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FISCAL IMPACT REPORT

ORIGINAL DATE 01/25/13
 SPONSOR Rodella LAST UPDATED 03/13/13 HJM 12/aHF1#1
 SHORT TITLE Peer-To-Peer Substance Abuse Approaches SB _____
 ANALYST Trowbridge

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY13	FY14		
\$0.0	\$0.0	N/A	N/A

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)
 Human Services Department (HSD)
 Children, Youth and Families Department (CYFD)

SUMMARY

Synopsis of House Floor Amendment #1

House Floor Amendment 1 simply adds the Children, Youth and Families Department to the Department of Health and the Department of Human Services to the agencies requested to incorporated peer-to-peer approaches into existing substance abuse prevention efforts.

Synopsis of Original Bill

House Joint Memorial 12 requests the Department of Health and the Department of Human Services examine existing substance abuse prevention programs and funding and incorporate peer-to-peer approaches, where possible. The joint memorial provides eight supporting clauses, of which: two assert support for this approach among high school students; one asserts that most existing DOH and HSD substance abuse prevention programs do not use peer-to-peer models; and five assert that peer-to-peer programs reduce substance use and injection risk behaviors, arrest rates, sports injuries, and riding with a driver who has been using substances. The memorial maintains that these peer-to-peer approaches have resulted in improving healthy behaviors such as seeking appropriate health care. The memorial further requests the agencies adopt several approaches, including: shifting funds between existing programs to increase the

use of peer-to-peer approaches; changing existing program models to incorporate peer-to-peer components; or modifying future grant requirements to include peer-to-peer strategies.

SIGNIFICANT ISSUES

The Human Services Department (HSD) notes that the New Mexico Behavioral Health Collaborative currently funds several types of local substance abuse prevention programs. The federal Substance Abuse Prevention and Treatment Block Grant provides about \$2.3 million each year to fund prevention efforts. About \$1.7 million of these funds are distributed annually to local community providers, primarily for alcohol and tobacco abuse prevention efforts. In addition, the Collaborative funds prevention efforts related to prescription drug abuse. In FY12, about \$150 thousand in State General Funds supported several efforts including a prescription drug take-back effort, and another \$50 thousand was used for public awareness media campaigns. HSD adds that state general funds also support prevention efforts through the Collaborative's Total Community Approach grants to local communities, including: about \$200 thousand to the Navajo Nation for youth substance abuse prevention efforts and another \$90 thousand to Silver City and \$55 thousand to Las Vegas. In FY13, the Collaborative will provide an additional \$650 thousand to five communities for prevention efforts through the federal Partnerships for Success grant.

HSD also notes that the Behavioral Health Collaborative's substance abuse prevention efforts have shown significant results in reducing alcohol abuse. In 2010, rates of reported substance abuse had been reduced by about five-percent over the previous five years. However, in 2010, the Collaborative's prevention funds were significantly reduced and rates of substance abuse have returned to the higher level. In 2010, a four-year federal prevention grant expired. That grant had funded about \$3 million a year in local substance abuse prevention efforts. That same year, about \$3 million in State General Funds used for prevention efforts were also discontinued.

The Children, Youth and Families Department (CYFD) indicates research on peer-to-peer models indicate that they are effective at reaching youth on a wide variety of subjects, including school attendance, healthy behaviors and substance use and abuse.

CYFD also notes that trained peer-to-peer efforts have demonstrated effective outcomes in some settings. It states that peer influence is a potent and often under-utilized strategy for change, but there is little research available for review, adding that HJM 12 may provide some necessary research regarding this tactic. However, CYFD states that many prevention programs receive funding from sources that specify how the monies may be spent, which may limit the providers' ability to retool the program to include peer-to-peer.

Additionally, CYFD indicates that research indicates peer-to-peer models work best when the youth who are recruited for peer-to-peer work have some degree of social standing, as it appears that social proximity to those youth perceived as "leaders" is directly proportional to the peer-to-peer message being conveyed. This indicates that effective strategies must use not just a quantity of messages approach but also a quality of source approach. Finally, the peer-to-peer message must be clearly delineated and peer workers must be trained well to carry the specific prevention message intended to be imparted.

The Department of Health (DOH) observes that the high prevalence and heavy burden of adolescent substance abuse in New Mexico is well-documented. The most recent estimates from

the National Survey on Drug Use and Health (NSDUH) show that in 2009-2010, among 12-17 year-olds, New Mexico had the eighth highest rate of past-month illicit drug use (12.4 percent), the second highest rate of past-month illicit drug use other than marijuana (5.5 percent), the second highest rate of past-year nonmedical use of pain relievers (8.3 percent), the third highest rate of past-year alcohol dependence (2.2 percent), and the highest rate of past-year illicit drug dependence or abuse (6.8 percent) in the United States. During the most recent three-year period for which alcohol-related mortality data are available (2005-2007), New Mexico had the fifth highest alcohol-related injury death rate among 15-24 year-olds in the United States (NMDOH, 2013). During the most recent five-year period for which drug overdose mortality data are available (2006-2010), New Mexico had the highest drug overdose death rate among 10-19 year olds in the United States (CDC Wonder, 2013).

Until recently, reviews of prevention strategies have not included peer-to-peer approaches. However, the Community Guide found insufficient evidence that peer organizations such as Students Against Drunk Driving (SADD) have a significant effect on drunk driving or riding with drunk drivers (*Effectiveness of School-Based Programs for Reducing Drinking and Driving and Riding with Drinking Drivers: A Systematic Review*, Elder *et al*, AJPM, 2005, 28(5S). Thus, it would be helpful if there were more reviews of peer-to-peer approaches. Regardless, obtaining feedback from high-school students attending the centennial town hall is an effective strategy for positive adolescent engagement.

PERFORMANCE IMPLICATIONS

CYFD states that it has performance measures that are affected by substance use and abuse among youth. Expanded treatment capacity could positively affect those measures. The Department of Health states that enactment of HJM12 could potentially result in re-allocation of DOH staff time to implement and support peer-to-peer prevention.

TT/svb:blm