Pacific Institute for Research and Evaluation

Results from the 2020 New Mexico Community Survey

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Executive Summary

The Centers for Substance Abuse Prevention (CSAP) has funded New Mexico's Office of Substance Abuse Prevention's (OSAP) efforts to assess and evaluate prevention efforts across the state of New Mexico. Along with OSAP, the New Mexico State Epidemiological Outcomes Workgroup (SEOW) and Prevention Planning Consortium (PPC) developed a 5-Year Plan to use the Strategic Prevention Framework (SPF) process to target statewide indicators of substance abuse. Aiding in statewide and community-level efforts to address these indicators, prevention partners developed a community survey referred to as the New Mexico Community Survey (NMCS). Topic areas included alcohol, prescription drug use, and some of the contributing factors related to their misuse. In addition, communities could select modules related to topics such as: methamphetamine, mental health, marijuana, opioids, tobacco, gambling, and adverse childhood events.

Data collection was tailored to the evolving reality of the COVID-19 pandemic. Data collection took place in the spring of Fiscal Year 2020 using two methodologies. Both methodologies relied on convenience samples. The first approach was a time and venue-based data collection process that either via paper and pencil, or using a Qualtrics app on iPads, tablets, and smartphones or directly online via laptops. Potential respondents were solicited in strategically identified venues in communities across the state. This time and venue-based data collection resulted in 850 valid surveys representing 15 counties. While online data collection represented a portion of prior year's surveys, concern over the spread of COVID-19 led PIRE to end in-person data collection as of March 12, 2020. Thereby, the remaining data was collected using online recruitment of potential respondents including: 1) an ad campaign on Facebook targeting residents across the state who were 18 and older to take the survey on-line; 2) via email invitations, QR codes, or friends and family members telling others about the on-line survey, or 3) through paid-ads. On-line survey recruitment and data collection resulted in 10,924 valid surveys representing 33 NM counties. A total of 11,774 valid questionnaires were completed via the two different data collection strategies with about 7.2% coming from in-person data collection methods.

We analyzed the data in several ways. First, we weighted data to match NM Census 2019 data with regard to distributions of gender, age and race/ethnicity across the state so that data estimates more closely reflect a representative state sample. Next, we looked at targeted outcomes by funding streams to examine prevalence estimates in communities with different sources of funding. The three sources of funding were Substance Abuse Prevention and Treatment (SAPT) Block Grant funds, Total Community Approach (TCA) funding and Partnerships for Success 2015 (PFS 2015). Funding streams supported prevention efforts targeting one or more of the following substances and associated indicators: alcohol (underage drinking, adult or youth DWI and binge drinking), and prescription painkillers (using painkillers to get high). We also examined data by outcomes comparing communities that targeted a specific substance with those that did not.

Noteworthy findings include:

Alcohol

- Target and comparison community estimates were similar for alcohol use and misuse variables, with binge drinking and drinking and driving rates trending downward across time.
- Target communities reported significantly greater likelihood of police breaking up parties where teens were drinking and police arresting an adult for giving alcohol to someone under 21 than in comparison communities.
- Adults indicating that they purchased alcohol for a minor in the past 30 days increased this year, which may be due to personal and community changes due to the COVID pandemic.
- The main alcohol sources reported by underage youth (18-20 years old) were from unrelated adults or adult family members.

Prescription Painkillers

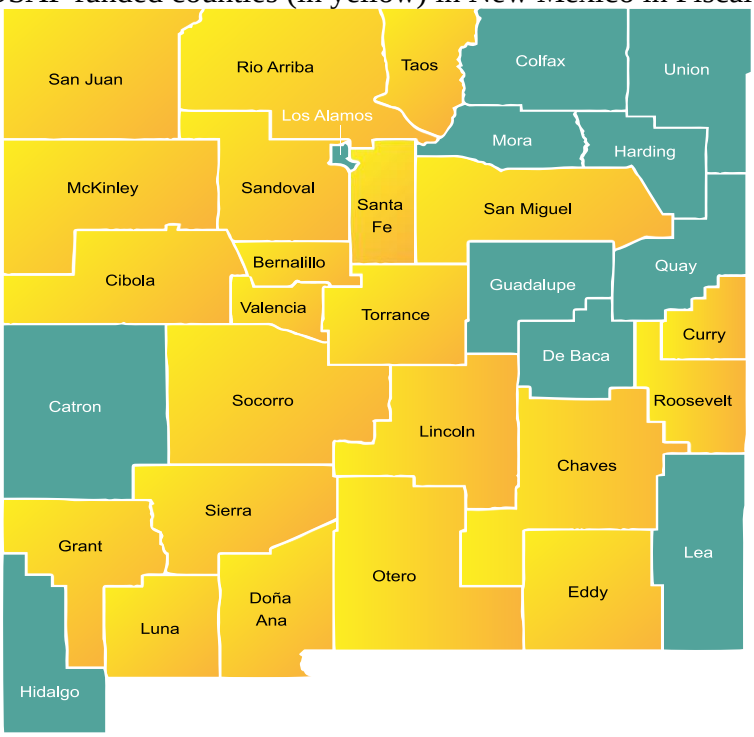
- Similar to alcohol, target and comparison communities tended to have similar estimates for most of the core survey prescription painkiller measures.
- People from target communities reported storing medication safely more than comparison communities (43.5% vs. 39.5%)
- A higher percentage in comparison communities (90.9% vs. 87.9%) reported great or moderate perceived risk of harm for non-medical prescription painkiller use.
- A majority (63%) of respondents endorsed the statement that "it is never ok to share a prescription painkiller with another person." However, about 20% of respondents who used prescription painkillers indicated that their source was not their own prescription.
- Among the communities that administered the survey with additional opioid-related questions, 22% of respondents reported having family members or friends who often use prescription painkillers. Among these respondents, more than half (58%) thought that those using prescription painkillers were at risk of overdose.
- Similarly, 9% of respondents reported having family members or friends who often use heroin. The majority of these respondents (92%) thought that these individuals are at risk of overdose.
- Only 12% of respondents indicated that they have Naloxone/Narcan, and about 20% indicated that they know how to get and how to use Naloxone/Narcan.
- Respondents overwhelming believe that medical treatment can help people with opioid use disorder (86%), and support increasing public funding for opioid treatment programs (90%). Most (79%) believe that their community is not doing enough to prevent opioid misuse and addiction.

As described in the qualitative analyses, New Mexico residents note a high prevalence of drug and alcohol misuse in their communities. Many participants had personal experience with substance abuse and used the space provided to tell their stories. Collected during the early days of the COVID-19 pandemic, qualitative data reveal a deep concern about the mental health and resulting substance abuse-related impacts on their family, friends and community. In addition, 2020 data show an increasing awareness of the current limits of community policing, especially as it pertains to arrests involving people addicted to drugs and alcohol.

Prevention in New Mexico

The NM Office of Substance Abuse Prevention (OSAP) in FY20 funded 28 prevention programs in 22 of the 33 counties in NM. Figure 1 below highlights the 22 counties receiving prevention funding in gold and the 11 with no OSAP funding in aqua blue.

Figure 1: OSAP funded counties (in yellow) in New Mexico in Fiscal Year 2020



Programs receive funding to target several statewide prevention priorities including underage drinking, binge drinking, driving while intoxicated, and prescription painkiller misuse and abuse. Depending on the original source of funding and needs assessment results, communities focus on two or more of these priorities. Also depending on the original funding source and the community needs assessment, communities may be implementing environmental-level prevention strategies (almost all services are at this level), direct services prevention strategies, or both. All communities are expected to collect Community Survey data, and any community

implementing direct services also implements a pre/post version of the Strategies for Success survey to monitor progress with the individuals served.

Projects beyond the OSAP-funded prevention programs are also using the NMCS to obtain timely community-based data. These include local DWI programs, Drug Free Community and Partnerships for Success grantees, as well as other community-based initiatives that partner with an OSAP-funded program in order to make community-wide impact.

Methodology

The NM Community Survey

The New Mexico Community Survey (NMCS) has been implemented in New Mexico since 2008. While the content has changed over time in response to shifts in funding and prevention focus, the purpose has remained the same. The goal of the Community Survey is to track the prevalence of alcohol and other substance use among adults and associated risk behaviors in communities receiving funding from the NM Office of Substance Abuse Prevention (OSAP). The Community Survey is conducted yearly by funded communities and ideally captures a representative sample of adults aged 18 and older in the funded communities and the targeted subgroups within those communities. Prevention communities in NM may represent towns, tribal lands, colleges/universities or neighborhoods; however, they most often represent counties.

The survey content and data collection methodology have evolved over time but are based upon the content and protocol originally developed during the NM SPF SIG. PIRE's Institutional Review Board reviews and approves the statewide protocol prior to implementation each year. This protocol requires that all programs are trained on how to develop a strategic locally targeted data collection protocol and submit a comprehensive local protocol that identifies any targeted subpopulations, strategic locations, times to collect data face to face, and venues for online recruitment. Members of the State Epidemiological Outcomes Workgroup (SEOW) review, provide feedback, and ultimately approve community protocols prior to local data collection taking place. Programs must follow their local data collection protocol and enter data collected using a standardized codebook.

In Fiscal Year 2020, due to the COVID-19 pandemic, the statewide and community-level data collection plans were changed relatively soon after the start of data collection on February 24. On March 12, PIRE requested that all communities suspend face-to-face data collection activities, and on March 23rd the State of New Mexico mandated significant restrictions on a wide range of public activities. In response, the data collection plans shifted to online recruitment and participation, and the data collection period was extended for a few weeks to May 11. Approximately two-thirds of the respondents participated after the March 23 statewide order to reduce social interactions, and therefore most of the respondents participated during a period in which the pandemic was likely having a major impact on their lives. It is important to keep these

significant methodological and environmental changes in mind when reviewing the pattern of results and trends across time.

Data Collection Approach # 1: Time and Venue-Based Convenience Sampling

The first approach taken to collect data is the now routinized time and venue-based sampling within funded communities. This convenience sampling approach has been used by funded communities since 2008 and involves programs creating community-specific detailed data collection plans identifying the locations and times in the community where a representative sample of community residents can be asked to participate in the survey. Communities ideally replicate the protocol each year allowing for a comparable sample of adult residents to be surveyed each year and compared across years. Especially in larger communities, local MVD offices are a common location used to increase the randomness and representativeness of the sample. Smaller and more rural communities create protocols that use diverse locations, as there are few appropriate locations (like MVDs) for collecting a representative sample of adults. Time and venue-based sampling is most frequently used as a sampling approach with hard-to-reach minority populations that may not be widely represented in a random sampling approach. New Mexico is a predominantly rural state with low population density overall. In addition, access to landlines, cell phones, and the internet can be sporadic among much of the population. Therefore, identifying locations within the community where most people will be represented, and identifying days and times that will capture a diverse sample of community members, has become an important way that programs can collect data from a broad cross-section of their community.

This data collection approach draws from Community Based Participatory Research (CBPR) using community knowledge and initiative in data collection. Community initiative is complemented with technical expertise provided by the SEOW and the coordination of OSAP and PIRE. This technique is initially challenging for many, but over time, providers have come to regard this process as imperative to the overall quality of the services they provide.

Providers are required to track their data collection process in detail for submission with their end of year reports. Comparing the originally proposed approach in the data collection protocol to actual data collection helps improve the planning process the following year. For example, if some locations originally expected to be good places to collect data turned out not to be, then this information informs future planning. This also helps future data collection planners know where to start in the case of staff turnover, common among community-based providers in NM. The next year's protocol will be a composite of the previous year's data collection log and planned protocol, helping providers make data collection more efficient and more representative of their communities.

This approach to data collection has worked well for most communities in NM but not all. For particularly larger communities, such as Bernalillo County, a time and venue-based approach is

problematic. The geographic and socio-demographic diversity is much greater than in rural areas, making it challenging to identify locations that attract large number of diverse people.

Challenges such as these mean that while the ideal is a similar sample across years, programs rarely can replicate the exact same protocol from year to year. Programs first are asked to address issues with representativeness reflected in the previous year of data collection: if the gender or racial/ethnic distribution of participants are significantly different than that of the census for that area, then programs should adjust for this by altering their data collection strategy. Programs always confront practical issues that shape their ability to return to the same location each year: a new store or MVD manager does not allow data collection, a location closes or is undergoing renovations, individuals' relationships with area businesses and agencies change so that data may or may not be collected, and local events (political, social, weather) can impact where, when and how data are collected. Programs also can shift in their capacity to organize data collection, gain permission to collect data, and manage data collection itself.

In FY2020 due to COVID 19 restrictions, a total of 850 surveys were collected using this methodology, which constitutes 7% of the aggregated sample. These data came from 15 New Mexico counties.

Data Collection Approach # 2: On-line survey via Social Media Ads, Ad Buys, Direct Links or QR Code

The other data collection approach used in FY20 was the on-line recruitment and implementation of the NMCS. Ads for the survey were placed on Facebook and Instagram targeting NM residents 18 and older. We piloted this methodology in FY14 among 18 to 25-year-olds and expanded to include all NM residents 18 and older since then. As in past years, the online survey was hosted by Qualtrics. Qualtrics allows for the survey to be attached to a QR code so that people can directly scan the QR code with their smart phones and take the survey without needing to see the social media ads. The survey was also accessible via tiny URL.

Ads ran for a total of 11 weeks. A total of 38 ads were created in both English and in Spanish, featuring photos, slide shows and animation. Ads ran on Facebook and Instagram which used internal algorithms to determine which ads were shown most often on each platform and influenced the location of the ads. In addition, a Facebook page provided regular engagement with New Mexicans about the survey and winners of the weekly drawings to increase visibility and provide legitimacy to the survey. We offered weekly incentives to randomly selected individuals who completed the survey. After completing the survey, respondents had the option to enter to win an incentive, an invitation that not all respondents chose to accept. Every week we gave away three $100 cash gift cards to randomly selected respondents from that week. At the end of the data collection, we randomly selected one respondent and gave away one $500 cash gift card. Weekly gift card winners were not eligible for the final gift card.

From February 24, 2020 to May 11, 2020 (78 days), the ads led to over 9,608 link clicks, with 178,665 people reached at the cost of approximately $1.83 per result and a 5.4% response rate of people clicking on the survey link. A total of 7,423 surveys were collected recruiting directly through the Facebook ads or via Facebook group sharing.

In addition to PIRE's direct efforts at the state level, PIRE encouraged community-level social media efforts by providing an intermediate level social media training on March 23rd. This training went beyond the basics of selecting and posting social media content and included materials on community-level metrics and sub-population targeting. At the same time, PIRE amplified its efforts by engaging the Albuquerque office of Local IQ to post NMCS ads on commonly visited websites such as Walmart.com.

Some communities used posters advertising the survey, and that included the QR code and weblink for the survey. Finally, some communities sent email invitations to groups or listservs directing them to the on-line survey. These were reviewed by PIRE and/or SEOW prior to granting permission to recruit this way. An additional 3,501 surveys were collected directly via email invitations, QR codes, or friends and family members telling others about the on-line survey.

Data Collection Summary

Table 1 below provides a breakdown of the number of surveys collected for both methodologies, the percent of the total sample that each type constitutes, and the number of counties from which data were collected. Ideally, we want all 33 counties to be represented in the data collection process, and while all counties were represented by at least one survey, the eleven counties not receiving OSAP funding were underrepresented. Table 2 lists the number of surveys collected from each county and the weighted percentage contributed to the total sample.

Table 1. Summary of survey methodologies

Survey Methodology	N	Percent	NM Counties Represented
PAPER- Convenience	850	7.2	15
Online – Facebook/Instagram (18+ yr. olds)	7,423	63.1	33
Online – Non-Facebook	3,501	29.7	33
Total	11,774		

Table 2. Completed questionnaires by County compared to 2019

	2020				2019				
County	Online	Paper	Total	%	Qualtrics App	Online	Paper	Total	%
Bernalillo	2427	109	2536	21.6	255	1314	249	1818	15.0
Catron	18	1	19	0.2	1	11	0	12	0.1
Chaves	377	232	609	5.2	3	231	235	469	3.9
Cibola	156	0	156	1.3	4	66	309	379	3.1
Colfax	63	0	63	0.5	1	40	0	41	0.3
Curry	440	47	487	4.1	1	244	262	507	4.2
De Baca	6	0	6	0.1	0	4	1	5	0.0
Doña Ana	1279	49	1328	11.3	55	827	214	1096	9.1
Eddy	413	0	413	3.5	1	391	9	401	3.3
Grant	296	53	349	3.0	0	71	201	272	2.3
Guadalupe	22	0	22	0.2	0	7	2	9	0.1
Harding	1	0	1	0.0	0	2	2	2	0.0
Hidalgo	23	0	23	0.2	0	8	0	10	0.1
Lea	188	0	188	1.6	0	79	2	81	0.7
Lincoln	114	0	114	1.0	1	41	21	63	0.5
Los Alamos	69	0	69	0.6	2	23	1	26	0.2
Luna	263	1	264	2.2	0	135	321	456	3.8
McKinley	237	68	305	2.6	2	79	519	600	5.0
Mora	22	2	24	0.2	0	13	4	17	0.1
Otero	318	0	318	2.7	4	126	234	364	3.0
Quay	59	0	59	0.5	0	23	2	25	0.2
Rio Arriba	203	172	375	3.2	1	289	144	434	3.6
Roosevelt	269	0	269	2.3	72	182	156	410	3.4
San Juan	573	0	573	4.9	1	421	537	959	7.9
San Miguel	237	9	246	2.1	1	51	264	316	2.6
Sandoval	469	29	498	4.2	20	208	520	748	6.2
Santa Fe	628	13	641	5.4	11	391	346	748	6.2
Sierra	246	13	259	2.2	5	184	133	322	2.7
Socorro	336	0	336	2.9	187	339	2	528	4.4
Taos	507	10	517	4.4	93	132	165	390	3.2
Torrance	244	0	244	2.0	1	165	125	291	2.4
Union	17	0	17	0.1	0	9	0	9	0.1
Valencia	404	42	446	3.8	10	143	128	281	2.3
Total	10,924	850	11,774	100	732	6,249	5,108	12,089	100

Analysis

Prior to analysis, NMCS data from the communities and from the on-line survey were combined. Given that the NMCS data are usually overrepresented by women, and Native Americans are over- sampled, post-stratification weighting was used to adjust the sampled data to match NM Census demographics. We used the latest available Census 2019 population data[1] of NM to create subgroups (or strata) that are a combination of gender, age groups and race/ethnicity. In a similar way, the subgroups of the NMCS data were created and the number of participants in each group was obtained, which was the sample size of each stratum for the NMCS sample. Then weights of NMCS strata were obtained via dividing NM Census strata population by their corresponding NMCS strata sample size.

Analyses were organized by prevention outcomes, including alcohol use, prescription drug use, cigarette use and mental health. Within alcohol and prescription drug use, we further conducted analyses by funding streams and prevention priority. There are three funding streams: 1) the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant; 2) the NM Legislative funded Total Community Approach (TCA); 3) the federal Partnerships for Success (PFS) 2015. We compared prevalence estimates across funding streams and un-funded communities. Then we examined outcomes by comparing communities that targeted a specific substance with those that did not, regardless of funding sources. In all analyses, SAS Survey procedures were used to account for survey design and weights.

Quantitative Results

Demographics- Whole Sample

Table 3 presents the unweighted n and percent, and a weighted percent for the sample demographics. Gender, age, and race/ethnicity estimates have been weighted to reflect close approximations to the actual NM population percentages, thus the discrepancies between the number and the weighted percent reported. For example, many more women completed the survey than men, but the weighting generates estimates that adjust for the nearly equal distribution of men and women in the full population. Our weighted survey sample was more educated than the general NM population; according to the US Census (2017 American Community Survey 1-Year Estimates), 27.1% of adults[2] in NM reported having a bachelor's degree compared to our weighted estimate of 37.2%. Approximately 4.5% of the sample reported having served, or to be still serving, in the military which, when weighted, increased to 8.0%.

[1] Retrieved from https://www.census.gov/data/tables/time-series/demo/popest/2010s-state-detail.html on August 2 2020.

[2] Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_1YR_S1501&prodType=table on November 11, 2019.

Table 3. Unweighted numbers and weighted percent for the sample demographics.

Gender	n	Unweighted %	Weighted %
Men	2,745	23.9	49.1
Women	8,744	76.1	50.9
Age	**n**	**Unweighted %**	**Weighted %**
18-20	695	5.9	5.3
21-25	904	7.7	8.8
26-30	886	7.5	8.9
31-40	2,112	17.9	16.7
41-50	2,114	18.0	14.5
51-60	2,260	19.2	16.0
61-70	2,020	17.2	15.6
70+	783	6.7	14.2
Race/ethnicity	**n**	**Unweighted %**	**Weighted %**
Non-Hispanic White	5,633	47.8	40.5
Hispanic or Latino	4,537	38.5	45.7
Native American	948	8.1	8.4
Other	656	5.6	5.4
Education	**n**	**Unweighted %**	**Weighted %**
Less than high school	410	3.5	3.7
High school graduate/GED	1,733	14.9	16.1
Some college/Technical school	3,140	27.0	27.3
College graduate or higher	4,589	39.5	37.2
In college	1,758	15.1	15.6
Military status	**n**	**Unweighted %**	**Weighted %**
Active military or veteran	522	4.5	8.0
Sexual orientation	**n**	**Unweighted %**	**Weighted %**
LGBT	1,209	10.5	10.5

Demographics by Funding Stream

Table 4 provides a breakdown of the sample by funding stream and gender. We analyze three main funding streams: 1) the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant; 2) the federal Partnerships for Success (PFS) 2015; 3) the NM Legislative-funded Total Community Approach (TCA). We also have data from communities receiving no prevention funding during FY2020 -- these communities also serve as comparisons when we examine data by target outcome later in the report. Table 5 breaks the sample down by funding stream and race/ethnicity.

Table 4. Unweighted numbers and weighted percent of sample stratified by funding stream and gender.

		Men		Women	
Funding stream	Total n	n	Weighted %	n	Weighted %
SAPT	4,198	915	46.6	3,196	53.4
PFS 2015	2,425	690	52.8	1,661	47.2
TCA	1,977	540	53.9	1,389	46.1

Note. Due to missing values in gender, the number of men and women do not add up to the total N.

Table 5. Unweighted numbers and weighted percent of sample stratified by funding stream and race/ethnicity.

	Non-Hispanic White		Hispanic or Latino		Native American		Other	
Funding stream	n	Weighted %	n	Weighted %	n	Weighted %	n	Weighted %
SAPT	1,883	37.6	1,607	45.3	494	12.2	214	4.9
PFS 2015	1,137	40.7	926	44.5	186	8.2	176	6.6
TCA	909	38.4	829	49.6	127	6.5	112	5.4

Demographics by Prevention Priority

All communities used OSAP funding to target alcohol-related outcomes and most communities also targeted prescription painkiller use. Therefore, analyses compare communities that specifically targeted alcohol use in their OSAP-supported prevention implementation with communities that did not; and communities that targeted prescription painkiller use to communities that did not. Table 6 provides the basic descriptive data of the respondents in communities that targeted alcohol and those in communities that did not target alcohol, which we treated as comparison communities. Table 7 presents similar data for those communities that targeted prescription painkiller misuse and those that did not.

Table 6. Unweighted numbers and weighted percent of sample by demographic characteristics and targeting alcohol-related outcomes or not

	Target Alcohol		Comparison	
Total	8,089		3,685	
Gender	n	Weighted %	n	Weighted %
Men	1,960	49.7	783	47.5
Women	5,934	50.3	2,810	52.5
Race/ethnicity	n	Weighted %	n	Weighted %
Non-Hispanic White	3,758	39.4	1,875	43.0
Hispanic or Latino	3,124	45.8	1,413	45.6
Native American	761	9.7	187	5.7
Other	446	5.2	210	5.7

Note. Due to missing values in gender, the number of male and female-identified participants do not add up to the total N.

Table 7. Unweighted numbers and weighted percent of sample by demographic characteristics and targeting prescription painkiller misuse or not

	Target Rx Painkillers		Comparison	
Total N	6,734		5,040	
Gender	n	Weighted %	n	Weighted %
Men	1,675	50.7	1,070	46.8
Women	4,897	49.3	3,847	53.2
Race/ethnicity	n	Weighted %	n	Weighted %
Non-Hispanic White	3,070	38.2	2,563	43.6
Hispanic or Latino	2,652	46.9	1,885	44.1
Native American	639	9.7	309	6.7
Other	373	5.2	283	5.6

Note. Due to missing values in gender, the number of male and female-identified participants do not add up to the total N.

Analysis by Survey Topic

Alcohol

We begin by providing a breakdown by funding stream of the prevalence of alcohol use items and related risk behaviors. In Table 8, the weighted prevalence estimate for each indicator is given, as is the corresponding number of unweighted respondents. In Table 9, we examine the same information stratified by gender. In Appendix A, we provide a table of alcohol indicators broken down by funding stream and sociodemographic indicators. All communities that receive SAPT or TCA or PFS 2015 funding have implemented underage drinking and/or alcohol use prevention programs.

Table 8. Weighted prevalence of alcohol use and related risk behaviors by funding stream.

	Weighted Percent				
Funding stream	Past 30-day alcohol use	Past 30-day binge drinking	Past 30-day drinking & driving	Past 30-day binge drinking & driving	Past year purchased/provided alcohol for someone under 21
SAPT (n=4,198)	48.3	14.7	2.2	2.2	2.9
PFS 2015 (n=2,425)	50.2	17.9	3.2	3.2	5.1
TCA (n=1,977)	51.1	15.2	3.8	2.6	3.3

Table 9. Weighted prevalence of alcohol use and related risk behaviors by gender and funding stream.

Alcohol use	Men			Women		
	SAPT (n=915)	PFS 2015 (n=690)	TCA (n=540)	SAPT (n=3,196)	PFS 2015 (n=1,661)	TCA (n=1,389)
Past 30-day alcohol use	53.1	53.6	53.9	44.6	46.5	47.9
Past 30-day binge drinking	18.9	20.5	18.4	11.4	15.3	11.3
Past 30-day drinking & driving	3.4	4.0	5.5	1.2	2.2	1.7
Past 30-day binge drinking & driving	3.6	4.7	3.6	1.1	1.7	1.5
Past year purchased or provided alcohol for someone under 21	4.3	5.8	3.6	1.8	4.5	2.6

Next, we compared alcohol-related outcomes and intervening variables to examine whether communities targeting alcohol appeared to have more positive trends than those not targeting alcohol. Figures 2-4 present the prevalence of alcohol consumption and related risk behaviors in these two types of communities from FY 2014 to FY 2020. Communities are typically selected for OSAP funding because of the need to build prevention capacity, the burden of a particular substance (which can be reflected by overall consequences such as death), or the population of focus (ie, college, tribal, low capacity/high need). Target communities tend to report higher prevalence of alcohol consumption and binge drinking as well as drinking and driving than comparison communities. Comparisons showed that in FY2014, OSAP-funded communities reported more past 30-day alcohol use, binge drinking, drinking and driving, and purchasing alcohol for a minor; and these differences remained relatively stable across the following five years. The most recent trend was favorable for the targeted communities relative to the comparison communities, with the most recent estimated levels of 30-day use slightly lower in the target than the comparison communities. Binge drinking was slightly higher in the target communities as was 30-day binge drinking and driving. In general, the estimated levels of binge drinking, drinking and driving, and purchasing alcohol for a minor have gradually decreased across 2014-2020. Yet FY2020 is an exception with 30-day use and purchasing alcohol for a minor increasing, which may have been a maladaptive response to the COVID pandemic and other related, and unrelated, sources of environmental stress during spring 2020 (social, economic, political, etc.).

Figure 2. Comparing target and comparison communities on alcohol consumption indicators from FY 2014 to FY 2020; weighted % reported

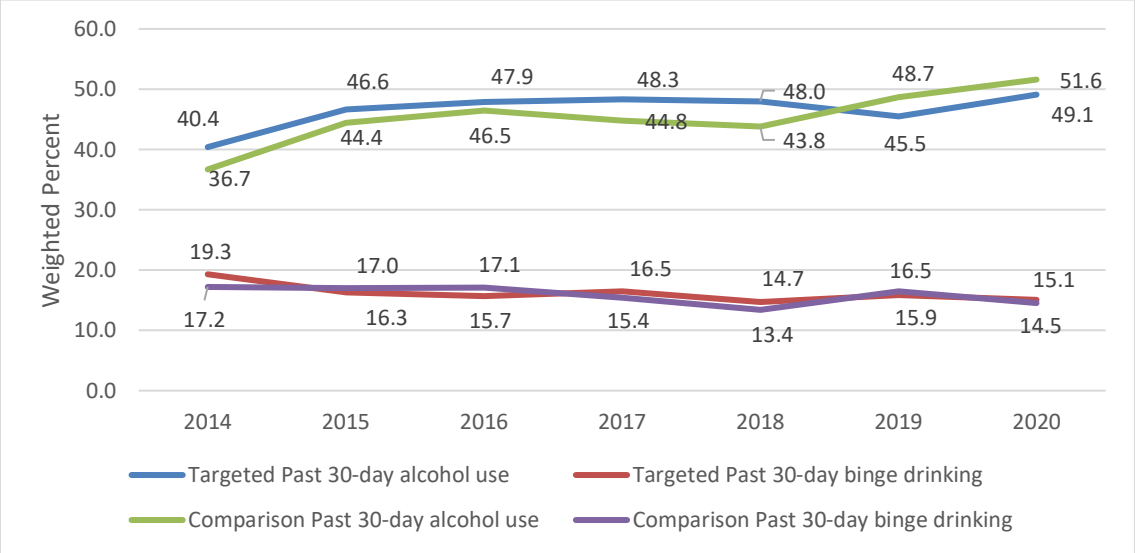


Figure 3. Comparing target and comparison communities on drinking and driving indicators from FY 2014 to FY 2020; weighted % reported.

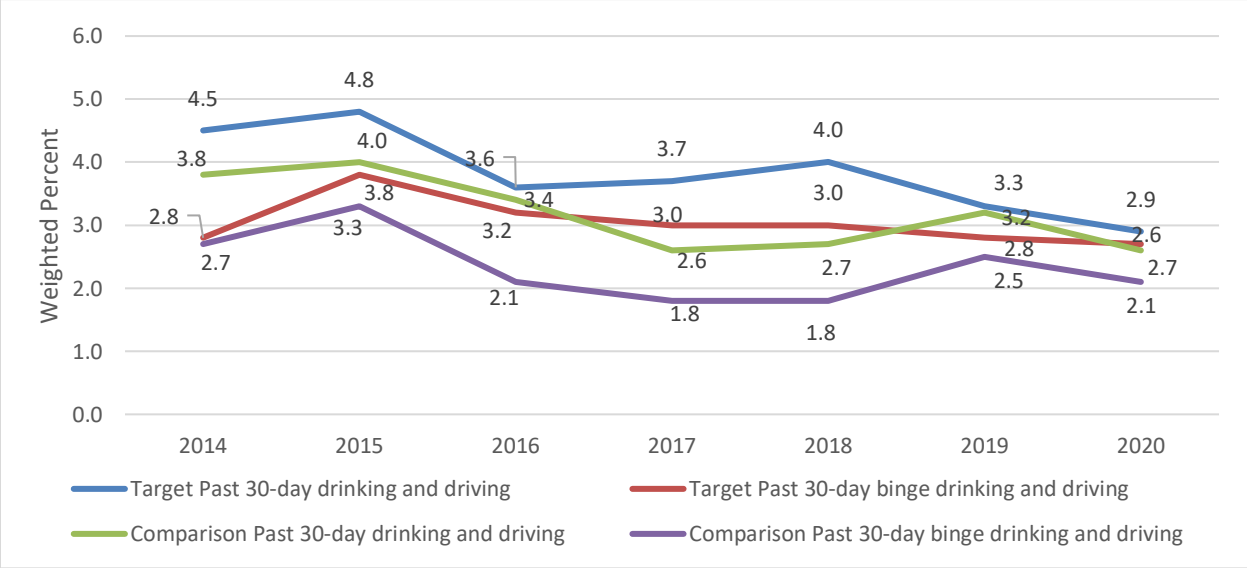
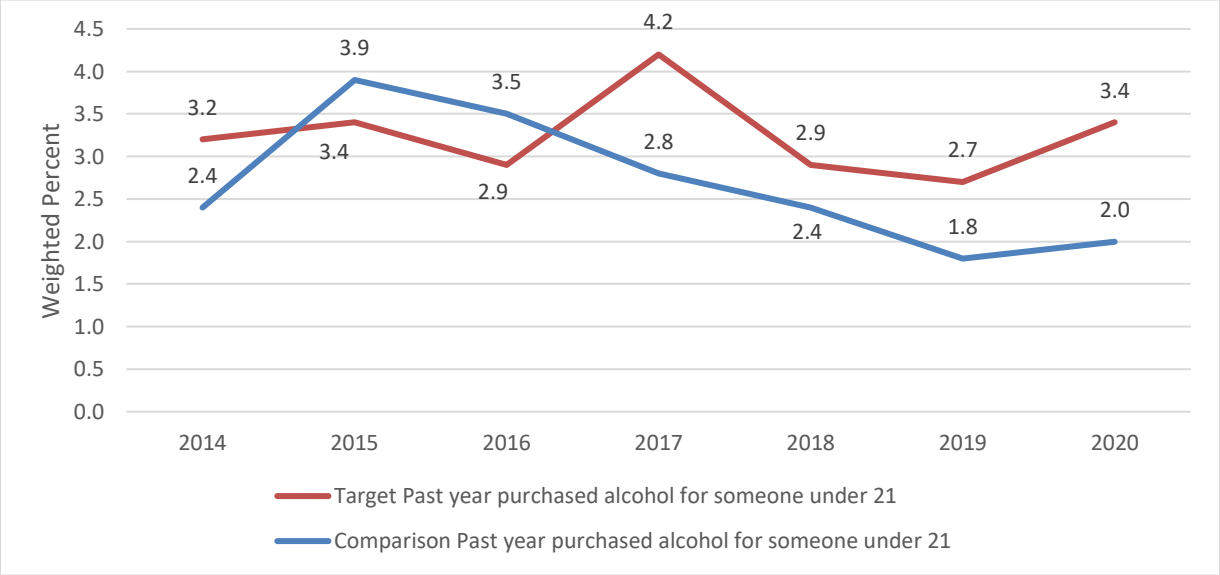


Figure 4. Comparing target and comparison communities on purchasing alcohol for minors from FY 2014 to FY 2020; weighted % reported\



The survey includes questions to measure key intervening variables associated with alcohol misuse, including easy access to alcohol for underage persons and the perception of risk of legal consequences for violating alcohol laws. Table 10 shows the weighted percent of adults 18 and older who perceive that it is very or somewhat difficult for teens in their community to access alcohol in general and then specifically from stores and restaurants in the community. As seen in previous years, few adult respondents in the sample considered it to be very, or even somewhat difficult for teens to get alcohol in their communities in general. On the other hand, over 67% of the respondents in both target and comparison communities perceived that it was very or somewhat difficult for teens to purchase alcohol at stores or restaurants (retail access).

We next examined whether target communities differed from comparison communities with respect to the perceived risk of facing legal consequences for breaking alcohol-related laws such as underage drinking parties, providing minors alcohol, and drinking and driving. We found that target and comparison communities were similar regarding such perceptions of risk, However, target communities reported significantly higher percentages of likelihood of police breaking up teen drinking parties (61.2% vs. 55.4%) and police arresting an adult for giving alcohol to someone under 21 (64.8% vs. 61.0%) than comparison communities. Prevention efforts may have influenced the perceived risk of legal consequences for breaking alcohol-related laws. It also suggests that consistent prevention efforts across years are important. Generally speaking, higher estimates indicate that more people in communities perceive that they will face legal consequences if they break the law; therefore, there is more of a deterrent for engaging in illicit alcohol-related behavior. With inconsistent funding for enforcement across NM, the need is ever greater for communities to work closely and creatively with law enforcement to address the perception of risk.

Table 10. Comparing target and comparison communities on alcohol intervening variables; weighted % & unweighted (n)

Access to alcohol	Very or Somewhat Difficult	
	Target	**Comparison**
Ease of access to alcohol by teens in the community***	15.5 (996)	20.6 (568)
Ease of access to alcohol by teens from stores and restaurants	67.5 (4,307)	68.1 (1,951)
Perception of risk/legal consequences	**Very or Somewhat Likely**	
	Target	**Comparison**
Likelihood of police breaking up parties where teens are drinking ***	61.2 (3,766)	55.4 (1,571)
Likelihood of police arresting an adult for giving alcohol to someone under 21**	64.8 (3,869)	61.0 (1,687)
Perception of risk/legal consequences	**Very or Somewhat Likely**	
	Target	**Comparison**
Likelihood of being stopped by police if driving after drinking too much	69.3 (4,707)	65.2 (2,066)

**$p < .01$, ***$p < .001$

The survey asked underage adults (18 to 20 years old) who reported current drinking how they obtained their alcohol in the past 30 days. Respondents could select multiple options. Table 11 displays where these young adults indicated that they obtained alcohol consumed in the last 30 days. About 19% of target community respondents reported obtaining alcohol at a college party and about 15% got it at some other type of party. Over a third of respondents said that an unrelated adult purchased it for them (33.4% in target communities), and 24% in target communities indicated that an adult family member provided the alcohol to the minor. The only significant differences between the target and comparison communities were that the underage drinkers in target counties were more likely to have been provided alcohol by a family member, and less likely to have purchased it themselves.

Table 11. Comparing target and comparison communities on access to alcohol (ages 18-20); weighted % & unweighted (n)

Access to Alcohol	Target (n=254)	Comparison (n=42)
Adult family member gave or bought it**	24.4 (61)	8.5 (5)
Unrelated adult gave or bought it	33.4 (85)	33.0 (15)
Got it at a college party	16.9 (41)	20.6 (8)
Got it at some other type of party	15.4 (44)	20.2 (6)
Parent/guardian gave or bought it	9.4 (25)	6.2 (5)
Took it from home	6.3 (16)	16.9 (6)
Bought it at a restaurant/bar/public place**	4.8 (16)	18.5 (8)
Someone underage gave or bought it	9.0 (21)	12.7 (7)
Got it some other way	5.9 (13)	4.3 (3)

**$p \leq .01$.

Prescription Painkillers

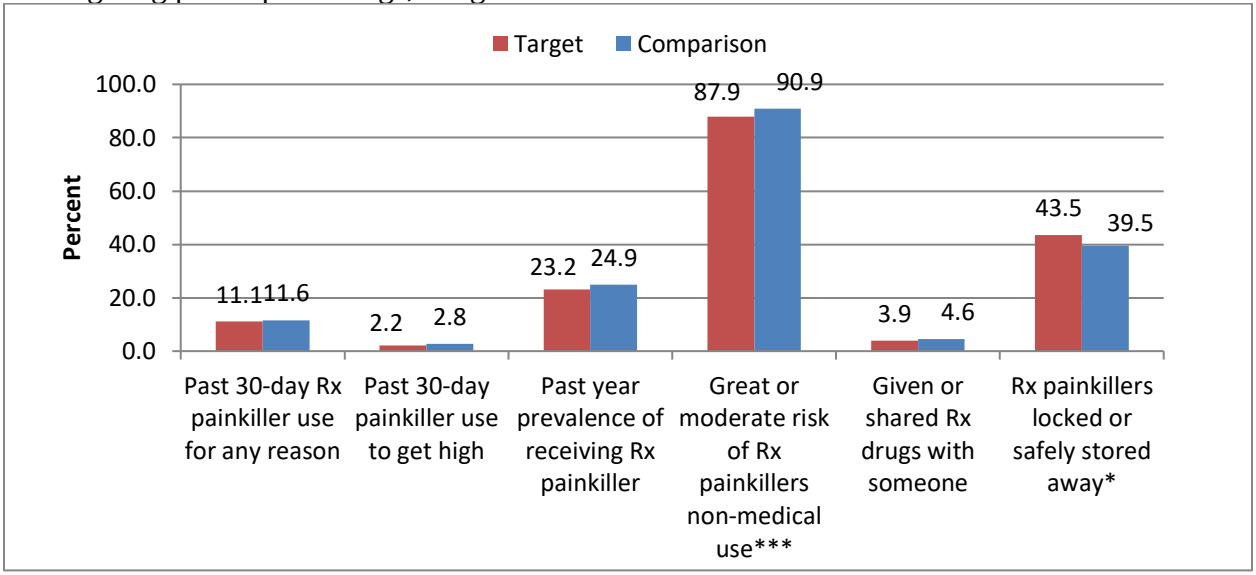
Table 12 below displays the weighted prevalence estimate and corresponding unweighted *n* for items measuring prescription painkiller use, sharing of prescription drugs and proper storing of prescription drugs. In Appendix B., we provide a table of prescription drug indicators broken down by funding stream and sex and race/ethnicity. All communities except two that receive SAPT, PFS 2015 or TCA funding have implemented prescription painkiller prevention programs. Table 12 indicates that SAPT communities reported the highest prevalence rates on past 30-day prescription painkiller use for any reason (11.2%), past 30-day painkiller use to get high (2.3%) and past year receiving prescription painkiller (24.9%). A higher percentage of respondents in PFS 2015 communities than other communities had given or shared prescription drugs with someone else (4.5%), and a lower percentage indicated storing prescription painkillers safely (40.4%). TCA communities reported the highest percentage of perceived great or moderate risk of using prescription painkillers for non-medical reasons (91.4%) than other communities.

Table 12. Prevalence of prescription painkiller use by funding stream; weighted % & (unweighted n)

Funding stream	Past 30-day Rx painkiller use for any reason	Past 30-day painkiller use to get high	Past year prevalence of receiving Rx painkiller	Great or moderate risk of Rx painkiller non-medical use	Given or shared Rx drugs with someone	Rx painkillers locked or safely stored away
SAPT (n=3,700)	11.2	2.3	24.9	87.7	3.3	46.9
PFS 2015 (n=2,425)	9.5	1.9	20.5	85.3	4.5	40.4
TCA (n=1,460)	11.1	1.9	22.4	91.4	4.2	41.9

Figure 5 displays the prevalence for the same indicators but, instead of by funding stream, it compares communities that do/do not target prescription drug use. The significant differences observed between target and comparison communities are for perceived great or moderate risk of harm using Rx painkillers for a non-medical reason (lower in target communities – 87.9% vs. 90.9%) and safe storage of Rx painkillers (higher in target communities 43.5% vs. 39.5%).

Figure 5. Comparing the prevalence of communities targeting prescription drugs to communities not targeting prescription drugs; weighted %.



*$p \leq .05$, ***$p \leq .001$.

Table 13 below provides a breakdown by target and comparison groups of respondents' reasons for using prescription painkillers. Only those who had used prescription painkillers in the past 30 days were asked to respond to the question, and respondents could select all options that applied to them. Not surprisingly, most respondents in both target and comparison communities were likely to indicate that their recent use of prescription painkillers was for a legitimate pain identified by a health care provider. Respondents in comparison communities were more likely to report use for pain not identified by doctors (11.6% vs. 8.8%), but the other measures of reasons for use were not significantly different in target versus comparison communities.

Table 13. Comparing target and comparison communities on reasons for using prescription painkillers; weighted % & unweighted (n)

Reasons of Prescription Drug Use (n=1,254)	**Target**	**Comparison**
Treat pain identified by doctors/dentists	76.3 (538)	72.8 (409)
For pain not identified by doctors*	8.8 (67)	11.6 (62)
Have fun with friends socially	0.9 (6)	2.1 (6)
Help me sleep	7.0 (48)	4.7 (33)
Get high, messed up or stoned	1.7 (11)	2.6 (9)
Cope with anxiety or stress	5.2 (42)	4.5 (30)
Another reason	9.2 (59)	9.3 (55)

*$p \leq .05$.

Table 14 presents the various means by which respondents accessed the prescription painkillers used. No statistically significant differences were found between target and comparison communities. The majority of respondents reported having received a legitimate prescription for their painkillers. However, in target communities, about 6% of the respondents reported

accessing painkillers from family members and from friends (4% in comparison communities). This suggests that social access remains an area of concern and one that prevention efforts should address.

Table 14. Comparing target and comparison communities on sources for prescription painkillers; weighted % & unweighted (n)

Sources of Prescription Drug Use (n=1,254)	Target	Comparison
A doctor/doctors prescribed	79.9 (569)	80.4 (449)
Family member shared	6.0 (35)	3.9 (26)
Friend shared	2.7 (21)	2.9 (18)
Bought from somebody	2.4 (18)	4.7 (18)
Taken from someone without asking	0.5 (5)	0.3 (1)
Other places	2.3 (14)	2.5 (13)

Tables 15-17 summarize the results of the Opioid Module. Twelve programs collected the opioid module data (N=5,299) in FY2020. About 22% of respondents reported having family members or friends who often use prescription painkillers. Among these respondents, over half (57.6%) thought that those who used prescription painkillers were at risk of overdose. Fewer respondents reported having family members or friends who often use heroin (9%), and the majority of these respondents (92%) thought that those using heroin are at risk of overdose. The Opioid Module also asked respondents' attitude towards sharing prescription painkillers or opioids. Compared to FY2019, more respondents in FY2020 agreed that it was never OK to share prescription painkillers with others (63.1% (Figure 6) vs. 57.1% in 2019.

Table 15**.** Knowledge about family members/friends who use prescription painkillers or heroin

Outcomes	% of Yes
Having family members or friends who often use Rx painkillers (n=5,299)	21.6
These Rx painkiller users are at risk of overdose (n=1,214)	57.6
Some of these Rx painkiller users live with you (n=1,200)	14.6
Having family members or friends who often use heroin (n=5,299)	9.4
These heroin users are at risk of overdose (n=517)	92.1
Some of these heroin users live with you (n=507)	8.6

Figure 6. Opinions about sharing Rx painkillers with others (n=5,299)

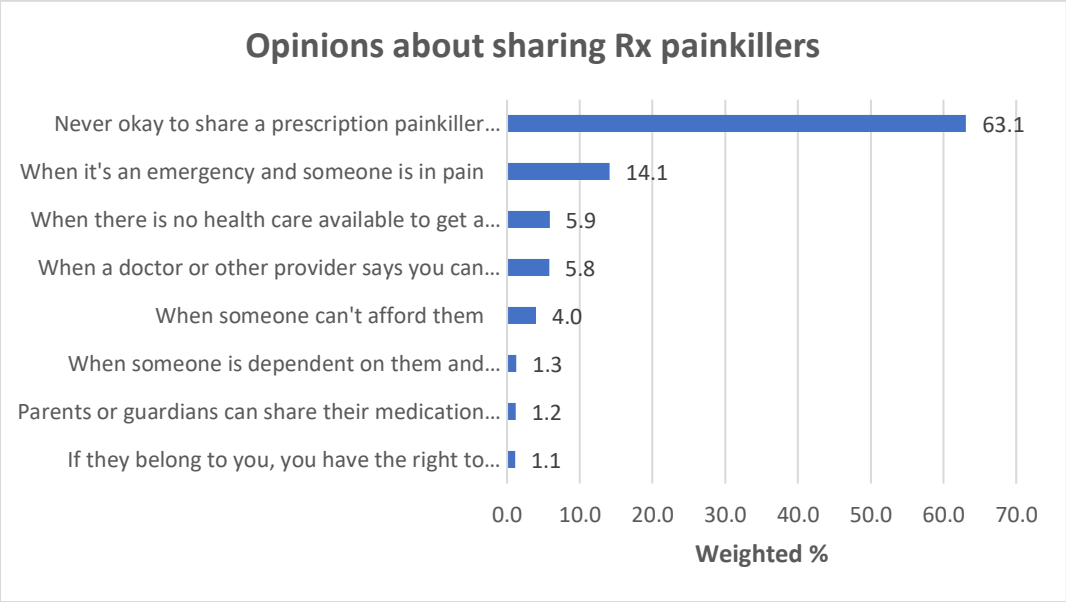


Table 16 summarizes respondents' access to Naloxone/Narcan. Among all Opioid Module respondents, only 12% of them had Naloxone/Narcan on hand, about 20% knew how to get Naloxone/Narcan and about 22% knew how to use it. Overwhelmingly respondents agreed that medical treatment can help people with opioid use disorder (86%) and their own community hasn't done enough to prevent opioid misuse (79%). NMCS participants strongly support to increase public funding for opioid treatment program (90%) (Table 17).

Table 16. Access to and knowledge about Naloxone/Narcan

Outcomes	% of Yes
Have Naloxone/Narcan (n=5,299)	11.8
Know how to get Naloxone/Narcan (n=5,299)	19.9
Know how to use Naloxone/Narcan (n=5,299)	21.8

Table 17. Endorsement of issues related to opioid use

Outcomes	% of Agree or strongly agree
Medical treatment can help people with opioid use disorder lead normal lives (n=4,401)	85.5
My community is not doing enough to prevent opioid misuse and addiction (n=4,355)	78.6
Support increasing public funding for opioid treatment programs in my community (n=4,389)	89.9

Analysis of the Indicators Associated with Each 2020 Prevention Strategy

To help monitor progress in addressing the targeted indicators across the state, Tables 18 and 19 show the statewide estimates for the indicators associated with the OSAP-approved prevention strategies. Table 18 shows the youth and adult alcohol and DWI prevention strategies (with their codes, e.g., A2a) and their corresponding statewide indicator estimates, and Table 19 shows prescription painkiller use prevention strategies and their corresponding indicator estimates.

Table 18. Alcohol and DWI prevention strategies and corresponding statewide indicator estimates

Intervening variable	2020 Strategies		Indicators from NMCS 2020	Weighted %
Perception of Risk of getting caught	Publicizing (law) enforcement efforts (saturation patrols, sobriety checkpoints, etc.)	A2a	Likelihood of police breaking up parties where teens are drinking: Very or somewhat Likely	59.4
			Likelihood of police arresting an adult for giving alcohol to someone under 21: Very or somewhat Likely	63.7
			Likelihood of being stopped by police if driving after drinking too much: Very or somewhat Likely	68.1
Retail Access	Responsible Beverage Service Model	A3a	Ease of access to alcohol by teens from stores and restaurants: very or somewhat difficult	67.7
			Bought alcohol at a store, a restaurant or public place (among youth ages 18-20 who used alcohol last 30 days)	8.1
	Restrictions on alcohol placement in stores	A3b	Same as A3a	
	Restrictions on alcohol sales (days, hours)	A3d	Same as A3a	
	Restrictions on alcohol outlet density	A3e	Same as A3a	
	Prevention of alcohol license transfers or new licenses	A3f	Same as A3a	
	Restrictions on local alcohol discounts and sales	A3g	Same as A3a	
Social Access	Developing and Coordinating a Parent Party Patrol	A4b	Access to alcohol at a party (among youth ages 18-20 who used alcohol last 30 days)	18.5
			Access to alcohol at a college party (among youth ages 18-20 who used alcohol last 30 days)	20.0
Social Access	Parents Who Host Lose the Most	A4c	Parents or guardians provided alcohol (among youth ages 18-20 who used alcohol last 30 days)	10.4

Intervening variable	2020 Strategies		Indicators from NMCS 2020	Weighted %
			Took alcohol from home or someone else's home (among youth ages 18-20 who used alcohol last 30 days)	9.2
Social Access	Media to increase awareness of 4th degree felony and social host laws	A4d	Access to alcohol at a party (among youth ages 18-20 who used alcohol last 30 days)	18.5
			Last year purchased or provided alcohol to underage youth	3.0
Community Concern or Awareness	Education about the benefits of reducing the cost of alcohol-related problems to the community.	A6a	Problems due to drinking hurts my community financially: Agree or strongly agree	66.6

Table 19. Prescription painkiller use prevention strategies and corresponding statewide indicator estimates

Intervening variable	2020 Strategies		Indicators from NMCS 2020	Weighted %
Social Access	Target **parents** to restrict youth social access to Rx painkillers with by working directly with PTAs	R3a	Shared any prescription drugs with someone (parents only)	5.3
			Stored prescription drugs in a locked cabinet (parents only)	52.7
Social Access	Target **parents** to restrict youth social access to Rx painkillers by developing a culturally appropriate "parent handbook"	R3b	Same as R3a	
Social Access	Target **parents** to restrict youth social access to Rx painkillers by creating tools and promoting and implementing policies that insure that SBHCs & prescribers share information with parents	R3c	Same as R3a	
Social Access	Restrict social access through the **elderly** (locking up meds, provide lock boxes, not sharing meds, etc.) with strategies that educate	R3d	Shared any prescription drugs with someone (ages 60+ only)	5.0
			Stored prescription drugs in a locked cabinet (ages 60+ only)	66.7
Social access	Work with **pharmacies** to always share information with customers about the dangers of prescription opioid use and addiction	R3e	Pharmacy staff talked about the risks involved in using prescribed painkillers (among people who were prescribed painkillers)	37.1

Intervening variable	2020 Strategies		Indicators from NMCS 2020	Weighted %
			Pharmacy staff talked about storing prescribed painkillers safely (among people who were prescribed painkillers).	27.7
Social Access	Work directly with **medical providers** to create and implement policies such that medical providers educate patients	R3g	Medical providers talked the risks involved in using prescribed painkillers (among people who were prescribed painkillers).	51.3
			Medical providers talked about storing prescribed painkillers safely (among people who were prescribed painkillers).	30.9
			Shared any prescription drugs with someone (whole sample)	4.2
			Stored prescription drugs in a locked cabinet (whole sample)	41.9
Social Access	Work directly with **medical providers** so they can directly educate or encourage patients to reduce social access: develop and disseminate among providers a "provider guide"	R3h	Same as R3g	
Perception of Harm	Use media resources to increase awareness of Rx painkiller harm & potential for addiction	R4a	Perception of risks using Rx painkillers for a non-medical reason: moderate or great risk	89.1
			self-reported 30-day use of prescription painkillers for any reason	11.3
			Shared any prescription drugs with someone (whole sample)	4.2
			Stored prescription drugs in a locked cabinet (whole sample)	41.9
			Among binge-drinker, self-reported 30-day use of prescription painkillers for any reason	11.0
			Among people who reported 30-day use of prescription painkillers, percentage of doing binge drinking past 30 days	14.4

Qualitative Results

The final question of the 2020 New Mexico Community Survey asks, "Is there anything else you'd like to tell us or add about the issues we have asked about today? [*Please write your comments in the box below*.]*"* Answering this question is optional and 2,477 of the New Mexico Community Survey respondents wrote a comment. One hundred of these comments were dropped from the analysis because they were either "empty" (e.g. "no," "good luck") or uninterpretable (e.g. an emoji). This left 2,377 remaining comments which were distributed by county as follows:

County	**Number of Comments**
Bernalillo	550
Catron	5
Chaves	78
Cibola	41
Colfax	14
Curry	88
De Baca	1
Doña Ana	247
Eddy	87
Grant	94
Guadalupe	5
Hidalgo	5
Lea	39
Lincoln	20
Los Alamos	10
Luna	58
McKinley	64
Mora	5
Otero	47
Quay	14
Rio Arriba	62
Roosevelt	53
San Juan	140
San Miguel	57
Sandoval	75
Santa Fe	136
Sierra	52
Socorro	76
Taos	115
Torrance	48
Union	4
Valencia	87

All responses were captured exactly from the online or app version of the survey or transcribed verbatim if completed on paper. After transcription, qualitative responses were uploaded into QSR NVivo 1.3 (535) coding software. As suggested in the FY19 report, open-ended responses increase with the percentage of participants typing responses rather than filling out a paper survey. A total of 2,377 usable comments were given in FY20 as opposed to 1,993 in FY19. As the NMCS overlapped with sequestration orders in New Mexico, it is logical that many participants accessed the survey through an online platform rather than from face to face recruitment and therefore had more time to consider their thoughts and express them in the comments field than was the case in previous years.

As with quantitative data, qualitative data from a convenience sample are limited in their generalizability to the full New Mexico population. In addition, the survey's optional module structure meant that participants from different communities were not all responding to the same set of questions. The questions asked in the survey likely primed the scope of the free response answer, which was the final question. Of particular note, the methamphetamine use questions were asked for the first time this year with every online respondent.

Numerical counts are provided in the qualitative results to indicate prevalence of certain themes. However, these numbers should not be interpreted as a frequency count *per se*, but as a general indication of the spread of a concern. Despite limitations in numerical specificity, qualitative data provides a space through which respondents can tell us what is on their mind in the moment. Like optional reviews for restaurants and products sold online, qualitative data shared via optional comment fields at the end of a lengthy survey can represent the strong remaining thoughts and concerns from participants. They may be interpreted as a window into some of the participants' substance-related priorities for the state.

Data analysis was conducted using best practices in qualitative methodology. A mixed deductive and inductive approach was used to identify and explore themes common in previous surveys (such as the frustration with the prevalence of substance use in New Mexico), as well as to identify new themes. As this coding followed a theory of change model based upon intervening variables, the data were coded deductively. Inductive reasoning facilitated examination of emerging concepts such as how the optional question provided a space where participants could express their own personal experiences with drugs and alcohol misuse. Common intervening variables, such as perceptions of corruption in criminal justice system, are noted.

The most frequently mentioned themes are discussed below. Themes are organized by a priori intervening variables (social access, regulated/retail access, perception of risk of legal consequences/low enforcement of laws, perception of risk of harm) and themes emerging from the data itself (e.g. community concern and awareness of the issues). Exemplary quotes are used to illustrate the aspects of a finding and the perspectives of participants. Quotations are edited for

readability, punctuation, and spelling. When applicable, comments were translated from Spanish into English using Google Translate. Quotes also include the name of the county associated with the response.

Community Concern and Awareness of Issues

Prevalent Drug and Alcohol Use

> "Although there is a lot of awareness regarding these issues, it is time for our communities to do something about it." (Roosevelt)

As was the case in FY 2019, concerns about drugs and alcohol dominated the free response section (N=163). This is unsurprising given the topic of the survey. Fifty-eight respondents noted concern within their own county as opposed to New Mexico as a whole. Many go on to describe the prevalence of drugs within their communities as a lived experience rather than an abstract one based on media reports. A Bernalillo County resident told us "I live in the War Zone or rebranded as "International District" there is a lot of alcohol and a ton a drugs with little police presence."

Concern about methamphetamine use was more represented in the comments this year relative to years prior. As mentioned in the introduction to this section, this may be a result of the methamphetamine module's inclusion in all surveys collected online, and this module being placed towards the end of the survey. Forty-three respondents mentioned the drug by name, often emphatically appealing for recognition and help for their family members and community. "Almost everybody from [ages] 14 to 65 [are] using meth in Doña Ana County. It comes from Phoenix Arizona and Mexico and is very easy to get. Prices are 20 bucks a gram...everyone I know uses it and I know a lot of people." There was a general concern that visible prevention efforts were misdirected. For example, a participant told us that "alcohol and marijuana are not the problem in my community! Methamphetamine and Heroin are" (Chaves). Several participants were frustrated about the focus on what they perceived as disproportionate public health attention on drugs other than meth. "Meth is much more of a problem in Sierra County than prescription drugs." In comparison, only eleven respondents mentioned concerns about opioids (six of these participants also mentioned concerns with other drugs as well). Only six participants mentioned concerns about marijuana and just four for cocaine.

As in FY19, many participants (N=44) noted concerns with the unhoused people in their communities. Homelessness and substance use were often conflated. "We have a bad homeless problem and that contributes to the alcohol and drug problems in our community," said one Cibola resident. A Bernalillo County participant described it this way: "I see so many homeless people all over the city and they often/usually look and act like they are using drugs and/or alcohol. I do not feel safe around them." Concerns for the unhoused were related to physical safety, both for the individuals seen on the streets and for other residents (mostly children) who

encountered refuse the participants associated with the unhoused and their assumed drug use. A few participants noted frustration with what they saw as an ongoing issue not being adequately addressed by the State, telling us: "I see so many drunk or drugged up homeless people in my community. They sleep in the tunnel in the park next to my apartments and always are digging through our dumpster. It's really unsettling" (Bernalillo). Yet, as was the case in FY19, many of the homelessness-related FY20 comments reflected a genuine concern such as "I would like to see a safe place for the homeless and drug addicted to live. Also, clean needles and the option to enter rehab. I would be willing to see some taxes go toward these issues" (Bernalillo).

A new theme (N=16) emerged in the FY21 qualitative data that concerned systemic issues that differentially impacted some communities over others. This conversation mirrored a national debate around the intersectional nature of systemic racism with poverty, lack of health care access, and substance use. A participant described it this way: "I don't believe that the root of the problem is drugs or alcohol use. I believe the root of the problem is entailed in the discrimination and marginalization of people. My community fails to integrate the marginalized, such as people who are on probation, people who just got clean, people in need of assistance. People don't get addicted 'just because.' It's the trauma and inaccessibility of affordable health care to even take the first step to seek out help" (Bernalillo).

> "Our state needs to continue to fight for those in need and provide much needed community services that do not currently exist. Fighting drugs alone does not combat the root source of drug use." (Doña Ana)

In sum, New Mexican participants remained concerned about substance use in their communities. The call for action is often personal and is felt urgently. The ways in which participants see substance use have become more nuanced, reflecting a national dialogue around the historical and social context of marginalization and its impact on health outcomes including substance use.

Legalizing Marijuana

The debate over legalization of marijuana continues to be front and center in the minds of our participants. While an optional marijuana module that 12 communities selected covers consumption, perception of legal consequences and access was introduced to the survey process this year, it is important to note that the core NMCS does not ask any specific questions about how participants feel about legalizing marijuana for medicinal or recreational uses. Nevertheless, each year many respondents use the open space to voice their opinions on the topic. Thirty-one respondents discussed this last year (25 for legalization and 6 against). This number jumped to

110 respondents this year. For our respondents, the qualitative data suggests a tip in favor of legalization. Eighty respondents argued for its legalization, at least in some contexts while 30 argued the reverse. As in the past, opinions tended to be strong, particularly in favor of legalization: "Cannabis is a natural plant provided to us by the earth. It is good for our bodies in many ways and has been vilified in the past unjustly. It should not have EVER been on a Schedule 1 nor should it be compared with alcohol or meth!!" (Doña Ana) and "Yes legalize weed and stop the war…it's illegal for racist reasons." (Eddy)

> "I feel it's time to legalize cannabis or outlaw booze. A weed smoker doesn't beat the old lady, kids or kick the dog. Booze hounds do. I feel that cannabis is much less hazardous then booze ever has been." (Chaves)

Access to Alcohol

Social Access for Underage Alcohol Consumption through Peers, Parties, and Parents

Twenty-three respondents who chose to write about this topic expressed dismay at the ease with which underage youth can access alcohol socially. Unlike in previous years, most respondents did not differentiate peer access from parental access, some even specifically described how parents would buy for their own children for the purposes of their children sharing with their peers. "I have watched as the same parents give their children [alcohol] to drink and take drugs together with them, and also as older adults buy alcoholic beverages for our young people. Deplorable parents without morals." (Chaves) There was a clear delineation between those adults who provided alcohol for profit (like bootleggers, or via retail access) and those who provided alcohol "just being nice." One participant described it this way "Since I'm one of the oldest in my friend group I sometimes get alcohol for my friends, but I've never bought it for someone I don't know. When I was younger in college, we always knew at least one or two people that could get us alcohol." (Bernalillo).

Regulated Retail Access for Minors

Only 8 respondents discussed retail access to alcohol and 5 of these respondents noted that it was most likely due to theft rather than someone selling alcohol to a minor. Overserving alcohol (to minors and patrons of age) followed a similar pattern. Only four respondents noted the issue of overserving. In each case, participants described overserving with a feeling of resignation. One participant explained the inevitability this way: "I'm a part time bartender. The people I work with don't follow the rules for how many drinks you can serve a person. They just want the tips" (Bernalillo).

Access to Opioids

Retail or Regulated Access to Rx Opioids

More respondents used the optional comment space to write about opioids than any other drug by name except for marijuana. Participants' outrage over difficulty accessing opioids for legitimate and diagnosed medical conditions continued with the same intensity as in FY19. "Although I was taking opioids for cancer and a car accident injury, doctors no longer will prescribe them. So now, I just suffer," said one participant from Sandoval County. Unnecessary suffering was a common theme in the opioid-related data. That doctors would be more reactive to perceived limits for prescribing versus the exceptional pain of their patients appeared to incense respondents. In sum, participants felt that opioids were not available to those who needed them. Those using opioids appropriately (and their loved ones) felt that they were being punished by the misdeeds of a few.

Participants reflected a weariness of anti-opioid health messaging as well. One Sandoval County respondent described their own battle for continued access to opioids and the impact that public health pressure put on their child:

> "Being a prescription opiate user for legitimate physical chronic pain, I have had increased difficulty accessing my prescriptions due to measures to curb use. My child also suffered a panic attack during the opiate section of her anti-drug lessons because absolutely no mention of those of us with chronic pain who need these medications was made and she was under the impression that the teacher was promoting a zero tolerance policy for opioids regardless of the legitimate pain patients. She was very upset that her teacher would consider me a drug addict when I'm very much not. I already live with constant pain, but now I also have unwarranted judgement because of the meds I take."

Such frustration suggests a need for improved training, especially around stigma training for prevention educators. However, there was a strong undercurrent of distrust of New Mexico medical providers to identify legitimate needs for medication. Comments such as "I think some doctors blindly prescribe painkillers to people that have minimal symptoms" (Valencia) were common. Participants expressed suspicion that doctors were in cahoots with pharmaceutical companies with whom that would share monetary incentives from prescriptions. Vehement comments like this one written in all caps clarify this: "PAIN PILLS ARE KILLING TOO MANY PEOPLE, THANKS TO THE OVER PRESCRIBING BY GREEDY MEDICAL PROFESSIONALS AND BIG PHARMA." (Torrance). A few participants nuanced prescribing practices by a general misunderstanding of pain and lack of time to get to know their patients. Several participants expressed sentiments similar to this Los Alamos resident: "Doctors statewide need better understanding of pain management rather than just prescribing an addictive

> "Medical professionals need to stop issuing so many pills per prescription. Here in my area you can gets a large amount of narcotics issued with a prescription for fairly minor things." (Rio Arriba)

pain medication. Patients trust doctors and doctors hurt patients more by immediately giving them these pain killers over and over and no plan to ween them off the pain killers."

Social Access to Rx Opioids

Similar to 2018 and 2019, very few respondents (N=2) noted opiate availability outside of regulated access within the free response comments. The two comments reflected the ease with which youth could access opioids at school with one respondent telling us "my teenager has also stated that there are other students who bring weed to school to get high or sell along with opioids."(Eddy).

In summary, qualitative findings from the NMCS suggest that the public is tiring of messaging related to the "opioid crisis." Among those who chose to respond to the open-ended qualitative question, there is a high level of frustration with doctors who do not or cannot prescribe opioids appropriately. The current data suggest that the locus of control for the opioid crisis is understood as being with prescriber and this could drive more respondents to social access in the future. The New Mexico public may support ramping up programs that provide additional training and support for prescribers and pharmacists so they can appropriately dispense opioids to those who need them and be aware of those who should avoid them.

Individual Factors

Personal Experience

NMCS FY20 data is unique in the breadth and depth of personal stories related to drug and alcohol use. Recall that the free response question was reasonably benign (Is there anything else you'd like to tell us or add about the issues we have asked about today?) and did not prompt for personal disclosure. Yet, a stunning 118 respondents chose to disclose their own issues with substance use or those with a loved one. Some of these responses were emotional and spanned several paragraphs like:

> "I'm thankful I grew up in the 50's/60's, when parents were stricter and we weren't exposed to all these addictions. We were kept busy with chores at home or after school activities, and we attended church regularly… It was a much better time then, than now, and I'm glad I never had to raise children or grandchildren in these difficult times. Lack of respect for people, authority, and property, and no self-responsibility or consequences for crime or bad behavior is rampant. Letting DUI cases back on the street, even after a dozen arrests is incomprehensible. Our society allows young men and women to make horrible decisions and because of that, we all suffer. Thanks for letting me vent!" (Valencia).

Others were short, but just as emotional. “Heroin, that is a huge problem everywhere and in every walk of life. My daughter is two years clean but she lives fairly sheltered. [She is an] upper middle-class athlete and she became addicted. It is an epidemic” (Mora).

Still others reflected a call for help:

> “I am faced with an ongoing meth use with my son. He is a very talented individual that has fallen prey to this vicious drug. He does not eat for days and he is forever [destroying] his personal property and blame[s] us for entering his room! He's very psychotic and I do fear for my life. I live alone with him and at times he's so unbearable! I've called the cops on him but they won't do anything to him or just take him in. I fear one day I will find him dead if no one hears me or helps me with his situation.” (McKinley).

The calls for help are important and PIRE provides as much information as possible given the anonymous nature of the survey. In addition to reminding participants that their participation is voluntary, they may choose not to answer a question, or they may choose to quit the survey at any time, the survey provides contact information about local resources for substance use and mental health.

After the survey completion, each participant is directed to a page with the following information:

*If you are in crisis or have personal concerns that were raised while taking this survey and you would like information on substance use and/or mental health treatment available in your area, please contact the **New Mexico Crisis and Access Line (NMCAL)**. NMCAL is staffed by mental health professionals who can respond to a crisis, 24 hours per day and 7 days per week. The line is available statewide and **toll free at 1-855-NMCRISIS (1-855-662-7474)**. Or you can visit: http://www.nmcrisisline.com/ for more information.*

If you prefer texting someone, instead of calling, the New Mexico Peer to Peer Warmline is now responding to text messages from 6p – 11p MT every day. You can TEXT for free at 1-855-466-7100 (Note: standard text message charges from your service provider will still apply). The Warmline is a place you can connect with a Certified Peer Support Worker about mental health and substance use concerns that you are experiencing yourself, or to help someone else. Every texter is connected with a Certified Peer Support Worker, who is trained to support people through active engagement, empathetic responses, and collaborative problem solving.

*You may also contact the **National Child Abuse Hotline toll free at 1-800-422-4453.***

If you would like to talk with someone about problem gambling, please contact ***The Gambling Hotline toll free at 1-888-696-2440*** *sponsored by the Responsible Gaming Association of New Mexico. The Help Line, provides referrals to treatment providers or community resources across New Mexico. This 24-hour/7-day-a-week service is a vital link that allows anyone…anywhere…anytime…to reach out confidentially for the information or help they need for problem gambling.*

If you have questions or concerns about the survey procedure or your rights as a participant please contact Elysia Oudemans toll-free at 1-866-PIRE-ORG x 2757 or at oudemans@pire.org. If you have questions about the purpose of this study, please contact Dr. David Currey toll-free at 1-855-346-2631 or at dcurrey@pire.org. Please refer to the "New Mexico Community Survey" when you call.

Given the overlap with COVID-19 and particularly when the virus and the resulting sequestration were new to the area, it is not surprising that FY20 data would reflect an increase in comments more generally, and personal reflections more specifically. During the early days of the virus in New Mexico, virtually all social services slowed or stopped new intakes. There were much fewer resources available, just as fear was increasing. It makes sense that those who love people who misuse or use drugs and alcohol would have heightened concern during the time of this survey.

That said, several points emerge from these data. The mental health and substance use related services that exist are needed, important, and valued by our survey participants. Participants generally want more services, particularly outpatient substance abuse treatment options and mental health-related supports such as counseling. Many link untreated mental illness with substance use such as this Bernalillo-County respondent who told us: "I drink somewhat heavily due to addiction and mental illness, (a highly sensitive disposition + depression+ anxiety) I also use weed which can help/ hinder based on how much/ what strain I use." The call for more available services is personal to many participants.

Parenting

Forty-seven respondents cited being physically and emotionally present as a protective factor against youth substance use. "I think that you should start with the example from home and parents [and] always be aware of our children because today it is very easy to get everything that [is] in the street" said one respondent from Chaves County. As in FY19, respondents expressed frustration with parents who were unaware of, or unwilling to, act on substance use in their children. "A very large amount of my classmates were drinking and smoking since 4th grade. This was all the way through high school. I don't understand how so many were able to do all of these things. I think parents in this county are not very responsible, or aware of their children's actions." (Curry). Many respondents also cited parents' own actions as setting an example for

their children and the friends of their children. “I think parents of teens who freely and routinely drink should be held accountable for their lack of supervision!” (Roosevelt).

Personal Strength or Failure

Other survey participants (N=25) expressed that substance abuse was a choice and that one’s use could be reversed by willpower alone. Comments such as this were common: “alcohol and drugs are a problem but the problem rising is due to the character in which one was brought up” (Doña Ana). One Santa Fe resident expanded on the issue of personal responsibility for addiction when saying:

> “as long as people are taught that addiction is a disease and that they have no control over their behaviors related to the addiction they will not realize they can let go of the addiction...This ‘addiction is a disease’ theory is telling people that it is not a person’s fault that they are addicted and giving them permission to be addicted, and they cannot be held accountable for any behaviors around that addiction. Since they have no choice in the matter. Addiction is not a disease. People do not wake up addicted to chemicals or objects. Addictions start with choices based in ignorance.”

In sum, many New Mexicans expressed that the locus of control for substance abuse was within the person who chose to use substances, and a few respondents associated this with a lack of faith in the Christian God. The exception to this was children, for whom many respondents blamed parents. These strong opinions about personal locus of control were an interesting juxtaposition to other comments linking structural and systemic issues such as racism, poverty, the pharmaceutical and alcohol industries to substance abuse.

Community Concerns and Needs

New Mexicans showed compassion for those people using drugs who wanted help but were unable to get it within the State. Comments like “Help the people on drugs. Not judge them. They are human and have made mistakes” (Cibola) were common. Below are some suggestions from respondents concerning how to improve community responses to meet these needs.

> “I worry about how alcohol is hurting the indigenous minds. It hurts to see this poison keep being abused. I myself participate and there’s plenty of times where I think the same. We need to heal and stop avoiding our truths and power as the People.” (Santa Fe)

Substance Use Treatment

The need for additional in- and out-patient facilities dominated participants’ concerns for their community. One hundred and twelve respondents identified treatment as a community need. A Luna County resident noted that “more substance abuse recovery centers are needed in our area

as well as a place that could provide information for families of the addicted, such as what to expect, how to cope, etc." In rural Otero County, a respondent told us "support groups and rehab really need to be easier to access. More information would be helpful also."

Services present were often considered incomplete. "There needs to be more resources available for people struggling with addiction. Our local hospital has a detox program, but once the person is detoxed, they are discharged and usually go right back to the environment they came from. There should be rehabilitation after detox if we really want to help people overcome their addictions." (San Miguel) Decriminalizing addiction was important for participants, largely because the criminal/penal system was seen as being ineffective and inhumane. "Taos County needs a detox center for people trying to get clean. They are often taken to jail for this purpose. The jail is not an effective detox center." This was echoed next door in Rio Arriba "Mass incarceration & criminalization is more harmful to my community than drugs and alcohol! Drug use should be a public health issue, not a criminal issue."

Mental Health Treatment

Many respondents linked substance use treatment with treatment for mental health issues more broadly. "Medical treatment needs to include mental health treatment and resources - they need to work in a coordinated fashion in order to overcome alcohol and other substance use and abuse disorders including opioids and over the counter medications addictions." (San Miguel) Participants noted the ineffectiveness of addressing substance use without accompanying mental health treatment. "Dealing with drinking or drugs in the community without getting to the root issue of why people use these substances is simply putting a Band-Aid on a gash. It may stop the bleeding for now, but in the long run it is not going to fix the real issues at play here." (Socorro).

> "Mental health issues are the #1 cause of substance abuse! Use funding to help those with mental health problems, realizing that many do not have the financial resources to take advantage of current help."(Bernalillo)

As with substance abuse treatment, mental health care capacity was wanted, but not considered prevalent, even in urban counties. A Bernalillo resident told us that "mental health care is very hard to get in this community. When my old therapist retired, and I called new places to get appointments, most of them answered my call 3 months later. That's unacceptable."

Alterative Activities

A San Juan resident told us that "there needs to be more things to involve our youth in. Preventive intervention is much better than catching and prosecuting after the damage is done." This sentiment was echoed by 46 other participants noting the importance of drug-free youth activities that would keep youth engaged and uninterested in starting to use drugs or alcohol. "Create a positive reinforcement location and demonstrate to the youth in our community that there are more fun things to do that alcohol and drugs" (Curry).

Prevention Education

As in previous years, survey respondents support prevention education. Sixty-one respondents mentioned the need for greater prevention efforts, mostly directed at children in schools. The D.A.R.E. program was the only prevention education curriculum specifically mentioned by name. Interestingly, the calls for prevention education were disproportionally higher among respondents who chose to write their responses in Spanish. Twelve of the sixty-one responses concerning this issue (almost 20%) were translated from Spanish, a much higher percentage than any other theme identified during our coding process. A few respondents mentioned the need for prevention education with parents of youth as well as the general public. "I think it should be mandatory training within the school systems and then within jobs itself 'cuz there are many closet drinkers that go home from work and I'm sure they cause chaos at home and then go back to work the next day. I think if everyone in the state of New Mexico was required to go through some sort of training it would help." (McKinley)

Naloxone/Narcan Availability

Eight respondents noted the potential for naloxone to stem the tide of overdoses in New Mexico. "I wish I would of been aware of how to use Narcan for a heroin overdose being that it is a huge problem here in Albuquerque but people are too scared and ashamed to talk about it. I could've saved my 23-year-old son when he overdosed." (Bernalillo) Seven respondents argued for more availability while the eighth respondent did not support public funding for naloxone.

Perceptions of Risk of Legal Consequences

As in FY19, many respondents spontaneously shared their views about law enforcement in the open-ended questions. Perceptions of law enforcement officers (N=162) themselves continues to be an interesting theme as the New Mexico Community Survey does not specifically ask about law enforcement per se but rather perceptions of risk of getting caught misusing drugs or alcohol. Both are described here.

General Perceptions of Law Enforcement

By far, the most common complaint among respondents was the lack of visible policing in under-resourced areas. These concerns cut across location and urbanicity. A rural resident told us that "in the small communities where we don't have police presence, the issues are only getting worse. Now the drug people are becoming violent, destructive, and the law-abiding citizens are suffering. We need more police power in the villages." (Colfax). A participant from a more urban area told us that "it is very easy to find drugs in Roswell. We don't have enough officers to try and be proactive. With the high call volume and constantly being short staffed, they can only be reactive. I appreciate their efforts but until we get more officers on the street it will continue to be a problem." (Chaves)

The qualitative data also revealed concerns about police corruption. A Doña Ana resident suggested that "more focus should be brought to Law Enforcement officers taking advantage of their position to skirt the law themselves." A Grant County resident expanded on a triangle of corruption with police officers and the courts "cops are crooked and elected officials are in on the drugs in my county."

> "Many people believe the mayor and local law enforcement either directly support or at least are complacent in drug trafficking."

Still other concerns centered on disparities in policing. "We need more officers patrolling the streets, especially those around the low-income community. They appear to only serve and protect wealthy and Caucasian neighborhoods." (Eddy). It is evident that participants identify with community policing issues reflected in the national news. A Bernalillo County resident told us that "I am also profoundly mistrustful of law enforcement's ability to handle people of color and people experiencing homelessness due to their atrocious record of police misconduct and unarmed civilian deaths, particularly in this state. I will therefore not be able to support law enforcement initiatives until they take real steps to build back the trust they have broken by their reckless use of force."

General Perceptions of the Judicial System

As with law enforcement officers, the judicial system more generally drew ire from NMCS respondents. One hundred and twenty-three respondents commented on "the system" differentiated from law enforcement/police officers specifically. One Bernalillo County respondent explained it this way: "Our court system is a sham. Our police officers work tirelessly to get criminals off of our streets just to have our Judges turn right around and release them! They are then arrested again and then released." A less urban resident of Eddy County echoed the sentiment: "The courts system is the real problem is this state. The police arrest them and the courts just let them all go or give slap on the wrist."

New to FY20 is the high proportion of respondents calling for the decriminalization of drug use in favor of appropriate drug treatment options for nonviolent offenders. Fifty-four percent (67 respondents) called for less punitive measures. This Doña Ana resident typified the responses: "I don't believe [courts] enforcement should crack down on these laws, however there should be more efforts for rehabilitation, prevention, etc. A person with substance abuse issues most likely will not get better by getting thrown in jail and paying court and probation fees for many months. It is better to provide help than punishment to these individuals." On the other hand, some respondents blamed their frustration on what they perceived to be lax follow up in the criminal justice system. "Criminal justice lack of penalty and lack of mandated rehab is a major player in impact to the community. People who need to be in jail for trafficking substances and drinking and driving are released on signature bond with NO consequences. This is unacceptable and not the fault of our police, but instead that of our courts." (Bernalillo).

Perception of Risk of DUIs

Most respondents who mentioned the issue reflected that people driving under the influence of alcohol would not get caught. A Curry County resident told us that "once about 4 years ago, my sister and I were coming from a club, she was drunk, I was close but she insisted to drive - we got pulled over 3 times and nothing happened - they release us to continue our way! 3 different times!" While a few participants thought that alcohol use restrictions were too tight, most wanted more checkpoints. One participant told us "I wish they had more traffic stops checking for drunk or intoxicated drivers. There are a lot of drivers in San Juan county that are a danger to be on the highway." Some respondents suggested solutions such as "a lot of college students drive drunk because they can't afford an Uber or Lyft. The city should provide a free service or pay for these rides so that there is less drunk driving." (Bernalillo).

Many respondents expressed frustration at the lack of consequences related to driving under the influence of alcohol. This was often tied to concerns of police corruption as described by this Grant County participant: "Our community policing has a strong reputation that they take care of family members meaning they do not arrest family members or friends. That contributes to continued DWIs and other assorted crimes."

Border Control

More participants discussed border controls between New Mexico and Mexico in FY20, constituting a new theme in the qualitative data. Thirteen respondents noted concerns that a lack of border controls resulted in a general lawlessness in which people were not likely to be held accountable for drug-related crimes. "Closing the border would stop a lot of drugs from getting through! Our so-called governor closing the border patrol stations when the immigrants were coming across just made it possible for drugs to flow like crazy!" (Doña Ana)

In sum, participant responses generally reflected low perceptions of risk getting caught. Most concerns were related to DUIs, and specifically alcohol-impaired driving. Frustration was common with under-resourced law enforcement departments and the seemingly-disconnected criminal justice systems. Yet, many New Mexico residents revealed a more nuanced approach to dealing with alcohol and drug-related offenses than in prior years. The qualitative data suggest that punitive approaches are being reconsidered in the context of the environmental factors contributing to addiction. This could, in part, be attributed to the large number of respondents with personal experiences with addiction within their own families and social networks.

COVID-19

Finally, COVID-19 was understandably on the minds of the survey participants. Many respondents (N=42) pointed out that the results of the survey would be impacted by the contemporaneous impact of the virus on everyone's thoughts, feelings, and behaviors. For example: "The pandemic is all around us and very real even here in NM where we are a bit safer and better prepared." (Bernalillo) A Los Alamos resident told us similarly, "The mental health

questions are answered under stay at home orders due to COVID-19. I am cognizant of the effects social isolation resulting from the stay at home order has had on my mental health."

Summary

The mountains and rural or frontier nature of much of the State limits internet access, and (like other states) some communities in New Mexico are more technology literate than others. The necessity of online data collection during COVID-19 meant that a somewhat different sample of New Mexicans were able to participate this year than in the past when there was greater opportunity for face-to-face data collection. One result of this was that the qualitative data collection comments tended to be longer and more personal in nature than seen in recent years. Yet, many of the statewide trends seen in prior years held, and the NMCS continues to be an essential part of local and statewide monitoring and evaluation of OSAP's substance abuse prevention services. In addition, the survey itself has raised awareness about substance abuse in New Mexico. One Doña Ana resident thanked the State for conducting the survey saying "Now that I answered the survey, it's made me realize I don't know a lot about alcohol and drugs in my community. I will look into it, since I have smaller children, I need to be informed of what is happening in my community."

As noted in FY 19, multi-year trends for alcohol-related indicators concerning recent alcohol use, binge drinking, and DWI prevention have looked similar for target and comparison communities, with all except the alcohol use rate trending down across time. Providing access to alcohol to underage youth went up in 2020, a trend that may indicate the pandemic's influence on underage alcohol access patterns. Social access continues to be the intervening variable of most concern related to underage drinking, with unrelated adults most likely to be the source.

Participants living within PFS-15 communities generally indicated more desirable substance misuse conditions than the TCA and SAPT communities. PFS-15 respondents reported lower Rx painkiller use as well as a higher perception of risk for non-medical use of Rx painkillers. Most respondents across communities noted great or moderate risk for using prescription painkillers outside of medical uses, yet almost 10% reported using opioids to treat pain not identified by doctors. This coupled with calls in the qualitative data to remedy unfair prescription access for pain relievers suggests state-wide reconsideration of pain treatment options might be warranted. Given the numbers of New Mexico residents with the motive to use pain killers unsupervised by medical staff, the need for Narcan distribution and training continues.

In the time of a global pandemic that had adverse impacts on New Mexico residents across almost all life domain (employment, education, social interaction, etc.), the 2020 NMCS provided a valuable snapshot in time of their personal and community behavioral health concerns Much of the world's focus was on viral prevention and treatment, but New Mexico residents clearly were aware of the substance abuse in their communities and their responses suggested real support for greater state and community prevention and treatment options.

Appendix A: Alcohol

Table A1. Alcohol use indicators comparing men and women in SAPT and non-SAPT communities; weighted %

	Male		Female	
Alcohol use	SAPT	Non SAPT	SAPT	Non SAPT
Past 30-day alcohol use	53.1	53.8	44.6	47.7*
Past 30-day binge drinking	18.9	18.2	11.4	11.9
Past 30-day drinking & driving	3.4	4.3	1.2	1.8
Past 30-day binge drinking & driving	3.6	3.9	1.1	1.4
Past year purchased or provided alcohol for someone under 21	4.3	3.4	1.8	2.5

*$p \leq .05$.

Table A2. Alcohol use indicators comparing men and women in PFS 2015 and non-PFS 2015 communities; weighted %

	Male		Female	
Alcohol use	PFS 2015	Non PFS 2015	PFS 2015	Non PFS 2015
Past 30-day alcohol use	53.6	53.6	46.5	46.6
Past 30-day binge drinking	20.5	17.8	15.3	10.9***
Past 30-day drinking & driving	4.0	4.0	2.2	1.4*
Past 30-day binge drinking & driving	4.7	3.5	1.7	1.2
Past year purchased or provided alcohol for someone under 21	5.8	3.1**	4.5	1.7***

*$p \leq .05$, **$p \leq .01$, ***$p \leq .001$.

Table A3. Alcohol use indicators comparing men and women in TCA and non-TCA communities; weighted %

	Male		Female	
Alcohol use	TCA	Non TCA	TCA	Non TCA
Past 30-day alcohol use	53.9	53.5	47.9	46.3
Past 30-day binge drinking	18.4	18.5	11.3	11.8
Past 30-day drinking & driving	5.5	3.6	1.7	1.5
Past 30-day binge drinking & driving	3.6	3.8	1.5	1.2
Past year purchased or provided alcohol for someone under 21	3.6	3.8	2.6	2.2

Table A4. Alcohol use indicators comparing race/ethnic groups in SAPT and non-SAPT communities; weighted %

	Non-Hispanic White		Hispanic		Native American		Other	
Indicator	SAPT	Non SAPT	SAPT	Non SAPT	SAPT	Non SAPT	SAPT	Non SAPT
Past 30-day alcohol use	52.9	54.0	47.8	48.5	39.2	45.3	40.0	50.0*
Past 30-day binge drinking	11.3	13.4	17.8	16.5	14.0	18.9	14.4	9.3
Past 30-day drinking & driving	1.2	2.1	2.6	3.9	2.1	3.9	6.8	3.8
Past 30-day binge drinking & driving	1.2	1.8	2.8	3.1	1.9	4.0	6.1	2.7
Past year purchased or provided alcohol for someone under 21	2.0	2.5	3.6	3.5	2.3	2.8	4.8	2.8

*$p \leq .05$.

Table A5. Alcohol use indicators comparing race/ethnic groups in PFS 2015 and non-PFS 2015 communities; weighted %

	Non-Hispanic White		Hispanic		Native American		Other	
Indicator	PFS 2015	Non PFS 2015	PFS 2015	Non PFS 2015	PFS 2015	Non PFS 2015	PFS 2015	Non PFS 2015
Past 30-day alcohol use	50.4	54.5*	51.3	47.4	48.3	40.8	43.7	47.1
Past 30-day binge drinking	14.6	12.2	20.9	15.8**	22.7	14.8*	11.1	10.8
Past 30-day drinking & driving	2.2	1.7	4.2	3.3	3.4	2.9	2.1	5.7
Past 30-day binge drinking & driving	2.0	1.5	3.3	3.0	7.3	1.8**	5.1	3.2
Past year purchased or provided alcohol for someone under 21	5.2	1.6***	5.2	3.1**	5.0	1.9*	3.7	3.3

*$p \leq .05$, **$p \leq .01$, ***$p \leq .001$.

Table A7. Alcohol use indicators comparing race/ethnic groups in TCA and non-TCA communities; weighted %

	Non-Hispanic White		Hispanic		Native American		Other	
Indicator	TCA	Non TCA	TCA	Non TCA	TCA	Non TCA	TCA	Non TCA
Past 30-day alcohol use	58.6	52.6**	47.5	48.4	40.4	42.7	43.6	47.7
Past 30-day binge drinking	13.2	12.6	17.1	16.9	16.4	16.5	10.1	11.1
Past 30-day drinking & driving	2.2	1.7	5.1	3.0*	2.9	3.0	5.3	4.6
Past 30-day binge drinking & driving	1.6	1.6	3.9	2.8	0.6	3.4*	0.0	4.6
Past year purchased or provided alcohol for someone under 21	2.7	2.3	4.4	3.4	0.6	2.9	1.1	4.0

*$p \leq .05$, **$p \leq .01$.

Table A9. Alcohol use indicators comparing men and women in target and comparison communities; weighted %

Alcohol use	Male		Female	
	Target	Comparison	Target	Comparison
Past 30-day alcohol use	53.2	54.5	45.2	49.4**
Past 30-day binge drinking	18.6	18.2	11.9	11.5
Past 30-day drinking & driving	4.2	3.5	1.6	1.6
Past 30-day binge drinking & driving	4.1	3.0	1.4	1.1
Past year purchased or provided alcohol for someone under 21	4.3	2.3*	2.5	1.6**

*$p \leq .05$, **$p \leq .01$.

Table A10. Alcohol use indicators comparing race/ethnic groups in target and comparison communities; weighted %

Alcohol use	Non-Hispanic White		Hispanic		Native American		Other	
	Target	Comparison	Target	Comparison	Target	Comparison	Target	Comparison
Past 30-day alcohol use	53.1	54.7	48.0	48.9	41.7	44.8	42.4	56.5**
Past 30-day binge drinking	12.0	14.2	17.8	14.9	16.1	18.0	12.1	8.3
Past 30-day drinking & driving	1.8	1.8	3.6	3.1	2.7	4.1	5.2	3.6
Past 30-day binge drinking & driving	1.6	1.7	3.3	2.5	3.3	2.0	4.5	2.2
Past year purchased or provided alcohol for someone under 21	2.7	1.7	4.2	2.1**	2.4	3.0	3.8	2.6

**$p \leq .01$.

Table A11. Alcohol use indicators comparing military and LGBT in target and comparison communities; weighted %

Alcohol use	Military		LGBT	
	Target	Comparison	Target	Comparison
Past 30-day alcohol use	48.5	45.5	60.1	65.7
Past 30-day binge drinking	9.9	13.5	24.2	21.4
Past 30-day drinking and driving	2.2	5.5	4.8	5.7
Past 30-day binge drinking and driving	1.2	6.3**	4.2	3.7
Past year purchased alcohol for someone under 21	4.1	1.3	5.5	4.4

**$p \leq .01$.

Appendix B: Prescription Drugs

Table B1. Prescription drug use indicators comparing men and women in SAPT and non-SAPT communities; weighted %

Prescription drug use	Male		Female	
	SAPT	Non SAPT	SAPT	Non SAPT
Past 30-day Rx painkiller use for any reason	10.6	11.1	11.6	11.6
Past 30-day painkiller use to get high	2.7	2.7	2.0	2.3
Past year prevalence of receiving Rx painkiller	23.1	22.5	26.7	24.8
Great or moderate risk of Rx painkiller non-medical use	85.9	88.9*	89.1	90.6
Given or shared Rx drugs with someone	2.2	4.1*	4.3	4.9
Medication locked or safely stored away	45.3	36.7*	48.1	41.9**

*$p \leq .05$, **$p \leq .01$.

Table B2. Prescription drug use indicators comparing men and women in PFS 2015 and non-PFS 2015 communities; weighted %

Prescription drug use	Male		Female	
	PFS 2015	Non PFS 2015	PFS 2015	Non PFS 2015
Past 30-day Rx painkiller use for any reason	8.9	11.6	10.2	12.0
Past 30-day painkiller use to get high	2.2	2.8	1.6	2.4
Past year prevalence of receiving Rx painkiller	18.4	23.9**	23.1	25.9*
Great or moderate risk of Rx painkiller non-medical use	83.9	89.4***	86.9	90.9***
Given or shared Rx drugs with someone	4.0	3.4	4.8	4.7
Medication locked or safely stored away	40.0	38.9	40.8	44.8

*$p \leq .05$, **$p \leq .01$, ***$p \leq .001$.

Table B3. Prescription drug use indicators comparing men and women in TCA and non-TCA communities; weighted %

Prescription drug use	Male		Female	
	TCA	Non TCA	TCA	Non TCA
Past 30-day Rx painkiller use for any reason	11.4	10.9	11.1	11.7
Past 30-day painkiller use to get high	1.1	3.0*	2.9	2.1
Past year prevalence of receiving Rx painkiller	22.1	22.8	23.3	25.7
Great or moderate risk of Rx painkiller non-medical use	90.0	87.7	93.5	89.7***
Given or shared Rx drugs with someone	4.1	3.5	4.3	4.7
Medication locked or safely stored away	38.4	39.3	46.3	43.7

*$p \leq .05$, ***$p \leq .001$.

Table B4. Prescription drug use indicators comparing race/ethnic groups in SAPT and non-SAPT communities; weighted %

	Non-Hispanic White		Hispanic		Native American		Other	
Prescription drug use	SAPT	Non SAPT	SAPT	Non SAPT	SAPT	Non SAPT	SAPT	Non SAPT
Past 30-day Rx painkiller use for any reason	11.9	12.1	11.1	10.4	10.7	13.4	6.1	10.6
Past 30-day painkiller use to get high	2.1	1.8	2.8	2.6	1.9	4.5	0.4	3.8**
Past year prevalence of receiving Rx painkiller	27.6	25.5	24.2	21.4	22.0	25.6	17.6	22.7
Great or moderate risk of Rx painkiller non-medical use	92.1	91.7	85.2	89.1**	83.4	86.1	89.2	84.1
Given or shared Rx drugs with someone	4.1	4.8	3.0	4.2	3.1	4.8	0.5	5.4**
Medication locked or safely stored away	37.2	29.5**	54.1	49.4	46.9	40.8	48.7	34.9

**$p \leq .01$.

Table B5. Prescription drug use indicators comparing race/ethnic groups in PFS 2015 and non-PFS 2015 communities; weighted %

	Non-Hispanic White		Hispanic		Native American		Other	
Prescription drug use	PFS 2015	Non PFS 2015	PFS 2015	Non PFS 2015	PFS 2015	Non PFS 2015	PFS 2015	Non PFS 2015
Past 30-day Rx painkiller use for any reason	10.8	12.4	8.4	11.2*	12.8	12.2	4.4	11.3**
Past 30-day painkiller use to get high	1.7	1.9	2.0	2.8	3.5	3.4	0.8	3.7*
Past year prevalence of receiving Rx painkiller	24.0	26.7	18.7	23.2*	15.7	26.4**	16.1	23.2
Great or moderate risk of Rx painkiller non-medical use	87.8	92.9***	85.0	88.7**	77.9	86.9**	81.5	86.8
Given or shared Rx drugs with someone	3.9	4.8	5.1	3.5*	5.6	3.7	2.8	4.7
Medication locked or safely stored away	34.0	31.0	48.6	51.6	39.3	44.4	18.9	44.2**

*$p \leq .05$, **$p \leq .01$, ***$p < .001$.

Table B6. Prescription drug use indicators comparing race/ethnic groups in TCA and non-TCA communities; weighted %

Prescription drug use	Non-Hispanic White		Hispanic		Native American		Other	
	TCA	Non TCA	TCA	Non TCA	TCA	Non TCA	TCA	Non TCA
Past 30-day Rx painkiller use for any reason	11.2	12.2	9.3	10.9	30.1	10.7***	10.5	9.3
Past 30-day painkiller use to get high	1.2	2.0	1.2	3.0**	13.0	2.5**	3.9	2.8
Past year prevalence of receiving Rx painkiller	24.2	26.4	20.1	22.7	39.8	22.7**	18.5	21.8
Great or moderate risk of Rx painkiller non-medical use	93.0	91.6	90.6	87.3*	96.4	84.0***	84.4	85.6
Given or shared Rx drugs with someone	5.1	4.5	3.7	3.9	4.9	4.0	3.2	4.4
Medication locked or safely stored away	25.2	32.5	53.9	50.4	42.0	43.4	23.8	40.0

*p <.05, **p ≤.01, ***p ≤.001.

Table B7. Prescription drug use indicators comparing men and women in target and comparison communities; weighted %

Prescription drug use	Male		Female	
	Target	Comparison	Target	Comparison
Past 30-day Rx painkiller use for any reason	10.8	11.3	11.6	11.7
Past 30-day painkiller use to get high	2.2	3.4	2.1	2.3
Past year prevalence of receiving Rx painkiller	21.4	24.6	25.5	25.2
Great or moderate risk of Rx painkillers non-medical use	86.5	90.6**	89.3	91.2**
Given or shared Rx drugs with someone	3.4	3.9	4.3	5.1
Medication locked or safely stored away	41.0	36.1	45.9	41.4*

*p <.05, **p ≤.01.

Table B8. Prescription drug use indicators comparing race/ethnic groups in target and comparison communities; weighted %

	Non-Hispanic White		Hispanic		Native American		Other	
Prescription drug use	Target	Comparison	Target	Comparison	Target	Comparison	Target	Comparison
Past 30-day Rx painkiller use for any reason	11.8	12.4	10.4	11.0	13.3	10.2	7.4	12.2
Past 30-day painkiller use to get high	1.8	2.0	2.2	3.4	3.6	2.9	1.6	4.7
Past year prevalence of receiving Rx painkiller	25.6	26.7	21.9	22.9	22.8	26.7	18.9	24.5
Great or moderate risk of Rx painkillers non-medical use	90.8	93.1**	86.6	89.8*	84.1	86.9	84.8	86.1
Given or shared Rx drugs with someone	4.3	5.0	3.9	3.8	3.6	5.1	2.5	6.4
Medication locked or safely stored away	33.5	29.3	52.4	48.6	43.6	42.7	30.2	46.4*

*$p \leq .05$, **$p \leq .01$.

Table B9. Prescription drug use indicators comparing military and sexual minority status in target and comparison communities; weighted %

	Military		LGBT	
Prescription drug use	Target	Comparison	Target	Comparison
Past 30-day Rx painkiller use for any reason	14.2	13.9	9.8	13.0
Past 30-day painkiller use to get high	1.2	2.5	2.4	4.3
Past year prevalence of receiving Rx painkiller	31.0	35.2	20.9	27.7*
Great or moderate risk of Rx painkillers non-medical use	86.1	93.2*	85.6	88.7
Given or shared Rx drugs with someone	2.6	3.7	6.8	9.0
Medication locked or safely stored away	39.2	35.7	39.6	45.3

*$p \leq .05$.