# 2023 New Mexico Community Survey Results

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*Prepared by the Pacific Institute for Research and Evaluation (PIRE)*
*For the New Mexico Office of Substance Abuse Prevention (OSAP)*

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## Acknowledgements

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

Data collection in 2023 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 1,418 valid surveys representing 20 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 utilizing AdWallet, an ad-campaign service that paid respondents to watch a brief recruitment message or receive a text message with information about the survey which encouraged them to complete it online. Online survey recruitment and data collection resulted in 9,281 valid surveys representing 33 NM counties. A total of 10,669 valid questionnaires were completed via the two different data collection strategies.

We analyzed the data in several ways. First, we weighted the convenience sample data to match NM Census 2022 population concerning the distributions of gender, age and race/ethnicity across the state so that our statewide 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 FY23, 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 identifying 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 then trending down from FY22 to FY23 (target communities consistently having lower rates than comparison communities during the past five years), and with binge drinking remaining relatively steady and drinking and driving rates trending upward since FY22.
- Target communities reported significantly more perceived likelihood of breaking up teen parties by police (56% vs. 53%) and being convicted if driving after drinking too much and being charged with DWI (83% vs. 81%) than comparison communities.
- The main alcohol source reported by underage adults (18-20 years old) in both target communities and comparison communities was from 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 lower rates of storing medication safely (43% vs. 45%), and less likelihood of disposing unused medications by flushing them down the toiler or sink (10% vs. 13%) and using a dissolving solution to destroy them (10% vs. 14%).
- Among the respondents from communities that administered the additional opioid-related module,
  - A majority (77%) of respondents endorsed the statement that "it is never ok to share a prescription pain reliever with another person."
  - 24% of respondents reported having family members or friends who often use prescription pain relievers. Among these respondents, more than half (53%) thought that those using prescription pain relievers were at risk of overdose.
  - 18% of respondents reported having family members or friends who often use heroin. The majority of these respondents (91%) thought that these individuals are at risk of overdose.
  - About 20% of respondents indicated that they have Naloxone/Narcan, a higher percentage of respondents (35%) indicated that they knew how to get it, and a similar percentage (33%) indicated that they know how to use Naloxone/Narcan.

- Respondents overwhelming believed that medical treatment can help people with opioid use disorder (86%), and supported increasing public funding for opioid treatment programs (88%). Most (81%) believed 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. It's always important to point out that this is an optional and open-ended question requesting the participant to speak about anything else they wished to share. Notable in the 2023 data were concerns about expanded access to 'legal' drugs like cannabis and vapes as well as alcohol, and the normalization of excessive use among adults who influence minors. Participants continued to comment about the need for more prevention education programs for both youth and adults, and especially behavioral health services and the burden of untreated addiction. The lack of recovery services was the most commonly mentioned topic. Also frequently mentioned was frustration about the inadequate response of the state's law enforcement and the criminal justice system, while also mentioning the burden of substance use on this system. In urban areas, there was considerable focus on the unhoused in relation to drug use, and general concern was expressed around social determinants of health in relation to substance use harms.

## Prevention in New Mexico

The NM Office of Substance Abuse Prevention (OSAP) in FY23 funded prevention programs in 15 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 nine 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/curriculum-based prevention strategies for youth, or both. All funded communities are expected to collect New Mexico Community Survey data, and communities that implement direct services are encouraged to implement a pre/post

**Figure 1:** Counties assisting with data collection in New Mexico in Fiscal Year 2023



version of the Strategies for Success survey to monitor progress with the individuals served.
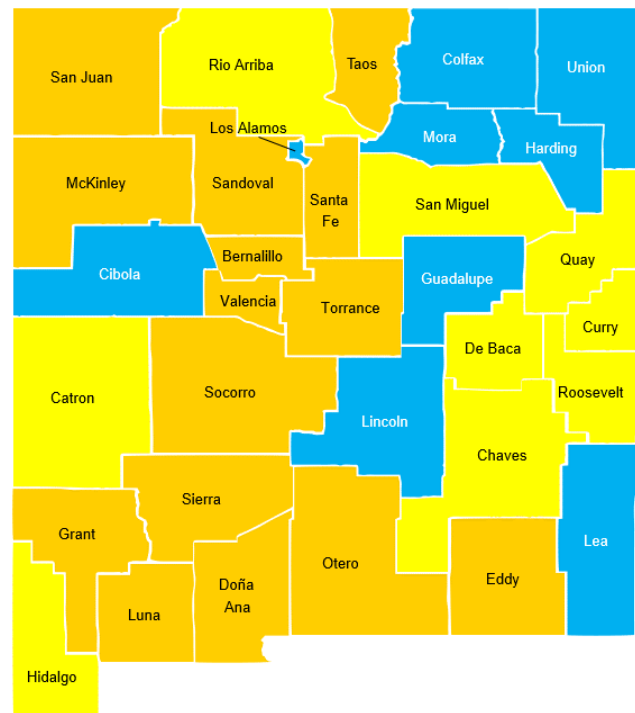
Projects beyond the OSAP-funded prevention programs are also using the NMCS to obtain timely community-based data. These include local DWI programs, Drug Free Community and SAMHSA Partnerships for Success (PFS) grantees, as well as other community-based initiatives that partner with an OSAP-funded program in order to make community-wide impact.

## Methodology

The New Mexico Community Survey (NMCS) has been administered by PIRE 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. Based on PIRE data collection guidelines, PIRE oversees any updates to the survey content and administration methodology prior to implementation each year. This protocol requires that all programs are trained on how to develop and submit a strategic locally targeted data collection protocol that identifies any targeted subpopulations, strategic locations, times to collect data face to face, and venues for online recruitment. PIRE staff and other 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 any paper-and-pencil data collected using a standardized codebook.

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

The first approach taken to collect data utilizes time and venue-based sampling within funded communities for paper-and-pencil administration of the survey. This convenience sampling approach has been used by OSAP funded programs since 2008 and draws from Community Based Participatory Research (CBPR) approaches that foreground community knowledge and initiative in data collection. Community initiative is complemented with technical expertise provided by the SEOW, guidance and support from 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 specific detailed data collection protocols identifying the locations and times in the community where a representative sample of residents can be asked to participate in the survey.  Participants may be asked to complete a paper and pencil or tablet-based version on the spot, or be invited to participate through a poster, flier or via digital means through social media or email listservs (any invitation for later completion of the survey is discussed in the next section). 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. For this in person-data collection recruitment, programs were encouraged to provide up-front culturally appropriate incentives for participants that were approved by OSAP. These incentives are typically bottles of water, snacks, but can also range to donated coupons for local services or a local lottery for a larger prize. If completing the survey online, participants could also be eligible for another incentive (discussed below).

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 for 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.

After face-to-face data collection was halted for most of the FY20 data collection cycle due to the COVID-19 pandemic, 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 FY23, communities were encouraged to engage in in-person recruitment and data collection particularly with community members who tend to be underrepresented in online data collection. A total of 1,418 surveys were collected using this methodology, which constitutes 13.3% of the aggregated sample. These data came from 20 New Mexico counties.

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

To supplement the first approach, the second convenience sampling data collection approach used in FY23 was online and print recruitment resulting in online survey participation via Alchemer. Due to the broad impact of the COVID-19 pandemic, this has been the predominant approach from 2020-2023. 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.  Thirteen Facebook ads targeting eligible New Mexican participants were published through the NMCS Facebook account, with eleven English and two Spanish language ads were purchased to reach a broader audience. Facebook uses an algorithm to determine the optimal placement for ads based primarily on the number of hits the ads received on its media platforms. Ads were created targeting individuals living in NM who were 18+, and some were meant to target 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 to males, young adults ages 18-25, and to specific zip codes to help enhance recruitment for some OSAP-funded counties. Over the course of 5 weeks, the paid Facebook ads led to 2,516,942 impressions, reaching 471,295people, and 16,936unique clicks on the survey link itself.

- **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, the 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, 26% of online participants indicated they learned about the survey through AdWallet (2,374 respondents).
- **Local Community Efforts** included online **"word of mouth"** such as 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 3,746 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 during the past two years and the weighted percentage each county's respondents contributed to the total sample.

**Table 1.** Summary of survey methodologies

| Survey Methodology | N | Percent | NM Counties Represented |
|---|---|---|---|
| PAPER | 1,418 | 13.3 | 20 |
| Online – Facebook/Instagram (18+ yr. olds) | 3,131 | 29.3 | 33 |
| Online – Non-Facebook | 6,120 | 57.2 | 33 |
| **Total** | 10,699 | | |

**Table 2.** Completed questionnaires by County compared to 2022

| COUNTY | 2023 | | | | 2022 | | | |
|---|---|---|---|---|---|---|---|---|
| | Online | Paper | Total | % | Online | Paper | Total | % |
| BERNALILLO | 2489 | 74 | 2563 | 24.0 | 3837 | 99 | 3936 | 29.6 |
| CATRON | 90 | 116 | 206 | 1.9 | 131 | 0 | 131 | 1.0 |
| CHAVES | 166 | 4 | 166 | 1.6 | 173 | 0 | 173 | 1.3 |
| CIBOLA | 79 | 0 | 83 | 0.8 | 65 | 0 | 65 | .5 |
| COLFAX | 64 | 0 | 64 | 0.6 | 61 | 0 | 61 | .5 |
| CURRY | 275 | 19 | 294 | 2.8 | 369 | 37 | 406 | 3.1 |
| DE BACA | 37 | 61 | 98 | 0.9 | 8 | 70 | 78 | .6 |
| DOÑA ANA | 486 | 119 | 605 | 5.7 | 639 | 297 | 936 | 7.0 |
| EDDY | 149 | 0 | 149 | 1.4 | 407 | 0 | 407 | 3.1 |
| GRANT | 169 | 16 | 185 | 1.7 | 174 | 52 | 226 | 1.7 |
| GUADALUPE | 20 | 0 | 20 | 0.2 | 14 | 0 | 14 | .1 |
| HARDING | 20 | 0 | 20 | 0.2 | 2 | 0 | 2 | .0 |
| HIDALGO | 183 | 151 | 334 | 3.1 | 189 | 109 | 298 | 2.2 |
| LEA | 66 | 0 | 66 | 0.6 | 103 | 0 | 103 | .8 |
| LINCOLN | 42 | 4 | 46 | 0.4 | 69 | 8 | 69 | .5 |
| LOS ALAMOS | 27 | 0 | 27 | 0.3 | 40 | 0 | 40 | .3 |
| LUNA | 204 | 155 | 359 | 3.4 | 127 | 0 | 199 | 1.5 |
| MCKINLEY | 224 | 107 | 331 | 3.1 | 208 | 73 | 281 | 2.1 |
| MORA | 26 | 0 | 26 | 0.2 | 17 | 0 | 17 | .1 |
| OTERO | 137 | 218 | 355 | 3.3 | 183 | 324 | 507 | 3.8 |
| QUAY | 231 | 95 | 326 | 3.1 | 249 | 20 | 269 | 2.0 |
| RIO ARRIBA | 238 | 0 | 238 | 2.2 | 443 | 0 | 443 | 3.3 |
| ROOSEVELT | 124 | 0 | 124 | 1.2 | 171 | 1 | 171 | 1.3 |
| SAN JUAN | 1305 | 1 | 1306 | 12.2 | 1336 | 0 | 1336 | 10.1 |
| SAN MIGUEL | 153 | 1 | 154 | 1.4 | 177 | 0 | 177 | 1.3 |
| SANDOVAL | 527 | 54 | 581 | 5.5 | 833 | 0 | 833 | 6.3 |
| SANTA FE | 474 | 1 | 475 | 4.5 | 639 | 0 | 639 | 4.8 |
| SIERRA | 244 | 220 | 464 | 4.4 | 121 | 66 | 187 | 1.4 |
| SOCORRO | 143 | 1 | 144 | 1.4 | 192 | 0 | 192 | 1.4 |
| TAOS | 427 | 0 | 427 | 4.0 | 457 | 0 | 457 | 3.4 |
| TORRANCE | 98 | 0 | 98 | 0.9 | 139 | 0 | 139 | 1.0 |
| UNION | 14 | 0 | 14 | 0.1 | 11 | 0 | 11 | .1 |
| VALENCIA | 320 | 1 | 321 | 3.0 | 480 | 0 | 480 | 3.6 |
| **TOTAL** | 9,251 | 1,418 | 10,699 | 100.0 | 12,064 | 1,219 | 13,283 | 100.0 |

## Analysis

Prior to analysis, NMCS data from the paper-and-pencil and the online survey were combined. Given that the NMCS sample has 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 2022 estimated population data[1] of NM to create population 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 FY23, the survey items concerning the gender of respondents were updated. The self-identified gender variable included four response options: female, male, transgender/nonbinary/gender nonconforming/two-spirit/other gender category and prefer not to answer. Two of the gender categories (female and male) in the gender variable match the Census female and male categories used in the weighting. The other two gender categories were treated as missing gender in the weighting procedure because Census data only contained male and female categories. Gender sub-group survey results were reported only for females and males because the sample size for the additional gender categories was too small.

Analyses were organized by the substance categories included in the survey. Within the two primary categories, 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 FY23. Then we examined targeted substance use 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. Differences were considered statistically significant if the probability that we would see the result simply by chance was less than 5% (that is, the p value is < .05), the standard for evaluations and scientific research). Table 3 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 July 21 2023.

**Table 3.** Target counties

| Target Counties | | | |
|---|---|---|---|
| **County** | **Program** | **Alcohol** | **Prescription Opioids** |
| **Bernalillo** | Health Equity Council* | | x |
| **Bernalillo** | Native American Community Academy (NACA) | x | x |
| **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 |
| **McKinley** | Strategic Network of Advocates for Prevention of Suicide and Substance Abuse Coalition | x | x |
| **Otero** | Mescalero Prevention Program | 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 |

* 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 4 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 (2022 American Community Survey 1-Year Estimates), 29.1% of adults 25 years older or above in NM reported having a bachelor's degree or above compared to our weighted estimate of 37.5%. Approximately 7.7% of the NMCS sample reported having served, or to be still serving, in the military which, when weighted, increased to 11.7%.

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

| Gender | n | Unweighted % | Weighted % |
|---|---|---|---|
| Female | 7,298 | 68.6 | 49.3 |
| Male | 3,082 | 29.0 | 48.3 |
| Transgender, Nonbinary/Gender nonconforming, Two Spirit, or other gender category | 155 | 1.5 | 1.5 |
| Prefer not to answer | 99 | 0.9 | 0.9 |
| **Age** | **n** | **Unweighted %** | **Weighted %** |
| 18-20 | 434 | 4.1 | 5.4 |
| 21-25 | 808 | 7.6 | 9.1 |
| 26-30 | 946 | 8.9 | 8.6 |
| 31-40 | 2,246 | 21.1 | 17.0 |
| 41-50 | 1,986 | 18.6 | 14.7 |
| 51-60 | 1,920 | 18.0 | 14.9 |
| 61-70 | 1,571 | 14.7 | 15.5 |
| 70+ | 758 | 7.1 | 14.9 |
| **Race/ethnicity** | **n** | **Unweighted %** | **Weighted %** |
| Non-Hispanic White | 4,538 | 42.5 | 39.3 |
| Hispanic or Latino | 4,054 | 38.0 | 46.5 |
| Native American | 1,391 | 13.0 | 8.6 |
| Other | 686 | 6.4 | 5.7 |
| **Education** | **n** | **Unweighted %** | **Weighted %** |
| Less than high school | 452 | 4.3 | 5.0 |
| High school graduate/GED | 2,372 | 22.7 | 24.4 |
| Currently an undergraduate | 554 | 5.3 | 5.2 |
| Some college | 2,934 | 28.1 | 27.8 |
| College or above | 4,145 | 39.6 | 37.5 |
| **Military status** | **n** | **Unweighted %** | **Weighted %** |
| Active military or veteran | 823 | 7.7 | 11.7 |
| **Sexual orientation** | **n** | **Unweighted %** | **Weighted %** |
| LGBQ | 1,266 | 12.6 | 12.3 |

## Demographics by Funding Stream

Table 5 provides a breakdown of the SAPT sample by gender and race/ethnicity. We also have data from communities receiving no prevention funding during FY23 –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).

| Gender | n | Weighted % |
|---|---|---|
| Female | 3019 | 47.9 |
| Male | 1345 | 49.8 |
| Transgender, Nonbinary/Gender nonconforming, Two Spirit, or other gender category | 55 | 1.2 |
| Prefer not to answer | 49 | 1.1 |
| Race/ethnicity | n | Weighted % |
| Non-Hispanic White | 1781 | 39.2 |
| Hispanic or Latino | 1423 | 40.7 |
| Native American | 1046 | 15.5 |
| Other | 229 | 4.5 |

## Demographics by Prevention Priority

All communities used SAPT funding to target alcohol-related outcomes and most communities also targeted prescription pain reliever use (as mentioned earlier, Bernalillo County does not have SAPT funding, but does have a SPF Rx grant-funding project targeting prescription pain reliver use and therefore was included in the communities that targeted prescription pain reliever use for analyses). Thus, the 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, by communities targeting alcohol misuse compared to rest of NM

|  | Target Alcohol | | Comparison | |
|---|---|---|---|---|
| Total | 4,479 | | 6,190 | |
| **Gender** | n | Weighted % | n | Weighted % |
| Female | 3019 | 47.9 | 4279 | 50.3 |
| Male | 1345 | 49.8 | 1737 | 47.3 |
| Transgender, Nonbinary/Gender nonconforming, Two Spirit, or other gender category | 55 | 1.2 | 100 | 1.6 |
| Prefer not to answer | 49 | 1.1 | 50 | 0.8 |
| **Race/ethnicity** | n | Weighted % | n | Weighted % |
| Non-Hispanic White | 1781 | 39.2 | 2757 | 39.3 |
| Hispanic or Latino | 1423 | 40.7 | 2631 | 50.7 |
| Native American | 1046 | 15.5 | 345 | 3.6 |
| Other | 229 | 4.5 | 457 | 6.5 |

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**Table 7.** Unweighted numbers and weighted percent of sample by demographic characteristics, by communities targeting prescription pain reliever misuse compared to rest of NM

|  | Target Rx Pain relievers | | Comparison | |
|---|---|---|---|---|
| Total N | 6,523 | | 4,146 | |
| **Gender** | n | Weighted % | n | Weighted % |
| Female | 4430 | 48.3 | 2868 | 50.8 |
| Male | 1910 | 49.1 | 1172 | 47.1 |
| Transgender, Nonbinary/Gender nonconforming, Two Spirit, or other gender category | 102 | 1.6 | 53 | 1.3 |
| Prefer not to answer | 66 | 1.0236 | 33 | 0.7883 |
| **Race/ethnicity** | n | Weighted % | n | Weighted % |
| Non-Hispanic White | 2560 | 36.8 | 1978 | 43.1 |
| Hispanic or Latino | 2411 | 46.3 | 1643 | 46.8 |
| Native American | 1169 | 11.8 | 222 | 3.6 |
| Other | 383 | 5.1 | 303 | 6.5 |

## Analysis by Survey Topic

### *Alcohol*

We begin by providing a breakdown of the statewide estimates for the alcohol use items and related risk behaviors for the SAPT sample. In Table 8, 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 harmful 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 | Women | Men |
| --- | --- | --- | --- |
| Past 30-day alcohol use | 47.4 (1,950) | 42.3 (1,225) | 52.4 (676) |
| Past 30-day binge drinking | 17.3 (707) | 13.0 (406) | 283 (21.6) |
| Past 30-day drinking & driving | 4.0 (161) | 2.7 (88) | 5.3 (71) |
| Past year purchased or provided alcohol for someone under 21 | 3.7 (144) | 2.8 (77) | 4.3 (59) |

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 estimated prevalence of alcohol consumption and related risk behaviors in these two types of communities from FY 2014 to FY 2023. 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 FY23, the estimated past 30-day binge drinking rate remained the same in the comparison communities (16.1%) but increased in target communities (from 15.9% to 17.3%). The estimated rate of past 30-day drinking and driving also was higher in the target communities in FY23 (the past 30-day binge drinking and driving item was removed from the survey in FY 23 because of how similar results

were to the item about drinking and driving). Between 2014 and 2021, the estimated levels of drinking and driving generally decreased, but the most recent estimated rates have been higher. In FY23, it was also noteworthy that the self-reported rate of purchasing alcohol for a minor in both community groups increased.

**Figure 2.** Comparing target and comparison communities on alcohol consumption indicators from FY 2014 to FY 2023; weighted % reported
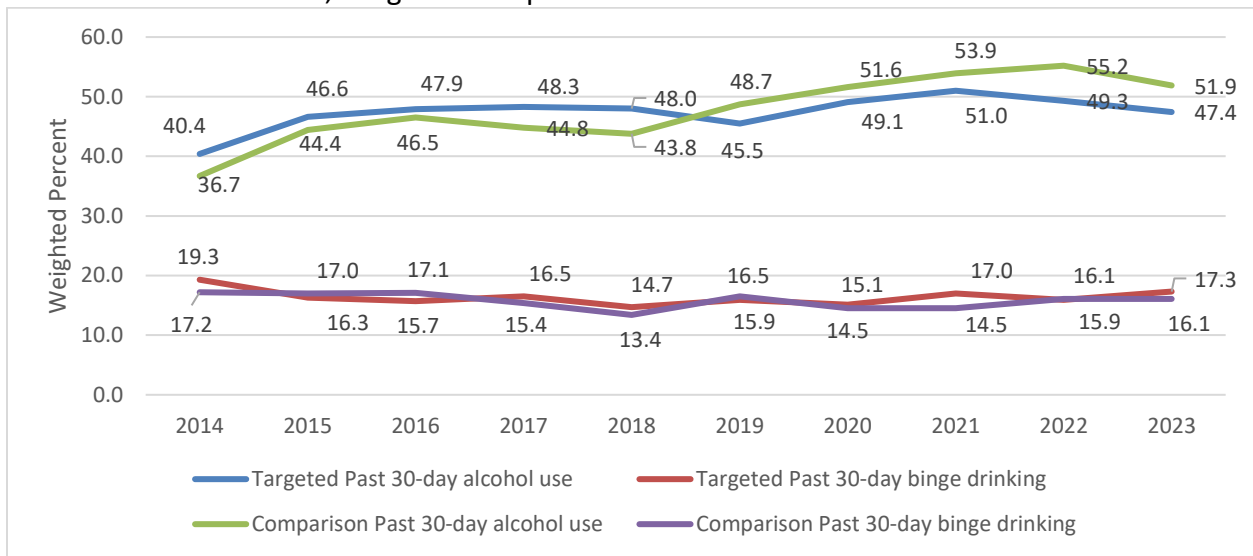


**Figure 3.** Comparing target and comparison communities on drinking and driving indicators from FY 2014 to FY 2023; weighted % reported.
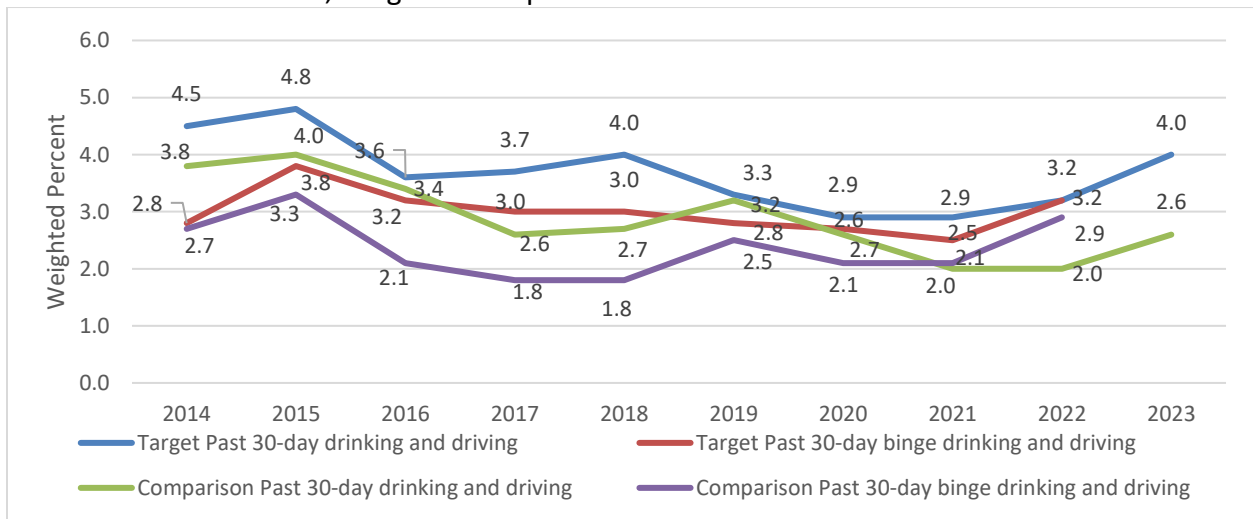
**Figure 4.** Comparing target and comparison communities on purchasing alcohol for minors from FY 2014 to FY 2022; weighted % reported
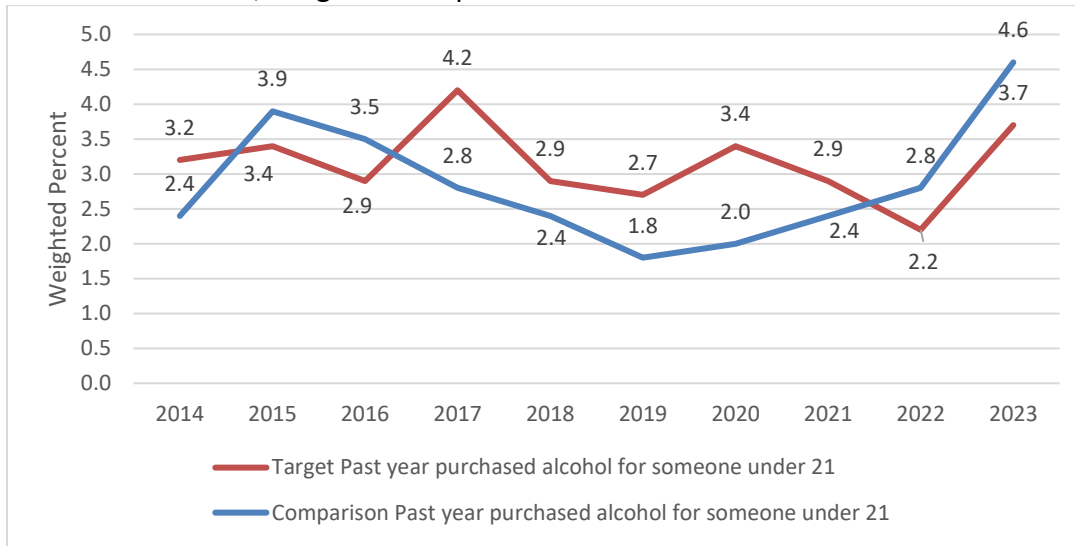


The survey includes questions concerning key intervening variables associated with alcohol misuse, including easy access to alcohol for underage persons and the perception of risk of legal consequences for violating alcohol laws. Table 9 shows the weighted percent of adults 18 and older who perceive 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. 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 higher percentages of likelihood of breaking up teen parties by police (56.1% vs. 52.5%) and being convicted if driving after drinking too much and being charged with DWI (82.7% vs. 80.7%) relative to comparison communities. Overall, the estimates of perception of risks measures were improved in FY 23 relative to FY22.

**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 | 15.0 (496) | 16.8 (805) |
| Ease of access to alcohol by teens from stores and restaurants | 59.1 (2,060) | 62.3 (3,082) |

| Perception of risk/legal consequences | Very or Somewhat Likely | |
|---|---|---|
| | Target | Comparison |
| Likelihood of police breaking up parties where teens are drinking** | 56.1 (1,829) | 52.5 (2,436) |
| Likelihood of police arresting an adult for giving alcohol to someone under 21 | 58.2 (1,914) | 58.4 (2,687) |
| Perception of risk/legal consequences | Very or Somewhat Likely | |
| | Target | Comparison |
| Likelihood of being stopped by police if driving after drinking too much | 65.5 (2,440) | 64.4 (3,288) |
| Likelihood of being convicted if driving after drinking too much and being charged with DWI** | 82.7 (2,858) | 80.7 (3,853) |

*p < .05; **p < .01

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 one measure: 27% of target community respondents reported unrelated adults giving them alcohol (vs. 12% in the comparison communities).

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

| Access to Alcohol | Target (n=68) | Comparison (n=59) |
|---|---|---|
| Adult family member gave or bought it | 22.6 (15) | 29.3 (17) |
| Unrelated adult gave or bought it* | 27.2 (21) | 11.7 (8) |
| Got it at a college party | 10.0 (6) | 8.5 (6) |
| Got it at some other type of party | 21.0 (13) | 9.8 (6) |
| Parent/guardian gave or bought it | 12.7 (9) | 9.2 (6) |
| Took it from home | 12.0 (8) | 10.3 (5) |
| Bought it at a restaurant/bar/public place | 7.7 (6) | 11.6 (8) |
| Someone underage gave or bought it | 4.9 (4) | 3.8 (3) |
| Got it some other way | 6.6 (4) | 3.7 (2) |

*p ≤.05.

### Prescription Pain Relievers
Table 11 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 11 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 | Women | Men |
|---|---|---|---|
| Past 30-day Rx pain reliever use for any reason | 20.7 (774) | 21.0 (524) | 20.6 (232) |
| Past 30-day pain reliever improper use (without prescription or differently than prescribed) | 6.5(224) | 5.3 (128) | 7.6 (89) |
| Past year prevalence of receiving Rx pain reliever | 25.7 (981) | 27.1(674) | 24.6 (286) |
| Great or moderate risk of Rx pain reliever non-medical use | 81.3 (3,062) | 82.6 (2,090) | 80.5 (903) |
| Given or shared Rx drugs with someone | 5.9 (220) | 5.2 (138) | 6.7 (77) |
| Rx pain relievers locked or safely stored away | 43.8 (854) | 47.8 (599) | 40.6 (242) |

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 (lower in target communities 42.7% vs. 45.4%).

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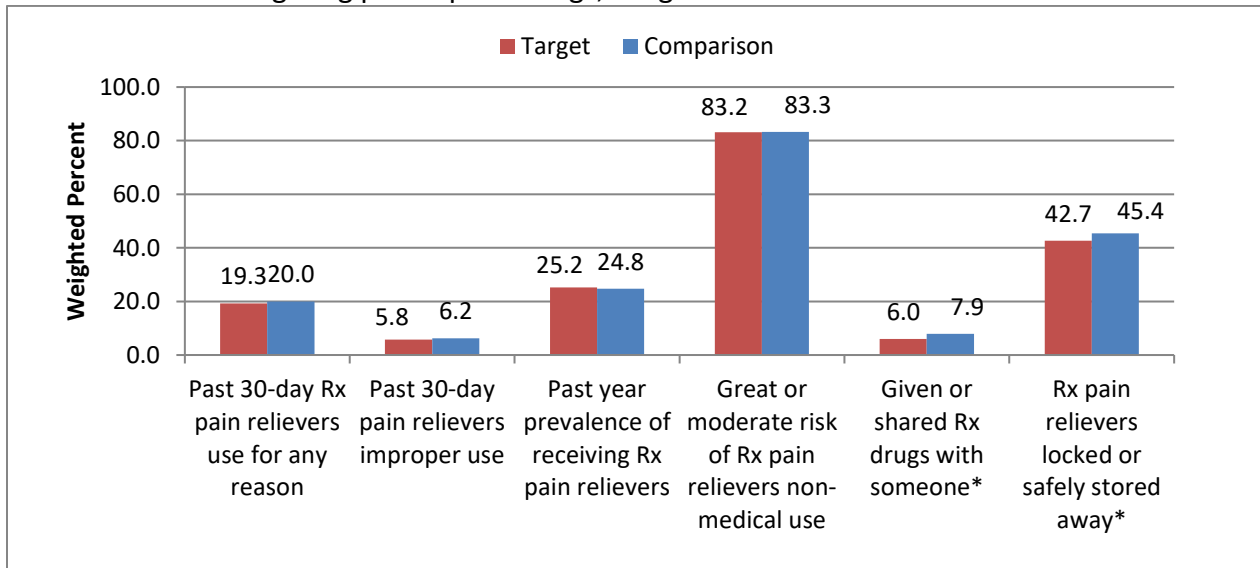


*p < .01.

Table 12 presents the various means by which respondents reported accessing the prescription pain relievers that they used. Statistically significant difference was found between target and comparison communities for one measure: those indicating that they had taken prescription pain relievers from someone without asking (3.5% in target communities vs. 8.5% in comparison communities). 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=1,796) | Target | Comparison |
|---|---|---|
| A doctor/doctors prescribed | 84.2 (929) | 83.0 (589) |
| Family member shared | 6.4 (69) | 9.2 (68) |
| Friend shared | 4.2 (45) | 4.9 (39) |
| Bought from somebody | 7.5 (75) | 8.5 (63) |
| Taken from someone without asking* | 3.7 (37) | 8.5 (58) |
| Other places | 2.5 (24) | 1.2 (8) |

*$p < .001$.


Table 13 below provides a breakdown by target and comparison groups of the 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 except for the measure of "use to get high or stoned", and about 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=3,328) | Target | Comparison |
|---|---|---|
| To treat pain that my doctor or dentist identified | 79.0 (1646) | 80.0 (1040) |
| For pain not identified by my physician | 14.9 (281) | 14.5 (174) |
| To have fun with a friend or friend(s) socially | 1.4 (22) | 1.0 (14) |
| To help me sleep | 8.3 (151) | 5.6 (76) |
| To get high or stoned* | 2.6 (49) | 4.9 (62) |
| To cope with anxiety or stress | 7.7 (155) | 6.2 (82) |
| Another reason | 4.5 (88) | 4.4 (55) |

*$p < .05$

Table 14 presents how respondents reported handling 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 29%); 2) threw away some other way (over 22%); and 2) took them to a Rx medication drop box (over 20%). Target and comparison communities were significantly different on two measures, with target community respondents having a lower percentage of respondents flushing down the toilet or sink 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=2,921) | Target | Comparison |
|---|---|---|
| Took to a Rx medication drop box | 24.3 (410) | 20.9 (243) |
| Took to a periodic "Take Back" event | 7.1 (121) | 9.3 (103) |
| Flushed down the toilet or sink* | 9.9 (187) | 12.7 (156) |
| Mixed with an unappealing or neutralizing substance | 4.8 (94) | 5.3 (68) |
| Threw away some other way | 22.6 (375) | 22.3 (266) |
| Used a dissolving solution to destroy them* | 9.6 (148) | 13.8 (154) |
| Kept them for future use | 29.8 (522) | 29.5 (365) |
| Did something else with my unused medications | 3.3 (63) | 2.8 (41) |

*$p < .05$

Tables 15-17 and Figure 6 summarize additional results from the optional Opioid Module. Three counties, Catron, McKinley and Rio Arriba, collected the opioid module data (N=775) in FY23. About 24% of respondents reported having family members or friends who often use prescription pain relievers. Among these respondents, about 53% 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, fentanyl or non-prescription opioids (18%), and the majority of these respondents (91%) 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 FY22, the FY23 estimates showed that higher portion of respondents in FY23 agreed that it was never OK to share prescription pain relievers with others 77.3% (Figure 6) vs. 64.4% in 2022.

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

| Opioid use by family and friends | % of Yes |
|---|---|
| Having family members or friends who often use Rx pain medication (n=584) | 24.1 |
| These family members or friends are at risk of overdose (n=154) | 53.1 |
| Some of these family members or friends live with you (n=155) | 14.2 |
| Having family members or friends who often use heroin, fentanyl or non-prescription opioids (n=579) | 17.7 |
| These family members or friends are at risk of overdose (n=125) | 91.1 |
| Some of these family members or friends live with you (n=125) | 18.6 |

**Figure 6.** Opinions about sharing Rx pain relievers with others (n=572)
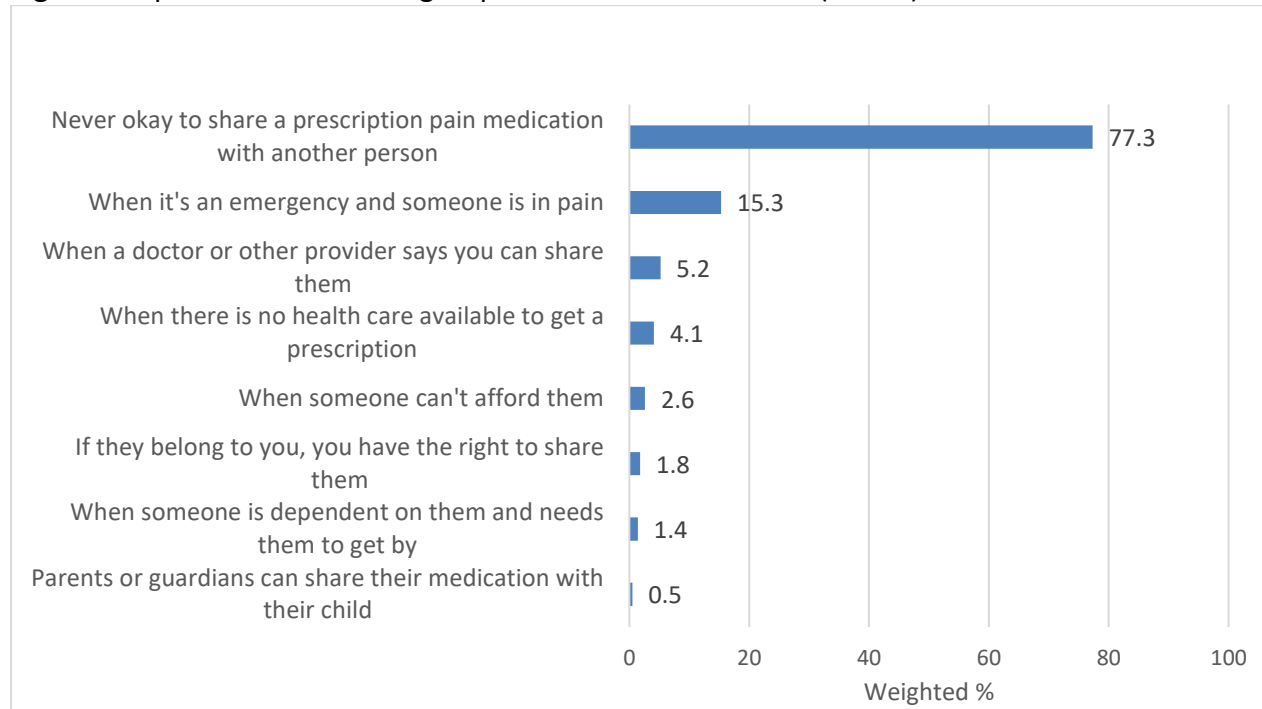


Table 16 summarizes respondents' access to Naloxone/Narcan. Among all Opioid Module respondents: 20% of them had Naloxone/Narcan on hand, about 35% knew how to get Naloxone/Narcan and about 33% knew how to use it. Overwhelmingly respondents agreed that medical treatment can help people with opioid use disorder (86%) and their own community hasn't done enough to prevent opioid misuse (81%). NMCS participants also strongly support increasing public funding for opioid treatment program (88%) (Table 16).

**Table 16.** Access to and knowledge about Naloxone/Narcan

| Naloxone access | % of Yes |
| --- | --- |
| Have Naloxone/Narcan (n=578) | 20.3 |
| Know how to get Naloxone/Narcan (n=575) | 34.5 |
| Know how to use Naloxone/Narcan (n=576) | 33.2 |

**Table 17.** Endorsement of issues related to opioid use

| Opinions | % of Agree or strongly agree |
| --- | --- |
| Medical treatment can help people with opioid use disorder lead normal lives (n=568) | 86.0 |
| My community is not doing enough to prevent opioid misuse and addiction (n=555) | 80.5 |
| Support increasing public funding for opioid treatment programs in my community (n=567) | 88.4 |

## Analysis of the Indicators Associated with Each 2023 Prevention Strategy

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

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

| Intervening variable | 2023 Strategies | | Indicators from NMCS 2023 | Weighted % |
|---|---|---|---|---|
| **Perception of Risk of getting caught** | Promoting and publicizing (law) enforcement efforts (saturation patrols, sobriety checkpoints, etc.) | A2a | Likelihood of police breaking up parties where teens are drinking: Very or somewhat Likely | **54.0** |
| | | | Likelihood of police arresting an adult for giving alcohol to someone under 21: Very or somewhat Likely | **58.3** |
| | | | Likelihood of being stopped by police if driving after drinking too much: Very or somewhat Likely | **64.9** |
| **Perception of Risk of consequences** | Promotion and publicizing of poorly enforced consequences | A1a | Likelihood of being convicted if driving after drinking too much and being charged with DWI | **18.5** |
| **Retail Access** | Responsible Beverage Service Model | A3a | Ease of access to alcohol by teens from stores and restaurants: very or somewhat difficult | **61.0** |
| | | | Bought alcohol at a store, a restaurant or public place (among youth ages 18-20 who used alcohol last 30 days) | **11.6** |
| | 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) | **19.0** |

| Intervening variable | 2023 Strategies | | Indicators from NMCS 2023 | Weighted % |
|---|---|---|---|---|
| | | | Access to alcohol at a college party (among youth ages 18-20 who used alcohol last 30 days) | **11.3** |
| **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) | **13.4** |
| | | | Took alcohol from home or someone else's home (among youth ages 18-20 who used alcohol last 30 days) | **13.6** |
| **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) | **19.0** |
| | | | Last year purchased or provided alcohol to underage youth | **4.1** |
| **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 | **67.0** |

**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) | **8.0** |
| | | | Stored prescription drugs in a locked cabinet (parents only) | **53.6** |
| **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+) | **3.7** |
| | | | Stored prescription drugs in a locked cabinet (ages 60+ only) | **34.1** |
| **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) | **34.7** |
| | | | Pharmacy staff talked about storing prescribed pain relievers safely (among people who were prescribed pain relievers). | **28.5** |

| Intervening variable | 2022 Strategies | | Indicators from NMCS 2022 | Weighted % |
|---|---|---|---|---|
| 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). | 54.9 |
| | | | Medical providers talked about storing prescribed pain relievers safely (among people who were prescribed pain relievers). | 34.3 |
| | | | Shared any prescription drugs with someone (whole sample) | 6.7 |
| | | | Stored prescription drugs in a locked cabinet (whole sample) | 43.8 |
| Social Access | Work directly with **medical providers** so they can directly educate or encourage patients to reduce social access: develop and disseminate among providers a "provider guide" | R3h | Same as R3g | |
| Perception of Harm | Use media resources to increase awareness of Rx pain reliever harm & potential for addiction | R4a | Perception of risks using Rx pain relievers for a non-medical reason: moderate or great risk | 83.2 |
| | | | Self-reported 30-day use of prescription pain relievers for any reason | 19.5 |
| | | | Self-reported improper use of prescription pain relievers (differently than prescribed) | 5.9 |
| | | | Shared any prescription drugs with someone (whole sample) | 6.7 |
| | | | Stored prescription drugs in a locked cabinet (whole sample) | 43.8 |
| | | | Among binge-drinker, self-reported 30-day use of prescription pain relievers for any reason | 22.7 |
| | | | Among people who reported 30-day use of prescription pain relievers, percentage of doing binge drinking past 30 days | 19.3 |

# Qualitative Results

## Qualitative Methodology

The final question of the 2023 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.]" Most survey participants skip this optional question, but those that do answer tend to have strongly worded responses. Like those who self-select to write an online review for a product or service, individuals taking the time to respond to this item likely represent an impassioned set of survey respondents.

In the 2023 NMCS, 2,224 respondents entered readable responses into the open field. This is an increase of responses from previous NMCS years (2022 N=2,049, and 2021 N=1,822). Table 20 compares the number of qualitative comments by county and year.

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

| County | Number of Comments-2022 | Number of Comments-2023 |
|---|---|---|
| Bernalillo | 559 | 533 |
| Catron | 20 | 43 |
| Chaves | 32 | 26 |
| Cibola | 13 | 21 |
| Colfax | 6 | 19 |
| Curry | 53 | 51 |
| De Baca | 0 | 11 |
| Doña Ana | 126 | 100 |
| Eddy | 46 | 28 |
| Grant | 33 | 28 |
| Guadalupe | 3 | 7 |
| Harding | 0 | 4 |
| Hidalgo | 33 | 30 |
| Lea | 18 | 18 |
| Lincoln | 15 | 10 |
| Los Alamos | 4 | 6 |
| Luna | 46 | 77 |
| McKinley | 49 | 97 |
| Mora | 7 | 10 |
| Otero | 94 | 35 |
| Quay | 36 | 62 |
| Rio Arriba | 81 | 72 |
| Roosevelt | 16 | 17 |
| San Juan | 262 | 324 |
| San Miguel | 34 | 39 |
| Sandoval | 129 | 104 |
| Santa Fe | 118 | 116 |

| County | Number of Comments-2022 | Number of Comments-2023 |
|---|---|---|
| Sierra | 28 | 59 |
| Socorro | 44 | 31 |
| Taos | 84 | 123 |
| Torrance | 20 | 28 |
| Union | 2 | 5 |
| Valencia | 38 | 90 |
| Total | 2,049 | 2,224 |

As in past years, 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. PIRE analysts sought to identify themes that represented the diverse opinions from across the State of New Mexico with particular emphasis on OSAP-funded communities. Except where needed for clarity, the quotes appear unedited below. Spanish responses appear both in the original writing and translated to English, originally coded in Google Translate. All quotes are labelled with the participant's county of residence except where doing so could compromise the respondent's confidentiality.

The qualitative section of this report tells a story of an increasing sense of despair over substance use and related harms across the state. Supports to mitigate harmful use are seen as inadequate and the judicial system is blamed for failing to prevent and adequately respond to drug and alcohol-related crime. The free-response section of the survey also provides insight into substance-related concerns of New Mexicans such as those regarding the unhoused and a growing sense of systemic inequality.

## General Perceptions of Substance Use in the Community

### *Drug Misuse is Getting Worse*
Each year, respondents tell us that they believe that substance misuse is worsening in their communities. These responses (N=60) tend to contain overtones of frustration. New this year, many respondents noted the density of marijuana outlets as indicative that drug use was expanding in their community. A Taos resident described their exasperation this way: "This town is lacking in so many services... and yet there is a place to buy weed on every corner." Another respondent likened recreational marijuana use to alcohol. "Alcohol and marijuana should not be sold on every corner as they are now" (San Juan). Many respondents talked about the worsening drug crisis in their communities in ways disconnected from themselves. The drug problem was nearby, but the respondents' choice of words suggested that they had not considered personally getting involved to support prevention or treatment. For example, this Bernalillo County respondent wished more could be done but did not specify what could be

done and what role that they might personally have in it. "Drug use and abuse is an awful part of the community and it's harder to be safe when we have these issues. Alcohol use and abuse is also a big concern and wish there could be more done." In a similar response, this Chaves County resident told us that "The substance abuse in Chaves Country is endemic and absolutely out of control. There has to be a better way of managing the problem." A few respondents noted that drug misuse was so serious that it was becoming culturally normative. "I believe NM has a severe drug problem. I think the culture here contributes to it. People think it's ok to drink and drive because they 'only' had 3 beers at a brewery when they overserve, or people take edibles and are cross faded. NM has a drug and culture problem that won't be fixed unless the culture here is changed" (Bernalillo).

*This small community has a definite illegal drug problem. It is happening here, but I have no idea what is being done to stop it and or prevent it. This is too nice of a community to let this continue.*

De Baca

### *Legalizing Marijuana*

Our analyses of the qualitative comments over the past few years indicate a shift in the most vocal public opinion about the legalization of marijuana. In the years before the legalization of recreational use, most sentiments were in support of legalization. Now that recreational marijuana use is legal, most comments in the community survey reflect remorse about this legalization, particularly regarding youth use. This year, only six of the 128 respondents who discussed legalization expressed support. A Bernalillo County resident told us: "I think the use of alcohol, meds and/or drugs (including marijuana) is out of control. The last thing we needed was to legalize marijuana. I see people smoking it behind the wheel as if it is quite harmless. No one seems to care about this trend. I don't think we know what we are doing as a state and we will pay for it down the road." A Torrance County resident linked marijuana legalization with drug-related crime saying "I have to say that since marijuana has been legalized in this state, I feel that the crime everywhere is escalating and will continue to escalate in all age groups." Fifty-five respondents specifically noted the impact that legalization has had on youth use. One teacher told us: "I am employed by an elementary school … I find it appalling how exposed our children are to marijuana. They smell of it when they come to school, the vehicle they drive in reeks of marijuana. And a few children (in this moment of time) smoke with their parents" (county name withheld to protect confidentiality). A San Juan resident sums up a common theme this way: "I feel legalizing marijuana enables it to get into

*Legalizing THC was a huge mistake. All that just for tax dollars! Now people who never used before are using simply because they can.*

Eddy

the wrong hands, such as young children and teens who become desensitized to it when it is used freely around them" (San Juan).

## *Access to Alcohol*

Youth access to alcohol and overservice to legal adults were on the minds of the 2023 NMCS participants. Previous surveys have noted that most youth access alcohol from their parents, and this was noted this year as well (N=10). More respondents (N=14) noted retail access for youth this year than in prior years. One respondent noted that they had seen people who are unhoused buy alcohol for minors in exchange for money. A retail worker in Santa Fe County told us: "I have seen more theft of alcohol and customer's personal belongings that were left in their cars or carts. Not having any security or the authority to stop these teenagers from theft, I believe it makes it harder and less likely that they will stop thieving and taking drugs and alcohol." As with youth access to marijuana, the prevailing perception was that underage minors can access what they want, when they want it, with very little trouble or consequences if caught. "Teenagers at a local high school have talked about how easy it is for them to get alcohol and other drugs" (Bernalillo County). This sentiment was reflected in both urban and more rural counties. Eight respondents wrote to let us know about incidents of overserving alcohol that they had witnessed. Some called for state-level reform like this Sandoval resident: "NM is too relaxed in its laws on heavy alcohol use and allowing businesses to sell alcohol to the intoxicated."  Finally, respondents noted that even with new and potentially more deadly drugs in their community, that alcohol was still the most prevalent and can be just as harmful. This Catron County resident expressed a common theme among participants: "Alcohol is the most vicious gateway drug and it is legal."  "I work in a convenience store and the amount of alcohol sold in my little town is staggering."

## *Access to Opioids*

Citizen concern about opioids remains high. Concerns of doctors overprescribing (N=13) and barriers to appropriate opioid access for those who need them (N=22) were most common. Most of the complaints about medical providers reflected what participants perceived as a careless decision process for pain management. As one participant told us: "I recently had a vasectomy and was prescribed narcotics. I was not told of any alternatives. I have never had any issues with drugs, but it is troubling that the doctor/medical staff did not give me any options. They just went for the narcotics straight away." (Bernalillo) On the other hand, doctors were also more likely to be blamed for residents not having their pain appropriately treated as this resident told us: "It's extremely difficult to get pain relief for chronic pain due to all the obstacles now in place. Doctors are scared to treat pain and now patients who need it don't get it. The people who misuse drugs are not affected by this because they get their drug of choice off the street" (Bernalillo County). Much like the previous quote, frequently blame was also

> There was a time when Narcan (naloxone) was available for free in New Mexico. Then it was briefly available at a minimal price. Now it is prescription only and quite expensive. Why is Narcan not available to the public for no or low cost?
>
> Los Alamos

placed on those who are dependent on opioids for restriction of access for others with 'legitimate need'. These sentiments were echoed by participants around the state as shown by this Sandoval resident: "I think if people are responsible with pain medication, they should not be put into the same category as those who are addicted to it. Many have chronic medical problems and need pain meds for their wellbeing. Those who take pain meds have a stigma attached to them that make it harder for them to obtain their medication."

Twenty respondents discussed the availability and use of Narcan with seventeen in favor of its use. Some respondents had been trained in its use, while others wanted training like this Doña Ana resident who said: "I also would like to know how to use Narcan, because this is now a 'when', not 'if' problem."

### *Other Drugs on the Minds of Community Survey Respondents*

Besides marijuana, residents most frequently wrote about fentanyl (N=50), methamphetamines (N=30), and alcohol (N=27). Participants were most likely to associate fentanyl with overdose deaths like this respondent: "There is a severe fentanyl problem in San Juan County and we should be doing something about it. People are dying like flies." Eight participants expressed concern about youth knowingly or unknowingly being exposed to fentanyl through other drug use. As with respondents beforementioned, fentanyl was often

> This fentanyl issue is huge.
>
> Bernalillo

equated with death even in first time use. "I'm very worried about some blue pill…The young kids or anyone OD on it 'cause you hear all the time they OD on it" (Quay). In contrast, participants discussed methamphetamine use as primarily an issue in adults. "Meth is a huge issue statewide and not with teens but adults. They are dangerous and can cause great bodily harm to others" (San Juan). Of all the drugs mentioned by respondents, methamphetamine use was mentioned more frequently by residents of counties less urban than Bernalillo and Santa Fe.

Although tobacco was infrequently discussed, vaping was mentioned by eighteen respondents. Because tobacco and marijuana are both frequently vaped, it was unclear to which substance our respondents were referring. However, it was on their minds and bears mentioning here. A San Juan resident described their concerns this way: "I think one of the biggest problems our

community faces is access to vape products for teens and kids. It's way too easy for them to get and it's leading down dangerous paths for their future."

### *Who is at Fault for the Rise in Substance Use?*

Despite a human tendency to blame others for social ills, many participants had a real connection to substance use and related issues. One hundred and twenty-six respondents chose to share their personal stories of being or caring for a person struggling with substances. Most common were stories about the use of multiple kinds of drugs together with alcohol (N-36). Also common were fentanyl (N=21), methamphetamine (N=12), and alcohol alone (N=19). It is common in public health surveys for participants to use free-response sections to share their views on who bears responsibility for causing the issue under study. As in prior years, some respondents blamed the person who uses the

> Mental health crisis is (primarily) the main cause of alcohol and drug abuse. We need more mental health programs.
>
> Valencia

substances like this San Juan County resident who told us: "I don't think that substance is a medical issue that is out of the control of the user. I feel that substance use is a choice and the user is very aware of the negative consequences that may occur." A far greater number of respondents blame youth use on poor parenting. This included the belief that permissive parenting led to parental ignorance of use by their child, for example: "Because a lot of parents let their kids go out to friends' houses or whatever and pretend to not know or at least investigate if their child was drinking or did some sort of drugs." (Bernalillo). Other respondents expressed outrage at the perception that parents were giving their underage children alcohol and drugs (especially marijuana) like this respondent who told is that the problem lies with "parents who also use substances (which is an extremely high population in Luna County) encourage the younger population to try and utilize various substances." (Luna County resident).

## What Can Be Done?

### *Mental Health and Substance Use-Related Resources*

Mental health concerns were prominent for many respondents. Sixty-nine participants wrote about mental health with most mentioning a lack of resources available in their communities. "NM does not have enough resources and mental health counselors to help our people" (Bernalillo) and "There is a serious void in the availability of long-term mental health services" (Grant). This perceived lack of mental health providers spanned urban and rural counties alike. Eight New Mexicans noted the heartbreaking impact of suicide in their families, social circles, and communities like this Doña Ana resident "Este año perdí a dos personas por suicidio y

parecía que ellos estaban bien. Nunca pensamos que eso podría ocurrir con ellos. Salud mental está afectando muchos." (This year I lost two people to suicide and it seemed like they were fine. We never thought that could happen with them. Mental health is affecting many.) Only 1 participant mentioned the new 988 crisis hot line.

> Rampant SUD and AUD in our community with minimal resources. "Socorro" means help in Spanish and we need major help!
>
> Socorro

Each year, many respondents use their free response opportunity to note the lack of available, affordable, and high-quality drug treatment centers. By number of participants, this was the most frequently cited theme of the qualitative portion of the survey. In 2023, a full 107 respondents called, often passionately, for more help. A parent in Bernalillo County "had trouble accessing treatment for daughter. I was able to find a detox center that took her in! In […] AZ, in Oct.2022--She is still in treatment @ a rehab facility now.

> We have no treatment facilities that help with withdrawing from fentanyl, In Rio Arriba County this is something that needs to be addressed strongly, Most addicts will not go to Santa Fe for treatment to withdraw because of financial and lack of vehicles.
>
> Rio Arriba

She spent 2 years on the streets here in Albuquerque!" The most common complaint was the lack of available beds when people were ready for treatment. Other concerns included lack of affordability, long distances (not infrequently out of state) to travel, poor treatment during detox and at rehabilitation centers, and the revolving door of patients that do access treatment. A respondent expressed their dissatisfaction this way: "We have a drug crisis in Colfax County. I have seen people go to rehab and come back within a week. Not sure what's going on with these rehab places." Eighteen participants honored us by sharing their stories about accessing drug treatment for themselves or others.

## Harm Reduction

Four respondents wrote in support of harm reduction efforts and three against. This respondent indicated the most specific support: "Take my incarceration dollars and spend them on treatment and homes and bathrooms first. I am pro-supplying safe places to get and do drugs for addicts, and free busses to and from those places" (Santa Fe). Taking a different approach, this respondent told us: "The legislation in NM needs to, I believe, instill proper and more of rehabs to help deal with this issue of rapid addiction instead of giving them the tools needed for them to abuse their addictions in public!" (Luna).

## Prevention Education

An almost equal number of respondents called for school-based (N=44) and wider public facing prevention education (N=41). This is an interesting trend as calls for school-based prevention

have far outpaced wider public education in recent community surveys. Whether this suggests a growing interest for prevention programs aimed at adults for their own sake or that they may teach their children is unknown. Yet, some responses make it clear that there is recognition that adults need to know more about the impacts of drugs as well. "Bringing awareness to the community and getting adults as well as kids used to talking about these subjects is what will make a difference!" (Doña Ana).

## More Alternate Activities for Youth

It was commonly perceived that busy children would stay drug free. Residents from communities across the state (N=42) called for more drug-free places and programs for youth. A resident in San Juan wanted "more community interaction for the youth groups to show them that there is fun out there without using drugs." An Otero County resident bemoaned the county's lack of public health awareness and potentially mixed messages about drugs and alcohol saying: "I believe Otero County's Commission is engaging in bringing alcoholic events to

> Teens don't have anything productive to do.
>
> San Miguel

our community every 1st and 4th Friday at public places. But never do no events for teens or kids. Don't make sense. Our Easter in the park was vendors for adults to shop and all they had was 1 jumping balloon for 200 kids. Otero County needs help with something for our YOUTH. Instead of beer fests for the Adults."

## Alcohol Taxes

More respondents discussed alcohol taxation this year than in prior years. Thirteen respondents commented on supporting such a tax. A McKinley County resident summed up the common sentiment this way: "If the purchased liqueur can be overpriced, then it can deter the people."

## Perception of Risk of Legal Consequences

## Increased Crime

As in past years, respondents (N=21) linked substance misuse with crime like this Bernalillo resident: "Crime is rampant over the use of illegal substances...overdoses and violent crime." This typical sentiment was expressed by a Doña Ana resident and the capitalizations are from the author. "Our city is not safe - homeless on the streets, sidewalk, neighborhoods, shopping centers are out of control.  You see people shooting up, acting in ways that they are either ON something or coming OFF something." Another resident described their professional experience this way: "I worked in Law Enforcement here in McKinley County for many years and believe that drug and alcohol abuse/addiction are the cause of at least 80% of the crimes in this State and everywhere.  Until we get a handle on this, we will be unable to resolve the crime issues." A Roosevelt resident took another tact: "I personally do not have much faith in the

police in my area. I don't see a huge police presence and I read a lot about local crimes (theft, etc.)"

## *Frustration with criminal justice system*

Frustration about the criminal justice system was a common theme among participant responses. This included anger over the lack of strong laws deterring drug and alcohol-related crime (N=37). For example, this San Juan resident told us that "NM needs stricter laws to prosecute these types of crimes otherwise people will continue to break laws!!"

Ninety-five people wrote free response comments about law enforcement. Only a handful of respondents believed that the justice system in general and law enforcement specifically did anything to deter substance misuse and related crime. Some respondents wrote that there

> I don't feel law enforcement does enough to prevent illegal drug use here.
>
> Quay

were not enough police like this Bernalillo County resident: "I feel like even though the police try, there are not nearly enough of them to deal with the rampant use of drugs in high schoolers and college aged children. There are and will always be more drugs to get." A Curry County resident noted that law enforcement is often the most visible, but not the most powerful part of the justice system: "I feel like the police have their hands tied in most of these situations... [E]ven if they arrest the adults supplying the kids, they are usually out of jail within hours." Contributing to a lack of faith in the justice system was a pervasive feeling that police were corrupt (N=45). This theme permeated the entire state, with some very strongly worded comments on law enforcement. This Lea County resident was more measured in their approach, but still offers a pointed argument: "Hobbs/Lea County population has a serious problem with addictions of all kinds, along with highly corrupt law enforcement that is ruining (generationally) thousands of lives through enabling these addictions, locking up people who are innocent and/or need treatment for mental illness AND addiction."

Compounding the negative perception of the judicial system were beliefs that judges were too lenient on repeat offenders (N=23). A common sentiment was that the judicial system is broken; failing to help those who need it and enforce its already weak laws with a flawed law enforcement system. Here is an example from a Los Alamos County resident: "The cops arrest fentanyl dealers and the judges dismiss the cases. They are out here killing people with zero consequences. The justice system is broken and people know they can only count on themselves and a weapon to protect themselves and their families. Criminals do anything they want and hard working people suffer."

As in other themes, there was a lack of specificity about who should receive help and who should face more severe consequences. The one exception was the near universal frustration

> The real problem is stigma regarding the people who use drugs. They need compassion and support and help, not punitive measures and harmful stereotypes.
>
> Sandoval

about multiple DUI offenders. In this case, very few respondents called out a lack of alcohol-related treatment services, favoring instead harsher penalties and the removal of driving privileges. Expressing a common sentiment, this McKinley resident advised to: "[Stop] repeated DWI offenders. An 8th DWI offense should not be possible. Need to have 'harsher' punishment for DWI/DUI offenders."

## Related Issues on the Minds of New Mexicans

### Concern for the Unhoused

As in prior years, there was a large number of participants expressing concern for and about the unhoused citizens in their communities. Most of the 73 respondents writing about the unhoused pointed to addiction as the most important contributing factor to homelessness. Of related concern was drug and alcohol-related trash (an additional 6 respondents) which most participants blamed on people sleeping in public areas. In the 2022 NMCS data, we noted an increase in compassionate responses for the unhoused. Support this year was more muted and as described above, was outside of the locus of control for most respondents (e.g. "someone should do something" versus any specific suggestions or ideas of tangible support). About one

> I think there is a ln epidemic of drug and alcohol use and it's linked directly to the homelessness here.
>
> Bernalillo

third of respondents had less charitable responses. For example, this Bernalillo County resident told us: "It sickens me to see how many homeless people are in the city. You see them high on some substance all over Albuquerque. No matter what part of town you live in. You see used needles in parks, restaurants, and store bathrooms. It's an out of control epidemic."

### Systemic Inequality and its Contributions to Substance Harms

Fourteen respondents noted that racism, poverty, and hopelessness worsened the prevalence and severity of substance use in their communities. One San Juan respondent described it this way: "Though I believe substance abuse is a medical disorder, I also believe substance abuse is a symptom of a community that has prioritized capitalism, profits, and environmental degradation over people's health, well-being, and sense of community." An additional seven participants noted the powerful impact that stigma has on substance use.

A growing awareness of stigma was also seen in the continued increase of calls (N=32) for less criminalization and incarceration of people who use substances and better access to treatment. One Bernalillo resident shares this typical sentiment "I believe drug use should be treated as a

public health issue rather than a criminal issue. People struggling with addiction need help, not punishment." There is some backlash (N=14) as shared by a different Bernalillo County resident: "In my opinion, the issues our communities face with drug and alcohol abuse are getting worse. We've tried treatment, but it hasn't worked. It's time to focus on punishment. If not, the issues will only get worse." Yet, the weakening fervor of these responses as compared with data from previous years suggests at least a subtle shift in public opinion about people who use drugs.

## Concluding Comments

Survey recruitment to achieve a reasonably representative sample has been more and more difficult over the years, and there has been a general decrease in survey participation across multiple national surveys since the start of the pandemic in 2020, particularly among persons with lower income and lower education[2]. The sample demographics of the NMCS always have some degree of change due to the convenience sampling methodology, as well as to transitions in the communities that assist with NMCS recruitment each year.  To help adjust for these fluctuations in the sample, the weighting has been crucial to help generate the most accurate statewide estimates possible that are more comparable across years. NMCS state-level data are weighted for gender, age, and race/ethnicity, but the continued low representation of individuals in lower SES and education levels is difficult to address in the analysis and interpretation of results. Therefore, even when reviewing the weighted estimates, it is important to have the sampling in mind (e.g., the 2020-23 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 on communities working to address the lingering health and economic impacts of the pandemic, it is not surprising that alcohol use rates have generally been higher in recent years than in the past. In this light, it is a good sign that 30-day use was slightly lower in 2023 than in 2022.  While communities with focused alcohol prevention efforts had lower rates of past 30-day use than comparison communities, the drinking and driving rates increased overall and remained higher in the target than the comparison communities. Comparison and targeted communities had similar rates for most prescription pain reliever variables, but it is noteworthy that comparison communities had a higher rate of prescription pain reliever safe storage than the target communities in 2023.

Participants continued to express concern that law enforcement response to drug and alcohol misuse has been poor.  One interesting change is that they returned to mentioning concerns about lack of retail enforcement of overservice limits, where in recent years the focus of alcohol enforcement concerns was on underage drinking and DWI. While it is clear that law enforcement agencies are still struggling to adjust to community needs following the pandemic, it is also likely that new law enforcement leadership and officers are unaware of the ease with which law enforcement can prevent harms through highly visible enforcement of overservice laws.  This is an opportunity for prevention programs to offer education to their law

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[2] Krieger N, LeBlanc M, Waterman PD, Reisner SL, Testa C, Chen JT. Decreasing survey response rates in the time of COVID-19: implications for analyses of population health and health inequities. Am J Public Health. 2023;113(6): 667–670.

enforcement partners.

Participant comments about prescription opioids commonly revealed concern about 'legitimate' medical access to pain medication, and often blamed those with dependence on restrictions experienced by those with 'legitimate' need.  This trend echoes sentiments from the previous year about limited access to opioid medication due to measures perceived to be in place in order to prevent access by 'addicts' or 'abusers'.

Participants also mentioned perceptions of increased access to substances, including easier access to marijuana due to the recent legalization of recreational cannabis use. Several participants depicted how children were exposed to cannabis directly by family members on a regular basis (e.g., noting the odor of cannabis on small children after being dropped off for school) or indirectly through the general normalization of this now legally-accessed substance. As a result of observing a lack of general knowledge about substances in the community, a number of participants also recommended substance use education for adults and youth.

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 challenged to respond to the direct and indirect effects of the COVID-19 pandemic, and the associated healthcare and social service 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 these challenges. We note the value of the findings in this report to inform prevention program planners about the indicators that have concerning changes over the past few years. 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 | 50.2 | 53.7* | 49.2 | 50.9 | 35.2 | 45.1** | 48.0 | 52.0 |
| Past 30-day binge drinking | 11.8 | 13.9 | 22.1 | 17.5** | 18.9 | 17.8 | 17.6 | 17.8 |
| Past 30-day drinking & driving | 2.3 | 2.2 | 5.2 | 2.6*** | 4.7 | 4.4 | 5.6 | 4.5 |
| Past year purchased or provided alcohol for someone under 21 | 2.8 | 5.3*** | 4.3 | 3.6 | 3.5 | 5.5 | 7.1 | 7.4 |

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

Table A2. Alcohol use indicators comparing race/ethnic groups in target and comparison communities; weighted %

| Alcohol use | Non-Hispanic White | | Hispanic | | Native American | | Other | |
|---|---|---|---|---|---|---|---|---|
| | Target | Comparison | Target | Comparison | Target | Comparison | Target | Comparison |
| Past 30-day alcohol use | 50.2 | 53.7* | 49.2 | 50.9 | 35.2 | 45.1** | 48.0 | 52.0 |
| Past 30-day binge drinking | 11.8 | 13.9 | 22.1 | 17.5** | 18.9 | 17.8 | 17.6 | 17.8 |
| Past 30-day drinking & driving | 2.3 | 2.2 | 5.2 | 2.6*** | 4.7 | 4.4 | 5.6 | 4.5 |
| Past year purchased or provided alcohol for someone under 21 | 2.8 | 5.3*** | 4.3 | 3.6 | 3.5 | 5.5 | 7.1 | 7.4 |

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

Table A3. Alcohol use indicators comparing military and LGBT in target and comparison communities; weighted %

| Alcohol use | Military | | LGBT | |
|---|---|---|---|---|
| | Target | Comparison | Target | Comparison |
| Past 30-day alcohol use | 45.5 | 51.1 | 57.3 | 63.9* |
| Past 30-day binge drinking | 12.9 | 15.3 | 23.4 | 20.0 |
| Past 30-day drinking and driving | 2.8 | 2.7 | 6.5 | 5.0 |
| Past year purchased alcohol for someone under 21 | 3.9 | 9.8** | 9.0 | 10.8 |

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

# 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 | 19.2 | 20.3 | 21.9 | 16.7** | 20.8 | 24.8 | 22.3 | 22.4 |
| Past 30-day pain reliever improper use | 5.0 | 6.1 | 8.0 | 4.3*** | 5.3 | 9.0* | 9.3 | 10.0 |
| Past year prevalence of receiving Rx pain reliever | 28.0 | 26.0 | 24.3 | 22.9 | 23.0 | 30.9* | 29.9 | 24.7 |
| Great or moderate risk of Rx pain reliever non-medical use | 85.2 | 85.5 | 79.1 | 84.4*** | 80.1 | 78.0 | 73.8 | 80.4 |
| Given or shared Rx drugs with someone | 7.2 | 8.2 | 5.6 | 5.4 | 3.4 | 9.0*** | 8.3 | 14.7* |
| Medication locked or safely stored away | 34.2 | 35.2 | 46.3 | 50.8 | 57.6 | 46.7* | 43.4 | 45.6 |

*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 | 17.7 | 22.8*** | 19.8 | 16.5* | 21.4 | 24.0 | 21.4 | 23.6 |
| Past 30-day pain reliever improper use | 4.4 | 7.4*** | 6.6 | 4.1** | 5.9 | 8.1 | 8.0 | 12.1 |
| Past year prevalence of receiving Rx pain reliever | 26.9 | 26.6 | 24.0 | 23.4 | 23.5 | 32.9* | 27.0 | 25.5 |
| Great or moderate risk of Rx pain relievers non-medical use | 87.0 | 83.3** | 81.3 | 84.6* | 80.0 | 77.6 | 80.0 | 76.2 |
| Given or shared Rx drugs with someone | 7.0 | 8.9* | 5.6 | 5.3 | 4.0 | 9.2** | 7.8 | 19.0*** |
| Medication locked or safely stored away | 32.3 | 38.0* | 47.2 | 52.4 | 56.6 | 45.8 | 41.8 | 48.5 |

*p ≤.05, **p ≤.01, ***p ≤.001.

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 | 23.9 | 25.8 | 26.3 | 28.6 |
| Past 30-day pain reliever improper use | 8.7 | 13.8* | 9.7 | 19.9*** |
| Past year prevalence of receiving Rx pain reliever | 30.4 | 28.9 | 27.4 | 24.3 |
| Great or moderate risk of Rx pain relievers non-medical use | 86.0 | 79.3* | 80.4 | 76.1 |
| Given or shared Rx drugs with someone | 7.0 | 13.8** | 11.5 | 20.3*** |
| Medication locked or safely stored away | 33.5 | 43.7 | 36.9 | 53.3*** |

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