New Mexico Substance Use Epidemiology Profile

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Statewide Epidemiological and Outcomes Workgroup (SEOW)

The Statewide Epidemiological and Outcomes Workgroup (SEOW) currently functions as a guiding body for all OSAP grant recipient prevention strategies in New Mexico and as a platform for rich discussion, collaboration, and epidemiological data and information sharing at the state level and is a core component of the Partnerships for Success 2015 grant. Under the Strategic Prevention Framework State Incentive Grant from SAMHSA over a decade and a half ago, the SEOW guided the development of the first New Mexico Substance Use Epidemiology Profile as part of its mission to create a focus on community-based and data-driven planning and accountability. The ongoing focus of the SEOW is the development and informed use of assessment data and indicators for use in community planning, prioritization, and evaluation and the support of evidence-based strategies, policies, and practices in all community prevention activity. The current membership of New Mexico SEOW includes representatives from BHSD: Mika Tari. Community Members: Sharon Aguilar, Pamela Drake, Tanya Henderson, and Athena Huckaby. CYFD Children's Behavioral Health. DFA DWI Program: Julie Krupcale. Evaluators: Ann Del Vecchio, Natalie Skogerboe, and Sindy Sacoman. NMDOH-ERD Injury and Behavioral Epidemiology Bureau: Jim Davis, Karen Edge, Ihsan Mahdi, Annaliese Mayette, Hayley Peterson, Megan Deissinger, Kathryn Lowerre, Chris Trujillo, and Dan Green. NMHSD-BHSD Office of Substance Abuse Prevention: Karen Cheman, Antonette Silva-Jose, Heather Burnham, Jay Quintana, and Rebecca Leppala. NM Prevention Workforce Training System, Kamama Consulting: Paula Feathers. Pacific Institute for Research & Evaluation (PIRE): Martha Waller, Liz Lilliot, Marissa Elias, and Lei Zhang; and, is coordinated and staffed by Michael Coop and Andrea Niehaus of Coop Consulting, Inc.

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This report and other reports by the Substance Abuse Epidemiology Section are available electronically at: http://nmhealth.org/about/erd/ibeb/sap/

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INTRODUCTION

New Mexico Substance Use Epidemiology Profile

The New Mexico Substance Use Epidemiology Profile is a tool for substance use prevention planners at the state, county, and community level. Its primary purpose is to support efforts related to the Statewide Epidemiological and Outcomes Workgroup (SEOW). The SEOW is intended to: develop resources to help communities conduct needs assessments regarding substance use and its consequences; build capacity to address those needs; and plan, implement, and evaluate evidence-based programs, policies, and practices designed to address the intervening variables related to identified substance-related problems. This document will be useful to those preparing proposals for funding and to program planners designing substance use prevention interventions. SEOW is funded by the New Mexico Human Services Department (NMHSD) Behavioral Health Services Division (BHSD) Office of Substance Abuse Prevention (OSAP) and the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention (SAMHSA-CSAP).

Important Notes about Comparability to Previous Reports

This report is the tenth in a series that began with the New Mexico State Epidemiology Profile published in 2005, and continued with the publication of updates in 2010, 2011, 2013, 2014, 2016, February 2017, November 2017, and December 2018. These reports are available at: https://nmhealth.org/data/substance/.

Important methodological changes have occurred over time. As a result, these reports may not be comparable with all others in the series, in several important ways. These changes and their impact on the comparability of reports in this series are described in more detail in a technical note at the end of this section. The following categories cannot be compared between the reports in this series:

-Death counts and/or rates for any *Alcohol-Related Death* indicators cannot be compared between the 2005 report and any later reports.

-Race/ethnicity reporting for indicators can be compared between the 2013 and subsequent reports but not to reports prior to 2013.

-Beginning with 2011 estimates, the Behavioral Risk Factor Surveillance System (BRFSS) updated its surveillance methods. Any shift in prevalence between 2010 and 2011 must be interpreted with caution, as it may be partially due to change in methods necessary to keep up with changes in cell phone use in the US and take advantage of improved statistical procedures.

-Data for risk behaviors (BRFSS-based) indicators have been aggregated for years 2016-2018, except for Adult Depression and Adult Drinking and Driving, which are not asked every year. These two indicators are reported on a single-year basis. The Adult Depression module has not been asked since 2016.

-Reports from 2005, 2010, and 2011 reflected a special *small numbers rule* devised by SEOW during the design of the original 2005 report, which suppressed the reporting of death rates for table cells based on fewer than two deaths per year. Beginning with the 2013 report, this rule was replaced by the standard *NMDOH small numbers rule* used in other NMDOH publications. This rule establishes suppression of reporting only for table cells based on three or fewer events coming from a population of fewer than 20 people.

-Opioid Overdose Related ED visits data cannot be compared to previous editions of the Substance Use Epidemiology Profile as the data source changed for the 2018 report. The 2018 and 2019 reports use ED Syndromic Surveillance. Previous reports used the Annual ED data file. The analytical process improved in 2019, thus the 2018 and 2019 ED visit report data should not be compared.

How to Use this Report

This report presents commonly used indicators of substance use in New Mexico. These indicators include outcome measures (e.g., alcohol-related death) reported in the *Consequences* section, mental health indicators associated with substance use (e.g., depression) in the *Mental Health* section, and consumption measures (e.g., self-reported substance use behavior from statewide surveys) reported in the *Consumption* section. The presentation of each major indicator includes: a text description of the major data findings; a detailed table with results by gender, age-group, and race/ethnicity; a table detailing county results by race/ethnicity; a bar chart and a map with rates for each New Mexico county; and additional charts illustrating other pertinent findings. There are also appendices that provide population denominators used in the calculation of death rates, substance use and mental health indicators from the National Survey on Drug Use and Health (NSDUH), and the International Classification of Diseases, Clinical Modification, 9th (ICD-9-CM) and 10th (ICD-10-CM) diagnosis codes used to produce indicators based on hospital data.

A combined five-year period is used when presenting deaths, emergency department visits, and hospital discharges. Combining counts over multiple years is necessary because in many New Mexico counties, there may be too few events (deaths, emergency department visits, or hospital discharges) due to a given cause in any given year. Combining counts over multiple years allows the calculation of rates that are more stable and, therefore, more meaningful than those calculated based on very few cases. In this report, death, emergency department visits, and hospitalization rates were calculated and reported for 2014-2018, the most current available five-year period.

INTRODUCTION (continued)

Use of this Report: The Problem Statements

This report presents considerable detail in the form of numbers, proportions, rates, and other statistical summaries; many of these can be found in tables and charts. This information is synthesized in *Problem Statements*, which provide a brief narrative overview of the data and detailed statistics. These *Problem Statements* are designed to help explain and frame the epidemiological data presented in each section of the report.

Use of this Report: Tables and Charts

Each of the outcome indicators is presented with at least two tables. Table 1 for each indicator presents the number of events (deaths, emergency department visits, hospital discharges, or number of persons engaging in or experiencing a risk behavior) and their respective rates (or the weighted behavior prevalence rates) by sex, age-group (or grade in the case of Youth Risk and Resiliency Survey [YRRS] data), and race/ethnicity. In sections that report on causes of death, these tables include the number of deaths on the left side of the table and age-adjusted death rates per 100,000 population on the right side of the table. In sections that report on emergency department visits or hospital discharges, these tables include the number of emergency department visits or hospital discharges on the left side and age-adjusted rates per 100,000 population on the right side. For BRFSS-based indicators, these tables include an estimate of the number of persons engaging in or experiencing the risk behavior on the left side and the prevalence rate of the behavior in the population on the right side. For the aggregated indicators, the number of people was estimated by multiplying the percentage of persons engaging in or experiencing the risk behavior by the population estimate for the corresponding group. In sections that report specifically on youth risk behaviors, Table 1 includes only prevalence rates. These tables are very useful in determining the most important risk groups at the statewide level. Table 2 for each indicator presents results for each NM county by race/ethnicity. Again, the number of events are presented on the left side of the table and the age-adjusted rates on the right side of the table. These tables are useful in determining which counties have the most severe substance use issues and which racial/ethnic groups are at the highest risk within each county. Youth data are presented by county only.

Discussion of each indicator also includes a county bar chart that graphically presents age-adjusted death rates (or weighted behavior prevalence rates) for each NM county in descending order. Adjacent to each county name on the left side of the chart, the number of events occurring (or the estimated number of persons engaging in or experiencing the behavior) in the county and the percent of NM events occurring (or the weighted percent of New Mexicans engaging in or experiencing the behavior) in each county are presented. Counties with the highest rates are easily identified at the top of the chart, while counties with low rates are at the bottom. The state rate is depicted with a darker colored bar, and for most indicators, the most recent available US rate is also included, depicted with a cross-hatched bar, making it easy to compare the county rate to the state and national rate in each instance.

Finally, maps showing rates by county have been included for each indicator. The counties have been categorized and shaded according to the county rates. Map shading categories have been chosen to identify counties that have rates lower than the state rate, counties that have rates somewhat higher than the state rate, and counties that have rates substantially higher than the state rate. The latter category (corresponding to the darkest-shaded counties) represent rates that are higher than the state rate by a selected amount. For maps based either on death or hospital-related event rates, this amount corresponds to rates that are 50% or higher than the state rate; for those based on behavioral data (BRFSS or YRRS), this amount corresponds to rates that are 25% higher than the state rate.

Use of this Report: Rates and Numbers

Both rates and the numbers of events are presented in the tables and charts of this report. While the rates are very important for indicating the degree of an issue in a given county or population group, they only provide part of the picture needed for comparing the burden of a problem from one county or group to another. The number of events also needs to be considered when making planning decisions. For example, Rio Arriba County had an alcohol-related death rate (144.8 per 100,000 population) more than twice that of Bernalillo County (62.0 per 100,000 population) in 2014-2018. However, the number of alcohol-related deaths in Bernalillo County (2,257) was over eight times the number in Rio Arriba County (282). While the problem is more severe in Rio Arriba County (reflected in higher rate), Bernalillo County bears a larger proportion of the statewide burden (31.4% of all alcohol-related deaths in the state compared to 3.9% for Rio Arriba County). When prioritizing the distribution of resources and selecting interventions, it is important to look at both the total number of deaths and the death rate. Because of its extremely high rate of alcohol-related deaths, interventions that address this problem are very important in Rio Arriba County. At the same time, Bernalillo County is also very important when considering interventions because it bears much of the statewide burden of alcohol-related deaths.

INTRODUCTION (continued)

Use of this Report: Why are some rates missing from the tables?

For survey-based measures of risk behaviors (i.e., BRFSS and YRRS), rates based on fewer than 50 respondents for a given table cell are not included in this report. While prevalence estimates can be calculated based on very small numbers of respondents, estimates based on fewer than 50 respondents can be unstable and are often misleading. Such estimates are of questionable value for planning purposes and have been excluded from this report.

Morbidity and mortality numbers and rates are not reported when the number of events are three or fewer with a denominator (population) of fewer than twenty, in accordance with the *NMDOH small numbers rule* (https://ibis.health.state.nm.us/view/docs/Standards/NMSmallNumbersRule2006.pdf).

Although not suppressed, mortality and morbidity rates calculated with less than ten events (numerator) should be considered unstable. When rates are calculated using small numbers of events, rates can vary widely from one reporting to the next for reasons different from actual changes in the frequency of occurrence of the events measured.

Specifically, for indicators using Emergency Department Data (EDD) or Hospital Inpatient Discharge Data (HIDD), missing rates correspond to events for which data on race-ethnicity, sex, or county of residence were missing. Although these events are included in the total count of events for NM, rates cannot be calculated and are therefore not reported. Footnotes on the corresponding tables for these indicators will refer to the number of events missing. EDD and HIDD indicators have been produced by searching for specific diagnostic codes on these datasets. For EDD, all diagnosis fields have been used (thus, the inclusion of the word 'Related' in the name of the indicator). For HIDD, only the main diagnosis was used. The International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and ICD-10-CM codes used are listed in Appendix 4.

Other Data Resources

The data presented here come from various sources. Other valuable publications have been written utilizing these data sources. The New Mexico Substance Use Epidemiology Profile should be seen as complementary to these other publications, and program planners will want to refer to these other documents for additional information. These publications include:

- Other reports produced by the Substance Abuse Epidemiology Section (SAES),
Injury and Behavioral Epidemiology Bureau (IBEB), Epidemiology and Response Division (ERD),
New Mexico Department of Health (NMDOH).
Available online at:
http://nmhealth.org/about/erd/ibeb/sap/

- **New Mexico Behavioral Risk Factor Surveillance System (BRFSS) reports**,
produced by the Survey Section, IBEB-ERD-NMDOH.
Available online at:
https://nmhealth.org/about/erd/ibeb/brfss/

- **New Mexico Youth Risk and Resiliency Survey (YRRS) reports**, produced by
NMDOH, NM Public Education Department, and the UNM Prevention Research Center.
Available online at:
https://nmhealth.org/about/erd/ibeb/yrrs/

- **Emergency Department Data (EDD) Syndromic Surveillance**, produced by the Health Systems
Epidemiology program, ERD-NMDOH
Available online at:
http://nmhealth.org/about/erd/hsep/edd/

- **Hospital Inpatient Discharge Data (HIDD) Annual Reports**, produced by the Health Systems
Epidemiology program, ERD-NMDOH
Available online at:
http://nmhealth.org/about/erd/hsep/hidd/

INTRODUCTION (continued)

Technical Note: Methodological Changes since Previous Reports

Changes to the Definition of Alcohol-Related Death

In 2013, the Centers for Disease Control and Prevention (CDC) updated the Alcohol-Related Disease Impact (ARDI) Alcohol-Attributable Fractions (AAFs), which are central to the estimation of alcohol-related deaths and alcohol-related death rates in this report (https://www.cdc.gov/alcohol/announcement.html). The updated AAFs were implemented in the 2015 and subsequent reports. The key difference between the updated CDC's ARDI AAFs used in the 2015 and subsequent reports and the AAFs used in previous reports is that the age-specific AAFs for alcohol-attributable motor-vehicle traffic crashes have been updated.

The AAFs are the proportion of a given cause of death that can be attributed to excessive alcohol use. The CDC ARDI AAFs are the standard AAFs recommended for use by the CDC. These AAFs were first reported in Midanik, L., Chaloupka, F., Saitz, R., Toomey, T., Fellows, J., Dufour, M., Landen, M., Brounstein, P., Stahre, M., Brewer, R., Naimi, T., & Miller, J. (2004). Alcohol-attributable deaths and years of potential life lost - United States, 2001. Morbidity and Mortality Weekly Report, 53[37]:866-870). The ARDI AAFs are further described on the CDC website: (http://nccd.cdc.gov/DPH_ARDI/default/Default.aspx).

Changes to Race/Ethnicity Categories

The original 2005 report in this series used the National Center for Health Statistics (NCHS) standard race/ethnicity categories for reporting by race/ethnicity. These NCHS standard race/ethnicity categories break out Hispanic for each race category (e.g., White, Black, etc.) and combine the Hispanic portion of each race category (e.g., White Hispanic, Black Hispanic, etc.) when reporting the Hispanic category.

The 2010 report implemented new race/ethnicity reporting standards used by NMDOH for all indicators except those based on the YRRS. These NMDOH standard race/ethnicity categories report only the White Hispanic category as Hispanic; and report the Hispanic subset of other race groups (e.g., Black Hispanic) in the corresponding race category (e.g., Black). The 2011 report implemented the NMDOH race/ethnicity reporting categories for all YRRS-based indicators as well.

In 2012, NMDOH adopted a new standard for reporting race/ethnicity. The New Mexico reporting standard uses the estimates by bridged race and Hispanic ethnicity. Presentation of race and ethnicity is done together in the same table. Race/ethnicity is viewed as a single social and cultural construct. Persons designated as Hispanic ethnicity, regardless of race, are categorized as 'Hispanic.' Persons not designated as Hispanic are categorized by their single race ('Black or African American,' 'American Indian or Alaska native,' 'Asian or Pacific Islander,' 'White,' or 'Other'). For more information, refer to the *NMDOH Guidelines for Race/Ethnicity Data* at: https://ibis.health.state.nm.us/docs/Standards/Race_Guidelines.pdf. These changes in the race/ethnicity categories made the 2013 and subsequent reports' counts and rates by race/ethnicity comparable to each other but not comparable to all previous reports.

Changes to the Emergency Department Data

In this report, Emergency Department (ED) Syndromic Surveillance was used instead of the Annual ED data file that was used in reports prior to 2018. Syndromic Surveillance is the near-real time data collection of emergency department visits in New Mexico. Patient level information per the observations are updated daily as data is continuously being received. Case identification in the syndromic surveillance database may be queried by chief complaints and discharge diagnoses; although, the cases identified in this report relied solely on the discharge diagnoses codes as indicators of drug-related cases.

During the time period of the data in the report (2014-2018), the number of participating emergency departments participating in Syndromic Surveillance Reporting expanded greatly.

Changes to the NSDUH Questionnaire and data collection:

In 2015, a number of changes were made to the NSDUH questionnaire and data collection procedures resulting in the establishment of a new baseline for a number of measures. Therefore, estimates for several measures included in prior reports are not available. For details, see Section A.6 of the "2016-2017 NSDUH: Guide to State Tables and Summary of Small Area Estimation Methodology" at: https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHsaeMethodology2017/NSDUHsaeMethodology2017.pdf

EXECUTIVE SUMMARY

Consequences of Substance Use

Introduction

All of the ten leading causes of death in New Mexico are at least partially attributable to the use of alcohol, tobacco, or other drugs. In 2018, the ten leading causes of death in New Mexico were diseases of the heart, malignant neoplasms, unintentional injuries, chronic lower respiratory diseases, cerebrovascular diseases, diabetes, chronic liver disease and cirrhosis, Alzheimer's disease, suicide, and influenza and pneumonia. Of these, chronic liver disease, unintentional injuries, and suicide are associated with alcohol use; chronic lower respiratory diseases and influenza and pneumonia are associated with tobacco use; heart disease, malignant neoplasms, and cerebrovascular diseases are associated with both alcohol and tobacco use; and unintentional injuries and suicide are associated with the use of other drugs.

Alcohol-Related Deaths and Hospitalizations

Over the past 30 years, New Mexico has consistently had among the highest alcohol-related death rates in the United States, and it has had the highest alcohol-related death rate since 1997. The negative consequences of excessive alcohol use in NM are not limited to death but also include domestic violence, crime, poverty, and unemployment, as well as chronic liver disease, motor vehicle crash and other injuries, mental illness, and a variety of other medical problems. In 2010, the economic cost of excessive alcohol consumption in New Mexico was $2.2 billion ($2.77 per drink or an average of $1,084 per person) (Sacks, Jeffrey J., et al. "2010 national and state costs of excessive alcohol consumption." American Journal of Preventive Medicine 49.5 (2015): e73-e79).

Death rates from alcohol-related causes increase with age. However, one in five deaths among working age adults (20-64) in NM is attributable to alcohol. Male rates are substantially higher than female rates. American Indians had higher alcohol-related death rates than other race/ethnicities. McKinley and Rio Arriba counties had extremely high alcohol-related death rates, driven by high rates in the American Indian and Hispanic male populations. The counties with the largest number of deaths for the five-year period of 2014-2018 were Bernalillo, San Juan, McKinley, Dona Ana, and Santa Fe. New Mexico has extremely high death rates due to both alcohol-related chronic diseases and alcohol-related injuries.

- Alcohol-Related Chronic Disease Death. NM's rate of death due to alcohol-related chronic diseases was more than twice the national rate. Death rates increase with age. American Indians, both male and female, and Hispanic males have extremely high rates. As with total alcohol-related death, McKinley and Rio Arriba counties had the highest rates in the state.

- Alcohol-related chronic liver disease (AR-CLD) accounts for the most deaths due to alcohol-related chronic disease. AR-CLD death rates are extremely high among American Indians, both male and female, and Hispanic males. The high rates among American Indians and Hispanic males between the ages of 35 and 64 represent a tremendous burden in terms of years of potential life lost (YPLL). While Bernalillo County had the highest number of deaths due to AR-CLD (700 for the years 2014-2018), two counties that stand out for their very high rates were McKinley and Rio Arriba, which had rates that were more than six times the national rate.

- Chronic liver disease hospitalizations (CLD-HIDD) can provide information on CLD risk at an earlier time point in the disease's development than AR-CLD mortality, and the number of emergency department visits can be used as a measure of the impact of CLD on the medical system. Women are at lower risk than men. Women who identify as Asian/Pacific Islander have the lowest rates whereas men who identify as American Indian have the highest rates. McKinley County had the highest rate of CLD-HIDD, followed by Cibola, Rio Arriba, Sierra, and San Miguel counties. De Baca and Eddy counties had the lowest rates. It is important to note that hospitalizations from federal facilities (e.g. Indian Health Services and Veterans Administration) are not included in these results.

- Alcohol-Related Injury Death. NM's rate of alcohol-related injury death was approximately 1.5 times the national rate. In the current reporting period (2014-2018), drug overdose is the leading cause of alcohol-related injury death above both alcohol-related motor vehicle traffic crashes and falls. Numerous other types of injury death are also associated with excessive alcohol use (particularly binge drinking). Deaths from drug overdose, a portion of which are partially attributable to alcohol, have increased substantially in recent years. Males are more at risk for alcohol-related injury death than females with American Indian males having particularly elevated risk.

EXECUTIVE SUMMARY (continued)

Consequences of Substance Use (continued)

- Alcohol-Related Motor Vehicle Traffic Crash Death. New Mexico's alcohol-related motor vehicle traffic crash (AR-MVTC) death rate has decreased substantially over the past 30 years. After substantial declines during the 1980s and 1990s, NM's rate stagnated for almost ten years. However, a comprehensive program to prevent driving while intoxicated (DWI) initiated in 2004, resulted in substantial rate declines, particularly during the period 2005-2008. Nonetheless, rate disparities remain; both male and female American Indians have elevated rates, especially among middle age males.

Smoking-Related Death

Historically, New Mexico has had one of the lowest smoking-related death rates in the nation. Nonetheless, New Mexico's burden of death associated with smoking is considerably greater than the burden associated with alcohol and other drugs. Among all racial/ethnic groups, males have higher smoking-related death rates than females. Among both males and females, Whites have the highest rates, followed by Blacks. The counties with the highest rates and relatively heavy burdens of smoking-related death (i.e., 20 or more deaths a year) were Sierra, De Baca, Luna, Curry, Eddy, Torrance, and Lea. The high rates in most of these counties, and in the state overall, were driven by high rates among Whites.

Drug Overdose Death and Emergency Department Visits

In 2017, New Mexico had the seventeenth highest drug overdose death rate in the nation. The consequences of drug use continue to burden New Mexico communities. Drug overdose death rates remained higher for males than for females for the time period 2014-2018. The highest drug overdose death rate was among Hispanic males. Rio Arriba County had the highest drug overdose death rate in the state. Bernalillo County continued to bear the highest burden of drug overdose death in terms of total numbers of deaths. Unintentional drug overdoses account for almost 88% of drug overdose deaths. The most common drugs causing unintentional overdose death for the period 2014-2018 were prescription opioids (i.e., methadone, oxycodone, morphine; 46%), heroin (34%), methamphetamine (30%), benzodiazepines (23%), and cocaine (13%) (not mutually exclusive). In New Mexico and nationally, overdose death from opioids has been an issue of enormous concern. In New Mexico in recent years, methamphetamine has become increasingly common in drug overdose deaths. In 2018 alone, methamphetamine was involved in 36% of drug overdose deaths.

Opioid overdose related emergency department (OOR-ED) visits increased 98.4% in the US between 2004 and 2009. Male rates of OOR-ED visits were higher compared to female rates. Overall, Blacks and Hispanics had higher rates compared to other racial/ethnic groups. Rio Arriba, Taos, and San Miguel counties had the highest rates of OOR-ED visits during 2014-2018. Rio Arriba and San Miguel counties also had the highest drug overdose death rates during the same time period.

As with OOR-ED visits, there has been a notable increase in amphetamine overdose related emergency department (AOR-ED) visits in recent years. The counties with the highest rates of AOR-ED visits during 2014-2018 were Cibola, San Miguel, and Eddy. It is important to note that ED visits from federal facilities (e.g. Indian Health Services and Veterans Administration) are not included in these results.

Suicide and Mental Health

Suicide and Mental Health

Suicide is a serious and persistent public health problem in New Mexico. Over the period 1981 through 2018, New Mexico's suicide rate was consistently among the highest in the nation, at 1.5 to 1.9 times the US rate. Male suicide rates were three to four times higher than those of females across all racial/ethnic groups, except Asian/Pacific Islanders. For the five-year period 2014-2018, all but ten counties had suicide rates that were at least one and a half times higher than the most recent available US rate.

Indicators in this report also document: the prevalence of frequent mental distress and current depression among New Mexico adults; persistent sadness or hopelessness, suicidal ideation, and suicide attempt among New Mexico youth; and the association between risk and resiliency factors and substance abuse and mental health indicators among New Mexico youth.

Alcohol, Tobacco, and Other Drug Consumption Behavior

Substance use behaviors are important to examine not only because substance use can lead to very negative consequences in the short-term, but also because substance use can have long-term negative consequences. For example, while drinking by youth is a behavior that can lead directly to alcohol-related injury or death, it can also lead to very serious consequences in adulthood, ranging from alcohol abuse or dependence to a variety of diseases associated with chronic heavy drinking.

Substance Use Indicators included in this Report

- Adult Binge Drinking. Binge drinking (defined as drinking five or more drinks on a single occasion for men, or four or more drinks on a single occasion for women) is associated with numerous types of injury death, including motor vehicle traffic crash fatalities, drug overdose, falls, suicide, and homicide. Among adults (age 18 or over) of all ethnicities, binge drinking was more commonly reported by males than females, mirroring higher rates of alcohol-related injury death among males. Among males, Hispanics were more likely to report binge drinking than other race/ethnicities. Young adults (age 18-24) were more likely than other age groups to report binge drinking.

- Youth Current Drinking. Any alcohol consumption by a person under the age of 21 is considered to be excessive drinking. Alcohol is the most commonly used drug among youth in New Mexico, more than tobacco or other drugs. However, contrary to common perception, most high school students do not drink. In 2017, 26.2% of high school students reported that they were current drinkers. This is a significant decrease from 43.3% in 2005.

- Youth Binge Drinking. Youth binge drinking has significantly decreased over the last decade. In 2017, New Mexico public high school students were less likely to report binge drinking than US high school students. Among New Mexico high school students, binge drinking was more commonly reported by upper grade students than lower grade students. There was no significant difference in the binge drinking rate between male and female high school students. Binge drinking rates were lower among American Indian youth than other racial/ethnic groups.

- Youth Having Ten or More Drinks. On average, underage drinkers consume more drinks per drinking occasion than adult drinkers and risk of harm increases as the number of drinks consumed on an occasion increases. Students in the 12th grade are more likely to drink ten or more drinks on an occasion than 9th grade students. In 2017, boys and girls did not have significantly different rates of drinking ten or more drinks on an occasion.

- Adult Heavy Drinking. In NM, between 2016-2018, adult heavy drinking (defined as drinking, on average, more than two drinks per day for men or more than one drink per day for women) was less commonly reported (5.5%) than in the rest of the nation in 2018 (5.9%). Heavy drinking was more prevalent among middle-aged (age 25-64) adults, with 6.2% reporting past-month heavy drinking. New Mexico men were almost 1.3 times more likely to report chronic drinking than women (6.2% v. 4.9%).

- Adult Drinking and Driving. In 2018, adult past-30-day drinking and driving was reported in New Mexico by 1.0% of adults aged 18 and over. Past-30-day drinking and driving was more prevalent among young (age 18-24) and middle-age (age 25-64) adults than among older adults (age 65+). New Mexico men were twice as likely to report drinking and driving than women (1.3% v. 0.6%). Hispanic males (1.4%) were more likely to report drinking and driving than American Indian (1.3%) and White (1.3%) males.

- Youth Drinking and Driving. In 2017, New Mexico high school students were more likely to report driving after drinking alcohol than other US students (6.5% v. 5.5%). Driving after drinking was more common among boys than girls and was less common among White and American Indian youth than among other racial/ethnic groups. Twelfth grade students were more likely to report drinking and driving than ninth and tenth grade students.

- Youth Drug Use. In 2017, past-30-day marijuana and methamphetamine use were more prevalent among New Mexico students than among US students. The use of marijuana was more commonly reported by American Indian students than by students in other racial/ethnic groups. Asian/Pacific Islander students were more likely to report past-30-day use of cocaine, painkillers, heroin, methamphetamine, and inhalants than students of other racial/ethnic groups.

EXECUTIVE SUMMARY (continued)

Alcohol, Tobacco, and Other Drug Consumption Behavior (continued)

- Adult Tobacco Use. Between 2016-2018, the prevalence of adult smoking was slightly higher for New Mexico compared to the 2017 US estimates (16.4% vs. 15.6% respectively). Smoking was most prevalent among middle-aged groups and was more common among men than women for all age categories.

-Youth Cigarette Use. In 2017, cigarette smoking was more prevalent among New Mexico high school students (10.6%) than in the nation overall (8.8%). New Mexico boys were more likely than girls to report current smoking (11.9% vs. 9.0%). Black (8.8%), White (9.7%) and Hispanic (10.7%) students had lower rates of current cigarette smoking than American Indian (12.6%) and Asian/Pacific Islander (12.0%) students.

-Youth E-Cigarette Use. E-cigarette use has become increasingly popular, especially among youth. The prevalence of current e-cigarette use among New Mexico high school students was 24.7% in 2017. Taos and Rio Arriba high school students had alarmingly high rates of e-cigarette use (53.8% and 48.0% respectively).

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(1) VMT reporting: Fatalities, Fatalities in Crashes by Driver Alcohol Involvement, Vehicle Miles Traveled (VMT), and Fatality Rate per 100 Million VMT, by State, 1982-2017. Report provided by NHTSA National Center for Statistics and Analysis, Information Services Team. 2008-2017 death rates per 100 Million VMT calculated by the New Mexico Department of Health, Epidemiology and Response Division, Injury and Behavioral Epidemiology Bureau, Substance Abuse Epidemiology Section.

Data Sources (continued)

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https://www-fars.nhtsa.dot.gov/States/StatesAlcohol.aspx. Death rates were calculated by the New Mexico Department of Health, Epidemiology and Response Division, Injury and Behavioral Epidemiology Bureau, Substance Abuse Epidemiology Section.

New Mexico Emergency Department Visits: New Mexico Department of Health, Epidemiology and Response Division, Health Systems Epidemiology Unit. Visit rates were calculated by the New Mexico Department of Health, Epidemiology and Response Division, Injury and Behavioral Epidemiology Bureau, Substance Abuse Epidemiology Section

New Mexico Hospital Inpatient Discharges: New Mexico Department of Health, Epidemiology and Response Division, Health Systems Epidemiology Unit. Discharge rates were calculated by the New Mexico Department of Health, Epidemiology and Response Division, Injury and Behavioral Epidemiology Bureau, Substance Abuse Epidemiology Section

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Section 1

Consequences

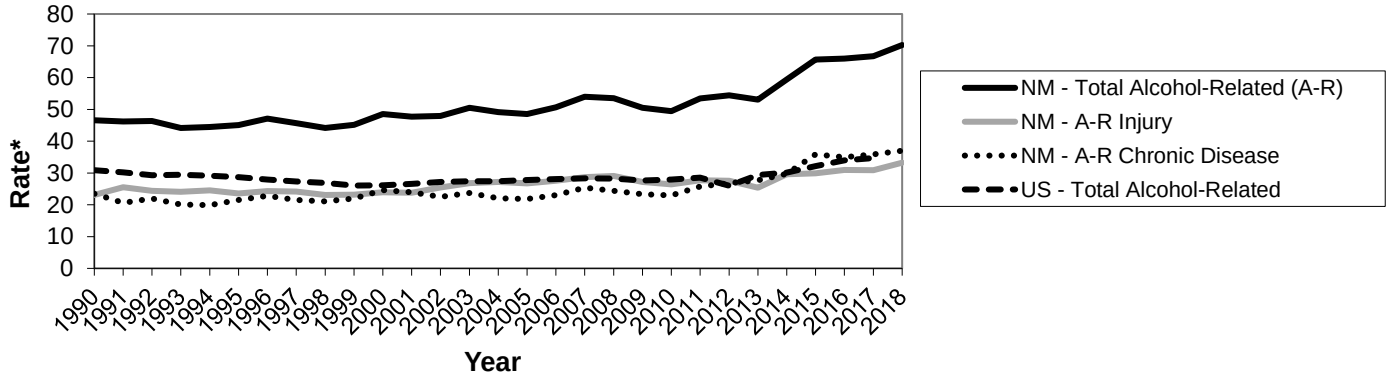
ALCOHOL-RELATED DEATH

Problem Statement

The consequences of excessive alcohol use are severe in New Mexico. New Mexico's total alcohol-related death rate has ranked first, second, or third in the US since 1981; and 1st for the period 2006 through 2010 (Stahre M, etal. Contribution of Excessive Alcohol Consumption to Deaths and Years of Potential Life Lost in the United States. Preventing Chronic Disease. 2014;11:E109. doi:10.5888/pcd11.130293). The negative consequences of excessive alcohol use in New Mexico are not limited to death but also include domestic violence, crime, poverty, and unemployment, as well as chronic liver disease, motor vehicle crash and other injuries, mental illness, and a variety of other medical problems. Nationally, one in ten deaths among working age adults (age 20-64) is attributable to alcohol. In New Mexico this ratio is twice as high at one in five deaths.

Chart 1 shows the two principal components of alcohol-related death: deaths due to chronic diseases (such as chronic liver disease), which are strongly associated with chronic heavy drinking; and deaths due to alcohol-related injuries, which are strongly associated with binge drinking. Each category will be considered in more detail later in this report. New Mexico's total alcohol-related death rate increased 16% from 1990 through 2012, driven by a 19% increase in alcohol-related injury death rates from 2001 through 2012. By contrast, the US alcohol-related death rate decreased 8% from 1990 through 2011. Although the alcohol-related chronic disease death rate remained fairly stable from 1990 to 2009 in NM, from 2010 to 2018 there was a 61% increase in the alcohol-related chronic disease death rate.

Chart 1: Alcohol-Related Death Rates*, New Mexico and United States, 1990-2018



*US data are available up to 2017

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

Sources: NMDOH BVRHS death files and UNM-GPS population files (NM); NCHS death and population files (US); CDC ARDI; SAES

Table 1: Alcohol-Related Deaths and Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2014-2018

		Deaths				Rates*			
Sex	Race/Ethnicity	Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	53	849	96	998	28.1	367.5	251.7	238.0
	Asian/Pacific Islander	2	15	7	24	7.1	33.0	84.1	32.2
	Black	8	67	12	87	18.1	98.3	99.1	69.3
	Hispanic	179	1,551	399	2,129	17.1	126.2	158.6	92.0
	White	70	1,046	567	1,682	14.5	99.4	119.5	67.7
	Total	313	3,547	1,088	4,948	17.4	135.1	138.7	93.1
Female	American Indian	21	415	77	513	11.1	164.1	138.8	109.9
	Asian/Pacific Islander	1	13	3	17	3.4	22.0	25.3	16.2
	Black	2	23	4	28	5.0	47.5	29.7	29.7
	Hispanic	52	527	226	805	5.2	42.4	73.3	32.9
	White	21	460	384	864	4.7	43.2	70.4	31.4
	Total	97	1,444	694	2,235	5.7	54.2	74.4	39.3
Total	American Indian	73	1,264	173	1,511	19.6	261.3	184.6	170.0
	Asian/Pacific Islander	3	28	10	41	5.2	26.8	47.9	22.6
	Black	10	89	16	116	12.1	77.3	64.7	52.3
	Hispanic	231	2,078	625	2,934	11.2	84.1	111.6	61.6
	White	91	1,505	950	2,546	9.8	71.1	93.3	49.3
	Total	409	4,991	1,782	7,183	11.7	94.3	103.8	65.6

* Age-specific rates (e.g., Ages 0-24) are per 100,000; all-ages rate is per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES

ALCOHOL-RELATED DEATH (continued)

Problem Statement (continued)

Table 1 shows that death rates from alcohol-related causes increase with age. However, there were substantial numbers of alcohol-related deaths in the 0-24 year age category (these are mostly injury-related), and large numbers and high rates of alcohol-related death in the 25-64 year age category (due to both chronic disease and injury). Table 1 also shows extremely high alcohol-related death rates among American Indians (more than twice the state rate for both males and females) and a relatively high rate among Hispanic males relative to White non-Hispanic males. As will be shown in later sections, the rate disparities for American Indian males are driven by this group's relatively high rates of both alcohol-related injury and alcohol-related chronic disease death; whereas the rate disparities for Hispanic males and American Indian females are driven largely by their relatively high alcohol-related chronic disease death rates.

Table 2 shows that McKinley and Rio Arriba counties had the highest rates of alcohol-related death, with rates more than twice the state rate and more than four times the national rate. Several other counties (San Juan, Cibola, San Miguel, and Taos) had a substantial burden (20 or more alcohol-related deaths per year) and rates more than twice the US rate. Furthermore, only two New Mexico counties had rates lower than the national rate. High rates among American Indian males and females drive the rates in McKinley, Cibola, and San Juan counties. Rio Arriba and Taos counties have high rates among American Indian males and females and Hispanic males; deaths among Hispanic males drive the high rates in San Miguel County (data by gender not shown).

Table 2: Alcohol-Related Deaths and Rates* by Race/Ethnicity and County, New Mexico, 2014-2018

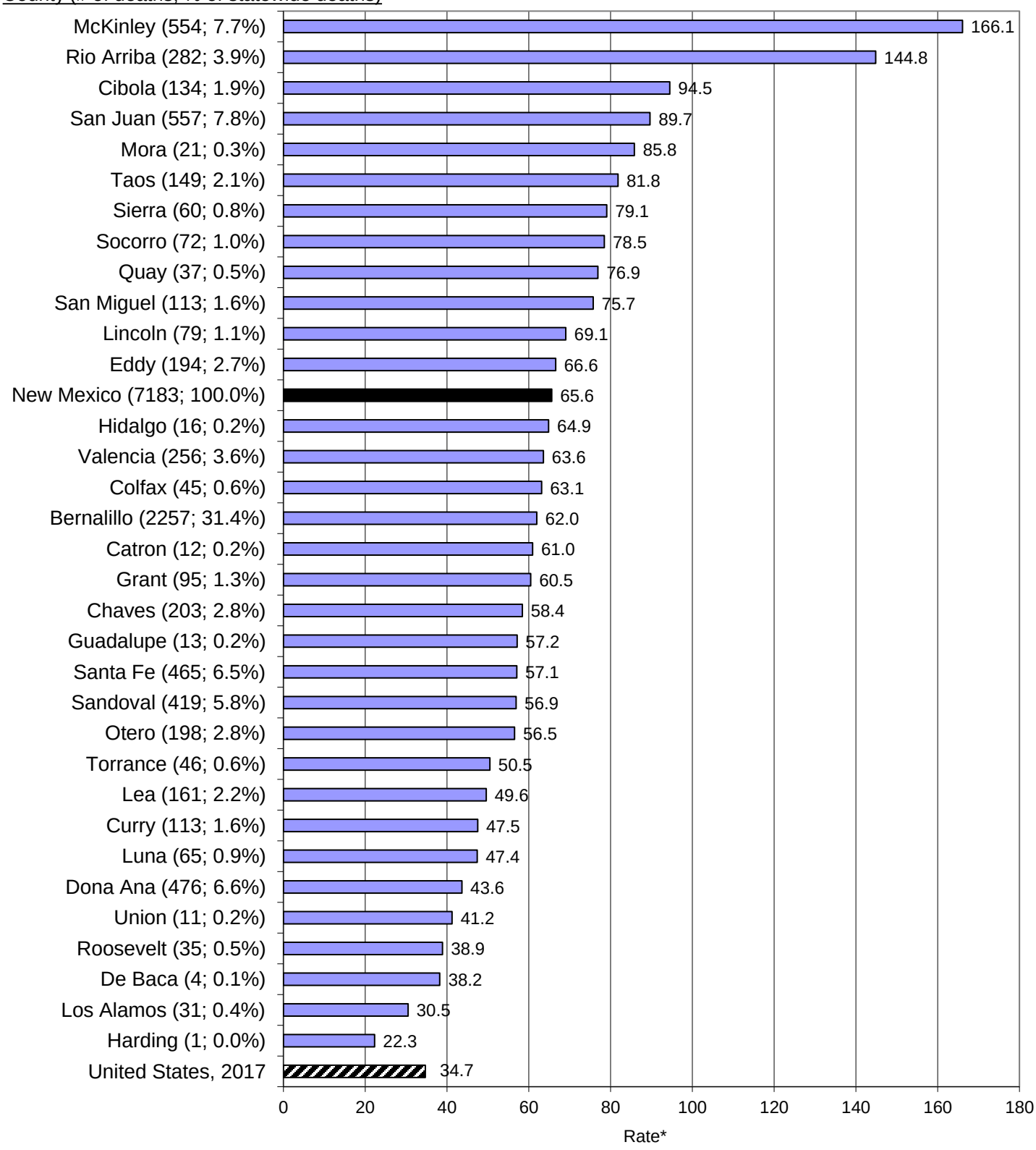
	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	214	20	62	1,049	900	2,257	155.2	21.1	60.7	66.4	51.1	62.0
Catron	1	0	0	3	8	12	85.9	0.0	0.0	80.9	53.8	61.0
Chaves	1	0	5	91	104	203	70.6	0.0	109.9	55.5	59.2	58.4
Cibola	79	0	0	33	22	134	149.4	0.0	0.0	62.1	72.6	94.5
Colfax	0	0	0	30	15	45	0.0	0.0	0.0	88.8	42.5	63.1
Curry	0	1	8	38	66	113	0.0	25.9	59.6	46.0	47.9	47.5
De Baca	0	0	0	2	2	4	0.0	0.0	0.0	61.5	28.1	38.2
Dona Ana	4	4	5	281	179	476	47.2	34.8	25.7	42.9	44.8	43.6
Eddy	3	0	4	78	108	194	88.5	0.0	108.7	63.1	69.7	66.6
Grant	1	1	1	44	48	95	57.7	127.1	91.5	60.0	60.6	60.5
Guadalupe	0	0	0	12	1	13	0.0	0.0	0.0	68.2	23.6	57.2
Harding	0	0	0	1	0	1	0.0	0.0	0.0	44.0	0.0	22.3
Hidalgo	0	0	0	9	7	16	0.0	0.0	0.0	68.2	56.0	64.9
Lea	0	0	8	73	79	161	0.0	0.0	63.7	48.2	54.4	49.6
Lincoln	3	0	0	23	54	79	111.4	0.0	0.0	64.8	72.5	69.1
Los Alamos	0	0	0	4	26	31	0.0	0.0	0.0	27.7	34.0	30.5
Luna	0	0	1	25	38	65	0.0	0.0	38.3	35.0	65.6	47.4
McKinley	504	0	1	32	17	554	202.1	0.0	61.8	74.1	44.2	166.1
Mora	0	0	0	18	3	21	0.0	0.0	0.0	89.7	74.6	85.8
Otero	43	0	4	46	104	198	228.5	0.0	31.9	42.2	49.5	56.5
Quay	1	2	0	19	14	37	344.2	343.3	0.0	99.7	47.0	76.9
Rio Arriba	64	0	2	192	25	282	238.6	0.0	228.9	137.0	84.4	144.8
Roosevelt	1	0	1	14	19	35	82.3	0.0	67.8	44.9	35.1	38.9
Sandoval	138	1	8	121	151	419	173.5	5.7	45.2	47.1	37.6	56.9
San Juan	367	0	1	51	135	557	157.3	0.0	27.6	49.2	44.8	89.7
San Miguel	1	1	0	90	20	113	107.7	112.6	0.0	79.6	55.7	75.7
Santa Fe	26	5	1	261	166	465	139.8	42.4	18.4	68.6	39.9	57.1
Sierra	0	0	0	12	47	60	0.0	0.0	0.0	68.4	83.0	79.1
Socorro	19	0	0	32	21	72	209.8	0.0	0.0	74.2	45.7	78.5
Taos	25	0	0	83	41	149	253.2	0.0	0.0	84.9	53.8	81.8
Torrance	1	0	1	18	26	46	65.4	0.0	30.7	51.4	48.7	50.5
Union	0	0	0	9	2	11	0.0	0.0	0.0	96.0	13.5	41.2
Valencia	14	3	3	141	93	256	94.4	119.3	66.1	64.1	55.9	63.6
New Mexico	1,511	41	116	2,934	2,546	7,183	170.0	22.6	52.3	61.6	49.3	65.6

* All rates are per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES

ALCOHOL-RELATED DEATH (continued)

Chart 2: Alcohol-Related Death Rates* by County, New Mexico, 2014-2018

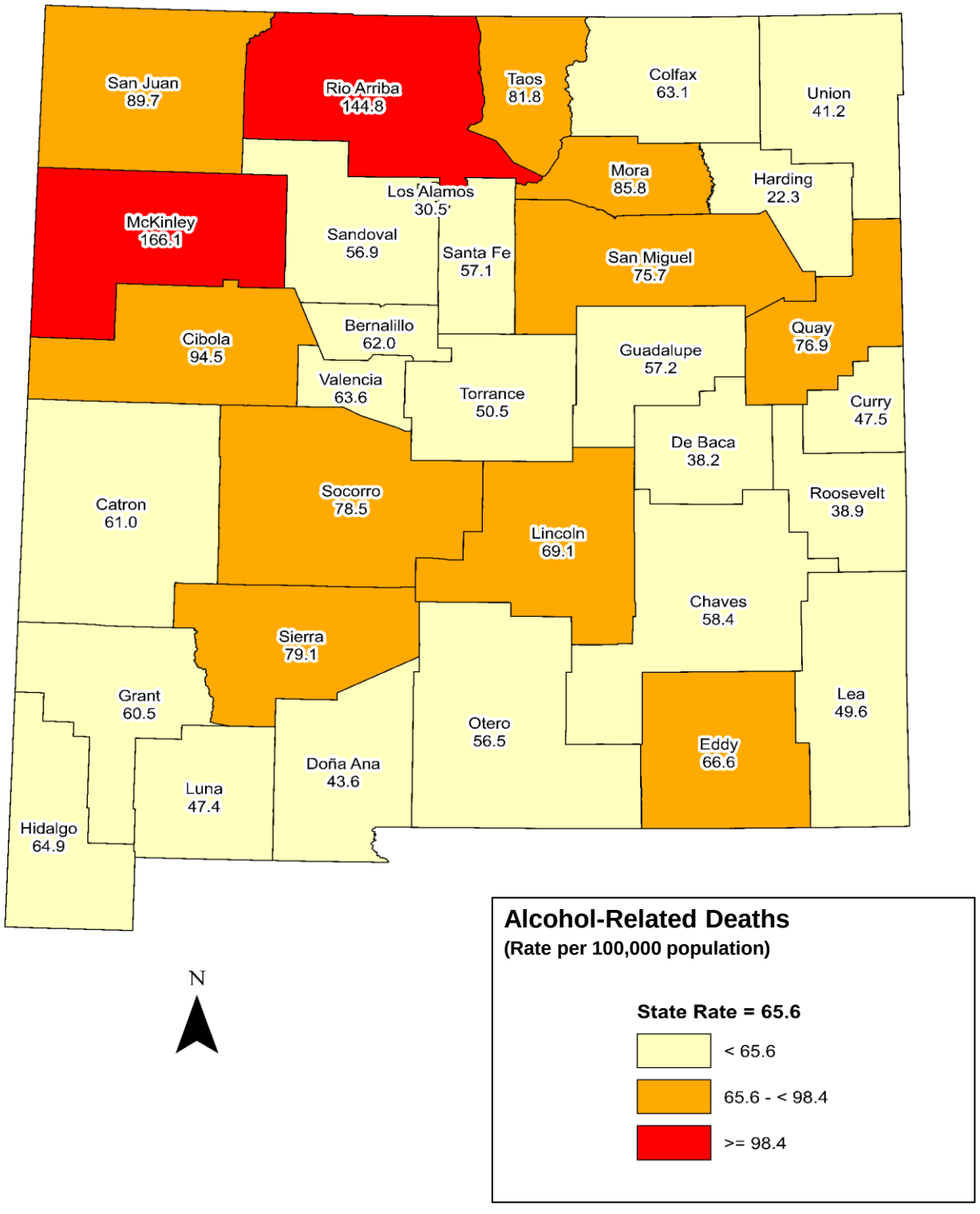


* All rates are per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files (NM); NCHS death and population files (US); CDC ARDI; SAES

ALCOHOL-RELATED DEATH (continued)

Chart 3: Alcohol-Related Death Rates* by County, New Mexico, 2014-2018



* All rates are per 100,000, age-adjusted to the 2000 US standard population
Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES

ALCOHOL-RELATED CHRONIC DISEASE DEATH

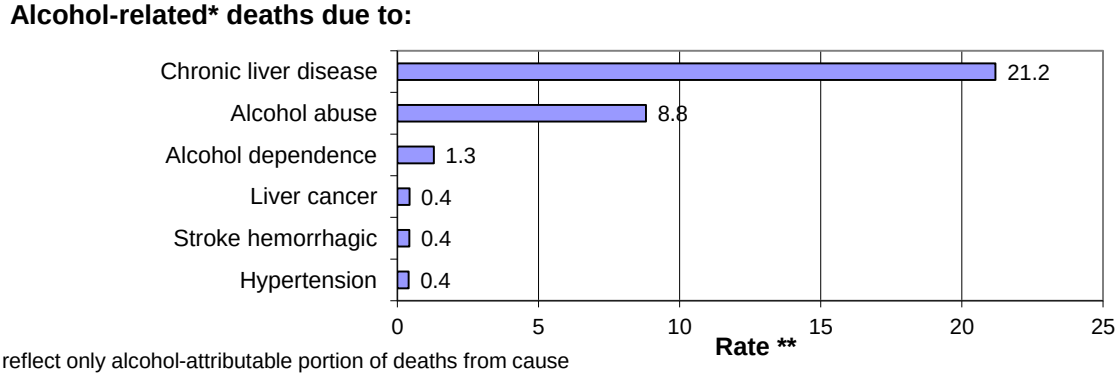
Problem Statement

Chronic heavy drinking (defined as drinking, on average, more than two drinks per day for men and more than one drink per day for women) is often associated with alcoholism or alcohol dependence and can cause or contribute to a number of diseases, including alcoholic liver cirrhosis. For the past 15 years, New Mexico's death rate from alcohol-related chronic disease has consistently been first or second in the nation and 1.5 to two times the national rate. The national death rate from alcohol-related chronic disease in 2015 (13.9) was the same as that in 1990. In contrast, New Mexico's rate increased 57% from 1990 to 2018.

Chart 1 shows the five leading causes of alcohol-related chronic disease death in New Mexico during 2014-2018. Alcohol-related chronic liver disease (AR-CLD) was the leading cause of alcohol-related death overall and of alcohol-related chronic disease death during this period. This cause of death will be discussed in more detail later in this report.

Table 1 shows that death rates from alcohol-related chronic diseases increase with age. The large number of deaths in the 25-64 age category illustrates the very large burden of premature mortality associated with alcohol-related chronic disease. The high rates in this age category among American Indians (both males and females) and Hispanic males further illustrate the heavy burden of premature death due to heavy drinking in these racial/ethnic groups.

Chart 1: Leading Causes of Alcohol-Related Chronic Disease Death, New Mexico, 2014-2018



* Rates reflect only alcohol-attributable portion of deaths from cause

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

Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES

Table 1: Alcohol-Related Chronic Disease Deaths/Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2014-2018

		Deaths				Rates*			
Sex	Race/Ethnicity	Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	3	522	65	590	1.7	225.7	171.2	143.1
	Asian/Pacific Islander	0	9	3	12	0.0	20.1	31.2	15.8
	Black	0	25	10	35	0.0	36.8	80.6	29.2
	Hispanic	2	868	282	1,152	0.2	70.6	112.2	50.6
	White	2	574	295	871	0.4	54.5	62.3	31.2
	Total	7	2,007	659	2,672	0.4	76.4	84.0	48.4
Female	American Indian	5	325	62	392	2.8	128.4	111.1	84.3
	Asian/Pacific Islander	0	9	1	10	0.0	15.1	7.4	8.9
	Black	0	14	3	17	0.0	29.7	22.9	17.1
	Hispanic	3	312	126	441	0.3	25.1	40.9	17.9
	White	2	249	147	398	0.6	23.4	27.1	14.0
	Total	11	912	339	1,262	0.6	34.2	36.3	22.0
Total	American Indian	8	846	127	982	2.3	174.9	135.5	111.6
	Asian/Pacific Islander	0	18	4	21	0.0	17.3	16.5	11.6
	Black	0	39	13	52	0.0	33.8	52.0	23.5
	Hispanic	5	1,180	408	1,593	0.2	47.7	73.0	33.5
	White	4	823	443	1,270	0.5	38.9	43.5	22.3
	Total	18	2,919	998	3,934	0.5	55.1	58.1	34.7

* Age-specific rates (e.g., Ages 0-24) are per 100,000; all-ages rate is per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES

ALCOHOL-RELATED CHRONIC DISEASE DEATH (continued)

Problem Statement (continued)

Table 1 also shows that, in general, males are more at risk than females for alcohol-related chronic disease death. American Indians are most at risk among the racial/ethnic groups with total, male, and female rates more than twice the corresponding state rates. As mentioned earlier, Hispanic males are also at an elevated risk, with a rate roughly one and a half times the state rate (50.6 vs. 34.7).

Table 2 shows that McKinley, Rio Arriba, and Cibola counties have the highest death rates for diseases associated with alcohol-related chronic disease. In these counties, the rates are more than 4 times the national rate (14.5 deaths per 100,000). The high rates in McKinley and Cibola counties are driven by unusually high rates in the American Indian population. In Rio Arriba County, the rate is driven by high rates in both the Hispanic and American Indian populations. It is worth noting the considerable variation exists across counties in American Indian alcohol-related chronic disease death rates, with substantially lower rates seen in San Juan County than in Cibola, McKinley, and Rio Arriba counties. It is also important to remember that these chronic disease deaths represent only the tip of the iceberg of health and social problems associated with chronic heavy alcohol use in New Mexico. For every alcohol-related death, there are many living persons (and their families) impaired by serious morbidity and reduced quality of life due to chronic alcohol abuse.

Table 2: Alcohol-Related Chronic Disease Deaths and Rates* by Race/Ethnicity and County, New Mexico, 2014-2018

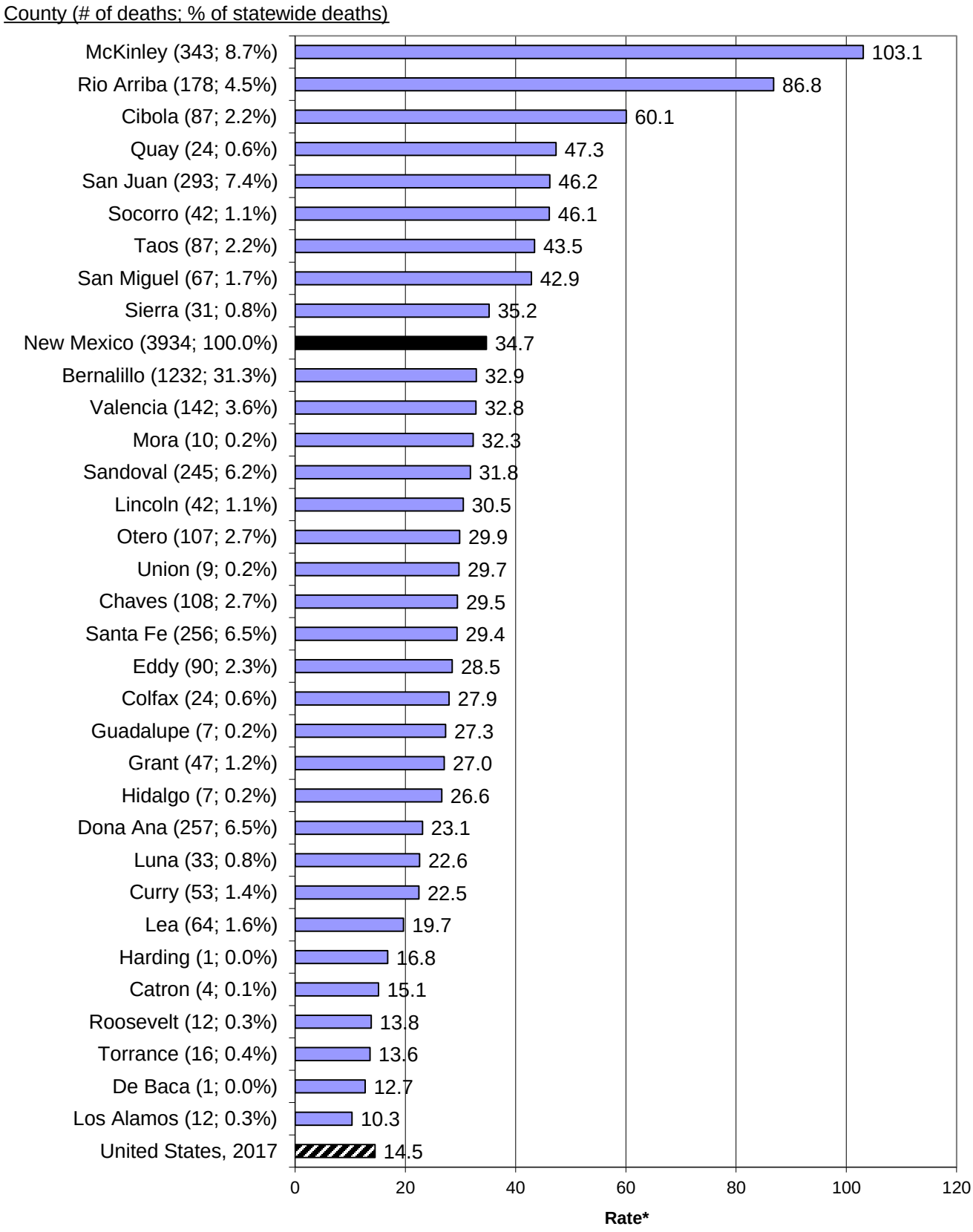
	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	153	9	29	570	465	1,232	112.9	9.2	28.3	36.6	25.1	32.9
Catron	0	0	0	2	2	4	0.0	0.0	0.0	54.9	4.9	15.1
Chaves	1	0	2	45	59	108	70.6	0.0	30.8	28.5	29.4	29.5
Cibola	57	0	0	19	11	87	107.4	0.0	0.0	34.8	39.5	60.1
Colfax	0	0	0	18	6	24	0.0	0.0	0.0	48.9	12.6	27.9
Curry	0	0	4	17	33	53	0.0	0.0	30.2	22.9	23.1	22.5
De Baca	0	0	0	1	0	1	0.0	0.0	0.0	26.7	0.0	12.7
Dona Ana	3	3	2	156	92	257	40.1	24.8	10.1	24.2	22.2	23.1
Eddy	1	0	2	35	50	90	40.3	0.0	44.0	30.0	28.6	28.5
Grant	0	1	1	23	22	47	0.0	127.1	91.5	29.7	22.0	27.0
Guadalupe	0	0	0	7	0	7	0.0	0.0	0.0	35.5	0.0	27.3
Harding	0	0	0	0	0	1	0.0	0.0	0.0	0.0	0.0	16.8
Hidalgo	0	0	0	4	3	7	0.0	0.0	0.0	34.5	13.1	26.6
Lea	0	0	2	30	31	64	0.0	0.0	20.3	22.9	19.2	19.7
Lincoln	2	0	0	13	27	42	75.4	0.0	0.0	33.6	28.5	30.5
Los Alamos	0	0	0	1	10	12	0.0	0.0	0.0	8.3	11.7	10.3
Luna	0	0	1	14	18	33	0.0	0.0	38.3	18.5	29.0	22.6
McKinley	318	0	1	17	7	343	129.0	0.0	47.4	39.1	14.3	103.1
Mora	0	0	0	9	1	10	0.0	0.0	0.0	37.1	10.4	32.3
Otero	30	0	1	25	50	107	165.5	0.0	11.2	22.8	21.7	29.9
Quay	1	2	0	14	7	24	344.2	343.3	0.0	68.6	18.4	47.3
Rio Arriba	52	0	0	108	18	178	194.8	0.0	0.0	72.6	50.3	86.8
Roosevelt	0	0	0	4	8	12	0.0	0.0	0.0	15.2	15.2	13.8
Sandoval	95	0	5	72	72	245	121.2	0.0	31.0	27.9	15.8	31.8
San Juan	204	0	0	24	64	293	87.9	0.0	0.0	23.8	19.1	46.2
San Miguel	0	1	0	55	10	67	0.0	112.6	0.0	46.5	25.9	42.9
Santa Fe	19	3	0	148	83	256	104.9	21.5	0.0	37.9	17.9	29.4
Sierra	0	0	0	8	23	31	0.0	0.0	0.0	45.1	29.4	35.2
Socorro	14	0	0	16	12	42	164.2	0.0	0.0	36.5	24.0	46.1
Taos	19	0	0	48	19	87	182.6	0.0	0.0	47.8	17.1	43.5
Torrance	0	0	0	7	9	16	0.0	0.0	0.0	17.6	13.1	13.6
Union	0	0	0	8	1	9	0.0	0.0	0.0	81.8	3.6	29.7
Valencia	9	3	1	74	53	142	66.2	85.5	29.0	33.5	26.3	32.8
New Mexico	982	21	52	1,593	1,270	3,934	111.6	11.6	23.5	33.5	22.3	34.7

* All rates are per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES

ALCOHOL-RELATED CHRONIC DISEASE DEATH (continued)

Chart 2: Alcohol-Related Chronic Disease Death Rates* by County, New Mexico, 2014-2018

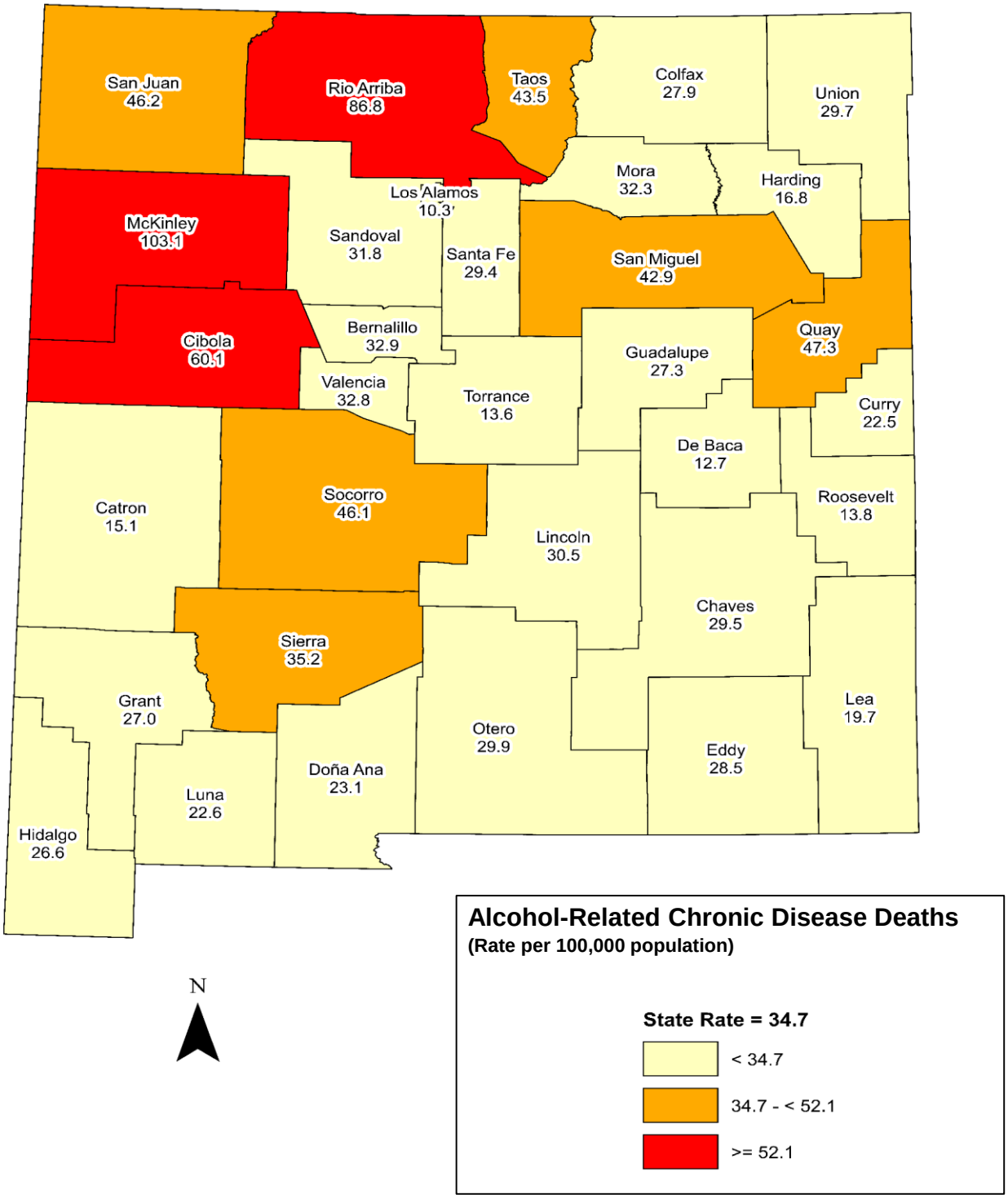


* All rates are per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files (NM); NCHS death and population files (US); CDC ARDI; SAES

ALCOHOL-RELATED CHRONIC DISEASE DEATH (continued)

Chart 3: Alcohol-Related Chronic Disease Death Rates* by County, New Mexico, 2014-2018



* All rates are per 100,000, age-adjusted to the 2000 US standard population

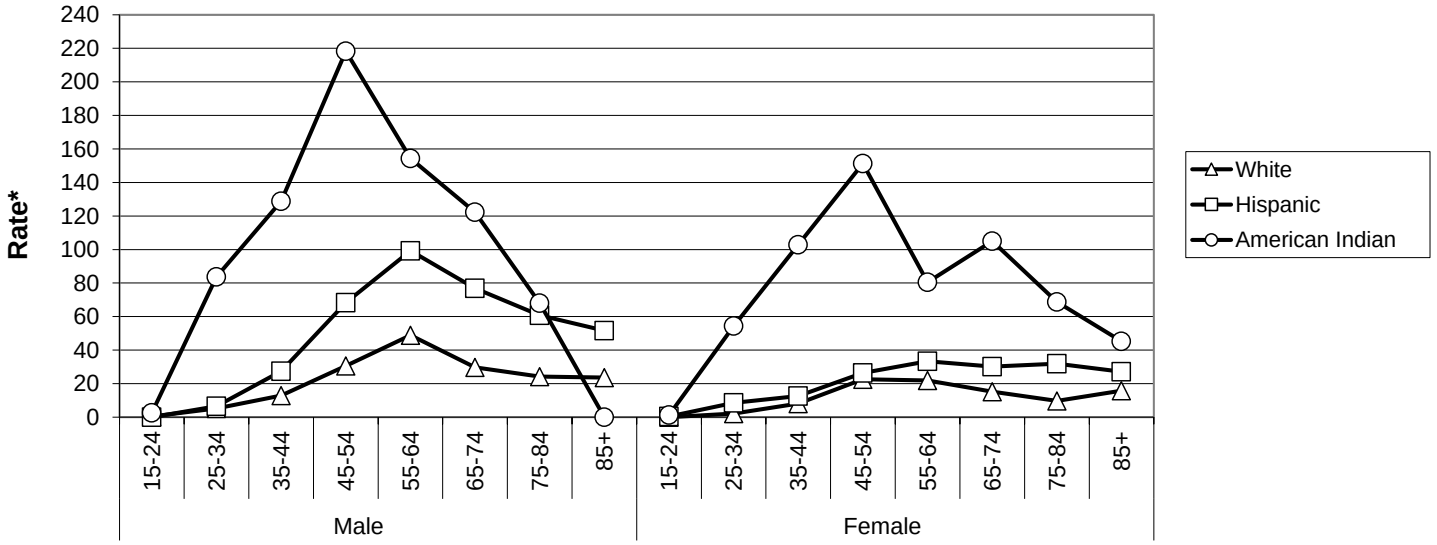
Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES

ALCOHOL-RELATED CHRONIC LIVER DISEASE (CLD) DEATH

Problem Statement

Alcohol-related chronic liver disease (AR-CLD) is a progressive disease caused by long-term alcohol abuse. It imposes a heavy burden of morbidity and mortality in New Mexico, and it is the principal driver of New Mexico's consistently high alcohol-related chronic disease death rate. Over the past 30 years, New Mexico's AR-CLD rate has trended upward while the national rate has decreased. In 1993, AR-CLD surpassed alcohol-related motor vehicle crash death as the leading cause of alcohol-related death in New Mexico. Since 1997, New Mexico's death rate from AR-CLD has consistently been substantially higher than the death rate from alcohol-related motor vehicle crashes.

Chart 1: Alcohol-Related CLD Death Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2014-2018



* Age-specific rates per 100,000

Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES

Table 1: Alcohol-Related CLD Deaths and Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2014-2018

		Deaths				Rates*			
Sex	Race/Ethnicity	Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	2	322	37	361	1.1	139.2	97.0	86.7
	Asian/Pacific Islander	0	5	2	7	0.0	10.5	22.1	9.1
	Black	0	7	5	12	0.0	10.6	42.2	9.6
	Hispanic	0	556	176	732	0.0	45.2	69.8	31.8
	White	1	284	130	415	0.2	27.0	27.5	14.7
	Total	3	1,176	350	1,529	0.2	44.8	44.6	27.5
Female	American Indian	1	239	49	289	0.5	94.7	87.4	62.4
	Asian/Pacific Islander	0	5	0	6	0.0	9.3	0.0	5.1
	Black	0	8	2	10	0.0	17.1	14.9	9.4
	Hispanic	2	239	93	335	0.2	19.3	30.2	13.6
	White	0	162	75	237	0.0	15.3	13.7	8.3
	Total	3	655	219	877	0.2	24.6	23.5	15.3
Total	American Indian	3	561	86	650	0.8	116.0	91.3	73.9
	Asian/Pacific Islander	0	10	2	12	0.0	9.8	10.4	6.7
	Black	0	15	7	22	0.0	13.3	28.7	9.3
	Hispanic	2	796	269	1,066	0.1	32.2	48.0	22.3
	White	1	446	205	653	0.1	21.1	20.1	11.4
	Total	6	1,832	569	2,407	0.2	34.6	33.1	21.2

* Age-specific rates (e.g., Ages 0-24) are per 100,000; all-ages rate is per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES

ALCOHOL-RELATED CHRONIC LIVER DISEASE (CLD) DEATH (continued)

Problem Statement (continued)

As Table 1 shows, more than 75% of AR-CLD deaths occur before age 65. Chart 1 shows the demographic distribution of AR-CLD death rates and graphically illustrates the extremely high burden of premature mortality this disease places on the American Indian population (both male and female), as well as on the Hispanic male population. The high death rates among American Indian males and females aged 25-64 years and Hispanic males aged 45-64 years represent a tremendous burden in terms of years of potential life lost (YPLLs), which estimates the average years a person would have lived if he or she had not died prematurely.

Chart 2 shows that AR-CLD death rates in McKinley and Rio Arriba counties are more than six times the national rate. Two-thirds of New Mexico's counties have rates more than twice the US rate. A number of counties with rates less than twice the US rate (e.g., Grant, Curry, Dona Ana) still have high rates compared to the US, and substantial numbers of deaths. The American Indian and/or Hispanic male rates tend to drive the county rates in all counties (data not shown). It is worth noting the relatively lower rates for American Indians in Valencia and San Juan counties and for Hispanics in Dona Ana County (Table 2).

Table 2: Alcohol-Related CLD Deaths and Rates* by Race/Ethnicity and County, New Mexico, 2014-2018

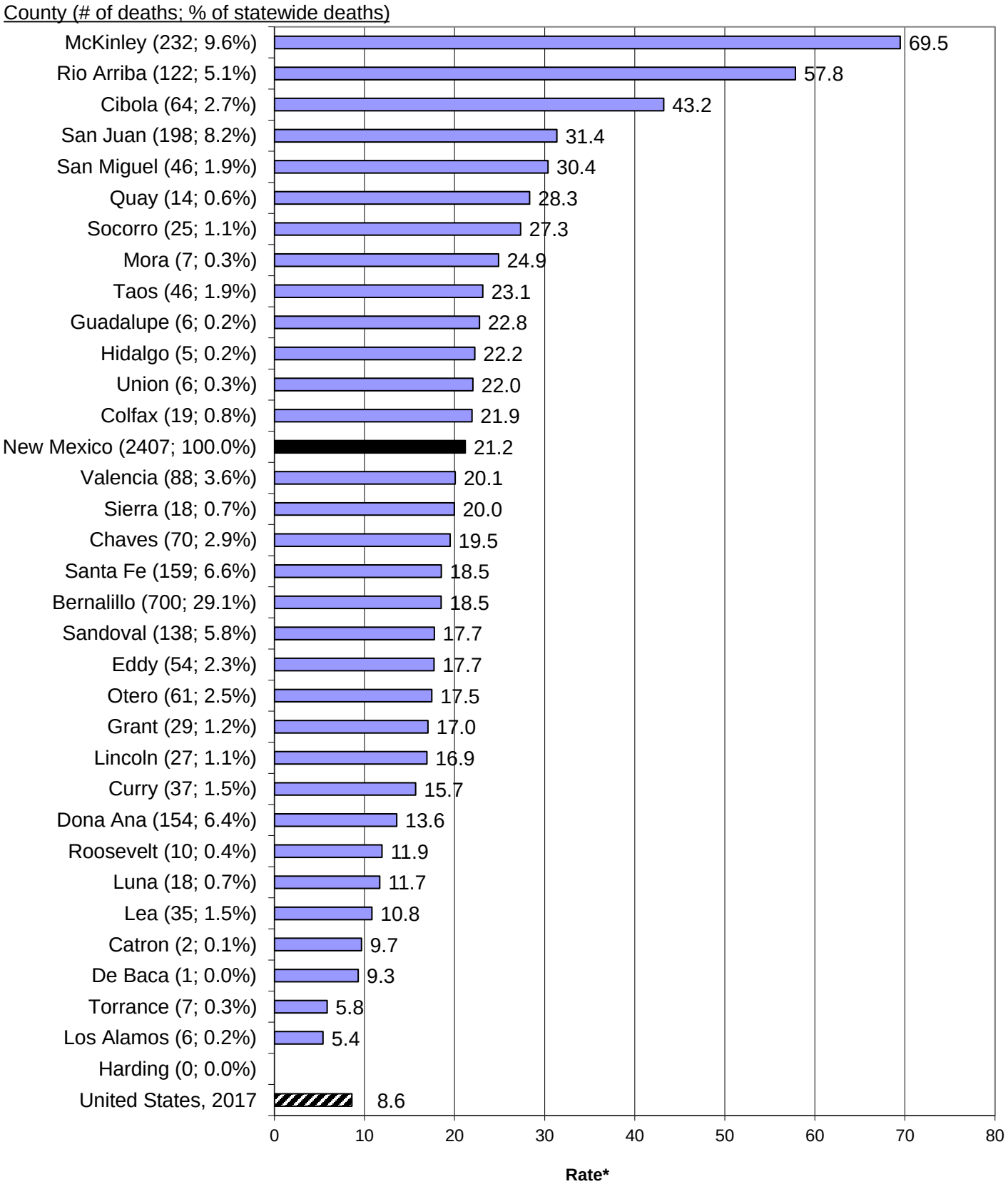
	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	92	6	13	362	227	700	68.0	5.9	11.4	23.1	12.3	18.5
Catron	0	0	0	1	0	2	0.0	0.0	0.0	40.6	0.0	9.7
Chaves	1	0	1	33	34	70	69.1	0.0	27.5	20.5	18.5	19.5
Cibola	41	0	0	16	7	64	75.9	0.0	0.0	30.8	19.9	43.2
Colfax	0	0	0	15	4	19	0.0	0.0	0.0	40.1	10.0	21.9
Curry	0	0	3	11	22	37	0.0	0.0	26.6	16.2	15.5	15.7
De Baca	0	0	0	1	0	1	0.0	0.0	0.0	25.0	0.0	9.3
Dona Ana	3	1	0	104	46	154	38.1	6.0	0.0	15.9	10.5	13.6
Eddy	1	0	0	22	30	54	38.0	0.0	0.0	19.5	17.5	17.7
Grant	0	1	0	16	12	29	0.0	126.2	0.0	22.5	9.8	17.0
Guadalupe	0	0	0	6	0	6	0.0	0.0	0.0	30.1	0.0	22.8
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	4	1	5	0.0	0.0	0.0	33.7	5.6	22.2
Lea	0	0	1	20	14	35	0.0	0.0	5.4	15.7	8.8	10.8
Lincoln	1	0	0	9	17	27	36.0	0.0	0.0	21.9	16.4	16.9
Los Alamos	0	0	0	1	5	6	0.0	0.0	0.0	6.2	5.8	5.4
Luna	0	0	0	9	9	18	0.0	0.0	0.0	11.8	11.7	11.7
McKinley	214	0	1	15	2	232	86.8	0.0	46.1	33.4	2.6	69.5
Mora	0	0	0	6	1	7	0.0	0.0	0.0	27.5	9.0	24.9
Otero	25	0	0	12	25	61	135.1	0.0	0.0	11.2	10.1	17.5
Quay	1	0	0	10	3	14	344.2	0.0	0.0	47.3	9.7	28.3
Rio Arriba	32	0	0	80	10	122	117.6	0.0	0.0	52.8	23.3	57.8
Roosevelt	0	0	0	4	6	10	0.0	0.0	0.0	13.2	13.2	11.9
Sandoval	55	0	1	45	37	138	70.8	0.0	4.1	17.2	8.4	17.7
San Juan	142	0	0	17	39	198	60.8	0.0	0.0	16.6	11.5	31.4
San Miguel	0	1	0	39	5	46	0.0	112.6	0.0	34.1	11.0	30.4
Santa Fe	14	2	0	104	39	159	74.0	20.0	0.0	26.4	8.2	18.5
Sierra	0	0	0	6	11	18	0.0	0.0	0.0	33.9	14.5	20.0
Socorro	8	0	0	10	7	25	91.9	0.0	0.0	20.3	15.5	27.3
Taos	13	0	0	25	7	46	118.1	0.0	0.0	25.2	6.1	23.1
Torrance	0	0	0	3	4	7	0.0	0.0	0.0	6.8	6.3	5.8
Union	0	0	0	6	0	6	0.0	0.0	0.0	62.0	0.0	22.0
Valencia	6	1	1	52	26	88	43.8	45.2	27.2	23.4	12.3	20.1
New Mexico	650	12	22	1,066	653	2,407	73.9	6.7	9.3	22.3	11.4	21.2

* All rates are per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES

ALCOHOL-RELATED CHRONIC LIVER DISEASE (CLD) DEATH (continued)

Chart 2: Alcohol-Related CLD Death Rates* by County, New Mexico, 2014-2018

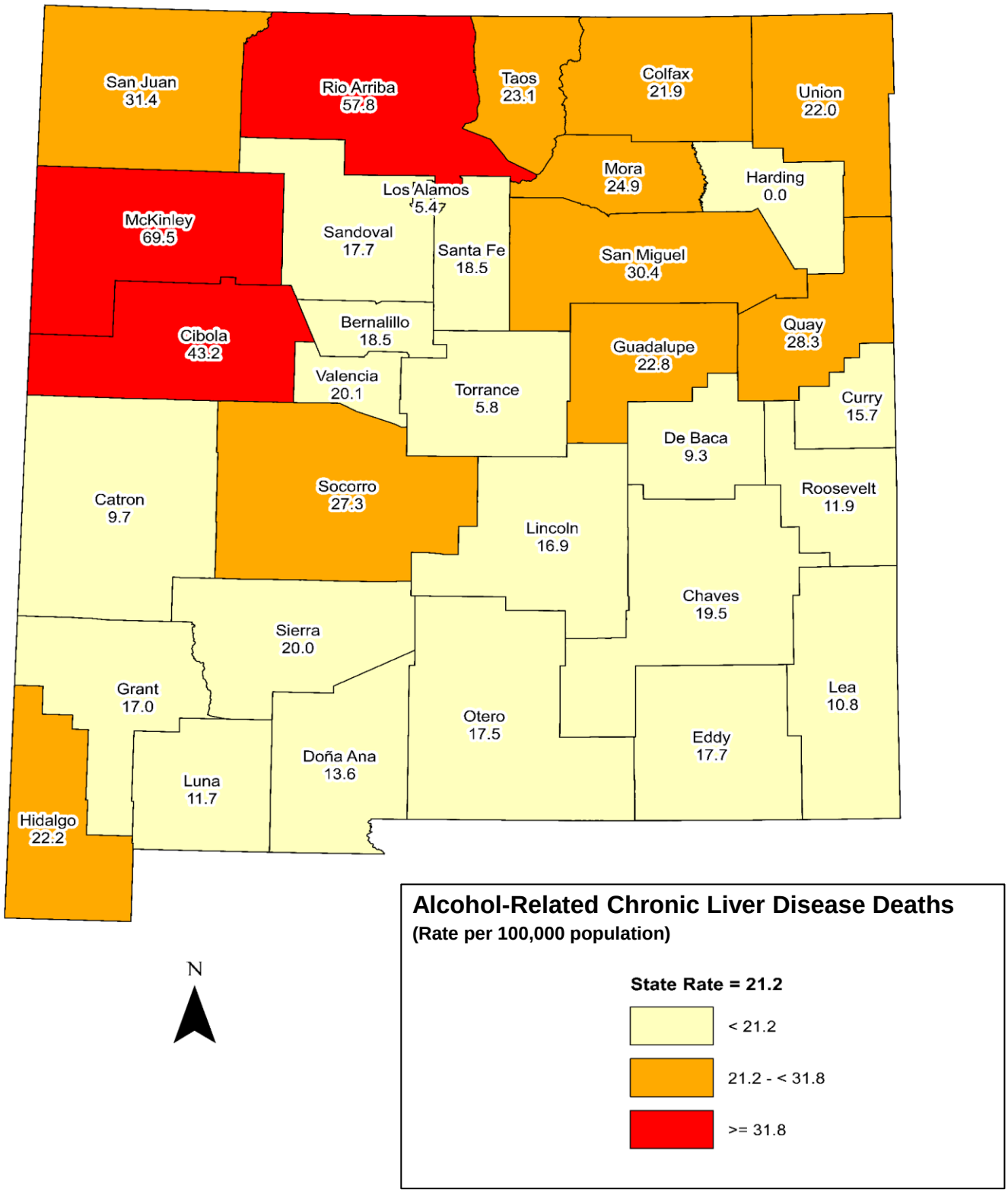


* All rates are per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files (NM); NCHS death and population files (US); CDC ARDI; SAES

ALCOHOL-RELATED CHRONIC LIVER DISEASE (CLD) DEATH (continued)

Chart 3: Alcohol-Related CLD Death Rates* by County, New Mexico, 2014-2018



* All rates are per 100,000, age-adjusted to the 2000 US standard population

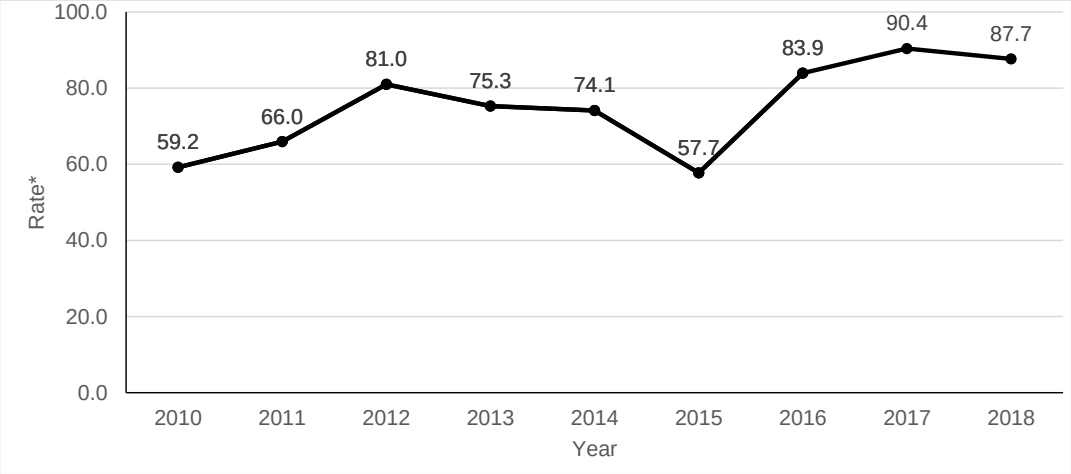
Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES

CHRONIC LIVER DISEASE (CLD) HOSPITAL DISCHARGES

Problem Statement

Excessive alcohol use is the most common cause of CLD. Other causes (e.g. acetaminophen use) are less common. CLD can develop over many years, in some cases 20-30 years, and data on hospitalizations can provide information on CLD risk earlier in the disease's development than AR-CLD mortality. However, CLD hospitalizations are not limited to alcohol-related conditions and include all hospital stays where the primary diagnosis was determined to be CLD. Additionally, CLD hospitalizations measure number of hospital stays rather than individuals diagnosed with CLD (i.e. a person can be hospitalized more than once). The rate of CLD hospitalizations in 2018 (87.7 hospitalizations per 100,000 population) is an increase of 48% compared to 2010 (59.2 hospitalizations per 100,000). Women are at lower risk than men. Women who identify as Asian/Pacific Islander have the lowest rates whereas men who identify as American Indian have the highest rates.

Chart 1: Alcohol-Related CLD Discharge Rates*, New Mexico, 2010-2018



* Rates per 100,000 population

Sources: NMDOH HIDD files and UNM-GPS population files; SAES

Table 1: CLD Hospital Discharges and Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2014-2018

		Hospital Discharges				Rates*			
Sex	Race/Ethnicity	Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	8	1,065	95	1,168	4.3	460.8	249.2	255.5
	Asian/Pacific Islander	0	36	3	39	0.0	78.8	36.8	48.6
	Black	0	35	9	44	0.0	51.7	73.1	34.7
	Hispanic	22	1,764	412	2,198	2.1	143.5	163.8	86.9
	White	13	1,178	371	1,562	2.7	111.9	78.3	77.7
	Total	43	4,078	890	5,011	2.7	159.7	117.6	99.2
Female	American Indian	14	777	210	1,001	7.5	307.4	376.3	202.4
	Asian/Pacific Islander	0	18	14	32	0.0	30.9	107.3	33.1
	Black	0	38	6	44	0.0	79.5	49.6	44.2
	Hispanic	29	1,013	413	1,455	2.9	81.5	134.0	56.7
	White	9	747	361	1,117	2.0	70.2	66.3	54.5
	Total	52	2,669	1,028	3,749	3.0	100.1	110.1	70.7
Total	American Indian	22	1,842	305	2,169	5.9	380.7	324.7	241.2
	Asian/Pacific Islander	0	54	17	71	0.0	52.0	80.1	37.2
	Black	0	73	15	88	0.0	63.2	61.5	40.6
	Hispanic	51	2,777	825	3,653	2.5	112.3	147.4	78.0
	White	22	1,926	732	2,680	2.4	91.0	71.9	57.3
	Total	100	6,865	1,950	8,915	2.9	129.7	113.5	82.8

* Age-specific rates (e.g., Ages 0-24) are per 100,000; all-ages rate is per 100,000, age-adjusted to the 2000 US standard population

There were 254 visits for which Race-Ethnicity or Sex was missing

Sources: NMDOH HIDD files and UNM-GPS population files; SAES

CHRONIC LIVER DISEASE (CLD) HOSPITAL DISCHARGES (continued)

Problem Statement (continued)

The number of hospitalizations for CLD can be used as a measure of the impact of CLD on the medical system and the need for care. Between 2014 to 2018, there were 8,915 hospitalizations reported by non-federal facilities. This equates to approximately 4.5 hospitalizations for CLD every day in New Mexico.

For 2014-2018, McKinley County had the highest rate of CLD hospitalizations (135.4 hospitalizations per 100,000 population), followed by Cibola (114.6 hospitalizations per 100,000 population), Rio Arriba (110.7 hospitalizations per 100,000 population), and Sierra (99.0 hospitalizations per 100,000 population). De Baca (0.0 hospitalizations per 100,000 population) and Eddy County (6.5 hospitalizations per 100,000 population) had the lowest rates.

It is important to note that federal facilities (e.g. Indian Health Services and Veterans Administration) are not included in these results.

Table 2: CLD Hospital Discharges and Rates* by Race/Ethnicity and County, New Mexico, 2014-2018

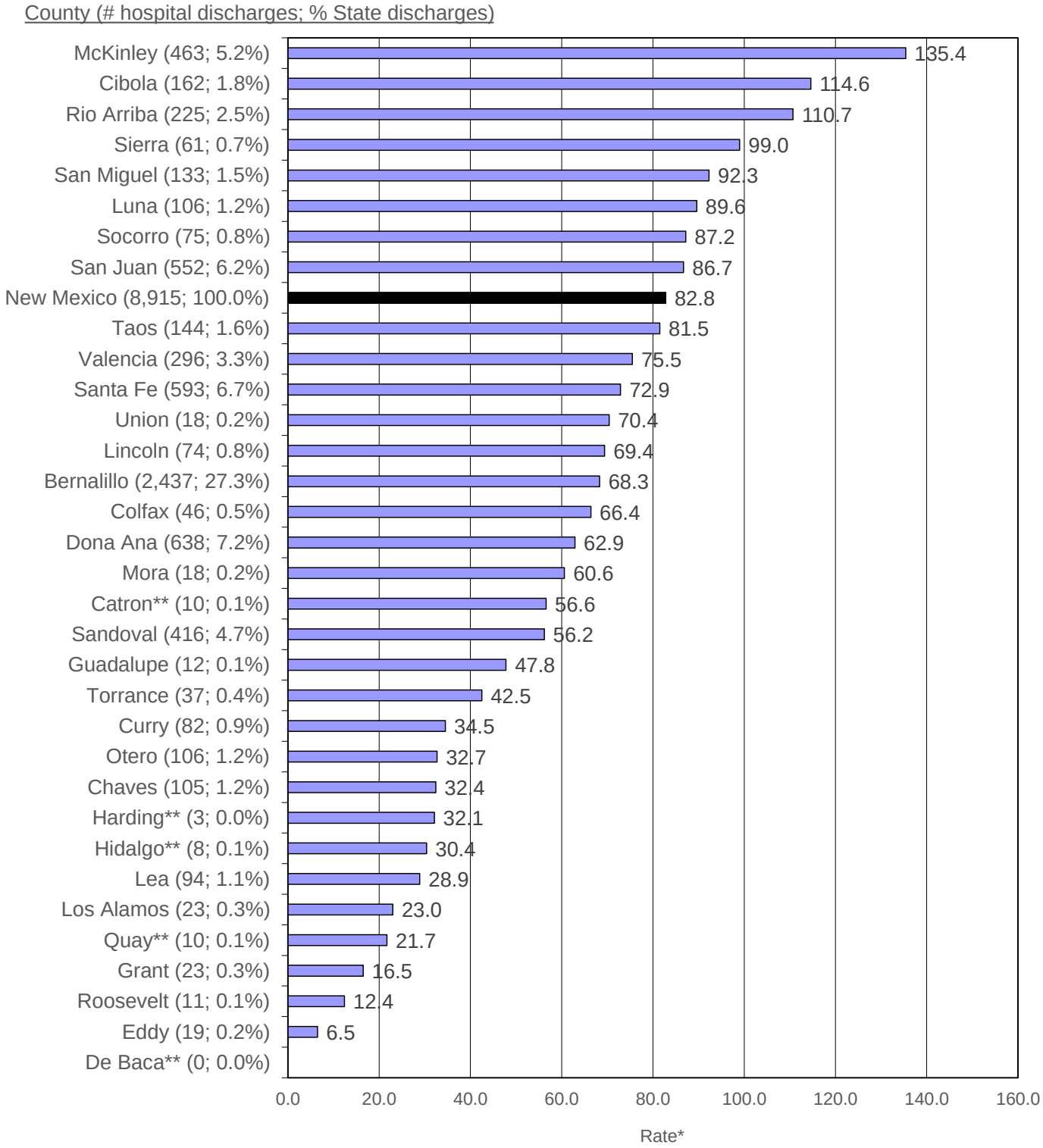
	Hospital Discharges						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	396	22	20	1,000	930	2,437	271.9	21.1	20.2	63.5	58.0	68.3
Catron	0	0	0	3	7	10	0.0	0.0	0.0	80.9	56.0	56.6
Chaves	2	0	1	16	86	105	74.1	0.0	19.4	9.8	58.4	32.4
Cibola	104	5	1	23	18	162	200.4	671.5	58.2	44.1	62.9	114.6
Colfax	0	0	0	27	18	46	0.0	0.0	0.0	83.4	52.4	66.4
Curry	0	0	12	40	30	82	0.0	0.0	87.4	49.9	22.1	34.5
De Baca	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Dona Ana	6	0	4	381	233	638	77.0	0.0	21.1	60.5	73.3	62.9
Eddy	1	0	0	7	11	19	31.1	0.0	0.0	5.7	6.6	6.5
Grant	0	0	0	9	13	23	0.0	0.0	0.0	12.6	20.6	16.5
Guadalupe	0	0	0	8	4	12	0.0	0.0	0.0	41.1	88.7	47.8
Harding	0	0	0	3	0	3	0.0	0.0	0.0	80.0	0.0	32.1
Hidalgo	0	0	0	4	4	8	0.0	0.0	0.0	33.9	19.7	30.4
Lea	0	0	2	55	36	94	0.0	0.0	16.2	37.1	26.3	28.9
Lincoln	5	0	2	23	44	74	192.3	0.0	261.3	73.6	65.7	69.4
Los Alamos	0	0	0	5	18	23	0.0	0.0	0.0	34.0	23.8	23.0
Luna	0	0	1	65	39	106	0.0	0.0	71.4	90.2	105.1	89.6
McKinley	381	10	1	31	23	463	150.4	252.5	43.0	71.5	57.8	135.4
Mora	0	0	0	16	2	18	0.0	0.0	0.0	66.7	53.6	60.6
Otero	32	1	1	38	29	106	171.4	17.3	8.5	34.6	16.4	32.7
Quay	0	0	0	7	3	10	0.0	0.0	0.0	35.0	15.1	21.7
Rio Arriba	74	0	0	127	21	225	269.9	0.0	0.0	90.2	65.2	110.7
Roosevelt	0	0	0	6	5	11	0.0	0.0	0.0	17.8	8.8	12.4
Sandoval	161	2	0	111	120	416	199.6	15.4	0.0	43.8	31.9	56.2
San Juan	355	0	2	55	131	552	152.2	0.0	55.3	53.2	47.1	86.7
San Miguel	4	0	0	106	20	133	267.0	0.0	0.0	95.6	59.2	92.3
Santa Fe	61	4	3	347	170	593	307.1	31.4	37.6	91.9	43.6	72.9
Sierra	1	0	0	15	44	61	120.7	0.0	0.0	93.5	98.5	99.0
Socorro	35	0	0	28	11	75	369.3	0.0	0.0	64.9	30.7	87.2
Taos	33	0	0	68	34	144	333.1	0.0	0.0	70.8	49.2	81.5
Torrance	0	0	2	9	24	37	0.0	0.0	175.6	28.2	48.4	42.5
Union	0	0	0	14	4	18	0.0	0.0	0.0	147.0	26.1	70.4
Valencia	70	4	3	126	84	296	474.3	150.2	59.3	57.8	51.8	75.5
New Mexico	2,169	71	88	3,653	2,680	8,915	241.2	37.2	40.6	78.0	57.3	82.8

* All rates are per 100,000, age-adjusted to the 2000 US standard population. There were 254 visits for which Race-Ethnicity or Sex was missing

Sources: NMDOH HIDD files and UNM-GPS population files; SAES

CHRONIC LIVER DISEASE (CLD) HOSPITAL DISCHARGES (continued)

Chart 2: CLD Discharges Rates* by County, New Mexico, 2014-2018



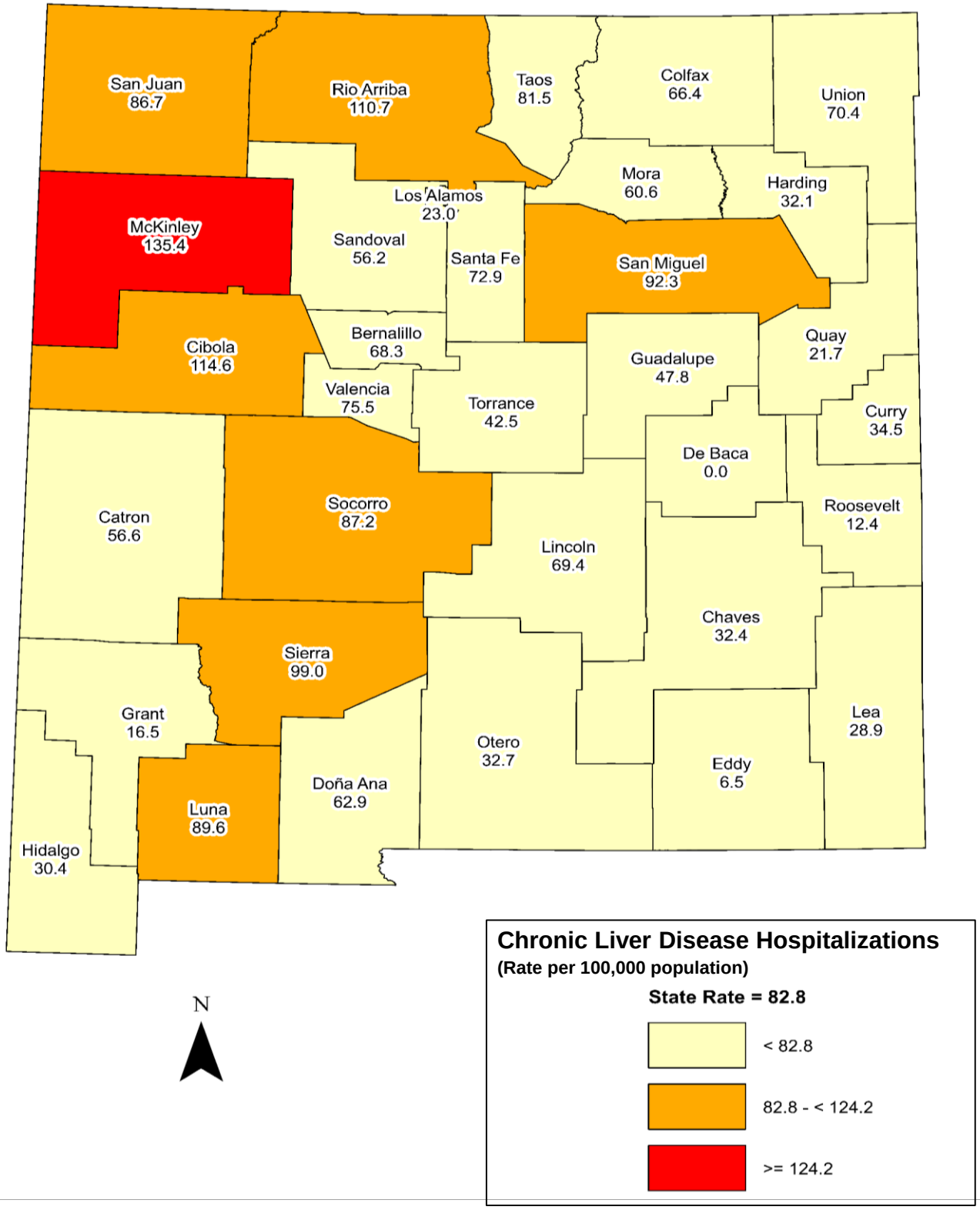
* All rates are per 100,000, age-adjusted to the 2000 US standard population

** Unstable rate due to small number of cases (<10)

Sources: NMDOH HIDD files and UNM-GPS population files (NM); SAES

CHRONIC LIVER DISEASE (CLD) HOSPITAL DISCHARGES (continued)

Chart 3: Alcohol-Related CLD Discharges Rates* by County, New Mexico, 2014-2018



* All rates are per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH HIDD files and UNM-GPS population files; SAES

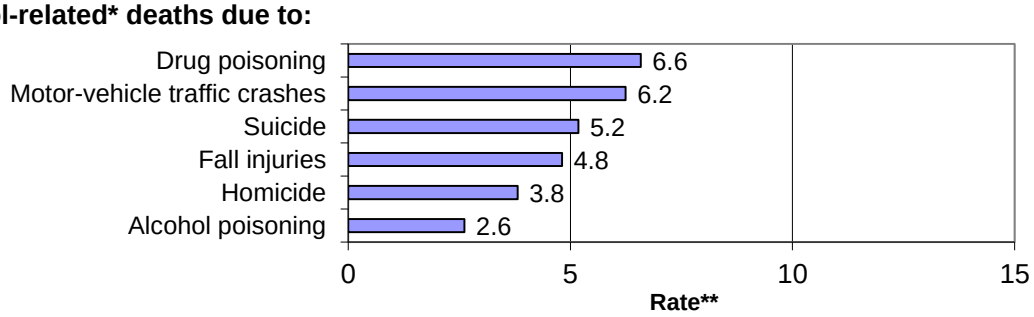
ALCOHOL-RELATED INJURY DEATH

Problem Statement

Binge drinking (defined as having five drinks or more on an occasion for men and four drinks or more on an occasion for women) is a high-risk behavior associated with numerous injury outcomes, including motor vehicle fatalities, homicide, and suicide. Since 1990, New Mexico's death rate for alcohol-related (AR) injury has consistently been among the highest in the nation, ranging from 1.4 to 1.8 times the national rate. While NM's alcohol-impaired motor vehicle crash fatality rates have declined almost 64% since 1990, death rates from other AR injuries have increased. Chart 1 shows the top six leading causes of alcohol-related injury death between 2014 and 2018 with AR drug poisoning (i.e. drug overdose) death ranking at number one. Since the early 1990s, the AR fall death rate peaked in 2007-09 and has declined since while AR poisoning has continued to rise. During the period 2008-2018, AR drug poisoning deaths replaced AR motor vehicle crash deaths as the leading cause of alcohol-related injury death in New Mexico.

Table 1 shows that total death rates from AR injuries increase with age. However, there were substantially high numbers and rates of AR injury death in the lowest age category (ages 0-24) with especially high rates among males excluding Asian/Pacific Islanders. Deaths in this age category represent a very large burden of premature mortality (YPLL: Years of Potential Life Lost).

Chart 1: Top 6 Leading Causes of Alcohol-Related Injury Death, New Mexico, 2014-2018



* Rates reflect only alcohol-attributable portion of deaths from cause

** Rates are rolling 5-year average per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES

Table 1: Alcohol-Related Injury Deaths and Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2014-2018

		Deaths				Rates*			
Sex	Race/Ethnicity	Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	49	328	31	408	26.3	141.9	80.4	94.9
	Asian/Pacific Islander	2	6	4	12	6.9	12.9	52.9	16.4
	Black	8	42	2	52	18.0	61.5	18.5	40.1
	Hispanic	177	684	116	977	16.9	55.6	46.3	41.4
	White	68	472	271	811	14.1	44.8	57.2	36.5
	Total	306	1,541	429	2,275	17.1	58.7	54.7	44.7
Female	American Indian	15	90	15	121	8.3	35.7	27.7	25.6
	Asian/Pacific Islander	1	4	2	7	3.4	7.0	17.9	7.3
	Black	2	9	1	11	5.0	17.8	6.8	12.6
	Hispanic	49	215	100	364	4.9	17.3	32.4	15.0
	White	18	211	236	466	4.1	19.8	43.4	17.3
	Total	86	532	355	973	5.0	20.0	38.1	17.3
Total	American Indian	65	418	46	529	17.3	86.4	49.1	58.5
	Asian/Pacific Islander	3	10	7	19	5.2	9.6	31.4	11.0
	Black	10	50	3	64	12.0	43.4	12.7	28.7
	Hispanic	226	899	216	1,341	11.0	36.3	38.6	28.1
	White	86	683	508	1,277	9.4	32.3	49.8	27.0
	Total	392	2,073	784	3,249	11.2	39.2	45.7	30.9

* Age-specific rates (e.g., Ages 0-24) are per 100,000; all-ages rate is per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES

ALCOHOL-RELATED INJURY DEATH (continued)

Problem Statement (continued)

Table 1 shows that males are more at risk of AR injury death than females. Male rates are two to three times higher than female rates across all racial/ethnic categories. American Indian males had the highest risk, with a rate roughly three times the state rate and more than twice the White male rate. American Indian females are also at an increased risk compared to females in other racial/ethnic groups.

Table 2 shows that AR injury is a serious issue in many New Mexico counties. McKinley, Rio Arriba, Mora, Catron, Sierra, and San Juan counties have rates more than twice the US rate (Chart 2). Half of NM counties have rates 1.5 times that of the US rate or more. A number of counties have both high rates and a relatively heavy burden (e.g., 20 or more alcohol-related injury deaths per year). Rio Arriba County's high rate is driven by high rates in the Hispanic population. In McKinley and San Juan counties, elevated rates are driven by high rates in the American Indian population. Only four New Mexico counties had AR injury death rates that were lower than the national rate.

Table 2: Alcohol-Related Injury Deaths and Rates* by Race/Ethnicity and County, New Mexico, 2014-2018

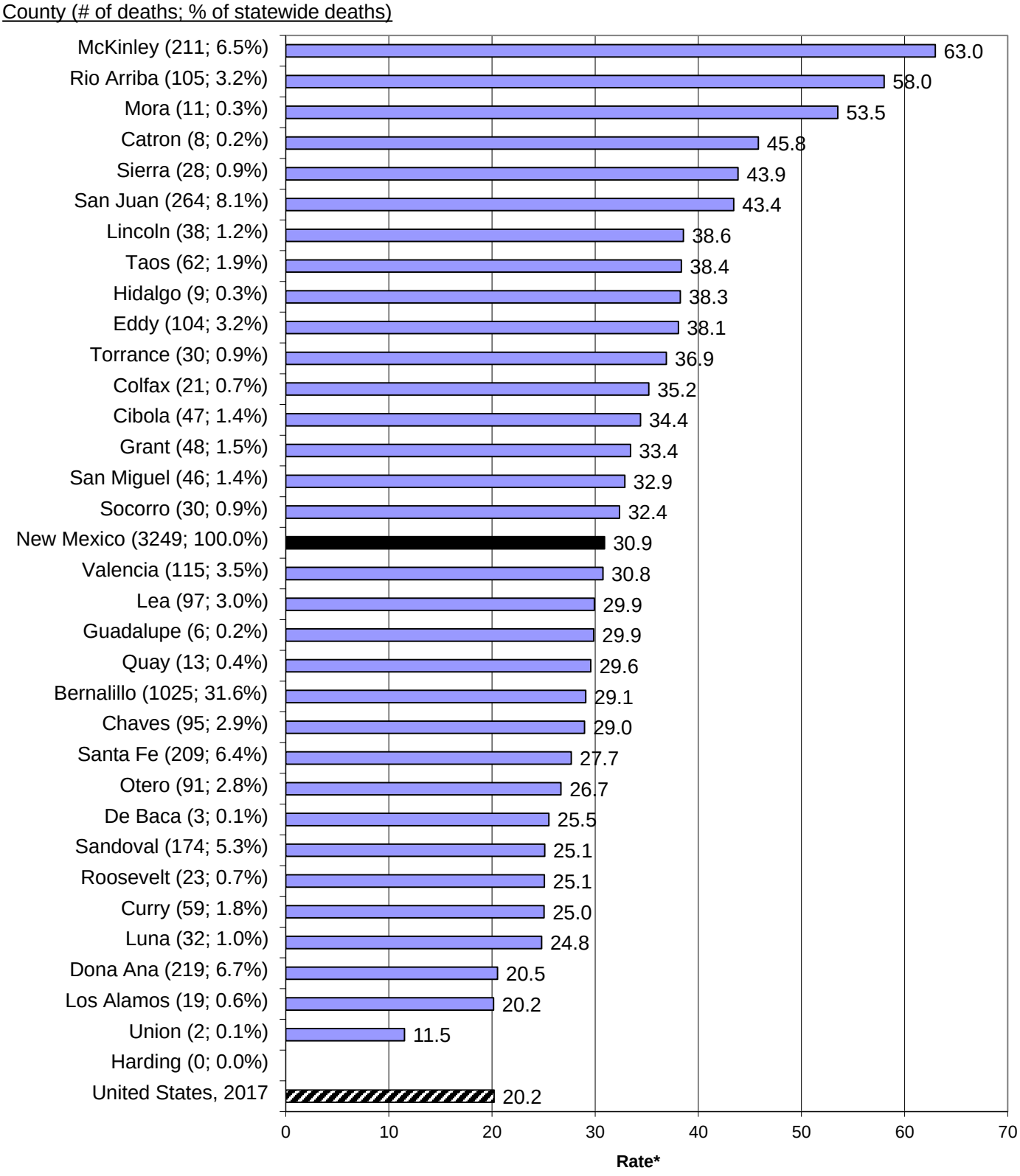
	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	61	11	33	479	435	1,025	42.3	11.8	32.4	29.8	26.0	29.1
Catron	1	0	0	1	6	8	85.5	0.0	0.0	26.0	48.9	45.8
Chaves	0	0	4	46	45	95	0.0	0.0	79.1	27.0	29.8	29.0
Cibola	22	0	0	14	11	47	42.0	0.0	0.0	27.3	33.2	34.4
Colfax	0	0	0	12	9	21	0.0	0.0	0.0	39.9	30.0	35.2
Curry	0	1	4	21	33	59	0.0	25.1	29.3	23.1	24.8	25.0
De Baca	0	0	0	1	1	3	0.0	0.0	0.0	34.7	23.4	25.5
Dona Ana	1	1	3	125	87	219	7.1	10.0	15.6	18.6	22.7	20.5
Eddy	2	0	2	42	58	104	48.3	0.0	64.7	33.1	41.1	38.1
Grant	1	0	0	21	26	48	57.5	0.0	0.0	30.3	38.6	33.4
Guadalupe	0	0	0	5	1	6	0.0	0.0	0.0	32.7	23.0	29.9
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	5	5	9	0.0	0.0	0.0	33.7	42.9	38.3
Lea	0	0	5	43	47	97	0.0	0.0	43.4	25.3	35.2	29.9
Lincoln	1	0	0	10	27	38	36.0	0.0	0.0	31.2	43.9	38.6
Los Alamos	0	0	0	3	16	19	0.0	0.0	0.0	19.4	22.4	20.2
Luna	0	0	0	12	20	32	0.0	0.0	0.0	16.5	36.7	24.8
McKinley	186	0	0	14	10	211	73.1	0.0	0.0	35.1	29.9	63.0
Mora	0	0	0	9	2	11	0.0	0.0	0.0	52.6	64.2	53.5
Otero	13	0	2	22	54	91	63.0	0.0	20.7	19.4	27.7	26.7
Quay	0	0	0	6	7	13	0.0	0.0	0.0	31.1	28.6	29.6
Rio Arriba	11	0	1	85	7	105	43.8	0.0	226.2	64.3	34.1	58.0
Roosevelt	0	0	1	9	12	23	0.0	0.0	67.7	29.7	19.9	25.1
Sandoval	42	0	2	49	79	174	52.3	0.0	14.1	19.2	21.9	25.1
San Juan	164	0	1	27	72	264	69.4	0.0	24.9	25.5	25.7	43.4
San Miguel	1	0	0	35	9	46	107.5	0.0	0.0	33.1	29.8	32.9
Santa Fe	7	3	1	113	83	209	34.9	21.0	14.2	30.7	22.0	27.7
Sierra	0	0	0	4	23	28	0.0	0.0	0.0	23.4	53.6	43.9
Socorro	4	0	0	16	10	30	45.6	0.0	0.0	37.7	21.7	32.4
Taos	5	0	0	35	22	62	70.7	0.0	0.0	37.1	36.7	38.4
Torrance	1	0	0	10	18	30	64.4	0.0	0.0	33.8	35.7	36.9
Union	0	0	0	1	1	2	0.0	0.0	0.0	14.2	9.9	11.5
Valencia	5	1	1	67	40	115	28.2	33.9	37.1	30.6	29.7	30.8
New Mexico	529	19	64	1,341	1,277	3,249	58.5	11.0	28.7	28.1	27.0	30.9

* All rates are per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES

ALCOHOL-RELATED INJURY DEATH (continued)

Chart 2: Alcohol-Related Injury Death Rates* by County, New Mexico, 2014-2018

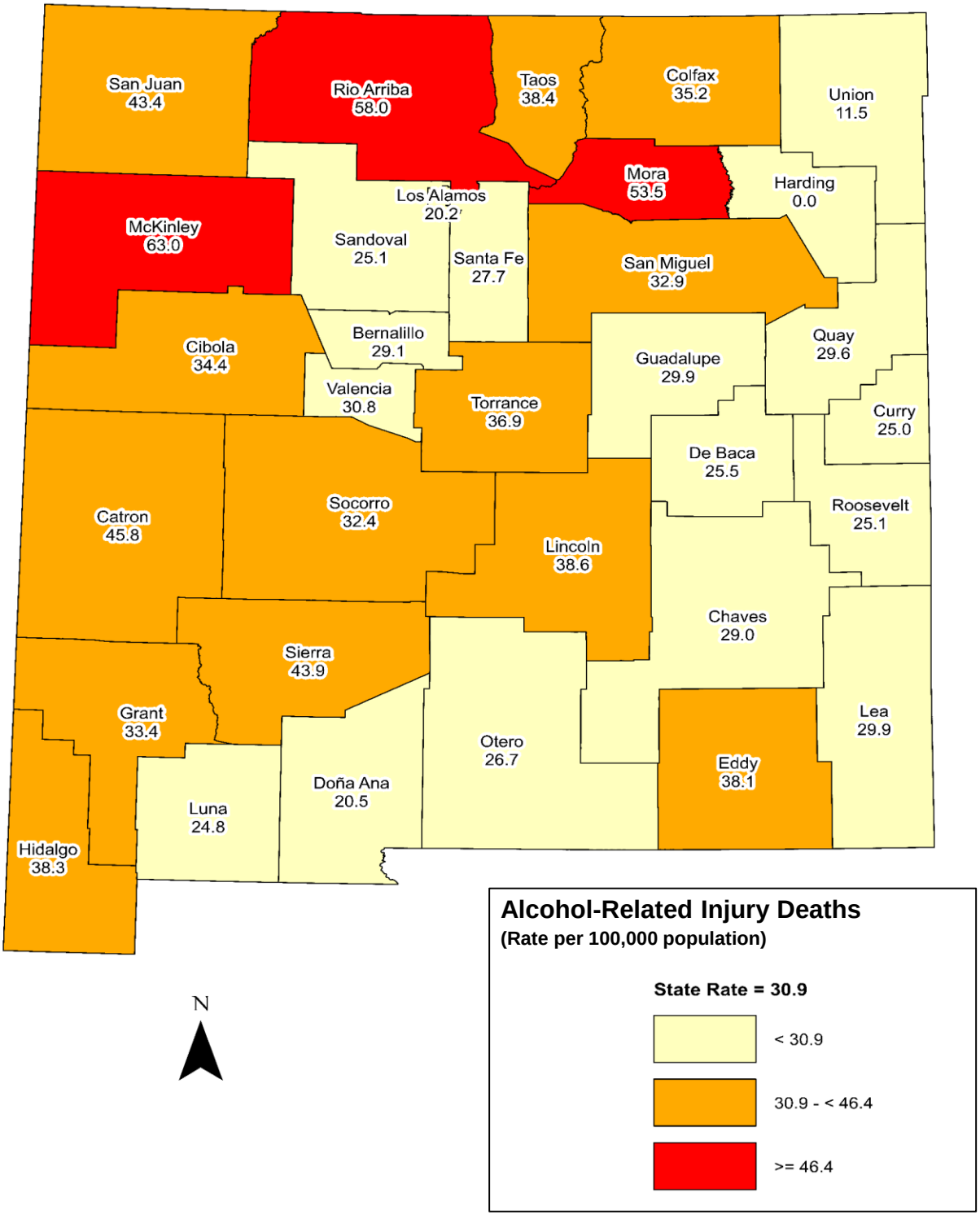


* All rates are per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files (NM); NCHS death and population files (US); CDC ARDI; SAES

ALCOHOL-RELATED INJURY DEATH (continued)

Chart 3: Alcohol-Related Injury Death Rates* by County, New Mexico, 2014-2018



* All rates are per 100,000, age-adjusted to the 2000 US standard population

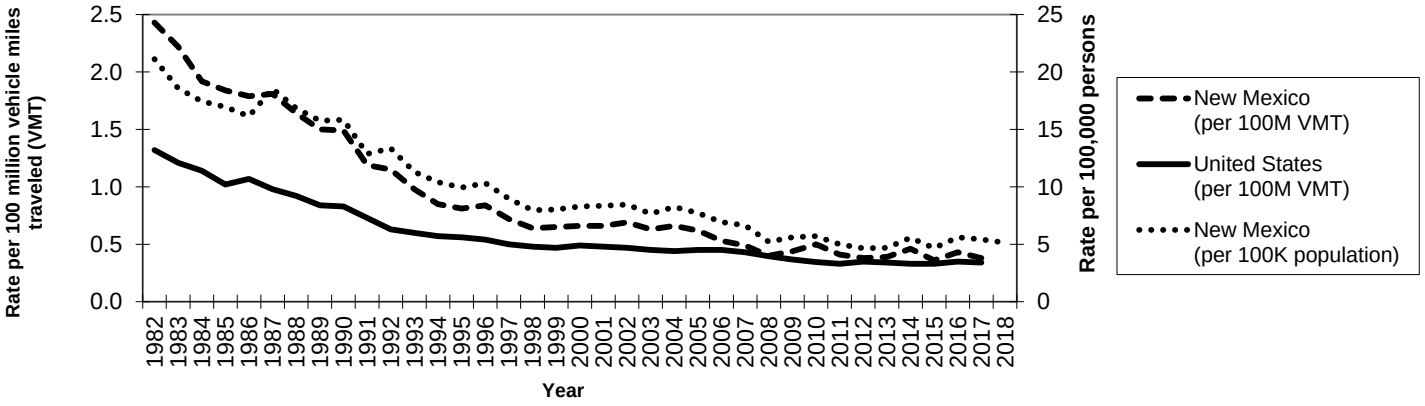
Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES

ALCOHOL-RELATED MOTOR VEHICLE TRAFFIC CRASH (MVTC) DEATH

Problem Statement

Alcohol-related motor vehicle traffic crash (AR-MVTC) death has historically been the leading cause of alcohol-related injury death until being surpassed by drug poisoning (i.e. AR drug overdose). AR-MVTC deaths provide a hopeful example of a substance-related health outcome that has been successfully reduced by using a public health approach, both nationally and in New Mexico. From 1982 through 2010, in response to a wide range of policy and preventive interventions, New Mexico's alcohol-impaired motor vehicle traffic crash (AI-MVTC) fatality rate declined more dramatically than the US rate, decreasing 83% and dropping New Mexico from first to tenth among states in AI-MVTC fatalities per 100,000 population. In terms of deaths per 100 million vehicle miles traveled (VMT), New Mexico's AI-MVTC fatality rate in 2017 (0.38) was about one-sixth what it was in 1982 (2.4). Furthermore, a comprehensive AR-MVTC prevention campaign in place from 2005-2009 was successful in reinitiating rate decreases that had been stalled since the late 1990s. From 2004 to 2012, New Mexico's AI-MVTC fatality rate per 100 million VMT dropped 42%.

Chart 1: Alcohol-Impaired MVTC Fatality Rates*, New Mexico and United States, 1982-2018



* Deaths in motor vehicle traffic crashes with highest driver blood alcohol content (BAC) >= 0.08; rates are crude rates per 100 million vehicle miles traveled (VMT) (NM and US through 2017); and per 100,000 population (NM through 2018)

Source: National Highway Traffic Safety Administration (NHTSA) Fatality Analysis Reporting System (FARS); NCHS (population)

Table 1: Alcohol-Related MVTC Deaths/Rates[1,2] by Age, Sex, and Race/Ethnicity, New Mexico, 2014-2018

		Deaths				Rates*			
Sex	Race/Ethnicity	Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	24	96	2	122	12.6	41.7	5.0	26.2
	Asian/Pacific Islander	1	1	0	2	2.3	2.1	0.0	2.5
	Black	2	8	0	10	4.6	11.6	0.0	7.9
	Hispanic	59	150	7	215	5.6	12.2	2.7	8.6
	White	23	99	11	133	4.7	9.5	2.3	7.0
	Total	108	357	20	485	6.0	13.6	2.6	9.6
Female	American Indian	7	28	1	36	4.0	10.9	1.3	7.3
	Asian/Pacific Islander	0	1	0	1	0.0	1.1	0.0	0.8
	Black	1	2	0	3	2.5	3.7	0.0	3.2
	Hispanic	18	42	2	62	1.8	3.4	0.6	2.5
	White	6	26	4	36	1.4	2.4	0.8	2.0
	Total	33	98	7	138	1.9	3.7	0.8	2.8
Total	American Indian	31	124	3	158	8.3	25.6	2.8	16.4
	Asian/Pacific Islander	1	2	1	3	1.2	1.5	2.5	1.6
	Black	3	10	0	13	3.6	8.3	0.0	5.9
	Hispanic	77	192	9	277	3.7	7.8	1.6	5.5
	White	29	125	15	169	3.1	5.9	1.5	4.6
	Total	140	455	27	623	4.0	8.6	1.6	6.2

* Age-specific rates (e.g., Ages 0-24) per 100,000 population; all-ages rate per 100,000 population, age-adjusted to 2000 US standard population

[1] Alcohol-related motor vehicle traffic crash (AR-MVTC) deaths estimated based on CDC ARDI alcohol-attributable fractions (BAC>=0.10)

[2] These death counts/rates are estimates. They do not equal the actual deaths/rates reported in Charts 1-3 based on FARS. ARDI-based deaths/rates are included here to describe the demographic distribution of AR-MVTC deaths, which is not available from FARS.

Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES

ALCOHOL-RELATED MOTOR VEHICLE TRAFFIC CRASH (MVTC) DEATH

Problem Statement (continued)

Data Note - Tables 1 and 2 show the demographic distribution of AR-MVTC deaths in New Mexico. Because demographic data are not readily available from the Fatality Analysis Reporting System (FARS) for motor vehicle crash death (used for Charts 1-3), death certificate data for alcohol-related motor vehicle crash deaths were used to provide the demographic descriptions in Tables 1 and 2. Because they are based on different data sources, the total and county-level rates reported in Tables 1 and 2 do not match the rates reported in Charts 1-3.

The most pronounced feature of the demographic profile of AR-MVTC deaths is the elevated rates among both male and female American Indians. A finer breakdown by age (not shown) shows that rates are especially high among American Indian males ages 15-54 and American Indian females ages 25-44. Hispanic and White male rates are highest in the age range 15-54. Chart 2 shows that, among counties for which stable rates can be calculated, McKinley, Cibola, Taos, Rio Arriba, and San Juan counties have substantial AI-MVTC fatalities and high rates; other counties have high rates but fewer deaths.

Table 2: Alcohol-Related MVTC Deaths and Rates*[1,2] by Race/Ethnicity and County, New Mexico, 2014-2018

	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	18	2	6	85	42	154	11.6	1.7	5.4	5.0	3.2	4.5
Catron	0	0	0	0	2	2	0.0	0.0	0.0	0.0	28.9	23.9
Chaves	0	0	0	13	6	19	0.0	0.0	0.0	7.0	4.7	6.1
Cibola	10	0	0	3	1	14	19.2	0.0	0.0	5.6	4.2	10.5
Colfax	0	0	0	1	2	3	0.0	0.0	0.0	4.8	5.0	5.0
Curry	0	0	2	5	6	13	0.0	0.0	9.8	4.9	4.9	5.2
De Baca	0	0	0	0	1	1	0.0	0.0	0.0	0.0	21.3	10.5
Dona Ana	0	0	1	31	9	42	0.0	0.0	5.5	4.3	2.8	3.9
Eddy	1	0	1	12	12	26	40.5	0.0	28.7	8.6	10.4	10.1
Grant	0	0	0	2	2	4	0.0	0.0	0.0	2.4	3.0	2.9
Guadalupe	0	0	0	2	0	2	0.0	0.0	0.0	12.8	0.0	11.1
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	0	1	1	0.0	0.0	0.0	0.0	9.6	3.9
Lea	0	0	1	21	12	35	0.0	0.0	11.0	11.1	10.5	10.6
Lincoln	0	0	0	2	5	7	0.0	0.0	0.0	4.8	12.2	8.7
Los Alamos	0	0	0	0	2	2	0.0	0.0	0.0	0.0	3.0	2.1
Luna	0	0	0	2	3	5	0.0	0.0	0.0	2.5	7.9	4.5
McKinley	53	0	0	3	2	58	19.5	0.0	0.0	6.8	8.8	16.9
Mora	0	0	0	3	2	5	0.0	0.0	0.0	19.3	62.1	25.4
Otero	4	0	1	5	7	16	18.4	0.0	3.6	4.1	4.2	5.0
Quay	0	0	0	1	1	2	0.0	0.0	0.0	5.8	4.7	5.2
Rio Arriba	1	0	0	14	1	16	3.2	0.0	0.0	11.4	5.4	9.5
Roosevelt	0	0	0	4	2	7	0.0	0.0	0.0	12.6	3.3	8.4
Sandoval	13	0	1	10	6	30	15.2	0.0	4.2	3.7	2.4	4.6
San Juan	53	0	0	8	16	76	20.7	0.0	0.0	6.7	6.7	12.5
San Miguel	0	0	0	4	1	5	0.0	0.0	0.0	3.4	2.6	3.4
Santa Fe	1	0	0	16	10	27	4.1	0.0	0.0	4.3	3.4	4.0
Sierra	0	0	0	1	3	4	0.0	0.0	0.0	6.3	12.0	9.3
Socorro	0	0	0	3	1	4	0.0	0.0	0.0	6.9	4.0	5.2
Taos	2	0	0	8	3	14	24.2	0.0	0.0	10.3	8.2	10.2
Torrance	1	0	0	3	2	6	33.9	0.0	0.0	9.1	6.5	8.3
Union	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Valencia	1	0	0	15	6	23	9.6	0.0	0.0	6.7	6.2	6.6
New Mexico	158	3	13	277	169	623	16.4	1.6	5.9	5.5	4.6	6.2

* All rates are per 100,000 population, age-adjusted to the 2000 US standard population

[1] Alcohol-related motor vehicle traffic crash (AR-MVTC) deaths estimated based on CDC ARDI alcohol-attributable fractions (BAC>=0.10)

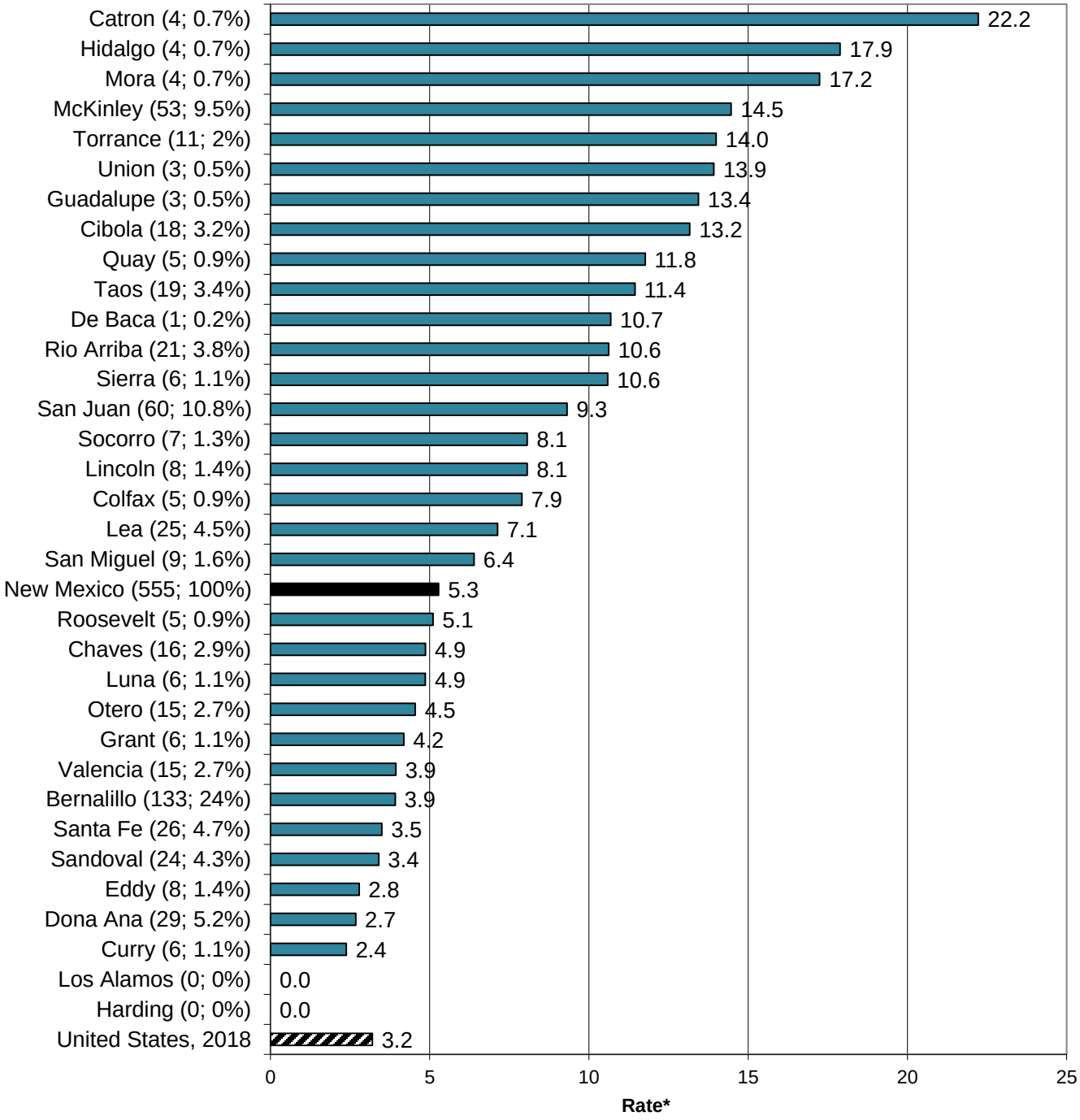
[2] See footnote 2 for Table 1

Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES

ALCOHOL-RELATED MOTOR VEHICLE TRAFFIC CRASH (MVTC) DEATH

Chart 2: Alcohol-Impaired MVTC Fatality Crude Rates*,[1,2] by County, New Mexico, 2014-2018

County (# of deaths; % of statewide deaths)



* All rates are **crude** per 100,000 population

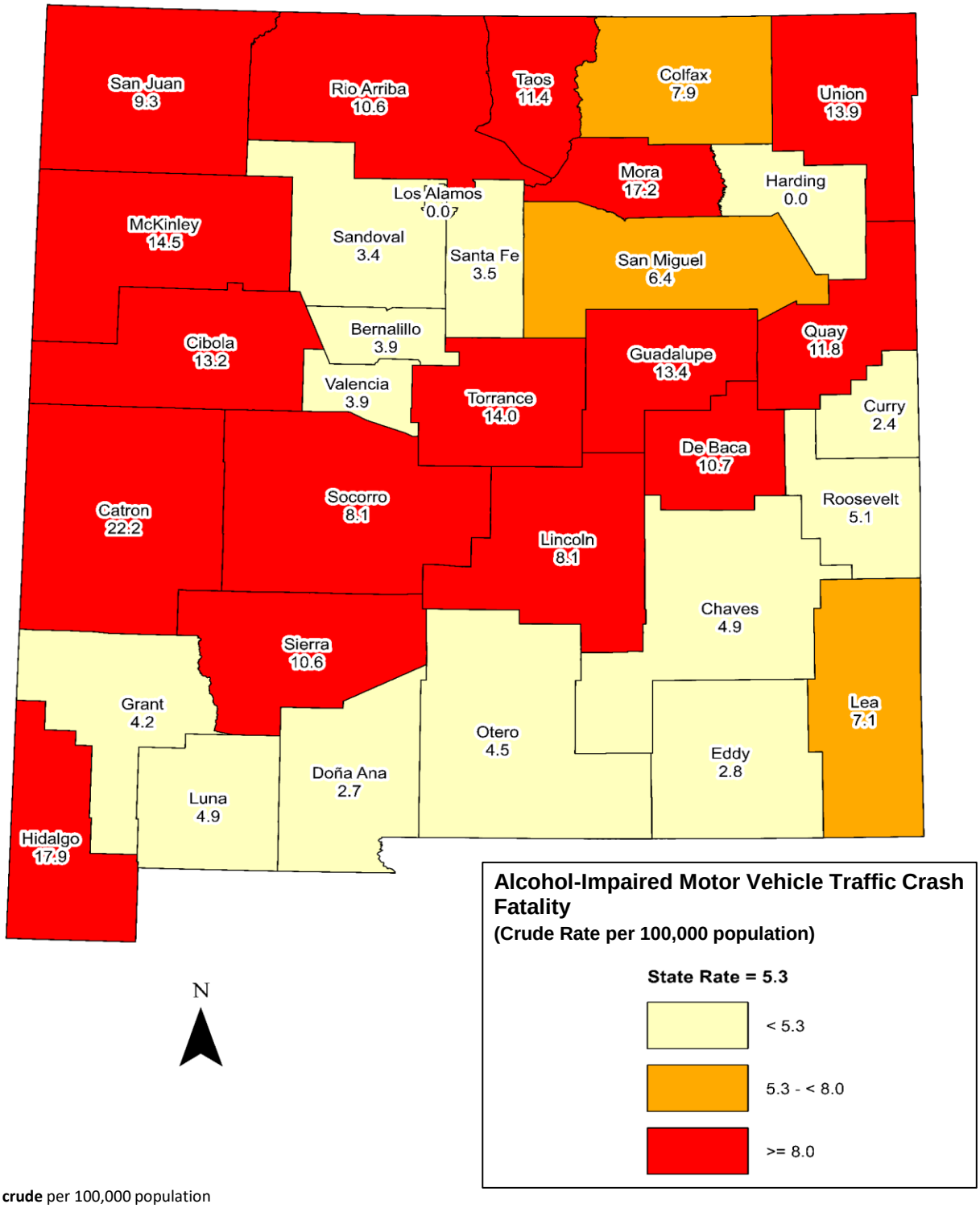
[1] Alcohol-impaired MVTC deaths are from FARS (highest driver BAC >=0.08); NM population from GPS, US population from NCHS

[2] Numerator (deaths) based on county of **occurrence**; denominator (population) based on county of residence

Source: National Highway Traffic Safety Administration (NHTSA) State Traffic Safety Information (STSI); NCHS (US population); GPS (NM population)

ALCOHOL-RELATED MOTOR VEHICLE TRAFFIC CRASH (MVTC) DEATH

Chart 3: Alcohol-Impaired MVTC Fatality Crude Rates[1,2] by County, New Mexico, 2014-2018



* All rates are **crude** per 100,000 population

1 Alcohol-impaired MVTC deaths are from FARS (highest driver BAC >=0.08); NM population from GPS, US population from NCHS

2 Numerator (deaths) based on county of **occurrence**; denominator (population) based on county of residence

Source: National Highway Traffic Safety Administration (NHTSA) Fatality Analysis Reporting System (FARS); NCHS (US population); GPS (NM population)

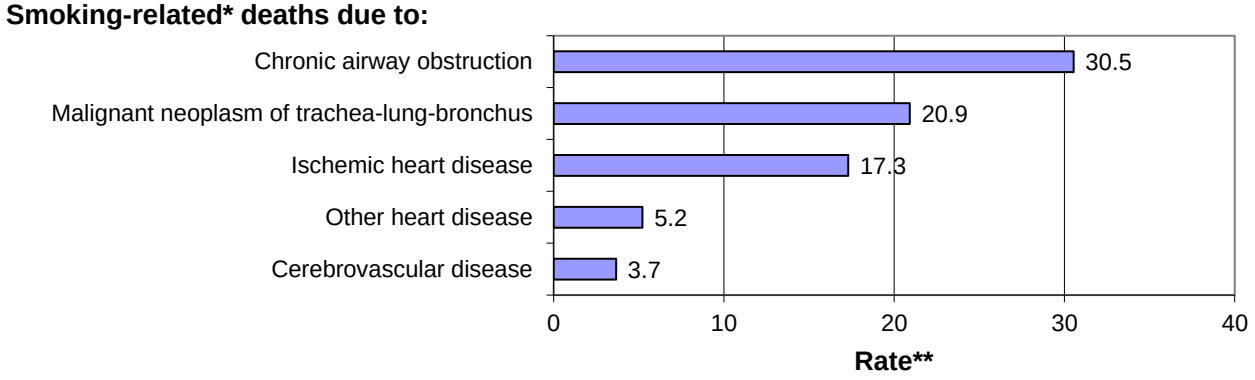
SMOKING-RELATED DEATH

Problem Statement

Smoking is a risk factor for many causes of death and a serious source of preventable death in New Mexico. Chart 1 shows the five leading causes of smoking-related death in New Mexico, and Table 1 shows the cumulative deaths and rates for all smoking-related causes. Historically, New Mexico's rates for smoking-related causes, such as lung cancer, have been among the lowest in the nation. Nonetheless, a comparison of New Mexico's smoking-related death rates to its alcohol- and drug-related death rates shows that the burden of death associated with smoking is still considerably greater than the burden associated with these other substances. This speaks to the public health importance of smoking prevention efforts, even in a state with low rates relative to the rest of the nation.

Table 1 shows the demographic distribution of smoking-related death in New Mexico. Smoking-related death rates increase sharply in the oldest age group (age 65+), consistent with the fact that smoking-related causes of death are mostly chronic conditions with a long development period. This is in contrast to alcohol- and drug-related deaths, both of which show a large burden of "premature" deaths (deaths before age 65+).

Chart 1: Leading Causes of Smoking-Related Death, New Mexico, 2014-2018



* Rates reflect only smoking-related portion of deaths from cause

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

Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC SAMMEC; SAES

Table 1: Smoking-Related Deaths and Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2014-2018

		Deaths				Rates*			
Sex	Race/Ethnicity	Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	0	103	175	278	0.0	44.5	459.2	90.1
	Asian/Pacific Islander	0	15	20	35	0.0	32.9	244.6	55.5
	Black	0	49	92	140	0.0	71.8	744.6	142.4
	Hispanic	0	665	1,566	2,231	0.0	54.1	622.9	113.7
	White	0	1,113	3,690	4,803	0.0	105.8	778.5	144.4
	Total	0	1,965	5,566	7,531	0.0	74.8	709.9	130.7
Female	American Indian	0	48	100	148	0.0	18.9	179.4	33.3
	Asian/Pacific Islander	0	6	33	39	0.0	9.6	256.2	41.1
	Black	0	21	47	68	0.0	43.9	386.9	67.9
	Hispanic	0	321	897	1,217	0.0	25.8	291.1	49.7
	White	0	580	2,601	3,181	0.0	54.5	477.8	79.5
	Total	0	981	3,687	4,668	0.0	36.8	395.0	65.7
Total	American Indian	0	151	275	426	0.0	31.1	293.0	56.3
	Asian/Pacific Islander	0	21	53	74	0.0	19.9	251.7	47.0
	Black	0	70	138	208	0.0	60.3	567.4	104.6
	Hispanic	0	985	2,463	3,449	0.0	39.9	440.2	78.0
	White	0	1,693	6,291	7,984	0.0	80.0	617.7	109.0
	Total	0	2,945	9,253	12,199	0.0	55.7	538.7	94.9

* Age-specific rates (e.g., Ages 0-24) are per 100,000; all-ages rate is per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC SAMMEC; SAES

SMOKING-RELATED DEATH (continued)

Problem Statement (continued)

Table 1 also shows that male rates are roughly 2-3 times higher than female rates across all racial/ethnic groups except for Asian/Pacific Islanders. Among males and females, Whites have the highest rates followed by Blacks.

Table 2 and Chart 2 show that the counties with the highest rates are Sierra, De Baca, Luna, Curry, and Eddy. The high rates in most of these counties (and in the state overall) are driven by high rates among Whites. However, there are notably elevated rates among Hispanics in Guadalupe, Sierra, Union, and Torrance counties and a substantial burden of smoking-related death among Hispanics in several other counties (e.g., Bernalillo, Dona Ana, and Santa Fe). The high rates of smoking-related death among Blacks in Bernalillo, Curry, Dona Ana, Lea, and Otero counties are also notable. The smoking-related death rates among the American Indian and Asian/Pacific Islander populations are relatively low.

NOTE: These tables are based on the Centers for Disease Control and Prevention Smoking Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) methodology. However, CDC's SAMMEC site reports age-adjusted rates based on the age 35+ population; whereas this report calculates age-adjusted rates for the entire population. As a result, the smoking-attributable mortality rates reported here are lower than those reported by the CDC's SAMMEC site.

Table 2: Smoking-Related Deaths and Rates* by Race/Ethnicity and County, New Mexico, 2014-2018

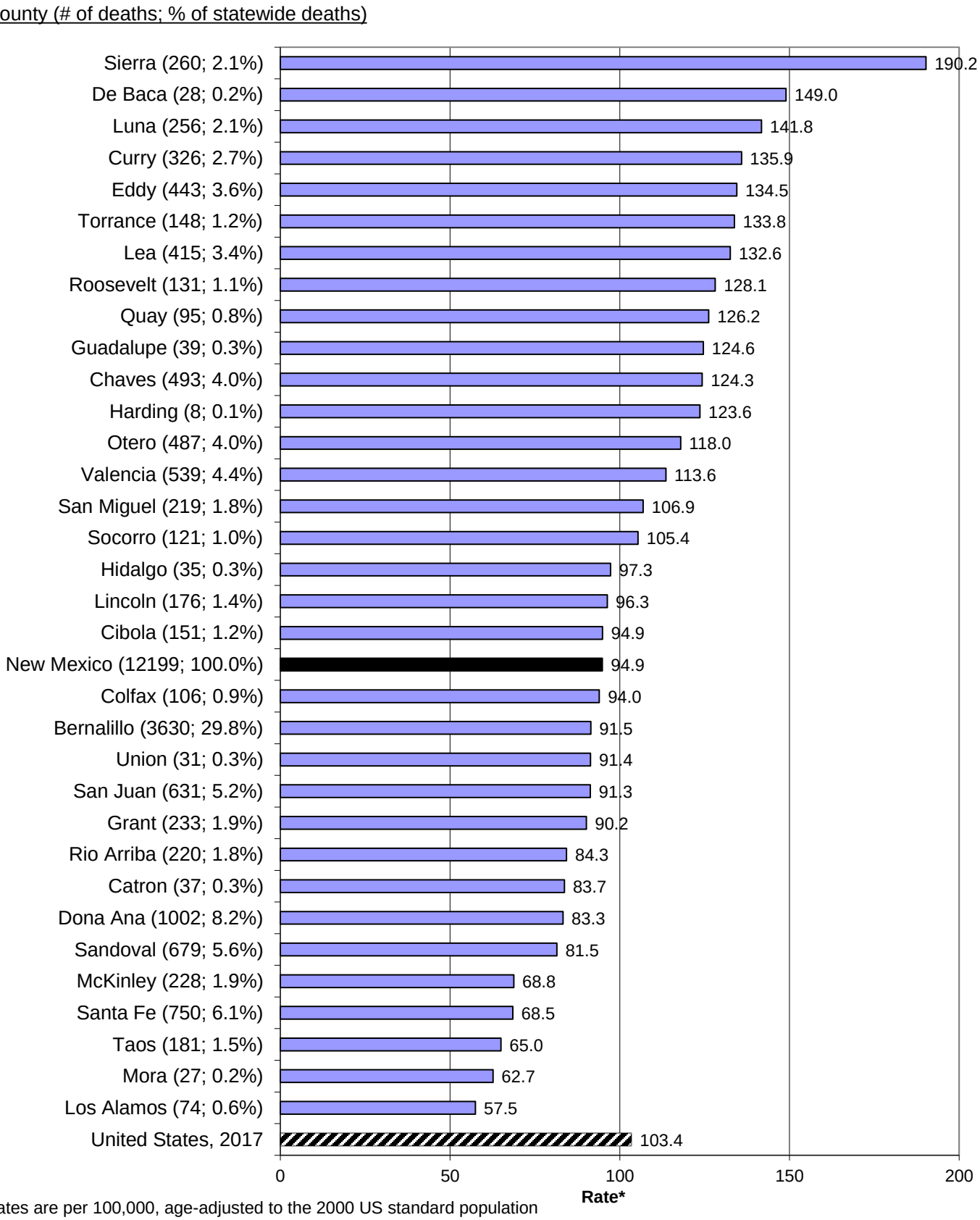
	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	63	45	96	1,107	2,293	3,630	72.3	54.1	111.9	80.7	97.8	91.5
Catron	0	0	0	4	33	37	0.0	0.0	0.0	56.9	94.7	83.7
Chaves	1	1	8	118	365	493	36.0	35.4	125.2	86.8	148.4	124.3
Cibola	26	0	1	43	81	151	46.0	0.0	87.9	85.0	156.6	94.9
Colfax	1	0	0	38	66	106	55.6	0.0	0.0	92.8	92.7	94.0
Curry	2	1	17	67	240	326	105.3	24.6	155.2	108.8	145.9	135.9
De Baca	0	0	0	4	23	28	0.0	0.0	0.0	77.4	183.0	149.0
Dona Ana	4	5	14	363	613	1,002	66.7	48.1	90.0	60.9	109.3	83.3
Eddy	2	2	7	86	343	443	67.2	90.6	154.3	82.7	161.3	134.5
Grant	2	0	1	77	152	233	111.6	0.0	73.8	79.4	96.8	90.2
Guadalupe	0	0	0	29	9	39	0.0	0.0	0.0	117.7	155.5	124.6
Harding	0	0	0	4	3	8	0.0	0.0	0.0	133.0	116.9	123.6
Hidalgo	0	0	0	10	25	35	0.0	0.0	0.0	56.3	136.2	97.3
Lea	2	0	17	75	319	415	82.9	0.0	132.9	75.5	165.3	132.6
Lincoln	3	0	0	25	147	176	235.6	0.0	0.0	76.7	102.5	96.3
Los Alamos	1	1	1	5	67	74	63.8	33.6	59.1	32.0	62.5	57.5
Luna	2	1	1	59	193	256	124.1	43.0	50.0	78.5	206.6	141.8
McKinley	133	1	2	32	60	228	59.4	27.6	64.1	73.4	103.2	68.8
Mora	0	0	0	21	6	27	0.0	0.0	0.0	67.0	46.7	62.7
Otero	12	5	13	76	382	487	82.8	91.2	113.4	76.7	135.3	118.0
Quay	1	0	0	24	68	95	96.8	0.0	0.0	111.5	136.7	126.2
Rio Arriba	13	0	1	148	58	220	52.7	0.0	93.2	83.5	106.5	84.3
Roosevelt	1	0	1	24	105	131	98.8	0.0	24.6	96.9	137.8	128.1
Sandoval	38	4	8	132	493	679	56.0	37.4	40.6	66.9	91.0	81.5
San Juan	89	2	5	66	469	631	45.7	49.4	130.7	77.1	116.3	91.3
San Miguel	1	2	0	139	75	219	402.6	89.1	0.0	98.5	133.5	106.9
Santa Fe	7	2	3	280	452	750	46.3	19.2	58.3	73.4	66.6	68.5
Sierra	1	0	0	25	233	260	81.5	0.0	0.0	112.2	212.0	190.2
Socorro	6	0	0	42	72	121	86.2	0.0	0.0	84.5	128.2	105.4
Taos	4	0	1	94	80	181	31.7	0.0	77.6	71.5	59.6	65.0
Torrance	2	0	3	38	104	148	108.3	0.0	269.0	115.9	141.1	133.8
Union	0	0	0	9	21	31	0.0	0.0	0.0	105.9	89.5	91.4
Valencia	8	1	9	184	334	539	62.3	43.6	180.4	83.5	141.8	113.6
New Mexico	426	74	208	3,449	7,984	12,199	56.3	47.0	104.6	78.0	109.0	94.9

* All rates are per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC SAMMEC; SAES

SMOKING-RELATED DEATH (continued)

Chart 2: Smoking-Related Death Rates* by County, New Mexico, 2014-2018

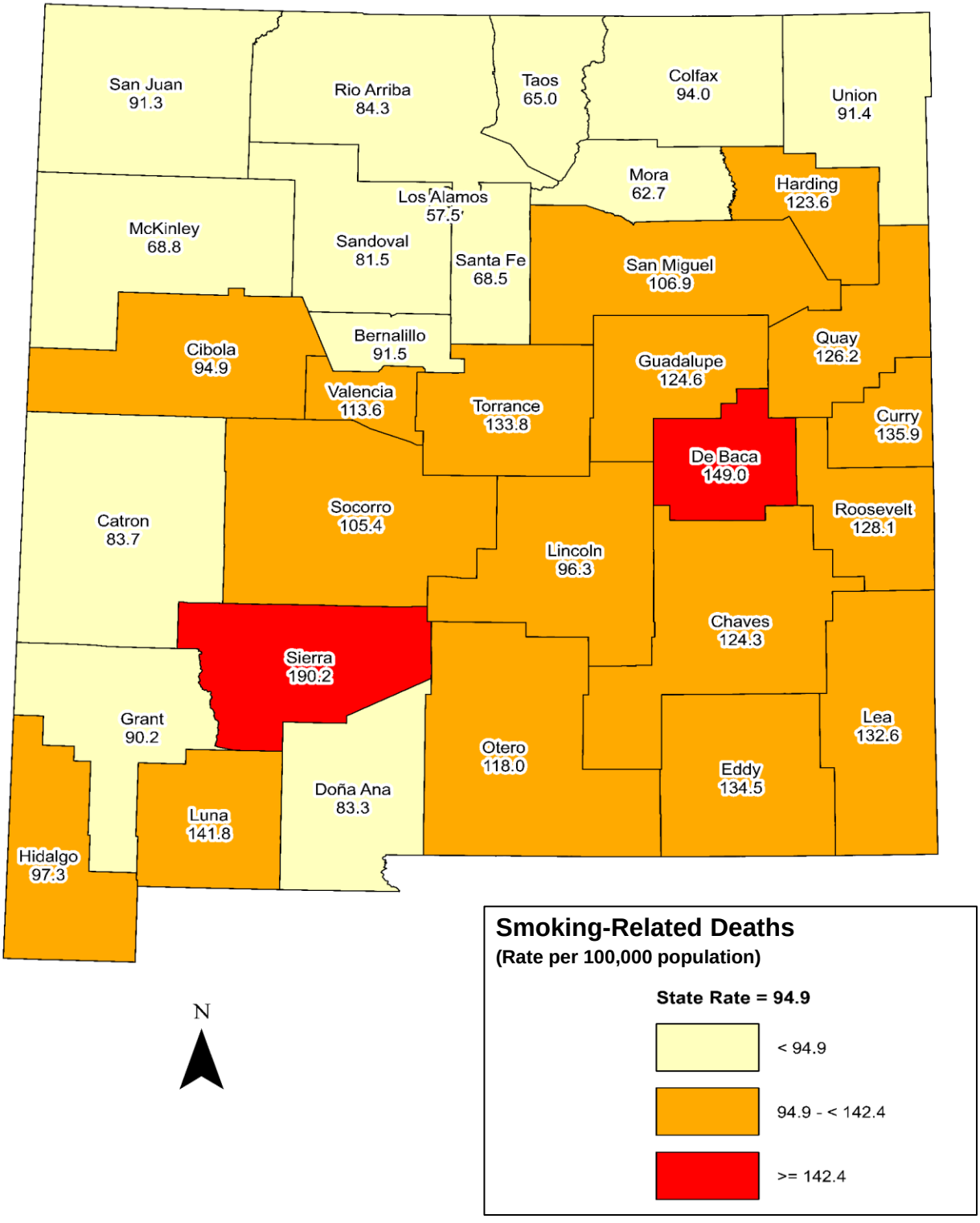


* All rates are per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files (NM); NCHS death and population files (US); CDC SAMMEC; SAES

SMOKING-RELATED DEATH (continued)

Chart 3: Smoking-Related Death Rates* by County, New Mexico, 2014-2018



* All rates are per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC SAMMEC; SAES

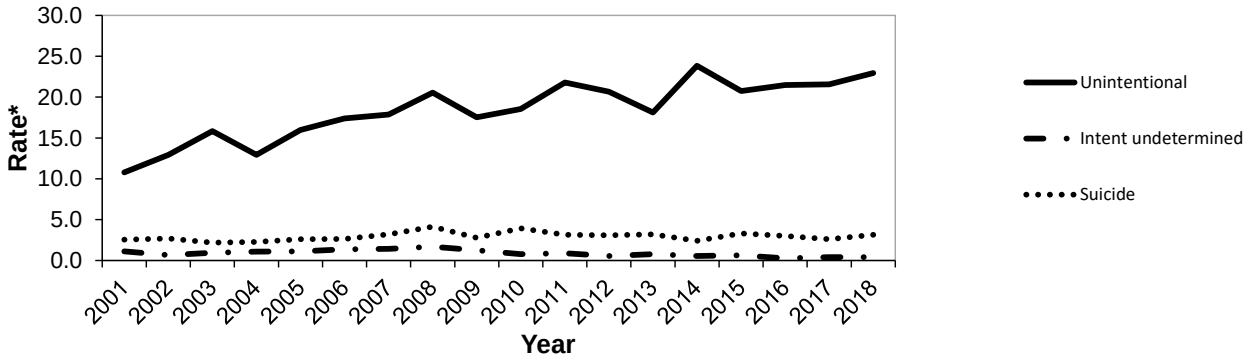
DRUG OVERDOSE DEATH

Problem Statement

In 2017, New Mexico had the seventeenth highest total drug overdose death rate in the nation. Drug use can result in overdose death and is also associated with other societal problems including crime, violence, homelessness, loss of productivity, and spread of blood-borne diseases such as HIV and hepatitis. Unintentional drug overdose is the largest subset of total drug overdose death, accounting for 85% of drug overdose deaths in New Mexico in 2018 (Chart 1). The other subset of drug overdose death is suicide, or intentional self-poisoning, which accounts for 13%. Poisoning has been the leading cause of unintentional injury in New Mexico since 2007, surpassing motor vehicle crash deaths, largely as a result of increased unintentional drug overdose deaths associated with prescription drug use.

Unintentional drug overdoses (pages 39 and 40) accounted for almost 88% of drug overdose deaths during 2014-2018. 35% of unintentional drug overdose deaths were caused by prescription drugs, while 40% were caused by illicit drugs, and 23% involved both. Vital records death data indicate that the most common drugs causing unintentional overdose death for the period covered in this report were prescription opioids (i.e., methadone, oxycodone, morphine; 46%), heroin (34%), methamphetamine (30%), benzodiazepines (23%), and cocaine (13%) (not mutually exclusive). In New Mexico and nationally, overdose death from prescription opioids has been an issue of enormous concern. Interventions in New Mexico have included increasing access to medication-assisted treatment for opioids, reducing risky prescribing practices among prescribing providers, and increasing access to naloxone, the opioid overdose reversal drug.

Chart 1: Drug Related Death Rates* by Cause Category, New Mexico, 2001-2018



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

* Cause categories based on ICD-10 codes for drug overdose deaths.

Table 1: Drug Overdose Deaths and Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2014-2018

		Deaths				Rates*			
Sex	Race/Ethnicity	Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	7	83	1	91	3.7	35.9	2.6	21.1
	Asian/Pacific Islander	1	5	0	6	3.8	10.9	0.0	6.9
	Black	4	33	2	39	8.6	48.7	16.2	30.6
	Hispanic	85	794	28	907	8.1	64.6	11.1	38.3
	White	43	465	46	554	8.9	44.2	9.7	28.3
	Total	140	1,395	78	1,613	7.8	53.1	9.9	32.6
Female	American Indian	4	46	1	51	2.1	18.2	1.8	11.1
	Asian/Pacific Islander	1	4	1	6	3.9	6.9	7.7	5.7
	Black	2	14	0	16	5.0	29.3	0.0	17.8
	Hispanic	40	367	12	419	3.9	29.5	3.9	17.4
	White	14	378	53	445	3.2	35.5	9.7	20.9
	Total	61	816	68	945	3.6	30.6	7.3	18.4
Total	American Indian	11	129	2	142	2.9	26.7	2.1	15.9
	Asian/Pacific Islander	2	9	1	12	3.9	8.7	4.7	6.2
	Black	6	47	2	55	7.0	40.7	8.2	25.2
	Hispanic	125	1,161	40	1,326	6.1	47.0	7.1	27.8
	White	57	843	99	999	6.2	39.8	9.7	24.7
	Total	201	2,211	146	2,558	5.7	41.8	8.5	25.5

* Age-specific rates (e.g., Ages 0-24) are per 100,000; all-ages rate is per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files; SAES

DRUG OVERDOSE DEATH (continued)

Problem Statement (continued)

Table 1 shows that Hispanic men had the highest total drug overdose death rate in 2014-2018. Hispanic men had higher unintentional drug overdose age-specific death rates than White men for the age range 0-74 years (Chart 8). The rates of total drug overdose death (Table 1) and unintentional drug overdose death (Table 4) among men were more than 1.5 times that of women. Among women, drug overdose death from prescription drugs was more common than from illicit drugs for the age range 25-85+ years (Chart 8). Illicit drugs were the predominant drug type causing death among males, and the rates were highest among males aged 25-54 years.

Rio Arriba County had the highest total drug overdose death rate (92.8 deaths per 100,000) and unintentional drug overdose death rate (89.3 deaths per 100,000; Table 3) among all New Mexico counties during 2014-2018. However, the problem of drug overdose is by no means limited to Rio Arriba County. As expected, Bernalillo County had the largest number of unintentional drug overdose deaths (Table 3). According to Chart 2, close to one third of New Mexico counties had total drug overdose death rates 1.5 times higher than the US rate (21.7 deaths per 100,000 population).

The death rate due to prescription drugs exceeded the death rate due to illicit drugs or both in about one third (13 of 33) of the counties (Table 4).

Table 2: Drug Overdose Deaths and Rates* by Race/Ethnicity and County, New Mexico, 2014-2018

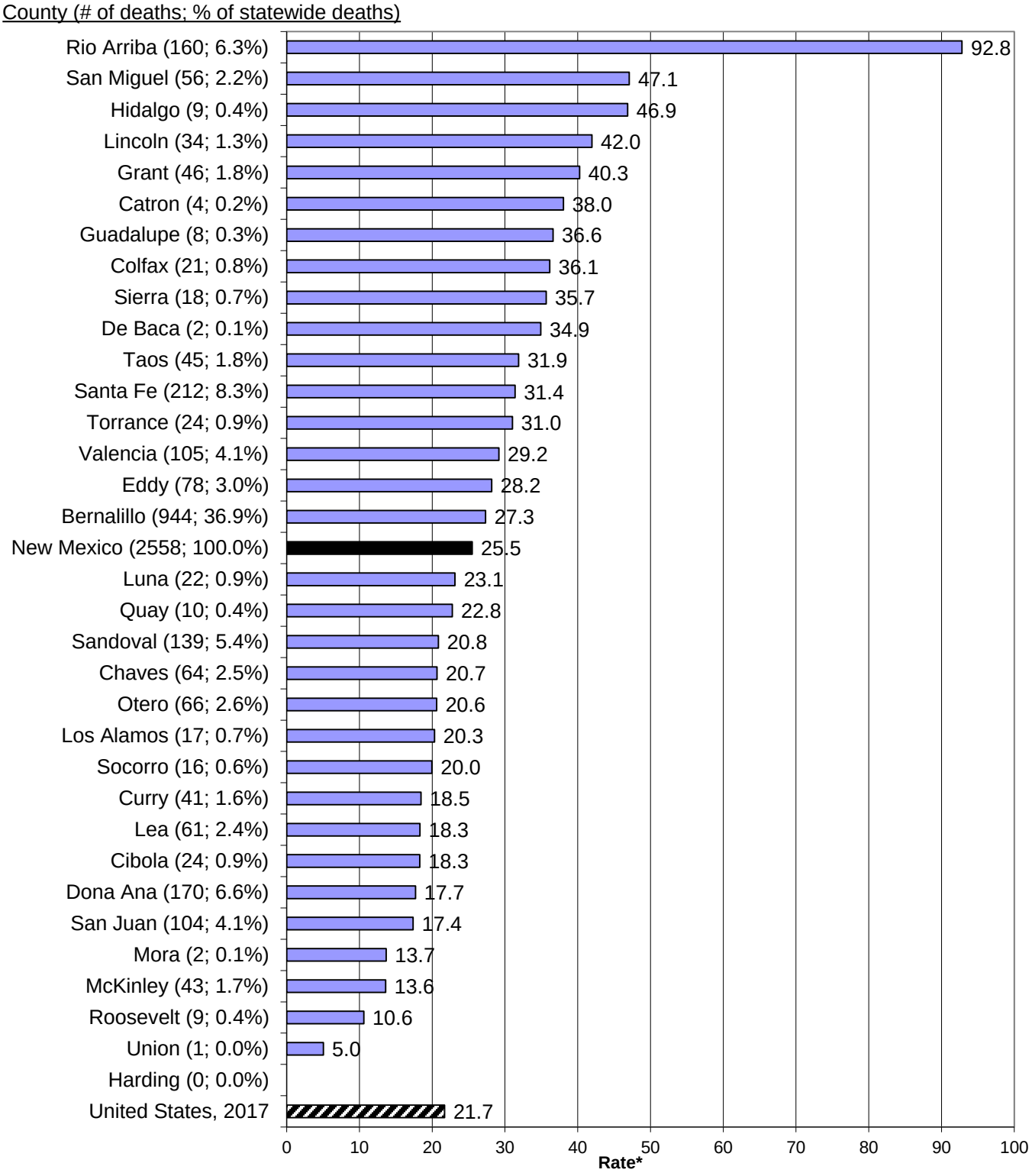
	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	43	5	27	498	364	944	27.2	4.7	27.7	30.2	24.6	27.3
Catron	0	0	0	1	3	4	0.0	0.0	0.0	35.2	41.4	38.0
Chaves	0	1	3	27	33	64	0.0	39.8	63.1	16.4	25.4	20.7
Cibola	4	0	0	13	7	24	8.5	0.0	0.0	25.6	21.4	18.3
Colfax	0	0	0	11	10	21	0.0	0.0	0.0	39.0	33.0	36.1
Curry	1	0	1	14	25	41	40.2	0.0	9.6	15.8	21.7	18.5
De Baca	0	0	0	2	0	2	0.0	0.0	0.0	83.6	0.0	34.9
Dona Ana	0	1	5	100	62	170	0.0	5.3	23.4	15.0	23.5	17.7
Eddy	1	0	0	22	55	78	26.6	0.0	0.0	16.3	42.1	28.2
Grant	0	0	0	23	23	46	0.0	0.0	0.0	38.9	44.5	40.3
Guadalupe	0	0	0	7	1	8	0.0	0.0	0.0	45.0	15.0	36.6
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	4	4	9	0.0	0.0	0.0	36.4	51.4	46.9
Lea	0	0	7	14	40	61	0.0	0.0	53.1	7.1	32.5	18.3
Lincoln	0	0	0	12	22	34	0.0	0.0	0.0	39.9	46.5	42.0
Los Alamos	0	0	0	5	12	17	0.0	0.0	0.0	35.5	20.1	20.3
Luna	0	0	0	12	10	22	0.0	0.0	0.0	17.6	42.1	23.1
McKinley	24	0	1	10	7	43	10.1	0.0	49.8	24.1	24.4	13.6
Mora	0	0	0	2	0	2	0.0	0.0	0.0	16.0	0.0	13.7
Otero	4	0	4	17	41	66	17.6	0.0	40.9	15.0	24.5	20.6
Quay	0	0	0	5	5	10	0.0	0.0	0.0	25.1	26.1	22.8
Rio Arriba	11	0	0	144	4	160	40.3	0.0	0.0	114.7	23.4	92.8
Roosevelt	0	0	1	2	6	9	0.0	0.0	105.1	5.7	13.0	10.6
Sandoval	16	2	3	57	58	139	20.8	19.2	18.2	21.7	20.0	20.8
San Juan	27	0	2	17	57	104	12.3	0.0	50.0	16.7	21.0	17.4
San Miguel	0	0	0	52	4	56	0.0	0.0	0.0	55.2	9.4	47.1
Santa Fe	8	3	0	130	66	212	41.8	25.3	0.0	35.6	22.2	31.4
Sierra	0	0	0	3	14	18	0.0	0.0	0.0	19.9	42.3	35.7
Socorro	0	0	0	13	3	16	0.0	0.0	0.0	33.7	6.9	20.0
Taos	2	0	0	27	15	45	28.1	0.0	0.0	33.6	28.2	31.9
Torrance	0	0	0	11	13	24	0.0	0.0	0.0	36.6	27.7	31.0
Union	0	0	0	1	0	1	0.0	0.0	0.0	13.2	0.0	5.0
Valencia	1	0	1	70	32	105	5.6	0.0	24.5	32.3	28.2	29.2
New Mexico	142	12	55	1,326	999	2,558	15.9	6.2	25.2	27.8	24.7	25.5

* All rates are per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files; SAES

DRUG OVERDOSE DEATH (continued)

Chart 2: Drug Overdose Death Rates* by County, New Mexico, 2014-2018

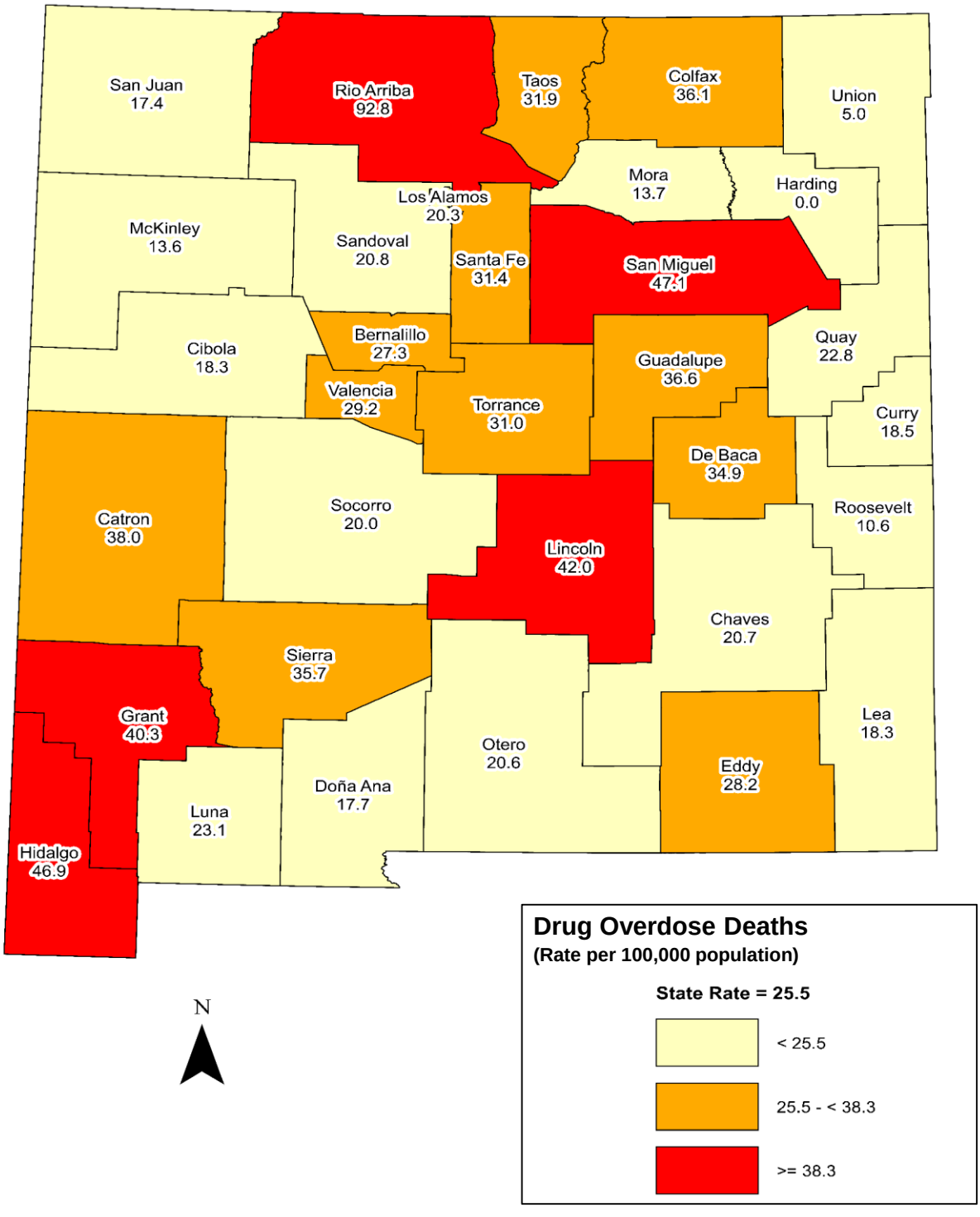


* All rates are per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files (NM); NCHS death and population files (US); SAES

DRUG OVERDOSE DEATH (continued)

Chart 3: Drug Overdose Death Rates* by County, New Mexico, 2014-2018

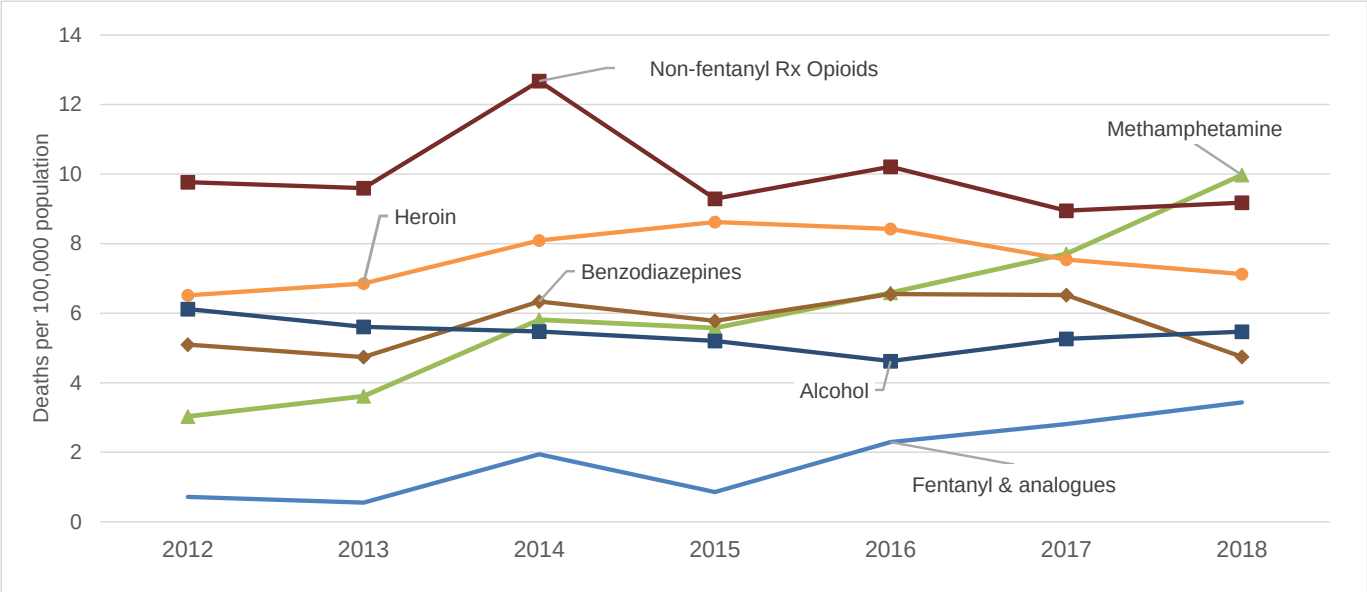


* All rates are per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files; SAES

DRUG OVERDOSE DEATH - Methamphetamine

Chart 4: Drug Overdose Death Rates* by Drug Class, New Mexico, 2012-2018



Drug categories in this chart are **not** mutually exclusive - many deaths involve more than one class. Rates are age adjusted to the US 2000 standard population.
Source: Bureau of Vital Records and Health Statistics; UNM-GPS population files; SAES

Problem Statement

In New Mexico methamphetamine has become increasingly common in drug overdose deaths in recent years (Chart 4). In 2018, methamphetamine was the number one substance involved in drug overdose deaths, followed by non-fentanyl prescription opioids, heroin, alcohol, benzodiazepines, and fentanyl and fentanyl analogues.

For the most recent 5-year period 2014-2018, methamphetamine was involved in 27% of total drug overdose deaths. In 2018 alone, methamphetamine was involved in 36% of drug overdose deaths. Of methamphetamine-involved drug overdose deaths in 2014-2018 (Table 3), 41% were due to methamphetamine alone, 51% were due to methamphetamine with opioids, and 9% were due to methamphetamine with other substances such as alcohol, cocaine, or benzodiazepines. Among the methamphetamine and opioid overdose deaths, heroin was involved 73% of the time. These data point to the need for increased focus on prevention of both methamphetamine use and polysubstance use.

Males accounted for 72% of all methamphetamine overdose deaths in 2014-2018 (Table 3). Chart 5 shows that Hispanic males had higher rates than White males for the age range 25-84 years. Hispanic females had markedly higher rates compared to White females for the age range 25-34 years, but White females had higher rates for the age range 35-54 years (Chart 5). Overdose death rates due to methamphetamine alone skew slightly older among both males and females than overdose death rates due to methamphetamine and opioids (Chart 5).

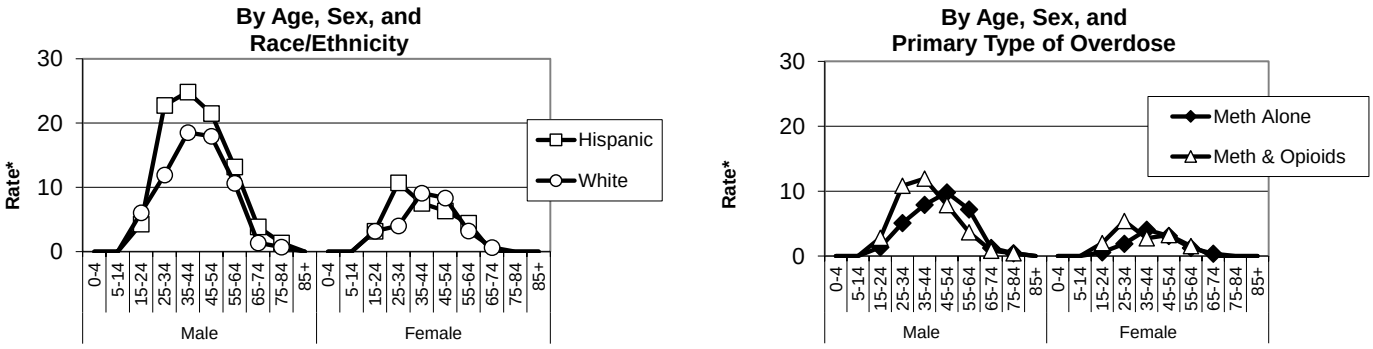
The five counties with the highest rates of methamphetamine overdose death were Catron (23.3 deaths per 100,000 population), Colfax (22.4), De Baca (16.4), Grant (15.5), and Sierra (15.1) (Chart 6). However, the counties with the highest number of methamphetamine-involved overdose deaths were Bernallillo (262 deaths), Dona Ana (44), Valencia (41), Sandoval (40), and San Juan (32) (Table 3).

Methamphetamine overdose differs from opioid overdose in many ways. Methamphetamine is a psychostimulant. Deaths due to methamphetamine overdose often involve a cardiovascular event such as stroke or heart attack while deaths due to opioid overdose are due to the respiratory depressant effects of the opioid. Naloxone, the opioid overdose reversal drug, is an effective measure to prevent death due to opioid overdose. There is not a similar reversal drug for methamphetamine overdose currently, so first responders often focus on treating the cardiovascular issues[1].

1: https://www.drugabuse.gov/publications/drugfacts/methamphetamine

DRUG OVERDOSE DEATH - Methamphetamine (continued)

Chart 5: Methamphetamine Overdose Death Rates by Selected Characteristics, New Mexico, 2014-2018



Source: Bureau of Vital Records and Health Statistics; UNM-GPS population files; SAES

Table 3: Methamphetamine Overdose Deaths and Rates*, New Mexico, 2014-2018

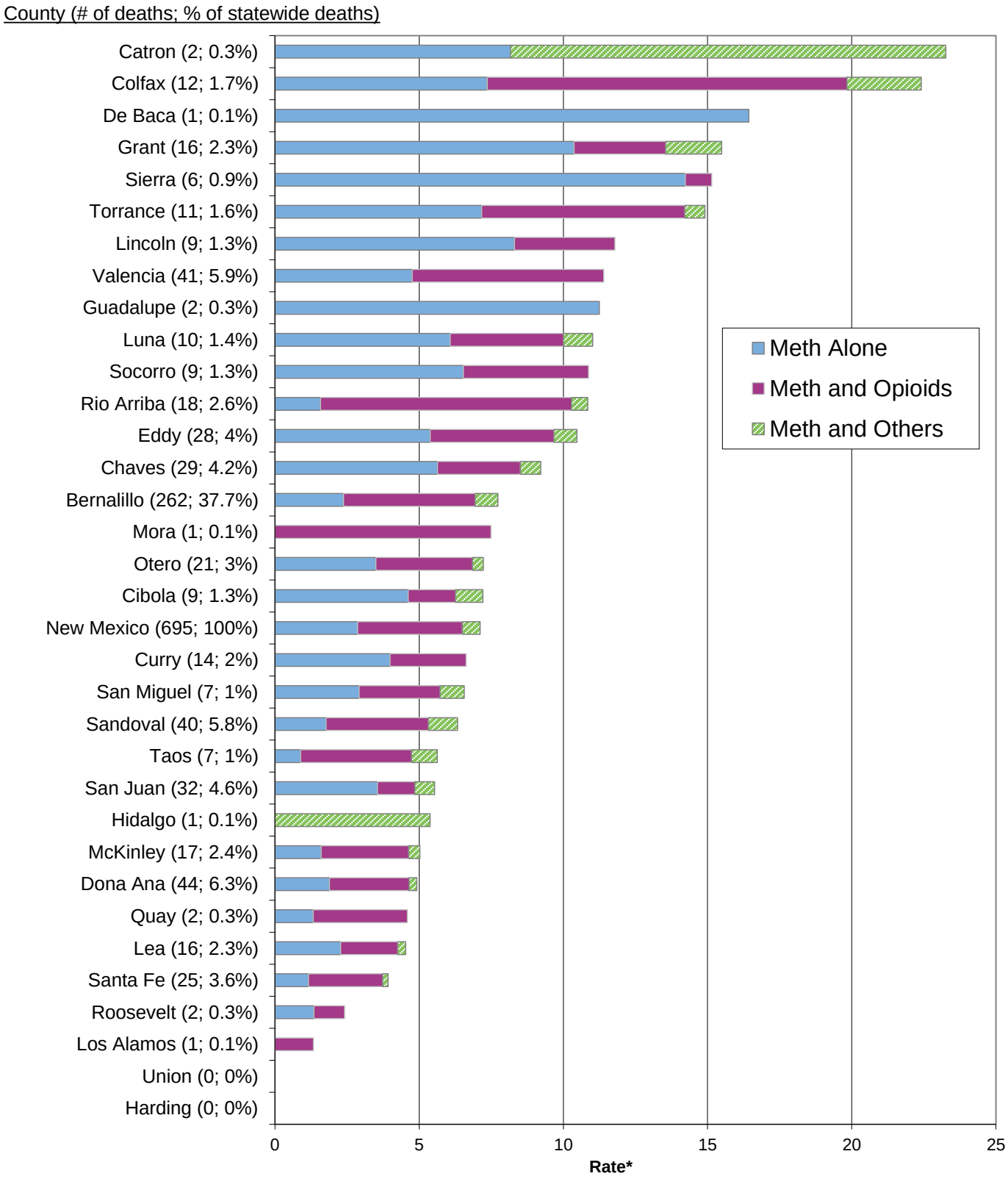
	Methamphetamine Overdose Deaths						Methamphetamine Overdose Death Rates*					
	Sex		Overdose Type			Total	Sex		Overdose Type			Total
County	Male	Female	Meth Alone	Meth and Opioids	Meth and Others		Male	Female	Meth Alone	Meth and Opioids	Meth and Others	
Bernalillo	179	83	81	154	27	262	10.7	4.9	2.4	4.6	0.8	7.7
Catron	2	0	1	0	1	2	43.9	0.0	8.2	0.0	15.1	23.3
Chaves	20	9	18	9	2	29	12.7	5.8	5.6	2.9	0.7	9.2
Cibola	7	2	6	2	1	9	10.7	3.1	4.6	1.6	0.9	7.2
Colfax	9	3	4	6	2	12	30.8	13.5	7.4	12.5	2.6	22.4
Curry	12	2	8	6	0	14	11.3	1.7	4.0	2.6	0.0	6.6
De Baca	1	0	1	0	0	1	32.1	0.0	16.4	0.0	0.0	16.4
Dona Ana	35	9	17	24	3	44	8.0	2.0	1.9	2.8	0.3	4.9
Eddy	24	4	15	11	2	28	17.2	3.3	5.4	4.3	0.8	10.5
Grant	7	9	11	3	2	16	13.8	17.0	10.4	3.2	1.9	15.5
Guadalupe	1	1	2	0	0	2	9.2	15.9	11.2	0.0	0.0	11.2
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	1	0	0	0	1	1	9.8	0.0	0.0	0.0	5.4	5.4
Lea	12	4	9	6	1	16	6.3	2.6	2.3	2.0	0.3	4.5
Lincoln	6	3	6	3	0	9	13.3	10.5	8.3	3.5	0.0	11.8
Los Alamos	1	0	0	1	0	1	2.6	0.0	0.0	1.3	0.0	1.3
Luna	8	2	5	4	1	10	16.6	5.3	6.1	3.9	1.0	11.0
McKinley	9	8	6	10	1	17	5.5	4.7	1.6	3.0	0.4	5.0
Mora	1	0	0	1	0	1	14.8	0.0	0.0	7.5	0.0	7.5
Otero	11	10	10	10	1	21	7.1	7.3	3.5	3.4	0.4	7.2
Quay	0	2	1	1	0	2	0.0	9.0	1.3	3.3	0.0	4.6
Rio Arriba	13	5	3	14	1	18	16.4	5.3	1.6	8.7	0.6	10.8
Roosevelt	1	1	1	1	0	2	2.0	2.7	1.4	1.1	0.0	2.4
Sandoval	31	9	12	22	6	40	10.1	2.7	1.8	3.5	1.0	6.3
San Juan	23	9	21	7	4	32	8.0	3.1	3.5	1.3	0.7	5.5
San Miguel	5	2	3	3	1	7	8.4	4.3	2.9	2.8	0.8	6.6
Santa Fe	19	6	8	16	1	25	5.8	2.1	1.2	2.6	0.2	3.9
Sierra	6	0	5	1	0	6	30.3	0.0	14.2	0.9	0.0	15.1
Socorro	8	1	5	4	0	9	19.2	2.8	6.5	4.3	0.0	10.9
Taos	6	1	1	5	1	7	9.4	1.8	0.9	3.8	0.9	5.6
Torrance	9	2	6	4	1	11	23.5	4.2	7.2	7.0	0.7	14.9
Union	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Valencia	31	10	18	23	0	41	16.8	5.8	4.8	6.6	0.0	11.4
Total	499	197	284	352	60	696	10.2	4.1	2.9	3.6	0.6	7.1

* All rates are per 100,000, age-adjusted to the 2000 US standard population;
Drug overdose type categories are mutually exclusive.

Source: NMDOH Bureau of Vital Records and Health Statistics; UNM-GPS population files; SAES

DRUG OVERDOSE DEATH - Methamphetamine (continued)

Chart 6: Methamphetamine Overdose Death Rates* by County, New Mexico, 2014-2018

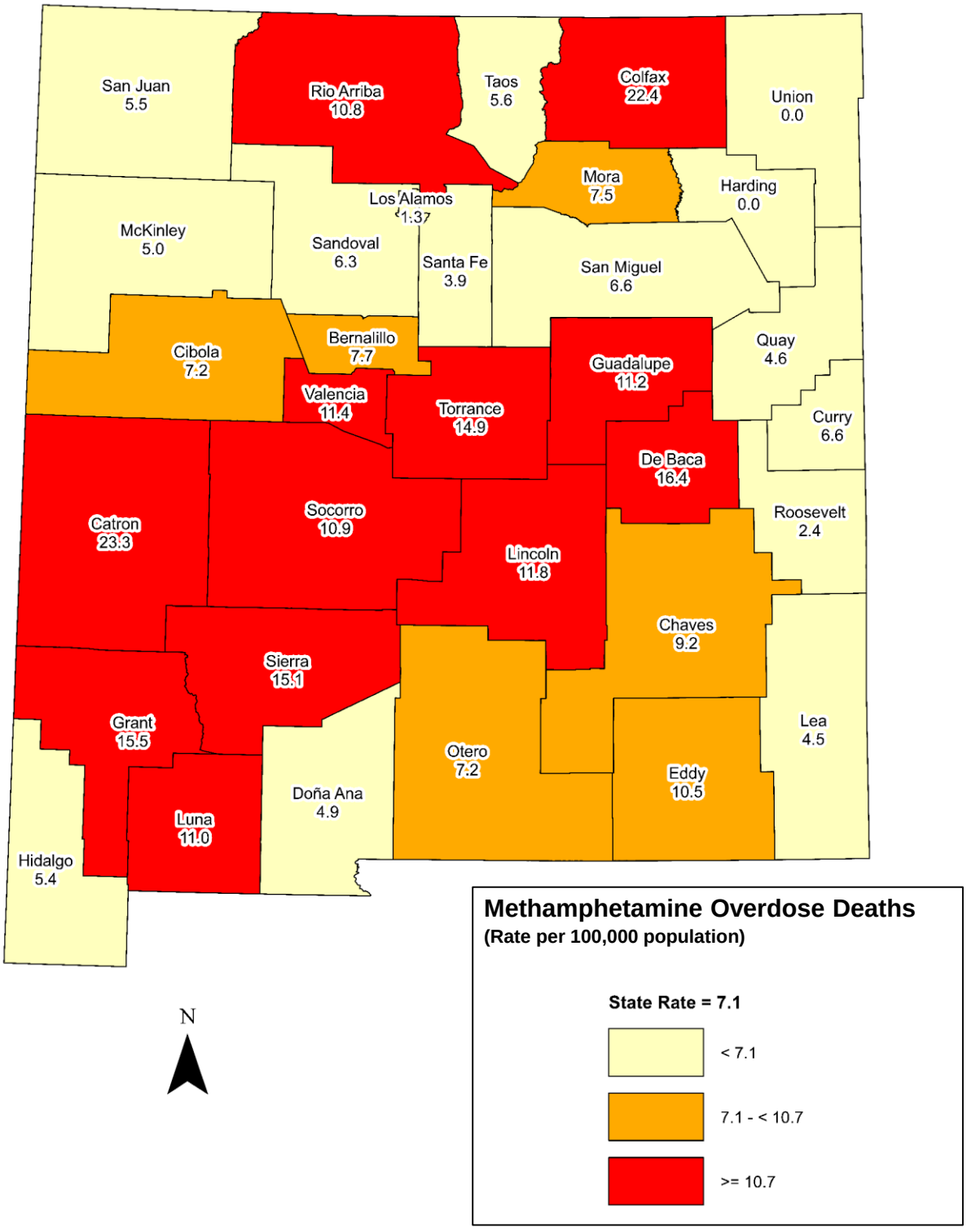


* All rates are per 100,000, age-adjusted to the 2000 US standard population

Source: NMDOH Bureau of Vital Records and Health Statistics; UNM-GPS population files; SAES

DRUG OVERDOSE DEATH - Methamphetamine (continued)

Chart 7: Methamphetamine Overdose Death Rates* by County, New Mexico, 2014-2018

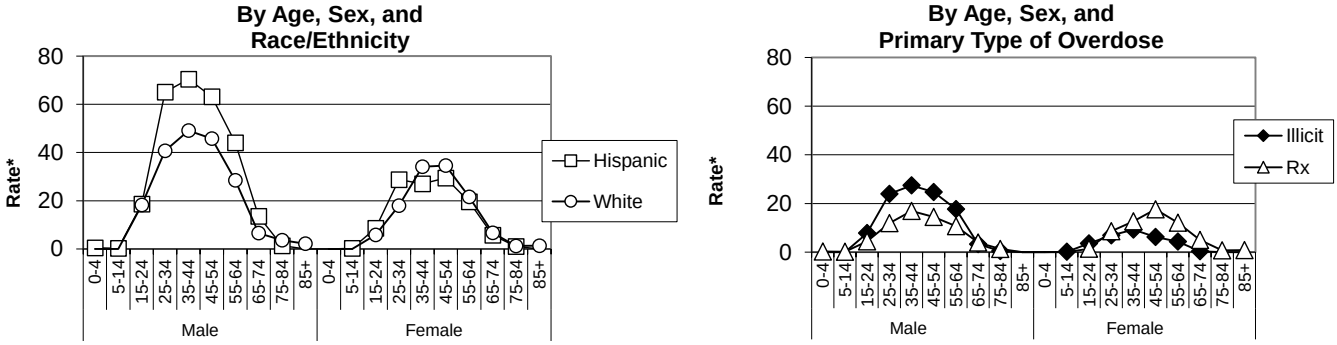


* All rates are per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files; SAES

DRUG OVERDOSE DEATH - Unintentional Overdoses

Chart 8: Unintentional Drug Overdose Death Rates* by Selected Characteristics, New Mexico, 2014-2018



Source: Bureau of Vital Records and Health Statistics; UNM-GPS population files; SAES

Table 4: Unintentional Drug Overdose Deaths and Rates*, New Mexico, 2014-2018

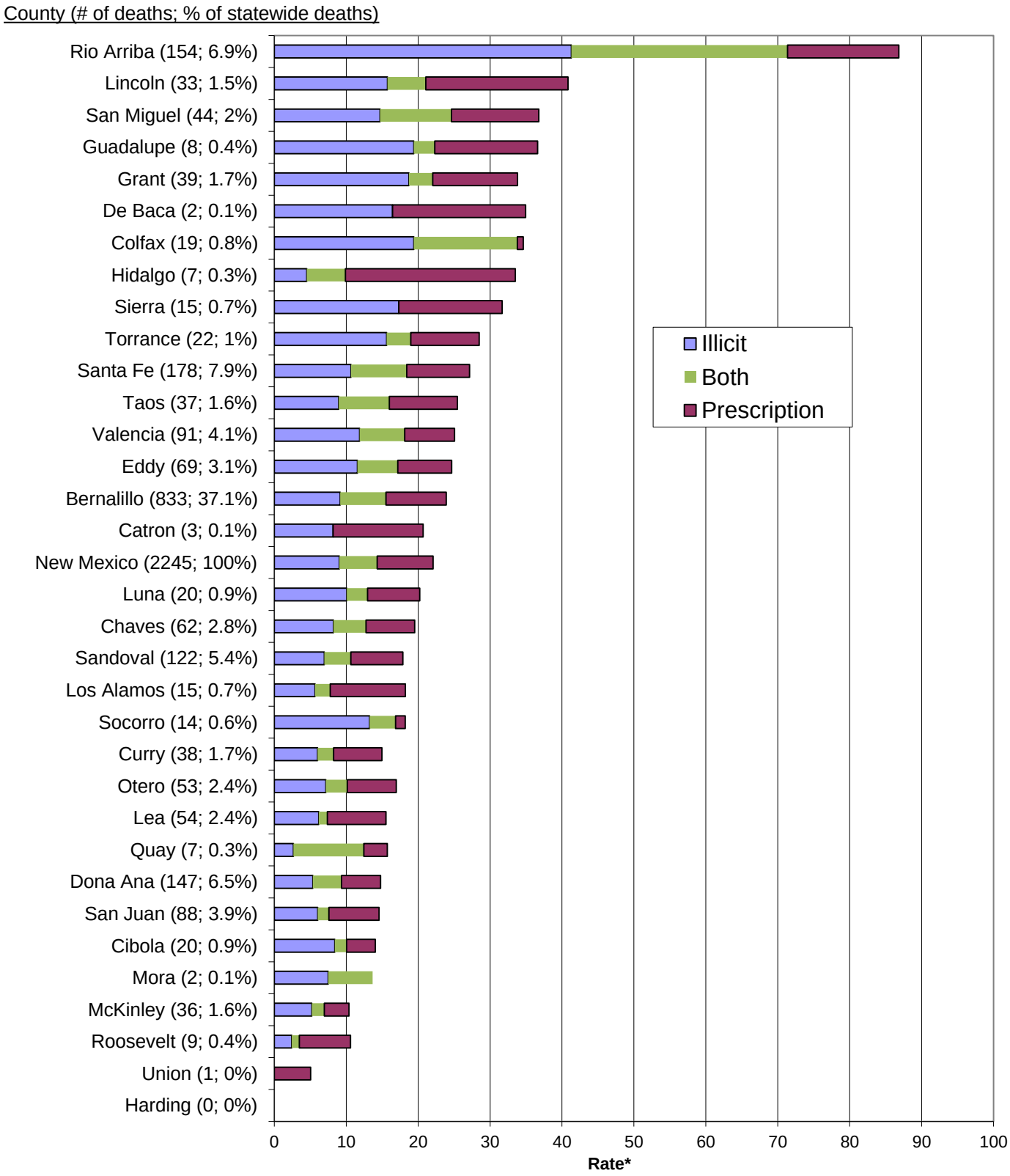
	Deaths						Rates*					
	Sex		Overdose Type			Total	Sex		Overdose Type			Total
County	Male	Female	Illicit	Rx	Both		Male	Female	Illicit	Rx	Both	
Bernalillo	552	281	315	288	215	833	32.9	16.0	9.2	8.4	6.4	24.4
Catron	1	2	1	1	0	3	15.6	32	8.2	12.5	0.0	22.9
Chaves	38	24	27	20	14	62	24.9	15.2	8.2	6.8	4.5	20.0
Cibola	12	8	11	6	2	20	17.8	11.1	8.4	4.0	1.6	14.9
Colfax	15	4	11	1	7	19	52.3	15.1	19.4	0.8	14.4	34.6
Curry	25	13	12	15	6	38	21.6	12.1	6.0	6.7	2.2	17.0
De Baca	2	0	1	1	0	2	69.6	0.0	16.4	18.5	0.0	34.9
Dona Ana	103	44	51	53	37	147	22.0	9.1	5.4	5.4	4.0	15.4
Eddy	49	20	31	21	15	69	34.8	15.3	11.6	7.5	5.6	25.4
Grant	22	17	20	14	4	39	40.6	29.1	18.7	11.8	3.3	35.0
Guadalupe	5	3	4	3	1	8	39.9	34.4	19.4	14.3	2.9	36.6
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	4	3	1	5	1	7	33.8	31	4.5	23.6	5.4	33.5
Lea	30	24	21	27	4	54	16.2	15.9	6.2	8.1	1.2	16.1
Lincoln	18	15	11	17	5	33	42.6	38.6	15.7	19.8	5.3	40.8
Los Alamos	9	6	4	9	2	15	23.2	12.7	5.7	10.5	2.1	18.2
Luna	12	8	9	7	3	20	24.4	17.9	10.1	7.2	2.9	21.2
McKinley	24	12	17	10	6	36	15.9	7.1	5.2	3.4	1.7	11.3
Mora	2	0	1	0	1	2	26.7	0.0	7.5	0.0	6.2	13.7
Otero	28	25	21	23	9	53	17.5	16.4	7.2	6.8	3.0	16.9
Quay	4	3	2	1	4	7	16.4	15.5	2.7	3.3	9.8	15.7
Rio Arriba	117	37	71	30	49	154	139.1	39.7	41.3	15.5	30.1	89.3
Roosevelt	7	2	2	6	1	9	14.9	5.9	2.4	7.1	1.1	10.6
Sandoval	79	43	45	50	23	122	24.6	12.4	6.9	7.2	3.7	18.4
San Juan	52	36	35	42	8	88	17.8	12.3	6.0	7.0	1.6	15.1
San Miguel	29	15	17	16	11	44	49.1	24.4	14.7	12.1	9.9	36.8
Santa Fe	118	60	68	61	47	178	36.0	18.9	10.7	8.7	7.7	27.4
Sierra	10	5	7	8	0	15	45.8	18.5	17.3	14.4	0.0	31.7
Socorro	13	1	10	1	3	14	33.4	2.8	13.2	1.3	3.6	18.2
Taos	27	10	12	15	9	37	39.9	11.9	9.0	9.5	7.0	26.1
Torrance	14	8	12	8	2	22	34.5	20.7	15.6	9.5	3.4	28.5
Union	1	0	0	1	0	1	8.3	0.0	0.0	5.0	0.0	5.0
Valencia	63	28	42	25	22	91	34.8	15.9	11.9	6.9	6.3	25.6
Total	1,487	758	892	787	512	2,245	30.1	15.0	9.0	7.8	5.3	22.6

* All rates are per 100,000, age-adjusted to the 2000 US standard population;
Drug overdose type categories are mutually exclusive.

Source: NMDOH Bureau of Vital Records and Health Statistics; UNM-GPS population files; SAES

DRUG OVERDOSE DEATH - Unintentional Overdoses

Chart 9: Unintentional Drug Overdose Death Rates* by County and Drug Type, New Mexico, 2014-2018



* All rates are per 100,000, age-adjusted to the 2000 US standard population

Source: NMDOH Bureau of Vital Records and Health Statistics; UNM-GPS population files; SAES

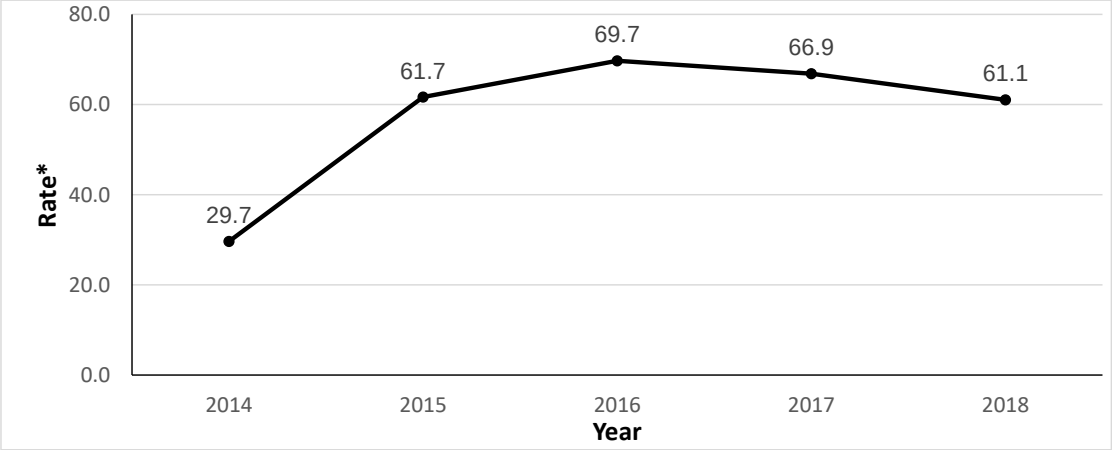
OPIOID OVERDOSE RELATED EMERGENCY DEPARTMENT VISITS

Problem Statement

In addition to the observed increase in drug overdose deaths, there has been an increase in opioid overdose related emergency department (ED) visits. In the US between 2004 and 2009, there has been a 98.4% increase in ED visits related to misuse or abuse of prescription drugs, particularly opioids (Paulozzi, L. J., Jones, C. M., Mack, K. A., & Rudd, R. A. [2011]. Vital Signs: Overdoses of prescription opioid pain relievers-United States, 1999–2008. *Morbidity and Mortality Weekly Report*, *60*[43], 6). In New Mexico the emergency department dataset (EDD) is collected in accordance with the NM Public Health Act and New Mexico Administrative Code 7.4.3.10.

Chart 1 shows that between 2014 and 2016, the rate of opioid overdose related emergency department visits increased sharply in New Mexico.

Chart 1: Opioid Overdose Related Emergency Department Visit Rates*, New Mexico, 2014-2018



* Rates per 100,000 population

Sources: NMDOH Syndromic Surveillance ED files and UNM-GPS population files; SAES

Table 1: Opioid Overdose Related Emergency Department Visits and Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2014-2018

		Emergency Department Visits				Rates*			
Sex	Race/Ethnicity	Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	18	141	9	168	9.6	61.0	23.6	37.5
	Asian/Pacific Islander	3	14	2	19	11.4	30.7	24.5	22.3
	Black	19	87	17	123	40.7	128.4	138.1	96.0
	Hispanic	306	1,276	93	1,675	29.2	103.8	37.0	67.0
	White	164	638	160	962	34.0	60.6	33.8	45.6
	Total	618	2,493	305	3,416	34.5	94.9	38.9	64.2
Female	American Indian	30	105	16	151	16.1	41.5	28.7	29.9
	Asian/Pacific Islander	6	6	3	15	23.7	10.3	23.0	15.1
	Black	17	93	18	128	42.9	194.5	148.9	132.3
	Hispanic	196	772	120	1,088	19.3	62.1	39.0	42.8
	White	134	590	260	984	30.4	55.4	47.8	43.6
	Total	444	1,737	443	2,624	26.0	65.2	47.5	47.4
Total	American Indian	48	246	25	319	12.8	50.8	26.6	33.5
	Asian/Pacific Islander	9	20	5	34	17.4	19.3	23.6	18.0
	Black	36	180	35	251	41.7	155.8	143.5	111.1
	Hispanic	512	2,079	214	2,805	24.8	84.1	38.2	55.7
	White	298	1,228	420	1,946	32.2	58.0	41.2	44.6
	Total	1,108	4,395	752	6,255	31.7	83.1	43.8	57.8

* Age-specific rates (e.g., Ages 0-24) are per 100,000; all-ages rate is per 100,000, age-adjusted to the 2000 US standard population

**There were 900 visits for which race-ethnicity was missing.

Sources: NMDOH Syndromic Surveillance ED files and UNM-GPS population files; SAES

OPIOID OVERDOSE RELATED EMERGENCY DEPARTMENT VISITS (continued)

Problem Statement (continued)

The male rate of opioid overdose related emergency department visits during 2014-2018 was higher than the rate among women (Table 1). Blacks had the highest rate compared to all other racial/ethnic groups; however, caution should be used when interpreting results for smaller demographic groups. Table 1 also shows that for both sexes, those in the 25-64 age group had the highest rate (83.1 opioid-related overdose emergency department visits per 100,000 population).

Rio Arriba, Taos, and San Miguel counties had the highest rates of opioid overdose related emergency department visits during 2014-2018 (Chart 2). Rio Arriba and San Miguel counties also had the highest drug overdose death rates during the same time period. Bernalillo County had the largest percentage of opioid overdose related emergency department visits (41.3% of the state total), followed by Santa Fe County (8.1%). It is important to note that federal facilities (e.g. Indian Health Services and Veterans Administration) are not included in these results.

Table 2: Opioid Overdose Related Emergency Department Visits and Rates* by Race/Ethnicity and County, New Mexico, 2014-2018

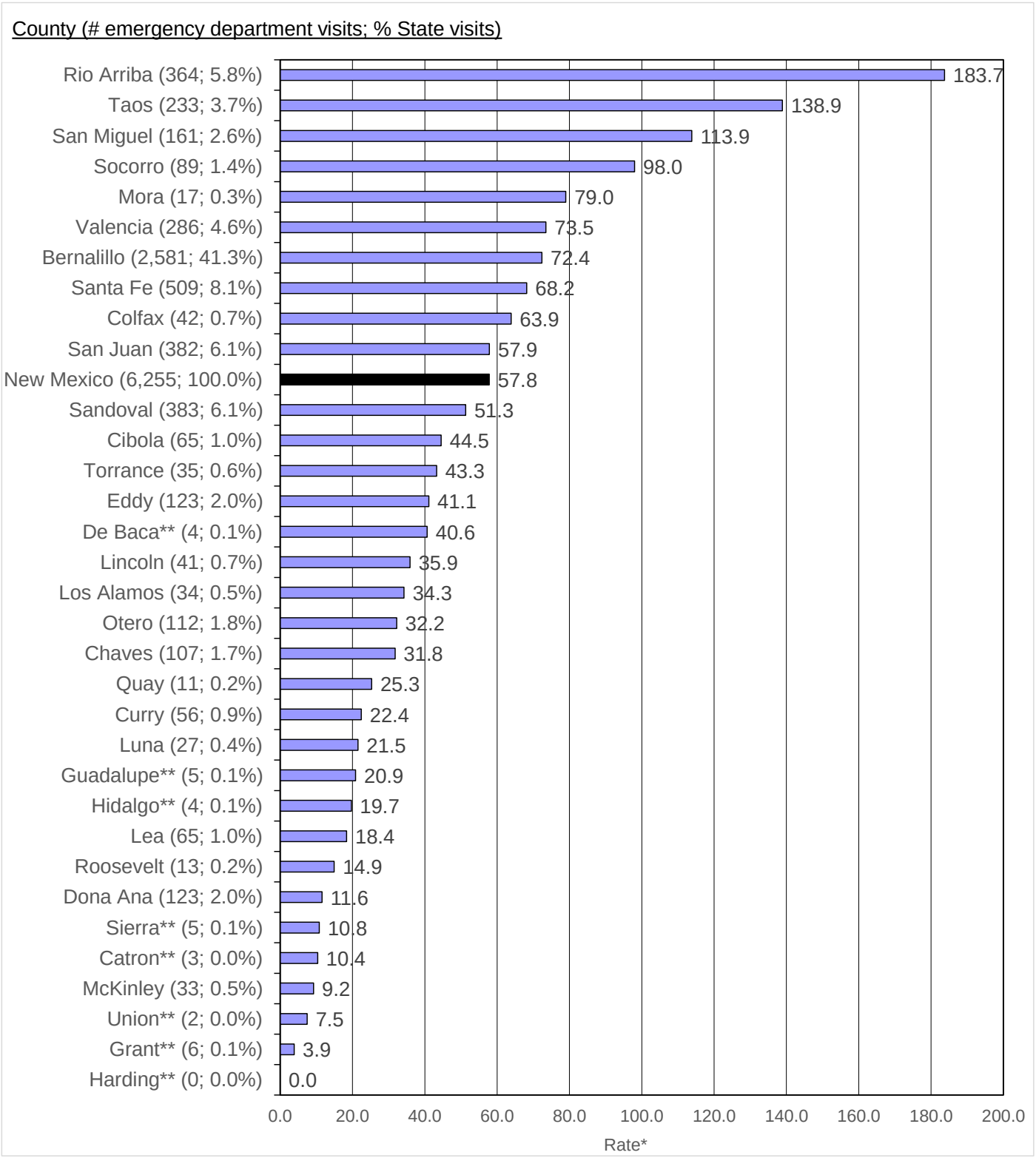
	Emergency Department Visits						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	96	19	165	1,225	744	2,581	60.8	19.1	163.4	71.9	50.5	72.4
Catron	0	0	0	0	3	3	0.0	0.0	0.0	0.0	13.4	10.4
Chaves	0	1	9	42	50	107	0.0	25.3	166.2	26.1	32.0	31.8
Cibola	5	0	0	37	21	65	9.1	0.0	0.0	67.4	66.3	44.5
Colfax	0	0	1	29	10	42	0.0	0.0	189.9	91.8	32.7	63.9
Curry	0	0	3	17	25	56	0.0	0.0	15.1	21.6	18.3	22.4
De Baca	0	0	1	2	1	4	0.0	0.0	1,416.6	35.0	21.2	40.6
Dona Ana	1	0	5	58	55	123	12.8	0.0	26.3	8.6	17.3	11.6
Eddy	1	0	3	51	66	123	40.9	0.0	65.5	37.4	44.7	41.1
Grant	0	0	0	1	4	6	0.0	0.0	0.0	1.6	4.4	3.9
Guadalupe	0	0	0	4	1	5	0.0	0.0	0.0	21.6	43.4	20.9
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	1	3	4	0.0	0.0	0.0	8.5	37.1	19.7
Lea	0	0	5	27	29	65	0.0	0.0	38.6	14.5	21.7	18.4
Lincoln	0	0	0	9	29	41	0.0	0.0	0.0	28.2	40.6	35.9
Los Alamos	1	2	0	6	24	34	154.0	28.7	0.0	38.4	32.1	34.3
Luna	0	0	0	11	16	27	0.0	0.0	0.0	14.0	44.0	21.5
McKinley	16	0	0	8	4	33	6.1	0.0	0.0	17.7	8.8	9.2
Mora	0	0	0	12	2	17	0.0	0.0	0.0	68.1	53.6	79.0
Otero	6	0	3	25	67	112	33.0	0.0	22.4	21.6	34.9	32.2
Quay	0	0	0	4	7	11	0.0	0.0	0.0	23.2	32.0	25.3
Rio Arriba	21	0	0	258	25	364	70.1	0.0	0.0	183.8	101.2	183.7
Roosevelt	0	0	0	5	6	13	0.0	0.0	0.0	13.3	12.2	14.9
Sandoval	34	6	19	155	137	383	39.3	46.7	108.6	55.3	40.1	51.3
San Juan	92	2	1	56	224	382	36.8	43.1	20.2	47.9	80.2	57.9
San Miguel	0	0	1	135	18	161	0.0	0.0	62.4	121.5	70.1	113.9
Santa Fe	6	0	16	312	131	509	29.6	0.0	200.6	79.5	45.4	68.2
Sierra	0	0	0	1	4	5	0.0	0.0	0.0	4.6	13.0	10.8
Socorro	15	0	0	40	23	89	148.8	0.0	0.0	91.5	62.0	98.0
Taos	1	0	3	58	59	233	10.5	0.0	306.7	61.5	102.7	138.9
Torrance	1	0	0	16	13	35	41.2	0.0	0.0	46.1	28.5	43.3
Union	0	0	0	0	2	2	0.0	0.0	0.0	0.0	13.1	7.5
Valencia	10	1	13	144	73	286	66.4	37.5	257.7	63.3	51.4	73.5
New Mexico	319	34	251	2,805	1,946	6,255	33.5	18.0	111.1	55.7	44.6	57.8

* All rates are per 100,000, age-adjusted to the 2000 US standard population. There were 334 visits for which County of Residence was missing.

Sources: NMDOH Syndromic Surveillance ED files and UNM-GPS population files; SAES

OPIOID OVERDOSE RELATED EMERGENCY DEPARTMENT VISITS (continued)

Chart 2: Opioid Overdose Related Emergency Department Visit Rates* by County, New Mexico, 2014-2018



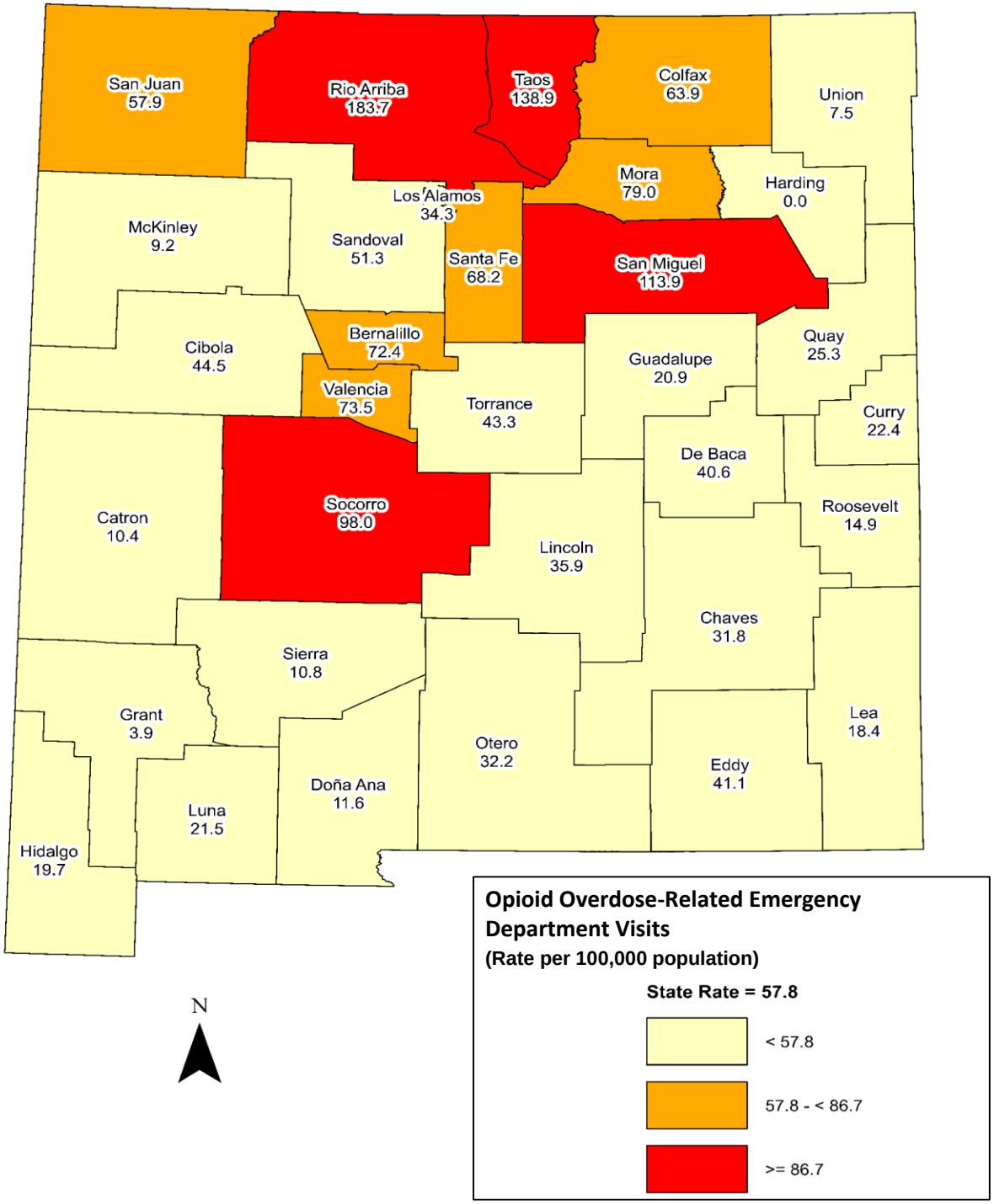
* All rates are per 100,000, age-adjusted to the 2000 US standard population

** Unstable rate due to small number of cases (<10)

Sources: NMDOH Syndromic Surveillance ED files and UNM-GPS population files (NM); SAES

OPIOID OVERDOSE RELATED EMERGENCY DEPARTMENT VISITS (continued)

Chart 2: Opioid Overdose Related Emergency Department Visit Rates* by County, New Mexico, 2014-2018



* All rates are per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH EDD files and UNM-GPS population files; SAES

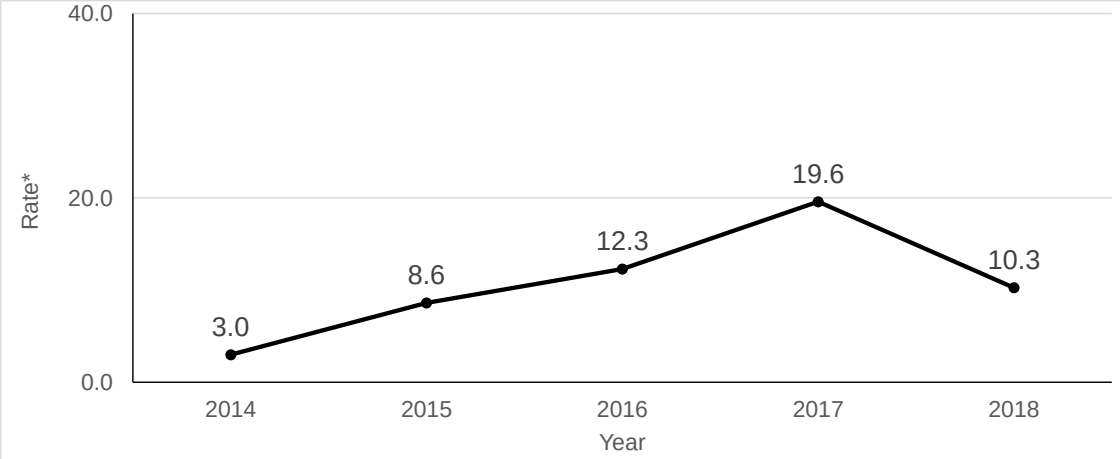
AMPHETAMINE OVERDOSE RELATED EMERGENCY DEPARTMENT VISITS

Problem Statement

As with opioid overdose related emergency department visits, there has been an increase in amphetamine overdose related emergency department visits in recent years. Chart 1 shows that between 2014 and 2017, the rate of amphetamine overdose related emergency department visits increased in New Mexico.

Amphetamine overdose is often not as easily identified as an opioid overdose. In the case of an opioid overdose, naloxone, the opioid overdose reversal drug, effectiveness is a clear sign the patient was experiencing an opioid overdose. With an amphetamine overdose, sometimes referred to as "overamping", the amphetamine cause might only be determined if a urine drug screen is performed or if there are other signs of amphetamine use.

Chart 1: Amphetamine Overdose Related Emergency Department Visit Rates*, New Mexico, 2014-2018



* Rates per 100,000 population

Sources: NMDOH Syndromic Surveillance ED files and UNM-GPS population files; SAES

Table 1: Amphetamine Overdose Related Emergency Department Visits and Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2014-2018

		Emergency Department Visits				Rates*			
Sex	Race/Ethnicity	Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	9	32	0	41	4.8	13.8	0.0	8.6
	Asian/Pacific Islander	2	1	0	3	7.6	2.2	0.0	3.3
	Black	6	29	0	35	12.9	42.8	0.0	26.0
	Hispanic	80	251	4	335	7.6	20.4	1.6	13.0
	White	37	173	6	216	7.7	16.4	1.3	10.9
	Total	147	532	11	690	8.2	20.3	1.4	13.1
Female	American Indian	4	27	0	31	2.2	10.7	0.0	6.2
	Asian/Pacific Islander	0	0	0	0	0.0	0.0	0.0	0.0
	Black	4	14	1	19	10.1	29.3	8.3	19.2
	Hispanic	53	131	2	186	5.2	10.5	0.7	7.1
	White	32	99	5	136	7.3	9.3	0.9	7.0
	Total	104	295	8	407	6.1	11.1	0.9	7.6
Total	American Indian	13	59	0	72	3.5	12.2	0.0	7.3
	Asian/Pacific Islander	2	1	0	3	3.9	1.0	0.0	1.6
	Black	10	43	1	54	11.6	37.2	4.1	23.2
	Hispanic	135	399	6	540	6.5	16.1	1.1	10.4
	White	69	272	11	352	7.5	12.9	1.1	9.0
	Total	255	864	19	1,138	7.3	16.3	1.1	10.7

* Age-specific rates (e.g., Ages 0-24) are per 100,000; all-ages rate is per 100,000, age-adjusted to the 2000 US standard population

**There were 136 visits for which race-ethnicity was missing.

Sources: NMDOH Syndromic Surveillance ED files and UNM-GPS population files; SAES

AMPHETAMINE OVERDOSE RELATED EMERGENCY DEPARTMENT VISITS (continued)

Problem Statement (continued)

The rate of amphetamine overdose related emergency departments visits was highest among those in the 25-64 age group (16.3 visits per 100,000 population). Males had a higher rate of amphetamine overdose than females (13.1 visits per 100,000 population vs 7.6 visits per 100,000 population).

The counties with the highest rates of amphetamine overdose related emergency department visits were Cibola, San Miguel, and Eddy. Bernalillo County had the largest percentage of amphetamine overdose related emergency department visits (30.5% of the state total), followed by San Juan County (6.7%). It is important to note that federal facilities (e.g. Indian Health Services and Veterans Administration) are not included in these results.

Table 2: Amphetamine Overdose Related Emergency Department Visits and Rates* by Race/Ethnicity and County, New Mexico, 2014-2018

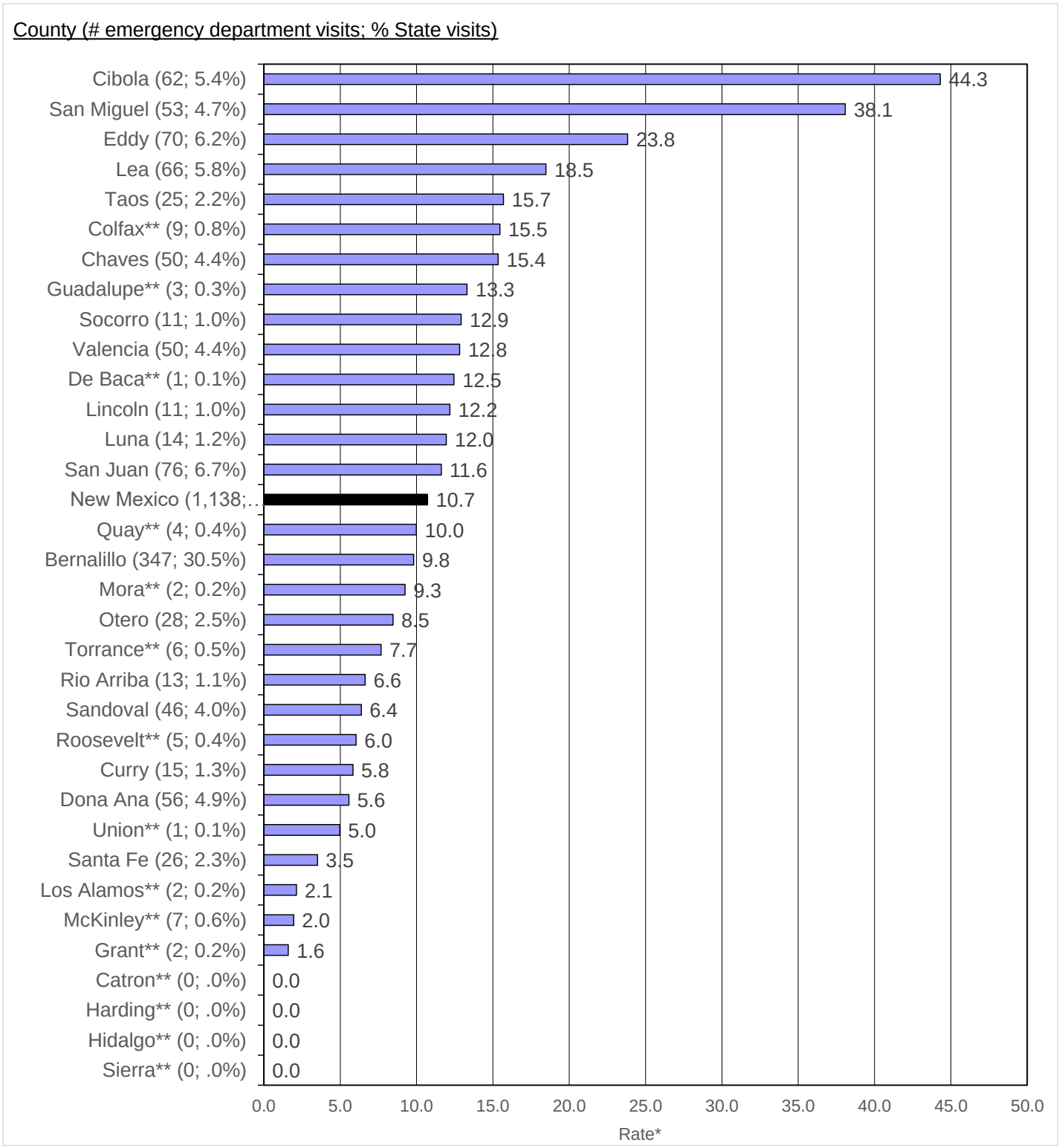
	Emergency Department Visits						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	14	0	26	183	83	347	8.5	0.0	24.2	10.3	6.1	9.8
Catron	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Chaves	0	0	3	20	27	50	0.0	0.0	56.5	10.4	20.1	15.4
Cibola	13	0	1	31	17	62	24.0	0.0	52.8	56.7	70.0	44.3
Colfax	0	0	0	8	1	9	0.0	0.0	0.0	24.7	5.4	15.5
Curry	0	0	0	3	6	15	0.0	0.0	0.0	3.2	4.5	5.8
De Baca	0	0	0	0	1	1	0.0	0.0	0.0	0.0	21.2	12.5
Dona Ana	1	0	2	29	19	56	12.8	0.0	10.5	4.3	7.0	5.6
Eddy	0	0	2	24	44	70	0.0	0.0	48.2	16.1	31.6	23.8
Grant	0	0	0	2	0	2	0.0	0.0	0.0	3.2	0.0	1.6
Guadalupe	0	0	0	2	1	3	0.0	0.0	0.0	11.0	43.4	13.3
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Lea	0	0	4	36	25	66	0.0	0.0	30.9	17.6	19.1	18.5
Lincoln	0	0	1	2	6	11	0.0	0.0	130.7	6.7	11.5	12.2
Los Alamos	0	0	0	0	1	2	0.0	0.0	0.0	0.0	1.5	2.1
Luna	0	0	0	9	5	14	0.0	0.0	0.0	9.7	16.2	12.0
McKinley	5	0	0	2	0	7	1.8	0.0	0.0	4.8	0.0	2.0
Mora	0	0	0	2	0	2	0.0	0.0	0.0	11.4	0.0	9.3
Otero	2	0	1	6	18	28	9.9	0.0	8.5	4.6	11.5	8.5
Quay	0	0	0	2	1	4	0.0	0.0	0.0	9.9	6.7	10.0
Rio Arriba	2	0	0	8	0	13	7.2	0.0	0.0	5.8	0.0	6.6
Roosevelt	0	0	0	1	3	5	0.0	0.0	0.0	3.0	6.6	6.0
Sandoval	5	1	4	20	9	46	5.9	7.7	24.5	7.2	2.8	6.4
San Juan	18	1	1	19	35	76	6.9	20.8	20.2	15.0	13.4	11.6
San Miguel	0	0	0	44	8	53	0.0	0.0	0.0	39.7	32.8	38.1
Santa Fe	2	0	2	15	7	26	10.0	0.0	25.1	3.8	2.0	3.5
Sierra	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Socorro	4	0	0	4	1	11	37.5	0.0	0.0	9.4	3.7	12.9
Taos	1	0	0	8	6	25	10.5	0.0	0.0	8.9	11.9	15.7
Torrance	0	0	0	4	2	6	0.0	0.0	0.0	10.8	4.8	7.7
Union	0	0	0	0	1	1	0.0	0.0	0.0	0.0	10.4	5.0
Valencia	1	1	5	29	7	50	6.6	29.4	105.6	12.4	5.0	12.8
New Mexico	72	3	54	540	352	1,138	7.3	1.6	23.2	10.4	9.0	10.7

* All rates are per 100,000, age-adjusted to the 2000 US standard population. There were 77 visits for which County of Residence was missing.

Sources: NMDOH Syndromic Surveillance ED files and UNM-GPS population files; SAES

AMPHETAMINE OVERDOSE RELATED EMERGENCY DEPARTMENT VISITS (continued)

Chart 2: Amphetamine Overdose Related Emergency Department Visit Rates* by County, New Mexico, 2014-2018



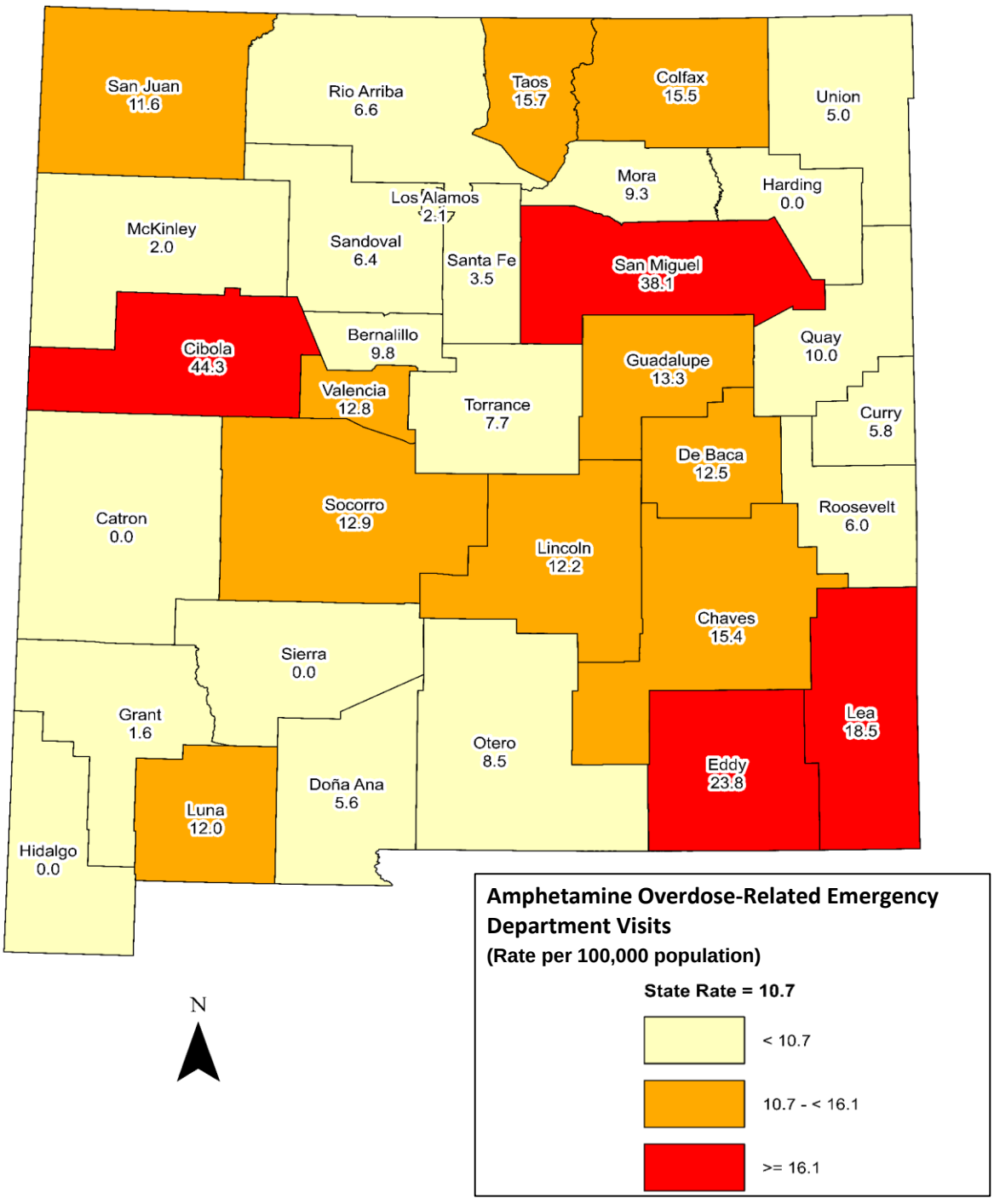
* All rates are per 100,000, age-adjusted to the 2000 US standard population

** Unstable rate due to small number of cases (<10)

Sources: NMDOH Syndromic Surveillance ED files and UNM-GPS population files (NM); SAES

AMPHETAMINE OVERDOSE RELATED EMERGENCY DEPARTMENT VISITS (continued)

Chart 2: Amphetamine Overdose Related Emergency Department Visit Rates* by County, New Mexico, 2014-2018



* All rates are per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH EDD files and UNM-GPS population files; SAES

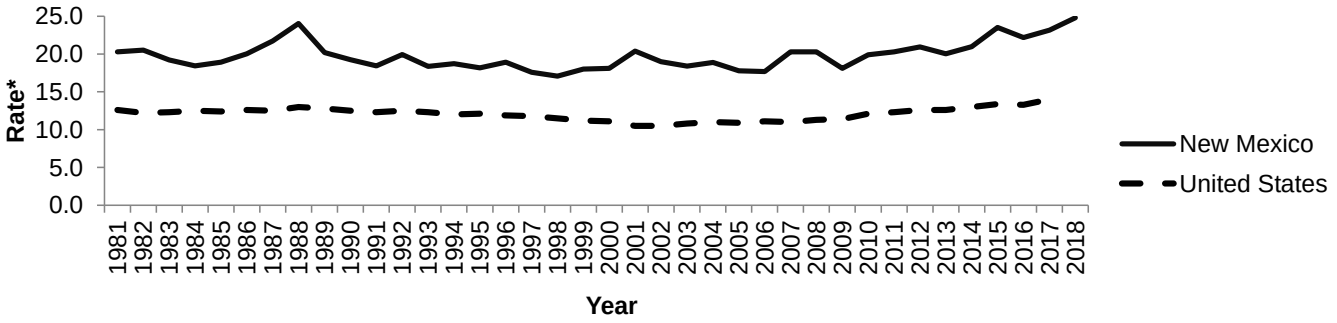
SUICIDE

Problem Statement

Suicide is a serious and persistent public health problem in New Mexico. As shown in Chart 1, over the period from 1981-2018, NM's suicide rate has consistently been 1.5 to 1.9 times the US rate. NM has ranked among the top five states for all but two of those years. While the US rate declined 12% between 1981 and 2000, it increased thereafter for a 26% increase from 2000 to 2017. The NM rate followed a similar pattern. In NM in 2018, suicide was the ninth leading cause of death overall. In 2017 suicide was the first leading cause of death for those residents ages 5-17, and the second leading cause of death for those residents ages 18-44 (with unintentional injuries at number one).

Table 1 and Chart 2 show that male suicide rates were about three to four times higher than female rates across all ages and racial/ethnic groups except for Asian/Pacific Islanders for the five-year period 2014-2018. This reflects males' choice of more lethal means, i.e. firearms, when attempting suicide. White males and females have higher rates over age 34 compared to other race/ethnicities. The majority of male suicides - and an even higher proportion of Hispanic and American Indian male suicides - occur, however, before age 65. American Indian females ages 15-34 and American Indian males ages 25-34 had significantly higher rates compared to other race/ethnicities (Chart 2). Table 2 shows that five counties (Bernalillo, Santa Fe, Dona Ana, San Juan, and Sandoval) had substantial numbers of suicides (averaging more than 25 per year). As Chart 3 demonstrates, for the time period 2014-2018, all but ten of NM's counties had rates one and a half times higher than the comparable US rate. A number of smaller counties also had very high rates, and only four New Mexico counties had a suicide rate lower than the national rate. Note that counts and rates for many counties with small numbers of suicides are unstable, suggesting wide fluctuation across time periods due to random variation (chance) and should be interpreted with caution.

Chart 1: Suicide Rates*, New Mexico and United States, 1981-2018



* U.S. data available up to 2017

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

Source: NMDOH BVRHS death files and UNM-GPS population files (NM); CDC Wonder (US)

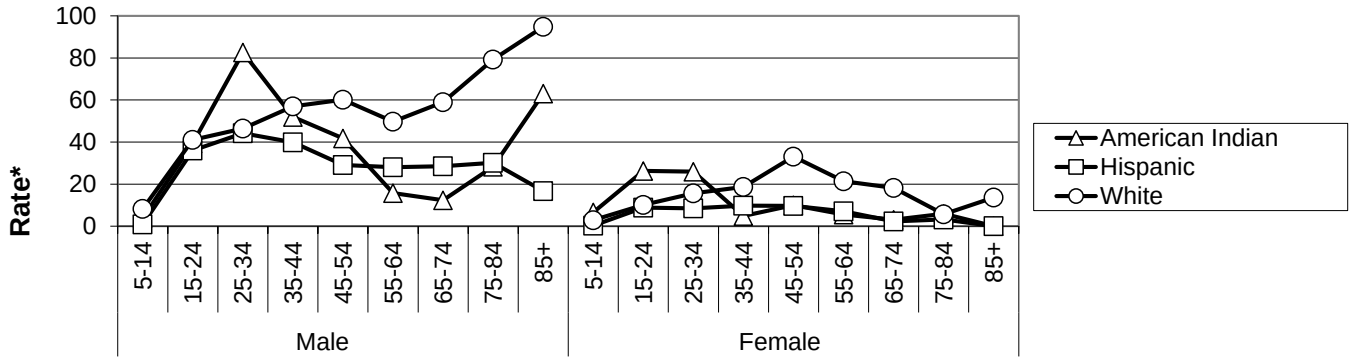
Table 1: Suicide Deaths and Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2014-2018

		Deaths				Rates*			
Sex	Race/Ethnicity	Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	33	122	8	163	17.6	52.8	21.0	35.7
	Asian/Pacific Islander	3	8	2	13	11.4	17.5	24.5	15.8
	Black	10	15	1	26	21.4	22.1	8.1	19.3
	Hispanic	155	446	70	671	14.8	36.3	27.8	27.5
	White	103	558	324	985	21.3	53.0	68.4	43.8
	Total	307	1,155	410	1,872	17.1	44.0	52.3	35.7
Female	American Indian	25	32	2	59	13.4	12.7	3.6	11.2
	Asian/Pacific Islander	3	6	2	11	11.8	10.3	15.3	11.2
	Black	1	5	0	6	2.5	10.5	0.0	6.5
	Hispanic	37	109	7	153	3.6	8.8	2.3	6.2
	White	24	240	76	340	5.4	22.5	14.0	15.0
	Total	90	394	87	571	5.3	14.8	9.3	10.5
Total	American Indian	58	154	10	222	15.5	31.8	10.6	22.8
	Asian/Pacific Islander	6	14	4	24	11.6	13.5	18.9	13.3
	Black	11	20	1	32	12.7	17.3	4.1	13.9
	Hispanic	192	555	77	824	9.3	22.5	13.8	16.7
	White	127	798	400	1,325	13.7	37.7	39.3	29.3
	Total	397	1,549	497	2,443	11.3	29.3	28.9	22.9

* Age-specific rates (e.g., Ages 0-24) are per 100,000; all-ages rate is per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files; SAES

Chart 2: Suicide Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2014-2018



* Age-specific rates per 100,000

Sources: NMDOH BVRHS death files and UNM-GPS population files; SAES

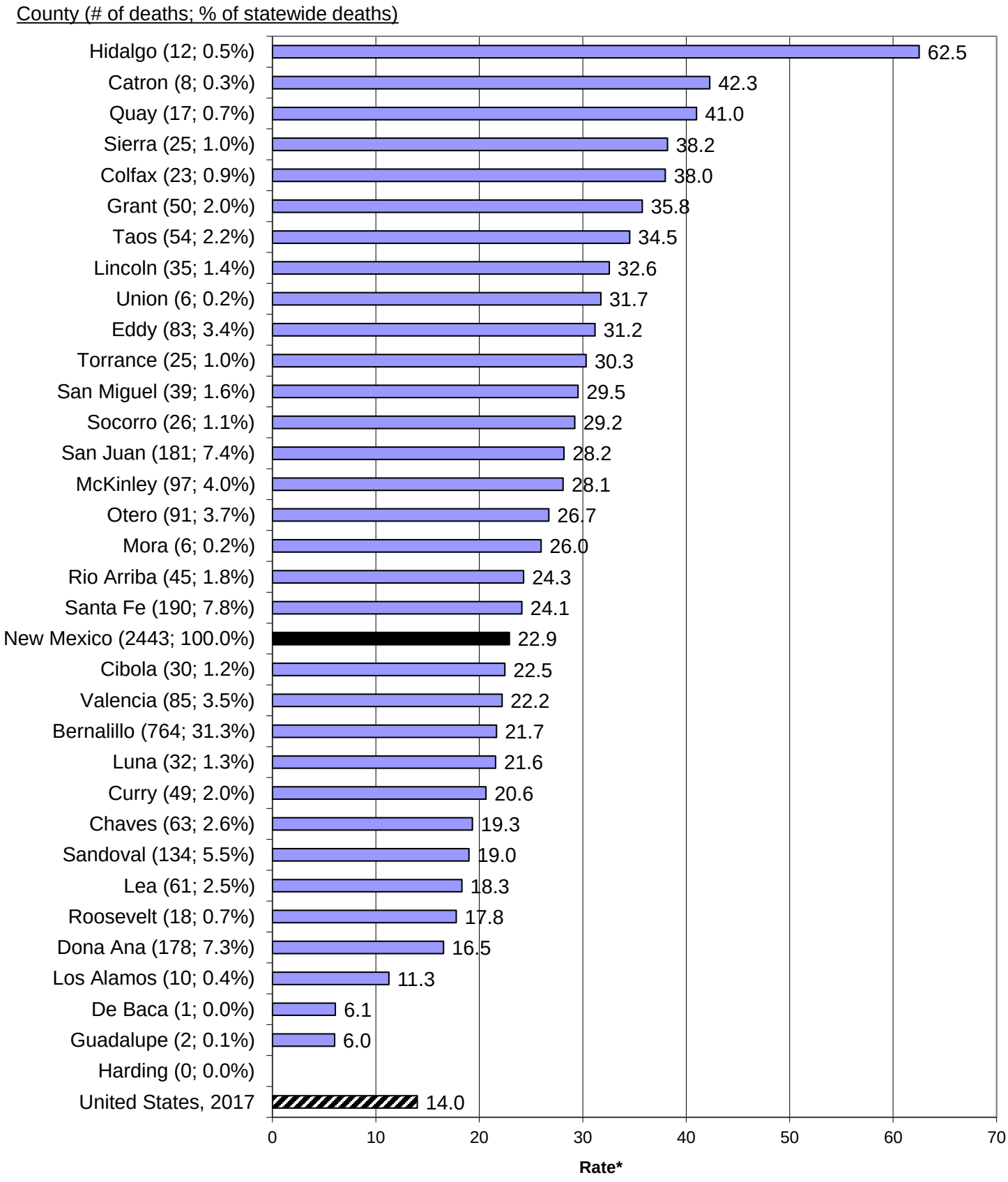
Table 2: Suicide Deaths and Rates* by Race/Ethnicity and County, New Mexico, 2014-2018

	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	30	10	13	281	423	764	19.8	10.9	11.8	16.8	27.5	21.7
Catron	0	0	0	2	6	8	0.0	0.0	0.0	68.8	31.9	42.3
Chaves	0	0	1	19	42	63	0.0	0.0	29.8	10.7	31.5	19.3
Cibola	11	0	0	8	11	30	21.5	0.0	0.0	16.4	40.8	22.5
Colfax	1	0	0	13	9	23	108.6	0.0	0.0	43.4	30.4	38.0
Curry	0	1	5	12	31	49	0.0	12.3	31.9	11.8	24.7	20.6
De Baca	0	0	0	0	1	1	0.0	0.0	0.0	0.0	9.3	6.1
Dona Ana	2	1	5	76	92	178	19.9	6.0	24.9	10.5	27.2	16.5
Eddy	0	0	0	34	49	83	0.0	0.0	0.0	26.4	37.7	31.2
Grant	2	0	0	16	32	50	142.6	0.0	0.0	25.2	44.3	35.8
Guadalupe	0	0	0	2	0	2	0.0	0.0	0.0	7.9	0.0	6.0
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	8	4	12	0.0	0.0	0.0	73.8	43.7	62.5
Lea	2	1	0	18	40	61	77.6	29.8	0.0	9.7	30.1	18.3
Lincoln	0	0	0	5	30	35	0.0	0.0	0.0	14.9	45.4	32.6
Los Alamos	0	1	0	0	9	10	0.0	12.4	0.0	0.0	13.7	11.3
Luna	0	0	0	7	24	32	0.0	0.0	0.0	10.0	39.4	21.6
McKinley	73	1	0	15	8	97	26.9	64.7	0.0	36.2	23.0	28.1
Mora	0	0	0	5	1	6	0.0	0.0	0.0	28.4	9.0	26.0
Otero	6	0	1	15	68	91	27.2	0.0	11.9	13.1	35.3	26.7
Quay	0	0	1	7	9	17	0.0	0.0	136.2	36.8	42.9	41.0
Rio Arriba	5	0	0	31	9	45	16.3	0.0	0.0	23.3	43.9	24.3
Roosevelt	0	1	1	6	10	18	0.0	19.3	16.2	12.7	19.9	17.8
Sandoval	13	2	0	43	76	134	14.8	19.2	0.0	16.0	21.4	19.0
San Juan	66	1	2	19	93	181	25.6	59.0	45.4	16.6	33.4	28.2
San Miguel	1	0	0	26	11	39	317.6	0.0	0.0	26.0	45.4	29.5
Santa Fe	4	3	2	70	109	190	16.0	23.1	31.9	18.7	29.0	24.1
Sierra	0	0	0	2	23	25	0.0	0.0	0.0	12.3	50.5	38.2
Socorro	1	0	0	11	14	26	9.5	0.0	0.0	27.6	35.4	29.2
Taos	2	0	0	23	29	54	23.4	0.0	0.0	28.1	49.0	34.5
Torrance	0	0	0	7	18	25	0.0	0.0	0.0	24.4	34.8	30.3
Union	0	0	0	4	2	6	0.0	0.0	0.0	45.3	24.3	31.7
Valencia	3	2	1	39	39	85	16.8	80.4	24.9	17.1	29.2	22.2
New Mexico	222	24	32	824	1,325	2,443	22.8	13.3	13.9	16.7	29.3	22.9

* All rates are per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files; SAES

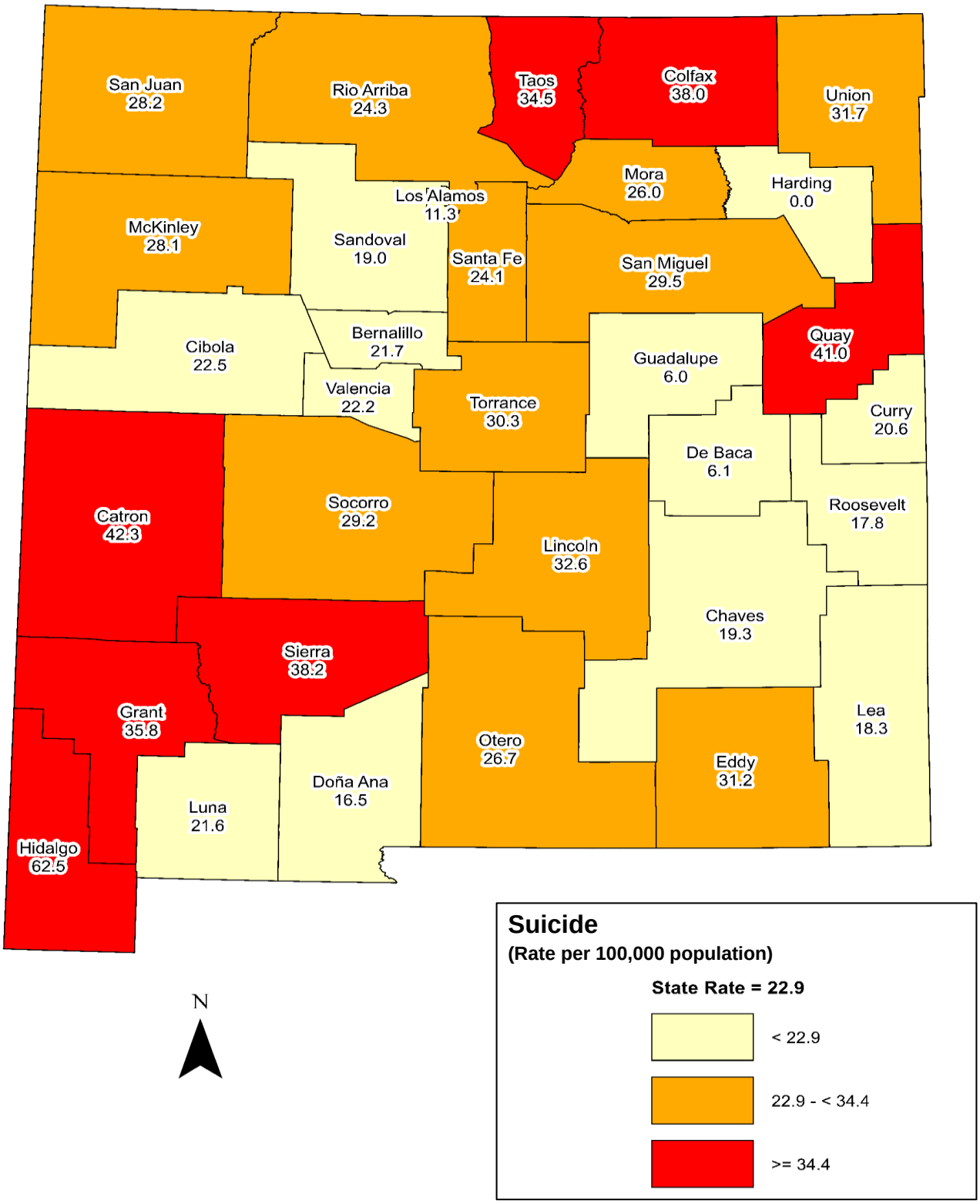
Chart 3: Suicide Rates* by County, New Mexico, 2014-2018



* All rates are per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files (NM); NCHS death and population files (US); CDC ARDI; SAES

Chart 4: Suicide Rates* by County, New Mexico, 2014-2018



* All rates are per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-GPS population files; SAES

Section 2

Mental Health

ADULT MENTAL HEALTH

Problem Statement

Adult mental health issues range in a spectrum: from day-to-day challenges with stress, anxiety, and "the blues"; to persistent mental health challenges arising from chronic physical conditions such as diabetes, asthma, and obesity; to chronic clinically diagnosable psychiatric morbidities such as anxiety disorders, schizophrenia, bipolar disorder, and depression; and to serious life-threatening situations such as suicidal ideation and suicide attempt, which sometimes result from a combination of the mental and physical health challenges mentioned above. A host of measures exist for assessing the mental health status of individuals, but characterizing the mental health status of the population is a relatively new field. If such an assessment can be done using a simple and non-invasive approach with a reasonable level of sensitivity and specificity, the resulting characterization of the population's mental health can help public health and mental health professionals better understand the distribution of mental health issues in the population and design better systems to help identify, address, and mitigate these issues before they become more serious.

Among measures that have been suggested by the CDC as potential tools for assessing population well-being and mental health is the frequency with which people experience poor mental health. This measure is based on the single question, "How many days during the past 30 days was your mental health not good?" Respondents who report that they experienced 14 or more days when their mental health was "not good" are classified as experiencing Frequent Mental Distress (FMD). Although FMD is not a clinical diagnosis, evidence suggests that it is associated with a person's mental health status. Chart 1 shows the proportion of people with selected characteristics who experienced FMD in 2018. The proportion of the total New Mexico population that experienced FMD in 2018 was about 14%. As might be expected, people in good health with higher incomes and more education were significantly less likely than the general population to report FMD. People with less education, with chronic health conditions such as obesity, diabetes, or asthma, or with lower income were significantly more likely to report FMD. Of particular relevance regarding FMD's potential usefulness as a measure of population mental health, FMD was many times more prevalent among respondents who reported more serious psychiatric morbidity, including screening positive for alcohol dependence or abuse (33% reported FMD), ever being diagnosed with an anxiety disorder (37% reported past-month FMD), or receiving a diagnosis of current depression based on the Patient Health Questionnaire (52% reported past-month FMD). Among the cohort that reported past-year suicidal ideation with no history of suicide attempt, 48% reported past-month FMD; among the cohort at high risk for suicide that reported both past-year suicidal ideation and a prior suicide attempt, 62% reported past-month FMD (Chart 1). These results suggest that this simple question, which is asked annually on the BRFSS, is a useful indicator of population mental health.

Table 1: Frequent Mental Distress (past 30 days) by Age, Sex, and Race, Adults Aged 18+, New Mexico, 2016-2018

		Number				Percent*			
Sex	Race/Ethnicity	Ages 18-24	Ages 25-64	Ages 65+	All Ages	Ages 18-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	1,932	5,582	2,249	9,796	18.9	11.9	28.3	15.1
	Asian/Pacific Islander	-	435	-	1,514	-	4.7	-	11.8
	Black	-	1,454	-	3,569	-	10.6	-	18.0
	Hispanic	7,343	25,120	7,046	39,508	12.5	10.1	13.5	11.0
	White	5,584	27,347	5,680	39,009	18.6	13.3	5.8	11.7
	Total	16,819	61,414	15,665	95,190	16.1	11.7	9.7	12.0
Female	American Indian	1,554	6,162	1,234	8,916	15.1	12.0	10.6	12.2
	Asian/Pacific Islander	-	1,484	-	2,305	-	12.6	-	14.2
	Black	-	2,251	-	1,987	-	23.3	-	13.6
	Hispanic	10,777	42,342	6,507	60,112	19.1	16.9	10.2	16.2
	White	4,357	37,331	9,549	50,453	17.0	17.9	8.5	14.6
	Total	17,348	88,730	17,780	123,538	18.0	16.7	9.2	15.1
Total	American Indian	3,488	11,746	3,578	18,691	17.0	12.0	18.3	13.5
	Asian/Pacific Islander	-	1,732	-	3,744	-	8.2	-	12.9
	Black	-	3,858	293	5,454	-	16.5	5.7	15.9
	Hispanic	18,136	67,531	13,608	99,635	15.8	13.5	11.7	13.6
	White	9,967	64,659	15,312	89,515	17.9	15.6	7.3	13.2
	Total	34,151	150,119	33,444	218,712	17.0	14.2	9.4	13.6

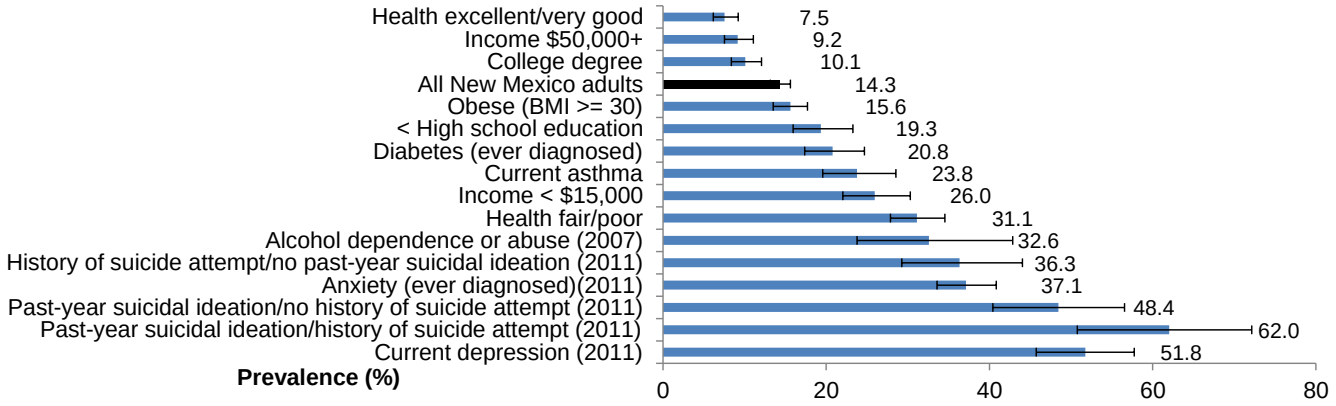
* Estimate of percent of people in population group who reported Frequent Mental Distress in past 30 days

- Excluded due to small number of respondents (< 50) in cell

Source: BRFSS; SAES

ADULT MENTAL HEALTH (continued)

Chart 1: Frequent Mental Distress (past 30 days)* by Selected Characteristics, Adults Aged 18+, New Mexico, 2018



* Frequent Mental Distress definition: respondent reported 14 or more days in past 30 days when mental health was "not good"

Source: BRFSS; SAES (NOTE: Brackets around reported rates are 95% confidence intervals)

Table 2: Frequent Mental Distress (past 30 days) by Race and County, Adults Aged 18+, New Mexico, 2016-2018

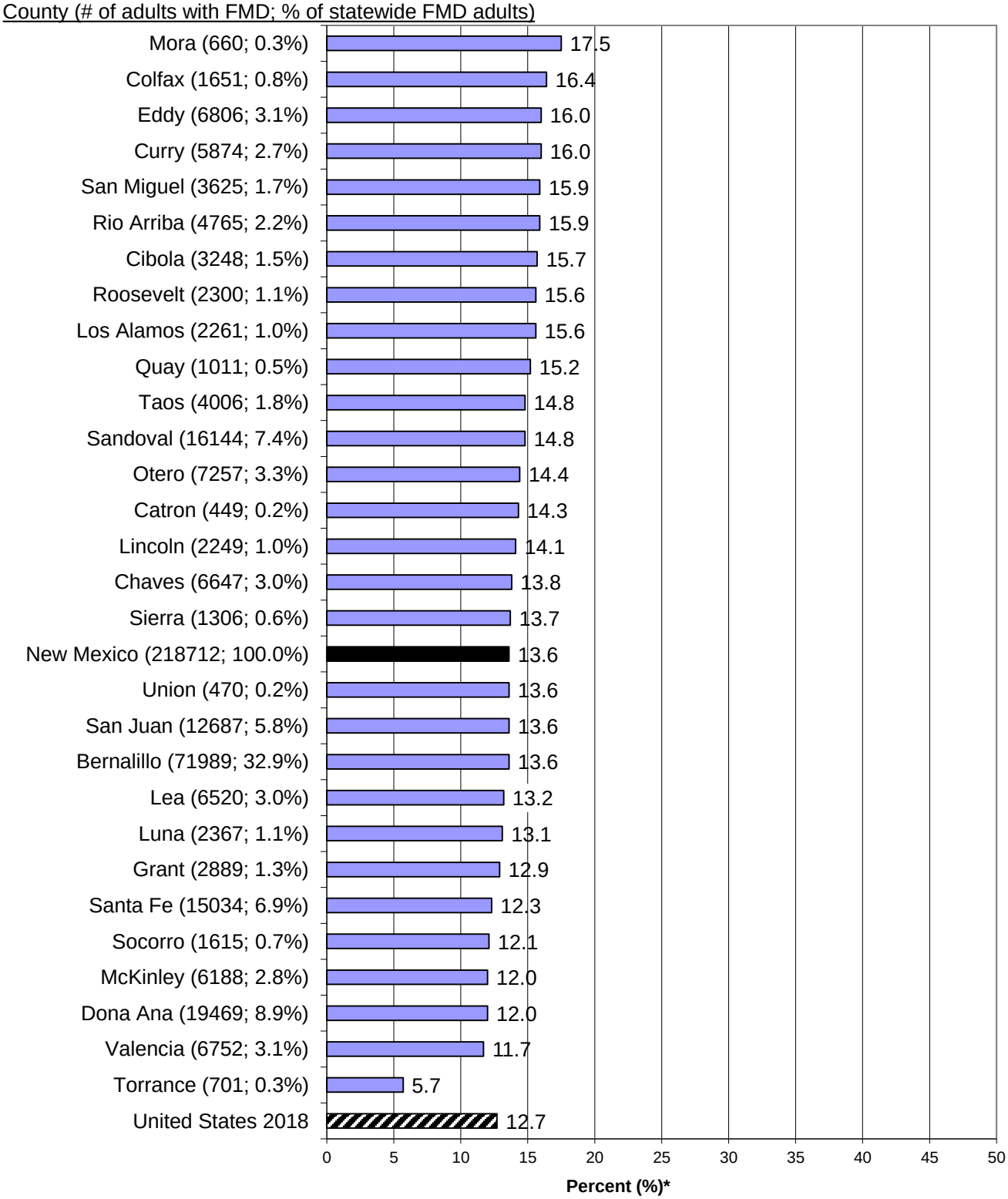
	Number						Percent*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	2,885	1,896	2,518	31,212	32,264	71,989	12.7	12.0	16.7	12.7	14.0	13.6
Catron	-	-	-	-	413	449	-	-	-	-	16.9	14.3
Chaves	-	-	-	3,582	2,915	6,647	-	-	-	14.3	13.6	13.8
Cibola	1,668	-	-	978	699	3,248	21.2	-	-	12.4	15.4	15.7
Colfax	-	-	-	-	1,043	1,651	-	-	-	-	20.2	16.4
Curry	-	-	-	1,997	3,216	5,874	-	-	-	14.4	16.6	16.0
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	12,824	5,805	19,469	-	-	-	12.2	11.3	12.0
Eddy	-	-	-	3,635	3,101	6,806	-	-	-	18.7	14.2	16.0
Grant	-	-	-	2,195	940	2,889	-	-	-	21.1	8.3	12.9
Guadalupe	-	-	-	-	-	-	-	-	-	-	-	-
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	3,644	2,430	6,520	-	-	-	13.9	12.0	13.2
Lincoln	-	-	-	761	1,441	2,249	-	-	-	16.6	13.4	14.1
Los Alamos	-	-	-	-	760	2,261	-	-	-	-	7.0	15.6
Luna	-	-	-	1,380	1,002	2,367	-	-	-	12.5	15.6	13.1
McKinley	4,756	-	-	782	537	6,188	12.3	-	-	12.1	9.9	12.0
Mora	-	-	-	496	-	660	-	-	-	16.8	-	17.5
Otero	327	-	-	2,517	4,296	7,257	11.5	-	-	14.6	15.6	14.4
Quay	-	-	-	-	269	1,011	-	-	-	-	7.4	15.2
Rio Arriba	401	-	-	3,446	762	4,765	9.7	-	-	16.4	16.6	15.9
Roosevelt	-	-	-	959	1,400	2,300	-	-	-	17.0	16.8	15.6
Sandoval	1,864	-	-	5,288	8,670	16,144	15.0	-	-	13.3	16.5	14.8
San Juan	5,230	-	-	2,175	5,200	12,687	14.7	-	-	13.3	13.0	13.6
San Miguel	-	-	-	3,572	230	3,625	-	-	-	20.7	5.0	15.9
Santa Fe	-	-	-	8,466	5,771	15,034	-	-	-	14.9	9.8	12.3
Sierra	-	-	-	-	795	1,306	-	-	-	-	11.9	13.7
Socorro	-	-	-	974	502	1,615	-	-	-	15.3	9.6	12.1
Taos	-	-	-	1,308	1,661	4,006	-	-	-	9.1	15.6	14.8
Torrance	-	-	-	-	384	701	-	-	-	-	5.6	5.7
Union	-	-	-	-	-	470	-	-	-	-	-	13.6
Valencia	-	-	-	3,341	2,999	6,752	-	-	-	10.0	14.1	11.7
New Mexico	18,691	3,744	5,454	99,635	89,515	218,712	13.5	12.9	15.9	13.6	13.2	13.6

* Estimate of percent of people in population group who reported Frequent Mental Distress in past 30 days

\- Excluded due to small number of respondents (< 50) in cell

Source: BRFSS; SAES

Chart 2: Frequent Mental Distress (past 30 days)* by County, Adults Aged 18+, New Mexico, 2016-2018



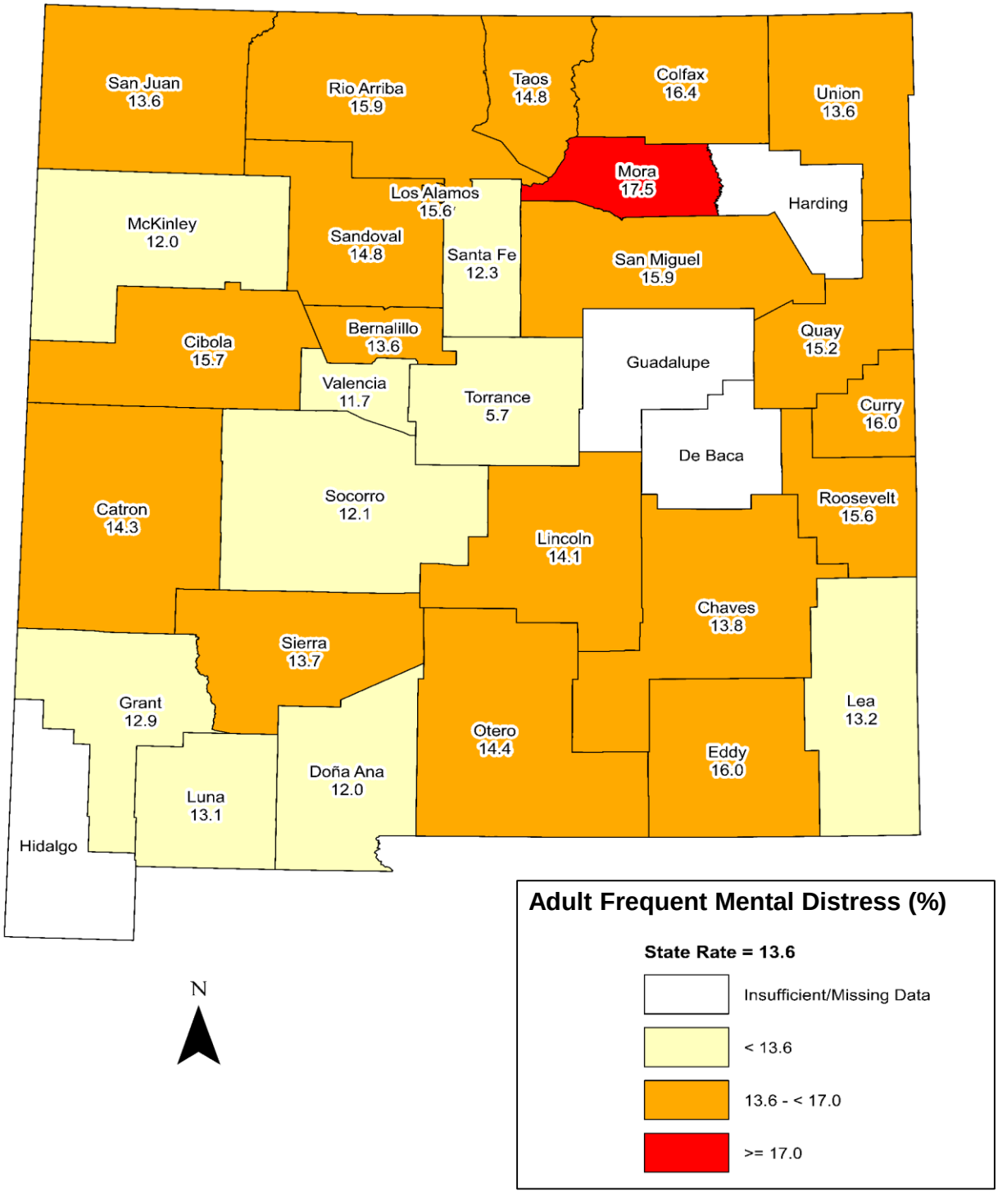
* Estimate of percent of people in population group who reported Frequent Mental Distress in past 30 days

The following counties were not included due to small number of respondents (<50) in cell:

De Baca, Guadalupe, Harding, and Hidalgo

Source: NMBRFSS (NM); CDC BRFSS (US); SAES

Chart 3: Frequent Mental Distress (past 30 days)* by County, Adults Aged 18+, New Mexico, 2016-2018



Insufficient data: Rate not reported due to small number of respondents (< 50) in cell

Source: BRFSS; SAES

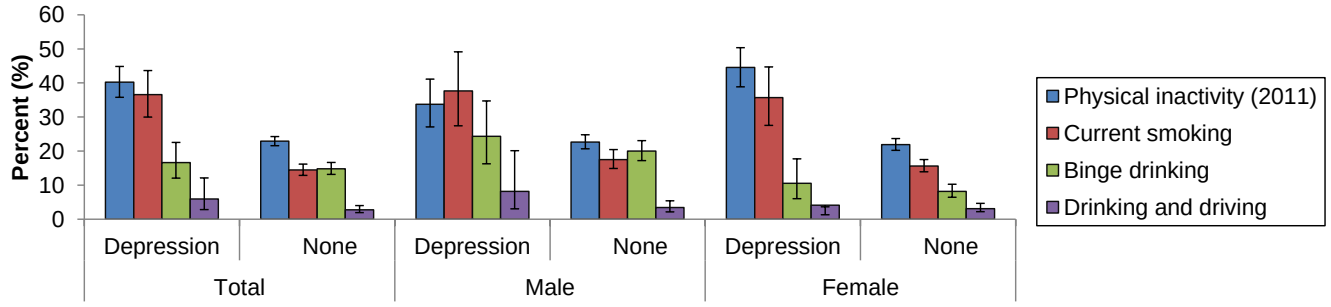
ADULT MENTAL HEALTH - DEPRESSION

Problem Statement (continued)

Depression is one of the most prevalent and treatable mental disorders. Major depression is usually associated with comorbid mental disorders, such as anxiety and substance use disorders, and impairment of a person's ability to function in work, home, relationships, and social roles. Depression is also a risk factor for suicide and attempted suicide. In addition, depressive disorders have been associated with an increased prevalence of chronic medical conditions, such as heart disease, stroke, asthma, arthritis, cancer, diabetes, and obesity. In 2016, the BRFSS assessed current depression using Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) criteria.

Table 3 shows the prevalence of current depression was highest among the youngest age-group 18-24 years (15.1%) and much higher among Black (22.9%) than Hispanic (9.6%) and White adults (9.3%). Depression was more common among Hispanic females (11.5%) and White females (9.6%) than American Indian females (6.8%) . Among males, American Indians (17.7%) had the highest prevalence followed by Whites (8.9%). Chart 4 shows that current depression was associated, among both males and females, with significantly higher rates of some unhealthy behaviors including physical inactivity and current smoking. Chart 5 shows that current depression was associated with higher rates of chronic health conditions, such as asthma and heart disease among males, and asthma, obesity, diabetes, and heart disease among females.

Chart 4: Unhealthy Behaviors by Depression Status and Sex, New Mexico, 2016



* Current Depression definition: scored 10 or more on Patient Health Questionnaire depression inventory (PHQ-8); this instrument can establish a provisional depressive disorder diagnosis using Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria.

Source: BRFSS; SAES (NOTE: Brackets around reported rates are 95% confidence intervals)

Table 3: Current Depression (past 2 weeks) by Age, Sex, and Race, Adults Aged 18+, New Mexico, 2016

		Number*				Percent**			
Sex	Race/Ethnicity	Ages 18-24	Ages 25-64	Ages 65+	All Ages	Ages 18-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	-	3,801	-	11,390	-	8.2	-	17.7
	Asian/Pacific Islander	-	-	-	-	-	-	-	-
	Black	-	-	-	-	-	-	-	-
	Hispanic	4,201	20,716	2,472	27,336	7.1	8.4	4.9	7.7
	White	-	18,354	3,783	29,910	-	8.7	4.0	8.9
	Total	16,945	43,807	8,460	70,551	16.0	8.3	5.4	8.9
Female	American Indian	-	3,538	727	4,903	-	7.0	6.5	6.8
	Asian/Pacific Islander	-	-	-	-	-	-	-	-
	Black	-	-	-	-	-	-	-	-
	Hispanic	6,983	31,465	3,525	42,203	12.3	12.7	5.7	11.5
	White	-	24,573	6,450	33,489	-	11.5	5.9	9.6
	Total	13,661	64,454	10,700	87,583	14.0	12.1	5.7	10.7
Total	American Indian	-	7,302	3,129	16,242	-	7.5	16.7	11.9
	Asian/Pacific Islander	-	-	-	-	-	-	-	-
	Black	-	-	-	7,743	-	-	-	22.9
	Hispanic	11,204	52,270	5,977	69,557	9.7	10.6	5.3	9.6
	White	-	42,992	10,366	63,464	-	10.1	5.1	9.3
	Total	30,698	108,323	19,170	158,167	15.1	10.2	5.6	9.8

* Estimate of number of people in population group who reported current (past 2-week) depression based on DSM-IV criteria

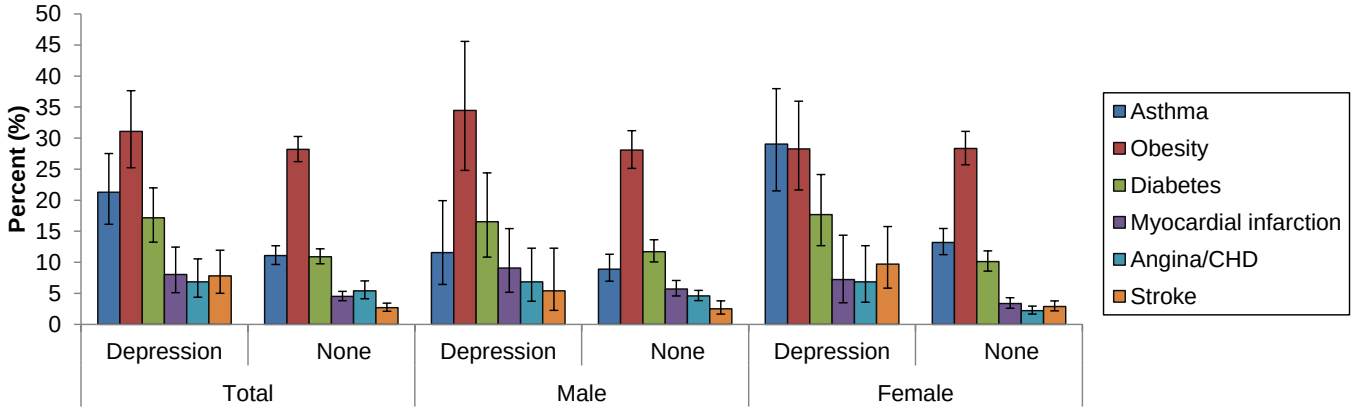
** Estimate of percent of people in population group who reported current (past 2-week) depression based on DSM-IV criteria

- Excluded due to small number of respondents (< 50) in cell

Source: BRFSS; SAES

ADULT MENTAL HEALTH - DEPRESSION (continued)

Chart 5: Chronic Health Conditions by Depression Status and Sex, New Mexico, 2016



Source: BRFSS; SAES

Table 4: Current Depression (past 2 weeks) by Race and County, Adults Aged 18+, New Mexico, 2016

	Number*						Percent**					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	-	-	-	21,896	26,854	55,033	-	-	-	9.0	11.5	10.4
Catron	-	-	-	-	-	-	-	-	-	-	-	-
Chaves	-	-	-	4,870	1,681	6,962	-	-	-	19.6	7.7	14.4
Cibola	-	-	-	586	582	3,930	-	-	-	7.4	12.5	18.9
Colfax	-	-	-	-	-	-	-	-	-	-	-	-
Curry	-	-	-	-	4,071	6,987	-	-	-	-	20.4	18.9
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	7,008	3,038	11,570	-	-	-	6.8	5.8	7.1
Eddy	-	-	-	1,569	2,699	4,643	-	-	-	8.3	12.3	11.0
Grant	-	-	-	-	1,783	3,579	-	-	-	-	15.3	15.6
Guadalupe	-	-	-	-	-	-	-	-	-	-	-	-
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	2,333	473	3,031	-	-	-	9.2	2.3	6.3
Lincoln	-	-	-	-	197	328	-	-	-	-	1.8	2.0
Los Alamos	-	-	-	-	-	424	-	-	-	-	-	3.0
Luna	-	-	-	-	-	1,321	-	-	-	-	-	7.3
McKinley	2,759	-	-	-	804	3,604	7.1	-	-	-	14.3	7.0
Mora	-	-	-	-	-	-	-	-	-	-	-	-
Otero	-	-	-	-	3,336	6,024	-	-	-	-	12.2	12.0
Quay	-	-	-	-	-	-	-	-	-	-	-	-
Rio Arriba	-	-	-	1,478	456	2,499	-	-	-	7.0	9.8	8.2
Roosevelt	-	-	-	-	-	1,331	-	-	-	-	-	8.9
Sandoval	-	-	-	-	3,090	11,841	-	-	-	-	5.8	11.0
San Juan	4,320	-	-	633	5,448	10,960	12.3	-	-	3.9	13.4	11.7
San Miguel	-	-	-	-	-	3,335	-	-	-	-	-	14.7
Santa Fe	-	-	-	4,919	4,372	10,099	-	-	-	8.8	7.5	8.4
Sierra	-	-	-	-	-	2,027	-	-	-	-	-	21.2
Socorro	-	-	-	-	-	-	-	-	-	-	-	-
Taos	-	-	-	-	709	1,067	-	-	-	-	6.6	3.9
Torrance	-	-	-	-	-	-	-	-	-	-	-	-
Union	-	-	-	-	-	-	-	-	-	-	-	-
Valencia	-	-	-	-	34	3,515	-	-	-	-	0.2	6.1
New Mexico	16,242	-	7,743	69,557	63,464	158,167	11.9	-	22.9	9.6	9.3	9.8

* Estimate of number of people in population who reported current (past 2-week) depression based on DSM-IV criteria

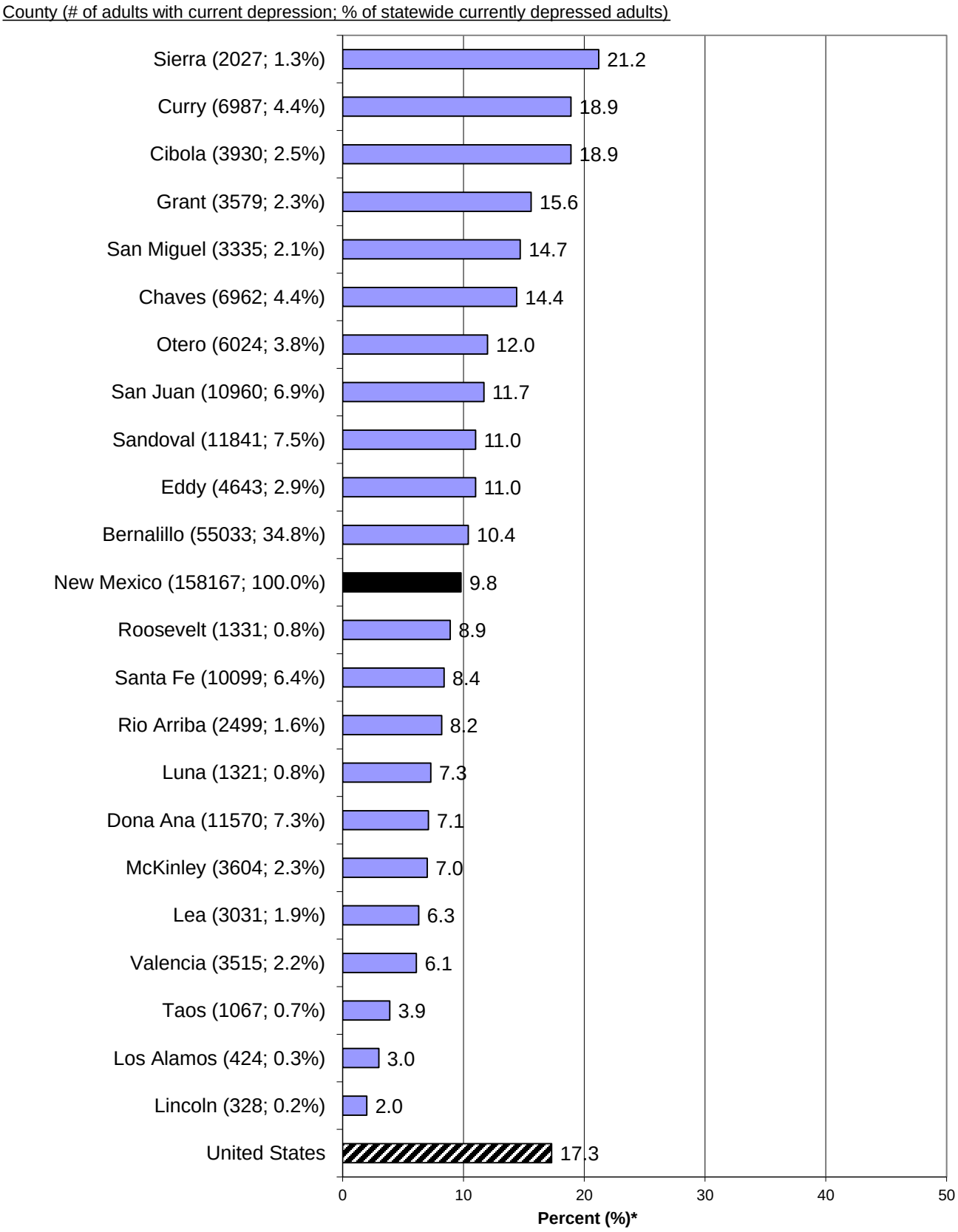
** Estimate of percent of people in population group who reported current (past 2-week) depression based on DSM-IV criteria

- Excluded due to small number of respondents (< 50) in cell

Source: BRFSS; SAES

ADULT MENTAL HEALTH - DEPRESSION (continued)

Chart 6: Current Depression (past 2 weeks)* by County, Adults Aged 18+, New Mexico, 2016



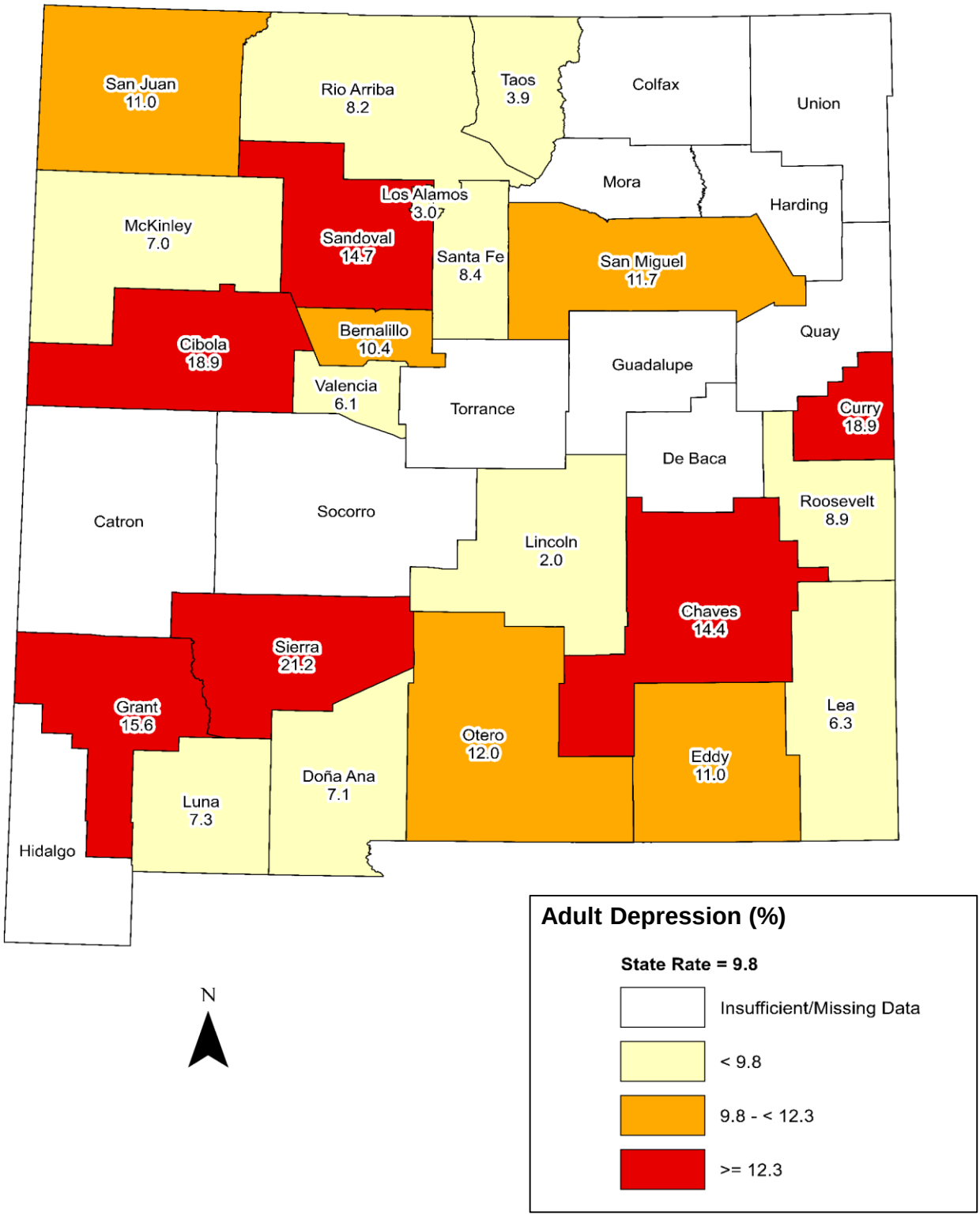
* Estimate of percent of people in population group who reported current (past 2-week) depression based on DSM-IV criteria

The following counties were not included due to small number of respondents (< 50) in cell:
Catron, Colfax, De Baca, Guadalupe, Harding, Hidalgo, Mora, Quay, Socorro, Torrance, and Union

Source: NMBRFSS (NM); CDC BRFSS (US); SAES

ADULT MENTAL HEALTH - DEPRESSION (continued)

Chart 7: Current Depression (past 2 weeks)* by County, Adults Aged 18+, New Mexico, 2016



* Estimate of percent of people in population group who reported current (past 2-week) depression based on DSM-IV criteria
Insufficient data: Rate not reported due to small number of respondents (< 50) in cell

Source: BRFSS; SAES

YOUTH FEELINGS OF SADNESS OR HOPELESSNESS

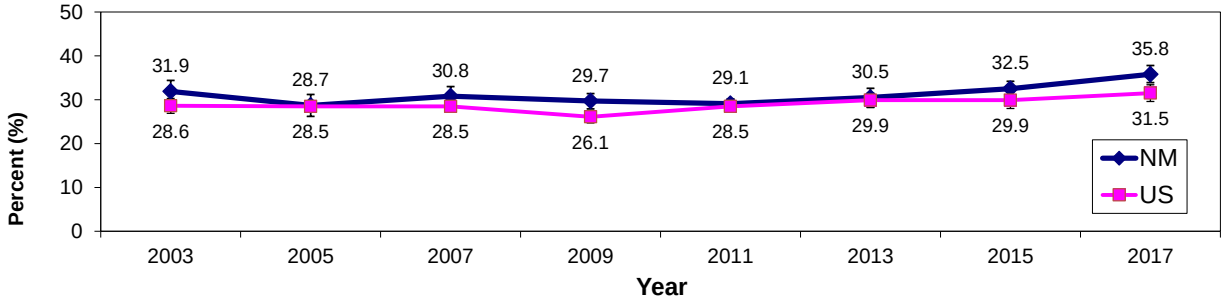
Problem Statement

Persistent feelings of sadness and hopelessness are criteria for, and predictors of, clinical depression for youth, and youth who experience depression are at a higher risk for being depressed as adults. Persistent sadness in youth has also been linked with suicidal behavior, drug and alcohol use, unsafe sex, and academic and social deficits. Feelings of sadness or loneliness not only affect teens, but those around them, often causing problems in relationships with peers and family members.

The prevalence of persistent feelings of sadness or hopelessness among NM high school students remained stable from 2003-2017 (Chart 1). In 2017, there was a statistically significant difference between the US rate (31.5%) and the NM rate (35.8%). In 2017 in NM, girls (45.1%) were nearly twice as likely to report feelings of sadness or hopelessness than boys (26.6%), reflective of a continuing disparity (Chart 2). There were no statistically significant variations by grade level or by race/ethnicity.

As Charts 3 and 4 demonstrate, in 2017, the counties with the highest prevalence of persistent feelings of sadness or hopelessness were Sierra (46.2%), McKinley (42.9%), Luna (42.4%), Roosevelt (40.8%), and Santa Fe (39.8%). The counties with the lowest prevalence were Mora (23.3%), Union (25.8%) and Hidalgo (28.0%).

Chart 1: Feelings of Sadness or Hopelessness* by Year, Grades 9 - 12, NM and US, 2003-2017



* Felt so sad or hopeless nearly every day for a period of 2 weeks that they stopped some normal activities, within the past 12 months

Source: YRRS (NM); CDC YRBS (US); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

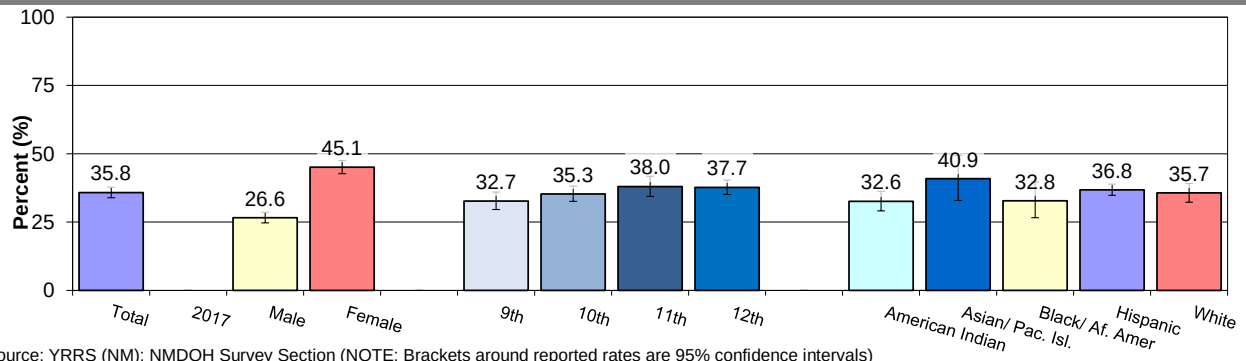
Table 1: Feelings of Sadness or Hopelessness, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2017

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	22.2 (13.6-34.2)	25.5 (18.9-33.4)	19.1 (14.3-25.2)	30.2 (23.6-37.8)	23.9 (20.4-27.9)
	Asian/Pacific Islander	--	--	--	--	36.8 (25.2-50.3)
	Black	--	--	--	--	20.4 (14.7-27.6)
	Hispanic	22.2 (17.0-28.4)	27.9 (22.6-33.9)	31.7 (27.1-36.7)	32.0 (25.5-39.2)	28.0 (25.5-30.7)
	White	20.7 (15.4-27.3)	30.0 (22.1-39.2)	29.3 (20.6-39.8)	24.8 (19.3-31.2)	26.1 (22.1-30.5)
	Total	21.3 (17.4-25.8)	28.2 (24.6-32.2)	29.5 (25.4-33.9)	28.9 (25.3-32.7)	26.6 (24.7-28.6)
Female	American Indian	42.9 (28.3-58.8)	41.2 (34.5-48.2)	43.7 (38.3-49.3)	42.6 (32.9-53.1)	42.6 (37.4-47.9)
	Asian/Pacific Islander	--	--	--	--	46.4 (36.2-56.9)
	Black	--	--	--	--	48.8 (39.5-58.3)
	Hispanic	42.6 (35.4-50.1)	46.7 (39.6-53.9)	44.6 (37.3-52.1)	44.6 (40.3-48.9)	44.9 (41.6-48.3)
	White	49.2 (39.9-58.6)	35.3 (28.8-42.4)	49.2 (40.2-58.2)	50.6 (43.6-57.4)	46.0 (41.5-50.7)
	Total	44.6 (39.2-50.1)	42.4 (38.0-47.0)	46.7 (42.2-51.3)	46.4 (42.8-49.9)	45.1 (42.7-47.5)
Total	American Indian	31.9 (23.9-41.0)	32.5 (27.3-38.2)	30.5 (25.8-35.7)	36.3 (28.8-44.5)	32.6 (29.1-36.3)
	Asian/Pacific Islander	--	42.4 (30.8-55.0)	50.4 (31.3-69.4)	--	40.9 (32.9-49.4)
	Black	20.8 (14.0-29.9)	35.8 (25.9-47.1)	--	--	32.8 (26.6-39.7)
	Hispanic	32.5 (28.3-36.9)	37.7 (32.9-42.7)	38.6 (34.5-42.7)	38.7 (34.9-42.7)	36.8 (34.8-38.9)
	White	34.8 (28.1-42.1)	32.8 (27.5-38.6)	38.8 (31.9-46.2)	36.6 (32.2-41.3)	35.7 (32.3-39.1)
	Total	32.7 (29.6-36.0)	35.3 (32.6-38.2)	38.0 (34.4-41.8)	37.7 (35.1-40.4)	35.8 (33.9-37.8)

Source: YRRS (NM); NMDOH Survey Section (NOTE: "95% CI" is 95% confidence interval)

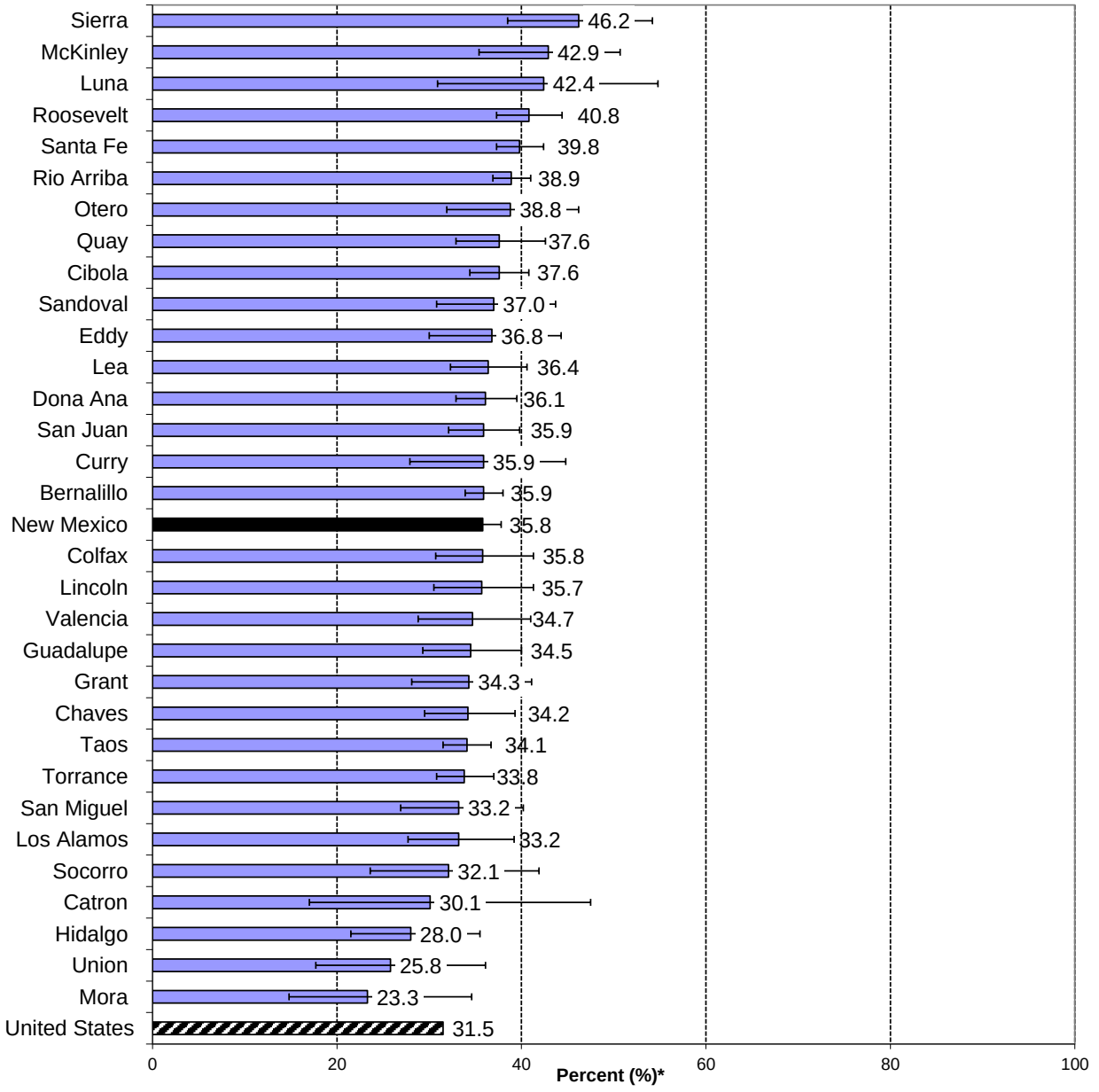
YOUTH FEELINGS OF SADNESS OR HOPELESSNESS (continued)

Chart 2: Feelings of Sadness or Hopelessness, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2017



Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

Chart 3: Feelings of Sadness or Hopelessness* by County, Grades 9 - 12, NM, 2017



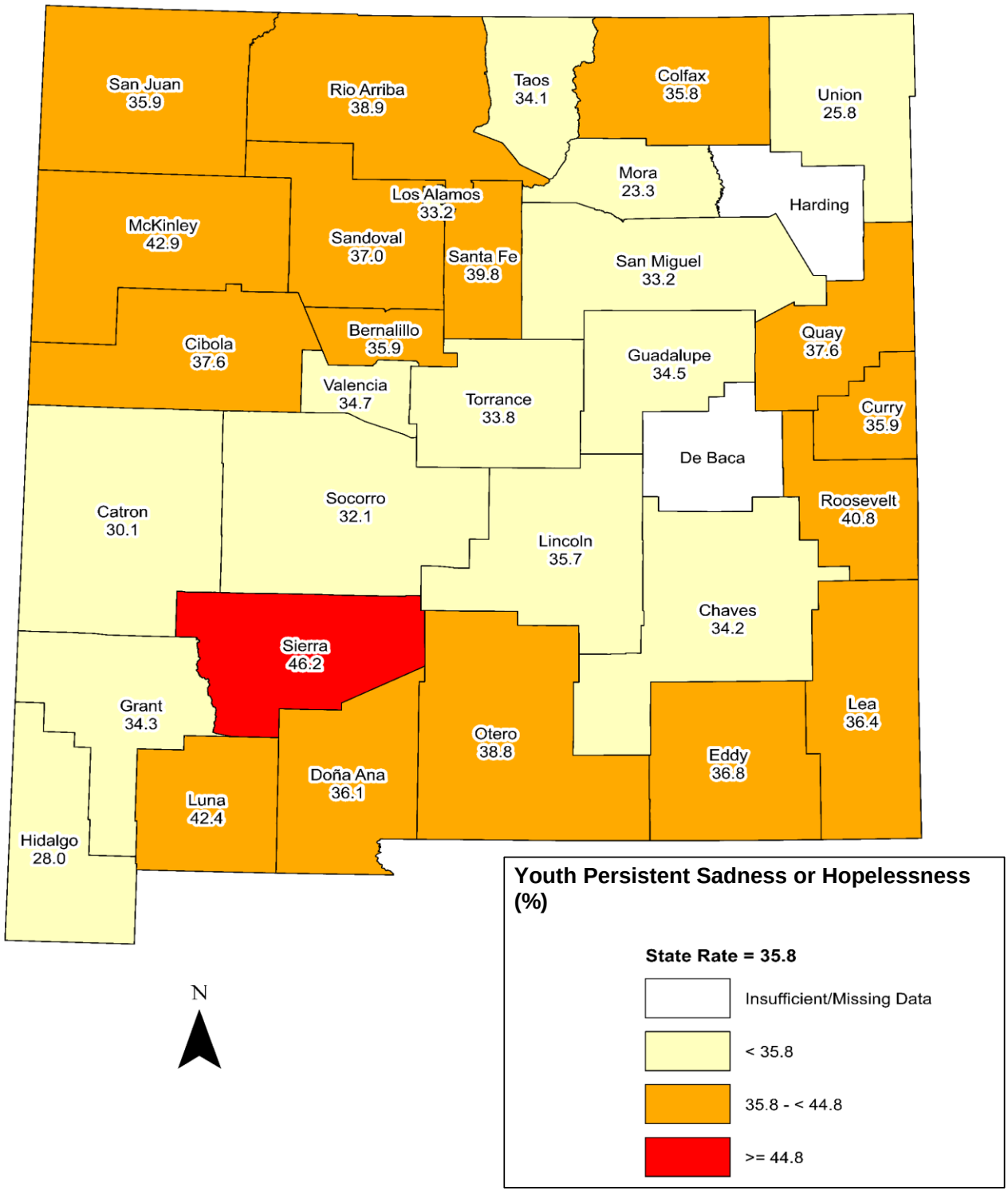
* Estimate of percent of high school students who reported persistent feelings of sadness or hopelessness within the past 12 months

De Baca and Harding County estimates not available due to small numbers and/or low response rates.

Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

YOUTH FEELINGS OF SADNESS OR HOPELESSNESS (continued)

Chart 4: Feelings of Sadness or Hopelessness* by County, Grades 9 - 12, NM, 2017



* Estimate of percent of high school students who reported persistent feelings of sadness or hopelessness within the past 12 months

Insufficient Data: County estimates not available because of small numbers and/or low response rates

Source: YRRS (NM); NMDOH Survey Section; SAES

YOUTH SERIOUSLY CONSIDERED SUICIDE

Problem Statement

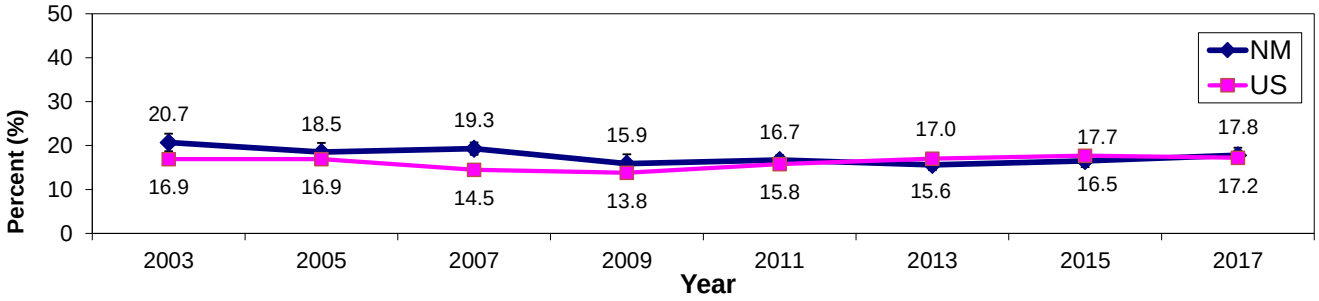
Suicide is a complex behavior with no single determining cause. Suicidal ideation refers to thoughts of suicide or wanting to take one's own life. Suicidal ideation is a risk factor for suicide attempt/death.

Among NM high school students, the rate of "Seriously Considered Suicide" decreased significantly from 20.7% in 2003 to 16.5% in 2015 (Chart 1) and then increased in 2017 to 17.8%. The difference between rates from 2009 to 2017 was not statistically significant. The US rate decreased from 2003 to 2009 but then increased from 2009 to 2017 (13.8% to 17.2%). There was no statistical difference between the NM and US rates for 2017.

In 2017 (Chart 2), New Mexico girls (22.7%) reported higher rates of having seriously considered suicide than boys (13.0%). This difference between girls and boys was significant across all grades (Table 1).

As Charts 3 and 4 demonstrate, in 2017, the counties with the highest prevalence of youth seriously considering suicide were Roosevelt (29.7%), McKinley (24.8%), Eddy (23.9%), Sierra (23.4%), and Otero (23.4%). The counties with the lowest prevalence were Mora (8.0%), Catron (10.8%), and Curry (11.8%). Only nine of the 10 NM counties had prevalence rates lower than the national rate in 2017.

Chart 1: Seriously Considered Suicide* by Year, Grades 9 - 12, NM and US, 2003-2017



* Estimate of percent of high school students seriously considered suicide at least once in past 12 months

Source: YRRS (NM); CDC YRBS (US); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

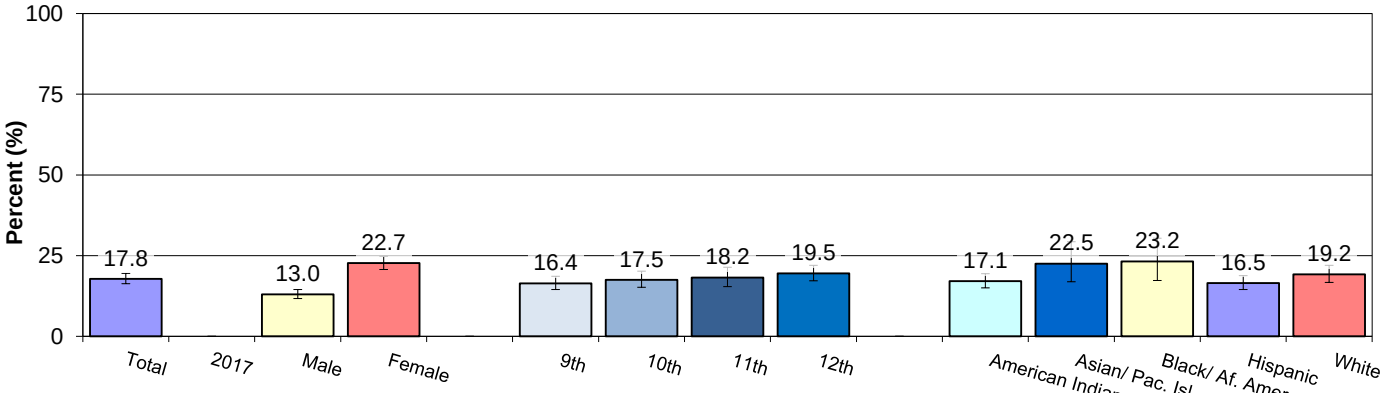
Table 1: Seriously Considered Suicide, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2017

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	12.7 (8.5-18.6)	10.8 (5.9-18.9)	15.0 (8.0-26.3)	12.6 (6.2-23.9)	12.6 (9.7-16.3)
	Asian/Pacific Islander	--	--	--	--	18.9 (12.4-27.6)
	Black	--	--	--	--	15.9 (10.2-24.1)
	Hispanic	11.3 (7.9-15.8)	12.3 (8.3-17.7)	10.9 (7.5-15.6)	15.7 (12.4-19.8)	12.5 (10.4-14.9)
	White	10.8 (6.8-16.9)	15.3 (9.5-23.9)	13.4 (8.7-20.3)	14.0 (10.4-18.5)	13.3 (10.4-16.8)
	Total	11.4 (8.9-14.5)	13.5 (10.4-17.3)	12.7 (10.2-15.6)	15.1 (13.0-17.4)	13.0 (11.7-14.5)
Female	American Indian	24.5 (19.4-30.3)	18.0 (11.2-27.6)	22.0 (17.2-27.7)	23.7 (16.9-32.2)	22.3 (19.4-25.5)
	Asian/Pacific Islander	--	--	--	--	27.4 (17.7-39.7)
	Black	--	--	--	--	32.0 (21.7-44.5)
	Hispanic	16.3 (13.5-19.5)	20.7 (16.5-25.7)	23.1 (16.9-30.7)	20.7 (16.6-25.5)	20.2 (17.6-23.0)
	White	27.2 (20.4-35.3)	23.8 (17.5-31.6)	24.8 (18.3-32.8)	27.3 (21.2-34.5)	25.8 (22.5-29.4)
	Total	21.6 (17.8-26.0)	21.7 (18.9-24.9)	23.8 (19.3-28.9)	23.7 (20.1-27.7)	22.7 (20.7-24.8)
Total	American Indian	17.8 (14.6-21.6)	14.0 (9.9-19.4)	18.5 (13.3-25.2)	18.0 (12.4-25.3)	17.1 (15.0-19.4)
	Asian/Pacific Islander	--	22.0 (12.9-35.0)	22.4 (12.4-37.2)	--	22.5 (16.9-29.3)
	Black	19.8 (12.8-29.2)	25.2 (13.6-42.1)	--	--	23.2 (17.3-30.4)
	Hispanic	14.0 (11.8-16.6)	16.7 (13.0-21.1)	17.4 (13.6-22.0)	18.4 (15.8-21.2)	16.5 (14.5-18.8)
	White	18.9 (15.3-23.1)	19.3 (14.7-24.9)	18.9 (13.9-25.0)	20.1 (16.3-24.5)	19.2 (16.7-22.0)
	Total	16.4 (14.5-18.6)	17.5 (15.2-20.2)	18.2 (15.4-21.4)	19.5 (17.2-22.0)	17.8 (16.3-19.5)

Source: YRRS (NM); NMDOH Survey Section (NOTE: "95% CI" is 95% confidence interval)

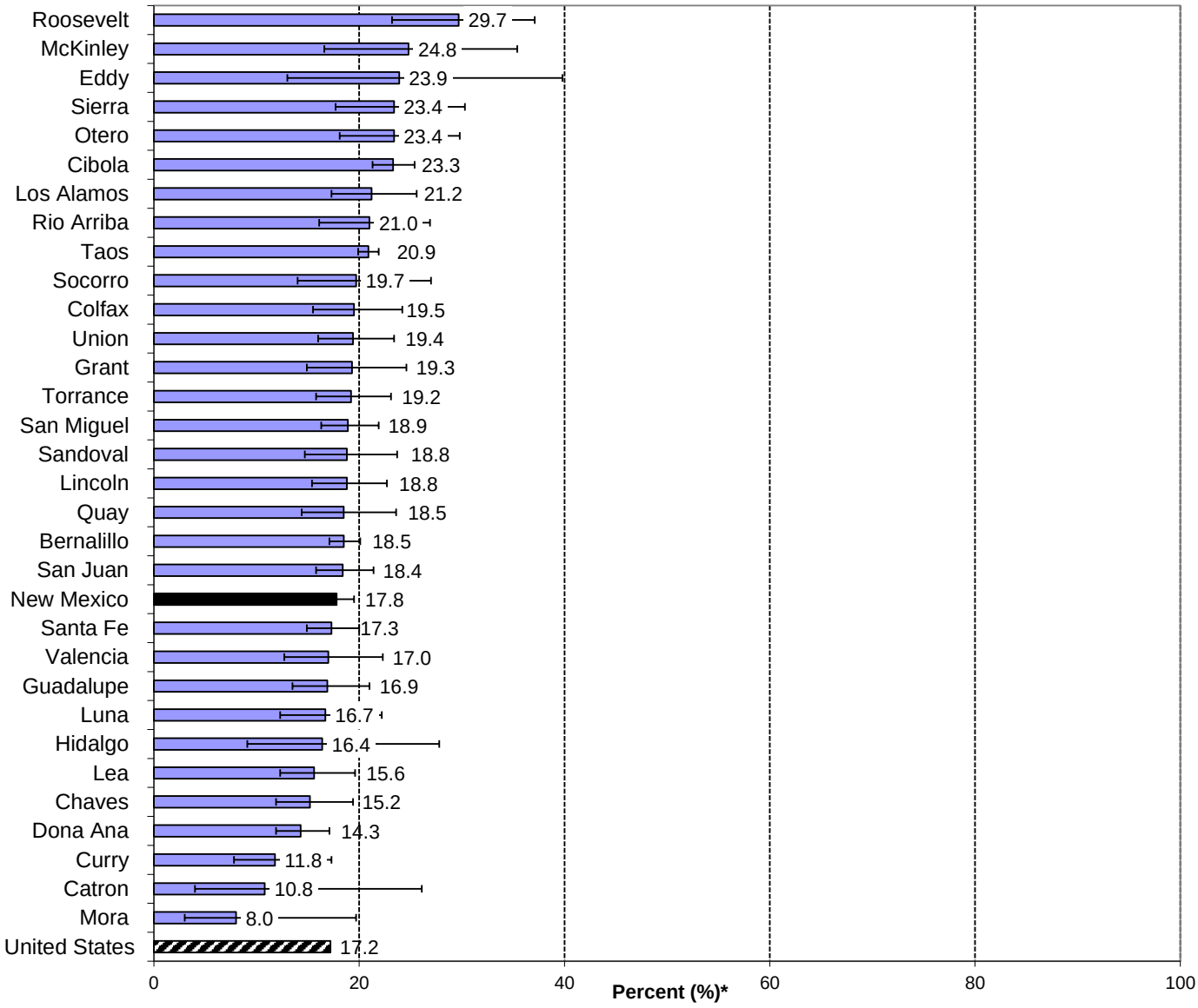
YOUTH SERIOUSLY CONSIDERED SUICIDE (continued)

Chart 2: Seriously Considered Suicide, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2017



Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

Chart 3. Seriously Considered Suicide* by County, Grades 9 - 12, NM, 2017



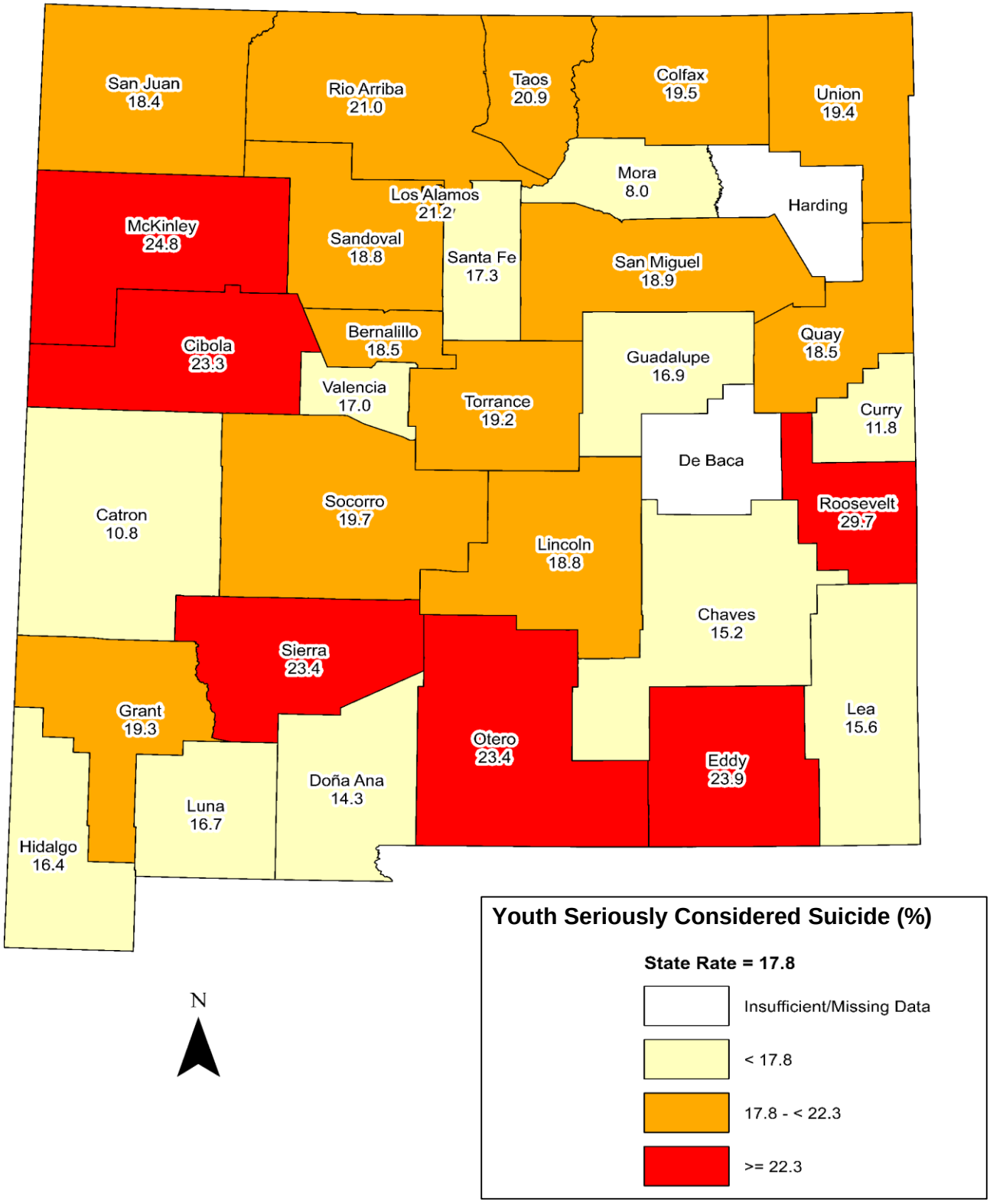
* Estimate of percent of high school students seriously considered suicide at least once in past 12 months

De Baca and Harding County estimates not available due to small numbers and/or low response rates.

Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

YOUTH SERIOUSLY CONSIDERED SUICIDE (continued)

Chart 4: Seriously Considered Suicide* by County, Grades 9 - 12, NM, 2017



* Estimate of percent of high school students seriously considered suicide at least once in past 12 months

Insufficient Data: County estimates not available because of small numbers and/or low response rates

Source: YRRS (NM); NMDOH Survey Section; SAES

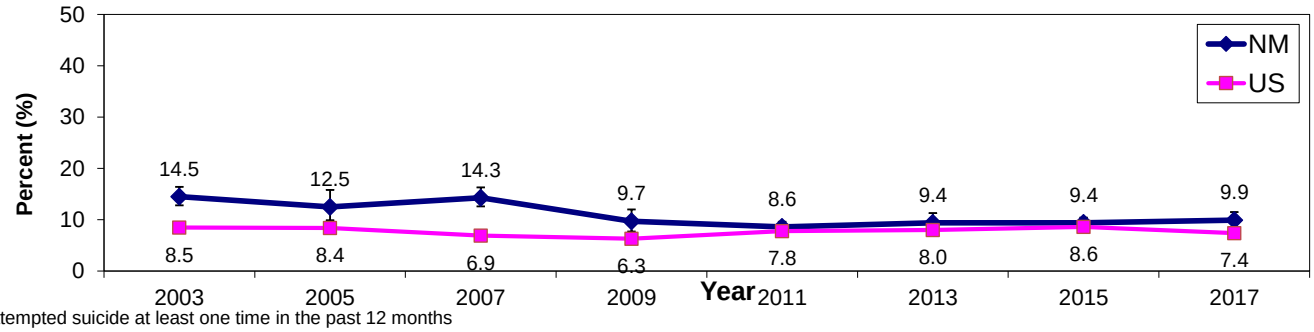
YOUTH ATTEMPTED SUICIDE

Problem Statement

In NM in 2017, suicide was the leading cause of death for youth between the ages of 5-17. In the US in 2016 (the most recent year for which national data are available) according to the CDC, suicide was the second leading cause of death for this same age group. While girls are more likely than boys to attempt suicide, boys are more likely than girls to die of suicide. A previous suicide attempt is among the strongest risk factors for completed suicide. As seen in Chart 1, the prevalence of past year suicide attempts among NM high school students decreased from 14.5% in 2003 to 9.4% in 2015 with a slight increase to 9.9% in 2017. While the U.S. prevalence decreased from 2003 to 2009, it increased from 2009 (6.3%) to 2015 (8.6%) before dropping slightly (7.4%) in 2017.

In NM in 2017, the prevalence of suicide attempts in the past year (Chart 2) was significantly higher for girls (11.9%) compared to boys (7.7%). Table 1 reveals that the percentage of attempts made by girls in the 11th (13.5%) grades was significantly higher than that for boys (6.9%). In 2017, the counties with the highest prevalence of suicide attempts were McKinley (18.3%), Rio Arriba (17.9%), Cibola (16.5%), Sierra (15.1%), and Eddy (13.5%). The counties with the lowest prevalence of suicide attempts were Catron (0.0%), Curry (2.6%), Colfax (6.8%), Union (7.2%), and Guadalupe (7.5%). Only four NM counties were below the national prevalence rate of 7.4%.

Chart 1: Attempted Suicide* by Year, Grades 9 - 12, NM and US, 2003-2017



* Attempted suicide at least one time in the past 12 months

Source: YRRS (NM); CDC YRBS (US); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

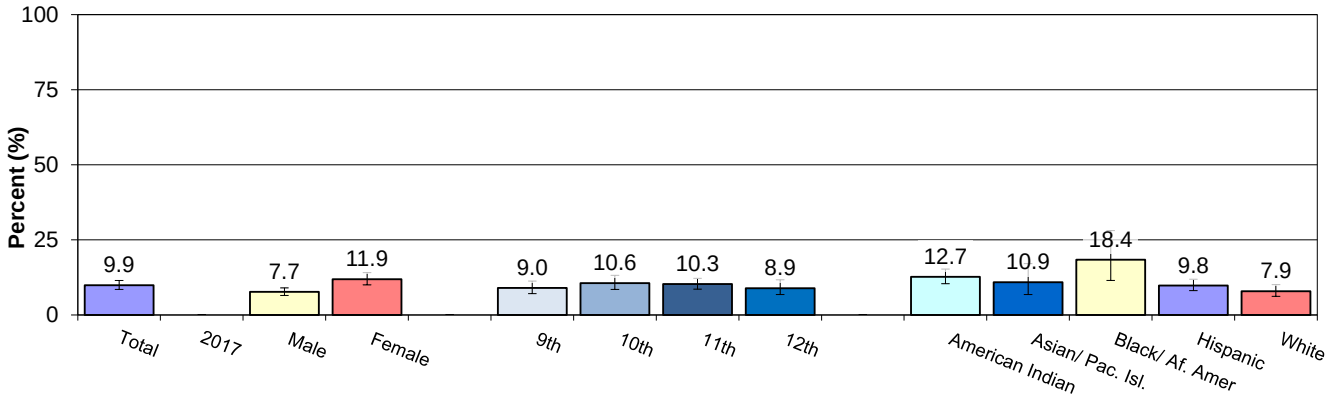
Table 1: Attempted Suicide, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2017

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	7.6 (4.1-13.7)	11.5 (5.8-21.5)	7.6 (4.5-12.4)	13.8 (8.3-22.2)	9.9 (7.2-13.5)
	Asian/Pacific Islander	--	--	--	--	13.1 (7.2-22.5)
	Black	--	--	--	--	15.5 (7.2-30.2)
	Hispanic	7.1 (4.1-11.9)	8.6 (5.8-12.6)	7.0 (4.1-11.5)	7.1 (3.8-12.9)	7.4 (5.9-9.4)
	White	4.8 (2.2-10.1)	8.1 (4.0-15.8)	6.5 (3.6-11.5)	4.3 (1.9-9.4)	5.9 (4.3-8.2)
	Total	6.9 (4.7-9.9)	9.3 (6.8-12.4)	6.9 (5.5-8.6)	7.8 (5.7-10.5)	7.7 (6.5-9.0)
Female	American Indian	16.3 (10.1-25.2)	16.2 (6.4-35.2)	18.1 (11.6-27.1)	8.7 (4.0-17.7)	15.5 (12.4-19.1)
	Asian/Pacific Islander	--	--	--	--	8.2 (3.3-19.0)
	Black	--	--	--	--	20.3 (10.4-35.8)
	Hispanic	9.7 (6.6-14.1)	12.0 (8.6-16.6)	14.0 (9.4-20.3)	9.8 (6.2-15.1)	11.8 (9.4-14.7)
	White	10.8 (6.5-17.4)	8.8 (5.2-14.5)	11.2 (6.4-18.7)	9.4 (5.8-14.7)	10.1 (7.8-13.0)
	Total	11.0 (8.1-14.7)	11.9 (9.1-15.5)	13.5 (10.3-17.6)	10.0 (7.3-13.6)	11.9 (10.0-14.1)
Total	American Indian	11.6 (7.5-17.5)	13.6 (8.1-22.0)	12.9 (9.6-17.1)	11.2 (7.0-17.6)	12.7 (10.4-15.3)
	Asian/Pacific Islander	--	9.4 (3.3-24.2)	--	--	10.9 (6.8-17.1)
	Black	16.2 (7.7-30.9)	18.9 (7.6-39.9)	--	--	18.4 (11.5-28.1)
	Hispanic	8.6 (6.5-11.4)	10.4 (7.8-13.8)	10.8 (7.8-14.7)	8.6 (5.8-12.6)	9.8 (8.1-11.9)
	White	7.8 (5.4-11.0)	8.4 (4.9-14.1)	8.8 (5.9-12.8)	6.7 (4.4-10.0)	7.9 (6.2-10.1)
	Total	9.0 (7.1-11.3)	10.6 (8.5-13.2)	10.3 (8.6-12.2)	8.9 (6.8-11.7)	9.9 (8.5-11.5)

Source: YRRS (NM); NMDOH Survey Section (NOTE: "95% CI" is 95% confidence interval)

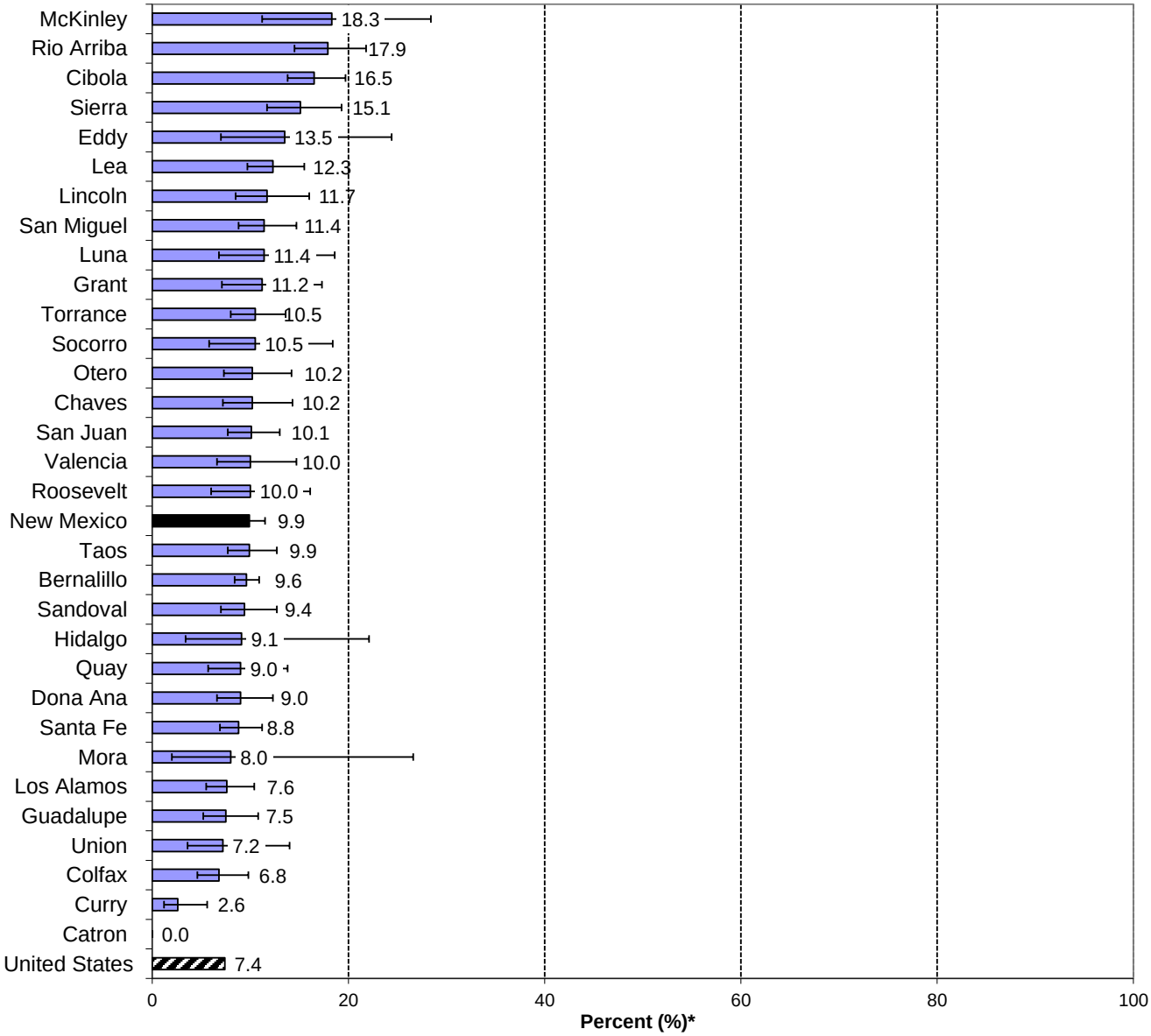
YOUTH ATTEMPTED SUICIDE (continued)

Chart 2: Attempted Suicide, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2017



Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

Chart 3: Attempted Suicide* by County, Grades 9 - 12, NM, 2017



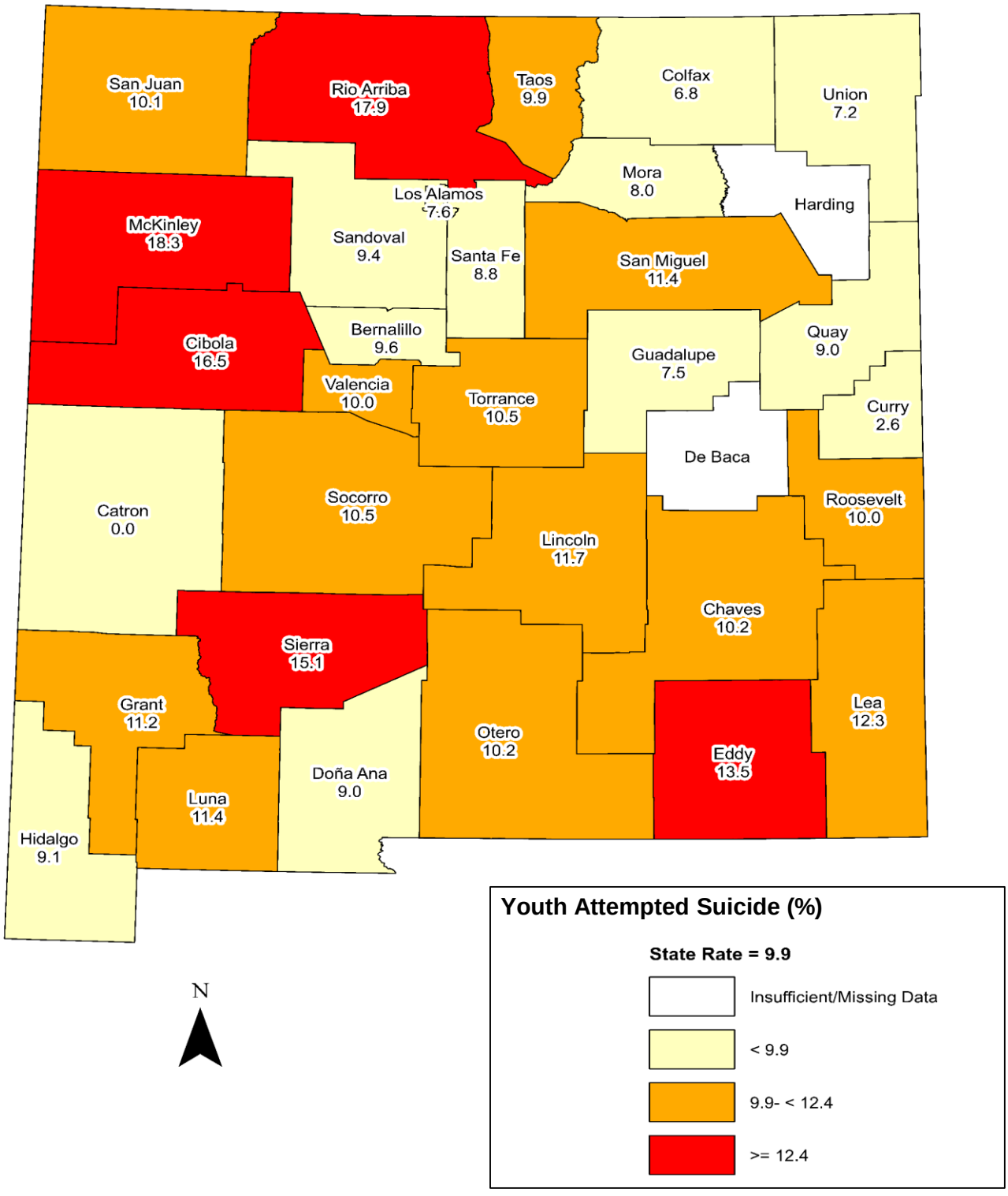
* Estimate of percent of high school students who reported attempting suicide at least one time in the past 12 months

De Baca and Harding County estimates not available due to small numbers and/or low response rates.

Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

YOUTH ATTEMPTED SUICIDE (continued)

Chart 4: Attempted Suicide* by County, Grades 9 - 12, NM, 2017



* Estimate of percent of high school students who reported attempting suicide at least one time in the past 12 months

Insufficient Data: County estimates not available because of small numbers and/or low response rates

Source: YRRS (NM); NMDOH Survey Section; SAES

YOUTH RISK AND RESILIENCY

Association Between Risk and Resiliency

Strong relationships with parents, peers, schools, and adults in the community can be protective factors against risk behaviors that endanger the health and well-being of young people. These protective factors, or resiliency factors, are measured by several questions in the NM Youth Risk and Resiliency Survey (YRRS). Results from the 2017 YRRS demonstrate that youth with high levels of these resiliency factors were less likely than other students to engage in binge drinking, drug use, tobacco use, and suicidal ideation and attempts.

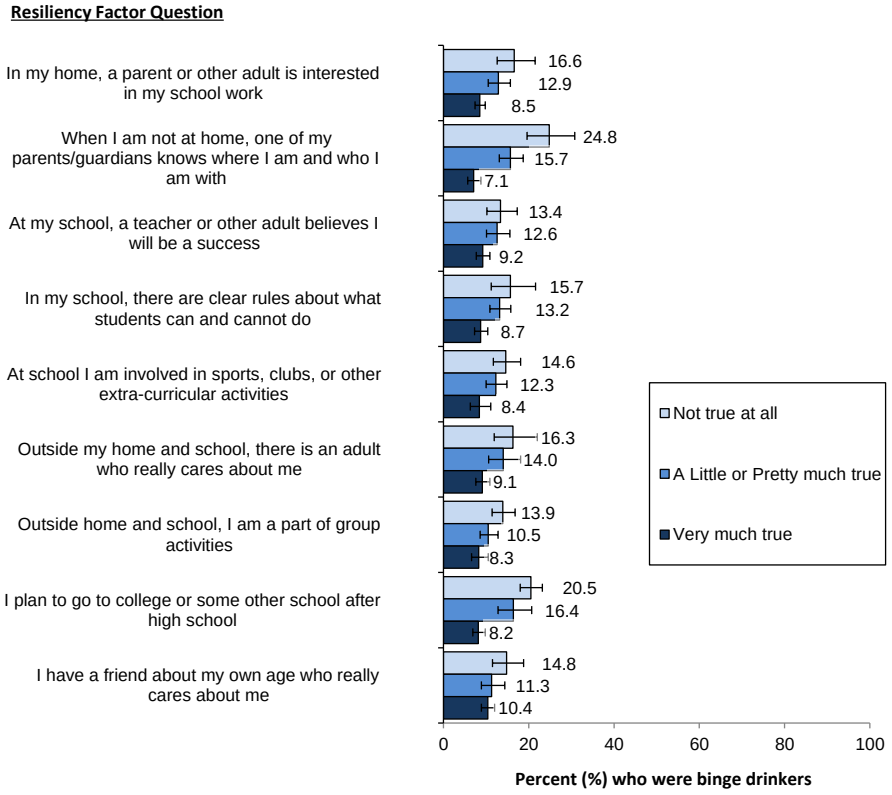
Resiliency factor results presented in the following charts are for:

- In my home, a parent or other adult is interested in my school work
- When I am not at home, one of my parents/guardians knows where I am and who I am with
- At my school, a teacher or other adult believes I will be a success
- In my school, there are clear rules about what students can and cannot do
- At school I am involved in sports, clubs, or other extra-curricular activities
- Outside my home and school, there is an adult who really cares about me
- Outside home and school, I am a part of group activities
- I plan to go to college or some other school after high school
- I have a friend about my own age who really cares about me

Students were asked how true each of these statements was for them. In each chart, results are organized by assigning one of three colored bars to those who said the statement was "Very much true", another bar to those who said the statement was "A little true" or "Pretty much true" and another to those who said "Not true at all". The length of each bar represents the percent of students who reported engaging in each risk behavior. In general, students who said "Very much true" to each resiliency factor (dark colored bars) had a lower prevalence of risk behaviors than other students, and students who said "Not true at all" (light colored bars) had higher rates of risk behaviors.

Chart 1: Binge Drinking* by Selected Resiliency Factors, Grades 9-12, 2017

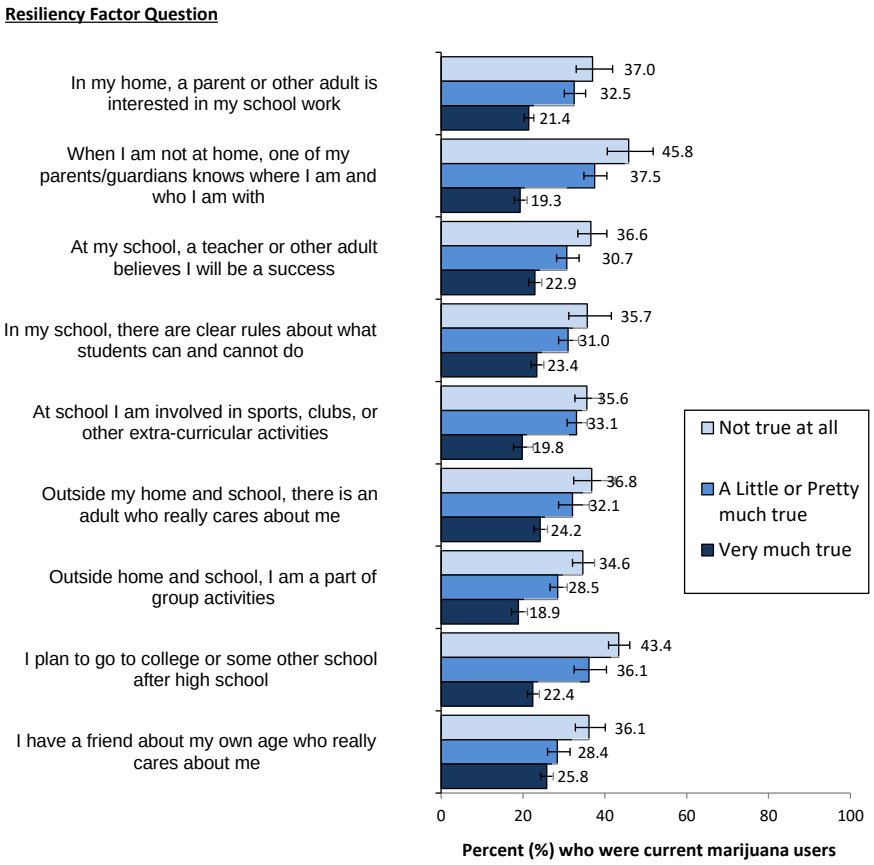
Students were less likely to be binge drinkers if they said "Very much true" to any of the resiliency questions:



** Had 5 or more drinks on a single occasion for boys or 4 or more drinks for girls (i.e., in a row or within a couple of hours) at least once in the past 30 days*

Chart 2: Current Marijuana Use* by Selected Resiliency Factors, Grades 9-12, 2017

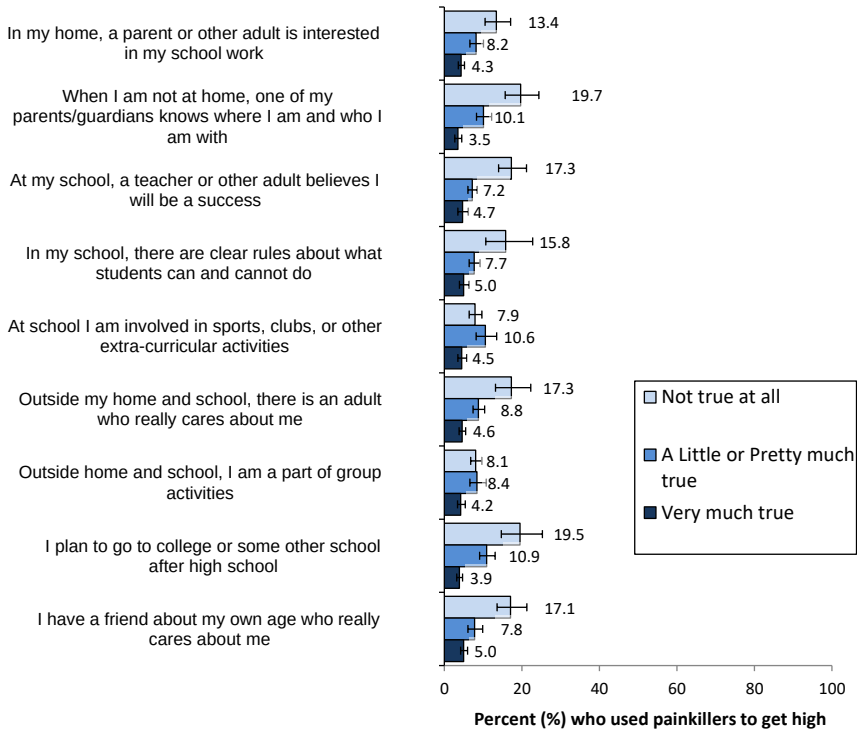
Students were less likely to be current marijuana users if they said "Very much true" to any of the resiliency questions:



** Used marijuana in the past 30 days*

Chart 3: Used Pain Killers to Get High* by Selected Resiliency Factors, Grades 9-12, 2017

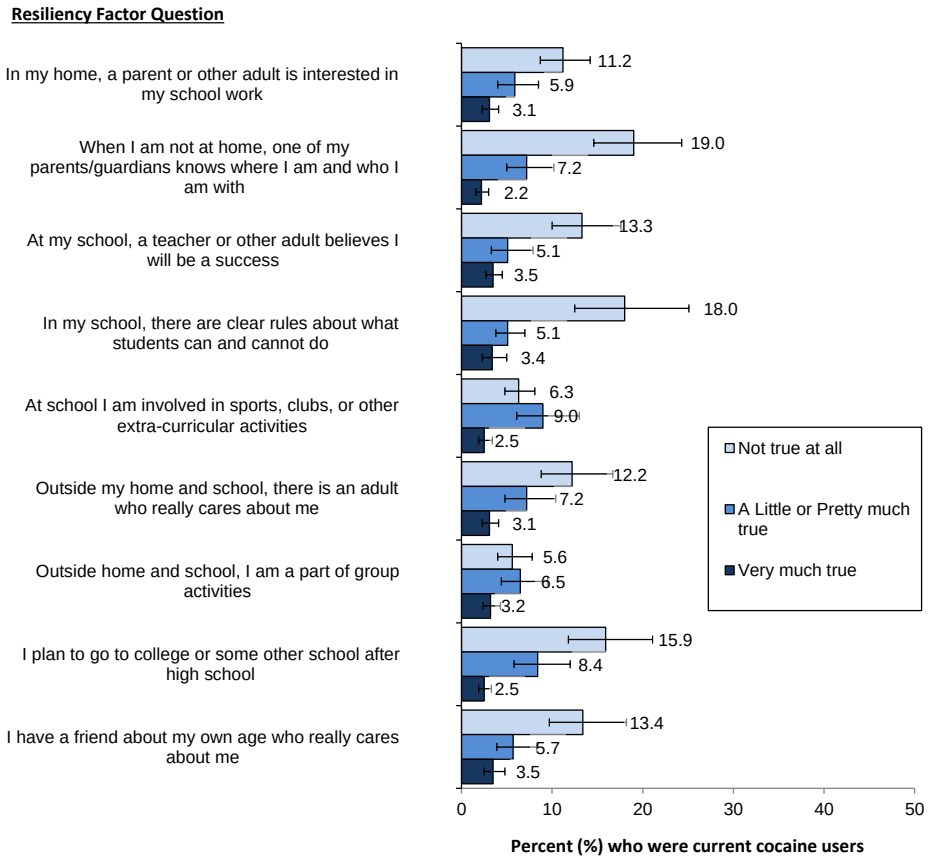
Students were less likely to use pain killers to get high if they said "Very much true" to any of the resiliency questions:



** Used a pain killer, like Vicodin, OxyContin, or Percocet, to get high in the past 30 days*

Chart 4: Current Cocaine Use* by Selected Resiliency Factors, Grades 9-12, 2017

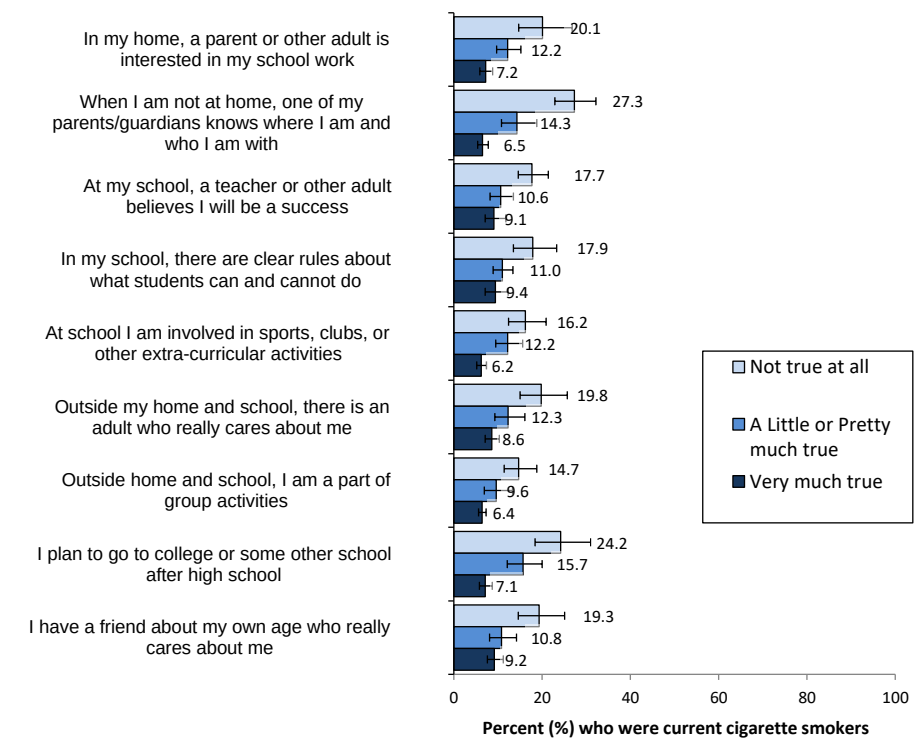
Students were less likely to be current cocaine users if they said "Very much true" to any of the resiliency questions:



** Used any form of cocaine, including powder, crack, or freebase in the past 30 days*

Chart 5: Current Cigarette Smoking* by Selected Resiliency Factors, Grades 9-12, 2017

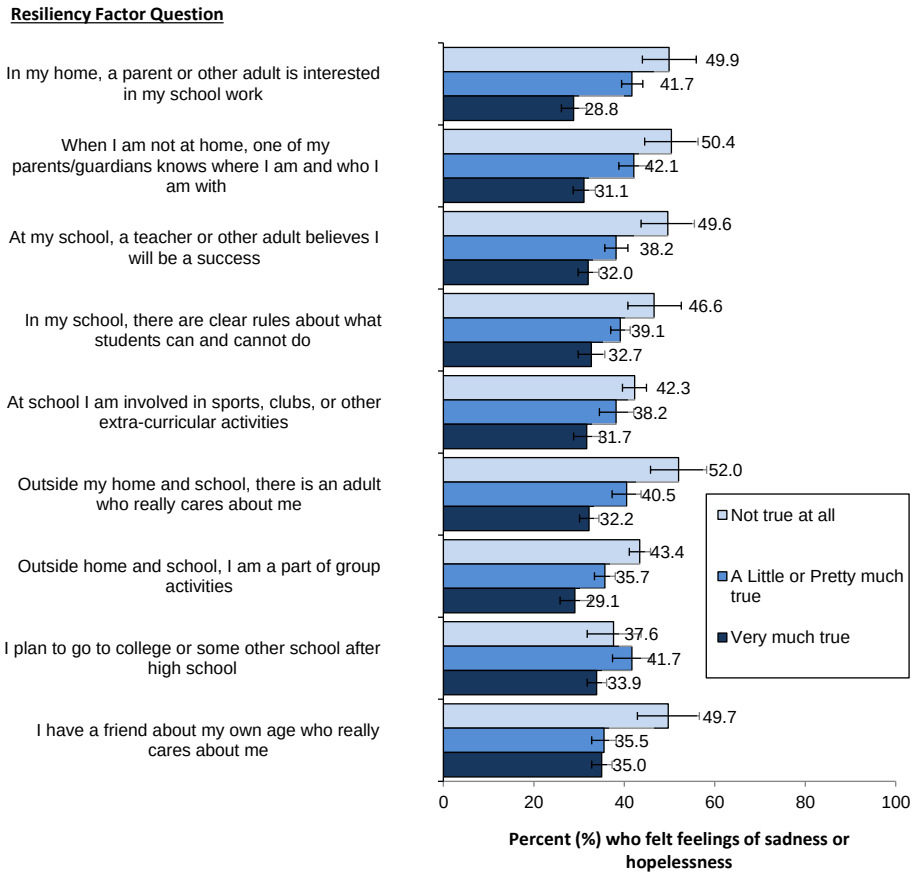
Students were less likely to be current cigarette smokers if they said "Very much true" to any of the resiliency questions:



** Smoked cigarettes on at least one of the past 30 days*

Chart 6: Feelings of Sadness or Hopelessness* by Selected Resiliency Factors, Grades 9-12, 2017

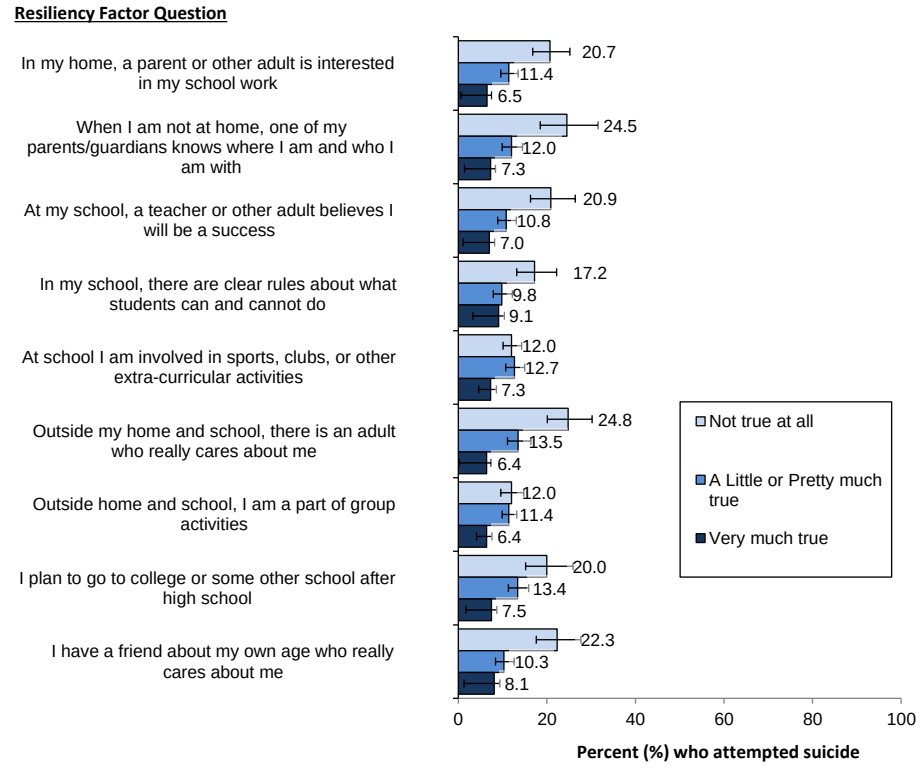
Students were less likely to have feelings of sadness and hopelessness if they said "Very much true" to any of the resiliency questions:



** Felt so sad or hopeless almost every day for at least two weeks that they stopped some normal activities, within the past 12 months*

Chart 7: Suicide Attempts* by Selected Resiliency Factors, Grades 9-12, 2017

Students were less likely to attempt suicide if they said "Very much true" to any of the resiliency questions:



** Attempted suicide at least once in the past 12 months*

Section 3

Consumption

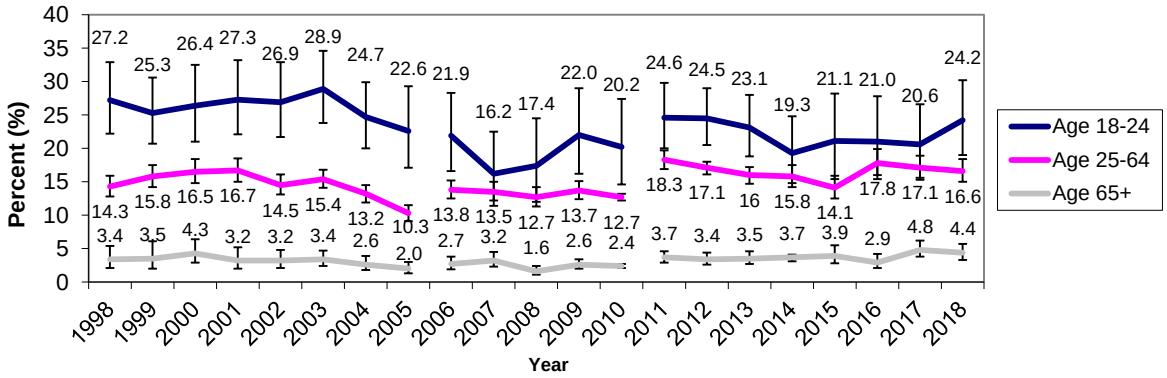
ADULT BINGE DRINKING

Problem Statement

Binge drinking is defined as a pattern of alcohol consumption that brings the blood alcohol concentration (BAC) level to 0.08% or above. This pattern of drinking usually corresponds to five or more drinks on a single occasion for men, or four or more drinks on a single occasion for women, generally within about two hours. According to the latest estimates from the Centers for Disease Control and Prevention, about 47% of homicides, 32% of fall injury deaths, 29% of drug overdose deaths, and 23% of suicide deaths are alcohol attributable. Likewise, alcohol consumption is the primary causal factor in roughly 45% of motor vehicle crash deaths among males aged 20-44, and in more than a third of motor vehicle crash deaths among females aged 20-44. Binge drinking is also associated with a wide range of other social problems, including domestic and sexual violence, crime, and risky sexual behavior.

Table 1 shows that binge drinking rates decrease with age and are higher among males. Chart 1 shows that binge drinking prevalence among younger adults has remained relatively stable. Chart 2 shows that adults who do binge drink continue to do so on average four to five times per month and drink well above the binge drinking threshold when they do. County-level results are shown in Table 2 and Charts 3-4.

Chart 1: Binge Drinking (past 30 days)* by Age, Adults Aged 18+, New Mexico, 1998-2018



* Binge drinking definition: 1998-2005, drinking five or more drinks on an occasion at least once in the past 30 days; 2006-present, drinking five or more drinks (for men) or four or more drinks (for women) on an occasion at least once in the past 30 days

**In 2011, BRFSS updated its surveillance methods. Any shift in prevalence between 2010 and 2011 must be interpreted with caution, as it may be partially due to changes in methodology.

Source: BRFSS; SAES (NOTE: Brackets around reported rates are 95% confidence intervals)

Table 1: Binge Drinking (past 30 days) by Age, Sex, and Race, Adults Aged 18+, New Mexico,2016-2018

		Number				Percent*			
Sex	Race/Ethnicity	Ages 18-24	Ages 25-64	Ages 65+	All Ages	Ages 18-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	3,470	9,911	381	13,667	33.9	21.2	4.8	21.0
	Asian/Pacific Islander	-	1,209	-	2,528	-	13.1	-	19.6
	Black	-	2,349	-	2,295	-	17.1	-	11.6
	Hispanic	15,854	68,638	3,846	88,172	27.1	27.6	7.4	24.5
	White	7,274	40,191	6,006	53,427	24.2	19.5	6.2	16.0
	Total	27,745	121,250	10,369	158,730	26.6	23.1	6.4	20.1
Female	American Indian	1,994	7,266	7	9,538	19.4	14.2	0.1	13.1
	Asian/Pacific Islander	-	-	-	1,222	-	-	-	7.5
	Black	-	1,507	-	1,627	-	15.6	-	11.2
	Hispanic	8,358	26,751	1,276	36,604	14.8	10.7	2.0	9.9
	White	6,507	23,241	2,736	31,386	25.4	11.2	2.4	9.1
	Total	16,387	59,928	4,168	79,903	17.0	11.3	2.2	9.7
Total	American Indian	5,383	16,971	405	22,979	26.3	17.3	2.1	16.6
	Asian/Pacific Islander	-	2,209	-	4,181	-	10.5	-	14.4
	Black	-	3,821	218	3,906	-	16.4	4.2	11.4
	Hispanic	24,048	94,916	5,204	124,281	20.9	19.0	4.5	17.0
	White	13,766	63,360	8,616	84,542	24.7	15.3	4.1	12.4
	Total	43,998	180,633	14,488	237,794	21.9	17.1	4.1	14.8

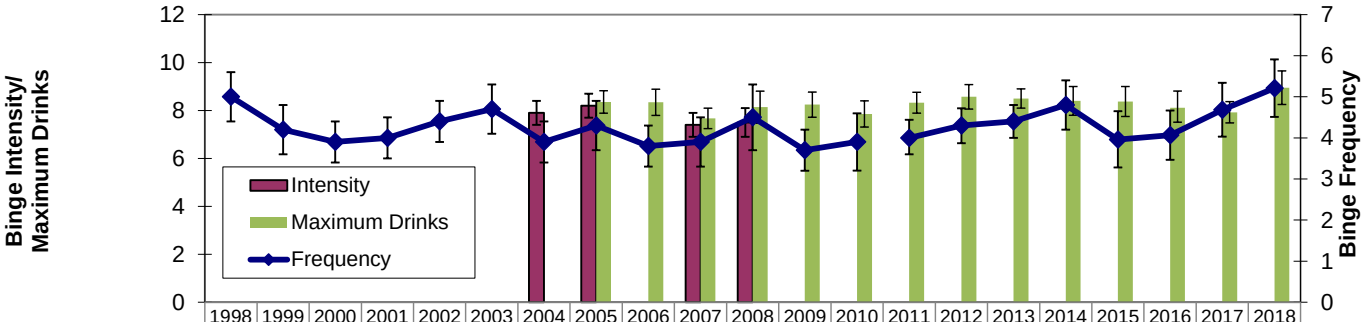
* Estimate of percent of people in population group who reported binge drinking at least once in past 30 days

- Excluded due to small number of respondents (< 50) in cell

Source: BRFSS; SAES

ADULT BINGE DRINKING (continued)

Chart 2: Binge Drinking Frequency and Intensity*, Adult Binge Drinkers Aged 18+, New Mexico, 1998-2018



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Intensity							7.9	8.2		7.4	7.5										
Maximum Drinks								8.4	8.3	7.7	8.1	8.2	7.9	8.3	8.6	8.5	8.4	8.4	8.1	7.9	9.0
Frequency	5.0	4.2	3.9	4.0	4.4	4.7	3.9	4.3	3.8	3.9	4.5	3.7	3.9	4.0	4.3	4.4	4.8	4.0	4.1	4.7	5.2

* Binge frequency is the number of binge episodes in the past 30 days; binge intensity is the average number of drinks on the last binge occasion; maximum drinks is the maximum number of drinks in the past month, among binge drinkers

Source: BRFSS; SAES

Table 2: Binge Drinking (past 30 days) by Race and County, Adults Aged 18+, New Mexico, 2016-2018

	Number						Percent*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	5,912	-	1,571	40,542	26,135	76,893	26.1	-	10.4	16.6	11.3	14.5
Catron	-	-	-	-	375	415	-	-	-	-	15.4	13.2
Chaves	-	-	-	4,889	3,017	8,051	-	-	-	19.5	14.1	16.7
Cibola	743	-	-	1,648	644	3,188	9.4	-	-	20.9	14.2	15.4
Colfax	-	-	-	-	626	971	-	-	-	-	12.1	9.6
Curry	-	-	-	2,972	2,595	6,495	-	-	-	21.4	13.4	17.7
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	19,880	6,700	27,406	-	-	-	19.0	13.0	16.8
Eddy	-	-	-	4,969	3,834	9,025	-	-	-	25.6	17.6	21.2
Grant	-	-	-	1,689	1,435	2,937	-	-	-	16.2	12.6	13.1
Guadalupe	-	-	-	-	-	-	-	-	-	-	-	-
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	4,957	2,335	7,629	-	-	-	18.9	11.5	15.5
Lincoln	-	-	-	455	1,163	1,951	-	-	-	9.9	10.8	12.2
Los Alamos	-	-	-	-	1,077	1,452	-	-	-	-	9.9	10.0
Luna	-	-	-	2,584	382	3,334	-	-	-	23.4	5.9	18.5
McKinley	6,059	-	-	1,423	335	7,857	15.6	-	-	22.0	6.2	15.2
Mora	-	-	-	-	-	610	-	-	-	-	-	16.2
Otero	595	-	-	2,627	2,806	6,516	20.9	-	-	15.2	10.2	12.9
Quay	-	-	-	-	231	697	-	-	-	-	6.4	10.5
Rio Arriba	569	-	-	1,755	451	2,821	13.8	-	-	8.4	9.8	9.4
Roosevelt	-	-	-	-	1,242	2,447	-	-	-	-	14.9	16.6
Sandoval	2,415	-	-	9,543	6,301	18,276	19.4	-	-	24.1	12.0	16.7
San Juan	4,184	-	-	2,061	4,162	10,488	11.7	-	-	12.6	10.4	11.2
San Miguel	-	-	-	2,662	432	3,019	-	-	-	15.4	9.4	13.3
Santa Fe	-	-	-	7,075	7,290	15,650	-	-	-	12.5	12.3	12.8
Sierra	-	-	-	-	953	1,262	-	-	-	-	14.2	13.2
Socorro	-	-	-	1,441	1,535	3,112	-	-	-	22.6	29.4	23.2
Taos	-	-	-	2,702	2,091	4,893	-	-	-	18.7	19.6	18.1
Torrance	-	-	-	-	543	569	-	-	-	-	7.9	4.6
Union	-	-	-	-	-	614	-	-	-	-	-	17.8
Valencia	-	-	-	4,462	2,042	6,583	-	-	-	13.4	9.6	11.4
New Mexico	22,979	4,181	3,906	124,281	84,542	237,794	16.6	14.4	11.4	17.0	12.4	14.8

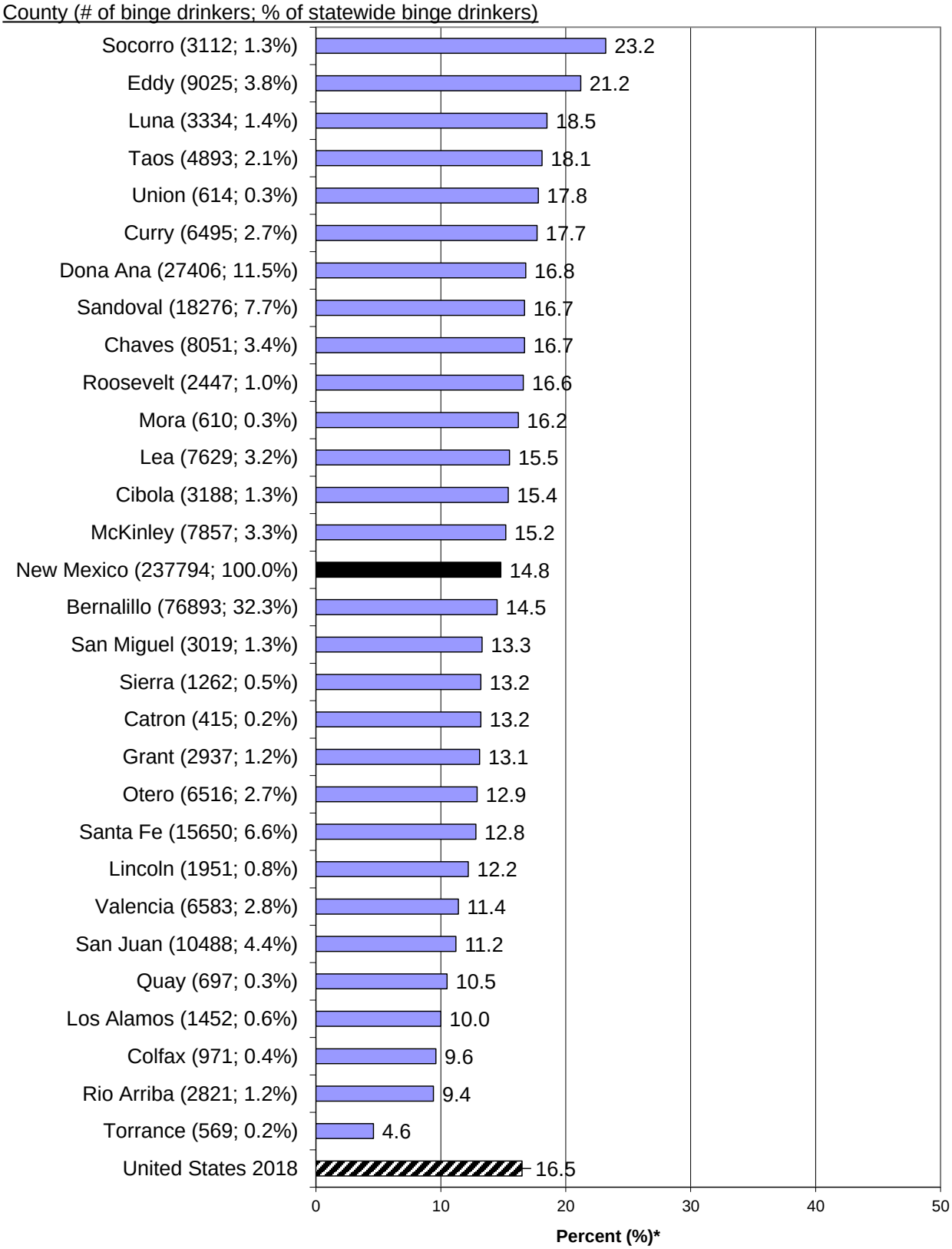
* Estimate of percent of people in population group who reported binge drinking at least once in past 30 days

\- Excluded due to small number of respondents (< 50) in cell

Source: BRFSS; SAES

ADULT BINGE DRINKING (continued)

Chart 3: Binge Drinking (past 30 days)* by County, Adults Aged 18+, New Mexico, 2016-2018

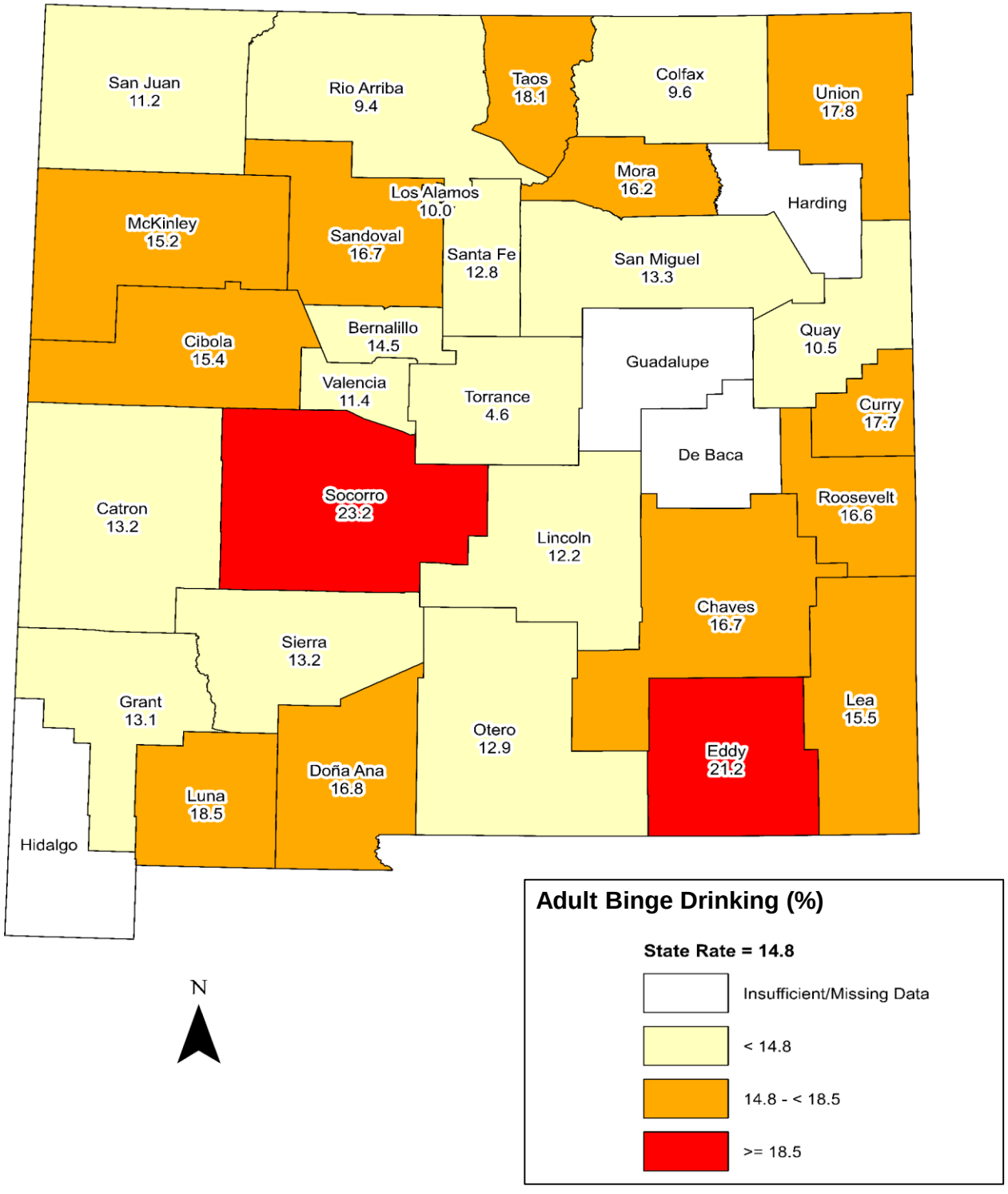


* Estimate of percent of people in population group who reported binge drinking at least once in past 30 days

Source: NMBRFSS (NM); CDC BRFSS (US); SAES

ADULT BINGE DRINKING (continued)

Chart 4: Binge Drinking (past 30 days)* by County, Adults Aged 18+, New Mexico, 2016-2018



* Estimate of percent of people in population group who reported binge drinking at least once in past 30 days

Insufficient data: Rate not reported due to small number of respondents (< 50) in cell

Source: BRFSS; SAES

YOUTH CURRENT DRINKING

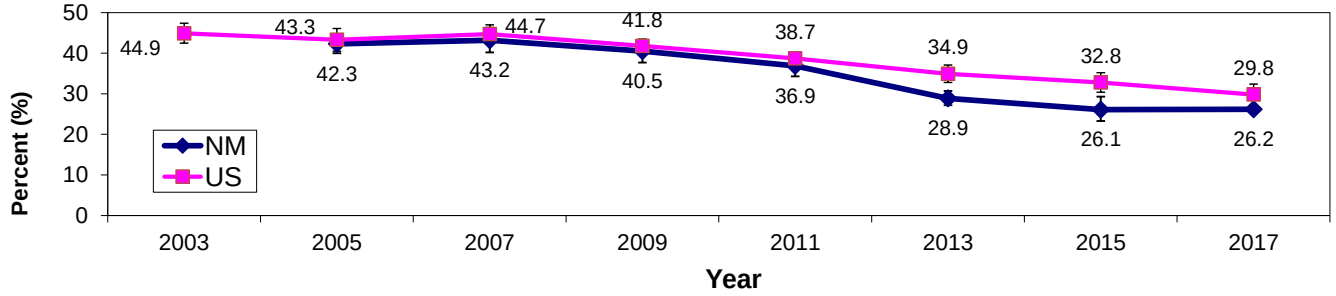
Problem Statement

Any alcohol consumption by a person under the age of 21 is considered to be excessive drinking. Alcohol is the most commonly used drug among youth in New Mexico, more than tobacco or other drugs. However, contrary to common perception, most high school students do not drink. “Current drinking” is defined as responding one or more days to the question: “During the past 30 days, on how many days did you have at least one drink of alcohol?”

In 2017, 26.2% of high school students reported that they were current drinkers. This is a significant decrease from 43.2% in 2007. Boys and girls are equally likely to be current drinkers, and the percent of youth who drink increases with grade level. However, it is important to note that by ninth grade, close to one in six students are already drinking. Students who identify as Hispanic are most likely to currently drink, followed by White students. American Indian students are the least likely to drink.

Luna County has the highest prevalence of current drinking among high school students (39.3%), followed by Grant (38.5%), and Lincoln (38.3%) counties. McKinley County has the lowest prevalence (16.5%).

Chart 1: Current Drinking* by Year, Grades 9 - 12, New Mexico and US, 2003-2017



* “Current drinking” is defined as responding one or more days to the question: “During the past 30 days, on how many days did you have at least one drink of alcohol?”

Source: YRRS (NM); CDC YRBS (US); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

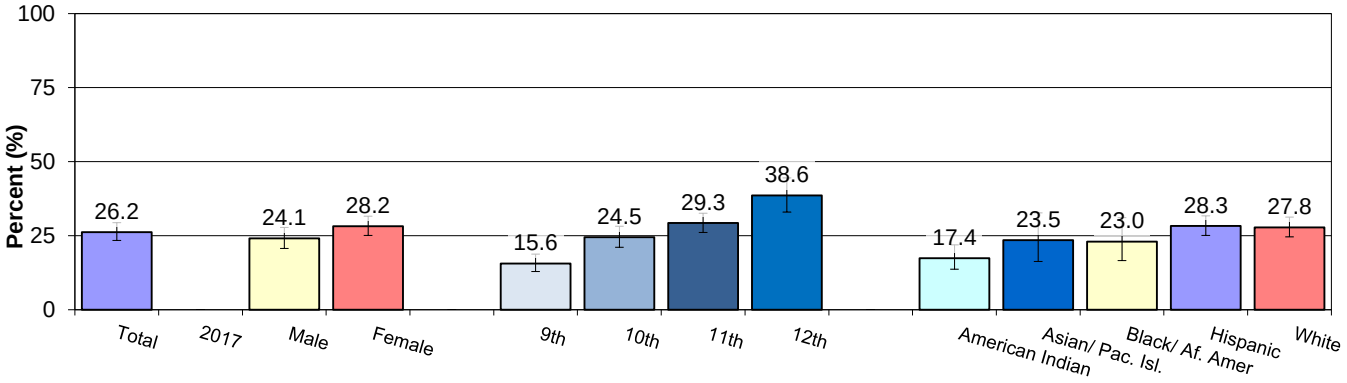
Table 1: Current Drinking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	9.8 (5.7-16.4)	13.5 (9.2-19.3)	11.6 (7.6-17.4)	27.0 (15.4-42.9)	14.3 (10.5-19.1)
	Asian/Pacific Islander	--	--	--	--	23.9 (13.4-38.9)
	Black	--	--	--	--	16.7 (10.7-25.1)
	Hispanic	17.3 (13.2-22.4)	22.6 (17.1-29.2)	31.6 (26.4-37.4)	41.6 (34.5-49.1)	27.3 (23.9-30.9)
	White	10.7 (5.9-18.6)	23.7 (17.6-31.1)	30.2 (23.4-38.0)	36.6 (25.8-49.0)	25.0 (20.5-30.0)
	Total	13.6 (10.1-18.0)	21.3 (17.1-26.2)	27.8 (23.9-32.0)	37.5 (30.4-45.2)	24.1 (20.7-27.8)
Female	American Indian	10.5 (5.7-18.6)	24.1 (17.8-31.8)	23.8 (12.5-40.7)	26.7 (17.5-38.4)	20.4 (15.9-25.8)
	Asian/Pacific Islander	--	--	--	--	23.1 (13.3-36.9)
	Black	--	--	--	--	30.1 (17.4-46.9)
	Hispanic	18.1 (13.1-24.6)	27.2 (21.5-33.8)	31.5 (24.3-39.8)	40.0 (33.6-46.9)	29.0 (25.0-33.4)
	White	18.1 (12.7-25.2)	31.8 (24.6-40.0)	34.1 (27.7-41.2)	44.3 (37.0-51.8)	31.0 (27.0-35.3)
	Total	17.2 (14.4-20.5)	27.7 (23.1-32.9)	30.7 (26.4-35.4)	39.5 (34.2-45.0)	28.2 (25.1-31.6)
Total	American Indian	10.6 (7.7-14.5)	18.2 (14.5-22.6)	17.5 (11.8-25.3)	26.9 (17.7-38.5)	17.4 (13.7-21.9)
	Asian/Pacific Islander	--	22.1 (12.4-36.4)	--	--	23.5 (16.3-32.7)
	Black	19.5 (9.9-34.7)	--	--	--	23.0 (16.6-31.1)
	Hispanic	18.1 (15.0-21.7)	25.0 (20.7-29.8)	31.6 (26.2-37.5)	40.7 (34.5-47.3)	28.3 (25.1-31.7)
	White	14.5 (10.4-19.8)	27.5 (22.9-32.5)	32.1 (27.4-37.2)	40.0 (33.4-47.0)	27.8 (24.6-31.3)
	Total	15.6 (12.9-18.8)	24.5 (21.1-28.2)	29.3 (26.1-32.6)	38.6 (33.0-44.5)	26.2 (23.4-29.4)

Source: YRRS (NM); NMDOH Survey Section (NOTE: "95% CI" is 95% confidence interval)

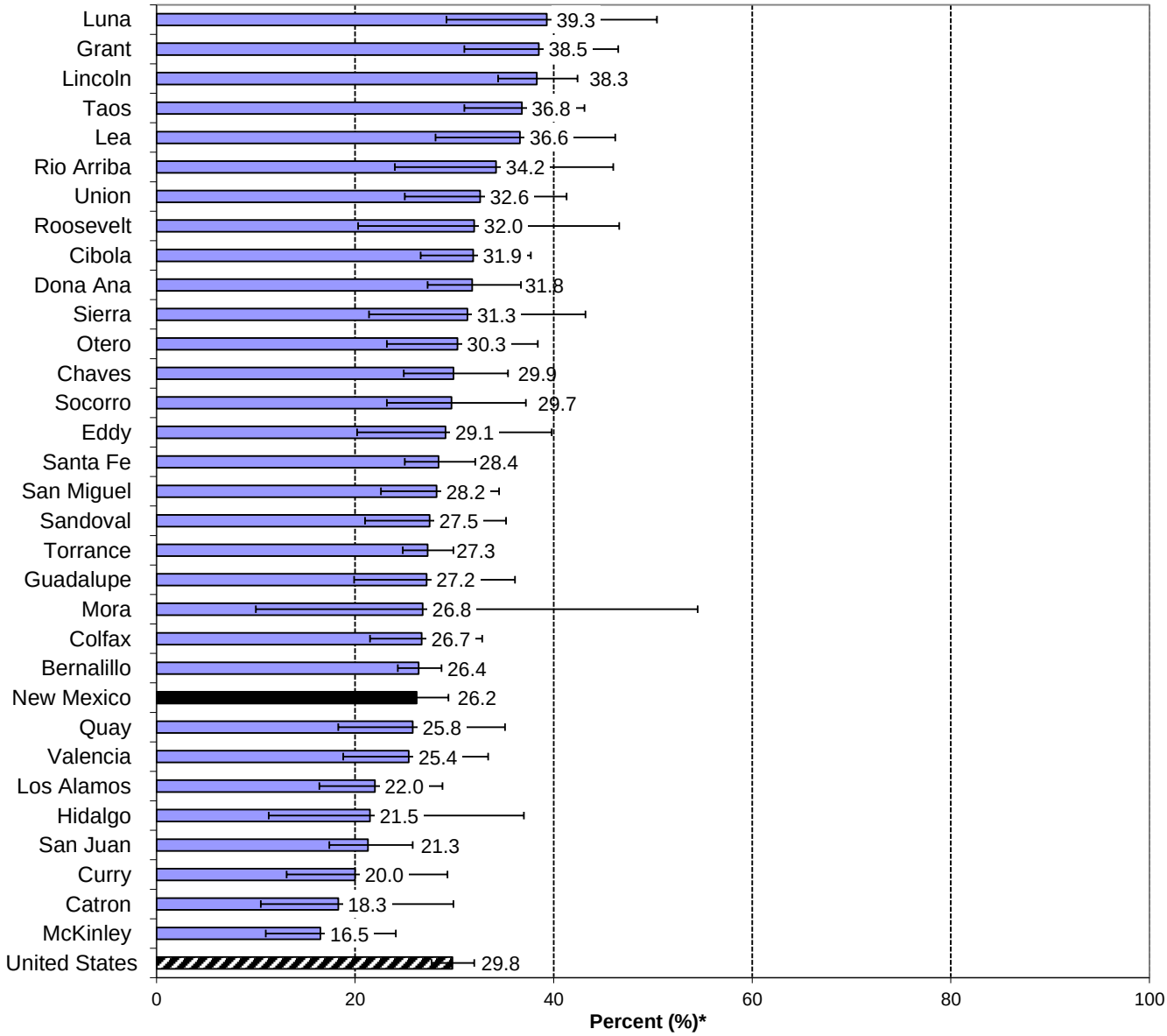
YOUTH CURRENT DRINKING (continued)

Chart 2: Current Drinking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017



Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

Chart 3: Current Drinking* by County, Grades 9 - 12, New Mexico, 2017



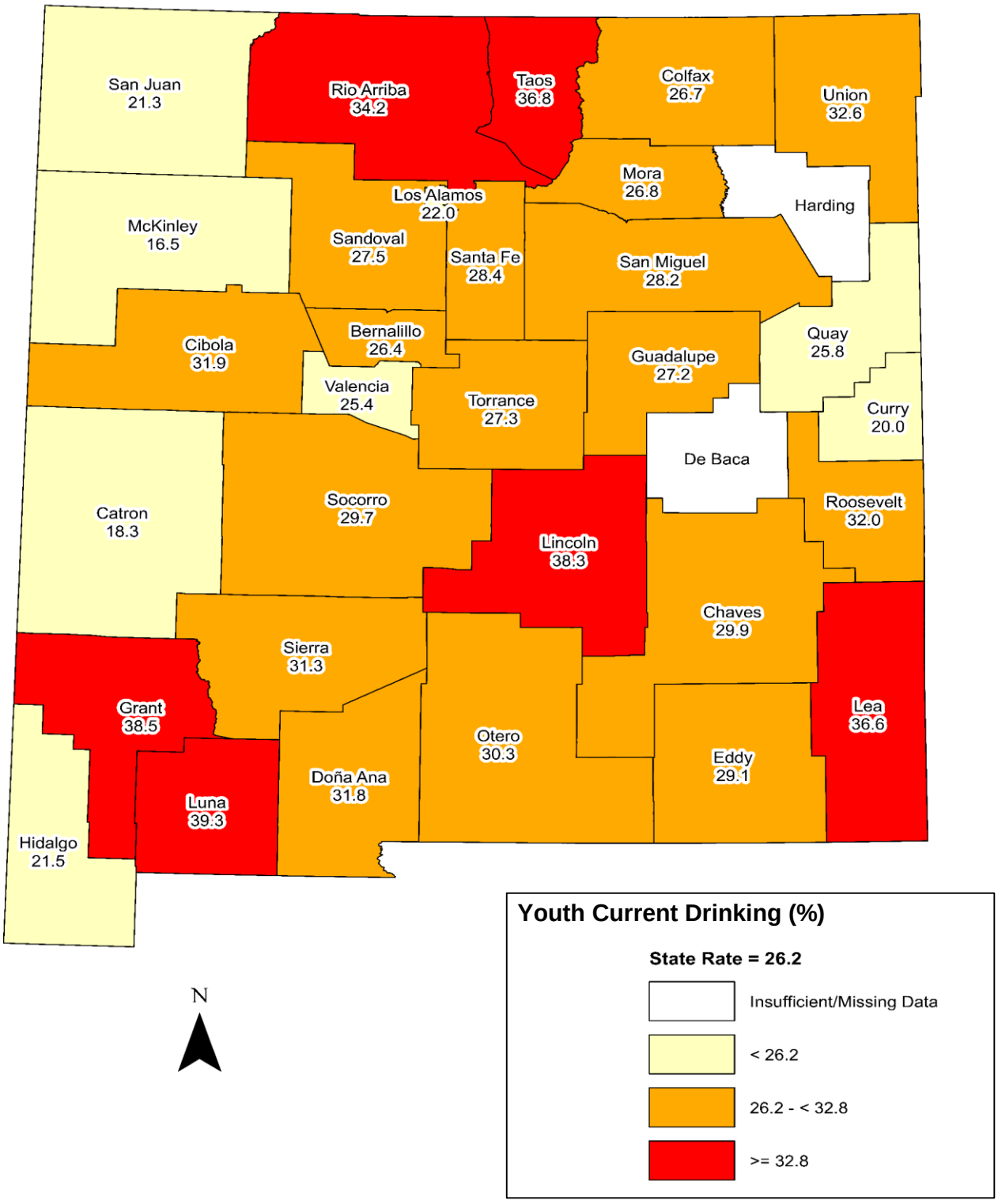
* Estimate of percent of high school students who reported current drinking in past 30 days

De Baca and Harding County estimates not available due to low numbers and/or low response rates.

Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

YOUTH CURRENT DRINKING (continued)

Chart 4: Current Drinking* by County, Grades 9 - 12, New Mexico, 2017



* Estimate of percent of high school students who reported current drinking in past 30 days

Insufficient Data: County estimates not available because of low numbers and/or low response rates

Source: YRRS (NM); NMDOH Survey Section; SAES

YOUTH BINGE DRINKING

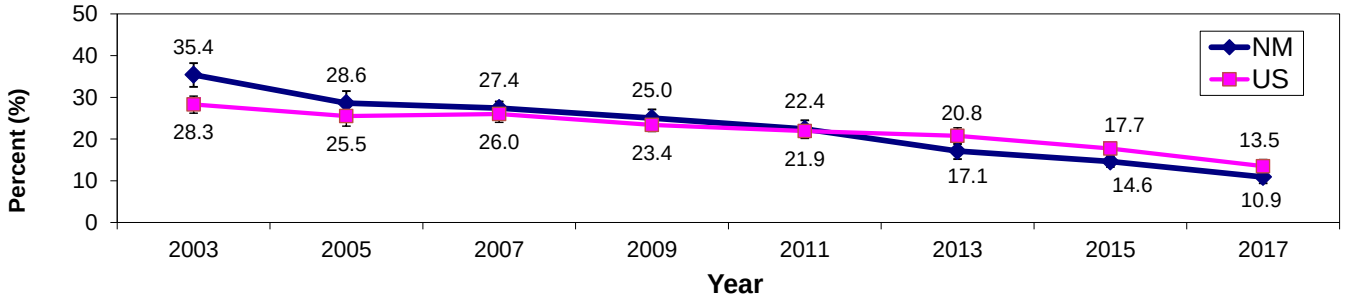
Problem Statement

Binge drinking (defined as having five or more drinks of alcohol for boys or 4 or more drinks for girls in a row within a couple of hours [see note below Chart 1]) is a major risk factor for the three leading causes of death among youth (motor vehicle crashes, suicide, and homicide), as well as being associated with poor academic performance and risk behaviors such as impaired driving, riding with a drinking driver, physical fighting, increased number of sexual partners, and other substance use.

In 2017, 10.9% of NM high school students reported binge drinking at least once in the past month. Binge drinking is the norm among current high school drinkers in New Mexico. In 2017, of the 26.2% of students who were current drinkers, 53.9% were binge drinkers. Binge drinking prevalence has been decreasing in NM since 2003, as it has been in the US since at least 2001 (Chart 1). In 2017, the difference between the US (13.5%) and NM (10.9%) rates for binge drinking was not statistically significant.

Binge drinking increases with increasing grade level and does not significantly differ by gender (Chart 2). Overall, Hispanics and Whites have a higher prevalence of current binge drinking compared to other race/ethnicities.

Chart 1: Binge Drinking* by Year, Grades 9 - 12, New Mexico and US, 2003-2017



*In 2017 - Had 5 or more drinks of alcohol for boys or 4 or more drinks for girls in a row, or within a couple of hours, in the past 30 days.
For years 2015 and earlier - 5 or more drinks of alcohol in a row, or within a couple of hours, for both boys and girls.
Source: YRRS (NM); CDC YRBS (US); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

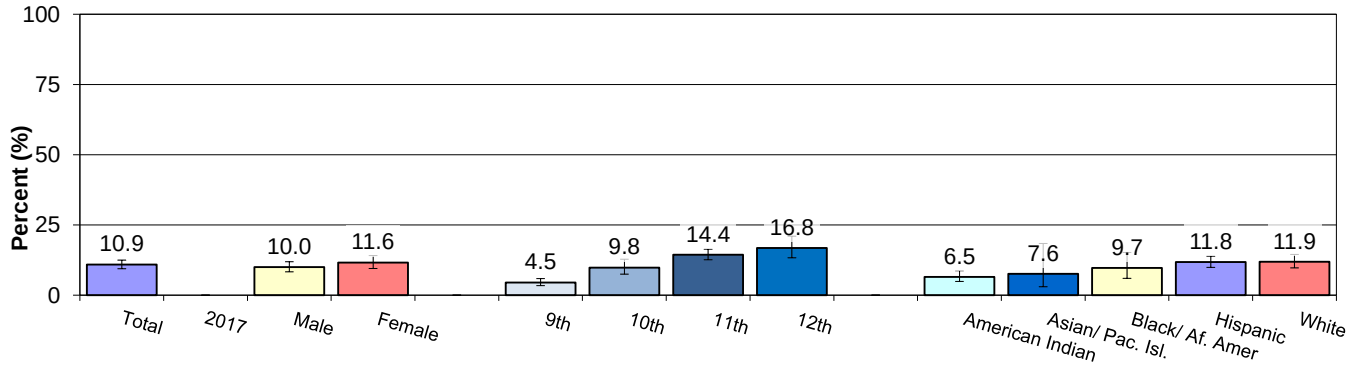
Table 1: Binge Drinking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	4.3 (2.0-9.1)	6.0 (3.0-11.7)	3.6 (1.1-10.6)	9.7 (5.8-15.9)	5.6 (3.7-8.3)
	Asian/Pacific Islander	--	--	--	--	6.8 (2.0-20.4)
	Black	--	--	--	--	8.5 (3.5-19.4)
	Hispanic	4.2 (2.4-7.3)	9.1 (5.7-14.3)	15.1 (11.5-19.7)	20.0 (15.4-25.6)	11.4 (9.4-13.7)
	White	3.2 (1.1-8.7)	8.5 (4.7-14.9)	17.4 (13.1-22.8)	13.5 (6.1-27.2)	10.5 (7.7-14.1)
	Total	3.7 (2.4-5.7)	8.6 (5.9-12.6)	13.8 (10.8-17.5)	16.0 (12.1-20.9)	10.0 (8.3-11.9)
Female	American Indian	3.0 (1.1-7.9)	8.4 (3.5-18.6)	13.9 (7.6-23.9)	6.8 (3.3-13.3)	7.5 (4.9-11.2)
	Asian/Pacific Islander	--	--	--	--	8.8 (2.8-24.3)
	Black	--	--	--	--	9.6 (5.4-16.3)
	Hispanic	6.0 (3.1-11.3)	11.8 (7.8-17.3)	12.9 (8.8-18.5)	18.4 (13.4-24.8)	12.0 (9.6-15.1)
	White	5.2 (2.4-11.1)	11.0 (7.1-16.5)	20.5 (13.9-29.1)	19.5 (13.3-27.6)	13.4 (10.5-17.0)
	Total	5.1 (3.6-7.2)	11.1 (8.4-14.5)	14.9 (12.0-18.3)	17.4 (13.0-22.9)	11.6 (9.5-14.1)
Total	American Indian	3.7 (1.9-7.1)	7.0 (4.2-11.4)	8.8 (5.7-13.5)	8.2 (5.2-12.7)	6.5 (4.9-8.7)
	Asian/Pacific Islander	--	12.3 (3.9-32.8)	--	--	7.6 (3.0-18.4)
	Black	3.1 (0.7-12.7)	13.7 (5.4-30.7)	--	--	9.7 (6.0-15.2)
	Hispanic	5.3 (3.3-8.5)	10.5 (7.7-14.3)	13.9 (10.9-17.5)	19.2 (15.6-23.4)	11.8 (9.9-13.9)
	White	4.2 (2.2-7.8)	9.7 (6.4-14.3)	18.9 (14.9-23.6)	16.2 (10.3-24.6)	11.9 (9.7-14.5)
	Total	4.5 (3.4-5.9)	9.8 (7.5-12.8)	14.4 (12.6-16.4)	16.8 (13.3-21.0)	10.9 (9.4-12.5)

Source: YRRS (NM); NMDOH Survey Section (NOTE: "95% CI" is 95% confidence interval)

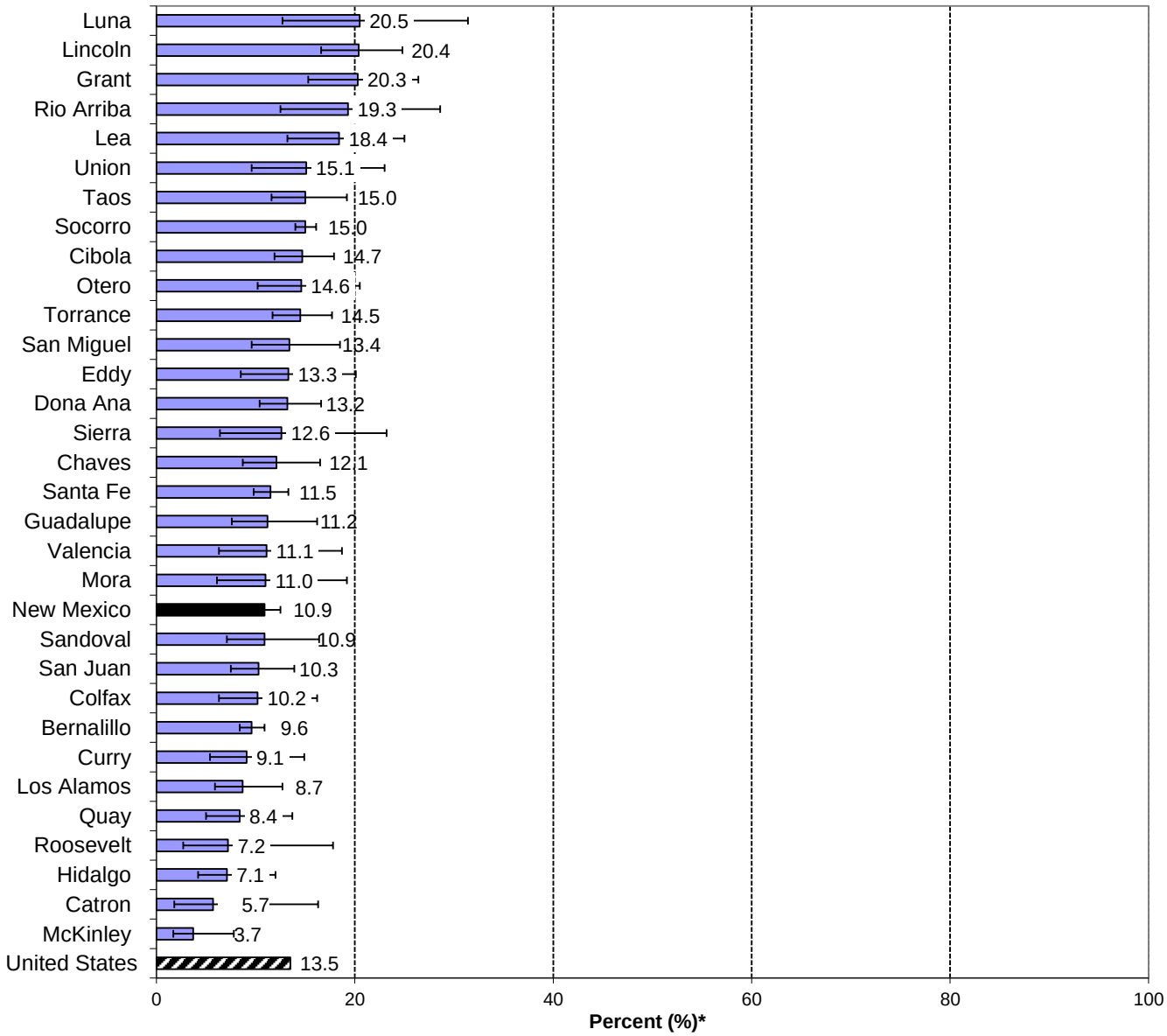
YOUTH BINGE DRINKING (continued)

Chart 2: Binge Drinking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017



Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

Chart 3: Binge Drinking* by County, Grades 9 - 12, New Mexico, 2017



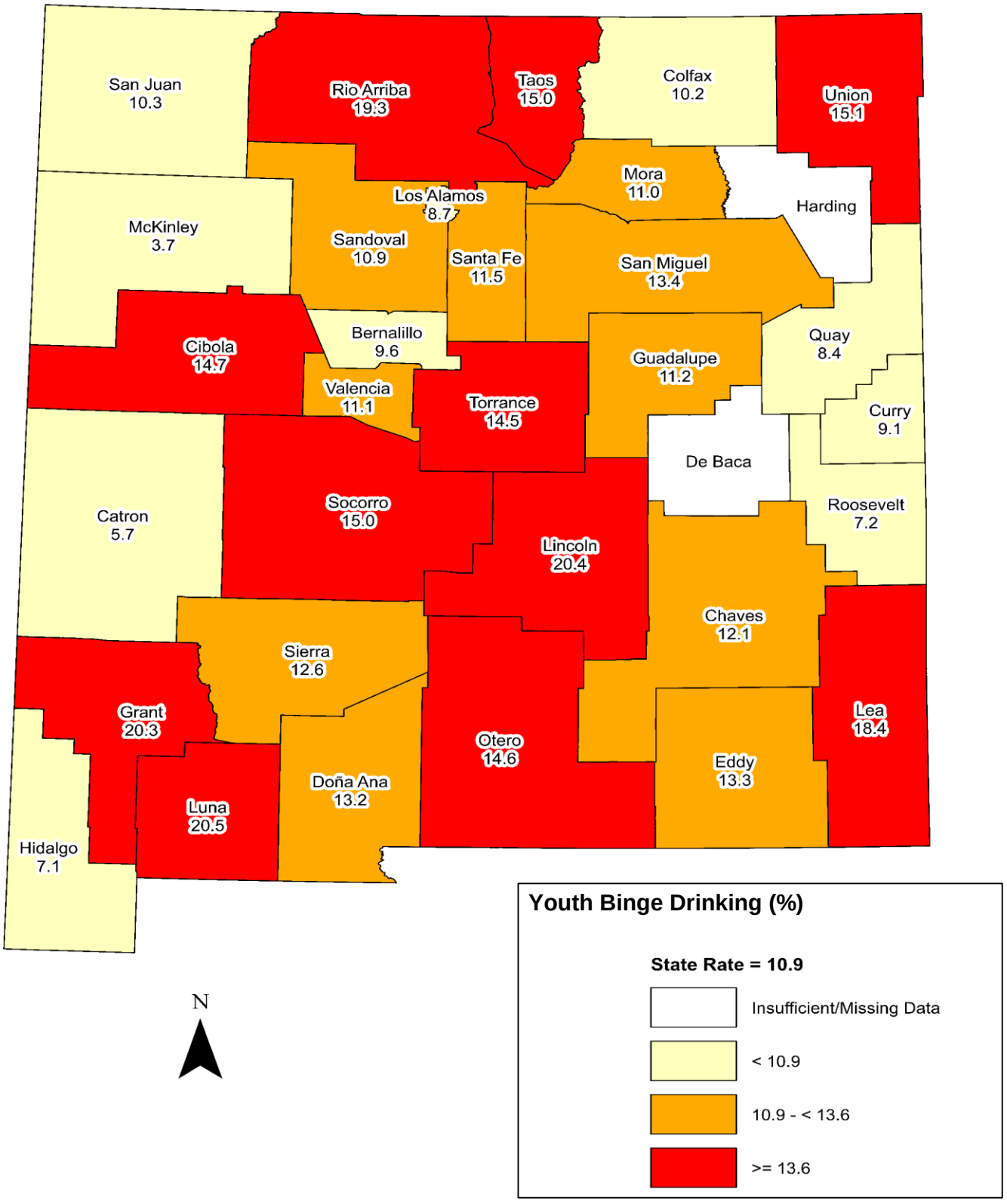
* Estimate of percent of high school students who reported binge drinking at least once in past 30 days

De Baca and Harding County estimates not available due to low numbers and/or low response rates.

Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

YOUTH BINGE DRINKING (continued)

Chart 4: Binge Drinking* by County, Grades 9 - 12, New Mexico, 2017



* Estimate of percent of high school students who reported binge drinking at least once in past 30 days

Insufficient Data: County estimates not available because of low numbers and/or low response rates

Source: YRRS (NM); NMDOH Survey Section; SAES

YOUTH 10 PLUS DRINKS

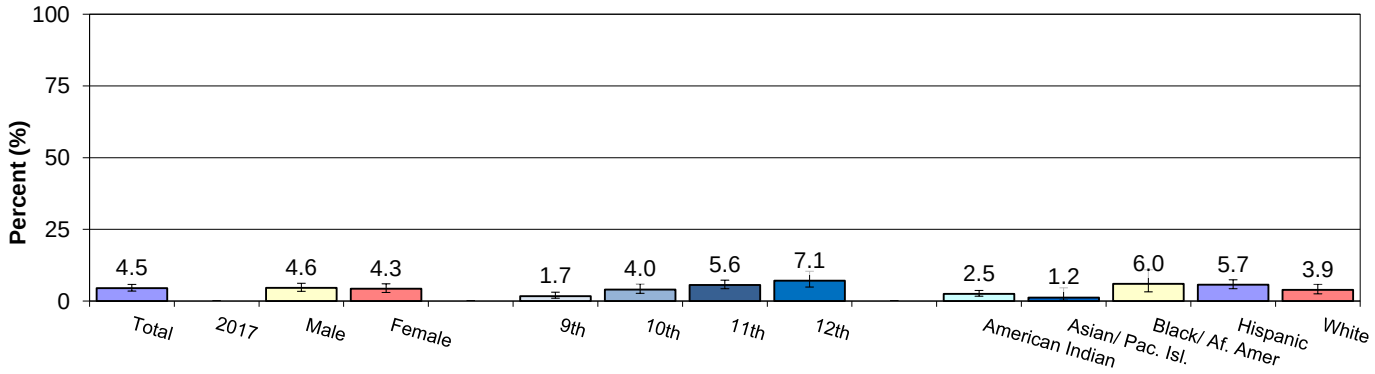
Problem Statement

On average, underage drinkers consume more drinks per drinking occasion than adult drinkers. The risk of harm increases as the number of drinks consumed on an occasion increases.

The maximum number of drinks that a student consumed on an occasion is determined by the question: “During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?”

Students in the 12th grade are more likely to drink 10 or more drinks on an occasion than 9th grade students. There is no significant difference between genders. Asian/Pacific Islander students have the lowest prevalence of consuming ten or more drinks on an occasion. Prevalence was fairly similar by county, ranging from 1.8% of students (McKinley County) to 9.8% of students (Socorro County). In 2017, there was no difference in rates between New Mexico (4.5%) and the US (4.4%).

Chart 1: 10 Plus Drinks, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017



Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

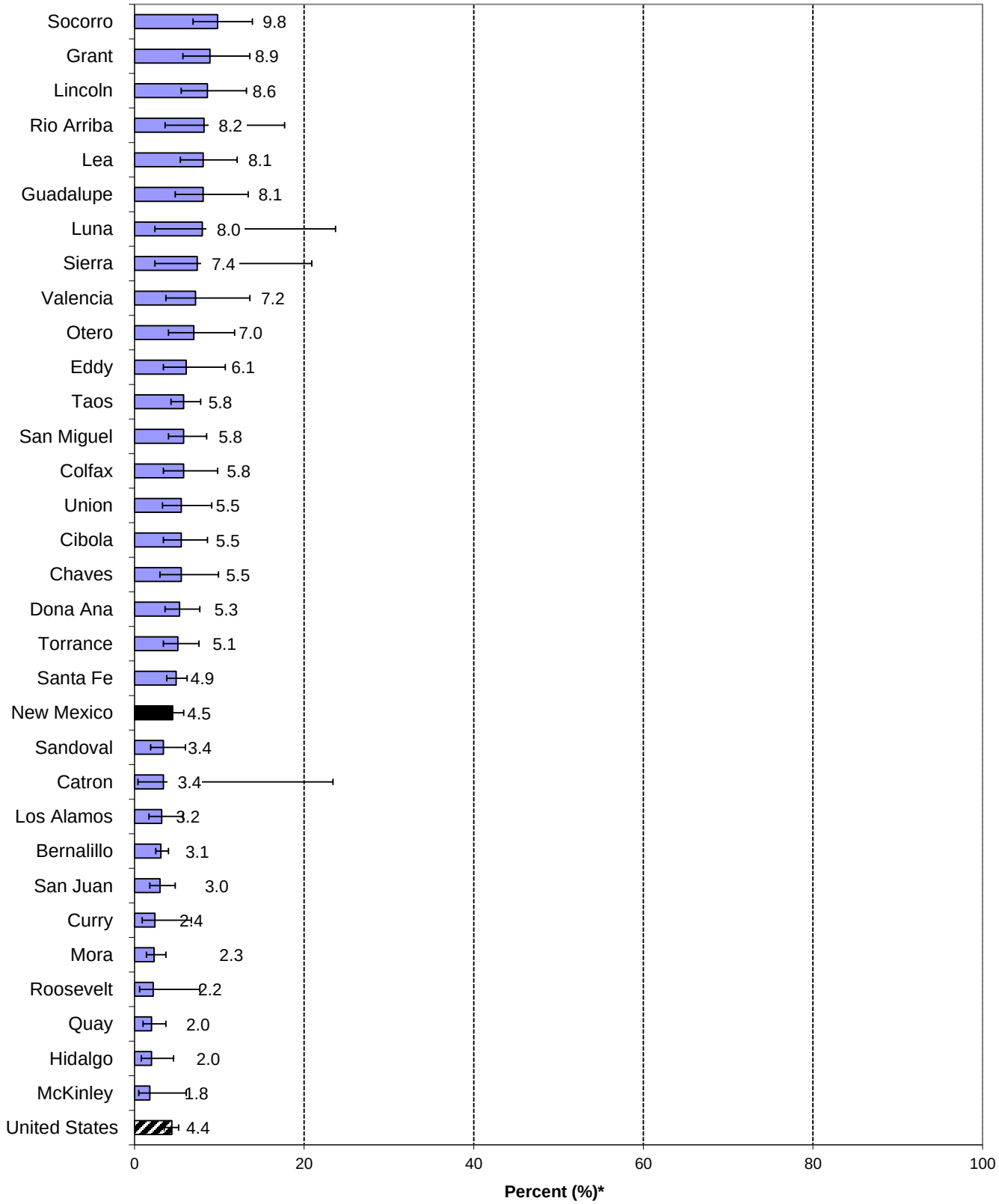
Table 1: 10 Plus Drinks, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	1.7 (0.6-4.8)	2.9 (1.4-6.0)	1.0 (0.2-5.2)	3.2 (1.2-8.8)	2.1 (1.3-3.5)
	Asian/Pacific Islander	--	--	--	--	1.0 (0.1-6.9)
	Black	--	--	--	--	5.1 (1.7-14.0)
	Hispanic	0.9 (0.3-3.1)	3.8 (2.0-7.1)	9.5 (6.7-13.1)	13.3 (9.5-18.3)	6.3 (4.6-8.6)
	White	1.3 (0.1-10.0)	1.8 (0.6-5.1)	6.2 (3.0-12.3)	6.6 (2.8-15.0)	3.9 (2.4-6.0)
	Total	1.2 (0.6-2.4)	3.1 (1.9-5.0)	6.4 (4.4-9.3)	9.2 (6.5-12.8)	4.6 (3.4-6.2)
Female	American Indian	1.1 (0.1-8.3)	4.2 (0.9-17.3)	4.2 (0.9-17.2)	2.4 (0.8-6.7)	2.8 (1.3-5.9)
	Asian/Pacific Islander	--	--	--	--	1.4 (0.2-8.9)
	Black	--	--	--	--	5.4 (2.0-14.1)
	Hispanic	3.2 (1.4-7.4)	7.5 (4.3-12.7)	3.4 (1.4-8.4)	4.6 (1.7-12.0)	5.0 (3.3-7.5)
	White	0.8 (0.1-6.0)	2.1 (0.9-4.9)	7.2 (3.7-13.8)	6.9 (3.5-13.1)	4.0 (2.4-6.5)
	Total	2.0 (0.9-4.4)	5.0 (3.1-8.1)	4.6 (3.0-7.1)	5.3 (2.9-9.4)	4.3 (3.0-6.0)
Total	American Indian	1.4 (0.6-3.7)	3.5 (1.9-6.3)	2.9 (1.0-8.0)	2.8 (1.2-6.3)	2.5 (1.7-3.7)
	Asian/Pacific Islander	--	1.8 (0.2-12.9)	--	--	1.2 (0.3-4.6)
	Black	3.1 (0.7-13.0)	--	--	--	6.0 (3.2-10.9)
	Hispanic	2.3 (1.1-4.8)	5.7 (3.4-9.5)	6.1 (4.2-9.0)	8.5 (6.0-11.9)	5.7 (4.3-7.4)
	White	1.0 (0.2-5.1)	1.9 (1.0-3.6)	6.7 (4.0-11.1)	6.7 (3.4-12.9)	3.9 (2.5-5.9)
	Total	1.7 (1.0-3.1)	4.0 (2.7-6.0)	5.6 (4.3-7.3)	7.1 (4.9-10.4)	4.5 (3.5-5.8)

Source: YRRS (NM); NMDOH Survey Section (NOTE: "95% CI" is 95% confidence interval)

YOUTH 10 PLUS DRINKS (continued)

Chart 2: 10 Plus Drinks* by County, Grades 9 - 12, New Mexico, 2017



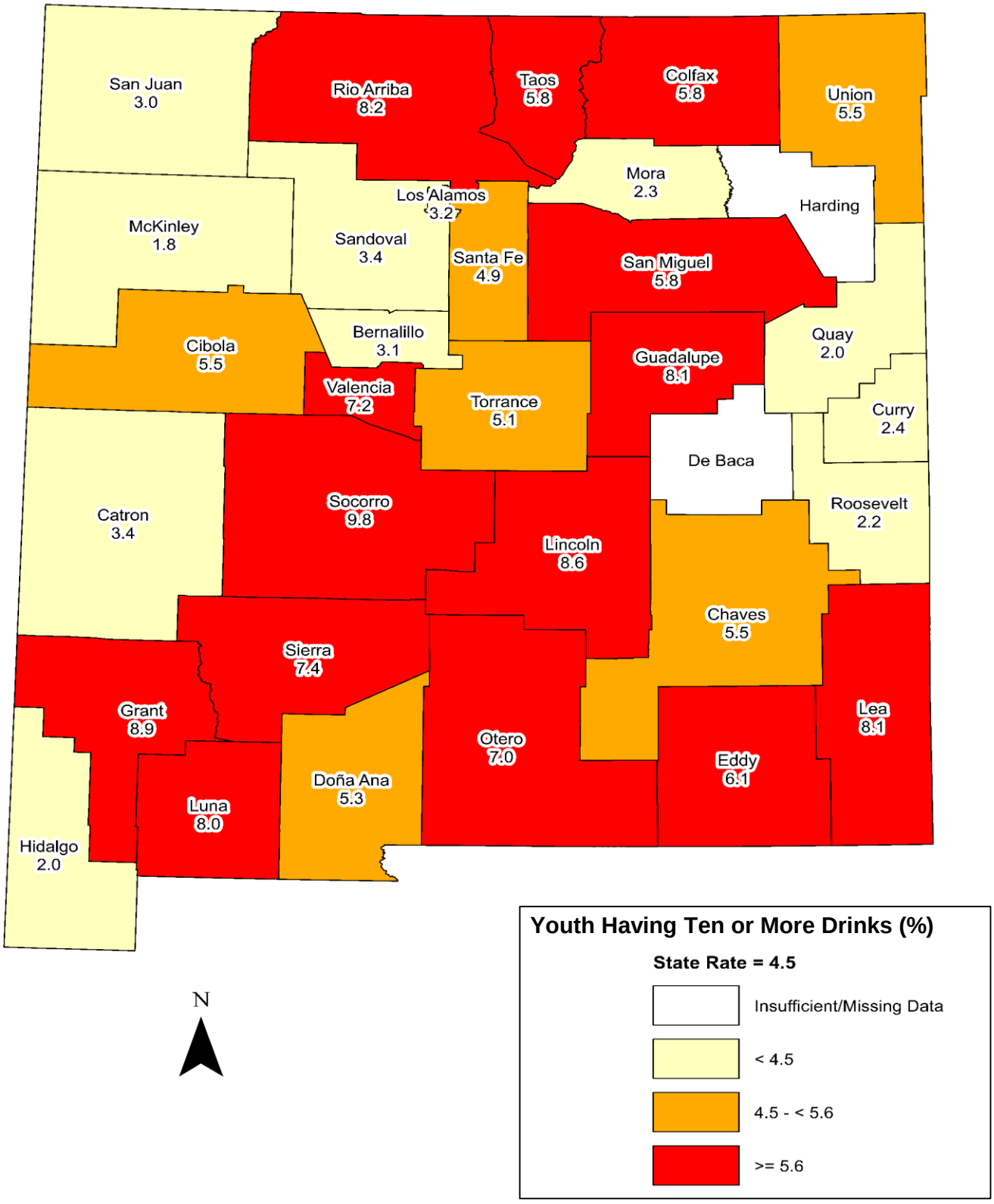
* Estimate of percent of high school students who reported high intensity drinking at least once in past 30 days

De Baca and Harding County estimates not available due to low numbers and/or low response rates.

Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

YOUTH 10 PLUS DRINKS (continued)

Chart 3: 10 Plus Drinks* by County, Grades 9 - 12, New Mexico, 2017



* Estimate of percent of high school students who reported high intensity drinking at least once in past 30 days

Insufficient Data: County estimates not available because of low numbers and/or low response rates

Source: YRRS (NM); NMDOH Survey Section; SAES

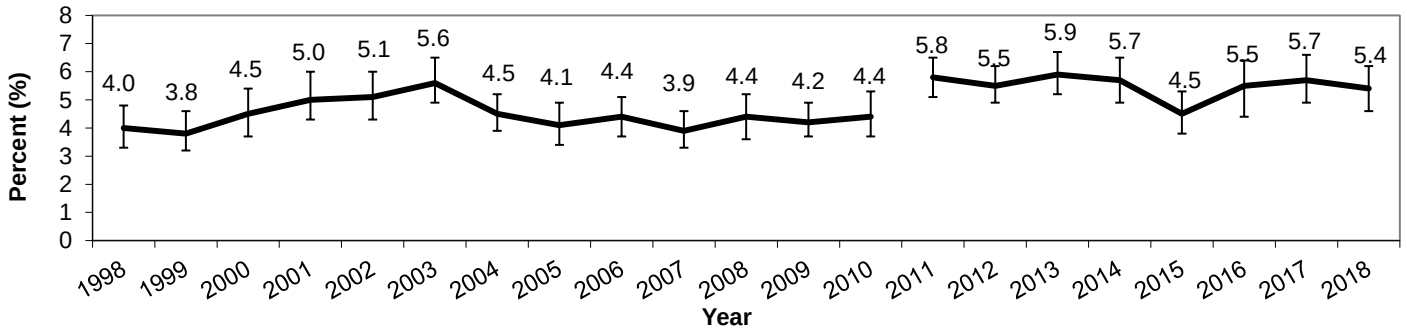
ADULT HEAVY DRINKING

Problem Statement

Heavy drinking (defined as having more than 2 drinks per day for males and more than one drink per day for females) is a pattern of excessive alcohol consumption that can lead to alcohol-related chronic disease and death. According to the latest estimates from the CDC, numerous chronic disease conditions (e.g., alcoholic liver disease, alcohol dependence syndrome) and a significant proportion of many other conditions (e.g., unspecified liver cirrhosis, pancreatitis) are alcohol-related. For each of these causes, it is chronic heavy drinking (as opposed to acute episodic or binge drinking) that is considered primarily responsible for the incidence and progression of alcohol-related chronic disease. Heavy drinking is also associated with a wide range of other social problems, including alcoholism (also known as alcohol dependence), domestic violence, and family disruption.

Chart 1 shows that adult heavy drinking prevalence has remained relatively stable since 2000. Heavy drinking prevalence is lower among adults in New Mexico (5.5%) than in the US overall (5.9%). As shown in Table 1, heavy drinking was most prevalent among adults in the 25-64 age group, with 6.2% reporting past-month heavy drinking. New Mexico men were somewhat more likely to report chronic drinking than women (6.2% v. 4.9%), and American Indian males had the highest reported rate of heavy drinking (7.8%) followed by White females (6.8%) and Hispanic males (6.4%).

Chart 1: Heavy Drinking (past 30 days)*, Adults Aged 18+, New Mexico, 1998-2018



* Heavy drinking definition: drinking more than 2 drinks/day on average (for men) or more than 1 drink/day (for women) in past 30 days

Source: BRFSS; SAES (NOTE: Brackets around reported rates are 95% confidence intervals)

Table 1: Heavy Drinking (past 30 days) by Age, Sex, and Race/Ethnicity, Adults Aged 18+, New Mexico, 2016-2018

		Number				Percent*			
Sex	Race/Ethnicity	Ages 18-24	Ages 25-64	Ages 65+	All Ages	Ages 18-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	-	3,631	715	5,100	-	7.7	9.0	7.8
	Asian/Pacific Islander	-	-	-	0	-	-	-	0.0
	Black	-	-	-	1,145	-	-	-	5.8
	Hispanic	2,943	18,225	1,816	22,942	5.0	7.3	3.5	6.4
	White	2,016	13,156	5,139	20,256	6.7	6.4	5.3	6.1
	Total	5,549	35,547	8,009	48,952	5.3	6.8	4.9	6.2
Female	American Indian	-	2,871	0	3,052	-	5.6	0.0	4.2
	Asian/Pacific Islander	-	-	-	-	-	-	-	-
	Black	-	-	-	463	-	-	-	3.2
	Hispanic	1,228	11,228	507	12,823	2.2	4.5	0.8	3.5
	White	1,909	14,701	6,491	23,407	7.5	7.1	5.8	6.8
	Total	2,900	29,542	7,301	39,913	3.0	5.6	3.8	4.9
Total	American Indian	825	6,406	825	8,043	4.0	6.5	4.2	5.8
	Asian/Pacific Islander	-	0	-	0	-	0.0	-	0.0
	Black	-	1,001	-	1,519	-	4.3	-	4.4
	Hispanic	4,098	29,454	2,336	35,679	3.6	5.9	2.0	4.9
	White	3,916	27,871	11,645	43,696	7.0	6.7	5.6	6.4
	Total	8,429	65,046	15,310	88,800	4.2	6.2	4.3	5.5

* Estimate of percent of people in population group who reported heavy drinking in past 30 days

- Excluded due to small number of respondents (< 50) in cell

Source: BRFSS; SAES

ADULT HEAVY DRINKING (continued)

Problem Statement (continued)

Among men, American Indians had the highest heavy drinking rates (7.8%), followed by Hispanics (6.4%) and Whites (6.1%). Also, American Indian males had the highest rates of alcohol-related chronic disease death (143.1 deaths per 100,000 population), followed by Hispanics (50.6) and Whites (31.2). Among women, Whites had the highest rates of heavy drinking (6.8%), followed by American Indian women (4.2%). However, American Indian females have the highest rates of alcohol-related chronic disease death (84.3 deaths per 100,000 population), followed by Hispanics (17.9) and Blacks (17.1).

In 2016-2018, as shown in Table 2 and Chart 2, heavy drinking rates were highest in Taos (10.7%), Socorro (9.1%), and Otero (8.4%) counties and substantially lower in counties that have among the highest rates of alcohol-related chronic disease death rates (e.g., Rio Arriba and McKinley).

Table 2: Heavy Drinking (past 30 days) by Race/Ethnicity and County, Adults Aged 18+, New Mexico, 2016-2018

	Number						Percent*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	664	-	-	10,898	13,760	25,673	2.9	-	-	4.5	6.0	4.8
Catron	-	-	-	-	-	254	-	-	-	-	-	8.1
Chaves	-	-	-	1,153	1,530	2,579	-	-	-	4.6	7.1	5.3
Cibola	496	-	-	875	187	1,621	6.3	-	-	11.1	4.1	7.8
Colfax	-	-	-	-	251	568	-	-	-	-	4.9	5.6
Curry	-	-	-	1,269	1,161	2,461	-	-	-	9.1	6.0	6.7
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	4,371	3,654	8,990	-	-	-	4.2	7.1	5.5
Eddy	-	-	-	1,142	2,255	3,363	-	-	-	5.9	10.4	7.9
Grant	-	-	-	385	923	1,302	-	-	-	3.7	8.1	5.8
Guadalupe	-	-	-	-	-	-	-	-	-	-	-	-
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	1,595	983	2,614	-	-	-	6.1	4.8	5.3
Lincoln	-	-	-	-	564	914	-	-	-	-	5.3	5.7
Los Alamos	-	-	-	-	229	408	-	-	-	-	2.1	2.8
Luna	-	-	-	897	80	1,144	-	-	-	8.1	1.2	6.4
McKinley	2,209	-	-	58	107	2,464	5.7	-	-	0.9	2.0	4.8
Mora	-	-	-	-	-	-	-	-	-	-	-	-
Otero	504	-	-	687	2,604	4,215	17.7	-	-	4.0	9.5	8.4
Quay	-	-	-	-	177	253	-	-	-	-	4.9	3.8
Rio Arriba	-	-	-	387	337	1,092	-	-	-	1.8	7.3	3.6
Roosevelt	-	-	-	-	311	784	-	-	-	-	3.7	5.3
Sandoval	1,472	-	-	2,726	2,761	7,273	11.8	-	-	6.9	5.2	6.7
San Juan	1,085	-	-	1,052	1,776	3,980	3.0	-	-	6.4	4.4	4.3
San Miguel	-	-	-	623	611	1,503	-	-	-	3.6	13.2	6.6
Santa Fe	-	-	-	1,319	4,979	6,439	-	-	-	2.3	8.4	5.3
Sierra	-	-	-	-	375	548	-	-	-	-	5.6	5.7
Socorro	-	-	-	-	475	1,222	-	-	-	-	9.1	9.1
Taos	-	-	-	1,586	1,428	2,880	-	-	-	11.0	13.4	10.7
Torrance	-	-	-	-	-	122	-	-	-	-	-	1.0
Union	-	-	-	-	-	-	-	-	-	-	-	-
Valencia	-	-	-	1,286	676	2,250	-	-	-	3.9	3.2	3.9
New Mexico	8,043	0	1,519	35,679	43,696	88,800	5.8	0.0	4.4	4.9	6.4	5.5

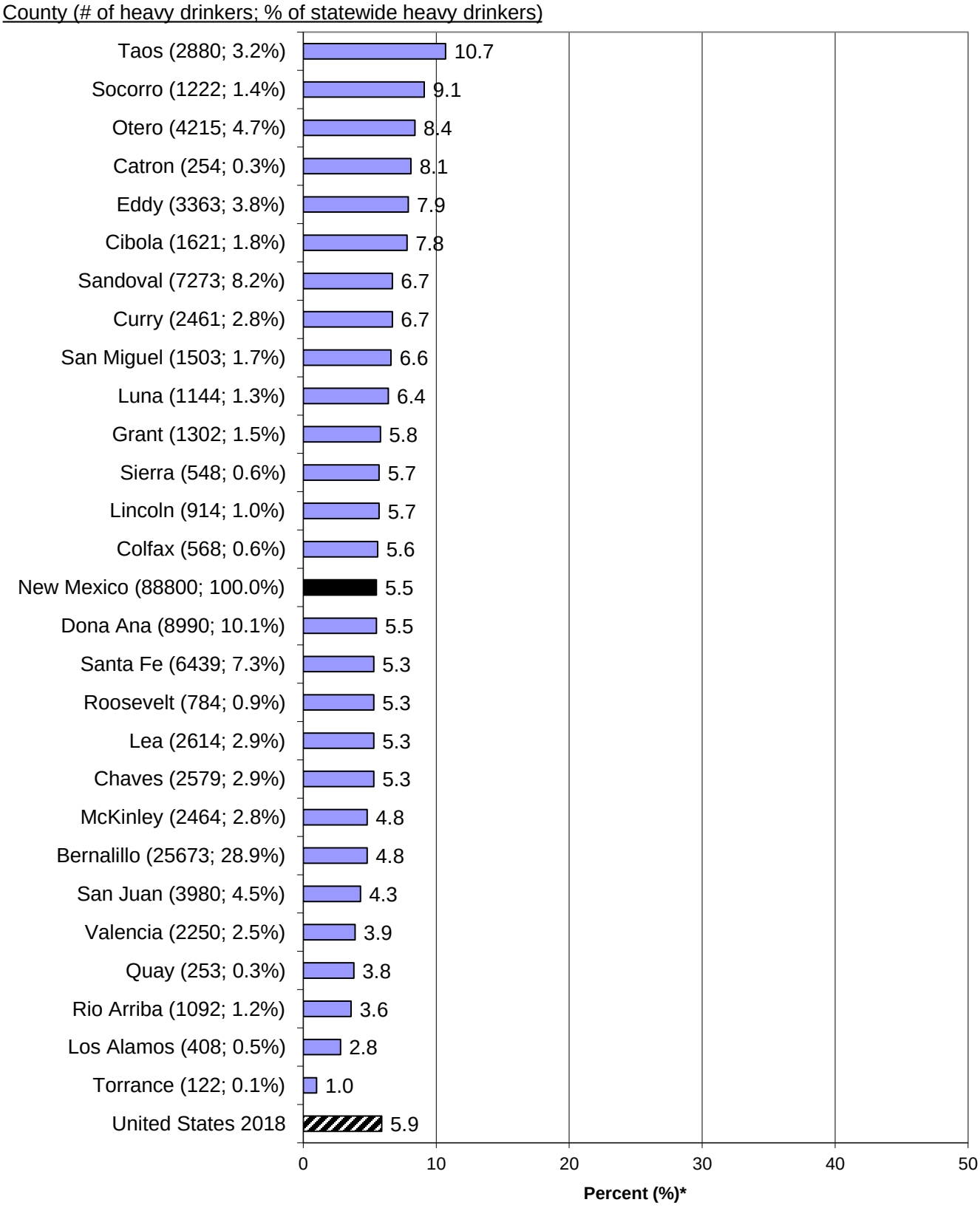
* Estimate of percent of people in population group who reported heavy drinking in past 30 days

- Excluded due to small number of respondents (< 50) in cell

Source: BRFSS; SAES

ADULT HEAVY DRINKING (continued)

Chart 2: Heavy Drinking (past 30 days)* by County, Adults Aged 18+, New Mexico, 2016-2018



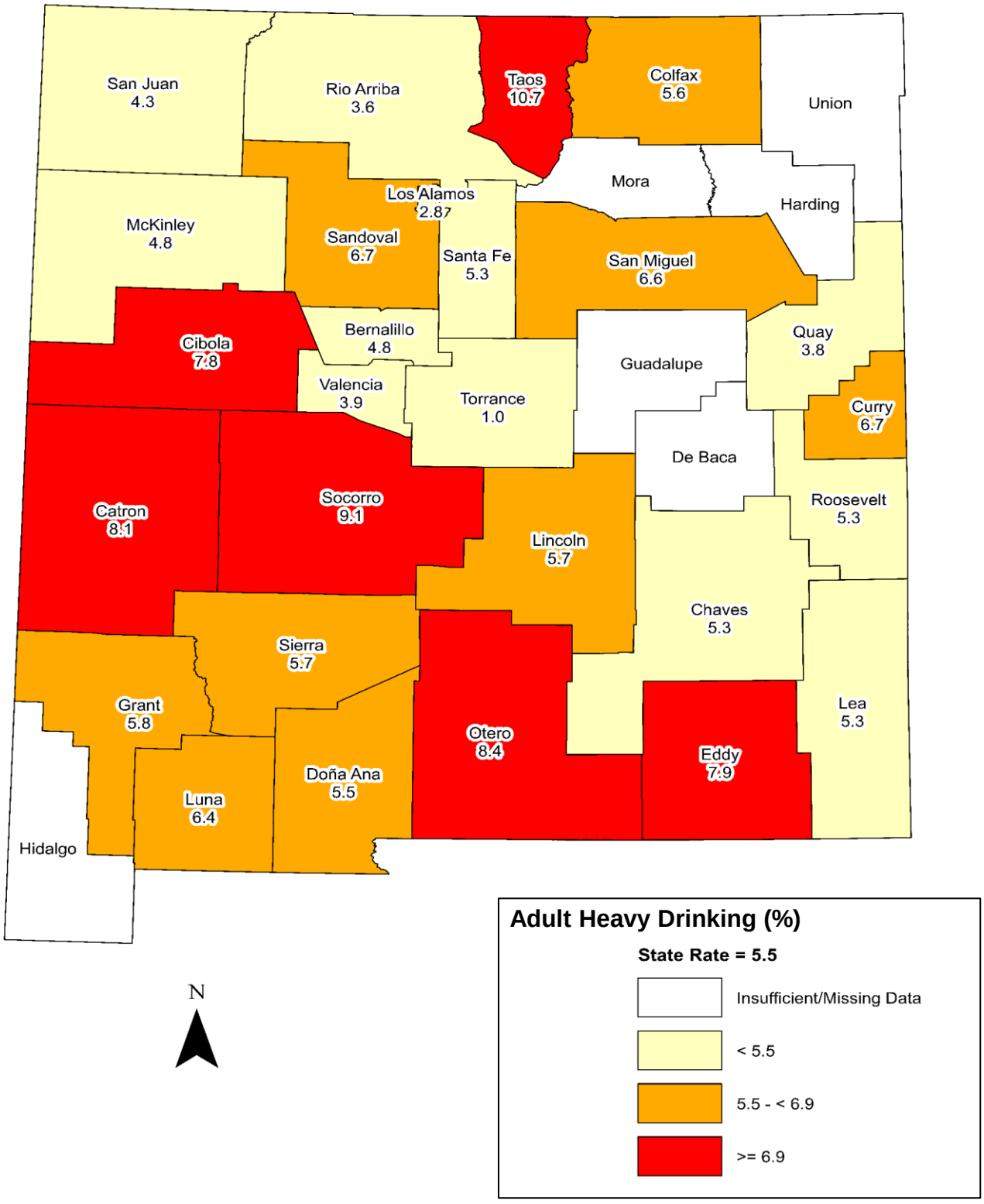
* Estimate of percent of people in population group who reported heavy drinking in past 30 days

The following counties were excluded due to small number of respondents (< 50):
De Baca, Guadalupe, Harding, Hidalgo, Mora, and Union

Source: NMBRFSS (NM); CDC BRFSS (US); SAES

ADULT HEAVY DRINKING (continued)

Chart 3: Heavy Drinking (past 30 days)* by County, Adults Aged 18+, New Mexico, 2016-2018



* Estimate of percent of people in population group who reported heavy drinking in past 30 days
Insufficient data: Rate not reported due to small number of respondents (< 50) in cell
Source: NMBRFSS (NM); CDC BRFSS (US); SAES

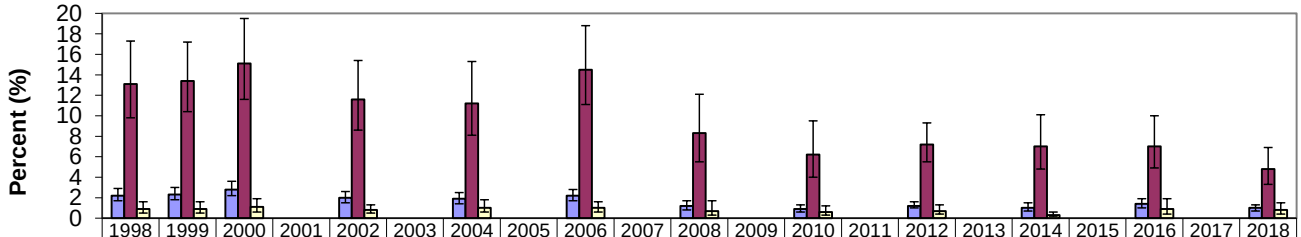
ADULT DRINKING AND DRIVING

Problem Statement

Adult drinking and driving is a precursor to alcohol-related motor vehicle crash injury and death. Any drinking and driving is dangerous (i.e., associated with an elevated risk of crash and injury), but driving after binge drinking (which is defined as a level of drinking likely to lead to a 0.08 BAC) is particularly risky. Unfortunately, as shown in Chart 1, binge drinkers are much more likely to report driving after drinking than non-binge drinkers. For example, in 2018, only 1.0% of the general population reported driving after drinking, but 4.8% of binge drinkers reported engaging in this risky behavior in the past 30 days compared to only 0.8% of non-binge drinkers. On a positive note, Chart 1 shows that driving after drinking prevalence decreased significantly between 2006 and 2010 (from 2.2% to 0.9%), including a substantial decline among binge drinkers (from 14.5% to 6.2%).

As shown in Chart 2, in 2018 driving after drinking was most prevalent among middle-age adults, with 1.2% of those aged 25-64 reporting past-month drinking and driving. Chart 2 shows a decline (although not statistically significant) in drinking and driving by young adults (aged 18-24) and a fluctuating pattern among those aged 25-64. Table 1 shows that New Mexico men were twice as likely to report drinking and driving than women (1.3% v. 0.6%). Hispanic males (1.4%) were more likely to report drinking and driving than American Indian (1.3%) and White (1.3%) males. Overall, Hispanic women ages 18-24 had the highest reported prevalence of drinking of driving at 2.3% follow by White males ages 25-64. Table 2 and Chart 3 show drinking and driving rates by county.

Chart 1: Drinking and Driving (past 30 days)* by Drinking Status, Adults Aged 18+, New Mexico, 1998-2018



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total	2.2	2.3	2.8		2.0		1.9		2.2		1.2		0.9		1.2		1.0		1.4		1.0
Binge	13.1	13.4	15.1		11.6		11.2		14.5		8.3		6.2		7.2		7.0		7.0		4.8
Non-Binge	0.9	0.9	1.1		0.8		1.0		1.0		0.7		0.6		0.7		0.3		0.9		0.8

* Drinking and driving definition: drove after having "perhaps too much to drink" at least once in past 30 days

Source: BRFSS; SAES (NOTE: Brackets around reported rates are 95% confidence intervals)

Table 1: Drinking and Driving (past 30 days) by Age, Sex, and Race, Adults Aged 18+, New Mexico, 2018

		Number*				Percent**			
Sex	Race/Ethnicity	Ages 18-24	Ages 25-64	Ages 65+	All Ages	Ages 18-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	-	659	-	849	-	1.4	-	1.3
	Asian/Pacific Islander	-	-	-	-	-	-	-	-
	Black	-	-	-	-	-	-	-	-
	Hispanic	0	4,522	490	5,094	0.0	1.8	0.9	1.4
	White	0	4,035	501	4,306	0.0	2.0	0.5	1.3
	Total	206	9,425	1,005	10,322	0.2	1.8	0.6	1.3
Female	American Indian	-	411	0	440	-	0.8	0.0	0.6
	Asian/Pacific Islander	-	-	-	-	-	-	-	-
	Black	-	-	-	-	-	-	-	-
	Hispanic	1,302	1,267	0	2,636	2.3	0.5	0.0	0.7
	White	0	2,026	346	2,399	0.0	1.0	0.3	0.7
	Total	1,143	3,704	399	4,944	1.2	0.7	0.2	0.6
Total	American Indian	139	1,082	0	1,248	0.7	1.1	0.0	0.9
	Asian/Pacific Islander	-	-	-	0	-	-	-	0.0
	Black	-	-	-	245	-	-	-	0.7
	Hispanic	1,263	6,054	484	7,404	1.1	1.2	0.4	1.0
	White	0	6,066	862	6,741	0.0	1.5	0.4	1.0
	Total	1,387	12,633	1,469	16,180	0.7	1.2	0.4	1.0

* Estimate of number of people in population group who drove after "perhaps too much to drink" at least once in past 30 days

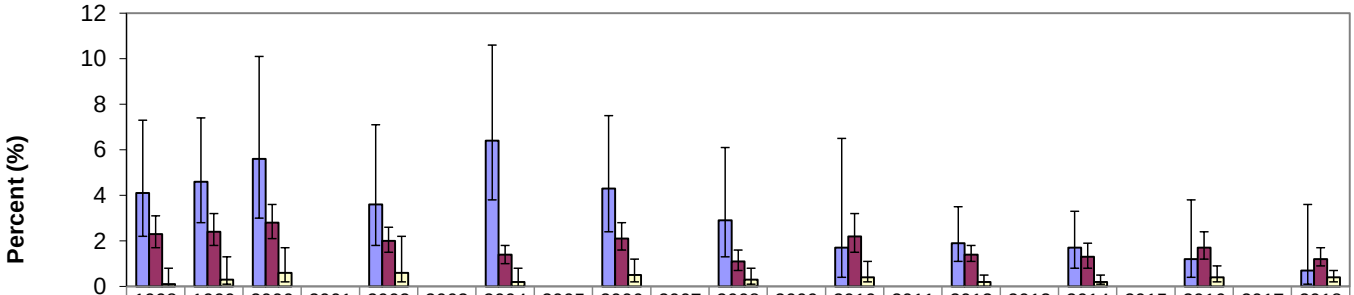
** Estimate of percent of people in population group who drove after "perhaps too much to drink" at least once in past 30 days

- Excluded due to small number of respondents (< 50) in cell

Source: BRFSS; SAES

ADULT DRINKING AND DRIVING (continued)

Chart 2: Drinking and Driving (past 30 days)* by Age, Adults Aged 18+, New Mexico, 1998-2018



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Age 18-24	4.1	4.6	5.6		3.6		6.4		4.3		2.9		1.7		1.9		1.7		1.2		0.7
Age 25-64	2.3	2.4	2.8		2		1.4		2.1		1.1		2.2		1.4		1.3		1.7		1.2
Age 65+	0.1	0.3	0.6		0.6		0.2		0.5		0.3		0.4		0.2		0.2		0.4		0.4

* Drinking and driving definition: drove after having "perhaps too much to drink" at least once in past 30 days

Source: BRFSS; SAES (NOTE: Brackets around reported rates are 95% confidence intervals)

Table 2: Drinking and Driving (past 30 days) by Race/Ethnicity and County, Adults Aged 18+, New Mexico, 2018

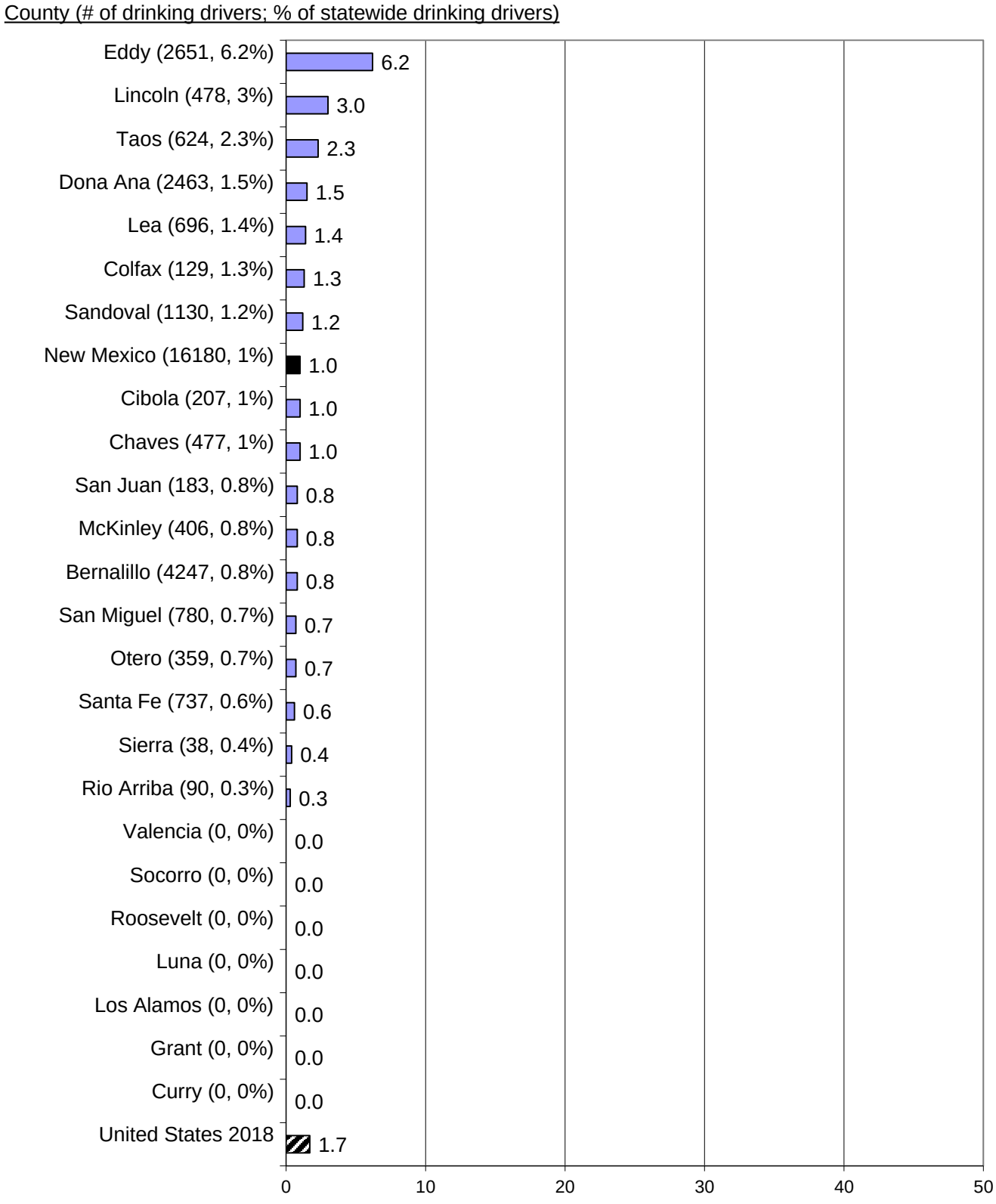
	Number*						Percent**					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	-	-	-	2,229	2,060	4,247	-	-	-	0.9	0.9	0.8
Catron	-	-	-	-	-	-	-	-	-	-	-	-
Chaves	-	-	-	0	393	477	-	-	-	0.0	1.9	1.0
Cibola	-	-	-	-	0	207	-	-	-	-	0.0	1.0
Colfax	-	-	-	-	-	129	-	-	-	-	-	1.3
Curry	-	-	-	-	0	0	-	-	-	-	0.0	0.0
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	1,381	969	2,463	-	-	-	1.3	1.9	1.5
Eddy	-	-	-	2,462	0	2,651	-	-	-	12.4	0.0	6.2
Grant	-	-	-	-	0	0	-	-	-	-	0.0	0.0
Guadalupe	-	-	-	-	-	-	-	-	-	-	-	-
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	623	100	696	-	-	-	2.3	0.5	1.4
Lincoln	-	-	-	-	485	478	-	-	-	-	4.6	3.0
Los Alamos	-	-	-	-	0	0	-	-	-	-	0.0	0.0
Luna	-	-	-	-	-	0	-	-	-	-	-	0.0
McKinley	420	-	-	-	0	406	1.1	-	-	-	0.0	0.8
Mora	-	-	-	-	-	-	-	-	-	-	-	-
Otero	-	-	-	-	111	359	-	-	-	-	0.4	0.7
Quay	-	-	-	-	-	-	-	-	-	-	-	-
Rio Arriba	-	-	-	84	0	90	-	-	-	0.4	0.0	0.3
Roosevelt	-	-	-	-	-	0	-	-	-	-	-	0.0
Sandoval	-	-	-	0	999	1,130	-	-	-	0.0	2.5	1.2
San Juan	433	-	-	0	41	183	1.2	-	-	0.0	0.9	0.8
San Miguel	-	-	-	0	-	780	-	-	-	0.0	-	0.7
Santa Fe	-	-	-	344	415	737	-	-	-	0.6	0.7	0.6
Sierra	-	-	-	-	39	38	-	-	-	-	0.6	0.4
Socorro	-	-	-	-	-	0	-	-	-	-	-	0.0
Taos	-	-	-	-	472	624	-	-	-	-	4.4	2.3
Torrance	-	-	-	-	-	-	-	-	-	-	-	-
Union	-	-	-	-	-	-	-	-	-	-	-	-
Valencia	-	-	-	0	0	0	-	-	-	0.0	0.0	0.0
New Mexico	1,248	0	245	7,404	6,741	16,180	0.9	0.0	0.7	1.0	1.0	1.0

* Estimate of number of people in population group who drove after "perhaps too much to drink" at least once in past 30 days

- Excluded due to small number of respondents (< 50) in cell

Source: BRFSS; SAES

Chart 3: Drinking and Driving (past 30 days)* by County, Adults Aged 18+, New Mexico, 2018



* Estimate of percent of people in population group who drove after having "perhaps too much to drink" at least once in past 30 days

The following counties were not included due to small number of respondents (< 50) in cell:

Catron, De Baca, Guadalupe, Harding, Hidalgo, Mora, Quay, Torrance, and Union

Source: BRFSS; SAES

ADULT DRINKING AND DRIVING (continued)

Chart 4: Drinking and Driving (past 30 days)* by County, Adults Aged 18+, New Mexico, 2018

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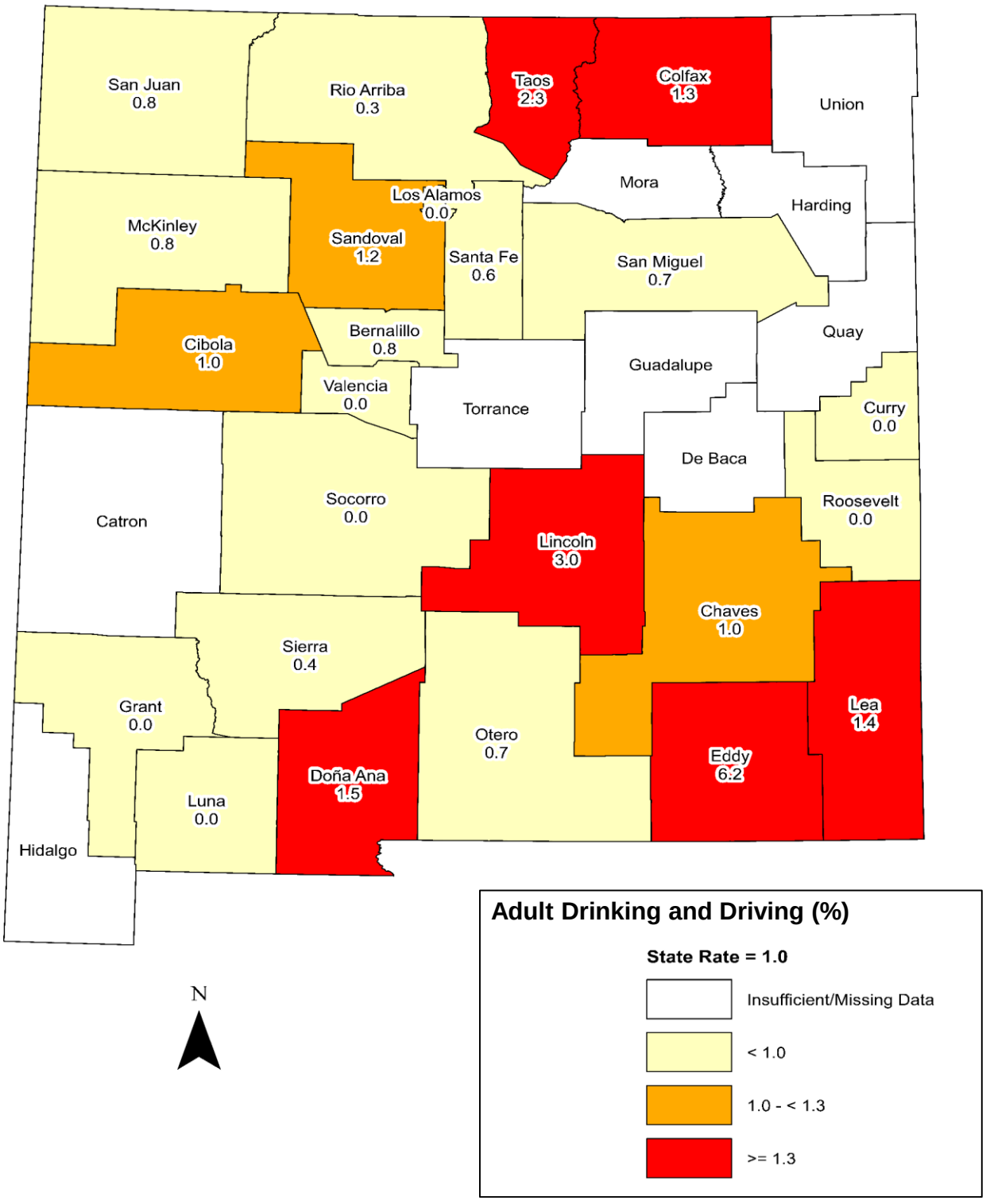


* Estimate of percent of people in population group who drove after having "perhaps too much to drink" at least once in past 30 days
Insufficient data: Rate not reported due to small number of respondents (< 50) in cell

Source: BRFSS; SAES

YOUTH DRINKING AND DRIVING

Problem Statement

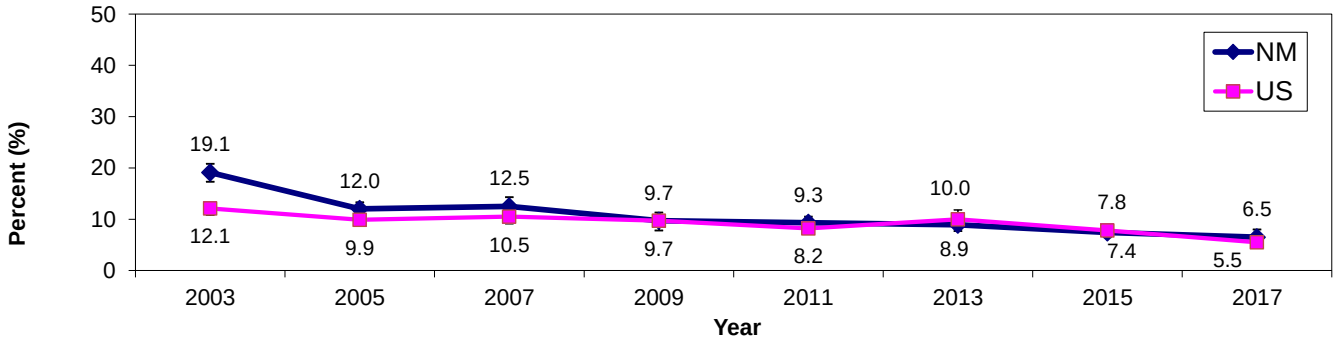
Drinking and driving is a major risk factor for motor vehicle accidents. Motor vehicle crashes were the leading cause of unintentional injury deaths for ages 15-19 years in the US in 2016. According to the National Highway Traffic Safety Administration (NHTSA), alcohol impaired-driving fatalities accounted for 28% of the total motor vehicle traffic fatalities in the US in 2016.* The rate of drinking and driving among New Mexico high school students has been decreasing since 2003 and decreasing among US high school students since at least 2001. In recent years, NM had a higher rate than the US, but since 2009 there has not been a statistical difference between the two rates.

In 2017, the prevalence of past-30-day drinking and driving was 6.5% among NM high school students. Drinking and driving increased in prevalence with increasing grade levels. There were no statistically significant differences by gender or by race/ethnicity.

In 2017, the drinking and driving rate was highest in Luna (15.3%), Grant (11.9%), Rio Arriba (11.7%), Taos (10.9%), and Lea (10.7%) counties. The rate was lowest in Catron (1.5%), Curry (2.3%), Socorro (3.2%), Guadalupe (4.0%), and Quay (4.2%) counties.

*National Center for Statistics and Analysis. (2017, October). *Alcohol-impaired driving: 2016 data* (Traffic Safety Facts. Report No. DOT HS 812 450). Washington,

Chart 1: Drinking and Driving* by Year, Grades 9 - 12, New Mexico and US, 2003-2017



* Drove a car or other vehicle when they had been drinking, in the past 30 days

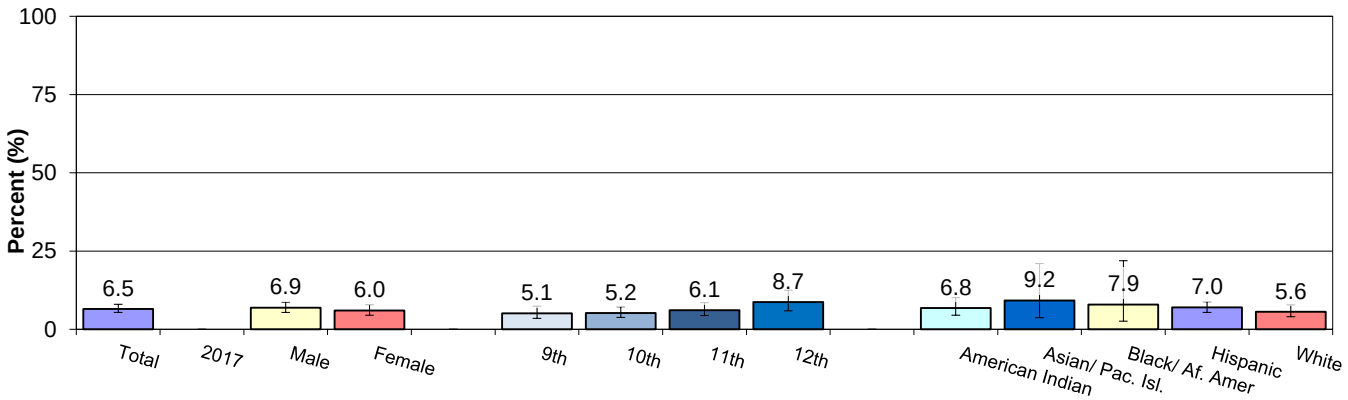
Source: YRRS (NM); CDC YRBS (US); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

Table 1: Drinking and Driving, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	9.4 (2.7-28.1)	9.5 (3.8-21.9)	6.7 (3.1-13.8)	10.0 (5.2-18.3)	8.9 (5.0-15.4)
	Asian/Pacific Islander	--	--	--	--	--
	Black	--	--	--	--	7.7 (1.8-28.1)
	Hispanic	4.2 (1.8-9.3)	5.0 (2.3-10.5)	7.2 (4.9-10.3)	13.8 (9.8-19.3)	7.7 (5.8-10.1)
	White	1.6 (0.2-11.3)	2.3 (0.7-7.2)	7.0 (4.3-11.2)	6.3 (2.8-13.4)	4.8 (3.2-7.3)
	Total	5.1 (3.0-8.7)	5.2 (3.1-8.6)	6.9 (4.9-9.6)	10.0 (6.7-14.6)	6.9 (5.4-8.7)
Female	American Indian	3.6 (1.0-11.7)	2.9 (0.8-10.2)	4.1 (1.5-10.9)	5.6 (1.8-15.9)	3.9 (2.3-6.7)
	Asian/Pacific Islander	--	--	--	--	--
	Black	--	--	--	--	--
	Hispanic	4.2 (1.7-9.8)	5.5 (2.9-10.3)	5.5 (3.8-7.9)	7.1 (3.5-13.8)	6.1 (4.2-8.7)
	White	4.9 (1.3-16.4)	6.5 (3.2-12.7)	5.7 (1.8-16.5)	8.3 (4.5-14.9)	6.5 (4.0-10.4)
	Total	4.1 (2.4-6.8)	5.3 (3.1-8.9)	5.4 (3.5-8.3)	7.4 (4.1-12.8)	6.0 (4.5-7.9)
Total	American Indian	7.7 (4.1-14.1)	6.4 (2.6-14.9)	5.3 (3.0-9.0)	8.0 (5.2-12.2)	6.8 (4.5-10.1)
	Asian/Pacific Islander	--	--	--	--	9.2 (3.7-21.0)
	Black	--	--	--	--	7.9 (2.6-21.9)
	Hispanic	4.7 (2.6-8.3)	5.2 (3.4-7.9)	6.3 (4.5-8.6)	10.1 (6.9-14.5)	7.0 (5.4-8.8)
	White	3.3 (1.2-8.8)	4.4 (2.3-8.3)	6.4 (3.5-11.5)	7.2 (3.9-12.9)	5.6 (4.0-7.8)
	Total	5.1 (3.5-7.4)	5.2 (3.8-7.2)	6.1 (4.4-8.5)	8.7 (5.9-12.5)	6.5 (5.4-8.0)

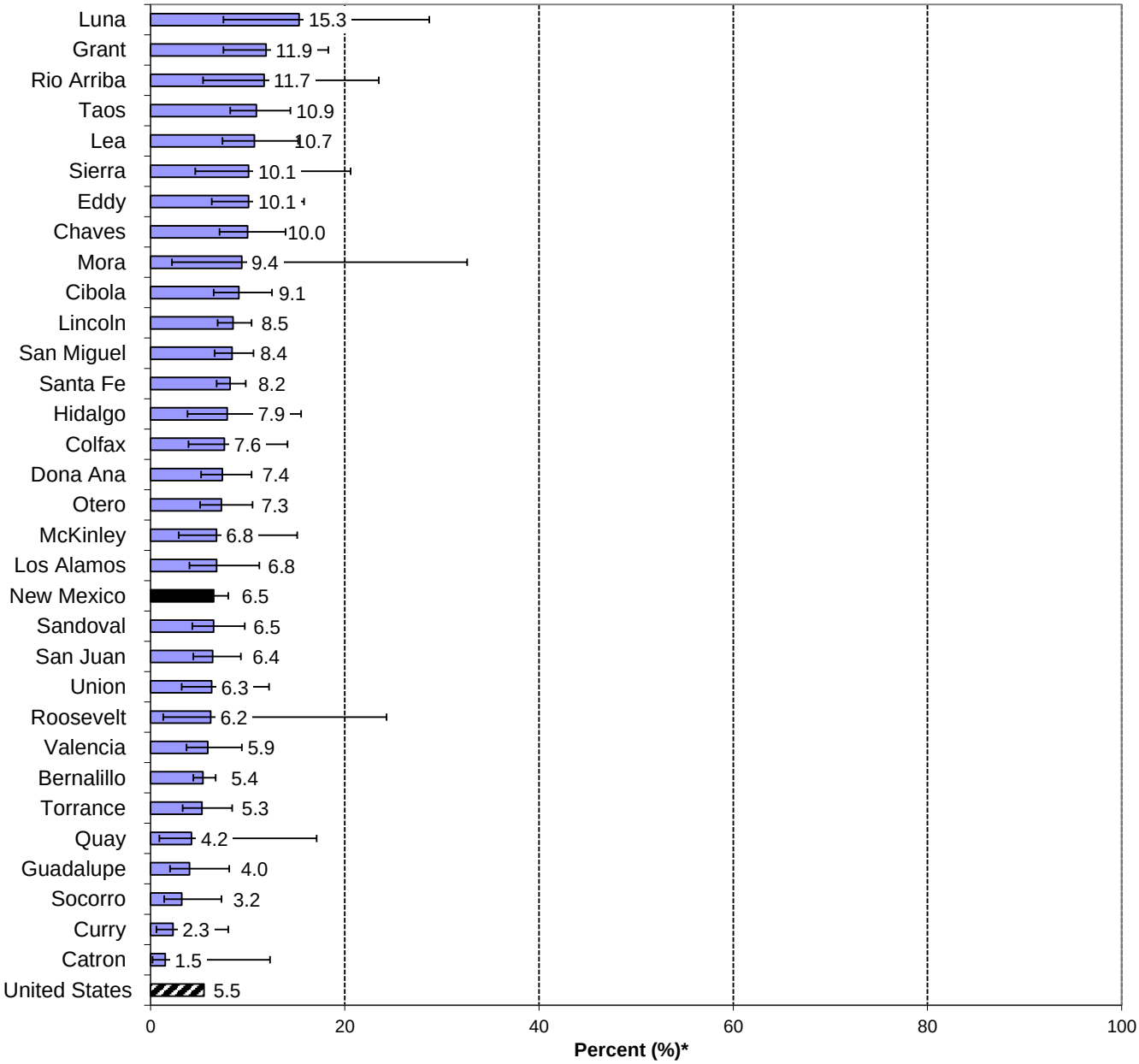
Source: YRRS (NM); NMDOH Survey Section (NOTE: "95% CI" is 95% confidence interval)

Chart 2: Drinking and Driving, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017



Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

Chart 3: Drinking and Driving* by County, Grades 9 - 12, New Mexico, 2017



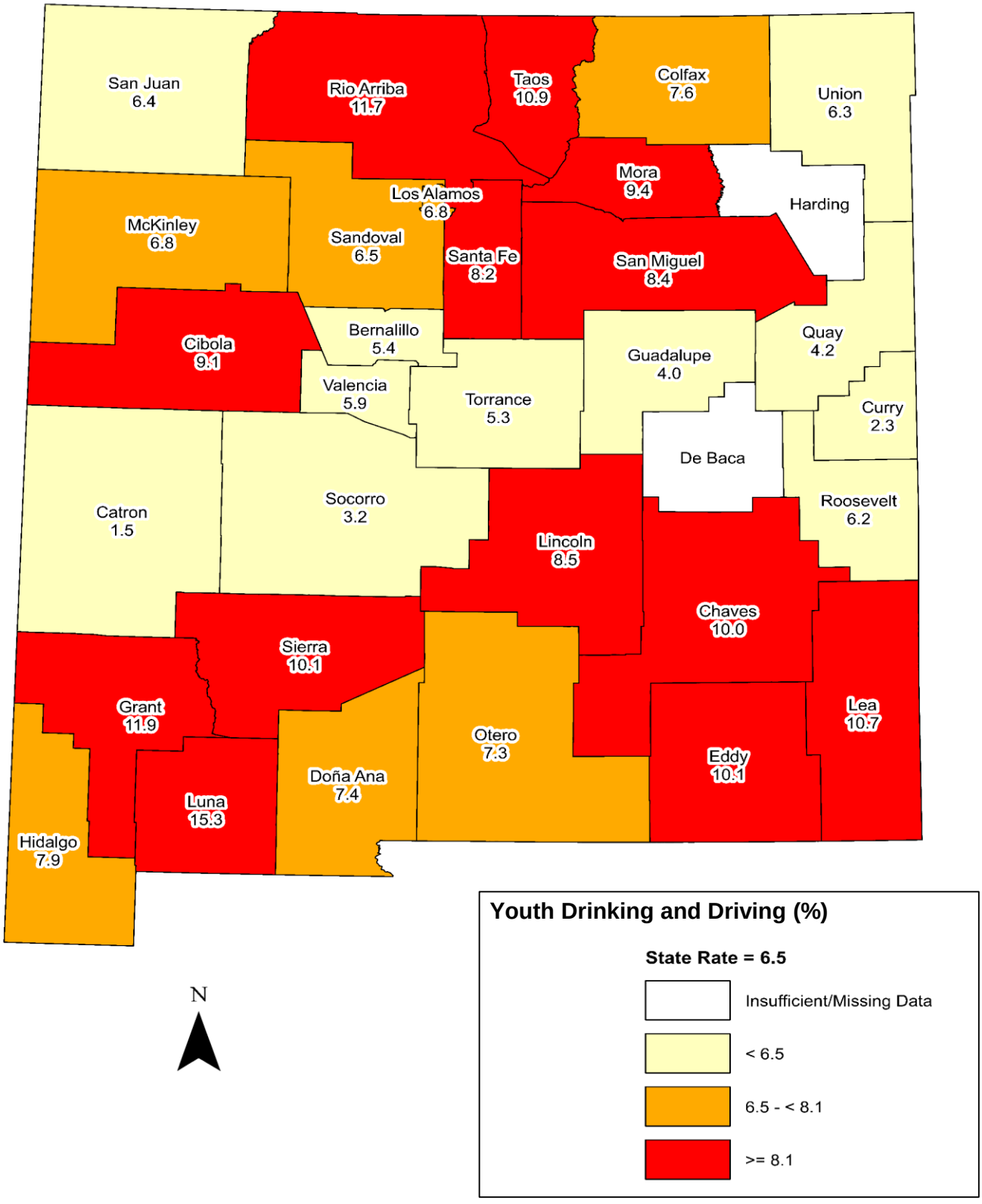
* Estimate of percent of high school students who reported drinking and driving at least once in past 30 days

De Baca and Harding County estimates not available due to low numbers and/or low response rates.

Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

YOUTH DRINKING AND DRIVING (continued)

Chart 4: Drinking and Driving* by County, Grades 9 - 12, New Mexico, 2017



* Estimate of percent of high school students who reported drinking and driving at least once in past 30 days

Insufficient Data: County estimates not available because of low numbers and/or low response rates

Source: YRRS (NM); NMDOH Survey Section; SAES

YOUTH CURRENT MARIJUANA USE

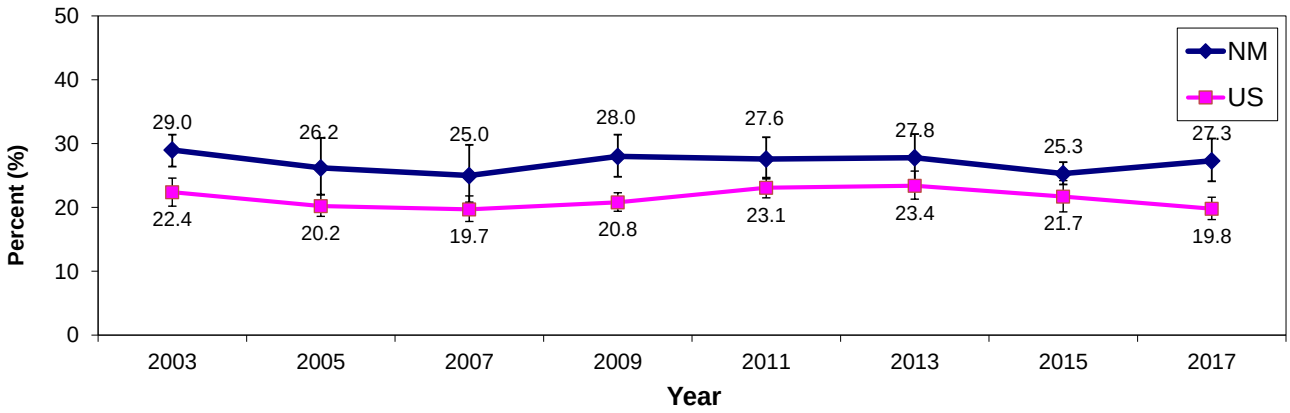
Problem Statement

There has been no apparent trend in the rate of current marijuana use by New Mexico high school students in recent years, but it has remained significantly higher than the US rate. In 2017, the difference between the New Mexico rate (27.3%) and the US rate (19.8%) was larger compared to the previous years.

The prevalence of current marijuana use increases with increasing grade level. There was no statistically significant variation by gender. The rate among American Indian (34.6%) students was higher than among Black (29.1%), Hispanic (29.0%), Asian/Pacific Islander (19.7%), and White (22.1%) students.

In 2017, the rate of past 30-day marijuana use was highest in Taos (42.9%), Rio Arriba (37.3%), and Cibola (36.3%) counties. The rate was lowest in Catron (3.7%), Union (12.5%), Hidalgo (13.5%), Curry (13.9%), and Los Alamos (16.6%) counties.

Chart 1: Current Marijuana Use* by Year, Grades 9 - 12, New Mexico and US, 2003-2017



* Used marijuana at least one time in the past 30 days

Source: YRRS (NM); CDC YRBS (US); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

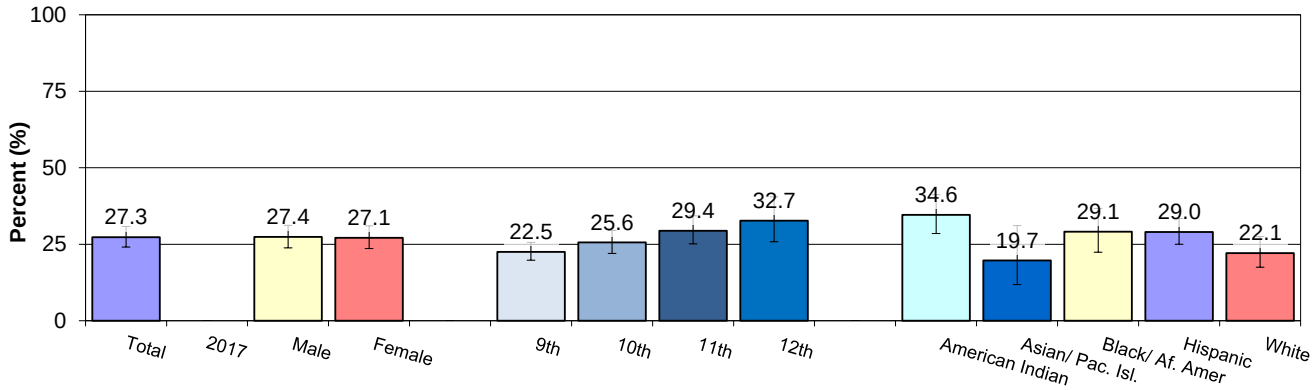
Table 1: Current Marijuana Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	32.1 (22.1-44.0)	32.7 (21.9-45.8)	32.2 (24.1-41.6)	36.8 (22.0-54.7)	33.2 (25.3-42.2)
	Asian/Pacific Islander	--	--	--	--	21.3 (12.4-34.0)
	Black	--	--	--	--	32.5 (20.6-47.1)
	Hispanic	21.7 (17.2-26.9)	28.3 (23.5-33.6)	33.9 (27.5-41.0)	34.5 (27.1-42.8)	29.0 (25.4-32.9)
	White	19.6 (14.6-25.8)	23.4 (15.9-33.1)	26.0 (19.6-33.6)	21.0 (11.5-35.1)	22.5 (16.9-29.2)
	Total	22.9 (18.9-27.4)	26.9 (22.6-31.7)	30.3 (25.8-35.2)	30.7 (22.5-40.2)	27.4 (23.8-31.2)
Female	American Indian	30.3 (23.3-38.2)	36.7 (28.8-45.3)	40.2 (31.7-49.4)	38.3 (28.5-49.3)	35.9 (31.1-40.9)
	Asian/Pacific Islander	--	--	--	--	17.7 (8.2-34.1)
	Black	--	--	--	--	23.3 (13.6-36.8)
	Hispanic	24.3 (21.3-27.6)	23.6 (18.7-29.3)	30.0 (21.8-39.7)	37.7 (28.2-48.3)	28.9 (23.7-34.6)
	White	14.3 (9.4-21.0)	22.8 (17.9-28.7)	23.1 (14.6-34.4)	28.5 (20.3-38.5)	21.7 (17.4-26.8)
	Total	21.8 (19.2-24.6)	24.3 (20.7-28.3)	28.6 (23.1-34.8)	34.7 (27.5-42.6)	27.1 (23.6-31.0)
Total	American Indian	31.5 (24.8-39.2)	34.5 (26.1-44.0)	36.1 (28.9-43.8)	37.6 (26.4-50.2)	34.6 (28.5-41.2)
	Asian/Pacific Islander	--	18.1 (8.3-35.0)	19.2 (9.3-35.5)	--	19.7 (11.8-31.1)
	Black	27.5 (16.2-42.5)	19.6 (12.2-30.0)	--	--	29.1 (22.4-36.7)
	Hispanic	23.3 (20.4-26.3)	25.8 (21.6-30.6)	31.8 (25.8-38.5)	36.3 (28.7-44.6)	29.0 (25.0-33.4)
	White	17.0 (13.0-21.9)	23.0 (18.0-29.0)	24.6 (17.8-33.0)	24.4 (15.5-36.2)	22.1 (17.5-27.5)
	Total	22.5 (19.8-25.6)	25.6 (22.0-29.5)	29.4 (25.1-34.3)	32.7 (25.8-40.5)	27.3 (24.1-30.8)

Source: YRRS (NM); NMDOH Survey Section (NOTE: "95% CI" is 95% confidence interval)

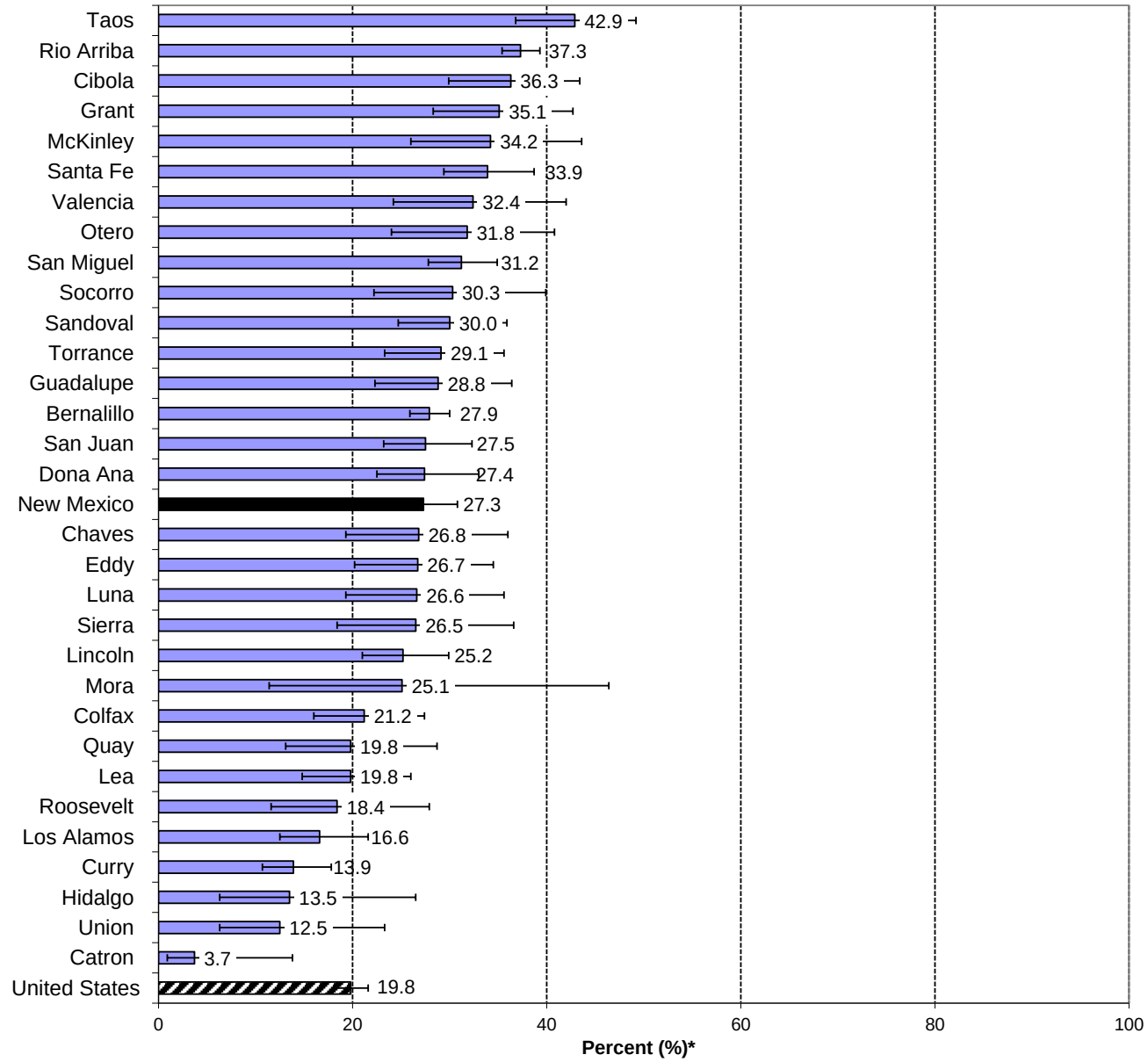
YOUTH CURRENT MARIJUANA USE (continued)

Chart 2: Current Marijuana Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017



Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

Chart 3: Current Marijuana Use* by County, Grades 9 - 12, New Mexico, 2017



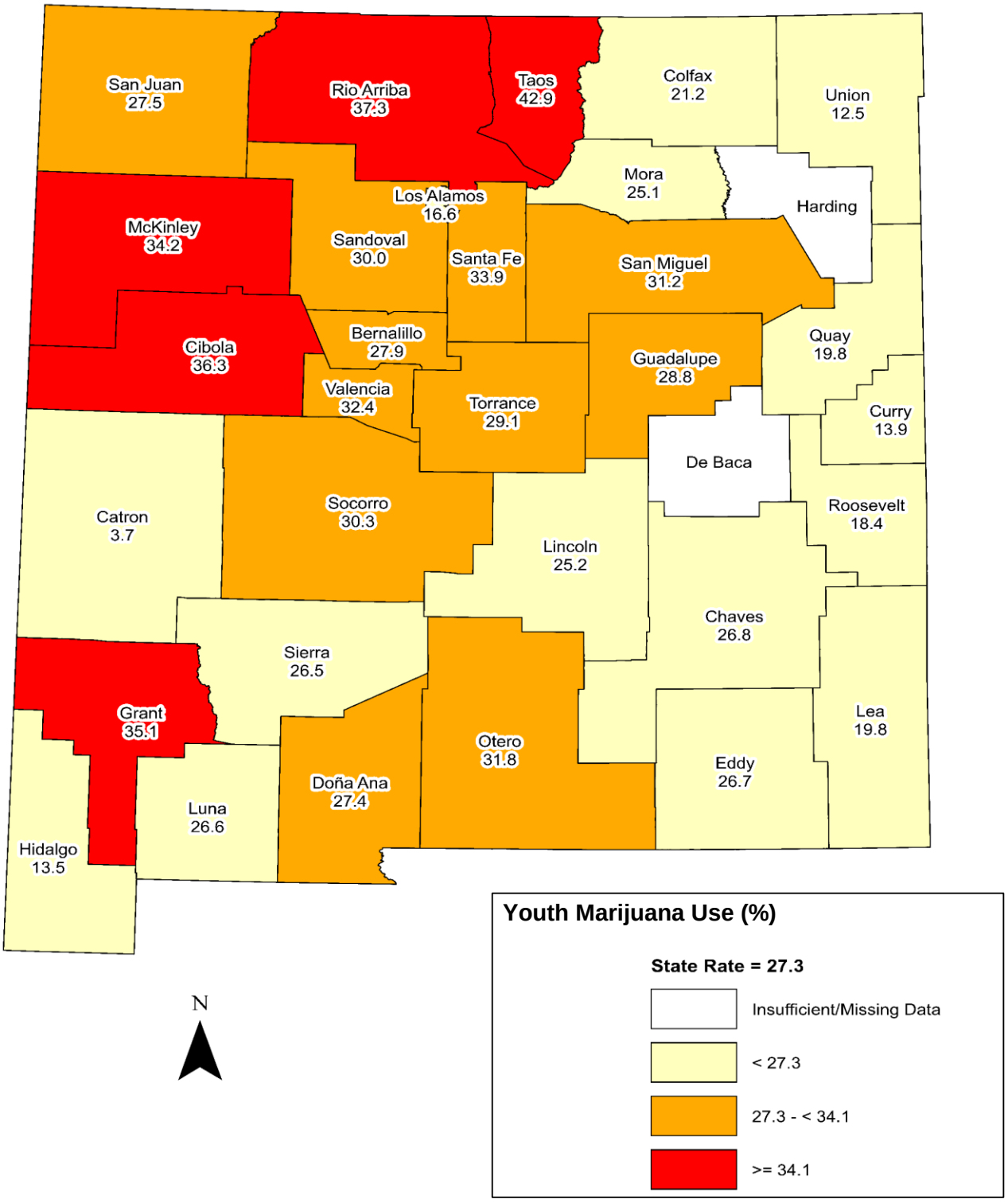
* Estimate of percent of high school students who reported marijuana use at least once in past 30 days

De Baca and Harding County estimates not available due to low numbers and/or low response rates.

Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

YOUTH CURRENT MARIJUANA USE (continued)

Chart 4: Current Marijuana Use* by County, Grades 9 - 12, New Mexico, 2017



* Estimate of percent of high school students who reported marijuana use at least once in past 30 days

Insufficient Data: County estimates not available because of low numbers and/or low response rates

Source: YRRS (NM); NMDOH Survey Section; SAES

YOUTH CURRENT COCAINE USE

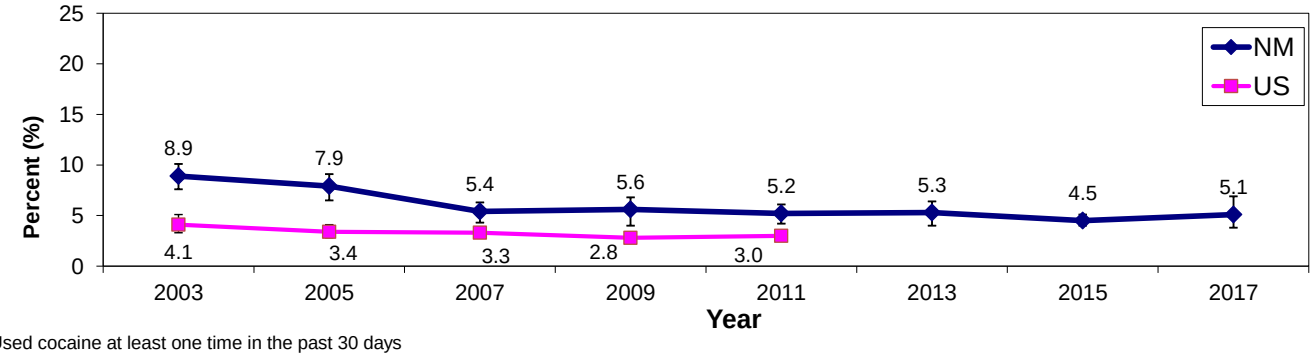
Problem Statement

The New Mexico rate of current cocaine use by youth decreased from 2003 (8.9%) to 2007 (5.4%). The US rate decreased from 4.1% in 2003 to 2.8% in 2009 and did not significantly change from 2009 to 2011. The New Mexico rate in 2017 (5.1%) was higher than the last available US rate (3.0% in 2011) and has been consistently higher than the US rate since 2003.

The difference in the rate between males (6.8%) and females (3.3%) was statistically significant. The rate of current cocaine use generally increased in prevalence with increasing grade levels. Asian/Pacific Islander (9.4%) and Black (8.5%) students had higher rates of current cocaine use than Hispanic (5.8%), American Indian (5.1%), or White (3.4%) students. Differences between racial/ethnic groups were not statistically significant.

In 2017, the rate of past 30-day cocaine use was highest in Sierra (9.9%), Rio Arriba (9.4%), Luna (7.6%), Valencia (7.5%), and Grant (7.2%) counties. The rate was lowest in Catron (0.0%), Hidalgo (0.7%), Union (0.7%), Curry (0.8%), Quay (0.8%), and Los Alamos (1.6%) counties.

Chart 1: Current Cocaine Use* by Year, Grades 9 - 12, New Mexico and US, 2003-2017



* Used cocaine at least one time in the past 30 days

Source: YRRS (NM); CDC YRBS (US); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

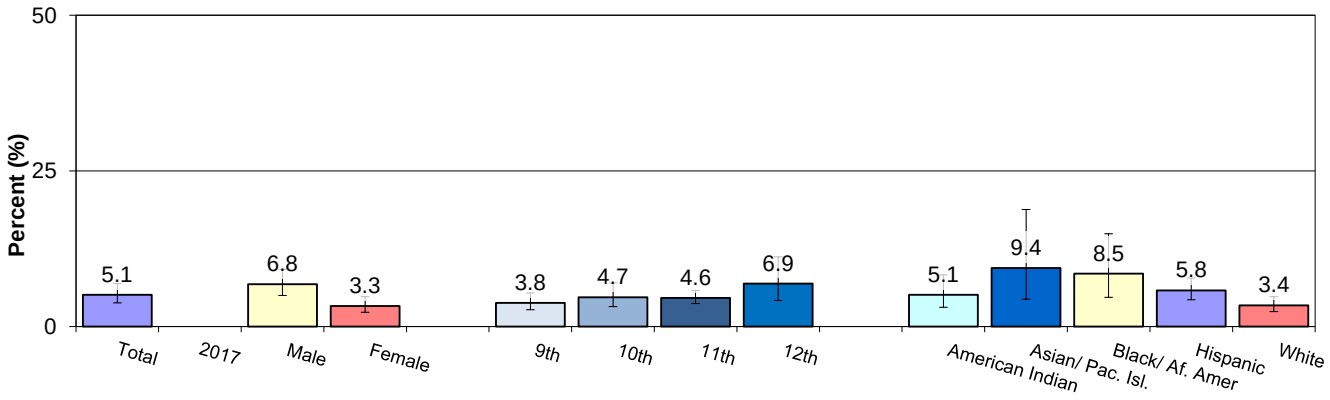
Table 1: Current Cocaine Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	2.1 (0.8-5.6)	7.8 (2.5-22.0)	2.5 (0.5-11.6)	6.6 (1.9-20.3)	4.5 (2.9-6.9)
	Asian/Pacific Islander	--	--	--	--	11.6 (4.6-26.3)
	Black	--	--	--	--	12.9 (7.2-22.1)
	Hispanic	6.4 (4.0-10.0)	8.8 (5.8-13.2)	7.1 (4.6-10.9)	11.2 (6.8-17.8)	8.5 (6.3-11.3)
	White	3.6 (1.4-9.1)	2.7 (1.2-5.8)	3.4 (1.7-6.7)	7.0 (3.2-14.4)	4.1 (2.7-6.1)
	Total	5.1 (3.3-7.7)	6.9 (4.4-10.6)	5.9 (4.5-7.6)	9.5 (5.8-15.1)	6.8 (5.0-9.2)
Female	American Indian	5.6 (1.7-17.0)	7.8 (2.9-19.1)	3.6 (0.8-15.0)	3.7 (1.8-7.5)	5.2 (2.7-9.9)
	Asian/Pacific Islander	--	--	--	--	6.3 (3.0-12.6)
	Black	--	--	--	--	1.4 (0.3-7.0)
	Hispanic	0.9 (0.3-2.6)	2.9 (1.3-6.1)	3.1 (1.7-5.7)	4.7 (1.8-11.4)	3.3 (1.9-5.7)
	White	2.2 (0.6-7.4)	0.5 (0.1-4.0)	3.9 (2.3-6.5)	4.6 (1.6-12.2)	2.7 (1.5-4.7)
	Total	2.0 (1.3-3.2)	2.6 (1.5-4.5)	3.4 (2.3-4.9)	4.4 (2.1-9.0)	3.3 (2.3-4.8)
Total	American Indian	4.2 (1.8-9.4)	7.8 (3.1-18.6)	3.0 (1.1-7.9)	5.2 (2.7-9.9)	5.1 (3.1-8.3)
	Asian/Pacific Islander	--	8.9 (2.8-25.2)	12.3 (4.1-31.4)	--	9.4 (4.4-18.8)
	Black	8.3 (2.9-21.7)	5.5 (1.2-22.2)	--	--	8.5 (4.7-14.9)
	Hispanic	3.9 (2.5-6.1)	5.7 (4.0-8.1)	5.0 (3.7-6.6)	7.7 (4.5-12.8)	5.8 (4.3-7.8)
	White	2.9 (1.4-5.7)	1.6 (0.8-3.4)	3.6 (2.4-5.5)	5.8 (3.1-10.9)	3.4 (2.4-4.8)
	Total	3.8 (2.7-5.4)	4.7 (3.2-7.0)	4.6 (3.7-5.8)	6.9 (4.2-11.2)	5.1 (3.8-6.9)

Source: YRRS (NM); NMDOH Survey Section (NOTE: "95% CI" is 95% confidence interval)

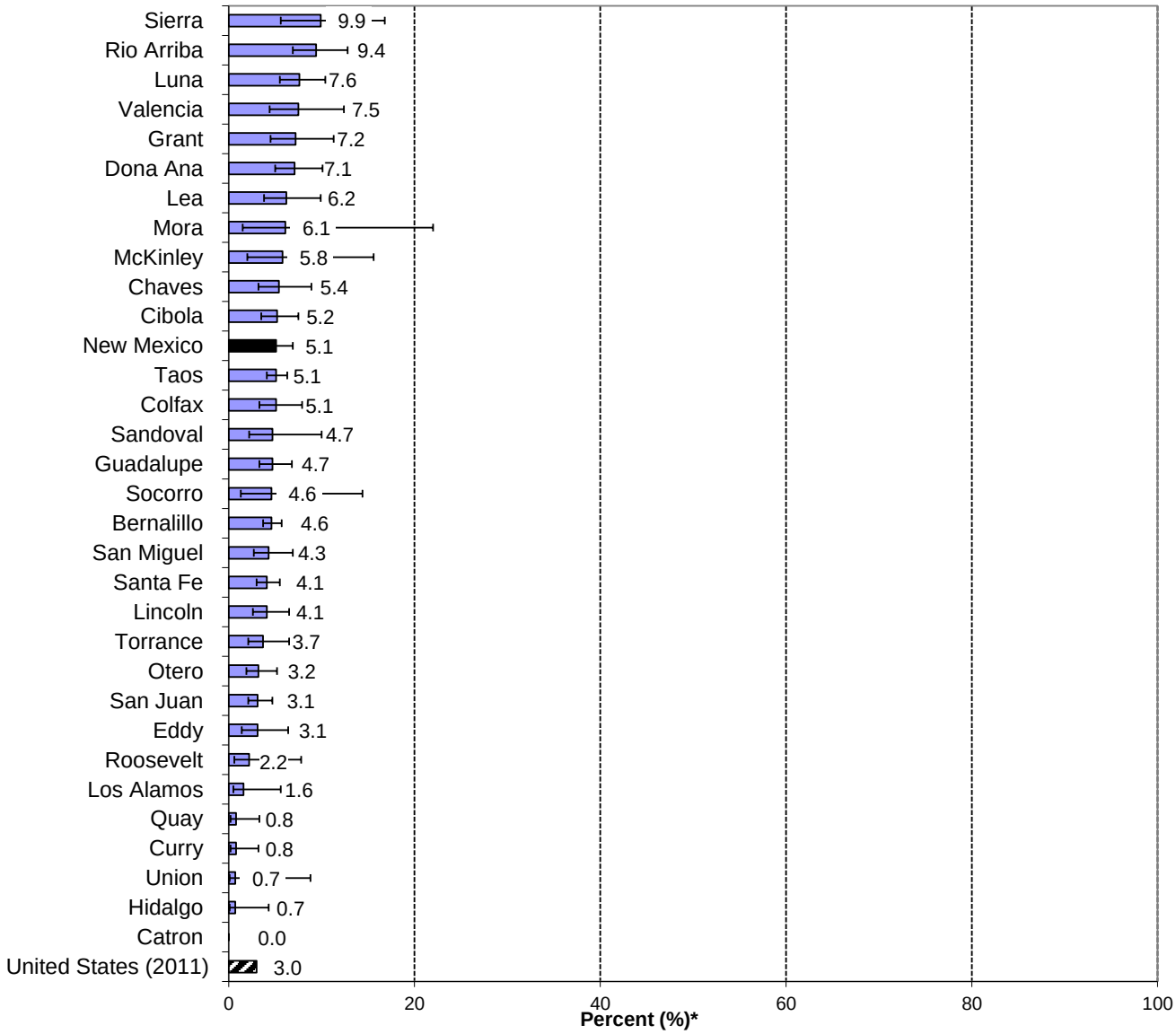
YOUTH CURRENT COCAINE USE (continued)

Chart 2: Current Cocaine Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017



Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

Chart 3: Current Cocaine Use* by County, Grades 9 - 12, New Mexico, 2017



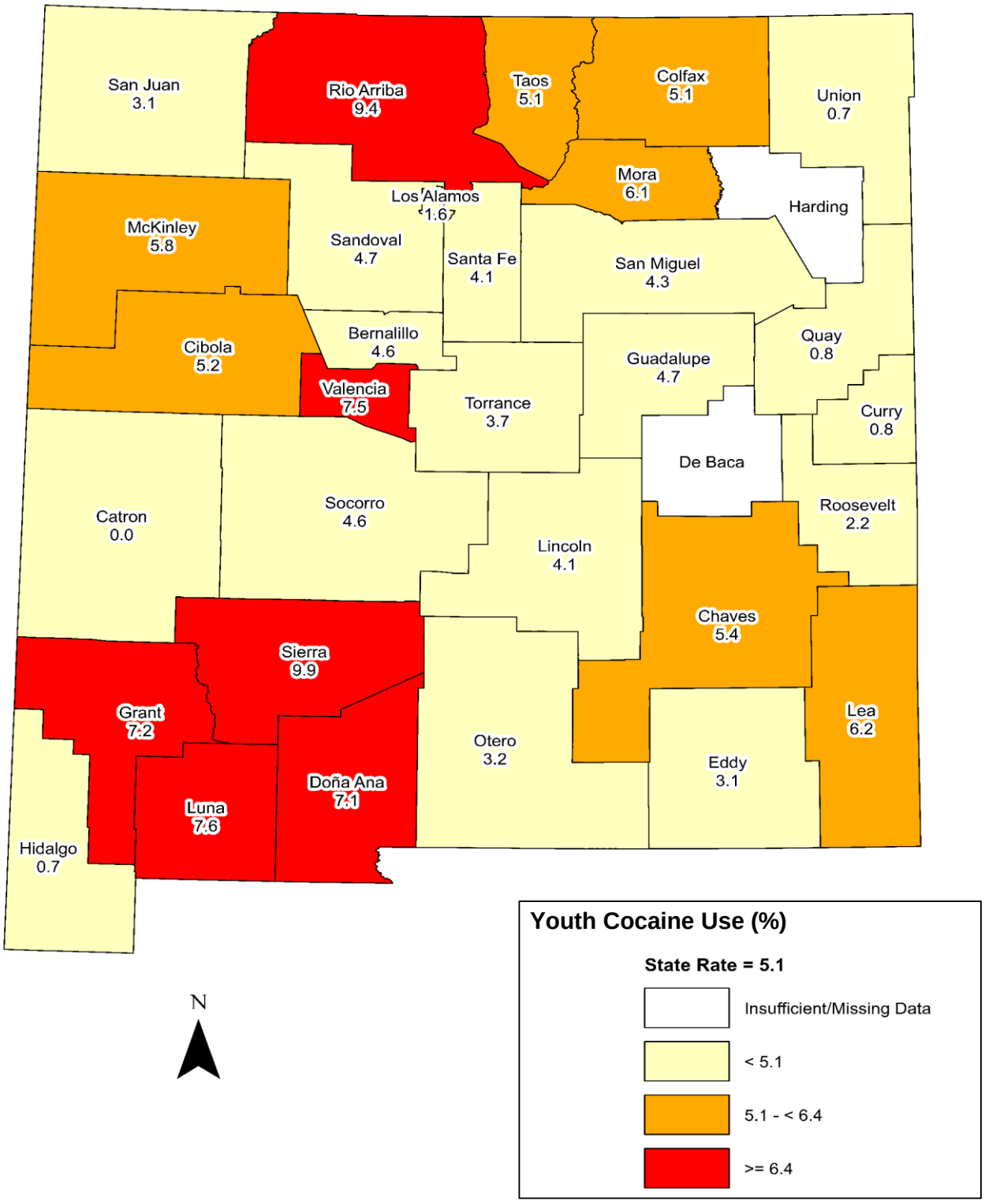
* Estimate of percent of high school students who reported cocaine use at least once in past 30 days

De Baca and Harding County estimates not available due tolow numbers and/or low response rates.

Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

YOUTH CURRENT COCAINE USE (continued)

Chart 4: Current Cocaine Use* by County, Grades 9 - 12, New Mexico, 2017



* Estimate of percent of high school students who reported cocaine use at least once in past 30 days

Insufficient Data: County estimates not available because of low numbers and/or low response rates

Source: YRRS (NM); NMDOH Survey Section; SAES

YOUTH USED PAINKILLER TO GET HIGH

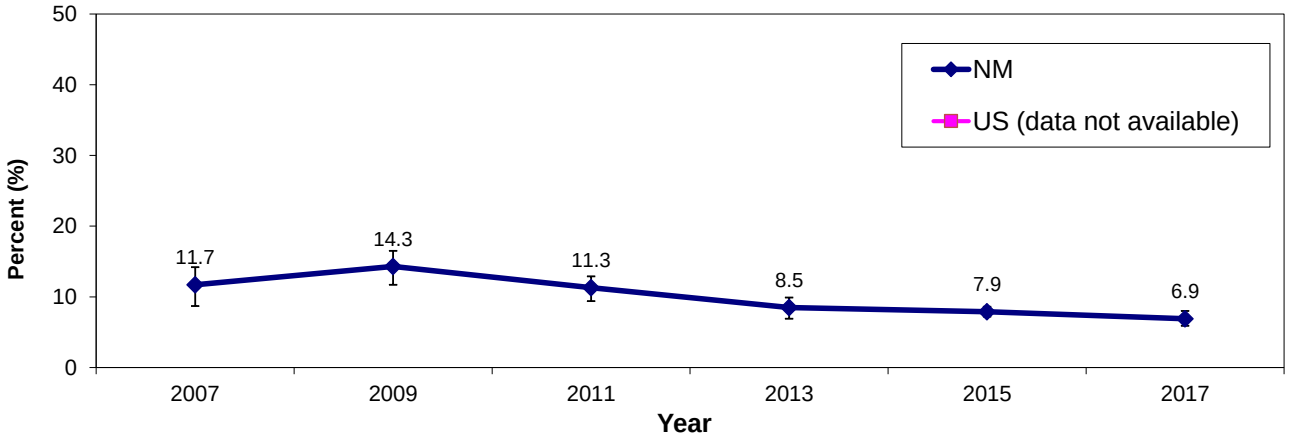
Problem Statement

The rate of current use of painkillers to get high has shown no noticeable trend since the measure was added to the YRRS survey questionnaire in 2007. Painkiller use to get high had the second highest prevalence (6.9%) of all 30-day drug use measures in the 2017 YRRS, behind marijuana (27.3%). The question about the use of painkillers to get high is not on the national YRBS, and there is no national comparison.

The rate of painkiller use to get high was higher among males (7.4%) than females (6.1%), but this difference is not statistically significant. The prevalence was higher among Asian/Pacific Islander (15.0%) and Black (11.1%) students than among American Indian (8.1), Hispanic (6.7%) and White (5.4%) students.

In 2017, the rate of painkiller use to get high was highest in Sierra (12.9%), Rio Arriba (10.2%), and Chaves (10.0%) counties. The rate was lowest in Quay (1.4%), Hidalgo (1.6%), and Roosevelt (2.1%) counties.

Chart 1: Used Painkiller to Get High* by Year, Grades 9 - 12, New Mexico, 2007-2017



* Used a painkiller (such as Vicodin, OxyContin, or Percocet) to get high at least one time in the past 30 days

Source: YRRS (NM); CDC YRBS (US); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

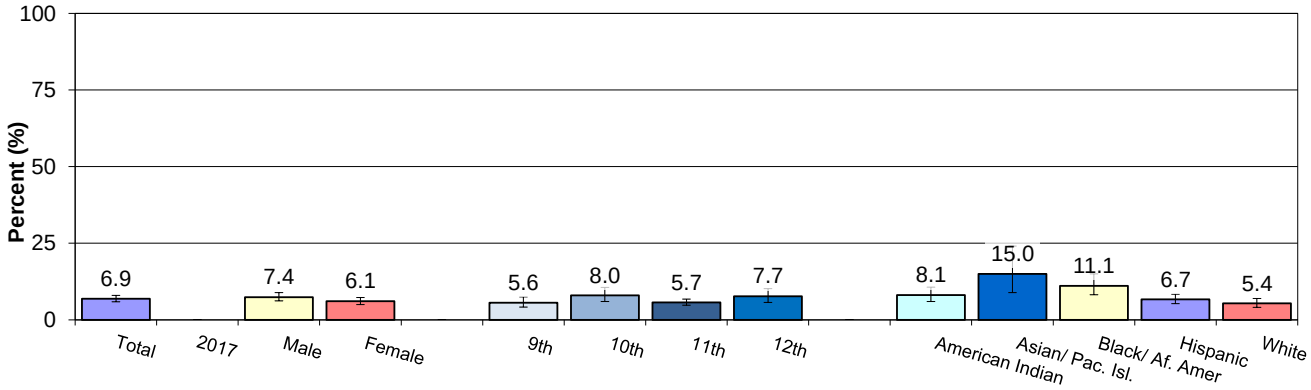
Table 1: Used Painkiller to Get High, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	7.9 (4.1-14.7)	7.6 (4.2-13.4)	4.4 (1.9-10.0)	5.5 (2.0-14.2)	6.6 (4.1-10.6)
	Asian/Pacific Islander	--	--	--	--	17.9 (9.9-30.1)
	Black	--	--	--	--	13.9 (9.5-19.9)
	Hispanic	5.0 (2.6-9.4)	10.8 (7.8-14.8)	6.1 (3.7-9.8)	11.5 (8.6-15.3)	8.3 (6.6-10.2)
	White	3.4 (1.2-9.5)	6.5 (3.6-11.6)	4.3 (2.2-8.5)	4.8 (1.9-11.5)	4.7 (3.1-7.2)
	Total	5.7 (3.5-9.2)	9.0 (6.7-12.0)	5.7 (4.2-7.7)	9.8 (7.1-13.3)	7.4 (6.2-8.9)
Female	American Indian	9.2 (4.7-17.1)	14.9 (5.6-33.9)	6.8 (3.8-11.9)	5.7 (3.6-8.9)	9.2 (6.7-12.5)
	Asian/Pacific Islander	--	--	--	--	11.0 (5.9-19.8)
	Black	--	--	--	--	6.1 (2.6-13.5)
	Hispanic	2.5 (1.6-3.8)	7.1 (4.8-10.3)	5.0 (3.2-7.5)	5.1 (2.3-10.8)	5.2 (3.8-7.2)
	White	7.6 (4.6-12.3)	4.7 (2.7-8.0)	5.9 (2.9-11.4)	5.8 (2.7-12.1)	6.1 (4.4-8.2)
	Total	5.2 (4.1-6.5)	7.1 (5.0-9.8)	5.7 (4.1-8.0)	5.5 (3.2-9.3)	6.1 (5.0-7.3)
Total	American Indian	9.0 (5.4-14.6)	10.9 (5.0-22.1)	5.5 (3.4-8.8)	5.6 (3.2-9.7)	8.1 (6.0-10.7)
	Asian/Pacific Islander	--	12.6 (5.5-26.5)	11.2 (5.7-20.9)	--	15.0 (8.9-24.1)
	Black	9.8 (4.3-21.0)	4.1 (1.9-8.5)	--	--	11.1 (8.2-15.0)
	Hispanic	4.0 (2.3-6.7)	8.9 (6.4-12.1)	5.5 (3.9-7.6)	8.1 (6.1-10.6)	6.7 (5.3-8.4)
	White	5.5 (3.5-8.7)	5.6 (3.3-9.3)	5.1 (3.2-8.1)	5.3 (2.8-9.8)	5.4 (4.1-7.0)
	Total	5.6 (4.2-7.5)	8.0 (6.0-10.6)	5.7 (4.8-6.8)	7.7 (5.7-10.2)	6.9 (5.9-8.0)

Source: YRRS (NM); NMDOH Survey Section (NOTE: "95% CI" is 95% confidence interval)

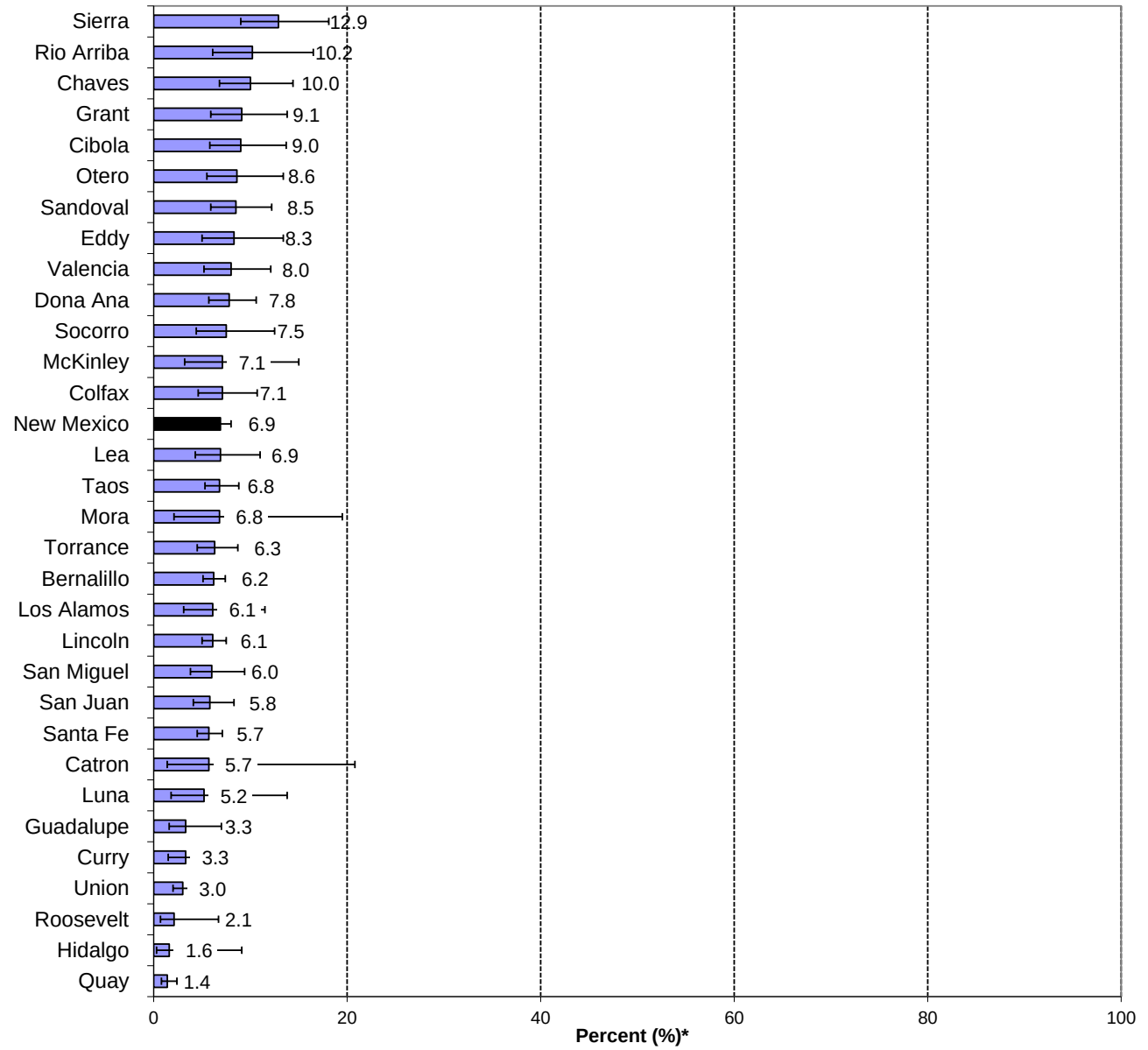
YOUTH USED PAINKILLER TO GET HIGH (continued)

Chart 2: Used Painkiller to Get High, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017



Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

Chart 3: Used Painkiller to Get High* by County, Grades 9 - 12, New Mexico, 2017



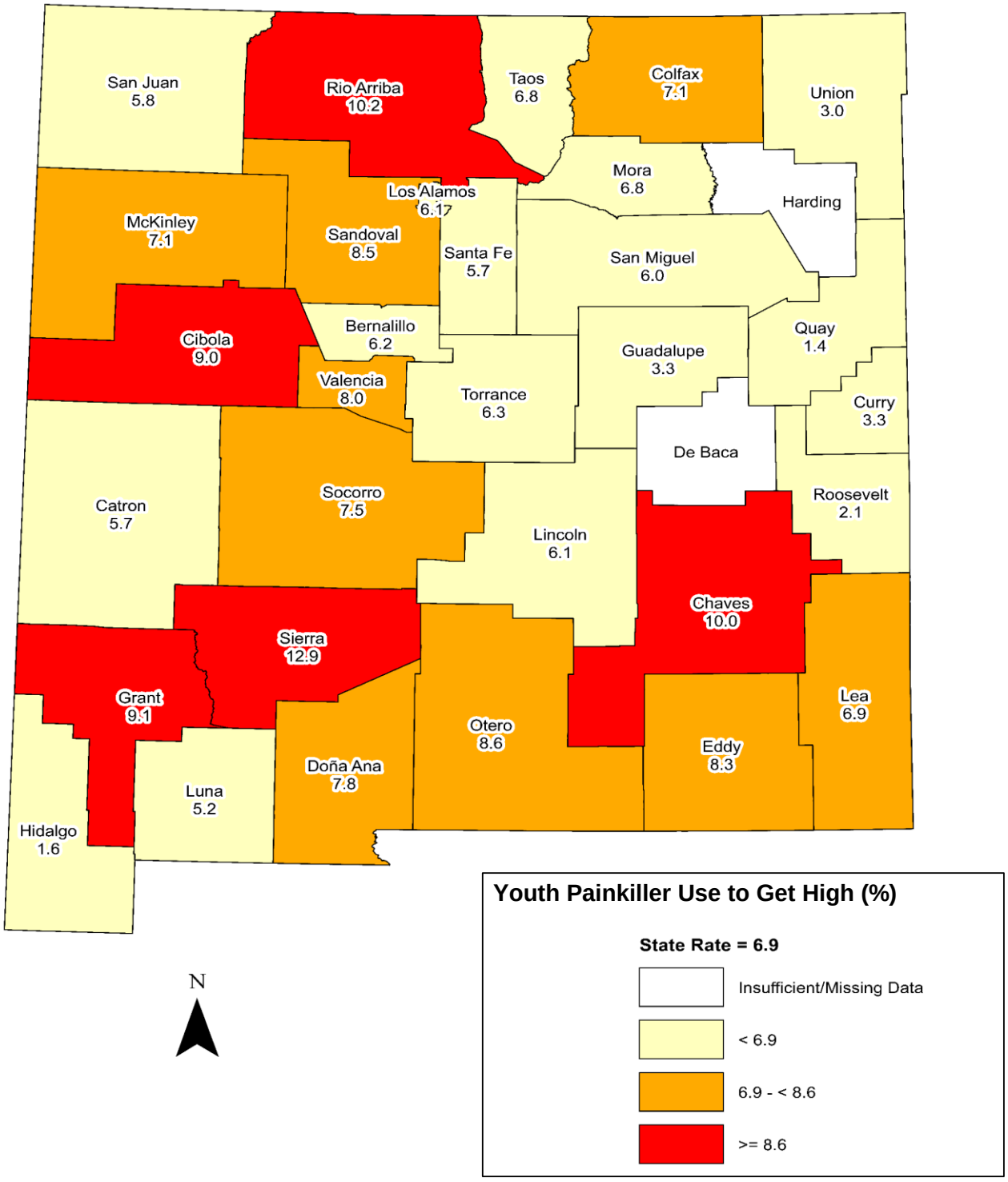
* Estimate of percent of high school students who reported pain killer use to get high at least once in past 30 days

De Baca and Harding County estimates not available due to low numbers and/or low response rates.

Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

YOUTH USED PAINKILLER TO GET HIGH (continued)

Chart 4: Used Painkiller to Get High* by County, Grades 9 - 12, New Mexico, 2017



* Estimate of percent of high school students who reported pain killer use to get high at least once in past 30 days

Insufficient Data: County estimates not available because of low numbers and/or low response rates

Source: YRRS (NM); NMDOH Survey Section; SAES

YOUTH HEROIN USE

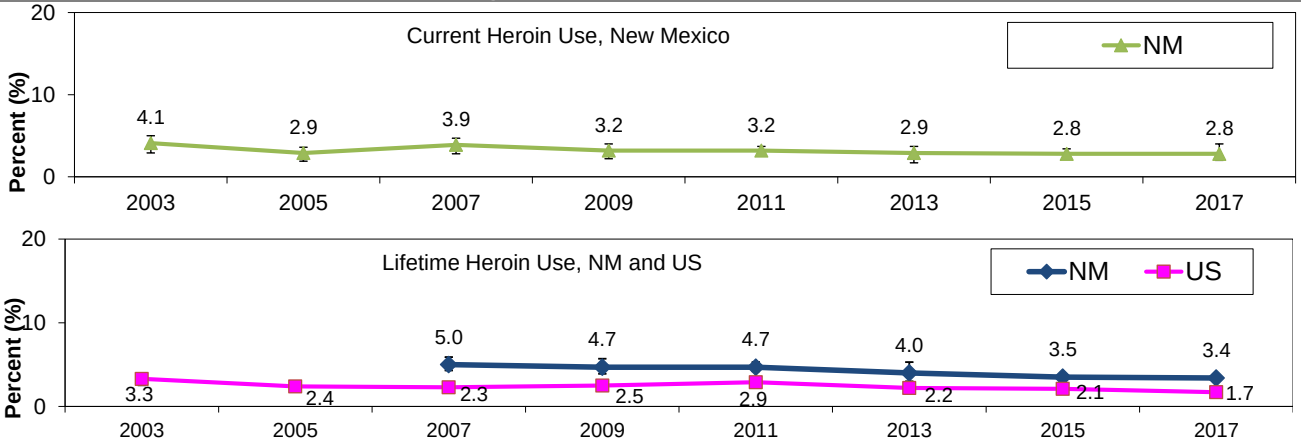
Problem Statement

The rate of lifetime heroin use by youth has not significantly varied in recent years, neither in New Mexico nor the US. The New Mexico rate for lifetime heroin use has been consistently higher than the US rate. This remained true in 2017, with a rate of 3.4% for New Mexico and 1.7% for the US. For current heroin use, there is no apparent trend in the New Mexico rate. There is no national comparison for current heroin use.

Asian/Pacific Islander (6.4%) and Black (6.0%) students were more likely to be current heroin users than Hispanic (3.1%), American Indian (2.9%), or White (1.8%) students. The prevalence of current heroin use was not associated with grade level. Males were more likely to report current heroin use (3.6%) than females (1.9%); this difference was not statistically significant.

In 2017, the highest rates for lifetime heroin use were in Sierra (6.0%), Valencia (5.5%), Rio Arriba (5.4%), and Grant (5.1%) counties and the lowest in Catron (0.0%), Union (0.0%), and Curry (0.0%) counties.

Chart 1: Heroin Use*, Current and Lifetime, by Year, Grades 9 - 12, New Mexico and US, 2003-2017



* Current use: Used at least once in the past 30 days; Lifetime use: Ever used in lifetime

Source: YRRS (NM); CDC YRBS (US); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

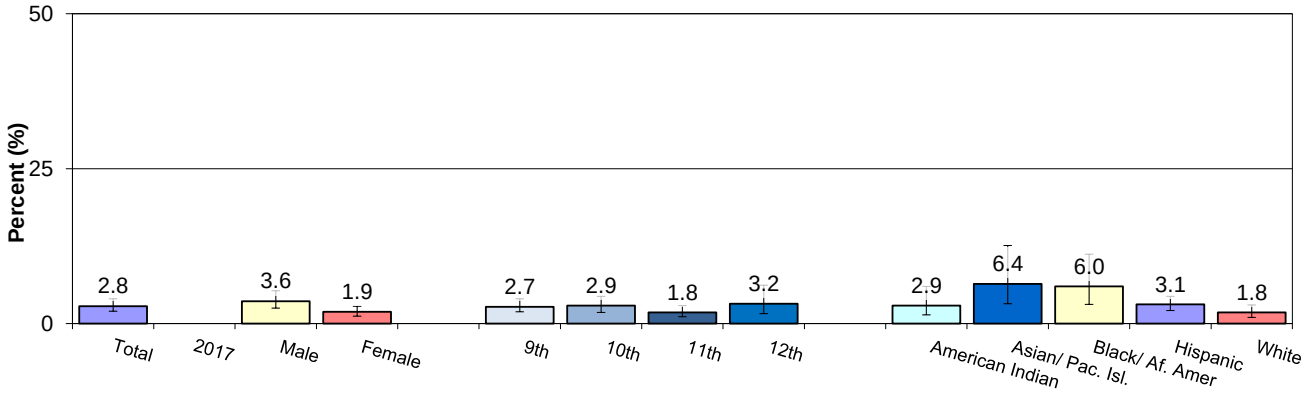
Table 1: Current Heroin Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	1.7 (0.5-5.5)	2.9 (0.5-15.5)	0.0 (.-.)	2.8 (0.7-10.1)	1.9 (1.0-3.4)
	Asian/Pacific Islander	--	--	--	--	7.3 (2.8-17.8)
	Black	--	--	--	--	9.2 (4.9-16.7)
	Hispanic	3.9 (2.3-6.6)	5.1 (3.0-8.6)	2.2 (1.2-4.2)	5.1 (2.3-11.1)	4.2 (2.9-6.1)
	White	1.7 (0.4-6.7)	2.8 (1.1-6.8)	2.2 (0.9-5.5)	3.3 (1.1-9.5)	2.5 (1.3-4.7)
	Total	3.5 (2.0-6.0)	4.1 (2.7-6.2)	2.6 (1.5-4.4)	4.3 (2.2-8.2)	3.6 (2.5-5.3)
Female	American Indian	5.5 (1.5-17.7)	4.9 (0.9-21.6)	0.3 (0.0-1.8)	2.5 (0.6-10.7)	3.5 (1.4-8.5)
	Asian/Pacific Islander	--	--	--	--	5.2 (2.2-11.5)
	Black	--	--	--	--	0.4 (0.0-2.7)
	Hispanic	0.9 (0.3-3.2)	1.9 (0.9-3.9)	0.5 (0.1-1.9)	2.7 (0.8-8.6)	1.9 (1.1-3.5)
	White	1.1 (0.3-3.6)	0.0 (.-.)	1.8 (0.7-4.7)	1.2 (0.3-4.9)	1.0 (0.5-2.2)
	Total	1.6 (0.9-2.7)	1.6 (0.8-3.3)	1.0 (0.5-1.9)	2.1 (0.8-5.2)	1.9 (1.2-2.8)
Total	American Indian	4.0 (1.6-9.4)	3.8 (0.7-17.5)	0.1 (0.0-0.9)	2.6 (0.8-8.4)	2.9 (1.4-6.0)
	Asian/Pacific Islander	--	6.4 (1.7-21.7)	9.3 (2.5-29.6)	--	6.4 (3.2-12.6)
	Black	7.8 (2.6-21.5)	2.2 (0.3-15.8)	--	--	6.0 (3.1-11.2)
	Hispanic	2.6 (1.8-3.9)	3.4 (2.1-5.5)	1.3 (0.6-2.6)	3.8 (1.6-8.8)	3.1 (2.1-4.4)
	White	1.4 (0.5-3.7)	1.4 (0.6-3.6)	2.0 (1.0-4.2)	2.3 (1.0-5.3)	1.8 (1.0-3.0)
	Total	2.7 (1.9-4.0)	2.9 (1.8-4.4)	1.8 (1.1-2.9)	3.2 (1.6-6.2)	2.8 (2.0-4.0)

Source: YRRS (NM); NMDOH Survey Section (NOTE: "95% CI" is 95% confidence interval, 95% CIs are not calculated for zero rates)

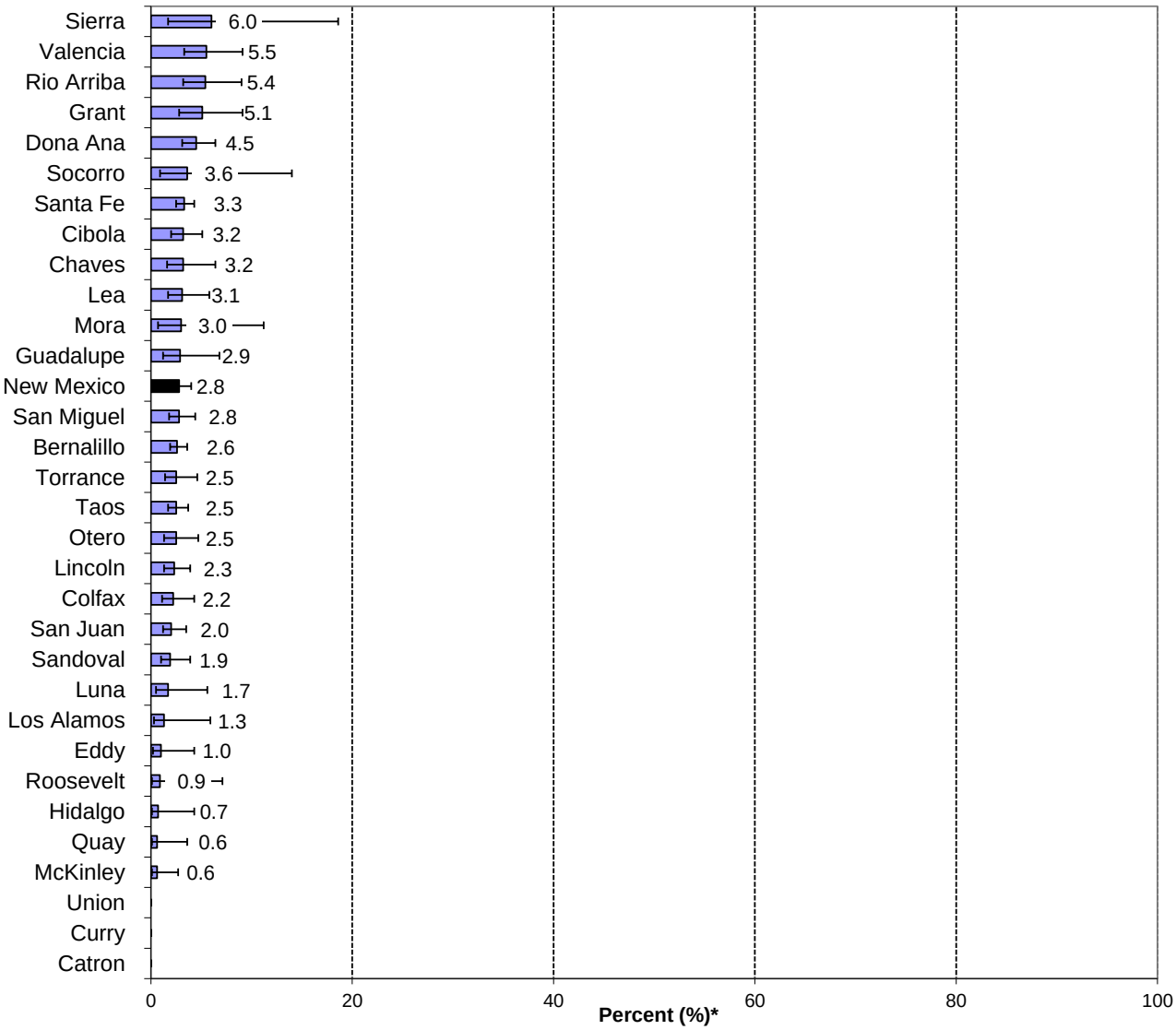
YOUTH HEROIN USE (continued)

Chart 2: Current Heroin Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017



Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

Chart 3: Current Heroin Use* by County, Grades 9 - 12, New Mexico, 2017



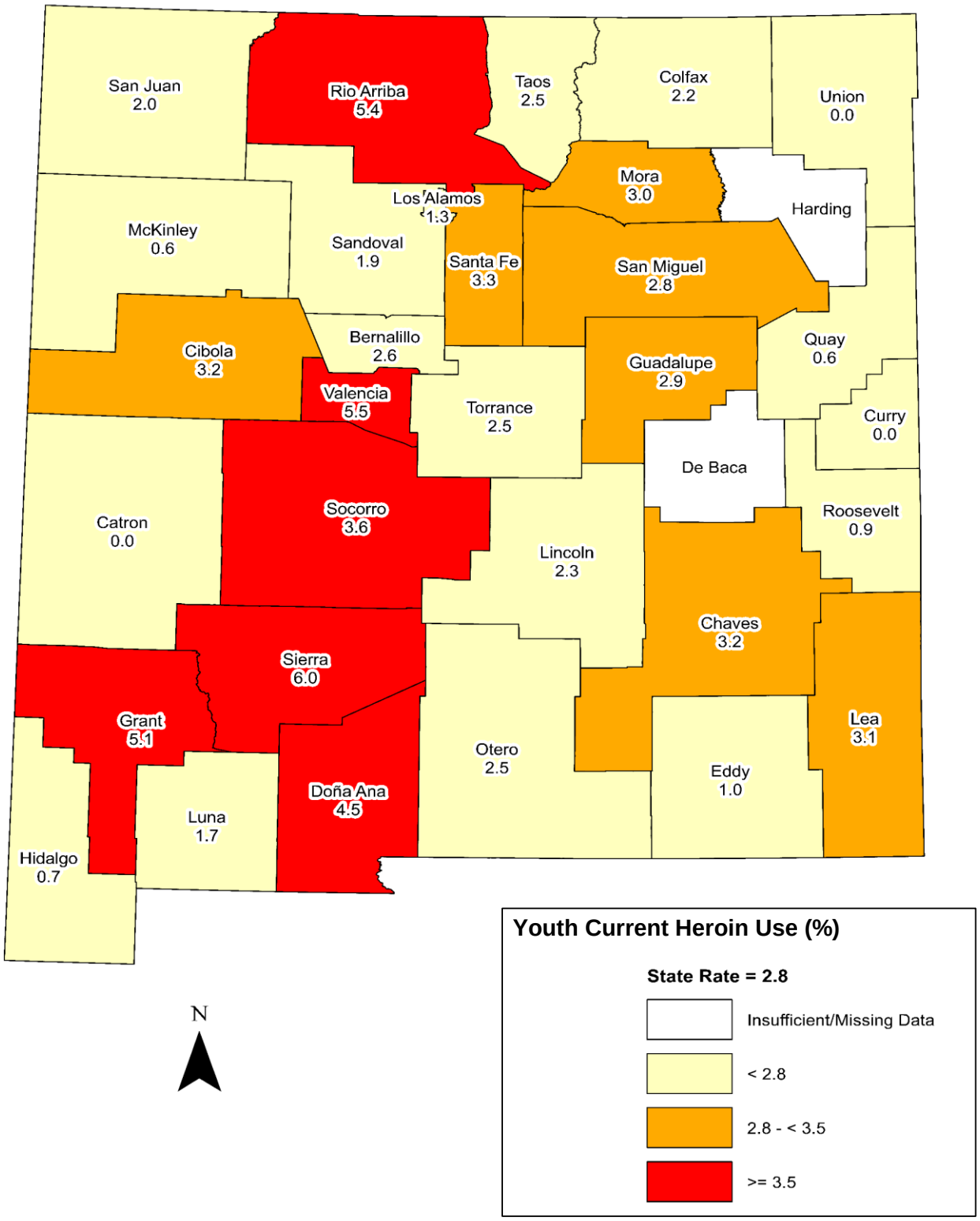
* Estimate of percent of high school students who reported heroin use at least once in the past 30 days

De Baca and Harding County estimates not available due to low numbers and/or low response rates.

Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

YOUTH HEROIN USE (continued)

Chart 4: Current Heroin Use* by County, Grades 9 - 12, New Mexico, 2017



* Estimate of percent of high school students who reported heroin use at least once in the past 30 days

Insufficient Data: County estimates not available because of low numbers and/or low response rates

Source: YRRS (NM); NMDOH Survey Section; SAES

YOUTH METHAMPHETAMINE USE

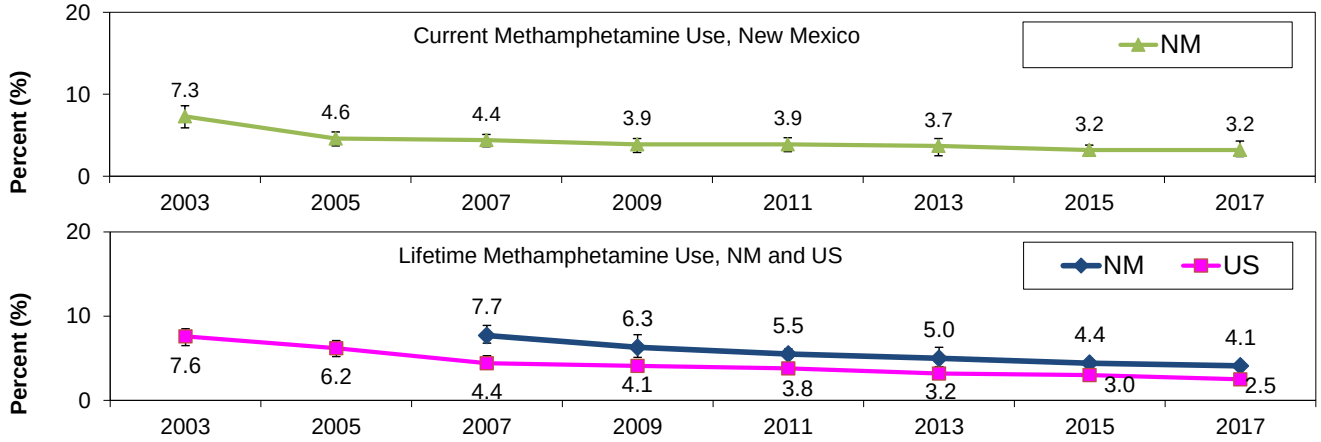
Problem Statement

New Mexico's rate of lifetime methamphetamine use decreased from 7.7% in 2007 to 4.1% in 2017. The US rate decreased from 1999 (9.1%, not shown) to 2017 (2.5%). The New Mexico rate for lifetime methamphetamine use has been consistently higher than the US rate. This remained true in 2017. For current methamphetamine use, New Mexico prevalence decreased from 7.3% in 2003 to 4.6% in 2005, but there has been no statistically significant change since then. There is no national comparison for current methamphetamine use.

Asian/Pacific Islander (6.3%) and Black (5.3%) students were more likely to be current methamphetamine users than Hispanic (3.4%), American Indian (3.5%), or White (2.3%) students. Prevalence of current methamphetamine use was not associated with grade level. Males were more likely to report current methamphetamine use (4.3%) than females (1.9%).

In 2017, the highest rates of current methamphetamine use were in Sierra (7.5%), Grant (6.3%), Rio Arriba (6.0%), and Valencia (5.9%) counties, and the lowest rates were in Catron (0.0%), Union (0.0%), Quay (0.6%), and Hidalgo (0.7%) counties.

Chart 1: Methamphetamine Use*, Current and Lifetime, by Year, Grades 9 - 12, New Mexico and US, 2003-2017



* Current use: Used at least once in the past 30 days; Lifetime use: Ever used in lifetime

Source: YRRS (NM); CDC YRBS (US); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

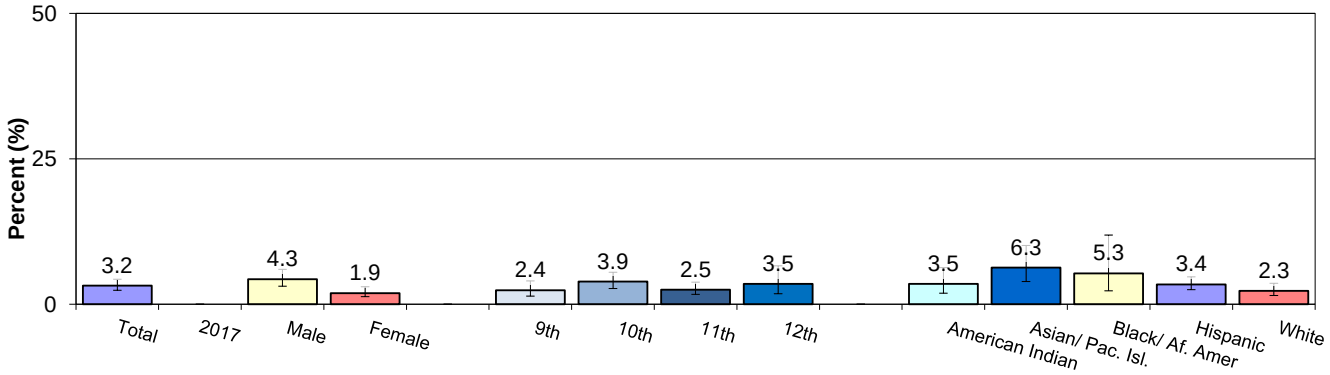
Table 1: Current Methamphetamine Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	1.4 (0.5-4.1)	5.3 (1.9-13.9)	3.7 (1.2-11.4)	2.8 (0.7-10.0)	3.2 (2.0-4.9)
	Asian/Pacific Islander	--	--	--	--	6.9 (3.3-13.9)
	Black	--	--	--	--	8.2 (3.4-18.6)
	Hispanic	3.9 (1.8-8.5)	6.5 (4.3-9.6)	3.2 (1.4-7.3)	5.0 (2.6-9.3)	4.8 (3.3-7.0)
	White	1.3 (0.3-6.6)	4.0 (2.6-6.2)	2.9 (1.5-5.3)	5.6 (1.9-15.3)	3.4 (2.1-5.4)
	Total	3.0 (1.4-6.5)	5.6 (4.0-7.8)	3.7 (2.5-5.7)	4.9 (2.5-9.2)	4.3 (3.1-6.0)
Female	American Indian	4.9 (1.2-17.7)	4.9 (1.0-21.7)	0.0 (.-.)	2.5 (0.5-10.6)	3.2 (1.2-8.4)
	Asian/Pacific Islander	--	--	--	--	5.5 (2.2-13.0)
	Black	--	--	--	--	0
	Hispanic	0.3 (0.0-2.7)	2.3 (1.1-4.8)	1.1 (0.3-4.0)	3.1 (1.1-7.9)	2.0 (1.1-3.7)
	White	1.5 (0.4-4.7)	0.5 (0.1-3.7)	2.0 (0.9-4.1)	0.6 (0.1-4.6)	1.2 (0.5-2.6)
	Total	1.3 (0.6-2.9)	2.1 (1.2-3.8)	1.3 (0.7-2.5)	2.1 (0.9-5.2)	1.9 (1.3-3.0)
Total	American Indian	3.5 (1.4-8.9)	5.1 (1.5-15.8)	1.9 (0.6-6.2)	2.6 (0.8-8.4)	3.5 (1.9-6.3)
	Asian/Pacific Islander	--	5.8 (3.2-10.5)	9.5 (3.5-23.2)	--	6.3 (3.9-10.1)
	Black	5.5 (1.2-21.2)	5.6 (1.2-22.4)	--	--	5.3 (2.3-11.9)
	Hispanic	2.4 (1.1-4.9)	4.3 (2.8-6.4)	2.1 (1.0-4.2)	3.9 (2.2-6.9)	3.4 (2.5-4.7)
	White	1.4 (0.5-3.8)	2.3 (1.6-3.3)	2.4 (1.5-3.8)	3.3 (1.3-8.4)	2.3 (1.5-3.6)
	Total	2.4 (1.4-4.0)	3.9 (2.7-5.5)	2.5 (1.7-3.8)	3.5 (1.8-6.6)	3.2 (2.4-4.3)

Source: YRRS (NM); NMDOH Survey Section (NOTE: "95% CI" is 95% confidence interval, 95% CIs are not calculated for zero rates)

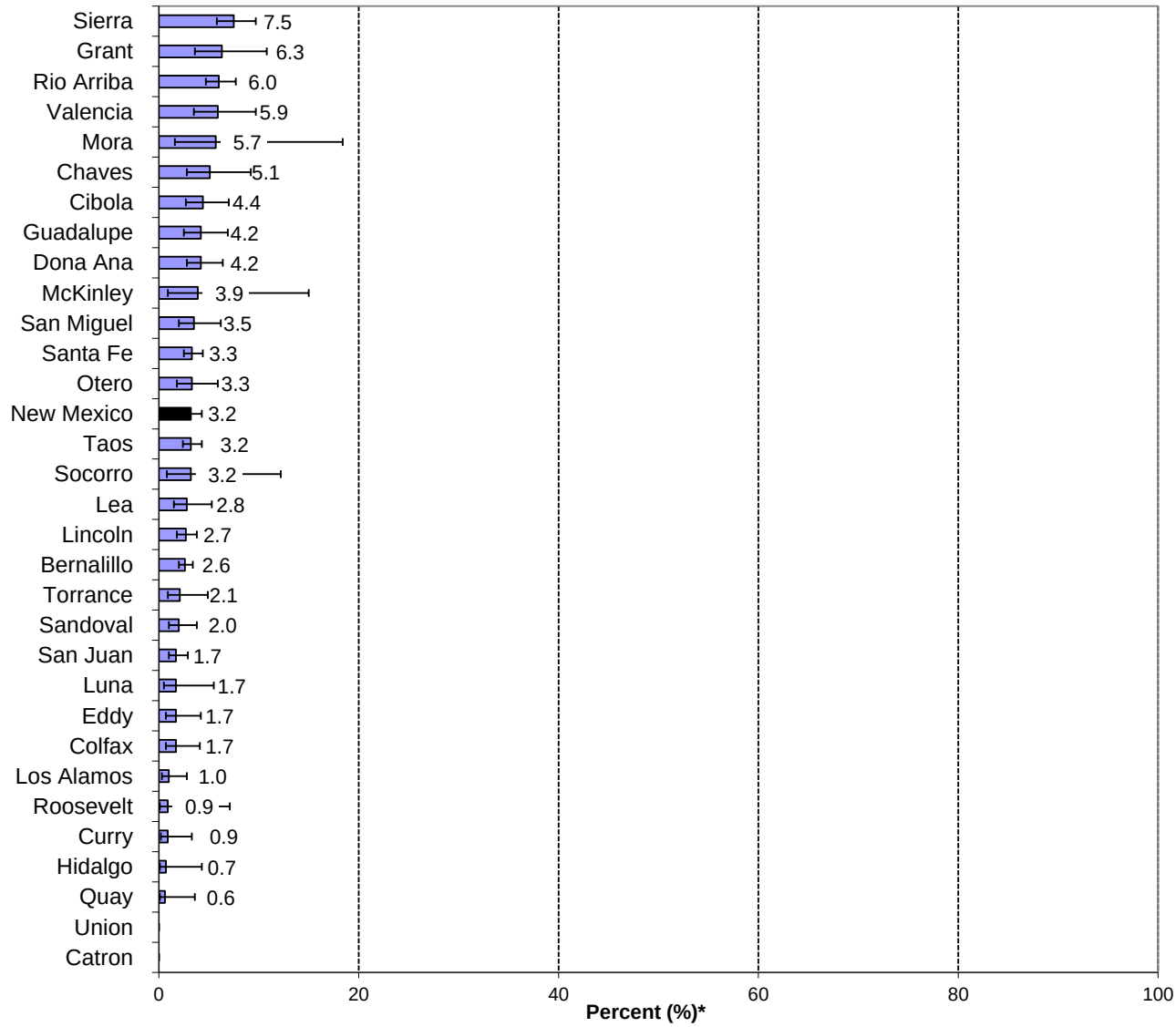
YOUTH METHAMPHETAMINE USE (continued)

Chart 2: Current Methamphetamine Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017



Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

Chart 3: Current Methamphetamine Use* by County, Grades 9 - 12, New Mexico, 2017



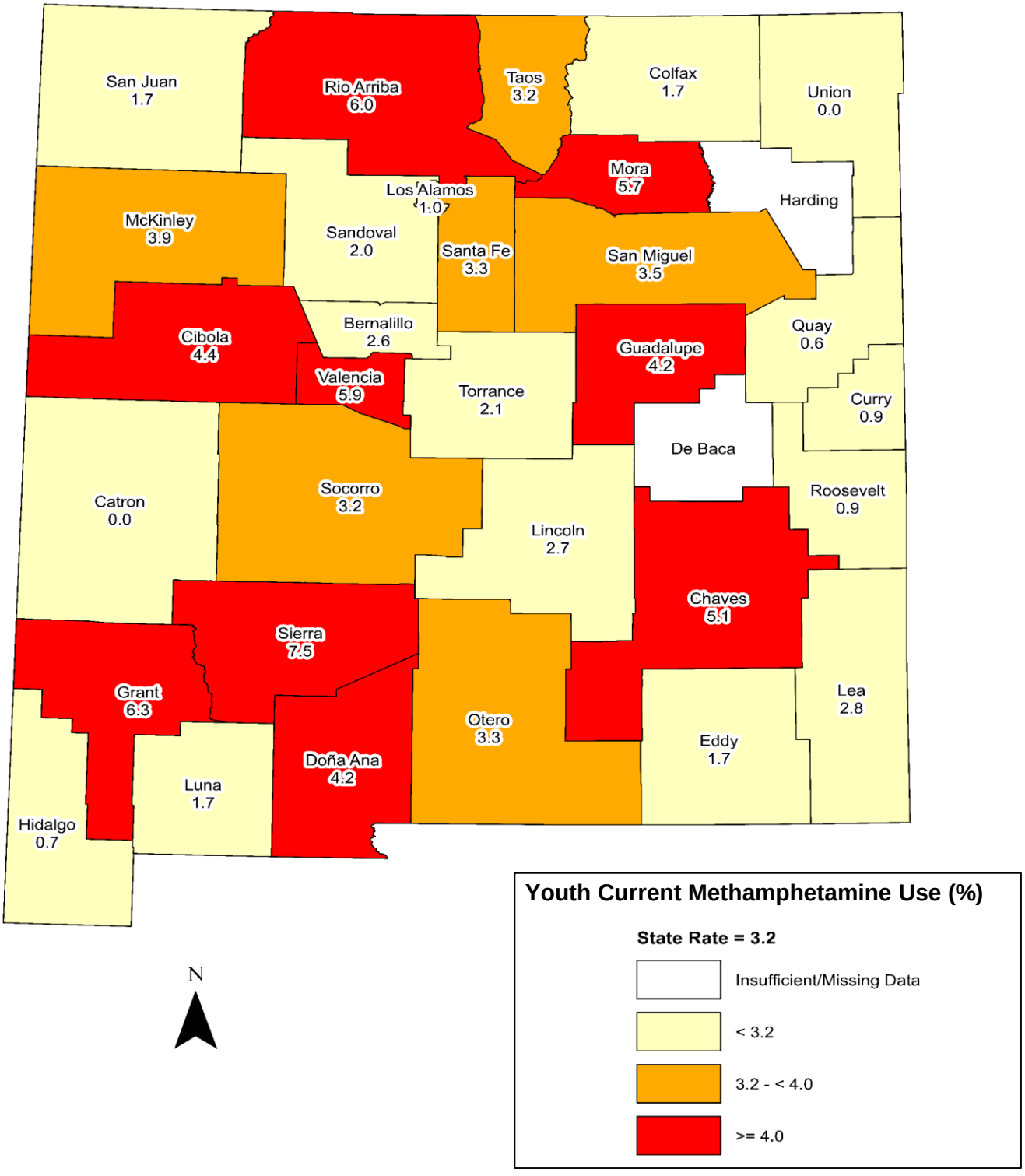
* Estimate of percent of high school students who reported methamphetamine use at least once in the past 30 days

De Baca and Harding County estimates not available due to low numbers and/or low response rates.

Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

YOUTH METHAMPHETAMINE USE (continued)

Chart 4: Current Methamphetamine Use* by County, Grades 9 - 12, New Mexico, 2017



* Estimate of percent of high school students who reported methamphetamine use at least once in the past 30 days

Insufficient Data: County estimates not available because of low numbers and/or low response rates

Source: YRRS (NM); NMDOH Survey Section; SAES

YOUTH CURRENT INHALANT USE

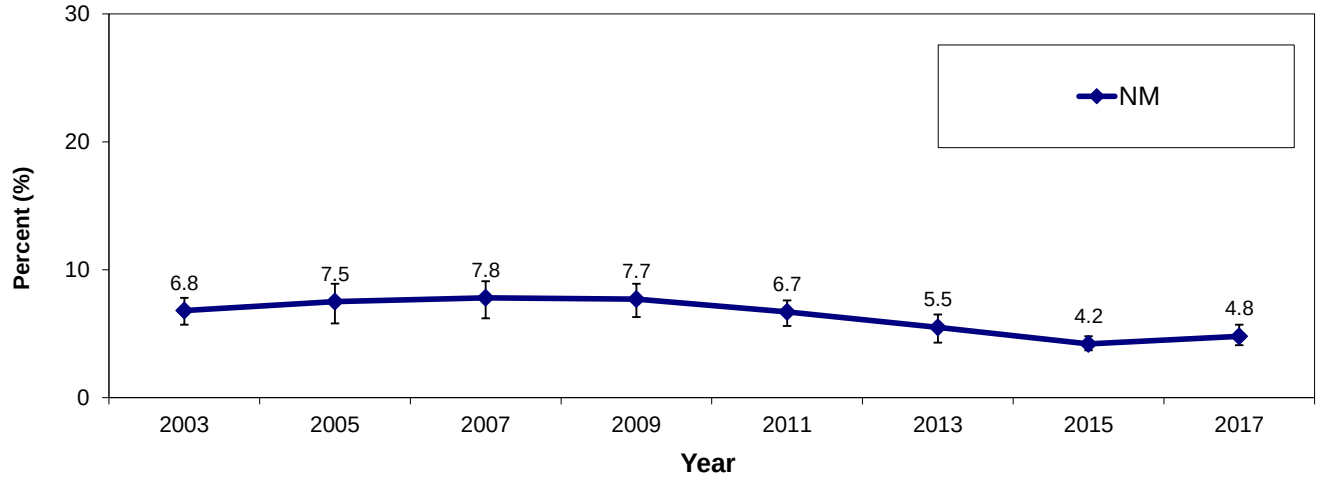
Problem Statement

The rate of current use of inhalants (sniffing glue, breathing the contents of aerosol spray cans, or inhaling paints or sprays) was 4.8% in 2017 and has not varied significantly over recent years. There is no national comparison for current inhalant use.

Asian/Pacific Islander (11.7%) and Black (5.8%) students were more likely to use inhalants than Hispanic (4.6%), American Indian (4.9%), or White (4.4%) students. Prevalence of inhalant use was not associated with grade level. There was no statistically significant difference in prevalence of inhalant use between males (5.3%) and females (4.2%).

In 2017, the highest rates for current inhalant use were in Rio Arriba (9.1%), Grant (8.3%), and Cibola (7.5%) counties and the lowest rates in Catron (0.0%), Union (0.8%), Curry (0.9%), and Roosevelt (1.1%) counties.

Chart 1: Current Inhalant Use* by Year, Grades 9 - 12, New Mexico and US, 2003-2017



* Used inhalants (sniffed glue, breathed contents of aerosol spray cans, or inhaled paints or sprays) at least one time in the past 30 days

Source: YRRS (NM); CDC YRBS (US); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

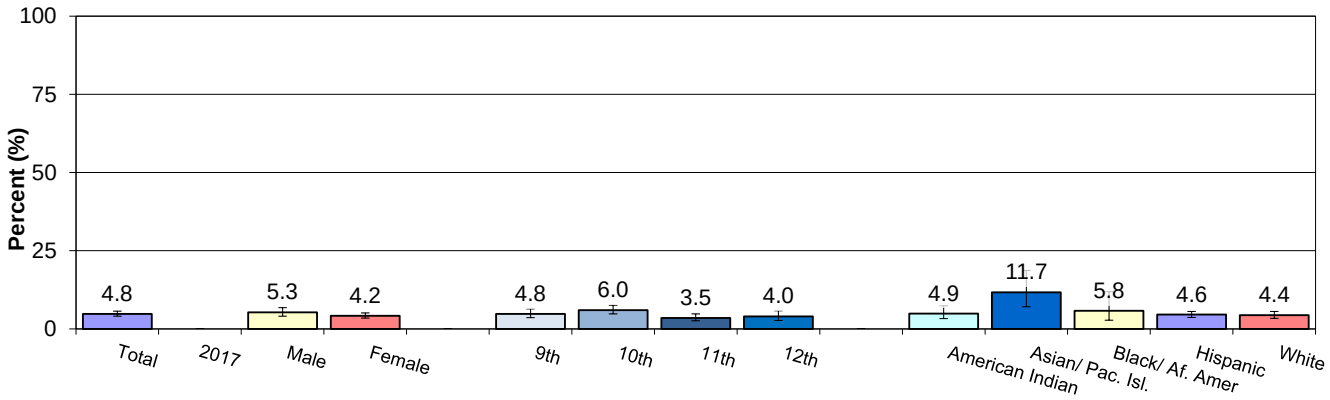
Table 1: Current Inhalant Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	2.4 (0.9-6.7)	3.8 (0.9-14.7)	5.0 (2.1-11.5)	2.4 (0.7-7.7)	3.3 (2.2-5.1)
	Asian/Pacific Islander	--	--	--	--	13.3 (6.9-23.9)
	Black	--	--	--	--	6.9 (3.0-14.8)
	Hispanic	4.8 (2.8-8.3)	7.6 (4.8-11.8)	2.4 (1.2-4.6)	7.2 (4.4-11.7)	5.5 (4.0-7.6)
	White	3.7 (1.3-10.0)	6.4 (3.7-10.8)	4.2 (2.4-7.3)	4.4 (1.7-10.5)	4.6 (3.2-6.7)
	Total	4.7 (2.8-7.7)	6.5 (4.9-8.7)	4.4 (3.0-6.3)	5.7 (3.4-9.1)	5.3 (4.1-6.8)
Female	American Indian	7.4 (3.4-15.3)	8.0 (2.6-22.2)	5.5 (2.5-11.4)	1.8 (0.3-9.1)	6.2 (3.8-10.0)
	Asian/Pacific Islander	--	--	--	--	9.6 (4.9-17.9)
	Black	--	--	--	--	3.0 (0.9-9.5)
	Hispanic	2.6 (1.0-6.7)	5.3 (3.3-8.5)	2.2 (0.8-5.6)	2.3 (0.8-6.5)	3.6 (2.5-5.2)
	White	5.7 (2.6-12.3)	5.0 (2.9-8.7)	2.5 (0.9-7.2)	3.0 (1.1-8.3)	4.2 (2.9-5.9)
	Total	4.6 (3.2-6.5)	5.5 (3.9-7.8)	2.7 (1.6-4.6)	2.4 (1.3-4.2)	4.2 (3.5-5.1)
Total	American Indian	5.2 (3.0-8.9)	5.7 (1.8-16.5)	5.2 (2.9-9.2)	2.1 (0.8-5.1)	4.9 (3.3-7.4)
	Asian/Pacific Islander	--	8.5 (4.6-15.4)	12.3 (4.1-31.4)	--	11.7 (7.1-18.7)
	Black	8.7 (3.3-21.1)	2.8 (0.5-14.4)	--	--	5.8 (2.8-11.9)
	Hispanic	3.9 (2.6-5.9)	6.4 (4.7-8.7)	2.3 (1.3-3.8)	4.6 (2.7-7.7)	4.6 (3.7-5.6)
	White	4.7 (2.5-8.8)	5.7 (3.7-8.6)	3.4 (1.8-6.3)	3.7 (2.1-6.5)	4.4 (3.4-5.6)
	Total	4.8 (3.6-6.4)	6.0 (4.8-7.6)	3.5 (2.6-4.8)	4.0 (2.7-5.8)	4.8 (4.1-5.7)

Source: YRRS (NM); NMDOH Survey Section (NOTE: "95% CI" is 95% confidence interval)

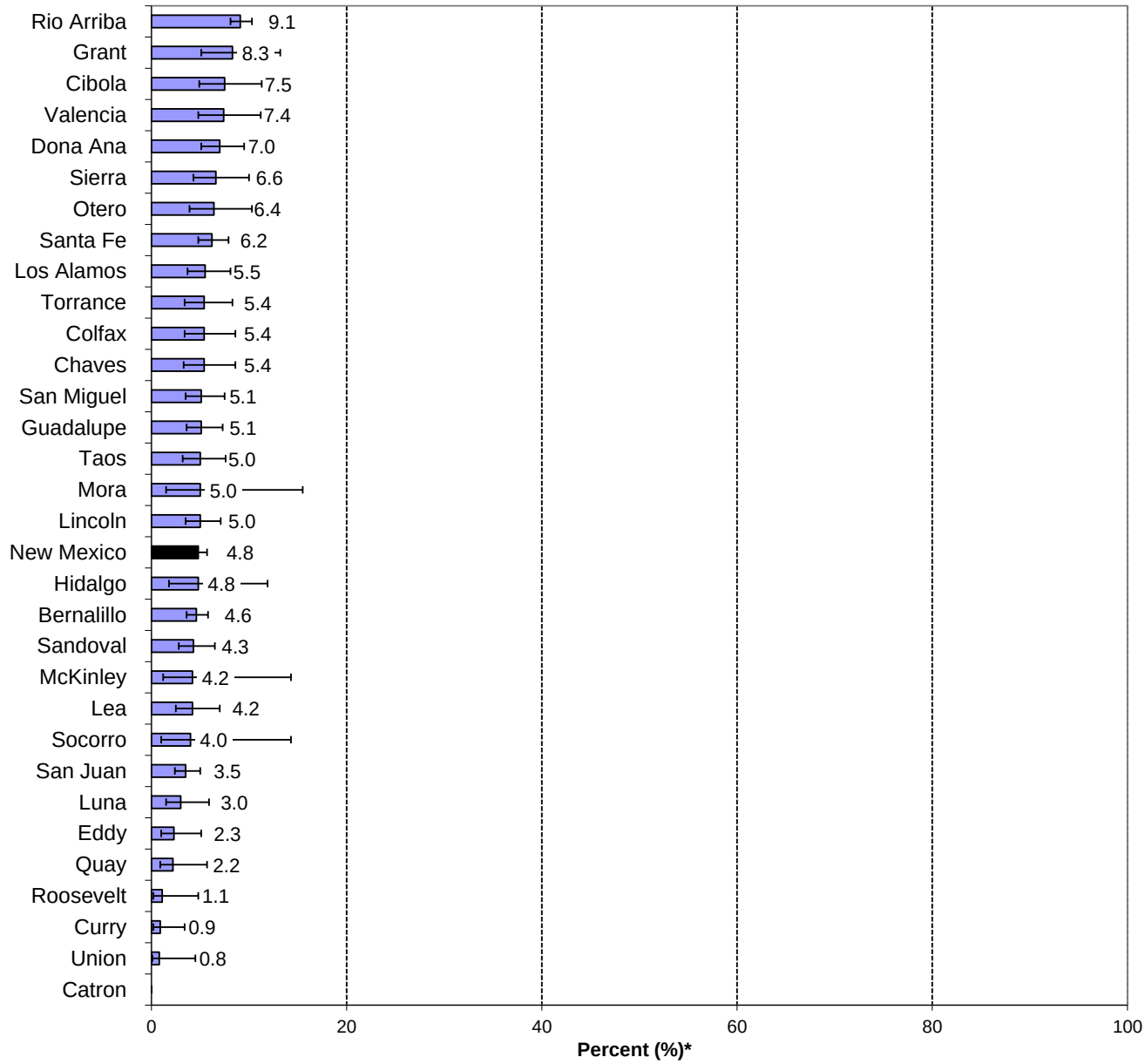
YOUTH CURRENT INHALANT USE (continued)

Chart 2: Current Inhalant Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017



Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

Chart 3: Current Inhalant Use* by County, Grades 9 - 12, New Mexico, 2017



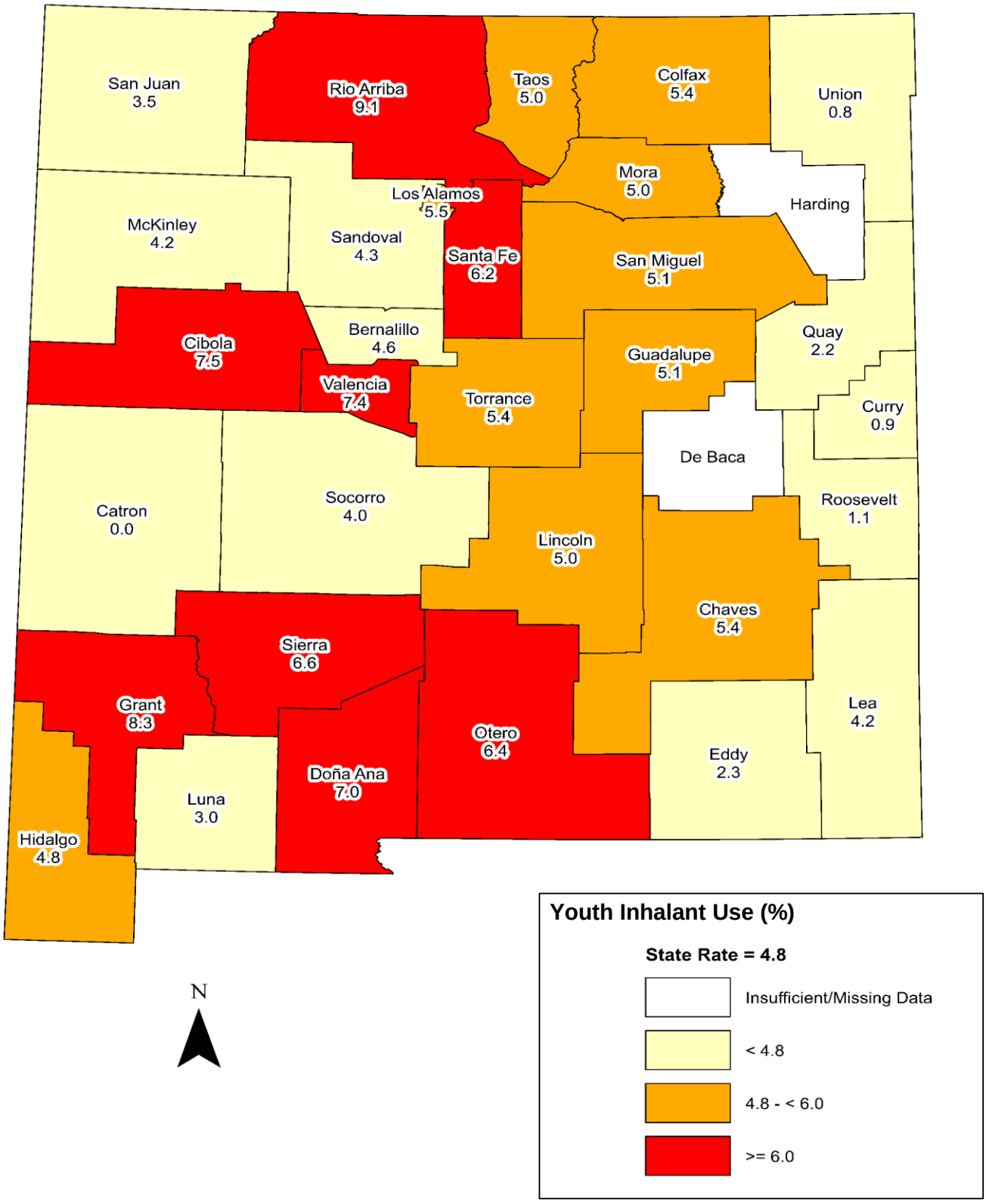
* Estimate of percent of high school students who reported inhalant use at least once in past 30 days

De Baca and Harding County estimates not available due to low numbers and/or low response rates.

Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

YOUTH CURRENT INHALANT USE (continued)

Chart 4: Current Inhalant Use* by County, Grades 9 - 12, New Mexico, 2017



* Estimate of percent of high school students who reported inhalant use at least once in past 30 days

Insufficient Data: County estimates not available because of low numbers and/or low response rates

Source: YRRS (NM); NMDOH Survey Section; SAES

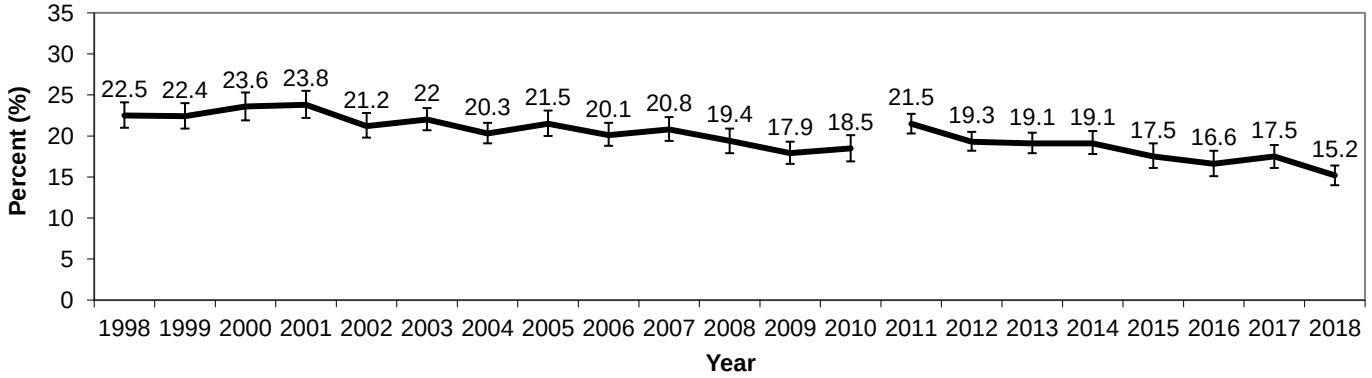
ADULT CIGARETTE SMOKING

Problem Statement

Adult cigarette smoking (defined as having smoked 100 or more cigarettes in lifetime, and currently smoking) is associated with significant rates of smoking-related death and morbidity. According to the CDC's Smoking Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) website, smoking is responsible for a significant proportion of the deaths from numerous types of malignant neoplasms (e.g., lung, esophageal, and laryngeal cancers), from cardiovascular diseases (e.g., ischemic heart disease, cerebrovascular disease), and from several respiratory diseases (e.g., bronchitis, emphysema, chronic airway obstruction). Combined, these smoking-related deaths make smoking the leading preventable cause of death in the US.

In 2018, current smoking rates among adults in New Mexico (15.2%) were slightly less than the US overall (15.6%). As shown in Chart 1, New Mexico's adult smoking prevalence rate has decreased since 1998. For 2016-2018, as shown in Table 1, smoking was more prevalent among adults aged 25-64 (19.0%) than among young adults aged 18-24 (14.9%) or adults aged 65 and over (9.7%). New Mexico men were more likely to smoke than women (19.1% v 13.9%). Among males, Blacks had the highest smoking prevalence (23.3%), followed by Hispanics (21.3%) and American Indians (21.2%). Among females, the highest prevalence of smoking was among Blacks (22.1%) followed by Whites (15.4%).

Chart 1: Cigarette Smoking (past 30 days)*, Adults Aged 18+, New Mexico, 1998-2018



* Cigarette smoking definition: smoked >= 100 cigarettes in lifetime and smoked cigarettes in past 30 days

Source: BRFSS; SAES (NOTE: Brackets around reported rates are 95% confidence intervals)

Table 1: Cigarette Smoking (past 30 days) by Age, Sex, and Race/Ethnicity, Adults Aged 18+, New Mexico, 2016-2018

		Number				Percent*			
Sex	Race/Ethnicity	Ages 18-24	Ages 25-64	Ages 65+	All Ages	Ages 18-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	2,753	10,093	767	13,783	26.9	21.5	9.6	21.2
	Asian/Pacific Islander	-	1,152	-	1,978	-	12.5	-	15.4
	Black	-	3,284	-	4,608	-	24.0	-	23.3
	Hispanic	12,260	56,286	7,952	76,366	20.9	22.7	15.2	21.3
	White	3,409	42,074	8,638	54,068	11.3	20.4	8.9	16.2
	Total	19,690	113,003	18,385	150,656	18.9	21.5	11.3	19.1
Female	American Indian	601	6,986	432	8,210	5.9	13.7	3.7	11.2
	Asian/Pacific Islander	-	-	-	1,029	-	-	-	6.3
	Black	-	2,363	-	3,225	-	24.5	-	22.1
	Hispanic	5,720	36,253	4,867	47,572	10.1	14.5	7.6	12.8
	White	3,727	40,728	9,677	53,342	14.6	19.6	8.6	15.4
	Total	10,245	87,769	15,982	113,810	10.6	16.5	8.3	13.9
Total	American Indian	3,200	16,912	1,215	21,786	15.6	17.3	6.2	15.8
	Asian/Pacific Islander	-	2,372	-	3,332	-	11.3	-	11.5
	Black	-	5,659	1,008	7,796	-	24.2	19.7	22.7
	Hispanic	17,858	92,532	12,985	123,949	15.5	18.6	11.2	17.0
	White	7,086	82,797	18,309	107,388	12.7	20.0	8.7	15.8
	Total	29,861	200,754	34,375	264,358	14.9	19.0	9.7	16.4

* Estimate of percent of people in population group who have smoked >= 100 cigarettes in lifetime and who smoked cigarettes in past 30 days

- Excluded due to small number of respondents (< 50) in cell

Source: BRFSS; SAES

ADULT CIGARETTE SMOKING (continued)

Problem Statement (continued)

Smoking prevalence rates were highest among Black men (23.3%) while smoking-related death rates were highest among White men (144.4 per 100,0000 population) and Black men (142.4 per 100,000 population). Among women, Blacks had the highest smoking prevalence rates (22.1%). However, White women had the highest smoking-related death rates (79.5 deaths per 100,000 population) followed by Black women (67.9 deaths per 100,000 population).

As shown in Table 2 and Chart 2, the counties with the highest smoking rates were Curry (28.3%), Socorro (27.6%), Quay (27.6%), and Luna (26.2%); these four counties had rates more than one and a half times higher than the national rate. The counties with the lowest rates were Los Alamos (3.2%), Santa Fe (12.8%), and Mora (13.0%).

E-cigarettes:
The prevalence of current e-cigarette use among adults in New Mexico was 4.9% in 2017. New Mexico men (6.3%) were more likely to use e-cigarettes than women (3.6%). However, unlike traditional cigarettes, e-cigarette use prevalence is highest among younger adults ages 18-24 (12.0%) followed by adults ages 25-64 (4.6%) and adults aged 65 and over (1.1%).

Table 2: Cigarette Smoking (past 30 days) by Race/Ethnicity and County, Adults Aged 18+, New Mexico, 2016-2018

	Number						Percent*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	2,919	-	2,174	35,218	29,037	71,991	12.9	-	14.4	14.4	12.6	13.6
Catron	-	-	-	-	410	493	-	-	-	-	16.8	15.7
Chaves	-	-	-	4,992	4,636	9,684	-	-	-	19.9	21.7	20.1
Cibola	1,742	-	-	1,851	655	4,258	22.1	-	-	23.4	14.5	20.6
Colfax	-	-	-	-	759	1,622	-	-	-	-	14.7	16.1
Curry	-	-	-	4,375	4,659	10,364	-	-	-	31.5	24.0	28.3
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	14,625	7,706	23,616	-	-	-	14.0	15.0	14.5
Eddy	-	-	-	3,668	4,591	8,541	-	-	-	18.9	21.1	20.0
Grant	-	-	-	1,831	1,663	3,327	-	-	-	17.6	14.6	14.8
Guadalupe	-	-	-	-	-	-	-	-	-	-	-	-
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	3,245	4,669	8,559	-	-	-	12.4	23.0	17.4
Lincoln	-	-	-	1,250	2,541	4,099	-	-	-	27.2	23.7	25.7
Los Alamos	-	-	-	-	201	460	-	-	-	-	1.9	3.2
Luna	-	-	-	2,640	2,104	4,709	-	-	-	23.9	32.7	26.2
McKinley	4,273	-	-	2,049	912	7,404	11.0	-	-	31.7	16.8	14.4
Mora	-	-	-	-	-	488	-	-	-	-	-	13.0
Otero	452	-	-	3,016	6,325	10,272	15.8	-	-	17.4	23.0	20.4
Quay	-	-	-	-	466	1,834	-	-	-	-	12.9	27.6
Rio Arriba	1,018	-	-	4,475	709	6,017	24.7	-	-	21.3	15.4	20.0
Roosevelt	-	-	-	-	1,163	1,999	-	-	-	-	14.0	13.6
Sandoval	3,070	-	-	5,737	8,135	18,141	24.7	-	-	14.5	15.4	16.6
San Juan	5,565	-	-	3,332	8,350	17,795	15.6	-	-	20.4	20.8	19.1
San Miguel	-	-	-	4,157	671	4,405	-	-	-	24.1	14.5	19.3
Santa Fe	-	-	-	7,635	6,270	15,632	-	-	-	13.5	10.6	12.8
Sierra	-	-	-	-	1,693	2,430	-	-	-	-	25.3	25.5
Socorro	-	-	-	2,557	1,013	3,692	-	-	-	40.1	19.4	27.6
Taos	-	-	-	1,464	1,268	3,779	-	-	-	10.1	11.9	14.0
Torrance	-	-	-	-	1,346	3,170	-	-	-	-	19.6	25.6
Union	-	-	-	-	-	574	-	-	-	-	-	16.6
Valencia	-	-	-	7,177	4,581	12,491	-	-	-	21.6	21.5	21.6
New Mexico	21,786	3,332	7,796	123,949	107,388	264,358	15.8	11.5	22.7	17.0	15.8	16.4

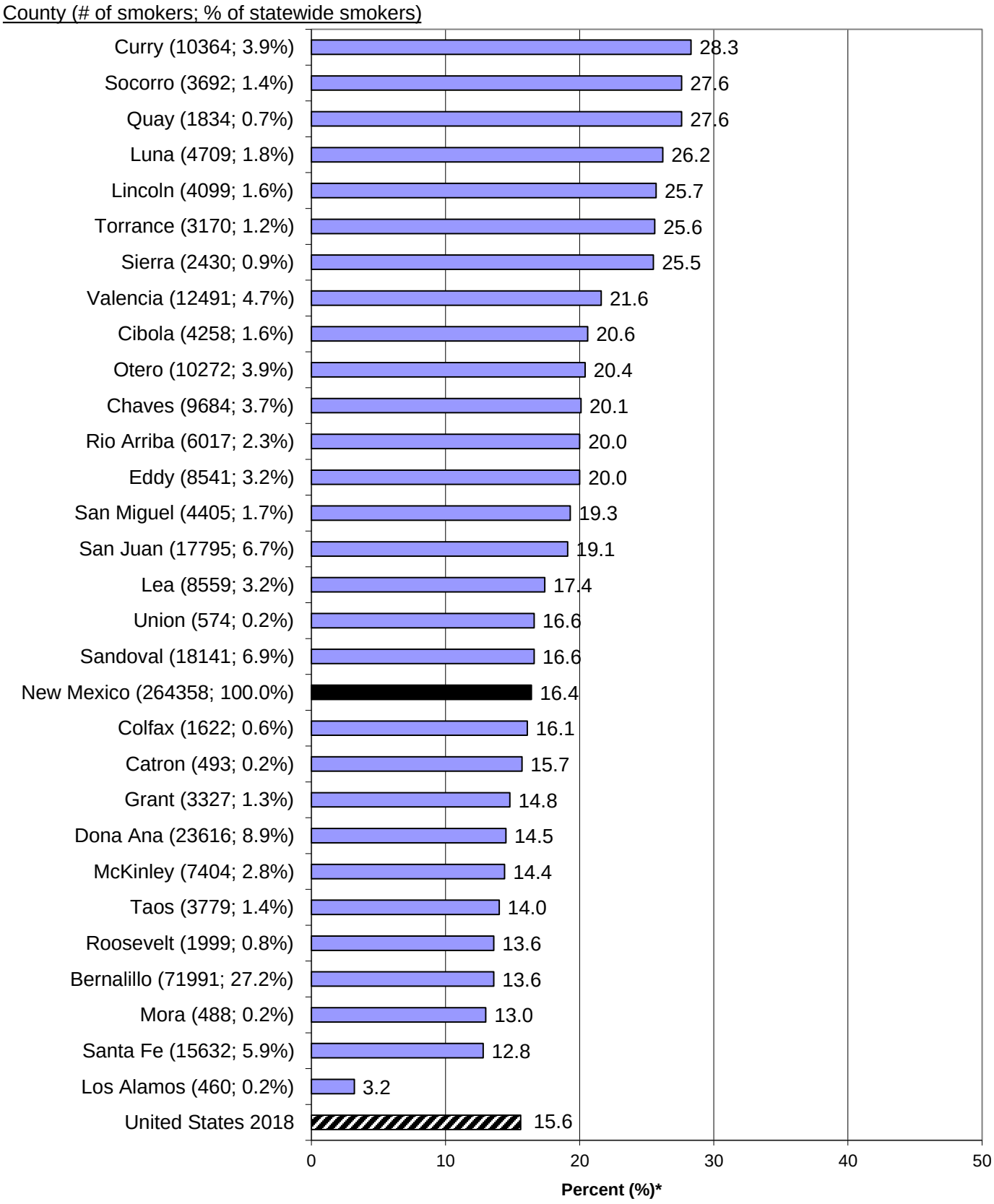
* Estimate of percent of people in population group who have smoked >= 100 cigarettes in lifetime and who smoked cigarettes in past 30 days

- Excluded due to small number of respondents (< 50) in cell

Source: BRFSS; SAES

ADULT CIGARETTE SMOKING (continued)

Chart 2: Cigarette Smoking (past 30 days)* by County, Adults Aged 18+, New Mexico, 2016-2018



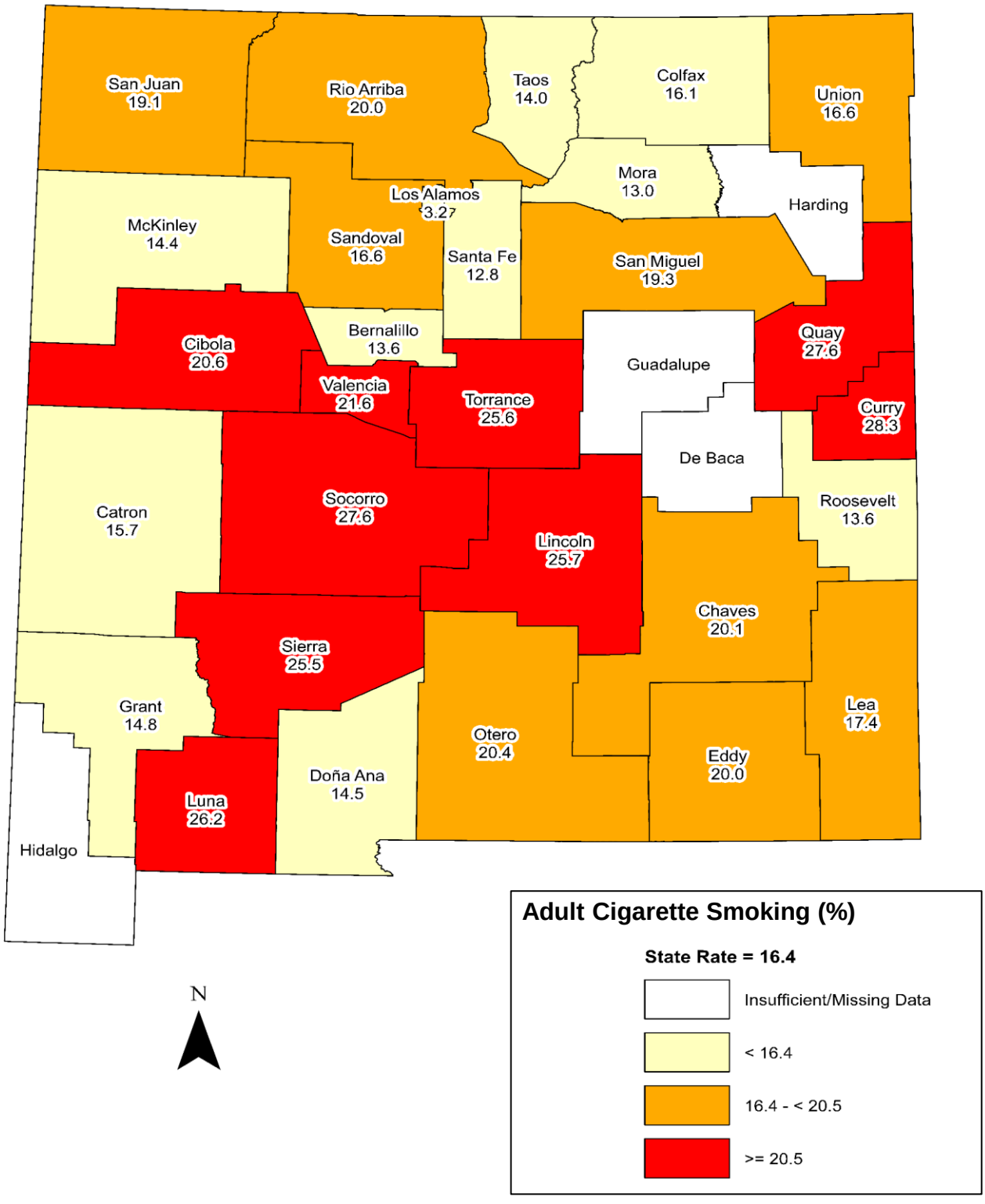
* Estimate of percent of people in population group who have smoked >= 100 cigarettes in lifetime and who smoked cigarettes in past 30 days

The following counties were excluded due to small number of respondents (< 50):
De Baca, Guadalupe, Harding, and Hidalgo

Source: NMBRFSS (NM); CDC BRFSS (US); SAES

ADULT CIGARETTE SMOKING (continued)

Chart 3: Cigarette Smoking (past 30 days)* by County, Adults Aged 18+, New Mexico, 2016-2018



* Estimate of percent of people in population group who have smoked >= 100 cigarettes in lifetime and who smoked cigarettes in past 30 days
Insufficient data: Rate not reported due to small number of respondents (< 50) in cell
Source: BRFSS; SAES

YOUTH CURRENT CIGARETTE SMOKING

Problem Statement*

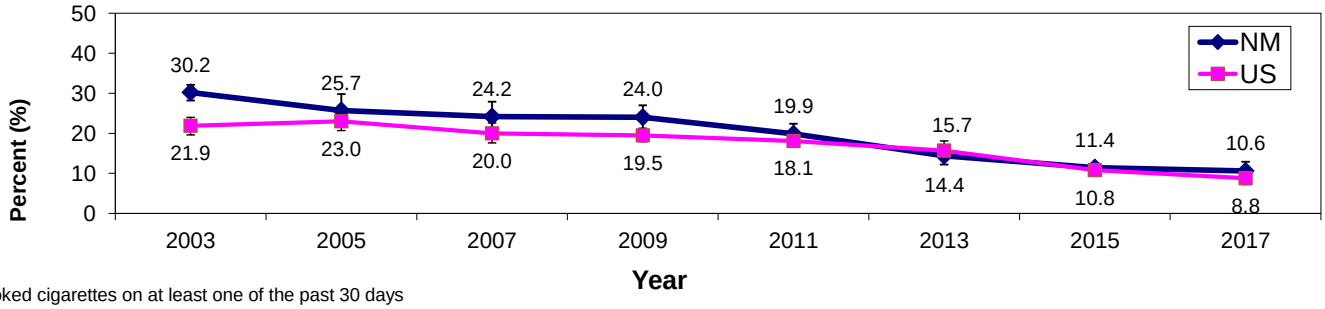
Cigarette smoking is the leading cause of preventable death in the US. Cigarette smoking increases risk for several cancers and other chronic conditions. Smoking is initiated and established primarily during adolescence, with more than 80% of adult smokers first smoking before age 18.**

The prevalence of current cigarette smoking among NM high school students has decreased from 30.2% in 2003 to 10.6% in 2017. This coincides with a decrease in the US rate that has occurred over the past several years. The NM rate was consistently higher than the US rate until 2011. In 2011, NM and US rates were not statistically distinguishable (US=18.1%; NM=19.9%). In 2017, the NM rate (10.6%) was higher than the US rate (8.8%).

Boys (11.9%) were more likely to be current cigarette smokers than girls (9.0%). Black (8.8%), White (9.7%) and Hispanic (10.7%) students had lower rates of current cigarette smoking than American Indian (12.6%) and Asian/Pacific Islander (12.0%) students. Chart 2 shows that prevalence increased significantly with grade level. In 2017, the counties with the highest prevalence of current smoking were Rio Arriba (17.8%), Otero (17.6%), and Cibola (16.8%). The counties with the lowest prevalence of current smoking were Curry (4.2%), Catron (5.4%), Sierra (7.4%), and Hidalgo (7.6%).

* YRRS tobacco questions do not distinguish between ceremonial/traditional and commercial tobacco use.
** Youth and Tobacco Use. Centers for Disease Control and Prevention.
https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm

Chart 1: Current Cigarette Smoking* by Year, Grades 9 - 12, New Mexico and US, 2003-2017



* Smoked cigarettes on at least one of the past 30 days

Source: YRRS (NM); CDC YRBS (US); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

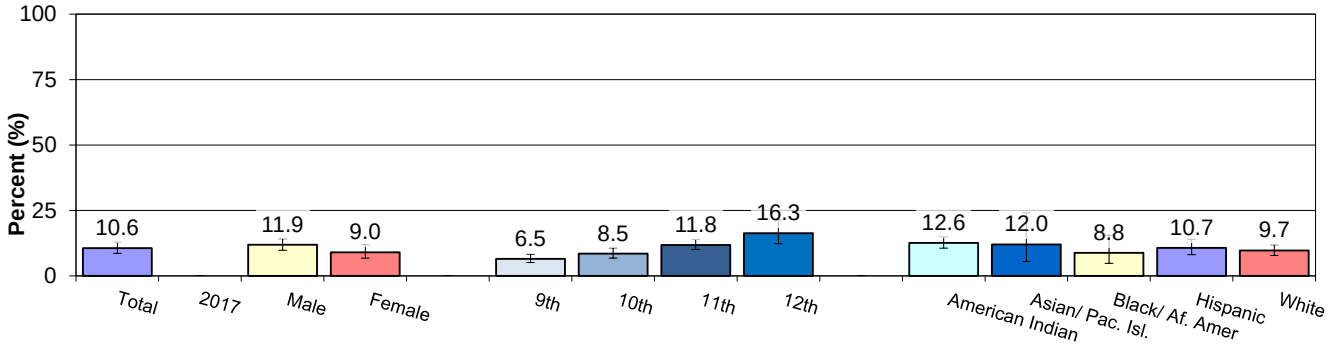
Table 1: Current Cigarette Smoking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	11.7 (6.1-21.4)	11.1 (8.0-15.1)	13.9 (7.9-23.1)	22.2 (15.8-30.4)	13.9 (11.1-17.3)
	Asian/Pacific Islander	--	--	--	--	10.8 (3.7-27.8)
	Black	--	--	--	--	11.6 (5.7-21.9)
	Hispanic	7.1 (4.4-11.4)	10.9 (7.5-15.7)	12.4 (9.0-16.9)	20.6 (14.9-27.9)	12.3 (9.6-15.7)
	White	5.1 (2.7-9.7)	9.0 (5.3-14.8)	14.3 (10.4-19.4)	14.8 (11.1-19.6)	10.5 (8.3-13.3)
	Total	7.3 (4.9-10.6)	10.1 (7.7-13.2)	13.2 (11.3-15.3)	18.8 (14.6-23.9)	11.9 (9.8-14.2)
Female	American Indian	8.3 (3.9-16.8)	8.9 (3.8-19.7)	12.4 (5.8-24.7)	12.8 (8.4-19.0)	10.2 (7.4-13.9)
	Asian/Pacific Islander	--	--	--	--	13.5 (5.7-29.0)
	Black	--	--	--	--	3.8 (1.5-9.5)
	Hispanic	4.9 (2.2-10.7)	7.5 (4.9-11.3)	10.9 (6.0-19.2)	13.0 (7.8-21.0)	9.1 (6.1-13.4)
	White	5.0 (2.5-9.8)	5.7 (3.2-10.0)	9.4 (5.2-16.4)	16.4 (10.6-24.5)	8.8 (6.2-12.3)
	Total	5.3 (3.6-7.8)	7.0 (5.0-9.6)	10.5 (7.9-13.8)	13.8 (9.4-19.8)	9.0 (6.8-11.9)
Total	American Indian	10.7 (6.0-18.1)	10.2 (6.6-15.3)	13.4 (7.8-22.1)	17.5 (15.1-20.1)	12.6 (10.6-14.9)
	Asian/Pacific Islander	--	9.4 (3.2-24.4)	--	--	12.0 (5.5-24.1)
	Black	7.4 (1.7-26.8)	5.6 (1.4-19.8)	--	--	8.8 (4.8-15.6)
	Hispanic	6.2 (4.5-8.5)	9.1 (6.9-11.8)	11.6 (8.3-16.0)	16.6 (11.5-23.3)	10.7 (8.1-14.0)
	White	5.1 (3.1-8.1)	7.4 (5.3-10.1)	11.9 (9.1-15.5)	15.6 (11.5-20.8)	9.7 (7.8-11.9)
	Total	6.5 (5.1-8.3)	8.5 (6.8-10.7)	11.8 (10.1-13.9)	16.3 (12.3-21.4)	10.6 (8.6-12.9)

Source: YRRS (NM); NMDOH Survey Section (NOTE: "95% CI" is 95% confidence interval)

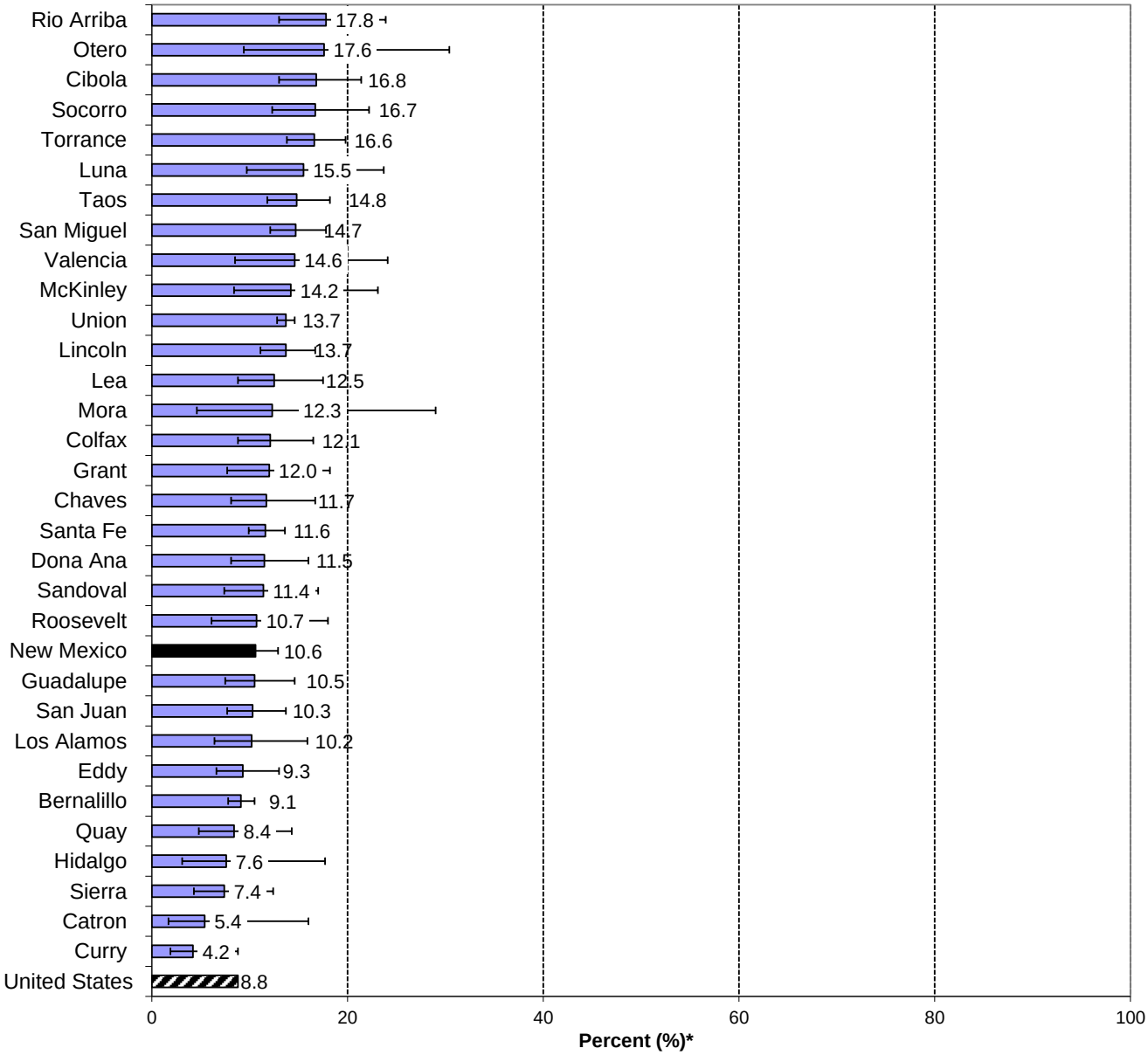
YOUTH CURRENT CIGARETTE SMOKING (continued)

Chart 2: Current Cigarette Smoking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017



Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

Chart 3: Current Cigarette Smoking* by County, Grades 9 - 12, New Mexico, 2017



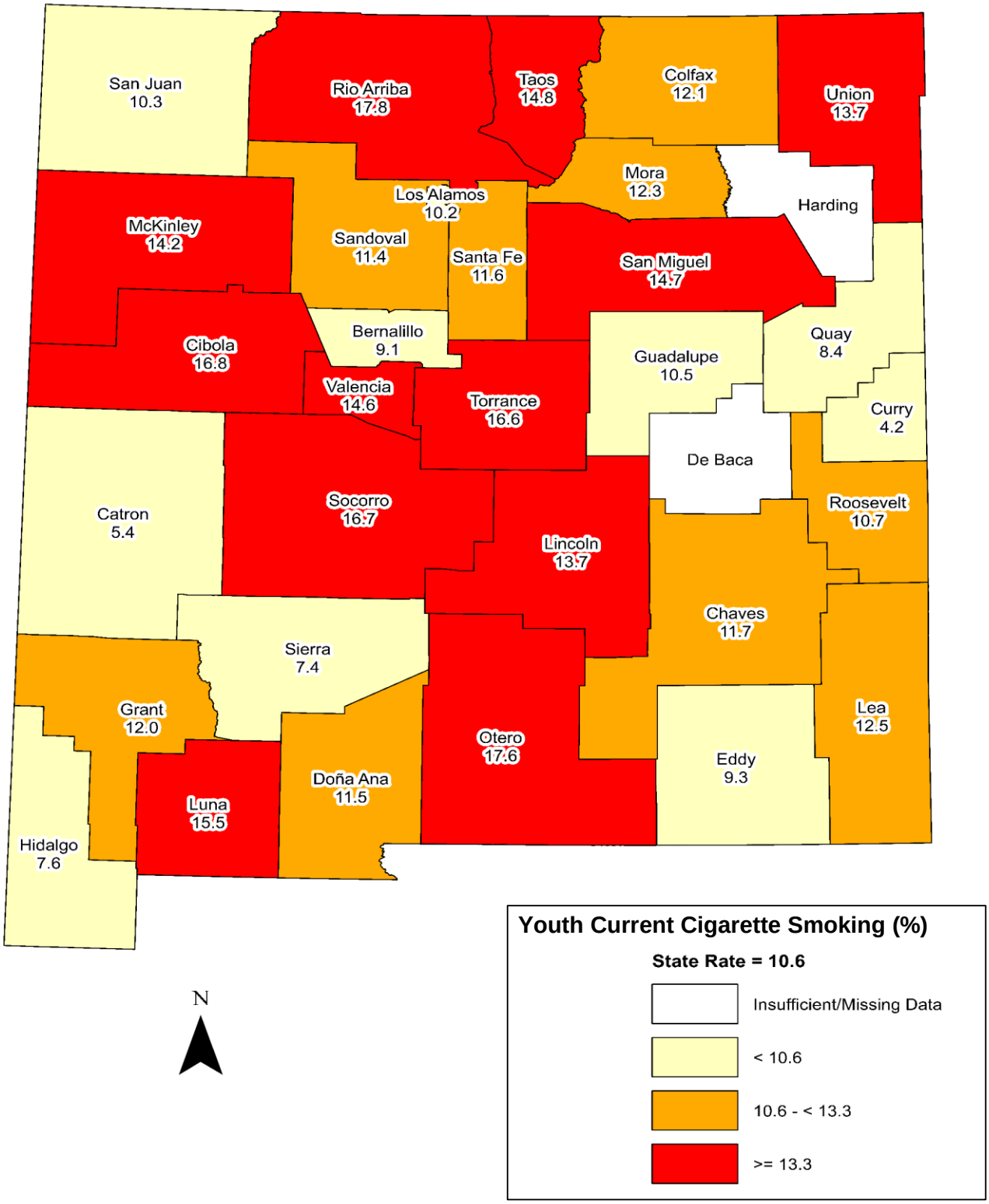
* Estimate of percent of high school students who reported smoking cigarettes on at least one of the past 30 days

De Baca and Harding County estimates not available due to low numbers and/or low response rates.

Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

YOUTH CURRENT CIGARETTE SMOKING (continued)

Chart 4: Current Cigarette Smoking* by County, Grades 9 - 12, New Mexico, 2017



* Estimate of percent of high school students who reported smoking cigarettes on at least one of the past 30 days

Insufficient Data: County estimates not available because of low numbers and/or low response rates

Source: YRRS (NM); NMDOH Survey Section; SAES

YOUTH FREQUENT CIGARETTE SMOKING

Problem Statement*

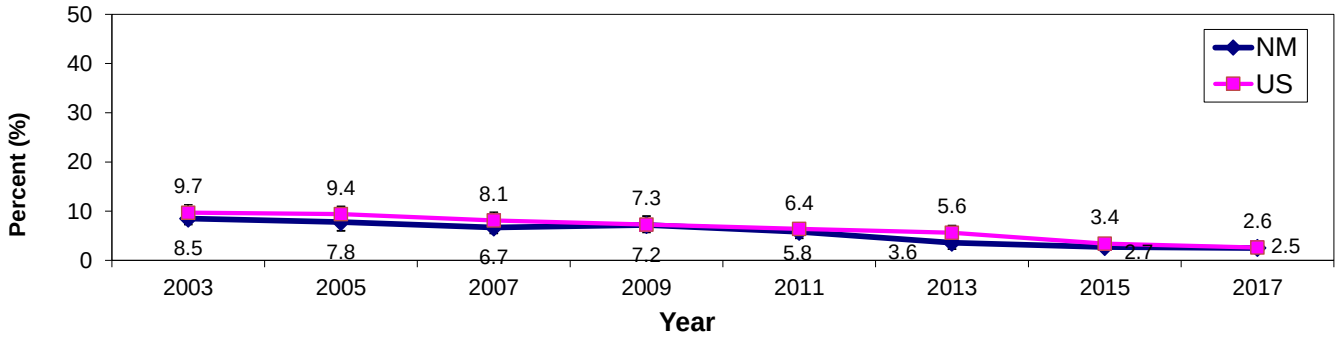
Frequent cigarette smoking means smoking cigarettes on at least 20 of the past 30 days. The prevalence of frequent cigarette smoking among New Mexico high school students has decreased from 8.5% in 2003 to 2.5% in 2017. This coincides with a decrease in the US rate of frequent smoking over the past several years. In 2017, the New Mexico prevalence of frequent smoking was not statistically different from the US rate (2.6%).

Boys (3.0%) were more likely to be frequent smokers than girls (1.9%). Asian/Pacific Islander (5.3%) students had a higher prevalence of frequent smoking than students of other race/ethnicities, but these differences were not statistically significant. The prevalence of frequent smoking increased with grade level (9th=0.9%; 10th=2.0%; 11th=2.9%; 12th=4.4%), but these rates were also not statistically different.

In 2017, the highest rates for frequent cigarette smoking were in Luna (6.2%), Otero (5.1%), and Roosevelt (5.0%) counties. The lowest rates were in Catron (0.0%), McKinley (0.1%), Hidalgo (0.7%), and Curry (1.0%) counties.

* YRRS tobacco questions do not distinguish between ceremonial/traditional and commercial tobacco use.

Chart 1: Frequent Cigarette Smoking* by Year, Grades 9 - 12, New Mexico and US, 2003-2017



* Smoked cigarettes on at least 20 of the past 30 days

Source: YRRS (NM); CDC YRBS (US); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

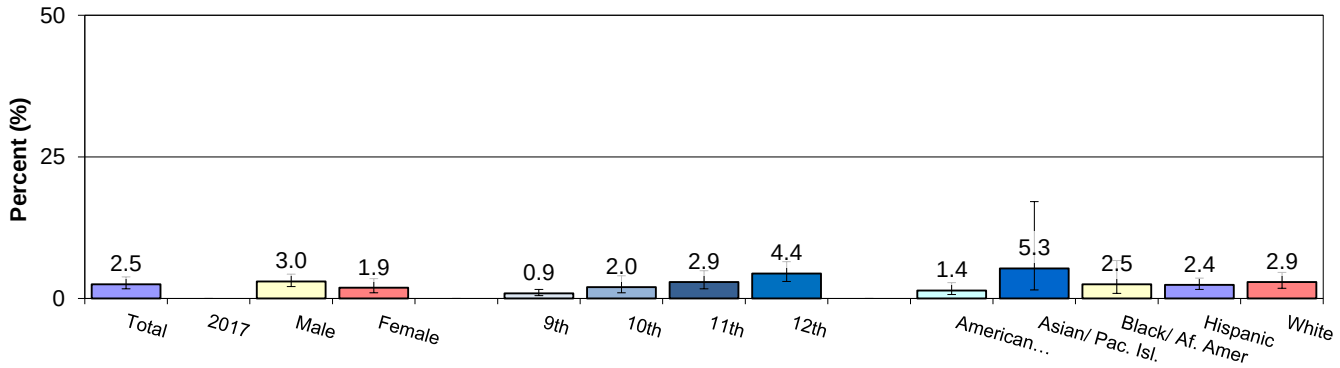
Table 1: Frequent Cigarette Smoking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	1.3 (0.4-4.1)	1.2 (0.3-4.9)	1.5 (0.4-5.1)	5.5 (2.1-13.6)	2.1 (1.0-4.3)
	Asian/Pacific Islander	--	--	--	--	4.8 (1.1-19.0)
	Black	--	--	--	--	2.6 (0.7-9.3)
	Hispanic	0.9 (0.3-3.0)	3.4 (1.2-9.7)	2.8 (1.5-5.1)	4.7 (2.6-8.4)	2.8 (1.6-5.0)
	White	0.5 (0.1-3.9)	2.7 (0.8-8.1)	4.4 (2.4-7.9)	7.1 (4.2-11.8)	3.5 (2.2-5.5)
	Total	1.0 (0.4-2.1)	2.8 (1.2-6.1)	3.0 (1.9-4.5)	6.0 (4.2-8.7)	3.0 (2.1-4.3)
Female	American Indian	1.0 (0.1-7.4)	0.0 (.-.)	1.6 (0.2-11.2)	0.0 (.-.)	0.7 (0.2-2.9)
	Asian/Pacific Islander	--	--	--	--	6.0 (1.1-26.2)
	Black	--	--	--	--	0.8 (0.1-5.7)
	Hispanic	0.4 (0.1-1.4)	1.8 (0.7-4.9)	2.9 (0.9-9.0)	2.3 (0.9-5.8)	1.9 (1.0-3.6)
	White	0.8 (0.1-5.7)	1.2 (0.3-5.6)	3.5 (1.3-8.9)	4.0 (1.5-10.1)	2.3 (1.2-4.5)
	Total	0.6 (0.2-1.8)	1.3 (0.7-2.6)	2.9 (1.1-7.0)	2.7 (1.2-5.9)	1.9 (1.0-3.5)
Total	American Indian	1.2 (0.4-3.2)	0.7 (0.2-2.7)	1.5 (0.5-4.8)	2.7 (1.1-6.4)	1.4 (0.7-2.8)
	Asian/Pacific Islander	--	2.8 (0.3-19.3)	--	--	5.3 (1.5-17.1)
	Black	2.2 (0.4-12.3)	0.0 (.-.)	--	--	2.5 (0.9-6.7)
	Hispanic	0.9 (0.4-2.2)	2.6 (1.2-5.3)	2.8 (1.6-5.1)	3.4 (2.4-5.0)	2.4 (1.6-3.6)
	White	0.6 (0.1-2.8)	2.0 (0.9-4.4)	4.0 (2.1-7.4)	5.6 (3.2-9.6)	2.9 (1.8-4.6)
	Total	0.9 (0.5-1.6)	2.0 (1.0-4.0)	2.9 (1.7-4.9)	4.4 (3.0-6.5)	2.5 (1.7-3.8)

Source: YRRS (NM); NMDOH Survey Section (NOTE: "95% CI" is 95% confidence interval, 95% CIs are not calculated for zero rates)

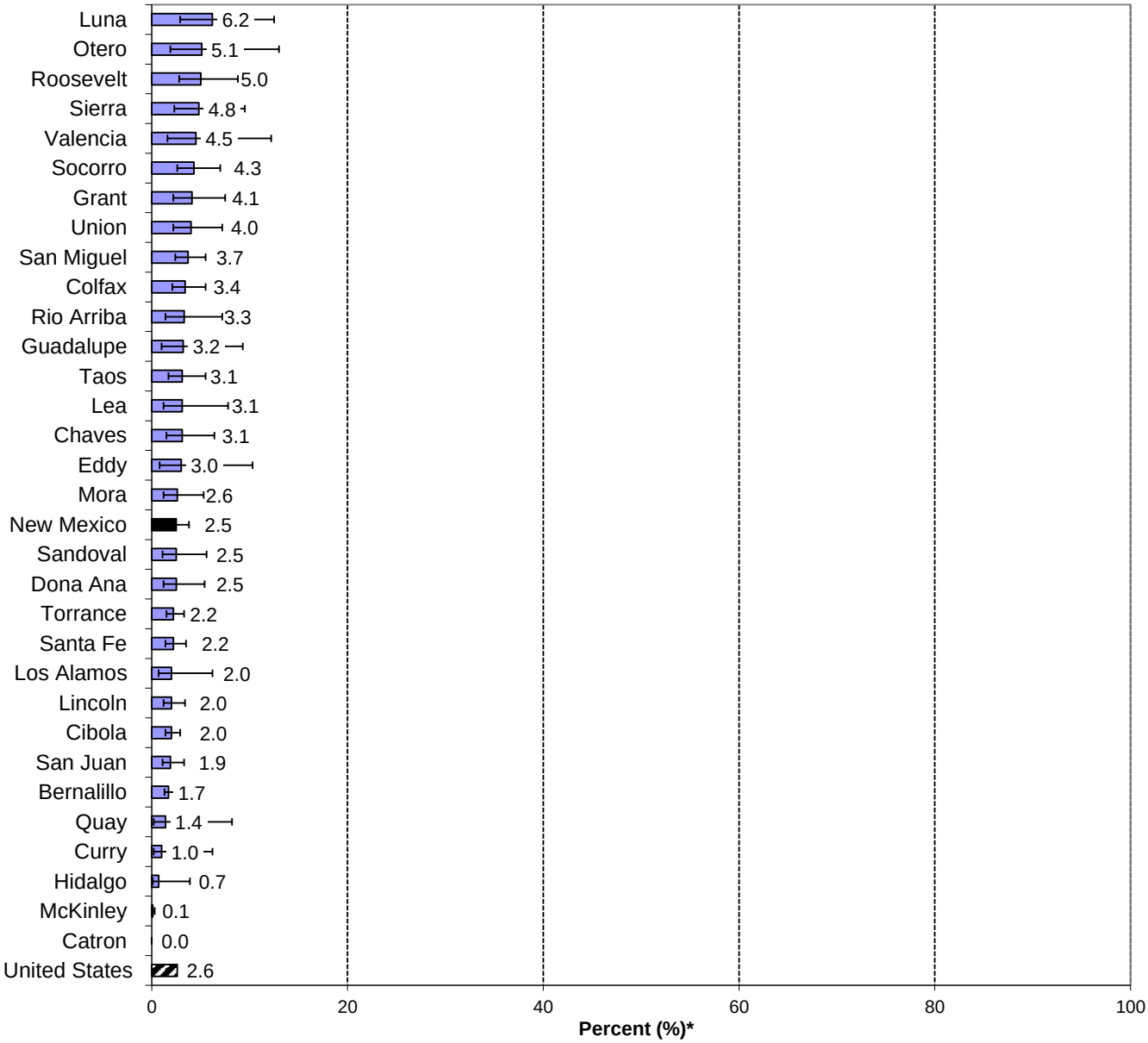
YOUTH FREQUENT CIGARETTE SMOKING (continued)

Chart 2: Frequent Cigarette Smoking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017



Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

Chart 3: Frequent Cigarette Smoking* by County, Grades 9 - 12, New Mexico, 2017



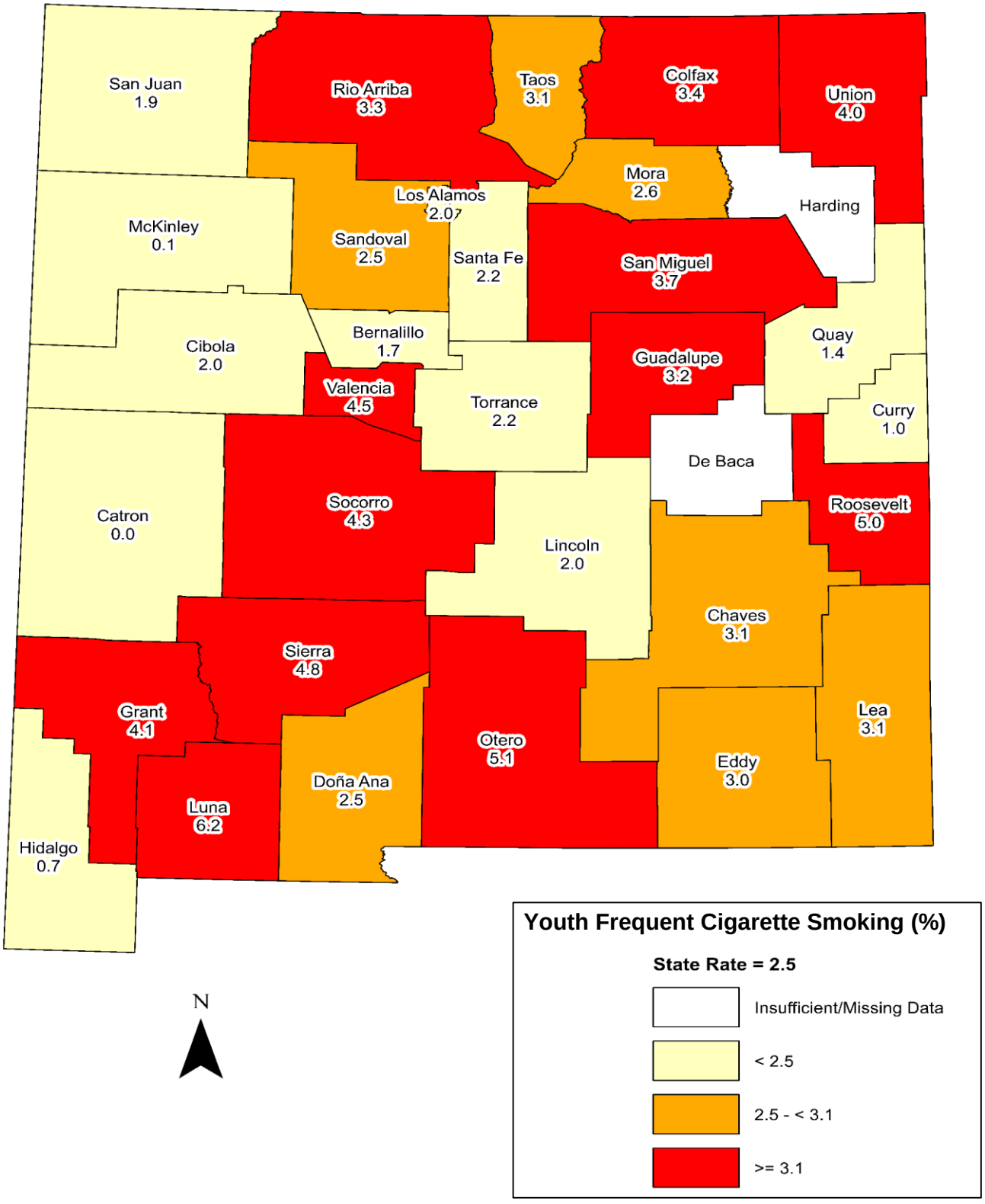
* Estimate of percent of high school students who reported smoking cigarettes on at least 20 of the past 30 days

De Baca and Harding County estimates not available due to low numbers and/or low response rates.

Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

YOUTH FREQUENT CIGARETTE SMOKING (continued)

Chart 4: Frequent Cigarette Smoking* by County, Grades 9 - 12, New Mexico, 2017



* Estimate of percent of high school students who reported smoking cigarettes on at least 20 of the past 30 days

Insufficient Data: County estimates not available because of low numbers and/or low response rates

Source: YRRS (NM); NMDOH Survey Section; SAES

YOUTH CURRENT E-CIGARETTE USE

Problem Statement

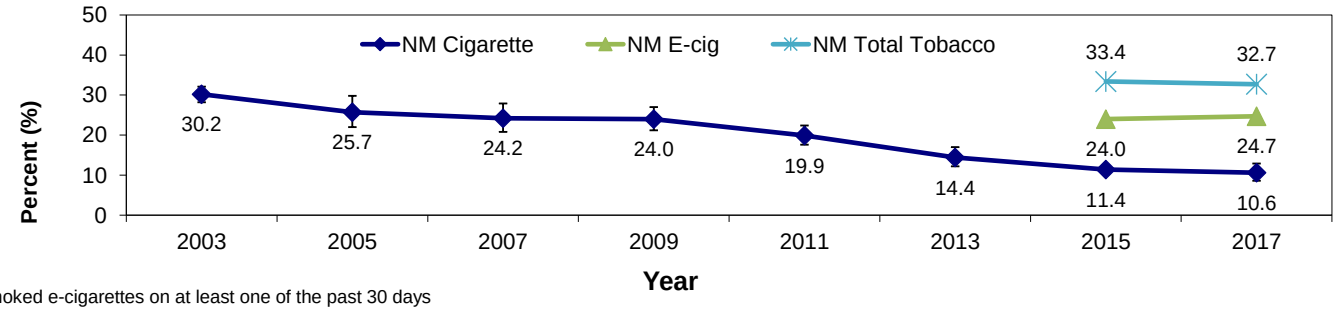
E-cigarettes, sometimes called "e-cigs", "vapes", "mods",or "electronic nicotine delivery systems", have been increasing in popularity, especially among youth. E-cigarettes are not safe for youth, and the long-term health risks are not well-studied at this time. Young people who use e-cigarettes may be more likely to smoke cigarettes in the future*.

The prevalence of current e-cigarette use among NM high school students was 24.7% in 2017. While there has been significant progress in decreasing cigarette smoking among youth, e-cigarettes and other tobacco products have essentially erased that progress (Chart 1) with 32.7% of NM high school students reporting current tobacco use.

Boys (26.9%) were more likely to be current e-cigarette users than girls (22.4%). Hispanic (26.8%), White (25.9%), and Black (25.5%) students had higher rates of current e-cigarette use than Asian/Pacific Islander (18.1%) and American Indian (16.1%) students. Chart 2 shows that the prevalence of e-cigarette use increases with grade level. In 2017, the counties with the highest prevalence of current e-cigarette use were Taos (53.8%), Rio Arriba (48.0%), Torrance (36.2%), and Guadalupe (35.4%). The counties with the lowest prevalence of current e-cigarette use were Union (16.1%), Grant (17.8%), and Hidalgo (18.7%).

* Quick Facts on the Risks of E-Cigarettes for Kids, Teens, and Young Adults.. Centers for Disease Control and Prevention. https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html

Chart 1: Current E-Cigarette Use* by Year, Grades 9 - 12, New Mexico and US, 2003-2017



* Smoked e-cigarettes on at least one of the past 30 days

Source: YRRS (NM); CDC YRBS (US); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

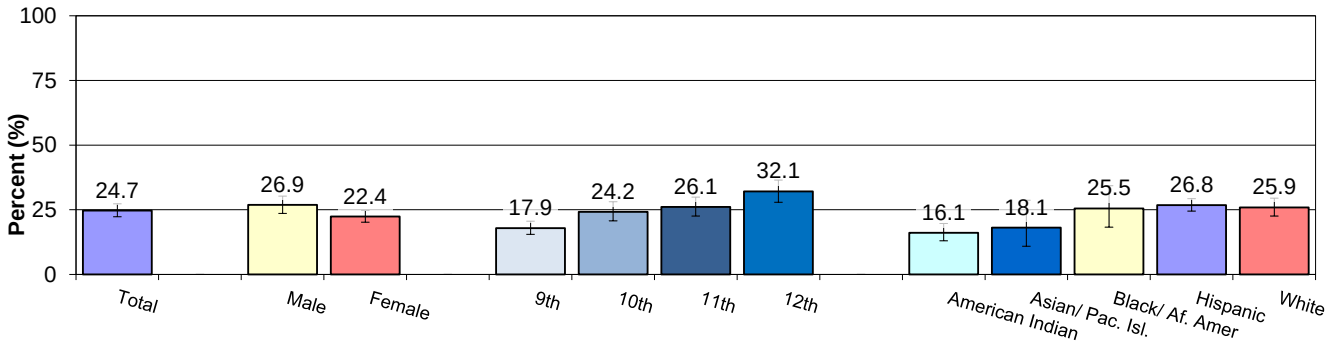
Table 1: Current E-Cigarette Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	15.5 (8.5-26.5)	19.4 (14.2-25.8)	16.2 (11.2-22.8)	19.7 (12.4-29.8)	17.4 (12.6-23.6)
	Asian/Pacific Islander	--	--	--	--	21.4 (12.3-34.4)
	Black	--	--	--	--	29.1 (26.2-32.2)
	Hispanic	20.5 (16.0-25.9)	29.2 (21.5-38.3)	33.1 (28.2-38.4)	36.1 (32.5-39.9)	29.1 (26.2-32.2)
	White	15.2 (11.4-20.1)	28.2 (22.4-34.8)	35.9 (31.2-40.9)	35.1 (25.2-46.5)	28.3 (24.2-32.8)
	Total	17.9 (14.3-22.2)	27.3 (21.7-33.6)	30.7 (26.6-35.2)	34.1 (29.5-39.0)	26.9 (23.6-30.3)
Female	American Indian	14.0 (9.6-20.2)	12.0 (5.8-23.2)	14.2 (7.7-24.5)	16.2 (9.5-26.1)	14.4 (11.7-17.6)
	Asian/Pacific Islander	--	--	--	--	13.9 (6.7-26.7)
	Black	--	--	--	--	19.6 (12.8-28.7)
	Hispanic	20.3 (16.0-25.4)	23.3 (18.4-29.1)	24.0 (18.3-30.9)	30.4 (24.7-36.7)	24.6 (21.5-28.0)
	White	14.7 (10.6-19.9)	22.3 (17.9-27.3)	21.9 (16.2-28.9)	37.1 (30.4-44.3)	23.2 (19.9-26.8)
	Total	17.7 (15.0-20.7)	21.0 (18.4-23.7)	21.5 (17.9-25.6)	30.2 (25.7-35.0)	22.4 (20.2-24.8)
Total	American Indian	14.7 (9.5-21.9)	16.1 (13.5-19.0)	15.1 (10.8-20.6)	17.9 (12.4-25.1)	16.1 (13.0-19.7)
	Asian/Pacific Islander	--	13.1 (6.4-24.8)	--	--	18.1 (10.9-28.7)
	Black	25.4 (12.6-44.6)	25.9 (17.0-37.4)	--	--	25.5 (18.3-34.3)
	Hispanic	20.7 (17.5-24.3)	26.1 (21.5-31.3)	28.3 (23.9-33.1)	33.1 (28.8-37.6)	26.8 (24.5-29.3)
	White	14.9 (12.5-17.7)	25.7 (21.1-30.9)	29.2 (25.4-33.3)	36.0 (28.1-44.7)	25.9 (22.6-29.5)
	Total	17.9 (15.5-20.6)	24.2 (20.7-28.1)	26.1 (22.6-29.9)	32.1 (27.9-36.5)	24.7 (22.3-27.3)

Source: YRRS (NM); NMDOH Survey Section (NOTE: "95% CI" is 95% confidence interval)

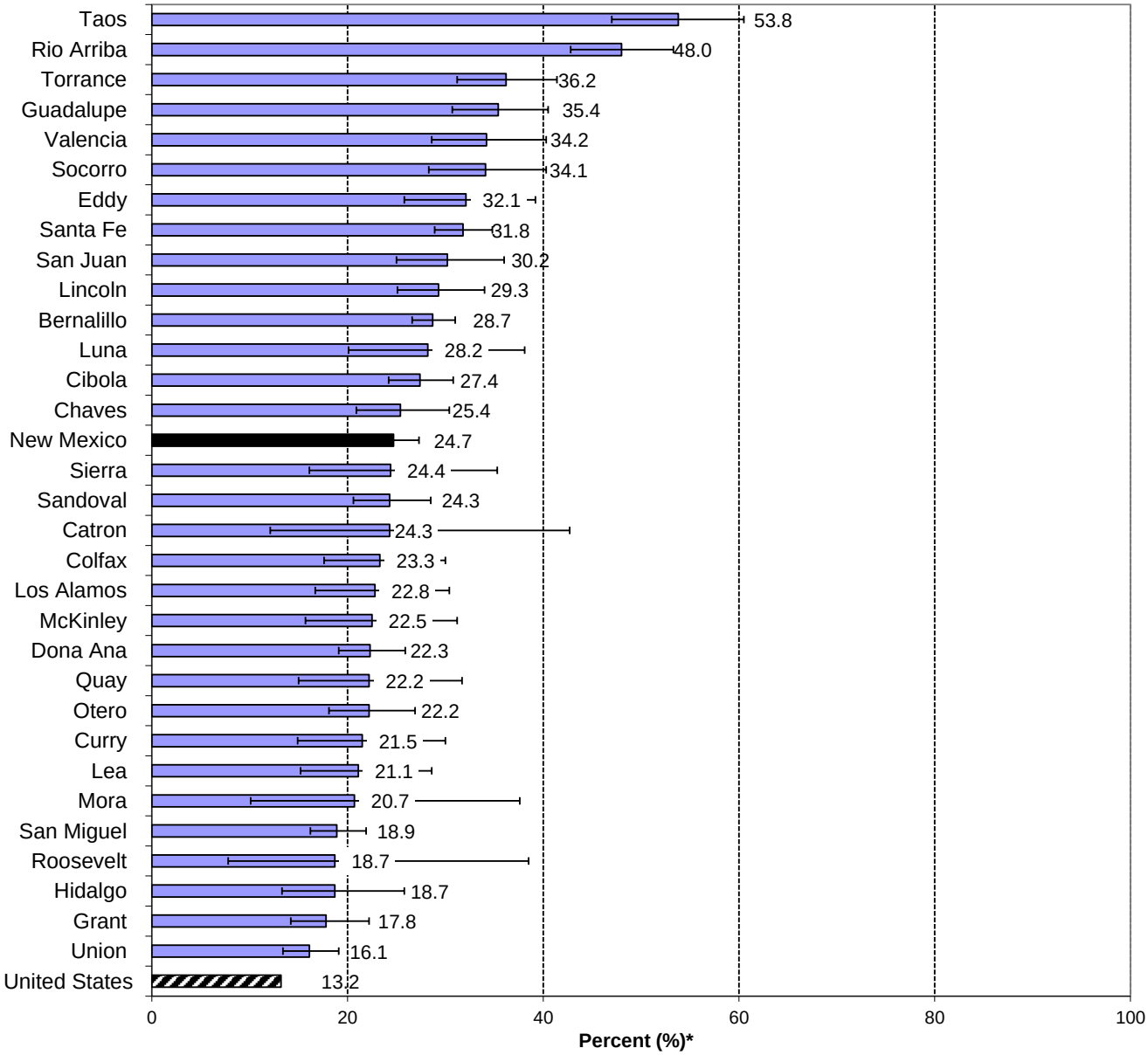
YOUTH CURRENT E-CIGARETTE USE (continued)

Chart 2: Current E-Cigarette Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017



Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

Chart 3: Current E-Cigarette Use* by County, Grades 9 - 12, New Mexico, 2017



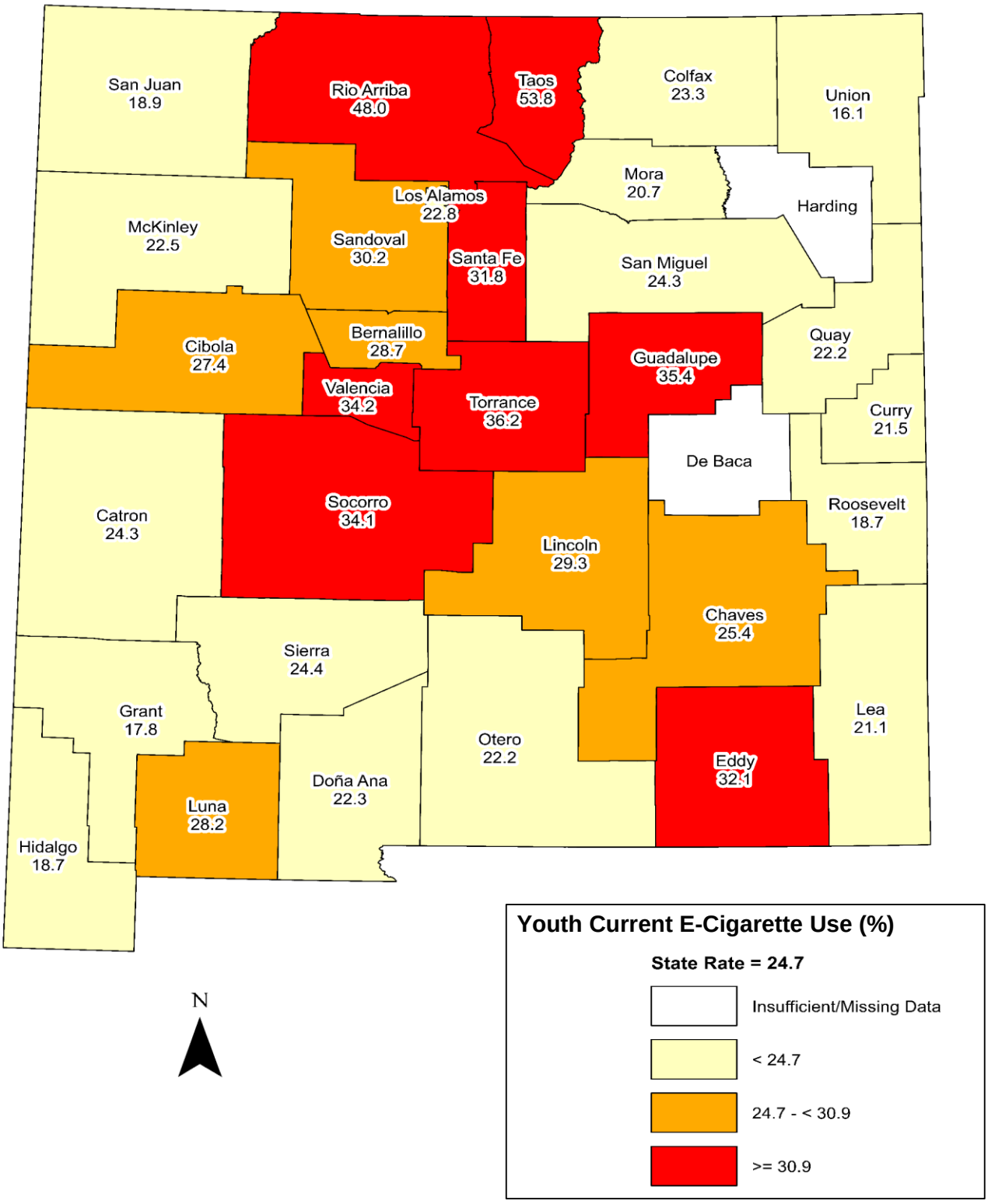
* Estimate of percent of high school students who reported using e-cigarettes on at least one of the past 30 days

De Baca and Harding County estimates not available due to low numbers and/or low response rates

Source: YRRS (NM); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

YOUTH CURRENT E-CIGARETTE USE (continued)

Chart 4: Current E-Cigarette Use* by County, Grades 9 - 12, New Mexico, 2017



* Estimate of percent of high school students who reported using e-cigarettes on at least one of the past 30 days

Insufficient Data: County estimates not available because of low numbers and/or low response rates

Source: YRRS (NM); NMDOH Survey Section; SAES

Vaping-Related Lung Injury Outbreak

In the summer of 2019, NMDOH began investigating cases of vaping-related lung injuries. As of 01/02/2020, 22 cases had been reported in New Mexico. Almost all cases (21 of 22) were hospitalized with 13 cases requiring intensive care. The age range of cases was 13-61 years, and five cases were under age 18. Of those interviewed (n=13), ten reported THC use. Three patients reported only nicotine use. This is similar to national exposure information. Counties with cases include Bernalillo, Curry, Lea, Los Alamos, Quay, Sandoval, San Juan, Santa Fe, and Valencia.

For more information please visit https://nmhealth.org/about/erd/eheb/vri/

For national investigation information, please visit https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html

Appendix 1

State Population by Age, Sex, Race/Ethnicity, and County

Appendix 1: Male Population, New Mexico, 2016*

		Race/Ethnicity																							
		American Indian				Asian/Pacific Islander				Black				Hispanic				White				All Race/Ethnicities			
Sex	County Name	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages
Male	Bernalillo	5,296	7,488	840	13,625	2,605	5,222	935	8,763	3,838	6,006	1,059	10,903	67,928	83,321	14,700	165,948	30,122	75,810	28,187	134,119	109,790	177,846	45,721	333,358
	Catron	14	23	16	54	1	1	0	2	7	18	4	29	74	172	127	373	231	586	632	1,449	328	799	780	1,907
	Chaves	134	162	30	326	132	154	13	299	242	301	63	606	8,495	8,500	1,568	18,564	3,661	6,556	2,851	13,068	12,665	15,673	4,525	32,863
	Cibola	2,098	2,522	537	5,157	24	39	8	71	56	93	19	168	1,854	3,420	570	5,844	617	1,431	723	2,771	4,650	7,504	1,858	14,011
	Colfax	22	74	11	107	13	23	2	38	21	34	3	58	1,100	1,614	522	3,235	558	1,446	1,014	3,019	1,714	3,191	1,552	6,457
	Curry	83	76	22	182	178	212	31	422	766	836	116	1,718	5,196	4,893	677	10,765	4,527	6,772	1,854	13,153	10,751	12,789	2,700	26,240
	De Baca	5	3	3	11	0	0	0	0	5	4	1	10	157	149	84	390	104	246	156	506	271	403	244	918
	Dona Ana	391	427	100	919	436	634	105	1,175	765	1,160	201	2,126	33,272	31,548	6,760	71,580	8,720	13,837	7,954	30,511	43,583	47,607	15,120	106,310
	Eddy	138	172	36	346	67	107	23	197	180	264	65	508	5,967	6,822	1,180	13,968	4,083	7,424	2,441	13,949	10,434	14,789	3,745	28,968
	Grant	43	71	23	137	55	37	18	110	85	77	15	178	2,839	3,156	1,171	7,166	1,346	2,946	2,368	6,660	4,369	6,288	3,595	14,252
	Guadalupe	11	37	4	52	3	21	0	25	10	54	1	65	631	1,011	327	1,969	72	264	85	421	729	1,387	417	2,532
	Harding	1	0	0	1	0	0	0	0	0	1	0	1	38	73	48	159	31	90	71	191	69	164	119	352
	Hidalgo	2	5	3	10	4	9	1	14	17	8	4	30	486	642	186	1,313	195	396	273	864	705	1,060	467	2,232
	Lea	104	190	33	327	62	113	20	194	563	833	126	1,521	9,950	9,857	1,095	20,902	3,726	7,026	2,162	12,914	14,405	18,019	3,435	35,858
	Lincoln	132	110	18	260	10	27	10	47	28	52	11	91	1,251	1,570	418	3,238	1,120	2,804	2,229	6,154	2,541	4,563	2,686	9,790
	Los Alamos	28	58	8	94	200	366	68	633	42	56	12	111	650	788	121	1,558	1,872	3,658	1,338	6,867	2,792	4,926	1,546	9,264
	Luna	29	36	19	85	19	43	9	71	48	82	20	150	3,685	3,648	941	8,274	773	1,632	1,411	3,817	4,556	5,441	2,401	12,397
	McKinley	11,174	12,877	2,115	26,167	133	153	20	306	124	144	32	301	2,672	2,183	531	5,385	790	1,840	759	3,389	14,893	17,196	3,457	35,547
	Mora	2	5	5	12	1	4	2	7	3	4	3	10	530	939	429	1,898	54	179	182	415	590	1,131	622	2,343
	Otero	930	971	126	2,026	175	246	22	443	617	721	150	1,487	5,719	5,719	1,108	12,545	4,795	8,723	3,809	17,327	12,235	16,380	5,214	33,829
	Quay	11	24	9	44	16	26	8	51	30	43	9	83	687	864	289	1,840	456	965	672	2,093	1,200	1,923	987	4,111
	Rio Arriba	1,069	1,394	267	2,730	28	38	6	72	46	51	13	110	4,790	7,054	2,174	14,018	374	1,309	870	2,553	6,307	9,845	3,331	19,483
	Roosevelt	47	33	10	91	79	41	2	123	173	105	10	288	2,061	1,790	289	4,139	1,866	2,396	912	5,174	4,226	4,365	1,224	9,814
	San Juan	10,007	12,343	2,073	24,423	146	197	25	368	268	310	33	612	6,194	5,952	971	13,116	6,846	13,487	4,727	25,062	23,462	32,289	7,830	63,581
	San Miguel	62	62	10	135	73	37	16	127	166	103	13	282	3,530	5,630	1,760	10,920	457	1,180	837	2,474	4,289	7,012	2,636	13,937
	Sandoval	3,670	4,210	638	8,519	323	519	113	956	622	964	189	1,775	10,851	13,437	2,359	26,647	7,641	16,404	7,288	31,333	23,108	35,534	10,587	69,229
	Santa Fe	654	1,012	217	1,882	295	576	129	1,001	250	527	115	892	13,781	19,674	4,411	37,867	4,807	15,628	10,213	30,647	19,788	37,417	15,085	72,289
	Sierra	19	50	27	97	1	9	11	21	25	24	12	62	659	794	280	1,734	550	1,533	1,696	3,780	1,256	2,411	2,027	5,694
	Socorro	480	446	83	1,010	31	41	10	82	45	77	9	131	1,654	2,068	618	4,339	941	1,490	787	3,219	3,151	4,122	1,508	8,781
	Taos	299	490	139	927	25	55	10	90	38	64	15	118	3,130	4,789	1,614	9,533	902	2,848	1,952	5,702	4,394	8,246	3,731	16,371
	Torrance	74	108	32	214	20	16	7	44	60	106	15	182	1,347	1,783	423	3,553	993	2,157	1,088	4,239	2,495	4,170	1,566	8,231
	Union	7	32	1	41	1	13	3	17	15	66	1	82	332	668	96	1,096	286	685	260	1,232	642	1,464	362	2,467
	Valencia	510	760	131	1,400	97	104	19	220	140	334	105	579	9,116	11,502	2,574	23,191	2,973	6,763	3,169	12,905	12,835	19,462	5,998	38,295
Male Total		37,551	46,268	7,590	91,409	5,258	9,083	1,648	15,988	9,300	13,523	2,445	25,267	210,621	246,027	50,420	507,068	96,491	210,513	94,973	401,977	359,221	525,415	157,075	1,041,711

* 2016 population is reported here because 2016 was the mid-point year for the 2014-2018 timeframe used in this report

SOURCE: University of New Mexico Geospatial and Population Studies

Appendix 1: Female Population, New Mexico, 2016*

		Race/Ethnicity																							
		American Indian				Asian/Pacific Islander				Black				Hispanic				White				All Race/Ethnicities			
Sex	County Name	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages
Female	Bernalillo	5,401	8,916	1,401	15,718	2,646	6,432	1,332	10,411	3,322	4,519	1,065	8,906	65,704	87,575	19,589	172,868	28,161	76,316	34,180	138,657	105,236	183,757	57,567	346,560
	Catron	19	25	14	59	1	4	2	7	3	9	2	14	86	117	103	306	218	611	520	1,349	329	765	642	1,736
	Chaves	74	130	39	243	86	191	37	314	192	232	82	506	8,041	8,682	1,772	18,496	3,156	6,832	3,607	13,595	11,549	16,067	5,538	33,155
	Cibola	2,183	2,871	805	5,859	21	44	9	74	52	83	12	147	1,707	2,256	684	4,647	525	1,402	786	2,713	4,488	6,656	2,297	13,441
	Colfax	14	34	10	59	14	28	9	52	35	23	4	62	1,030	1,435	603	3,068	500	1,516	1,027	3,044	1,595	3,036	1,653	6,285
	Curry		106	23	204	122	298	61	481	619	645	134	1,398	4,667	4,720	815	10,203	3,523	6,056	2,388	11,967	9,006	11,825	3,422	24,253
	De Baca	2	6	1	9	1	1	0	2	2	3	1	6	141	161	79	381	126	241	174	541	272	413	254	939
	Dona Ana	409	390	101	900	465	769	166	1,400	584	758	177	1,519	33,513	34,349	8,225	76,087	8,026	13,771	8,608	30,405	42,997	50,035	17,278	110,311
	Eddy	111	160	25	296	54	139	39	232	154	155	46	355	5,960	6,388	1,377	13,724	3,774	7,114	2,929	13,816	10,052	13,955	4,416	28,422
	Grant	50	84	28	162	39	84	28	151	39	52	20	110	2,667	3,317	1,462	7,445	1,198	3,283	2,315	6,796	3,993	6,819	3,852	14,664
	Guadalupe	10	12	1	24	7	15	1	24	3	7	0	10	492	744	340	1,576	62	143	97	302	574	922	439	1,935
	Harding	0	0	0	0	0	0	0	0	1	0	0	1	37	60	43	140	31	88	71	189	68	148	114	330
	Hidalgo	5	4	1	10	2	5	0	7	12	9	4	26	460	584	238	1,281	209	440	248	897	688	1,043	491	2,222
	Lea	93	119	32	243	45	124	21	189	512	554	168	1,234	9,336	8,711	1,181	19,227	3,472	6,640	2,723	12,834	13,457	16,147	4,124	33,728
	Lincoln	124	157	34	315	13	30	12	56	31	29	11	71	1,231	1,526	444	3,200	999	3,137	2,337	6,473	2,398	4,879	2,838	10,114
	Los Alamos	23	48	8	80	163	335	64	562	41	78	7	126	686	856	182	1,724	1,793	3,382	1,380	6,555	2,706	4,700	1,640	9,046
	Luna	26	36	17	80	16	47	42	105	81	65	24	171	3,551	3,629	1,041	8,220	678	1,585	1,544	3,807	4,352	5,362	2,668	12,383
	McKinley	11,076	14,282	3,332	28,690	87	260	35	383	132	92	21	245	2,316	2,149	598	5,064	768	1,784	869	3,420	14,380	18,568	4,855	37,803
	Mora	5	8	1	14	1	6	2	9	2	8	0	10	528	871	415	1,814	61	221	154	435	597	1,114	572	2,283
	Otero	811	1,122	181	2,113	109	366	125	600	448	515	124	1,088	5,187	5,772	1,343	12,301	3,607	8,003	3,916	15,527	10,162	15,778	5,688	31,628
	Quay	9	21	8	38	12	26	10	48	34	28	7	70	695	920	340	1,953	425	1,095	729	2,248	1,175	2,091	1,093	4,358
	Rio Arriba	1,096	1,538	407	3,040	43	71	7	121	40	36	9	85	4,861	7,039	2,478	14,378	382	1,343	970	2,695	6,422	10,026	3,871	20,319
	Roosevelt	66	53	13	132	99	49	5	153	105	60	9	174	1,977	1,725	308	4,009	1,881	2,368	1,115	5,364	4,127	4,254	1,451	9,833
	San Juan	9,832	12,825	2,845	25,500	143	276	35	454	248	199	36	484	5,993	5,536	1,120	12,649	6,665	13,547	5,641	25,852	22,880	32,382	9,676	64,938
	San Miguel	77	91	7	176	56	54	60	171	131	62	18	211	3,326	5,581	2,021	10,928	481	1,231	955	2,667	4,071	7,020	3,060	14,152
	Sandoval	3,522	4,569	1,056	9,147	344	824	188	1,355	551	736	236	1,523	10,473	14,215	2,867	27,554	6,982	17,331	8,275	32,588	21,872	37,674	12,621	72,167
	Santa Fe	723	1,074	253	2,050	276	739	200	1,216	220	323	85	628	13,611	19,245	5,444	38,300	4,544	17,937	11,805	34,285	19,375	39,317	17,788	76,480
	Sierra	19	41	16	76	4	18	16	39	22	20	12	55	577	795	317	1,689	526	1,646	1,611	3,782	1,148	2,521	1,972	5,641
	Socorro	509	530	80	1,118	34	58	24	116	45	40	4	89	1,627	2,011	666	4,305	645	1,480	809	2,934	2,860	4,120	1,583	8,563
	Taos	256	508	176	940	26	144	19	190	42	40	22	105	2,952	4,628	1,900	9,480	799	3,288	2,202	6,289	4,077	8,607	4,320	17,004
	Torrance	57	75	27	159	17	25	14	57	52	41	14	106	1,184	1,471	449	3,104	873	2,112	1,002	3,987	2,184	3,723	1,507	7,414
	Union	6	10	5	22	0	3	6	9	4	8	0	13	245	337	138	720	263	510	335	1,109	518	869	485	1,872
	Valencia	511	784	164	1,459	118	178	48	344	139	156	59	355	8,649	11,139	2,993	22,780	2,685	6,837	3,437	12,959	12,102	19,094	6,702	37,897
Female Total		37,195	50,627	11,113	98,936	5,068	11,644	2,620	19,332	7,902	9,586	2,416	19,905	203,505	248,544	61,573	513,623	88,038	213,289	108,754	410,081	341,710	533,689	186,476	1,061,875

* 2016 population is reported here because 2016 was the mid-point year for the 2014-2018 timeframe used in this report

SOURCE: University of New Mexico Geospatial and Population Studies

Appendix 1: Total Population, New Mexico, 2016*

		Race/Ethnicity																							
		American Indian				Asian/Pacific Islander				Black				Hispanic				White				All Race/Ethnicities			
Sex	County Name	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages
Both	Bernalillo	10,698	16,403	2,241	29,343	5,253	11,654	2,267	19,174	7,160	10,525	2,124	19,809	133,632	170,895	34,288	338,815	58,283	152,126	62,367	272,776	215,027	361,604	103,288	679,917
Sexes	Catron	34	47	31	112	2	5	2	9	10	27	6	43	161	289	230	680	450	1,196	1,152	2,798	657	1,565	1,421	3,643
	Chaves	208	292	70	570	218	344	50	613	435	533	144	1,112	16,537	17,182	3,341	37,060	6,816	13,388	6,458	26,663	24,214	31,740	10,064	66,018
	Cibola	4,281	5,393	1,342	11,016	46	82	17	145	107	176	32	315	3,560	5,676	1,255	10,491	1,142	2,833	1,509	5,484	9,136	14,160	4,155	27,452
	Colfax	36	108	22	166	28	51	11	90	56	57	7	121	2,129	3,049	1,124	6,302	1,059	2,963	2,041	6,062	3,308	6,227	3,206	12,742
	Curry	159	182	45	386	300	510	93	903	1,385	1,482	250	3,116	9,862	9,613	1,493	20,968	8,050	12,828	4,242	25,120	19,756	24,615	6,122	50,494
	De Baca	7	9	4	20	1	1	0	2	7	7	2	16	298	311	162	772	230	487	330	1,047	544	815	498	1,857
	Dona Ana	800	817	202	1,819	901	1,403	271	2,575	1,351	1,917	378	3,645	66,785	65,897	14,985	147,667	16,745	27,608	16,562	60,915	86,580	97,642	32,398	216,621
	Eddy	249	332	61	641	121	246	62	429	334	419	111	863	11,925	13,210	2,557	27,692	7,857	14,538	5,370	27,765	20,486	28,744	8,161	57,390
	Grant	94	155	51	299	94	121	45	261	125	129	35	289	5,505	6,474	2,632	14,611	2,544	6,229	4,683	13,456	8,363	13,107	7,446	28,916
	Guadalupe	21	49	5	76	10	37	1	48	13	61	1	76	1,123	1,755	667	3,545	135	407	182	723	1,303	2,308	856	4,468
	Harding	1	0	0	1	0	0	0	0	1	1	0	2	74	133	92	299	61	177	142	380	137	311	234	682
	Hidalgo	7	9	4	21	6	14	1	22	30	17	8	56	945	1,226	424	2,595	404	836	520	1,761	1,393	2,103	958	4,453
	Lea	196	309	65	570	107	236	41	384	1,075	1,387	294	2,756	19,286	18,568	2,275	40,129	7,198	13,666	4,885	25,749	27,861	34,166	7,559	69,587
	Lincoln	255	267	52	575	24	57	23	103	58	80	23	162	2,481	3,096	861	6,439	2,119	5,941	4,566	12,626	4,938	9,442	5,524	19,905
	Los Alamos	51	106	16	174	363	701	131	1,195	84	134	19	237	1,336	1,644	303	3,282	3,664	7,040	2,718	13,422	5,498	9,625	3,187	18,311
	Luna	56	71	37	164	36	90	51	176	130	147	45	321	7,236	7,277	1,981	16,494	1,450	3,218	2,955	7,623	8,908	10,803	5,069	24,780
	McKinley	22,251	27,159	5,447	54,857	220	413	55	689	256	236	53	546	4,988	4,332	1,129	10,449	1,558	3,623	1,628	6,809	29,273	35,764	8,312	73,349
	Mora	7	13	6	26	2	10	4	16	5	12	3	20	1,059	1,810	844	3,712	115	400	336	850	1,187	2,245	1,193	4,626
	Otero	1,740	2,093	306	4,139	284	612	147	1,042	1,066	1,236	273	2,575	10,905	11,491	2,450	24,846	8,402	16,727	7,725	32,854	22,397	32,158	10,901	65,456
	Quay	20	45	17	83	28	53	18	99	65	72	16	153	1,381	1,784	629	3,793	880	2,060	1,401	4,341	2,375	4,014	2,081	8,469
	Rio Arriba	2,165	2,931	674	5,770	71	109	13	193	86	86	22	195	9,650	14,093	4,652	28,396	756	2,652	1,840	5,248	12,729	19,872	7,202	39,802
	Roosevelt	113	85	24	222	178	91	7	276	278	165	20	462	4,037	3,514	597	8,149	3,746	4,764	2,027	10,538	8,353	8,619	2,675	19,648
	San Juan	19,839	25,167	4,918	49,923	289	473	60	822	517	509	69	1,095	12,187	11,488	2,090	25,765	13,511	27,034	10,368	50,914	46,343	64,671	17,506	128,519
	San Miguel	140	154	17	310	130	91	76	297	296	166	31	493	6,856	11,211	3,781	21,847	939	2,410	1,791	5,140	8,360	14,032	5,697	28,089
	Sandoval	7,193	8,779	1,694	17,665	668	1,343	300	2,311	1,173	1,700	425	3,297	21,324	27,652	5,225	54,201	14,623	33,735	15,563	63,921	44,980	73,209	23,207	141,396
	Santa Fe	1,376	2,086	471	3,933	572	1,315	329	2,216	471	850	200	1,520	27,392	38,919	9,856	76,167	9,351	33,564	22,017	64,932	39,162	76,734	32,872	148,769
	Sierra	39	91	44	173	5	27	27	60	48	45	24	117	1,237	1,589	597	3,423	1,076	3,179	3,307	7,562	2,404	4,931	3,999	11,335
	Socorro	989	976	163	2,128	64	99	34	198	90	117	13	220	3,281	4,079	1,284	8,645	1,586	2,971	1,596	6,153	6,011	8,242	3,091	17,344
	Taos	554	997	315	1,867	52	199	29	280	81	104	38	222	6,081	9,417	3,514	19,013	1,701	6,136	4,154	11,992	8,471	16,853	8,051	33,374
	Torrance	131	183	60	373	38	42	21	100	111	147	29	288	2,531	3,254	872	6,657	1,867	4,269	2,090	8,226	4,679	7,893	3,073	15,645
	Union	13	43	6	63	1	16	9	26	19	74	1	94	577	1,005	234	1,816	550	1,195	596	2,340	1,160	2,333	846	4,339
	Valencia	1,020	1,543	295	2,859	214	282	67	564	279	491	164	934	17,765	22,640	5,566	45,972	5,658	13,600	6,606	25,864	24,937	38,556	12,699	76,192
Both Sexes Total		74,747	96,895	18,703	190,345	10,325	20,727	4,267	35,320	17,202	23,109	4,861	45,172	414,127	494,572	111,993	1,020,691	184,529	423,802	203,727	812,058	700,930	1,059,104	343,551	2,103,586

* 2015 population is reported here because 2016 was the mid-point year for the 2014-2018 timeframe used in this report

SOURCE: University of New Mexico Geospatial and Population Studies

Appendix 2

Substance Use and Mental Health in New Mexico, by Age Group, 2016-2017

National Survey on Drug Use and Health (NSDUH)

Appendix 2A. Drug Use, Past Year Alcohol Use Disorder, and Past Year Mental Health Measures in New Mexico, by Age Group: Estimated Numbers (in Thousands), Annual Averages Based on 2016-2017 NSDUHs

Measure	12+	12-17 Years	18-25 Years	26+ Years	18+ years
ILLICIT DRUGS[2]					
Past Month Illicit Drug Use[2]	233	18	59	156	215
Past Year Cocaine Use	35	1	12	21	34
Perceptions of Great Risk from Using Cocaine Once a Month	1,199	88	137	974	1,111
Past Year Heroin Use	6	0	2	4	6
Perceptions of Great Risk from Trying Heroin Once or Twice	1,465	110	181	1,175	1,355
Past Year Pain Reliever Misuse	72	6	17	49	66
First Use of Marijuana[3]	22	9	9	5	13
Past Month Marijuana Use	206	16	54	136	190
Past Year Marijuana Use	302	26	74	202	276
Perceptions of Great Risk from Smoking Marijuana Once a Month	444	34	29	381	410
Past Month Use of Illicit Drugs[2] Other Than Marijuana	64	4	18	41	59
Past Year Methamphetamine Use	20	1	5	15	20
ALCOHOL					
Past Month Alcohol Use	845	17	118	710	828
Past Month Binge Alcohol Use[9]	421	9	73	339	412
Past Month Alcohol Use (12-20 Years)[8]	46	_	_	_	_
Past Month Binge Alcohol Use (12-20 Years)[8,9]	25	_	_	_	_
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	825	72	91	662	753
TOBACCO PRODUCTS[4]					
Past Month Tobacco Product Use	433	8	69	355	425
Past Month Cigarette Use	346	5	56	286	342
Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day	1,231	104	143	985	1,128
PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT					
Illicit Drug Use Disorder[1]	55	7	19	29	48
Pain Reliever Use Disorder[1]	9	1	2	6	8
Alcohol Use Disorder[1]	104	4	24	76	100
Substance Use Disorder[1]	138	10	37	91	128
Needing But Not Receiving Treatment at a Specialty Facility for Illicit Drug Use[10]	49	7	18	24	41
Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use[10]	96	3	23	69	93
Needing But Not Receiving Treatment at a Specialty Facility for Substance Use[10]	128	9	34	85	120
PAST YEAR MENTAL HEALTH ISSUES					
Major Depressive Episode[7]	_	25	25	79	103
Any Mental Illness[5]	_	_	53	223	276
Serious Mental Illness[6]	_	_	14	55	68
Received Mental Health Services[11]	_	_	27	171	199
Had Serious Thoughts of Suicide	_	_	19	43	63

+ All figures are estimated numbers in thousands
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016 and 2017.

Appendix 2B. Drug Use, Past Year Alcohol Use Disorder, and Past Year Mental Health Measures in New Mexico, by Age Group: Percentages, Annual Averages Based on 2016-2017 NSDUHs

Measure	12+	12-17 Years	18-25 Years	26+ Years	18+ years
ILLICIT DRUGS[2]					
Past Month Illicit Drug Use[2]	13.51	11.00	26.72	11.65	13.78
Past Year Cocaine Use	2.02	0.74	5.58	1.59	2.15
Perceptions of Great Risk from Using Cocaine Once a Month	69.51	53.07	62.23	72.73	71.24
Past Year Heroin Use	0.34	0.10	0.81	0.29	0.37
Perceptions of Great Risk from Trying Heroin Once or Twice	84.96	66.18	81.90	87.76	86.92
Past Year Pain Reliever Misuse	4.15	3.32	7.76	3.66	4.24
First Use of Marijuana[3]	2.80	7.54	9.54	0.72	1.90
Past Month Marijuana Use	11.96	9.74	24.39	10.19	12.20
Past Year Marijuana Use	17.51	15.62	33.63	15.09	17.71
Perceptions of Great Risk from Smoking Marijuana Once a Month	25.75	20.76	13.00	28.49	26.28
Past Month Use of Illicit Drugs[2] Other Than Marijuana	3.68	2.56	8.09	3.10	3.80
Past Year Methamphetamine Use	1.19	0.31	2.25	1.12	1.28
ALCOHOL					
Past Month Alcohol Use	48.98	10.32	53.37	53.04	53.09
Past Month Binge Alcohol Use[9]	24.41	5.50	33.01	25.33	26.42
Past Month Alcohol Use (12-20 Years)[8]	19.04	_	_	_	_
Past Month Binge Alcohol Use (12-20 Years)[8,9]	10.60	_	_	_	_
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	47.84	43.41	41.30	49.46	48.31
TOBACCO PRODUCTS[4]					
Past Month Tobacco Product Use	25.08	4.76	31.42	26.56	27.24
Past Month Cigarette Use	20.06	2.74	25.33	21.34	21.91
Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day	71.37	62.42	64.74	73.57	72.32
PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT					
Illicit Drug Use Disorder[1]	3.17	4.11	8.41	2.18	3.07
Pain Reliever Use Disorder[1]	0.52	0.59	0.93	0.45	0.52
Alcohol Use Disorder[1]	6.01	2.22	10.87	5.68	6.42
Substance Use Disorder[1]	8.01	6.01	16.81	6.80	8.22
Needing But Not Receiving Treatment at a Specialty Facility for Illicit Drug Use[10]	2.81	4.25	8.11	1.76	2.66
Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use[10]	5.57	2.07	10.64	5.16	5.94
Needing But Not Receiving Treatment at a Specialty Facility for Substance Use[10]	7.44	5.20	15.54	6.38	7.68
PAST YEAR MENTAL HEALTH ISSUES					
Major Depressive Episode[7]	_	14.88	11.18	5.88	6.63
Any Mental Illness[5]	_	_	24.08	16.68	17.73
Serious Mental Illness[6]	_	_	6.29	4.08	4.39
Received Mental Health Services[11]	_	_	12.32	12.80	12.74
Had Serious Thoughts of Suicide	_	_	8.78	3.23	4.01

* _ Not available
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016 and 2017.

Appendix 3

Substance Use and Mental Health by National Regions, Age 12+, 2016-2017

National Survey on Drug Use and Health (NSDUH)

Appendix 3A. Substance Use and Mental Health, U.S. Regions & New Mexico, Percentages, Annual Averages Based on 2016 and 2017 NSDUHs

INDICATORS+	TOTAL U.S.	NORTHEAST	MIDWEST	SOUTH	WEST	NEW MEXICO
ILLICIT DRUGS[2] among persons aged 12 or older						
Past Month Illicit Drug Use[2]	10.90	11.55	10.32	9.15	13.73	13.51
	(10.64 - 11.17)	(11.03 - 12.09)	(9.90 - 10.75)	(8.80 - 9.52)	(13.16 - 14.31)	(11.76 - 15.48)
Past Year Cocaine Use	2.03	2.34	1.77	1.75	2.49	2.02
	(1.93 - 2.14)	(2.12 - 2.59)	(1.61 - 1.94)	(1.62 - 1.89)	(2.27 - 2.74)	(1.51 - 2.69)
Perceptions of Great Risk from Using Cocaine Once a Month	71.55	68.92	71.40	75.44	67.48	69.51
	(71.15 - 71.95)	(68.10 - 69.73)	(70.76 - 72.04)	(74.92 - 75.96)	(66.69 - 68.26)	(67.00 - 71.91)
Past Year Heroin Use	0.34	0.45	0.35	0.33	0.27	0.34
	(0.30 - 0.38)	(0.35 - 0.56)	(0.28 - 0.44)	(0.26 - 0.40)	(0.21 - 0.36)	(0.19 - 0.63)
Perceptions of Great Risk from Trying Heroin Once or Twice	86.00	86.02	86.13	87.44	83.57	84.96
	(85.71 - 86.28)	(85.41 - 86.61)	(85.63 - 86.61)	(87.02 - 87.84)	(82.95 - 84.16)	(83.13 - 86.63)
Past Year Pain Reliever Misuse	4.17	3.77	4.26	4.12	4.48	4.15
	(4.03 - 4.32)	(3.49 - 4.07)	(4.02 - 4.50)	(3.91 - 4.34)	(4.18 - 4.81)	(3.45 - 5.00)
First Use of Marijuana[3]	2.03	2.17	2.21	1.70	2.33	2.80
	(1.95 - 2.11)	(2.04 - 2.31)	(2.10 - 2.33)	(1.61 - 1.79)	(2.19 - 2.48)	(2.39 - 3.27)
Past Month Marijuana Use	9.23	9.83	8.76	7.47	11.98	11.96
	(9.00 - 9.47)	(9.35 - 10.34)	(8.35 - 9.19)	(7.15 - 7.82)	(11.45 - 12.54)	(10.33 - 13.81)
Past Year Marijuana Use	14.50	15.10	13.88	12.25	18.17	17.51
	(14.20 - 14.80)	(14.51 - 15.71)	(13.37 - 14.41)	(11.82 - 12.69)	(17.51 - 18.85)	(15.57 - 19.63)
Perceptions of Great Risk from Smoking Marijuana Once a Month	26.91	25.33	23.80	30.51	25.14	25.75
	(26.49 - 27.34)	(24.45 - 26.24)	(23.05 - 24.56)	(29.85 - 31.17)	(24.34 - 25.96)	(23.30 - 28.36)
Past Month Use of Illicit Drugs[2] Other Than Marijuana	3.38	3.41	3.28	3.17	3.76	3.68
	(3.23 - 3.52)	(3.13 - 3.71)	(3.06 - 3.51)	(2.98 - 3.38)	(3.48 - 4.06)	(2.97 - 4.57)
Past Year Methamphetamine Use	0.56	0.28	0.51	0.56	0.81	1.19
	(0.51 - 0.62)	(0.20 - 0.40)	(0.42 - 0.61)	(0.47 - 0.66)	(0.67 - 0.98)	(0.75 - 1.87)
ALCOHOL among persons aged 12 or older						
Past Month Alcohol Use	51.21	56.44	54.36	47.13	50.99	48.98
	(50.75 - 51.67)	(55.53 - 57.35)	(53.55 - 55.17)	(46.46 - 47.79)	(50.16 - 51.82)	(46.16 - 51.80)
Past Month Binge Alcohol Use[9]	24.37	26.45	26.42	22.81	23.47	24.41
	(23.99 - 24.75)	(25.65 - 27.26)	(25.74 - 27.12)	(22.26 - 23.36)	(22.78 - 24.18)	(22.05 - 26.92)
Past Month Alcohol Use (12-20 Years)[8]	19.50	22.91	21.36	17.83	18.09	19.04
	(18.83 - 20.18)	(21.98 - 23.87)	(20.61 - 22.14)	(17.19 - 18.49)	(17.23 - 18.98)	(16.65 - 21.69)
Past Month Binge Alcohol Use (12-20 Years)[8,9]	12.00	14.94	13.70	10.28	11.16	10.60
	(11.49 - 12.54)	(14.09 - 15.84)	(13.01 - 14.41)	(9.73 - 10.86)	(10.40 - 11.98)	(9.02 - 12.43)
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	44.50	43.05	40.29	46.33	46.42	47.84
	(44.09 - 44.92)	(42.15 - 43.96)	(39.52 - 41.06)	(45.69 - 46.98)	(45.58 - 47.27)	(45.22 - 50.46)
TOBACCO among persons aged 12 or older						
Past Month Tobacco Product Use[4]	22.99	21.91	25.69	24.66	18.74	25.08
	(22.61 - 23.37)	(21.18 - 22.65)	(25.03 - 26.37)	(24.10 - 25.24)	(18.08 - 19.42)	(22.80 - 27.51)
Past Month Cigarette Use	18.47	17.54	20.61	19.78	15.18	20.06
	(18.11 - 18.84)	(16.84 - 18.26)	(20.00 - 21.25)	(19.26 - 20.32)	(14.60 - 15.77)	(18.04 - 22.25)
Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day	72.21	74.26	68.59	71.87	74.44	71.37
	(71.82 - 72.60)	(73.47 - 75.03)	(67.86 - 69.30)	(71.30 - 72.44)	(73.74 - 75.13)	(69.09 - 73.54)
PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT						
Illicit Drug Use Disorder[1]	2.76	2.79	2.62	2.62	3.07	3.17
	(2.65 - 2.87)	(2.56 - 3.03)	(2.43 - 2.83)	(2.46 - 2.79)	(2.83 - 3.33)	(2.55 - 3.93)
Pain Reliever Use Disorder[1]	0.63	0.63	0.67	0.65	0.59	0.52
	(0.58 - 0.69)	(0.54 - 0.72)	(0.59 - 0.76)	(0.58 - 0.73)	(0.51 - 0.67)	(0.39 - 0.71)
Alcohol Use Disorder[1]	5.46	5.61	5.82	4.99	5.77	6.01
	(5.29 - 5.64)	(5.24 - 6.01)	(5.52 - 6.14)	(4.73 - 5.25)	(5.42 - 6.15)	(5.00 - 7.22)
Substance Use Disorder[1]	7.35	7.63	7.63	6.77	7.82	8.01
	(7.15 - 7.55)	(7.21 - 8.06)	(7.27 - 8.01)	(6.47 - 7.09)	(7.42 - 8.24)	(6.84 - 9.35)
Needing But Not Receiving Treatment at a Specialty Facility for Illicit Drug Use[10]	2.45	2.48	2.30	2.30	2.80	2.81
	(2.35 - 2.55)	(2.27 - 2.70)	(2.11 - 2.49)	(2.15 - 2.46)	(2.57 - 3.06)	(2.26 - 3.49)
Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use[10]	5.22	5.40	5.52	4.73	5.59	5.57
	(5.05 - 5.39)	(5.05 - 5.78)	(5.23 - 5.82)	(4.49 - 4.98)	(5.26 - 5.94)	(4.66 - 6.64)
Needing But Not Receiving Treatment at a Specialty Facility for Substance Use[10]	6.82	6.94	6.99	6.28	7.42	7.44
	(6.62 - 7.01)	(6.54 - 7.36)	(6.65 - 7.34)	(6.00 - 6.58)	(7.01 - 7.84)	(6.32 - 8.74)
MENTAL HEALTH among persons aged 18 or older						
Any Mental Illness[5] in past year	18.57	18.01	18.78	18.18	19.41	17.73
	(18.20 - 18.93)	(17.30 - 18.73)	(18.16 - 19.41)	(17.67 - 18.70)	(18.70 - 20.14)	(15.88 - 19.74)
Serious Mental Illness[6] in past year	4.38	4.16	4.64	4.31	4.43	4.39
	(4.21 - 4.56)	(3.85 - 4.50)	(4.38 - 4.93)	(4.08 - 4.55)	(4.12 - 4.76)	(3.57 - 5.39)
Had serious thoughts of suicide in past year	4.19	3.99	4.35	4.03	4.45	4.01
	(4.03 - 4.35)	(3.68 - 4.32)	(4.08 - 4.63)	(3.81 - 4.27)	(4.13 - 4.80)	(3.25 - 4.95)
Received Mental Health Services[11]	14.60	15.66	16.45	13.81	13.42	12.74
	(14.28 - 14.93)	(15.01 - 16.34)	(15.86 - 17.06)	(13.36 - 14.28)	(12.81 - 14.04)	(11.14 - 14.53)
Major Depressive Episode[7] in past year	6.89	6.76	7.24	6.66	7.05	6.63
	(6.68 - 7.11)	(6.35 - 7.18)	(6.89 - 7.59)	(6.37 - 6.97)	(6.66 - 7.47)	(5.58 - 7.85)

+ All figures are percent prevalence rates; figures in parentheses are 95% confidence intervals

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016 and 2017.

Appendix 3B. Substance Use and Mental Health, U.S. Regions & New Mexico, by Age Group, Percentages, Annual Averages Based on 2016 and 2017 NSDUHs

INDICATORS+	AGE GROUP	TOTAL U.S.	NORTHEAST	MIDWEST	SOUTH	WEST	NEW MEXICO
ILLICIT DRUGS[2] among persons aged 12 or older							
Past Month Illicit Drug Use[2]	Age 12-17	7.88	8.06	7.82	7.29	8.73	11.00
		(7.51 - 8.25)	(7.37 - 8.80)	(7.30 - 8.38)	(6.83 - 7.79)	(8.05 - 9.46)	(8.93 - 13.49)
	Age 18-25	23.69	27.12	23.06	20.75	26.29	26.72
		(23.06 - 24.33)	(25.77 - 28.51)	(21.95 - 24.20)	(19.85 - 21.68)	(24.93 - 27.70)	(22.81 - 31.02)
	Age 26+	9.18	9.45	8.50	7.51	12.24	11.65
		(8.89 - 9.48)	(8.82 - 10.11)	(7.99 - 9.04)	(7.06 - 7.98)	(11.55 - 12.96)	(9.68 - 13.95)
	Age 18+	11.21	11.87	10.57	9.34	14.24	13.78
		(10.93 - 11.50)	(11.32 - 12.45)	(10.12 - 11.04)	(8.96 - 9.74)	(13.62 - 14.88)	(11.90 - 15.90)
Past Year Cocaine Use	Age 12-17	0.53	0.53	0.51	0.42	0.71	0.74
		(0.44 - 0.63)	(0.42 - 0.67)	(0.40 - 0.65)	(0.33 - 0.54)	(0.54 - 0.93)	(0.45 - 1.21)
	Age 18-25	5.88	6.69	5.22	4.99	7.24	5.58
		(5.51 - 6.26)	(5.97 - 7.48)	(4.67 - 5.83)	(4.52 - 5.50)	(6.47 - 8.09)	(3.99 - 7.76)
	Age 26+	1.59	1.85	1.34	1.39	1.92	1.59
		(1.48 - 1.70)	(1.61 - 2.12)	(1.18 - 1.53)	(1.24 - 1.55)	(1.67 - 2.19)	(1.10 - 2.29)
	Age 18+	2.19	2.51	1.90	1.89	2.67	2.15
		(2.08 - 2.30)	(2.27 - 2.78)	(1.73 - 2.08)	(1.74 - 2.04)	(2.43 - 2.94)	(1.60 - 2.89)
Perceptions of Great Risk from Using Cocaine Once a Month	Age 12-17	56.01	55.84	54.66	57.72	54.58	53.07
		(55.28 - 56.73)	(54.52 - 57.15)	(53.52 - 55.79)	(56.71 - 58.73)	(53.26 - 55.88)	(49.30 - 56.81)
	Age 18-25	63.91	60.02	63.40	68.49	60.09	62.23
		(63.17 - 64.63)	(58.50 - 61.52)	(62.07 - 64.70)	(67.26 - 69.70)	(58.46 - 61.70)	(58.17 - 66.13)
	Age 26+	74.62	71.73	74.73	78.68	70.23	72.73
		(74.14 - 75.09)	(70.74 - 72.7)	(73.94 - 75.49)	(78.03 - 79.31)	(69.27 - 71.17)	(69.75 - 75.52)
	Age 18+	73.11	70.12	73.11	77.26	68.78	71.24
		(72.68 - 73.53)	(69.23 - 70.98)	(72.41 - 73.79)	(76.69 - 77.82)	(67.92 - 69.62)	(68.53 - 73.80)
Past Year Heroin Use	Age 12-17	0.05	0.05	0.05	0.05	0.06	0.10
		(0.030 - 0.09)	(0.02 - 0.11)	(0.02 - 0.11)	(0.03 - 0.12)	(0.02 - 0.13)	(0.04 - 0.25)
	Age 18-25	0.64	0.77	0.65	0.67	0.49	0.81
		(0.53 - 0.77)	(0.60 - 0.99)	(0.50 - 0.84)	(0.53 - 0.85)	(0.36 - 0.67)	(0.41 - 1.60)
	Age 26+	0.32	0.44	0.33	0.30	0.26	0.29
		(0.28 - 0.37)	(0.33 - 0.57)	(0.26 - 0.43)	(0.23 - 0.39)	(0.19 - 0.36)	(0.15 - 0.58)
	Age 18+	0.37	0.48	0.38	0.35	0.29	0.37
		(0.32 - 0.42)	(0.38 - 0.61)	(0.30 - 0.47)	(0.29 - 0.44)	(0.22 - 0.39)	(0.20 - 0.69)
Perceptions of Great Risk from Trying Heroin Once or Twice	Age 12-17	65.92	66.55	65.55	67.09	63.93	66.18
		(65.25 - 66.59)	(65.31 - 67.78)	(64.48 - 66.61)	(66.10 - 68.07)	(62.67 - 65.18)	(62.73 - 69.46)
	Age 18-25	82.76	82.95	83.20	83.90	80.48	81.90
		(82.20 - 83.30)	(81.88 - 83.96)	(82.35 - 84.02)	(83.13 - 84.63)	(79.31 - 81.59)	(78.74 - 84.67)
	Age 26+	88.85	88.58	89.05	90.42	86.39	87.76
		(88.51 - 89.18)	(87.87 - 89.24)	(88.49 - 89.58)	(89.94 - 90.87)	(85.67 - 87.07)	(85.60 - 89.63)
	Age 18+	88.00	87.80	88.21	89.51	85.54	86.92
		(87.69 - 88.29)	(87.16 - 88.41)	(87.70 - 88.71)	(89.08 - 89.93)	(84.89 - 86.17)	(84.94 - 88.68)
Past Year Pain Reliever Misuse	Age 12-17	3.31	2.63	3.38	3.40	3.56	3.32
		(3.08 - 3.55)	(2.25 - 3.07)	(3.04 - 3.75)	(3.08 - 3.75)	(3.12 - 4.06)	(2.43 - 4.51)
	Age 18-25	7.13	6.62	7.44	7.16	7.20	7.76
		(6.77 - 7.51)	(6.03 - 7.27)	(6.92 - 8.00)	(6.71 - 7.64)	(6.56 - 7.89)	(6.20 - 9.67)
	Age 26+	3.79	3.44	3.83	3.72	4.14	3.66
		(3.63 - 3.96)	(3.12 - 3.79)	(3.56 - 4.13)	(3.47 - 3.98)	(3.78 - 4.53)	(2.86 - 4.68)
	Age 18+	4.26	3.88	4.35	4.19	4.58	4.24
		(4.10 - 4.42)	(3.58 - 4.20)	(4.09 - 4.61)	(3.97 - 4.43)	(4.25 - 4.93)	(3.49 - 5.15)
First Use of Marijuana[3]	Age 12-17	5.22	5.34	5.51	4.75	5.66	7.54
		(5.01 - 5.45)	(4.98 - 5.73)	(5.17 - 5.87)	(4.48 - 5.03)	(5.27 - 6.08)	(6.26 - 9.07)
	Age 18-25	7.98	9.06	8.74	6.59	8.89	9.54
		(7.56 - 8.42)	(8.34 - 9.83)	(8.16 - 9.35)	(6.16 - 7.05)	(8.18 - 9.66)	(7.56 - 11.98)
	Age 26+	0.45	0.53	0.46	0.35	0.57	0.72
		(0.40 - 0.52)	(0.44 - 0.63)	(0.39 - 0.54)	(0.30 - 0.42)	(0.48 - 0.68)	(0.49 - 1.04)
	Age 18+	1.48	1.65	1.62	1.20	1.73	1.90
		(1.40 - 1.57)	(1.52 - 1.79)	(1.51 - 1.74)	(1.11 - 1.29)	(1.59 - 1.89)	(1.54 - 2.34)

+ All figures are percent prevalence rates; figures in parentheses are 95% confidence intervals

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016 and 2017.

Appendix 3B. Substance Use and Mental Health, U.S. Regions & New Mexico, by Age Group, Percentages, Annual Averages Based on 2016 and 2017 NSDUHs

INDICATORS+	AGE GROUP	TOTAL U.S.	NORTHEAST	MIDWEST	SOUTH	WEST	NEW MEXICO
ILLICIT DRUGS[2] among persons aged 12 or older							
Past Month Marijuana Use	Age 12-17	6.46 (6.12 - 6.82)	6.76 (6.19 - 7.37)	6.40 (5.91 - 6.92)	5.78 (5.37 - 6.22)	7.42 (6.80 - 8.10)	9.74 (7.88 - 11.99)
	Age 18-25	21.45 (20.84 - 22.08)	24.86 (23.58 - 26.18)	20.83 (19.84 - 21.85)	18.44 (17.63 - 19.29)	24.18 (22.91 - 25.49)	24.39 (20.84 - 28.32)
	Age 26+	7.56 (7.30 - 7.83)	7.77 (7.21 - 8.37)	7.04 (6.57 - 7.54)	5.91 (5.53 - 6.32)	10.51 (9.86 - 11.19)	10.19 (8.38 - 12.33)
	Age 18+	9.51 (9.26 - 9.77)	10.12 (9.60 - 10.66)	9.00 (8.57 - 9.46)	7.65 (7.30 - 8.02)	12.45 (11.87 - 13.06)	12.20 (10.46 - 14.17)
Past Year Marijuana Use	Age 12-17	12.19 (11.77 - 12.63)	12.29 (11.48 - 13.15)	12.74 (12.04 - 13.47)	10.99 (10.38 - 11.62)	13.58 (12.69 - 14.51)	15.62 (13.08 - 18.55)
	Age 18-25	33.91 (33.17 - 34.66)	37.92 (36.47 - 39.39)	33.63 (32.50 - 34.78)	30.28 (29.30 - 31.29)	36.86 (35.44 - 38.29)	33.63 (29.64 - 37.87)
	Age 26+	11.61 (11.27 - 11.95)	11.77 (11.06 - 12.51)	10.74 (10.12 - 11.39)	9.49 (8.96 - 10.05)	15.62 (14.82 - 16.45)	15.09 (12.88 - 17.59)
	Age 18+	14.73 (14.41 - 15.06)	15.36 (14.73 - 16.02)	14.00 (13.44 - 14.57)	12.38 (11.91 - 12.86)	18.64 (17.93 - 19.38)	17.71 (15.63 - 20.00)
Perceptions of Great Risk from Smoking Marijuana Once a Month	Age 12-17	25.75 (25.13 - 26.39)	25.34 (24.18 - 26.54)	24.74 (23.77 - 25.74)	28.31 (27.36 - 29.28)	22.83 (21.72 - 23.98)	20.76 (17.84 - 24.03)
	Age 18-25	12.89 (12.41 - 13.40)	11.80 (10.93 - 12.72)	11.04 (10.30 - 11.84)	15.12 (14.35 - 15.91)	11.89 (11.00 - 12.84)	13.00 (10.63 - 15.81)
	Age 26+	29.35 (28.84 - 29.87)	27.51 (26.45 - 28.59)	25.82 (24.93 - 26.73)	33.27 (32.50 - 34.05)	27.64 (26.67 - 28.63)	28.49 (25.54 - 31.63)
	Age 18+	27.03 (26.57 - 27.49)	25.33 (24.39 - 26.30)	23.70 (22.90 - 24.51)	30.74 (30.03 - 31.45)	25.38 (24.51 - 26.26)	26.28 (23.67 - 29.06)
Past Month Use of Illicit Drugs[2] Other Than Marijuana	Age 12-17	2.43 (2.24 - 2.64)	2.05 (1.74 - 2.42)	2.41 (2.13 - 2.73)	2.53 (2.25 - 2.83)	2.55 (2.22 - 2.93)	2.56 (1.77 - 3.68)
	Age 18-25	7.07 (6.71 - 7.46)	7.74 (7.03 - 8.52)	7.21 (6.62 - 7.84)	6.63 (6.13 - 7.16)	7.16 (6.46 - 7.92)	8.09 (6.15 - 10.57)
	Age 26+	2.88 (2.72 - 3.05)	2.86 (2.54 - 3.22)	2.73 (2.48 - 3.01)	2.70 (2.47 - 2.94)	3.34 (3.01 - 3.71)	3.10 (2.33 - 4.11)
	Age 18+	3.47 (3.32 - 3.63)	3.53 (3.23 - 3.86)	3.37 (3.13 - 3.62)	3.24 (3.04 - 3.46)	3.88 (3.58 - 4.21)	3.80 (3.04 - 4.75)
Past Year Methamphetamine Use	Age 12-17	0.16 (0.12 - 0.22)	0.10 (0.05 - 0.20)	0.16 (0.10 - 0.25)	0.16 (0.10 - 0.25)	0.21 (0.13 - 0.34)	0.31 (0.13 - 0.74)
	Age 18-25	0.93 (0.80 - 1.08)	0.47 (0.31 - 0.69)	0.95 (0.74 - 1.21)	0.96 (0.77 - 1.20)	1.20 (0.92 - 1.55)	2.25 (1.33 - 3.76)
	Age 26+	0.55 (0.48 - 0.61)	0.28 (0.19 - 0.40)	0.47 (0.38 - 0.59)	0.54 (0.45 - 0.66)	0.82 (0.66 - 1.02)	1.12 (0.64 - 1.95)
	Age 18+	0.60 (0.54 - 0.66)	0.30 (0.22 - 0.42)	0.54 (0.45 - 0.65)	0.60 (0.51 - 0.71)	0.87 (0.72 - 1.05)	1.28 (0.81 - 2.02)
ALCOHOL among persons aged 12 or older							
Past Month Alcohol Use	Age 12-17	9.54 (9.12 - 9.98)	10.64 (9.87 - 11.47)	10.09 (9.47 - 10.75)	9.05 (8.52 - 9.60)	9.08 (8.43 - 9.77)	10.32 (8.45 - 12.56)
	Age 18-25	56.74 (55.91 - 57.58)	63.24 (61.41 - 65.04)	60.78 (59.15 - 62.38)	52.87 (51.30 - 54.43)	54.43 (52.66 - 56.20)	53.37 (49.11 - 57.59)
	Age 26+	55.22 (54.66 - 55.78)	60.30 (59.21 - 61.38)	58.62 (57.65 - 59.58)	50.79 (50.00 - 51.57)	55.43 (54.43 - 56.42)	53.04 (49.61 - 56.44)
	Age 18+	55.43 (54.93 - 55.94)	60.71 (59.71 - 61.69)	58.92 (58.04 - 59.81)	51.07 (50.34 - 51.81)	55.29 (54.37 - 56.20)	53.09 (50.00 - 56.16)
Past Month Binge Alcohol Use[9]	Age 12-17	5.06 (4.76 - 5.39)	5.83 (5.31 - 6.39)	5.59 (5.16 - 6.05)	4.60 (4.24 - 5.00)	4.82 (4.37 - 5.32)	5.50 (4.29 - 7.02)
	Age 18-25	37.62 (36.83 - 38.41)	43.73 (42.12 - 45.35)	41.48 (40.06 - 42.91)	34.00 (32.76 - 35.26)	35.35 (33.81 - 36.91)	33.01 (29.30 - 36.95)
	Age 26+	24.49 (24.03 - 24.94)	25.92 (24.96 - 26.90)	26.43 (25.60 - 27.28)	23.19 (22.52 - 23.88)	23.73 (22.90 - 24.59)	25.33 (22.53 - 28.35)
	Age 18+	26.33 (25.91 - 26.74)	28.36 (27.50 - 29.24)	28.57 (27.83 - 29.33)	24.69 (24.09 - 25.30)	25.39 (24.62 - 26.16)	26.42 (23.84 - 29.17)
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	Age 12-17	43.83 (43.12 - 44.54)	43.83 (42.47 - 45.21)	40.45 (39.31 - 41.60)	45.73 (44.69 - 46.78)	43.77 (42.47 - 45.07)	43.41 (39.63 - 47.28)
	Age 18-25	37.53 (36.87 - 38.20)	34.58 (33.34 - 35.85)	33.09 (32.03 - 34.18)	40.45 (39.46 - 41.44)	39.10 (37.78 - 40.43)	41.30 (37.46 - 45.25)
	Age 26+	45.72 (45.21 - 46.24)	44.32 (43.24 - 45.40)	41.46 (40.53 - 42.40)	47.36 (46.58 - 48.14)	47.96 (46.95 - 48.97)	49.46 (46.33 - 52.61)
	Age 18+	44.57 (44.12 - 45.03)	42.98 (42.02 - 43.94)	40.27 (39.44 - 41.10)	46.40 (45.70 - 47.09)	46.69 (45.78 - 47.61)	48.31 (45.51 - 51.12)

+ All figures are percent prevalence rates; figures in parentheses are 95% confidence intervals

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016 and 2017.

Appendix 3B. Substance Use and Mental Health, U.S. Regions & New Mexico, by Age Group, Percentages, Annual Averages Based on 2016 and 2017 NSDUHs

INDICATORS+	AGE GROUP	TOTAL U.S.	NORTHEAST	MIDWEST	SOUTH	WEST	NEW MEXICO
TOBACCO among persons aged 12 or older							
Past Month Tobacco Product Use[4]	Age 12-17	5.10	4.59	5.91	5.46	4.12	4.76
		(4.81 - 5.40)	(4.13 - 5.10)	(5.45 - 6.41)	(5.06 - 5.90)	(3.67 - 4.63)	(3.60 - 6.27)
	Age 18-25	29.52	29.91	32.75	30.60	24.68	31.42
		(28.82 - 30.23)	(28.69 - 31.16)	(31.71 - 33.81)	(29.70 - 31.52)	(23.51 - 25.90)	(27.69 - 35.41)
	Age 26+	24.04	22.50	26.90	26.02	19.50	26.56
		(23.59 - 24.49)	(21.62 - 23.40)	(26.08 - 27.74)	(25.32 - 26.73)	(18.70 - 20.33)	(23.83 - 29.48)
	Age 18+	24.80	23.52	27.73	26.65	20.24	27.24
		(24.39 - 25.22)	(22.73 - 24.32)	(27.01 - 28.47)	(26.04 - 27.28)	(19.52 - 20.98)	(24.74 - 29.90)
Past Month Cigarette Use	Age 12-17	3.29	2.94	4.04	3.44	2.63	2.74
		(3.06 - 3.55)	(2.61 - 3.31)	(3.67 - 4.44)	(3.15 - 3.76)	(2.32 - 2.99)	(2.00 - 3.74)
	Age 18-25	22.90	22.38	25.03	23.74	20.10	25.33
		(22.26 - 23.56)	(21.16 - 23.65)	(23.94 - 26.15)	(22.79 - 24.71)	(18.91 - 21.34)	(21.73 - 29.31)
	Age 26+	19.54	18.34	21.88	21.11	15.86	21.34
		(19.10 - 19.98)	(17.48 - 19.23)	(21.10 - 22.67)	(20.44 - 21.80)	(15.13 - 16.62)	(18.92 - 23.99)
	Age 18+	20.01	18.90	22.32	21.48	16.46	21.91
		(19.61 - 20.41)	(18.14 - 19.68)	(21.65 - 23.02)	(20.9 - 22.06)	(15.83 - 17.12)	(19.68 - 24.31)
Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day	Age 12-17	68.24	71.19	65.71	67.62	69.45	62.42
		(67.54 - 68.92)	(69.91 - 72.43)	(64.56 - 66.84)	(66.62 - 68.61)	(68.20 - 70.66)	(58.43 - 66.25)
	Age 18-25	67.57	69.24	64.09	67.14	70.09	64.74
		(66.90 - 68.22)	(67.97 - 70.48)	(62.98 - 65.20)	(66.14 - 68.12)	(68.80 - 71.34)	(60.86 - 68.43)
	Age 26+	73.44	75.39	69.67	73.14	75.76	73.57
		(72.96 - 73.91)	(74.45 - 76.30)	(68.81 - 70.53)	(72.46 - 73.81)	(74.91 - 76.59)	(70.81 - 76.15)
	Age 18+	72.61	74.54	68.88	72.31	74.95	72.32
		(72.19 - 73.04)	(73.71 - 75.35)	(68.11 - 69.64)	(71.70 - 72.91)	(74.20 - 75.68)	(69.89 - 74.62)
PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT							
Illicit Drug Use Disorder[1]	Age 12-17	3.07	2.84	2.86	2.88	3.73	4.11
		(2.85 - 3.31)	(2.51 - 3.21)	(2.55 - 3.21)	(2.61 - 3.17)	(3.28 - 4.24)	(3.06 - 5.5)
	Age 18-25	7.17	7.67	6.62	6.99	7.58	8.41
		(6.80 - 7.56)	(7.01 - 8.38)	(6.07 - 7.21)	(6.52 - 7.50)	(6.88 - 8.34)	(6.48 - 10.83)
	Age 26+	2.00	2.00	1.93	1.89	2.24	2.18
		(1.88 - 2.12)	(1.77 - 2.27)	(1.72 - 2.16)	(1.72 - 2.08)	(1.98 - 2.53)	(1.58 - 3.01)
	Age 18+	2.72	2.78	2.60	2.60	3.00	3.07
		(2.61 - 2.84)	(2.55 - 3.04)	(2.39 - 2.81)	(2.43 - 2.78)	(2.74 - 3.28)	(2.42 - 3.87)
Pain Reliever Use Disorder[1]	Age 12-17	0.50	0.42	0.50	0.51	0.55	0.59
		(0.41 - 0.61)	(0.32 - 0.55)	(0.39 - 0.63)	(0.41 - 0.64)	(0.42 - 0.72)	(0.36 - 0.98)
	Age 18-25	0.91	0.86	1.00	1.00	0.76	0.93
		(0.80 - 1.05)	(0.70 - 1.06)	(0.83 - 1.20)	(0.84 - 1.18)	(0.61 - 0.94)	(0.60 - 1.45)
	Age 26+	0.60	0.61	0.64	0.61	0.56	0.45
		(0.54 - 0.67)	(0.51 - 0.73)	(0.54 - 0.75)	(0.52 - 0.7)	(0.47 - 0.67)	(0.30 - 0.67)
	Age 18+	0.65	0.64	0.69	0.66	0.59	0.52
		(0.59 - 0.71)	(0.55 - 0.75)	(0.60 - 0.79)	(0.58 - 0.75)	(0.51 - 0.68)	(0.37 - 0.72)
Alcohol Use Disorder[1]	Age 12-17	1.87	1.82	1.99	1.67	2.11	2.22
		(1.70 - 2.06)	(1.55 - 2.14)	(1.75 - 2.27)	(1.45 - 1.91)	(1.81 - 2.46)	(1.48 - 3.33)
	Age 18-25	10.35	10.98	11.47	9.28	10.54	10.87
		(9.90 - 10.81)	(10.14 - 11.89)	(10.75 - 12.23)	(8.70 - 9.90)	(9.72 - 11.42)	(8.71 - 13.49)
	Age 26+	5.09	5.17	5.35	4.69	5.42	5.68
		(4.88 - 5.30)	(4.75 - 5.62)	(5.00 - 5.71)	(4.40 - 5.00)	(5.01 - 5.86)	(4.58 - 7.03)
	Age 18+	5.82	5.97	6.22	5.33	6.15	6.42
		(5.63 - 6.02)	(5.57 - 6.39)	(5.89 - 6.56)	(5.06 - 5.62)	(5.77 - 6.55)	(5.33 - 7.71)
Substance Use Disorder[1]	Age 12-17	4.13	3.84	4.09	3.82	4.85	6.01
		(3.87 - 4.40)	(3.44 - 4.28)	(3.72 - 4.50)	(3.48 - 4.19)	(4.33 - 5.42)	(4.61 - 7.82)
	Age 18-25	14.97	16.35	15.33	13.97	15.20	16.81
		(14.46 - 15.50)	(15.33 - 17.43)	(14.45 - 16.25)	(13.20 - 14.77)	(14.20 - 16.26)	(14.06 - 19.97)
	Age 26+	6.49	6.64	6.78	5.97	6.95	6.80
		(6.26 - 6.73)	(6.16 - 7.16)	(6.36 - 7.24)	(5.60 - 6.36)	(6.48 - 7.45)	(5.52 - 8.36)
	Age 18+	7.68	7.98	8.00	7.08	8.12	8.22
		(7.46 - 7.90)	(7.53 - 8.45)	(7.61 - 8.40)	(6.75 - 7.42)	(7.69 - 8.59)	(6.96 - 9.68)

+ All figures are percent prevalence rates; figures in parentheses are 95% confidence intervals

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016 and 2017.

Appendix 3B. Substance Use and Mental Health, U.S. Regions & New Mexico, by Age Group, Percentages, Annual Averages Based on 2016 and 2017 NSDUHs

INDICATORS+	AGE GROUP	TOTAL U.S.	NORTHEAST	MIDWEST	SOUTH	WEST	NEW MEXICO
PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT							
Needing But Not Receiving Treatment at a Specialty Facility for Illicit Drug Use[10]	Age 12-17	2.92	2.65	2.56	2.73	3.72	4.25
		(2.70 - 3.15)	(2.33 - 3.01)	(2.27 - 2.88)	(2.46 - 3.03)	(3.26 - 4.25)	(3.16 - 5.69)
	Age 18-25	6.58	6.73	5.91	6.59	7.04	8.11
		(6.22 - 6.95)	(6.09 - 7.42)	(5.37 - 6.50)	(6.11 - 7.10)	(6.35 - 7.79)	(6.17 - 10.59)
	Age 26+	1.72	1.78	1.67	1.56	1.99	1.76
		(1.62 - 1.84)	(1.56 - 2.03)	(1.48 - 1.88)	(1.41 - 1.73)	(1.74 - 2.27)	(1.26 - 2.46)
	Age 18+	2.40	2.46	2.27	2.26	2.71	2.66
		(2.30 - 2.52)	(2.24 - 2.70)	(2.08 - 2.48)	(2.10 - 2.43)	(2.46 - 2.98)	(2.09 - 3.38)
Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use[10]	Age 12-17	1.79	1.72	1.89	1.64	1.99	2.07
		(1.62 - 1.98)	(1.45 - 2.03)	(1.65 - 2.16)	(1.43 - 1.89)	(1.69 - 2.35)	(1.37 - 3.10)
	Age 18-25	9.99	10.54	10.67	9.09	10.40	10.64
		(9.56 - 10.45)	(9.72 - 11.41)	(9.99 - 11.38)	(8.54 - 9.68)	(9.58 - 11.27)	(8.49 - 13.26)
	Age 26+	4.85	4.98	5.10	4.40	5.23	5.16
		(4.65 - 5.05)	(4.58 - 5.42)	(4.76 - 5.46)	(4.12 - 4.70)	(4.84 - 5.65)	(4.15 - 6.41)
	Age 18+	5.57	5.75	5.89	5.05	5.96	5.94
		(5.38 - 5.76)	(5.36 - 6.16)	(5.58 - 6.22)	(4.79 - 5.32)	(5.61 - 6.34)	(4.96 - 7.09)
Needing But Not Receiving Treatment at a Specialty Facility for Substance Use[10]	Age 12-17	3.89	3.65	3.83	3.60	4.57	5.20
		(3.64 - 4.15)	(3.26 - 4.08)	(3.48 - 4.21)	(3.27 - 3.96)	(4.09 - 5.09)	(4.01 - 6.71)
	Age 18-25	14.07	15.07	14.46	13.22	14.29	15.54
		(13.57 - 14.58)	(14.11 - 16.08)	(13.66 - 15.30)	(12.54 - 13.94)	(13.30 - 15.34)	(12.81 - 18.74)
	Age 26+	5.98	6.00	6.13	5.49	6.62	6.38
		(5.75 - 6.21)	(5.54 - 6.50)	(5.73 - 6.55)	(5.15 - 5.85)	(6.14 - 7.13)	(5.16 - 7.88)
	Age 18+	7.11	7.25	7.31	6.56	7.71	7.68
		(6.90 - 7.33)	(6.82 - 7.69)	(6.95 - 7.69)	(6.25 - 6.88)	(7.27 - 8.17)	(6.47 - 9.09)
MENTAL HEALTH among persons aged 18 or older							
Any Mental Illness in past year[5]	Age 18-25	23.93	24.10	24.92	22.47	25.19	24.08
		(23.28 - 24.60)	(22.98 - 25.27)	(23.98 - 25.89)	(21.65 - 23.31)	(24.04 - 26.37)	(21.03 - 27.41)
	Age 26+	17.69	17.03	17.76	17.49	18.45	16.68
		(17.29 - 18.10)	(16.24 - 17.86)	(17.06 - 18.48)	(16.91 - 18.09)	(17.65 - 19.28)	(14.63 - 18.96)
	Age 18+	18.57	18.01	18.78	18.18	19.41	17.73
		(18.20 - 18.93)	(17.30 - 18.73)	(18.16 - 19.41)	(17.67 - 18.70)	(18.70 - 20.14)	(15.88 - 19.74)
Serious Mental Illness[6] in past year	Age 18-25	6.68	6.58	7.09	6.25	7.05	6.29
		(6.32 - 7.06)	(5.98 - 7.23)	(6.57 - 7.64)	(5.82 - 6.72)	(6.40 - 7.77)	(4.91 - 8.02)
	Age 26+	4.01	3.78	4.24	4.00	3.99	4.08
		(3.82 - 4.20)	(3.44 - 4.15)	(3.95 - 4.55)	(3.75 - 4.27)	(3.67 - 4.35)	(3.20 - 5.18)
	Age 18+	4.38	4.16	4.64	4.31	4.43	4.39
		(4.21 - 4.56)	(3.85 - 4.50)	(4.38 - 4.93)	(4.08 - 4.55)	(4.12 - 4.76)	(3.57 - 5.39)
Had serious thoughts of suicide in past year	Age 18-25	9.64	9.50	9.98	9.24	10.07	8.78
		(9.22 - 10.08)	(8.79 - 10.26)	(9.37 - 10.62)	(8.71 - 9.81)	(9.31 - 10.89)	(7.06 - 10.87)
	Age 26+	3.31	3.11	3.41	3.20	3.52	3.23
		(3.14 - 3.48)	(2.79 - 3.46)	(3.13 - 3.72)	(2.96 - 3.46)	(3.19 - 3.89)	(2.44 - 4.26)
	Age 18+	4.19	3.99	4.35	4.03	4.45	4.01
		(4.03 - 4.35)	(3.68 - 4.32)	(4.08 - 4.63)	(3.81 - 4.27)	(4.13 - 4.80)	(3.25 - 4.95)
Received Mental Health Services[11]	Age 18-25	13.90	15.18	16.04	12.72	12.88	12.32
		(13.40 - 14.41)	(14.28 - 16.14)	(15.21 - 16.91)	(12.04 - 13.43)	(12.03 - 13.77)	(10.23 - 14.78)
	Age 26+	14.72	15.74	16.52	13.99	13.51	12.80
		(14.36 - 15.08)	(15.00 - 16.50)	(15.85 - 17.21)	(13.47 - 14.52)	(12.83 - 14.21)	(11.05 - 14.79)
	Age 18+	14.60	15.66	16.45	13.81	13.42	12.74
		(14.28 - 14.93)	(15.01 - 16.34)	(15.86 - 17.06)	(13.36 - 14.28)	(12.81 - 14.04)	(11.14 - 14.53)
Major Depressive Episode in past year[7]	Age 12-17	13.01	12.14	13.93	12.39	13.79	14.88
		(12.56 - 13.48)	(11.35 - 12.98)	(13.23 - 14.67)	(11.76 - 13.04)	(12.98 - 14.65)	(12.66 - 17.42)
	Age 18-25	11.95	11.77	12.61	10.91	13.11	11.18
		(11.49 - 12.43)	(10.91 - 12.69)	(11.86 - 13.39)	(10.30 - 11.56)	(12.21 - 14.07)	(9.05 - 13.75)
	Age 26+	6.07	5.96	6.35	5.98	6.05	5.88
		(5.84 - 6.31)	(5.52 - 6.43)	(5.96 - 6.76)	(5.65 - 6.33)	(5.61 - 6.51)	(4.74 - 7.28)
	Age 18+	6.89	6.76	7.24	6.66	7.05	6.63
		(6.68 - 7.11)	(6.35 - 7.18)	(6.89 - 7.59)	(6.37 - 6.97)	(6.66 - 7.47)	(5.58 - 7.85)

+ All figures are percent prevalence rates; figures in parentheses are 95% confidence intervals

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016 and 2017.

Appendix 2A, 2B, 3A, & 3B. FOOTNOTES

1 . Substance Use Disorder is defined as meeting criteria for illicit drug or alcohol dependence or abuse. Dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

2. Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics used nonmedically.

3. Average annual marijuana initiation rate = 100 * {[X1 ÷ (0.5 * X1 + X2)] ÷ 2}, where X1 is the number of marijuana initiates in the past 24 months and X2 is the number of persons who never used marijuana.

4. Tobacco Products include cigarettes, smokeless tobacco (i.e., chewing tobacco, snuff, dip, or "snus"), cigars, or pipe tobacco.

5. Any mental illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, that met the criteria found in the DSM-IV, regardless of the level of impairment in carrying out major life activities.

6. Serious mental illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, that met the criteria found in the DSM-IV and resulted in serious functional impairment in carrying out major life activities.

7. Major depressive episode (MDE) is defined as in the 5th DSM-IV, which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. There are minor wording differences in the questions in the adult and adolescent MDE modules. Therefore, data from youths aged 12 to 17 were not combined with data from adults aged 18 or older to produce an estimate for those aged 12 or older.

8. Underage drinking is defined for individuals aged 12 to 20; therefore, the "12+" estimate reflects that age group and not individuals aged 12 or older.

9. Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion (i.e. within a couple hours of each other) on at least 1 day in the past 30 days.

10. Respondents were classified as needing treatment for a substance use problem if they met the criteria for substance use disorder as defined in the DSM-IV or received treatment for illicit drug or alcohol use at a specialty facility (i.e., drug and alcohol rehabilitation facility [inpatient or outpatient], hospital [inpatient only], or mental health center).

11. Mental health services are defined as having received inpatient treatment/counseling or outpatient treatment/counseling or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use.

Appendix 4

International Classification of Diseases, Clinical Modification, 9th and 10th Edition

Appendix 4: International Classification of Diseases, Clinical Modification, 9th and 10th Edition

ICD-9-CM		ICD-10-CM	
Description	**Code**	**Code**	**Description**
Opioid Overdose/Poisoning			
Poisoning by opium (alkaloids), unspecified	965.00	T40.0 [X1-X4]	Poisoning by opium
Poisoning by other opiates and related narcotics	965.09	T40.2 [X1-X4]	Poisoning by other opioids
Accidental poisoning by other opiates and related narcotics	E850.2		
Poisoning by methadone	965.02	T40.3 [X1-X4]	Poisoning by methadone
Accidental poisoning by methadone	E850.1		
Poisoning by heroin	96.50	T40.1 [X1-X4]	Poisoning by heroin
Accidental poisoning by heroin	E850.0		
		T40.4 [X1-X4]	Poisoning by other synthetic narcotics
Chronic Liver Disease			
Acute and subacute necrosis of liver	570.xx	K70-K77	Diseases of liver
Chronic liver disease and cirrhosis	571.xx		
Liver abscess and sequelae of chronic liver disease	572.xx		
Other disorders of liver	573.xx		