County Substance Abuse Epidemiological Profile

Otero County

October 2011



Acknowledgements

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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 Lilliott and Lei Zhang from PIRE; Katherine Courtney from CYFD; Nadine Tafoya and Ann DelVecchio 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

OTERO COUNTY

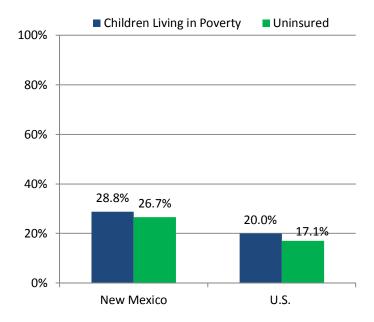
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Context of New Mexico

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 OTERO COUNTY

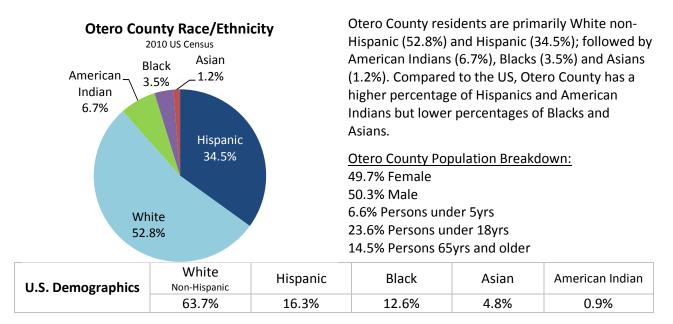
Introduction

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 that those who do not have mental health concerns.

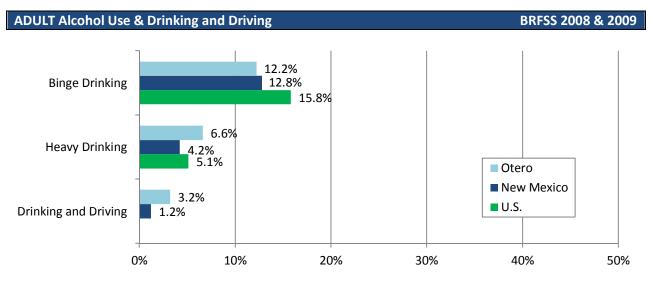
Demographics

Otero County has a population of 63,797, according to 2010 US Census data. The median household income in Otero County is \$35,557 and 20.2% of persons live below the federal poverty line.



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.



SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

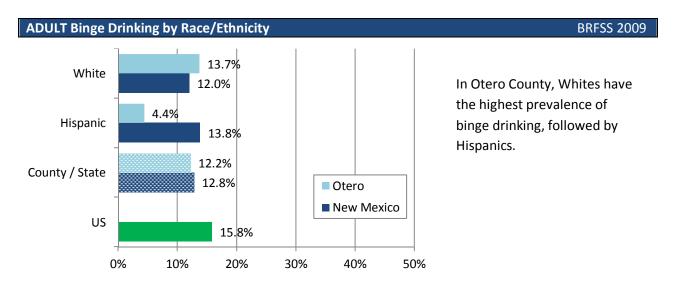
Number and Percentage by Race/Ethnicity BRFSS 2005-2009								
			White	Hispanic	American Indian	Black	Asian/Pacific Islander	TOTAL
	Otero	Number	3252	373				4708
Binge	County	Percent	13.7	4.4				12.2
Drinking	New Mexico	Number	85,633	73,260	17,805	1,666	1,301	186,284
Ū		Percent	12.0	13.8	16.2	7.1	7.7	12.8
Heavy	Otero	Number	1860	373				2537
	County	Percent	7.8	4.4				6.6
Drinking	New Mexico	Number	36,062	18,974	2,172	614	0	59,882
U	New Mexico	Percent	5.1	3.6	2.0	2.7	0.0	4.2
Drinking	Otero	Number	0					1400
0	County	Percent	0.0					3.2
&	New Mexico	Number	8,071	6,850	1,475	651	352	17,558
Driving	New Mexico	Percent	1.1	1.3	1.4	3.5	1.3	1.2

Otero County has a similar prevalence of binge drinking as NM and slightly lower prevalence than the US. Despite these numbers, New Mexico suffers severe consequences for risky consumption.

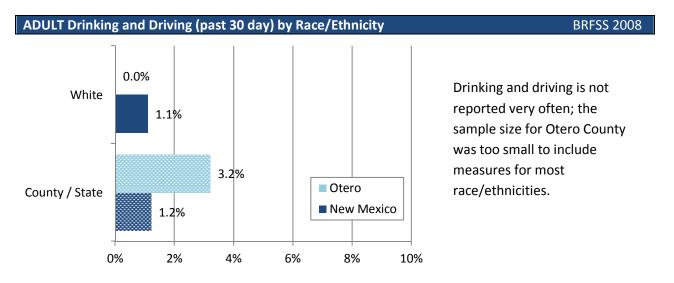
-- indicates the data were excluded because there were fewer than 50 respondents making rates unreliable

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.



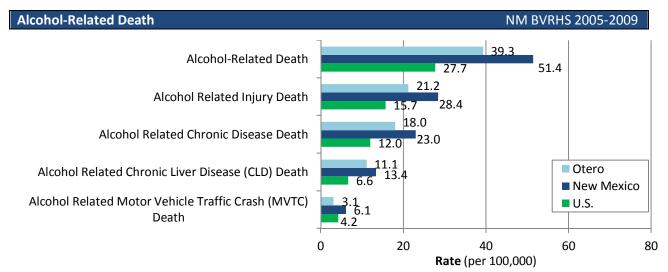
SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile





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.



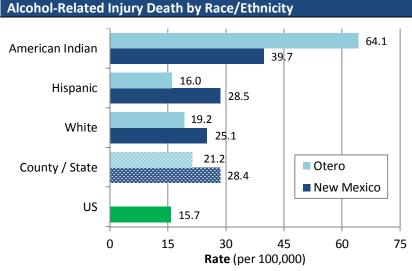
SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

Alcohol-Related Deaths and Rates by Race/Ethnicity NM BVRHS 2005-2009								
			White	Hispanic	American Indian	Black	Asian/Pacific Islander	TOTAL
Alcohol-	Otero	Deaths	66	27	29	2	1	125
Related (AR)	County	Rates	32.6	35.3	142.3			39.3
	New Mexico	Deaths	2,069	2,056	898	68	21	5,111
Deaths	New Mexico	Rates	40.9	56.1	93.5	28.5	17.2	51.4
AR Injury Deaths	Otero	Deaths	36	11	14	2	1	64
	County	Rates	19.2	16.0	64.1			21.2
	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	Otero	Deaths	30	16	15	0	0	61
	County	Rates	13.4	19.2	78.2			61.3
	New Mexico	Deaths	908	990	494	20	6	2,417
		Rates	15.9	27.5	53.9	10.0		23.0
AR CLD	Otero	Deaths	19	10	10	0	0	39
	County	Rates	8.2	11.36	55.7			11.1
Deaths	New Mexico	Deaths	434	664	330	9	2	1,439
		Rates	7.4	17.9	35.7			13.4
	Otero	Deaths	5	2	4	0	0	10
AR MVTC	County	Rates						3.1
Deaths	New Mexico	Deaths	207	264	135	10	4	62
	New Mexico	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

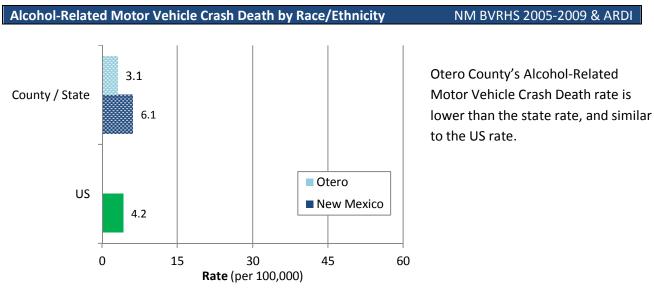
New Mexico's death rate for alcohol-related injury is 1.8 times the national rate and has been among the worst in the nation for the past twenty years. Heavy drinking and binge drinking are high-risk behaviors associated with numerous injuries, including motor vehicle crash fatalities, falls, homicide 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.



NM BVRHS 2005-2009

New Mexico has nearly twice the US rate of alcohol-related injury death, and American Indians have even higher rates, 4 times US rates.

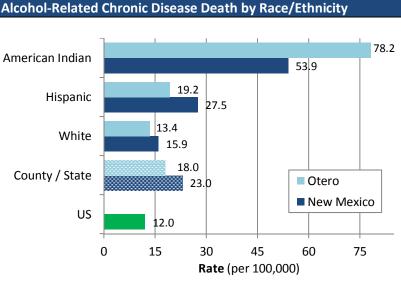
SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile



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.



NM BVRHS 2005-2009 & ARDI

Otero County has a lower alcoholrelated chronic disease death rate (18.0) than the rest of the state (23.0).

However, the alcohol-related chronic disease death rate for American Indians is 78.2, which is 6.5 times the US rate.

SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

Alcohol-Related Chronic Liver Disease Death by Race/Ethnicity

55.7 American Indian 35.7 11.3 Hispanic 17.9 8.2 White 13.4 18.0 Otero County / State 13.4 New Mexico US 6.6 0 15 30 45 60 Rate (per 100,000)

NM BVRHS 2005-2009

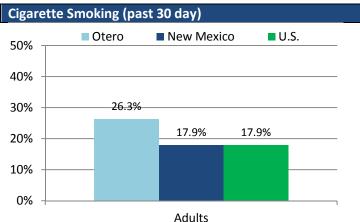
Otero County's overall CLD death rate is 2 times the US rate.

American Indians the highest alcoholrelated chronic liver disease death rate in Otero County.

SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

CIGARETTE SMOKING & SMOKING RELATED DEATH

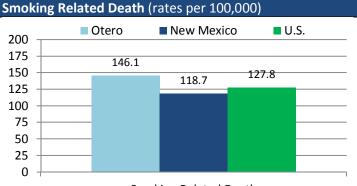
New Mexico has similar smoking patterns to the rest of the nation, and lower smoking related death rates. However, smoking related death rates in New Mexico are far higher than alcohol related death rates, chronic disease deaths and injuries. Smoking is linked with several chronic conditions, including 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.



Adult smoking prevalence in Otero County is higher than the state and nation.

NM BRFSS 2009

SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile



NM BVRHS 2005-2009

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

Smoking Related Death

Rate per 100,000

SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

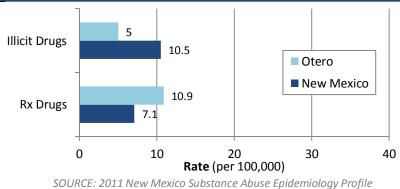
Smoking (pa	NM BRFSS 2009 & NM BVRHS 2005-2009							
			White	Hispanic	American Indian	Black	Asian/Pacific Islander	TOTAL
Current	Otero	Deaths	5207	2813				10496
Smoking	County	Percent	21.2	31.9				26.3
(ADULTS)	New Mexico	Deaths	116,501	100,881	28,574	5,915	2,815	266,069
	New Mexico	Percent	16.0%	18.3%	25.2%	24.0%	16.2%	17.9%
Smoking	Otero	Deaths	332	63	6	7	1	409
Related	County	Rates	166.1	105.0				146.1
Death	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 2 deaths per year or fewer than 50 respondents, 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%).

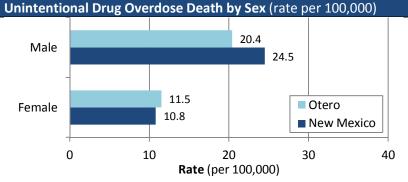
Unintentional Drug Overdose Death (rate per 100,000)



NM BVRHS 2005-2009

Otero County has a lower death rate than the state from illicit drugs but a higher prescription drug death rate.

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



NM BVRHS 2005-2009

Males are more likely to suffer a drug-induced death than females in Otero County and the state as a whole.

SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

Drug-Induced Death Number & Rate by Ethnicity NM BVRHS 2005-2009						005-2009	
		White	Hispanic	American Indian	Black	Asian/Pacific Islander	TOTAL
Otero	Deaths	39	17	5	2	0	63
County	Rate	19.8	17.6				18.8
New	Deaths	962	1,068	116	43	10	2,199
Mexico	Rate	20.4	25.9	10.4	16.1	5.5	21.4
Unintentio	nal Drug Ovei	dose Death N	lumber & Rat	te by Sex		NM BVRHS	2005-2009
			S	ex	Drug	Туре	Total
			Male	Female	Illicit	Rx	TOLAI
Otero Cour	ity	Deaths	33	20	16	37	53
		Rate	20.4	11.5	5.0	10.9	15.8
New Mexic	New Mexico De		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 rates unreliable

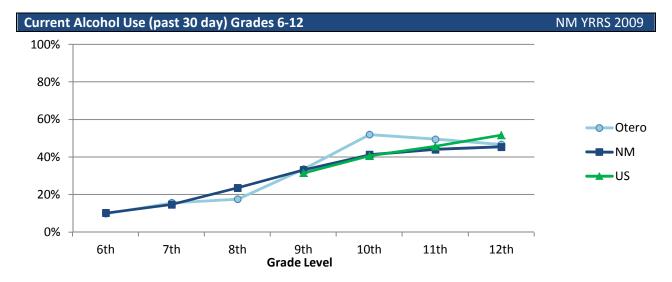
YOUTH SUBSTANCE USE

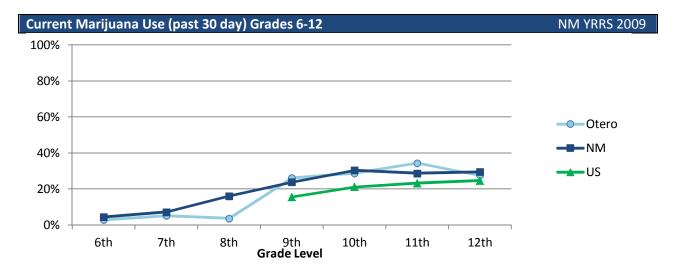
New Mexico has consistently led the nation in youth alcohol and drug use. According to the 2009 New Mexico High School Youth Risk and Resiliency Survey (YRRS) and National Youth Risk Behavior Survey (YRBS), New Mexico ranks first in the nation for the following measures:

- 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.

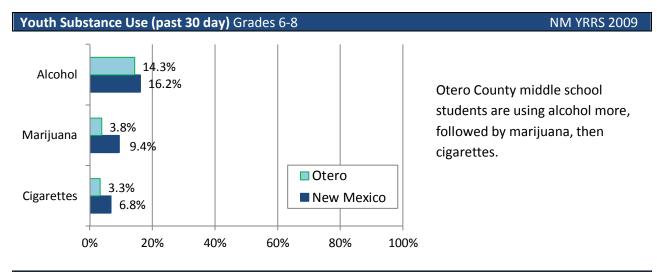




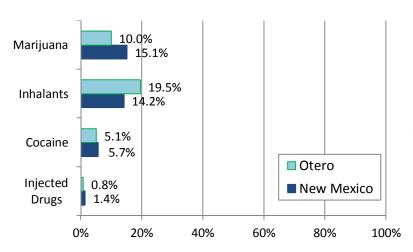
Current alcohol and marijuana use increases with age in Otero County and New Mexico as a whole.

YOUTH SUBSTANCE USE (Middle School)

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. New Mexico is one of the few states that collect this type of information at the middle school level; the national YRBSS only includes students in grades 9-12 so no national comparison is available.



Youth Drug Use (lifetime/ever used) Grades 6-8

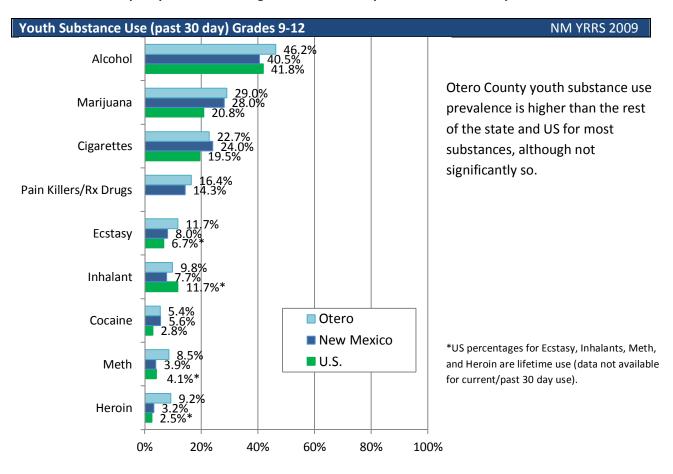


NM YRRS 2009

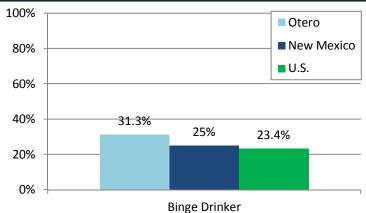
Otero County middle school students report ever using cocaine and injected drugs at similar levels to the rest of the state.

YOUTH SUBSTANCE USE (High School)

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 Binge Drinking (past 30 day) Grades 9-12



NM YRRS 2009

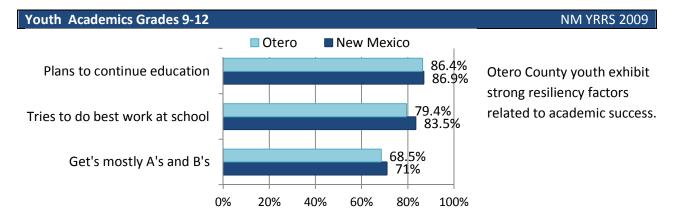
Otero County high school students report a higher prevalence of binge drinking than the state and nation.

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:

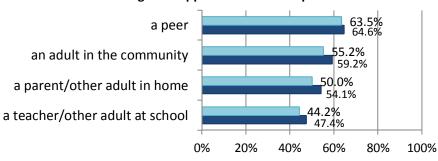
- Those with high levels of caring and support from parents, teachers, and other adults in the community.
- Those who completed their homework and came prepared to class.
- Those who did not engage in violent behaviors.
- Those who did not engage in tobacco or drug use. SOURCE: Alcohol-Related Behaviors Among New Mexican Youth, 2009 YRRS; <u>www.youthrisk.org</u>



Youth Caring & Supportive Relationships Grades 9-12

Otero New Mexico

Youth who have caring and supportive relationships with...



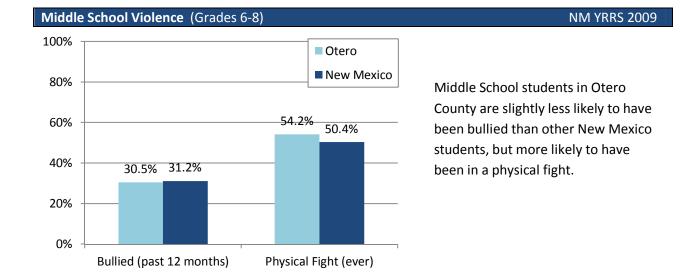
NM YRRS 2009

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

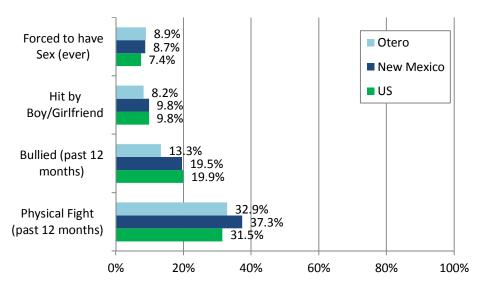
Otero County youth exhibit strong resiliency factors related to having caring and supportive relationships with friends, in the community, in the home and at school.

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.



High School Violence (Grades 9-12)

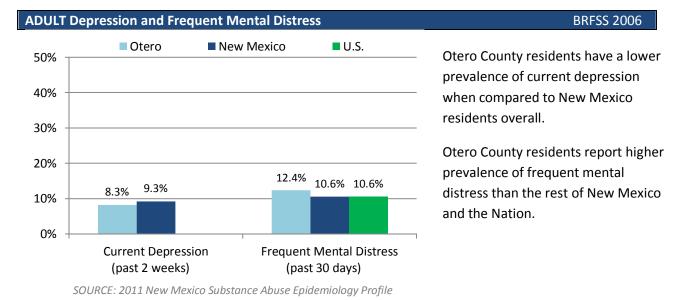


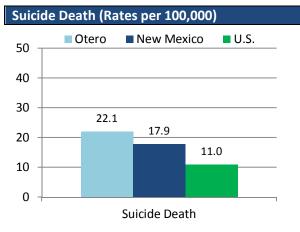
High School students in Otero County are **more likely** than high school students in the US to have been forced to have sex, and been in a physical fight in the past 12 months.

NM YRRS 2009

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).





NM BVRHS 2005-2009

Otero County residents (22.1) have a higher rate of suicide death as 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.

|--|

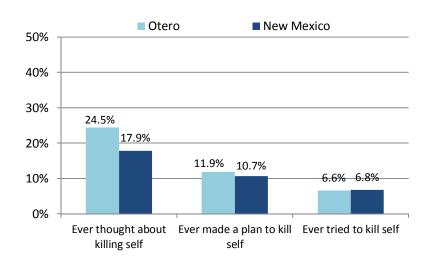
Suicide Deaths and Rates by Race/Ethnicity NM BVRHS 2005-2009)5-2009	
		White	Hispanic	American Indian	Black	Asian/Pacific Islander	TOTAL
Otero County	Deaths	49	6	13	1	2	71
	Rates	24.5		49.9			22.1
	Deaths	1,032	583	204	28	11	1,858
New Mexico	Rates	20.9	14.0	17.1	10.8	6.0	17.9

-- 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.

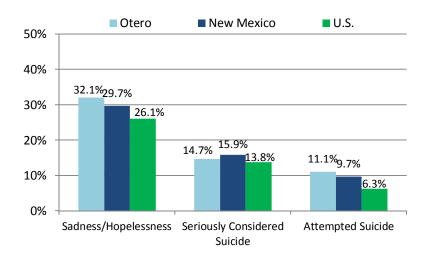
Middle School Mental Health (Grades 6-8)



Otero County middle school students have similar prevalence of mental health issues as the rest of the state.

NM YRRS 2009

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



Otero County youth have similar prevalence of persistent sadness and hopelessness, considering suicide and attempted suicide as other youth in New Mexico. These indicators are higher than the U.S. prevalence.

NM YRRS 2009

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 St	atewide Substance Abuse Epidemiological Profile 2011
Geographic	- Nation, State, County
Level:	
Link to Source:	 <u>http://nmhealth.org/ERD/SubstanceAbuse/2011%20New%20Mexico%20Substance%20Abu</u> se%20Epidemiology%20Profile.pdf
	se%20Epidemiology%20Prome.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	- In order to capture population characteristics such as race/ethnicity, percentages are
Values:	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
0	- Trend data available since 1998
Weaknesses:	- Land Line Telephone non-coverage
	 Non-response bias (bias is reduced by weighting) Solf report (response bias)
	- 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
vveakiiesses.	 Captures only youth in school, not other youth who may be at higher risk
Link to Source:	- <u>www.youthrisk.org</u>

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.