

New Mexico Community Survey 2025

State-Level Summary Findings Sheet

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 2023 indicated there were over 1.6 million NM residents who were 18 and older. Of the entire population, just over half (50.4%) were female, just under half (48.6%) were Hispanic/Latino, 47.5% were white, and 9.3% were Native American/Alaskan Native representing at least 22 different tribes. Among the population ages 25 and above, 32% had a college bachelor's

degree. The median household income was \$62,268 and 14.3% of New Mexicans were living at or below the poverty line¹.

Data Collection Methods 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 use 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. The COVID-19 pandemic limited the ability of communities to use this approach in 2020 and 2021. Subsequent in-person recruitment often has used materials with QR codes linked to the survey, and therefore the data are not collected in person (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 receive training on data collection methodology and how to maintain respondents' confidentiality while completing the survey. Prevention communities are asked to track their data collection process 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.

In 2025, a total of 1,561 surveys were collected using this methodology of direct data collection, which constitutes 24.2% 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 complement the in-person convenience sample, an on-line version of the survey was administered using the Alchemer survey software platform. This has been the predominant survey administration methodology in recent years. Recruitment ads were placed online, targeting NM residents who are 18 and older. Prevention providers also promoted the online

¹ All New Mexico demographic statistics from the U.S. Census <https://data.census.gov/table>

survey through distribution and sharing of direct survey links or QR code via printed materials, emails, and social media platforms. In 2025, a total of 4,893 surveys were collected using the on-line survey.

This year the PIRE team collaborated with a local advertising and communications firm, SUNNY505, based out of Albuquerque, NM. With the help of SUNNY505, the New Mexico Community Survey launched new ad campaigns with new graphics and short reels in both English and Spanish. A total of 29 Facebook campaigns were launched through the NMCS Facebook Ad account, nineteen English and ten 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 young adults, males, and Spanish-speakers, as our experience has been 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 9 weeks, the paid Facebook/Instagram ads led to 15,450,705 impressions, 591,441 accounts reached, and 44,496 unique clicks on the survey link itself.

Three weekly incentives were offered to randomly selected individuals who completed the survey online. After completing the survey, respondents were invited to enter drawings for \$100 and \$500. This was optional and not all respondents chose to do so. Participants who wanted to enter the drawings were redirected to a different 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 winners on the NMCS 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. With the guidance and expertise from SUNNY505, a social media toolkit was developed and shared with our NMCS partners to enhance their local social media promotion.

Total Combined Sample

In FY2025, a total of 6,454 completed questionnaires were collected, a slightly lower number than the 6,942 collected in FY24. All 33 counties were represented in the data, although nine counties had less than 25 respondents (all nine counties were not OSAP-funded). Importantly, 75.8% of the sample in FY2025 participated online, in comparison to 79.9% 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 Sample demographics

Characteristics	Number of eligible respondents (N=6,454)		
	Unweighted n	Unweighted %	Weighted %
Age			
18-20	364	5.7	5.6
21-25	496	7.7	8.2
26-30	493	7.7	7.9
31-40	1,052	16.4	16.6
41-50	1,064	16.6	16.1
51-60	1,102	17.2	15.3
61-70	986	15.4	15.6
71 or older	855	13.3	14.8
Gender			
Female	3,063	66.1	49.5
Male	1,469	31.7	48.0
Transgender, Nonbinary/Gender nonconforming, Two Spirit, or other gender category	44	0.9	1.5
Prefer not to answer	57	1.2	1.0

Sexual Orientation			
Straight/heterosexual	3,825	85.4	85.3
Lesbian/gay	142	3.2	3.8
Bisexual	191	4.3	3.9
Queer/pansexual/questioning	85	1.9	1.7
Different identity	36	0.8	0.9
Prefer not to answer	237	5.3	5.3
Race/Ethnicity			
Asian	102	1.6	1.1
Black or African American	183	2.9	2.0
Hispanic or Latino	2,411	38.7	47.7
Native American	929	14.9	9.9
Native Hawaiian or Other Pacific Islander	45	1.7	0.4
White	2,947	47.3	42.0
Other	139	2.2	1.4
Household Language Spoken Throughout the Day			
English	3,442	76.4	73.0
Spanish	704	15.6	21.3
A Native American language	286	6.3	4.3
Other language	76	1.7	1.4
Education Level			
Less than high school	336	5.5	6.4
High school or GED	1,462	23.8	25.0
Currently an undergraduate	397	6.5	6.4
Some college	1,496	24.4	24.4
College or above	2,447	39.7	37.8
Parent/Caretaker of Someone Under 21 Living in the Household	1,905	35.8	34.8
Children's Age			
Under age 5	557	31.3	30.2
5-11	864	47.7	46.9
12-17	847	46.5	45.3
18-20	307	17.5	16.3
Past 30-Day Housing Stable	5,076	96.3	96.0
Number of Spanish Surveys	276		

The most noteworthy demographics of the 2025 overall sample were the disproportionately low percentages of adult residents who were males and Hispanics.

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 Alcohol use behaviors overall and by gender

Behaviors	Overall			Female	Male
	%	Mean (Std Error)	Range	%	%
# of drinks in a week (n=5,028)		2.2 (0.1) drinks	0-150		
Past 30-day alcohol use (n=5,101)	44.6	NA	NA	38.2	50.9
Past 30-day binge drinking					
All respondents (n=5,953)	16.5	0.9 (0.1) times	0-100	12.0	22.2
Current users* only (n=2,131)	38.0	2.1 (0.2) times	0-100	31.7	45.2
Past 30-day driven under the influence					
All respondents (n=5,900)	3.7	0.1 (0.01) times	0-30	2.7	5.2
Current users* only (n=2,137)	9.0	0.3 (0.03) times	0-30	7.2	10.6

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

Table 2.2 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	50.3	28.9	9.3
18-20	34.8	19.0	5.7
21-25	60.4	35.3	11.7
26-30	57.9	28.0	8.1
31-40	50.6	20.7	4.8
41-50	48.0	15.7	2.2
51-60	44.9	15.5	2.0
61-70	33.0	8.7	1.4
71+	31.8	4.4	0.7

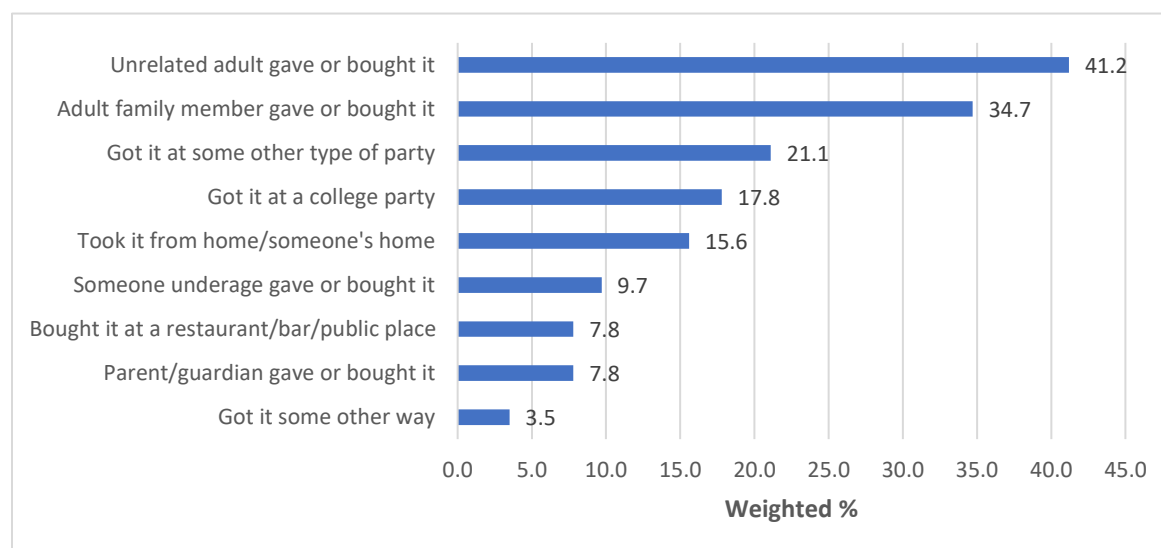
Table 2.3 Community perception of risk, adult social access and community concerns about alcohol

Perception of risk/legal consequences	Very likely	Somewhat likely	% Not very likely	Not at all likely	Don't know
Likelihood of police arresting an adult for giving alcohol to someone under 21	19.4	25.3	22.0	10.0	23.3
Likelihood of being stopped by police if driving after drinking too much	23.5	34.0	20.8	7.0	14.6
Financial harm	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Problems due to alcohol use hurt community financially	8.9	4.0	20.4	38.0	28.7
Access to alcohol	Very easy	Somewhat easy	Somewhat difficult	Very difficult	Don't know
Ease of access to alcohol by teens in the community	39.1	33.2	9.7	3.2	14.8
Social Access	Total	Female		Male	
Provided alcohol to minors in past year	3.3	2.4		3.7	

Table 2.4 Community perceptions of risk and legal consequences related to alcohol use, and community concerns 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	17.6	22.5	20.6	15.5	18.4	14.4	13.2	13.8	9.6
Past year purchasing and/or sharing of alcohol with a minor (Yes)	7.8	9.5	8.8	4.8	3.6	3.0	2.1	0.5	1.1
Perception of risk/legal consequences									
Very or somewhat likely for police to arrest an adult for giving alcohol to someone under 21	52.2	55.8	54.5	56.5	62.8	55.2	60.3	57.3	58.9
Very or somewhat likely to be stopped by police if driving after drinking too much	68.1	77.0	73.7	70.3	67.9	66.1	67.4	64.1	62.1
Agree or strongly agree that problems due to drinking hurts community financially	45.8	62.7	56.1	67.0	66.7	66.9	71.4	69.9	70.2

Figure 2.1 Sources of alcohol for respondents 18-20 years old who reported drinking alcohol in the past 30 days (n=82)



III. Prescription Pain Medication Outcomes and Intervening Variables

Table 3.1 Prescription pain medication use behaviors overall and by gender, and access to naloxone

Behaviors	Overall	Female	Male
Prevalence of receiving Rx pain medication past year (n=5,903)	23.1	23.9	21.2
Past 30-day Rx pain medication use for any reason (n=5,857)	18.4	18.9	17.4
Past 30-day pain medication improper use			
All respondents (n=5,883)	5.9	5.4	7.3
Current users* only (n=1,046)	32.2	28.5	42.6
Naloxone Access	% of Yes	Not Sure	
Have access to naloxone when having used pain medication in the past 30 days (n=815)	31.0	8.0	

Note. Ns are for overall estimates only.

* Current users: anyone who has used Rx pain medication in the past 30 days.

Table 3.2 Prescription pain medication use behaviors by age groups

Ages	Prevalence of receiving Rx pain meds past year (n=5,867)	Past 30-day Rx pain med use for any reason (n=5,822)	Past 30-day Rx pain med improper use (n=5,847)
18-25	21.7	18.8	11.3
26-30	17.0	17.0	9.2
31-40	20.3	14.2	6.5
41-50	18.7	15.4	4.2
51-60	24.1	18.7	4.9
61-70	28.9	23.2	3.8
71 +	28.5	21.6	3.2

Table 3.3 Community perceptions of prescription pain medication risk of harm and social access

Risk of Harm	%				
	No risk	Slight risk	Moderate Risk	Great risk	Not Sure
Perceived risk of harm with misusing Rx pain meds (n=5,703)	5.5	13.8	30.6	50.1	
Perceived risk of harm with using Rx pain medication and Rx benzodiazepine together (n=4,965)	5.2	6.4	17.2	55.1	16.1
Social Access	Yes		No		
Giving or sharing Rx pain meds in past year (n=5,685)	4.9		95.1		
Rx pain meds stored in locked box or cabinet* (n=2,277)	43.3		56.7		

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

Table 3.4 Community perceptions of prescription pain medication risk of harm and social access 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 pain medicine	70.6	77.4	78.7	82.6	82.7	86.0	84.5
Perceived moderate or great risk of harm with using Rx pain medication and Rx benzodiazepine together	69.2	73.6	73.0	76.1	72.8	75.7	65.6
Social Access							
Giving or sharing Rx pain medication in past year	8.7	8.0	6.3	3.6	3.9	2.6	3.3
Rx pain medication stored in locked box or cabinet*	45.7	44.2	48.9	43.5	42.8	39.1	37.9

* Excluded respondents who indicated they had no prescription painkillers from this estimate.

Figure 3.1 Reasons for prescription pain medication use in the past year (n=1,720)

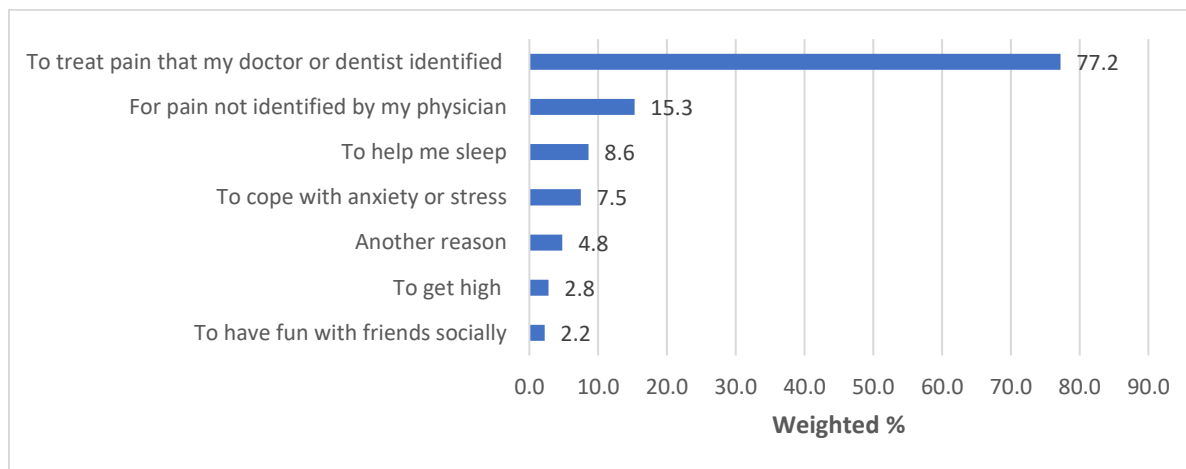
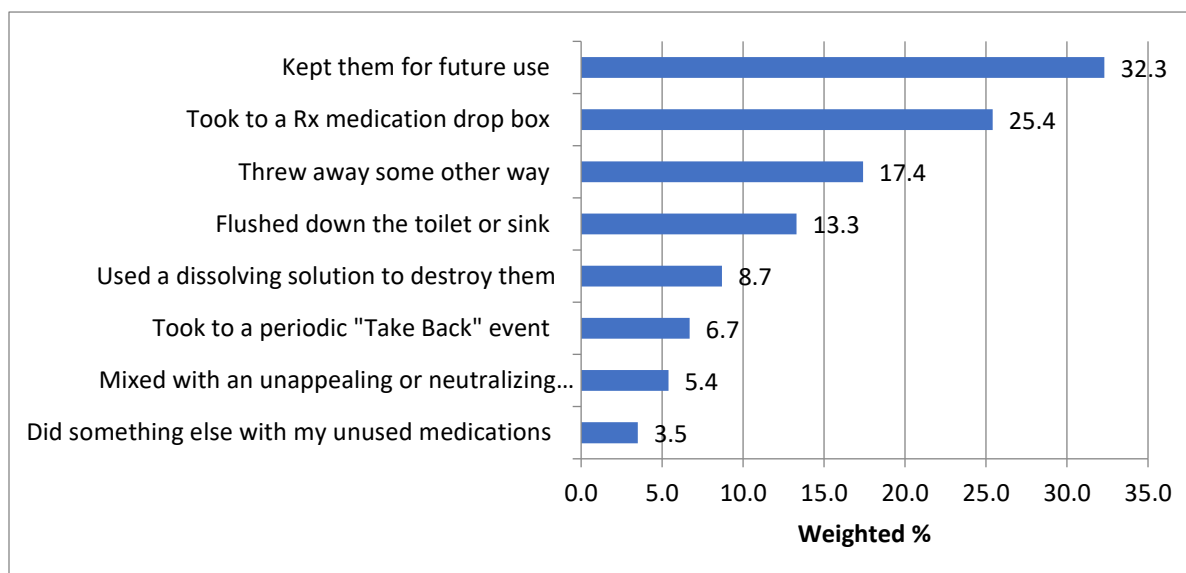


Figure 3.2 Past year handling of unused or expired prescription pain medication at home (n=1,345)



IV. Cannabis/Marijuana and Polysubstance Use

Table 4.1 Cannabis use overall and by gender, Cannabis social access, and Polysubstance use overall and by gender.

Behaviors	% of Yes		
	Overall	Female	Male
Past 30-day cannabis/marijuana use (n=5,763)	22.4	20.2	24.5
Cannabis/Marijuana stored in a locked location* (n=1,556)	46.2	46.4	46.6
Past year shared cannabis/marijuana with underage youth (n=5,221)	4.0	3.4	4.7
Past 12-month polysubstance use (n=3,915)	8.8	6.6	11.4
Past 30-day use alcohol with other substances (n=3,751)	7.2	5.7	9.0

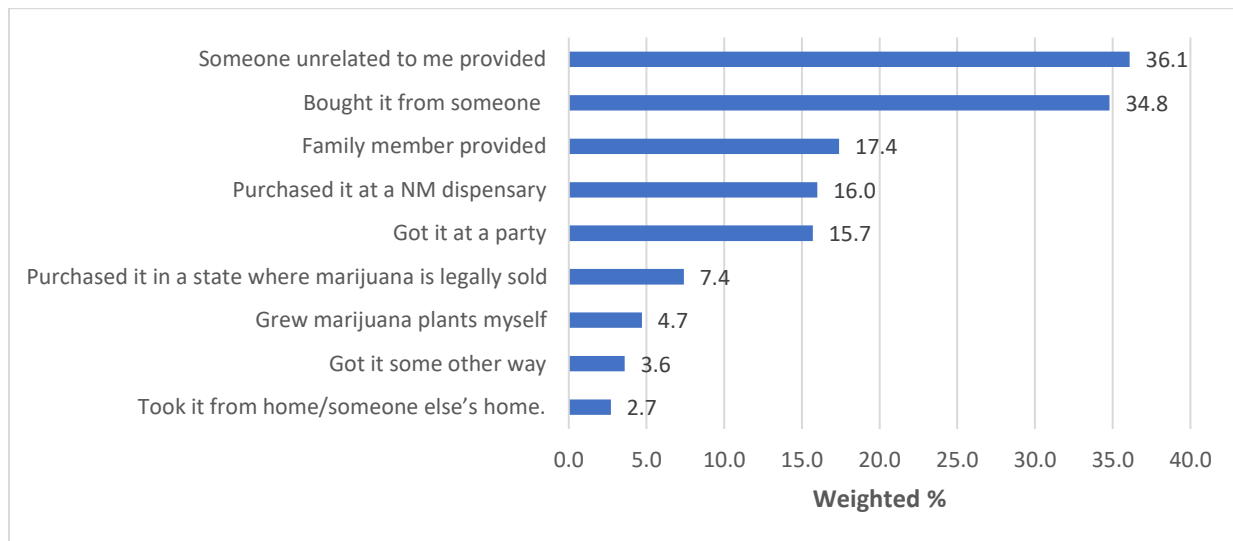
Note. Ns are for overall estimates only.

* Excluded respondents who indicated they had no cannabis/marijuana from this estimate.

Table 4.2 Perceived harm of polysubstance use overall and by age

Perceived risk of harm	No risk	Slight risk	Moderate Risk	Great risk	Not Sure
Perceived risk of harm when people take two or more substances together or within an hour or two (n=5,697)	4.7	5.5	17.4	60.2	12.2
	Age Range				
	18-25	26-30	31-40	41-60	61+
Perceived moderate or great risk of harm when people take two or more substances together or within an hour or two (n=5,662)	75.5	75.9	77.2	80.3	76.5

Figure 4.1 Sources of cannabis/marijuana for 18-20 years old respondents who reported using it in the past 30 days (n=94)



V. Parental Behaviors

Percentages are provided below for overall sample, and by gender, for parents with minors residing in households for select behaviors.

Table 5.1 Parental Behaviors

Behaviors	Overall	% Female	Male
Parents who reported providing alcohol to a minor (n=1,771)	4.1	3.9	5.0
Parents who reported sharing Rx drugs (n=1,747)	5.7	5.7	6.8
Parents who reported locking up Rx pain medication*(n=764)	52.1	50.4	53.4
Parents who stored cannabis/marijuana in a locked location** (n=484)	61.2	60.7	61.1
Parents who reported sharing cannabis/marijuana with underage youth past year (n=1,689)	3.9	4.7	4.3

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

**Excluding respondents who had no cannabis/marijuana from this estimate.

Results: PFS2020 Module

Please Note: The Optional Modules were removed from this year's data collection strategy. The PFS20 Module continued to be included, and it was implemented with online participants from the NM PFS20 counties: Bernalillo, Doña Ana, San Juan, Valencia, Sandoval and Santa Fe.

PFS2020 Table 1 Substance use behaviors overall and by gender

Behaviors	% Overall Female Male		
	Overall	Female	Male
Methamphetamine Past 12-month use (n=1,181)	5.3	5.5	6.3
Heroin past 30-day use (n=1,055)	3.5	3.2	5.1
Fentanyl past 30-day use (n=1035)	4.8	4.0	6.1
Polysubstance			
Past 30-day use (n=1,032)	8.1	6.1	10.7
Past 30-day use alcohol with Rx opioids or Rx benzodiazepines (n=1,025)	5.0	3.9	7.9

Note. Ns are for overall estimates only.

Summary of 2025 Community Survey Findings

The number of valid respondents to the NMCS has been appreciably lower in the past two years than it had been in preceding years, but still remained relatively large (almost 6,500 state residents) 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 less Hispanic or Latino, and often more middle aged 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 2020-25 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, particularly between 2020 and 2022.

Summary Table 1 presents prevalence estimates from the NMCS for the past eight years. 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 drinking rate noticeably increased during the years that were most influenced by the pandemic, but has returned to a level just below the rate before the pandemic with 45% indicating past 30-day use in FY25. The binge drinking rate, on the other hand, has consistently been about 16% for the past five years. The drinking and driving rate estimate declined noticeably during the years when there was the most direct influence of the pandemic (2020-2022), in FY25 it decreased slightly to 3.7% from 4% in FY24, which was similar to the estimates prior to the pandemic.

Summary Table 1 Alcohol behavior trends

Alcohol Behavior Indicators	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25
Percent Past 30-day alcohol use	46.9	46.7	49.9	52.3	52.2	50.0	45.7	44.6
Percent Past 30-day binge drinking	14.4	16.1	14.9	15.8	16.0	16.6	16.5	16.5
Percent Past 30-day driven under the influence	3.7	3.2	2.8	2.5	2.6	3.2	4.0	3.7

As shown in Table 2.2 of the Core Module findings, young adults ages 21-25 reported the largest percentage (35%) of binge drinking, followed by young adults aged 26-30 (28%). The two age groups 21-25 and 26-30 also self-reported the highest percentage of driving under the influence of alcohol with 11.7% and 8.1% for these two groups (respectively) in the last 30 days. These findings continue to emphasize the importance of focusing alcohol misuse and harm reduction efforts on young adults.

As indicated in Figure 2.1, 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 alcohol-related risk and access measures from the NMCS. The perception of easy social access to alcohol by underage people dropped substantially during the pandemic (likely due to reduced social interaction during these years), but has returned to a level closer to the pre-pandemic years (39% in FY25). It is also noteworthy that perceptions concerning policing activities related to underage drinking and DUI have been lower since 2020 and have not started to go back up to pre-pandemic levels. This may be due to a variety of factors, including enforcement prioritizing other issues, and the related issue of staffing shortages.

Summary Table 2 Alcohol related perception of risk of getting caught and youth access to alcohol indicator trends

Alcohol Perception Indicators	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25
Percent Very Likely police arresting adult providing alcohol to minor	26.2	26.3	24.0	21.9	21.0	19.3	19.2	19.4
Percent Very Likely being stopped if driving intoxicated	28.9	30.0	26.0	24.8	23.4	23.2	23.2	23.5
Percent Very Easy social access to alcohol by teens	43.8	42.3	34.0	32.8	35.8	35.8	40.3	39.1
Percent provided alcohol to a minor in past year	2.9	2.4	3.0	2.7	2.5	4.1	2.8	3.3

The high percentage of respondents (67%) who agreed or strongly agreed that problems due to alcohol use caused financial harm to their community continued to indicate a high degree of support for prevention action in communities. This perception generally increased with age, with 46% of 18 to 20-year-olds agreeing with the statement compared to about 70% of those over 50 (see Table 2.4).

Summary Table 3 examines reported prescription pain medication behaviors over the past eight fiscal years. The estimates of past 30-day prescription pain medication use for any reason nearly doubled between 2020 and 2023, and remained well above pre-pandemic levels in FY25 (18% indicating past 30-day use). There is nothing inherently concerning about a high use rate (pain medications can have health benefits when properly used), but it does suggest greater need for efforts to prevent improper use due to the elevated numbers of people using these substances and the higher amounts of the substances potentially accessible in the community. The estimated rate of self-reported improper prescription pain medication misuse was 5.9% FY25, which underscores the importance of efforts to prevent unprescribed access and accidental overdoses in communities.

Summary Table 3 Prescription pain medication behavior trends

Rx Pain Meds Behavior Indicators	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25
Percent receiving a Rx pain meds in past year	25.9	24.1	23.9	18.6	22.6	25.0	23.9	23.1
Percent past 30-day Rx pain meds use for any reason	11.9	11.1	11.3	15.1	16.7	19.5	18.6	18.4
Percent past 30-day Rx pain meds use to get high	2.8	2.4	2.4	2.5	NA	NA	NA	NA
Percent past 30-day Rx pain meds misuse	NA	NA	NA	NA	4.1	5.9	5.2	5.9

We asked respondents if, when using prescription pain medications, they had access to naloxone. As shown earlier in Table 3.1, 31% of recent medication users indicated that they had naloxone, which was lower than the 35% rate in FY24.

The rate of storing prescription pain medications in locked boxes or cabinets was 43% in FY25, which was similar to FY24 (44%) (see Table 3.3). As shown in Table 3.4, the highest rate of locked storage was by those in the 31-40 age group (49%), and the rate dropped in older age groups to a low of 38% by participants aged 70 and above. The good news is that nearly half of the respondents report locked storage during years when being a parent of young children is most common, but the downside is that most adults do not report locked storage, especially older adults who may be more likely to have prescription medications.

As shown in Table 4.1, we estimated that 22% of New Mexico adults had used cannabis/marijuana in the past 30 days in FY25, which was down from 26% in FY24. Among the participants who reported having cannabis/marijuana products, less than half (46%) reported storing them in a locked location. Similar to alcohol social access, young adults 18-20 years old most frequently reported obtaining cannabis/marijuana from someone unrelated to them (36%; see Figure 4.1).

As preventionists across the state consider what issues to focus on related to alcohol and prescription medication misuse (the primary prevention focus areas for the state), we suggest that the most concerning recent results may be the persistent rate of reported binge drinking by a significant portion of adults, the perception that alcohol-related policing efforts have remained much lower than prior to the pandemic, and the increase in opportunity for prescription medication misuse coupled with less than half of the respondents indicating both that they have access to naloxone and that they store these medications in locked locations. Fortunately, the survey results across the years consistently have indicated that there is strong community support for prevention (as well as treatment) activities to help address these issues.