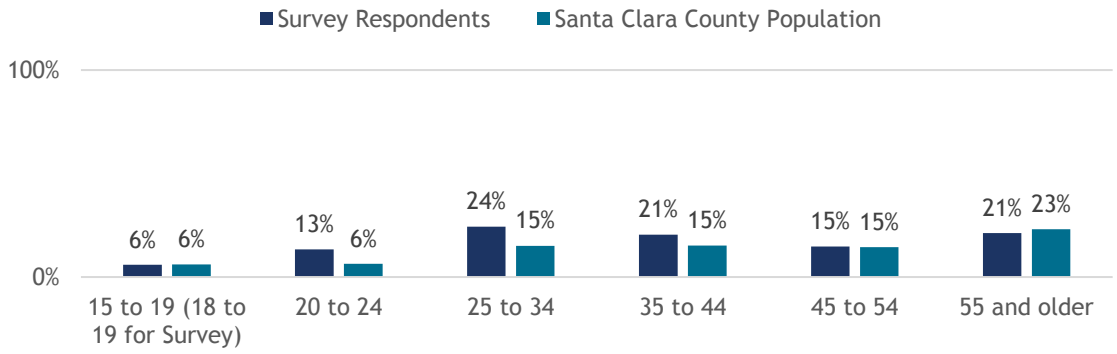
N=1,015; n=254
Source: Community-Wide Survey, 2017 and U.S. Census Bureau, 2016

In Santa Clara County there are roughly as many men (50.3%) as there are women (49.7%). The survey sample is slightly overrepresented by female respondents (60%), as

is somewhat typical in survey data, as women are more likely to respond to surveys than men.[64,65,66]

Recruitment for the Community-Wide Survey was limited to respondents age 18 and older due to the sensitive nature of the information respondents were asked to share. The survey sample approximates the county population in most age groups; however, the 25 to 34 and 35 to 44 age groups were slightly oversampled. Since data were not collected from county residents under the age of 18, the 18 to 24 year old age group was intentionally oversampled to learn more about the youth population.

Figure 78. Age of Survey Respondents

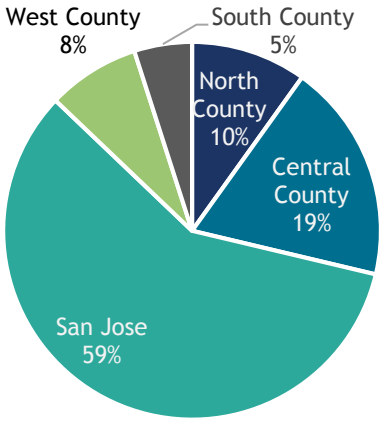


N=1,015
Note: Because the survey only sampled adults over 18 and the U.S. Census reports ages 15 to 19, the 18 to 19 Santa Clara County Population age group was estimated from available data.
Source: Community-Wide Survey, 2017 and U.S. Census Bureau, 2015

Given the geographic expanse and the unique demographic attributes of different regions of the county, similar localities were grouped together to define five unique regions of Santa Clara County. The survey sample closely matches the overall county population distribution in each of the regions.

[64] Curtin, R., Presser, S., & Singer, E. (2000). The effects of response rate changes on the index of consumer sentiment. Public Opinion Quarterly 64: 413-428.
[65] Moore, D. L., & Tarnai, J. (2002). Evaluating nonresponse error in mail surveys. In: Groves, R. M., Dillman, D. A., Eltinge, J. L., and Little, R. J. A. (eds.), Survey Nonresponse, John Wiley & Sons, New York, pp. 197-211.
[66] Singer, E., van Hoewyk, J., & Maher, M. P. (2000). Experiments with incentives in telephone surveys. Public Opinion Quarterly 64: 171-188.

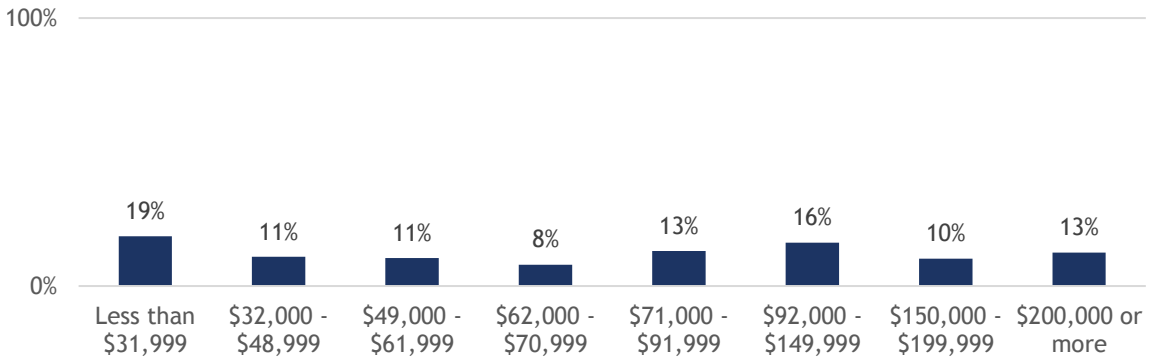
Figure 79. Proportion of Survey Respondents per Region



N=1,015; North County n=98; Central County n=188; West County n=78; San Jose n=595; South County n=55
Source: Community-Wide Survey

The survey sample was evenly distributed across income levels, as illustrated in the figure below.

Figure 80. Distribution of Income Level Across Survey Sample



N=1,015
Source: Community-Wide Survey

ABOUT THE RESEARCHERS

Applied Survey Research (ASR) is a social research firm dedicated to helping people build better communities by collecting meaningful data, facilitating information-based planning, and developing custom strategies. The firm was founded on the principle that community improvement, initiative sustainability, and program success are closely tied to assessment needs, evaluation of community goals, and development of appropriate responses.

Staff

Project Lead: Penny Huang, Ph.D., Director of Research

Project Contributors:
Kim Carpenter, Ph.D., Project Manager II
Christine VanDonge, Ph.D. Senior Research Analyst
Marissa Jaross, MPH, Research Analyst II

Graphic Design and Layout: Michelle Luedtke, Senior Graphic Designer

Locations

Bay Area
1871 The Alameda, Suite 180
San Jose, CA 95126
tel 408-247-8319

Additional locations on the Central Coast and in Sacramento

www.appliedsurveyresearch.org

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Sue Nelson, EdD, Division Director, Children, Family and Community Services
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Elizabeth Jacobs-Ware, MPH, Prevention Program Analyst