

Annual Strategies for Success

2019 Middle School Findings Sheet - All ASFS Middle 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 activities and monitoring efforts at school and in the community; 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 survey 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 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.

In FY19, 4,710 middle school students, in grades 6 through 8, were surveyed. The sample was evenly split between girls and boys and were mostly 12 to 13 years old. 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):

As appropriate, 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, response rates for a county when multiple schools were surveyed were combined. Prevention communities calculated school-level response rates.

County	Middle School Response Rate
Curry	85.3%
Eddy	90.9%
Roosevelt	95.7%
Sierra*	51.5%
Socorro	80.9%
Taos	74.0%
Torrance	87.5%

* 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		4710	2283	2325
Age				
Mean		12.6	12.7	12.6
Range		10 to 16	10 to 16	10 to 16
		n	%	%
	10	20	0.5%	0.3%
	11	703	14.7%	15%
	12	1378	28.4%	29.9%
	13	1616	33.5%	35.3%
	14	902	20.4%	18.2%
	15	80	2.2%	1.2%
	16	11	0.3%	0.2%
Grade				
	5th grade	7	0.1%	0.2%
	6th grade	1336	29.4%	27.5%
	7th grade	1642	35.9%	34.6%
	8th grade	1675	34.3%	37.5%
	9th grade	12	0.3%	0.2%
Race/Ethnicity				
	White	1174	25.5%	24.4%
	Hispanic	2456	49.8%	54.5%
	Native American	688	15.5%	13.5%
	Other	400	9.2%	7.4%
Language Other than English Spoken Often at Home		1708	35%	38%
Number of Spanish surveys		44		

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	%	%
	Mother (n=4662)	Father (n=4635)
Some high school or less	6.4%	9.4%
High school or Some college	35.7%	33.4%
College and above	25.7%	18.5%
Not sure/not applicable	32.1%	38.7%

Figure 1 indicates the percent of youth who are housing unstable and those who have stable housing. Over 280 students identified as housing unstable in this sample.

Figure 1. Housing Stability (N=4649).

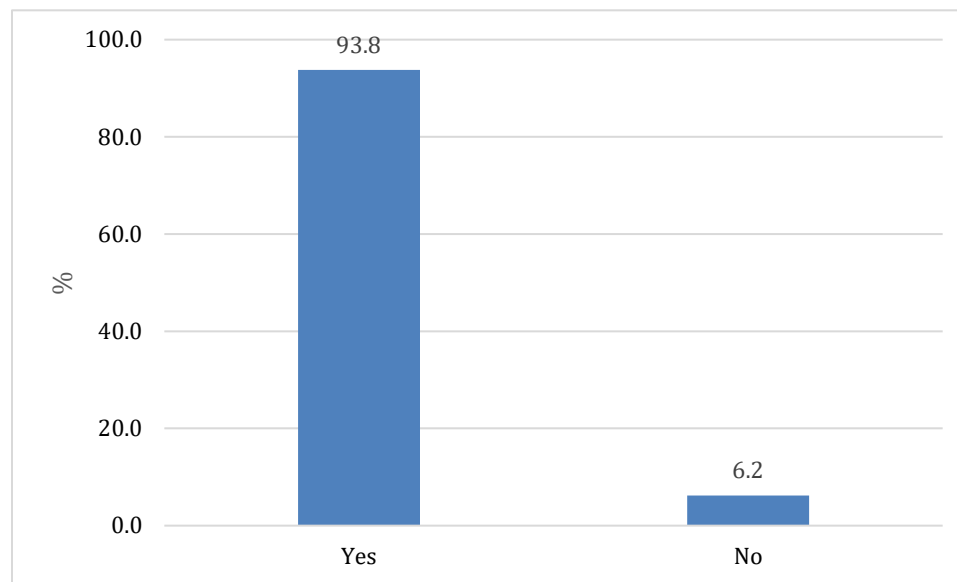


Table 2 displays percentage of participants self-reporting any past 30-day alcohol use and prescription painkiller use overall and by gender.

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	4594	563	12.3%	2218	265	11.9%	2268	285	12.6%
Binge Drinking**	3931	292	7.4%	1882	139	7.4%	1961	142	7.2%
Rx Painkiller use for any reason	4394	428	9.7%	2131	164	7.7%	2159	251	10.8%
Rx Painkiller Use to Get High	4350	68	1.6%	2120	42	2%	2129	25	1.2%

*Dichotomous alcohol use variable (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.

	Total Valid N	Overall		Total Valid N	Boys		Total Valid N	Girls	
	N	n**	%	N	n**	%	N	n**	%
Past 30-day Use									
Cigarettes Use	4590	231	5%	2222	122	5.5%	2263	99	4.4%
Chewing Tobacco Use	4556	180	4%	2199	122	5.5%	2254	51	2.3%
Hookah use	4577	291	6.4%	2205	159	7.2%	2266	121	5.3%
E-cigarettes Use	4623	905	19.6%	2235	452	20.2%	2280	430	18.9%
Marijuana Use	4576	567	12.4%	2207	262	11.9%	2261	293	13%
Unprescribed Rx Stimulant Use	4558	217	4.8%	2200	89	4%	2250	119	5.3%
Lifetime use									
E-cigarettes	4619	1529	33.1%	2231	768	34.4%	2280	725	31.8%
Alcohol	4589	1294	28.2%	2215	631	28.5%	2266	630	27.8%
Marijuana	4557	840	18.4%	2195	405	18.5%	2254	418	18%
Inhalant	4484	460	10.3%	2153	188	8.7%	2223	262	11.8%

*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=232)	1 to 2 days	40.9%
Chewing tobacco use (users n=180)	1 to 2 days	41.1%
Hookah use (users n=293)	1 to 2 days	43.3%
E-cigarettes use (users n=907)	1 to 2 days	43.8%
Alcohol use (users n=563)	1 to 2 days	57.9%
Binge drinking (users n=287)	1 day	40.8%
Number of Times-of-Use		
Marijuana use (users n=568)	1 to 2 times	39.6%
Unprescribed Rx stimulant use (users n=215)	1 to 2 times	54.9%
Rx painkiller use to get high (users n=56)	1 to 2 times	53.6%

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.

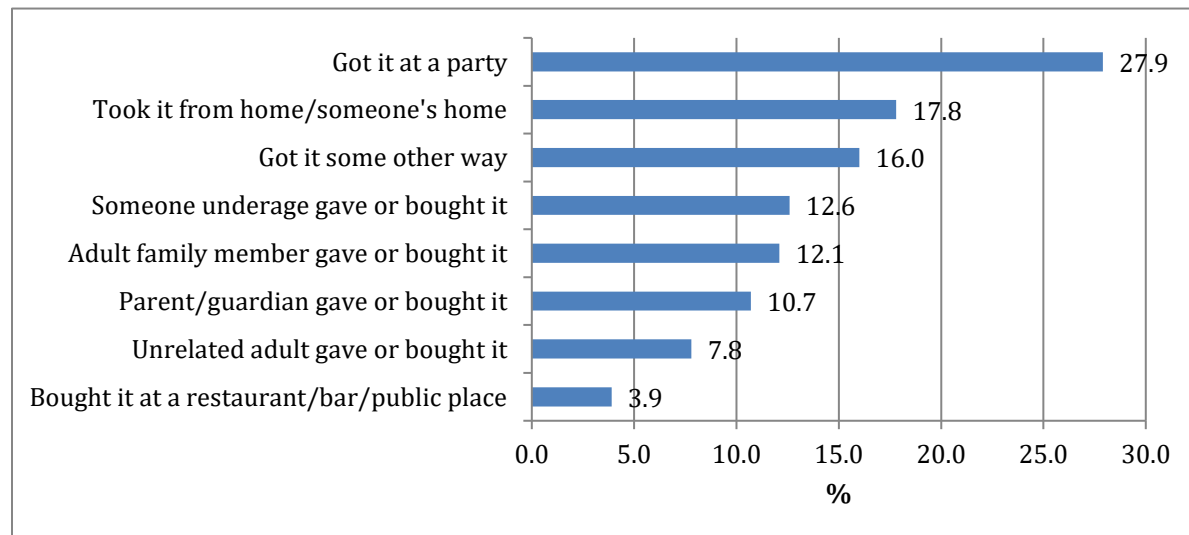


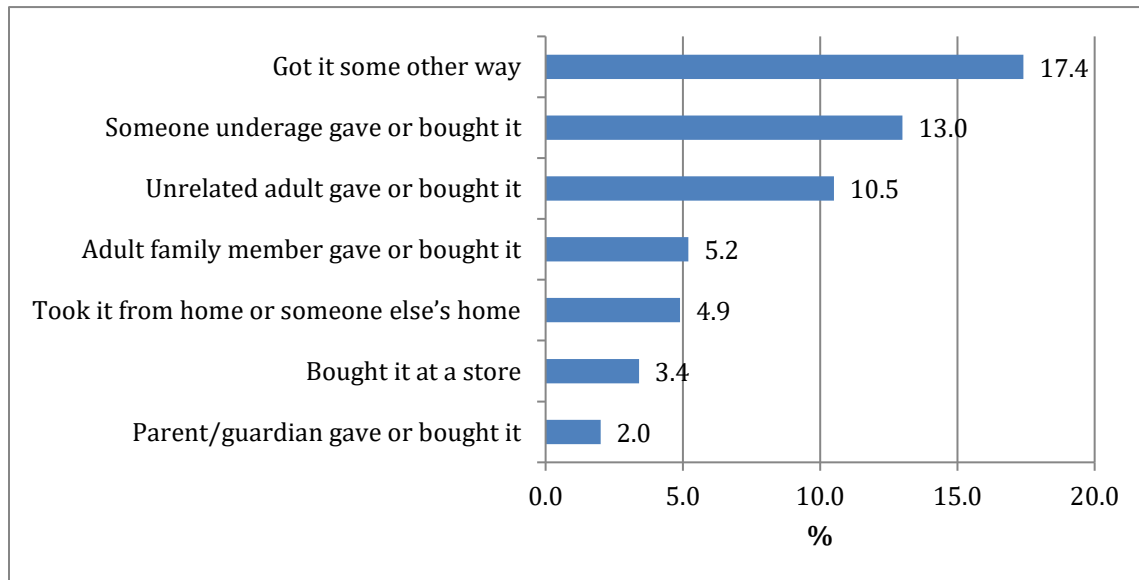
Figure 3. Tobacco access last 30 days

Figure 4 shows how youth accessed prescription painkillers in the past 30 days.

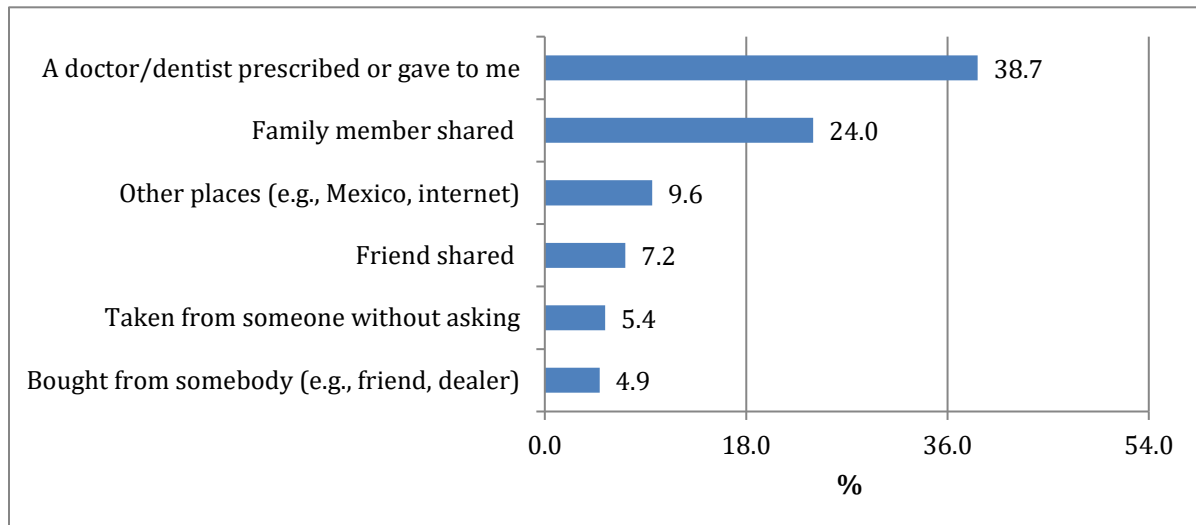
Figure 4. Prescription painkiller sources in the past 30 days.

Figure 5 shows how those youth who reported marijuana use in the past 30 days consumed the marijuana.

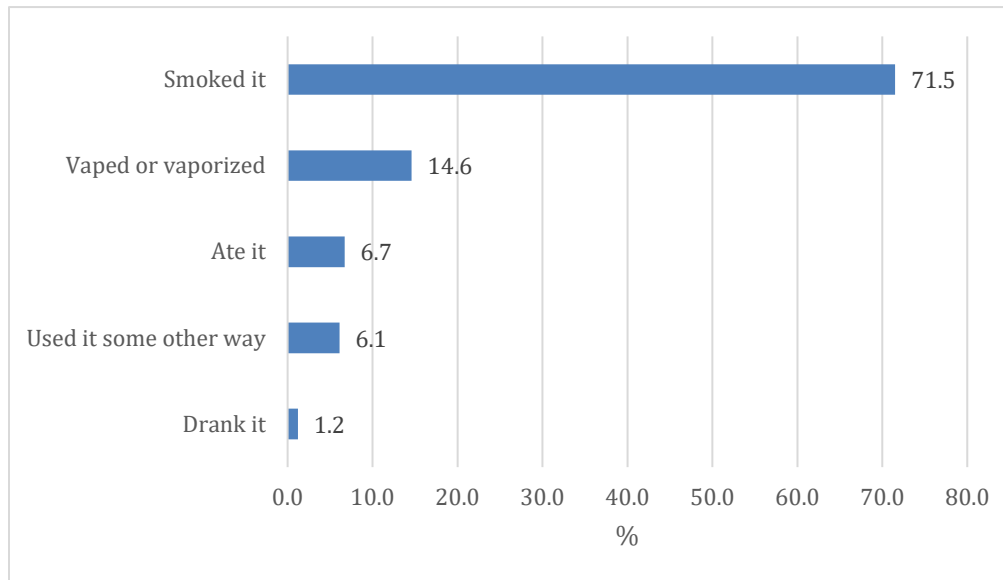
Figure 5. Marijuana consumption in the past 30 days (N = 508).

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=4501)	67.8%	67.6%	68.5%
Likelihood of getting into trouble with school if caught drinking at school (n=4462)	87.7%	87.1%	88.5%
Likelihood of being caught by police when drinking alcohol in the community (n=4466)	59.2%	59.2%	59.3%
Likelihood of getting arrested or cited by police if caught drinking alcohol in the community (n=4501)	67.7%	68.7%	66.8%

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.

	Overall	Boys %	Girls
Substance Use on School Property			
Cigarettes (n= 4503)	3.6%	4.2%	2.8%
Chewing Tobacco (n= 4501)	3.7%	5.6%	1.8%
Alcohol (n= 4497)	5.2%	5.6%	4.6%
Marijuana (n = 4503)	7.1%	7%	7.1%
Prescription Drugs to get high (n= 4494)	4%	4.4%	3.6%
Offered or sold on school property			
Illegal drug (n= 4503)	15.3%	15.2%	15.5%
Prescription drugs (n= 4493)	8.7%	8.6%	8.7%

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

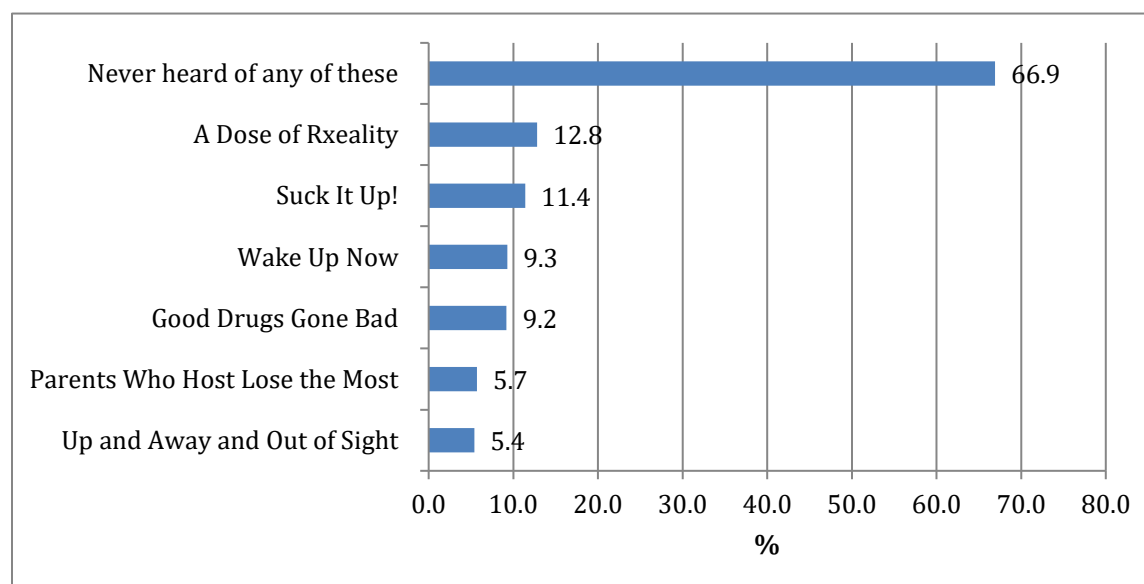
Risk of harm (Total N=4733)	Moderate or great risk (%)
Smoke one or more packs of cigarettes per day	83.8%
Use e-cigarette on a daily basis	61.6%
Smoke marijuana once a month or more	55.8%
Smoke marijuana once or twice a week	64.8%
Have one or two drinks of an alcoholic beverage nearly every day	67.5%
Have five or more drinks of an alcoholic beverage once or twice a week	75.7%
Use Rx painkillers for non-medical reason	83.4%

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. The table also includes the percent of non-smoker participants who indicate they have intentions to smoking cigarettes.

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

	% Feeling wrong or very wrong
Attitudes Toward ATOD Use	
Parents feel wrong for me to drink alcohol regularly (n= 4662)	90.8%
I think it is wrong for someone my age drink alcohol regularly (n= 4659)	85%
Intentions to Smoke (limit to participants who were not smoker)	
% of yes	
Try smoking a cigarette soon (n= 4214)	3.5%
Smoke a cigarette at any time during the next year (n= 4577)	6.9%
Smoke if one of your best friends offered a cigarette (n= 4587)	8.9%

Figure 6 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 Reality." If prevention programs are promoting one or both of these campaigns, the percentages should increase over time.

Figure 6. Reported percentage of media campaigns recognized by participants (N = 4720).

Discussion of Findings for Core Module

Demographics

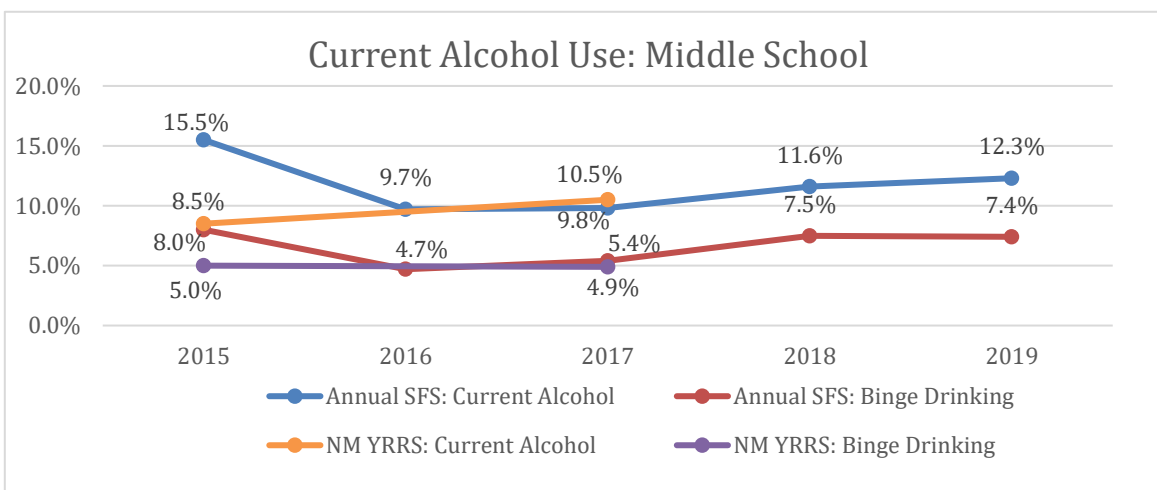
The overall demographics of the 2019 ASFS were similar to 2018, with a few exceptions. There were about 65 fewer students sampled in FY 2019 and more than twice the percentage of respondents identified as Native American at 14.6% compared to 5.75% in 2018. The gender distribution was about equal, with only slightly more girls. The sample was predominantly 11 to 14-year-olds, grades 6th-8th, and largely Hispanic. Hispanics comprised twice the number of White students.

The response rate was generally high except for two counties. Taos MS had a response rate of 74% which decreased from 83% in FY 2018. Also noted was a high percentage of students from Sierra County who did not assent to participating in the survey, even if they had parent consent. This is reflected in their low response rate (51.5%). There was a recent change in school administration in Sierra County's school district impacting survey implementation, which may have influenced student participation.

About 6.1% students in the sample were housing unstable; a slight increase from FY 2018 at 4.7%. Approximately 36% of students reported speaking a language other than English at home; similarly noted in the previous year.

Alcohol Use

In 2019, past 30-day alcohol use and binge drinking percentages had little change from 2018. However, since the dramatic decrease in alcohol use observed in 2016 and 2017, data show a slight upward trend in current alcohol use and binge drinking. Alcohol use among both genders is about the same.

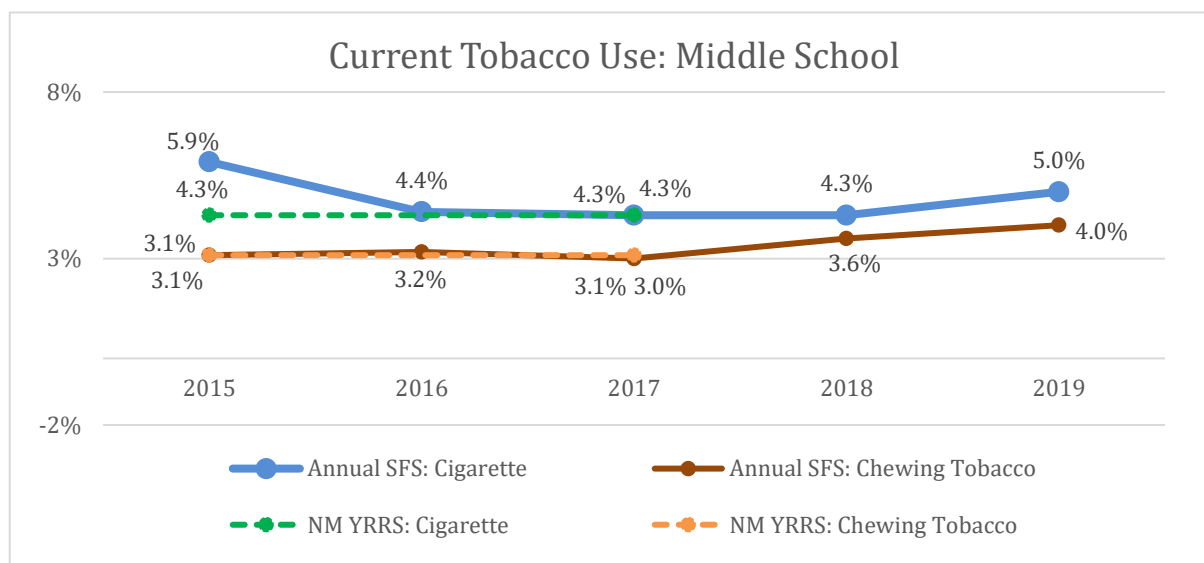


Tobacco Use

As shown in **Table 3** above, there was slight increase in cigarette, chewing tobacco and hookah use. Hookah use had the highest reported use compared to the other two at 6.4%.

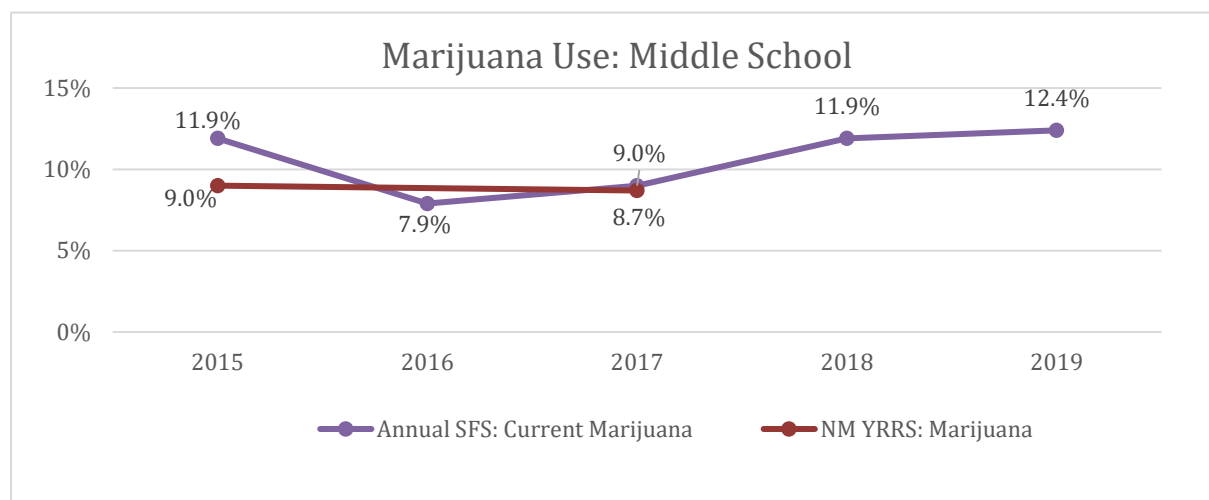
E-cigarette use is high and is the most commonly used drug among New Mexican middle school students, surpassing alcohol, with about 1/3 of students reporting lifetime use and about 20% reporting current use. Both have increased since last year. E-cigarette use is approximately equal among boys and girls. Data presented here suggest a sharp increase of E-cigarette use among middle school students in New Mexico. YRRS began asking about E-cigarette use in 2015, with a baseline percentage of 12%. Use decreased slightly to 10.9% in 2017. The 2019 YRRS data will be useful in providing representative prevalence of E-cigarette use among New Mexican middle school students.

The graph below compares ASFS and YRRS results for cigarette and chewing tobacco use over time. Unfortunately, tobacco use rates are not moving in a favorable direction. However, based on reported number of days or times of use, there is hope for prevention work moving forward. Many of the Middle school students who indicated using tobacco products were not doing so frequently. According to **Table 4**, between 41% and 43% of students reported using tobacco products only 1-2 days in the past month.



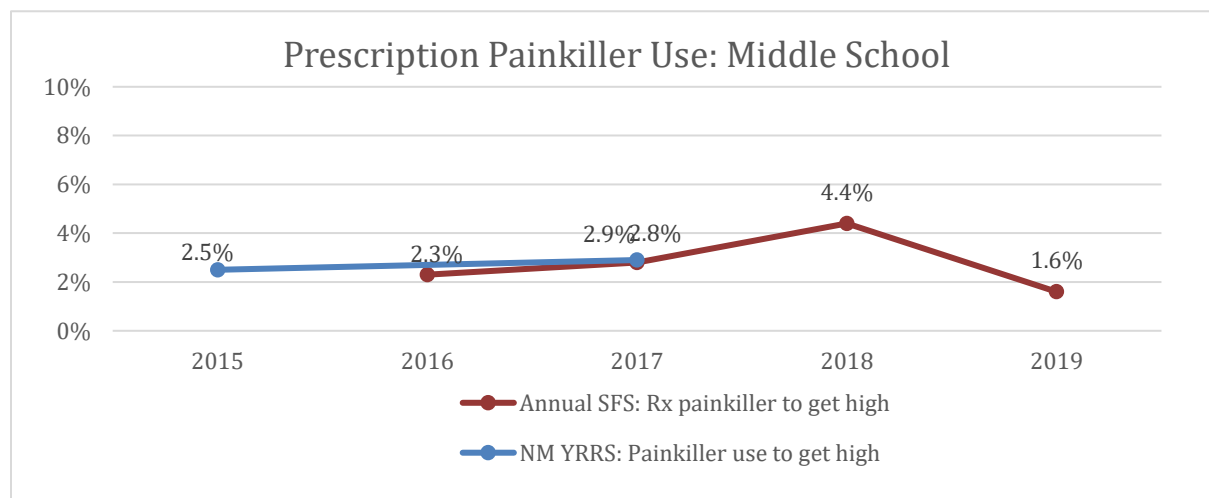
Marijuana Use

Marijuana use has been steadily increasing since 2016 and this may be, in part, related to legalization of marijuana in neighboring state of Colorado. According to **Table 3**, about 12% of students reported past 30-day marijuana use in 2019, ranking it and alcohol as the second most commonly used substances by middle schoolers in NM. Current marijuana use is about the same between boys and girls. Despite concerns about edible forms of marijuana products being accessible and appealing to children, according to **Figure 5**, the most common method of marijuana consumption among middle schoolers is by smoking it. The graph below depicts the pattern of marijuana use over time and comparisons to YRRS data.



Prescription Painkiller Use

Even though prescription painkiller use was higher than alcohol use among middle school students in 2018, this percentage considerably decreased in 2019. As seen in the graph below, there was a noteworthy increase in 2018 for Rx painkiller use to get high; an over 50% increase above the 2017 rate. It is therefore good news that the data show a significant decrease in 2019. The graph below shows ASFS and YRRS prescription painkiller use to get high over time.



Perception of Risk

As shown in **Table 5**, there was an overall decrease in middle school student perceptions of risk of getting caught and facing consequences for ATOD use at school and in the community. For example, the perceived risk of being caught by police when drinking alcohol in the community, has dropped to only 59.2% compared to about 63% in the previous year. The perceived likelihood of being caught by teachers at school was 67.8% in 2019 compared to 72.2% in 2018. These decreases are important given that 234 students drank alcohol, and over 300 used marijuana, on school property during the school year. Perceived risk of harm associated with drug use is noted in **Table 7a** and is similar to 2018 data. Perceived harm associated with cigarette use and prescription painkillers for non-medical reasons; In both cases, over 80% perceive moderate or great risk of harm.

Social Access

Parties remain the common source of alcohol among middle school students. Nearly 1/3 of students who had past 30-day alcohol use reported getting it at a party. Even though the percent of students who got it from a parent/guardian has not changed much from last year, about 90% of students said their parents would think it's wrong for them to drink alcohol regularly.

As shown in **Figures 2 and 3**, a lower percentage of students reported getting tobacco from adult family members (2.1%) than there were for getting alcohol (11%). This trend holds for adult family members other than parents. Just over 12% of students reported getting alcohol from an adult non-family member while the percentage was 5.4% for tobacco.

Like previous years, the most common source of prescription painkillers is from a doctor or dentist. Notably, access from providers has decreased from last year, as well as overall prescription painkiller use. However, sharing with a family member remains troubling. Figure 4 shows that over 24% of students reporting Rx use received those from a parent or other adult family member. This has increased from 11.7% in 2018.

Implications

These findings provide insight about what substance use looks like in New Mexico's youth and how it is influenced by the attitudes of their families, friends and/or near peers.

The increased percentage of substance use at school compared to 2018, is consistent with the decreasing perception of risk of getting caught by a teacher. About 7% of students reported using marijuana on school grounds and about 15% were offered an illegal drug on school property. It is possible that even with prevention efforts to enhance ATOD school policies and enforcement, public schools across the state have limited staffing capacity to monitor and enforce the rules. Substance use on school grounds also speaks to the influence of friends and peers. Even though about 84% of students thought it was harmful to smoke one or more packs of cigarettes a day, approximately 400 students (8.9%) said they would smoke if one of their best friends offered them a cigarette.

New Mexico middle school students' access to drugs seems most often to be from home or their close peers versus purchasing it from retail outlets or getting it from an unrelated adult. For example, the percentage of prescription painkiller sharing by a parent or other adult family member is over 24%. This is a cause for concern. Reducing youth access through parents and unrelated family members has emerged as a prevention approach to prioritize. The fact that parents were more likely to provide alcohol to their kids than tobacco suggests something for communities to consider about what can be learned from tobacco prevention campaigns to enhance or improve their messaging and education of parents and family members.

As noted in previous summary reports, caution is advised in the interpretation of these results. Feedback from participating communities consistently suggests that many middle school students may not understand what all of the questions are asking or the purpose of asking them. In addition, it is important to consider how some of these results may vary when broken down by county and school. For example, perception of risk of consequences for ATOD use at school or in the community may be significantly higher in a smaller school or more rural community as a result of having a smaller number of students to supervise at school or in the community. Overall, ATOD use rates have remained steady, with small increases in 2019 compared to 2018. E-cigarette use should continue to be monitored closely, especially with recent outbreak of lung injury across the country that has been associated with use of E-cigarette, or vaping, products. This is especially important in New Mexico given potential legalization of cannabis in the near future.