State-Level Community Survey Findings Sheet- 2020 All Modules

Prevention Goals and Objectives (only those referencing the NMCS)

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 being caught by …(e.g., increasing highly visible enforcement and monitoring efforts; using media to increase visibility, etc.)

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

Goal 3: Reduce drinking and driving among adults in New Mexico.
    Objective 3.a: Increase perception of risk of being caught

Goal 4: Reduce prescription pain killer misuse and abuse among youth and adults in NM.
    Objective 4.a: Reduce social access 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 4.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)

Brief Description of Community & Population: (Also attach copy of your data tracking form as collected)

New Mexico is a large, mostly rural state. Most of the population of the state lives in six relatively urban areas including Albuquerque, Las Cruces, Rio Rancho, Santa Fe, Roswell, and Farmington. There are 33 counties in NM. Five-year estimates from the US Census' American Community Survey indicate there were just over two million residents of NM who are 18 and

older living in the state. Of those, just under half (49.5%) were male. Of the entire population, 49.3% were Hispanic, 36.8% were non-Hispanic white, 11.0% Native American or Alaskan Native representing at least 22 different tribes, while approximately 5.2% were African American/Black, Asian, or a combination of races. Approximately 27% have a college bachelor's degree and 85.3% have at least a high school degree. The median income is $48,059 and 19.5% of New Mexicans are living at or below the poverty line[1].

Data Collection Method and Brief Sample Description in COMPARISON TO PREVIOUS YEARS' SAMPLES (e.g., information from your data tracking table)

Due to the COVID-19 pandemic, the statewide and community-level data collection plans were changed relatively soon after the start of data collection on February 24th. On March 12th PIRE requested that all communities suspend face-to-face data collection activities, and on March 23rd the State of New Mexico mandated significant restrictions on a wide range public activities. In response, the data collection plans shifted to online recruitment and participation, and the data collection period was extended for a few weeks (ending May 11). Approximately two-thirds of the respondents participated after the March 23 statewide order to reduce social interactions, and therefore most of the respondents participated during a period in which the pandemic was likely having a major impact on their lives. It is important to keep these significant methodological and environmental changes in mind when reviewing the pattern of results and trends across time.

Data Collection Approach # 1: Time and Venue-Based Convenience Sampling

The first approach taken to collect community-level data is a time and venue-based sampling strategy within OSAP funded communities. This convenience sampling approach has been used by OSAP funded communities since 2008 and involves communities creating community-specific data collection protocols that identify locations in the community where a representative sample of community residents frequent and times of day during which residents will be asked to participate in the survey. Communities are asked to attempt to replicate the protocol each year to create comparable samples of respondents, which can then be compared over time. Larger communities with active Motor Vehicle Departments are required by OSAP to collect data at the local MVD offices as one of multiple data collection locations. In smaller, rural, and tribal communities, prevention programs must identify locations or events that attract a representative sample of the community instead. If data collection occurs at an event, the event should occur annually, so that the data collection can be replicated.

Community data collection protocols are reviewed by members of the State Epidemiological Outcomes Workgroup (SEOW) to ensure that communities are likely to capture a reasonably representative sample of adults based on their protocols. Local community providers and local evaluators are instructed in appropriate data collection methodology and how to maintain respondents' confidentiality while completing the survey. While laborious and challenging for communities initially, over time, many prevention programs have come to regard it as imperative to improving the quality of the services they provide. Prevention communities are asked to track

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[1] All New Mexico demographic statistics from the U.S. Census https://www.census.gov/quickfacts/NM

their data collection process in detail and submit a log of data collection activities with their end of year reports to the Office of Substance Abuse Prevention. The purpose of this is to compare what was originally proposed in the data collection protocol prior to data collection to how data collection actually occurred. In particular, communities note particularly fruitful places to collect data for planning in future years.

A total of 850 surveys were collected using this methodology, which constitutes 7% of the aggregated sample. We are unable to calculate a response rate using this methodology.

Data Collection Approach # 2: On-line survey via Social Media Ads, Direct Links or QR Code

To supplement the convenience sample (as noted earlier, this was essential in FY20 after face-to-face data collection ended far earlier than originally planned), another data collection approach was the implementation of an on-line version of the survey. Recruitment ads were placed on online targeting NM residents who are 18 and older. Another way to the online survey is through direct survey links or QR code via mailings or emails or flyers sent by local programs. This methodology was piloted in FY14 among 18 to 25-year olds and then implemented in FY15 – FY20 for all adult residents 18 and older.

Nineteen social media ads in both English and Spanish (total = 38) were run on Facebook, Instagram, and Facebook-owned applications such as social media-based games. Facebook uses an algorithm to determine the optimal placement for ads based primarily on the number of hits the ads received on its media platforms. Ads were created targeting young adults, parents, and elderly, and varied in format from storyboards, animated, and static photos. Four thousand, nine hundred and seven "touches" (social media placed in one of Facebook's many platforms) in both English and Spanish ran between February 24 and May 11, 2020.

Over the 9 weeks, the Facebook ads led to 1,116,445 impressions, reaching 178,656 people, 9608 unique clicks on the survey link itself and 6,226 surveys completed, at the cost of approximately $1.83 per completed survey. This translates into a 5.4% response rate of people clicking on the survey link.. Those targeted by Facebook as likely eligible to participate in the survey saw the ads (different ads each time) an average of 6.25 times.

Weekly incentives were offered to randomly selected individuals who completed the survey. After completing the survey, respondents were invited to enter to win an incentive, however, this was optional and not all respondents chose to do so. Each week, three $100 checks were given away to randomly selected respondents who completed the survey that week. At the end of the online data collection, a final $500 check was given to one randomly selected respondent among all respondents who had not been selected to receive weekly cash prize.

Finally, before COVID lockdown measures were in place in NM, some communities utilized Qualtrics app on tablets to collect data in person. This approach is similar to Approach # 1 described above, communities could make use of the on-line survey and design their data collection protocol to reflect recruitment locations and strategies that would allow for and encourage potential respondents to complete the survey on-line. A total of 10, 924 surveys were

collected using the on-line survey platform (i.e., Qualtrics) via social media ads, direct online survey link or Qualtrics app on iPads.

Total Combined Sample

In FY2020 a total of 11,774 completed questionnaires were collected compared with 12,089 in FY2019, 12,589 in FY2018, 10,741 in FY17, 12,634 in FY16, 9,875 in FY15, and 6,793 in FY14. All 33 counties were represented in the data, although seven counties had less than 25 respondents, respectively. Importantly, 93% of the sample in FY2020 participated online (n=10,924), in comparison to 58% of the sample participating online the previous year.

Results: Core Module

PLEASE NOTE: In this report, all N's (n's) provided are unweighted and reflect the actual sample, but the percentages are weighted to reflect the population of NM with respect to age, race/ethnicity and gender. In addition, the tables do not always contain the actual wording of the question. Please refer to the survey itself for precise language.

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

Table 1.1 Demographic characteristics of unweighted and weighted sample

Number of eligible respondents	N=11,774		
Characteristics	**Unweighted n**	**Unweighted %**	**Weighted %**
Age			
18-20	695	5.9	5.3
21-25	904	7.7	8.8
26-30	886	7.5	8.9
31-40	2,112	17.9	16.7
41-50	2,114	18.0	14.5
51-60	2,260	19.2	16.0
61-70	2,020	17.2	15.6
71 or older	783	6.7	14.2
Gender			
Male	2,745	23.9	49.1
Female	8,744	76.1	50.9
Race/Ethnicity[1]			
White	5,633	47.8	40.5
Hispanic	4,537	38.5	45.7
Native American	948	8.1	8.4
Other	656	5.6	5.4

Education level[2]			
Less than high school	410	3.5	3.7	
High school or GED	1,733	14.9	16.1	
Some college	3,140	27.0	27.3	
College or above	4,589	39.5	37.2	
Currently an undergraduate	1,758	15.1	15.6	
New Mexico Residency			
Less than 1 year	413	3.5	3.4	
1-5 years	1,410	12.0	10.9	
More than 5 years	9,910	84.5	85.6	
Number of Spanish Paper Surveys	488		
Active Duty in the Military Service or Veteran	522	4.5	8.0
Identify as LGBT	1,209	10.5	10.5
Parent/Caretaker of Someone under 21 living in the household	3,910	33.7	29.1
Children's age*			
Under age 5	1,058	27.1	28.1
5-11	1,797	46.0	43.8
12-17	1,812	46.3	43.8
18-20	769	19.7	18.7
Past 30-day housing stable	11,268	97.6	97.5

[1] These categories are not mutually exclusive.
[1] Education levels are mutually exclusive.

In comparison to the demographic profile of the sample of respondents the previous year, the 2020 overall sample has higher percentages of older age groups from ages 40 to 70 and lower percentages of younger groups from ages 18-30 than the 2019 overall sample, and higher percentages of females, whites, and higher education attainment (college or above), and lower percentages of Hispanic and Native Americans.

II. Alcohol Outcomes and Intervening Variables

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

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

Outcomes	Overall			Men	Women
	% of Yes	Mean (Std Error)	Range	% of Yes	% of Yes
# of drinks a week (n=10,874)	NA	2.1 (0.1) drinks	0-100	NA	NA
Heavy drinkers[a] (n=10,877)	4.0	NA	NA	4.7	3.5
Past 30-day alcohol use (n=10,925)	49.9	NA	NA	53.6	46.6
Past 30-day binge drinking					
All respondents (n=10,841)	14.9	0.9 (0.04) times	0-50	18.5	11.8
Current users[b] only (n=5,275)	30.1	1.6 (0.1) times	0-50	34.8	25.4
Past 30-day driven under influence					
All respondents (n=10,854)	2.8	0.1 (0.02) times	0-100	4.0	1.6
Current users[b] only (n=5,285)	5.7	0.3 (0.1) times	0-100	7.6	3.4
Past 30-day driven after binge drinking					
All respondents (n=10,856)	2.5	NA	NA	3.8	1.3
Current users[b] only (n=5,287)	5.0	NA	NA	7.1	2.8

[a] Heavy drinkers are defined as more than 7 drinks in a week for women (approximately 1 drink a day) and more than 14 a week for men (approximately 2 drinks a day).

[b] Current users: anyone who has had alcoholic drink in the past 30 days.

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

Age Range	Past 30-day alcohol use %	Past 30-day binge drinking %	Past 30-day driven under influence %	Past 30-day driven after binge drinking %
18-25	55.9	23.1	5.6	5.3
18-20	38.7	16.9	3.5	3.3
21-25	66.2	26.8	6.9	6.6
26-30	59.0	22.1	4.9	4.4
31-40	54.4	20.2	3.2	2.4
41-50	50.9	17.6	2.8	2.5
51-60	46.9	12.5	1.9	2.0
61-70	44.9	7.0	0.9	0.6
71+	40.5	4.6	1.4	1.2

Table 2.3 Perceptions of risk/legal consequences of alcohol consumption (Total Sample).

Perception of risk/legal consequences	%				
	Very likely	**Somewhat likely**	**Not very likely**	**Not at all likely**	**Don't know**
Likelihood of police breaking up parties where teens are drinking	16.6	30.7	24.1	8.2	20.5
Likelihood of police arresting an adult for giving alcohol to someone under 21	24.0	26.3	20.4	8.3	21.1
Likelihood of being stopped by police if driving after drinking too much	26.0	34.8	22.2	6.4	10.6
	Strongly disagree	**Disagree**	**Neither agree nor disagree**	**Agree**	**Strongly agree**
Problems due to drinking hurts community financially	10.1	5.3	17.9	37.3	29.3
Access to alcohol	**Very easy**	**Somewhat easy**	**Somewhat difficult**	**Very difficult**	**Don't know**
Ease of access to alcohol by teens in the community	34.0	36.4	11.3	3.1	15.2
Ease of access to alcohol by teens in the community from stores and restaurants	6.2	20.3	31.3	24.2	17.9
Social Access	**Total**	**Men**	**Women**		
Provided alcohol for minors past year	3.0	3.7	2.3		

Table 2.4 Percentages of perceived risk/legal consequences of alcohol consumption by age groups.

Access to Alcohol	Age groups (%)								
	18-20	21-25	18-25	26-30	31-40	41-50	51-60	61-70	71 +
Very or somewhat difficult for teens to access to alcohol in the community	17.2	13.1	14.6	17.7	22.7	19.1	19.1	15.9	7.9
Very or somewhat difficult for teens to access to alcohol from stores and restaurants	72.3	69.6	70.6	73.7	73.1	68.4	66.3	62.4	59.4
Purchasing and/or sharing of alcohol with a minor over past year (Yes)	6.9	12.2	10.2	2.8	1.3	2.8	2.7	0.8	0.9
Permissive Attitudes to providing alcohol to minors	**18-20**	**21-25**	**18-25**	**26-30**	**31-40**	**41-50**	**51-60**	**61-70**	**71 +**
Never okay to provide alcohol to minors.	25.2	35.1	31.4	50.9	66.1	64.8	66.3	66.7	64.7
Perception of risk/legal consequences (alcohol)	**18-20**	**21-25**	**18-25**	**26-30**	**31-40**	**41-50**	**51-60**	**61-70**	**71 +**
Very or somewhat likely for police to break up parties where teens are drinking	61.6	61.9	61.8	55.3	57.6	61.5	62.5	61.4	55.3
Very or somewhat likely for police to arrest an adult for giving alcohol to someone under 21	61.7	59.1	60.1	62.6	64.9	67.3	64.4	65.7	62.6
Very or somewhat likely being stopped by police if driving after drinking too much	74.7	68.9	71.0	68.4	67.8	70.4	68.0	64.5	68.4
Agree or strongly agree that problems due to drinking hurts community financially	53.2	62.3	58.9	65.0	63.0	69.0	74.7	70.7	65.0

Figure 2.1. Sources of obtaining alcohol for respondents 18-20 years old who reported drinking alcohol in the past 30 days. (n=258)
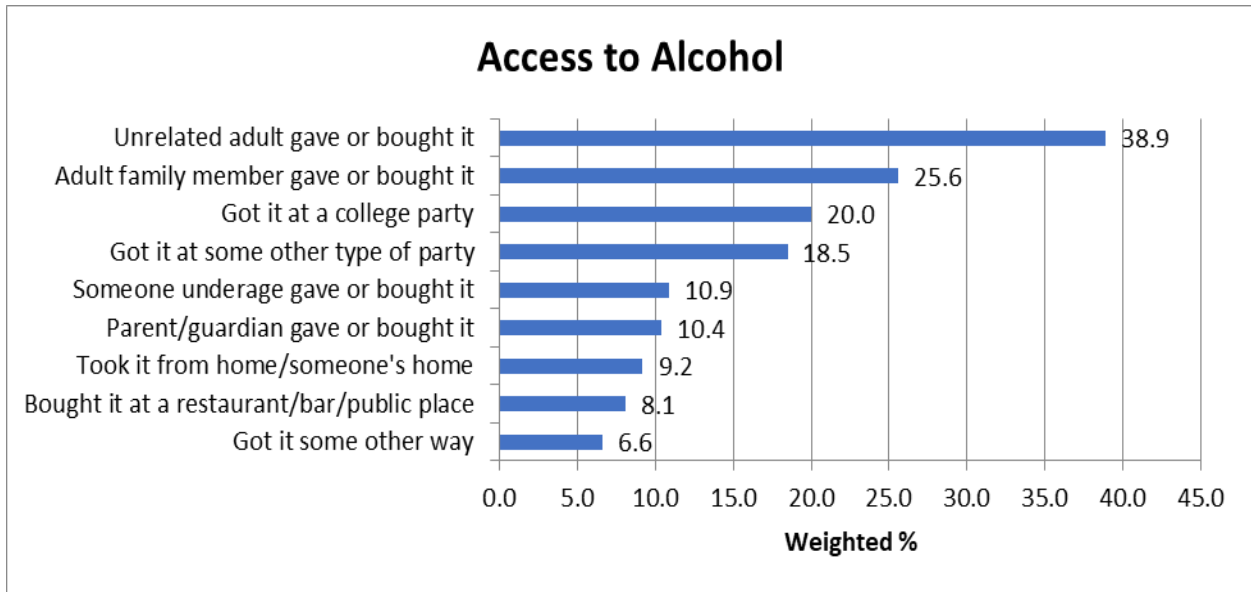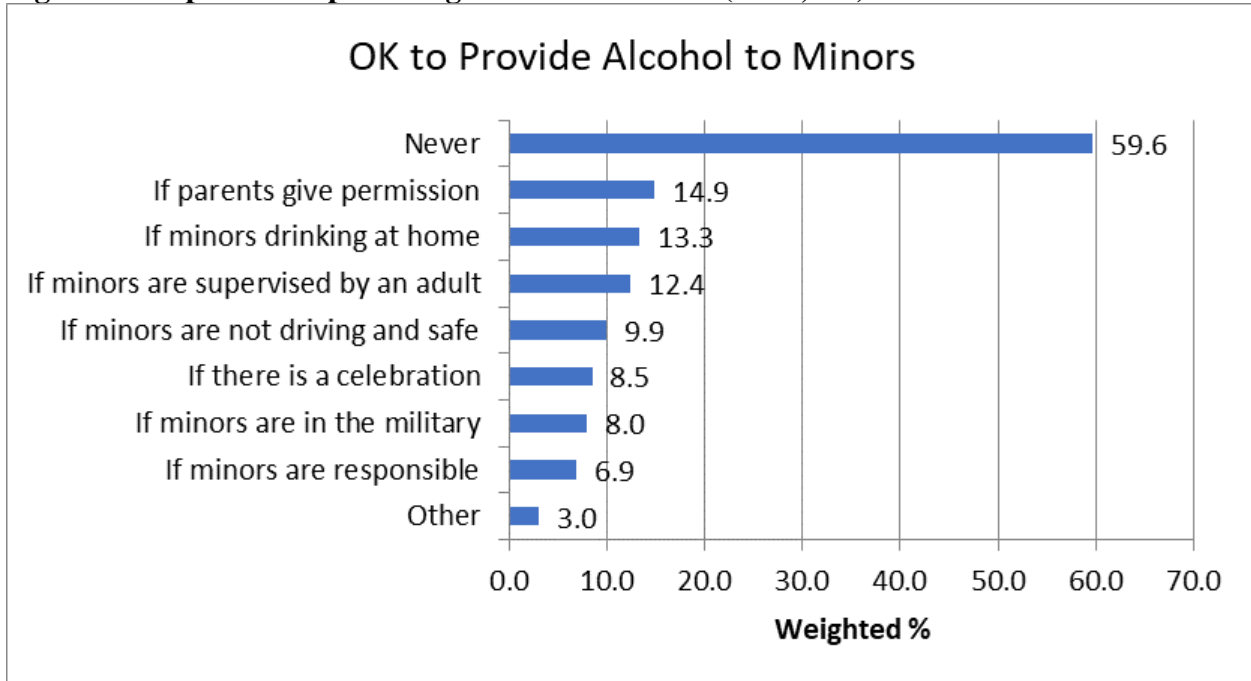
Access to Alcohol

Source	Weighted %
Unrelated adult gave or bought it	38.9
Adult family member gave or bought it	25.6
Got it at a college party	20.0
Got it at some other type of party	18.5
Someone underage gave or bought it	10.9
Parent/guardian gave or bought it	10.4
Took it from home/someone's home	9.2
Bought it at a restaurant/bar/public place	8.1
Got it some other way	6.6

Figure 2.2. Opinions of providing alcohol to minors. (n=11,774)

OK to Provide Alcohol to Minors

Opinion	Weighted %
Never	59.6
If parents give permission	14.9
If minors drinking at home	13.3
If minors are supervised by an adult	12.4
If minors are not driving and safe	9.9
If there is a celebration	8.5
If minors are in the military	8.0
If minors are responsible	6.9
Other	3.0

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III. Prescription Painkiller Outcomes and Intervening Variables

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

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

Outcomes	Overall		Men	Women
	% of Yes	Mean (Std Error)	% of Yes	% of Yes
Prevalence of receiving Rx painkiller past year (n=10,742)	23.9	NA	22.6	25.4
Past 30-day Rx painkiller use for any reason (n=10,658)	11.3	11.2 (0.4) days (current users[a] only)	11.0	11.6
Past 30-day painkiller use to get high				
All respondents (n=10,618)	2.4		2.7	2.2
Current users* only (n=1,198)	22.0		24.6	19.7

Note. Ns are for overall estimates only.

[*]Current users: anyone who has used Rx painkillers in the past 30 days.

Table 3.2 Access to naloxone

Outcomes	% of Yes	Don't Know
When having been prescribed painkillers last year		
Were prescribed naloxone as well (n=2,672)	20.3	4.0
Talked about risks in using Rx painkillers (n=2,672)		
Healthcare provider	51.3	NA
Pharmacy staff	37.1	
Talked about storing Rx painkillers safely (n=2,672)		
Healthcare provider	30.9	NA
Pharmacy staff	27.7	
Have access to naloxone when having used painkillers in the past 30 days (n=1,188)	31.9	NA

Table 3.3. Percentages of prescription drug use outcomes by age groups among all respondents.

Ages	Prevalence of receiving Rx painkiller past year (n=10,742)	Past 30-day Rx painkiller use for any reason (n=10,658)	Past 30-day Rx painkiller use to get high (n=10,618)
18-25	17.2	6.1	1.9
26-30	19.8	9.3	3.3
31-40	19.3	9.2	1.9
41-50	24.0	12.2	3.7
51-60	28.4	14.7	2.1
61-70	29.7	15.0	2.0
71 +	27.1	11.5	2.6

Table 3.4 Estimates for prescription painkiller intervening variables.

Risk of Harm	%			
	No risk	Slight risk	Moderate Risk	Great risk
Perceived risk of harm with misusing Rx painkillers (n=10,604)	2.0	8.9	26.2	62.9
Social Access	Yes	No		
Giving or sharing Rx painkillers in past year (n=10,408)	4.2	95.8		
Rx painkillers stored in locked box or cabinet* (n=3,815)	41.9	58.1		

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

Table 3.5. Estimates (percentages) for prescription painkiller intervening variables by age groups.

Risk of Harm	Age Range						
	18-25	26-30	31-40	41-50	51-60	61-70	71 +
Perceived moderate or great risk of harm with misusing Rx painkillers	83.4	87.2	87.1	89.1	89.7	92.0	94.7
Social Access	18-25	26-30	31-40	41-50	51-60	61-70	71 +
Giving or sharing Rx painkillers in past year	5.1	4.5	6.6	4.7	3.5	2.8	2.2
Rx painkillers stored in locked box or cabinet[*]	45.4	45.8	48.9	45.7	42.6	37.0	29.7

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

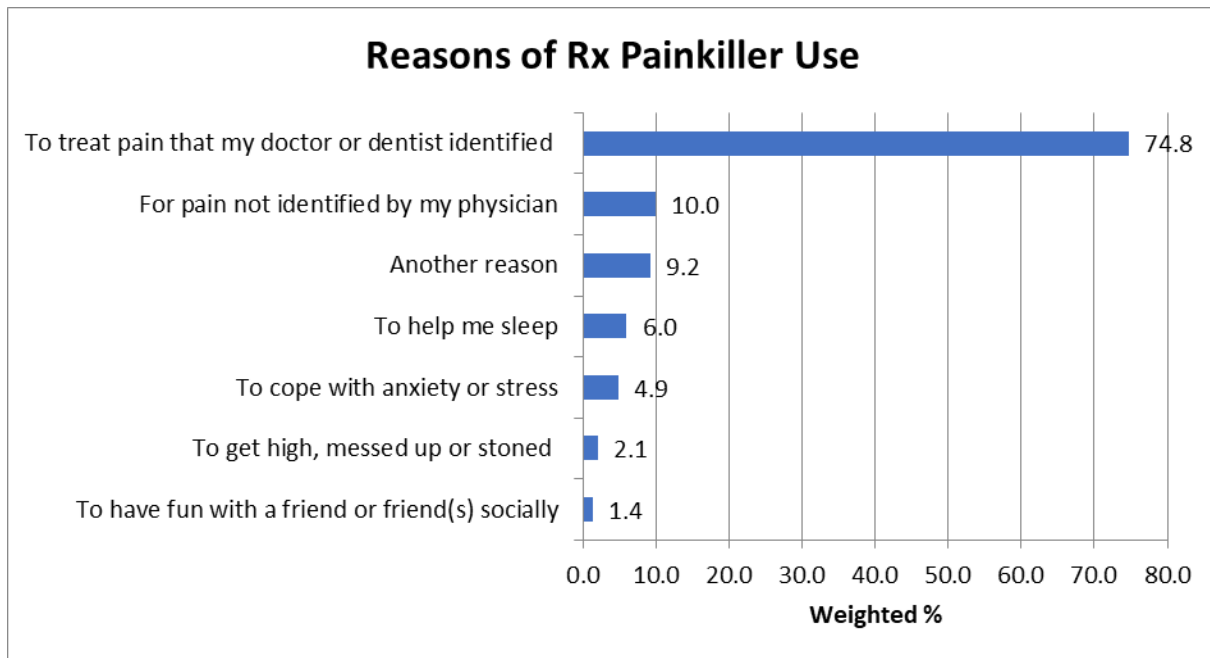**Figure 3.1. Reasons for prescription painkillers use among current users. (n=1,254)**

Figure 3.2. Sources of prescription painkillers among current users. (n=1,254)
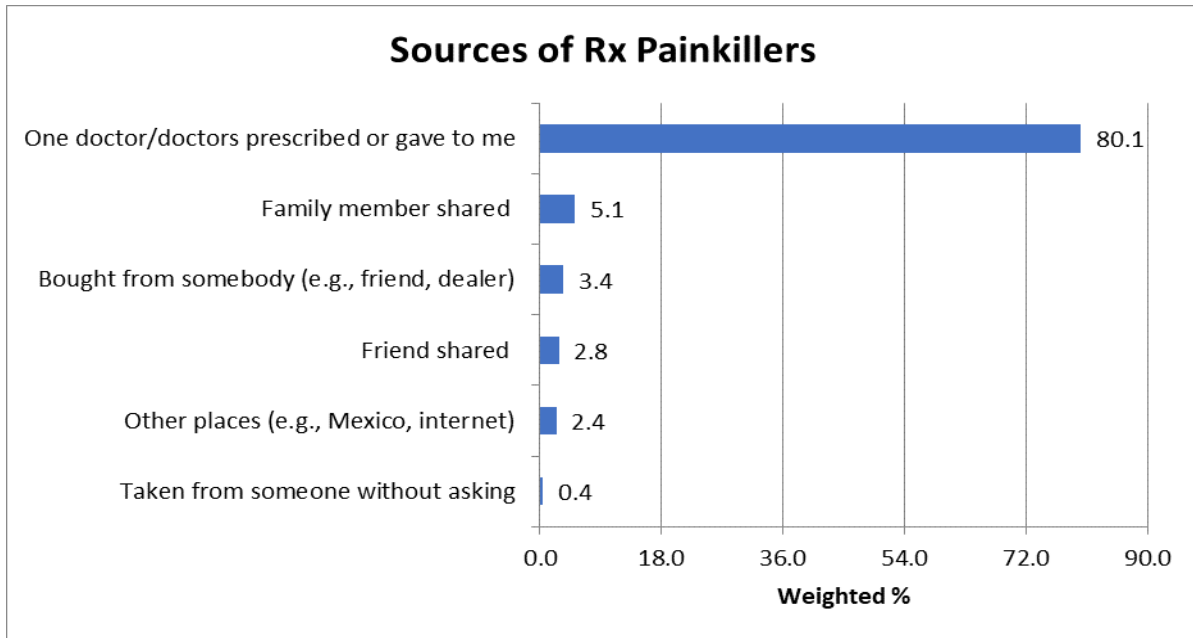
Sources of Rx Painkillers

Source	Weighted %
One doctor/doctors prescribed or gave to me	80.1
Family member shared	5.1
Bought from somebody (e.g., friend, dealer)	3.4
Friend shared	2.8
Other places (e.g., Mexico, internet)	2.4
Taken from someone without asking	0.4

Figure 3.3. Reasons for prescription painkillers use in the past year. (n=5,029)

Reasons of Rx Painkiller Use Past Year

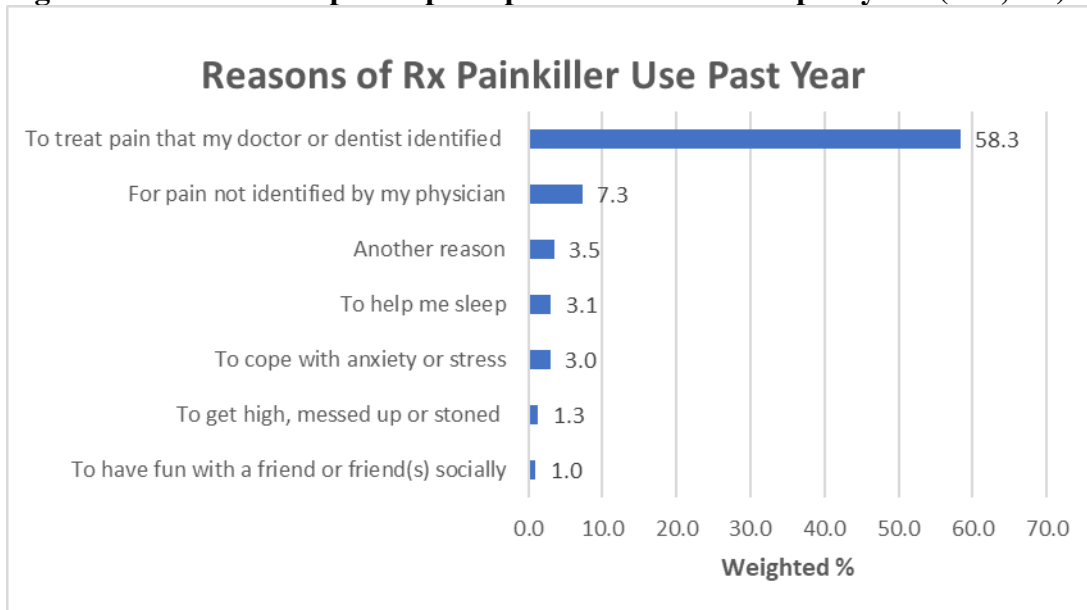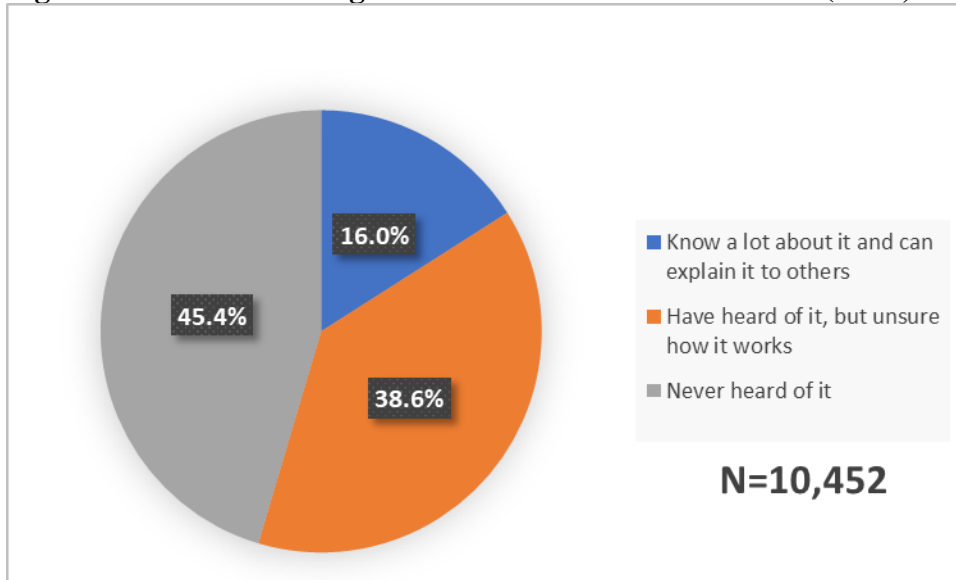| Reason	Weighted %
To treat pain that my doctor or dentist identified	58.3
For pain not identified by my physician	7.3
Another reason	3.5
To help me sleep	3.1
To cope with anxiety or stress	3.0
To get high, messed up or stoned	1.3
To have fun with a friend or friend(s) socially	1.0

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Figure 3.4. Understanding of the NM Good Samaritan Law (n=10,452)

IV. Parental behaviors

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

Table 4. Parents of minors residing in household reporting providing ATOD to a minor last year

Outcomes	%		
	Overall	**Men**	**Women**
Parents who reported NEVER OK to provide alcohol to a minor (n=3,910)	69.1	63.7	73.4
Parents who reported providing alcohol to a minor (n=3,593)	3.1	3.5	3.0
Parents who reported sharing Rx drugs (n=3,513)	5.3	5.4	5.2
Parents who reported locking up Rx painkillers*(n=1,380)	52.7	48.0	55.5

*Excluding respondents who indicate they have no prescription painkillers from this estimate.

Results: Non-core Modules

Below are results for modules that were selected for use by some of the communities. Because they were not asked of all respondents, it is important to pay particular attention to the size of the N for each module's sample.

Opioid Module

Percentages are provided below for opioid module outcomes of interest.

Opioid.T1 Knowledges about family members/friends who use Rx painkillers or heroin

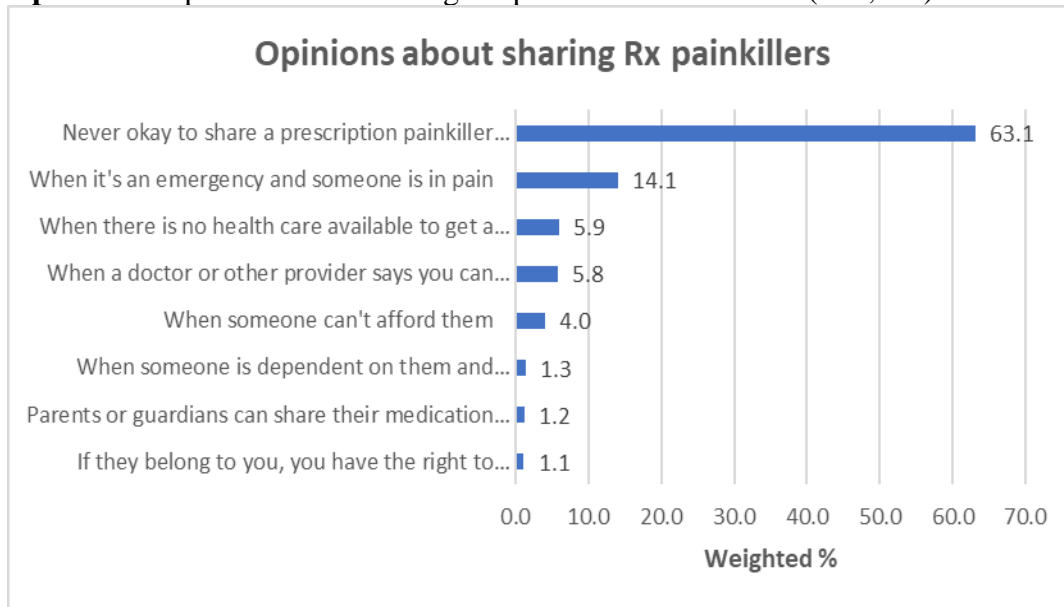| Outcomes	% of Yes
Having family members or friends who often use Rx painkillers (n=5,299)	21.6
These Rx painkiller users are at risk of overdose (n=1,214)	57.6
Some of these Rx painkiller users live with you (n=1,200)	14.6
Having family members or friends who often use heroin (n=5,299)	9.4
These heroin users are at risk of overdose (n=517)	92.1
Some of these heroin users live with you (n=507)	8.6

Opioid.T2 Access to and knowledge about Naloxone/Narcan

Outcomes (N=5,299)	% of Yes
Have Naloxone/Narcan	11.8
Know how to get Naloxone/Narcan	19.9
Know how to use Naloxone/Narcan	21.8

Opioid.T3 Endorsement of issues related to opioid use

Outcomes	% of Agree or strongly agree
Medical treatment can help people with opioid use disorder lead normal lives (n=4,401)	85.5
My community is not doing enough to prevent opioid misuse and addiction (n=4,355)	78.6
Support increasing public funding for opioid treatment programs in my community (n=4,389)	89.9

Opioid.F1. Opinions about sharing Rx painkillers with others (n=5,299).

Opinions about sharing Rx painkillers

Category	Weighted %
Never okay to share a prescription painkiller...	63.1
When it's an emergency and someone is in pain	14.1
When there is no health care available to get a...	5.9
When a doctor or other provider says you can...	5.8
When someone can't afford them	4.0
When someone is dependent on them and...	1.3
Parents or guardians can share their medication...	1.2
If they belong to you, you have the right to...	1.1

Marijuana Module

Percentages are provided below for marijuana outcomes of interest.

Marijuana.T1. Means and percentages of marijuana use outcomes overall and by sex.

Outcomes	% of Yes		
	Overall	Male	Female
Ever used marijuana (n=3,551)	56.2	60.3	52.1
Past 30-day marijuana use[1] (n=1994)	37.1	39.9	33.8
Past 30-day drove under the influence of marijuana[2] (n=682)	23.6	27.1	18.2
Shared marijuana with underage youth (n=3,460)	2.9	4.0	2.0

Note. Ns are for overall estimates only.

[1]Only include anyone who has ever used marijuana.

[2]Only include anyone who has used marijuana in the past 30 days.

**Marijuana.T2.** Perceptions of risk/legal consequences of marijuana consumption.

| Perception of risk/legal consequences	%				
	Very likely	**Somewhat likely**	**Not very likely**	**Not at all likely**	**Don't know**
Likelihood of police arresting an adult for providing marijuana to someone under 21 (n=2,643)	24.7	30.6	25.7	13.1	5.9
Likelihood of being stopped by police if driving under the influence of marijuana (n=2,772)	13.1	28.4	36.2	17.1	5.2
	Strongly disagree	**Disagree**	**Not sure**	**Agree**	**Strongly agree**
OK for someone to provide marijuana to someone under 21 (n=3,474)	54.1	19.2	15.9	6.7	4.1
Access to marijuana	**Very easy**	**Somewhat easy**	**Somewhat difficult**	**Very difficult**	**Don't know**
Ease of access to marijuana by teens in the community (n=2,942)	60.5	29.7	4.6	1.0	4.2
Risk of harm	**No Risk**	**Slight risk**	**Moderate risk**	**Great risk**	
Teens risk harming themselves when using marijuana once or twice a week (n=3,467)	14.6	26.5	27.8	31.2	

Marijuana.T3. Endorsement of issues related to marijuana use.

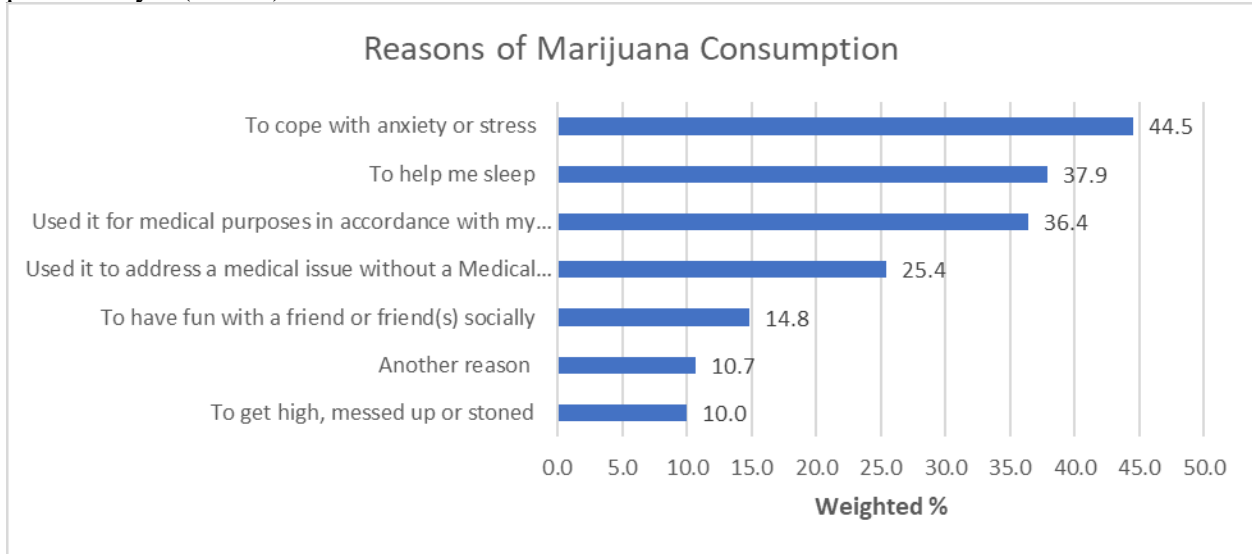| Perception of risk/legal consequences	%				
	Strongly disagree	**Disagree**	**Not sure**	**Agree**	**Strongly agree**
Marijuana use by teens is a problem in my community (n=3,472)	6.7	9.7	36.2	28.8	18.6
Support local efforts to prevent marijuana use by teens (n=3,473)	5.3	5.8	18.3	36.8	33.8
Driving under the influence of marijuana is a problem in my community (n=3,472)	5.5	8.8	52.1	20.1	13.5
Support local law enforcement actions to prevent driving under the influence of marijuana (n=3,474)	5.6	5.1	16.1	37.4	35.8

Marijuana.F1 Marijuana consumption for respondents who reported using it in the past 30 days. (n=707)
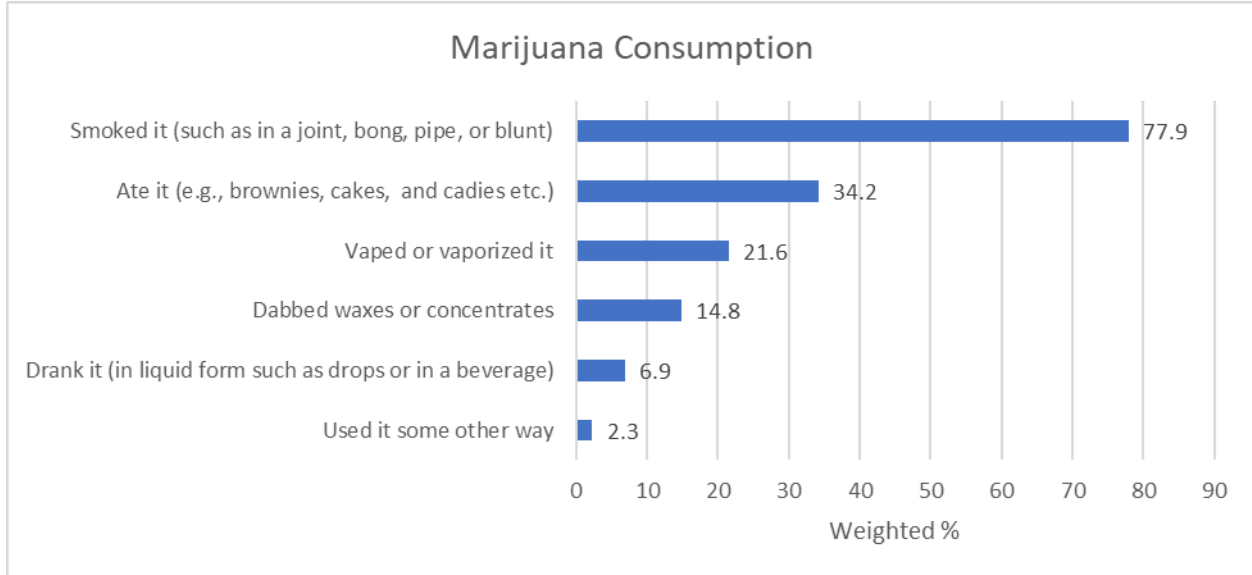
Marijuana.F2 Sources of obtaining marijuana for respondents who reported using it in the past 30 days. (n=707)
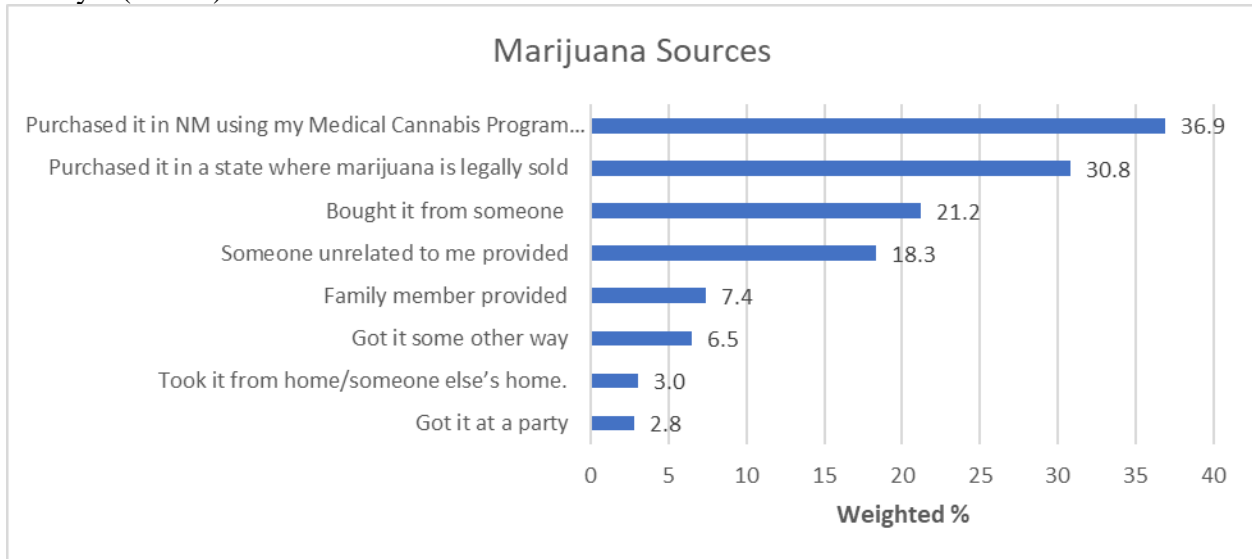
Marijuana.F3 Reasons of marijuana consumption for respondents who reported using it in the past 30 days. (n=707)

Reasons of Marijuana Consumption

Reason	Weighted %
To cope with anxiety or stress	44.5
To help me sleep	37.9
Used it for medical purposes in accordance with my...	36.4
Used it to address a medical issue without a Medical...	25.4
To have fun with a friend or friend(s) socially	14.8
Another reason	10.7
To get high, messed up or stoned	10.0

Methamphetamine Module

Percentages are provided below for the methamphetamine outcomes of interest.

Meth.T1. Percentages of methamphetamine use outcomes overall and by sex.

Outcomes	% of Yes		
	Overall	Male	Female
Ever used methamphetamine (n=9,122)	11.4	14.1	9.1
Past 30-day methamphetamine use* (n=1,009)	14.2	16.1	12.0
Family member use methamphetamine (n=10,574)	17.5	16.3	18.7

Note. Ns are for overall estimates only.

*Only includes anyone who has used ever used methamphetamine.

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Meth.T2 Perceptions of risk/legal consequences of methamphetamine consumption.

Access to methamphetamine	%				
	Very easy	**Somewhat easy**	**Somewhat difficult**	**Very difficult**	**Don't know**
Ease of access to methamphetamine in the community (n=6,424)	45.2	43.1	8.0	1.4	2.3
Risk of harm	**No Risk**	**Slight risk**	**Moderate risk**	**Great risk**	
People risk harming themselves when using methamphetamine (n=9,045)	0.7	1.9	8.5	88.9	
	Strongly disagree	**Disagree**	**Not sure**	**Agree**	**Strongly agree**
Methamphetamine use is a problem in my community. (n=9,021)	3.7	2.8	27.2	32.5	33.7
Support increasing the local efforts to prevent methamphetamine use. (n=9,018)	3.2	1.2	8.0	30.7	57.0

Community Module

Percentages are provided below for consolidated response categories of all questions.

Community.T1. Distribution of responses in community module

Outcomes (N=4,623)	%		
	Disagree	**Agree**	**Neutral**
Underage drinking is a problem in my community.	8.2	59.2	32.6
Support local law enforcement efforts to prevent underage drinking	6.5	82.8	10.7
Heavy drinking is a problem in my community	6.7	62.5	30.7
Support local efforts to prevent heavy drinking	5.1	80.5	14.4
Drinking and driving is a problem in my community	5.3	74.0	20.7
Support local law enforcement efforts to prevent drinking and driving	3.0	91.0	6.0
I support the enforcement of laws prohibiting serving the intoxicated	3.0	90.0	7.0
The overuse of alcohol harms the personal safety and well-being of community members	2.8	87.2	10.0
Past year experienced problems associated with alcohol misuse in my community	25.3	44.5	30.2

Note. Disagree = strongly disagree + disagree; agree= strongly agree + agree; neutral= neither agree nor disagree.

College Module

Percentages are provided below for consolidated response categories of all questions.

College.T1. Distribution of responses in college module

Outcomes (N=811)	%		
	Disagree	**Agree**	**Neutral**
Underage drinking among college students is a problem in my community	12.0	50.1	37.8
Binge drinking by college students is a problem in my community	12.0	48.9	39.1
Drinking and driving by college students is a problem in my community	13.3	46.5	40.3
My local college or university needs to do more to stop underage drinking and binge drinking among college students	15.0	42.9	42.1
Local law enforcement needs to do more to stop underage drinking and binge drinking among college students	13.8	47.0	39.2
College student drinking contributes to drinking among teens in my community.	13.7	42.6	43.6
College drinking harms the personal safety and well-being of my community members	13.9	50.6	35.5
Stores, bars and restaurants in my community do not do enough to discourage sales to intoxicated customers	27.5	27.4	45.0
Stores, bars and restaurants in my community do not do enough to discourage sales to minors	38.4	18.9	42.7
Past year experienced problems associated with alcohol misuse in my community	27.5	39.1	33.4

Note. Disagree = strongly disagree + disagree; agree= strongly agree + agree; neutral= neither agree nor disagree.

Tobacco Module

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

Tobacco.T1 Percentages of cigarette/tobacco any use outcomes overall and by sex.

Tobacco Indicators	%		
	Overall	Men	Women
Cigarette: current use (n=1,240)	19.0	22.1	16.2
Chewing Tobacco: current use (n=1,234)	4.1	8.7	0.5
E- Cigarette: lifetime use (n=1,238)	23.9	29.3	19.0
E- Cigarette: past 30-day use* (n=1,238)	6.8	8.2	5.4
Purchased or provided tobacco to a minor in past year (n=1,211)	0.9	0.9	1.0

*Among all respondents.

Mental Health Module

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

Mental Health.T1 Percentages of mental health outcomes overall and by sex

Outcomes	%		
	Overall	Men	Women
Met critical threshold for serious mental illness* (n=3,361)	14.7	14.3	14.5
Self-identified having mental health or drug/alcohol problems in the past year (n=3,357)	35.6	34.8	35.6
Suicidal thoughts in the past year (n=3,357)	11.2	12.5	9.4
Sought help on mental health or drug/alcohol problems in the past year (n=3,358)	25.5	23.5	26.8
Had difficulty accessing treatment for mental health or substance abuse problems (n=3,332)	12.2	11.5	11.8

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

Summary of 2020 Community Survey Findings

In FY20, the number of valid respondents to the NMCS was again large and all 33 counties were included in the final sample. Results presented in this report are weighted estimates to reflect state population estimates. This has been necessary because our samples in past years have been slightly younger, and more female and Native American than the state population. Due to the effects of the pandemic on data collection this year, the sample had larger differences from the overall state population (older, and more female, educated and White than past samples), so the weighting was even more crucial to help generate more accurate statewide estimates. Even when reviewing these weighted estimates, it is important to have the difference in the sampling this year in mind (it mostly reflects individuals recruited via online social media), as well as the broader effect of the pandemic on the large number of respondents who participated during a period when there was a high degree of disruption in society (socially, economically, etc.).

Two and one-half percent of our weighted sample identified as being housing unstable and 29.1% reported being a parent or caretaker of someone under 21 who was living in the household. This measure allowed us to examine the extent to which parents of minors are providing alcohol or other drugs to minors. Eight percent of the weighted sample indicated being currently or formally active in the military and just over ten percent indicated being lesbian, gay, bisexual, transgender or questioning. These prevalence estimates are similar to last year's estimates.

Half of the weighted sample indicated drinking alcohol in the past 30 days. In general, most alcohol indicators remained stable across the past two years, but it is noteworthy that the 30-day use rate went up over three percentage points while the binge drinking rate went down over one percentage point. Summary Table 1 presents prevalence estimates from the NMCS starting in 2017. For comparison, 2018 BRFSS age-adjusted estimates indicated that 49.9% of NM adults reported past 30-day alcohol use, 5.4% were chronic heavy drinkers, 15.8% reported episodic heavy (binge) drinking[2] and 1.4% (2016 estimate -- the most recent) reported driving after having too much to drink[3].

Summary Table 1. Alcohol indicator trends (whole sample)

Alcohol Outcome Indicators	FY17	FY18	FY19	FY20
Average number of drinks a week	2.2	1.9	2.0	2.1
Percent Past 30-day alcohol use	47.6	46.9	46.7	49.9
Percent of Heavy Drinkers	4.0	3.2	3.6	4.0
Percent Past 30-day binge drinkers	16.3	14.4	16.1	14.9
Percent Past 30-day driven under the influence	3.5	3.7	3.2	2.8
Percent Past 30-day driven after 5+ drinks	2.8	2.8	2.7	2.5

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[2] BRFSS data defines "heavy episodic drinking" as > 5+ drinks on one occasion in past 30 days, 4+ for women
[3] All BRFSS data for New Mexico can be found at:
https://ibis.health.state.nm.us/query/selection/brfss/_BRFSSSelection.html

As shown in Table 2.2 of the Core Module findings, young adults, ages 21-25 reported the largest percentage (26.8%) of binge drinking, closely followed by 26-30 year olds (22.1%). These two age groups also self-reported the highest percentage of driving under the influence of alcohol with 6.9% of 21-25 year olds and 4.9% of 26-30 year olds reporting having done so in the last 30-days.

Most underage young adults reported accessing alcohol either from an adult or at parties. Thus, social access to alcohol remains the most common way that underage persons access alcohol in New Mexico, while access to alcohol directly from retailers such as bars and stores is far less common among minors. Summary Table 2 presents trend data on perception of risk and access measures from the NMCS. During the most recent year, perception of easy social access to alcohol by teens dropped by over eight percentage points. This large change is very likely to be due to the social isolation practices that were adopted during survey administration this year. This suggests that prevention planners should not view this drop as a reason to change the focus on reducing social access as an important prevention goal.

Summary Table 2. Alcohol related perception of risk of getting caught and youth access to alcohol indicator trends (whole sample)

Alcohol Perception Indicators	FY17	FY18	FY19	FY20
Percent Very Likely police breaking up teen drinking parties	18.5	17.8	18.1	16.6
Percent Very Likely police arresting adult providing alcohol to minor	26.2	26.2	26.3	24.0
Percent Very Likely being stopped if driving intoxicated	30.8	28.9	30.0	26.0
Percent Very Easy social access to alcohol by teens	44.0	43.8	42.3	34.0
Percent Very Easy retail access to alcohol by teens	10.6	11.1	8.9	6.2
Percent provided alcohol to a minor in past year	3.9	2.9	2.4	3.0

Reductions in the perception of risk-related outcomes associated with enforcement may also be attributable to the adoption of strict social isolation behaviors during most of the survey administration period. Generally, community respondents in FY20 perceived less likelihood concerning law enforcement intervention. However, the FY20 state estimate indicates that a very low percentage of adults believed that retail access by minors was "very easy."

The high percentage of respondents who agreed or strongly agreed that problems due to drinking caused financial harm to their community continues to indicate a high degree of support for prevention action in communities. This perception increased with age, with about 53.2% of 18 to 20-year olds agreeing with the statement compared to approximately 65% of those 71 years or older (see Table 2.4 Core Module). The majority of community members seem to understand the problems related to alcohol and they are ready to support change.

Summary Table 3 examines prescription painkiller outcomes over the past four fiscal years. The estimates are very similar over the last two years, but across all four years there is a decreasing trend in receiving a prescription for an opioid, as well as past 30-day use for any reason or to get high.

Summary Table 3. Prescription painkiller indicator trends (whole sample)

Prescription Painkiller Outcome Indicators	FY17	FY18	FY19	FY20
Average number of days used Rx painkillers in past 30-days	9.0	10.6	10.1	11.2
Percent receiving a Rx painkiller in past year	28.0	25.9	24.1	23.9
Percent past 30-day Rx painkiller use for any reason	13.5	11.9	11.1	11.3
Percent past 30-day Rx painkiller use to get high	3.1	2.8	2.4	2.4

We asked respondents if, when prescribed prescription opioids, they were also prescribed naloxone. As shown earlier in Table 3.2 (Core Module), about 31.9% of participants currently using opioids reported access to naloxone. In FY19, 5.6% indicated they were also prescribed naloxone and in FY20, this substantially increased to 20.3%. And the percentage of respondents indicating that they did not know if they were prescribed naloxone was down from 6.7% in FY19 to 4% in FY20. We also asked whether the health care provider spoke with them about the risks involved in using prescription opioids. As shown in in Table 3.2, 51.3% FY20 of participants who were prescribed opioids in the last year indicated that the healthcare provider talked with them about opioid safety. As reported by participants, pharmacists were less involved in discussions about opioid safety -- only 37.1% of participants prescribed opioids noted that their pharmacist spoke with them about safety. However, the difference between health care providers and pharmacists was less dramatic for conversations about proper opioid storage. Just over 30.9% and 27.7% of participants who were prescribed opioids reported talking to their health care provider and pharmacist, respectively, about safe storage practices.

Most respondents using opioids, used them as prescribed for pain (74.8%, see Figure 3.1 in Core Module). Another 10.0% of respondents used opioids for pain that was not identified by a doctor or a dentist, raising concerns about safety while using outside of regular monitoring from medical staff. It is noteworthy that 5.1% of responding using opioids received them from a family member. FY20 data continue to show only a very small percentage of respondents (2.4%) using opioids received opioids from Mexico or the internet.

New Mexico led the nation in passing a Good Samaritan Law in 2007. This law protects people seeking to help a friend or family member who they suspect has overdosed on drugs. The Good Samaritan Law is known widely outside of New Mexico and more than 20 states have adopted similar laws. However, our data in Figure 3.3 (Core Module) show that just under half (45.4%) of the 10,452 respondents who answered this question had never heard of this law. Another 38.6% of respondents had heard of the law, but did not know how it works.

The number of community members who completed items in the mental health module (an optional module for communities) increased this fiscal year as can be seen in Summary Table 4. Although results from the optional modules should be interpreted with caution because the full statewide sample was not asked these questions, the findings point to mental health issues as a growing concern, very likely due to the current pandemic. About 36% of these survey respondents reported mental health or drug/alcohol concerns in the last year. Many New Mexicans (25.5%) were willing and able to seek help for their mental health, yet a troubling 12.2% reported difficulty accessing the help that they desired (see Metal Health T1 in Mental Health Module). The need for accessible and high-quality behavioral health care remains considerable in New Mexico.

Summary Table 4. Mental Health indicator trends

Outcomes	%			
	FY17 (N=4,780)	FY18 (N=2,098)	FY19 (N=1,685)	FY20 (N=3,361)
Met critical threshold for serious mental illness[*]	8.7	10.9	9.8	14.7
Self-identified having mental health or drug/alcohol problems in the past year	17.8	22.4	22.1	35.6
Suicidal thoughts in the past year	4.9	8.2	7.7	11.2
Sought help on mental health or drug/alcohol problems in the past year	14.7	18.0	16.6	25.5

The methamphetamine and marijuana modules were added in FY20. The methamphetamine module was optional but was the default for online survey takers and therefore included almost the entire statewide sample this year. About 11% of the weighted sample reported ever using methamphetamine; among them, 14.2% have used it in the past 30 days. Our weighted estimates indicate that 17.5% of respondents have family members using methamphetamine. Regarding access to methamphetamine, almost half of respondents (45%) think that it is easy to access in their community. Overwhelmingly, people think that they risk harming themselves if they use methamphetamine (89%); and the majority of respondents agree or strongly agree that methamphetamine use is a problem in their community (66%) and they support to increase local effort to prevent methamphetamine use (88%).

The marijuana module was optional as well in FY20, and twelve programs selected to administer this module. Over half of respondents (56%) have reported ever using marijuana; among them, 37% have used it in the past 30 days. Among current marijuana users, about 24% have driven under the influence of marijuana in the past 30 days. Respondents perceived low legal consequences of marijuana consumption – less than 25% of respondents thought a person would be very likely to be arrested for providing marijuana to underage youth (under 21), and even fewer (13%) thought that a driver would be likely to be stopped by police if driving under the influence of marijuana.

Three-quarters of the respondents (73%) thought that it was NOT OK to provide marijuana to underage youth. The majority (61%) agree that teens have very easy access to marijuana, and about one-third think teens are at great risk harming themselves if they use marijuana once or twice a week.

The majority of users acquired the marijuana legally – 37% of recent users had purchased it with a NM Medical Cannabis card and 30% bought it in a state where marijuana is legally sold. The self-reported reasons for using marijuana mainly fell in four response categories: coping with anxiety (45%), helping with sleep (38%), legitimate medical purpose (36%) and self-prescribed medicinal marijuana use (25%).

As in the rest of the world, it is clear that the priority issue for New Mexico is responding successfully to the pandemic. This includes ensuring that communities are as effective as possible at preventing and responding to the behavioral health issues that are associated with difficult social and economic circumstances. In this context, it is important for the substance abuse prevention field to be ready for expansion of substance use issues in their community associated with both the pandemic directly, and the indirect impact of closing down, and then reopening society with associated changes to access to substances. Of particular note are the findings from the new methamphetamine module which point to that substance as a particularly important issue for communities across the state. Fortunately, the survey results indicate strong community support for preventing use of methamphetamine, as well as for preventing the misuse of other substances, and therefore the will appears to exist to mobilize broad, coordinated efforts to help address these issues.