

State Level

2018 ANNUAL Program Findings Sheet High School

Youth-Targeted Goal and Objectives (only those referencing indicators in the ASFS):

Goal 1: Reduce underage drinking in New Mexico.

Objective 1a: Reduce social access to alcohol by minors by...

Objective 1b: Reduce retail access to alcohol by minors by...

Objective 1c: Increase perception of risk of legal and other consequences for breaking alcohol-related (underage drinking) laws by ...

Goal 2: Reduce prescription pain killer misuse and abuse among youth and adults in NM.

Objective 2.a: Reduce social access to prescription painkillers

Objective 2.b: Increase awareness of prescription painkiller harm & potential for addiction, and to increase awareness of dangers of sharing, how to store and dispose of prescription drugs safely by ...

Program Setting (includes community and schools' description):

The Annual Strategies for Success is administered in middle and high schools on a yearly basis and collected via paper and pencil surveys or on-line in computer labs, or on laptops or tablets provided to the students. The prevention program and school determine together who will be included in the sample, when data will be collected, and how data will be collected. The prevention program, in collaboration with the school, creates a school-specific data collection protocol that is reviewed and approved by members of the NM SEOW and PIRE prior to data collection commencing. In the protocol, the provider must demonstrate how parental consent will be obtained and how the anonymity of the respondents and the data will be maintained. Schools included in the aggregate sample included in this report represent high schools in New Mexico, primarily from rural or frontier counties.

Brief Sample Description (include how school(s) and sample were selected and data were collected):

Each prevention provider works with schools in their target area to determine whether data may be collected from students. Once the relationship is established, a school will allow data collection. The school and provider must then negotiate, where, when, and how data will be collected. For example, some schools will allow data collection only from one grade, while another may allow all the students to participate. Timing is also highly dependent on school

schedules and prevention program providers must negotiate times when schools can easily allow students to participate. Schools also determine how parental permission will be obtained. Finally, some schools are equipped to provide an on- line data collection option through the use of computer labs or student laptops. Alternatively, other schools may require that surveys are collected using paper questionnaires.

Prevention programs located in counties or communities with multiple middle and high schools begin by selecting schools randomly and sometimes also select classrooms randomly as well. Not all schools that are selected in this manner agree to participate, meaning that providers must then select another school at random from the remaining pool. Random selection is not always necessary in smaller communities where there are fewer schools and/or fewer students. In many of those cases, all the schools elect to participate and all students are surveyed. Each program attempts to capture a representative sample of students in their community each year and then replicate the data collection approach each year when at all possible. For FY18, almost 4,000 high school students, grades 8 through 12, were surveyed.

Response Rates Description (how the rates were calculated):

Response rates are calculated in one of two ways:

Option 1:

Total number of students who complete the survey/Total number of students in school or classrooms selected

Option 2: Total number of students who complete the survey/ Total number of students you have permission to survey in the school/classrooms

For purposes of this report, we have combined response rates for a county when multiple schools were surveyed. Prevention communities calculated school-level response rates.

County	High School Response Rate (approximate)
Curry	<i>Not available</i>
Eddy	76.7%
Luna	<i>Not available</i>
Roosevelt	80.8%
Sierra	<i>Not available</i>
Socorro	63.2%
Taos	100% (all 9th graders)
Torrance	77.4%

Table 1a describes the overall sample and the sample broken down by gender, age, race/ethnicity grade level, LGBT status, long-term disability, and the language spoken at home. Table 1a also notes the number of surveys that were completed in Spanish. The sample was almost evenly split by gender (80 more boys than girls) with a mean age of 15.8 years old. Almost 10% of our sample identified as LGBT. About 34% of participants speak a language other than English at

home. Approximately 14% also report having a long-term disability. Table 1b provides students' understanding of their parent's educational level; many youth do not know this information.

Table 1a: Demographics for participants by biological gender

	Overall	Boys	Girls
Number of participants	3,718	1,865	1,785
Age			
Mean	15.8	15.8	15.7
Range	12-18	12-18	12-18
	n	%	%
12	6	0.3	0.1
13	17	0.4	0.6
14	635	15.5	19.2
15	1,014	28.5	26.2
16	895	23.9	24.6
17	812	21.9	22.2
18 or over	307	9.5	7.1
Grade			
8 th grade	6	0.2	0.1
9 th grade	1227	33.0	33.5
10 th grade	912	24.9	24.4
11 th grade	828	22.4	22.6
12 th grade	711	19.4	19.4
Race/Ethnicity			
White	1141	32.5	29.2
Hispanic	2216	56.7	63.9
Native American	126	4.5	2.4
Other	235	6.3	4.5
Identify as LGBT			
Yes	369	6.1	15.0
Have a long-term disability			
Yes	502	13.1	17.6
Language Other than English Spoken Often at Home			
Yes	1268	33.3	35.6
Number of Spanish Surveys	97		

Table 1b: Parental education level

Parents education level	%	
	Mother (n=3,672)	Father (n=3,646)
Not sure/not applicable	15.8	22.4
Some high school or less	12.0	15.4
High school or Some college	44.8	44.8
College and above	27.4	17.5

As shown in Figure 1, most students (95.2%) reported sleeping in a stable living environment such as a parent/guardian's home. However, almost 5% of students reported unstable housing. Examples of unstable housing include shelters, emergency housing, hotel/motel, and in a car, park, campground, or other place or staying at a friend or relatives.

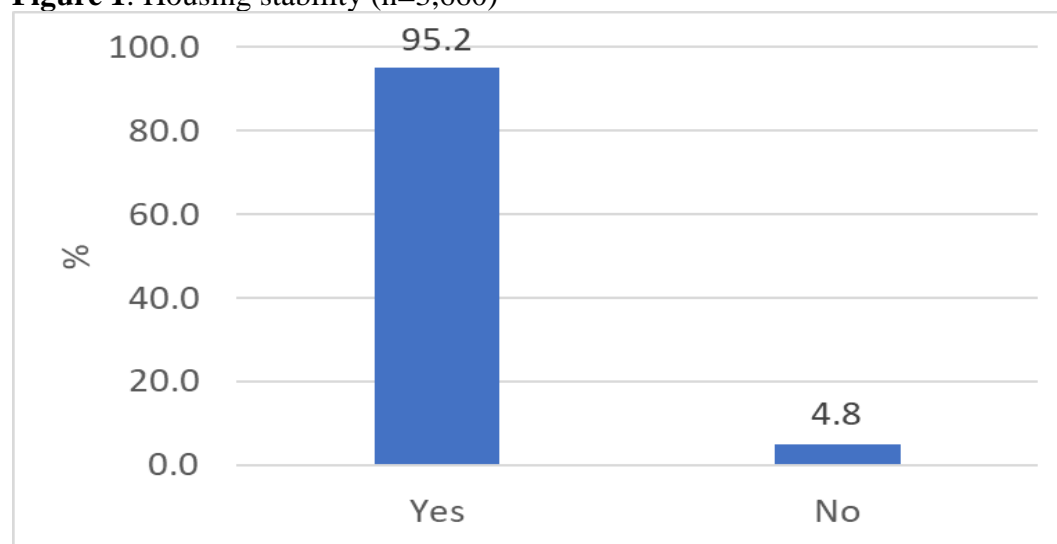
Figure 1: Housing stability (n=3,660)

Table 2 captures the percentage of participants self-reporting any past 30-day alcohol use and prescription painkiller use overall and by gender. Among these high school students, almost 28% reported current alcohol use, and 15% reported current binge drinking (5 or more drinks in a row). Almost 7% reported drinking and driving or driving while impaired. Extreme binge drinking is defined as having consumed 6 or 7 or more drinks in a row at least once in the past month and over 8% of students reported this. More than 17% of sampled high school students report current prescription pain killer use, and almost 6% reported using them to get high.

Table 2. Past 30-day alcohol use and prescription painkiller use^a overall and by gender

Substance	Overall			Boys			Girls		
	Total valid N	n ^b	%	Total valid N	n ^b	%	Total valid N	n ^b	%
Alcohol Use	3629	1001	27.6	1826	500	27.4	1767	488	27.6
Binge Drinking ^c	3631	543	15.0	1829	280	15.3	1766	254	14.4
Drinking and driving (DWI)	3650	248	6.8	1840	151	8.2	1773	91	5.1
Extreme Binge Drinking ^d	3599	290	8.1	1807	167	9.2	1756	119	6.8
Rx Painkiller Use to Get High	3512	204	5.8	1763	107	6.1	1714	91	5.3
Rx Painkiller use for any reason	3562	632	17.7	1790	270	15.1	1737	349	20.1

^aDichotomous alcohol use variable (yes or no).

^b n= number of positive responses

^c Binge Drinking is reported here as having consumed five or more drinks in a row at least once in the past 30 days.

^d Extreme binge drinking is defined here as having consumed 6 or 7 or more drinks in a row at least once in the past month.

Table 3 presents the prevalence of other substance use. Electronic cigarettes and marijuana use were most commonly used by high school students in the past 30 days. E-cigarette use was more prevalent than alcohol use and marijuana use was almost as prevalent as alcohol use. Traditional cigarette, chewing tobacco and hookah use were all approximately 10%. Un-prescribed stimulants and heroin use were much lower.

Table 3: Past 30-day Non-alcohol substance use^a overall and by gender

Substance	Overall			Boys			Girls		
	Total valid N	n ^b	%	Total valid N	n ^b	%	Total valid N	n ^b	%
Cigarettes Use	3641	390	10.7	1833	233	12.7	1771	150	8.5
Chewing Tobacco Use	3638	308	8.5	1833	245	13.4	1768	57	3.2
Hookah use	3472	344	9.9	1741	201	11.5	1695	138	8.1
E-cigarettes Use	3631	1148	31.6	1829	642	35.1	1767	492	27.8
Marijuana Use	3621	919	25.4	1823	466	25.6	1762	444	25.2
Heroin Use	3438	99	2.9	1733	67	3.9	1672	30	1.8
Un-prescribed Rx Stimulant Use	3615	215	5.9	1821	110	6.0	1758	100	5.7

^aDichotomous substance use variable (yes or no).

^b n= number of positive responses

For some substance use questions, participants could select the typical number of days or times a substance was used by the individual in the past month, from zero days to 30 days. Table 4 reports the most frequently selected category for days-of-use of each substance along with the

actual percent that reported among only those who reported any use (those reporting zero days were excluded from the count). In other words, among current ATOD users, the frequency of daily use most often reported by participants is indicated in the second column and the corresponding percent is reported in the third column.

As we saw in Table 3, alcohol and e-cigarettes are most frequently used. Notably, 248 students admitted to drinking and driving one time. While any use is unacceptable for high school students, the bottom half of Table 3 shows that about half of the students who tried un-prescribed stimulants or pain killers to get high only did so once or twice. Worryingly, almost half of the 99 heroin users used 40 or more times, suggesting the high addiction of this drug.

Table 4. Most frequently selected (mode) days-of-use or times-of-use category of past ATOD use among current users

Substance	Category with highest %	%
<i>Number of Days-of-Use</i>		
Cigarette use (users n=390)	1 or 2 days	37.9
Chewing tobacco use (users n=308)	All 30 days	30.8
Hookah use (users n=344)	1 or 2 days	50.3
E-cigarettes use (users n=1,148)	1 or 2 days	38.4
Alcohol use (users n=1,001)	1 or 2 days	55.4
Binge drinking (users n=543)	1 or 2 days	40.5
Drinking and driving (DWI) (users n=248)	1 time	51.6
<i>Number of Times-of-Use</i>		
Cigarettes per day (users n=385)	Less than 1 cigarette per day	33.8
Marijuana use (users n=919)	1 or 2 times	33.0
Heroin use (users n=99)	40 or more times	47.5
Un-prescribed Rx stimulant use (users n=215)	1 or 2 times	51.6
Rx painkiller use to get high (users n=204)	1 or 2 times	42.2

Note. If there are ties, then enter all tied categories.

From a prevention perspective, of particular interest is how are underage youth getting alcohol? Figure 2 shows that adults over 21 years old are buying alcohol for teenagers. In addition, almost 40% of the high schoolers sampled were exposed to alcohol at parties. Direct retail access to alcohol or tobacco is less common (5%). Similar to alcohol use, most underage teenagers are obtaining tobacco from an adult, as shown in Figure 3. Prevention strategies to address the provision of alcohol and tobacco products to youth are part of many OSAP funded prevention programs strategic prevention plans.

Figure 2. Alcohol access in the past 30 days (n=1,090).

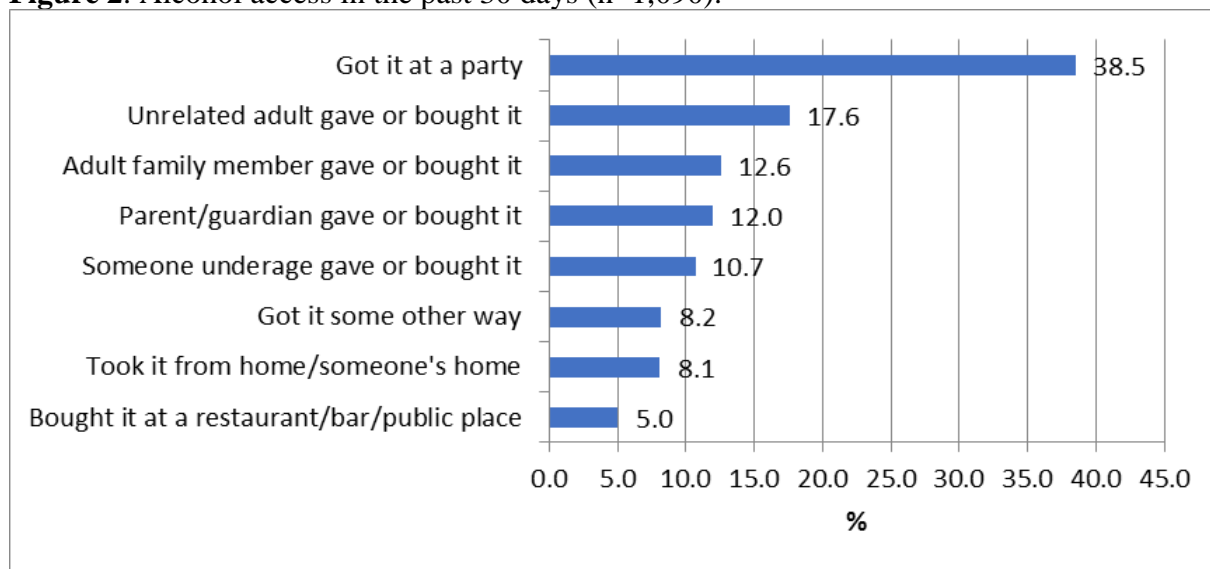


Figure 3. Tobacco access last 30 days (n=1,514)

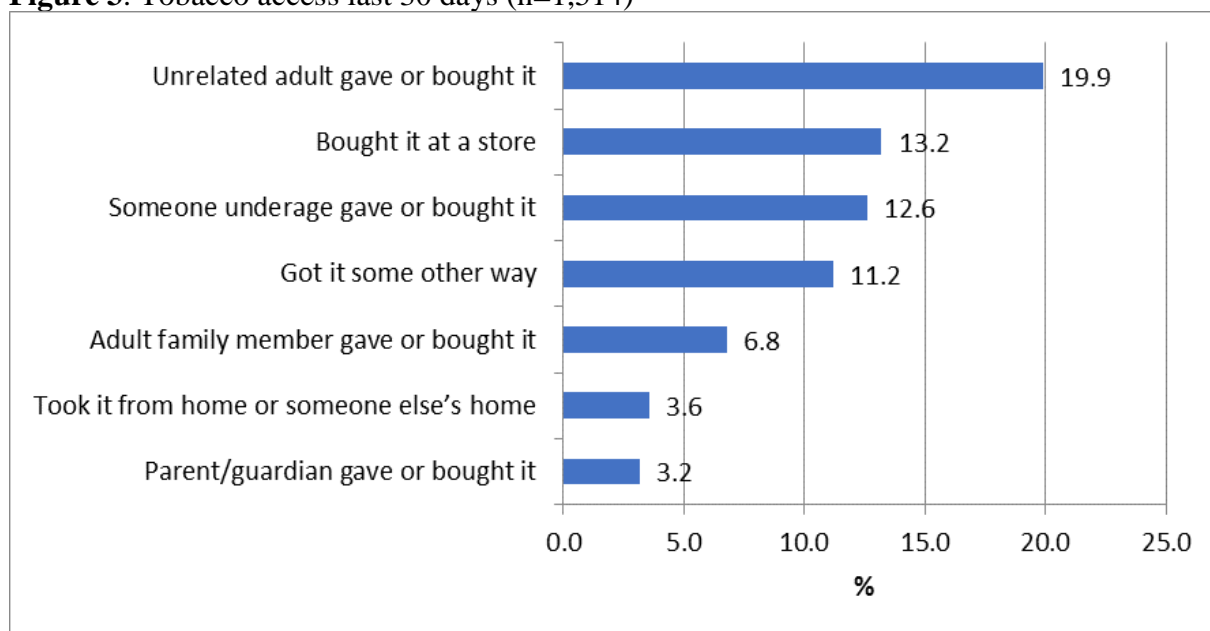
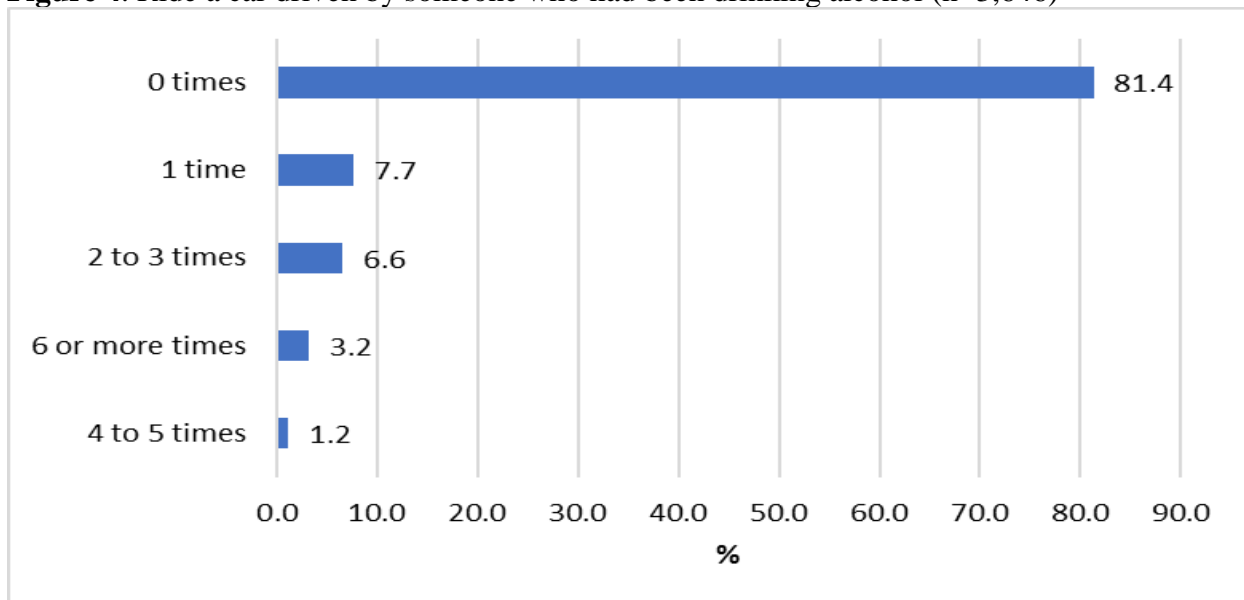


Table 2 shown earlier reveals that 6.8% of students had driven while impaired in the last thirty days. Table 2 also shows that more than a quarter of sampled students have consumed alcohol in the last 30 days. Are the other sampled high school students choosing a safe, sober driver to drive them home? Thankfully, most high school students (81%) do not ride with a driver who had consumed alcohol. However, we remain concerned for the approximately 19% who did admit to riding with an impaired driver.

Figure 4. Ride a car driven by someone who had been drinking alcohol (n=3,646)



In the shadows of the opioid epidemic, how are youth gaining access to prescription pain killers? Figure 5 shows that prescription pain killers are most often prescribed by a doctor (44.1%), but youth also indicated that they share pain killers with a family member or friend. Over 16% of the sampled high schoolers purchase painkillers from dubious sources including from Mexico, over the internet, or a drug dealer.

Figure 5. Prescription painkiller sources in the past 30 days (n=787)

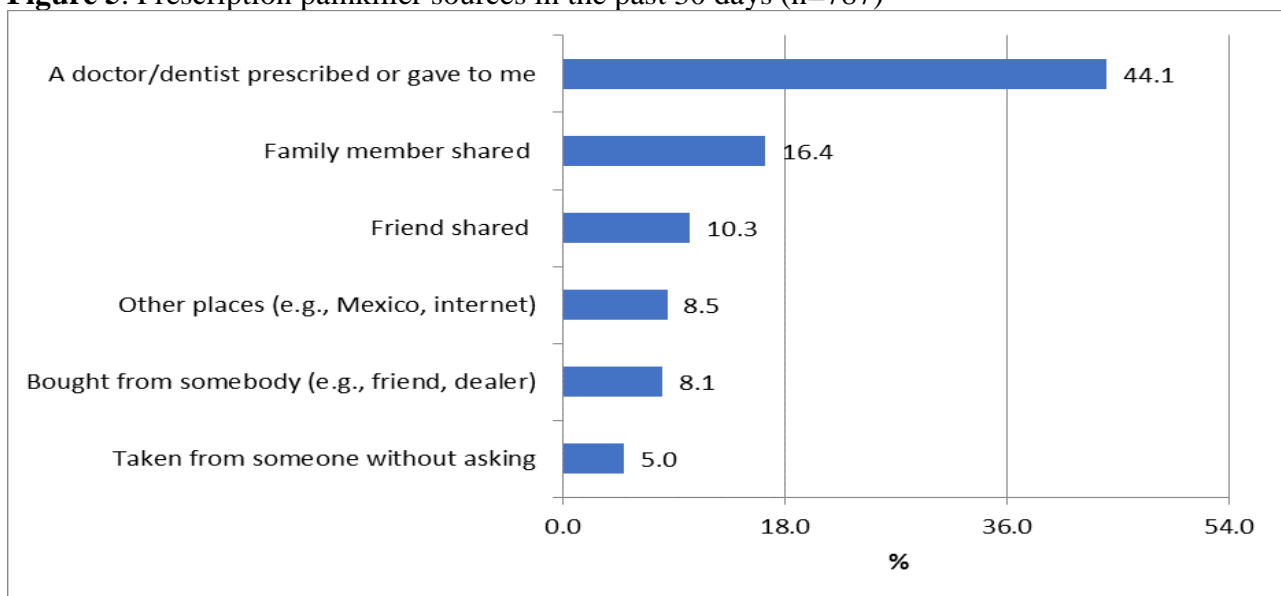


Table 5 introduces perception of risk by showing the percentage of respondents who perceive that they would get caught drinking alcohol and face consequences from the school or police. While most youth (85.1%) perceive they will get in trouble if caught drinking at school, far fewer (55.2%) felt they would get caught. Fewer still (43.5%) felt they would get caught

drinking somewhere other than school. So, while students perceive they might get in trouble if caught, fewer felt they would get caught and face those consequences.

Table 5. Percent of participants reporting that it is likely or very likely that they will be caught and face consequences if drinking alcohol at school or in the community

Perception of risk of getting caught and facing consequences	% reporting likely or very likely		
	Overall	Boys	Girls
Likelihood of being caught by teachers or staff when drinking alcohol at school (n=3591)	55.2	54.5	55.9
Likelihood of getting into trouble with school if caught drinking at school (n=3567)	85.1	83.4	87.0
Likelihood of being caught by police when drinking alcohol in the community (n=3574)	43.5	42.6	44.2
Likelihood of getting arrested or cited by police if caught drinking alcohol in the community (n=3586)	60.3	59.4	61.6

Table 6 shows the prevalence of participants who report using substances or being offered or sold drugs on school property during the school year. Marijuana and alcohol are the most commonly used drugs on school property. Interestingly, marijuana use (12.0%) is almost twice as high as cigarette use (6.5%) on campus. Illegal and prescription drugs are sold on school property. In fact, almost 23% of our respondents know where to buy illegal drugs if they wanted them.

Table 6: Prevalence of substance use and availability of drugs on school property during the school year.

Substance (Total N =3,718)	%		
	Overall	Boys	Girls
Use on School Property			
Cigarettes	6.5	8.3	4.6
Chewing Tobacco	8.4	13.1	3.3
Alcohol	10.6	11.2	10.0
Marijuana	12.0	12.4	11.5
Prescription Drugs to get high	5.6	6.2	4.9
Offered or sold on school property			
Illegal drug	22.9	23.0	22.8
Prescription drugs	12.4	12.5	12.2

How do youth in New Mexico perceive the risk associated with drug use? Table 7a shows the prevalence of respondents who perceive moderate or great risk of harm associated with ATOD use. Continuing a recurring trend also seen in the middle school data, youth perceived the greatest risk of harm with smoking cigarettes, but far fewer perceived risk associated with e-cigarette use and marijuana use. In fact, slightly more students associated cigarette smoking with more harm than the use of prescription painkillers for non-medical reasons! Binge drinking was associated with more harm than daily alcohol drinking.

Table 7a. Perceived risk of harm associated with ATOD use

Risk of harm (Total N=3,718)	Moderate or great risk (%)
Smoke one or more packs of cigarettes per day	79.2
Use e-cigarette on a daily basis	43.3
Smoke marijuana once a month or more	34.9
Smoke marijuana once or twice a week	44.4
Have one or two drinks of an alcoholic beverage nearly every day	60.6
Have five or more drinks of an alcoholic beverage once or twice a week	69.7
Use Rx painkillers for non-medical reason	78.1

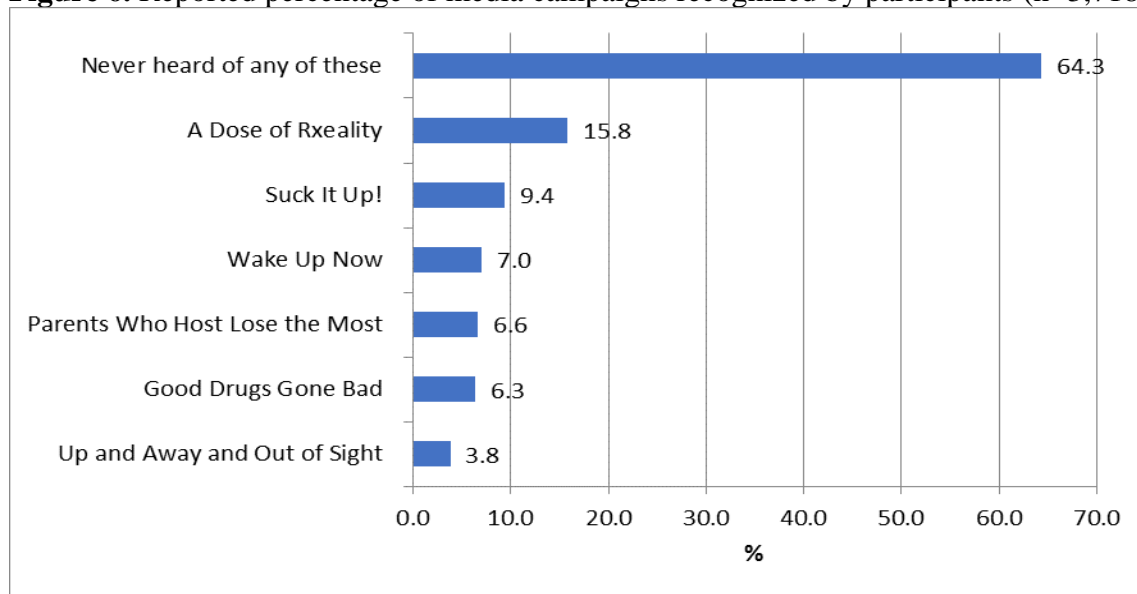
Table 7b provides the percent of participants who agree that they or their parents would feel that it was wrong or very wrong for participants to drink alcohol regularly. Most students (83.9%) thought their parents would feel it was wrong for them to drink regularly and the majority of high school students (68.4%) agreed.

Table 7b: Parents and youth attitudes towards ATOD use.

Attitudes Toward ATOD Use	% Feeling wrong or very wrong
Parents feel wrong for me to drink alcohol regularly (n=3,648)	83.9
I think it is wrong for someone my age drink alcohol regularly (n=3,650)	68.4

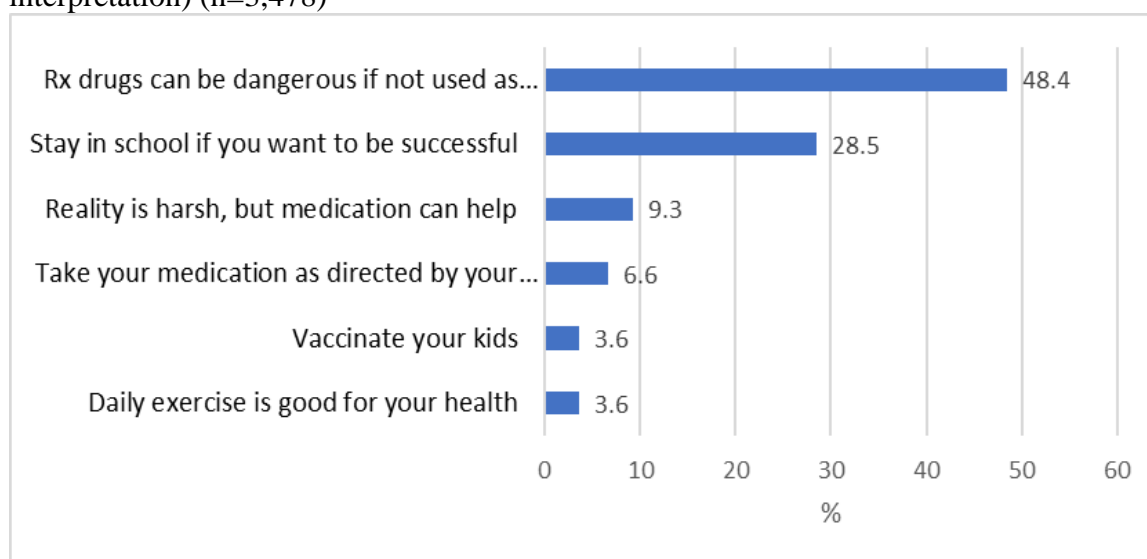
Figures 6 & 7 show the percentage of youth who reported recognizing real and fictitious media efforts to address youth ATOD use. Figure 6 examines name recognition of public health campaigns. Two of these campaigns are real. These are: “Parents Who Host Lose the Most” and “A Dose of Rxreality.” We would expect higher awareness of “Parents Who host Lose the Most,” and “A Dose of Rxreality” over time as compared with the fictional programs. Most students (64.3%) had not heard of any of these campaigns. Those that had, correctly identified “A Dose of Rxreality,” but not “Parents Who Host Lose the Most.” Combined, the data suggests that overall awareness of public health campaigns are quite low. Please note that Figure 7 reflects only respondents who selected only one interpretation of “A Dose of Rxreality” as instructed, versus multiple interpretations.

Figure 6. Reported percentage of media campaigns recognized by participants (n=3,718)



As with any health promotion campaign, it is important that the correct message is received by those targeted. What did participants learn from the “A Dose of Rxreality” campaign? Figure 7 reports how the media campaign messages were interpreted by participants. Please note that the overall awareness of actual public health campaigns is low (Figure 6) and that this analysis excludes students who selected multiple answers. Generally, the public health message from “A Dose of Rxreality” was interpreted and remembered accurately. “A Dose of Rxreality” media campaign promotes, among other things, the message that prescription drugs can be dangerous if not used as prescribed by a doctor.

Figure 7. Reported percentage of “A Dose of Rxreality” media campaign messages interpreted by participants (Note that this only includes students who select ONE interpretation) (n=3,478)



Comparison of ASFS Data with NM Youth Risk and Resiliency Survey (YRRS) Data

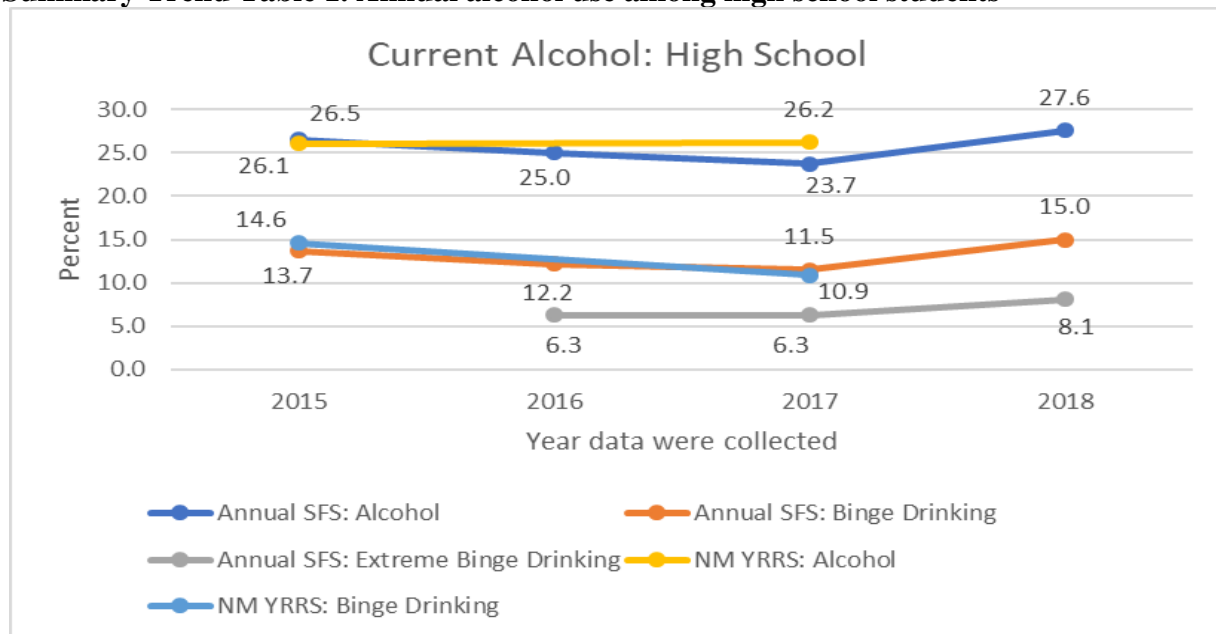
PIRE sampled almost 4,000 high school students in 2018. Males and females are represented roughly equally. The sample was diverse; 34% spoke a language other than English at home, 14% had a long-term disability, and 10% identified as LGBT. Over 60% of the sampled high schooler parents had at least a high school degree. Yet almost 5% indicated being housing unstable. Analyses of the 2017 NM YRRS high school student data indicate that youth who are foreign born (for which the language spoken at home may be a proxy for some of the youth) and housing unstable experience increased risk for substance use as adolescents. These sample characteristics may be particularly influential on our substance use prevalence estimates. Further analyses, beyond what is reported in this summary report, would be required to examine this potential relationship.

We wanted to examine substance use estimates from the ASFS over time and provide a comparison of the ASFS estimates with those from the NM YRRS, since it is a probability-based sample. Although the two surveys use very different sampling and data collection methodology, this comparison can provide some sense of the extent to which our data are similar to or dissimilar from the statewide prevalence estimates. Below we present graphs of substance use trends in the ASFS data and compare with the trends in the NM YRRS data.

Annual SFS data collection extends and provides nuance to what we know about substance use in New Mexico from measures in the NM YRRS alone. This may be more relevant with respect to rural populations in NM, as the ASFS does not survey in two major urban areas that do contribute to the NM YRRS - Albuquerque and Santa Fe. As seen in Summary Trend Table 1, YRRS data shows steady alcohol use from 2015-2017. The ASFS data shows a gradual decrease in self-reported alcohol use from 2015 to 2017, but an increase of alcohol use from 23.7 to 27.6% between 2017 and 2018. Since the NM YRRS data are not collected in 2018, we are unable to compare to determine whether this same increase was occurring across the state. We will, however, continue to closely monitor this indicator on both surveys going forward.

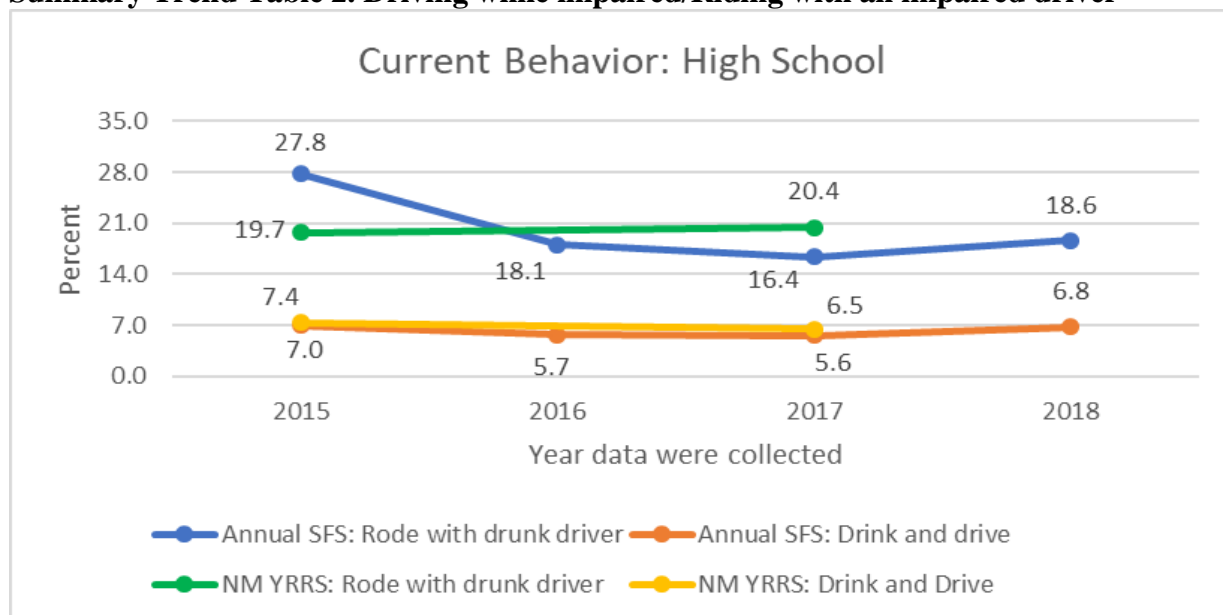
Also in Summary Trend Table 1, both the NM YRRS and ASFS data show that self-reported binge drinking decreased between 2015 and 2017. Yet, like alcohol use, binge drinking and extreme binge drinking both rose slightly in the 2018 ASFS data.

Summary Trend Table 1. Annual alcohol use among high school students



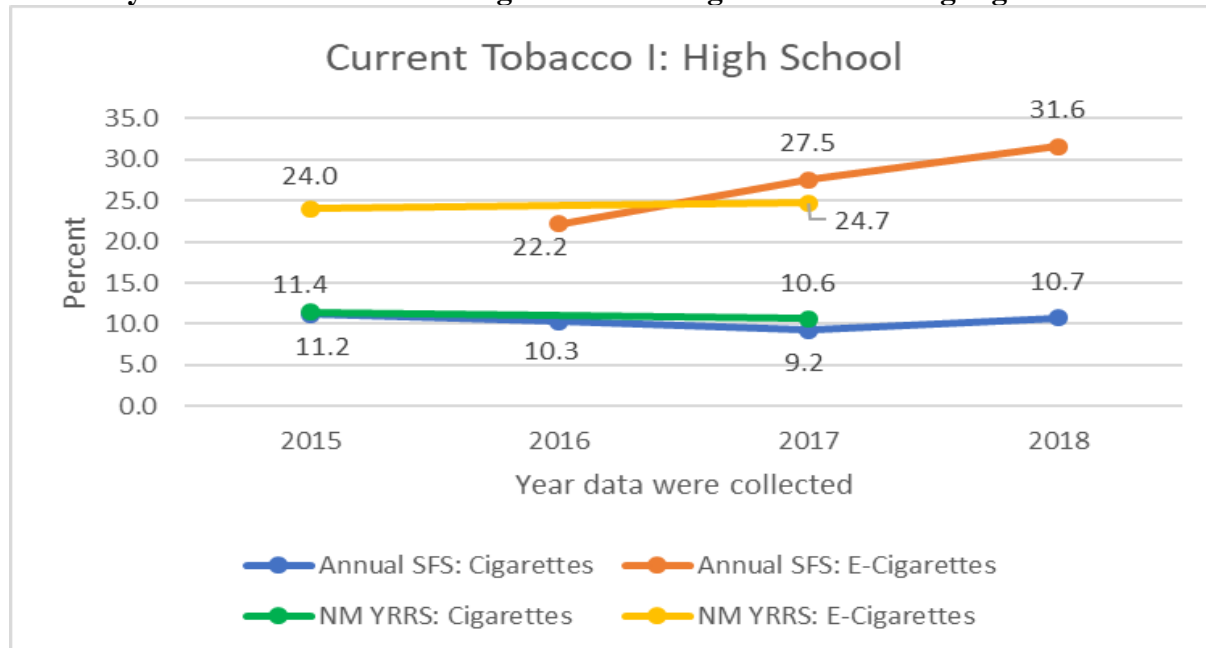
As seen in Figure 4, most high school students sampled in the ASFS (81.4%) report that they had not ridden with an alcohol-impaired driver. Although ASFS data showed a decline in ridership from 2015 to 2016, generally speaking, Summary Trend Table 2 shows relatively stable rates across YRRS and ASFS data sources. Participants who reported that they (themselves) had consumed alcohol and drove in the past year are much lower (between 5-6%) in both surveys. Furthermore, ASFS drinking and driving prevalence mirrored estimates in the YRRS. The slight increase in 2018 ASFS survey data may indicate an increasing trend or may reflect a normal fluctuation, but this remains to be seen.

Summary Trend Table 2. Driving while impaired/Riding with an impaired driver



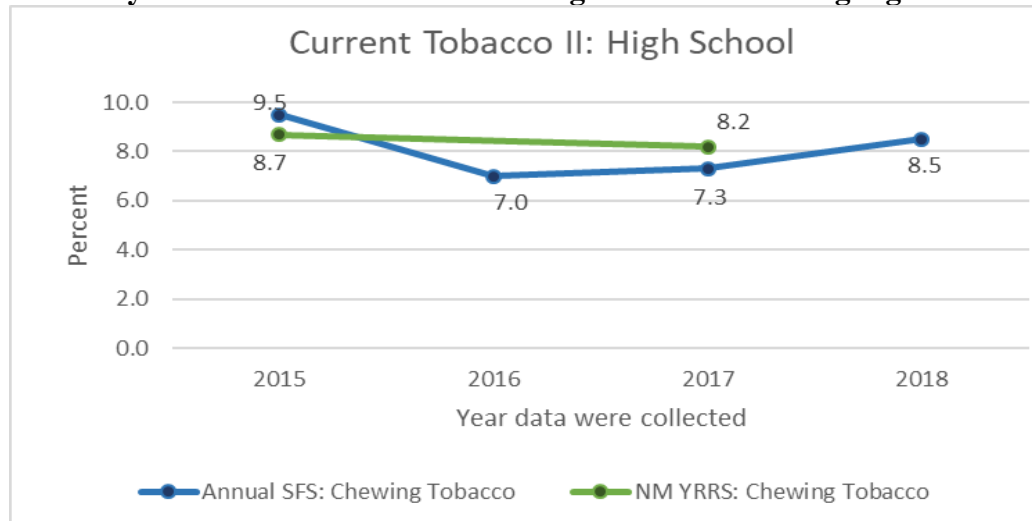
YRRS and ASFS data trends are similar for cigarette use. As beforementioned, ASFS data shows a sharp increase in e-cigarette use in the last 3 years. This is shown in Summary Trend Table 3. Since the NM YRRS will not be administered again until the fall of 2019, we won't know if a similar increase in e-cigarette use will be found, but given the increasing prevalence of e-cigarette use among youth across the US, it seems likely that this will also be reflected in the NM YRRS 2019 data.

Summary Trend Table 3. Annual cigarette and e-cigarette use among high school students



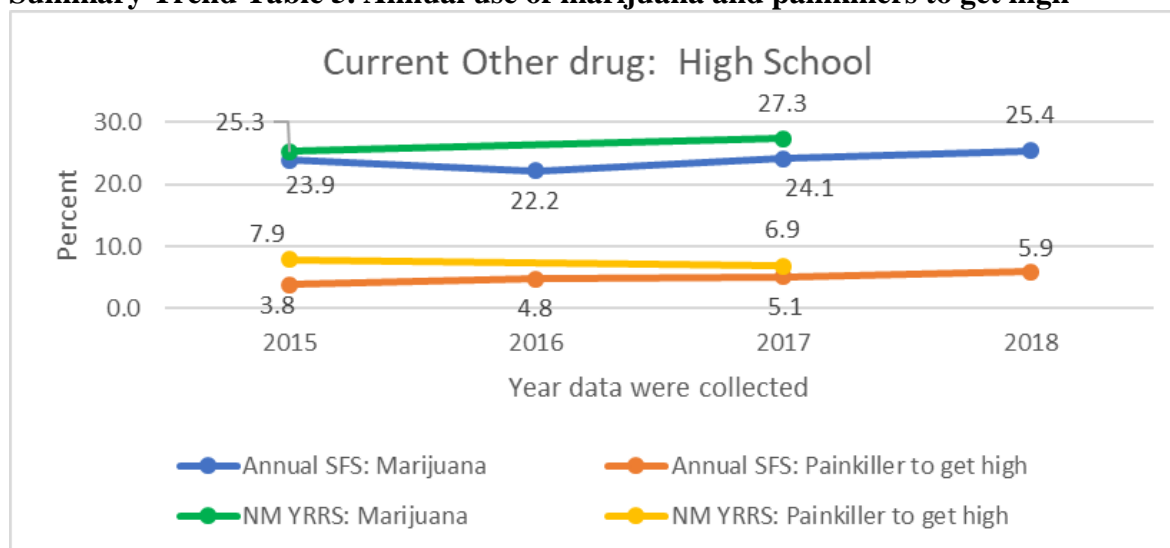
As shown in Summary Trend Table 4, the ASFS survey shows more variability in chewing tobacco use than the YRRS data. While YRRS data shows that chewing tobacco use is stable, ASFS data shows a decline between 2015 and 2016, relative stability through 2017, and then an increase in 2018.

Summary Trend Table 4. Annual chewing tobacco use among high school students



Shown in Summary Trend Table 5, both YRRS and ASFS data show that marijuana use is higher than misuse of painkillers among high school students in New Mexico. Strikingly, nearly a quarter of high school students sampled have used marijuana at least once in the previous year. Painkiller misuse is lower, but still concerning, between 5.1% (ASFS) and 6.9% (YRRS) in 2017, and appearing to increase steadily among the ASFS sample.

Summary Trend Table 5. Annual use of marijuana and painkillers to get high



Discussion of Findings of Annual SFS for High School

When viewed over time, and in comparison with the NM YRRS data, the ASFS data show a comprehensive picture of substance use among high schoolers in New Mexico as well as factors contributing to substance use among youth including the perception of risk of being caught, social and retail access to alcohol, tobacco and other drugs, attitudes towards use and perception of harm of use. Response rates were high, suggesting that the sample was representative of those schools participating. However, the ASFS sample is not a statewide sample and represents more rural than urban counties.

As in the past, alcohol was the most frequently reported drug used by high school students. More than a quarter of the sampled high school students reported using alcohol in the last 30 days. Teens are largely getting alcohol from adults who buy alcohol legally. Almost 40% of teens report that they encounter alcohol at parties. Given that most students are dependent on adults for housing, this suggests the need for a cultural shift of social norms around the harm of alcohol. Our data suggest that parental attitudes matter to high school students. Almost 84% of students believe that their parents do not want them to drink and the majority believe that they will get into trouble if they are caught using drugs or alcohol. Yet, the likelihood of getting caught in school (approximately 55%) or out in the community (approximately 44%) produces a mixed message for many teens. Adults need to be more aware and engaged to enforce their beliefs of the harm of underage alcohol use.

The most common non-alcohol related substance use was that of electronic cigarettes. Since we began measuring use in 2016, we have seen a substantial rise in e-cigarette use. This, coupled with lower traditional cigarette use rates, suggests that e-cigarettes are replacing use of other tobacco products. Public health campaigns against cigarette smoking were effective in changing social norms. We could consider expanding those campaigns to address e-cigarettes, in particular because other research suggests that youth believe e-cigarettes to be safer than regular tobacco cigarettes.

Schools should be drug-free zones. Unfortunately, access to alcohol, tobacco, and other drugs is common in schools. Notably, almost 23% of students have access to illegal drugs at school. Approximately 11% of students have been offered illicit and prescription drugs on school campus while 11-12% of high school students report having used alcohol and/or marijuana on campus.

Boys tend to engage in more high-risk drug and alcohol involved behaviors than girls. Boys are almost three full percentage points more likely to drive while impaired or to “extreme” binge drink. Interestingly, girls are more likely to use prescription painkillers, but boys are more likely to misuse them. This gender-effect is important and can be explored more fully in future years.

We end our summary with a note of caution. Feedback from local evaluators who collect these data in the high schools, suggests that many students with low reading levels may have difficulties in understanding the nature of the questions asked. This may influence answers to the questions. Part of the reason we compare responses with those from the YRRS is to assess to the extent possible, whether students are interpreting questions similarly in both surveys. Yet, misinterpretation likely occurs in both and this should at least be considered as part of the overall context in which students are reporting their substance use.