

State Level

2018 Annual Program Findings Sheet – Middle 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 school 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 by students 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 the 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 data will be maintained. Schools included in the aggregate sample represent middle schools in New Mexico.

Brief Sample Description (include how sample was 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 it 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 programs 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 many middle and high schools may begin selecting schools randomly and sometimes also select classrooms randomly as well. This is not always necessary in smaller communities where there are few schools and everyone could potentially participate. Each program attempts to capture a representative sample of young people in their community each year and then replicate the approach each year when at all possible.

For FY18, almost 5,000 middle school students, grades 6 through 8, were surveyed. The sample was fairly evenly split between girls and boys and were mostly 12 and 13 years old.

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	Middle School Response Rate (approximate)
Curry	80.2%
Eddy	82.7%
Luna	Not available
Roosevelt	73.0%
Sierra	Not available
Socorro	74.5%
Taos	83.0%
Torrance	83.7%

Table 1a describes the overall sample and the sample broken down by gender, grade level, race, and language spoken at home. The sample is almost evenly split between boys and girls; the average age is almost 13 but the range between 10 and 15 years old and are grades 6, 7 and 8. Students are predominantly Hispanic/Latino and about 40% speak a language other than English at home. Table 1b provides students' understanding of their parent's educational level; many youth do not know this information.

Table 1a: Demographics for participants by gender

Demographic Characteristic	Overall	Boys	Girls
Number of participants	4,775	2,292	2,393
Age			
Mean	12.7	12.8	12.7
Range	10-16	10-16	10-16
	n	%	%
10	5	0.1	0.1
11	640	13.3	13.6
12	1,329	27.2	28.8
13	1,657	34.0	36.0
14	975	21.8	19.4
15	87	2.4	1.3
16 or over	42	1.1	0.7
Grade			
6 th grade	1,290	28.2	26.7
7 th grade	1,692	34.7	36.9
8 th grade	1,699	36.5	36.0
9 th grade	22	0.6	0.4
Race/Ethnicity			
White	1,212	25.7	25.2
Hispanic	2,893	58.7	63.1
Native American	272	6.7	4.9
Other	398	8.9	6.7
Language Other than English Spoken Often at Home	1,840	37.7	40.4
Number of Spanish Surveys	157		

Table 1b: Parental education level

Parents education level	%	
	Mother (n=4,703)	Father (n=4,684)
Not sure/not applicable	31.1	36.7
Some high school or less	9.0	10.4
High school or Some college	34.4	33.5
College and above	25.5	19.3

As shown in Figure 1., most students (95.3%) 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.

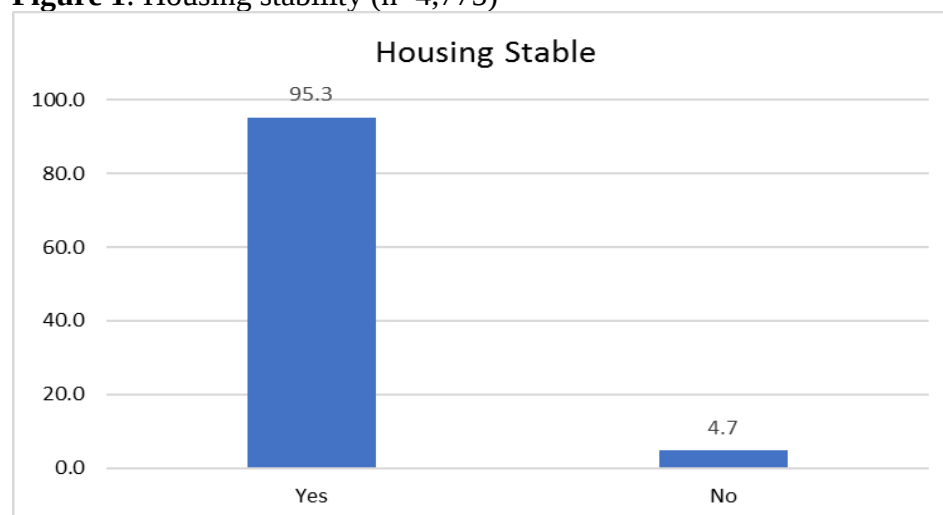
Figure 1: Housing stability (n=4,775)

Table 2 highlights use prevalence in the past 30-days by gender. Among these middle school students, almost 12% reported current alcohol use, and 7.5% reported current binge drinking. Just over 14% report current prescription pain killer use, though only 4% 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	4,684	542	11.6	2,258	244	10.8	2,362	290	12.3
Binge drinking ^c	3,975	298	7.5	1,864	135	7.2	2,060	158	7.7
Rx painkiller use to get high	4,536	180	4.0	2,175	95	4.4	2,302	83	3.6
Rx painkiller use for any reason	4,575	649	14.2	2,203	277	12.6	2,310	364	15.8

^aDichotomous alcohol use variable (yes or no).

^bn= 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.

Table 3 presents the prevalence of other substance use including current use and lifetime use. Electronic cigarettes and marijuana use were most commonly used by middle school students in the past 30 days and more prevalent than alcohol use.

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

Substance	Overall			Boys			Girls		
	Total valid N	n ^b	%	Total valid N	n ^b	%	Total valid N	n ^b	%
<i>Past 30-day use</i>									
Cigarettes	4,691	202	4.3	2,261	114	5.0	2,364	84	3.6
Chewing tobacco	4,668	168	3.6	2,248	123	5.5	2,355	43	1.8
Hookah use	4,673	254	5.4	2,245	131	5.8	2,363	119	5.0
E-cigarettes	4,701	781	16.6	2,266	405	17.9	2,369	366	15.4
Marijuana	4,685	559	11.9	2,258	262	11.6	2,363	288	12.2
Un-prescribed Rx stimulant use	4,669	206	4.4	2,251	94	4.2	2,355	107	4.5
<i>Lifetime use</i>									
E-cigarettes	4,693	1385	29.5	2,263	730	32.3	2,364	633	26.8
Alcohol	4,524	1318	29.1	2,188	675	30.9	2,276	621	27.3
Marijuana	4,672	817	17.5	2,252	405	18.0	2,356	401	17.0
Inhalant	4,432	437	9.9	2,140	197	9.2	2,236	235	10.5

^aDichotomous substance use variable (yes or no).

^bn= 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

percentage reported among current ATOD users. Students most often reported using substances 1 to 2 days in the past 30 days.

Table 4: Most frequently selected (mode) days-of-use category or times-of-use category of past 30-day ATOD use among current users

Substance	Category with highest %	%
<i>Number of Days-of-Use</i>		
Cigarettes (users n=202)	1-2 days	42.1
Chewing Tobacco (users n=168)	1-2 days	42.3
Hookah use (users n=254)	1-2 days	45.3
E-cigarettes use (users n=781)	1-2 days	45.2
Alcohol (users n=542)	1-2 days	51.7
Binge Drinking (users n=298)	1 day	35.6
<i>Number of Times-of-Use</i>		
Marijuana (users n=559)	1-2 times	34.0
Un-prescribed Rx Stimulant Use (users n=206)	1-2 times	52.9
Rx Painkiller Use to Get High (users n=180)	1-2 times	45.0

How are youth gaining access to substances which are generally difficult/illegal for them to purchase? Figures 2, 3, and 4 report the sources from which youth gain access to alcohol, tobacco, and prescription painkillers. Most youth are accessing alcohol and tobacco products at parties, at home, or other social ways. Direct retail access to alcohol or tobacco is less common. Prescription pain killers are most often prescribed by a doctor, but youth also indicated it being shared by a family member, or getting them in Mexico, or over the internet.

Figure 2. Alcohol access in the past 30 days (n=633)

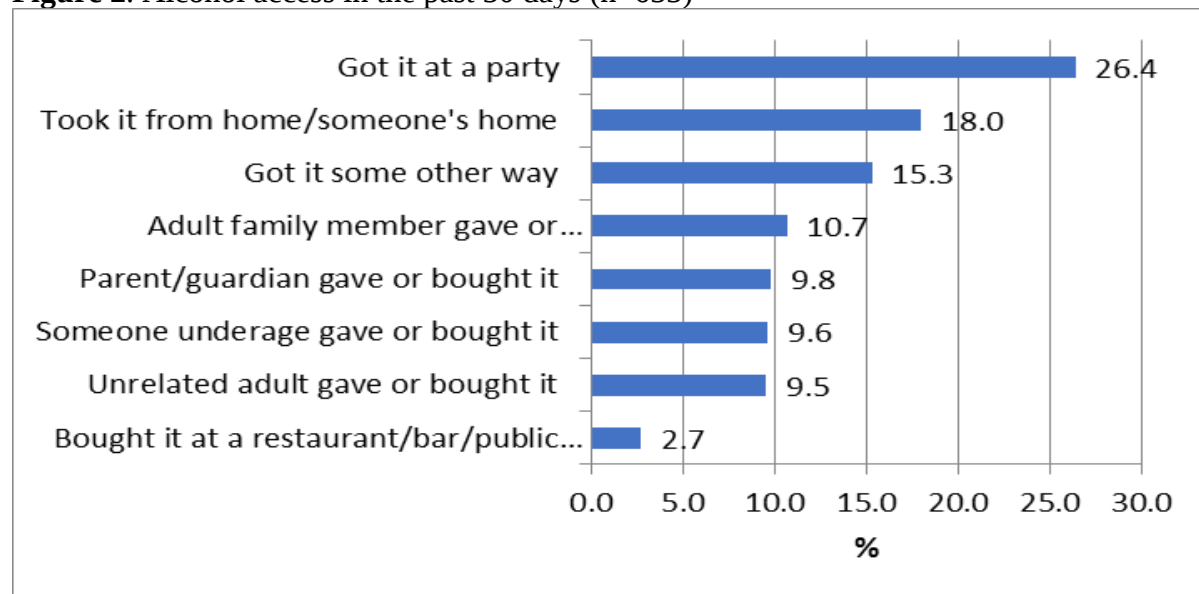


Figure 3. Tobacco access last 30 days (n=674)

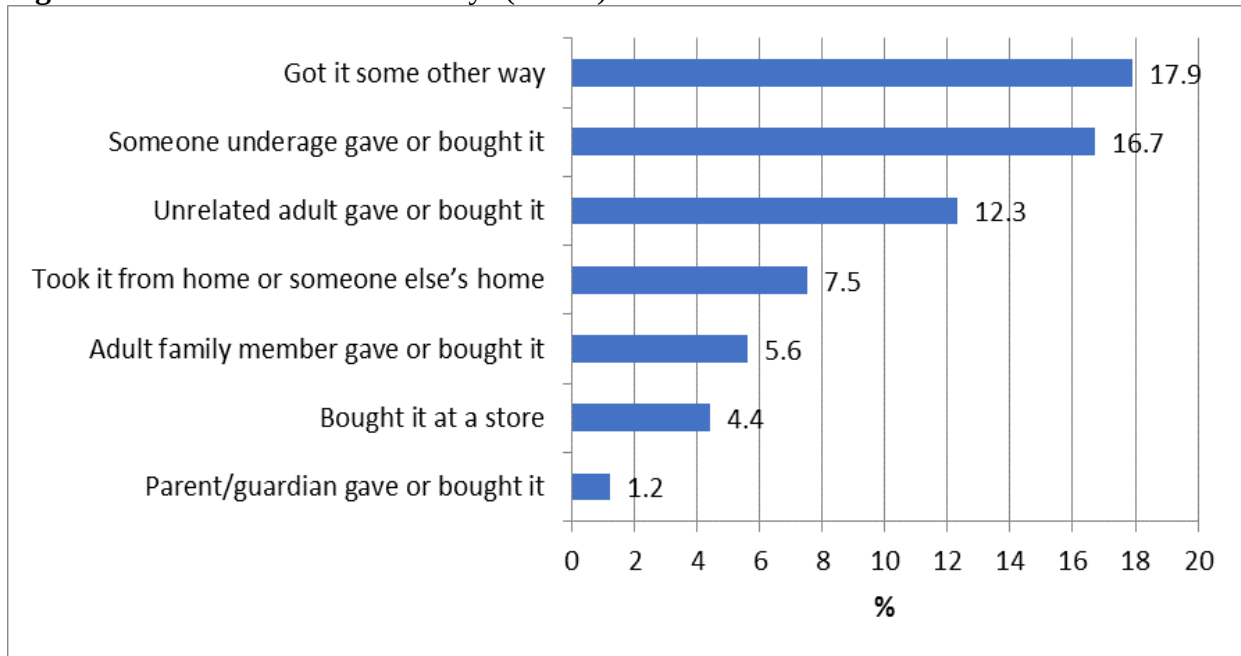


Figure 4. Prescription painkiller sources in the past 30 days (n=847)

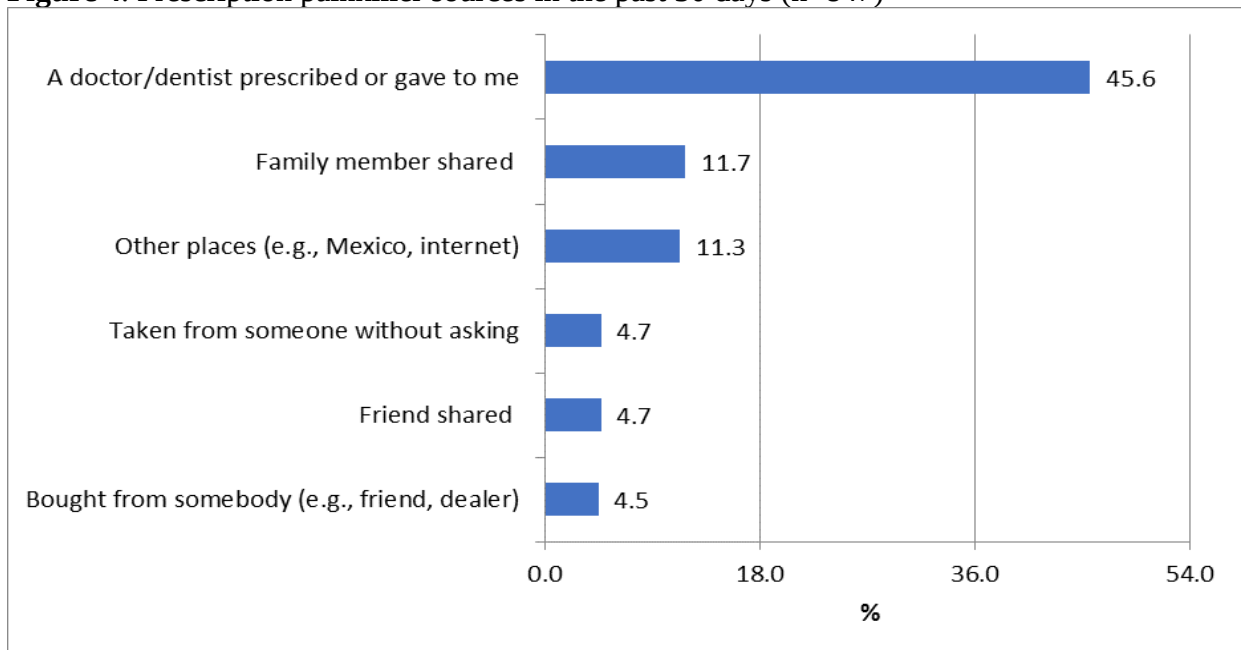


Table 5 introduces perception of risk by showing the percentage of respondents who perceive that they would get caught drinking alcohol and face consequences from the school or police.

While most youth perceive they will get in trouble if caught drinking at school, far fewer felt they would get caught. Fewer still felt they would get caught drinking somewhere other than school. So, while students perceived 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 very or somewhat 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=4,630)	72.2	72.9	72.0
Likelihood of getting into trouble with school if got caught drinking at school (n=4,599)	89.2	89.0	89.7
Likelihood of being caught by police when drinking alcohol in the community (n=4,603)	62.9	63.0	63.0
Likelihood of getting arrested or cited by police when drinking alcohol in the community (n=4,623)	70.9	71.2	71.1

Schools should be drug and alcohol free. Table 6 shows the prevalence of participants who report using substances or being offered or sold drugs on school property during the school year. While only a small percentage of students reported using substances on school property, far more reported being offered or sold drugs on school property.

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

Substance (Total N =4,775)	%		
	Overall	Boys	Girls
<i>Use on School Property</i>			
Cigarettes	2.2	2.8	1.6
Chewing Tobacco	3.3	4.7	1.9
Alcohol	3.9	4.2	3.6
Marijuana	5.8	6.4	5.3
Prescription Drugs to Get High	3.7	3.7	3.5
<i>Offered or Sold on School Property</i>			
Illegal drug	15.0	14.6	15.2
Prescription Drugs	8.8	8.3	9.2

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, youth perceived the greatest risk of harm with smoking cigarettes, but far fewer perceived risk associated with e-cigarette use and marijuana use. Less risk was associated with alcohol use as well.

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

Risk of harm (Total N=4,775)	Moderate or great risk (%)
Smoke one or more packs of cigarettes per day	87.8
Use e-cigarette on a daily basis	57.8
Smoke marijuana once a month or more	58.9
Smoke marijuana once or twice a week	68.2
Have one or two drinks of an alcoholic beverage nearly every day	70.1
Have five or more drinks of an alcoholic beverage once or twice a week	78.2
Use Rx painkillers for non-medical reason	84.5

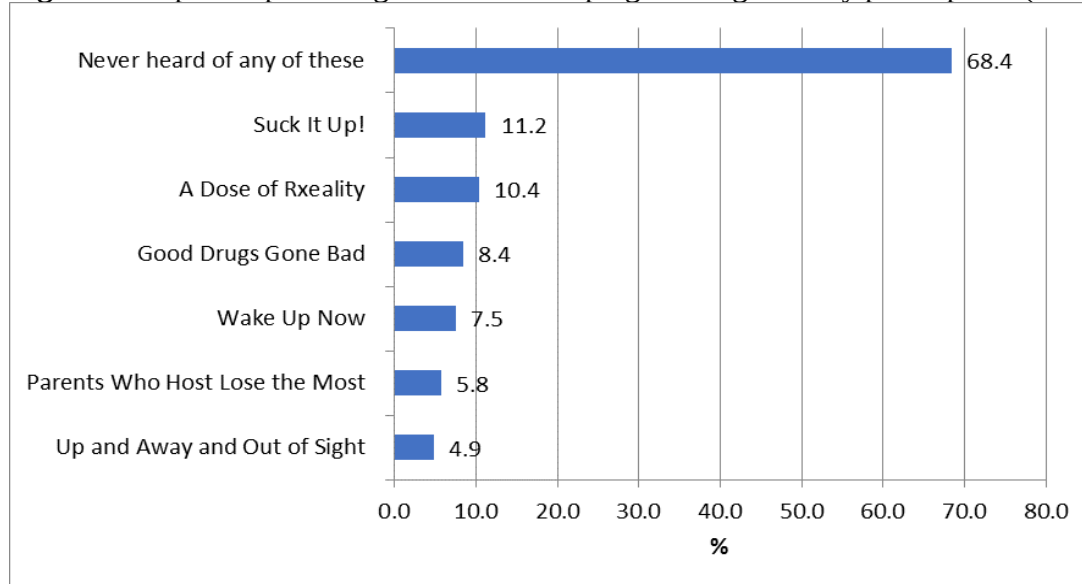
Table 7b provides the percent of participants who agree that they or their parents would feel that it was wrong or very wrong for participants to drink alcohol regularly. Table 7b also reports the percent of non-smoking participants who indicate that they intend to smoke. Most students thought their parents would feel it was wrong for them to drink regularly and most felt it was wrong for any of them to drink regularly. Fewer than 10% indicated they might try smoking soon.

Table 7b: Parents and youth attitudes towards ATOD use and youth's intentions to smoke.

Attitudes Toward ATOD use	% Feeling wrong or very wrong
Parents feel wrong for me to drink alcohol regularly (n=4,707)	91.4
It is wrong for someone my age drink alcohol regularly (n= 4,712)	85.4
Intentions to Smoke (limit to participants who were not smoker)	% of Yes
Try smoking a cigarette soon (n=4,267)	3.9
Smoke a cigarette at any time during the next year (n=4,669)	6.7
Smoke if one of your best friends offered a cigarette (n=4,675)	8.5

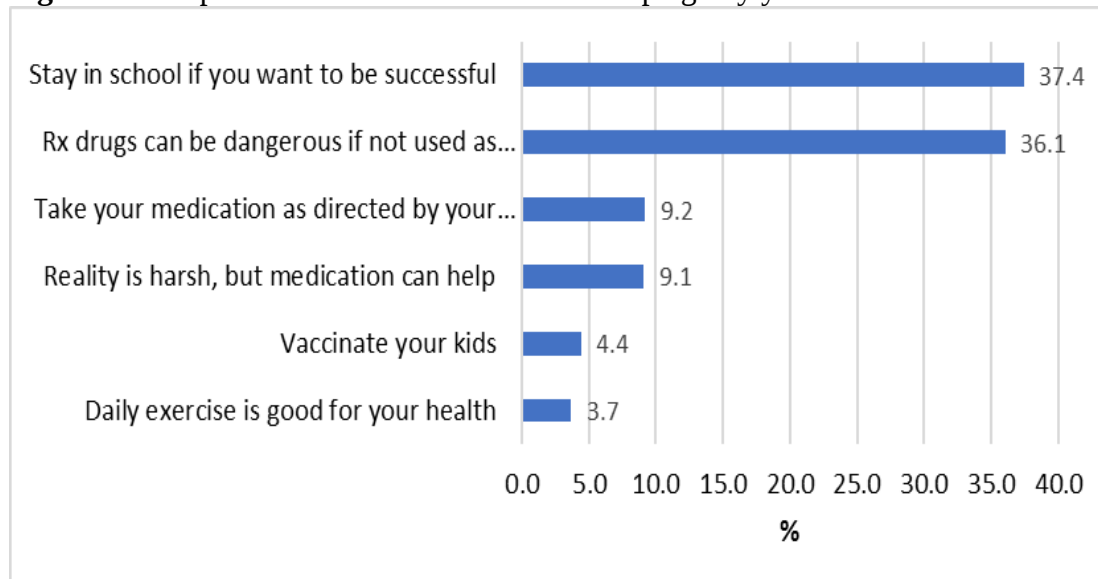
Figures 5 & 6 show the percentage of youth who reported recognizing real and fictitious media campaigns to address youth ATOD use. Two of these campaigns are real. These are: "Parents Who Host Lose the Most" and "A Dose of Reality." We would expect higher awareness of "Parents Who host Lose the Most," and "A Dose of Reality" over time as compared with the fictional programs. However, the data suggests that overall awareness of public health campaigns is quite low. Furthermore, more students endorsed recognizing the "Suck It Up!" campaign over others despite it being a fictitious campaign.

Figure 5. Reported percentage of media campaigns recognized by participants (n=4,475)



What did participants learn from these public health campaigns? Figure 6. reports how the “A Dose of Rxreality” media campaign messages were interpreted by participants. Please note that the overall awareness of actual public health campaigns is low (Figure 5.) and that this analysis excludes students who selected multiple answers. The “A Dose of Rxreality” media campaign promotes the message that prescription drugs can be dangerous if not used as prescribed by a doctor. Respondents were slightly more likely to endorse the “Stay in school if you want to be successful” message.

Figure 6. Interpretation of the ADOR media campaign by youth.



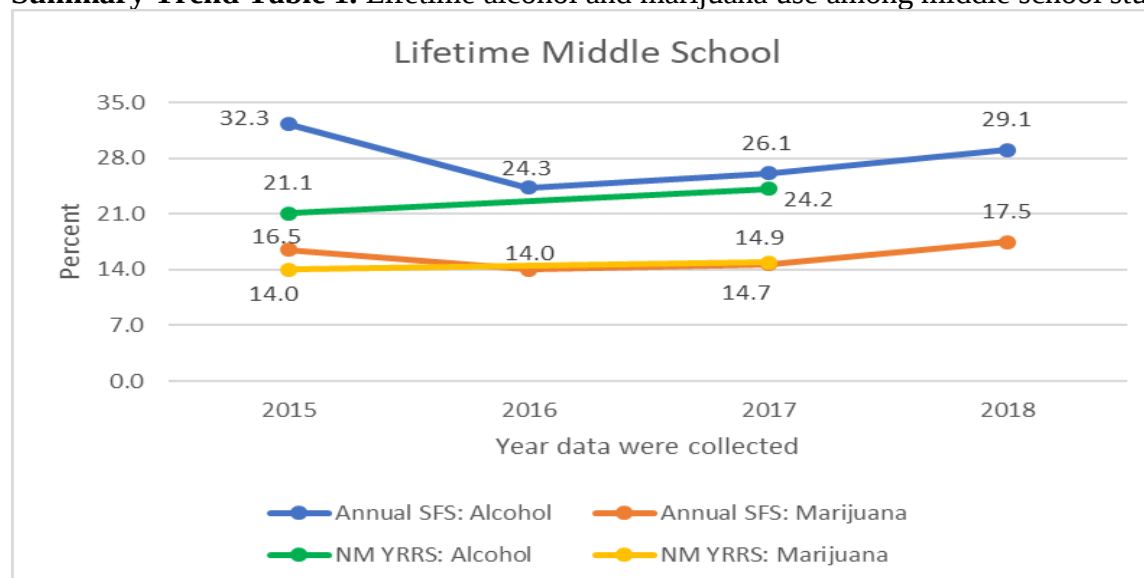
Comparison of ASFS Data with NM YRRS Data

Almost 5000 middle school students were sampled in 2018. Males and females are equally represented. Most students identified as Hispanic followed by non-Hispanic white and Native American. About 40% of the sample reported speaking a language other than English at home and approximately one third of the participants reported that at least one of their parents had a high school diploma or some college experience. Almost 5%, or about 250 students, indicated being housing unstable. Analyses of the NM YRRS 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 estimates over time in the ASFS data and the NM YRRS data.

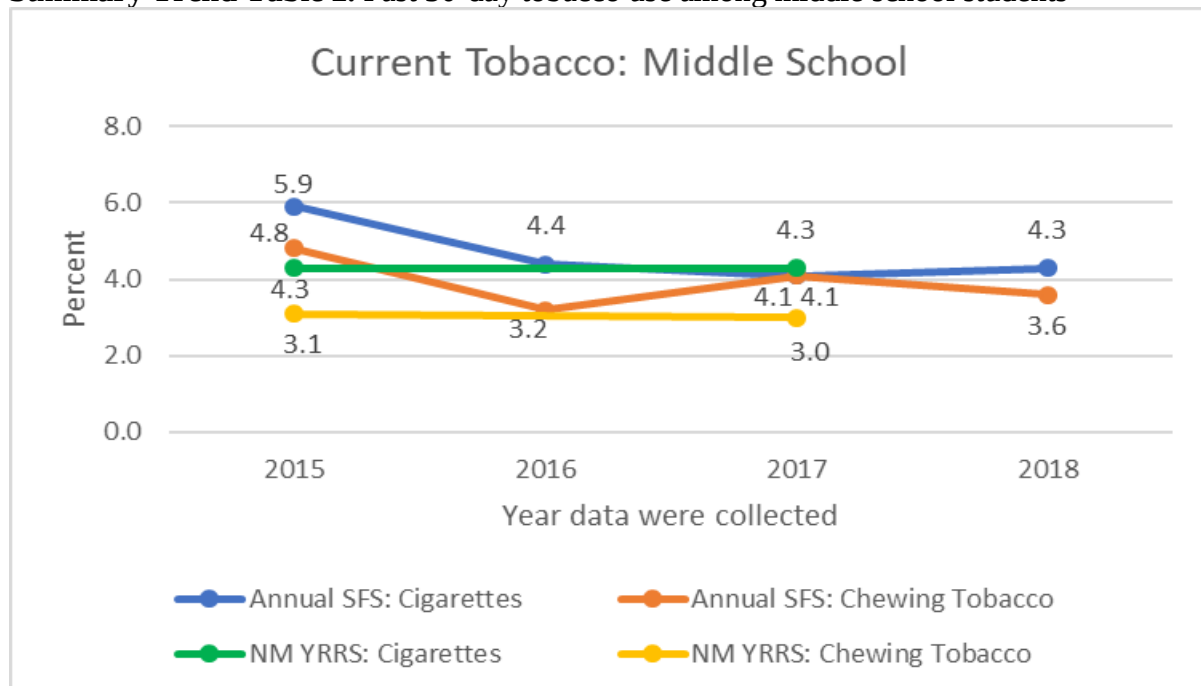
Annual SFS data collection extends and provides nuance to what we know about substance use in New Mexico from measuring using the NM YRRS alone. As seen in Summary Trend Table 1, YRRS data shows an increase of lifetime alcohol use from 2015-2017. The annual SFS data shows a similar sharp decline in alcohol use from 2015 to 2016, but then a steady increase thereafter. This general trend holds true for marijuana use as well. YRRS data from 2015-2017 show a slight increase from 14.0 to 14.9 percent of middle school students reporting marijuana use in their lifetime. The New Mexico Annual SFS data showed slightly higher prevalence in 2015 (16.5%) and that use has remained steady with a slight incline to 17.5% in 2018.

Summary Trend Table 1. Lifetime alcohol and marijuana use among middle school students



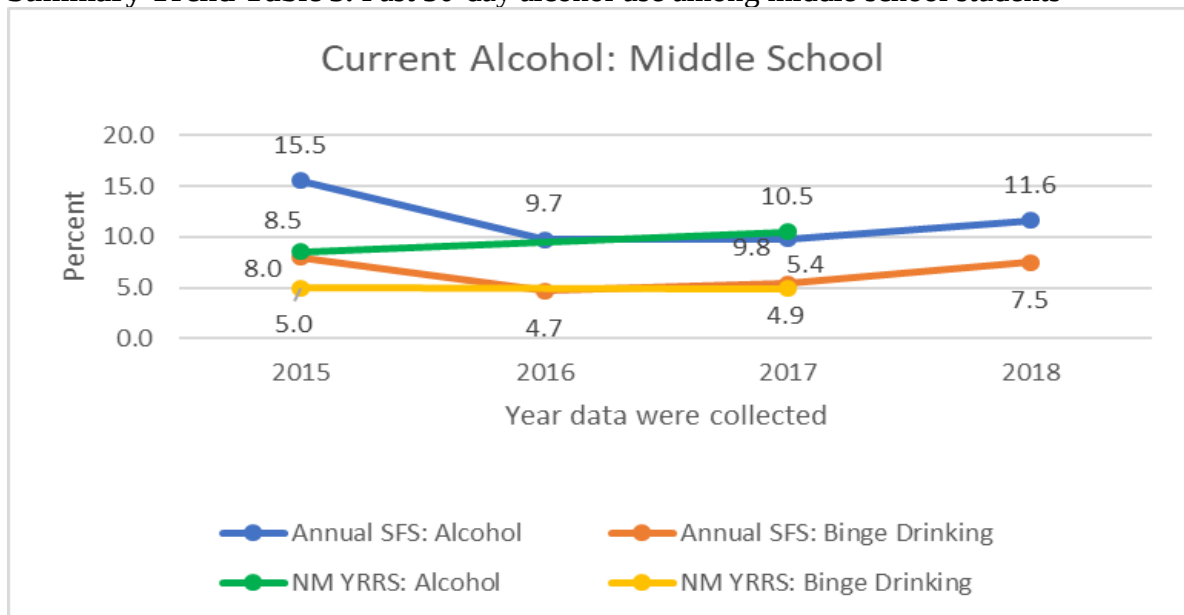
In Summary Trend Table 2, we examine tobacco use in the past 30 days among middle school students. In ASFS data, cigarette and chewing tobacco use decreased dramatically between 2015 and 2016 and slightly inclined for the next three years. In 2015, estimates for both cigarette and chewing tobacco use were both higher among the ASFS sample than in the NM YRRS by about 2 percentage points. However, by 2016, the ASFS estimates were more similar to the 2015 NM YRRS estimates. When combined with Table 3, we see that e-cigarette use has just barely outpaced cigarette use as the most common substance use among both girls and boys. Addressing e-cigarette and cigarette use among even youth as young as middle school is of upmost importance for prevention programs as it is also closely linked with later marijuana use.

Summary Trend Table 2. Past 30-day tobacco use among middle school students



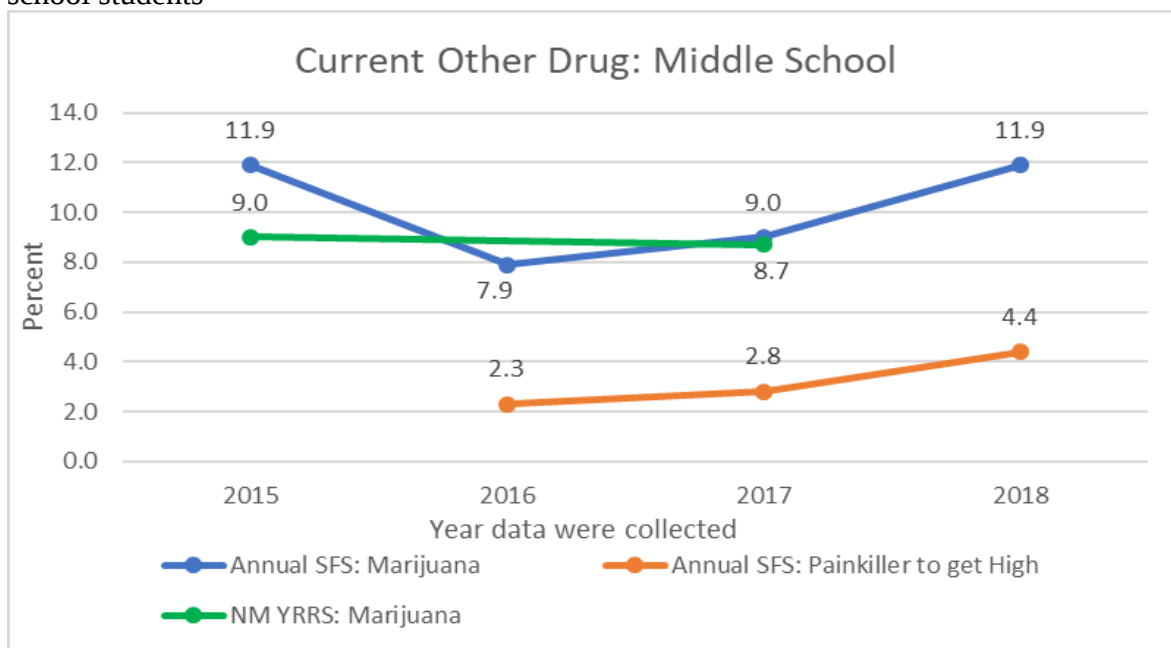
As shown in Summary Trend Table 3., past 30-day alcohol use and binge drinking show similar patterns as the other substances examined; decreased prevalence estimates from 2015 to 2016, then slight increase over time, although not reaching 2015 levels. Estimates from the ASFS are generally higher than those from the NM YRRS but not radically so. New Mexico has seen ongoing decreases in the use of alcohol among youth, which suggests that efforts to address this serious public health problem are working. Unfortunately, we see increases in other dangerous substance use, where far less is understood about effective prevention strategies.

Summary Trend Table 3. Past 30-day alcohol use among middle school students



Finally, in Summary Trend Table 4, we can see self-reported current marijuana use and prescription painkiller use to get high among middle schools students are both increasing. The ASFS did not ask about prescription painkiller use prior to 2016 but by 2018, the prevalence has almost doubled. Marijuana use is also increasing, likely in part, due to the legalization of marijuana in states across the the country and Colorado next door, effectively lowering the perception of harm among youth and adults alike and increasing access.

Summary Trend Table 4. Past 30-day marijuana and prescription painkiller use among middle school students



Discussion of Findings of Annual SFS for Middle School

When taken together, the data show a comprehensive picture of substance use among middle schoolers in New Mexico. Response rates were high, suggesting that the sample was representative.

As in the past, alcohol was the most frequent drug used. Data also show that the use of painkillers is high (14.2%) with 4% of those using for the wrong reason. In fact,, painkillers have almost surpassed alcohol as the main ATOD among middle school students. The very high level of painkiller use is concerning, especially as it is possible that the self-reported estimate of 4% painkiller misuse is underreported.

Illegal drugs are too common on school property. Fifteen percent of students reported that illegal drugs were available to them on school grounds. The most common drug used on school property was marijuana (5.8% of students using on campus). This was particularly interesting as the use of cigarettes and chewing tobacco was much lower. Is stigma related to marijuana use changing in New Mexico, where it is still illegal? Alcohol was less prevalent in school property (3.9%), perhaps due to the perception that alcohol using students would get caught (Table 5).

Middle School students continue to gain access to alcohol and illegal drugs through familial and social connections. For alcohol, tobacco, and prescription painkillers, family members and students taking the drugs from their own or a friend's home constitute the most access. This suggests that existing public health messages related to locking up medications and disposing unneeded medications are warranted.

However, the family member may not be a parent, at least not with alcohol. Table 7b. shows that most (91.4%) parents think that drinking in middle school is wrong. One implication of this finding is that while non-use messages may be distributed to parents, they could focus on engaging parents to limit access given by other family members.

We end our summary with a note of caution. Feedback from local evaluators who collect these data in the middle schools, suggests that many middle school students do not understand the questions or why the questions would be asked of them. Many students need the questions explained in order to understand them. This may be attributable in part to low reading levels but also low exposure to many of the behaviors asked about in the survey. Recall that about a third of the students are in 6th grade. Misinterpretation of the questions may influence the responses. 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. Therefore, while a minority of young people are quite drug savvy, there are like far more who are not and this should at least be considered as part of the overall context in which students are reporting their substance use.