

State of New Mexico - OSAP

Doña Ana Up! Project, Site ID#: _____

**2016 ANNUAL Program Findings Sheet
High School**

Youth-Targeted Goal and Objectives:

Program Setting (includes community and school(s) description):

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

Table 1 describes the overall sample or the sample broken down by biological sex.

Table 1a: Demographics for participants by biological sex*

	Overall	Boys	Girls
Number of participants	281	149	127
Age (n=280)			
Mean	14.81	14.85	14 to 17
Range	14 to 18	14 to 18	14.76
	n	%	%
13	0	0	0
14	92	30.2	36.2
15	156	57.0	54.3
16	26	10.7	7.1
17 or over	6	2.0	2.4
Grade (n=280)			
8 th grade	0	0	0
9 th grade	261	92.6	93.7
10 th grade	14	5.4	4.7
11 th grade	4	2.0	0.8
12 th grade	1	0.0	0.8
Race/Ethnicity (n=281)			
White	42	14.8	15.0
Hispanic	220	77.9	79.5
Native American	5	2.0	1.6
Other	14	5.4	3.9
Language Other than English Spoken Often at Home (n=280)			
Yes	138	44.3	54.3
Identify as LGBT (n=263)			
Yes	19	4.3	10.9
Have a long-term disability (n=242)			
Yes	33	10.0	18.5
Number of Spanish Surveys (n=281)	3		

*5 respondents did not select a biological sex

Table 1b: Parental education level

Parents' education level	%	
	Mother (n=280)	Father (n=279)
Not sure	20.4	26.2
Some high school or less	14.6	13.3
High school or Some college	30.4	33.3
College and above	34.6	27.2

Table 2 captures the percentage of participants self-reporting any past 30-day substance use overall and by sex. Current reported cigarette smoking in Doña Ana Up! was about 1/3 of the state (14.4%) and Doña Ana County (15.9%) averages on the 2013 High School YRRS. Reported chewing tobacco use was about half of the state (8.0%) and Doña Ana County (8.4%) average. There were sex differences in chewing tobacco and hookah use, with reported chewing tobacco use higher in boys and reported hookah use higher in girls. However, boys and girls reported current cigarette and e-cigarette use at about the same prevalence. Current marijuana use was slightly lower than the state (27.8%) and Doña Ana County (26.4%) averages. Reported current alcohol use, binge drinking and extreme binge drinking were lower than state (28.9%, 17.1% and 4.0%, respectively) and Doña Ana County (36.6%, 21.3%, and 4.3%, respectively) averages, with binge drinking in particular being reported at less than half of the state and county prevalence. Girls were more likely to report current alcohol use, but boys were more likely to report extreme binge drinking. Reported use of painkillers to get high was about half the state (8.5%) and Doña Ana County (9.9%) averages.

Table 2: Past 30-day ATOD use^a overall and by sex

Substance	Total valid	Overall		Total valid	Boys		Total valid	Girls	
	N	n ^b	%	N	n ^b	%	N	n ^b	%
Current Cigarettes Use	280	12	4.3	149	7	4.7	126	5	4.0
Current Chewing Tobacco Use	278	10	3.6	147	10	6.8	126	0	0
Current Hookah use	278	18	6.5	147	7	4.8	126	11	8.7
Current E-cigarettes Use	278	40	14.4	147	22	15.0	126	17	13.5
Current Alcohol Use	277	66	23.8	146	31	21.2	126	33	26.2
Current Binge Drinking ^c	277	22	7.9	146	12	8.2	126	10	7.9
Current Extreme Binge Drinking ^d	277	8	2.9	146	6	4.1	126	2	1.6
Current Marijuana Use	279	57	20.4	148	31	20.9	126	25	19.8
Un-prescribed Rx Stimulant Use	278	11	4.0	147	5	3.4	126	5	4.0
Current Rx Painkiller Use to Get High	279	12	4.3	148	7	4.7	126	4	3.2

^aDichotomous substance use variable (yes or no).

^b n= number of positive responses

^c Binge Drinking is reported here as having consumed five or more drinks in a row at least once in the past 30 days.

^d Extreme binge drinking is defined here as having consumed 6 or 7 or more drinks in a row at least once in the past month.

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 only those who reported any use (those reporting zero days were excluded from the count). In other words, among current ATOD users, the frequency of daily use most often reported by participants is indicated in the second column and the corresponding percent is reported in the third column.

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

Substance	Category with highest %	%
Number of Days-of-Use		
Current Cigarette Use (users n=12)	1 or 2 days	41.7
Current Chewing Tobacco Use (users n=10)	3 to 5 days	40.0
Current Hookah Use (users n=18)	1 or 2 days	77.8
Current E-cigarettes Use (users n=40)	1 or 2 days	67.5
Current Alcohol Use (users n=66)	1 or 2 days	75.8
Current Binge Drinking (users n=22)	1 day	40.9
Number of Times-of-Use		
Cigarettes per day (users n=12)	1 cigarette per day	41.7
Current Marijuana Use (users n=57)	1 or 2 times	35.1
Current Un-prescribed Rx stimulant Use (users n=11)	1 or 2 times	81.8
Current Rx Painkiller use to get high (users n=12)	1 or 2 times	75.0

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

Figure 1. Alcohol access in the past 30 days (n=68).

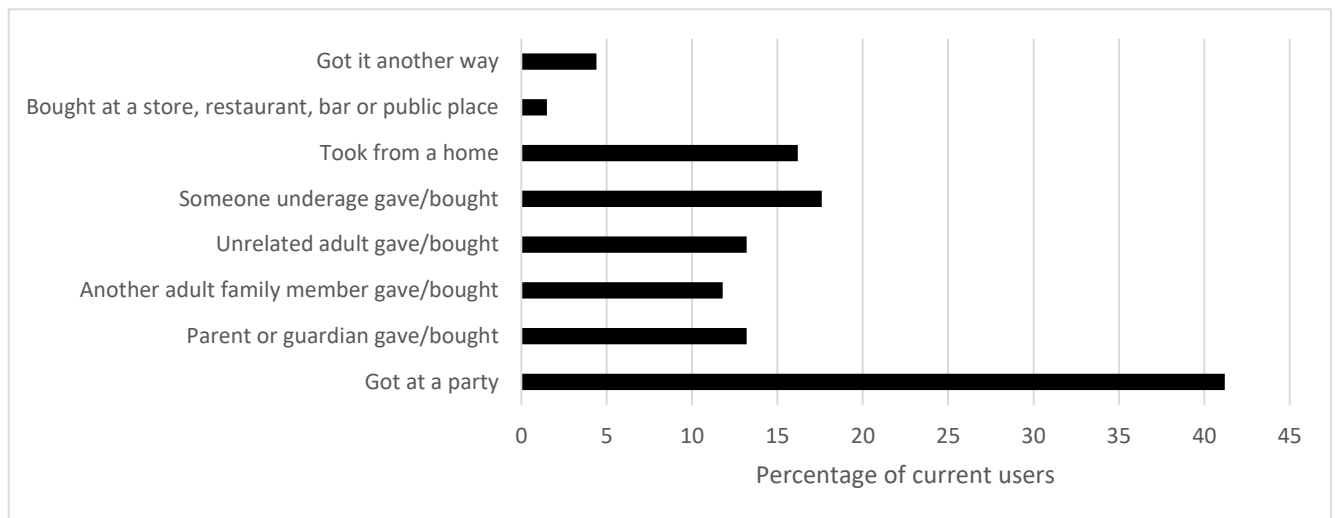


Figure 2. Tobacco access last 30 days (n=64)

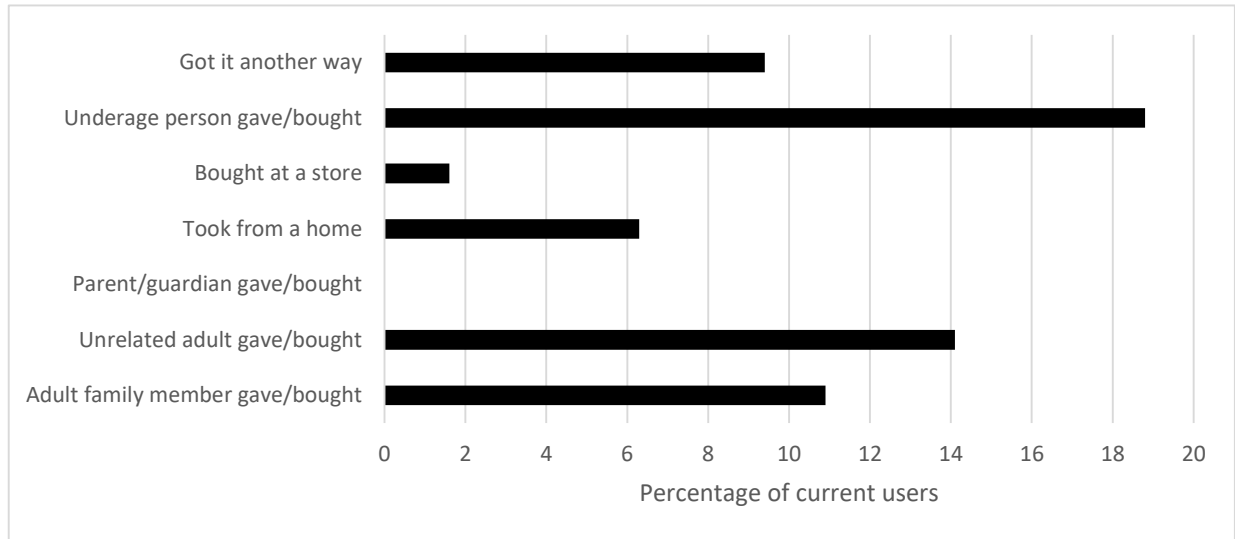


Table 4 provides the percentage of participants who perceive that if they were drinking alcohol at school or in their community that it is very or somewhat likely they would get caught and face consequences from the school or police. In general, girls felt that they were slightly less likely to get caught and to face consequences for drinking alcohol at school and in the community compared to boys. Responding students felt that they were more likely to get caught and face consequences for drinking alcohol at school than in the community.

Table 4. Percent of participants reporting that it is likely or very 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=277)	61.0	66.7	56.0
Likelihood of getting into trouble with school if caught drinking at school (n=277)	89.5	90.5	89.6
Likelihood of being caught by police when drinking alcohol in the community (n=277)	49.5	51.0	48.8
Likelihood of getting arrested or cited by police if caught drinking alcohol in the community (n=274)	62.4	65.3	59.0

Figure 3. Prescription painkiller sources in the past 30 days (n=38).

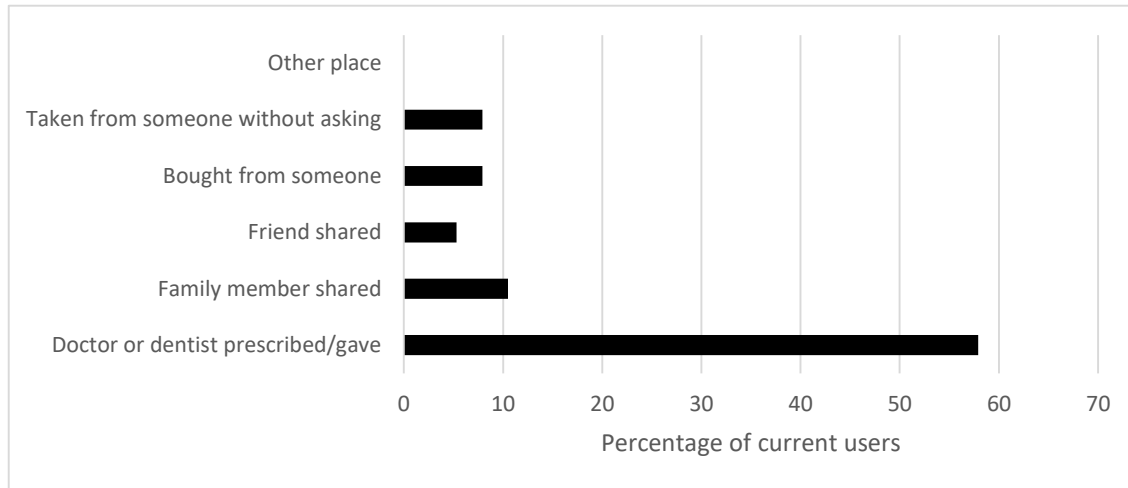


Table 5 provides prevalence of participants who report using substances on school property during the school year and who report being offered or sold drugs on school campus during the school year. Girls were more likely than boys to report use of cigarettes, alcohol, marijuana and prescription drugs to get high on school property, while boys were more likely to report use of chewing tobacco. Boys reported being offered or sold illegal and prescription drugs at a slightly higher prevalence than girls. Overall, almost one-third of students stated that they had been offered or sold illegal drugs on school property.

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

Substance	%		
	Overall	Boys	Girls
Use on School Property (n=271)			
Cigarettes	3.7	2.8	4.1
Chewing Tobacco	3.7	5.5	0.8
Alcohol	8.9	8.3	9.9
Marijuana	11.1	9.0	13.2
Prescription Drugs to Get High	4.1	3.4	5.0
Offered or Sold on School Property			
Illegal Drug (n=261)	31.8	35.0	28.6
Prescription Drugs (n=275)	21.5	22.8	19.2

Table 6a shows the prevalence of participants who perceive moderate or great risk of harm associated with ATOD use. Overall, about two-thirds to three-fourths of responding students felt that there was a risk of harm with frequent tobacco, alcohol and prescription painkiller use. However, only about one-third to half of students perceived risk of harm from occasional to weekly marijuana use or daily e-cigarette use.

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

Risk of harm (Total N=276)	Moderate or great risk (%)
Smoke one or more packs of cigarettes per day	81.2
Use e-cigarette on a daily basis	46.0
Smoke marijuana once a month or more	36.2
Smoke marijuana once or twice a week	50.0
Have one or two drinks of an alcoholic beverage nearly every day	66.7
Have five or more drinks of an alcoholic beverage once or twice a week	75.7
Use Rx painkillers for non-medical reason	81.4

Table 6b provides the percent of participants who agree that their parents would feel that it was very or somewhat 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 engaged in risky behavior regarding personal safety.

Table 6b: Parents and youth attitudes towards ATOD use.

Attitudes Toward ATOD Use	% Feeling wrong or very wrong
Parents feel wrong for me to drink alcohol regularly (n=280)	89.3
I think it is wrong for someone my age drink alcohol regularly (n=279)	80.3
Personal Safety in the Past 30 Days	% of Yes
Ride a car driven by someone who had been drinking alcohol (n=281)	19.9
Drive a car when you had been drinking alcohol (n=281)	3.9

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 (n=281)

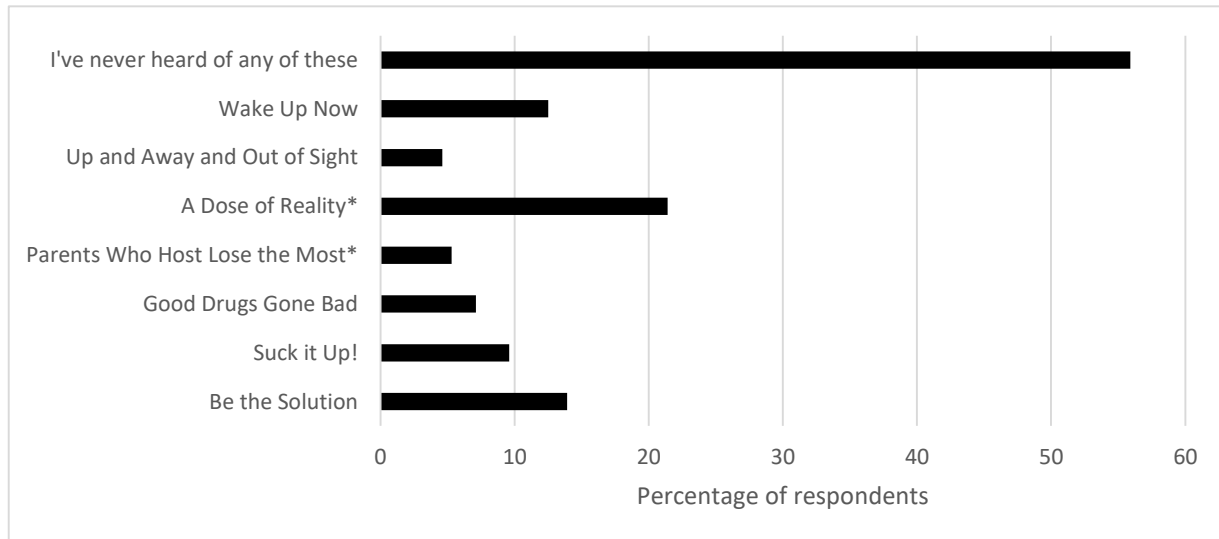
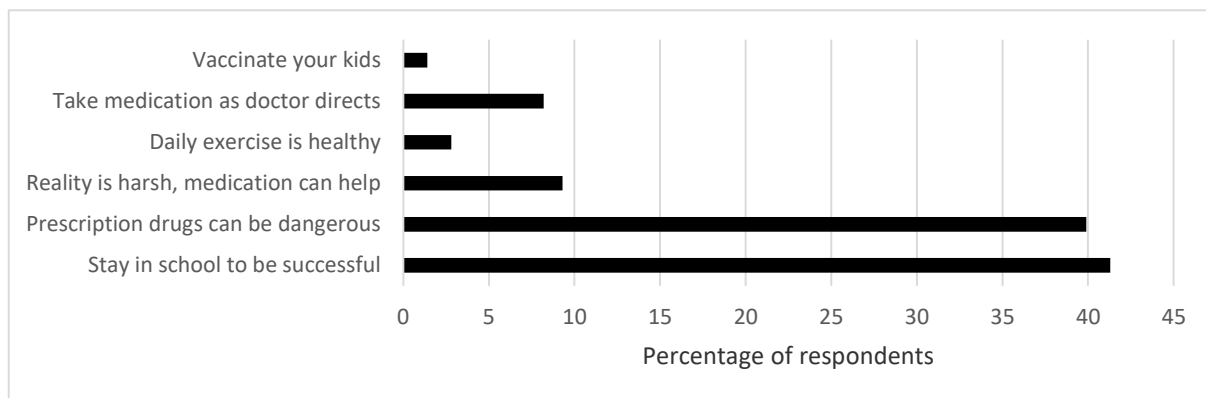


Figure 5. Reported percentage of media campaign messages interpreted by participants (n=281)



Discussion of Findings for Module A

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 girls, predominantly younger, one SES etc.) (Table 1a & 1b) 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 and frequency 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?
- 3) How is the perception of risk of getting caught by law enforcement and facing legal consequences (Table 4) associated with prevalence of use 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 participants 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.
- 4) Describe substance use and availability on school property 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?
- 5) 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?
- 6) 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?
- 7) Are there additional results & issues that are not represented in the tables that should be mentioned and brought to the attention of OSAP?