

2024 New Mexico Community Survey Results

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*Prepared by the Pacific Institute for Research and Evaluation (PIRE)
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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. To inform statewide and community-level efforts to address substance misuse, OSAP and its state 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 have been able to 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 2024 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 1,394 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, and 3) through visual ads displayed in public settings such as New Mexico Motor Vehicle Department offices. Online survey recruitment and data collection resulted in 5,548 valid surveys representing 33 NM counties. A total of 6,942 valid questionnaires were completed via the two data collection approaches.

We analyzed the data in several ways. First, we weighted the convenience sample data to match the NM Census 2023 population estimates concerning the distributions of gender, age and race/ethnicity across the state so that our statewide estimates more closely reflect a representative state sample of adult residents. Next, we looked at targeted outcomes by funding streams to examine prevalence estimates in communities with different sources of funding. During FY24, 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 during the pandemic years of 2020-22 then trending down in 2023 and 2024 (target communities consistently having lower rates than comparison communities during that time period), and with binge drinking remaining relatively steady and drinking and driving rates trending upward since 2022.
- Target communities reported slightly more perceived likelihood of breaking up teen parties by police (55% vs. 53%) than comparison communities.
- There was very low perception that alcohol was difficult for teens to access, and the main alcohol source reported by underage adults (18-20 years old) in both target communities and comparison communities was from unrelated adults.

Prescription Pain Medication

- Similar to alcohol, target and comparison communities tended to have similar estimates for most of the core survey prescription pain reliever measures. However, target communities did have higher rates of past-30-day pain medication misuse (6% vs. 4%) and having shared prescription drugs with someone else (6% vs. 4%), and were less likely to perceive that there was at least moderate risk associated with prescription pain medication misuse (82% vs. 85%).
- People from target communities vs. comparison communities reported significantly higher rates of storing medication safely (45% vs. 44%), and higher likelihood of taking unused medications to a Rx medication drop box (27% vs. 19%) and less likelihood of flushing them down the toilet or sink (10% vs. 17%).
- Among the respondents from communities that administered the additional opioid-related module,
 - A majority (76%) 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 (57%) thought that those using prescription pain relievers were at risk of overdose.
 - 17% of respondents reported having family members or friends who often use heroin, fentanyl or other non-prescription opioids. A large majority of these respondents (92%) thought that these individuals are at risk of overdose.

- About 25% of respondents indicated that they have Naloxone/Narcan, a higher percentage of respondents (41%) indicated that they knew how to get it, and a similar percentage (40%) indicated that they know how to use Naloxone/Narcan.
- Respondents overwhelmingly believed that medical treatment can help people with opioid use disorder (91%), and supported increasing public funding for opioid treatment programs (89%). Most (79%) believed that their community is not doing enough to prevent opioid misuse and addiction.

The qualitative analysis provides participants an opportunity to provide their insights, concerns and opinions at the conclusion of the survey. This is an optional and open-ended question requesting the participant to speak about anything else they wished to share. Notable in the 2024 data were concerns that drug use is common and increasingly problematic in their communities, particularly how visible it is in public and shared community spaces. The main concerns related to alcohol focused on how alcohol use problems tend to be overshadowed by the “new” epidemics, like meth or fentanyl. In terms of alcohol use by youth, comments were focused on issues with access to minors through parents and other adults who were providing to minors. Many participants expressed that prevention is more important than ever, with wide support for youth prevention and general education for the public, as well as the need for convenient, affordable, and available substance use treatment options.

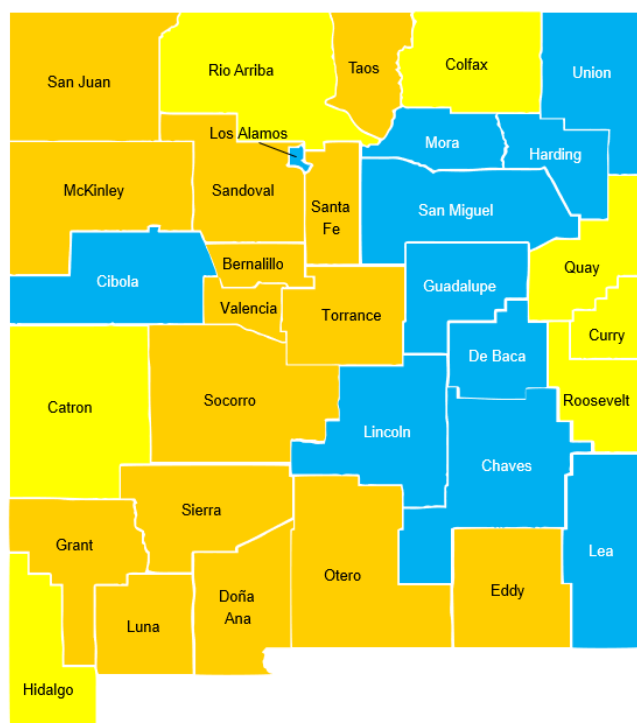
Prevention in New Mexico

The NM Office of Substance Abuse Prevention (OSAP) in FY24 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 seven local partners with independent funding (yellow), that covered counties having almost 90% 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 generally 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 focus on youth are encouraged to implement a pre/post or annual version of the Strategies for Success survey to monitor relevant changes with youth in their community.

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.

Figure 1: Counties assisting with data collection in Fiscal Year 2024



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 enduring 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 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 prioritize community knowledge and initiative in data collection. Community initiative is complemented with technical expertise provided by the SEOW protocol review team, guidance and support from OSAP and its contractual partners, and training and coordination by PIRE. This approach requires local knowledge of the community and is time and resource intensive, but for some prevention programs this data collection is an opportunity to connect with and hear directly from community members, which ultimately helps guide and improve the overall quality of the services they provide.

This data collection approach involves the OSAP funded and partner prevention 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 online through a poster, flier or via digital means through social media or email listservs (online participant recruitment is discussed in the next section).

Programs are advised to try to replicate the protocol as much as possible 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 fall within their funding guidelines. These incentives are typically bottles of water or snacks, but have also included donated gift cards or coupons for local services or a local lottery for a larger prize. If completing the survey online, participants are also eligible for another incentive (discussed in the next section).

Providers are encouraged to track their data collection process in detail. 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 can inform future planning by the programs. 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 their data collection strategy to try to address this gap. 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. Since then, communities have again been 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 1,394 surveys were collected using this methodology, which constitutes 20.1% of the aggregated sample. These data came from 18 New Mexico counties.

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

The second convenience sampling data collection approach used in FY24 was online and print recruitment resulting in online survey participation via the Alchemer online platform. Due in part to the broad impact of the COVID-19 pandemic, this has been the predominant approach since 2020. As noted in the description of Approach # 1 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 the methods described below.

- **Ad campaigns on Meta/Facebook** targeted 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. Nineteen Facebook ads were published through the NMCS Facebook account, fourteen English and five Spanish language ads were purchased to reach a broader audience, targeting eligible New Mexican participants. 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 based on geographic location using zip codes to help enhance recruitment for some OSAP-funded counties. This year also included ads targeting young adults ages 18-25 through Instagram and Snapchat social media platforms. Over the course of 5 weeks, the paid Facebook/Instagram ads led to 8,209,166 impressions, 565,826 accounts reached, and 35,120 unique clicks on the survey link itself. The Snapchat paid ads used this year yielded 316,770 impressions, a paid reach of 61,234, and a total of 4,245 clicks. The survey responses indicated that 2,442 usable surveys were collected through these ad campaigns.

- **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. PIRE developed and printed posters, flyers and postcards designs that were distributed to any partnering program that requested it. Programs used either the PIRE produced ads, or developed their own community ads , to provide to survey respondents at locations or events identified in their community protocol, or via established partnerships (such as the New Mexico Motor Vehicle Department). The fliers, posters, and postcards provided a short description of the survey and the tiny URL code and/or QR code directing respondents to the survey. Survey responses indicated that 3,106 usable 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 cycle, 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	1,394	20.1	18
Online – Facebook/Instagram (18+ yr. olds)	2,442	35.2	33
Online – Non-Facebook/Instagram	3,106	44.7	33
Total	6,942		

Table 2. Completed questionnaires by County compared to 2023

COUNTY	2024				2023			
	Online	Paper	Total	%	Online	Paper	Total	%
BERNALILLO	831	45	876	12.6	2489	74	2563	24.0
CATRON	15	61	76	1.1	90	116	206	1.9
CHAVES	55	0	55	0.8	166	4	166	1.6
CIBOLA	36	2	38	0.6	79	0	83	0.8
COLFAX	83	0	83	1.2	64	0	64	0.6
CURRY	213	10	223	3.2	275	19	294	2.8
DE BACA	5	0	5	0.1	37	61	98	0.9
DOÑA ANA	435	17	452	6.5	486	119	605	5.7
EDDY	232	0	232	3.3	149	0	149	1.4
GRANT	337	6	343	4.9	169	16	185	1.7
GUADALUPE	10	0	10	0.1	20	0	20	0.2
HARDING	1	0	1	0.01	20	0	20	0.2
HIDALGO	110	129	239	3.4	183	151	334	3.1
LEA	49	0	49	0.7	66	0	66	0.6
LINCOLN	25	7	32	0.5	42	4	46	0.4
LOS ALAMOS	12	0	12	0.2	27	0	27	0.3
LUNA	160	191	351	5.1	204	155	359	3.4
MCKINLEY	170	40	210	3.0	224	107	331	3.1
MORA	12	0	12	0.2	26	0	26	0.2
OTERO	69	193	262	3.8	137	218	355	3.3
QUAY	160	107	267	3.9	231	95	326	3.1
RIO ARRIBA	323	0	323	4.7	238	0	238	2.2
ROOSEVELT	72	0	72	1.0	124	0	124	1.2
SAN JUAN	617	0	617	8.9	1305	1	1306	12.2
SAN MIGUEL	34	0	34	0.5	153	1	154	1.4
SANDOVAL	198	52	250	3.6	527	54	581	5.5
SANTA FE	207	5	212	3.1	474	1	475	4.5
SIERRA	163	365	528	7.6	244	220	464	4.4
SOCORRO	228	0	228	3.3	143	1	144	1.4
TAOS	313	0	313	4.5	427	0	427	4.0
TORRANCE	121	161	282	4.1	98	0	98	0.9
UNION	8	1	9	0.1	14	0	14	0.1
VALENCIA	244	2	246	3.5	320	1	321	3.0
TOTAL	5,548	1,394	6,942	100.0	9,251	1,418	10,699	100.0

Quantitative Analysis Approach

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 2023 estimated population data¹ 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 FY24, 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 FY24. 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, statistical significance tests (e.g., chi-square test) were conducted to compare target vs. comparison communities across measures. 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 general standard for evaluations and scientific research). Statistically significant differences are noted in tables and graphs. Table 3 shows Target Counties by prevention priority.

¹ Retrieved from <https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-detail.html> on July 19, 2024.

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	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 an 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 the weighted percent for the sample demographics. Gender, age, and race/ethnicity estimates have been weighted to reflect 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. Notably, our weighted survey sample was more educated than the general NM population. According to the 2023 American Community Survey (ACS) 1-Year Estimates, 31.6% of adults 25 years older or above in NM reported have a bachelor's degree or above compared to our weighted estimate of 36.8% for those 18 and above. In addition, the ACS indicated that 7.4% of adults in NM were military veterans, and approximately 7.3% of the NMCS sample reported having served in the military which, when weighted, increased to 9.8%.

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

Gender	n	Unweighted %	Weighted %
Female	3,722	69.8	49.5
Male	1,477	27.7	48.0
Transgender, Nonbinary/Gender nonconforming, Two Spirit, or other gender category	79	1.5	1.5
Prefer not to answer	52	1.0	1.0
Age	n	Unweighted %	Weighted %
18-20	312	4.5	5.1
21-25	418	6.0	7.9
26-30	449	6.5	7.5
31-40	1,233	17.8	16.9
41-50	1,269	18.3	15.6
51-60	1,227	17.7	15.7
61-70	1,326	19.1	17.2
70+	708	10.2	14.2
Race/ethnicity	n	Unweighted %	Weighted %
Non-Hispanic White	2,702	40.2	40.4
Hispanic or Latino	2,365	35.2	43.8
Native American	788	11.7	8.6
Other	869	12.9	7.2
Education	n	Unweighted %	Weighted %
Less than high school	356	5.3	6.3
High school graduate/GED	1,578	23.6	25.5
Currently an undergraduate	355	5.3	5.5
Some college	1,781	26.6	26.1
College or above	2,618	39.1	36.8
Military status	n	Unweighted %	Weighted %
Active duty	31	0.6	0.8
Veteran	371	7.3	9.8
Sexual orientation	n	Unweighted %	Weighted %
LGBQ	539	10.9	10.9

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 FY24 –these communities 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	2,077	47.6
Male	929	50.1
Transgender, Nonbinary/Gender nonconforming, Two Spirit, or other gender category	37	1.2
Prefer not to answer	36	1.2
Race/ethnicity	n	Weighted %
Non-Hispanic White	1,527	41.1
Hispanic or Latino	1,190	40.0
Native American	644	12.4
Other	441	6.4

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 reliever 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 6 provides the basic descriptive data of the respondents in communities that targeted alcohol and those in communities that did not target alcohol, which we treated as comparison communities. Table 7 presents similar data for those communities that targeted prescription 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 the rest of NM

Target Alcohol			Comparison	
Total	3,930		3,012	
Gender	n	Weighted %	n	Weighted %
Female	2,077	47.6	1,645	52.3
Male	929	50.1	548	45.1
Transgender, Nonbinary/Gender nonconforming, Two Spirit, or other gender category	37	1.2	42	1.9
Prefer not to answer	36	1.2	16	0.7
Race/ethnicity	n	Weighted %	n	Weighted %
Non-Hispanic White	1,527	41.1	1,175	39.5
Hispanic or Latino	1,190	40.0	1,175	48.8
Native American	644	12.4	144	3.6
Other	441	6.4	428	8.1

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	4,409		2,533	
Gender	n	Weighted %	n	Weighted %
Female	2,322	48.6	1,400	51.2
Male	979	48.9	498	46.5
Transgender, Nonbinary/Gender nonconforming, Two Spirit, or other gender category	52	1.5	27	1.4
Prefer not to answer	35	1.0	17	0.9
Race/ethnicity	n	Weighted %	n	Weighted %
Non-Hispanic White	1,648	39.4	1,054	42.2
Hispanic or Latino	1,397	41.7	968	47.3
Native American	675	11.7	113	3.4
Other	538	7.1	331	7.2

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 indicates that SAPT estimates generally were slightly higher than statewide estimates on all measures except for past 30-day alcohol use. The estimates by gender observed in the SAPT and statewide samples were similar as well (Table 9), but a smaller portion of women and men in the SAPT sample had used alcohol in the past 30 days.

Table 8. Weighted prevalence of alcohol use and related risk behaviors of the SAPT and statewide samples, overall, weighted % & unweighted (n)

Alcohol use	SAPT	Statewide
Past 30-day alcohol use	45.2 (1,611)	45.7 (2,872)
Past 30-day binge drinking	16.8 (592)	16.5 (997)
Past 30-day drinking & driving	4.5 (151)	4.0 (225)
Past year purchased or provided alcohol for someone under 21	3.1 (115)	2.8 (181)

Table 9. Weighted prevalence of alcohol use and related risk behaviors of the SAPT and statewide samples, by gender, weighted % & unweighted (n)

Alcohol use	SAPT		Statewide	
	Women	Men	Women	Men
Past 30-day alcohol use	41.9 (833)	48.1 (417)	43.1(1,523)	48.8 (670)
Past 30-day binge drinking	14.5 (294)	21.1 (193)	14.3 (503)	20.6 (289)
Past 30-day drinking & driving	3.6 (72)	6.5 (61)	2.9 (101)	6.0 (84)
Past year purchased or provided alcohol for someone under 21	3.3 (66)	3.8 (36)	2.8 (101)	3.5 (52)

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 2024. Communities were 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. Beginning in 2019, there were signs that the trend was a little more favorable for the targeted communities relative to the comparison communities. Comparing FY24 to FY23, the FY24 30-day use rate estimate for the target communities was 5.5 percentage points lower than FY23, while estimate decreased just 2.2 points for the comparison communities. Similarly, the FY24 estimated past 30-day binge drinking rate decreased in target communities from 17.3% to 16.9%, and the decrease in the comparison communities was smaller (from 16.1% to 16.0%). The estimated rate of past 30-day drinking and driving also was .5% points higher in the target communities in FY24 than in FY23, but again the comparison community increase was larger in magnitude – .8 percentage points. (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 increasing to levels that are higher than the years right before the pandemic. In FY24, it was also noteworthy that the self-reported rate of purchasing alcohol for a minor in both community groups decreased, but the degree of decrease was higher in comparison communities than in the target communities.

Figure 2. Comparing target and comparison communities on alcohol consumption indicators from FY 2014 to FY 2024; weighted % reported

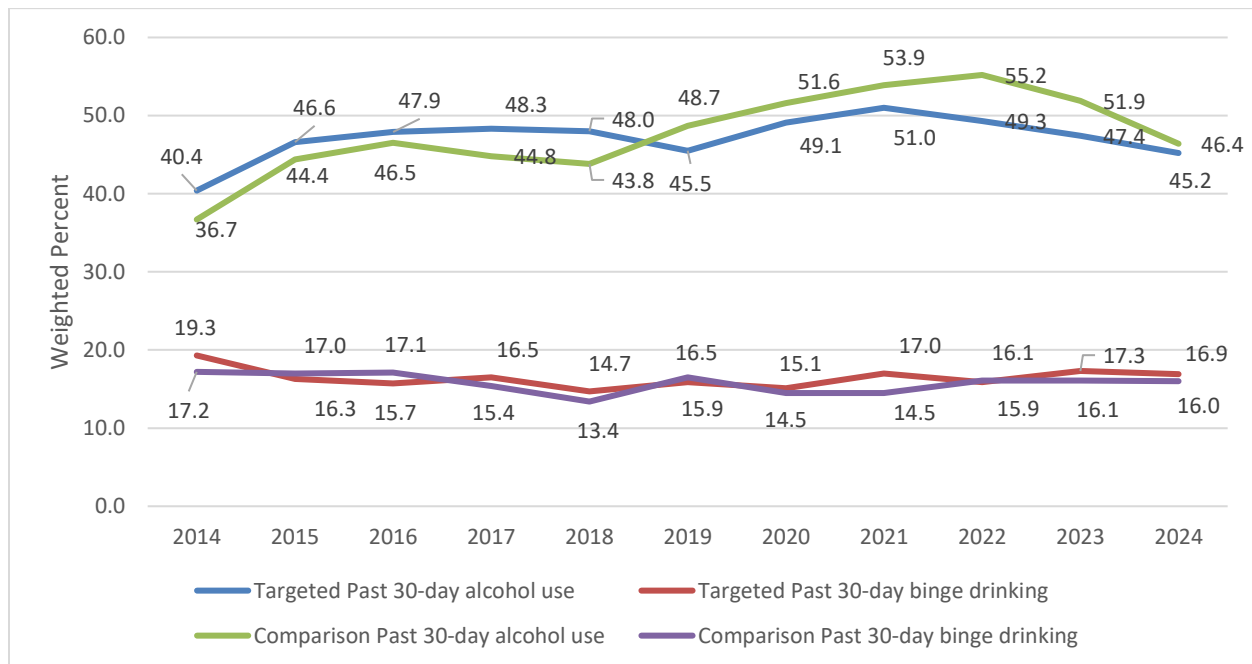


Figure 3. Comparing target and comparison communities on drinking and driving indicators from FY 2014 to FY 2024; weighted % reported.

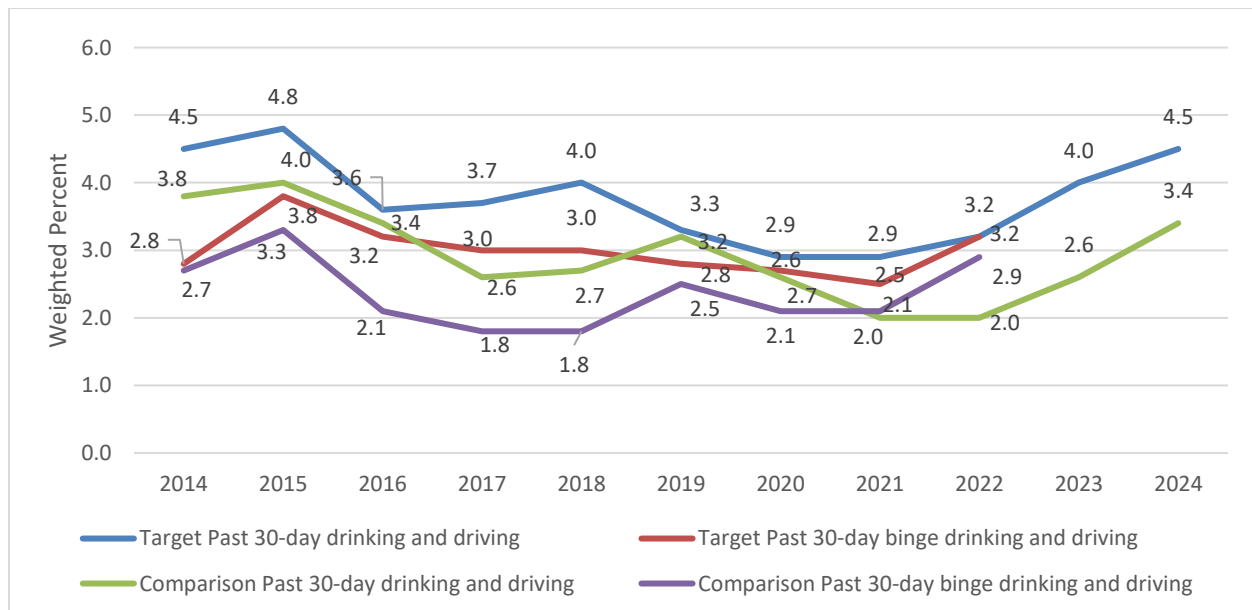
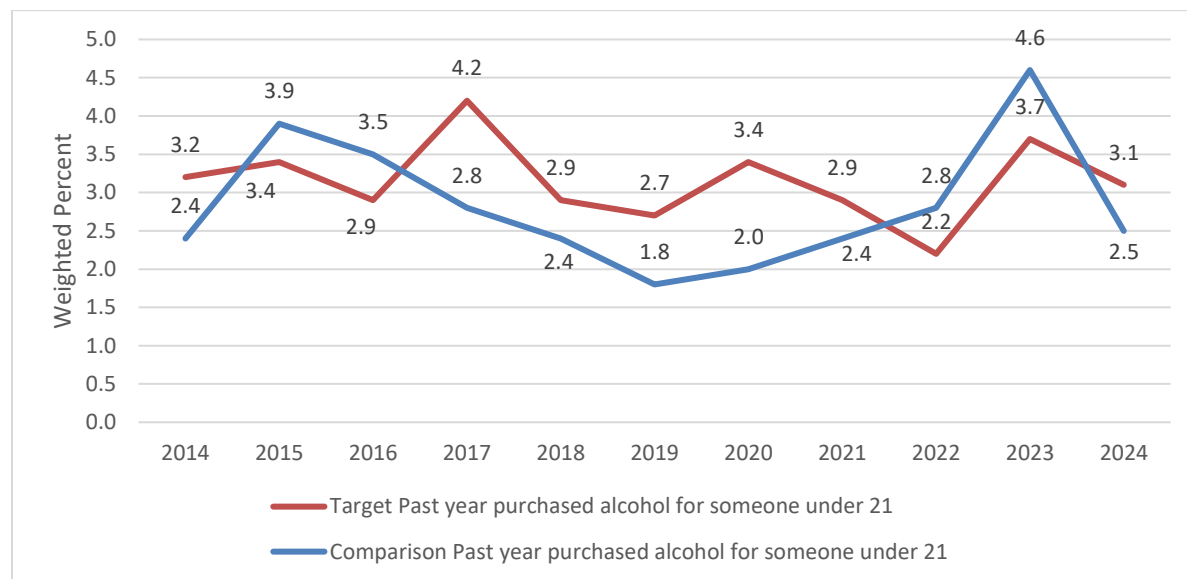


Figure 4. Comparing target and comparison communities on purchasing alcohol for minors from FY 2014 to FY 2024; weighted % reported



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 10 shows the weighted percent of adults 18 and older who perceive that it is very or somewhat difficult for teens in their community to access alcohol in general and then specifically from stores and restaurants in the community. As seen in previous years, few adult respondents in the sample considered it to be very, or even somewhat difficult for teens to get alcohol in their communities. 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. Our estimates indicated that target community members believed there was a higher likelihood of breaking up teen parties by police than comparison community members (54.6% vs. 52.6%), but no appreciable difference in the likelihood of police arresting an adult for giving alcohol to a minor. Target community members also indicated slightly higher likelihood of being stopped if driving after drinking too much relative to comparison community members (65.2 % vs. 64.4%), but slightly lower likelihood of being convicted if charged with DWI (80.5% vs. 81.4%).

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

Access to alcohol	Very or Somewhat Difficult	
	Target	Comparison
Ease of access to alcohol by teens in the community	14.0 (426)	13.5 (333)
Ease of access to alcohol by teens from stores and restaurants	60.5 (1,530)	62.3 (1,238)
Perception of risk/legal consequences	Very or Somewhat Likely	
	Target	Comparison
Likelihood of police breaking up parties where teens are drinking	54.6 (1,275)	52.6 (955)
Likelihood of police arresting an adult for giving alcohol to someone under 21	56.4 (1,327)	56.6 (1,023)
Perception of risk/legal consequences	Very or Somewhat Likely	
	Target	Comparison
Likelihood of being stopped by police if driving after drinking too much	65.2 (1,730)	64.4 (1,309)
Likelihood of being convicted if driving after drinking too much and being charged with DWI	80.5 (1,992)	81.4 (1,515)

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 11. Note that the Ns are small, and there were not statistically significant differences between the target and comparison communities were observed for any measure.

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

Access to Alcohol	Target (n=51)	Comparison (n=40)
Adult family member gave or bought it	10.9 (5)	20.4 (7)
Unrelated adult gave or bought it	22.6 (14)	28.5 (13)
Got it at a college party	15.6 (9)	15.1 (8)
Got it at some other type of party	16.2 (10)	18.2 (9)
Parent/guardian gave or bought it	3.5 (3)	2.1 (1)
Took it from home	11.0 (6)	13.3 (7)
Bought it at a restaurant/bar/public place	6.0 (4)	7.7 (5)
Someone underage gave or bought it	5.9 (4)	9.4 (4)
Got it some other way	5.5 (2)	10.2 (4)

Prescription Pain Relievers

Table 12 and Table 13 below display the weighted prevalence estimates overall and by gender of the SAPT and statewide samples 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 race/ethnicity. Table 12 indicates that SAPT estimates were higher than the statewide estimates on every measure except for the perception of risk for use of prescribed pain relievers in a non-medical way. The patterns of the estimates by gender observed in the SAPT and statewide samples were similar to the overall estimates (Table 13). Noticeably, a higher portion of women in the SAPT sample safely stored prescription pain medication than the statewide sample, but a smaller portion of men in the SAPT sample safely stored prescription pain medication than the state sample.

Table 12. Prevalence of prescription pain reliever use of the SAPT and statewide samples, overall; weighted % & unweighted (n)

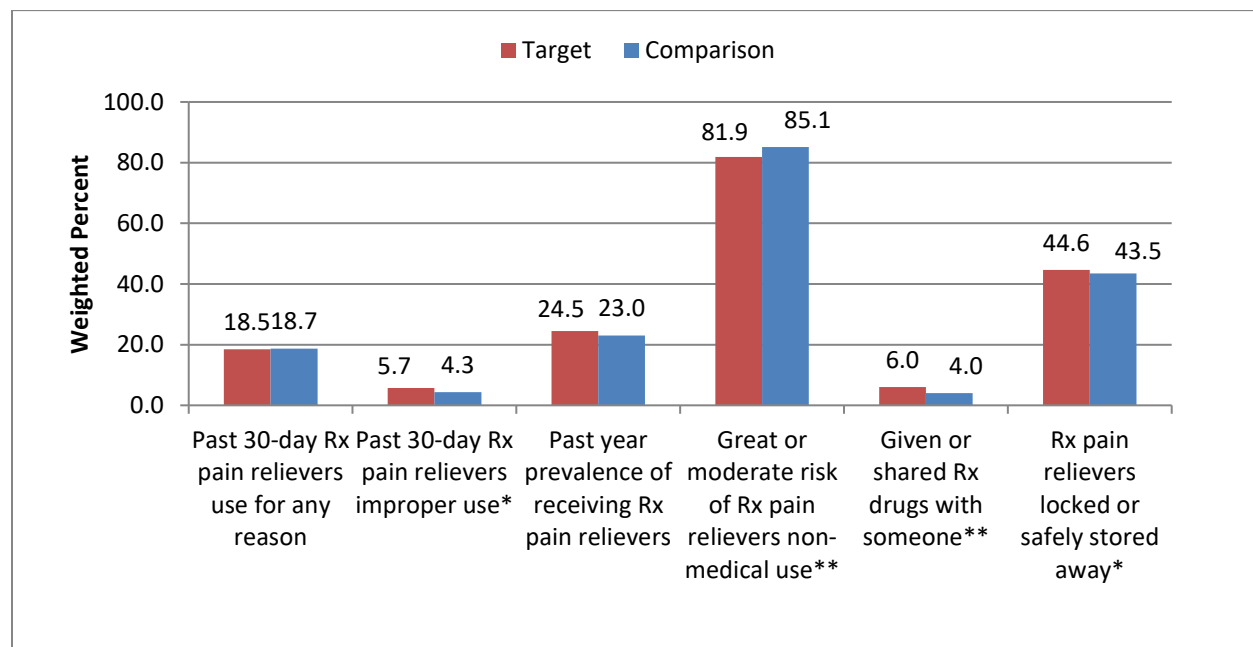
Rx pain reliever use	SAPT	Statewide
Past 30-day Rx pain reliever use for any reason	19.2 (580)	18.6 (1,070)
Past 30-day pain reliever improper use (without prescription or differently than prescribed)	6.2 (187)	5.2 (302)
Past year prevalence of receiving Rx pain reliever	24.1 (794)	23.9 (1,539)
Great or moderate risk of Rx pain reliever non-medical use	80.7 (2,678)	83.1 (5,274)
Given or shared Rx drugs with someone	6.1 (192)	5.3 (333)
Rx pain relievers locked or safely stored away	45.5 (600)	44.2 (1,059)

Table 13. Prevalence of prescription pain reliever use of the SAPT and statewide samples, by gender; weighted % & unweighted (n)

Rx pain reliever use	SAPT		Statewide	
	Women	Men	Women	Men
Past 30-day Rx pain reliever use for any reason	19.5 (331)	20.0 (156)	18.4 (610)	18.9 (249)
Past 30-day pain reliever improper use (without prescription or differently than prescribed)	5.8 (100)	7.5 (57)	4.4 (154)	6.6 (85)
Past year prevalence of receiving Rx pain reliever	25.3 (442)	22.8 (178)	24.4 (851)	22.6 (312)
Great or moderate risk of Rx pain reliever non-medical use	84.4 (1,476)	75.0 (609)	86.7 (2,962)	78.2 (1,065)
Given or shared Rx drugs with someone	5.8 (110)	7.1 (51)	5.2 (195)	5.5 (68)
Rx pain relievers locked or safely stored away	49.6 (354)	41.7 (148)	45.8 (627)	42.8 (237)

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. Statistically significant differences were observed between target and comparison communities for four measures: past 30-day pain relievers improper use (higher in target communities -- 5.7% vs. 4.3%), perception of risk concerning non-medical use of Rx pain relievers (lower in target communities -- 81.9% vs. 85.1%), shared Rx drugs with someone (higher in target communities -- 6.0% vs. 4.0%), and for safe storage of prescription pain relievers (higher in target communities -- 44.6% vs. 43.5%).

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



* $p < .05$, ** $p < .01$.

Table 14 presents the various means by which respondents reported accessing the prescription pain relievers that they used. No statistically significant difference was found between target and comparison communities, and the majority of respondents reported having received a legitimate prescription for their pain relievers.

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

Sources of Prescription Drug Use (n=959)	Target	Comparison
A doctor/doctors prescribed	81.8 (500)	86.9 (315)
Family member shared	7.7 (44)	4.9 (14)
Friend shared	4.4 (31)	2.7 (11)
Bought from somebody	7.5 (37)	5.1 (16)
Taken from someone without asking	2.5 (10)	1.1 (5)
Other places	3.3 (17)	2.3 (9)

Table 15 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 have fun" (higher in target communities – 2.2% vs. 0.4%) and the measure of "use to help sleep" (also higher in target communities – 9.9% vs. 5.5%).

Table 15. Comparing target and comparison communities on reasons of using prescription pain relievers in the past year; weighted % & unweighted (n)

Reasons of Prescription Drug Use Last Year (n=1,979)	Target	Comparison
To treat pain that my doctor or dentist identified	78.9 (1,002)	77.8 (573)
For pain not identified by my physician	15.4 (179)	12.4 (93)
To have fun with a friend or friend(s) socially*	2.2 (27)	0.4 (4)
To help me sleep*	9.9 (114)	5.5 (40)
To get high or stoned	2.1 (22)	1.9 (13)
To cope with anxiety or stress	6.2 (77)	6.9 (51)
Another reason	3.9 (54)	7.1 (45)

* $p < .01$

Table 16 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 (about 33%); 2) took them to a Rx medication drop box (over 19%); and 3) threw away some other way (over 15%). Target and comparison communities were significantly different in two measures, with target community respondents having a higher percentage of respondents using a Rx medication drop box (27.4% vs. 19.4%) and a lower percentage of respondents flushing them down the toilet or sink (9.5% vs. 17.1%).

Table 16. Comparing target and comparison communities on how to handle unused prescription pain relievers in the past year; weighted % & unweighted (n)

Prescription Drug Disposal (n=1,576)	Target	Comparison
Took to a Rx medication drop box *	27.4 (288)	19.4 (115)
Took to a periodic "Take Back" event	5.2 (57)	5.3 (30)
Flushed down the toilet or sink*	9.5 (101)	17.1 (87)
Mixed with an unappealing or neutralizing substance	5.7 (58)	4.2 (27)
Threw away some other way	17.7 (179)	15.7 (88)
Used a dissolving solution to destroy them	7.8 (72)	9.8 (55)
Kept them for future use	32.7 (323)	32.8 (205)
Did something else with my unused medications	3.0 (31)	5.2 (22)

* $p < .01$

Tables 17-19 and Figure 6 summarize additional results from the optional Opioid Module that was implemented with respondents from a sub-set of the counties in the state. Nine counties, (Bernalillo, Dona Ana, McKinley, Quay, Rio Arriba, San Juan, Sandoval, Santa Fe and Valencia) collected the opioid module data (N=2,819) in FY24.

As indicated in Table 17, about 24% of the respondents in these counties reported having family members or friends who often use prescription pain relievers. Among these respondents, about 57% 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 (17%), and the majority of these respondents (92%) thought that those using these substances were at risk of overdose. The Opioid Module also asked respondents' attitude towards sharing prescription pain relievers or opioids. Most respondents in FY24 agreed that it was never OK to share prescription pain relievers with others 75.5% (Figure 6).

Table 17. Knowledge about family members/friends who use Rx pain relievers or heroin

Opioid use by family and friends	% of Yes
Having family members or friends who often use Rx pain medication (n=2,819)	23.7
These family members or friends are at risk of overdose (n=647)	56.9
Some of these family members or friends live with you (n=636)	18.6
Having family members or friends who often use heroin, fentanyl or other non-Rx opioids (n=2,585)	16.5
These family members or friends are at risk of overdose (n=432)	92.1
Some of these family members or friends live with you (n=429)	13.6

Figure 6. Opinions about sharing Rx pain relievers with others (n=2,629)

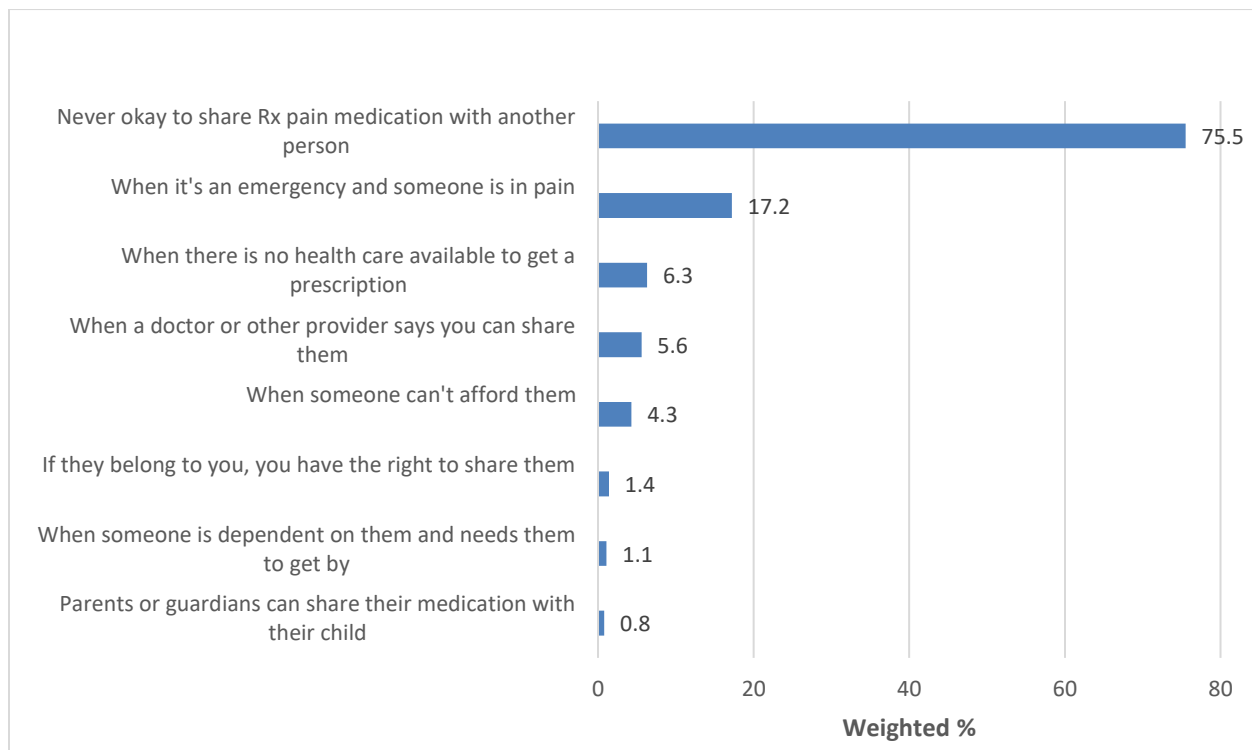


Table 18 summarizes respondents' access to Naloxone/Narcan. Among all Opioid Module respondents: 25% of them had Naloxone/Narcan on hand, 41% knew how to get Naloxone/Narcan and about 40% knew how to use it.

Table 18. Access to and knowledge about Naloxone/Narcan

Naloxone access	% of Yes
Have Naloxone/Narcan (n=2,578)	24.9
Know how to get Naloxone/Narcan (n=2,564)	41.0
Know how to use Naloxone/Narcan (n=2,561)	39.8

As indicated in Table 19, respondents overwhelmingly agreed that medical treatment can help people with opioid use disorder (91%) and their own community hasn't done enough to prevent opioid misuse (79%). NMCS participants in these counties also strongly support increasing public funding for opioid treatment program (89%).

Table 19. 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=2551)	90.7
My community is not doing enough to prevent opioid misuse and addiction (n=2516)	79.4
Support increasing public funding for opioid treatment programs in my community (n=2527)	89.1

Analysis of the Indicators Associated with Each 2024 Prevention Strategy

To help monitor progress in addressing the targeted indicators across the state, Tables 20 and 21 show the statewide estimates for the indicators associated with the OSAP-approved prevention strategies. Table 18 shows the 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 20. Alcohol and DWI prevention strategies and corresponding statewide indicator estimates

Intervening variable	2023 Strategies		Indicators from NMCS 2024	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	53.7
			Likelihood of police arresting an adult for giving alcohol to someone under 21: Very or somewhat Likely	56.5
			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	80.9
Retail Access	Responsible Beverage Service Model	A3a	Ease of access to alcohol by teens from stores and restaurants: very or somewhat difficult	61.3
			Bought alcohol at a store, a restaurant or public place (among youth ages 18-20 who used alcohol last 30 days)	9.2
	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	

Intervening variable	2023 Strategies		Indicators from NMCS 2024	Weighted %
	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)	23.2
			Access to alcohol at a college party (among youth ages 18-20 who used alcohol last 30 days)	20.8
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)	3.9
			Took alcohol from home or someone else's home (among youth ages 18-20 who used alcohol last 30 days)	16.3
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)	23.2
			Last year purchased or provided alcohol to underage youth	2.8
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	68.6

Table 21. 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)	6.3
			Stored prescription drugs in a locked cabinet (parents only)	57.1
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+)	3.8
			Stored prescription drugs in a locked cabinet (ages 60+ only)	38.6

Intervening variable	2022 Strategies		Indicators from NMCS 2022	Weighted %
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)	33.1
			Pharmacy staff talked about storing prescribed pain relievers safely (among people who were prescribed pain relievers).	23.0
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).	50.1
			Medical providers talked about storing prescribed pain relievers safely (among people who were prescribed pain relievers).	29.3
			Shared any prescription drugs with someone (whole sample)	5.3
			Stored prescription drugs in a locked cabinet (whole sample)	44.2
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	83.1
			Self-reported 30-day use of prescription pain relievers for any reason	18.6
			Self-reported improper use of prescription pain relievers (differently than prescribed)	5.2
			Shared any prescription drugs with someone (whole sample)	5.3
			Stored prescription drugs in a locked cabinet (whole sample)	44.2
			Among binge-drinker, self-reported 30-day use of prescription pain relievers for any reason	23.5
			Among people who reported 30-day use of prescription pain relievers, percentage of doing binge drinking past 30 days	21.4

Qualitative Results

Qualitative Methods

The final question of the 2024 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.]” Participants who choose to answer this question may write about anything, although most comment on drug and alcohol misuse.

Answering an optional question at the end of a 20-minute survey requires additional effort and therefore reflects a particularly strong desire for further comment. We believe this makes these responses important not only numerically, but also in terms of strength of conviction. To further support this idea, participants often choose to use ALL CAPS or exclamatory punctuation to emphasize their points. When applicable, this emphasis is reflected in the quotes below.

In the 2024 NMCS, 1,465 respondents entered readable responses into the open field. This decrease in open-ended responses from previous NMCS years (2023 N= 2,224, 2022 N=2,049, and 2021 N=1,822) is likely attributable to the overall reduction in sample size from prior NMCS years. Table 22 compares the number of qualitative comments by county during the past two years.

Table 22. Number of Open-Ended Question Responses by County

County	Number of Comments-2023	Number of Comments-2024
Bernalillo	533	246
Catron	43	13
Chaves	26	19
Cibola	21	9
Colfax	19	23
Curry	51	49
De Baca	11	1
Doña Ana	100	138
Eddy	28	47
Grant	28	58
Guadalupe	7	3
Harding	4	0
Hidalgo	30	17

County	Number of Comments-2023	Number of Comments-2024
Lea	18	14
Lincoln	10	7
Los Alamos	6	1
Luna	77	79
McKinley	97	52
Mora	10	3
Otero	35	26
Quay	62	41
Rio Arriba	72	86
Roosevelt	17	18
San Juan	324	158
San Miguel	39	9
Sandoval	104	55
Santa Fe	116	66
Sierra	59	49
Socorro	31	67
Taos	123	69
Torrance	28	59
Union	5	4
Valencia	90	46
Total	2,224	1,465

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 1.7.2 (1560) coding software where they were thematically analyzed. PIRE analysts made an effort to reflect opinions from across the State of New Mexico and the county reported by the respondent is associated with their data. The quotes were edited only when necessary for grammatical clarity. Quotes in Spanish are presented in Spanish with English translation.

Perception That Drug Use Is Common

As in previous years, many participants (N=58) reported ubiquitous drug use across the state. In 2024, the PIRE analysis indicated a growing concern that this ubiquity, especially with the perception of rising alcohol misuse and now-legal marijuana use, was changing the culture such that substance use was more acceptable in social situations and as self-medication for emotional and physical pain. Thirty-six participants described drug use in their area with words like “infested,” “drug culture,” “rampant,” and “big problem.” Participants reflected a concern for their local communities, like this Rio Arriba resident who told us: “I feel like Española has a huge problem with fentanyl, heroin, and prescription drugs.” We read similar comments around the state, like this from Doña Ana: “I believe that Las Cruces NM has increased in drug and alcohol use” and “the drug problem is BAD in Grant County.” The perception of this change was universally negative for respondents, with some linking it to the erosion of social conditions necessary for a healthy community. For example, “I am beginning to believe that marijuana use has increased and is causing people to become far more paranoid, and that it has an effect on how they treat others, socially. I could be wrong, but I see a lot of paranoia.” (Cibola)

“We have a drug and alcohol problem here in Raton and I hope and pray it gets better!”

Colfax

There was particular concern for the impact of widespread substance misuse on youth and young adults, with a Sierra County resident saying “The drug and alcohol problem in our New Mexico schools is worse than you think. It's very common amongst almost everyone.” Of the drugs on the minds of 2024 NMCS respondents, participants were concerned with the legalization and high prevalence of marijuana, and the high prevalence of fentanyl, methamphetamines, alcohol, and opioids. We will address each in order of prevalence.

Legalization and Prevalence of Marijuana

Participant discussion of the legalization of marijuana has somewhat subsided since Governor Grisham signed the Cannabis Regulation Act, on April 12, 2021. Only four participants this year wrote about their direct support of its legalization, while ten others noted that the legalization of marijuana increased access to those who used it medicinally. Some voiced strong support like a participant who told us: “Marijuana is a natural plant that has wonderful properties for medicinal use. I took it after my open-heart surgery. I felt it worked much better than the opioid pain pills I was originally prescribed right after my surgery” (Santa Fe). Another participant noted that they substituted legal marijuana for legally prescribed, but assumedly more dangerous, drugs: “Medical marijuana helped me get off the opiates I had been on for years.” (Doña Ana). And one McKinley respondent noted: “Thank goodness for legal use of Marijuana. I feel like it's helped keep New Mexico calm.”

In contrast, 76 of those surveyed discussed concerns associated with the legalization of marijuana, with the most common (N=41) being the overabundance of retail outlets for cannabis and marijuana. Specific concerns varied. A few respondents saw marijuana as a gateway drug to more harmful substances like this respondent who argued: “I think drug use is a major problem. Unfortunately, making cannabis legal was in my opinion, a huge mistake. I believe it IS a gateway drug and makes it easier to try something else.” (San Juan). Others took a more philosophical approach noting the dissonance with legalizing marijuana while

“Es muy común ver a jóvenes consumir marihuana en la escuela al igual que dulces de marihuana para relajarse”

“It is very common to see youth consume marijuana at school as well as marijuana candy to relax.”

Bernalillo

prioritizing other substance use goals such as the reduction of cigarette smoking and alcohol abuse.

“Legalizing Marijuana is the biggest disservice to our state, doesn't make sense, especially after a big push to quit smoking.” (Curry). A sizeable number of concerns (N=18) related to the impact on youth, particularly the abundance and availability of marijuana to smoke and the effects of secondhand smoke on children. Adults using marijuana legally was associated by respondents with the perception that more children are using it in general. “Now that weed is

legal, it adds to the peer pressure for my children, and it seems like more and more of their friends are doing it with parent approval.” (San Juan). Another participant said: “Please crack down on kids vaping. The effects of synthetics are extremely harmful to a developing brain. Please educate the community on their effects, even by second hand.” (Eddy). For some respondents, the legalization may have led to some decreased confidence in enforcement, with one participant telling us: “I don't like the cannabis law... our state and city feels like the wild west, a free for all.” (Eddy). Still others noted concerns about driving under the influence of marijuana, as this respondent captured: “I think it was a bad idea to legalize cannabis in NM. I understand about the money. However, since we are very high on the list of alcohol-related deaths did we really need to add cannabis? I have observed people smoking cannabis and driving.” (San Juan).

In addition to the respondents who wrote about the legalization of marijuana and cannabis, an additional 17 people critiqued its increasing prevalence saying: “Cannabis is a major issue for non-users in public places. It is hard to go anywhere in town without smelling it.” (Eddy). This prevalence was uncomfortable for many respondents and seen as unhealthy for adults and

children. “I am afraid of the widespread use of marijuana nowadays. I smell it everywhere!!” (Doña Ana).

Thirteen respondents wrote in with concerns about vaping, particularly by teens (note, though, that it was difficult to differentiate between vaping for nicotine or marijuana). As one respondent said, “unlike the other substances, vaping and e-cigs are considered more of a problem in the community with teens.” (San Juan).

“Fentanyl is a big addiction right now.”

Otero

Fentanyl

Forty-three respondents discussed concerns with fentanyl and most of those respondents were concerned with what they perceived to be an unchecked spike in prevalence. Fentanyl was seen as “slipping into” the drug supply as noted by this respondent: “People of all ages are dying from being poisoned by Fentanyl. Yes, what they think they are taking is not good for them either, but they have no clue that the item they are knowingly ingesting could be laced with something that could KILL them!!! These deaths should be labeled as murder, not an accident or an overdose unless they truly knew they were taking Fentanyl.” (Curry). Written comments contained markers of strong feelings like this use of ALL CAPS. Here is an example: “I reside in the 'War Zone', fentanyl and alcohol are our biggest killers here, we see death daily. WHY don't people care about this?” (Bernalillo).

Methamphetamines

Twenty-two respondents wrote in to tell us about their concerns about rising methamphetamine use. Most of these respondents expressed concern that other substances risked taking the focus off a drug that they commonly saw in their communities. One respondent explained it this way: “[The] focus should be off of things like marijuana and

“I feel there should be more attention to the methamphetamine problem, I see more people using it in my community.”

McKinley

focused on removing serious harms to the community like meth and fentanyl use. These drugs change people, they are capable of serious violence and evil when under the influence of these hard drugs.” (Taos) Methamphetamine use was seen as very problematic compared with other addictive drugs and more

closely associated with crime. One particularly strong view was expressed this way: “Meth addicts are filthy, vile, sexually deviant beings in all areas of their life. Meth use is only one

aspect of the problems that come with allowing meth addicts in our communities. Our children, our animals, our elderly and our health is at great risk from this group of addicts.” (Taos)

Alcohol

Twenty-one respondents noted concerns with alcohol misuse. One Sierra County resident captured this by saying: “in my opinion as a recovering drug addict clean and sober for over 5 years, alcohol is way more dangerous than any drugs mentioned, followed by meth.” Generally, participant concerns were like the arguments made about methamphetamine; focusing on the “new” epidemics, like fentanyl, risked losing focus on high prevalence existing problems like alcohol abuse. Other participants were concerned with the cultural acceptance of alcohol associated with its high prevalence, like this San Juan resident who said “It has come to my attention that locals do not consider alcohol to be a drug, nor do they accept it is an addictive substance that modified their brains.”

Youth access to alcohol was on the minds of many NMCS respondents (N=29). Most of these respondents criticized the role that parents play in distributing (with or without their knowledge) alcohol to their kids and the friends/peers of their kids. “Adults in the culture of NM and Taos specifically are too comfortable providing alcohol and substances to minors underage 18 and 21 and acting like it's normal and okay and then as soon as addiction comes into the picture, we sweep it under the rug and push them away, as if the adults in this community aren't actively to blame. Instead, we are pointing fingers at the children.” (Taos). One

“Convenience stores like Walgreens make liquor very accessible.”

Taos

additional respondent noted that young adults just over 21 years old knowingly provide alcohol for their underage friends. A Bernalillo County resident had observed that “teens think giving the homeless a couple of dollars [that] they can get easy access to beer or any other alcoholic beverages or drugs.” Although no respondent said that people under 21 were able to get alcohol from retail outlets, a few (N=6) noted retail establishments where alcohol was exceptionally easy to steal.

Opioids

Twelve respondents wrote in with concerns about opioid misuse in New Mexico. Most were concerned with the prevalence among middle and high-school-aged children initially prescribed opioids after an injury or dental procedure. Nine respondents talked about personal or near-personal experiences with doctors that they believed had overprescribed opioids. This was especially connected to prescribing for children as we read from Valencia County: “our medical

system is a joke when it comes to prescribing opiates to children. My child had surgery and was prescribed oxycodone and percs after his surgery. He was only 10 at the time.”

A larger number of respondents (N=23) wrote about general access to opioids with 13 respondents expressing anger that people with medical need were not able to access appropriate pain medication in a timely way. Sentiments like these expressed by a Grant County resident were common: “I think people who don't have addiction issues should have an easier time to get pain medication when they need it, and not be punished because other people have addictive issues. It's not right to make people suffer when they have serious pain.” As in prior years, feelings about legitimate access to opioids were very strong with one nurse telling us: “As a retired RN I believe that it is deplorable that patients are under-medicated after surgery and patients truly suffering from chronic pain such as cancer, arthritis and damaged nerves can't get meds to help with the pain.”(Chaves).

Nine participants mentioned naloxone (Narcan). This is the first year that the responses have been uniformly positive. This Bernalillo County respondent summed up the general feeling saying: “Definitely need more education + availability of Narcan.”

Need for Substance Misuse Prevention

Increase Perception of Risk to Deter Substance Misuse

For prevention professionals, understanding the most effective ways to reach and make the public aware of the risks of alcohol and drug misuse is key to their prevention efforts. One of the most important ways that communities deter substance misuse is the fear of negative legal consequences. Unfortunately, many respondent comments suggest that the perceived risk of being caught using drugs or alcohol (inappropriately) was very low. In the most common example, respondents reflected that the current level of enforcement of Driving Under the Influence of Alcohol (DUI) laws was not a sufficient deterrent. Thirty-nine respondents expressed the desire for greater enforcement of DUI laws and no respondent expressed the inverse that DUIs were being properly or over-enforced. A Bernalillo County resident expressed a typical sentiment: “I believe we need much more enforcement of consequences of drug use and DWI laws. There also have to be programs that are strongly designed with rules truly enforced (i.e.-NOT a slap on the hand).” DUI enforcement was seen as sporadic and generally ineffective in curbing the widespread problem.

Perceptions about other deterrents for drug and alcohol misuse varied. About half of respondents (N=25) called for greater punitive measures including longer prison sentences for adults and mandatory reform programs for youth offenders. They argued that lighter sentences fail to protect society and do not create an impetus for offenders to change. On the other hand, just less than half (N=21) of these respondents expressed that punitive measures like

incarceration are ineffective and that institutions (especially the police and court systems) that are involved with determining punishment are subject to bias and even corruption saying: “I absolutely oppose criminal justice responses to issues that stem from trauma and oppression, which are heavily racist.” (Santa Fe). Others in this group supported “less punishment and more rehabilitation”, expressing compassion and the belief that substance use prevention and treatment were the only ways to truly deter future substance misuse.

Prevention Programming

The bulk of the 80 respondents calling for more prevention education connected that need with school-based programming (N=53). This Hidalgo County resident gave a typical comment: “A los jóvenes en la escuela les den más información sobre lo malo y el daño que les hace la marihuana y el abuso de alcohol y drogas.” [Give young people at school more information about the bad things and the harm that marijuana and alcohol and drug abuse do to them.] DARE was the only curriculum mentioned by name. A few respondents linked the increase in recreational marijuana use with an urgent need for prevention education saying “With all the cannabis shops in Tucumcari, we need heavy education about marijuana use and how it affects the body. Especially at [the] middle school and high school level. Hopefully, it will prevent young people from becoming habitual users.” (Quay).

A smaller number of respondents (N=27) called for large public health campaigns targeting people of all ages. Ideas included billboards, optional community classes, and targeted information about safe disposal, Narcan, etc. One respondent asked for “some advertisement on services here in Luna County about lockboxes, drinking, underage parties, [and] substance use.” For these respondents, school-based substance use prevention may be a start, but should not be all of the community’s efforts. “There needs to be more awareness and treatment posted all over the area. All the information that is available needs to be posted in all areas.” (Sandoval).

Alternative Activities for Youth

There were forty calls from both urban and rural areas for low/no cost activities that would appeal to youth and give them something to do besides using drugs and alcohol. In the minds of many of these respondents, communities had a responsibility to provide varied activities of interest to youth as a strategy for drug prevention. “I believe that if teens had

“I’m 20. I think there should be more activity for kids. There’s is nothing, so I’ve seen people wanna drink for fun. We have to go to Santa Fe or Los Alamos to do anything fun. In Española, young people drink or do whatever else that’s the fun here. I wish we had things to do like a skating rink or event center for youth to go to after school. That would be so neat”

Rio Arriba

more things to do in the community the drug and alcohol situation would be cut in half” said one Santa Fe County resident.

Respondents also noted that schools could provide more after-school programming. “The lack of community organized events creates bored and disgruntled kids, leaving them with idle time and enabling bad decisions. Afterschool programs would help tremendously.” (Torrance).

Need for Substance Misuse Treatment

As in years past, many respondents (N=78), wrote about substance use treatment, especially the lack of convenient, affordable, and available options. This crossed urbanicity with urban, rural, and frontier counties noting the lack of available options. One participant observed, “Alcohol, methamphetamine and fentanyl are huge problems in our county and we have little to no access to inpatient treatment options close to our area. It needs to change” (Colfax) and “I think our community is in high need of substance use assistance. We are lacking rehabs/beds; counselors; and funding. This is urgent.” (Colfax). In-patient rehabilitation centers with beds available when someone is ready to seek help were particularly mentioned.

Need for Harm Reduction Options

As harm reduction policies become increasingly part of the national solution to combat the impact of substance misuse, there is a corresponding increase in harm reduction-related comments in the NMCS. Most of the participants that talked about harm reduction (N=10) did so in very general terms with few supporting specific initiatives or policies. Of those that did, three participants expressed support for safe injection sites, and there was one comment for and one against an increase in the availability of methadone clinics. One participant expressed concern that harm reduction efforts may decrease the impetus for prevention saying: “Harm reduction saves lives but doesn't help with prevention. True prevention requires that people have hope and feel like life is worth living instead of escaping.” (Rio Arriba).

Need for Strong Family Support

Twenty-eight respondents linked substance misuse to a breakdown of the family. This was almost split evenly between those blaming the parents for substance using youth (N=15) to calls for more supports for family-based substance use treatment and care options. Although not mutually exclusive, these comments reflect differences in what participants perceive to be the locus of control and suggest diversity in “appropriate” ways to fix these problems. Those blaming the parents tended to favor punitive measures, while those favoring more support called on state and federal assistance. The following are two examples of typical comments:

“I believe parents in the community need to be more careful and educate their children. A lot of parents have substance abuse problems and alcohol in their homes and children learn that it is 'normal' when it is not. I am a mom of a child

who is in elementary school and he hears all kind of comments in school from kids saying they will 'snort' drugs or get high. Parents should set an example and be better for their children.” (Luna)

“Families with an addict need help. Our neighborhoods aren't as safe as they were and you see a lot of people using in public...no one stops them.” (Sandoval)

Interestingly, there were four calls for policy change to broaden the power that families had to engage their loved one into substance use treatment without their consent. These comments were rife with heartbreaking personal stories like this one from Rio Arriba County: “After months (really years) of trying, I finally got my son to agree to go to treatment but he couldn't get in anywhere and now he won't go.”

Without the strong support of family, a few respondents were concerned about the lack of legal guardrails for minors. A Curry County resident told us: “In regards to the questions about teens. It is difficult to do much with juveniles due to the State of New Mexico and the laws that protect them. I believe this is why our teens in the community are out of control, they know that the justice system will not hold them accountable.”

Other Community Concerns

Since the NMCS is focused on substance misuse, participants were primed to discuss related issues in the final free-response question of the survey. However, some respondents took the opportunity to link what they considered to be related issues, such as homelessness, mental health care, and poverty.

Homelessness

As in years past, many respondents (N=59) linked substance misuse to individuals currently unhoused. One Bernalillo County respondent reflected this saying “One of the biggest problems is the homelessness. At least 90% or more of the homeless people use drugs and or alcohol with no desire to stop.” The perceived link by respondents is bi-directional with unhoused individuals more likely to use drugs and more likely to create drug-related problems (like crime, drug related trash, etc.). Many of these comments reflected a high level of stigma and, to a greater extent than in 2023, generally did not express tolerance and compassion. “Addicts should not be wandering in public. I've witnessed panhandling, needles in public parks, involuntary body movements displayed along city streets, blocking public walkways, using public park benches and sleeping in bus stop shelters, defecating in public parks in Las Cruces. No tax paying citizen should accept living with these conditions for themselves, their families and their neighbors.”(Doña Ana).

Crime and Criminal Justice

As in years past, some respondents (N=15) reported concerns about increasing crime. Most of these participants said something that linked the increase in substance misuse with the increase in crime. One participant characterized it this way: “Drug use in my community is at its worst. People are dying every day because of this. People are committing more crimes as well just to get money.” (San Miguel)

Perceptions of the criminal justice system, from street-level policing to high court judgments, were almost uniformly low. Some of this sentiment was related to bias as reflected in this comment from McKinley County: “Arrests are made but people are let go ... WHY?? If a Native person gets hurt by a drunk driver, the person is released? If a white person gets hurt they keep the assailant in jail?? “ Blame was placed disproportionately on law enforcement. Sixty-five respondents wrote in with concerns about police response in their area. This Bernalillo County resident provides a typical complaint: “Too many people get away with alcohol and drug abuse because there is not enough law enforcement available. We need more officers. The officers are spread so thin that you would have to be killing somebody before they would do anything.”

A smaller, but still sizeable number of respondents (N=21) noted that the court system was failing New Mexicans. A typical response reflected that the courts rarely punished offenders, especially those convicted of alcohol charges, and thereby reduced the motivation for policing drug and alcohol-related crimes. Here, a Bernalillo County resident explains, “I also think that the justice system doesn't do enough to be aggressive. I think the police are trying but the justice system/courts aren't trying.” There were a few respondents who expressed concern

“People don’t take drugs and drinking seriously because there is no accountability. They drink or use drugs and drive and get probation or a drug diversion program. The courts need to take it seriously and sentence someone to real time in prison, especially after the 1st time.”

San Juan

about corruption in the court system, but most respondents focused on judges that they perceived were too “liberal” during sentencing like this Eddy County resident “The Judicial system in New Mexico is to blame for a lot of the problems that communities experience. Officers can arrest an offender multiple times and they get released and nothing is done about it.”

Access to Health Care

Twenty-one respondents discussed the lack of quality health care in New Mexico, particularly in rural areas. Comments such as this were typical: “Quality healthcare in Socorro (and NM) is dangerously poor!” One respondent noted that New Mexico struggled to keep good providers,

saying: “healthcare provider shortages, specialist shortages, the length of time it takes to get treatment for conditions like cancer, the revolving door of healthcare providers they come to get loans paid off and in 3-5 years they're gone.” (Doña Ana).

Many of the 37 respondents who wrote in to talk about mental health care noted the relationship between poor mental health and substance misuse. They believed that substance misuse would decrease if mental health care access was available to all who need and want it. One Bernalillo County respondent characterized it this way: “Access to mental health care and

“Substance abuse is often a result of self-treatment attempts to address other issues-chronic health or mental health issues, housing issues etc. Efforts to address substance abuse in our community need to be coordinated to address intersectional issues that led to the abuse.”

Santa Fe

supportive services prior to substance abuse and addiction is equally important as treatment resources.” All respondents expressed that New Mexico lacked appropriate access to mental health care, with a response from McKinley County saying: “I am sober. I believe mental health is the key and New Mexico is sorely lacking those services.” Only two respondents mentioned the new 988 service.

Systemic Issues

Finally, 10 respondents wrote about systemic issues. Participants mentioned a variety of factors including the lack of a “living wage,” rising housing costs, and lack of state-level investment in healthcare and education. Most of these respondents saw substance misuse within the context of community risk factors. Poverty (mentioned by 6 of the 10 respondents) was viewed as a key driver. One respondent characterized

it this way: “All NM substance problems are directly related to the poor socioeconomic conditions that the people, specifically in San Juan County, operate under. San Juan County is full of the haves and the have nots. Until you fix the income disparity, this will continue to be a problem.”

“I know our community has a problem with drug use. I feel addressing poverty, affordable housing, healthcare, and education needs to be addressed as well as drug use.”

Otero

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 education². 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 recent samples mostly reflect individuals recruited and willing to participate online).

Given the stress on people and communities due to the pandemic, it is not surprising that alcohol use rates generally were higher from 2020-2022 than in the recent past. Therefore, it is a particularly good sign that 30-day use has trended downwards in 2023 and 2024. While communities with focused alcohol prevention efforts had lower rates of past 30-day use than comparison communities, the binge drinking and drinking and driving rates remained higher in the target than the comparison communities. Of particular concern is that drinking and driving estimates have steadily increased in the past two years in both comparison and target communities, with the 2024 rates as high as they have been in about a decade. Comparison and targeted communities had similar rates for most prescription pain reliever variables, and it is noteworthy that target communities relative to the comparison communities had a much higher rate of respondents indicating that they disposed of prescription medications by taking them to drop boxes, and much lower rates of respondents flushing them down the toilet or sink.

The qualitative section of this report reveals that many New Mexicans think that drug use is common and increasingly problematic in their communities, particularly how visible it is in public and shared community spaces. Many participants expressed that prevention is more important than ever, with wide support for youth prevention and general education for the public, as well as the need for convenient, affordable, and available substance use treatment options. Many citizens also saw current punitive approaches to substance misuse as

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.

inappropriate and ineffective in preventing negative consequences for individuals and communities, and there was wide support for expanding physical and mental health care in New Mexico.

The main concerns related to alcohol focused on how alcohol use problems tend to be overshadowed by the “new” epidemics, like meth or fentanyl. In terms of alcohol use by youth, comments were focused on issues with access to minors through parents who were providing to minors and, while no respondent said that minors were able to purchase alcohol easily, a few did mention that alcohol was exceptionally easy to steal.

As in past years, participant comments about prescription opioids commonly revealed concern about restrictions experienced by those with ‘legitimate’ need being impacted by those with “addictions”. In addition to these comments, many respondents wrote about youth access, with concerns about prevalence among middle and high-school-aged children when being overprescribed opioids after an injury or a dental procedure.

Participants also mentioned perceptions of increased access to marijuana due to the recent legalization of recreational cannabis use. While some participants continued to express positive impact of the legalization, especially for medicinal access, there was a common concern shared by participants about the effects of the overabundance of retail outlets for cannabis in their communities. Participants also shared their perceptions of the impact on youth, particularly the abundance and availability of marijuana to smoke and the effects of secondhand smoke on children. Respondents perceived that more adults using marijuana legally with more youth using it in general. This is an opportunity for prevention programs to offer education in their communities about the potential risks, especially with underage use of cannabis.

Finally, we note the ongoing value of NMCS results 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 priorities. We also again encourage preventionists to disseminate findings from 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	49.4	46.9	44.2	46.8	37.4	45.6	41.5	43.7
Past 30-day binge drinking	14.0	13.1	18.9	18.2	21.1	18.3	14.7	18.2
Past 30-day drinking & driving	2.2	2.3	6.2	4.0	6.4	7.0	5.5	3.6
Past year purchased or provided alcohol for someone under 21	2.2	2.9	3.7	2.1	2.7	2.3	6.3	3.7

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	49.4	46.9	44.2	46.8	37.4	45.6	41.5	43.7
Past 30-day binge drinking	14.0	13.1	18.9	18.2	21.1	18.3	14.7	18.2
Past 30-day drinking & driving	2.2	2.3	6.2	4.0	6.4	7.0	5.5	3.6
Past year purchased or provided alcohol for someone under 21	2.2	2.9	3.7	2.1	2.7	2.3	6.3	3.7

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	47.5	49.4	60.4	55.9
Past 30-day binge drinking	18.4	12.1	32.0	25.4
Past 30-day drinking and driving	6.4	0.0	13.2	3.0**
Past year purchased alcohol for someone under 21	3.1	1.8	12.3	4.4*

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

Appendix B: Prescription Drugs

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

Prescription drug use	Non-Hispanic White		Hispanic		Native American		Other	
	SAPT	Non SAPT	SAPT	Non SAPT	SAPT	Non SAPT	SAPT	Non SAPT
Past 30-day Rx pain reliever use for any reason	16.9	17.2	21.9	18.9	17.0	19.4	19.4	14.6
Past 30-day pain reliever improper use	3.6	2.9	9.1	4.7***	4.6	7.1	7.3	6.1
Past year prevalence of receiving Rx pain reliever	25.4	26.8	25.5	21.2*	16.5	24.1	22.1	22.9
Great or moderate risk of Rx pain reliever non-medical use	84.4	86.4	77.4	84.9***	81.1	91.1**	79.5	85.4
Given or shared Rx drugs with someone	5.0	5.0	7.8	3.5***	3.7	3.6	6.8	6.3
Medication locked or safely stored	37.2	33.6	49.6	49.7	53.0	47.8	46.3	42.7

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

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

Prescription drug use	Non-Hispanic White		Hispanic		Native American		Other	
	Target	Comparison	Target	Comparison	Target	Comparison	Target	Comparison
Past 30-day Rx pain reliever use for any reason	16.2	18.5	21.3	19.1	16.3	25.8*	17.8	15.3
Past 30-day pain reliever improper use	3.6	2.6	8.0	5.1*	4.4	9.7	6.7	6.8
Past year prevalence of receiving Rx pain reliever	25.7	26.5	25.7	19.8**	15.8	32.7***	23.2	21.2
Great or moderate risk of Rx pain relievers non-medical use	85.0	86.0	79.2	84.2*	82.2	89.7	81.5	84.6
Given or shared Rx drugs with someone	5.2	4.6	7.3	3.2***	3.4	5.6	7.3	5.2
Medication locked or safely stored	36.0	34.6	48.9	50.9	53.2	45.0	45.0	43.5

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

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	24.8	25.2	23.2	12.2*
Past 30-day pain reliever improper use	7.8	6.4	12.6	4.8*
Past year prevalence of receiving Rx pain reliever	36.9	30.4	31.0	24.4
Great or moderate risk of Rx pain relievers non-medical use	79.0	83.3	76.6	85.9*
Given or shared Rx drugs with someone	8.7	3.2	16.3	8.7
Medication locked or safely stored away	24.7	45.6**	47.4	32.7

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