INTENT LETTER FROM SUE

Sue, Please feel free to craft your intent letter and ASR can take care of formatting and insert the letter here.
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INTRODUCTION

The Behavioral Health Services Department was founded as a result of the integration of the Santa Clara County Mental Health Department (MHD) and the Department of Alcohol and Drug Services (DADS). As such, they provide 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 an effort to conduct a comprehensive assessment of alcohol and substance use in Santa Clara County.

The goal of this assessment was to understand 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 can provide a comprehensive understanding of these issues 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 key informant interviews, focus groups, an online Community-Wide Survey, a literature review, and compilation of secondary data. Using this variety of methods allowed for a broad spectrum of perspectives 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. Survey questions were developed 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.

Survey Sample

A stratified random sample of 1,015 respondents took an in-depth online survey regarding their own and 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

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 1. Race and Ethnicity Survey Respondents**

![Race and Ethnicity Survey Respondents](image)

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

**Figure 2. Ethnic Distribution of Asian Population (as a percent of Asians)**

![Ethnic Distribution of Asian Population](image)

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

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.
is somewhat typical in survey data, as women are more likely to respond to surveys than men.\textsuperscript{2,3,4}

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 disclose. 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.

\textit{Figure 3. Age of Survey Respondents}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure3}
\caption{Age of Survey Respondents}
\end{figure}

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.

\begin{itemize}
\end{itemize}
The survey sample was evenly distributed across income levels, as illustrated in the figure below.

**Figure 5. Income Level**

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $31,999</td>
<td>19%</td>
</tr>
<tr>
<td>$32,000 - $48,999</td>
<td>11%</td>
</tr>
<tr>
<td>$49,000 - $61,999</td>
<td>11%</td>
</tr>
<tr>
<td>$62,000 - $70,999</td>
<td>8%</td>
</tr>
<tr>
<td>$71,000 - $91,999</td>
<td>13%</td>
</tr>
<tr>
<td>$92,000 - $149,999</td>
<td>16%</td>
</tr>
<tr>
<td>$150,000 - $199,999</td>
<td>10%</td>
</tr>
<tr>
<td>$200,000 or more</td>
<td>13%</td>
</tr>
</tbody>
</table>

N=1,015
Source: Community-Wide Survey

Given the high cost of living in Santa Clara County, it is important to take household size and income into account when examining socioeconomic status. For example, 13% of respondents had children 0 to 5 years old. According to the MIT Living Wage Institute calculation based on household makeup and income levels for Santa Clara County, 53% of survey respondents made a living wage, leaving 42% of respondents making less than a living wage.⁵

⁵ [http://livingwage.mit.edu/counties/06085](http://livingwage.mit.edu/counties/06085)
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 probation, child welfare, department of education, and community leaders.

Six focus groups were held with staff from county agencies and community-based organizations that provide services to individuals who are at-risk of use or who are currently using alcohol and other substances. In addition, given that youth under the age of 18 were excluded from participation in the Community-Wide Survey, several focus groups included individuals who work directly and indirectly with youth, and 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.

The table below summarizes the sectors or agencies that participated in interviews or focus groups.

Table 4. Interview and Focus Group Participants

<table>
<thead>
<tr>
<th>KEY INFORMANTS</th>
<th>FOCUS GROUPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Local Education Agencies</td>
<td>• Youth</td>
</tr>
<tr>
<td>• Probation Managers</td>
<td>• Local Education Agencies</td>
</tr>
<tr>
<td>• Community-Based Organizations</td>
<td>• Probation Officers</td>
</tr>
<tr>
<td>• Internal Medicine</td>
<td>• School Resource Officers</td>
</tr>
<tr>
<td>• Law Enforcement</td>
<td>• Community-Based Organizations</td>
</tr>
<tr>
<td>• Community Mental Health</td>
<td>• Behavioral Health Services</td>
</tr>
<tr>
<td>• Gang Prevention Task Force (San Jose)</td>
<td>• South County Task Force</td>
</tr>
<tr>
<td>• County Coroner’s Office</td>
<td>• Department of Family and Children Services</td>
</tr>
<tr>
<td></td>
<td>• Office of Supportive Housing</td>
</tr>
</tbody>
</table>

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 use on families and the community at-large?
- Why you think people in this community use alcohol and drugs.
- 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 reviewed 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 around 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>
<thead>
<tr>
<th>Secondary Data Source</th>
<th>Nature of Data</th>
<th>Data Years Accessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Survey on Drug Use and Health (NSDUH)</td>
<td>Drug use</td>
<td>2012–2014</td>
</tr>
<tr>
<td>U.S. Census Bureau</td>
<td>Demographic data</td>
<td>2015</td>
</tr>
<tr>
<td>Kidsdata</td>
<td>Health behaviors</td>
<td>2008–2015</td>
</tr>
<tr>
<td>Open Justice</td>
<td>Drug arrests</td>
<td>2012–2016</td>
</tr>
<tr>
<td>County Health Rankings</td>
<td>Drug mortality</td>
<td>2014–2017</td>
</tr>
<tr>
<td>National Center for Health Statistics (NCHS)</td>
<td>Health statistics and behaviors</td>
<td>2002–2016</td>
</tr>
<tr>
<td>California Department of Public Health</td>
<td>Medical marijuana cards</td>
<td>2017–2017</td>
</tr>
</tbody>
</table>

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, the county was divided into five regions based on similar population demographics. Table 1 below identifies the cities/towns for each region and provides the population estimates.
### Table 1. Regions of Santa Clara County

<table>
<thead>
<tr>
<th>Region</th>
<th>Included Cities, Towns, and Other Areas</th>
<th>Population Estimate</th>
<th>Percentage of County Population</th>
</tr>
</thead>
</table>
| 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
County Context

This section provides additional 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\(^6\), over 37% of residents are foreign-born, and 52% of residents speak another language 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.\(^7\)\(^8\) The following figure compares the racial and ethnic composition of Santa Clara County to that of California and the U.S.

\(^6\)https://www.census.gov/quickfacts/fact/table/santaclaracountycalifornia,US/PST045216
\(^7\)https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CFS
\(^8\)https://www.census.gov/quickfacts/fact/table/santaclaracountycalifornia,US/PST045216
**Figure 7. Race and Ethnicity: Santa Clara County, California, and U.S. Comparison**

- **Santa Clara County**
- **California**
- **United States**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Santa Clara County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>32%</td>
<td>37%</td>
<td>15%</td>
</tr>
<tr>
<td>Asian</td>
<td>38%</td>
<td>26%</td>
<td>26%</td>
</tr>
<tr>
<td>Latino(a)</td>
<td>39%</td>
<td>18%</td>
<td>39%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>7%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>13%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>American Indian and Alaska</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Native Hawaiian and Other</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

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 Fig. 3).

**Figure 8. Asian Ethnicity, as Percent of the Asian Population in Santa Clara County**

- **Chinese** 25%
- **Indian** 22%
- **Filipino** 15%
- **Vietnamese** 21%
- **Other** 17%

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.⁹

**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. Median incomes vary across the county as well, with households in Los Altos Hills earning $205,700 and those in the Alum Rock neighborhood of San Jose earning $69,700 per year.¹⁰ 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.¹¹

**Figure 9. Median Income, Selected Communities**

<table>
<thead>
<tr>
<th>Community</th>
<th>Median Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burbank</td>
<td>$61,900</td>
</tr>
<tr>
<td>Alum Rock</td>
<td>$69,700</td>
</tr>
<tr>
<td>Fruitdale</td>
<td>$71,900</td>
</tr>
<tr>
<td>Gilroy</td>
<td>$78,400</td>
</tr>
<tr>
<td>City of San Jose</td>
<td>$81,800</td>
</tr>
<tr>
<td>Campbell</td>
<td>$88,300</td>
</tr>
<tr>
<td>Santa Clara</td>
<td>$91,600</td>
</tr>
<tr>
<td>Morgan Hill</td>
<td>$95,500</td>
</tr>
<tr>
<td>Milpitas</td>
<td>$95,500</td>
</tr>
<tr>
<td>Mountain View</td>
<td>$97,300</td>
</tr>
<tr>
<td>Sunnyvale</td>
<td>$100,000</td>
</tr>
<tr>
<td>Palo Alto</td>
<td>$121,500</td>
</tr>
<tr>
<td>Los Gatos</td>
<td>$122,500</td>
</tr>
<tr>
<td>Cupertino</td>
<td>$130,000</td>
</tr>
<tr>
<td>Los Altos</td>
<td>$157,900</td>
</tr>
<tr>
<td>Saratoga</td>
<td>$159,200</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2015

⁹ https://www.census.gov/quickfacts/fact/table/santaclaracountycalifornia,US/PST045216
¹⁰ https://statisticalatlas.com/county/California/Santa-Clara-County/Household-Income
¹¹ http://livingwage.mit.edu/counties/06085
Health Ranking

Santa Clara County ranks third overall in the state of California in terms of health outcomes. 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 model (ACEs) 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 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 report having zero adverse experiences compared to 39% of all Californians, which means more residents of Santa Clara County had childhoods with less adversity than the average Californian. Forty-two percent of all households report experiencing one to three adverse experiences, and 11% report four or more adverse experiences. These rates are comparable to surrounding counties; however, the rates for the county are slightly higher than the rates for the state overall. Importantly, the county has significantly less individuals who have not experienced any adverse experiences. Rates of ACEs in Santa Clara County, surrounding counties, and the state are presented in the figure below.

12 http://www.countyhealthrankings.org/app/california/2017/rankings/santa-clara/county/outcomes/1/snapshot
13 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 drinking or drug problem.\textsuperscript{14} Nearly 5% of individuals in Santa Clara County report residing in a household as a youth (18 years or younger) where a member abused substances such as illegal drugs or prescription medications.\textsuperscript{15}

\textit{Figure 10. Adverse Childhood Experiences; County and State Comparisons}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{aces.png}
\caption{Adverse Childhood Experiences; County and State Comparisons}
\end{figure}

\textsuperscript{14} http://www.kidsdata.org/region/59/santa-clara-county/results#ind=&say=&cat=27
Drug Arrests and Deaths

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

Table 2. Drug Arrests

<table>
<thead>
<tr>
<th>Year</th>
<th>Santa Clara County</th>
<th>California</th>
<th>Percentage of California</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>1,088</td>
<td>38,988</td>
<td>2.8%</td>
</tr>
<tr>
<td>2015</td>
<td>1,225</td>
<td>44,629</td>
<td>2.7%</td>
</tr>
<tr>
<td>2014</td>
<td>4,583</td>
<td>137,054</td>
<td>3.3%</td>
</tr>
<tr>
<td>2013</td>
<td>4,627</td>
<td>137,152</td>
<td>3.4%</td>
</tr>
<tr>
<td>2012</td>
<td>3,575</td>
<td>120,995</td>
<td>3.0%</td>
</tr>
</tbody>
</table>

Source: Open Justice

From 2014 to 2017, a total of 2,538 people died in Santa Clara County due to drug overdose. Although the number of individuals dying from drug overdose has steadily decreased over time, the mortality rate from drug overdose increased slightly from 7 to 8 people per 100,000 in Santa Clara County. This rate is lower than California’s mortality rate of 12 people per 100,000.

Table 3. Drug Overdose Deaths

<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Overdose Deaths</td>
<td>798</td>
<td>885</td>
<td>428</td>
<td>427</td>
<td>2,538</td>
</tr>
<tr>
<td>Drug Overdose Mortality Rate</td>
<td>7</td>
<td>7</td>
<td>8</td>
<td>8</td>
<td>--</td>
</tr>
</tbody>
</table>

Source: County Health Rankings, 2017

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16 https://openjustice.doj.ca.gov/crime-statistics/arrests
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 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 figure below, the majority of 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, as illustrated in Figure 12 below.

Men used significantly more substances on average than women used (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 12. Number of Substances Used

The most commonly-used substances identified by respondents were alcohol, tobacco, and marijuana. 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.

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) reported using fewer substances than their counterparts in other regions of the county.

*Figure 13. Overall Rate of Substance Use, Lifetime Use and Use in the Past 30 Days*

N=1,015; Source: Community-Wide Survey, 2017
Substance Use Among Youth

Although the Community-Wide Survey was restricted to residents ages 18 and older, national data can shed light on the prevalence and types of substance use among youth.

Nationwide, 26% of youth reported using an illicit drug 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.

Table 4. National Substance Use Rates, Ages 12-17

<table>
<thead>
<tr>
<th>Any Illicit Drug</th>
<th>Marijuana</th>
<th>Misused Prescription Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-13 years</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>14-15 years</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>16-17 years</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>Total 12-17 years</td>
<td>26%</td>
<td>21%</td>
</tr>
</tbody>
</table>

Source: National Center on Health Statistics, 2015

Alcohol Use

As one of the easiest substances to obtain, alcohol is a frequently-used substance throughout the United States, with over 86% of residents over the age of 18 reporting ever having consumed alcohol. A recent article in JAMA Psychiatry suggests that alcohol use has increased nationally, with specific increases in high-risk drinking, which is defined as four or more drinks for women and five or more drinks in one sitting for men. Women, older adults, and minorities experienced the largest increases in alcohol use and high-risk drinking between 2001 and 2013.

In 2010, the Centers for Disease Control (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.

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18 Any Illicit Drug: 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.
Overall Rates of 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. Of these, two-thirds (67%) reported having had a drink in the past 30 days.

Figure 14. Alcohol Consumption, Last Consumed

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 major difference in the frequency of consumption for 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.

The proportion of county residents reporting alcohol consumption did not vary much 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.

The three largest race/ethnic groups in the county, non-Latino(a) Whites, Asians, and Latino(a)s, reported similar rates of ever drinking alcohol, though Asian report somewhat lower rates of ever drinking alcohol, as illustrated in the following figure.
Current 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. In Santa Clara County, 55% of respondents age 18 and older reported drinking alcohol in the past 30 days. Among this group of 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%).

---

Drinking in the past month differed somewhat with regards to race. More than half of Whites (52%) reported drinking between one and four days in the last 30 days while a quarter reported drinking between eleven and thirty days (25%), and 24% reported drinking between five and ten days out of the last 30 days. More survey respondents identifying as Asian 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.\(^\text{23}\) Approximately 25% of adults across the U.S. had at least one binge drinking day in the past year.\(^\text{24}\) According to these NIH guidelines, 16% of Santa Clara County survey respondents met the threshold for binge drinking in the past 30 days.\(^\text{25}\)

Binge drinking reported via the community-wide survey varied by other factors such as gender, race, and ethnicity. Residents of South County reported higher rates of binge drinking (48%) than their counterparts in other regions of the county. As expected, age was also a factor in binge drinking.
drinking, with those over the age of 40 much less likely to report binge drinking within the past 30 days. Respondents between the ages of 31 and 40 reported the highest rate of binge drinking in the past 30 days (47%). Men reported binge drinking at a much higher rate than women, as illustrated below.

*Figure 17. Binge Drinking, Gender*

![Bar chart showing binge drinking rates by gender.](image)

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

Binge drinking behavior varied by race/ethnicity. Of Latino(a)s who reported drinking within the past 30 days, 44% met the threshold for binge drinking.

*Figure 18. Binge drinking, Race and Ethnicity*

![Bar chart showing binge drinking rates by race and ethnicity.](image)

White n=228; Asian n=160; Latino(a) n=148
Source: Community-Wide Survey

**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 19. Distribution of Age at First Use, Alcohol*

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. Among survey respondents reporting first time alcohol use between the ages of 14 and 17, almost half reported their first drink occurred at another person’s home or private party (48%). However, those who consumed alcohol for the first time at age 13 or younger were most likely to have it at their own home (53%).

*Figure 20. Place of First Use, Alcohol*
Additionally, those who started drinking at age 22 or older were less likely to have had a drink in the last 30 days than those who had their first drink before age 22. Thus, consumption of alcohol prior to the legal age is associated with current alcohol usage.

**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 21. Reasons for Stopping Alcohol Consumption*

![Graph showing reasons for stopping alcohol consumption]

- No Interest or Desire: 66%
- Personal Values: 23%
- Impacted my Life in a Negative Way: 22%
- Disapproval from Others: 5%
- Can't Get it or Afford it: 3%
- It's Illegal: 2%
- Other Reasons: 7%

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 substances 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.

The survey finding that individuals who identified as Latino(a) were more likely than Whites to start drinking prior to the age of 13 was supported in focus groups. Providers spoke about the commonplace practice of Latino(a) youth, especially young men, drinking with family members. Providers noted that for some families, especially among Latino(a) communities, youth drinking at parties and barbecues 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 recreational marijuana possession, culminating in the legalization of recreational marijuana by voters in 2016. This study was completed before recreational marijuana became legally available at dispensaries for residents over age 21, thus providing a baseline measure of marijuana use for recreational purposes prior to legalization.

Overall Rates of 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. In contrast, 22% of Santa Clara County survey respondents age 18 and older report having used marijuana in the past year.

Figure 22. Marijuana, Last Use

Marijuana use did not vary much by gender, age, or region of the county. However, use did vary between the three largest racial and ethnic groups in Santa Clara County. A larger proportion of Latino(a) respondents (59%) reported ever using marijuana compared to White (47%) and Asian respondents (25%).

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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 next figure, survey respondents reported a variety of reasons for never using marijuana.

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 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 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. Men used marijuana more heavily than women, with 30% of men and 25% of women using marijuana 11 to 30 days in the past month.

Young people 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 related in focus groups and interviews 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.

Of the 432 respondents who reported ever using marijuana, the most common age for first time use is between the ages of 14 and 17 (38%) followed by 18 and 21 (35%) (see Figure 25 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 occurring before the age of 18.

*Figure 25. Age at First Use, Marijuana*

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%). A private
party or someone’s home remained the most frequent location of first use across the three major racial/ethnic groups in the county (White, Asian, and Latino/a), county regions, and respondent age groups.

**Figure 26. Place of First Use, Marijuana**

![Graph showing the percentage of first use locations](chart)

n=432  
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 impacted their lives in a negative way.

**Figure 27. Reasons for Stopping Marijuana Use**

![Graph showing reasons for stopping marijuana use](chart)

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

When focus group and interview participants were asked about drugs that were most commonly used, marijuana was commonly identified. 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 the legalization of alcohol and tobacco, along with many of the associated attitudes around those particular substances.

Similar to alcohol, marijuana remains illegal for those under the age of 21; however, there seems to be little awareness of this fact among youth. The concept that alcohol and tobacco are legal contributes to a view that they cannot be harmful, and these same beliefs are becoming entrenched around marijuana as well.

Youth report believing that because marijuana is a plant, it is natural, healthy, and of-the-earth. Those who worked with youth reported a lack of awareness of the potential dangers of marijuana. Providers described potential dangers of marijuana as 1) increased strength of modern strains, 2) the effects on brain development for those using under the age of 25, and 3) the addictive properties of the substance.

Providers who work with youth voiced the need for more education about the effects and legality of marijuana use. Specifically, the need to educate youth that marijuana is not legal for those under the age of 21. In addition, while marijuana is legal, it can still negatively affect an individual’s ability to obtain or maintain employment. Lastly, providers expressed the need to educate youth on appropriate marijuana dosage, as youth lacked an understanding of how much marijuana will yield an effect.

“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.”
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.\(^2\) 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.

Overall Rates of 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. 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 next figure, prescription pain relievers was the most common type of prescription drug respondents misused, followed by sedatives or depressants.

*Figure 28. Types of Misused Prescription Drugs*

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.

---

29 https://www.cdc.gov/nchs/fastats/drug-use-illegal.htm
Of the three most populous racial and ethnic groups in Santa Clara County, respondents identifying as Latino(a) were more likely to have used prescription drugs than Whites and Asians. Respondents identifying as Asian were less likely than both White and Latino(a) respondents to have used prescription or OTC medications.

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 significantly higher usage of prescribed drugs used in an unsanctioned way than those in North County and West County. South County respondents also reported higher usage of OTC medications than the other regions.
**Figure 31. Lifetime Use of Prescription Drugs, County Region**

- Prescribed RX Drugs Used in an Unsanctioned Way
- Used RX Drugs without a RX
- OTC Medications

<table>
<thead>
<tr>
<th>Region</th>
<th>Prescribed RX Drugs in Unsanctioned Way</th>
<th>Used RX Drugs without a RX</th>
<th>OTC Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>North County</td>
<td>14%</td>
<td>13%</td>
<td>4%</td>
</tr>
<tr>
<td>Central County</td>
<td>21%</td>
<td>20%</td>
<td>11%</td>
</tr>
<tr>
<td>West County</td>
<td>10%</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>San Jose</td>
<td>24%</td>
<td>22%</td>
<td>7%</td>
</tr>
<tr>
<td>South County</td>
<td>29%</td>
<td>24%</td>
<td>16%</td>
</tr>
</tbody>
</table>

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

**Current 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 roughly one-fifth of respondents indicating use during their lifetime and 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.
First Time Prescription Drug Use

Age of first use 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 use of prescription drugs at age 40 or older. Age of first misuse of OTC medications tended to be younger, as shown below.

Figure 33. Age at First Use, Prescription Drugs and OTC Medications

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.

*Figure 34. Place of First Use, Misused Prescription Drugs*

<table>
<thead>
<tr>
<th>Place of First Use</th>
<th>Prescribed RX Drugs Used in an Unsanctioned Way</th>
<th>RX Drugs Used without a Rx</th>
<th>OTC Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>65%</td>
<td>62%</td>
<td>55%</td>
</tr>
<tr>
<td>Party or Other Person’s House</td>
<td>18%</td>
<td>21%</td>
<td>18%</td>
</tr>
<tr>
<td>Bar/Night Club</td>
<td>7%</td>
<td>6%</td>
<td>12%</td>
</tr>
<tr>
<td>Public Space</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>School</td>
<td>2%</td>
<td>3%</td>
<td>8%</td>
</tr>
</tbody>
</table>

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

**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.

*Figure 35. Reasons for Stopping Recreational Prescription Drug Use*

<table>
<thead>
<tr>
<th>Reason for Stopping</th>
<th>Prescribed RX Drugs Used in an Unsanctioned Way</th>
<th>RX Drugs Used without a Rx</th>
<th>OTC Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>No interest or desire</td>
<td>65%</td>
<td>67%</td>
<td>59%</td>
</tr>
<tr>
<td>Personal values</td>
<td>19%</td>
<td>19%</td>
<td>22%</td>
</tr>
<tr>
<td>Impacted my life in a negative way</td>
<td>11%</td>
<td>14%</td>
<td>19%</td>
</tr>
<tr>
<td>It's illegal</td>
<td>9%</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Disapproval from others</td>
<td>1%</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>Can't get it or afford it</td>
<td>11%</td>
<td>8%</td>
<td>0%</td>
</tr>
<tr>
<td>Other reasons</td>
<td>11%</td>
<td>8%</td>
<td>6%</td>
</tr>
</tbody>
</table>

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 were 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, interview and focus group participants reported 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, focus group and interview participants expressed the perception that youth accessed drugs in several 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.\(^{30}\)

Findings related to OTC medications aligned with information from our interviews and focus groups. 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”).

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\(^{30}\) 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)

Overall Rates of Illegal Substance Use in Santa Clara County

National Center on Health Statistics data reveal that 10% of the U.S. population aged 12 and older have used an illegal substance in the past 30 days. Thirty-one percent (31%) of adults aged 18 and older have used an illegal substance in the past 30 days.

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. The figure below outlines use by substance, showing that residents most commonly used cocaine (16%) and hallucinogens (16%), followed by methamphetamine (10%). A small percentage of residents had used inhalants (7%), heroin (5%), or other substances (4%). Lifetime use of illegal substances is presented in the Figure below. Importantly, we asked about each substance independently, thus use across substances will not equate to 100%.

“My husband is Hispanic. At least 80% of his family and friends use pretty much all of the substances mentioned. Both his father and younger brother died from heroin overdoses. It’s just accepted.”

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31 https://www.cdc.gov/nchs/fastats/drug-use-illegal.htm
32 https://www.cdc.gov/nchs/data/hus/hus16.pdf#050
33 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 36. Lifetime Use, Illegal Substances

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 using within the past 30 days. Respondents identifying as Latino(a) reported higher rates of ever using cocaine and methamphetamine, whereas respondents identifying as Asian reported higher rates of using heroin and cocaine in the last 30 days.

Figure 37. Illegal Substance Use, Last Used

Respondents identifying as Latino(a) reported higher rates of ever using cocaine and methamphetamine, whereas respondents identifying as Asian reported higher rates of using heroin and cocaine in the last 30 days.
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 those who have used hallucinogens started use at a younger age, relative to other substances, as illustrated in the figure below.

Figure 38. Age at First Use, Illegal Substances

“A’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.”

Source: Community-Wide Survey, 2017

Cocaine n=163; Hallucinogens n=162; Methamphetamine n=104; Inhalants n=73; Heroin n=51; Other Substances n=41
As illustrated in the figure below, 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. 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 39. 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
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.

"Drugs and alcohol have impacted my life and my family life in a tremendously negative way."

Fig. 4. Reasons for Stopping

<table>
<thead>
<tr>
<th>Substance</th>
<th>Personal values</th>
<th>It's illegal</th>
<th>Can't get it or afford it</th>
<th>Disapproval from others</th>
<th>Impact on life in negative way</th>
<th>No interest or desire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine</td>
<td>75%</td>
<td>17%</td>
<td>19%</td>
<td>6%</td>
<td>7%</td>
<td>74%</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>57%</td>
<td>22%</td>
<td>20%</td>
<td>12%</td>
<td>6%</td>
<td>20%</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>57%</td>
<td>51%</td>
<td>22%</td>
<td>20%</td>
<td>12%</td>
<td>6%</td>
</tr>
<tr>
<td>Inhalants</td>
<td>80%</td>
<td>14%</td>
<td>6%</td>
<td>11%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Heroin</td>
<td>50%</td>
<td>27%</td>
<td>18%</td>
<td>18%</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>Other Substances</td>
<td>44%</td>
<td>17%</td>
<td>17%</td>
<td>22%</td>
<td>17%</td>
<td>22%</td>
</tr>
</tbody>
</table>

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 the use of heroin. Some providers noted that the increase in heroin use might be related to opioid epidemic as individuals who can no longer access or afford prescription drugs may turn to heroin to fulfill their needs.

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 [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. The justice system and the county health system were both fair and just.
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) at a 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%).

During interviews and focus groups, the concurrent use of two or more substances was discussed only indirectly. It was noted that individuals may be using two or more substances without actually 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

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 most people obtain them, even if they themselves have never used the substances before.

County Access to Alcohol and Other Substances

Unsurprisingly, 90% of respondents responded 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. Illegal drugs such as cocaine, hallucinogens, heroin, and methamphetamine were perceived as more difficult for Santa Clara County residents to access.

Figure 41. Ease of Access, Very Easy or Fairly Easy

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 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 it to be difficult to obtain methamphetamine 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.

Respondents were then 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.

While a key part of accessing substances is knowing people who sell them, respondents were also asked if anyone offered to sell them an illegal drug in the past month. Eight percent of respondents reported being offered an illegal drug.

*Figure 42. How Marijuana, Cocaine, Prescription Drugs for Recreational Use, and Methamphetamine are Obtained*

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\(^{34}\) and counties\(^{35}\) 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. Next, a variety of big- to small-time dealers, some of whom deal to make a

\(^{34}\) Interstate 101 and State Highways 29, 129, 152, and 156

\(^{35}\) Counties: Santa Clara, San Benito, Monterey, Santa Cruz, and Merced
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.

The following is a visualization of the chain of distribution, from the cartel at the top to individual drug users at the bottom.

*Figure 43. Drug Distribution in Santa Clara County*

### 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 in Figure 43, 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.

A variety of paths to obtaining marijuana were discussed in the qualitative data. While not legally permitted to purchase marijuana at dispensaries, some youth have older friends, siblings, or strangers obtain the marijuana for them (“shoulder tapping”), or they manage to purchase from the dispensary directly. Others grow their own cannabis, purchase from a dealer, or purchase it via social media. Social media and the dark net were referred to multiple times as venues for youth to buy all manner of substances.
Providers also relayed that “pill parties” or “skittle parties” are a growing trend among youth, 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.

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 drug 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.

Whether obtaining marijuana from their siblings or prescription drugs from their parents’ medicine cabinet, providers relayed that youth are adept at taking advantage of their surroundings in order to obtain substances.
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 44. Liquor Licenses per County Region*

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. Race and ethnicity also had an impact on ease of accessing alcohol: Whites 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.
Access to Marijuana

Although recreational marijuana dispensaries are not yet developed in Santa Clara County, marijuana is still widely accessed by many residents. This section examines the existing infrastructure for obtaining legally available 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 in California, it became increasingly easy to obtain. 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 45. Medical Marijuana Availability, Santa Clara County (Excluding South County)*

Source: WeedMaps.com

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Medical Marijuana Cards in Santa Clara County

Since the 2005-2006 fiscal year, 2,301 medical marijuana cards have been issued in Santa Clara County. As illustrated in the following figure, the number of medical marijuana cards issued in 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.\(^\text{37}\)

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.

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.

“It is fairly easy to acquire from what I’ve heard around.”
As illustrated in the figure that follows, nearly half of respondents believed people obtain marijuana from either a dispensary (45%) or a friend or acquaintance (45%). Focus groups and interviews 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.

*Figure 48. Perceptions of How Marijuana is Obtained*

![Bar chart showing 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.

The 18-20 and 21-30 age groups, who reported relative ease in accessing marijuana, perceived marijuana to be obtained in various ways. As illustrated below, respondents 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 49. Perceptions of How Marijuana is Obtained, 18 to 20 year olds and 21 to 30 year olds*

![Bar chart comparing perceptions of how marijuana is obtained between 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
Latino(a) respondents indicated a belief that accessing marijuana would be easier than other racial or ethnic groups, identifying dispensaries and friends or acquaintances as primary sources for obtaining the substance.

*Figure 50. Perceptions of How Marijuana is Obtained, Latino(a)s*

<table>
<thead>
<tr>
<th>Source</th>
<th>Dispensary</th>
<th>Friend or Acquaintance</th>
<th>Dealer</th>
<th>Relative</th>
<th>Online</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latino(a)s n=261</td>
<td>47%</td>
<td>44%</td>
<td>24%</td>
<td>16%</td>
<td>9%</td>
<td>3%</td>
</tr>
</tbody>
</table>

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

The next figure on the following page illustrates how respondents from different regions of Santa Clara County believe marijuana is obtained.

North, Central, West, and San Jose residents 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 46), 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 51. Perceptions of How Marijuana is Obtained, Regional Comparison

```
<table>
<thead>
<tr>
<th>Region</th>
<th>Friend or Acquaintance</th>
<th>Dispensary</th>
<th>Dealer</th>
<th>Relative</th>
<th>Online</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>North County</td>
<td>54%</td>
<td>49%</td>
<td>15%</td>
<td>9%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Central County</td>
<td>40%</td>
<td>40%</td>
<td>25%</td>
<td>12%</td>
<td>12%</td>
<td>5%</td>
</tr>
<tr>
<td>West County</td>
<td>49%</td>
<td>47%</td>
<td>31%</td>
<td>12%</td>
<td>8%</td>
<td>0%</td>
</tr>
<tr>
<td>San Jose</td>
<td>44%</td>
<td>47%</td>
<td>31%</td>
<td>17%</td>
<td>9%</td>
<td>3%</td>
</tr>
<tr>
<td>South County</td>
<td>51%</td>
<td>29%</td>
<td>24%</td>
<td>6%</td>
<td>4%</td>
<td>0%</td>
</tr>
</tbody>
</table>
```

n=1,014
Note: Multiple response question. Percentages may not add to 100%.
Source: Community-Wide Survey, 2017
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

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. 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 later in this report, opioid abuse and addiction is present in Santa Clara County.

Figure 52. Opioid Prescribing Rates by County, 2016

Source: Centers for Disease Control, 2016

Perceptions of Prescription Drug Access in Santa Clara County

How residents perceive prescription drugs are accessed for recreational use 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 recreational use to be easier to obtain than White and Asian respondents.

When respondents were asked where they believed prescription drugs were obtained for recreational use, 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.

*Figure 53. How Prescription Drugs for Recreational Use are 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 prescription drugs were obtained for non-prescribed use. 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 prescription drugs for non-prescribed use from a friend or acquaintance as other regions of the county.

Figure 54. How Prescription Drugs for Recreational Use are Obtained, Regional Comparison

<table>
<thead>
<tr>
<th>Region</th>
<th>Friend or Acquaintance</th>
<th>Dispensary</th>
<th>Dealer</th>
<th>Relative</th>
<th>Online</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>North County</td>
<td>45%</td>
<td>28%</td>
<td>18%</td>
<td>12%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Central County</td>
<td>36%</td>
<td>22%</td>
<td>15%</td>
<td>10%</td>
<td>9%</td>
<td>4%</td>
</tr>
<tr>
<td>West County</td>
<td>49%</td>
<td>23%</td>
<td>21%</td>
<td>9%</td>
<td>8%</td>
<td>1%</td>
</tr>
<tr>
<td>San Jose</td>
<td>42%</td>
<td>27%</td>
<td>16%</td>
<td>13%</td>
<td>11%</td>
<td>4%</td>
</tr>
<tr>
<td>South County</td>
<td>26%</td>
<td>27%</td>
<td>9%</td>
<td>11%</td>
<td>7%</td>
<td>6%</td>
</tr>
</tbody>
</table>

n=1,014
Note: Multiple response question. Percentages may not add to 100%.
Source: Community-Wide Survey, 2017
Access to Illegal Substances

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

Perceptions of Illegal Substance Access in Santa Clara County

Understanding where and how easily illegal substances are acquired is crucial for designing effective prevention programs.

Overall, respondents aged 31 to 40 reported believing that illegal substances are easier to obtain than other age groups believe. Those aged 41 to 54 reported a belief that access to cocaine and hallucinogens was more difficult 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.

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 Whites, Asians, and those identifying with another race or ethnicity.

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.

“The other drugs” category contains the following substances: GHB, Rohypnol, Kaht, Kratom, or any other substance not contained within the other groups of substances.
Respondents overwhelmingly believed cocaine, methamphetamine, heroin, hallucinogens, and other drugs were obtained through either a dealer or a friend or acquaintance.

**Figure 55. How Illegal Substances are Obtained**

<table>
<thead>
<tr>
<th>Substance</th>
<th>Dispensary or Pharmacy</th>
<th>Online</th>
<th>Relative</th>
<th>Dealer</th>
<th>Friend or Acquaintance</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine</td>
<td>2%</td>
<td>36%</td>
<td>5%</td>
<td>3%</td>
<td>3%</td>
<td>22%</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>4%</td>
<td>34%</td>
<td>5%</td>
<td>4%</td>
<td>3%</td>
<td>17%</td>
</tr>
<tr>
<td>Heroin</td>
<td>2%</td>
<td>35%</td>
<td>4%</td>
<td>3%</td>
<td>2%</td>
<td>13%</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>2%</td>
<td>32%</td>
<td>5%</td>
<td>4%</td>
<td>3%</td>
<td>25%</td>
</tr>
<tr>
<td>Other Drugs (GHB, etc.)</td>
<td>6%</td>
<td>29%</td>
<td>18%</td>
<td>4%</td>
<td>6%</td>
<td>3%</td>
</tr>
</tbody>
</table>

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. 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.

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.

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.


“Alcohol is used for stress relief; [my] high tech job is too demanding.”
Respondents from South County more frequently reported experiencing depression (27%) and anxiety (75%) than other areas of the county. Overall, although a higher percentage of respondents identified experiencing depression (23%) and anxiety (53%), a fairly small proportion of individuals identified struggling with mental health issues (9%). Thus, it appears as though individuals are not identifying depression and anxiety as mental health issues.

A similar theme arose in the interviews and focus groups; many noted that individuals turned to substances to self-medicate undiagnosed mental health issues. Similarly, individuals who had a formal health diagnosis were also noted as self-medicating. Providers reported they might be using substances because they felt more effective than prescribed medications in addressing their mental health needs. In addition, prescribed medications can take several weeks to work effectively, and clients reported wanting more immediate relief.

Figure 56. Most Common Stressors Experienced in the Last 12 Months

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 ($r=0.37$, $p<0.05$), inhalants ($r=0.56$, $p<0.05$), and

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$^2$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).
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.

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.

### 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 into 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.

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 approve of their alcohol and marijuana use. More than two-thirds of survey respondents reported that their caregivers would disapprove of their marijuana use.

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> [From age] 6 to 20 my dad was a drug addict and he made me try smoking. I liked it so I got addicted.

---

**Figure 57. Caregiver Approval, Alcohol and Marijuana Use**

<table>
<thead>
<tr>
<th>Alcohol</th>
<th>Marijuana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disapprove</td>
<td>32%</td>
</tr>
<tr>
<td>Neither disapprove or approve</td>
<td>52%</td>
</tr>
<tr>
<td>Approve</td>
<td>71%</td>
</tr>
</tbody>
</table>

n=230
Source: Community-Wide Survey, 2017

**Figure 58. Friend or Significant Other Approval, Alcohol and Marijuana Use**

<table>
<thead>
<tr>
<th>Alcohol</th>
<th>Marijuana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disapprove</td>
<td>17%</td>
</tr>
<tr>
<td>Neither disapprove or approve</td>
<td>43%</td>
</tr>
<tr>
<td>Approve</td>
<td>47%</td>
</tr>
</tbody>
</table>

Alcohol n=360; Marijuana n=177
Source: Community-Wide Survey, 2017
However, service providers participating in focus groups and interviews reported that for youth under the age of 18, substance use was normalized by some families. Consequently, providers recounted in focus groups and interviews that some youth found stopping substance use very difficult when parents were using substances at home, and sometimes allowing their children to use with them.

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 of their friends drank alcohol and 37% indicate their friends used marijuana in past year.

As illustrated in the pie chart below, 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 is observed. These findings suggest that friends and acquaintances may be a primary source for accessing substances and influence for risky behaviors, and point to the importance of social networks in substance use.

During interviews and focus groups, participants noted that individuals use alcohol and substances to “fit in” or as a result of peer pressure. The strong influence of social media in disseminating information on parties, where substances can be present, was also noted as an additional source of peer pressure for young people, who do not want to feel left out.

*Figure 59. Use among Friends*
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 60. Individuals with Relatives or Friends who have Difficulty Controlling their Drinking and Substance Use*

<table>
<thead>
<tr>
<th>Substance</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Don’t Know (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>42%</td>
<td>48%</td>
<td>10%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>23%</td>
<td>60%</td>
<td>17%</td>
</tr>
<tr>
<td>Prescription Medication</td>
<td>14%</td>
<td>64%</td>
<td>22%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>8%</td>
<td>70%</td>
<td>22%</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>6%</td>
<td>70%</td>
<td>24%</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>8%</td>
<td>70%</td>
<td>22%</td>
</tr>
<tr>
<td>Heroin</td>
<td>6%</td>
<td>70%</td>
<td>23%</td>
</tr>
<tr>
<td>Other Substances (GHB, Rohypnol, etc.)</td>
<td>6%</td>
<td>69%</td>
<td>26%</td>
</tr>
</tbody>
</table>

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

**Community Factors**

In interviews and focus groups, a lack of connection to the community and a sense of isolation was discussed as potential reasons why people may turn to substance use. Moreover, it was noted that many 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.

Notably, over half (53%) of respondents expressed concern 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.

**Figure 61. The Community View**

- 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% respondents were concerned about amount of alcohol and/or substances in their community
- Only 42% of respondents reported feeling connected to their community

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 figure on the following page, 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.”

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. 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.”

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

Respondents who identified as Asian or with another race not otherwise specified were less likely to report that recreational marijuana use was acceptable (40% and 42%,...
respectively). Among all other racial and ethnic groups, at least 50% of respondents thought recreational marijuana use was socially acceptable.

**Figure 63. Acceptance of the Use of Marijuana, Medical**

- Yes: 82%
- No: 10%
- Unsure: 9%

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

**Figure 64. Acceptance of the Use of Marijuana, Recreational**

- Yes: 51%
- No: 36%
- Unsure: 14%

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. The most common responses from service providers included:

- Ease of access/inexpensive
- Self-medicating mental health issues
- Managing the impacts of experiencing trauma
- Lack of positive coping skills
- To escape, relax
- Intergenerational use
- To fit in; feel connected to something
- It (the high) feels good

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, as substances are readily available. 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.

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.

Moreover, providers noted that many individuals live within family systems where alcohol and substance use is normalized, as it has occurred from generation to generation. Lastly, although 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.

“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...”
“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.”

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 can lead to the neglect of basic needs, 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.

**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. Organizations such as Mothers Against Drunk Driving (MADD) were mentioned, as well as education efforts led by the county. Some programs referenced included late night gyms, National Compadres Network, 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.

“There is a great need to educate adults, not just adolescents and children, about the dangers of alcohol 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 developed two sets of recommendations. The first of these identify 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 5. Critical Aspects of Prevention Services

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

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 represented in the county, but who are also aware of their own cultural backgrounds and biases. Providers noted that services must be developed to customize treatment plans for individuals and families, and that staff must be educated on the cultural beliefs of the clients they serve, and that staff must be given opportunities to have a breadth and depth of experiences that help them
learn about the clients they serve (i.e. taking with community leaders, churches, or other ethnic organizations).43

Lastly, providers believed it to be essential that services address underlying 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. Along similar lines, 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.

The second set of recommendations focuses on the types of prevention services and programs that are 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 next figure summarizes the central components of these four types of desired programs.
Figure 65. Prevention Programs Needed in Santa Clara County

Programs to Develop Emotional Intelligence
- Learn positive 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/program
- 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 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.

Providers also expressed interest in 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.

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 sounded a call for harm reduction models. Many providers highlighted abstinence models do not appear to be the answer to alcohol and substance use. Rather than adopting a zero-tolerance stance, the county may find greater success with programs that support youth and adults in navigating their relationship with alcohol and substances. Given the ease of access of alcohol and substances in the county, individuals need resources that help them use pragmatically.

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”.

In addition, some suggested that youth need 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. Youth need safer alternatives that provide them with a similar rush of adrenaline. Lastly, providers noted that having a relationship with a consistent and caring adult was an essential component to preventing alcohol and substance use among youth.

“I think it’s very important to have peer groups speaking to kids about the dangers.”

“The court directed substance treatment needs to be reviewed with relapse and other issues to be expected. Not to fear the court when it happens but look for help from the court.”
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. ASR worked with a firm that specializes in survey administration, however they struggled with Asian and Latino respondent recruitment. In order to support recruitment of Asian survey respondents, ASR posted flyers at community-based organizations that serve the Asian community. Flyers were also posted at Asian grocery stores 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 of elderly individuals and attempts to speak with providers of services for this population 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.
CONCLUSION AND RECOMMENDATIONS

Santa Clara County Behavioral Health Prevention Services 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 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 county-wide so that individuals, regardless of the geographic location, can access them.

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.