



## **Summary of Results**

### ***Lane County Health & Human Services 2009 Survey***

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#### **Introduction**

Lane County's Health & Human Services has commissioned a survey of adult residents six times over the last 11 years (1998, 1999, 2001, 2005, 2006 and 2009). The survey's purpose is to look at attitudes related to substance abuse and other risk behaviors and to see how these attitudes have changed over time. This year Steve Johnson & Associates implemented a telephone survey of Lane County residents in the Winter of 2009 on behalf of Lane County. This report summarizes findings from the 2009 survey and incorporates data from the five previous surveys to reflect changes in public responses and attitudes over time. If you have questions regarding details about this study from collection efforts prior to 2005, contact Lane County's Health & Human Services Department.

#### **Methodology**

For this survey, potential respondents were selected at random from all working telephone numbers in Lane County, Oregon. All interviews were conducted at residences; no interviews were conducted at businesses, government offices, or other non-residential locations. For this survey of 400 respondents, the margin of error is  $\pm 4.8\%$ . This means that for any result the true answer, if generalized back to the entire population of Lane County, will be within 4.8 percentage points above or below the result reported here. For answers in which a large percentage of respondents all have the same opinion, the margin of error will be smaller. For example, a result in which 85% of people have the same opinion has a margin of error is only  $\pm 3.5\%$ .

### ***Key Findings***

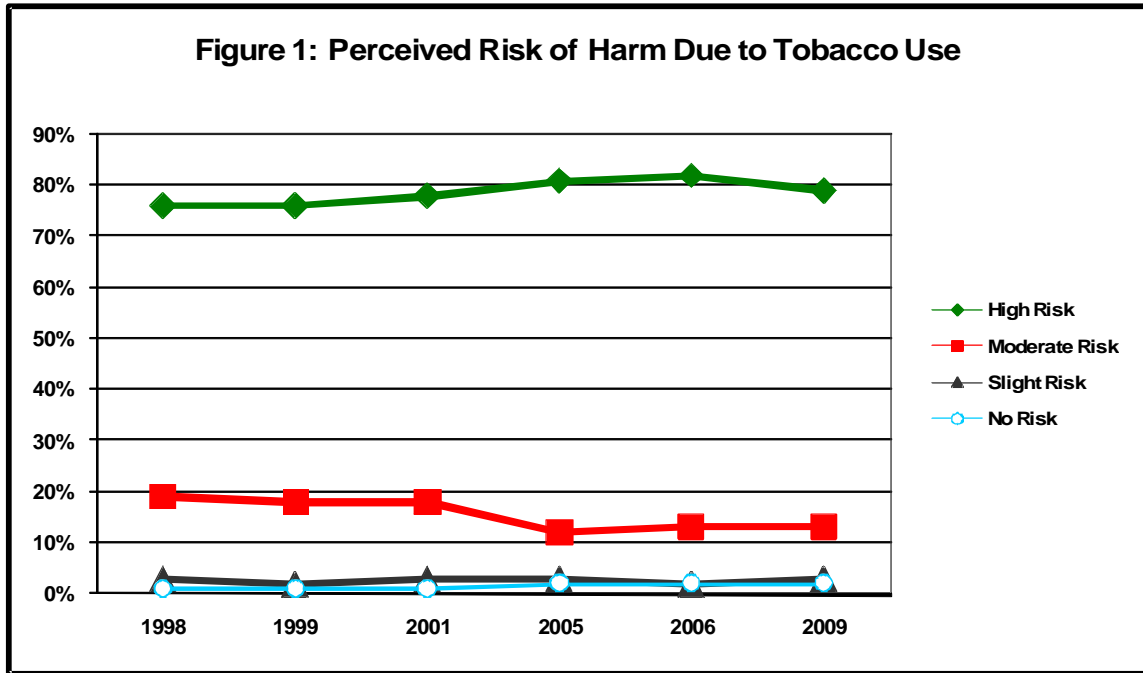
- Methamphetamine (meth) use is seen as highly dangerous to all categories of respondents.
  - Women are more likely than men to think a behavior is risky in many categories.
  - Parents or caregivers tend to see certain behaviors as risky compared to people with no children.
  - People with higher incomes have different views regarding certain behaviors than people with lower incomes and generally think risky behaviors are less acceptable.
  - More people think it is OK for high school youth to smoke marijuana than to drink alcohol.
  - People who think there are more problems associated with drugs and gambling compared to a year ago are highly likely to view specific behaviors as risky.
  - Respondents who are young, or who have low incomes are much more likely to think it is acceptable to smoke marijuana among friends.
- It is reasonably common to know someone who has had thoughts of suicide.

### **Survey Results**

This report summarizes the significant survey results. Readers can look at the Topline Frequencies section of the report for the exact question wording and the summarized responses to each question. Readers may refer to the tables in the Banners section of this report for more detail and to find cross-tabulations of each question with a set of key questions on drug, alcohol, and gambling attitudes and with a wide range of demographic information.

#### **Perceived Risk of Harm Due to Tobacco Use**

The survey started by asking respondents how much risk people face if they smoke one or more packs of cigarettes a day. Seventy-nine percent of respondents feel there is a “great risk” of harming their health, 13% feel there is a “moderate risk,” and 5% feel there is “slight” or “no risk” if they smoke one or more packs of cigarettes a day. Figure 1 shows that the perceived risk of harm due to tobacco use remains high and stable across the years.

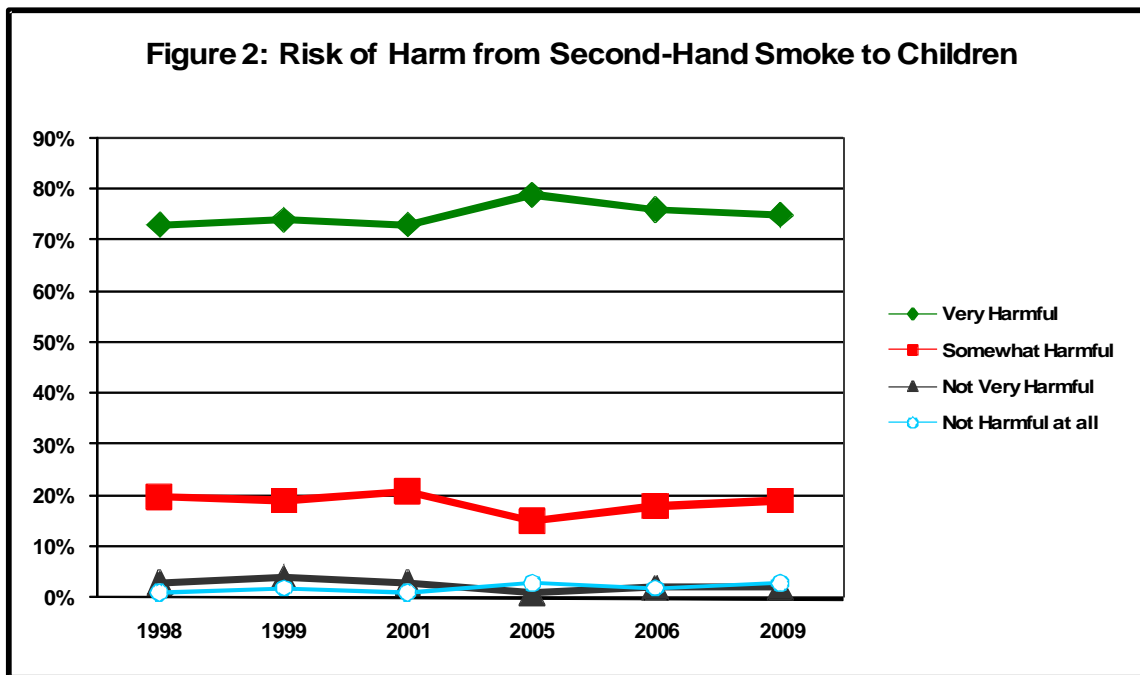


Other findings related to perceived harm from tobacco smoking show that people who are willing to pay more for alcohol to support prevention and treatment services are more likely to think there is a “high risk” from tobacco use (85% vs. 74%). Also, women see greater risk in smoking (85%) than men (75%). Please see Banner Table 1 for more detailed information.

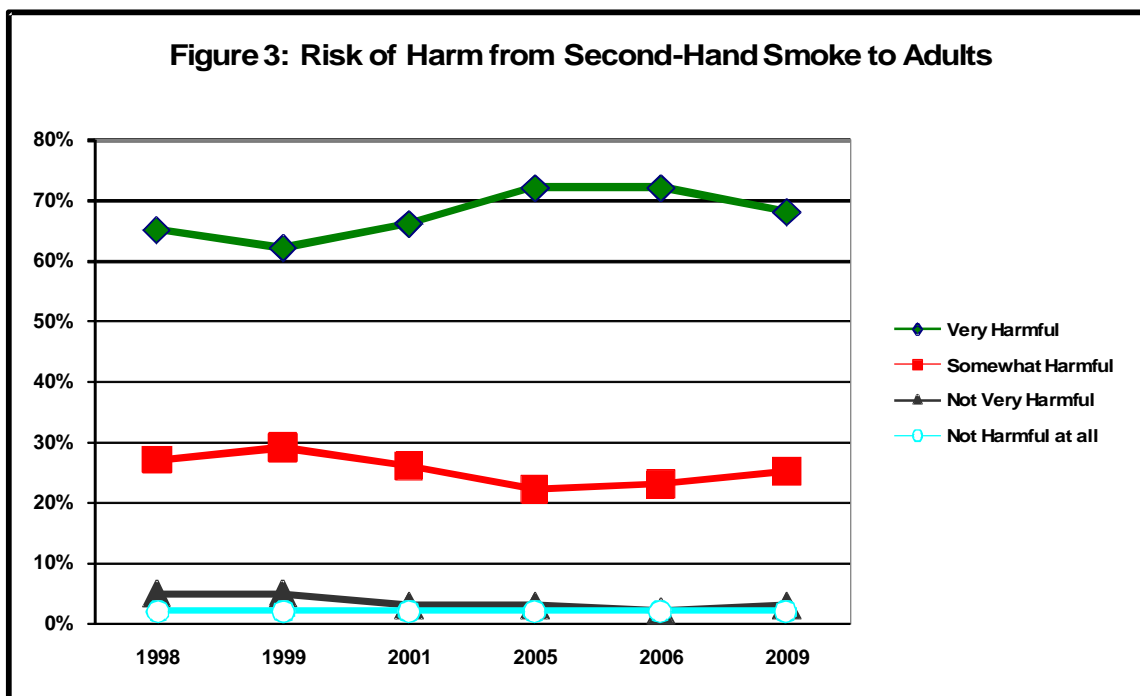
Risk of Harm from Second-Hand Smoke

The next two questions ask how harmful it is for children and adults to breathe second-hand smoke. Seventy-five percent of respondents feel second-hand smoke is “very harmful,” 19% feel it is “somewhat harmful,” and 4% feel it is “not very” or “not at all harmful” for children. When it comes to the health of adults related to second-hand smoke, 68% feel it is “very harmful,” 25% feel it is “somewhat harmful” while only 5% feel it is “not very” or “not at all harmful” to breathe second-hand smoke. Figures 2 and 3 show a steady belief across time that second hand smoke is harmful to children and adults.

**Figure 2: Risk of Harm from Second-Hand Smoke to Children**



**Figure 3: Risk of Harm from Second-Hand Smoke to Adults**

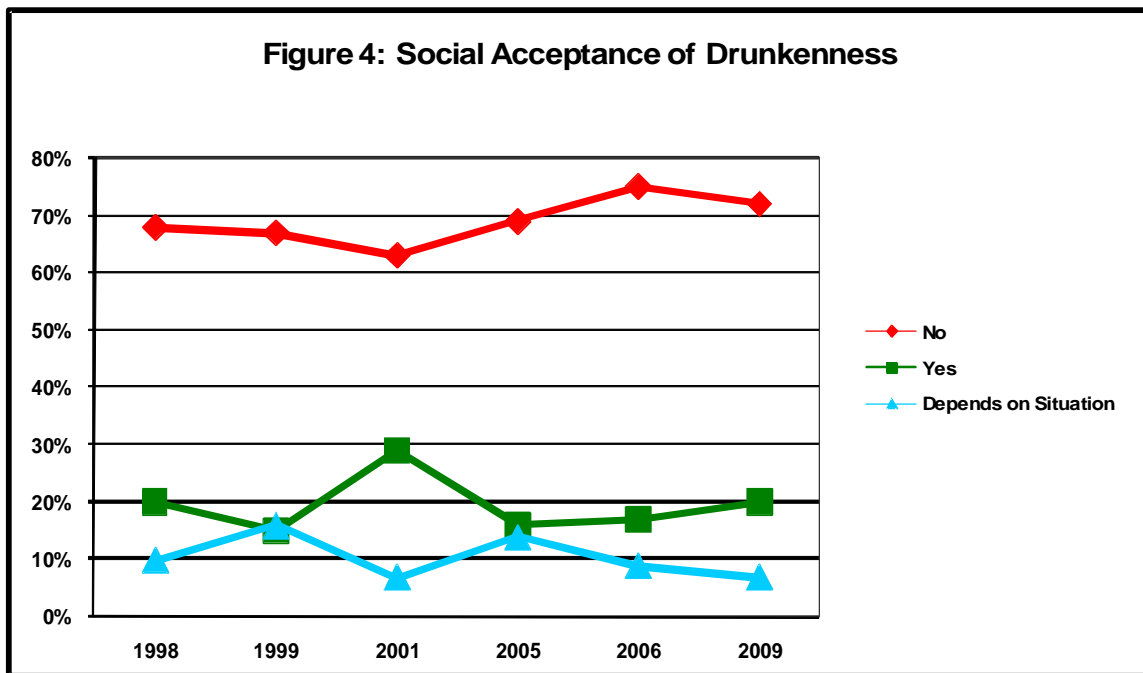


There was considerable variation among different groups of respondents on how likely they were to see risks from second-hand smoke. Those people who are willing to pay extra for alcohol to support prevention and treatment services see greater harm in second-hand smoke than those who are not willing to pay extra (for risks to children: 78% vs. 71%; for risks to adults: 73% vs. 61%). Women are also more likely to see a greater risk from second-hand smoke than men (children: 81% vs. 65%; adults: 78% vs. 54%). More

people who have children in the household see a greater risk from second-hand smoke than people with no children in the household. For risks to children, 86% of respondents with one or two children in the household vs. 71% with no children in the household. For risks to adults, 76% with one or two children vs. 67% with no children. Households with more than two children were too rare to draw any conclusion. The younger people are, the more likely they are to see risks to children from second hand smoke. Seventy-nine percent of people age 18 to 40 think that there is great risk to children from second-hand smoke. This figure steadily declines until by age 65 and older, 72% think children are at great risk. And finally, perceived risk from second-hand smoke to children and adults rises with income levels (63% to 77%). Please see Banner Tables 2 and 3 for more detailed information.

### Social Acceptance of Drunkenness

Next people were asked if they thought it was OK to get drunk among friends and the people they knew. Seventy-two percent of respondents answered that they don't think it is OK to get drunk among friends, 20% answered it was OK and 7% felt it depended on the situation. Figure 4 shows that the significant change in this attitude that was first reported in 2006 has maintained itself and that the difference in attitudes toward the acceptance of being drunk between now and 2001 appears to be a stable finding.

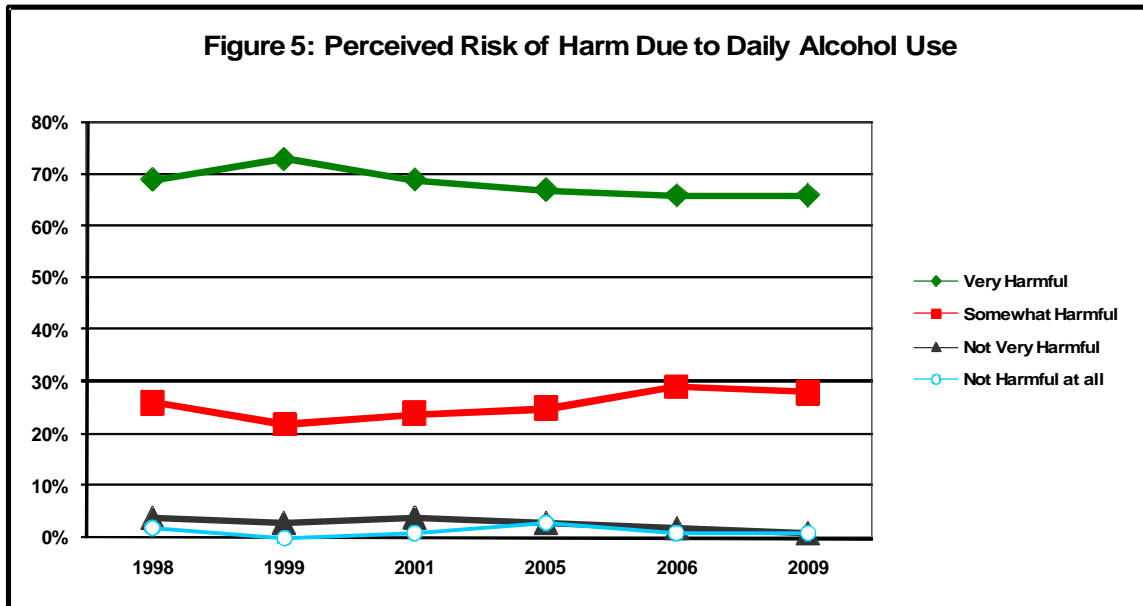


Further findings for this question show that people who gambled in the past 12 months are twice as likely to think it is OK to get drunk among friends than people who do not gamble (31% vs. 15%). More men (27%) think it is OK to get drunk among friends than women (16%). Many more people age 18 to 40 think it is OK to get drunk among friends than people age 41 to 55 (40% vs. 28%). When you compare results for people in the age categories of 56 to 65 and 65 and older, the differences are even greater. Only 11% of respondents age 56 to 65 think it is OK to get drunk among friends and 5% of

respondents age 65 and older think it is OK to get drunk among friends. And finally, people who think there is either “too much” or “adequate” enforcement of laws around alcohol (driving, providing to minor, or minors in possession) are much more likely to think it is OK to get drunk with friends. In some cases their level of support for getting drunk reaches 86%. On the other hand, those who think there is not enough enforcement alcohol rules are much less supportive of it being OK to get drunk – down to as little as 12% support. Please see Banner Table 4 for more detailed information.

Perceived Risk of Harm Due to Daily Alcohol Use

Respondents were next asked how much people risk harming their health if they have four or five alcoholic beverages daily. Sixty-six percent of respondents thought it was “very harmful,” 28% thought it was “somewhat harmful” and 2% thought it was “not very” or “not at all harmful,” respectively. Figure 5 shows the perceived risk from daily alcohol use remains stable and high across the years.



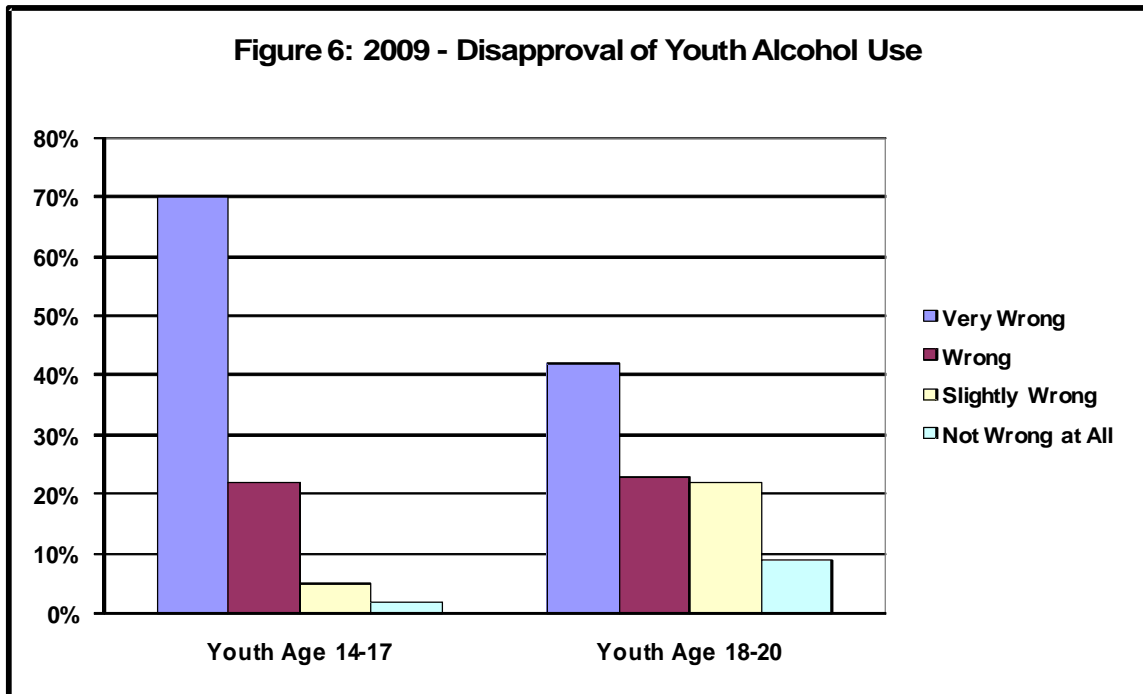
As shown in the previous risk issues, more women than men think it is “very harmful” to consume 4 or 5 alcoholic beverages daily (76% vs. 51%). Please see Banner Table 5 for more detailed information.

Disapproval of Youth Alcohol Use

In 2005 and 2006 the survey has asked about drinking by high school aged youth. This year this question was broken down into two questions. First respondents were asked if they thought it was “very wrong,” “wrong,” “slightly wrong,” or “not wrong at all” for youth ages 14-17 to drink alcohol. After answering, they were next asked the same question, only for youth ages 18-20.

Seventy percent of respondents answered they thought it was “very wrong” for youth ages 14-17 to drink alcohol, 22% thought it was “wrong,” 5% thought it was “slightly wrong” and 2% thought it was “not wrong at all.” However, for older youth ages 18-20

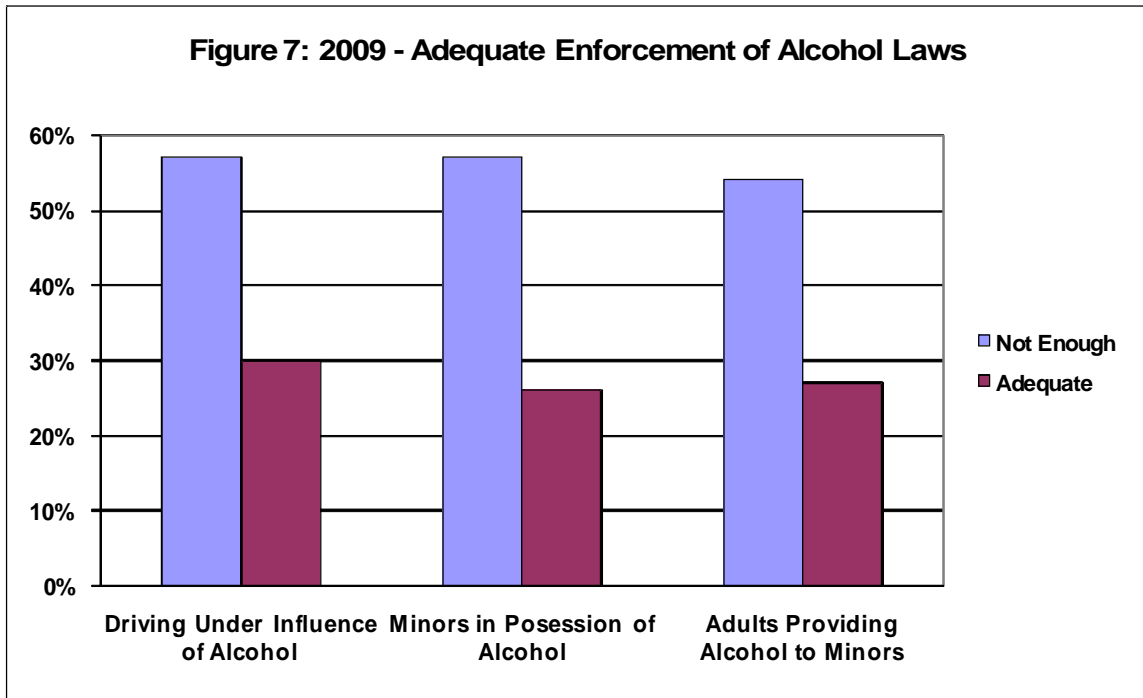
respondents were much less likely to think it was wrong for them to drink. Only 42% thought it was “very wrong,” followed by 23% who thought it was “wrong,” 22% who thought it was “slightly wrong,” and 9% who thought it was “not wrong at all.” See Figure 6 for the comparison between attitudes to these two different questions about under aged youth and drinking.



Further analysis shows that men are at least twice as likely as women to think it is “not at all wrong” for youth to drink. In addition, the youngest age-group of respondents, ages 18-40 are much less likely to think it is wrong for youth to drink. However, if respondents had children under 18 in the household they were more likely to think youth drinking was wrong. Finally, those who do think youth drinking is wrong want to see more enforcement of alcohol laws and are willing to pay increased taxes for beer and wine. Please see Banner Tables 6 and 7 for more detailed information.

Adequate Enforcement of Alcohol Laws

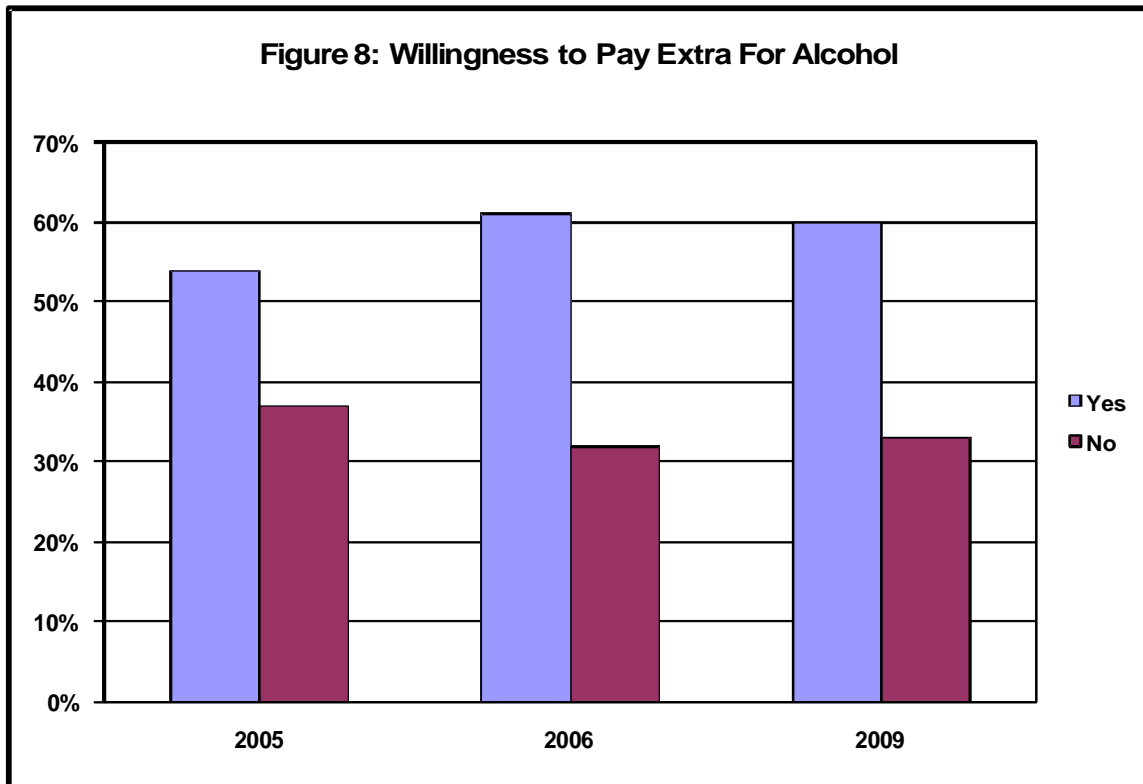
In previous years the survey asked respondents a general question about adequate enforcement of alcohol laws. This year the question of alcohol laws was broken into three questions. The first asked about the enforcement of driving under the influence of alcohol, the second about minors in possession of alcohol, and the third about adults who provide alcohol to minors. In all three cases a majority of respondents felt that there was “not enough” enforcement of these alcohol related laws. At the same time, a large minority feel that enforcement is generally “adequate,” while almost no one feels that there is “too much” enforcement. See Figure 7 for the results of these three questions.



Over 80% of people who feel that there is not enough enforcement of one of the three alcohol related laws also feel there is not enough enforcement of the other two laws. These same people are also more likely to think that drug use and gambling problems are increasing. Women are more likely than men to think that there is not enforcement of alcohol related laws (7% to 14% higher). At the same time, the belief that there is not enough enforcement goes up with each age-group. In fact, when the youngest age-group (18-40) is compared with the oldest (over 65) there is generally about a 20% increase in the number who think there is not enough enforcement. Please see Banner Tables 8, 9, & 10 for more detailed information.

Willingness to Pay Extra for Alcohol

The next set of questions was introduced in 2005 and concern willingness to pay extra for alcohol to support prevention and treatment services. Sixty percent of respondents reported they were willing to pay extra for alcohol, 33% said they were not willing and 2% said it would depend on the situation. Figure 8 shows the willingness over the last three surveys to pay extra for alcohol to pay for prevention and treatment services.

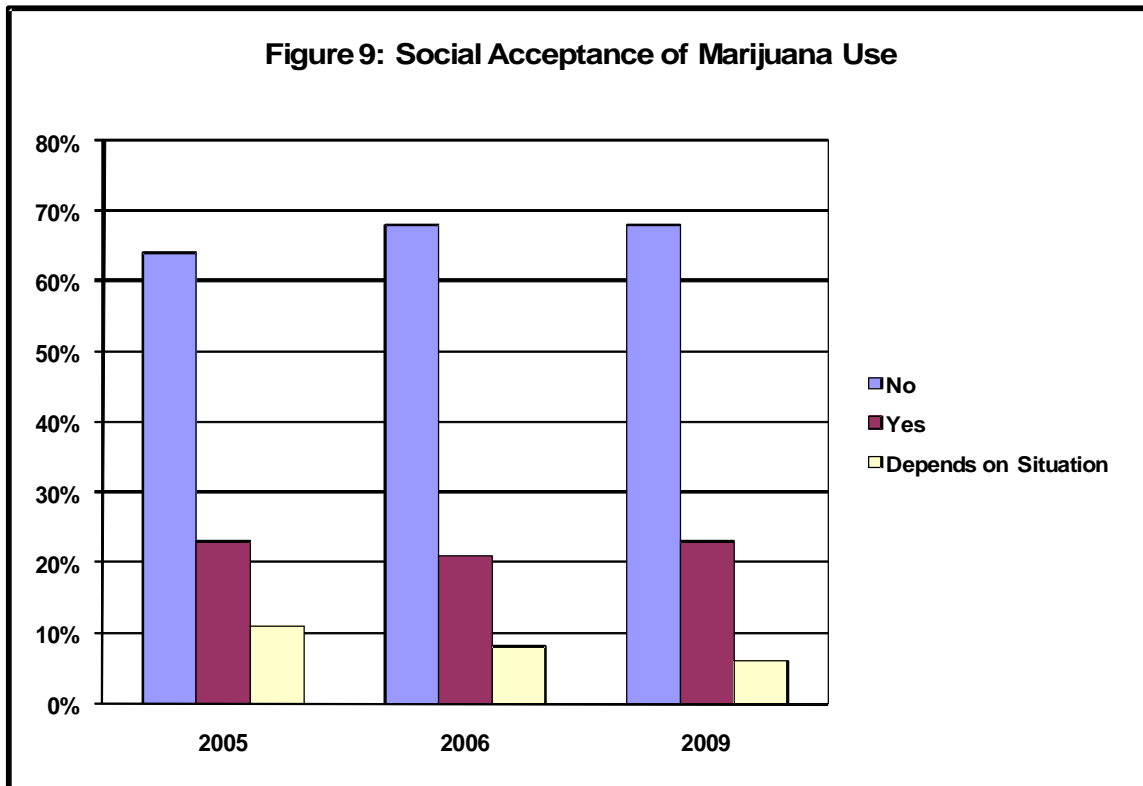


Respondents who were willing to pay more for alcohol were then asked how much they were willing to pay in different monetary increments. Seventy-nine percent of those willing to pay more were willing to pay more than 25 cents extra for each serving of alcohol. In addition, another 7% were willing to pay an extra 25 cents if the money was dedicated to prevention and treatment of alcohol abuse. Another way to think about this is that 58% of the total population is willing to pay an extra 25 cents if the money is dedicated to prevention and treatment. The survey also asked those who were still unwilling to pay 25 cents about their willingness to pay either 10 cents or 5 cents extra. At these lower levels an additional 4% to 5% of the respondents indicated a willingness to pay.

The two critical demographic factors around the willingness to pay were gender and income, with women and people with higher incomes more likely to say they would be willing to pay 25 cents more for beer or wine. Please see Banner Tables 12 through 15 for more detailed information.

#### Social Acceptance of Marijuana Use

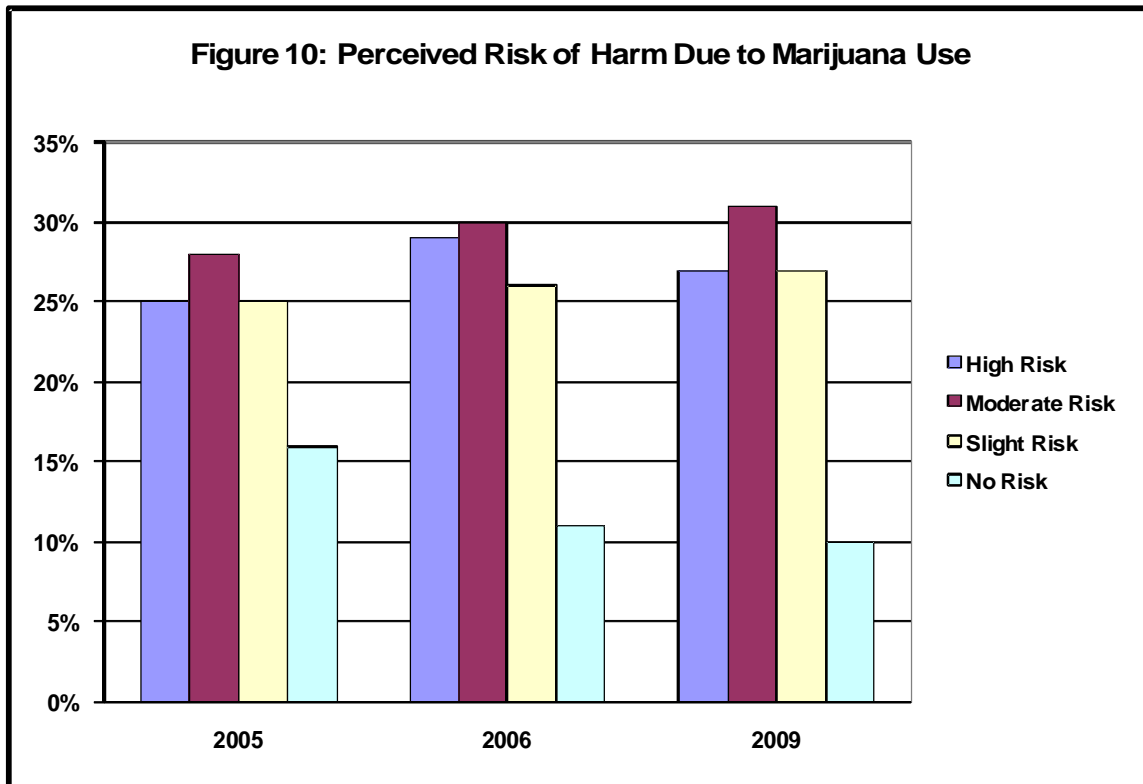
The next questions dealt with perceptions of marijuana use. People were asked if it was OK to smoke marijuana among friends and people they know. Sixty-eight percent of respondents answered that it was not OK to smoke marijuana among friends, 23% said it was OK and 6% said it depends on the situation. Figure 9 shows that the attitude toward marijuana use is essentially unchanged from the attitude in 2005 and 2006.



Three times more young people age 18 to 40 (31%) think it is OK to smoke marijuana among friends than do people age 65 and older (11%), while respondents from other age categories did not show any differences. People with low incomes are also twice as likely to think it is OK to smoke marijuana among friends. Please see Banner Table 16 for more detailed information.

Perceived Risk of Harm Due to Marijuana Use

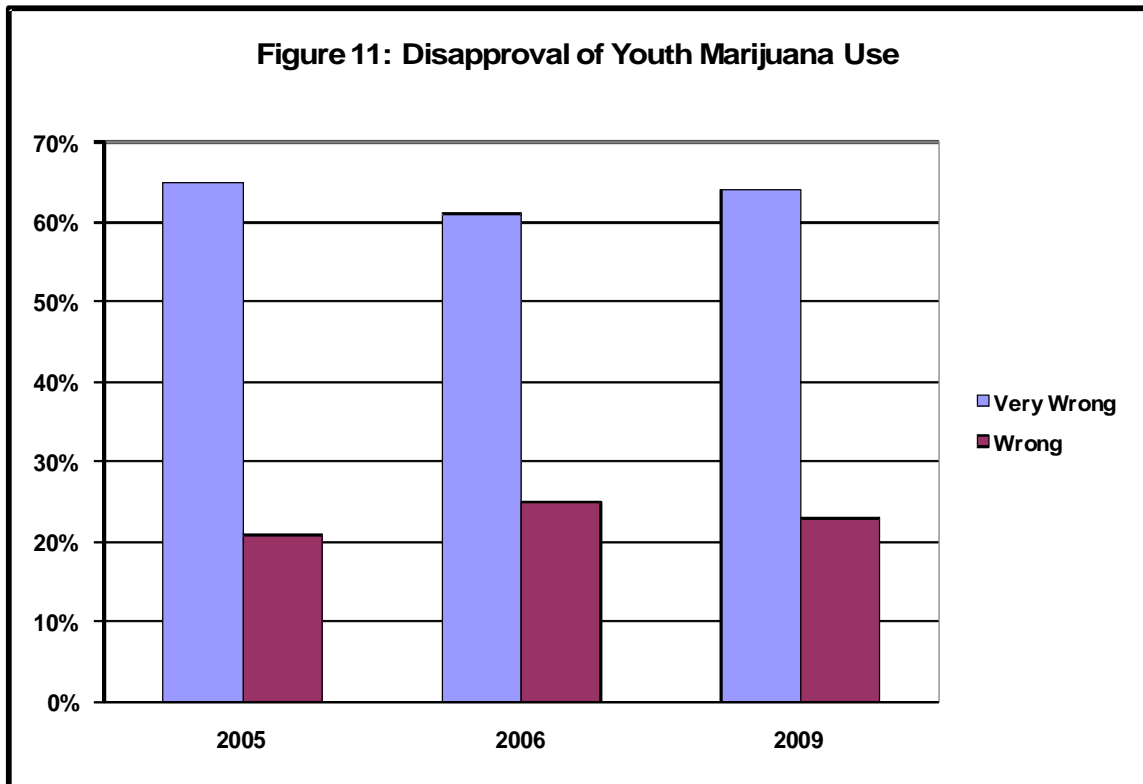
Respondents were next asked how much people risk harming their health if they smoke marijuana occasionally. The categories “high risk,” “moderate risk,” and “slight risk” were very close with 27%, 31% and 27%, respectively, while “no risk” accounted for 10% of the answers. Figure 10 shows the results since this question was added in 2005.



The only significant difference was based on income. Lower income respondents were more likely to think there was no risk to smoking marijuana occasionally. Please see Banner Table 17 for more detailed information.

Disapproval of Youth Marijuana Use

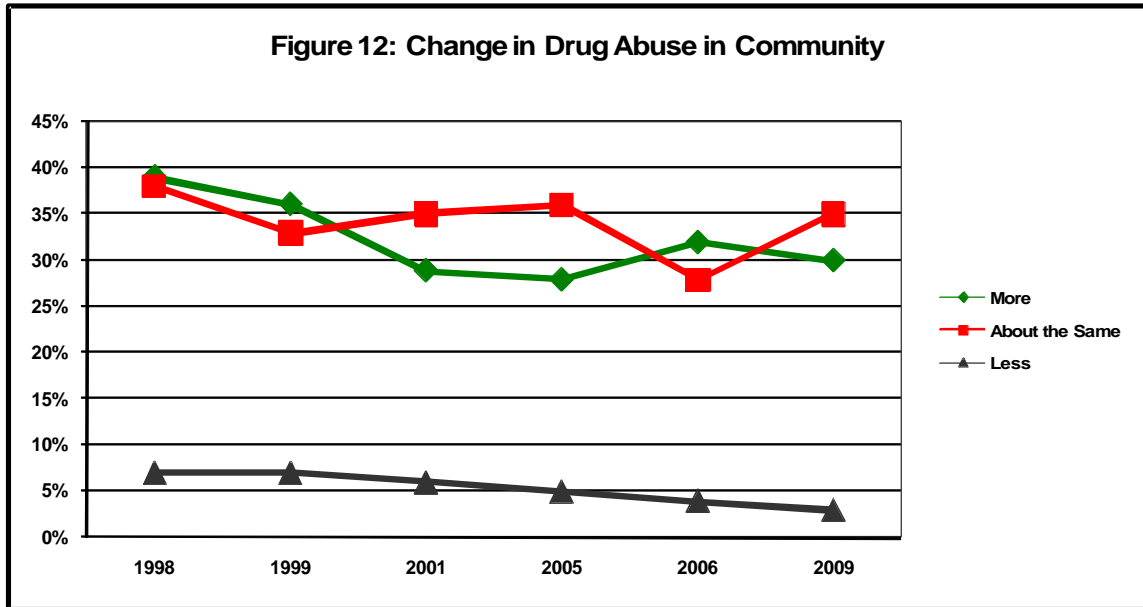
Use of marijuana by high school aged youth was the next question in the survey. The majority of respondents (88%) thought it was “very wrong,” or “wrong” for high school aged youth to use marijuana. Figure 11 shows that the results of this question are almost the same as in 2005 when this question was first asked.



Further analysis shows that more women than men (69% vs. 58%) feel it is “very wrong” for high school aged youth to use marijuana. Additionally, respondents over 40 are more likely to feel it is “very wrong” for youth to use marijuana. Also, almost all non-white respondents think marijuana use by high school aged youth is “very wrong” (see Banner Table 18 for more detailed information). And finally, residents of Eugene are less likely to think it is “very wrong” for high school aged youth to use marijuana than residents of Springfield and the rest of Lane County (60% vs. 73% and 65%, respectively).

Change in Drug Abuse in the Community

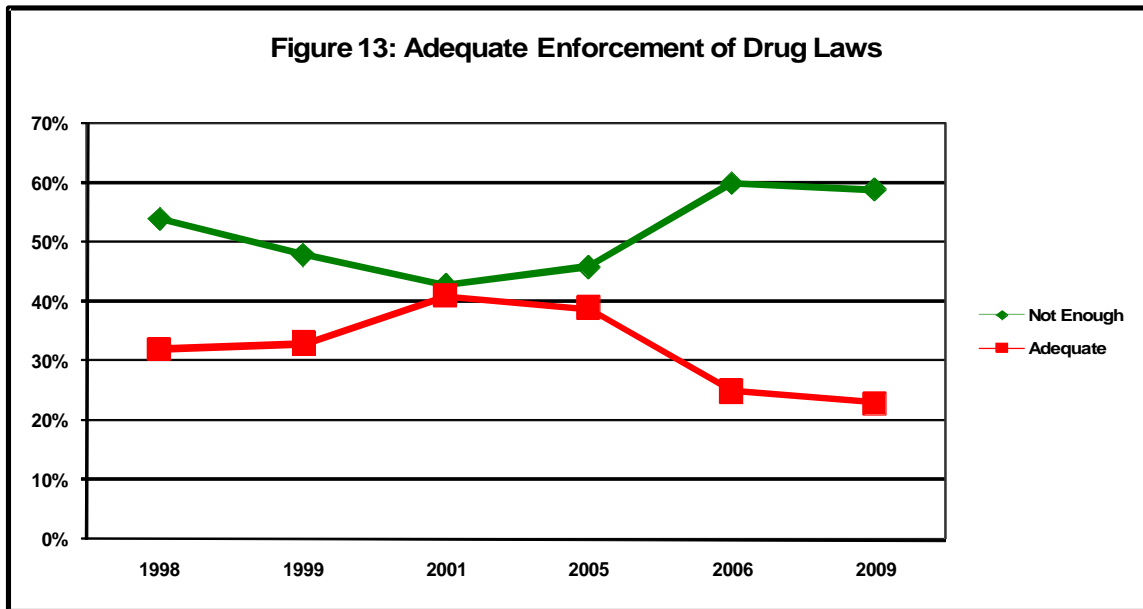
Respondents were next asked if there was “more,” “less” or “about the same” amount of drug abuse as there was a year ago. Thirty-five percent of people answered there was “about the same” amount of drug abuse as a year ago, 30% answered there was “more” drug abuse, 32% answered they “didn’t know” and 3% thought there was “less.” Figure 12 shows there were a few differences in how people responded over the years, but that the perception of drug use is generally stable.



Additional investigation shows that women are much more likely than men to believe that drug use is increasing (36% vs. 21%). People who believe there are more gambling problems compared to a year ago are more likely to think there is more drug abuse compared to a year ago (52%) than do people who think gambling problems have remained about the same (25%). Please see Banner Table 19 for more detailed information.

Adequate Enforcement of Drug Laws

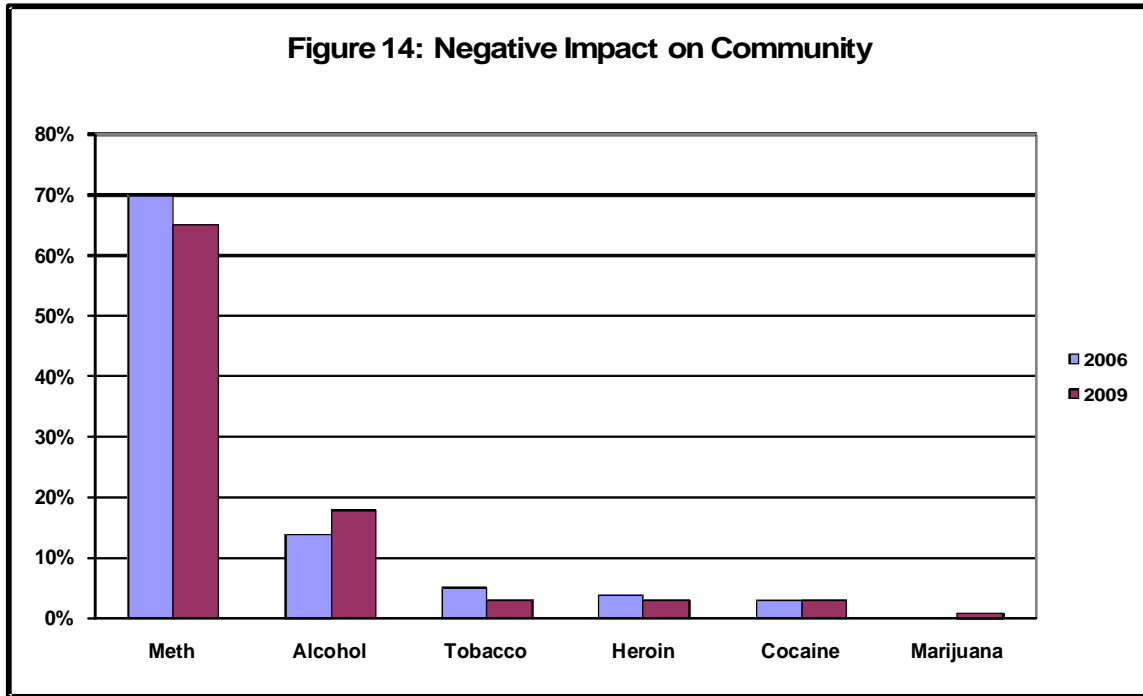
The next question asked about perceptions of whether existing drug laws were adequately enforced in their community. Fifty-nine percent of respondents think there is “not enough” enforcement, while 23% think enforcement is “adequate.” Figure 13 shows how attitudes have changed over time. The data from 2009 show that the trend that started in 2005 with more people believing that there is not enough enforcement of existing drug laws has continued.



Looking at the results, the data show that over 50% of those who think there is adequate enforcement of alcohol laws also think there is adequate enforcement of drug laws and vice versa. Results also show that men are much more likely than women to think there is adequate enforcement of drug laws (28% vs. 20%). People from Springfield (64%) are more likely to think that there is not enough enforcement of existing drug laws than people from Eugene (58%). Sixty percent of residents from elsewhere in Lane County believe there is not enough enforcement of existing laws that deal with drugs. Please see Banner Table 20 for more detailed information.

Negative Impact on the Community

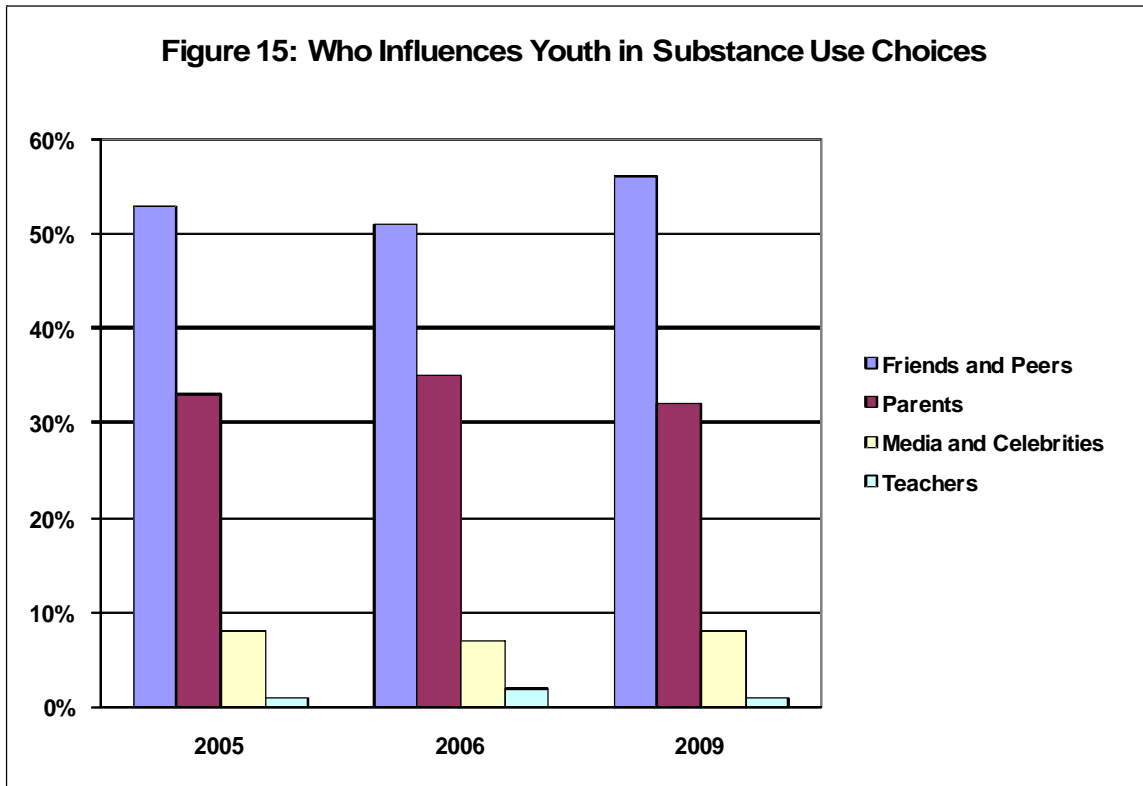
This next question was asked for the first time in 2006. At this point in the survey, respondents were read a list of substances that are often abused. Respondents were then asked which one they thought had the greatest negative impact on the community. By far the most common substance thought to be abused was methamphetamine (65%), alcohol was the second most common choice (18%) while tobacco, heroin, cocaine and marijuana were thought to be abused the least. The 2009 results are almost identical to the results in 2006. Figure 14 reflects this information.



Looking closer at the data, The only group of people who do not overwhelmingly see methamphetamine as the largest drug problem are respondents over the age of 65 (48%). However, for this group it was very hard for them to take a position on this question, and just as many (48%) were unable to provide an answer to the question. Please see Banner Table 21 for more detailed information.

Youth Influences in Substance Use Choices

Respondents were next asked who influences adolescents the most when it comes to making choices about substance use. Fifty-six percent of respondents answered they thought “friends and peers” were the most influential, 32% thought “parents” were the most influential, while “teachers” and “the media and celebrities” together accounted for 8% of the answers. Figure 15 shows the steady and almost unchanging results since this question was first asked in 2005.

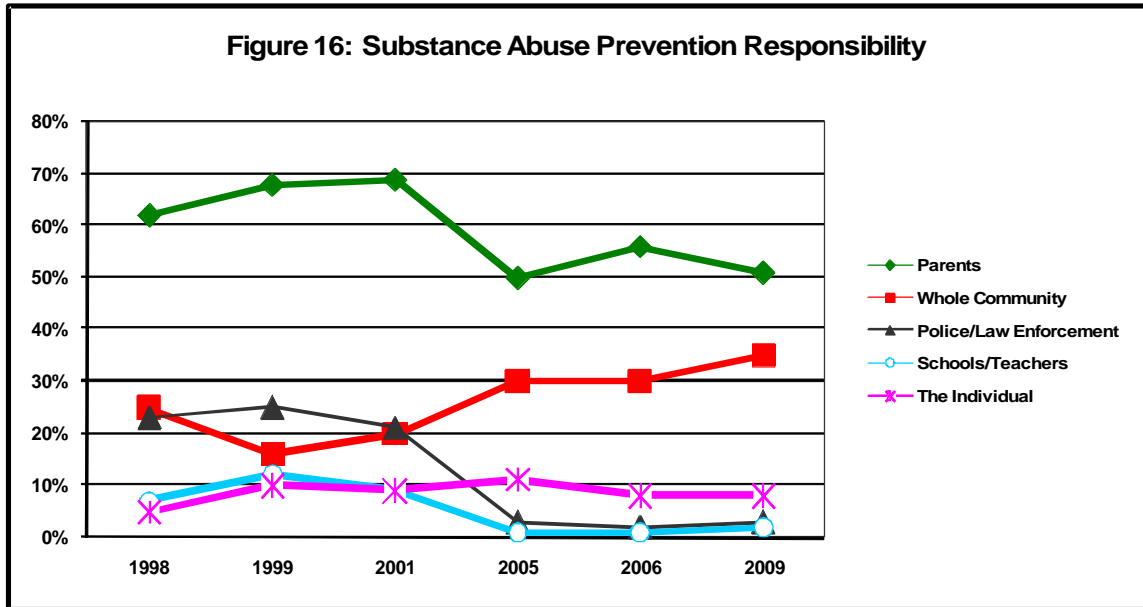


Results show that men are much more likely than women to think parents are the biggest influence on adolescents (39% vs. 28%). People with very young children in the household, age 5 or younger, were the most likely to think parents were the biggest influence (48%), even more important than friends and peers. However, by the time people have children as old as 6 the influence of friends and peers is seen as the most important by a majority of people. Please see Banner Table 22 for more detailed information.

#### Substance Abuse Prevention Responsibility

The final two questions related to substance use asked about substance abuse prevention. Respondents were first asked who do they think should be primarily responsible for the prevention of alcohol, tobacco, and other drug use in their community. The majority of respondents (51%) believe that “parents” should be responsible for prevention, the second most common answer (35%) was “the community as a whole” while “police or law enforcement,” “schools or teachers,” and “the individual” together accounted for 12% of the answers.

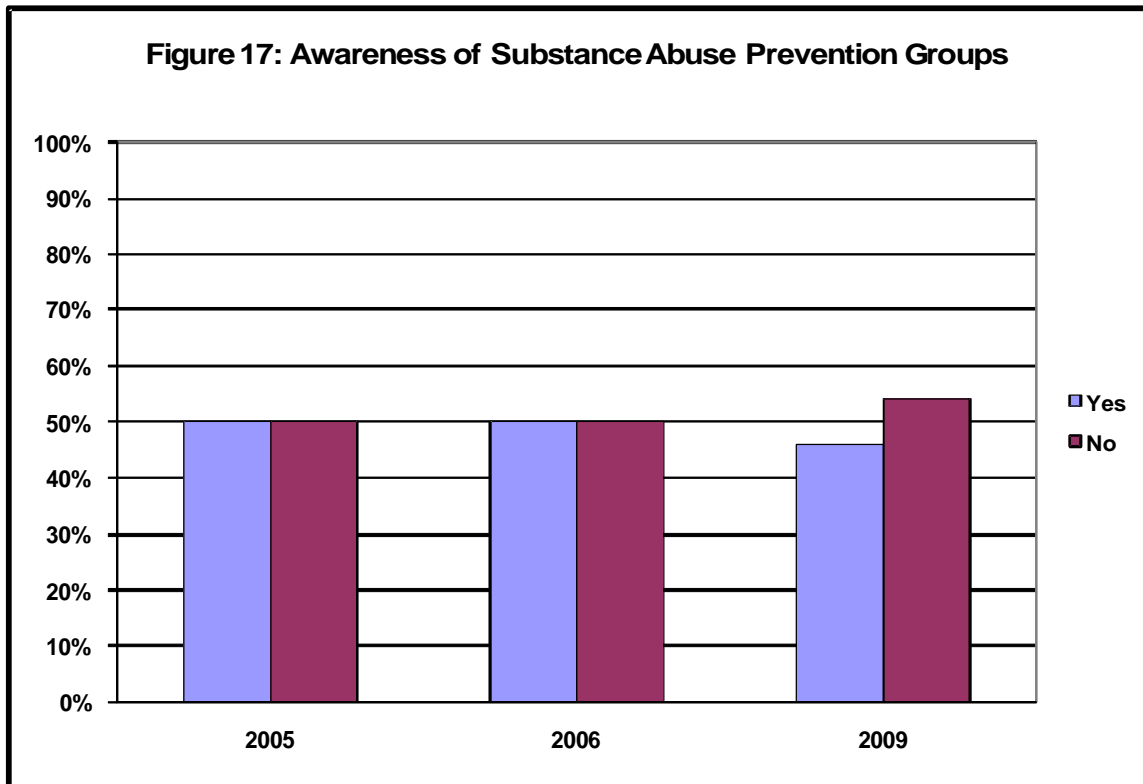
Over the years of this survey respondents have increasingly seen responsibility resting with the entire community, and a decrease in the attitude that parents should be primarily responsible. During the same time, the idea that the police should have responsibility has almost vanished. Figure 16 shows these changing trends across the years.



Men are more likely than women to think parents should be primarily responsible for the prevention of substance abuse (58% vs. 47%). Older respondents, over age 55, are also more likely to think parents should be responsible. Respondents with children were significantly different than respondents without children on this question. Respondents with no children strongly felt that parents should be primarily responsible (54%). However, for respondents with children this belief in parental responsibility was less and also declined with increasing numbers of children under age 18 living in the home. Fifty-one percent of respondents with one child in the home thought parents should be primarily responsible. This number went down to 43% for respondents with two children in the home, and further down (33%) for those with three children in the home. Please see Banner Table 23 for more detailed information.

#### Awareness of Substance Abuse Prevention Groups

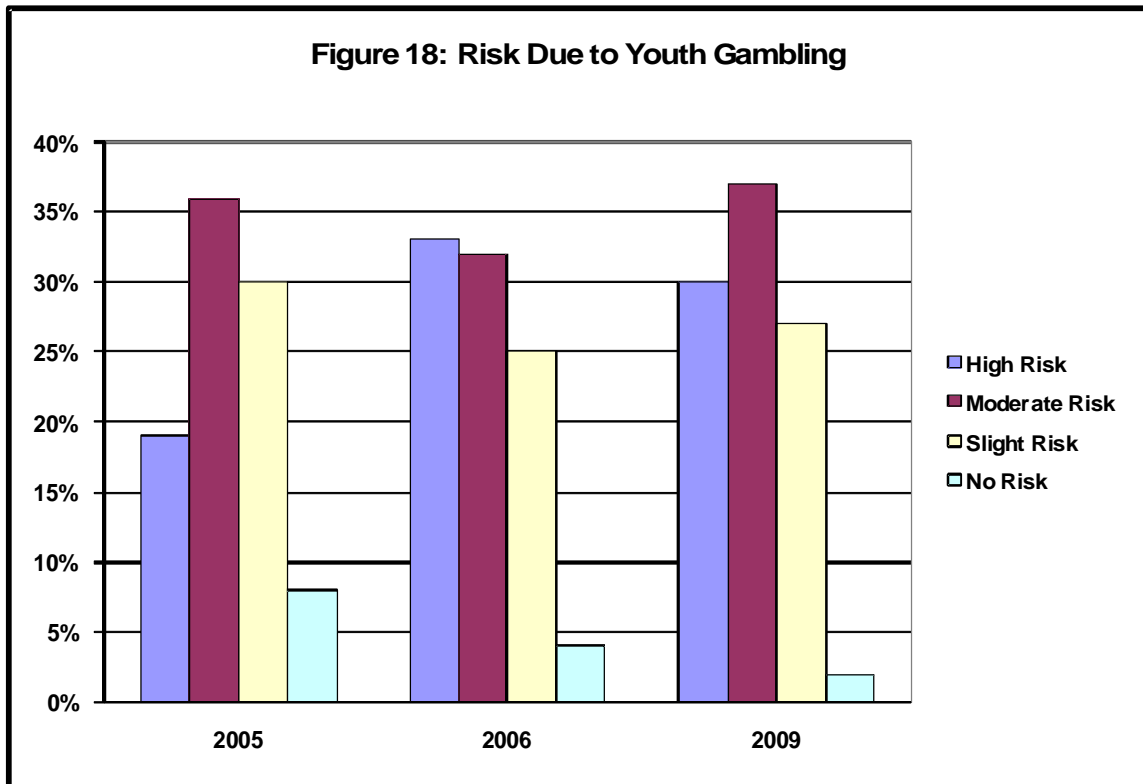
In the final question regarding substance abuse, respondents were asked if they knew how to join a substance abuse prevention group. In 2005 and 2006, respondents were evenly split when answering if they knew how to join a group of people interested in preventing substance abuse in their community. In 2009 a slight majority of respondents said they did not know how to join a prevention group. Although troubling, this years change is too small to indicate a significant change in awareness. Figure 17 shows these results.



2009 data shows that respondents age 65 and older are much less likely to know how to join a substance prevention group than younger respondents. Additionally, people with lower incomes are less likely to know how to join a group than those with higher incomes (57% vs. 30%). Please see Banner Table 24 for more detailed information.

#### Risk to Youth Due to Gambling

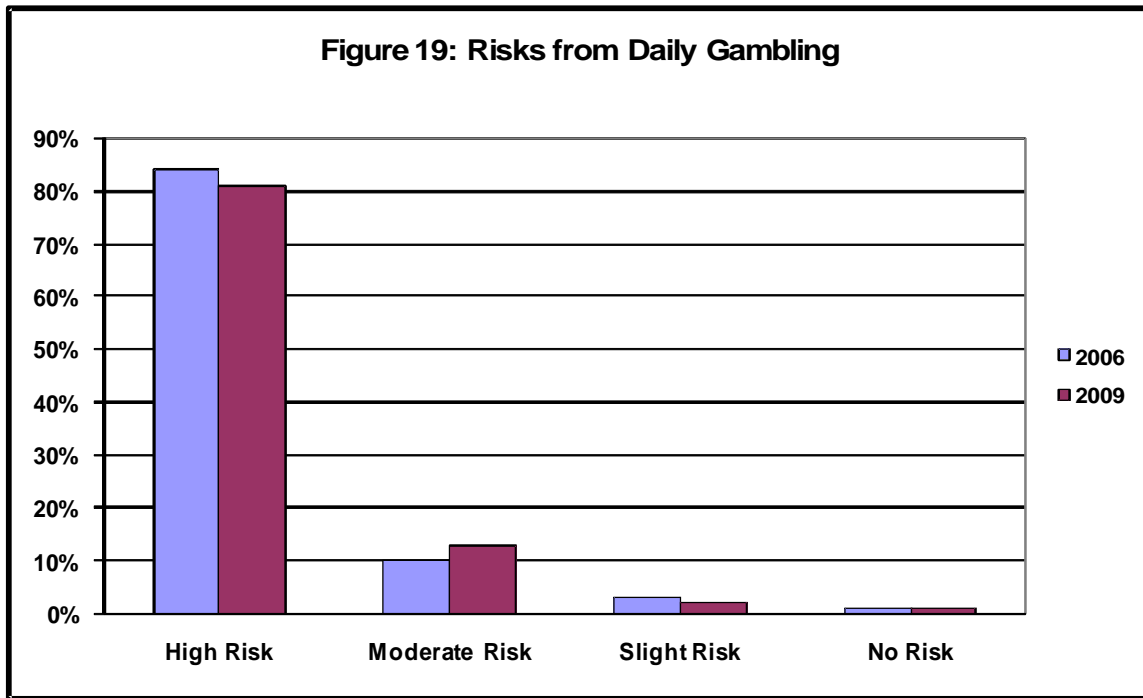
Gambling was the next topic in the survey. Respondents were asked how much of a risk gambling (such as betting on sports, playing cards for money, or playing the Lottery) is to high school aged youth. A majority (66%) perceived gambling as a “great risk” or “moderate risk.” Figure 18 shows a sharp increase in the perception of respondents who perceived gambling as a “great risk” or a “moderate risk” for youth from 2005 to 2006. In 2009 this concern over youth gambling remained at the 2006 level.



Almost double the number of people who think there are more gambling problems compared to a year ago also think gambling poses a “great risk” for high school aged youth compared to those who think the gambling problems have remained about the same compared to a year ago (40% vs. 25%). Respondents over age 65 are also very likely (39%) to think gambling is a “great risk” for high school youth. (Please see Banner Table 25 for more detailed information.)

#### Risks from Daily Gambling

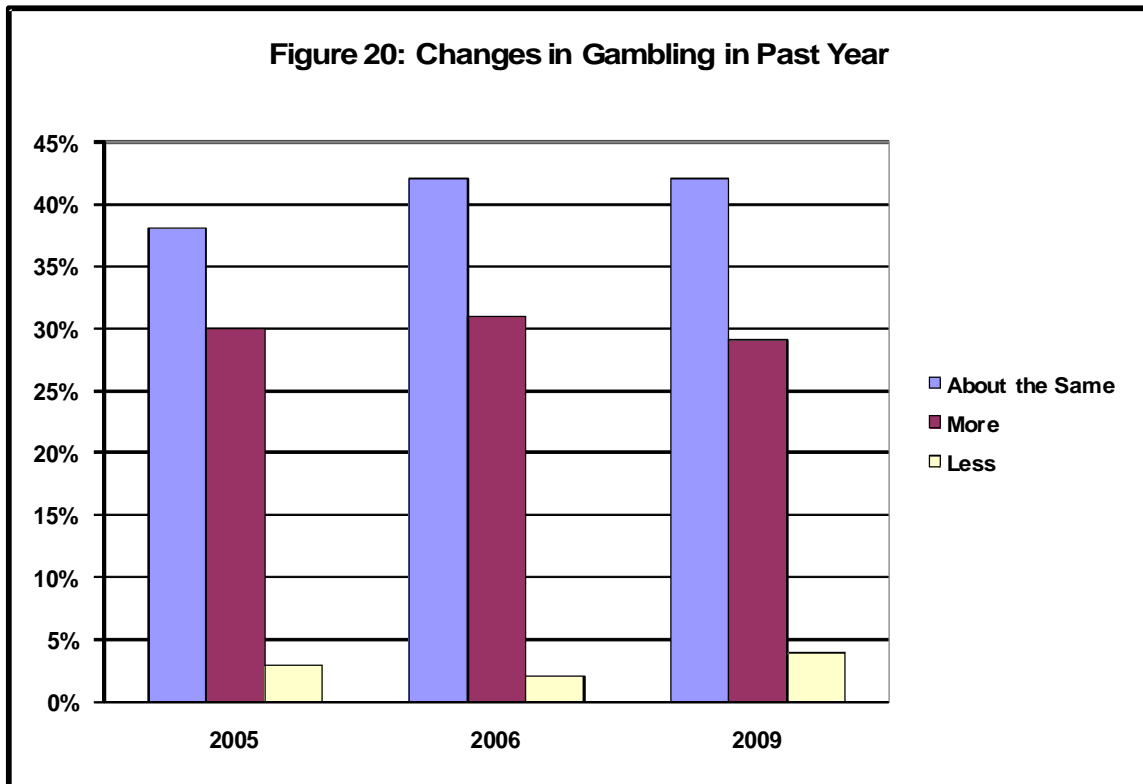
Respondents were next questioned about perceived risk for people who gamble daily. This question was first added in 2006. Figure 19 shows that the vast majority of respondents answered they thought daily gambling poses a “great risk” (81%) in 2009.



Not surprisingly, people who think there are more gambling problems compared to a year ago (86%) are more likely to think gambling poses a “great risk” than do people who think the gambling problems have remained about the same (75%). Women are more likely than men to think daily gambling is a great risk (87% vs. 70%), as are those over age 55. Please see Banner Table 23 for more detailed information.

Changes in Gambling in Past Year

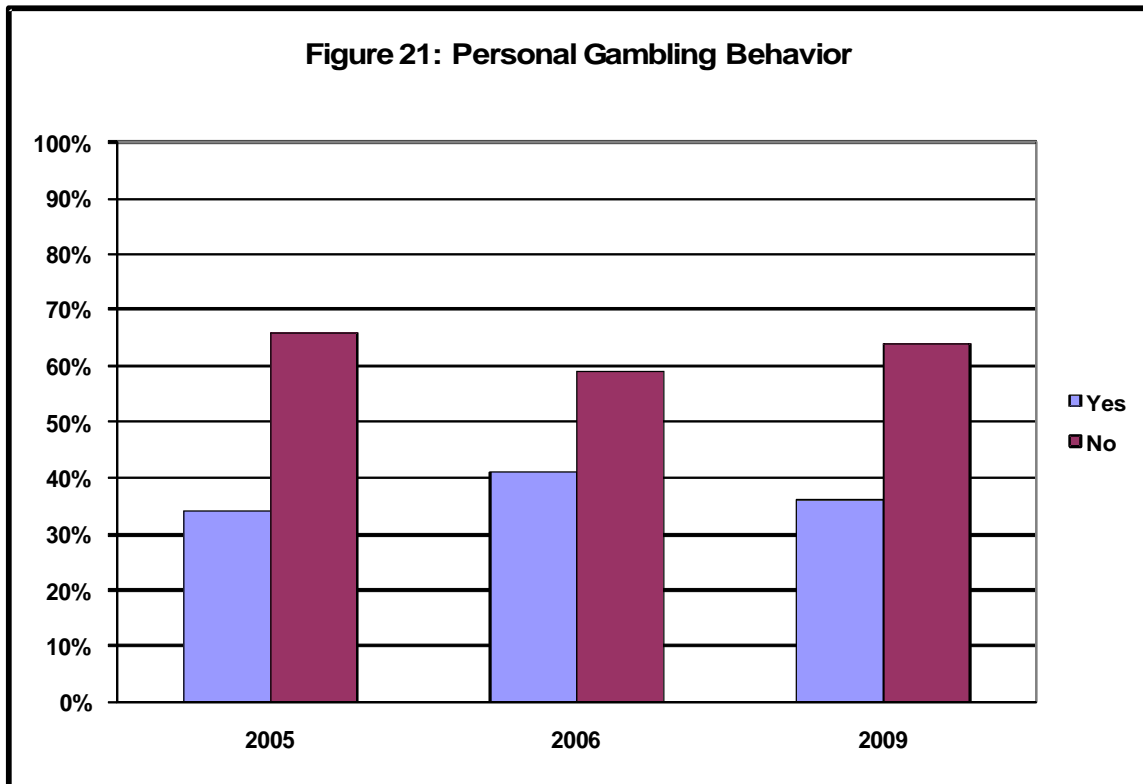
The next question asked if respondents believe there are “more,” “less,” or “about the same” amount of gambling problems compared to a year ago. Forty-two percent of respondents answered there were “about the same” amount of problems, while 29% said there were “more” gambling problems compared to a year ago. Figure 20 shows that opinions have not changed significantly since the question was first asked in 2005.



Further research tells us that respondents under the age of 55 were more likely to think gambling problems were increasing (33% vs. 24%). In addition, respondents from Springfield are much more likely (38%) to think there are more problems from gambling compared to a year ago than were respondents from Eugene (28%) and from elsewhere in Lane County (26%). Please see Banner Table 27 for more detailed information.

#### Personal Gambling Behavior

Respondents were next asked if they had gambled in the past 12 months. Sixty-four percent of respondents said they had not gambled and 36% said they had gambled. Figure 21 illustrates that gambling behavior is relatively the same now as it was when this question was first asked in 2005.

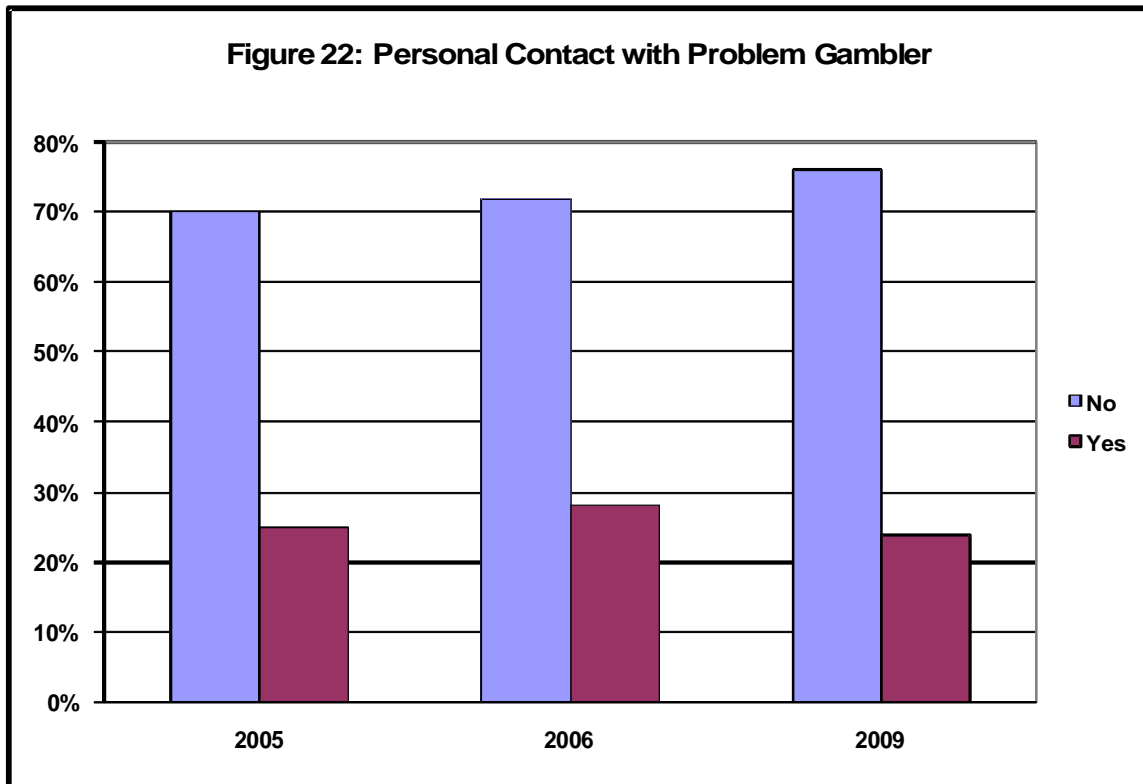


Gambling behavior increased with higher incomes, up to incomes of \$50,000, and then declines at the highest income levels. Please see Banner Table 28 for detailed information.

Those respondents who indicated they had gambled in the past year were then asked a series of questions about their experiences with gambling and problems they may have encountered. Banner Tables 29 through 35 show that only a very small percentage of people who gamble (1% - 12%) claim to have experienced any of these potential problems associated with gambling.

#### Personal Contact with Problem Gambler

When asked if respondents know someone who has a gambling problem, the majority of responses indicate they did not (76%), versus those who did know someone with a gambling problem (24%). Figure 22 shows that over the three times this question has been asked, the number of people who know someone with a gambling problem has gone down slightly.

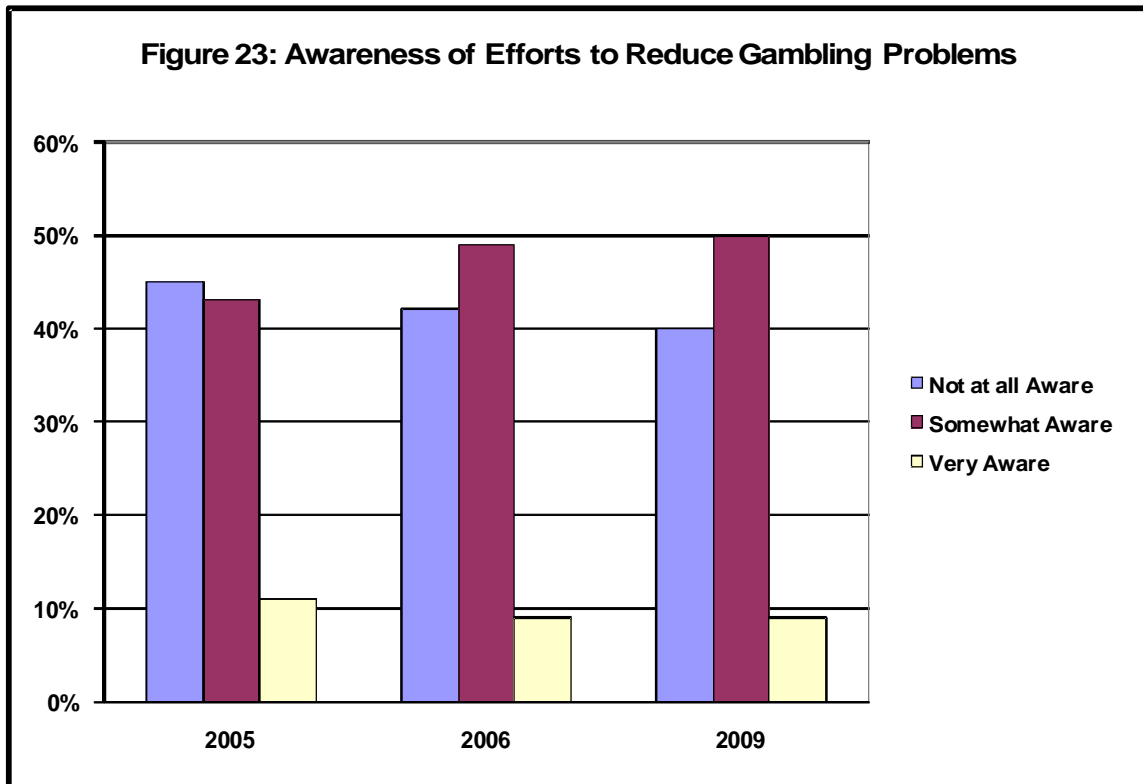


People who think there is more gambling compared to a year ago are more likely to know someone who they believe has a gambling problem than people who think gambling problems have remained about the same (37% vs. 19%). Please see Banner Table 36 for more detailed information.

Those respondents who answered that they know someone with a gambling problem were then asked what their relationship was to that person. Most answered “friend” (62%) or “relative” (29%). Please see Banner Tables 41 - 46 for more detailed information.

#### Awareness of Gambling Problem Efforts

The final gambling question asked respondents about their awareness of efforts to reduce the rate of problem gambling in Lane County. Fifty percent replied they were “somewhat aware,” 40% indicated they were “not at all aware” and 9% answered they were “very aware” of efforts to reduce the rate of problem gambling in Lane County. Figure 23 shows that awareness of problem gambling reduction efforts has remained at the same levels since this question was introduced in 2005.

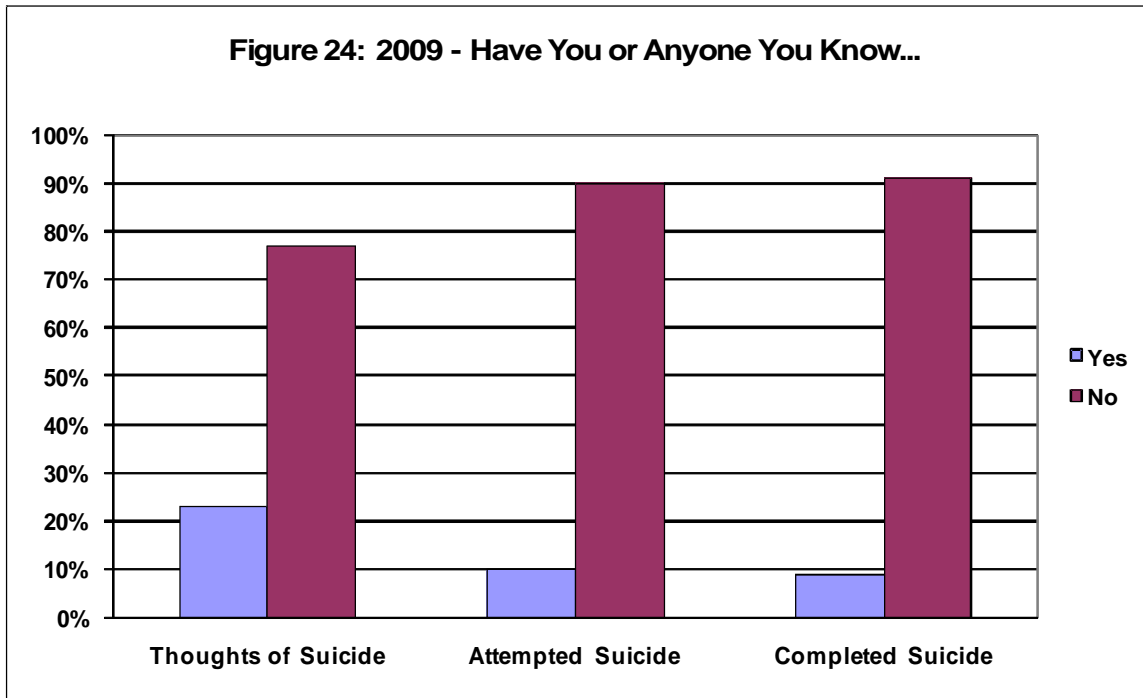


Further analysis shows that people who believe there are more gambling problems than there were a year ago, are almost twice as likely to be “very aware” of efforts to reduce problem gambling, than respondents who thought gambling problems were the “same” (15% vs. 8%). In addition, people who have lived in their town or community for longer periods of time are also twice as likely to be “very aware” of efforts to reduce the rate of problem gambling than those who have lived in their town for shorter periods of time. (12% vs. 6%) Please see Banner Table 47 for more detailed information.

### Suicide

The final topical questions in the survey (not including demographic questions) concerned suicide. These questions were new this year. Because of the sensitivity of the subject, respondents were first asked if it would be “OK” to ask them about the issue. Most respondents, 94%, agreed. However, 6% of respondents refused to talk about suicide. It is possible that those who would not talk may have had more likelihood of direct experience with suicide. Since this 6% figure is outside of the margin of error for the survey, it is possible the results reported here might under represent or misrepresent the true figures slightly.

Respondents were asked if they themselves, or anyone they knew, had thoughts of suicide during the last 12 months, had attempted suicide during this same period, or had completed suicide within 12 months. Twenty-three percent of respondents said that either they or someone they knew had had thoughts of suicide, and 10% knew of a suicide attempt, while 9% knew of a successful suicide. Figure 24 shows these results.



It is not possible to tell from the data what percentage of the attempted suicides were also successful. Of the 10% of respondents who said they were aware of an attempted suicide, 47% of these same respondents also said they knew of a successful suicide. However, 51% of the respondents who reported knowing someone who committed suicide did not report knowing about a suicide attempt. Clearly, these questions were thought of as independent by respondents. Using the results of these two questions it is possible to calculate that 14% of respondents knew someone who either attempted or completed suicide during the last 12 months, or they knew people who had done both.

Respondents who answered in the affirmative to any of the three main suicide questions were also asked a follow-up question about whether or not the person they knew (or themselves) had accessed any community resource, such as a hospital or call center. In the case of those who knew about someone thinking of suicide, or someone who attempted suicide this number was reasonably high (43% and 42% respectively). However, for those who actually committed suicide this number was only 17%, although in this case respondents often did not know (23%). For more detailed information, please see Banner Tables 49 – 56.

### Conclusions

The questions in this survey concern many risk factors such as harm from second-hand smoke, alcohol consumption, drug use, the effects from gambling, and thoughts of suicide. This survey’s results show a great deal of varying opinions and perspectives among residents of Lane County.

Concern over drugs, alcohol, and gambling remain very high in Lane County. In many cases these concerns are increasing. In particular there is increasing concern over alcohol abuse and drunken behavior. As further evidence of this more people than ever feel that police enforcement of alcohol abuse is inadequate. At the same time an increasing number of people are willing to see taxes on alcohol raised to try and address this problem.

As much as people see alcohol as a problem for Lane County, they are much more concerned about drug abuse. More people feel enforcement of drug abuse is inadequate than feel that way about alcohol enforcement. This can also be seen when people were asked to rank substances by their harmful effect on the community. Methamphetamine is seen by a large majority as the most harmful substance, with people three times more likely to see it as a threat than alcohol. When asked where the responsibility for substance abuse prevention lays, the people of Lane County put it squarely on the shoulders of the community and parents over schools or the police.

Concerns over youth gambling are also increasing, particularly among adults who know someone with a gambling problem. On the positive side, very few people reported any of the problem behaviors related to gambling.

The Lane County population is not homogeneous on these issues. In particular, women tend to see higher risks regarding certain behaviors than men in many categories. Women are also more willing to pay extra for alcohol to support prevention and treatment services.

Length of residency was also a determining factor for people on some of the issues, such as social acceptance of drunkenness and awareness of efforts to reduce the rate of problem gambling. Respondents with higher incomes commonly see risks differently than people with lower incomes. For example, people with lower incomes are more likely to believe that marijuana use by high school youth is acceptable and see less harm in second-hand smoke.

Households with children under age 18 tend to view certain behaviors as more risky than households with no children. Harm from second-hand smoke and alcohol consumption by high school aged youth both were viewed by respondents with children in the home as having high risk.

In addition, people who perceive certain behaviors as risky (such as parents) are more willing to pay extra for alcohol to support prevention and treatment services. In addition, people who are willing to pay extra for alcohol to support prevention and treatment services view second-hand smoke as “very harmful” than people who are not willing to pay extra for alcohol.

Finally, almost a quarter of the Lane County adult population know someone who has had suicidal thought in the past year, and many also know people who have attempted or committed suicide. Many of those with thoughts of suicide, or who have attempted

suicide, have sought help, but those who committed suicide rarely sought help before their final attempt.

Clearly, the results from this study show that concern regarding risky behavior is growing, as is the desire to see changes in the community. Lane County needs to continue examining these issues in order to effect real change and to see improvements in perceptions and behavior over time.

Readers of this report may find the Banners section and the Topline Frequencies section useful for specific information about topics covered in the 2009 survey and the responses of the different segments of Lane County's diverse population.