State Level
Community Survey Findings Sheet- 2016
(Data are weighted to reflect state-level population demographics)

Prevention Goals and Objectives (relevant to the NMCS)

Goal 1: Reduce underage drinking in New Mexico.
> **Objective 1**: Reduce social access to alcohol by minors by…(increasing perception of risk of being caught; increased law enforcement efforts,
> **Objective 2:** Reduce retail access to alcohol by minors by… (increasing perception of risk of being caught; increasing SID checks of retailers and increasing retail education, server training, etc.)

Goal 2: Reduce binge drinking among youth and adults in New Mexico.

Goal 3: Reduce drinking and driving among youth and adults in New Mexico.

Goal 4: Reduce prescription pain killer misuse and abuse among youth and adults in NM.

Brief Description of Community & Population: (Also attach copy of your protocol data collection table as collected)

New Mexico is large, mostly rural state. Of the just over 2 million residents of NM as estimated by the 2014 U.S. Census, 36% speak a language other than English at home, 47.3% are Hispanic/Latino and another 10.$% are Native American representing at least 22 different tribes. Not quite 26% have a bachelor's degree or higher. Unemployment is estimated to be about 6.5% and almost 20% live under the poverty level. By far most of the population of the state lives in three relatively urban areas including Albuquerque, Santa Fe, and Las Cruces. There are 33 counties in NM most of which are quite rural. According to the U.S. Census, of the people residing in New Mexico, 51.4% were born in New Mexico, 37.9% were born in a different US state, 1.1% were born in Puerto Rico, U.S. Island areas, or born abroad to American parent(s), and 9.7% were foreign born. About 7.5% of New Mexico's population was reported as under 5 years of age, 25% under 18, and 13% were 65 or older. Women make up around 51% of the population.

Data Collection Method and Brief Sample Description in Comparison to Previous Years' Samples

Data Collection Approach # 1: Time and Venue-Based Convenience Sampling
The first approach taken to collect data is the now routinized time and venue-based sampling within funded communities. This convenience sampling approach has been used by OSAP funded communities since 2008 and involves communities creating community-specific detailed data collection plans identifying the locations and times in the community where a representative sample of community residents can be asked to participate in the survey. Communities ideally replicate the protocol each year allowing for a comparable sample of adult residents to be surveyed each year and compared over the years. Depending on the size of the community, some are required by OSAP to collect data at local MVD offices as one of the locations. This is not always possible though in the smaller and more rural communities where there are few appropriate locations for collecting a representative sample of adults.

Community data collection protocols are reviewed by members of the State Epidemiological Outcomes Workgroup (SEOW) to ensure that communities are likely to capture a reasonably representative sample of adults based on their protocols. Local community providers and local evaluators are instructed in appropriate data collection methodology and how to maintain respondents' confidentiality while completing the survey. This technique is frequently challenging for communities initially, but over time, many have come to regard it as imperative to improving the quality of the services they provide. Prevention communities are asked to track their data collection process in detail and submit with their end of year reports. This purpose of this was to compare what was originally proposed in the data collection protocol prior to data collection to what actually was done with respect to data collection. In particular, if communities found that some locations, originally expected to be good places to collect data, actually turned out to not be good locations or did not pan out for whatever reason, then this information would be recorded and be particularly useful to next year's planning of the data collection process.

Over 9,784 surveys were collected using this methodology, which constitutes 77% of the aggregated sample. These data predominantly came from 25 of 33 counties where OSAP and/or DWI prevention funding is targeting prevention efforts. We are unfortunately unable to calculate a response rate using this methodology.

Data Collection Approach # 2: On-line survey via Social Media Ads
To supplement the convenience sample, the other data collection approach used in FY16 was the implementation of an on-line version of the survey. Recruitment ads were placed on Facebook targeting NM residents 18 and older. This methodology was piloted in FY14 among 18 to 25 year olds only and implemented FY15 for all adult residents 18 and older. This year, we only ran ads on Facebook and not Twitter, which we did in FY15. Ads ran for a total of 11 weeks. Six ads were created, three of which included people of various ages in them (young adults, parents, and older adults) and three of which were NM related landscapes. Last year, we found that overall, ads did not very much in the number of times one was clicked on by respondents, therefore this year, we ran them all simultaneously.

From March 20, 2016 to June 4, 2016 (77 days) there were 584,963 impressions, reaching 177,649 unique people on average 3.29 times each at a cost of $13.63 per 1000 people reached. There were 12,257 total clicks on the link to go the survey. The click rate was 6.9%. When we consider unique clicks, which Facebook defines as 3 clicks from one person, there were 9,044. A total of 1,120 completed surveys for a response rate of 9.1% if we use total clicks as the denominator and a response rate of 12.4% if we consider the unique clicks as the denominator. Most ads were viewed on mobile news feeds (23%) or audience network (65%) few were viewed on desktop news feeds (3%) or desktop right columns (9%). Most website clicks resulted from the audience network (80%). A total of 1,120 surveys were collected recruiting directly through the Facebook ads.

Daily and weekly incentives were offered to randomly selected individuals who completed the survey. After completing the survey, respondents were invited to enter to win an incentive, however, this was optional and not all respondents chose to do so. Each day, four $20 gas cards were given away to randomly selected respondents from that day. Each week, a randomly selected respondent was selected to receive two $20 gas cards from the week's respondents for a total of 30 gas cards given out each week for 11 weeks. In reality, as the survey is slow to get started, we often do not have sufficient respondents in the first week or two to send out 30 gas cards. As momentum builds and word of the survey spreads, this is not an issue. A total of 1,120 surveys were collected recruiting directly through the Facebook ads.

Data Collection Approach # 3: Time and Venue-Based Data collection using Qualtrics App and iPads

This year, the on-line survey was switched to a new on-line platform called Qualtrics. Qualtrics has some advantages over the previous platform because it allows for the survey to be attached to a QR code so that people can directly scan the QR code with their smart phones and take the survey without needing to see the Facebook add. In addition, there is a Qualtrics app that allows one to collect survey responses while off line and upload the data later. Several programs experimented with this approach. Only one community used this sole approach. Most combined it with traditional paper and pencil data collection. This approach was identical to the time and venue-based sampling approach, only data were collected on a tablet or iPad via the app rather than using a paper survey. A total of 458 surveys were collected via the Qualtrics app on an iPad or tablet or 3.6% of the overall total sample. Mostly this strategy appeals to young people and was best implemented on college campuses.

Some communities used the QR code in heavily trafficked areas to allow people to take the survey later at their leisure. And finally, some communities sent email invitations to groups or people and sending them directly to the on-line survey and circumventing the Facebook approach. And additional 1272 surveys were collected directly via email invitations, QR codes, or friends and family members telling others about the on-line survey.

A total of 2392 surveys were collected using the on-line survey.

Total Combined Sample

In FY16 a total of 12,634 completed questionnaires were collected compared with 6,793 in FY14 and 9875 in FY15. All 33 counties were represented in the data although five counties had very few completed questionnaires representing them.

Analysis Approach
Prior to conducting the analyses, we weighted the data to match NM Census 2015 data with regard to the distributions of gender, age, and race/ethnicity across the state so that our estimates more closely reflect a representative state sample. While this is ultimately a convenience sample, the intent behind weighting the overall sample is to reduce the overall influence of subpopulations that are typically over represented in our sample, specifically, young adults, Native Americans, and women. In particular, the over-representation of young adults would tend to increase our state-level substance use estimates unfairly.

Please Note: All reports N's (n's) are unweighted and percentages are weighted.

I.   Sample Demographic Characteristics

Descriptive statistics are provided for age, gender, race/ethnicity, education, New Mexico residency, military service and sexual orientation.

Table 1. Demographic characteristics of the sample

Number of eligible respondents	N= 12,634
Characteristics	Weighted %
Age	
18-20	5.5
21-25	9.7
26-30	8.9
31-40	16.3
41-50	15.2
51-60	17.6
61-70	14.6
71 or older	12.2
Gender	
Male	49.1
Female	50.9
Race/Ethnicity	
White	42.0
Hispanic	44.7
Native American	8.4
Other	5.0
Education level	
Less than high school	6.4
High school or GED	25.2
Some college	28.5
College or above	32.9
Still in college	7.0
New Mexico Residency	
Less than 1 year	4.8
1-5 years	11.5
More than 5 years	83.7
Active Duty in the Military Service or Veteran	8.0
Identify as LGBT	5.5
Parent/Caretaker of Someone under 21 living in the household	34.0
Total Number of Spanish Surveys	527

II. Alcohol Outcomes and Intervening Variables

Table 2.1. Means, ranges and percentages of alcohol use outcomes overall and by sex.

Outcomes	Overall			Men	Women
	% of Yes	Mean (Std Error)	Range	% of Yes	% of Yes
# of drinks a week (n=12,116)	NA	2.0 (0.05) drinks	0-90	NA	NA
Heavy drinkers[a] (n=12,116)	3.5	NA	NA	3.7	3.7
Past 30-day alcohol use (n=12,226)	47.5	NA	NA	51.6	43.5
Past 30-day binge drinking					
All respondents (n=12,189)	16.1	0.8 (0.03) times	0-100	20.9	11.4
Current users[b] only (n=5,588)	34.2	1.7 (0.07) times	0-100	40.8	26.5
Past 30-day driven under influence					
All respondents (n=12,226)	3.5	0.14 (0.02) times	0-100	4.5	2.4
Current users[b] only (n=5,623)	7.4	0.3 (0.04) times	0-100	8.7	5.6
Past 30-day driven after binge drinking					
All respondents (n=12,234)	2.9	NA	0-1	3.8	1.7
Current users[b] only (n=5,629)	6.0	NA	0-1	7.4	3.9

[a] Heavy drinkers are defined as more than 7 drinks in a week for women (approximately 1 drink a day) and more than 14 a week for men (approximately 2 drinks a day).
[b] Current users: anyone who has had alcoholic drink in the past 30 days.

Table 2.2 Percentages of alcohol use outcomes by age groups among all respondents.

Age Range	Past 30-day alcohol use %	Past 30-day binge drinking %	Past 30-day driven under influence %	Past 30-day driven after binge drinking %
18-25	51.5	23.9	6.1	6.0
18-20	36.9	17.8	5.2	5.0
21-25	59.9	27.4	6.7	6.5
26-30	55.4	23.7	5.2	4.1
31-40	52.8	21.7	4.3	2.6
41-50	48.3	17.8	4.2	3.0
51-60	44.7	11.1	2.2	1.9
61-70	42.5	8.1	1.3	1.1
71+	37.7	7.5	1.5	1.6

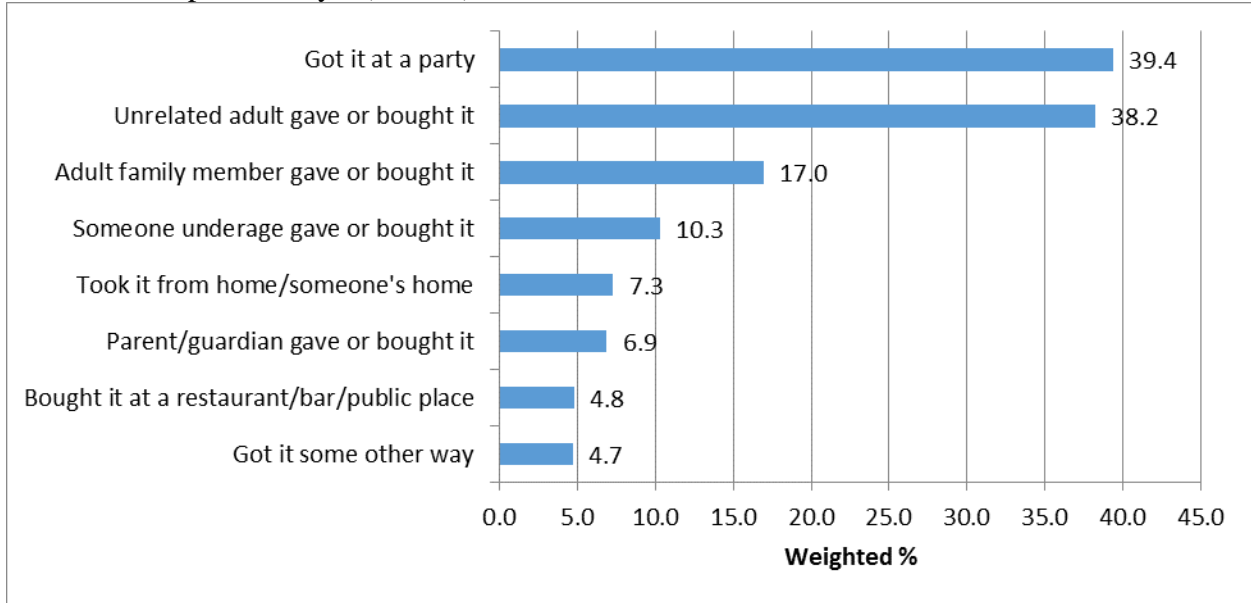**Table 2.3** Perceptions of risk/legal consequences of alcohol consumption (N= 12,634)

Perception of risk/legal consequences	%				
	Very likely	**Somewhat likely**	**Not very likely**	**Not at all likely**	**Don't know**
Likelihood of police breaking up parties where teens are drinking	16.7	30.9	20.2	7.5	24.6
Likelihood of police arresting an adult for giving alcohol to someone under 21	25.1	25.2	16.9	7.9	24.9
Likelihood of someone being arrested if caught selling alcohol to a drunk or intoxicated person	22.2	26.6	21.8	9.4	20.0
Likelihood of being stopped by police if driving after drinking too much	42.6	26.1	9.0	5.2	17.1
Likelihood of being convicted if stopped and charged with DWI	16.7	30.9	20.2	7.5	24.6
Access to alcohol	**Very easy**	**Somewhat easy**	**Somewhat difficult**	**Very difficult**	**Don't know**
Ease of access to alcohol by teens in the community	37.5	33.7	8.3	2.6	17.9
Ease of access to alcohol by teens in the community from stores and restaurants	9.5	20.8	25.9	19.9	23.9
Social Access	**Total**	**Men**	**Women**		
Provided alcohol for minors past year	3.1	3.4	2.6		

Table 2.4 Percentages of perceived risk/legal consequences of alcohol consumption by age groups.
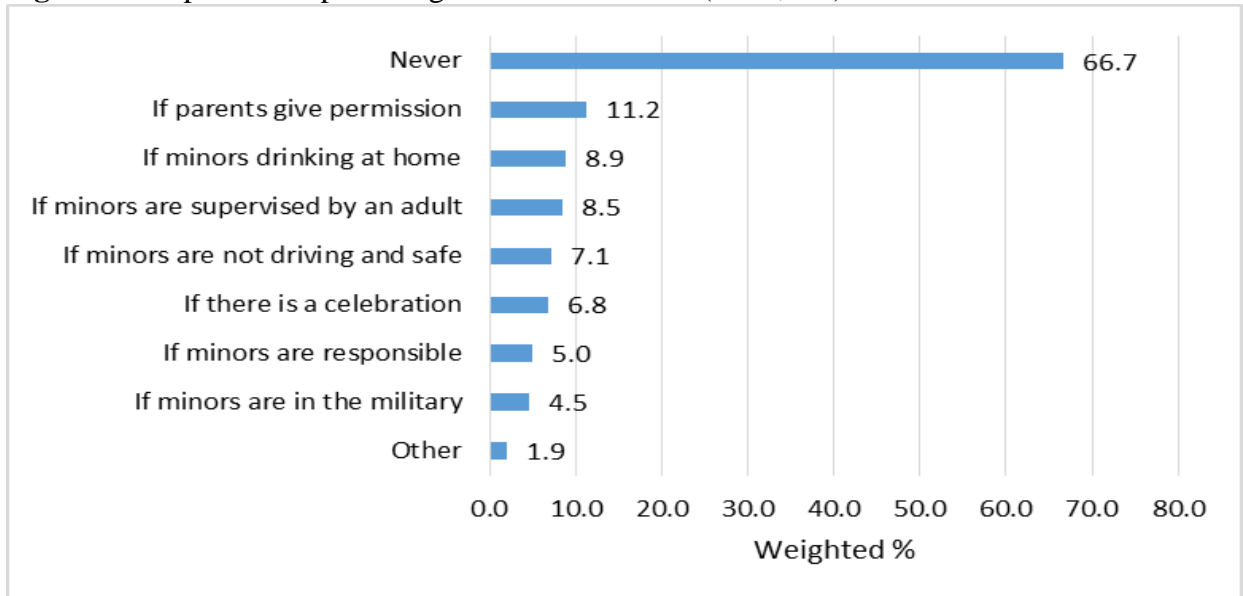
Access to Alcohol	Age groups (%)								
	18-20	21-25	18-25	26-30	31-40	41-50	51-60	61-70	71 +
Very or somewhat difficult for teens to access to alcohol in the community	12.9	11.8	12.2	15.9	15.3	13.6	13.4	10.8	12.4
Very or somewhat difficult for teens to access to alcohol from stores and restaurants	64.0	63.3	63.5	64.4	64.1	57.4	60.2	58.1	52.4
Purchasing and/or sharing of alcohol with a minor over past year (Yes)	5.1	10.7	8.7	4.0	2.2	2.9	1.9	0.7	1.3
Permissive Attitudes to providing alcohol to minors	**18-20**	**21-25**	**18-25**	**26-30**	**31-40**	**41-50**	**51-60**	**61-70**	**71 +**
Never okay to provide alcohol to minors.	43.6	54.4	50.5	63.5	72.1	70.3	71.3	70.0	67.1
Perception of risk/legal consequences (alcohol)	**18-20**	**21-25**	**18-25**	**26-30**	**31-40**	**41-50**	**51-60**	**61-70**	**71 +**
Very or somewhat likely for police to break up parties where teens are drinking	63.9	63.7	63.8	63.4	64.4	61.2	61.9	64.2	63.7
Very or somewhat likely for police to arrest an adult for giving alcohol to someone under 21	66.8	67.0	66.9	68.3	68.2	68.4	65.2	64.5	68.1
Very or somewhat likely for someone being arrested if caught selling alcohol to a drunk or intoxicated person	66.9	60.8	63.0	60.7	61.4	61.9	59.7	58.5	62.0
Very or somewhat likely being stopped by police if driving after drinking too much	80.6	77.2	78.4	77.7	77.4	75.1	71.5	72.4	69.5
Very or somewhat likely being convicted if stopped and charged with DWI	88.8	88.5	88.6	86.7	83.6	82.2	81.1	80.2	77.6

Figure 2.1. Sources of obtaining alcohol for respondents 18-20 years old who reported drinking alcohol in the past 30 days. (n= 603)

Source	Weighted %
Got it at a party	39.4
Unrelated adult gave or bought it	38.2
Adult family member gave or bought it	17.0
Someone underage gave or bought it	10.3
Took it from home/someone's home	7.3
Parent/guardian gave or bought it	6.9
Bought it at a restaurant/bar/public place	4.8
Got it some other way	4.7

Figure 2.2. Opinions of providing alcohol to minors. (n=12,634)

Opinion	Weighted %
Never	66.7
If parents give permission	11.2
If minors drinking at home	8.9
If minors are supervised by an adult	8.5
If minors are not driving and safe	7.1
If there is a celebration	6.8
If minors are responsible	5.0
If minors are in the military	4.5
Other	1.9

III. Prescription Painkiller Outcomes and Intervening Variables

Distributions of each response category are provided below for the prescription painkiller-related intervening variables and outcomes. Percentages of dichotomized outcomes by age groups are provided as well.

Table 3.1. Means and percentages of prescription drug use outcomes overall and by sex.

Outcomes	%		Men	Women
	Overall		**Men**	**Women**
	% of Yes	**Mean (Std Error)**	**% of Yes**	**% of Yes**
Prevalence of receiving Rx painkiller past year (n=11,961)	29.9	NA	27.8	32.1
Past 30-day Rx painkiller use for any reason (n=11,989)	15.6	9.5 (0.29) days (current users[a] only)	15.0	15.8
Past 30-day painkiller use to get high				
All respondents (n=12,006)	3.9		4.2	3.2
Current users* only (n=1,765)	25.0		28.2	20.3

Note. Ns are for overall estimates only.
[*]Current users: anyone who has used Rx painkillers in the past 30 days.

Table 3.2. Percentages of prescription drug use outcomes by age groups among all respondents.

Ages	Prevalence of receiving Rx painkiller past year	Past 30-day Rx painkiller use for any reason	Past 30-day Rx painkiller use to get high
18-25	22.6	13.0	4.6
26-30	25.1	11.9	5.4
31-40	27.7	14.7	4.9
41-50	30.0	15.7	3.6
51-60	32.5	17.2	3.1
61-70	37.0	17.6	2.8
71 +	34.0	17.9	3.3

Table 3.3. Estimates for prescription painkiller intervening variables (Total Sample).

| Risk of Harm	%			
	No risk	**Slight risk**	**Moderate Risk**	**Great risk**
Perceived risk of harm with misusing Rx painkillers	4.5	10.5	26.7	58.3
Social Access	**Yes**	**No**		
Giving or sharing Rx painkillers in past year	6.0	94.0		
Rx painkillers stored in locked box or cabinet[*]	38.2	61.8		

[*]We exclude respondents who indicate they have no prescription painkillers from this estimate.

Table 3.4. Estimates (percentages) for prescription painkiller intervening variables by age groups.

Risk of Harm	Age Range						
	18-25	**26-30**	**31-40**	**41-50**	**51-60**	**61-70**	**71 +**
Perceived moderate or great risk of harm with misusing Rx painkillers	77.4	79.3	83.8	84.9	88.4	90.6	89.3
Social Access	**18-25**	**26-30**	**31-40**	**41-50**	**51-60**	**61-70**	**71 +**
Giving or sharing Rx painkillers in past year	7.7	7.2	6.7	5.2	5.8	5.2	4.0
Rx painkillers stored in locked box or cabinet[*]	36.9	39.4	40.2	38.6	38.1	38.3	35.8

[*]We exclude respondents who indicate they have no prescription painkillers from this estimate.

Figure 3.1. Reasons for prescription painkillers use among current users. (n=1,801)
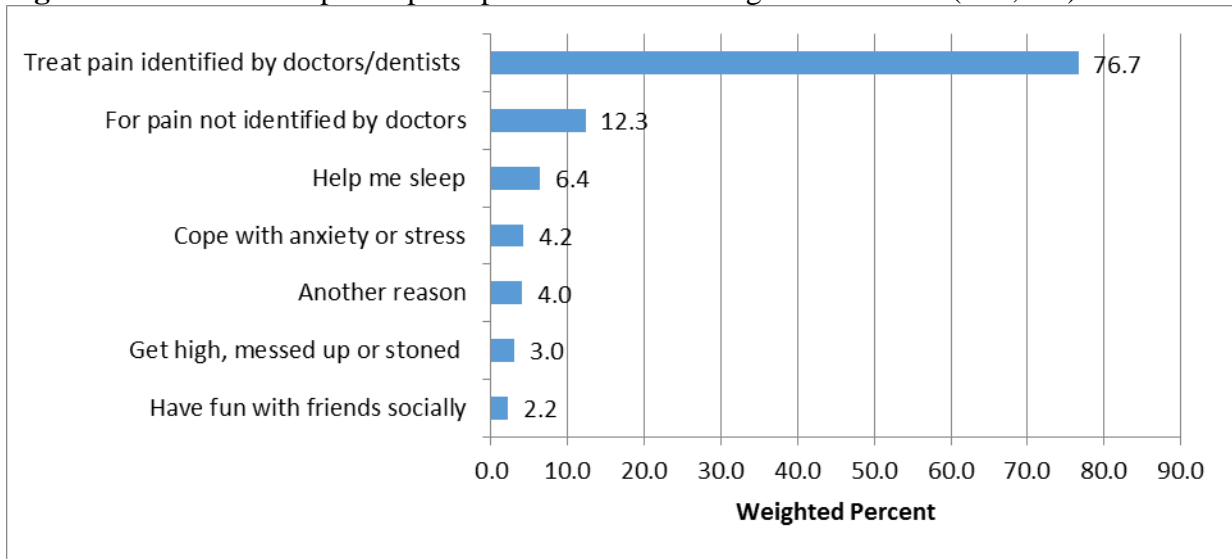
Figure 3.2. Sources of prescription painkillers among current users. (n= 1,801)
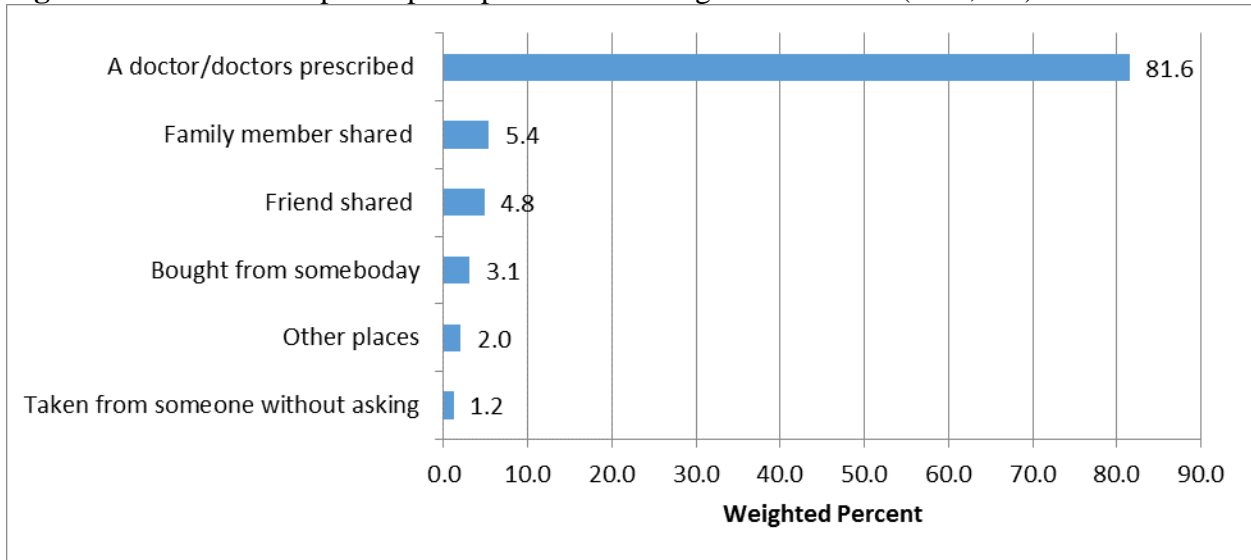
IV. Tobacco Outcomes and Intervening Variables

Distributions of each response category are provided below for the tobacco-related intervening variables and outcomes.

Table 4. Percentages of cigarette/tobacco any use outcomes overall and by sex.

Tobacco Indicators (N=12,634)	%		
	Overall	Men	Women
Cigarette: current use	22.2	24.9	19.0
Chewing Tobacco: current use	6.5	9.9	2.6
E- Cigarette: lifetime use	21.2	23.5	18.7
E- Cigarette: past 30-day use*	8.6	9.9	7.2
Purchased or provided tobacco to a minor in past year	3.5	4.0	2.5

*Among all respondents.

V. Mental Health

Percentages are provided below for overall sample and by biological sex for the mental health outcomes of interest.

Table 5. Percentages of mental health outcomes overall and by sex

Outcomes (N=12,634)	%		
	Overall	Men	Women
Met critical threshold for serious mental illness[*]	7.5	7.2	7.6
Self-identified having mental health or drug/alcohol problems in the past year	17.6	16.9	18.4
Suicidal thoughts in the past year	5.4	5.7	5.0
Sought help on mental health or drug/alcohol problems in the past year	13.9	12.8	14.7
Had difficulty accessing treatment for mental health or substance abuse problems	5.4	5.2	5.2

[*]Serious mental illness is defined as having $\geq$ 13 points on the WHO screening scale.

VI. Parental behaviors
Percentages are provided below for overall sample and by biological sex for access to ATOD via parents.

Table 6. Parents of minors residing in household reporting providing ATOD to a minor last year

Outcomes	%		
	Overall	Men	Women
Parents who reported providing tobacco to a minor (n=4,212)	3.7	4.0	3.0
Parents who reported providing alcohol to a minor (n=4,042)	3.3	3.3	3.0
Parents who reported NEVER OK to provide alcohol to a minor (n=4,366)	71.8	68.5	74.6
Parents who reported sharing Rx drugs (n=4,138)	6.6	5.3	7.2
Parents who reported locking up Rx painkillers (n=2,150)	45.5	44.0	46.7

VII. Media Campaign

Table 7.1. Media campaign message recognition overall and by sex

Campaign Names	%		
	Overall	Men	Women
Be the Solution	8.1	8.1	7.8
Suck It Up!	3.8	4.2	3.1
Good Drugs Gone Bad	3.0	2.8	3.1
Parents Who Host Lose the Most	7.8	7.7	7.9
A Dose of $R_x$eality	8.1	8.7	7.5
Up and Away and Out of Sight	1.6	1.7	1.3
Wake Up Now	3.8	3.8	3.8
Never heard of any of these	67.5	67.4	68.4

Table 7.2. Interpretation of media campaign message overall and by sex (limited to respondents who only selected one message)

Campaign Message (n=10,226)	%		
	Overall	Men	Women
Stay in school if you want to be successful.	19.2	21.1	16.9
Rx drugs can be dangerous if not used as intended	57.9	54.1	62.8
Reality is harsh, but medication can help.	4.9	5.9	3.9
Daily exercise is good for your health.	6.4	7.4	5.2
Take your medication as directed by your doctor.	7.5	7.5	7.3
Vaccinate your kids.	4.1	3.9	4.0

VIII. Alcohol Tax Support (Optional)

Table 8. Percentages of supporting alcohol tax overall and by sex (n=8,130)

Supports 25¢ Tax per Drink	%		
	Overall	Men	Women
Yes	54.0	50.8	58.7
No	26.2	30.3	21.0
Not sure	19.7	18.9	20.2

Summary of 2016 Community Survey Findings

Our sample is weighted to reflect the state distribution of men and women, race/ethnicity, and age. Therefore, our weighted demographic data reflect the NM Census estimates almost exactly. Unweighted, our sample is more heavily female, Native American, and younger than the actual NM population. However, even with the weighting of the sample to reflect the greater adult population of NM, this remains a convenience sample and selection bias is hard to avoid, therefore caution should be used when interpreting the findings.

In the table below (Table 9.1) we compare our FY16, FY15, and FY14 weighted estimates from the NMCS with questions from the NM BRFSS and NM NSDUH surveys. While some questions are identical to each other across the surveys, others are not. Differences between surveys exist in the wording of questions and the time frames of questions. These differences are noted below the tables.

The BRFSS is a random digit dialing phone survey that utilizes both cell and land lines, while the NSDUH is a face–to-face survey with a representative sample. These are radically different data collection methodologies from what is used in the NMCS. All three methodologies result in slightly different estimates on similar indicators. We compare our estimates of the NMCS to these other survey estimates because the BRFSS and NSDUH samples are probability samples representative of NM residents and their estimates can serve as benchmark at the state level.

Table 9.1 Comparing NMCS data to BRFSS and NSDUH estimates among adults 18 and older

Indicator	Weighted Percent								
	2016 NMCS	**2015 NMCS**	**2014 NMCS**	**2014 BRFSS**	**2013 BRFSS**	**2012 BRFSS**	**2013-2014 NSDUH**	**2012-2013 NSDUH**	**2010-2011 NSDUH**
Past 30 day cigarette use	22.2	23.3	24.7	19.2	19.5	19.4	23.8	24.5	22.5
Past 30 day drinking	47.5	45.9	39.1	47.8	48.3	46.9	52.7	54.5	46.2
Past 30 day binge drinking	16.1	16.8	18.7	13.7	14.5	14.6	26.3	26.4	21.8
Heavy Drinking*	3.5	4.4	NA	5.7	5.9	5.5	NA	6.6*	NA
Past 30 day driving after having "perhaps too much to drink"	3.5	4.5	2.7	1.1	NA	1.2	NA	NA	NA
Non-medical use of prescription pain killers (i.e., to get high)⁺	3.9	2.8	6.6	NA	NA	NA	4.4	5.1	5.1
Needing but not receiving treatment	5.4	4.6	7.5	17.2†	18.1†	NA	9.5ψ	10.1ψ	9.3ψ
Frequent Mental Distress/Serious	7.5	5.4	5.4	12.4	NA	13.2	4.3	4.3	4.5

Indicator	Weighted Percent								
	2016 NMCS	2015 NMCS	2014 NMCS	2014 BRFSS	2013 BRFSS	2012 BRFSS	2013-2014 NSDUH	2012-2013 NSDUH	2010-2011 NSDUH
Mental Illness‡									
Past year any mental illness/substance use problem¥	17.6	13.4	15.7	NA	NA	NA	20.1	19.3	18.4
Suicidal Ideation (past year)	5.4	4.2	4.1	NA	NA	NA	4.0	3.8	3.8

* NMCS & BRFSS Definition: Heavy drinkers= adult men having more than two drinks per day and adult women having more than one drink per day; NSDUH heaving drinking estimate is combined 21 years old and older from 2009 to 2013

ᵀ NMCS Definition: Past 30-day pain killer use to get high; NSDUH Definition: Past year nonmedical use of pain relievers

† BRFSS Definition: Unable to Get Needed Medical Care Due to Cost, Age-adjusted

ᴪ Estimate adds two indicators from NSDUH assessing needing, but not receiving, treatment for illicit drug or alcohol use

‡ NMCS Definition: Met WHO critical threshold for serious mental illness; BRFSS Definition: Respondent reported 14 or more days in past 30 days when mental health was "not good"; NSDUH Definition: Past year Serious Mental Illness

¥ NMCS Definition: Any mental health or alcohol/drug abuse problems in the past year; NSDUH Definition: Any mental illness in the last year

Past 30-day cigarette use among adults 18 and older has decreased slightly overtime in the three surveys included here. Estimates of past 30 day cigarette use in the NMCS are more similar to those from the NSDUH, while the BRFSS estimates are slightly lower. Past 30-day drinking is slightly higher in the NMCS sample compared to BRFSS and slower than NSDUH estimates. It has also decreased over time among the NMCS sample. Heavy drinking estimates are also slightly lower among the NMCS sample and decreased slightly between FY15 and FY16. Estimates of driving after too much to drink are slightly higher among the NMCS sample but certainly comparable from year to year.

Past 30-day use of prescription pain medication to get high is asked only on the NMCS and has varied from year to year. Past year misuse of pain killers is asked in NSDUH and not surprisingly is slightly higher than past 30 day estimates.

Estimates of overall mental health and access to care for said concerns should be interpreted *very* cautiously since these items are worded quite differently across surveys and the time frames for each also vary from past month to past year. NSDUH estimates cover the past year while the NMCS covers the past 30 days. The BRFSS version of Frequent Mental Distress is also a past 30 day measure but assesses mental distress somewhat differently than the NMCS and does not equate it with Serious Mental Illness.

We also compared the estimates of 18 to 25 year olds in the NMCS with similar age groups in the BRFSS and NSDUH data where possible. These are in Table 9.2 below

Table 9.2 Comparing young adult NMCS data with young adult BRFSS and NSDUH data

Age range for each survey estimate	18-25	18-25	18-25	18-24	18-24	18-24	18-24	18-25	18-25	18-25
Indicators	2016 NMCS	2015 NMCS	2014 NMCS	2015 BRFSS	2014 BRFSS	2013 BRFSS	2012 BRFSS	2013-2014 NSDUH	2012-2013 NSDUH	2011-2012 NSDUH
Past 30 day cigarette use	23.9	27.7	31.4	17.9	17.9	19.1	18.4	34.1	35.2	35.1
Past 30 day drinking	51.5	50.1	43.3	48.8	44.8	45.7	45.2	55.9	56.4	55.7
Past 30 day binge drinking	23.9	24.1	30.2	13.6	19.3	23.1	24.5	37.4	38.5	37.1
Heavy Drinking*	3.4	5.4	NA	4.5	4.4	6.4	7.0	NA	NA	NA
Past 30 day driving after having "perhaps too much to drink"	6.1	7.6	7.8	NA	1.7	NA	1.3	NA	NA	NA
Non-medical use of prescription pain killers (i.e., to get high) Ŧ	4.6	3.9	9.0	NA	NA	NA	NA	7.9	9.4	11.1
Needing but not receiving treatment †	7.4	5.0	10.7	14.1	17.5	18.5	NA	18.0Ψ	20.31Ψ	22.2Ψ
Frequent Mental Distress/Serious Mental Illness‡	12.9	8.6	9.8	11.4	13.6	NA	10.8	4.5	4.4	NA
Past year any mental illness/substance use problem¥	24.2	18.3	22.5	NA	NA	NA	NA	20.5	19.9	20.3
Suicidal Ideation (past year)	9.4	7.9	8.3	NA	NA	NA	NA	6.9	7.1	7.6

* NMCS & BRFSS Definition: Heavy drinkers (adult men having more than two drinks per day and adult women having more than one drink per day

Ŧ NMCS Definition: Past 30-day pain killer use to get high; NSDUH Definition: Past year nonmedical use of pain relievers

† BRFSS Definition: Unable to Get Needed Medical Care Due to Cost, Age-adjusted

‡ NMCS Definition: Met WHO critical threshold for serious mental illness ; BRFSS Definition: Respondent reported14 or more days in past 30 days when mental health was "not good"; NSDUH Definition: Past year Serious Mental Illness

Ψ Estimate adds two indicators from NSDUH assessing needing, but not receiving, treatment for illicit drug or alcohol use

¥ NMCS Definition: Any mental health or alcohol/drug abuse problems in the past year; NSDUH Definition: Any mental illness in the last year

We find that past 30 day cigarette use has declined over time among the NMCS sample and falls within the NSDUH and BRFSS estimates. Past 30 day alcohol consumption has remained fairly stable over the past 2 years among the NMCS sample and again falls between estimates from the

BRFSS and NSDUH samples. Binge drinking has decreased over time among the NMCS and BRFSS samples and remained about the same among the NSDUH sample. Estimates of heavy drinking among young adults in the NMCS sample are similar to those from the BRFSS sample but still decreasing at a similar rate. Estimates of driving after having perhaps had too much to drink are much higher among the NMCS sample than the BRFSS sample and may reflect differences in the way data were collected or the small sample of young adults in the BRFSS sample overall. Non-medical use of prescription pain killers (or a.k.a., using painkillers to get high) has decreased over time among the NMCS samples but is still concerning given that past year estimates from NSDUH are not all that much higher. It suggests that there the NMCS estimates might reflect the percentage of respondents who are dependent on prescription pain killers and do not use them merely recreationally.

Young adults are reporting more mental health and substance use problems than adults in general at least among the NMCS samples. This discrepancy is less pronounced among the BRFSS and NSDUH samples, however. More young adults in the NMCS samples are reporting past year mental illness and substance use and suicidal ideation as well when compared to all adults in the same samples. The various mental health estimates from the FY16 NMCS are generally higher than in previous years, which raises some concern about stressors adults in NM are having to deal with. This is gradual increase is in contrast to decreases in substance use over time.

Overall, we feel that state-level estimates from the NMCS are within the normal range of those gathered from other more rigorous survey samples and therefore, can be considered as representative. Yet, we remind everyone that the NMCS data are convenience sample data only. While communities go to great lengths to gather data from persons who represent their communities, these efforts vary as to their success. By weighting the data to reflect the state-level population demographics, we can counter to some extent these biases but certainly not all. Therefore, using these data to compare with local level estimates if useful but must be considered within the context in which they were collected, the same as the local data.

Data sources:
NSDUH: http://www.samhsa.gov/data/population-data-nsduh/reports?tab=38

NSDUH heavy drinking 2012-2013 only:
http://www.samhsa.gov/data/sites/default/files/State_BHBarometers_2014_2/BHBarometer-NM.pdf

NSDUH past year non-medical use of prescription pain killers 2013-2014/2012-2013/2011-2012:
http://www.samhsa.gov/data/population-data-nsduh/reports?tab=33

BRFSS: past 30-day cigarette use/drinking/binge drinking/heavy drinking, needing but not receiving treatment (in health care cost topic): http://www.cdc.gov/brfss/brfssprevalence/index.html

BRFSS: past 30-day driving after having too much to drink/frequent mental distress: NM SA Epi Profile 2014/2016 https://nmhealth.org/data/substance/