

State of New Mexico CBP Programs

Site Name & ID#: New Mexico

State Survey Findings Sheet- 2015

Prevention Goals and Objectives (relevant to the NMCS)

Goal 1: Reduce underage drinking in New Mexico.

Objective 1: Reduce social access to alcohol by minors by...(increasing perception of risk of being caught; increased law enforcement efforts,

Objective 2: Reduce retail access to alcohol by minors by... (increasing perception of risk of being caught; increasing SID checks of retailers and increasing retail education, server training, etc.)

Goal 2: Reduce binge drinking among youth and adults in New Mexico.

Goal 3: Reduce drinking and driving among youth and adults in New Mexico.

Goal 4: Reduce prescription pain killer misuse and abuse among youth and adults in NM.

Brief Description of Community & Population: (Also attach copy of your protocol data collection table as collected)

New Mexico is large, mostly rural state. Of the just over 2 million residents of NM as estimated by the 2014 U.S. Census, 36% speak a language other than English at home, 47.3% are Hispanic/Latino and another 10.% are Native American representing at least 22 different tribes. Not quite 26% have a bachelor's degree or higher. Unemployment is estimated to be about 6.5% and almost 20% live under the poverty level. By far most of the population of the state lives in three relatively urban areas including Albuquerque, Santa Fe, and Las Cruces. There are 33 counties in NM most of which are quite rural. According to the U.S. Census, of the people residing in New Mexico, 51.4% were born in New Mexico, 37.9% were born in a different US state, 1.1% were born in Puerto Rico, U.S. Island areas, or born abroad to American parent(s), and 9.7% were foreign born. About 7.5% of New Mexico's population was reported as under 5 years of age, 25% under 18, and 13% were 65 or older. Women make up around 51% of the population.

Data Collection Method and Brief Sample Description in Comparison to Previous Years' Samples

Data were collected using two strategies and are described in detail below.

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

The first approach taken to collect data is the now routinized time and venue-based sampling within funded communities. This convenience sampling approach has been used by funded communities since 2008 and involves communities creating community-specific detailed data collection plans identifying the locations and times in the community where a representative sample of community residents can be asked to participate in the survey. Communities ideally replicate the protocol each year allowing for a comparable sample of adult residents to be surveyed each year and compared over the years. Depending on the size of the community, some are required by OSAP to collect data at local MVD offices as one of the locations. This is not always possible though in the smaller and more rural communities where there are few appropriate locations for collecting a representative sample of adults.

Community data collection protocols are reviewed by the State Epidemiological Outcomes Workgroup (SEOW) to ensure that communities are likely to capture a reasonably representative sample of adults based on their protocols. Local community providers and local evaluators are instructed in appropriate data collection methodology and how to maintain respondents' confidentiality while completing the survey. This technique is frequently challenging for communities initially, but over time, many have come to regard it as imperative to improving the quality of the services they provide. This year, prevention communities were asked to track their data collection process in detail and submit with their end of year reports. This purpose of this was to compare what was originally proposed in the data collection protocol prior to data collection to what actually was done with respect to data collection. In particular, if communities found that some locations, originally expected to be good places to collect data, actually turned out to not be good locations, then this data would be recorded and be particularly useful to next year's planning of the data collection process.

Over 9,000 surveys were collected using this methodology, which constitutes 92% of the aggregated sample. These data came from the 25 counties where OSAP is funding prevention services. We are unfortunately unable to collect a response rate using this methodology. As new subrecipients are funded, we are seeing increased coverage across the state, particularly in more rural communities.

Data Collection Approach # 2: On-line survey

To supplement the convenience sample, the other data collection approach used in FY15 was the implementation of an on-line version of the survey. Ads were placed on Facebook and on Twitter targeting NM residents 18 and older. This methodology was piloted in FY14 among 18 to 25 year olds and proved promising therefore, it was decided to further invest in this methodology this year. This year, the reach was expanded on the upper end. Ads ran for a total of 9 weeks. Six ads were created, three of which included people of various ages in them (young adults, parents, and older adults) and three of which were NM related landscapes. Each week, two ads were run on both Facebook and Twitter. The ad receiving the most "clicks" on it

repeated the following week along with a new ad. After all ads had been posted once, we included with the week's "winning" ad a previous losing ad so that ads changed over the 9 weeks with some regularity. We found that overall, ads did not vary much in the number of times one was clicked on by respondents. From April 5, 2015 – June 7, 2015 (58 days) the Facebook ad was served 800,917 times with a frequency of 4.77 times per person. There were 8,372 clicks with 6,073 unique clicks. The click rate was .76%. The ad reached 99,612 people on mobile devices. For the Twitter ads there were 59,978 impressions, with 380 link clicks. The click rate was 0.63%.

A daily and weekly incentive was offered to randomly selected individuals who completed the survey. After completing the survey, respondents were invited to enter to win an incentive, however, this was optional and not all respondents chose to do so. Each day, four \$20 gas cards were given away to randomly selected respondents from that day. Each week, a randomly selected respondent was selected to receive two \$20 gas cards from the week's respondents for a total of 30 gas cards given out each week for 9 weeks.

A total of 798 surveys were completed during this time from residents in 33 NM counties. If we combine the number of unique clicks from Facebook and all clicks from Twitter, (or $798/(6073 + 380)$) the estimated response rate for the on-line portion of the survey is approximately 12%.

Total Combined Sample

In FY15 a total of 9,865 completed questionnaires were collected compared with 6,793 in FY14. All 33 counties were represented in the data although several had very few questionnaires representing them.

Analysis Approach

Prior to conducting the analyses, we weighted the data to match NM Census 2013 data with regard to the distributions of gender, age, and race/ethnicity across the state so that our estimates more closely reflect a representative state sample. While this is ultimately a convenience sample, the intent behind weighting the overall sample is to reduce the overall influence of subpopulations that are typically over represented in our sample, specifically, young adults, Native Americans, and women. In particular, the over-representation of young adults would tend to increase our state-level substance use estimates unfairly.

Please note when interpreting these findings that tables do not always contain the actual wording of the question. Please refer to the survey itself for precise language.

I. Demographic Characteristics

Descriptive statistics are provided for age, gender, race/ethnicity, education, New Mexico residency, military service and sexual orientation.

Table 1. Demographic characteristics of community

Number of eligible respondents	N= 9,865
Characteristics	Weighted %
Age	
18-20	5.6
21-25	9.7
26-30	9.1
31-40	16.2
41-50	15.7
51-60	17.9
61-70	14.1
71 or older	11.7
Gender	
Male	49.6
Female	50.4
Race/Ethnicity	
White	39.4
Hispanic	47.3
Native American	10.4
Other	8.6
Education level	
Less than high school	7.5
High school or GED	27.5
Some college	32.9
College or above	32.1
New Mexico Residency	
Less than 1 year	4.0
1-5 years	9.5
More than 5 years	86.5
Active Duty in the Military Service or Veteran	7.1
Identify as LGBT	4.9

II. Access to alcohol and perception of risk/legal consequences

Distributions of each response category are provided below for the outcomes of interest. Percentages of dichotomized outcomes by age groups are provided as well. Analyses are not stratified by gender.

Table 2.1 Perceptions of risk/legal consequences of alcohol consumption

Access to alcohol	Weighted %				
	Very easy	Somewhat easy	Somewhat difficult	Very difficult	Don't know
Ease of access to alcohol by teens in the community (n=9763)	40.1	31.2	8.0	2.4	18.2
Ease of access to alcohol by teens in the community from stores and restaurants (n=9775)	11.5	21.3	24.3	18.5	24.4
Perception of risk/legal consequences	Very likely	Somewhat likely	Not very likely	Not at all likely	Don't know
Likelihood of police breaking up parties where teens are drinking (n=9752)	18.0	30.2	20.6	8.5	22.6
Likelihood of police arresting an adult for giving alcohol to someone under 21 (n=9745)	25.4	25.4	16.3	9.4	23.5
Likelihood of someone being arrested if caught selling alcohol to a drunk or intoxicated person (n=9754)	21.8	27.1	22.7	9.5	18.9
Likelihood of being stopped by police if driving after drinking too much (n=9729)	29.4	34.9	16.4	6.4	12.9
Likelihood of being convicted if stopped and charged with DWI (n=9705)	45.6	24.9	8.5	4.6	16.3

Table 2.2 Percentages of perceived risk/legal consequences of alcohol consumption by age groups.

Intervening variables	Age groups (Weighted %)						
	18-20	21-25	18-25	26-30	31-40	41-50	50+
Very or somewhat difficult to access to alcohol in the community	12.0	10.6	11.1	14.8	11.8	16.1	12.1
Very or somewhat difficult to access to alcohol from stores and restaurants	57.7	61.6	60.2	62.3	60.3	56.6	52.5
Very or somewhat likely for police to break up parties where teens are drinking	62.7	59.3	60.5	61.8	63.5	60.5	63.5
Very or somewhat likely for police to arrest an adult for giving alcohol to someone under 21	63.9	65.6	65.0	64.9	68.6	64.0	67.3
Very or somewhat likely for someone being arrested if caught selling alcohol to a drunk or intoxicated person	63.7	57.4	59.7	59.9	59.5	58.1	61.8
Very or somewhat likely being stopped by police if driving after drinking too much	75.5	74.2	74.6	75.0	73.4	71.3	74.4
Very or somewhat likely being convicted if stopped and charged with DWI	87.2	86.6	86.8	85.8	85.7	85.1	82.3

III. ATOD consumption

Means, ranges, and frequencies are provided below for overall sample and by biological sex and age groups for the behavioral outcomes of interest.

Table 3.1 Weighted percentages of cigarette/tobacco any use outcomes overall and by sex.

Tobacco Outcomes	Weighted %		
	Overall	Men	Women
Cigarette: any current use (n=9711)	23.3	25.5	19.9
Tobacco: any current use (n=9806)	7.4	11.8	2.6
E- Cigarette: ever use (n=9786)	20.9	23.4	18.3
E- Cigarette: past 30-day use (n=9801)	10.3	11.1	8.8
Provided tobacco for minors past year (n=9630)	4.6	5.6	3.1

Table 3.2 Weighted means, ranges and percentages of alcohol use outcomes overall and by gender.

Outcomes	Weighted Estimates				
	Overall			Men	Women
	% of Yes	Mean (SD)	Range	% of Yes	% of Yes
# of drinks a week	NA	2.2 drinks	0-120	NA	NA
Past 30-day alcohol use (n=9637)	45.9	NA	NA	52.1	40.7
Past 30-day binge drinking					
All respondents (n=9683)	16.8	0.8 times	0-130	21.4	11.8
Current users† only (n=4215)	36.4	1.8 times	0-130	41.2	29.3
Past 30-day driven under influence					
All respondents (n=9696)	4.5	0.2 times	0-51	6.6	2.5
Current users† only (n=4237)	9.9	0.4 times	0-51	12.7	6.3
Past 30-day driven after binge drinking					
All respondents (n=9698)	3.6	NA	0-1	5.4	1.9
Current users† only (n=4240)	7.9	NA	0-1	10.3	4.6
Provided alcohol for minors past year (n=9291)	3.6	NA	0-1	4.1	2.9

†Current users: anyone who has had alcoholic drink in the past 30 days.

Table 3.3 Weighted percentages of alcohol use outcomes by age groups.

Age Groups	Weighted %			
	Past 30-day alcohol use	Past 30-day binge drinking	Past 30-day driven under influence	Past 30-day driven after binge drinking
18-25	50.1	24.1	7.6	5.9
18-20	38.7	17.8	5.3	5.2
21-25	56.8	27.7	8.9	6.3
26-30	56.0	25.6	7.3	6.1
31-40	49.0	21.7	6.0	4.8
41-50	45.1	17.6	4.5	2.9
51+	41.3	9.7	2.3	2.1

Figure 3.1 Sources of obtaining alcohol for respondents 18-20 years old who reported drinking alcohol in the past 30 days. (N=383)

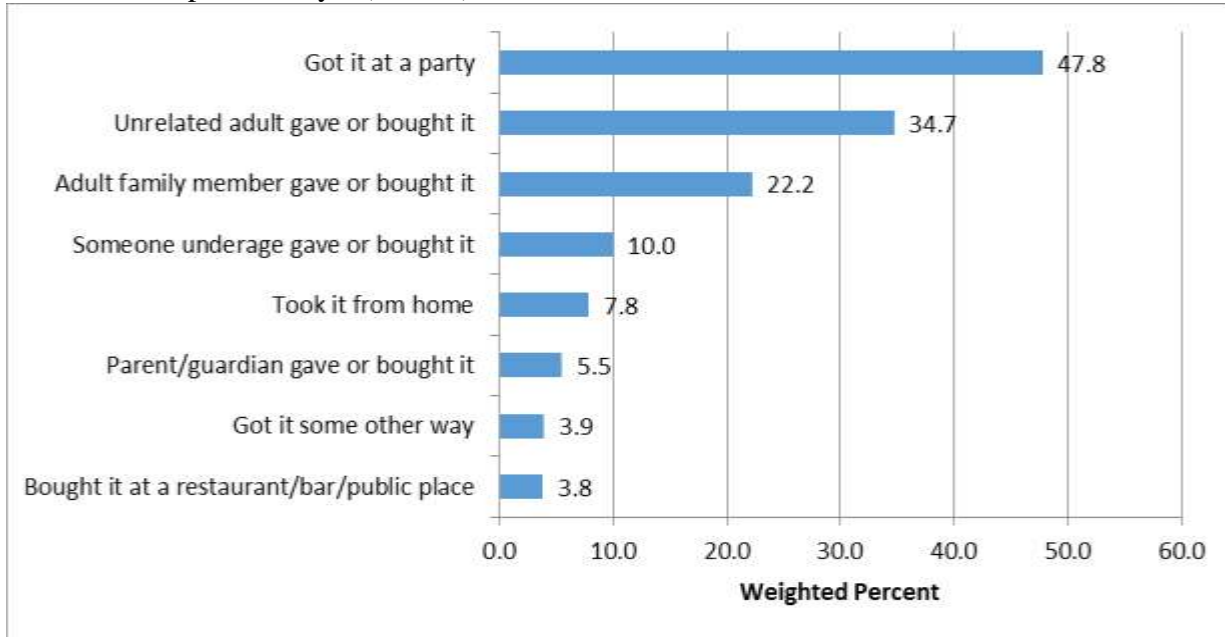
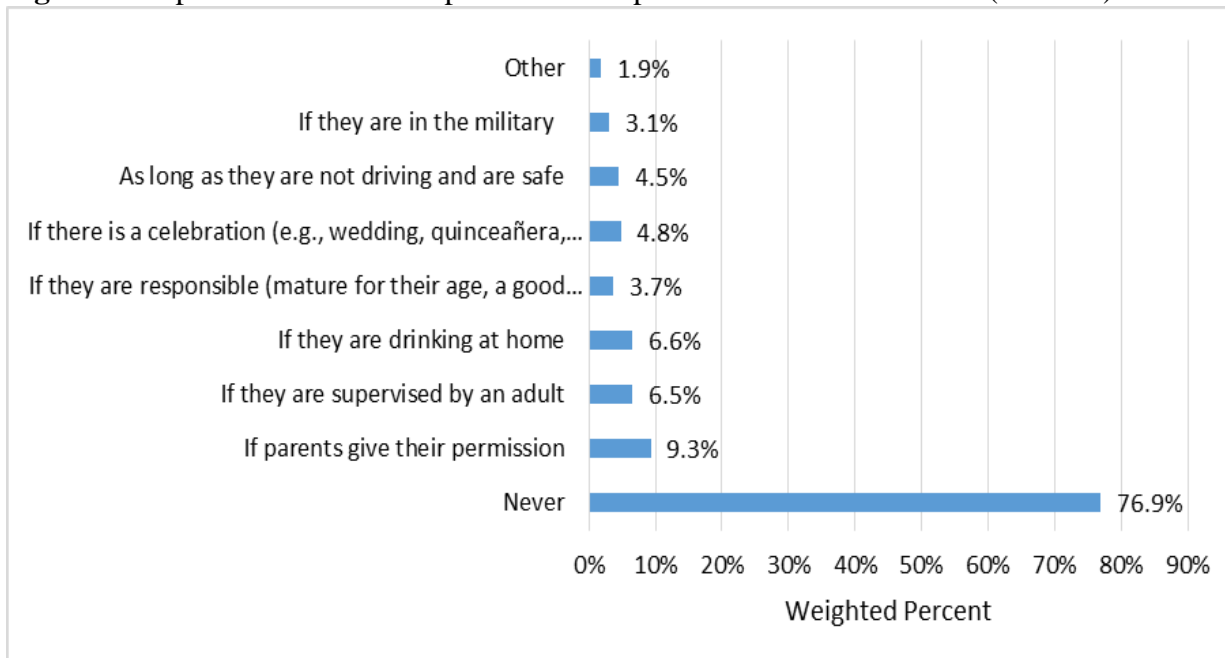


Figure 3.2 Opinions of when it is permissible to provide alcohol to minors. (N=9865)



IV. Prescription drug use.

Means, frequencies and graphs are provided below for overall sample and by gender and age groups for the prescription drug outcomes of interest.

Table 4.1 Means and percentages of prescription drug use outcomes overall and by sex.

Rx Pain Killer Outcomes	Weighted %			
	Overall		Men	Women
	% of Yes	Mean (STE)	% of Yes	% of Yes
Prevalence of receiving Rx painkiller past year (n=9579)	29.5	NA	29.0	30.1
Great or moderate risk of harm using Rx painkillers for a non-medical reason (n=9458)	81.9	NA	80.4	84.5
Past 30-day painkiller use to get high (n=9222)	2.8	NA	2.9	2.2
Past 30-day Rx painkiller use (n=9522)	15.1	10.7 (0.3)	15.6	14.5
Given/shared prescription drugs with someone past year (n=9370)	6.5	NA	6.4	6.5
Rx painkillers locked or safely stored away (n=4733)	37.2	NA	34.7	39.6

Note. Ns are for overall estimates only.

Table 4.2 Weighted percent of prescription drug use outcomes by age groups

Age Groups	Weighted %					
	Prevalence of receiving Rx painkiller past	Great or moderate risk of harm using Rx painkillers for a non-medical reason	Past 30-day Rx painkiller use to get high	Past 30-day Rx painkiller use for any reason	Given/shared prescription drugs with someone	Rx painkillers locked or stored away
18-25	25.0	74.5	3.9	14.7	10.6	36.7
26-30	25.8	78.3	3.4	14.0	7.3	42.5
31-40	27.7	81.9	3.4	14.4	6.8	44.2
41-50	28.2	81.5	3.0	13.4	6.5	38.4
51+	32.9	85.5	2.0	16.4	4.8	33.6

Figure 4.1 Reasons for prescription drug use among all current users. (N=1399)

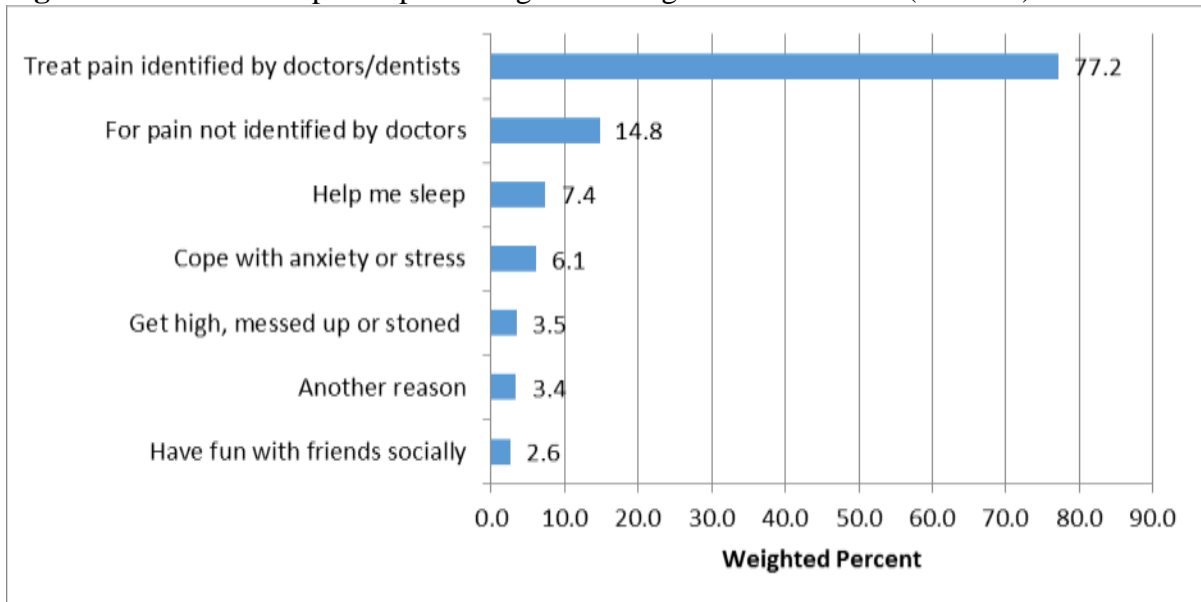
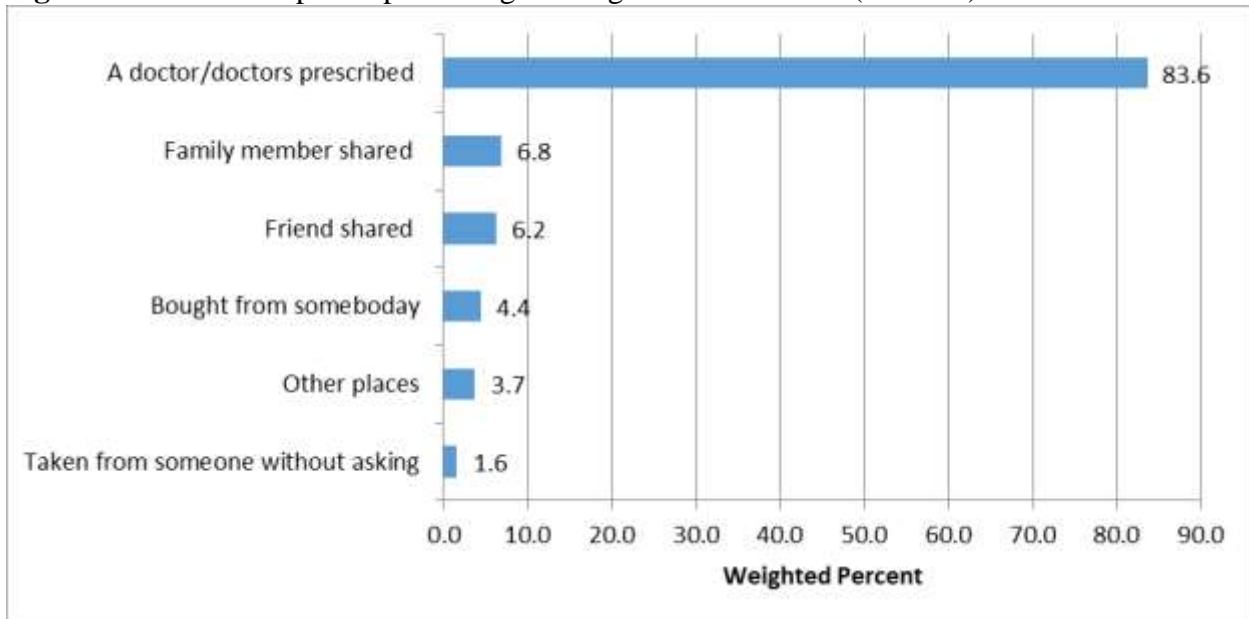


Figure 4.2 Sources of prescription drugs among all current users. (N=1399)



V. Mental health

Percentages are provided below for overall sample and by gender for the mental health outcomes of interest.

Table 5.1 Percentages of mental health outcomes overall and by sex

Mental Health Outcomes	Weighted %		
	Overall	Men	Women
Critical threshold for serious mental illness (n=8880)	5.4	5.1	5.6
Having mental health or drug/alcohol problems in the past year (n=9513)	13.4	12.6	14.5
Suicidal thoughts in the past year (n=9462)	4.2	4.6	3.5
Sought help on mental health or drug/alcohol problems in the past year (n=9464)	11.8	11.1	12.6
Had difficulty accessing treatment for mental health or substance abuse problems (n=9404)	4.6	4.6	4.3

Note. Ns are for overall estimates only.

Summary of 2015 Community Survey Findings

Our sample is weighted to reflect the state distribution of women and men, race/ethnicity, and age. Therefore, our weighted data reflect the Census estimates almost exactly. Unweighted data are more heavily female, Native American, and younger. However, even with the weighting of the sample, this remains a convenience sample and not a random selection, therefore caution should be used when interpreting the findings.

In the table below we compare our FY15 and FY14 weighted estimates from the NMCS with similar questions from the NM BRFSS and NM NSDUH surveys. While some questions are identical to each other across surveys others are not. These are noted. It is encouraging though to see that our NMCS estimates are generally similar to those from the more rigorously designed samples from the other two surveys.

Table 6.1 Comparing NMCS data to BRFSS and NSDUH estimates

Indicator	2015 NMCS	2014 NMCS	2013 BRFSS	2012 BRFSS	2012-2013 NSDUH	2010-2011 NSDUH
Past 30 day cigarette use	23.3	24.7	19.5	19.4	24.5	22.5
Past 30 day drinking	45.9	39.1	48.3	46.9	54.5	46.2
Past 30 day binge drinking	16.8	18.7	14.5	14.6	26.4	21.8
Heavy Drinking*	4.4		5.9	5.5	6.6*	
Past 30 day driving after having "perhaps too much to drink"	4.5	2.7		1.2		
Non-medical use of prescription pain killers (i.e., to get high)	2.8	6.6			5.1	5.1
Needing but not receiving treatment †	4.9	7.5	18.8		~10.1 ^ψ	~9.3 ^ψ
Frequent Mental Distress/Serious Mental Illness‡	5.4	5.4	12.4	13.2	4.3	4.5
Past year any mental illness/substance use problem¥	13.4	15.7			19.3	18.4
Suicidal Ideation (past year)	4.2	4.1			3.8	3.8

* NMCS & BRFSS Definition: Heavy drinkers (adult men having more than two drinks per day and adult women having more than one drink per day; NSDUH estimate is combined 21 and older from 2009 to 2013

† BRFSS Definition: Unable to Get Needed Medical Care Due to Cost, Age-adjusted

‡ NMCS Definition: Met WHO critical threshold for serious mental illness ; BRFSS Definition: Respondent reported 14 or more days in past 30 days when mental health was "not good"; NSDUH Definition: Past year Serious Mental Illness

ψ Estimate adds two indicators from NSDUH assessing needing, but not receiving, treatment for illicit drug or alcohol use

¥ NMCS Definition: Any mental health or alcohol/drug abuse problems in the past year;

The BRFSS is a random digit dialing phone survey that utilizes both cell and land lines, while the NSDUH is a face-to-face survey with a representative sample. These are radically different data collection methodologies from what is used in the NMCS. All three methodologies result in slightly different estimates on similar indicators. We compare our estimates of the NMCS to these other survey estimates because we assume that the BRFSS and NSDUH estimates are the best estimates at the state level. This is debated to some extent but at least at the state-level we feel confident that these are our best estimates. Therefore it is heartening to see that our community survey estimates are similar and this is particularly true for those indicators that are the same across surveys such as past 30-day use questions.

In general, our estimates of current cigarette use is right in line with NSDUH estimates and only slightly higher than the BRFSS estimates. Similarly, our current drinking estimates are similar. Past 30 day binge drinking estimates call between BRFSS and NSDUH estimates. Heavy drinking is also very similar. Estimates of having driven after having perhaps had too much to drink are generally higher than estimates from the BRFSS data (2013 estimates are not yet available). Estimates of mental health and access to care for said concerns should be interpreted cautiously since these items are worded quite differently across surveys the time frames for each also vary from past month to past year. Therefore, while it might appear that our estimates of SMI is similar to that of the NSDUH, NSDUH estimate covers the past year while the NMCS covers the past 30 days. The BRFSS version of Frequent Mental Distress is also a past 30 day measure but assesses mental distress somewhat differently and does not equate it with Serious Mental Illness.

We also compared the estimates of 18 to 25 year olds in the NMCS with similar age groups in the BRFSS and NSDUH data where possible. These are in Table 6.2 below

Table 6.2 Comparing young adult NMCS data with young adult BRFSS and NSDUH data

Age range	18-25	18-25	18-24	18-24	18-25	18-25
Indicators	2015 NMCS	2014 NMCS	2013 BRFSS	2012 BRFSS	2012-2013 NSDUH	2011-2012 NSDUH
Past 30 day Any Tobacco Use					42.3	43.0
Past 30 day cigarette use	27.7	31.4	19.1	18.4	35.18	35.1
Past 30 day drinking	50.1	43.3	45.7	45.2	56.4	55.7
Past 30 day binge drinking	24.1	30.2	23.1	24.5	38.5	37.1
Heavy Drinking*			6.4	7.0		
Past 30 day driving after having "perhaps too much to drink"	7.6	7.8		1.3		
Non-medical use of prescription pain killers (i.e., to get high)	3.9	9.0			9.5	11.1
Needing but not receiving treatment †	5.0	10.7			~20.31 ^ψ	~22.2 ^ψ
Frequent Mental Distress/Serious Mental Illness‡	8.6	9.8		10.8	4.4	
Past year any mental illness/substance use problem¥	18.3	22.5			19.9	20.27
Suicidal Ideation (past year)	7.9	8.3			7.1	7.6

* NMCS & BRFSS Definition: Heavy drinkers (adult men having more than two drinks per day and adult women having more than one drink per day; NSDUH estimate is combined 21 and older from 2009 to 2013

† BRFSS Definition: Unable to Get Needed Medical Care Due to Cost, Age-adjusted

‡ NMCS Definition: Met WHO critical threshold for serious mental illness ; BRFSS Definition: Respondent reported 14 or more days in past 30 days when mental health was "not good"; NSDUH Definition: Past year Serious Mental Illness

ψ Estimate adds two indicators from NSDUH assessing needing, but not receiving, treatment for illicit drug or alcohol use

¥ NMCS Definition: Any mental health or alcohol/drug abuse problems in the past year

When examining just the young adults in the NMCS sample (18-25 year olds) with the young adult samples from the BRFSS (18-24 year olds) and the NSDUH (18-25 year olds) we again find similar estimates for most measures. Some data are missing and still need to be obtained but what are available at this time, give us some sense of security in assuming that the NMCS are fairly accurately representing what is happening at a state level.