

# New Mexico Community Survey 2024

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:

- 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).
- 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.

## What you can expect:

- **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 procedures or purpose of this survey, please contact Dr. David Currey at: [dcurrey@pire.org](mailto:dcurrey@pire.org) or toll-free at 1-855-346-2631.

## 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.

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1.	How old are you?	<input type="checkbox"/> 18 to 20 <input type="checkbox"/> 26 to 30 <input type="checkbox"/> 41 to 50 <input type="checkbox"/> 61 to 70 <input type="checkbox"/> 21 to 25 <input type="checkbox"/> 31 to 40 <input type="checkbox"/> 51 to 60 <input type="checkbox"/> 71 or older
2.	Which one or more of the following would you say is your race or ethnicity? (Check all that apply.)	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native American/American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other [Please write in your race/ethnicity] _____
3.	Which of the following <u>best</u> describes you? (Select one)	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender, Nonbinary/Gender nonconforming, Two Spirit, or other gender category <input type="checkbox"/> I prefer not to answer
4.	Which of the following best describes how you think of yourself? (Check all that apply)	<input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Lesbian or gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Queer, pansexual, and/or questioning <input type="checkbox"/> An identity that is not listed <input type="checkbox"/> I prefer not to answer
5.	Do you or anyone in your household <u>primarily</u> speak a language other than English throughout the day?	<input type="checkbox"/> No, everyone in my household speaks mostly English throughout the day. <input type="checkbox"/> Yes, Spanish <input type="checkbox"/> Yes, a Native American language <input type="checkbox"/> Yes, another language.
6.	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?	<input type="checkbox"/> No, I have not served in the U.S. Armed Forces <input type="checkbox"/> Yes, I am on active duty <input type="checkbox"/> Yes, I am a veteran
7.	What is the highest grade or year of school you completed to date?	<input type="checkbox"/> Less than high school <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> I am currently an undergraduate in college at _____ college/university <input type="checkbox"/> Some college or technical school <input type="checkbox"/> College graduate, graduate or professional school graduate
8.	What is your zip code? (for geographic sorting purposes only)	
9.	Are you a parent or caretaker of someone <u>under 21</u> currently living in your household?	<input type="checkbox"/> Yes (please answer 9a. below) <input type="checkbox"/> No
	9a. What is this person's age (please select all categories that apply if there is more than one person)?	<input type="checkbox"/> Under age 5 <input type="checkbox"/> 5-11 <input type="checkbox"/> 12-17 <input type="checkbox"/> 18-20
10.	For the <u>past 30 days</u> , have you had a permanent and stable place to live?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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The next questions are about your personal perceptions of the community where you are *currently* living. **Please remember that your responses are anonymous.**

11.	How easy do you think it is for teens in your community to get alcohol?	<input type="checkbox"/> Very easy <input type="checkbox"/> Somewhat easy	<input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very difficult	<input type="checkbox"/> Don't know
12.	How easy do you think it is for teens in your community to get alcohol from stores and restaurants?	<input type="checkbox"/> Very easy <input type="checkbox"/> Somewhat easy	<input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very difficult	<input type="checkbox"/> Don't know
13.	In your opinion, how likely are police in your community to break up parties where teens are drinking?	<input type="checkbox"/> Very likely <input type="checkbox"/> Somewhat likely	<input type="checkbox"/> Not very likely <input type="checkbox"/> Not at all likely	<input type="checkbox"/> Don't know
14.	How likely are police in your community to arrest an adult for <u>giving</u> alcohol to someone under 21?	<input type="checkbox"/> Very likely <input type="checkbox"/> Somewhat likely	<input type="checkbox"/> Not very likely <input type="checkbox"/> Not at all likely	<input type="checkbox"/> Don't know
15.	In your opinion, if you were driving after you had too much to drink, how likely is it you would be <u>stopped by police</u> ?	<input type="checkbox"/> Very likely <input type="checkbox"/> Somewhat likely	<input type="checkbox"/> Not very likely <input type="checkbox"/> Not at all likely	<input type="checkbox"/> Don't know
16.	If you were driving after you had too much to drink and were stopped and charged with DWI, how likely is it you would be <u>convicted</u> ?	<input type="checkbox"/> Very likely <input type="checkbox"/> Somewhat likely	<input type="checkbox"/> Not very likely <input type="checkbox"/> Not at all likely	<input type="checkbox"/> Don't know

**How much do you agree or disagree with the following statement?**

17.	Problems due to drinking hurt my community financially (such as costs associated with property damage, use of criminal justice system and public services).	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree nor Disagree	<input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree
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**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.**

18.	Think specifically about the past <u>30 days</u> . During the past <u>30 days</u> , on how many days did you drink <u>one or more drinks</u> of an alcoholic beverage (if any)?	<input type="checkbox"/> 0 days <input type="checkbox"/> 1 or 2 days <input type="checkbox"/> 3 to 5 days	<input type="checkbox"/> 6 to 9 days <input type="checkbox"/> 10 to 19 days <input type="checkbox"/> 20 to 29 days	<input type="checkbox"/> All 30 days
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19.	In general, how many alcoholic drinks do you typically consume in a week (including weekends)?	<input type="checkbox"/> None _____ Drinks a week (1 or more)
20.	Considering all types of alcoholic beverages, how many times during the past 30 days did you have <b>5</b> or more drinks on an occasion (if your sex is <b>male</b> ), or <b>4</b> or more drinks on an occasion (if your sex is <b>female</b> )?	<input type="checkbox"/> None _____ Times in past 30 days
21.	During the past <u>30 days</u> , how many times have you driven when you've had perhaps too much to drink?	<input type="checkbox"/> None _____ Times in past 30 days
22.	<i>If you are 18 to 20 years old, please answer this question:</i> During the past 30 days, how did you get your alcohol? (Check all that apply.)	<input type="checkbox"/> I have not drunk alcohol in the past 30 days. <input type="checkbox"/> Adult family member who is 21 or older gave it or bought it for me. <input type="checkbox"/> Someone not related to me who is 21 or older gave it or bought it for me. <input type="checkbox"/> I got it at a college party (e.g., fraternity, sorority, tailgate, college dorm). <input type="checkbox"/> I got it at some other type of party. <input type="checkbox"/> My parent or guardian gave it or bought it for me. <input type="checkbox"/> I took it from my home or someone else's home. <input type="checkbox"/> I bought it at a store, restaurant, bar or public place. <input type="checkbox"/> Someone under age 21 bought or gave it to me. <input type="checkbox"/> I got it some other way. [Please specify]: _____
23.	In the <u>past year</u> , 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<p><b>The following questions have to do with <u>opioid-based</u> prescription pain medications (painkillers) such as Vicodin, OxyContin (also called Oxy or OC), or Percocet (also called Percs). This does not include over-the-counter medications including those that can be prescribed by a doctor such as ibuprofen/Motrin, Tylenol/acetaminophen, or aspirin.</b></p>		
24.	In the <u>past year</u> , were you <u>prescribed pain medication</u> by a medical professional (even if you did not take them)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, go to question 28)
25.	When you were prescribed pain medication, were you also prescribed naloxone or Narcan, at the same time?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
26.	When you were prescribed pain medication, did anyone talk to you about the risks involved in using them? (check all the apply)	<input type="checkbox"/> Health care provider <input type="checkbox"/> Pharmacy Staff <input type="checkbox"/> No one talked with me <input type="checkbox"/> Not sure
27.	When you were prescribed pain medication, did anyone talk to you about storing them safely? (check all the apply)	<input type="checkbox"/> Health care provider <input type="checkbox"/> Pharmacy Staff <input type="checkbox"/> No one talked with me <input type="checkbox"/> Not sure

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28.	How much do you think people risk harming themselves (physically or in other ways) using <b>prescription pain medication</b> for a non-medical reason?	<input type="checkbox"/> No risk <input type="checkbox"/> Moderate risk <input type="checkbox"/> Slight risk <input type="checkbox"/> Great risk
29.	If you've taken <b>prescription pain medication</b> for any reason in the last <u>30 days</u> ( <i>even if you were not prescribed them</i> ), on how many days did you take them?	<input type="checkbox"/> None, 0 days. I have not taken prescription pain medication in the last 30 days ( <i>If you answer None, please skip to question 33</i> ). <input type="checkbox"/> 1 or 2 days <input type="checkbox"/> 3 to 5 days <input type="checkbox"/> 6 to 9 days <input type="checkbox"/> 10 to 19 days <input type="checkbox"/> 20 to 29 days <input type="checkbox"/> All 30 days
30.	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?	<input type="checkbox"/> 0 times <input type="checkbox"/> 10 to 19 times <input type="checkbox"/> 1 or 2 times <input type="checkbox"/> 20 to 39 times <input type="checkbox"/> 3 to 9 times <input type="checkbox"/> 40 or more times
31.	If you used a prescription pain medication or other opioid, did you have access to naloxone or Narcan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
32.	If you used <b>prescription pain medication</b> in the <u>last 30 days</u> for any reason, where did you get them? ( <i>Check all that apply</i> )	<input type="checkbox"/> A doctor or doctors prescribed or gave them to me <input type="checkbox"/> A family member shared them <input type="checkbox"/> A friend shared them <input type="checkbox"/> They were bought from somebody (e.g., friend, dealer, family member) <input type="checkbox"/> They were taken from someone (including friends or relatives) without asking <input type="checkbox"/> Other place (e.g., Mexico, internet) [ <i>Please specify</i> ]: <hr/>
33.	In the <u>past year</u> , have you given or otherwise shared <u>any prescription drugs</u> with someone that was not prescribed them ( <i>even if that person was a close friend or family member</i> )?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34.	If you took <b>prescription pain medication</b> in the <u>past year</u> , why did you take them? ( <i>Check all that apply</i> )	<input type="checkbox"/> I did not take prescription pain medication in the past year <input type="checkbox"/> To treat pain that my doctor or dentist identified (for example, injury, surgery, tooth extraction, illness, cancer) <input type="checkbox"/> For pain not identified by my physician (e.g., minor injury) <input type="checkbox"/> To have fun with a friend or friend(s) socially <input type="checkbox"/> To help me sleep <input type="checkbox"/> To get high or stoned <input type="checkbox"/> To cope with anxiety or stress <input type="checkbox"/> Another reason [ <i>Please specify</i> ]: <hr/>

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35.	Are all your <b>prescription pain medications</b> stored in a locked cabinet or box so that others cannot get to them <i>(including youth and family)</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not have any prescription pain medication
36.	In the <u>past year</u> , which of the following actions did you take with <u>unused or expired</u> prescription pain medication in your home? (Check all that apply)	<input type="checkbox"/> I didn't have any unused or expired prescription pain medication <input type="checkbox"/> Took them to a prescription medication drop box <input type="checkbox"/> Took them to a periodic "Take Back" event. <input type="checkbox"/> Flushed them down the toilet or sink <input type="checkbox"/> Mixed them with an unappealing substance (i.e., kitty litter or coffee grounds) and put them in the trash <input type="checkbox"/> Threw them away some other way (such as in the trash) <input type="checkbox"/> Used a disposal pouch, bag or packet designed to deactivate the medication (i.e., "Deterra") <input type="checkbox"/> Kept them for future use. <input type="checkbox"/> Did something else with my unused medications: (describe) _____
37.	How much do people risk harming themselves (physically or in other ways) when they take an opioid-based prescription pain medication and a prescription benzodiazepine (Xanax, Valium, Klonopin) together or within an hour or two?	<input type="checkbox"/> No Risk <input type="checkbox"/> Slight Risk <input type="checkbox"/> Moderate Risk <input type="checkbox"/> Great Risk <input type="checkbox"/> Not sure
<p><b>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.</b></p>		
38.	During the past 30 days, how many days did you use cannabis/marijuana?	<input type="checkbox"/> None, 0 days. I have not used cannabis/marijuana in the last 30 days <i>(If you answer None, please skip to question 40)</i> <input type="checkbox"/> 1 or 2 days <input type="checkbox"/> 3 to 5 days <input type="checkbox"/> 6 to 9 days <input type="checkbox"/> 10 to 19 days <input type="checkbox"/> 20 to 29 days <input type="checkbox"/> All 30 days
39.	<p><i>If you are 18 to 20 years old, please answer this question:</i>            If you used cannabis/marijuana in the last 30 days, where did you get your cannabis/marijuana? (Check all that apply.)</p>	<input type="checkbox"/> I have not used cannabis/marijuana in the past 30 days. <input type="checkbox"/> I got it at a party. <input type="checkbox"/> A <u>family member</u> provided it to me. <input type="checkbox"/> Someone <u>not related</u> to me provided it to me. <input type="checkbox"/> I took it from my home or someone else's home. <input type="checkbox"/> I bought it from someone (e.g., friend, dealer, family member) <input type="checkbox"/> I purchased it at a New Mexico dispensary. <input type="checkbox"/> I purchased it at a dispensary in another state where cannabis/marijuana is legally sold. <input type="checkbox"/> I grew cannabis/marijuana plants myself <input type="checkbox"/> I got it some other way. [Please describe]: _____

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40.	How much do you believe that teens risk harming themselves (physically and in other ways) when they use cannabis/marijuana once or twice a week?	<input type="checkbox"/> No Risk <input type="checkbox"/> Slight Risk <input type="checkbox"/> Moderate Risk <input type="checkbox"/> Great Risk
<p><b>The next questions are about use of two or more of the following substances on an occasion (within an hour or two of each other or at the same time): alcohol, prescription pain relievers (such as hydrocodone, oxycodone, propoxyphene, tramadol, codeine, morphine, or buprenorphine), fentanyl, heroin, methamphetamine, cocaine, or a prescription sedative or tranquilizer (such as diazepam (Valium), alprazolam (Xanax), or clonazepam (Klonopin), among others).</b></p>		
41.	How much do people risk harming themselves (physically or in other ways) when they take two or more substances together or within an hour or two?	<input type="checkbox"/> No Risk <input type="checkbox"/> Slight Risk <input type="checkbox"/> Moderate Risk <input type="checkbox"/> Great Risk <input type="checkbox"/> Not sure
42.	<p><b>ONLINE ONLY</b>          During the past 12 months, how many times did you use two or more substances on an occasion?</p>	<input type="checkbox"/> None; I have never used two or more substances on an occasion <input type="checkbox"/> None; I did not use two or more substances on an occasion in the past 12 months <input type="checkbox"/> 1 or 2 times <input type="checkbox"/> 3 to 9 times <input type="checkbox"/> 10 to 19 times <input type="checkbox"/> 20 to 39 times <input type="checkbox"/> 40 or more times
<p><b>ONLINE ONLY</b> Methamphetamine, also known as crank, ice, crystal meth, speed, glass, and many other names, is a stimulant that usually comes in crystal or powder forms. It can be smoked, "snorted," swallowed or injected.</p>		
43.	During the past 30 days, how many days did you use methamphetamine?	<input type="checkbox"/> None; I have never used methamphetamine <input type="checkbox"/> None; I did not use methamphetamine in the past 30 days <input type="checkbox"/> 1-2 days <input type="checkbox"/> 3-10 days <input type="checkbox"/> 11-20 days <input type="checkbox"/> 21-30 days
<p><b>You are almost finished! Just one last question!</b></p>		
44.	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 about the purpose of this survey, 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!

ONLINE USE ONLY