

Swansea Opioid Impact Community Survey

The information collected in this survey will help the Town of Swansea decide how to allocate opioid settlement funding. Responses are anonymous, unless you would like to participate in a focus group (see question 5 below). This survey is open to anyone interested in providing feedback. Thank you for your time.

If you or someone you know is struggling please reach out to the following organizations:

Interface Referral Service (Mental Health Referral Hotline): 1-888-244-6843

Massachusetts Substance Use Hotline: 800-327-5050

Mental Health Support Hotline (Available 24/7): Call or Text 988

Massachusetts Behavioral Health Helpline: 833-773-2445

1. Have you or your family been impacted by the opioid crisis?

☐ Yes

☐ No

2. Please select one initiative from the list below that you would like to see in Swansea.

☐ Intervention services for students (example: initiatives which promote self-care and healthy choices)

☐ Financial assistance to families affected by opioids (examples: funeral expenses, medical bills, caretaker expenses)

☐ Safer use supplies and infectious disease screening (example: needle exchange program)

☐ Increase availability of Naloxone (an opioid overdose reversal medication)

☐ Transportation assistance

☐ Staff clinician available

☐ Mindfulness activities (yoga, self-defense, etc)

3. What is one thing you would like the Town's opioid settlement money to go towards?

4. What do you see as the biggest challenge for people struggling with opioids in Swansea?

5. Would you like to participate in a focus group regarding opioid crisis interventions? If so, please list your name and email address in the comment box.

☐ Yes

☐ No

If yes, please list your name and email address in the comment box.

6. Do you live in Swansea? If not, please use the comment box to let us know which community you live in.

☐ Yes

☐ No

Which community do you live in?

7.What is your age?

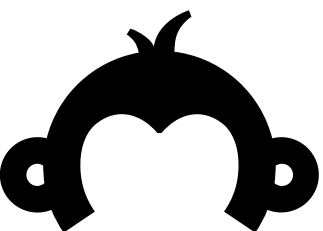
- ☐ Under 18
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65+

8.What is your personal and/or professional involvement in Swansea?

- ☐ Concerned Community Member
- ☐ Family Member Actively Using
- ☐ Community Organization Volunteer
- ☐ Medical Professional in the Field
- ☐ Other (please specify)

Done

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