

Pacific Institute for Research and Evaluation

# Results from the 2021 New Mexico Community Survey

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## ***Executive Summary***

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The New Mexico Office of Substance Abuse Prevention (OSAP) funds the implementation and evaluation of prevention efforts across the state. 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. To inform statewide and community-level efforts to address these indicators, prevention partners developed a community survey for adults referred to as the New Mexico Community Survey (NMCS). The survey focuses on misuse of alcohol and prescription drugs, and some of the contributing factors related to misuse. In addition, communities may choose to administer modules related to topics such as: mental health, tobacco, marijuana, opioids, methamphetamine, gambling, and adverse childhood events.

Data collection in 2021 was tailored to the evolving reality of the COVID-19 pandemic. Data collection took place in the spring using two methodologies. Both methodologies relied on convenience samples. The first approach was a time and venue-based data collection process using either paper-and-pencil or 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 398 valid surveys representing 7 counties. The remaining data were collected using online recruitment of potential respondents including: 1) an ad campaign on Facebook and other online platforms targeting residents across the state who were 18 and older to take the survey online; 2) via email invitations, QR codes, or friends and family members telling others about the online survey, 3) through visual ads displayed in public settings such as New Mexico Motor Vehicle Department offices and in COVID-19 testing sites, 4) through paid ads including an ad-campaign service that paid respondents to watch a brief recruitment message about the survey and encouraged them to complete it online, and 5) through the recruitment of eligible NM residents through a paid Qualtrics panel. Online survey recruitment and data collection resulted in 10,293 valid surveys representing 33 NM counties. A total of 10,691 valid questionnaires were completed via the two different data collection strategies.

We analyzed the data in several ways. First, we weighted data to match NM Census 2020 population information 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. During FY21, the primary funding stream was the Substance Abuse Prevention and Treatment (SAPT) Block Grant funds. We also examined data by outcomes comparing communities that targeted a specific substance with those that did not. Qualitative data from the open-ended question at the end of the survey were analyzed thematically based on *a priori* questions of interest as well as to identify emerging issues among participants.

Noteworthy findings include:

### **Alcohol**

- Target and comparison community estimates were relatively similar for alcohol use and misuse variables, with alcohol use trending upwards over the past five years, but with binge drinking remaining relatively steady and drinking and driving rates trending downward across the period.
- Target communities reported significantly less likelihood of being stopped by police if driving after drinking too much (30% vs. 33%), and less difficulty for teens to access to alcohol than in comparison communities (16% vs. 19%).
- The main alcohol sources reported by underage youth (18-20 years old) were from unrelated adults or adult family members.

### **Prescription Pain relievers**

- Similar to alcohol, target and comparison communities tended to have similar estimates for most of the core survey prescription pain reliever measures.
- People from target communities vs. comparison communities reported significantly greater rates of storing medication safely (39% vs. 36%), greater disposal of unused drugs at Take Back events (7.8% vs. 5.6%), and less likelihood of keeping unused drugs for future use (22% vs. 26%); however, target community members also reported significantly greater use of pain relievers to get high in the past 30 days (2.7% vs. 1.9%).
- Among the respondents from communities that administered the additional opioid-related questions,
  - A majority (62%) of respondents endorsed the statement that “it is never ok to share a prescription pain reliever with another person.”
  - 22% of respondents reported having family members or friends who often use prescription pain relievers. Among these respondents, more than half (61%) thought that those using prescription pain relievers were at risk of overdose.
  - 9% of respondents reported having family members or friends who often use heroin. The majority of these respondents (90%) thought that these individuals are at risk of overdose.
  - Only 13% of respondents indicated that they have Naloxone/Narcan, but almost twice as many indicated that they know how to get (22%) and how to use (23%) Naloxone/Narcan.
  - Respondents overwhelmingly believe that medical treatment can help people with opioid use disorder (89%), and support increasing public funding for opioid treatment programs (87%). Most (79%) believe that their community is not doing enough to prevent opioid misuse and addiction.

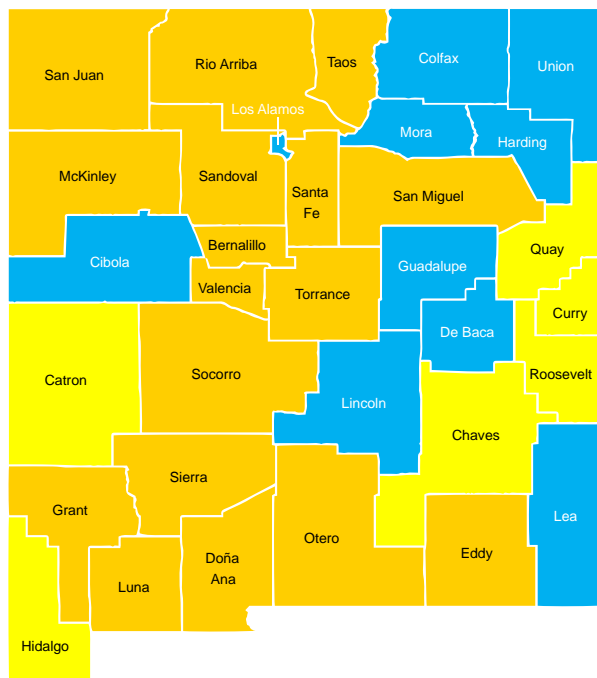
As described in the qualitative analyses, many New Mexico residents note a high prevalence of drug and alcohol misuse in their communities. Data show an increasing concern about the impact of the ongoing pandemic on the mental health as well as substance misuse while noting what they perceived to be a de-prioritization of state services that were re-directed to the COVID-19 response. Two years into the pandemic, qualitative data indicated noteworthy community frustration with the lack of prevention services, take back events, and treatment options that they feel are needed more than ever.

## ***Prevention in New Mexico***

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The NM Office of Substance Abuse Prevention (OSAP) in FY21 funded prevention programs in 17 of the 33 counties in NM. Figure 1 below highlights the counties where local data collection efforts were led by OSAP-funded providers (gold), as well as by local partners with independent funding (yellow), that covered counties having over 92% of the state’s population..

Figure 1: Counties with local partners (in gold and yellow) assisting with data collection in New Mexico in Fiscal Year 2021



Programs receive funding to target several statewide prevention priorities including underage drinking, binge drinking, driving while intoxicated, and prescription pain reliever 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***

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### ***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 general purpose has been to gather current statewide data concerning alcohol, tobacco, and other drugs (ATOD), as well as other behavioral health issues, especially 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.

### **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 guide and improve 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 FY21 due to COVID-19 restrictions, a total of 398 surveys were collected using this methodology, which constitutes 3.7% of the aggregated sample. These data came from 7 New Mexico counties.

### **Data Collection Approach # 2: Online survey via Online and Print Recruitment Methods**

The other data collection approach used in FY21 was the online recruitment and implementation of the NMCS via Qualtrics. Survey participants were recruited using:

- **Ad campaigns on Meta** targeting NM residents across the state who were 18 and older to take the survey online through Facebook, Instagram, and Meta-owned games. PIRE developed and promoted eight new ads in conjunction with OSAP-funded communities. All ads were available in English and Spanish. These eight, as well as 4 updated ads from 2020, ran for a total of 49 days (March 16-May 3, 2021). In total, the ads reached 68,645 people at least once for a total of 249,924 views. Data show that Meta-ads are responsible for 1,498 survey completions at a cost of \$2.44 per completion.
- Engaging Native American artist **Ricardo Caté** to develop three cartoons advertising the survey. These ads were shared via the project's social media by both paid ads and through the artist's own social networks and weekly radio show.
- **Online "word of mouth"** including Community Coalition email invitations with the survey's tiny url and QR code, or friends and family members telling others about the online survey, An additional 6,894 surveys were collected directly via email invitations, QR codes, or friends and family members telling others about the online survey.
- **Paid-ads including AdWallet**, an ad-campaign service, requesting respondents to watch a brief ad about the survey and encouraging them to complete it online (about 2,000 respondents were recruited this way); and
- Recruitment of eligible NM residents through paid **Qualtrics panels** (1,056 respondents participated via the panels).

Visual ads were printed and provided to survey respondents via established partnerships (such as the New Mexico Motor Vehicle Department and in COVID-19 testing sites). The fliers, posters, and handbills provided a short description of the survey and the tiny url code and/or QR code directing respondents 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 checks to randomly selected respondents from that week. At the end of the data collection, we randomly selected one respondent and gave away one \$500 check. Weekly gift card winners were not eligible for the

final gift card. 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 process.

**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

<b>Survey Methodology</b>	<b>N</b>	<b>Percent</b>	<b>NM Counties Represented</b>
PAPER- Convenience	398	3.7	7
Online – Facebook/Instagram (18+ yr. olds)	3,399	31.8	33
Online – Non-Facebook	6,894	64.5	33
<b>Total</b>	10,691		

Table 2. Completed questionnaires by County compared to 2020

County	2021				2020			
	Online	Paper	Total	%	Online	Paper	Total	%
<b>Bernalillo</b>	2794	0	2794	26.1	2427	109	2536	21.6
<b>Catron</b>	37	0	37	0.4	18	1	19	0.2
<b>Chaves</b>	167	0	167	1.6	377	232	609	5.2
<b>Cibola</b>	44	0	44	0.4	156	0	156	1.3
<b>Colfax</b>	47	0	47	0.4	63	0	63	0.5
<b>Curry</b>	280	54	334	3.1	440	47	487	4.1
<b>De Baca</b>	14	0	14	0.1	6	0	6	0.1
<b>Doña Ana</b>	651	25	676	6.3	1279	49	1328	11.3
<b>Eddy</b>	285	0	285	2.7	413	0	413	3.5
<b>Grant</b>	187	0	187	1.8	296	53	349	3.0
<b>Guadalupe</b>	23	0	23	0.2	22	0	22	0.2
<b>Harding</b>	8	0	8	0.1	1	0	1	0.0
<b>Hidalgo</b>	39	0	39	0.4	23	0	23	0.2
<b>Lea</b>	84	0	84	0.8	188	0	188	1.6
<b>Lincoln</b>	64	8	72	0.7	114	0	114	1.0
<b>Los Alamos</b>	50	0	50	0.5	69	0	69	0.6
<b>Luna</b>	227	0	227	2.1	263	1	264	2.2
<b>McKinley</b>	220	0	220	2.1	237	68	305	2.6
<b>Mora</b>	20	0	20	0.2	22	2	24	0.2
<b>Otero</b>	134	116	250	2.3	318	0	318	2.7
<b>Quay</b>	304	0	304	2.8	59	0	59	0.5
<b>Rio Arriba</b>	420	0	420	3.9	203	172	375	3.2
<b>Roosevelt</b>	99	1	100	0.9	269	0	269	2.3
<b>San Juan</b>	717	0	717	6.7	573	0	573	4.9
<b>San Miguel</b>	287	0	287	2.7	237	9	246	2.1
<b>Sandoval</b>	721	0	721	6.7	469	29	498	4.2
<b>Santa Fe</b>	655	0	655	6.1	628	13	641	5.4
<b>Sierra</b>	155	189	344	3.2	246	13	259	2.2
<b>Socorro</b>	288	0	288	2.7	336	0	336	2.9
<b>Taos</b>	473	0	473	4.4	507	10	517	4.4
<b>Torrance</b>	112	5	117	1.1	244	0	244	2.0
<b>Union</b>	8	0	8	0.1	17	0	17	0.1
<b>Valencia</b>	679	0	679	6.4	404	42	446	3.8
<b>Total</b>	10,293	398	10,691	100.0	10,924	850	11,774	100.0



## ***Analysis***

Prior to analysis, NMCS data from the communities and from the online survey were combined. Given that the NMCS data have been overrepresented by women, and populations such as Native Americans are often over-sampled, post-stratification weighting was used to adjust the sampled data to match NM Census demographics. We used the latest available Census 2020 population data<sup>1</sup> of NM to create subgroups (or strata) that are a combination of gender (male and female), age groups and race/ethnicity. The subgroups of the NMCS data were created in a similar way, and then the number of NMCS participants in each subgroup was obtained, which was the sample size of each stratum for the NMCS sample. Weights of NMCS strata were obtained by dividing NM Census strata population by their corresponding NMCS strata sample size.

In FY21, the survey items concerning the gender of respondents were updated. Based on the responses to separate items concerning self-identified gender and sex assigned at birth, three gender categories were constructed for use in this report, with two of the gender categories constructed to match the Census female and male categories used in the weighting. The self-identified gender variable included seven response options: female, male, transgender woman, transgender man, gender nonconforming, additional unspecified gender category and prefer not to answer. The three sex assigned at birth variable response options were female, male and prefer not to answer. When the self-identified gender variable was selected as female and the sex assigned at birth variable was selected as female, the constructed gender variable was assigned as ciswoman, with the corresponding selections used to define cisman. If the selections of the self-identified gender and the sex assigned at birth variables did not match, or if transgender man, transgender woman, gender nonconforming or the additional unspecified gender category was selected, the constructed gender variable was assigned as non-cisgender. The non-cisgender category was treated as missing gender in the weighting procedure because Census data only contained male and female categories.

Analyses were organized by prevention outcomes, including alcohol use, prescription drug and opioid use. Within alcohol and prescription drug use, we further conducted analyses by funding stream and prevention priority. The federal Substance Abuse Prevention and Treatment (SAPT) Block Grant was the only relevant funding stream in FY21. Then we examined outcomes by comparing communities that targeted a specific substance with those that did not, regardless of funding source. In all analyses, SAS Survey procedures were used to account for survey design and weights.

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<sup>1</sup> Retrieved from <https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-state-detail.html> on August 2 2021.

## 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 (2019 American Community Survey 1-Year Estimates<sup>2</sup>), 27.7% of adults 25 years older or above in NM reported having a bachelor's degree or above compared to our weighted estimate of 44.4%. Approximately 8.1% of the NMCS sample reported having served, or to be still serving, in the military which, when weighted, increased to 11.2%.

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

Gender	n	Unweighted %	Weighted %
Cismen	3,430	32.5	48.2
Ciswomen	6,946	65.8	50.0
Non-cisgender	187	1.8	1.8
Age	n	Unweighted %	Weighted %
18-20	389	3.6	5.3
21-25	583	5.5	8.7
26-30	796	7.4	8.9
31-40	2202	20.6	17.0
41-50	2084	19.5	14.5
51-60	1957	18.3	15.6
61-70	1819	17.0	15.6
70+	861	8.1	14.6
Race/ethnicity	n	Unweighted %	Weighted %
Non-Hispanic White	4945	46.3	40.2
Hispanic or Latino	4105	38.4	45.8
Native American	979	9.2	8.6
Other	662	6.2	5.4
Education	n	Unweighted %	Weighted %
Less than high school	353	3.3	3.9
High school graduate/GED	1820	17.2	18.3
Currently an undergraduate	523	4.9	6.1

<sup>2</sup> Retrieved from

<https://data.census.gov/cedsci/table?t=Educational%20Attainment&g=0400000US35&d=ACS%201-Year%20Estimates%20Detailed%20Tables&tid=ACSDT1Y2019.B06009> on December 27, 2021.

Some college	2941	27.8	27.4
College or above	4961	46.8	44.4
<b>Military status</b>	<b>n</b>	<b>Unweighted %</b>	<b>Weighted %</b>
Active military or veteran	862	8.1	11.2
<b>Sexual orientation</b>	<b>n</b>	<b>Unweighted %</b>	<b>Weighted %</b>
LGBQ	1,124	10.5	11.0

### ***Demographics by Funding Stream***

Table 4 provides a breakdown of the SAPT sample by gender and race/ethnicity. We also have data from communities receiving no prevention funding during FY21 -- these communities also serve as comparisons when we examine data by target outcome later in the report.

Table 4. Unweighted numbers and weighted percent of the SAPT sample, stratified by gender and race/ethnicity, weighted % & unweighted (n).

SAPT Sample Size	Cismen	Ciswomen	Non-cisgender
5,776	46.4% (1,740)	52.1 (3,874)	1.4 (81)
Non-Hispanic White	Hispanic or Latino	Native American	Other
37.0 (2,477)	47.6 (2,312)	10.9 (687)	4.4 (300)

*Note.* Due to missing values in gender, the number of cismen, ciswomen and non-cisgender do not add up to the total N.

### ***Demographics by Prevention Priority***

All communities used SAPT funding to target alcohol-related outcomes and most communities also targeted prescription pain reliever use. Note that Bernalillo County does not have SAPT funding, instead it has a SPF Rx grant-funding project targeting prescription pain reliever use. Given that it is the largest county in the state, it was included in the communities that targeted prescription pain reliever use for analyses. 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 pain reliever use to communities that did not. Table 5 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 6 presents similar data for those communities that targeted prescription pain reliever misuse and those that did not.

Table 5 Unweighted numbers and weighted percent of sample by demographic characteristics and targeting alcohol-related outcomes or not

	Target Alcohol		Comparison	
Total	5,776		4,915	
<b>Gender</b>	<b>n</b>	<b>Weighted %</b>	<b>n</b>	<b>Weighted %</b>
Cismen	1,740	46.4	1,690	50.3
Ciswomen	3,874	52.1	3,072	47.5
Non-cisgender	81	1.4	106	2.2
<b>Race/ethnicity</b>	<b>n</b>	<b>Weighted %</b>	<b>n</b>	<b>Weighted %</b>
Non-Hispanic White	2,477	37.0	2,468	43.9
Hispanic or Latino	2,312	47.6	1,793	43.7
Native American	687	10.9	292	5.9
Other	300	4.4	362	6.6

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

Table 6. Unweighted numbers and weighted percent of sample by demographic characteristics and targeting prescription pain reliever misuse or not

	Target Rx Pain relievers		Comparison	
Total N	7,379		3,312	
<b>Gender</b>	<b>n</b>	<b>Weighted %</b>	<b>n</b>	<b>Weighted %</b>
Cismen	2,406	49.0	1,024	46.4
Ciswomen	4,734	49.1	2,212	52.1
Non-cisgender	139	1.9	48	1.5
<b>Race/ethnicity</b>	<b>n</b>	<b>Weighted %</b>	<b>n</b>	<b>Weighted %</b>
Non-Hispanic White	3,212	37.6	1733	46.1
Hispanic or Latino	3,052	48.8	1053	39.0
Native American	676	8.3	303	9.1
Other	439	5.3	223	5.8

*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 of the prevalence of alcohol use items and related risk behaviors for the SAPT sample. In Table 7, the weighted prevalence estimate for each indicator is given, as is the corresponding number of unweighted respondents. In Appendix A, we provide a table of alcohol indicators broken down by additional sociodemographic indicators. All communities that receive SAPT funding have implemented underage drinking and/or alcohol use prevention programs.

Table 7. Weighted prevalence of alcohol use and related risk behaviors of the SAPT sample, overall and by gender, weighted % & unweighted (n).

Alcohol use	Overall	Cismen	Ciswomen	Non-cisgender
Past 30-day alcohol use	51.0 (5,473)	53.8 (1,661)	48.4 (3,671)	57.0 (79)
Past 30-day binge drinking	17.0 (5,468)	19.0 (1,659)	14.9 (3,668)	26.6 (79)
Past 30-day drinking & driving	2.9 (5,472)	3.6 (1,657)	2.1 (3,674)	11.4 (79)
Past 30-day binge drinking & driving	2.5 (5,475)	3.5 (1,660)	1.4 (3,674)	10.1 (79)
Past year purchased or provided alcohol for someone under 21	2.9 (5,434)	3.2 (1,648)	2.5 (3,651)	10.7(79)

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 2021. 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). Therefore, at least when they first start to receive funding, 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 four years. Since 2019 the trend has been a little more 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 drinking and driving. In general, the estimated levels of binge drinking, and drinking and driving have gradually decreased across 2014-2021 in New Mexico communities. Noticeably, purchasing alcohol for a minor decreased to almost the pre-COVID-19 level from FY20 to FY21 in target communities, while it continued to increase from FY20 to FY21 in comparison communities.

Figure 2. Comparing target and comparison communities on alcohol consumption indicators from FY 2014 to FY 2021; weighted % reported

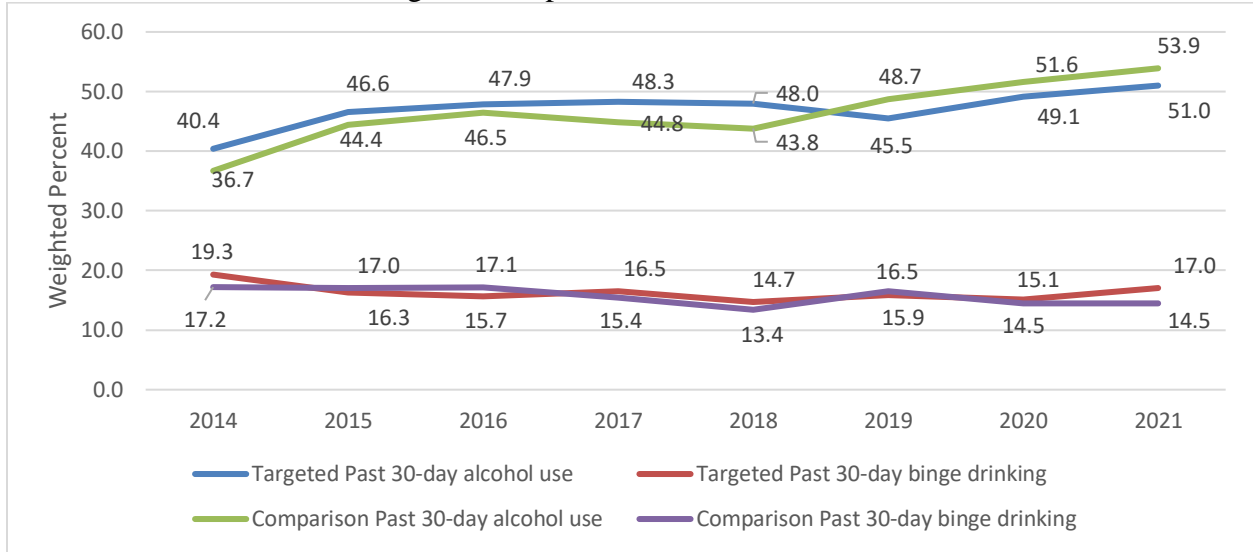


Figure 3. Comparing target and comparison communities on drinking and driving indicators from FY 2014 to FY 2021; weighted % reported.

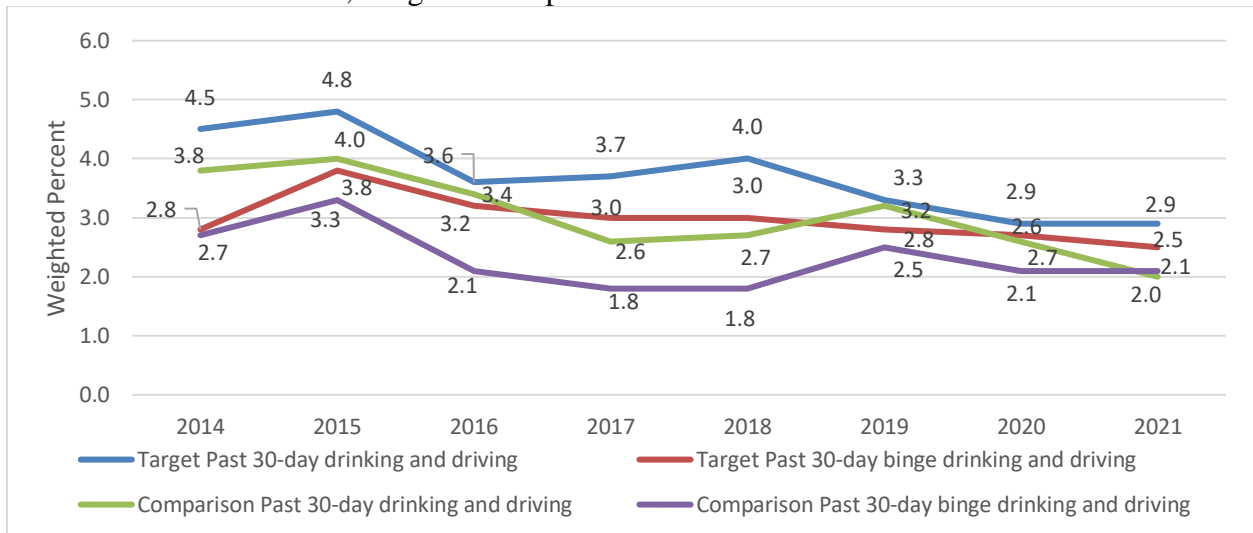
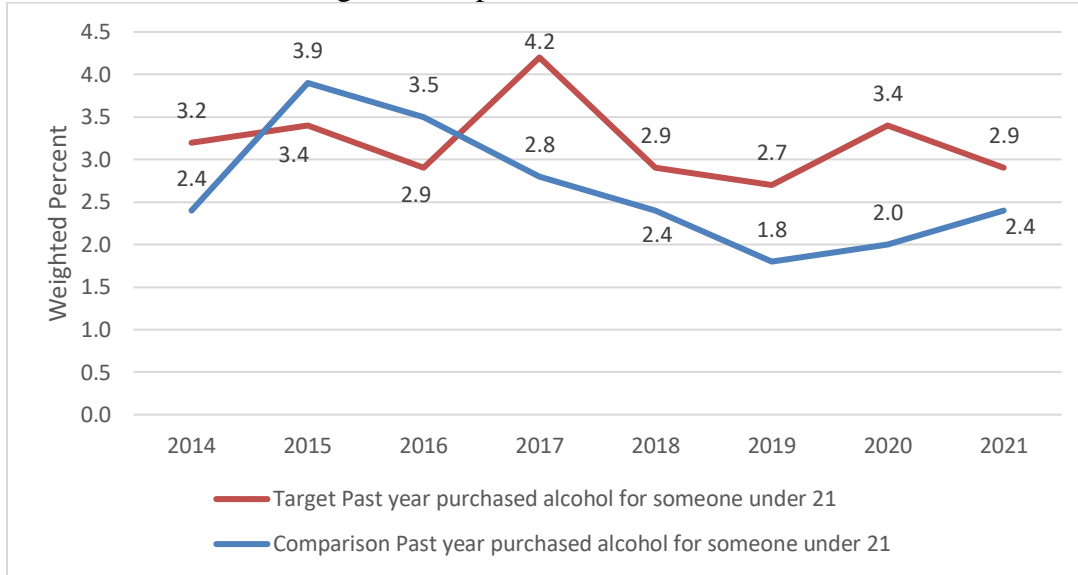


Figure 4. Comparing target and comparison communities on purchasing alcohol for minors from FY 2014 to FY 2021; weighted % reported



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 8 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, about 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, and target communities reported significantly lower percentages of likelihood of being stopped by police if driving after drinking too much (29.9% vs. 32.7%) than comparison communities. The estimates of perception of risks measures in FY21 were at most in the low 40s%, while in FY20 (and in previous years) these measures tended to be around 60s%. It is not clear what contributed to the large changes, but it is very likely that the most important contributing factor was related to the high level of attention to law enforcement practices that began just after administration of the survey in 2020. Prevention efforts should not be discredited due to undesirable trends, especially during the pandemic and while there are other powerful influences on the environments in which we live. During these times, the need is only greater for communities to work closely and creatively with law enforcement to address the perception of risk. The big picture continues to be

that the preponderance of research evidence indicates that prevention is highly cost-effective, and of most value to communities when they have the greatest needs.

Table 8. 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***	16.0 (710)	18.9 (703)
Ease of access to alcohol by teens from stores and restaurants	66.7 (2,993)	67.9 (2,650)
Perception of risk/legal consequences	Very or Somewhat Likely	
	Target	Comparison
Likelihood of police breaking up parties where teens are drinking	42.1 (1858)	43.6 (1670)
Likelihood of police arresting an adult for giving alcohol to someone under 21	40.5 (1786)	39.0 (1514)
Perception of risk/legal consequences	Very or Somewhat Likely	
	Target	Comparison
Likelihood of being stopped by police if driving after drinking too much*	29.9 (1441)	32.7 (1,388)

\* $p < .05$ ; \*\*\* $p < .001$

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 9 displays where these young adults indicated that they obtained alcohol consumed in the last 30 days. About 10% of target community respondents reported obtaining alcohol at a college party and about 16% got it at some other type of party. Over a third of respondents said that an unrelated adult purchased it for them (49% in target communities), and 28% in target communities indicated that an adult family member provided the alcohol to the minor. The only significant difference between the target and comparison communities was that a higher percentage of respondents from comparison communities bought alcohol from public place (e.g., a restaurant).

Table 9. Comparing target and comparison communities on access to alcohol (ages 18-20); weighted % & unweighted (n)

Access to Alcohol	Target (n=66)	Comparison (n=43)
Adult family member gave or bought it	27.5 (19)	21.6 (9)
Unrelated adult gave or bought it	49.0 (32)	34.6 (14)
Got it at a college party	9.8 (7)	10.4 (4)
Got it at some other type of party	16.0 (11)	22.7 (10)
Parent/guardian gave or bought it	8.0 (6)	3.3 (1)
Took it from home	8.1 (5)	10.1 (4)



Bought it at a restaurant/bar/public place*	8.6 (6)	23.8 (10)
Someone underage gave or bought it	2.6 (2)	1.6 (1)
Got it some other way	8.1 (5)	11.1 (5)

\* $p \leq .05$ .

### **Prescription Pain Relievers**

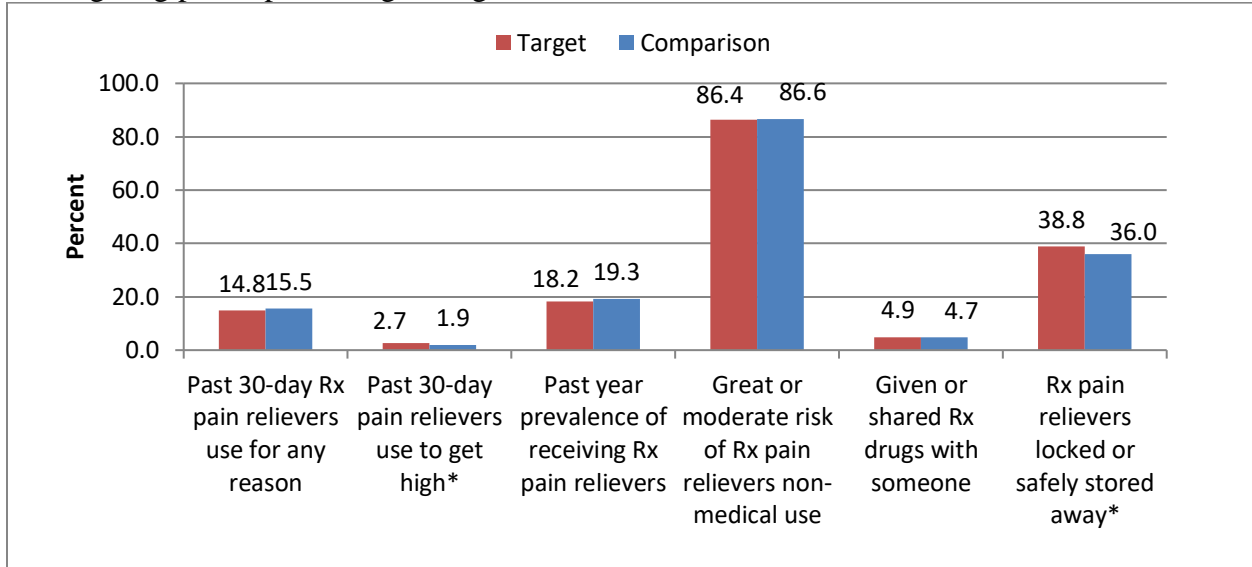
Table 10 below displays the weighted prevalence estimates of the SAPT sample and corresponding unweighted  $n$  for items measuring prescription pain reliever use, sharing of prescription drugs and proper storing of prescription pain relievers. In Appendix B, we provide a table of prescription drug indicators broken down by funding stream and gender and race/ethnicity. Table 10 shows prevalence rates in SAPT communities.

Table 10. Prevalence of prescription pain reliever use of the SAPT sample, overall and by gender; weighted % & unweighted (n)

Rx pain reliever use	Overall	Cismen	Ciswomen	Non-cisgender
Past 30-day Rx pain reliever use for any reason	14.7 (3,817)	14.4 (1,182)	14.3 (2,539)	35.8 (53)
Past 30-day pain reliever use to get high	2.5 (4,244)	3.0 (1,297)	1.5 (2,831)	16.1 (62)
Past year prevalence of receiving Rx pain reliever	18.5 (4,330)	17.1 (1,323)	19.5 (2,888)	31.7 (63)
Great or moderate risk of Rx pain reliever non-medical use	85.2 (4,262)	82.8 (1,307)	87.6 (2,841)	80.6 (62)
Given or shared Rx drugs with someone	4.5 (4,208)	4.2 (1,290)	4.2 (2,811)	17.7 (62)
Rx pain relievers locked or safely stored away	42.2 (1,413)	41.9 (424)	42.1 (953)	50.0 (20)

Figure 5 displays the prevalence for the same indicators comparing communities that do/do not target prescription drug use. As we noted before, the Target communities for prescription pain reliever use include Bernalillo County, which is not a SAPT-funded community. The significant differences observed between target and comparison communities are for past 30-day Rx pain reliever use to get high (higher in target communities 2.7% vs. 1.9%) and safe storage of Rx pain relievers (higher in target communities 38.8% vs. 36.0%).

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



\* $p \leq .05$ .

Table 11 presents the various means by which respondents accessed the prescription pain relievers used. No statistically significant differences were found between target and comparison communities. The majority of respondents reported having received a legitimate prescription for their pain relievers. However, in target communities, about 6% of the respondents reported buying pain relievers from somebody (3% in comparison communities). This suggests that social access remains an area of concern and one that prevention efforts should address.

Table 11. Comparing target and comparison communities on sources for prescription pain relievers; weighted % & unweighted (n)

Reasons of Prescription Drug Use (n=1,351)	Target	Comparison
A doctor/doctors prescribed	72.4 (671)	73.8 (325)
Family member shared	4.4 (41)	5.5 (18)
Friend shared	3.9 (32)	4.0 (17)
Bought from somebody	5.8 (47)	3.4 (11)
Taken from someone without asking	0.7 (6)	1.0 (3)
Other places	0.8 (9)	1.4 (6)

Table 12 below provides a breakdown by target and comparison groups of respondents' reasons for using prescription pain relievers in the past year. Respondents could select all options that applied to them. Respondents in both target and comparison communities reported similarly on all measures. And not surprisingly, most respondents in both target and comparison communities were likely to indicate that their recent use of prescription pain relievers was for a legitimate pain identified by a health care provider.

Table 12. Comparing target and comparison communities on reasons of using prescription pain relievers in the past year; weighted % & unweighted (n)

<b>Sources of Prescription Drug Use (n=3,465)</b>	<b>Target</b>	<b>Comparison</b>
To treat pain that my doctor or dentist identified	60.2 (1,474)	61.2 (674)
For pain not identified by my physician	8.9 (205)	8.5 (80)
To have fun with a friend or friend(s) socially	1.6 (33)	1.4 (11)
To help me sleep	4.2 (96)	3.8 (38)
To get high, messed up or stoned	2.4 (48)	1.5 (13)
To cope with anxiety or stress	4.4 (93)	4.7 (47)
Another reason	4.5 (107)	3.6 (40)

Table 13 presents how respondents handles unused prescription pain relievers in the past year in target and comparison communities. Respondents could select all options that applied to them. In target and comparison communities, the top three choices were 1) kept unused prescription pain relievers for future use (over 21%); 2) took them to a Rx medication drop box (over 15%); and 3) threw away some other way (around 10%). Target and comparison communities were significantly different on two measures: took to a periodic "Take Back" event and kept unused prescription pain relievers for future use, with target communities having a higher percentage of respondents taking to a "Take Back" event and a lower percentage of respondents keeping them for future use.

Table 13. Comparing target and comparison communities on how to handle unused prescription pain relievers in the past year; weighted % & unweighted (n)

<b>Prescription Drug Disposal (n=3,430)</b>	<b>Target</b>	<b>Comparison</b>
Took to a Rx medication drop box	15.9 (380)	17.2 (162)
Took to a periodic "Take Back" event*	7.8 (176)	5.6 (62)
Flushed down the toilet or sink	9.0 (202)	8.2 (91)
Mixed with an unappealing or neutralizing substance	5.1 (122)	5.4 (61)
Threw away some other way	10.1 (234)	9.9 (108)
Used a dissolving solution to destroy them	3.9 (99)	3.2 (39)
Kept them for future use*	21.8 (545)	25.5 (282)
Did something else with my unused medications	4.5 (108)	4.7 (59)

\* $p < .05$

Tables 14-16 and Figure 6 summarize additional results from the optional Opioid Module. Twelve programs collected the opioid module data (N=4,136) in FY21. About 22% of respondents reported having family members or friends who often use prescription pain relievers. Among these respondents, more than 60% thought that those who used prescription pain relievers were at risk of overdose. Fewer respondents reported having family members or

friends who often use heroin (9%), and the majority of these respondents (90%) thought that those using heroin are at risk of overdose. The Opioid Module also asked respondents' attitude towards sharing prescription pain relievers or opioids. Compared to FY20, the FY21 estimates indicated that slightly fewer respondents in FY21 agreed that it was never OK to share prescription pain relievers with others 62.4% (Figure 6) vs. 63.1% in 2020.

Table 14. Knowledge about family members/friends who use prescription pain relievers or heroin

Outcomes	% of Yes
<i>Having family members or friends who often use Rx pain relievers (n=4,136)</i>	21.5
These Rx pain reliever users are at risk of overdose (n=929)	60.7
Some of these Rx pain reliever users live with you (n=924)	16.0
<i>Having family members or friends who often use heroin (n=4,136)</i>	9.1
These heroin users are at risk of overdose (n=405)	90.2
Some of these heroin users live with you (n=400)	10.8

Figure 6. Opinions about sharing Rx pain relievers with others (n=4,136)

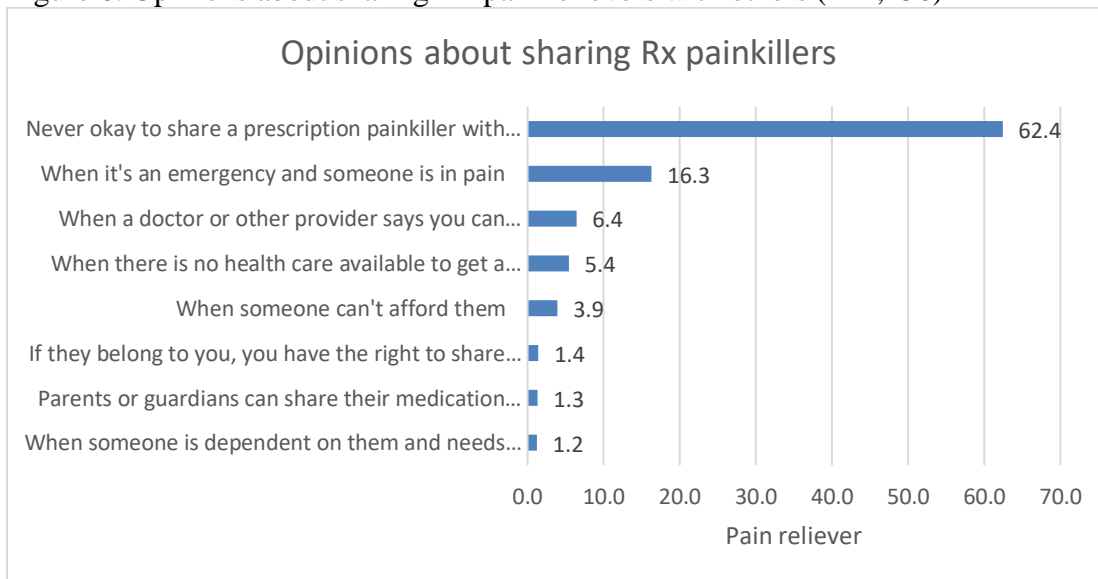


Table 15 summarizes respondents' access to Naloxone/Narcan. Among all Opioid Module respondents, only 13% of them had Naloxone/Narcan on hand, about 22% knew how to get Naloxone/Narcan and about 23% knew how to use it. Overwhelmingly respondents agreed that medical treatment can help people with opioid use disorder (89%) 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 (87%) (Table 16).

Table 15. Access to and knowledge about Naloxone/Narcan

Outcomes	% of Yes
Have Naloxone/Narcan (n=4,136)	12.8
Know how to get Naloxone/Narcan (n=4,136)	22.3
Know how to use Naloxone/Narcan (n=4,136)	23.0

Table 16. 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=3,519)	88.6
My community is not doing enough to prevent opioid misuse and addiction (n=3,400)	78.5
Support increasing public funding for opioid treatment programs in my community (n=3,513)	87.0

### ***Analysis of the Indicators Associated with Each 2021 Prevention Strategy***

To help monitor progress in addressing the targeted indicators across the state, Tables 17 and 18 show the statewide estimates for the indicators associated with the OSAP-approved prevention strategies. Table 17 shows the youth and adult alcohol and DWI prevention strategies (with their codes, e.g., A2a) and their corresponding statewide indicator estimates, and Table 18 shows prescription pain reliever misuse prevention strategies and their corresponding indicator estimates.

Table 17. Alcohol and DWI prevention strategies and corresponding statewide indicator estimates

Intervening variable	2021 Strategies		Indicators from NMCS 2021	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	42.8
			Likelihood of police arresting an adult for giving alcohol to someone under 21: Very or somewhat Likely	39.8
			Likelihood of being stopped by police if driving after drinking too much: Very or somewhat Likely	31.2
	Responsible Beverage Service Model	A3a	Ease of access to alcohol by teens from stores and restaurants: very or somewhat difficult	67.3
			Bought alcohol at a store, a restaurant or public place (among youth ages 18-20 who used alcohol last 30 days)	0.1

Intervening variable	2021 Strategies		Indicators from NMCS 2021	Weighted %
Retail Access	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)	18.6
			Access to alcohol at a college party (among youth ages 18-20 who used alcohol last 30 days)	10.0
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)	6.1
			Took alcohol from home or someone else's home (among youth ages 18-20 who used alcohol last 30 days)	8.9
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)	18.6
			Last year purchased or provided alcohol to underage youth	2.7
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	67.4

Table 18. Prescription pain reliever misuse prevention strategies and corresponding statewide indicator estimates

Intervening variable	2021 Strategies		Indicators from NMCS 2021	Weighted %
Social Access	Target <b>parents</b> to restrict youth social access to Rx pain relievers with by working directly with PTAs	R3a	Shared any prescription drugs with someone (parents only)	5.8
			Stored prescription drugs in a locked cabinet (parents only)	50.6

Intervening variable	2021 Strategies		Indicators from NMCS 2021	Weighted %
Social Access	Target <b>parents</b> to restrict youth social access to Rx pain relievers by developing a culturally appropriate “parent handbook”	R3b	Same as R3a	
Social Access	Target <b>parents</b> to restrict youth social access to Rx pain relievers 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 <b>elderly</b> (locking up meds, provide lock boxes, not sharing meds, etc.) with strategies that educate	R3d	Shared any prescription drugs with someone (ages 60+ only)	3.2
			Stored prescription drugs in a locked cabinet (ages 60+ only)	27.4
Social access	Work with <b>pharmacies</b> 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 pain relievers (among people who were prescribed pain relievers)	34.4
			Pharmacy staff talked about storing prescribed pain relievers safely (among people who were prescribed pain relievers).	26.3
Social Access	Work directly with <b>medical providers</b> to create and implement policies such that medical providers educate patients	R3g	Medical providers talked the risks involved in using prescribed pain relievers (among people who were prescribed pain relievers).	52.9
			Medical providers talked about storing prescribed pain relievers safely (among people who were prescribed pain relievers).	31.4
			Shared any prescription drugs with someone (whole sample)	4.8
			Stored prescription drugs in a locked cabinet (whole sample)	37.9
Social Access	Work directly with <b>medical providers</b> 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 pain reliever harm & potential for addiction	R4a	Perception of risks using Rx pain relievers for a non-medical reason: moderate or great risk	86.5
			self-reported 30-day use of prescription pain relievers for any reason	15.0

Intervening variable	2021 Strategies		Indicators from NMCS 2021	Weighted %
			Shared any prescription drugs with someone (whole sample)	4.8
			Stored prescription drugs in a locked cabinet (whole sample)	37.9
			Among binge-drinker, self-reported 30-day use of prescription pain relievers for any reason	16.1
			Among people who reported 30-day use of prescription pain relievers, percentage of doing binge drinking past 30 days	17.5

## Qualitative Results

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### Qualitative Methods

The qualitative comments add nuance and depth to the quantitative survey responses. The final question of the 2021 NMCS 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.]” Even though answering this question is optional, 3,062 survey respondents entered something into this space. Almost half of these comments were dropped from the analysis because they contained “empty” information such as single marks like a hash mark, otherwise “empty” data (e.g., writing in “no,” “good luck”), or were uninterpretable by Qualtrics (e.g. a graphic or emoji). This left 1,822 remaining comments from respondents from 32 out of the 33 NM counties (see Table 19 below).

Table 19. Number of open-ended question responses by County

County	Number of Comments
Bernalillo	445
Catron	11
Chaves	24
Cibola	6
Colfax	9
Curry	43
De Baca	1
Doña Ana	119
Eddy	32
Grant	29
Guadalupe	3
Harding	1
Hidalgo	9



<b>County</b>	<b>Number of Comments</b>
Lea	8
Lincoln	10
Los Alamos	6
Luna	42
McKinley	60
Mora	3
Otero	22
Quay	55
Rio Arriba	117
Roosevelt	15
San Juan	161
San Miguel	90
Sandoval	115
Santa Fe	128
Sierra	36
Socorro	48
Taos	75
Torrance	24
Valencia	75

All responses were captured exactly from the online version of the survey or transcribed verbatim if completed on paper. After transcription, qualitative responses were uploaded into QSR NVivo 1.3 coding software.

As with quantitative data, qualitative data from a convenience sample are limited in their generalizability to the full population represented. In addition, the survey’s structure with optional modules (as selected by each participating community) meant that, beyond the core module, participants from different communities were not all responding to the same set of questions, and therefore not primed to consider the exact same issues when responding to the final open-ended question.

Numerical counts provided in the qualitative results indicate the prevalence of certain themes and, when noteworthy, we comment on the salience of responses that were written using ALL CAPS lettering, excessive exclamatory punctuation, and “big language” including the use of profanity. That said, this quantification of the qualitative data should not be interpreted as a frequency count or strength per se, but as a general indication of the spread of a concern. Likewise, we were not able to follow up with “big language” participants to judge the true depth and consistency of their remarks. It is entirely possible that the data disproportionately represent respondents who express themselves succinctly or in an otherwise impactful way that was conducive to being quoted in the report.

Despite limitations in quantitative specificity, qualitative data provides a space through which respondents can tell us what is on their minds in the moment. We used an *a priori* coding method for comparability of key OSAP strategies across the years. We identified two new themes this year; concerns about the perceived lack of access of opioids for the elderly as well as rising concerns about fentanyl use. We also noted a much-expanded commentary on the concerns over the legalization of recreational marijuana. The most frequently mentioned themes are discussed below in a comparable order to previous years' reports. 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 are associated with the county name from which the respondent reported current residence.

## ***Community Concerns Related to Substance Misuse***

### **Homelessness**

As in FY20, many respondents discussed concerns related to homelessness. Thirty-four respondents used the space at the end of the survey to discuss the relationship between homelessness and substance misuse. "I think a lot of the problem [in] Albuquerque is the homeless of all ages. 90% are either using or are intoxicated." (Bernalillo)

There is a huge problem in San Juan County that involves substance abuse among the homeless." (San Juan)

This was particularly poignant in cases where someone currently unhoused was ready for inpatient substance misuse treatment, but no beds were available. When beds were available, some respondents perceived that the facility was unable to accommodate their needs. One Bernalillo respondent described their firsthand experience this way: "I am homeless. Me and my girlfriend both need help to get out of the streets and get sober but there is nothing around for us to get the help we need together. It would be nice if there was something we could look into doing together."

As was the case in 2020, most comments revealed compassion and a desire to reduce barriers to substance misuse treatment with one Bernalillo resident asking us: "Are you doing any outreach to the homeless with untreated SUD or AUD to assess what their immediate priorities are and what are the barriers to treatment?" A few respondents were angered over the perceived inconvenience (for example, litter in the streets) and danger posed by the unhoused in their communities.

### **Increase in Drug Use**

Nineteen New Mexico respondents talked about how drug use was getting worse: for example, a respondent in Quay exclaimed, "I think the drug use in my community is at an all-time high." Respondents blamed a lack of visible policing due to the COVID-19 pandemic as well as a general indifference among law enforcement and New Mexico residents. Five respondents were

particularly concerned about substance misuse increasing among youth. One Lea County resident talked about it this way: “I think that today it is very easy for young people to get drugs since in our county there is a lot of drug distribution. It could be said that any neighbor already sells them and young people do not struggle to get them. Why is that? [It is] more common than I would like that topic to be in our community.”

### **Crime**

Sixteen respondents revealed concerns about drug-related crimes. A San Juan resident told us: “Alcoholism, drunk driving, and alcohol related crime is an enormous problem in San Juan County. [It is] an outsized problem. We have a large street inebriate[d] population and lots of our criminal activity is fueled by alcohol/meth use.” Crime was the most common substance-related problem mentioned by respondents. Respondents linked what they saw as unchecked drug use in the streets with a decreased general feeling of safety: “Alcohol and substance abuse has plagued our state for years. I love New Mexico, but my wife and I have highly considered moving elsewhere due to the issues it causes, especially in regards to substance abuse and the violence and crime it produces.” (Bernalillo) Drug and alcohol-related trash was cited by respondents on a spectrum between a nuisance to a dangerous issue. A resident of Taos County reported that “...used alcohol minis are everywhere. Also, syringes are often found around public buildings that are not used at night.” The abundance of used needles on the ground caused enough concern to spark six participants to comment further.

“Currently I find needles all over the place, in my yard, by the street, in parking lots at stores. Needles should be on an exchange basis. Starting with 1 needle for every four they receive until it is a 1 to 1 ratio. It is very dangerous for the community at large to come across these.” (Rio Arriba)

### **Other Community Concerns**

The open-ended prompt at the conclusion of the NMCS 2021 was intentionally broad. Some respondents used the space to describe community concerns that were related to substance use, not always mentioning drugs or alcohol. For example:

Three respondents noted concerns with the increase in **intimate partner violence** related to the pandemic. One Bernalillo County resident linked this directly with substance use saying: “Alcohol and drug abuse go hand in hand with domestic violence. We need stricter laws punishing abusers and resources to keep victims safe.” (Bernalillo)

Other concerns included **bullying** youth in schools (N=1), **systemic racism** (N=1), and an increase in **vaping** (N=1).

### ***Prevalent Drugs***

As in prior years, many respondents (N=91) used this space to describe their concerns with use of specific substances in their own community. Alcohol and opioid use were the focus of the

Core Module that everyone answered, and although communities could select additional modules that covered other substances, not all communities selected these modules. For example, 34 participants mentioned methamphetamine, for which only one question appeared on the core survey<sup>3</sup>. Only 10 of the 34 participants writing about methamphetamine were from communities (Sandoval, San Miguel, Grant, Otero, and Luna Counties) that opted into the additional methamphetamine module.

Rather than inferring an ordering of substances of concern to participants, another way to think of this is that survey participants want to tell the State about use of these substances in their community. These are likely to be the substance misuse issues that are drawing them to engage in the survey in the first place, and concern issues that they feel the survey does not comprehensively address with the quantitative questions.

### **Methamphetamines**

Concerns about methamphetamines (N=34) were prevalent in participant's comments. As methamphetamine (meth) is not a substance specifically targeted through OSAP's prevention

"I believe meth is the worst plague for all of New Mexico and I would love to see a crackdown of that."  
(Doña Ana)

efforts, there was only one question within the core survey asking about methamphetamine use. However, there is an optional module that 5 communities selected that asks 9 questions about meth. Most of the 34 respondents noted the high visibility of meth in their community. For example, a San Juan County resident

told us, "I believe meth is a big problem in this county and state. My neighbors are sellers of meth and there is a steady flow of cars all day. They are only there for 5 or 10 minutes. I notified the county police and they came by only a couple times."

A few participants specifically called upon the State of New Mexico to spend more efforts in methamphetamine prevention. For example, a Roosevelt County resident exclaimed, "Meth is a huge problem. I wish there was more we could do in NM and specifically Roosevelt County to educate our teens, pre-teens and even elementary [students] about the dangers of using it. We need to make them understand early that it is not good for them." A citizen from San Miguel County made this very direct point: "What I hear is meth is a grave problem in our community, however I do not see any work being done to address it."

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<sup>3</sup> Here is the NMCS Question: Methamphetamine, also known as crank, ice, crystal meth, speed, glass, and many other names, is a stimulant that usually comes in crystal or powder forms. It can be smoked, "snorted," swallowed or injected. During the past 30 days, how many days did you use methamphetamine?

## **Alcohol**

The prevalence of alcohol misuse was also noted by a significant number of respondents (N=32). Even though alcohol is well-covered in the core module of the NMCS -- a 25-minute survey that goes on to ask about prescription opioids and other substances -- the high number of free

“The use (of alcohol) is also deep rooted in many generations, so if a way could be found to break down the generational acceptance it would be a good start to turning things around here.” (Quay)

response comments about alcohol indicates that alcohol was still very much on the minds of participants at the end of the survey. Some participants noted that alcohol was a “gateway” through which use of other substances begins. A McKinley County resident stated, “Alcohol as of now is a far more harmful drug than marijuana. Alcohol is quite literally killing people and yet the legal owners of sales licenses are still raking in the profits,”

and a Bernalillo resident explained prevention priorities this way: “In my opinion, alcohol is worse than everything! It's accepted as social and has devastated millions of lives. Our whole society revolves around alcohol. Fix this problem then move on to drugs.”

## **Heroin**

Eleven respondents noted community issues with heroin. Four respondents noted problematic co-use with methamphetamines while two respondents noted heroin use with suboxone or fentanyl. In general, heroin was seen as readily available as noted by this Rio Arriba resident: “Rio Arriba County seems to have an incredible per capita overdose rate for heroin, and it appears that it is always available.”

“There is a huge problem in San Miguel County, Las Vegas New Mexico with heroin and substance abuse. I witnessed for the first time [in] my life someone overdosing [overdosing] about two weeks ago.” (San Miguel)

## **Fentanyl**

Eight respondents noted concerns with fentanyl this year. This is the first year in which respondents have ever mentioned fentanyl and this likely reflects a national and statewide dialogue about its increasing prevalence rather than its prominence in the survey (mentioned only twice in one of the modules) The eight respondents noting fentanyl did so in a declarative and educational way. For example, in Eddy County, a respondent told us: “Opioids, specifically fentanyl, have become extremely popular. People that only would use methamphetamine, but never heroin, are now also using fentanyl. In my community most fentanyl is sold in pill form resembling an oxycodone, however it has been known to also be sold as just powder too.”

## **Methadone**

Four of the five respondents that wrote about methadone assisted drug abuse recovery wrote against it, essentializing medically assisted forms of treatment as replacing one substance misuse issue for another. On the other hand, the 5<sup>th</sup> respondent noted how methadone was a key to their success weaning off drugs: “I’m on methadone maintenance. Started on 135 mg. I’m at 28 mg now. Titrating down to finish successfully. 4yrs. Clean.” (Chaves)

## ***Access to Drugs***

### **Legalizing Marijuana**

In early spring 2021, the recreational use of cannabis became legal in New Mexico through a series of steps: in June 2021, most use was decriminalized with retail sales becoming legal in April 2022. These changes were approved by the NM legislature just after the study period. More participants wrote about legalizing marijuana than any other topic – 103 comments

“I strongly oppose the legalization of marijuana. Just because it is commonly in use doesn't make it a good idea.” (San Juan)

compared with 31 comments on the topic in 2020. This likely reflected that the legislation was of wide interest. Interestingly, 59 participants wrote comments against legalizing marijuana while 44 wrote in support of it. This is compared with 25 comments favoring legalization and 6 against it last year.

Those arguing against the legalization of marijuana discussed the potential health-related side effects at the individual and community levels. For one Quay County resident, the harms lay in stark contrast to any potential state-level benefits resulting from the taxation. “I believe that now that marijuana will be legalized that our overall substance abuse is going to skyrocket. Any income to the State of New Mexico will be minimal compared to the overall social, financial, and community burden.”

Marijuana access was also framed in terms of access in minors. “I am concerned about our state legalizing cannabis for recreational use. There is already easy access for minors. With relaxed restrictions for adults, I believe easier access will increase for children and adolescents that do not fully understand the effects of marijuana on the brain, liver, and body - as it is promoted as a natural herb.” (Doña Ana)

“In my opinion methadone is the State’s drug dealer. I’ve heard from several people that there are a lot of people that have been on methadone for many many years. Up to ten years or more. That’s ridiculous. I thought methadone was used to wean people off drugs. If people can be at the methadone office at 5:30 in the morning, then they can go find a job.” (Rio Arriba)

“There are a lot of burglaries and the community says it's because of drugs. If that's the case, then I hope adult-use marijuana passes because I think it will help the drug addicted here as well as spur the economy and create jobs.” (Curry)

Those in favor of the legalization of marijuana primarily argued on pragmatic grounds. A San Juan County resident told us: “Cannabis is almost harmless and a better alternative and healthier than all the other substances I was asked about [in the survey].” A related argument posited that legal marijuana is regulated marijuana. “I am relieved that marijuana will be available legally so that all can have pure stuff. If it

becomes very expensive or difficult to obtain, it will keep those at risk still buying off the street.” (Otero)

### **Access to Alcohol**

Twenty-two respondents used the space to discuss access to alcohol, especially for youth, in the State of New Mexico. One common theme was that the issue of youth access to alcohol was difficult because parents and society may not see underage drinking as problematic. Nine respondents discussed alcohol access with reference to parents. A Bernalillo County resident told us: “I know minors are already drinking alcohol not only in my community but in other places as well. I think it starts with the parents. Either they are drinking themselves or too busy to pay attention to their kids. It's a really difficult situation for the government to solve.” Two respondents noted alcohol access as normative in New Mexico with this respondent telling us: “Many parents I know are ok with their children (under 21) drinking at home on holidays.”

In contrast, the six respondents who discussed retail access to alcohol largely noted that youth access and overservice were declining. This is positive news for the prevention efforts in the state. In contrast to previous years, only two respondents (from Santa Fe and McKinley Counties) noted a specific location known to sell alcohol to minors.

Unlike previous years, only two respondents noted social access to alcohol. One Chaves County respondent described their experience as a teacher this

way: “The reason I know how easy it is for people to get alcohol in my town is because [of] the amount of times I have seen people take those drinks to school, or overheard talks about them having some in their car. And people find ways to hide it from staff, like putting it into water bottles or coffee cups, but the smell is very over-powering.” We know from data in previous years that social access (and particularly at school) is a major pathway for youth to access alcohol, although it is likely that this pathway was disrupted due to school building closures during the COVID-19 pandemic.

“I’m a bartender in a four-star hotel. I take my responsibility in serving guests very seriously and do not overserve anybody. I check ID of anyone who appears to be under the age of 30. The state has made it very clear that I could be held personally responsible if I act otherwise.” (Santa Fe)



### **Access to Opioids**

As in FY20, respondents (N=29) vehemently voiced concern that “legitimate” pain patients were being denied needed medication. Many cited personal stories. The 29 responses can be characterized in one of several themes as noted below. Some respondents noted more than one theme in their response.

#### *Doctors Mis- and Over-Prescribe Opioids*

Twelve respondents noted issues with doctors mis-prescribing or overprescribing opioids. About half of these responses were abstract and likely informed by a national dialogue during and after the 2019 Opioid Settlement against Purdue Pharmaceuticals. “It would be good if doctors explained the risks before prescribing” said one Sandoval resident. The other half of responses were more personal like this Bernalillo respondent who described “drug pushing” in doctors:

“I am terminally ill and have severe chronic pain and you and the [expletive] addicts are responsible for my suffering and taking my life away by taking away my pain management five years ago that was possible by my doctor. I hope you and all the addicts burn in hell.” (Sandoval)

I’m a recovering alcoholic with a sobriety date of [withheld]. I tell all my doctors that I am in recovery and they write me out prescriptions for pain killers. I normally refuse them, but I recently lost 3 teeth and had a cracked jaw due to an accident with a scared dog so filled the prescription just in case. However, my fear of taking them was greater than the pain so they are still sitting in the stapled pharmacy bag. I am surprised how often doctors will attempt to prescribe me pain killers, even push me to take the script, even though they know I’m an alcoholic. That’s a major problem.

### **Blaming People who Misuse Substances**

Another common theme relayed a sense of participant powerlessness (N=11). Almost all these respondents used stigmatizing language to describe people who misuse drugs. They blame misuse of a few for the lack of relief for many. A related argument posited that those who are drug addicted will find a way to access them anyway. A Bernalillo County respondent described it this way: “Drug laws only make it harder for people who are in legitimate chronic pain to get medications they need. People that use drugs illegally will find a way to get them no matter what.”



### **Concern for the Elderly**

The second most common concern (N=5) noted in the FY21 qualitative data was for the elderly. Respondents reflected that the elderly may need opioids for pain but are unlikely to develop an addiction due to their prior life experience and dwindling lifespan. One Sandoval resident

“I have had to beg for pain killers when I tore my posterior tibia tendon. He said go home and take an aspirin. I ended up with a different doctor. I really resent a doctor who thinks that at 82 [that] I’m going to develop an addiction and gives me a lecture instead of treating my injury.” (Sierra)

balanced a concern with the widespread abuse with concern about the unintended consequences of laws and policies tightening prescribing practices saying: “I understand that there are issues with prescribing narcotics. However, I wish the doctors would know their audience. My grandmother is 87 years old with rheumatoid arthritis. Her rheumatologist does not prescribe pain medication. In my opinion he is in the wrong profession especially dealing with such a painful immune disorder. She is not some teenager on the corner twitching for more.”

### **Substituting Other Drugs for Prescribed Opioids**

Four respondents disclosed that they began taking opioids in a way other than prescribed. Three of the four respondents also noted simultaneously increasing their other drug use to compensate for their lack of access to opioids. For example, a Bernalillo County resident told us: "My use of alcohol has quadrupled since my Dr will no longer provide opioids without requiring a battery of expensive tests which I cannot afford. Unintended consequences ARE REAL".

### **Fear for the Future**

Four NMCS respondents not currently experiencing issues with accessing opioids noted looming future concerns. All cited government overreach. “I believe the government is making it difficult for those of us who need medications to live a somewhat NORMAL life are making it hard to get the medication we NEED. Without my medication I would be in bed, depressed unable to move.” (Lea)

“I do appreciate the level of care taken to help those in need of help with addiction and drug and substance abuse, however, as a current patient of chronic pain, I fear greatly that states and the federal government will constrict and limit (or nearly eliminate entirely) prescription painkillers and their availability for genuine medical patients when they are truly needed.” (Sandoval)

### **Social Access to Opioids**

As was the case in FY18, 19, and 20, there was little discussion in the NMCS21 (N=3) about social access to opioids, with most comments about access using legitimate prescriptions. This could in part be due to sequestration related to the COVID-19 pandemic and the resulting general lack of availability of goods through social means. Another respondent noted the educational value of the survey in terms of raising awareness about social access saying, “This made me think about how I store

medications and realize that I really don't know what to do with unused ones. There should be more public awareness on this." (Sandoval)

## ***Individual Factors***

### **Personal Experiences**

As in previous years, many respondents (N=125) chose to self-disclose substance misuse by themselves or a close friend or family member.<sup>4</sup> That so many respondents chose to share often intimate parts of their lives speaks to the passion and need for more substance use prevention resources in the State of New Mexico. Many respondents recalled multiple interactions with substance misuse like this Socorro County respondent:

I found my daughter's dad overdose[d] in my bathroom in 2016. My daughter is on meth. My son just got off meth and off fentanyl pills. He is on the methadone program. I'm also in recovery. I've been sober 10 years from heroin and cocaine. I have tried meth [and] don't like. I started my addiction under a Drs care. He would prescribe me pain pills for my arthritis, and it has become a big problem. I'm thankful for the methadone program. Since I started the program, I've been sober working [and] going to school.

Other respondents, such as this Doña Ana resident talked about the pain to loved ones caused by the cyclical nature of substance dependence, illuminating the greater human toll of substance use beyond the individual who is experiencing addiction:

My husband and I ended up raising their child from the time he was 1 1/2 to the time he was 5 years of age and it was sad to feel as if they had picked the drugs over their own child. It really is an addicting sickness that overtakes them and even though they love their child, once they're hooked on that stuff, it's hard to get off of it. They were doing really well for a good few years but now I'm not so sure if they're back to using, they are seeming a bit sketchy so we're really watching them and making sure that we don't need to step in for their children. It's a very sad thing when people are addicted to drugs and/or alcohol.

About 10% of the respondents who wrote about personal experiences used the qualitative space to call on New Mexico for greater resources for people who struggle with substance misuse.

"Yes, I have a cousin who has severe problems with drug use and I wish Taos had a better support system on how to tackle drug use within the Taos Community." (Taos)

"I've had a family member on heroin try to find a rehab; there was one spot open in the state. By the time this individual got a bed, which was 8 weeks later, he was no longer ready to attend rehab. There's no help and no hope in our community for the people who are addicts." (Rio

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<sup>4</sup> Survey participants are anonymous and there is no way to link individuals to their responses. To assist participants, phone numbers and direct weblinks for helplines are provided at the end of every survey.

Arriba)

### **Personal Attributions to Users and Parents of (Young) Users**

In contrast to the despair cited by so many of the 125 respondents who used the free response section of the NMCS21 to talk about the ravages of drugs on themselves, and their friends and

“Perhaps we need personal responsibility classes for adults. They tend to act like children and end up partying with their kids. That’s where drug and alcohol abuse begins.” (Rio Arriba)

families, a smaller number of respondents used the space to express their ire and disgust at the lack of responsibility that they felt were assumed by people who are addicted and their parents (in the case of younger users). While their comments sometimes can be emotionally difficult to read, it is important to identify these hard-edged statements as they reflect the ideological orientation of some NM

residents who may have influence over community leaders. For example, identifying some core values expressed in these statements (such as that of personal responsibility) can help preventionists orient their own messaging in a culturally respectful way --- respectful of both community members who use drugs as well as those who stigmatize those who use. Here, a Valencia County resident explained:

Parents need to take responsibility for their children. They need to teach them to be accountable for their actions. They need to teach them respect and to do what is right. They need to teach them the consequences of drugs and alcohol. They need to teach them respect for police, teachers and anyone who is trying to teach them and guide them. Parents need to know where their kids are, what they are doing and who they are doing it with at all times.

Twenty respondents noted concerns over the lack of responsibility that people who misuse substances have over their own lives and the lives of people who love them. One Curry County resident told us: “Drugs causes domino effects on our society. I try to be somewhat empathetic, but it is a selfish act taking them. They not only hurt an individual who takes them for the wrong reasons but also others such as family, friends, and our society. Those who don’t seek help for their problems and choose drugs have the possibility of committing crimes starting with misdemeanors and eventually crimes such as robbery and murder! I have a low tolerance for drug users!!!”

“I believe that drugs and alcohol are a huge issue in our Santa Fe community amongst teenagers. Parents are buying and selling drugs and their kids are selling it to their friends. How do we as community members keep our kids safe when it's the parents putting it out there? We need to do more. There has to be more in this city because our kids are drowning in the drugs.” (Santa Fe)

“Addiction is a personal problem and tax dollars should not be spent on it.” (Bernalillo)

Other comments often concerned two interrelated themes: 1) focusing on mandating that those misusing substances “get their act together” before participating in any government or charity-funded programming, and 2) those arguing for tax dollars not to be spent on substance misuse.

As in prior years, some respondents noted the importance that their faith had to their own recovery or the role that faith should play in the recovery of others who misuse substances. “Depression is causing many people to use alcohol, drugs or alternative medications to try to get rid of it. We need to seek God and accept Christ.” (Bernalillo)

### ***Community Concerns and Awareness of Issues***

#### **Lack of Substance Use Treatment Options**

As was the case in FY 20, many respondents (N=104) wrote about the lack of substance use treatment options available in their communities. Although it is out of the scope of OSAP-funded prevention programs to provide treatment services, the prevalence of concern about the lack of treatment options for respondents is noteworthy. Even when treatment programs were within a reasonable geographic distance, these had long wait times, hindering family and friends from taking advantage of moments when the person misusing substances was willing to go to treatment. A Bernalillo County resident explained it like this: “the waiting for people with drug issues is too long when they decide they want help, so by the time they can get into a program they are back on the streets using again.”

“We really need accessible, free, and much less stigmatized mental and behavioral health treatment options. No one should go to jail for addiction issues -- they need treatment.” (Socorro)

Sixty-three additional respondents linked the unintentional result of untreated mental health to jail or prison time. A San Miguel County resident stated this very plainly: “Treatment is not readily available. Jail and prison is not treatment.” A tone of concern characterized these comments. Most of the respondents (N= 63) expressed a desire for something better for the State of New Mexico, like this Quay County resident: “I care about the drug dependent community. I support harm reduction, not criminalization.”

Another emerging theme was the lack of family input/options in treatment programs. Respondents recalled frustration that family members and close friends could not force their loved ones into treatment. This also included the lack of supportive services once a loved one was in a treatment program. “I would like to see a lot more treatment and education in the community for entire families --not just alcoholics/addicts, but their family members as well.” (Sandoval)

## **Mental Health Treatment**

“A lot of functioning members of society, including myself, drink because they have stressful lives and don't know how to properly deal with stress/anxiety.”  
(Bernalillo)

Many of the same barriers to accessing substance abuse treatment were also perceived when accessing in- and out-patient mental health care. Fifty respondents wrote in to express the need for more accessible mental health care services. "Social services, especially mental health services are woefully inadequate in my community."  
(Taos) Many respondents linked untreated mental health issues with self-medicating through substance misuse.

## **Need for Prevention Education**

After mental health and substance use-related treatment options, the perceived lack of prevention education for youth was a prevalent theme in the qualitative comments. Forty-seven respondents wrote about the benefits of education about the dangers of substance misuse. When specified, these dangers were most often biologically based; for example, how drugs impact the organs in the body. Many respondents expressed concern that today's youth were not receiving the same drug education that respondents received when they were in school. They noted that the stark realities of drug awareness campaigns that characterized the 'prevention' field in the 1980s and 1990s made a lifelong impression on them. More recent prevention programming was described as less direct, which respondents equated as less impactful.

“In my opinion, I think there needs to be more education concerning alcohol and drug use. Make it graphic so people are aware of what it does to you. I do know there are some commercials with drug users and some things that have happened, but I think teens especially need to know the effects of marijuana use. They seem to think it is perfectly okay and has no effect on them from my experience. Even some adults.” (San Juan)

### **Alternate Activities**

Thirty respondents noted a need for healthy, safe activities for teens to busy their minds and bodies and thereby reduce the impetus for substance use. Boredom, they cited, caused a variety of social issues in youth. Substance misuse was seen as both a problem and a gateway to criminal activity. Interestingly, these responses came from both urban and rural counties. A Rio Arriba resident described it like this:

I believe that if our youth had more healthy options to have fun, they would definitely stay away from drugs and alcohol more. We need to give them access to a lot more activities in our community. We need more recreational areas and facilities where they can be safe and explore their particular interests and we need funding to make this affordable for everyone. We definitely need to expose them to better things than what they currently have in our community so that they can explore all of their options and choose a better way of life.

“We need more than programs and outreach systems. We [need] places our children can go. There is nothing here specifically for our youth. Sport camps and college tour trips once in a while don’t cut it. They need stability. Something that will always be there for them to use as an outlet. If we don’t invest in our youth. We don’t care about the future of our people!” (Taos)

### **Anger at Pharmaceutical Companies Distributing Opioids**

In the past, a few respondents have chosen to use this space to express deep anger at pharmaceutical companies that they perceived as intentionally deceiving pain patients about the dangers of opioid addiction. This number remained similar in 2021 (N=8) to what it had been in 2020 (N=6) and in years prior. Here, we provide a typical response: “Make Big Pharma pay big! Their drugs are designed to be addictive for a reason.” (Doña Ana)

### **Narcan/Naloxone Availability**

Very few (N=2) respondents used the comment space to discuss naloxone/Narcan. One of these two comments highlighted possible backlash to widespread education on administering naloxone. “I see the ads about Narcan on TV. I would not have a clue how to use it or when it is the right thing to use. Unless someone can make a compelling case for why it is my responsibility to know about this and administer it, I think it is a potentially dangerous ad to run. If I run across someone who is passed out in a park or other public place, I will call 911 - I am not ready to risk either life due to my lack of training in these situations. Please don't keep making me feel irresponsible and uncompassionate with these ads.” (Bernalillo). While few in number, quotes like this may help those interested in promoting naloxone use to improve and refine their messaging. That this individual who sees ads on television about using Narcan appears to think that the only people at risk of overdose are only in public places suggests there may be a need for more nuanced public health messaging.

## ***Perception of Risk***

### **DUIs**

As in past years, many respondents (N=54) wrote about their perceptions of exceptionally high prevalence of driving under the influence (DUI) of alcohol in the state. Our qualitative data show that there is a clear lack of perception of risk of getting caught while driving under the influence in New Mexico. Fifty-four residents pled for more enforcement. This San Juan County resident characterized many of the comments saying: “Driving under the influence in our community is out of control and it is a huge problem that needs to be addressed more aggressively.” DUIs, respondents reflected, led to a more general disregard for state laws and common respect for the safety of other drivers. Some respondents noted that police presence to patrol for DUIs was limited in rural areas and police generally were stretched due to COVID-19. Still, the sharp ongoing concern with DUIs is notable.

“I feel quite unsafe when driving around here because of the amount of drunk driving accidents I hear about.  
(Roosevelt)

“Laws need to be changed to punish [DUI] drivers appropriately.” (Torrance)

Related, several respondents bemoaned a perceived lack of consequences for drivers who were convicted of DUIs. A Chaves County resident advised New Mexico: “Have tougher laws and quit just releasing without some kind of recourse. No one learns anything from the state being kind!!!”

### **Policing**

Survey respondents had much to say about the police presence in their communities. While most of the comments were negative, a few respondents framed their responses in the context of underfunding by the State. “Alcohol is only a problem in the community because the police are underfunded and do not have the staffing to address the problem correctly.” (Curry) There were two prominent sub-themes: that individual police officers were a) intentionally negligent, and/or b) corrupt. Negligence was linked with a very low perception of risk of getting caught. One Roosevelt County resident explained it this way: “Local law enforcement has a very lax attitude toward drinking by minors. [They are] ‘just kids being kids.’ [They think that we] ‘don’t want to ruin the rest of their life with a police record.’ It’s not likely that there would be any legal consequences for a minor caught with alcohol.” Here is another example from Doña Ana County:

Police are not doing enough to stop illegal drug use in Las Cruces. I live in a nice neighborhood and my neighbors are huge drug users. [There is a ] nineteen year old and a mom in her twenties [who] both smoke weed freely outside, bothering neighbors, and smoke while driving. Smoke gets in our homes [and] we can’t let kids out to play because of weed smoke. Her 5 year old child got a call from school because she smelled like drugs. Police won’t do anything at all. Police in [withheld] refuse to do their jobs unless it’s a S.W.A.T. situation.



Fewer, but equally vocal, respondents noted instances of officers who intentionally ignored their duties, even dealing drugs themselves. “Even some police look the other way, as their own families are boozers, drug users, and pot smokers!! Hypocrites on every level!!” (Taos)

### **Criminal Justice System**

“The real problem is not that people are drinking and driving or causing fights; it's there seldom any consequences for their actions even though there are harsh penalties available to prosecutors. There is a lack of follow through and sloppy litigators.” (Bernalillo)

Fewer respondents placed the locus of blame on lawyers and judges than the police. Yet, respondents did not seem to have more faith in the legal system than they have with law enforcement officers. Frustration was high for respondents. "It seems that when I read about a DWI/DUI arrest or hear about it in the news, the person being arrested has 5, 6, 7, 12 + previous arrest for the same problem. New Mexico judges need to stop letting them off the hook and put them in jail. Period. I lived all across the U.S. and this state is the worst.” (San Juan)

### ***COVID-19***

This is the second year in which COVID-19 impacted responses to the NMCS. Participants noted that substance use prevention was likely de-prioritized in favor of other critical health needs. A Bernalillo County resident told us: “Because of the community focus on reducing the spread of COVID-19, many other social awareness campaigns have been put on the back burner. You will need to rethink how to have these discussions with the community now that we have this extra layer of stress and fear.” Other respondents cautioned survey analysts to consider the unusual impacts of the pandemic when interpreting results from the survey. “I believe that, in considering answers to these questions, one should take into account the fact that many people have been 'locked down' due to the current pandemic. Some folks may have fallen into practices they would not have normally done, and so these answers may not address the big overall picture.” (San Juan)

“I think people, including myself are hitting the COVID mental wall and starting to feel the mental and emotional impacts of what has been happening in our communities.”

### ***Concluding Comments***

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As we head into what will most likely be a third year that is highly influenced by COVID-19, our attention needs to shift from viewing FY20 as an outlier to recognizing the enduring ways in which a globally transmissible illness impacts other important public health concerns like substance misuse. A San Juan County resident captured the interrelatedness of public health concerns saying: “I think the situations [about substance misuse] you gave earlier in the survey are the biggest reasons for substance use and abuse; i.e. feelings of hopelessness, nervousness, anxiety, depression, etc. I started drinking again after 10 years sober because of a dysfunctional marriage and home life. I picked it back up to deal with the stress or numb the pain. To be



honest, I am trying to care...again.” These honest words can provide context for preventionists facing likely increases in community problems associated with substance misuse during the pandemic. Thanks to the deeply personal and human narratives like those shared in the survey comments, substance misuse may be better understood and stigma better confronted.

Given the stress of the pandemic on communities illustrated by comments like the one in the paragraph above, it is not surprising that recent alcohol use rates have been trending upwards and the perception that police attention to substance misuse issues such as drinking and driving has been trending downwards. It is positive, though, that survey findings do not suggest appreciable increases in binge drinking and drinking and driving rates. It is also positive news that communities that have focused prevention efforts on prescription drug misuse have higher rates than other communities concerning safe storage and disposal of these drugs.

Looking to the future, we suggest that NMCS stakeholders consider whether there are ways for the survey to assist prevention efforts in new ways. As an example, when asked about locking up opioids, one Sandoval County resident told us: “I’ve never known how to store my medication such as locking them. I have a 17-year-old and 11-year-old. The past year has been rough and never did I think about locking them up. Now it’s [the survey] making me think twice.” While OSAP prevention efforts reach much of New Mexico, the potential spread of the survey extends beyond the borders of funded communities, and perhaps there are ways in which prevention messaging could be available to survey participants primed to thoughtfully consider substance misuse.

Participant comments about prescription opioids and their treatment, especially about one’s access to opioid medication being inhibited by ‘addicts,’ also point to the ongoing need to educate the community about stigma, addiction, and the benefits of alternative medications to opioids. Reports here of stigmatizing and misdirected prescription drug provider attitudes and behaviors reinforce the importance of provider education about opioids, ranging from communicating with patients to prescribing practices and access to Narcan. Not only do these quotes point to a real unmet need in terms of both patient and provider education, but the data also suggests the depth of misinformation available which supports the notion that opioids are safe, and ‘addicts’ are to blame for any problems.

We also suggest that New Mexico preventionists consider whether new approaches to prevention messaging are needed that are sensitive to the diversity of responses to the survey questions, particularly to the wide range of comments at the end. Preventionists might consider developing media campaigns with community members representing some of the most prominent views expressed in the survey comments.

Finally, we note the potential value to greater dissemination of this report to stakeholders outside of the traditional substance misuse prevention community. For example, advocates for law

enforcement could use some of the quotes above regarding enforcement to motivate their community leadership for greater visibility.

## Appendix A: Alcohol

Table A1. Alcohol use indicators comparing race/ethnic groups in SAPT and non-SAPT communities; weighted %

Indicator	Non-Hispanic White		Hispanic		Native American		Other	
	SAPT	Non SAPT	SAPT	Non SAPT	SAPT	Non SAPT	SAPT	Non SAPT
Past 30-day alcohol use	54.5	56.7	50.9	52.0	42.3	44.4	44.8	57.3**
Past 30-day binge drinking	13.2	12.2	18.8	17.3	21.7	11.6***	17.1	14.0
Past 30-day drinking & driving	2.2	2.3	3.3	1.7**	3.3	1.9	3.4	2.0
Past 30-day binge drinking & driving	1.9	2.5	2.7	1.6*	3.3	2.0	3.7	2.3
Past year purchased or provided alcohol for someone under 21	3.1	2.7	3.0	2.2	1.9	2.0	4.0	2.5

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

Table A2. 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	54.5	56.7	50.9	52.0	42.3	44.4	44.8	57.3**
Past 30-day binge drinking	13.2	12.2	18.8	17.3	21.7	11.6***	17.1	14.0
Past 30-day drinking & driving	2.2	2.3	3.3	1.7**	3.3	1.9	3.4	2.0
Past 30-day binge drinking & driving	1.9	2.5	2.7	1.6*	3.3	2.0	3.7	2.3
Past year purchased or provided alcohol for someone under 21	3.1	2.7	3.0	2.2	1.9	2.0	4.0	2.5

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

Table A3. 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	53.3	50.6	61.8	60.1
Past 30-day binge drinking	14.5	11.5	21.3	17.6
Past 30-day drinking and driving	4.3	1.7	4.7	4.3
Past 30-day binge drinking and driving	3.2	3.0	5.1	3.6
Past year purchased alcohol for someone under 21	3.5	2.6	4.2	4.6

## Appendix B: Prescription Drugs

Table B1. Prescription drug use indicators comparing race/ethnic groups in SAPT and non-SAPT communities; weighted %

Prescription drug use	Non-Hispanic White		Hispanic		Native American		Other	
	SAPT	Non SAPT	SAPT	Non SAPT	SAPT	Non SAPT	SAPT	Non SAPT
Past 30-day Rx pain reliever use for any reason	16.4	15.6	14.2	15.2	9.3	12.4	19.3	16.4
Past 30-day pain reliever use to get high	2.4	2.4	2.7	2.8	1.1	1.2	4.1	2.0
Past year prevalence of receiving Rx pain reliever	21.7	19.1*	17.4	18.1	10.8	17.2**	22.7	20.5
Great or moderate risk of Rx pain reliever non-medical use	87.3	89.7	85.1	87.5	78.1	77.2	85.8	83.3
Given or shared Rx drugs with someone	5.1	5.3	4.3	5.3	2.4	3.5	7.4	4.1
Medication locked or safely stored away	28.6	27.4	53.3	42.3***	43.8	41.9	32.1	33.6

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

Table B2. Prescription drug use indicators comparing race/ethnic groups in target and comparison communities; weighted %

Prescription drug use	Non-Hispanic White		Hispanic		Native American		Other	
	Target	Comparison	Target	Comparison	Target	Comparison	Target	Comparison
Past 30-day Rx pain reliever use for any reason	15.6	16.5	14.8	14.6	9.7	13.0	17.0	18.3
Past 30-day pain reliever use to get high	2.6	2.0	2.9	2.3	1.5	0.5	3.9	NA
Past year prevalence of receiving Rx pain reliever	20.2	19.9	17.6	18.1	11.1	19.9**	20.4	23.0
Great or moderate risk of Rx pain relievers non-medical use	88.5	89.3	86.0	87.6	80.6	71.4**	85.5	81.4
Given or shared Rx drugs with someone	5.2	5.0	4.9	4.6	2.7	3.5	5.5	4.6
Medication locked or safely stored away	27.2	29.1	49.0	42.8	41.6	44.5	29.7	38.8

\*\* $p \leq .01$ .

Table B3. Prescription drug use indicators comparing military and sexual minority status in target and comparison communities; weighted %

Prescription drug use	Military		LGBT	
	Target	Comparison	Target	Comparison
Past 30-day Rx pain reliever use for any reason	20.7	17.8	17.6	17.0
Past 30-day pain reliever use to get high	2.8	2.4	5.6	4.3
Past year prevalence of receiving Rx pain reliever	23.9	22.6	20.5	20.3
Great or moderate risk of Rx pain relievers non-medical use	86.9	87.8	87.1	85.6
Given or shared Rx drugs with someone	4.7	3.0	11.4	10.4
Medication locked or safely stored away	36.0	33.4	37.7	35.2