|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| New Mexico Community Survey 2022  You must be 18 or older and currently live in New Mexico to take this survey. | | | Site ID: |  |  |
| Location: |  |  |
| Date: |  |  |
| Surveyor Initials: |  |  |
| Survey #: |  |  |
|  |  |  |
|  | | | | | |
| **The purpose of the study:** |  | **What you can expect:** | | | | |
| * Welcome to the New Mexico Community Survey funded by the New Mexico Office of Substance Abuse Prevention (NM OSAP) and administered by the Pacific Institute for Research and Evaluation (PIRE). * This survey and protocol have been approved by the Pacific Institute for Research and Evaluation’s (www.pire.org) Institutional Review Board. * Findings from this survey will be used to better understand substance use issues across New Mexico. The more New Mexico residents who complete the survey, the better NM OSAP can respond to the problems and areas of most concern. |  | * **Your participation in this survey is completely voluntary**. You may choose not to answer a question and you may quit the survey at any time. * The survey should take you approximately 20 minutes to complete. * There is a very slight risk that your responses will be seen by data collectors, however we have taken precautions to prevent this by providing an envelope to put your completed survey into, and then another closed container to place your sealed envelope. * Do NOT put your name or any identifying information on the survey. * There is a risk that some questions may upset you. **You do not have to answer any question you don’t want to answer.** We provide contact information to everyone completing the survey about local resources for substance use issues and mental health. * When you are done, please place the survey in the envelope provided, seal the envelope and place in the box provided by the data collectors. | | | | |
| |  |  | | --- | --- | | **IMPORTANT:** | This survey is conducted by the (Name your coalition or agency here) on behalf of the NM Office of Substance Abuse Prevention. If you have questions about the purpose of this study please contact Dr. David Currey at: [**dcurrey@pire.org**](mailto:dcurrey@pire.org) **or toll-free at 1-855-346-2631**. If you have questions or concerns about this procedure or your rights as a survey participant in the study, please contact Elysia Oudemans-Tilley toll-free at **1-866-PIRE-ORG (866-747-3674), option 1** **or** [**oudemans@pire.org**](mailto:oudemans@pire.org) Please refer to the “New Mexico Community Survey.” | | | | | | |
| **Directions:**  Please think about where you currently live in New Mexico as you answer the following questions. Provide only 1 answer for each question unless otherwise specified. | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | How old are you? | | o 18 to 20  o 21 to 25 | | o 26 to 30  o 31 to 40 | | | | o 41 to 50  o 51 to 60 | | | o 61 to 70  o 71 or older |
|  | Do you think of yourself as: | | o Female  o Male  o Transgender Man/Transman  o Transgender Woman/Transwoman  o Gender nonconforming/Genderqueer/Nonbinary  o Two-Spirit  o Additional gender category. Please specify below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  o I prefer not to answer | | | | | | | | | |
|  | What sex were you assigned at birth? | | o Female  o Male  o I prefer not to answer | | | | | | | | |  |
| 4 | Do you or anyone in your household primarily speak a language other than English throughout the day? | | o Yes, I or someone I live with primarily speaks Spanish.  o Yes, I or someone I live with primarily speaks a Native American language.  o Yes, I or someone I live with primarily speaks another language.  Please specify the language below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  o No, everyone in my household speaks mostly English throughout the day. | | | | | | | | | |
| 5 | Which of the following best describes how you think of yourself? (Check all that apply) | | o Straight or heterosexual  o Lesbian or gay  o Bisexual  o Queer, pansexual, and/or questioning  o Different identity. Please specify below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  o I prefer not to answer | | | | | | | | | |
| 6 | Which one or more of the following would you say is your race or ethnicity? *(Check all that apply.)* | | o White  o Hispanic or Latino  o Black or African American  o Native American/American Indian  o Native Hawaiian or Other Pacific Islander | | | | | | | | o Asian  o Alaska Native  o Other [Please write in your  race/ethnicity]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 7a | Which of the following describes your employment status? *(Check all that apply.)* | | o Employed – working full-time  o Employed - working part-time  o Temporary or seasonally employed  o Self-employed (artists, gig work, consultants)  o Not employed - looking for work  o Not employed - not looking for work (go to 7b) | | | | | | | | | |
| 7b | If not looking for work, why? | | o Retired  o Disabled, not able to work  o Full-Time Student  o Homemaker or caretaker (e.g. children, the elderly)  o Other reason: please specify | | | | | | | | | |
| 1. 8   8 | Are you on active duty in the U.S. Armed Forces, Military Reserves, or National Guard, or are you a veteran of the U.S. Armed Forces? | | | | | | o No, I have not served in the U.S. Armed Forces  o Yes, I am on active duty  o Yes, I am a veteran | | | | | |
| 9 | What is the highest grade or year of school you completed to date? | o Less than high school  o High school graduate or GED  o I am currently an undergraduate in college at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ college/university | | | | | | | | o Some college or technical school  o College graduate, graduate or  professional school graduate | | |
| 10 | What is your zip code? *(for geographic sorting purposes only)* | | | | | | |  | | | | |
| 11 | Are you a parent or caretaker of someone under 21 currently living in your household? | | | o Yes (please answer 11a. below) o No | | | | | | | | |
| 11a. What is this person’s age (please select all categories that apply if there is more than one person)? | | | o Under age 5  o 5-11  o 12-17  o 18-20 | | | | | | | | |
| 12 | For the past 30 days, have you had a permanent and stable place to live? | | | | | | | | | | | o Yes o No |
|  | | | | | | | | | | | | |
| The next questions are about your personal perceptions of the community where you are *currently* living. **Please remember that your responses are anonymous**. | | | | | | | | | | | | |
| 13 | How easy do you think it is for teens in your community to get alcohol? | | o Very easy  o Somewhat easy | | | o Somewhat difficult  o Very difficult | | | | | | o Don’t know |
| 14 | How easy do you think it is for teens in your community to get alcohol from stores and restaurants? | | o Very easy  o Somewhat easy | | | o Somewhat difficult  o Very difficult | | | | | | o Don’t know |
| 15 | In your opinion, how likely are police in your community to break up parties where teens are drinking? | | o Very likely  o Somewhat likely | | | o Not very likely  o Not at all likely | | | | | | o Don’t know |
| 16 | How likely are police in your community to arrest an adult for giving alcohol to someone under 21? | | o Very likely  o Somewhat likely | | | o Not very likely  o Not at all likely | | | | | | o Don’t know |
| 17 | In your opinion, if you were driving after you had too much to drink, how likely is it you would be stopped by police? | | o Very likely  o Somewhat likely | | | o Not very likely  o Not at all likely | | | | | | o Don’t know |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **How much do you agree or disagree with the following statement?** | | | | | | | | | | | | | | | | |
| 18 | Problems due to drinking hurt my community financially (such as costs associated with property damage, use of criminal justice system and public services). | | | | | o Strongly disagree  o Disagree  o Neither Agree nor Disagree | | | | | | | o Agree  o Strongly agree | | | |
| **As you answer the next few questions, please define one drink as equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots of liquor would count as 2 drinks.** | | | | | | | | | | | | | | | | |
| 19 | Think specifically about the past 30 days. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage (if any)? | | | | o 0 days  o 1 or 2 days  o 3 to 5 days | | | | | o 6 to 9 days  o 10 to 19 days  o 20 to 29 days | | | | | | o All 30 days |
| 20 | Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion (if any)?  **If Female: 4 or more drinks on an occasion** OR  **If Male: 5 or more drinks on an occasion** | | | | | | | | | | o None  \_\_\_\_\_\_\_ Times in past 30 days | | | | | |
| 21 | During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink? | | | | | | | | o None \_\_\_\_\_\_\_\_ Times in past 30 days | | | | | | | |
| 22 | During the past 30 days, have you driven a vehicle after drinking 5 or more alcoholic beverages? | | | | | | | | o Yes o No | | | | | | | |
| 23 | *If you are 18 to 20 years old*, please answer this question: During the past 30 days, how did you get your alcohol? *(Check all that apply.)* | | | o I have not drunk alcohol in the past 30 days.  o Adult family member who is 21 or older gave it or bought it for me.  o Someone not related to me who is 21 or older gave it or bought it for me.  o I got it at a college party (e.g., fraternity, sorority, tailgate, college dorm).  o I got it at some other type of party.  o My parent or guardian gave it or bought it for me.  o I took it from my home or someone else’s home.  o I bought it at a store, restaurant, bar or public place.  o Someone under age 21 bought or gave it to me.  o I got it some other way. *[Please specify]*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| 24 | In the past year, have you purchased or otherwise provided alcohol (beer, wine, liquor) for someone under 21, even if it was for your own child? *(not including alcohol used for religious purposes)* | | | | | | | | o Yes o No o Don’t know | | | | | | | |
| **The following questions have to do with opioid-based prescription pain medications (painkillers) such as Vicodin, OxyContin (also called Oxy or OC), or Percocet (also called Percs).** | | | | | | | | | | | | | | | | |
| 25 | In the past year, were you prescribed pain medication by a medical professional *(even if you did not take them)*? | | | | | | | | o Yes o No *(if no, go to question 29)* | | | | | | | |
| 26 | When you were prescribed pain medication, were you also prescribed naloxone or Narcan, at the same time? | | | | | | | o Yes o No o I don’t know | | | | | | | | |
| 27 | When you were prescribed pain medication, did anyone talk to you about the risks involved in using them? *(check all the apply)* | | | | | | | o Health care provider  o Pharmacy Staff  o No one talked with me  o Not sure | | | | | | | | |
| 28 | When you were prescribed pain medication, did anyone talk to you about storing them safely? *(check all the apply)* | | | | | | | o Health care provider  o Pharmacy Staff  o No one talked with me  o Not sure | | | | | | | | |
| 29 | How much do you think people risk harming themselves (physically or in other ways) using **prescription pain medication** for a non-medical reason? | | | | | | | o No risk  o Slight risk | | | | o Moderate risk  o Great risk | | | | |
| 30 | If you’ve taken **prescription pain medication** for any reason in the last 30 days *(even if you were not prescribed them)*, on how many days did you take them? | | | | | | | o None, I have not taken prescription pain medication in the last 30 days (If you answer None, please skip to question 39)  o 1 or 2 days  o 3 to 5 days  o 6 to 9 days  o 10 to 19 days  o 20 to 29 days  o All 30 days | | | | | | | | |
| 31 | During the past 30 days, how many times did you take prescription pain medication without a doctor's prescription or differently than how a doctor told you to use it? | | | | | | | o 0 times  o 1 or 2 times  o 3 to 9 times | | | | | | o 10 to 19 times  o 20 to 39 times  o 40 or more times | | |
| 32 | If you used a prescription pain medication or other opioid, did you have access to naloxone or Narcan? | | | | | | | o Yes o No | | | | | | | | |
| 33 | If you used **prescription pain medication** in the last 30 days for any reason, where did you get them? *(Check all that apply)* | o A doctor or doctors prescribed or gave them to me  o A family member shared them  o A friend shared them  o They were bought from somebody (e.g., friend, dealer, family member)  o They were taken from someone (including friends or relatives) without  asking  o Other place (e.g., Mexico, internet) *[Please specify]*:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| 34 | In the past year, have you given or otherwise shared any prescription drugs with someone that was not prescribed them *(even if that person was a close friend or family member)*? | | | | | | | | | | | | | | o Yes o No | |
| 35 | If you took **prescription pain medication** in the past year, why did you take them? (Check all that apply) | | o I did not take prescription pain medication in the past year  o To treat pain that my doctor or dentist identified (for example, injury, surgery, tooth extraction, illness, cancer)  o For pain not identified by my physician (e.g., minor injury)  o To have fun with a friend or friend(s) socially  o To help me sleep  o To get high or stoned  o To cope with anxiety or stress  o Another reason [Please specify]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| 36 | Are all your **prescription pain medication** stored in a locked cabinet or box so that others cannot get to them *(including youth and family)*? | | | | | | o Yes  o No  o I do not have any prescription pain medication | | | | | | | | | |
| 37 | In the past year, which of the following actions did you take with unused or expired prescription pain medication in your home? (Check all that apply) | | * I didn’t have any unused or expired prescription pain medication * Took them to a prescription medication drop box at a local health facility, pharmacy, law enforcement station or other location that offers continuous medication drop off. * Took them to a periodic “Take Back” event. * Flushed them down the toilet or sink * Mixed them with an unappealing substance (i.e., kitty litter or coffee grounds) and put them in the trash * Threw them away some other way (such as in the trash) * Used a disposal pouch, bag or packet designed to deactivate the medication (i.e., “Deterra”) * Kept them for future use. * Did something else with my unused medications:   (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| **The next questions ask about marijuana (cannabis) use. Marijuana is also called weed or grass and includes medical cannabis and cannabis extracts such as edibles, pot hash oil, shatter, and wax, but do not consider CBD use when responding to these questions. People consume marijuana for both medicinal and recreational purposes.** | | | | | | | | | | | | | | | | |
| 38 | If you used marijuana in the last 30 days, how did you use it? (**Check all that apply**.) | | 🞏 I did not use marijuana during the past 30 days  🞏 I vaped or vaporized it  🞏 I smoked it (such as in a joint, bong, pipe, or blunt)  🞏 I ate it (such as brownies, cakes, cookies, or other ‘edibles’ like candies   or pills)  🞏 I drank it (in liquid form such as drops or in a beverage)  🞏 I dabbed waxes or concentrates  🞏 I used it some other way: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| 39 | How much do you believe that teens risk harming themselves (physically and in other ways) when they use marijuana once or twice a week? | | | | | 🞏 No Risk  🞏 Slight Risk  🞏 Moderate Risk  🞏 Great Risk | | | | | | | | | | |
| 40 | *The New Mexico Good Samaritan Law helps protect people from drug related charges when they call 911 to assist a person who is overdosing.  Select the statement that best reflects your understanding of this law.* | | | | | o I know a lot about the law and can explain it to others.  o I’ve heard of the law, but am unsure how it works.  o I have never heard of this law. | | | | | | | | | | |
| **You are almost done! Just one last question!** | | | | | | | | | | | | | | | | |
| 41 | Is there anything else you’d like to tell us or add about the issues we have asked about today? | | | | | | | | | | | | | | | |

**Thank you for your participation!**

The information you provide is helping the State of New Mexico improve its substance abuse prevention and mental health services by better understanding what is needed and where it is needed.

|  |
| --- |
| If you have questions or concerns about the survey procedure or your rights as a participant please contact Elysia Oudemans-Tilley toll-free at 1-866-PIRE-ORG (866-747-3674), option 1 **or** at [oudemans@pire.org](mailto:oudemans@pire.org). If you have questions about the purpose of this study, please contact Dr. David Currey toll-free at 1-855-346-2631 **or** at [dcurrey@pire.org](mailto:dcurrey@pire.org). Please refer to the “New Mexico Community Survey.” |

Please take one of the “Take Home” documents with you that provides a lot of additional information in case you want it later! THANKS AGAIN!