MULTI-YEAR PROGRAMMATIC REPORT TERMS FOR THE PFS 15 GRANT PERIOD (2015-2020)

State of New Mexico Strategic Prevention Framework - Partnerships for Success 2015
Grant#5U79SP020769-03

Submitted December 24, 2020

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Grant overview

Between 2015 and 2020, the New Mexico Human Services Department, Behavioral Health Services Division, and the Office of Substance Abuse Prevention (OSAP) implemented the Substance Abuse and Mental Health Services Administration's Strategic Prevention Partnership for Success (SPF PFS 2015) in four high need, low capacity counties and college campuses around the state to address two priorities: 1) underage drinking among persons aged from 12-20; and 2) prescription drug misuse among persons aged 12 to 25.

Four counties were identified for the grant service based upon a lack of prevention infrastructure, high percentage of persons living below the poverty line, low high school graduation rates, low literacy levels, and low median household income. Five universities were identified by similar criteria but had enacted limited prevention activities. The initial PFS15 communities included Chaves, Cibola, Curry, and Roosevelt Counties, and the following universities: The New Mexico Institute of Technology and Mines (NM Tech), New Mexico State University (NMSU), San Juan College (SJC), Santa Fe Community College (SFCC), and the University of New Mexico (UNM). SFCC was replaced in 2017 by the Institute of American Indian Arts (IAIA). While these nine communities shared several characteristics, their differences reflect the wider geographical and ethnic diversity of New Mexico.

For example, Chaves County in the southeastern region of New Mexico is mostly rural, with a total population of 64,866 comprised of a minority-majority population with approximately 54% Hispanic, and 40% White. According to the U.S. Census Bureau, 18.9% of the population is living in poverty. In Eastern New Mexico, of the 50,280 people who reside in Curry County, 2.0% are American Indian/Native American, 6.8% are African American/Black, 1.8% are Asian, 41.4% are of Hispanic or Latino origin, and 48.8% are non-Hispanic White. Roosevelt County, also on the eastern edge of the state, is a rural county bordering Texas. The estimated 18,743 county residents living in the county consist of 53.1% non-Hispanic White, 41% Hispanic, 3.6% African American, and 2.2% American Indian. In Northwest New Mexico, Cibola County is home to three Native American tribes—the Pueblo of Acoma, the Pueblo of Laguna, and the Ramah and To'hajiilee chapters of the Navajo Nation. Community members primarily identify as Native American (40.7%), Hispanic or Latino (37.5%), and White alone (45.8%) (Note that in NM and especially in this part of the state, people frequently will claim both Native American and Hispanic/Latinx heritage).

The members of the New Mexico Higher Education Prevention Consortium (NMHEPC) reflect a similar diversity. For example, San Juan College in the Northwest corner of the state enrolls 8,323 students of which 44% identify as White non-Hispanic, 31% identify as American Indian, and 17% identify as Hispanic. While the other campuses reflect similar demographics, the population of IAIA is 71% American Indian/Alaska Native, representing 93 Federal Tribes from 31 U.S. States. Seventy two percent of IAIA students are the first in their family to go to college.

The stated purpose and intention of this grant was to help these low capacity, high need communities build capacity for implementing local prevention strategies that would eventually

affect the larger population of New Mexico. Using the Strategic Prevention Framework as the core foundation, the state leadership team provided five years of training, technical assistance, and evaluation to help communities identify and build upon core strengths and capacities.

Instruments

The Annual Strategies for Success (ASFS) Survey provides youth estimates (ages 12-18), from students in middle school and high school in New Mexico. The ASFS was created to supplement the NM Youth Risk and Resiliency Survey (YRRS) data so local prevention providers may obtain more timely feedback on their prevention needs in the community. All PFS 15 county programs were supported to administer the ASFS each year. Other New Mexico Office of Substance Abuse Prevention (OSAP) providers also chose to participate, which contributed to the statewide sample data to report NM rates. Local prevention providers were encouraged to conduct the ASFS starting in 2017, but it was not always possible as schools must agree to conduct the surveys. For this reason, not all PFS 15 county programs participated the ASFS each year. ASFS estimates for 2019 and 2020 reported here for PFS15 programs come from the data of Curry and Roosevelt counties only, which participated in ASFS in two consecutive years collecting middle school and high school data. Finally, because the programs depend upon whether school administrators agree to participate in the survey, and what restrictions they assign to its administration, it is important to note that the high school sample for ASFS was generally lower in age than the high school sample for YRRS. Instruments, protocols and select county reports are available at www.nmprevention.org/Evaluation-Reports.html.

The **YRRS, Youth Risk and Resiliency Survey**, is the State of New Mexico's version of the CDC-supported Youth Risk Behavior Survey (YRBS). The YRRS is administered in high schools and middle schools throughout the state in the fall of every odd numbered year, with county level reports available the following year. For 2019, middle school YRRS results were not yet available from NMDOH for inclusion in this report. The YRRS PFS 15 results for this report reflect only the aggregate of four PFS 15 county programs (Chaves, Cibola, Curry and Roosevelt). Questionnaires and county level reports can be found at: http://www.youthrisk.org/.

The New Mexico Community Survey (NMCS) has been implemented in New Mexico since 2008. The goal of the NMCS is to track the prevalence of alcohol and other substance use and associated risk behaviors in communities among adults.. It is conducted every spring by OSAP-funded communities in NM, which may represent towns, tribal lands, colleges/universities or neighborhoods; however, they most often represent counties. The NMCS collects convenience samples from only NM residents who are 18 years of age or older through (1) time and venue-based in-person sampling and (2) online recruitment through an online survey platform, Qualtrics. NMCS state level results are weighted every year for reporting. Instruments, protocols and statewide reports are available at: www.nmprevention.org.

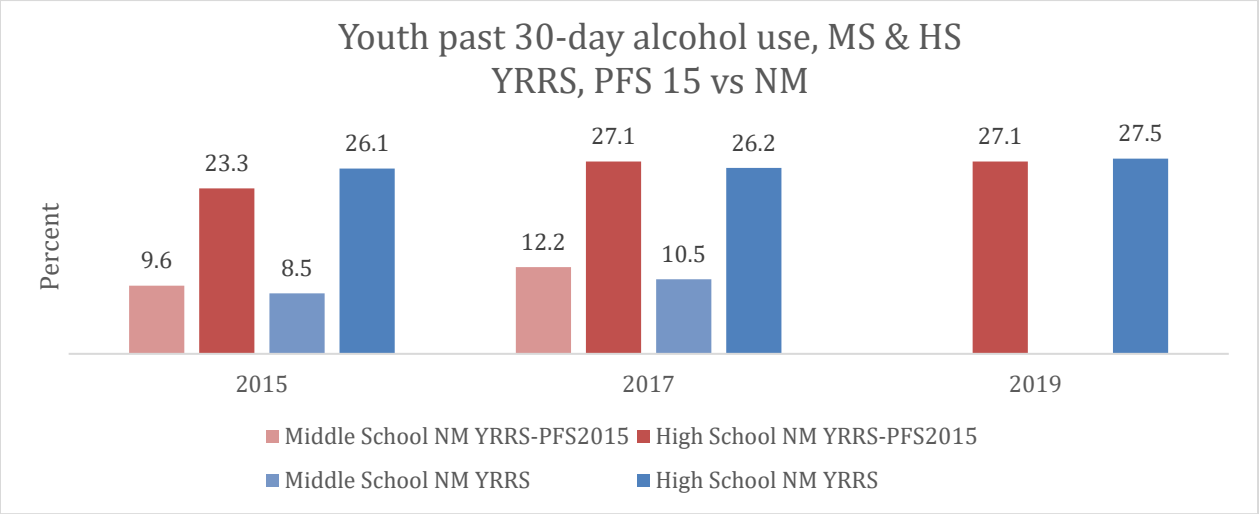
In this report, "PFS 15" consists of all adult respondents from the four counties and five colleges participating in the grant, while the aggregate of all NM participants consists of participants across the state. It is important to note that the 2020 NMCS represents a somewhat different sample than previous years. While data collection initiated before COVID-19 pandemic restrictions were put in place, the great majority of surveys were collected through online recruitment: social media posts, email lists and especially targeted advertising in social media and through fliers, posters or local newspaper ads. Therefore, there was very little in-person data collection, and some of the PFS 15 communities (primarily colleges in the New Mexico Higher Education Consortium) were unable to collect as large a sample as collected in the past.

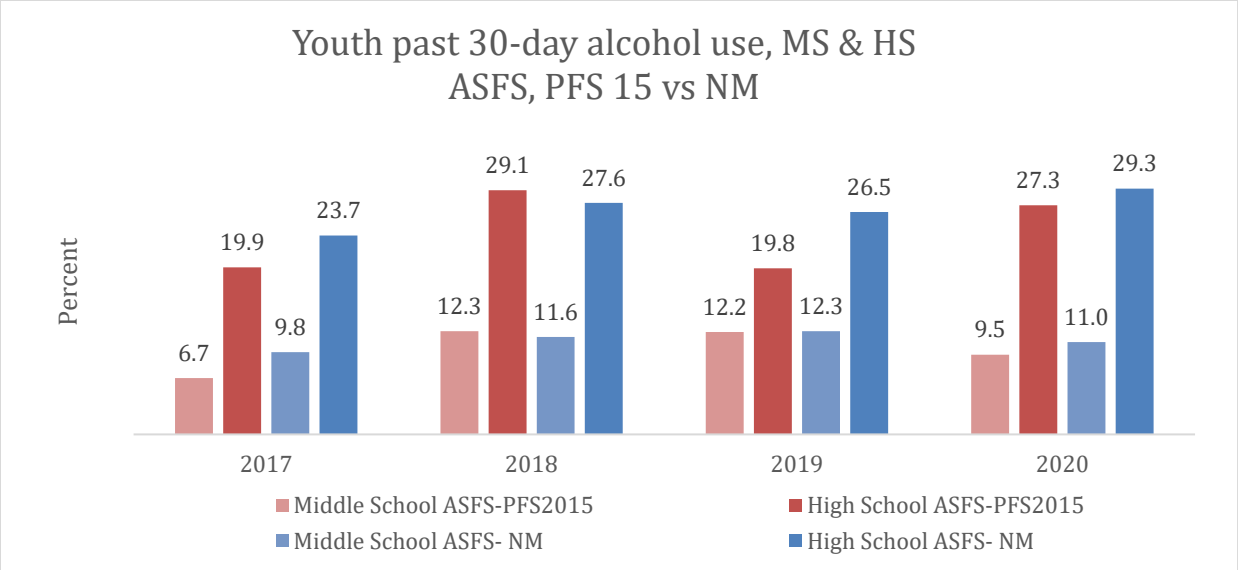
Goal 1: Prevent or reduce consequences of underage drinking

Consumption measures: Current Underage Drinking from ASFS (MS-HS), YRRS (MS-HS), NMCS (18-20)

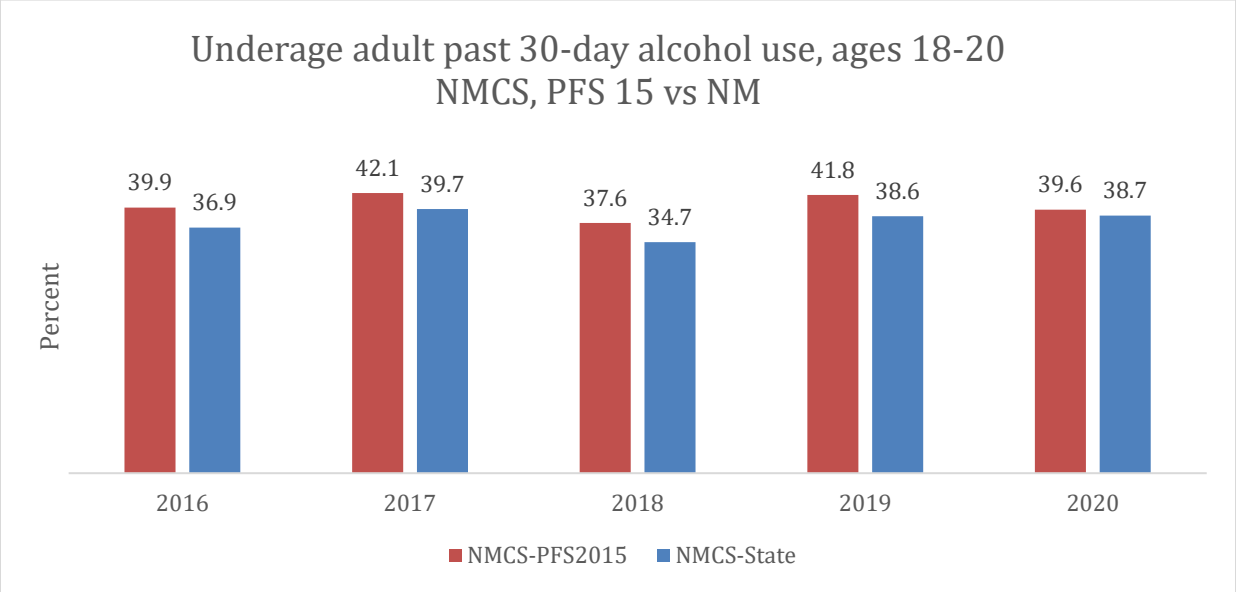
Objective 1.1: Reduce self-reported underage drinking and binge drinking among 12-to-20-year-olds by 10% in each of the SPF PFS 2015 funded communities by September 2020.

Past 30-day (current) drinking between 2017 and 2019 in the HS YRRS remained steady for PFS 15 communities after an initial increase between 2015 and 2017. The total sample of all NM HS respondents showed only very slight increases. 2019 MS data were not available for the YRRS at the time of reporting, but some increases were seen from 2015 to 2017 for the state and in the PFS 15 counties.



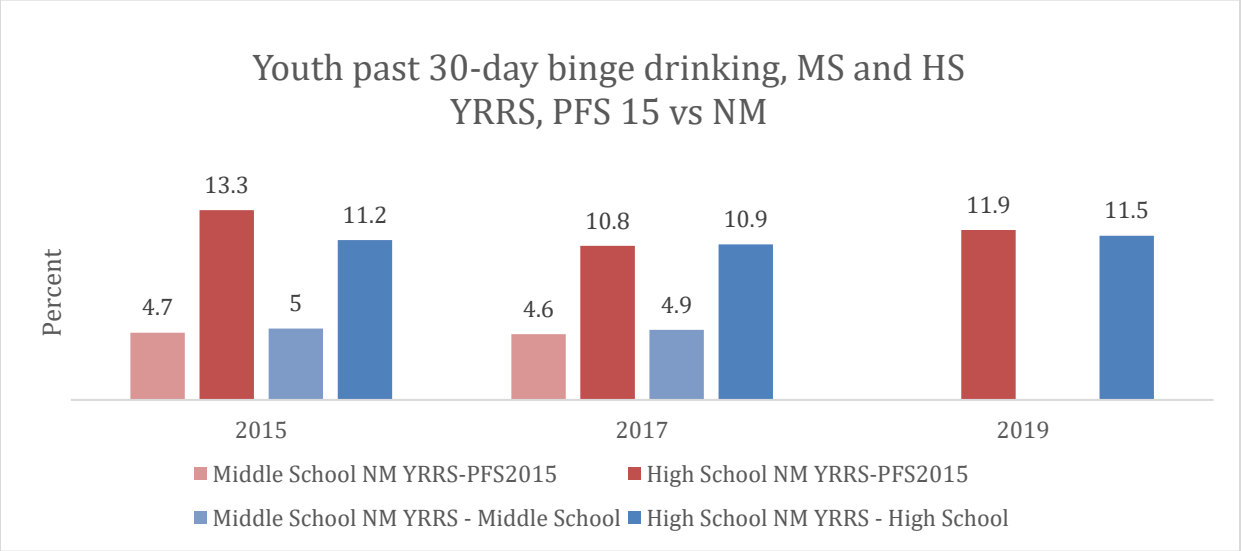


Even though ASFS HS results saw a very encouraging decrease between 2018 and 2019 in current alcohol use, especially in the PFS 15 sample, self-reported use increased in 2020, for an overall increase since 2017. Middle school student past 30-day use plateaued after 2018 for the state sample, but gradually decreased for the PFS 15 sample. However, 30-day use for PFS 15, like their corresponding high school students, remained higher than the 2017 baseline.

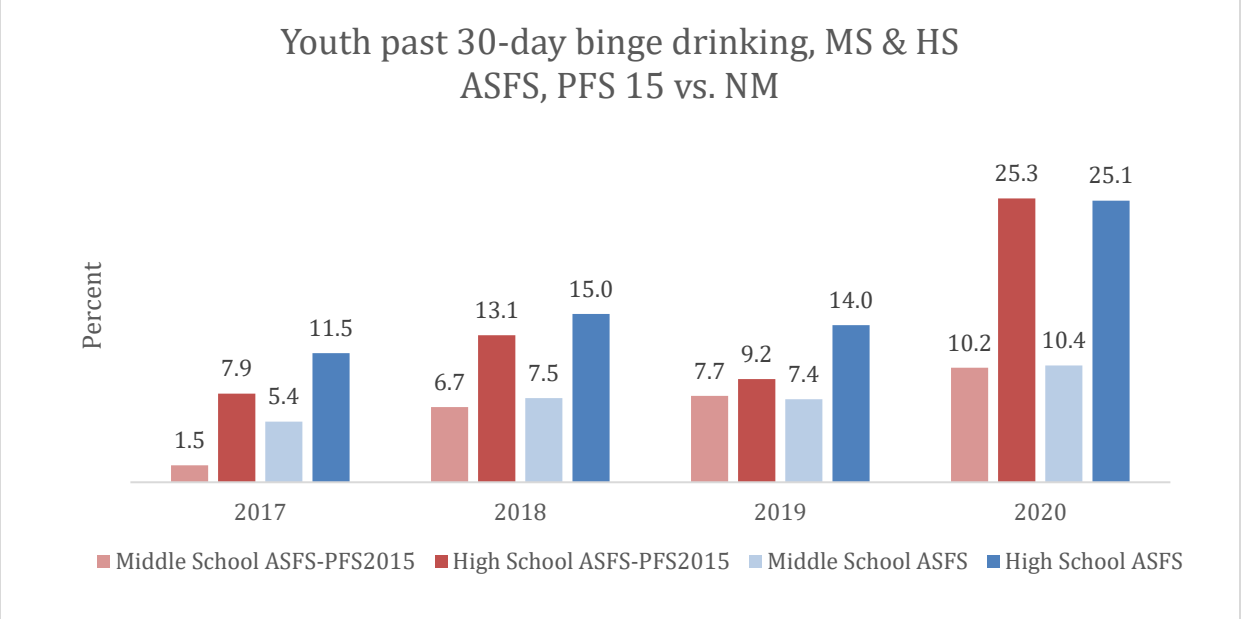


According to the NMCS, past 30-day drinking for underage adults (18-20) in PFS 15 communities remained relatively stable since the initiation of the grant. Past 30-day drinking in PFS 15 communities was also consistently higher than the state's current underage drinking rate for the same age group. This can likely be attributed to the college populations inclusion in the PFS 15 sample.

Underage binge drinking (YRRS, ASFS, NMCS 1-20)

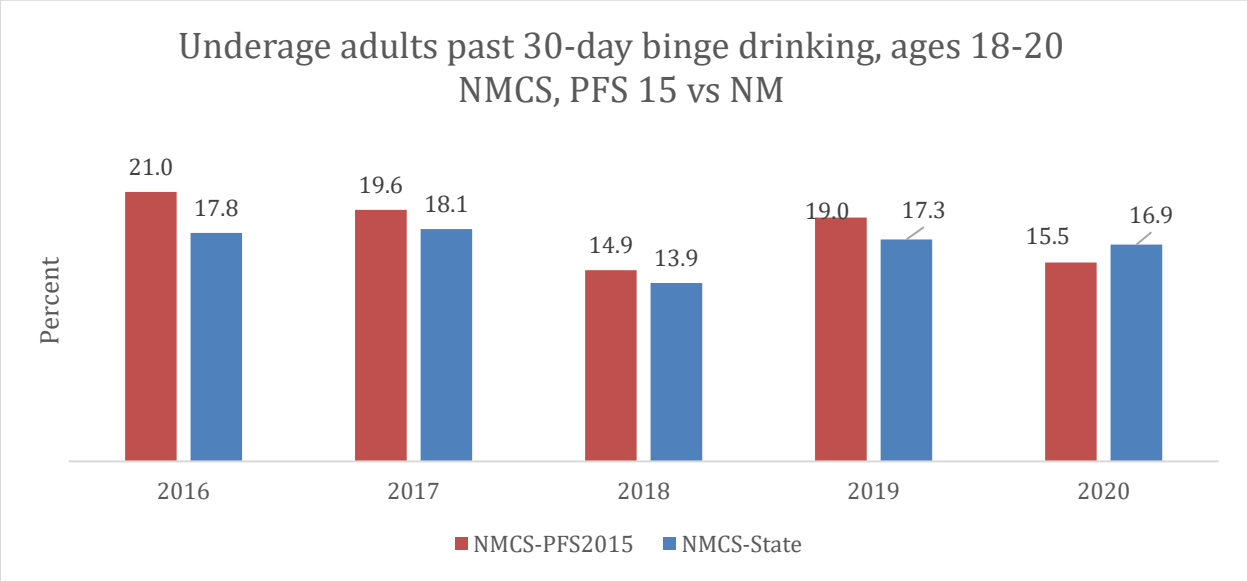


Past 30-day high school binge drinking, as measured in the YRRS, decreased slightly between 2015 and 2019 among PFS 2015 community youth, while all other samples remained stable. 2019 Middle school YRRS was not available in time for this report.



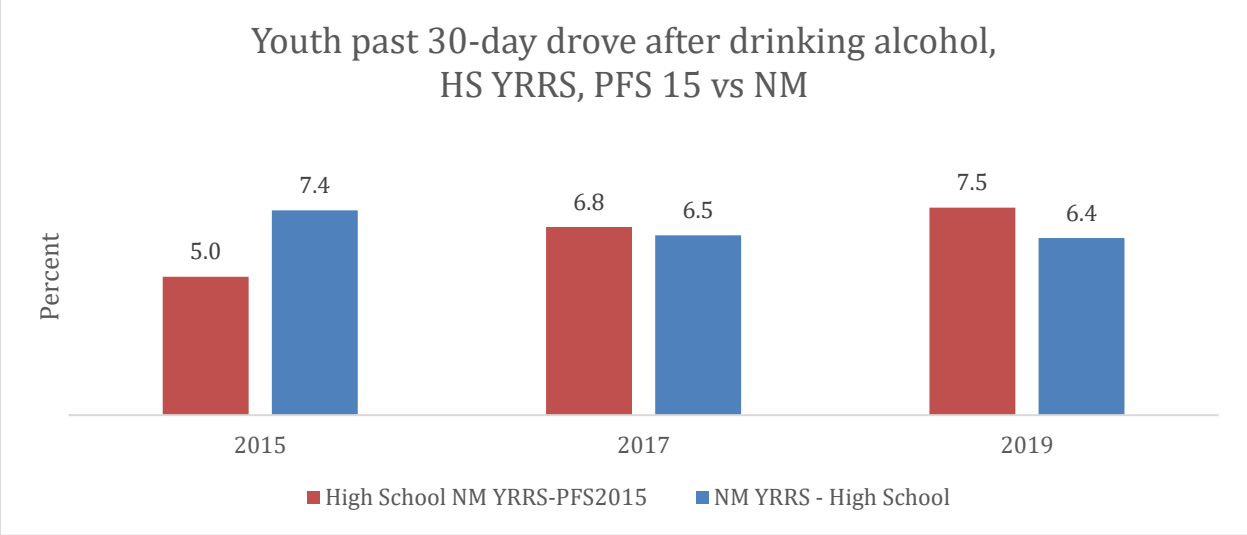
Continuing with the ASFS, discouraging increases were seen in binge drinking among PFS 15 and NM participants overall. Even though binge drinking among HS participants increased, rates of PFS 15 remained lower than those of the state throughout the grant, until 2020, where they broke even.

As measured in the NMCS, among underage adults ages 18-20, , PFS 15 binge drinking rates decreased encouragingly since the year that program interventions began (from 21% to only 15.5%), perhaps a corollary to the NMHEPC work focused especially on reducing harmful drinking among these young adults. The NM sample sustained the same rates, but ended on a small, yet encouraging, 1 percentage point decrease.

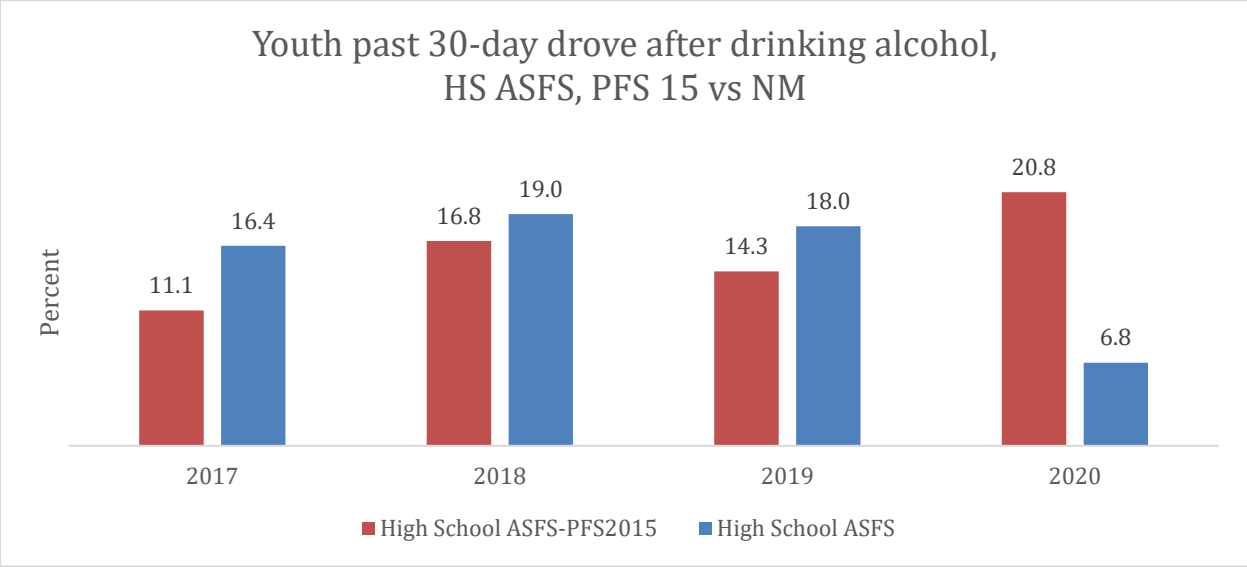


Objective 1.2: Reduce consequences (esp. DWI and alcohol related injuries) by 10% of underage drinking and binge drinking among 12-20-year-olds in each of the SPF PFS 2015 funded communities by September 2020.

Self-Reported Current Drinking and Driving



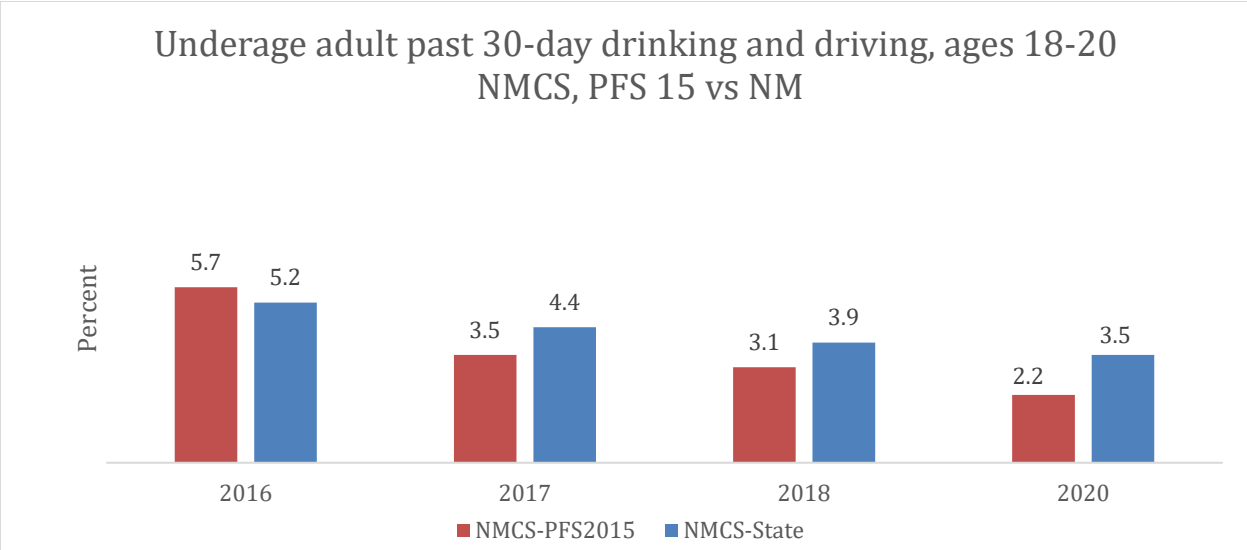
While very small changes were observed in self-reported past 30-day drinking and driving among high school students, this variable may suggest some concerns with the efficacy of implementation in the PFS 15 county cohort. Alternately, the data from PFS-15 schools could reflect a response bias indicating a greater comfort with identifying DWI behavior in the PFS-15 communities relative to New Mexico as a whole. Regardless, the PFS 15 counties gradually increased in teen self-reported driving after drinking alcohol while the NM sample decreased, albeit in very small increments.



In the figure above, the ASFS sample resulted in worrisome increases with self-reported 30-day DWI. It is possible that these increases can be ascribed in part to changes in the sample by including more older youth in the PFS 15 sample than in the state sample, as well as changes in youth understanding of DWI. For example, through the efforts of the PFS 15 programs, it is possible that the idea of what is driving while under the influence has changed to be more inclusive. This could indicate an encouraging increase of awareness rather than a discouraging increase of DWI behavior. Alternatively, the overall decrease in NM ASFS respondents in reporting DWI might very well be attributed to lessons learned in the overall OSAP system. In contrast to the YRRS, only OSAP programs implemented the ASFS, and insights gained from PFS 15 communities are applied across the OSAP system.

Differences in the ASFS and wider NM population could reflect population characteristics. In the ASFS communities, higher percentages of reporting DWI were observed than for the YRRS communities during the same time periods. The ASFS sample consists of more rural communities in comparison to the state sample of the YRRS. Rural communities, with the lack of public transportation or ride sharing programs and early age of driving initiation, may increase the DWI risk for all community members. With the advent of ride-sharing in urban areas of NM, DWI may be less likely overall, but it is important to note that ride-sharing does not reduce harmful drinking itself and may in fact contribute to it.

Further, the NMCS self-reported DWI for underage adults resulted in encouraging decreases from the initiation of the grant, perhaps as a result of the capacity built especially in the college consortium participants as well as the broadening of ride-share use and capacity especially in non-rural parts of the state in which these colleges are mostly located.

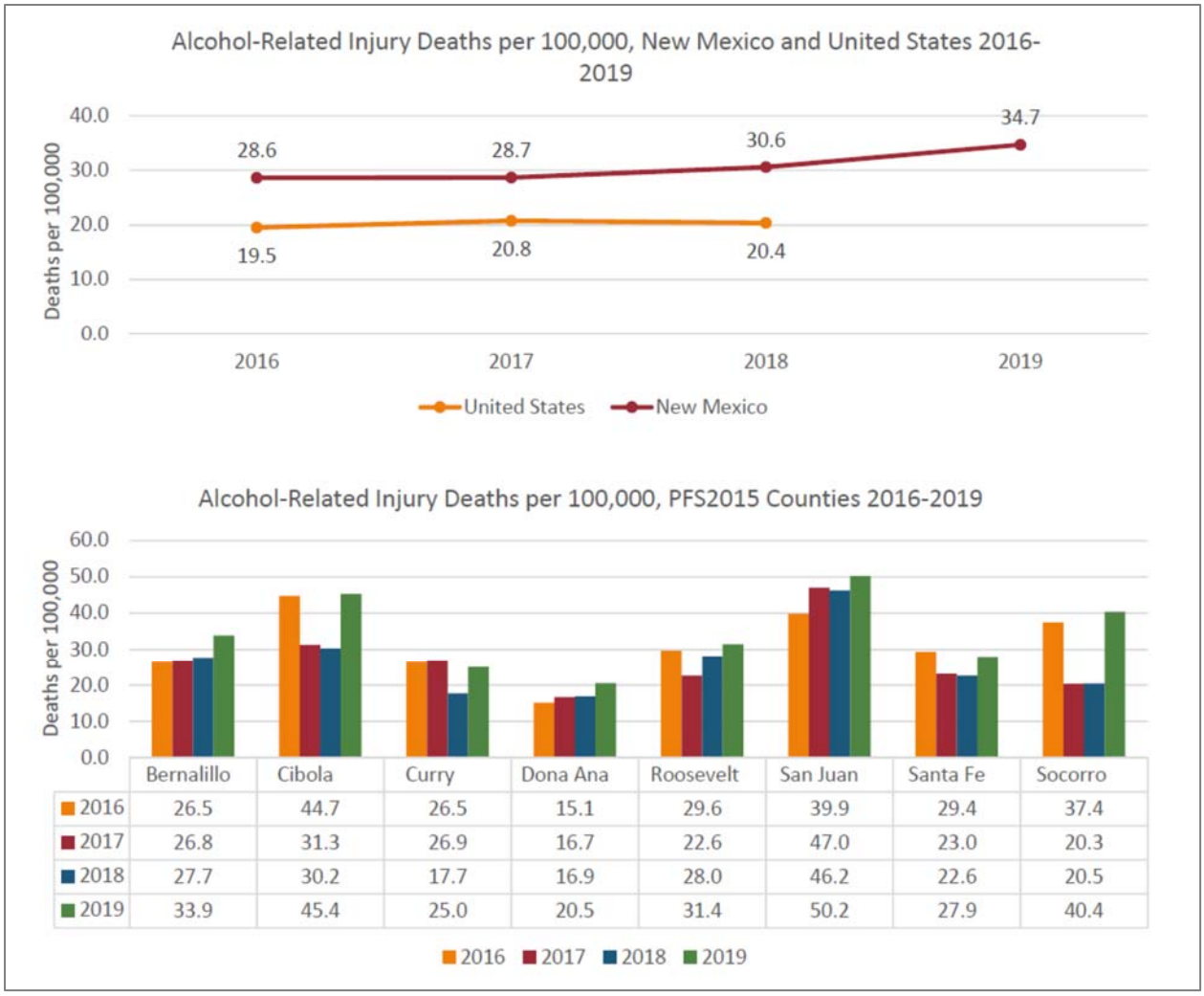


Alcohol-Related Injury Deaths

The New Mexico Department of Health's Epidemiology Response Division (DOH ERD) provided the "Alcohol and Prescription Drug Use Trends PFS15 Report", Appendix 1 to this report. According to this document,

> *"Alcohol-related injury deaths are on an upward trend from 2016 to 2019 increasing from 28.6 deaths per 100,000 population to 34.7 deaths per 100,000 population. Alcohol-related injury deaths are most commonly the result of binge drinking episodes. …. Common causes of alcohol-related injury deaths include motor vehicle crash, drowning, violence, and alcohol poisoning. In New Mexico in 2019, the top five causes of alcohol-related injury death were drug poisoning, motor vehicle traffic crash, suicide, homicide, and alcohol poisoning. All of the PFS2015 counties experienced an increase in their alcohol-related injury death rates from 2018 to 2019." (NMDOH ERD 2020, p. 21)*

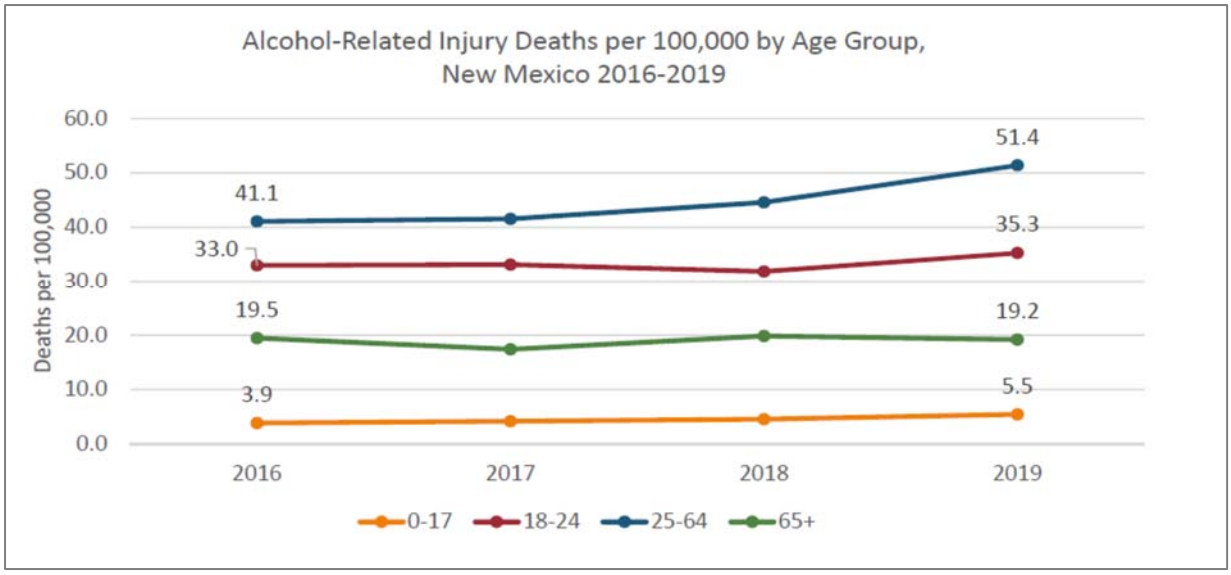
The two tables below relay the Alcohol-Related Injury Deaths (ARID) per 100,000 for New Mexico, the United States and for each PFS County (with the exception of Chaves) (NMDOH ERD 2020, p. 21).



	Bernalillo	Cibola	Curry	Dona Ana	Roosevelt	San Juan	Santa Fe	Socorro
2016	26.5	44.7	26.5	15.1	29.6	39.9	29.4	37.4
2017	26.8	31.3	26.9	16.7	22.6	47.0	23.0	20.3
2018	27.7	30.2	17.7	16.9	28.0	46.2	22.6	20.5
2019	33.9	45.4	25.0	20.5	31.4	50.2	27.9	40.4

Except for Santa Fe and Curry, all PFS 15 Counties experienced higher ARID rates than in 2016. It is important to note that this rate also increased across the state since the initiation of the grant.

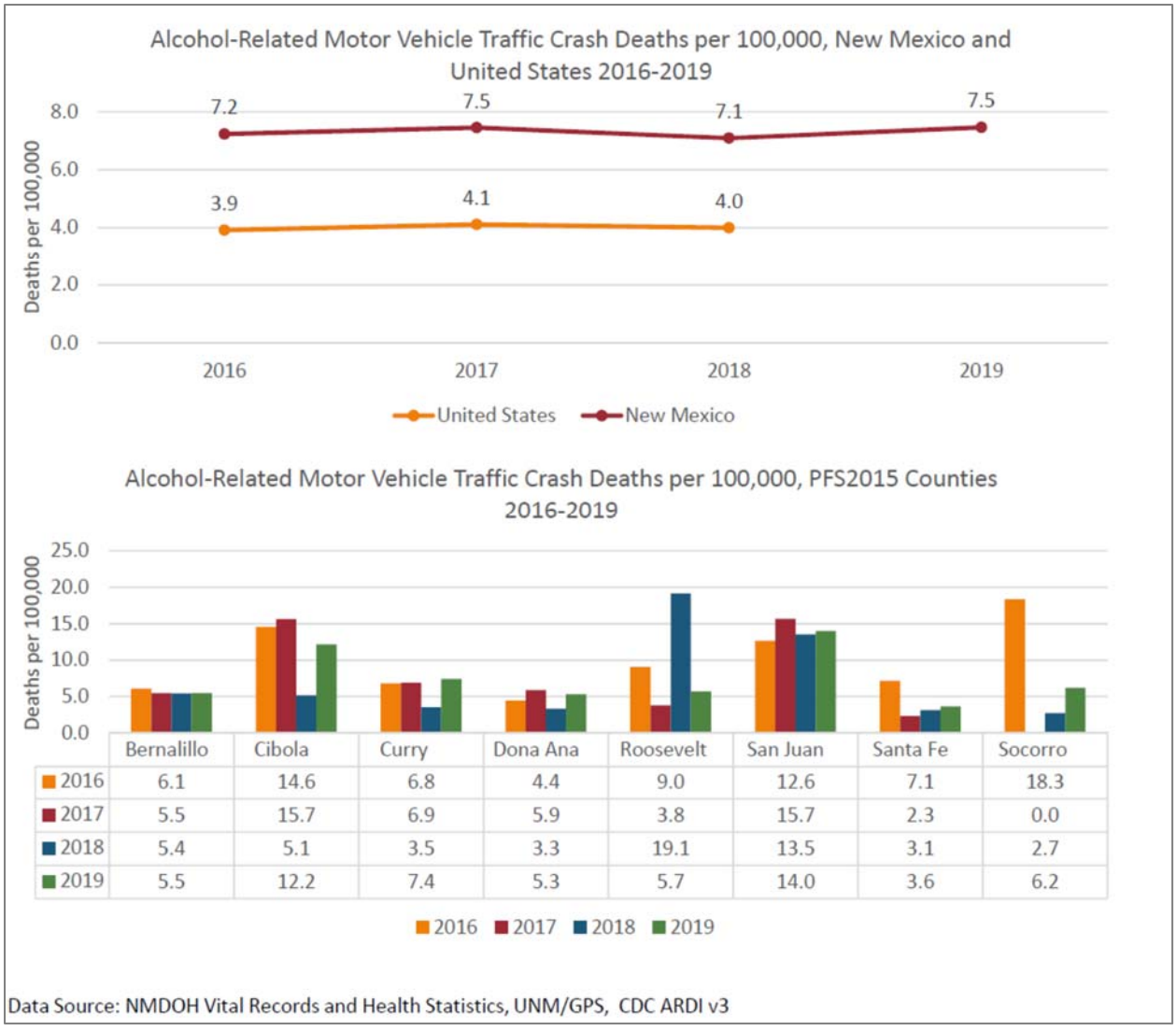
When considering age groups of interest for PFS 15, young adults, the ARID rate for 18-25-year-olds was second to 25-64-year-olds, and gradually increased throughout the lifetime of the grant. Note that each county's ARID rate by age group is reported in the Appended NMDOH ERD document, starting on page 23.



Alcohol-Related Motor Vehicle Crash Deaths

> *"The rate of alcohol-related motor vehicle traffic crash deaths has remained relatively stable in New Mexico for the past four years. New Mexico successfully reduced its alcohol-related motor vehicle traffic crash deaths from 1982 to 2010 using a public health intervention and prevention approach. In New Mexico in 2019, alcohol related motor vehicle traffic crash death was the 2nd leading cause of alcohol-related injury death behind alcohol-related drug poisoning death. The data in this section are also a subset of alcohol-related injury death because it should be considered part of the overall alcohol-related injury death picture. In recent years, alcohol-related traffic crash deaths appear to be a larger issue in many rural counties in New Mexico compared to urban counties which may be due to a lack of varied transportation options". (NMDOH ERD p. 28)*

The graphs below, from the NMDOH ERD report, show the relatively stable ARMVCD rates per 100,000 population for the state and each PFS 15 county (except for Chaves) between 2016 and 2020. There was more variation in the rates reported from rural counties due to small population size.

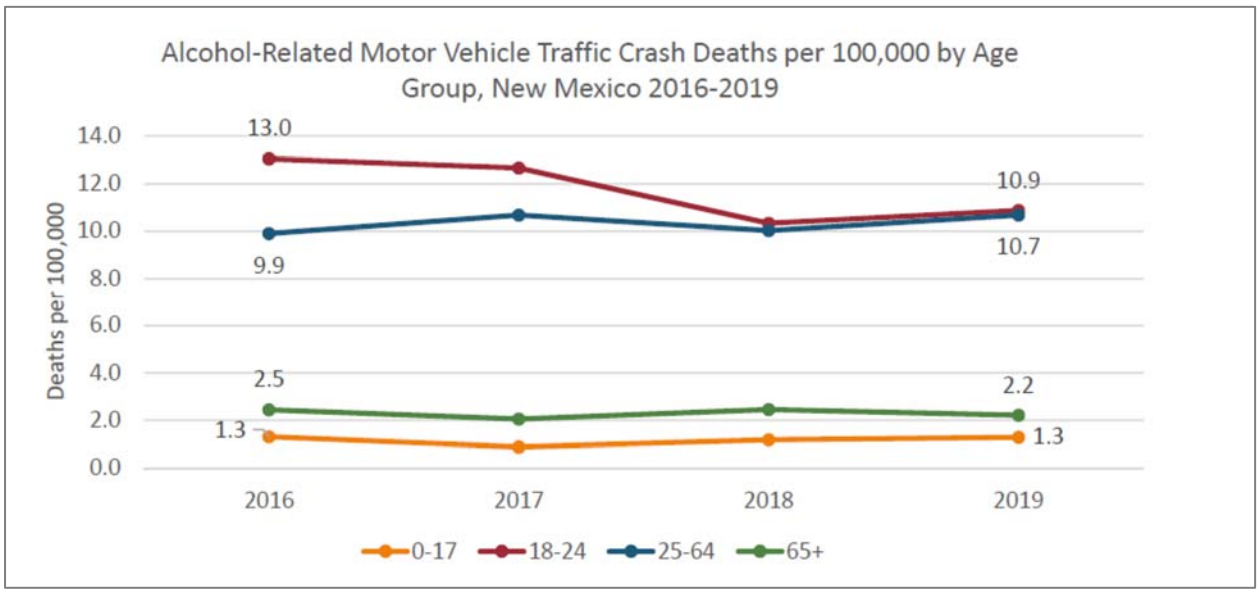


	Bernalillo	Cibola	Curry	Dona Ana	Roosevelt	San Juan	Santa Fe	Socorro
2016	6.1	14.6	6.8	4.4	9.0	12.6	7.1	18.3
2017	5.5	15.7	6.9	5.9	3.8	15.7	2.3	0.0
2018	5.4	5.1	3.5	3.3	19.1	13.5	3.1	2.7
2019	5.5	12.2	7.4	5.3	5.7	14.0	3.6	6.2

Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS, CDC ARDI v3

Page 29 of the report provides the same break down by age for ARMVCDs, identifying the 18-24-year-old age group as one of concern.

> *"The rate of alcohol-related motor vehicle traffic crash death is highest among the two middle age categories, 18-24 years and 25-64 years. This points to the need for continued focus on intervention among college-aged and working-aged persons which presents an opportunity for potential intervention on campuses or at places of employment. Colleges often include orientation courses on the dangers of drinking and driving, but perhaps an annual training could be a stipulation for continued enrollment in classes."*



Even though the 18-24-year-old group is at highest risk of ARMVTD, there were small decreases in this rate throughout the lifetime of the grant.

Goal 2: Reduce prescription drug misuse/abuse

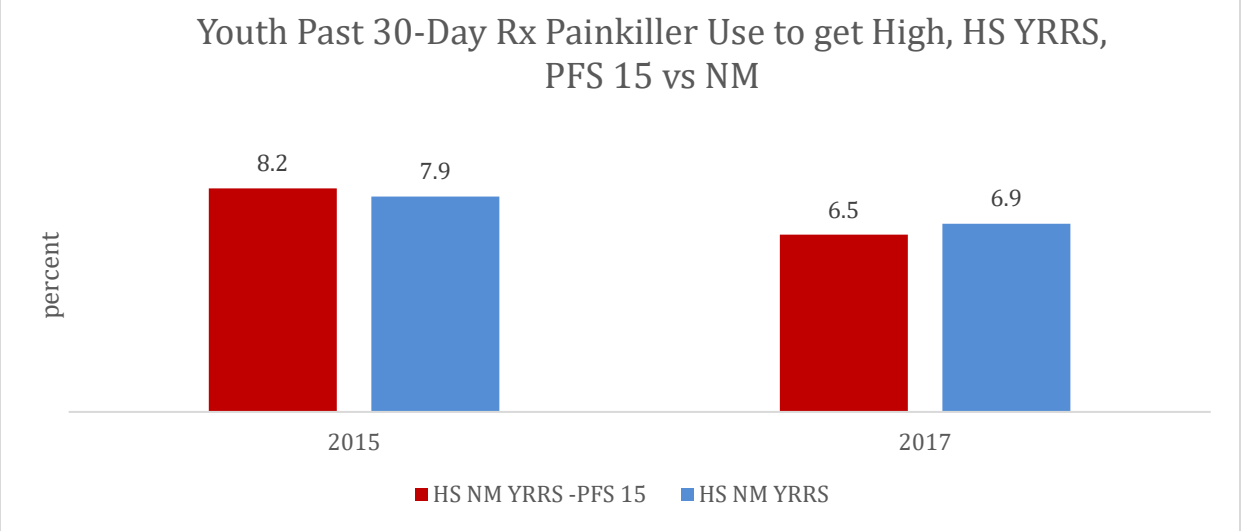
Consumption Measures: Current Painkiller use to get high from YRRS, ASFS, NMCS and current use for any reason

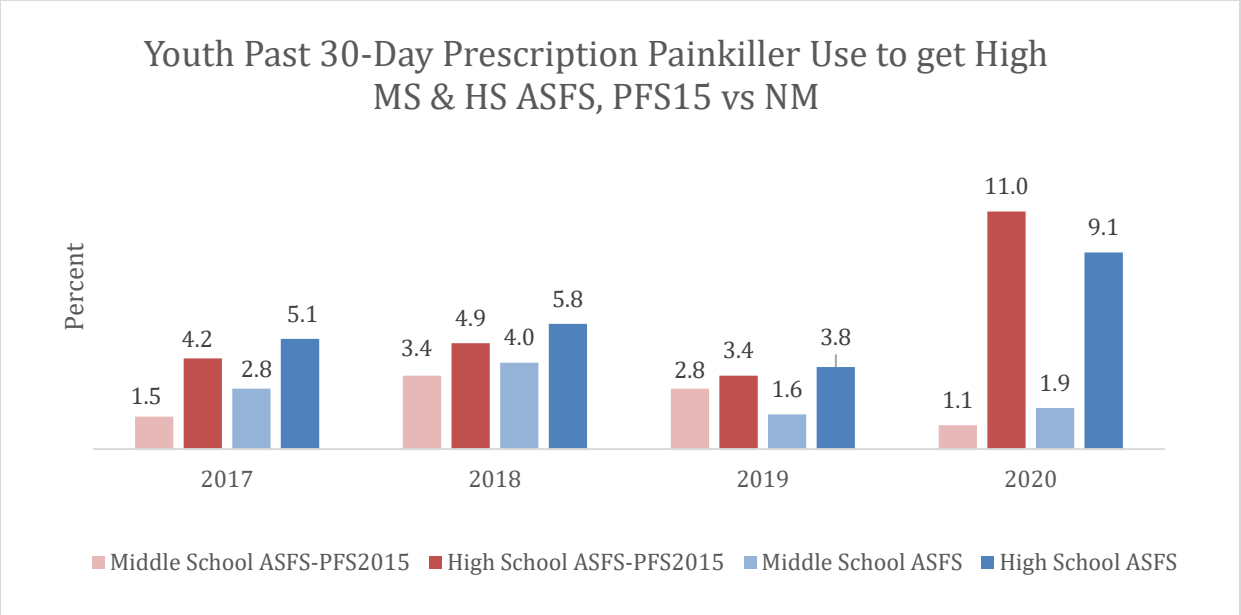
***Objective 2.1**: Reduce self-reported misuse of prescription drugs among 12-25-year-olds by 10% in each of the SPF PFS 2015 funded communities by September 2020.*

Youth Current Prescription Painkiller Consumption

For youth current prescription drug misuse (using a painkiller to get high), the High School YRRS reported a decrease between 2015 and 2017. The question was only asked of high school students and was dropped from the YRRS in 2019. The YRRS only retained a question about lifetime improper use (ever used a prescription painkiller without a prescription). Since this item measures lifetime use, it is not an appropriate evaluation indicator for this project.

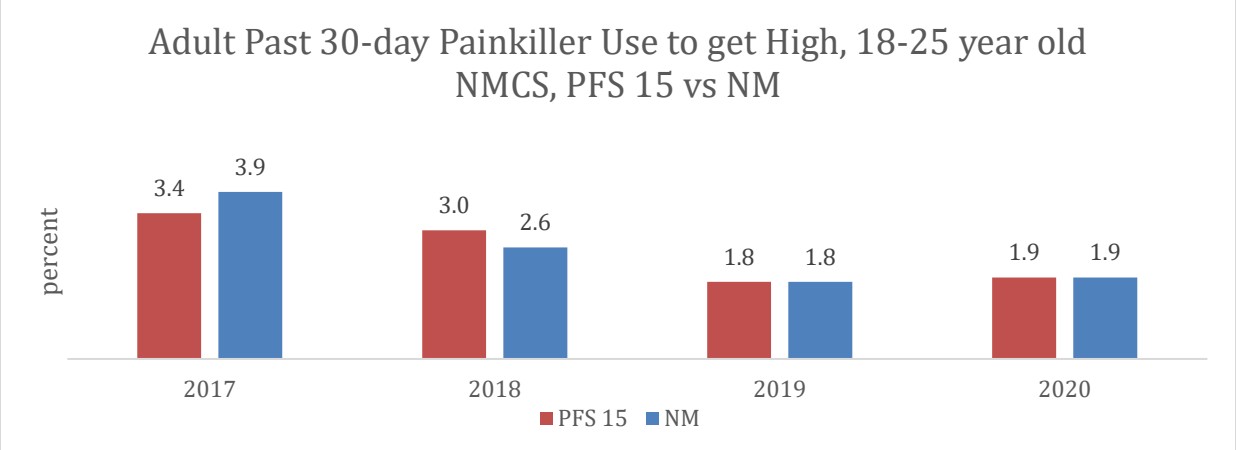
Even though change in the "use to get high" variable could not be measured for youth in the 2019 YRRS, we agree with removing this question, as it does not capture prescription painkiller misuse adequately. Individuals may use Opioid painkillers for a number of reasons for which they are not prescribed, beyond using them to get high. Focusing only on using to get high risks ignoring other kinds of risky use that can lead to dependence or overdose.

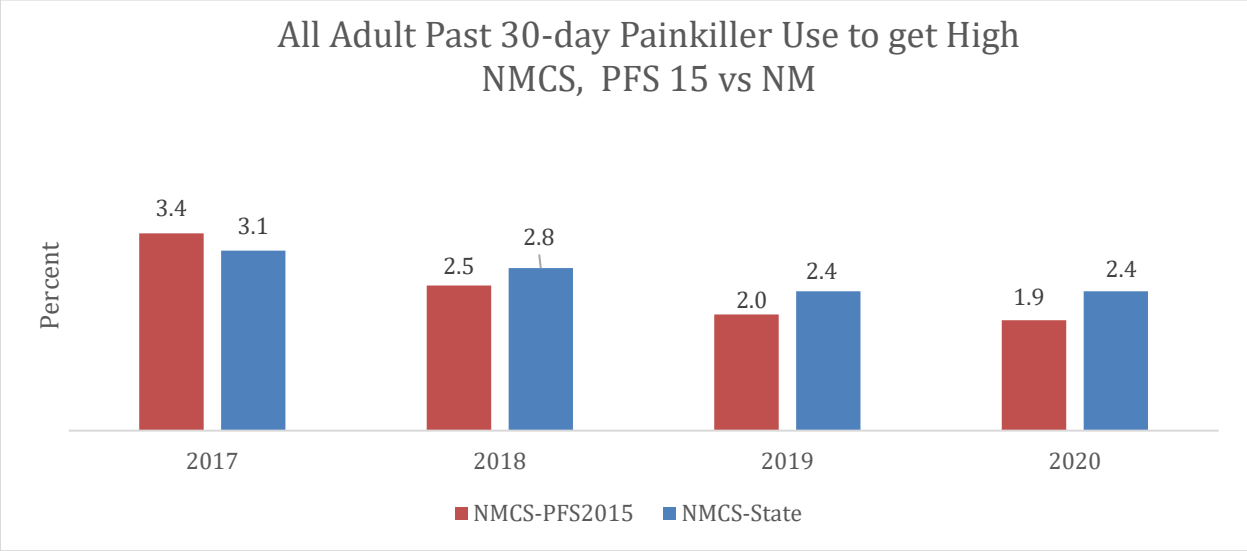




HS ASFS showed very slight increases between 2017 and 2018 for both the state and the PFS 15 counties, followed by a very encouraging dip in 2019 for both groups that continued for middle school students in 2020. However, there was a very concerning increase in HS participants for PFS 15 and all NM participants in 2020. This precipitous change could reflect a number of variables, including changes in populations being surveyed, an increase in youth awareness about what prescription painkillers are, as well as a concerning reflection of an increased misuse overall (all 2020 data were collected pre-pandemic). For the NM sample, it is important to know that not all ASFS participants in the state sample are subject to OSAP-supported evidence-based prescription painkiller misuse prevention.

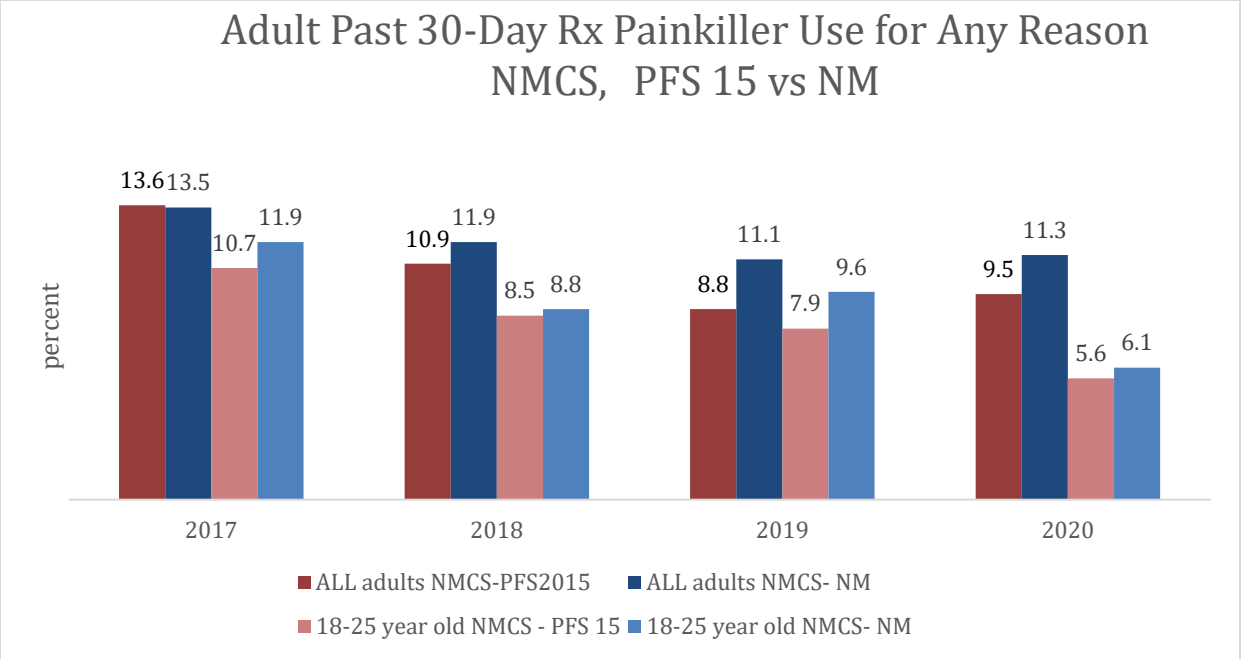
Among NMCS 18-25-year-olds in PFS 15 communities, there were encouraging decreases in current painkiller use to get high between 2017 and 2020, as well as with all young adults of the same age group in the state, and in PFS 15 communities.

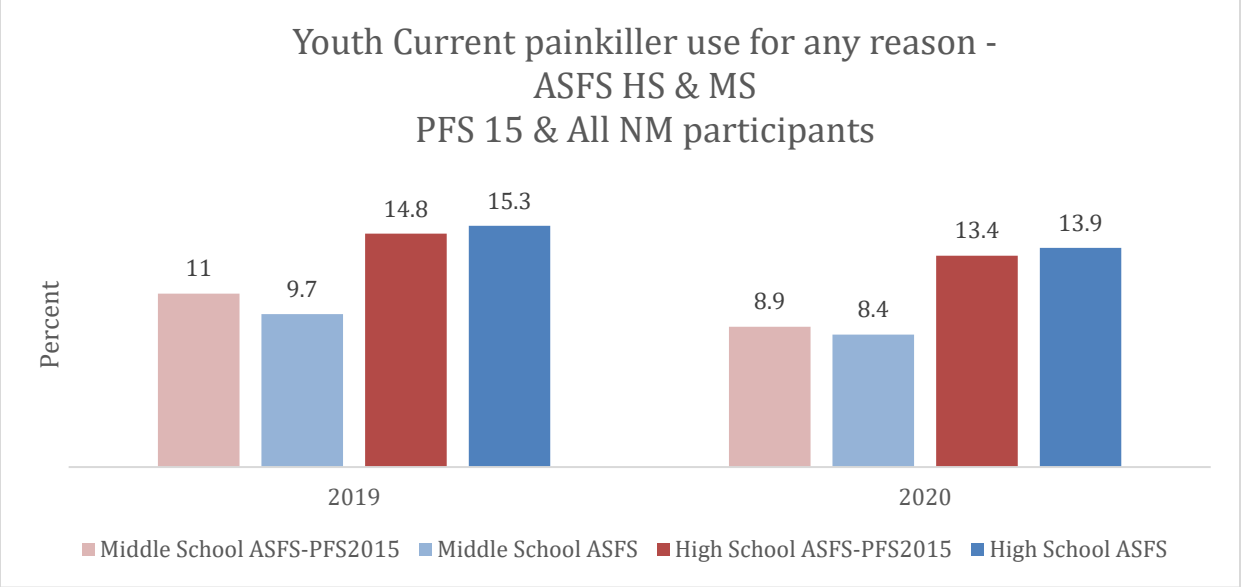




Current Prescription Painkiller Use for Any Reason

A better measure of desired change for this project, as it reflects more accurately the targeted prevention work, is "past 30-day use of prescription painkillers for any reason". This question was available in the NMCS and the ASFS. Among all NMCS adults, there were encouraging decreases in current use for any reason throughout the time period of the grant, especially in the PFS 15 communities. Considering the same measure for the age groups of focus among young adults (18-25), not only were lower rates of use observed overall, but also, steady decreases (see the next two charts). These changes were hopefully the result of the prevention efforts especially of the NMHEPC, who targeted college students with various strategies meant to decrease prescription opioid use overall. Similarly, for youth as measured in the ASFS, the decrease could be a reflection of the work overall to reduce the sources of painkillers to teens and increase the perception of risk of harm overall.

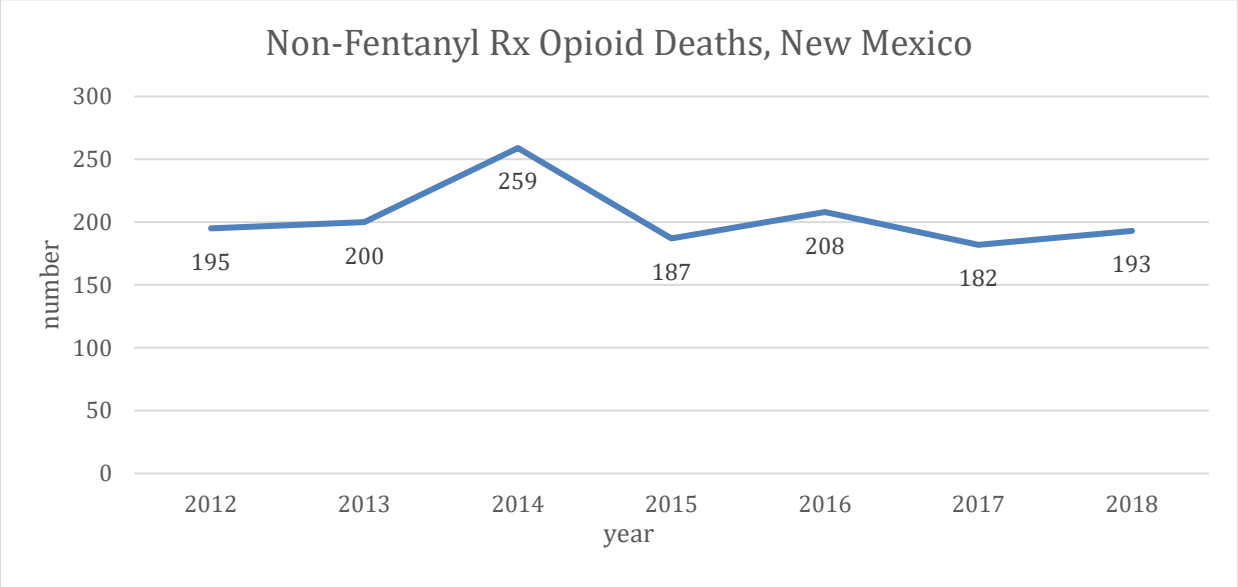

Adult Past 30-Day Rx Painkiller Use for Any Reason
NMCS, PFS 15 vs NM
percent
13.6
13.5
10.7
11.9
10.9
11.9
8.5
8.8
8.8
11.1
7.9
9.6
9.5
11.3
5.6
6.1
2017
2018
2019
2020
ALL adults NMCS-PFS2015
ALL adults NMCS- NM
18-25 year old NMCS - PFS 15
18-25 year old NMCS- NM


Youth Current painkiller use for any reason -
ASFS HS & MS
PFS 15 & All NM participants
Percent
11
9.7
14.8
15.3
8.9
8.4
13.4
13.9
2019
2020
Middle School ASFS-PFS2015
Middle School ASFS
High School ASFS-PFS2015
High School ASFS

***Objective 2.2**: Reduce consequences and unintentional overdose rates due to misuse of prescription painkillers among 12-25-year-olds by 10% in each of the SPF PFS 2015 funded communities by September 2020.*

Consequences: Opioid-related overdoses

The NM Substance (Ab)use Epi Profile, between 2016 to 2018 showed an encouraging, yet very slight, decrease in prescription Opioid overdose-related deaths throughout the state.



Source: 2020 NM Substance Use Epi Profile: https://www.nmhealth.org/about/erd/ibeb/sap/

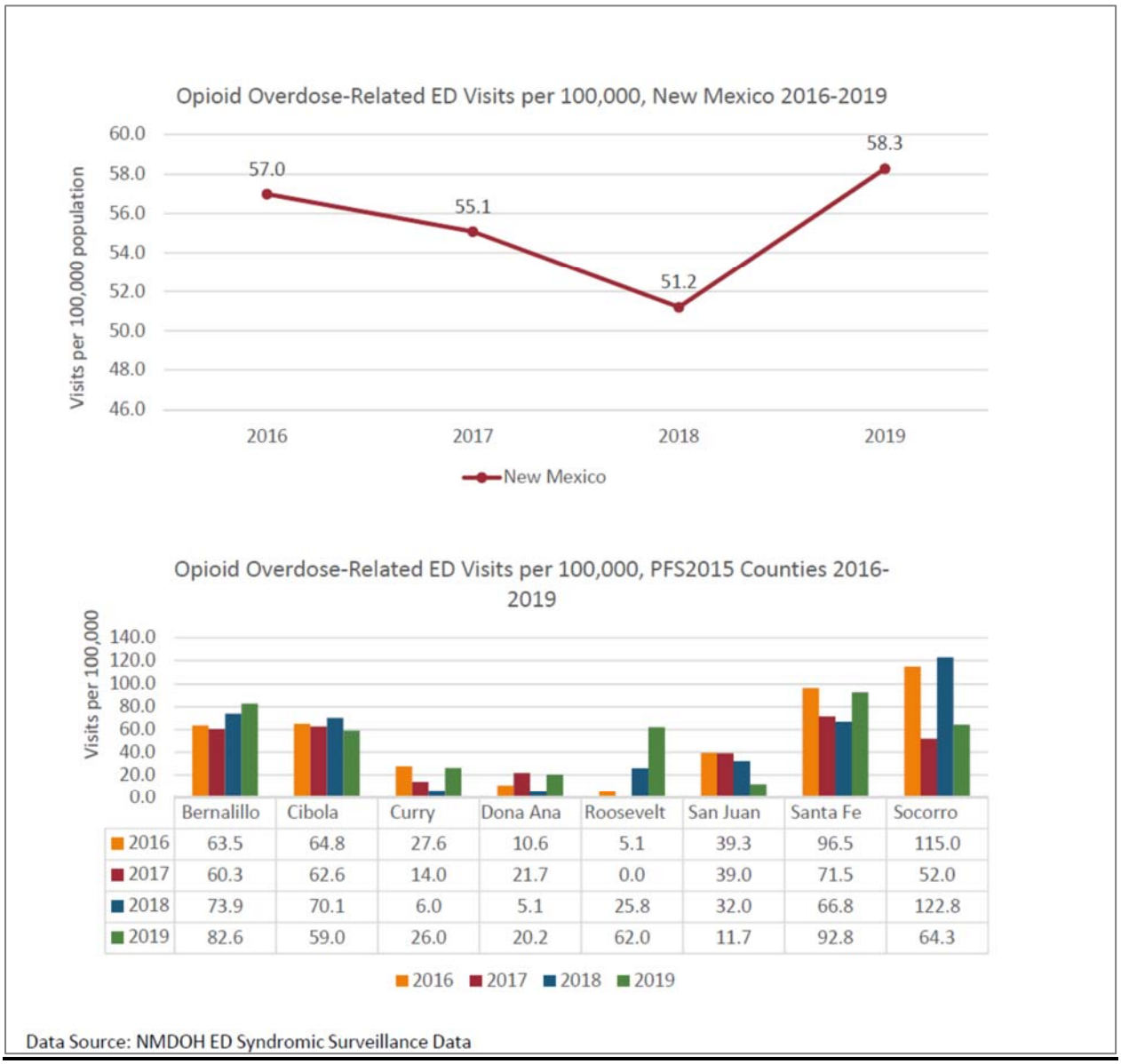
Total Drug Overdose deaths between 2016 and 2019 can be found in the Appendix 1, "Alcohol and Prescription Drug Use Trends". This report, starting at page 37, also provides drug overdose deaths in each PFS County and by age group. This report does not contain further reference to *prescription* opioid involved overdoses, as provided above.

This same NMDOH ERD report also contains Opioid Overdose-Related ED Visits per 100,000 for the state and for each PFS 15 County.

> *"Opioid overdose related emergency department visits are tracked using the New Mexico Emergency Department Syndromic Surveillance system. Opioid overdose related emergency department visits decreased in New Mexico from 2016 to 2018 but sharply rose in 2019 to 58.3 visits per 100,000 population. The rate is reported as visits per 100,000 population rather than patients or cases as a person may experience more than one overdose event within a year." (NMDOH ERD p. 44)*

During the period of the grant, encouraging decreases in the rate of Opioid-related ED visits occurred across the state until 2018, with a concerning spike to 58.3 in 2019. These ED visits

include all opioids, including illicit ones. It is difficult to determine whether all opioid ED visits in NM can accurately reflect outcomes for prescription drug misuse prevention. Some of the issues that can confound the interpretation of these data include the rural nature of many counties that limits access to EDs, different use patterns of opioids across the state, health care coverage and a reluctance to engage with first responders due to fear of detection, and other prevention activities, such as Narcan training and distribution, where those experiencing overdose are expected to call 911.



	Bernalillo	Cibola	Curry	Dona Ana	Roosevelt	San Juan	Santa Fe	Socorro
2016	63.5	64.8	27.6	10.6	5.1	39.3	96.5	115.0
2017	60.3	62.6	14.0	21.7	0.0	39.0	71.5	52.0
2018	73.9	70.1	6.0	5.1	25.8	32.0	66.8	122.8
2019	82.6	59.0	26.0	20.2	62.0	11.7	92.8	64.3

Data Source: NMDOH ED Syndromic Surveillance Data

Intervening variables

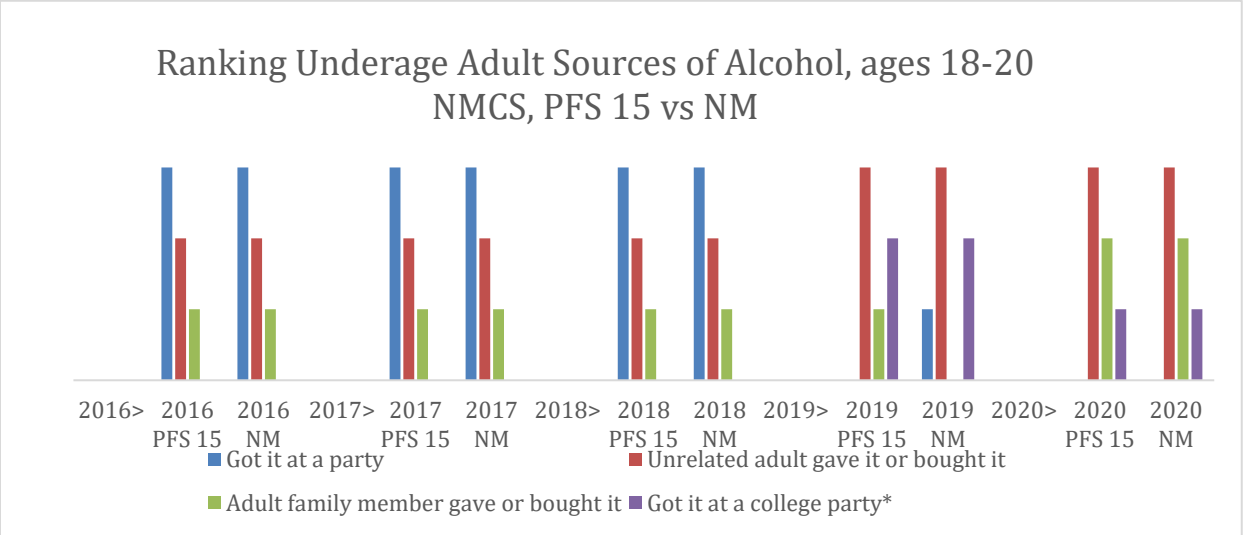
To prevent underage drinking and prescription opioid use throughout their communities, the PFS 15 providers conducted a number of evidence-based interventions meant to address the most salient intervening variables (IVs) in New Mexico. For underage drinking, those IVs included retail access (purchased or stolen from an on or off premise retailer), social access (from another individual, who shares alcohol intentionally or not), and low perception of risk of legal consequences (for getting caught drinking, providing alcohol to a minor, DWI, or having an underage drinking party). Below, each intervening variable was tracked and measured through the NMCS and the ASFS surveys.

Underage Drinking Intervening Variables

For underage drinking, the focus was on the target population of the intervention. However, we note the benefit of many of these interventions to the entire population. For example, increasing highly visible enforcement of underage drinking laws frequently also affects the population at large, especially if this activity involves DWI checkpoints.

IV: **Social access to alcohol by underage drinkers**

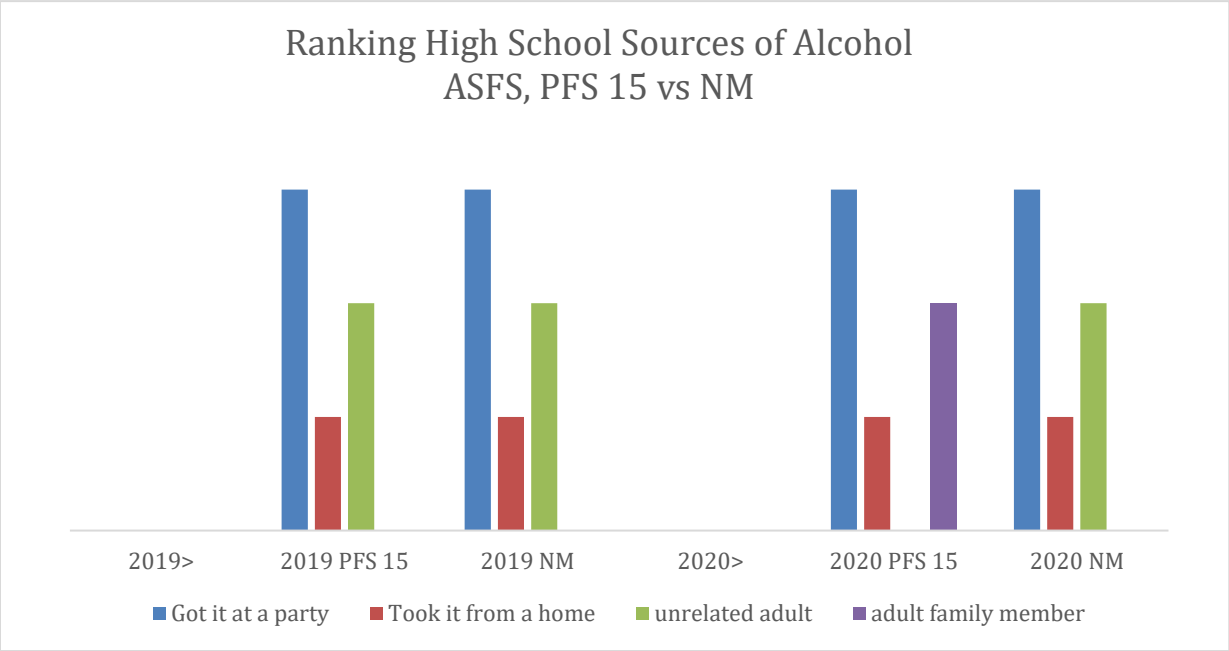
The NMCS asked underage adults where they obtained their alcohol consumed in the last 30 days. Respondents checked all responses that apply. Below is the ranking of the first three sources: the tallest bar represents the highest-ranking source, the middle bar represents the second rank, and so forth. In 2019, an additional response option of 'at a college party' was added to capture better the efforts of the NMHEPC. Between 2016 and 2017, the ranking was identical: the most common source was 'at a party', followed by unrelated adult, then adult family member. In 2019, with the addition of the 'got it at a college party,' this selection was the second most common source for both PFS 15 and the state samples. Within the state sample, 'another kind of party' came into prominence in 2019. In 2020, the sources matched again. Since the 2020 survey was taken at the initiation of the pandemic, obtaining alcohol from an adult family member was probably common as quarantine set in and college students returned home. Even though there were retail options available to select in this question, note that the top three sources are always social.

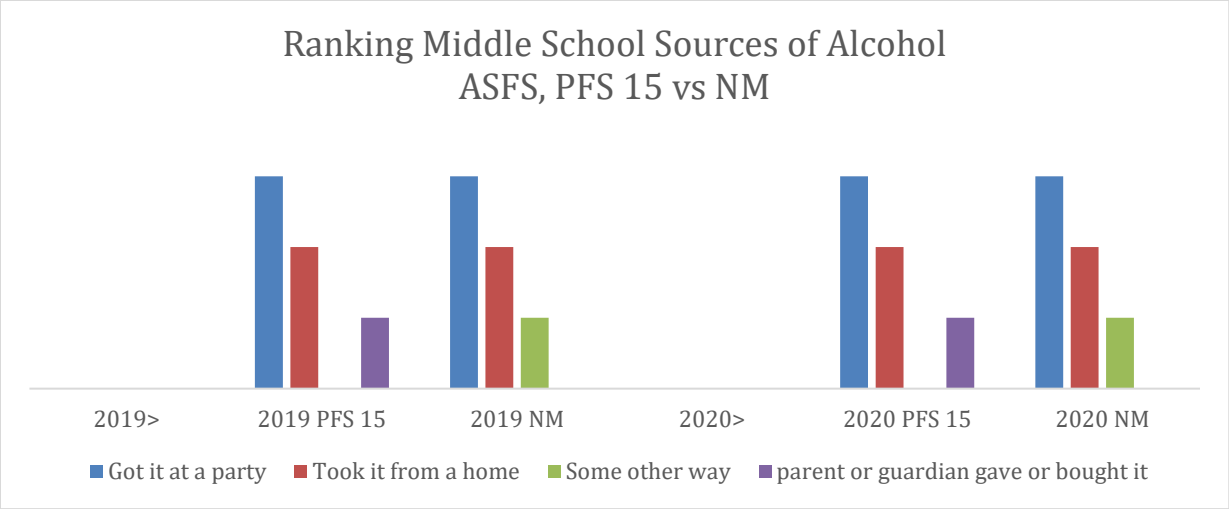


The same response options offered to adult current drinkers in the NMCS were offered to students taking the ASFS. We compare only 2019 and 2020 as the same PFS 15 counties participated in the ASFS for HS and MS students in those years. The responses were identical for both HS groups in 2019, and only "an adult family member" response changed order with "an unrelated adult" for PFS 15. Providers will often interpret an unrelated adult, especially for young adults and high school students, to signify a romantic partner or potential one.

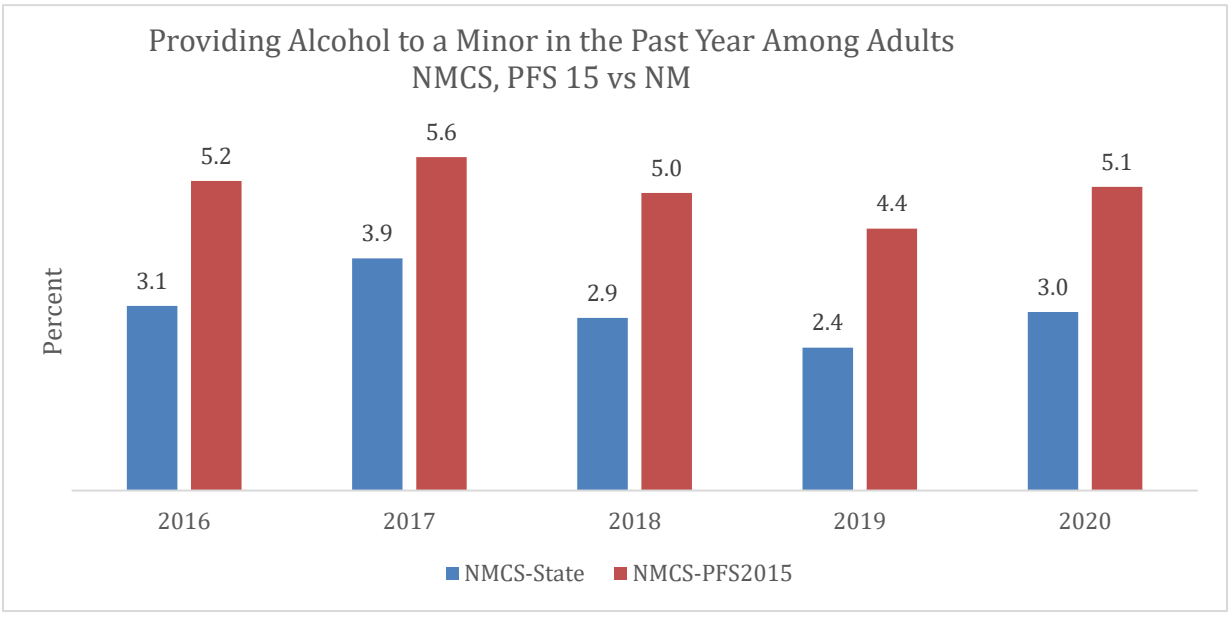
In the MS and HS ASFS samples, "took it from (a) home" remained a very common source and suggests that parents still must take care not only to avoid purchasing alcohol for their (and others') children, but to take care with alcohol at home: eliminated it, locking it, and/or counting.

Obtaining alcohol at a party for all three samples remained quite common and prevalent. This suggests, for all age groups, that there is a real need to continue to consider this area. These forms of social access consistently remain a challenge to address for our NM communities, as enforcing social access of any kind is difficult and social access is a strong cultural norm in NM.



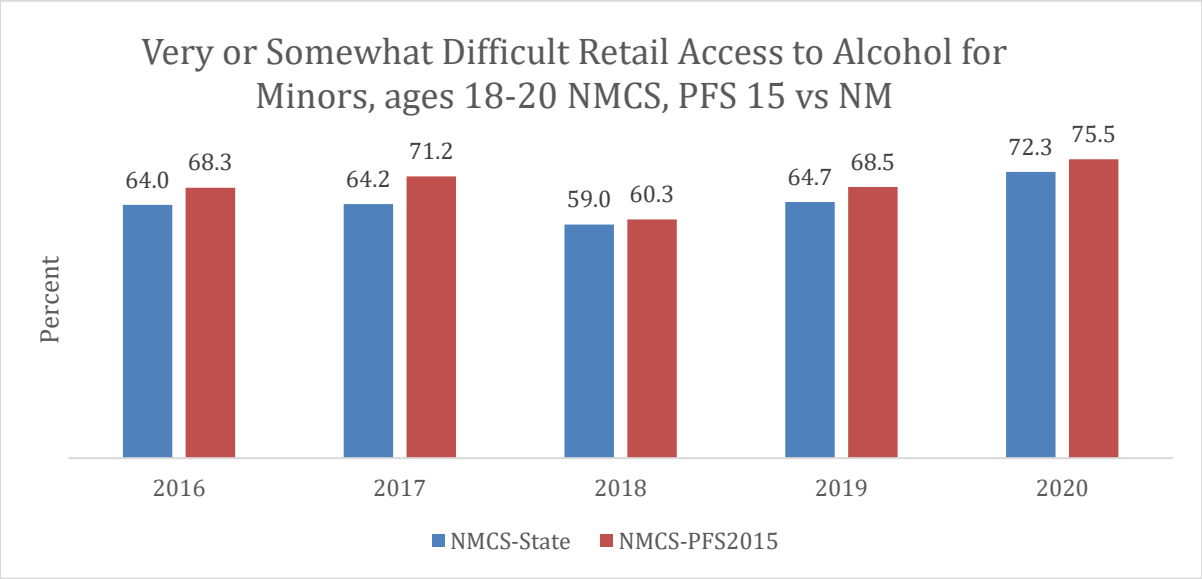


Providing alcohol to a minor in the past year (adults 18 & older). The NMCS asks adults about whether they have shared or purchased alcohol with a minor in the past year. This is a primary outcome measure for those programs working to reduce social access. Overall, we observed a small but encouraging change between 2016 and 2012 in both NM and PFS 15 communities.



IV: Retail Access to Alcohol to Minors

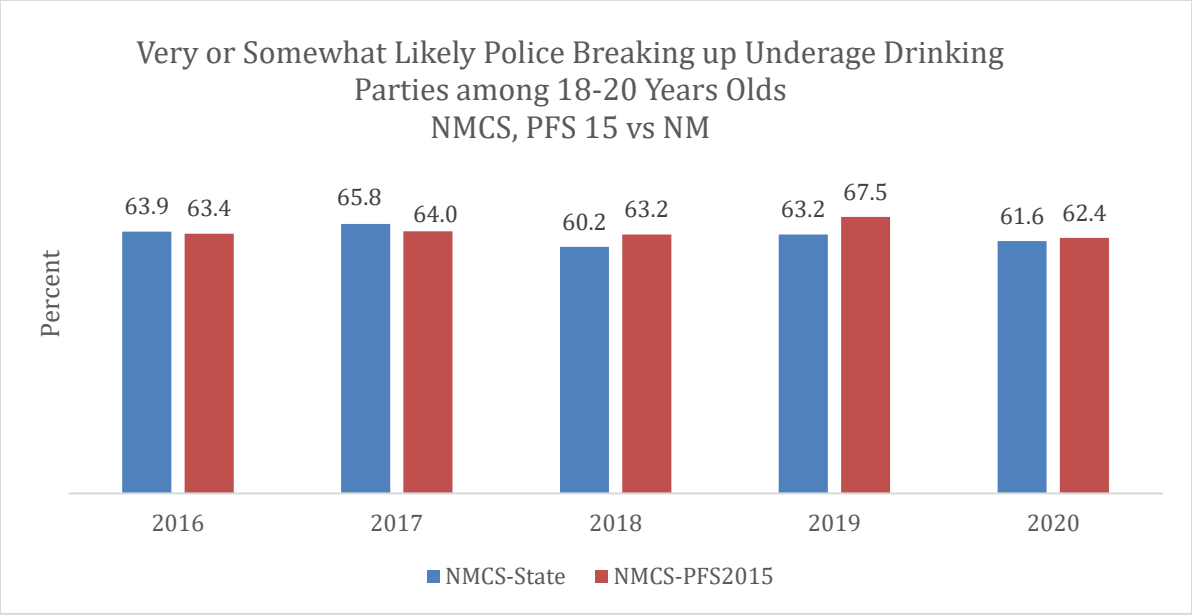
Perceived ease of retail access to alcohol among 18 to 20-year-olds (very or somewhat difficult). Through the lifetime of the grant, slight but encouraging increases were observed in underage adults' perception of how difficult it was for underage youth to access alcohol directly through retail sources. The PFS 15 communities' perception remained slightly higher, perceiving access to be more difficult throughout the grant period. Some PFS 15 communities worked directly with law enforcement and retailers to reduce alcohol access to the underage.



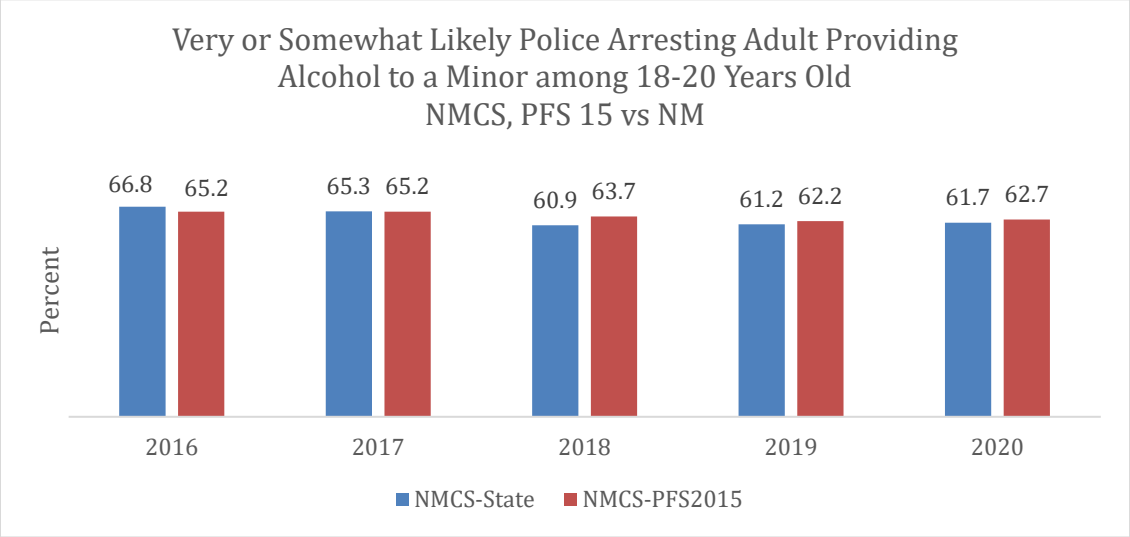
IV: Perception of Risk of Legal Consequences

Several NMCS and ASFS questions queried respondents about how likely they perceive consequences for behaviors related to underage alcohol consumption. The increased perception of risk was meant to be a response of highly visible enforcement activities, and publicity around these enforcement events. Due to historical challenges faced by NM with its law enforcement: high staff turn-over, low wages, low staffing, and tensions with communities of color, these strategies were quite challenging to implement with success.

Perceived risk of police breaking up underage drinking parties among 18 to 20-year-olds (very or somewhat likely). We saw little to no change in community perception of risk of the police breaking up underage drinking parties in either NM or PFS 15 communities through the lifetime of the grant. Few providers, however, chose to work to change this particular indicator perhaps due to low capacity to address this. NM and these rural areas in particular have few resources to support highly visible underage drinking enforcement, especially in the form of party patrols.

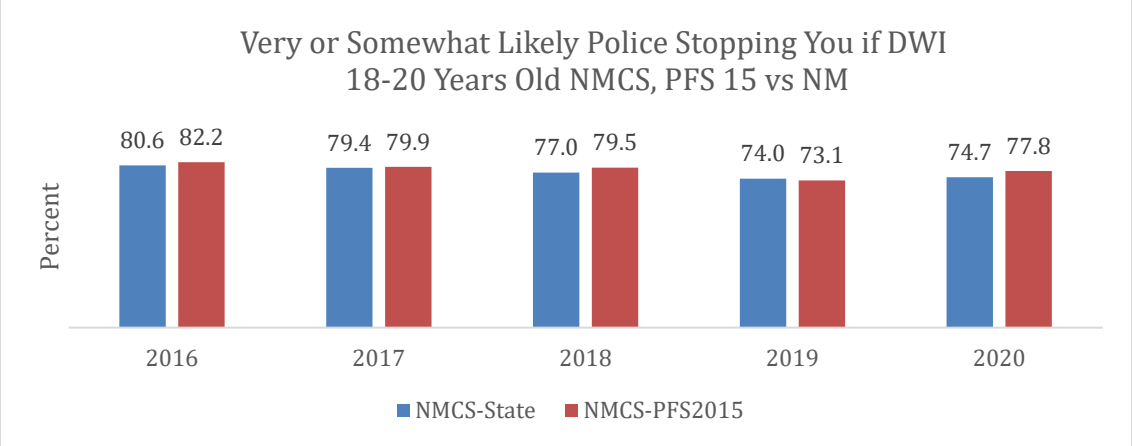


Perceived risk of police arresting adult providing alcohol to a minor among 18 to 20-year-olds (very or somewhat likely). Similarly, we saw little change, and only a decrease in underage NMCS respondents that believe that law enforcement will arrest an adult for providing alcohol to a minor in their community. Again, few programs selected increasing this type of perception of risk as an outcome indicator for their work, because this kind of enforcement rarely happens, even though in NM, it is a 4th degree felony to provide alcohol to a minor (who is not your own child in your own home).

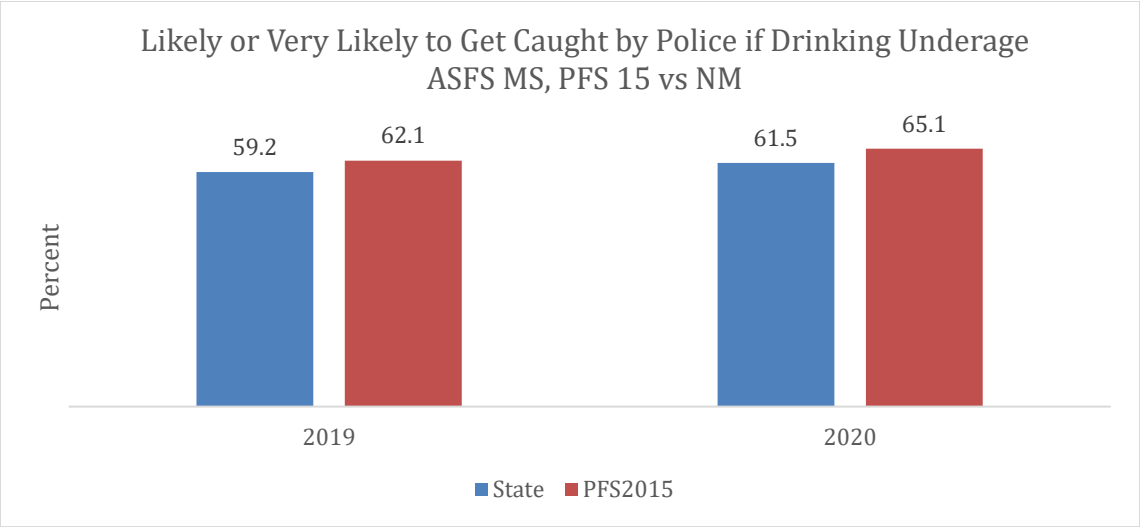


Perceived risk of police stopping you if drinking and driving among 18 to 20-year-olds (very or somewhat likely)

We also saw similar trends in both NM and PFS 15 communities in perception of risk of arrest for DWI. Here, we focused our attention upon 18-20-year-olds to assess the dispersion of perception of risk messaging to underage drinkers. While there is little change overall in this variable, perception of risk remained slightly higher in PFS 15 communities than the state overall every year.



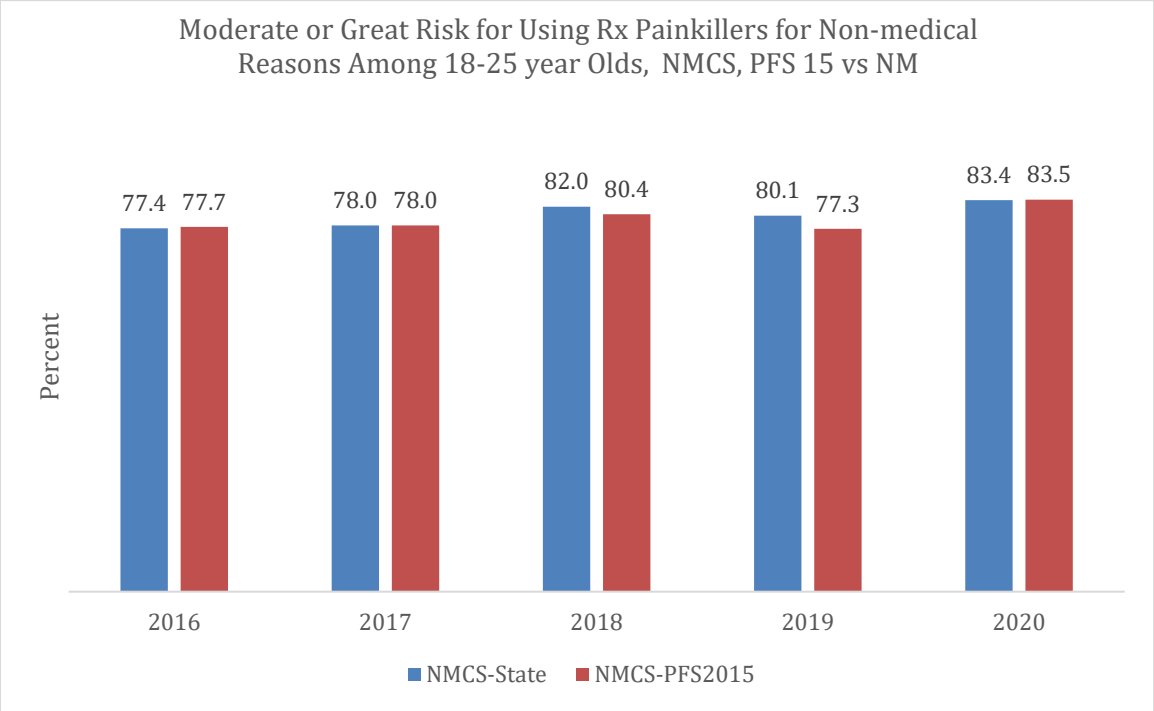
Youth perceived risk of getting caught by police for drinking underage (Likely or very likely)
In our final survey question regarding perception of risk of consequences, we saw a slight increase in perception of risk of getting caught for underage drinking by PFS 15 middle school youth, and they had a higher risk perception than the overall NM sample.



Prescription Painkiller Intervening Variables

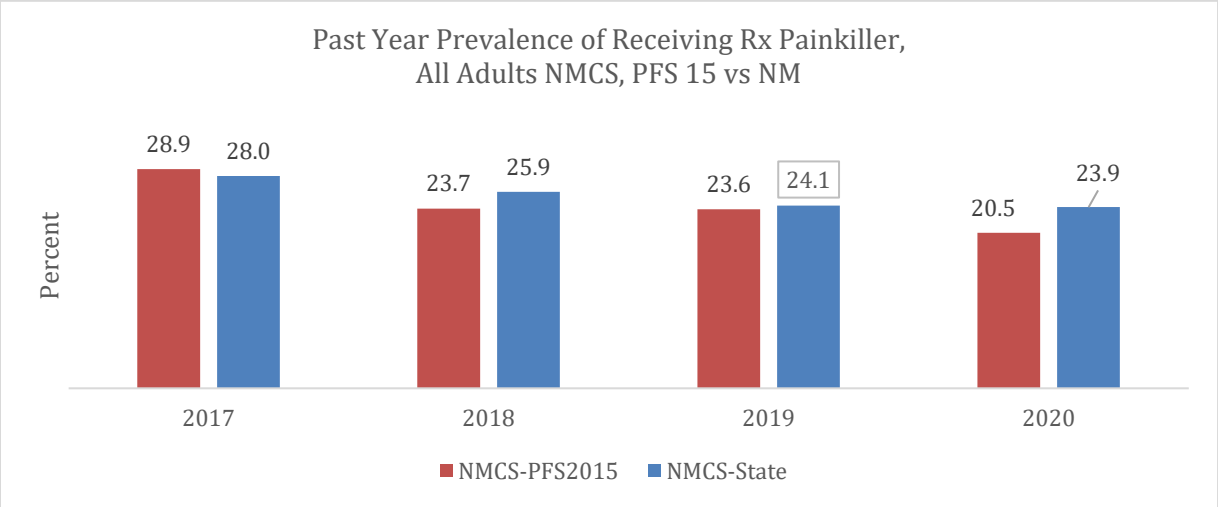
IV: Perceived Risk of Harm for Misusing Rx Painkillers

The perception of moderate or great risk of harm for using painkillers for non-medical reasons among 18 to 25-year-olds (Moderate or great risk). Across the NM OSAP system, considerable effort was made to increase the perception of harm of misusing opioids. Here we observed that perception of risk of harm among 18-25-year-olds (the adult target population for this grant) increased in both NM and PFS 15 communities.



IV: Regulated or Medical Access to Painkillers

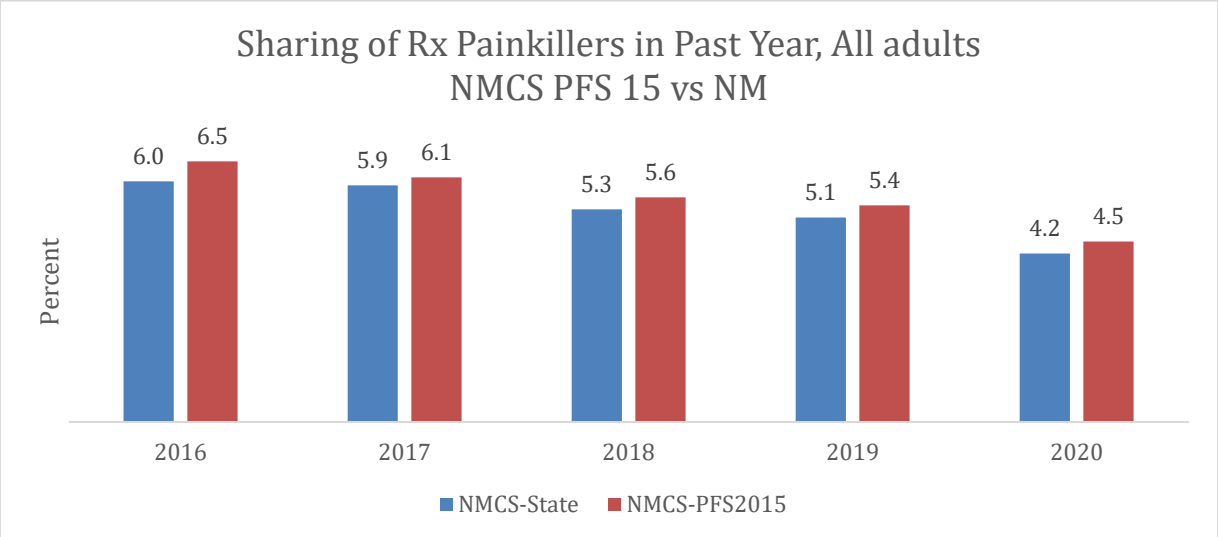
Access to prescription painkillers for misuse was a focus of PFS 15 and OSAP communities in general. To determine the primary means of access to painkillers, the NMCS asked adult respondents to identify all the ways they have accessed painkillers used (for any reason) in the last 30 days. For both NM and PFS 15 samples, the first reason consistently was from doctor(s) who have prescribed them. This is the desired source. Following doctors, the two most common sources of prescription opioids for 2016-2020 were that a family member (2), or a friend has shared them (3). In an interesting shift for 2020, the third most common way to obtain prescription opioids used in the last 30 days was direct purchase from a friend or dealer.



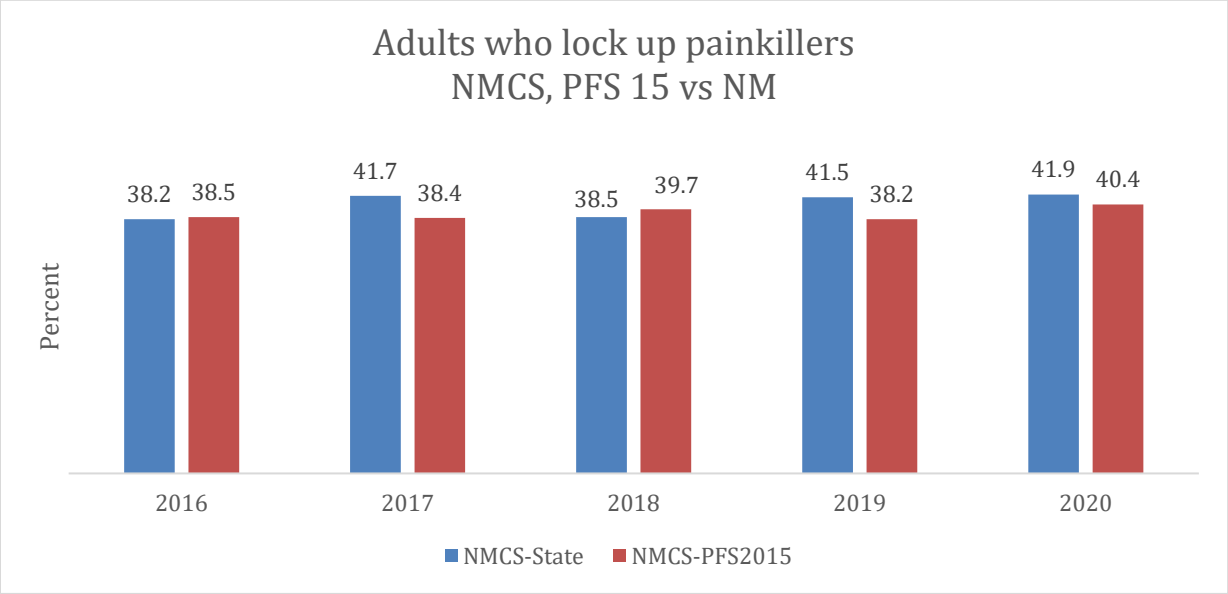
IV: Social Access to Painkillers (Passive and Active)

Past year, all adults who have shared Rx painkillers.

To measure whether messaging to reduce social access to painkillers is meeting it's mark, the NMCS asked adults whether they have shared painkillers with others (even their own family) within the past year. While measured in small increments, these results were very encouraging: in both NM and PFS 15 respondents, we saw decreases in those who self-disclosed that they have shared prescription painkillers with others. This notes a very significant shift in social norms in our state: sharing historically has been perceived as a sign of one's generosity and kindness. MDs have even encouraged their patients to stockpile their painkillers so they can be shared in the future with family members. This decrease in sharing among the PFS 15 and across the state should be considered a strong success for this grant.



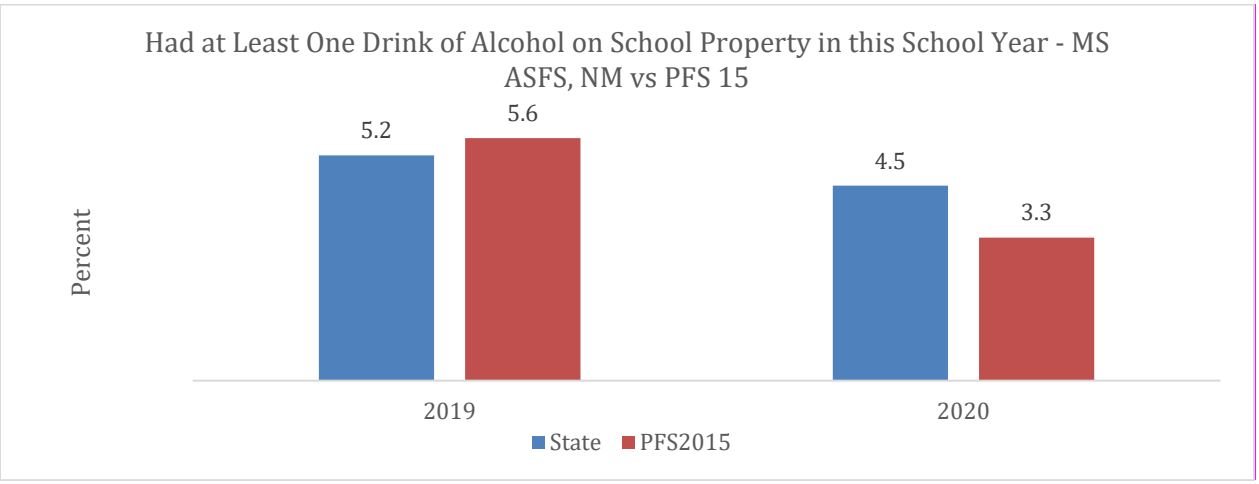
Proper storage of Rx painkillers. Lack of proper storage is a primary means by which unintentional or passive sharing of prescription painkillers happens. OSAP providers offer lock boxes to community members and educate them about how to best store prescription opioids and directing them to locations where people can best access lock boxes. In the table below, we see some small but encouraging increases in adults who reporting locking up their painkillers. While the PFS 15 sample generally showed fewer respondents with a 'yes' than the state, the percentage remains somewhat stable across both samples. It is possible that the inability to actually lock up one's painkillers with a lock box may have an influence on this measure.

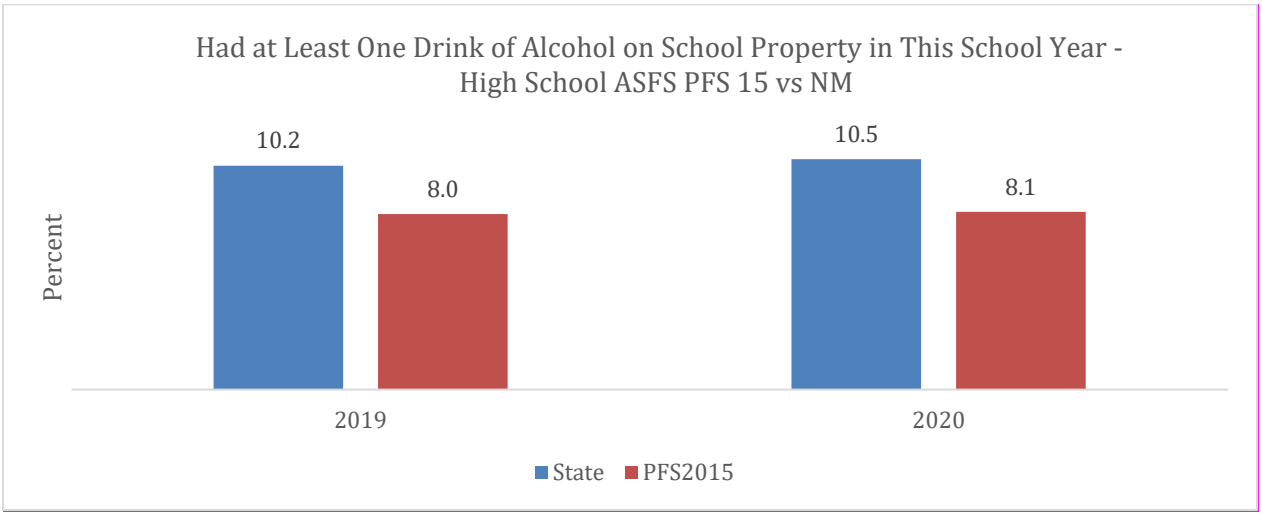


IV: Use of Alcohol and Other Drugs on School Grounds, Perception of Risk of Getting Caught

All PFS 15 programs implemented a strategy focused on school policy that addressed substance use on campus grounds. Programs supported policies creating highly visible enforcement of the rules around substance use and assuring that consequences were not overly punitive.

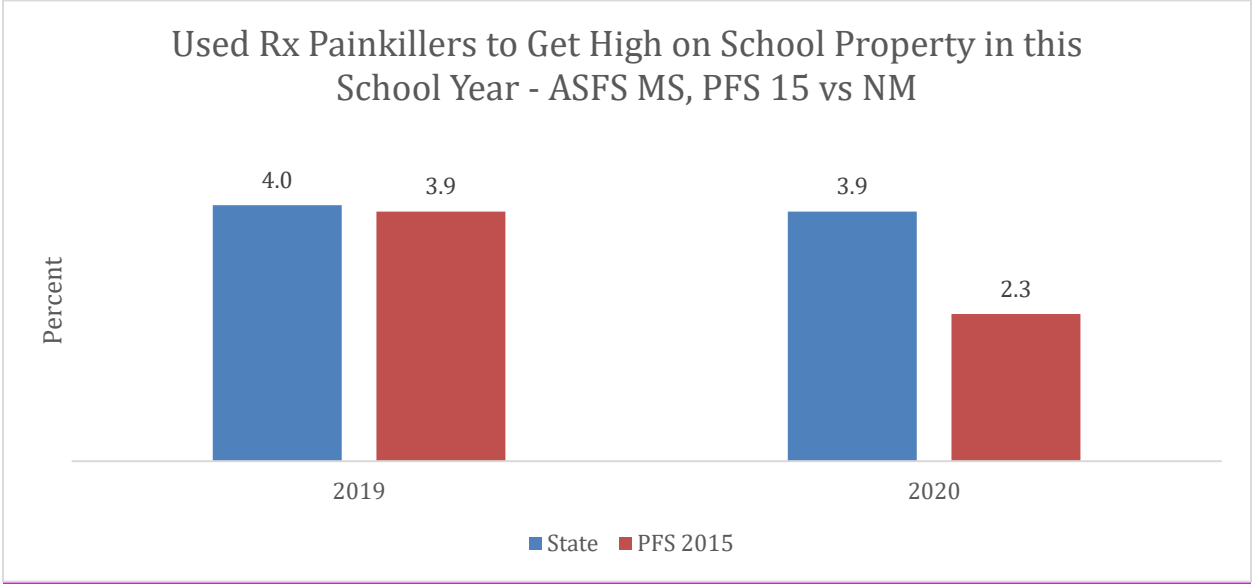
An encouraging decrease was observed in the ASFS between 2019 and 2020 of middle school aged youth reporting that they had at least one drink of alcohol or used prescription painkillers to get high on school property, in both PFS 15 communities and the overall NM sample. However, for high school students, this measure remained relatively constant for both populations.

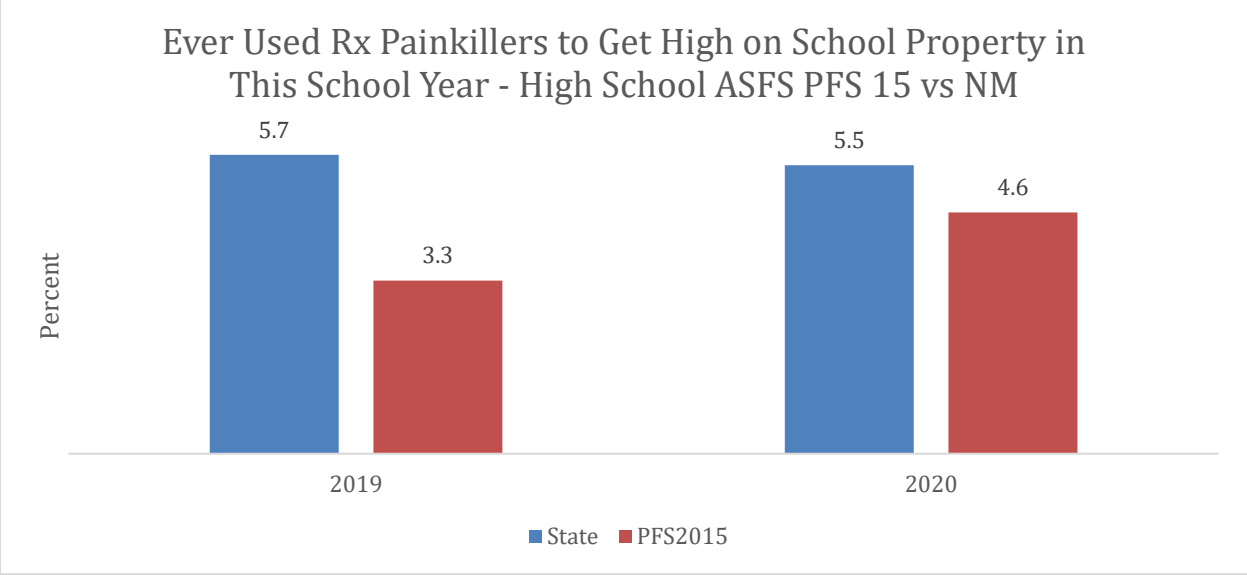




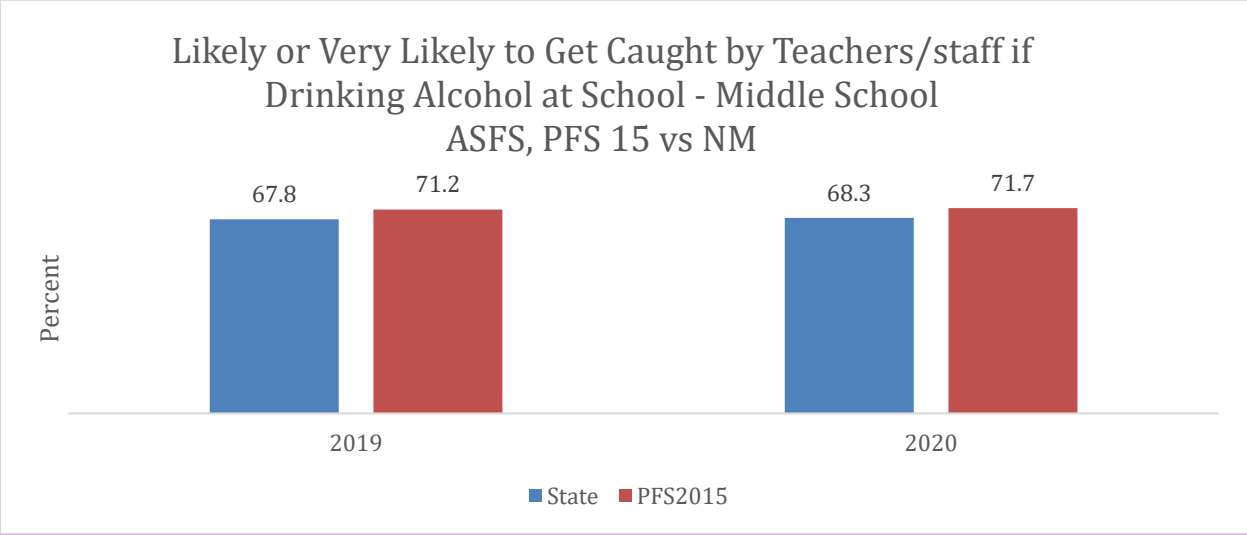
When asked about using painkillers to get high on school grounds, NM remained constant, but we saw a small but encouraging decrease in this measure with the PFS 15 sample between 2019 and 2020. PFS 15 programs did achieve more traction with policy initiatives in middle schools.

Regarding the same question for high school students, we saw a small increase between 2019 and 2020 in the ASFS measures.

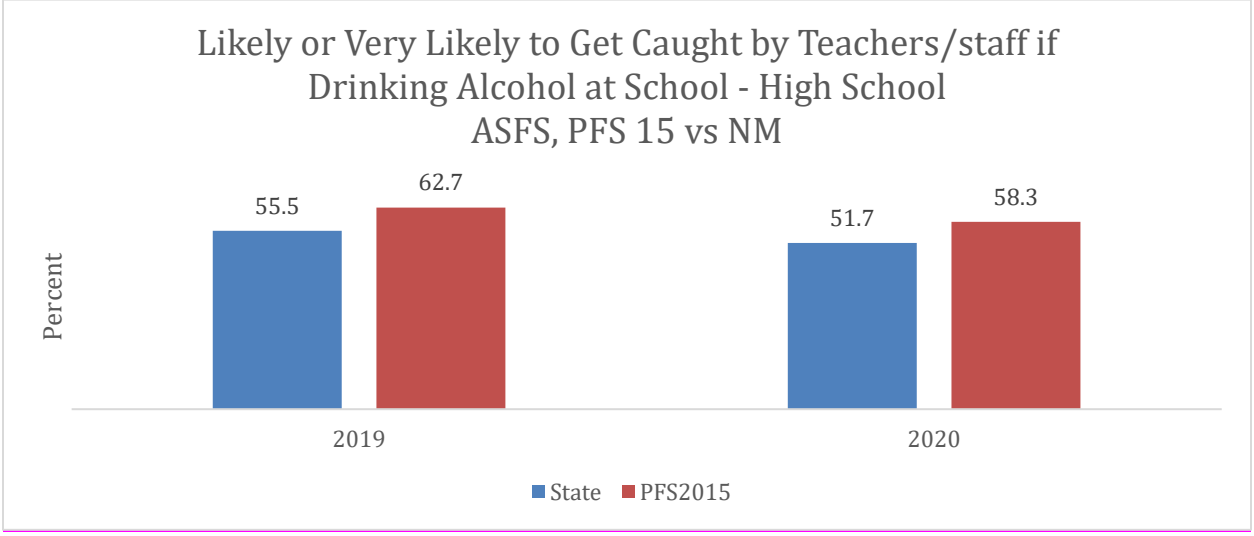




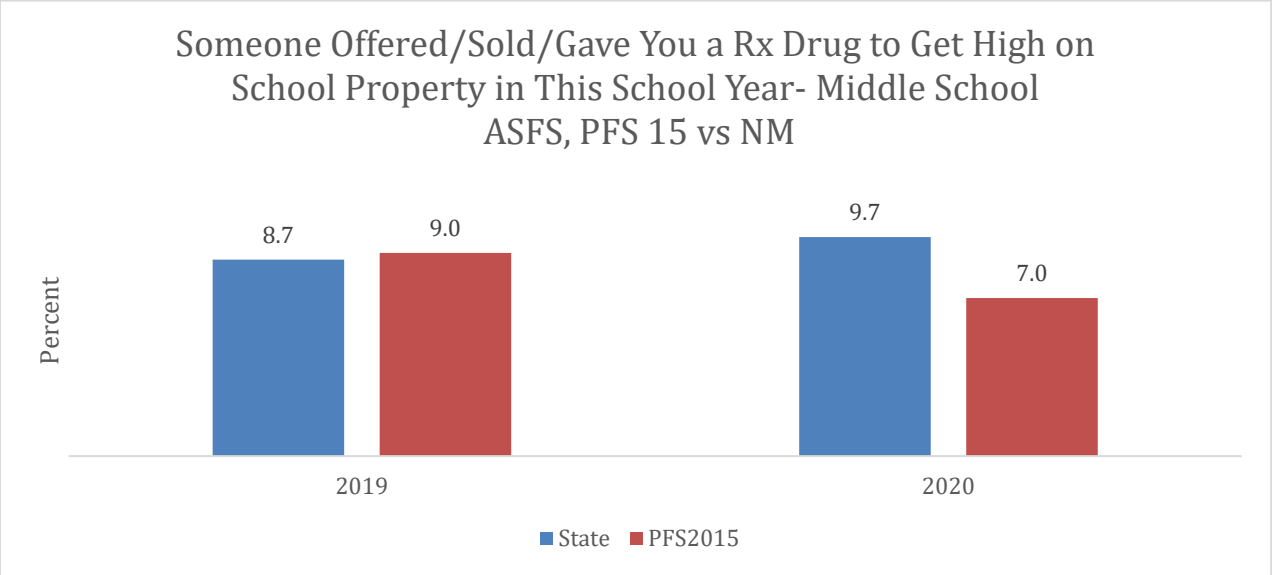
PFS15 schools instilled highly visible enforcement, such as placing staff in areas of frequent substance use (ex. parking lots) and making sure that all students understand that there are clear, consistent and equally-applied consequences for substance use. We had hoped to see that the perception of risk of getting caught would increase with these efforts. In the PFS sample below, this perceived risk was slightly higher than in the state.



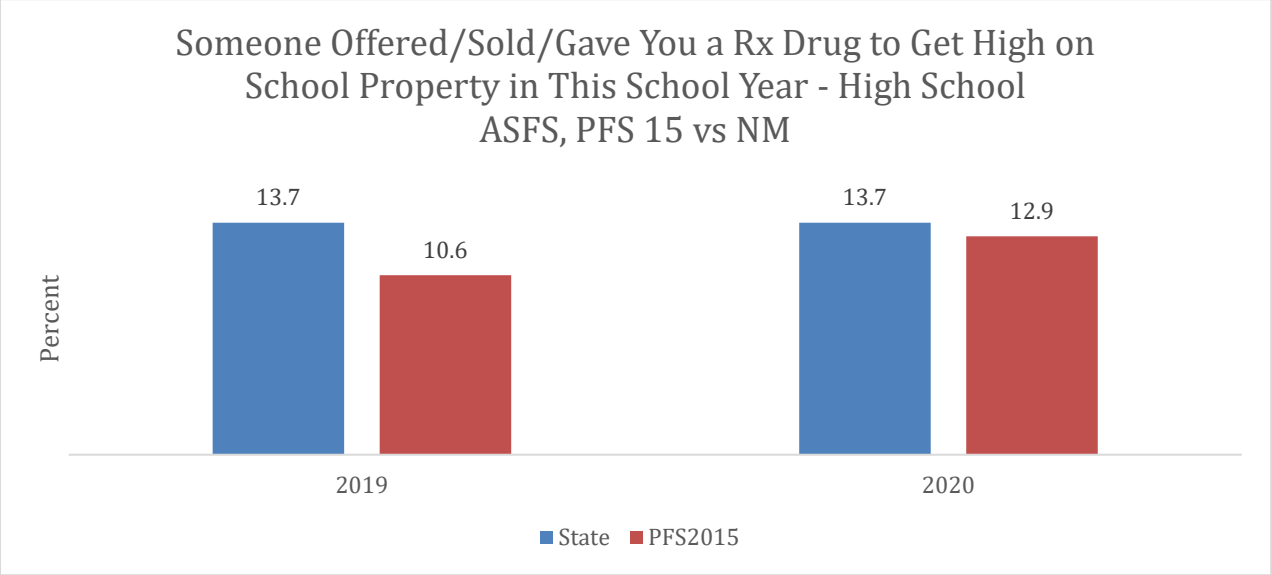
Efforts to reduce teen substance use on campus require increasing the perception of risk of getting caught. For the ASFS question, "if you are drinking alcohol at school, how likely are you to get caught by teachers or staff? (likely or very likely)" this perception of risk remained higher than the state sample.



During this school year, while on school property, has anyone offered, sold, or given you a prescription drug to get high? (Yes). Highly visible enforcement on school grounds and strong school policies around alcohol and other drug use should therefore deter students from attempting to sell and purchase substances to and from one another. We see some encouraging results from PFS 15 counties between 2019 and 2020, in contrast to a slight increase among NM participants in the ASFS.



During this school year, while on school property, has anyone offered, sold, or given you a prescription drug to get high? (Yes). For high school participants in the PFS 15 cohort, we see an opposite effect from that of students in middle schools. However, the slight increase could suggest an improvement among high school students in understanding what prescription painkillers are, as a result of improved health education overall among the PFS 15 cohort.



Summary of key program accomplishments

The PFS 2015 grant in New Mexico sought to redress low community/institutional readiness, capacity, and understanding of prevention programming as barriers. Weathering obstacles such as lack of institutional support and prevention knowledge in communities, high turnover of staff and fiscal agents, as well as a COVID-19 pandemic, the PFS 2015 cohort strengthened their collective capacity for building effective prevention programming. The state was able to meet the complex needs of the community by being flexible and responsive to community need. The key success of the grant, therefore, was increased capacity for prevention programming across the state.

Preventionists were required to work toward their CPS certification under the grant and have become strong advocates for prevention across the state. Coop Consulting and PIRE as evaluator provided SPF training, Kamama Consulting provided general prevention training and educational credit, and Coop Consulting provided technical assistance. Every provider had a local evaluator with considerable experience in data-driven decision making in support of evidence-based prevention in the state. Staff capacity was continuously built within identified communities through this multi-tiered strong state training system, and several preventionists earned their certification. The effects of these efforts are expected to ripple through the state for years to come. For example, while the IAIA program coordinator recently left IAIA, he will be continuing his prevention work at a new health clinic on the Navajo Nation, and the program assistant will be working on an OSAP grant in Rio Arriba County, one of the highest need counties in New Mexico. While the Wave Rx Program at NMSU lost their director near the end of the PFS 15 grant, that preventionist is still serving the state in an opioid harms-prevention leadership role. The Curry County preventionist is also providing technical assistance to the state for prevention. The preventionist at New Mexico Tech is now in law school at UNM, continuing her commitment to health equity, while her supervisor continues to build out substance use prevention at NMT. Even after Santa Fe Community College (SFCC) left PFS 15 funding early in the the grant, their preventionist remained engaged with prevention efforts in Santa Fe (serving on the local DWI council and the local prevention coalition) and now serves as preventionist for the NM DOH in Bernalillo County.

Community coalitions showed creativity and resilience when faced with lack of support from their funding organizations, or fiscal agents. Even while Roosevelt County experienced a change of fiscal agents, they built a strong community coalition across the city of Portales that continues to seek funding expected to continue beyond the grant. Cibola County experienced several changes with their fiscal agent yet built strong community partnerships, especially with law enforcement, and a youth coalition that is expected to continue. Both Cibola and Roosevelt Counties completed their work under the fiscal agency of the Center of Health Innovation, the state's Public Health Institute, and as a result became a part of larger prevention partnerships that especially support the southern and rural parts of the state (funded by HRSA, OSAP and NMDOH).

Three communities will continue to be funded by SAMHSA and OSAP; most have continued their efforts by incorporating their work under new entities, and those not fully funded have the momentum to continue seeking funding. Chaves County was the direct recipient of a PFS19 grant and is continuing their highly successful prevention efforts in Southern New Mexico under stable leadership. A prevention organization called San Juan County Partnership was also funded by a PFS 19 grant, and their work includes partnership with SJC. The Institute of American Indian Arts will continue their programming under the state SAPT block grant. While losing direct funding, prevention sustainability is planned to continue through at the New Mexico Institute of Technology and Mines (NM Tech), University of New Mexico Campus Office of Substance Abuse Prevention (UNM COSAP) and the New Mexico State University Wave (NMSU) programming as part of their regular campus wellness offerings. Roosevelt and Cibola counties are expected to sustain their strong coalitions while they continue to seek funding, and in the meantime have incorporated lessons learned as well as ongoing data collection of the OSAP sponsored NMCS and ASFS into their DWI programs.

Take Back Days were another highly successful PFS15 activity that helped build relationships between prevention coalitions, pharmacies, law enforcement, and community members. While relationships with law enforcement for alcohol-related interventions were difficult to cultivate for many communities, Take Back Day was an exception. The positive publicity and collaborative nature of Take Back Days created an avenue for positive relationships. The preventionist in Curry County tracked her relationship with the Chief of Police over time, and reported that after the first Take Back event, the Clovis police willingly offered officers for the ongoing event.

Party Patrols at NM Tech is another example of a notable success with an alcohol enforcement and social access intervention. Well-coordinated and highly visible party patrols, if conducted with fidelity, increase the perception of risk of consequences and reduce social access to alcohol to the underage by hindering underage drinking parties in the first place. NM Tech planned this strategy in coordination with others, including law enforcement, early in the SPF process. The strategy was fully implemented in 2018, when they saw a corresponding increase of perceived risk of legal consequences for breaking under-age drinking laws between 2018-2020 (as measured by a campus survey, Student Lifestyle Survey, SLS and the annual New Mexico Community Survey, or NMCS). NMT far exceeded their goal of increasing perception of risk by three percent. The program attributed this positive change to effective coalition coordination with their county prevention partner, promotion of law enforcement activities, and the engagement of students in the process who helped create their impactful messaging across social media. While campus pushback to the strategy was strong, students' negative reaction to Party Patrols demonstrated increased awareness of these enforcement activities, effectiveness of highly visible enforcement, and increased awareness of what prevention efforts were happening on campus and how students could become involved.

Communities also had success with educational Alcohol, Tobacco and Other Drug (ATOD) policy changes. Every PFS 15 community was required to adopt this strategy, impacting existing

school policies and readiness. Communities collected data with youth around substance use, increasing highly visible enforcement of ATOD policies, and eliminating zero-tolerance policies that contribute to the school to prison pipeline. Notably, the program coordinator in Cibola County was able to build strong relationships with the school administration and the school board, resulting in the drafting of a Memorandum of Understanding (MOU) with the Cibola School Board for collection of the Annual Strategies for Success (ASFS) survey. ASFS data were shared with the County Commissioners, Cibola High School and the school board. Policies to address substance use were put in place shortly after, and the MOU was signed to continue the collaboration with the schools. IAIA also had an ATOD policy win. A policy had been in place for many years that left the most at-risk students vulnerable to losing on-campus housing. In a short time, the prevention team successfully advocated for a "two-strike rule," in which instead of expulsion, those found to violate substance use regulations are redirected to receive increased access to mental health services, treatment, and support groups.

Communities worked hard to adapt to COVID 19, and all PFS15 programs were able to continue meetings and trainings via Zoom including a weekly webinar and the semi-annual OSAP recipient meeting. Programs were innovative in identifying and serving high need communities, most notably the LBGTQ two-spirit Indigenous community. An Indigenous two-spirit well-being group was formed as part of IAIA's weekly programming. This program became an unexpected lifeline during the pandemic, when students were sometimes sent home to high-risk environments steeped in poverty and high rates of COVID 19, substance abuse, and domestic violence. Food insecurity and uneven internet access in rural Native areas were problems to which IAIA quickly responded. The prevention program became a lifeline for the campus since the preventionists had a solid core of students that trusted them, possessed social media savvy, and had families on the Navajo Nation. IAIA was able to launch a successful effort to connect students with laptops and internet hotspots, distribute food, and provide ongoing wellness services coordinated through the prevention program and the counseling center. Similarly, Cibola County created a packet of ATOD information and a prevention handbook which were disseminated at food pantries, domestic violence shelters, churches, senior centers, hospitals, and prevention programs at Laguna/Acoma Pueblos, and other community agencies. Law enforcement officers volunteered to pick up and distribute the resource packets, strengthening nets of support for vulnerable community members. In sum, PFS 15 communities experienced an end to their funding at a time that coincided with the hardships of the pandemic. Despite this double challenge, each subrecipient stepped up to serve their community's prevention needs by responding nimbly to support community essentials, which especially included substance use and mental health support.

Key changes made to the project that differ from the application

Due to low community capacity and readiness, there were several changes of fiscal agents and partners over the course of five years. These included:

- Especially in the first two years of the grant, there was considerable turn-over in preventionists, sometimes with a corresponding turn-over in fiscal agents. These changes frequently required re-training on the SPF steps.
- The SFCC was an original member of the NMHEPC and grant recipient. SFCC left the grant in 2017 and was replaced by IAIA.
- UNM was the original fiscal agent for the NMHEPC and distributed funds to the five colleges. Due to difficulties with UNM as fiscal agent, OSAP began distributing funds directly in 2019.
- NMSU left the grant in FFYQ3 of 2020, one quarter before the grant completed.
- There were changes of fiscal agents in Roosevelt, Chaves, and Cibola Counties.

The context of these changes will be narrated more fully below as part of the larger story of the PFS15 grant.

Difficulties and/or problems encountered in achieving planned goals and objectives, and actions taken to overcome difficulties

Lack of broad, institutional support for prevention efforts was an obstacle all PFS 2015 communities faced. Prior to the implementation of the PFS 2015 grant, there had been no capacity for strong evidence-based prevention built within the selected counties and limited capacity in the colleges. Each subrecipient had to continually confront particular social norms and divergent interests related to substance misuse in their communities, though issues varied between counties and colleges.

For example, within the county programs, the originally identified fiscal agents lacked actual infrastructure and understanding of prevention to support prevention programs. Readiness for the implementation of a prevention program was extremely low, and the county programs experienced significant staff turn-over, if not of fiscal agent as in the case of Cibola and Chaves. County agencies experienced confusion related to grant parameters and limitations as well as requirements. Due to a confounding complication of state and federal requirements, letters of intent were required to participate in the federal grant application, however the fiscal agent could only be a public entity if the state were not to require an RFP, for which there was little time to complete. As a result, counties like Chaves County had an initial agreement and letters of commitment with government entities with little experience in prevention. When the money was awarded, the public entity withdrew, as there was new leadership who lacked prevention readiness and all agreements were off the table. The OSAP team had to identify a new entity. OSAP established communication with leadership of La Casa, a behavioral health treatment agency familiar with the OSAP system. Even after initiating services with La Casa, there was turn-over with the preventionist position, as La Casa was accustomed to direct service interventions with youth, rather than coalition-based environmental strategies.

Similar problems were faced in Cibola County. Cibola's fiscal agent started with the county, then the city, then a local social services non-profit, eventually landing with CHI. Especially among

the counties, this changeover can likely be a result of offering sponsorship to governmental agencies that in NM (as in other places) can lack the depth of institutional knowledge to support evidence-based prevention, as leadership can be subject to politically-driven turn-over. Within the last year of the grant in Cibola, Roosevelt and NMSU, fiscal agents decided they no longer wished to participate in the PFS 2015. In the case of the counties, CHI came forward to sponsor the grant for the remainder of the funding period. CHI hired the prevention director of NMSU to serve as a trainer in academic detailing across the state. These hires and contract accommodations are a sign of this NM Public Health Institute's faith in the prevention capacity built through PFS 15 support.

The members of the NMHEPC faced their own obstacles related to lack of institutional knowledge and support for prevention. For example, like the political contexts faced by county programs, preventionists on college campuses had to confront changing administrations and policies that would claim friendliness to prevention efforts (and especially funding) while instituting policies counter to program efforts. At the same time, the livelihood of a prevention program nested in university infrastructure is subject to changes in university leadership priorities and the ever present risk of fiscal insolvency. For example, during the implementation of the NMSU Wave Rx program, NMSU relaxed their alcohol enforcement policies, and ended their status as a dry campus. The UNM also ended their status as a dry campus to open a UNM "Lobo" mascot-branded microbrewery in the Student Union. These two programs, due to their organizational structure within the university, were inhibited from responding to this most basic violation of alcohol harms prevention: not only was there increased access to alcohol, but a normalization and promotion of alcohol consumption through the university's branding with its name. The preventionists at NM Tech also reported continually confronting widespread, entrenched alcohol use culture among students, supported by a low perception of risk of consequences.

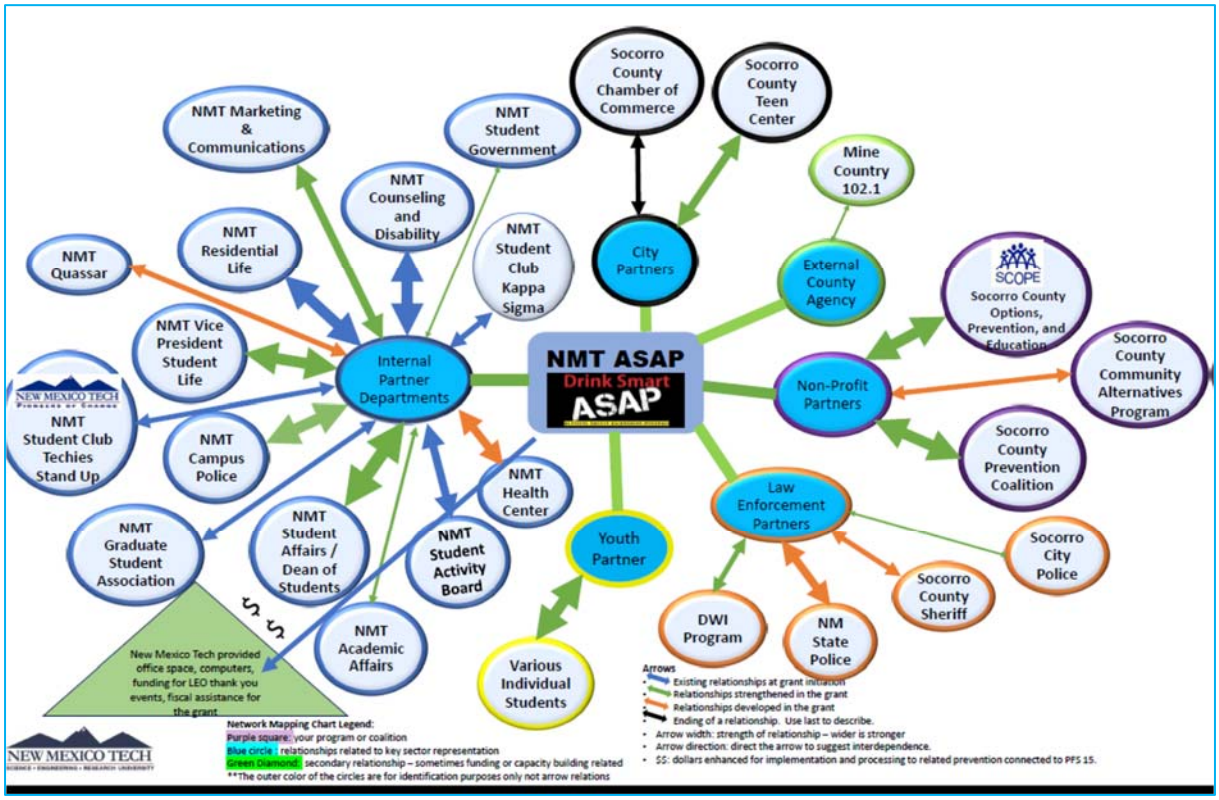
College preventionists had to confront a lack of readiness from within their own administrations. For example, while San Juan College had a strong start at the inception of the grant with leadership familiar with social-norms based prevention work with colleges, staffing turnover resulted in a low-capacity, opaque situation. SJC serves primarily indigenous and Latinx students from the surrounding areas, especially the nearby Navajo nation. New staff continuously reported deep racial inequities entrenched in university leadership structure, so that this prevention program that served primarily historically marginalized students had few opportunities within the college for prevention alliance. Turnover in the prevention program was paralleled by a re-organization of college leadership structure, and the prevention program was not officially housed within any department within the university, effectively sidelining the PFS15 program. Originally awarded the grant to engage and serve the student body and the immediate area of influence surrounding the college campus, the prevention specialist experienced resistance within the university to meet these ends. The lack of institutional support for the program and program initiatives left the prevention specialist working in isolation to attempt to affect environmental change.

Given such low readiness for prevention efforts, PFS 2015 programs suffered from high staff turnover. This issue was exacerbated by low prevention capacity and infrastructure at the start of the grant. There were no certified prevention specialists to hire either at the start of the grant, nor to replace preventionists that left. Many preventionists hired would be trained by the state prevention team, would build capacity, then would leave. Each hire typically was completely unfamiliar with prevention, which meant starting from scratch with the SPF process. The constant turn over resulted in a lack of buy-in over the course of the grant. Despite best planning efforts, in several cases, there were no internal records of grant history with the fiscal agent when a staff person left. In addition, the field of prevention is not a widely recognized or understood profession in New Mexico. The pay scale offered in low capacity counties was well below what was sustainable for many preventionists. When a person found a way to make a better living, they left.

The state team realizes that this is a workforce development issue and, in essence, the PFS15 grant was a pilot in infusing five years of direct targeted funding into these low capacity, high need communities. There is currently no path for advancement in the field of prevention in the state. While training toward the Certified Prevention Specialist credential was accessible to all grant recipients, it takes two years to complete and is not a credential reimbursed by Medicaid or other insurance carriers. Other credentials, such as a CPSW (Certified Peer Support Worker), take less time, are more widely recognized, and are reimbursable in NM. A lack of a clear career path for preventionists has made it difficult to professionalize the field of prevention in New Mexico. Developing a sustainable prevention workforce continues to be one of the state's priorities moving forward. PFS-15 has shown key stakeholders in the state the importance and impact of investing time and money into professionalizing prevention work.

As previously stated, a key success of the PFS 2015 grant was the ability of the state to meet the complex needs of the community by being flexible and responsive as difficulties arose. Technical assistance and evaluation supports were effective and timely, resulting in increased prevention readiness and capacity across the state. The state team has learned how long it takes to establish a program in communities that are high need and low capacity; at least 3-5 years. At the same time, we have no doubt that prevention efforts will continue to strengthen and build over time; the skills and knowledge gained through implementing the PFS15 grant will undoubtedly continue to ripple through communities across the state. As evidence of this, all communities completed a Coalition and Partnership Map at the final PFS 2015 breakout session for the OSAP recipient meeting. These maps demonstrate community partnerships that did not exist at the start of the grant; connections that now exist to collaboratively support prevention projects. While it's impossible to predict the strength of capacity built within these communities, it is possible to demonstrate a clear increase in collaboration and partnerships working together to address substance abuse needs in communities across New Mexico.

Below is a sample of one of these images from NMT:



This report was written for submission to CSAP by the New Mexico Office of Substance Abuse Prevention, PFS 15 leadership Karen Cheman and Heather Burnham.

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We are grateful for the contributions to this report made by the PFS 15 program staff, leadership and local evaluators as well as the NM Epi Response Division epidemiologists who contributed data informing this report, especially in the form of the Appendix 1.

APPENDIX 1: Alcohol and Prescription Drug Use Trends PFS 2015 Counties and New Mexico, 2016-2019

New Mexico Department of Health, Epi Response Division.

See appended pdf document.

Alcohol and Prescription Drug Use Trends

PFS 2015 Counties and New Mexico, 2016-2019

NEW MEXICO DEPARTMENT OF HEALTH

EPIDEMIOLOGY AND RESPONSE DIVISION

INJURY AND BEHAVIORAL EPIDEMIOLOGY BUREAU

SUBSTANCE ABUSE EPIDEMIOLOGY SECTION

DECEMBER 2020

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Alcohol-Related Mortality

2016-2019

Alcohol-Related Disease Impact (ARDI) – 2020 Update

In July 2020, the Centers for Disease Control and Prevention made scientific updates to ARDI. Updates were made to the relative risks and alcohol-attributable fractions based on recent scientific literature and information from multi-state surveillance systems. ARDI is used to estimate the number of alcohol-related deaths and years of potential life lost which reflects the impact of excessive alcohol use.

New Mexico Department of Health updated the alcohol-related mortality indicators in 2020 using the new ARDI definition. Updated data are not comparable to previous years' reports due to the differences in ARDI definitions.

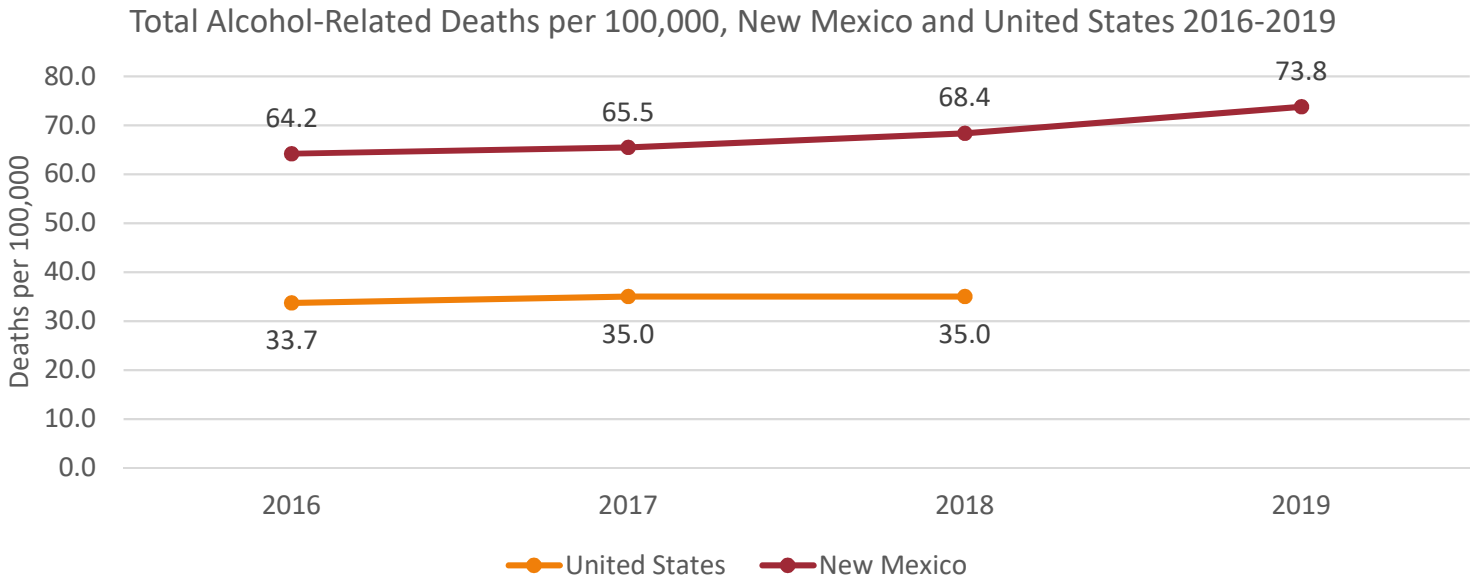
More information about ARDI can be found here: https://nccd.cdc.gov/DPH_ARDI/default/default.aspx

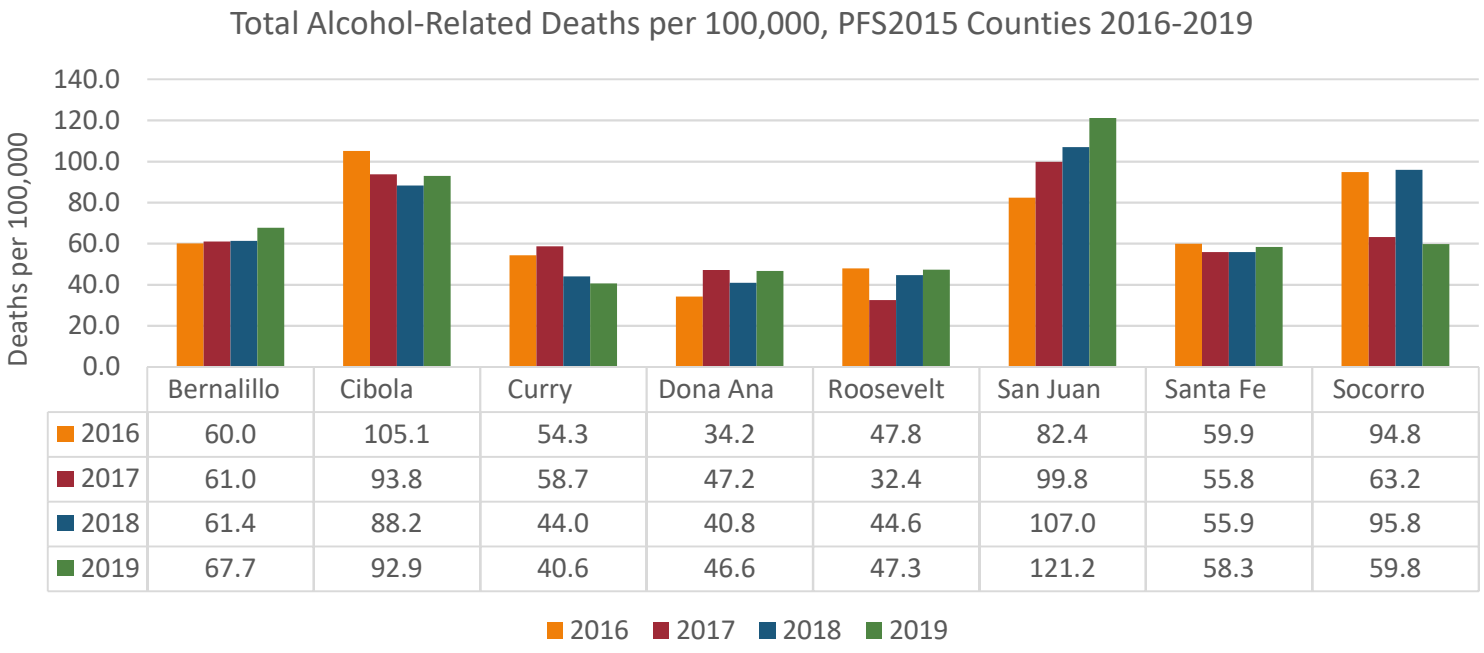
Total Alcohol-Related Death

2016-2019

Total Alcohol-Related Death, 2016-2019

New Mexico has consistently had among the highest alcohol-related death rates in the US for the past 3 decades. In recent years, New Mexico's total alcohol-related death rate has been approximately twice the national rate. In 2019 there were 1,587 deaths due to excessive alcohol use in New Mexico, a 6% increase from 2018. Males have more than double the alcohol-related death rates compared to females, and in New Mexico, Native Americans bear the greatest burden of alcohol-related death. The Community Preventive Services Task Force has several recommendations to reduce alcohol-related harms: https://www.thecommunityguide.org/topic/excessive-alcohol-consumption



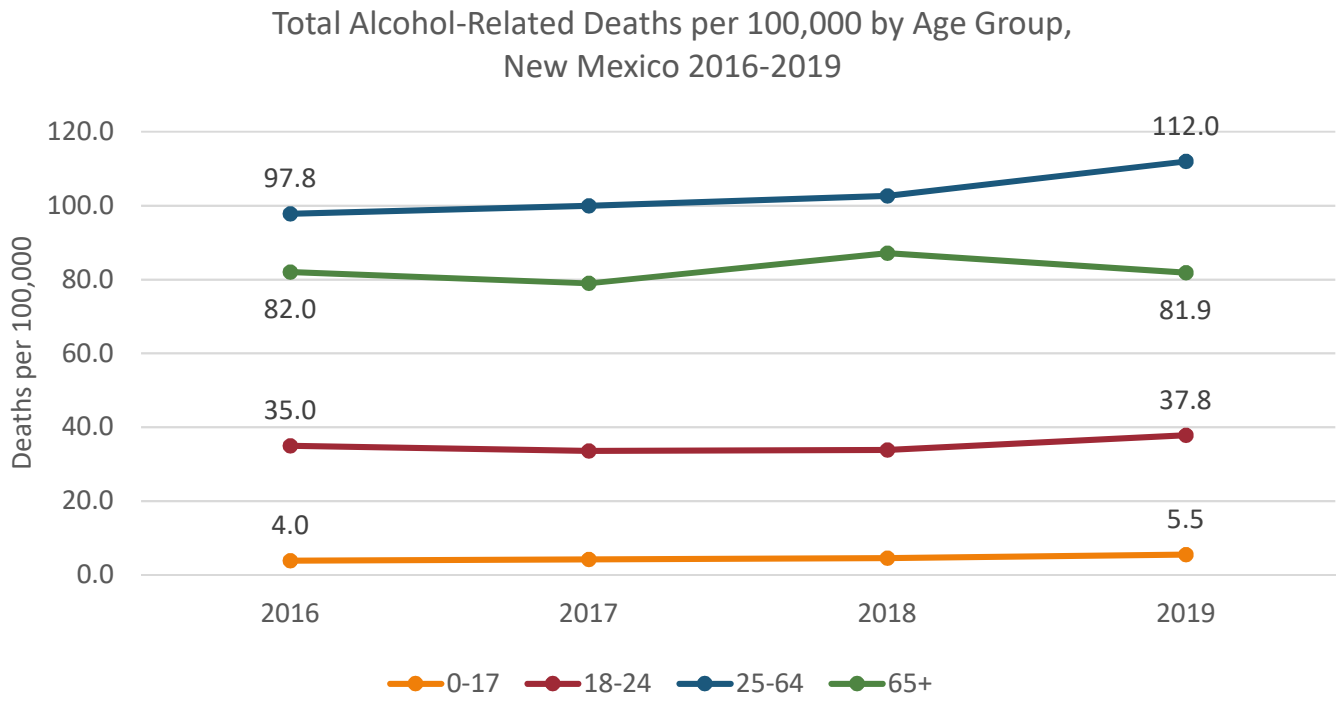


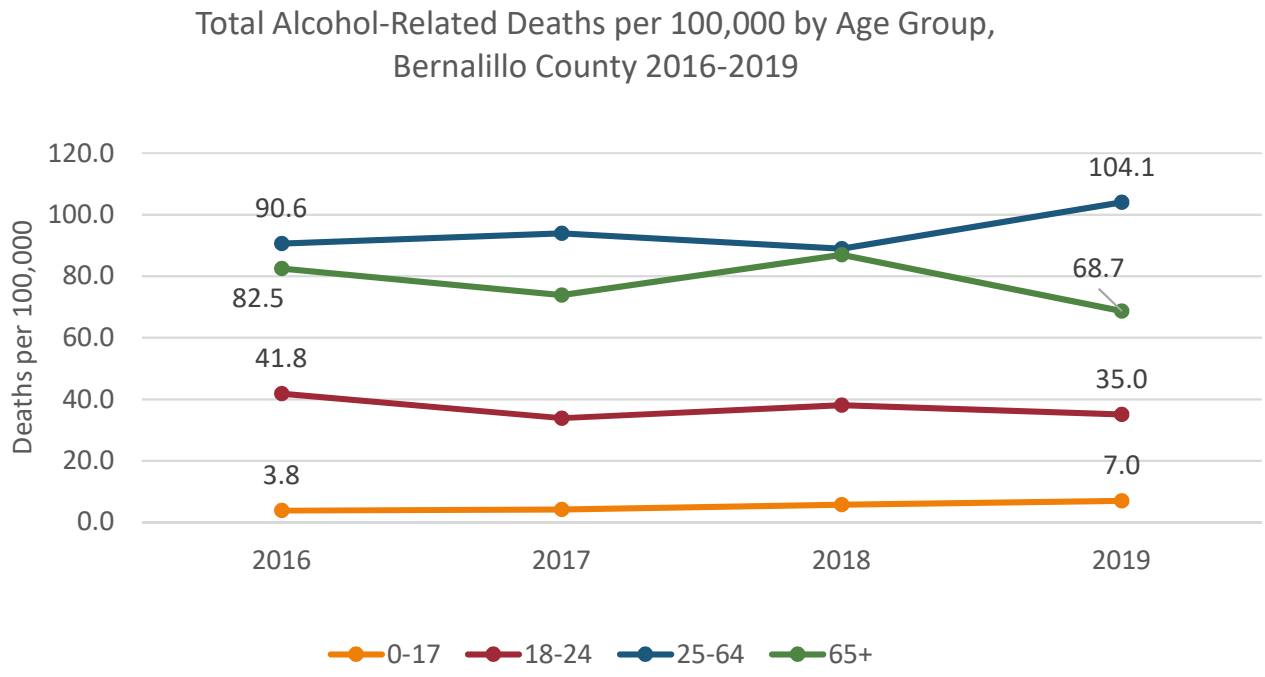
	Bernalillo	Cibola	Curry	Dona Ana	Roosevelt	San Juan	Santa Fe	Socorro
2016	60.0	105.1	54.3	34.2	47.8	82.4	59.9	94.8
2017	61.0	93.8	58.7	47.2	32.4	99.8	55.8	63.2
2018	61.4	88.2	44.0	40.8	44.6	107.0	55.9	95.8
2019	67.7	92.9	40.6	46.6	47.3	121.2	58.3	59.8

Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS, CDC ARDI v3

Total Alcohol-Related Death by Age Group, 2016-2019

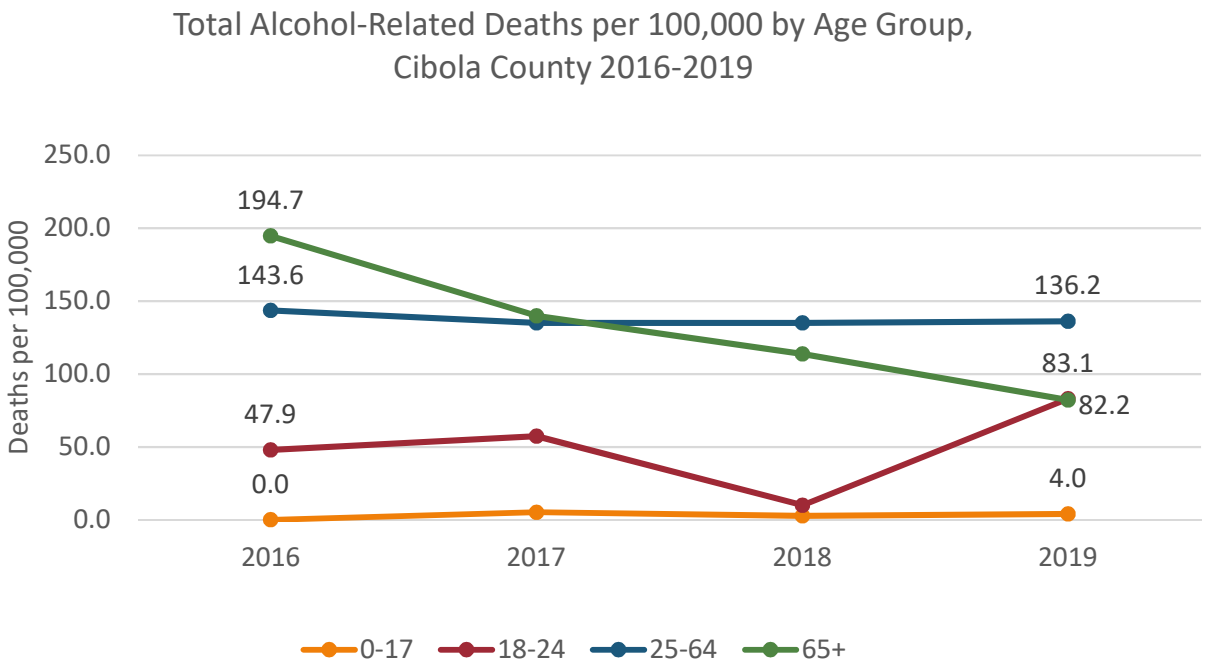
Alcohol-related deaths are highest among 25-64 year olds in New Mexico from 2016-2019 followed by 65+ year olds, 18-24 year olds, and 0-17 year olds. The largest rate increase from 2016 to 2019 occurred in the 25-64 year old age group going from 97.8 deaths per 100,000 population to 112 deaths per 100,000 population.

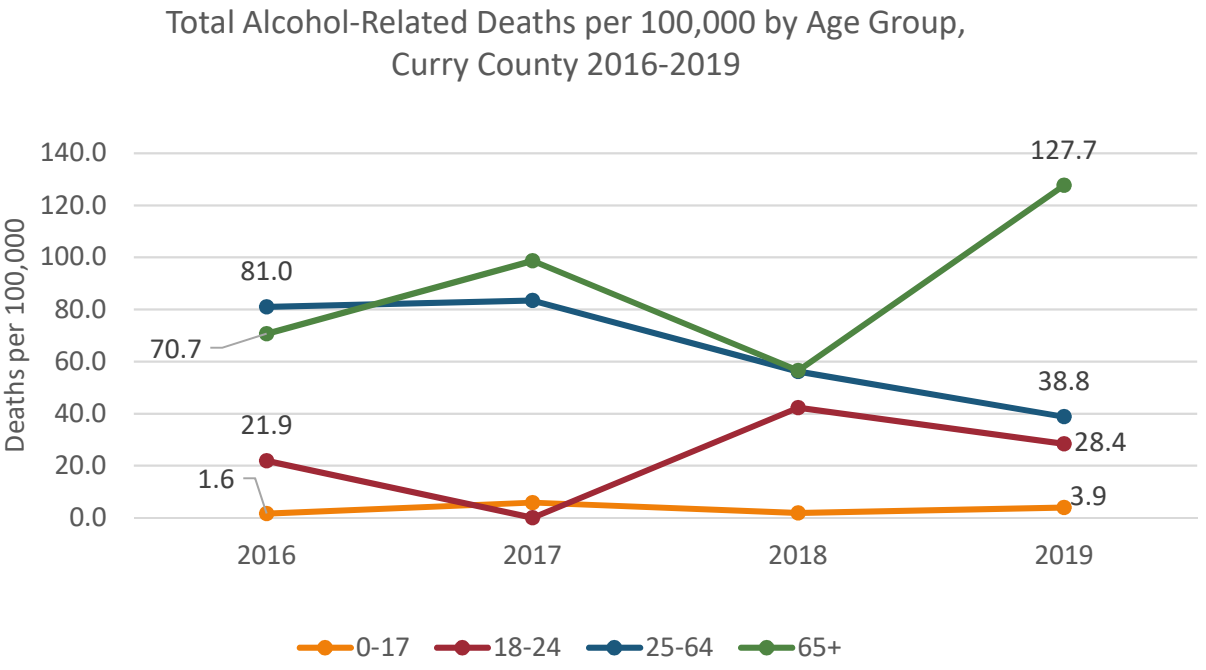




Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS, CDC ARDI v3

Total Alcohol-Related Death by Age Group, 2016-2019





Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS, CDC ARDI v3

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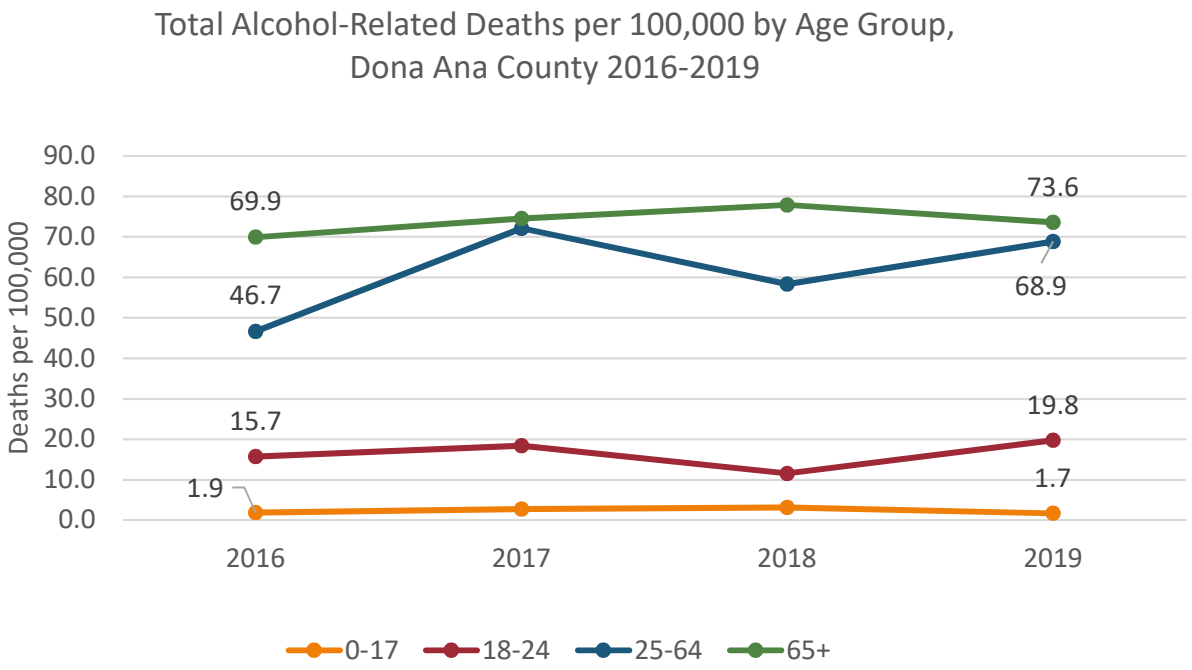
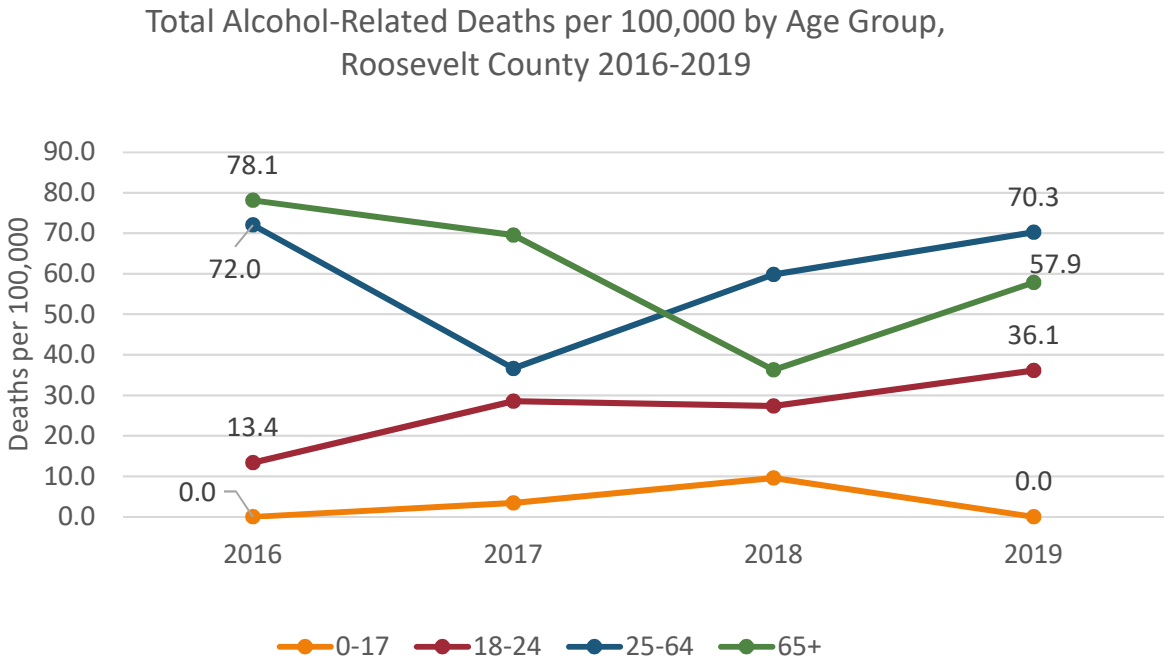
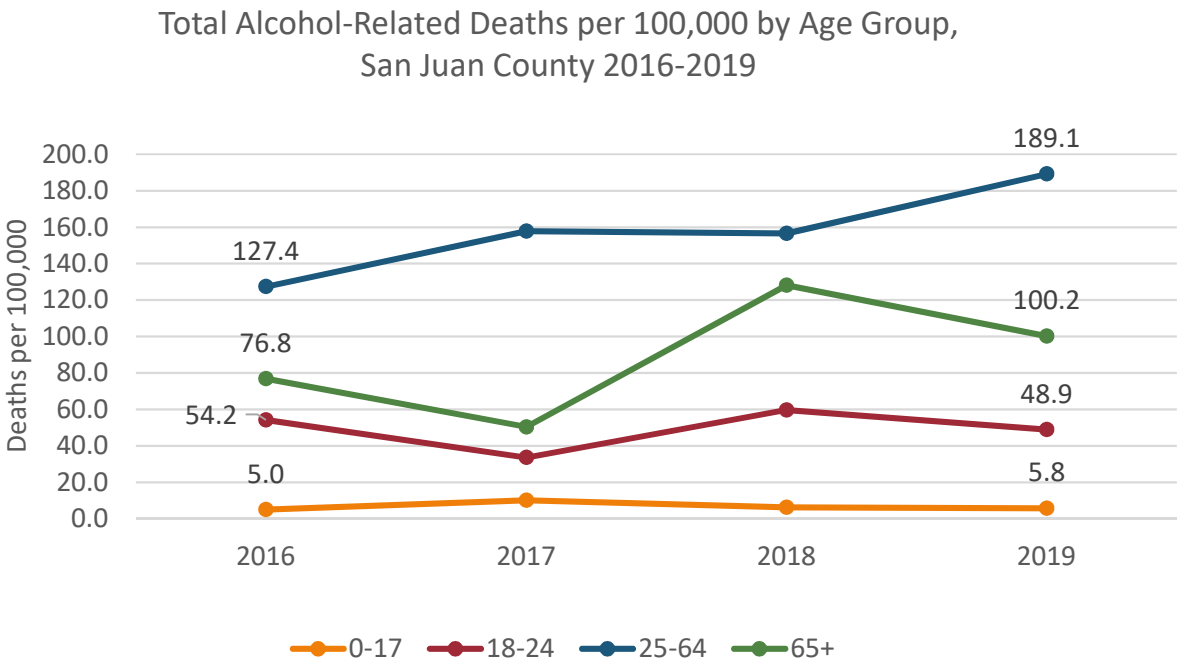
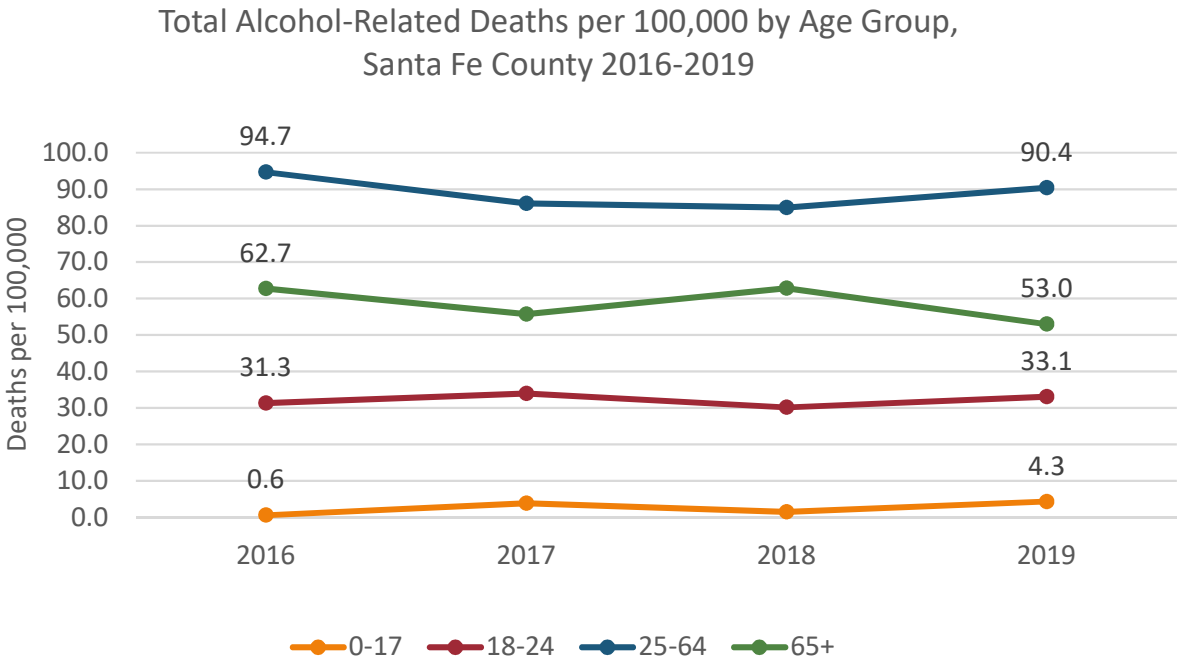




Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS, CDC ARDI v3

Total Alcohol-Related Death by Age Group, 2016-2019





Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS, CDC ARDI v3

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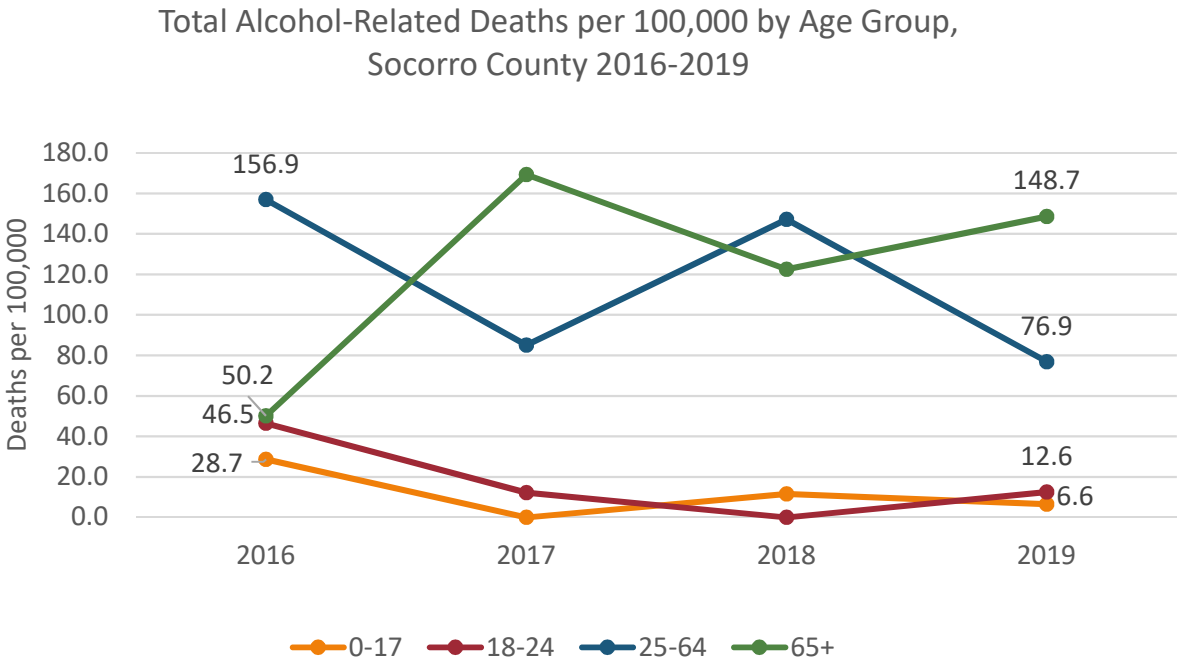


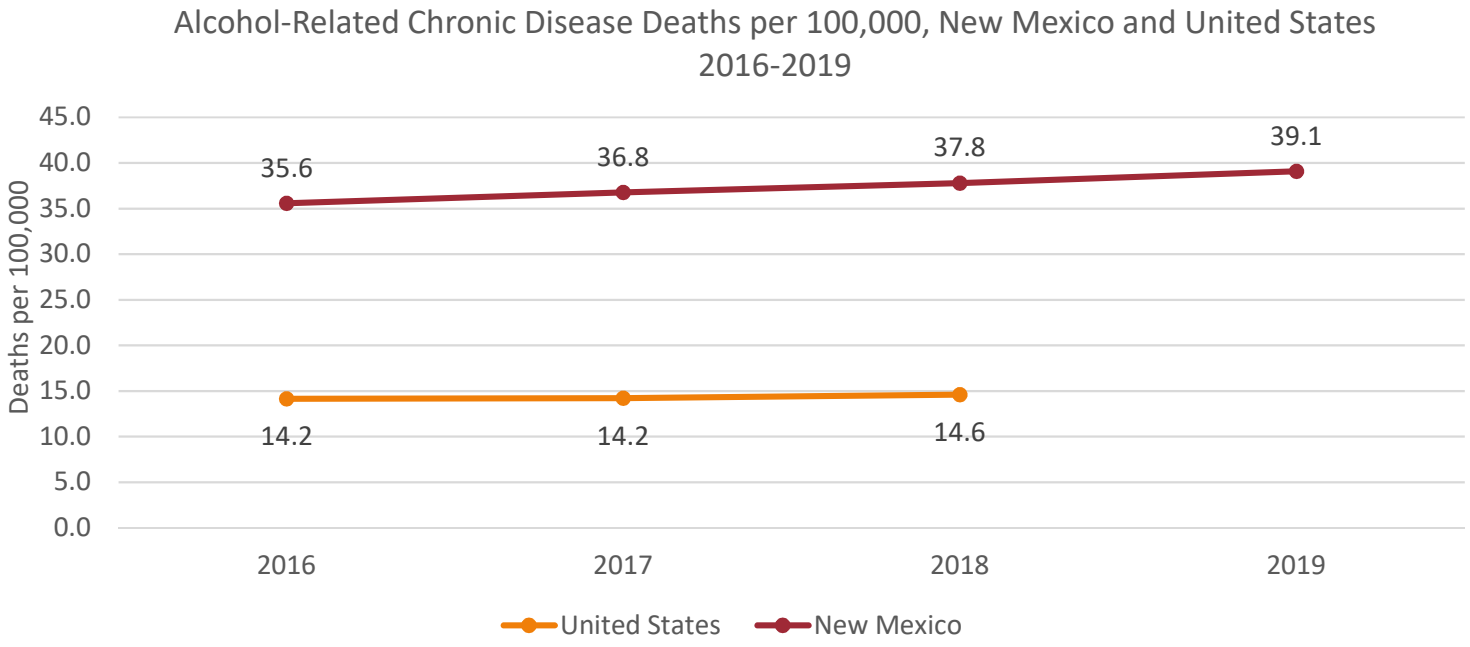
Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS, CDC ARDI v3

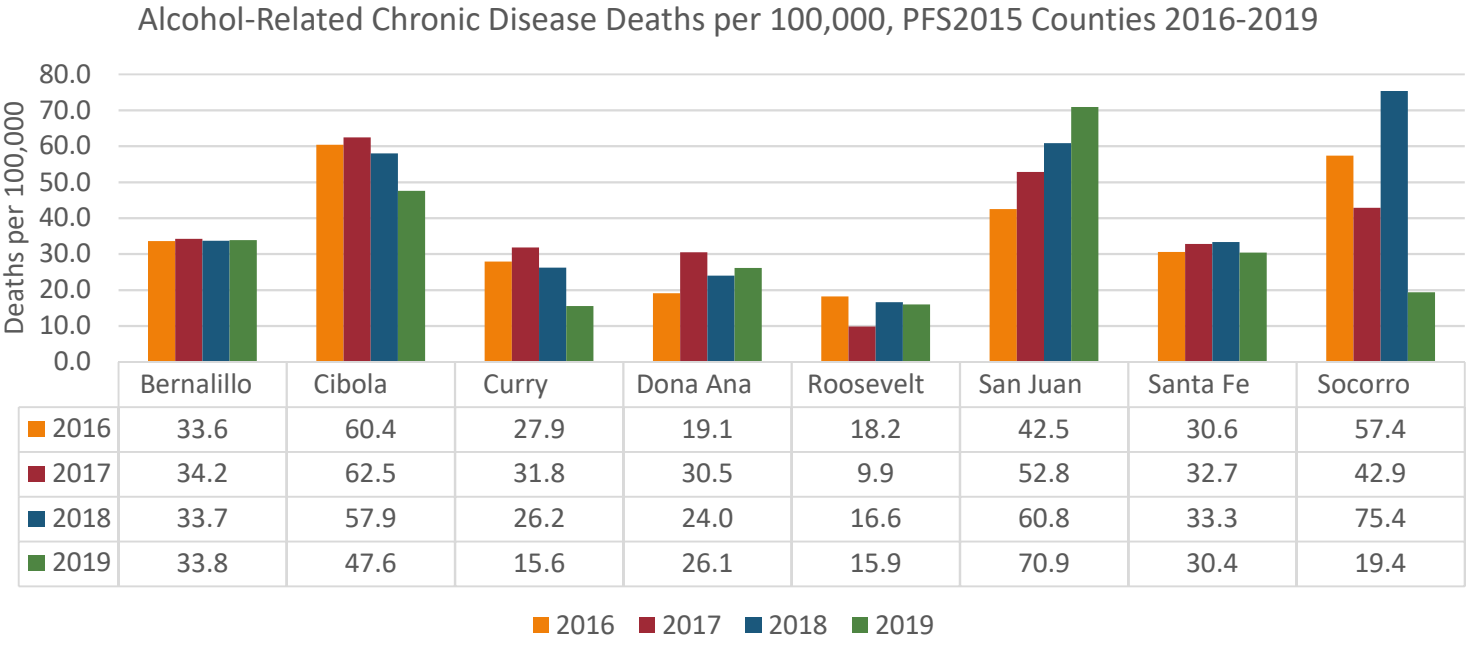
Alcohol-Related Chronic Disease Death

2016-2019

Alcohol-Related Chronic Disease Death, 2016-2019

New Mexico's alcohol-related chronic disease death rate was more than twice the national rate from 2016 to 2019. Among the PFS2015 counties, San Juan County has a clear trend of increasing alcohol-related chronic disease death rates pointing to a need for focused intervention. The most common cause of alcohol-related chronic disease death is chronic liver disease.



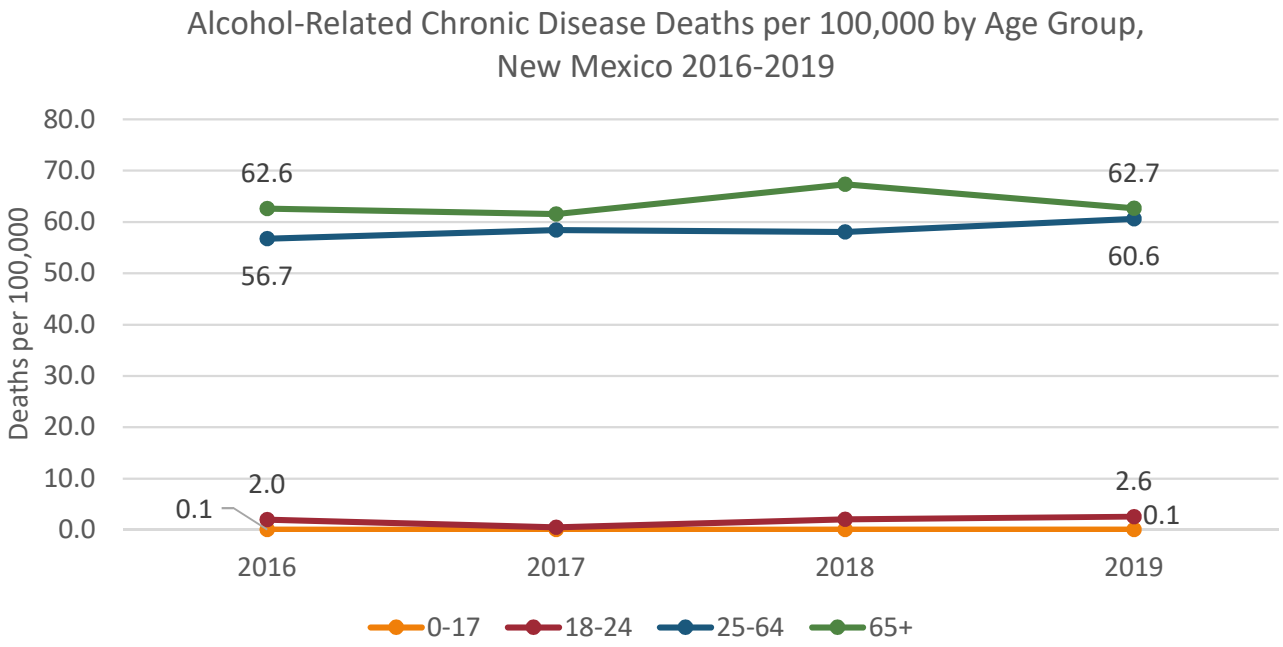


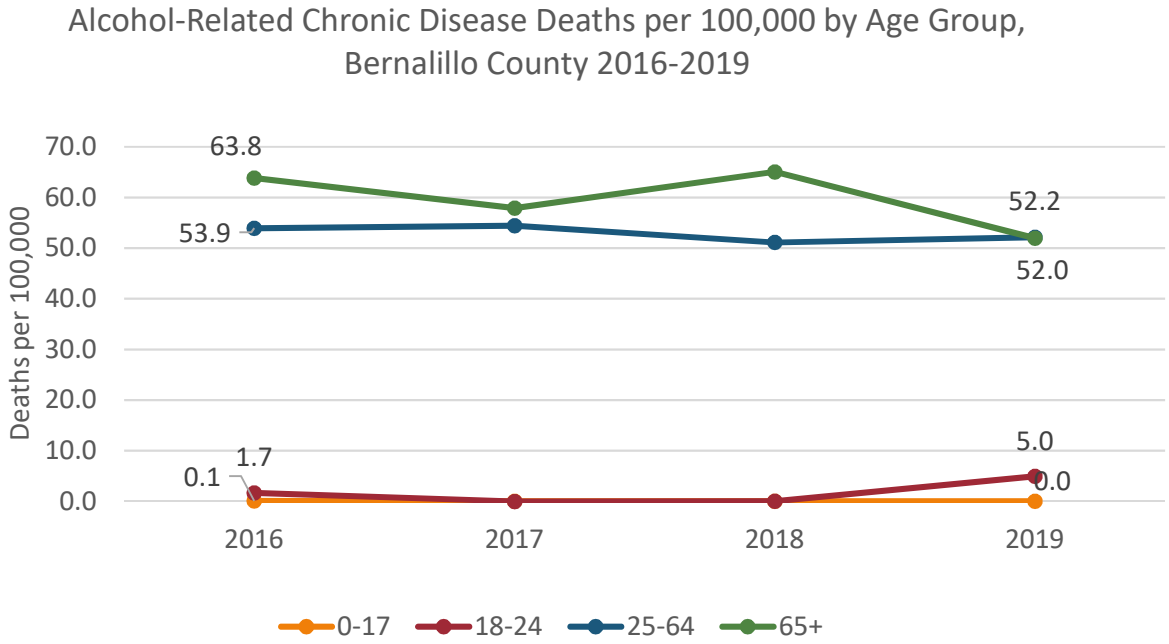
	Bernalillo	Cibola	Curry	Dona Ana	Roosevelt	San Juan	Santa Fe	Socorro
2016	33.6	60.4	27.9	19.1	18.2	42.5	30.6	57.4
2017	34.2	62.5	31.8	30.5	9.9	52.8	32.7	42.9
2018	33.7	57.9	26.2	24.0	16.6	60.8	33.3	75.4
2019	33.8	47.6	15.6	26.1	15.9	70.9	30.4	19.4

Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS, CDC ARDI v3

Alcohol-Related Chronic Disease Death by Age Group, 2016-2019

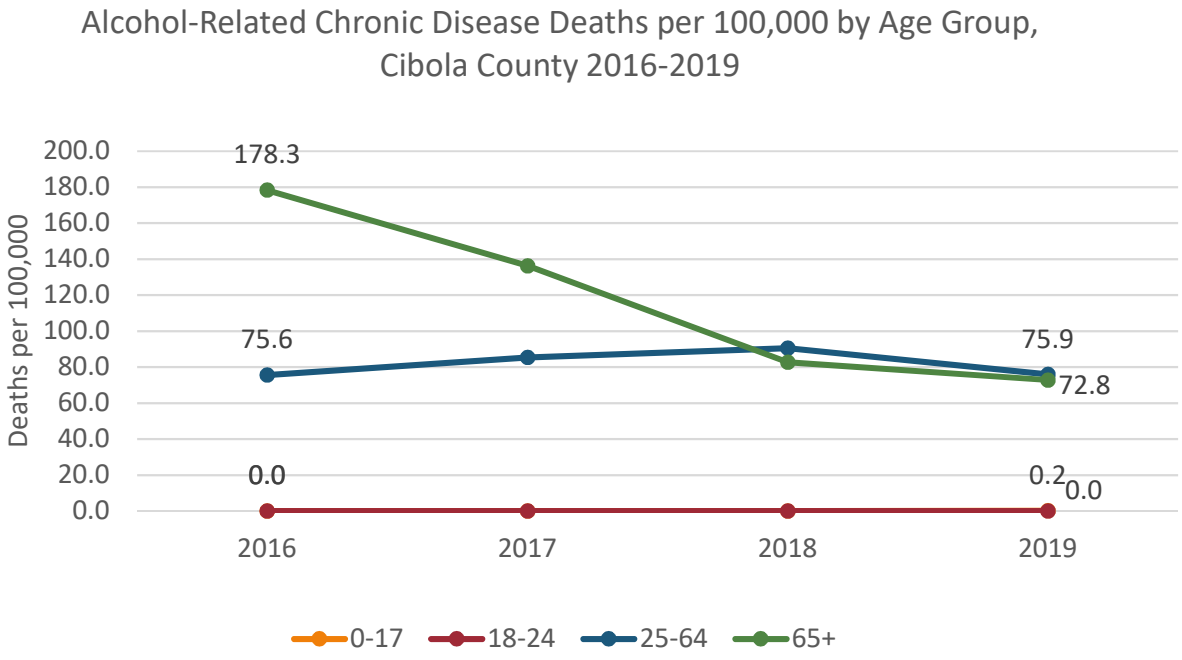
As expected, alcohol-related chronic disease deaths are significantly higher among the older age groups, 25-64 years and 65+ years. Excessive alcohol use can lead to the development of a variety of long-term health problems including: heart disease, stroke, liver disease, cancers, compromised immune system, learning and memory problems, and mental health disorders.

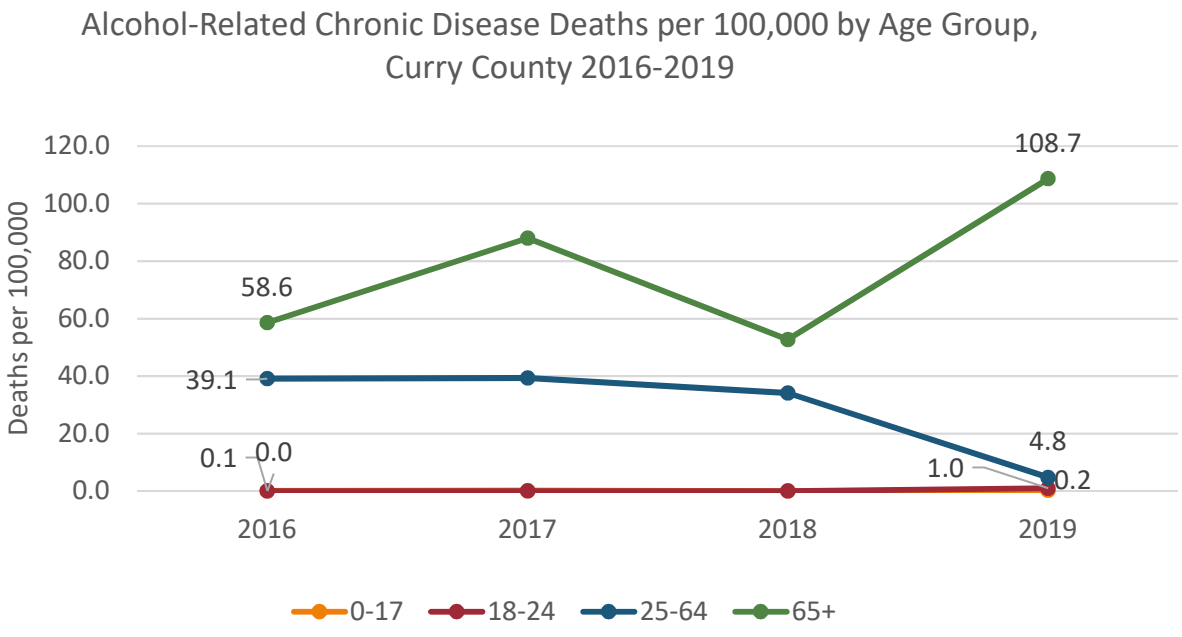




Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS, CDC ARDI v3

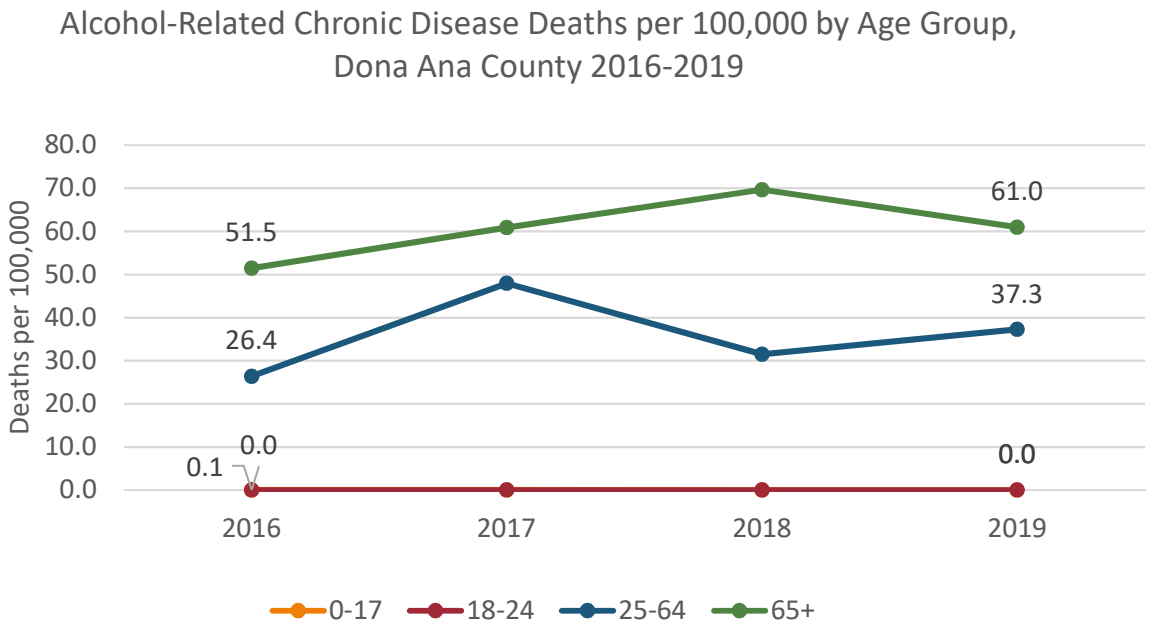
Alcohol-Related Chronic Disease Death by Age Group, 2016-2019

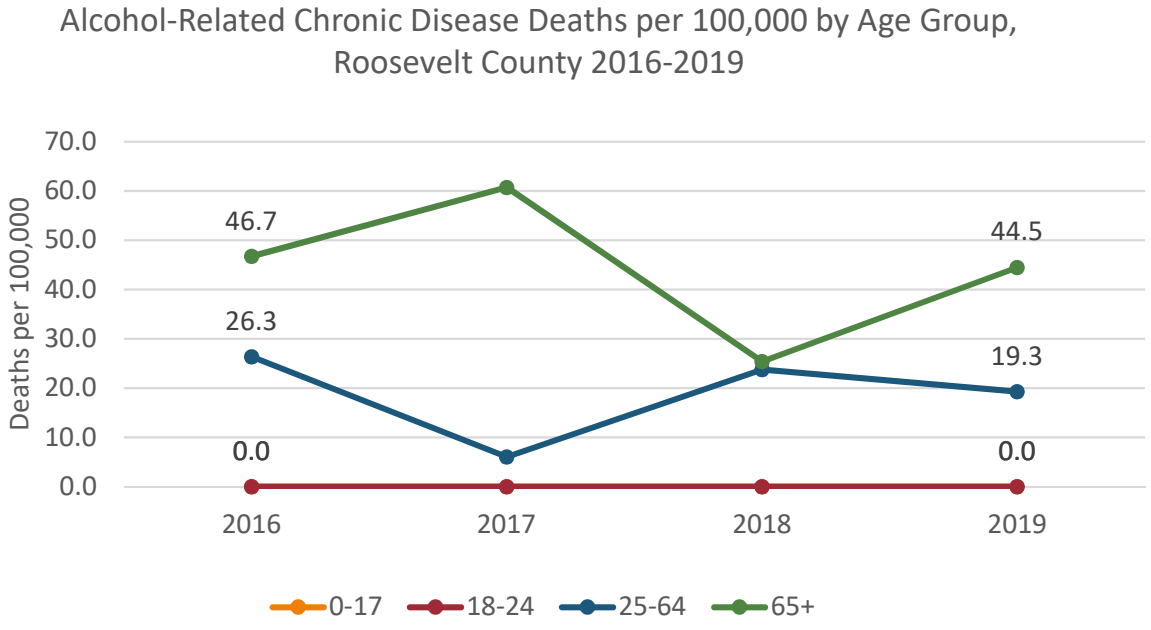




Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS, CDC ARDI v3

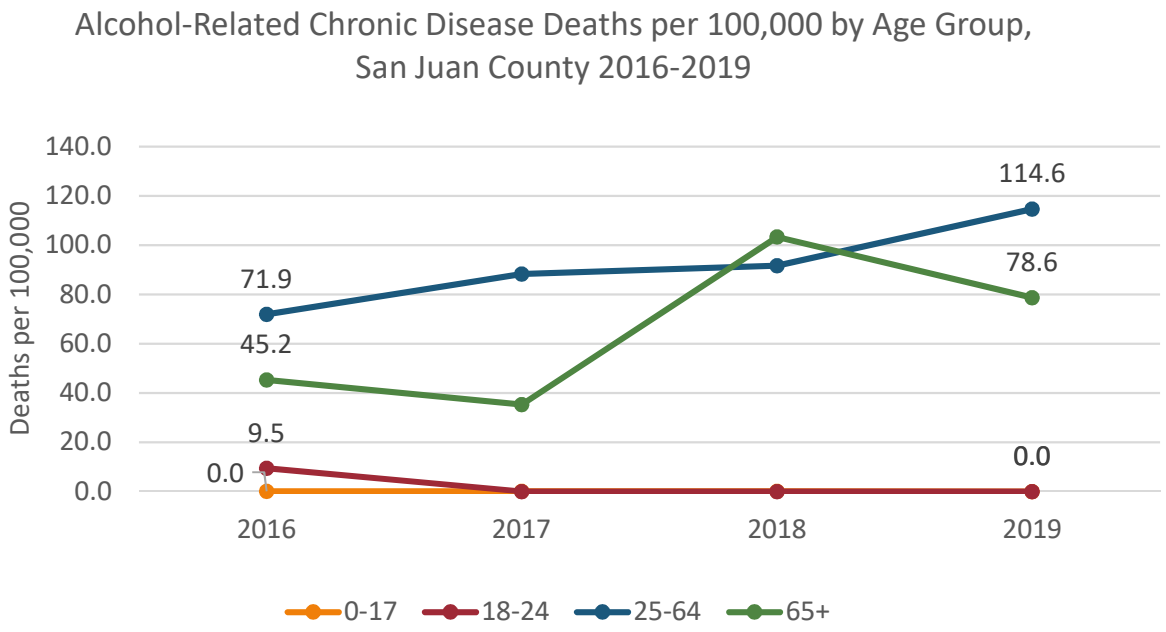
Alcohol-Related Chronic Disease Death by Age Group, 2016-2019

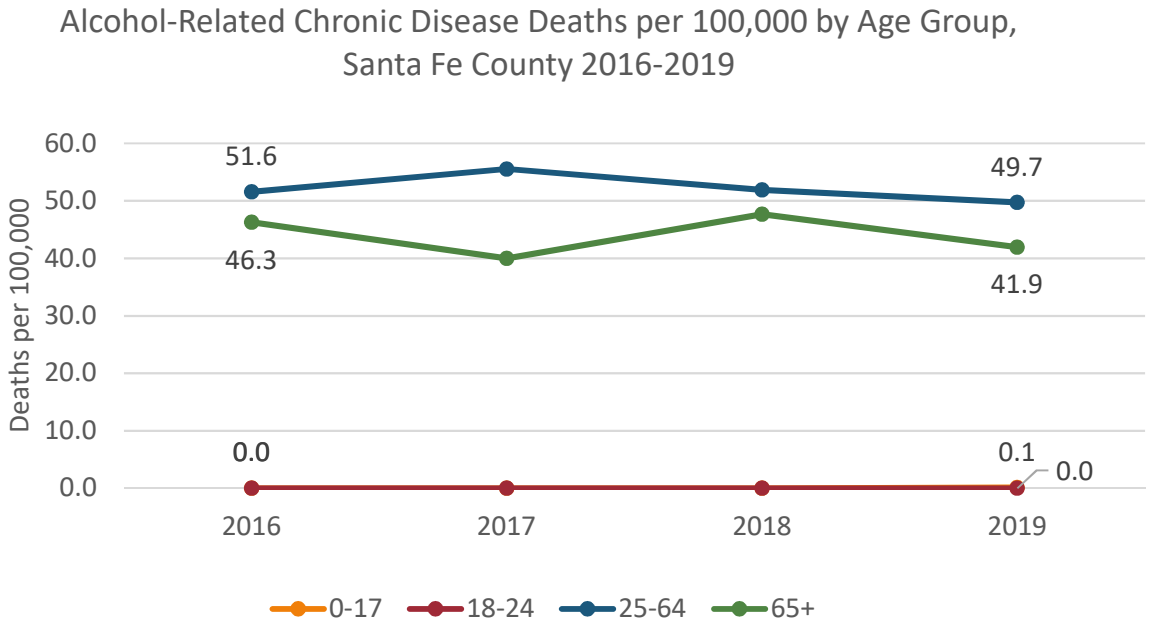




Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS, CDC ARDI v3

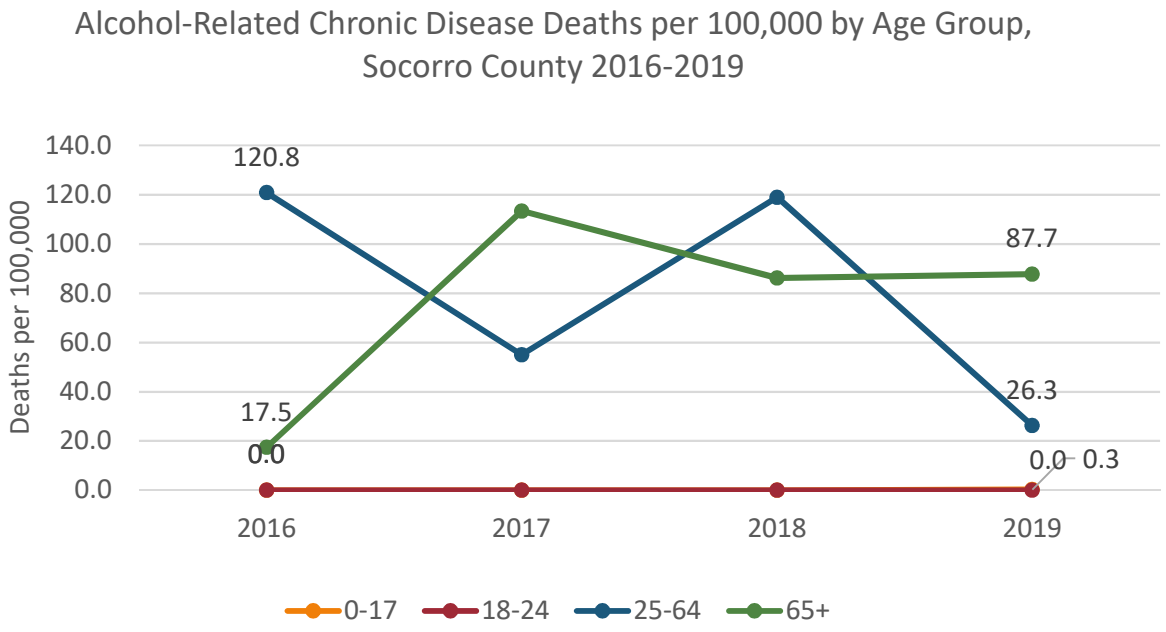
Alcohol-Related Chronic Disease Death by Age Group, 2016-2019





Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS, CDC ARDI v3

Alcohol-Related Chronic Disease Death by Age Group, 2016-2019



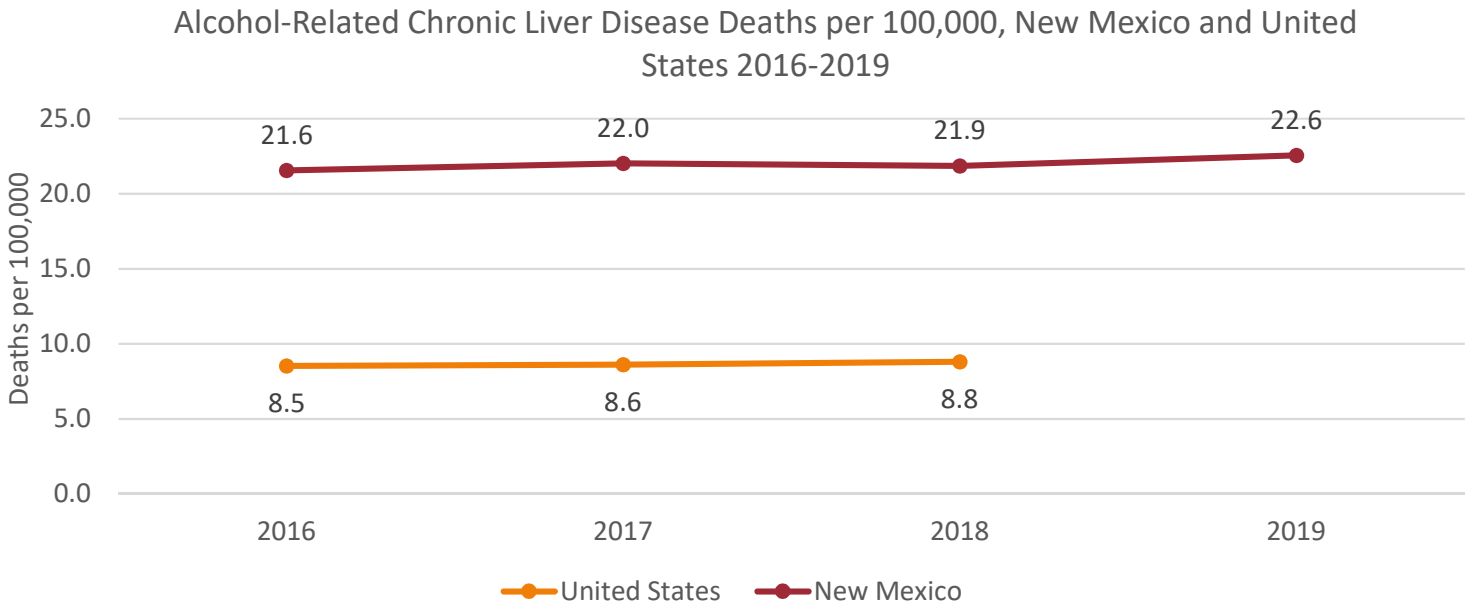
Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS, CDC ARDI v3

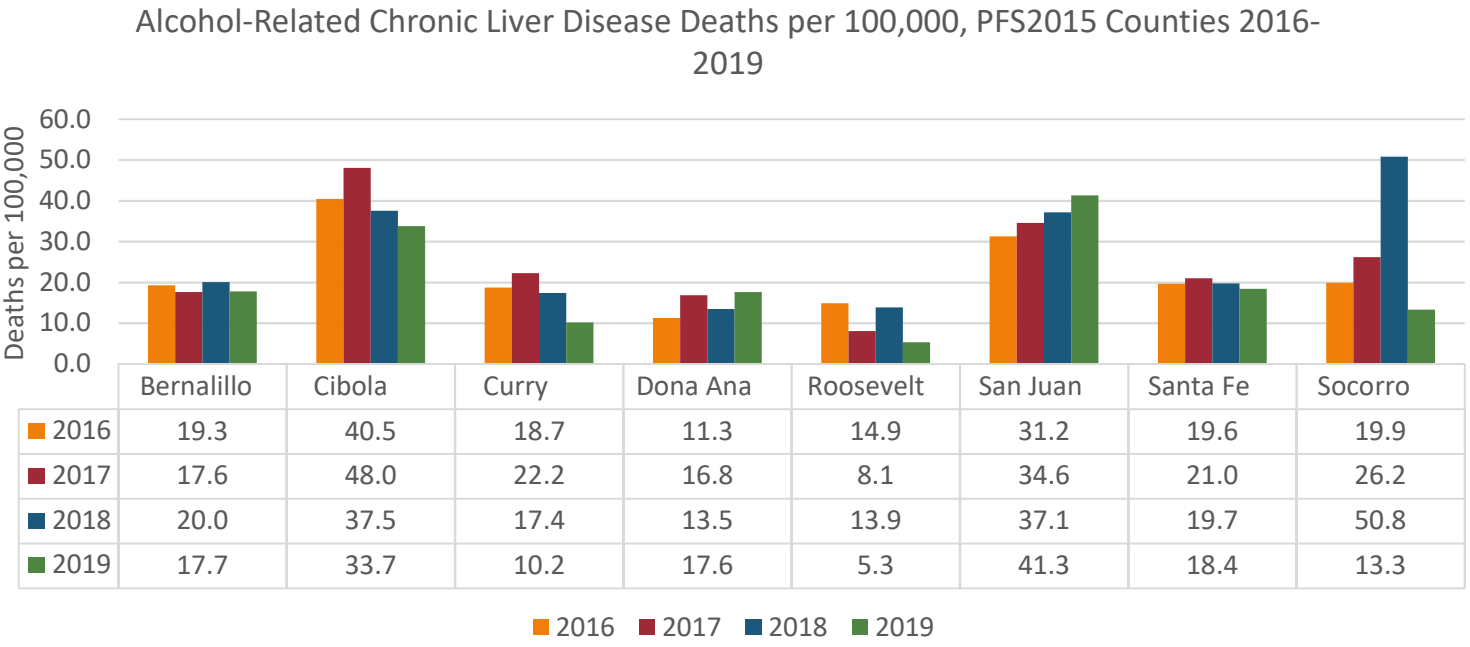
Alcohol-Related Chronic Liver Disease Death

2016-2019

Alcohol-Related Chronic Liver Disease Death, 2016-2019

Alcohol-related chronic liver disease death is the main driver of alcohol-related chronic disease death in New Mexico and is the leading cause of alcohol-related deaths in New Mexico. It is a progressive disease due to long-term alcohol abuse. New Mexico's death rate due to AR-CLD has remained relatively consistent over the last 4 years. San Juan County has an increasing trend from 2016 to 2019 going from 31.2 deaths per 100,000 population to 41.3 deaths per 100,000 population.





	Bernalillo	Cibola	Curry	Dona Ana	Roosevelt	San Juan	Santa Fe	Socorro
2016	19.3	40.5	18.7	11.3	14.9	31.2	19.6	19.9
2017	17.6	48.0	22.2	16.8	8.1	34.6	21.0	26.2
2018	20.0	37.5	17.4	13.5	13.9	37.1	19.7	50.8
2019	17.7	33.7	10.2	17.6	5.3	41.3	18.4	13.3

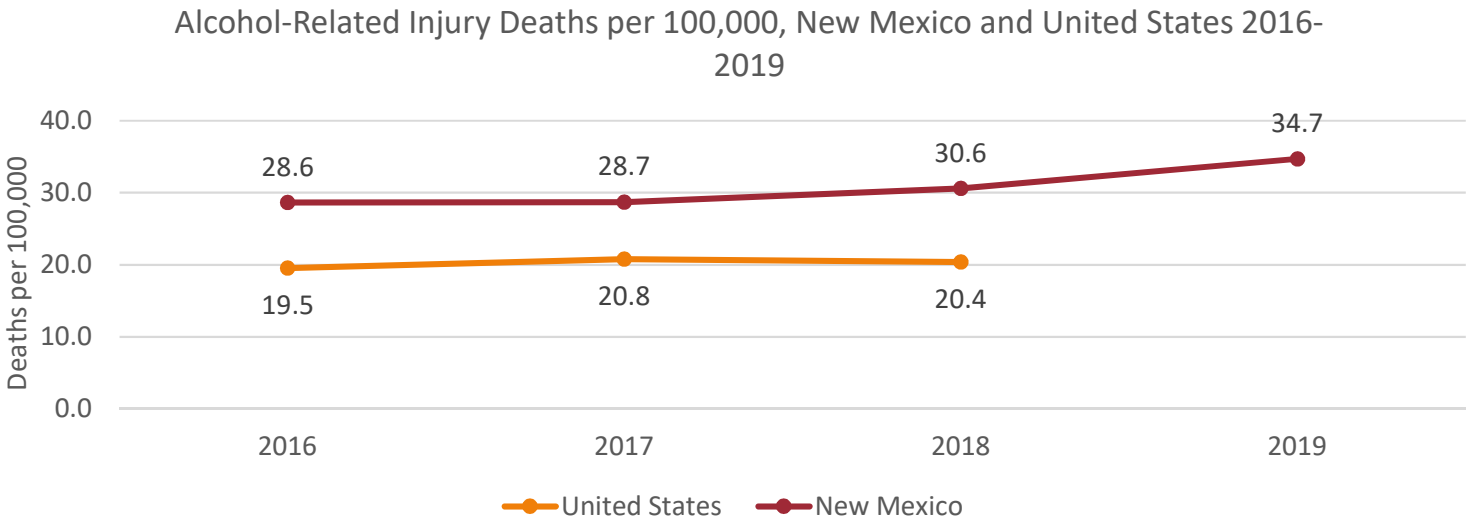
Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS, CDC ARDI v3

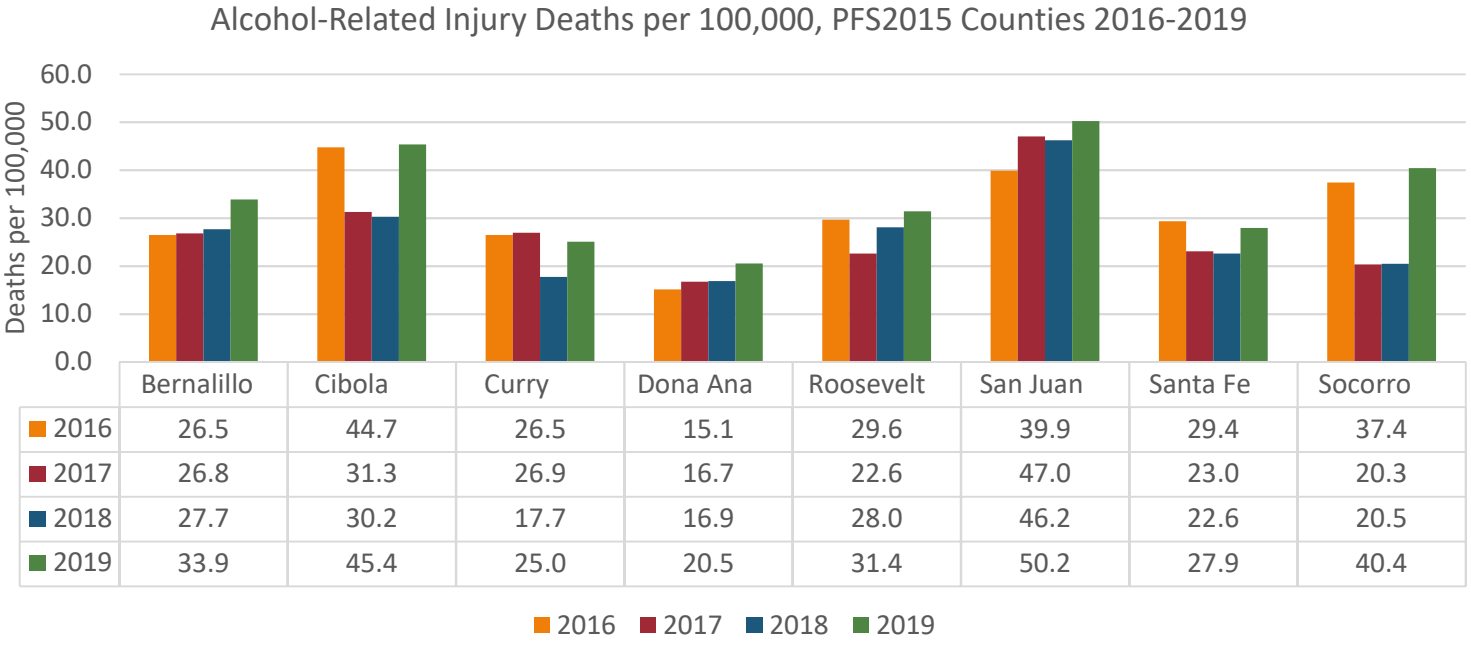
Alcohol-Related Injury Deaths

2016-2019

Alcohol-Related Injury Death, 2016-2019

Alcohol-related injury deaths are on an upward trend from 2016 to 2019 increasing from 28.6 deaths per 100,000 population to 34.7 deaths per 100,000 population. Alcohol-related injury deaths are most commonly the result of binge drinking episodes. Binge drinking is defined by the CDC as men consuming 5 or more drinks or women consuming 4 or more drinks in about a 2 hour period. Common causes of alcohol-related injury deaths include motor vehicle crash, drowning, violence, and alcohol poisoning. In New Mexico in 2019, the top five causes of alcohol-related injury death were drug poisoning, motor vehicle traffic crash, suicide, homicide, and alcohol poisoning. All of the PFS2015 counties experienced an increase in their alcohol-related injury death rates from 2018 to 2019.



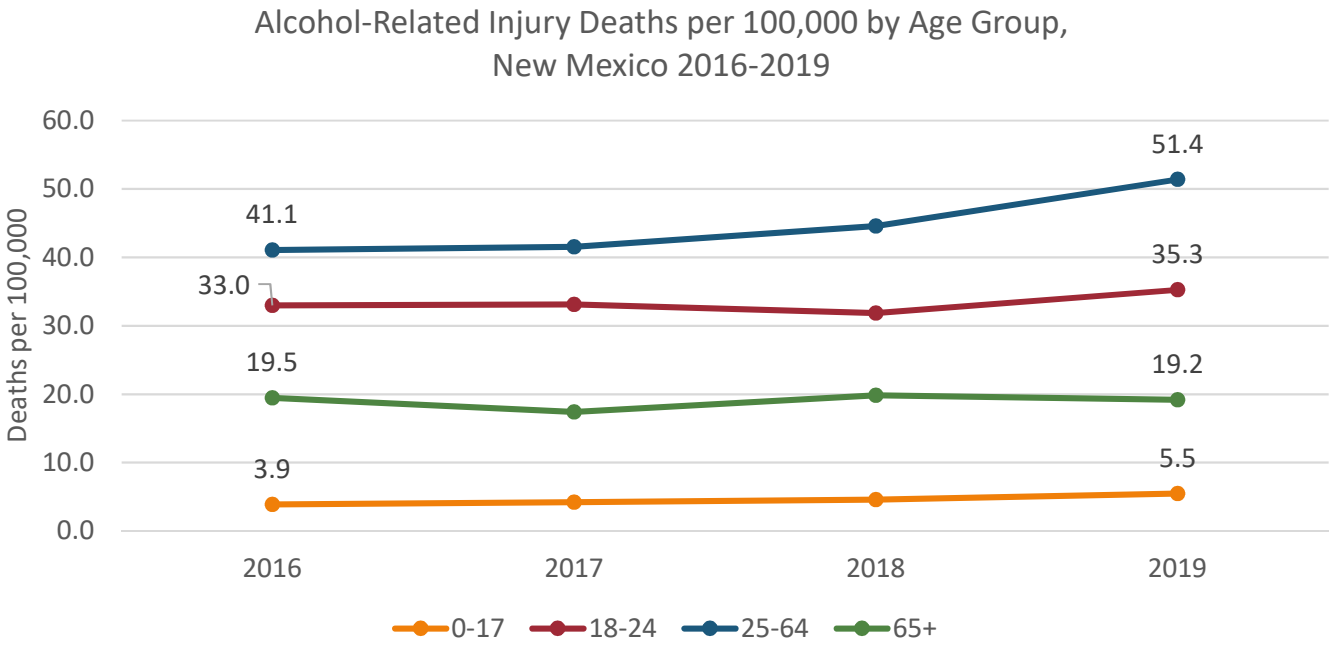


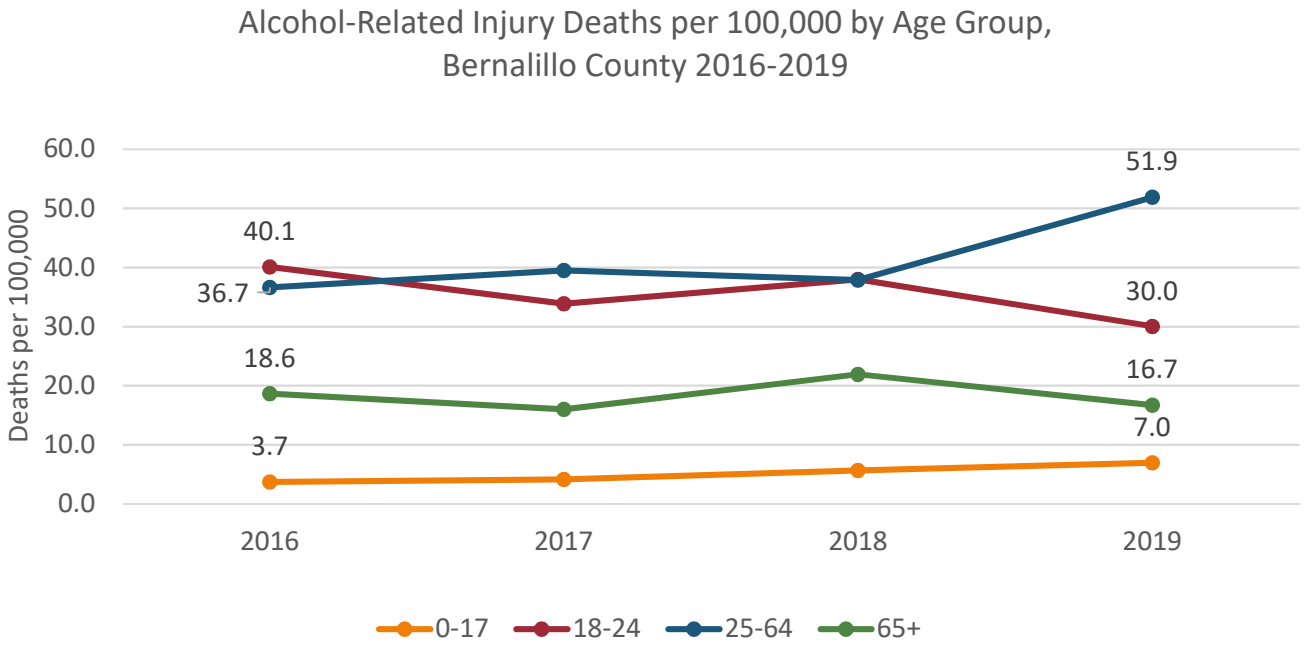
	Bernalillo	Cibola	Curry	Dona Ana	Roosevelt	San Juan	Santa Fe	Socorro
2016	26.5	44.7	26.5	15.1	29.6	39.9	29.4	37.4
2017	26.8	31.3	26.9	16.7	22.6	47.0	23.0	20.3
2018	27.7	30.2	17.7	16.9	28.0	46.2	22.6	20.5
2019	33.9	45.4	25.0	20.5	31.4	50.2	27.9	40.4

Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS, CDC ARDI v3

Alcohol-Related Injury Death by Age Group, 2016-2019

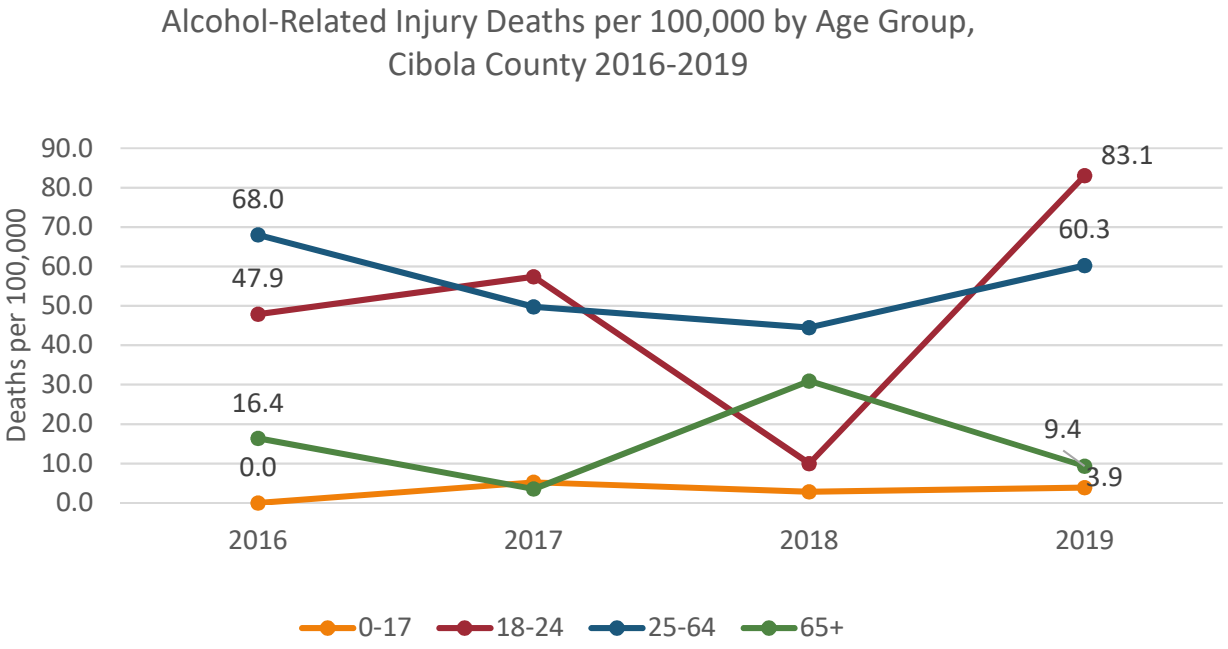
In New Mexico from 2016 to 2019, 25-64 year olds had the highest rate of alcohol-related injury deaths followed by 18-24 year olds, 65+ year olds, and 0-17 year olds. According to the CDC, one in six US adults reports binge drinking about four times per month and on average consumes seven drinks per binge episode. Binge drinking is more common in men than women.

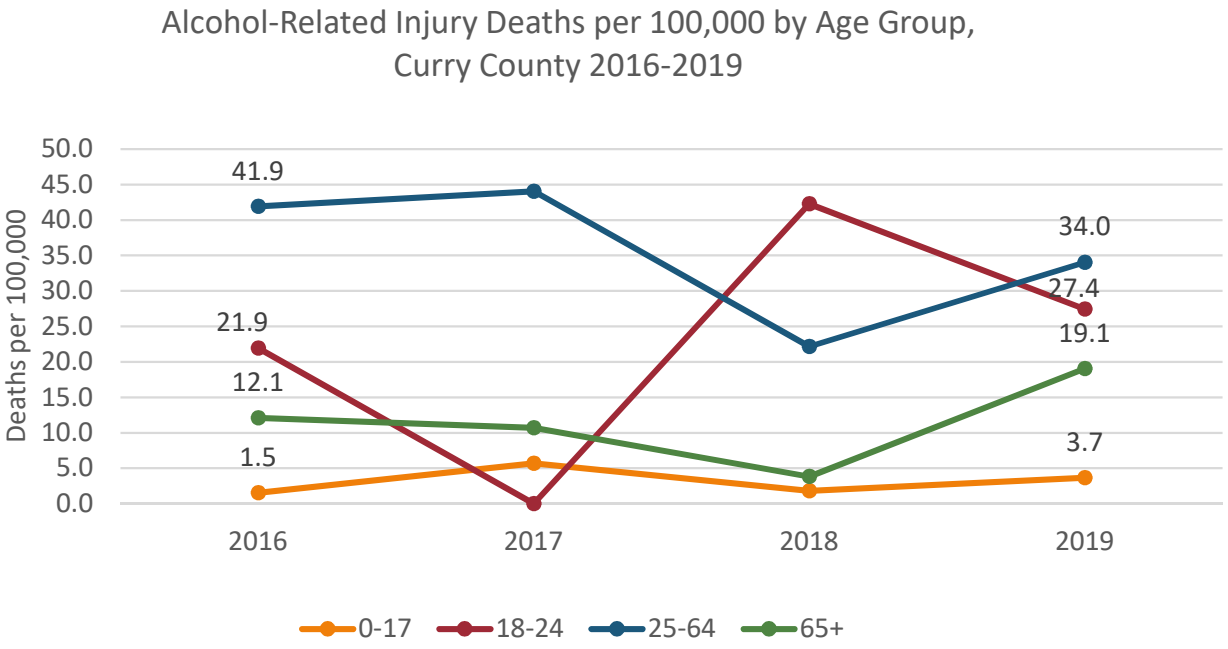




Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS, CDC ARDI v3

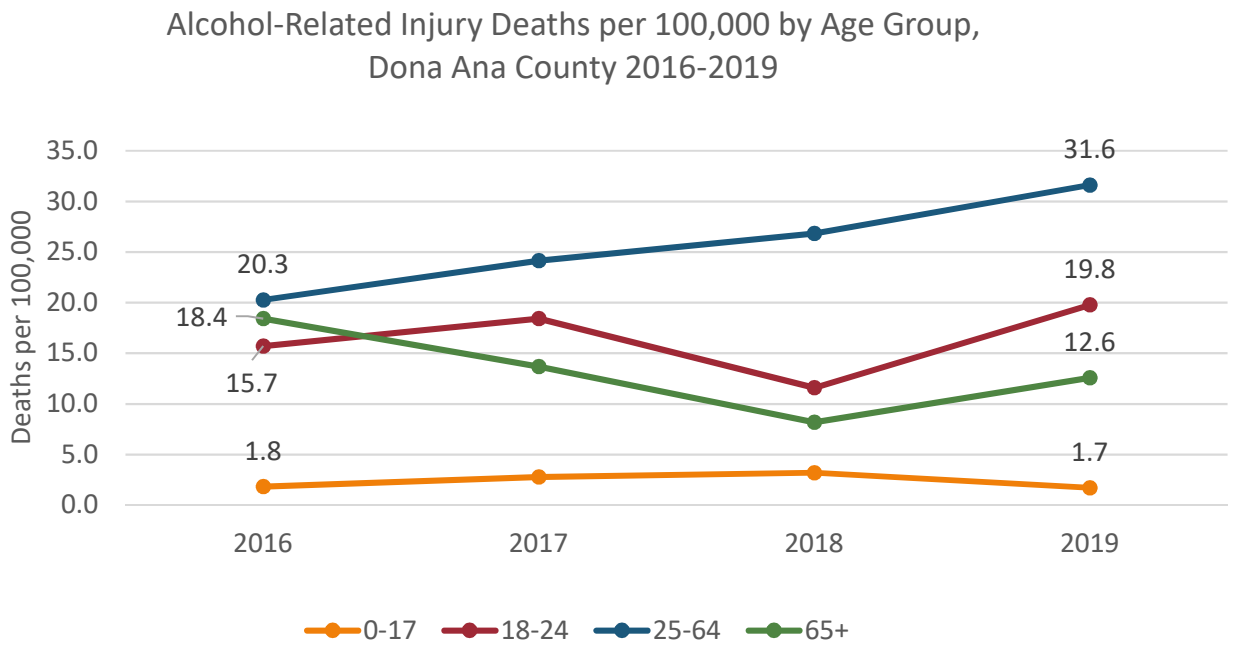
Alcohol-Related Injury Death by Age Group, 2016-2019

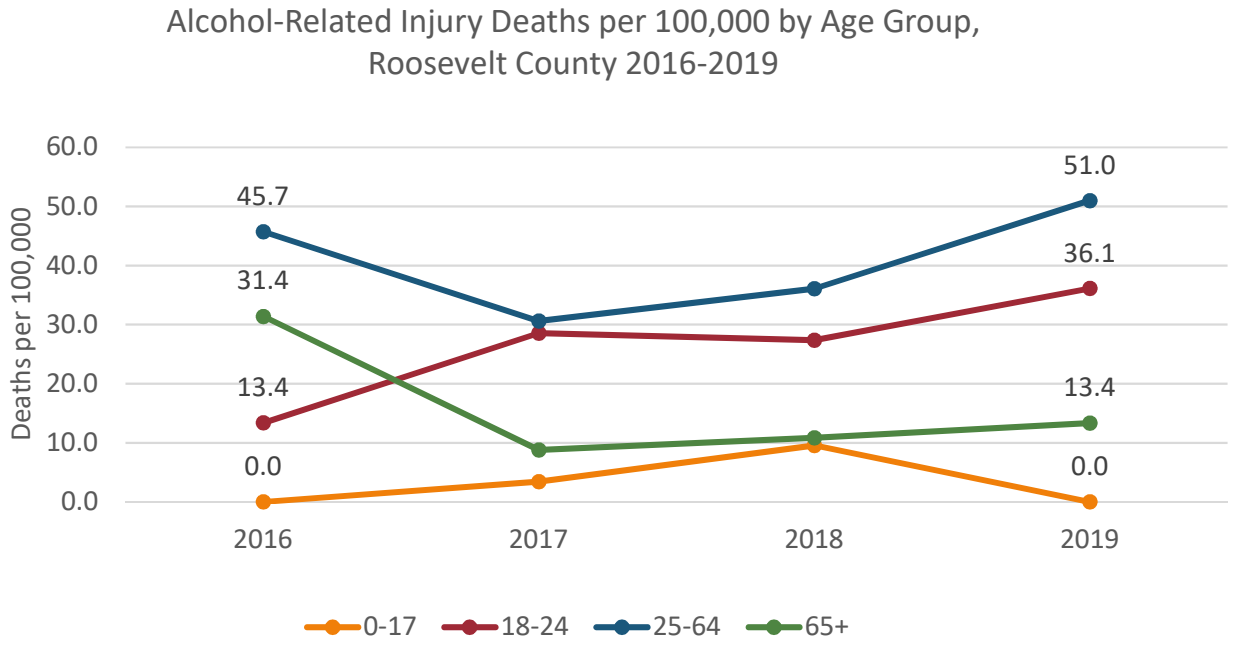




Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS, CDC ARDI v3

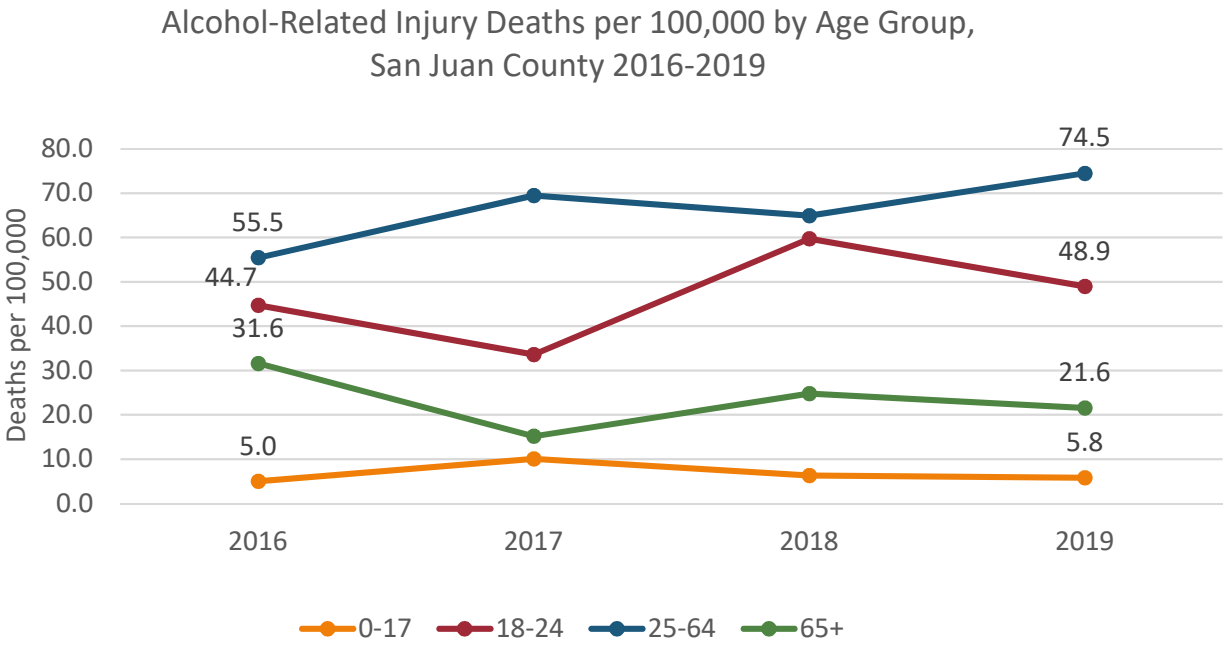
Alcohol-Related Injury Death by Age Group, 2016-2019

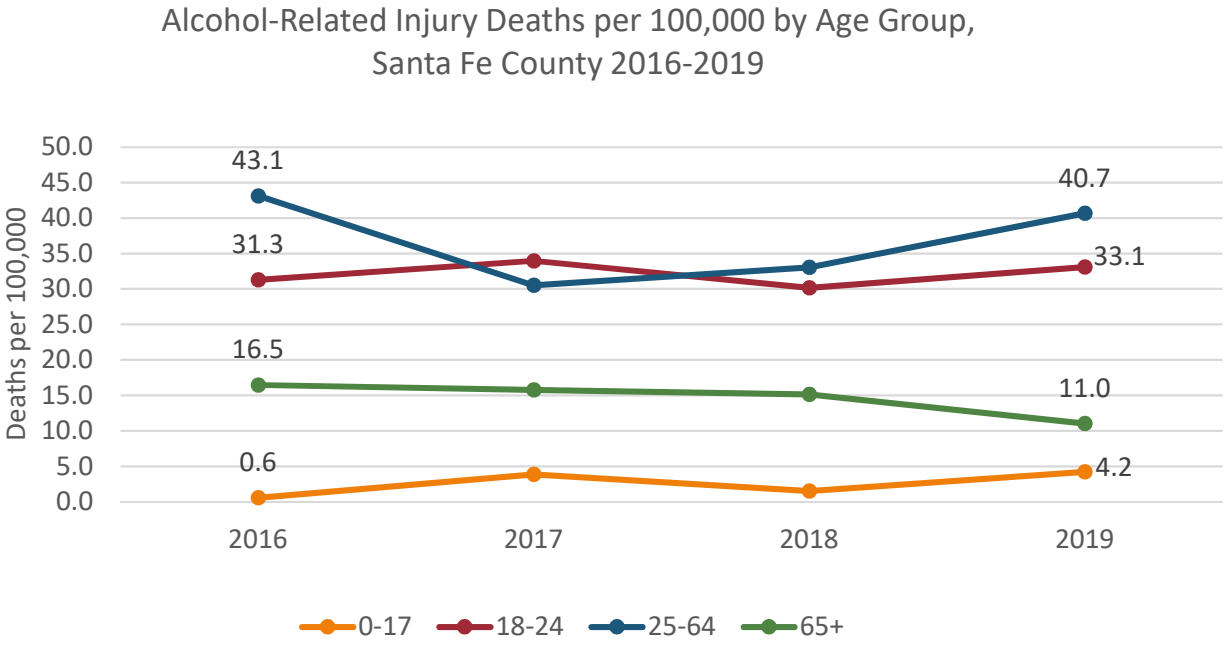




Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS, CDC ARDI v3

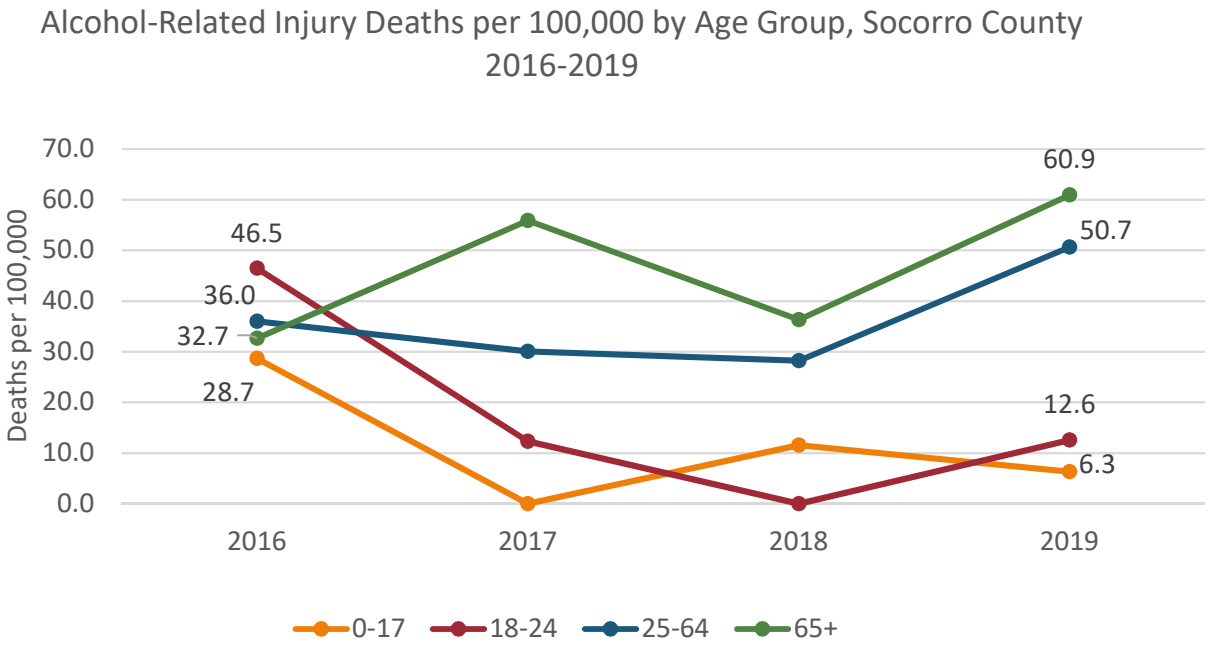
Alcohol-Related Injury Death by Age Group, 2016-2019





Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS, CDC ARDI v3

Alcohol-Related Injury Death by Age Group, 2016-2019



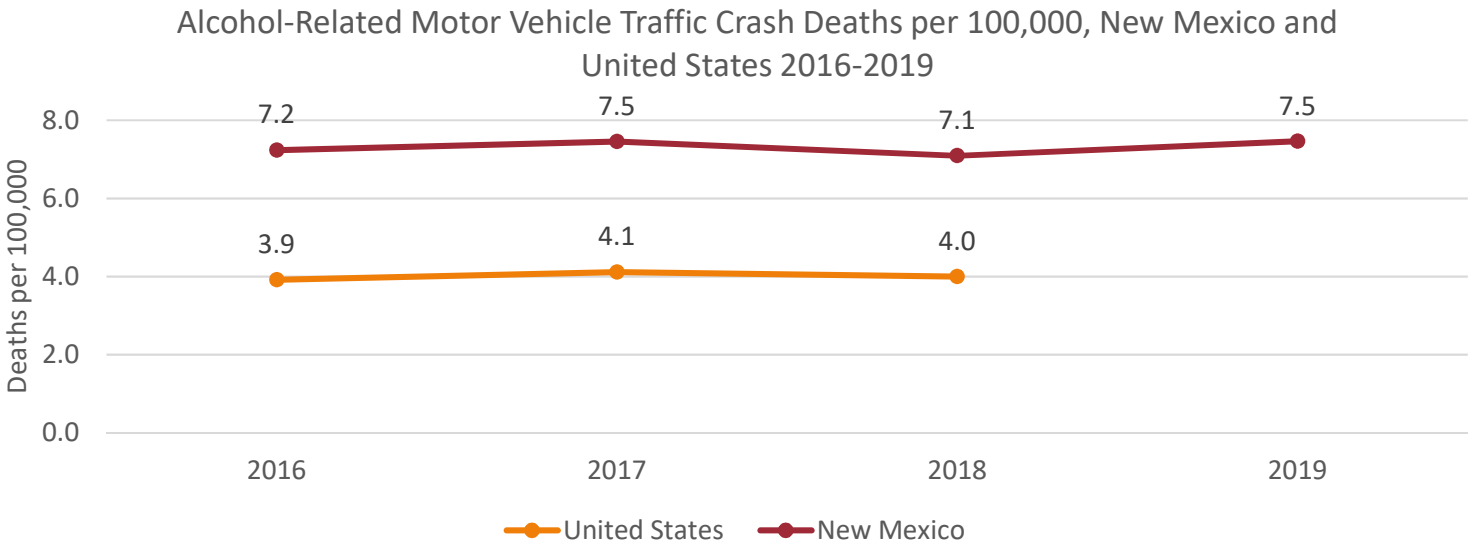
Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS, CDC ARDI v3

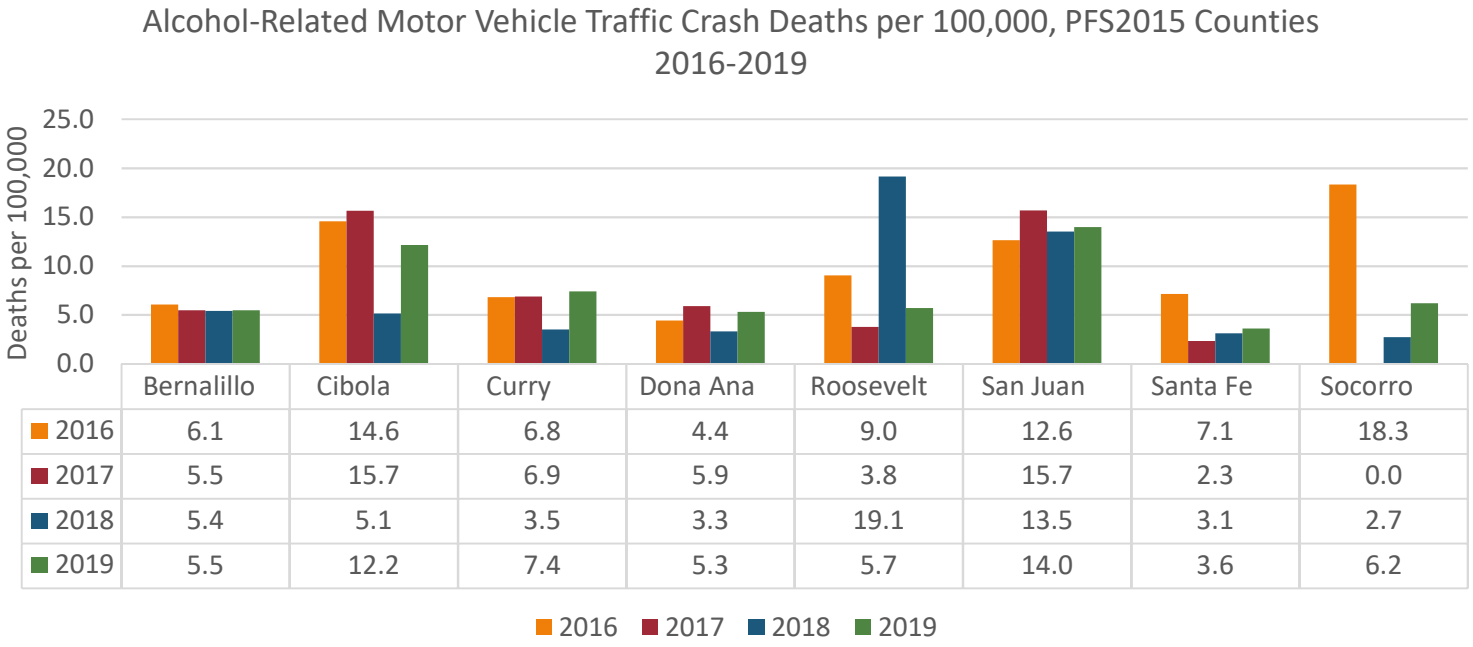
Alcohol-Related Motor Vehicle Traffic Crash Death

2016-2019

Alcohol-Related Motor Vehicle Traffic Crash Death, 2016-2019

The rate of alcohol-related motor vehicle traffic crash deaths has remained relatively stable in New Mexico for the past four years. New Mexico successfully reduced its alcohol-related motor vehicle traffic crash deaths from 1982 to 2010 using a public health intervention and prevention approach. In New Mexico in 2019, alcohol related motor vehicle traffic crash death was the 2nd leading cause of alcohol-related injury death behind alcohol-related drug poisoning death. The data in this section are also a subset of alcohol-related injury death because it should be considered part of the overall alcohol-related injury death picture. In recent years, alcohol-related traffic crash deaths appear to be a larger issue in many rural counties in New Mexico compared to urban counties which may be due to a lack of varied transportation options.



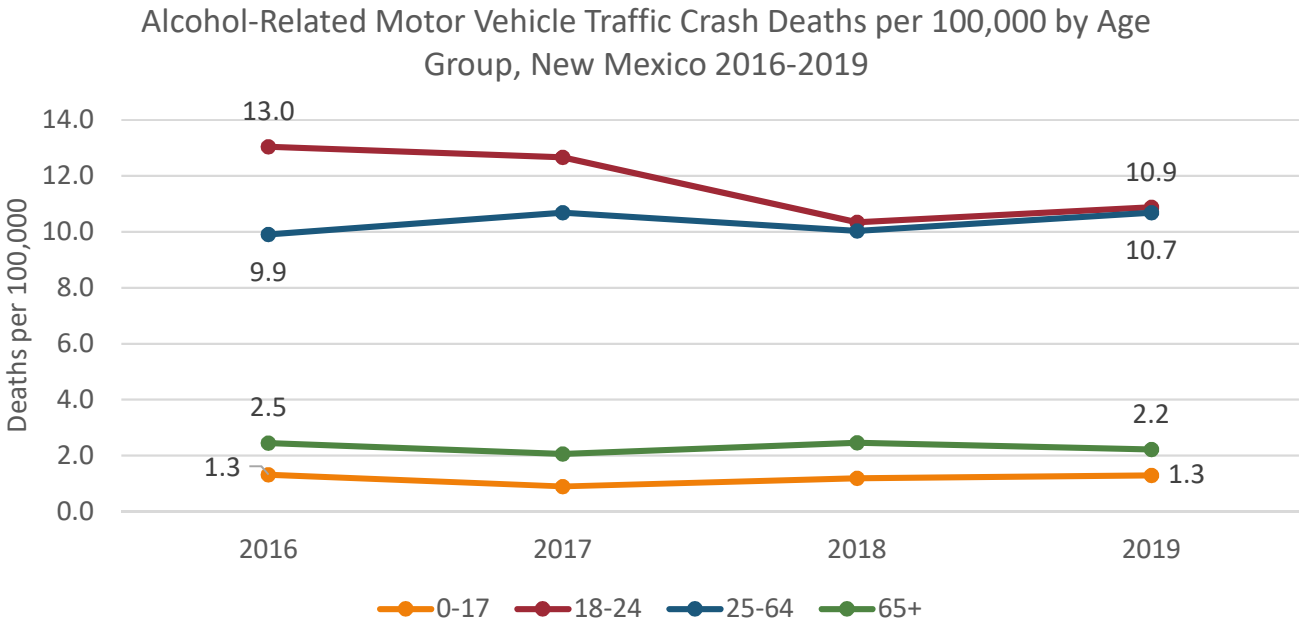


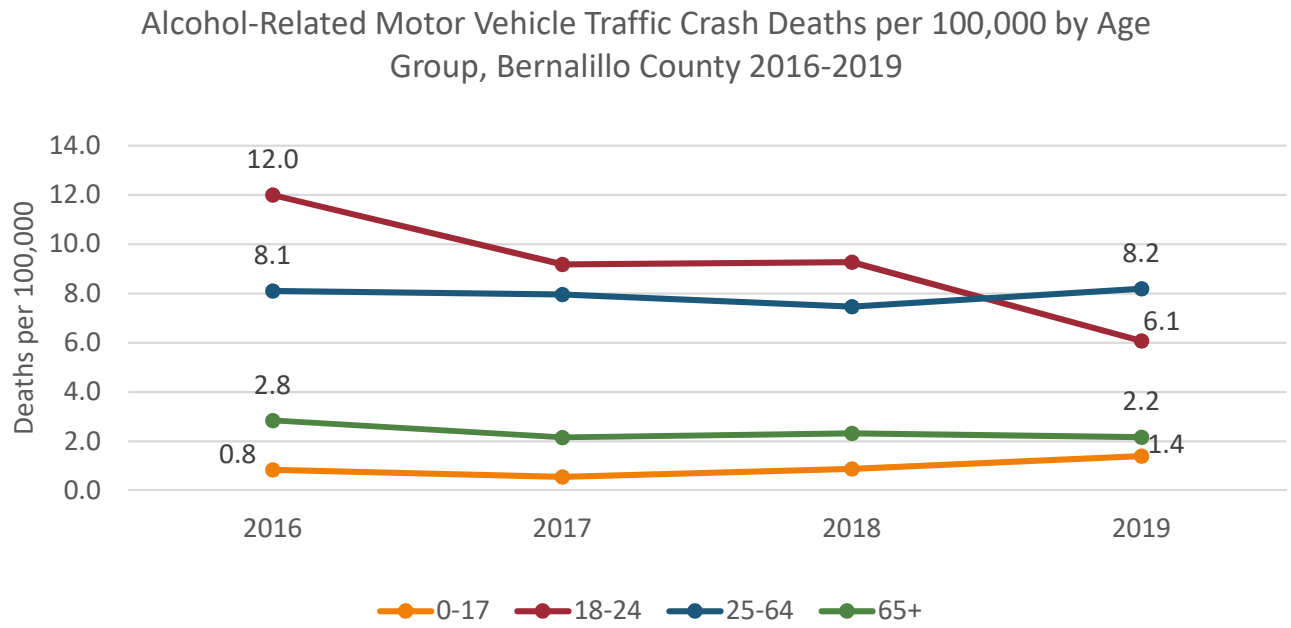
	Bernalillo	Cibola	Curry	Dona Ana	Roosevelt	San Juan	Santa Fe	Socorro
2016	6.1	14.6	6.8	4.4	9.0	12.6	7.1	18.3
2017	5.5	15.7	6.9	5.9	3.8	15.7	2.3	0.0
2018	5.4	5.1	3.5	3.3	19.1	13.5	3.1	2.7
2019	5.5	12.2	7.4	5.3	5.7	14.0	3.6	6.2

Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS, CDC ARDI v3

Alcohol-Related Motor Vehicle Traffic Crash Death by Age Group, 2016-2019

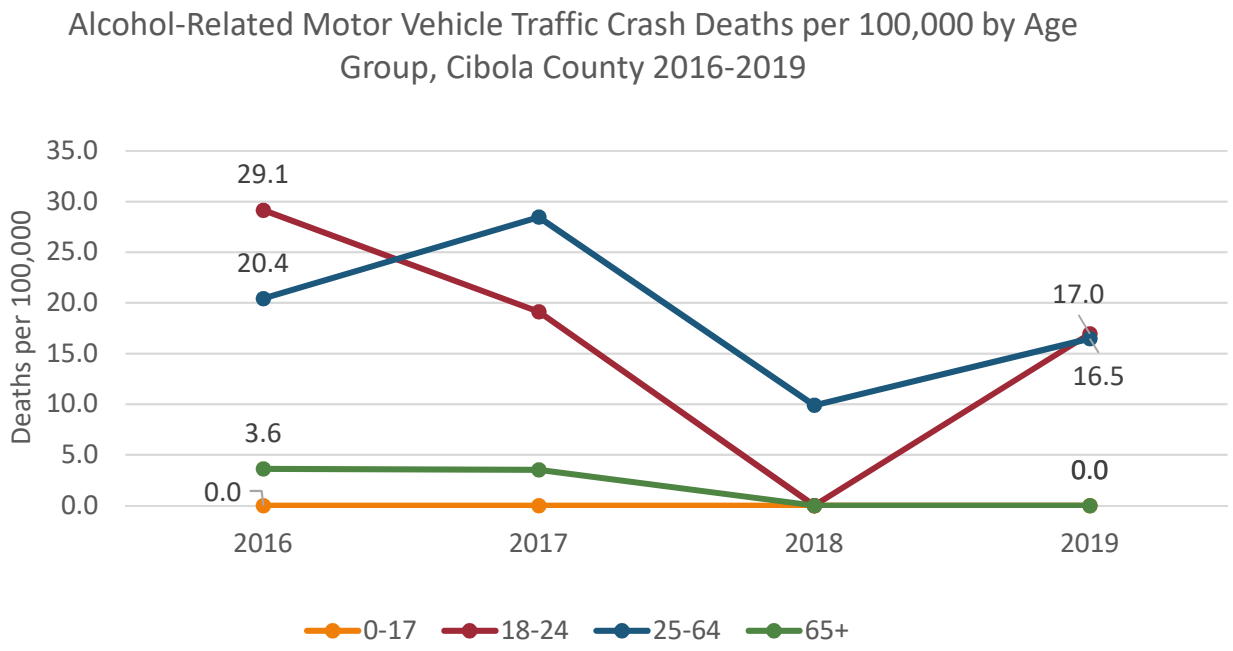
The rate of alcohol-related motor vehicle traffic crash death is highest among the two middle age categories, 18-24 years and 25-64 years. This points to the need for continued focus on intervention among college-aged and working-aged persons which presents an opportunity for potential intervention on campuses or at places of employment. Colleges often include orientation courses on the dangers of drinking and driving, but perhaps an annual training could be a stipulation for continued enrollment in classes. In workplaces, annual training courses could include a variety of public health topics.

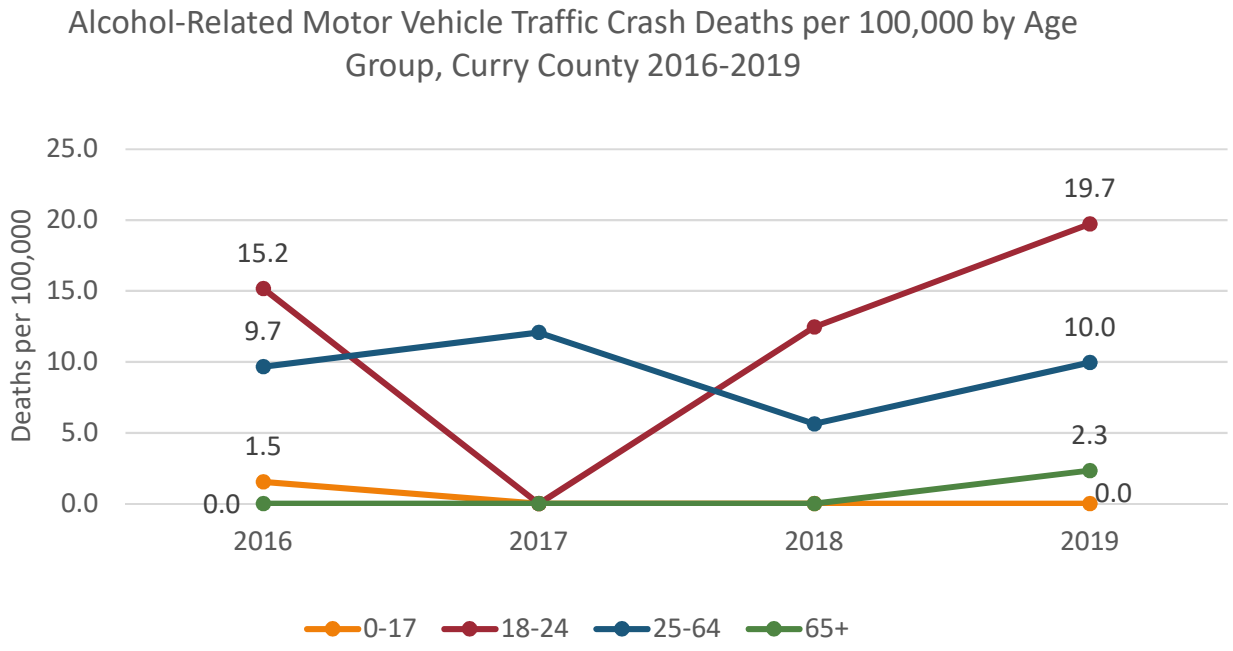




Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS, CDC ARDI v3

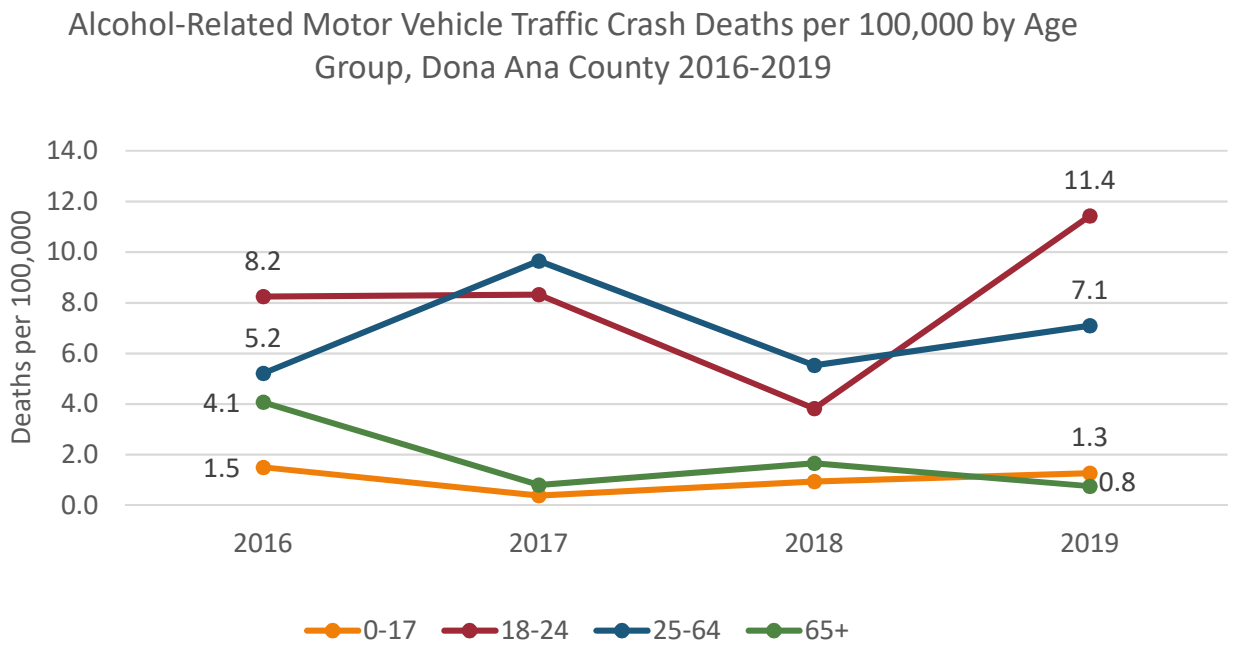
Alcohol-Related Motor Vehicle Traffic Crash Death by Age Group, 2016-2019

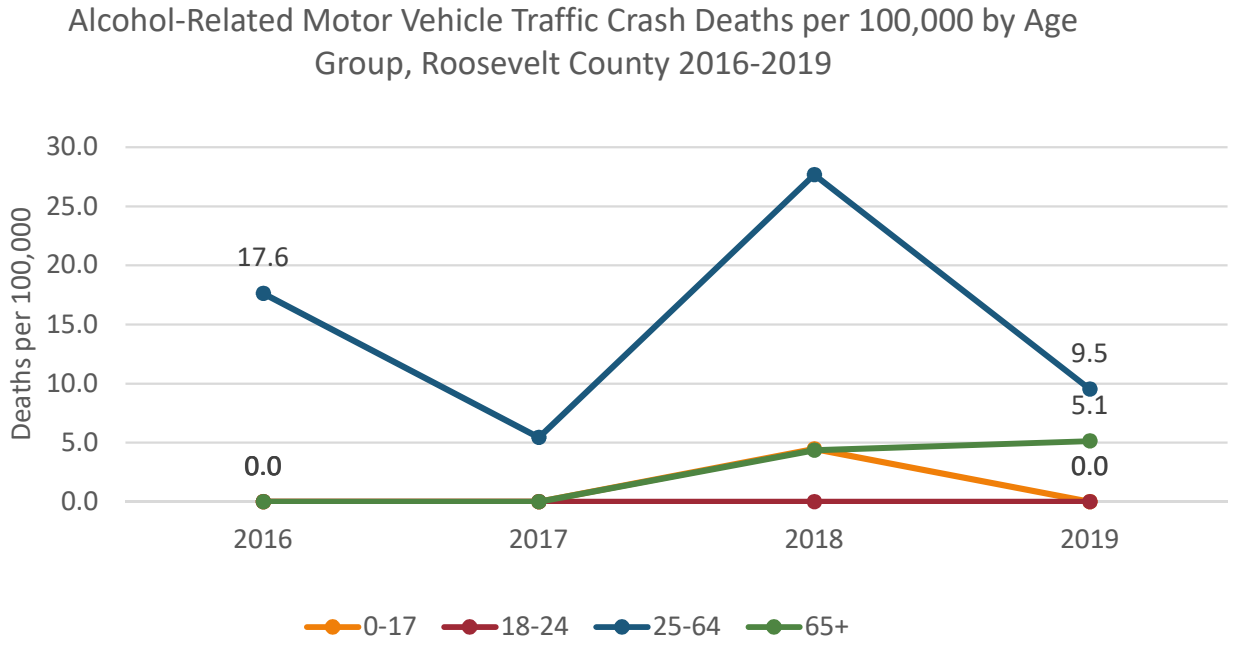




Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS, CDC ARDI v3

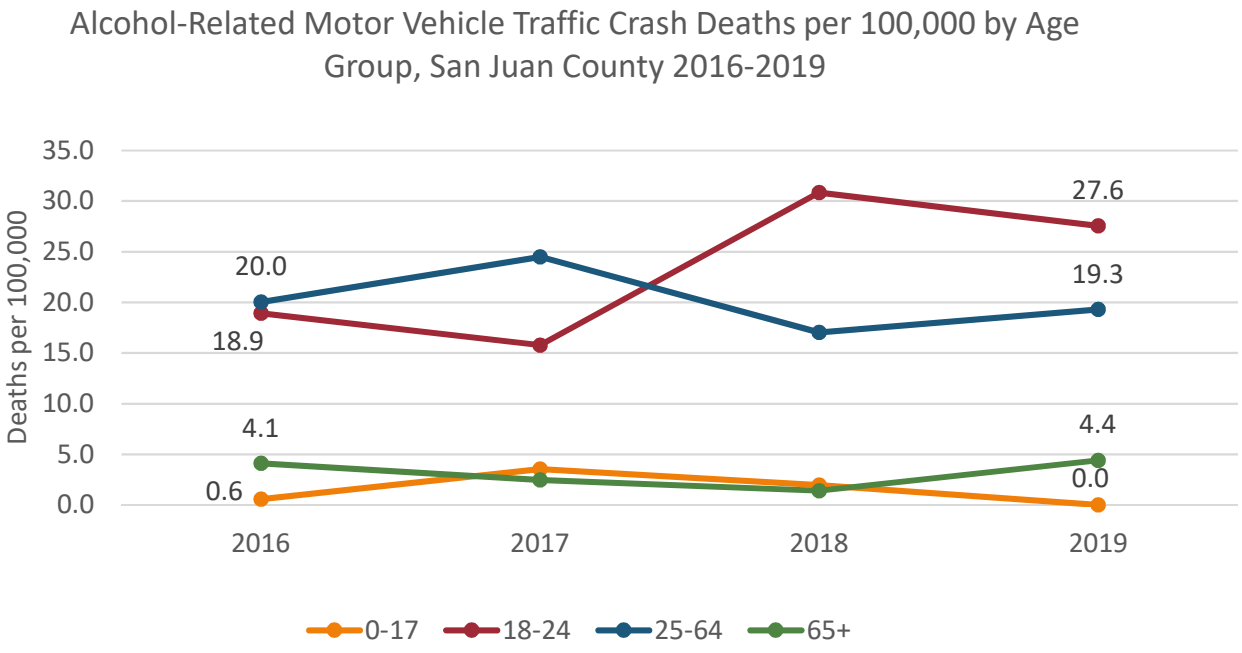
Alcohol-Related Motor Vehicle Traffic Crash Death by Age Group, 2016-2019

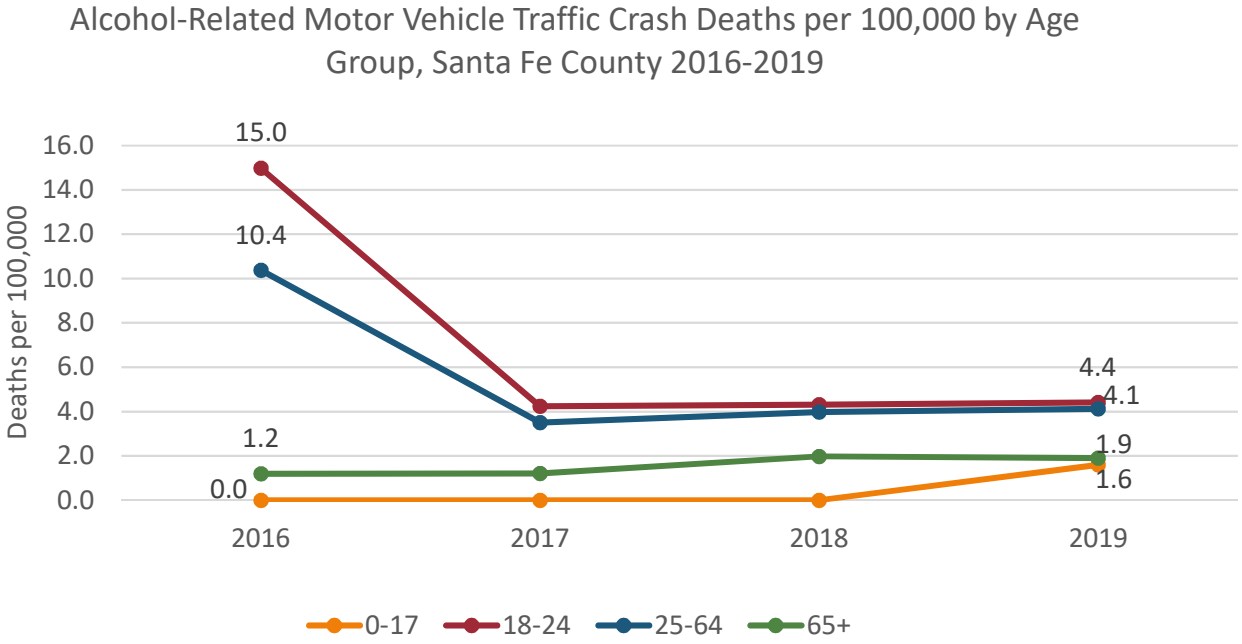




Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS, CDC ARDI v3

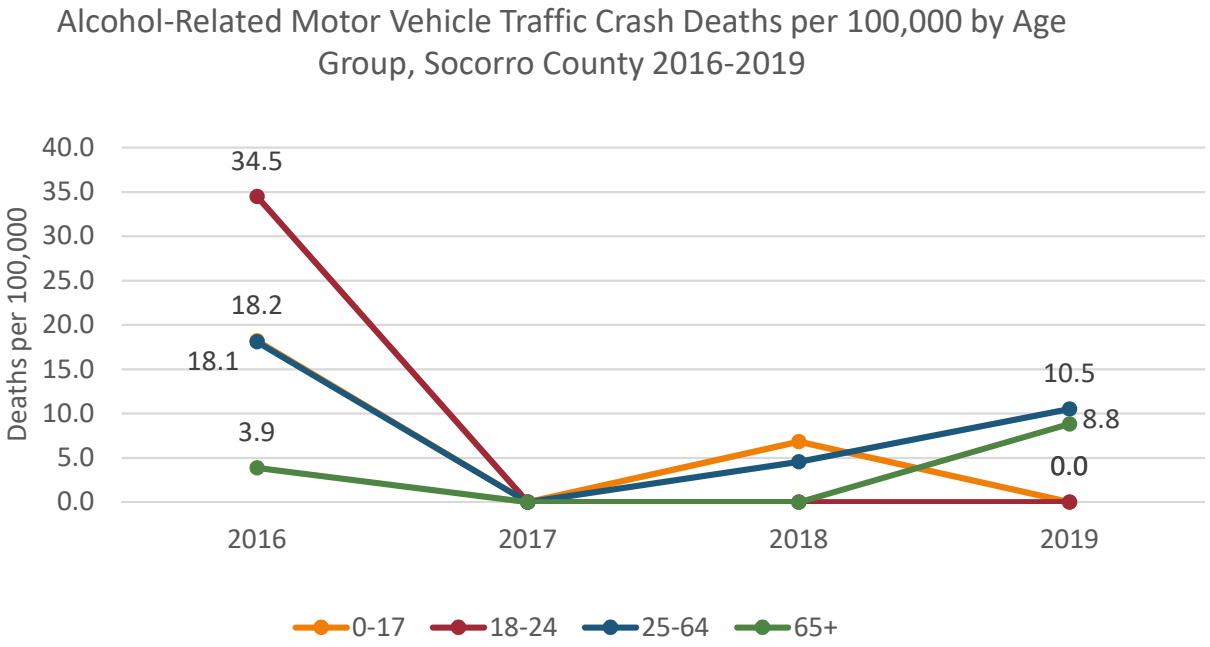
Alcohol-Related Motor Vehicle Traffic Crash Death by Age Group, 2016-2019





Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS, CDC ARDI v3

Alcohol-Related Motor Vehicle Traffic Crash Death by Age Group, 2016-2019



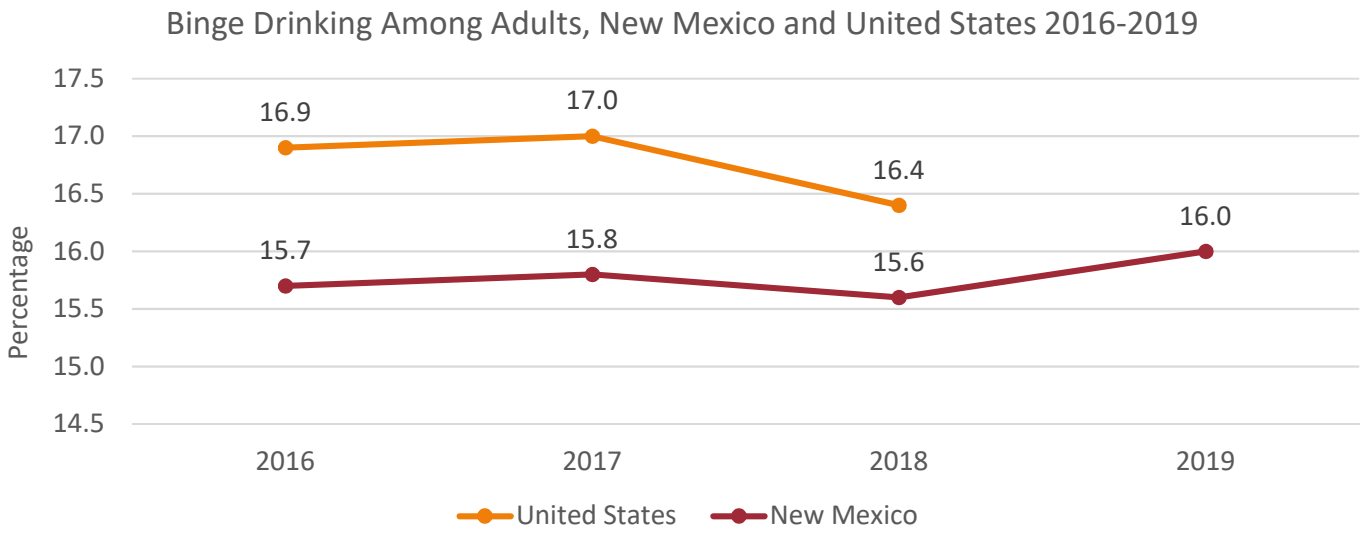
Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS, CDC ARDI v3

Excessive Alcohol Use Among Adults and High School Students

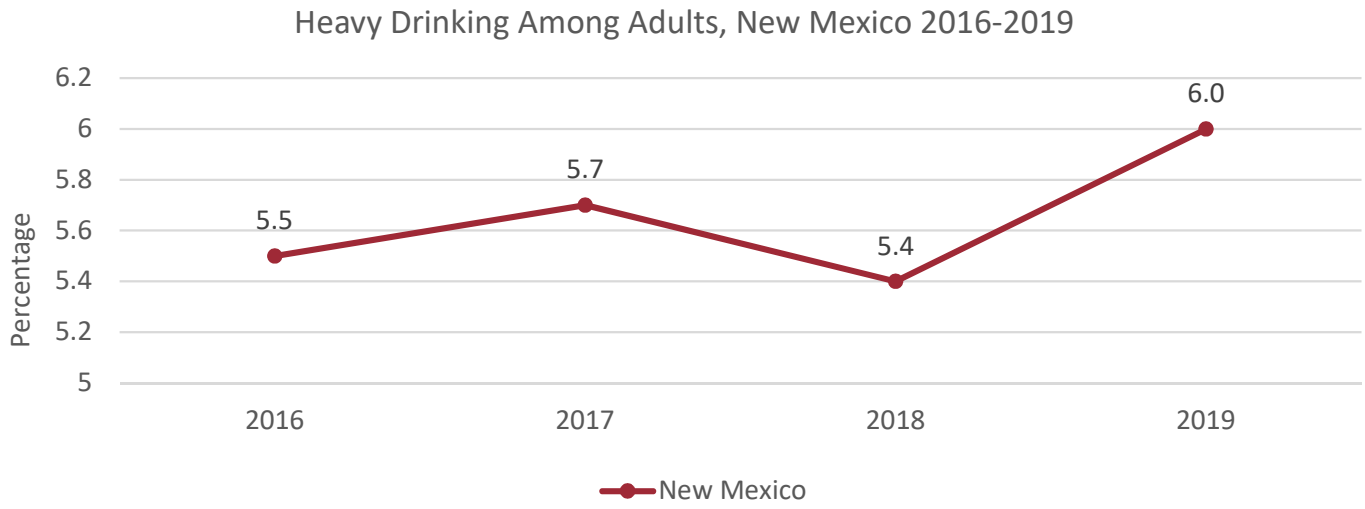
BRFSS & YRRS DATA

Adult Binge Drinking and Adult Heavy Drinking, 2016-2019

Binge drinking is defined by the CDC as men consuming 5 or more drinks or women consuming 4 or more drinks in about a 2 hour period. 16.0% of New Mexican adults reported binge drinking in 2019. The percentage of New Mexican adults reporting binge drinking has been lower than the national rate for the past four years. Heavy drinking is also a concern as it can be a precursor to long-term problems associated with alcohol misuse including chronic liver disease. In 2019, 6.0% of New Mexican adults reported heavy drinking.



Binge Drinking is defined as: 5 or more drinks on an occasion for men and 4 more drinks on an occasion for women

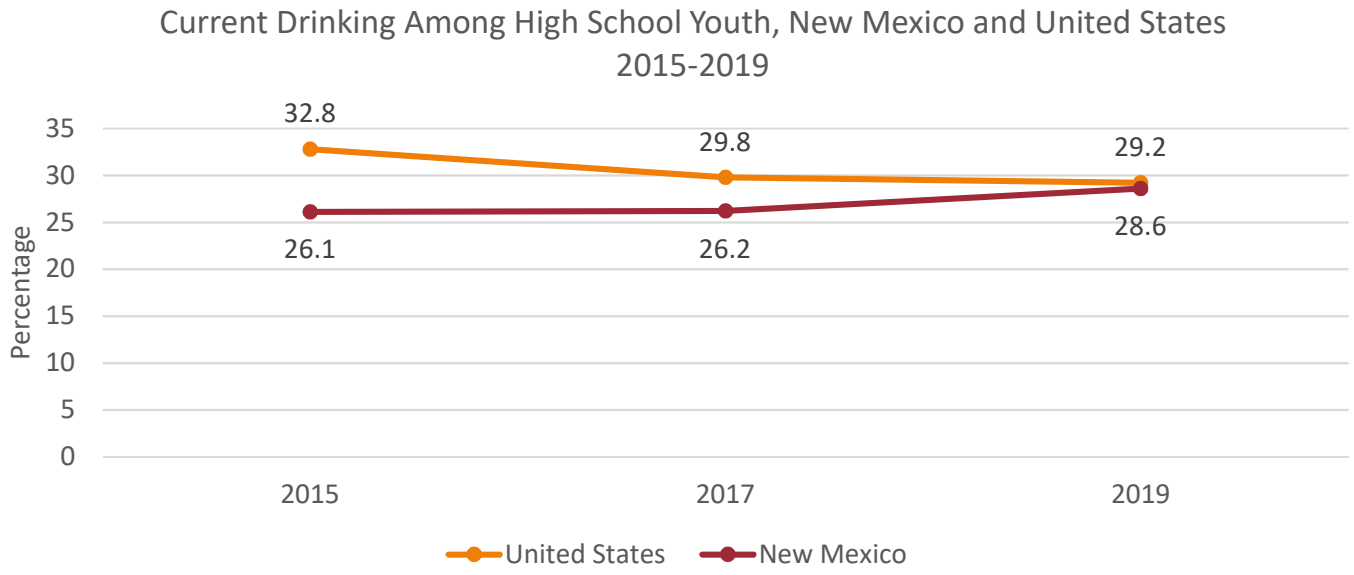


Heavy Drinking is defined as: 14 or more drinks in a week for men and 7 drinks or more drinks in a week for women

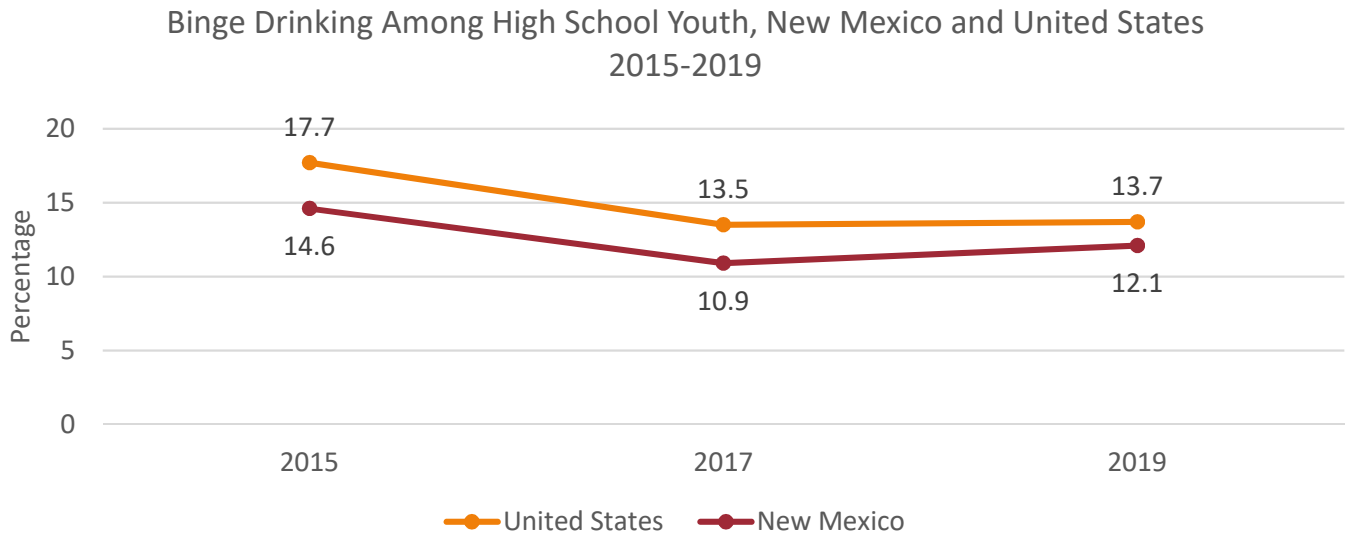
Data Source: New Mexico Behavioral Risk Factor Surveillance System

Youth Current Drinking and Youth Binge Drinking, 2015-2019

For the last decade, current drinking among high school students had been on a steady downward trend going from 43.2% in 2007 to 26.2% in 2017. However, in 2019 there was a slight increase to 28.6% of New Mexico high school students reporting having at least one drink in the past 30 days. Binge drinking among high school students in New Mexico also saw a slight increase from 2017 (10.9%) to 2019 (12.1%). The percentage of New Mexico high school students reporting current drinking or binge drinking has been lower compared to the national rate for the past few years.



Current Drinking is defined as: Having at least one drink in the past 30 days



Binge Drinking is defined as: 5 or more drinks on an occasion for men and 4 more drinks on an occasion for women

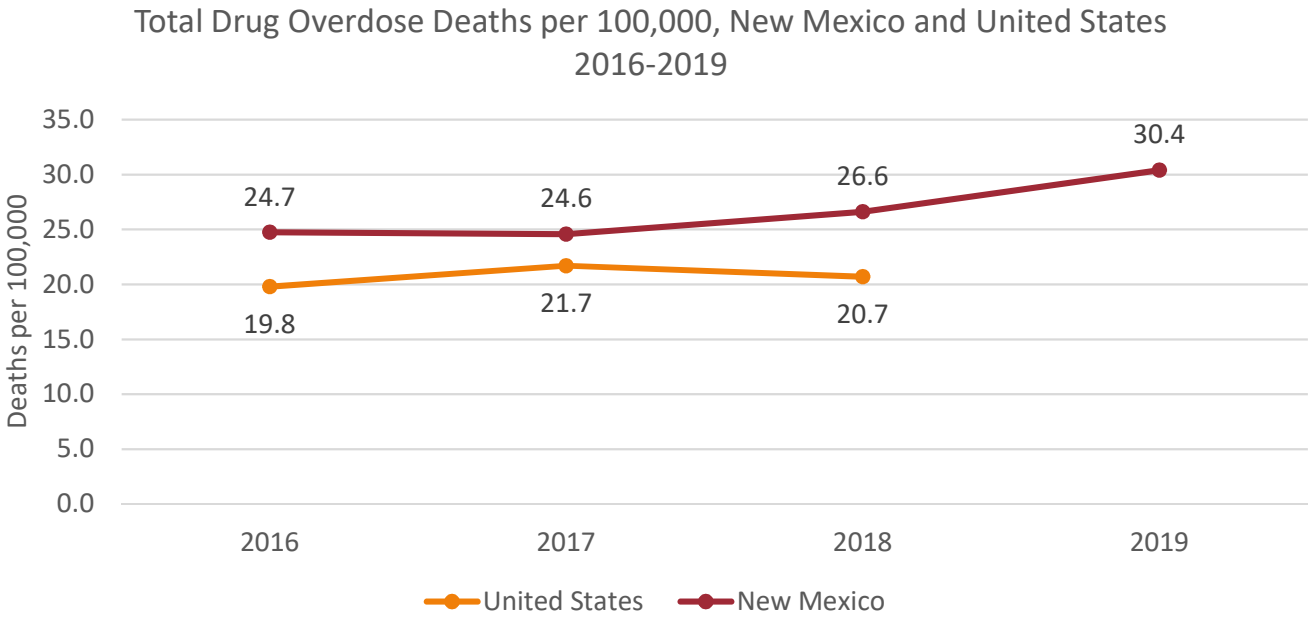
Data Source: New Mexico Youth Risk and Resiliency Survey

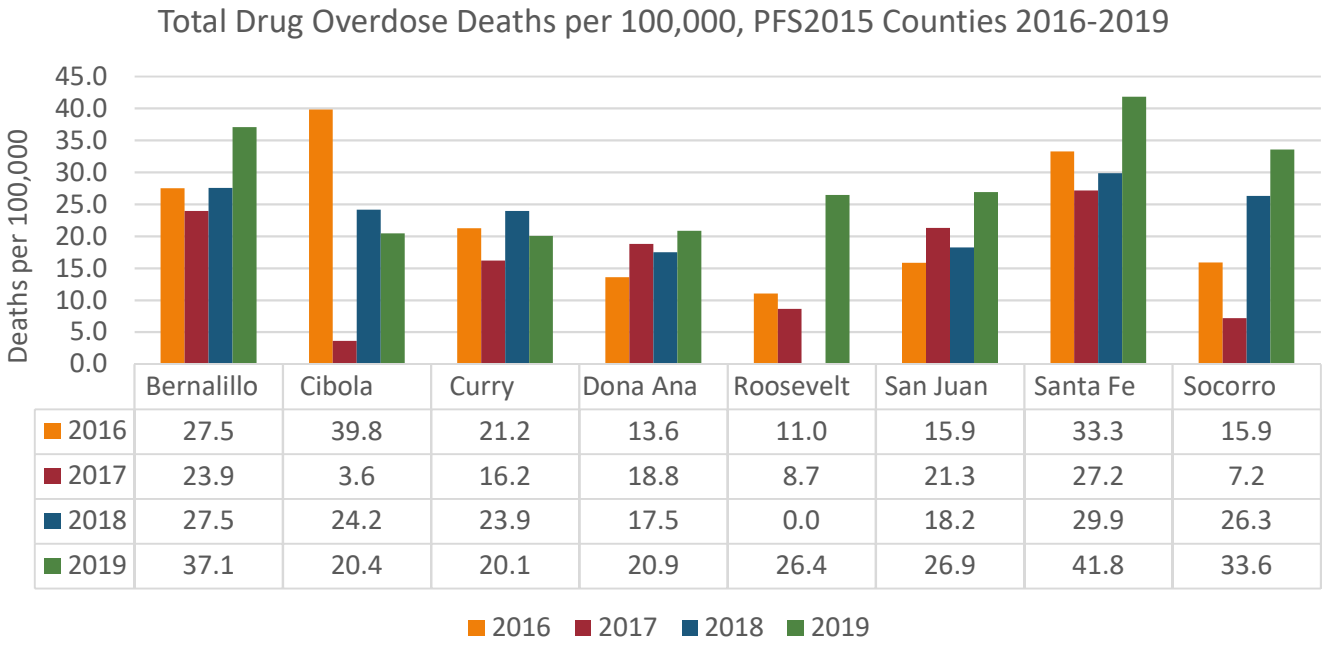
Total Drug Overdose Death

2016-2019

Total Drug Overdose Death, 2016-2019

New Mexico has had a long history of opioid overdose in particular – heroin in the 1990s, prescription opioids and heroin in the 2000s, and recently the addition of illicit fentanyl. New Mexico experienced a record high in drug overdose deaths in 2019 with a total of 605 deaths and an age-adjusted rate of 30.4 deaths per 100,000 population. Increases in deaths due to illicit substances including methamphetamine, fentanyl, and heroin contributed to the overall increase. 44% of drug overdose deaths in 2019 in New Mexico involved methamphetamine. 21% of drug overdose deaths in 2019 in New Mexico involved fentanyl. Deaths involving prescription opioids, however, decreased from 2018 to 2019.



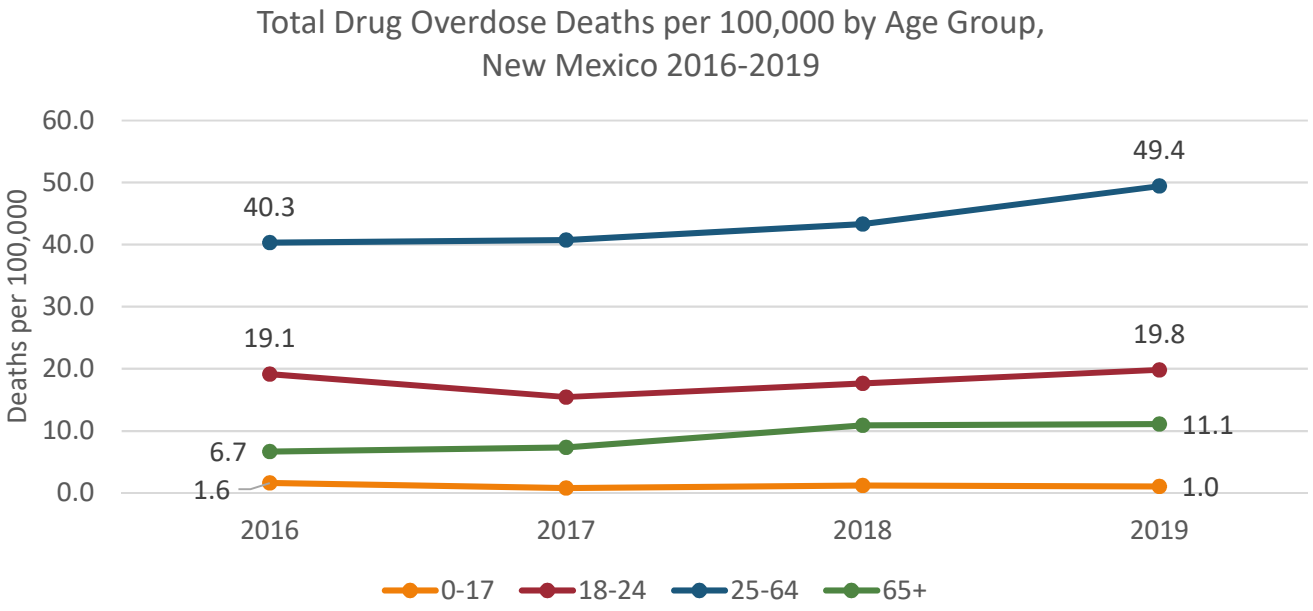


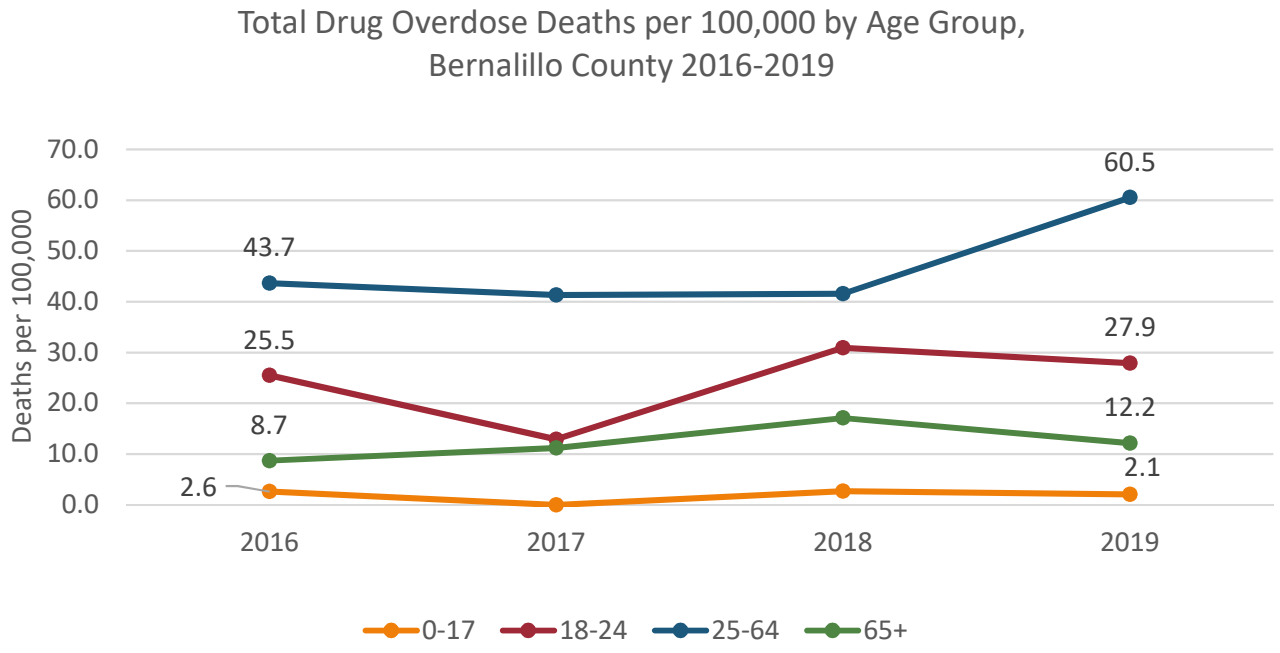
	Bernalillo	Cibola	Curry	Dona Ana	Roosevelt	San Juan	Santa Fe	Socorro
2016	27.5	39.8	21.2	13.6	11.0	15.9	33.3	15.9
2017	23.9	3.6	16.2	18.8	8.7	21.3	27.2	7.2
2018	27.5	24.2	23.9	17.5	0.0	18.2	29.9	26.3
2019	37.1	20.4	20.1	20.9	26.4	26.9	41.8	33.6

Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS

Total Drug Overdose Death by Age Group, 2016-2019

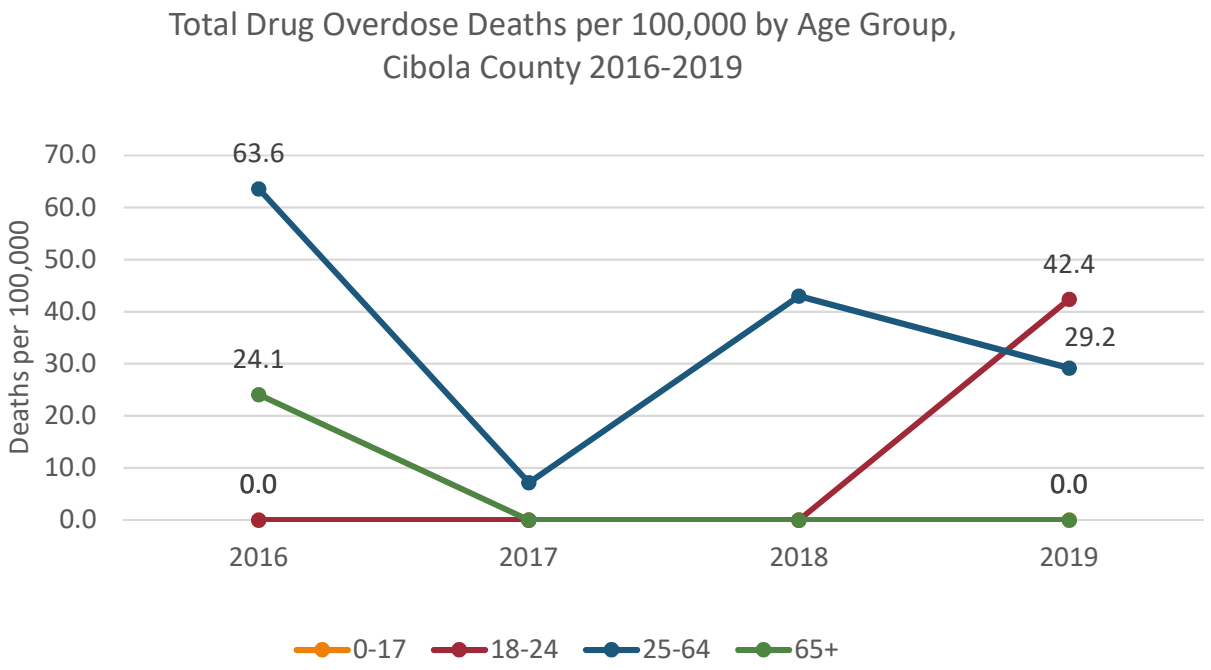
Drug overdose deaths were highest among 25-64 year olds followed by 18-24 year olds. The largest increase in drug overdose death rates was among 25-64 year olds from 40.3 deaths per 100,000 population in 2016 to 49.4 deaths per 100,000 population in 2019. While many interventions and prevention efforts have been implemented including increasing medication assisted treatment and naloxone distribution statewide, these interventions are more impactful for opioids and not as effective for methamphetamine use as there are no approved medication assisted treatment options or overdose reversals drugs for a methamphetamine overdose. Prevention efforts and public health interventions will need to focus on polysubstance use and methamphetamine to continue to make an impact on reducing drug overdose death.

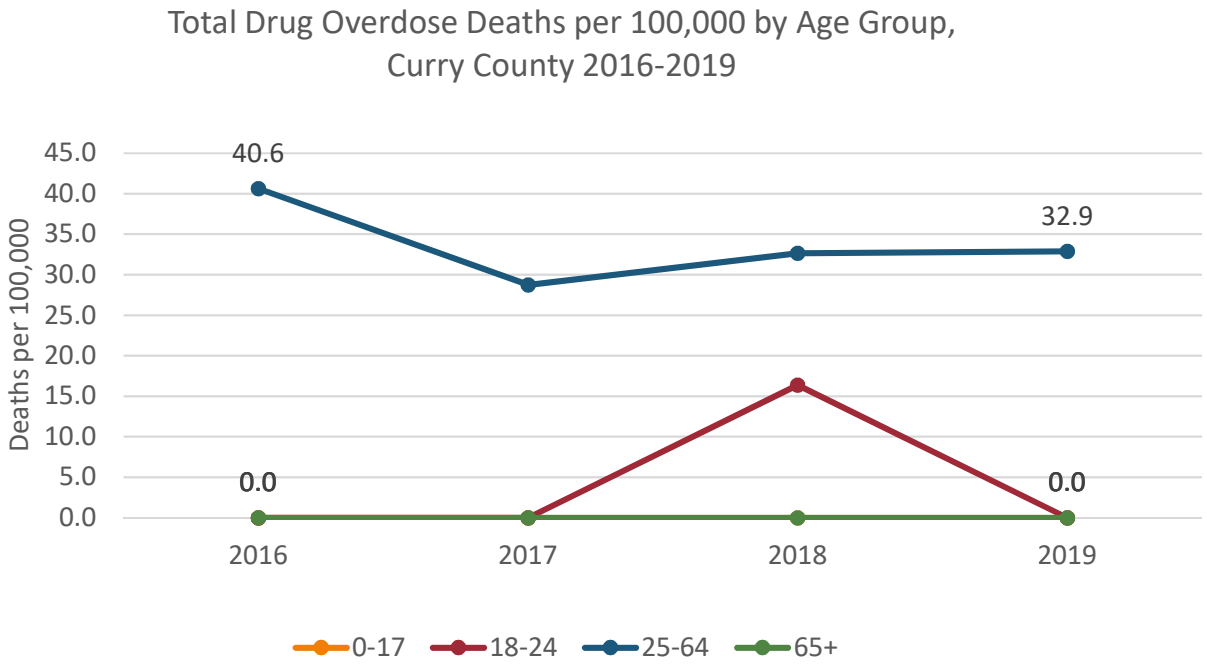




Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS

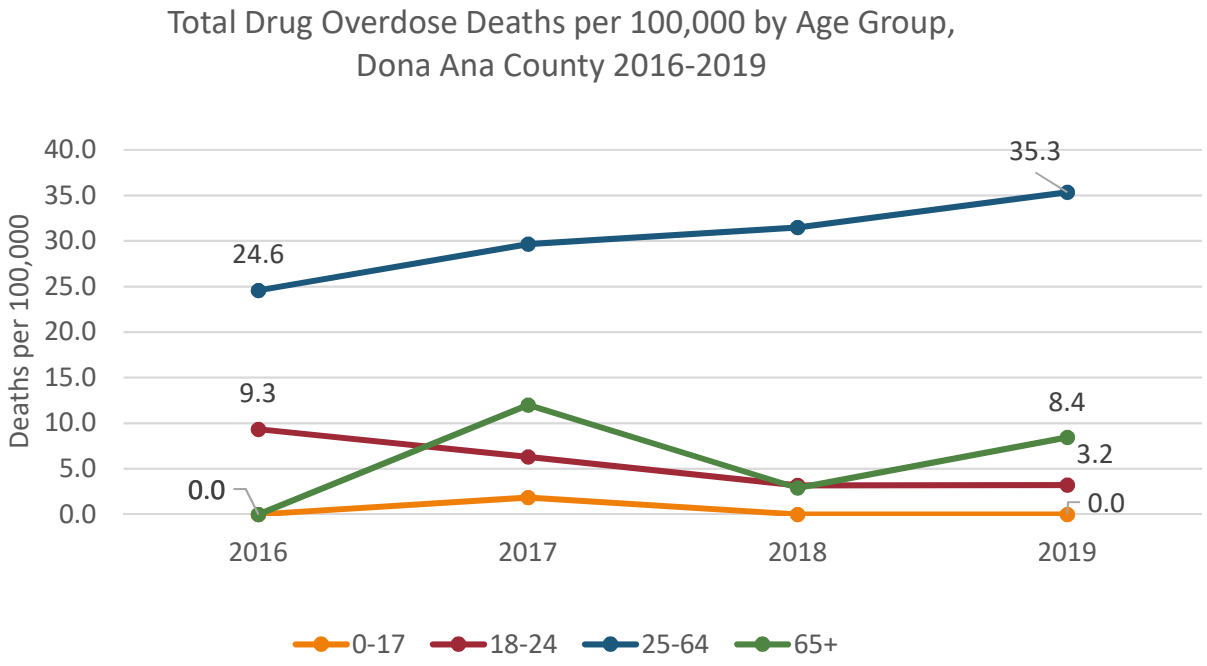
Total Drug Overdose Death by Age Group, 2016-2019

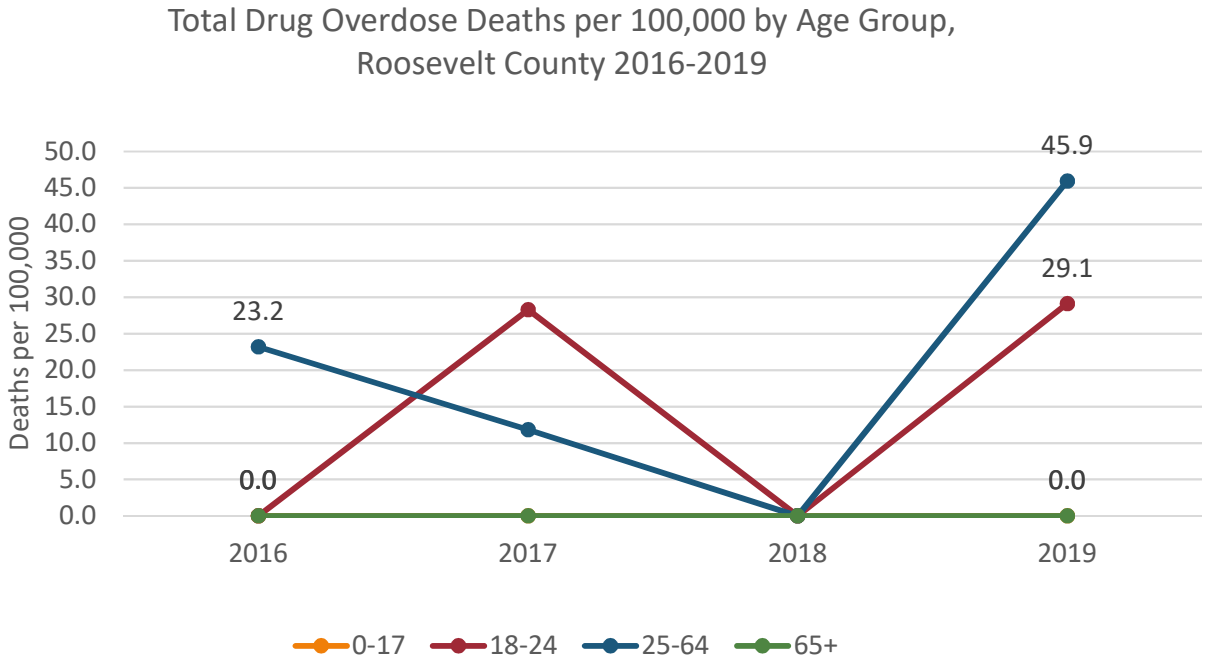




Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS

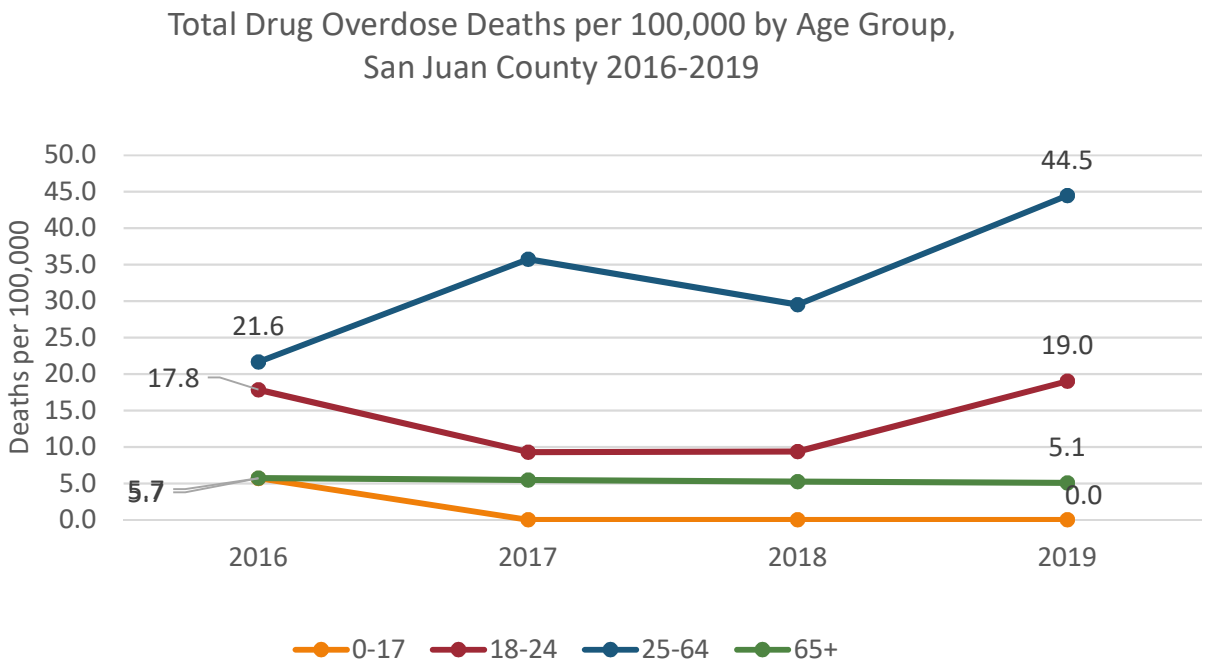
Total Drug Overdose Death by Age Group, 2016-2019

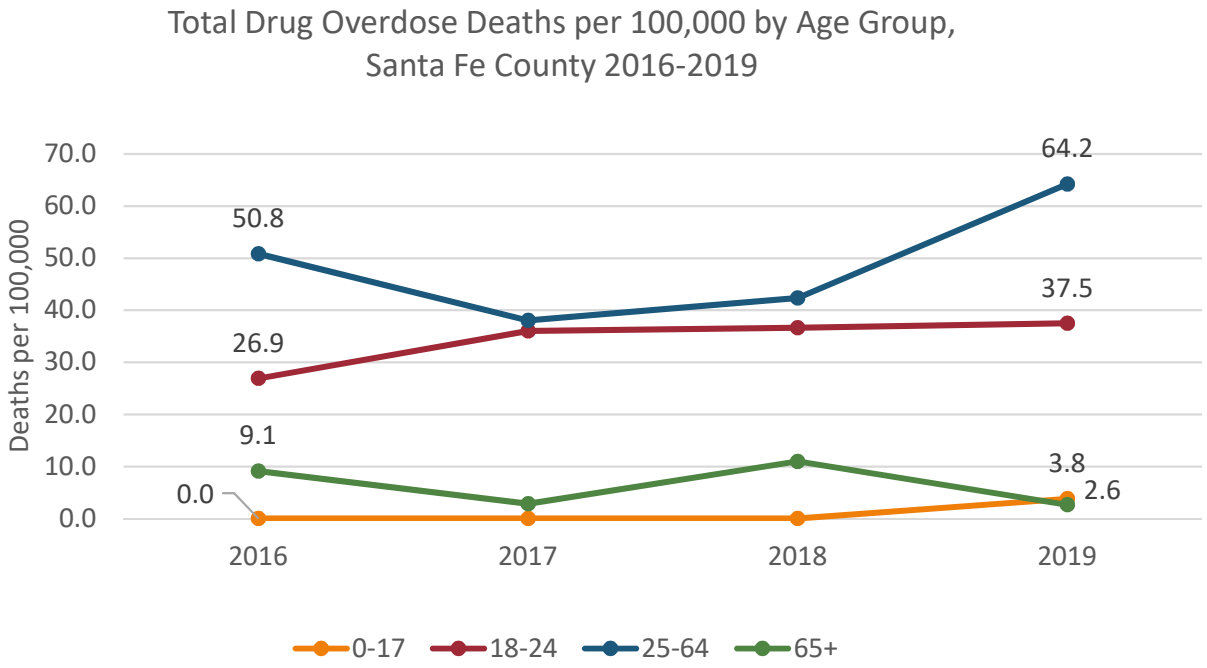




Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS

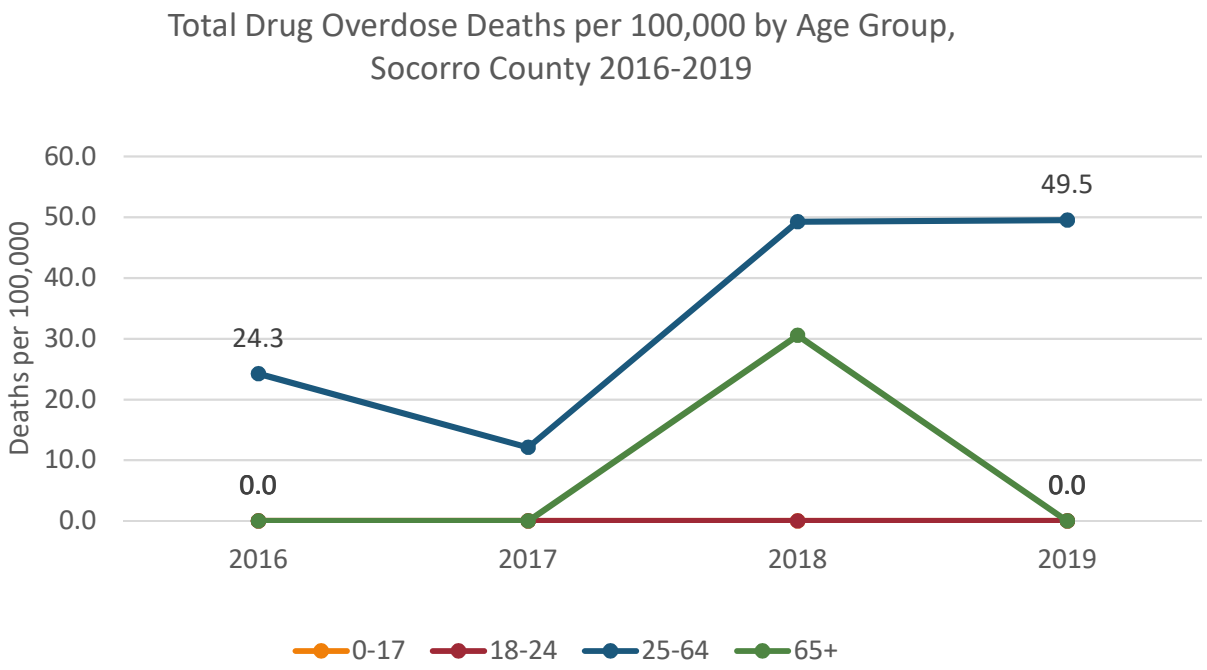
Total Drug Overdose Death by Age Group, 2016-2019





Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS

Total Drug Overdose Death by Age Group, 2016-2019



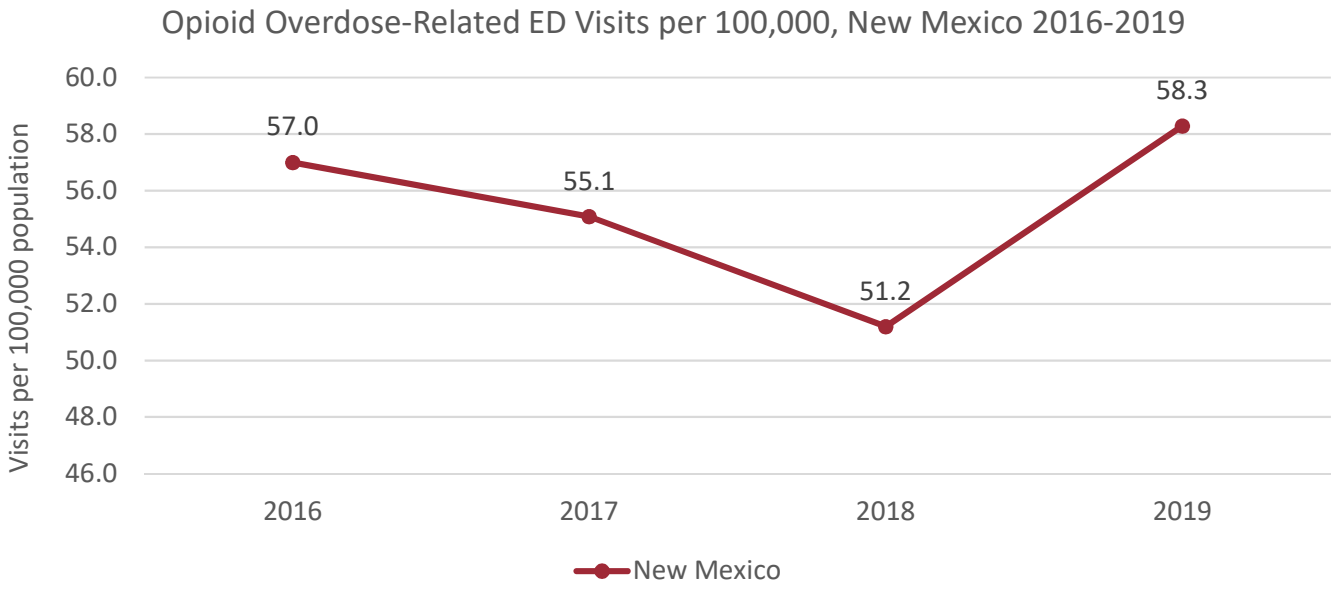
Data Source: NMDOH Vital Records and Health Statistics, UNM/GPS

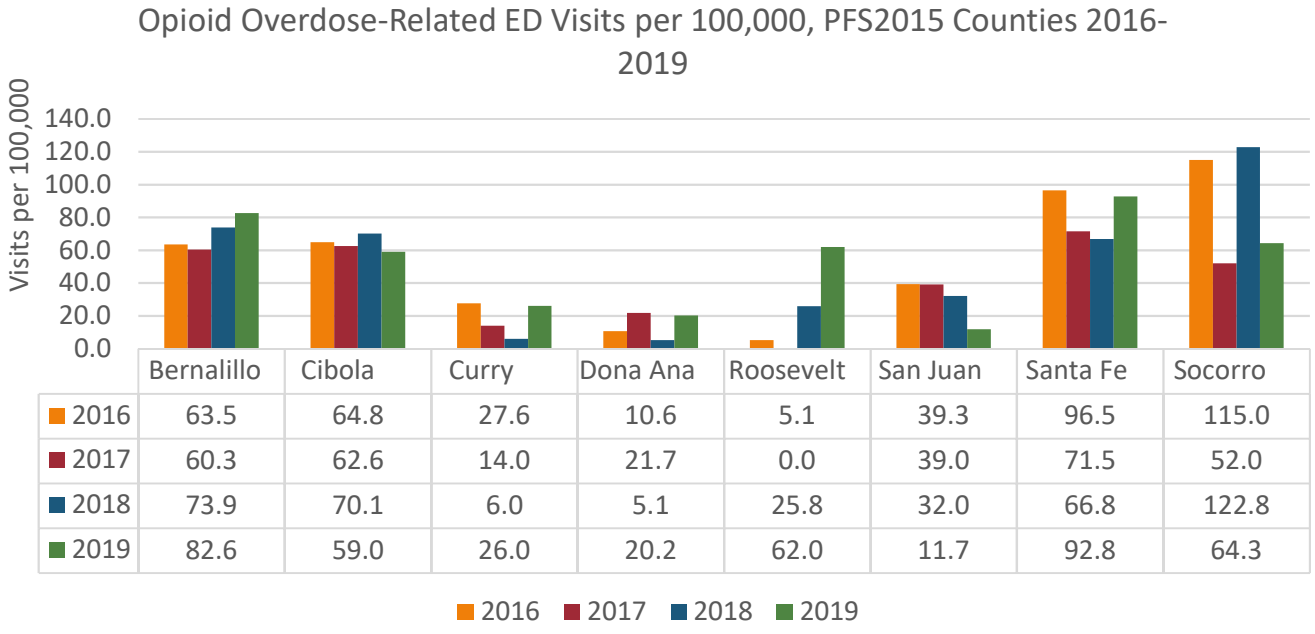
Opioid Overdose Related Emergency Department Visits

2016-2019

Opioid Overdose Related ED Visits, 2016-2019

Opioid overdose related emergency department visits are tracked using the New Mexico Emergency Department Syndromic Surveillance system. Opioid overdose related emergency department visits decreased in New Mexico from 2016 to 2018 but sharply rose in 2019 to 58.3 visits per 100,000 population. The rate is reported as visits per 100,000 population rather than patients or cases as a person may experience more than one overdose event within a year.



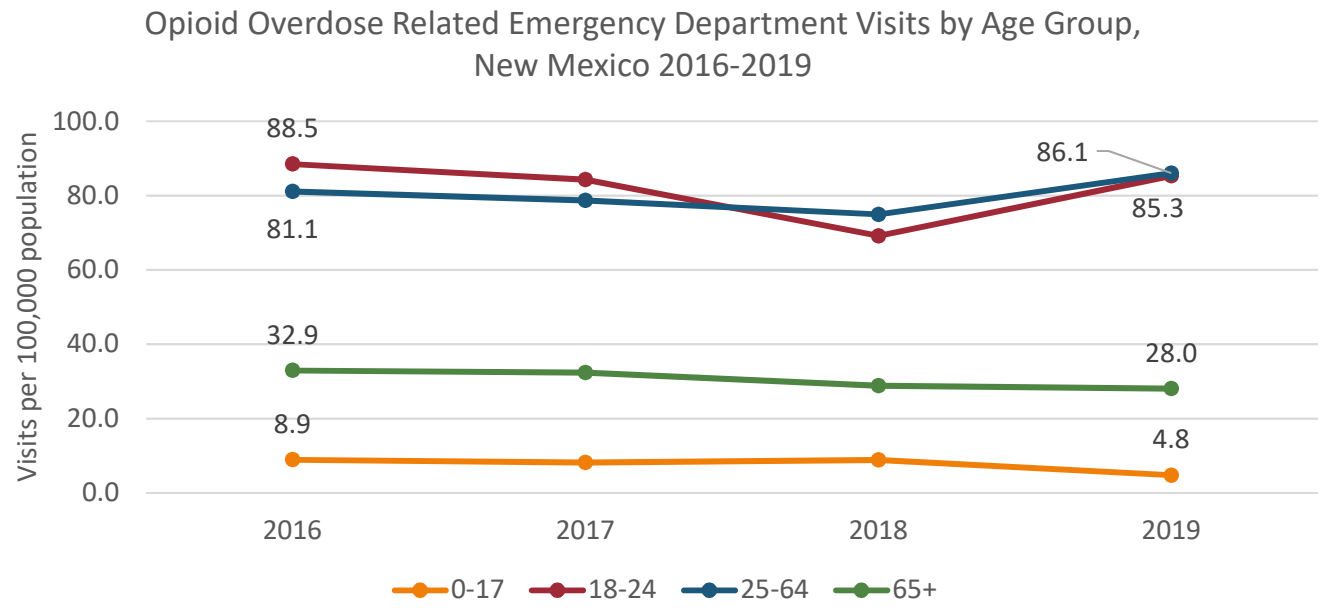


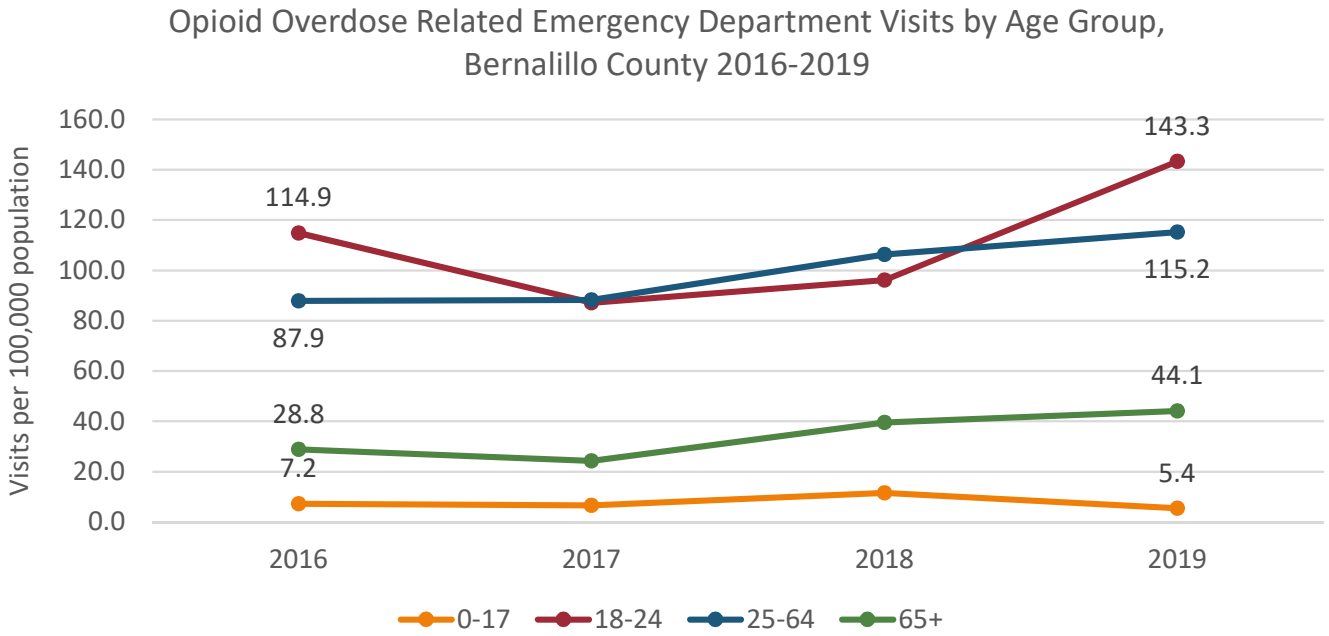
	Bernalillo	Cibola	Curry	Dona Ana	Roosevelt	San Juan	Santa Fe	Socorro
2016	63.5	64.8	27.6	10.6	5.1	39.3	96.5	115.0
2017	60.3	62.6	14.0	21.7	0.0	39.0	71.5	52.0
2018	73.9	70.1	6.0	5.1	25.8	32.0	66.8	122.8
2019	82.6	59.0	26.0	20.2	62.0	11.7	92.8	64.3

Data Source: NMDOH ED Syndromic Surveillance Data

Opioid Overdose Related ED Visits by Age Group, 2016-2019

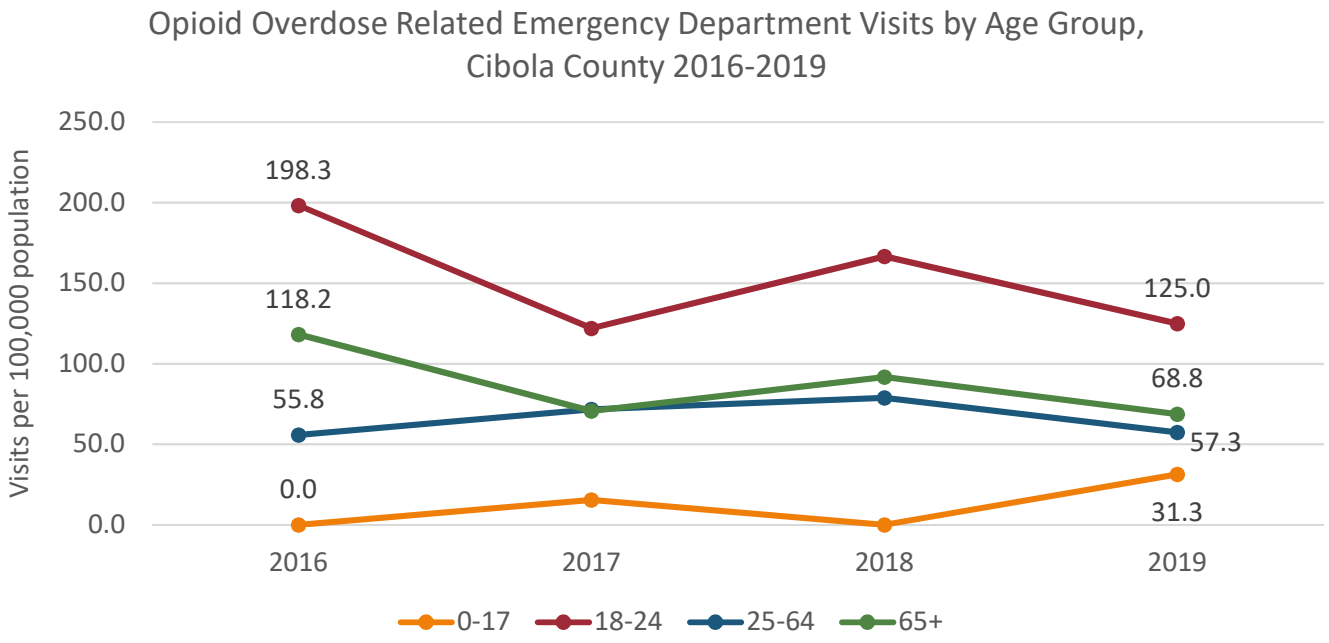
Opioid overdose emergency department visits were most common among the 25-64 year olds and 18-24 year olds. New Mexico Department of Health has been working to onboard hospitals to report all drug overdoses as a notifiable condition within 24 hours. There has also been an ongoing pilot program to have peer support workers engage with patients who have experienced an overdose while they are still in the hospital.

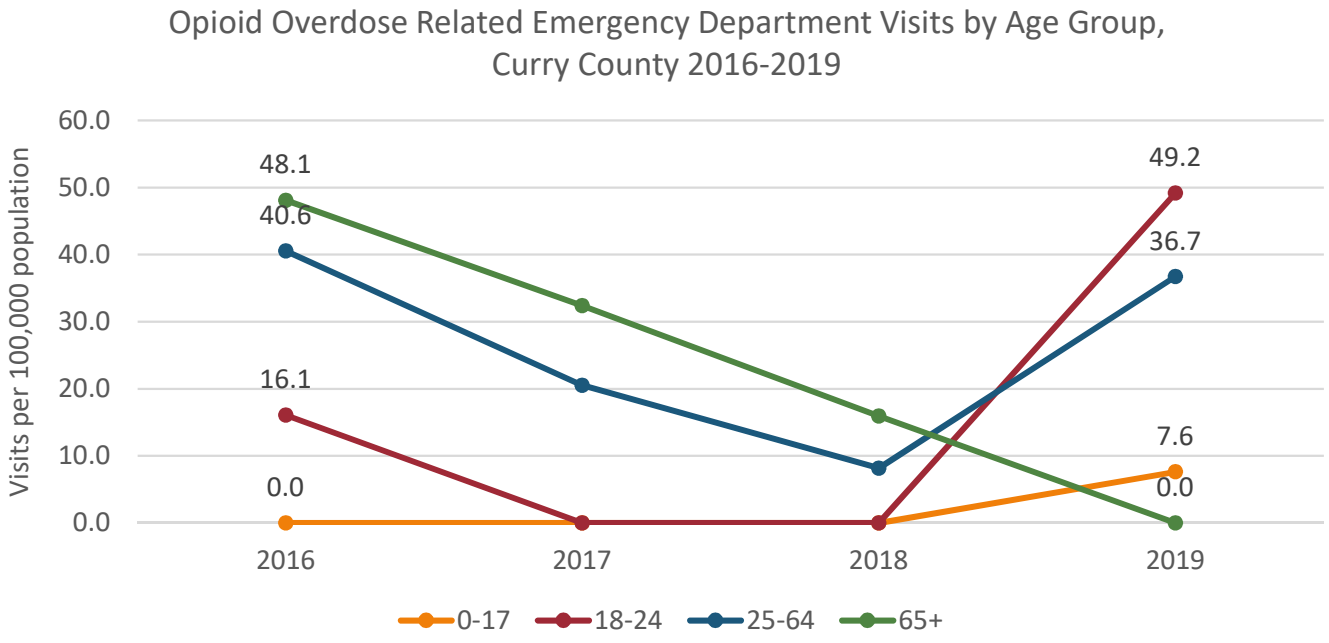




Data Source: NMDOH ED Syndromic Surveillance Data

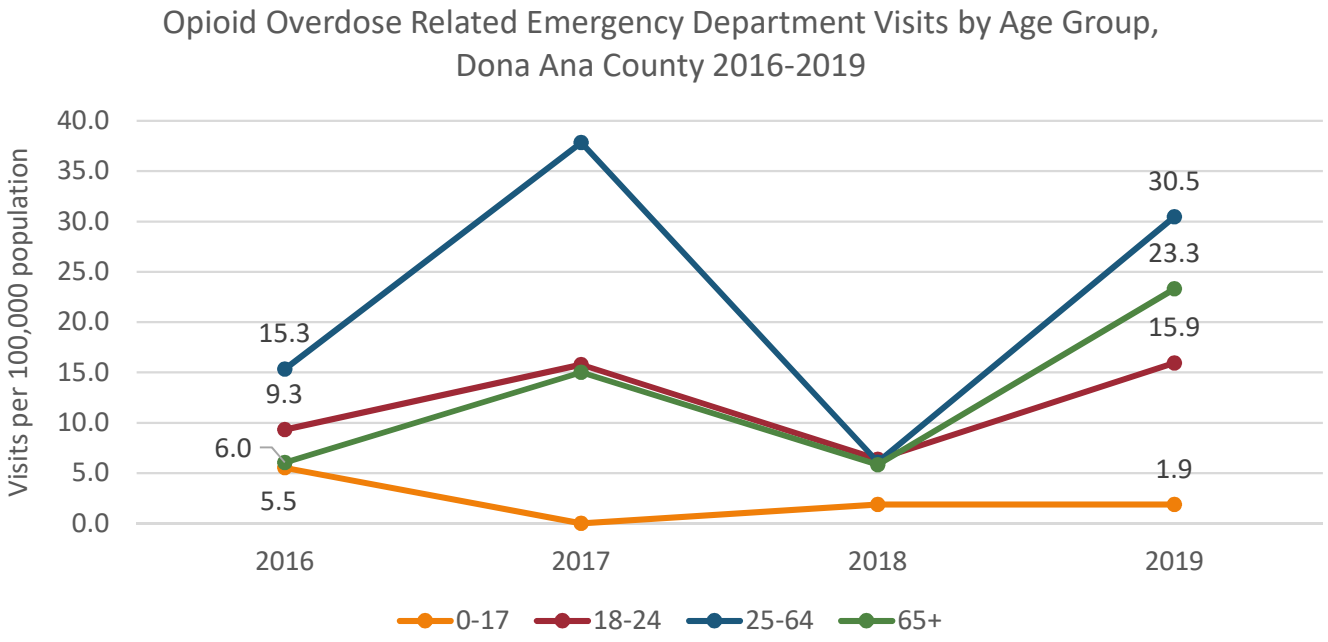
Opioid Overdose Related ED Visits by Age Group, 2016-2019

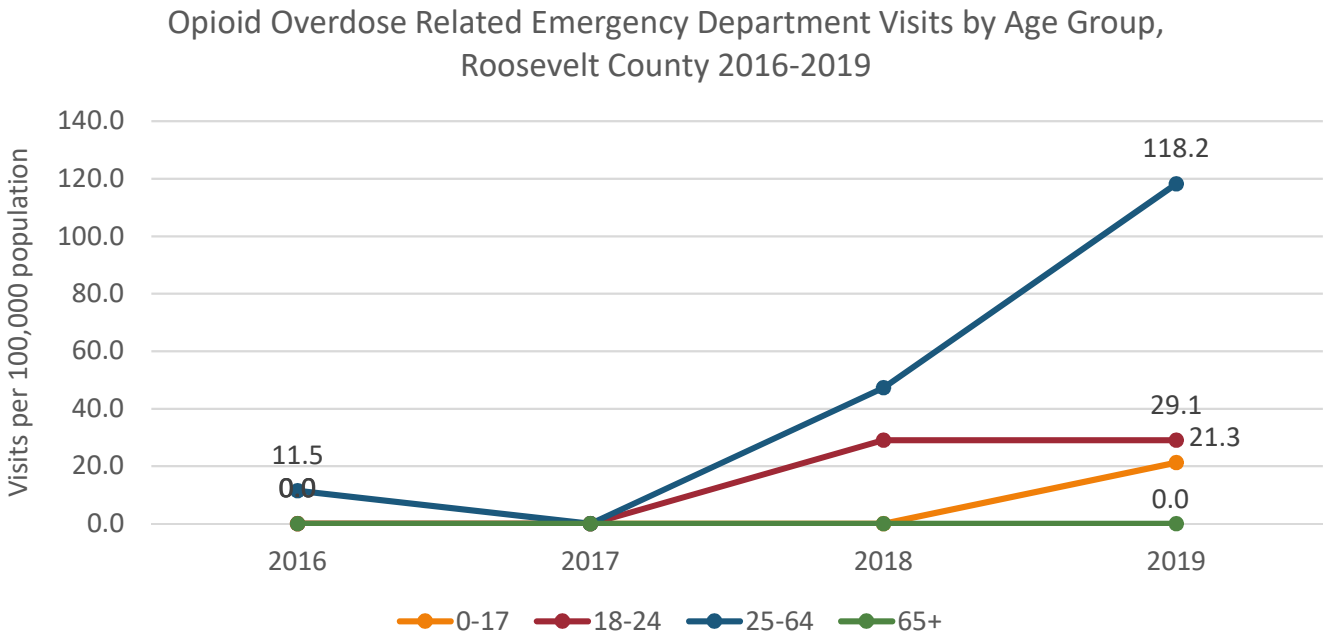




Data Source: NMDOH ED Syndromic Surveillance Data

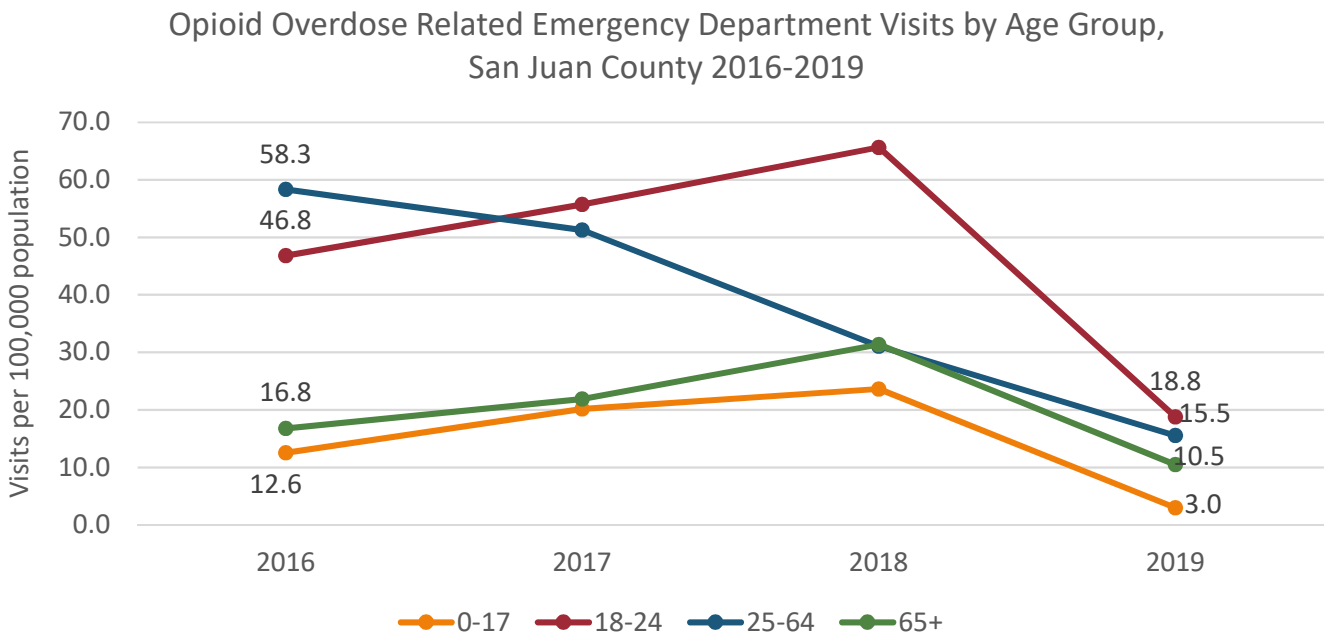
Opioid Overdose Related ED Visits by Age Group, 2016-2019

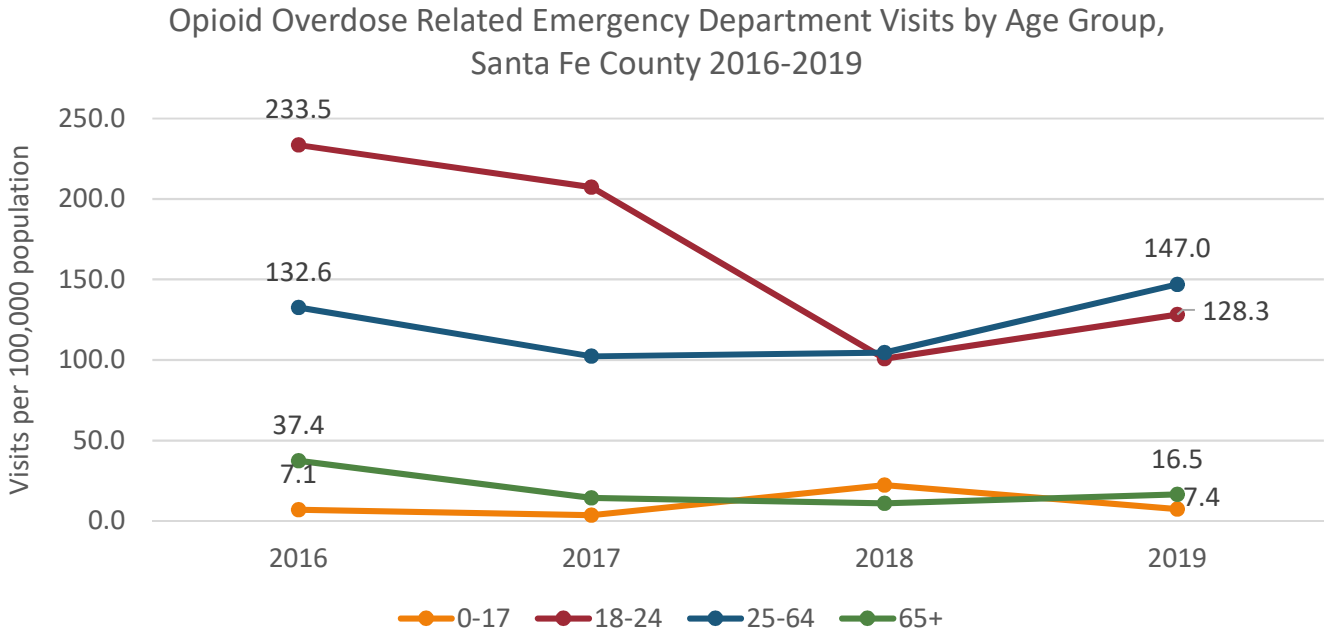




Data Source: NMDOH ED Syndromic Surveillance Data

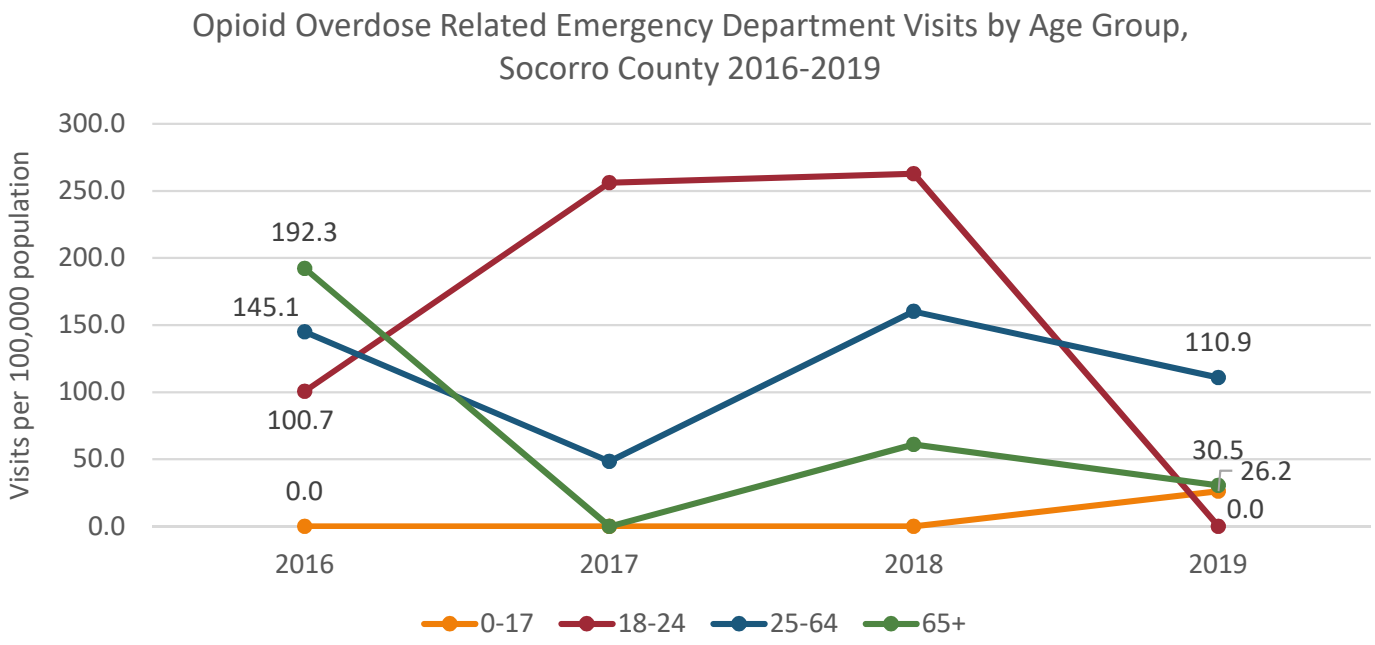
Opioid Overdose Related ED Visits by Age Group, 2016-2019





Data Source: NMDOH ED Syndromic Surveillance Data

Opioid Overdose Related ED Visits by Age Group, 2016-2019



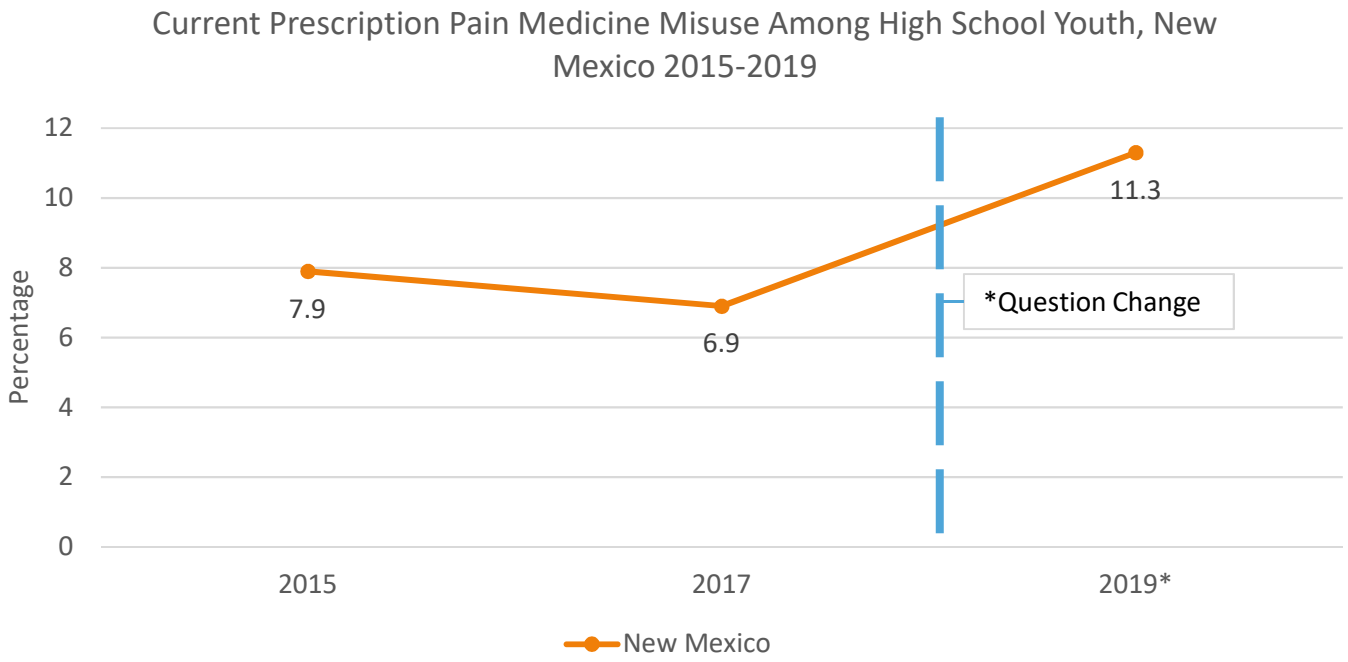
Data Source: NMDOH ED Syndromic Surveillance Data

Current Prescription Pain Medicine Misuse Among High School Students

YRRS DATA

Youth Current Prescription Pain Medicine Misuse, 2015-2019

Among New Mexico high school students in 2019, 11.3% reported having used prescription pain medicine inappropriately in the past 30 days. The wording of the question was changed in 2019 which may explain the increase from previous years. The Behavioral Health Services Division Office of Substance Abuse Prevention has been able to work with some schools and school staff to ensure both staff and students who are interested receive training on carrying and administering naloxone.



*In 2019, the question for painkiller use changed. Previously the question asked about painkiller use to get high. In 2019, the question now asks about using prescription pain medicine without a prescription or differently from how their doctor prescribed it.

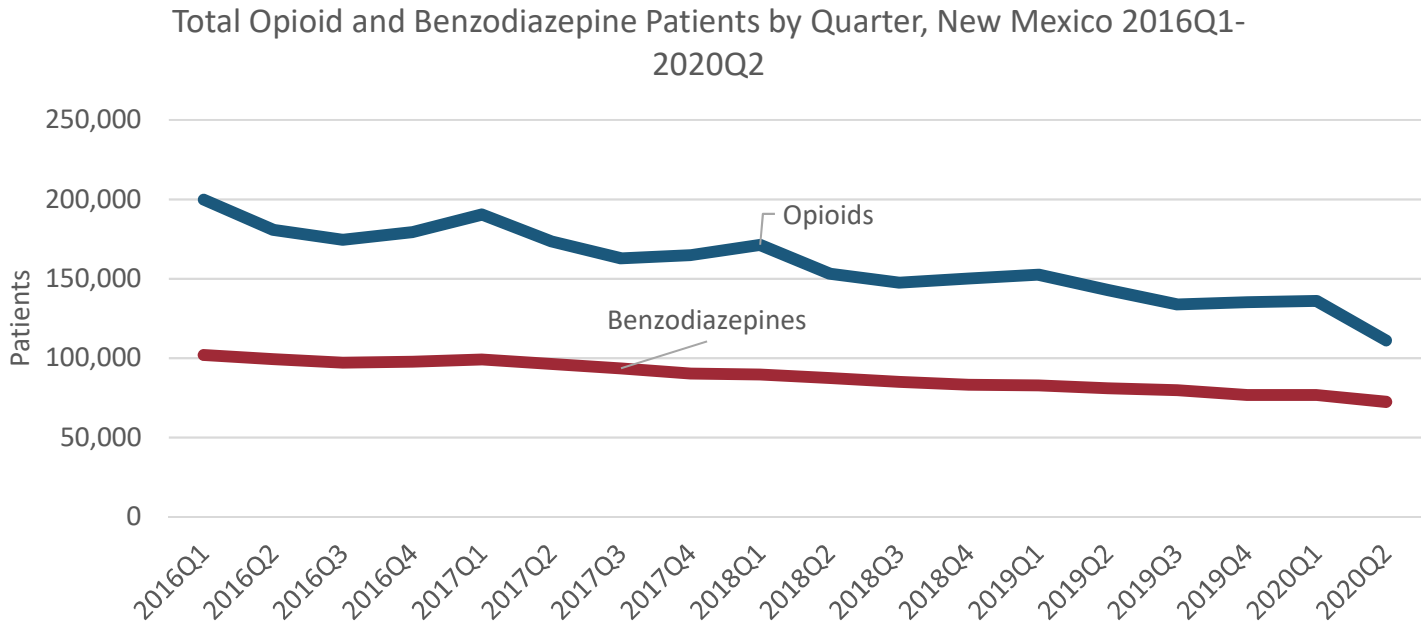
Data Source: New Mexico Youth Risk and Resiliency Survey

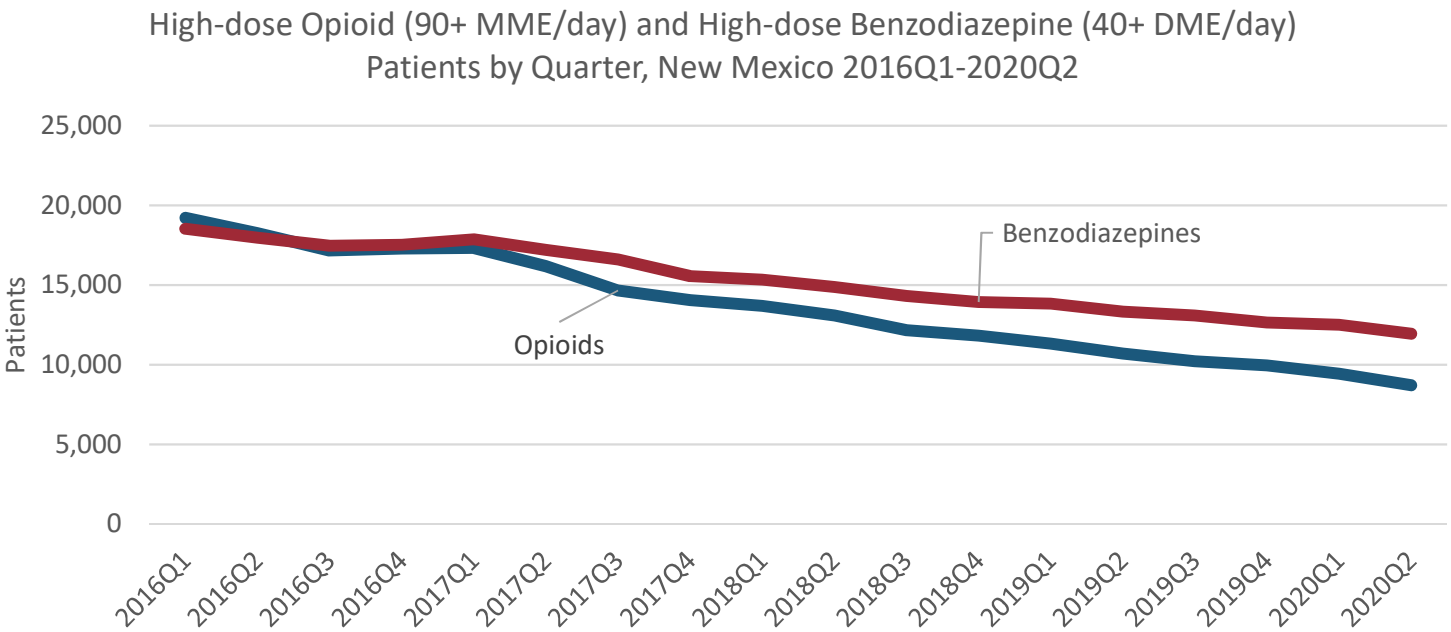
Prescription Monitoring Program Indicators

2016-2019

Quarterly Prescription Monitoring Program Indicators, 2016Q1 – 2020Q2

Quarterly indicators based on Prescription Monitoring Program (PMP) data are released on the NMDOH substance abuse epidemiology section website. The majority of PMP indicators have been trending in the right direction for a few years. The number of patients prescribed opioids and the number of patients prescribed benzodiazepines have steadily decreased over time. Despite a general downward trend, there is an increase in patients filling opioid prescriptions in the first quarter of each year. The number of patients being prescribed high doses of either of those medications has also decreased over time.

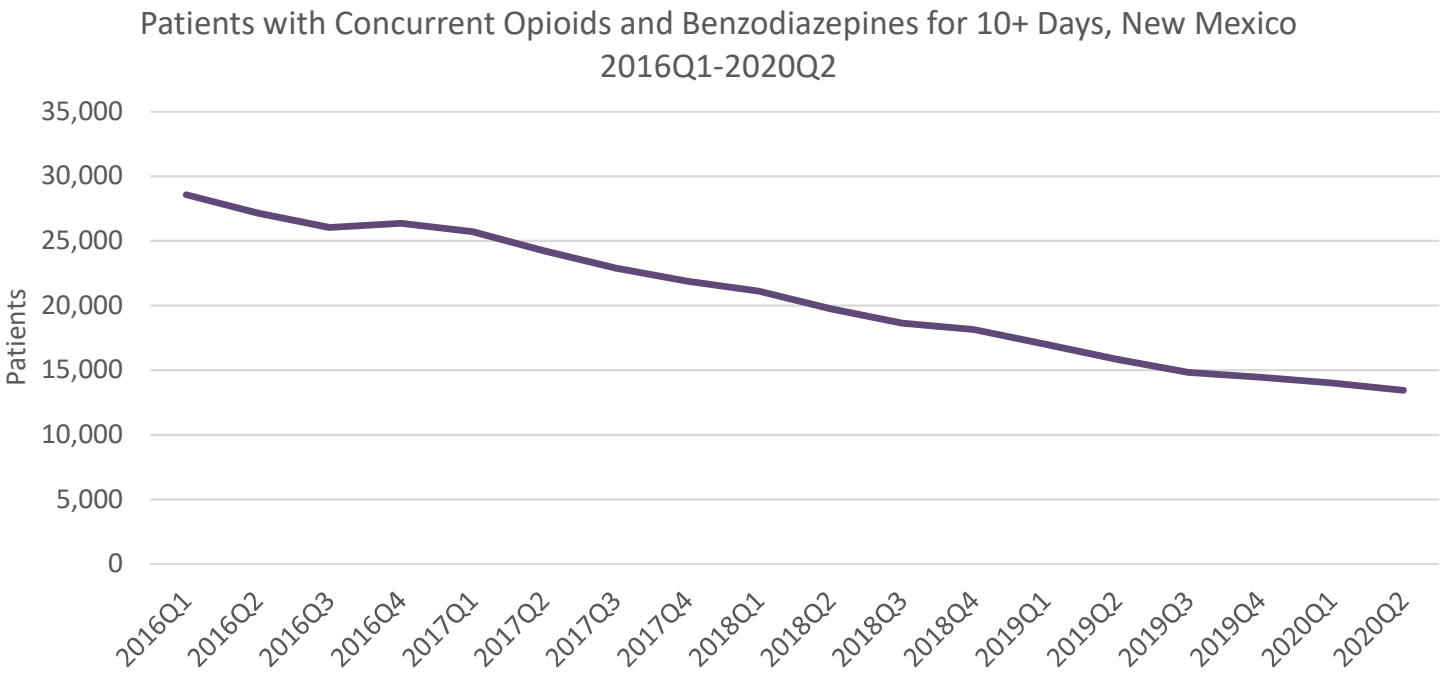


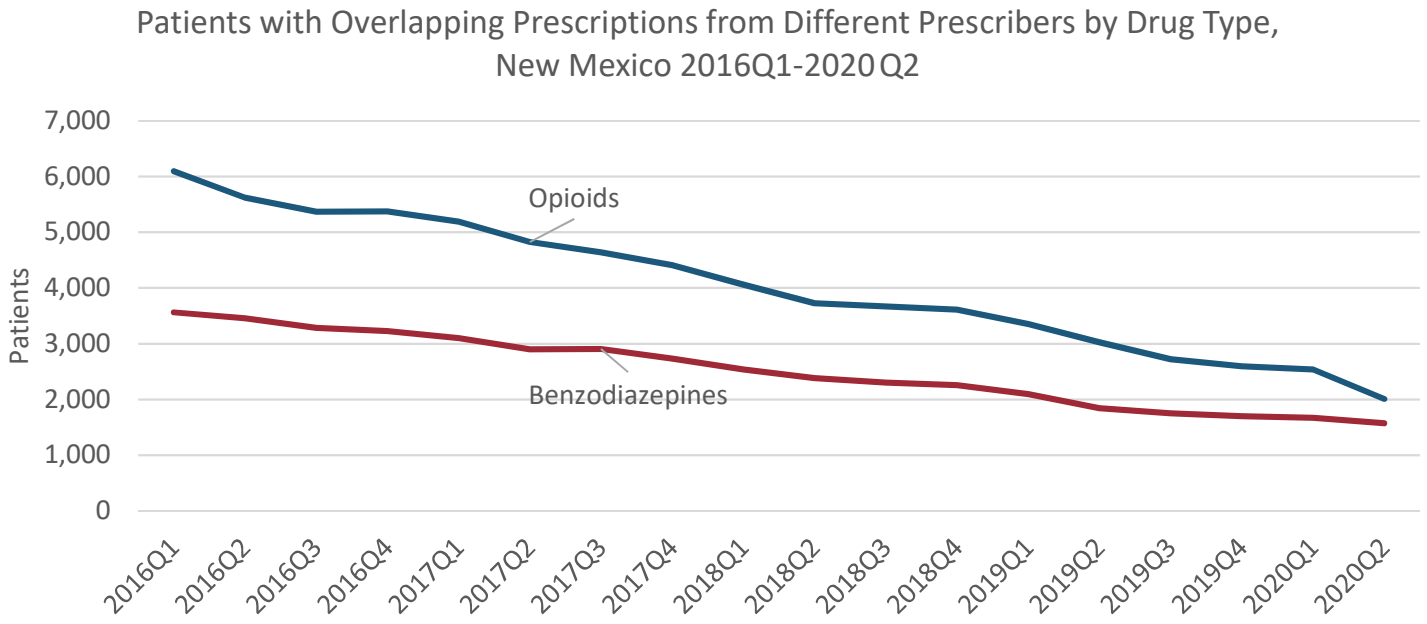


Data Source: NM Board of Pharmacy Prescription Monitoring Program data

Quarterly Prescription Monitoring Program Indicators, 2016Q1 – 2020Q2

Patients with concurrent opioid and benzodiazepine prescriptions has also decreased over time which is especially important given the increased risk of overdose when the two substances are used together. The number of patients with overlapping prescriptions from different prescribers has also trended downward.

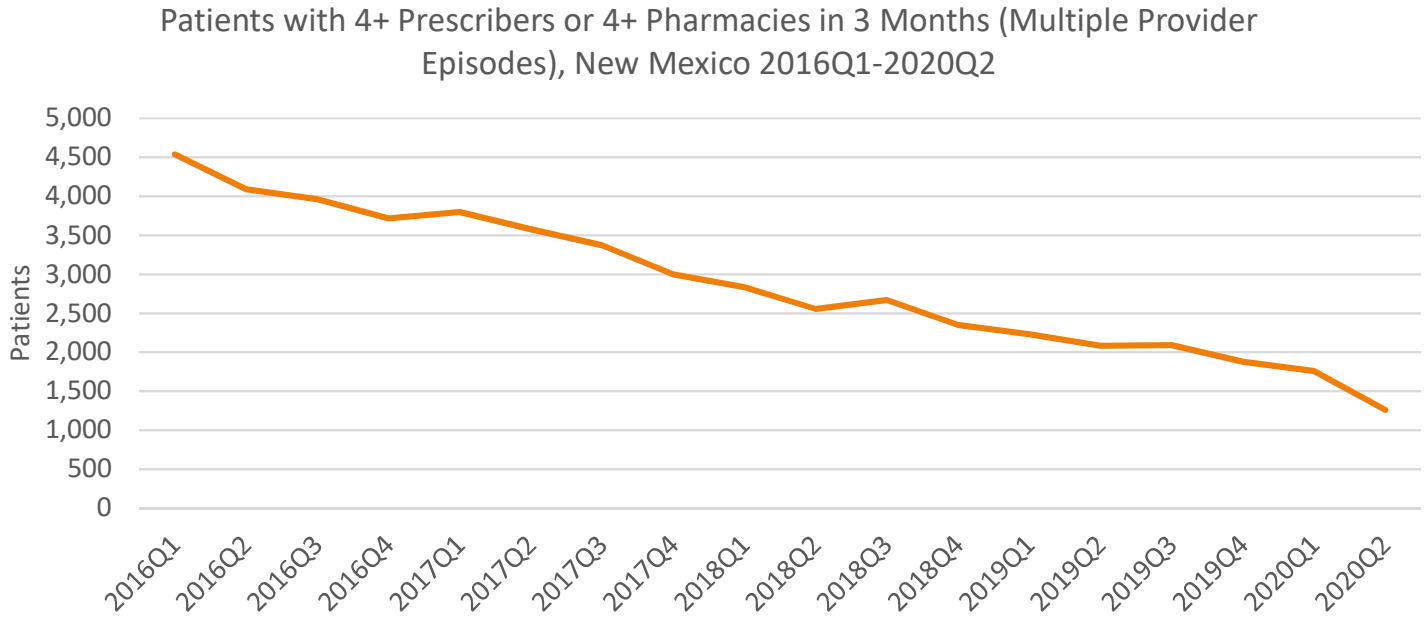


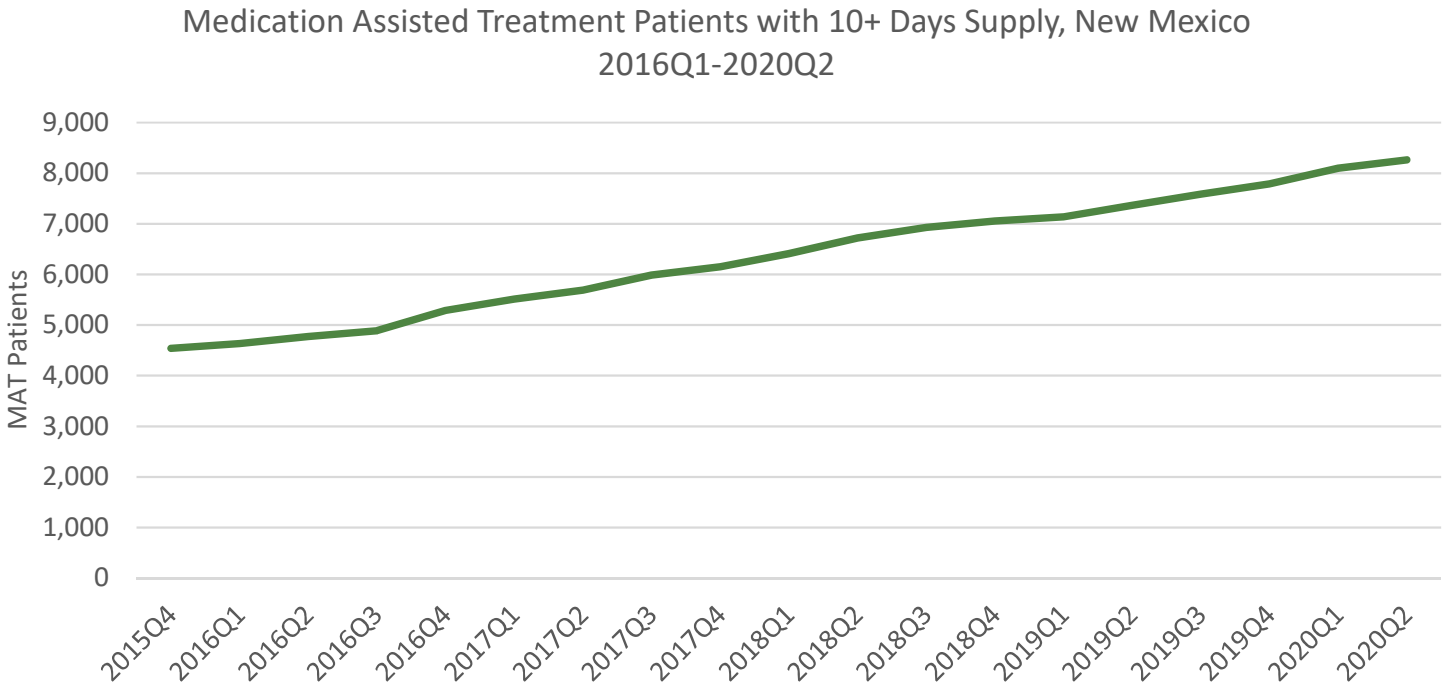


Data Source: NM Board of Pharmacy Prescription Monitoring Program data

Quarterly Prescription Monitoring Program Indicators, 2016Q1 – 2020Q2

Patients with multiple provider episodes which is seen as a proxy for potential misuse has decreased over time. The number of patients on medication assisted treatment has increased over time which is a positive trend due to the proven effectiveness of the treatment modality.





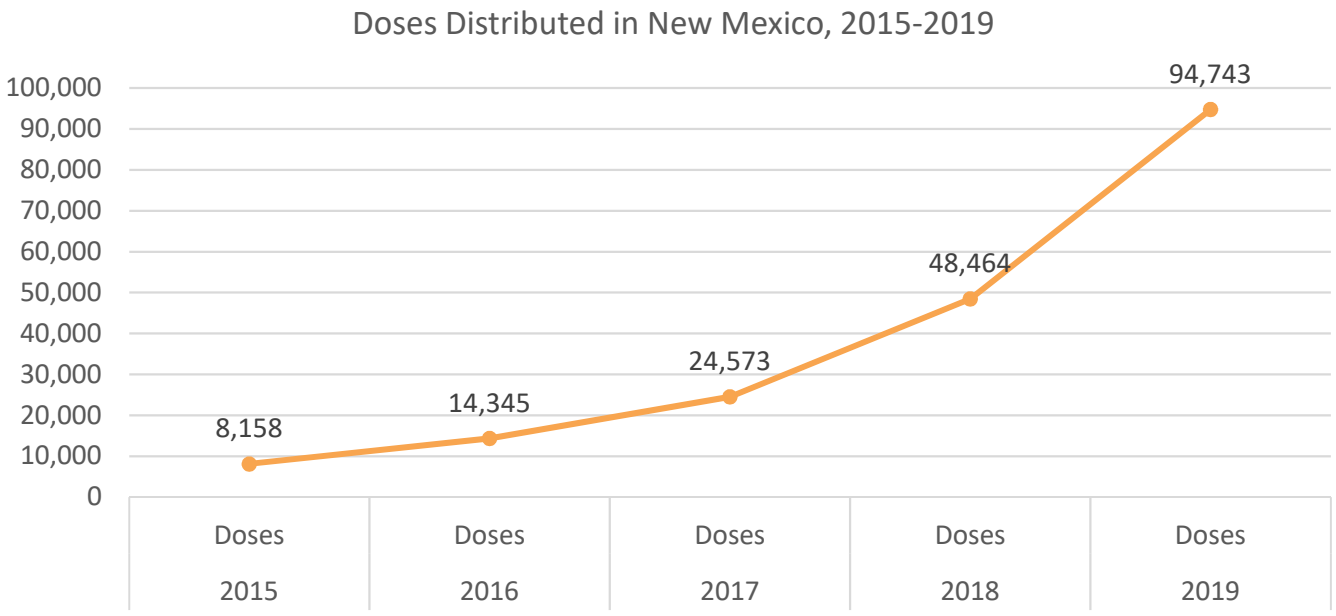
Data Source: NM Board of Pharmacy Prescription Monitoring Program data

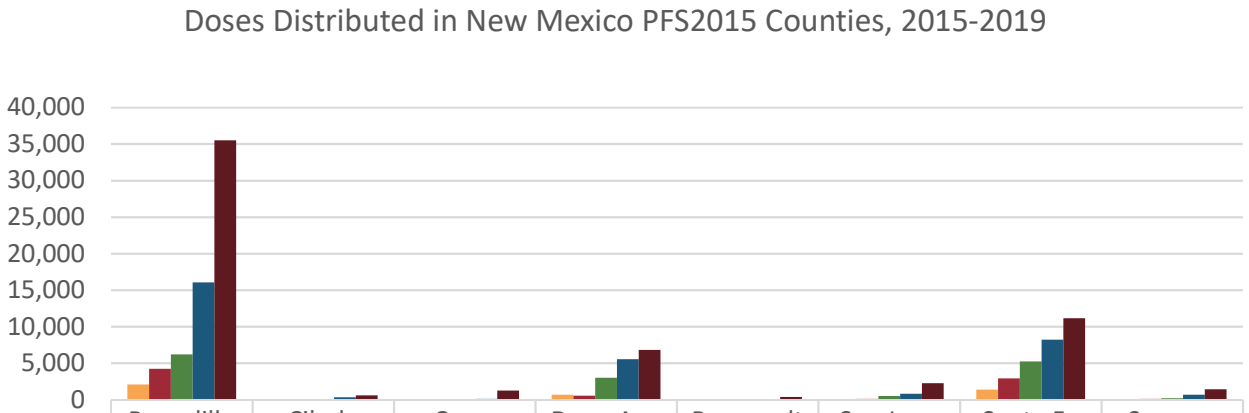
Naloxone Distribution and Reported Reversals

2015-2019

Naloxone Doses Distributed, 2015-2019

Naloxone distribution in New Mexico has nearly doubled each year since 2015. This increase is due to a variety of factors including increased awareness, increased availability, and legislation allowing laypersons to carry and administer naloxone. NMDOH Harm Reduction distributes naloxone through statewide syringe services program locations. BHSD Grant-Funded programs distribute to both laypersons and community organizations statewide. Naloxone is available for free and without a prescription to all Medicaid-insured persons at any retail pharmacy location in New Mexico. In 2019, NMDOH Harm Reduction accounted for 29.4% of doses distributed, BHSD Grant-Funded programs accounted for 32.4%, and Medicaid Claims accounted for 38.2%.



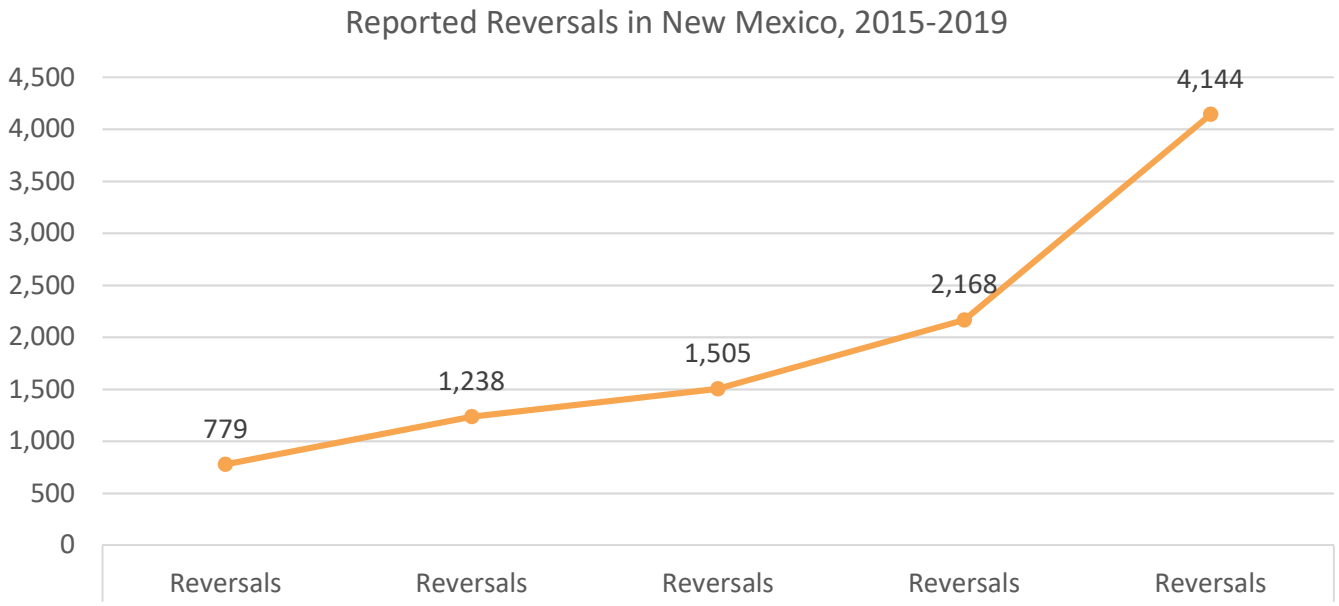


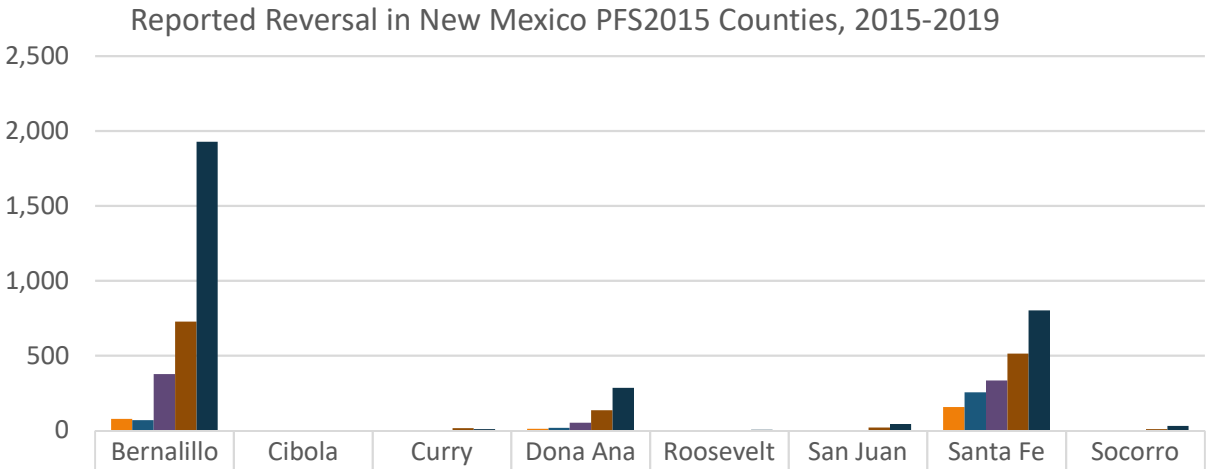
	Bernalillo	Cibola	Curry	Dona Ana	Roosevelt	San Juan	Santa Fe	Socorro
2015 Doses	2097	10	6	681	0	48	1383	26
2016 Doses	4214	81	14	526	2	99	2913	102
2017 Doses	6200	74	32	2986	26	482	5244	205
2018 Doses	16073	311	127	5555	50	788	8207	674
2019 Doses	35477	579	1226	6812	364	2264	11138	1441

Data Source: NMDOH Harm Reduction Program, BHSD Grant-Funded Programs, and Medicaid Claims

Reported Opioid Overdose Reversals, 2015-2019

Along with naloxone distribution, reported reversals have increased in recent years. The majority of reversals are reported to the NMDOH Syringe Services Program when clients come in for new doses, along with BHSD grant-funded programs and Law Enforcement Agency reporting use of naloxone. Both NMDOH and BHSD have funded training for law enforcement agencies to carry and administer naloxone as they are often the first on scene at an overdose, especially in rural areas.





	Bernalillo	Cibola	Curry	Dona Ana	Roosevelt	San Juan	Santa Fe	Socorro
2015 Reversals	77	0	0	12	0	2	158	0
2016 Reversals	70	0	1	18	0	3	255	0
2017 Reversals	377	1	2	52	3	2	334	3
2018 Reversals	727	0	17	135	1	21	513	9
2019 Reversals	1927	1	10	285	5	44	803	31

Data Source: NMDOH Harm Reduction Program, BHSD Grant-Funded Programs, and Law Enforcement data