New Mexico Substance Abuse Epidemiology Profile

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New Mexico Department of Health

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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 the state of 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 ago, the SEOW guided the development of the first New Mexico Substance Abuse Epidemiology Profile as part of its mission to create a focus on community-based and data-driven planning and accountability. The on-going 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: Dr. Wayne Lindstrom and Mika Tari. Community Members: Pamela Drake, Shelley Mann-Lev, Pat Serna, and John Steiner. CYFD Children's Behavioral Health: Michael Hock. DFA DWI Program: Norma Vazquez. Evaluators: Ann DelVecchio, Loucia Jose, and Sindy Sacoman. NMDOH-ERD Injury and Behavioral Epidemiology Bureau: Jim Davis, Ihsan Mahdi, Annaliese Mayette, Carol Moss, Luigi Garcia Saavedra, Laura Tomedi, and Chris Trujillo. NMHSD-BHSD Office of Substance Abuse Prevention: Karen Cheman, Anwar Walker, Antonette Silva-Jose, and Heather Burnham. NM Prevention Workforce Training System, Kamama Consulting: Paula Feathers. Pacific Institute for Research & Evaluation (PIRE): Liz Lilliott, Martha Waller, Kim Zamarin, and Lei Zhang; and, is coordinated and staffed by Michael Coop, Andrea Niehaus, Tina Ruiz, McKenzie Wannigman, and Tim Werwath 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 Abuse Epidemiology Profile

The New Mexico Substance Abuse Epidemiology Profile is a tool for substance abuse 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 abuse 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 eighth 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, and 2016. These reports are available at: http://nmhealth.org/about/erd/ibeb/sap.

Important methodological changes have occurred during the years. 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 cannot be compared between the 2013 and subsequent reports and previous reports.

-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 2013-2015, 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.

-Reports from 2005, 2010, and 2011 reflected a special *small numbers rule* specific to them. This rule, devised by SEOW during the design of the original 2005 report, suppressed the reporting of death rates for table cells based on fewer than two deaths per year. 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.

How to Use this Report

This report presents commonly used indicators of substance abuse in New Mexico. These indicators include outcome measures (e.g., alcohol-related death) reported in the *Consequences* section, mental health indicators associated with substance abuse (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 abuse 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) Edition codes used to produce indicators based on hospital data.

A combined five-year period is used when presenting death, emergency department visits, and hospital discharges. Combining counts over multiple years is necessary because in many of New Mexico's counties, there may be very 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 2012-2016, 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 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 instance, Rio Arriba County has an alcohol-related death rate (144.1 per 100,000 population), more than twice that of Bernalillo County (55.7 per 100,000). However, the number of alcohol-related deaths in Bernalillo County (2006) is over six times the number in Rio Arriba County (290). While problems are more severe in Rio Arriba County (reflected in higher rates), Bernalillo County bears a larger proportion of the statewide burden (30.9% of all alcohol-related deaths in the state compared to 4.5% 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 locating 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 have been removed from 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 less for a denominator (population) of less 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 on 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 Abuse 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:
http://archive.nmhealth.org/erd/healthdata/health_behaviors.shtml

- **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:
http://archive.nmhealth.org/erd/healthdata/yrrs.shtml

- **Emergency Department Data (EDD) Annual Reports**, 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/ethinicity. The New Mexico reporting standard uses the estimates by bridged race and Hispanic ethnicity. Presentation of race and ethnicity will be done together in the same table. Race/ethnicity will be viewed as a single social and cultural construct. Persons designated as Hispanic ethnicity, regardless of race, will be categorized as 'Hispanic.' Persons not designated as Hispanic will be 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 make the 2013 and subsequent reports' counts and rates by race/ethnicity comparable to each other but not comparable to the 2005 report.

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 of the "2014-2015 NSDUH: Guide to State Tables and Summary of Small Area Estimation Methodology" at: http://www.samhsa.gov/data/.

EXECUTIVE SUMMARY

Consequences of Substance Abuse

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 2015, the ten leading causes of death in New Mexico were malignant neoplasms, diseases of the heart, unintentional injuries, chronic lower respiratory diseases, cerebrovascular diseases, diabetes, chronic liver disease and cirrhosis, suicide, Alzheimer's disease, 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 six deaths among working age adults (20-64) in NM is attributable to alcohol. Male rates are substantially higher than female rates. American Indians have higher alcohol-related death rates than other race/ethnicities. Rio Arriba and McKinley counties have extremely high alcohol-related death rates, driven by high rates in the American Indian and Hispanic male populations, respectively. The counties with the most deaths for the five-year period of 2012-2016 were Bernalillo, McKinley, San Juan, Santa Fe, and Dona Ana. 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 is 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, Rio Arriba and McKinley counties have 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 has the highest number of deaths due to AR-CLD (617 for the years 2012-2016), two counties that stand out for their very high rates are Rio Arriba and McKinley, which have rates that are more than five 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 then AR-CLD mortality and 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 or Pacific Islander have the lowest rates whereas men who identify as American Indian have the highest rates. McKinley County has the highest rate of CLD-HIDD, followed by, Cibola, Rio Arriba, and Sierra. Eddy County had the lowest rate. 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 is 1.6 times the national rate. In the current reporting period (2012-2016), drug overdose surpassed alcohol-related motor vehicle traffic crashes and falls as the leading cause of alcohol-related injury death; and 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 at particularly elevated risk.

Consequences of Substance Abuse (continued)

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 1980's and 1990's, 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 (age 25-64). Catron, Harding, Mora, McKinley, and Sandoval, are the counties with the highest alcohol-impaired motor vehicle traffic crash (AI-MVTC) death rates. However, Catron, Harding, Mora, and Union have low numbers of deaths, whereas McKinley and Sandoval are second and seventh in number of deaths, respectively.

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 males, Blacks have the highest rates, followed by Whites. Among 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) are Sierra, Luna, Lea, Quay, Curry, Eddy, and Torrance. The high rates in most of these counties, and in the state overall, are driven by high rates among Whites.

Drug Overdose Death

In 2015, New Mexico had the eighth 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. The highest drug overdose death rate was among Hispanic males, followed by Whites. 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 86% of drug overdose deaths. The most common drugs causing unintentional overdose death for the period covered in this report were prescription opioids (i.e., methadone, oxycodone, morphine; 49%), heroin (33%), benzodiazepines (25%), cocaine (13%), and methamphetamine (21%) (not mutually exclusive). In New Mexico and nationally, overdose death from opioids has become an issue of enormous concern as these potent drugs are widely available.

Opioid overdose related emergency Department (OOR-ED) visits have increased 98.4% in the US between 2004 and 2009. In NM, between 2010 and 2015, ED visits increased 9.8%. Male rates of OOR-ED visits were higher compared to female rates. For both groups, Whites had the highest rates. Rio Arriba County had the highest rate of OOR-ED visits during 2012-2016 with 207.8 OOR-ED visits per 100,000 population.

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 2010, New Mexico's suicide rate has consistently been among the highest in the nation, at 1.5 to 1.9 times the US rate. Male suicide rates are around three times higher those of females, across the all racial/ethnic groups, except Asian/Pacific Islanders. For the five-year period 2012-2016, all but eight 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.

EXECUTIVE SUMMARY (continued)

Alcohol, Tobacco, and Other Drug Consumption Behavior

Substance abuse behaviors are important to examine not only because substance abuse can lead to very negative consequences in the short-term, but also because substance abuse 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 2015, 26.1% 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 2015, 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. Although boys and girls are equally likely to drink (see current drinking indicator), boys are almost twice as likely to drink ten or more drinks on an occasion than girls.

- Adult Heavy Drinking. In NM, between 2014-2016, 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 (5.2%) than in the rest of the nation in 2016 (6.9%). Heavy drinking was more prevalent among middle-aged (age 25-64) adults, with 5.8% reporting past-month heavy drinking. New Mexico men were almost 1.5 times more likely to report chronic drinking than women (6.3% v. 4.3%).

- Adult Drinking and Driving. In 2016, 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 almost three times more likely to report drinking and driving than women (1.6% v. 0.5%). Hispanic males (2.1%) were more likely to report drinking and driving than American Indian (1.4%) and White (1.2%) males.

- Youth Drinking and Driving. In 2015, New Mexico high school students were less likely to report driving after drinking alcohol than other US students. 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.

EXECUTIVE SUMMARY (continued)

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

- Youth Drug Use. In 2015, 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 than by students in other racial/ethnic groups. Asian or Pacific Islander students were more likely to report past-30-day use of cocaine, heroin, methamphetamine, and inhalants than students of other racial/ethnic groups.

- Adult Tobacco Use. Between 2014-2016, the prevalence of adult smoking was a bit higher for New Mexico compared to the 2016 US estimates (17.8% vs. 17.0% respectively). Smoking was most prevalent among middle-aged groups, and was more common among men than women for all age categories.

-Youth Tobacco Use. In 2015, smoking was more prevalent among New Mexico high school students (11.4%) than in the nation overall (10.8%). New Mexico boys were more likely than girls to report current smoking (12.8% vs. 9.8). American Indian high school students (17.0%) were more likely to report current cigarette smoking than Black (9.5%) and White (10.5%) students.

Data Sources

National/New Mexico population data, 1981-1989: U.S. Census Bureau. Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin: 1981 to 1989. Available from: http://www.census.gov/programs-surveys/popest/data/data-sets.1980.html as of January 31, 2017.

National/New Mexico population data, 1990-1999: U.S. Census Bureau. Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin: 1990 to 1999, Internet Release Date August 30, 2000. Available from: http://www.census.gov/programs-surveys/popest/data/data-sets.1990.html as of January 31, 2017.

National population data, 2000-2010: National Center for Health Statistics (NCHS). Intercensal estimates of the resident population of the United States for July 1, 2000-July 1, 2010, by year, county, age, bridged race, Hispanic origin, and sex. Available from: http://www.census.gov/programs-surveys/popest/data/data-sets.2000.html as of January 31, 2017.

New Mexico population data, 2000-2016: University of New Mexico (UNM), Geospatial and Population Studies (GPS). Annual Estimates of the Population of New Mexico by County, Age, Sex, Race, and Hispanic Origin, 2000 to 2015 (10/21/2016 update).

National death data: National Center for Health Statistics (NCHS). Multiple Cause-of-Death files, 1981-2010, machine readable data files and documentation. National Center for Health Statistics, Hyattsville, Maryland. Available from: http://www.cdc.gov/nchs/data_access/VitalStatsOnline.htm#Mortality_Multiple. Death rates were calculated by the New Mexico Department of Health (NMDOH), Epidemiology and Response Division (ERD), Injury and Behavioral Epidemiology Bureau (IBEB), Substance Abuse Epidemiology Section (SAES).

New Mexico death data: New Mexico Department of Health, Epidemiology and Response Division, Bureau of Vital Records and Health Statistics (BVRHS). Death rates were calculated by the New Mexico Department of Health, Epidemiology and Response Division, Injury and Behavioral Epidemiology Bureau, Substance Abuse Epidemiology Section.

National/New Mexico motor vehicle traffic crash fatality data: National Highway Traffic Safety Administration (NHTSA), Fatality Analysis Reporting System (FARS).

(1) VMT reporting: Fatalities, Fatalities in Crashes by Driver Alcohol Involvement, Vehicle Miles Traveled (VMT), and Fatality Rate per 100 Million VMT, by State, 1982-2012. Report provided by NHTSA National Center for Statistics and Analysis, Information Services Team. 2008-2012 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)

(2) Per 100,00 population reporting: Persons killed, by state and Highest Driver Blood Alcohol Concentration (BAC) in Crash - State: USA, Year. Available from:
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 according to methodology described in:
nmhealth.org/data/view/newsletter/1729/

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

National adult behavioral data: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adult and Community Health. Behavioral Risk Factor Surveillance System Online Prevalence Data, 1995-2015. Available from:
http://www.cdc.gov/brfss/data_tools.htm as of January 31, 2016

New Mexico adult behavioral data: New Mexico Department of Health, Epidemiology and Response Division, Injury and Behavioral Epidemiology Bureau, Survey Unit. New Mexico Behavioral Risk Factor Surveillance System (BRFSS). More reporting available from:
https://nmhealth.org/about/erd/ibeb/brfss/ as of January 31, 2016.

National youth behavioral data: Centers for Disease Control and Prevention (CDC). Surveillance Summaries, June 8, 2012. MMWR. 201:61(SS-4). More reporting available from:
http://www.cdc.gov/HealthyYouth/yrbs/index.htm as of January 31, 2016.

New Mexico youth behavioral data: New Mexico Department of Health, Epidemiology and Response Division, Injury and Behavioral Epidemiology Bureau, Survey Unit; and the New Mexico Public Education Department, School and Family Support Bureau. New Mexico Youth Risk and Resiliency Survey (YRRS). More reporting available from: www.youthrisk.org as of January 31, 2016.

New Mexico substance use disorder and mental health data: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. Sub-state Estimates from the 2008-2010 National Surveys on Drug Use and Health and Statewide Estimates from 2011-2012. Available from:
http://www.samhsa.gov/data/NSDUH/substate2k10/toc.aspx,
http://www.samhsa.gov/data/NSDUH/2k12State/Tables/NSDUHsaeTables2012.pdf
More reporting available from: http://www.samhsa.gov/data/population-data-nsduh as of January 31, 2016

Section 1

Consequences

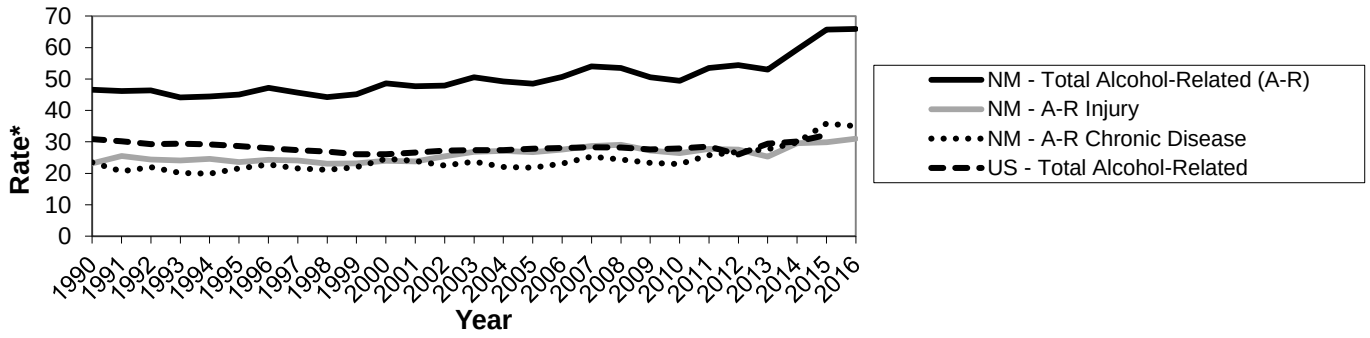
ALCOHOL-RELATED DEATH

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 one in six 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 eight percent from 1990 through 2011. Although the alcohol-related chronic disease death rate has remained fairly stable from 1990 to 2009 in NM, from 2010 to 2012 there has been a 16% increase in the alcohol-related chronic disease death rate.

Chart 1: Alcohol-Related Death Rates*, New Mexico and United States, 1990-2016



*US data are available upto 2015

* 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, 2012-2016

		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	56	734	84	874	29.8	332.4	244.3	217.6
	Asian/Pacific Islander	2	11	4	16	6.2	23.8	51.5	22.3
	Black	8	59	14	81	15.9	88.0	124.7	65.5
	Hispanic	169	1,441	351	1,961	16.1	119.9	151.6	87.3
	White	62	989	491	1,543	12.2	89.6	110.1	61.1
	Total	298	3,257	953	4,508	16.3	123.4	130.6	85.2
Female	American Indian	23	336	66	425	12.3	138.4	132.4	94.1
	Asian/Pacific Islander	1	6	2	9	2.4	11.1	18.2	9.6
	Black	2	16	4	22	4.9	33.2	37.3	22.0
	Hispanic	51	484	209	743	5.0	39.7	73.4	31.8
	White	20	426	340	786	4.2	38.2	65.7	27.8
	Total	96	1,275	622	1,992	5.5	47.6	71.1	35.3
Total	American Indian	79	1,069	150	1,298	21.1	230.8	178.0	151.9
	Asian/Pacific Islander	2	17	6	25	4.4	16.7	30.7	14.8
	Black	10	75	18	103	10.8	65.3	80.4	46.5
	Hispanic	220	1,925	560	2,704	10.6	79.6	108.5	58.8
	White	82	1,416	831	2,329	8.4	63.8	86.3	44.2
	Total	394	4,532	1,575	6,500	11.0	85.2	98.2	59.7

* 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 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 almost four times the national rate. Several other counties (Cibola, San Miguel, San Juan, 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, 2012-2016

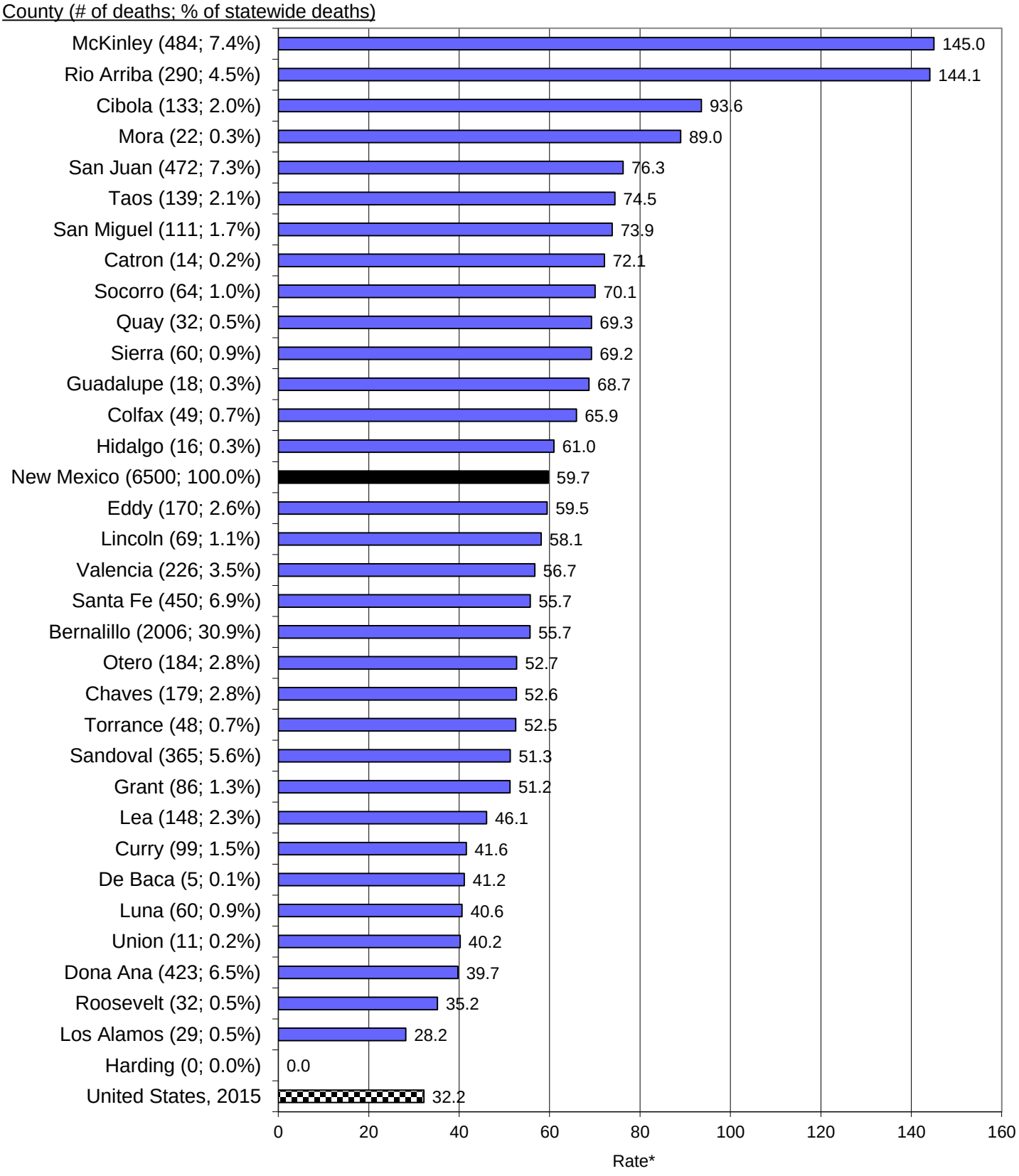
	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	174	12	54	939	808	2,006	134.0	14.1	52.1	61.8	45.3	55.7
Catron	1	0	0	3	10	14	140.3	0	0.0	101.3	65.6	72.1
Chaves	1	0	2	88	87	179	34.3	0.0	38.4	56.8	49.3	52.6
Cibola	72	0	0	37	24	133	139.8	0.0	0.0	70.4	73.9	93.6
Colfax	0	0	0	32	16	49	0.0	0.0	0.0	95.4	42.5	65.9
Curry	2	1	9	32	55	99	77.3	24.9	68.9	40.9	39.1	41.6
De Baca	0	0	0	2	3	5	0.0	0.0	0.0	52.1	36.9	41.2
Dona Ana	5	2	6	233	174	423	68.9	16.9	34.9	37.2	42.0	39.7
Eddy	1	0	1	74	94	170	39.3	0.0	40.6	63.4	59.3	59.5
Grant	2	0	1	36	47	86	231.9	0.0	97.4	47.4	53.8	51.2
Guadalupe	0	0	0	17	1	18	0.0	0.0	0.0	81.8	33.7	68.7
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	10	7	16	0.0	0	0.0	72.5	46.6	61.0
Lea	0	0	9	65	74	148	0.0	0.0	74.1	45.5	48.6	46.1
Lincoln	3	0	0	16	51	69	147.3	0.0	0.0	48.2	61.0	58.1
Los Alamos	0	0	0	4	26	29	0.0	0.0	0.0	27.7	31.8	28.2
Luna	0	0	1	26	31	60	0.0	0.0	64.3	35.5	46.8	40.6
McKinley	439	0	0	27	17	484	177.8	0.0	0.0	62.6	46.7	145.0
Mora	0	0	0	18	3	22	0.0	0.0	0.0	94.9	53.4	89.0
Otero	42	0	6	42	94	184	235.7	0.0	45.4	39.4	45.0	52.7
Quay	1	0	0	16	14	32	414.5	0.0	0.0	82.4	56.4	69.3
Rio Arriba	62	0	1	207	20	290	231.5	0.0	74.9	144.3	59.4	144.1
Roosevelt	1	0	0	11	21	32	74.9	0.0	0.0	35.1	35.5	35.2
Sandoval	115	0	7	102	137	365	149.0	0.0	42.4	43.4	34.7	51.3
San Juan	302	0	2	51	117	472	138.5	0.0	31.4	49.4	37.0	76.3
San Miguel	1	1	0	90	17	111	194.3	164.5	0.0	79.9	43.7	73.9
Santa Fe	24	4	1	254	160	450	137.9	29.9	11.6	67.8	39.6	55.7
Sierra	0	0	0	11	48	60	0.0	0.0	0.0	62.8	68.9	69.2
Socorro	16	0	0	28	20	64	192.9	0.0	0.0	67.1	42.4	70.1
Taos	19	0	0	76	44	139	172.4	0.0	0.0	78.4	56.0	74.5
Torrance	2	0	0	20	26	48	82.0	0.0	0.0	59.7	46.8	52.5
Union	0	0	0	7	4	11	0.0	0.0	0.0	77.0	24.5	40.2
Valencia	12	2	2	129	79	226	88.1	73.9	33.1	60.5	48.5	56.7
New Mexico	1,298	25	103	2,704	2,329	6,500	151.9	14.8	46.5	58.8	44.2	59.7

* 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 DEATH (continued)

Chart 2: Alcohol-Related Death Rates* by County, New Mexico, 2012-2016

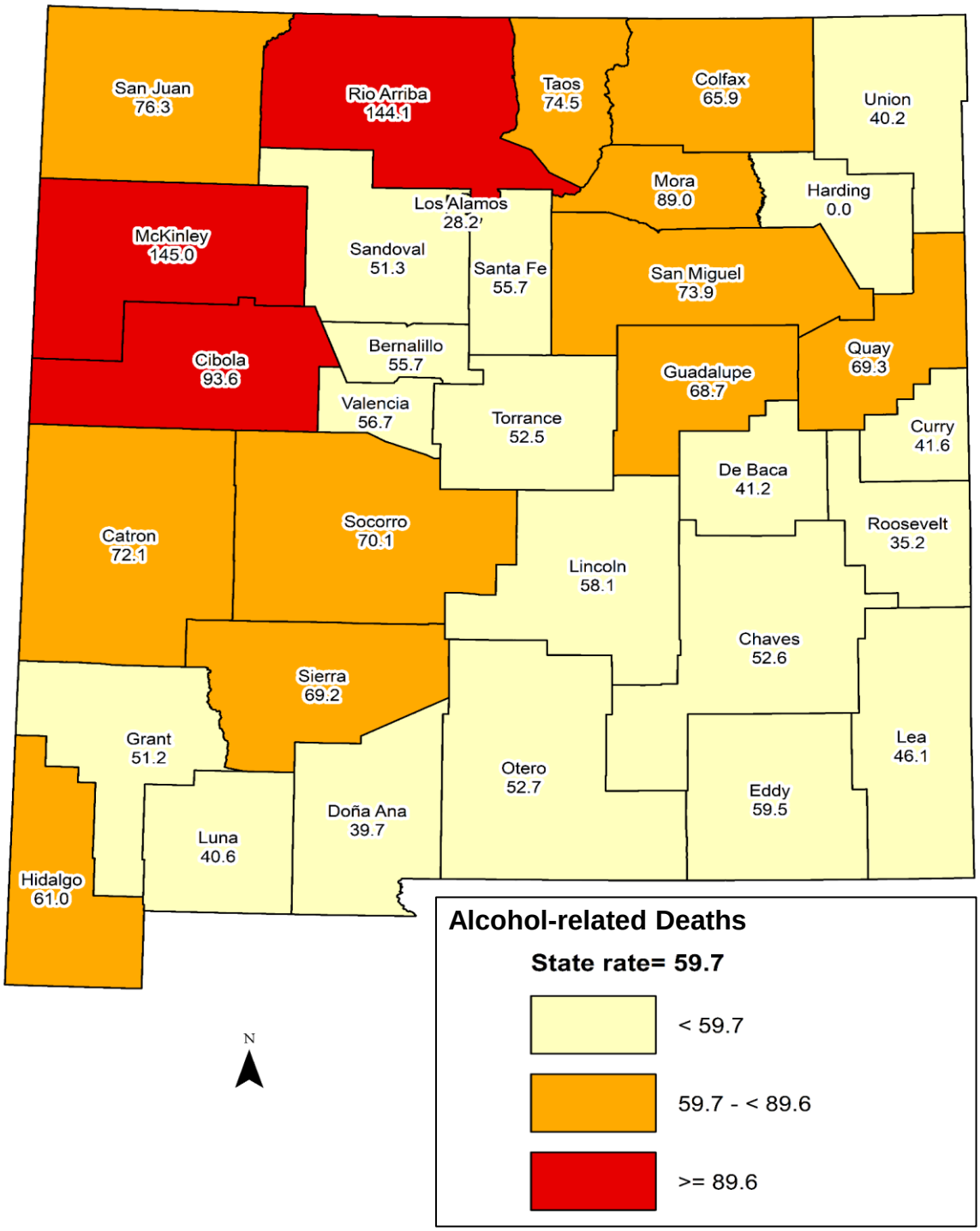


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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, 2012-2016



* 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

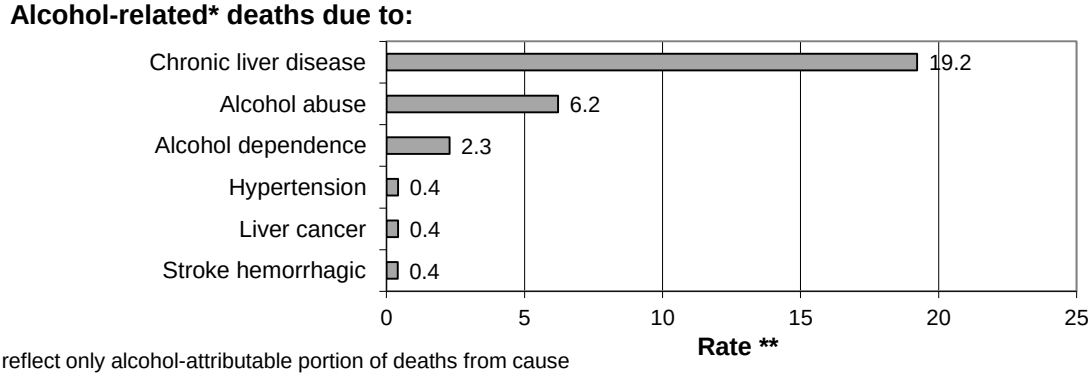
Problem Statement

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) often is 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 52 percent from 1990 to 2015.

Chart 1 shows the five leading causes of alcohol-related chronic disease death in New Mexico during 2012-2016. 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. New Mexico also had the highest rate of alcohol dependence death in the US for the period 2010 through 2015 (the most recent year for which state comparison data is available).

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, 2012-2016



* 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, 2012-2016

		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	6	440	57	504	3.3	199.4	166.9	128.2
	Asian/Pacific Islander	0	4	1	5	0.0	8.4	17.3	7.2
	Black	0	25	9	35	0.0	37.8	82.3	29.3
	Hispanic	3	821	251	1,075	0.3	68.3	108.4	48.7
	White	2	531	257	790	0.4	48.1	57.6	27.7
	Total	12	1,833	581	2,425	0.6	69.5	79.6	44.1
Female	American Indian	4	256	53	313	1.9	105.6	106.4	69.9
	Asian/Pacific Islander	0	3	1	4	0.0	5.6	7.7	4.2
	Black	0	9	3	12	0.0	19.1	22.9	11.4
	Hispanic	3	277	120	400	0.3	22.8	42.0	17.1
	White	1	223	125	348	0.1	19.9	24.2	11.9
	Total	8	772	301	1,081	0.4	28.8	34.5	18.9
Total	American Indian	10	696	111	817	2.6	150.3	131.1	97.0
	Asian/Pacific Islander	0	7	2	9	0.0	6.8	11.3	5.4
	Black	0	34	12	46	0.0	30.1	52.2	21.1
	Hispanic	7	1,098	370	1,475	0.3	45.4	71.8	32.3
	White	3	754	382	1,138	0.3	33.9	39.7	19.5
	Total	19	2,605	882	3,506	0.5	49.0	55.0	31.0

* 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. Male rates are almost two to three times higher than female rates, across all racial/ethnic groups except Asian/Pacific Islanders. American Indians are most at risk among the race/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 rates more than one and a half times the state rate (48.7 v. 31.0).

Table 2 shows that Rio Arriba, McKinley, 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 (13.6). 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, 2012-2016

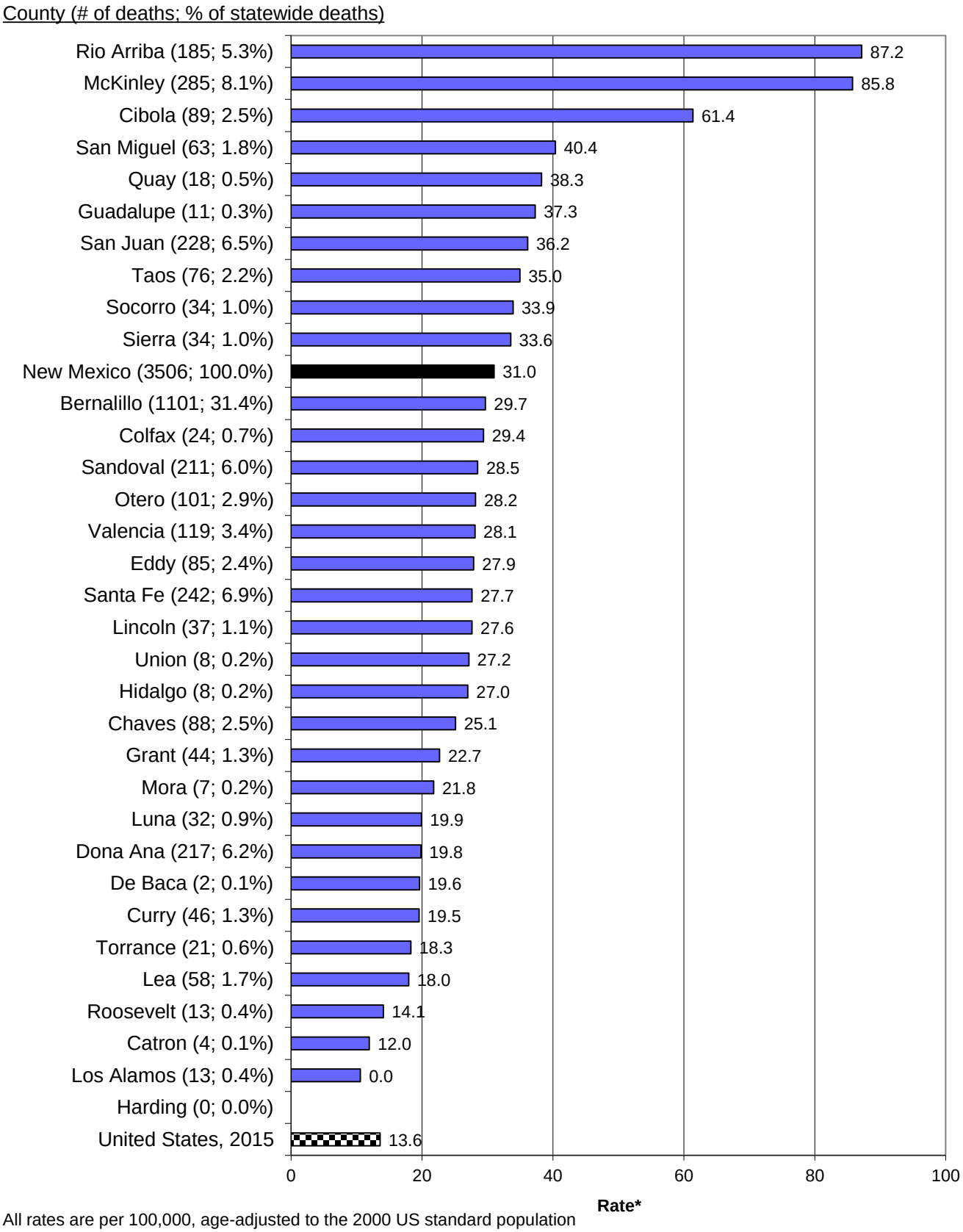
	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	127	3	25	521	416	1,101	100.0	3.9	24.0	35.0	21.8	29.7
Catron	0	0	0	2	1	4	0.0	0	0.0	45.9	3.6	12.0
Chaves	0	0	1	45	43	88	0.0	0.0	10.1	30.4	21.5	25.1
Cibola	53	0	0	23	13	89	101.5	0.0	0.0	43.8	41.1	61.4
Colfax	0	0	0	18	6	24	0.0	0.0	0.0	52.1	12.9	29.4
Curry	1	0	4	13	28	46	53.6	0.0	32.6	18.2	20.0	19.5
De Baca	0	0	0	1	1	2	0.0	0.0	0.0	38.5	8.0	19.6
Dona Ana	4	2	3	120	86	217	60.4	15.4	15.1	19.6	19.7	19.8
Eddy	0	0	0	39	45	85	0.0	0.0	0.0	34.9	26.2	27.9
Grant	2	0	1	19	22	44	206.8	0.0	97.4	22.7	20.1	22.7
Guadalupe	0	0	0	11	0	11	0.0	0.0	0.0	45.7	0.0	37.3
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	5	2	8	0.0	0	0.0	38.9	11.6	27.0
Lea	0	0	2	29	28	58	0.0	0.0	18.7	23.4	16.0	18.0
Lincoln	3	0	0	8	27	37	132.8	0.0	0.0	22.7	26.5	27.6
Los Alamos	0	0	0	3	10	13	0.0	0.0	0.0	18.6	10.0	10.6
Luna	0	0	1	17	14	32	0.0	0.0	54.8	22.1	17.3	19.9
McKinley	264	0	0	12	8	285	108.6	0.0	0.0	28.3	16.9	85.8
Mora	0	0	0	6	2	7	0.0	0.0	0.0	22.4	14.8	21.8
Otero	31	0	3	22	45	101	178.3	0.0	22.4	20.8	20.1	28.2
Quay	1	0	0	10	6	18	414.5	0.0	0.0	52.4	22.7	38.3
Rio Arriba	48	0	0	123	13	185	179.2	0.0	0.0	81.2	35.3	87.2
Roosevelt	0	0	0	4	8	13	0.0	0.0	0.0	15.0	15.0	14.1
Sandoval	78	0	6	60	66	211	102.2	0.0	34.2	25.9	14.8	28.5
San Juan	153	0	0	22	52	228	71.6	0.0	0.0	22.0	14.9	36.2
San Miguel	0	1	0	50	11	63	0.0	116.7	0.0	42.9	29.5	40.4
Santa Fe	18	1	0	142	76	242	102.5	11.1	0.0	36.9	16.5	27.7
Sierra	0	0	0	7	26	34	0.0	0.0	0.0	40.3	28.3	33.6
Socorro	10	0	0	13	11	34	121.9	0.0	0.0	29.8	20.9	33.9
Taos	13	0	0	41	22	76	101.3	0.0	0.0	39.9	19.3	35.0
Torrance	1	0	0	12	8	21	51.1	0.0	0.0	30.2	10.8	18.3
Union	0	0	0	6	2	8	0.0	0.0	0.0	66.0	10.3	27.2
Valencia	8	1	0	69	39	119	61.5	39.9	0.0	32.5	19.3	28.1
New Mexico	817	9	46	1,475	1,138	3,506	97.0	5.4	21.1	32.3	19.5	31.0

* 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, 2012-2016

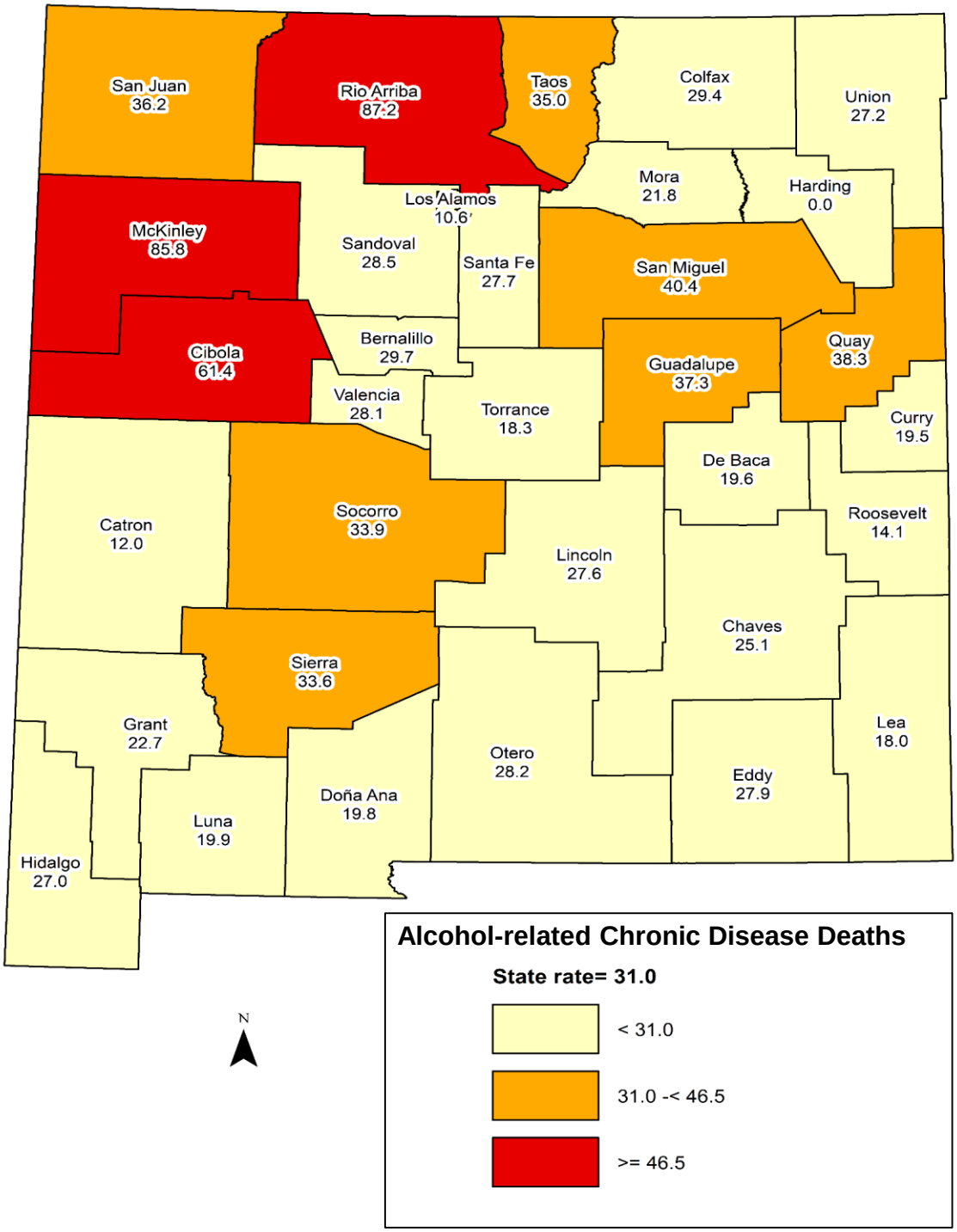


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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, 2012-2016



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

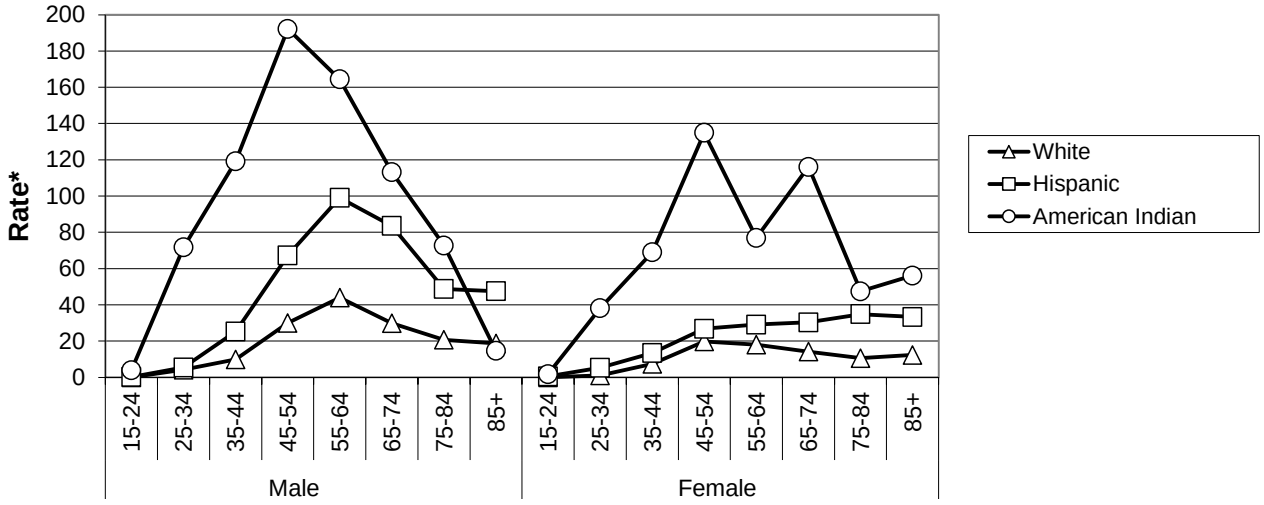
Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES

ALCOHOL-RELATED CHRONIC LIVER DISEASE (CLD) DEATH

Problem Statement

Alcohol-related chronic liver disease (AR-CLD) is a progressive disease caused by 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 20%. 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, 2012-2016



* 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, 2012-2016

		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	286	32	321	1.6	129.5	94.1	80.9
	Asian/Pacific Islander	0	2	0	3	0.0	5.3	0.0	3.5
	Black	0	7	3	10	0.0	10.4	30.8	8.7
	Hispanic	1	530	162	692	0.1	44.1	69.8	31.0
	White	0	271	116	387	0.0	24.5	26.1	13.3
	Total	4	1,102	314	1,420	0.2	41.8	43.0	25.5
Female	American Indian	1	189	44	234	0.7	77.8	88.9	52.2
	Asian/Pacific Islander	0	1	0	1	0.0	1.8	0.0	1.5
	Black	0	6	2	8	0.0	13.1	15.9	7.4
	Hispanic	2	216	91	309	0.2	17.7	32.1	13.2
	White	0	145	67	212	0.0	13.0	12.9	7.2
	Total	3	558	205	766	0.2	20.8	23.4	13.3
Total	American Indian	4	474	77	556	1.2	102.4	91.0	65.7
	Asian/Pacific Islander	0	3	1	4	0.0	3.3	4.4	2.4
	Black	0	13	5	18	0.0	11.5	23.2	7.9
	Hispanic	3	745	253	1,001	0.1	30.8	49.0	21.8
	White	0	416	183	599	0.0	18.7	19.0	10.1
	Total	7	1,660	519	2,187	0.2	31.2	32.4	19.2

* 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 Indians and Hispanic males in the 35-64 age range 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. Almost half 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., Chaves, Dona Ana, Santa Fe) 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, 2012-2016

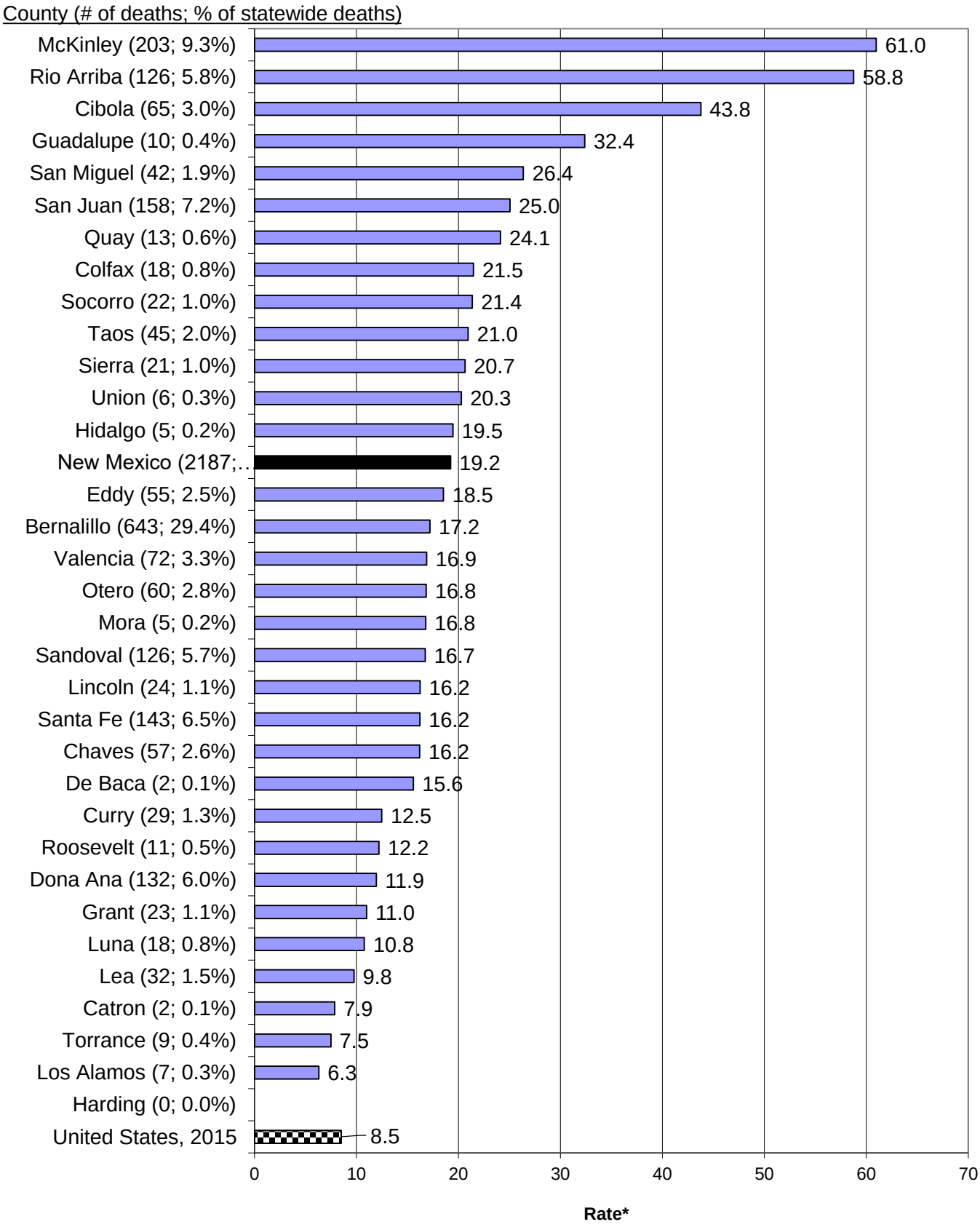
	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	78	1	11	341	209	643	62.6	1.5	10.1	22.9	11.0	17.2
Catron	0	0	0	1	1	2	0.0	0.0	0.0	29.5	1.5	7.9
Chaves	0	0	0	31	25	57	0.0	0.0	0.0	20.7	12.6	16.2
Cibola	36	0	0	19	10	65	66.7	0.0	0.0	37.3	28.8	43.8
Colfax	0	0	0	15	3	18	0.0	0.0	0.0	40.9	7.9	21.5
Curry	1	0	3	9	16	29	53.6	0.0	20.2	13.2	11.4	12.5
De Baca	0	0	0	1	0	2	0.0	0.0	0.0	34.6	0.0	15.6
Dona Ana	4	1	1	84	41	132	55.0	6.3	5.1	13.5	9.4	11.9
Eddy	0	0	0	26	29	55	0.0	0.0	0.0	23.9	17.3	18.5
Grant	0	0	0	11	12	23	0.0	0.0	0.0	13.6	9.7	11.0
Guadalupe	0	0	0	9	0	10	0.0	0.0	0.0	39.6	0.0	32.4
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	5	0	5	0.0	0.0	0.0	37.0	0.0	19.5
Lea	0	0	0	15	16	32	0.0	0.0	0.0	12.1	9.3	9.8
Lincoln	2	0	0	6	17	24	92.6	0.0	0.0	16.2	15.0	16.2
Los Alamos	0	0	0	2	5	7	0.0	0.0	0.0	16.5	5.1	6.3
Luna	0	0	0	11	7	18	0.0	0.0	0.0	14.0	8.0	10.8
McKinley	190	0	0	10	3	203	78.1	0.0	0.0	22.4	5.4	61.0
Mora	0	0	0	4	2	5	0.0	0.0	0.0	16.2	13.7	16.8
Otero	24	0	1	15	21	60	138.4	0.0	9.4	14.1	8.7	16.8
Quay	1	0	0	8	3	13	414.5	0.0	0.0	35.8	9.7	24.1
Rio Arriba	31	0	0	88	8	126	113.2	0.0	0.0	57.2	17.2	58.8
Roosevelt	0	0	0	3	7	11	0.0	0.0	0.0	13.1	13.2	12.2
Sandoval	53	0	1	38	32	126	69.1	0.0	7.0	16.2	6.7	16.7
San Juan	106	0	0	18	35	158	49.2	0.0	0.0	17.4	9.7	25.0
San Miguel	0	1	0	35	5	42	0.0	116.5	0.0	29.9	11.3	26.4
Santa Fe	10	1	0	95	36	143	57.5	8.6	0.0	24.3	7.9	16.2
Sierra	0	0	0	6	14	21	0.0	0.0	0.0	31.8	14.3	20.7
Socorro	6	0	0	8	9	22	65.6	0.0	0.0	16.8	17.5	21.4
Taos	9	0	0	25	10	45	69.9	0.0	0.0	25.1	8.2	21.0
Torrance	0	0	0	6	3	9	0.0	0.0	0.0	15.6	4.0	7.5
Union	0	0	0	4	1	6	0.0	0.0	0.0	44.9	9.2	20.3
Valencia	4	0	0	50	16	72	36.6	0.0	0.0	23.6	7.9	16.9
New Mexico	556	4	18	1,001	599	2,187	65.7	2.4	7.9	21.8	10.1	19.2

* 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, 2012-2016

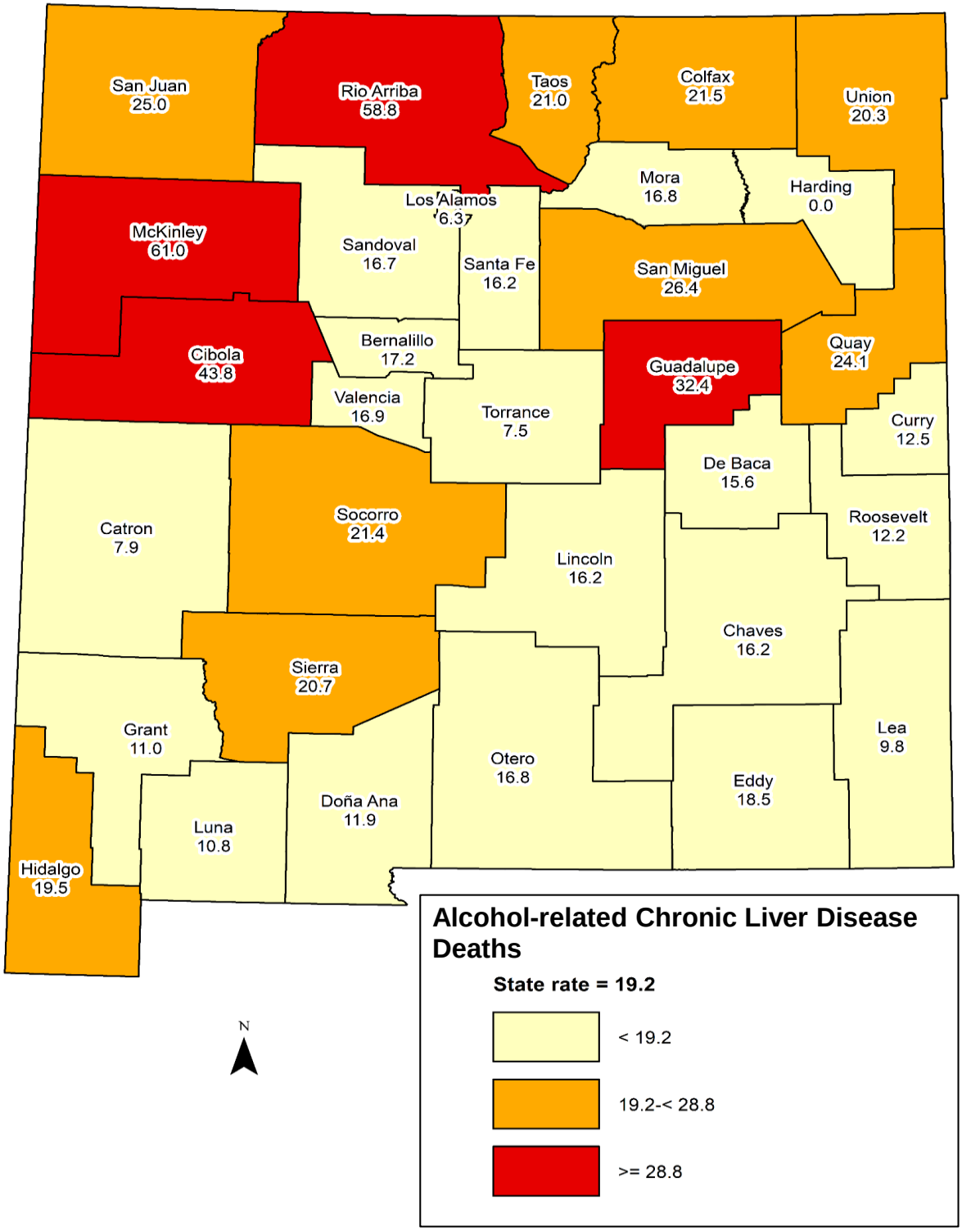


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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, 2012-2016



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

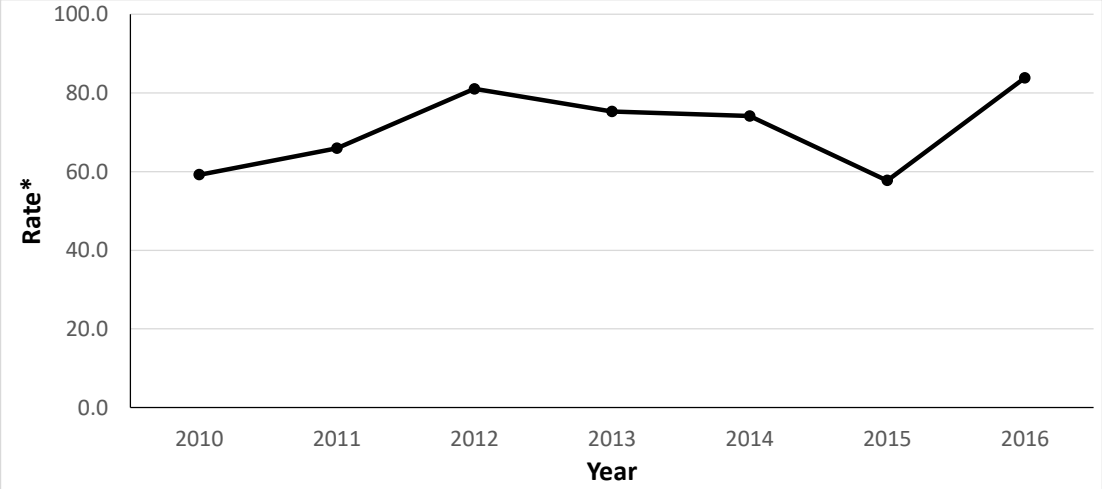
Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES

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 at an earlier time point 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 2016 (83.8 hospitalizations per 100,000) has increased 41.6% since 2010 (59.2 hospitalizations per 100,000). Women are at lower risk than men. Women who identify as Asian or 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, 2010-2016



* Rates per 100,000

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, 2012-2016

		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	13	863	92	968	6.9	391.0	267.2	239.6
	Asian/Pacific Islander	0	20	4	24	0.0	44.2	58.5	30.4
	Black	0	28	6	34	0.0	41.7	54.4	28.6
	Hispanic	22	1,546	405	1,973	2.1	128.6	174.9	89.8
	White	13	1,087	344	1,444	2.5	98.5	77.1	61.9
	Total	55	3,694	911	4,660	3.0	140.0	124.8	89.7
Female	American Indian	8	582	178	768	4.3	240.0	356.2	171.4
	Asian/Pacific Islander	0	8	7	15	0.0	14.1	61.7	15.1
	Black	1	20	4	25	2.4	42.2	35.2	27.2
	Hispanic	27	883	348	1,258	2.7	72.5	122.3	54.1
	White	9	732	335	1,076	1.9	65.6	64.8	43.0
	Total	46	2,328	914	3,288	2.6	86.9	104.6	59.3
Total	American Indian	21	1,445	270	1,736	11.2	631.0	623.4	204.7
	Asian/Pacific Islander	0	28	11	39	0.0	58.3	120.2	21.9
	Black	1	48	10	59	2.4	83.9	89.6	27.8
	Hispanic	49	2,429	753	3,231	4.7	201.2	297.3	71.5
	White	22	1,820	679	2,521	4.5	164.0	141.9	52.3
	Total	101	6,024	1,825	7,950	2.8	113.2	113.8	74.3

* 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 over 350 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 2012 to 2016, there were 7,950 hospitalizations reported by non-federal facilities. This equates to approximately five hospitalizations for CLD every day in New Mexico.

For 2012-2016, McKinley County had the highest rate of CLD hospitalizations (146.0 hospitalizations per 100,000 population), followed by Cibola (123.8 hospitalizations per 100,000 population), Rio Arriba (114.3 hospitalizations per 100,000 population), and Sierra (105.5 hospitalizations per 100,000 population). De Baca County had the lowest rate (11.1 hospitalizations per 100,000 population).

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

Table 2: CLD Discharges Rates* by County, New Mexico, 2012-2016

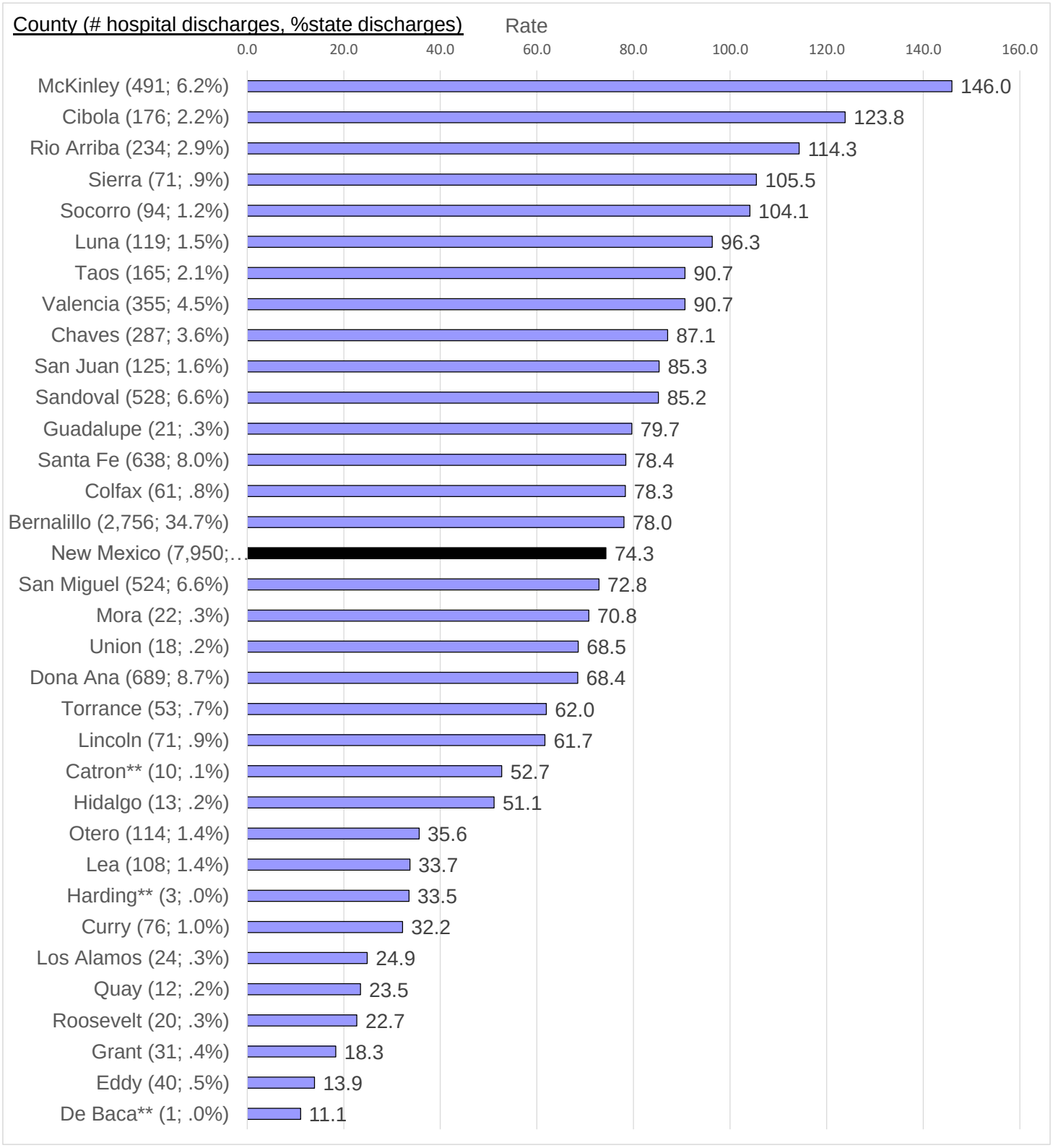
	Hospital Discharges						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	379	20	20	1,151	1,106	2,756	273.9	20.8	20.2	76.2	67.3	78.0
Catron	0	0	0	4	6	10	0.0	0.0	0.0	106.9	42.3	52.7
Chaves	4	0	0	86	98	287	140.8	0.0	0.0	60.2	63.1	87.1
Cibola	107	4	0	23	29	176	213.3	551.3	0.0	45.0	83.6	123.8
Colfax	0	0	0	39	21	61	0.0	0.0	0.0	114.4	50.3	78.3
Curry	0	0	4	49	23	76	0.0	0.0	32.1	62.5	16.9	32.2
De Baca	0	0	0	0	1	1	0.0	0.0	0.0	0.0	18.1	11.1
Dona Ana	6	0	4	403	240	689	76.0	0.0	22.6	66.5	70.1	68.4
Eddy	0	0	0	12	12	40	0.0	0.0	0.0	10.3	7.2	13.9
Grant	0	0	0	13	17	31	0.0	0.0	0.0	16.8	20.2	18.3
Guadalupe	0	0	0	15	6	21	0.0	0.0	0.0	76.8	111.9	79.7
Harding	0	0	0	3	0	3	0.0	0.0	0.0	79.2	0.0	33.5
Hidalgo	0	0	0	7	6	13	0.0	0.0	0.0	53.9	48.2	51.1
Lea	0	0	1	53	52	108	0.0	0.0	9.1	36.4	36.5	33.7
Lincoln	4	1	2	23	39	71	157.4	194.8	266.0	75.5	49.5	61.7
Los Alamos	0	0	0	7	17	24	0.0	0.0	0.0	50.8	23.0	24.9
Luna	0	0	2	81	33	119	0.0	0.0	150.6	115.0	82.9	96.3
McKinley	379	4	3	50	27	491	154.4	100.0	107.9	117.7	67.6	146.0
Mora	0	0	0	20	2	22	0.0	0.0	0.0	81.1	45.8	70.8
Otero	37	2	1	41	23	114	201.1	36.8	8.7	39.5	12.3	35.6
Quay	0	0	0	9	3	12	0.0	0.0	0.0	44.8	11.2	23.5
Rio Arriba	72	0	0	137	22	234	271.2	0.0	0.0	95.8	67.2	114.3
Roosevelt	0	0	0	10	10	20	0.0	0.0	0.0	30.0	18.7	22.7
Sandoval	330	0	1	46	142	528	157.0	0.0	40.6	47.2	49.3	85.2
San Juan	1	0	0	107	16	125	73.9	0.0	0.0	95.3	55.0	85.3
San Miguel	214	1	6	140	135	524	281.2	7.6	38.2	59.7	35.1	72.8
Santa Fe	53	5	6	383	185	638	280.7	40.2	75.2	103.6	45.9	78.4
Sierra	1	0	4	20	44	71	123.6	0.0	1,127.2	122.6	80.9	105.5
Socorro	38	0	1	34	19	94	466.5	0.0	95.9	78.4	48.8	104.1
Taos	33	0	0	87	35	165	334.5	0.0	0.0	89.8	45.8	90.7
Torrance	0	0	2	12	38	53	0.0	0.0	208.3	38.7	77.7	62.0
Union	0	0	0	14	4	18	0.0	0.0	0.0	145.8	24.8	68.5
Valencia	78	2	2	152	110	355	568.5	77.9	38.6	71.7	68.9	90.7
New Mexico	1,736	39	59	3,231	2,521	7,950	204.7	21.9	27.8	71.5	52.3	74.3

* All rates are per 100,000, age-adjusted to the 2000 US standard population. There were over 350 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, 2012-2016

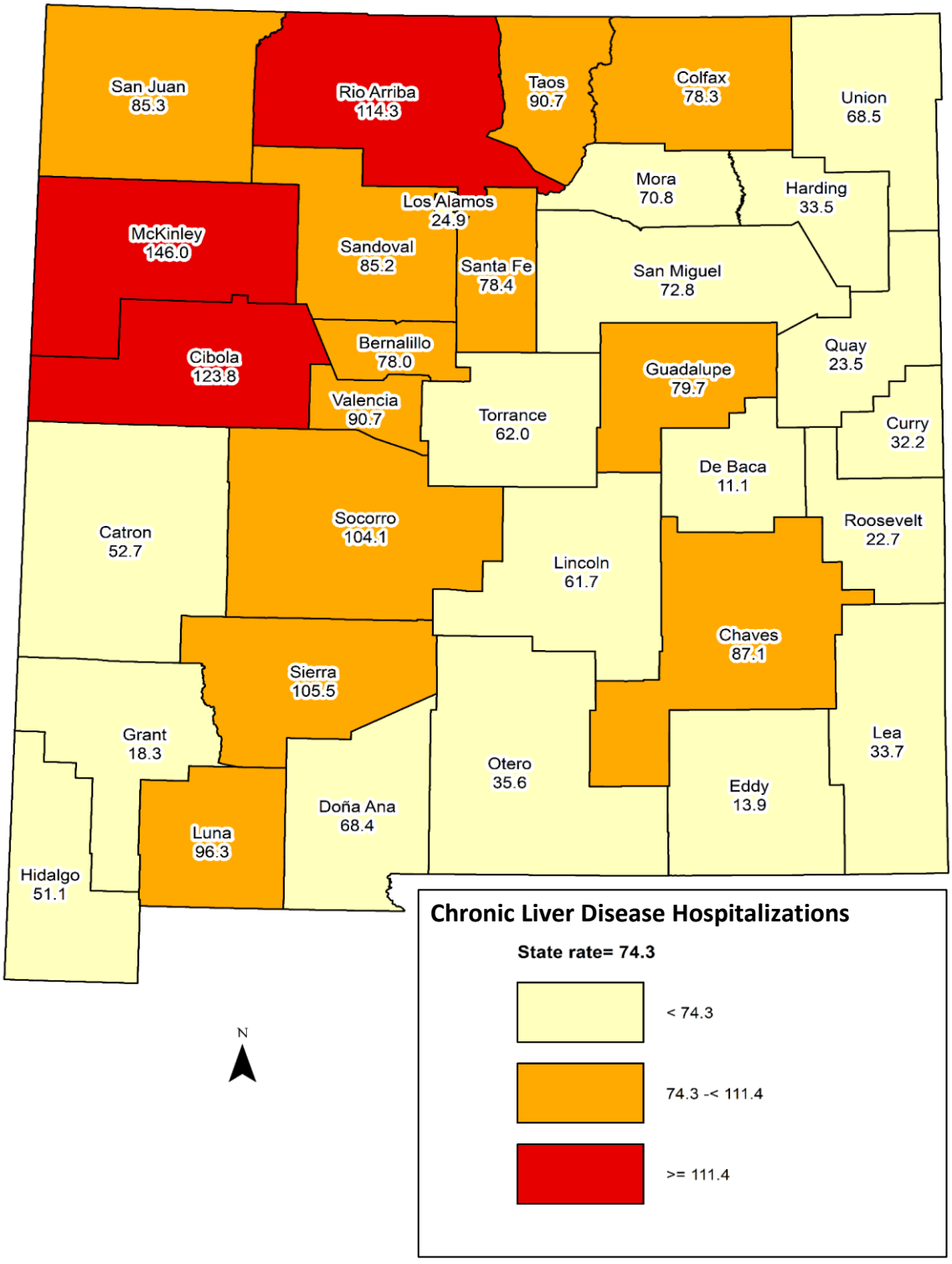


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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, 2012-2016



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

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

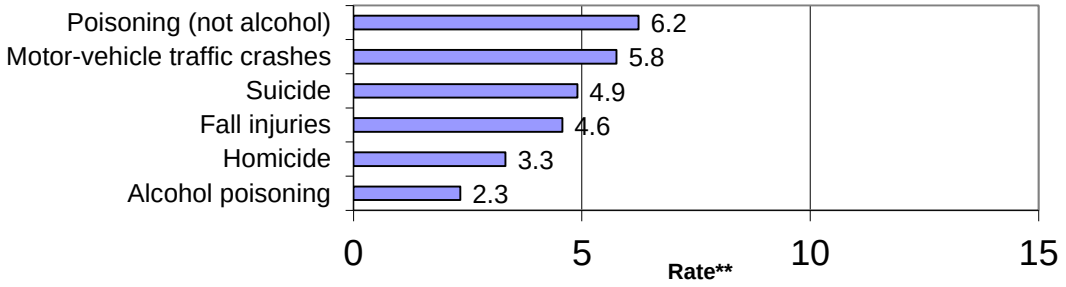
ALCOHOL-RELATED INJURY DEATH

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 60% during this period, death rates from other AR injuries have increased. Chart 1 shows the top six leading causes of alcohol -related Injury death between 2012 and 2016 with AR poisoning (i.e. drug overdose) death ranking at number one. Since the early 90s; the AR fall death rate peaked in 2007-09 and has declined since, while AR poisoning has continued to rise. During the period 2008-2015, AR 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 (age 0-24), with especially high rates among American Indian and Hispanic males. 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, 2012-2016



* 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, 2012-2016

		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	50	294	27	370	26.4	133.0	77.4	89.4
	Asian/Pacific Islander	2	7	2	11	5.9	15.4	34.2	15.1
	Black	8	34	5	46	15.7	50.1	42.4	36.2
	Hispanic	166	620	100	886	15.8	51.6	43.2	38.6
	White	61	458	234	753	11.8	41.5	52.5	33.3
	Total	286	1,424	372	2,083	15.6	54.0	51.0	41.2
Female	American Indian	19	80	13	112	10.4	32.8	26.0	24.2
	Asian/Pacific Islander	1	3	1	5	2.4	5.5	10.5	5.4
	Black	2	7	2	10	4.9	14.1	14.5	10.6
	Hispanic	48	207	89	343	4.7	17.0	31.4	14.7
	White	19	204	215	437	4.1	18.2	41.5	16.0
	Total	89	502	320	911	5.1	18.7	36.7	16.4
Total	American Indian	69	373	40	482	18.4	80.5	46.9	54.9
	Asian/Pacific Islander	2	10	4	16	4.2	9.9	19.4	9.4
	Black	10	40	6	56	10.7	35.2	28.2	25.3
	Hispanic	214	827	189	1,230	10.3	34.2	36.7	26.5
	White	79	662	449	1,191	8.1	29.8	46.6	24.7
	Total	375	1,927	693	2,994	10.5	36.2	43.2	28.7

* 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 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 four times higher than female rates, across race/ethnic categories. American Indian males had the highest risk, with a rate more than three times the state rate and more than twice the White male rate. Hispanic males are also at risk, with a rate of 38.6% (about 1.2 times) higher than the rate for White males.

Table 2 shows that AR injury is a serious issue in many New Mexico counties. Mora, Rio Arriba, Catron, and McKinley counties have rates more than three times the US rate. Six New Mexico counties have rates more than twice the US rate (see Chart 2); and about two-thirds 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 both the Hispanic and American Indian population; but most of the burden of deaths falls on the Hispanic population. In McKinley and San Juan counties, elevated rates are driven by high rates in the American Indian population. Santa Fe County's high rate is driven by elevated rates in the Hispanic population.

Table 2: Alcohol-Related Injury Deaths and Rates* by Race/Ethnicity and County, New Mexico, 2012-2016

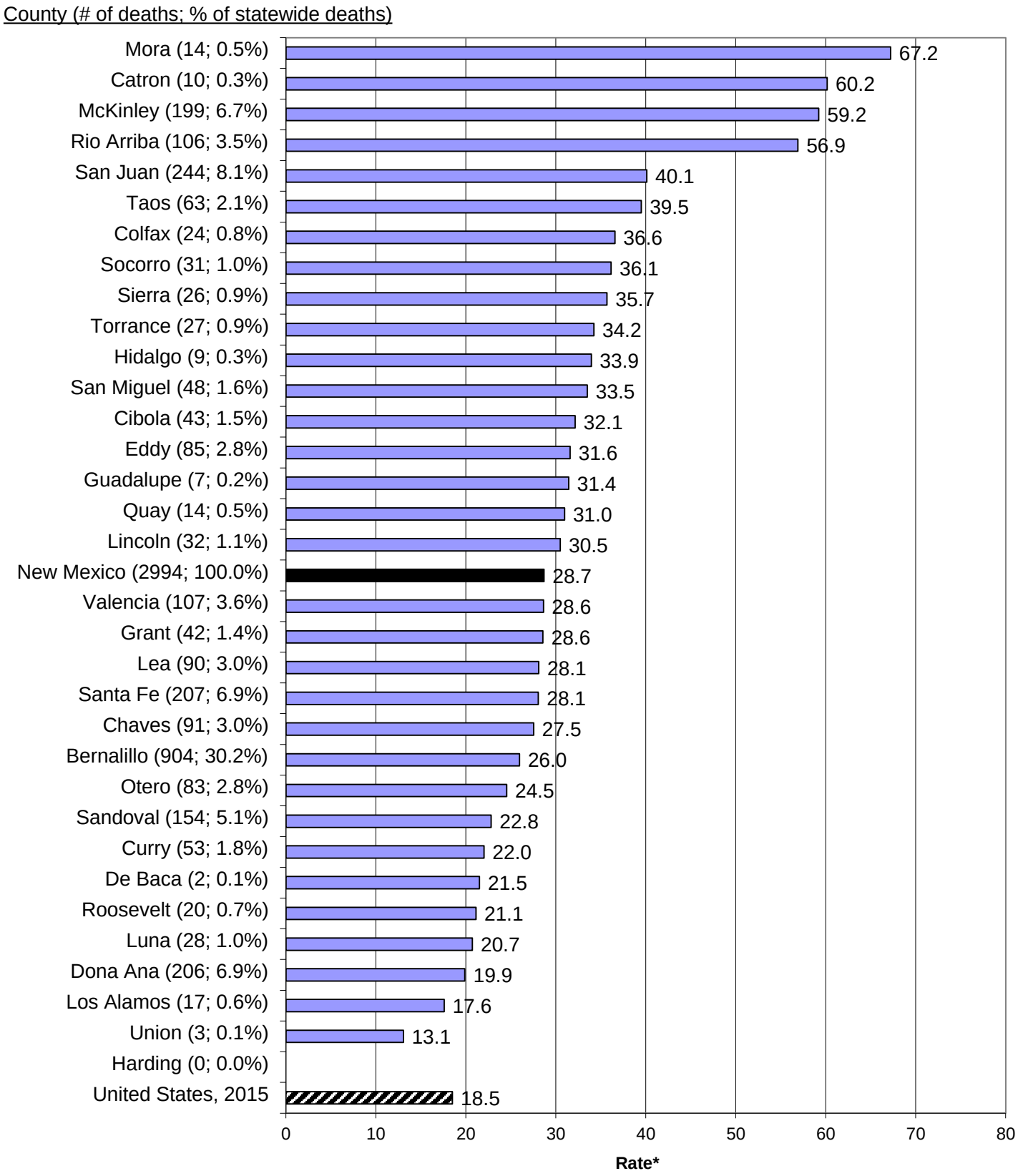
	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	47	9	29	418	392	904	34.0	10.2	28.1	26.8	23.5	26.0
Catron	1	0	0	1	9	10	140.3	0	0.0	55.4	62.0	60.2
Chaves	1	0	2	44	44	91	23.4	0.0	28.3	26.4	27.8	27.5
Cibola	19	0	0	14	10	43	38.3	0.0	0.0	26.6	32.8	32.1
Colfax	0	0	0	14	10	24	0.0	0.0	0.0	43.3	29.6	36.6
Curry	1	1	5	20	28	53	23.7	23.6	36.4	22.8	19.1	22.0
De Baca	0	0	0	0	2	2	0.0	0.0	0.0	0.0	28.9	21.5
Dona Ana	1	0	3	113	87	206	8.6	0.0	19.8	17.6	22.3	19.9
Eddy	1	0	1	35	48	85	37.2	0.0	30.2	28.6	33.1	31.6
Grant	0	0	0	17	24	42	0.0	0.0	0.0	24.7	33.7	28.6
Guadalupe	0	0	0	6	1	7	0.0	0.0	0.0	36.1	24.6	31.4
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	33.6	35.0	33.9
Lea	0	0	7	36	46	90	0.0	0.0	55.4	22.1	32.6	28.1
Lincoln	0	0	0	8	24	32	0.0	0.0	0.0	25.5	34.6	30.5
Los Alamos	0	0	0	1	15	17	0.0	0.0	0.0	9.1	21.8	17.6
Luna	0	0	0	10	18	28	0.0	0.0	0.0	13.4	29.6	20.7
McKinley	175	0	0	15	9	199	69.2	0.0	0.0	34.3	29.8	59.2
Mora	0	0	0	13	1	14	0.0	0.0	0.0	72.5	38.6	67.2
Otero	11	0	3	20	48	83	57.4	0.0	23.0	18.6	25.0	24.5
Quay	0	0	0	6	8	14	0.0	0.0	0.0	29.9	33.7	31.0
Rio Arriba	14	0	0	84	7	106	52.2	0.0	0.0	63.1	24.1	56.9
Roosevelt	0	0	0	7	12	20	0.0	0.0	0.0	20.0	20.6	21.1
Sandoval	37	0	1	42	71	154	46.8	0.0	8.2	17.6	20.0	22.8
San Juan	148	0	1	29	65	244	67.0	0.0	28.4	27.4	22.1	40.1
San Miguel	1	0	0	40	6	48	192.7	0.0	0.0	37.0	14.3	33.5
Santa Fe	6	2	0	112	83	207	35.4	18.8	0.0	31.0	23.1	28.1
Sierra	0	0	0	4	22	26	0.0	0.0	0.0	22.5	40.6	35.7
Socorro	6	0	0	15	9	31	71.0	0.0	0.0	37.3	21.5	36.1
Taos	6	0	0	35	22	63	71.1	0.0	0.0	38.5	36.7	39.5
Torrance	1	0	0	8	18	27	30.9	0.0	0.0	29.5	36.0	34.2
Union	0	0	0	1	2	3	0.0	0.0	0.0	11.0	14.2	13.1
Valencia	4	1	1	59	41	107	26.6	34.0	32.4	28.1	29.2	28.6
New Mexico	482	16	56	1,230	1,191	2,994	54.9	9.4	25.3	26.5	24.7	28.7

* 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 INJURY DEATH (continued)

Chart 2: Alcohol-Related Injury Death Rates* by County, New Mexico, 2012-2016

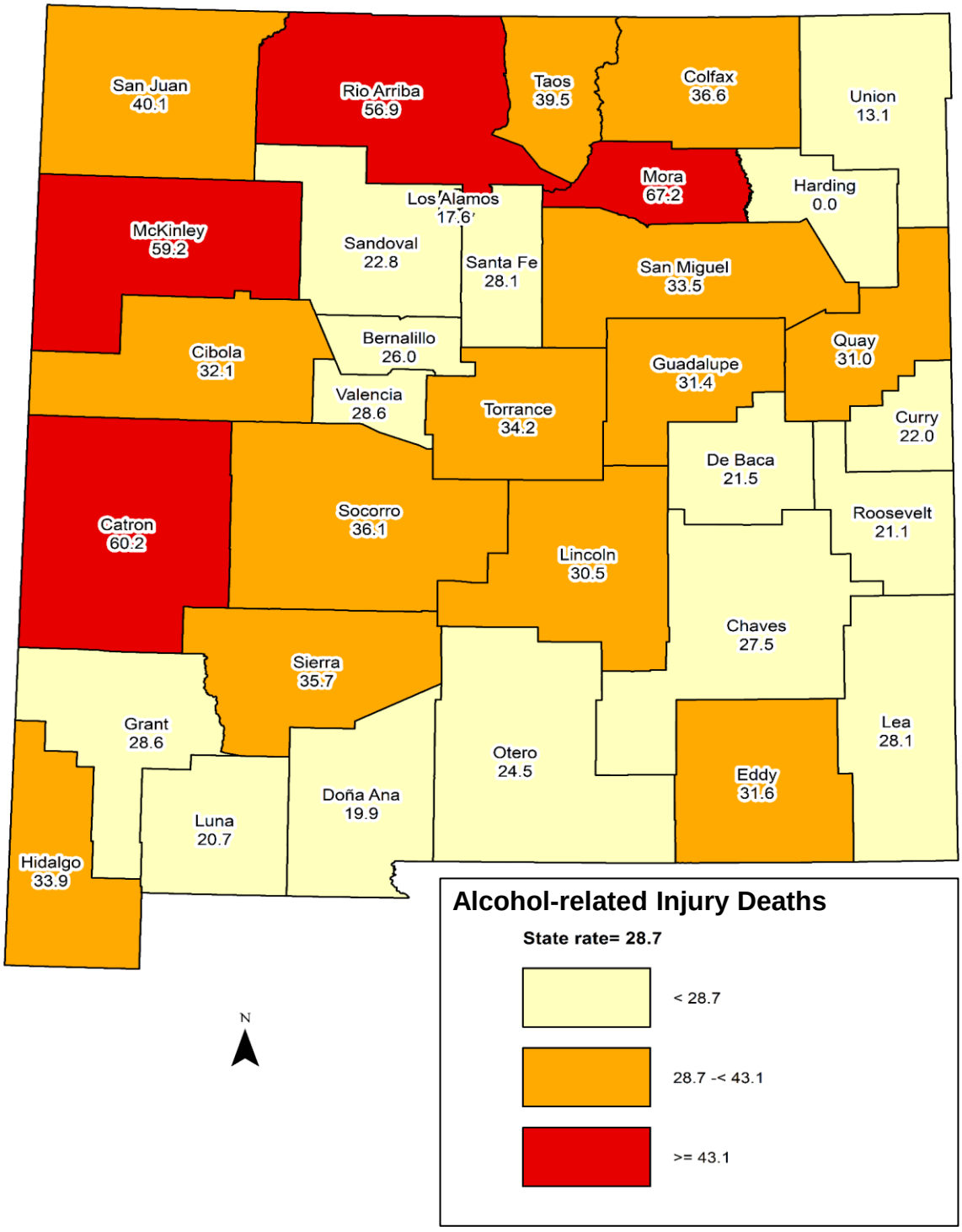


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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, 2012-2016



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

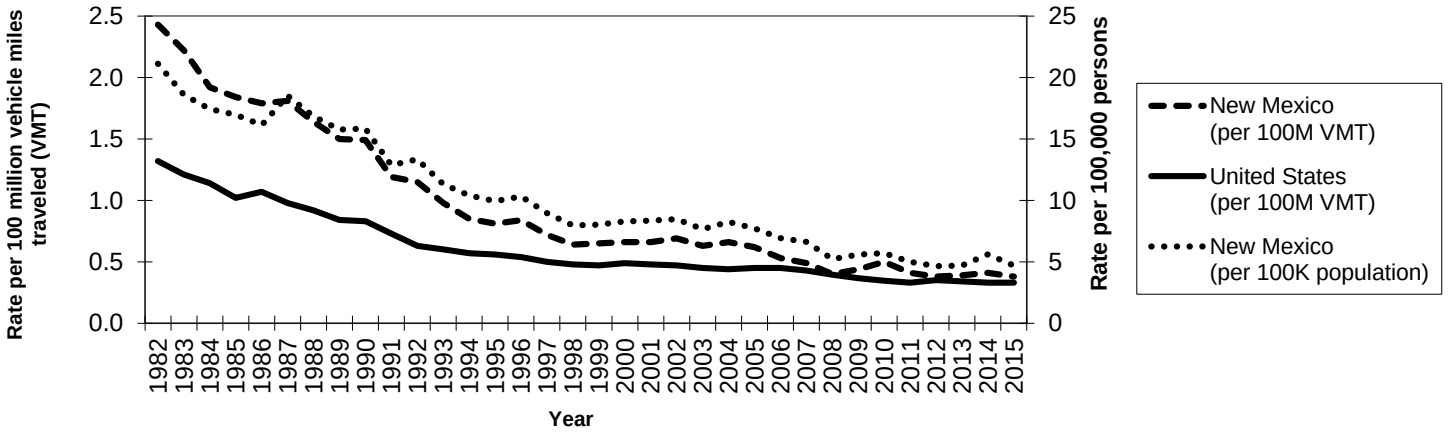
Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES

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. Nonetheless, 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 2015 (0.38) was 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%. Rates increased slightly in 2014 and dropped back in 2015.

Chart 1: Alcohol-Impaired MVTC Fatality Rates*, New Mexico and United States, 1982-2015



* 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); and per 100,000 population (NM)

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, 2012-2016

		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	22	84	2	108	11.8	38.1	5.2	24.3
	Asian/Pacific Islander	1	1	1	2	2.3	1.8	8.8	3.0
	Black	2	7	0	9	3.1	11.1	0.0	7.3
	Hispanic	55	134	6	194	5.2	11.2	2.5	7.9
	White	21	93	12	125	4.0	8.4	2.6	6.2
	Total	100	321	20	441	5.4	12.2	2.8	8.7
Female	American Indian	9	30	1	40	5.1	12.3	1.9	8.3
	Black	1	1	0	3	2.4	3.0	0.0	2.7
	Hispanic	20	39	2	61	1.9	3.2	0.6	2.5
	White	6	22	4	32	1.3	2.0	0.8	1.7
	Total	36	93	7	136	2.1	3.5	0.8	2.8
Total	American Indian	32	114	3	148	8.5	24.6	3.3	16.0
	Asian/Pacific Islander	1	1	1	2	1.2	0.8	3.3	1.3
	Black	3	9	1	12	2.8	7.7	2.9	5.4
	Hispanic	74	173	8	255	3.6	7.2	1.5	5.2
	White	27	115	16	157	2.7	5.2	1.6	4.0
	Total	136	414	27	577	3.8	7.8	1.7	5.8

* 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)

Table 1 shows the demographic distribution of AR-MVTC deaths in New Mexico. Because demographic data are not readily available from the system of record for motor vehicle crash death (the Fatality Analysis Reporting System [FARS] used for Charts 1-3), death certificate data for alcohol-related motor vehicle crash deaths were used here 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 - five to nine times the corresponding White rates - among American Indian males and females ages 25-44. Hispanic and White rates are highest in the age range 15-54, with a slight elevation of Hispanic rates (by a factor of 1.3) relative to White rates across all ages. Chart 2 shows that, among counties for which stable rates can be calculated, Sandoval, McKinley, and Rio Arriba counties have substantial AI-MVTC fatalities and high rates; other counties have high rates but fewer deaths. Table 2 shows that McKinley and San Juan counties rates are driven by the American Indian rates (both male and female rates are high, data not shown); and that the Rio Arriba County rate is driven by the Hispanic rate (the male rate is high, data not shown) and the American Indian rate.

Table 2: Alcohol-Related MVTC Deaths and Rates*[,1,2] by Race/Ethnicity and County, New Mexico, 2012-2016

	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	16	0	4	75	38	134	10.4	0.0	3.6	4.5	2.7	3.9
Catron	0	0	0	0	2	2	0.0	0.0	0.0	0.0	22.7	21.4
Chaves	0	0	0	12	6	19	0.0	0.0	0.0	6.6	4.7	5.9
Cibola	10	0	0	4	0	14	20.3	0.0	0.0	6.9	0.0	10.7
Colfax	0	0	0	2	2	4	0.0	0.0	0.0	6.5	4.0	6.4
Curry	0	0	1	6	4	12	0.0	0.0	7.3	6.4	2.9	4.7
De Baca	0	0	0	0	1	1	0.0	0.0	0.0	0.0	20.9	11.3
Dona Ana	0	0	2	29	7	38	0.0	0.0	10.5	4.1	2.1	3.7
Eddy	1	0	1	10	13	25	29.5	0.0	30.2	7.6	10.6	9.6
Grant	0	0	0	1	1	3	0.0	0.0	0.0	1.8	1.5	2.1
Guadalupe	0	0	0	2	0	3	0.0	0.0	0.0	15.4	0.0	13.4
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
Lea	0	0	2	17	12	31	0.0	0.0	14.5	9.6	9.4	9.5
Lincoln	0	0	0	1	4	5	0.0	0.0	0.0	3.0	7.0	5.3
Los Alamos	0	0	0	0	1	2	0.0	0.0	0.0	0.0	2.3	1.9
Luna	0	0	0	2	3	5	0.0	0.0	0.0	2.4	5.5	3.9
McKinley	54	0	0	3	3	59	20.0	0.0	0.0	7.1	10.5	17.3
Mora	0	0	0	4	1	6	0.0	0.0	0.0	26.1	38.6	28.7
Otero	3	0	1	4	8	17	16.6	0.0	8.5	3.6	4.7	5.1
Quay	0	0	0	1	2	3	0.0	0.0	0.0	5.8	5.9	5.8
Rio Arriba	2	0	0	15	1	17	7.0	0.0	0.0	11.3	1.8	9.8
Roosevelt	0	0	0	2	3	6	0.0	0.0	0.0	5.8	6.3	6.2
Sandoval	8	0	1	7	6	23	10.2	0.0	4.4	2.8	2.1	3.5
San Juan	45	0	0	7	13	65	18.8	0.0	0.0	5.7	5.2	10.7
San Miguel	0	0	0	6	1	8	0.0	0.0	0.0	5.7	2.2	5.8
Santa Fe	1	0	0	16	10	28	5.9	0.0	0.0	4.3	3.4	4.1
Sierra	0	0	0	1	2	2	0.0	0.0	0.0	3.8	5.0	4.6
Socorro	3	0	0	3	1	7	35.4	0.0	0.0	6.9	3.6	9.4
Taos	2	0	0	7	3	12	26.2	0.0	0.0	8.3	7.1	8.5
Torrance	0	0	0	3	2	6	0.0	0.0	0.0	9.8	5.6	7.9
Union	0	0	0	0	1	1	0.0	0.0	0.0	0.0	3.9	3.5
Valencia	1	0	0	13	6	21	9.0	0.0	0.0	5.7	6.0	5.7
New Mexico	148	2	12	255	157	577	16.0	1.3	5.4	5.2	4.0	5.8

* 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)

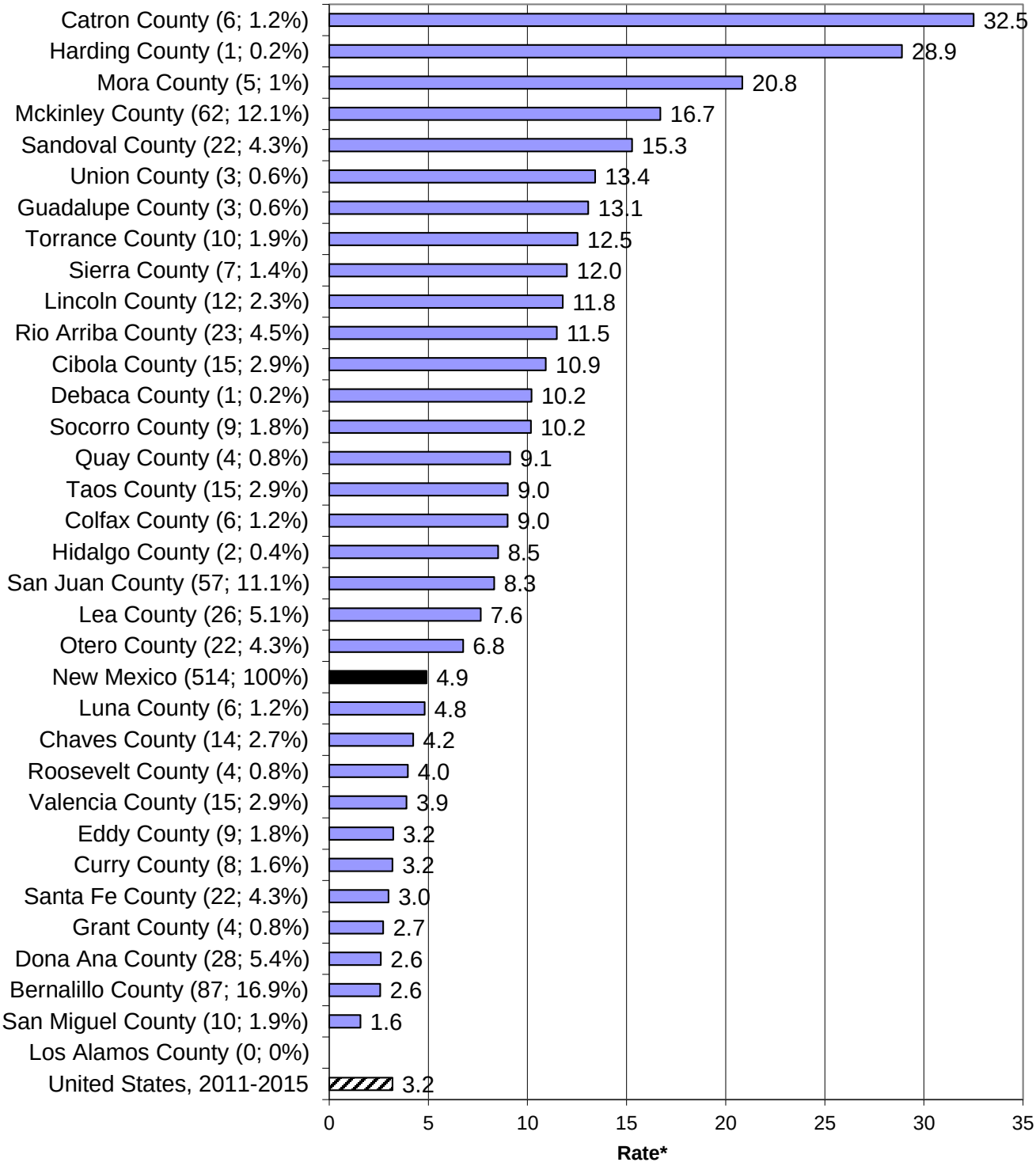
[2] See footnote 2 for Table 1

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 Rates*,[1,2] by County, New Mexico, 2012-2016

County (# of deaths; % of statewide deaths)



* All rates are crude per 100,000 population

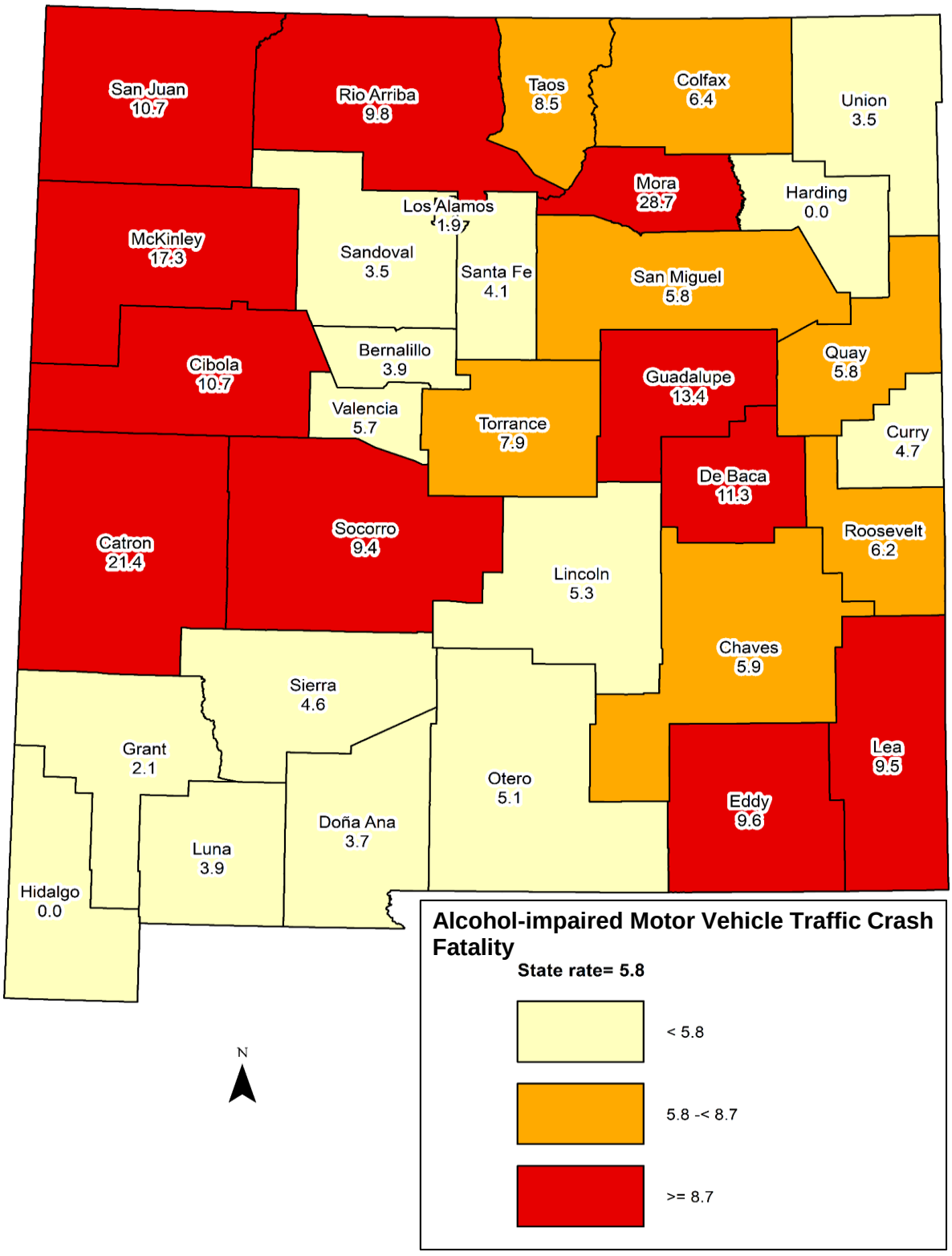
[1] Alcohol-impaired MVTC deaths are from FARS (highest driver BAC >=0.08); NM population from GPS, US population from NCHS

[2] Numerator (deaths) based on county of occurance; 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)

ALCOHOL-RELATED MOTOR VEHICLE TRAFFIC CRASH (MVTC) DEATH

Chart 3: Alcohol-Impaired MVTC Fatality Rates[1,2] by County, New Mexico, 2012-2016



* 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 occurance; 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)

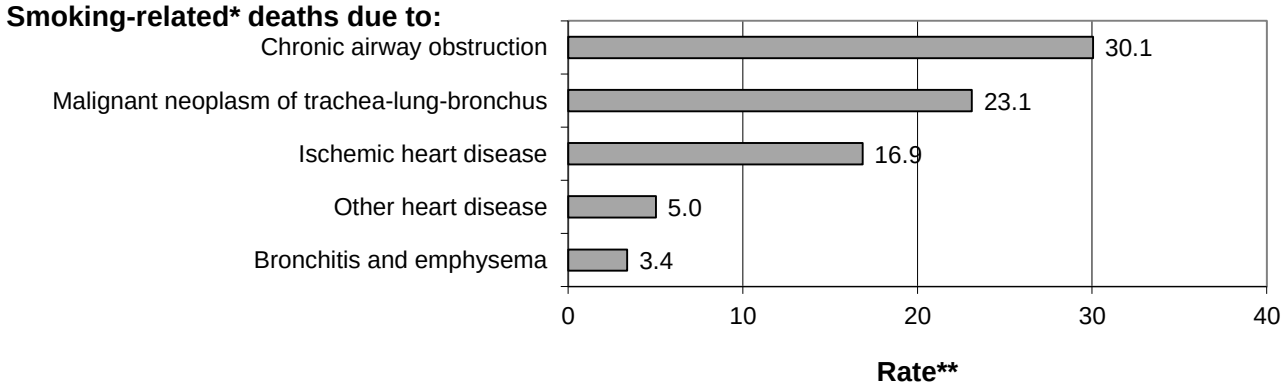
SMOKING-RELATED DEATH

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, 2012-2016



* 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, 2012-2016

		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	101	171	271	0.0	45.7	495.3	97.1
	Asian/Pacific Islander	0	18	16	34	0.0	39.7	240.7	62.9
	Black	0	50	79	129	0.0	73.9	717.9	137.5
	Hispanic	0	630	1,458	2,088	0.0	52.5	629.7	113.8
	White	0	1,130	3,541	4,671	0.0	102.3	793.4	145.6
	Total	0	1,947	5,285	7,232	0.0	73.8	723.8	132.2
Female	American Indian	0	47	94	141	0.0	19.2	187.8	35.1
	Asian/Pacific Islander	0	10	28	37	0.0	16.9	243.7	43.7
	Black	0	23	40	62	0.0	47.8	350.2	64.0
	Hispanic	0	280	879	1,159	0.0	23.0	309.0	51.1
	White	0	629	2,565	3,194	0.0	56.3	496.4	81.2
	Total	0	992	3,613	4,605	0.0	37.0	413.4	67.6
Total	American Indian	0	147	264	412	0.0	31.8	313.3	60.0
	Asian/Pacific Islander	0	28	44	72	0.0	27.0	242.6	51.0
	Black	0	72	119	191	0.0	63.1	531.5	99.9
	Hispanic	0	910	2,337	3,247	0.0	37.6	452.9	78.9
	White	0	1,759	6,107	7,865	0.0	79.2	634.0	110.1
	Total	0	2,940	8,898	11,837	0.0	55.3	554.7	96.3

* 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 female rates across all race/ethnic groups exept for Asian/Pacific Islanders. Among males, Blacks have the highest rates followed by Whites; among females, Whites have the highest rates followed by Blacks.

Table 2 and Chart 2 show that the counties with the highest rates are Sierra, Lea, Luna, Eddy, and De Baca. 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 Quay, Sierra, Union, and Curry 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, Otero, and Sandoval 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, 2012-2016

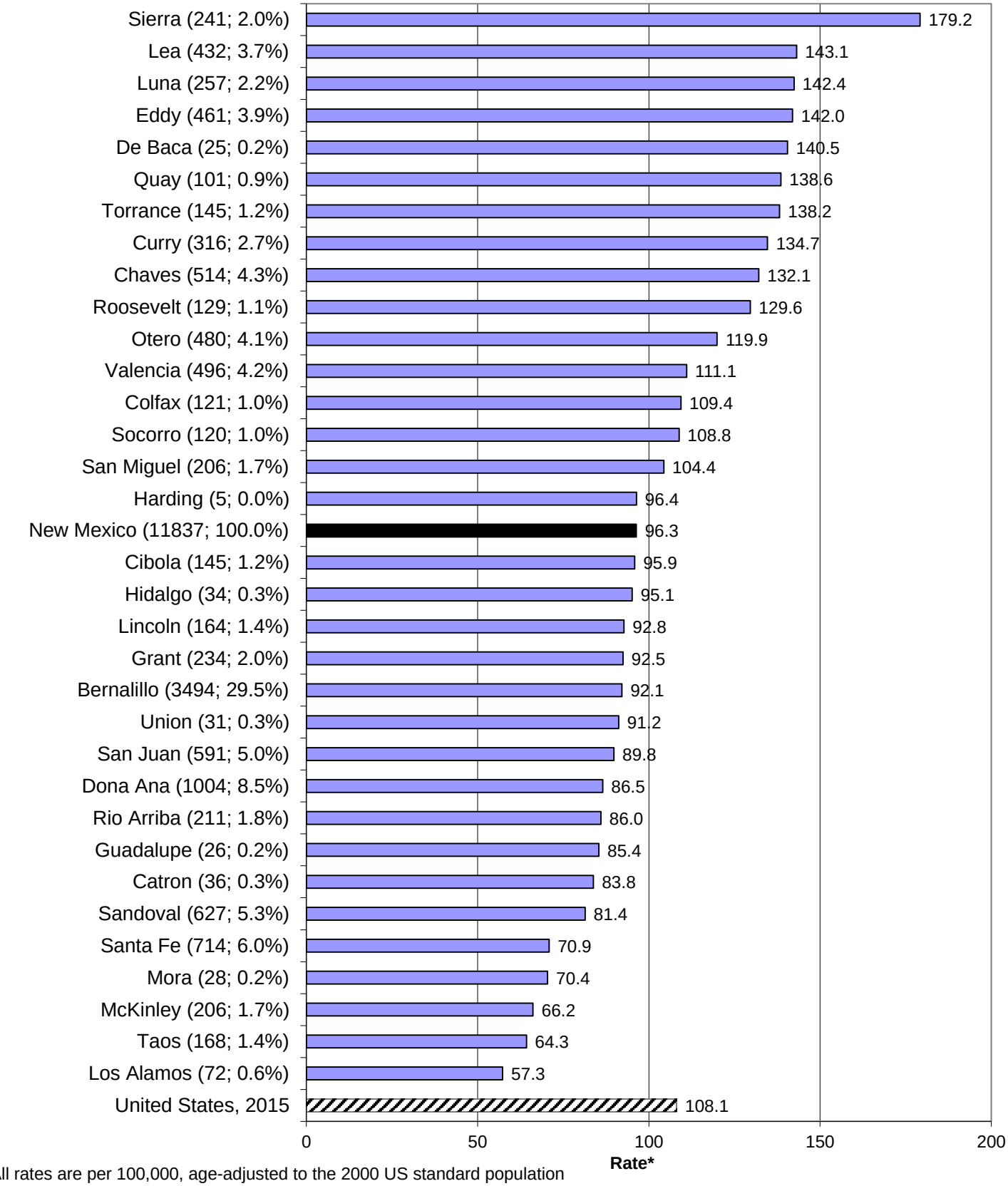
	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	59	39	88	1,032	2,249	3,494	73.3	51.8	105.5	81.0	98.4	92.1
Catron	1	0	0	5	30	36	98.2	0.0	0.0	69.9	88.2	83.8
Chaves	3	1	5	104	400	514	106.9	51.3	71.3	87.3	158.6	132.1
Cibola	27	0	0	41	76	145	51.0	0.0	0.0	88.1	150.6	95.9
Colfax	1	0	0	41	78	121	70.0	0.0	0.0	103.4	108.2	109.4
Curry	2	2	17	59	237	316	109.3	112.8	163.8	103.6	144.4	134.7
De Baca	0	0	0	5	20	25	0.0	0.0	0.0	88.4	168.4	140.5
Dona Ana	5	5	14	369	608	1,004	86.6	56.7	101.1	65.9	108.6	86.5
Eddy	1	2	5	82	369	461	28.5	94.3	111.4	88.8	170.1	142.0
Grant	1	0	2	71	159	234	47.8	0.0	171.5	76.4	101.7	92.5
Guadalupe	0	0	0	16	10	26	0.0	0.0	0.0	63.6	173.6	85.4
Harding	0	0	0	3	2	5	0.0	0.0	0.0	92.7	100.1	96.4
Hidalgo	0	0	0	9	25	34	0.0	0.0	0.0	60.7	125.3	95.1
Lea	1	0	18	71	340	432	37.6	0.0	147.1	79.3	175.9	143.1
Lincoln	4	0	0	19	141	164	235.5	0.0	0.0	61.6	99.2	92.8
Los Alamos	0	1	1	4	66	72	0.0	51.2	47.1	31.3	61.2	57.3
Luna	3	1	2	57	195	257	171.5	48.3	167.1	81.0	196.5	142.4
McKinley	121	1	0	30	55	206	58.3	18.9	0.0	69.4	97.6	66.2
Mora	0	0	0	23	5	28	0.0	0.0	0.0	79.3	38.5	70.4
Otero	14	4	10	65	387	480	104.1	91.8	89.4	71.1	140.1	119.9
Quay	1	1	0	27	72	101	204.4	117.4	0.0	126.4	145.8	138.6
Rio Arriba	16	0	1	139	56	211	66.8	0.0	55.4	83.1	105.5	86.0
Roosevelt	1	0	0	22	106	129	161.4	0.0	0.0	99.5	140.7	129.6
Sandoval	36	5	9	116	460	627	53.8	46.4	57.6	65.2	91.1	81.4
San Juan	85	2	4	60	440	591	50.3	45.5	97.6	75.2	109.9	89.8
San Miguel	0	3	1	139	63	206	0.0	161.8	67.9	101.6	111.4	104.4
Santa Fe	7	3	2	285	415	714	46.7	24.8	29.1	81.3	66.3	70.9
Sierra	2	0	1	23	214	241	132.5	0.0	125.9	106.3	197.5	179.2
Socorro	5	0	0	39	74	120	77.6	0.0	0.0	83.5	133.3	108.8
Taos	6	0	1	86	75	168	52.7	0.0	58.3	68.3	61.4	64.3
Torrance	4	0	1	34	106	145	243.1	0.0	123.8	109.0	150.4	138.2
Union	0	0	0	11	20	31	0.0	0.0	0.0	118.9	82.6	91.2
Valencia	10	1	8	161	313	496	91.2	39.4	165.2	80.4	138.9	111.1
New Mexico	412	72	191	3,247	7,865	11,837	60.0	51.0	99.9	78.9	110.1	96.3

* 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, 2012-2016

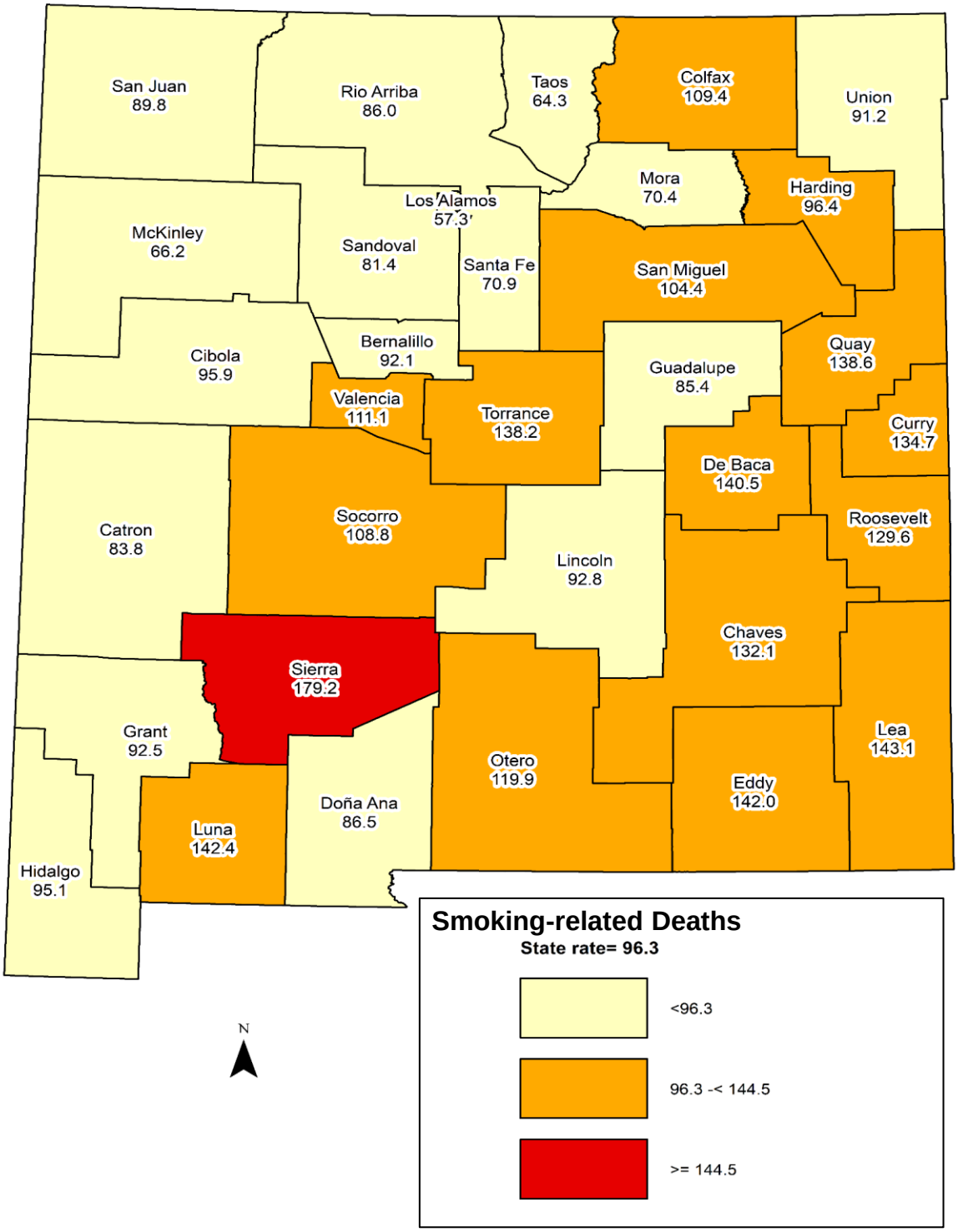


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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, 2012-2016



* 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

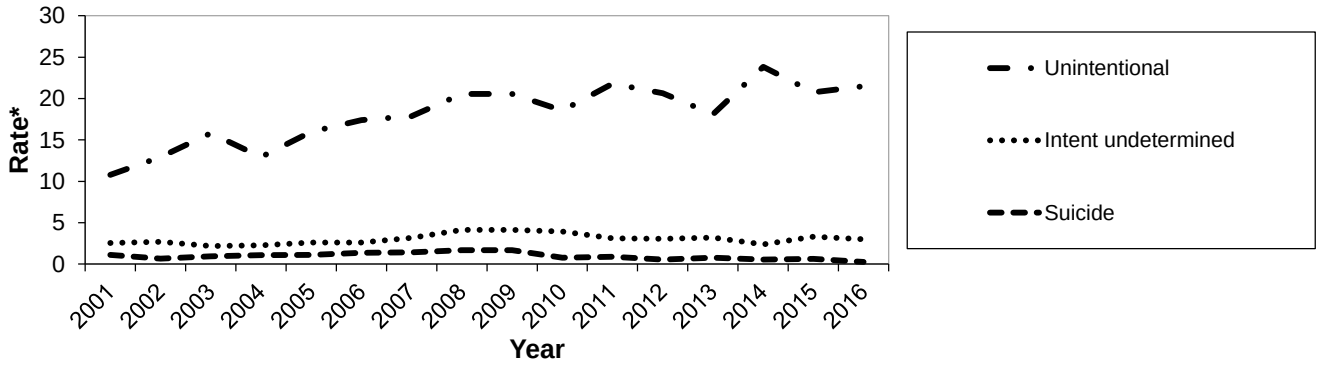
DRUG OVERDOSE DEATH

Problem Statement

In 2015, New Mexico had the eighth 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 disease such as HIV and hepatitis. Unintentional drug overdose is the largest subset of total drug overdose death, accounting for 86% of drug overdose deaths in New Mexico in 2016 (Chart 1). The other substantial cause 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 account for almost 86% of drug overdose deaths during 2012-2016. 41% of unintentional drug overdose deaths were caused by prescription drugs, while 40% were caused by illicit drugs, and 19% 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; 49%), heroin (33%), benzodiazepines (25%), cocaine (13%), and methamphetamine (21%) (not mutually exclusive). In New Mexico and nationally, overdose death from prescription opioids has become an issue of enormous concern. Interventions are currently being formulated, implemented, and assessed in New Mexico and in communities across the country, and may be contributing to decreases in death in the most recent data available.

Chart 1: Drug Related Death Rates* by Cause Category, New Mexico, 2001-2016



* 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, 2012-2016

		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	9	75	0	84	4.8	34.0	0.0	20.3
	Asian/Pacific Islander	1	5	0	6	3.7	11.1	0.0	6.9
	Black	4	31	2	37	8.2	46.2	18.1	28.4
	Hispanic	89	740	22	851	8.5	61.6	9.5	36.7
	White	40	441	31	512	7.8	39.9	6.9	25.2
	Total	143	1,309	59	1,511	7.8	49.6	8.1	30.5
Female	American Indian	3	47	1	51	1.6	19.4	2.0	11.3
	Asian/Pacific Islander	1	4	0	5	3.9	7.1	0.0	4.7
	Black	3	12	0	15	7.2	25.3	0.0	14.7
	Hispanic	38	349	12	399	3.7	28.7	4.2	17.1
	White	16	411	49	476	3.4	36.8	9.5	21.7
	Total	61	830	63	954	3.5	31.0	7.2	18.5
Total	American Indian	12	122	1	135	3.2	26.3	1.2	15.7
	Asian/Pacific Islander	2	9	0	11	3.8	8.8	0.0	5.7
	Black	7	43	2	52	7.7	37.5	8.9	22.6
	Hispanic	127	1,089	34	1,250	6.1	45.0	6.6	26.9
	White	56	852	80	988	5.7	38.4	8.3	23.6
	Total	204	2,139	122	2,465	5.7	40.2	7.6	24.6

* 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; SAES

DRUG OVERDOSE DEATH (continued)

Problem Statement (continued)

Table 1 shows that Hispanic men had the highest total drug overdose death rate. Hispanic men had higher unintentional drug overdose death rates than White men across the age range (Chart 4). The rates of total drug overdose death (Table 1) and unintentional drug overdose death (Table 3) among men were roughly 1.5 times that of women. Among women, drug overdose death from prescription drugs was more common than from illicit drugs across the age range. Illicit drugs were the predominant drug type causing death among males across the age range, and the rates were highest among males aged 25-54 years.

Rio Arriba County had the highest total drug overdose death rate (89.9 deaths per 100,000) and unintentional drug overdose death rate (80.4 deaths per 100,000; Table 3) among all New Mexico counties during 2012-2016. 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 half of New Mexico counties had total drug overdose death rates one and a half times higher than the US rate (16.3).

The death rate from prescription drugs exceeded the statewide death rate from illicit drugs in more than half (19 of 33) of the counties (Table 3).

Table 2: Drug Overdose Deaths and Rates* by Race/Ethnicity and County, New Mexico, 2012-2016

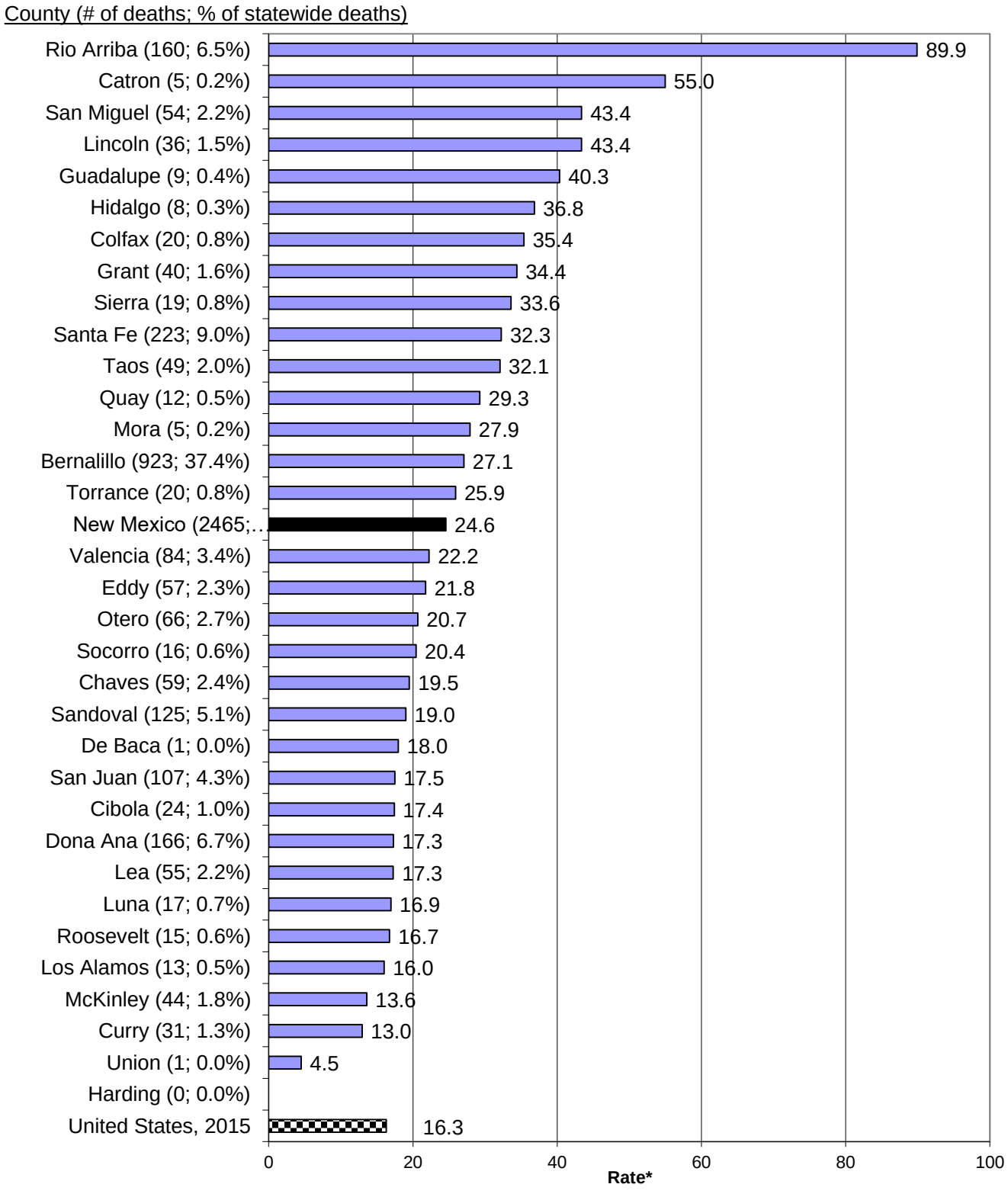
	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	34	6	30	481	362	923	22.5	5.7	29.2	30.0	24.5	27.1
Catron	0	0	0	0	5	5	0.0	0	0.0	0.0	76.3	55.0
Chaves	1	1	2	22	33	59	36.6	39.4	21.5	14.3	25.5	19.5
Cibola	4	0	0	10	10	24	8.6	0.0	0.0	20.0	28.8	17.4
Colfax	0	0	0	12	8	20	0.0	0.0	0.0	44.1	25.2	35.4
Curry	1	0	1	9	20	31	39.3	0.0	5.9	9.9	16.4	13.0
De Baca	0	0	0	1	0	1	0.0	0.0	0.0	46.6	0.0	18.0
Dona Ana	0	1	4	89	69	166	0.0	5.3	20.0	13.8	24.3	17.3
Eddy	1	0	0	18	38	57	26.6	0.0	0.0	14.9	28.5	21.8
Grant	0	0	0	18	22	40	0.0	0.0	0.0	30.8	41.8	34.4
Guadalupe	0	0	0	8	1	9	0.0	0.0	0.0	49.7	14.2	40.3
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	3	4	8	0.0	0	0.0	26.4	45.9	36.8
Lea	0	0	6	12	37	55	0.0	0.0	41.5	7.1	29.4	17.3
Lincoln	1	0	0	13	22	36	49.9	0.0	0.0	44.6	43.7	43.4
Los Alamos	0	0	0	2	11	13	0.0	0.0	0.0	17.6	19.5	16.0
Luna	0	0	0	6	11	17	0.0	0.0	0.0	9.0	36.7	16.9
McKinley	27	0	1	11	5	44	11.3	0.0	41.5	25.0	17.4	13.6
Mora	0	0	0	5	0	5	0.0	0.0	0.0	33.0	0.0	27.9
Otero	3	0	3	18	41	66	14.3	0.0	29.9	17.3	23.0	20.7
Quay	0	0	0	5	7	12	0.0	0.0	0.0	26.9	36.3	29.3
Rio Arriba	10	0	0	145	4	160	38.0	0.0	0.0	111.9	22.1	89.9
Roosevelt	0	0	1	5	9	15	0.0	0.0	113.7	15.5	16.3	16.7
Sandoval	10	1	2	50	57	125	13.1	10.6	13.2	20.1	18.6	19.0
San Juan	31	0	1	18	56	107	14.4	0.0	19.0	17.5	19.4	17.5
San Miguel	0	0	0	50	4	54	0.0	0.0	0.0	51.5	10.5	43.4
Santa Fe	6	2	0	139	71	223	33.5	16.7	0.0	37.7	23.4	32.3
Sierra	1	0	0	2	16	19	109.1	0.0	0.0	11.0	43.9	33.6
Socorro	1	0	0	12	3	16	9.9	0.0	0.0	31.9	7.7	20.4
Taos	1	0	0	26	21	49	9.2	0.0	0.0	32.1	35.1	32.1
Torrance	1	0	0	11	8	20	45.3	0.0	0.0	36.6	19.1	25.9
Union	0	0	0	1	0	1	0.0	0.0	0.0	12.3	0.0	4.5
Valencia	2	0	1	48	32	84	15.2	0.0	21.1	22.5	21.9	22.2
New Mexico	135	11	52	1,250	988	2,465	15.7	5.7	22.6	26.9	23.6	24.6

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

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

DRUG OVERDOSE DEATH (continued)

Chart 2: Drug Overdose Death Rates* by County, New Mexico, 2012-2016

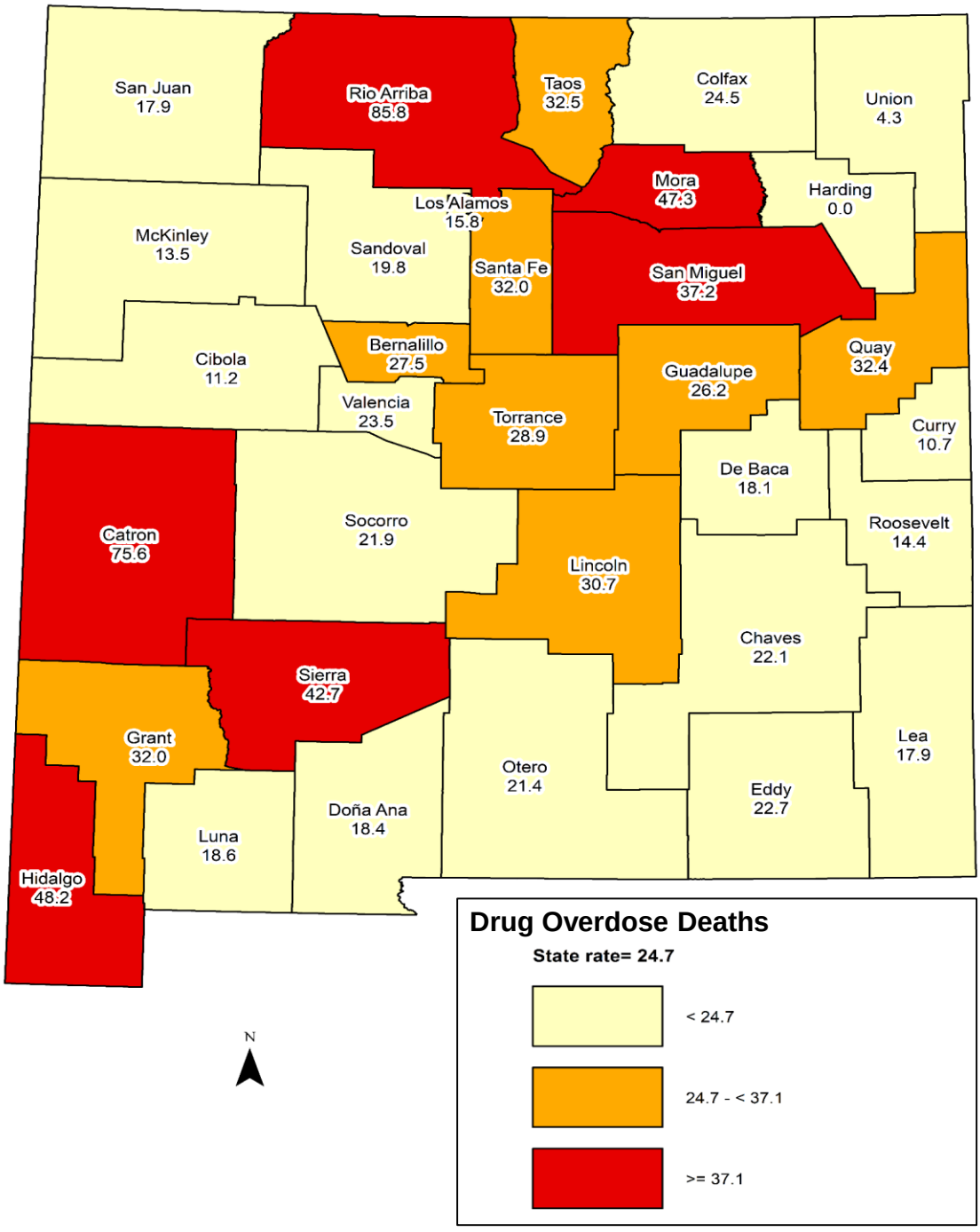


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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, 2012-2016

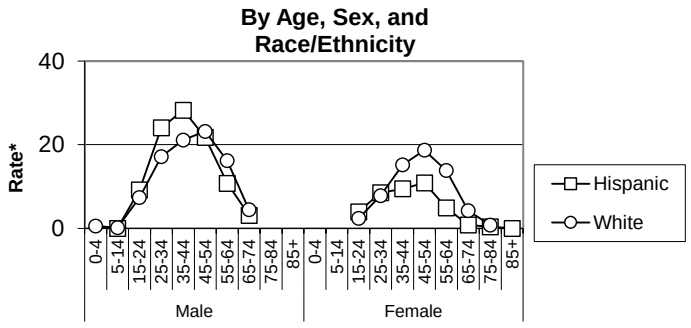


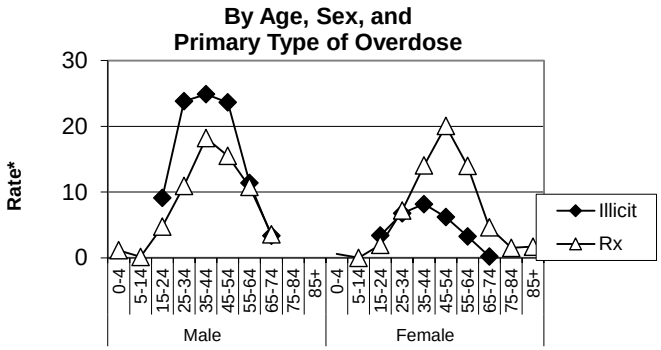
* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

DRUG OVERDOSE DEATH (continued)

Chart 4: Unintentional Drug Overdose Death Rates* by Selected Characteristics, New Mexico, 2012-2016





Source: OMI death files; UNM-GPS population files; SAES

Table 3: Uninintentional Drug Overdose Deaths and Rates*, New Mexico, 2012-2016

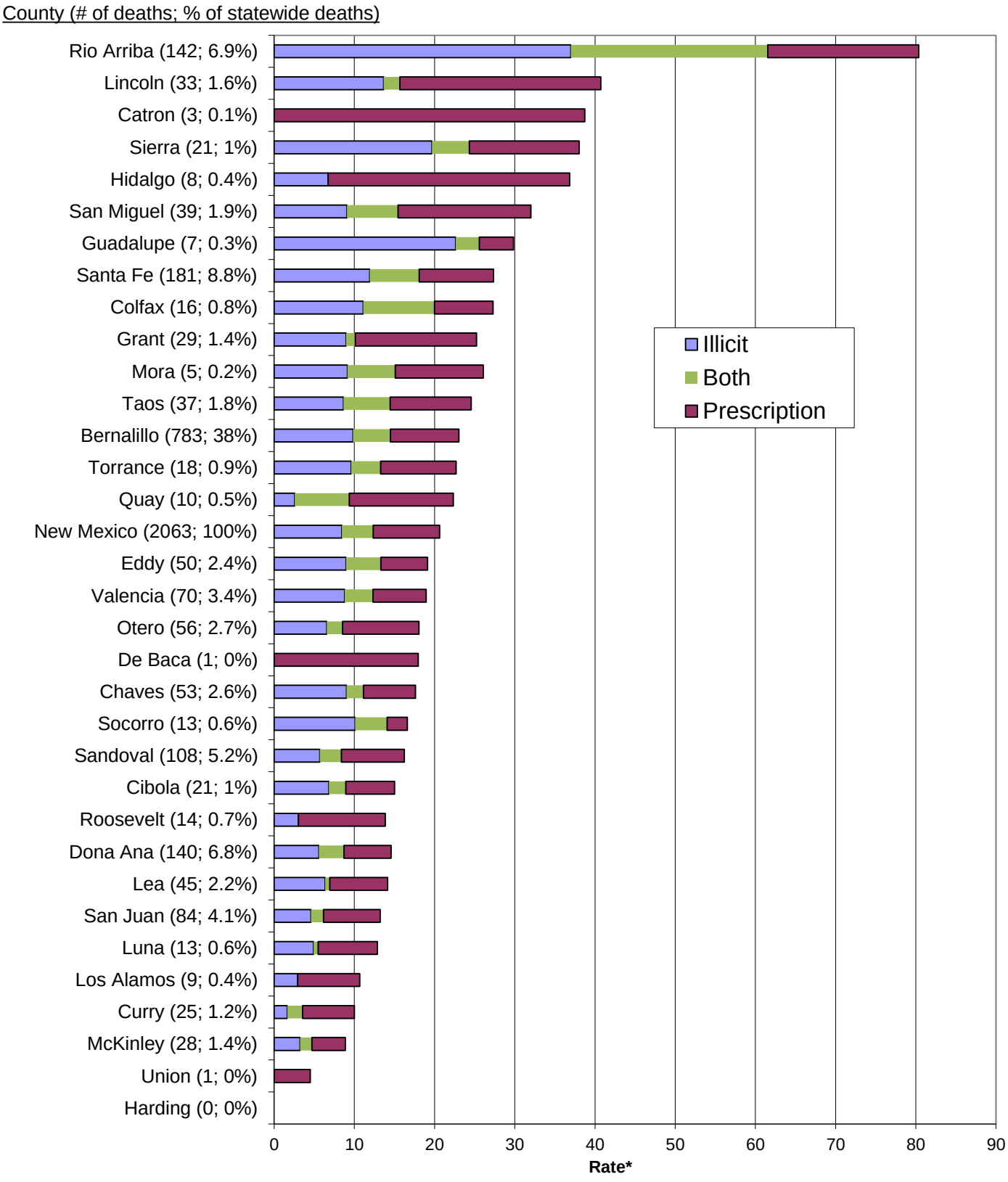
	Deaths						Rates*					
	Sex		Overdose Type			Total	Sex		Overdose Type			Total
County	Male	Female	Illicit	Rx	Both		Male	Female	Illicit	Rx	Both	
Bernalillo	528	255	332	290	158	783	31.7	14.6	9.8	8.5	4.7	23.1
Catron	0	3	0	3	0	3	0.0	83	0.0	38.7	0.0	38.7
Chaves	29	24	28	19	6	53	19.2	16.0	9.0	6.5	2.1	17.6
Cibola	14	7	9	9	3	21	19.9	9.3	6.8	6.1	2.1	15.0
Colfax	13	3	6	5	5	16	42.7	10.4	11.1	7.3	8.9	27.3
Curry	15	10	4	15	5	25	11.1	9.3	1.6	6.5	1.9	10.4
De Baca	1	0	0	1	0	1	37.0	0.0	0.0	18.0	0.0	18.0
Dona Ana	91	49	53	56	30	140	19.6	10.0	5.6	5.9	3.1	14.7
Eddy	33	17	23	16	11	50	24.7	13.2	9.0	5.8	4.3	19.1
Grant	18	11	10	17	1	29	33.9	19.0	9.0	15.1	1.2	26.4
Guadalupe	3	4	5	1	1	7	21.2	44.2	22.6	4.3	2.9	29.8
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	4	4	2	6	0	8	39.1	34	6.7	30.1	0.0	36.8
Lea	24	21	20	23	2	45	13.9	14.3	6.4	7.2	0.6	14.1
Lincoln	15	18	9	22	2	33	35.9	44.8	13.7	25.1	2.0	40.7
Los Alamos	5	4	2	7	0	9	13.3	8.4	2.9	7.7	0.0	10.7
Luna	6	7	4	8	1	13	12.4	13.6	4.9	7.4	0.6	12.9
McKinley	19	9	11	12	5	28	13.0	5.1	3.2	4.2	1.5	8.9
Mora	3	2	2	2	1	5	27.1	25.6	9.1	11.0	6.0	26.1
Otero	32	24	19	30	7	56	20.4	15.5	6.6	9.5	2.0	18.0
Quay	2	8	2	5	3	10	5.4	38.3	2.6	13.0	6.8	22.3
Rio Arriba	106	36	65	35	42	142	120.3	40.2	37.0	18.8	24.6	80.4
Roosevelt	9	5	3	10	0	14	18.5	10.9	3.0	10.8	0.0	14.7
Sandoval	70	38	35	54	17	108	22.3	10.9	5.7	7.8	2.7	16.6
San Juan	52	32	29	44	9	84	16.8	10.4	4.6	7.1	1.6	13.6
San Miguel	22	17	11	20	8	39	36.0	27.9	9.1	16.5	6.4	32.0
Santa Fe	119	62	75	66	40	181	36.2	18.4	11.9	9.3	6.2	27.4
Sierra	11	10	9	10	2	21	45.8	30.6	19.7	13.7	4.7	38.0
Socorro	10	3	8	2	3	13	24.1	8.6	10.1	2.5	4.0	16.6
Taos	25	12	11	17	9	37	35.5	13.5	8.6	10.1	5.8	24.6
Torrance	11	7	7	9	2	18	26.4	19.0	9.6	9.4	3.7	22.7
Union	1	0	0	1	0	1	7.7	0.0	0.0	4.5	0.0	4.5
Valencia	53	17	32	25	13	70	28.5	9.0	8.8	6.6	3.5	18.9
Total	1,344	719	826	840	386	2,063	27.3	14.1	8.4	8.3	3.9	20.7

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

Source: OMI death files; UNM-GPS population files; SAES

DRUG OVERDOSE DEATH (continued)

Chart 5: Uninintentional Drug Overdose Death Rates* by County and Drug Type, New Mexico, 2012-2016



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

Source: OMI death files; UNM-GPS population files; SAES

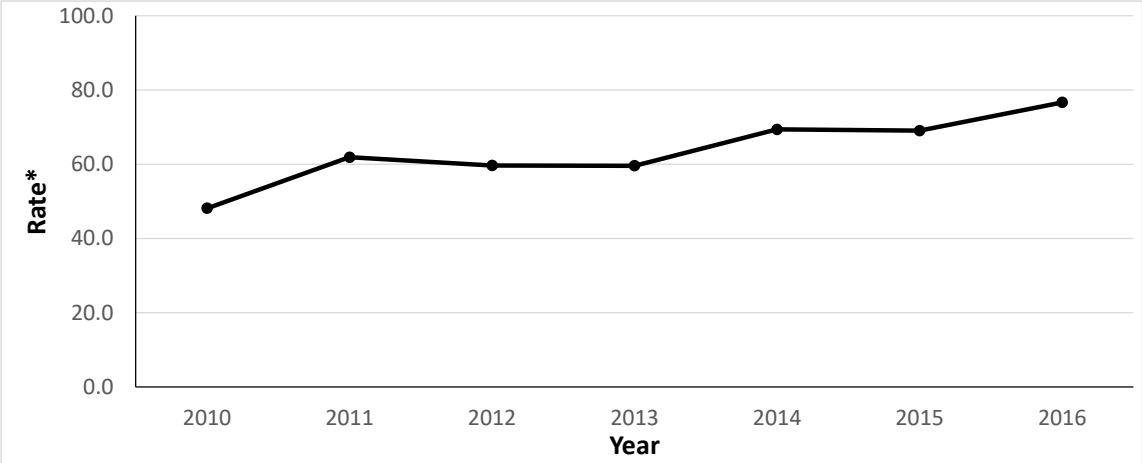
OPIOID OVERDOSE RELATED EMERGENCY DEPARTMENT VISITS

Problem Statement

Mortality is just one, and the most extreme, of the health outcomes associated with drug abuse. In the U.S., between 2004 and 2009, there has been a 98.4% increase in emergency department (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 NM, 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 2010 and 2016, the rate of opioid-related overdose emergency department visits increased by almost 60%.

Chart 1: Opioid Overdose Related Emergency Department Visit Rates*, New Mexico, 2010-2016



* Rates per 100,000

Sources: NMDOH EDD 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, 2012-2016

		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	26	129	3	158	13.8	58.4	8.7	36.4
	Asian/Pacific Islander	7	38	2	47	25.9	84.0	29.3	56.6
	Black	12	62	2	76	24.5	92.3	18.1	59.0
	Hispanic	344	1,282	68	1,694	32.7	106.7	29.4	70.8
	White	340	1,044	151	1,535	66.4	94.6	33.8	76.9
	Total	830	2,849	249	3,928	45.4	108.0	34.1	76.5
Female	American Indian	43	101	5	149	23.0	41.6	10.0	31.1
	Asian/Pacific Islander	6	28	5	39	23.5	49.4	44.0	39.6
	Black	9	25	2	36	21.5	52.7	17.6	37.2
	Hispanic	259	720	81	1,060	25.5	59.2	28.5	43.4
	White	301	934	204	1,439	64.5	83.6	39.5	71.3
	Total	678	2,011	311	3,000	39.0	75.0	35.6	57.3
Total	American Indian	69	230	8	307	18.4	49.7	9.5	33.5
	Asian/Pacific Islander	13	66	7	86	24.7	64.7	38.5	47.3
	Black	21	87	4	112	23.1	75.9	17.9	49.9
	Hispanic	603	2,002	149	2,754	29.2	82.8	29	57.0
	White	641	1,978	355	2,974	65.5	89.1	36.9	74.1
	Total	1,508	4,860	560	6,928	42.3	91.4	34.9	66.9

* 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

**There were 695 visits for which Race-Ethnicity was missing

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

OPIOID OVERDOSE RELATED EMERGENCY DEPARTMENT VISITS (continued)

Problem Statement (continued)

The male rate of opioid-related overdose emergency department visits during 2012-2016 was 28.7% higher than the rate among women (Table1). Among both men and women, Whites had the highest rates compared to all other racial/ethnic groups. Among men and women, Whites are followed by Hispanics. Table 1 also shows that for both sexes, those in the 25-64 age group had the highest rate (91.4 opioid-related overdose emergency department visits per 100,000 population).

Rio Arriba, San Juan, and Taos counties had the highest rates of opioid-related overdose emergency department visits during 2012-2016 (Char 2). Table 2 shows that in Rio Arriba (207.8 per 100,000) and Santa Fe (118.3 per 100,000) counties, the rates were driven by Whites (462.6 and 151.6 opioid-related overdose emergency department visits per 100,000; respectively) whereas in San Juan (135.2 per 100,000) it is driven by Hispanics (142.8 opioid-related overdose emergency department visits per 100,000). Bernalillo County had the biggest percentage of opioid-related overdose emergency department visits (35.8% of the state total), followed by Santa Fe County (12.2%). 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, 2012-2016

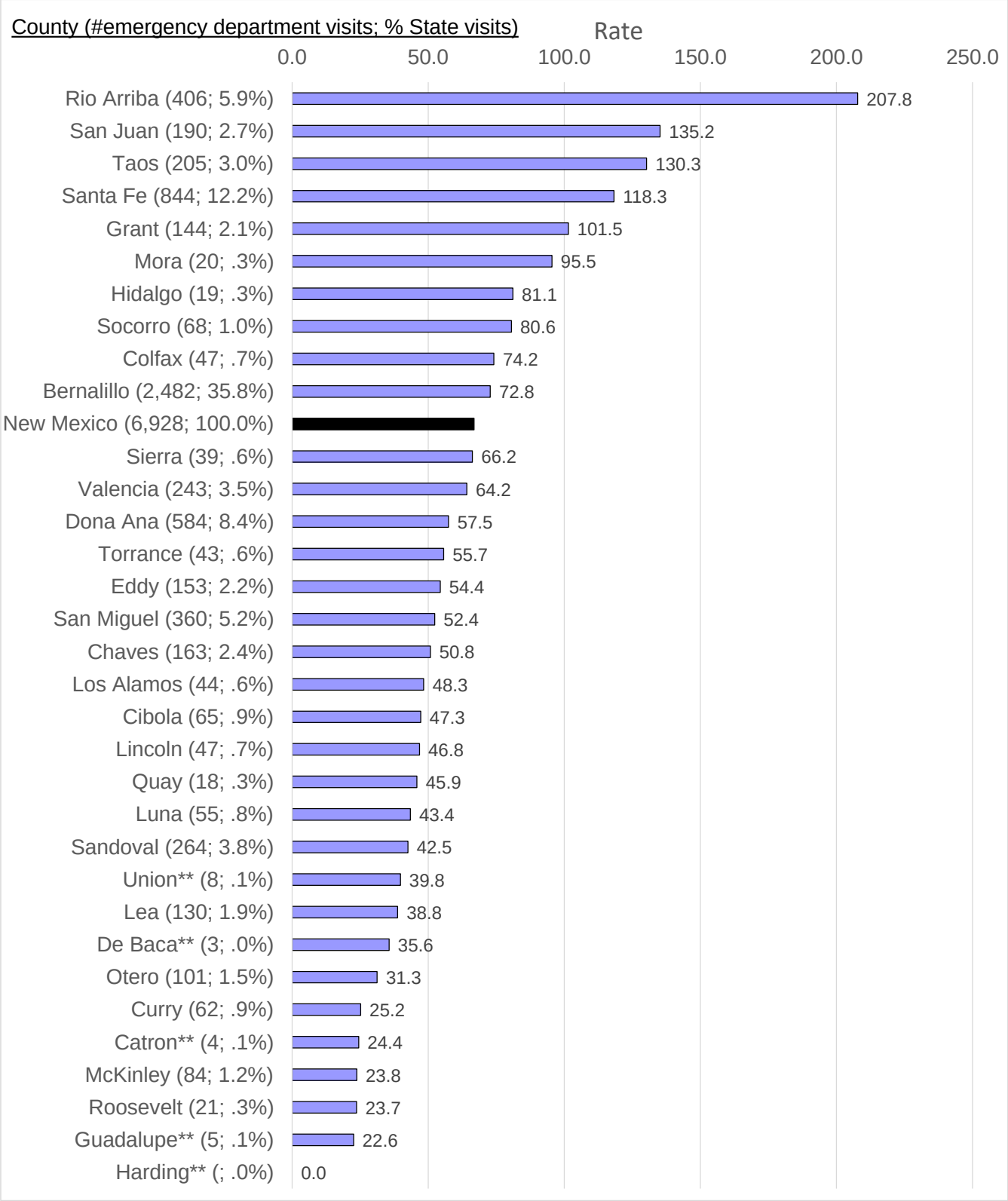
	Emergency Department Visits						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	116	64	58	846	1,013	2,482	77.7	64.9	57.1	51.7	76.0	72.8
Catron	0	0	0	0	4	4	0.0	0.0	0.0	0.0	32.0	24.4
Chaves	0	2	1	57	93	163	0.0	87.7	14.3	35.2	65.8	50.8
Cibola	5	2	0	38	10	65	9.6	220.6	0.0	73.9	36.7	47.3
Colfax	0	0	0	25	20	47	0.0	0.0	0.0	79.3	71.2	74.2
Curry	0	0	4	15	33	62	0.0	0.0	19.8	17.6	25.4	25.2
De Baca	0	0	0	3	0	3	0.0	0.0	0.0	84.1	0.0	35.6
Dona Ana	0	1	10	272	277	584	0.0	7.0	60.0	40.9	90.6	57.5
Eddy	1	0	4	50	94	153	32.4	0.0	94.7	38.1	65.1	54.4
Grant	0	0	3	61	79	144	0.0	0.0	258.8	89.2	112.5	101.5
Guadalupe	0	0	0	4	1	5	0.0	0.0	0.0	23.2	22.8	22.6
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	9	10	19	0.0	0.0	0.0	69.9	96.4	81.1
Lea	0	1	7	56	65	130	0.0	42.4	54.8	32.9	48.9	38.8
Lincoln	0	0	1	7	34	47	0.0	0.0	110.8	22.6	59.8	46.8
Los Alamos	0	0	0	9	29	44	0.0	0.0	0.0	60.4	42.3	48.3
Luna	0	1	0	17	37	55	0.0	113.5	0.0	22.0	92.9	43.4
McKinley	20	2	1	29	22	84	7.3	80.7	13.8	62.1	56.6	23.8
Mora	0	0	0	15	4	20	0.0	0.0	0.0	82.9	215.8	95.5
Otero	8	0	3	18	62	101	47.8	0.0	26.8	16.1	36.4	31.3
Quay	0	0	0	8	10	18	0.0	0.0	0.0	45.7	56.6	45.9
Rio Arriba	18	0	1	252	98	406	64.5	0.0	88.1	180.4	462.6	207.8
Roosevelt	0	1	0	4	14	21	0.0	106.4	0.0	10.7	27.7	23.7
Sandoval	73	0	2	45	144	264	31.3	0.0	22.4	37.5	54.6	42.5
San Juan	0	0	0	156	30	190	0.0	0.0	0.0	142.8	121.8	135.2
San Miguel	29	6	1	110	169	360	34.2	47.7	5.6	43.2	56.5	52.4
Santa Fe	8	0	10	378	386	844	41.8	0.0	128.5	100.3	151.6	118.3
Sierra	2	0	0	5	29	39	247.2	0.0	0.0	32.1	66.7	66.2
Socorro	10	0	0	23	27	68	111.5	0.0	0.0	54.2	86.4	80.6
Taos	13	0	2	141	48	205	136.2	0.0	226.6	156.2	97.8	130.3
Torrance	0	2	1	14	20	43	0.0	475.9	70.4	42.5	48.3	55.7
Union	0	0	0	5	3	8	0.0	0.0	0.0	55.6	28.9	39.8
Valencia	4	4	3	79	106	243	28.8	155.7	57.5	35.4	80.7	64.2
New Mexico	307	86	112	2,754	2,974	6,928	33.5	47.3	49.9	57.0	74.1	66.9

* All rates are per 100,000, age-adjusted to the 2000 US standard population. There were 7 visits for which County of Residence was missing

Sources: NMDOH EDD 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, 2012-2016

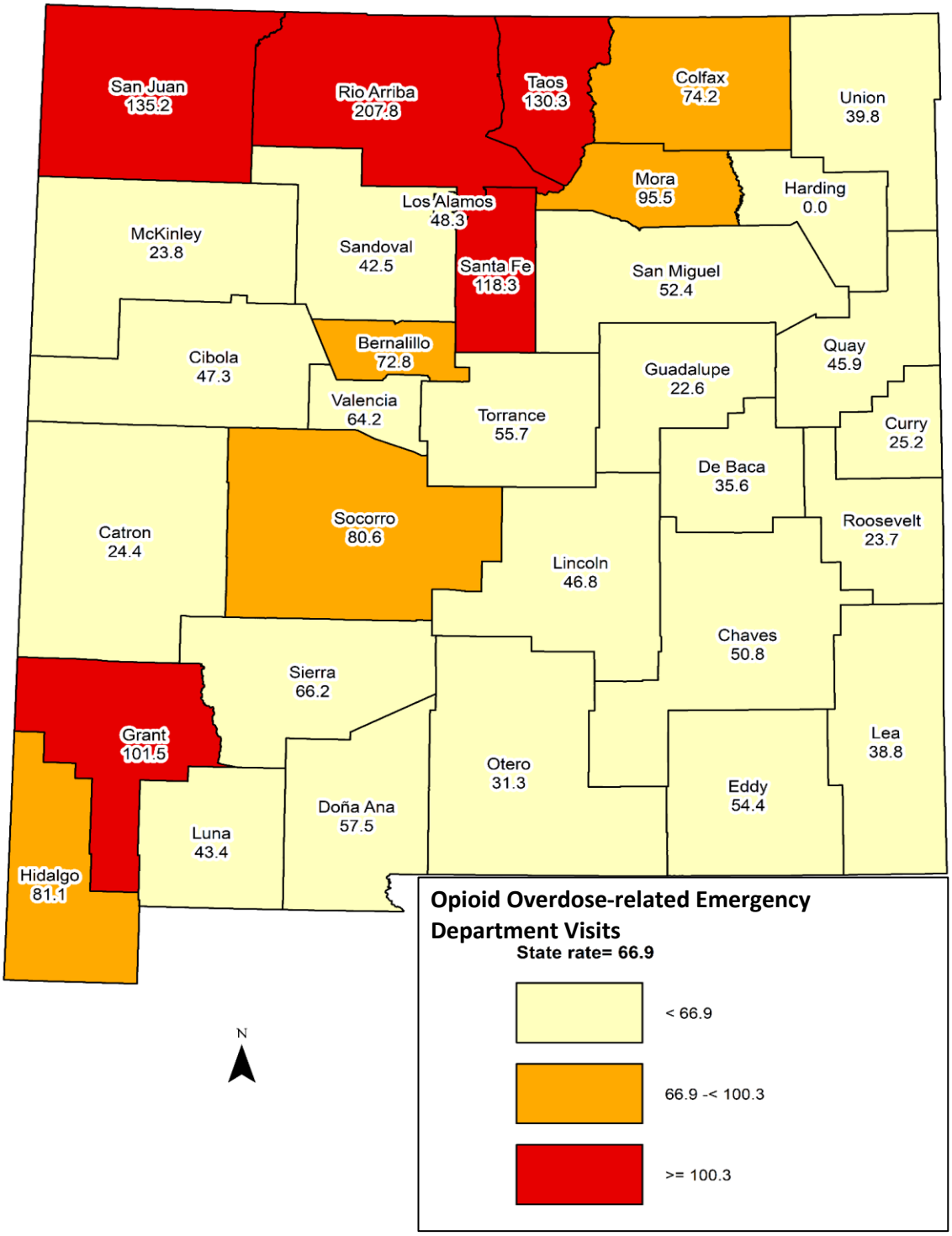


* All rates are per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH EDD 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, 2012-2016



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

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

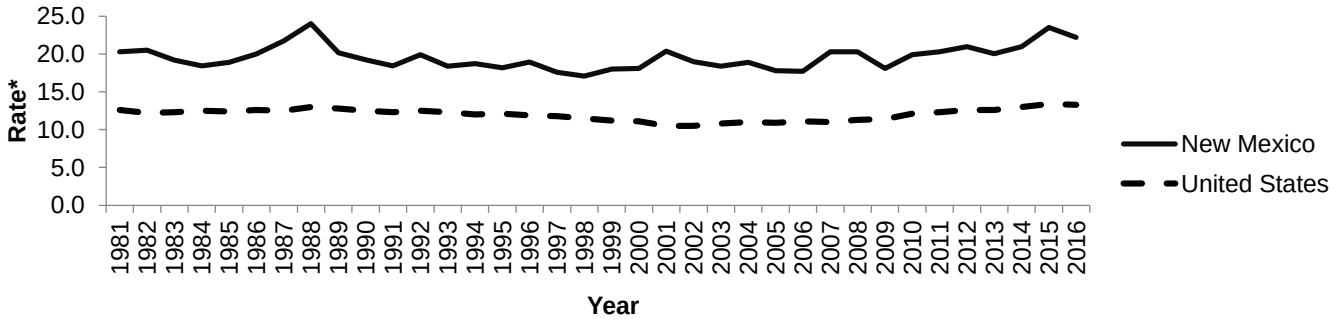
SUICIDE

Problem Statement

Suicide is a serious and persistent public health problem in New Mexico. As shown in Chart 1, over the period from 1981-2016, 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 15% between 1981 and 2000, it increased thereafter for an 28% increase from 2000 to 2015. The NM rate followed a similar pattern. In NM in 2016, suicide was the fourth leading cause of death (with unintentional injuries at number one) for those residents under age 55 and the tenth leading cause of death overall.

Table 1 and Chart 2 show that male suicide rates were more than three times higher than female rates across all ages and race/ethnic groups exept for Asian/Pasific Islanders. This reflects males' choice of more lethal means, i.e., firearms, when attempting suicide. American Indian males have higher suicide rates for those under age 65; White males have substantially higher rates over age 64. The vast majority (73%) of White male suicides - and an even higher proportion of Hispanic and American Indian male suicides - occur, however, before age 65. Table 2 shows that five counties (Bernalillo, Dona Ana, Santa Fe, Sandoval, and San Juan) had substantial numbers of suicides (more than 25 per year). Only one New Mexico county had a suicide rate lower than the nationa lrate. As Charts 3 and 4 demonstrate, for the time period 2012-2016, all but five 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. 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, 1981-2016



* U.S. data available upto 2015

* *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, 2012-2016

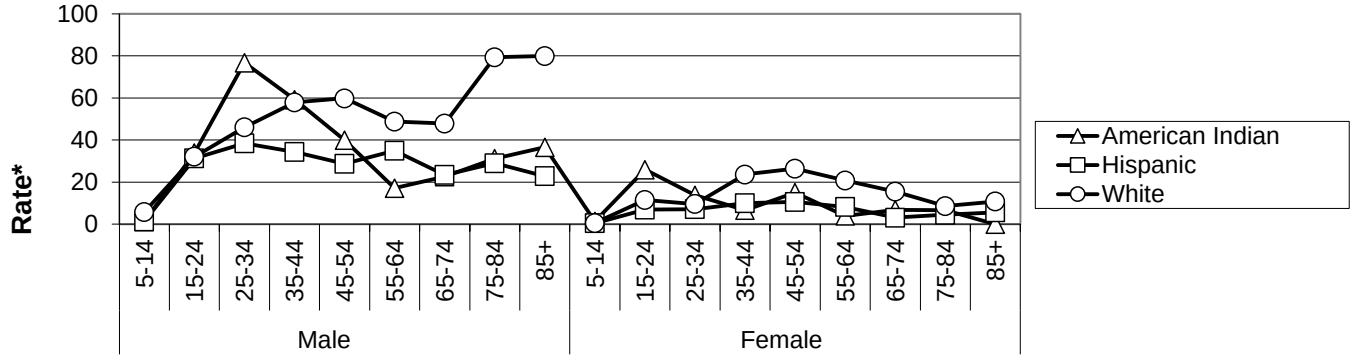
		Deaths				Rates*			
Sex	Race/Ethnicity	Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	27	116	9	152	14.4	52.6	26.1	35.3
	Asian/Pacific Islander	1	8	2	11	3.7	17.7	29.3	12.7
	Black	6	13	1	20	12.3	19.4	9.1	14.6
	Hispanic	136	413	58	607	12.9	34.4	25.1	25.5
	White	85	583	269	937	16.6	52.8	60.3	41.2
	Total	257	1,140	348	1,745	14.1	43.2	47.7	33.6
Female	American Indian	21	25	3	49	11.2	10.3	6.0	9.9
	Asian/Pacific Islander	2	6	1	9	7.8	10.6	8.8	9.2
	Black	0	6	0	6	0.0	12.6	0.0	7.1
	Hispanic	30	109	11	150	3.0	9.0	3.9	6.3
	White	24	229	66	319	5.1	20.5	12.8	13.8
	Total	77	376	81	534	4.4	14.0	9.3	9.9
Total	American Indian	48	141	12	201	12.8	30.4	14.2	21.9
	Asian/Pacific Islander	3	14	3	20	5.7	13.7	16.5	10.7
	Black	6	19	1	26	6.6	16.6	4.5	11.5
	Hispanic	166	522	69	757	8.0	21.6	13.4	15.7
	White	109	812	335	1,256	11.1	36.6	34.8	27.4
	Total	334	1,516	429	2,279	9.4	28.5	26.7	21.5

* 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

SUICIDE (continued)

Chart 2: Suicide Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2012-2016



* 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, 2012-2016

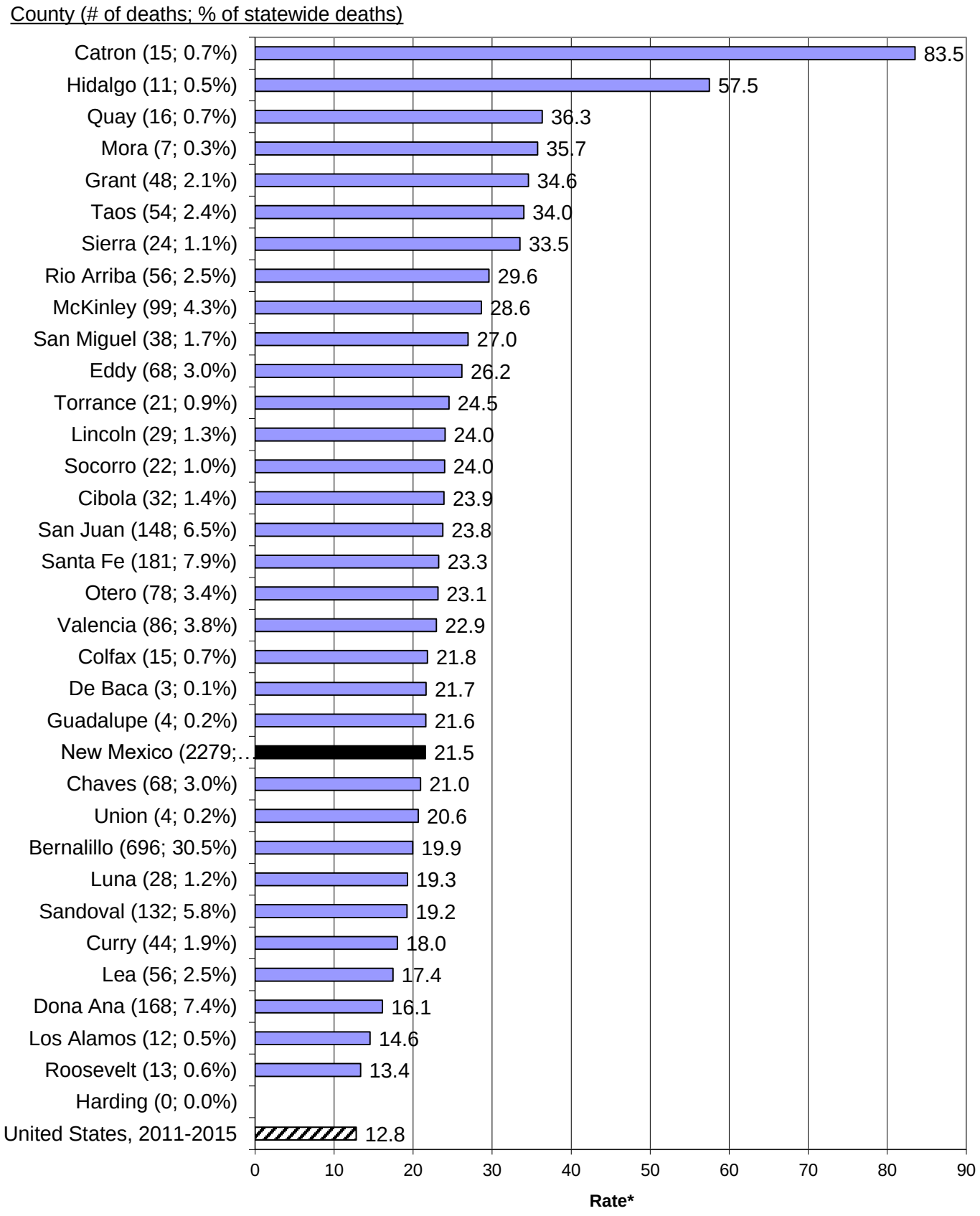
	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	22	10	12	236	406	696	15.9	10.0	11.8	14.6	25.8	19.9
Catron	1	0	0	4	10	15	143.2	0.0	0.0	144.7	58.1	83.5
Chaves	1	0	1	16	49	68	36.6	0.0	30.2	9.6	34.1	21.0
Cibola	9	0	0	8	15	32	17.4	0.0	0.0	17.5	51.7	23.9
Colfax	0	0	0	7	8	15	0.0	0.0	0.0	21.1	26.7	21.8
Curry	1	1	5	10	27	44	53.6	12.5	27.8	10.7	19.6	18.0
De Baca	0	0	0	0	3	3	0.0	0.0	0.0	0.0	34.7	21.7
Dona Ana	3	0	2	69	92	168	37.2	0.0	11.4	10.4	26.1	16.1
Eddy	0	0	0	29	39	68	0.0	0.0	0.0	24.8	29.0	26.2
Grant	0	0	0	15	33	48	0.0	0.0	0.0	23.0	49.4	34.6
Guadalupe	0	0	0	3	1	4	0.0	0.0	0.0	20.3	37.9	21.6
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	7	4	11	0.0	0	0.0	65.4	47.5	57.5
Lea	1	1	1	11	42	56	34.9	30.4	5.9	5.5	31.0	17.4
Lincoln	0	0	0	3	26	29	0.0	0.0	0.0	9.6	32.6	24.0
Los Alamos	0	0	0	1	11	12	0.0	0.0	0.0	5.8	18.3	14.6
Luna	0	0	0	8	19	28	0.0	0.0	0.0	11.1	31.1	19.3
McKinley	80	0	0	13	6	99	30.6	0.0	0.0	29.4	13.2	28.6
Mora	0	0	0	7	0	7	0.0	0.0	0.0	42.5	0.0	35.7
Otero	3	1	1	13	58	78	13.0	22.5	5.7	12.8	30.1	23.1
Quay	0	0	0	6	10	16	0.0	0.0	0.0	30.0	49.7	36.3
Rio Arriba	6	0	0	38	12	56	23.3	0.0	0.0	27.9	45.9	29.6
Roosevelt	0	0	0	5	8	13	0.0	0.0	0.0	11.6	14.9	13.4
Sandoval	18	1	0	41	72	132	21.6	10.6	0.0	15.7	22.0	19.2
San Juan	50	1	1	19	77	148	21.1	53.1	22.9	17.3	27.2	23.8
San Miguel	1	0	0	28	9	38	640.8	0.0	0.0	26.6	24.9	27.0
Santa Fe	1	3	2	75	97	181	4.1	23.4	29.8	19.7	26.7	23.3
Sierra	0	0	0	4	20	24	0.0	0.0	0.0	25.2	34.0	33.5
Socorro	0	0	0	9	13	22	0.0	0.0	0.0	21.0	35.1	24.0
Taos	2	0	0	23	29	54	20.8	0.0	0.0	27.3	48.7	34.0
Torrance	0	0	0	4	17	21	0.0	0.0	0.0	13.9	33.3	24.5
Union	0	0	0	2	2	4	0.0	0.0	0.0	23.6	22.4	20.6
Valencia	2	2	1	42	39	86	12.6	74.0	24.5	19.0	28.5	22.9
New Mexico	201	20	26	757	1,256	2,279	21.9	10.7	11.5	15.7	27.4	21.5

* 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

SUICIDE (continued)

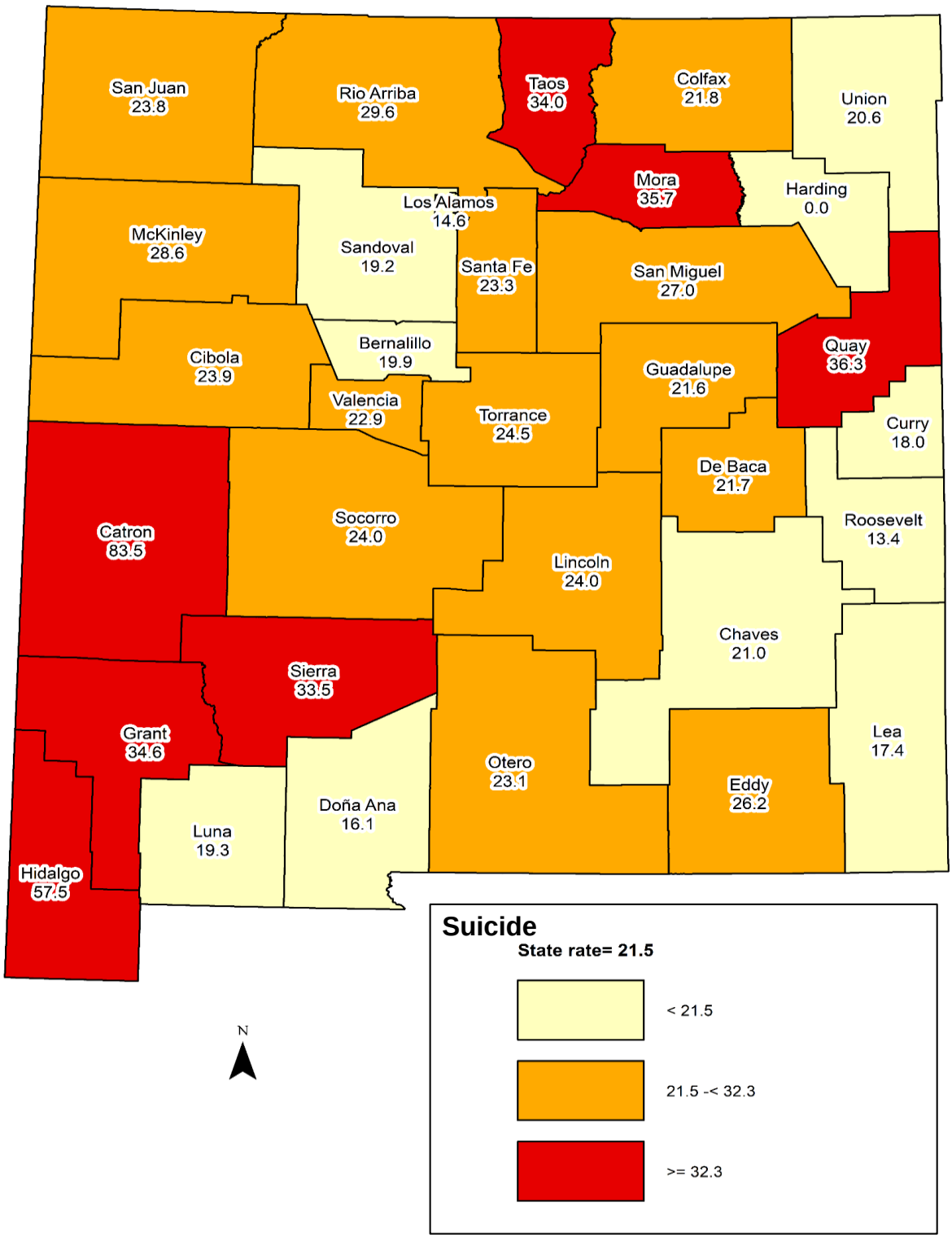
Chart 3: Suicide Rates* by County, New Mexico, 2012-2016



* 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, 2012-2016



* 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. The proportion of the total New Mexico population that experienced FMD was about 12%. 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 Questionaire (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; and 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. Meanwhile, more than half (52%) of FMD respondents were diagnosed with current depression (data not shown). 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, 2014-2016

		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	2,182	5,718	1,734	9,506	20.9	12.7	23.8	15.1
	Asian/Pacific Islander	-	693	-	787	-	7.5	-	6.1
	Black	-	1,241	-	2,883	-	9.1	-	14.6
	Hispanic	6,569	28,762	5,068	40,357	11.2	11.8	10.5	11.5
	White	5,668	22,162	5,256	33,140	17.3	10.3	5.7	9.7
	Total	15,425	58,448	12,370	86,708	14.3	11.1	8.1	11.0
Female	American Indian	1,462	5,206	1,432	8,078	13.9	10.5	13.6	11.5
	Asian/Pacific Islander	-	554	-	1,385	-	4.8	-	8.8
	Black	-	1,679	-	1,704	-	17.4	-	11.7
	Hispanic	5,785	35,893	5,026	47,184	10.3	14.6	8.5	13.1
	White	4,092	32,887	9,490	45,875	14.8	15.1	8.9	13.0
	Total	11,459	76,941	16,501	104,686	11.6	14.4	9.1	12.9
Total	American Indian	3,605	10,935	3,100	17,560	17.2	11.6	17.4	13.2
	Asian/Pacific Islander	-	1,273	-	2,116	-	6.1	-	7.4
	Black	-	2,957	657	4,515	-	12.7	13.9	13.1
	Hispanic	12,379	64,749	10,108	87,539	10.8	13.3	9.4	12.3
	White	9,762	55,020	14,825	79,099	16.1	12.7	7.5	11.4
	Total	26,890	135,410	28,883	191,431	13.0	12.8	8.7	12.0

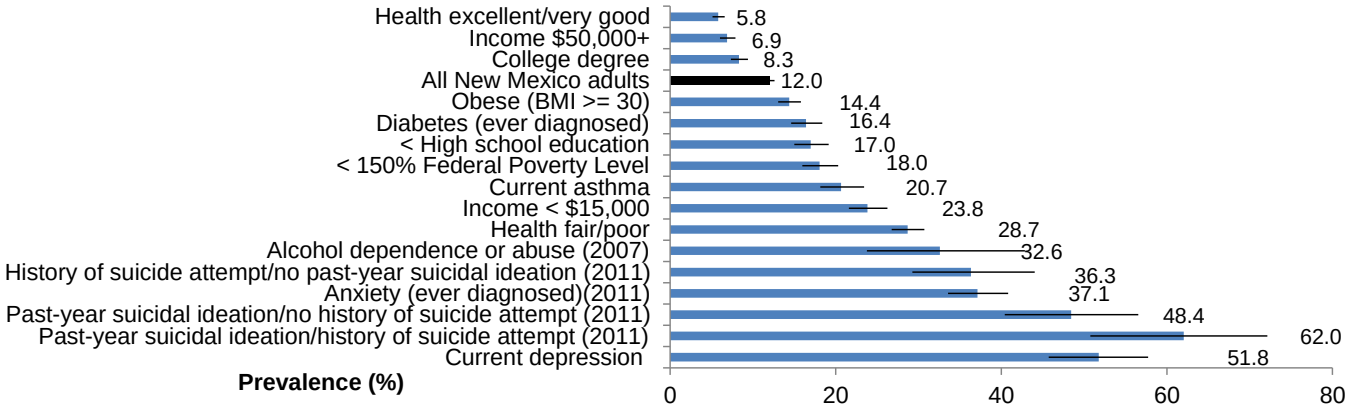
* Estimate of percent of people in population group who reported Frequent Mental Distress in past 30 days

- 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, 2014-2016



* 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, 2014-2016

	Number						Percent*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	2,312	-	1,254	24,799	28,211	56,970	10.5	-	8.2	10.4	12.0	10.8
Catron	-	-	-	-	240	278	-	-	-	-	9.7	8.8
Chaves	-	-	-	3,556	2,564	6,352	-	-	-	14.6	11.6	13.1
Cibola	939	-	-	871	727	2,556	12.2	-	-	11.1	15.0	12.3
Colfax	-	-	-	1,035	328	1,281	-	-	-	21.5	6.1	12.2
Curry	-	-	-	1,843	2,966	5,836	-	-	-	13.8	14.7	15.8
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	12,919	5,802	19,222	-	-	-	12.7	10.9	11.9
Eddy	-	-	-	1,979	2,985	5,233	-	-	-	10.8	13.3	12.4
Grant	-	-	-	1,250	1,046	2,335	-	-	-	11.9	8.7	10.1
Guadalupe	-	-	-	-	-	-	-	-	-	-	-	-
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	554	-	-	-	-	-	15.5
Lea	-	-	-	2,622	3,006	5,979	-	-	-	10.4	14.2	12.1
Lincoln	-	-	-	818	1,315	2,075	-	-	-	18.1	11.7	12.7
Los Alamos	-	-	-	-	581	1,295	-	-	-	-	5.5	9.4
Luna	-	-	-	863	849	1,673	-	-	-	7.9	12.3	9.1
McKinley	4,489	-	-	520	580	5,672	11.4	-	-	8.1	10.8	10.9
Mora	-	-	-	400	-	465	-	-	-	13.1	-	12.0
Otero	354	-	-	1,800	3,909	6,530	12.8	-	-	10.9	14.3	13.2
Quay	-	-	-	467	252	787	-	-	-	16.7	6.7	11.6
Rio Arriba	91	-	-	4,222	560	5,136	2.3	-	-	19.9	12.1	17.0
Roosevelt	-	-	-	801	1,044	1,873	-	-	-	14.8	12.1	12.7
Sandoval	2,304	-	-	5,835	5,470	14,391	19.1	-	-	15.9	10.5	13.7
San Juan	4,232	-	-	1,738	5,741	12,009	13.3	-	-	10.9	13.7	13.2
San Miguel	-	-	-	3,566	359	4,019	-	-	-	20.8	7.7	17.7
Santa Fe	-	-	-	7,323	6,014	14,408	-	-	-	13.1	10.3	12.0
Sierra	-	-	-	-	895	1,559	-	-	-	-	13.0	16.1
Socorro	-	-	-	1,010	434	1,667	-	-	-	16.0	8.1	12.5
Taos	-	-	-	1,707	1,512	3,970	-	-	-	11.9	13.9	14.7
Torrance	-	-	-	-	252	1,061	-	-	-	-	3.6	8.6
Union	-	-	-	-	53	430	-	-	-	-	2.7	12.0
Valencia	-	-	-	2,695	1,803	4,586	-	-	-	8.3	8.2	7.9
New Mexico	17,560	2,116	4,515	87,539	79,099	191,431	13.2	7.4	13.1	12.3	11.4	12.0

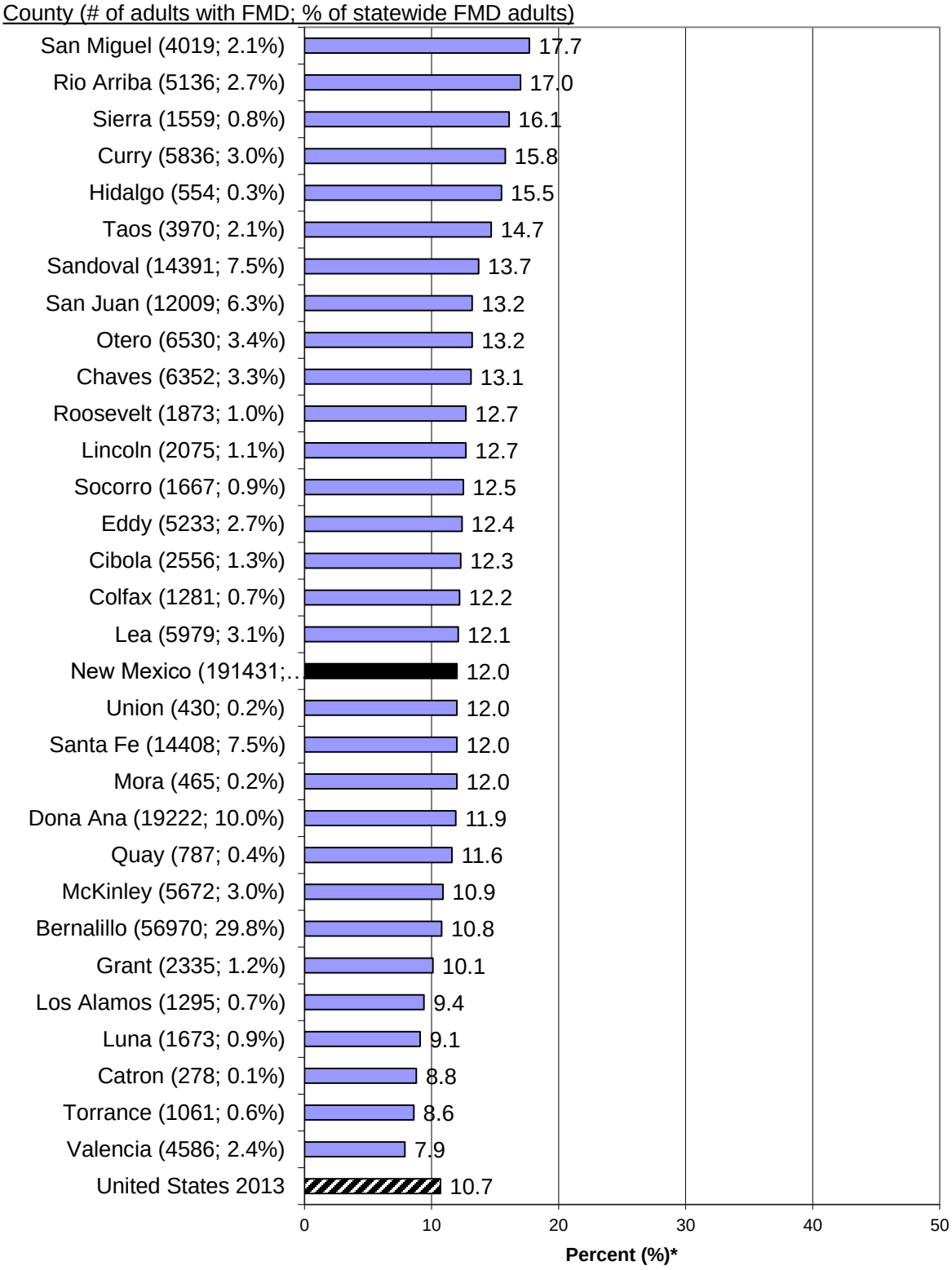
* Estimate of percent of people in population group who reported Frequent Mental Distress in past 30 days

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

Source: BRFSS; SAES

ADULT MENTAL HEALTH (continued)

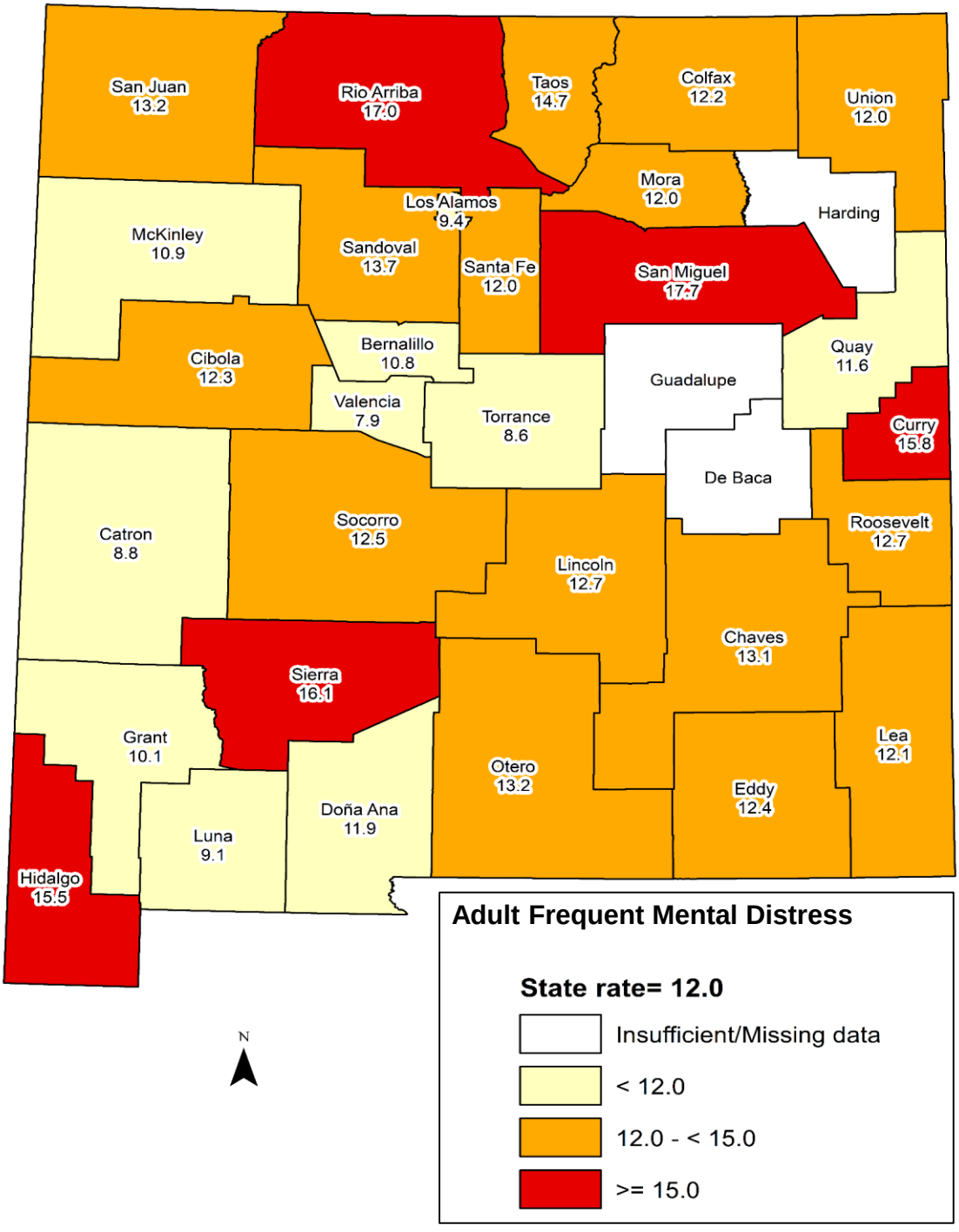
Chart 2: Frequent Mental Distress (past 30 days)* by County, Adults Aged 18+, New Mexico, 2014-2016



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

ADULT MENTAL HEALTH (continued)

Chart 3: Frequent Mental Distress (past 30 days)* by County, Adults Aged 18+, New Mexico, 2014-2016



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

Source: BRFSS; SAES

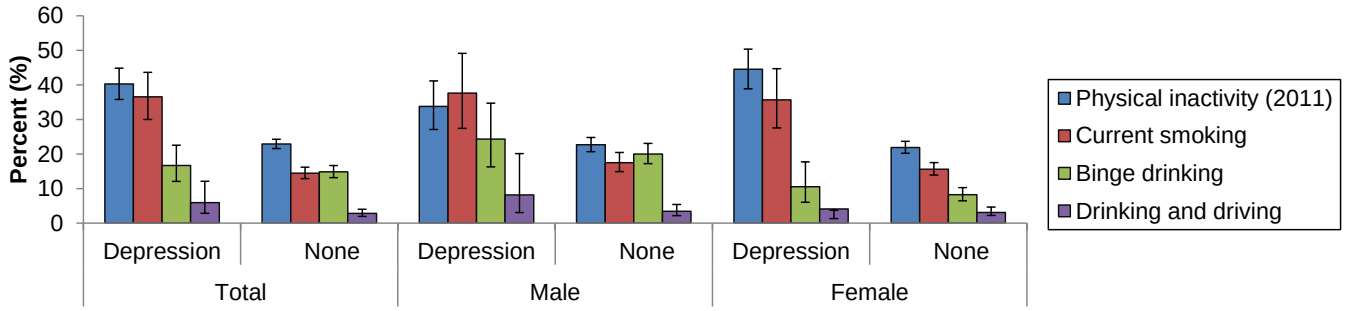
ADULT MENTAL HEALTH - DEPRESSION

Problem Statement (continued)

Depression is one of the most prevalent and treatable mental disorders. Major depression is usually associated with co-morbid 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 age-group 25-64 years (10.2%), slightly higher among females than males across the age range, 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%) . 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 Questionaire 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	-	3,704	-	11,104	-	8.2	-	17.7
	Asian/Pacific Islander	-	-	-	-	-	-	-	-
	Black	-	-	-	-	-	-	-	-
	Hispanic	4,162	20,450	2,373	26,894	7.1	8.4	4.9	7.7
	White	-	18,798	3,682	30,301	-	8.7	4.0	8.9
	Total	17,445	43,996	8,198	70,363	16.2	8.4	5.4	9.0
Female	American Indian	-	3,454	689	4,776	-	7.0	6.5	6.8
	Asian/Pacific Islander	-	-	-	-	-	-	-	-
	Black	-	-	-	-	-	-	-	-
	Hispanic	6,929	31,082	3,389	41,533	12.3	12.7	5.7	11.5
	White	-	25,093	6,315	33,819	-	11.5	5.9	9.6
	Total	13,795	64,578	10,431	87,266	14.0	12.1	5.8	10.7
Total	American Indian	-	7,123	2,980	15,827	-	7.5	16.7	11.9
	Asian/Pacific Islander	-	-	-	-	-	-	-	-
	Black	-	-	-	7,861	-	-	-	22.9
	Hispanic	11,109	51,616	5,742	68,443	9.7	10.6	5.3	9.6
	White	-	43,966	10,122	64,189	-	10.1	5.1	9.3
	Total	31,322	108,620	18,637	157,674	15.2	10.2	5.6	9.9

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

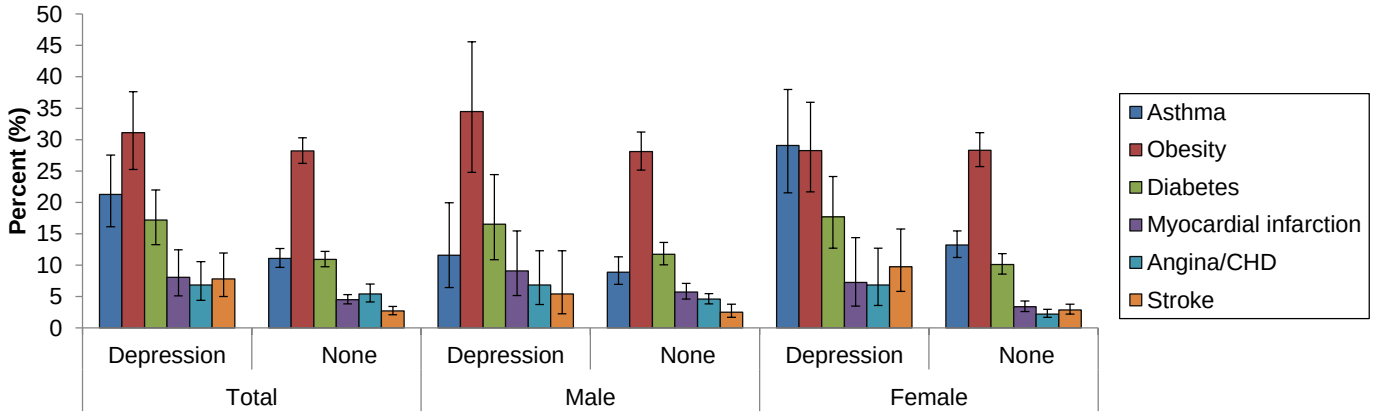
** Estimate of percent of people in population group who reported current (past 2-week) depression based on DSM-IV criteria

- 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	-	-	-	21,497	27,131	55,136	-	-	-	9.0	11.5	10.5
Catron	-	-	-	-	-	-	-	-	-	-	-	-
Chaves	-	-	-	4,780	1,711	6,961	-	-	-	19.6	7.7	14.4
Cibola	-	-	-	583	603	3,936	-	-	-	7.4	12.5	18.9
Colfax	-	-	-	-	-	-	-	-	-	-	-	-
Curry	-	-	-	-	4,115	6,981	-	-	-	-	20.4	18.9
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	6,890	3,118	11,550	-	-	-	6.8	5.8	7.1
Eddy	-	-	-	1,521	2,765	4,648	-	-	-	8.3	12.3	11.0
Grant	-	-	-	-	1,845	3,699	-	-	-	-	15.3	15.9
Guadalupe	-	-	-	-	-	-	-	-	-	-	-	-
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	2,329	492	3,088	-	-	-	9.2	2.3	6.3
Lincoln	-	-	-	-	200	335	-	-	-	-	1.8	2.1
Los Alamos	-	-	-	-	-	128	-	-	-	-	-	0.9
Luna	-	-	-	-	-	1,331	-	-	-	-	-	7.3
McKinley	2,795	-	-	-	772	3,629	7.1	-	-	-	14.3	7.0
Mora	-	-	-	-	-	-	-	-	-	-	-	-
Otero	-	-	-	-	3,324	5,944	-	-	-	-	12.2	12.0
Quay	-	-	-	-	-	-	-	-	-	-	-	-
Rio Arriba	-	-	-	1,477	453	2,486	-	-	-	7.0	9.8	8.2
Roosevelt	-	-	-	-	-	1,324	-	-	-	-	-	8.9
Sandoval	-	-	-	-	3,052	11,571	-	-	-	-	5.8	11.0
San Juan	3,912	-	-	627	5,598	10,744	12.3	-	-	3.9	13.4	11.8
San Miguel	-	-	-	-	-	3,342	-	-	-	-	-	14.7
Santa Fe	-	-	-	4,876	4,347	10,023	-	-	-	8.8	7.5	8.4
Sierra	-	-	-	-	-	2,055	-	-	-	-	-	21.2
Socorro	-	-	-	-	-	-	-	-	-	-	-	-
Taos	-	-	-	-	717	1,063	-	-	-	-	6.6	3.9
Torrance	-	-	-	-	-	-	-	-	-	-	-	-
Union	-	-	-	-	-	-	-	-	-	-	-	-
Valencia	-	-	-	-	35	3,503	-	-	-	-	0.2	6.1
New Mexico	15,827	-	7,861	68,443	64,189	157,674	11.9	-	22.9	9.6	9.3	9.9

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

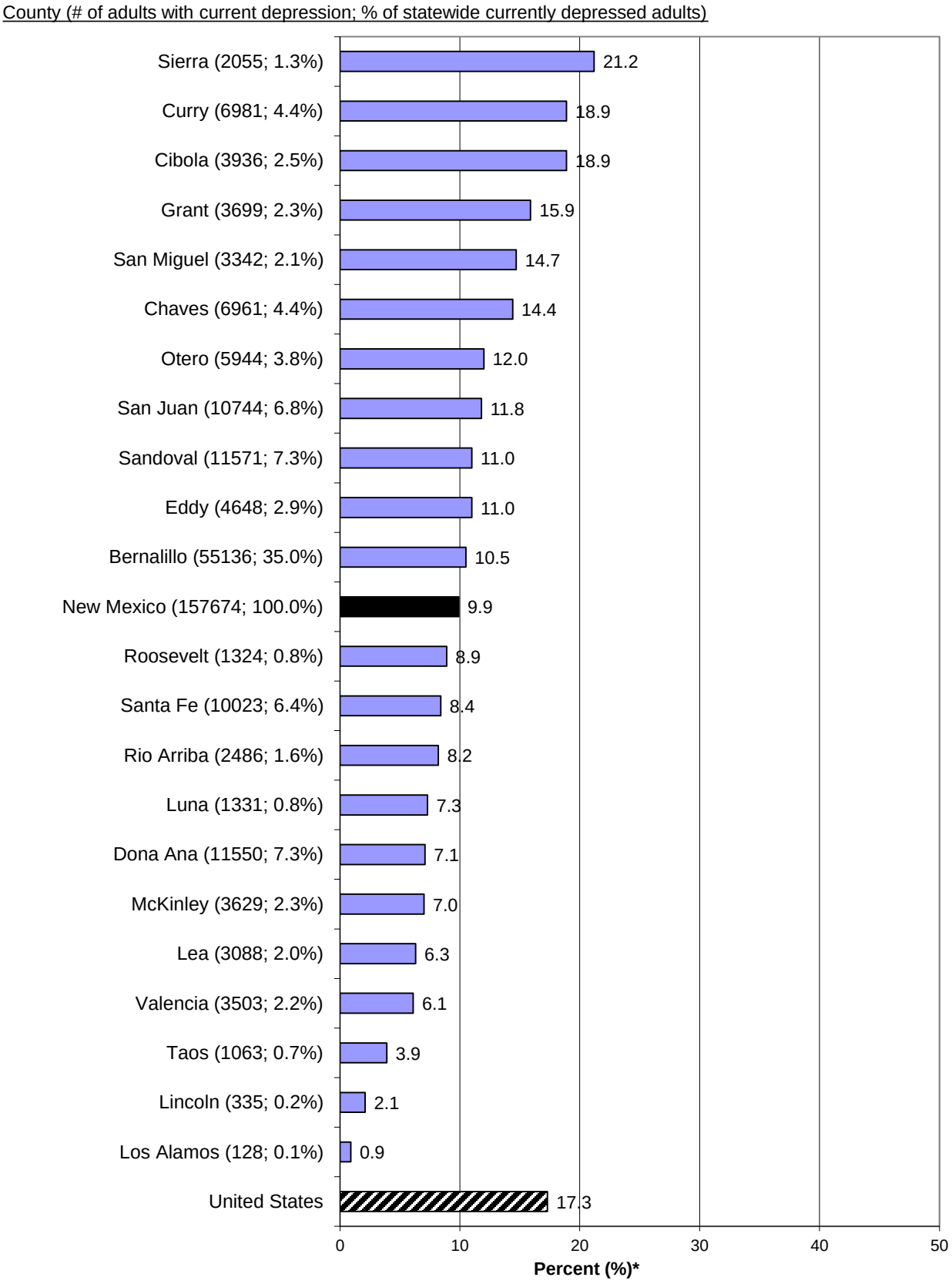
** Estimate of percent of people in population group who reported current (past 2-week) depression based on DSM-IV criteria

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

Source: BRFSS; SAES

ADULT MENTAL HEALTH - DEPRESSION (continued)

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



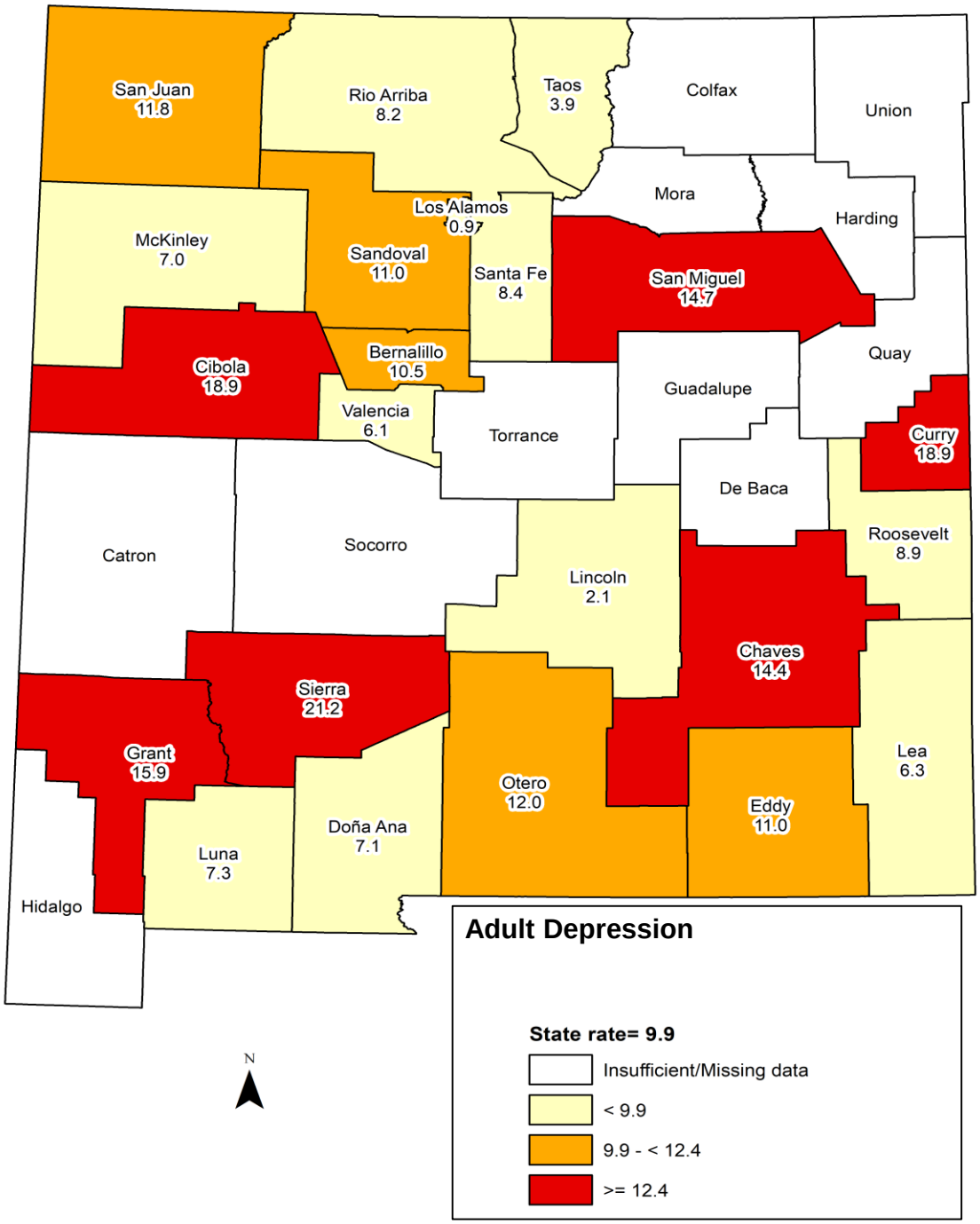
* Estimate of percent of people in population group who reported current (past 2-week) depression based on DSM-IV criteria

The following counties were not included due to small number of respondents (< 50) in cell:
Catron, De Baca, Guadalupe, Harding, Hidalgo, Mora, 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 respodents (< 50) in cell

Source: BRFSS; SAES

YOUTH FEELINGS OF SADNESS OR HOPELESSNESS

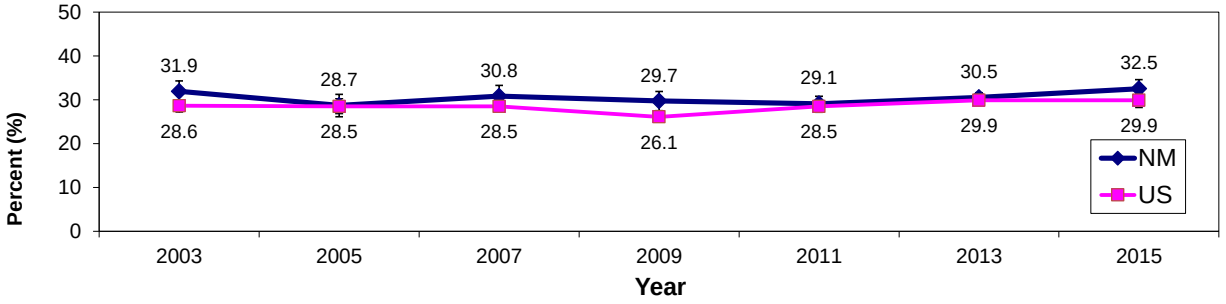
Problem Statement

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 abuse, 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 2003-2015 (Chart 1). There was no statistically significant difference between the US rate (29.9%) and the NM rate (32.5%). In 2015 in NM, girls (42.3%) were nearly twice as likely to report feelings of sadness or hopelessness than boys (23.0%), reflective of a continuing disparity (Chart 2). Boys in the 11th grade reported a significantly higher prevalence of sad or hopeless feelings (27.2%) compared to those in the 9th grade (19.5%) (Table 1). There were no other statistically significant variations by grade level or by race/ethnicity.

As Charts 3 and 4 demonstrate, in 2015, the counties with the highest prevalence of persistent feelings of sadness or hopelessness were Sierra (37.3%), Otero (36.3%), Luna (35.6%), Grant (35.2%), and Eddy (35.1%). The counties with the lowest prevalence were Hidalgo (21.8%), Curry (22.0%) and Socorro (24.3%).

Chart 1: Feelings of Sadness or Hopelessness* by Year, Grades 9 - 12, NM and US, 2003-2015



* 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)

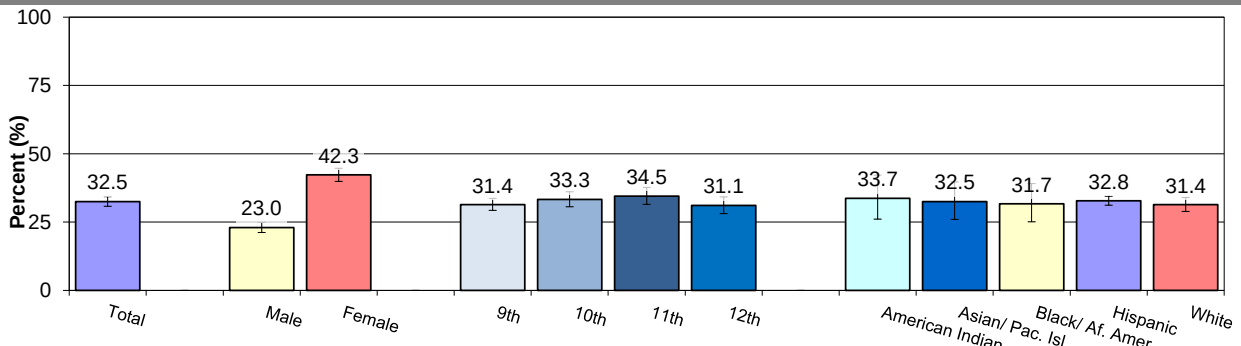
Table 1: Feelings of Sadness or Hopelessness, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2015

		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	24.5 (16.2-35.4)	25.0 (18.4-33.1)	34.1 (27.6-41.3)	15.3 (5.4-36.2)	25.3 (18.9-32.9)
	Asian/Pacific Islander	--	--	--	--	26.7 (18.5-36.8)
	Black	--	--	--	--	24.9 (17.7-34.0)
	Hispanic	21.2 (17.8-25.1)	22.6 (19.7-25.9)	26.4 (22.6-30.4)	24.7 (20.2-29.9)	23.4 (21.5-25.4)
	White	12.5 (7.8-19.4)	22.3 (18.1-27.2)	26.4 (20.2-33.8)	23.0 (17.4-29.6)	20.9 (18.0-24.0)
	Total	19.5 (16.3-23.2)	23.1 (20.6-25.8)	27.2 (23.8-30.9)	23.2 (19.3-27.6)	23.0 (21.2-24.9)
Female	American Indian	45.2 (39.5-51.0)	47.1 (25.6-69.7)	44.2 (34.4-54.5)	30.3 (23.8-37.8)	41.8 (32.7-51.5)
	Asian/Pacific Islander	--	--	--	--	39.8 (29.8-50.8)
	Black	--	--	--	--	42.0 (32.4-52.1)
	Hispanic	45.0 (40.5-49.6)	42.2 (38.5-46.0)	43.4 (37.8-49.0)	36.3 (31.6-41.2)	42.0 (39.5-44.5)
	White	43.0 (37.2-49.0)	46.8 (40.0-53.8)	37.3 (30.5-44.7)	47.2 (39.5-55.1)	43.6 (40.4-46.9)
	Total	44.4 (41.0-47.8)	43.7 (39.8-47.7)	41.9 (37.8-46.0)	38.7 (35.2-42.4)	42.3 (39.9-44.7)
Total	American Indian	34.5 (28.1-41.6)	36.6 (24.6-50.5)	38.9 (32.0-46.2)	23.3 (15.9-32.9)	33.7 (26.1-42.2)
	Asian/Pacific Islander	--	--	--	--	32.5 (26.0-39.7)
	Black	27.9 (20.3-37.1)	--	--	--	31.7 (25.1-39.1)
	Hispanic	32.7 (30.1-35.4)	32.7 (30.0-35.6)	35.1 (31.3-39.1)	30.8 (27.3-34.6)	32.8 (31.2-34.5)
	White	27.1 (22.8-31.8)	33.3 (28.6-38.3)	31.7 (26.9-36.9)	34.1 (28.7-39.9)	31.4 (28.9-34.0)
	Total	31.4 (29.3-33.7)	33.3 (30.6-36.1)	34.5 (31.5-37.7)	31.1 (28.1-34.2)	32.5 (30.8-34.3)

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

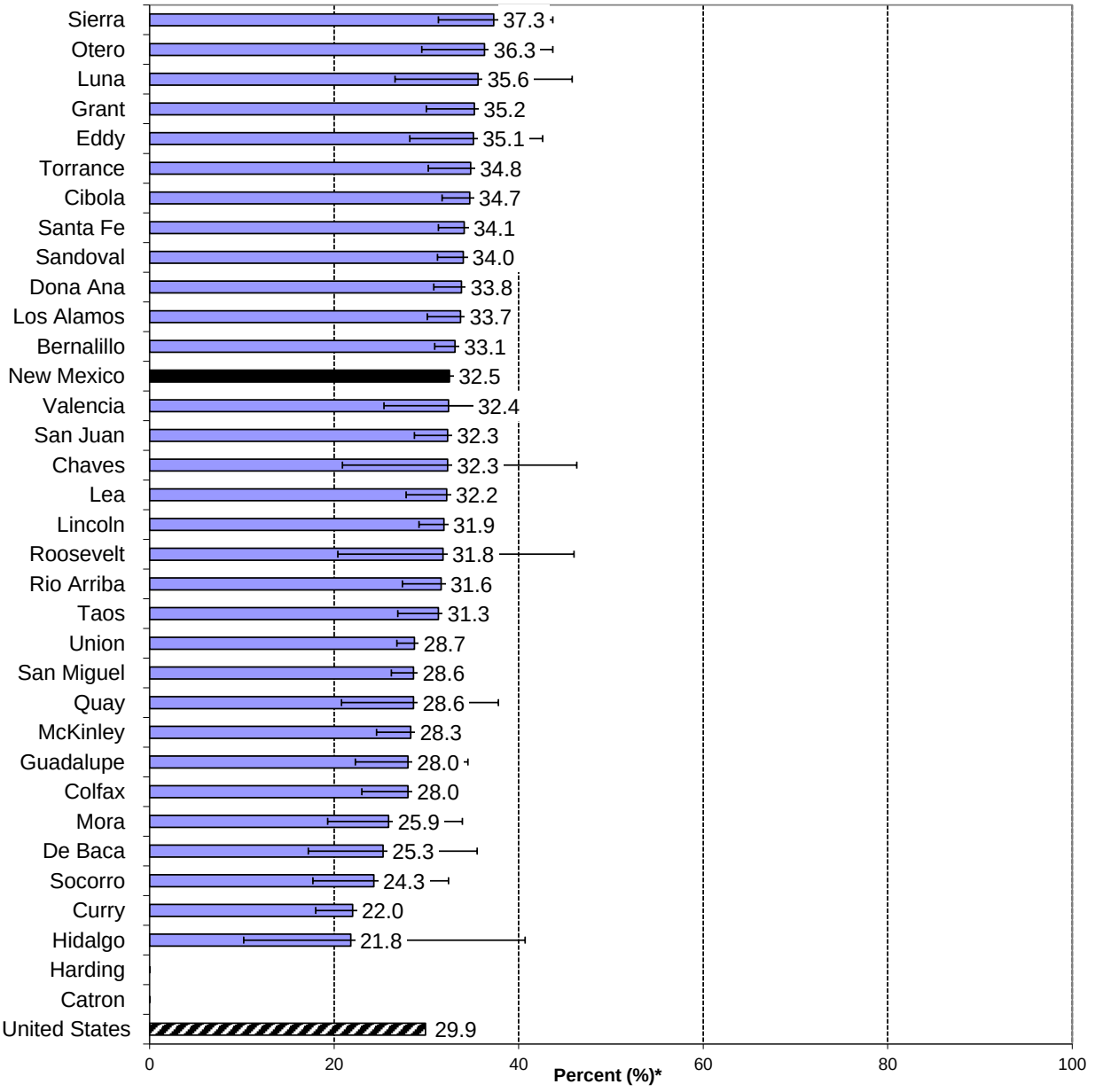
YOUTH FEELINGS OF SADNESS OR HOPELESSNESS (continued)

Chart 2: Feelings of Sadness or Hopelessness, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2015



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, 2015



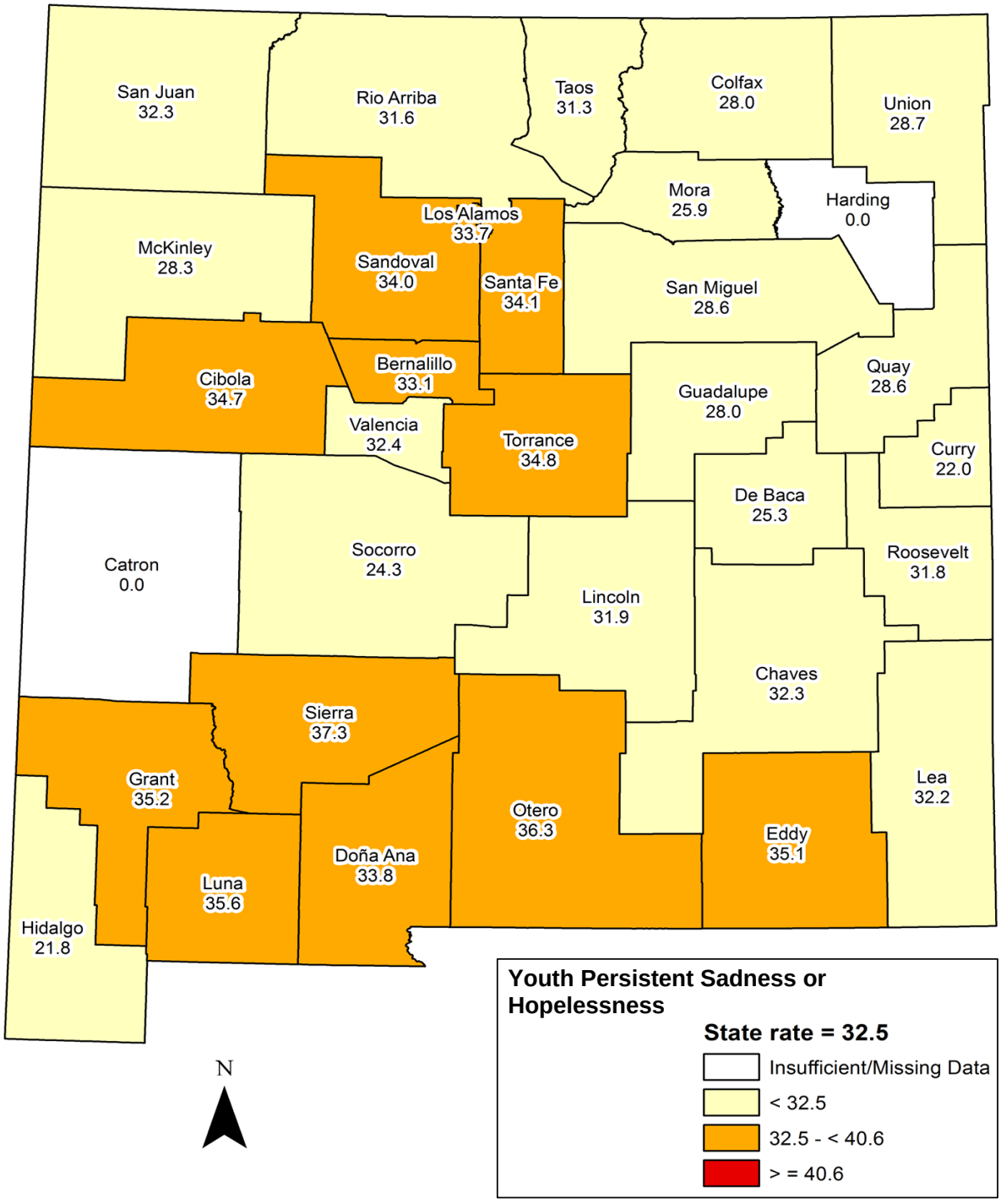
* Estimate of percent of high school students who reported persistent feelings of sadness or hopelessness within the past 12 months

Catron and Harding County estimates not available because of 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, 2015



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

"No 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

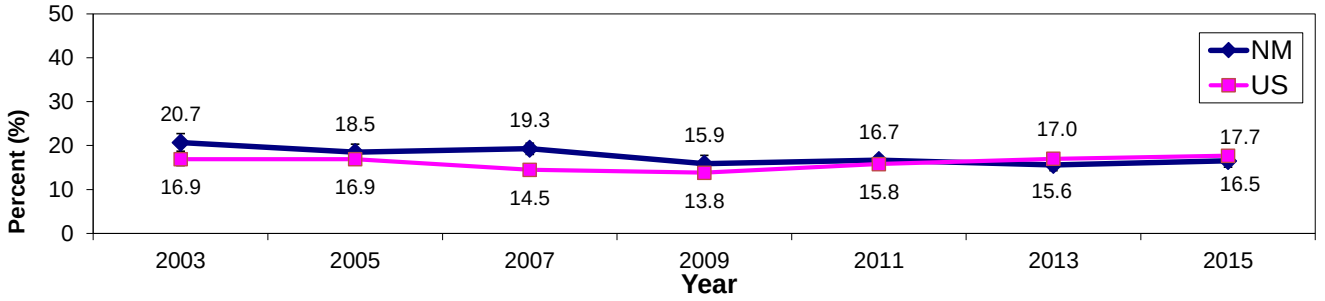
Suicide is a complex behavior, with no single determining cause. Suicidal ideation refers to thoughts of suicide or wanting to take one's own life. Suicidal ideation is a risk factor for suicide attempt/death.

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). The difference between rates from 2009 to 2015 was not statistically significant. The US rate decreased from 2003 to 2009 but then increased from 2009 to 2015 (13.8% to 17.7%). There was no statistical difference between the NM and US rates for 2015.

In 2015 (Chart 2), New Mexico girls (21.4%) reported higher rates of having seriously considered suicide than boys (11.6%). This difference between girls and boys was significant across all grades except 11th (Table 1). White girls in the 12th grade seriously considered suicide at a significantly higher rate (30.4%) compared to American Indian (14.2%) and Hispanic (16.1%) 12th grade girls (Table 1).

As Charts 3 and 4 demonstrate, in 2015, the counties with the highest prevalence of youth seriously considering suicide were Otero (22.8%), Sierra (22.7%), Los Alamos (21.5%), Torrance (19.7%), and Roosevelt (19.1%). The counties with the lowest prevalence were De Baca (7.9%) and Hidalgo (9.6%).

Chart 1: Seriously Considered Suicide* by Year, Grades 9 - 12, NM and US, 2003-2015



* 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)

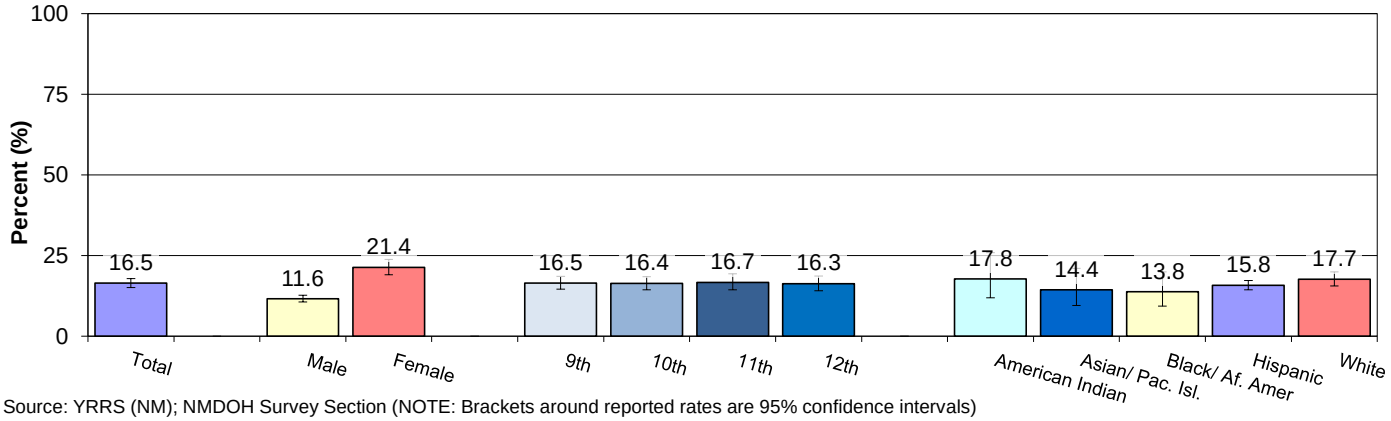
Table 1: Seriously Considered Suicide, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2015

		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	11.2 (6.0-20.0)	8.9 (4.8-15.7)	16.5 (10.8-24.4)	6.3 (2.3-16.6)	11.1 (8.1-15.0)
	Asian/Pacific Islander	--	--	--	--	16.8 (8.9-29.3)
	Black	--	--	--	--	12.4 (7.9-19.0)
	Hispanic	9.3 (7.4-11.6)	10.2 (7.9-13.1)	13.7 (10.7-17.3)	14.5 (11.3-18.4)	11.5 (10.3-12.8)
	White	8.4 (5.1-13.8)	10.1 (6.6-15.2)	14.5 (10.0-20.4)	12.9 (8.5-19.2)	11.3 (9.0-14.2)
	Total	9.6 (7.8-11.8)	10.2 (8.4-12.3)	14.4 (12.1-17.1)	13.0 (10.3-16.4)	11.6 (10.6-12.7)
Female	American Indian	23.3 (16.9-31.3)	32.1 (12.1-62.0)	26.9 (17.7-38.7)	14.2 (10.5-19.0)	24.3 (15.0-36.9)
	Asian/Pacific Islander	--	--	--	--	11.2 (5.7-20.7)
	Black	--	--	--	--	16.0 (8.4-28.2)
	Hispanic	22.9 (19.5-26.7)	19.9 (16.7-23.5)	19.5 (15.3-24.4)	16.1 (13.0-19.7)	19.9 (17.8-22.3)
	White	27.2 (21.6-33.6)	26.8 (20.1-34.8)	14.6 (9.9-20.9)	30.4 (23.2-38.8)	24.9 (22.1-28.1)
	Total	23.8 (20.7-27.2)	22.7 (18.7-27.2)	18.9 (15.6-22.8)	19.3 (16.7-22.1)	21.4 (19.1-23.8)
Total	American Indian	17.1 (11.4-24.9)	21.1 (11.2-36.0)	21.6 (15.1-29.9)	10.5 (7.9-13.9)	17.8 (11.9-25.9)
	Asian/Pacific Islander	--	--	--	--	14.4 (9.6-21.1)
	Black	14.2 (6.5-28.2)	--	--	--	13.8 (9.4-20.0)
	Hispanic	15.9 (13.8-18.2)	15.2 (13.3-17.4)	16.7 (14.0-19.8)	15.4 (12.9-18.2)	15.8 (14.4-17.3)
	White	17.5 (14.1-21.5)	17.4 (13.7-21.9)	14.8 (10.9-19.7)	21.0 (15.9-27.3)	17.7 (15.6-20.0)
	Total	16.5 (14.6-18.6)	16.4 (14.4-18.5)	16.7 (14.4-19.4)	16.3 (14.1-18.7)	16.5 (15.1-17.9)

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

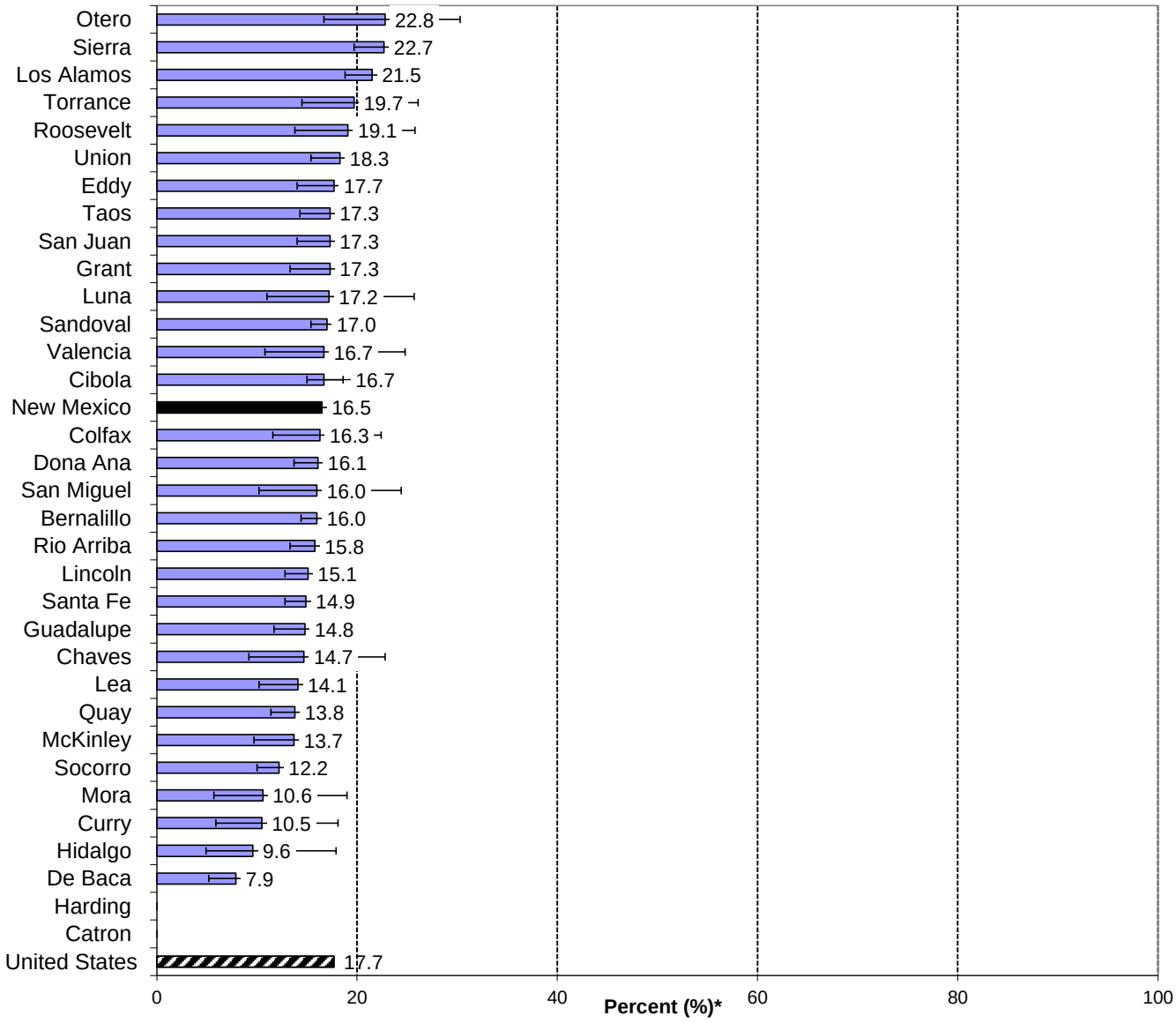
YOUTH SERIOUSLY CONSIDERED SUICIDE (continued)

Chart 2: Seriously Considered Suicide, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2015



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, 2015



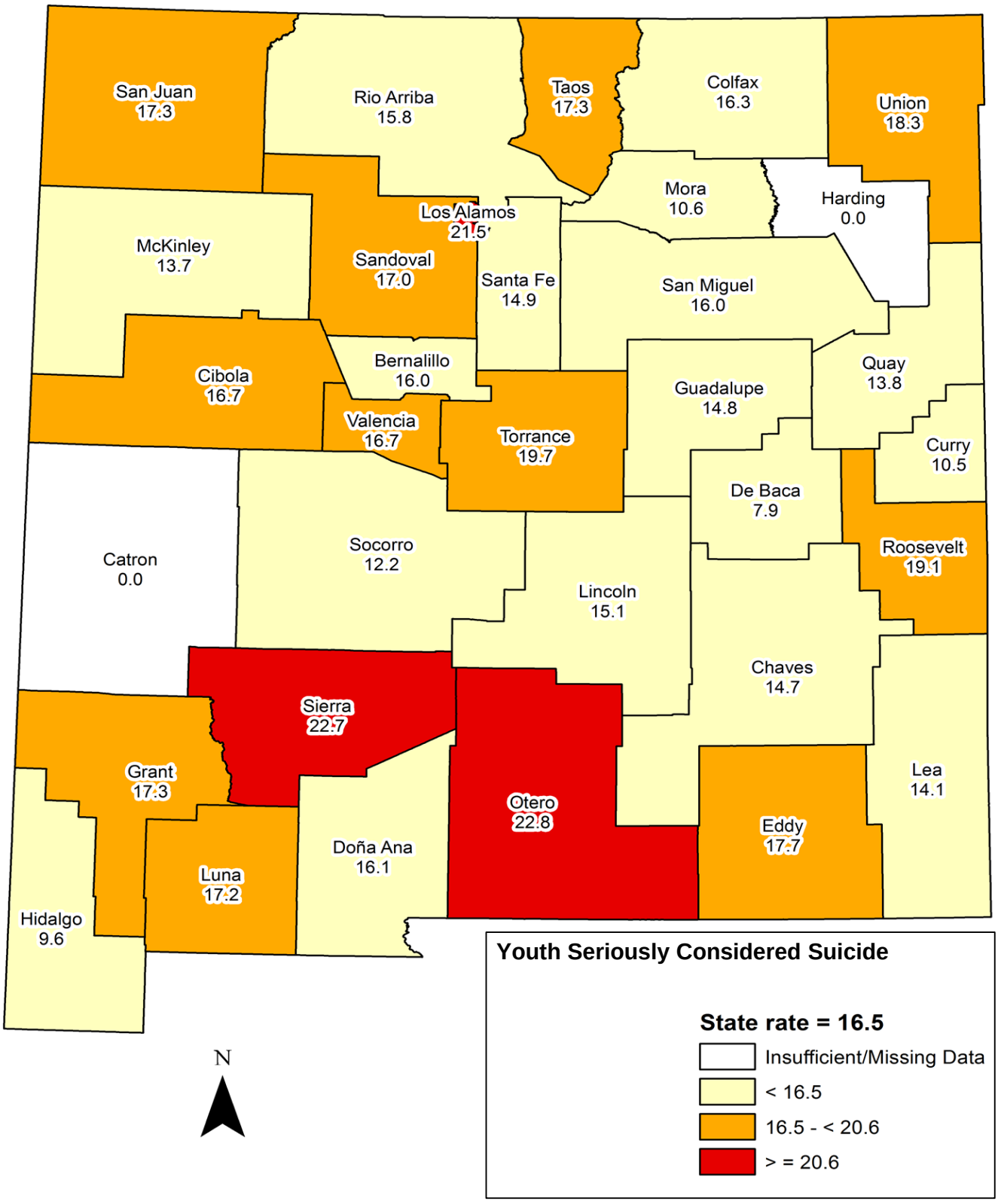
* Estimate of percent of high school students seriously considered suicide at least once in past 12 months

Catron and Harding County estimates not available because of 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, 2015



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

"No Data": county estimates not available because of small numbers and/or low response rates

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

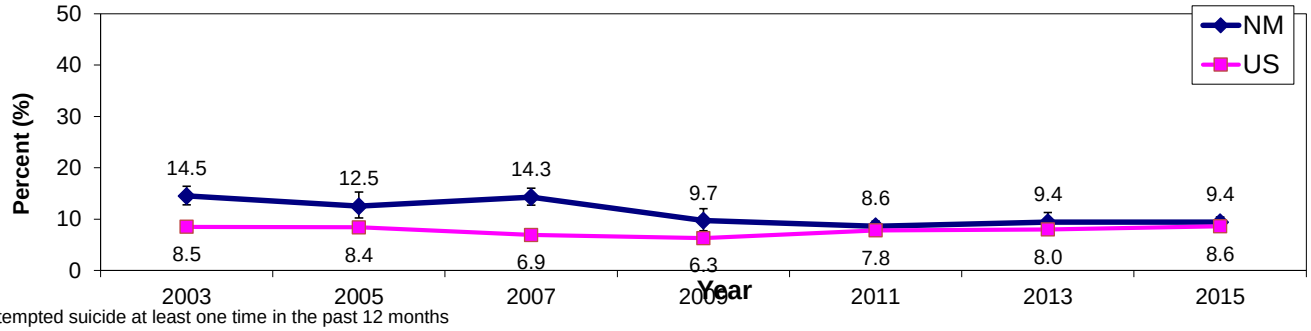
YOUTH ATTEMPTED SUICIDE

Problem Statement

In NM in 2015, suicide was the leading cause of death, tied with unintentional injuries, for youth between the ages of 15 and 19. In the U.S. in 2015, 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 stongest 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. While the U.S. prevalence decreased from 2003 to 2009, it increased from 2009 (6.3%) to 2015 (8.6%). In 2015, there was no statistically significant difference between the percentage of high school students making an attempt in NM compared to the U.S.

In NM in 2015, the prevalence of suicide attempts in the past year (Chart 2) was about twice as high for girls (12.4%) compared to boys (6.4%). Table 1 reveals that the percentage of attempts made by girls in the 9th (16.3%) and 10th (12.5%) grades was significantly higher than that for boys (6.6% and 4.6%, respectively). The prevalence of at least one suicide attempt in the past year was significantly greater for American Indian girls (19.0%) compared to Hispanic (11.4%) girls. The percentage of attempts made by American Indian girls in the 10th grade was more than double (25.9%) that of Hispanic girls (10.6%). In 2015, the counties with the highest prevalence of suicide attempts were Sierra (18.4%), Roosevelt (13.1%), Otero (12.8%), Cibola (12.7%), and McKinley (11.9%). The counties with the lowest prevalence of suicide attempts were Colfax (4.9%), Mora (5.7%), Hidalgo (6.2%), and Guadalupe (6.6%).

Chart 1: Attempted Suicide* by Year, Grades 9 - 12, NM and US, 2003-2015



* 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)

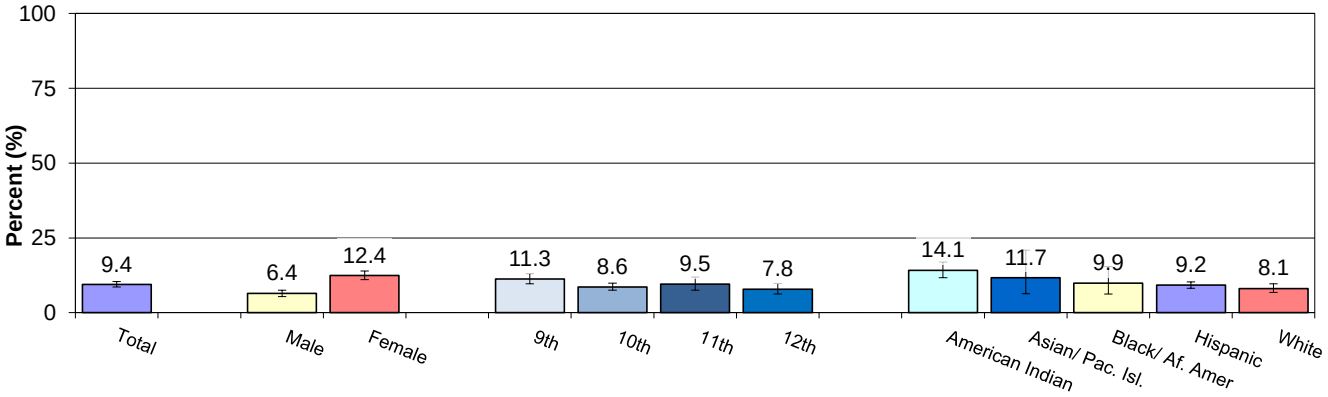
Table 1: Attempted Suicide, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2015

		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	9.1 (4.7-16.7)	4.9 (1.9-12.1)	12.6 (7.1-21.3)	8.7 (3.4-20.2)	8.8 (5.8-13.2)
	Asian/Pacific Islander	--	--	--	--	9.0 (4.0-19.0)
	Black	--	--	--	--	10.5 (5.6-18.9)
	Hispanic	7.1 (4.9-10.1)	4.9 (3.6-6.7)	8.1 (5.9-11.0)	7.7 (5.5-10.5)	6.9 (5.8-8.1)
	White	4.2 (2.1-8.3)	3.9 (1.9-7.7)	4.7 (2.4-9.2)	4.0 (2.0-7.9)	4.2 (3.1-5.6)
	Total	6.6 (4.8-9.0)	4.6 (3.4-6.1)	8.0 (5.9-10.8)	6.5 (4.9-8.4)	6.4 (5.4-7.5)
Female	American Indian	21.5 (13.6-32.4)	25.9 (14.9-41.0)	18.2 (8.4-35.0)	10.2 (6.4-15.8)	19.0 (15.2-23.5)
	Asian/Pacific Islander	--	--	--	--	14.1 (6.0-29.8)
	Black	--	--	--	--	9.0 (4.1-18.7)
	Hispanic	15.4 (13.0-18.3)	10.6 (8.4-13.4)	11.6 (8.3-15.9)	6.5 (4.1-10.2)	11.4 (9.7-13.2)
	White	16.9 (11.9-23.5)	11.3 (7.6-16.6)	6.2 (3.2-11.6)	14.0 (8.3-22.6)	12.3 (9.9-15.2)
	Total	16.3 (13.7-19.1)	12.5 (10.6-14.8)	10.8 (8.3-14.0)	8.8 (6.4-12.0)	12.4 (11.0-13.9)
Total	American Indian	15.0 (10.1-21.9)	15.9 (11.7-21.2)	15.4 (8.5-26.4)	9.5 (6.1-14.7)	14.1 (11.7-16.9)
	Asian/Pacific Islander	--	--	--	--	11.7 (6.3-20.9)
	Black	10.5 (5.0-20.5)	--	--	--	9.9 (6.2-15.4)
	Hispanic	11.1 (9.4-13.1)	7.9 (6.6-9.5)	10.0 (7.8-12.6)	7.1 (5.3-9.4)	9.2 (8.2-10.3)
	White	10.3 (7.7-13.8)	7.3 (5.1-10.4)	5.4 (3.4-8.4)	8.9 (5.6-14.0)	8.1 (6.8-9.6)
	Total	11.3 (9.7-13.1)	8.6 (7.5-9.9)	9.5 (7.5-11.9)	7.8 (6.2-9.8)	9.4 (8.6-10.4)

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

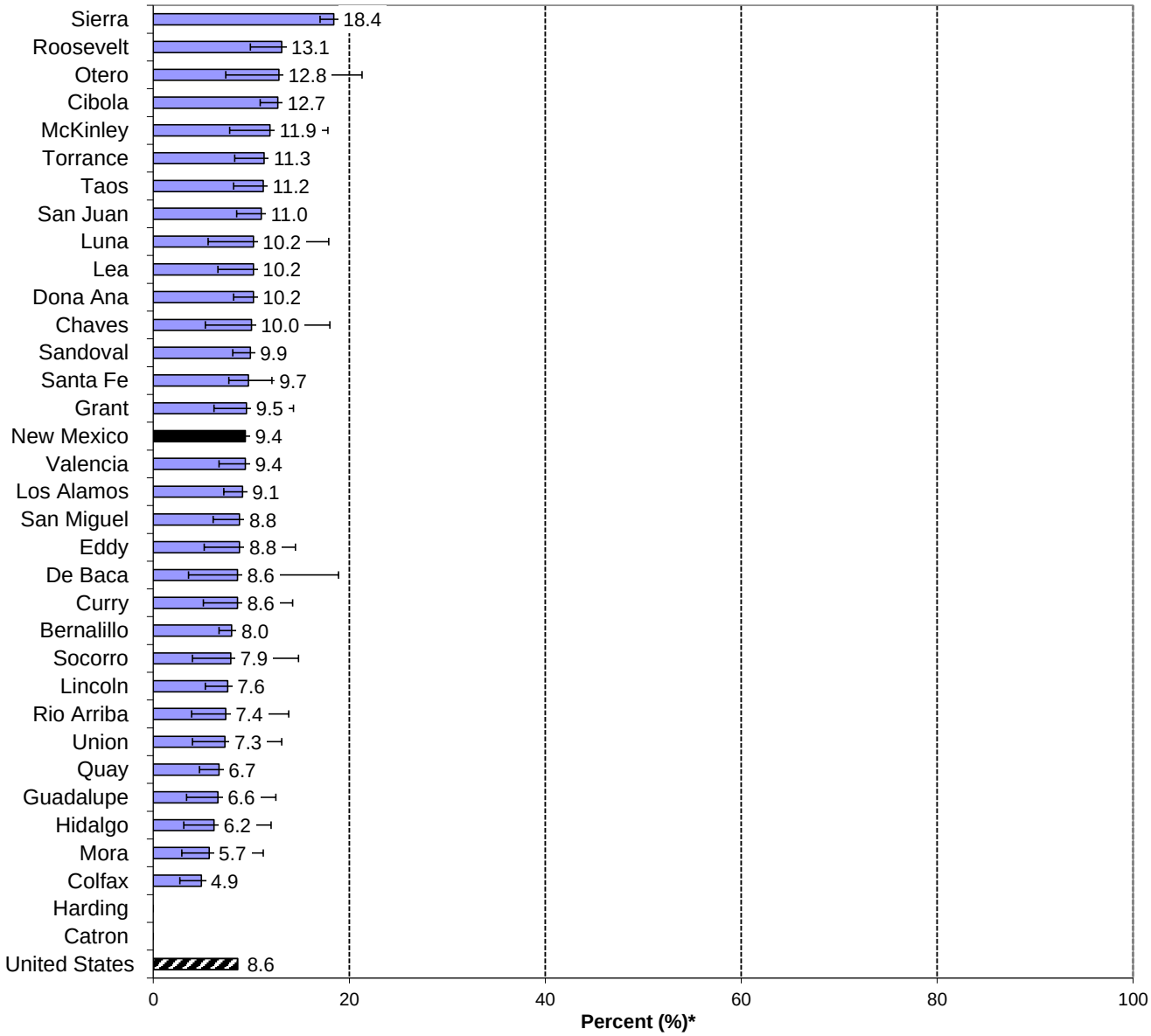
YOUTH ATTEMPTED SUICIDE (continued)

Chart 2: Attempted Suicide, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2015



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, 2015



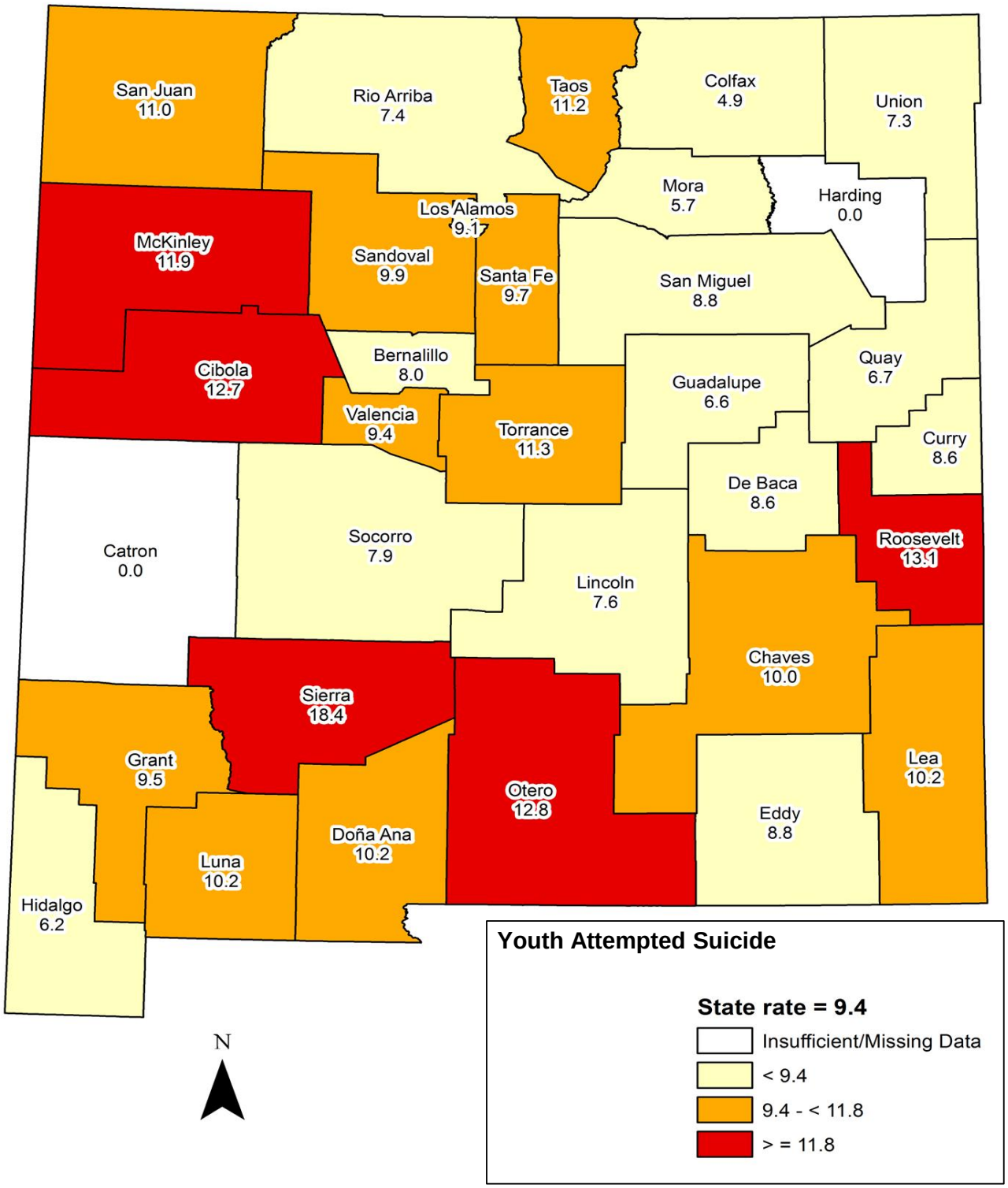
* Estimate of percent of high school students seriously considered suicide at least once in past 12 months

Catron and Harding County estimates not available because of 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, 2015



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

"No 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 2015 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.

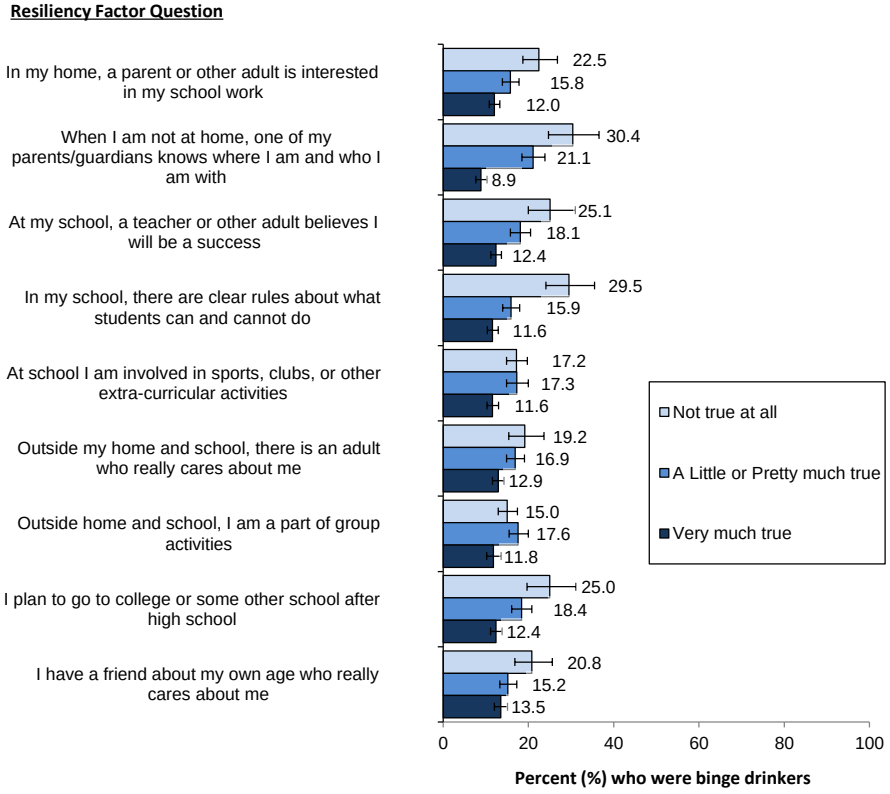
Resiliency factor results presented in the following charts are for:

- 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, 2015

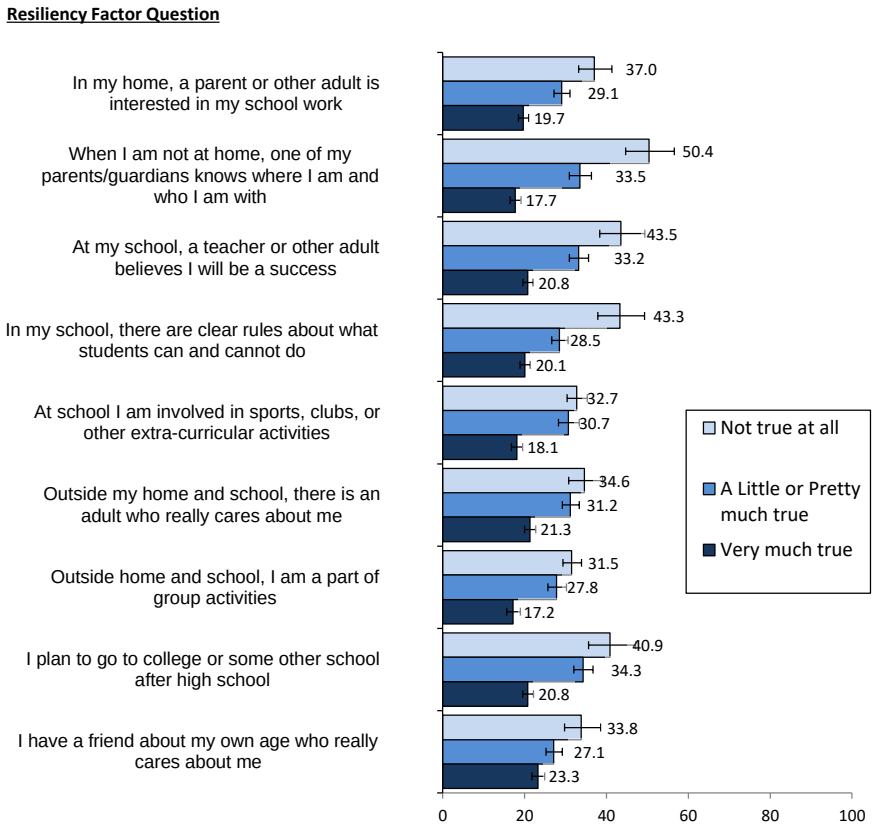
Students were less likely to be binge drinkers if they said "Very much true" to any of the resiliency questions:



** Had 5 or more drinks on a single occasion (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, 2015

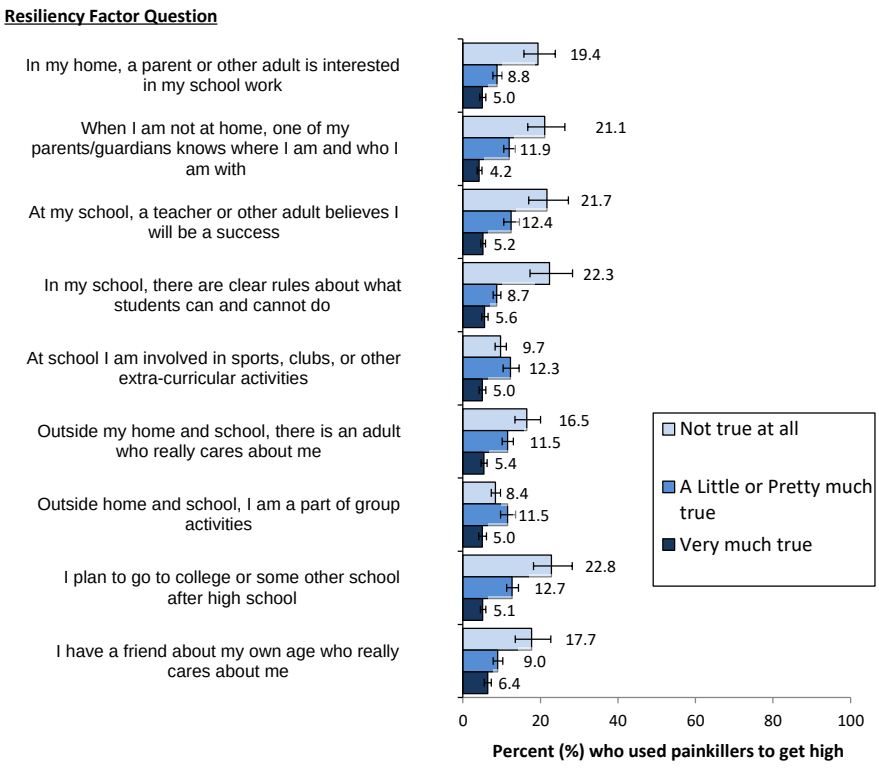
Students were less likely to be current marijuana users if they said "Very much true" to any of the resiliency questions:



** Used marijuana in the past 30 days*

Chart 3: Used Pain Killers to Get High* by Selected Resiliency Factors, Grades 9-12, 2015

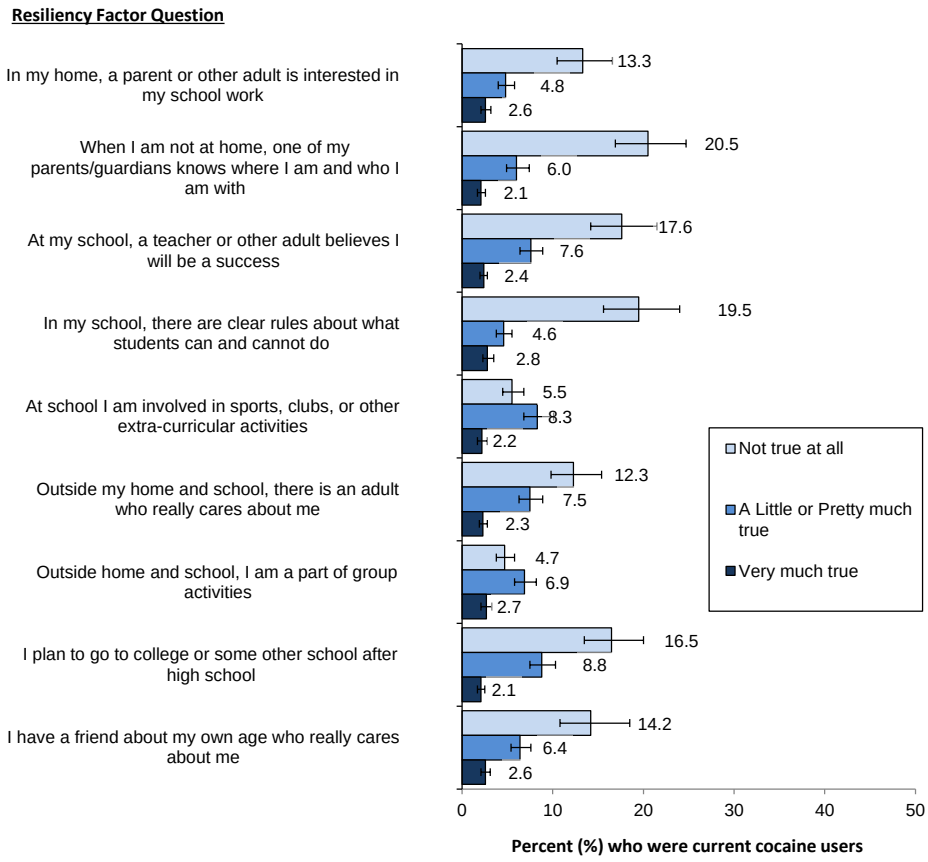
Students were less likely to use pain killers to get high if they said "Very much true" to any of the resiliency questions:



** 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, 2015

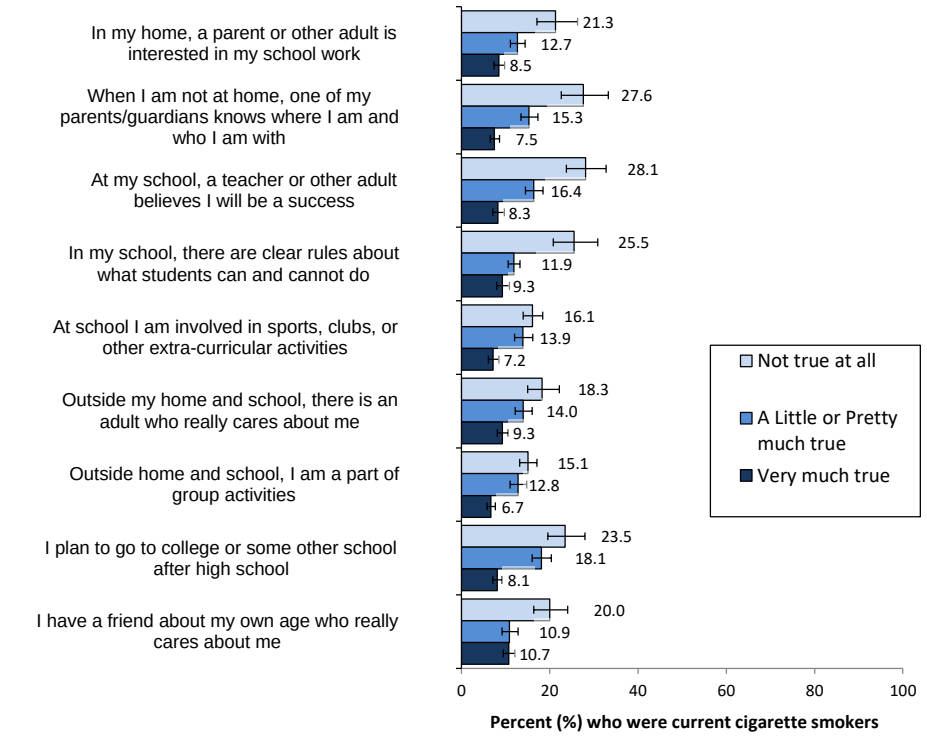
Students were less likely to be current cocaine users if they said "Very much true" to any of the resiliency questions:



** 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, 2015

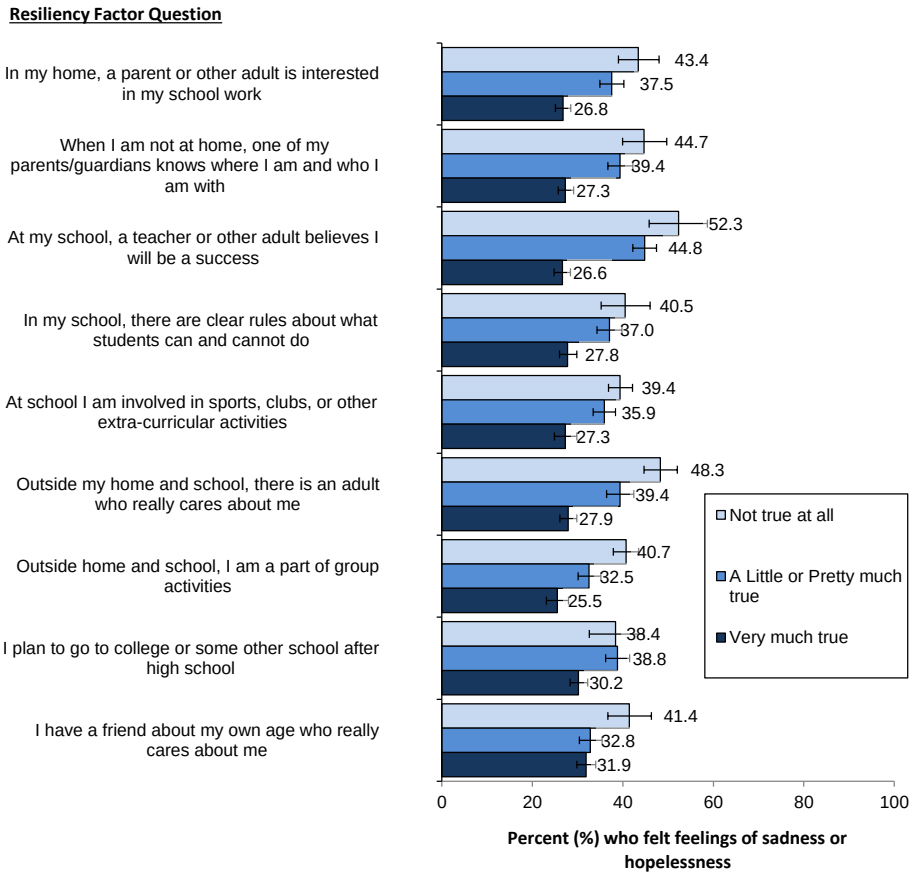
Students were less likely to be current cigarette smokers if they said "Very much true" to any of the resiliency questions:



** 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, 2015

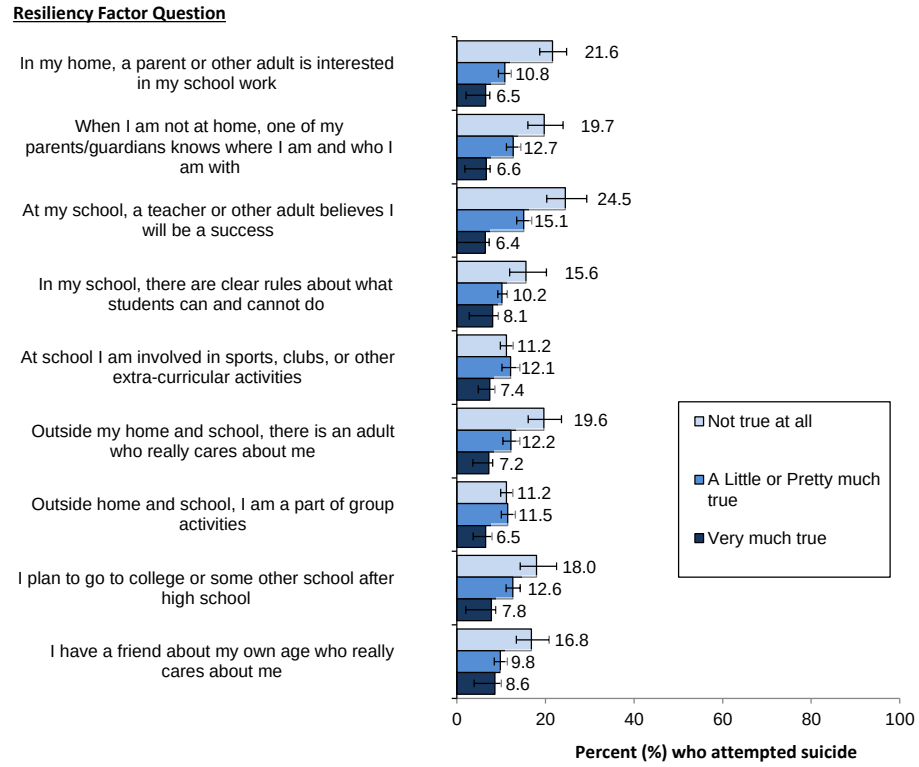
Students were less likely to have feelings of sadness and hopelessness if they said "Very much true" to any of the resiliency questions:



** 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, 2015

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

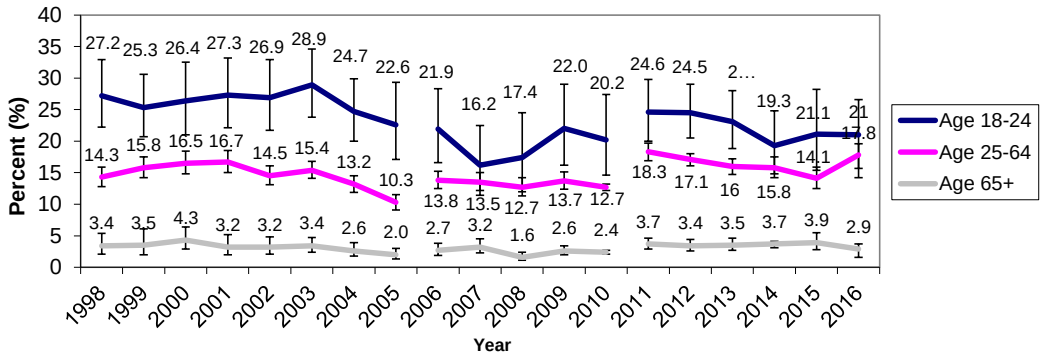
ADULT BINGE DRINKING

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, 1998-2016



* 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,2014-2016

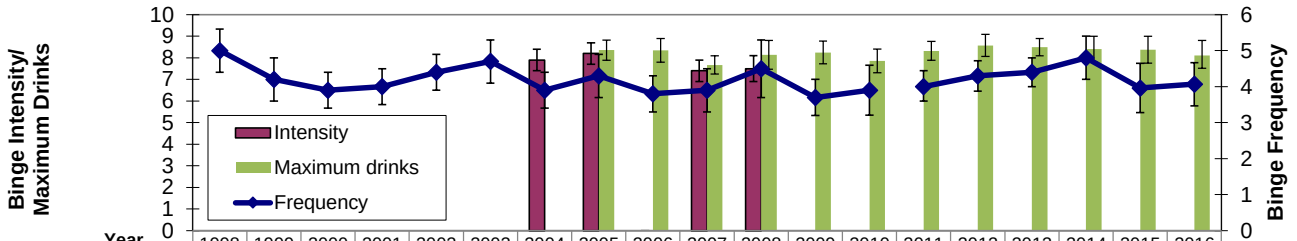
		Number				Percent*			
Sex	Race/Ethnicity	Ages 18-24	Ages 25-64	Ages 65+	All Ages	Ages 18-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	2,719	9,352	309	12,643	26.0	20.7	4.2	20.1
	Asian/Pacific Islander	-	367	-	481	-	3.9	-	3.7
	Black	-	2,174	-	3,029	-	15.9	-	15.3
	Hispanic	15,985	64,326	3,302	83,916	27.3	26.5	6.8	24.0
	White	10,044	40,604	4,643	55,056	30.6	18.8	5.0	16.2
	Total	29,312	117,151	8,795	155,409	27.3	22.2	5.8	19.8
Female	American Indian	842	4,297	0	5,169	8.0	8.7	0.0	7.3
	Asian/Pacific Islander	-	271	-	531	-	2.3	-	3.4
	Black	-	1,829	-	2,021	-	19.0	-	13.8
	Hispanic	7,964	20,846	744	29,663	14.1	8.5	1.3	8.2
	White	4,024	23,874	2,180	29,611	14.6	11.0	2.0	8.4
	Total	12,922	51,595	3,129	67,626	13.1	9.7	1.7	8.3
Total	American Indian	3,399	13,703	283	17,673	16.2	14.5	1.6	13.3
	Asian/Pacific Islander	-	656	-	1,021	-	3.1	-	3.6
	Black	-	4,039	562	5,002	-	17.3	11.9	14.6
	Hispanic	24,149	83,848	4,039	112,625	21.0	17.2	3.8	15.8
	White	14,041	64,372	6,726	84,249	23.2	14.9	3.4	12.2
	Total	42,022	167,834	11,819	221,660	20.4	15.8	3.5	13.9

* 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, 1998-2016



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Intensity							7.9	8.2	0.0	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
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

* 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, 2014-2016

	Number						Percent*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	2,982	-	1,929	35,351	28,194	69,651	13.5	-	12.6	14.9	12.0	13.2
Catron	-	-	-	-	231	342	-	-	-	-	9.3	10.8
Chaves	-	-	-	3,762	2,147	6,021	-	-	-	15.4	9.7	12.5
Cibola	895	-	-	870	306	2,011	11.6	-	-	11.0	6.3	9.6
Colfax	-	-	-	614	391	980	-	-	-	12.7	7.3	9.3
Curry	-	-	-	2,153	3,437	6,182	-	-	-	16.1	17.0	16.7
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	20,033	5,953	26,936	-	-	-	19.7	11.1	16.6
Eddy	-	-	-	4,058	2,341	6,466	-	-	-	22.2	10.4	15.3
Grant	-	-	-	1,806	1,930	3,761	-	-	-	17.1	16.0	16.2
Guadalupe	-	-	-	-	-	-	-	-	-	-	-	-
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	742	-	-	-	-	-	20.8
Lea	-	-	-	5,126	3,237	8,502	-	-	-	20.2	15.3	17.2
Lincoln	-	-	-	766	1,980	2,962	-	-	-	16.9	17.7	18.2
Los Alamos	-	-	-	-	1,110	1,793	-	-	-	-	10.6	13.0
Luna	-	-	-	1,703	329	2,251	-	-	-	15.5	4.8	12.3
McKinley	4,991	-	-	1,134	179	6,400	12.7	-	-	17.6	3.3	12.3
Mora	-	-	-	-	-	412	-	-	-	-	-	10.7
Otero	667	-	-	2,297	3,398	7,081	24.1	-	-	13.9	12.4	14.3
Quay	-	-	-	584	636	1,272	-	-	-	20.9	16.9	18.7
Rio Arriba	308	-	-	1,658	401	2,440	7.6	-	-	7.8	8.7	8.1
Roosevelt	-	-	-	1,110	951	2,057	-	-	-	20.5	11.0	13.9
Sandoval	2,259	-	-	9,032	5,609	17,606	18.7	-	-	24.6	10.7	16.7
San Juan	3,316	-	-	2,208	4,320	9,841	10.4	-	-	13.8	10.3	10.8
San Miguel	-	-	-	2,215	468	2,929	-	-	-	12.9	10.0	12.9
Santa Fe	-	-	-	6,289	7,548	14,690	-	-	-	11.3	13.0	12.3
Sierra	-	-	-	-	1,171	1,672	-	-	-	-	17.0	17.3
Socorro	-	-	-	1,095	1,411	2,646	-	-	-	17.4	26.3	19.8
Taos	-	-	-	1,229	1,106	2,353	-	-	-	8.6	10.2	8.7
Torrance	-	-	-	-	843	753	-	-	-	-	12.0	6.1
Union	-	-	-	-	-	369	-	-	-	-	-	10.3
Valencia	-	-	-	5,703	2,802	9,564	-	-	-	17.5	12.7	16.5
New Mexico	17,673	1,021	5,002	112,625	84,249	221,660	13.3	3.6	14.6	15.8	12.2	13.9

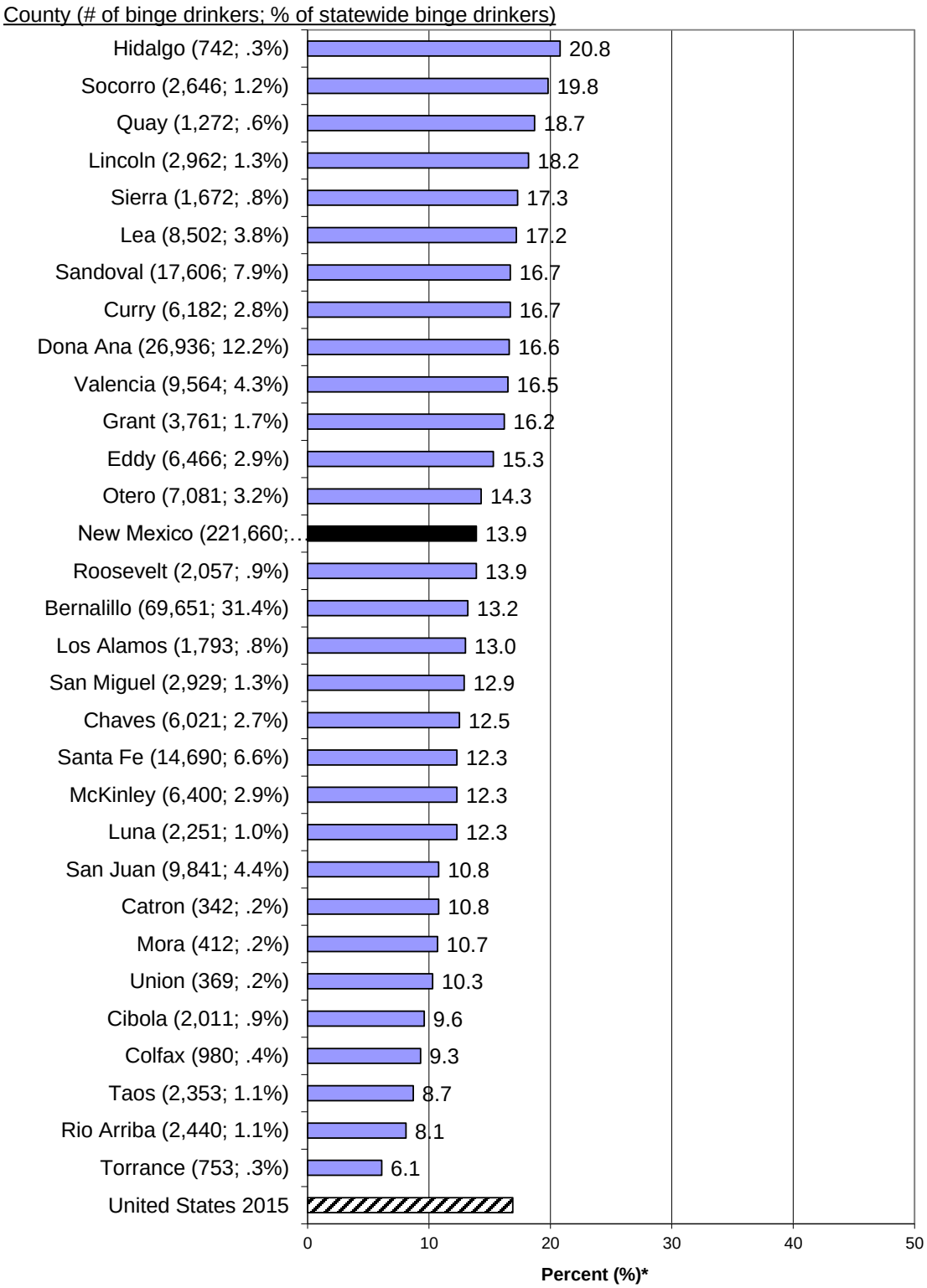
* Estimate of percent of people in population group who reported binge drinking at least once in past 30 days

- 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, 2014-2016

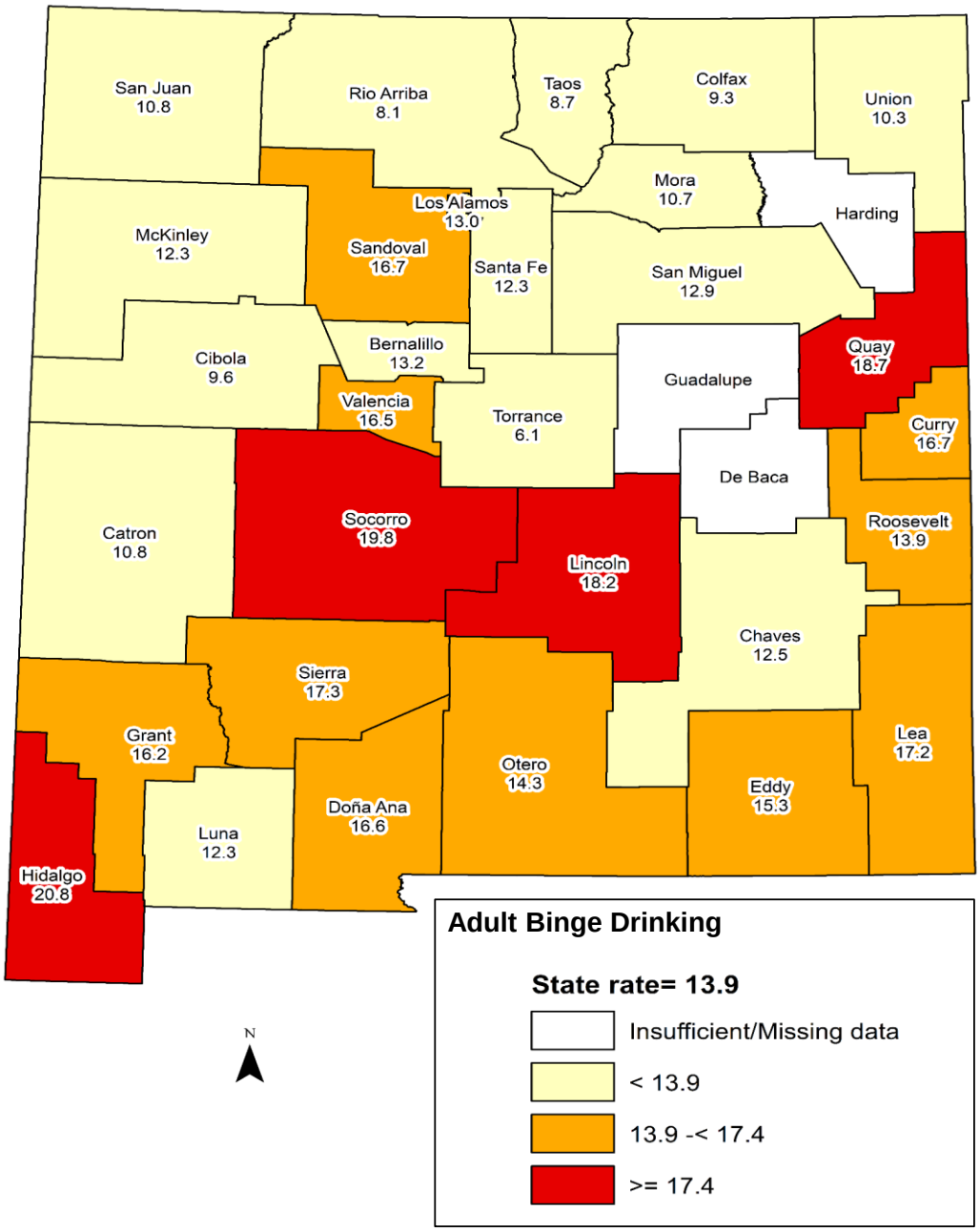


* Estimate of percent of people in population group who reported binge drinking at least once in past 30 days

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, 2014-2016



* 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 respodents (< 50) in cell

Source: BRFSS; SAES

YOUTH CURRENT DRINKING

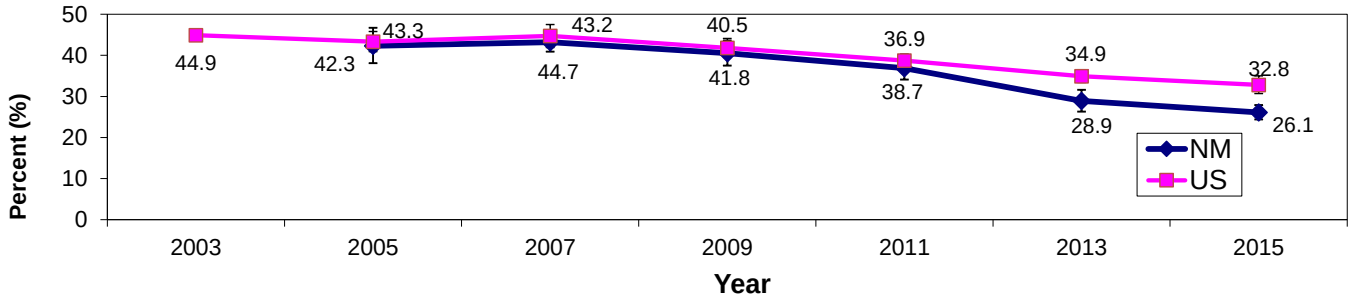
Problem Statement

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 2015, 26.1% of high school students reported that they were current drinkers. This is a significant decrease from 43.3% in 2005. 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 five students are already drinking. Students who identify as Hispanic are most likely to currently drink, followed by Black and White students. American Indian students and Asian/Pacific Islander students are the least likely to drink.

Grant County has the highest prevalence of current drinking among high school students (37.6%), followed by Luna (37.1%), and Sierra (35.4%) counties. De Baca has the lowest percent (14.7%).

Chart 1: Current Drinking* by Year, Grades 9 - 12, New Mexico and US, 2003-2015



* “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)

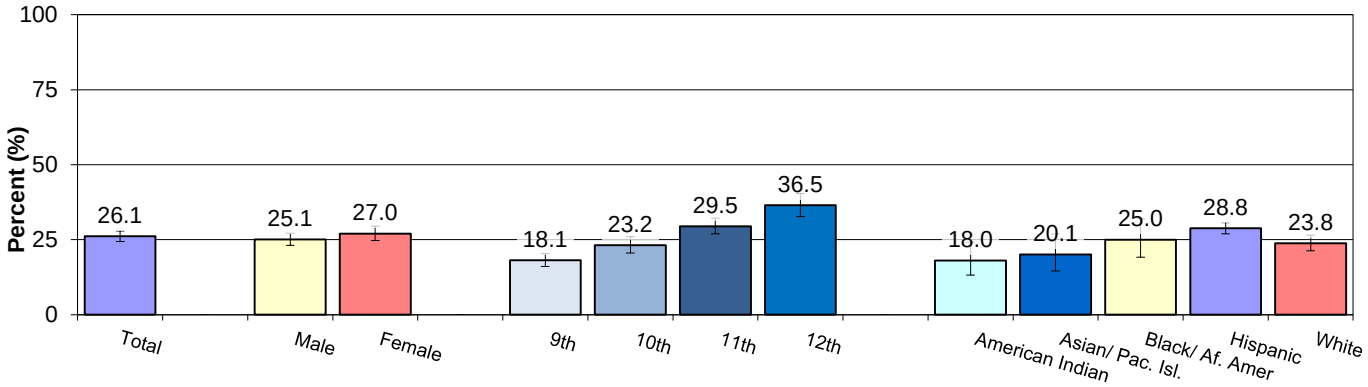
Table 1: Current Drinking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2015

		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	5.7 (1.8-16.4)	19.8 (10.8-33.4)	28.9 (22.7-36.1)	15.5 (6.5-32.6)	17.3 (14.3-20.8)
	Asian/Pacific Islander	--	--	--	--	22.8 (14.9-33.3)
	Black	--	--	--	--	24.0 (16.5-33.5)
	Hispanic	20.1 (16.6-24.1)	22.8 (19.5-26.4)	32.4 (28.2-37.0)	42.1 (37.3-47.0)	27.8 (25.6-30.1)
	White	14.6 (9.8-21.1)	15.2 (10.4-21.7)	20.5 (13.5-30.0)	41.7 (33.6-50.3)	22.8 (19.6-26.3)
	Total	16.9 (14.4-19.9)	20.2 (17.3-23.4)	28.7 (25.2-32.5)	38.8 (34.4-43.3)	25.1 (23.1-27.2)
Female	American Indian	10.9 (5.7-19.6)	21.5 (9.2-42.5)	19.8 (10.7-33.8)	23.3 (14.3-35.6)	18.8 (11.3-29.7)
	Asian/Pacific Islander	--	--	--	--	16.6 (9.3-27.8)
	Black	--	--	--	--	26.5 (17.8-37.6)
	Hispanic	21.7 (18.4-25.3)	28.5 (23.5-34.0)	33.9 (29.8-38.3)	37.6 (31.7-43.8)	29.6 (26.9-32.6)
	White	17.2 (12.8-22.7)	24.5 (18.3-32.0)	27.0 (20.1-35.3)	32.3 (23.7-42.3)	24.9 (21.6-28.7)
	Total	19.2 (16.9-21.9)	26.2 (21.8-31.0)	30.5 (27.2-34.0)	34.3 (29.3-39.7)	27.0 (24.7-29.5)
Total	American Indian	8.2 (3.9-16.7)	20.7 (15.9-26.4)	24.3 (18.5-31.2)	19.5 (11.3-31.7)	18.0 (13.2-24.2)
	Asian/Pacific Islander	--	--	--	--	20.1 (14.6-26.9)
	Black	10.9 (5.0-22.1)	--	--	--	25.0 (19.2-32.0)
	Hispanic	20.9 (18.2-23.9)	25.7 (22.5-29.3)	33.2 (30.4-36.1)	39.7 (35.5-44.0)	28.8 (27.0-30.7)
	White	15.9 (12.8-19.7)	19.4 (15.3-24.2)	23.6 (18.7-29.5)	37.3 (30.6-44.6)	23.8 (21.3-26.5)
	Total	18.1 (16.1-20.3)	23.2 (20.5-26.0)	29.5 (27.0-32.2)	36.5 (32.7-40.4)	26.1 (24.4-27.9)

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

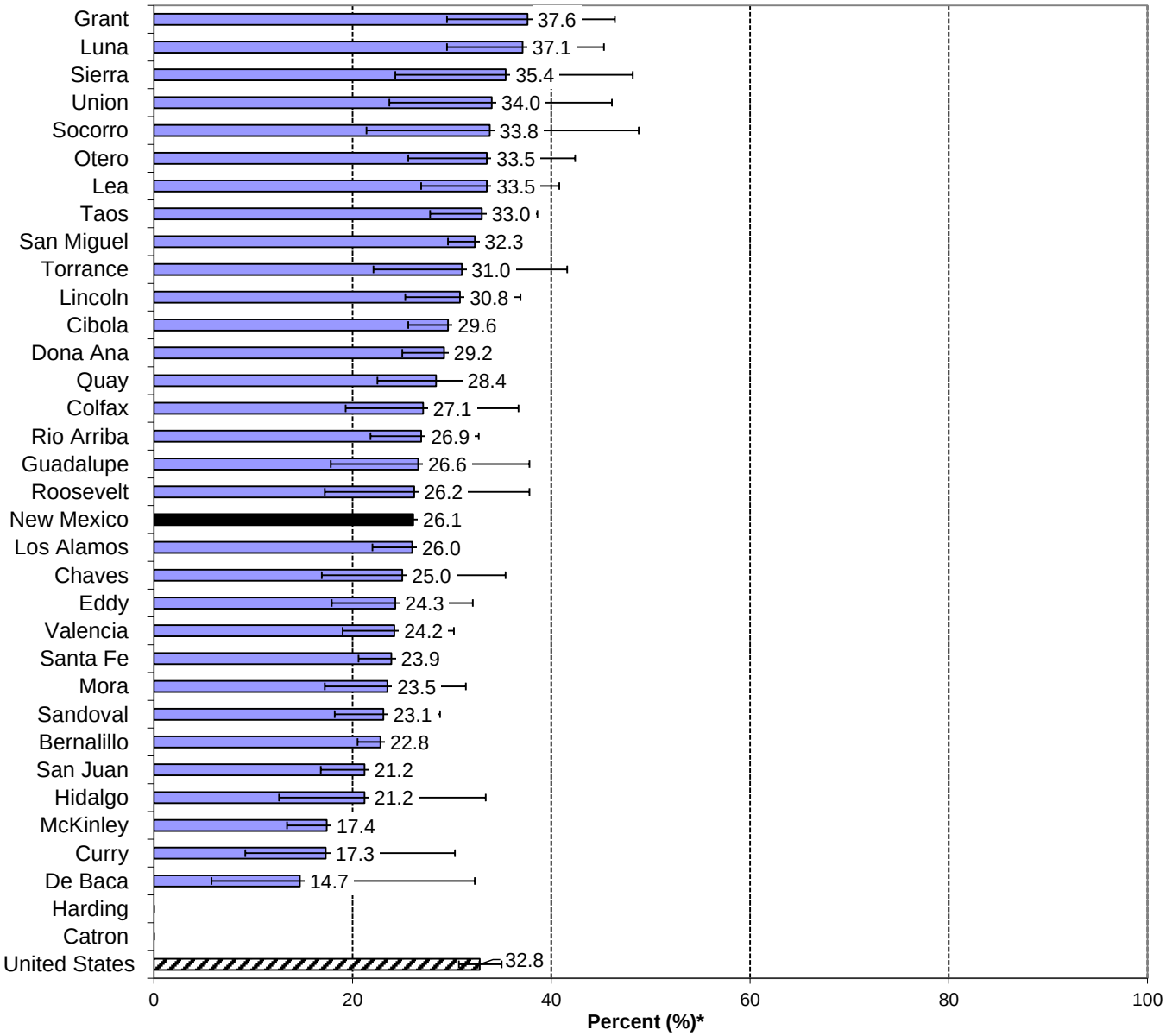
YOUTH CURRENT DRINKING (continued)

Chart 2: Current Drinking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2015



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, 2015



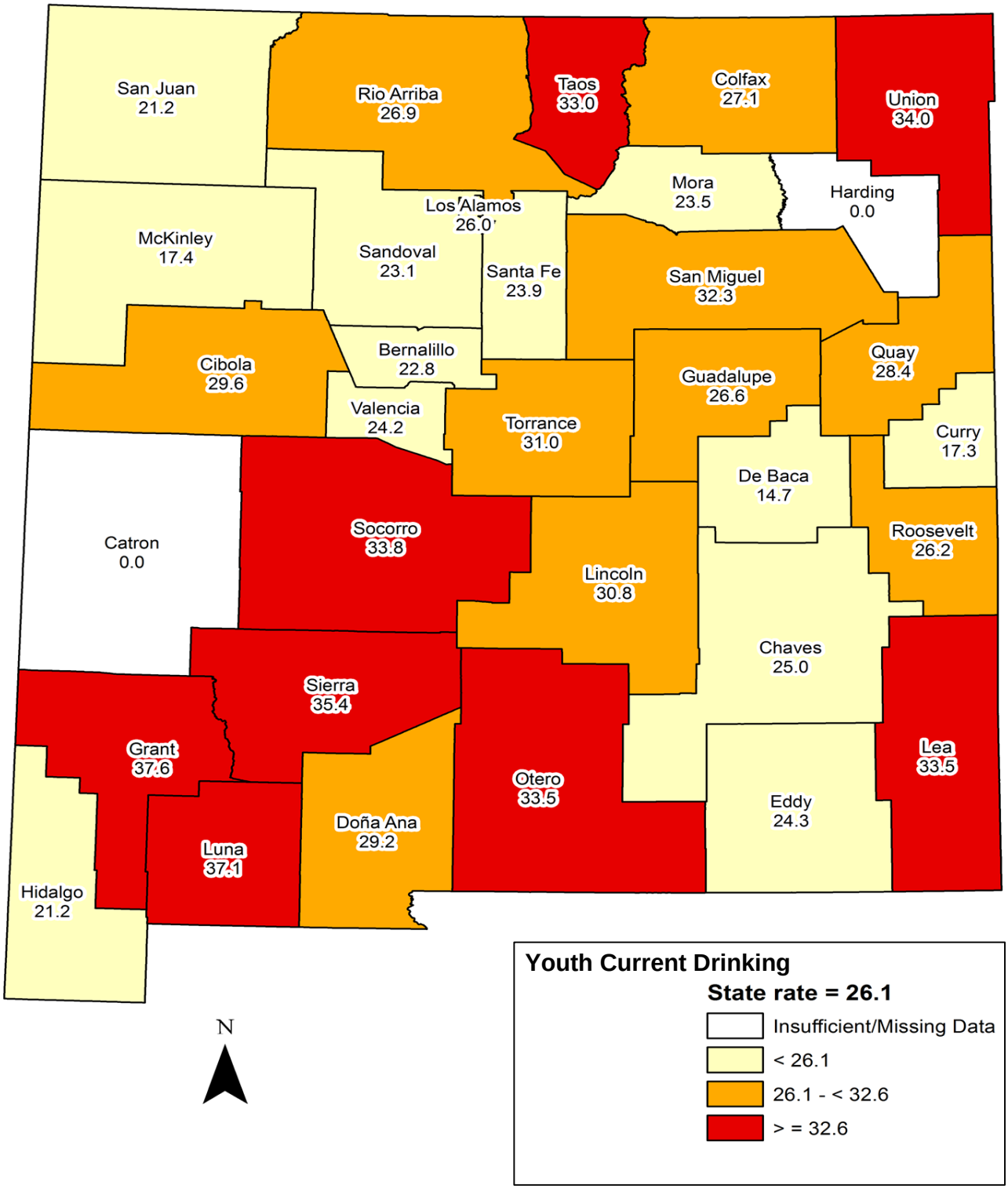
* Estimate of percent of high school students who reported current drinking in past 30 days

Harding and Catron County estimates not available because of 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, 2015



* 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

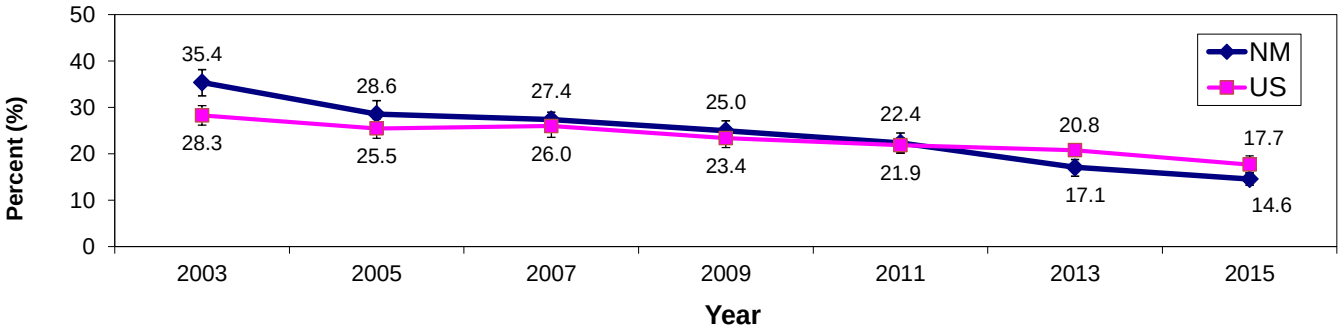
Problem Statement

Binge drinking (defined as having five or more drinks of alcohol in a row within a couple of hours) 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 2015, 14.6% of New Mexico 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 2015, of the 26.1% of students who were current drinkers, 60.5% were binge drinkers. Chart 1 demonstrates that binge drinking prevalence has been decreasing in New Mexico since 2003, as it has been in the US since at least 2001. In 2015, the difference between the US (17.7) and New Mexico (14.6%, 95%CI [13.3-15.9]) rates for binge drinking was not statistically significant.

As shown in Chart 2, binge drinking significantly increases with increasing grade level. Hispanic boys are significantly more likely to binge drink than White, American Indian/Alaska Native, or Asian/Pacific Island boys. There are no significant differences by race/ethnicity for girls.

Chart 1: Binge Drinking* by Year, Grades 9 - 12, New Mexico and US, 2003-2015



* Had 5 or more drinks of alcohol in a row, or within a couple of hours, in the past 30 days

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

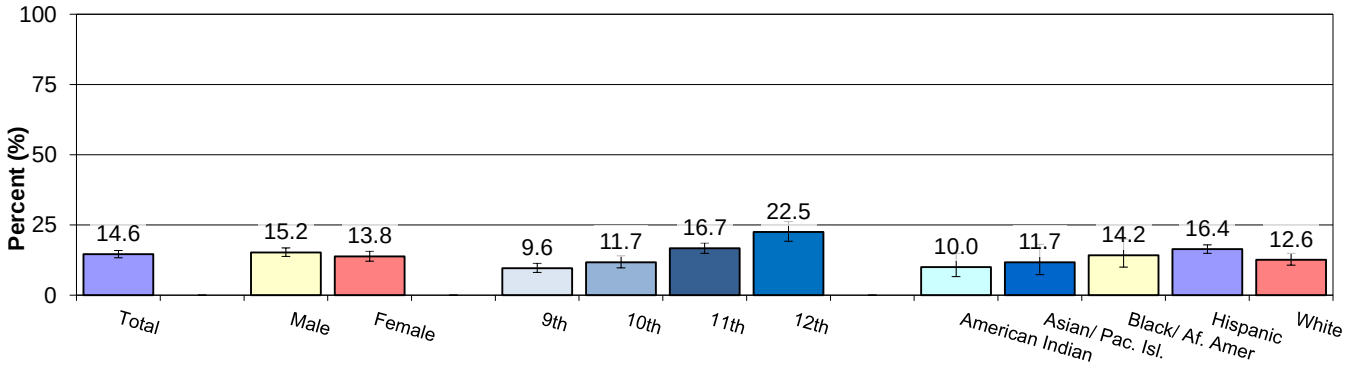
Table 1: Binge Drinking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2015

		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	3.1 (1.0-9.8)	14.1 (7.1-26.2)	19.1 (13.0-27.1)	7.9 (2.5-22.1)	10.9 (8.4-14.0)
	Asian/Pacific Islander	--	--	--	--	17.0 (9.9-27.6)
	Black	--	--	--	--	12.3 (7.4-19.7)
	Hispanic	11.0 (8.4-14.4)	14.0 (11.3-17.3)	19.1 (15.6-23.2)	29.3 (24.9-34.0)	17.2 (15.3-19.2)
	White	8.6 (5.4-13.4)	5.8 (2.5-12.9)	14.0 (8.5-22.3)	26.1 (18.9-34.7)	13.3 (10.7-16.4)
	Total	9.5 (7.5-11.9)	11.6 (9.2-14.5)	17.6 (14.8-20.9)	25.5 (21.8-29.6)	15.2 (13.8-16.8)
Female	American Indian	5.7 (2.7-11.5)	10.9 (3.7-28.1)	10.2 (5.0-19.8)	10.8 (3.9-26.7)	9.2 (4.3-18.6)
	Asian/Pacific Islander	--	--	--	--	5.3 (1.9-13.9)
	Black	--	--	--	--	17.1 (9.4-29.0)
	Hispanic	11.4 (9.1-14.2)	13.5 (10.5-17.1)	17.6 (14.8-20.9)	21.9 (16.3-28.6)	15.6 (13.8-17.6)
	White	6.2 (3.7-10.4)	9.1 (5.5-14.6)	14.3 (10.0-20.1)	19.0 (12.5-27.8)	11.9 (9.4-14.9)
	Total	9.6 (7.9-11.7)	11.9 (8.9-15.6)	15.8 (13.6-18.2)	19.6 (15.0-25.2)	13.8 (12.1-15.7)
Total	American Indian	4.4 (2.0-9.4)	12.4 (9.6-16.0)	14.6 (10.2-20.3)	9.5 (3.6-23.0)	10.0 (6.6-14.9)
	Asian/Pacific Islander	--	--	--	--	11.7 (7.3-18.1)
	Black	8.0 (3.5-17.2)	--	--	--	14.2 (10.0-20.0)
	Hispanic	11.3 (9.4-13.5)	13.8 (11.5-16.4)	18.3 (16.2-20.6)	25.3 (21.5-29.7)	16.4 (14.9-17.9)
	White	7.5 (5.3-10.4)	7.2 (4.3-11.8)	14.2 (10.6-18.6)	22.8 (17.4-29.2)	12.6 (10.7-14.9)
	Total	9.6 (8.1-11.4)	11.7 (9.7-14.0)	16.7 (14.9-18.6)	22.5 (19.2-26.2)	14.6 (13.3-15.9)

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

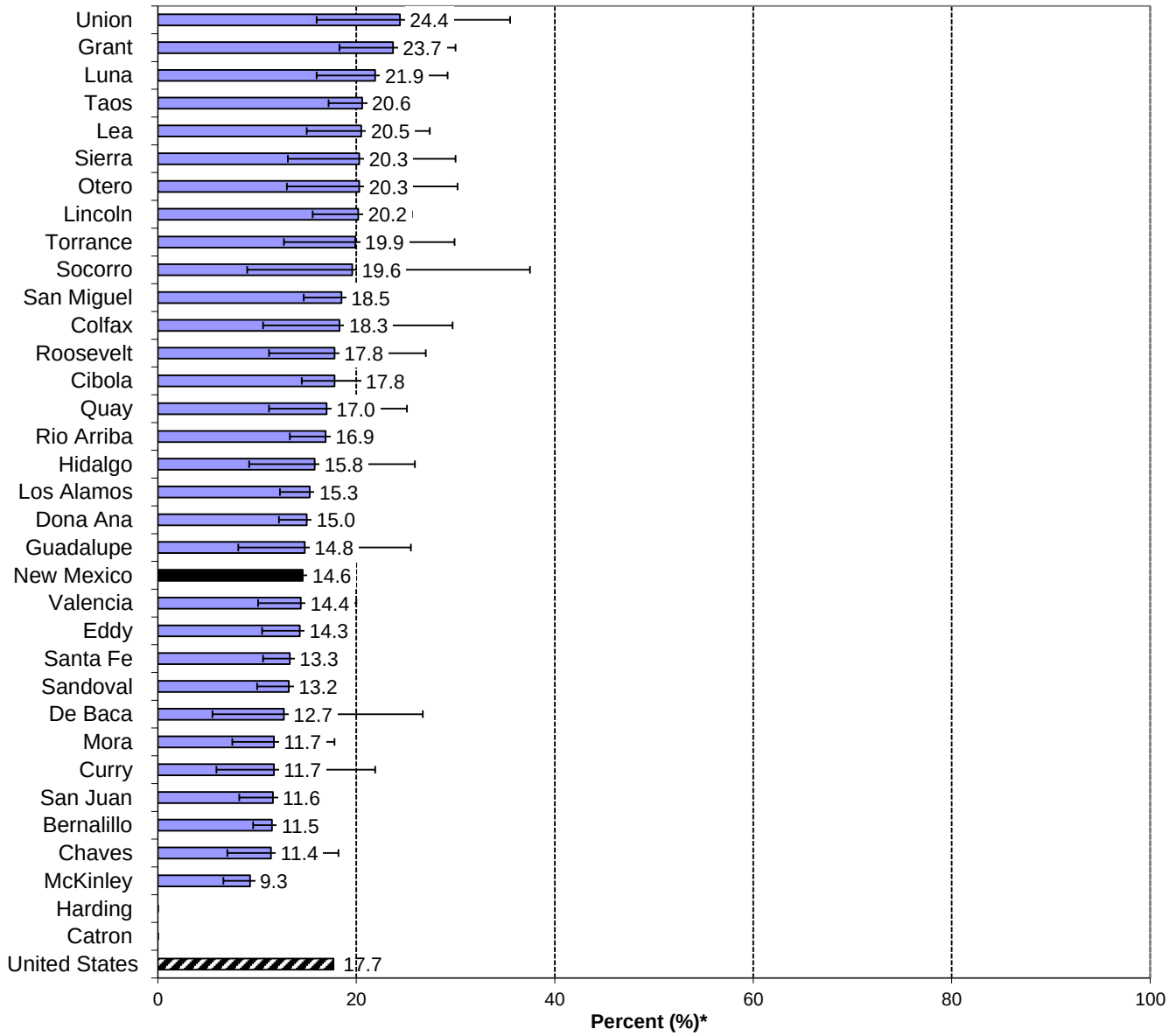
YOUTH BINGE DRINKING (continued)

Chart 2: Binge Drinking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2015



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, 2015



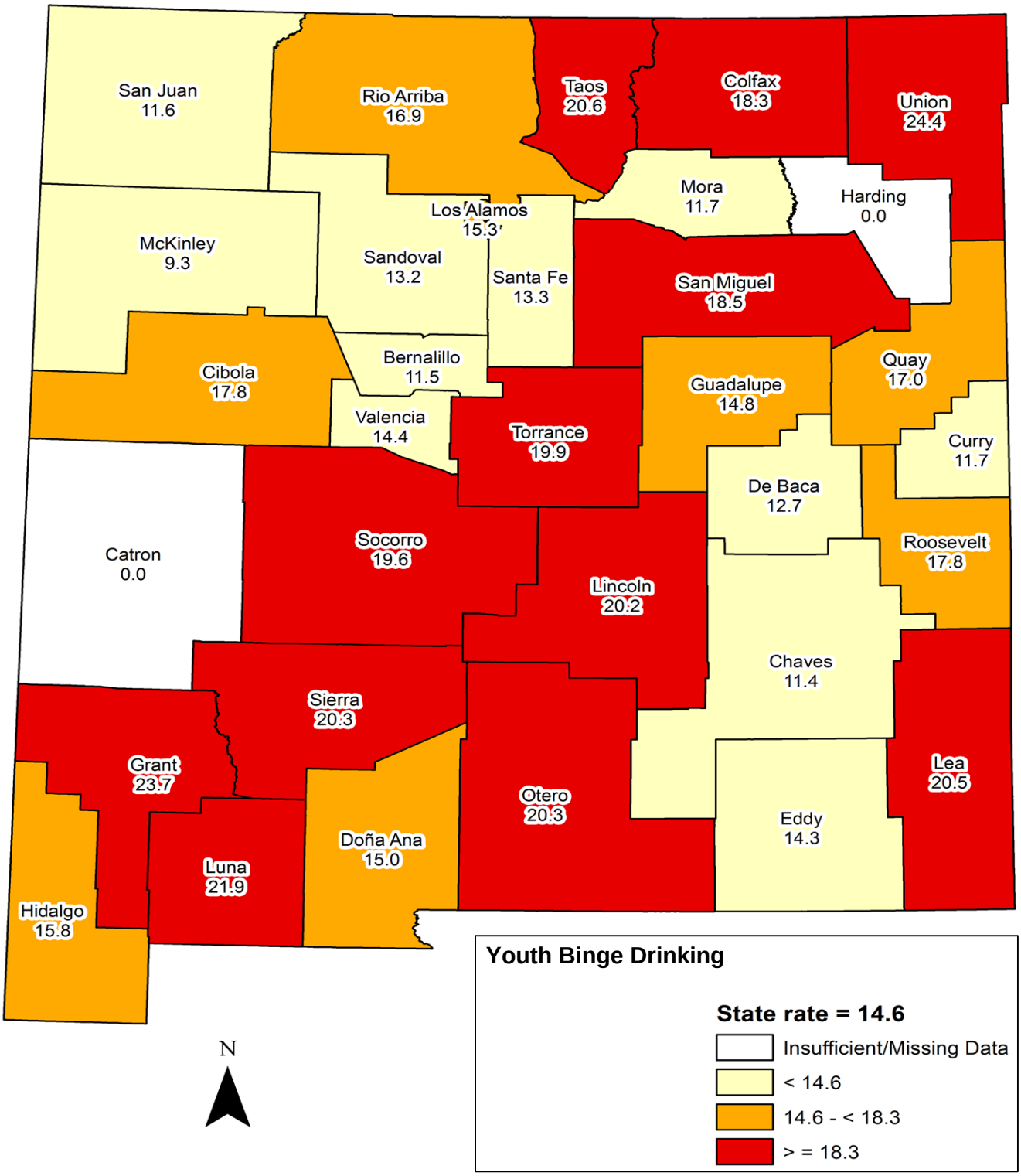
* Estimate of percent of high school students who reported binge drinking at least once in past 30 days

Harding and Catron County estimates not available because of 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, 2015



* 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

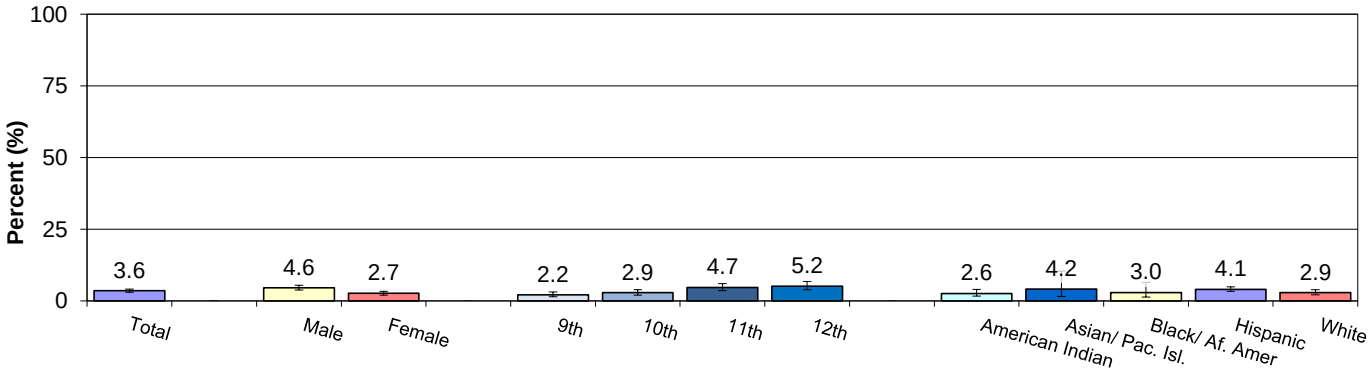
Problem Statement

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 ninth grade students. Although boys and girls are equally likely to drink (see current drinking indicator), boys are almost twice as likely to drink ten or more drinks on an occasion than girls. Asian/Pacific Islander students are least likely to consume ten or more drinks. American Indian and White students are significantly less likely to consume ten or more drinks than Hispanic students. Prevalence was fairly similar by county, ranging from 0.8% of students (Mora County) to 11.6% of students (Union Cunty).

Chart 1: 10 Plus Drinks, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2015



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

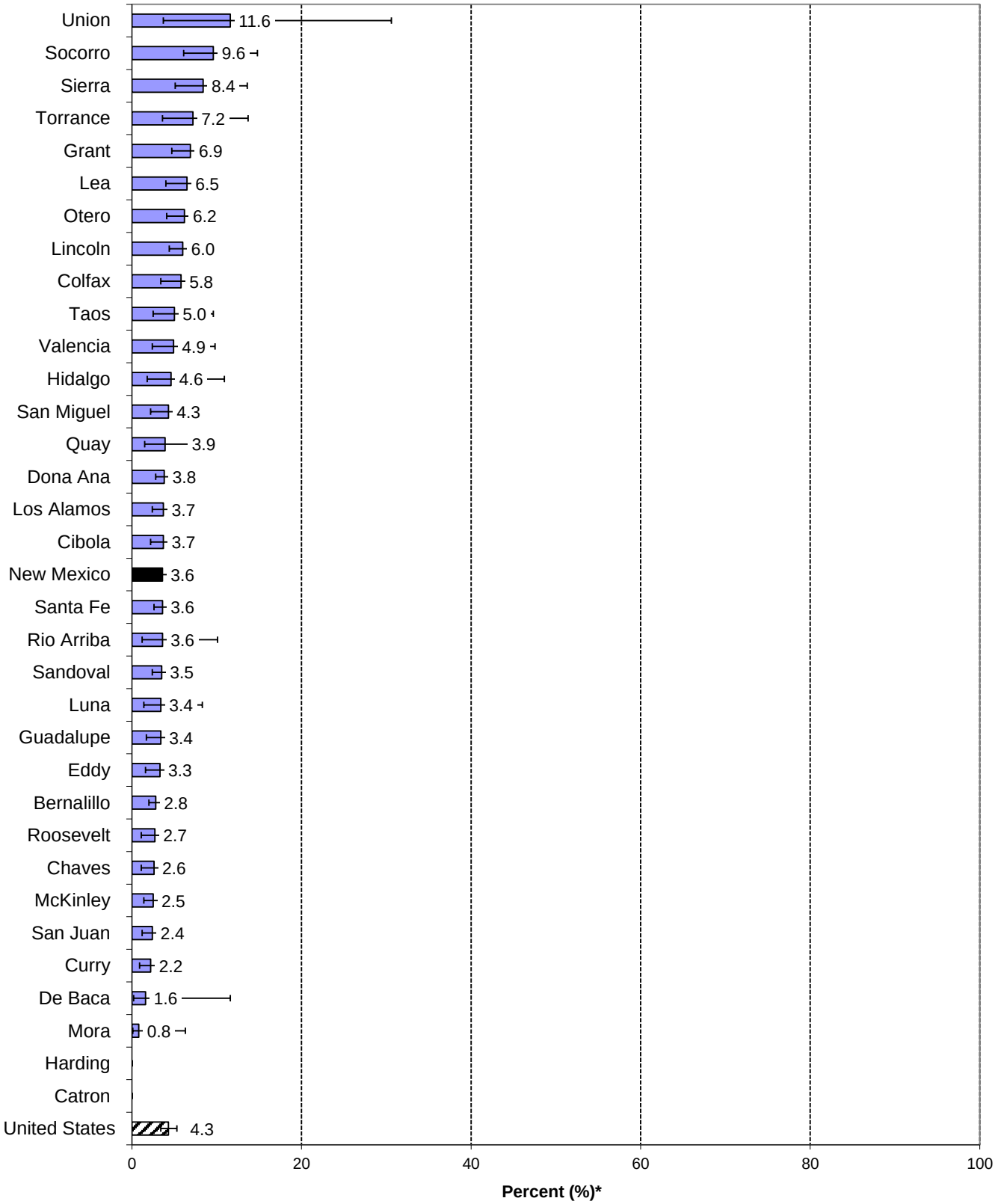
Table 1: 10 Plus Drinks, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2015

		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	0.6 (0.1-4.3)	3.2 (1.2-8.5)	6.8 (2.5-17.4)	2.4 (0.5-10.5)	3.3 (1.9-5.6)
	Asian/Pacific Islander	--	--	--	--	6.3 (2.4-15.6)
	Black	--	--	--	--	3.6 (1.2-9.9)
	Hispanic	2.6 (1.5-4.5)	4.1 (2.8-5.8)	7.3 (5.1-10.5)	8.5 (5.7-12.5)	5.2 (4.1-6.5)
	White	2.4 (0.7-7.5)	2.8 (1.0-7.3)	3.2 (1.5-6.5)	7.5 (4.6-11.9)	3.9 (2.8-5.4)
	Total	2.5 (1.4-4.2)	3.6 (2.5-5.2)	6.0 (4.3-8.3)	7.3 (5.3-10.0)	4.6 (3.8-5.5)
Female	American Indian	2.5 (0.6-10.3)	4.1 (2.7-6.2)	0.5 (0.1-3.5)	0.6 (0.2-2.6)	2.0 (1.1-3.5)
	Asian/Pacific Islander	--	--	--	--	1.8 (0.2-12.6)
	Black	--	--	--	--	2.3 (0.6-8.5)
	Hispanic	2.2 (1.3-3.6)	1.7 (1.0-3.0)	4.8 (3.0-7.8)	4.2 (2.4-7.4)	3.1 (2.4-4.1)
	White	0.8 (0.2-3.3)	2.9 (1.0-8.4)	2.0 (0.7-5.5)	1.9 (0.5-6.5)	1.9 (1.0-3.3)
	Total	1.9 (1.1-3.0)	2.2 (1.4-3.5)	3.5 (2.2-5.4)	3.2 (1.9-5.2)	2.7 (2.1-3.4)
Total	American Indian	1.5 (0.4-5.2)	3.7 (2.5-5.4)	3.7 (1.6-8.6)	1.5 (0.4-5.7)	2.6 (1.7-4.1)
	Asian/Pacific Islander	--	--	--	--	4.2 (1.6-10.4)
	Black	1.5 (0.3-8.0)	--	--	--	3.0 (1.4-6.5)
	Hispanic	2.4 (1.5-3.7)	2.8 (2.0-3.9)	6.0 (4.5-8.0)	6.2 (4.5-8.6)	4.1 (3.4-5.0)
	White	1.6 (0.8-3.4)	2.8 (1.3-5.9)	2.6 (1.5-4.5)	4.9 (3.1-7.6)	2.9 (2.2-3.9)
	Total	2.2 (1.5-3.2)	2.9 (2.1-3.9)	4.7 (3.6-6.1)	5.2 (3.9-6.9)	3.6 (3.1-4.2)

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, 2015



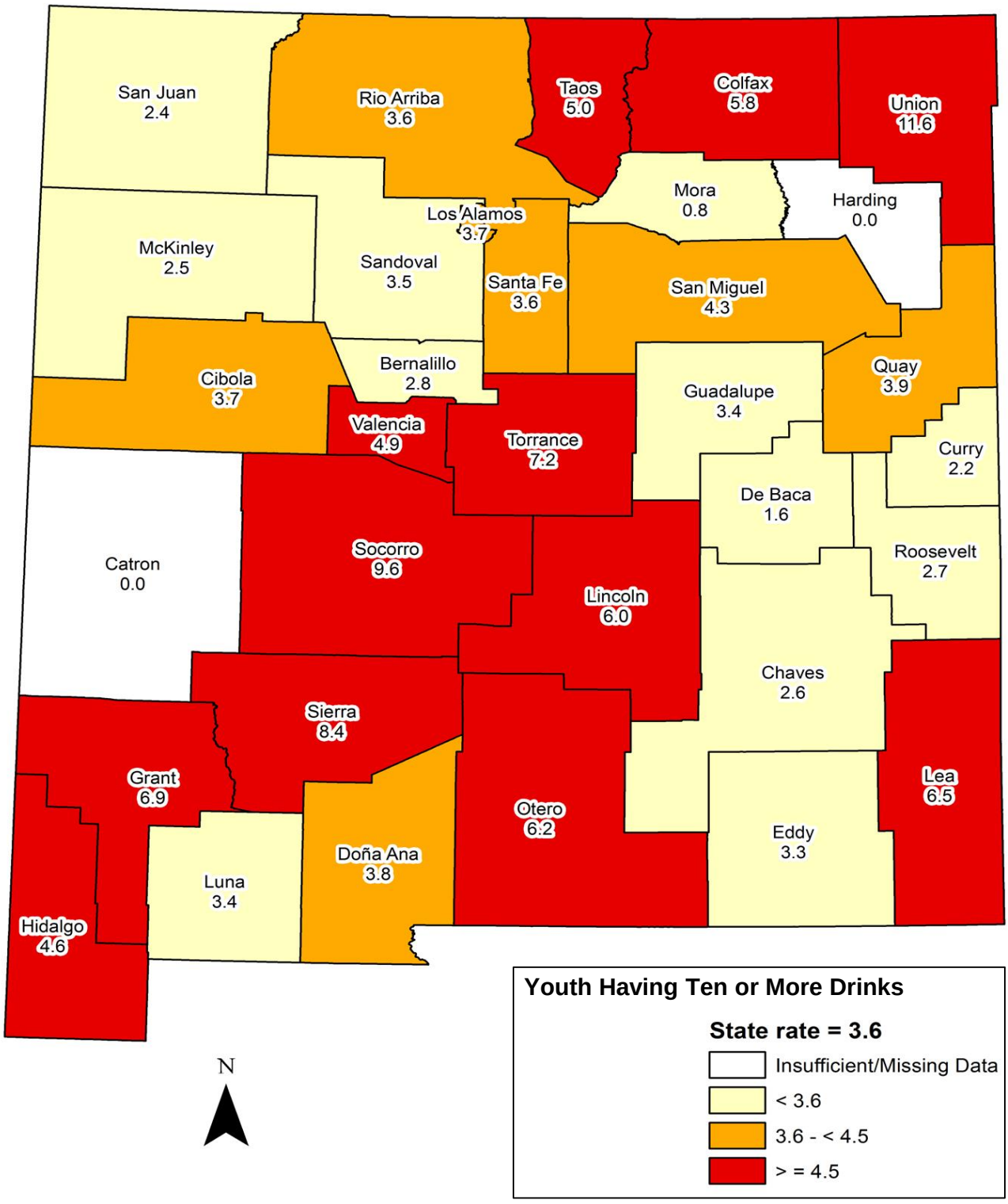
* Estimate of percent of high school students who reported binge drinking at least once in past 30 days

Harding and Catron County estimates not available because of 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, 2015



* 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

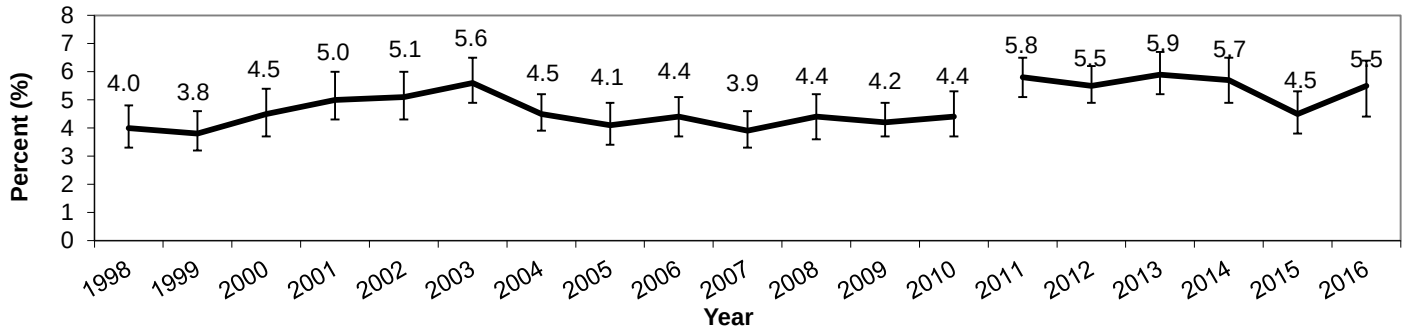
ADULT HEAVY DRINKING

Problem Statement

Heavy drinking (defined as having more than 2 drinks/day, for males; and more than one drink/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, 100% of 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 been, more or less, constant since 2005. Heavy drinking prevalence is lower among adults in New Mexico (5.2%) than in the US overall (6.5%). As shown in Table 1, heavy drinking was most prevalent among adults in the 25-64 age group, with 5.8% reporting past-month heavy drinking. New Mexico men were somewhat more likely to report chronic drinking than women (6.3% v. 4.3%); and American Indian males had the highest reported rate of heavy drinking (7.0%) followed by Hispanic males (6.7%). However, among women, Black females had the highest rate (11.7%), followed by White women (6.5%).

Chart 1: Heavy Drinking (past 30 days)*, Adults Aged 18+, New Mexico, 1998-2016



* 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, 2014-2016

		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	701	3,420	255	4,421	6.7	7.6	3.5	7.0
	Asian/Pacific Islander	-	0	-	0	-	0.0	-	0.0
	Black	-	326	-	470	-	2.4	-	2.4
	Hispanic	4,128	16,786	2,412	23,310	7.1	6.9	5.0	6.7
	White	2,674	14,720	3,967	21,234	8.1	6.8	4.3	6.2
	Total	7,616	35,455	6,666	49,579	7.1	6.7	4.4	6.3
Female	American Indian	219	1,447	0	1,661	2.1	2.9	0.0	2.4
	Asian/Pacific Islander	-	115	-	113	-	1.0	-	0.7
	Black	-	1,846	-	1,718	-	19.2	-	11.7
	Hispanic	625	6,900	410	8,011	1.1	2.8	0.7	2.2
	White	1,036	16,140	5,726	22,933	3.8	7.4	5.4	6.5
	Total	1,852	26,343	6,426	34,619	1.9	4.9	3.5	4.3
Total	American Indian	876	4,894	236	6,037	4.2	5.2	1.3	4.5
	Asian/Pacific Islander	-	104	-	96	-	0.5	-	0.3
	Black	-	2,356	75	2,448	-	10.1	1.6	7.1
	Hispanic	4,840	23,359	2,820	31,024	4.2	4.8	2.6	4.4
	White	3,700	30,866	9,728	44,182	6.1	7.1	4.9	6.4
	Total	9,396	61,669	13,072	83,956	4.6	5.8	3.9	5.2

* 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)

American Indian males had the highest heavy drinking rates (7.0%), followed by Hispanics (6.7) and Whites (6.2). Also, American Indian males had the highest rates of alcohol-related chronic disease death (128.2 deaths per 100,000 population), followed by Hispanics (48.7) and Whites (27.7). Among women, Black/African American had the highest rates of heavy drinking (11.7), followed by Whites (6.5). However, American Indian females have the highest rates of alcohol-related chronic disease death (69.6 deaths per 100,000 population), followed by Hispanics (17.1) and Whites (11.9).

Between 2014-2016, as shown in Table 2 and Chart 2, heavy drinking rates were highest in Hidalgo (11.7%), Catron (7.9%), and Lincoln (7.5%) counties; and, substantially lower in counties that have among the highest rates of alcohol-related chronic disease death rates (e.g., Rio Arriba, McKinley, Cibola). High rates in Catron County are driven by high rates in the White population.

Table 2: Heavy Drinking (past 30 days) by Race/Ethnicity and County, Adults Aged 18+, New Mexico, 2014-2016

	Number						Percent*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	1,206	-	1,434	9,491	15,402	27,492	5.5	-	9.4	4.0	6.5	5.2
Catron	-	-	-	-	241	251	-	-	-	-	9.7	7.9
Chaves	-	-	-	1,280	1,353	2,650	-	-	-	5.3	6.1	5.5
Cibola	662	-	-	359	142	1,117	8.6	-	-	4.6	2.9	5.4
Colfax	-	-	-	213	280	496	-	-	-	4.4	5.2	4.7
Curry	-	-	-	552	1,844	2,461	-	-	-	4.1	9.1	6.7
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	4,934	3,228	8,642	-	-	-	4.8	6.0	5.3
Eddy	-	-	-	1,206	1,289	2,579	-	-	-	6.6	5.8	6.1
Grant	-	-	-	527	1,057	1,633	-	-	-	5.0	8.8	7.0
Guadalupe	-	-	-	-	-	-	-	-	-	-	-	-
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	416	-	-	-	-	-	11.7
Lea	-	-	-	1,397	1,028	2,548	-	-	-	5.5	4.9	5.2
Lincoln	-	-	-	301	916	1,222	-	-	-	6.7	8.2	7.5
Los Alamos	-	-	-	-	288	790	-	-	-	-	2.7	5.7
Luna	-	-	-	1,101	0	1,277	-	-	-	10.0	0.0	7.0
McKinley	1,274	-	-	435	74	1,927	3.2	-	-	6.8	1.4	3.7
Mora	-	-	-	-	-	203	-	-	-	-	-	5.3
Otero	235	-	-	506	1,404	2,280	8.5	-	-	3.1	5.1	4.6
Quay	-	-	-	77	283	347	-	-	-	2.8	7.5	5.1
Rio Arriba	88	-	-	392	285	873	2.2	-	-	1.8	6.2	2.9
Roosevelt	-	-	-	318	232	518	-	-	-	5.9	2.7	3.5
Sandoval	1,160	-	-	2,575	2,513	6,342	9.6	-	-	7.0	4.8	6.0
San Juan	610	-	-	817	2,317	3,701	1.9	-	-	5.1	5.5	4.1
San Miguel	-	-	-	530	441	1,222	-	-	-	3.1	9.4	5.4
Santa Fe	-	-	-	1,873	5,406	7,702	-	-	-	3.4	9.3	6.4
Sierra	-	-	-	-	594	628	-	-	-	-	8.6	6.5
Socorro	-	-	-	119	627	735	-	-	-	1.9	11.7	5.5
Taos	-	-	-	247	567	859	-	-	-	1.7	5.2	3.2
Torrance	-	-	-	-	108	94	-	-	-	-	1.5	0.8
Union	-	-	-	-	72	104	-	-	-	-	3.7	2.9
Valencia	-	-	-	810	1,258	2,631	-	-	-	2.5	5.7	4.6
New Mexico	6,037	96	2,448	31,024	44,182	83,956	4.5	0.3	7.1	4.4	6.4	5.2

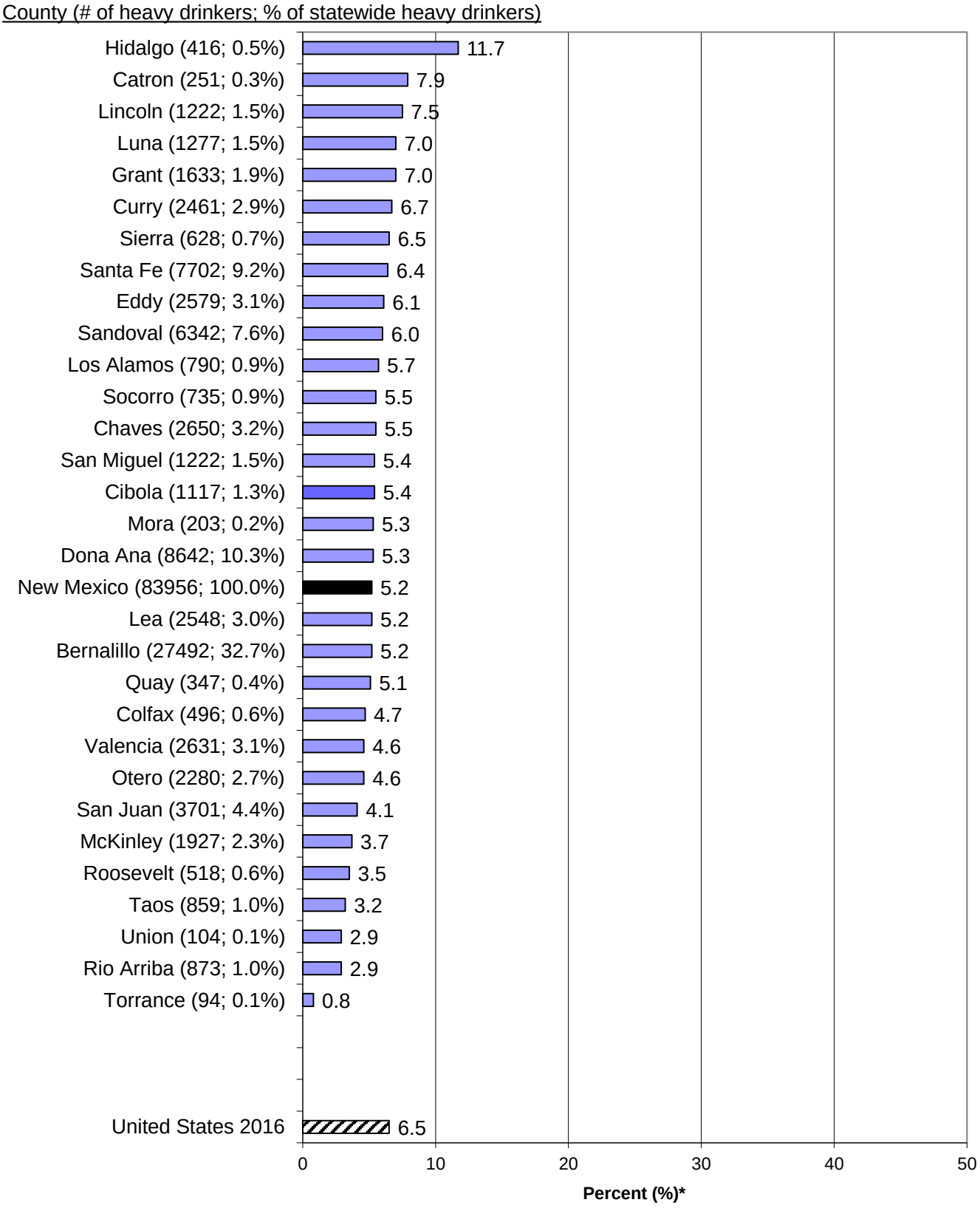
* Estimate of percent of people in population group who reported heavy drinking in past 30 days

\- 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, 2014-2016

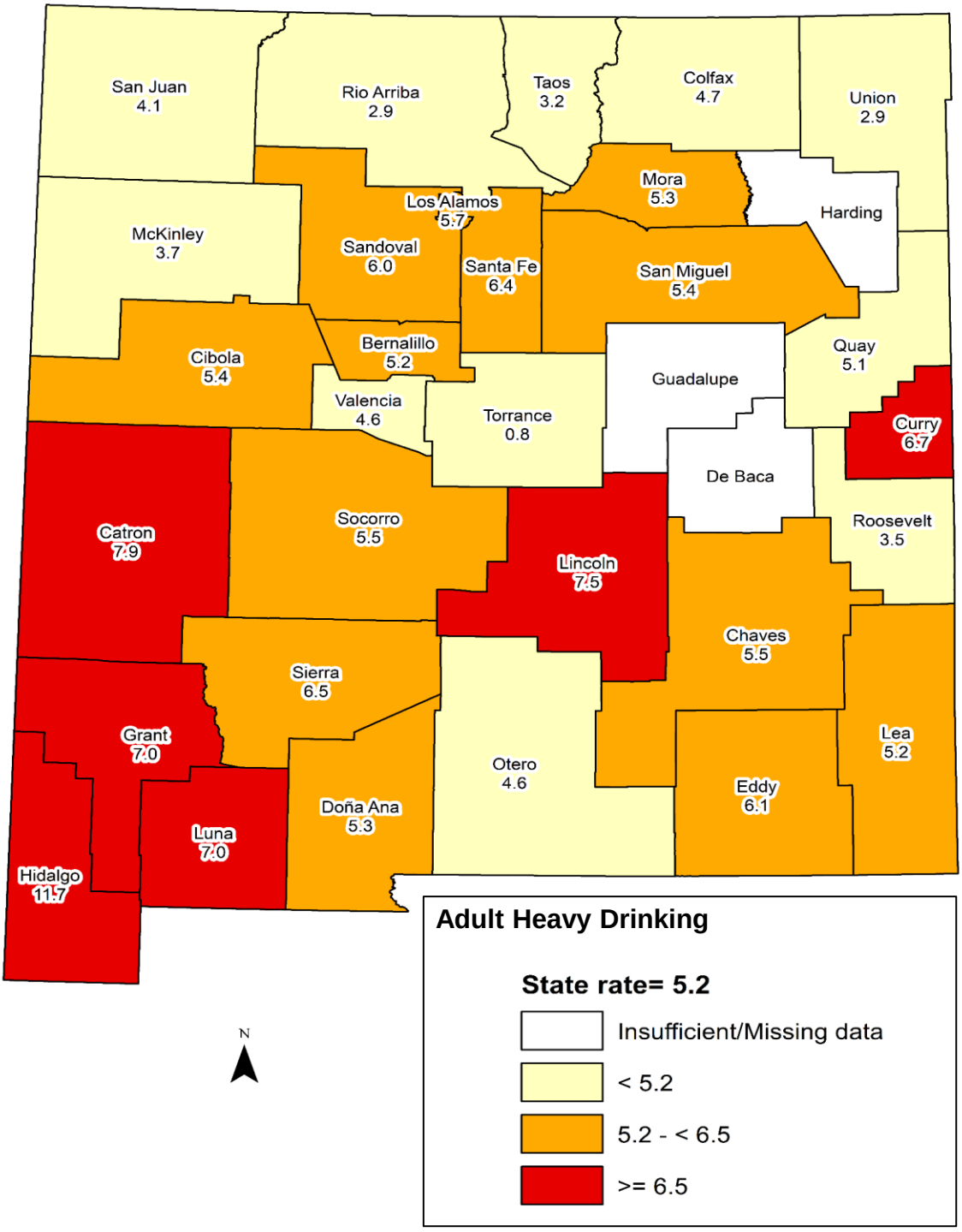


* Estimate of percent of people in population group who reported heavy drinking in past 30 days

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, 2014-2016



* 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 respodents (< 50) in cell
Source: NMBRFSS (NM); CDC BRFSS (US); SAES

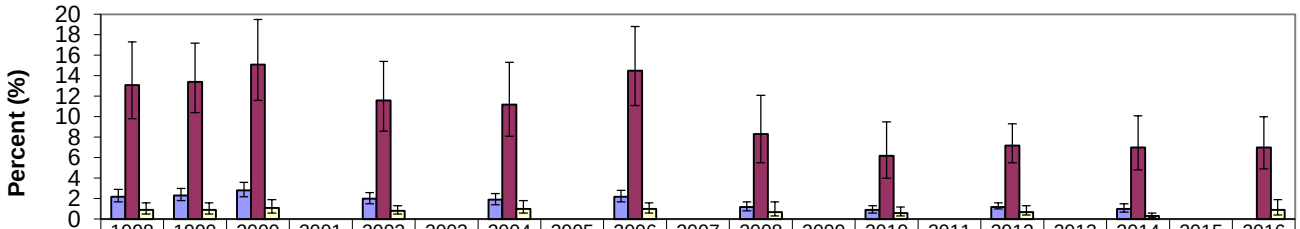
ADULT DRINKING AND DRIVING

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 2012, only 1.2% of the general population reported driving after drinking; but 7.2% of binge drinkers reported engaging in this risky behavior in the past 30 days, compared to only 0.7% 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 2014 driving after drinking was most prevalent among young adults, with 1.7% of those aged 18-24 reporting past-month drinking and driving. Chart 2 shows a decline (although not statistically significant) in drinking and driving by young adults (age 18-24) and a fluctuating pattern among those aged 25-64. Table 1 shows that New Mexico men were three times more likely to report drinking and driving than women (1.6% v. 0.5%). Hispanic males (2.1%) were more likely to report drinking and driving than American Indian (1.4%) and White (1.2%) males. 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, 1998-2016



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Total	2.2	2.3	2.8		2.0		1.9		2.2		1.2		0.9		1.2		1		
Binge	13.1	13.4	15.1		11.6		11.2		14.5		8.3		6.2		7.2		7.0	0.0	7.0
Non-Binge	0.9	0.9	1.1		0.8		1.0		1.0		0.7		0.6		0.7		0.3		0.9

* 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, 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	263	492	95	855	2.5	1.1	1.3	1.4
	Asian/Pacific Islander	-	-	-	0	-	-	-	0.0
	Black	-	280	-	324	-	2.0	-	1.6
	Hispanic	444	6,884	80	7,171	0.8	2.8	0.2	2.1
	White	514	3,289	413	4,151	1.6	1.5	0.4	1.2
	Total	1,192	10,860	596	12,448	1.1	2.1	0.4	1.6
Female	American Indian	0	223	0	214	0.0	0.5	0.0	0.3
	Asian/Pacific Islander	-	0	-	0	-	0.0	-	0.0
	Black	-	0	-	0	-	0.0	-	0.0
	Hispanic	1,157	651	0	1,731	2.1	0.3	0.0	0.5
	White	0	1,528	260	1,744	0.0	0.7	0.2	0.5
	Total	1,129	2,356	262	3,687	1.1	0.4	0.1	0.5
Total	American Indian	224	700	89	1,021	1.1	0.7	0.5	0.8
	Asian/Pacific Islander	-	0	-	0	-	0.0	-	0.0
	Black	-	266	19	273	-	1.1	0.4	0.8
	Hispanic	1,553	7,118	78	8,679	1.4	1.5	0.1	1.2
	White	516	4,773	660	5,804	0.9	1.1	0.3	0.8
	Total	2,320	12,862	841	15,803	1.1	1.2	0.3	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

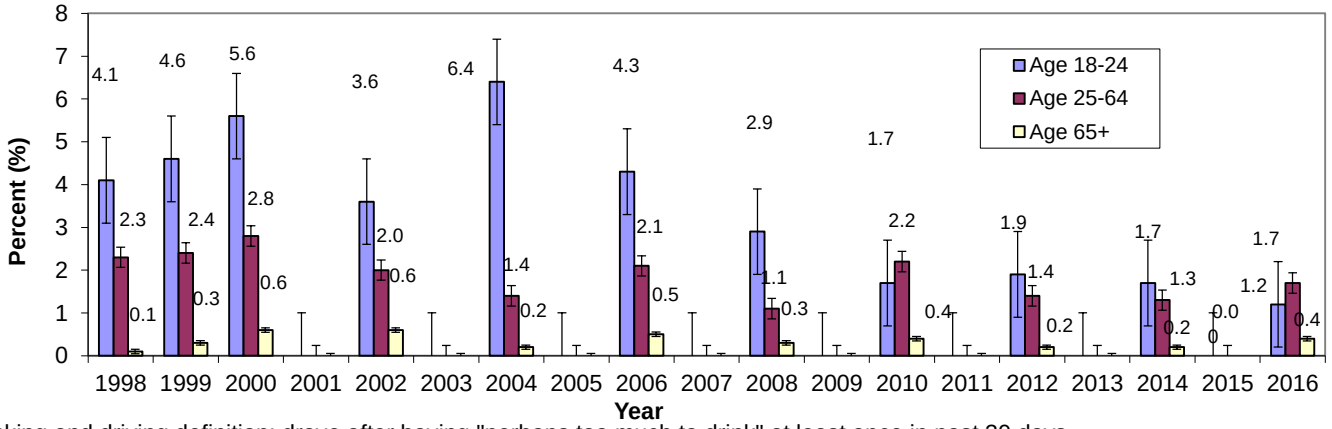
** Estimate of percent of people in population group who drove after "perhaps too much to drink" at least once in past 30 days

- 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, 1998-2016



* 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, 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	196	-	-	3,058	1,408	4,784	0.9	-	-	1.3	0.6	0.9
Catron	-	-	-	-	17	19	-	-	-	-	0.7	0.6
Chaves	-	-	-	342	305	644	-	-	-	1.4	1.4	1.3
Cibola	127	-	-	0	18	133	1.6	-	-	0.0	0.4	0.6
Colfax	-	-	-	0	34	38	-	-	-	0.0	0.6	0.4
Curry	-	-	-	290	77	363	-	-	-	2.2	0.4	1.0
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	2,366	697	3,079	-	-	-	2.3	1.3	1.9
Eddy	-	-	-	330	61	387	-	-	-	1.8	0.3	0.9
Grant	-	-	-	30	103	138	-	-	-	0.3	0.9	0.6
Guadalupe	-	-	-	-	-	-	-	-	-	-	-	-
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	547	44	623	-	-	-	2.2	0.2	1.3
Lincoln	-	-	-	69	10	68	-	-	-	1.5	0.1	0.4
Los Alamos	-	-	-	-	80	67	-	-	-	-	0.8	0.5
Luna	-	-	-	0	0	0	-	-	-	0.0	0.0	0.0
McKinley	413	-	-	94	11	654	1.1	-	-	1.5	0.2	1.3
Mora	-	-	-	-	-	0	-	-	-	-	-	0.0
Otero	7	-	-	0	450	524	0.2	-	-	0.0	1.6	1.1
Quay	-	-	-	-	137	134	-	-	-	-	3.6	2.0
Rio Arriba	0	-	-	150	85	260	0.0	-	-	0.7	1.8	0.9
Roosevelt	-	-	-	-	0	0	-	-	-	-	0.0	0.0
Sandoval	0	-	-	650	421	1,079	0.0	-	-	1.8	0.8	1.0
San Juan	219	-	-	0	163	392	0.7	-	-	0.0	0.4	0.4
San Miguel	-	-	-	0	0	0	-	-	-	0.0	0.0	0.0
Santa Fe	-	-	-	778	739	1,655	-	-	-	1.4	1.3	1.4
Sierra	-	-	-	-	33	34	-	-	-	-	0.5	0.4
Socorro	-	-	-	0	0	0	-	-	-	0.0	0.0	0.0
Taos	-	-	-	134	351	447	-	-	-	0.9	3.2	1.7
Torrance	-	-	-	-	-	0	-	-	-	-	-	0.0
Union	-	-	-	-	-	95	-	-	-	-	-	2.7
Valencia	-	-	-	0	252	270	-	-	-	0.0	1.1	0.5
New Mexico	1,021	0	273	8,679	5,804	15,803	0.8	0.0	0.8	1.2	0.8	1.0

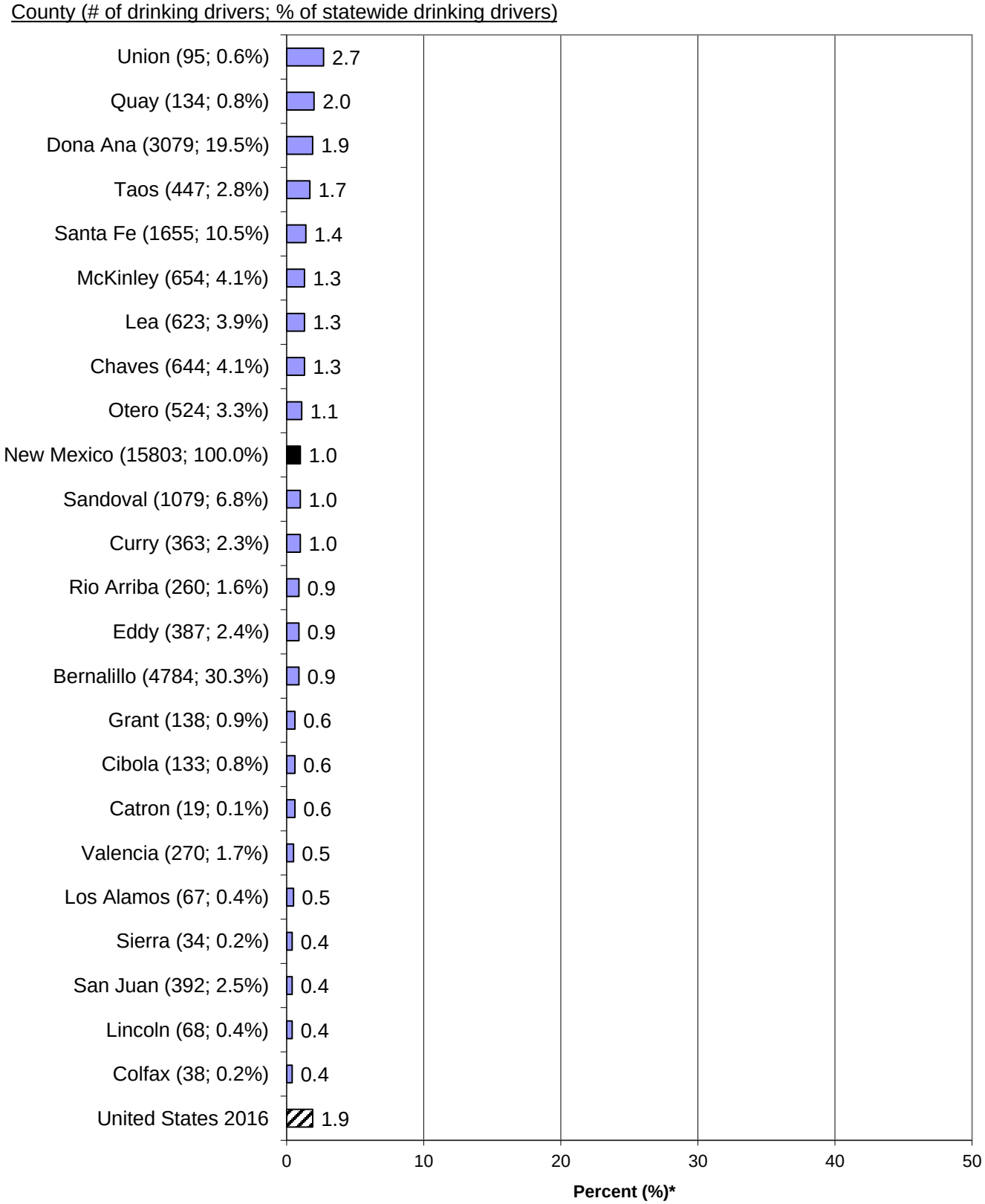
* Estimate of number of people in population group who drove after "perhaps too much to drink" at least once in past 30 days

** 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

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



* 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:

De Baca, Guadalupe, Harding, Hidalgo, Mora, Torrance, Roosevelt, San Miguel, and Socorro

Source: BRFSS; SAES

ADULT DRINKING AND DRIVING (continued)

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

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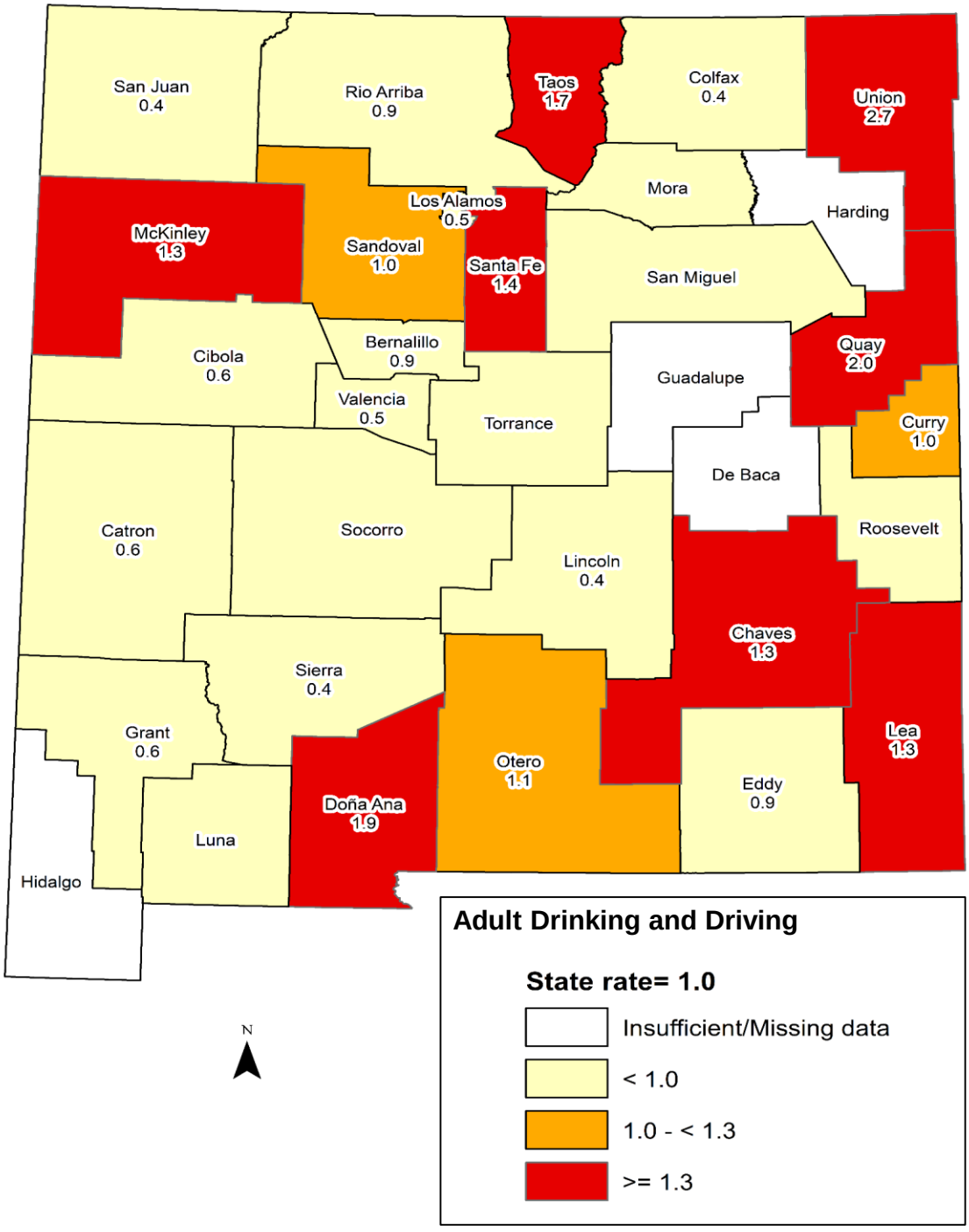


* Estimate of percent of people in population group who drove after having "perhaps too much to drink" at least once in past 30 days
Insufficient data: Rate not reported due to small number of respodents (< 50) in cell

Source: BRFSS; SAES

YOUTH DRINKING AND DRIVING

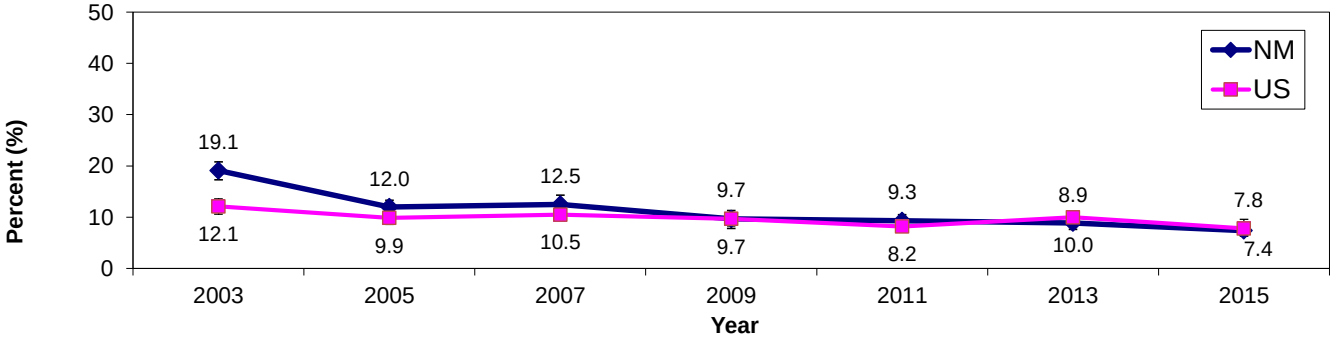
Problem Statement

Drinking and driving is a major risk factor for motor vehicle accidents. Motor vehicle crashes are the leading cause of death for youth aged 15-20 years. According to the National Highway Traffic Safety Administration (NHTSA), alcohol impaired-driving fatalities accounted for 29% of the total motor vehicle traffic fatalities in the US in 2015.* 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 tworates.

In 2015, the prevalence of past-30-day drinking and driving was 7.4% among NM high school students. Drinking and driving mostly increased in prevalence with increasing grade levels (9th = 6.1%; 10th = 4.6%; 11th = 8.6%; 12th = 9.4%). White (6.0%) and American Indian (6.7%) students had lower rates of drinking and driving than Asian/Pacific Islander (13.8%) students. The difference in rates between boys (8.2%) and girls (6.4%) was not statistically significant. In 2015, the drinking and driving rate was highest in Lea (14.2%), Colfax (13.0%), Roosevelt (12.3%), Socorro (11.7%), and Taos (11.1%) counties. The rate was lowest in Curry (2.6%), Chaves (3.2%), De Baca (3.9%), Guadalupe (5.7%), and San Juan (5.7%) counties.

*https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812318

Chart 1: Drinking and Driving* by Year, Grades 9 - 12, New Mexico and US, 2003-2015



* 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)

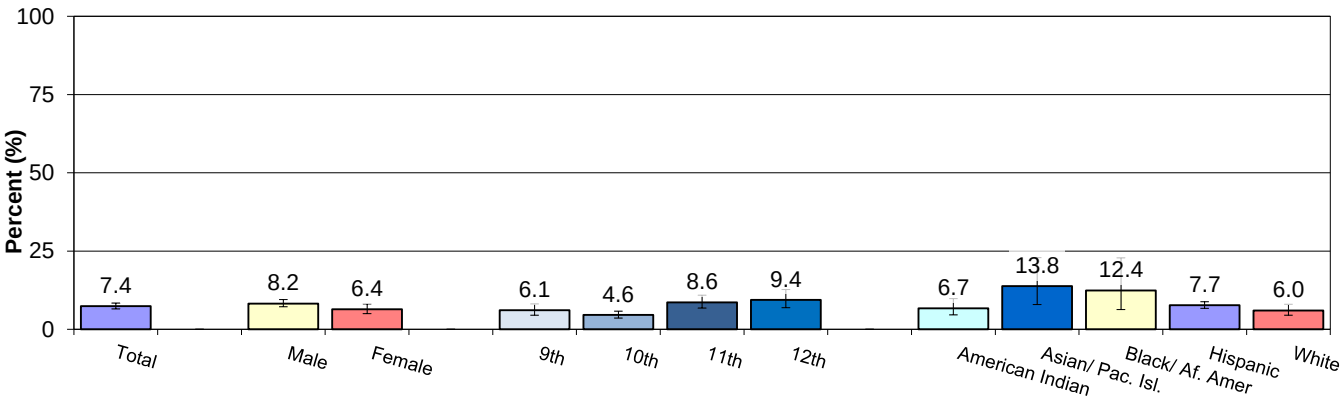
Table 1: Drinking and Driving, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2015

		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	3.1 (0.5-15.5)	6.3 (1.8-19.9)	20.4 (13.6-29.4)	4.9 (1.9-12.1)	9.1 (5.6-14.3)
	Asian/Pacific Islander	--	--	--	--	19.3 (10.3-33.3)
	Black	--	--	--	--	8.6 (3.5-19.4)
	Hispanic	7.3 (4.8-10.9)	7.4 (5.1-10.6)	9.8 (7.0-13.6)	11.5 (8.0-16.2)	9.0 (7.7-10.6)
	White	3.7 (0.9-14.2)	0.9 (0.2-4.7)	4.6 (2.2-9.4)	10.0 (6.2-15.6)	5.3 (3.6-7.7)
	Total	6.6 (4.6-9.2)	5.4 (3.9-7.4)	9.8 (7.6-12.7)	10.6 (7.9-14.1)	8.2 (7.2-9.5)
Female	American Indian	3.0 (0.5-15.6)	5.1 (1.2-19.4)	6.6 (1.6-23.5)	2.7 (0.7-9.6)	4.3 (1.4-12.0)
	Asian/Pacific Islander	--	--	--	--	--
	Black	--	--	--	--	--
	Hispanic	5.5 (3.2-9.3)	4.3 (2.7-6.7)	6.2 (3.9-9.8)	8.7 (5.3-14.2)	6.3 (4.9-8.1)
	White	3.8 (0.9-15.0)	2.2 (0.7-7.0)	9.7 (4.2-20.6)	9.8 (4.4-20.5)	6.9 (4.3-11.0)
	Total	5.6 (3.5-8.7)	3.7 (2.5-5.5)	7.4 (5.0-10.8)	8.2 (4.9-13.4)	6.4 (5.0-8.1)
Total	American Indian	3.0 (0.8-10.9)	5.8 (3.6-9.2)	14.0 (8.5-22.1)	3.9 (1.9-7.8)	6.7 (4.6-9.8)
	Asian/Pacific Islander	--	--	--	--	13.8 (7.9-22.9)
	Black	--	--	--	--	12.4 (6.3-22.8)
	Hispanic	6.4 (4.5-9.2)	5.9 (4.5-7.7)	8.0 (5.9-10.8)	10.1 (7.4-13.7)	7.7 (6.7-8.8)
	White	3.7 (1.3-10.0)	1.5 (0.5-4.0)	7.0 (3.9-12.2)	9.9 (6.4-15.0)	6.0 (4.5-8.0)
	Total	6.1 (4.5-8.1)	4.6 (3.6-5.8)	8.6 (6.8-10.9)	9.4 (6.9-12.7)	7.4 (6.5-8.4)

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

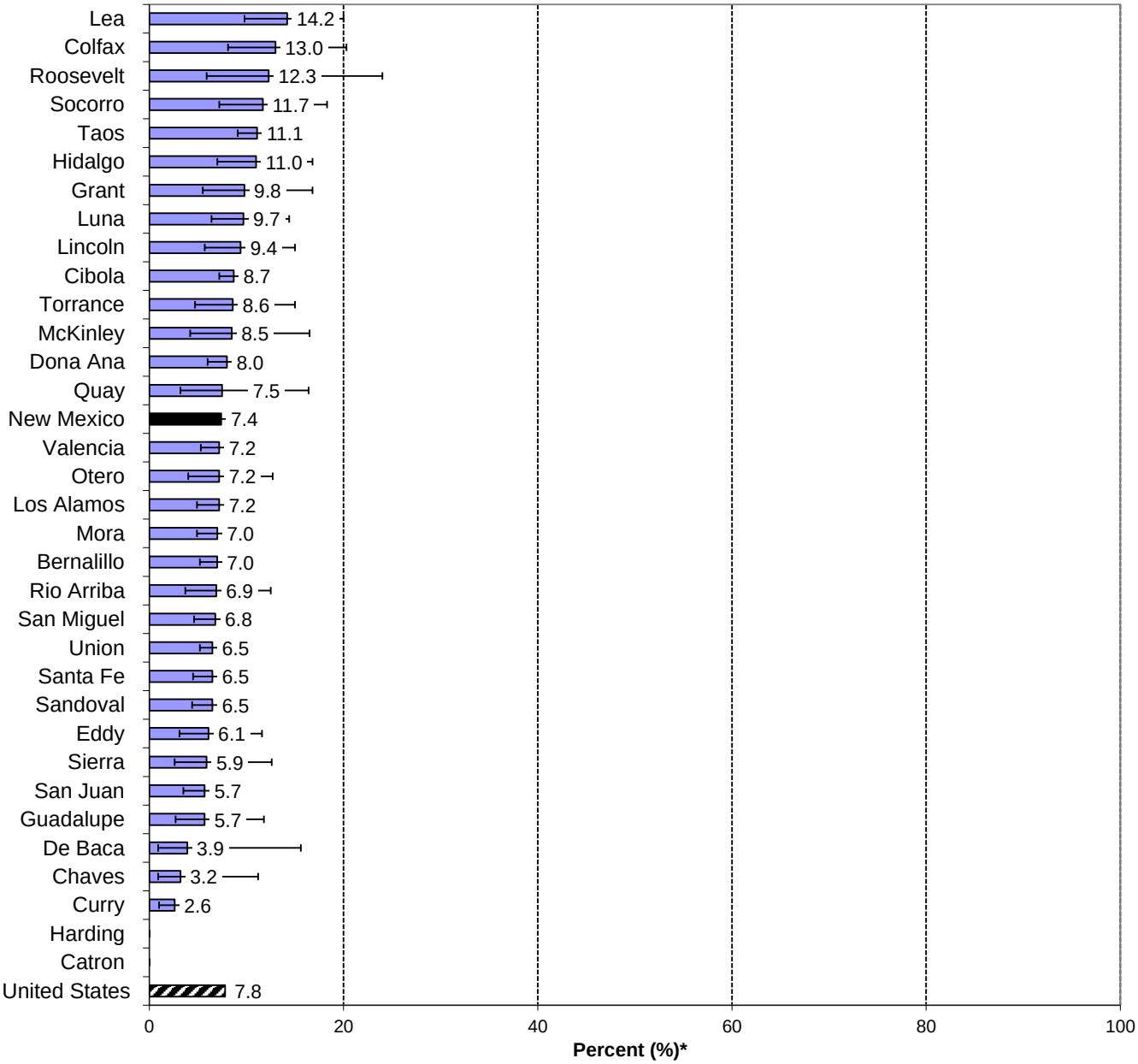
YOUTH DRINKING AND DRIVING (continued)

Chart 2: Drinking and Driving, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2015



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, 2015



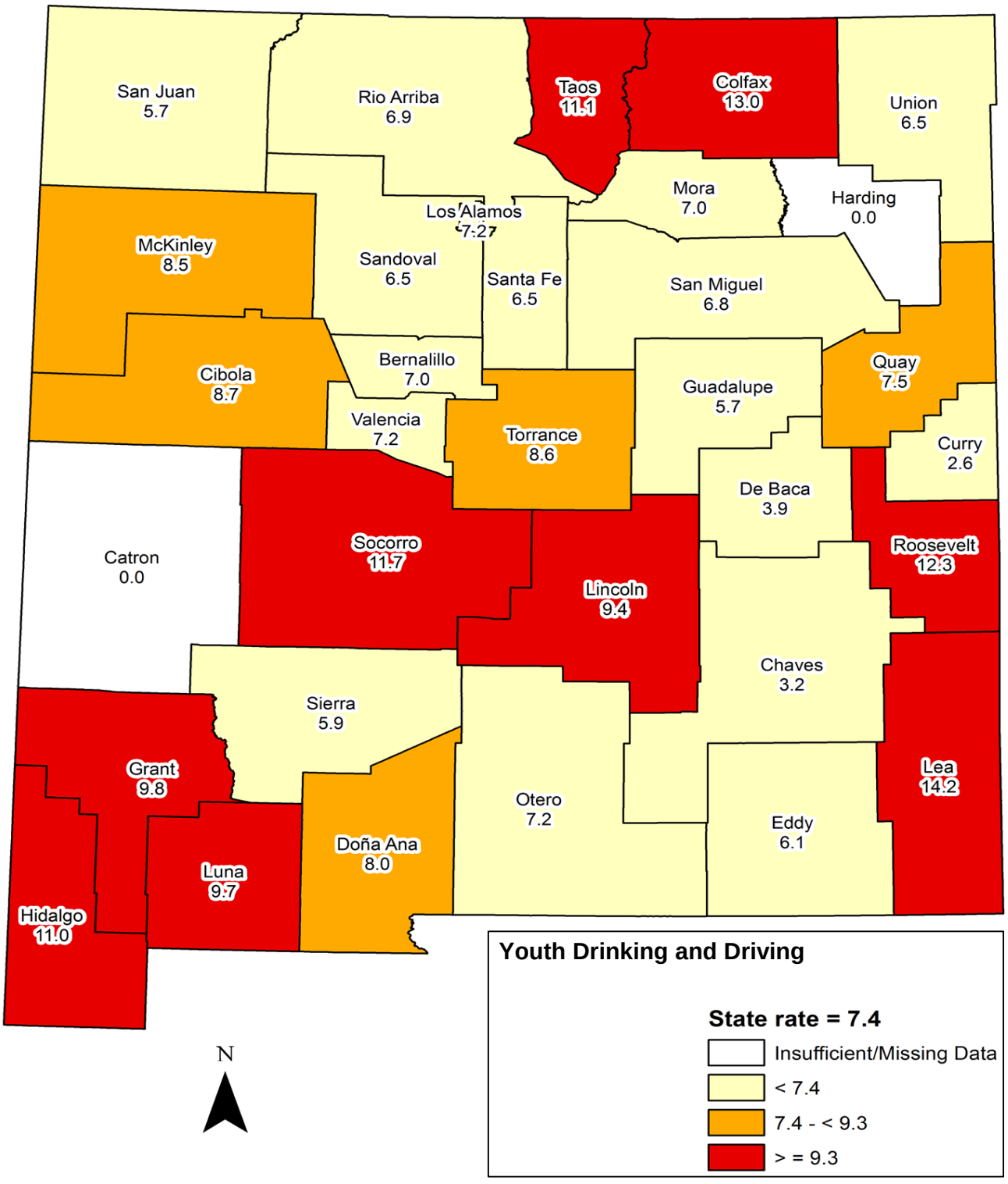
* Estimate of percent of high school students who reported drinking and driving at least once in past 30 days

Harding and Catron County estimates not available because of 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, 2015



* 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

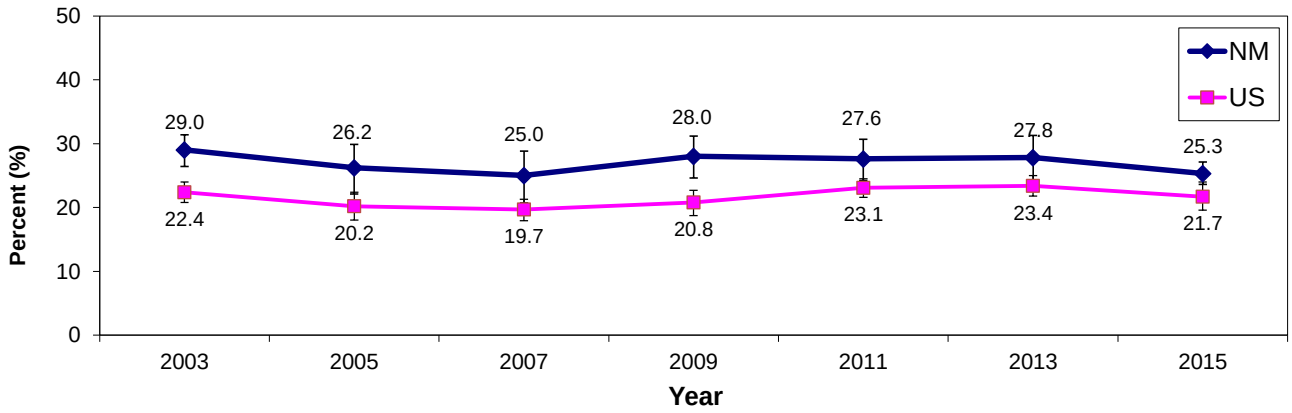
Problem Statement

There has been no apparent trend in the rate of current marijuana use by New Mexico high school students in recent years. While the US rate decreased from 1999 to 2007, it has increased since then. While the New Mexico rate in 2009 (28.0%) was higher than the rate in 2007 (25.0%), the difference was not statistically significant. In 2015, the New Mexico rate (25.3%) was higher than the US rate (21.7%), as it has been consistently higher for several years.

Higher grades show higher rate of current marijuana use. There was no statistically significant variation by gender. The rate among American Indian (34.1%) students was higher than among Black (25.7%), Hispanic (26.3%), Asian/Pacific Islander (20.8%), and White (19.3%) students.

In 2015, the rate of past 30-day marijuana use was highest in Taos (36.6%), Grant (35.5%), and Cibola (34.0%) counties. The rate was lowest in Curry (14.2%), De Baca (14.2%), Eddy (14.4%), and Lea (18.1%) counties.

Chart 1: Current Marijuana Use* by Year, Grades 9 - 12, New Mexico and US, 2003-2015



* 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)

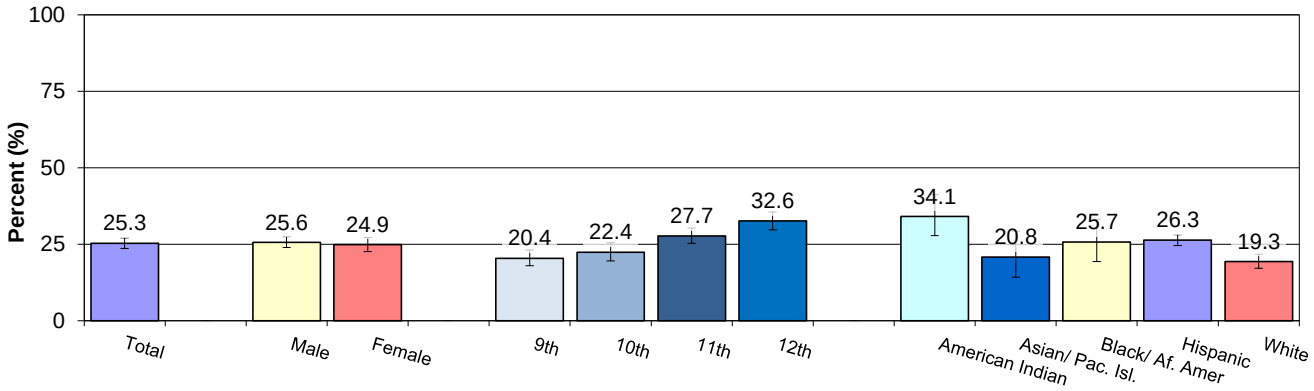
Table 1: Current Marijuana Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2015

		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	18.9 (13.8-25.4)	34.4 (25.9-44.1)	41.0 (31.1-51.8)	36.3 (23.6-51.2)	31.9 (28.8-35.2)
	Asian/Pacific Islander	--	--	--	--	26.0 (17.6-36.6)
	Black	--	--	--	--	33.6 (24.9-43.4)
	Hispanic	22.8 (19.2-27.0)	23.1 (19.3-27.2)	29.7 (26.1-33.7)	36.4 (31.3-41.8)	27.1 (25.1-29.2)
	White	12.5 (7.5-20.0)	16.0 (10.5-23.8)	17.4 (12.8-23.1)	30.9 (24.3-38.5)	19.1 (16.5-22.1)
	Total	20.0 (16.9-23.4)	22.3 (19.3-25.8)	27.9 (25.0-31.1)	35.1 (31.1-39.4)	25.6 (23.9-27.5)
Female	American Indian	29.2 (18.4-43.1)	36.5 (14.4-66.2)	46.1 (32.6-60.3)	34.1 (25.4-44.0)	36.4 (25.2-49.2)
	Asian/Pacific Islander	--	--	--	--	14.1 (7.0-26.4)
	Black	--	--	--	--	14.0 (7.5-24.6)
	Hispanic	22.8 (19.6-26.4)	22.0 (18.5-26.1)	28.7 (25.1-32.6)	29.7 (25.1-34.6)	25.4 (23.4-27.5)
	White	13.0 (8.7-19.0)	17.2 (12.3-23.7)	17.3 (12.7-23.2)	29.8 (22.3-38.4)	19.2 (16.4-22.4)
	Total	20.8 (17.8-24.0)	22.4 (18.1-27.5)	27.6 (24.2-31.3)	30.0 (26.5-33.8)	24.9 (22.6-27.2)
Total	American Indian	23.9 (17.4-31.8)	35.5 (24.5-48.3)	43.3 (37.5-49.3)	35.1 (27.2-43.9)	34.1 (27.8-41.2)
	Asian/Pacific Islander	--	--	--	--	20.8 (14.2-29.3)
	Black	11.3 (5.7-21.4)	--	--	--	25.7 (19.3-33.2)
	Hispanic	23.0 (20.1-26.1)	22.5 (19.8-25.5)	29.2 (26.6-31.9)	32.8 (29.2-36.7)	26.3 (24.6-28.1)
	White	12.7 (9.1-17.5)	16.7 (12.4-22.2)	17.3 (13.8-21.6)	30.6 (25.4-36.3)	19.3 (17.1-21.7)
	Total	20.4 (18.0-23.1)	22.4 (19.6-25.5)	27.7 (25.3-30.3)	32.6 (29.7-35.6)	25.3 (23.6-27.1)

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

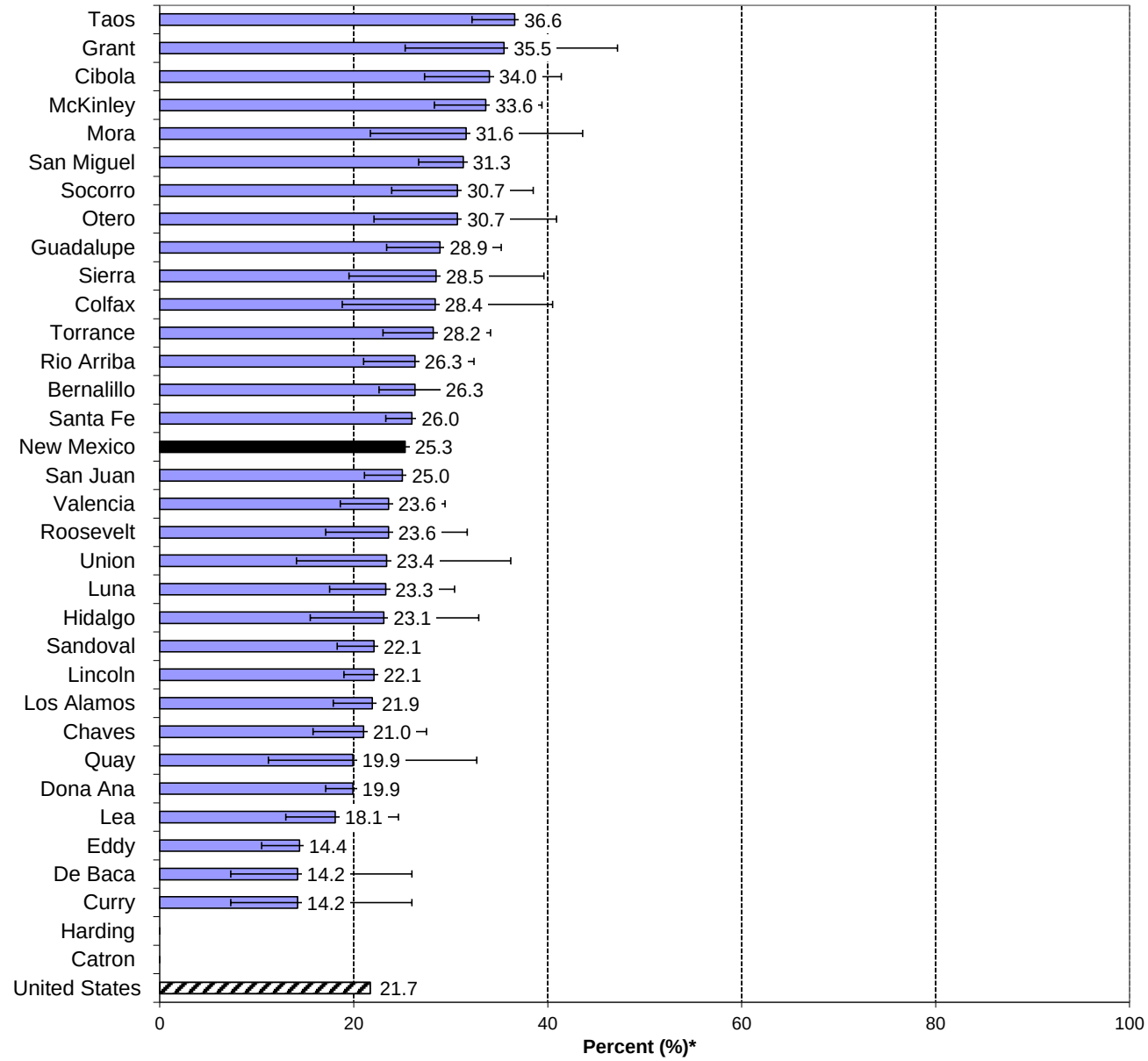
YOUTH CURRENT MARIJUANA USE (continued)

Chart 2: Current Marijuana Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2015



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, 2015



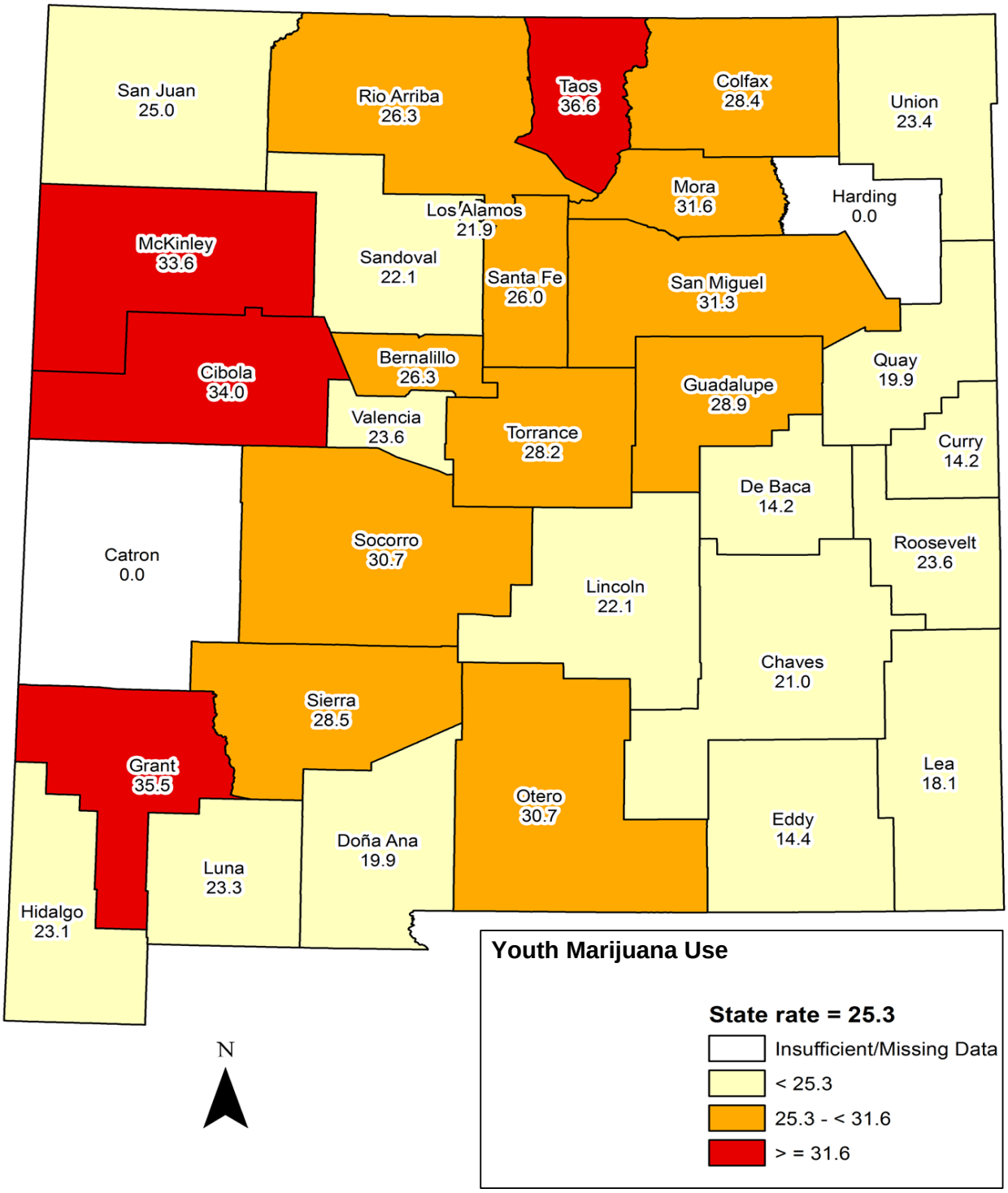
* Estimate of percent of high school students who reported marijuana use at least once in past 30 days

Harding and Catron County estimates not available because of 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, 2015



* 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

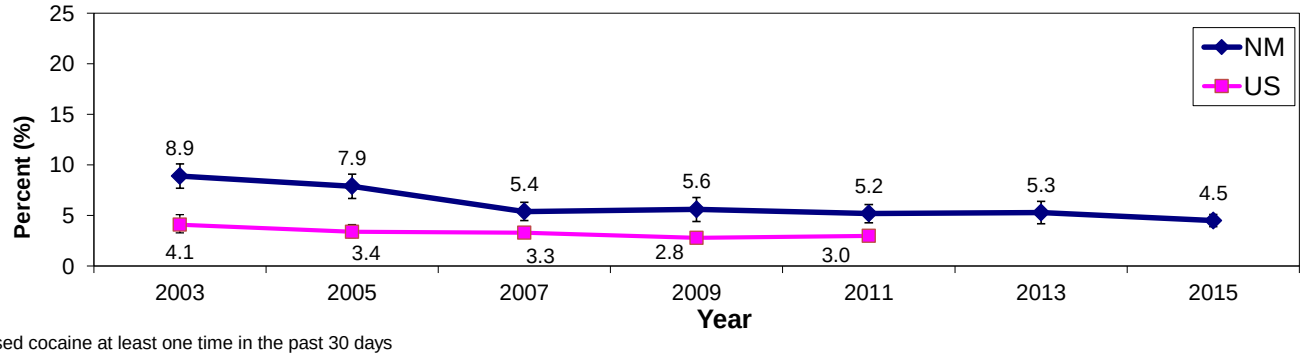
Problem Statement

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 has not significantly changed from 2009 to 2011. The New Mexico rate in 2015 (4.5%) 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 (6.3%) and females (2.6%) was statistically significant. The rate of current cocaine use increased in prevalence with increasing grade levels Asian or Pacific Islander (11.8%) and Black (9.6%) students (11.0%) had higher rates of current cocaine use than Hispanic (5.1%), American Indian (3.4%), or White (2.5%) students. Differences between racial/ethnic groups were not statistically significant.

In 2015, the rate of past 30-day cocaine use was highest in Mora (10.5%), Socorro (10.2%), Roosevelt (8.4%), Hidalgo (8.4%), and Otero (7.9%) counties. The rate was lowest in Quay (2.2%), Union (2.2%), Los Alamos (2.3%), De Baca (3.0%), and Eddy (3.0%) counties.

Chart 1: Current Cocaine Use* by Year, Grades 9 - 12, New Mexico and US, 2003-2015



* 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)

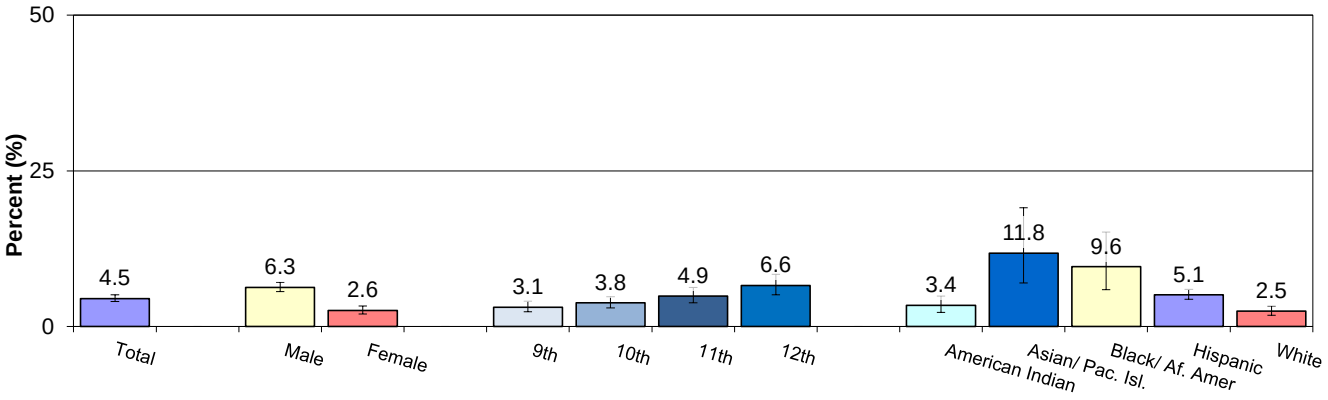
Table 1: Current Cocaine Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2015

		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	4.7 (1.7-12.2)	4.4 (1.3-13.6)	9.2 (5.4-15.2)	4.2 (1.5-11.2)	5.7 (3.8-8.4)
	Asian/Pacific Islander	--	--	--	--	18.4 (10.9-29.4)
	Black	--	--	--	--	12.3 (7.5-19.7)
	Hispanic	4.3 (3.0-6.3)	6.7 (5.3-8.6)	8.4 (5.8-11.9)	11.0 (8.0-14.9)	7.1 (6.2-8.3)
	White	1.9 (0.5-7.2)	2.4 (0.9-5.9)	2.0 (0.7-5.1)	7.5 (4.3-12.7)	3.4 (2.4-4.9)
	Total	4.0 (3.0-5.3)	5.8 (4.5-7.4)	7.5 (5.7-9.7)	9.2 (6.9-12.1)	6.3 (5.6-7.1)
Female	American Indian	0.3 (0.0-2.0)	2.1 (0.4-9.9)	1.4 (0.4-5.2)	1.0 (0.3-4.0)	1.2 (0.5-3.0)
	Asian/Pacific Islander	--	--	--	--	3.5 (0.9-12.4)
	Black	--	--	--	--	5.4 (1.4-19.1)
	Hispanic	2.8 (1.9-4.1)	2.1 (1.1-3.8)	2.8 (1.4-5.5)	5.1 (3.3-7.9)	3.1 (2.3-4.2)
	White	1.1 (0.3-3.8)	0.3 (0.0-2.5)	0.7 (0.2-3.1)	3.1 (1.3-7.1)	1.3 (0.7-2.4)
	Total	2.2 (1.5-3.3)	1.8 (1.0-3.0)	2.4 (1.4-4.1)	4.0 (2.8-5.6)	2.6 (2.0-3.3)
Total	American Indian	2.6 (1.1-6.0)	3.2 (1.4-7.2)	5.2 (3.1-8.5)	2.5 (1.0-6.3)	3.4 (2.3-4.9)
	Asian/Pacific Islander	--	--	--	--	11.8 (7.0-19.1)
	Black	1.8 (0.3-11.9)	--	--	--	9.6 (5.9-15.2)
	Hispanic	3.6 (2.6-4.9)	4.3 (3.3-5.6)	5.5 (3.9-7.6)	7.9 (5.9-10.5)	5.1 (4.4-6.0)
	White	1.5 (0.6-4.0)	1.5 (0.6-3.5)	1.4 (0.6-3.1)	5.5 (3.5-8.6)	2.5 (1.8-3.3)
	Total	3.1 (2.4-4.1)	3.8 (3.0-4.8)	4.9 (3.8-6.3)	6.6 (5.1-8.4)	4.5 (4.0-5.1)

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

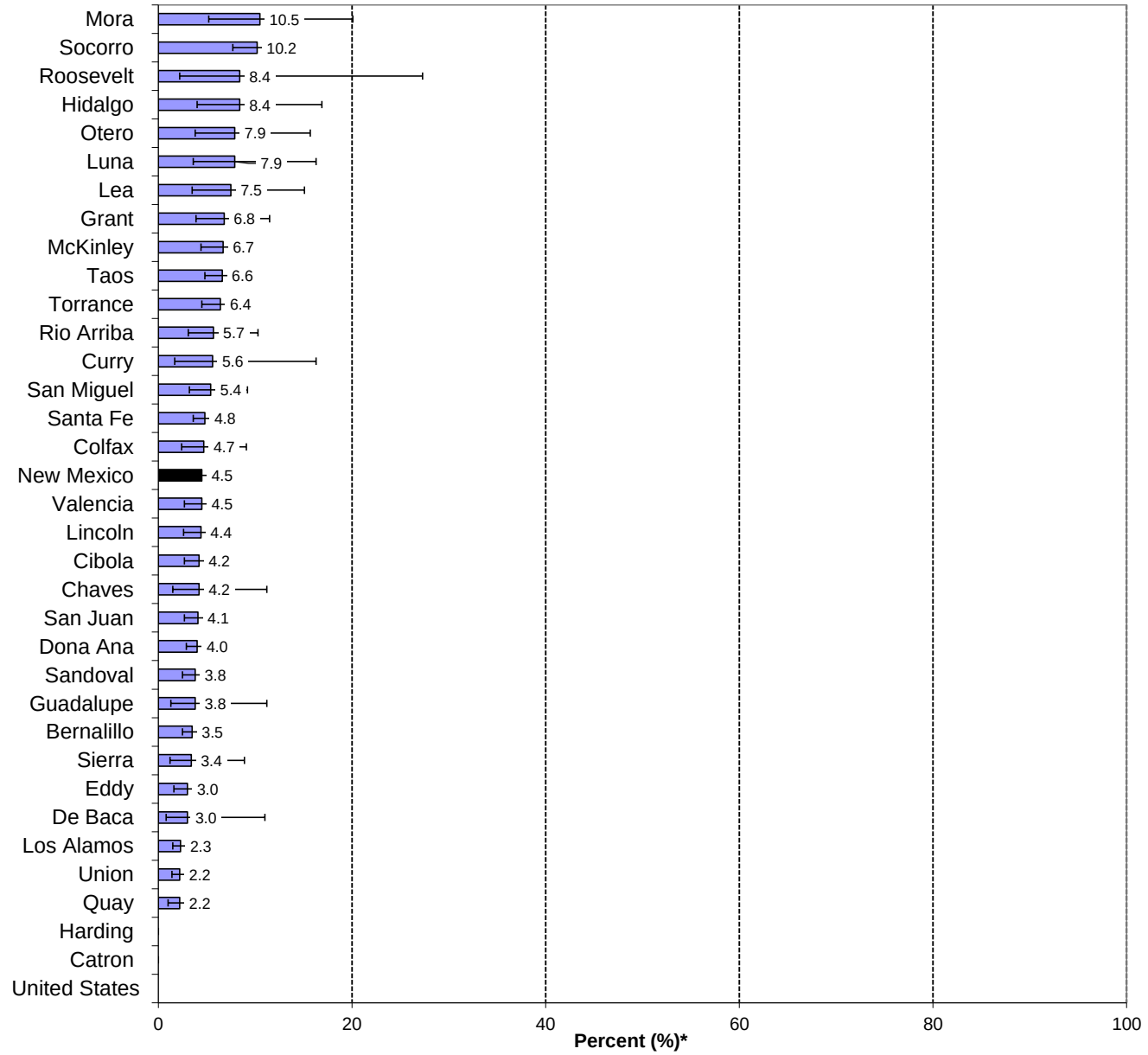
YOUTH CURRENT COCAINE USE (continued)

Chart 2: Current Cocaine Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2015



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, 2015



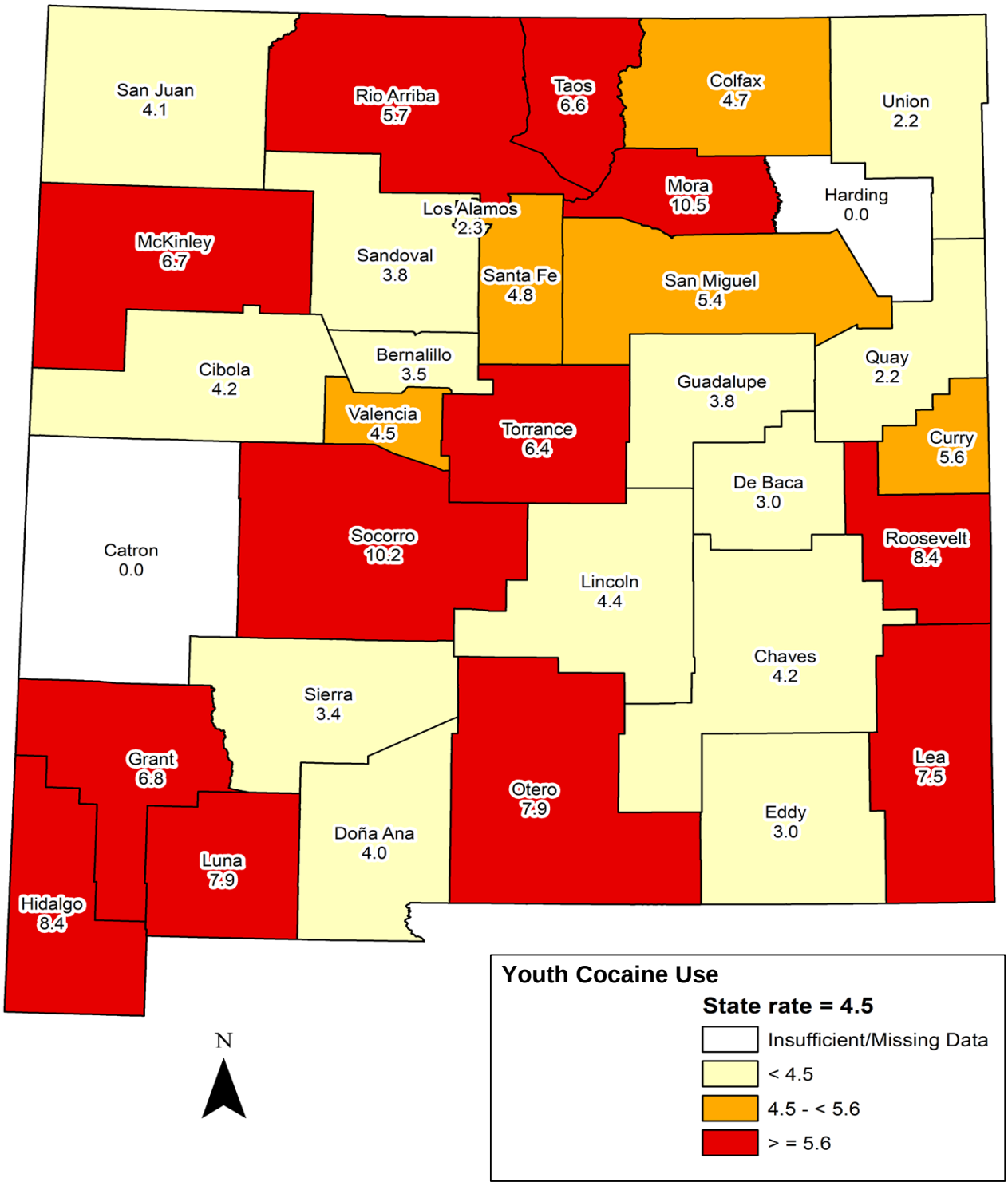
* Estimate of percent of high school students who reported cocaine use at least once in past 30 days

Harding and Catron County estimates not available because of low 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, 2015



* 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

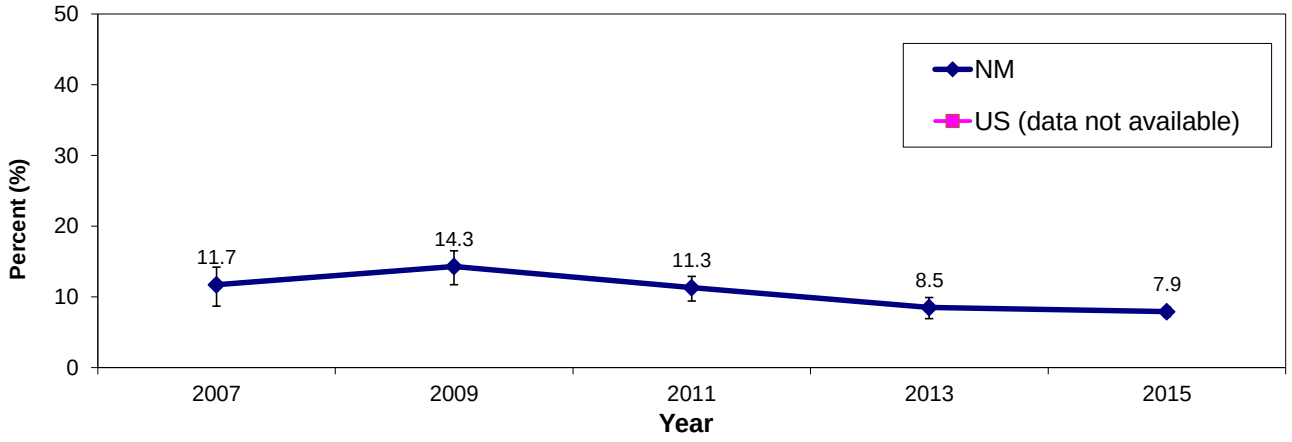
Problem Statement

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 (7.9%) of all 30-day drug use measures in the 2015 YRRS, behind marijuana 25.3%). 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 (8.7%) than females (6.9%), but this difference is not statistically significant. The rate was significantly higher among 12th graders (9.7%) compared to 6th graders (6.1%). The prevalence was higher among Black (12.1%) and American Indian/Alaska Native (11.9%) than among Hispanic (8.0%) and White (5.1%) students.

In 2015, the rate of painkiller use to get high was highest in Mora (14.2%), Grant (13.2%), and McKinley (12.3%) counties. The rate was lowest in De Baca (5.6%), Chaves (5.9%), and San Juan (6.1%) counties.

Chart 1: Used Painkiller to Get High* by Year, Grades 9 - 12, New Mexico, 2007-2015



* 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)

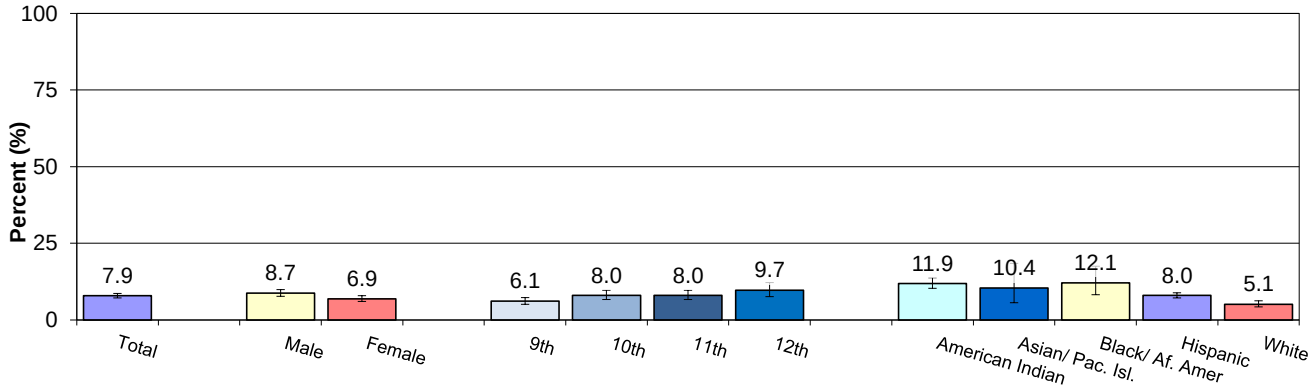
Table 1: Used Painkiller to Get High, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2015

		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	4.9 (2.8-8.6)	8.6 (5.2-13.9)	19.0 (14.0-25.3)	13.1 (7.2-22.4)	11.0 (8.7-13.8)
	Asian/Pacific Islander	--	--	--	--	16.0 (8.2-28.7)
	Black	--	--	--	--	16.3 (10.6-24.3)
	Hispanic	7.5 (5.8-9.5)	9.6 (6.9-13.2)	8.6 (6.4-11.5)	14.2 (11.0-18.2)	9.6 (8.4-11.0)
	White	3.8 (1.8-7.7)	3.0 (1.4-6.4)	3.6 (1.5-8.3)	9.0 (5.3-14.9)	4.9 (3.6-6.6)
	Total	6.4 (5.1-7.9)	7.8 (6.1-10.0)	9.3 (7.5-11.5)	12.5 (9.7-16.0)	8.7 (7.7-9.9)
Female	American Indian	6.8 (2.2-18.7)	18.3 (9.1-33.5)	11.3 (4.6-25.2)	14.4 (9.2-21.9)	12.9 (9.3-17.5)
	Asian/Pacific Islander	--	--	--	--	3.5 (0.9-12.4)
	Black	--	--	--	--	5.7 (1.7-17.2)
	Hispanic	6.1 (4.5-8.2)	7.1 (5.0-10.0)	6.9 (4.9-9.5)	5.3 (3.5-8.1)	6.4 (5.4-7.7)
	White	4.6 (2.2-9.1)	5.5 (3.0-9.8)	3.8 (1.9-7.3)	7.0 (3.5-13.7)	5.2 (4.1-6.6)
	Total	5.9 (4.3-7.9)	8.1 (6.1-10.6)	6.7 (4.7-9.5)	6.7 (4.7-9.5)	6.9 (6.0-7.9)
Total	American Indian	5.8 (3.0-10.9)	13.7 (8.3-21.8)	15.0 (11.1-20.1)	13.8 (9.7-19.3)	11.9 (10.3-13.8)
	Asian/Pacific Islander	--	--	--	--	10.4 (5.6-18.4)
	Black	3.7 (1.2-11.2)	--	--	--	12.1 (8.2-17.5)
	Hispanic	6.8 (5.6-8.3)	8.3 (6.4-10.7)	7.7 (6.4-9.3)	9.6 (7.4-12.2)	8.0 (7.2-8.8)
	White	4.2 (2.3-7.5)	4.3 (2.6-7.1)	3.7 (2.1-6.3)	8.4 (5.1-13.3)	5.1 (4.3-6.2)
	Total	6.1 (5.1-7.3)	8.0 (6.6-9.7)	8.0 (6.6-9.7)	9.7 (7.6-12.2)	7.9 (7.2-8.6)

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

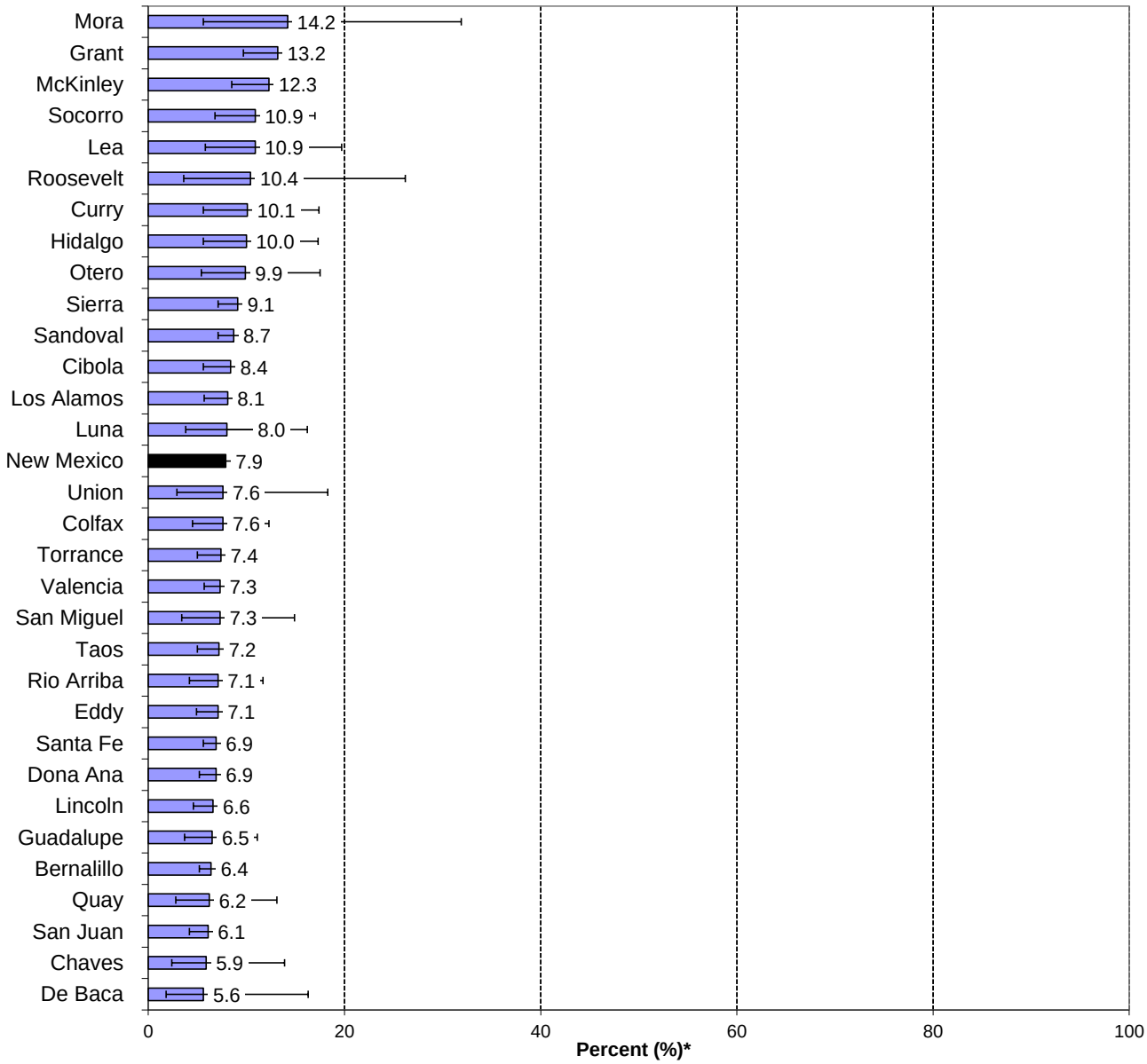
YOUTH USED PAINKILLER TO GET HIGH (continued)

Chart 2: Used Painkiller to Get High, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2015



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, 2015



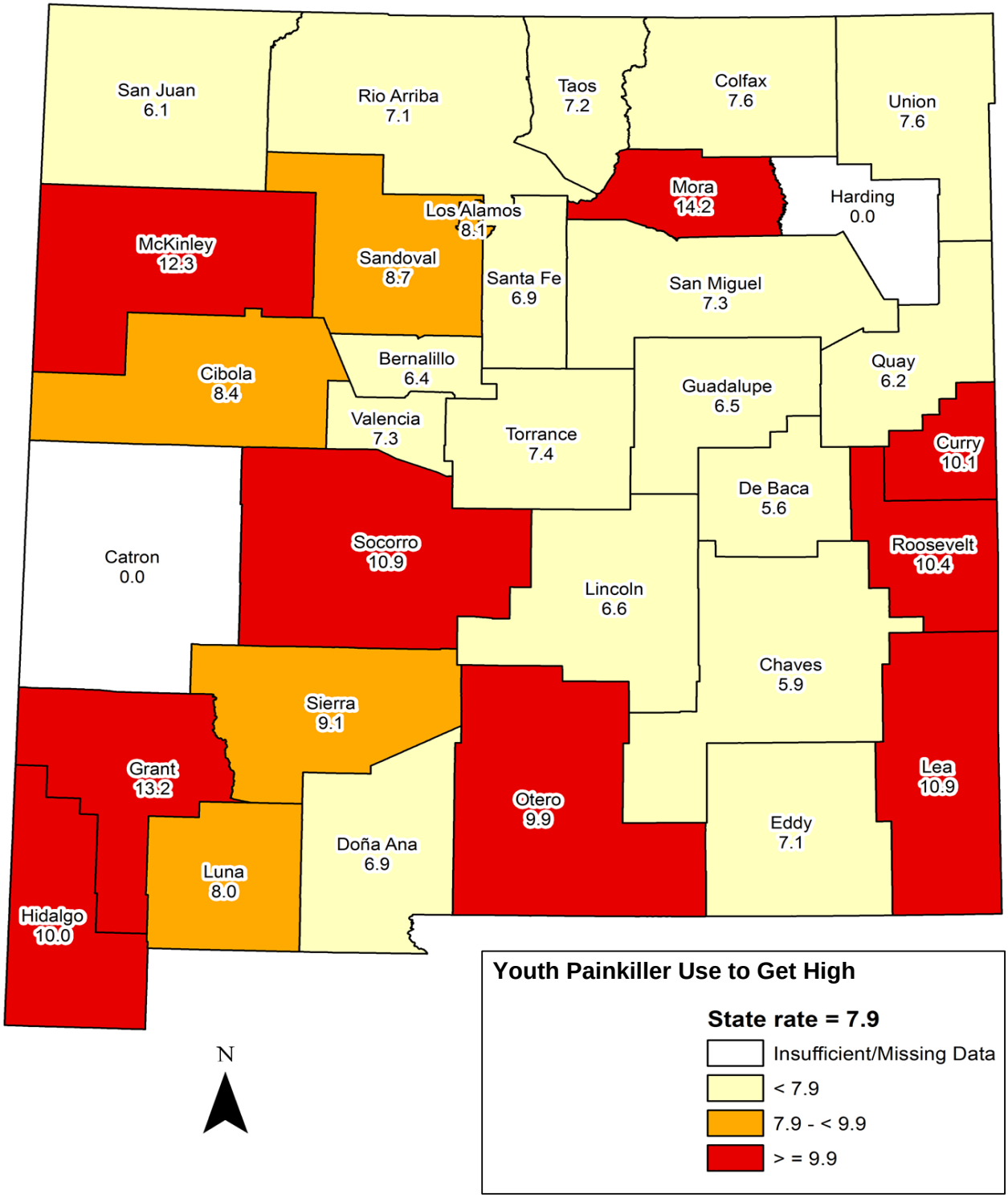
* Estimate of percent of high school students who reported pain killer use to get high at least once in past 30 days

Harding and Catron County estimates not available because of 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, 2015



* 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

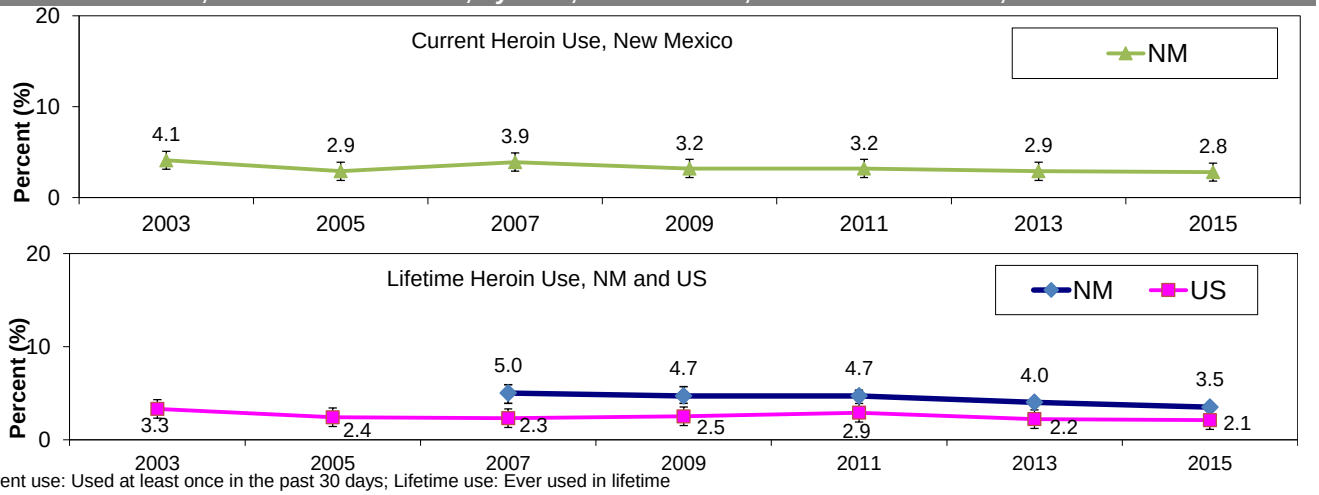
Problem Statement

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 2015, with a rate of 3.5% for New Mexico and 2.1% 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 or Pacific Islander (9.3%) and Black (8.9%) students were more likely to be current heroin users than Hispanic (3.0%), American Indian (2.1%), or White (1.5%) students. The prevalence of current heroin use was not associated with grade level. Males were more likely to report current heroin use (4.3%) than females (1.2%), this difference was statistically significant.

In 2015, the highest rates for lifetime heroin use were in Mora (9.3%), Roosevelt (6.8%), Luna (6.1%), and Hidalgo (5.7%) counties, and the lowest in Union (0.7%), Eddy (0.9%), and Los Alamos (0.9%) counties.

Chart 1: Heroin Use*, Current and Lifetime, by Year, Grades 9 - 12, New Mexico and US, 2003-2015



* 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)

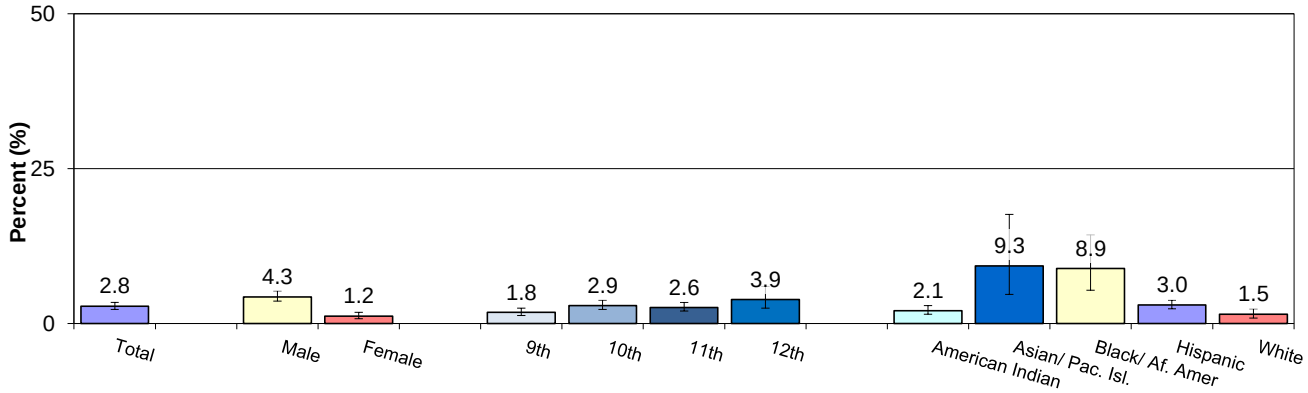
Table 1: Current Heroin Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2015

		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	1.0 (0.1-7.2)	4.4 (1.9-10.0)	5.9 (2.9-11.6)	4.4 (1.9-9.8)	3.8 (2.6-5.5)
	Asian/Pacific Islander	--	--	--	--	13.9 (6.7-26.7)
	Black	--	--	--	--	12.4 (7.7-19.4)
	Hispanic	3.0 (1.9-4.7)	4.6 (3.2-6.6)	4.0 (2.7-5.9)	8.3 (5.6-12.1)	4.7 (3.7-5.9)
	White	1.6 (0.5-4.7)	3.0 (1.2-6.9)	0.3 (0.0-2.1)	4.5 (1.8-10.6)	2.4 (1.4-4.0)
	Total	2.7 (1.9-3.9)	4.6 (3.6-5.9)	4.1 (3.1-5.4)	6.5 (4.2-9.9)	4.3 (3.6-5.3)
Female	American Indian	0.5 (0.1-3.4)	0.0 (.-.)	0.8 (0.1-5.1)	0.5 (0.1-3.4)	0.4 (0.1-1.3)
	Asian/Pacific Islander	--	--	--	--	3.5 (0.9-12.4)
	Black	--	--	--	--	3.6 (0.6-19.3)
	Hispanic	0.7 (0.3-1.7)	1.7 (0.8-3.4)	1.2 (0.5-3.0)	1.8 (0.6-5.9)	1.4 (0.9-2.2)
	White	0.7 (0.1-3.2)	0.0 (.-.)	0.3 (0.0-1.9)	0.7 (0.2-2.7)	0.4 (0.2-1.1)
	Total	0.8 (0.4-1.7)	1.2 (0.6-2.6)	1.2 (0.6-2.3)	1.3 (0.5-3.6)	1.2 (0.8-1.8)
Total	American Indian	0.8 (0.2-3.4)	2.1 (0.9-4.9)	3.3 (1.9-5.8)	2.3 (1.0-5.1)	2.1 (1.5-2.9)
	Asian/Pacific Islander	--	--	--	--	9.3 (4.7-17.6)
	Black	2.3 (0.4-10.9)	--	--	--	8.9 (5.4-14.3)
	Hispanic	1.9 (1.2-2.8)	3.1 (2.1-4.5)	2.6 (1.8-3.8)	4.9 (3.1-7.7)	3.0 (2.4-3.8)
	White	1.1 (0.4-2.8)	1.7 (0.7-4.1)	0.3 (0.1-1.2)	2.7 (1.2-6.1)	1.5 (0.9-2.4)
	Total	1.8 (1.3-2.5)	2.9 (2.3-3.8)	2.6 (2.0-3.4)	3.9 (2.5-6.0)	2.8 (2.3-3.4)

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

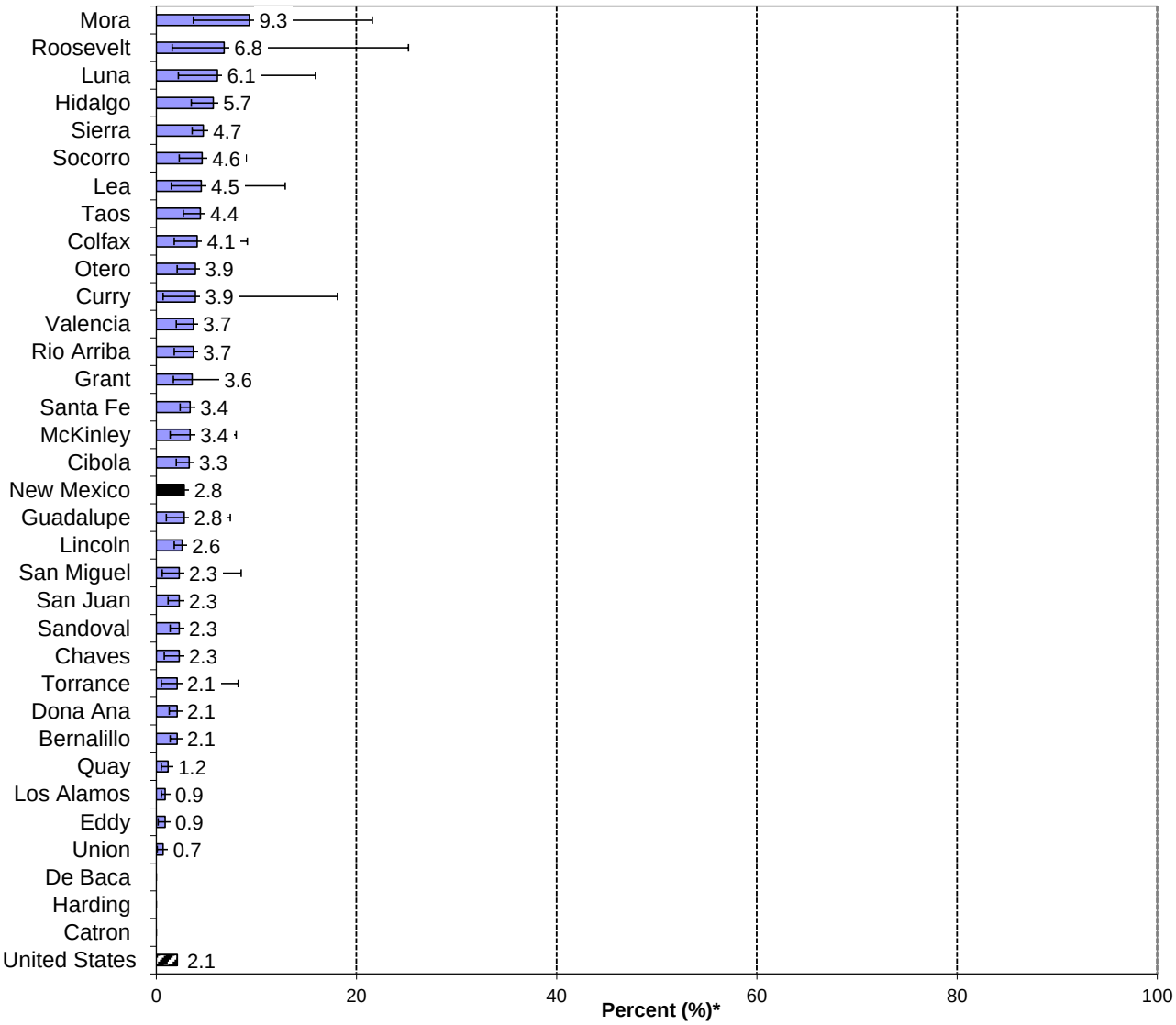
YOUTH HEROIN USE (continued)

Chart 2: Current Heroin Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2015



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

Chart 3: Lifetime Heroin Use* by County, Grades 9 - 12, New Mexico, 2015



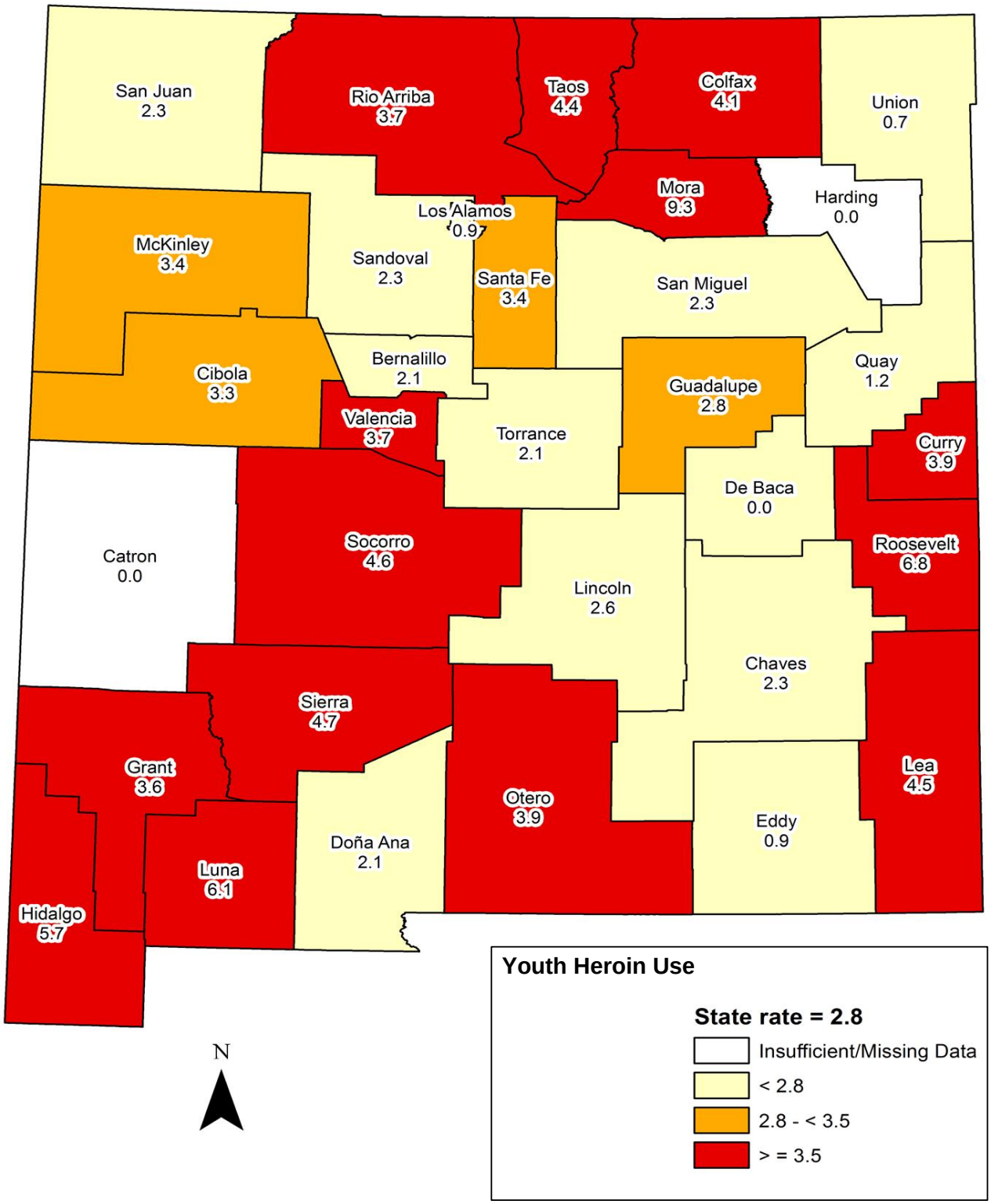
* Estimate of percent of high school students who reported heroin use at least once in their lifetime

De Baca, Harding, and Catron County estimates not available because of 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, 2015



* Estimate of percent of high school students who reported heroin use at least once in their lifetime

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

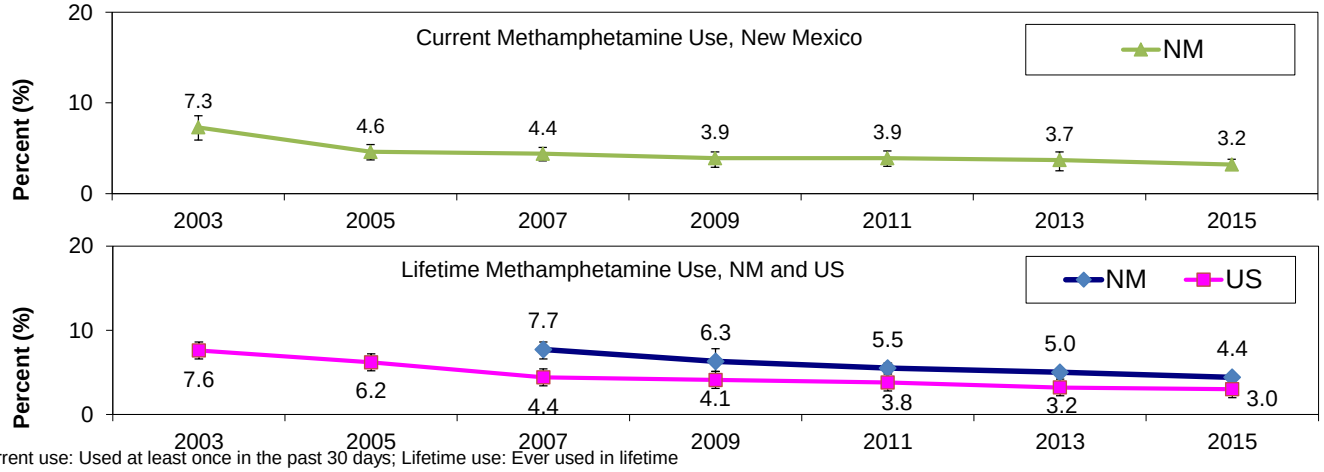
Problem Statement

New Mexico's rate of lifetime methamphetamine use decreased from 7.7% in 2007 to 4.4% in 2015. The US rate decreased from 1999 (9.1%, not shown) to 2015 (3.0%). The New Mexico rate for lifetime methamphetamine use has been consistently higher than the US rate. This remained true in 2015. For current methamphetamine use, New Mexico prevalence decreased from 7.3% in 2003 to 4.6% in 2005, but there has been no significant change since then. There is no national comparison for current methamphetamine use.

Asian or Pacific Islander (9.3%) and Black (8.8%) students were more likely to be current methamphetamine users than Hispanic (3.4%), American Indian (2.8%), or White (1.9%) students. Prevalence of current methamphetamine use was not associated with grade level. Males were more likely to report current methamphetamine use (4.7%) than females (1.6%).

In 2015, the highest rates of current methamphetamine use were in Mora (7.4%), Roosevelt (7.3%), Lea (6.7%), and Hidalgo (6.7%) counties, and the lowest rates were in San Miguel (1.0%), Los Alamos (1.4%), and Dona Ana (1.7%) counties.

Chart 1: Methamphetamine Use*, Current and Lifetime, by Year, Grades 9 - 12, New Mexico and US, 2003-2015



* 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)

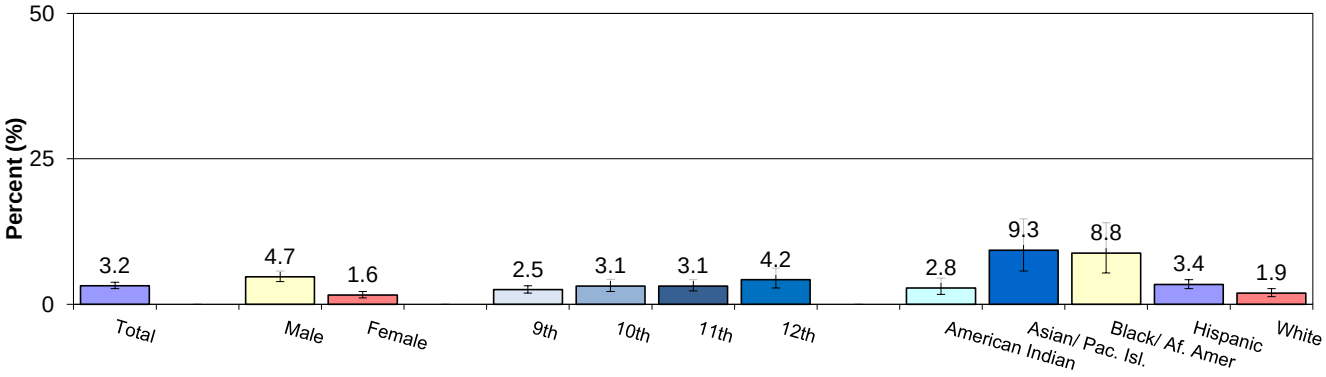
Table 1: Current Methamphetamine Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2015

		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	1.9 (0.6-6.3)	4.4 (1.9-10.0)	9.9 (4.4-20.8)	4.1 (1.6-9.8)	5.0 (2.9-8.4)
	Asian/Pacific Islander	--	--	--	--	13.9 (8.8-21.5)
	Black	--	--	--	--	12.2 (7.7-18.9)
	Hispanic	3.9 (2.7-5.5)	4.6 (2.8-7.4)	4.7 (3.1-6.9)	7.7 (5.1-11.5)	5.0 (4.0-6.3)
	White	0.7 (0.2-2.8)	2.9 (1.2-6.9)	0.8 (0.2-3.3)	5.5 (2.5-11.5)	2.5 (1.5-4.1)
	Total	3.2 (2.3-4.4)	4.5 (3.3-6.0)	5.0 (3.5-7.1)	6.7 (4.3-10.3)	4.7 (3.9-5.7)
Female	American Indian	1.5 (0.3-8.0)	0.0 (.-.)	0.8 (0.1-5.1)	0.5 (0.1-3.4)	0.7 (0.2-2.1)
	Asian/Pacific Islander	--	--	--	--	3.5 (0.9-12.4)
	Black	--	--	--	--	3.6 (0.6-19.3)
	Hispanic	1.8 (1.1-2.9)	1.9 (0.9-4.0)	1.2 (0.5-2.6)	2.2 (0.8-5.9)	1.8 (1.2-2.6)
	White	1.4 (0.5-4.3)	0.6 (0.1-3.7)	0.4 (0.1-1.8)	1.3 (0.4-4.3)	0.9 (0.5-1.8)
	Total	1.8 (1.2-2.7)	1.5 (0.7-3.1)	1.2 (0.7-2.1)	1.7 (0.7-3.8)	1.6 (1.1-2.2)
Total	American Indian	1.7 (0.6-4.7)	2.1 (0.9-4.9)	5.3 (2.5-10.9)	2.2 (0.9-5.0)	2.8 (1.7-4.5)
	Asian/Pacific Islander	--	--	--	--	9.3 (5.7-14.7)
	Black	2.3 (0.5-11.0)	--	--	--	8.8 (5.4-14.0)
	Hispanic	2.9 (2.1-3.9)	3.2 (1.9-5.2)	2.9 (2.1-3.9)	4.8 (3.2-7.3)	3.4 (2.7-4.2)
	White	1.0 (0.4-2.4)	2.1 (1.0-4.5)	0.6 (0.2-1.8)	3.6 (1.8-6.9)	1.9 (1.3-2.7)
	Total	2.5 (1.9-3.2)	3.1 (2.2-4.3)	3.1 (2.3-4.2)	4.2 (2.8-6.2)	3.2 (2.7-3.8)

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

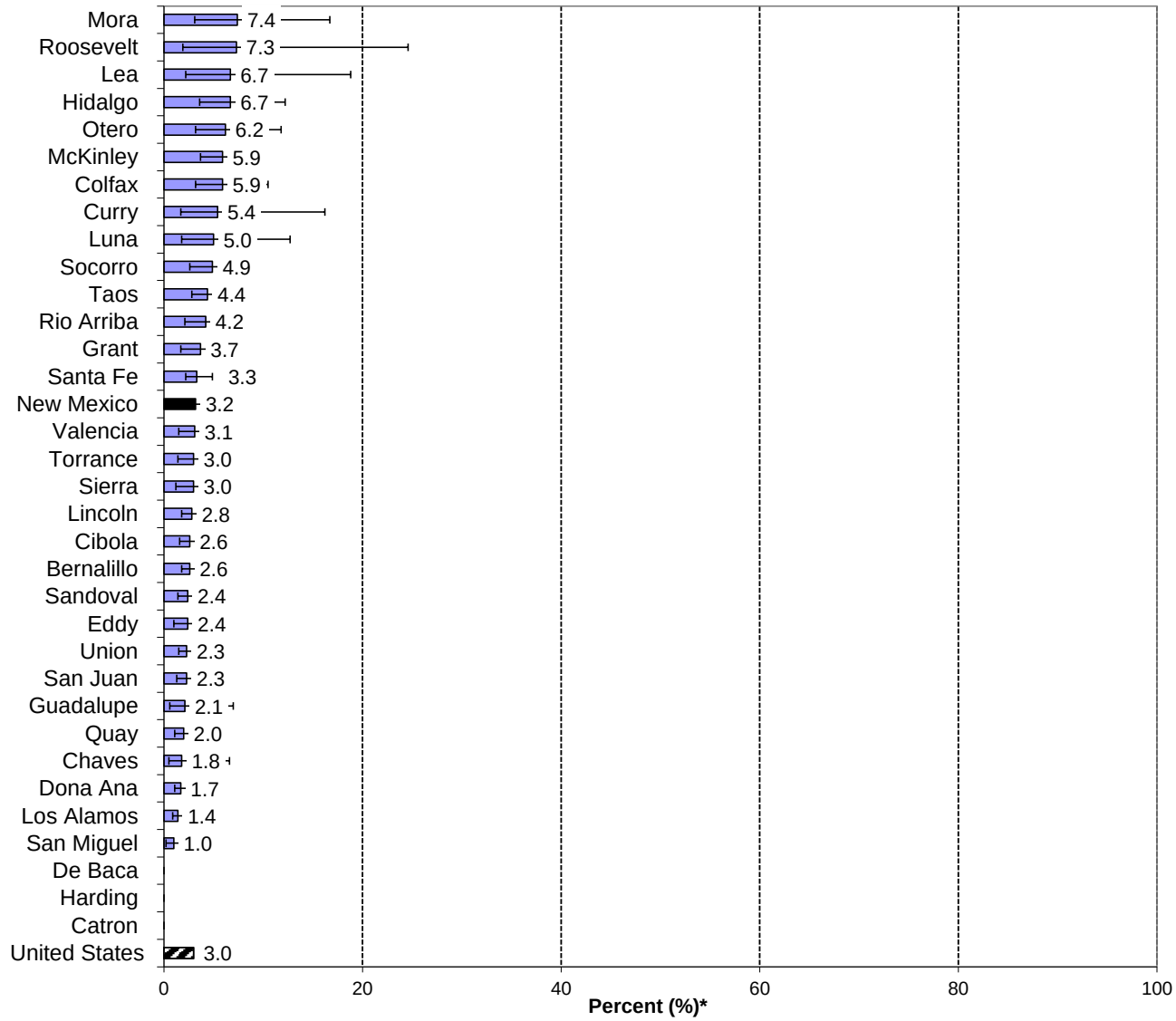
YOUTH METHAMPHETAMINE USE (continued)

Chart 2: Current Methamphetamine Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2013



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

Chart 3: Lifetime Methamphetamine Use* by County, Grades 9 - 12, New Mexico, 2015



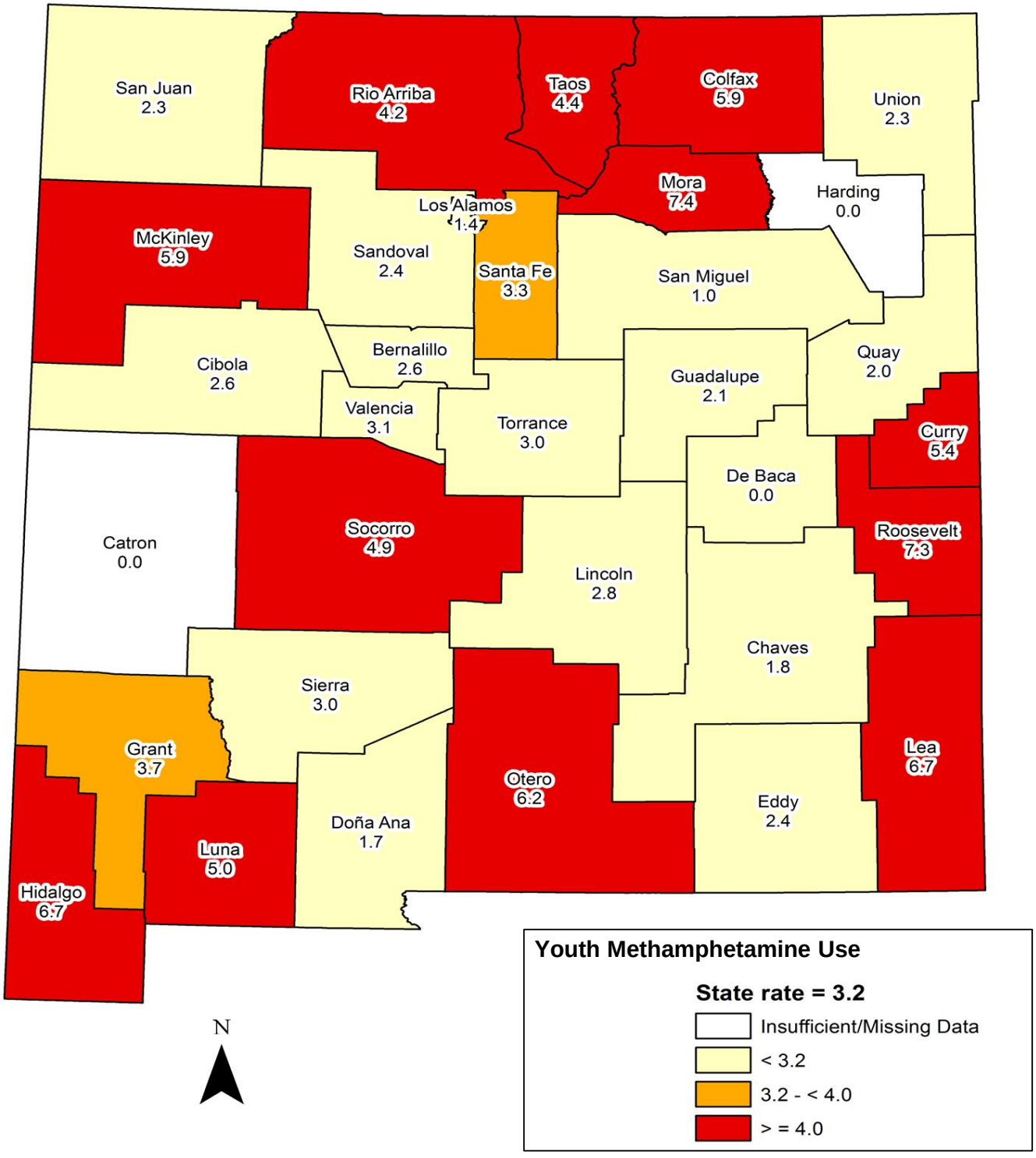
* Estimate of percent of high school students who reported methamphetamine use at least once in their lifetime

De Baca, Harding, and Catron County estimates not available because of 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, 2015



* Estimate of percent of high school students who reported methamphetamine use at least once in their lifetime

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

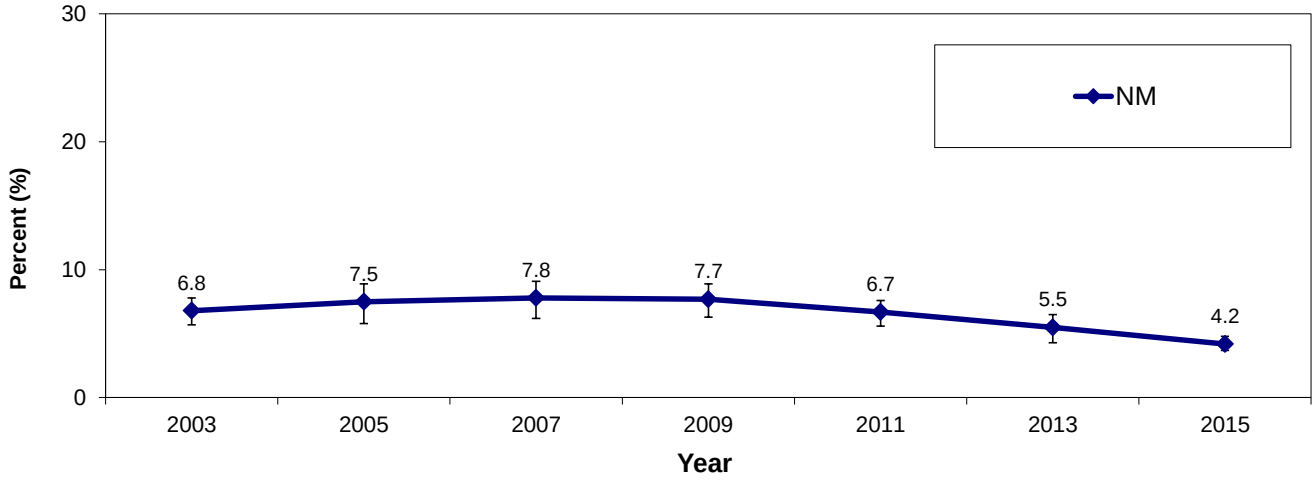
Problem Statement

The rate of current use of inhalants (sniffing glue, breathing the contents of aerosol spray cans, or inhaling paints or sprays) was 4.2% in 2015, and has not varied significantly over recent years. There is no national comparison for current inhalant use.

Asian or Pacific Islander (8.9%) and Black (6.2%) students were more likely to use inhalants than Hispanic (4.7%), American Indian (4.2%), or White (2.4%) students. Prevalence of inhalant use was not associated with grade level. There was no difference in prevalence of inhalant use between males (4.6%) and females (3.8%).

In 2015, the highest rates for current inhalant use were in Mora (12.6%), Curry (8.3%), and Otero (8.2%) counties; and the lowest in Eddy (2.0%), Union (2.3%), and Chaves (2.4%) counties.

Chart 1: Current Inhalant Use* by Year, Grades 9 - 12, New Mexico and US, 2003-2015



* 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)

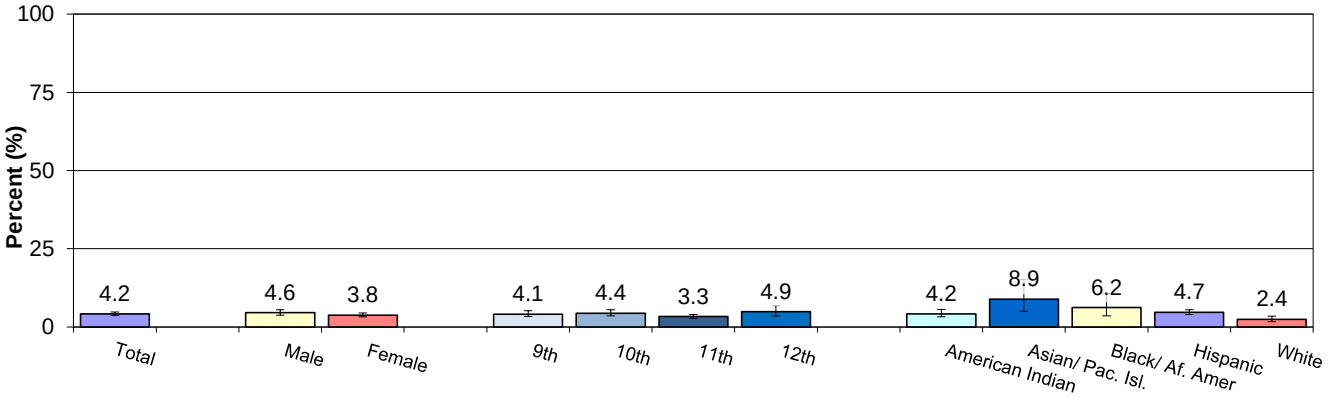
Table 1: Current Inhalant Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2015

		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 (0.3-6.3)	1.5 (0.2-9.7)	6.1 (4.9-7.6)	4.4 (1.9-9.8)	3.2 (2.2-4.6)
	Asian/Pacific Islander	--	--	--	--	11.6 (5.8-22.1)
	Black	--	--	--	--	9.6 (5.4-16.6)
	Hispanic	4.5 (3.1-6.5)	5.4 (3.8-7.8)	3.9 (2.7-5.6)	9.1 (6.5-12.6)	5.5 (4.4-6.7)
	White	1.1 (0.3-4.5)	3.3 (1.7-6.3)	1.4 (0.4-4.2)	3.2 (1.3-8.1)	2.3 (1.4-3.7)
	Total	3.5 (2.4-5.0)	4.7 (3.5-6.2)	4.1 (3.2-5.2)	6.8 (4.7-9.8)	4.6 (3.8-5.5)
Female	American Indian	9.2 (4.9-16.9)	3.6 (1.0-12.6)	3.0 (0.6-14.3)	5.1 (1.7-14.3)	5.2 (3.2-8.4)
	Asian/Pacific Islander	--	--	--	--	5.2 (1.8-13.9)
	Black	--	--	--	--	0.8 (0.1-5.7)
	Hispanic	4.0 (2.6-6.0)	5.0 (3.5-6.9)	2.9 (1.6-5.1)	3.1 (1.5-6.4)	3.9 (3.2-4.7)
	White	4.5 (2.6-7.6)	2.0 (0.8-5.2)	1.3 (0.4-4.3)	2.3 (0.9-5.5)	2.6 (1.7-4.0)
	Total	4.9 (3.7-6.4)	4.2 (3.0-5.9)	2.5 (1.6-3.8)	3.0 (1.8-5.1)	3.8 (3.2-4.5)
Total	American Indian	5.1 (2.6-9.7)	2.6 (1.3-5.2)	4.5 (2.6-7.8)	4.8 (2.5-8.9)	4.2 (3.2-5.6)
	Asian/Pacific Islander	--	--	--	--	8.9 (5.0-15.2)
	Black	0.4 (0.1-3.3)	--	--	--	6.2 (3.5-10.6)
	Hispanic	4.3 (3.3-5.5)	5.2 (4.0-6.7)	3.4 (2.4-4.6)	6.0 (4.1-8.6)	4.7 (4.0-5.5)
	White	2.7 (1.6-4.7)	2.7 (1.5-4.8)	1.3 (0.6-3.0)	2.8 (1.4-5.5)	2.4 (1.7-3.4)
	Total	4.1 (3.3-5.2)	4.4 (3.6-5.5)	3.3 (2.7-4.0)	4.9 (3.6-6.8)	4.2 (3.7-4.8)

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

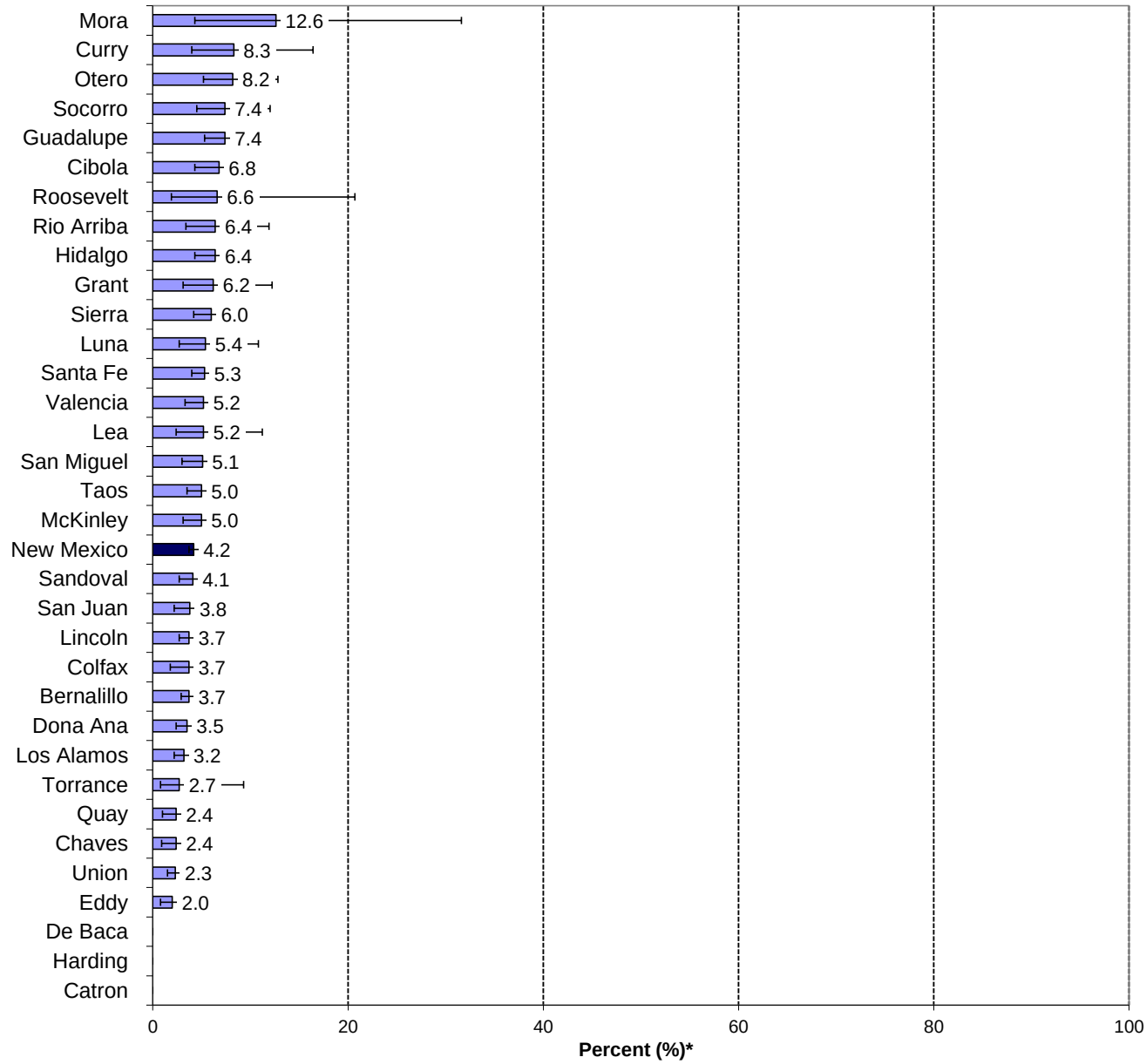
YOUTH CURRENT INHALANT USE (continued)

Chart 2: Current Inhalant Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2015



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, 2015



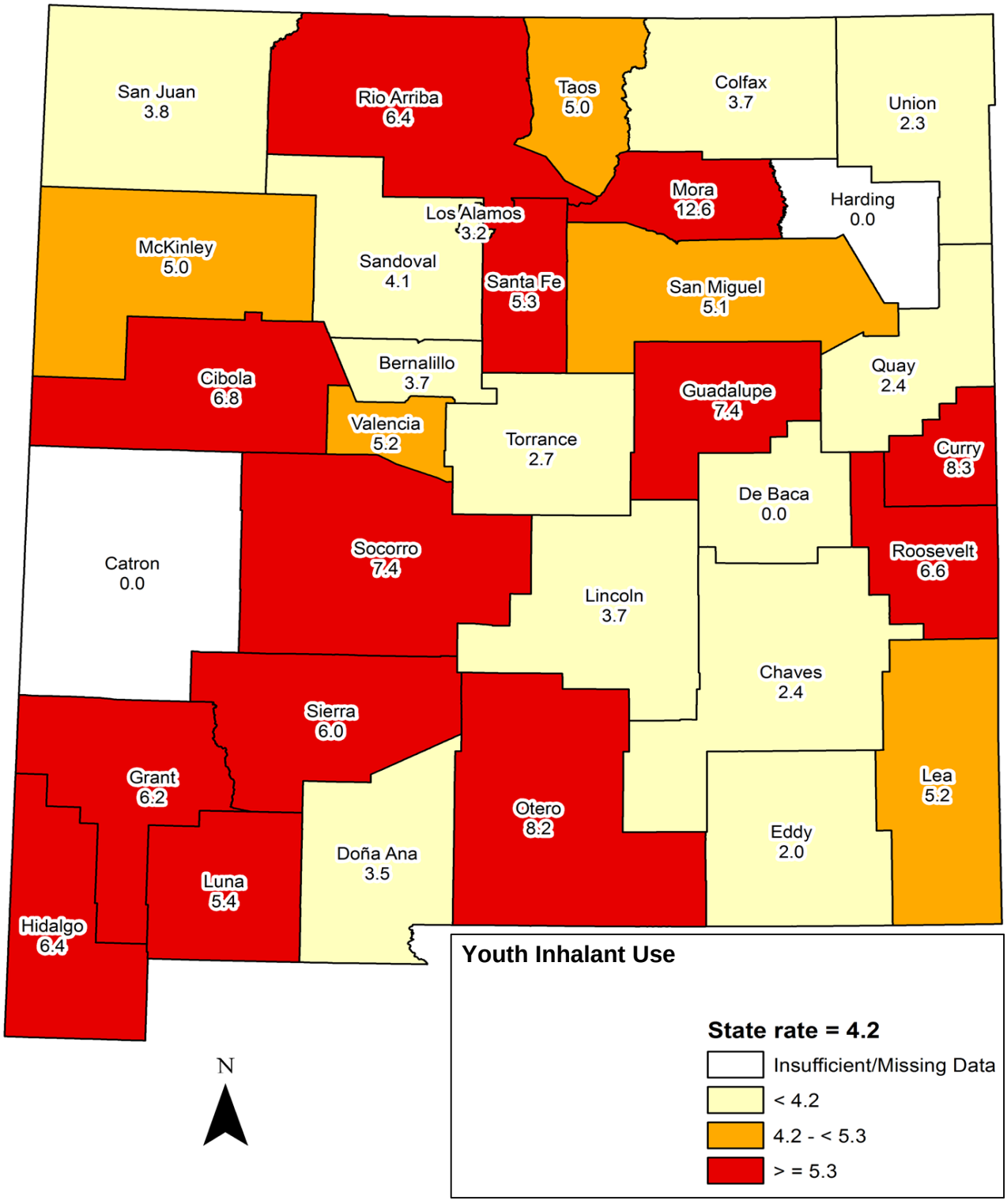
* Estimate of percent of high school students who reported inhalant use at least once in past 30 days

De Baca, Harding, and Catron County estimates not available because of 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, 2015



* 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

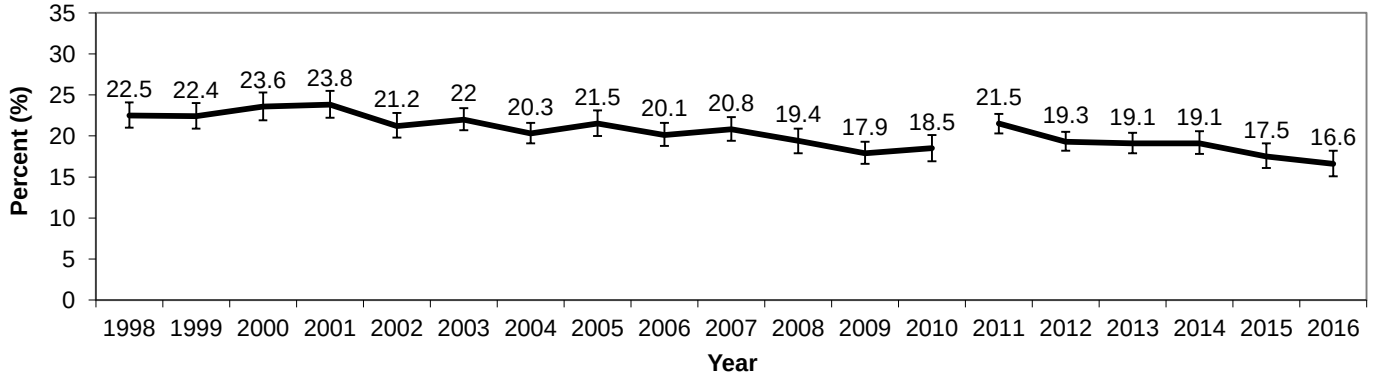
ADULT CIGARETTE SMOKING

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 behavioral cause of death in the U.S.

In 2016, current smoking rates among adults in New Mexico (16.6%) were slightly less than the US overall (17.0%) As shown in Chart 1, New Mexico's adult smoking prevalence rate has decreased over the past 10 years, with a small increase from 2009 to 2010. In 2014, as shown in Table 1, smoking was more prevalent among adults aged 25-64 (20.3%), than among young adults aged 18-24 (17.6%) or adults aged 65 and over (9.6%). New Mexico men were more likely to smoke than women (20.2% v 15.5%). Among males, Blacks had the highest smoking prevalence (30.9%), followed by Hispanics (18.6%) and Whites (17.2%). Among females, the highest prevalence of smoking was among Blacks (28.8%), followed by Whites (17.4%).

Chart 1: Cigarette Smoking (past 30 days)*, Adults Aged 18+, New Mexico, 1998-2016



* 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, 2014-2016

		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	3,361	8,288	642	12,487	32.2	18.4	8.8	19.9
	Asian/Pacific Islander	-	953	-	1,508	-	10.2	-	11.7
	Black	-	4,554	-	6,548	-	33.3	-	33.2
	Hispanic	10,587	63,757	6,111	80,448	18.1	26.3	12.6	23.0
	White	6,776	43,124	8,180	58,232	20.6	20.0	8.9	17.1
	Total	22,057	120,818	15,879	159,022	20.5	22.9	10.5	20.2
Female	American Indian	823	4,539	502	5,919	7.8	9.2	4.8	8.4
	Asian/Pacific Islander	-	1,810	-	1,782	-	15.6	-	11.3
	Black	-	3,574	-	4,206	-	37.1	-	28.8
	Hispanic	5,965	39,497	5,830	52,200	10.6	16.1	9.8	14.5
	White	7,150	45,609	9,349	61,180	25.9	20.9	8.8	17.4
	Total	14,262	95,200	16,103	125,819	14.4	17.8	8.9	15.5
Total	American Indian	3,939	12,895	1,121	18,307	18.8	13.6	6.3	13.7
	Asian/Pacific Islander	-	2,693	-	3,301	-	12.9	-	11.5
	Black	-	8,173	921	10,621	-	35.1	19.5	30.9
	Hispanic	16,682	102,676	11,950	132,317	14.5	21.0	11.1	18.6
	White	13,931	88,744	17,527	119,426	23.0	20.5	8.8	17.2
	Total	36,250	215,767	31,959	284,432	17.6	20.3	9.6	17.8

* 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 (30.9%), while smoking-related death rates were highest among white men (145.6 per 100,0000 population). Among women, Blacks had the highest smoking prevalence rates (28.8%). However, White women had the highest smoking-related death rates (81.2%), followed by Blacks (64.0%).

As shown in Table 2 and Chart 2, the counties with the highest smoking rates were Curry (29.8%), Socorro (27.4%), Valencia (26.2%), Lincoln (25.6%), and Quay (24.7%). The counties with the lowest rates were Los Alamos (9.2%), McKinley (10.8%), Mora(12.7%), Santa Fe (13.7%), and Grant (14.3%).

Table 2: Cigarette Smoking (past 30 days) by Race/Ethnicity and County, Adults Aged 18+, New Mexico, 2014-2016

	Number						Percent*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	3,114	-	4,795	43,404	39,355	93,216	14.1	-	31.4	18.3	16.7	17.7
Catron	-	-	-	-	575	690	-	-	-	-	23.2	21.9
Chaves	-	-	-	4,784	4,545	9,425	-	-	-	19.6	20.5	19.5
Cibola	1,676	-	-	2,255	887	4,785	21.7	-	-	28.6	18.3	22.9
Colfax	-	-	-	838	804	1,774	-	-	-	17.4	14.9	16.9
Curry	-	-	-	3,548	5,958	11,007	-	-	-	26.5	29.5	29.8
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	16,810	8,372	25,846	-	-	-	16.5	15.7	16.0
Eddy	-	-	-	3,457	5,148	8,939	-	-	-	18.9	23.0	21.2
Grant	-	-	-	1,279	1,936	3,318	-	-	-	12.1	16.1	14.3
Guadalupe	-	-	-	-	-	-	-	-	-	-	-	-
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	614	-	-	-	-	-	17.2
Lea	-	-	-	3,797	5,328	9,810	-	-	-	15.0	25.2	19.9
Lincoln	-	-	-	1,347	2,549	4,177	-	-	-	29.8	22.8	25.6
Los Alamos	-	-	-	-	705	1,267	-	-	-	-	6.7	9.2
Luna	-	-	-	1,947	2,025	3,871	-	-	-	17.8	29.3	21.1
McKinley	2,777	-	-	1,576	757	5,645	7.1	-	-	24.5	14.1	10.8
Mora	-	-	-	407	-	492	-	-	-	13.4	-	12.7
Otero	627	-	-	2,875	6,158	10,012	22.7	-	-	17.5	22.5	20.3
Quay	-	-	-	872	721	1,683	-	-	-	31.2	19.1	24.7
Rio Arriba	394	-	-	4,710	920	6,260	9.7	-	-	22.2	19.9	20.7
Roosevelt	-	-	-	836	1,566	2,573	-	-	-	15.5	18.2	17.4
Sandoval	2,587	-	-	5,308	6,952	15,720	21.5	-	-	14.4	13.3	14.9
San Juan	3,839	-	-	4,091	8,132	16,181	12.0	-	-	25.6	19.5	17.7
San Miguel	-	-	-	4,005	412	4,444	-	-	-	23.3	8.8	19.5
Santa Fe	-	-	-	9,280	6,201	16,431	-	-	-	16.7	10.7	13.7
Sierra	-	-	-	-	1,548	2,083	-	-	-	-	22.4	21.5
Socorro	-	-	-	2,228	1,208	3,659	-	-	-	35.4	22.5	27.4
Taos	-	-	-	1,852	1,434	4,210	-	-	-	13.0	13.2	15.6
Torrance	-	-	-	-	1,050	2,945	-	-	-	-	15.0	23.9
Union	-	-	-	-	239	695	-	-	-	-	12.1	19.4
Valencia	-	-	-	8,400	5,226	15,145	-	-	-	25.8	23.8	26.2
New Mexico	18,307	3,301	10,621	132,317	119,426	284,432	13.7	11.5	30.9	18.6	17.2	17.8

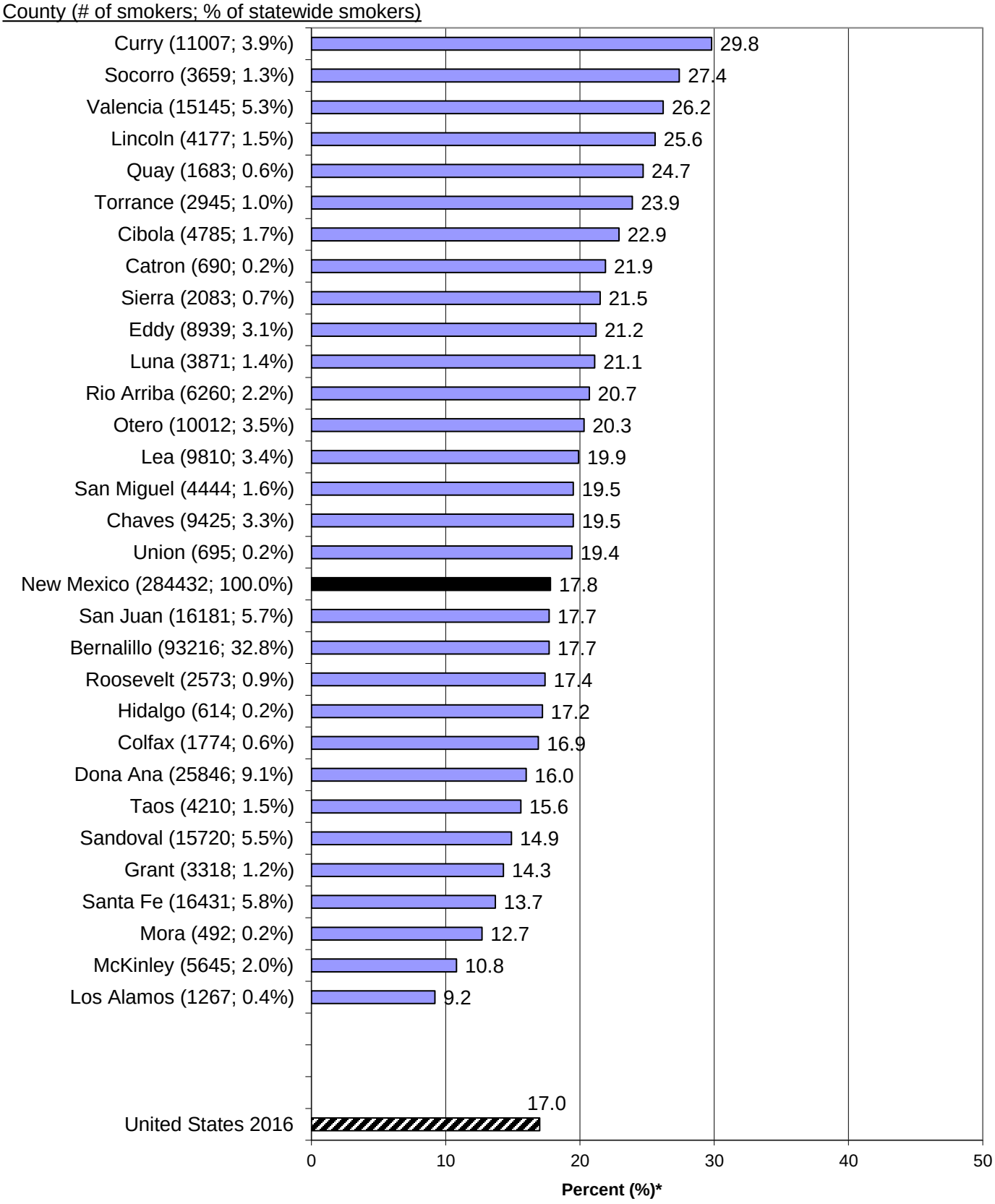
* Estimate of percent of people in population group who have smoked >= 100 cigarettes in lifetime and who smoked cigarettes in past 30 days

- 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, 2014-2016

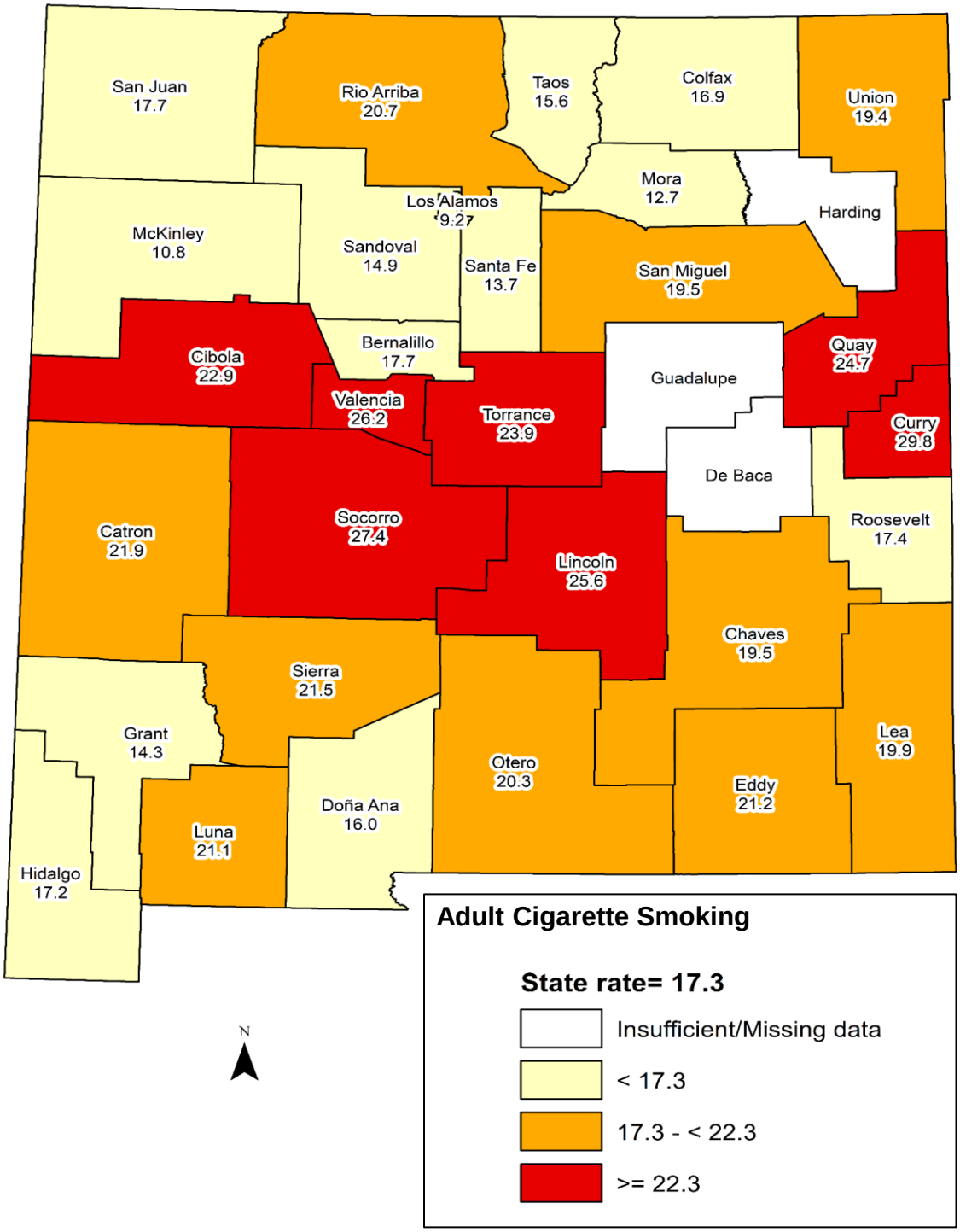


* Estimate of percent of people in population group who have smoked >= 100 cigarettes in lifetime and who smoked cigarettes in past 30 days

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, 2014-2016



* 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 respodents (< 50) in cell
Source: BRFSS; SAES

YOUTH CURRENT CIGARETTE SMOKING

Problem Statement*

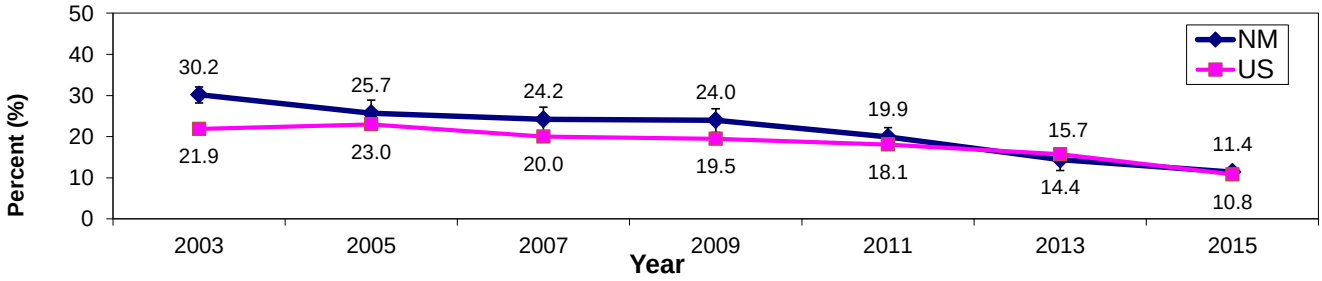
Cigarette smoking is the leading cause of preventable death in the US. Cigarette smoking increases risk for several cancers and other chronic conditions. Smoking is initiated and established primarily during adolescence, with more than 80% of adult smokers first smoking before age 18.**

The prevalence of current cigarette smoking among NM high school students has decreased from 30.2% in 2003 to 11.4% in 2015. 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 2015, the NM rate (11.4%) was higher than that of the US (10.8%).

Boys (12.8%) were more likely to be current cigarette smokers than girls (9.8%). Black (9.5%), White (10.5%) and Hispanic (10.7%) students had lower rates of current cigarette smoking than American Indian (17.0%) and Asian or Pacific Islander (12.3%) students. Chart 2 shows that prevalence increased significantly with grade level. In 2015, the counties with the highest prevalence of current smoking were Socorro (20.1%), Roosevelt (19.8%), and Sierra (19.3%). The counties with the lowest prevalence of current smoking were Chaves (6.1%), Hidalgo (8.1%), and Bernalillo (8.7%).

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

Chart 1: Current Cigarette Smoking* by Year, Grades 9 - 12, New Mexico and US, 2003-2015



* 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)

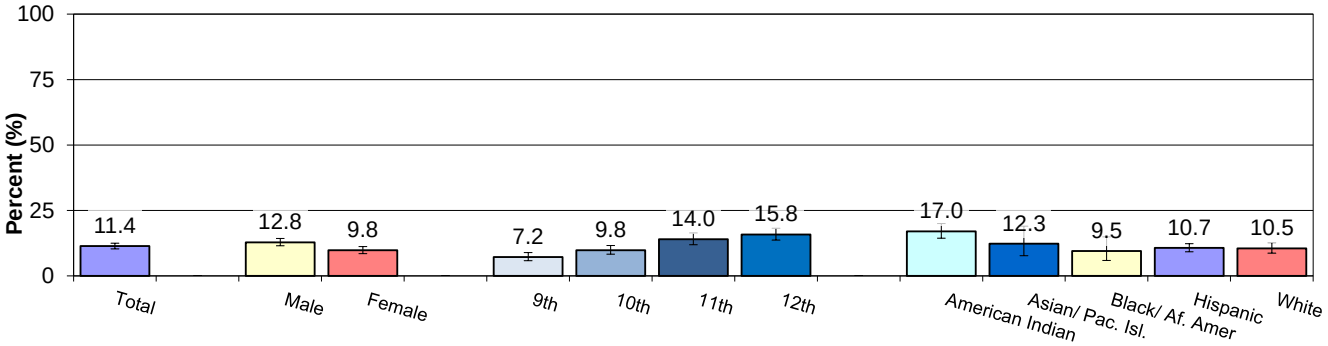
Table 1: Current Cigarette Smoking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2015

		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	8.2 (3.1-20.0)	17.1 (8.0-32.9)	32.5 (23.4-43.2)	19.3 (11.8-29.9)	18.7 (15.2-22.9)
	Asian/Pacific Islander	--	--	--	--	19.0 (12.0-28.6)
	Black	--	--	--	--	13.1 (7.9-20.9)
	Hispanic	7.7 (5.5-10.5)	9.3 (7.4-11.6)	14.5 (11.3-18.4)	19.7 (14.8-25.8)	12.0 (10.1-14.2)
	White	5.5 (2.8-10.5)	11.2 (6.3-18.9)	10.7 (6.4-17.3)	19.7 (14.3-26.6)	11.7 (8.9-15.2)
	Total	7.3 (5.5-9.6)	11.2 (9.1-13.6)	15.4 (12.5-18.8)	20.0 (16.5-24.0)	12.8 (11.5-14.3)
Female	American Indian	11.7 (7.0-19.0)	19.0 (8.3-37.8)	15.5 (11.0-21.5)	15.2 (10.7-21.0)	15.4 (11.2-21.0)
	Asian/Pacific Islander	--	--	--	--	4.4 (1.5-12.3)
	Black	--	--	--	--	4.3 (1.1-15.5)
	Hispanic	7.2 (5.3-9.7)	7.3 (5.0-10.6)	13.4 (9.8-18.1)	10.4 (7.9-13.4)	9.4 (7.8-11.2)
	White	4.7 (2.3-9.2)	7.0 (4.3-11.3)	11.0 (7.2-16.5)	14.0 (9.5-20.2)	9.0 (7.0-11.5)
	Total	7.0 (5.4-9.0)	8.4 (6.2-11.2)	12.6 (10.2-15.6)	11.7 (9.7-14.2)	9.8 (8.5-11.2)
Total	American Indian	9.9 (5.3-17.8)	18.1 (13.7-23.5)	23.8 (18.6-30.0)	17.0 (12.4-23.0)	17.0 (14.4-20.0)
	Asian/Pacific Islander	--	--	--	--	12.3 (7.7-19.0)
	Black	6.6 (2.6-15.8)	--	--	--	9.5 (5.9-14.9)
	Hispanic	7.5 (5.9-9.5)	8.3 (6.5-10.5)	13.9 (11.2-17.1)	14.7 (11.6-18.5)	10.7 (9.2-12.3)
	White	5.1 (3.2-8.0)	9.4 (6.0-14.3)	10.8 (7.6-15.2)	17.3 (13.9-21.3)	10.5 (8.7-12.7)
	Total	7.2 (5.8-8.9)	9.8 (8.3-11.6)	14.0 (11.9-16.4)	15.8 (13.7-18.2)	11.4 (10.3-12.5)

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

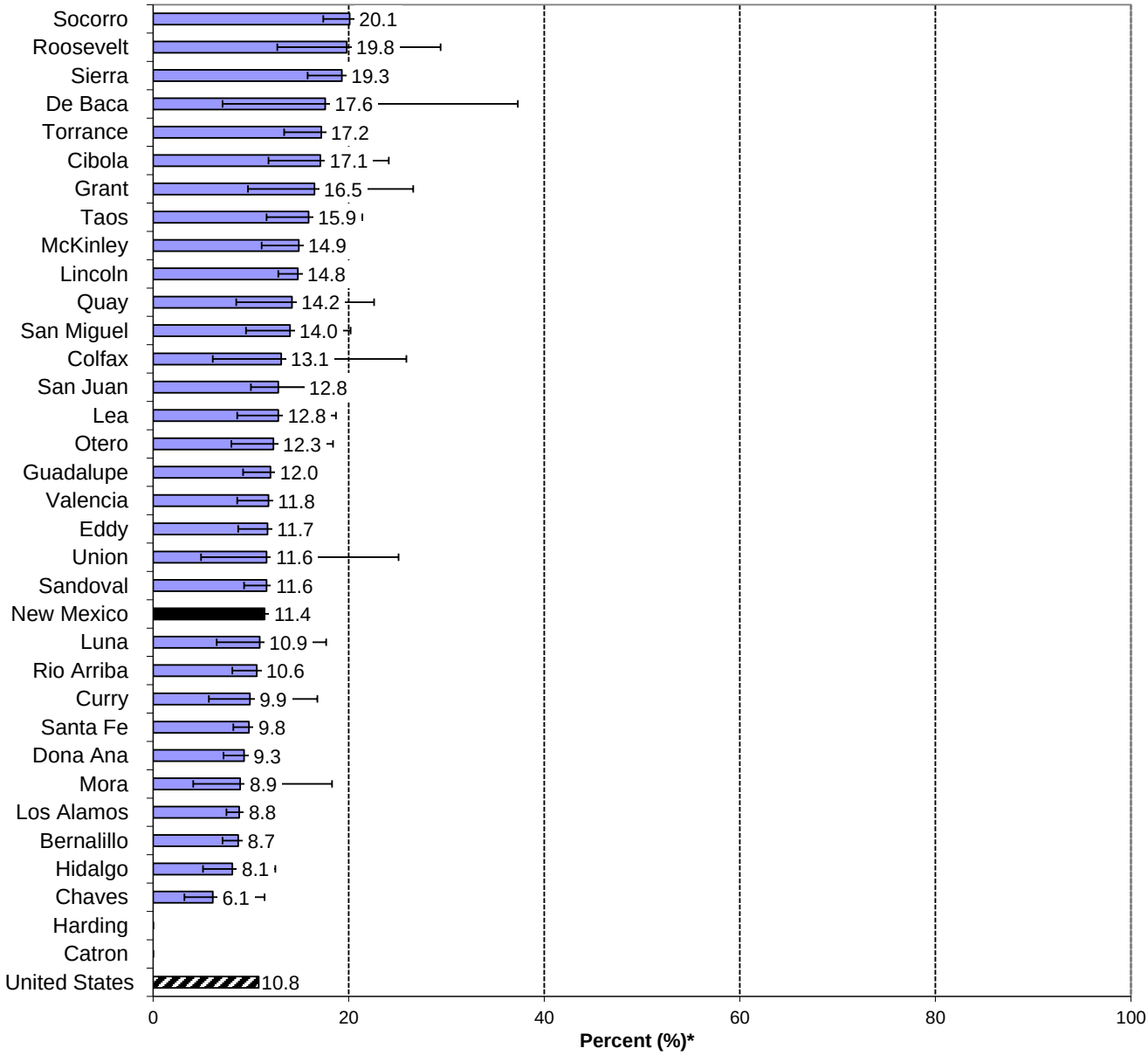
YOUTH CURRENT CIGARETTE SMOKING (continued)

Chart 2: Current Cigarette Smoking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2015



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, 2015



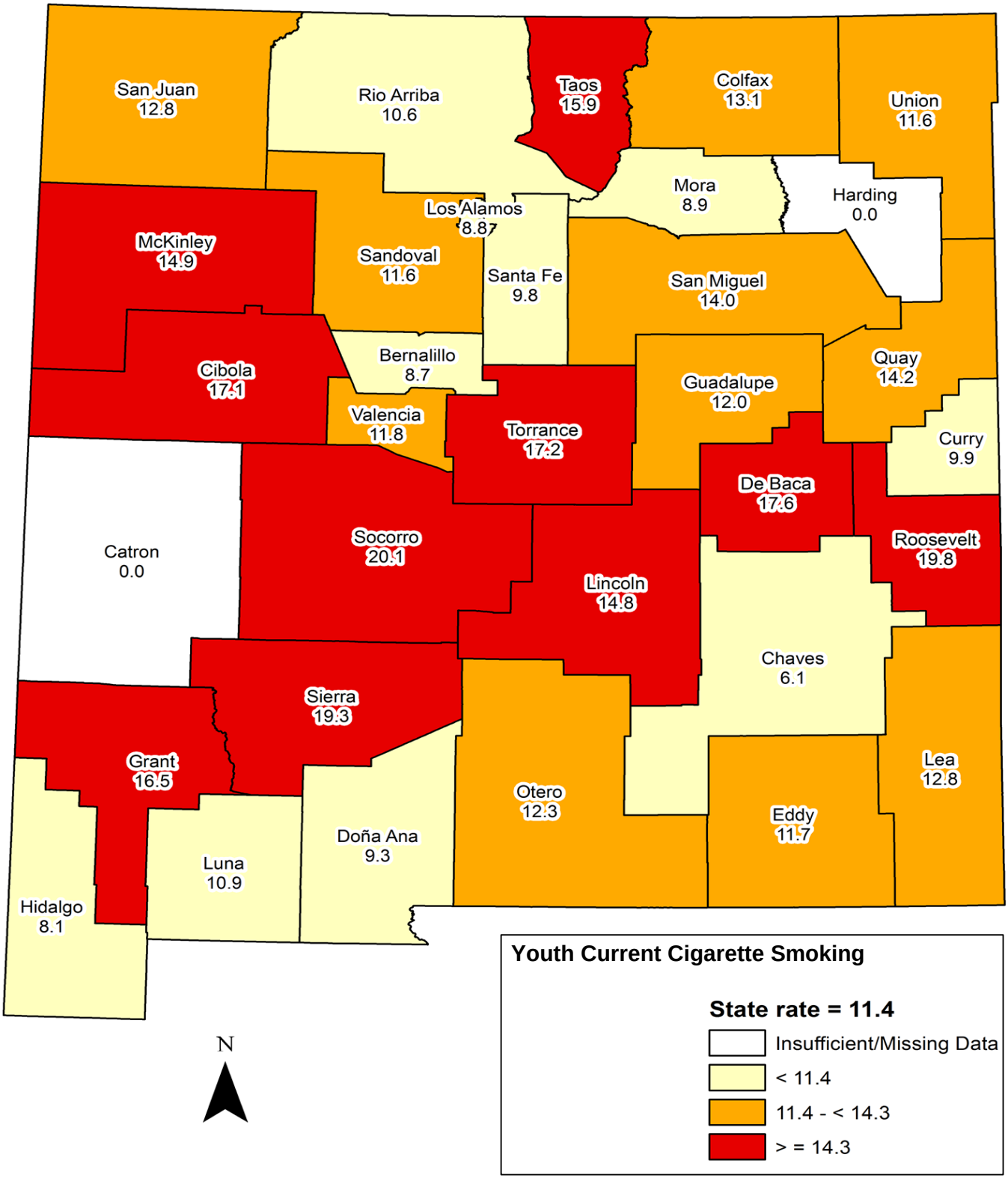
* Estimate of percent of high school students who reported smoking cigarettes on at least one of the past 30 days

Harding and Catron County estimates not available because of 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, 2015



* 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*

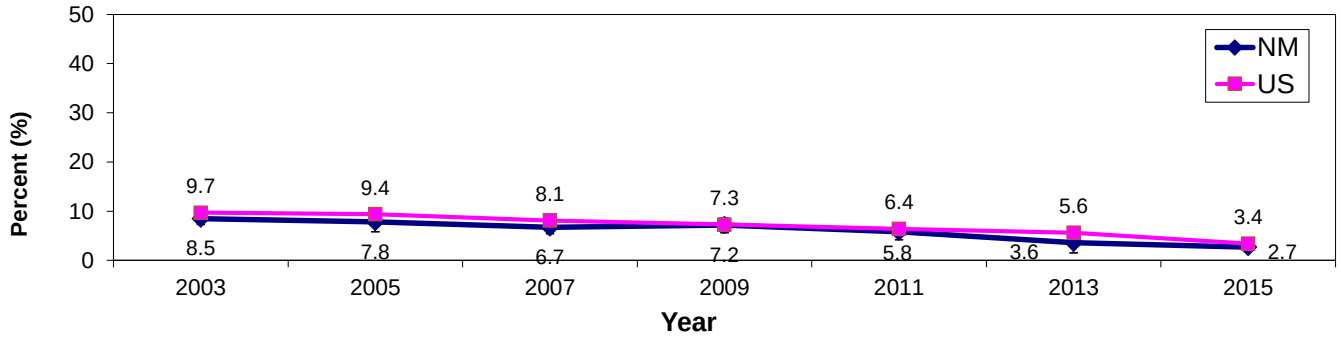
Frequent cigarette smoking means smoking cigarettes on at least 20 of the past 30 days. The prevalence of frequent cigarette smoking among New Mexico high school students has decreased from 8.5% in 2003 to 2.7% in 2015. This coincides with a decrease in the US rate of frequent smoking over the past several years. In 2015, the New Mexico prevalence of frequent smoking was not statistically different from the US rate (3.4%).

Boys (3.4%) were more likely to be frequent smokers than girls (2.0%). White (4.0%), Asian or Pacific Islander (5.1%) and Black (7.9%) students had a higher prevalence of frequent smoking than Hispanic (2.3%) or American Indian students (1.7%) students, but these differences were also not statistically significant. The prevalence of frequent smoking increased with grade level (9th=1.8%; 10th=2.2%; 11th=3.0%; 12th=4.0%), but these rates were also not statistically different.

In 2015, the highest rates for frequent cigarette smoking were in Socorro (9.0%), Torrance (7.7%), and De Baca (7.4%) counties. The lowest rates were in McKinley (1.0%), Bernalillo (1.6%), Chaves (1.7%), and Santa Fe (1.7%) 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, 2003-2015



* 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)

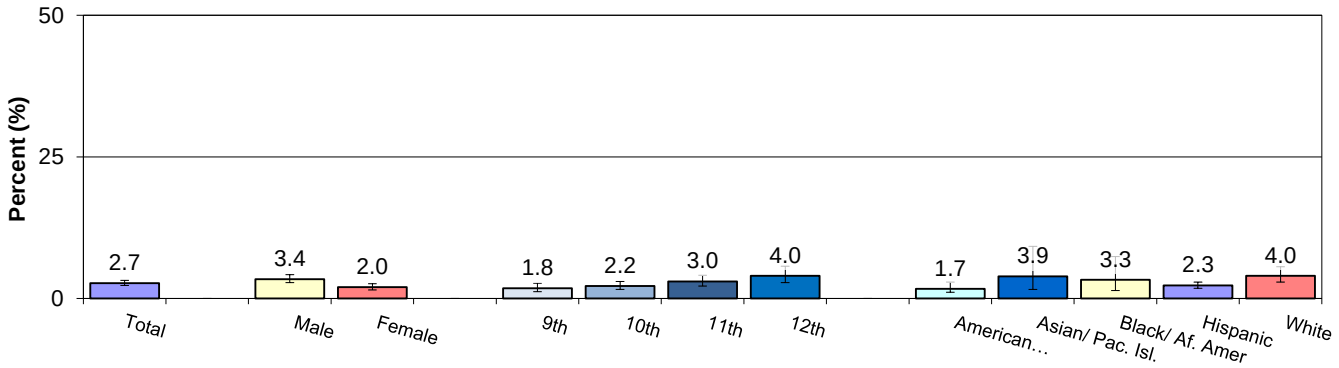
Table 1: Frequent Cigarette Smoking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2015

		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	1.0 (0.1-7.4)	4.5 (2.7-7.3)	2.5 (0.6-10.5)	1.4 (0.3-6.7)	2.3 (1.3-4.2)
	Asian/Pacific Islander	--	--	--	--	5.7 (2.2-14.2)
	Black	--	--	--	--	5.5 (2.4-12.3)
	Hispanic	2.4 (1.3-4.4)	2.2 (1.3-3.7)	4.1 (2.8-6.0)	3.6 (2.0-6.6)	3.0 (2.3-3.8)
	White	1.9 (0.6-6.2)	4.5 (2.0-10.2)	4.2 (1.9-9.4)	7.0 (3.8-12.5)	4.5 (2.9-6.8)
	Total	2.1 (1.3-3.4)	3.2 (2.1-4.9)	3.8 (2.5-5.7)	5.0 (3.3-7.5)	3.4 (2.8-4.2)
Female	American Indian	1.0 (0.2-6.3)	1.8 (0.2-13.8)	1.8 (0.3-9.6)	0.0 (.-.)	1.2 (0.4-3.6)
	Asian/Pacific Islander	--	--	--	--	1.8 (0.2-12.5)
	Black	--	--	--	--	0
	Hispanic	1.6 (0.9-3.2)	0.8 (0.3-2.0)	1.4 (0.6-3.2)	2.5 (1.3-5.0)	1.6 (1.1-2.4)
	White	1.6 (0.6-4.5)	1.7 (0.7-4.4)	5.2 (2.5-10.4)	6.1 (3.3-11.0)	3.6 (2.3-5.4)
	Total	1.5 (0.9-2.6)	1.1 (0.5-2.3)	2.3 (1.4-3.8)	3.1 (2.0-4.9)	2.0 (1.5-2.6)
Total	American Indian	1.0 (0.3-4.0)	3.1 (1.7-5.8)	2.1 (0.6-6.7)	0.7 (0.1-3.1)	1.7 (1.1-2.9)
	Asian/Pacific Islander	--	--	--	--	3.9 (1.6-9.2)
	Black	0.0 (.-.)	--	--	--	3.3 (1.4-7.4)
	Hispanic	2.0 (1.2-3.5)	1.5 (1.0-2.3)	2.7 (1.9-3.8)	3.0 (1.8-5.0)	2.3 (1.8-2.9)
	White	1.8 (0.8-4.0)	3.3 (1.8-6.2)	4.7 (2.7-7.8)	6.6 (4.1-10.2)	4.0 (2.9-5.6)
	Total	1.8 (1.2-2.7)	2.2 (1.6-3.0)	3.0 (2.2-4.1)	4.0 (2.8-5.7)	2.7 (2.3-3.2)

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

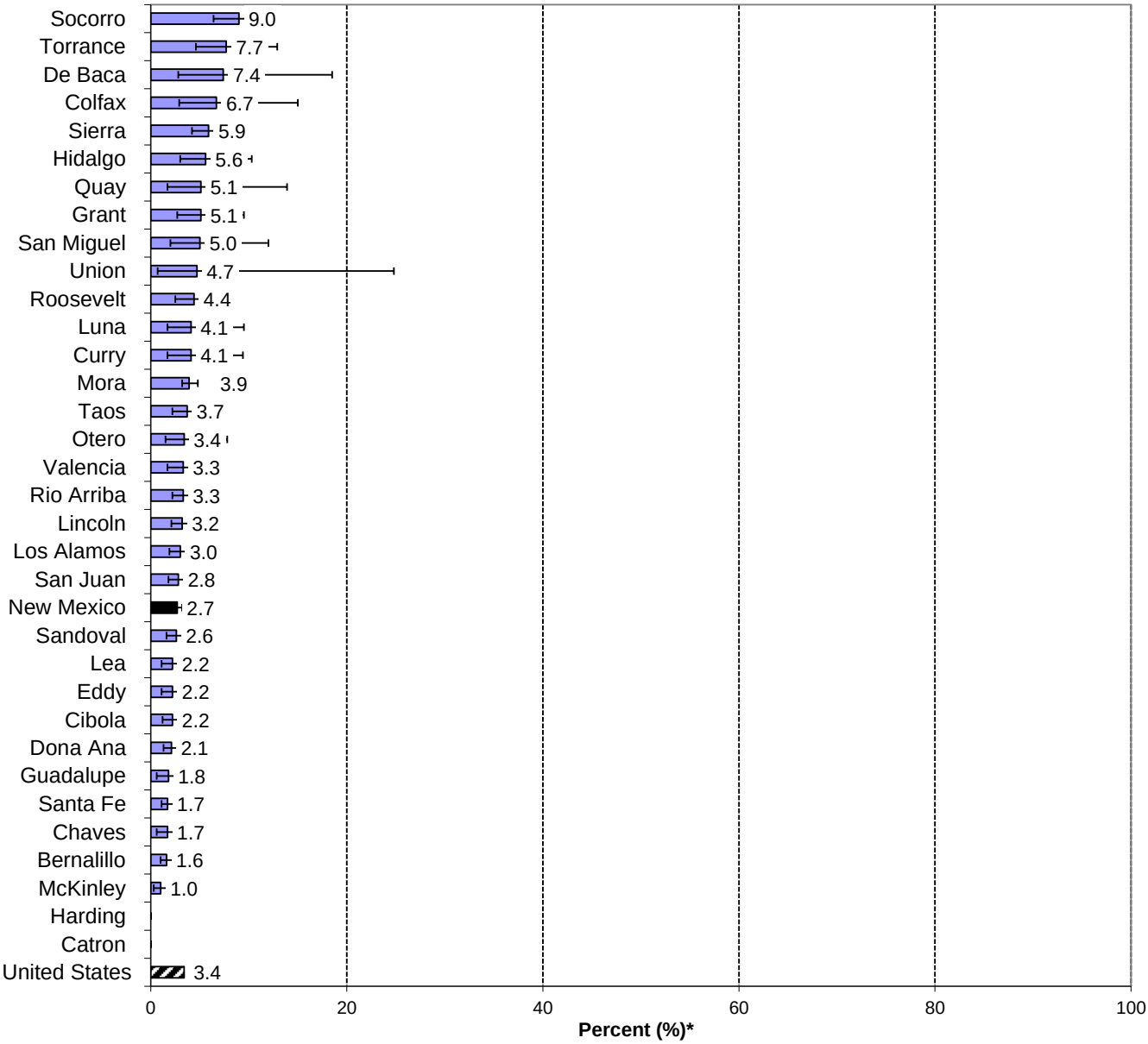
YOUTH FREQUENT CIGARETTE SMOKING (continued)

Chart 2: Frequent Cigarette Smoking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2015



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, 2015



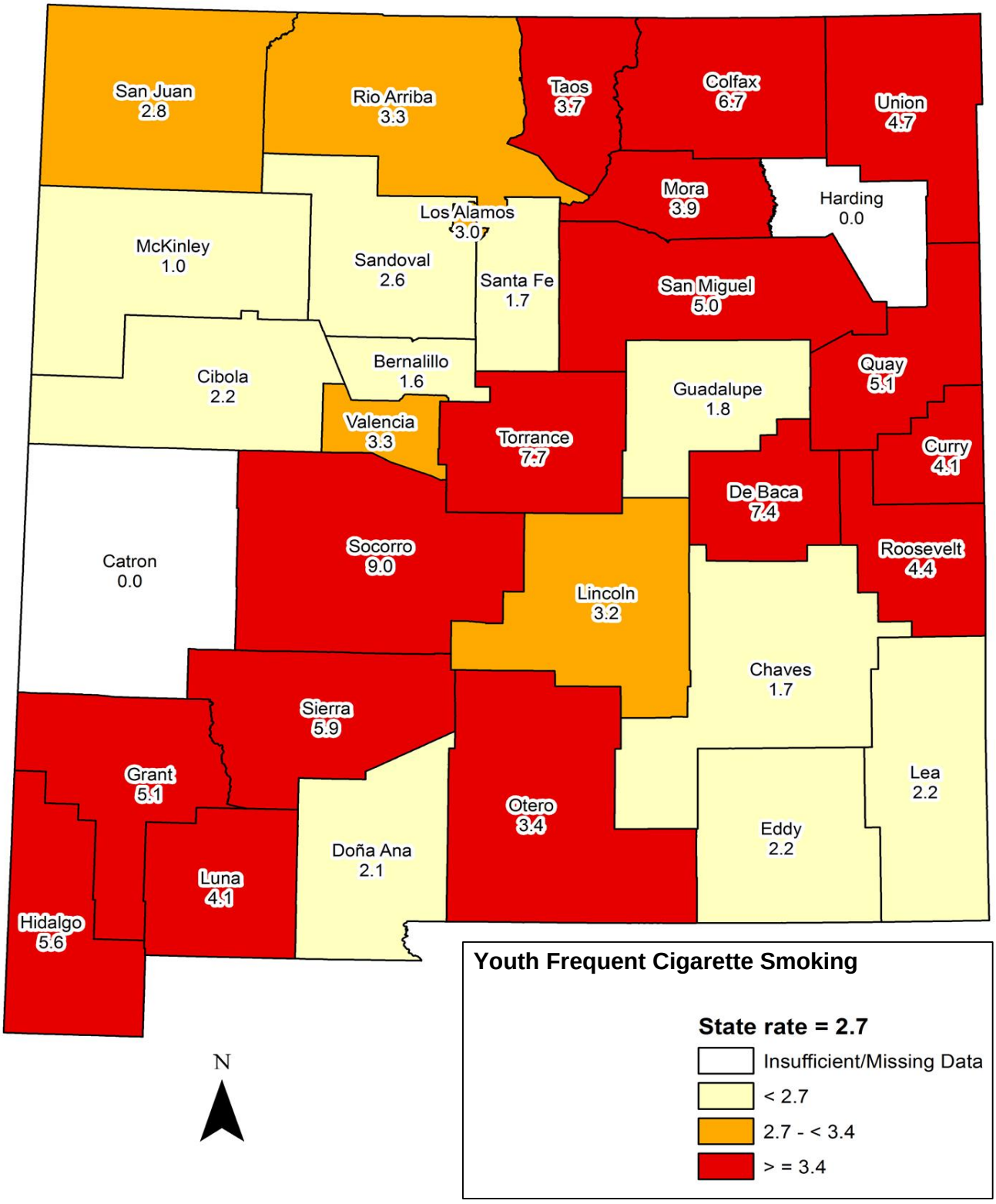
* Estimate of percent of high school students who reported smoking cigarettes on at least 20 of the past 30 days

Harding and Catron County estimates not available because of 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, 2015



* 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

Appendix 1

State Population by Age, Sex, Race/Ethnicity, and County

Appendix 1: Male Population, New Mexico, 2014*

		Race/Ethnicity																							
		White				Black				Hispanic				American Indian				Asian/Pacific Islander				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	32,211	78,456	26,225	136,893	4,005	6,087	1,003	11,095	68,062	81,014	13,402	162,478	5,432	7,247	747	13,426	2,783	5,129	769	8,681	112,492	177,933	42,147	332,572
	Catron	225	619	597	1,441	3	17	2	22	87	201	110	398	18	18	9	45	0	2	1	3	333	857	720	1,910
	Chaves	3,836	6,827	2,868	13,531	264	300	61	625	8,512	8,246	1,437	18,196	165	151	31	347	166	138	14	318	12,943	15,661	4,412	33,017
	Cibola	644	1,584	679	2,907	60	91	19	170	1,895	3,367	529	5,792	2,116	2,476	509	5,101	31	39	10	81	4,747	7,557	1,747	14,051
	Colfax	622	1,549	998	3,169	18	36	7	61	1,136	1,660	506	3,302	23	72	11	106	11	19	1	31	1,810	3,336	1,523	6,669
	Curry	4,736	6,984	1,854	13,574	823	817	105	1,745	5,128	4,724	586	10,439	106	78	22	206	183	203	20	406	10,978	12,806	2,587	26,370
	De Baca	110	298	145	553	0	3	0	3	147	190	70	407	2	2	3	8	0	0	0	0	260	493	218	971
	Dona Ana	9,560	14,863	7,605	32,029	877	1,069	180	2,125	33,157	30,685	6,201	70,044	448	418	76	942	505	689	99	1,293	44,547	47,725	14,161	106,432
	Eddy	4,148	7,623	2,401	14,171	190	275	37	501	5,850	6,418	1,057	13,325	147	167	30	344	51	116	22	189	10,385	14,598	3,547	28,530
	Grant	1,423	3,222	2,257	6,902	92	75	16	183	2,897	3,181	1,085	7,163	36	73	22	131	58	32	13	103	4,506	6,583	3,393	14,483
	Guadalupe	82	295	68	445	7	55	0	62	614	1,059	322	1,995	10	35	4	50	2	18	0	20	716	1,462	395	2,572
	Harding	28	106	67	201	0	1	0	1	27	76	57	161	0	0	0	0	0	0	0	0	56	183	123	363
	Hidalgo	228	464	265	958	8	6	0	14	531	665	159	1,356	1	2	1	4	3	8	0	11	771	1,146	426	2,343
	Lea	4,039	7,378	2,165	13,581	602	775	120	1,497	9,620	9,394	968	19,981	124	181	28	333	56	110	12	178	14,441	17,836	3,293	35,570
	Lincoln	1,218	3,025	2,174	6,417	21	43	11	75	1,268	1,570	390	3,227	152	114	21	287	11	21	7	39	2,669	4,773	2,603	10,045
	Los Alamos	1,866	3,713	1,256	6,835	41	59	2	103	598	689	108	1,395	23	42	7	73	218	385	37	640	2,746	4,890	1,410	9,045
	Luna	754	1,750	1,536	4,041	42	76	18	137	3,594	3,515	885	7,994	34	40	17	91	18	37	12	67	4,443	5,419	2,468	12,330
	McKinley	1,128	1,907	763	3,798	262	163	33	458	2,481	2,263	520	5,264	11,464	12,446	1,972	25,882	143	169	17	329	15,478	16,948	3,306	35,732
	Mora	56	204	143	402	0	3	0	3	600	1,027	402	2,029	0	5	4	10	1	1	1	3	657	1,240	550	2,447
	Otero	5,090	8,996	3,820	17,906	622	713	139	1,473	5,627	5,470	1,041	12,138	898	937	119	1,955	199	223	18	440	12,436	16,339	5,138	33,913
	Quay	431	1,060	692	2,183	31	33	7	71	698	873	275	1,847	12	27	6	45	15	21	9	46	1,187	2,015	990	4,192
	Rio Arriba	449	1,402	787	2,638	38	67	8	113	5,025	7,184	1,990	14,199	1,016	1,331	240	2,587	17	39	5	61	6,545	10,024	3,030	19,599
	Roosevelt	1,965	2,542	849	5,356	162	108	9	279	2,071	1,747	258	4,076	58	37	12	107	101	39	5	146	4,357	4,474	1,134	9,965
	San Juan	7,184	13,994	4,568	25,746	328	360	31	719	5,965	5,719	900	12,584	9,751	11,669	1,834	23,253	105	241	27	373	23,333	31,983	7,359	62,675
	San Miguel	574	1,323	756	2,654	136	95	12	242	3,666	5,637	1,607	10,910	57	61	7	126	32	46	9	88	4,465	7,162	2,392	14,019
	Sandoval	7,976	16,815	6,581	31,372	656	948	171	1,775	10,723	12,600	2,061	25,385	3,659	4,097	595	8,350	352	528	105	986	23,366	34,989	9,512	67,868
	Santa Fe	5,131	16,613	8,817	30,561	247	532	85	864	13,931	19,734	3,956	37,621	664	1,016	183	1,863	264	552	93	909	20,238	38,448	13,134	71,820
	Sierra	550	1,679	1,616	3,845	21	14	16	52	643	772	285	1,700	16	51	14	81	1	12	11	24	1,231	2,528	1,942	5,702
	Socorro	1,018	1,604	778	3,400	57	64	7	128	1,671	2,052	604	4,326	494	449	70	1,013	41	55	7	103	3,280	4,223	1,467	8,970
	Taos	985	3,104	1,751	5,839	43	51	17	111	3,176	4,729	1,533	9,437	319	492	139	950	18	66	9	93	4,540	8,441	3,449	16,430
	Torrance	1,083	2,312	1,003	4,398	61	112	14	187	1,352	1,714	397	3,463	78	112	16	206	21	11	6	38	2,595	4,261	1,437	8,293
	Union	317	711	278	1,306	9	68	1	79	335	638	118	1,091	8	29	1	39	3	15	1	19	673	1,461	399	2,533
	Valencia	3,153	7,115	3,002	13,270	155	371	79	605	9,338	11,228	2,372	22,938	559	747	131	1,437	75	108	24	207	13,279	19,570	5,608	38,457
Male Total		102,819	220,138	89,367	412,324	9,882	13,487	2,211	25,580	210,425	240,043	46,191	496,659	37,891	44,621	6,884	89,396	5,486	9,074	1,366	15,926	366,502	527,363	146,019	1,039,885

* 2014 population is reported here because 2012 was the mid-point year for the 2012-2016 timeframe used in this report

SOURCE: University of New Mexico Geospatial and Population Studies

Appendix 1: Female Population, New Mexico, 2014*

		Race/Ethnicity																							
		White				Black				Hispanic				American Indian				Asian/Pacific Islander				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	29,896	78,986	32,463	141,345	3,514	4,505	1,016	9,035	66,348	85,064	17,930	169,342	5,606	8,601	1,204	15,411	2,664	6,186	1,169	10,019	108,028	183,342	53,782	345,152
	Catron	244	655	486	1,385	5	4	3	13	78	144	84	306	15	24	5	44	3	4	0	7	344	831	578	1,754
	Chaves	3,287	7,065	3,555	13,907	215	247	83	546	8,158	8,353	1,633	18,145	90	139	49	278	92	161	34	287	11,844	15,965	5,356	33,164
	Cibola	617	1,544	733	2,894	84	86	14	183	1,662	2,281	656	4,600	2,153	2,761	756	5,671	29	59	12	101	4,546	6,732	2,171	13,449
	Colfax	564	1,623	1,007	3,194	11	15	4	30	1,104	1,475	567	3,146	12	34	7	54	7	30	6	44	1,699	3,177	1,592	6,467
	Curry	3,782	6,286	2,348	12,416	634	671	122	1,427	4,624	4,526	725	9,875	73	124	23	220	147	308	49	504	9,260	11,915	3,266	24,441
	De Baca	118	282	172	572	0	2	0	2	140	168	77	385	0	8	1	9	0	2	0	2	257	462	251	971
	Dona Ana	8,540	14,550	8,304	31,394	705	700	156	1,562	32,854	33,776	7,610	74,240	469	397	88	954	469	830	145	1,444	43,038	50,253	16,303	109,594
	Eddy	3,824	7,371	2,947	14,142	155	162	57	373	5,612	6,056	1,244	12,912	113	165	26	304	56	149	35	240	9,760	13,903	4,309	27,971
	Grant	1,270	3,549	2,263	7,082	53	49	15	116	2,658	3,352	1,355	7,364	43	81	28	153	34	58	20	112	4,058	7,088	3,682	14,827
	Guadalupe	53	165	82	299	1	4	0	5	501	797	345	1,643	2	6	0	8	1	12	1	15	558	984	428	1,971
	Harding	24	108	59	191	0	0	0	0	29	62	43	134	0	0	0	0	0	0	0	0	54	170	102	325
	Hidalgo	230	470	235	935	4	8	2	14	471	610	225	1,306	0	5	0	5	2	6	1	9	708	1,100	463	2,270
	Lea	3,727	6,991	2,642	13,360	505	539	152	1,196	9,080	8,262	1,076	18,417	112	116	29	258	46	135	19	200	13,471	16,043	3,917	33,431
	Lincoln	1,022	3,329	2,264	6,616	41	34	6	81	1,199	1,533	410	3,142	115	155	37	307	10	35	11	57	2,388	5,085	2,729	10,203
	Los Alamos	1,745	3,440	1,315	6,500	31	38	10	80	614	791	163	1,568	17	42	6	66	188	351	47	587	2,596	4,663	1,542	8,801
	Luna	691	1,688	1,637	4,015	45	70	17	133	3,491	3,592	977	8,060	30	36	25	91	10	50	16	76	4,267	5,437	2,672	12,376
	McKinley	1,111	1,904	835	3,850	259	122	23	404	2,494	2,149	588	5,231	11,391	14,304	3,116	28,812	75	234	38	346	15,330	18,713	4,601	38,643
	Mora	52	245	144	440	0	11	0	11	531	929	398	1,859	2	6	0	8	0	4	0	4	585	1,196	542	2,323
	Otero	4,068	8,269	3,998	16,335	475	509	133	1,116	5,231	5,651	1,282	12,163	820	1,091	174	2,085	150	366	111	627	10,744	15,886	5,698	32,327
	Quay	436	1,146	700	2,283	32	32	4	68	709	944	347	2,000	7	21	4	33	11	23	9	43	1,196	2,166	1,065	4,426
	Rio Arriba	427	1,445	854	2,726	36	37	16	89	4,872	7,146	2,309	14,327	1,154	1,477	370	3,001	21	78	4	103	6,510	10,184	3,552	20,247
	Roosevelt	1,952	2,516	1,056	5,523	92	63	6	161	1,972	1,662	270	3,904	72	50	11	133	101	65	6	172	4,189	4,355	1,349	9,893
	San Juan	6,962	13,985	5,515	26,462	307	221	35	562	5,842	5,450	1,045	12,337	9,742	12,057	2,503	24,301	128	236	54	418	22,980	31,949	9,152	64,081
	San Miguel	528	1,454	876	2,858	119	65	17	201	3,539	5,600	1,891	11,030	78	90	9	177	49	52	70	172	4,313	7,261	2,864	14,438
	Sandoval	7,150	17,639	7,499	32,288	599	721	221	1,541	10,368	13,307	2,579	26,254	3,597	4,393	947	8,937	362	833	159	1,353	22,076	36,892	11,404	70,372
	Santa Fe	4,684	18,954	10,422	34,061	199	298	69	566	13,868	19,123	4,955	37,945	713	1,015	218	1,946	267	742	169	1,178	19,731	40,132	15,834	75,696
	Sierra	570	1,759	1,618	3,946	15	16	8	40	570	797	301	1,668	18	35	17	71	2	17	10	29	1,175	2,625	1,954	5,754
	Socorro	643	1,635	758	3,037	37	43	3	82	1,679	2,008	638	4,325	492	508	69	1,070	36	62	7	105	2,886	4,256	1,476	8,618
	Taos	878	3,594	2,017	6,489	38	31	14	83	2,913	4,672	1,802	9,386	288	517	169	974	22	134	16	173	4,139	8,948	4,018	17,105
	Torrance	948	2,214	958	4,121	48	44	9	101	1,161	1,460	401	3,022	53	84	19	156	13	28	8	50	2,223	3,831	1,395	7,449
	Union	262	545	348	1,155	2	2	0	4	246	346	131	723	2	8	2	13	1	5	6	13	513	907	487	1,908
	Valencia	2,895	7,270	3,239	13,405	153	161	49	364	8,819	11,076	2,711	22,606	494	728	145	1,368	88	165	50	304	12,450	19,401	6,195	38,047
Female Total		93,201	222,676	103,349	419,226	8,414	9,510	2,267	20,191	203,436	243,165	56,769	503,370	37,777	49,080	10,059	96,917	5,087	11,421	2,286	18,793	347,914	535,853	174,730	1,058,496

* 2014 population is reported here because 2012 was the mid-point year for the 2012-2016 timeframe used in this report

SOURCE: University of New Mexico Geospatial and Population Studies

Appendix 1: Total Population, New Mexico, 2014*

		Race/Ethnicity																							
		White				Black				Hispanic				American Indian				Asian/Pacific Islander				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	62,106	157,443	58,689	278,238	7,519	10,591	2,019	20,130	134,410	166,078	31,332	331,820	11,038	15,849	1,951	28,837	5,447	11,315	1,938	18,699	220,520	361,275	95,929	677,724
Sexes	Catron	468	1,275	1,083	2,826	8	21	5	35	165	344	194	703	33	42	15	89	3	6	1	10	677	1,688	1,299	3,664
	Chaves	7,123	13,892	6,423	27,439	479	547	145	1,171	16,671	16,599	3,071	36,341	255	290	80	625	258	299	48	605	24,787	31,626	9,768	66,181
	Cibola	1,261	3,128	1,412	5,802	144	176	33	354	3,558	5,648	1,186	10,392	4,269	5,237	1,265	10,772	60	99	22	181	9,293	14,289	3,918	27,500
	Colfax	1,186	3,172	2,005	6,362	29	51	11	91	2,240	3,136	1,073	6,448	35	106	19	160	19	49	7	75	3,508	6,513	3,115	13,136
	Curry	8,518	13,270	4,202	25,990	1,457	1,488	227	3,172	9,752	9,251	1,311	20,314	179	202	45	426	330	511	69	910	20,237	24,721	5,853	50,811
	De Baca	228	580	317	1,125	0	5	0	5	287	358	147	792	2	10	4	16	0	2	0	2	517	955	469	1,941
	Dona Ana	18,100	29,414	15,909	63,422	1,582	1,769	336	3,688	66,011	64,461	13,812	144,284	917	814	163	1,895	974	1,519	244	2,737	87,584	97,977	30,464	216,026
	Eddy	7,972	14,994	5,347	28,314	345	436	94	875	11,461	12,474	2,302	26,237	260	332	56	647	107	265	57	428	20,145	28,501	7,856	56,501
	Grant	2,693	6,771	4,521	13,984	145	123	31	299	5,555	6,533	2,439	14,527	80	154	51	284	92	90	33	215	8,564	13,671	7,075	29,310
	Guadalupe	135	460	150	745	8	59	0	67	1,116	1,856	667	3,639	12	41	4	58	3	30	1	34	1,274	2,446	823	4,543
	Harding	52	214	126	392	0	1	0	1	57	139	99	295	0	0	0	0	0	0	0	0	109	354	225	688
	Hidalgo	459	934	500	1,893	12	14	2	29	1,002	1,275	385	2,662	1	7	1	9	5	14	1	21	1,479	2,245	889	4,613
	Lea	7,766	14,369	4,807	26,942	1,107	1,313	272	2,693	18,700	17,656	2,044	38,399	237	297	56	590	103	245	31	378	27,912	33,879	7,210	69,001
	Lincoln	2,241	6,354	4,438	13,033	62	77	18	157	2,466	3,102	800	6,369	267	269	58	594	22	56	19	96	5,058	9,859	5,332	20,248
	Los Alamos	3,611	7,154	2,571	13,335	73	98	12	182	1,212	1,481	271	2,963	40	85	13	138	406	736	85	1,227	5,341	9,552	2,952	17,846
	Luna	1,445	3,438	3,173	8,056	87	147	35	269	7,085	7,107	1,862	16,054	64	76	42	183	28	87	28	144	8,710	10,856	5,140	24,706
	McKinley	2,239	3,810	1,598	7,648	521	285	56	862	4,975	4,413	1,108	10,495	22,855	26,750	5,088	54,694	218	403	55	676	30,807	35,661	7,907	74,375
	Mora	108	449	286	843	0	14	0	14	1,131	1,956	801	3,888	2	12	4	18	1	5	1	7	1,242	2,436	1,092	4,770
	Otero	9,158	17,265	7,818	34,242	1,097	1,221	271	2,590	10,858	11,121	2,323	24,301	1,718	2,028	294	4,040	349	589	129	1,068	23,180	32,225	10,835	66,240
	Quay	867	2,207	1,392	4,466	62	64	11	138	1,408	1,817	622	3,847	19	48	10	78	27	44	18	89	2,383	4,181	2,054	8,618
	Rio Arriba	876	2,847	1,641	5,364	74	104	24	203	9,897	14,330	4,299	28,526	2,170	2,808	610	5,588	38	118	9	165	13,056	20,208	6,583	39,846
	Roosevelt	3,917	5,057	1,905	10,879	254	171	15	440	4,043	3,409	528	7,981	130	87	23	240	202	104	11	318	8,546	8,829	2,483	19,858
	San Juan	14,146	27,980	10,083	52,208	635	581	65	1,281	11,808	11,169	1,944	24,921	19,492	23,726	4,337	47,555	233	477	81	791	46,314	63,932	16,510	126,756
	San Miguel	1,102	2,776	1,633	5,511	254	160	29	444	7,204	11,237	3,499	21,940	136	151	16	303	81	99	79	260	8,779	14,423	5,256	28,457
	Sandoval	15,126	34,454	14,080	63,660	1,254	1,669	392	3,315	21,091	25,908	4,640	51,639	7,256	8,490	1,542	17,287	714	1,361	264	2,339	45,442	71,882	20,917	138,240
	Santa Fe	9,815	35,567	19,240	64,622	447	830	154	1,431	27,799	38,858	8,910	75,567	1,377	2,031	402	3,809	531	1,294	262	2,087	39,969	78,579	28,967	147,516
	Sierra	1,120	3,438	3,233	7,791	37	30	24	91	1,213	1,569	586	3,368	34	86	31	152	3	29	21	54	2,407	5,153	3,896	11,456
	Socorro	1,661	3,239	1,537	6,436	93	107	10	210	3,349	4,061	1,242	8,652	986	957	139	2,083	76	117	14	207	6,166	8,479	2,942	17,588
	Taos	1,862	6,698	3,767	12,328	80	82	31	194	6,089	9,400	3,334	18,823	607	1,009	309	1,924	41	200	25	266	8,679	17,389	7,467	33,535
	Torrance	2,031	4,526	1,961	8,518	108	157	23	288	2,513	3,174	799	6,486	130	196	35	362	34	39	14	88	4,817	8,092	2,832	15,742
	Union	580	1,256	626	2,461	12	70	1	83	581	985	249	1,814	10	38	3	51	4	20	7	31	1,186	2,369	886	4,441
	Valencia	6,048	14,385	6,242	26,675	309	533	128	970	18,157	22,305	5,083	45,544	1,053	1,475	276	2,805	162	273	75	510	25,730	38,971	11,804	76,504
Both Sexes Total		196,019	442,814	192,716	831,550	18,296	22,998	4,478	45,771	413,861	483,208	102,960	1,000,028	75,668	93,702	16,943	186,313	10,573	20,494	3,652	34,719	714,416	1,063,216	320,748	2,098,381

* 2014 population is reported here because 2012 was the mid-point year for the 2012-2016 timeframe used in this report

SOURCE: University of New Mexico Geospatial and Population Studies

Appendix 2

Substance Abuse and Mental Healthin New Mexico, by Age Group, 2014-2015

National Survey on Drug Use and Health (NSDUH)

Appendix 2A. Selected 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 2014-2015

Measure	12+	12-17 Years	18-25 Years	26+ Years	18+ years
ILLICIT DRUGS[2]					
Past Year Marijuana Use	253	25	71	157	228
Past Month Marijuana Use	174	14	47	113	160
Past Year Cocaine Use	33	1	13	18	32
Past Year Heroin Use	3	0	1	2	3
First Use of Marijuana[3]	18	9	7	2	10
ALCOHOL					
Past Month Alcohol Use	807	16	127	665	791
Past Month Alcohol Use (12-20 Years)	484	_	_	_	_
TOBACCO PRODUCTS[4]					
Past Month Tobacco Product Use	414	10	81	324	404
Past Month Cigarette Use	349	7	68	274	342
PAST YEAR ALCOHOL USE DISORDER					
Alcohol Dependence[1]	69	2	14	53	67
Alcohol Use Disorder	117	4	27	85	113
PAST YEAR MENTAL HEALTH ISSUES					
Major Depressive Episode[7]	_	19	20	83	102
Serious Mental Illness[6]	_	_	10	59	69
Any Mental Illness[5]	_	_	48	261	309
Had Serious Thoughts of Suicide	_	_	18	45	63

+ All figures are percent prevalence rates; figures in parantheses are 95% confidence intervals
* Low precision; no estimate reported

Source: 2012, 2013, and 2014 National Survey on Drug Use and Health (NSDUH), Substance Abuse and Mental Health Services Administration, Office of Applied Studies

Appendix 2B. Selected Drug Use, Past Year Alcohol Use Disorder, and Past Year Mental Health Measures in New Mexico, by Age Group: Percenatges, Annual Averages Based on 2014-2015 NSDUHs

Measure	12+	12-17 Years	18-25 Years	26+ Years	18+ years
ILLICIT DRUGS[2]					
Past Year Marijuana Use	14.72	15.15	31.08	11.87	14.67
Past Month Marijuana Use	10.14	8.53	20.61	8.55	10.31
Past Year Cocaine Use	1.92	0.82	5.93	1.38	2.04
Past Year Heroin Use	0.18	0.08	0.4	0.16	0.2
First Use of Marijuana[3]	2.01	6.71	6.9	0.36	1.21
ALCOHOL					
Past Month Alcohol Use	47.02	9.4	55.79	50.25	51.06
Past Month Alcohol Use (12-20 Years)[8]	19.4	_	_	_	_
TOBACCO PRODUCTS[4]					
Past Month Tobacco Product Use	24.15	6.26	35.47	24.46	26.07
Past Month Cigarette Use	20.32	4.11	30.09	20.68	22.05
PAST YEAR ALCOHOL USE DISORDER					
Alcohol Dependence[1]	4.02	1.23	6.36	3.98	4.32
Alcohol Use Disorder	6.82	2.59	12.05	6.46	7.28
PAST YEAR MENTAL HEALTH ISSUES					
Major Depressive Episode[7]	_	11.5	8.59	6.25	6.59
Serious Mental Illness[6]	_	_	4.46	4.47	4.47
Any Mental Illness[5]	_	_	21.26	19.7	19.93
Had Serious Thoughts of Suicide	_	_	7.93	3.42	4.08

* _ Not available

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014 and 2015.

Appendix 3

Substance Abuse and Mental Health by National Regions, Age 12+, 2014-2015

National Survey on Drug Use and Health (NSDUH)

Appendix 3A. Substance Abuse and Mental Health,U.S. Regions & New Mexico, Percentages, Annual Averages Based on 2014 and 2015 NSDUHs

INDICATORS+	TOTAL U.S.	NORTHEAST	MIDWEST	SOUTH	WEST	NEW MEXICO
ALCOHOL among persons aged 12 or older						
Past Month Alcohol Use	52.18	56.66	54.36	48.85	52.07	47.02
	(51.71 - 52.64)	(55.74 - 57.57)	(53.57 - 55.15)	(48.16 - 49.55)	(51.20 - 52.93)	(44.17 - 49.90)
Past Year Alcohol use disorder	6.14	6.39	6.25	5.76	6.47	6.82
	(5.96 - 6.33)	(6.01 - 6.78)	(5.94 - 6.58)	(5.48 - 6.04)	(6.10 - 6.87)	(5.73 - 8.10)
Past Year Alcohol dependence[1]	2.97	3.09	2.86	2.73	3.37	4.02
	(2.84 - 3.11)	(2.83 - 3.38)	(2.65 - 3.08)	(2.54 - 2.92)	(3.10 - 3.66)	(3.13 - 5.16)
ILLICIT DRUGS[2] among persons aged 12 or older						
Past Year Cocaine Use	1.76	2.18	1.43	1.56	2.05	1.92
	(1.66 - 1.86)	(1.97 - 2.40)	(1.29 - 1.59)	(1.44 - 1.70)	(1.85 - 2.27)	(1.41 - 2.62)
Past Year Heroin Use	0.33	0.54	0.31	0.26	0.29	0.18
	(0.29 - 0.37)	(0.43 - 0.68)	(0.24 - 0.40)	(0.20 - 0.32)	(0.22 - 0.38)	(0.07 - 0.47)
Marijuana First Use[3]	1.95	2.04	1.96	1.75	2.21	2.01
	(1.88 - 2.02)	(1.91 - 2.18)	(1.85 - 2.07)	(1.66 - 1.86)	(2.07 - 2.35)	(1.73 - 2.34)
Past Month Marijuana Use	8.34	9.28	7.92	7.02	10.08	10.14
	(8.12 - 8.56)	(8.83 - 9.75)	(7.56 - 8.29)	(6.74 - 7.32)	(9.61 - 10.56)	(8.60 - 11.91)
Past Year Marijuana Use	13.36	14.66	12.76	11.64	15.62	14.72
	(13.07 - 13.65)	(14.08 - 15.26)	(12.30 - 13.23)	(11.26 - 12.04)	(15.02 - 16.25)	(12.87 - 16.78)
TOBACCO among persons aged 12 or older						
Past Month Tobacco Product Use[4]	24.56	23.3	27.39	26.24	20.29	24.15
	(24.17 - 24.95)	(22.52 - 24.11)	(26.68 - 28.11)	(25.64 - 26.85)	(19.59 - 21.01)	(21.94 - 26.51)
Past Month Cigarette Use	20.12	19.13	22.5	21.41	16.66	20.32
	(19.74 - 20.50)	(18.41 - 19.86)	(21.87 - 23.15)	(20.86 - 21.97)	(16.03 - 17.31)	(18.20 - 22.61)
MENTAL HEALTH among persons aged 18 or older						
Any mental illness[5] in past year	18.01	17.76	18.34	17.82	18.18	19.93
	(17.65 - 18.36)	(17.08 - 18.46)	(17.74 - 18.95)	(17.29 - 18.36)	(17.53 - 18.85)	(17.80 - 22.24)
Serious mental illness[6] in past year	4.05	3.94	4.36	4	3.96	4.47
	(3.89 - 4.22)	(3.62 - 4.27)	(4.06 - 4.67)	(3.75 - 4.26)	(3.66 - 4.28)	(3.62 - 5.51)
Major Depressive Episode[7] in past year	6.64	6.82	6.87	6.52	6.47	6.59
	(6.43 - 6.85)	(6.42 - 7.24)	(6.53 - 7.24)	(6.22 - 6.84)	(6.10 - 6.86)	(5.51 - 7.87)
Had serious thoughts of suicide in past year	3.99	3.93	4.14	3.86	4.12	4.08
	(3.83 - 4.16)	(3.64 - 4.24)	(3.88 - 4.42)	(3.64 - 4.10)	(3.83 - 4.44)	(3.32 - 5.00)
+ All figures are percent prevalence rates; figures in parantheses are 95% confidence intervals						
* Low precision; no estimate reported						
Source: 2012, 2013, and 2014 National Survey on Drug Use and Health (NSDUH), Substance Abuse and Mental Health Services Administration , Office of Applied Studies						

Appendix 3B. Substance Abuse and Mental Health,U.S. Regions & New Mexico, by Age Group, Percentages, Annual Averages Based on 2014 and 2015 NSDUHs

INDICATORS[+]	AGE GROUP	TOTAL U.S.	NORTHEAST	MIDWEST	SOUTH	WEST	NEW MEXICO
ALCOHOL among persons aged 12 or older							
Past Month Alcohol Use	Age 12-17	10.58	12.57	10.3	9.74	10.76	9.4
		(10.15 - 11.02)	(11.69 - 13.50)	(9.67 - 10.98)	(9.20 - 10.31)	(9.96 - 11.62)	(7.63 - 11.53)
	Age 18-25	58.96	64.17	61.88	56.16	56.92	55.79
		(58.16 - 59.77)	(62.79 - 65.53)	(60.67 - 63.06)	(55.10 - 57.21)	(55.52 - 58.30)	(51.63 - 59.87)
	Age 26+	56.04	60.3	58.48	52.42	56.3	50.25
		(55.48 - 56.59)	(59.17 - 61.42)	(57.51 - 59.44)	(51.57 - 53.26)	(55.25 - 57.35)	(46.76 - 53.74)
	Age 18+	56.46	60.85	58.97	52.95	56.39	51.06
		(55.96 - 56.96)	(59.84 - 61.84)	(58.11 - 59.83)	(52.19 - 53.72)	(55.44 - 57.34)	(47.93 - 54.18)
Past Year Alcohol use disorder	Age 12-17	51.06	2.72	2.52	2.52	2.78	2.59
		(47.93 - 54.18)	(2.37 - 3.12)	(2.22 - 2.86)	(2.26 - 2.81)	(2.38 - 3.25)	(1.83 - 3.67)
	Age 18-25	11.61	12.31	12.45	10.61	11.88	12.05
		(11.15 - 12.08)	(11.46 - 13.22)	(11.76 - 13.17)	(10.03 - 11.21)	(11.09 - 12.73)	(9.99 - 14.46)
	Age 26+	5.64	5.82	5.66	5.34	5.99	6.46
		(5.43 - 5.87)	(5.38 - 6.29)	(5.29 - 6.05)	(5.01 - 5.69)	(5.53 - 6.47)	(5.17 - 8.05)
	Age 18+	6.51	6.73	6.64	6.09	6.86	7.28
		(6.31 - 6.71)	(6.33 - 7.16)	(6.30 - 7.01)	(5.79 - 6.41)	(6.45 - 7.30)	(6.08 - 8.68)
Past Year Alcohol dependence[1]	Age 12-17	0.95	0.94	0.93	0.92	1.05	1.23
		(0.83 - 1.09)	(0.78 - 1.14)	(0.78 - 1.10)	(0.77 - 1.09)	(0.84 - 1.30)	(0.80 - 1.89)
	Age 18-25	5.18	5.25	5.30	4.66	5.82	6.36
		(4.89 - 5.49)	(4.67 - 5.90)	(4.83 - 5.81)	(4.29 - 5.06)	(5.23 - 6.47)	(4.77 - 8.42)
	Age 26+	2.84	2.98	2.68	2.62	3.23	3.98
		(2.69 - 3.00)	(2.67 - 3.32)	(2.44 - 2.95)	(2.40 - 2.86)	(2.92 - 3.57)	(2.95 - 5.34)
	Age 18+	3.18	3.30	3.06	2.92	3.61	4.32
		(3.04 - 3.33)	(3.01 - 3.61)	(2.83 - 3.31)	(2.71 - 3.13)	(3.32 - 3.93)	(3.34 - 5.57)
ILLICIT DRUGS[2] among persons aged 12 or older							
Past Year Cocaine Use	Age 12-17	0.64	0.66	0.54	0.57	0.85	0.82
		(0.54 - 0.77)	(0.52 - 0.85)	(0.42 - 0.70)	(0.45 - 0.71)	(0.65 - 1.10)	(0.50 - 1.33)
	Age 18-25	4.98	6.06	4.22	4.32	5.88	5.93
		(4.65 - 5.34)	(5.44 - 6.75)	(3.78 - 4.70)	(3.95 - 4.73)	(5.25 - 6.58)	(4.33 - 8.08)
	Age 26+	1.35	1.71	1.07	1.22	1.53	1.38
		(1.24 - 1.47)	(1.49 - 1.96)	(0.92 - 1.24)	(1.08 - 1.38)	(1.32 - 1.78)	(0.92 - 2.06)
	Age 18+	1.88	2.32	1.53	1.67	2.18	2.04
		(1.77 - 1.99)	(2.10 - 2.57)	(1.37 - 1.70)	(1.53 - 1.82)	(1.96 - 2.42)	(1.49 - 2.80)
Past Year Heroin Use	Age 12-17	0.10	0.13	0.10	0.08	0.11	0.08
		(0.07 - 0.15)	(0.08 - 0.21)	(0.06 - 0.17)	(0.04 - 0.14)	(0.06 - 0.20)	(0.02 - 0.25)
	Age 18-25	0.69	0.98	0.74	0.56	0.65	0.40
		(0.58 - 0.82)	(0.77 - 1.26)	(0.59 - 0.94)	(0.44 - 0.70)	(0.49 - 0.85)	(0.19 - 0.88)
	Age 26+	0.29	0.52	0.26	0.23	0.25	0.16
		(0.25 - 0.34)	(0.39 - 0.69)	(0.19 - 0.36)	(0.17 - 0.30)	(0.18 - 0.35)	(0.05 - 0.52)
	Age 18+	0.35	0.58	0.33	0.28	0.31	0.20
		(0.31 - 0.40)	(0.46 - 0.74)	(0.26 - 0.43)	(0.22 - 0.35)	(0.23 - 0.41)	(0.08 - 0.51)
Marijuana First Use[3]	Age 12-17	5.41	5.55	5.12	5.13	6.02	6.71
		(5.17 - 5.65)	(5.18 - 5.96)	(4.82 - 5.45)	(4.86 - 5.41)	(5.59 - 6.47)	(5.54 - 8.11)
	Age 18-25	7.88	8.67	8.14	7.12	8.32	6.90
		(7.46 - 8.31)	(7.96 - 9.44)	(7.52 - 8.81)	(6.59 - 7.70)	(7.60 - 9.10)	(5.52 - 8.59)
	Age 26+	0.31	0.34	0.29	0.26	0.41	0.36
		(0.27 - 0.36)	(0.29 - 0.42)	(0.24 - 0.35)	(0.22 - 0.31)	(0.33 - 0.50)	(0.25 - 0.51)
	Age 18+	1.36	1.47	1.39	1.20	1.54	1.21
		(1.29 - 1.43)	(1.34 - 1.60)	(1.28 - 1.51)	(1.10 - 1.30)	(1.40 - 1.68)	(0.99 - 1.48)
Past Month Marijuana Use	Age 12-17	7.20	7.73	6.80	6.49	8.31	8.53
		(6.86 - 7.56)	(7.08 - 8.44)	(6.29 - 7.35)	(6.03 - 6.99)	(7.60 - 9.08)	(6.78 - 10.68)
	Age 18-25	19.70	22.64	19.29	17.79	20.85	20.61
		(19.10 - 20.31)	(21.49 - 23.83)	(18.41 - 20.20)	(17.04 - 18.56)	(19.69 - 22.06)	(17.46 - 24.16)
	Age 26+	6.55	7.27	6.12	5.28	8.42	8.55
		(6.31 - 6.80)	(6.76 - 7.80)	(5.72 - 6.55)	(4.96 - 5.62)	(7.88 - 8.99)	(6.89 - 10.55)
	Age 18+	8.45	9.43	8.03	7.08	10.26	10.31
		(8.21 - 8.70)	(8.95 - 9.94)	(7.65 - 8.43)	(6.77 - 7.40)	(9.76 - 10.79)	(8.67 - 12.22)
Past Year Marijuana Use	Age 12-17	12.86	13.51	12.33	11.88	14.43	15.15
		(12.40 - 13.33)	(12.67 - 14.40)	(11.67 - 13.02)	(11.26 - 12.54)	(13.50 - 15.40)	(12.72 - 17.94)
	Age 18-25	32.07	36.45	32.20	29.20	33.19	31.08
		(31.37 - 32.78)	(35.03 - 37.90)	(31.07 - 33.35)	(28.19 - 30.23)	(31.81 - 34.60)	(27.52 - 34.87)
	Age 26+	10.25	11.22	9.51	8.67	12.71	11.87
		(9.94 - 10.57)	(10.58 - 11.89)	(9.01 - 10.04)	(8.25 - 9.10)	(12.02 - 13.43)	(9.81 - 14.29)
	Age 18+	13.41	14.77	12.80	11.62	15.75	14.67
		(13.10 - 13.72)	(14.15 - 15.42)	(12.31 - 13.32)	(11.20 - 12.05)	(15.10 - 16.43)	(12.71 - 16.88)

+ All figures are percent prevalence rates; figures in parantheses are 95% confidence intervals
* Low precision; no estimate reported

Source: 2012, 2013, and 2014 National Survey on Drug Use and Health (NSDUH), Substance Abuse and Mental Health Services Administration, Office of Applied Studies

Appendix 3B. Substance Abuse and Mental Health,U.S. Regions & New Mexico, by Age Group, Percentages, Annual Averages Based on 2014 and 2015 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	6.50	6.22	7.68	6.67	5.35	6.26
		(6.17 - 6.84)	(5.66 - 6.83)	(7.14 - 8.27)	(6.22 - 7.15)	(4.84 - 5.91)	(4.85 - 8.04)
	Age 18-25	34.02	32.89	38.61	35.33	28.78	35.47
		(33.29 - 34.76)	(31.57 - 34.23)	(37.43 - 39.81)	(34.32 - 36.34)	(27.53 - 30.07)	(31.64 - 39.49)
	Age 26+	25.14	23.62	27.90	27.11	20.65	24.46
		(24.68 - 25.60)	(22.66 - 24.61)	(27.00 - 28.82)	(26.33 - 27.90)	(19.78 - 21.55)	(21.87 - 27.26)
	Age 18+	26.42	24.92	29.46	28.29	21.86	26.07
		(26.00 - 26.85)	(24.07 - 25.80)	(28.68 - 30.24)	(27.64 - 28.96)	(21.10 - 22.63)	(23.66 - 28.63)
Past Month Cigarette Use	Age 12-17	4.53	4.37	5.55	4.50	3.75	4.11
		(4.25 - 4.82)	(3.93 - 4.84)	(5.10 - 6.04)	(4.14 - 4.89)	(3.33 - 4.22)	(3.11 - 5.42)
	Age 18-25	27.54	26.89	30.61	28.57	23.72	30.09
		(26.84 - 28.25)	(25.55 - 28.28)	(29.38 - 31.86)	(27.54 - 29.62)	(22.43 - 25.07)	(26.29 - 34.20)
	Age 26+	20.74	19.48	23.20	22.28	17.02	20.68
		(20.30 - 21.19)	(18.59 - 20.41)	(22.40 - 24.03)	(21.56 - 23.03)	(16.21 - 17.87)	(18.20 - 23.40)
	Age 18+	21.72	20.53	24.28	23.19	18.01	22.05
		(21.32 - 22.14)	(19.75 - 21.33)	(23.59 - 24.98)	(22.59 - 23.80)	(17.32 - 18.73)	(19.74 - 24.55)
MENTAL HEALTH among persons aged 18 or older							
Any Mental Illness in past year[5]	Age 18-25	20.89	22.00	21.43	19.31	22.03	21.26
		(20.35 - 21.44)	(20.90 - 23.14)	(20.54 - 22.35)	(18.57 - 20.07)	(20.96 - 23.13)	(18.30 - 24.55)
	Age 26+	17.52	17.07	17.81	17.57	17.51	19.70
		(17.12 - 17.92)	(16.31 - 17.86)	(17.15 - 18.50)	(16.97 - 18.18)	(16.79 - 18.26)	(17.32 - 22.31)
	Age 18+	18.01	17.76	18.34	17.82	18.18	19.93
		(17.65 - 18.36)	(17.08 - 18.46)	(17.74 - 18.95)	(17.29 - 18.36)	(17.53 - 18.85)	(17.80 - 22.24)
Serious mental illness6 in past year	Age 18-25	4.92 (4.64 - 5.22)	5.15 (4.67 - 5.68)	5.33 (4.89 - 5.80)	4.54 (4.19 - 4.91)	4.98 (4.51 - 5.50)	4.46 (3.46 - 5.74)
	Age 26+	3.91	3.74	4.19	3.91	3.78	4.47
		(3.72 - 4.10)	(3.39 - 4.11)	(3.87 - 4.54)	(3.64 - 4.20)	(3.45 - 4.14)	(3.53 - 5.65)
	Age 18+	4.05	3.94	4.36	4.00	3.96	4.47
		(3.89 - 4.22)	(3.62 - 4.27)	(4.06 - 4.67)	(3.75 - 4.26)	(3.66 - 4.28)	(3.62 - 5.51)
Had serious thoughts of suicide in past year	Age 18-25	7.88	8.15	8.08	7.40	8.25	7.93
		(7.53 - 8.25)	(7.51 - 8.85)	(7.54 - 8.65)	(6.94 - 7.89)	(7.59 - 8.96)	(6.33 - 9.89)
	Age 26+	3.34	3.24	3.48	3.27	3.41	3.42
		(3.16 - 3.53)	(2.94 - 3.58)	(3.20 - 3.77)	(3.03 - 3.53)	(3.10 - 3.75)	(2.65 - 4.42)
	Age 18+	3.99	3.93	4.14	3.86	4.12	4.08
		(3.83 - 4.16)	(3.64 - 4.24)	(3.88 - 4.42)	(3.64 - 4.10)	(3.83 - 4.44)	(3.32 - 5.00)
Major Depressive Episode in past year[7]	Age 12-17	11.93	11.68	12.12	11.51	12.59	11.50
		(11.48 - 12.40)	(10.92 - 12.49)	(11.45 - 12.82)	(10.93 - 12.12)	(11.77 - 13.46)	(9.53 - 13.82)
	Age 18-25	9.79	10.56	10.23	9.09	9.94	8.59
		(9.41 - 10.19)	(9.79 - 11.38)	(9.60 - 10.90)	(8.56 - 9.65)	(9.20 - 10.72)	(6.84 - 10.73)
	Age 26+	6.11	6.21	6.31	6.09	5.87	6.25
		(5.88 - 6.34)	(5.78 - 6.66)	(5.93 - 6.71)	(5.75 - 6.45)	(5.46 - 6.30)	(5.06 - 7.69)
	Age 18+	6.64	6.82	6.87	6.52	6.47	6.59
		(6.43 - 6.85)	(6.42 - 7.24)	(6.53 - 7.24)	(6.22 - 6.84)	(6.10 - 6.86)	(5.51 - 7.87)

+ All figures are percent prevalence rates; figures in parantheses are 95% confidence intervals
* Low precision; no estimate
reported
Source: 2012, 2013, and 2014 National Survey on Drug Use and Health (NSDUH), Substance Abuse and Mental Health Services Administratio

Appendix 2A, 2B, 3A, & 3B. FOOTNOTES

1 . 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, or prescription-type psychotherapeutics used nonmedically.

3. *Average annual marijuana initiation rate* = $100 * \{[X_1 \div (0.5 * X_1 + X_2)] \div 2\}$, where X_1 is the number of marijuana initiates in the past 24 months and X_2 is the number of persons who never used marijuana.

4. Tobacco Products include cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco.

5. Any mental illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a substance use disorder, that met the criteria found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (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 substance use disorder, that met the criteria found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and resulted in serious functional impairment in carrying out major life activities.

7. Major depressive episode (MDE) is defined as in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (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.

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.

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		