



CONDUCTING FOCUS GROUPS FOR NEEDS ASSESSMENTS

And other data collection strategies and tools

ABSTRACT

This document is intended be used by NM Partnerships for Success 2015 College and University Communities to guide and assist them through the data collection process while conducting their local needs assessment.

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Conducting Focus Groups and Collecting Local Data
for conducting a Needs Assessment

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DATA COLLECTION FOR THE NEEDS ASSESSMENT PROCESS

Data come in two forms. Perhaps the most common data are what are called **quantitative** data. This refers to data that are numbers, percentages, rates, averages (means) or other number formats that quantify an amount and often can be easily graphed. Quantitative data are typically derived from surveys or other forms that provide information in the form of counts, such as death or birth certificates, checklists, or sometimes even observational data can lend itself to counting behaviors or advertising. **Qualitative** data, on the hand, try to capture subtleties that numbers cannot. They can capture context, feelings, and ideas, that go beyond numbers and provide insights as to what they numbers may mean beyond the estimate itself. Both types of data are important in assessing the needs of a community because they allow access to uniquely different ways of understanding the community.

This document should be used to guide your local needs assessment process. It briefly discusses tools that can be used to collect quantitative data but primarily focuses on collecting qualitative data and presents you with scripts to use to collect these data. Most of your needs assessment data will be collected using qualitative data collection methods in large part because the intent is to understand the context in which alcohol and opioid use are occurring in your community.

Quantitative Data Collection

There are several tools that we recommend using to collect quantitative data. Two are provided for you at the end of this document and others are available on the NM Prevention website (www.nmprevention.org). In particular, the NM Community Survey and the Annual Strategies for Success are conducted separately from the Needs Assessment process and are addressed elsewhere. They are only mentioned in this document for the purpose of alerting you that they exist and that these data can be beneficial to you in the needs assessment process if you have access to them.

The Law Enforcement/CYFD Data Collection Tool does not replace the need to collect qualitative data from local law enforcement.

The Health Care Provider Opioid Survey is one way to reach local area health care providers who may not have the time or inclination to participate in interviews or focus groups.

We recommend that you discuss with your local evaluator and with PIRE and Coop Consulting the best use of these data collection tools for your needs assessment. This is not an exhaustive list. You may know of other sources of local data that may be useful to review to better understand your community and we encourage you to explore any additional resources available to you including alcohol outlet density data, GPS mapping of crash data, and even hospitalization data.

Quantitative Data Collection Tools for the Needs Assessment include:

- Law Enforcement / CYFD Data Collection Tool (See Appendix C)
- Health Care Provider Opioid Survey (See Appendix D)
- Retailer tool (not created yet; will add later)
- Student Lifestyle Survey (Review of Data)

- New Mexico Community Survey (Review of Data) (See <http://www.nmprevention.org/Evaluation-Instruments.html>)
- Annual Strategies for Success Survey (Review of Data) (See <http://www.nmprevention.org/Evaluation-Instruments.html>)

Qualitative Data Collection

You will be expected to conduct focus groups with a broad range of stakeholders in your community to gather data on the context in which alcohol access and use, particularly among underage youth and young adults, takes place. This next section will provide you with basic guidelines about preparing to conduct focus groups and the various groups that you will conduct focus groups with during your needs assessment process.

In this document, we provide you with an introductory script for preparing participants for the focus group and additional scripts specific to conducting the various focus groups. We also provide you with templates for recording the information learned in the data collection process. In Appendices A and B, we provide you with example parental consent forms for you to use when collecting data from minors.

You must obtain parental consent to collect any data from minors (under 18 years of age), whether it is quantitative or qualitative data. In addition, the data collection process will likely require you to involve your school's Institutional Review Board (IRB). All data collection documents will likely need to be submitted to them for their approval prior to conducting any focus groups or interviews. Please start this process early as this can be a long and laborious process.

IMPORTANT: PLEASE DO NOT PUBLICALLY DISSEMINATE ANY DATA COLLECTED DURING THE NEEDS ASSESSMENT UNTIL YOUR STRATEGIC PLANS ARE COMPLETE

Preparing to collect data: Prior to data collection the following two documents must be reviewed and the consent forms will need to be distributed and returned prior to any data collection with youth.

- Introductory Script for Focus Groups
- Consent Forms (See Appendices A & B)

You will want to prepare for your focus groups by reviewing the Focus Group Scripts thoroughly and with an eye to how you might need to adapt for certain subgroups. You will also want to make sure you understand the consent procedures required for both adults and minors and make sure you are able to conduct the focus groups with approval.

What Focus Groups Will You Conduct? In consultation with PIRE and/or Coop Consulting, you will conduct at least **6 focus groups**. Choose from among the options below. Scripts for each of the Focus Groups follow this list including an introductory script for all focus groups and then scripts specific to the various subgroups. In addition, examples of consent forms you can use to gather parental consent for focus groups with minors are available at the end of this document in Appendices A and B.

Focus Group 1: Youth and Young Adults

*You must conduct **at least one** focus group with university/college students **and** at least **one** with non-university youth/young adults*

- **University/College students** (use the same script and modify with additional groups for subpopulations such as LGBT students, students of color, immigrant students, non-traditional students, etc.) **You are required to conduct this focus group.**
- **Local youth / young adults** influenced by college student population socially or in other ways
- **Local “at risk” or “disconnected” youth** who may be socially interacting with college population or influenced in other ways

Focus Group 2: Parents and Community Members

*You must conduct at least **one** of the below (the same script applies to both groups of parents so modify it accordingly):*

- Local **parents of underage youth** who are influenced by the local college population
- **Parents of college students** (assuming you can easily reach them).
- **Community members** from neighborhoods adjacent to or influenced by the college

Focus Group 3: University Faculty and Staff, Local Law Enforcement, and Medical Providers

*You must conduct at least **one** focus group or at least **three** interviews from **each category below**:*

- **University faculty and staff**
- **Medical Providers** (make sure to include campus health providers)
- **Law Enforcement** (make sure to include campus law enforcement).

Focus Group 4: Other

Other optional focus groups or interviews can be conducted with: Area businesses, especially on and off-premise alcohol retailers

What if it is impossible to conduct a Focus Group or Interviews?

There are other quantitative tools you may use to help you collect baseline data. Although not necessarily as useful in providing as much information about the context in which underage drinking and binge drinking takes place, these tools may still provide some insights and help you understand the problem better. These tools are discussed briefly in the prior section of this document. Ask PIRE for assistance with using these tools.

STARTING QUALITATIVE DATA COLLECTION

Before conducting an interview or focus group remember the following:

- The **tools can be modified** to better fit the subpopulation, but try to ask all the questions currently included in the script. If you wish to add questions, check with PIRE and your evaluator for review.
- **Never use video to record interviews or focus groups** and do not publically disseminate quotes, photos, or other identifying information collected during the focus groups. Information on who participated should be kept completely confidential.
- **Always provide informed consent** (see template below)- verbal consent is ok for those 18 or older.
- **Always get written passive or active parental consent for youth under 18.**
- **Do not count responses** from a focus group or set of interviews. Your sample is not representative and the point is to generate conversation not get percentages.
- **Avoid encouraging people to talk about their personal use/abuse** or those of any community member or anyone identifiable to others.
- **You are not the expert;** your focus group participants are the experts.
- **Carefully review each script** before conducting a focus group or interview so you can make sure to frame the questions best for your population.
- **Document the process of conducting the focus group** using a similar structure as the following example. This will provide some context when interpreting the results.
- **Do not place those under 18 and legal adults into the same group; adapt your probes to match your group.**

In addition to the details you will capture from each focus group or interview, you'll want to track some basic information about each of your focus groups and interviews to help put each into context as you review your results. Below is an example of how to track this information.

EXAMPLE: Qualitative data collection log

Focus Group or Interview Protocol: <i>At Risk Youth 14-17 yrs</i>	
Date: <i>5-15-2016</i>	Location: <i>Coffee Shop</i>
Population: <i>Youth involved in JPPO programming in Albuquerque</i>	Name/affiliation of interviewer: <i>Liz Lucha, prevention coalition evaluator</i>
Number of people attending: <i>6 boys and 1 girl</i>	Name/affiliation of scribe: <i>JuanCa Libre, prevention coalition coordinator</i>
How participants recruited & incentives: <i>"snowball sampling" starting with two volunteers recruited through JPPO who invited others to participate. Participants given a \$20 gift card and a meal at the café.</i>	
Issues, concerns and insights: <i>Only 3 participants showed initially, but with more efforts, others began to join. After the focus group was over we spent about another hour addressing questions about the prevention program and what it entailed.</i>	

Focus Group Introductory Script: GENERAL TEMPLATE

Use this script (and adapt as necessary) to set up the focus group prior to beginning the actual questions. This provides the participants with a basic understanding of what is going to happen and how it will happen and lay out basic guidelines for behavior during the focus group. It also explains why someone is will be taking notes and why you are recording the group (but not video recording) and how you will protect their confidentiality as well. Finally, if provide participants with an opportunity to ask questions and back out of participating if they change their mind and for you to establish that everyone consents to participate.

Thanks again for being here today. The purpose of this focus group is to understand important issues around the prevention of drugs and alcohol in our communities. The goal is to provide input for our agency and to the state of New Mexico about how to enhance our local prevention programming. We want to ask you about [fill in here according to your focus group topic, e.g., alcohol use among underage youth].

Here are a couple of things to remember about how a focus group works.

- **First**, please remember, there are no right or wrong answers to any of the questions that we ask. If you don't feel comfortable answering any question you don't have to.
- **Second**, we'll ask everyone to please not interrupt so that we make sure everyone gets a chance to talk.
- **Third**, because we really want to hear what everyone thinks, if it seems like someone is not speaking up, we may ask him/her what he/she thinks.
- **Next**, we'd like to encourage you all to speak to one another as much as possible. We are here to focus the discussion amongst you.
- Please put your phones away, or on vibrate or silence. We need your undivided attention for the next two hours.
- **Finally**, we ask that everyone please agree to keep whatever is said in here private. While it's okay to talk about the focus group generally, we ask that each of you not talk to anyone about what specific people say today.

Because we want to be able to remember everything that people tell us today, [scribe's name] is going to write notes about what people say. Sometimes, [scribe's name] can't write fast enough to keep up, so we're also going to digitally record what is being said. This way, we can check later to make sure we get everything right.

I just want to stress once again that everything you say will be confidential. We will not write your names down. If your name gets recorded, we'll make sure it gets erased from the transcript.

- Our discussion will take about 2 hours. Please feel free to get refreshments or use the bathroom at any time during our discussion.
- What questions do you have in regards to anything I have said?
- Okay, we'd like to start now. Is it okay with everyone if I start the audio recorders?

FOCUS GROUP 1: Script for College Students

These questions are intended to gain perspective from university or college students.

Since you should gain information about your college or university as a whole, consider conducting more than one focus group with college students that represent the diversity of your college, including subpopulations such as students of color, LGBT students, immigrant students, non-traditional students etc.

Data Collection Log

Focus Group or Interview Protocol: College Students	
Date:	Location:
Population:	Name & Affiliation of interviewer:
Number of people attending:	Name & Affiliation of scribe:
How participants recruited & incentive provided:	
Issues, concerns, insights:	

Introductory script (EXAMPLE): You have been asked to participate in this focus group because you are a student at this college, so you can comment on what students at this college do and think as a whole around drinking and prescription drug misuse. We are especially interested in how the college/university influences the local community in these areas. We are NOT interested in learning information about specific individuals or infractions of the law, but are most interested in learning what attitudes and beliefs college students have in this community around drinking and prescription drug misuse. Please think about your college when responding. We thank you again for your participation.

First, we will talk some about how college students drink alcohol in this community.

1. So first of all, tell us a little about the reputation (X college) has in the community for “partying” or drugs or alcohol. (Probe for examples, stories, conflicting ideas)
 - a. What kinds of drugs or alcohol do people say are popular?
 - b. Have you heard about the (name of college) students using prescription drugs, especially painkillers?
 - c. What kinds of places do students party or drink or get high in?
 - d. When does it happen? Special events? Weekends?
 - e. What are the students like who drink? Describe them.
 - f. What are the students like who don’t drink? Describe them. (Probe for different social groups, ages, departments, athletes, etc.)
2. How common is it for college students to party with area underage youth? Who are the underage youth they party with?

3. Ok, switching back to the community here, can you tell us about how common you think it is for youth under the legal age to drink in your community? At your college? (Probe for all sub-questions as much as possible – is this similar to or different than other colleges and communities?)
 - a. How old do people typically start drinking around here?
 - b. Are some types of alcohol easier or cheaper to get than others? Can you talk a little more about that?
 - c. How common is it for underage youth to drink with college students? Tell us about that.
4. How hard do you think it is for underage youth to get alcohol in this community?
 - a. How do youth typically get alcohol? (Probe for adult and of-age family members, friends, strangers, directly in stores, bars or restaurants, stealing from home, getting at parties, fake ids.)
 - b. What stores or restaurants are easier to get alcohol from? Why? Do young people steal alcohol from stores here? How?
 - c. How often do you think are area college students the source of alcohol for underage youth? How? (At parties? Dating? Student housing? At bars or restaurants where they drink?)
 - d. How do you think do think underage college students typically get alcohol?
5. Where do college students usually drink here? (Probe for known hotspots, at homes or dorms, at college parties, at fraternities or sororities, at family events, friends' homes, bars/restaurants, school, out of town limits (in desert, woods, local parks, out of town, while driving, on campus, etc.) Why do they prefer to drink there?
6. What generally happens here when underage youth are caught drinking by other authorities (like the police, not school staff?)
 - a. Do youth get arrested? Why or why not?
 - b. Do the people who provided them alcohol get caught too? Why or why not?
 - c. Have you noticed any changes in the last year in what happens? What kinds?
 - d. What about drinking and driving? What happens when youth are caught drinking and driving?
 - e. Does this differ if the youth is under 18 or older than 18 but still underage?
 - f. Do college students experience the same risks for getting caught?
7. What are the laws here around underage drinking? Tell me about the ones you know and how people get around them. Are there any social host laws you know about? What happens to people who provide alcohol to minors here? Do they ever get caught?
 - a. Are there different regulations for using on campus (that you are aware of?)
8. Have you heard any campaigns to prevent underage drinking or alcohol problems? Tell us about them. Probe for when, where, what media, etc.
 - a. Have you heard any that are focused on the college community?

Now we're going to shift gears to talk about **prescription drug abuse, especially painkillers**. Our questions here will be very similar. We are interested in understanding what's going on here specifically and what college students at the college/university are said to be involved in. It's ok if you don't know the answer to a question, we would like to inspire conversation. So we're going to talk about lots of different ways that people can use or misuse prescription drugs.

9. How do college students here learn about using prescription drugs **for recreational use** (especially pain-killers/opioids)?
 - a. Do college students typically know the difference between specific prescription drugs (pain-killers, sedatives, etc.)? OR do they use them all regardless of what kind they are?
 - b. How do people think that prescription painkiller use can affect them? (How harmful or dangerous do they think it is? Why?)
 - c. What role, if any, do university students play in prescription painkiller use among young people here?
10. How common is it for college students here to use prescription painkillers (recreationally or as prescribed)? (Probe for different age groups and communities).
 - a. How do people tend to talk about them? Do they name the medication or use other terms? What other terms are used?
 - b. Where do people usually get prescription drugs that are used recreationally/for fun/to get high? (From their doctor or dentist? From family members? From friends? From dealers? At parties? Where else? Travel to Mexico/Texas/AZ/ tribal lands?)
 - c. How hard is it for people to get painkillers for recreational use? Do young people just take them from people they know, or are they shared intentionally?
 - d. Where do college students usually use prescription drugs recreationally? (at parties, at school, at home, where else?)
 - e. Why do college students use painkillers? Do people use them for legitimate pain? Do they use them to relax, get high, when they party?
 - f. How do college students use them, when it's recreational? (Do they combine medications? Do they use them with alcohol or with illicit drugs like meth, cocaine or marijuana?)
 - g. Do high school students use prescription drugs differently from college students or from those no longer in school? How?
11. What other kinds of prescription medications do college students use a lot or misuse here? (Valium? Ritalin? Other uppers? Benzos? Other downers? What else? – Probe for lingo and for different age groups and communities) How does this differ from prescription painkiller misuse?
12. What kinds of problems do you see in college students who misuse prescription drugs in your community? (Probe: addiction? Problems with school? With family? With the law? With friendships?), (Probe for different communities and age groups).

13. What generally happens when a college student gets caught for misusing prescription drugs? (Probe for different communities and age groups).
- a. What are the consequences? Are consequences given in the same way for everyone? Why or why not?
 - b. Do they get referred somewhere for help (counseling, etc.)? Why or why not?
 - c. Do college students get arrested? Why or why not?
 - d. Do the people who provided them prescription drugs get caught and get in trouble? Why or why not?
 - e. Do you know if local colleges and universities have in place a system for addressing college students drug abuse? What do these systems look like?
14. Have you heard any campaigns to prevent prescription painkiller or drug problems? Tell us about them. Probe for when, where, what media, etc. (probe: does a Dose of Reality sound familiar to you? Tell us about it.)

And finally, tell us about some resources that exist in this community to help protect people from having problems with drugs and alcohol. Are there certain places, people, organizations, groups that will be important for us to consider?

FOCUS GROUP 1: Script for Youth and Young Adults (general population)

Since you should gain information about your county as a whole, consider conducting more than one focus group with youth that represent the diversity of your county, in terms of communities and ethnic or other subgroups.

Do not place those under 18 and legal adults into the same group; adapt your probes to match your group.

Data Collection Log

Focus Group or Interview Protocol: Youth/Young Adults	
Date:	Location:
Population:	Name & Affiliation of interviewer:
Number of people attending:	Name & Affiliation of scribe:
How participants recruited & incentive provided:	
Issues, concerns, insights:	

Introductory script (EXAMPLE): You have been asked to participate in this focus group because you are a young person in this community, so you can comment on what youth in this community do and think as a whole around drinking and prescription drug misuse. We are especially interested in how the college/university influences the local community in these areas. We are NOT interested in learning information about specific individuals or infractions of the law, but are most interested in learning what attitudes and beliefs young people have in this community around drinking and prescription drug misuse. Please think about your community when responding. We thank you again for your participation.

First, we will talk some about how youth drink alcohol in this community.

2. So first of all, tell us a little about the reputation (X college) has in the community for “partying” or drugs or alcohol. (Probe for examples, stories, conflicting ideas)
 - a. What kinds of drugs or alcohol do people say are popular?
 - b. Have you heard about the (name of college) students using prescription drugs, especially painkillers?
 - c. What kinds of places do students party or drink or get high in?
 - d. When does it happen? Special events? Weekends?
 - e. What are the students like who drink? Describe them.
 - f. What are the students like who don’t drink? Describe them. (Probe for different social groups, ages, departments, athletes, etc.)
3. How common is it for college students to party with area underage youth? Who are the underage youth they party with?

4. Ok, switching back to the community here, can you tell us about how common you think it is for youth under the legal age to drink in your community? (Probe for all sub-questions as much as possible – is this similar to or different than other communities in our county?)
 - a. How old do people typically start drinking around here?
 - b. Are some types of alcohol easier or cheaper to get than others? Can you talk a little more about that?
 - c. How common is it for underage youth to drink with college students? Tell us about that.
5. How hard do you think it is for underage youth to get alcohol in this community?
 - a. How do youth typically get alcohol? (Probe for adult and of-age family members, friends, strangers, directly in stores, bars or restaurants, stealing from home, getting at parties, fake ids.)
 - b. What stores or restaurants are easier to get alcohol from? Why? Do young people steal alcohol from stores here? How?
 - c. How often do you think are area college students the source of alcohol for underage youth? How? (At parties? Dating? Student housing? At bars or restaurants where they drink?)
 - d. How do you think do think underage college students typically get alcohol?
6. Where do youth usually drink here? (Probe for known hotspots, at homes, at teen drinking parties, at family events, friends' homes, bars/restaurants, school, out of town limits (in desert, woods, local parks, out of town, while driving, on campus, etc.) Why do they prefer to drink there? Does location differ by whether college students are present?
7. What generally happens here when underage youth are caught drinking by authorities (like the police, not school staff?)
 - a. Do youth get arrested? Why or why not?
 - b. Do the people who provided them alcohol get caught too? Why or why not?
 - c. Have you noticed any changes in the last year in what happens? What kinds?
 - d. What about drinking and driving? What happens when youth are caught drinking and driving?
 - e. Does this differ if the youth is under 18 or older than 18 but still underage?
 - f. Do college students experience the same risks for getting caught?
8. What are the laws here around underage drinking? Tell me about the ones you know and how people get around them. Are there any laws against social hosting you know about? What happens to people who provide alcohol to minors here? Do they ever get caught? (**Social host** refers to adults who **host** parties where alcohol is served on property they control. Through **social host** liability **laws**, adults can be held responsible for these parties if underage people are served, regardless of who furnishes the alcohol.)
 - a. Are there different regulations for using on campus (that you are aware of?)
9. Have you heard any campaigns to prevent underage drinking or alcohol problems? Tell us about them. Probe for when, where, what media, etc.

- a. Have you heard any that are focused on the college community?

Now we're going to shift gears to talk about **prescription drug abuse, especially painkillers**. Our questions here will be very similar. We are interested in understanding what's going on here specifically and what college students at the college/university are said to be involved in. It's ok if you don't know the answer to a question, we would like to inspire conversation. So we're going to talk about lots of different ways that people can use or misuse prescription drugs.

10. How do young people here learn about using prescription drugs **for recreational use/for fun/to get high** (especially pain-killers/opioids)?
 - a. Do youth typically know the difference between specific prescription drugs (pain-killers, sedatives, etc.)? OR do they use them all regardless of what kind they are?
 - b. How do young people think that prescription painkiller use can affect them? (How harmful or dangerous do they think it is? Why?)
 - c. What role, if any, do university students play in prescription painkiller use among young people here?
11. How common is it for young people here to use prescription painkillers (recreationally or as prescribed)? (Probe for different age groups and communities).
 - a. How do people tend to talk about them? Do they name the medication or use other terms? What other terms are used?
 - b. Where do young people usually get prescription drugs that are used recreationally/for fun/to get high? (From their doctor or dentist? From family members? From friends? From dealers? At parties? Where else? Travel to Mexico/Texas/AZ/ tribal lands?)
 - c. How hard is it for people to get painkillers for recreational use? Do young people just take them from people they know, or are they shared intentionally?
 - d. Where do young people usually use prescription drugs recreationally? (at parties, at school, at home, where else?)
 - e. Why do young people use painkillers? Do people use them for legitimate pain? Do they use them to relax, get high, when they party?
 - f. How do young people use them, when it's recreational? (Do they combine medications? Do they use them with alcohol or with illicit drugs like meth, cocaine or marijuana?)
 - g. Do high school students use prescription drugs differently from college students or from those no longer in school? How?
12. What other kinds of prescription medications do young people use a lot or misuse here? (Valium? Ritalin? Other uppers? Benzos? Other downers? What else? – Probe for lingo and for different age groups and communities) How does this differ from prescription painkiller misuse?
13. What have you seen or heard about (name of university) college students using and misusing painkillers or other prescription drugs?

14. What kinds of problems do you see in youth who misuse prescription drugs in your community? (Probe: addiction? Problems with school? With family? With the law? With friendships?), (Probe for different communities and age groups).
 - a. Is this any different with college students?
15. What generally happens when a young person gets caught for misusing prescription drugs? (Probe for different communities and age groups).
 - a. What are the consequences? Are consequences given in the same way for everyone? Why or why not?
 - b. Do they get referred somewhere for help (counseling, etc.)? Why or why not?
 - c. Do youth get arrested? Why or why not?
 - d. Do the people who provided them prescription drugs get caught and get in trouble? Why or why not?
 - e. Do you know if local high schools have in place a system for addressing prescription drug abuse? What about local colleges and universities? What do these systems look like?
16. Have you heard any campaigns to prevent prescription painkiller or drug problems? Tell us about them. Probe for when, where, what media, etc. (probe: does a Dose of Reality sound familiar to you? Tell us about it.)
17. And finally, tell us about some resources that exist in this community to help protect people from having problems with drugs and alcohol. Are there certain places, people, organizations, groups that will be important for us to consider? Are there resources for teens and young adults?

Thank you so much for your participation in our assessment process. Your contribution will be essential as we move forward with prevention planning. Do you have any final thoughts you wish to share?

FOCUS GROUP 1: Script for At Risk Youth and Young Adults

These questions are intended to gain perspective from youth or young adults who may already be experiencing problems with drugs & alcohol, or who are at risk of having those problems because they are not in school.

Do not place those under 18 and legal adults into the same group; adapt your probes to match your group.

Data Collection Log

Focus Group or Interview Protocol: At Risk Youth/Young adults	
Date:	Location:
Population:	Name & Affiliation of interviewer:
Number of people attending:	Name & Affiliation of scribe:
How participants recruited & incentive provided:	
Issues, concerns, insights:	

Introductory script (EXAMPLE): You have been asked to participate in this focus group because you are a young person in this community, so you can comment on things in this community that can help or hurt those at risk for drug and alcohol problems. We are especially interested in how the college/university influences the local community in these areas. We are not interested in learning information about specific individuals or infractions of the law, but are most interested in learning what attitudes and beliefs young people have in this community around drinking and prescription drug misuse. Please think about your community when responding. We thank you again for your participation.

1. So first of all, tell us a little about the reputation (X college) has in the community for “partying” or drugs or alcohol. (Probe for examples, stories, conflicting ideas)
 - a. What kinds of drugs or alcohol do people say are popular?
 - b. Have you heard about the (name of college) students using prescription drugs, especially painkillers?
 - c. What kinds of places do students party or drink or get high in?
 - d. When does it happen? Special events? Weekends?
 - e. What are the students like who drink? Describe them.
 - f. What are the students like who don’t drink? Describe them. (Probe for different social groups, ages, departments, athletes, etc.)
2. How common is it for college students to party with area underage youth? Who are the underage youth they party with?

3. Ok, switching back to the broader community here, describe the young people who drink alcohol here. (Probe for different communities, age groups, social groups like 'jocks' or whatever the language is used locally, high school, middle school, college, boys vs. girls, etc.)
 - a. How is this different for young adults? Once people reach 21, do these groups change in terms of their consumption of alcohol?
 - b. Are some types (of alcohol or drugs) easier or cheaper to get than others? Can you talk a little more about that?
 - c. Are there ~~other~~ (certain?) drugs that are preferred here?
4. How hard do you think it is for underage youth to get alcohol in this community?
 - a. How do youth typically get alcohol? (Probe for adult and same-age family members, friends, strangers, directly in stores, bars or restaurants, stealing from home, getting at parties.)
 - b. What stores or restaurants are easier to get alcohol from? Why? Do young people steal alcohol from stores here? How?
 - c. How is it for young people who are not in school? Is it easier or harder for them to drink and why?
 - d. How often do you think are area college students the source of alcohol for underage youth? How? (At parties? Dating? Student housing? At bars or restaurants where they drink?)
 - e. How do you think do think underage college students typically get alcohol?
5. Where do youth usually drink here? (Probe for known hotspots, at homes, at teen drinking parties, at family events, friends' homes, bars/restaurants, school, out of town limits (in desert, woods, local parks, out of town, while driving, on campus, etc.) Why do they prefer to drink there? Does location differ by whether college students are present?
6. What kinds of problems do you see in youth who drink? (Probe: Problems with school? With family? With the law? With friendships? No problems at all?)
7. What are the laws here around underage drinking? Tell me about the ones you know and how people get around them. Are there any social host laws you know about? What happens to people who provide alcohol to minors here? Do they ever get caught?
 - a. Are there different regulations for using on campus (that you are aware of?)
8. What generally happens here when underage youth are caught drinking by ~~other~~ authorities?
 - a. What do you know about the school policies around substance use? Do kids get suspended or expelled for drinking? Tell us about that process.
 - b. Do youth get arrested? Why or why not?
 - c. Do the people who provided them alcohol get caught too? Are there consequences for providers? Why or why not?
 - d. Have you noticed any changes in the last year in what happens? What kinds?

- e. What about drinking and driving? What happens when youth are caught drinking and driving? How do school officials respond compared to law enforcement?
9. Have you heard any campaigns to prevent underage drinking or alcohol problems? Tell us about them. (Probe for when, where, what media, etc.)

Now we're going to shift gears to talk about **prescription drug abuse, especially painkillers**. Our questions here will be very similar. We are interested in understanding what's going on here specifically. It's ok if you don't know the answer to a question, we would like to inspire conversation. So we're going to talk about lots of different ways that people can use or misuse prescription drugs.

10. How do young people learn about using prescription drugs **for recreational use/for fun/to get high** (especially pain-killers/opioids)?
- a. Do youth typically know the difference between specific prescription drugs (pain-killers, sedatives, etc.)? OR do they use them all regardless of what kind they are?
 - b. How do young people think that prescription painkiller use can affect them? (How harmful or dangerous do they think it is? Why or why not?)
11. How common is it for young people to use prescription painkillers (recreationally or as prescribed)? (Probe for different age groups and communities).
- a. How do people tend to talk about them? Do they name the medication or use other terms?
 - b. Where do people usually get prescription drugs that are used recreationally/for fun/to get high? From their doctor or dentist? From family members? From friends? From dealers? At parties? Where else? Travel to Mexico/Texas/AZ/ tribal lands?)
 - c. How hard is it for people to get painkillers for recreational use? Do young people just take them from people they know, or are they shared intentionally?
 - d. Where do young people usually use prescription drugs recreationally? (At parties, at school, at home, where else?)
 - e. Why do young people use painkillers? Do people use them for legitimate pain? Do they use them to relax, get high, when they party?
 - f. How do young people use them, when it's recreational? (Do they combine medications? Do they use them with alcohol or with illicit drugs like meth, cocaine or marijuana?)
12. What other kinds of prescription medications do young people use a lot or misuse here? (Valium? Ritalin? Other uppers? Benzos? Other downers? What else? – Probe for lingo and for different age groups and communities) How does this differ from prescription pain-killer misuse?

13. What kinds of problems do you see in youth who misuse prescription drugs in your community? (Probe: addiction? Overdose? Problems with school? With family? With the law? With friendships?), (Probe for different communities and age groups).
14. What generally happens when a young person gets caught for misusing prescription drugs? (probe for different communities and age groups)
 - a. What are the consequences? Are consequences given in the same way for everyone? Why or why not?
 - b. Do they get referred somewhere for help (counseling, etc.)? Why or why not?
 - c. Do youth get arrested? Why or why not?
 - d. Do the people who provided them prescription drugs get caught? Why or why not?
 - e. Have you noticed any changes in the last year in what happens? What kind of changes?
 - f. Is this any different at school versus by law enforcement?
15. We're especially interested in accessing young people who are not in school or college right now because they are often hard to reach and have concerns that are unique.
 - a. What do young people like to do socially? What are their interests? What kinds of groups do they spend time in? (With close family, workmates, based on race, gender, etc.)
 - b. What makes it hard for these folks who may not have graduated? Are they treated differently? How? By whom?
 - c. Who can young people like these count on when they are in trouble or have problems? (Friends, family, community leaders? Mental health providers, or other social services?) Why or why not?
 - d. How do these young people talk about this community (of youth who are not in school or college right now)?
 - e. How would be good ways to reach them? (Facebook, Twitter, other social media, at work sites, at cafes/bars/community center?)
16. Have you heard any campaigns to prevent prescription painkiller or drug problems? Tell us about them. Probe for when, where, what media, etc. (Probe: does a Dose of Reality sound familiar to you? Tell us about it.)
17. And finally, tell us about some resources that exist in this community to help protect people from having problems with drugs and alcohol. Are there certain places, people, and organizations, or groups that will be important for us to know about?

Thank you so much for your participation in our assessment process. Your contribution will be essential as we move forward with prevention planning. Do you have any final thoughts you wish to share?

FOCUS GROUP 2: Script for Parents of Teens, Underage Youth, and College Students

This focus group script can be used with other parents and adult community members more broadly

Use probes to specifically highlight the group you are interviewing (e.g., “As parents of college students, what kinds of ...”; As parents of teenagers, what kinds of...”)

Data Collection Log

Focus Group or Interview Protocol:	
Date:	Location:
Population:	Name & Affiliation of interviewer:
Number of people attending:	Name & Affiliation of scribe:
How participants recruited & incentive provided:	
Issues, concerns, insights:	

Introductory script (EXAMPLE): You have been asked to participate in this focus group in order to comment on what youth, parents and adults in this community do and think as a whole around drinking and prescription drug abuse. We are not interested in learning specific information about individuals or infractions of the law, but are most interested in hearing what you have to say about what the attitudes and beliefs are in this community around drinking and prescription drug abuse. Please think about (name of community) when responding. We thank you again for your participation.

First we will discuss Underage Drinking and other alcohol-related issues:

1. How common do you think it is for youth to drink in your community?
 - a. How would you describe the kids who drink? What about the kids who don't? What are they like? (Probe for age groups, social groups like 'jocks' or whatever the language is locally, high school versus middle school, boys vs. girls, etc.)
 - b. How is this different for young adults, say 18 to 20 year olds? What changes do you see once a person reaches 21, if any? Do these social groups change or do drinking habits change?
 - c. How old do youth typically start drinking around here?
2. What kinds of problems do you see in youth who use alcohol in your community? (Probe: Problems with school? With family? With the law? With friendships?)
3. Where do youth usually drink here? (Probe for known hotspots, at homes, at teen drinking parties, at family events, friends' homes, bars/restaurants, school, out of town limits (in desert, woods, local parks, out of town, while driving, on campus, etc.) Why do they prefer to drink there?
4. Tell us about the stores or restaurants in this community where people can get alcohol.
 - Is there a lot of advertising? What kind? Does the community mind?
 - Are there happy hours or other drink discounts? What kind? Does the community mind?

- What stores or restaurants do you think are easier for underage youth to get alcohol from? Why?
5. Sometimes, parents or other adults will allow underage family members to drink alcohol, but under certain conditions. What does that look like here? (Probe: Describe the typical circumstances or events where parents let youth drink. What do you think about that? Would you say that is fairly common here?)
 6. What do parents in this community do to keep alcohol away from their children?
 - a. Do those techniques work? Why or why not?
 - b. What kinds of strategies might work but aren't being used?
 - c. What can be done to help more parents use strategies that work? (What can be done to get the word out to parents about the risks of underage drinking and ways to help keep alcohol away from children?)
 7. What generally happens here when youth are caught drinking by the authorities?
 - a. What happens at school when youth are caught drunk or with alcohol? Are these rules consistently applied? How do you find out about the rules as parents?
 - i. How do suspensions or expulsions happen? Are these consequences consistently applied?
 - b. Do youth who get caught drinking by authorities get cited or arrested? Why or why not?
 - c. Do the people who provided them alcohol get cited or arrested? Why or why not?
 - d. What are the laws here around underage drinking? Tell me about the ones you know and how people get around them. Are there any social host laws you know about? Do they ever get caught?
 8. Have you heard any campaigns to prevent underage drinking or alcohol problems? Tell us about them. (Probe for when, where, what media, etc.)

Now we are going to discuss prescription painkiller abuse in our community. Again, there are no right or wrong answers and we are not interested in learning about individuals, but just general trends here in (our community). It's ok if you don't know the answer to a question, we would like to inspire conversation. So we're going to talk about lots of different ways that people can use or misuse prescription drugs.

9. First of all, how common is it for young people to use prescription painkillers? (Probe for different age groups and communities).
 - a. How do people tend to talk about them? Do they name the medication or use other terms?
 - b. Where do people usually get prescription drugs that are used recreationally/for fun/to get high? From their doctor or dentist? From family members? From friends? From dealers? Where else? Travel to Mexico/Texas/AZ/ tribal lands?) What you heard, if anything, about certain doctors or types of healthcare providers in the community being more likely to prescribe painkillers or prescribe larger quantities of painkillers? Why do young people use

- painkillers? Do people use them for legitimate pain? Do they use them to relax, get high, or when they party?
- c. In some places, people think prescription drugs are safer than other (illicit) drugs. Do you think this is the case in your community? Why or why not?
 - d. How do young people use them, when it's recreational? (Do they combine medications? Do they use them with alcohol or with illicit drugs like meth or marijuana?)
10. What other kinds of prescription medications do young people use a lot or misuse here? (Valium? Ritalin? Other uppers? Benzos? Other downers? What else? – (Probe for lingo and for different age groups and communities).
- a. How is this different than prescription pain killer use?
11. Who else is prone to abuse or misuse prescription drugs (particularly painkillers) in our community?
- a. Where do they usually get prescription drugs that are used recreationally/for fun/to get high? From their doctor or dentist? From family members? From friends? From dealers? Where else? Travel to Mexico/Texas/AZ/ Tribal lands?)
12. What kinds of problems do you see in youth who misuse prescription drugs in our community? (Probe: Overdose? Addiction? Problems with school? With family? With the law? With friendships?), (Probe for different communities and age groups).
13. What generally happens when someone gets caught for misusing prescription drugs? (Probe for painkillers, different communities and age groups).
- a. What are the consequences? Are consequences given in the same way for everyone? Why or why not?
 - b. Do they get referred somewhere for help (counseling, etc.)?
 - c. Do youth get arrested? Why or why not?
 - d. Do the people who provided them prescription drugs get arrested? Why or why not?
 - e. Have you noticed any changes in the last year in what happens? What kind of changes?
 - f. Is this any different at school versus by law enforcement?
14. How do people keep prescription painkillers away from youth and other vulnerable populations? What works?
15. What do you know about the price of prescription drugs?
- a. Are certain types (opioids, Ritalin, etc.) more or less expensive than others?
 - b. How does the price play into the drug's use/misuse?
16. Have you heard any campaigns to prevent prescription painkiller or drug problems? Tell us about them. Probe for when, where, what media, etc. (Probe: does a Dose of Reality sound familiar to you? Tell us about it.)

17. Finally, tell us about some resources that exist in this community to help protect people from having problems with drugs and alcohol. Are there certain places, people, organizations, groups that will be important for us to consider?

Thank you so much for your participation in our assessment process. Your contribution will be essential as we move forward with prevention planning. Do you have any final thoughts you wish to share?

FOCUS GROUP 2: Script for Community Members adjacent to or influenced by the college/university

This focus group script attempts to get at how the drinking and substance use climate at the college or university affects the broader community that surrounds the campus.

Use probes to specifically highlight this group (e.g., “as neighbors of the college and college students”)

Data Collection Log

Focus Group or Interview Protocol:	
Date:	Location:
Population:	Name & Affiliation of interviewer:
Number of people attending:	Name & Affiliation of scribe:
How participants recruited & incentive provided:	
Issues, concerns, insights:	

Introductory script (EXAMPLE): You have been asked to participate in this focus group in order to comment on what adult neighbors in this community adjacent/influenced by the college do and think as a whole around drinking and prescription drug abuse. We are not interested in learning specific information about individuals or infractions of the law, but are most interested in hearing what you have to say about what the attitudes and beliefs are in this community around drinking and prescription drug abuse. Please think about (name of your neighborhood and college) when responding. We thank you again for your participation.

First we will discuss Underage Drinking and other alcohol-related issues:

1. So first of all, tell us a little about the reputation (X college) has in the community for “partying” or drugs or alcohol. (Probe for examples, stories, conflicting ideas)
 - a) What kinds of drugs or alcohol do people say are popular?
 - b) Have you heard about the (name of college) students using prescription drugs, especially painkillers?
 - c) What kinds of places do students party or drink or get high in?
 - d) When does it happen? Special events? Weekends?
 - e) What are the students like who drink? Describe them.
 - f) What are the students like who don’t drink? Describe them. (Probe for different social groups, ages, departments, athletes, etc.)
2. How common is it for college students to party with area underage youth? Who are the underage youth they party with?
3. Ok, switching back to the community here, can you tell us about how common you think it is for youth under the legal age to drink in your neighborhood? At the college? (Probe for all sub-questions as much as possible – is this similar to or different than other colleges and neighborhoods?)

- a) How old do people typically start drinking around here?
 - b) Are some types of alcohol easier or cheaper to get than others? Can you talk a little more about that?
 - c) How common is it for underage youth to drink with college students? Tell us about that.
4. How hard do you think it is for underage youth to get alcohol in this neighborhood?
- a) How do youth typically get alcohol? (Probe for adult and of-age family members, friends, strangers, directly in stores, bars or restaurants, stealing from home, getting at parties, fake ids.)
 - b) What stores or restaurants are easier to get alcohol from? Why? Do young people steal alcohol from stores here? How?
 - c) How often do you think are area college students the source of alcohol for underage youth? How? (At parties? Dating? Student housing? At bars or restaurants where they drink?)
 - d) How do you think do think underage college students typically get alcohol?
5. Where do college students usually drink in your neighborhood? (Probe for known hotspots, at homes or dorms, at college parties, at fraternities or sororities, at family events, friends' homes, bars/restaurants, school, out of town limits (in desert, woods, local parks, out of town, while driving, on campus, etc.) Why do they prefer to drink there?
6. What generally happens here when underage youth are caught drinking by authorities (like the police, not school staff?)
- a) Do youth get arrested? Why or why not?
 - b) Do the people who provided them alcohol get caught too? Why or why not?
 - c) Have you noticed any changes in the last year in what happens? What kinds?
 - d) What about drinking and driving? What happens when youth are caught drinking and driving?
 - e) Does this differ if the youth is under 18 or older than 18 but still underage?
 - f) Do college students experience the same risks for getting caught as other neighborhood youth?
7. What are the laws here around underage drinking? Tell me about the ones you know and how people get around them. Are there any social host laws you know about? What happens to people who provide alcohol to minors here? Do they ever get caught?
- a) Are there different regulations for using on campus (that you are aware of?)
8. Have you heard any campaigns to prevent underage drinking or alcohol problems? Tell us about them. Probe for when, where, what media, etc.
- a) Have you heard any that are focused on the college community?

Now we are going to discuss prescription painkiller abuse in our community. Again, there are no right or wrong answers and we are not interested in learning about individuals, but just general trends here in (our community). It's ok if you don't know the answer to a question, we would like to inspire conversation. So we're going to talk about lots of different ways that people can use or misuse prescription drugs.

1. First of all, how common is it for people in this community to use prescription painkillers? (Probe for different age groups and communities).
 - a. How do people tend to talk about them? Do they name the medication or use other terms?
 - b. Where do people usually get prescription drugs that are used recreationally/for fun/to get high? From their doctor or dentist? From family members? From friends? From dealers? Where else? Travel to Mexico/Texas/AZ/ tribal lands?) What have you heard, if anything, about certain doctors or types of healthcare providers in the community are more likely to prescribe painkillers or prescribe larger quantities of painkillers?
 - c. Why do young people use painkillers? Do people use them for legitimate pain? Do they use them to relax, get high, or when they party?
 - d. In some places, people think prescription drugs are safer than other (illicit) drugs. Do you think this is the case in your community? Why or why not?
 - e. How do young people use them, when it's recreational? (Do they combine medications? Do they use them with alcohol or with illicit drugs like meth or marijuana?)
2. What other kinds of prescription medications do young people use a lot or misuse here? (Valium? Ritalin? Other uppers? Benzos? Other downers? What else? – Probe for lingo and for different age groups and communities).
 - a. How is this different than prescription pain killer use?
3. Who else is prone to abuse or misuse prescription drugs (particularly painkillers) in our community?
 - a. Where do they usually get prescription drugs that are used recreationally/for fun/to get high? From their doctor or dentist? From family members? From friends? From dealers? Where else? Travel to Mexico/Texas/AZ/ Tribal lands?)
4. What kinds of problems do you see in youth who misuse prescription drugs in our community? (Probe: Overdose? Addiction? Problems with school? With family? With the law? With friendships?), (Probe for different communities and age groups).
5. What generally happens when someone gets caught for misusing prescription drugs? (Probe for painkillers, different communities and age groups).
 - a. What are the consequences? Are consequences given in the same way for everyone? Why or why not?
 - b. Do they get referred somewhere for help (counseling, etc.)?

- c. Do youth get arrested? Why or why not?
 - d. Do the people who provided them prescription drugs get arrested? Why or why not?
 - e. Have you noticed any changes in the last year in what happens? What kind of changes?
 - f. Is this any different at school versus by law enforcement?
6. How do people keep prescription painkillers away from youth and other vulnerable populations? What works?
7. What do you know about the price of prescription drugs?
- a. Are certain types (opioids, Ritalin, etc.) more or less expensive than others?
 - b. How does the price play into the drug's use/misuse?
8. Have you heard any campaigns to prevent prescription painkiller or drug problems? Tell us about them. Probe for when, where, what media, etc. (Probe: does a Dose of Reality sound familiar to you? Tell us about it.)
9. Finally, tell us about some resources that exist in this community to help protect people from having problems with drugs and alcohol. Are there certain places, people, organizations, groups that will be important for us to consider?

Thank you so much for your participation in our assessment process. Your contribution will be essential as we move forward with prevention planning. Do you have any final thoughts you wish to share?

FOCUS GROUP 3: Script for University/College Faculty and Staff

These questions are intended to gain perspective from university or college faculty and staff on the alcohol and opioid use on campus and among students.

Data Collection Log

Focus Group or Interview Protocol: University/College Faculty and Staff	
Date:	Location:
Population:	Name & Affiliation of interviewer:
Number of people attending:	Name & Affiliation of scribe:
How participants recruited & incentive provided:	
Issues, concerns, insights:	

Introductory script (EXAMPLE): You have been asked to participate in this focus group because you are a faculty or staff member at this college, so you could comment on what students at this college do and think as a whole around drinking and prescription drug misuse. We are especially interested in how the college/university influences the local community in these areas. We are NOT interested in learning information about specific individuals or infractions of the law, but are most interested in learning what attitudes and beliefs college students have in this community around drinking and prescription drug misuse. Please think about your college when responding. We thank you again for your participation.

First, we will talk some about how college students drink alcohol in this community.

1. So first of all, tell us a little about the reputation (X college) has in the community for “partying” or drugs or alcohol. (Probe for examples, stories, conflicting ideas)
 - a. What kinds of drugs or alcohol do people say are popular?
 - b. Have you heard about the (name of college) students using prescription drugs, especially painkillers?
 - c. What kinds of places do students party or drink or get high in?
 - d. When does it happen? Special events? Weekends?
 - e. What are the students like who drink? Describe them. (from certain dorms or frats, departments or fields of study, ages, etc)
 - f. What are the students like who don’t drink? Describe them. (Probe for different social groups, ages, departments, athletes, etc.)
2. How common is it for college students to party with area underage youth? Who are the underage youth they party with?
3. Ok, switching back to the community here, can you tell us about how common you think it is for youth under the legal age to drink in your community? At your college? (Probe for all sub-questions as much as possible – is this similar to or different than other colleges and communities?)
 - a. How old do people typically start drinking around here?

- b. Are some types of alcohol easier or cheaper to get than others? Can you talk a little more about that?
 - c. How common is it for underage youth to drink with college students? Tell us about that.
- 4. How hard do you think it is for underage youth to get alcohol in this community?
 - a. How do youth typically get alcohol? (Probe for adult and of-age family members, friends, strangers, directly in stores, bars or restaurants, stealing from home, getting at parties, fake ids.)
 - b. What stores or restaurants are easier to get alcohol from? Why? Do young people steal alcohol from stores here? How?
 - c. How often do you think are area college students the source of alcohol for underage youth? How? (At parties? Dating? Student housing? At bars or restaurants where they drink?)
 - d. How do you think do think underage college students typically get alcohol?
- 5. Where do college students usually drink here? (Probe for known hotspots, at homes or dorms, at college parties, at fraternities or sororities, at events, friends' homes, bars/restaurants, school, out of town limits (in desert, woods, local parks, out of town, while driving, on campus, etc.) Why do they prefer to drink there?
- 6. What generally happens here when underage youth are caught drinking by school staff? Are underage college students and community members treated differently or the same?
- 7. What generally happens here when underage youth are caught drinking by other authorities (like the police, not school staff?)
 - a. Do youth get arrested? Why or why not?
 - b. Do the people who provided them alcohol get caught too? Why or why not?
 - c. Have you noticed any changes in the last year in what happens? What kinds?
 - d. What about drinking and driving? What happens when youth are caught drinking and driving?
 - e. Does this differ if the youth is under 18 or older than 18 but still underage?
 - f. Do college students experience the same risks for getting caught?
- 8. What are the laws here around underage drinking? Tell me about the ones you know and how people get around them. Are there any social host laws you know about? What happens to people who provide alcohol to minors here? Do they ever get caught?
 - a. Are there different policies or regulations for using on campus (that you are aware of?)
- 9. Have you heard any campaigns to prevent underage drinking or alcohol problems? Tell us about them. Probe for when, where, what media, etc.
 - a. Have you heard any that are focused on the college community?

Now we're going to shift gears to talk about **prescription drug abuse, especially painkillers**. Our questions here will be very similar. We are interested in understanding what's going on here specifically and what college students at the college/university are said to be involved in. It's ok if you don't know the answer to a question, we would like to inspire conversation. So we're going to talk about lots of different ways that people can use or misuse prescription drugs.

10. How do college students here learn about using prescription drugs **for recreational use** (especially pain-killers/opioids)?
 - a. Do college students typically know the difference between specific prescription drugs (pain-killers, sedatives, etc.)? OR do they use them all regardless of what kind they are?
 - b. How do people think that prescription painkiller use can affect them? (How harmful or dangerous do they think it is? Why?)
11. How common is it for college students here to use prescription painkillers (recreationally or as prescribed)? (Probe for different age groups and communities).
 - a. How do people tend to talk about them? Do they name the medication or use other terms? What other terms are used?
 - b. Where do people usually get prescription drugs that are used recreationally/for fun/to get high? (From their doctor or dentist? From family members? From friends? From dealers? At parties? Where else? Travel to Mexico/Texas/AZ/ tribal lands?)
 - c. How hard is it for people to get painkillers for recreational use? Do people just take them from people they know, or are they shared intentionally?
 - d. Where do college students usually use prescription drugs recreationally? (at parties, at school, at home, where else?)
 - e. Why do college students use painkillers? Do people use them for legitimate pain? Do they use them to relax, get high, when they party?
 - f. How do college students use them, when it's recreational? (Do they combine medications? Do they use them with alcohol or with illicit drugs like meth, cocaine or marijuana?)
 - g. Do college students use prescription drugs differently from those no longer in school? How?
12. What other kinds of prescription medications do college students use a lot or misuse here? (Valium? Ritalin? Other uppers? Benzos? Other downers? What else? – Probe for lingo and for different age groups and communities) How does this differ from prescription painkiller misuse?
13. What kinds of problems do you see in college students who misuse prescription drugs in your college? (Probe: addiction? Problems with school? With family? With the law? With friendships?), (Probe for different communities and age groups).

14. What generally happens when a college student gets caught for misusing prescription drugs? (Probe for different communities and age groups).
- a. What are the consequences? Are consequences given in the same way for everyone? Why or why not?
 - b. Do they get referred somewhere for help (counseling, etc.)? Why or why not?
 - c. Do college students get arrested? Why or why not?
 - d. Do the people who provided them prescription drugs get caught and get in trouble? Why or why not?
 - e. Do you know if local colleges and universities have in place a system for addressing college students drug abuse? What do these systems look like?
15. Have you heard any campaigns to prevent prescription painkiller or drug problems? Tell us about them. Probe for when, where, what media, etc. (probe: does a Dose of Reality sound familiar to you? Tell us about it.)

And finally, tell us about some resources that exist in this college and community to help protect people from having problems with drugs and alcohol. Are there certain places, people, organizations, groups that will be important for us to consider?

FOCUS GROUP 3: Law Enforcement (including Campus Police)

Note that it may be difficult for you to conduct a focus group with law enforcement officers, so we recommend that if you have to interview them, that you interview more than one as you can. Ask the questions below directly to the law enforcement representatives – do NOT ask them to ‘fill in the blank’ and return this form to you.

Data Collection Log

Focus Group or Interview Protocol: Local Law Enforcement	
Date:	Location:
Population:	Name & Affiliation of interviewer:
Number of people attending:	Name & Affiliation of scribe:
How participants recruited & incentive provided:	
Issues, concerns, insights:	

Focus group/Interview script: (use introductory template and also include sample consent form).

I represent “Name of your Coalition”, a coalition in “YOUR County” that has been organized in order to prevent the abuse of prescription medications/pain killers, DWI, and underage drinking.

We are currently conducting an assessment related to those problems and we would like to ask you some questions so we can learn more about the scope of these problems in our county. We already know that our rates are high¹, which was why our county was selected to implement prevention. We are not interested in specific information about perpetrators, just general patterns. The responses you provide will help us understand the problem.

First we’ll talk about prescription drugs:

1. What are the most common problems that you see in relation to prescription drug abuse and misuse in our County? (Overdoses? Drug-related violence? Robberies of pharmacies? Youth involvement? Addiction to heroin? IV drug use?)
2. Who in the community are most likely to misuse prescription drugs (especially pain killers)? Why? In what contexts does abuse most often occur?
3. We need to know about how people access prescription drugs for non-medical use. What have you seen here in terms of trafficking, illicit sales, sharing these drugs, or stealing them?
 - a. Have you seen any changes lately in patterns? (More youth involved, preference for certain kinds of drugs, what kinds of people do you most commonly see involved – are they ‘typical’ criminals or everyday folks?)

¹ Consider bringing with you the most recent YRRS results or community survey results in order to demonstrate this.

- b. As far as you know, how is this information tracked? Would you be able to track it?
4. To the best of your knowledge, what are the local laws and regulations about prescription drugs? How easy or hard is it for you all to defend those laws? How do people get out of those laws? (probe for adult vs. youth).
5. How do you identify if someone is misusing prescription drugs?
6. Overall, what are the largest barriers to protecting your community against prescription drug abuse and misuse (Difficult to detect? Laws are unclear? Community norms? Perceived as safe? Pricing? Easy access?)
7. What would you recommend to those trying to prevent prescription drug use and abuse in our community? In what ways can the coalition help you and the community to prevention drug abuse? *(This is more about showing Law Enforcement that we value their input than it is about informing our strategy selection.)*

Risky Alcohol Use questions: (Underage Drinking, and Drinking and Driving)

Now I want to ask you some similar questions about underage drinking and drinking and driving.

8. What problems do you see associated with Underage Drinking (UAD) in our county? (Crashes? Deaths? Other crime? School performance? Family or emotional troubles? No problems at all?) Are there other things that you see as a greater problem for youth in our county?
9. Describe, to the best of your knowledge, what is underage drinking like in our community?
 - a. Where does it usually happen? (Parties, out of town? Abandoned homes? Private homes when parents are gone?)
 - b. How do youth typically get alcohol? (Parents, friends, siblings, at bars, etc.)
 - c. What do youth here prefer to drink? (What's the drink of choice these days?)
 - d. What makes it easy for youth to drink here?
 - e. What makes it harder for them to drink?
10. To the best of your knowledge, what are the local laws and regulations about underage drinking in our county? (Probe for adult vs. youth, MIP, DWI, any local ordinances like social hosting).
11. Describe, to the best of your knowledge, the current ways that Underage Drinking laws are enforced in your county. (Are there party patrols? Time of extra enforcement? Part of routine patrolling?)
 - a. Are there places in the county where enforcement is different or harder?
 - b. Are there places in the county where the problem is worse than others?

- c. Have there been any changes in these efforts in recent years? Why? What's been the impact?
 - d. Are there any inter-jurisdictional issues with enforcement? Can you describe how you work with other law enforcement entities (or not?).
 - e. What about SID activities? How do you work together?
 - f. Have you seen any changes in enforcement around UAD? What kind?
12. What are the challenges? What makes it hard for you to enforce underage drinking laws on our campus? (Loopholes in the laws? Community norms? Geography? Lack of community support? Intergenerational drinking issues?)
- a. Have you seen any recent changes in this? To what do you attribute these changes? (What do you think caused these changes?)
13. Research on alcohol prevention shows that increasing people's perception of risk of getting caught for underage drinking, and increasing highly visible enforcement motivates people to avoid driving after drinking. What are ways that we can increase the perception of risk and increase highly visible law enforcement efforts on our campus? What are the barriers to increasing enforcement and people's perception of risk? How can these be addressed?
14. Finally, tell us about some resources that exist on campus and in this community to help protect people from having problems with drugs and alcohol. Are there certain places, people, organizations, groups that will be important for us to consider in our prevention planning?

Thank you so much for your participation in our assessment process. Your contribution will be essential as we move forward with prevention planning. Do you have any final thoughts you wish to share?

FOCUS GROUP 3: Health Care Providers, Doctors, Pharmacists (including Student Health staff)

For this focus group, consider anonymously implementing prior to your focus group the prescriber survey (In Appendix X). This will provoke thought and hopefully stimulate questions and discussion during your focus group. You might also consider conducting this as a survey with a medical ally to your coalition and asking this person's opinion about conducting the survey.

Data Collection Log

Focus Group or Interview Protocol: Health Care Providers	
Date:	Location:
Population:	Name & Affiliation of interviewer:
Number of people attending:	Name & Affiliation of scribe:
How participants recruited & incentive provided:	
Issues, concerns, insights:	

Introductory script: You have been asked to participate in this focus group/interview in order to comment on general attitudes and actions of prescribers (doctors and pharmacists) in your community around prescription drug abuse and underage drinking. We are not interested in learning specific information about individuals or infractions of the law, but are most interested in hearing what you have to say about the attitudes and beliefs among your colleagues around prescription drug abuse and underage drinking. Please think about (NAME OF COMMUNITY) when responding. We thank you again for your participation.

First we are going to discuss prescription drug abuse, especially by young people in our community. Again, there are no right or wrong answers and we are not interested in learning about individuals, but just general trends here in (your community). It's ok if you don't know the answer to a question we would like to inspire conversation.

1. How big of a problem do you think prescription painkiller drug abuse / misuse is? (especially among young people)
2. Who in the community are most likely to misuse prescription drugs (especially pain killers)? Why? In what contexts does abuse most often occur?
3. We have been told that people "Doctor Shop" or "Pharmacy Shop" to obtain more medication than is recommended/needed. How do people usually do this in our community?
 - a. How do you recognize it?
 - b. How common do you think this behavior is?
 - c. What helps minimize this tactic?
 - d. How well does the Prescription Drug Monitoring Program/System work to deter this behavior? Why?

- e. What other methods do you/your colleagues use to detect and/or deter this behavior? (Are doctors checking the PDMP regularly? Do doctors typically check medical records for other current/previous opioid prescriptions, etc.)
 - f. How do health care providers track or record suspicious purchases like this? Are incident logs kept for incidents that occur?
4. Data from our state Department of Health shows dramatic increases in the sale of prescription painkillers over the last few years. What do you think the main contributors to this increase are?
 - a. How much do doctors (in general) contribute to this phenomenon? Insurance companies? Pharmaceutical companies? Who else?
 - b. What current policies or protocols are in place to protect doctors from over-prescribing? How effective are they? How might they be improved?
 - c. Are prescribers more likely to suggest over the counter pain medication (like ibuprofen) or prescription pain meds? Why?
 - d. What current policies/protocols are in place to prevent patients from abusing prescription drugs? How effective are they? How might they be improved?
5. The CDC has identified seven types of laws that may help minimize prescription drug fraud/misuse, several of these are in place in New Mexico:
 - Laws Requiring a Physical Examination before Prescribing (NM)
 - Laws Requiring Tamper-Resistant Prescription Forms (NM)
 - Laws Regulating Pain Clinics
 - Laws Setting Prescription Drug Limits
 - Laws Prohibiting “Doctor Shopping”/Fraud (NM – general law only)
 - Laws Requiring Patient Identification before Dispensing (NM)
 - Laws Providing Immunity from Prosecution/Mitigation at Sentencing for Individuals Seeking Assistance During an Overdose (NM)

How effective are these? What else could be done? Why do you think we still have such high overdose death rates?
6. What do you think the prevailing concerns are among those who prescribe opioids? Do doctors worry about over prescribing? What consequences are foremost in prescriber’s minds? (possible patient overdose or misuse of Rx drug, selling of extra drugs, legal consequences, etc.?)
 - a. What are the penalties/consequences if a Doctor is cited/caught over prescribing?
 - b. How likely are those consequences to be enforced?
7. How might the medical community contribute to reducing the high rate of prescription drug overdose deaths in New Mexico?

8. How prevalent is it for Doctors in our community to encourage proper storage (including use of a lockbox) of prescription drugs (in homes with children) at the time they write prescriptions?
9. Can you think of anything else that contributes to prescription drug misuse / abuse, especially among young people (ages 12-25)?

Next we have a few questions related to underage drinking. The American Academy of Pediatrics recommended that Doctors regularly screen adolescents for alcohol and other substance use (PEDIATRICS Vol. 125, Number 5, May 2010) and the *Journal of Studies on Alcohol and Drugs* (Jan 2014, Vol. 75) shows a single screening question can detect alcohol or drug abuse.

10. When Doctors in your community see a patient that is 12-20 years old, how common is it to ask them about substance use and/or screen them for excessive use?
11. What is typically done with a patient who exhibits risk of substance abuse? (Are the consequences or dangers of this behavior discussed? Are they referred to a behavioral health specialist for help? Etc.)
12. How common do you think it is for youth to drink in our community? Speaking as a health care provider, what characteristics would you use to describe the kids who drink?
 - a. How would you describe the kids who drink? What about the kids who don't? What are they like? (Probe for age groups, social groups like 'jocks' or whatever the language is locally, high school versus middle school, boys vs. girls, etc.)
 - b. How is this different for young adults, say 18 to 20 year olds? What changes do you see once a person reaches 21, if any? Do these social groups change or do drinking habits change?
 - c. How old do youth typically start drinking around here?
13. What do you think the medical community could do to help reduce/minimize underage drinking?
14. And finally, tell us about some resources that exist in this community to help protect people from having problems with drugs and alcohol. Are there certain places, people, organizations, groups that will be important for us to consider as we develop a prevention approach?

Thank you so much for your participation in our assessment process. Your contribution will be essential as we move forward with prevention planning. Do you have any final thoughts you wish to share?

FOCUS GROUP 4: Alcohol Retailers in the Community

We encourage you to talk with local alcohol retailers (on and off-premise) who cater the local University/College students to understand better what they think and see on a regular basis. This is particularly true if you think you want to implement intervention strategies that will involve their participation. (E.g., Responsible server training, ID check strategies, etc.) You may either try to conduct a focus group or alternatively conduct interviews, whichever is easier and works best.

Data Collection Log

Focus Group or Interview Protocol: Alcohol Retailers	
Date:	Location:
Population:	Name & Affiliation of interviewer:
Number of people attending:	Name & Affiliation of scribe:
How participants recruited & incentive provided:	
Issues, concerns, insights:	

Introductory script: You have been asked to participate in this focus group because you sell alcohol in our community and we'd like to get your feedback on how we can shape efforts to better help you prevent underage drinking problems in our community.

1. Do you see underage youth attempting to purchase alcohol here (or at other retailers in the community)? Probes: How frequently? What strategies do they try to use to purchase alcohol?
2. What things make it hard for you to uphold alcohol-related laws? Why is it hard?
(Probe for underage drinking laws; serving to intoxicated; keeping your outlet in compliance with certification and licensing laws; DWI)
3. What makes it easy for you to uphold alcohol-related laws? (Probe for underage drinking laws; serving to intoxicated; keeping your outlet in compliance with certification and licensing laws; DWI...)
4. Are you aware of responsible beverage model policies being considered or implemented by stores and/or restaurants in our community? (Probe for liquor placement, alcohol advertising placement restrictions, etc.)
5. What have you noticed about enforcement of alcohol-related laws in your community this year?
6. How have you learned about enforcement efforts? (Probe: local news, radio, word of mouth, etc.)
 - a. Of underage drinking laws
 - b. Serving to intoxicated patrons
 - c. Keeping your outlet in compliance with certification and licensing laws
 - d. DWI

7. Have you noticed any increases in enforcement over the past year or decreases?
 - a. Why do you think these changes have happened?
8. What would help businesses that sell alcohol to be better informed of the law and able to enforce it at their establishment(s)? (Probe: How can we help businesses like yours avoid getting fined or cited?)
9. We will be working to prevent underage drinking in the entire county, is there any other information that would help us with those efforts? Do you notice any particular parts of the community that has problems? Are there other retailers that do not comply with the law? Are there issues with law enforcement you haven't talked about?
 - a. What else do we need to know that we haven't talked about already? How can we best support you in keeping young people from accessing alcohol?

Developing Your Data Collection Plan

IMPORTANT DATES*

SPF Step/Training	Report Due (Dates not determined)
June 23 – Assessment Training	Assessment Reports Due Sep 9
September - Capacity & Readiness Training	Capacity & readiness Report Due October
November - Strategic Planning Training	Strategic Plans DUE late January
March – Evaluation Training	Evaluation Report DUE April

* Subject to change

Use the Planning Tools below to begin planning your Quantitative and Qualitative data collection will take place.

The Qualitative Data Collection Planning Tool will help you plan and organize your qualitative data collection process including what focus groups and interviews you will conduct, who, will conduct them, when, and where, and all the details ahead of time.

The Quantitative Data Collection Planning Tool will help you plan and organize what quantitative data you want/need to collect and who will be responsible for making that happen and the timeline for that process.

Qualitative Data Collection Planning Tool

Focus Group Population	Method	Date & Time	Facilitator	Scribe	Recruitment Information: <i>Who responsible? How / recruitment tactics?</i>
Youth / Young Adult &/or At Risk Youth	Focus Group				
Parents of Underage Youth &/or Parents of College Students &/or Community members from neighborhoods adjacent to college	Focus Group				
University / College Students	Focus Group				
Law Enforcement	<input type="checkbox"/> Focus Group <input type="checkbox"/> at least 3 interviews				
Medical Providers	<input type="checkbox"/> Focus Group <input type="checkbox"/> at least 3 interviews				
University Faculty & Staff	<input type="checkbox"/> Focus Group <input type="checkbox"/> at least 3 interviews				
(optional) Alcohol Retailers or other area businesses	<input type="checkbox"/> Focus Group <input type="checkbox"/> at least 3 interviews				

Quantitative Data Collection Planning Tool

Focus Population	Items to be assessed	Tool / Data Source	Who will collect this? Where? From Whom?	What is the timeframe?
Youth (12-20)	UAD (retail availability, social access, perceived risk, norms / beliefs)	YRRS (12-17yrs) NSDUH (18-20yrs) NMCS (18-20yrs)	Who? Where? From Whom?	
	Rx Misuse (availability, perceived harm, storage)	YRRS (12-17yrs) NSDUH (18-25yrs) NMCS (18-25yrs)	Who? Where? From Whom?	
Youth (21-25)	Binge/Excessive Drinking, Drinking & Driving	NMCS		
	Rx Misuse (availability, perceived harm, storage)	NMCS		
College Students	Binge/Excessive Drinking, Drinking & Driving	SLS NMCS		
	Rx Misuse (availability, perceived harm, storage)	SLS NMCS		
Parents / Community Members at large	Under age drinking, Binge Drinking, DWI	NMCS		
	Rx Misuse	NMCS		
Physicians & Pharmacists	Underage drinking and Binge drinking	None		
	Rx Misuse (ID Dr/Pharm shopping, contributors to over-prescribing, PDMP	Health Care Provider Opioid survey		

Focus Population	Items to be assessed	Tool / Data Source	Who will collect this? Where? From Whom?	What is the timeframe?
Law Enforcement	Underage drinking, Binge drinking, DWI	Local Law Enforcement/CYFD Data Collection Tool		
	Rx Misuse	Local Law Enforcement Data/ CYFD Collection Tool		
Alcohol Retailer Data	Density, advertising, marketing, placement, etc.	Retailer Tool (TBD)		
Alcohol/Substance Use Policies		School Administration		
Other:				
Other:				
Other:				

NMCS = NM Community Survey, NSDUH = National Survey on Drug Use and Health, YRRS = Youth Risk & Resiliency Survey

Acknowledgements

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For questions regarding the information herein, please contact one of the following people:

- Karen Cheman (Office of Substance Abuse Prevention) Karen.cheman@state.nm.us
- Elizabeth Lilliot (PIRE) Lilliot@pire.org
- Coop Consulting, coopconsulting.nm@gmail.com

Appendix A: Active Parental Consent Template

Parental Consent Form

Name of your coalition – NM Office of Substance Abuse Prevention

Your child has been asked to participate in a focus group sponsored by _____ on behalf of a grant through the New Mexico Office of Substance Abuse Prevention. In this focus group, we will ask questions about alcohol and prescription drug use in our community. No one participating in the focus group will be identifiable, and the information that the participants provide will serve to help our coalition design our prevention strategies so they have the most impact on our community.

Doing this focus group will cause little or no risk to your child. The only potential risk is that some people might find certain questions to be sensitive. The focus group asks no questions about personal or individual substance use and behaviors, but asks participants to reflect upon what they see in their community. No one will ever be mentioned by name in a report of the results. **This focus group is voluntary.** Anyone may decline to participate, can choose to not respond to questions that they do not wish to answer, and can stop/withdraw at any time from the group without penalty. No action will be taken against you or your child, if your child does not take part.

Please read the section below and check one box. Return the form to _____ by the date below.

If you have questions about the focus group, please call _____. If you cannot reach this person, please call Dr. Liz Lilliott at 575-313-7029 or 505 765-2330; lilliott@pire.org

Thank you.

	NAME OF COALITION
Date of Focus Group:	
Location:	

I have read this form and know what the survey is about.

- ☐ **Yes**, my child may participate in the OSAP youth focus group
- ☐ **No**, my child may not participate in the OSAP youth focus group

Name of Child: _____

Parent or Guardian's signature: _____ Date: _____

Appendix B: Passive Parental Consent Form Template

Parental Consent Form

Name of your coalition – NM Office of Substance Abuse Prevention

Your child has been asked to participate in a focus group sponsored by _____ on behalf of a grant through the New Mexico Office of Substance Abuse Prevention. In this focus group, we will ask questions about alcohol and prescription drug use in our community. Nobody participating in the focus group will be identifiable, and the information that the participants provide will serve to help our coalition design our prevention strategies so they have the most impact.

Doing this focus group will cause little or no risk to your child. The only potential risk is that some students might find certain questions to be sensitive. The focus group asks no questions about personal or individual substance use and behaviors, but asks participants to reflect upon what they see in their community. No one will ever be mentioned by name in a report of the results. **This focus group is voluntary.** Anyone may decline to participate, or can choose to not respond to questions that they do not wish to answer, or can stop/withdraw at any time from the group without penalty. No action will be taken against you or your child, if your child does not take part.

Please read the section below and check one box. Return the form to _____ by the date below.

If you have questions about the focus group, please call _____. If you cannot reach this person, please call Dr. Liz Lillioott at 575-313-7029 or 505 765-2330; lillioott@pire.org

Thank you.

NAME OF COALITION

Date of Focus Group:	
Location:	

Child's name: _____

I have read this form and know what the survey is about.

☐ **No**, my child may not participate in the OSAP youth focus group

Parent or Guardian's signature: _____ Date: _____

Appendix C: Law Enforcement Quantitative Data Collection Guide and Templates

Even if you are unable to interview or focus group law enforcement, collecting these data will provide some sense of what activities they are engaged in and how prevalent various risk behaviors and infractions are taking place (or at least being caught) by various local law enforcement. Create a document for each local law enforcement agency you collect data from, e.g., one for campus police, one for city, county, state police, etc.

Data Collection Log:

Local Law Enforcement	
What local LEA agency provided these data? (e.g., campus police, APD, etc.)	
Who collected this information?	
When were these data collected?	

To the degree possible, ask each law enforcement agency (sheriff, city, state, Tribal, campus...) to help you complete the following two tables. If data are not available, say “n/a” and provide a brief explanation. If you have more complete data please edit the tables in order to accommodate that.

ALCOHOL RELATED DATA:

ADULT Alcohol-Related arrests or crime	# of Arrests/citations FY16 (July 2015-June 2016)	# & Type of Enforcement Activities FY 16 (July 2015-June 2016)	# of Arrests/citations FY17 to Date (July 2016–to date)	# and Type of Enforcement Activities FY 17 (July 2016–to date)
Adults providing/serving alcohol to minors		SID shoulder taps SID UAD operations		SID shoulder taps SID UAD operations
Minors in Possession		Party Patrols		Party Patrols
Drinking and Driving		Saturation patrols Checkpoints		Saturation patrols Checkpoints
Drunken & Disorderly Conduct				
Other: eg, social host ordinance violations if applicable (greek?)				

Other: Alcohol related violent crime				
Alcohol related property crime				
Other:				
Other:				
Other:				

Briefly describe the type of incidents/cases you saw over the last year related to alcohol:

OPIOID/ Rx Drug RELATED DATA:

Adult Prescription Drug-Related arrests or crime	# of Arrests FY16 (July 2015-June 2016) List kind of Rx drug and month of arrests	Weight of pills seized FY 16 (painkillers specifically if possible)	# of Arrests FY16 (July 2015-June 2016) List kind of Rx drug and month of arrests	Weight of pills seized FY 16 (painkillers specifically if possible)
Illegal Sales				
Diversion				
Other:				
Other:				
Other:				

Briefly describe the type of incidents/cases you saw over the last year related to prescription drugs (specifically pain killers/opioids):

CYFD Data (Substance Use- Related Data Dealing with Minors)

****Please complete this chart before going to your law enforcement agencies.** Children Youth and Families Department maintains county-level data for all referrals they make/receive. Contact Kathleen Hardy at CYFD kathleen.hardy@state.nm.us to request a monthly citation and referral report for the last two years for your county (for some places citations and referrals are the same and in others they are not. Ask Kathleen for both and determine which makes the most sense to report – referrals or citations.

CYFD - Type of Referral	# of Citations FY16 (July 2015-June 2016)	# of Referrals FY16 (July 2015-June 2016)	# of Referrals FY17 to Date (July 2016 – today)	Description of Case
Minors in Possession				
MIP for probation violations				
Drinking and Driving				
DWI for probation violations				
Possessing/distributing a controlled substance (painkillers or Rx medication)				
... for probation violations				
Other: e.g., social host ordinance violations if applicable				
Other:				

Present your local JPPO or other CYFD officer with your data obtained from Ms. Hardy, and ask about discrepancies between referrals and citations. **Create a flow chart** below that shows the process of what happens in CYFD **in your county** when a youth gets cited for an alcohol or painkiller-related charge. Ask about ideal versus real process. Draw and scan or type in the sequence of events.

ALCOHOL-RELATED JUVENILE OFFENSE PROCESS

Insert or Attach Flow Chart Here

PAINKILLER or Rx DRUG RELATED JUVENILE OFFENSE PROCESS

Insert or Attach Flow Chart Here

Appendix D: Health Care Provider Opioid Survey

July 1, 2016

YOUR NAME

YOUR ADDRESS

PHYSICIAN NAME

PRACTICE NAME

ADDRESS

Dear Dr. **NAME**,

New Mexico has the highest drug-induced death rate in the nation and the most common drugs causing unintentional drug overdose in NM are prescription opioids. The **Coalition NAME** of **BLANK County** recently received an award from the New Mexico Office of Substance Abuse Prevention (NM OSAP) to address prescription opioid misuse and abuse. The funding originates from the federal Center for Substance Abuse Prevention (CSAP) at the Substance Abuse and Mental Health Services Administration (SAMHSA) and requires us to first conduct a thorough needs assessment of the problem in our community. Since physicians and other health care providers are an integral component of any prevention efforts, we feel it is important to understand what physicians in our community think about prescription pain killer misuse and abuse. We hope to better understand what challenges primary care physicians, physician's assistants, pharmacists, and other providers face in their practices when addressing pain management in their patients.

Please be aware, none of this information will be connected to you in any way, it will not be shared with the DEA or other authorities. We are not advocating for new rules and regulations, we are simply trying to assess the problems and issues related to prescription drug misuse.

Enclosed is a brief survey intended to get a cursory understanding of how concerned providers are about opioid misuse and abuse and whether prescribing protocols or policies assist providers in navigating whether to prescribe or not prescribe opioids to patients. This is only a brief survey and should take you less than 10 minutes to complete. It is not intended to get at specific details that may well be important in understanding the problem from the medical professional point of view. The information gathered from this survey is intended to inform our interviews and focus groups with local physicians, which will gather additional details and context around prescription pain killer prescribing practices.

This survey is completely anonymous. Please do not include your name anywhere on the survey itself. We have provided you with a self-addressed stamped envelope to return the survey to our coalition. If you have any concerns or thoughts about the survey that you would like to share, you may include them on the survey itself or you may call **BLANK BLANK at (999)-999-999**.

If you would be interested in participating in an interview or focus group with other physicians and providers, please contact **BLANK BLANK at (999) 999-999**.

Revised July 2016

We appreciate your assistance with this endeavor we have undertaken and welcome your thoughts and expertise. Thank you in advance for your time.

Sincerely,

Health Care Provider Survey

Please indicate which title best describes you by **circling** the most appropriate title:

Primary Care
Physician

Physician's
Assistant

Pharmacist

Nurse

Specialty Dr (please
specify):

Other (please
specify):

DIRECTIONS: Please **circle** the best response for each question. Please select only 1 response.

Please share any thoughts or concerns you may have about the abuse of prescription drugs among youth and young adults in NM or in your practice that you think would be helpful in preventing prescription drug misuse in our community.

Q1	About how frequently are providers in your community asked to address a patient's pain management concerns during an average work week?	Nearly Everyday	Several times a week	Several times a month	Rarely	Almost Never
Q2	If a patient presents with pain concerns, how likely are providers to suggest an over-the-counter pain medication such as ibuprofen or acetaminophen? (as the first option)	Very likely	Somewhat likely	Neither likely nor unlikely	Somewhat unlikely	Very unlikely
Q3	If a patient presents with pain concerns, how likely are providers to prescribe an opioid pain killer? (as the first option)	Very likely	Somewhat likely	Neither likely nor unlikely	Somewhat unlikely	Very unlikely
Q4	When prescribing opioid pain killers to a patient...					
Q4a	... how likely are providers to inquire about the patient's past opioid use?	Very likely	Somewhat likely	Neither likely nor unlikely	Somewhat unlikely	Very unlikely
Q4b	... how likely are providers to inquire about any past problems the patient may have with substance use or addiction?	Very likely	Somewhat likely	Neither likely nor unlikely	Somewhat unlikely	Very unlikely
Q4c	... how likely are providers to review the patient's chart for previous opioid prescriptions?	Very likely	Somewhat likely	Neither likely nor unlikely	Somewhat unlikely	Very unlikely
Q4d	... how likely are Doctors to check the Prescription Drug Monitoring data base for previous opioid prescriptions given to the patient?	Very likely	Somewhat likely	Neither likely nor unlikely	Somewhat unlikely	Very unlikely
Q4d	... how likely are other providers to check the Prescription Drug Monitoring data base for previous opioid prescriptions given to the patient?	Very likely	Somewhat likely	Neither likely nor unlikely	Somewhat unlikely	Very unlikely

	Q4e	... how likely are providers to ask another staff person to check the Prescription Drug Monitoring data base for previous opioid prescriptions given to the patient?	Very likely	Somewhat likely	Neither likely nor unlikely	Somewhat unlikely	Very unlikely
Q5	In general, to what extent are you concerned about the abuse of opioids in your patients?		Very concerned	Somewhat concerned	Neither concerned nor unconcerned	Somewhat unconcerned	Very unconcerned
Q6	Does your practice have a current policy or protocol for prescribing prescription pain killers to patients?		Yes	No	If yes, please explain:		
Q7	In your opinion, how well do providers adhere to the policy or protocol?		Strictly adhere	Mostly adhere	Sometimes adhere	Mostly do not adhere	Do not adhere at all
Q8	In your opinion, how effective is the current policy or protocol at your practice in protecting doctors from over prescribing Rx pain killers?		Very effective	Mostly effective	Sometimes effective	Mostly ineffective	Very ineffective
Q9	In your opinion, how effective is the current policy or protocol at your practice in preventing patients from abusing Rx pain killers?		Very effective	Mostly effective	Sometimes effective	Mostly ineffective	Very ineffective
Q10	How likely are providers in your community to talk to their patients about the following:						
	Q10a	Proper disposal of unused/expired prescription medication	Very likely	Somewhat likely	Neither likely nor unlikely	Somewhat unlikely	Very unlikely
	Q10b	Safe storage of prescription drugs (especially opioids)	Very likely	Somewhat likely	Neither likely nor unlikely	Somewhat unlikely	Very unlikely
	Q10c	Dangers of mixing prescription drugs with alcohol and other drugs	Very likely	Somewhat likely	Neither likely nor unlikely	Somewhat unlikely	Very unlikely
	Q10d	Dangers of sharing prescriptions with other people to whom they are not prescribed	Very likely	Somewhat likely	Neither likely nor unlikely	Somewhat unlikely	Very unlikely
	Q10e	Recognizing the signs of addiction (especially with opioids)	Very likely	Somewhat likely	Neither likely nor unlikely	Somewhat unlikely	Very unlikely