New Mexico Community Survey 2023
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 and frontier 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. The most recent estimates from the US Census' American Community Survey at the time of writing this report in 2023 indicated there were over 1.6

million NM residents who were 18 and older. Of the entire population, just under half (49.8%) were male, 50.1% were of Hispanic/Latinx, 81.3% were white, 11.2% Native American/Alaskan Native representing at least 22 different tribes, while approximately 7.5% were African American/Black, Asian, or a combination of these race categories. Twenty-eight percent had a college bachelor's degree and 87% had at least a high school degree. The median income was $51,243 and 16.8% of New Mexicans were living at or below the poverty line[1].

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 was 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 their 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 in 2020 and 2021. Communities have slowly begun to reengage in more in-person data collection over the past two years, where many actively recruit for online participants on these locations with flyers with QR codes linked to the survey, but not collecting the data at that point in time (see Data Collection Approach #2).

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.

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

In 2023, a total of 1,418 surveys were collected using this methodology of direct data collection, which constitutes 13.3% of the aggregated sample. We are unable to calculate a response rate using this convenience sample 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 using the Alchemer survey platform. Due to the broad impact of the COVID-19 pandemic, this has been the predominant approach from 2020-2023. Recruitment ads were placed online, targeting NM residents who are 18 and older. Another way the online survey was promoted was through distribution and sharing of direct survey links or QR code via printed materials or emails distributed by local programs. In 2023, a total of 9,251 surveys were collected using the on-line survey.

Thirteen Facebook ads were published through the NMCS Facebook account, Eleven English and two 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 to males, young adults ages 18-25, and based on geographic location using zip codes to help enhance recruitment for some OSAP-funded counties. Over the course of 5 weeks, the paid Facebook ads led to 2,516,942 impressions, reaching 471,295people, and 16,936unique clicks on the survey link itself.

AdWallet was also engaged to recruit online participants who were eligible for participating in the NMCS (adults living in NM). Text-message and short-video campaigns were used for the targeted recruitment of specific populations within the AdWallet 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, 26% of online participants indicated they learned about the survey through AdWallet.

Three weekly incentives were offered to randomly selected individuals who completed the survey online. After completing the survey, respondents were invited to enter a drawing for $100 or $500. This was optional and not all respondents chose to do so. Participants who wanted to enter the weekly drawing were redirected to 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 FY2023, a total of 10,669 completed questionnaires were collected compared with 13,283 in FY22, 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, 86.7% of the sample in FY2023 participated online, in comparison to 91% 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 abbreviated summary 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 Table 1.1 below.

Table 1.1 Demographic characteristics

Number of eligible respondents (N=10,669)

Characteristics	Unweighted n	Unweighted %	Weighted %
Age			
18-20	434	4.1	5.4
21-25	808	7.6	9.1
26-30	946	8.9	8.6
31-40	2,246	21.1	17.0
41-50	1,986	18.6	14.7
51-60	1,920	18.0	14.9
61-70	1,571	14.7	15.5
71 or older	758	7.1	14.9
Gender			
Female	7,298	68.6	49.3
Male	3,082	29.0	48.3
Transgender, Nonbinary/Gender nonconforming, Two Spirit, or other gender category	155	1.5	1.5
Prefer not to answer	99	0.9	0.9
Sexual Orientation			
Straight/heterosexual	8,845	83.6	83.7
Lesbian/gay	441	4.2	4.5
Bisexual	519	4.9	4.4
Queer/pansexual/questioning	267	2.5	2.3
Different identity	135	1.3	1.4
Prefer not to answer	531	5.0	5.1

Number of eligible respondents (N=10,669)

Characteristics	Unweighted n	Unweighted %	Weighted %
Race/Ethnicity			
Asian	184	1.7	1.6
Black or African American	319	3.0	2.8
Hispanic or Latino	4,054	38.3	46.8
Native American	1,570	14.8	10.6
Native Hawaiian or Other Pacific Islander	85	0.8	0.8
White	5,368	50.7	48.1
Other	232	2.2	2.0
Household Language Spoken Throughout the Day			
English	8,228	77.6	74.9
Spanish	1,609	15.2	19.3
A Native American language	601	5.7	4.4
Other language	159	1.6	1.4
Education Level			
Less than high school	452	4.3	5.0
High school or GED	2,372	22.7	24.4
Currently an undergraduate	554	5.3	5.2
Some college	2,934	28.1	27.8
College or above	4,145	39.6	37.5
Military Service Status			
Active Duty	100	1.0	1.1
Veteran	723	6.8	10.6
Parent/Caretaker of Someone Under 21 Living in the Household	4,037	38.5	31.8
Children's Age			
Under age 5	1,216	30.9	31.8
5-11	1,901	48.0	46.3
12-17	1,881	47.6	44.9
18-20	664	17.0	16.3
Past 30-Day Housing Stable	10,045	96.5	96.5
Number of Spanish Surveys	171		

The demographics of the 2023 overall sample had disproportionately low percentages of adult residents who were either over 60 or under 26, males, Hispanics, and those without college education.

Variable response distributions are provided below for intervening variables and outcomes by substance, including dichotomized results by age groupings. As mentioned earlier, the data were weighted to provide more accurate estimates of the rates and numbers for the adult population in New Mexico.

II. Alcohol Outcomes and Intervening Variables

Table 2.1. Means, ranges and percentages of alcohol use behaviors overall and by gender.

Behaviors	%	Overall Mean (Std Error)	Range	Female %	Male %
# of drinks in a week (n=9,935)		2.0 (0.1) drinks	0-120		
Past 30-day alcohol use (n=10,018)	50.0	NA	NA	45.5	54.7
Past 30-day binge drinking					
All respondents (n=10,001)	16.6	1.0 (0.1) times	0-66	12.8	20.6
Current users* only (n=4,910)	33.6	1.9 (0.1) times	0-66	28.4	38.0
Past 30-day driven under the influence					
All respondents (n=9,987)	3.2	0.1 (0.01) times	0-30	2.0	4.5
Current users* only (n=4,895)	6.4	0.2 (0.02) times	0-30	4.5	8.2

*Current users: anyone who has had an alcoholic drink in the past 30 days.

Table 2.2 Percentages of alcohol use behaviors by age groups.

| Age Range	Past 30-day alcohol use %	Past 30-day binge drinking %	Past 30-day driven under influence %
18-25	53.6	24.4	5.3
18-20	34.1	14.9	5.0
21-25	64.8	29.8	5.5
26-30	60.4	25.9	6.2
31-40	58.1	22.1	3.9
41-50	55.2	21.6	4.0
51-60	47.3	13.7	2.6
61-70	39.8	8.0	1.1
71+	39.7	4.9	0.8

Table 2.3 Community perception of risk, adult social access and community concerns about alcohol

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	13.4	29.3	25.6	10.8	20.9
Likelihood of police arresting an adult for giving alcohol to someone under 21	19.3	27.2	23.1	10.2	20.2
Likelihood of being stopped by police if driving after drinking too much	23.2	33.7	23.5	7.3	12.3
Likelihood of being convicted if driving after drinking too much and being charged with DWI	38.3	30.1	8.0	7.5	16.1
Financial harm	**Strongly disagree**	**Disagree**	**Neither agree nor disagree**	**Agree**	**Strongly agree**
Problems due to drinking hurt my community financially	9.2	5.6	18.2	37.4	29.6
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	36.2	10.3	3.4	14.2
Ease of access to alcohol by teens in the community from stores and restaurants	8.8	23.5	31.4	19.1	17.2
Social Access	**Total**		**Female**		**Male**
Provided alcohol to minors in past year	4.1		3.4		4.9

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 alcohol in the community	24.5	20.9	22.3	19.1	17.1	16.9	14.9	12.2	10.4
Very or somewhat difficult for teens to access alcohol from stores and restaurants	62.7	61.6	62.0	57.3	67.8	63.9	56.8	59.4	56.7
Past year purchasing and/or sharing of alcohol with a minor (Yes)	6.0	13.9	11.0	7.9	4.0	3.5	2.5	1.3	0.9
Perception of risk/legal consequences	**Age groups (%)**								
	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	53.6	52.1	52.6	57.3	51.7	51.2	54.6	55.2	57.2
Very or somewhat likely for police to arrest an adult for giving alcohol to someone under 21	50.7	54.2	52.9	58.4	57.8	58.8	60.2	59.3	60.8
Very or somewhat likely to be stopped by police if driving after drinking too much	68.7	74.2	72.2	67.8	61.7	63.6	65.0	62.7	63.0
Very or somewhat likely to be convicted if driving after drinking too much and being charged with DWI	81.8	85.9	84.4	82.0	78.3	80.3	80.1	82.5	83.9
Agree or strongly agree that problems due to drinking hurts community financially	49.0	57.2	54.2	62.3	65.9	67.5	69.4	72.0	75.2

Figure 2.1. All sources of alcohol for respondents 18-20 years old who reported drinking alcohol in the past 30 days. (n=106)
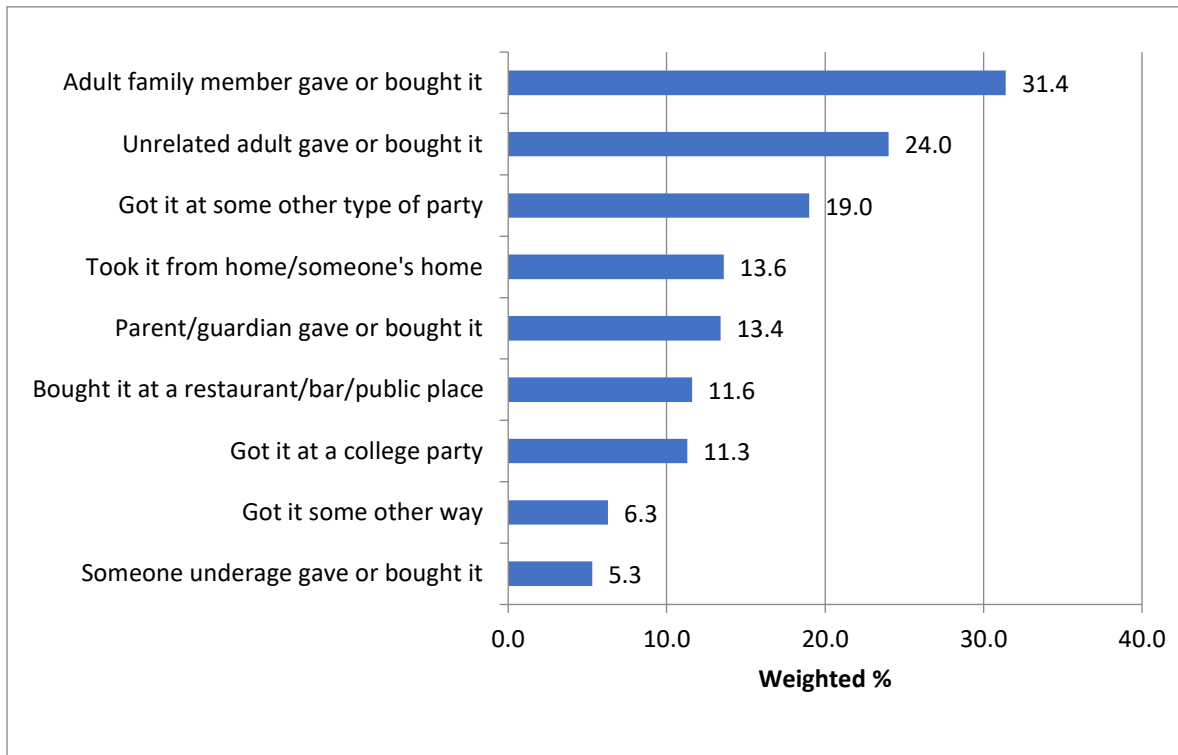
III. Prescription Pain Medication (Painkiller) Outcomes and Intervening Variables

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

Behaviors	Overall	Female	Male
Prevalence of receiving Rx pain medication past year (n=9,927)	25.0	26.0	23.8
Past 30-day Rx pain medication use for any reason (n=9,759)	19.5	19.3	19.8
Past 30-day pain medication improper use			
All respondents (n=9,817)	5.9	4.4	7.5
Current users* only (n=1,864)	30.4	23.0	37.5

Note. Ns are for overall estimates only.
*Current users: anyone who has used Rx pain medication in the past 30 days.

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Table 3.2 Access to naloxone and provider behaviors.

Behaviors and naloxone access when having been prescribed pain meds in the last year	% of Yes	Don't Know
Were prescribed naloxone as well (n=2,473)	23.1	4.7
Talked about risks in using Rx pain meds (n=2,476)		
Healthcare provider	54.9	NA
Pharmacy staff	34.7	NA
Talked about storing Rx pain meds safely (n=2,468)		
Healthcare provider	34.3	NA
Pharmacy staff	28.5	NA
Have access to naloxone when having used pain meds in the past 30 days (n=1,839)	28.2	NA

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

Ages	Prevalence of receiving Rx pain meds past year (n=9,927)	Past 30-day Rx pain med use for any reason (n=9,759)	Past 30-day Rx pain med improper use (n=9,817)
18-25	16.9	20.1	11.6
26-30	22.8	22.9	13.7
31-40	23.4	16.7	5.6
41-50	22.3	17.2	4.6
51-60	25.3	18.7	4.5
61-70	32.6	22.6	3.2
71 +	30.2	20.2	2.0

Table 3.4 Estimates for prescription pain medication intervening variables.

Risk of Harm	No risk	Slight risk	% Moderate Risk	Great risk
Perceived risk of harm with misusing Rx pain meds (n=9,755)	4.1	12.7	30.4	52.8
Social Access		**Yes**		**No**
Giving or sharing Rx pain meds in past year (n=9,575)		6.7		93.3
Rx pain meds stored in locked box or cabinet* (n=4,718)		43.8		56.2

*Excluded respondents who indicate they have no prescription pain meds from this estimate.

Table 3.5. Percentages for prescription pain medication intervening variables by age groups.

Risk of Harm	18-25	26-30	31-40	41-50	51-60	61-70	71 +
Perceived moderate or great risk of harm with misusing Rx pain medicine	71.8	76.1	82.8	83.7	86.4	88.6	89.4
Social Access	18-25	26-30	31-40	41-50	51-60	61-70	71 +
Giving or sharing Rx pain medication in past year	10.8	14.3	7.4	5.1	5.8	4.1	3.2
Rx pain medication stored in locked box or cabinet*	56.5	55.0	50.9	40.3	40.3	34.1	34.2

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

Figure 3.1. Sources of prescription pain medications among current users (n=1,796)
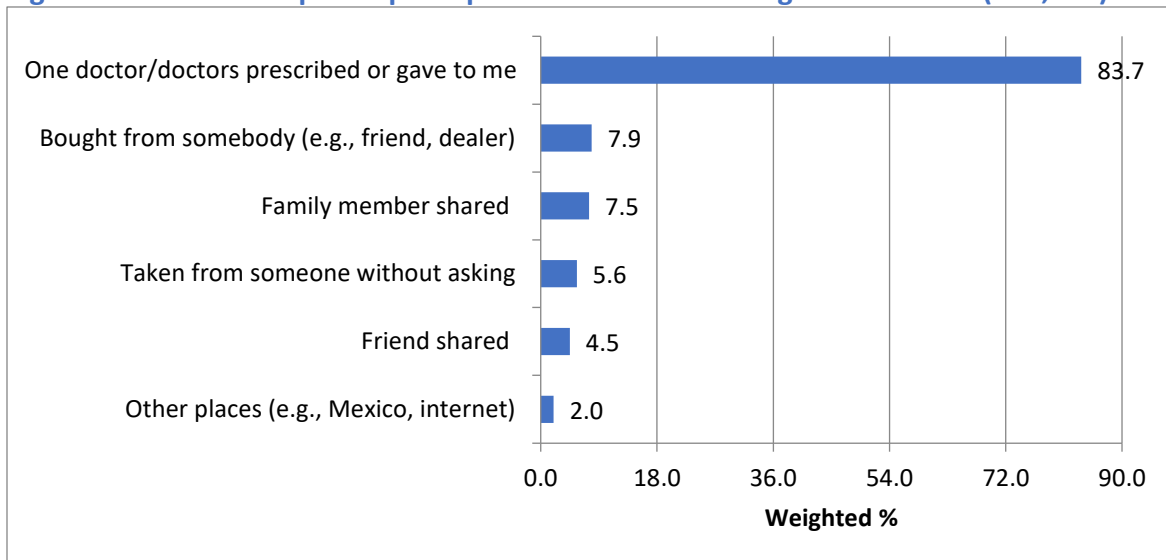
Figure 3.2. Reasons for prescription pain medication use in the past year. (n=3,328)
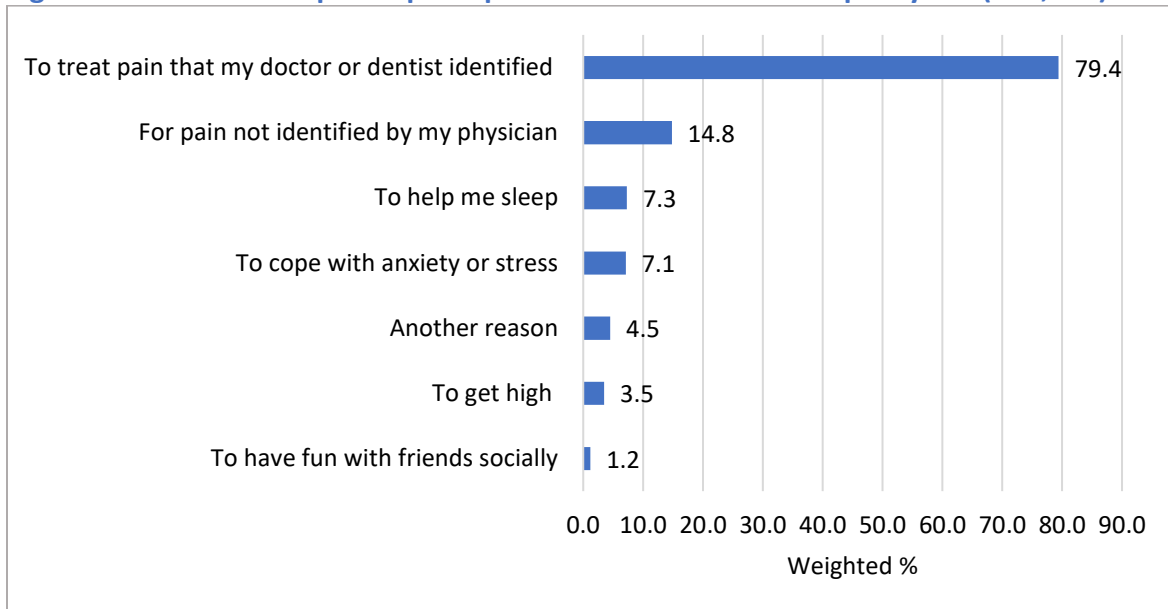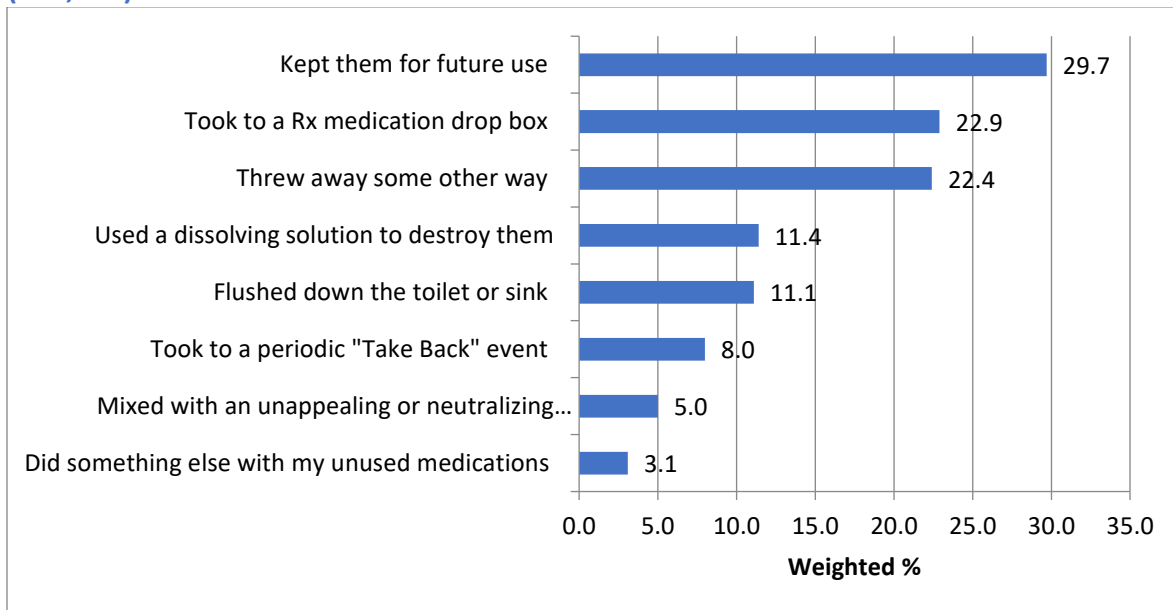
Reason	Weighted %
To treat pain that my doctor or dentist identified	79.4
For pain not identified by my physician	14.8
To help me sleep	7.3
To cope with anxiety or stress	7.1
Another reason	4.5
To get high	3.5
To have fun with friends socially	1.2

Weighted %

Figure 3.3. Past year actions of handling unused or expired Rx pain medication at home. (n=2,921)

Action	Weighted %
Kept them for future use	29.7
Took to a Rx medication drop box	22.9
Threw away some other way	22.4
Used a dissolving solution to destroy them	11.4
Flushed down the toilet or sink	11.1
Took to a periodic "Take Back" event	8.0
Mixed with an unappealing or neutralizing…	5.0
Did something else with my unused medications	3.1

Weighted %

IV. Marijuana and Polysubstance Use

Table 4.1 Marijuana and polysubstance use overall and by gender

Behaviors	% of Yes		
	Overall	Female	Male
Past 30-day marijuana use (n=9,472)	25.9	23.3	28.0
Past 12-month polysubstance use (n=8,131)	9.6	7.9	11.2
Past 30-day methamphetamine use (n=8,149)	3.2	2.3	4.1

Note. Ns are for overall estimates only.

Table 4.2 Percentages for perceived harm of marijuana teen use and polysubstance use overall

Perceived risk of harm	No risk	Slight risk	Moderate Risk	Great risk	Not Sure
Perceived risk of harm with teens using marijuana once or twice a week (n=9,437)	16.6	28.2	28.0	27.2	NA
Perceived risk of harm when people take two or more substances together or within an hour or two (n=9,474)	3.2	6.3	18.3	65.0	7.3

Table 4.3 Estimates (percentages) for perceived harm of marijuana teen use and polysubstance use by age group

Perceived risk of harm	Age Range				
	18-25	26-30	31-40	41-60	61 +
Perceived moderate or great risk of harm with teens using marijuana once or twice a week (n=9,437)	37.7	44.6	48.4	57.8	67.5
Perceived moderate or great risk of harm when people take two or more substances together or within an hour or two (n=9,474)	73.7	78.7	83.5	85.0	86.9

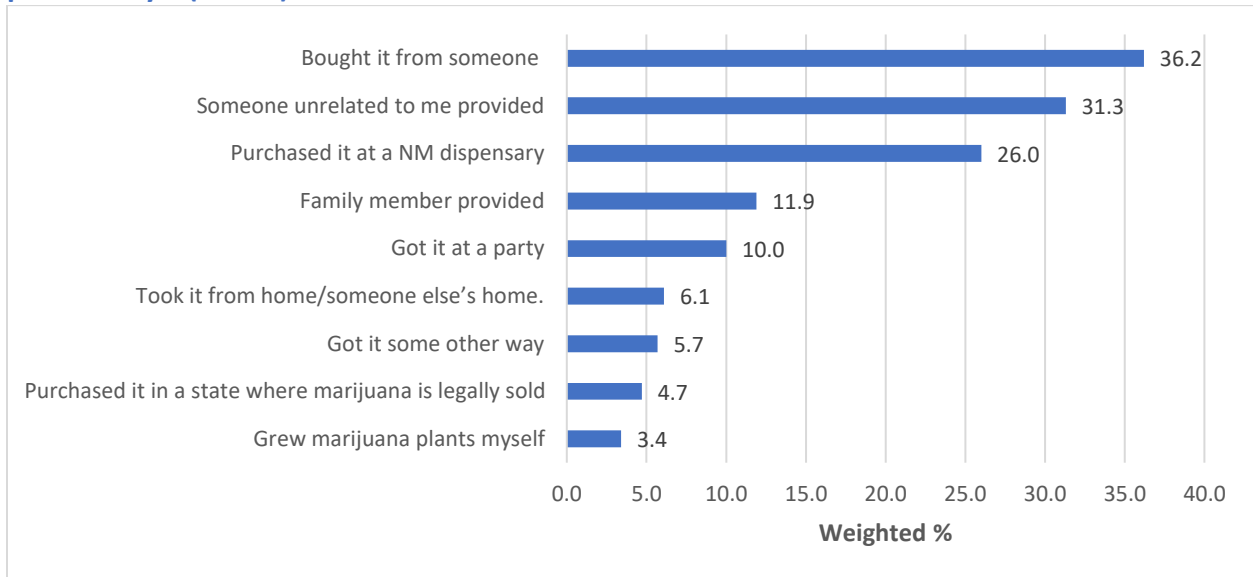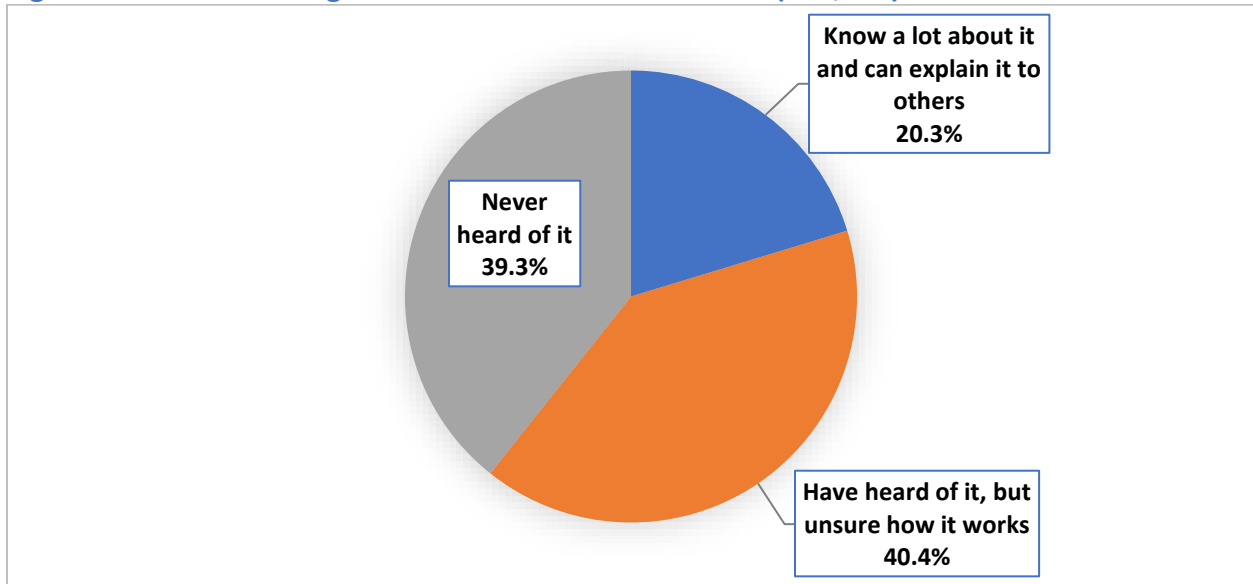**Figure 4.1 Sources of marijuana for 18-20 years old respondents who reported using it in the past 30 days. (n=120)**

Source	Weighted %
Bought it from someone	36.2
Someone unrelated to me provided	31.3
Purchased it at a NM dispensary	26.0
Family member provided	11.9
Got it at a party	10.0
Took it from home/someone else's home.	6.1
Got it some other way	5.7
Purchased it in a state where marijuana is legally sold	4.7
Grew marijuana plants myself	3.4

Figure 4.2 Understanding of the NM Good Samaritan Law (n=9,621)

Know a lot about it and can explain it to others 20.3%

Never heard of it 39.3%

Have heard of it, but unsure how it works 40.4%

V. Parental behaviors

Table 5.1 Parents/guardians of minors residing in household reporting providing ATOD to a minor last year.

Behaviors	Overall	% Female	Male
Parents who reported providing alcohol to a minor (n=3,825)	5.3	4.8	5.9
Parents who reported sharing Rx drugs (n=3,679)	8.0	7.7	8.4
Parents who reported locking up Rx pain medication*(n=1,940)	53.6	55.2	52.1

*Excluding respondents who indicate they have not received prescription painkillers in the past year from this estimate.

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

Table 6.1 Past 30-day prevalence (percentages) of substance use behaviors by gender and age.

Behaviors	Female			Male		
	18-25	26-60	61+	18-25	26-60	61+
Alcohol use	49.4	50.1	36.4	58.0	59.5	43.8
Binge drinking	21.4	15.5	5.0	27.6	25.3	8.2
Driven under influence	4.0	2.4	0.7	6.9	5.5	1.3
Rx pain med improper use	7.0	5.0	2.5	16.1	7.7	2.7
Methamphetamine use	3.0	3.3	0.4	7.9	4.8	0.8

Results: Non-Core Modules

Opioid Module

Opioid Table 1. Knowledge about family members/friends who use Rx pain medications or heroin.

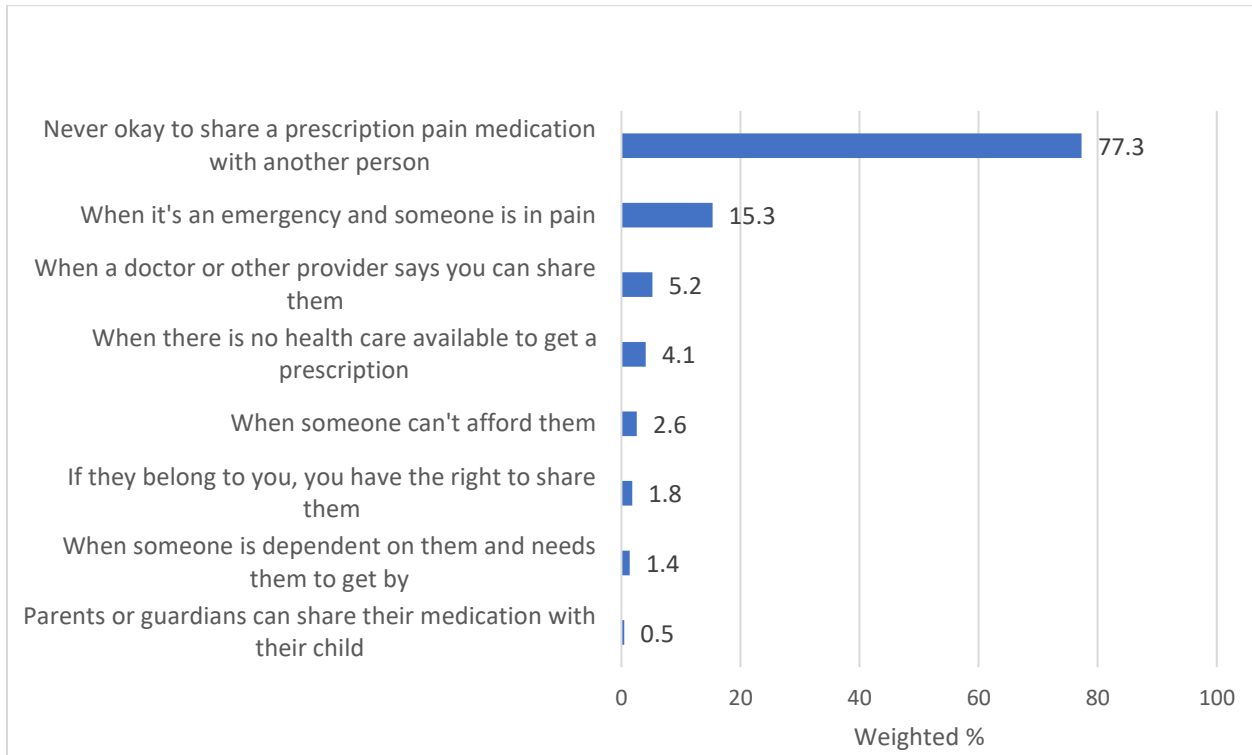| Opioid use by family and friends	% of Yes
Having family members or friends who often use Rx pain medication (n=584)	24.1
These family members or friends are at risk of overdose (n=154)	53.1
Some of these family members or friends live with you (n=155)	14.2
Having family members or friends who often use heroin (n=579)	17.7
These family members or friends are at risk of overdose (n=125)	91.1
Some of these family members or friends live with you (n=125)	18.6

Opioid Table 2. Access to and knowledge about Naloxone/Narcan.

Naloxone access	% of Yes
Have Naloxone/Narcan (n=578)	20.3
Know how to get Naloxone/Narcan (n=575)	34.5
Know how to use Naloxone/Narcan (n=576)	33.2

Opioid Table 3. Endorsement of issues related to opioid use.

Opinions	% of Agree or strongly agree
Medical treatment can help people with opioid use disorder lead normal lives (n=568)	86.0
My community is not doing enough to prevent opioid misuse and addiction (n=555)	80.5
Support increasing public funding for opioid treatment programs in my community (n=567)	88.4

Opioid Figure 1. Opinions about sharing Rx pain medications with others (n=572).

Horizontal bar chart, X-axis labeled "Weighted %" ranging 0 to 100:

- Never okay to share a prescription pain medication with another person: 77.3
- When it's an emergency and someone is in pain: 15.3
- When a doctor or other provider says you can share them: 5.2
- When there is no health care available to get a prescription: 4.1
- When someone can't afford them: 2.6
- If they belong to you, you have the right to share them: 1.8
- When someone is dependent on them and needs them to get by: 1.4
- Parents or guardians can share their medication with their child: 0.5

Marijuana/Cannabis Module

Marijuana Table 1. Means and percentages of marijuana use behaviors overall and by gender.

Behaviors		% of Yes	
	Overall	Female	Male
Past 30-day drove under the influence of marijuana (n=2,178)	8.0	7.4	8.4
Marijuana stored in a locked location* (n=637)	52.2	55.7	48.8
Past year shared marijuana with underage youth (n=2,174)	3.0	3.0	2.7

Note. Ns are for overall estimates only.
*Excluding respondents who have no marijuana from this estimate.

Marijuana Table 2. 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=2,193)	16.5	21.8	22.0	13.3	26.4
Likelihood of being stopped by police if driving under the influence of marijuana (n=2,189)	9.6	23.3	29.4	16.4	21.4
Opinions	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
OK for someone to provide marijuana to someone under 21 (n=1,516)	56.7	20.3	16.1	4.0	2.9
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=1,517)	52.6	26.7	3.5	1.3	15.9

Marijuana Table 3. Endorsement of issues related to marijuana use.

Opinions	Strongly disagree	Disagree	% Not sure	Agree	Strongly agree
Support local efforts to prevent marijuana use by teens. (n=1,516)	3.9	5.6	19.4	33.4	37.7
Driving under the influence of marijuana is a problem in my community. (n=1,516)	3.8	7.0	50.8	22.3	16.1
Marijuana use by teens is a problem in my community. (n=1,517)	5.1	5.9	39.6	26.9	22.5
	Very Safe	Somewhat Safe	Not Sure	Somewhat Unsafe	Very Unsafe
How safe for someone driving under the influence of marijuana (n=1,516)	2.3	8.6	17.1	25.6	46.4

Marijuana Figure 1. Methods of marijuana use. (n=555)
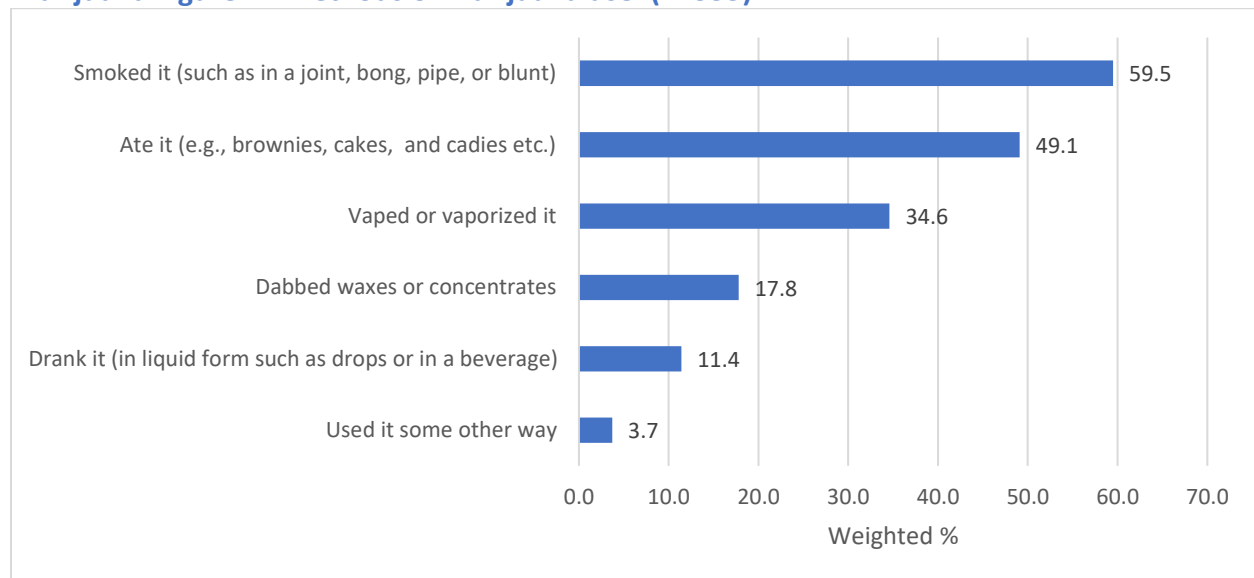
Marijuana Figure 2. Reasons for marijuana consumption by respondents who reported using it in the past 30 days (n=560).
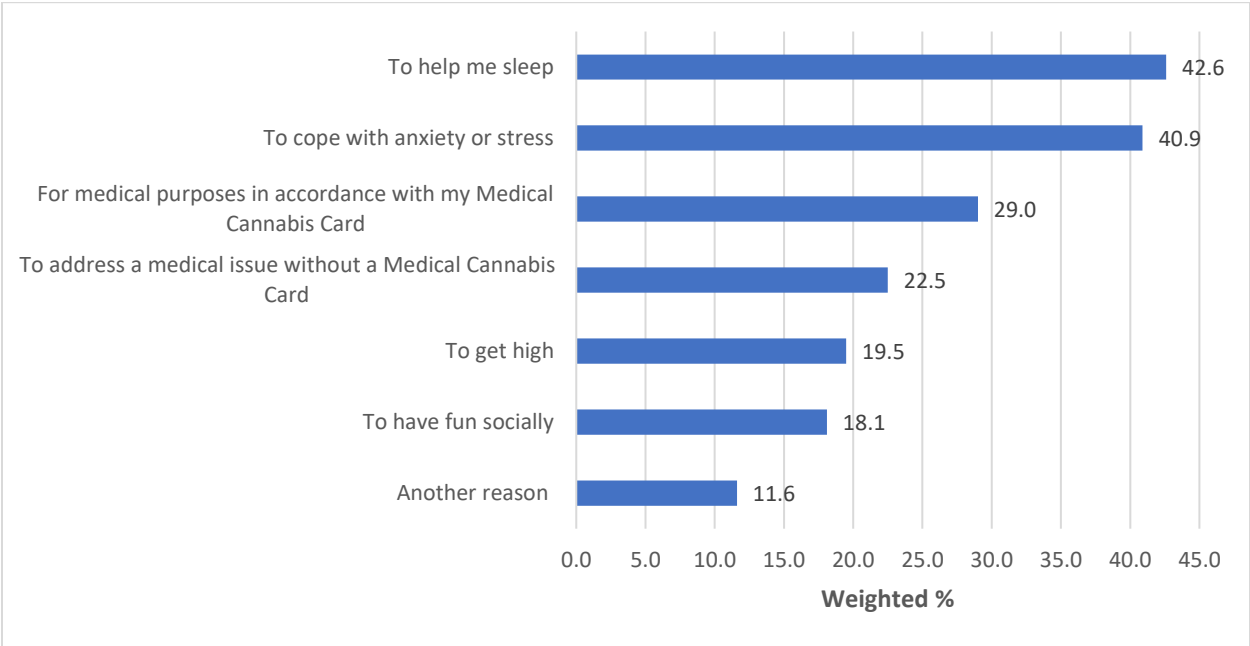
Community Module

Community Table 1. Distribution of responses in community module.

Opinions	%		
	Disagree	Neutral	Agree
Underage drinking is a problem in my community (n=1,217)	10.4	26.1	63.5
Support local law enforcement efforts to prevent underage drinking (n=1,218)	7.4	10.9	81.7
Heavy drinking is a problem in my community (n=1,218)	8.2	28.6	63.3
Support local efforts to prevent heavy drinking (n=1,218)	4.0	13.5	82.5
Drinking and driving is a problem in my community (n=1,218)	6.1	17.3	76.6
Support local law enforcement efforts to prevent drinking and driving (n=1,219)	2.9	7.5	89.6
I support the enforcement of laws prohibiting serving the intoxicated (n=1,217)	3.2	8.2	88.6
The overuse of alcohol harms the personal safety and well-being of community members (n=1,221)	3.4	7.9	88.7
I support efforts to reduce the number of places that sell alcohol in my community (n=1,219)	19.7	29.8	50.6
Past year experienced problems associated with alcohol misuse in my community (n=1,218)	26.4	26.5	47.1

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

Community Figure 1. Opinions about when OK to provide alcohol to minors. (n=1,198)

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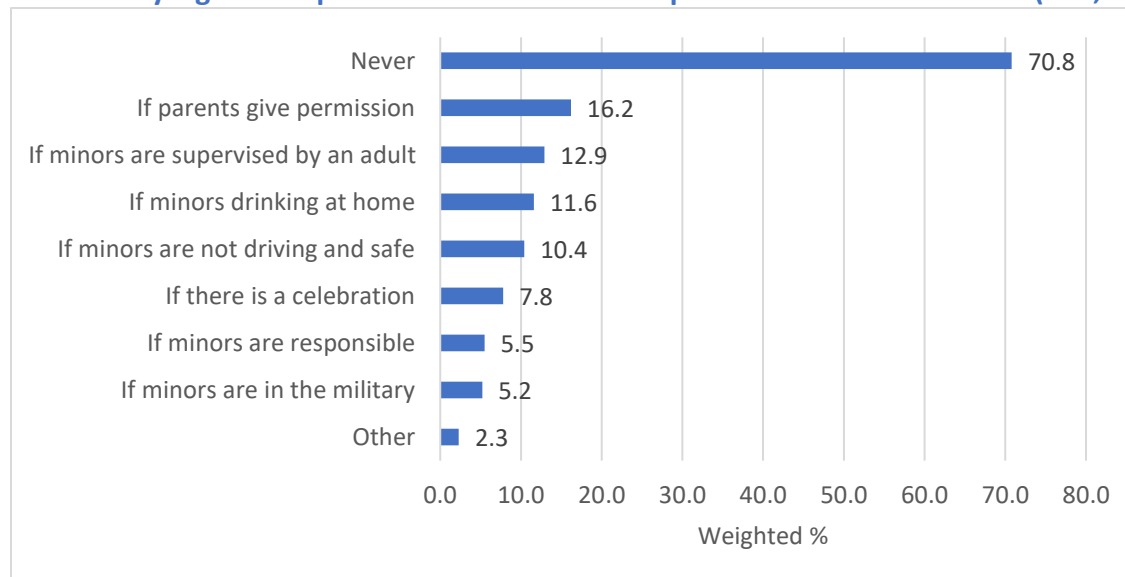
Mental Health Module

Mental Health Table 1. Percentages of mental health indicators overall and by gender

Indicators	%		
	Overall	Female	Male
Met critical threshold for serious mental illness* (n=1,698)	12.5	12.6	11.5
Self-identified having mental health or drug/alcohol problems in the past year (n=1,707)	26.6	29.3	22.5
Sought help on mental health or drug/alcohol problems in the past year (n=1,700)	19.7	21.3	16.8
Received help from someone (non-family or friends) if having sought help last year (n=375)	82.5	85.3	77.3
Access to help among people who received help from non-family or friends (n=306)			
In person	67.5	66.3	72.1
Hotline	3.4	3.2	4.2
Telemedicine (self-pay)	4.4	4.7	2.7
Telemedicine (insurance pay)	20.7	24.1	13.0
Text therapy	4.0	1.6	8.0
Had difficulty accessing treatment for mental health or substance abuse problems (n=1,695)	9.5	9.3	8.5
Suicidal thoughts in the past year (n=1,703)			
Yes	11.0	9.6	11.2
Not Sure	8.6	9.4	7.8
Suicide attempt in the past year (n=1,705)			
Yes	2.8	1.6	3.6
Not Sure	2.9	2.2	3.6
Suicide attempt by family member in the past year (n=1,701)			
Yes	7.4	7.0	8.1
Not Sure	6.5	6.6	6.2
Past 30-day average days that having poor physical or mental health keep you from doing usual activities (Mean & Std Error) (n=1,542)	3.5 days (0.2)	3.7 days (0.2)	3.0 days (1.8)

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

PFS2020 Module

PFS2020 Table 1. Percentages of substance use overall and by gender.

Behaviors	Overall	% Female	Male
Methamphetamine*			
Past 12-month use (n=5,008)	2.3	2.1	2.7
Past 30-day use (n=8,149)	3.2	2.3	4.1
Heroin past 30-day use (n=5,011)	0.9	0.5	1.3
Fentanyl past 30-day use (n=4,975)	1.5	1.0	2.0
Polysubstance**			
Past 12-month use (n=8,131)	9.6	7.9	11.2
Past 30-day use (n=5,006)	7.1	6.1	7.9
Past 30-day use alcohol with other substances (n=4,986)	6.5	4.9	8.1
Past 30-day use alcohol with Rx opioids or Rx benzodiazepines (n=4,999)	1.8	1.6	2.2

Note. Ns are for overall estimates only.

*The past 12-month use measure was administered to the PFS20 communities only, whereas the past 30-day use measure was the state sample.

**The past 12-month use measure was the state sample, whereas the past 30-day use measure was administered to the PFS20 communities only.

PFS2020 Table 2. Percentages of perceived risk of harm using two or more substances.

Risk of harm	No Risk	Slight risk	Moderate risk	Great risk	Not Sure
Perceived risk of harm when people use two or more substances together or within an hour or two (n=9,474)	3.2	6.3	18.3	65.0	7.3

Summary of 2023 Community Survey Findings

In FY23, the number of valid respondents to the NMCS was again large (over 10,000) 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). The recent samples have also notably been more middle-aged, and less Latina/o than the general population, therefore the weighting on these variables has been crucial to help generate more accurate statewide estimates that are 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 2020-23 samples are more likely to reflect individuals recruited and willing to participate online than in the past), as well as the broader effect of the pandemic on people, communities, and institutions.

Summary Table 1 presents prevalence estimates from the NMCS starting in 2017. Across the years, about half of the weighted sample indicated drinking alcohol in the past 30 days, and about one-in-six adults engaged in binge drinking. The estimates for FY23 were slightly higher for both of these indicators than they were in FY19 (the year just prior to the pandemic). The drinking and driving rate estimate declined noticeably during the years when there was the most direct influence of the pandemic (2020-2022), but in FY23 it returned to the FY19 rate of 3.2%.

Summary Table 1. Alcohol indicator trends. (whole sample)

Alcohol Behavior Indicators	FY17	FY18	FY19	FY20	FY21	FY22	FY23
Percent Past 30-day alcohol use	47.6	46.9	46.7	49.9	52.3	52.2	50.0
Percent Past 30-day binge drinkers	16.3	14.4	16.1	14.9	15.8	16.0	16.6
Percent Past 30-day driven under the influence	3.5	3.7	3.2	2.8	2.5	2.6	3.2
Percent Past 30-day driven after 5+ drinks	2.8	2.8	2.7	2.5	2.3	3.0	NA

As shown in Table 2.2 of the Core Module findings, young adults ages 21-25 reported the largest percentage (29.8%) of binge drinking, closely followed by young adults aged 26-30 (25.9%). These two age groups also self-reported the highest percentage of driving under the influence of alcohol with 5.5% and 6.2% for these two groups (respectively) reporting having done so in the last 30 days. These findings continue to emphasize the importance of focusing alcohol misuse and harm reduction efforts on young adults.

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 seems to be far less common among minors. Summary Table 2 presents trend data on perception of risk and access measures from the NMCS. The perception of easy

social access to alcohol by underage people in FY23 is similar to FY22. Both estimates were substantially lower than prior to the pandemic, but higher than they had been during FY20 and FY21, which may be due to reducing social isolation practices. It is also noteworthy that perceptions concerning policing activities related to 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 reported staffing shortages across the state.

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	FY23
Percent Very Likely police breaking up teen drinking parties	18.5	17.8	18.1	16.6	14.2	13.2	13.4
Percent Very Likely police arresting adult providing alcohol to minor	26.2	26.2	26.3	24.0	21.9	21.0	19.3
Percent Very Likely being stopped if driving intoxicated	30.8	28.9	30.0	26.0	24.8	23.4	23.2
Percent Very Likely being convicted if being charged with DWI	NA	NA	NA	NA	NA	NA	38.3
Percent Very Easy social access to alcohol by teens	44.0	43.8	42.3	34.0	32.8	35.8	35.8
Percent Very Easy retail access to alcohol by teens	10.6	11.1	8.9	6.2	6.2	8.3	8.8
Percent provided alcohol to a minor in past year	3.9	2.9	2.4	3.0	2.7	2.5	4.1

The high percentage of respondents (67%) 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 49% of 18 to 20-year-olds agreeing with the statement compared to 75% of those over 70 (see Table 2.4).

Summary Table 3 examines prescription pain medication indicators over the past seven fiscal years. Past 30-day prescription pain medication use for any reason has been higher in the past three years than in the past and receiving a prescription in the past year continued to increase from a low of 18.6% in FY21 to 25% in FY23. This increase in use and availability is not necessarily a cause for concern, but the estimated rate of self-described prescription pain medication misuse in the past 30 days increased from 4.1% in FY22 to 5.9% in FY23 (there are not comparable data from earlier years) which may be noteworthy for those working to prevent access by youth, promote safe storage and not sharing, and to prevent accidental overdoses in their communities.

Summary Table 3. Prescription pain medication indicator trends. (whole sample)

Rx Pain Meds Indicators	FY17	FY18	FY19	FY20	FY21	FY22	FY23
Percent receiving a Rx pain meds in past year	28.0	25.9	24.1	23.9	18.6	22.6	25.0
Percent past 30-day Rx pain meds use for any reason	13.5	11.9	11.1	11.3	15.1	16.7	19.5
Percent past 30-day Rx pain meds use to get high	3.1	2.8	2.4	2.4	2.5	NA	NA
Percent past 30-day Rx pain meds misuse	NA	NA	NA	NA	NA	4.1	5.9

We asked respondents if, when prescribed prescription pain medications, they were also prescribed naloxone. As shown earlier in Table 3.2, 23% of participants indicated that they were prescribed naloxone when receiving a prescription. We also asked whether the health care provider spoke with them about the risks involved in using prescription pain medications, and 55% indicated that the healthcare provider talked with them about opioid safety, but only 34% indicated that their pharmacist spoke with them about safety. The difference between health care providers and pharmacists was less dramatic for conversations about proper opioid storage. Respectively, 35% and 29% of participants who were prescribed pain medications reported talking to their health care provider and pharmacist about safe storage practices.

The number of community members who completed items in the mental health module (an optional module for communities) was far fewer in FY23 than it was during the first three years of the pandemic (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 lingering effects of the pandemic including the associated shortage of medical and mental health professionals to serve the higher levels of need. About 27% of these survey respondents reported mental health or drug/alcohol concerns in the last year, which was lower than the estimates for the past three years, but still much higher than estimates before 2020. The pattern was similar for the percentage of New Mexicans who sought help for behavioral health issues (20%); this estimate was lower than the first three years of the pandemic but higher than the three years before that point. It is concerning that nearly 3% indicated having made a suicide attempt in the past year, and over 7% indicated having a family member who had attempted suicide during the past year. Behavioral health issues clearly affect everyone, and there is clear need for policies and practices that promote health and wellness and prevent substance misuse and mental illness.

Summary Table 4. Mental health indicator trends.

Indicators	FY17 N=4,780	FY18 N=2,098	FY19 N=1,685	% FY20 N=3,361	FY21 N=5,410	FY22 N=5,421	FY23 N=2,179
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	26.6
Suicidal thoughts in the past year	4.9	8.2	7.7	11.2	11.7	9.2	11.0
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	19.7
Suicide attempt in the past year	NA	NA	NA	NA	1.7	1.0	2.8
Suicide attempt by family member in the past year	NA	NA	NA	NA	NA	4.3	7.4

Based on the responses to the two cannabis/marijuana-related items on the Core Survey (the full state sample), we estimate that almost 30% of adults had used marijuana in the past 30 days, and slightly more than a quarter thought that teens were at great risk of harming themselves if they use marijuana once or twice a week. Seven programs also chose to implement the marijuana module in FY23, and they recruited over 2,700 respondents. Based on those responses, we estimate that about 8% of adults had driven under the influence of marijuana in the past 30 days (note that this is over twice as high as the estimated rate of drinking and driving). These respondents also perceived a relatively low likelihood of legal consequences of marijuana consumption – about 16% thought a person would be very likely to be arrested for providing marijuana to underage youth (under 21), and just under 10% 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 (77%) thought that it was NOT OK to provide marijuana to underage youth, but more than half of respondents (53%) agree that teens have very easy access to marijuana. With the recent legalization of adult recreational marijuana use, the survey results indicate that it will be important to monitor issues related to marijuana closely, particularly the significant level of driving under the influence of the substance coupled with the relatively low level of perception that the police would stop a person driving under the influence of marijuana.

Between 2020 and 2022, the priority behavioral health issue for communities across New Mexico clearly was responding successfully to the pandemic. The strains on the behavioral health support system have been large, and this continues to be reflected in FY23 survey data indicating heightened substance use, high levels of mental health difficulties, and the continuing capacity concerns of community partners in law enforcement, health, education, etc. to help prevention providers meet community needs. Unfortunately, the rising rates of binge drinking and driving under the influence of alcohol, and misuse of prescription pain

medications demonstrate that the need for prevention in these target areas is growing at the moment. The positive trend in mental health indicators is good news, but these rates are still above pre-pandemic levels so remain of great concern. Fortunately, the survey results consistently have indicated across time that there is strong community support for prevention (as well as treatment) activities to help address these issues.