

*Comprehensive Report: Improving
Coordination of Substance Use
Prevention Programs in Valencia
County Schools*

Community Wellness Council

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Executive Summary

This report examines the current state of substance use prevention programming in school districts serving Valencia County and offers actionable recommendations for improving coordination, effectiveness, and impact. The recommendations aim to enhance collaboration, streamline processes, and ensure consistent delivery of high-quality prevention education.

Current State Analysis

New Mexico's drug-overdose death rate was the sixth highest in the nation in 2021. Fentanyl deaths surged after 2019, compounding already high overdose deaths from methamphetamines and other opioids. According to the Department of Health (DOH), methamphetamine and fentanyl are now the most common causes of drug overdose deaths in New Mexico, and the Commonwealth Fund, a healthcare advocacy organization, reported fentanyl and other synthetic opioids now play a role in 70 percent of overdose deaths nationwide. DOH reports 56 percent of New Mexico overdose rates involved fentanyl in 2021. Fentanyl has driven the increase in drug-overdose deaths since 2019, though overdose deaths involving methamphetamines have also increased. In 2021, 574 New Mexicans died from an overdose involving fentanyl, and 488 New Mexicans died from an overdose involving methamphetamines. In total, 1,029 New Mexicans died of drug overdoses in 2021, roughly three people per day.

Alcohol Use Disorder

Alcohol use disorder (AUD) is the most prevalent form of substance use disorders (SUD), and alcohol related deaths are increasing at an accelerated rate. The effects of the pandemic exacerbated existing problems. According to the National Institute of Alcohol Abuse and Alcoholism, the traumas of the pandemic, including Covid-19 infection, job losses, housing dislocation, and social isolation caused alcohol consumption to increase 10 percent nationally and alcohol-related deaths to spike in all states. Nationally, Kaiser Family Foundation finds two-thirds of the public report they or someone in their family has been addicted to drugs or alcohol.

According to DOH, in 2021 roughly one in three New Mexico alcohol-related deaths were associated with alcohol-related liver disease and liver cirrhosis. Deaths resulting from alcohol-related injuries are also twice the national rate. Between 2019 and 2021, the most recent year for which DOH has published data, the state's rate of alcohol-related deaths increased from 78.5 deaths per 100 thousand people to 102.8 deaths per 100 thousand

people, a 31 percent increase. While a current national comparison is unavailable because the CDC has not published a comparable national rate since 2016, in that year New Mexico's alcohol-related death rate was nearly twice the national rate. In 2019, 1,717 New Mexicans died from alcohol-related causes. In 2021, 2,274 New Mexicans died from alcohol related causes, roughly 6 people per day.

Youth and SUD

While substance use deaths are increasing, fewer New Mexico youth report using drugs and alcohol than a decade ago. The Youth Risk Behavior Survey (YRBS) is used to measure health-related behaviors and experiences that can lead to death and disability among young adults. Youth reporting currently using alcohol declined from 37 percent in 2011 to 20 percent in 2021, and youth reporting binge drinking declined from 11 percent in 2017 to 8 percent in 2021. Between 2011 and 2021, surveyed youth reporting ever using methamphetamines declined from 6 percent in 2011 to 2 percent in 2021, and surveyed youth reporting ever using heroin declined from 5 percent in 2011 to 1 percent in 2021. The YRBS does not ask questions about fentanyl or synthetic opioids specifically. New Mexico's decline in adolescent drug use similarly mirrors national trends, but rates of drug use among New Mexico youth remain higher than national averages. According to the National Institutes of Health, roughly 5 percent of adolescents who use drugs and alcohol will develop problematic patterns of use that meet the criteria for substance use disorder, and over 90 percent of adults with a SUD began using drugs or alcohol during adolescence.

Investment in Prevention Efforts

Substance use may be addressed on a continuum, with prevention efforts at the family, school, or structural levels, or through harm reduction. While the state has invested significantly in treatment, New Mexico has not dedicated similarly sized efforts toward prevention. A variety of strategies could be used to prevent people from initiating substance use and intervene early among people who may be at risk or show signs of problematic substance use. These strategies include family-based interventions, such as home visiting or family therapies, and school-based interventions, such as the Good Behavior Game. Additionally, states may employ structural policies to reduce access or utilization of substances. In New Mexico specifically, there is a high need for evidence-based family and school-based interventions, which are currently limited in their scope and uptake. Additionally, New Mexico could take action to strengthen policies that increase the cost or access of alcohol, which research consistently documents results in decreased alcohol misuse and AUD. These policies may be particularly impactful, given the persistent prevalence of AUD and alcohol-related deaths in the state. However, over the last few decades, New Mexico's alcohol excise taxes and other policies related to alcohol access have weakened.

Investments in upstream family and school-based services are needed to prevent substance use disorders in New Mexico. New Mexico has very high rates of adverse childhood experiences (ACEs) and other risk factors and must address social determinants of health. According to America's Health Rankings, New Mexico's children and youth experience the highest rates in the country of adverse childhood experiences (ACEs), which are potentially traumatic events, including experiencing abuse and neglect, growing up in a household with substance use or behavioral health problems, and food or housing insecurity. According to DOH, 67 percent of adults have at least one adverse childhood experience, and nearly one in four adults have four or more ACEs, most commonly being emotional abuse, physical abuse, and children living in households where adults endure substance use disorders. The National Institutes of Health suggests interventions in early childhood can help prevent future drug use. Additionally, research finds some evidence that suggests parent training that focuses on psychosocial development, using cognitive behavioral therapy, family skills training, and structured family therapy can prevent substance use among youth, though parent education about substance misuse alone is ineffective.

The health education requirements for New Mexico public school students grades 9 through 12, include alcohol, tobacco and other drug use as a topic that is covered in addition to various other risk taking behaviors. There is currently no evidence-based substance use prevention programming implemented at any of the schools throughout Valencia County.

The Community Schools for 100% project is part of the county-wide 100% Valencia initiative. The initiative is coordinated by the Community Wellness Council and is a county-focused capacity-building process headed by local stakeholders identifying barriers to vital services and ensuring easy and timely access for all students and their family members. The community school model can change an under-resourced school into a fully-resourced learning environment with all the services to address ACEs and social adversity.

Students will have the best opportunity to thrive in school only if they can thrive in their families and community, which means partnerships between the sectors of education, medical care, behavioral health care, food security, housing security, transportation, parent supports, early childhood learning, mentorship, and job training. The community school model was designed to link all these service sectors, transforming schools into student and family empowerment and service hubs.

We include school-based health care centers, fully staffed with medical and mental health care providers, in our community schools model because of epidemic rates of adverse childhood experiences among our student population. School-based health centers can be designed to align with local healthcare agencies to avoid duplication of services. The health centers also serve as vital resources during public health crises.

Actionable Recommendations

Establish a Centralized Coordination Body: Create a dedicated team responsible for overseeing substance use prevention efforts across all school districts in Valencia County. Current coalitions should be examined for best fit as appropriate. The outcome for the team is improved consistency and efficiency in programming, reduced redundancy, and enhanced collaboration.

Actions:

- Form a county-wide task force comprising representatives from each school district, local health departments, and community organizations.
- Develop a unified strategy and set common goals for substance use prevention.
- Coordinate training schedules, share resources, and standardize curricula.

Standardize Training Programs: Ensure schools throughout Valencia County provide high-quality, evidence-based prevention education leading to more effective prevention outcomes.

Actions:

- Adopt a county-wide, standardized curriculum based on proven prevention models.
- Train educators and staff uniformly to maintain quality and consistency.
- Regularly update the curriculum to reflect the latest research and trends in substance use.

Enhance Funding and Resource Allocation: Secure sustainable funding and resources for substance use prevention programs to enhance capacity to deliver comprehensive and continuous prevention education.

Actions:

- Pursue grants from federal, state, and private sources dedicated to substance use prevention.
- Advocate for increased funding from school district budgets and local government.
- Partner with local businesses and organizations for sponsorships and in-kind support.

Implement Robust Data Collection and Evaluation Systems: Monitor and evaluate the effectiveness of prevention programs to inform continuous improvement through data-driven decision-making, leading to more effective and targeted prevention efforts.

Actions:

- Develop a standardized system for collecting data on program delivery and outcomes.
- Conduct regular evaluations using surveys, focus groups, and other assessment tools.
- Use data to identify areas for improvement and adapt strategies accordingly.

Increase Community and Parental Involvement: Engage the wider community and parents in substance use prevention efforts creating stronger community support, greater awareness, and reinforced prevention messages at home and in the community.

Actions:

- Organize workshops and informational sessions for parents and community members.
- Establish parent advisory groups to provide input and support for prevention initiatives.
- Collaborate with local organizations to create community-wide prevention campaigns.

Leverage Technology and Media: Utilize digital tools and media to enhance the reach and impact of prevention programs creating broader reach and engagement, especially among tech-savvy students and parents.

Actions:

- Develop online training modules and resources for educators, students, and parents.
- Use social media and school websites to disseminate information and raise awareness.
- Implement interactive apps and platforms to engage students in prevention education.

Implementation Timeline

- **First 3 Months:** Establish the centralized coordination body, secure initial funding, and begin selection of evidence-based programs based on community input/need.
- **Next 6 Months:** Roll out programming across schools, launch initial data collection efforts, and organize community workshops.
- **Ongoing (1 Year and Beyond):** Continuously evaluate and adapt programs, expand community engagement, and integrate advanced technology solutions.

Conclusion

By implementing these recommendations, Valencia County can create a more coordinated, effective, and sustainable approach to substance use prevention in schools. This comprehensive strategy will not only enhance the quality of education but also foster a healthier, safer community for all residents. Improving the coordination and effectiveness of substance use prevention programming in Valencia County schools requires a multifaceted approach. By enhancing coordination, expanding access, engaging stakeholders, securing sustainable funding, and implementing robust evaluation

mechanisms, we can ensure that these programs are more effective and reach all students in need.