



Alcohol and Other Drugs (AOD) in North Dakota:



**A Community Readiness Survey
to Gauge perceptions of Alcohol and Other Drug Use**



north dakota department of human services

Mental Health & Substance Abuse Services

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Please refer to the following information regarding your participation in this survey:

The RCJC follows the guidelines stated in the United States Code of Federal Regulations 45 CFR 46.116. Any information gathered in this survey is viewed as confidential. The RCJC will follow all necessary protocol to ensure the confidentiality and integrity of all information supplied. Each survey will remain anonymous and identifiable only to the selected researchers assigned to this project. All information obtained will be restricted in a password protected database. Hard copies are stored in a protected file in a secure location. Computer and hard copy files pertaining to this data collection device will be destroyed three years following the completion of the project. Such procedures are necessary to guarantee your anonymity and to decrease any risk to your involvement as a contributor.

This survey has been approved by the Institutional Review Board (IRB) at Minot State University. For additional information regarding IRB regulations, please contact Dr. Margi Coxwell, IRB Chair, at (701) 858-3125. ***Please understand that completion of this survey constitutes that you fully comprehend the information contained in this letter, you provide consent to partake in completion of this survey, you fully understand that all the information you provide in this survey will be kept confidential, and you have the choice to withdraw from participation in this survey at any time.***

INTRODUCTION: North Dakota's Department of Human Services has designed a Community Readiness survey to evaluate alcohol, and other drug (AOD) use. This survey is intended to measure **perceptions** about AOD use as well as current prevention efforts. The results will be used to help identify how prepared communities are to take action on AOD, and utilized by prevention specialists and community members to decide the best strategies for North Dakota communities.

Keeping "**your community**" in mind, please indicate your choice by placing a ✓ in the appropriate box. For open-ended questions, please write your thoughts in the space provided.

Section 1: Demographics

This information will be used for statistical purposes only. Please mark your answers in the appropriate boxes.

1.1 What is your age?

- ☐ 18-20
- ☐ 21-24
- ☐ 25-44
- ☐ 45-64
- ☐ 65 and Over

1.2 Sex:

- ☐ Male
- ☐ Female

1.3 Race (please mark all that apply):

- ☐ Caucasian
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ Other (please specify): _____

1.4 Are you of Hispanic Origin?

- ☐ Yes
- ☐ No

1.5 Employment Status:

- ☐ Full Time
- ☐ Part Time
- ☐ Full Time with Second Job
- ☐ Not Employed – Looking
- ☐ Not Employed – Not looking (i.e. retired, have a disability, stay-at-home spouse/parent)

1.6 Current Occupation (If not currently working, check category of *last* employment):

- ☐ Agriculture
- ☐ Construction/Mining
- ☐ Manufacturing
- ☐ Transportation/Utilities
- ☐ Wholesale
- ☐ Retail
- ☐ Finance and Real Estate
- ☐ Business and Repair Services
- ☐ Professional
- ☐ Government
- ☐ Leisure and Hospitality
- ☐ Education
- ☐ Other _____

1.7 Community Volunteering:

- ☐ Church
(Please specify: _____)
- ☐ Civic
(Please specify: _____)

1.8 City of Residence: _____

1.9 County of Residence: _____

1.10 Number of Children in Your Home: _____

Section 2: Community Perception of an Alcohol & Other Drug (AOD) Problem

2.1 How much of a problem do you perceive the use of the following substances to be in your community?

	Not a Problem	Minor Problem	Moderate Problem	Serious Problem	Don't Know
Alcohol					
Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco					
Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana					
Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants (glue, paint, aerosols, solvents, etc.)					
Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine					
Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine					
Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over-the-Counter Drugs (abuse of cough medicines, Dramamine, diet pills, sleeping pills, etc.)					
Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Drugs (abuse of)					
Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens (LSD, Shrooms, PCP, etc.)					
Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.2 How much of a problem do you perceive the following to be in your community?

	Not a Problem	Minor Problem	Moderate Problem	Serious Problem	Don't Know
Contribution of drug and alcohol use to crashes or injuries (such as automobile, hunting, boating, snowmobiling).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contribution of drug and alcohol use to crimes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Permissiveness of Attitudes Toward AOD Use

3.1 To what extent do you AGREE or DISAGREE with the following statements?

	Strongly Disagree	Disagree	Agree	Strongly Agree
It is okay for youth to drink at parties as long as they don't get drunk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth should be able to drink as long as they don't drive afterwards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is okay for youth to smoke cigarettes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth who experiment with alcohol or other drugs almost always grow out of it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is okay for parents to offer their youth alcoholic beverages in their home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is okay for parents to offer alcoholic beverages in their home to youth (other than their own children).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my community, drinking among teenagers is acceptable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving under the influence of drugs and/or alcohol is okay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is okay to ride in a motor vehicle with someone under the influence of drugs and/or alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Community Support for AOD Prevention

4.1 To what extent do you AGREE or DISAGREE with the following statements?

	Strongly Disagree	Disagree	Agree	Strongly Agree
Law enforcement should be spending more time enforcing the minimum drinking age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools need to be more active in dealing with alcohol, tobacco, and other drug problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is possible to reduce alcohol and drug problems through prevention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and other drug prevention programs are a good investment because they save lives and money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The community has the responsibility to set up prevention programs to help people avoid alcohol and other drug problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public service announcements are a good way to change attitudes about alcohol, tobacco, and other drug use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxes on alcohol should be increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxes on tobacco should be increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking and driving laws are enforced in my local community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There should be a law prohibiting giving alcohol to your own children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.2 Please check YES or NO for the following sets of questions.

Do you support the following?	Yes	No
Minimum legal drinking age of 21	<input type="checkbox"/>	<input type="checkbox"/>
Penalties for adults who provide alcohol to youth	<input type="checkbox"/>	<input type="checkbox"/>
Compliance checks (used to identify alcohol establishments that sell alcohol to underage youth)	<input type="checkbox"/>	<input type="checkbox"/>
Laws prohibiting giving alcohol to your own children	<input type="checkbox"/>	<input type="checkbox"/>
DUI checkpoint (used by law enforcement to deter or detect a drunk driver through the use of roadblocks or sobriety checkpoints.)	<input type="checkbox"/>	<input type="checkbox"/>

Do you support **BANS** on the following?

	Yes	No
Liquor advertisements on TV	<input type="checkbox"/>	<input type="checkbox"/>
Beer and wine advertisements on TV	<input type="checkbox"/>	<input type="checkbox"/>
Billboard alcohol advertisements	<input type="checkbox"/>	<input type="checkbox"/>

Would you attend any of the following events if they were alcohol-free?

	Yes	No
Party	<input type="checkbox"/>	<input type="checkbox"/>
Wedding Dance/Reception	<input type="checkbox"/>	<input type="checkbox"/>
Sporting Event	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: Access to Alcohol and Other Drugs

5.1 Please respond accordingly to the following questions regarding access in your community.

	Not at All Difficult	Slightly Difficult	Somewhat Difficult	Quite Difficult	Extremely Difficult
How difficult is it for youth to buy beer, wine, or hard liquor at stores themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How difficult is it for youth to get an older person to buy alcohol for them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How difficult is it for youth to order a drink at a bar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How difficult is it for youth to sneak alcohol from their home or a friend's home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How difficult is it for youth to get their parents to give them alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How difficult is it for youth to get other family members to give them alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.2 How difficult is it for a youth or adult to access the following in your community?

	Not at All Difficult	Slightly Difficult	Somewhat Difficult	Quite Difficult	Extremely Difficult
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants (glue, paint, aerosols, solvents, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens (LSD, Shrooms, PCP, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 6: Perception of Community Commitment

6.1 To what extent do you AGREE or DISAGREE with the following statements?

	Strongly Disagree	Disagree	Agree	Strongly Agree
Preventing alcohol and other drug use among youth is important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am concerned about whether my community has sufficient alcohol and other drug abuse prevention programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and drug free youth can best be achieved by educating youth themselves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and drug free youth can best be achieved by educating parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and drug free youth can best be achieved by educating the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are leaders in my community who are interested in reducing access and abuse of alcohol and other drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know who to go to if I need help for myself or family member(s) who are abusing alcohol or other drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.2 Our community has an action plan for dealing with issues surrounding substance abuse.

- ☐ Yes
- ☐ No
- ☐ Don't Know

6.3 From which one source do you get most of your news about crime?

- | | |
|-------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Television | <input type="checkbox"/> Neighbors |
| <input type="checkbox"/> Newspapers | <input type="checkbox"/> Other (Please specify: _____) |
| <input type="checkbox"/> Co-workers | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Friends | |

6.4 What kind of information do people in your community need regarding the prevention of alcohol and substance use by our youth?

6.5 What would be the best way to deliver this information?

6.6 Please list ways in which your community is addressing problems associated with substance use and abuse.

Thank you for completing this survey!