

State of New Mexico OSAP

**Doña Ana Up! Project, Site ID#: \_\_\_\_\_**

**2016 Annual Program Findings Sheet – Middle School**

Youth-Targeted Goal and Objectives:

Program Setting (includes community and school description):

Brief Sample Description (include how sample was selected and data were collected):

Table 1a describes the overall sample and the sample broken down by gender. Table 1b provides students' understanding of their parent's educational level. Many youth do not know this information.

**Table 1a:** Demographics for participants by gender

|  | Overall  | Boys     | Girls    |
|--|----------|----------|----------|
| Number of participants                           | 78       | 36       | 42       |
| Age  |          |          |          |
| Mean   | 13.69    | 13.83    | 13.57    |
| Range  | 13 to 14 | 13 to 14 | 13 to 14 |
|  | n        | %        | %        |
| 10   | 0        | 0.0      | 0.0      |
| 11   | 0        | 0.0      | 0.0      |
| 12   | 0        | 0.0      | 0.0      |
| 13   | 24       | 16.7     | 42.9     |
| 14 or over                                       | 54       | 83.3     | 57.1     |
| Grade  |          |          |          |
| 6 <sup>th</sup> grade                            | 0        | 0.0      | 0.0      |
| 7 <sup>th</sup> grade                            | 0        | 0.0      | 0.0      |
| 8 <sup>th</sup> grade                            | 78       | 100      | 100      |
| Race/Ethnicity                                   |          |          |          |
| White  | 5        | 5.6      | 7.1      |
| Hispanic   | 70       | 86.1     | 92.9     |
| Native American                                  | 1        | 2.8      | 0.0      |
| Other  | 2        | 5.6      | 0.0      |
| Language Other than English Spoken Often at Home |          |          |          |
| Yes  | 65       | 75.0     | 90.5     |
| Number of Spanish Surveys                        | 2        |          |          |

**Table 1b:** Parental education level

| Parents education level     | %             |               |
|-----------------------------|---------------|---------------|
|                             | Mother (n=78) | Father (n=78) |
| Not sure                    | 28.2          | 33.3          |
| Some high school or less    | 33.2          | 29.5          |
| High school or Some college | 24.4          | 29.5          |
| College and above           | 14.1          | 7.7           |

Table 2 captures the percentage of participants self-reporting any past 30-day and lifetime substance use overall and by biological sex. Current reported cigarette smoking and chewing tobacco use in Doña Ana Up! was higher than the state (4.6% and 3.0%, respectively) and Doña Ana County averages (3.5% and 1.6%) on the 2013 Middle School YRRS. Lifetime and current marijuana use were also higher than the state (15.7% and 10.2%, respectively) and the Doña Ana County (11.5% and 5.7%) averages. Lifetime reported alcohol use, current alcohol use and current binge drinking were about double the state (25.7%, 9.2%, and 3.9%, respectively) and Doña Ana County (24.7%, 8.8%, and 5.3%, respectively) averages. Lifetime inhalant use was slightly lower than the state (9.3%) and Doña Ana County (9.4%) averages. Reported use of painkillers to get high was similar to the state (3.1%) and Doña Ana County (4.2%) averages. Overall, boys reported a higher prevalence of cigarette, chewing tobacco, binge drinking, un-prescribed prescription stimulant use, and prescription painkiller use to get high, compared to girls. Girls, on the other hand, reported a high prevalence of alcohol and inhalant use. Reported marijuana use was similar between boys and girls.

**Table 2:** Past 30-day and lifetime ATOD use<sup>a</sup> overall and by sex

| Substance                      | Total valid | Overall        |      | Total valid | Boys           |      | Total valid | Girls          |      |
|--------------------------------|-------------|----------------|------|-------------|----------------|------|-------------|----------------|------|
|                                | N           | n <sup>b</sup> | %    | N           | n <sup>b</sup> | %    | N           | n <sup>b</sup> | %    |
| Past 30-day use                |             |                |      |             |                |      |             |                |      |
| Cigarettes                     | 78          | 9              | 11.5 | 36          | 6              | 16.7 | 42          | 3              | 7.1  |
| Chewing Tobacco                | 78          | 10             | 12.8 | 36          | 7              | 19.4 | 42          | 3              | 7.1  |
| Alcohol                        | 77          | 14             | 18.2 | 36          | 6              | 16.7 | 41          | 8              | 19.5 |
| Binge Drinking                 | 78          | 9              | 11.5 | 36          | 5              | 13.9 | 42          | 4              | 9.5  |
| Marijuana                      | 78          | 13             | 16.7 | 36          | 6              | 16.7 | 42          | 7              | 16.7 |
| Un-prescribed Rx Stimulant Use | 77          | 5              | 6.5  | 35          | 3              | 8.6  | 42          | 2              | 4.8  |
| Rx Painkiller Use to Get High  | 77          | 3              | 3.9  | 35          | 2              | 5.7  | 42          | 1              | 2.4  |
| Lifetime use                   |             |                |      |             |                |      |             |                |      |
| Alcohol                        | 78          | 35             | 44.9 | 36          | 14             | 38.9 | 42          | 21             | 50.0 |
| Marijuana                      | 77          | 17             | 22.1 | 36          | 8              | 22.2 | 41          | 9              | 22.0 |
| Inhalant                       | 76          | 5              | 6.6  | 35          | 2              | 5.7  | 41          | 3              | 7.3  |

<sup>a</sup> Dichotomous substance use variable (yes or no).

<sup>b</sup> n= number of positive responses

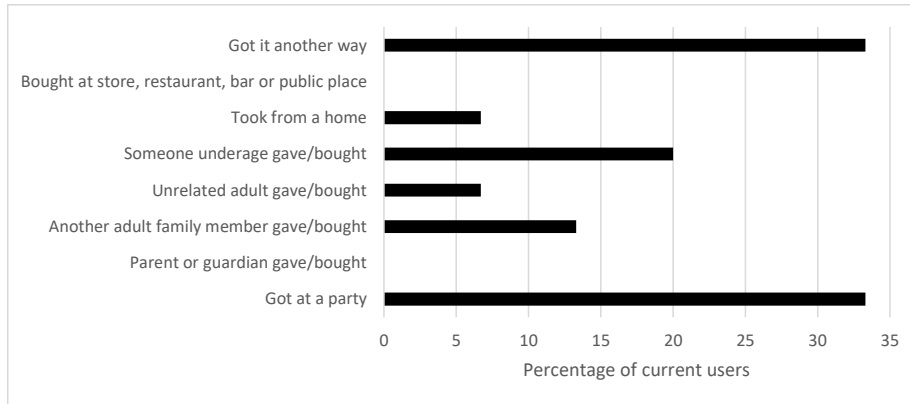
For some substance use questions, participants could select from several responses the typical number of days or times a substance was used by the individual in the past month, from zero days to 30 days. Table 3 reports the most frequently selected category for days-of-use of each substance along with the actual percent that reported among current ATOD users. The frequency of use most reported by participants is indicated in the second column and the actual correspondent percent is reported in the third column.

**Table 3:** Most frequently selected (mode) days-of-use category or times-of-use category of past 30-day ATOD use among current users

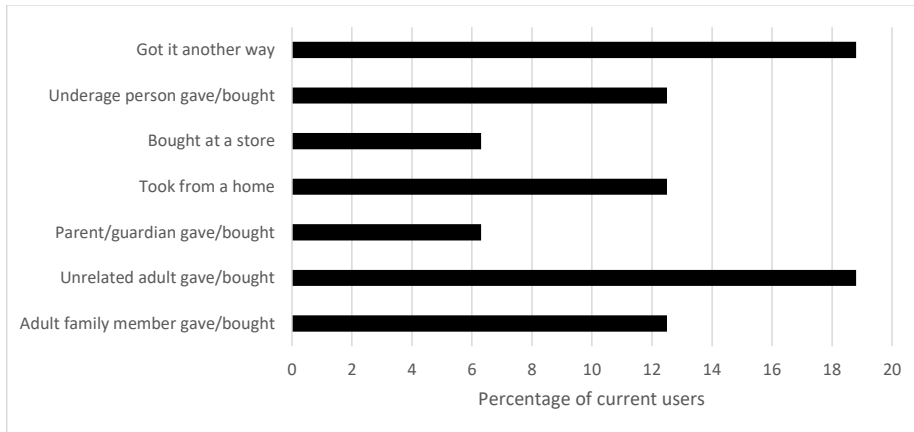
| Substance                                  | Category with highest %    | %    |
|--|----------------------------|------|
| <b>Number of Days-of-Use</b>               |                            |      |
| Cigarettes (users n=9)                     | 1 or 2 days                | 33.3 |
| Chewing Tobacco (users n=10)               | 6 to 9 days<br>All 30 days | 30.0 |
| Alcohol (users n=14)                       | 1 or 2 days                | 35.7 |
| Binge Drinking (users n=9)                 | 2 days                     | 44.4 |
| <b>Number of Times-of-Use</b>              |                            |      |
| Marijuana (users n=13)                     | 40 or more times           | 53.8 |
| Un-prescribed Rx Stimulant Use (users n=5) | 1 or 2 times               | 20.0 |
|  | 3 to 9 times               |      |
|  | 10 to 19 times             |      |
|  | 20 to 39 times             |      |
| Rx Painkiller Use to Get High (users n=3)  | 40 or more times           | 66.7 |

Note. If there are ties, then enter all tied categories.

**Figure 1.** Alcohol access in the past 30 days (n=15).



**Figure 2.** Tobacco access last 30 days (n=16)



**Figure 3.** Prescription painkiller sources in the past 30 days (n=16).

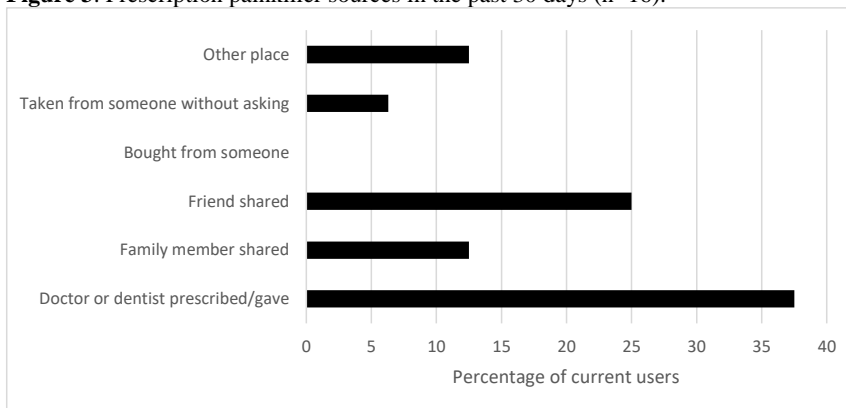


Table 4 provides the percentage of participants who perceive that if they were drinking alcohol at school or in their community that it is likely or very likely they would get caught and face consequences from the school or police. In general, boys and girls had similar perceptions of risk for alcohol consumption consequences in school and in the community. Overall, participants felt that they were more likely to face consequences for drinking alcohol in school versus in the community. About three-fourths or more of responding students felt that they were likely to get caught and face consequences for alcohol use at school, while only about half to two-thirds thought they would get caught and face consequences in the community.

**Table 4:** Percent of participants reporting that it is very or somewhat likely that they will be caught and face consequences if drinking alcohol at school or in the community

| Perception of risk of getting caught and facing consequences                                    | % reporting likely or very likely |      |       |
|---|-----------------------------------|------|-------|
|   | Overall                           | Boys | Girls |
| Likelihood of being caught by teachers or staff when drinking alcohol at school (n=78)          | 73.1                              | 69.4 | 76.2  |
| Likelihood of getting into trouble with school if got caught drinking at school (n=78)          | 87.2                              | 88.9 | 85.7  |
| Likelihood of being caught by police when drinking alcohol in the community (n=78)              | 48.7                              | 50.0 | 47.6  |
| Likelihood of getting arrested or cited by police when drinking alcohol in the community (n=78) | 60.3                              | 58.3 | 61.9  |

Table 5 provides prevalence of participants who report using substances or being offered or sold drugs on school property during the school year. Few students (<10%) reported substance use on campus. Illegal drugs were offered or sold on school property at a slightly higher reported prevalence than prescription drugs. Boys reported more use of cigarettes, chewing tobacco, and prescription drugs to get high on school property compared to girls, while girls reported more use of alcohol and marijuana on school property, and more instances of being offered or sold illegal and prescription drugs on school property compared to boys.

**Table 5:** Prevalence of substance use and availability of drugs on school property during the school year.

| Substance (Total N =78)            | %       |      |       |
|------------------------------------|---------|------|-------|
|                                    | Overall | Boys | Girls |
| Use on Campus                      |         |      |       |
| Cigarettes                         | 5.1     | 5.6  | 4.8   |
| Chewing Tobacco                    | 5.1     | 5.6  | 4.8   |
| Alcohol                            | 5.1     | 2.8  | 7.1   |
| Marijuana                          | 7.7     | 2.8  | 11.9  |
| Prescription Drugs to Get High     | 5.1     | 5.6  | 4.8   |
| Offered or Sold on School Property |         |      |       |

|                    |      |      |      |
|--------------------|------|------|------|
| Illegal drug       | 23.1 | 16.7 | 28.6 |
| Prescription Drugs | 16.7 | 13.9 | 19.0 |

Table 6a shows the prevalence of participants who perceive moderate or great risk of harm associated with ATOD use. Overall, three-fourths or more of the responding students felt that there was a risk of harm with frequent tobacco, marijuana and alcohol use, and with use of prescription painkillers for non-medical reasons. A slightly lower percentage of respondents thought that occasional marijuana use or daily use of electronic vapor products would result in moderate or great risk of harm.

**Table 6a.** Perceived risk of harm associated with ATOD use

| Risk of harm (Total N=78)  | Moderate or great risk (%) |
|--|----------------------------|
| Smoke one or more packs of cigarettes per day                          | 93.4                       |
| Use e-cigarette on a daily basis                                       | 71.1                       |
| Smoke marijuana once a month or more                                   | 67.1                       |
| Smoke marijuana once or twice a week                                   | 74.7                       |
| Have one or two drinks of an alcoholic beverage nearly every day       | 77.3                       |
| Have five or more drinks of an alcoholic beverage once or twice a week | 81.6                       |
| Use Rx painkillers for non-medical reason                              | 92.1                       |

Table 6b provides the percent of participants who agree that their parents would feel that it was wrong or very wrong for participants to drink alcohol regularly and the percent of participants who agree that it is wrong or very wrong for participants their age to drink alcohol regularly. The table also includes the percent of participants who indicate that they intend to smoke.

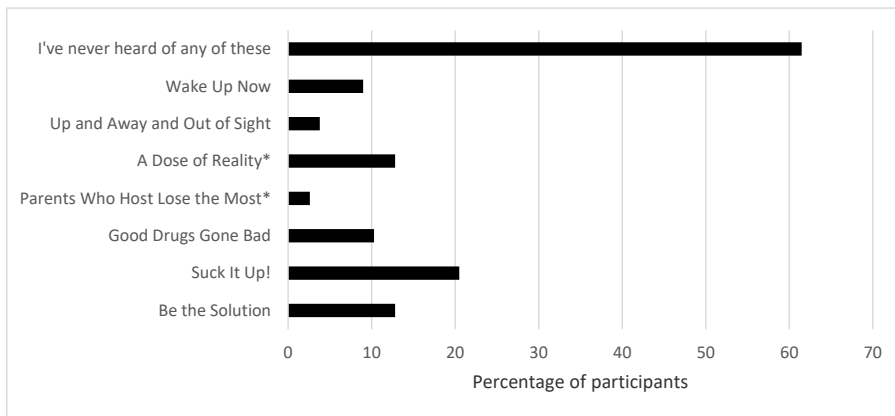
**Table 6b:** Parents and youth attitudes towards ATOD use and youth's intentions to smoke.

| Attitudes Toward ATOD use                                       | % Feeling wrong or very wrong |
|---|-------------------------------|
| Parents feel wrong for me to drink alcohol regularly (n=78)     | 85.9                          |
| It is wrong for someone my age drink alcohol regularly (n=78)   | 79.5                          |
| Intentions to Smoke (limit to participants who were not smoker) | % of Yes                      |
| Try smoking a cigarette soon (n=65)                             | 3.1                           |
| Smoke a cigarette at any time during the next year (n=78)       | 16.7                          |
| Smoke if one of your best friends offered a cigarette (n=78)    | 17.9                          |

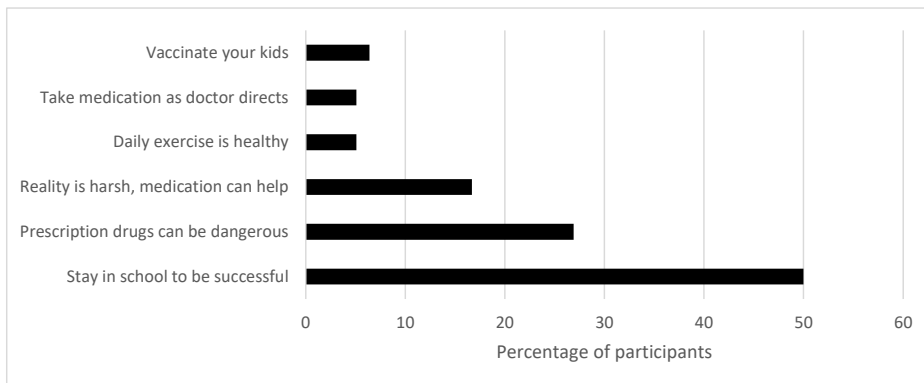
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Figures 4 & 5 show the percentage of youth who reported recognizing real and fictitious media campaigns to address youth ATOD use. Two of these campaigns are real. These are: “Parents Who Host Lose the Most” and “A Dose of Reality.” If prevention programs are promoting one or both of these campaigns, the percentages should increase over time. If prevention messages for “A Dose of Reality” are being correctly interpreted then, increased exposure should lead to greater understanding of the prevention.

**Figure 4. Reported percentage of media campaigns recognized by participants**



**Figure 5. Reported percentage of media campaign messages interpreted by participants**





## Discussion of Findings of Annual SFS for Middle School

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**Consider the following statements & questions as prompts only. You may remove these and summarize the information & findings you feel are most important to communicate to OSAP.**

- 1) Note any observed trends or changes in demographics that might affect your results. (e.g., predominantly female, predominantly younger, one SES etc.) (Table 1a) Is this a representative sample of students in your community? Why or why not? How might it influence your results?
- 2) Reflect on the prevalence of ATOD use in your sample. (Tables 2 & 3) Does the prevalence seem high, low, or about right? Why? How does it compare with similar estimates from the YRRS? If your estimates are very different from the YRRS, why might that be? How is the perception of risk of getting caught by law enforcement and facing legal consequences (Table 4) associated do you think? (You can run a correlation between the measures to see for sure.) What about the perceived risk of harm (Table 6a)? Do students perceive a low risk of harm and greater use or do they report a high risk of harm and still use? Similarly, attitudes reported on in Table 6b may be associated.
- 3) Describe substance use and availability on school campus during the school year (Table 5) and how it relates to the perceived risk of being caught and getting in trouble (Table 4). Are they related? Can there be improvement? What might be done to address the use and/or the perception of risk associated with it?
- 4) Describe participants' access to alcohol on Figures 1 and how your prevention efforts are addressing social access to alcohol. What is the most common way that minors access Rx drugs according to Figure 3?
- 5) What implications can be drawn about the prevention efforts taking place based on these results? Are there areas where you can see room for improvement? How might you address them as a coalition? Do some IVs stand out as more critical than others for prioritization?
- 6) Are there additional results & issues that are not represented in the tables that should be mentioned and brought to the attention of OSAP?