2022 New Mexico Community Survey Results

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Prepared by the Pacific Institute for Research and Evaluation
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Executive Summary

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 alcohol, prescription drug, marijuana, and polysubstance use in addition to related behaviors and contributing factors related to misuse. In addition, communities may choose to administer modules related to topics such as: mental health, tobacco, marijuana, opioids, methamphetamine, polysubstance use, gambling, adverse childhood events and community alcohol-related harms.

Data collection in 2022 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 paper-and-pencil. Potential respondents were recruited in strategically identified venues in communities across the state. This time and venue-based data collection resulted in 1,219 valid surveys representing 11 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, 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 Alchemer panel. Online survey recruitment and data collection resulted in 12,064 valid surveys representing 33 NM counties. A total of 13,283 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 2021 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 FY22, 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 (target communities consistently having lower rates than comparison communities during the past four years), but with binge drinking remaining relatively steady and drinking and driving rates trending downward across the period (with a noteworthy upward shift in 2022).
- Target communities reported significantly less likelihood of breaking up teen parties by police (44% vs. 47%) and being stopped by police if driving after drinking too much (31% vs. 36%), and less difficulty for teens to access to alcohol than in comparison communities (14% vs. 17%).
- The main alcohol sources reported by underage youth (18-20 years old) in target communities were from unrelated adults or non-college parties. In comparison communities, they 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 (46% vs. 40%), greater disposal of unused drugs at Take Back events (9% vs. 5%), and less likelihood of using a dissolving solution to destroy unused drugs (6% vs. 10%).
- Among the respondents from communities that administered the additional opioid-related questions,
  - A majority (64%) of respondents endorsed the statement that "it is never ok to share a prescription pain reliever with another person."
  - 18% of respondents reported having family members or friends who often use prescription pain relievers. Among these respondents, more than half (58%) 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 (95%) thought that these individuals are at risk of overdose.

- Only 12% of respondents indicated that they have Naloxone/Narcan, and slightly more respondents (19%) knew how to get it, but almost twice as many indicated that they know how to use (23%) Naloxone/Narcan.
- Respondents overwhelming believe that medical treatment can help people with opioid use disorder (88%), and support increasing public funding for opioid treatment programs (86%). Most (79%) believe that their community is not doing enough to prevent opioid misuse and addiction.

The qualitative analysis provides nuance and insights into participants' priorities at the conclusion of the survey. Notable in the 2022 data were concerns for the "mixed messages" that youth may get about substance misuse with the recent legalization of recreational marijuana, concern for the growing problems related to fentanyl, and distress that methamphetamines continues to impact communities but receives relatively less prevention attention than opioids. A shift in qualitative data from earlier years indicated that there are reasons to feel encouraged about the awareness and public support for naloxone/Narcan. Finally, we found that increasing mental health/substance use treatment support and a reduction in stigma to access these services are on the minds of many New Mexicans.

Prevention in New Mexico

The NM Office of Substance Abuse Prevention (OSAP) in FY22 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.

Programs receive funding to target statewide prevention priorities including underage drinking, binge drinking, driving while intoxicated, prescription pain medication misuse and abuse, and polysubstance use. 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 New Mexico 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.
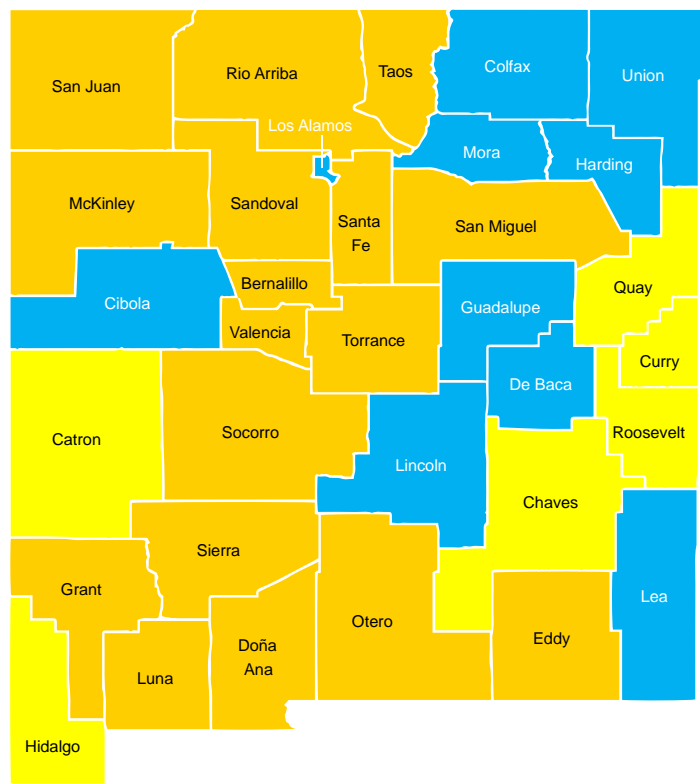
Figure 1: Counties with local partners (in gold and yellow) assisting with data collection in New Mexico in Fiscal Year 2022

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 SAMHSA Partnerships for Success (PFS) grantees, as well as other community-based initiatives that partner with an OSAP-funded program in order to make community-wide impact.

Methodology

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 Strategic Prevention Framework State Incentive Grant. 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 time and venue-based sampling within funded communities. This convenience sampling approach has been used by OSAP funded programs since 2008 and 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, guidance and support from of OSAP and training and coordination by PIRE. This technique is initially a steep learning curve for many, but over time, prevention programs have come to regard this data collection as imperative to guide and improve the overall quality of the services they provide.

This data collection approach involves programs creating community-specific detailed data collection protocols identifying the locations and times in the community where a representative sample of community residents can be asked to participate in the survey by completing a paper and pencil version. Programs 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 time and venue-based approach to data collection has worked well for most communities in NM, but not all. For 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. However, this is where locations such as MVD's have worked well as recruitment sites that provide relatively consistent and representative demographics for these counties.

Providers track their data collection process in detail for submission with their program 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. 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. When preparing their data collection protocols, 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.

Since the beginning of the COVID-19 pandemic, the feasibility of this data collection has been impacted. After the New Mexico Governor's shutdown orders went into effect on March 13, 2020, all face-to-face data collection was halted for the remainder of the FY20 data collection cycle. In FY21 and FY22 this method was optional and required adherence by programs to all

CDC and local COVID-19 safety policies to keep data collection staff and community members safe. In FY22, a total of 1,219 surveys were collected using this methodology, which constitutes 9.2% of the aggregated sample. These data came from 11 New Mexico counties.

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

To supplement the convenience sample, the second data collection approach used in FY22 was the online recruitment and implementation of the NMCS via Alchemer. Due to the broad impact of the COVID-19 pandemic, this has been the predominant approach from 2020-2022. Similar to Approach # 1 described above, communities could make use of the on-line survey and design their data collection protocol to reflect recruitment locations and strategies that would allow for, and encourage, potential respondents to complete the survey on-line. Online survey participants were recruited using various methods and described below.

- **Ad campaigns on Meta/Facebook** targeting NM residents across the state who were 18 and older to take the survey online. PIRE developed and promoted ads in conjunction with local online promotion efforts by OSAP-funded communities. Both English and Spanish ads were used. Fifteen Facebook posts were published on the NMCS Facebook Page, two of which were boosted during the data collection period. Four English and one Spanish language ads were purchased to reach a broader audience, targeting eligible New Mexican participants. These ads were delivered via multiple platforms within Meta's network (Facebook, Instagram, Audience Network, Messenger). Facebook uses an algorithm to determine the optimal placement for ads based primarily on the number of hits the ads received on its media platforms. Using Meta's ad placement platform also allows their delivery system to make the most of what is budgeted and try to increase the ad's exposure. Ads were created targeting individuals living in NM who were 18+, and some were meant to target males, and Spanish-speakers, as our previous experience suggests that these populations are the most difficult to reach through our other recruitment methods. There was also targeted advertisement based on geographic location using zip codes to help enhance recruitment for some OSAP-funded counties. Over the course of 8 weeks, the paid Facebook ads led to 1,066,521 impressions, reaching 318,912 individuals, and 29,191 link clicks. The two boosted NMCS Facebook page posts had 33,846 impressions, a reach of 19,652 and 649 unique link clicks.
- **Paid-ads including AdWallet**, an ad-campaign service was also engaged for text-message and short-video campaigns for the targeted recruitment of specific populations within their participant base. Since the survey is anonymous, an exact number of survey participants recruited through AdWallet is not available. However, based on responses to a question on the NMCS about how an individual heard about the survey, 27% of

online participants indicated they learned about the survey through AdWallet (about 3,263 respondents).

- An **Alchemer paid panel** was engaged to recruit participants from within their survey participant base. Recruitment of eligible NM residents through paid **Alchemer panels** yielded 1,002 respondents.
- **Local Community Efforts** included 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 **Visual ads** were printed and provided to survey respondents via established partnerships (such as the New Mexico Motor Vehicle Department). 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. An additional 5,138 surveys were collected through these efforts.

After completing the survey, all online respondents had the option to enter an online state-level lottery to win an incentive. Every week, PIRE awarded three $100 checks to randomly selected respondents that participated in the online survey during that week. At the end of the data collection, PIRE randomly selected and awarded a $500 check to one participant. Weekly $100 winners were not eligible for the $500 prize. 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. Winners were asked for permission to share their first name and county of residence on the Facebook page. In addition to the PIRE weekly and grand prize incentives, upon request, some local programs also awarded prizes to online participants from their counties from the database that PIRE manages for the state-level lottery.

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. Table 2 lists the number of surveys collected from each county and the weighted percentage contributed to the total sample.

Table 1. Summary of survey methodologies

Survey Methodology	N	Percent	NM Counties Represented
PAPER- Convenience	1,219	9.2	11
Online – Facebook/Instagram (18+ yr. olds)	3,663	27.6	33
Online – Non-Facebook	8,401	63.2	33
Total	13,283		

Table 2. Completed questionnaires by County compared to 2021

COUNTY	2022				2021			
	Online	Paper	Total	%	Online	Paper	Total	%
BERNALILLO	3837	99	3936	29.6	2794	0	2794	26.1
CATRON	131	0	131	1.0	37	0	37	0.4
CHAVES	173	0	173	1.3	167	0	167	1.6
CIBOLA	65	0	65	.5	44	0	44	0.4
COLFAX	61	0	61	.5	47	0	47	0.4
CURRY	369	37	406	3.1	280	54	334	3.1
DE BACA	8	70	78	.6	14	0	14	0.1
DOÑA ANA	639	297	936	7.0	651	25	676	6.3
EDDY	407	0	407	3.1	285	0	285	2.7
GRANT	174	52	226	1.7	187	0	187	1.8
GUADALUPE	14	0	14	.1	23	0	23	0.2
HARDING	2	0	2	.0	8	0	8	0.1
HIDALGO	189	109	298	2.2	39	0	39	0.4
LEA	103	0	103	.8	84	0	84	0.8
LINCOLN	69	8	69	.5	64	8	72	0.7
LOS ALAMOS	40	0	40	.3	50	0	50	0.5
LUNA	127	0	199	1.5	227	0	227	2.1
MCKINLEY	208	73	281	2.1	220	0	220	2.1
MORA	17	0	17	.1	20	0	20	0.2
OTERO	183	324	507	3.8	134	116	250	2.3
QUAY	249	20	269	2.0	304	0	304	2.8
RIO ARRIBA	443	0	443	3.3	420	0	420	3.9
ROOSEVELT	171	1	171	1.3	99	1	100	0.9
SAN JUAN	1336	0	1336	10.1	717	0	717	6.7
SAN MIGUEL	177	0	177	1.3	287	0	287	2.7
SANDOVAL	833	0	833	6.3	721	0	721	6.7
SANTA FE	639	0	639	4.8	655	0	655	6.1
SIERRA	121	66	187	1.4	155	189	344	3.2
SOCORRO	192	0	192	1.4	288	0	288	2.7
TAOS	457	0	457	3.4	473	0	473	4.4
TORRANCE	139	0	139	1.0	112	5	117	1.1
UNION	11	0	11	.1	8	0	8	0.1
VALENCIA	480	0	480	3.6	679	0	679	6.4
TOTAL	12,064	1,219	13,283	100.0	10,293	398	10,691	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 young adults and 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 2021 population data[1] 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 FY22, 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, two-spirit, additional 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, two-spirit, 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 primary relevant funding stream in FY22. 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. Table 4 shows Target Counties by prevention priority.

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[1] Retrieved from https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-detail.html on August 3 2022.

Table 3. Target counties

	Target Counties		
County	Program	Alcohol	Prescription Opioids
Bernalillo	Health Equity Council*		x
Bernalillo	Native American Community Academy (NACA)		
Doña Ana	UP! Coalition	x	x
Eddy	Carlsbad Community Anti-Drug/Gang Coalition	x	x
Grant	The Youth Substance Abuse Prevention Coalition	x	x
Luna	Coalition Against Teenage Substances/Luna County Health Council	x	x
Lincoln	Mescalero Prevention Program	x	x
McKinley	Strategic Network of Advocates for Prevention of Suicide and Substance Abuse Coalition	x	x
Rio Arriba	Rio Arriba County Substance, Treatment, Outreach, and Prevention Program (RAC STOP)	x	
Sandoval	Sandoval County	x	x
Sandoval	Kewa Family Wellness Center	x	
San Miguel	San Miguel County Substance Abuse Prevention Coalition	x	x
San Juan	San Juan County Partnership	x	x
Sierra	Sierra County Prevention Coalition	x	x
Socorro	Socorro County Prevention	x	x
Taos	Taos Alive Coalition	x	
Torrance	The Partnership for a Healthy Torrance Community	x	x
Valencia	Valencia County DWI	x	x

* Bernalillo County does not have a SAPT program at county level but receives SPF Rx funding and is included in the target communities for prescription opioids. It is not included as an SAPT program.

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 (2021 American Community Survey 1-Year Estimates[2]), 30.1% of adults 25 years older or above in NM reported having a bachelor's degree or above compared to our weighted estimate of 41.2%.

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[2] Retrieved from https://data.census.gov/cedsci/table?t=Educational%20Attainment&g=0400000US35&d=ACS%201-Year%20Estimates%20Detailed%20Tables&tid=ACSDT1Y2021.B06009 on October 31, 2022.

Approximately 9.7% of the NMCS sample reported having served, or to be still serving, in the military which, when weighted, increased to 13.0%.

Table 4. Unweighted numbers and weighted percent for the sample demographics.

Gender	n	Unweighted %	Weighted %
Cis women	8,637	66.1	49.7
Cis men	4,194	32.1	48.5
Non-cisgender	240	1.8	1.8
Age	**n**	**Unweighted %**	**Weighted %**
18-20	553	4.2	5.2
21-25	727	5.5	8.5
26-30	1,058	8.0	8.6
31-40	2,724	20.5	17.1
41-50	2,568	19.3	14.8
51-60	2,369	17.8	15.4
61-70	2,198	16.5	15.9
70+	1,086	8.2	14.4
Race/ethnicity	**n**	**Unweighted %**	**Weighted %**
Non-Hispanic White	5,999	45.2	39.8
Hispanic or Latino	5,087	38.3	46.1
Native American	1,489	11.2	8.7
Other	708	5.3	5.4
Education	**n**	**Unweighted %**	**Weighted %**
Less than high school	439	3.3	3.9
High school graduate/GED	2,575	19.6	20.9
Currently an undergraduate	928	7.1	7.7
Some college	3,513	26.7	26.3
College or above	5,700	43.3	41.2
Military status	**n**	**Unweighted %**	**Weighted %**
Active military or veteran	707	9.7	13.0
Sexual orientation	**n**	**Unweighted %**	**Weighted %**
LGBQ	1,382	10.5	10.2

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 FY22 -- these communities also serve as comparisons when we examine data by target outcome later in the report.

Table 5. Unweighted numbers and weighted percent of the SAPT sample, stratified by gender and race/ethnicity, weighted % & unweighted (n).

SAPT Sample Size	Cis women	Cis men	Non-cisgender
6,723	50.3 (4,430)	47.8 (2,074)	1.9 (123)
Non-Hispanic White	Hispanic or Latino	Native American	Other
35.1 (2,643)	46.4 (2,562)	14.1 (1,228)	4.4 (290)

Note. Due to missing values in gender, the number of cis men, cis women 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 reliver 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 6. Unweighted numbers and weighted percent of sample by demographic characteristics and targeting alcohol-related outcomes or not

	Target Alcohol		Comparison	
Total	6,723		6,560	
Gender	n	Weighted %	n	Weighted %
Cis women	4430	50.3	4207	49.0
Cis men	2074	47.8	2120	49.2
Non-cisgender	123	1.9	117	1.8
Race/ethnicity	n	Weighted %	n	Weighted %
Non-Hispanic White	2643	35.1	3356	44.5
Hispanic or Latino	2562	46.4	2525	45.7
Native American	1228	14.1	261	3.3
Other	290	4.4	418	6.5

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

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

	Target Rx Pain relievers		Comparison	
Total N	9,269		4,014	
Gender	n	Weighted %	n	Weighted %
Cis women	5920	48.1	2717	53.3
Cis men	3030	49.9	1164	45.1
Non-cisgender	178	1.9	62	1.6
Race/ethnicity	n	Weighted %	n	Weighted %
Non-Hispanic White	3806	36.2	2193	48.2
Hispanic or Latino	3760	48.2	1327	41.0
Native American	1196	10.0	293	5.8
Other	507	5.6	201	5.1

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

Alcohol use	Overall	Cis women	Cis men	Non-cisgender
Past 30-day alcohol use	49.3 (3,124)	45.7 (1,973)	53.4 (1062)	47.5 (56)
Past 30-day binge drinking	15.9 (974)	13.3 (574)	18.7 (375)	19.1 (22)
Past 30-day drinking & driving	3.2 (181)	1.8 (83)	4.6 (87)	8.5 (10)
Past 30-day binge drinking & driving	3.2 (166)	1.5 (66)	4.9 (92)	5.9 (7)
Past year purchased or provided alcohol for someone under 21	2.2 (133)	1.8 (81)	2.6 (44)	7.0 (8)

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 2022. 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 (i.e., 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. In FY22, past 30-day drinking and driving, and binge drinking and driving were slightly higher in the target communities. In general, the estimated levels of binge drinking, and drinking and driving have gradually decreased across 2014-2022 in New Mexico communities. Noticeably, purchasing alcohol for a minor decreased to almost the pre-COVID-19 level from FY20 to FY22 in target communities, while it continued to increase from FY20 to FY22 in comparison communities.

Figure 2. Comparing target and comparison communities on alcohol consumption indicators from FY 2014 to FY 2022; weighted % reported
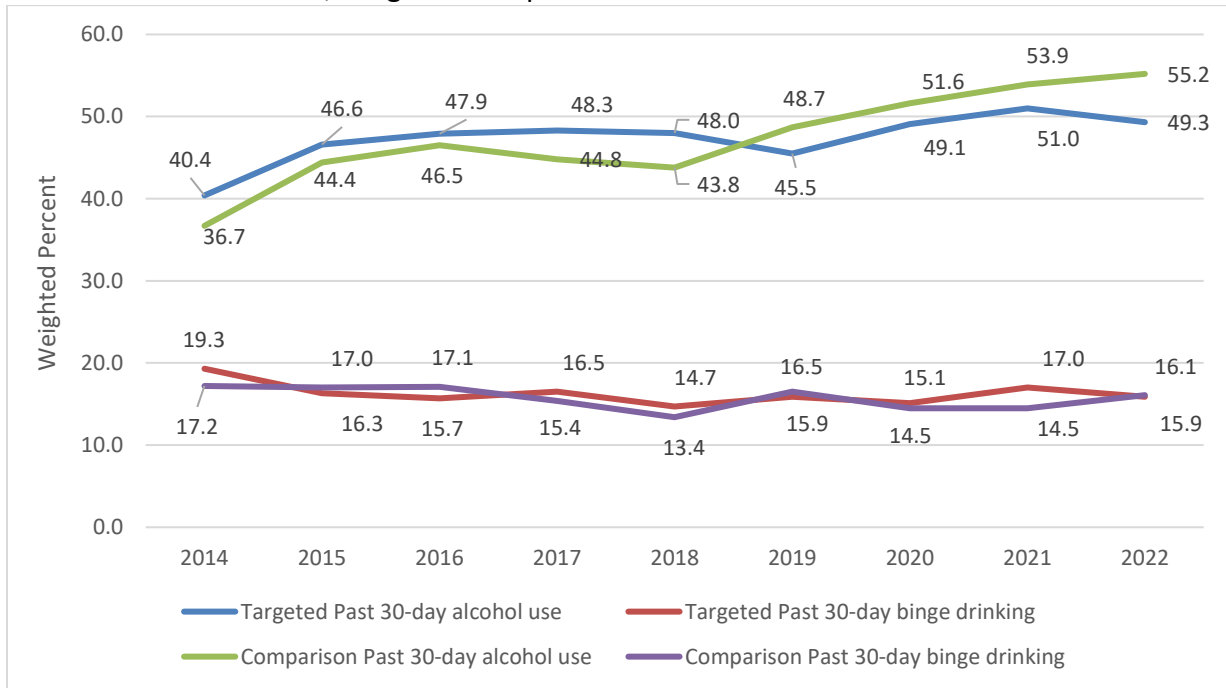
Figure 3. Comparing target and comparison communities on drinking and driving indicators from FY 2014 to FY 2022; weighted % reported.
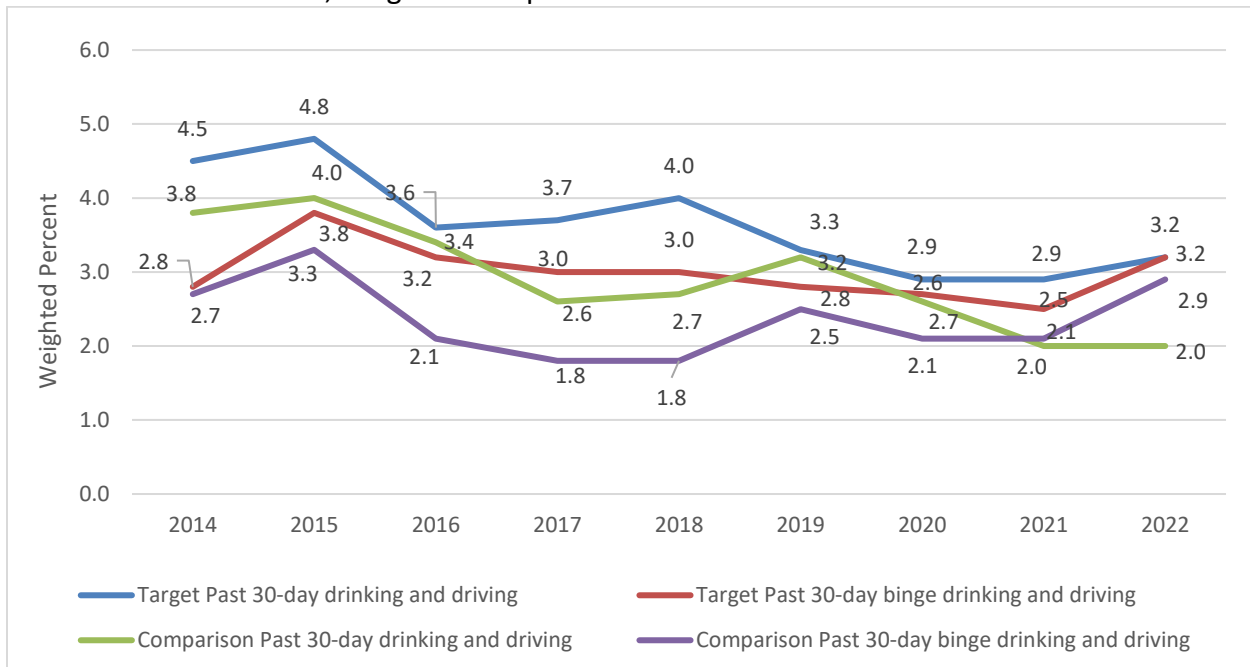
Figure 4. Comparing target and comparison communities on purchasing alcohol for minors from FY 2014 to FY 2022; weighted % reported
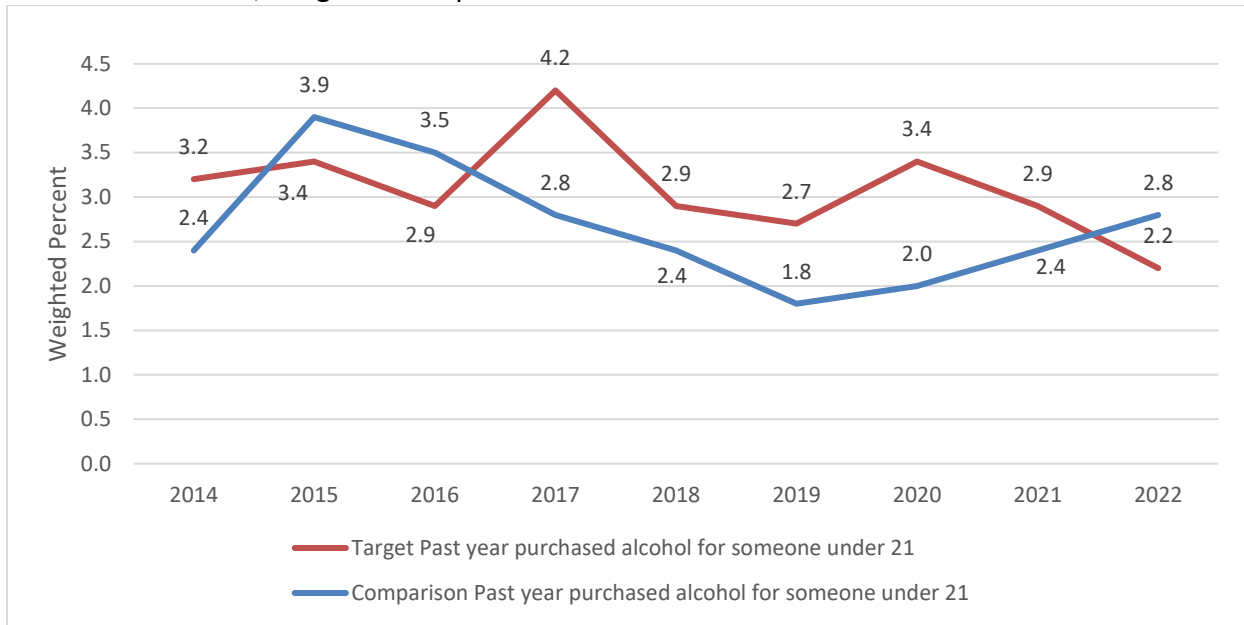
The survey includes questions to measure key intervening variables associated with alcohol misuse, including easy access to alcohol for underage persons and the perception of risk of legal consequences for violating alcohol laws. Table 8 shows the weighted percent of adults 18 and older who perceive 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, over 60% 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 communities reported lower percentages of likelihood of breaking up teen parties by police (43.9% vs. 47.1%), and being stopped by police if driving after drinking too much (31.4% vs. 36.3%) relative to comparison communities. The estimates of perception of risks measures continue to be at most in the low 40s% in FY 22, as they were in FY21, while in FY20 (and in previous years) these measures tended to be around 60s%. This may be due to a variety of factors, including enforcement needing to prioritize other issues, particularly when there are staffing shortages in many communities. During these times, the need is only greater for communities to work closely and creatively with law enforcement to address the perception of risk.

Table 9. 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**	14.1 (755)	16.9 (822)
Ease of access to alcohol by teens from stores and restaurants	62.1 (3,269)	63.5 (3,285)
Perception of risk/legal consequences	Very or Somewhat Likely	
	Target	Comparison
Likelihood of police breaking up parties where teens are drinking*	43.9 (2,250)	47.1 (2,459)
Likelihood of police arresting an adult for giving alcohol to someone under 21	38.8 (2,069)	42.0 (2,182)
Perception of risk/legal consequences	Very or Somewhat Likely	
	Target	Comparison
Likelihood of being stopped by police if driving after drinking too much*	31.4 (1,767)	36.3 (2,001)

*p < .01; **p < .001*

The survey asked underage adults (18 to 20 years old) who reported current drinking how they obtained their alcohol. Respondents could select multiple options, and the results are displayed in Table 10. Statistically significant differences between the target and comparison communities were observed for two measures: 30% of target community respondents reported getting alcohol at some other type of party (vs. 12% in the comparison communities); and 32% in the comparison communities indicated that an adult family member provided the alcohol to the minor (vs. 18% in the target communities).

Table 10. Comparing target and comparison communities on access to alcohol (ages 18-20); weighted % & unweighted (n)

Access to Alcohol	Target (n=89)	Comparison (n=79)
Adult family member gave or bought it*	17.7 (18)	31.6 (25)
Unrelated adult gave or bought it	32.8 (31)	31.5 (26)
Got it at a college party	15.8 (12)	24.0 (21)
Got it at some other type of party**	30.2 (23)	11.9 (10)
Parent/guardian gave or bought it	10.8 (10)	12.1 (10)
Took it from home	2.4 (2)	9.3 (9)
Bought it at a restaurant/bar/public place	15.0 (12)	15.7 (12)
Someone underage gave or bought it	3.2 (3)	4.9 (4)
Got it some other way	1.7 (2)	1.1 (1)

*p ≤.05, ** p ≤.01.*

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

Rx pain reliever use	Overall	Cis women	Cis men	Non-cisgender
Past 30-day Rx pain reliever use for any reason	17.3 (852)	16.6 (561)	17.9 (262)	22.8 (21)
Past 30-day pain reliever misuse	4.6 (210)	3.5 (116)	5.5 (83)	9.8 (9)
Past year prevalence of receiving Rx pain reliever	22.7 (1,147)	23.3 (771)	21.8 (335)	29.5 (28)
Great or moderate risk of Rx pain reliever non-medical use	87.1 (4,353)	87.8 (2,878)	86.4 (1,346)	84.8 (78)
Given or shared Rx drugs with someone	10.8 (117)	8.9 (68)	11.9 (41)	24.1 (7)
Rx pain relievers locked or safely stored away	47.8 (426)	51.4 (301)	44.8 (112)	37.5 (9)

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 difference observed between target and comparison communities is for safe storage of prescription pain relievers (higher in target communities 46.2% vs. 39.7%).

Figure 5. Comparing the prevalence of communities targeting prescription drugs to communities not targeting prescription drugs; weighted %.
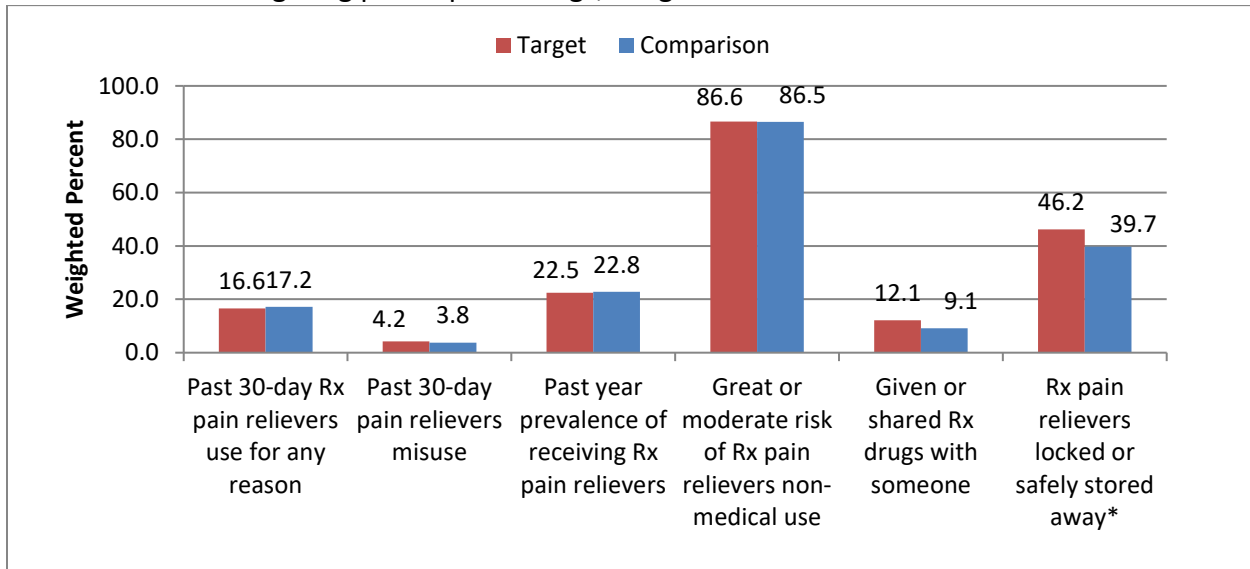
*p ≤.05.

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, and the majority of respondents reported having received a legitimate prescription for their pain relievers.

Table 12. Comparing target and comparison communities on sources for prescription pain relievers; weighted % & unweighted (n)

Sources of Prescription Drug Use (n=2,054)	Target	Comparison
A doctor/doctors prescribed	81.9 (1173)	79.5 (502)
Family member shared	6.3 (86)	6.7 (41)
Friend shared	3.5 (51)	2.3 (19)
Bought from somebody	4.4 (61)	3.2 (16)
Taken from someone without asking	1.8 (24)	1.9 (12)
Other places	1.9 (28)	1.3 (8)

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 over 80% indicated that their recent use of prescription pain relievers was for a legitimate pain identified by a health care provider.

Table 13. Comparing target and comparison communities on reasons of using prescription pain relievers in the past year; weighted % & unweighted (n)

Reasons of Prescription Drug Use Last Year (n=1,955)	Target	Comparison
To treat pain that my doctor or dentist identified	81.3 (1,136)	84.2 (485)
For pain not identified by my physician	13.7 (188)	12.3 (75)
To have fun with a friend or friend(s) socially*	1.4 (17)	0.4 (3)
To help me sleep*	12.0 (144)	8.2 (51)
To get high or stoned*	3.1 (40)	1.3 (9)
To cope with anxiety or stress	10.8 (125)	7.4 (42)
Another reason	5.2 (71)	3.5 (23)

*$p < .05$

Table 13 presents how respondents handled 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 34%); 2) took them to a Rx medication drop box (over 27%); and 3) threw away some other way (over 14%). Target and comparison communities were significantly different on two measures, with target community respondents having a higher percentage of respondents taking unused prescription pain relievers to a "Take Back" event and a lower percentage of respondents using a dissolving solution to destroy them.

Table 14. Comparing target and comparison communities on how to handle unused prescription pain relievers in the past year; weighted % & unweighted (n)

Prescription Drug Disposal (n=1,070)	Target	Comparison
Took to a Rx medication drop box	27.0 (216)	31.6 (90)
Took to a periodic "Take Back" event*	8.7 (62)	4.8 (17)
Flushed down the toilet or sink	9.8 (83)	10.5 (30)
Mixed with an unappealing or neutralizing substance	5.4 (43)	3.4 (11)
Threw away some other way	17.1 (137)	14.1 (42)
Used a dissolving solution to destroy them*	5.7 (45)	9.6 (28)
Kept them for future use	37.6 (277)	33.7 (108)
Did something else with my unused medications	2.3 (20)	5.2 (11)

*$p < .05$

Tables 14-16 and Figure 6 summarize additional results from the optional Opioid Module. Seven programs collected the opioid module data (N=5,944) in FY22. About 18% of respondents reported having family members or friends who often use prescription pain relievers. Among these respondents, about 58% 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 (95%) 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 FY21, the FY22 estimates indicated that slightly more respondents in FY22 agreed that it was never OK to share prescription pain relievers with others 64.4% (Figure 6) vs. 62.4% in 2021.

Table 15. Knowledge about family members/friends who use prescription pain relievers or heroin

Outcomes	% Yes
Having family members or friends who often use Rx painkillers (n=5,944)	17.9
These family members or friends are at risk of overdose (n=1,163)	57.6
Some of these family members or friends live with you (n=1,157)	19.5
Having family members or friends who often use heroin (n=5,944)	8.8
These family members or friends are at risk of overdose (n=572)	95.0
Some of these family members or friends live with you (n=572)	10.9

Figure 6. Opinions about sharing Rx pain relievers with others (n=5,944)
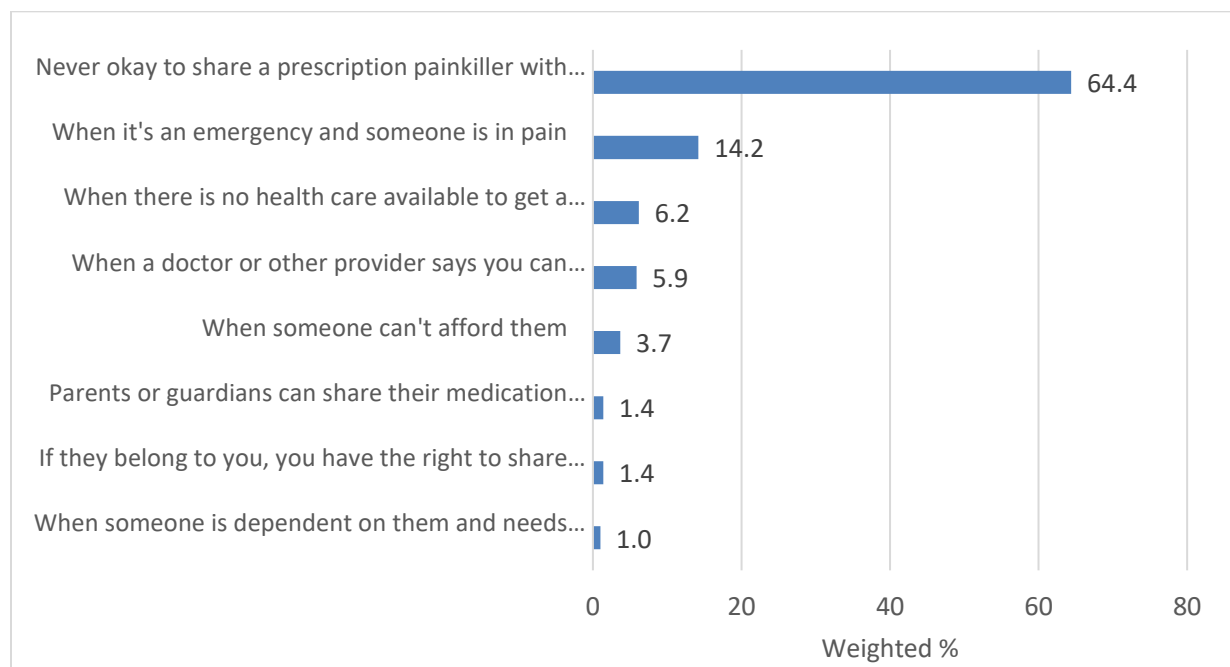
Table 15 summarizes respondents' access to Naloxone/Narcan. Among all Opioid Module respondents, only 12% of them had Naloxone/Narcan on hand, about 19% knew how to get Naloxone/Narcan and about 23% knew how to use it. Overwhelmingly respondents agreed that medical treatment can help people with opioid use disorder (88%) and their own community hasn't done enough to prevent opioid misuse (79%). NMCS participants also strongly support increasing public funding for opioid treatment program (86%) (Table 16).

Table 16. Access to and knowledge about Naloxone/Narcan

Outcomes (N=5,944)	% Yes
Have Naloxone/Narcan	11.9
Know how to get Naloxone/Narcan	19.4
Know how to use Naloxone/Narcan	23.0

Table 17. Endorsement of issues related to opioid use

Outcomes	% Agree or strongly agree
Medical treatment can help people with opioid use disorder lead normal lives (n=5,058)	87.6
My community is not doing enough to prevent opioid misuse and addiction (n=5,013)	78.7
Support increasing public funding for opioid treatment programs in my community (n=5,061)	86.3

Analysis of the Indicators Associated with Each 2022 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 18. Alcohol and DWI prevention strategies and corresponding statewide indicator estimates

Intervening variable	2022 Strategies		Indicators from NMCS 2022	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	54.5
			Likelihood of police arresting an adult for giving alcohol to someone under 21: Very or somewhat Likely	59.6
			Likelihood of being stopped by police if driving after drinking too much: Very or somewhat Likely	66.2
Retail Access	Responsible Beverage Service Model	A3a	Ease of access to alcohol by teens from stores and restaurants: very or somewhat difficult	62.8
			Bought alcohol at a store, a restaurant or public place (among youth ages 18-20 who used alcohol last 30 days)	15.3
	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)	21.8
			Access to alcohol at a college party (among youth ages 18-20 who used alcohol last 30 days)	19.5
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)	11.4
			Took alcohol from home or someone else's home (among youth ages 18-20 who used alcohol last 30 days)	5.5
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)	21.8
			Last year purchased or provided alcohol to underage youth	2.5
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	67.8

Table 19. Prescription pain reliever misuse prevention strategies and corresponding statewide indicator estimates

Intervening variable	2022 Strategies		Indicators from NMCS 2022	Weighted %
Social Access	Target **parents** to restrict youth social access to Rx pain relievers with by working directly with PTAs	R3a	Shared any prescription drugs with someone (parents only)	15.6
			Stored prescription drugs in a locked cabinet (parents only)	55.0
Social Access	Target **parents** to restrict youth social access to Rx pain relievers by developing a culturally appropriate "parent handbook"	R3b	Same as R3a	
Social Access	Restrict social access through the **elderly** and other populations with education strategies (locking up meds, provide lock boxes, not sharing meds, etc.)	R3d	Shared any prescription drugs with someone (ages 60+)	8.4
			Stored prescription drugs in a locked cabinet (ages 60+ only)	37.4
Social access	Work with **pharmacies** to always share information with customers about the dangers of prescription opioid use and addiction, sharing, and unsafe storage of prescription opioids.	R3e	Pharmacy staff talked about the risks involved in using prescribed pain relievers (among people who were prescribed pain relievers)	36.1
			Pharmacy staff talked about storing prescribed pain relievers safely (among people who were prescribed pain relievers).	26.3
Social Access	Work directly with **medical providers** to create and implement policies such that medical providers educate patients	R3g	Medical providers talked the risks involved in using prescribed pain relievers (among people who were prescribed pain relievers).	54.8
			Medical providers talked about storing prescribed pain relievers safely (among people who were prescribed pain relievers).	32.6
			Shared any prescription drugs with someone (whole sample)	11.2
			Stored prescription drugs in a locked cabinet (whole sample)	44.3
Social Access	Work directly with **medical providers** so they can directly educate or encourage patients to reduce social access: develop and disseminate among providers a "provider guide"	R3h	Same as R3g	

Intervening variable	2022 Strategies		Indicators from NMCS 2022	Weighted %
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	**16.7**
			Self-reported improper use of prescription pain relievers (differently than prescribed)	**4.2**
			Shared any prescription drugs with someone (whole sample)	**11.2**
			Stored prescription drugs in a locked cabinet (whole sample)	**44.3**
			Among binge-drinker, self-reported 30-day use of prescription pain relievers for any reason	**18.8**
			Among people who reported 30-day use of prescription pain relievers, percentage of doing binge drinking past 30 days	**17.9**

Qualitative Results

Qualitative Methods

In this section we provide in-depth analyses of the qualitative data from responses to the final open-ended question on the survey. These responses are particularly important because the effort participants invest in writing these comments can speak to their motivation and may be a closer approximation of their priority concerns than closed-ended quantitative responses. For example, a Bernalillo County resident took the time to type this well-reasoned response:

> *"New Mexico needs to make serious investments not only in the direct treatment/alleviation of substance use, mental health concerns, and violence but their root causes-- extreme lack of affordable, stable housing, some of the lowest wages and highest poverty rates of any state I've lived in, and investment in training, recruiting, and most importantly retaining a health care workforce, including primary and preventative care. Accessing primary health care, not to mention mental health and specialty care, has been a huge challenge for me since moving to New Mexico. When we make investments as a state in services for those who use substances, we also have to be realistic about the role of different substances in peoples' lives and the process of recovery to create humane harm reduction focused intervention strategies and person-centered approaches to addressing problematic substance use and public health needs."*

As was described in the 2021 report, the frequency and length of comments notably increased and has remained higher in post-COVID than in 2019 and prior years. 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, 2,049 survey respondents entered a comprehensible response in this open-ended field. Table 19 compares the number of qualitative comments by County and year along with the percent change from 2021 to 2022.

Table 20. Number of Open-Ended Question Responses by County

County	Number of Comments-2021	Number of Comments-2022
Bernalillo	445	559
Catron	11	20
Chaves	24	32
Cibola	6	13
Colfax	9	6
Curry	43	53
De Baca	1	0
Doña Ana	119	126
Eddy	32	46
Grant	29	33
Guadalupe	3	3
Harding	1	0
Hidalgo	9	33
Lea	8	18
Lincoln	10	15
Los Alamos	6	4
Luna	42	46
McKinley	60	49
Mora	3	7
Otero	22	94
Quay	55	36
Rio Arriba	117	81
Roosevelt	15	16
San Juan	161	262
San Miguel	90	34
Sandoval	115	129
Santa Fe	128	118
Sierra	36	28
Socorro	48	44
Taos	75	84
Torrance	24	20
Union	0	2
Valencia	75	38
Total	**1,822**	**2,049**

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 (535) coding software where they were thematically analyzed.

The qualitative data carry the same caveats as described with the quantitative data earlier in this report. Notably, 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. We cannot know the extent to which the recall of earlier quantitative questions primed participant responses to the open-ended qualitative field.

PIRE sought to represent both the frequency and the magnitude of the qualitative data. Numerical counts provided in the qualitative results indicate the prevalence of certain themes, but drawing conclusions based on prevalence *alone* is a flawed approach to interpreting these data. Just as in oral narration, strength of response can also be gauged through assumptions of participants using ALL CAPS lettering, excessive exclamatory punctuation, and "big language" including the use of profanity. That said, there are limits on relying on frequency and written expression alone as indicators of concerns.

Exemplary quotes are used to illustrate aspects of a coding finding in the words and 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

Thirty respondents used the space to tell us that social issues in New Mexico were getting worse and not better. This is almost double of last year's concern (N=16 in 2021) and the tone of the comments were more dire as well. There was a general feeling of frustration with rising substance use and related crime, particularly among respondents living in or referring to

> "I feel strongly that the explosion of violent crime, property crime, and domestic violence is fueled by this city's drug problems. Something needs to happen to help combat this."
>
> -San Juan County

Albuquerque. As one Bernalillo resident explained: "The major issue skirted in the survey is the use of street drugs like meth and fentanyl and heroin. Those substances are the cause of most crime and homelessness in my community. Building cutesy mini homes, like those off Central Avenue, are window dressing and expensive ways to avoid actually providing programs and facilities that can help." Five respondents noted concerns with drug-related trash with one respondent surprised that they found it in a "nice" part of Sandoval County. Respondents statewide discussed that they no longer felt safe walking the streets and shopping. At least half of those participants described changes to their daily routines to accommodate their feelings of unsafety. Additionally, respondents reflected a sense of overwhelm. Traditional forces which kept them feeling safe (like visible police presence) had not returned after COVID-19. "We have

unbelievably high numbers of homeless…burglaries, murders, terribly maintained streets, needed infrastructure repairs e.g , water mains, sewer lines, gas lines,...the police are either bullies or incompetent." (Doña Ana) Respondents linked these issues with a higher use of alcohol and illegal drugs, particularly calling out methamphetamines and fentanyl.

Prevalent Drugs

Alcohol

Twenty-eight respondents noted that while alcohol may get less attention that illicit drugs, its cost to New Mexico substantially outpaces other substances. A Socorro County resident explained it this way: "I feel we have overlooked the seriousness and danger that alcohol causes for teens and adults. We are very focused on marijuana, yet alcohol is killing more people hourly." The high prevalence of this frustration was new in the 2022 data, suggesting a potential window of opportunity for alcohol prevention programming at the community level.

> "Want to make something illegal? Alcohol is more dangerous than marijuana. Alcoholism is a detriment to the community. Drinking and driving kills more people daily than smoking marijuana."
>
> -Chavez County

Similar to 2021, participants noted the relative ease with which teens could access alcohol socially (this mirrored the quantitative findings that only a small percentage of respondents thought it was difficult for teens to access alcohol). Participants reported seeing social media posts representing rampant alcohol access. One respondent surmised that the relative frequency of these images and the lack of backlash against them suggests that alcohol is always available to young people. Two NMCS respondents noted that parents buy alcohol for the social events hosted by their children, while eight suspected the source was a friend over the age of 21. Only two respondents mentioned fake IDs as a source of alcohol for minors.

Opioids

Like years past, respondents wrote prolifically about difficulties accessing pain medication for legitimate medical reasons. A Bernalillo County resident summed it up this way: "New Mexico has made it so difficult to get a prescription for pain management, that even those of us with health conditions that cause chronic pain cannot obtain the medication. We need to lead quality lives." Some participants suggested that restrictions on legitimate pain relief had little effect curbing illegal consumption. Additionally, several respondents

> "When y'all went after the drug manufacturers because of abuse, y'all ended up hurting a lot of legitimate pain medicine users. Please find a balance. I'm so tired of just existing, I want to live again. And I'm not alone."
>
> -Bernalillo County

expressed that "every doctor is scared to give them (opioids) out" (San Juan County). Fewer respondents (N=2) wrote with concerns about overprescribing.

The overt mentioning of naloxone/Narcan suggests that awareness is growing in New Mexico. Nine respondents used the space to discuss the value of universal availability and training. A Quay resident stated, "Please make Narcan readily available for people to carry in emergency situations where a random person on the street is overdosing and we can administer Narcan correctly". Notably there was no articulated opposition to freely available Narcan.

Methamphetamine Use

Thirty respondents discussed their concerns with the high rate of methamphetamine use in their community. Three participants compared their concerns to their perception that opioids were getting undue attention relative to other drugs. For example, one Bernalillo County resident told us: "Meth and alcohol are also huge problems, but it seems like people only care about opioids." Another respondent contextualized "Marijuana isn't the issue here in Doña Ana. For people under 21 it is somewhat difficult unless you have a medical card or know a recreational friend! No effects during driving either. Alcohol [is] the same (hard to get), but very, very dangerous to use while driving. The problem is meth and pills."

> "I believe there needs to be a huge campaign in the State of New Mexico educating the public on the dangers of methamphetamine. This drug is a monster on our society, children, and overall health and wellbeing of communities. [The] collateral damage is overwhelming."
>
> -Grant County

Heroin and Fentanyl

There was less participant discussion of heroin in 2022 than in previous years, while discussion of fentanyl increased. Only five respondents noted concerns about heroin use in their community, four of whom listed heroin among other drugs prevalent in their area. In contrast, 39 respondents wrote about fentanyl abuse. Participants noted fentanyl's lethality as compared with other drugs that, in their opinion, could be used more recreationally. Many called for a greater public health awareness of the prevalence and danger of the drug, like this Taos resident: "[It is] very

> "Fentanyl makes heroin and methamphetamine look like baby drugs. Fentanyl is literally Russian Roulette every time a person uses. It has become a HUGE problem in my community and it knows no prejudice. It affects young teens, old, male and female. It robs them of everything including their dignity as they sit or lay passed out right on sidewalks."
>
> -Bernalillo County

important to raise awareness about the fentanyl overdose epidemic, as well as Narcan use education, and teaching that this is a drug cartel region where the blue pills are dumped here and being sold to all ages on the street."

Access to Drugs

Legalization of Cannabis or Marijuana

The recent legalization of marijuana for recreational use was on the forefront of the minds of participants this year. This is the most frequently commented on topic other than personal experience with drugs and alcohol. However, it is notable that it garnered only about half as

> "I do not agree with the legalization of marijuana for recreational use in the state of NM…Legalizing the product makes it much easier and probable."
>
> -San Juan County

many comments as it did in 2021 (N=103). As in 2021, a majority of respondents wrote against the legalization -- 53 respondents spoke out against legalization while only 11 wrote in support of the legalization for recreational purposes. Most of those comments suggested that the new laws would make marijuana more available and acceptable to children. As one Chaves County

resident said: "legalizing marijuana in New Mexico is a grave mistake…and particularly the message that it sends to school aged children. The new laws allowing recreational marijuana [are] devastating to the children of New Mexico. There are already indications of students as young as elementary age using it at school." A Hidalgo resident put this in stark terms: "I am so sad to hear that our state has legalized cannabis. Were those politicians thinking of the small children that are affected by parents' smoking in the home? Sickening."

Those heralding the new legislation were generally sensitive to the issues of underaged access, but felt that the overall benefits outweighed that particular risk: "I am for the recreational use of cannabis for adults if used responsibly. I am not for use of cannabis for teens or younger unless for specific medical uses. [I] would like to see more research on the medical uses for marijuana. I think it is a much-maligned substance and needs more research at all levels." (Curry). A few respondents even noted the potential secondary benefits of the taxation of marijuana to children: "I hope the revenue from cannabis sales provides this state to take advantage of providing good medical and the best education system in the country!" (Doña Ana).

Access to Alcohol

Twenty-two respondents wrote in commentary regarding youth access to alcohol. Of those, 10 respondents discussed social access – access directly or indirectly from friends, family, partners – not purchased directly from a retail source like a store, bar, or restaurant. Most noted the lack of accountability, namely of parents and law enforcement who know about social events with

alcohol but do nothing to stop it. Where respondents from previous years highlighted that parents provide alcohol for their children, 2022 respondents tended to emphasize that young adults serve a central role in the alcohol supply to teenagers. An Eddy County resident explained it this way: "I see a lot of older teens with friends in their early 20s and I hear them constantly making plans to buy for those who are not 21. They make plans to meet around the corner from the store and exchange." This observation aligns with the survey finding that the main alcohol sources reported by underage youth (18-20 years old) in target communities were from unrelated adults or non-college parties.

Access to Opioids and Naloxone/Narcan

As in prior years, more respondents (N=20) wrote in with concerns about limited access to prescribed opioids for legitimate pain, than about diversion for unauthorized use (N=2). While only 12% of survey respondents indicated that they had Naloxone/Narcan, and slightly more respondents (19%) knew how to get it, almost twice as many indicated that they knew how to use it (23%). Qualitative respondents reflected greater awareness and interest in naloxone than in previous years. Whereas most respondents who wrote about naloxone/Narcan prior to 2022 expressed confusion or reflected inaccurate information, all 9 of the respondents wrote factually correct and supportive comments about the overdose reversal medicine. As a Bernalillo County resident told us: "I was surprised to know that I should have been given information on Naloxone along with my opiates. After my friend's son overdosed, she told me she had to use the Naloxone she had. I wish the public was made aware that it is important to have access to Naloxone." Taken together, the mixed method data suggest that public awareness about naloxone is increasing, even if widespread adoption lags.

Youth Access

The 2022 NMCS Survey responses included qualitative references to parents providing teens with drugs, and particularly marijuana. At least five respondents noted these concerns. As one Hidalgo County resident told us: "Drug and alcohol use is a major problem with our youth in our community. There are not really any consequences for getting caught doing it. Kids need to learn that these things have serious consequences. Many of them see their own parents using so to them its ok and most of the time the parent is supplying it to the children."

> "I believe that the community is always REACTIVE rather than PROACTIVE. My maternal parent has been an addict for decades, nothing was even handled until AFTER the association resulted into my father receiving full custody and rightfully so. Anyways, she never received proper help until incarceration occurred... unacceptable."
>
> -Bernalillo County

Individual Factors

Personal Experience with Drugs and Alcohol

A high number of the open-ended item respondents used the open-ended item space to disclose personal details of the respondent's own experiences of drug and alcohol use (N=111).

Approximately half of the 111 respondents who wrote in with concerns of a personal nature disclosed current or former use. The other half disclosed loss related to a family member or close friend. The legacy and lasting impacts of misuse characterized most of these comments. "I've had three brothers die due to drugs and alcohol. My mom has never gotten over it. it. The loss is always on her mind" (Lea County). For those who wrote about their own past use, the tone was

> "I am in recovery (18 months clean). For me, our local NA / AA meetings are what keep me clean. I have tried several other programs in the community and they helped a little - nothing compares to 12-step programs in my opinion."
>
> -San Miguel County

more empathetic than in the past. Whereas 2020 and 2021 respondents may have been more inclined to emphasize that their own efforts for recovery, more 2022 respondents ascribed a lower degree of personal control to their recovery. For example, one Santa Fe County resident noted that their urban access might have made their recovery more likely. "I am a recovering addict. I had major surgery 3 months ago & am thankful for pain relief but was afraid, too. I am thankful for 12-step programs, sponsorship & the fellowship these programs provide. Not everyone is in such programs or has access to them in these little towns."

As in prior years, there was evidence that the questions asked in the NMCS can raise awareness about one's own relationship with substances. "Embarrassingly enough, I rarely consider how my routine meds might interact with the evening wine" (Sandoval).

Perceptions of Responsibility for Drug Education and Oversight

Several respondents lamented the lack of parental supervision and guidance. Children left alone, they posited, were more likely to use substances. These concerns were typically expressed as pejorative statements that did not acknowledge the environmental factors related to parent availability. For example, a Luna County resident told us: "Parents have to look after their teens more closely." Relative to the 2021 data, there was elevated concern about parents' role in de-normalizing marijuana given the legalization of cannabis for recreational purposes in the state. "Legalizing marijuana will be a detriment to the health, brain development and ultimately potential

> "We need help. We need to hold the parents accountable [for] their child's substance abuse."
>
> -McKinley County

of our teens. Parents need to send clear messages to their children about the dangers of drugs. Every day young people get more involved in drugs destroying themselves. We have to start as parents to have more communication with them to be able to guide them" (Los Alamos County). One respondent suggested that parental supervision was less about negligence and more about the complexity of keeping up with drug misuse education. "Now as a parent I feel a little left in the dark with new drugs and what signs to look for when using these new drugs." (Grant County).

> "Cada día los jóvenes se involucran más en las drogas destruyéndose. Tenemos que empezar como padres a tener más comunicación con ellos para poderlos orientar." (Every day young people get more involved in drugs [and] destroying themselves. We have to start as parents to have more communication with them to be able to guide them.)
>
> -Otero County

Community Concerns and Awareness of Issues

School-Based Interventions to Prevent Misuse in Youth

Participant interest in the role of schools grew in 2022 relative to prior years. As in 2021, many respondents have noted the need for prevention education such as D.A.R.E in schools. (Note that D.A.R.E. -Drug Abuse Resistance Education- led by law enforcement officers, was implemented throughout NM for a number of years, and has recently returned in an updated form, so it is likely familiar to NM parents). Seventy-six respondents wrote in about how school input was necessary to prevent substance misuse in youth. This is an increase of 47 from 2021. It can be argued that most schools were using a hybrid in-person/online format during at least some of that time, and that many likely chose to cut what they considered "non-academic programming"

> "Communities need more prevention programs for our youth. More funding for prevention programs are needed... If additional funding was put into prevention, perhaps we wouldn't need so much treatment!"
>
> -Bernalillo County

including health promotion programs like substance use prevention. Yet, the sharp increase of interest in the schools combined with the parallel increase in concerns about parental supervision suggests that respondents view the role of schools to prevent substance misuse differently now than in pre-COVID years. Calls for more programming and school staff/support for that programming were common. For example, a Bernalillo County resident said: " How can we get more education on drug and alcohol misuse prevention tools into schools? How can we get more counselors into school?"

> "Mental health access should be free for everyone. Our state needs to do more to provide these services to adults and children alike, especially in school."
>
> -Bernalillo County

In addition to an increase in the number of comments related to the need for prevention programming in schools, there was a marked increase in the intensity associated with those comments. This was true particularly when participants were explaining the link between mental health issues and substance misuse.

Calls for more counselors and behavioral health staff were common (N=30) suggesting a shift in public support for increased funding in this area.

Alternatives to Drugs for Teens

A growing number of respondents (N=32) called for greater quantity and variety of publicly supported activities for youth as an alternative to substance misuse. As one San Juan County resident put it: "The problem is not [a] lack of resources to help addiction. The problem is lack of resources to prevent addiction. There is no funding for entertainment, amusement parks, etc." Although a couple of respondents noted structured and existing programs like the YMCA and Big Brother/Big Sister programs, most respondents noted the

> "Kids do drugs or get into drugs because NM does not have things for them to do such as amusement parks stuff [and] fun for kids or teenagers. Come on, New Mexico, Do Better!!!!!!!
>
> -Bernalillo County

dearth of safe, drug-free places for unstructured "hang out" time. The lack of indoor, all-weather gyms, parks, and cultural events was specifically mentioned. One respondent noted the lost potential for providing indigenous programming which could connect youth to their Nation. Although the provision of drug-free events alone is known to have little impact on youth substance use, these statements seem to reflect concerns about a lack of attention to the needs of children overall.

Mental Health/Substance Use Treatment

As in prior years, there was a groundswell of support for increasing substance use treatment options. In 2022, the qualitative data suggest that this support is particularly strong for mental health and substance misuse related treatment for youth and for an increase in in-patient rehabilitation facilities which include outpatient programs for family members and loved ones. About half of respondents noted that many services had

> "Mental health care in NM is insufficient to take care of those in need. I worked in an ER as a Nurse and felt greatly frustrated because of lack of services for all ages."
>
> -San Juan County

unacceptable wait times, were geographically too far away, and/or were not affordable. As one

Bernalillo County resident told us: "We need more funding and access to mental health and substance use disorder [treatment] for all of ABQ. It should be free no matter if you have insurance or not." In fact, when funding was mentioned, all respondents supported at least some public funding for treatment. Another participant described the lack of availability and accessibility as particularly dire with youth: "Behavioral health services for children/ adolescents are difficult to access, with wait lists that are months long. Behavioral health in-patient beds are also limited and cannot effectively address the needs of the community." (Bernalillo County)

Mental health provision was on the minds of many (N=73) participants who noted an increase in need and perceived a decrease in available services. For example, A Grant County social worker told us that finding mental health care providers was becoming increasingly difficult for her clients. Like substance use treatment options, participants described long wait times to access. Even in urban Bernalillo County, a participant described access this way: "I had to call 24 mental health offices before I could find someone who would talk to me. I had suicidal thoughts and ideations almost daily for two weeks. Albuquerque is a really awful place to be mentally ill. There is just no help here!"

Stigma

A notable number (N=32) of respondents discussed stigma surrounding mental health and substance misuse. A minority of respondents (N=13) ascribed personal attributions to

> "There's a stigma with mental health. And it's embarrassing asking for help."
>
> -Bernalillo County

substance use. Here is a typical sentiment of this assignment of personal choice to address one's SUD, expressed by a participant in Bernalillo County: "I just feel like the city could provide more resources to people in need (such as drug addictions) but at the same time the people with the addictions take no effort to use whatever services may be AVAILABLE to them. So it's their fault more than anything."

Perception of Risk of Getting Caught

Driving While Under the Influence of Intoxicating Liquor or Drugs (DWIs)

As in 2021, participant frustration with the lack of consequences of driving while under the influence of intoxicating liquor or drugs far outpaced other perceptions of risk. Participants

> "I think that there should be an accurate test for driving under the influence of marijuana."
>
> -Santa Fe County

(N=35) were frustrated with a perceived cycle of abuse where there was little chance of getting caught, and even less of being charged with a DWI. Participants blamed police for not

increasing visible enforcement efforts. While some participants noted that routine patrols were intentionally decreased during COVID-19, they were frustrated that patrols were notably absent when they themselves were expected to go back to living normal, non-sequestrated lives. One San Juan County resident expressed frustration this way: "I think we need to start treating DWIs with the same severity as attempted murders." Some of these 35 respondents also noted that the legalization of marijuana even increased the need for patrols -- this Torrance County citizen wrote, "I do not agree with the legalization of recreational marijuana. It will only add to the NM DUI crisis." Respondents were divided on whether driving with marijuana in their system constituted as great a risk as it did for driving while inebriated with alcohol.

Policing

As in past years, most respondents who chose to write about the criminal justice system (N=67 mentioning police, 17 judges, & 4 lawyers) expressed unfavorable opinions. "Enforcement of liquor laws by law enforcement agencies in my community is a joke" writes one Rio Arriba resident. There were a few passages of support for law enforcement officers that noted that they were doing the best they could do within systematic challenges. By far, the most prevalent challenge with law enforcement was the perception of their poor response to emergencies. For example, a Curry County participant told us: "You call the police and it takes them 45 minutes to come or [they] do not show up at all." This type of complaint was frequently expressed with punctuation, profanity, and all CAPS suggesting deep anger. The most specific frustration related to lawyers and judges was recidivism related to DWIs.

Criminal Justice System

Beginning with a parallel national dialogue sparked by public outcry of racism in the criminal justice system in 2020, many participants reflected on the need to address overly punitive drug charges as defined by the late 20th century War on Drugs. This trend continued in 2022 with those favoring the de-criminalization of drug use and minor possession charges (N=39) over increased punishment (N=13). Not only does the numeric difference suggest a real divide, but the strength of response with which those promoting social service and public health support rather than punitive responses to drug charges is stark. Here is a typical response: "The horrible mistreatment of people with addiction by various professionals such as medical professionals and law enforcement is unacceptable and FAR too normal and scares people away from getting help because of the inhumane way they know they will be handled.

> "I believe the most dangerous part of marijuana/drug use is being arrested and charged. The problem in my opinion, [is that] usage is recognized as a crime and therefore sentenced as such. That has to change and become part of the healthcare system instead of the criminal justice system.
>
> -Chaves County

It's sick and evil and needs to stop" (Bernalillo County). Those favoring harsher and longer jail sentences described frustration with recidivism like this Bernalillo County respondent whose daughter was killed by violent crime: "No more light sentences for repeat offenders. They need to make examples of people like this. Maybe if everyone sees this, they might, I mean MIGHT change." About half of these participants noted the relationship between substance misuse and violent crime. Two respondents mentioned that if longer sentences were applied, arresting officers would be more encouraged and supported.

Concluding Comments

As we began a third year influenced by COVID-19, attention shifted from viewing 2020 as an outlier to recognizing the enduring ways in which this globally transmissible illness impacts other important public health concerns. Due to the effects of the pandemic on data collection the past few years, the sample demographics have changed, and therefore the weighting has been crucial to help generate the most accurate statewide estimates possible that are more comparable across years. Even when reviewing these weighted estimates, it is important to have the sampling in mind (e.g., the 2020-22 samples mostly reflect individuals recruited and willing to participate online), as well as the broader effect of the pandemic on people, communities, and institutions during these years.

Given the stress of the pandemic on communities, it is not surprising that recent alcohol use rates are higher than they were in 2019. In 2022 we found that generally most alcohol indicators remained stable across the past two years, but it is noteworthy that the 30-day use rate is up about five percentage points since pre-pandemic in FY19, while the binge drinking rate is relatively unchanged. While communities with focused alcohol prevention efforts had lower rates of past 30-day use and providing alcohol to minors than comparison communities, the drinking and driving rates saw an increase from 2021 and these rates were higher than the comparison communities. Comparison and targeted communities had similar rates for most prescription pain reliever variables, but it is noteworthy that target communities had a higher rate of prescription pain reliever safe storage than the comparison communities.

Participants expressed concern that law enforcement efforts to reduce misuse have not returned to the levels in effect prior to the pandemic. Many participants noted that visible enforcement efforts to prevent driving while intoxicated as well as access to alcohol by minors were not very apparent. We understand that this change has been influenced by competition for resources with other high-priority issues during the pandemic, combined with staffing difficulties that also have been common during this period. Despite these conditions, community members seem to understand that these issues need attention, and therefore it is

an important topic for alcohol misuse prevention efforts as the pandemic's impact recedes.

Participant comments about prescription opioids commonly expressed concern about access to pain medication for legitimate medical reasons. Echoing sentiments from the previous year about access to opioid medication being difficult due to measures to prevent access by 'addicts,' the comments were often about the need to reduce provider restrictions and the fear of overprescribing. As mentioned earlier in the report "every doctor is scared to give them (opioids) out" (San Juan County). Two other important findings from the participant comments were an increasing attention to the importance of Narcan/Naloxone, and the potentially connected increase in concern about the impact of Fentanyl in communities. This will be important for prevention programs to take into consideration as they work on campaigns and provider-focused strategies.

Finally, we acknowledge the challenges that prevention programs have experienced across the state in the past few years. Government, healthcare, and public health institutions have been burdened with response to new COVID-19 variants, with significant focus on increasing access to COVID-19 vaccination and resources for communities that have been disproportionately impacted by the pandemic and the associated healthcare professional burnout. These consequences also place burden on local prevention programs that are trying to assist, and not detract from, their community's response to the pandemic and the re-emergence of other diseases (influenza, RSV, etc). We note the value of the findings in this report to inform prevention program planners about the indicators that have concerning changes. This can help ensure that prevention activities are implemented efficiently in communities that are juggling many important, competing public health priorities. We also again encourage preventionists to disseminate this report to stakeholders outside of the traditional substance misuse prevention community to help educate community leadership about current trends and concerns.

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	53.5	57.8**	51.5	53.5	33.9	48.7***	42.8	53.3*
Past 30-day binge drinking	11.0	14.0**	20.2	18.6	15.1	10.9	10.7	16.5
Past 30-day drinking & driving	1.7	2.0	4.6	1.8***	2.6	2.6	2.3	3.2
Past 30-day binge drinking & driving	1.5	2.1	5.0	3.5*	1.9	3.3	2.1	3.5
Past year purchased or provided alcohol for someone under 21	1.4	2.6**	3.2	3.0	1.3	1.6	2.1	4.2

*p ≤.05 , **p ≤.01, ***p ≤.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	53.6	57.8**	51.5	53.5	33.9	48.7***	42.8	53.3*
Past 30-day binge drinking	11.0	14.0**	20.2	18.6	15.1	10.9	10.7	16.5
Past 30-day drinking & driving	1.7	2.0	4.6	1.8***	2.6	2.6	2.3	3.2
Past 30-day binge drinking & driving	1.5	2.1	5.0	3.5*	1.9	3.3	2.1	3.5
Past year purchased or provided alcohol for someone under 21	1.4	2.6**	3.2	3.0	1.3	1.6	2.1	4.2

*p ≤.05 , **p ≤.01, ***p ≤.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	53.5	55.8	56.8	62.8*
Past 30-day binge drinking	11.1	16.5	21.6	23.6
Past 30-day drinking and driving	3.2	2.7	5.1	3.9
Past 30-day binge drinking and driving	5.1	6.6	5.8	4.3
Past year purchased alcohol for someone under 21	2.0	2.6	4.6	3.6

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	16.1	15.9	19.5	17.0	13.9	15.8	12.1	15.3
Past 30-day pain reliever improper use	3.1	2.8	5.8	4.7	3.3	3.1	5.9	4.9
Past year prevalence of receiving Rx pain reliever	25.0	24.1	23.8	21.8	14.5	20.7**	18.2	18.3
Great or moderate risk of Rx pain reliever non-medical use	90.3	87.3**	85.8	85.2	84.4	84.2	85.0	85.7
Given or shared Rx drugs with someone	12.9	12.0	11.3	11.0	4.6	6.6	7.8	21.2
Medication locked or safely stored away	34.3	31.8	55.4	49.4	45.3	46.9	45.8	43.0

*p ≤.05 , **p ≤.01, ***p ≤.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	15.4	17.0	18.3	17.5	13.5	19.1*	14.5	13.8
Past 30-day pain reliever improper use	3.0	2.8	5.2	5.1	3.4	2.4	5.4	4.8
Past year prevalence of receiving Rx pain reliever	24.8	23.7	23.1	21.5	14.4	26.2***	17.3	20.8
Great or moderate risk of Rx pain relievers non-medical use	88.4	88.3	85.7	84.8	84.8	82.5	84.9	87.0
Given or shared Rx drugs with someone	13.8	10.0	12.3	7.9	4.9	7.2	16.2	17.3
Medication locked or safely stored away	32.5	33.0	54.1	47.5	48.3	36.6	48.0	33.1

**p ≤.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	23.3	18.9	19.1	21.2
Past 30-day pain reliever improper use	4.3	3.7	6.1	8.9
Past year prevalence of receiving Rx pain reliever	29.1	26.0	26.5	25.8
Great or moderate risk of Rx pain relievers non-medical use	89.4	88.0	87.0	87.2
Given or shared Rx drugs with someone	11.4	14.7	16.7	19.7
Medication locked or safely stored away	42.4	36.3	46.9	37.9