

State-Level Community Survey Findings Sheet- 2021 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 and frontier state with 33 counties. Most of the population of the state lives in six relatively urban areas including Albuquerque, Las Cruces, Rio Rancho, Santa Fe, Roswell, and Farmington. 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 line¹.

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

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 their data collection process in detail. In particular, communities note particularly fruitful ways in which to collect data for planning in future years.

Because of the impact of the Covid-19 pandemic, this approach was only used for a short period of time in 2020, and was only used to recruit a very small portion of the sample in 2021. A total of 398 surveys were collected using this methodology in 2021, which constitutes 3.7% 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, Print Materials, Partnering with a Local Artist, Engaging a Qualtrics Panel, and Partnering with a Local Ad Agency

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



Man viewing NMCS flier at the MVD

To address the limitations posed by COVID-19, our primary recruitment efforts did not require person-to-person contact. These efforts directed potential participants to the Qualtrics site where they could complete the online version of the survey. Online recruitment in 2021 relied upon five main approaches: 1) recruitment through social media and particularly through paid social media ads, 2) increasing the number and spread of print marketing materials including flyers, handouts, and posters available in Spanish and English, 3) engaging participants linked with a popular indigenous New Mexico artist, Ricardo Caté, 4) sampling through a paid Qualtrics panel, and 5) using ads that paid participants to learn more about the survey. Efforts #1-2 had been used previously while the efforts represented in 3-5 were new for this year.

Recruitment Ads on Facebook, Instagram, and Online Gaming Platforms

As in 2020, recruitment ads were placed online through Facebook, who also owns Instagram and many mobile based games. All ads targeted NM residents who are 18 and older. Twelve social media ads in both English and Spanish plus 7 in English only (total = 31) 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, Spanish speakers, and members of marginalized groups who are less likely (in national surveys) to participate in survey research. PIRE used varied in format from storyboards, animated videos, and static photos. In addition to creating the ads, PIRE amplified paid advertisements to engage men, Spanish-speakers, and those living in OSAP-funded zipcodes not being reached by other recruitment methods. Ads in both English and Spanish ran between March 16, 2021 to May 9, 2021. Over the 8 weeks, the Facebook ads led to 282,701 impressions, reaching 88,542 people, with 5001 unique clicks on the survey link itself.

Increasing the Number and Spread of Print Marketing Materials

PIRE ordered 650 posters, 12,500 cards, and 2400 fliers to ship to the 22 communities that requested them. This was an increase of more than 100% based on our 2019 order. All materials were 2-sided in Spanish and English and were mailed to Preventionists at an address of their choosing. These materials were distributed widely around New Mexico through partnerships with COVID-19 vaccination sites, the Motor Vehicle Department, and on community bulletin boards in places such as bodegas, laundromats, and grocery stores. All materials had an easy-to-follow tiny url as well as a QR code to be scanned.

Partnering with Ricardo Caté

PIRE engaged a popular indigenous New Mexico artist, [Ricardo Caté](#) to create four paintings related to the survey and to promote them on his personal social media (which he did three times

over the survey period) and on his weekly radio show on KSFR. His first post received 575 engagements, 34 comments, and 153 shares. Subsequent posts on April 19 and 30th received 370 and 453 engagements respectively.



Social Media post featuring art ads

Sampling through a paid Qualtrics panel

PIRE employed Qualtrics who services the data capture for NMCS and engaged their paid panel of recipients. PIRE initially contracted for 333 responses, all from men in diverse age and racial groups. A Qualtrics error overburdened the link and the site was closed for two days during data collection. In response, Qualtrics agreed to collect an additional 750 responses at no additional cost.

Engaging through Ad Wallet

PIRE employed Ad Wallet, a New Mexico based company to run ads to their communities. Ad Wallet pays participants to watch an ad and then answer a question about that ad. Through Ad Wallet, PIRE targeted first Hispanic adults and later all adults who met the eligibility criteria for the study. Ad Wallet engaged 10,663 viewers with 85% reported favorability from viewers. A total of 5640 individuals noted their internet to go to the survey website within the survey period.

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, 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 10,293 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 FY2021 a total of 10,691 completed questionnaires were collected compared with 11,774 in FY2020, 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 five counties had less than 25 respondents, respectively. Importantly, 96% of the sample in FY2021 participated online (n=10,293), in comparison to 93% 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 community

Number of eligible respondents N=10,691			
Characteristics	Unweighted n	Unweighted %	Weighted %
Age			
18-20	389	3.6	5.2
21-25	583	5.5	8.6
26-30	796	7.4	8.9
31-40	2,202	20.6	17.0
41-50	2,084	19.5	14.5
51-60	1,957	18.3	15.6
61-70	1,819	17.0	15.6
71 or older	861	8.1	14.6
Gender			
Female	7,018	65.6	50.1
Male	3,500	32.7	48.1
Transgender Man	35	0.3	0.5
Transgender Woman	14	0.1	0.1
Gender nonconforming	93	0.9	0.9
Additional gender category	32	0.3	0.3
Prefer not to answer	69	0.6	0.6
Sex Assigned at Birth			
Female	7,065	66.2	51.0
Male	3,501	32.8	48.0
Prefer not to answer	99	0.9	1.0
Sexual Orientation			
Straight/heterosexual	9,184	85.9	85.3
Lesbian/gay	436	4.1	4.5
Bisexual	546	5.1	5.2
Queer/pansexual/questioning	199	1.9	1.8
Different identity	115	1.1	1.0
Prefer not to answer	306	2.9	3.0

Number of eligible respondents N=10,691			
Characteristics	Unweighted n	Unweighted %	Weighted %
Race/Ethnicity			
White	4,945	46.3	40.2
Hispanic	4,105	38.4	46.0
Native American	979	9.2	8.5
Other	662	6.2	5.3
Education level			
Less than high school	353	3.3	3.9
High school or GED	1,820	17.2	18.3
Currently an undergraduate	523	4.9	6.0
Some college	2,941	27.8	27.4
College or above	4,961	46.8	44.4
Military Service Status			
Active Duty	55	0.5	0.6
Veteran	807	7.6	10.5
Parent/Caretaker of Someone under 21 living in the household	3,888	36.8	32.0
Children's age			
Under age 5	1,167	30.0	32.4
5-11	1,836	47.2	46.2
12-17	1,795	46.2	43.6
18-20	694	17.8	16.9
Past 30-day housing stable	10,335	97.9	97.8
Surveys Completed in Spanish	519		

In comparison to the demographic profile of the sample of respondents the previous year, the 2021 overall sample has a higher percentage of males (33% in '21; 24% in '20), and a lower percentage of young adults 18-30 (17% in '21; 21% in '20). On most demographic dimensions, the 2020 and 2021 respondents were very similar. However, during both years of the pandemic (which relied heavily on online participation), there was notably greater participation by those with a college education, and lower participation by the Latinx/Hispanic community.

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 gender².

Outcomes	Overall			Male	Female
	% of Yes	Mean (Std Error)	Range	% of Yes	% of Yes
Past 30-day alcohol use (n=10,124)	52.3	NA	NA	54.6	49.9
Past 30-day binge drinking					
All respondents (n=10,117)	15.8	0.96 (0.04) times	0-60	17.1	14.7
Current users* only (n=5,286)	30.4	1.85 (0.08) times	0-100	31.4	29.5
Past 30-day driven under influence					
All respondents (n=10,119)	2.5	0.13 (0.03) times	0-100	3.2	1.8
Current users* only (n=5,281)	4.8	0.26 (0.05) times	0-100	5.8	3.5
Past 30-day driven after binge drinking					
All respondents (n=10,124)	2.3	NA	NA	3.2	1.4
Current users* only (n=5,284)	4.4	NA	NA	5.9	2.8

*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	48.5	20.8	3.6	4.1
18-20	29.6	14.3	2.4	2.5
21-25	59.7	24.6	4.3	5.1
26-30	59.1	22.0	4.3	3.7
31-40	56.6	20.7	2.8	2.6
41-50	55.9	20.5	3.1	2.7
51-60	50.5	13.6	1.6	1.8
61-70	50.8	9.7	1.7	0.9
71+	46.8	6.0	1.0	0.9

² For the analyses in the tables displaying Female/Male gender differences, the dichotomous gender categories are based on the gender question responses. Responses of female or transgender woman, either alone, together or in combination with the response nonbinary/other, were classified as female. The analogous rule was applied to males.

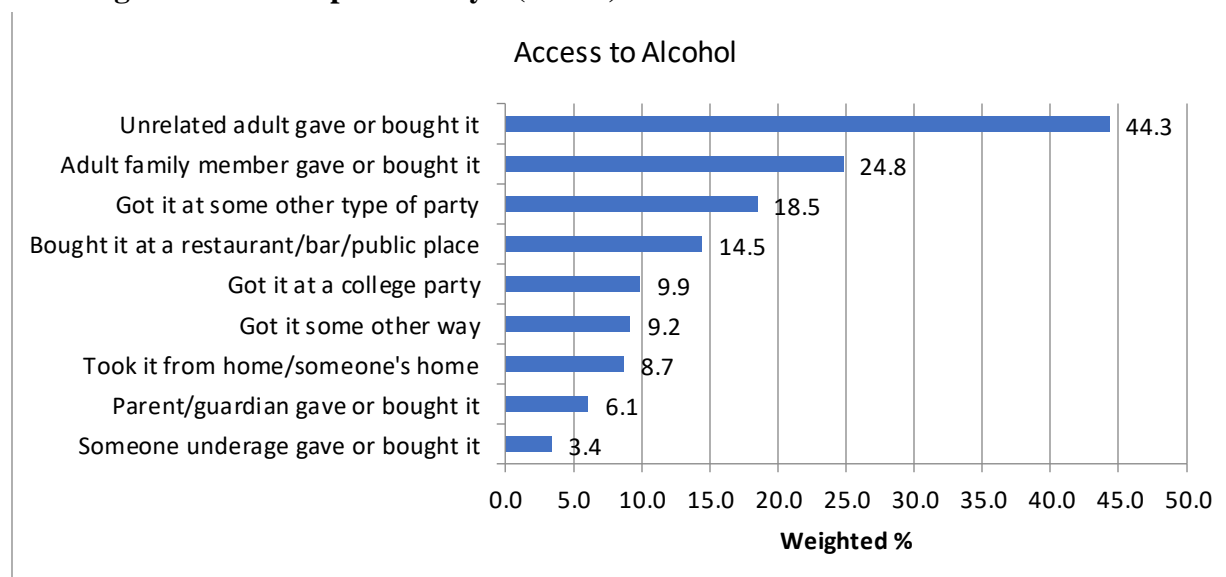
Table 2.3 Perceptions of risk/legal consequences of alcohol consumption (Total Sample).

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	14.2	30.9	24.3	9.5	21.1
Likelihood of police arresting an adult for giving alcohol to someone under 21	21.9	25.2	21.9	9.3	21.6
Likelihood of being stopped by police if driving after drinking too much	24.8	36.1	21.9	5.7	11.5
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Problems due to drinking hurts community financially	9.0	4.4	19.1	36.5	30.9
Access to alcohol	Very easy	Somewhat easy	Somewhat difficult	Very difficult	Don't know
Ease of access to alcohol by teens in the community	32.8	37.2	12.0	2.7	15.3
Ease of access to alcohol by teens in the community from stores and restaurants	6.2	20.7	33.3	22.3	17.6
Social Access	Total	Male	Female		
Provided alcohol for minors past year	2.7	2.8	2.5		

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	20.6	21.0	20.8	20.9	17.9	16.9	17.4	13.3	15.0
Very or somewhat difficult for teens to access to alcohol from stores and restaurants	71.4	67.9	69.1	72.3	72.3	67.7	64.7	63.6	62.4
Purchasing and/or sharing of alcohol with a minor over past year (Yes)	4.0	8.0	6.5	4.1	2.4	3.4	2.0	0.7	0.6
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	58.7	59.9	59.5	54.7	55.3	55.3	58.8	58.7	57.0
Very or somewhat likely for police to arrest an adult for giving alcohol to someone under 21	59.1	60.4	59.9	59.5	60.0	60.5	60.8	59.7	60.3
Very or somewhat likely being stopped by police if driving after drinking too much	73.3	74.8	74.2	71.7	69.0	69.4	68.6	68.0	61.4
Agree or strongly agree that problems due to drinking hurts community financially	49.2	58.4	55.0	61.9	61.8	67.5	70.6	74.2	78.3

Figure 2.1. Sources of obtaining alcohol for respondents 18-20 years old who reported drinking alcohol in the past 30 days. (n=109)



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 gender.

Outcomes	Overall		Male	Female
	% of Yes	Mean (Std Error)	% of Yes	% of Yes
Prevalence of receiving Rx painkiller past year (n=10,084)	18.6	NA	18.1	19.1
Past 30-day Rx painkiller use for any reason (n=8,940)	15.1	9.9 (0.4) days (current users ^a only)	15.7	14.4
Past 30-day painkiller use to get high				
All respondents (n=9,878)	2.5		3.5	1.4
Current users* only (n=1,324)	17.0		23.2	9.9

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=1,905)	25.8	4.5
Talked about risks in using Rx painkillers (n=1,943)		
Healthcare provider	52.7	NA
Pharmacy staff	34.6	NA
Talked about storing Rx painkillers safely (n=1,943)		
Healthcare provider	31.1	NA
Pharmacy staff	26.3	NA
Have access to naloxone when having used painkillers in the past 30 days (n=1,172)	32.7	3.3

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

Ages	Prevalence of receiving Rx painkiller past year (n=10,084)	Past 30-day Rx painkiller use for any reason (n=8,940)	Past 30-day Rx painkiller use to get high (n=9,878)
18-25	14.6	12.6	4.4
26-30	15.1	12.5	5.0
31-40	16.5	13.2	3.1
41-50	18.4	14.9	2.0
51-60	23.3	19.2	2.4
61-70	23.4	15.8	1.1
71 +	18.0	16.2	0.5

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=9,931)	2.6	10.8	28.8	57.8
Social Access	Yes	No		
Giving or sharing Rx painkillers in past year (n=9,811)	4.9	95.1		
Rx painkillers stored in locked box or cabinet* (n=3,394)	38.0	62.0		

*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	77.6	85.1	83.2	87.6	87.8	91.3	92.7
Social Access	18-25	26-30	31-40	41-50	51-60	61-70	71 +
Giving or sharing Rx painkillers in past year	6.5	5.8	6.7	4.9	3.7	3.9	2.8
Rx painkillers stored in locked box or cabinet*	49.6	42.9	41.8	39.5	38.8	29.7	25.4

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

Figure 3.1. Sources of prescription painkillers among current users (n=1,351)

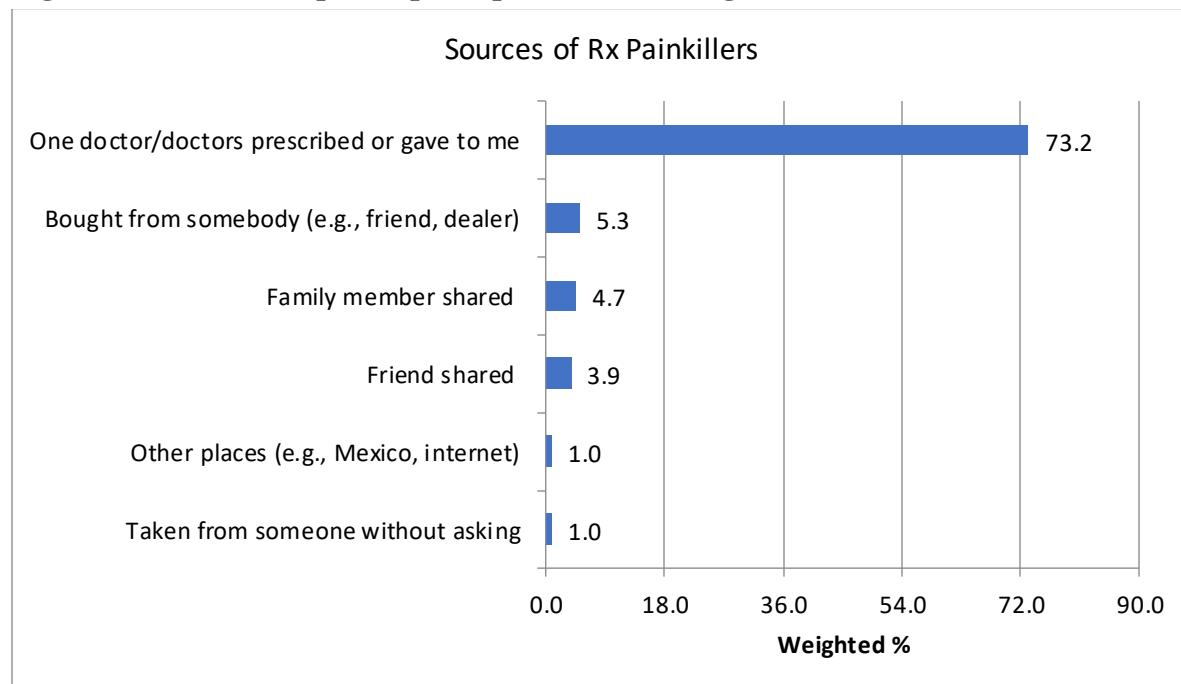


Figure 3.2. Reasons for prescription painkillers use in the past year. (n=3,465)

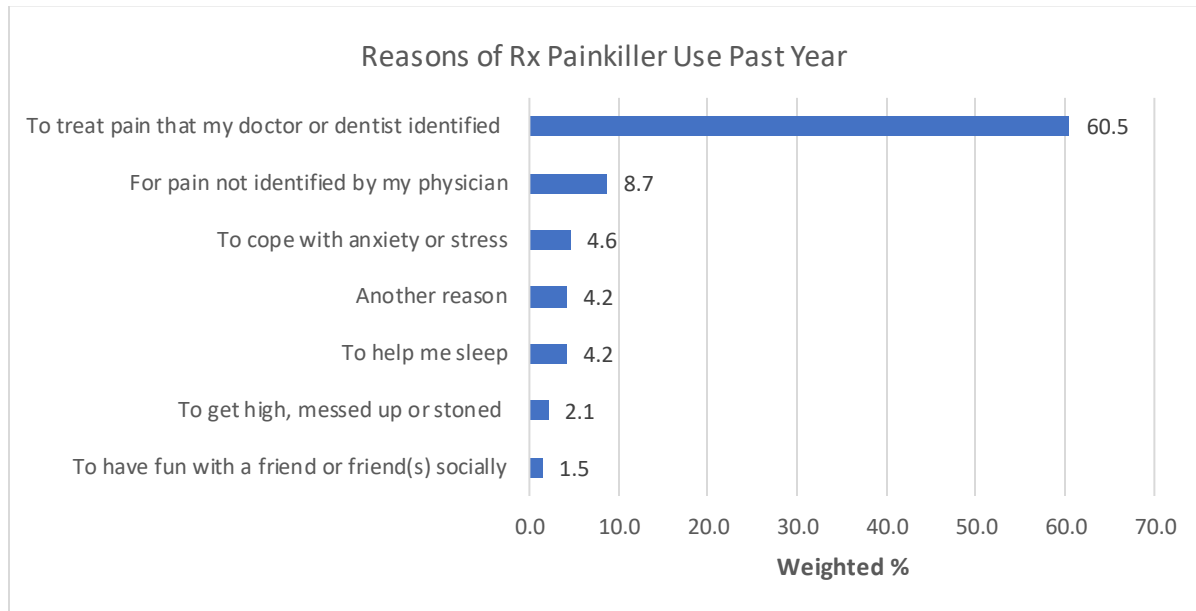


Figure 3.3. Understanding of the NM Good Samaritan Law (n=9,741)

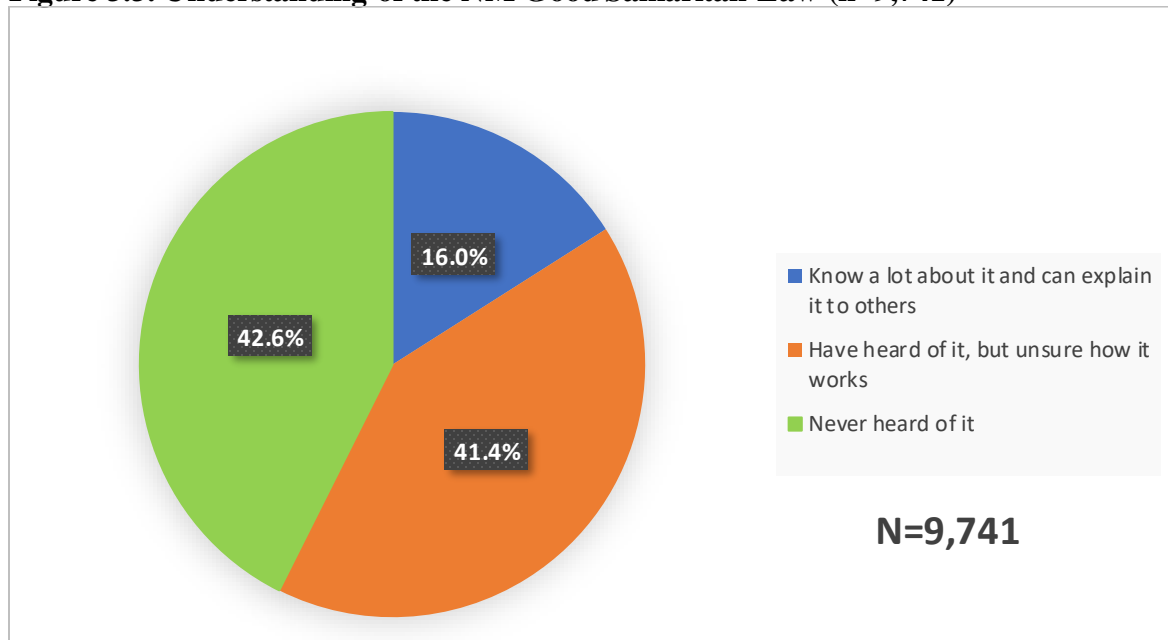
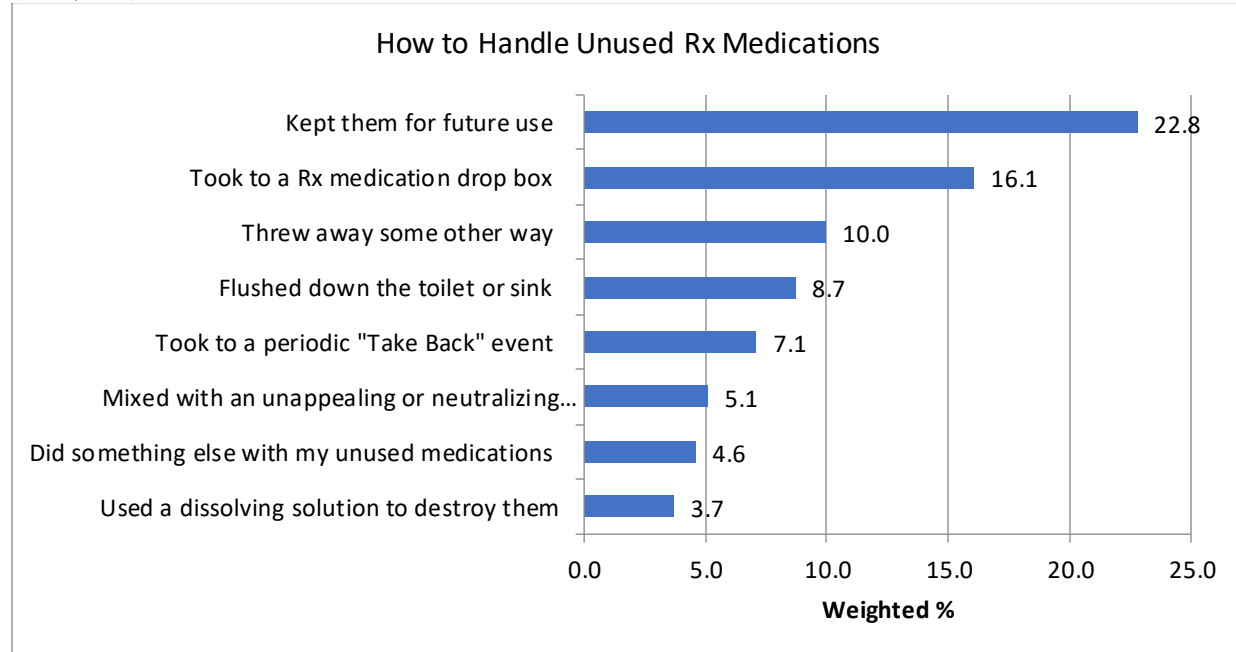


Figure 3.4. Past year actions of handling unused or expired Rx painkillers at home. (n=3,430)



IV. Parental behaviors

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

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

Outcomes	%		
	Overall	Male	Female
Parents who reported providing alcohol to a minor (n=3,674)	4.2	5.3	3.3
Parents who reported sharing Rx drugs (n=3,574)	5.8	6.6	5.3
Parents who reported locking up Rx painkillers*(n=1,298)	50.4	49.2	51.3

*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. For a list of which communities selected which modules, please see Appendix A. 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=4,136)	21.6
These Rx painkiller users are at risk of overdose (n=929)	60.7
Some of these Rx painkiller users live with you (n=924)	16.3
Having family members or friends who often use heroin (n=4,136)	9.1
These heroin users are at risk of overdose (n=405)	90.2
Some of these heroin users live with you (n=400)	10.8

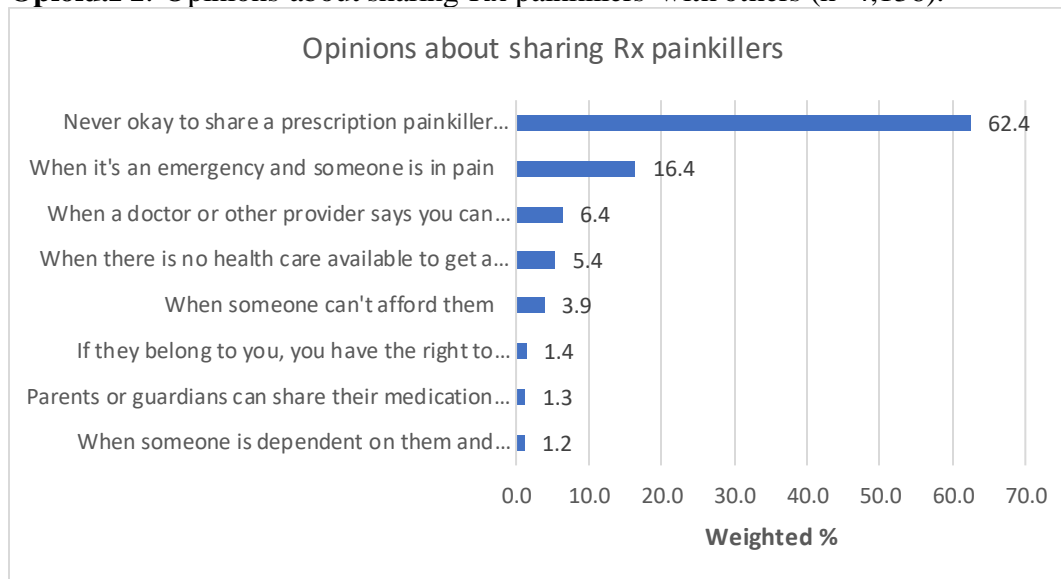
Opioid.T2 Access to and knowledge about Naloxone/Narcan

Outcomes (N=4,136)	% of Yes
Have Naloxone/Narcan	12.9
Know how to get Naloxone/Narcan	22.2
Know how to use Naloxone/Narcan	23.0

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=3,519)	88.6
My community is not doing enough to prevent opioid misuse and addiction (n=3,400)	78.5
Support increasing public funding for opioid treatment programs in my community (n=3,513)	87.0

Opioid.F1. Opinions about sharing Rx painkillers with others (n=4,136).



Marijuana Module

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

Outcomes	% of Yes		
	Overall	Male	Female
Used marijuana in the past 12 months (n=2,648)	28.9	32.7	25.2
Past 30-day marijuana use (n=2,650)	24.1	28.1	20.2
Past 30-day drove under the influence of marijuana			
All respondents (n=2,632)	6.8	9.7	4.2
Current users* only (n=594)	28.8	35.2	21.0
Shared marijuana with underage youth (n=2,589)	2.7	2.7	2.5

Note. Ns are for overall estimates only.

* Current users: anyone who has used marijuana in the past 30 days.

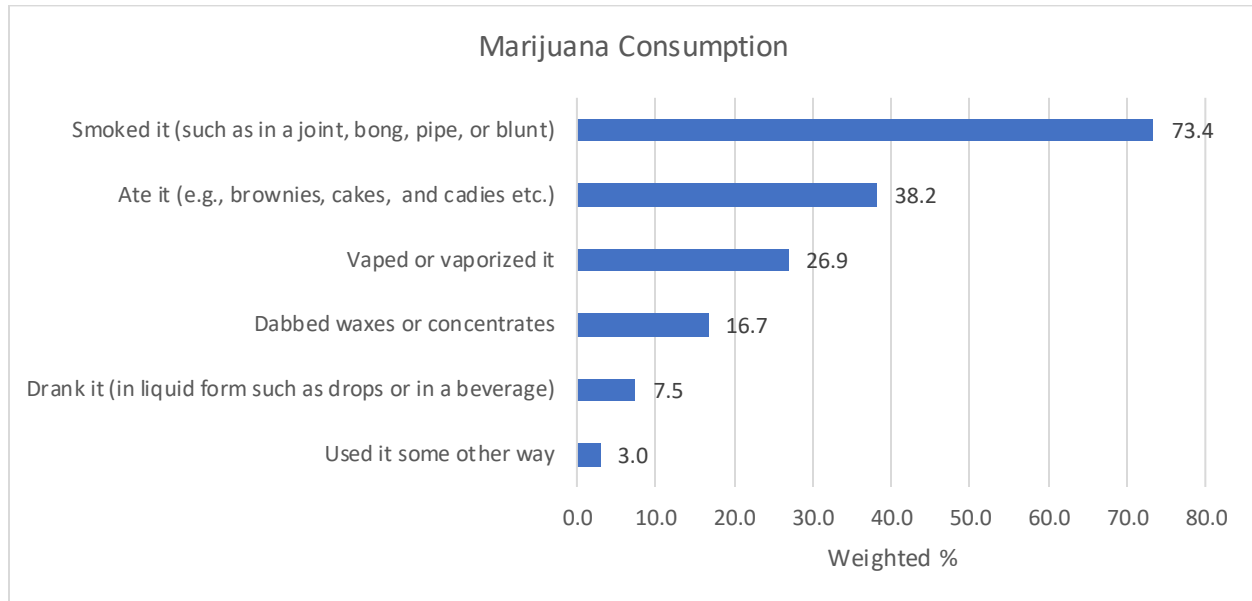
Marijuana.T2. Perceptions of risk/legal consequences of marijuana consumption.

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=2,598)	16.8	24.9	22.8	12.2	23.3
Likelihood of being stopped by police if driving under the influence of marijuana (n=2,599)	9.1	23.6	33.2	14.4	19.6
	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
OK for someone to provide marijuana to someone under 21 (n=2,597)	53.6	19.9	17.9	5.9	2.7
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=2,599)	49.7	28.6	5.1	1.3	15.2
Risk of harm	No Risk	Slight risk	Moderate risk	Great risk	
Teens risk harming themselves when using marijuana once or twice a week (n=2,599)	16.8	29.5	31.0	22.7	

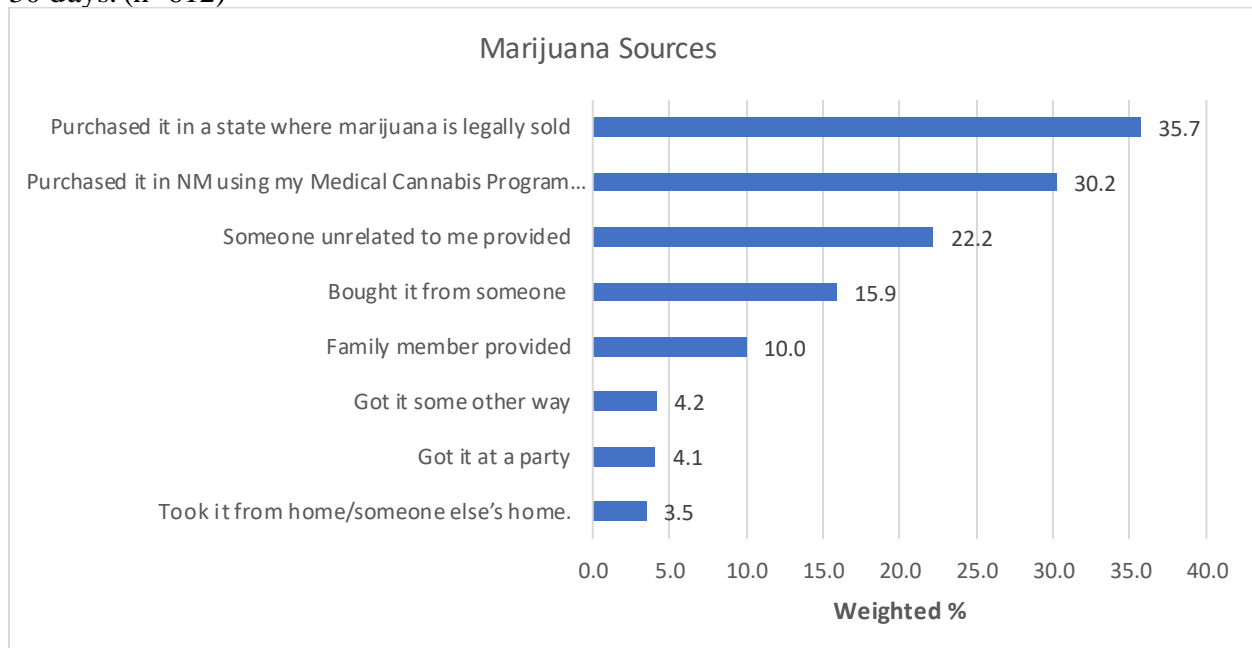
Marijuana.T3. Endorsement of issues related to marijuana use.

Perception of risk/legal consequences	%				
	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
Marijuana use by teens is a problem in my community (n=2,596)	6.9	11.5	41.0	24.7	16.1
Support local efforts to prevent marijuana use by teens (n=2,597)	5.1	7.9	21.0	36.8	29.3
Driving under the influence of marijuana is a problem in my community (n=2,595)	6.5	11.0	52.5	18.7	11.3

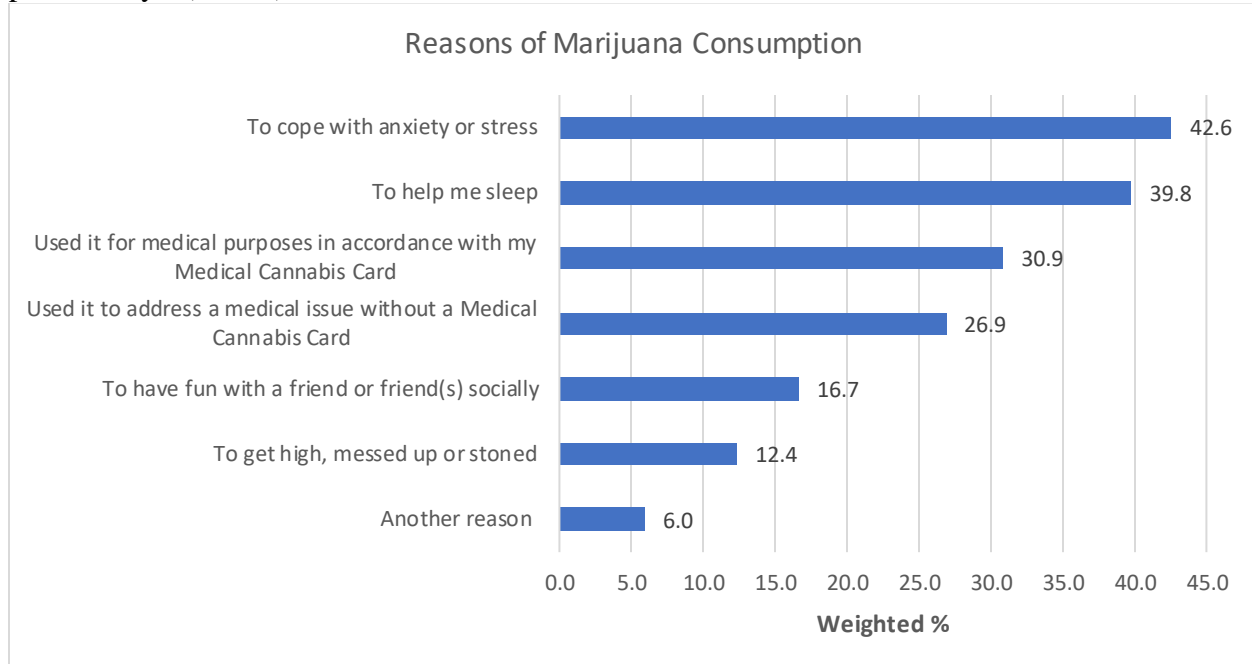
Marijuana.F1 Marijuana consumption for respondents who reported using it in the past 30 days. (n=612)



Marijuana.F2 Sources of obtaining marijuana for respondents who reported using it in the past 30 days. (n=612)



Marijuana.F3 Reasons of marijuana consumption for respondents who reported using it in the past 30 days. (n=612)



Methamphetamine Module

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

Outcomes	% of Yes		
	Overall	Male	Female
Used methamphetamine in the past 12 months (n=598)	3.6	4.9	2.4
Past 30-day methamphetamine use (n=598)	2.8	3.2	2.4
Family member use methamphetamine (n=845)	13.8	10.3	16.8

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=591)	31.9	30.7	8.5	0.8	28.1
Risk of harm	No Risk	Slight risk	Moderate risk	Great risk	
People risk harming themselves when using methamphetamine (n=588)	0.9	4.3	10.5	84.3	
	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
Methamphetamine use is a problem in my community. (n=590)	3.8	1.4	28.9	28.0	37.8
Support increasing the local efforts to prevent methamphetamine use. (n=589)	3.0	1.3	8.7	25.7	61.4

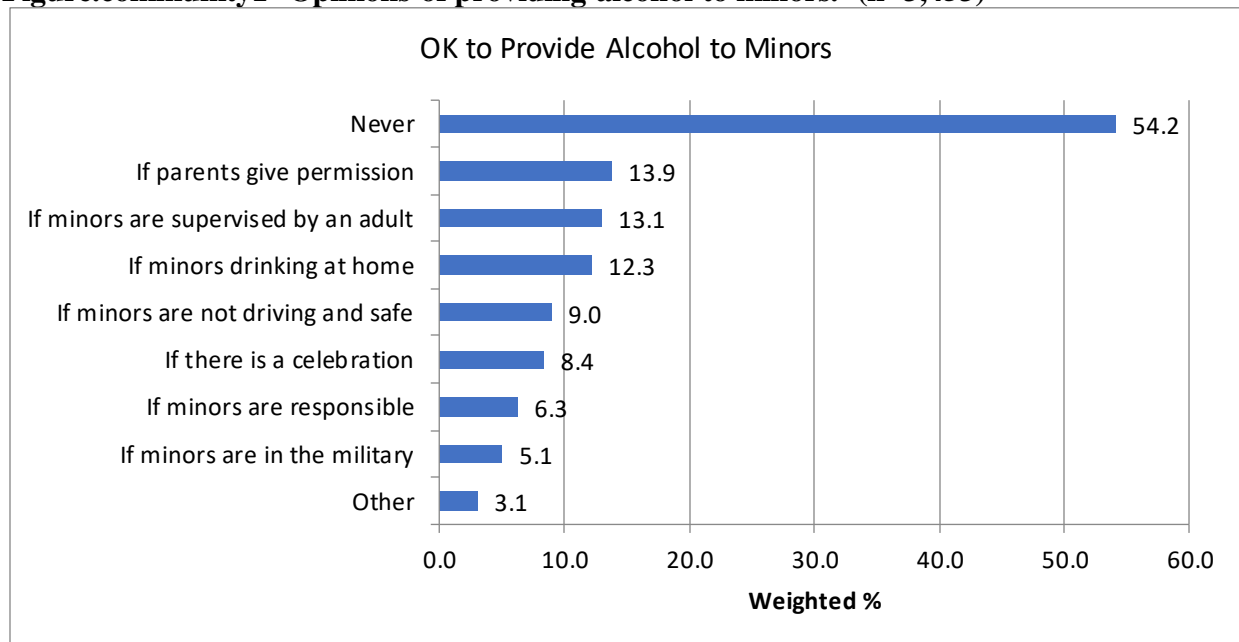
Community module

Community.T1. Distribution of responses in community module

Outcomes (N=3,453)	%		
	Disagree	Agree	Neutral
Underage drinking is a problem in my community.	10.4	56.0	33.6
Support local law enforcement efforts to prevent underage drinking	9.4	75.5	15.1
Heavy drinking is a problem in my community	8.4	62.6	28.9
Support local efforts to prevent heavy drinking	5.4	77.5	17.0
Drinking and driving is a problem in my community	5.1	77.4	17.4
Support local law enforcement efforts to prevent drinking and driving	5.2	86.2	8.6
I support the enforcement of laws prohibiting serving the intoxicated	4.4	86.2	9.4
The overuse of alcohol harms the personal safety and well-being of community members	3.4	85.3	11.2
Past year experienced problems associated with alcohol misuse in my community	24.6	46.4	29.0

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

Figure.community1 Opinions of providing alcohol to minors. (n=3,453)



Mental Health Module

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

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

Outcomes (N=5,410)	%		
	Overall	Male	Female
Met critical threshold for serious mental illness*	13.9	12.8	14.5
Self-identified having mental health or drug/alcohol problems in the past year	34.2	29.1	38.8
Sought help on mental health or drug/alcohol problems in the past year	22.0	17.1	26.5
Had difficulty accessing treatment for mental health or substance abuse problems	10.8	8.9	12.4
Suicidal thoughts in the past year			
Yes	11.7	11.5	11.4
Not Sure	6.1	6.2	5.8
Suicide attempt in the past year			
Yes	1.7	2.0	1.4
Not Sure	1.3	1.3	1.1
Past 30-day average days that having poor physical or mental health keep you from doing your usual activities (Mean & SD)	3.4 (0.1)	2.9 (0.1)	3.9 (0.2)

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

ACES module

ACES T1. The number of ACES experienced before age 18.

# of ACES (N=1,011)	%
None	32.1
One	18.1
Two	15.0
Three or more	34.8

PFS2020 Module

PFS2020 T1. Percentages of substance use overall and by gender

Substances	%		
	Overall	Male	Female
Methamphetamine			
Past 12-month use* (n=5,542)	2.6	3.7	1.5
Past 30-day use (n=9,238)	2.1	3.0	1.3
Heroin past 30-day use* (n=5,532)	1.0	1.5	0.5
Rx pain reliever past 30-day misuse* (n=5,535)	2.9	3.2	2.5
Polysubstance**			
Past 12-month use* (n=5,536)	5.2	6.1	4.2
Past 30-day use (n=9,226)	4.0	4.8	3.2

*These questions were taken by PFS2020 grantees only.

**Use of two or more of the following substances within an hour or two of each other or at the same time: alcohol, prescription pain relievers, fentanyl, heroin, methamphetamine, cocaine, or a prescription sedative or tranquilizer.

Summary of 2021 Community Survey Findings

In FY21, the number of valid respondents to the NMCS was again substantial and all 33 counties were included in the final sample. Results presented in this report are state population estimates based on analyses that weight the data based on age, gender, and race/ethnicity categories. Due to the effects of the pandemic on data collection the past two years, the sample had larger differences from the overall state population (most notably, the sample was less Latinx/Hispanic and more highly educated than in the past); the sample also had much lower participation by young adults, but that was more likely due to changes in the funded communities leading local data collection efforts which no longer included as many universities.. The weighting helps adjust for some demographic differences between the sample and the state population. Even when reviewing these weighted estimates, it is important to have the sampling approach in mind (it mostly reflects individuals who were recruited and participated online), as well as the broader effect of the pandemic on all people and communities across the state (socially, economically, etc.).

About two percent of our weighted sample identified as being housing unstable and 32.0% 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. Eleven percent of the weighted sample indicated being currently or formally active in the military. These prevalence estimates are similar to last year's estimates.

More than 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 over the past three years the 30-day use rate is up over five percentage points (a 12% increase) while the drinking and driving rate went down by almost one percentage point (a 22% decrease). 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) drinking³ and 1.4% (2016 estimate -- the most recent) reported driving after having too much to drink⁴.

Summary Table 1. Alcohol indicator trends (whole sample)

Alcohol Outcome Indicators	FY17	FY18	FY19	FY20	FY21
Average number of drinks a week	2.2	1.9	2.0	2.1	NA
Percent Past 30-day alcohol use	47.6	46.9	46.7	49.9	52.3
Percent of Heavy Drinkers	4.0	3.2	3.6	4.0	NA
Percent Past 30-day binge drinkers	16.3	14.4	16.1	14.9	15.8
Percent Past 30-day driven under the influence	3.5	3.7	3.2	2.8	2.5
Percent Past 30-day driven after 5+ drinks	2.8	2.8	2.7	2.5	2.3

³ BRFSS data defines "heavy episodic drinking" as > 5+ drinks on one occasion in past 30 days, 4+ for women

⁴ 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 (24.6%) of binge drinking, closely followed by 26-30-year-olds (22.0%). These two age groups also self-reported the highest percentage of driving under the influence of alcohol with 4.3% for both groups 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. Perception of easy social access to alcohol by teens in FY21 is the lowest since FY17, which may be due to the social isolation practices that are still in place during the pandemic as well as the positive impact of prevention work in communities. We suggest that prevention planners view this drop as a reason to at the very least maintain their efforts so that these indicators do not rebound in the undesirable direction in future years.

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	FY21
Percent Very Likely police breaking up teen drinking parties	18.5	17.8	18.1	16.6	14.2
Percent Very Likely police arresting adult providing alcohol to minor	26.2	26.2	26.3	24.0	21.9
Percent Very Likely being stopped if driving intoxicated	30.8	28.9	30.0	26.0	24.8
Percent Very Easy social access to alcohol by teens	44.0	43.8	42.3	34.0	32.8
Percent Very Easy retail access to alcohol by teens	10.6	11.1	8.9	6.2	6.2
Percent provided alcohol to a minor in past year	3.9	2.9	2.4	3.0	2.7

Reductions in the perception of risk-related outcomes associated with enforcement may also be attributable to the adoption of strict social isolation behaviors during the pandemic. Generally, community respondents in the past two years perceived less likelihood concerning law enforcement intervention, as well as less need for enforcement as indicated by the much lower percentages of adults that believed that retail access by minors was “very easy” during the past two years.

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 49.2% of 18-20-year-olds agreeing with the statement compared to approximately 78.3% of those 71 years or older (see Table 2.4 Core Module). Most community members seem to understand the problems related to alcohol and they continue to be ready to support change.

Summary Table 3 examines prescription painkiller outcomes over the past five fiscal years. Past 30-day prescription painkiller use for any reason had a noticeable increase from FY20 to FY21, but receiving a prescription for an opioid in the past year decreased from 23.9% in FY20 to 18.6% in FY21, and there is a steady decreasing trend in this indicator since FY17.

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

Prescription Painkiller Outcome Indicators	FY17	FY18	FY19	FY20	FY21
Average number of days used Rx painkillers in past 30-days	9.0	10.6	10.1	11.2	9.9
Percent receiving a Rx painkiller in past year	28.0	25.9	24.1	23.9	18.6
Percent past 30-day Rx painkiller use for any reason	13.5	11.9	11.1	11.3	15.1
Percent past 30-day Rx painkiller use to get high	3.1	2.8	2.4	2.4	2.5

We asked respondents if, when prescribed prescription opioids, they were also prescribed naloxone. As shown earlier in Table 3.2 (Core Module), about 32.7% of participants currently using opioids reported access to naloxone. In FY20, 20.3% indicated they were also prescribed naloxone and in FY21, this increased to 25.8%. 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, 52.7% 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 34.6% 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 31.1% and 26.3% of participants who were prescribed opioids reported talking to their health care provider and pharmacist, respectively, about safe storage practices.

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 mirror national trends indicating that mental health issues have increased substantially during the current pandemic. About 34% of these survey respondents reported mental health or drug/alcohol concerns in the last year (a 50% increase over the estimate based on a much smaller sample in 2019, and double the estimated rate from the similarly-sized sample in 2017). Many New Mexicans (22.0%) sought help for their mental health during the past year, yet a troubling 10.8% reported difficulty accessing the help that they desired (see Mental Health T1 in Mental Health Module). The need for accessible and high-quality behavioral health care remains an important issue to address 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)	FY21 (N=5,410)
Met critical threshold for serious mental illness*	8.7	10.9	9.8	14.7	13.9
Self-identified having mental health or drug/alcohol problems in the past year	17.8	22.4	22.1	35.6	34.2
Suicidal thoughts in the past year	4.9	8.2	7.7	11.2	11.7
Sought help on mental health or drug/alcohol problems in the past year	14.7	18.0	16.6	25.5	22.0
Suicide attempt in the past year	NA	NA	NA	NA	1.7

The marijuana module was added as an optional module in FY20 and these findings are a current issue of interest as the state changes its laws regarding adult possession and purchase of this substance. In FY21, nine programs chose to administer this module. Nearly 30% of respondents (28.9%) had used marijuana in the last year and 24% had used it in the past 30 days. Among current marijuana users, 28.8% had driven under the influence of marijuana in the past 30 days. Respondents perceived low legal consequences of marijuana consumption – less than 17% of respondents thought a person would be very likely to be arrested for providing marijuana to underage youth (under 21), and even fewer (9.1%) thought that a driver would be likely to be stopped by police if driving under the influence of marijuana.

Three-quarters of the respondents (73.5%) thought that it was NOT OK to provide marijuana to underage youth. About half of respondents (49.7%) agree that teens have very easy access to marijuana, and about one-fifth think teens are at great risk harming themselves if they use marijuana once or twice a week.

Most marijuana was obtained legally – 30.2% of recent users had purchased it with a NM Medical Cannabis card and 35.7% 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 (42.6%), helping with sleep (39.8%), legitimate medical purpose (30.9%) and self-prescribed medicinal marijuana use (26.9%).

The PFS20 module was added in 2021, with four items asked only of PFS20 community respondents and two items administered with all participants. The two items administered across the state indicated that in the past 30 days about 2% of the adult population had used methamphetamine, and about 4% had engaged in polysubstance use (use of two or more of the following substances within an hour or two of each other or at the same time: alcohol, prescription pain relievers, fentanyl, heroin, methamphetamine, cocaine, or a prescription sedative or tranquilizer). Although these percentages are small, they obviously represent a

significant issue of concern for the state as they are very high-risk substance misuse behaviors that have a high cost for these individuals, their families and loved ones, and their communities.

We noted last year that it was clear that the priority issue for New Mexico was the same as the main priority for the rest of the world -- responding successfully to the pandemic. The good news is that the prevention community in the state has remained active and strong. Unfortunately, though, the pandemic is not over and we need to remain vigilant and attentive to the increasing needs during these difficult times. Of particular note are the findings from the mental health module which indicate that psychological stress continues to be at elevated levels. Fortunately, the survey results continue to indicate strong community support for prevention, and therefore the will exists to mobilize broad, coordinated efforts to help address the broad range of interrelated behavioral health issues.

Appendix A. List of Targeted Counties and the Modules Selected

Program Name	County	ACES	Add'l Opioid	Mental Health	Alcohol/Community	Marijuana	Meth	Poly-Substance Use
Bernalillo County Community Health Council	Bernalillo		X	X	X			X
Native American Community Academy (NACA)	Bernalillo		X	X	X			
Up! Coalition Southwest Center for Health Innovation	Doña Ana			X		X		X
Cartsbad Anti-Drug/Gang Community Coalition	Eddy County	X		X		X		
SWCHH	Grant			X				
Luna County Community Health Council	Luna					X	X	
SNAPSSA	McKinley				X	X		
Mescalero Prevention Program	Otero	X	X	X	X	X	X	
RAC STOP	Rio Arriba		X					
San Juan County Partnership (SJC/P)	San Juan			X		X		X
Kewa Family Wellness Center-Santo Domingo	Sandoval		X	X			X	
Sandoval County DWI	Sandoval							X
Sierra County Prevention Coalition	Sierra							
Socorro County Prevention Coalition	Socorro		X	X				
Rocky Mountain Youth Corps (RMYC)	Taos					X		
Perpetual Tears Memorial Inc	Torrance			X	X			
Valencia County	Valencia	X						X
San Miguel	San Miguel		X			X	X	
Santa Fe	Santa Fe							X