



**Drug-Free Communities Coalition**  
**Taos County, New Mexico**

# **Community Assessment Update**

**December 2014**

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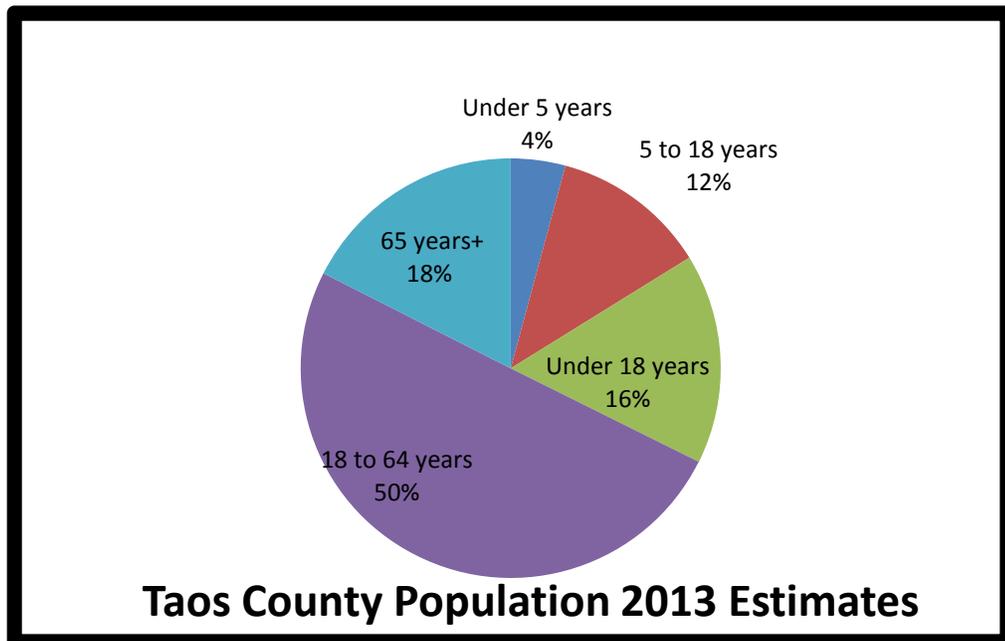


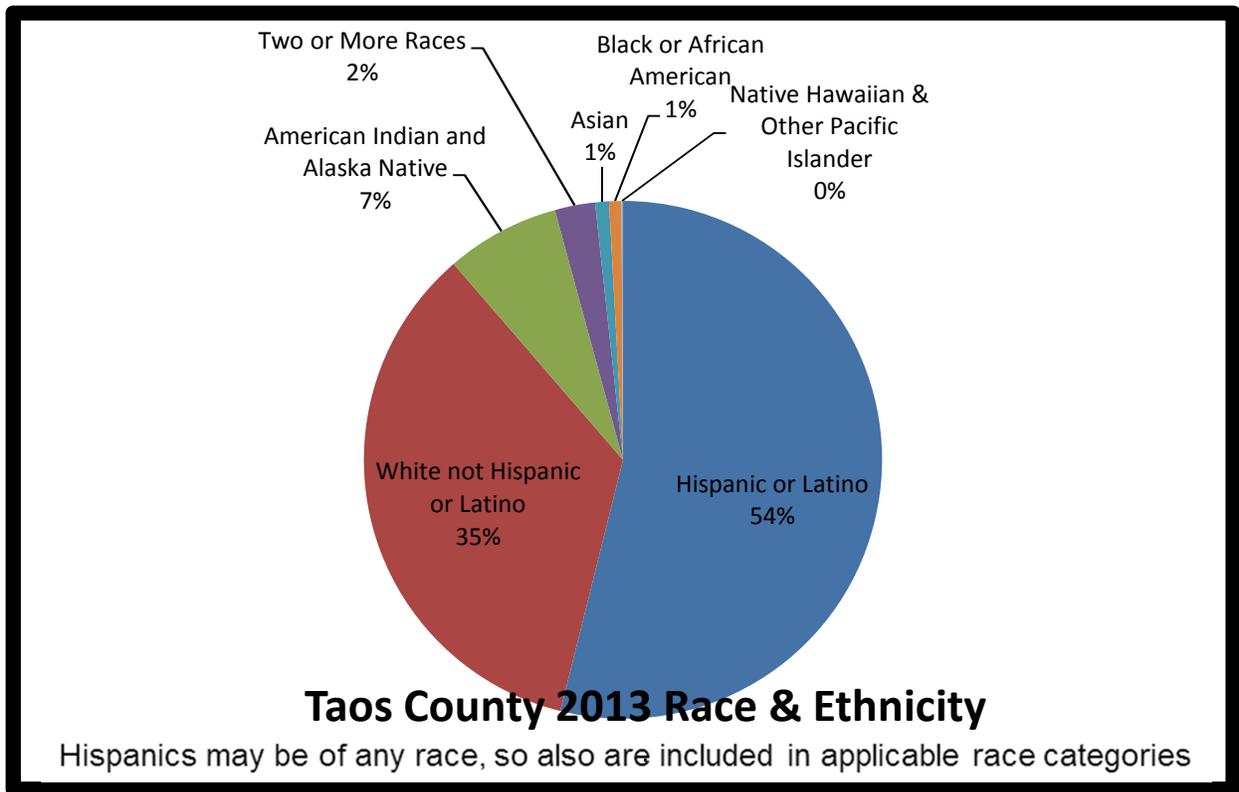
# Community Description

## Taos County Overview

- Population: 33,035, 2013 estimate
- Area: 2203 square miles
- Population Density: 15 per square mile
- Households: 13,373(2008-2012)
- Median Household income: \$33,835 (2008-2012) compared to \$44,886 statewide
- Persons below poverty level: 23.9% (2008-2012) compared to 19.5% statewide

## Demographics





**Cultural aspects:**

- Foreign born persons, percent: 4.1% (2008-2012)
- Language other than English spoken at home, pct age 5+: 43.0% (2008-2012)

## Geography



Taos County is designated as a rural and frontier county, spread out over 2,203 square miles with large swatches of federal land mixed with isolated villages, ranches, two Native American Indian Pueblos, and the central town of Taos. Two geographic features dominate the landscape: to the west, the high desert mesa split in two by the 800-foot-deep chasm of the Rio Grande; and to the east, the Sangre de Cristo Mountains, the southernmost range of the Rocky Mountains. The county's elevation ranges from 6,967 feet in the town of Taos to the state's highest elevation, 13,151 at Wheeler Peak.

# Community History

The history of northern New Mexico is a unique tale of cultural clash and compromise that has created a cultural landscape quite unlike any other in the United States. Taos' original inhabitants, the Pueblo People, first encountered Spanish *conquistadores* in the 16<sup>th</sup> century, and it wasn't long before the tension between the two cultures brought them to a collision when the Pueblo People successfully revolted against the Spanish in 1680. The Spanish resettled northern New Mexico twelve years later. Although some tensions have never been fully resolved, there is also a history of friendships and cooperation between the Hispanic and Native people of this area. At present, the county has a multicultural ethnic mix, with the addition of significant numbers of Anglo Americans, and of course people from many other backgrounds and cultures.

Two miles north of Taos lies Taos Pueblo, a native community with a rich history. Ancient ruins in the Taos Valley indicate the people lived here nearly 1000 years ago and have maintained a continuous presence since then. In the 1960s, Taos Pueblo was designated a National Historic Landmark and then was added to the National Register of Historic Places. In 1992, the Pueblo was admitted by the United Nations to the "World Heritage List." The people of Taos Pueblo have active religious, cultural and arts practices, including many celebrations and dances throughout the year. On Taos Pueblo, Native children can attend the Taos Day School through grade 8, and health care is available at the Taos Picuris Indian Health Center. More than 1,100 people are recorded in the 2010 census as living at Taos Pueblo, and the tribe documents over 1,900 residents on the 99,000 acre reservation.

Taos County is home to Picuris Pueblo located in a beautiful valley about 24 miles east of the Town of Taos. This Pueblo was one of the largest in New Mexico in the 1400s, but was vacated during the Pueblo Revolt in the late 1600s. The people returned to their pueblo in 1706, but the next two hundred years brought a period of war with Plains Indian tribes and then dilution of their own traditional religion and cultural practices. During the 20<sup>th</sup> century, the tribe has regained self-governance and renewed its culture and religion. Now feast days and dances are held, traditional arts are practiced and the tribal government has formed an economic development committee. The current population on the pueblo is small, under 300, although there are about 1,800 tribal members.

In 1846, the United States occupied New Mexico during the Mexican-American War. Charles Bent was appointed as New Mexico's first governor, but was killed one year later when Pueblo and Hispano residents of Taos revolted against American occupation. The war ended in 1848 with the Treaty of Guadalupe Hidalgo, and New Mexico's first legislative assembly was created two years later. In 1851, Taos County was officially established to include "all the territory north of the line running west from Tetilla de la Petaca to the California line; and southeast from the Petaca through Embudo, Rincones, and Las Trampas to the junction of the Mora and Sapello Rivers and thence due east to the Texas line." Taos County was divided further in 1859 when the counties of Colfax, Union, and Mora were created. New Mexico eventually achieved statehood in 1912 becoming the 47<sup>th</sup> state in the union.

The multiculturalism of the past centuries has been expanded during contemporary history. The early 20<sup>th</sup> century brought the growth of a nationally recognized art community in Taos with artists such as Ernest Blumenshien and Bert Phillips coming to Taos. The Taos art community is an important part of the life and economy, building on the folk arts of the Hispanic residents, Native American arts, and the newer artists who migrated here. The Town of Taos was incorporated in 1934 as the population began to grow, and twenty-one years later, the Taos Ski Valley was founded and became a world class ski

resort. During the 1970s, Taos' population continued to grow with the influx of counter-culture "hippies." Taos' natural beauty was recognized by the world during the 1980s and 1990s and the economy transitioned into service-based industry as tourists began to enjoy the majestic scenery of Taos. Although agriculture is still an integral part of the culture and lifestyle of the county, gross receipts tax reports (2012) for the county show that almost 40% of revenues come from retail trade, with other significant sources of revenue being services 30%, construction 13% and accommodations and food services 10%.

The Taos population is currently stable but in the past decade some demographic shifts have occurred with the increased arrival of retirees from more affluent areas of the country and immigrants from Mexico and South and Central America. The income disparity in Taos County is second only to Santa Fe County, intensifying health and social differences.

## **Community History of Substance Abuse**

### **Tobacco**

The history of tobacco in New Mexico is not quite clear. The native population in the area at the time of the Spanish migration used tobacco for ceremonial and religious purposes. The tobacco consumed today is not the same plant that was used in traditional ceremonies. The ceremonial tobacco consisted of local plants native to this area. As Europeans arrived in America and were introduced to tobacco by the native populations of the southern United States and the Caribbean, tobacco began to be used for recreational purposes. This was a new idea to people of this area because tobacco was previously used only for ceremonial and religious purposes. As tobacco became commercialized and marketed to the public, its use increased in Taos County as well as recreationally in the Pueblo. With the increase in tobacco tax, clean indoor air laws, and prevention funding, we are currently seeing a decrease in tobacco use in our community. Youth smoking rates in our county and in New Mexico remain high, with one in four high school age youth being current smokers (30 day prevalence).

### **Alcohol**

Alcohol was introduced to America by European explorers during the 16<sup>th</sup> century, and was often traded to natives in exchange for furs or other valuable commodities. The sudden introduction of alcohol to native communities destroyed many of their social and cultural foundations. Although alcohol had been produced and consumed by Europeans for centuries, settlers were not without their share of alcohol-related problems also. The same problems caused by alcohol continue to plague our community today. Rates of binge drinking and driving drunk are higher in Taos County than the state average. Virtually every group and individual interviewed for this assessment identified alcohol as the most used and abused drug.

### **Marijuana**

Marijuana was introduced to America by Spanish explorers in 1545, and was introduced by the English at Jamestown in 1611. Marijuana's primary use during this time was a source of fiber. However, during the 1920's recreational use of marijuana rose significantly in the United States. Some attribute this growth to prohibition of alcohol. Most of the marijuana that found its way into the United States during the prohibition era was grown in Mexico. Marijuana use was socially acceptable in Mexico, and this cultural influence has found its way into northern New Mexico where marijuana rates among youth are higher than the state average which is higher than the national average. Marijuana use is commonplace and widely accepted here.

## **Prescription drugs**

As of 2010, New Mexico was second in the nation in the rate of deaths from prescription drug overdose. Prescription drug abuse is a relatively new phenomenon in Taos County and the United States. Although prescription drug abuse data has only begun to be collected in 2007, the data has shown an increase in use of prescription drugs to get high as reported by youth in Taos High School. Taos County ranks 7<sup>th</sup> in New Mexico with 40 prescription drug overdose deaths in 2010, a dramatic increase from recent years. The 40 deaths account for 1.8% of the state total and represent a death rate of 24.8 per 100,000 people. The burden of prescription drug abuse on the health care system is great, with a high percentage of intensive care patients being treated with medical detox, and extremely high recidivism rates. The county has a high density of pharmacies, with eight freestanding, chain, hospital and clinic pharmacies for the 32,000 residents.

## **Community History of Organizing**

In every community health assessment that has been done in the past 25 years, substance abuse has been recognized as the top priority for Taos County, based on health statistics and recognition of the strong negative impact. The following history shows the progression that has taken place from a competitive atmosphere to a collaborative one as the community has worked to address substance abuse.

In the late 1990s, a significant effort was initiated to create stronger collaboration between the many nonprofit and governmental organizations that were serving the Taos County community. Initial interest in and enthusiasm for the benefits of closer collaboration and reduction of competition for limited financial resources was high. The momentum that had been building slowed down, however, when the prospect of jointly applying for funds and sharing funding for grant-funded projects became apparent. The individual organizations were not willing to apply jointly for funding they had previously received as sole entities.

Fortunately, since that time, the fear of losing financial backing through joint applications for funds and close collaboration has all but disappeared. Several major factors contributed to this shift. First, funders began demanding evidence of collaborative efforts. Second, Taos County participated in the state-funded movement to initiate county health councils that brought together diverse sectors to examine and address local health issues. Eventually, the benefits of collaboration far outweighed any apparent threats to organizational stability, so that close collaboration became the norm rather than the exception.

1997 - The Taos County DWI Planning Council began functioning to implement programming to address the needs regarding impaired driving and other alcohol-related issues. This entity continues to date, with its major focus being screening and assessment, compliance monitoring and tracking, alternative sentencing (Teen Court), and coordination, planning and evaluation. DWI rates in the county have fallen since the Planning Council's inception.

2001 - Taos County followed the state direction of transitioning the network of maternal and child health councils into county health councils that would address all health issues. The County Maternal and Child Health Council was replaced by the Taos Alive Drug-Free Coalition.

Taos Alive Drug-Free Coalition  
Community Assessment Update  
December 9, 2014

Child Health Council (CMCH) and the Taos Regional Action Coalition began the process of merging, and soon adopted the name Taos Community Action Resource Enhancement Strategies Health Council (Taos CARES). The explicit mission of Taos CARES was to unite community efforts and coordinate resources to enhance the health and well-being of area residents. Specific activities included increasing community participation through collaborations, assessing the health status of the community, identifying health disparities, identifying gaps and duplication of services, identifying opportunities and need for policy change, identifying community assets and resources, identifying and assisting with funding opportunities, assisting in the development of programs in line with best practices, and providing education with respect to health-related issues. Taos CARES received New Mexico Department of Health (NMDOH) funding that provided a full-time health council coordinator.

Prior to the initiation of the Health Council, the CMCH Council and TRAC had performed community health assessments, examining existing data, doing qualitative research inquiries into residents' perceptions and attitudes about health issues, and identifying priorities for action. Taos CARES then assumed this responsibility. These community health assessments have always revealed substance abuse, and especially alcohol use patterns, as the top health concern in Taos County.

2004 – Rocky Mountain Youth Corps (RYMC) began operating programs addressing prevention of youth substance abuse under various funding sources. Currently, RMYC implements media campaigns, provides information and enforcement support to businesses that sell alcohol and tobacco, and supports complementary work in substance abuse prevention being performed by other entities in the county. Focus areas for this work are law enforcement activities and publicizing the risks associated with drinking and driving for both adults and youth. RMYC is an essential and very active collaborator in the Taos Alive Drug-Free Coalition.

2005 – Beginning in early 2005, the Taos County health council accepted an invitation from the NMDOH Tobacco Use Prevention and Control Program (TUPAC) to initiate a community-based tobacco control and prevention program. . A tobacco prevention coalition created strong community support for smoke-free indoor air policies in public and private places prior to the 2007 implementation of the statewide clean indoor air law. The coalition also achieved increases in health care provider support for pregnant women to stop smoking, public awareness of the dangers of secondhand smoke, and awareness and cessation of disparately affected populations. Currently Holy Cross Hospital operates an NMDOH contract to address tobacco use by young adults; Spanish-speaking young adults; people who are lesbian, gay, bisexual or transgender; and Native Americans.

2009 - Taos CARES health council formed Taos Alive as an action team to address youth substance abuse. As an active member of Taos CARES, RMYC facilitated Taos Alive through its Community Health Crew.

2010 – Taos CARES Health Council applied for funding from Drug Free Communities Support Program of the Office of National Drug Control Policy to enhance and increase the Health Council's priority area to reduce substance use/abuse among Taos County youth. The council was consequently funded in the fall of 2010. Taos Alive continued working on substance abuse prevention in the community as an Action Team of Taos CARES Health Council. NMDOH ceased funding for health councils statewide, resulting in eventual diminution of health council activities by the following year.

2011 - As the health council reduced its activities due to the 2010 funding cut, Taos Alive continued the work in youth substance abuse prevention. The receipt of Drug-Free Community Coalition funding from the Drug-Free Communities Support Program of the Office of National Drug Control Policy helped Taos Alive make further progress in reducing youth substance abuse.

Taos Alive's vision is that Taos County youth will live in a community that is safe, secure and drug free. The mission is: Taos Alive Coalition unites the community to plan and implement strategies that prevent and reduce substance use and its consequences among Taos County youth.

This community coalition works towards these two goals:

- Increase community collaboration in Taos County
- Reduce substance use among Taos County youth.

The Taos Alive Coalition continues to grow, receiving significant participation from all sectors of the community, as well as statewide. Definite progress in collaboration has been made through the Taos Alive Coalition. The community wanted to and was ready to come together. The Coalition has brought the community to the table – particularly the hospital and health care providers, governmental organizations, families who have lost loved ones to substance abuse, youth-serving organizations, educators, law enforcement, criminal justice, other organizations interested in reducing substance abuse and the faith community. The partnerships with Rocky Mountain Youth Corps, the Taos County DWI Planning Council and Holy Cross Hospital have been especially significant.

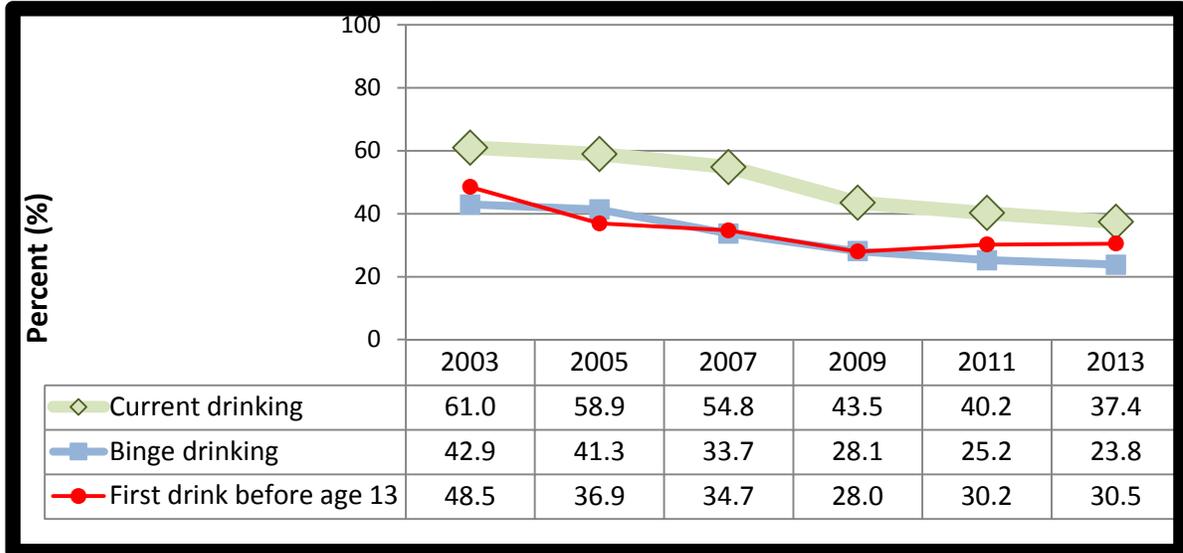
These Taos Alive Coalition Action Teams have addressed or are now addressing specific local conditions: School Wellness Community, Prescription Drug Abuse Initiative, Alcohol Policy Workgroup, Media Advisory Workgroup, Social Host Ordinance Workgroup and the DFC Core Team. The Coalition's work to reduce prescription drug abuse in the county has been acknowledged statewide and federally. The Coalition has built capacity through membership, communication, knowledge, training and the community's awareness of its existence.

2014 - Holy Cross Hospital Health Outreach Department became the recipient of a small grant to regenerate the Taos County community health council when NMDOH resumed its funding. This effort continues to date with strong support to Taos Alive and is continuing to address substance abuse prevention, one of the priority areas of the Health Council.

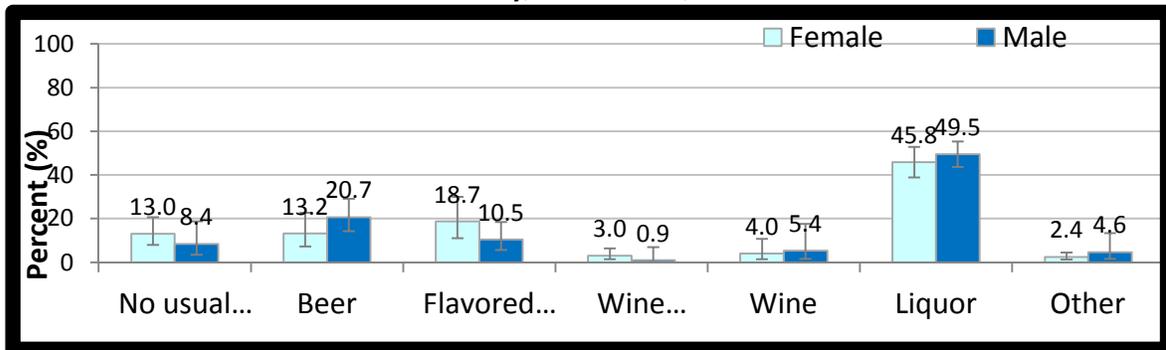
# Alcohol and Other Drug Behaviors

## Youth alcohol use

Alcohol Use Indicators, by Year  
Taos County, Grades 9-12, 2003-2013



Drinkers: Usual type of alcohol  
Taos County, Grades 9-12, 2013



## High school alcohol patterns, 2013 Youth Risk and Resiliency Survey

- **FIRST USE** The rate of first use of alcohol, more than a few sips, before age 13 declined 38.1% from 2003 to 2013, almost half (48.5%) in 2003 to less than one-third (30.5%) in 2013.
- **WHERE CONSUMED** More than ¾ of Taos County high school drinkers “usually drank” at someone else’s home (60.4%) or their own home (17.4%). This pattern is confirmed by initial results of the 2014 Strategies for Success survey of 9<sup>th</sup> graders at two Taos County schools, with these results: 1) At home; 2) At another person’s home; 3) At a party.
- **HOW OBTAINED** About 1/3 of Taos County high school drinkers “usually obtained alcohol” by someone giving it to them (36.5%) or in some “other” way (31.4%). Less than one in five drinkers (17.3%) usually gave money to someone to buy it for them, and fewer than one in ten (8.6%) usually took it from a store or their family. More specific results from the fall 2014 Strategies for

Success survey of 9<sup>th</sup> graders in two Taos County high schools revealed the top sources of alcohol as:

1) Got it at a party, 2) Someone 21 or older not related to me gave or bought it for me; Took it from home or someone else's home (tie between these two sources).

- **TYPE OF ALCOHOL** About half (47.6%) of Taos County high school drinkers “usually drank” liquor. Next most frequently reported as the usual type of alcohol consumed were beer (16.9%) and flavored malt beverages (14.6%). There are no statistically significant differences in these preferences by grade level, although seniors have the lowest percentage of liquor drinkers and higher percentages of beer and flavored malt beverages than most other grades.
- **SAFETY BEHAVIORS WITH ALCOHOL** Three of ten (30.9%) Taos County high school students reported riding in a vehicle in the past 30 days driven by someone who had been drinking; about half that percent (14.4%) reported that they had driven a vehicle in the past 30 days after drinking. These rates are statistically significantly higher than the state rates.

**Middle school alcohol patterns, 2009 - 2013 Youth Risk and Resiliency Survey**

- **HOW MANY DRANK** Taos County middle school students reported drinking patterns very similar to those of middle school students statewide. The rates showed dramatic decreased from 2009 to 2013.

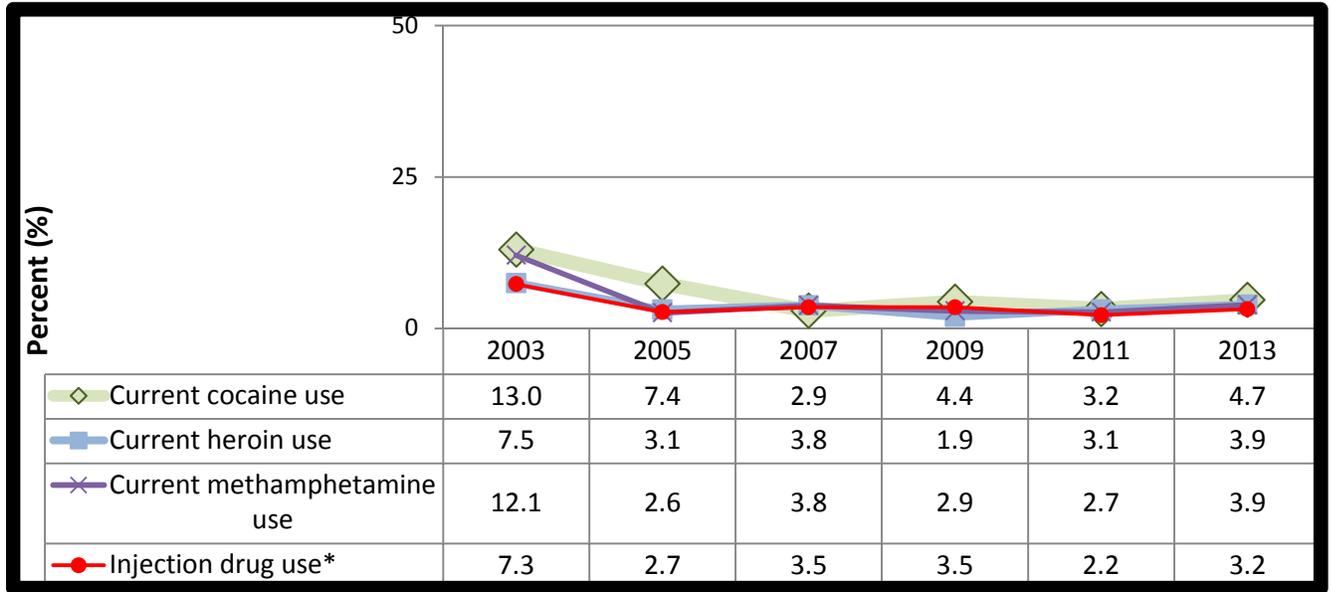
**TAOS COUNTY STUDENTS, GRADES 6-8, 2009, 2011 AND 2013 YRRS**

	<b>2009</b>	<b>2011</b>	<b>2013</b>
<b>Ever drank alcohol</b>	<b>45.7</b>	<b>28.9</b>	<b>24.6</b>
<b>Current drinker</b>	<b>26.2</b>	<b>9.2</b>	<b>11.0</b>
<b>Binge drinker</b>	<b>15.9</b>	<b>5.0</b>	<b>4.3</b>
<b>Drank alcohol before age 11</b>	<b>26.1</b>	<b>13.4</b>	<b>10.0</b>

- **SAFETY BEHAVIORS WITH ALCOHOL** More than a quarter (25.3%) of Taos County middle school students reported having ever ridden in a vehicle driven by someone who had been drinking, down from 40.6% in 2009.
- **EASE OF ACCESS** In 2013 about one-fifth (21.3%) of middle school students reported that obtaining alcohol is “very easy” or “sort of easy,” down from 38.3% in 2009.

Youth other drug use

Current Drug Use, Taos County, Grades 9-12, 2003-2013



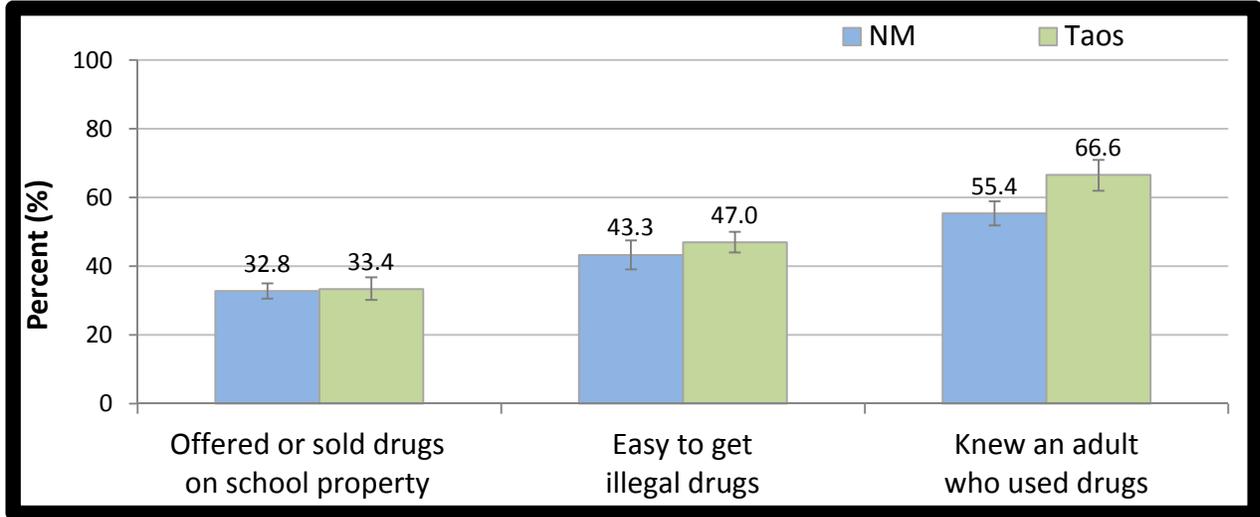
\* Ever injected illegal drugs in lifetime

Examination of the last column in the two graphs above shows that marijuana is the most often used drug by Taos County high school students, with 36.9% reporting they used marijuana at least once during the previous 30 days. Fewer than one in ten (9.0%) used painkillers to get high, with the other categories of drugs being reported as currently used by 6.7% to 3.2% of students.

Additionally, lifetime experience of taking a prescription drug without a prescription was reported by 17.5% of students. The question is phrased: During your life, how many times have you taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

- In 2008, the Centers for Disease Control and Prevention (CDC) reported that New Mexico led the nation in drug overdose death rates, with a rate of 27.0 deaths per 100,000 population, followed by West Virginia (25.8), Nevada (19.6), and Utah (18.4). The New Mexico rate was five times as high as that of Nebraska (5.5) which had the lowest rate. In 2010, the New Mexico rate had lowered to 23.6, placing the state in a virtual tie with Kentucky (23.8) for second in the nation, while West Virginia had climbed to the highest rate (28.9).
- The CDC reported that in 2010, about 12 million Americans (age 12 or older) reported nonmedical use of prescription painkillers in the past year.
- The CDC also reported that "Drug overdose was the leading cause of injury death in 2012. Among people 25 to 64 years old, drug overdose caused more deaths than motor vehicle traffic crashes."

**Access to Drugs  
Taos County, Grades 9-12, 2013**



The above chart shows that one-third of Taos County high school students were offered, sold or given drugs on school property in the last year; about one-half feel it is easy to get illegal drugs (cocaine, LSD, methamphetamines, or other illegal drug); and two-thirds know one or more adults who use drugs, statistically significantly more than the state rate of 55.4%.

**Youth marijuana use**

In 2013, Taos County high school students reported ever using marijuana, 57.0%, and current use of marijuana, 36.9%, at higher rates than statewide, but not statistically significantly different than state rates. First use of marijuana before the age of 13 is statistically significantly higher than the state rate however, 24.0% in Taos County compared to 17.3% statewide.

**Taos County, Grades 6-8, 2009, 2011 and 2013**

	<b>2009</b>	<b>2011</b>	<b>2013</b>
Ever used marijuana	27.3	15.8	17.2
Current marijuana use	19.1	8.6	10.3
Tried marijuana before age 11	13.5	7.9	5.0

Since 2009, the rate of middle school students that ever used, currently used and tried marijuana before age 11 all decreased. The first two of these rates increased slightly between 2011 and 2013.

**Taos County High School and Middle School YRRS 2013 Results\***

<b>CURRENT USE (past 30 days)</b>	<b>High School Grades 9-12</b>	<b>Middle School Grades 6-8</b>
At least one drink of alcohol	37.4	11.0
Smoke cigarettes	19.4	5.0
Use marijuana	36.9	10.3
Use a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) not prescribed to you	12.3	7.8
<b>PERCEPTIONS OF RISK</b>	<b>High School</b>	<b>Middle School</b>
Moderate or great risk if people “take one or two drinks of an alcoholic beverage nearly every day”	52.6	77.8
Moderate or great risk when people “have five or more drinks of an alcoholic beverage once or twice a week”	65.6	78.2
Moderate or great risk if people “smoke one or more packs of cigarettes per day”	73.5	82.1
Moderate or great risk if people “smoke marijuana once or twice a week”	37.8	66.2
Moderate or great risk if people “use prescription drugs (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) that are not prescribed to them	80.6	86.5
<b>PERCEPTION OF PARENTAL DISAPPROVAL</b>	<b>High School</b>	<b>Middle School</b>
Wrong or very wrong for you to have one or two drinks of an alcoholic beverage nearly every day?	80.5	94.0
Wrong or very wrong for you to smoke cigarettes?	85.1	95.3
Wrong or very wrong for you to smoke marijuana?	72.9	90.7
Wrong or very wrong for you to use prescription drugs (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) not prescribed to you?	88.7	94.0
<b>PERCEPTION OF PEER DISAPPROVAL</b>	<b>High School</b>	<b>Middle School</b>
Wrong or very wrong for you to have one or two drinks of an alcoholic beverage nearly every day?	54.5	80.2
Wrong or very wrong for you to smoke cigarettes?	63.8	82.4
Wrong or very wrong for you to smoke marijuana?	38.5	76.1
Wrong or very wrong for you to use prescription drugs (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) not prescribed to you?	78.2	90.6
<b>ATTITUDE TOWARD PEER USE</b>	<b>High School</b>	<b>Middle School</b>
Somewhat or strongly disapprove of someone your age having one or two drinks of an alcoholic beverage nearly every day?	57.2	68.1

\*The above table displays the Core Measures that each Drug-Free Communities coalition is required to collect biannually.

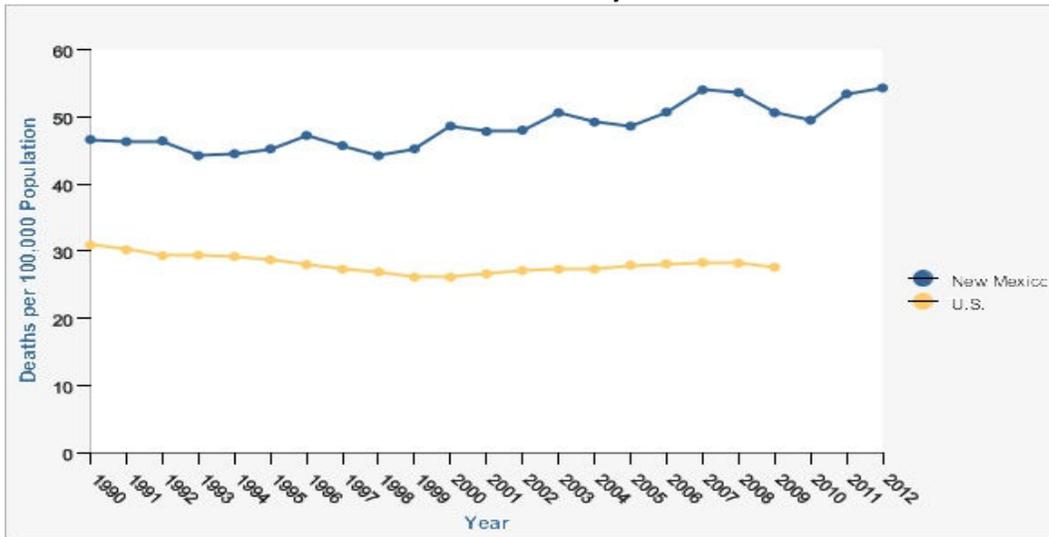
# Community Consequences

## Alcohol-related consequences

The New Mexico Vital Statistics Indicator-Based Information System (NM-IBIS) reports that “New Mexico's total alcohol-related death rate has consistently been nearly twice the national rate for the past two decades. The alcohol-related death rate in New Mexico has increased from 1990 through 2012. By contrast, the U.S. alcohol-related death rate has decreased.”

New Mexico's total alcohol-related death rate has ranked 1st, 2nd, or 3rd in the U.S. since 1981; and 1st for the period 1997 through 2007 (the most recent year for which state comparison data are available).

**Alcohol-related Death Rates by Year 1990-2012**



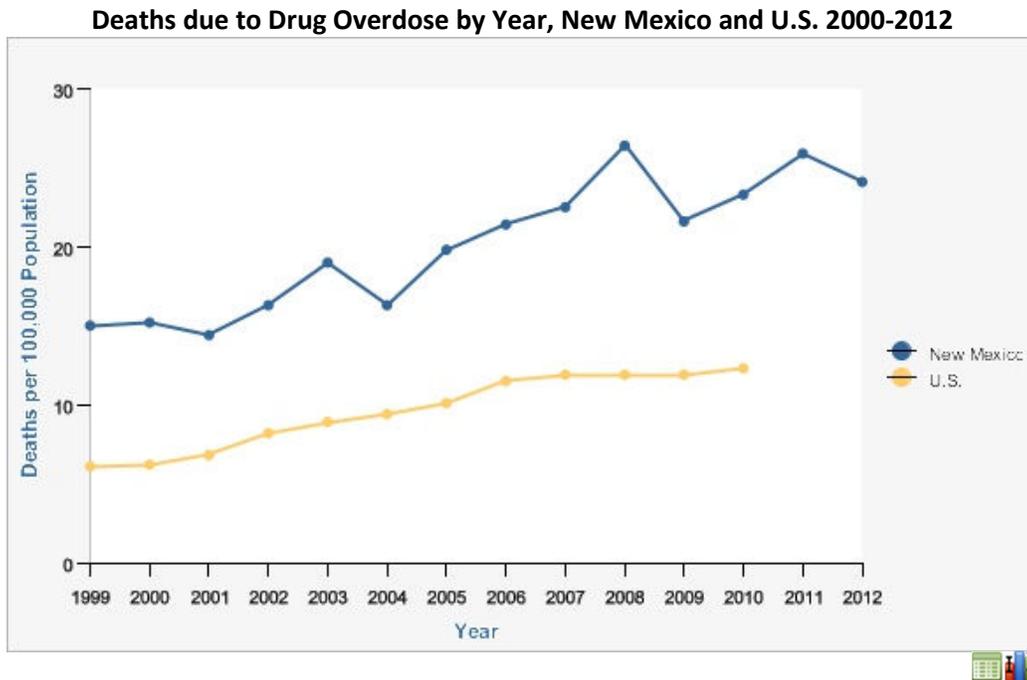
Within this context of severe impact from alcohol abuse, “Rio Arriba and McKinley counties have the highest rates of alcohol-related death, with rates more than twice the state rate and almost four times the national rate. Several other counties (Cibola, San Miguel, San Juan, and Taos) have a substantial burden (20 or more alcohol-related deaths per year) and rates more than twice the U.S. rate.”

The Taos County alcohol-related death rate for the years 2008-2012 was 61.7 per 100,000 population, compared to the state rate of 52.3. This is the 9<sup>th</sup> highest rate of the state’s 33 counties.

### Prescription drug-related consequences

The NM-IBIS report states, “New Mexico's drug overdose death rate has been one of the highest in the nation for most of the last two decades...New Mexico's death rate has more than tripled since 1990. While deaths due to illicit drugs have remained steady during the past decade, deaths due to prescription drugs (particularly opioid pain relievers) have increased dramatically.”

The following chart illustrates the elevated New Mexico drug overdose death rates compared to national rates.



\* Rate per 100,000, age-adjusted to the 2000 US standard population

Taos County ranks 6<sup>th</sup> of New Mexico's 33 counties with a death rate of 29.7 per 100,000 population. This compares to the state rate of 24.3.

**Comparison of Prescription Drug Use Responses, 2012, 2013 and 2014  
Rocky Mountain Youth Corps Taos County Community Survey  
With inclusion of questions for Taos Alive Drug Free Coalition**

**Reasons for Prescription Drug Use, Community Norms Survey 2012 - 2014**

<b>Response</b>	<b>2012 (n=36)</b>	<b>2013 (n=58)</b>	<b>2014 (n=60)</b>
To treat pain that my doctor or dentist identified	75.0%	77.6%	63.3%
For pain not identified by my physician	22.2%	15.5%	20.0%
To help me sleep	19.4%	13.8%	13.3%
To cope with anxiety or stress	16.7%	6.9%	8.3%
To avoid the bad feelings of withdrawal	2.8%	6.9%	5.0%
To have fun with a friend or friend(s) socially	8.3%	1.7%	8.3%
To get high, messed up or stoned	8.3%	3.4%	5.0%
Another reason	8.3%	1.7%	8.3%

**Source of Prescription Drugs, Community Norms Survey 2012 - 2014**

<b>Response</b>	<b>2012 (n=36)</b>	<b>2013 (n=58)</b>	<b>2014 (n=60)</b>
One doctor prescribed for one pain problem	69.4%	81.0%	73.3%*
Friend shared	16.7%	8.6%	11.7%
Family member shared	5.6%	6.9%	11.7%
Bought from a dealer/stranger	5.6%	3.4%	5.0%
Taken from a friend or relative	5.6%	0.0%	0.0%
Different doctors prescribed for one pain problem	5.6%	1.7%	*
Different doctors prescribed for different pain problems	2.8%	1.7%	*

\* The survey question changed in 2014 so that one or more doctors prescribing for one or more problem were now recorded under this answer category

**Perception of urgency of substance abuse issues in Taos County  
Community Norms Survey 2012 - 2014**

<b>Response</b>	<b>2012 (n=290)</b>	<b>2013 (n=294)</b>	<b>2014 (n=297)</b>
Not very urgent	9.2%	4.8%	3.0%
Somewhat urgent	21.8%	20.6%	20.2%
Urgent	31.3%	32.3%	29.6%
Very urgent	37.7%	41.9%	46.8%

**Perception of how the death rate from prescription drug overdose in NM compares to other states  
Community Norms Survey 2012 - 2014**

<b>Response</b>	<b>2012 (n=290)</b>	<b>2013 (n=294)</b>	<b>2014 (n=297)</b>
NM is lower than other states	8.5%	1.4%	5.9%
NM is about the same as other states	24.4%	18.8%	26.7%
NM is higher than other states	47.0%	51.4%	42.0%
NM is a lot higher than other states	14.1%	23.4%	24.0%

## Community Root Causes and Local Conditions

This update of the community assessment supplemented the extensive qualitative study that was originally performed for the Taos Alive Community Assessment. Current additions to the study were the following:

### **Input from Picuris/ Peñasco Health Fair attendees**

Attendees who stopped at the Taos Alive table at the Picuris/Peñasco filled out a three question survey. The 30 responses confirmed that substance abuse, especially alcohol and “drugs” are very much on people’s minds as “the biggest issues in Taos for Taos County Youth.” 23 people mentioned “drugs” while 18 mentioned alcohol.

So far as what the community “can do to support youth in these areas,” a youth center and activities were most often expressed, followed by information and support/support groups. Regarding resources that are there to help with the identified issues, the most frequent responses were “no resources” or “not many;” and “don’t know about resources.”

### **Input from 9<sup>th</sup> graders and from coalition members**

Rocky Mountain Youth Corps is administering the Strategies for Success survey to 9<sup>th</sup> graders at six Taos high schools. Taos Alive administered the survey to 9<sup>th</sup> graders at Questa and Peñasco High in November 2014. The survey asks demographic questions and detailed questions about alcohol and other drug use patterns. The observations from youth below are initial results from surveys of two rural high schools and from classroom discussions.

Taos Alive coalition members also contributed their perceptions regarding alcohol and other drug use patterns in Taos County.

- Access to alcohol and other drugs is much easier for youth who live in households with a family member who facilitates access, especially by purchasing or providing it for the youth.
- Alcohol is socially accepted, is viewed differently than other drugs and is not seen as a drug.
- Alcohol is seen as a problem by people of every age.
- Use of drugs is very accepted here.
- Youth are fascinated with drugs and have little judgment about its use.
- It is clear that youth find it easy to access alcohol and other drugs. Alcohol is often/usually present at youth parties.
- Youth usually get alcohol at a party, from a nonfamily member who is 21 or older, or by taking it from their home or someone else’s home.
- Youth usually drink alcohol at home, at someone else’s home, or at a party.
- Youth in classroom discussions revealed little about their home situations, or only when it involved a parent who had given up use of a drug. However when NARCAN was mentioned and it was explained that it could save the life of someone who had overdosed, the students had a great deal of interest in finding out how to get it.

## **Qualitative study results**

The previous qualitative study is reported below and remains a good source of information about people's feelings about the impact of substance abuse on the Taos County community. The study included two focus groups with teens and young adults, a discussion group with parents of elementary school children in a dual language program and interviews with people from the fields of education, health care, law enforcement, government, social service, and with people who are Spanish-speaking immigrants and residents of one of the two Native American communities in Taos County.

### **Perception of substance abuse**

"What I think is happening in Taos is that there is nothing to do. There's a lot of people that are doing drugs, and, well, we are bored. We just watch older homies and...cuz we can't do anything in Taos. [Using drugs] looks pretty fun."

When asked to write what they think about substance abuse, young adults wrote, "It's Everywhere!," "super high in Taos," "seen as normal, okay, just something that is going to happen." They summarized the sentiments of many others who participated in this inquiry.

A health care professional stated, "We don't have a problem, we have an epidemic, and we're turning a blind eye to it."

Spanish-speaking immigrants were very aware of drug abuse as a huge problem. They see the issue as "muy grande" and "El problema es cada dia mas grande" ["The problem is bigger every day] and pervasive in the community.

Professionals and other community members of all ages see alcohol as the #1 drug that is most used and that ruins and takes lives. When asked to choose the three substances most used, alcohol, marijuana, prescription drugs and cocaine were the clear choices overall. Often prescription drugs were named as the #2 drug that is abused, with a tie for third place between marijuana and cocaine. Law enforcement and health care professionals were particularly concerned with the rapid rise of prescription drug abuse and overdose deaths. One discussed the death of a young woman addicted to synthetic heroin, saying, "It only takes a few extra milligrams to die."

### **Root causes**

#### **Acceptance of drug abuse as part of the way of life**

"Nowadays, smoking marijuana is like smoking a cigarette. Everybody does it."

"The world we live in." "It's all around, commercials, everywhere."

#### **Ease of access to legal and illegal substances**

Everyone agreed that both legal and illegal substances are easy to obtain. Drug dealers are often friends, neighbors or family members. Youth are able to obtain drugs at school and other places and have little or no difficulty accessing alcohol.

### **Lack of positive adult role models, including parents**

Many youth grow up in families that are affected by addiction, and so see substance abuse as typical behavior. Generational patterns of substance abuse have been well-documented.

A professional working in social services focusing on substance abuse prevention stated,

“It’s a generational thing handed down. You see your older brother doing it, you think it’s okay, you do it.”

Adults who use drugs, particularly parents of young children, often do not shield their children from their use, providing the example of acceptance of drug use.

In the teen and young adult focus groups, discussion was much more easily sparked by comments that were pessimistic, critical or global in nature. When someone in the group expressed a more positive point of view, other group members listened but did not take the discussion further in that direction. This indicates that the perceptions that substance abuse is prevalent, persistent, and unlikely to change are stronger and more alluring to young people than are perceptions that individuals can create meaning in their lives and change in the community.

### **Residents are accustomed to the high rates of substance abuse**

People in Taos County, although often suffering significant tragedies from the effects of substance abuse, are somehow accustomed to this situation. When young adults were asked to describe what Taos County would be like if there were no substance abuse, the discussion quickly veered off topic. They seemed unable to imagine life where substance abuse was not a prevalent condition. The younger group joked and talked about becoming like the Amish, with mustang horses instead of Mustang cars. They then spoke about human tendencies that would always be present that would make current problems persist even in the absence of substance abuse.

When asked how urgent the problem is, most individuals in each group rated it very high. However, their perception of how high others regard the issue was lower. The Spanish-speaking parent group had the highest ratings of urgency.

Some professionals and others felt that when a tragedy touches someone, their sense of urgency rises. However, a young adult noted, and others agreed with this comment,

“I know a lot of people [who] have had people die. It doesn’t mean anything. Just puts them into a bigger hole where they want to drink more.”

Another young adult had lost a close family member to alcoholism and vowed “never ever” to drink and has kept that promise. A health care professional stated,

“Kids are dying, but they’re not dying in front of us. If they were dying in front of your eyes, this community would rise up.”

Another young person wrote,

“Everyone abuses drugs because it is seen as the ‘thing’ to do for many different reasons, like being depressed, stressed, mad, grieving, bored!”

### **Poverty and difficulty finding meaningful work**

Dealing drugs is seen by some as just one way to make a living. This exchange occurred between two teens:

“One way’s legal, one way’s not.”

“But they’re both a way of living.”

A health care professional discussing prescription drug abuse and dealing noted, “There’s an economy built on it....It [a synthetic opiate] was a dollar a milligram. One pill could be 80 milligrams and go for 80 bucks. [You] can get a scrip for a hundred of these.”

### **People, particularly youth, are bored**

It is very common to hear young people, and also adults, say that there is “nothing [for kids] to do” in Taos. This sentiment was clearly expressed by the young people in the focus groups. The young adults had a strong consensus that more should be provided for them in the way of recreation, education, and job opportunities. They would like some of the amenities that they see in bigger towns and cities, like low-cost gyms where you can work out, more educational facilities, more parks with playgrounds, better recreational facilities that do not cost much money and more family-oriented events. They also mentioned the deficit of entertainment venues for those who have graduated from high school but are not yet 21. They link the lack of these benefits to the use of alcohol and drugs.

“There’s not enough to do, not enough for 20ish people, so [we] drink and party.”

A health care professional linked the economic downturn to boredom among adults. Referring to people out of work who are staying at home, she stated,

“People are bored out of their minds.”

### **Doubt, especially among youth and young adults, that significant change can occur, accompanied by a feeling of helplessness and hopelessness**

“You could do the biggest thing ever, go to Congress...but it’s still going to happen. I don’t mean to be pessimistic, but I just think that’s how it’s gonna be.”

“Taos feels like a black hole. If you don’t get out, or like fight it, that’s where you go.”

“In general, people are selfish and they don’t really care.”

“Nothing can be done. They talk a lot about it but that’s it.”

“Not a lot I feel like I can do, and I bet a lot of other people feel that way. Nothing is waking anyone up, even deaths.”

Another young adult countered these ideas with this statement,

“I graduated last year. I’m not doing drugs or anything. I’m bettering my life.”

An adult working in grassroots community programs in a very small town thought that poverty, combined with prejudice against Hispanic people, created the situation in which people become hopeless and turn to drugs as a way out. He stated,

“[There is] a feeling of helplessness and hopelessness among a lot of individuals. [They] don’t care whether they live or die.”

#### **Very easy availability of legal and illegal drugs**

Many people attributed the small size of the community to the ease of accessing alcohol and drugs.

Young adults said,

“Small community,” “Everybody knows everybody,” “Easy to get anything.”

“[The community is] so small, [we] pass it around like in a big circle.”

Other young adults said,

“[It’s] so easy to find. A drug dealer on every block.”

“Your neighbor could be a drug dealer.”

“Everybody’s getting high. There’s a drug dealer on every block, more than three....You can go to a trailer park, there’s more than 5.”

These sentiments are corroborated by the 2009 YRRS data that show that more than half of high school students know one or more adults who sell drugs.

#### **Fast rise of prescription drug abuse and resulting deaths**

Both professionals and community members recognize the fast increase of prescription drug abuse here. Several factors make this situation a high priority: the speed with which people can become addicted to prescription painkillers; the small margin of error to create a lethal overdose; the wide availability; the perception that “medicine” is legal, prescribed by a doctor and therefore not harmful to take; the state system to track the number of prescriptions of controlled substances to individuals is too slow to be effective; and the obvious financial gain to be made from illegally selling medications.

Health care professionals commented:

It’s mind-blowing the quantities that people take.”

“If you’re smart, you can make money dealing dope. If you don’t use, you can make tons of money.”

“One reason prescription drugs are so abused is because the insurance system will pay for it.”

“It’s the cheapest steady source of quality drugs. There’s no quality control in heroin, ecstasy, crack, but there is quality control on oxycontin.”

“Prescription drug abuse is on the rise. That’s what’s in my face.”

A law enforcement professional commented,

“The tracking is not sufficient. We’re supposed to have a database where you enter the name to see if the person has a prescription in the past x days. If we have it, we’re not using it. I’m seeing multiple prescriptions from different doctors for the same person.”

### **Perception that the community allows underage drinking**

A teen commented, “Here in Taos alcohol it’s easy to get [alcohol] for underage kids. They let it roam free, right in the aisle. You can just grab it.” A second youth responded, “Yep, grab a bottle and go.”

### **People, including politicians, do not want to see the community as having a drug problem**

A common belief expressed here is that exposing Taos’ social problems would harm the tourist-based economy.

Several people interviewed said that the people living in small communities don’t want to define their home in this way.

“The community knows it’s there, but they don’t want to be labeled as drug addicts. [They] don’t want to destroy the image of the community.”

### **Family patterns transmit the message that drug use is accepted; they delay or prevent intervention for those who are addicted**

“Instead of the older person saying ‘No, don’t try this,’ a lot of time they’ll say, ‘Here, try it.’”

A young adult said,

“People think it’s okay to let your kids or other people’s kids see you use. I’ve seen a family with cocaine on the table with their little children right there. The kids were playing around it and in it.”

Keeping family issues private is a strong cultural value here, as expressed by adult interviewees:

“What goes on in the house stays in the house. It’s a problem and they know it. Adults will talk about it in the family.”

“...a tendency that parents protect their kids.”

An adult from a small community stated,

Parents need to] set boundaries. ‘This is not okay and will not be tolerated.’”

### **Available to and affecting younger children as well as middle and high school youth**

Spanish-speaking and Hispanic parents were very concerned that drugs are “trickling down” into the elementary schools. They discussed “pharming” and “skittles” that make drugs sound “sweet like candy.”

An adult in the group wrote,

“Los niños y jóvenes piensan que es un juego para divertirse y por supuesto que no es lo peor que puede suceder.” [“The children and youth think it’s a game to have fun and surely it is not the worst thing that can occur.”]

A young adult said,

“My cousin’s friend just got caught with a little vial of dope. He’s in third grade.”

### **Inadequate systems to help people get off drugs**

The young adults and Spanish-speaking parents talked about the scarcity of services to help people when they want to stop using drugs.

“There is not enough support, programs or alternatives for people dealing with substance abuse or beginning to use.”

The young people spoke derisively about the probation system, saying that it doesn't work because it focuses mostly on clean drug tests, which the offenders quickly learn how to cheat on, rather than the reasons people are using. Most felt that people quickly return to their old habits as soon as they are finished with probation.

### **Problem Statement**

Community members' beliefs about substance abuse are self-defeating and perpetuate the current high rates of use and subsequent consequences. Drug use and drug dealing is viewed as commonplace. Youth rates of use and beliefs about adult attitudes toward youth use of alcohol and marijuana are consistent with continued use. Systems to support prevention and treatment are inadequate.

### **Ideas of solutions mentioned by community members**

#### **Bring the problem to the surface. Expose the problem.**

A participant in a focus group, when asked how urgent others feel substance abuse is, based on a 1 to 10 scale with 10 being the most urgent, stated,

"People feel it's a 1. They're in denial."

Others made these comments:

"Make people more aware of the situations going on, what effects it has."

"If the community could see, really see, the impact, if these [addicted] people didn't have a place to go, maybe the community would rise up."

"The community has to agree that it's a problem."

"If they could wake up and see how much pain this is causing them, it would be a 10."

Some suggested photos of people who have died, to show that they are young and healthy until they become addicted, and to show the rapid physical changes. The young adults, with one exception, stated that speakers who have been disabled or otherwise harmed by substance abuse do not have a real impact on youth behavior.

#### **Positive messages:**

One participant suggested that people respond to positivity.

#### **Education, information**

Spanish-speaking parents felt that more information and education is needed, so that parents know what is happening. A teacher said that a visit from the chief of police, informing them of the entire drug situation here, was "eye opening." "I knew we had a problem here, but I had no idea that all this was going on." She felt this would be good for all people to know.

Taos Pueblo had a very successful, well-attended Family Summit last year that focused on substance abuse and good response to a newsletter with information on the topic. A staff member believes that speakers "that somebody can relate to, that have dealt with those issues in the past" are compelling to other community members.

### **Committed public leadership**

“Political leaders have to...have the guts to say, on their watch, that we have a problem here...[We] need a charismatic leader, somebody to stand up...who can get people in a room who have the power to make these really hard decisions.”

### **Need for more prevention, education and treatment resources**

Spanish-speaking parents and youth felt that more resources should be directed toward prevention and activities for youth, instead of waiting and funding treatment. They also wanted more education for their children about drugs.

### **Comments and observations**

Changing these key perceptions/beliefs could change the environment here:

- Everyone is doing it, it's [substance abuse] everywhere
- There's nothing to do in Taos (for kids/youth) – perhaps counter with “There's everything to do in Taos.”
- Nothing is going to change
- People *need* drugs to get through the day, and the difficult situations they face
- Parents don't really care if their kids drink and do drugs
- Youth regular alcohol use is not harmful
- Adults in our community do not think youth alcohol use is wrong
- Parents do not think that youth marijuana use is harmful
- Pills, since they're prescribed by a doctor, are okay to take (even when they're not prescribed for you)
- Other people do not think the problem is as urgent as I do

# Community Resources

## Resources that promote positive consequences

- **Rocky Mountain Youth Corps** – Rocky Mountain Youth Corps (RMYC) provides employment opportunities to youth in Taos County. Community service projects such as trail building/maintenance, forest thinning, and after-school tutoring provide RMYC volunteers with a positive connection to the community.

## Resources that promote positive behavior

- **Taos Municipal Schools** – Taos High School’s extracurricular activities require participating students to refrain from substance abuse by mandating students sign a substance abuse contract. Students are subject to random drug testing.
- **Nonviolence Works** – This program focuses on mentoring children and teens to promote peaceful living.

## Protective factors

- **Family unity and support** – The religious and cultural traditions here build extremely strong bonds between children and extended family members, through the important role of god parents in children’s lives and the emphasis on family connection.
- **UNM-Taos** – The Taos branch of University of New Mexico offers academic and vocational opportunities that are enjoyed by people of every background and income. The campus has grown significantly in the past ten years with a new campus and the addition of nursing, dental hygiene and other areas of study that lead to viable careers.
- **Extraordinary natural beauty** – Taos County is a wonderland of natural beauty, with the southern range of the Rocky Mountains, the Rio Grande River Gorge, abundant wildlife, and endless opportunities for outdoor activities. These resources are connected to family traditions such as hunting, gathering wood, and ranching and farming. Residents value and work to protect these natural resources.

## Local conditions that build protection

- **DWI Checkpoints and Saturation Patrols** – The DWI Council regularly schedules DWI checkpoints and saturation patrols that discourage drinking and driving in Taos County. Since the DWI Council’s inception, the perception of risk has increased.
- **Health and Community Services Directory** – In 2008, Taos CARES created a comprehensive services directory with the contact information of the many organizations providing services to the community. These services range from behavioral services, to crisis intervention, to healthcare and everything in between. The Health and Community Services Directory is scheduled to be updated in the Spring of 2012.
- **First Steps** provides home visiting services to first-time parents to provide information, support and access to community resources that promote early childhood development and a positive family foundation.
- **12-Step recovery programs** – Taos County has a strong community of people in 12-step recovery, with free meetings for recovery from addictions of every nature.

- **Strong cultural traditions** – The Native American and Hispanic communities maintain traditions and celebrations that bring families and community members together. Examples include the annual Taos Pueblo and Picuris Pueblo feast days, Fiestas de Santiago y Santa Ana, cleaning of the acequias (irrigation ditches) and plastering of the historic St. Francis church.
- **Important role of religion** – The largest churches in Taos have existed for more than 300 years and serve as the core of the Catholic religion here. A large percentage of residents have strong ties to their faith and participate in many service projects that provide for the needs of others.

**Assets that can be used to change local conditions**

- **Taos Alive** – Taos Alive, has transformed into a neutral convener that does not compete with other direct service providers, but instead provides networking and a forum for substance abuse related issues. This creates an atmosphere of cooperation and collaboration among the many organizations in Taos County. In addition to the establishment of the neutral forum, Taos Alive has also identified local conditions that promote substance abuse and is in the processing of creating and implementing strategies to change those local conditions.