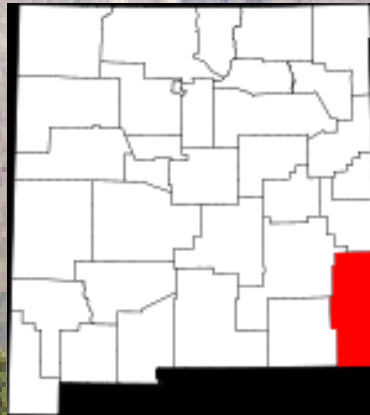


County Substance Abuse Epidemiological Profile

Lea County



October 2011



Acknowledgements

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Lastly, the staff at HSD BHSD OSAP have provided enormous support for this project and invaluable suggestions and additions. Special thanks go to Karen Cheman, Pamela Espinoza, Harrison Kinney and Daphne Rood-Hopkins, who helped shape and inform the County level substance abuse epidemiological profiles.

This document can be accessed here: <http://www.nmprevention.org/index.htm>

Statewide Epidemiological and Outcomes Workgroup

The New Mexico Statewide Epidemiological and Outcomes Workgroup (SEOW) addresses behavioral health needs and supports state systems, schools, communities, and tribes in preventing substance abuse, dependency and related problems by identifying, collecting, analyzing and disseminating data that describes the prevalence, severity, consumption and consequences of alcohol, tobacco and other drug use in New Mexico.

Members include: Karen Cheman, Daphne-Rood Hopkins, Lelah Larson, Kim Horan, Nancy Michalk, Letty Rutledge and Sharon Ebert from HSD BHSD; Jim Roeber, Tierney Murphy, Dan Green and Nina Shah from NM DOH ERD; Glenn Wieringa from Traffic Safety Bureau; Martha Waller, Liz Lilliot and Lei Zhang from PIRE; Katherine Courtney from CYFD; Nadine Tafoya and Ann DeVecchio from the prevention community; Brenda Martinez from OptumHealth NM; Ron Lopez and Nancy Sanchez from the US Attorney's office; and it is coordinated by Natalie Skogerboe and Michael Coop from Coop Consulting, Inc..

New Mexico County Epidemiology Profile

LEA COUNTY

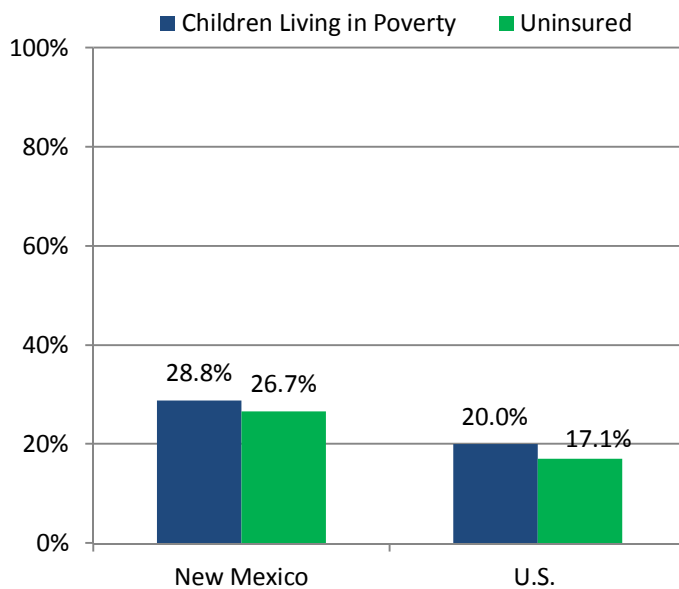
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Context of New Mexico

When reviewing the data in this profile, it is important to understand the larger picture and the environmental factors that play a role in some of the negative findings. New Mexico is one of the poorest states in the country, and has a higher percentage of uninsured individuals than any state in the nation (according to 2009 US census data). Furthermore, many communities and populations in New Mexico have even higher poverty levels and higher rates of being uninsured.



Both of these factors have negative impacts on the health and safety of New Mexico communities. **Poverty** in the early years of a child's life, more than at any other time, has especially harmful effects on healthy development and well-being. Early childhood poverty has been linked to negative outcomes later in a young person's life, including teen pregnancy, substance abuse, and educational attainment.

People living in poverty and/or without adequate health insurance often experience delays in accessing health care and have an increased risk of chronic disease and death from disease and injury.

Sources

<http://ibis.health.state.nm.us/docs/Framework2011.pdf>

US Census Bureau 2009 Quick Facts: <http://quickfacts.census.gov/qfd/states/35000.html>

New Mexico County Epidemiology Profile

LEA COUNTY

Introduction

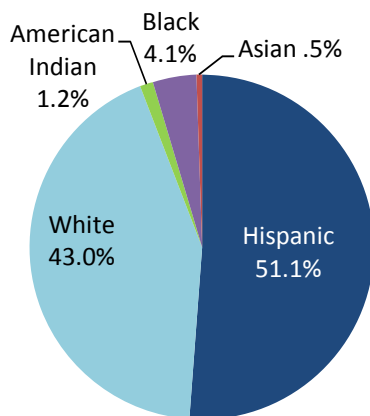
This community profile is intended to be used as a resource for New Mexico communities for data related to substance use and abuse. The profile covers relevant substance abuse data from a variety of sources at the county, state, and national levels for both youth and adults whenever possible. The profile contains the following data:

- **Consumption Data** – Consumption is the way in which people use substances (i.e. binge drinking and cigarette use). Information on alcohol, tobacco and other drug use is included for adults and youth.
- **Consequence Data** – Consequences are the problems caused by substance use or abuse (e.g. alcohol-related injury or chronic disease). Information on negative outcomes associated with substance use among adults and youth is provided.
- **Resiliency and Risk Factor Data** – Resiliency or protective factors are the strengths and assets that help protect individuals and communities from substance use, abuse and other problems. Risk factors are the things that increase one’s risk for substance abuse and related problems. Information on factors that influence substance use for youth are provided.
- **Mental Health Data** – Mental health is often closely related to substance use and other problems, including chronic disease. Those who are depressed or report frequent mental distress or thoughts of suicide are also more likely to use substances in risky ways than those who do not have mental health concerns.

Demographics

Lea County has a population of 64,727, according to 2010 US Census data. The median household income in Lea County is \$44,035 and 15.2% of persons live below the federal poverty line.

Lea County Race/Ethnicity
2010 US Census



Lea County residents are primarily Hispanic (51.1%) and White (43.0%); followed by Blacks (4.1%), American Indians (1.2%), and Asians (0.5%). Compared to the US, Lea County has a higher percentage of Hispanics and American Indians but lower percentages of Blacks and Asians.

Lea County Population Breakdown:

- 49.5% Female
- 50.5% Male
- 9.6% Persons under 5yrs
- 30.5% Persons under 18yrs
- 11.0% Persons 65yrs and older

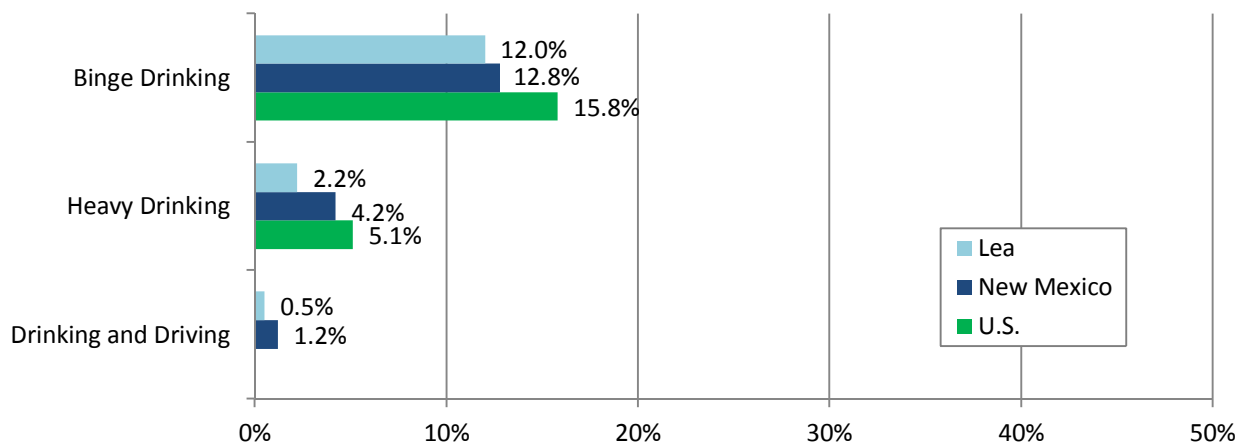
U.S. Demographics	White	Hispanic	Black	Asian	American Indian
	63.7%	16.3%	12.6%	4.8%	0.9%

ALCOHOL USE & CONSEQUENCES

Alcohol consumption is the way in which people drink alcohol. According to the CDC ARDI system, 23% of suicide and 47% of homicide and a fraction of other violence such as domestic violence, crime, risky sexual behavior, falls and drug overdose are attributable to alcohol. **Binge drinking** is defined as having 5 or more drinks in one occasion, for men, or 4 or more drinks for women. **Heavy drinking** is defined as having more than 2 drinks per day for men, and more than one drink per day for females. **Drinking and driving** has been the focus of public health strategies in New Mexico over the past few decades. Great strides have been made and New Mexico has seen a 39% decrease in alcohol related motor vehicle crash deaths from 2004-2008, but alcohol is attributed to be the primary causal factor in nearly 45% of motor vehicle crash deaths among males aged 20-44.

ADULT Alcohol Use & Drinking and Driving

BRFSS 2008 & 2009



SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

Lea County has slightly lower prevalence of binge drinking and heavy drinking than the US. Despite these numbers, New Mexico suffers severe consequences for risky consumption.

Number and Percentage by Race/Ethnicity			BRFSS 2005-2009					
			White	Hispanic	American Indian	Black	Asian/Pacific Islander	TOTAL
Binge Drinking	Lea County	Number	1824	1753	--	--	--	4419
		Percent	9.6	11.6	--	--	--	12.0
	New Mexico	Number	85,633	73,260	17,805	1,666	1,301	186,284
		Percent	12.0	13.8	16.2	7.1	7.7	12.8
Heavy Drinking	Lea County	Number	444	337	--	--	--	781
		Percent	2.3	2.3	--	--	--	2.2
	New Mexico	Number	36,062	18,974	2,172	614	0	59,882
		Percent	5.1	3.6	2.0	2.7	0.0	4.2
Drinking & Driving	Lea County	Number	0	193	--	--	--	193
		Percent	0.0	1.2	--	--	--	0.5
	New Mexico	Number	8,071	6,850	1,475	651	352	17,558
		Percent	1.1	1.3	1.4	3.5	1.3	1.2

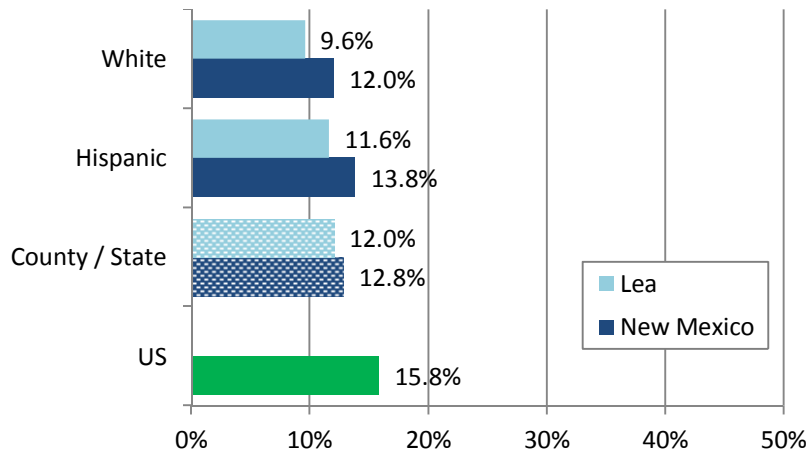
-- indicates the data were excluded because there were fewer than 50 respondents, making rates unreliable

ALCOHOL USE & CONSEQUENCES (continued)

Binge drinking is an important indicator because it is closely linked with other problems and consequences, including motor vehicle crashes, alcohol-related injury and injury deaths, and violence.

ADULT Binge Drinking by Race/Ethnicity

BRFSS 2009

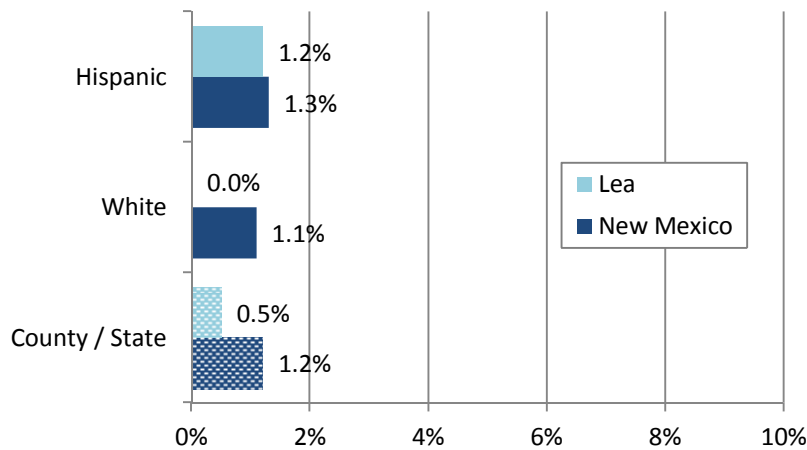


In Lea County, Hispanics have the highest prevalence of binge drinking.

SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

ADULT Drinking and Driving (past 30 day) by Race/Ethnicity

BRFSS 2008



Drinking and driving is not reported very often; the sample size for Lea County was too small to include measures for most race/ethnicities.

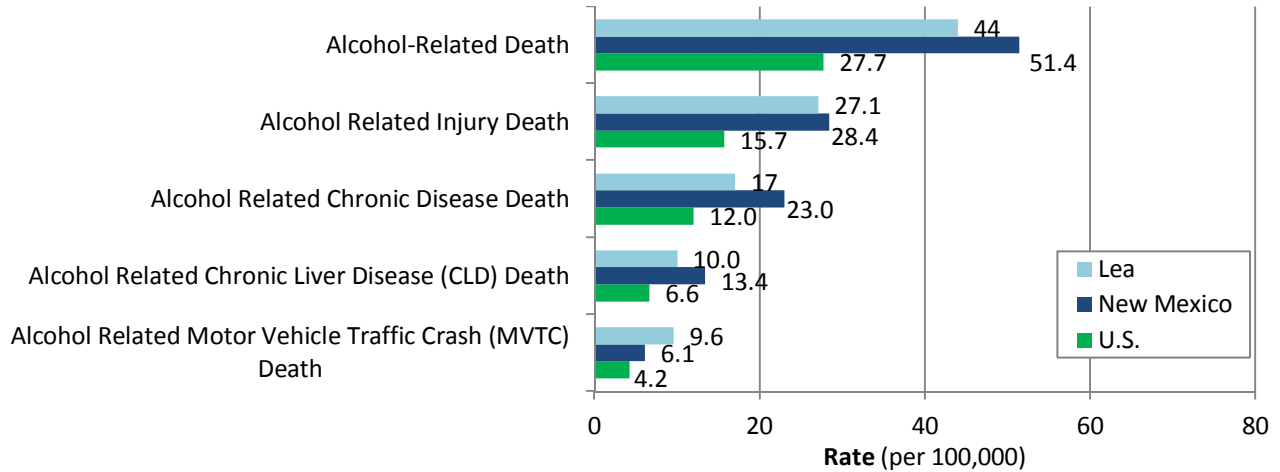
SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

ALCOHOL-RELATED DEATH

New Mexico suffers severe consequences from excessive alcohol use. The alcohol-related death rate has been among the highest in the nation for thirty years and has been the highest in the Nation since 1997. The main contributors to alcohol-related death in New Mexico are chronic disease and alcohol related injury.

Alcohol-Related Death

NM BVRHS 2005-2009



SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

Alcohol-Related Deaths and Rates by Race/Ethnicity			NM BVRHS 2005-2009					
			White	Hispanic	American Indian	Black	Asian/Pacific Islander	TOTAL
Alcohol-Related (AR) Deaths	Lea County	Deaths	74	42	1	5	0	122
		Rates	46.9	49.3	--	--	--	44.0
	New Mexico	Deaths	2,069	2,056	898	68	21	5,111
		Rates	40.9	56.1	93.5	28.5	17.2	51.4
AR Injury Deaths	Lea County	Deaths	43	27	0	4	0	74
		Rates	30.2	27.9	--	--	--	27.1
	New Mexico	Deaths	1,161	1,066	404	47	15	2,694
		Rates	25.1	28.5	39.7	18.5	12.8	28.4
AR Chronic Disease Deaths	Lea County	Deaths	31	15	1	0	0	48
		Rates	16.7	21.3	--	--	--	17.0
	New Mexico	Deaths	908	990	494	20	6	2,417
		Rates	15.9	27.5	53.9	10.0	--	23.0
AR CLD Deaths	Lea County	Deaths	16	12	0	0	0	28
		Rates	9.1	15.2	--	--	--	10.0
	New Mexico	Deaths	434	664	330	9	2	1,439
		Rates	7.4	17.9	35.7	--	--	13.4
AR MVTC Deaths	Lea County	Deaths	15	12	0	1	0	28
		Rates	11.1	8.7	--	--	--	9.6
	New Mexico	Deaths	207	264	135	10	4	62
		Rates	4.8	6.1	11.7	3.6	--	6.1

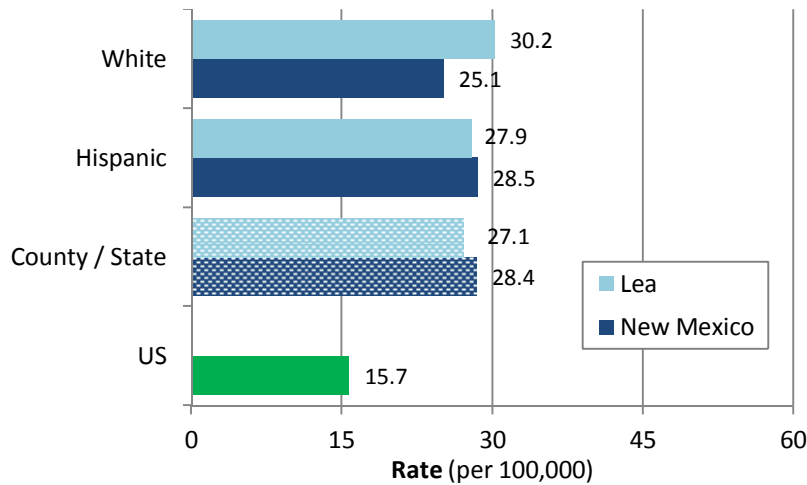
-- indicates the data were excluded because there were fewer than 2 deaths per year, making rates unreliable

ALCOHOL-RELATED INJURY DEATH

New Mexico's death rate for alcohol-related injury is 1.8 times the national rate and has been among the worst in the nation for the past twenty years. Heavy drinking and binge drinking are high-risk behaviors associated with numerous injuries, including motor vehicle crash fatalities, falls, homicide and suicide. The leading cause of alcohol-related injury death is alcohol-related motor vehicle traffic crash (MVTC) deaths. Historically, New Mexico's alcohol-related MVTC fatality rate has been the highest in the nation; however the rate has decreased 75% from 1982 to 2009 and fallen from 1st to 11th in the nation. This progress is attributable to a public health approach using a wide range of policy and preventive interventions.

Alcohol-Related Injury Death by Race/Ethnicity

NM BVRHS 2005-2009

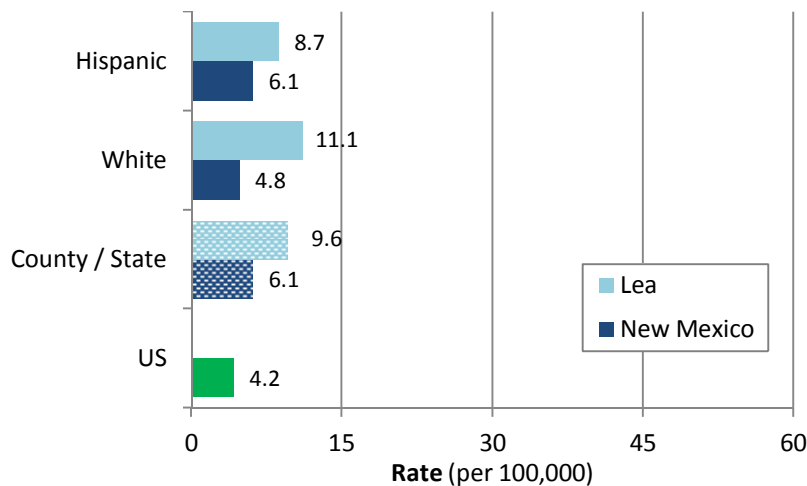


New Mexico has nearly twice the US rate of alcohol-related injury death and Lea County has similar rates to the state.

SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

Alcohol-Related Motor Vehicle Crash Death by Race/Ethnicity

NM BVRHS 2005-2009 & ARDI



Lea County's Alcohol-Related Motor Vehicle Crash Death rate is higher than both the state rate *and* the US rate.

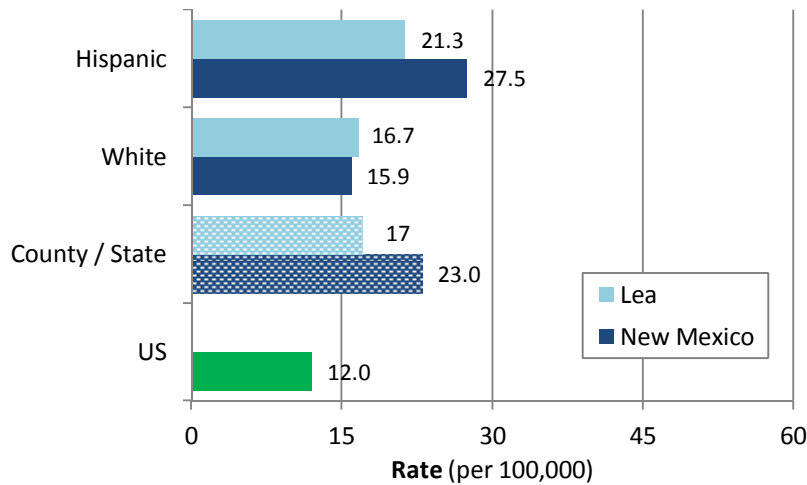
SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

ALCOHOL-RELATED CHRONIC DISEASE DEATH

Since 1996, New Mexico has had the first or second highest death rate from alcohol-related chronic disease in the nation, at 1.5 to 2 times the national rate. Behaviors that contribute to alcohol-related chronic disease include alcoholism and chronic heavy drinking. Alcohol-related chronic liver disease (CLD) is a progressive chronic disease in which liver cells are damaged and their capacity to regenerate is impaired. New Mexico has had the highest AR-CLD death rate in the nation since 1999 and CLD is the principle driver of high alcohol-related chronic disease death rates in the state.

Alcohol-Related Chronic Disease Death by Race/Ethnicity

NM BVRHS 2005-2009 & ARDI

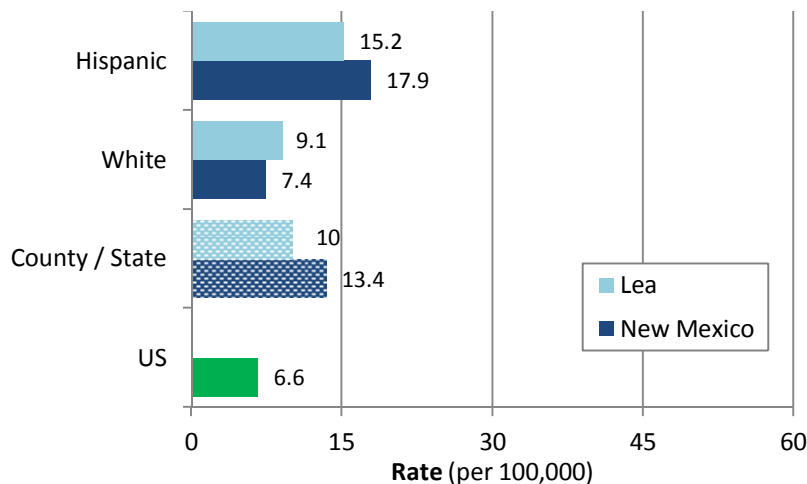


Lea County has a lower alcohol-related chronic disease death rate (17) than the rest of the state (23).

SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

Alcohol-Related Chronic Liver Disease Death by Race/Ethnicity

NM BVRHS 2005-2009



Hispanics have among the highest alcohol-related chronic liver disease death rates in Lea County.

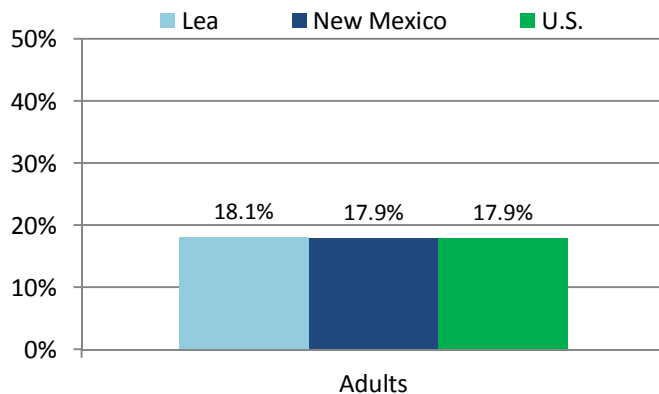
SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

CIGARETTE SMOKING & SMOKING RELATED DEATH

New Mexico has similar smoking patterns to the rest of the nation, and lower smoking related death rates. However, smoking related death rates in New Mexico are far higher than alcohol related death rates, chronic disease deaths and injuries. Smoking is linked with several chronic conditions, including chronic airway obstruction, lung cancer, ischemic heart disease, other heart disease and bronchitis and emphysema. Smoking takes a tremendous toll on the overall health of New Mexico residents as well as the health care systems in the state.

Cigarette Smoking (past 30 day)

NM BRFSS 2009

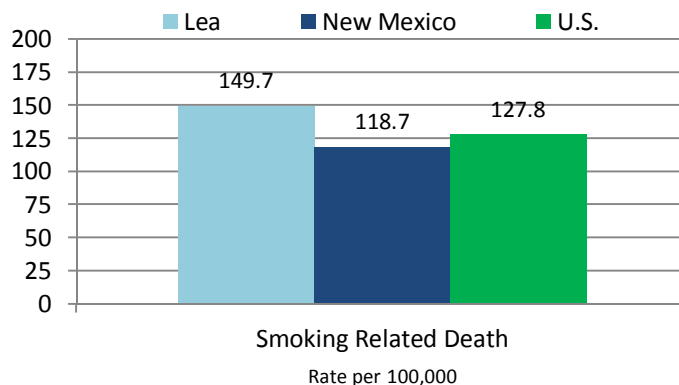


Adult smoking prevalence in Lea County is only slightly higher than the state and nation.

SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

Smoking Related Death (rates per 100,000)

NM BVRHS 2005-2009



Lea County has a higher smoking related death rate than New Mexico and the rest of the U.S.

SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

Smoking (past 30 day) and Smoking Related Death			NM BRFSS 2009 & NM BVRHS 2005-2009					
			White	Hispanic	American Indian	Black	Asian/Pacific Islander	TOTAL
Current Smoking (ADULTS)	Lea County	Deaths	4179	1389	--	--	--	6795
		Percent	21.8	8.9	--	--	--	18.1
	New Mexico	Deaths	116,501	100,881	28,574	5,915	2,815	266,069
		Percent	16.0%	18.3%	25.2%	24.0%	16.2%	17.9%
Smoking Related Death	Lea County	Deaths	319	47	1	16	1	384
		Rates	164.0	113.1	--	135.1	--	149.7
	New Mexico	Deaths	7,445	2,714	347	169	49	10,724
		Rates	132.8	102.6	62.7	114.2	53.1	118.7

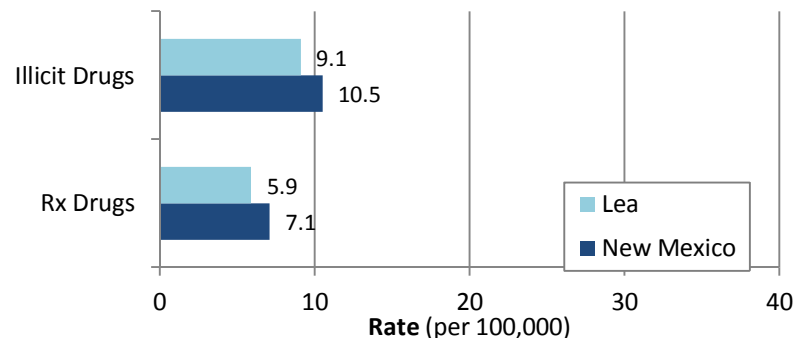
-- indicates the data were excluded because there were fewer than 50 respondents or fewer than 2 deaths per year, making rates unreliable

DRUG-INDUCED DEATH

New Mexico has the highest drug-induced death rates in the nation. Drug use takes a large toll on New Mexico communities, including factors that contribute to crime and domestic violence. The largest subset of drug induced death, comprising more than 80% of all drug deaths in New Mexico, is **unintentional overdose** death. Overdose or poisoning (harmful effects of drugs from overdose or sensitivity) has become the leading unintentional injury death in New Mexico. The most common drug types causing death were heroin (38%), prescription opioid other than methadone (35%), cocaine (34%) and alcohol/drug combinations (27%).

Unintentional Drug Overdose Death (rate per 100,000)

NM BVRHS 2005-2009

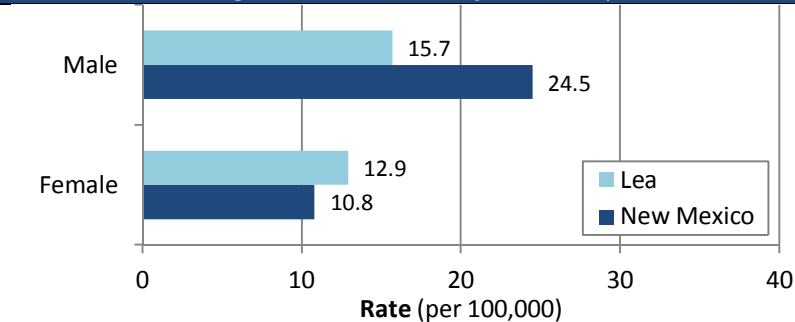


Prescription drug misuse is closely tied to other opioid abuse (such as heroin).

SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

Unintentional Drug Overdose Death by Sex (rate per 100,000)

NM BVRHS 2005-2009



Unlike the state, where male death rates are much higher than female death rates, death rates in Lea County are similar for males and females.

SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

Drug-Induced Death Number & Rate by Ethnicity

NM BVRHS 2005-2009

		White	Hispanic	American Indian	Black	Asian/Pacific Islander	TOTAL
Lea County	Deaths	30	9	0	6	0	45
	Rate	21.9	--	--	--	--	16.3
New Mexico	Deaths	962	1,068	116	43	10	2,199
	Rate	20.4	25.9	10.4	16.1	5.5	21.4

Unintentional Drug Overdose Death Number & Rate by Sex

NM BVRHS 2005-2009

		Sex		Drug Type		Total
		Male	Female	Illicit	Rx	
Lea County	Deaths	22	18	25	17	42
	Rate	15.7	12.9	9.1	5.9	15.0
New Mexico	Deaths	1,237	568	1,066	746	1,812
	Rate	24.5	10.8	10.5	7.1	17.6

-- indicates the data were excluded because there were fewer than 2 deaths per year, making death rates unreliable

YOUTH SUBSTANCE USE

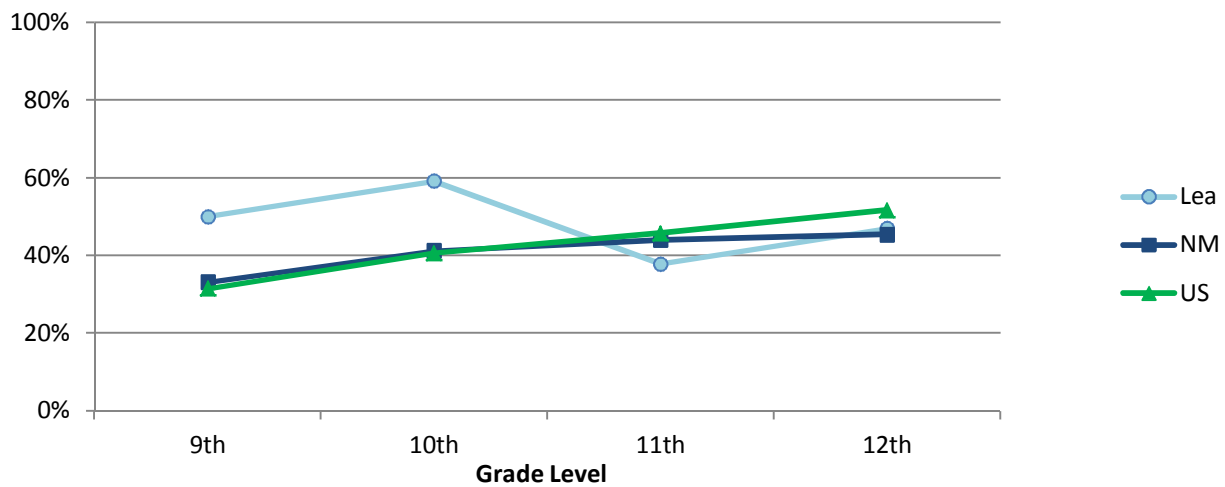
New Mexico has consistently led the nation in youth alcohol and drug use. According to the 2009 New Mexico High School Youth Risk and Resiliency Survey (YRRS) and National Youth Risk Behavior Survey (YRBS), New Mexico ranks first in the nation for the following measures:

- First drink before age 13
- Drank on school property
- Used marijuana before age 13
- Current marijuana use
- Used marijuana on school property
- Ever used cocaine
- Current cocaine use
- Ever used ecstasy
- Current cigar use

Early initiation (starting to use substances at an early age) is a big concern for New Mexico, because research shows that the earlier youth start drinking alcohol, the more likely they are to experience alcohol dependence and other negative consequences later in life.

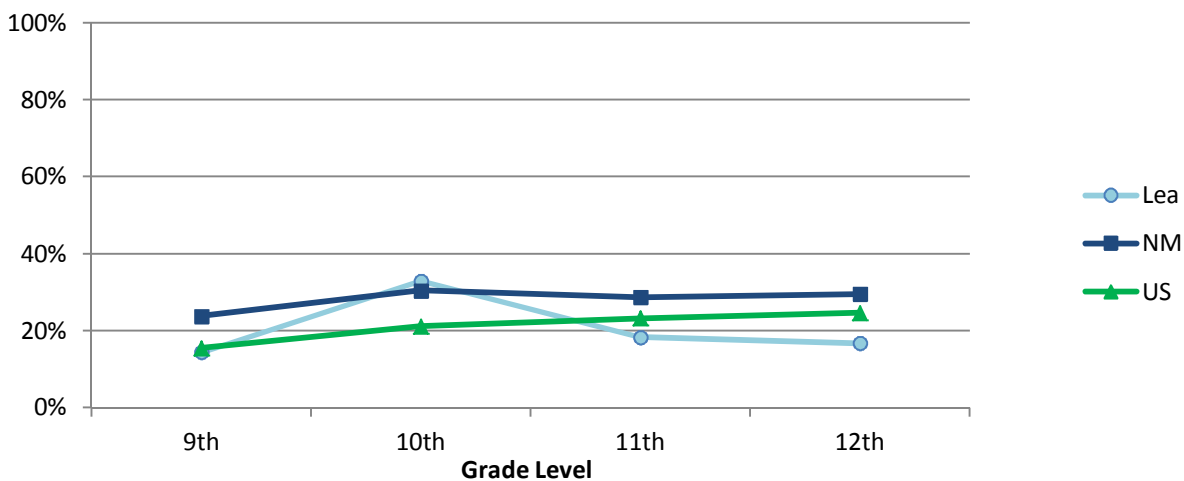
Current Alcohol Use (past 30 day) Grades 9-12

NM YRRS 2009



Current Marijuana Use (past 30 day) Grades 9-12

NM YRRS 2009



YOUTH SUBSTANCE USE

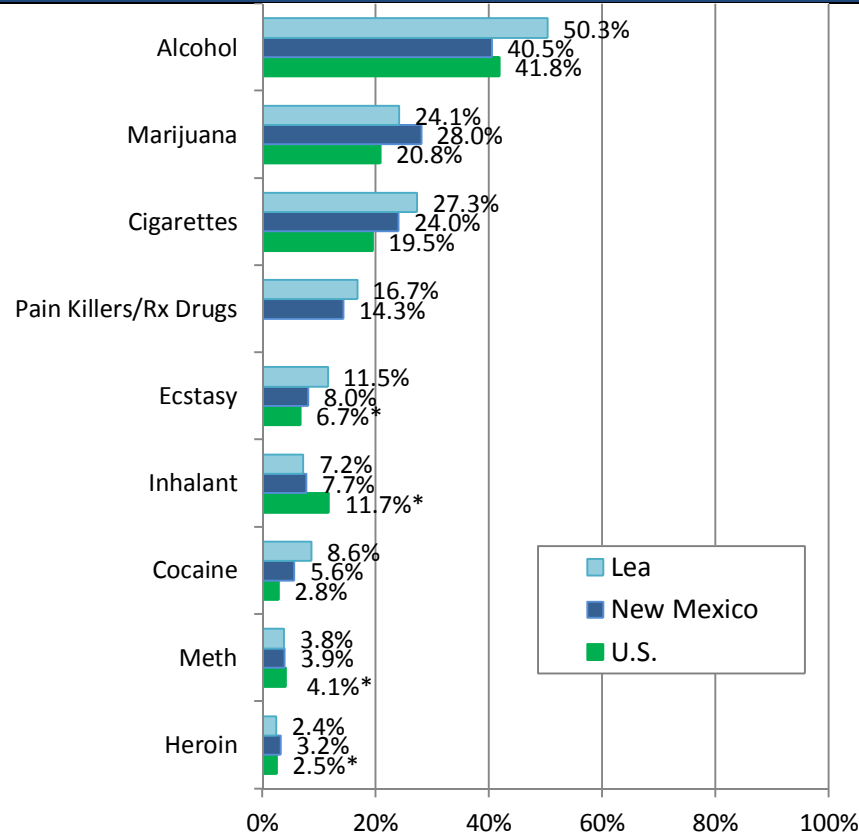
Substance abuse prevention efforts aim to reach youth, families and communities before substance use becomes a problem. Since New Mexico youth start using substances at earlier ages than youth in the rest of the nation, it is important to look at middle school students' responses to questions about alcohol, tobacco and other drugs. Although New Mexico is one of the few states that collect this type of information at the middle school level; Lea County did not have a large enough sample size to be reported by DOH. The national YRBSS only includes students in grades 9-12 so no national comparison is available.

Middle school data were not available for Lea County.

The first graph shows the current substance use (within the past 30 days) of high school students. The second graph highlights binge drinking, which is drinking 5 or more alcohol beverages in one sitting for males, or drinking 4 or more alcoholic beverages in one sitting for females. This is a dangerous behavior that is associated with other risky behaviors such as drug use, driving after drinking and riding with a drinking driver. **According to the 2009 New Mexico YRRS, binge drinkers were also more likely than non-drinkers to report persistent feelings of sadness or hopelessness and attempt suicide.**

Youth Substance Use (past 30 day) Grades 9-12

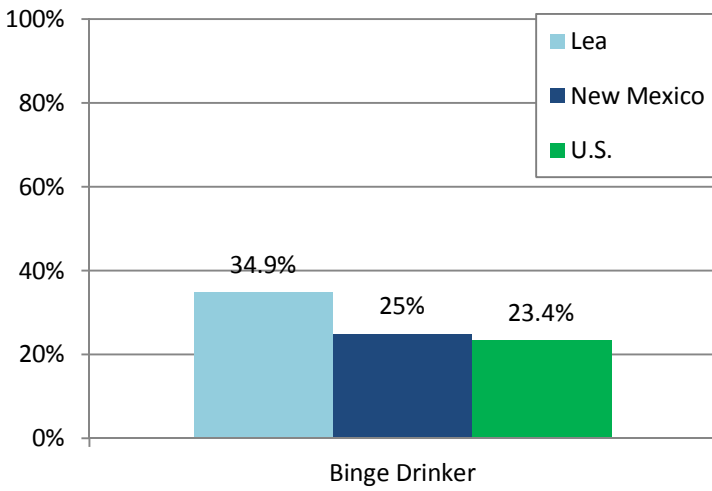
NM YRRS 2009



Lea County youth substance use prevalence is close to the state prevalence, but have slightly higher prevalence of alcohol, cigarettes, pain killers, ecstasy, and cocaine than the rest of the state.

Compared to youth in the rest of the nation, Lea County youth have a higher prevalence of alcohol, marijuana, cigarettes, ecstasy, and cocaine.

*US percentages for Ecstasy, Inhalants, Meth, and Heroin are lifetime use (data not available for current/past 30 day use).



Lea County high school students report a higher prevalence of binge drinking than the state and nation.

Binge drinking is a dangerous behavior that is linked to other risky behaviors such as smoking and using other drugs and driving after drinking alcohol. Additionally, students who binge drink also report experiencing mental health issues.

YOUTH RISK & RESILIENCY MEASURES

Risk factors are those things in a community that increase the likelihood of substance abuse and related problems. Resiliency or protective factors are characteristics that decrease the risk of substance abuse and their problems or consequences. Researchers have determined that the more resiliency and protective factors an individual person or community has, the more protected they are from those behaviors that are potentially damaging. Prevention programs seek to enhance resiliency/protective factors, and reverse, reduce, or buffer against the effects of risk factors. It is important to know there are many factors that influence whether a person engages in high risk behavior such as Alcohol, Tobacco, or Other Drug (ATOD) misuse and/or abuse. Comprehensive, evidence-based prevention strategies address risk and create protective factors for individuals, families, schools, and community.

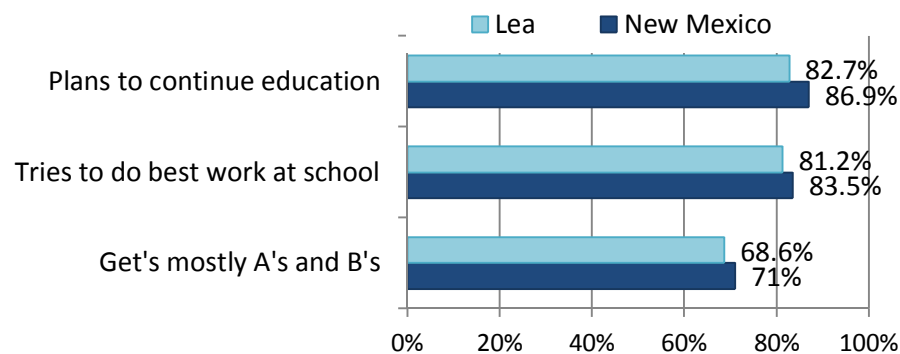
NM Students *least* likely to use alcohol were students with the following resiliency factors:

- Those with high levels of caring and support from parents, teachers, and other adults in the community.
- Those who completed their homework and came prepared to class.
- Those who did not engage in violent behaviors.
- Those who did not engage in tobacco or drug use.

SOURCE: Alcohol-Related Behaviors Among New Mexican Youth, 2009 YRRS; www.youthrisk.org

Youth Academics Grades 9-12

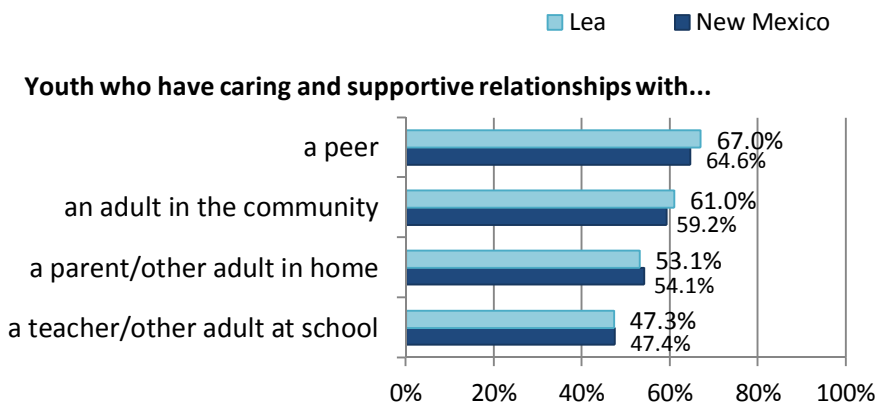
NM YRRS 2009



Lea County youth exhibit strong resiliency factors related to academic success.

Youth Caring & Supportive Relationships Grades 9-12

NM YRRS 2009



It is a protective factor for youth to have caring and supportive relationships with peers and other adults.

Lea County youth exhibit strong resiliency factors related to having caring and supportive relationships with friends, in the community, in the home and at school.

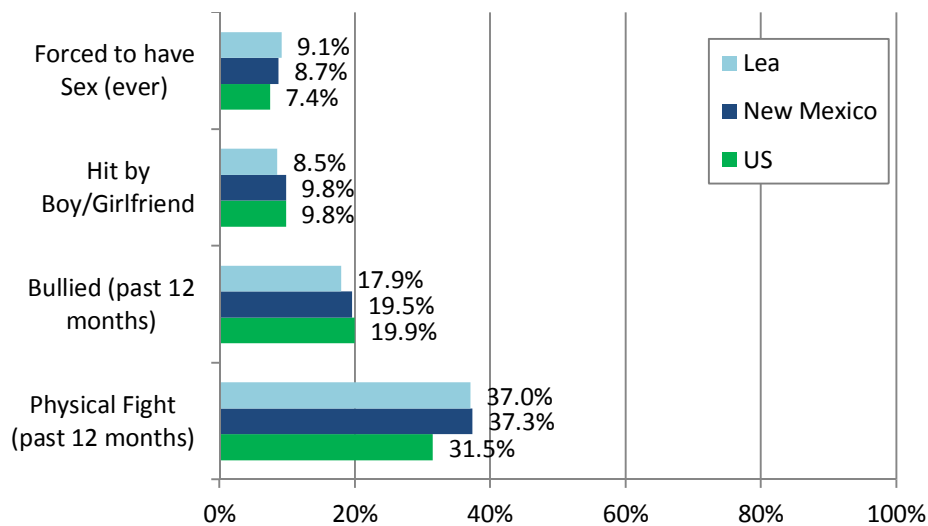
YOUTH RISK & RESILIENCY (Continued)

Safety and violence are other factors related to delinquency and substance use among youth. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way. New Mexico YRRS data show associations between bullying and lower grades (6th graders are more likely to report being bullied than 12th graders), being American Indian, suicide attempts and sexual violence.

Middle school data were not available for Lea County.

High School Violence (Grades 9-12)

NM YRRS 2009



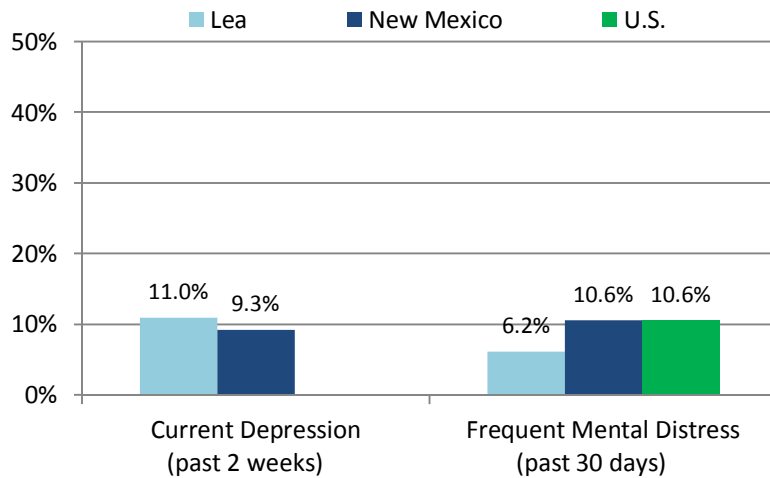
High School students in Lea County are **more likely** than high school students in the US to have been forced to have sex, and been in a physical fight in the past 12 months.

ADULT MENTAL HEALTH

Poor mental health is a serious and persistent public health concern in New Mexico communities. Depression is one of the most prevalent and treatable mental disorders in the state and is a risk factor for suicide and attempted suicide and is often associated with substance abuse. **In addition, depression has been associated with an increased prevalence of chronic medical conditions, such as heart disease, stroke, asthma, cancer, diabetes and obesity** (NM DOH Report 2008, T. Murphy).

ADULT Depression and Frequent Mental Distress

BRFSS 2006



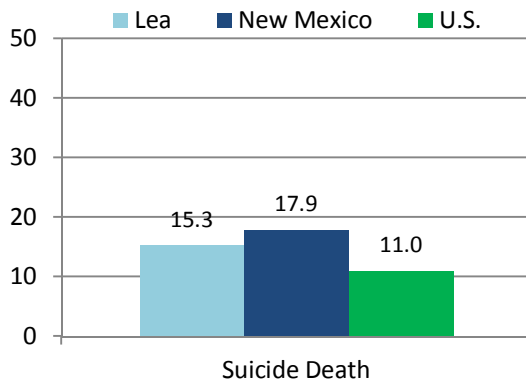
Lea County residents (11.0%) have a higher prevalence of current depression than New Mexico residents (9.3%) overall.

Lea County residents report lower prevalence of frequent mental distress than the rest of New Mexico and the Nation.

SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

Suicide Death (Rates per 100,000)

NM BVRHS 2005-2009



Lea County residents (15.3) have a lower rate of suicide death than New Mexico residents (17.9) overall.

New Mexico's suicide rate has consistently been 1.5 to 1.9 times the U.S. rate since 1981, and has been in the top 5 states for almost all of those years as well. For the state overall, male suicide rates are more than three times female rates.

SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

Suicide Deaths and Rates by Race/Ethnicity		NM BVRHS 2005-2009					
		White	Hispanic	American Indian	Black	Asian/Pacific Islander	TOTAL
Lea County	Deaths	25	18	0	1	0	44
	Rates	16.1	13.8	--	--	--	15.3
New Mexico	Deaths	1,032	583	204	28	11	1,858
	Rates	20.9	14.0	17.1	10.8	6.0	17.9

-- indicates the data were excluded because there were fewer than 2 deaths per year making rates unreliable

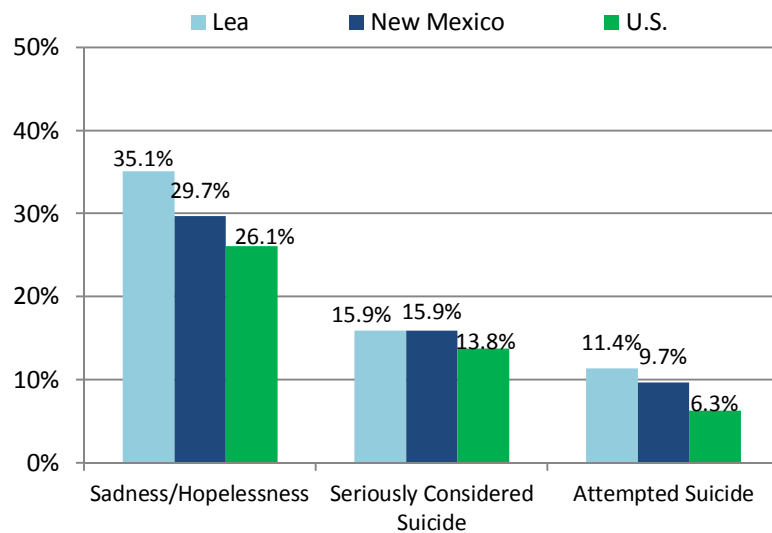
YOUTH MENTAL HEALTH

Mental Health among youth in New Mexico has been among the worst in the nation since 2003. Mental health problems among youth are linked with substance use, poor academic performance and other risky behaviors, as well as overall health issues. 2009 YRRS data reveals that current alcohol drinkers and current binge drinkers were more likely to report persistent feelings of sadness or hopelessness and attempt suicide than non-drinkers. Persistent feelings of hopelessness or sadness, described as feeling sad or hopeless almost every day for two or more weeks so that regular activities were stopped, are a risk factor for depression.

Middle school data were not available for Lea County.

High School Suicide Ideation & Attempts (Grade 9-12)

NM YRRS 2009



Lea County youth have higher prevalence of sadness and hopelessness than other youth in the state and nation. This can be a warning sign for depression and suicide.

Lea County youth report similar prevalence of considering suicide but slightly higher suicide attempt prevalence than youth in New Mexico and the U.S.

DATA SOURCES

New Mexico is fortunate to have a 2011 Statewide Substance Abuse Epidemiology Profile that has been compiled and updated through the statewide Strategic Prevention Framework State Incentive Grant and other funds. The 2011 Statewide Substance Abuse Epidemiology Profile was prepared by the New Mexico Department of Health Epidemiology and Response Division. That document provided the bulk of the data for this county profile, which was prepared by Coop Consulting, Inc. under the direction of the New Mexico Human Services Department Office of Substance Abuse Prevention and guidance of the Statewide Epidemiological & Outcomes Workgroup. It was supported by an award to the New Mexico Human Service Department Office of Substance Abuse Prevention from the federal Substance Abuse and Mental Health Services Administration.

New Mexico Statewide Substance Abuse Epidemiological Profile 2011

Geographic Level: - Nation, State, County

Link to Source: - <http://nmhealth.org/ERD/SubstanceAbuse/2011%20New%20Mexico%20Substance%20Abuse%20Epidemiology%20Profile.pdf>

BRFSS Behavioral Risk Factor Surveillance Survey

Geographic Level: - Nation, State, some County

Frequency: - Data collected and reported annually, this report contains data from 2006-2009

Missing Values: - In order to capture population characteristics such as race/ethnicity, percentages are weighted to reflect the composition of the state. Accordingly, small values are omitted to avoid inaccurate representation of gender, age or racial groups.

Strengths: - Standardized and comparable across states
- Trend data available since 1998

Weaknesses: - Land Line Telephone non-coverage
- Non-response bias (bias is reduced by weighting)
- Self-report/response bias

Link to Source: - <http://www.cdc.gov/brfss>
- <http://ibis.health.state.nm.us/home/Welcome.html>

YRRS Youth Risk and Resiliency Survey

Geographic Level: - Nation, State, County, School District, School

Frequency: - Data are collected and reported every two years (on odd-numbered years)

Strengths: - Trend data available since 2001
- Offers national comparisons
- Data below the county level can be obtained

Weaknesses: - Data is self-reported
- Captures only youth in school, not other youth who may be at higher risk

Link to Source: - www.youthrisk.org

LIMITATIONS

This community level profile is based upon the data that were available for substance use/abuse, resiliency and consequences for New Mexico. Many gaps exist. Limitations include the use of national/state surveys which are not well known for asking questions or collecting data in culturally sensitive manners. The survey data that are used (BRFSS & YRRS) are self-reported and can reflect recall bias or social desirability response bias. Additionally, both of these surveys have limitations in regard to reach; the YRRS data are not available for every county, the BRFSS has very small sample sizes for American Indians and for some counties so that rates/percentages cannot always be determined. The New Mexico Statewide Epidemiological Workgroup wanted to include resiliency factors and data that reflect many of the unique strengths and protective factors in communities. Unfortunately, much of these data are non-existent or not published for public use in aggregate forms. Finally, there is a need for a cost study to determine the true cost of substance abuse in New Mexico. Despite these limitations, this profile can serve as a platform for addressing data gaps and for discussions about substance related issues in New Mexico communities.

CONCLUSIONS

This county epidemiological profile reveals the great toll that substance abuse takes on New Mexico communities. New Mexico leads the nation in alcohol-related death and alcohol-related chronic disease as well as drug-induced death. During the past two decades New Mexico's drug-induced death rate has almost tripled. This is a trend that needs to change.

New Mexico cannot afford to lead the nation in substance related problems.

Evidence based substance abuse prevention programs and initiatives that have used a public health approach have had a substantial impact on alcohol-related motor vehicle crash fatalities, reducing alcohol related motor vehicle fatalities by more than a third over a five-year period. The state could make similar progress in other areas if prevention were a significant priority within state and community systems.

Additionally, these data reveal the need to address the unique needs and disparities among minorities and other groups in New Mexico. The state and community groups need to improve access to high quality prevention services and increase cultural sensitivity to Hispanics and American Indians.

It is critical that our state and community systems address the overall health and wellbeing of individuals, families and communities. Research continues to reveal close ties between mental, physical and behavioral health. Our systems need to address the mental and emotional wellbeing of residents in order to have a positive impact on substance abuse problems and related chronic health conditions.