

New Mexico Community Survey 2022 State-Level Summary Findings Sheet 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:

New Mexico is a large, mostly rural state. Most of the population of the state lives in six relatively urban areas around Albuquerque, Las Cruces, Rio Rancho, Santa Fe, Roswell, and Farmington. Five-year estimates from the US Census' American Community Survey indicate there were over 1.6 million NM residents who are 18 and older. Of the entire population, just under half (49.8%) were male, 50.1% were of Hispanic ethnicity, 81.3% were white, 11.2% Native American or Alaskan Native representing at least 22 different tribes, while approximately 7.5% were African American/Black, Asian, or a combination of races. Approximately 28.1%

have a college bachelor's degree and 86.5% have at least a high school degree. The median income is \$51,243 and 16.8% of New Mexicans are living at or below the poverty line¹.

Data Collection Method and Brief Sample Description

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 have been asked 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. It is important to note, though, that the COVID-19 pandemic limited the ability of communities to use this approach from 2020-2022.

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. Prevention communities are asked to track their data collection process in detail so that they can compare what was originally proposed in the data collection to how data collection actually occurred, and note particularly fruitful places to collect data for planning in future years.

A total of 1,219 surveys were collected using this methodology, which constitutes 9.2% 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, another data collection approach was the implementation of an on-line version of the survey. Due to the broad impact of the COVID-19 pandemic, this has been the predominant approach from 2020-2022. Recruitment ads were placed online, targeting NM residents who are 18 and older. This methodology was piloted in FY14 among 18 to 25-year-old respondents and then implemented in FY15 – FY22 for all adult residents 18 and older. Another way to promote the online survey is through direct survey links or QR code via printed materials or emails distributed by local programs. In 2022, a total of 12,064 surveys were collected using the on-line survey platform via Alchemer.

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

Fifteen Facebook posts were published on the NMCS Facebook Page, two of which were boosted during the data collection period. Four English and one Spanish language ads were purchased to reach a broader audience, targeting eligible New Mexican participants. 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 individuals living in NM who were 18+, and some were meant to target males, and Spanish-speakers, as our previous experience suggests that these populations are the most difficult to reach through our other recruitment methods. There was also targeted advertisement based on geographic location using zip codes to help enhance recruitment for some OSAP-funded counties. Over the course of 8 weeks, the paid Facebook ads led to 1,066,521 impressions, reaching 318,912 people, and 23,064 unique clicks on the survey link itself. The two boosted posts had 33,846 impressions, a reach of 19,652 and 648 unique link clicks.

Additionally, there were two other ways in which online participation throughout the state was promoted to recruit online participants who were eligible for participating in the NMCS (adults living in NM). An Alchemer paid panel was engaged to recruit participants from within their survey participant base, and this effort led to 1,045 additional participants. AdWallet was also engaged for text-message and short-video campaigns for the targeted recruitment of specific populations within their participant base. Since the survey is anonymous, an exact number of survey participants recruited through AdWallet is not available. However, based on responses to a question on the NMCS about how an individual heard about the survey, 27% of online participants indicated they learned about the survey through AdWallet.

Weekly incentives were offered to randomly selected individuals who completed the survey online. 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. Participants who wanted to enter the weekly drawing were redirected a new web page to provide contact information. This information was collected separately from the survey data and contact information was not linked to the participant's survey responses. 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. With permission, we posted the first names and cities of all winners on our Facebook page to encourage others to participate.

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.

Total Combined Sample

In FY2022 a total of 13,283 completed questionnaires were collected compared with 10,691 in FY2021, 11,774 in FY2020, and 12,089 in FY2019. All 33 counties were represented in the data, although four counties had less than 25 respondents (all four counties were not OSAP-funded). Importantly, 91% of the sample in FY2022 participated online, in comparison to 96% 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, some tables contain summative language rather than the actual wording of the question. Please refer to the survey itself for precise language.

I. Demographic Characteristics

Descriptive statistics for the sample (including %s using demographic weights) are provided in Tables 1.1, 1.2, and 1.3 below.

Table 1.1 Demographic characteristics of community

Number of eligible respondents		N=13,283	
Characteristics	Unweighted n	Unweighted %	Weighted %
Age			
18-20	553	4.2	5.2
21-25	727	5.5	8.5
26-30	1,058	8.0	8.6
31-40	2,724	20.5	17.1
41-50	2,568	19.3	14.8
51-60	2,369	17.8	15.4
61-70	2,198	16.5	15.9
71 or older	1,086	8.2	14.4
Gender			
Female	8,726	65.7	50.5
Male	4,269	32.1	48.3
Transgender Man	24	0.2	0.2
Transgender Woman	18	0.1	0.1
Gender nonconforming	103	0.8	0.8
Two-spirit	44	0.3	0.3
Additional gender category	36	0.3	0.3
Prefer not to answer	117	0.9	0.9
Gender Categories*			
Cis Female	8,637	66.1	49.7
Cis Male	4,194	32.1	48.5
Non Cisgender	240	1.8	1.8
Sexual Orientation			
Straight/heterosexual	11,395	85.8	85.9
Lesbian/gay	530	4.0	4.2
Bisexual	679	5.1	4.8
Queer/pansexual/questioning	247	1.9	1.7
Different identity	95	0.7	0.7
Prefer not to answer	414	3.1	3.2

Number of eligible respondents		N=13,283	
Characteristics	Unweighted n	Unweighted %	Weighted %
Race/Ethnicity			
White	5,999	45.2	39.8
Hispanic	5,087	38.3	46.1
Native American	1,489	11.2	8.7
Other	708	5.3	5.4

* This is one way to specify a gender category for each respondent. When self- identified gender matched sex assigned at birth, then = Cis Female or Cis Male; when self-identified gender did not match sex assigned at birth, or if transgender man, transgender woman, gender nonconforming or unspecified gender, then = Non Cisgender.

Table 1.2 Demographic characteristics of community

Number of eligible respondents		N=13,283	
Characteristics	Unweighted n	Unweighted %	Weighted %
Language spoke throughout the day			
Primarily Spanish	1,822	13.8	16.5
Primarily a Native Am language	621	4.7	4.0
Primarily another language	257	1.9	2.1
Mostly English	10,499	79.5	77.4
Education level			
Less than high school	439	3.3	3.9
High school or GED	2,575	19.6	20.9
Currently an undergraduate	928	7.1	7.7
Some college	3,513	26.7	26.3
College or above	5,700	43.3	41.2
Military Service Status			
Active Duty	59	0.8	1.0
Veteran	648	8.9	12.0
Parent/Caretaker of Someone under 21 living in the household			
Children's age			
Under age 5	1,440	29.7	32.3
5-11	2,352	48.4	47.4
12-17	2,308	47.5	43.9
18-20	788	16.2	15.7
Past 30-day housing stable	12,810	97.8	97.6
Number of Spanish Surveys	303		

Table 1.3 Employment Status

Number of eligible respondents		N=13,283		
Employment Status (respondents could select more than one)		Unweighted n	Unweighted %	Weighted %
Employed – working full-time		6,584	49.6	46.9
Employed - working part-time		1,329	10.0	10.1
Temporary or seasonally employed		239	1.8	2.0
Self-employed		1,263	9.5	8.9
Not employed - looking for work		828	6.2	6.1
Not employed - not looking for work		3,239	24.4	27.2
Reasons not looking for work	Retired	1,374	67.9	73.8
	Disabled	354	17.5	14.5
	Full-time student	61	3.0	3.4
	Homemaker	184	9.1	5.8
	Other reason	52	2.6	2.5

The demographics of the 2022 overall sample are very similar to the 2021 sample. These two samples have disproportionately low percentages of adult residents who were over 70 and also those under 26, males, Hispanics, and those without college education.

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 gender.

Outcomes	%	Overall		Cis Female	Cis Male	Non Cis gender
		Mean (SD)	Range	%	%	%
Past 30-day alcohol use (n=12,618)	52.2	NA	NA	48.2	56.3	56.7
Past 30-day binge drinking						
All respondents (n=12473)	16.0	1 (0.04) times	0-120	13.5	18.6	22.6
Current users* only (n=6404)	31.0	1.9 (0.1) times	0-120	28.2	33.2	41.9
Past 30-day driven under influence						
All respondents (n=12492)	2.6	0.1 (0.02) times	0-120	1.7	3.4	7.0
Current users* only (n=6416)	5.1	0.3 (0.04) times	0-120	3.5	6.1	12.6
Past 30-day driven after binge drinking						
All respondents (n=12565)	3.0	NA	NA	1.7	4.3	5.3
Current users* only (n=6489)	5.8	NA	NA	3.6	7.7	9.4

*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	50.1	21.4	2.8	3.6
18-20	34.8	16.0	1.1	2.9
21-25	59.4	24.7	3.9	4.1
26-30	60.6	26.2	5.5	6.2
31-40	56.5	21.8	3.3	4.8
41-50	55.3	20.4	3.4	3.3
51-60	52.9	13.9	2.6	2.2
61-70	50.0	8.9	1.4	1.3
71+	42.9	3.6	0.5	1.0

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

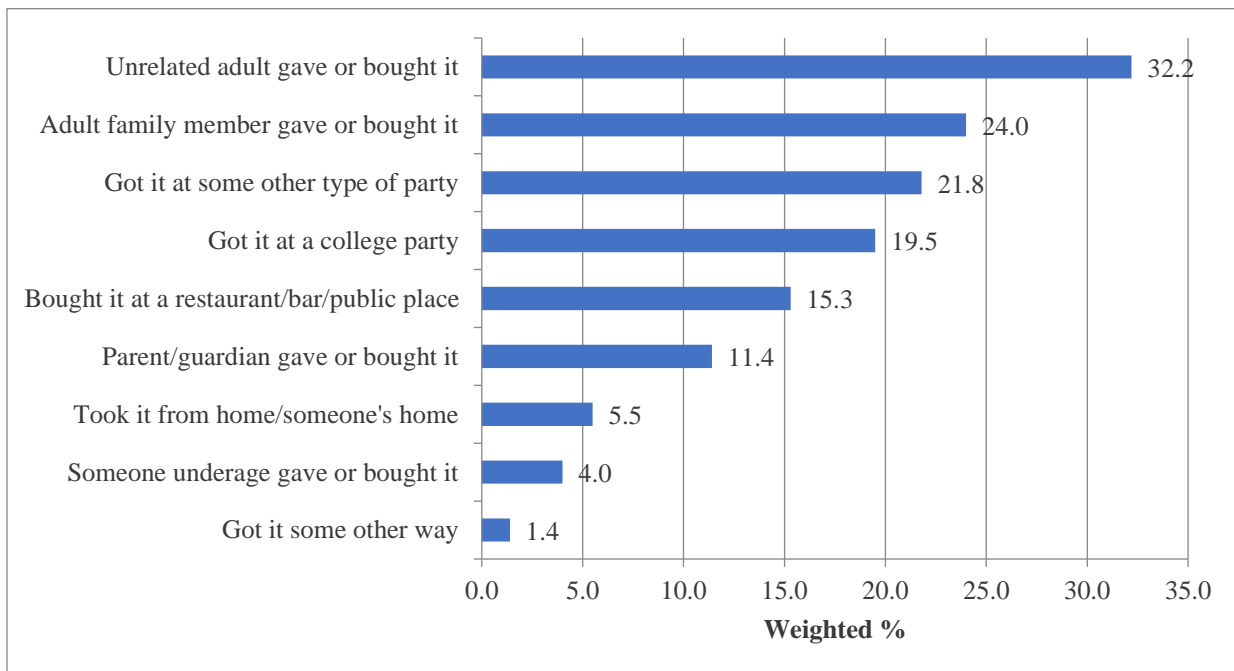
Perception of risk/legal consequences	%				
	Very likely	Somewhat likely	Not very likely	Not at all likely	Don't know
Likelihood of police breaking up parties where teens are drinking	13.2	30.2	25.7	10.5	20.4
Likelihood of police arresting an adult for giving alcohol to someone under 21	21.0	26.1	22.3	9.7	21.0
Likelihood of being stopped by police if driving after drinking too much	23.4	34.4	23.0	6.6	12.7
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Problems due to drinking hurts community financially	9.1	4.4	18.7	37.9	29.9
Access to alcohol	Very easy	Somewhat easy	Somewhat difficult	Very difficult	Don't know
Ease of access to alcohol by teens in the community	35.8	36.3	10.3	2.9	14.6
Ease of access to alcohol by teens in the community from stores and restaurants	8.3	22.3	31.5	20.1	17.9
Social Access	Total	Cis Female	Cis Male	Non-Cisgender	
Provided alcohol for minors past year	2.5	2.2	2.8	6.4	

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	18.9	17.3	17.9	18.9	17.3	15.9	14.7	12.2	12.2
Very or somewhat difficult for teens to access to alcohol from stores and restaurants	65.0	64.5	64.7	65.2	67.1	64.5	59.2	58.6	59.9
Purchasing and/or sharing of alcohol with a minor over past year (Yes)	3.5	7.1	5.8	4.5	2.8	3.0	1.9	0.8	0.2

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	54.1	55.6	55.1	55	52.1	54.2	54	57.1	54.9
Very or somewhat likely for police to arrest an adult for giving alcohol to someone under 21	59.2	60.8	60.2	61.5	58.3	59.4	59.6	62.0	56.7
Very or somewhat likely being stopped by police if driving after drinking too much	75.7	72.4	73.6	69.4	67.0	67.7	66.2	63.8	56.9
Agree or strongly agree that problems due to drinking hurts community financially	54.6	61.3	58.7	65.5	66.0	66.1	68.8	73.1	74.4

Figure 2.1. Sources of obtaining alcohol for respondents 18-20 years old who reported drinking alcohol in the past 30 days. (n=168)



III. Prescription Painkiller Outcomes and Intervening Variables

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

Outcomes	Overall	Cis Female	Cis Male	Non-Cisgender
Prevalence of receiving Rx pain medication past year (n=12,488)	22.6	23.5	21.5	30.0
Past 30-day Rx pain medication use for any reason (n=12,330)	16.7	17.2	16.2	23.0
Past 30-day pain medication misuse				
All respondents (n=12,370)	4.1	3.2	4.9	8.5
Current users* only (n=2,031)	24.3	18.9	29.5	-

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 and Provider Behaviors

Outcomes	% of Yes	Don't Know
When having been prescribed painkillers last year		
Were prescribed naloxone as well (n=2,812)	22.8	4.5
Talked about risks in using Rx painkillers (n=2,847)		
Healthcare provider	54.8	NA
Pharmacy staff	36.1	NA
Talked about storing Rx painkillers safely (n=2,847)		
Healthcare provider	32.6	NA
Pharmacy staff	26.3	NA
Have access to naloxone when having used painkillers in the past 30 days (n=2,007)	26.8	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=12,488)	Past 30-day Rx painkiller use for any reason (n=12,330)	Past 30-day Rx painkiller improper use (n=12,370)
18-25	15.3	12.0	5.1
26-30	17.3	15.3	7.8
31-40	18.6	14.2	5.8
41-50	22.2	17.7	5.2
51-60	26.7	19.9	2.7
61-70	28.2	19.2	2.0
71 +	27.1	19.9	1.6

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=12,277)	2.8	10.7	30.8	55.8
Social Access	Yes	No		
Giving or sharing Rx painkillers in past year (n=2,544)	11.2	88.8		
Rx painkillers stored in locked box or cabinet* (n=2,039)	44.3	55.7		

*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	79.9	82.4	82.8	87.4	88.9	90.5	91.9
Social Access	18-25	26-30	31-40	41-50	51-60	61-70	71 +
Giving or sharing Rx painkillers in past year	12.7	18.9	17.0	10.3	7.5	9.5	7.2
Rx painkillers stored in locked box or cabinet*	49.6	60.2	54.4	46.5	37.4	34.2	41.0

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

Figure 3.1. Sources of prescription painkillers among current users (n=2,054)

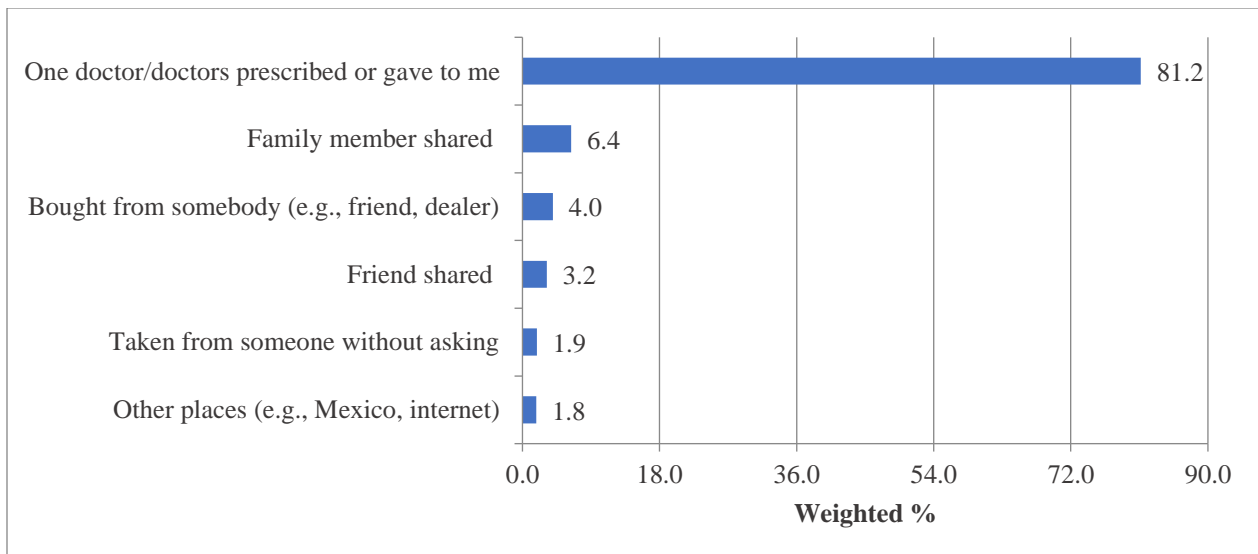


Figure 3.2. Reasons for prescription painkillers use in the past year. (n=1,955)

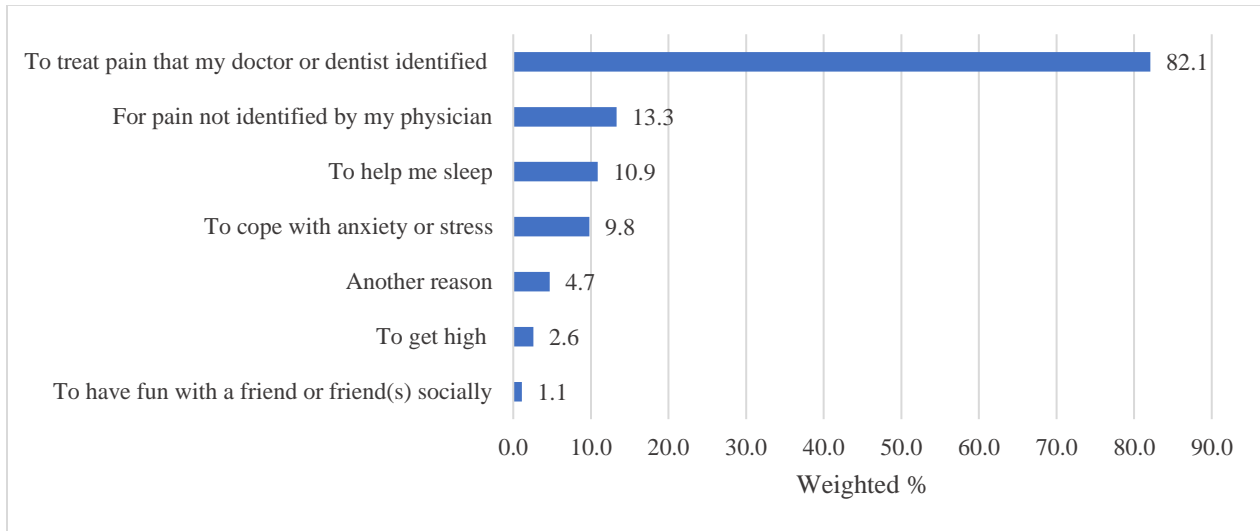
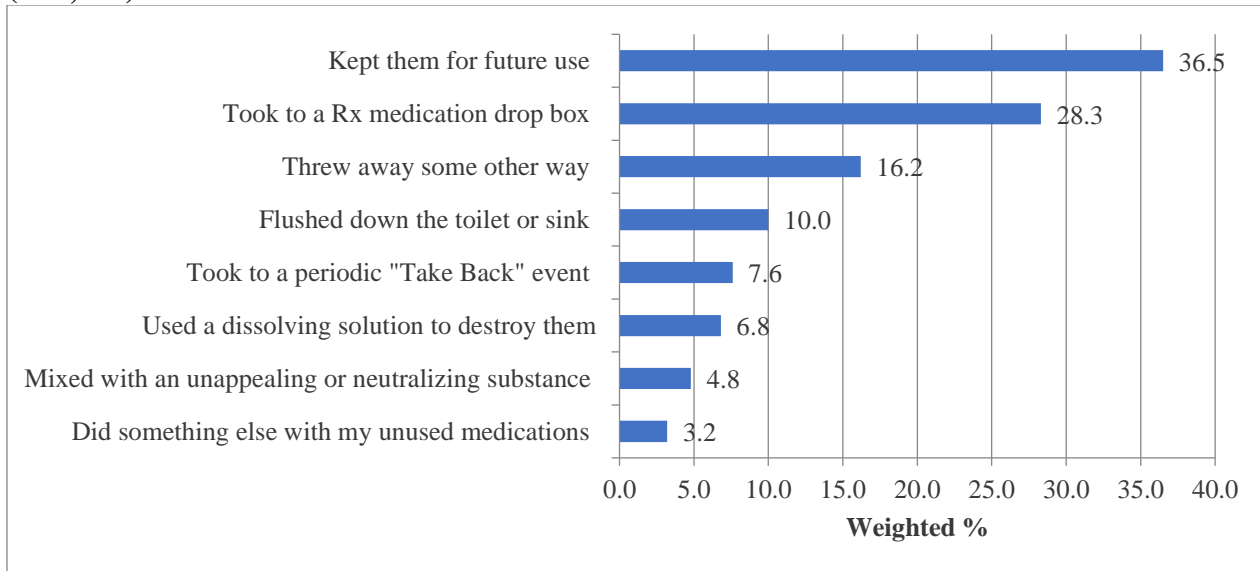


Figure 3.3. Past year actions of handling unused or expired Rx pain medication at home. (n=1,070)



IV. Marijuana Use

Table 4. Estimates (percentages) for perception of harm of teens marijuana use overall and by age group

Perceived risk of harm with teens using marijuana once or twice a week				
	No risk	Slight risk	Moderate Risk	Great risk
Overall (n=12,206)	17.5	28.7	29.0	24.8
Age group	Moderate or great risk			
18-25 (n=1,168)	36.2			
26-30 (n=970)	39.2			
31-40 (n=2,497)	43.2			
41-60 (n=4,541)	57.1			
61+ (n=3,030)	68.6			

Figure 4. Types of Marijuana use (among current marijuana users) (n=4,338)

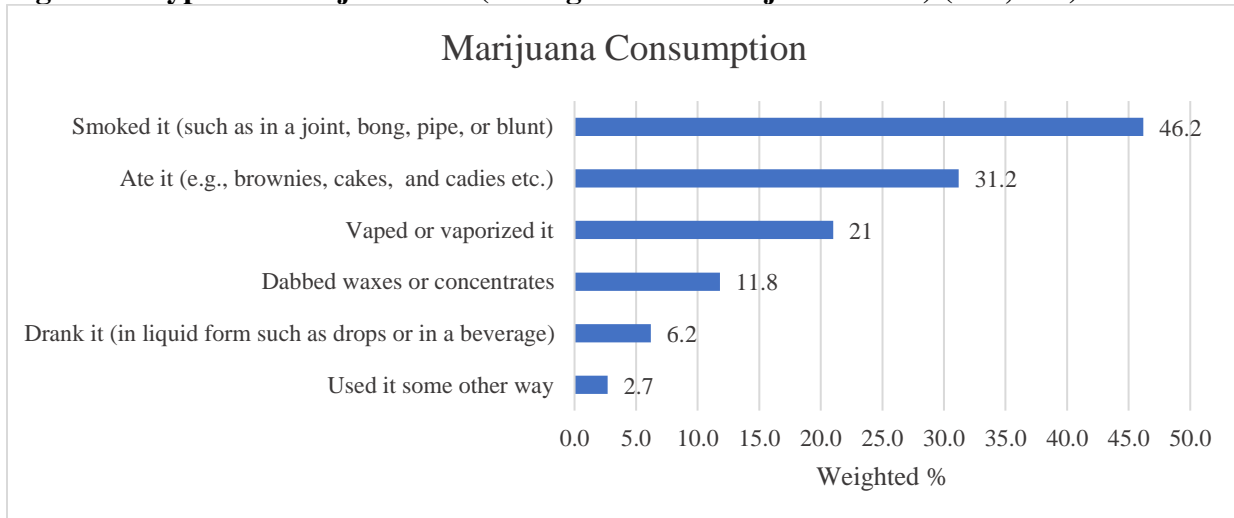
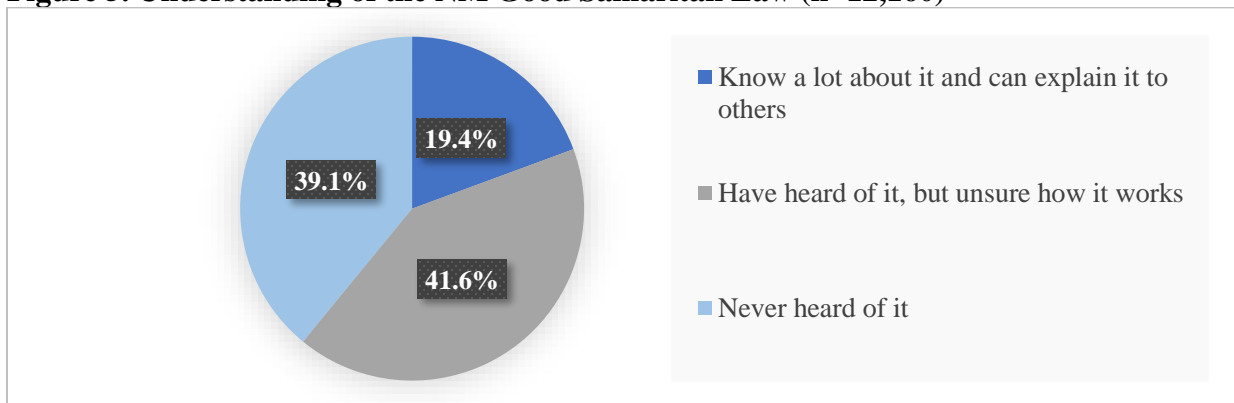


Figure 5. Understanding of the NM Good Samaritan Law (n=12,160)



V. Parental behaviors

Table 5. Parents of minors residing in household reporting providing ATOD to a minor last year

Outcomes	%		
	Overall	Cis Female	Cis Male
Parents who reported providing alcohol to a minor (n=4,590)	3.6	3.3	3.7
Parents who reported sharing Rx drugs (n=917)	15.6	11.0	21.4
Parents who reported locking up Rx pain medication*(n=737)	55.0	57.0	52.4

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

VI. Substance use outcomes by a combination of gender and age

Table 6. Past 30-day prevalence (percentages) of substance use outcomes by gender and age.

Past 30-Day Prevalence	Cis Female			Cis Male		
	18-25	26-60	61+	18-25	26-60	61+
Alcohol use	48.8	51.4	42.5	51.9	60.1	51.0
Binge drinking	19.3	16.5	6.0	23.5	23.3	6.7
Driven under influence	1.2	2.3	0.8	4.1	4.4	1.2
Rx pain med misuse	5.1	3.7	1.6	4.7	6.3	2.2
Methamphetamine use	1.2	1.0	0.1	0.6	1.9	0.0
Polysubstance use	1.6	2.3	1.7	1.3	2.6	1.1

Results: Non-core Modules

Opioid Module

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

Outcomes	% of Yes
Having family members or friends who often use Rx painkillers (n=5,944)	17.9
These family members or friends are at risk of overdose (n=1,163)	57.6
Some of these family members or friends live with you (n=1,157)	19.5
Having family members or friends who often use heroin (n=5,944)	8.8
These family members or friends are at risk of overdose (n=572)	95.0
Some of these family members or friends live with you (n=572)	10.9

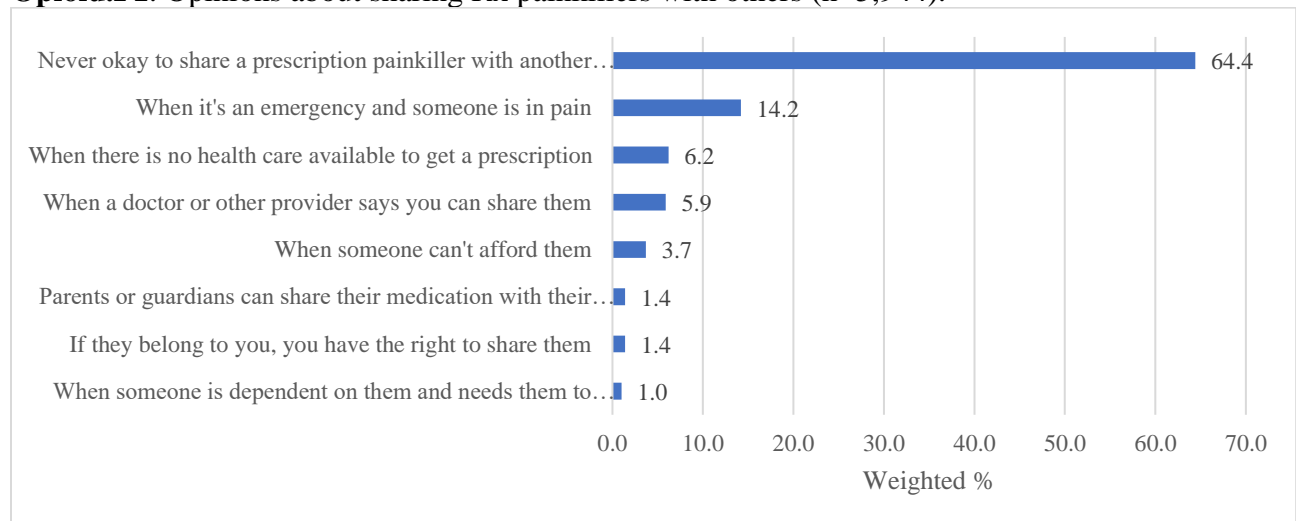
Opioid.T2 Access to and knowledge about Naloxone/Narcan

Outcomes (N=5,944)	% of Yes
Have Naloxone/Narcan	11.9
Know how to get Naloxone/Narcan	19.4
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=5,058)	87.6
My community is not doing enough to prevent opioid misuse and addiction (n=5,013)	78.7
Support increasing public funding for opioid treatment programs in my community (n=5,061)	86.3

Opioid.F1. Opinions about sharing Rx painkillers with others (n=5,944).



Marijuana Module

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

Outcomes	Overall	% of Yes	
		Cis Female	Cis Male
Used marijuana in the past 12 months (n=2,495)	31.9	27.5	35.8
Past 30-day marijuana use (n=2,486)	26.9	22.1	31.0
Past 30-day drove under the influence of marijuana			
All respondents (n=2,792)	6.8	4.5	9.0
Current users* only (n=627)	27.0	22.5	30.9
Marijuana stored in a locked location** (n=706)	60.6	56.6	64.7
Shared marijuana with underage youth (n=2,736)	3.3	2.3	4.3

Note. Ns are for overall estimates only.

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

** Excluding respondents who have no marijuana from this estimate.

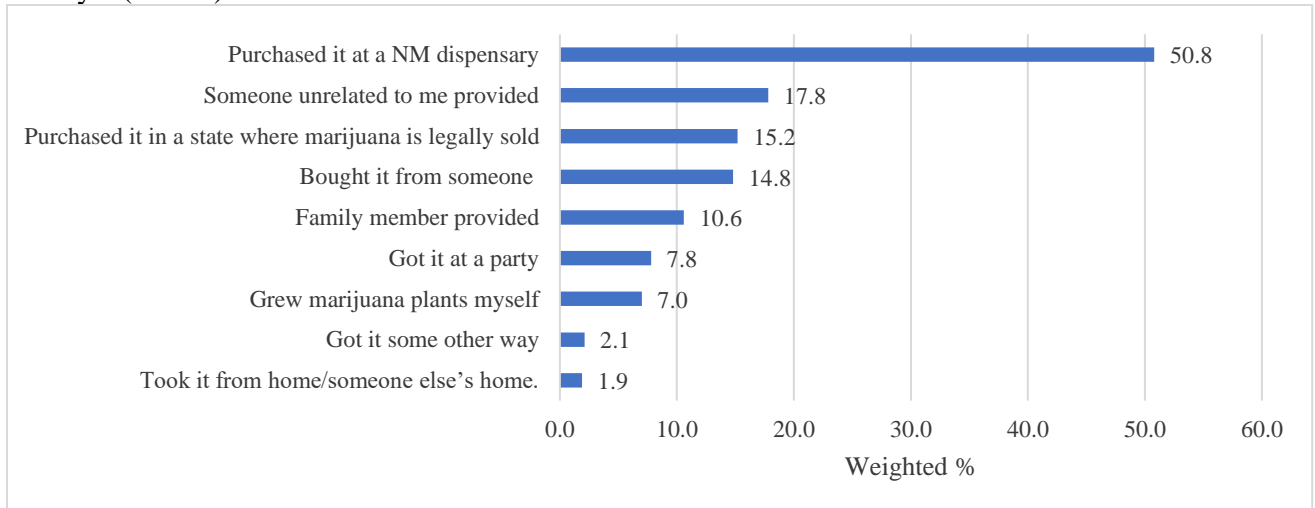
Marijuana.T2. Perceptions of risk/legal consequences of marijuana consumption.

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=2,749)	16.2	24.7	23.4	12.0	23.6
Likelihood of being stopped by police if driving under the influence of marijuana (n=2,749)	12.6	22.9	29.0	13.6	21.9
	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
OK for someone to provide marijuana to someone under 21 (n=2,751)	51.8	20.8	18.1	5.3	4.1
	Very easy	Somewhat easy	Somewhat difficult	Very difficult	Don't know
Ease of access to marijuana by teens in the community (n=2,752)	52.9	27.5	4.7	1.3	13.7

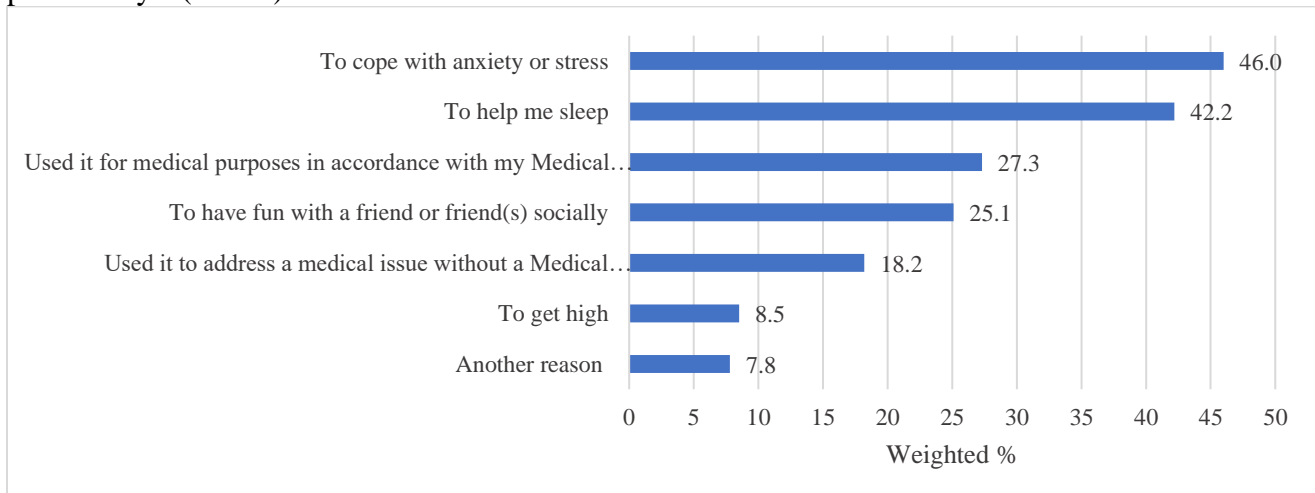
Marijuana.T3. Endorsement of issues related to marijuana use.

Perception of risk/legal consequences	%				
	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
Support local efforts to prevent marijuana use by teens. (n=2,753)	7.3	6.2	25.3	32.5	28.8
Driving under the influence of marijuana is a problem in my community. (n=2,745)	5.7	8.2	45.8	23.9	16.5
How safe for someone driving under the influence of marijuana (n=2,753)	Very Safe	Somewhat Safe	Not Sure	Somewhat Unsafe	Very Unsafe
	3.3	9.5	30.4	21.5	35.3

Marijuana.F1 Sources of obtaining marijuana for respondents who reported using it in the past 30 days. (n=639)



Marijuana.F2 Reasons of marijuana consumption for respondents who reported using it in the past 30 days. (n=639)



Methamphetamine Module

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

Outcomes	% of Yes		
	Overall	Cis Female	Cis Male
Used methamphetamine in the past 12 months (n=991)	2.5	2.4	2.6
Family member use methamphetamine (n=1,141)	15.0	16.6	13.0

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=1,021)	28.7	25.5	3.6	1.3	40.9
Risk of harm	No Risk	Slight risk	Moderate risk	Great risk	
People risk harming themselves when using methamphetamine (n=1,020)	2.1	3.2	11.3	83.4	
	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
Methamphetamine use is a problem in my community. (n=1,020)	4.9	6.6	35.8	28.1	24.5
Support increasing the local efforts to prevent methamphetamine use. (n=1,021)	2.3	1.6	6.9	37.0	52.2

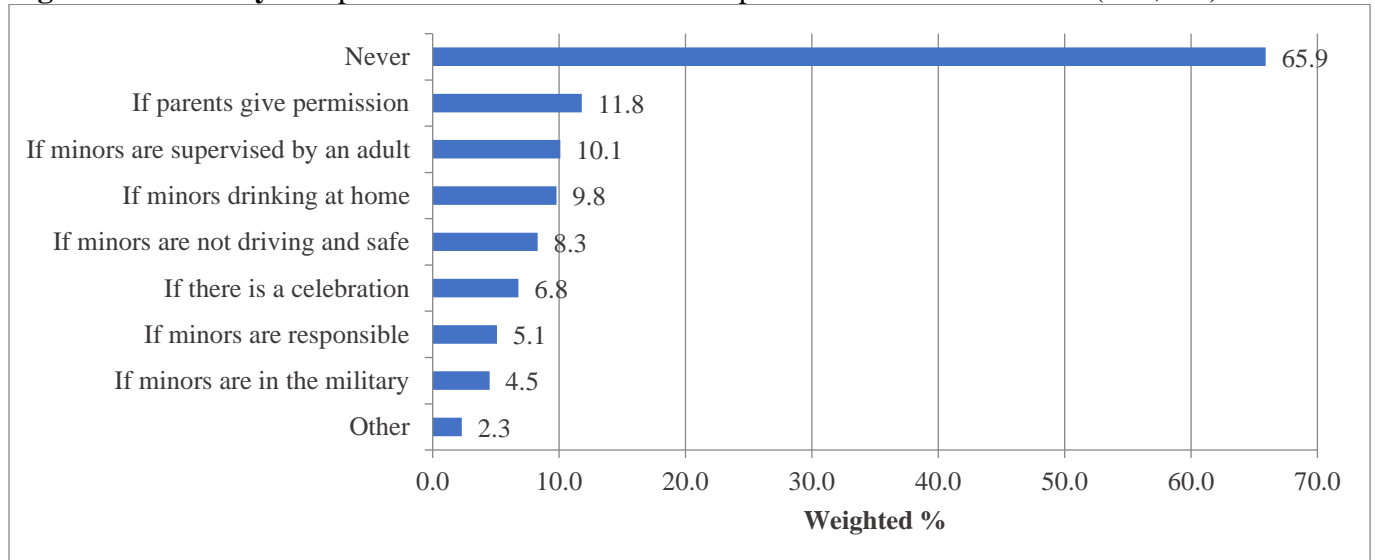
Community Module

Community.T1. Distribution of responses in community module

Outcomes	%		
	Disagree	Neutral	Agree
Underage drinking is a problem in my community. (n=1,822)	9.1	21.5	69.4
Support local law enforcement efforts to prevent underage drinking (n=1,821)	6.4	9.6	84.1
Heavy drinking is a problem in my community (n=1,815)	5.0	18.4	76.6
Support local efforts to prevent heavy drinking (n=1,819)	3.7	12.2	84.1
Drinking and driving is a problem in my community(n=1,822)	4.8	18.5	76.8
Support local law enforcement efforts to prevent drinking and driving (n=1,816)	3.0	6.8	90.2
I support the enforcement of laws prohibiting serving the intoxicated (n=1,818)	3.2	7.1	89.6
The overuse of alcohol harms the personal safety and well-being of community members (n=1,820)	3.0	7.4	89.6
Past year experienced problems associated with alcohol misuse in my community (n=1,818)	17.7	23.1	59.1

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

Figure.CommunityF1 Opinions about when it is OK to provide alcohol to minors. (n=2,049)



Mental Health Module

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

Outcomes	%		
	Overall	Cis Female	Cis Male
Met critical threshold for serious mental illness* (n=4,686)	13.5	14.3	12.1
Self-identified having mental health or drug/alcohol problems in the past year (n=4,686)	30.7	33.5	26.9
Sought help on mental health or drug/alcohol problems in the past year (n=4,681)	22.4	25.4	18.2
Received help from someone (non-family or friends) if having sought help last year (n=1,392)	68.3	73.6	61.3
Access to help among people who received help from non-family or friends (n=1,011)			
In person	62.0	56.5	70.0
Hotline	2.8	2.7	3.2
Telemedicine (self-pay)	7.3	9.1	4.7
Telemedicine (insurance pay)	26.4	30.0	20.8
Text therapy	1.6	1.8	1.3
Had difficulty accessing treatment for mental health or substance abuse problems (n=4,655)	9.7	11.1	7.8
Suicidal thoughts in the past year (n=4,685)			
Yes	9.2	9.6	8.1
Not Sure	7.2	6.9	7.2
Suicide attempt in the past year (n=4,681)			
Yes	1.0	1.2	0.6
Not Sure	1.4	1.1	1.4
Suicide attempt by family member in the past year (n=4,671)			
Yes	4.3	5.6	2.9
Not Sure	5.1	4.9	4.9
Past 30-day average days that having poor physical or mental health keep you from doing usual activities (Mean & SD)	4.0 days (0.2)	4.8 days (0.3)	3.2 days (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.

Number of ACES (N=637)	%
None	24.6
One	19.6
Two	15.4
Three or more	40.5

PFS2020 Module

PFS2020.T1. Percentages of substance use overall and by gender

Substances	Overall	%	
		Cis Female	Cis Male
Methamphetamine			
Past 12-month use (n=4,928)	2.1	1.6	2.7
Past 30-day use (n=8,000)	1.0	0.7	1.1
Heroin past 30-day use (n=4,926)	1.0	0.6	1.3
Fentanyl past 30-day use (n=4,905)	1.2	0.9	1.5
Polysubstance			
Past 12-month use (n=4,931)	6.3	5.3	7.1
Past 30-day use (n=8,075)	2.0	2.0	2.0

PFS2020.T2. Percentages of perceived risk of harm using two or more substances

Risk of harm	No Risk	Slight risk	Moderate risk	Great risk	Not Sure
People risk harming themselves when using two or more substances on an occasion (n=4,922)	2.4	4.0	14.6	72.6	6.4

Summary of 2022 Community Survey Findings

In FY22, the number of valid respondents to the NMCS was again large and all 33 New Mexico 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 not matched the demographics of the state (e.g., the sample consistently has been more female than the adult population). Due to the effects of the pandemic on data collection the past few years, the sample has notably been older, more female, and more white than in the past, therefore the weighting has been crucial to help generate more accurate statewide estimates that are more comparable across years. Even when reviewing these weighted estimates, it is important to have the recent differences in the sampling in mind (e.g., the 2020-22 samples mostly reflect individuals recruited and willing to participate online), as well as the broader effect of the pandemic on people, communities, and institutions during these years.

Summary Table 1 presents prevalence estimates from the NMCS starting in 2017. 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 the 30-day use rate is up over five percentage points since pre-pandemic in FY19, while the binge drinking rate is unchanged.

Summary Table 1. Alcohol indicator trends (whole sample)

Alcohol Outcome Indicators	FY17	FY18	FY19	FY20	FY21	FY22
Percent Past 30-day alcohol use	47.6	46.9	46.7	49.9	52.3	52.2
Percent Past 30-day binge drinkers	16.3	14.4	16.1	14.9	15.8	16.0
Percent Past 30-day driven under the influence	3.5	3.7	3.2	2.8	2.5	2.6
Percent Past 30-day driven after 5+ drinks	2.8	2.8	2.7	2.5	2.3	3.0

As shown in Table 2.2 of the Core Module findings, young adults ages 26-30 reported the largest percentage (26.2%) of binge drinking, closely followed by young adults aged 21-25 (24.7%). These two age groups also self-reported the highest percentage of driving under the influence of alcohol with 5.5% and 3.9% for these two groups (respectively) reporting having done so in the last 30-days.

Most underage young adults (18-20) reported accessing alcohol either from an adult or at parties. Thus, social access to alcohol remains the most common way that underage adults 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 FY22 is higher than FY21 and FY20, which may be due to relaxing social isolation practices that have been in place during the pandemic. It is also noteworthy that perceptions concerning policing activities concerning underage drinking and DUI have been down over the past three years and have not started to go back up. This may be due to a variety of factors, including enforcement needing to prioritize other issues, particularly when there are staffing shortages in many communities.

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	FY22
Percent Very Likely police breaking up teen drinking parties	18.5	17.8	18.1	16.6	14.2	13.2
Percent Very Likely police arresting adult providing alcohol to minor	26.2	26.2	26.3	24.0	21.9	21.0
Percent Very Likely being stopped if driving intoxicated	30.8	28.9	30.0	26.0	24.8	23.4
Percent Very Easy social access to alcohol by teens	44.0	43.8	42.3	34.0	32.8	35.8
Percent Very Easy retail access to alcohol by teens	10.6	11.1	8.9	6.2	6.2	8.3
Percent provided alcohol to a minor in past year	3.9	2.9	2.4	3.0	2.7	2.5

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 54.6% of 18 to 20-year-olds agreeing with the statement compared to approximately 74.4% of those 71 years or older (see Table 2.4 Core Module). Most community members seem to understand the problems related to alcohol and may be willing to support community change at this time.

Summary Table 3 examines prescription painkiller outcomes over the past six fiscal years. Past 30-day prescription painkiller use for any reason has been higher in the past two years than in the past and receiving a prescription for an opioid in the past year was relatively low in FY21 but increased from 18.6% in FY21 to 22.6% in FY22. A new measure of prescription painkiller misuse in the past 30 days was added in FY22, and about 4.1% of respondents reported misusing prescription painkiller (use without a doctor's prescription or differently than how a doctor prescribed).

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

Prescription Painkiller Outcome Indicators	FY17	FY18	FY19	FY20	FY21	FY22
Percent receiving a Rx painkiller in past year	28.0	25.9	24.1	23.9	18.6	22.6
Percent past 30-day Rx painkiller use for any reason	13.5	11.9	11.1	11.3	15.1	16.7
Percent past 30-day Rx painkiller use to get high	3.1	2.8	2.4	2.4	2.5	NA
Percent past 30-day Rx painkiller misuse	NA	NA	NA	NA	NA	4.1

We asked respondents if, when prescribed prescription opioids, they were also prescribed naloxone. As shown earlier in Table 3.2 (Core Module), about 22.8% of participants indicated that they were prescribed naloxone when receiving a painkiller prescription, which is lower than

in FY21 when 25.8% indicated they were prescribed naloxone. 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, 54.8% FY22 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 36.1% 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 32.6% and 26.3% of participants who were prescribed opioids reported talking to their health care provider and pharmacist, respectively, about safe storage practices.

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 5 (Core Module) show that 39.1% of the 12,160 respondents who answered this question had never heard of this law. Another 41.6% 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) was about the same in FY22 as it was in FY21 (see 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 continuing concern, very likely due to effects of the pandemic including the associated shortage of medical and mental health professionals to serve the higher levels of need. About 31% of these survey respondents reported mental health or drug/alcohol concerns in the last year, which was lower than the estimates for the first two years of the pandemic, but still much higher than estimates before 2020. Many New Mexicans (22.4%) sought help for behavioral health issues, but unfortunately 9.7% reported difficulty accessing the help that they desired (see Mental Health T1 in Mental Health Module).

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)	FY22 (N=5,421)
Met critical threshold for serious mental illness*	8.7	10.9	9.8	14.7	13.9	13.5
Self-identified having mental health or drug/alcohol problems in the past year	17.8	22.4	22.1	35.6	34.2	30.7
Suicidal thoughts in the past year	4.9	8.2	7.7	11.2	11.7	9.2
Sought help on mental health or drug/alcohol problems in the past year	14.7	18.0	16.6	25.5	22.0	22.4
Suicide attempt in the past year	NA	NA	NA	NA	1.7	1.0
Suicide attempt by family member in the past year	NA	NA	NA	NA	NA	4.3

Seven programs chose to implement the marijuana module in FY22, and they recruited over 2,500 respondents. About a third of these respondents (32%) indicated that they have used marijuana during last year and 27% of the respondents have used it in the past 30 days. Among current marijuana users, about 27% have driven under the influence of marijuana in the past 30 days. Respondents perceived low legal consequences of marijuana consumption – about 16% of respondents thought a person would be very likely to be arrested for providing marijuana to underage youth (under 21), and similarly 13% thought that a driver would be very likely to be stopped by police if driving under the influence of marijuana.

Three-quarters of the respondents (72.6%) thought that it was NOT OK to provide marijuana to underage youth. More than half of respondents (52.9%) agree that teens have very easy access to marijuana, and about a quarter of all survey participants think teens are at great risk harming themselves if they use marijuana once or twice a week.

The majority of marijuana was obtained legally – 50.8% of recent users had purchased it at a NM dispensary and 17.8% 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 (46.0%), helping with sleep (42.2%), legitimate medical purpose (27.3%) and self-prescribed medicinal marijuana use (18.2%).

Over the past three years, the priority issue for communities across New Mexico has been responding successfully to the pandemic – both the direct health issues and the indirect effects on all aspects of life. The strains on the behavioral health support system have been large, and this continues to be reflected in FY22 survey data indicating heightened substance use, very high levels of mental health difficulties, and limited capacity of community partners in law enforcement, health, education, etc. to help prevention providers meet community needs. The good news from the survey is that many issues did not seem to be worse in 2022 than in 2021 (e.g., stable drinking rates), and some seemed to be getting better (e.g., a decrease in self-identification of having had a behavioral health problem in the past year). In addition, the survey results continued to indicate strong community support for prevention (as well as treatment) activities to help communities fully recover and thrive in the future.