EVALCORP would like to acknowledge and thank Ventura County Behavioral Health, Alcohol & Drug Programs for providing us with the opportunity to develop the Ventura County Community Health Survey (VCCHS). We extend our gratitude to Division Manager, Patrick Zarate and Prevention Services Manager, Daniel Hicks for their support and guidance in shaping the study. Their vision, leadership and continued commitment to data-driven decision making made this project possible. Our thanks are also extended to management and staff at the Social Science Research Center (SSRC) at California State University, Fullerton for their survey research expertise and for serving as our partner in carrying out more than 750 telephone surveys with residents across Ventura County. Additionally, we thank the hundreds of residents who generously shared their time and thoughtful responses to inform this important countywide health survey initiative.
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I. Overview

Ventura County Behavioral Health (VCBH), Alcohol & Drug Programs (ADP) actively gathers and monitors community-level data to update the Department on local needs and trends related to alcohol and other drug use, mental health issues and neighborhood concerns among residents. Collected data are analyzed to assess: local levels of alcohol and drug use; perceived risks and harms associated with alcohol and other drug use; mental health needs; awareness of available services; and attitudes on quality of life in Ventura County. Additionally, community data are used to improve local programs and policies to ensure that needed services are accessible countywide.

To obtain current, reliable, and generalizable information, VCBH contracted with EVALCORP to conduct a Community Health Survey with a randomized sample of County adult residents (18 years of age and older) during late FY 13-14. In collaboration with VCBH, EVALCORP designed the survey and partnered with California State University, Fullerton (CSUF) Social Science Research Center (SSRC) to carry out data collection utilizing a Computer-Assisted Telephone Interviewing (CATI) Random Digit Dialing (RDD) administration process. The Ventura County Community Health Survey (VCCHS) asked respondents to answer a series of approximately 30 questions, many of which contained multiple sub-items. A copy of the VCCHS is included in Appendix A.

Data were successfully obtained from 769 adult Ventura County residents (i.e., the number deemed statistically valid in order to be able to generalize to all residents) with an equal representation from east and west regions of the County. A total of 49,777 call attempts were made to complete the 769 surveys, with an average of 4.5 calls per completed survey.

The VCCHS was conducted in English and Spanish, and was pilot-tested in both languages to ensure the survey was easily understood by respondents. Both landline and cell phone numbers were utilized to generate the sample of telephone numbers called. Quotas were set to ensure that 90% of completed phone interviews would be landline records and 10% would be cellular numbers. The length of time required to complete each survey/telephone interview ranged from 8 to 88 minutes, with a mean survey administration time of 15 minutes. The VCCHS response rate was 23.9%\(^1\) and the cooperation rate\(^2\) was 45.6% with a margin of error at +/- 3.53% and a confidence level of 95%. A comprehensive technical report detailing the sampling technique, approaches used, and description of dial-attempts made to obtain the 769 viable contacts is available upon request.

---

1 The response rate is the percentage of completed interviews out of all sampled telephone numbers.
2 The cooperation rate is the percentage of completed interviews out of all calls in which the individual reached was eligible to participate.
The current report presents findings gleaned from all respondents countywide. Where applicable, VCCHS results are compared to findings documented following a prior county-level random digit dial telephone survey initiative focusing on underage and binge drinking.¹

First, an overview of the respondent population is provided. Following that, historical and current rates of alcohol and other drug use are presented, alongside information on associated behaviors, namely binge alcohol consumption and impaired driving. Familiarity with County social host policies and prescription drug disposal is also discussed. Respondents’ perceptions about local concerns, including teenage substance use and access are then explored, as is their knowledge of community treatment and support services, personal mental health challenges, and opinions on overall quality of life in Ventura County. Issues and concerns specific to eastern and western Ventura County regions will be analyzed and reported separately.

II. SURVEY RESULTS

A. Respondent Demographics

Telephone surveys were conducted with 769 Ventura County residents ranging in age from 18 to 92 years old, with an average age of 55. The largest age group represented in the VCCHS were those aged 45 to 64 years of age (42%), while 25% of the respondents were 44 years of age or under (Table 1).

Table 1. Respondent Demographic Characteristics

<table>
<thead>
<tr>
<th>Selected Demographics</th>
<th>Countywide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (n=716)</td>
<td></td>
</tr>
<tr>
<td>18-25</td>
<td>5%</td>
</tr>
<tr>
<td>26-44</td>
<td>20%</td>
</tr>
<tr>
<td>45-64</td>
<td>42%</td>
</tr>
<tr>
<td>65+</td>
<td>33%</td>
</tr>
<tr>
<td>Gender (n=767)</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>40%</td>
</tr>
<tr>
<td>Female</td>
<td>60%</td>
</tr>
<tr>
<td>Other</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Ethnicity* (n=754)</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>1%</td>
</tr>
<tr>
<td>Black or African American (non-Hispanic)</td>
<td>2%</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
</tr>
<tr>
<td>Asian or Asian American</td>
<td>5%</td>
</tr>
<tr>
<td>Hispanic or Latino/a</td>
<td>22%</td>
</tr>
<tr>
<td>White or Caucasian (non-Hispanic)</td>
<td>68%</td>
</tr>
<tr>
<td>Education (n=738)</td>
<td></td>
</tr>
<tr>
<td>Less than a high school diploma/GED</td>
<td>7%</td>
</tr>
<tr>
<td>High school diploma or GED</td>
<td>11%</td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>24%</td>
</tr>
<tr>
<td>Trade school</td>
<td>4%</td>
</tr>
<tr>
<td>Associate’s degree</td>
<td>10%</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>22%</td>
</tr>
<tr>
<td>Graduate degree</td>
<td>22%</td>
</tr>
</tbody>
</table>

More women (60%) than men (40%) completed the survey. Both the age and gender of VCCHS respondents are common among usual telephone survey participants. Just over two-thirds (68%) of respondents self-identified as White or Caucasian; 22% reported their race/ethnicity as Hispanic/Latino; 5% were Asian/Asian American; 3% were American Indian or Alaska Native; 2% were Black or African American; 1% were Native Hawaiian or Pacific Islander; and 3% self-identified as “Other.” The great majority of respondents had college or graduate degrees, with only 7% of respondents reporting that they had not completed high school.

25% of respondents were 44 years old or under.
City of Residence

Survey respondents reported having lived in Ventura County for 25 years, on average; however, there was a great deal of variability on this item (i.e., one month to more than 82 years). When asked about their city of residence, a majority of respondents (67%) lived in one of the County’s four most populous: Simi Valley, Oxnard, Thousand Oaks, or Ventura (Figure 1).

Figure 1. Respondent City of Residence

B. Alcohol and Other Drug Use, and Related Factors

To gauge the nature and extent of substance use in Ventura County, residents were asked a series of questions about their past (i.e., lifetime) and current (i.e., within 30 days of survey) alcohol and/or drug usage. Lifetime use was assessed by asking survey participants if they had ever used or tried alcohol, marijuana, methamphetamines, heroin, or prescription/over-the-counter medication (Rx/OTC) to get high. Respondents also were asked whether they had ever engaged in binge drinking episodes (defined as 5 or more drinks of alcohol within a few hours).

Respondents who indicated any lifetime use/misuse of a substance were also asked to indicate at what age their usage began and whether they had used the substance within the past 30 days.

Those indicating heroin use were also asked whether they began with using prescription opioids and then moved on to heroin and, if so, to indicate the reason they started using heroin. Respondents who reported current alcohol use were asked whether there had been an occasion in the last month when they had had three or more drinks in one sitting and, if so, to indicate the one place where they drank most often.
Lifetime Use of Alcohol and Other Drugs

Figure 2 shows that 87% of adults in Ventura County have had alcohol in their lifetime with nearly half (48%) of those having engaged in binge drinking at least one time in their lives. When asked about substances other than alcohol, slightly less than half (43%) of respondents reported any lifetime use of marijuana, followed by methamphetamines (6%). Five percent of adults had used a prescription (Rx) or over-the-counter (OTC) medication to get high. Prescription medications included opioids such as OxyContin, Norco or Vicodin, and benzodiazepines like Ativan, Valium or Xanax.

Overall, only 1% of respondents reported lifetime use of heroin. Among those 10 adults, seven also reported lifetime use of prescription or OTC medications to get high, and one in five reported using prescription opioids before progressing to heroin use. Respondents indicated that they moved from using Rx opioids to heroin because it was cheaper (100%); other people they knew were using it (50%); it was easier to get (50%); or they were not getting good highs from the Rx opioids anymore (50%).
Lifetime Use of Alcohol and Binge Drinking by Age, Gender and Race

Age: As shown in Figure 3, rates of lifetime alcohol use were similar across all age groups. However, rates of binge drinking were highest among young adults (61%), followed by those aged 26 to 44 (59%), 45 to 54 years of age (53%), and those 65 and older (37%).

Gender: Lifetime use of alcohol rates were higher for men (91%) than women (84%), as were their reported rate of binge alcohol use, 65% compared to 35%, respectively.

Race/Ethnicity: Overwhelmingly, White adults reported lifetime use of alcohol at a far higher rate (94%) than Hispanic/Latino adults (69%); however rates of lifetime binge drinking were similar across both race/ethnicity groups.

Figure 3. Lifetime Alcohol and Binge Drinking by Age, Gender and Race

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Alcohol</th>
<th>Binge drinking*</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25</td>
<td>80%</td>
<td>61%</td>
</tr>
<tr>
<td>26-44</td>
<td>88%</td>
<td>59%</td>
</tr>
<tr>
<td>45-64</td>
<td>87%</td>
<td>53%</td>
</tr>
<tr>
<td>65+</td>
<td>86%</td>
<td>37%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Alcohol</th>
<th>Binge drinking*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>91%</td>
<td>65%</td>
</tr>
<tr>
<td>Female</td>
<td>84%</td>
<td>35%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Alcohol</th>
<th>Binge drinking*</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>94%</td>
<td>50%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>69%</td>
<td>46%</td>
</tr>
</tbody>
</table>

* Of those who reported any lifetime alcohol use
**Lifetime Drug Use by Age, Gender and Race**

**Age:** As shown in Figure 4, rates of lifetime marijuana use were highest among respondents 45 to 64 years of age (53%), followed by those aged 18 to 25 (46%), 26 to 44 years of age (44%), and those 65 and older (31%). Rates of lifetime methamphetamine use did not differ across those aged 18 to 25, 26 to 44, and 45 to 64 years of age (8% each), while those 65 and older reported the lowest rates of lifetime methamphetamine use (2%).

The most striking difference among age groups was in lifetime use of Rx/OTC drugs to get high. Specifically, the rate of lifetime use of Rx/OTC drugs to get high among young adults aged 18 to 25 (16%) was over double that of any other age group.

The rate of lifetime heroin use among young adults aged 18 to 25 was 3%, which was three times higher than those aged 26 to 44 and those 65 and older (each 1%).

**Gender:** The rate of lifetime marijuana use was higher for males than females (52% vs. 37%). The rate of use of methamphetamines among adult men (9%) was over double than that of adult women (4%), as was the rate of lifetime heroin use (2% vs. 1%). The rate of lifetime use of Rx/OTC drugs to get high was four times higher among adult men than adult women (8% vs. 2%).

**Race/Ethnicity:**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Marijuana</th>
<th>Methamphetamines</th>
<th>Rx/OTC drugs to get high</th>
<th>Heroin</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>50%</td>
<td>6%</td>
<td>6%</td>
<td>2%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>26%</td>
<td>5%</td>
<td>2%</td>
<td>1%</td>
</tr>
</tbody>
</table>

**Figure 4. Lifetime Drug Use by Age, Gender and Race**

18-25 year old lifetime misuse of Rx/OTC drugs was double that of any other age group.

Lifetime Rx/OTC misuse was 4 times higher among men than women.
Race/Ethnicity: White adults reported lifetime use of marijuana use at a far higher rate (50%) than Hispanic/Latino adults (26%). Rates of lifetime methamphetamine use did not differ across both race/ethnicity groups. The rate of lifetime use of Rx/OTC drugs to get high was three times higher among Whites than Hispanics/Latinos (8% vs. 2%). The rate of lifetime heroin use was 2% vs. 1%, respectively.

Age of First Use

For all substances, respondents reported an overall range of 18 to 22 years of age for first use. However, upon analysis, wide variations were found in both age of substance initiation by individual substance and in the breadth of different ages at which respondents first tried them. Marijuana, for instance, was reported to be first used anywhere from 10 to 70 years of age. Similarly, respondents reported trying alcohol (and having related binge drinking episodes) for the first time, from 10 to 50 years of age, signifying that myriad reasons exist for use of these substances.

The average age for use of alcohol varied by gender, with men reporting first use of alcohol at an average of 17 years of age and women at 19 years of age. On average, men had their first experience binge drinking at a younger age (20) than women (22). Among men and women who had used methamphetamines or heroin, ages of initial use tended to be much younger as a whole, with age ranges of 11 to 40 (methamphetamines) and 15 to 35 (heroin) reported. The average age of first use of heroin among those transitioning from Rx opioids to heroin was 17 years of age.

Compared to Whites, Latinos first used alcohol at an older age on average (Whites: 18; Latinos: 19). There was also an ethnic difference in the age of first use of heroin, with Whites’ first use at 19 years old compared to Latinos’ first use at 30 years old. However, this is based on only one case of Hispanic/Latino use of heroin and should be interpreted with caution.

Table 2. Age of First Use

<table>
<thead>
<tr>
<th>Substances</th>
<th>n</th>
<th>Average age first used</th>
<th>Minimum age at first use**</th>
<th>Maximum age at first use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>630</td>
<td>18</td>
<td>10</td>
<td>46</td>
</tr>
<tr>
<td>Binge drinking*</td>
<td>295</td>
<td>20</td>
<td>12</td>
<td>50</td>
</tr>
<tr>
<td>Marijuana</td>
<td>321</td>
<td>20</td>
<td>10</td>
<td>70</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>41</td>
<td>22</td>
<td>11</td>
<td>40</td>
</tr>
<tr>
<td>Heroin</td>
<td>9</td>
<td>22</td>
<td>15</td>
<td>35</td>
</tr>
</tbody>
</table>

* Of those who have used alcohol in their lives.

** There were 17 cases of first alcohol use, 1 case of first binge drinking, and 3 cases of first marijuana use under the age of 10 that were excluded from the analyses as outliers.
Current (Past 30-Day) Use of Alcohol and Other Drugs

Figure 5 presents overall rates of current alcohol and drug use among all the respondents who indicated any lifetime use of substances. Among the 664 VCCHS respondents who indicated any lifetime use of alcohol, 62% (409 adults) reported consuming alcohol within the previous 30 days. Among the 197 VCCHS respondents who indicated any lifetime binge consumptions of alcohol (five or more drinks in a row within a couple of hours), 21% reported engaging in binge drinking within the past 30 days.

Of the 326 adults who reported lifetime use of marijuana, only 37 indicated current use. From there, the numbers of residents reporting current use declined: two adults had used methamphetamines, two had used Rx/OTC drugs, and just one had used heroin within 30 days of the survey interview. No meaningful analyses of current drug use by gender, age or race were able to be conducted due to the small number of participants in those demographic categories.

Figure 5. Current Use of Alcohol and Other Drugs

- Alcohol (n=664) 62%
- Binge drinking* (n=197) 21%
- Marijuana (n=326) 11%
- Methamphetamine (n=44) 10%
- Rx/OTC drugs to get high (n=35) 6%
- Heroin (n=10) 6%

* Of those reporting any lifetime binge drinking.
Current (Past 30-Day) Use of Alcohol and Binge Drinking by Age, Gender and Race

**Age:** As shown in Figure 6, rates of current alcohol use were highest among adults aged 45 to 64 years of age (68%), followed by those 26 to 44 years of age (65%), 18 to 25 years of age (55%), and those 65 and older (52%).

Young adults aged 25 and under were three times as likely to have engaged in binge drinking in the past 30 days than older adults. This was a prominent finding: the same binge drinking variance was also reported in the 2004 survey.

**Gender:** More men (66%) than women (58%) reported current alcohol use. Men reported current binge drinking at almost double the rate of women. Yet, among young adults (aged 18 to 25), women reported using alcohol more than men (64% compared to 50%, respectively), as well as engaging in more binge drinking behaviors (57% compared to 27%). In 2004, this trend was completely reversed, with young adult men reporting binge drinking at much higher rates than young women (62% versus 30%, correspondingly).

**Race/Ethnicity:** More Whites (65%) than Hispanics/Latinos (48%) reported current alcohol use; however, rates of current binge drinking were higher among Hispanics/Latinos than Whites (29% compared to 21% respectively).

---

Figure 6. Current Alcohol Use or Binge Drinking by Age, Gender and Race

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Current alcohol use</th>
<th>Current binge drinking*</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25</td>
<td>55%</td>
<td>64%</td>
</tr>
<tr>
<td>26-44</td>
<td>65%</td>
<td>18%</td>
</tr>
<tr>
<td>45-64</td>
<td>68%</td>
<td>23%</td>
</tr>
<tr>
<td>65+</td>
<td>52%</td>
<td>10%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Current alcohol use</th>
<th>Current binge drinking*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>66%</td>
<td>26%</td>
</tr>
<tr>
<td>Female</td>
<td>58%</td>
<td>14%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Current alcohol use</th>
<th>Current binge drinking*</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>65%</td>
<td>21%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>48%</td>
<td>29%</td>
</tr>
</tbody>
</table>

* Of those who reported any lifetime alcohol use
Social Environments of Alcohol Consumption

Thirty-seven percent of current alcohol drinkers indicated that they had consumed three or more drinks in one sitting in the past 30 days prior to the survey interview. Among that group, the most frequently reported setting for consumption was at respondents’ own residence (67%) followed by a restaurant, bar or club (15%), someone else’s home (12%), or a public place (6%). Less than 1% reported drinking in a hotel room most often (see Figure 7).

Figure 7. Most Common Locations for Consuming Three or More Drinks in One Sitting (n=148)

- Respondents’ home: 67%
- Restaurant, bar or club: 15%
- Someone else’s home: 12%
- Public place: 6%
- Hotel room: <1%
Most Common Settings of Alcohol Consumption by Age, Gender and Race

**Age:** As shown in Figure 8, settings for past 30-day drinking varied by age. Older respondents were more likely to report consuming three or more drinks in their own home, while nearly four in ten (38%) young adults (aged 18 to 25) reported consuming three or more drinks in their own home and 37% reported consuming three or more drinks at someone else’s home. These data indicate that home-based settings (someone else’s or their own) continue to be a primary place for 18-25 year old alcohol consumption.

**Gender:** Overall, women were twice as likely to report drinking three or more drinks in one sitting at someone else’s home as men (16% compared to 7%, respectively).

**Race/Ethnicity:** Hispanic/Latino adults indicated higher rates of drinking in a restaurant, bar or club than did White adults (28% compared to 14%, respectively), as well as someone else’s home (17% compared to 8%).

---

**Figure 8.** Most Common Locations for Consuming Three or More Drinks in One Sitting by Age, Gender and Race

- **Age Group:**
  - 18-25: 60% Respondents’ home, 38% Restaurant, bar or club, 37% Someone else’s home, 0% Public place
  - 26-44: 68% Respondents’ home, 25% Restaurant, bar or club, 8% Someone else’s home, 8% Public place
  - 45-64: 79% Respondents’ home, 9% Restaurant, bar or club, 6% Someone else’s home, 5% Public place
  - 65+: 63% Respondents’ home, 12% Restaurant, bar or club, 12% Someone else’s home, 12% Public place

- **Gender:**
  - Male: 71% Respondents’ home, 16% Restaurant, bar or club, 7% Someone else’s home, 7% Public place
  - Female: 64% Respondents’ home, 14% Restaurant, bar or club, 16% Someone else’s home, 6% Public place

- **Race/Ethnicity:**
  - White: 71% Respondents’ home, 14% Restaurant, bar or club, 8% Someone else’s home, 7% Public place
  - Hispanic/Latino: 50% Respondents’ home, 28% Restaurant, bar or club, 17% Someone else’s home, 6% Public place
**Impaired-Driving Behaviors**

National data confirms the significant consequences — on individuals and communities — of impaired-driving behaviors. The Centers for Disease Control and Prevention (2013)\(^4\) reported that alcohol-related vehicle crashes exact system costs in the billions; account for over one-third of all traffic-related deaths; and that the influence of substances other than alcohol (i.e., marijuana, narcotics) is linked to increasing rates of impaired-driving incidents and deaths.

The Alcohol & Drug Programs (ADP) Division of the VCBH has offered programs for many years to reverse impaired-driving trends locally, and to enhance overall public safety. The VCCHS therefore asked all participants how many times in the previous 30 days had they driven cars (or other vehicles) after they had been drinking, or been in cars when the driver had been drinking. In addition, they were asked how many times in that same period had they driven cars (or other vehicles) when they had been under the influence of marijuana (even medical marijuana), or been in vehicles when the driver had been under the influence of marijuana.

Overall, 13% of respondents reported having been in cars when they or the driver had been drinking, and 2% of respondents affirmed having been in cars when they or the driver had been under the influence of marijuana, including medical marijuana (Figure 9).

---

**Figure 9.** Percent Reporting Driving or Riding in Vehicles with a Driver Under the Influence of Alcohol or Marijuana in the Past 30 Days

- Driving or riding in a vehicle with a driver under the influence of alcohol (n=765)
- Driving or riding in a vehicle with a driver under the influence of marijuana (including medical marijuana) (n=768)

---

Impaired-driving behaviors by Age, Gender and Race

Age: As shown in Figure 10, adults aged 25 and younger (10%) were over twice as likely to have been in cars when the driver was under the influence of marijuana compared with persons 26 and older. This was a salient finding, in that the same group of young adults (aged 18 to 25) were less likely (8%) than any other group of adults to be involved in impaired-driving activities when alcohol was the substance of use.

Gender: Adult men (16%) were more likely to report driving a vehicle after they had been drinking, or been in cars when the driver had been drinking than adult women (11%); however, rates of driving or having been in cars when the driver was under the influence of marijuana were similar across both genders.

Race/Ethnicity: White adults were nearly twice as likely to report driving a vehicle after they had been drinking, or been in cars when the driver had been drinking than Hispanic/Latino adults (16% compared to 9%, respectively). Rates of driving or having been in cars when the driver was under the influence of marijuana were similar across both race/ethnicity groups.

Figure 10. Percent of Respondents Driving or Riding in Vehicles with Someone Under the Influence of Alcohol or Marijuana in the Past 30 Days by Age, Gender and Race
C. Ventura County Alcohol- and Drug-Related Policies

To gauge public support and awareness of alcohol and drug-related policies, residents answered a series of questions about two specific environmental prevention strategies currently being employed in Ventura County.

Ventura County’s Social Host Ordinances (SHOs) are designed to hold non-commercial hosts liable for events that take place on their properties where underage drinking occurs. SHOs currently exist in all 10 County municipalities and unincorporated areas. While the ordinances may vary slightly by jurisdiction, all impose fines (civil penalties) on hosts as deterrents to future occurrences, and to address teenage drinking without using arrest as a first resort.

Awareness of SHO laws were assessed by asking respondents if they had ever heard about a law (called a Social Host Ordinance) that makes people pay a fine if they provide alcohol to people under 21 in their homes. Support for SHOs were assessed by asking respondents if they thought a fine was a good way to stop people from having parties where alcohol is served to people under 21.

To measure Ventura County residents’ personal or tangential experience with SHO enforcement, respondents were asked if they had been at parties within the past year where alcohol was served to underage youth and the police issued fines, and if they knew someone who received a fine from the police for having a party where alcohol was served to people under 21.

Another policy dedicated to reducing local substance abuse is the County’s prescription drug disposal program. Alarmed by rising rates of Rx drug misuse, the Ventura County Behavioral Health Department partnered with the Ventura County Sheriff’s Office to establish a countywide Rx Disposal program that collects expired and unused medication. Drug disposal follows safe and environmentally responsible guidelines to curb unsafe access to Rx medications. To measure the public’s use of County Rx disposal bins, respondents were asked if they had ever dropped off their unused or expired prescription drugs at a County collection location.

SHOs exist in all 10 Ventura County cities & unincorporated areas.

A countywide Rx disposal program collects expired & unused Rx medications.
78% agreed SHO fines are effective to stop underage drinking at parties.

Public Support and Awareness of SHOs and Experience with Policy Enforcement

As shown in Figure 11, over three-quarters (78%) of respondents reported that fines are a good way to stop people from having parties where alcohol is served to people under the legal drinking age, and over 61% of adults were aware of social host ordinances.

Overall, 6% of those surveyed reported knowing someone who received monetary penalties for serving people under 21; only 1% of respondents had been at parties within the past year where alcohol was served to underage youth and the police issued fines.

Figure 11. Public Support and Awareness of SHOs and Experience with Policy Enforcement

- Think a fine is a good way to stop people from having parties where alcohol is served to people under 21 (n=763): 78%
- Aware of Social Host Ordinances (n=759): 61%
- Know someone who got a fine (n=763): 6%
- Been to a party where a fine was given (n=766): 1%

Public Support/Awareness of SHOs and Experience with Enforcement by Age, Gender, and Race

**Age:** As shown in Figure 12, there was very little variance in the rates of public support for Social Host Ordinance fines as a method of preventing people from serving alcohol to minors by age groups. Rates of awareness of these ordinances were highest among adults aged 45 to 64 years of age (65%), followed by those 26 to 44 years of age and those 65 and older (each 58%).
Young adults (aged 18 to 25) reported the lowest rate of awareness about SHOs. This was an interesting finding because survey respondents aged 25 years and younger (24%) were more likely to have reported being far more familiar with someone who was levied a SHO fine than all other age groups combined (see Figure 13). This same respondent group (8%) reported being at parties where alcohol was served to people under 21 and the police issued fines.

**Gender:** Women (80%) supported fines as a method of preventing people from serving alcohol to minors at slightly higher rates than did men (72%); however, the rates of awareness of social host ordinances were similar across both genders.

**Race/Ethnicity:** Hispanics/Latinos (86%) supported fines as a method of preventing people from serving alcohol to minors at slightly higher rates than Whites (75%), and more Hispanic/Latino (72%) than White (58%) adults were aware of Ventura County’s SHOs. As shown in Figure 13, Hispanic/Latino adults (11%) reported being far more familiar with someone who was levied an SHO fine than White adults (4%).

---

### Figure 12. Public Support and Awareness of SHOs by Age, Gender and Race

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Think a fine is a good way to deter people from serving to minors</th>
<th>Aware of SHOs</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25</td>
<td>76%</td>
<td>46%</td>
</tr>
<tr>
<td>26-44</td>
<td>80%</td>
<td>58%</td>
</tr>
<tr>
<td>45-64</td>
<td>78%</td>
<td>65%</td>
</tr>
<tr>
<td>65+</td>
<td>75%</td>
<td>58%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td><strong>Aware of SHOs</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>72%</td>
<td>61%</td>
</tr>
<tr>
<td>Female</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td><strong>Aware of SHOs</strong></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>75%</td>
<td>58%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>86%</td>
<td>72%</td>
</tr>
</tbody>
</table>
Nearly 1 in 5 respondents have used Rx disposal bins.

Public Use of County Rx Disposal Bins

VCCHS findings indicated that nearly one in five respondents (18%) had dropped off unused or expired medications at designated County Rx disposal bins. Based on affirmative responses, more Whites (20%) than Hispanics/Latinos (10%) reported using these local County resources to dispose of their unwanted prescription drugs (Figure 14).
D. Concerns and Perceived Level of Risk Regarding Alcohol-Related Activities

VCCHS respondents were asked a series of questions designed to measure community concerns connected to alcohol and other drug use. First, they were presented with a variety of alcohol-related situations and were asked to indicate whether they were very, somewhat or not at all concerned about each situation. Respondents were also presented with a list of substance-related activities and were asked “In your opinion, how much do people risk harming themselves physically or in other ways when they…”

Concerns about Alcohol-Related Activities

As shown in Figure 15, degrees of concern varied widely when participants were asked about alcohol-related issues near their homes or in their communities. Three out of four respondents were very concerned about impaired-driving behaviors, although 6% of respondents indicated no concerns with that issue. A majority of respondents also expressed being very concerned about binge drinking (five or more drinks in one sitting) and people drinking outside of retail liquor or mini-market establishments near their homes. Drinking by residents in bars, restaurants and clubs near their homes, on the other hand, was reported as not concerning by close to half of all adults. Even more respondents (71%) were not concerned about adults drinking in private homes; however, 10% of respondents did report being very concerned with that activity, even though the survey item included “no youth present.”

Figure 15. Levels of Concern about Local Substance-Related Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not Concerned</th>
<th>Somewhat Concerned</th>
<th>Very Concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impaired driving (under influence of alcohol or drugs) near your home (n=766)</td>
<td>6%</td>
<td>18%</td>
<td>76%</td>
</tr>
<tr>
<td>Binge drinking (5 or more drinks in one sitting) (n=751)</td>
<td>15%</td>
<td>25%</td>
<td>60%</td>
</tr>
<tr>
<td>People drinking outside of liquor stores/mini-markets near your home (n=749)</td>
<td>18%</td>
<td>23%</td>
<td>59%</td>
</tr>
<tr>
<td>Lack of family-friendly environments (n=719)</td>
<td>26%</td>
<td>31%</td>
<td>43%</td>
</tr>
<tr>
<td>Drinking by patrons of a bar, club or restaurant near your home (n=746)</td>
<td>46%</td>
<td>33%</td>
<td>21%</td>
</tr>
<tr>
<td>Drinking by adults in a private home (no youth present) (n=758)</td>
<td>71%</td>
<td>19%</td>
<td>10%</td>
</tr>
</tbody>
</table>

3 out of 4 residents are very concerned about impaired driving.
No remarkable demographic differences on these local issues were apparent. Older adults and women tended to be more concerned about all activities or situations except for impaired driving near their homes and drinking by adults in private homes. Compared to Whites, Hispanics/Latinos were more concerned about drinking by patrons of a bar, club or restaurant and impaired driving near their homes, and drinking by adults in private homes.

**Perceptions of Risk**

In answer to the question, “In your opinion, how much do people risk harming themselves physically or in other ways when they…” most respondents (81%) felt there are great risks in using prescription drugs not as prescribed, but to get high (Figure 16). Following that, Ventura County residents viewed binge alcohol consumption as another activity with the potential for slight to great harm (13% to 45%, respectively). The majority of respondents (59%) also viewed smoking marijuana occasionally with a potential for moderate to great harm, while close to one in five adults did not indicate any level of risk with this activity. One-third of respondents did not associate risks or harms with occasional alcohol use.

**Figure 16. Respondents’ Perceived Levels of Risk of Harm Posed by Alcohol and Drug Use**

<table>
<thead>
<tr>
<th>Activity</th>
<th>None</th>
<th>Slight</th>
<th>Moderate</th>
<th>Great</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use prescription drugs (such as Vicodin or Opana) not as prescribed to get high (n=749)</td>
<td>15%</td>
<td>81%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have 5 or more alcoholic drinks once or twice a week (n=745)</td>
<td>8%</td>
<td>13%</td>
<td>34%</td>
<td>45%</td>
</tr>
<tr>
<td>Some marijuana once or twice a week (n=718)</td>
<td>18%</td>
<td>23%</td>
<td>27%</td>
<td>32%</td>
</tr>
<tr>
<td>Drink alcohol occasionally (n=754)</td>
<td>32%</td>
<td>34%</td>
<td>22%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Compared to men, women reported greater risks or harms in using prescription drugs to get high, binge drinking, and smoking marijuana once or twice a week. Hispanic/Latino respondents also reported greater levels of risk with these behaviors, and with occasional drinking, than did White respondents. Not unexpectedly, adults aged 26 and older perceived smoking marijuana once or twice a week as much more harmful than did young adults aged 18 to 25.
E. Concerns Regarding Teen Risk Factors and Ease of Access to Substances

VCCHS respondents were asked a series of questions designed to measure community concerns about a number of activities engaged in by youth. Respondents were presented with a variety of alcohol- and drug-related situations and were asked to indicate whether they were very, somewhat or not at all concerned about each situation.

Respondents were then asked to indicate the degrees to which they thought it was easy or difficult for teenagers to get alcohol, marijuana, heroin, prescription drugs not as prescribed and/or intended, and any other illegal substances.

Concerns Regarding Teen Activities

As shown in Figure 17, Ventura County adults were, for the most part, very concerned about a number of activities engaged in by youth, particularly drunk driving (86%) and drug use (75%). Teen violence, teen drinking and youth under the age of 21 drinking in private homes where only youth were present were also large concerns for respondents. From there, residents’ views diverged in some areas.

Figure 17. Respondents’ Levels of Concern about Teens and Alcohol- and Drug-Related Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not Concerned</th>
<th>Somewhat Concerned</th>
<th>Very Concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drunk driving (n=766)</td>
<td>12%</td>
<td></td>
<td>86%</td>
</tr>
<tr>
<td>Teenage drug use (n=763)</td>
<td>5%</td>
<td>20%</td>
<td>75%</td>
</tr>
<tr>
<td>Violence and teenagers (n=760)</td>
<td>5%</td>
<td>28%</td>
<td>67%</td>
</tr>
<tr>
<td>Teen drinking (n=763)</td>
<td>7%</td>
<td>26%</td>
<td>67%</td>
</tr>
<tr>
<td>Drinking at parties in private homes where only youth (people under 21) are present (n=762)</td>
<td>10%</td>
<td>27%</td>
<td>63%</td>
</tr>
<tr>
<td>Teenage marijuana use (n=759)</td>
<td>15%</td>
<td>32%</td>
<td>53%</td>
</tr>
<tr>
<td>Youth (people under 21) drinking in a private home where adults are also present (n=760)</td>
<td>21%</td>
<td>35%</td>
<td>44%</td>
</tr>
</tbody>
</table>
Half of the respondents were very concerned about teenage marijuana use, but the other half expressed only being somewhat concerned (32%) or not at all concerned (15%). Less than half of the adults surveyed were very concerned about youth under the age of 21 drinking in private homes (with adults there), and one in five participants indicated no concern with this activity.

Compared to Whites, Hispanics/Latinos were more concerned overall about teenage marijuana use, drinking in private homes with adults present, and drinking at parties where only youth were present.

**Perceptions of Teen Ease of Access to Substances**

Table 3 illustrates that, on average, VCCHS respondents thought that all substances (alcohol, marijuana, heroin, prescription drugs, other illegal drugs) were at least fairly easy for teenagers to obtain in Ventura County. Marijuana and alcohol, in particular, were perceived as easiest to access: in fact, only 10% or less of all respondents felt there were any difficulties in acquiring these substances. However, there was some uncertainty among respondents when it came to other drugs, with 28% of adults unsure of how easy heroin was to obtain, and 14% unsure of how easy other illegal drugs or pills were to obtain.

**Table 3. Perceived Teenager Ease of Access to Substances**

<table>
<thead>
<tr>
<th>Substances</th>
<th>n</th>
<th>Perceived Ease of Access</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Don’t Know</td>
</tr>
<tr>
<td>Alcohol</td>
<td>769</td>
<td>5%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>769</td>
<td>10%</td>
</tr>
<tr>
<td>Heroin</td>
<td>765</td>
<td>28%</td>
</tr>
<tr>
<td>Rx drugs not as prescribed and/or intended</td>
<td>769</td>
<td>11%</td>
</tr>
<tr>
<td>Any other illegal drug or pill to get high</td>
<td>768</td>
<td>14%</td>
</tr>
</tbody>
</table>

**F. Knowledge of Community Treatment and Support Services**

VCBH ADP has offered a range of treatment, prevention, and education programs for many years. To help the agency meet its goals of providing culturally appropriate services that respond to current community needs, the VCCHS asked respondents a set of questions related to beliefs about behavioral health and access to local services.

Respondents were asked to indicate their level of agreement or disagreement with statements about stigma related to substance use and mental health disorders, and the availability of help in the community for people with these behavioral health problems.

Survey participants were then asked about whether County alcohol and drug treatment and mental health services were available for those who needed them.
Stigma

Ventura County residents believe that people are generally sympathetic to others with behavioral health issues (Figure 18). Over half (53%) of VCCHS respondents indicated agreement or strong agreement with statements related to caring about individuals with alcohol and drug disorders, and almost two-thirds of respondents agreed or strongly agreed that people are generally sympathetic to individuals with mental health illness.

There were no notable differences found in these perceptions between age groups. There were significant differences, based on race and gender, in respondents’ perceptions of whether or not individuals care about others with these health disorders. Hispanic/Latino adults indicated higher rates of agreement than did White adults about caring about and sympathy for individuals with alcohol and drug problems (63% compared to 50%, respectively), as well as mental illness (73% compared to 60%). Men more strongly agreed that people care about others with mental health issues than women did (72% compared to 59%, respectively), which was a notable finding.
**Access to Services in the Community**

When asked about access to community services, a majority of respondents agreed or strongly agreed that individuals with substance use disorders (85%) or mental health disorders (79%) can get help in their communities (Figure 19).

Interestingly, with respect to community health services, Hispanics/Latinos also agreed significantly more than Whites that individuals with mental health disorders could get help in their communities (88% compared to 75%, respectively).

![Figure 19. Level of Agreement/Disagreement Whether Individuals with Substance Use and Mental Health Problems Can Get Help in the Community](image)

Interestingly, with respect to community health services, Hispanics/Latinos also agreed significantly more than Whites that individuals with mental health disorders could get help in their communities (88% compared to 75%, respectively).

**Hispanics/Latinos agreed more than Whites that those with mental health disorders could get help in their community.**
Perceived Availability of County-Run Programs

Overall, a majority of respondents indicated that County-run alcohol and drug treatment and mental health services were somewhat available, followed by very available, to individuals in need of those services (Figure 20).

No differences were noted in perceived availability of County-run services for either substance use treatment or mental health services by age group or gender. There were, however, significantly higher rates of perceived availability of both service types among Hispanics/Latinos. Nearly one in three Hispanic/Latino adults surveyed indicated that County-run alcohol and drug treatment and mental health services were very available to people in need of these services compared to only one in four White respondents indicating that these services were very available.

A majority of residents think County-run services are somewhat to very available.

1 in 3 Hispanic/Latino adults said County-run AOD treatment and mental health services are very available.
G. Residents’ Own Mental Health Challenges

The last set of questions about mental health dealt with participants’ own mental health challenges. Specifically, respondents were asked how much they had been bothered by psychological or emotional problems within the previous 30 days, and whether they had experienced feelings of sadness or hopelessness most days (for two weeks or more) that prevented them from engaging in their usual activities over the previous 12 months.

Psychological or Emotional Problems in the Past 30 Days

Among all respondents surveyed, 12% reported feeling moderately or extremely bothered by psychological or emotional problems in the previous 30 days (Figure 21).

As shown in Figure 22, younger adults (16%) reported being more bothered by psychological or emotional problems than did older adults. Women were almost twice as likely to report being moderately or extremely bothered by psychological or emotional problems than men. White and Hispanic/Latino adults reported similar rates of being bothered by psychological or emotional problems in the previous 30 days (9% each).
**Feeling Sad or Hopeless in the Past 12 Months**

Twelve percent of respondents reported having felt so sad or hopeless almost every day (for two weeks or more) that they stopped doing some of their usual activities (Figure 23).

**Figure 23. Percent Feeling Sad or Hopeless in Past 12 Months (n=751)**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>12% Yes</th>
<th>88% No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>12% Yes</th>
<th>88% No</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26-44</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45-64</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65+</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>12% Yes</th>
<th>88% No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Past 30 Days: Moderately or extremely bothered by psychological or emotional problems
The percentage of respondents who indicated feeling so sad or hopeless (almost every day for two weeks or more within the previous 12 months) that they stopped doing some of their usual activities was higher among residents aged 18 to 25 (1 in 4) than among those aged 26 to 64 (1 in 7) and those aged 65 or older (1 in 13). Overall, women were almost twice as likely as men to report experiencing these issues. White and Hispanic/Latino adults reported similar rates of being bothered by psychological or emotional problems in the previous 30 days (9% each). However, more Hispanics/Latinos than Whites reported feeling so sad or hopeless that they were unable to participate in their usual activities (17% and 10%, respectively). (See Figure 24)

Figure 24. Percent Feeling Sad or Hopeless in Past 12 Months by Age, Gender and Race

<table>
<thead>
<tr>
<th>Age Group</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25</td>
<td></td>
<td></td>
<td>24%</td>
</tr>
<tr>
<td>26-44</td>
<td></td>
<td></td>
<td>14%</td>
</tr>
<tr>
<td>45-64</td>
<td></td>
<td></td>
<td>13%</td>
</tr>
<tr>
<td>65+</td>
<td></td>
<td></td>
<td>8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td>8%</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td>14%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td></td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td></td>
<td></td>
<td>17%</td>
</tr>
</tbody>
</table>

**H. Neighborhood Quality of Life**

Lastly, VCCHS respondents were asked for their opinions on two specific measures related to general quality of life in their communities. First, they were asked whether they thought buying a home in Ventura County within the next three years was a poor, fair, good, or excellent investment. Then they were asked if they thought that, within the next three years, Ventura County would be a better, worse, or just about the same place to live as it was presently.
Opinions on Future Home Investments in Ventura County

As shown in Figure 25, a majority of the survey respondents indicated that they thought that buying a home in Ventura County within the next three years was an excellent (31%) or good (50%) investment, 15% indicated that it would be a fair investment, and 4% indicated that it would be a poor investment.

Opinions about Living in Ventura County

Nearly three-quarters (71%) thought that Ventura County would be about the same kind of place to live in three years, and one in five (21%) thought it would be a better place to live than it was at the time of the survey. On the whole, no significant ethnic, age, or gender differences were found in the posed life quality question responses.
III. SUMMARY

A. Discussion

Findings from the VCCHS point to a number of behavioral and emotional similarities among Ventura County residents related to substance use and mental health disorders. As a whole, alcohol was reported as the most widely used substance: currently as well as over the course of a lifetime. Almost all individuals surveyed (87%) reported some use of alcohol; and close to half of those (48%) also reported binge drinking. At the time of the survey, 62% of lifetime alcohol drinkers reported having consumed alcohol within the previous 30 days.

Marijuana was also reported as being used at any point in time by all respondents at a moderate rate (43%), yet other substances (i.e., methamphetamines, Rx/OTC drugs, heroin) were not substances of note in lifetime use (at overall rates of 6% or less).

Interesting differences in substances of choice and frequency of use did emerge through analyses of distinct target populations.

- Alcohol consumption and past use of selected drugs, especially marijuana, were more common behaviors among men and White adults, and far more prevalent among young adults.
- Young adults aged 25 and under were three times more likely than older adults to have engaged in binge drinking during the past 30 days.
- Current alcohol use was more prevalent among young women (aged 18 to 25) than young men. Young women also reported binge drinking incidents at rates more than double that of their male peers.
- The rate of lifetime use of Rx drugs among young adults aged 18 to 25 was over double that of any other age group. Rates of lifetime use of Rx use were three times higher for Whites than Hispanics/Latinos and four times higher for men than women.
- Young adults were less likely than older adults to be involved in impaired-driving activities when alcohol was the substance of use, but were almost twice as likely to have been in cars when the driver was under the influence of marijuana.

Ventura County residents viewed the use of prescription drugs to get high (96%) and binge alcohol consumption (79%) as the activities that could most potentially lead to moderate or great risks of harm. High concerns also existed about impaired-driving near their homes. In terms of youth activities, adults were most disturbed about drunk driving (86%), drug use (75%), and teen violence and teen drinking (each 67%).
Regarding their own mental health, one in 10 respondents reported being moderately or extremely bothered by psychological or emotional problems in the past month, and 12% indicated feeling so sad or hopeless (almost every day for two weeks or more within the previous 12 months) that they stopped doing some of their usual activities. Younger adults (18 to 25) slightly more than older adults, women twice often as men, and Hispanics/Latinos more than Whites reported experiencing these issues.

Perceptions of Ventura County, including current policies and social climate, also highlighted differences among residents. Three out of 5 adults surveyed were aware of social host ordinances and nearly 4 in 5 believed fines to be a good way to stop people from having parties where alcohol is served to people under legal drinking age. However, across the board, private homes were considered a socially approved setting for drinking by most adults (71% had no concerns) and even concerns about underage drinking appeared curtailed if adults were present in those environments.

A majority of residents believe that people are generally sympathetic about individuals with substance use and mental health disorders, and that individuals with these health issues can get help in their communities. Most respondents indicated that County-run alcohol and drug treatment and mental health services were somewhat available, followed by very available, to individuals in need of those services. Hispanic/Latino adults indicated higher rates of agreement than did White adults about both of these factors.

**Survey Limitations**

The VCCHS was administered with the goal of generalizing findings to the Ventura County population at large. The information presented in this report should, therefore, be applied with some caveats. Although respondents reported residing in 17 different cities, the four most populous of the ten official cities accounted for 67% of respondents, suggesting there may be variances in use and availability of drugs. The age range of respondents was also cautionary, in that 75% of respondents were aged 45 and older. As a result, types of substances used as well as longevity of use most likely vary significantly within age groups.

Finally, an effort was made to review alcohol-related behavioral changes since 2004 through comparison of VCCHS findings with the Underage Binge Drinking Survey data. Several methodological differences limited the comparisons that could be made. For example, the 2004 survey only collected quantity and frequency of alcohol use in the previous 30 days, while the 2014 VCCHS survey collected data on past and current use of both alcohol and select drugs as well as onset of use. The VCCHS also focused on different behavioral health issues, including stigma, personal emotional issues, and availability of community resources, in support of VCBH’s current agency objectives.
Hello, my name is ____________ and I’m calling from the Social Science Research Center at Cal State University, Fullerton. Have I reached [READ RESPONDENT'S TELEPHONE NUMBER]?

I’m calling on behalf of the Ventura County Community Health Department. We're conducting a randomized telephone survey of Ventura County residents as part of an overall countywide health initiative. This survey takes about 10 minutes to complete. We are interested in learning what Ventura County residents in general think about issues such as teen alcohol use, drunk driving, and other quality of life and health issues.

Your identity and your responses will remain completely confidential to the extent permitted by the law, and of course, you are free to decline to answer any survey question. Participation in this study is purely voluntary.

Is it all right to ask you these questions now?

1. CONTINUE
2. CALLBACK [SKIP TO CALLBACK]
3. QUIT [REFUSAL]

May I verify that you are 18 years of age or older?

1. YES [SKIP TO Q1]
2. NO - NOT 18

Is there someone I can speak to who is 18 years of age or older?

1. YES [SKIP TO Q1]
2. NO

Can you please tell me when to call back to reach a household member over the age of 18?

1. YES [SCHEDULE CALLBACK]
2. NO ADULT 18 OR OLDER LIVES IN THE HOUSEHOLD

We are sorry but our survey procedures require respondents to be 18 years of age or older. Thank you for your time.

When would be a better time to call you back? [SCHEDULE CALLBACK]
[ASK IF LANDLINE RECORD]

CONCIT We have on record that you live in the city of [INSERT CITY]. Is this correct?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

CITY What is the name of the city or community where you live?

1. SELECT CITY _____________________
7. DON'T KNOW
9. REFUSED

ZIPCODE What is your zipcode?

1. SPECIFY ZIP CODE _____________________
7. DON'T KNOW
9. REFUSED

TIMELV How long have you lived in Ventura County?

1. SPECIFY YEARS_______ MONTHS________
7. DON'T KNOW
9. REFUSED

AGE What is your age?

1. SPECIFY AGE _____________________
77. DON'T KNOW
99. REFUSED

GENDER What is your gender?

1. MALE
2. FEMALE
3. OTHER
9. REFUSED

TRANS1 I’d like to begin by asking you some questions about local issues that may concern you. Please answer each question to the best of your ability. Let me know if you need me to repeat any of the information.

Q1 For each of these, would you say that you are very concerned, somewhat concerned, or not at all concerned?
[Rotate order of presentation]

a. Drunk driving
b. Teenage drinking
c. Teenage marijuana use
d. Teenage drug use
e. Violence and teenagers

1. Very concerned
2. Somewhat concerned
3. Not at all concerned
7. DON’T KNOW
9. REFUSED

TRANS2 This next set of questions deal with alcohol and your quality of life. These questions are not about your personal use of alcohol, but rather about your perceptions about alcohol related situations.

I will read a list of situations that might have occurred near your home.

Q2. For each of the following situations, please indicate whether you are very concerned, somewhat concerned, or not at all concerned.

[Rotate order of presentation]

a. People drinking outside of liquor stores or mini-markets near your home
b. Youth (people under 21) drinking in a private home where adults are also present
c. Drinking by patrons of a bar, club or restaurant near your home
d. Impaired driving (under influence of alcohol or drugs) near your home
e. Drinking by adults in a private home (no youth present)
f. Drinking at parties in private homes where only youth are present (youth means less than 21 years of age)
g. Binge drinking (5 or more drinks in one sitting)
h. Lack of family-friendly environments

1. Very concerned
2. Somewhat concerned
3. Not at all concerned
7. DON’T KNOW
9. REFUSED

TRANS3 Now I’d like to ask you a few questions regarding your perceptions and awareness regarding alcohol and other drugs.

Q3. In your opinion, how much do people risk harming themselves physically or in other ways when they: [INSERT A THROUGH B, RANDOMIZING PRESENTATION]
Would you consider the risk to be none, slight, moderate, or great risk or harm?

a. Drink alcohol occasionally?
b. Have five or more drinks of an alcoholic beverage once or twice a week?
c. Smoke marijuana once or twice a week?
d. Use prescription drugs (such as Vicodin or Opana) not as prescribed, but to get high?

1. None
2. Slight
3. Moderate
4. Great risk or harm
7. DON’T KNOW
9. REFUSED

Q4. In your opinion, how easy or difficult do you think it is for teenagers to get any of the following substances if they really want them? How about getting [INSERT a-e]...Would you says it is...[READ 1-4]?

a. Alcohol
b. Marijuana
c. Heroin
d. Prescription drugs not as prescribed and/or intended
e. Any other illegal drug or pill to get high

1. Very easy
2. Fairly easy
3. Fairly difficult
4. Very difficult
7. DON’T KNOW
9. REFUSED

Q5. Have you ever dropped off your unused or expired prescription drugs at a County Drop Box?

1. YES
2. NO
7. DON’T KNOW
9. REFUSED

Q6. Have you ever heard about a law (called a Social Host Ordinance) that makes people pay a fine if they provide alcohol to people under 21 in their homes?

1. YES
Q7. Have you been at a party within the past year where alcohol was served to people under 21 and the police gave out a fine?

1. **YES**
2. **NO**
7. **DON’T KNOW**
9. **REFUSED**

Q8. Do you know anyone who got a fine from the police for having a party where alcohol was served to people under 21?

1. **YES**
2. **NO**
7. **DON’T KNOW**
9. **REFUSED**

Q9. Do you think that making people pay a fine is a good way to stop people from having parties where alcohol is served to people under 21?

1. **YES**
2. **NO**
7. **DON’T KNOW**
9. **REFUSED**

TRANS4 The next questions are designed to obtain your opinions about some quality of life issues in Ventura County.

Q10. Within the next three years, do you think that buying a home in Ventura county is a...

1. Poor investment
2. A fair investment
3. A good investment, or
4. An excellent investment?
7. **DON’T KNOW**
9. **REFUSED**

Q11. Within the next three years, do you think Ventura County will be...

1. A better place to live than it is now
2. A worse place to live than it is now, or
3. Just about the same as it is now?
7. **DON’T KNOW**
9. **REFUSED**
TRANS5  For the next set of questions please remember that your responses are completely anonymous and confidential, the information is being used only for research purposes, and your responses will be grouped with hundreds of other responses in order to get a general sense of what Ventura County residents will say as a whole.

Q12. Please indicate how strongly you agree or disagree with the following statements by responding strongly disagree, disagree, agree, or strongly agree.

[Rotate order of presentation]

a. People with substance abuse problems can get help in my community.
b. People with mental health problems can get help in my community.
c. People are generally caring and sympathetic to individuals with alcohol and drug problems.
d. People are generally caring and sympathetic to individuals with a mental illness.

1. STRONGLY AGREE
2. AGREE
3. DISAGREE
4. STRONGLY DISAGREE
7. DON’T KNOW
9. REFUSED

Q13. How available do you think county alcohol and drug treatment programs are for those who need them (note that County programs means County-run clinics, not private rehab centers)? Would you say...

1. Not at all available
2. Somewhat available
3. Very Available
7. DON’T KNOW
9. REFUSED

Q14. How available do you think county mental health services are for those who need it?

1. Not at all available
2. Somewhat available
3. Very Available
7. DON’T KNOW
9. REFUSED

Q15. During the past 30 days, how much have you been bothered by psychological or emotional problems?

1. Not at all
2. Slightly
3. Moderately
4. Extremely
7. DON’T KNOW
9. REFUSED

Q16. During the past 12 months, did you ever feel so sad or hopeless almost every day (for two weeks or more) that you stopped doing some of your usual activities?

1. YES
2. NO
7. DON’T KNOW
9. REFUSED

TRANS6 Again, please remember that your responses are completely anonymous and confidential, the information is being used only for research purposes, and your responses will be grouped with hundreds of other responses in order to get a general sense of what Ventura County residents will say as a whole.

Now I’d like to ask you a little about your own experiences with alcohol and other drugs.

[IF Q17a = 2, SKIP Q17b]

Q17. During your LIFETIME, have you ever used or tried...?

a. Alcohol (more than a sip or two of beer, wine, shots of liquor, mixed drink with liquor)

b. Five or more drinks of alcohol in a row, that is, within a couple of hours.

c. Marijuana (pot, weed, hash, bud)

d. Methamphetamine (speed, crank, crystal, meth)

e. Heroin (smack, junk, black tar, china water)

1. YES
2. NO
7. DON’T KNOW
9. REFUSED

[IF a or b or c or d or e IS NO, GO TO Q20]
[IF e IS YES CONTINUE AND ASK Q18]

Q17a. What was YOUR age the first time you used?

1. SPECIFY AGE __________
7. DON’T KNOW
9. REFUSED

Q17b. Have you used the substance in the past 30 days?

1. YES
2. NO
7. DON’T KNOW
Q18. Regarding heroin use, did you begin by using prescription type-opioids and then move on to heroin?

1. YES
2. NO [SKIP TO Q20]
7. DON’T KNOW
9. REFUSED

Q19. What made you start using heroin instead of prescription type-opioids?
SELECT ALL THAT APPLY

1. It was cheaper.
2. It was easier to get.
3. Other people I know were using it
4. I wasn’t getting a “good high” from the prescription-type opioids anymore.
5. Other reason, please specify ______________
7. DON’T KNOW
9. REFUSED

Q20. Have you ever used a prescription or Over the Counter (OTC) medication to get high?

1. YES
2. NO [SKIP TO Q21]
7. DON’T KNOW [SKIP TO Q21]
9. REFUSED [SKIP TO Q21]

Q20a. When was the last time you used a prescription or Over the Counter (OTC) medication to get high? I’m going to read you several options, please let me know which answer is most true for you.

1. Last week
2. Last month
3. Within the last 6 months
4. It was more than 6 months ago
7. DON’T KNOW
9. REFUSED

Q20b. Thinking back to the last time you used a prescription or Over the Counter medication to get high, which one(s) did you use?

1. SPECIFY ______________
7. DON’T KNOW
9. REFUSED
Q21. Within the last month, was there an occasion when you had three or more drinks (containing alcohol) in one sitting?

1. YES
2. NO [SKIP TO Q22]
7. DON’T KNOW [SKIP TO Q22]
9. REFUSED [SKIP TO Q22]

Q21a. Where were you when you did most of your drinking? I am going to read a list of response options, please let me know the one place where you drank most often.

1. My house (apartment, dorm room, etc.)
2. Public place (park, beach, concert, sporting event)
3. Restaurant, bar or club
4. Someone else’s house
5. Party bus
6. Car or other vehicle
7. Hotel room
8. Other SPECIFY
77. DON’T KNOW
99. REFUSED

Q22. How many times in the past 30 days have you driven a car or other vehicle after you had been drinking OR been in a car when the driver had been drinking?

1. Never
2. 1 to 2 times
3. 3 to 9 times
4. 10 to 20 times
5. 21 to 30 times
7. DON’T KNOW
9. REFUSED

Q23. How many times in the past 30 days have you driven a car or other vehicle after you had been under the influence of marijuana (even if it was medical marijuana) OR been in a car when the driver had been under the influence of marijuana (even if it was medical marijuana)?

1. Never
2. 1 to 2 times
3. 3 to 9 times
4. 10 to 20 times
5. 21 to 30 times
7. DON’T KNOW
9. REFUSED

TRANS7 The next questions are for classification purposes only.
EDU  What is the highest level of education you have completed?

1. Less than a high school diploma/GED
2. High school diploma or GED
3. Some college, no degree
4. Trade school
5. Associate’s degree
6. Bachelor’s Degree
7. Graduate degree (teaching credential, master’s degree, Ph.D., J.D.)
77. DON’T KNOW
99. REFUSED

RACE  How do you describe your race or ethnicity? You may select as many as apply.

1. American Indian or Alaska Native
2. Native Hawaiian or Pacific Islander
3. Asian or Asian American
4. Black or African American (non-Hispanic)
5. Hispanic or Latino/Latina
6. White or Caucasian (non-Hispanic)
7. Other SPECIFY
77. DON’T KNOW
99. REFUSED

CONCLUD  Thank you for your time and your participation. Would you like the name and phone number of people you may call with questions or concerns about this survey?