Annual Strategies for Success

2019 High School Findings Sheet - All High Schools
New Mexico Office of Substance Abuse Prevention ATOD Prevention Programs

Youth-Targeted Goal(s) and Objective(s):

Goal 1: Reduce underage drinking in New Mexico.

   Objective 1a: Reduce social access to alcohol by minors by… (e.g. implementing PWHLTM; increasing party surveillance efforts, etc.)

   Objective 1b: Reduce retail access to alcohol by minors by… e.g., increasing SID checks of retailers and increasing retail education, server training, etc.)

   Objective 1c: Increase perception of risk of legal and other consequences for breaking alcohol-related (underage drinking) laws by … (e.g., increasing highly visible enforcement and monitoring efforts; using social media to increase visibility, etc.)

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

   Objective 2.a: Reduce social access among youth to prescription painkillers by… (increasing parents' self-reported locking up of painkillers; reducing parent sharing with others; increasing pharmacy direct education of patients; creating and implementing institutional policies so that medical providers increase their direct education of patients; by developing and disseminating a "provider guide" so that medical providers increase their direct education of patients, etc.)

   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…(e.g., implementing a media campaign)

Program Settings (includes community and school(s) description):

The Annual Strategies for Success (ASFS) survey is administered in middle and high schools on a yearly basis and collected via paper and pencil forms 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 New Mexico Statewide Epidemiological and Outcomes Workgroup (SEOW) and the Pacific Institute for Research and Evaluation (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 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 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 using 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 FY19, 4,354 high school students, in grades 9 through 12, were surveyed. The sample was evenly split between girls and boys and the average age was just under 16. Over half of the respondents indicated that their race/ethnicity was Hispanic, with over one-third indicating that a language other than English was spoken often at home.

Response Rates Description (how the rates were calculated):
Response rates are calculated in each community 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
Curry*	94.8%
Doña Ana	99.1%
Eddy	78.6%
Roosevelt	91.5%
Sierra**	63.2%
Socorro	78.4%
Taos	70.2%
Torrance	77.9%

*Curry County engaged in an active parental consent process. The response rate is calculated only including those with parental consent. If we look at all eligible students, the response rate was 19%.
** In Sierra County, many students did not assent to completing the survey, despite parental consent, thus the low response rate.

Demographic Characteristics

Table 1a describes the overall sample and the sample broken down by gender.

Table 1a Demographic characteristics

	Category	Overall (n)	Boys (%)	Girls (%)
Number of students		4354	2156	2134
Age				
Mean		15.7	15.8	15.6
Range		12 to 18	12 to 18	12 to 18
		n	%	%
	12	9	0.2%	0.1%
	13	15	0.2%	0.5%
	14	775	15.5%	20%
	15	1276	29%	29.7%
	16	1093	26%	24.4%
	17	835	20.4%	18.1%
	18	341	8.6%	7.1%
Grade				
	8th grade	13	0.3%	0.2%
	9th grade	1517	33.7%	36.1%
	10th grade	1135	26.4%	26.1%
	11th grade	994	24.3%	21.6%
	12th grade	677	15.3%	16%
Race/Ethnicity				
	White	1262	29.5%	28.7%
	Hispanic	2432	53.6%	58.4%
	Native American	417	10.3%	8.7%
	Other	239	6.7%	4.2%
Language Other than English Spoken Often at Home		1500	33.8%	35.6%
Identify as LBGT		469	5.3%	17.8%
Have a long-term disability		584	11.9%	19.2%
Number of Spanish surveys		50		

Table 1b provides students' understanding of their parent's educational level. Many youth do not know this information.

Table 1b Parental Education

Parents education level	Percent	
	Mother (n=4314)	**Father (n=4251)**
Some high school or less	11.8%	14.7%
High school or Some college	45.6%	45.4%
College and above	28.6%	18.9%
Not sure/not applicable	14.0%	21.0%

Figure 1 shows the percentage of participants who report unstable house and those who indicate having stable housing.

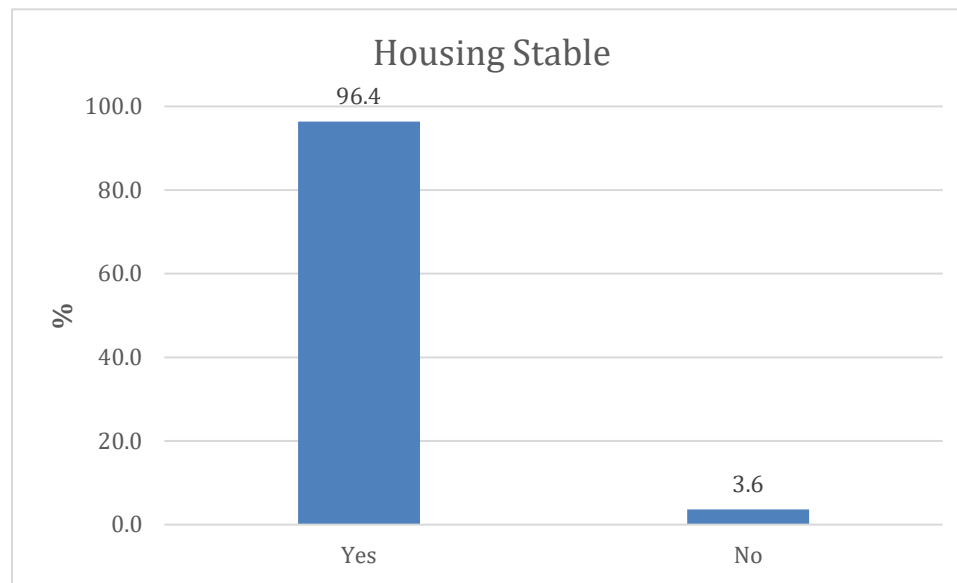**Figure 1. Housing Stability** (N=4302).

Table 2 displays percentage of participants self-reporting any past 30-day alcohol use and prescription painkiller use overall and by gender.

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

Substance	Total Valid N	Overall		Total Valid N	Boys		Total Valid N	Girls	
	N	n**	%	N	n**	%	N	n**	%
Alcohol Use	4245	1127	26.5%	2103	520	24.7%	2089	590	28.2%
Binge Drinking***	4246	595	14.0%	2102	298	14.2%	2090	287	13.7%
Drinking and Driving (DWI)	4269	271	6.3%	2111	148	7.0%	2104	118	5.6%
Extreme Binge Drinking	4097	319	7.8%	2030	184	9.1%	2017	129	6.4%
Rx Painkiller use for any reason	4209	642	15.3%	2082	262	12.6%	2074	369	17.8%
Rx Painkiller Use to Get High	4223	160	3.8%	2087	83	4.0%	2082	75	3.6%

*Dichotomous measure of substance use (yes or no).
**n= number of positive responses.
***Binge Drinking is defined here as having consumed five or more drinks in a row at least once in the past 30 days.

Table 3 shows percentage of participants self-reporting any past 30-day substance use for all other substances assessed for the total sample and by gender.

Table 3 Percentage of participants self-reporting any past 30-day substance use*
(other than alcohol and Rx pain killers) overall and by gender.

Past 30-day Use	Total Valid N	Overall		Total Valid N	Boys		Total Valid N	Girls	
	N	n**	%	N	n**	%	N	n**	%
Cigarettes Use	4262	398	9.3%	2111	225	10.7%	2097	166	7.9%
Chewing Tobacco Use	4266	230	5.4%	2111	180	8.5%	2100	45	2.1%
Hookah use	4024	390	9.7%	1996	189	9.5%	1980	196	9.9%
E-cigarettes Use	4259	1554	36.5%	2109	781	37.0%	2095	755	36.0%
Marijuana Use	4227	1014	24.0%	2090	488	23.3%	2084	515	24.7%
Heroin Use	4172	100	2.4%	2059	64	3.1%	2059	33	1.6%
Un-prescribed Rx Stimulant Use	4221	223	5.3%	2089	119	5.7%	2078	100	4.8%

*Dichotomous alcohol use variable (yes or no).
**n= number of positive responses

Participants who indicated that they had used a substance within the past 30 days were also asked to indicate the typical number of days or times they had used that substance. Table 4 reports the most frequently selected response category for these items (those reporting zero days of use were excluded from the analyses).

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

	Category with highest %	%
Number of Days-of-Use		
Cigarette use (users n=397)	1 to 2 days	44.3%
Chewing tobacco use (users n=230)	1 to 2 days	30.0%
Hookah use (users n=390)	1 to 2 days	39.7%
E-cigarettes use (users n=1556)	1 to 2 days	34.8%
Alcohol use (users n=1128)	1 to 2 days	53.6%
Binge drinking (users n=592)	1 day	40.0%
Drinking and driving (DWI) (users n=265)	1 time	47.2%
Number of Times-of-Use		
Cigarettes per day (users n=361)	Less than 1 cigarette per day	34.4%
Marijuana use (users n=1011)	1 or 2 times	32.3%
Heroin Users (n=102)	40 or more times	37.3%
Un-prescribed Rx stimulant use (users n=221)	1 or 2 times	49.1%
Rx painkiller use to get high (users n=155)	1 to 2 times	47.7%

Note. If there are ties for most reported frequency, then all tied categories are reported and percent represents percent for one of the categories.

Figures 2 and 3 show how youth accessed alcohol and tobacco most often in the past 30 days.
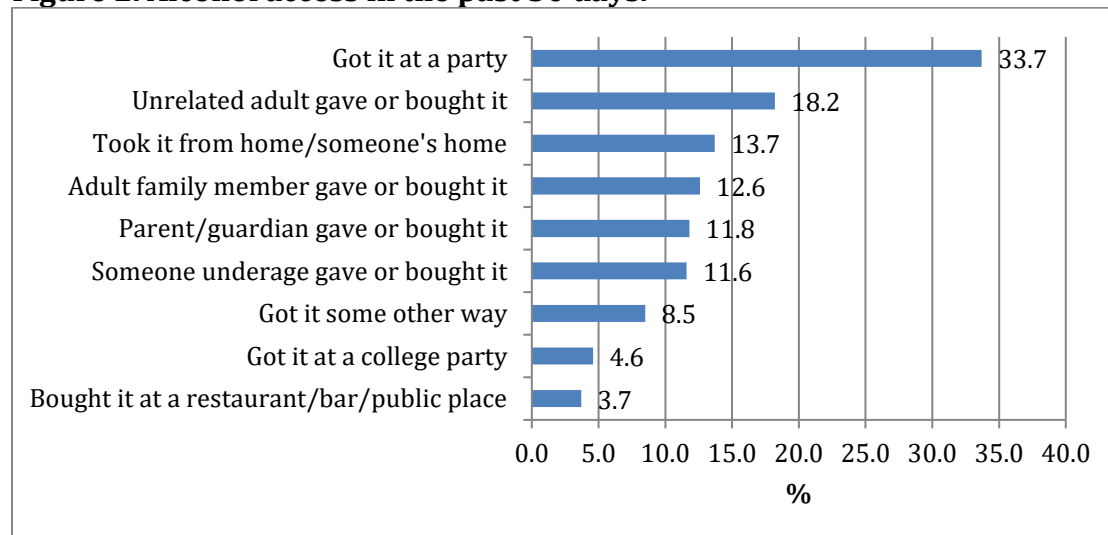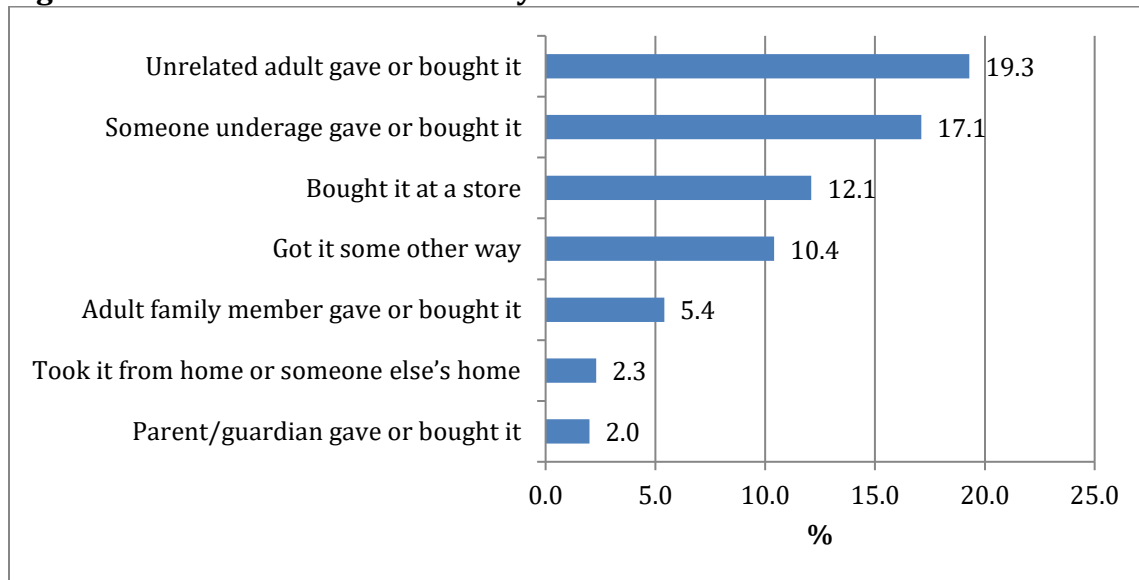
Figure 2. Alcohol access in the past 30 days.

Figure 3. Tobacco access last 30 days.

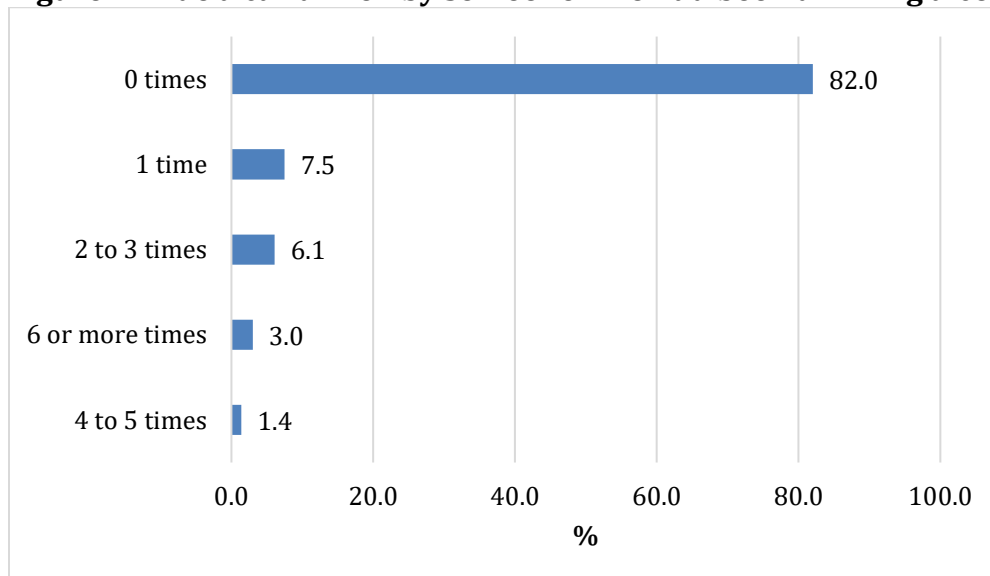Figure 4 shows the reported frequency riding in car with someone who had been drinking alcohol.

Figure 4. Ride a car driven by someone who had been drinking alcohol (N = 4268).

Figure 5 displays where youth obtained prescription pain killers most often.

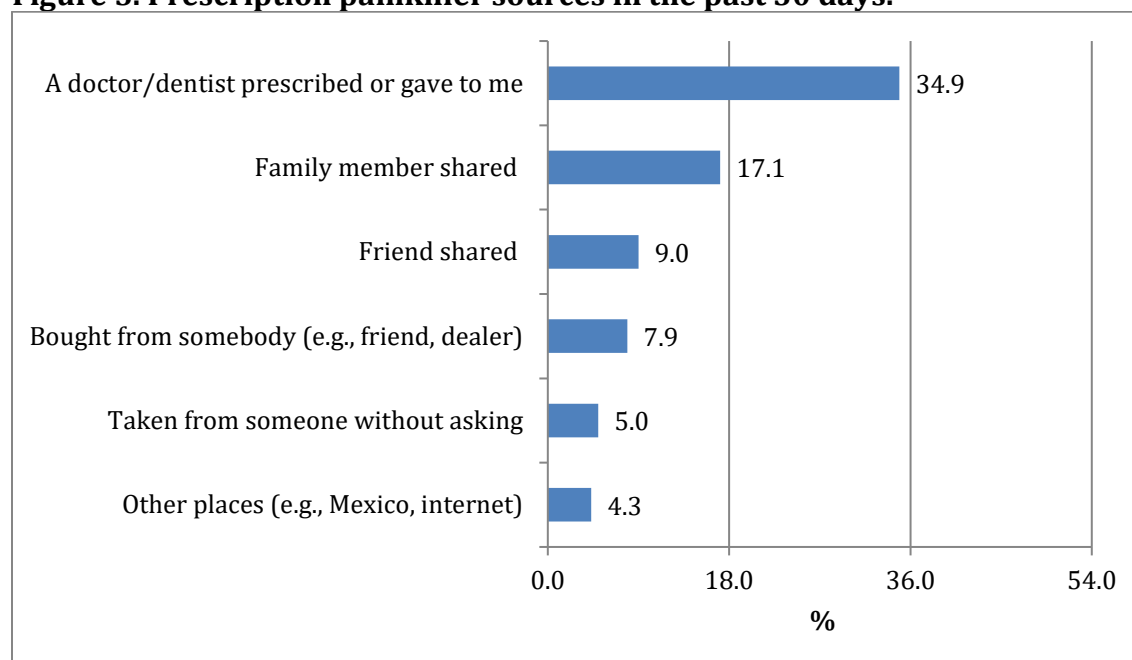**Figure 5. Prescription painkiller sources in the past 30 days.**

Source	%
A doctor/dentist prescribed or gave to me	34.9
Family member shared	17.1
Friend shared	9.0
Bought from somebody (e.g., friend, dealer)	7.9
Taken from someone without asking	5.0
Other places (e.g., Mexico, internet)	4.3

%

Figure 6 displays where youth obtained marijuana most often.

Figure 6. Marijuana sources in the past 30 days.

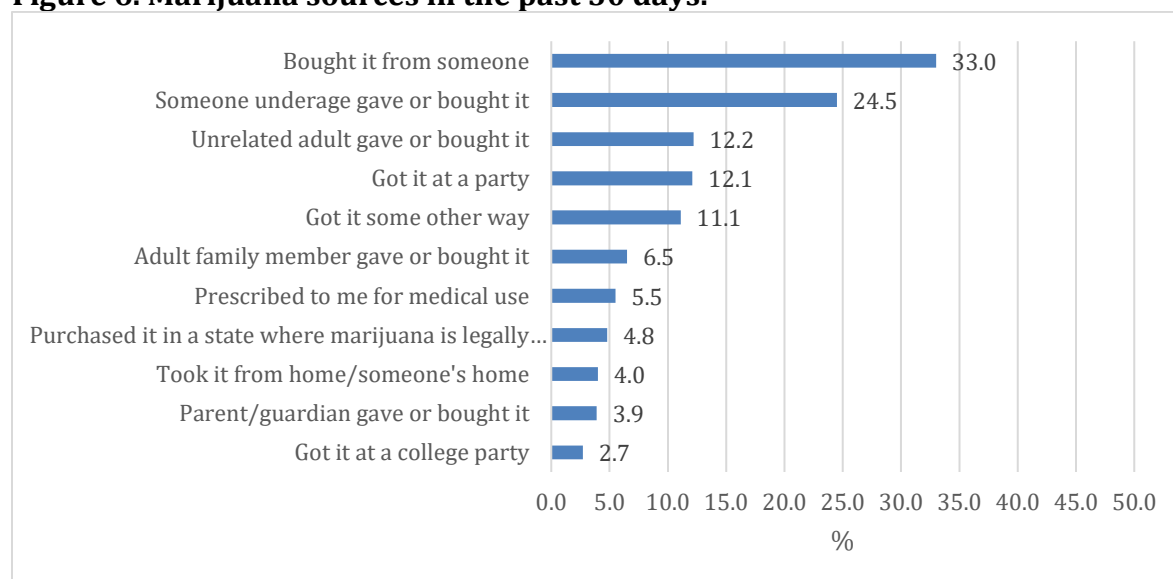| Source	%
Bought it from someone	33.0
Someone underage gave or bought it	24.5
Unrelated adult gave or bought it	12.2
Got it at a party	12.1
Got it some other way	11.1
Adult family member gave or bought it	6.5
Prescribed to me for medical use	5.5
Purchased it in a state where marijuana is legally…	4.8
Took it from home/someone's home	4.0
Parent/guardian gave or bought it	3.9
Got it at a college party	2.7

%

Figure 7 displays how youth who report current marijuana use consumed marijuana most often.

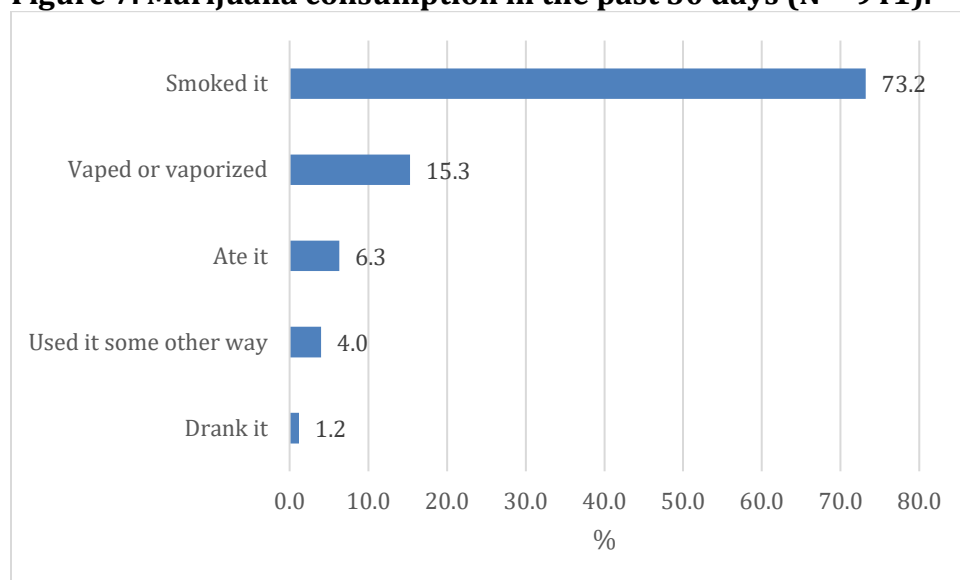**Figure 7. Marijuana consumption in the past 30 days (N = 941).**

Table 5 provides the percentage of participants who perceive that if they were drinking alcohol at school or in their community that it is likely or very likely they would get caught and face consequences from the school officials or police.

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=4190)	55.5%	55.5%	55.6%
Likelihood of getting into trouble with school if caught drinking at school (n=4163)	85.2%	84.7%	85.9%
Likelihood of being caught by police when drinking alcohol in the community (n=4167)	41.0%	41.4%	40.8%
Likelihood of getting arrested or cited by police if caught drinking alcohol in the community (n=4184)	57.4%	59.0%	56.0%

Table 6 provides prevalence of participants who report using substances on school property during the school year and who report being offered or sold drugs on school property during the school year.

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

	Percent		
	Overall	**Boys**	**Girls**
Substance Use on School Property			
Cigarettes (n= 4176)	6.5%	8.1%	4.9%
Chewing Tobacco (n= 4177)	6.6%	10.3%	3.0%
Alcohol (n= 4169)	10.2%	10.8%	9.6%
Marijuana (n = 4173)	12.1%	12.3%	11.7%
Prescription Drugs to get high (n= 4174)	5.7%	5.8%	5.4%
Offered or sold on school property			
Illegal drug (n= 4179)	24.4%	24.5%	24.2%
Prescription drugs (n= 4181)	13.7%	12.9%	14.3%

Table 7a shows the prevalence of participants who perceive moderate or great risk of harm associated with ATOD use.

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

| **Perceived Risk of Harm**	**Moderate or great risk (%)**
Smoke one or more packs of cigarettes per day (n=4273)	79.8%
Use e-cigarette on a daily basis (n=4269)	56.2%
Smoke marijuana once a month or more (n=4267)	37.2%
Smoke marijuana once or twice a week (n=4241)	47.8%
Have one or two drinks of an alcoholic beverage nearly every day (n=4266)	62.6%
Have five or more drinks of an alcoholic beverage once or twice a week (n=4273)	71.9%
Use Rx painkillers for non-medical reason (n=4276)	79.6%

Table 7b provides the percent of participants who agree that their parents would feel that it was very or somewhat wrong for participants to drink alcohol regularly and the percent of participants who agree that it is wrong or very wrong for participants their age to drink alcohol regularly.

Table 7b: Parents and youth attitudes towards ATOD use and youths' intentions to drink alcohol.

	% Feeling wrong or very wrong
Parents feel it is wrong for me to drink alcohol regularly (n=4273)	85.4%
I think it is wrong for someone my age drink alcohol regularly (n=4275)	72.1%

Figure 8 shows 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 R$_x$eality." If prevention programs are promoting one or both of these campaigns, the percentages should increase over time.

Figure 8. Reported percentage of media campaigns recognized by participants (N = 4350).
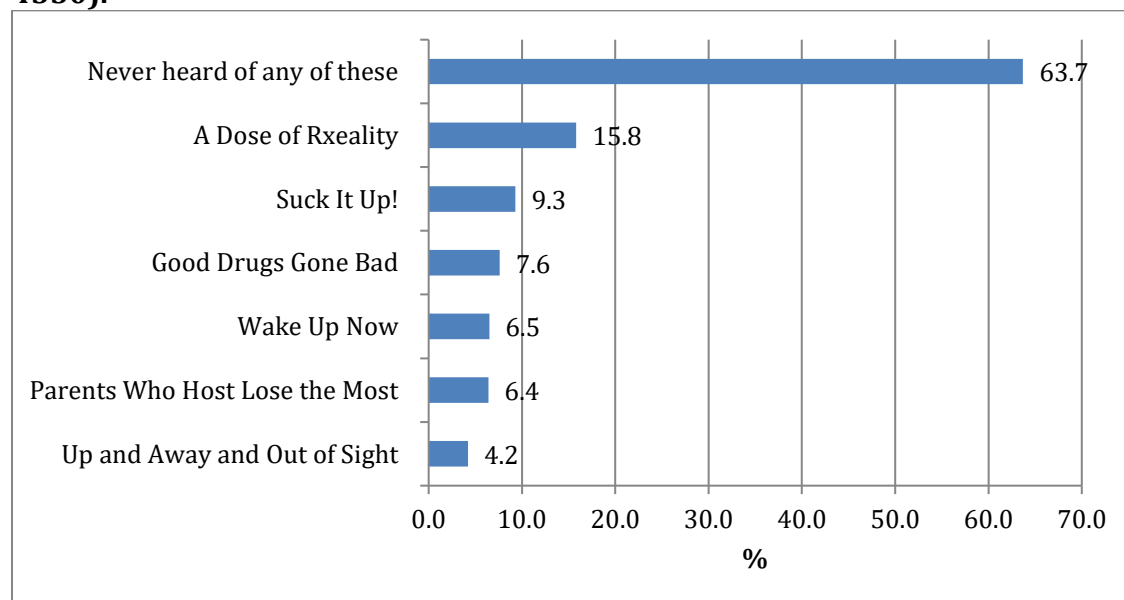
Discussion of Findings for Core Module

Consider the following statements & questions as prompts only. You may remove these and summarize the information & findings you feel are most important to communicate to OSAP.

Demographics
The ASFS data trends over time provide a picture of substance use among high schoolers in New Mexico as well as factors contributing to substance use among youth. These include social and retail access to alcohol, tobacco and other drugs, the perception of risk of being caught using, and the perception of harm of ATOD use. The total sample size (N=4354) represents approximately 600 more students than in 2018. Response rates were highest in counties that did not require active (opt-in) consent from parents. Evaluators struggled to collect data in Sierra County where parents consented but only 63% of participants assented to taking the survey. As with the ASFS survey from past years, the sample should only be considered representative of those schools participating. The ASFS is not a statewide sample and represents more rural than urban counties.

Despite the increase in sample size, most demographics are like those in 2018 except for an increase in the percentage of students identifying as Native American. Approximately 8.7% of the 2019 sample identified as Native American versus 2.5% in 2018. It is also notable that 17.8% of the respondents self-identified as LGBT, and 19.2% as having a long-term disability. Although these percentages are stable from 2018, both are much higher than the national averages for these populations. Although LGBT status will not be measured in the U.S. Census until at least 2020, the often-cited 2017 Gallup Poll cites the national average of LGBT among adults as 4.5%[1]. The U.S. Census shows that 12.8% of American adults report any disability[2]. As in prior years, the younger grades (particularly 9th and 10th grades) are over-represented in the sample. A summary of use statistics by substance follows.

Alcohol Use
Alcohol use remains high in New Mexico. As seen in Summary Trend Figure 1 below, more than a quarter (26.5%) of sampled high school students used alcohol in the last 30 days. Although this percentage is slightly lower than the 27.6% in 2018, it should give pause that one in four New Mexican high school students in this sample regularly use alcohol. Alcohol use was slightly greater in girls (28.2%) than in boys (24.7%). Alcohol use on school property (10%) was high considering students' perception of getting caught (see discussion below). The ASFS did provide some encouraging news in Figure 5, however.

---

[1] https://news.gallup.com/poll/234863/estimate-lgbt-population-rises.aspx *accessed 11.15.19*

[2] https://disabilitycompendium.org/sites/default/files/user-uploads/2017_AnnualReport_2017_FINAL.pdf *accessed 11.15.19*

Only 18% of sampled students reported having ridden in a car with someone who had been drinking alcohol and only 3% indicated having regularly (6 or more times) done so.

Summary Trend Figure 1.


Current Alcohol: High School
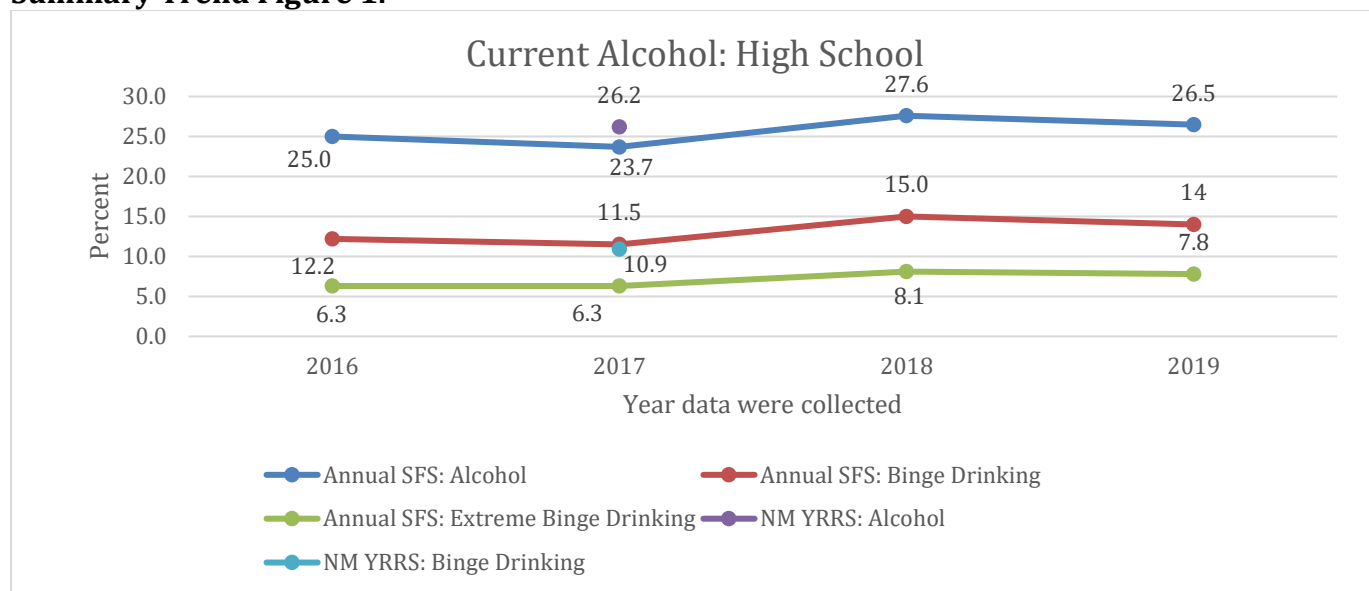
Tobacco Use
While girls were more likely to use alcohol in the last month, the data did not uniformly show higher ATOD use according to gender. For example, boys were more likely to use cigarettes (10.7%) than girls (7.9%). As is reflected in national dialogue, E-cigarette use does appear to have replaced cigarette smoking among high schoolers. Over a third of respondents (36.5%) used E-cigarettes as compared with 9.3% using tobacco cigarettes. However, a more favorable finding was that over one-third of respondents (34.8%) who tried E-cigarettes indicated that they do not use them regularly (defined as less than 3 days a month). Summary Trend Figure 2 below shows ASFS and YRRS trend data over time.

Summary Trend Figure 2.

Current Tobacco: High School
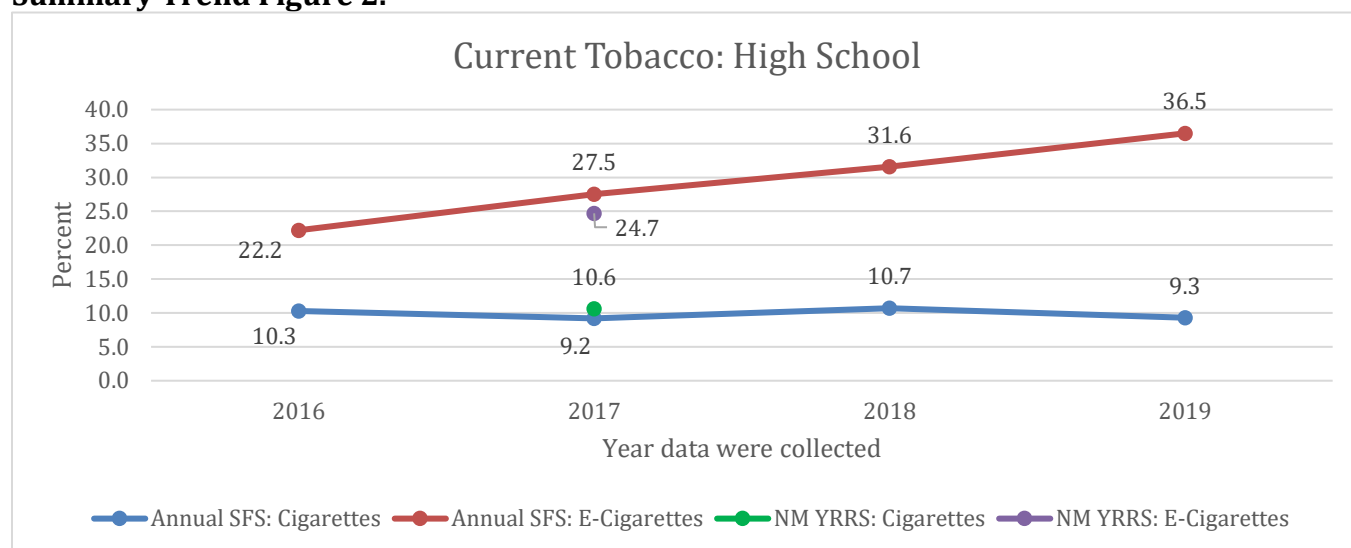
Marijuana Use

Despite reports about the rise in popularity of edible marijuana products (e.g., gummies) in neighboring Colorado, respondents indicated that most marijuana was consumed by smoking it (Figure 7). Marijuana use remains steady across time as shown in Summary Trend Figure 3. As shown in Table 6, the marijuana use rate on high school grounds (12.1%) is almost twice as high as the cigarette use rate (6.5%).

Summary Trend Figure 3.

Marijuana: High School
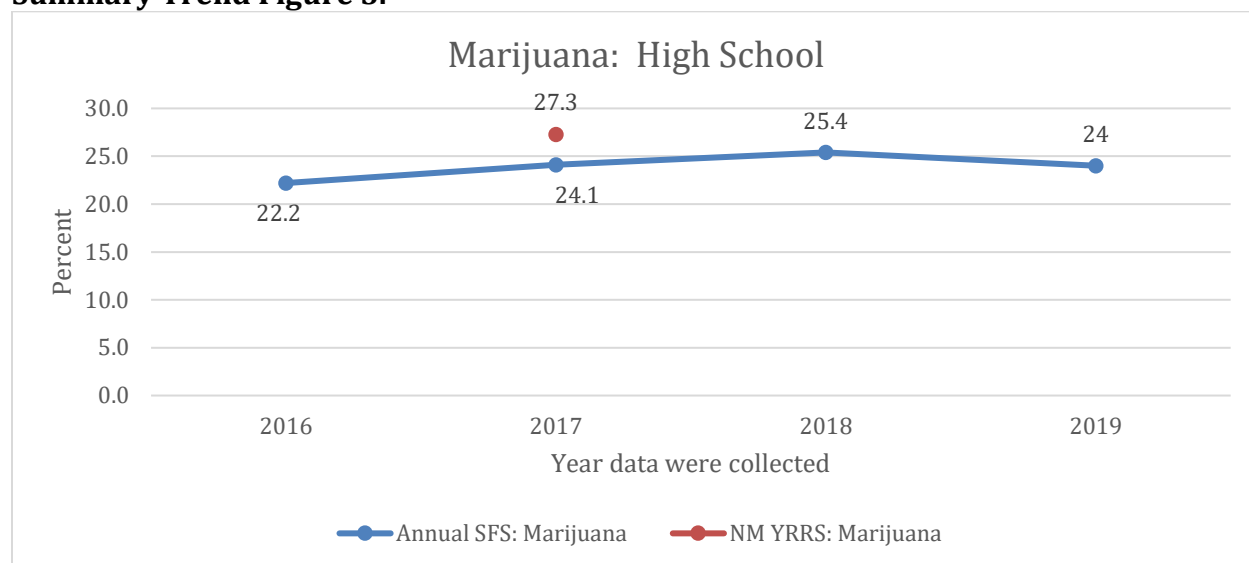
Rx Painkiller Use

Prescription painkiller use was also high. Approximately 15% of sampled students reported using an Rx painkiller in the last month. The question asks about use for any reason including prescribed and legitimate use for pain. However, the high percentage suggests students might be over-prescribed opioids for medical conditions for which other pain management may be appropriate. The volume of opioids available to high school

students is important, as insecure storage in the homes of high school students makes for easy access for inappropriate use. This is further supported by the 13.7% of high school respondents that claimed that Rx drugs were offered or sold on school grounds. The un-prescribed stimulant use rate was also noteworthy with 5.3% of the sample (or 223 students) reporting some use. Approximately half (48.9%) of these users reported using unprescribed stimulants more than 40 times in the past month. Summary Trend Figure 4 shows painkiller use to get high over time in both the ASFS and YRRS data.

Summary Trend Figure 4.

Painkiller Use to Get High: High School
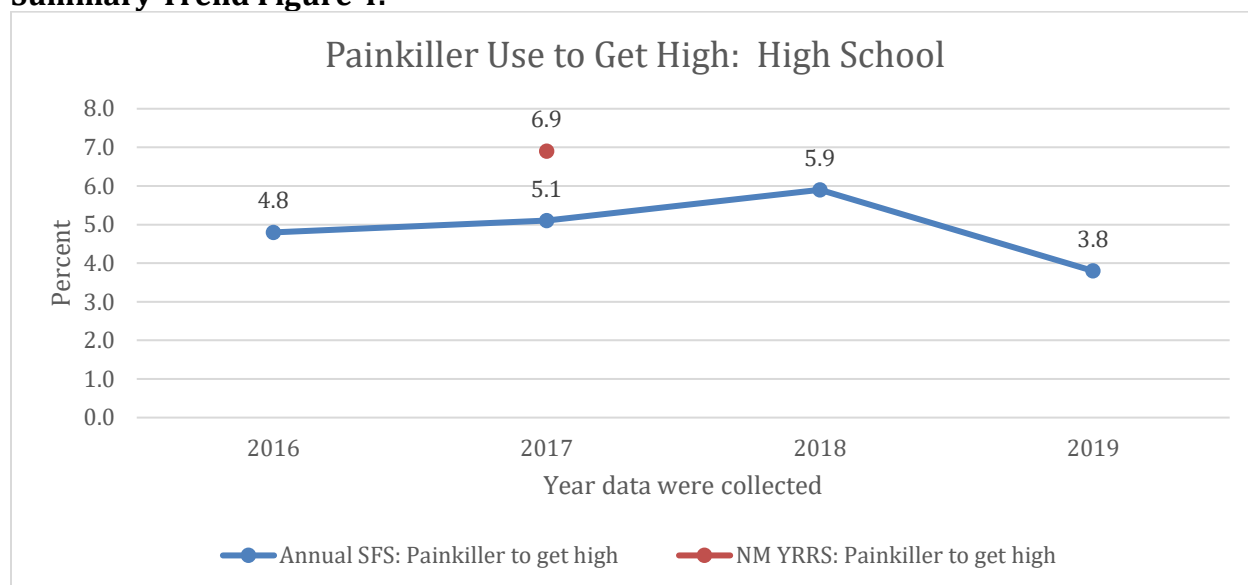
Use of other Illegal Drugs
Illegal drug use is less prevalent than alcohol and marijuana use. Yet, 100 ASFS high school respondents self-disclosed heroin use and 37% of those students reported 40 or more uses in the last 30 days. Many of these users may be obtaining their drugs on school property. Almost a quarter (24.4%) of students reported that illegal drugs were sold or offered on school property.

Social Access
Social access is the key gateway through which the sampled teens get drugs and alcohol. Figure 2 confirms the wide disparity between social access and retail access for alcohol. Over 1/3 (38.3%) of participants accessed alcohol at a party or a college party. As in other health risk data, the data here show that risky behavior often originates close to home. Just over 24% of students reported getting alcohol from a parent or related adult versus 18.2% from an unrelated adult. This pattern of access from family members also holds true for Rx Painkillers. After legitimate prescriptions from doctors or dentists, family members were most likely to provide access (Figure 5) to opioids. In contrast, students primarily buy marijuana from dealers. As Figure 6 shows, approximately one-third bought marijuana versus being given it by an unrelated adult (12.2%) or a parent or family member (10.4%).

Taken together, these findings suggest that the stereotype of mysterious adults luring teenagers near or on a school campus with easy access to drugs and alcohol is outdated.

Rather, access to most risky substances is highest near home. The exception to this pattern is marijuana use, which the data suggests may be complicated by a waning perception of risk (see below).

Perception of Risk
Many high school respondents reported access to drugs and alcohol on school grounds during the school year. Interestingly, marijuana use on school grounds is almost twice (12.1%) as prevalent as cigarettes (6.5%). Perhaps realistically, high school students had more confidence that their teachers will catch them using than would the police. Over half (55.5%) of high school students felt that they would get caught by a school employee versus 41% for the police. Less expected was the result that students feel teachers are more likely to follow through with consequences than police. There is low confidence that they will get into trouble with police (57.4%) as compared with teachers or school staff (85.2%). That teachers are deterrents to in-school use is positive and speaks to their willingness to engage with students with whom they suspect use. Community advocacy to modify the zero-tolerance ATOD policy to be more supportive to students seems likely to have contributed to changing norms within the schools.

Overall Implications
Taken together, the data provide insight into ATOD use and attitudes over time. The data from recent years suggest that prevention efforts need to shift from general awareness to address social access. Social access is central to teen use, particularly from parents and adult family members.

Although the ASFS data did not directly measure this, it is widely understood that anti-smoking public health campaigns worked to decrease cigarette use and increase perception of harm. Somewhat surprisingly, students rated smoking and use of Rx for non-prescription purposes as approximately equal risk. Approximately 80% of students responded that they were in danger of moderate or great harm from each (see Table 7a). In addition, Figures 2 and 3 show that kids are more likely to get alcohol than tobacco from adult family members. To address these issues, preventionists might consider ways to harness the success of anti-smoking campaigns to apply to these situations as well.

In summary, most ATOD use rates by ASFS participants are steady in comparison to 2018. Concerns over rising E-cigarette use are well-founded. Marijuana-related legislation that continues to be debated in the New Mexico government might already be impacting attitudes about the perception of harm. Whatever the outcome of marijuana legalization in the state, it is reasonable to expect that marijuana use will continue to rise as more states legalize the product. In response to the current substance abuse prevention challenges, it is encouraging to remember that common public health messaging such as anti-smoking and drinking/driving campaigns have contributed to the reduction of these behaviors, and prevention efforts can continue to reduce the negative impact of substance abuse in New Mexico.