

# New Mexico Substance Use Epidemiology Profile

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## Statewide Epidemiological and Outcomes Workgroup (SEOW)

The Statewide Epidemiological and Outcomes Workgroup (SEOW) currently functions as a guiding body for all OSAP grant recipient prevention strategies in 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 Use Epidemiology Profile as part of its mission to create a focus on community-based and data-driven planning and accountability. The ongoing focus of the SEOW is the development and informed use of assessment data and indicators for use in community planning, prioritization, and evaluation and the support of evidence-based strategies, policies, and practices in all community prevention activity. The current membership of New Mexico SEOW includes representatives from BHSD: Dr. Wayne Lindstrom and Mika Tari. Community Members: Sharon Aguilar, Pamela Drake, Tanya Henderson, Athena Huckaby, and John Steiner. CYFD Children's Behavioral Health: Michael Hock. DFA DWI Program: Julie Krupcale. Evaluators: Ann Del Vecchio, Natalie Skogerboe, and Sindy Sacoman. NMDOH-ERD Injury and Behavioral Epidemiology Bureau: Jim Davis, Karen Edge, Ihsan Mahdi, Annaliese Mayette, Carol Moss, Hayley Peterson, Luigi Garcia Saavedra, and Chris Trujillo. NMHSD-BHSD Office of Substance Abuse Prevention: Karen Cheman, Anwar Walker, Antonette Silva-Jose, Heather Burnham, and Jay Quintana. NM Prevention Workforce Training System, Kamama Consulting: Paula Feathers. Pacific Institute for Research & Evaluation (PIRE): Liz Lilliott, Martha Waller, Kim Zamarin, Marissa Elias, 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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# INTRODUCTION

## New Mexico Substance Use Epidemiology Profile

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

## Important Notes about Comparability to Previous Reports

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

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

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

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

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

- Data for risk behaviors (BRFSS-based) indicators have been aggregated for years 2015-2017, 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.

- Opioid Overdose Related ED visits data cannot be compared to previous editions of the Substance Use Epidemiology Profile as the data source changed for the 2018 report. The 2018 report uses ED Syndromic Surveillance. Previous reports used the Annual ED data file.

## How to Use this Report

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

A combined five-year period is used when presenting deaths, emergency department visits, and hospital discharges. Combining counts over multiple years is necessary because in many New Mexico counties, there may be 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 2013-2017, the most current available five-year period.

## INTRODUCTION (continued)

### Use of this Report: The Problem Statements

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

### Use of this Report: Tables and Charts

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

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

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

### Use of this Report: Rates and Numbers

Both rates and the numbers of events are presented in the tables and charts of this report. While the rates are very important for indicating the degree of an issue in a given county or population group, they only provide part of the picture needed for comparing the burden of a problem from one county or group to another. The number of events also needs to be considered when making planning decisions. For example, Rio Arriba County has an alcohol-related death rate (139.4 per 100,000 population) more than twice that of Bernalillo County (59.0 per 100,000 population). However, the number of alcohol-related deaths in Bernalillo County (2,139) is over seven times the number in Rio Arriba County (278). While the problem is more severe in Rio Arriba County (reflected in higher rate), Bernalillo County bears a larger proportion of the statewide burden (31.5% of all alcohol-related deaths in the state compared to 4.1% for Rio Arriba County). When prioritizing the distribution of resources and selecting interventions, it is important to look at both the total number of deaths and the death rate. Because of its extremely high rate of alcohol-related deaths, interventions that address this problem are very important in Rio Arriba County. At the same time, Bernalillo County is also very important when considering interventions because it bears much of the statewide burden of alcohol-related deaths.



## INTRODUCTION (continued)

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

For survey-based measures of risk behaviors (i.e., BRFSS and YRRS), rates based on fewer than 50 respondents for a given table cell 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 with 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 in Appendix 4.

### Other Data Resources

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

- **Other reports produced by the Substance Abuse Epidemiology Section (SAES)**, Injury and Behavioral Epidemiology Bureau (IBEB), Epidemiology and Response Division (ERD), New Mexico Department of Health (NMDOH).  
Available online at:  
<http://nmhealth.org/about/erd/ibeb/sap/>
- **New Mexico Behavioral Risk Factor Surveillance System (BRFSS) reports**, produced by the Survey Section, IBEB-ERD-NMDOH.  
Available online at:  
<https://nmhealth.org/about/erd/ibeb/brfss/>
- **New Mexico Youth Risk and Resiliency Survey (YRRS) reports**, produced by NMDOH, NM Public Education Department, and the UNM Prevention Research Center.  
Available online at:  
<https://nmhealth.org/about/erd/ibeb/yrrs/>
- **Emergency Department Data (EDD) Syndromic Surveillance**, produced by the Health Systems Epidemiology program, ERD-NMDOH  
Available online at:  
<http://nmhealth.org/about/erd/hsep/edd/>
- **Hospital Inpatient Discharge Data (HIDD) Annual Reports**, produced by the Health Systems Epidemiology program, ERD-NMDOH  
Available online at:  
<http://nmhealth.org/about/erd/hsep/hidd/>

## INTRODUCTION (continued)

### Technical Note: Methodological Changes since Previous Reports

#### Changes to the Definition of Alcohol-Related Death

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

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

#### Changes to Race/Ethnicity Categories

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

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

In 2012, NMDOH adopted a new standard for reporting race/ethnicity. The New Mexico reporting standard uses the estimates by bridged race and Hispanic ethnicity. Presentation of race and ethnicity 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](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 all previous reports.

#### Changes to the Emergency Department Data

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

During the time period of the data in the report (2013-2017), the number of participating emergency departments participating in Syndromic Surveillance Reporting expanded greatly.

#### Changes to the NSDUH Questionnaire and data collection:

In 2015, a number of changes were made to the NSDUH questionnaire and data collection procedures resulting in the establishment of a new baseline for a number of measures. Therefore, estimates for several measures included in prior reports are not available. For details, see Section A.6 of the "2015-2016 NSDUH: Guide to State Tables and Summary of Small Area Estimation Methodology" at: <https://www.samhsa.gov/data/report/2015-2016-nsduh-guide-state-tables-and-summary-sae-methodology>

# EXECUTIVE SUMMARY

## Consequences of Substance Use

### Introduction

All of the ten leading causes of death in New Mexico are, at least partially, attributable to the use of alcohol, tobacco, or other drugs. In 2016, the ten leading causes of death in New Mexico were diseases of the heart, malignant neoplasms, unintentional injuries, chronic lower respiratory diseases, cerebrovascular diseases, diabetes, Alzheimer's disease, chronic liver disease and cirrhosis, suicide, and influenza and pneumonia. Of these, chronic liver disease, unintentional injuries, and suicide are associated with alcohol use; chronic lower respiratory diseases and influenza and pneumonia are associated with tobacco use; heart disease, malignant neoplasms, and cerebrovascular diseases are associated with both alcohol and tobacco use; and unintentional injuries and suicide are associated with the use of other drugs.

### Alcohol-Related Deaths and Hospitalizations

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

Death rates from alcohol-related causes increase with age. However, one in five deaths among working age adults (20-64) in NM is attributable to alcohol. Male rates are substantially higher than female rates. American Indians had higher alcohol-related death rates than other race/ethnicities. McKinley and Rio Arriba counties had extremely high alcohol-related death rates, driven by high rates in the American Indian and Hispanic male populations. The counties with the most deaths for the five-year period of 2013-2017 were Bernalillo, McKinley, San Juan, Dona Ana, and Santa Fe. New Mexico has extremely high death rates due to both alcohol-related chronic diseases and alcohol-related injuries.

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

- Alcohol-related chronic liver disease (AR-CLD) accounts for the most deaths due to alcohol-related chronic disease. AR-CLD death rates are extremely high among American Indians, both male and female, and Hispanic males. The high rates among American Indians and Hispanic males between the ages of 35 and 64 represent a tremendous burden in terms of years of potential life lost (YPLL). While Bernalillo County had the highest number of deaths due to AR-CLD (677 for the years 2013-2017), two counties that stand out for their very high rates were McKinley and Rio Arriba, which had rates that were more than six times the national rate.

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

- Alcohol-Related Injury Death. NM's rate of alcohol-related injury death was approximately 1.4 times the national rate. In the current reporting period (2013-2017), drug overdose surpassed alcohol-related motor vehicle traffic crashes and falls as the leading cause of alcohol-related injury death. Numerous other types of injury death are also associated with excessive alcohol use (particularly binge drinking). Deaths from drug overdose, a portion of which are partially attributable to alcohol, have increased substantially in recent years. Males are more at risk for alcohol-related injury death than females with American Indian males having particularly elevated risk.

## EXECUTIVE SUMMARY (continued)

### Consequences of Substance Use (continued)

New Mexico's alcohol-related motor vehicle traffic crash (AR-MVTC) death rate has decreased substantially over the past 30 years. After substantial declines during the 1980s and 1990s, NM's rate stagnated for almost ten years. However, a comprehensive program to prevent driving while intoxicated (DWI) initiated in 2004, resulted in substantial rate declines, particularly during the period 2005-2008. Nonetheless, rate disparities remain; both male and female American Indians have elevated rates, especially among middle age males (age 25-64). Mora, McKinley, Catron, Guadalupe, and Cibola were the counties with the highest alcohol-impaired motor vehicle traffic crash (AI-MVTC) death rates. However, Mora, Catron, and Guadalupe counties had low numbers of deaths, whereas McKinley County had the third highest number of deaths behind Bernalillo and San Juan counties.

#### Smoking-Related Death

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

#### Drug Overdose Death

In 2017, New Mexico had the seventeenth highest drug overdose death rate in the nation. The consequences of drug use continue to burden New Mexico communities. Drug overdose death rates remained higher for males than for females. The highest drug overdose death rate was among Hispanic males. Rio Arriba County had the highest drug overdose death rate in the state. Bernalillo County continued to bear the highest burden of drug overdose death in terms of total numbers of deaths. Unintentional drug overdoses account for 88% 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; 57%), heroin (40%), benzodiazepines (24%), cocaine (13%), and methamphetamine (26%) (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 increased 98.4% in the US between 2004 and 2009. In NM, between 2013 and 2017, ED visits increased by 51%. Male rates of OOR-ED visits were higher compared to female rates. For both groups, Blacks and Hispanics had higher rates compared to other racial/ethnic groups. Rio Arriba County had the highest rate of OOR-ED visits during 2013-2017 with 155.3 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 was consistently among the highest in the nation, at 1.5 to 1.9 times the US rate. Male suicide rates were around three times higher than those of females across all racial/ethnic groups, except Asian/Pacific Islanders and Blacks. For the five-year period 2013-2017, all but eleven 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 use behaviors are important to examine not only because substance use can lead to very negative consequences in the short-term, but also because substance use can have long-term negative consequences. For example, while drinking by youth is a behavior that can lead directly to alcohol-related injury or death, it can also lead to very serious consequences in adulthood, ranging from alcohol abuse or dependence to a variety of diseases associated with chronic heavy drinking.

#### Substance Use Indicators included in this Report

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

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

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

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

- **Adult Heavy Drinking.** In NM, between 2015-2017, 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 (6.5%). Heavy drinking was more prevalent among middle-aged (age 25-64) adults, with 5.7% reporting past-month heavy drinking. New Mexico men were almost 1.4 times more likely to report chronic drinking than women (5.9% v. 4.4%).

- **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 twice as likely to report drinking and driving than women (1.9% v. 0.8%). Hispanic males (2.7%) were more likely to report drinking and driving than American Indian (1.8%) and White (1.2%) males.

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

## EXECUTIVE SUMMARY (continued)

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

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

- Adult Tobacco Use. Between 2015-2017, the prevalence of adult smoking was slightly higher for New Mexico compared to the 2016 US estimates (17.2% 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 2017, smoking was more prevalent among New Mexico high school students (10.6%) than in the nation overall (8.8%). New Mexico boys were more likely than girls to report current smoking (11.9% vs. 9.0%). Black (8.8%), White (9.7%) and Hispanic (10.7%) students had lower rates of current cigarette smoking than American Indian (12.6%) and Asian or Pacific Islander (12.0%) 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 October 12, 2018.

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 October 12, 2018.

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 October 12, 2018.

New Mexico population data, 2000-2017: 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 2017 (8/24/2018 update).

National death data: National Center for Health Statistics (NCHS). Multiple Cause-of-Death files, 1981-2017, 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](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, 1982-2016. Report provided by NHTSA National Center for Statistics and Analysis, Information Services Team. 2008-2016 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.

## EXECUTIVE SUMMARY (continued)

### Data Sources (continued)

(2) Per 100,000 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

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, 1995-2016. Available from: [http://www.cdc.gov/brfss/data\\_tools.htm](http://www.cdc.gov/brfss/data_tools.htm) as of October 12, 2018.

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 October 12, 2018.

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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 2014-2016 National Surveys on Drug Use and Health and Statewide Estimates from 2015-2016. Available from: <https://www.samhsa.gov/data/nsduh/2014-2016-substate-reports>, <https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2016>  
More reporting available from: <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health> as of September 26, 2018





## Section 1

### Consequences



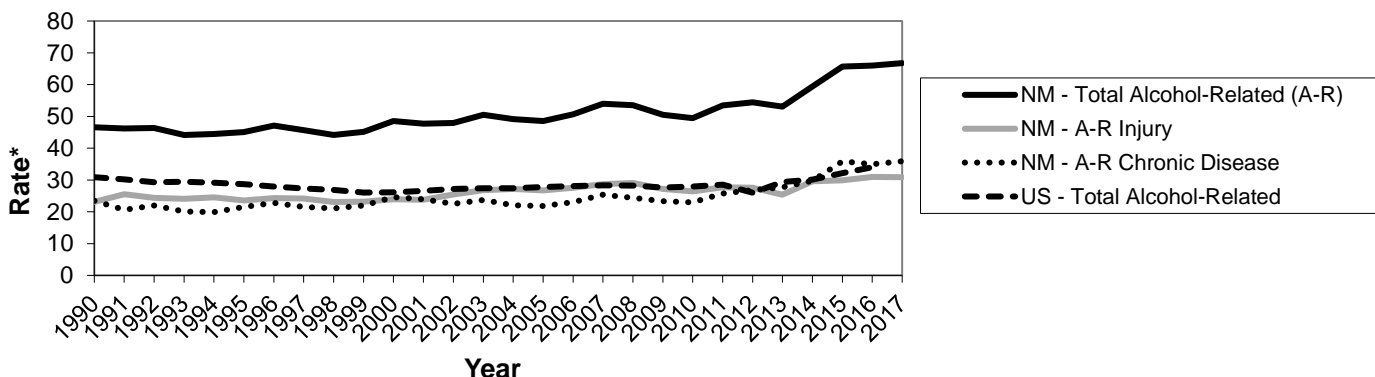
# ALCOHOL-RELATED DEATH

## 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 five deaths.

Chart 1 shows the two principal components of alcohol-related death: deaths due to chronic diseases (such as chronic liver disease), which are strongly associated with chronic heavy drinking; and deaths due to alcohol-related injuries, which are strongly associated with binge drinking. Each category will be considered in more detail later in this report. New Mexico's total alcohol-related death rate increased 16% from 1990 through 2012, driven by a 19% increase in alcohol-related injury death rates from 2001 through 2012. By contrast, the US alcohol-related death rate decreased 8% from 1990 through 2011. Although the alcohol-related chronic disease death rate has remained fairly stable from 1990 to 2009 in NM, from 2010 to 2017 there has been a 56% increase in the alcohol-related chronic disease death rate.

**Chart 1: Alcohol-Related Death Rates\*, New Mexico and United States, 1990-2017**



\*US data are available up to 2016

\* 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, 2013-2017**

Sex	Race/Ethnicity	Deaths				Rates*			
		Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	50	767	87	904	26.0	335.8	238.9	218.9
	Asian/Pacific Islander	2	12	4	18	6.2	27.6	55.7	24.1
	Black	7	61	17	84	15.1	91.3	142.4	70.3
	Hispanic	174	1,476	367	2,016	16.5	121.3	152.2	88.4
	White	65	1,018	514	1,598	13.2	94.7	111.9	64.0
	Total	298	3,356	999	4,653	16.4	127.5	132.1	87.8
Female	American Indian	21	375	75	470	11.0	149.8	140.2	102.0
	Asian/Pacific Islander	1	7	2	10	2.4	12.7	14.4	10.0
	Black	2	20	4	26	5.1	42.2	32.5	26.1
	Hispanic	52	509	222	783	5.1	41.3	75.2	32.7
	White	22	456	361	839	4.9	41.8	68.4	30.0
	Total	98	1,372	665	2,135	5.7	51.3	73.8	37.6
Total	American Indian	70	1,142	162	1,374	18.5	238.6	180.3	156.9
	Asian/Pacific Islander	2	20	6	28	4.4	19.2	30.3	15.7
	Black	9	81	20	110	10.5	70.9	87.5	50.9
	Hispanic	226	1,984	589	2,799	10.9	81.1	109.8	59.7
	White	87	1,474	876	2,437	9.2	68.1	88.6	46.8
	Total	396	4,728	1,665	6,789	11.2	89.1	100.4	62.2

\* 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 DEATH (continued)

## Problem Statement (continued)

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

Table 2 shows that McKinley and Rio Arriba counties had the highest rates of alcohol-related death, with rates more than twice the state rate and more than four times the national rate. Several other counties (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, 2013-2017**

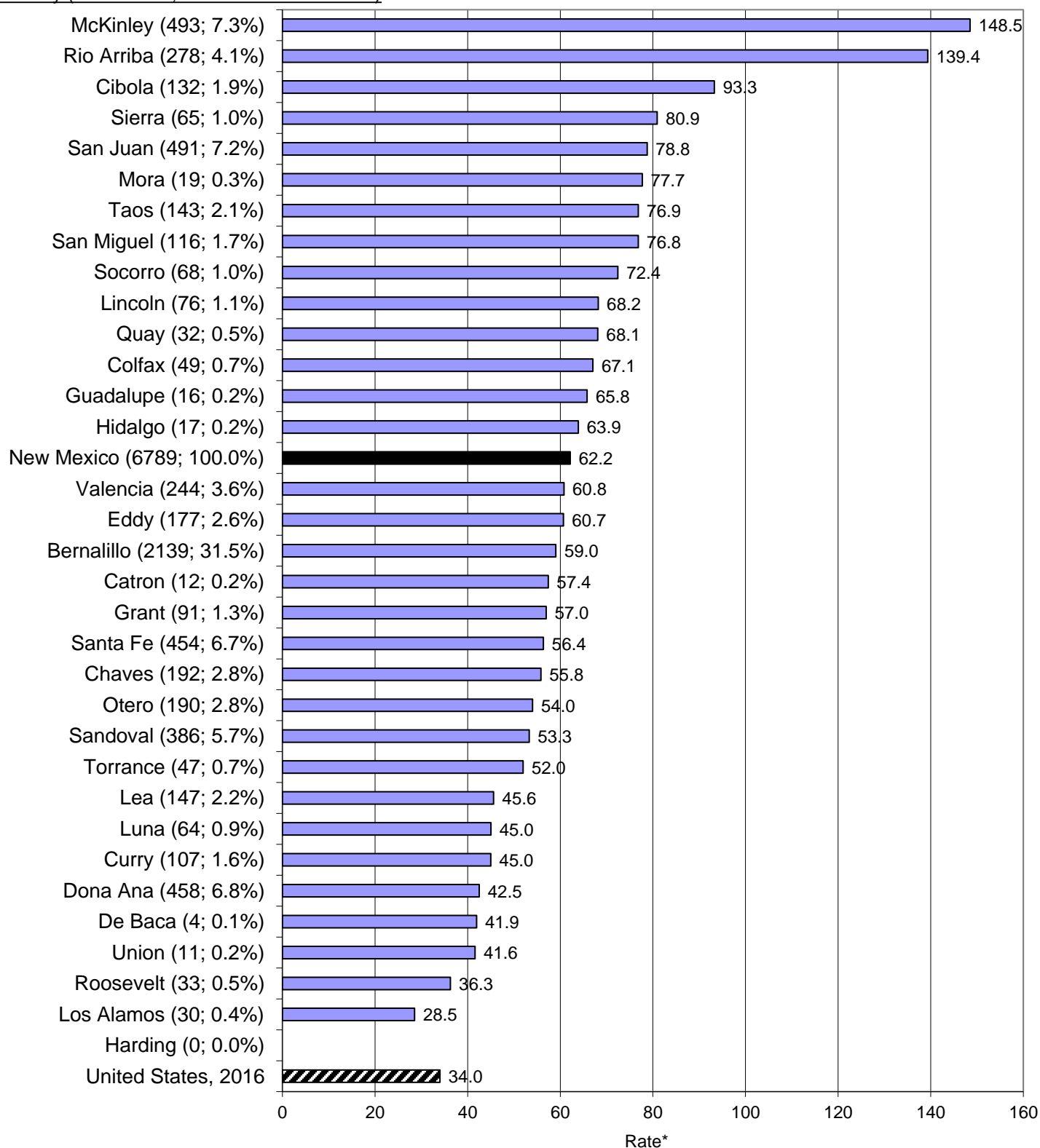
County	Deaths						Rates*					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	199	11	58	990	866	2,139	149.6	11.6	58.8	63.7	49.0	59.0
Catron	1	0	0	3	8	12	152.9	0.0	0.0	81.2	44.2	57.4
Chaves	1	0	3	90	96	192	20.3	0.0	60.9	56.1	56.5	55.8
Cibola	78	0	0	32	22	132	147.9	0.0	0.0	61.0	70.9	93.3
Colfax	0	0	0	31	18	49	0.0	0.0	0.0	94.4	44.4	67.1
Curry	1	1	8	35	62	107	71.0	21.0	58.7	43.5	44.7	45.0
De Baca	0	0	0	2	2	4	0.0	0.0	0.0	59.6	35.3	41.9
Dona Ana	4	4	7	265	175	458	60.1	34.4	36.7	41.5	42.1	42.5
Eddy	3	0	3	73	98	177	97.3	0.0	74.7	59.5	62.7	60.7
Grant	2	0	1	40	48	91	191.9	0.0	90.3	53.9	60.1	57.0
Guadalupe	0	0	0	16	0	16	0.0	0.0	0.0	83.7	0.0	65.8
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	9	7	17	0.0	0.0	0.0	66.3	59.6	63.9
Lea	0	0	8	61	77	147	0.0	0.0	64.0	42.2	52.2	45.6
Lincoln	4	0	0	18	53	76	178.8	0.0	0.0	56.0	70.5	68.2
Los Alamos	0	0	0	4	26	30	0.0	0.0	0.0	26.4	32.3	28.5
Luna	0	0	1	24	38	64	0.0	0.0	58.9	32.9	60.2	45.0
McKinley	447	0	1	29	16	493	181.5	0.0	57.7	66.6	42.7	148.5
Mora	0	0	0	17	2	19	0.0	0.0	0.0	83.9	50.5	77.7
Otero	43	0	5	45	96	190	239.2	0.0	41.5	41.8	44.8	54.0
Quay	1	1	0	16	13	32	381.5	186.0	0.0	84.4	50.2	68.1
Rio Arriba	61	0	2	194	21	278	225.8	0.0	244.7	135.9	64.3	139.4
Roosevelt	1	0	1	12	19	33	77.5	0.0	71.5	39.6	34.7	36.3
Sandoval	122	0	8	109	144	386	157.9	0.0	46.8	44.5	35.8	53.3
San Juan	326	0	1	45	118	491	140.0	0.0	22.1	42.7	38.9	78.8
San Miguel	1	1	0	95	17	116	130.7	113.2	0.0	83.2	45.8	76.8
Santa Fe	25	5	1	258	159	454	137.3	42.0	11.1	68.5	38.5	56.4
Sierra	0	0	0	13	51	65	0.0	0.0	0.0	75.4	79.7	80.9
Socorro	17	0	0	31	20	68	183.0	0.0	0.0	71.0	44.3	72.4
Taos	22	0	0	80	41	143	203.7	0.0	0.0	81.2	52.6	76.9
Torrance	1	0	1	16	29	47	41.6	0.0	61.8	49.1	54.9	52.0
Union	0	0	0	8	3	11	0.0	0.0	0.0	89.7	16.5	41.6
Valencia	12	2	2	138	87	244	86.5	92.8	37.9	63.4	54.1	60.8
New Mexico	1,374	28	110	2,799	2,437	6,789	156.9	15.7	50.9	59.7	46.8	62.2

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

# ALCOHOL-RELATED DEATH (continued)

Chart 2: Alcohol-Related Death Rates\* by County, New Mexico, 2013-2017

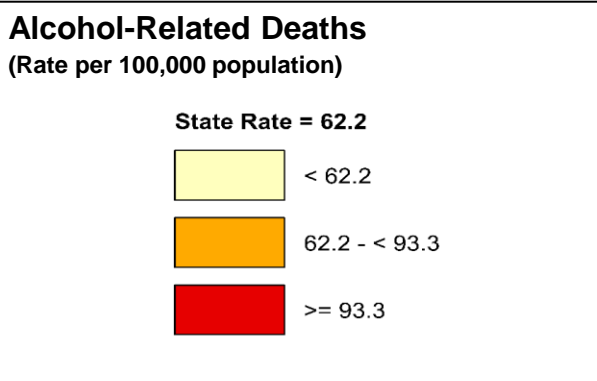
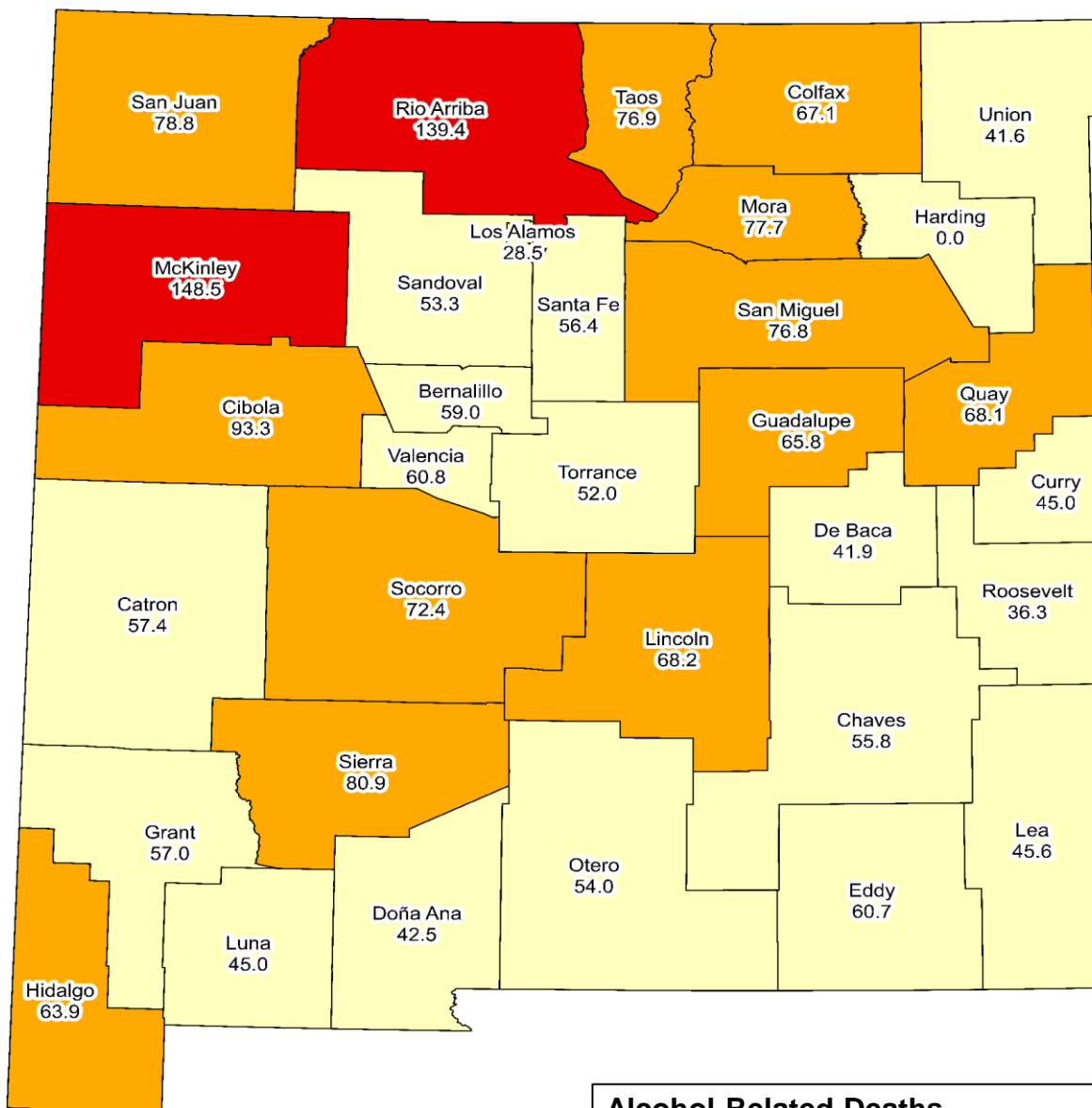
County (# of deaths; % of statewide deaths)



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

# ALCOHOL-RELATED DEATH (continued)

Chart 3: Alcohol-Related Death Rates\* by County, New Mexico, 2013-2017



\* 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

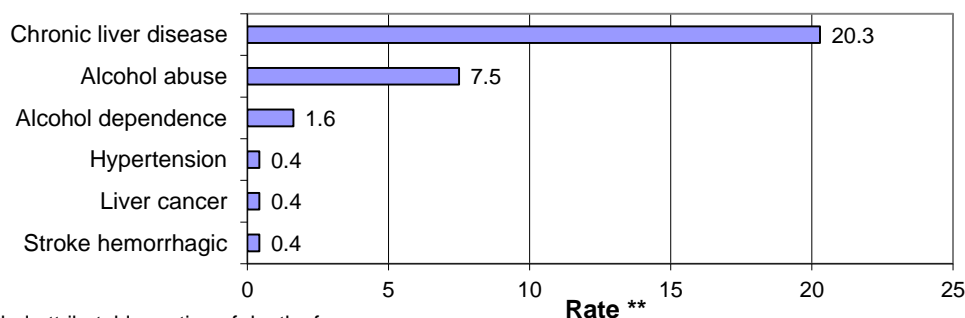
Chronic heavy drinking (defined as drinking, on average, more than two drinks per day for men and more than one drink per day for women) often is associated with alcoholism or alcohol dependence and can cause or contribute to a number of diseases, including alcoholic liver cirrhosis. For the past 15 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 53% from 1990 to 2017.

Chart 1 shows the five leading causes of alcohol-related chronic disease death in New Mexico during 2013-2017. 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 2016 (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, 2013-2017**

### Alcohol-related\* deaths due to:



\* 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, 2013-2017**

Sex	Race/Ethnicity	Deaths				Rates*			
		Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	4	473	60	537	2.2	206.9	163.9	132.2
	Asian/Pacific Islander	0	6	1	7	0.0	13.4	17.5	9.5
	Black	0	24	14	38	0.0	36.3	117.6	33.4
	Hispanic	3	841	257	1,101	0.3	69.1	106.7	49.1
	White	2	546	269	816	0.3	50.8	58.5	28.7
	Total	9	1,901	606	2,516	0.5	72.3	80.1	45.6
Female	American Indian	3	287	60	350	1.7	114.7	112.1	76.4
	Asian/Pacific Islander	0	5	1	5	0.0	7.9	7.2	5.4
	Black	0	13	3	16	0.0	27.4	22.7	15.5
	Hispanic	3	301	127	432	0.3	24.5	43.1	18.0
	White	2	252	139	393	0.3	23.2	26.4	13.6
	Total	8	861	330	1,199	0.5	32.2	36.6	20.9
Total	American Indian	7	759	120	886	2.0	158.7	133.2	102.4
	Asian/Pacific Islander	0	11	2	13	0.0	10.3	11.2	7.1
	Black	0	37	16	54	0.0	32.6	70.2	24.9
	Hispanic	6	1,142	384	1,532	0.3	46.7	71.6	32.9
	White	3	798	408	1,209	0.3	36.9	41.3	20.9
	Total	17	2,762	936	3,715	0.5	52.0	56.5	32.8

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

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 racial/ethnic groups with total, male, and female rates more than twice the corresponding state rates. As mentioned earlier, Hispanic males are also at an elevated risk, with rates more than one and a half times the state rate (49.1 vs. 32.8).

Table 2 shows that McKinley, Rio Arriba, and Cibola counties have the highest death rates for diseases associated with alcohol-related chronic disease. In these counties, the rates are more than 4 times the national rate (13.9). 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, 2013-2017**

County	Deaths						Rates*					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	146	3	29	542	457	1,184	111.7	3.5	28.8	35.4	24.1	31.7
Catron	0	0	0	2	2	5	0.0	0.0	0.0	52.9	6.0	15.5
Chaves	0	0	2	45	49	98	0.0	0.0	31.2	29.9	25.8	27.2
Cibola	56	0	0	21	11	88	104.8	0.0	0.0	38.9	36.9	60.3
Coffax	0	0	0	18	9	27	0.0	0.0	0.0	52.8	16.7	32.4
Curry	1	0	4	14	31	50	58.8	0.0	29.1	21.1	21.9	21.4
De Baca	0	0	0	1	1	2	0.0	0.0	0.0	29.2	7.9	15.7
Dona Ana	4	3	4	146	89	247	55.4	25.2	21.4	23.3	20.2	22.4
Eddy	1	0	2	38	49	89	47.7	0.0	44.3	32.0	27.9	28.8
Grant	1	0	1	20	22	45	132.9	0.0	90.3	25.1	23.0	24.5
Guadalupe	0	0	0	9	0	9	0.0	0.0	0.0	40.5	0.0	30.9
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	4	2	7	0.0	0.0	0.0	33.6	12.8	25.6
Lea	0	0	2	25	29	57	0.0	0.0	18.9	20.5	17.4	17.6
Lincoln	3	0	0	10	28	41	143.1	0.0	0.0	27.5	30.5	32.9
Los Alamos	0	0	0	2	10	11	0.0	0.0	0.0	12.3	9.0	9.0
Luna	0	0	1	14	17	32	0.0	0.0	51.6	18.8	23.9	21.7
McKinley	279	0	1	15	7	302	114.5	0.0	43.7	32.9	14.9	90.9
Mora	0	0	0	7	1	9	0.0	0.0	0.0	30.6	9.5	26.5
Otero	32	0	3	23	46	105	182.2	0.0	23.5	22.0	19.3	29.0
Quay	1	1	0	11	6	20	381.5	186.0	0.0	55.4	22.2	39.4
Rio Arriba	49	0	0	113	15	177	180.1	0.0	0.0	76.0	40.1	85.0
Roosevelt	0	0	0	5	8	13	0.0	0.0	0.0	19.9	14.7	14.8
Sandoval	86	0	6	66	69	228	111.6	0.0	33.8	26.7	14.9	30.1
San Juan	174	0	0	17	50	242	75.4	0.0	0.0	16.6	15.0	38.2
San Miguel	0	1	0	56	9	67	0.0	113.2	0.0	47.4	24.2	43.0
Santa Fe	19	3	0	147	76	249	104.8	22.7	0.0	38.1	16.1	28.6
Sierra	0	0	0	8	29	38	0.0	0.0	0.0	50.2	34.8	42.0
Socorro	10	0	0	14	10	35	115.9	0.0	0.0	31.4	22.0	35.6
Taos	15	0	0	46	21	82	126.0	0.0	0.0	45.2	19.5	39.8
Torrance	0	0	0	9	10	19	0.0	0.0	0.0	22.9	14.3	16.1
Union	0	0	0	7	1	8	0.0	0.0	0.0	73.4	3.2	26.1
Valencia	7	2	0	75	44	129	56.7	53.0	0.0	34.3	22.0	30.3
New Mexico	886	13	54	1,532	1,209	3,715	102.4	7.1	24.9	32.9	20.9	32.8

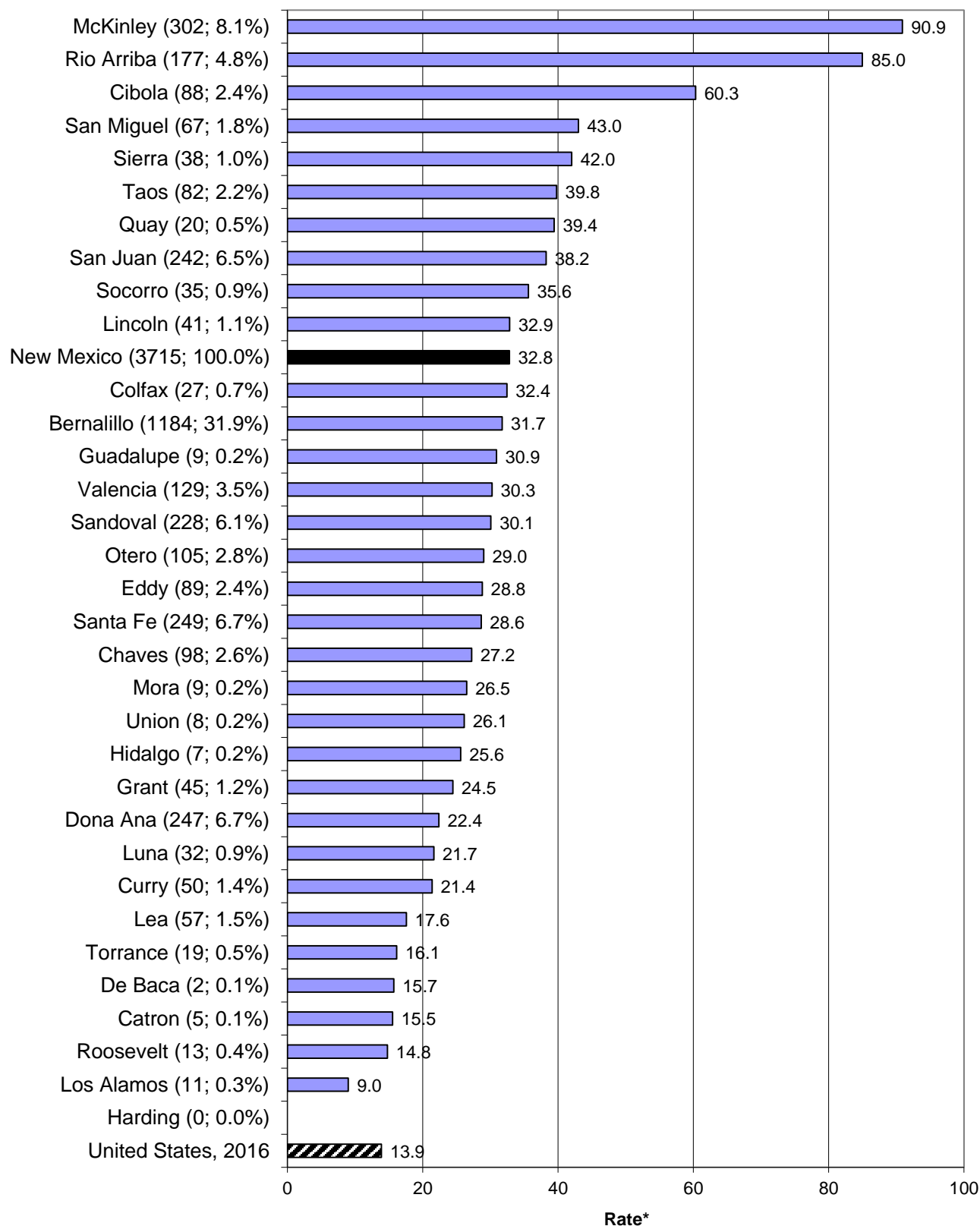
\* All rates are per 100,000, age-adjusted to the 2000 US standard population  
Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES



# ALCOHOL-RELATED CHRONIC DISEASE DEATH (continued)

Chart 2: Alcohol-Related Chronic Disease Death Rates\* by County, New Mexico, 2013-2017

County (# of deaths; % of statewide deaths)

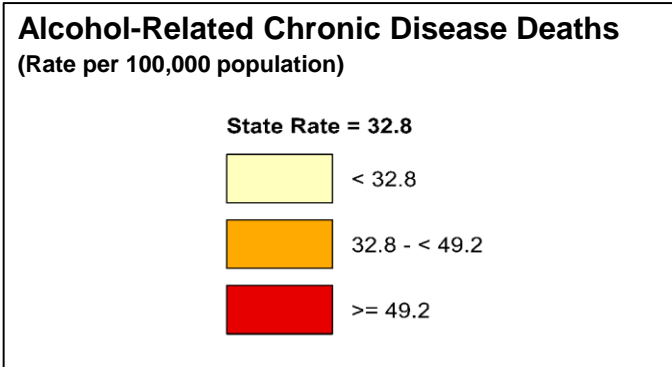
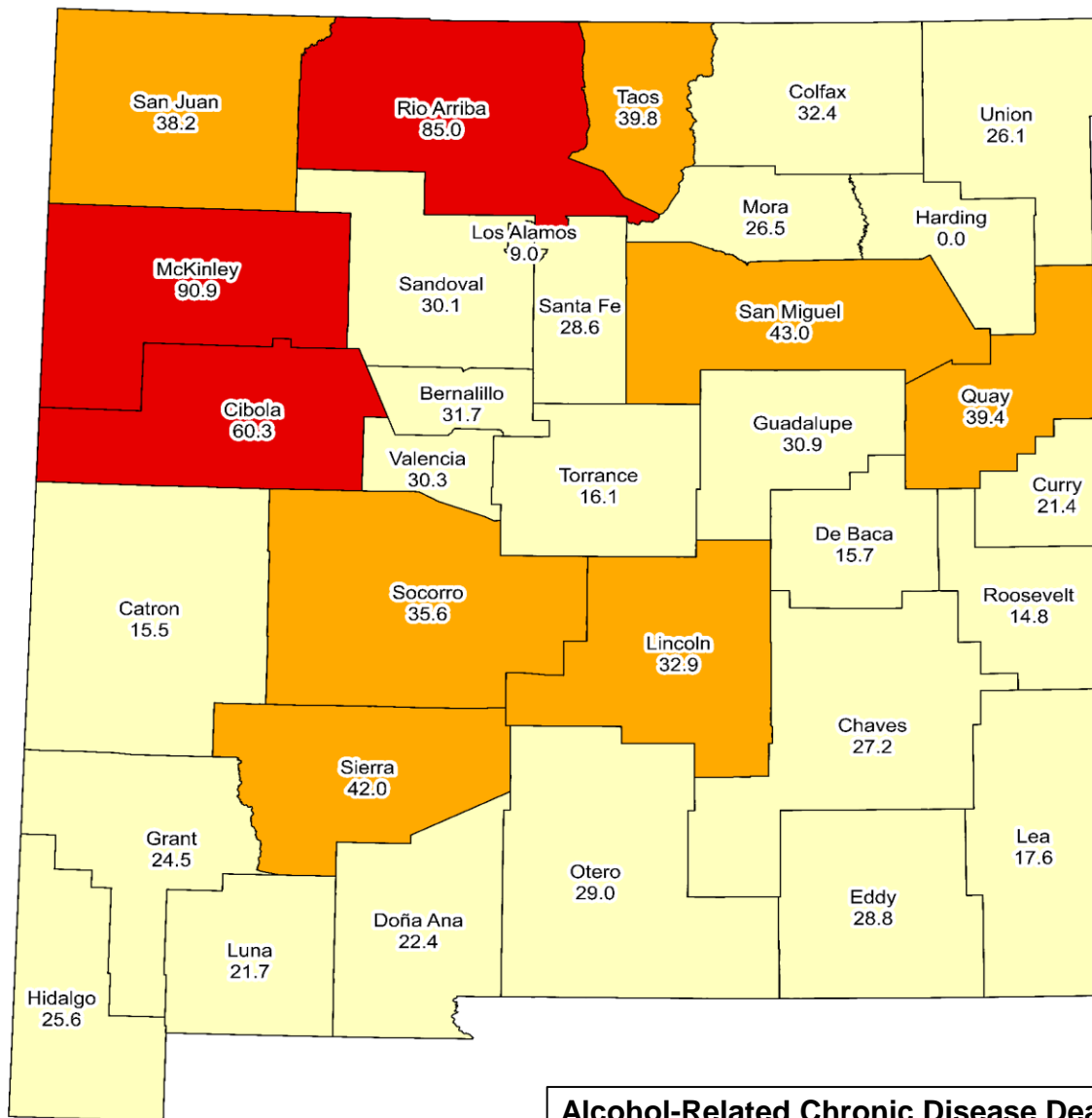


\* All rates are per 100,000, age-adjusted to the 2000 US standard population

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, 2013-2017



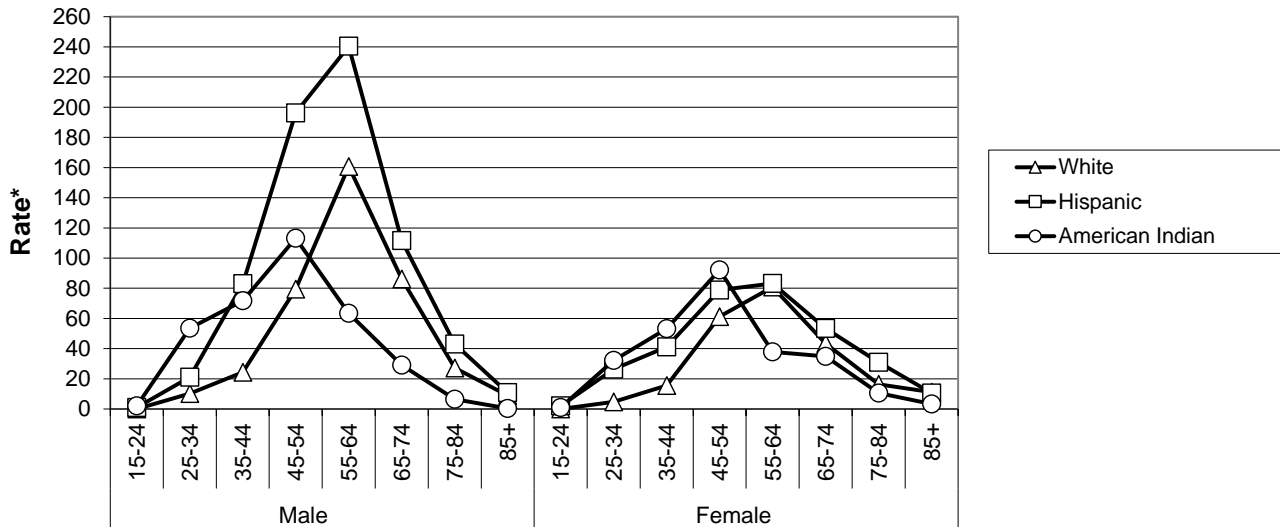
\* All rates are per 100,000, age-adjusted to the 2000 US standard population  
Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES

# 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, 2013-2017**



\* 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, 2013-2017**

Sex	Race/Ethnicity	Deaths				Rates*			
		Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	2	302	36	340	1.0	132.2	98.1	83.2
	Asian/Pacific Islander	0	3	0	3	0.0	6.3	0.0	3.7
	Black	0	7	7	14	0.0	10.2	58.7	11.7
	Hispanic	1	541	165	707	0.1	44.4	68.7	31.3
	White	0	275	122	397	0.0	25.6	26.6	13.7
	Total	3	1,131	331	1,465	0.2	43.0	43.7	26.4
Female	American Indian	1	215	49	265	0.5	86.1	91.4	58.1
	Asian/Pacific Islander	0	2	0	3	0.0	4.2	0.0	2.8
	Black	0	7	2	9	0.0	14.8	15.5	8.0
	Hispanic	2	230	95	327	0.2	18.7	32.1	13.6
	White	0	162	71	233	0.0	14.9	13.4	8.0
	Total	3	618	217	838	0.2	23.1	24.1	14.6
Total	American Indian	3	517	85	605	0.8	108.1	94.1	70.0
	Asian/Pacific Islander	0	5	1	6	0.0	5.1	4.1	3.2
	Black	0	14	9	22	0.0	12.1	37.1	9.7
	Hispanic	3	770	260	1,034	0.1	31.5	48.5	22.1
	White	0	437	193	631	0.0	20.2	19.6	10.8
	Total	6	1,749	548	2,303	0.2	33.0	33.0	20.3

\* 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 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. Two-thirds of New Mexico's counties have rates more than twice the US rate. A number of counties with rates less than twice the US rate (e.g., Curry, Dona Ana, Grant) 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, 2013-2017**

County	Deaths						Rates*					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	86	1	14	350	226	677	66.8	1.4	12.3	22.8	11.8	18.0
Catron	0	0	0	1	1	2	0.0	0.0	0.0	37.3	1.5	9.6
Chaves	0	0	1	32	27	61	0.0	0.0	28.3	21.0	14.2	17.2
Cibola	37	0	0	18	8	63	69.2	0.0	0.0	34.7	24.8	43.0
Colfax	0	0	0	15	6	20	0.0	0.0	0.0	41.6	11.8	24.5
Curry	1	0	2	11	19	33	58.7	0.0	16.9	16.3	13.9	14.6
De Baca	0	0	0	1	0	1	0.0	0.0	0.0	25.2	0.0	11.7
Dona Ana	4	1	1	96	43	146	53.8	6.1	5.0	15.3	9.2	13.0
Eddy	1	0	0	24	30	55	45.0	0.0	0.0	20.8	17.5	18.2
Grant	0	0	0	14	10	24	0.0	0.0	0.0	17.1	9.3	12.3
Guadalupe	0	0	0	8	0	8	0.0	0.0	0.0	35.7	0.0	27.0
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	4	1	5	0.0	0.0	0.0	32.7	5.6	21.3
Lea	0	0	0	15	14	29	0.0	0.0	0.0	12.2	8.4	9.1
Lincoln	2	0	0	7	18	28	103.9	0.0	0.0	17.7	18.6	19.8
Los Alamos	0	0	0	1	4	6	0.0	0.0	0.0	10.3	3.9	4.6
Luna	0	0	0	8	10	18	0.0	0.0	0.0	10.3	13.1	11.3
McKinley	200	0	1	13	2	216	82.4	0.0	42.9	27.7	3.2	65.0
Mora	0	0	0	5	1	6	0.0	0.0	0.0	21.8	8.3	19.8
Otero	26	0	1	14	24	66	150.7	0.0	10.3	13.4	10.0	18.8
Quay	1	0	0	8	2	12	381.5	0.0	0.0	39.4	7.4	23.3
Rio Arriba	31	0	0	83	8	123	112.2	0.0	0.0	55.3	17.9	57.8
Roosevelt	0	0	0	5	6	12	0.0	0.0	0.0	17.9	13.2	13.1
Sandoval	58	0	1	44	33	138	76.1	0.0	6.4	17.4	7.5	18.1
San Juan	122	0	0	13	35	171	52.5	0.0	0.0	12.9	10.5	26.8
San Miguel	0	1	0	40	5	46	0.0	112.9	0.0	33.4	10.6	29.3
Santa Fe	13	2	0	100	37	152	67.4	20.4	0.0	25.5	7.9	17.5
Sierra	0	0	0	6	16	23	0.0	0.0	0.0	32.2	20.0	24.6
Socorro	5	0	0	9	6	20	53.6	0.0	0.0	18.2	13.6	19.8
Taos	11	0	0	26	9	46	94.4	0.0	0.0	26.0	7.1	22.7
Torrance	0	0	0	5	5	10	0.0	0.0	0.0	12.3	7.5	8.5
Union	0	0	0	5	0	5	0.0	0.0	0.0	52.9	0.0	18.6
Valencia	5	0	0	53	20	80	39.2	0.0	0.0	24.4	9.6	18.4
New Mexico	605	6	22	1,034	631	2,303	70.0	3.2	9.7	22.1	10.8	20.3

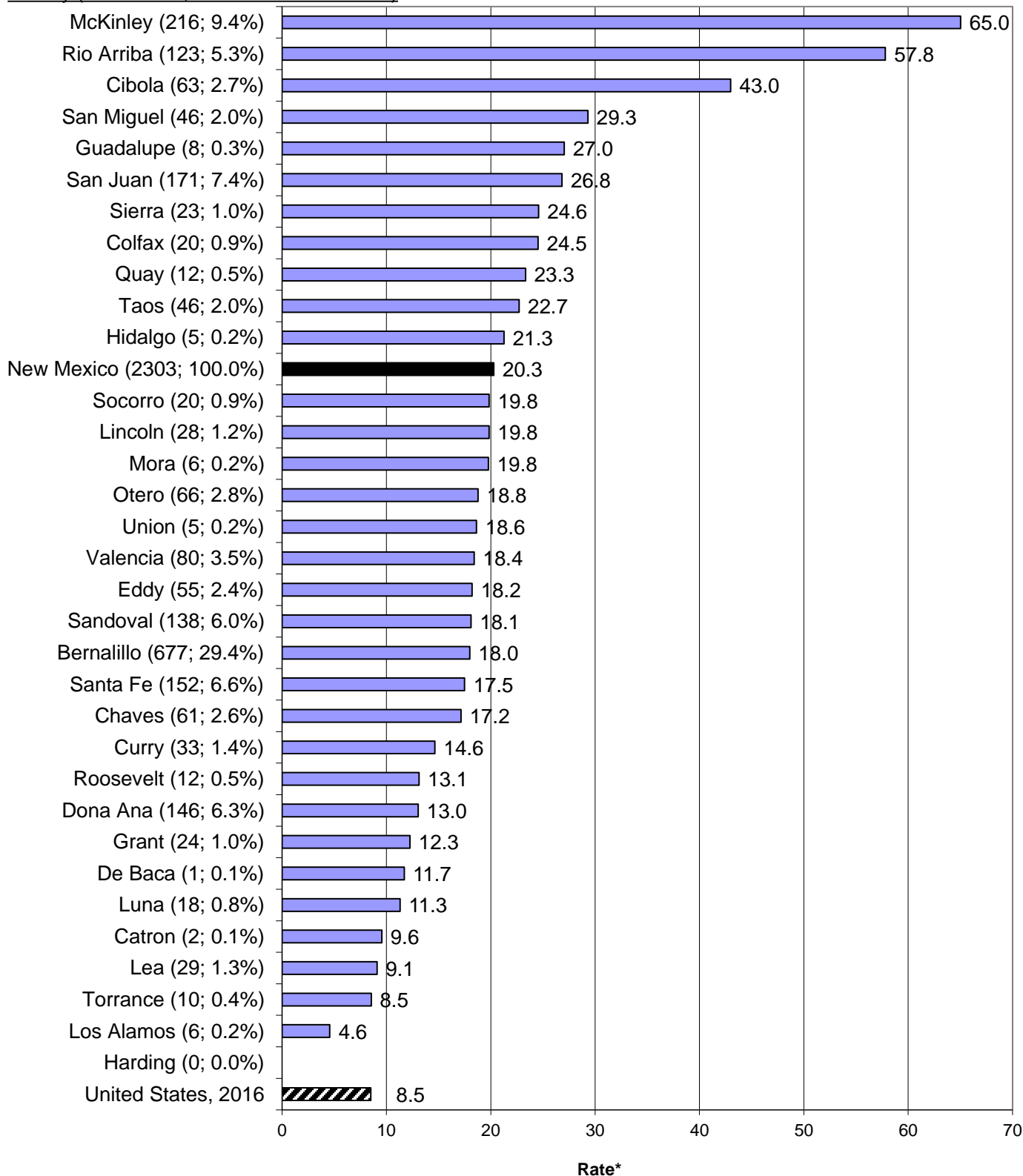
\* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

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

Chart 2: Alcohol-Related CLD Death Rates\* by County, New Mexico, 2013-2017

County (# of deaths; % of statewide deaths)

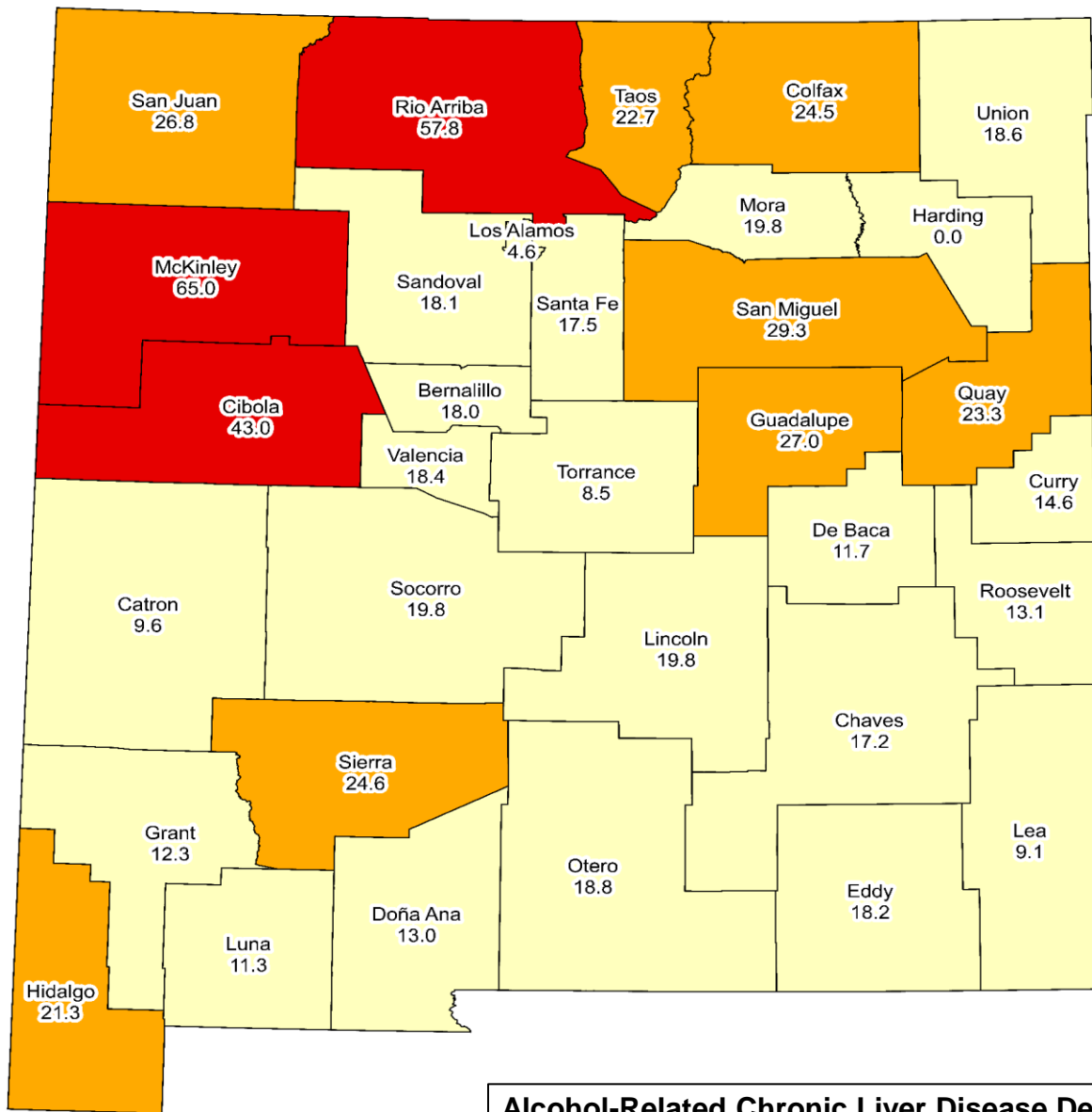


\* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

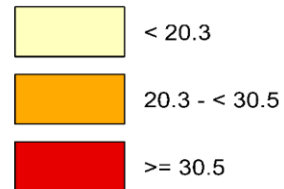
# ALCOHOL-RELATED CHRONIC LIVER DISEASE (CLD) DEATH (continued)

Chart 3: Alcohol-Related CLD Death Rates\* by County, New Mexico, 2013-2017



## Alcohol-Related Chronic Liver Disease Deaths (Rate per 100,000 population)

State Rate = 20.3



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

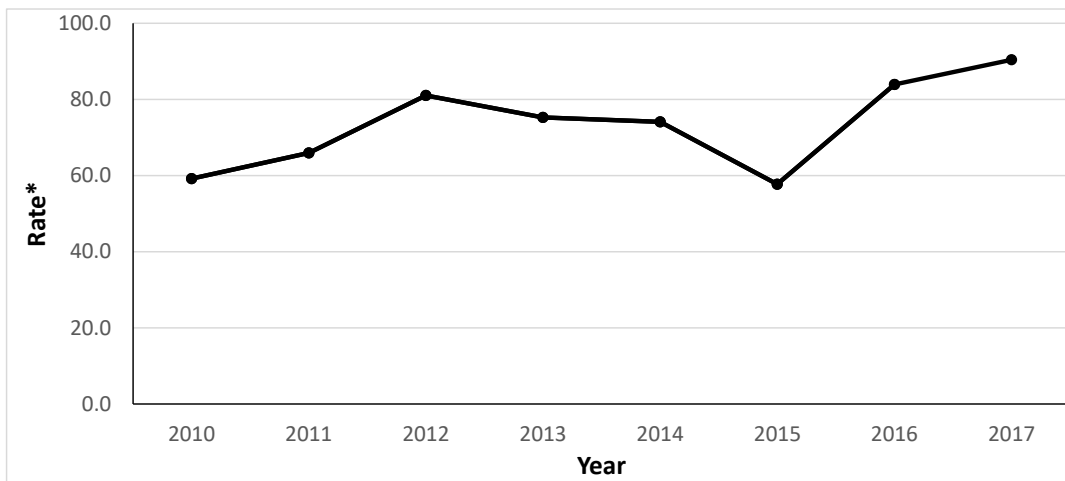
Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES

# 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 2017 (90.4 hospitalizations per 100,000) has increased 52.7% 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, 2010-2017**



\* Rates per 100,000 population

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

**Table 1: CLD Hospital Discharges and Rates\* by Age, Sex, and Race/Ethnicity, New Mexico, 2013-2017**

Sex	Race/Ethnicity	Hospital Discharges				Rates*			
		Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	9	947	96	1,047	4.7	414.5	263.0	249.4
	Asian/Pacific Islander	0	26	4	30	0.0	58.1	52.9	36.9
	Black	0	26	7	33	0.0	39.0	60.4	27.9
	Hispanic	24	1,616	388	2,028	2.3	132.8	161.1	90.3
	White	16	1,147	342	1,503	3.2	106.7	74.4	66.0
	Total	55	3,873	864	4,785	3.0	147.2	114.2	92.0
Female	American Indian	10	670	184	864	5.3	267.9	344.7	184.8
	Asian/Pacific Islander	0	14	9	23	0.0	24.4	74.2	22.1
	Black	1	27	4	32	2.5	57.1	34.5	35.0
	Hispanic	28	906	349	1,284	2.7	73.6	118.0	54.2
	White	10	725	350	1,084	2.2	66.5	66.2	43.7
	Total	49	2,412	922	3,383	2.8	90.2	102.3	60.8
Total	American Indian	19	1,617	280	1,911	5.0	337.9	311.5	216.4
	Asian/Pacific Islander	0	40	13	53	0.0	39.2	66.0	28.7
	Black	1	53	11	65	1.2	46.5	47.5	30.6
	Hispanic	52	2,522	737	3,312	2.5	103.0	137.3	71.9
	White	26	1,873	692	2,588	2.7	86.5	70.0	54.8
	Total	104	6,287	1,786	8,170	2.9	118.5	107.7	76.2

\* 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

There were 242 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 2013 to 2017, there were 8,170 hospitalizations reported by non-federal facilities. This equates to approximately 22.4 hospitalizations for CLD every day in New Mexico.

For 2013-2017, McKinley County had the highest rate of CLD hospitalizations (157.2 hospitalizations per 100,000 population), followed by Rio Arriba (126.3 hospitalizations per 100,000 population), Cibola (121.3 hospitalizations per 100,000 population), and Sierra (105.9 hospitalizations per 100,000 population). De Baca (0.0 hospitalizations per 100,000 population) and Eddy County (6.6 hospitalizations per 100,000 population) had the lowest rates.

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

Table 2: CLD Hospital Discharges and Rates\* by Race/Ethnicity and County, New Mexico, 2013-2017

County	Hospital Discharges						Rates*					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	446	26	23	1,218	1,093	2,885	312.9	26.0	23.7	78.7	67.3	81.3
Catron	0	0	0	4	6	10	0.0	0.0	0.0	111.7	52.0	59.5
Chaves	2	0	1	18	107	130	73.4	0.0	19.1	11.2	69.8	39.9
Cibola	99	5	1	25	29	172	192.9	729.4	59.2	48.4	85.6	121.3
Colfax	0	0	0	36	23	60	0.0	0.0	0.0	108.9	65.2	83.3
Curry	0	0	12	45	34	91	0.0	0.0	88.6	56.1	24.9	38.4
De Baca	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Dona Ana	9	0	5	456	253	744	116.0	0.0	27.3	74.1	77.9	73.7
Eddy	1	0	0	7	11	19	32.0	0.0	0.0	5.9	6.6	6.6
Grant	0	0	0	13	14	28	0.0	0.0	0.0	16.6	20.4	17.9
Guadalupe	0	0	0	10	5	15	0.0	0.0	0.0	52.4	100.7	59.2
Harding	0	0	0	3	0	3	0.0	0.0	0.0	82.8	0.0	33.6
Hidalgo	0	0	0	6	6	12	0.0	0.0	0.0	47.9	44.0	47.4
Lea	0	0	2	64	48	116	0.0	0.0	16.5	43.6	34.5	35.9
Lincoln	4	1	2	25	47	80	158.5	187.7	269.0	81.2	62.6	72.4
Los Alamos	0	0	0	7	19	26	0.0	0.0	0.0	51.0	25.2	26.3
Luna	0	0	2	79	41	124	0.0	0.0	135.1	111.3	107.6	103.5
McKinley	427	11	3	41	26	536	170.3	283.1	128.6	94.9	65.4	157.2
Mora	0	0	0	18	2	20	0.0	0.0	0.0	72.8	49.7	64.4
Otero	40	2	1	41	32	125	212.6	36.2	8.6	38.3	18.1	38.9
Quay	0	0	0	10	4	14	0.0	0.0	0.0	49.1	16.5	27.7
Rio Arriba	84	0	0	145	24	256	310.6	0.0	0.0	103.5	77.3	126.3
Roosevelt	0	0	0	7	8	15	0.0	0.0	0.0	20.9	15.0	17.1
Sandoval	211	2	3	144	146	536	269.2	15.5	18.8	59.1	38.4	73.5
San Juan	377	0	1	60	152	601	164.9	0.0	39.3	60.0	53.6	94.7
San Miguel	4	0	0	117	21	145	280.2	0.0	0.0	104.9	61.6	99.6
Santa Fe	65	4	3	402	202	685	333.3	32.1	38.2	107.7	51.8	84.5
Sierra	1	0	0	22	44	68	119.2	0.0	0.0	137.8	88.3	105.9
Socorro	34	0	1	36	17	89	365.1	0.0	92.6	83.7	45.0	101.4
Taos	34	0	0	75	34	154	337.7	0.0	0.0	76.4	46.8	84.2
Torrance	0	0	2	12	31	47	0.0	0.0	178.4	38.2	62.1	54.4
Union	0	0	0	13	4	17	0.0	0.0	0.0	137.2	25.6	65.2
Valencia	73	2	3	153	105	346	513.5	76.2	59.2	71.2	65.7	88.2
New Mexico	1,911	53	65	3,312	2,588	8,170	216.4	28.7	30.6	71.9	54.8	76.2

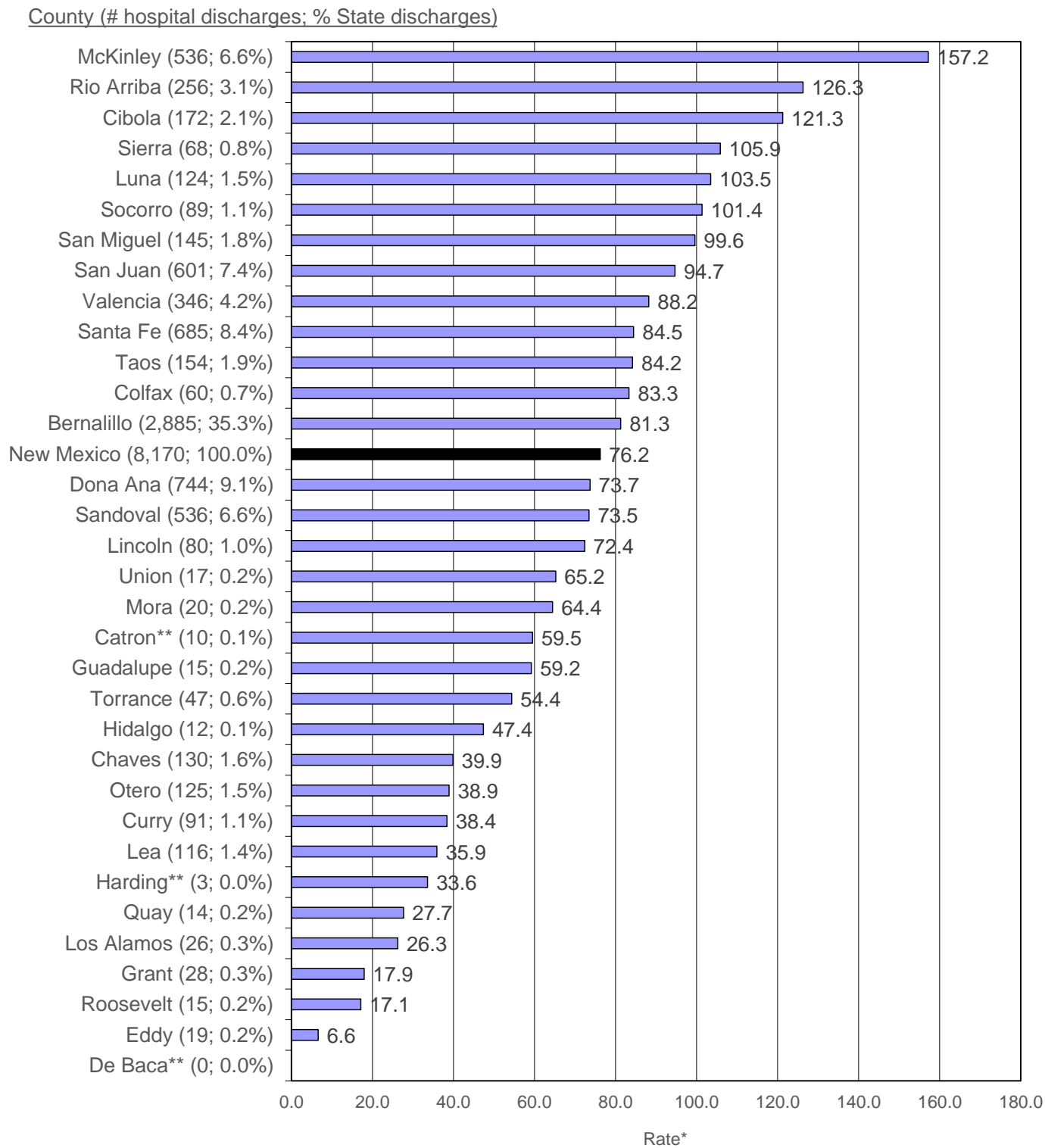
\* All rates are per 100,000, age-adjusted to the 2000 US standard population. There were 242 visits for which Race-Ethnicity or Sex was missing

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, 2013-2017



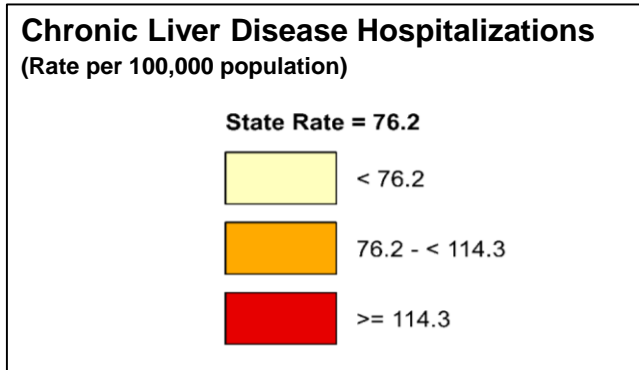
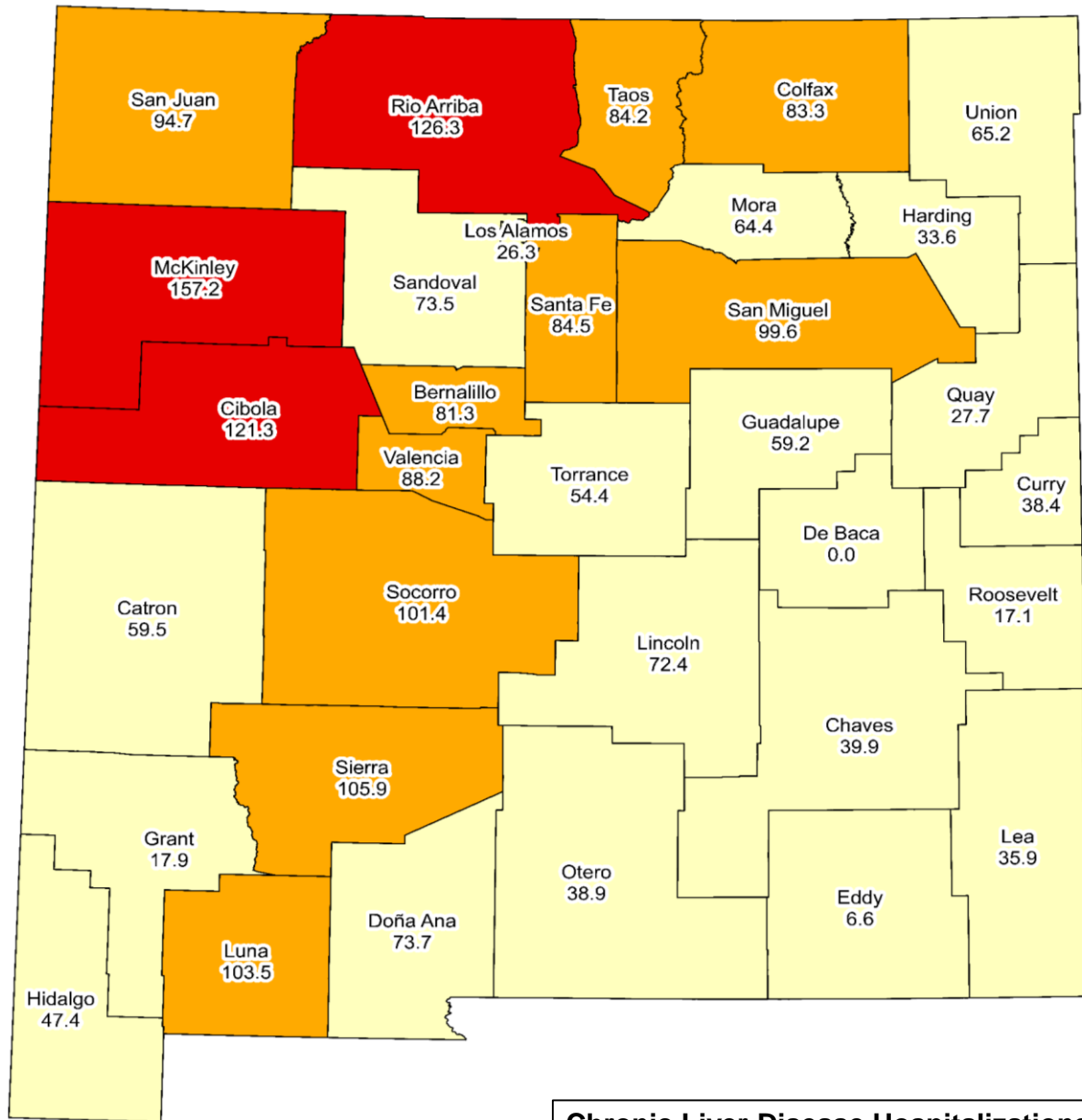
\* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

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

# CHRONIC LIVER DISEASE (CLD) HOSPITAL DISCHARGES (continued)

Chart 3: Alcohol-Related CLD Discharges Rates\* by County, New Mexico, 2013-2017



\* 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

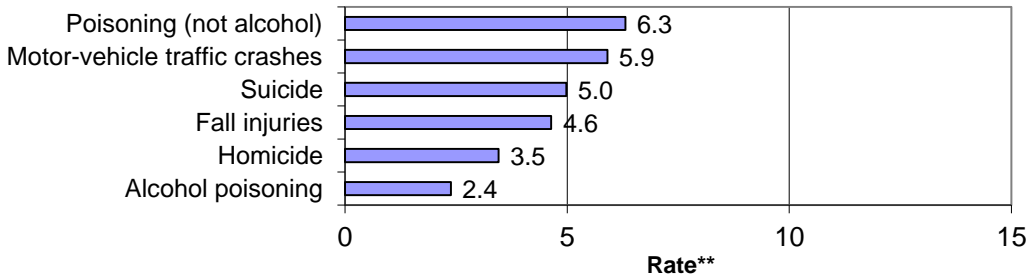
## Problem Statement

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 2013 and 2017 with AR poisoning (i.e. drug overdose) death ranking at number one. Since the early 1990s, the AR fall death rate peaked in 2007-09 and has declined since while AR poisoning has continued to rise. During the period 2008-2017, 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 (ages 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, 2013-2017**

### Alcohol-related\* deaths due to:



\* 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, 2013-2017**

Sex	Race/Ethnicity	Deaths				Rates*			
		Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	45	295	27	367	23.7	128.9	75.0	86.7
	Asian/Pacific Islander	2	6	3	11	6.0	14.1	38.2	14.5
	Black	7	37	3	47	14.9	55.0	24.8	36.9
	Hispanic	171	635	110	915	16.2	52.2	45.5	39.2
	White	64	472	246	781	12.9	43.9	53.4	35.3
	Total	289	1,455	393	2,137	15.9	55.3	52.0	42.2
Female	American Indian	18	88	15	120	9.3	35.1	28.1	25.6
	Asian/Pacific Islander	1	3	1	4	2.4	4.8	7.2	4.5
	Black	2	7	1	10	5.1	14.8	9.8	10.7
	Hispanic	49	208	95	352	4.8	16.9	32.1	14.7
	White	20	204	222	446	4.5	18.7	42.0	16.4
	Total	90	511	335	936	5.2	19.1	37.2	16.7
Total	American Indian	63	382	42	488	16.5	79.9	47.1	54.5
	Asian/Pacific Islander	2	9	4	15	4.3	8.9	19.1	8.7
	Black	9	44	4	57	10.4	38.3	17.3	25.9
	Hispanic	220	842	204	1,267	10.6	34.4	38.1	26.9
	White	84	676	468	1,228	8.9	31.2	47.3	25.9
	Total	379	1,966	728	3,073	10.7	37.0	43.9	29.3

\* 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 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 all racial/ethnic categories. American Indian males had the highest risk, with a rate nearly three times the state rate and more than twice the White male rate. American Indian females also are at an increased risk compared to females in other racial/ethnic groups.

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

**Table 2: Alcohol-Related Injury Deaths and Rates\* by Race/Ethnicity and County, New Mexico, 2013-2017**

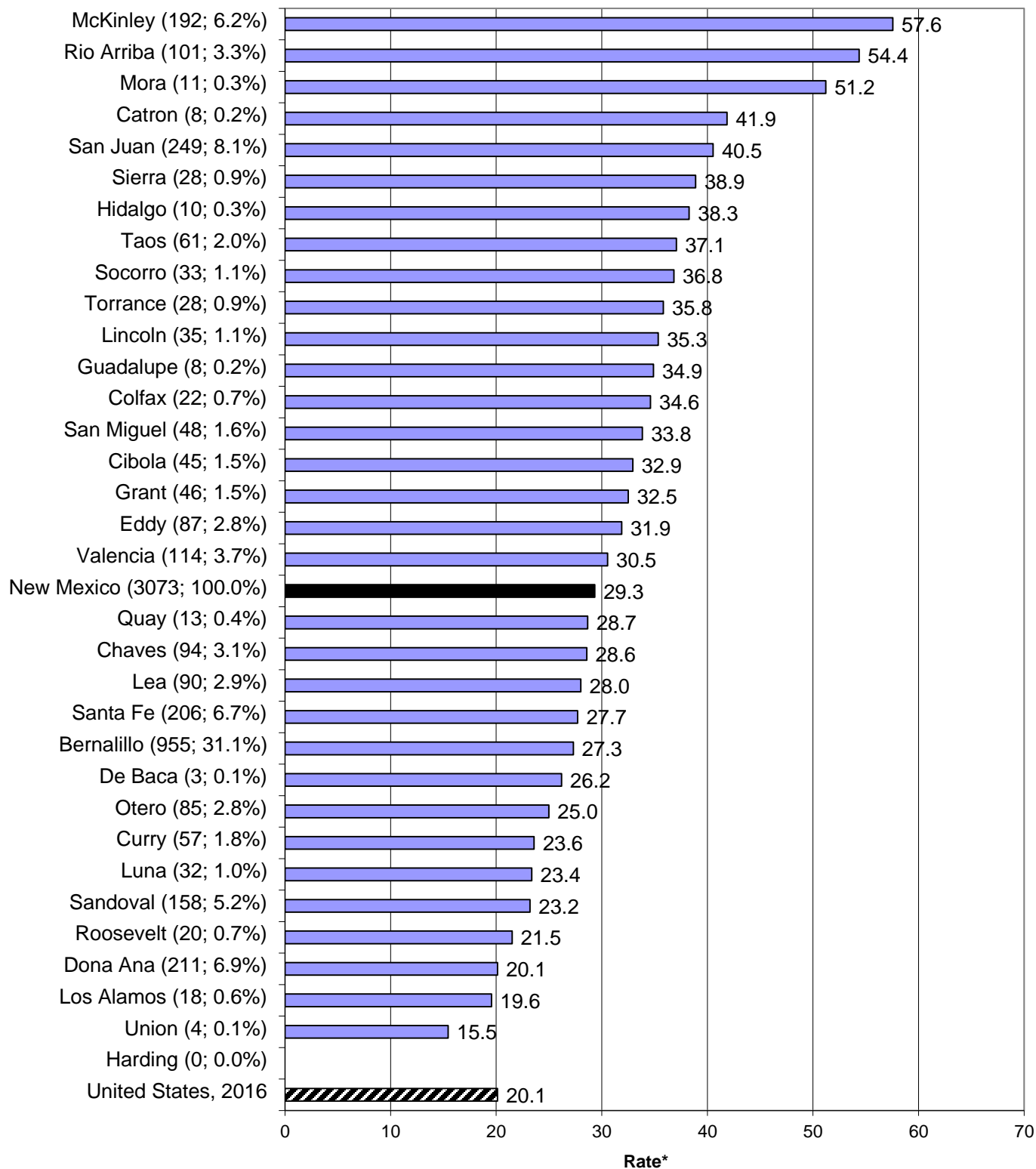
County	Deaths						Rates*					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	53	8	30	449	409	955	38.0	8.1	29.9	28.3	24.9	27.3
Catron	1	0	0	1	6	8	152.9	0.0	0.0	28.2	38.2	41.9
Chaves	0	0	2	45	47	94	0.0	0.0	29.7	26.3	30.8	28.6
Cibola	22	0	0	12	11	45	43.1	0.0	0.0	22.2	34.0	32.9
Colfax	0	0	0	13	9	22	0.0	0.0	0.0	41.6	27.7	34.6
Curry	0	1	4	20	31	57	0.0	20.0	29.5	22.5	22.7	23.6
De Baca	0	0	0	1	2	3	0.0	0.0	0.0	30.3	27.5	26.2
Dona Ana	0	1	3	119	86	211	0.0	9.1	15.3	18.3	21.9	20.1
Eddy	2	0	1	35	50	87	49.6	0.0	30.4	27.5	34.9	31.9
Grant	1	0	0	20	26	46	59.0	0.0	0.0	28.8	37.1	32.5
Guadalupe	0	0	0	7	0	8	0.0	0.0	0.0	43.2	0.0	34.9
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	5	5	10	0.0	0.0	0.0	32.7	46.8	38.3
Lea	0	0	6	36	47	90	0.0	0.0	45.1	21.7	34.9	28.0
Lincoln	1	0	0	9	25	35	35.7	0.0	0.0	28.4	40.0	35.3
Los Alamos	0	0	0	2	16	18	0.0	0.0	0.0	14.1	23.3	19.6
Luna	0	0	0	10	20	32	0.0	0.0	0.0	14.1	36.3	23.4
McKinley	168	0	0	14	9	192	67.0	0.0	0.0	33.8	27.8	57.6
Mora	0	0	0	9	1	11	0.0	0.0	0.0	53.4	41.0	51.2
Otero	11	0	2	22	49	85	57.0	0.0	18.0	19.9	25.6	25.0
Quay	0	0	0	5	7	13	0.0	0.0	0.0	28.9	28.0	28.7
Rio Arriba	12	0	1	81	7	101	45.7	0.0	242.4	59.9	24.2	54.4
Roosevelt	0	0	1	7	12	20	0.0	0.0	71.4	19.7	20.0	21.5
Sandoval	37	0	2	43	75	158	46.3	0.0	12.9	17.8	20.9	23.2
San Juan	151	0	1	28	68	249	64.6	0.0	19.0	26.0	23.8	40.5
San Miguel	1	0	0	39	7	48	130.7	0.0	0.0	35.8	21.6	33.8
Santa Fe	6	2	0	110	83	206	32.5	19.3	0.0	30.4	22.4	27.7
Sierra	0	0	0	4	23	28	0.0	0.0	0.0	25.2	44.9	38.9
Socorro	7	0	0	16	10	33	67.1	0.0	0.0	39.6	22.3	36.8
Taos	7	0	0	34	20	61	77.8	0.0	0.0	36.1	33.1	37.1
Torrance	1	0	1	8	19	28	40.5	0.0	57.1	26.2	40.7	35.8
Union	0	0	0	1	2	4	0.0	0.0	0.0	16.3	13.3	15.5
Valencia	5	1	1	63	43	114	29.8	39.9	35.9	29.2	32.1	30.5
New Mexico	488	15	57	1,267	1,228	3,073	54.5	8.7	25.9	26.9	25.9	29.3

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

# ALCOHOL-RELATED INJURY DEATH (continued)

Chart 2: Alcohol-Related Injury Death Rates\* by County, New Mexico, 2013-2017

County (# of deaths; % of statewide deaths)

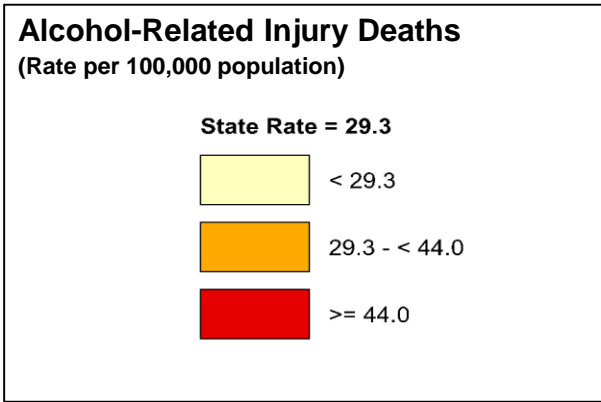
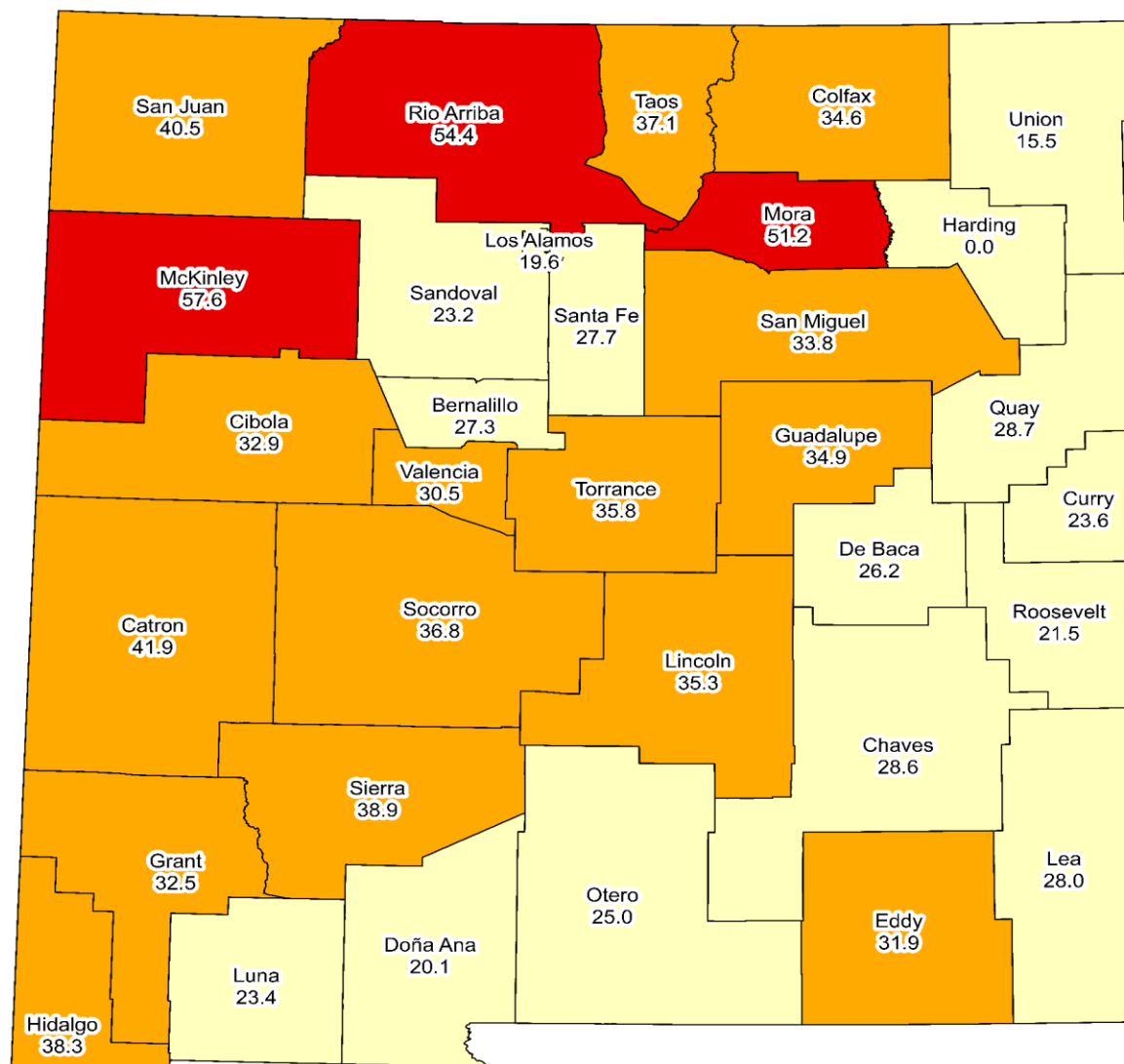


\* All rates are per 100,000, age-adjusted to the 2000 US standard population

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, 2013-2017



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

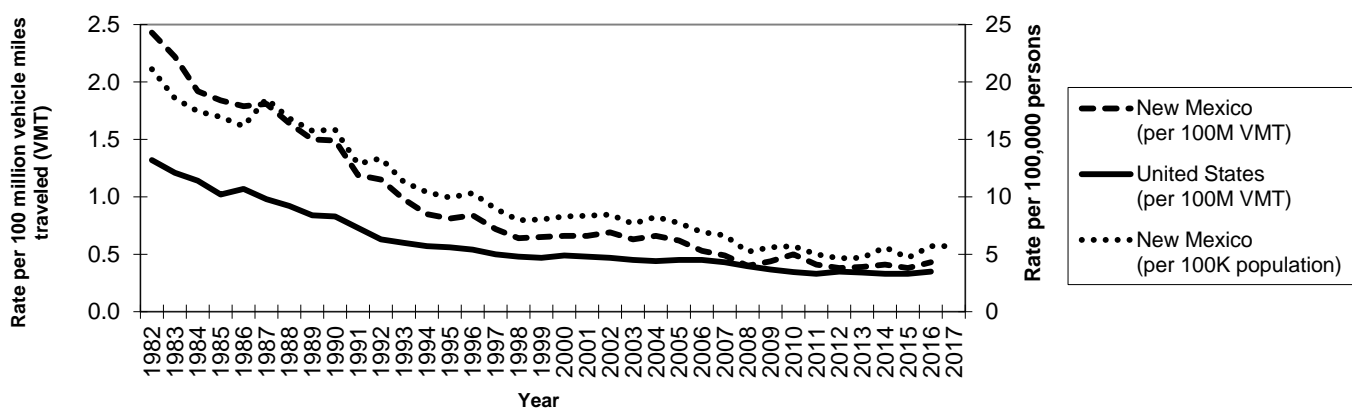
Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES

# ALCOHOL-RELATED MOTOR VEHICLE TRAFFIC CRASH (MVTC) DEATH

## Problem Statement

Alcohol-related motor vehicle traffic crash (AR-MVTC) death has historically been the leading cause of alcohol-related injury death until being surpassed by poisoning (i.e. AR drug overdose). AR-MVTC deaths provide a hopeful example of a substance-related health outcome that has been successfully reduced by using a public health approach, both nationally and in New Mexico. From 1982 through 2010, in response to a wide range of policy and preventive interventions, New Mexico's alcohol-impaired motor vehicle traffic crash (AI-MVTC) fatality rate declined more dramatically than the US rate, decreasing 83% and dropping New Mexico from first to tenth among states in AI-MVTC fatalities per 100,000 population. In terms of deaths per 100 million vehicle miles traveled (VMT), New Mexico's AI-MVTC fatality rate in 2016 (0.43) was about one-sixth what it was in 1982 (2.4). Furthermore, a comprehensive AR-MVTC prevention campaign in place from 2005-2009 was successful in reinitiating rate decreases that had been stalled since the late 1990s. From 2004 to 2012, New Mexico's AI-MVTC fatality rate per 100 million VMT dropped 42%. Rates increased slightly in 2014 and dropped back in 2015.

Chart 1: Alcohol-Impaired MVTC Fatality Rates\*, New Mexico and United States, 1982-2017



\* Deaths in motor vehicle traffic crashes with highest driver blood alcohol content (BAC)  $\geq 0.08$ ; rates are crude rates per 100 million vehicle miles traveled (VMT) (NM and US through 2016); and per 100,000 population (NM through 2017)

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

Table 1: Alcohol-Related MVTC Deaths/Rates<sup>1,2</sup> by Age, Sex, and Race/Ethnicity, New Mexico, 2013-2017

Sex	Race/Ethnicity	Deaths				Rates*			
		Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	22	87	2	112	11.6	38.2	5.9	24.4
	Asian/Pacific Islander	1	0	0	1	2.3	0.0	0.0	1.9
	Black	2	6	1	9	3.6	9.6	5.2	7.0
	Hispanic	56	140	6	201	5.3	11.5	2.5	8.1
	White	21	97	11	129	4.3	9.0	2.3	6.6
	Total	101	332	20	453	5.6	12.6	2.6	9.0
Female	American Indian	9	32	1	42	4.6	13.0	1.5	8.5
	Asian/Pacific Islander	0	0	0	0	0.0	0.0	0.0	0.0
	Black	1	1	0	3	2.5	3.0	0.0	2.7
	Hispanic	21	39	2	62	2.1	3.2	0.6	2.5
	White	7	21	4	32	1.5	2.0	0.7	1.7
	Total	38	95	6	139	2.2	3.5	0.7	2.8
Total	American Indian	31	120	3	154	8.1	25.0	3.3	16.2
	Asian/Pacific Islander	1	1	0	2	1.2	0.7	0.0	1.0
	Black	3	8	1	11	3.1	6.9	2.9	5.2
	Hispanic	77	179	8	263	3.7	7.3	1.5	5.3
	White	28	118	14	161	3.0	5.4	1.5	4.2
	Total	139	427	26	592	3.9	8.0	1.6	5.9

\* 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

<sup>1</sup> Alcohol-related motor vehicle traffic crash (AR-MVTC) deaths estimated based on CDC ARDI alcohol-attributable fractions (BAC $\geq 0.10$ )

<sup>2</sup> 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. Chart 2 shows that, among counties for which stable rates can be calculated, San Juan, McKinley, Lea, and Eddy counties have substantial AI-MVTC fatalities and high rates; other counties have high rates but fewer deaths. Table 2 shows that the McKinley and San Juan county rates are driven by the American Indian rates (both male and female rates are high, data not shown).

**Table 2: Alcohol-Related MVTC Deaths and Rates\*<sup>1,2</sup> by Race/Ethnicity and County, New Mexico, 2013-2017**

County	Deaths						Rates*					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	17	0	4	83	39	143	11.1	0.0	3.9	4.9	2.9	4.2
Catron	1	0	0	0	2	2	99.9	0.0	0.0	0.0	17.2	17.0
Chaves	0	0	0	12	6	18	0.0	0.0	0.0	6.4	5.1	5.8
Cibola	12	0	0	3	1	15	23.1	0.0	0.0	5.3	2.9	11.6
Colfax	0	0	0	1	1	3	0.0	0.0	0.0	4.6	2.7	4.6
Curry	0	0	2	6	5	12	0.0	0.0	9.9	5.4	4.2	5.0
De Baca	0	0	0	0	1	1	0.0	0.0	0.0	0.0	20.2	10.3
Dona Ana	0	0	1	32	9	42	0.0	0.0	5.9	4.5	2.8	4.1
Eddy	1	0	1	11	12	25	41.9	0.0	30.4	8.1	10.2	9.7
Grant	0	0	0	2	2	4	0.0	0.0	0.0	2.3	2.9	2.9
Guadalupe	0	0	0	3	0	3	0.0	0.0	0.0	18.7	0.0	15.6
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	0	1	1	0.0	0.0	0.0	0.0	5.3	2.2
Lea	0	0	1	17	12	30	0.0	0.0	10.9	9.2	9.7	9.2
Lincoln	0	0	0	2	6	7	0.0	0.0	0.0	4.8	12.0	8.9
Los Alamos	0	0	0	0	1	2	0.0	0.0	0.0	0.0	2.4	1.8
Luna	0	0	0	2	3	6	0.0	0.0	0.0	2.6	8.0	4.8
McKinley	54	0	0	3	2	59	20.6	0.0	0.0	7.0	6.3	17.4
Mora	0	0	0	3	1	4	0.0	0.0	0.0	17.7	41.0	21.6
Otero	4	0	1	4	6	15	19.5	0.0	3.6	3.7	3.7	4.7
Quay	0	0	0	1	1	2	0.0	0.0	0.0	7.8	4.9	6.5
Rio Arriba	1	0	0	11	1	13	5.2	0.0	0.0	8.2	5.4	7.5
Roosevelt	0	0	0	2	2	5	0.0	0.0	0.0	5.8	4.4	5.8
Sandoval	10	0	1	8	6	24	11.6	0.0	4.4	3.0	2.1	3.7
San Juan	46	0	0	8	16	71	17.9	0.0	0.0	7.0	6.5	11.3
San Miguel	0	0	0	4	1	6	0.0	0.0	0.0	3.9	2.5	4.0
Santa Fe	1	0	0	16	9	27	4.2	0.0	0.0	4.3	3.0	3.8
Sierra	0	0	0	1	2	3	0.0	0.0	0.0	6.3	8.8	7.7
Socorro	2	0	0	3	1	6	18.4	0.0	0.0	6.8	3.7	7.4
Taos	2	0	0	7	3	12	23.6	0.0	0.0	8.9	6.5	8.5
Torrance	0	0	0	2	2	5	0.0	0.0	0.0	6.0	6.4	6.6
Union	0	0	0	0	1	1	0.0	0.0	0.0	0.0	3.6	3.3
Valencia	2	0	0	16	6	24	11.5	0.0	0.0	7.1	6.1	6.8
New Mexico	154	2	11	263	161	592	16.2	1.0	5.2	5.3	4.2	5.9

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

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

<sup>2</sup> See footnote 2 for Table 1

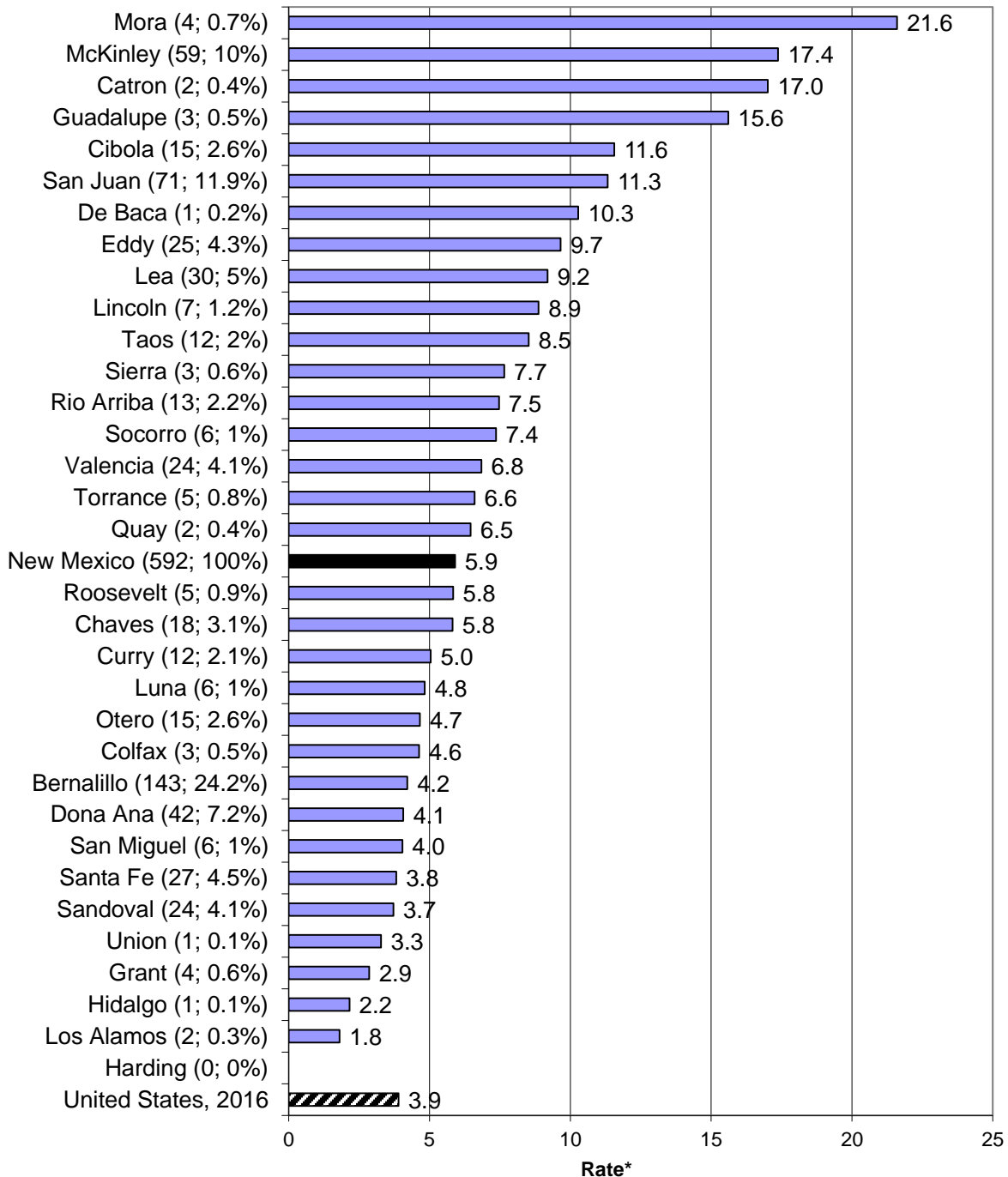
Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES



# ALCOHOL-RELATED MOTOR VEHICLE TRAFFIC CRASH (MVTC) DEATH

Chart 2: Alcohol-Impaired MVTC Fatality Rates<sup>\*,1,2</sup> by County, New Mexico, 2013-2017

County (# of deaths; % of statewide deaths)



\* All rates are crude per 100,000 population

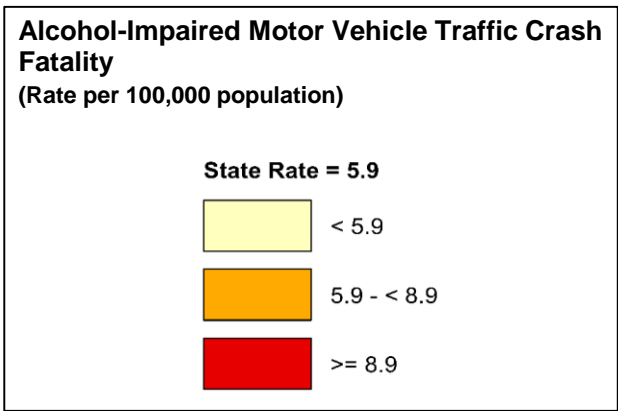
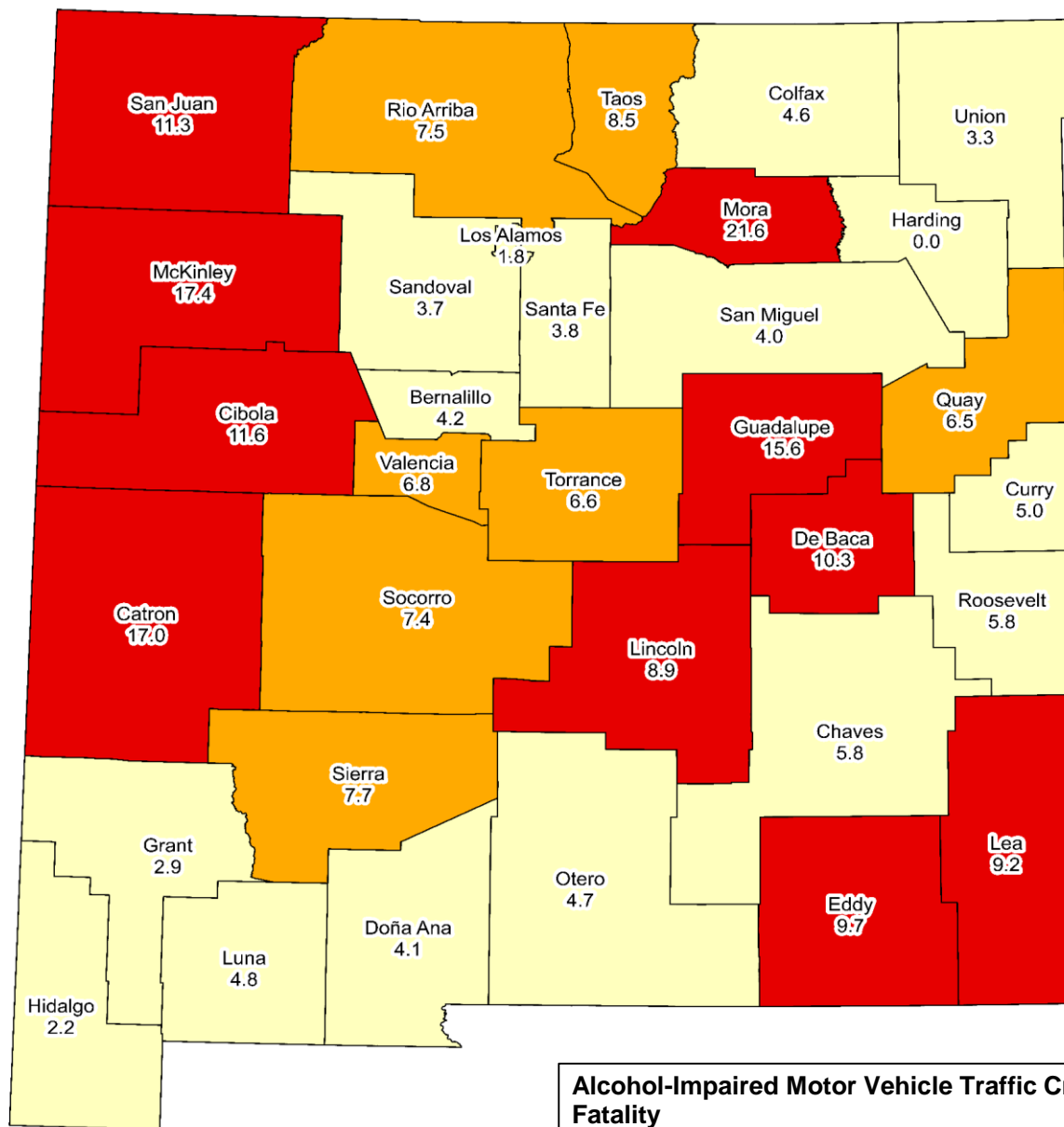
<sup>1</sup> Alcohol-impaired MVTC deaths are from FARS (highest driver BAC  $\geq 0.08$ ); NM population from GPS, US population from NCHS

<sup>2</sup> Numerator (deaths) based on county of occurrence; denominator (population) based on county of residence

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

# ALCOHOL-RELATED MOTOR VEHICLE TRAFFIC CRASH (MVTC) DEATH

Chart 3: Alcohol-Impaired MVTC Fatality Rates<sup>1,2</sup> by County, New Mexico, 2013-2017



\* All rates are crude per 100,000 population

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

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

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

# SMOKING-RELATED DEATH

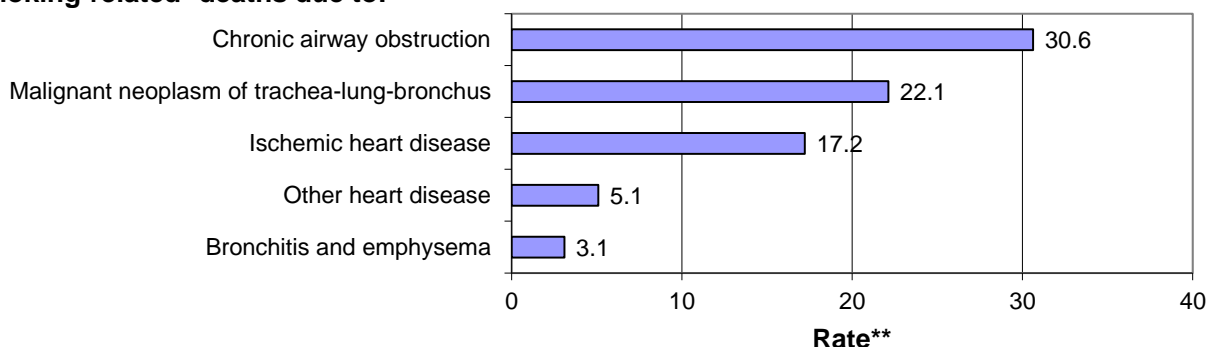
## Problem Statement

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

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

**Chart 1: Leading Causes of Smoking-Related Death, New Mexico, 2013-2017**

### Smoking-related\* deaths due to:



\* 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, 2013-2017**

Sex	Race/Ethnicity	Deaths				Rates*			
		Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	0	97	175	272	0.0	42.6	478.1	92.4
	Asian/Pacific Islander	0	17	16	33	0.0	38.7	211.6	54.5
	Black	0	53	85	138	0.0	79.5	733.4	144.6
	Hispanic	0	653	1,511	2,164	0.0	53.7	627.5	114.4
	White	0	1,123	3,624	4,747	0.0	104.4	788.3	145.5
	Total	0	1,963	5,434	7,397	0.0	74.6	718.5	131.9
Female	American Indian	0	51	100	151	0.0	20.3	186.8	35.3
	Asian/Pacific Islander	0	9	31	40	0.0	15.8	256.6	44.7
	Black	0	22	44	66	0.0	47.3	379.0	68.4
	Hispanic	0	298	893	1,190	0.0	24.2	301.8	50.4
	White	0	606	2,598	3,204	0.0	55.6	491.4	81.2
	Total	0	992	3,675	4,667	0.0	37.1	407.6	67.3
Total	American Indian	0	148	274	423	0.0	31.0	305.1	58.1
	Asian/Pacific Islander	0	26	47	74	0.0	25.8	239.4	48.9
	Black	0	75	129	204	0.0	66.1	556.2	105.4
	Hispanic	0	950	2,404	3,354	0.0	38.8	448.0	78.7
	White	0	1,728	6,222	7,950	0.0	79.8	629.5	110.3
	Total	0	2,955	9,109	12,063	0.0	55.7	549.5	96.2

\* 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 SAMMEC; SAES

# SMOKING-RELATED DEATH (continued)

## Problem Statement (continued)

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

Table 2 and Chart 2 show that the counties with the highest rates are Sierra, De Baca, Luna, Quay, and Torrance. 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, and Otero counties are also notable. The smoking-related death rates among the American Indian and Asian/Pacific Islander populations are relatively low.

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

**Table 2: Smoking-Related Deaths and Rates\* by Race/Ethnicity and County, New Mexico, 2013-2017**

County	Deaths						Rates*					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	60	44	96	1,084	2,295	3,607	74.2	54.2	114.3	82.3	99.6	93.4
Catron	1	0	0	5	31	37	76.1	0.0	0.0	70.9	86.6	81.4
Chaves	3	1	7	112	387	510	106.1	46.7	101.1	85.0	155.6	129.5
Cibola	26	0	1	43	75	145	46.4	0.0	40.6	88.8	145.1	93.0
Colfax	1	0	0	40	70	112	61.7	0.0	0.0	98.1	98.6	101.2
Curry	2	1	17	59	237	315	109.4	18.7	155.0	102.5	145.1	132.6
De Baca	0	0	0	4	24	28	0.0	0.0	0.0	65.4	193.3	152.3
Dona Ana	5	4	14	373	600	1,000	69.2	46.0	95.6	64.8	108.6	85.3
Eddy	1	2	5	83	361	454	41.1	101.1	108.3	82.0	169.0	139.0
Grant	1	0	2	72	160	236	108.3	0.0	110.0	75.0	104.3	92.6
Guadalupe	0	0	0	24	10	35	0.0	0.0	0.0	101.4	178.7	115.3
Harding	0	0	0	3	2	5	0.0	0.0	0.0	101.1	99.9	99.8
Hidalgo	0	0	0	10	28	38	0.0	0.0	0.0	57.9	151.4	104.6
Lea	2	0	17	70	328	420	86.5	0.0	129.9	73.9	170.5	136.0
Lincoln	4	0	0	22	149	175	277.6	0.0	0.0	72.3	103.5	97.4
Los Alamos	0	1	1	5	63	69	0.0	36.8	47.2	35.3	58.9	54.7
Luna	2	1	1	61	197	262	110.1	45.3	80.2	84.2	207.4	146.1
McKinley	131	1	0	32	58	221	60.4	27.8	0.0	71.8	99.0	68.2
Mora	0	0	0	21	5	26	0.0	0.0	0.0	67.7	41.6	62.0
Otero	13	4	12	63	385	479	98.2	88.4	110.0	66.1	138.8	118.2
Quay	1	1	0	26	77	105	98.8	119.6	0.0	129.1	152.1	142.0
Rio Arriba	14	0	1	140	56	211	54.2	0.0	73.0	81.2	104.2	82.8
Roosevelt	2	0	0	20	104	127	243.1	0.0	0.0	83.5	136.8	126.2
Sandoval	37	4	11	123	488	666	56.3	36.9	62.5	66.5	93.1	83.4
San Juan	85	2	5	61	443	597	45.4	51.4	125.8	74.2	111.2	88.5
San Miguel	1	3	1	140	66	211	561.8	174.3	48.9	100.6	116.8	105.1
Santa Fe	7	3	3	281	437	735	47.8	28.9	66.0	77.0	66.4	69.9
Sierra	2	0	1	22	219	245	129.6	0.0	128.7	104.9	198.1	179.7
Socorro	6	0	0	40	67	114	82.1	0.0	0.0	84.0	120.2	102.7
Taos	5	0	1	91	74	172	39.4	0.0	54.3	70.7	57.6	64.0
Torrance	3	0	2	38	106	150	135.8	0.0	194.8	118.3	148.5	139.1
Union	0	0	0	11	21	32	0.0	0.0	0.0	127.1	88.7	96.9
Valencia	10	1	8	175	324	522	85.8	47.1	166.6	82.6	141.2	113.3
New Mexico	423	74	204	3,354	7,950	12,063	58.1	48.9	105.4	78.7	110.3	96.2

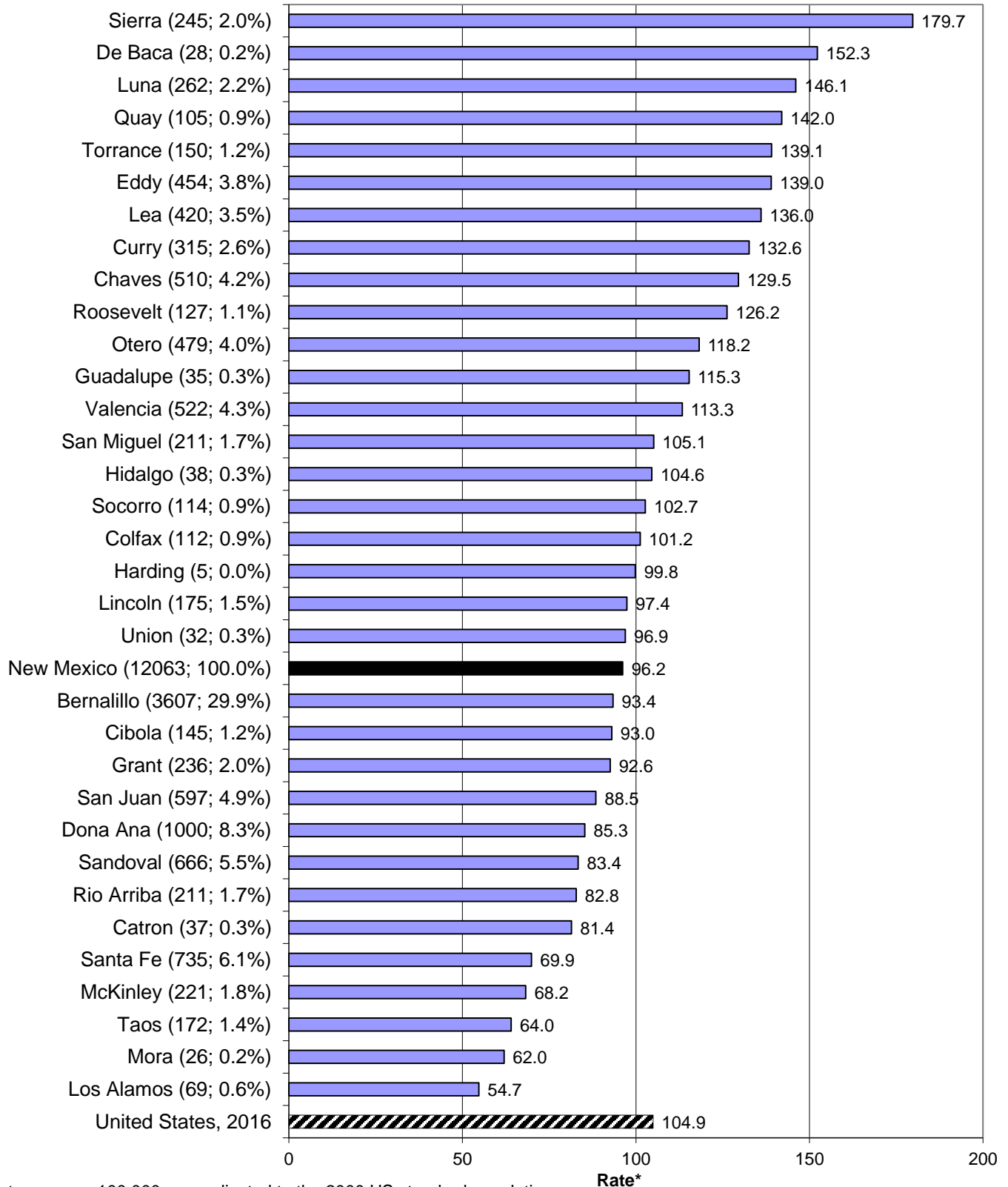
\* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

# SMOKING-RELATED DEATH (continued)

Chart 2: Smoking-Related Death Rates\* by County, New Mexico, 2013-2017

County (# of deaths; % of statewide deaths)

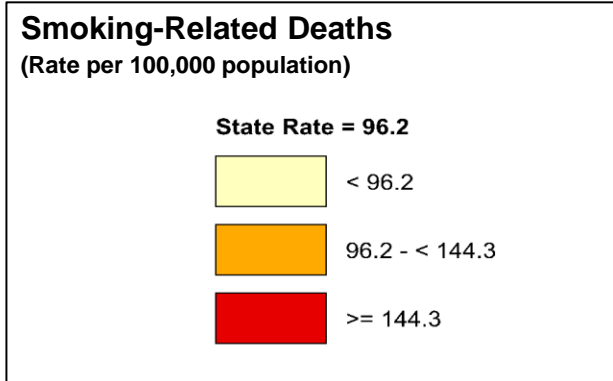
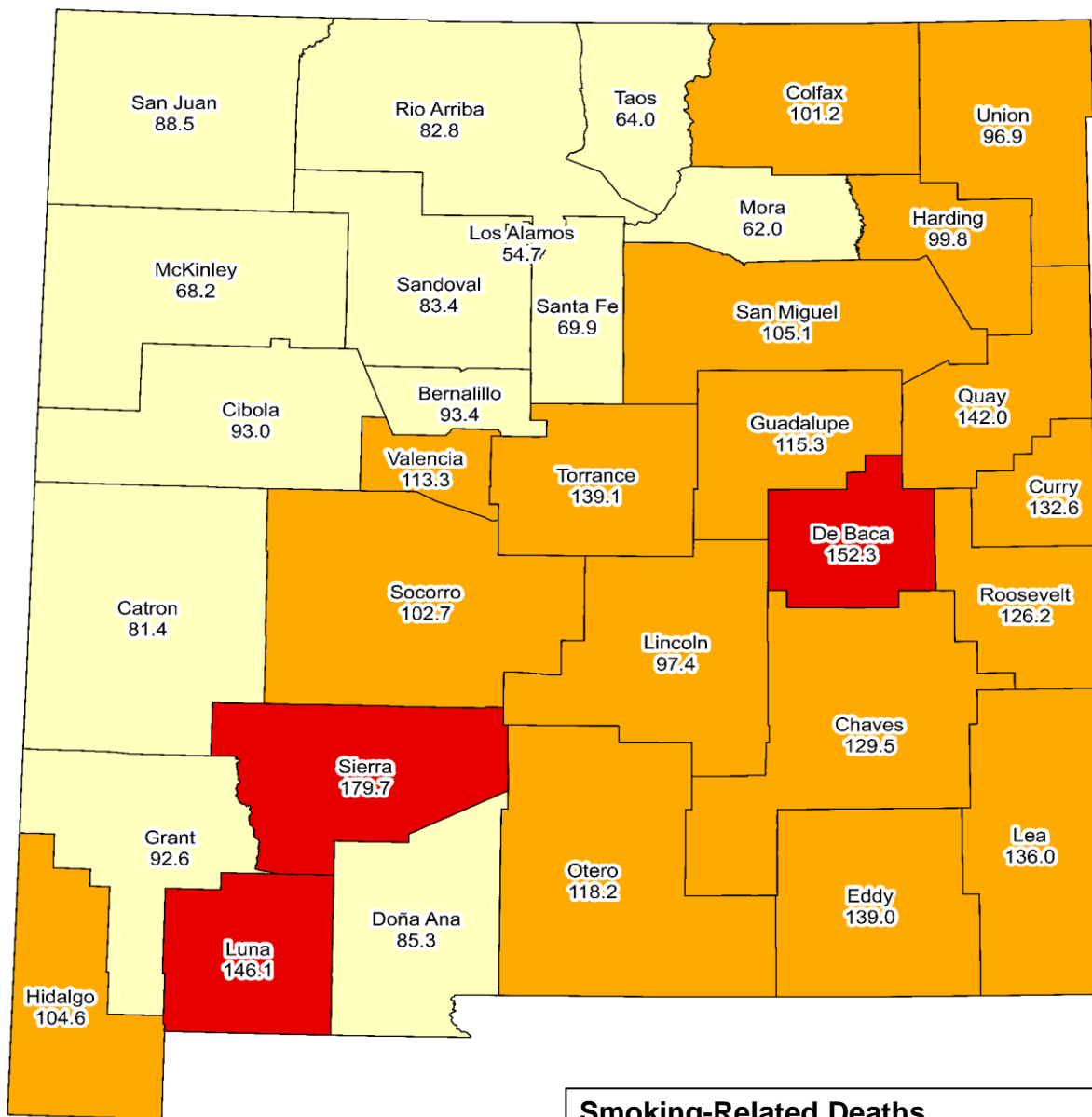


\* All rates are per 100,000, age-adjusted to the 2000 US standard population

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, 2013-2017



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

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

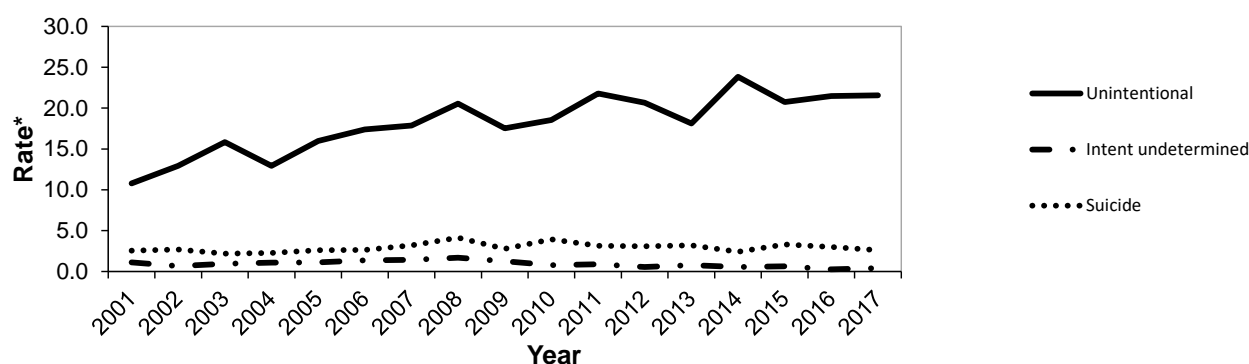
# DRUG OVERDOSE DEATH

## Problem Statement

In 2017, New Mexico had the seventeenth highest total drug overdose death rate in the nation. Drug use can result in overdose death and is also associated with other societal problems including crime, violence, homelessness, loss of productivity, and spread of blood-borne diseases such as HIV and hepatitis. Unintentional drug overdose is the largest subset of total drug overdose death, accounting for 88% of drug overdose deaths in New Mexico in 2017 (Chart 1). The other substantial cause of drug overdose death is suicide, or intentional self-poisoning, which accounts for 11%. 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 88% of drug overdose deaths during 2013-2017. 36% of unintentional drug overdose deaths were caused by prescription drugs, while 40% were caused by illicit drugs, and 22% 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; 57%), heroin (40%), benzodiazepines (24%), cocaine (13%), and methamphetamine (26%) (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, 2001-2017**



\* 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, 2013-2017**

Sex	Race/Ethnicity	Deaths				Rates*			
		Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	5	77	0	82	2.6	33.7	0.0	19.3
	Asian/Pacific Islander	1	5	0	6	3.8	11.2	0.0	6.9
	Black	3	34	1	38	6.4	50.9	8.6	29.9
	Hispanic	89	750	24	863	8.4	61.6	10.0	36.6
	White	41	459	33	533	8.3	42.7	7.2	27.1
	Total	139	1,338	61	1,538	7.7	50.8	8.1	31.1
Female	American Indian	3	41	2	46	1.6	16.4	3.7	9.9
	Asian/Pacific Islander	1	2	0	3	3.9	3.5	0.0	3.1
	Black	3	13	0	16	7.5	27.5	0.0	16.8
	Hispanic	37	351	12	400	3.6	28.5	4.1	16.8
	White	17	391	51	459	3.8	35.9	9.6	21.2
	Total	61	805	66	932	3.5	30.1	7.3	18.0
Total	American Indian	8	118	2	128	2.1	24.7	2.2	14.5
	Asian/Pacific Islander	2	7	0	9	3.9	6.9	0.0	4.8
	Black	6	47	1	54	6.9	41.2	4.3	24.5
	Hispanic	126	1,101	36	1,263	6.1	45.0	6.7	26.7
	White	58	850	84	992	6.1	39.3	8.5	24.3
	Total	200	2,143	127	2,470	5.6	40.4	7.7	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 more than 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 (86.2 deaths per 100,000; Table 3) among all New Mexico counties during 2013-2017. However, the problem of drug overdose is by no means limited to Rio Arriba County. As expected, Bernalillo County had the largest number of unintentional drug overdose deaths (Table 3). According to Chart 2, close to one-third of New Mexico counties had total drug overdose death rates one and a half times higher than the US rate (21.7 deaths per 100,000 population).

The death rate from prescription drugs exceeded the statewide death rate from illicit drugs in almost half (14 of 33) of the counties (Table 3).

**Table 2: Drug Overdose Deaths and Rates\* by Race/Ethnicity and County, New Mexico, 2013-2017**

County	Deaths						Rates*					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	34	4	30	475	352	902	21.6	4.0	30.3	29.1	24.2	26.3
Catron	0	0	0	0	3	3	0.0	0.0	0.0	0.0	40.9	29.5
Chaves	1	1	2	26	39	69	39.3	40.1	39.8	16.4	29.5	22.9
Cibola	4	0	0	10	9	23	8.4	0.0	0.0	19.7	26.5	16.8
Colfax	0	0	0	14	8	22	0.0	0.0	0.0	51.4	24.1	38.5
Curry	1	0	1	11	23	36	42.2	0.0	9.2	12.2	18.8	15.4
De Baca	0	0	0	2	0	2	0.0	0.0	0.0	84.8	0.0	34.4
Dona Ana	0	1	5	92	63	164	0.0	5.5	24.1	14.0	22.9	17.0
Eddy	1	0	0	16	45	62	26.6	0.0	0.0	12.0	34.5	23.0
Grant	0	0	0	23	25	48	0.0	0.0	0.0	39.0	46.7	41.5
Guadalupe	0	0	0	9	1	10	0.0	0.0	0.0	56.1	14.6	44.9
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	3	5	9	0.0	0.0	0.0	26.6	55.1	41.0
Lea	0	0	6	15	40	61	0.0	0.0	41.8	8.1	32.9	18.8
Lincoln	0	0	0	13	22	35	0.0	0.0	0.0	43.2	45.5	42.7
Los Alamos	0	0	0	5	11	16	0.0	0.0	0.0	37.7	19.9	20.5
Luna	0	0	0	7	12	19	0.0	0.0	0.0	10.8	41.0	19.2
McKinley	22	0	1	11	6	40	9.5	0.0	48.5	25.2	21.9	12.6
Mora	0	0	0	2	0	2	0.0	0.0	0.0	15.8	0.0	13.5
Otero	3	0	3	16	42	64	13.8	0.0	29.0	14.5	24.5	20.0
Quay	0	0	0	5	4	9	0.0	0.0	0.0	25.2	23.2	21.2
Rio Arriba	10	0	0	143	4	158	37.2	0.0	0.0	111.8	22.7	89.9
Roosevelt	0	0	1	3	7	11	0.0	0.0	103.8	8.4	14.0	12.1
Sandoval	13	1	2	48	62	129	17.3	10.6	13.3	18.7	20.7	19.6
San Juan	26	0	2	17	57	103	11.4	0.0	47.6	16.7	20.0	16.7
San Miguel	0	0	0	50	3	53	0.0	0.0	0.0	53.4	7.4	44.9
Santa Fe	6	2	0	139	67	219	33.1	17.0	0.0	37.9	23.0	32.5
Sierra	1	0	0	2	14	17	130.3	0.0	0.0	11.0	37.2	29.5
Socorro	1	0	0	12	2	15	9.7	0.0	0.0	32.3	4.6	19.6
Taos	3	0	0	23	15	42	37.3	0.0	0.0	28.8	26.9	29.2
Torrance	1	0	0	11	11	23	44.6	0.0	0.0	36.0	25.9	29.6
Union	0	0	0	1	0	1	0.0	0.0	0.0	12.8	0.0	4.8
Valencia	1	0	1	59	38	101	5.9	0.0	23.7	27.3	29.2	27.1
New Mexico	128	9	54	1,263	992	2,470	14.5	4.8	24.5	26.7	24.3	24.6

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

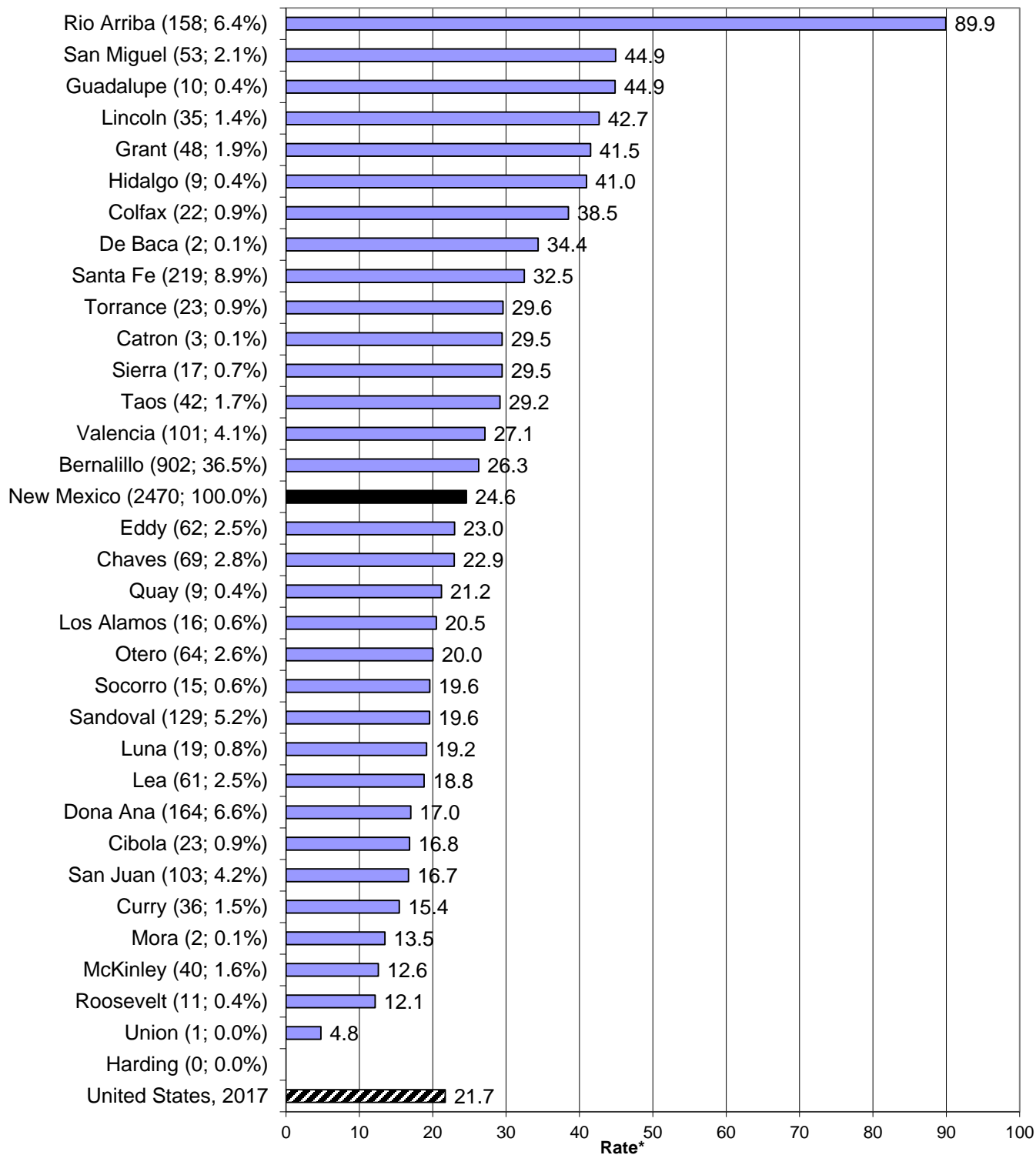
Sources: NMDOH BVRHS death files and UNM-GPS population files; SAES



# DRUG OVERDOSE DEATH (continued)

Chart 2: Drug Overdose Death Rates\* by County, New Mexico, 2013-2017

County (# of deaths; % of statewide deaths)

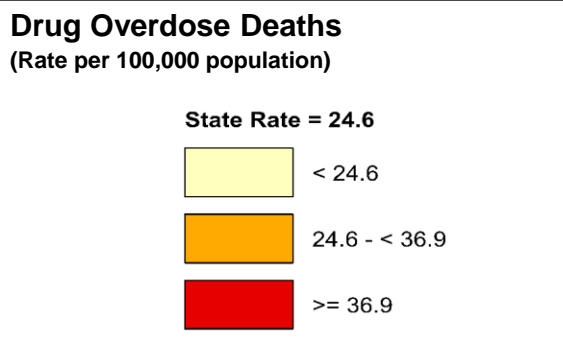
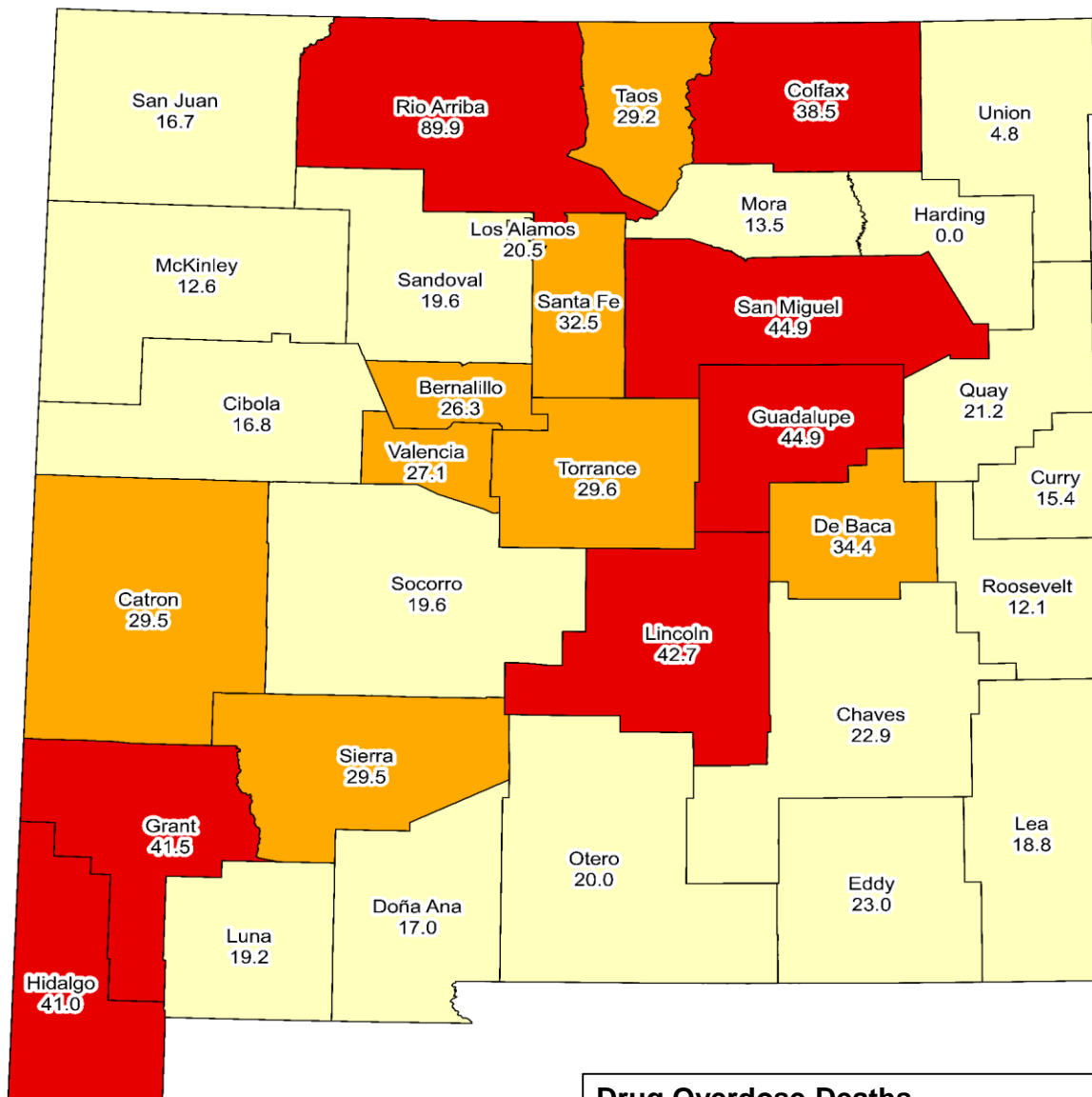


\* All rates are per 100,000, age-adjusted to the 2000 US standard population

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, 2013-2017

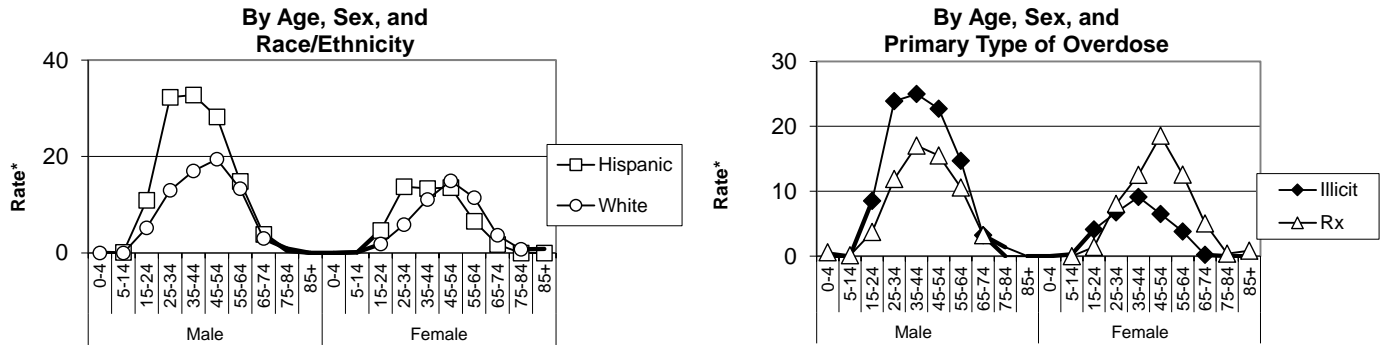


\* All rates are per 100,000, age-adjusted to the 2000 US standard population

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, 2013-2017



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

Table 3: Unintentional Drug Overdose Deaths and Rates\*, New Mexico, 2013-2017

County	Deaths					Total	Rates*					Total
	Sex		Overdose Type				Sex		Overdose Type			
	Male	Female	Illicit	Rx	Both		Male	Female	Illicit	Rx	Both	
Bernalillo	531	260	318	267	189	791	31.7	14.8	9.3	7.8	5.6	23.2
Catron	0	2	0	1	0	2	0.0	3.2	0.0	12.6	0.0	14.8
Chaves	38	23	26	22	11	61	25.2	14.9	8.2	7.4	3.6	20.0
Cibola	13	7	8	9	2	20	18.7	9.6	6.2	6.0	1.6	14.6
Colfax	16	5	10	4	6	21	55.5	18.1	19.0	6.8	11.2	37.8
Curry	22	12	8	16	6	34	17.8	11.1	3.8	7.0	2.3	14.6
De Baca	2	0	1	1	0	2	68.8	0.0	15.9	18.4	0.0	34.3
Dona Ana	99	43	52	51	32	142	21.5	8.7	5.4	5.3	3.4	14.9
Eddy	39	17	24	18	13	56	28.2	13.1	8.9	6.5	4.9	20.9
Grant	22	17	20	16	2	39	41.8	27.5	18.0	13.3	2.1	34.6
Guadalupe	6	4	6	3	1	10	46.2	45.4	28.5	13.5	2.9	44.9
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	28.6	3.5	6.9	25.9	0.0	32.8
Lea	33	22	24	26	3	55	18.6	14.9	7.5	7.9	0.8	16.9
Lincoln	18	16	13	17	4	34	44.0	38.9	18.9	18.0	4.6	41.6
Los Alamos	9	5	4	10	0	14	24.4	11.3	5.8	12.2	0.0	18.0
Luna	8	8	5	8	3	16	16.2	16.4	6.3	6.9	2.9	16.2
McKinley	21	11	15	9	3	32	14.7	6.5	4.8	3.3	0.8	10.5
Mora	1	1	0	1	1	2	11.9	15.1	0.0	7.4	6.1	13.5
Otero	26	23	17	24	8	49	16.7	14.6	5.9	7.2	2.6	15.7
Quay	4	3	2	1	4	7	16.4	15.2	2.6	3.2	9.7	15.6
Rio Arriba	113	38	62	35	50	151	130.8	41.7	35.7	18.0	30.0	86.2
Roosevelt	8	3	2	8	1	11	16.5	7.5	2.4	8.7	1.0	12.1
Sandoval	71	45	41	51	23	116	22.6	12.6	6.5	7.3	3.7	17.6
San Juan	53	33	30	45	8	86	17.5	11.0	4.9	7.4	1.5	14.3
San Miguel	26	16	18	14	9	42	46.7	26.0	15.0	12.3	8.2	36.2
Santa Fe	120	63	74	63	45	183	36.7	19.9	11.8	9.0	7.3	28.3
Sierra	8	9	5	10	2	17	29.7	29.7	9.4	15.3	4.7	29.5
Socorro	10	3	8	3	2	13	26.8	8.7	11.4	3.8	2.7	17.9
Taos	22	11	12	14	5	33	31.5	13.3	8.8	8.8	4.0	22.5
Torrance	12	9	10	9	1	21	29.2	24.9	13.4	10.2	1.8	27.0
Union	1	0	0	1	0	1	8.0	0.0	0.0	4.8	0.0	4.8
Valencia	58	24	34	26	20	82	32.1	13.4	9.2	7.4	5.8	22.9
<b>Total</b>	<b>1,415</b>	<b>738</b>	<b>851</b>	<b>791</b>	<b>454</b>	<b>2,153</b>	<b>28.7</b>	<b>14.6</b>	<b>8.6</b>	<b>7.8</b>	<b>4.7</b>	<b>21.7</b>

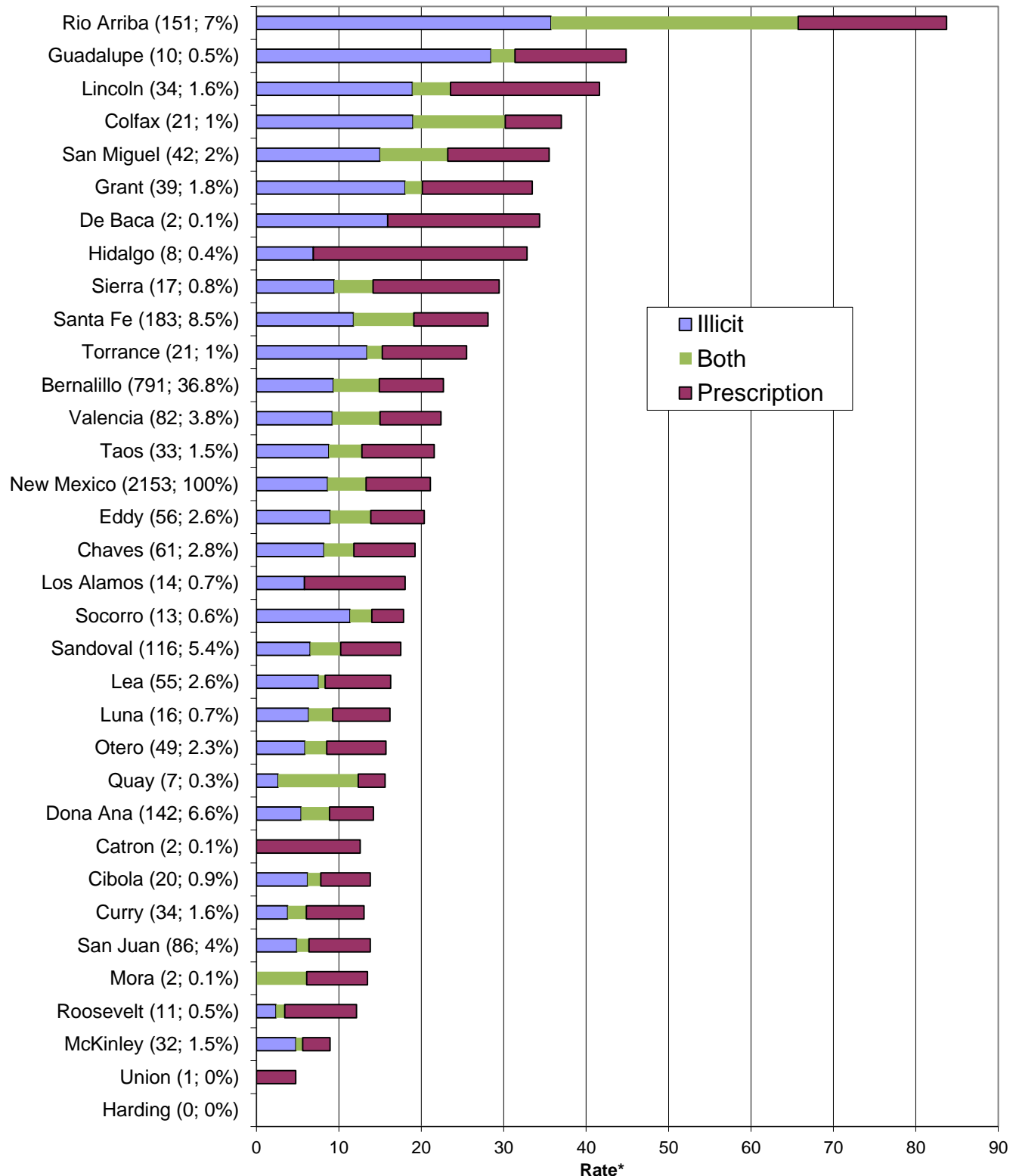
\* All rates are per 100,000, age-adjusted to the 2000 US standard population; Drug overdose type categories are mutually exclusive.

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

# DRUG OVERDOSE DEATH (continued)

Chart 5: Unintentional Drug Overdose Death Rates\* by County and Drug Type, New Mexico, 2013-2017

County (# of deaths; % of statewide deaths)



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

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

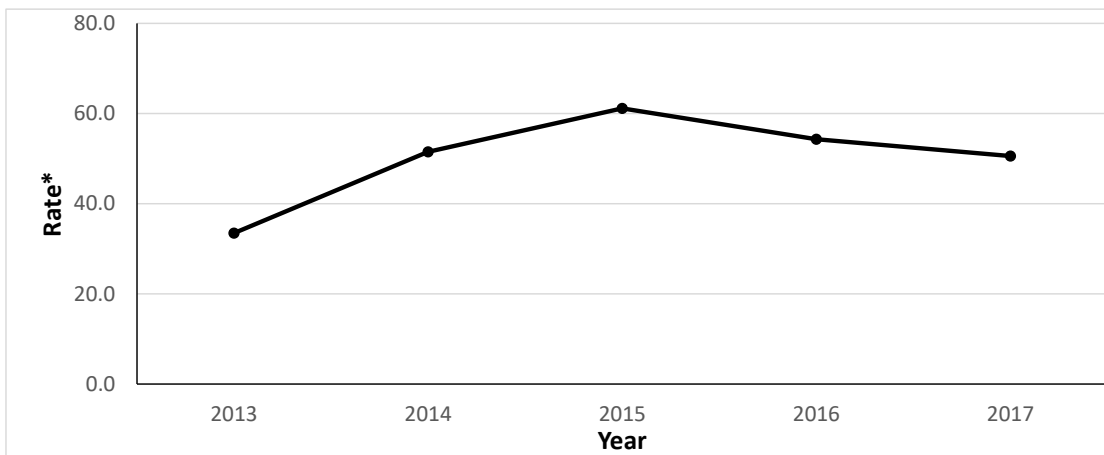
# OPIOID OVERDOSE RELATED EMERGENCY DEPARTMENT VISITS

## Problem Statement

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

Chart 1 shows that between 2013 and 2015, the rate of opioid overdose related emergency department visits increased by 82% in New Mexico.

**Chart 1: Opioid Overdose Related Emergency Department Visit Rates\*, New Mexico, 2013-2017**



\* Rates per 100,000 population

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

**Table 1: Opioid Overdose Related Emergency Department Visits and Rates\* by Age, Sex, and Race/Ethnicity, New Mexico, 2013-2017**

Sex	Race/Ethnicity	Emergency Department Visits				Rates*			
		Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	11	109	6	127	1.7	24.8	2.1	28.6
	Asian/Pacific Islander	5	16	2	23	5.4	18.6	3.3	27.3
	Black	30	95	15	140	18.4	74.1	16.4	108.9
	Hispanic	332	1,246	72	1,650	9.0	53.3	3.8	66.1
	White	152	495	99	747	8.8	24.0	2.7	35.5
	Total	580	2,139	202	2,927	9.2	42.3	3.4	54.8
Female	American Indian	17	83	9	109	2.6	17.3	2.1	22.0
	Asian/Pacific Islander	5	6	1	12	5.7	5.4	1.0	12.1
	Black	20	104	24	148	14.4	114.5	26.2	155.1
	Hispanic	243	735	83	1,061	6.8	31.1	3.5	41.4
	White	124	464	146	734	7.9	22.2	3.5	33.5
	Total	445	1,498	279	2,222	7.4	29.1	3.9	40.4
Total	American Indian	29	194	15	239	2.2	21.1	2.1	25.4
	Asian/Pacific Islander	10	22	3	35	5.5	11.2	1.9	18.7
	Black	50	199	39	288	16.6	90.8	21.3	128.7
	Hispanic	600	2,068	156	2,824	8.3	44.0	3.7	55.9
	White	287	990	258	1,536	8.7	23.8	3.3	35.8
	Total	1,099	3,859	502	5,469	8.9	37.8	3.8	50.6

\* 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

\*\*There were 876 visits for which race-ethnicity was missing.

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

## OPIOID OVERDOSE RELATED EMERGENCY DEPARTMENT VISITS (continued)

### Problem Statement (continued)

The male rate of opioid overdose related emergency department visits during 2013-2017 was 26.3% higher than the rate among women (Table 1). Among both sexes, Blacks had the highest rate compared to all other racial/ethnic groups. Table 1 also shows that for both sexes, those in the 25-64 age group had the highest rate (37.8 opioid-related overdose emergency department visits per 100,000 population).

Rio Arriba, Taos, and San Miguel counties had the highest rates of opioid overdose related emergency department visits during 2013-2017 (Chart 2). Table 2 shows that in Rio Arriba (155.3 per 100,000) and Santa Fe (54.4 per 100,000) counties, the rates were driven by Hispanics (191.2 and 72.4 opioid overdose related emergency department visits per 100,000; respectively) whereas in San Juan (44.3 per 100,000) it is driven by Whites (57.6 per 100,000). Bernalillo County had the biggest percentage of opioid overdose related emergency department visits (45.0% of the state total), followed by Santa Fe County (7.5%). 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, 2013-2017**

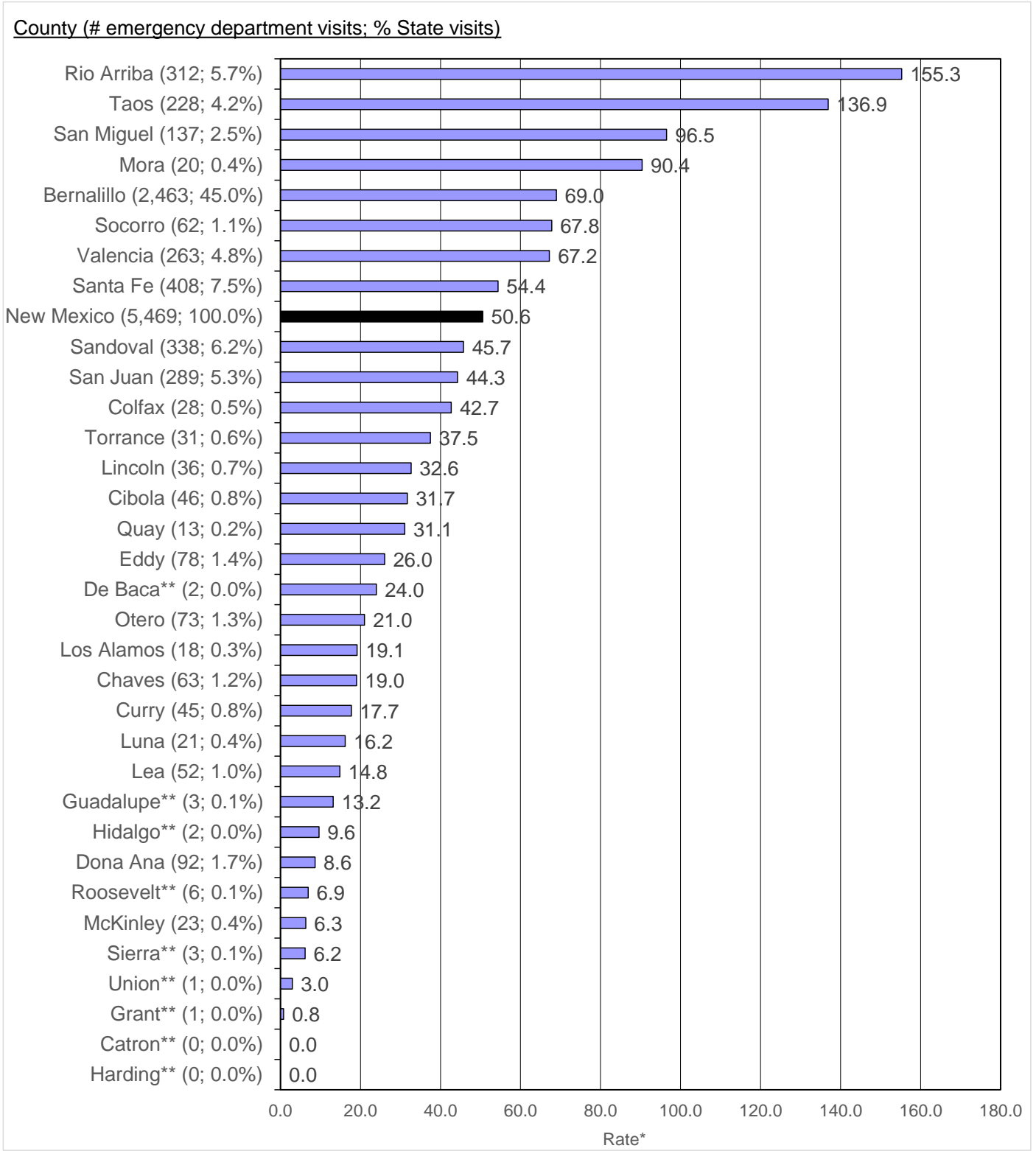
County	Emergency Department Visits						Rates*					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	78	22	192	1,306	651	2,463	49.4	22.2	190.4	76.1	44.7	69.0
Catron	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Chaves	0	1	11	21	25	63	0.0	25.8	203.6	12.5	17.4	19.0
Cibola	4	0	0	28	14	46	7.2	0.0	0.0	51.2	44.8	31.7
Colfax	0	0	1	18	8	28	0.0	0.0	202.8	58.1	24.6	42.7
Curry	0	0	2	24	18	45	0.0	0.0	8.0	26.5	13.4	17.7
De Baca	0	0	1	0	1	2	0.0	0.0	1,495.7	0.0	20.0	24.0
Dona Ana	0	0	4	46	41	92	0.0	0.0	22.2	6.9	12.7	8.6
Eddy	0	0	3	37	38	78	0.0	0.0	66.7	27.2	25.9	26.0
Grant	0	0	0	0	0	1	0.0	0.0	0.0	0.0	0.0	0.8
Guadalupe	0	0	0	2	1	3	0.0	0.0	0.0	11.6	42.1	13.2
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	0	2	2	0.0	0.0	0.0	0.0	23.9	9.6
Lea	0	0	5	22	24	52	0.0	0.0	38.6	12.4	17.8	14.8
Lincoln	0	0	0	7	26	36	0.0	0.0	0.0	21.2	39.7	32.6
Los Alamos	0	2	0	3	13	18	0.0	28.6	0.0	17.8	18.6	19.1
Luna	0	0	0	9	12	21	0.0	0.0	0.0	11.3	32.4	16.2
McKinley	4	0	0	11	3	23	1.5	0.0	0.0	22.4	7.0	6.3
Mora	0	0	0	15	2	20	0.0	0.0	0.0	82.6	49.7	90.4
Otero	5	0	2	17	46	73	27.1	0.0	14.0	15.4	23.8	21.0
Quay	0	0	0	4	9	13	0.0	0.0	0.0	23.1	47.3	31.1
Rio Arriba	14	0	0	273	18	312	47.7	0.0	0.0	191.2	68.2	155.3
Roosevelt	0	0	0	3	2	6	0.0	0.0	0.0	9.0	3.4	6.9
Sandoval	27	4	27	132	132	338	32.1	31.0	159.2	47.5	39.3	45.7
San Juan	75	1	1	48	160	289	31.4	22.9	20.2	38.5	57.6	44.3
San Miguel	0	0	1	124	9	137	0.0	0.0	62.4	110.7	37.2	96.5
Santa Fe	5	1	9	284	98	408	24.4	8.0	114.6	72.4	33.8	54.4
Sierra	0	0	0	0	3	3	0.0	0.0	0.0	0.0	9.4	6.2
Socorro	8	0	0	38	11	62	81.0	0.0	0.0	86.6	28.9	67.8
Taos	1	0	3	58	47	228	10.2	0.0	310.9	63.0	89.1	136.9
Torrance	1	0	1	15	10	31	44.4	0.0	69.0	45.4	21.0	37.5
Union	0	0	0	0	1	1	0.0	0.0	0.0	0.0	4.2	3.0
Valencia	7	2	20	148	59	263	48.3	76.2	400.7	64.5	41.9	67.2
New Mexico	239	35	288	2,824	1,536	5,469	25.4	18.7	128.7	55.9	35.8	50.6

\* All rates are per 100,000, age-adjusted to the 2000 US standard population. There were 312 visits for which County of Residence was missing.

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

# OPIOID OVERDOSE RELATED EMERGENCY DEPARTMENT VISITS (continued)

Chart 2: Opioid Overdose Related Emergency Department Visit Rates\* by County, New Mexico, 2013-2017



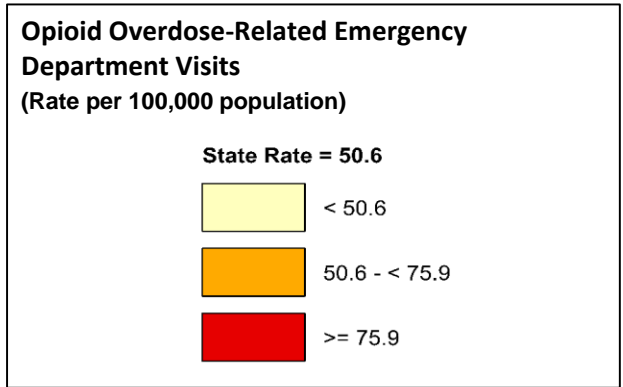
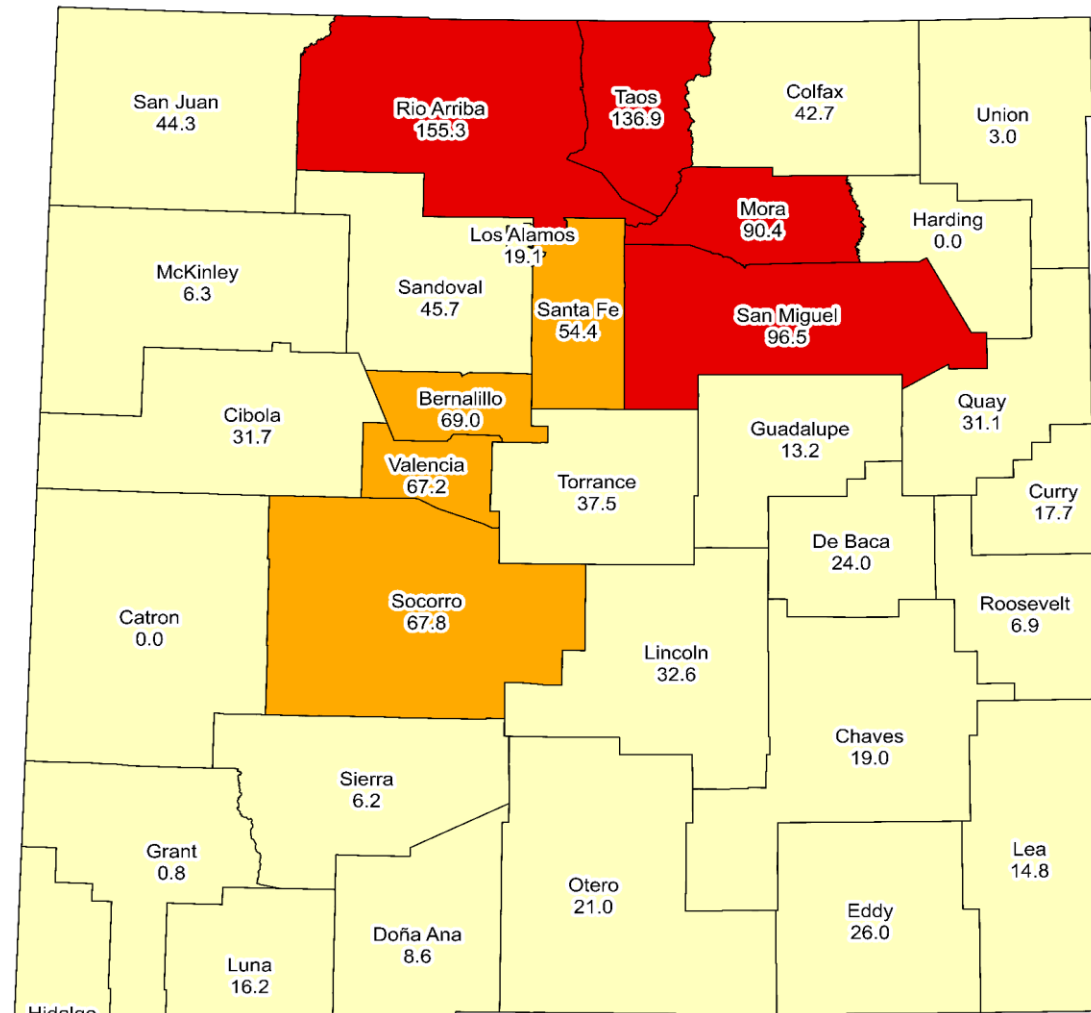
\* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

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

# OPIOID OVERDOSE RELATED EMERGENCY DEPARTMENT VISITS (continued)

Chart 2: Opioid Overdose Related Emergency Department Visit Rates\* by County, New Mexico, 2013-2017



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

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



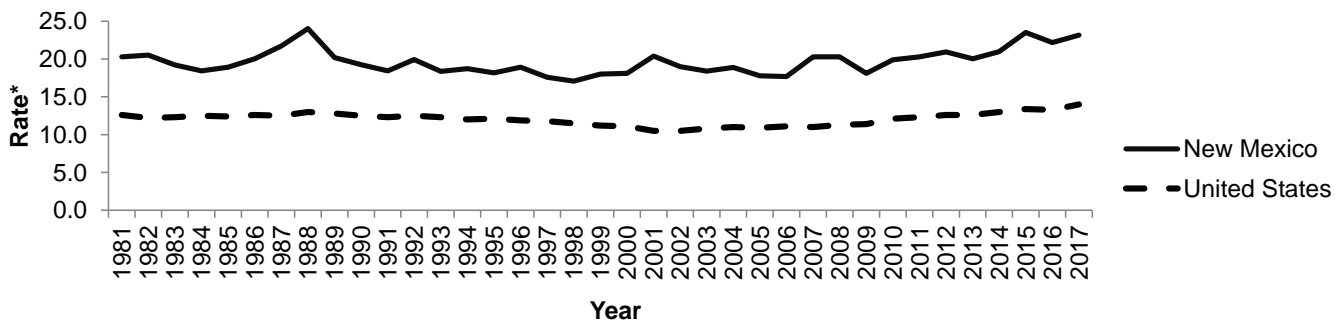
# SUICIDE

## Problem Statement

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

Table 1 and Chart 2 show that male suicide rates were more than three times higher than female rates across all ages and racial/ethnic groups except for Asian/Pacific Islanders and Blacks for the five-year period 2013-2017. This reflects males' choice of more lethal means, i.e. firearms, when attempting suicide. White males and females have higher rates over age 34 compared to other race/ethnicities. The majority (63%) of male suicides - and an even higher proportion of Hispanic and American Indian male suicides - occur, however, before age 65. American Indian females had a significantly higher rate between ages 15-24 compared to other race/ethnicities (Chart 2). Table 2 shows that five counties (Bernalillo, Santa Fe, Dona Ana, San Juan, and Sandoval) had substantial numbers of suicides (averaging more than 25 per year). As Chart 3 demonstrates, for the time period 2013-2017, all but eleven of NM's counties had rates one and a half times higher than the comparable US rate. A number of smaller counties also had very high rates, and only two New Mexico counties had a suicide rate lower than the national rate. Note that counts and rates for many counties with small numbers of suicides are unstable, suggesting wide fluctuation across time periods due to random variation (chance) and should be interpreted with caution.

**Chart 1: Suicide Rates\*, New Mexico and United States, 1981-2017**



\* U.S. data available up to 2016

\*\*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, 2013-2017**

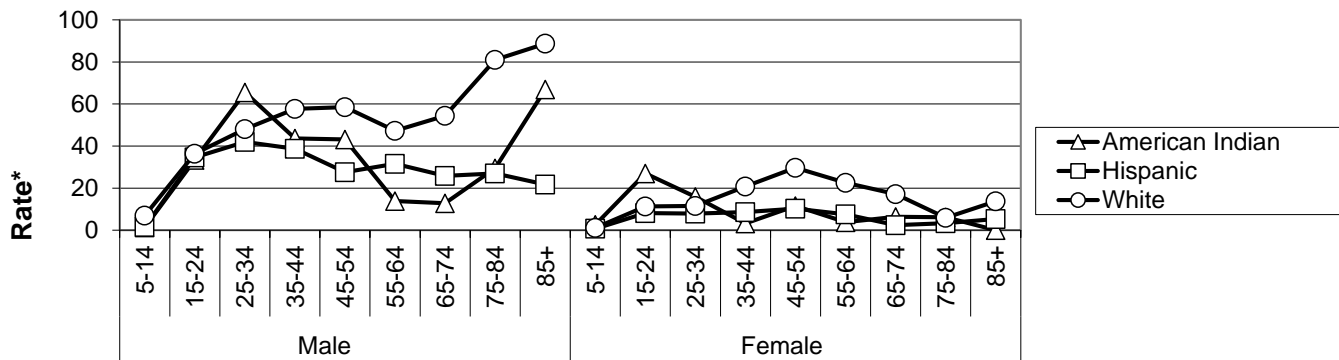
Sex	Race/Ethnicity	Deaths				Rates*			
		Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	27	103	8	138	14.1	45.1	21.9	31.0
	Asian/Pacific Islander	1	7	2	10	3.8	15.6	26.4	11.3
	Black	9	12	1	22	19.3	18.0	8.6	16.5
	Hispanic	152	433	62	647	14.4	35.6	25.7	26.7
	White	93	563	301	957	18.8	52.4	65.5	42.6
	Total	284	1,123	382	1,789	15.7	42.7	50.5	34.3
Female	American Indian	23	23	3	49	12.1	9.2	5.6	9.4
	Asian/Pacific Islander	2	3	1	6	7.9	5.2	8.2	6.5
	Black	0	6	0	6	0.0	12.7	0.0	7.2
	Hispanic	36	106	9	151	3.5	8.6	3.0	6.2
	White	24	237	71	332	5.3	21.7	13.4	14.3
	Total	85	377	84	546	4.9	14.1	9.3	10.0
Total	American Indian	50	126	11	187	13.2	26.3	12.2	19.6
	Asian/Pacific Islander	3	10	3	16	5.8	9.8	15.2	8.6
	Black	9	18	1	28	10.4	15.8	4.3	12.5
	Hispanic	188	539	71	798	9.1	22.0	13.2	16.3
	White	117	800	372	1,289	12.4	37.0	37.6	28.3
	Total	369	1,500	466	2,335	10.4	28.3	28.1	21.9

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

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

# SUICIDE (continued)

Chart 2: Suicide Rates\* by Age, Sex, and Race/Ethnicity, New Mexico, 2013-2017



\* 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, 2013-2017

County	Deaths						Rates*					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	22	6	10	262	418	725	15.9	6.0	10.0	16.0	27.1	20.8
Catron	1	0	0	3	3	7	142.3	0.0	0.0	122.8	23.5	56.2
Chaves	1	0	1	16	47	66	39.3	0.0	29.2	8.8	35.0	20.4
Cibola	11	0	0	6	12	29	20.6	0.0	0.0	12.3	40.6	21.0
Colfax	0	0	0	8	7	15	0.0	0.0	0.0	24.1	26.8	22.8
Curry	0	1	5	10	28	44	0.0	13.2	33.0	10.5	20.4	18.2
De Baca	0	0	0	0	2	2	0.0	0.0	0.0	0.0	31.4	17.6
Dona Ana	2	0	4	72	90	170	20.7	0.0	21.3	10.5	25.2	16.0
Eddy	0	0	0	27	43	70	0.0	0.0	0.0	21.7	32.8	26.8
Grant	2	0	0	14	29	45	147.6	0.0	0.0	21.8	41.7	32.4
Guadalupe	0	0	0	2	0	2	0.0	0.0	0.0	12.0	0.0	9.1
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	7	5	12	0.0	0.0	0.0	66.0	67.2	64.8
Lea	1	1	1	16	39	58	36.1	30.5	6.4	8.7	28.8	17.7
Lincoln	0	0	0	4	27	31	0.0	0.0	0.0	11.6	36.6	26.5
Los Alamos	0	0	0	1	12	13	0.0	0.0	0.0	5.5	19.1	15.0
Luna	0	0	0	8	23	32	0.0	0.0	0.0	11.2	40.7	22.7
McKinley	63	0	0	16	8	87	23.5	0.0	0.0	35.0	22.4	24.8
Mora	0	0	0	6	0	6	0.0	0.0	0.0	35.3	0.0	29.7
Otero	4	1	1	17	63	88	19.3	21.8	5.6	15.6	32.7	25.9
Quay	0	0	1	4	10	15	0.0	0.0	146.8	19.0	42.9	33.2
Rio Arriba	5	0	0	36	10	51	16.3	0.0	0.0	26.8	39.3	26.9
Roosevelt	0	1	1	6	10	18	0.0	18.8	16.4	12.9	19.2	17.8
Sandoval	15	1	0	43	70	129	17.7	10.6	0.0	16.1	20.7	18.7
San Juan	51	1	1	19	86	158	20.0	62.6	22.8	16.9	30.2	24.5
San Miguel	1	0	0	30	11	43	372.3	0.0	0.0	28.9	38.0	31.2
Santa Fe	3	2	2	72	105	186	11.9	14.8	32.1	19.1	27.7	23.7
Sierra	0	0	0	4	21	25	0.0	0.0	0.0	25.3	38.1	36.1
Socorro	1	0	0	10	15	26	9.7	0.0	0.0	23.6	40.5	28.6
Taos	2	0	0	25	29	56	23.3	0.0	0.0	29.4	52.0	36.0
Torrance	0	0	0	4	21	25	0.0	0.0	0.0	15.0	43.8	30.1
Union	0	0	0	4	1	5	0.0	0.0	0.0	45.3	12.6	27.0
Valencia	2	2	1	46	41	93	11.9	80.3	26.1	20.4	29.8	24.7
New Mexico	187	16	28	798	1,289	2,335	19.6	8.6	12.5	16.3	28.3	21.9

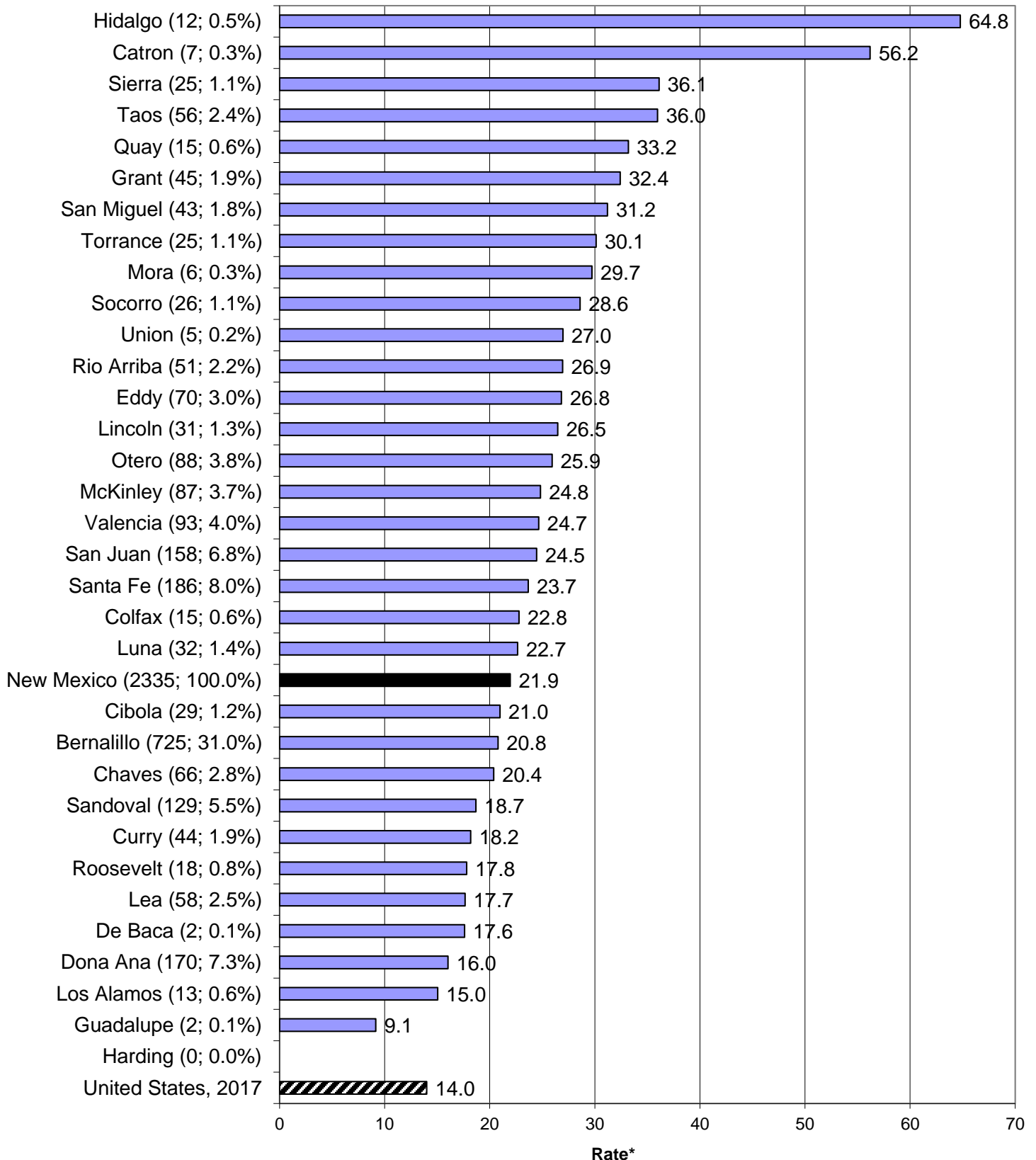
\* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

# SUICIDE (continued)

Chart 3: Suicide Rates\* by County, New Mexico, 2013-2017

County (# of deaths; % of statewide deaths)

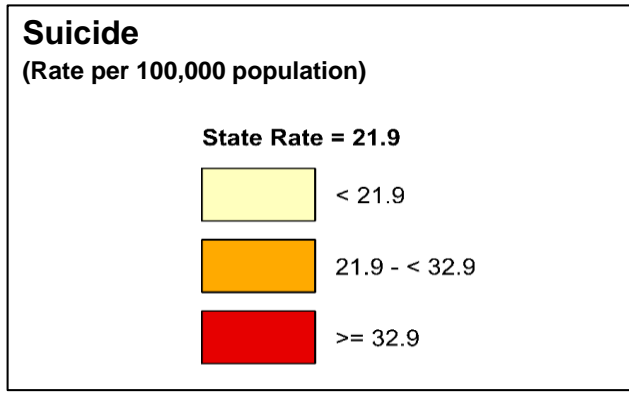
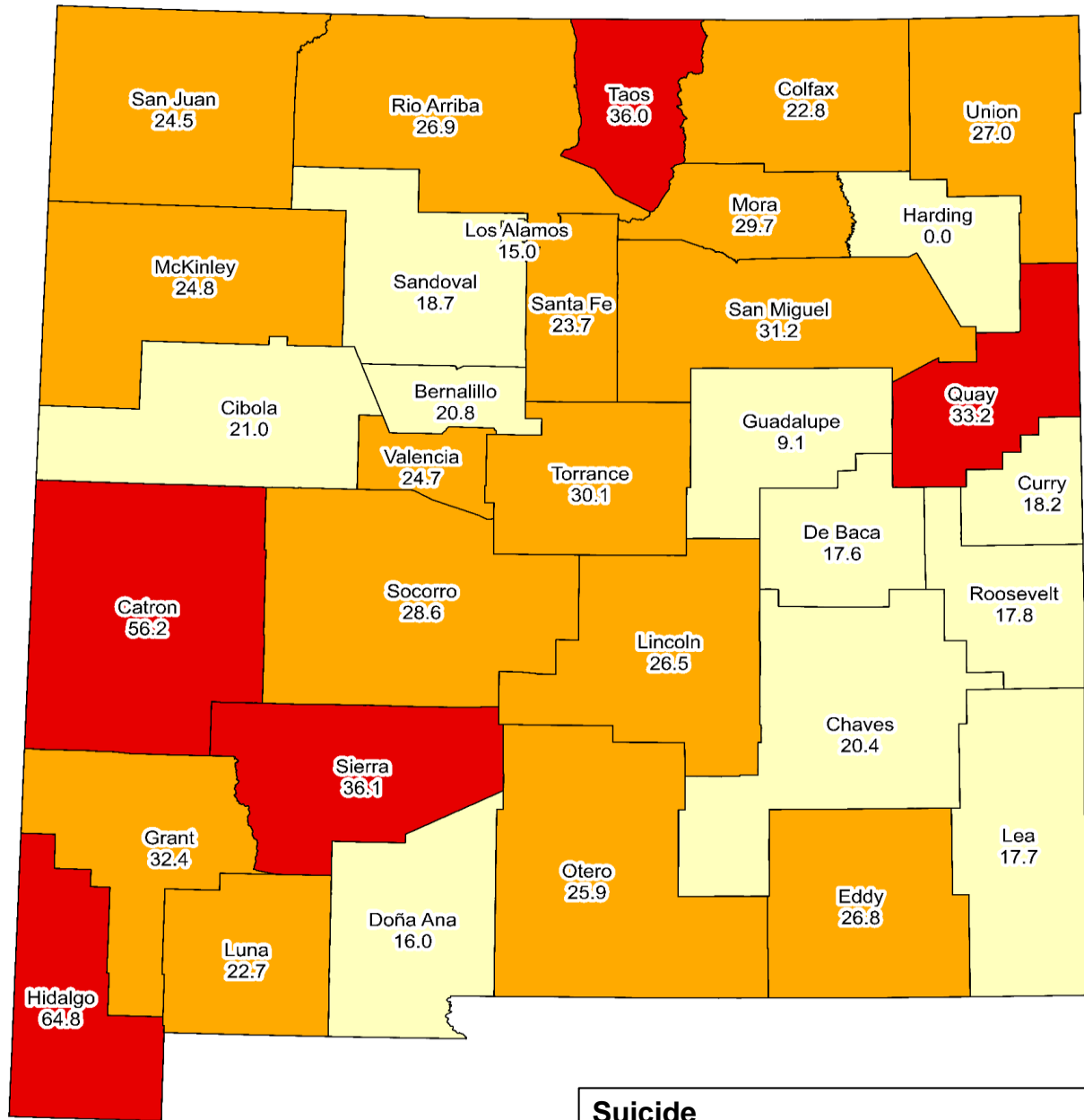


\* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

# SUICIDE (continued)

Chart 4: Suicide Rates\* by County, New Mexico, 2013-2017



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

## 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 Questionnaire (52% reported past-month FMD). Among the cohort that reported past-year suicidal ideation with no history of suicide attempt, 48% reported past-month FMD; among the cohort at high risk for suicide that reported both past-year suicidal ideation and a prior suicide attempt, 62% reported past-month FMD. Meanwhile, more than half (52%) of FMD respondents were diagnosed with current depression (Chart 1). These results suggest that this simple question, which is asked annually on the BRFSS, is a useful indicator of population mental health.

**Table 1: Frequent Mental Distress (past 30 days) by Age, Sex, and Race, Adults Aged 18+, New Mexico, 2015-2017**

Sex	Race/Ethnicity	Number				Percent*			
		Ages 18-24	Ages 25-64	Ages 65+	All Ages	Ages 18-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	2,730	4,749	1,904	9,340	25.8	10.3	25.1	14.5
	Asian/Pacific Islander	-	807	-	1,171	-	8.9	-	9.3
	Black	-	1,553	-	3,726	-	11.5	-	19.2
	Hispanic	5,353	27,793	5,851	38,894	9.1	11.3	11.6	10.9
	White	4,787	24,310	5,594	34,596	15.4	11.5	5.9	10.3
	Total	13,974	59,828	14,015	88,158	13.2	11.4	8.9	11.2
Female	American Indian	1,462	6,100	1,895	9,305	13.8	12.0	17.0	12.9
	Asian/Pacific Islander	-	748	-	1,616	-	6.4	-	10.2
	Black	-	1,349	-	1,556	-	14.1	-	10.8
	Hispanic	8,323	40,509	5,666	54,712	14.7	16.3	9.2	14.9
	White	3,615	35,376	8,351	46,760	13.7	16.6	7.7	13.4
	Total	13,498	83,921	16,407	113,384	13.8	15.7	8.8	13.9
Total	American Indian	4,152	10,861	3,837	18,642	19.6	11.2	20.5	13.6
	Asian/Pacific Islander	-	1,592	-	2,765	-	7.7	-	9.7
	Black	-	2,948	681	5,041	-	12.8	14.0	14.9
	Hispanic	13,559	68,370	11,496	93,603	11.7	13.8	10.3	13.0
	White	8,383	59,594	13,977	81,409	14.6	14.1	6.9	11.9
	Total	27,467	143,685	30,422	201,495	13.5	13.6	8.9	12.5

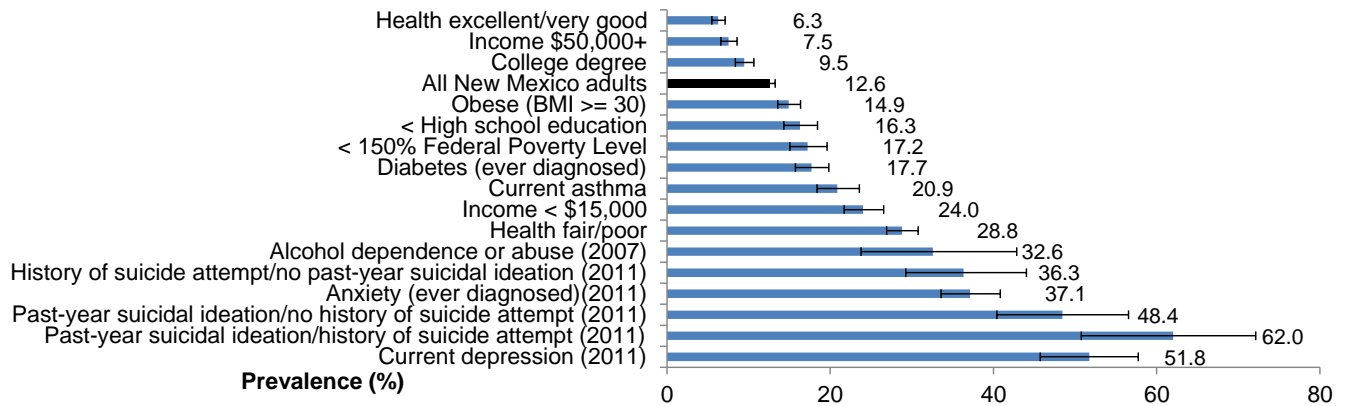
\* Estimate of percent of people in population group who reported Frequent Mental Distress in past 30 days

- 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, 2015-2017



\* 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, 2015-2017

County	Number						Percent*					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	2,451	-	-	22,114	28,485	53,585	11.1	-	-	9.1	12.2	10.2
Catron	-	-	-	-	-	443	-	-	-	-	-	13.9
Chaves	-	-	-	4,204	2,132	6,652	-	-	-	16.9	9.8	13.8
Cibola	1,397	-	-	792	625	2,741	17.8	-	-	10.0	13.4	13.2
Colfax	-	-	-	-	347	1,387	-	-	-	-	6.5	13.4
Curry	-	-	-	1,828	2,887	6,361	-	-	-	13.4	14.5	17.2
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	12,672	4,930	18,490	-	-	-	12.2	9.5	11.4
Eddy	-	-	-	1,887	3,007	5,130	-	-	-	10.0	13.8	12.2
Grant	-	-	-	1,479	1,144	2,639	-	-	-	13.9	9.8	11.5
Guadalupe	-	-	-	-	-	-	-	-	-	-	-	-
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	3,043	2,997	6,517	-	-	-	12.0	14.7	13.5
Lincoln	-	-	-	-	1,163	2,189	-	-	-	-	10.5	13.5
Los Alamos	-	-	-	-	574	1,226	-	-	-	-	5.4	8.7
Luna	-	-	-	1,038	777	1,776	-	-	-	9.3	11.8	9.7
McKinley	4,130	-	-	566	627	5,380	10.6	-	-	8.8	11.2	10.4
Mora	-	-	-	-	-	-	-	-	-	-	-	-
Otero	315	-	-	1,535	3,522	6,013	11.1	-	-	9.0	12.8	12.0
Quay	-	-	-	-	403	1,247	-	-	-	-	11.0	18.7
Rio Arriba	-	-	-	4,010	651	5,171	-	-	-	18.9	14.0	17.0
Roosevelt	-	-	-	-	1,178	1,908	-	-	-	-	13.8	12.8
Sandoval	3,345	-	-	3,894	4,739	12,679	27.2	-	-	10.2	9.0	11.8
San Juan	4,375	-	-	1,850	5,253	11,957	12.4	-	-	11.4	12.9	12.8
San Miguel	-	-	-	3,967	110	4,036	-	-	-	23.0	2.4	17.8
Santa Fe	-	-	-	8,224	5,243	14,833	-	-	-	14.6	9.0	12.3
Sierra	-	-	-	-	1,130	1,548	-	-	-	-	16.7	16.2
Socorro	-	-	-	-	-	1,662	-	-	-	-	-	12.5
Taos	-	-	-	1,779	1,792	4,443	-	-	-	12.2	16.7	16.4
Torrance	-	-	-	-	-	1,169	-	-	-	-	-	9.6
Union	-	-	-	-	-	-	-	-	-	-	-	-
Valencia	-	-	-	2,371	982	3,346	-	-	-	7.2	4.5	5.8
New Mexico	18,642	2,765	5,041	93,603	81,409	201,495	13.6	9.7	14.9	13.0	11.9	12.5

\* 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

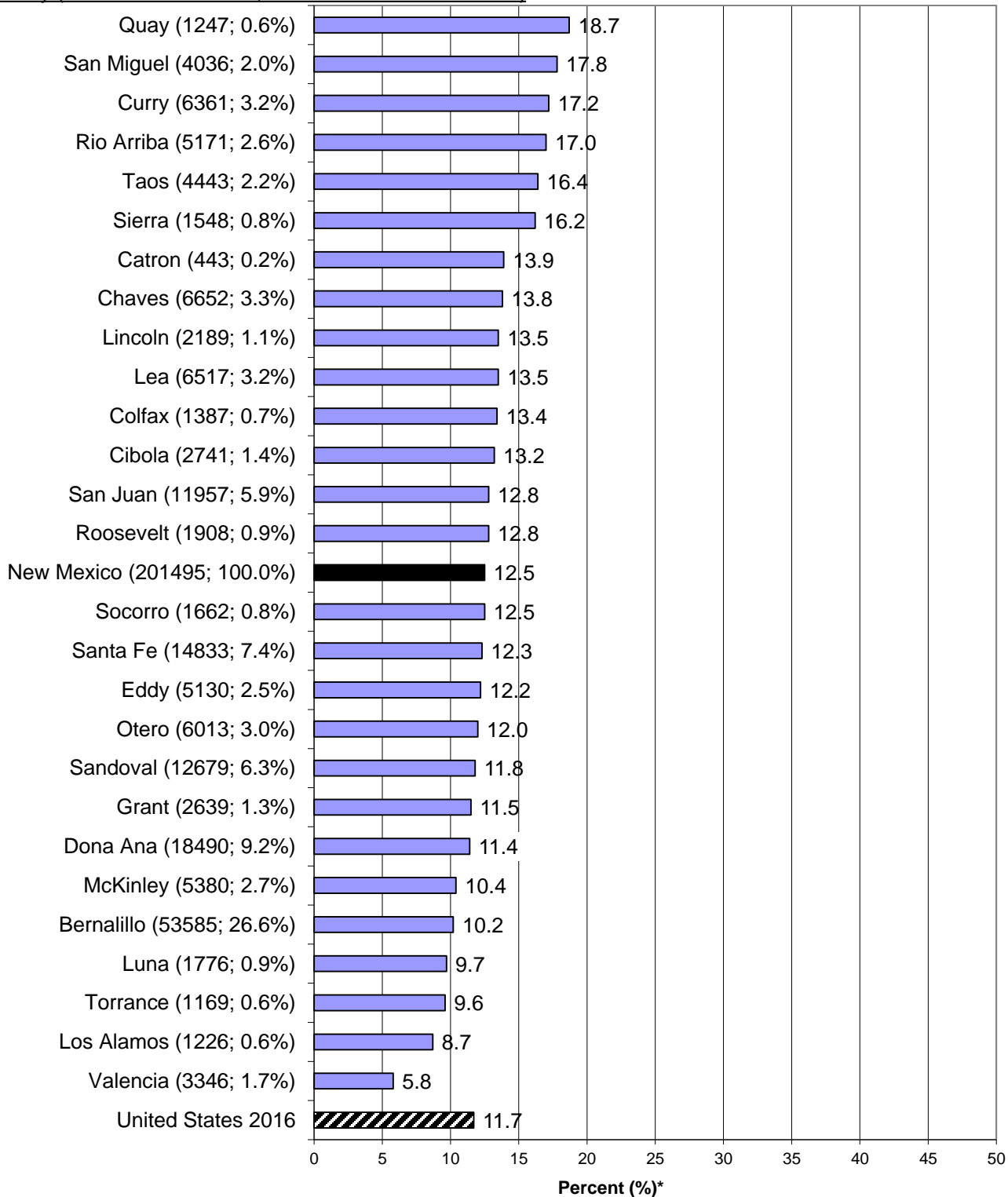
Source: BRFSS; SAES



## ADULT MENTAL HEALTH (continued)

Chart 2: Frequent Mental Distress (past 30 days)\* by County, Adults Aged 18+, New Mexico, 2015-2017

County (# of adults with FMD; % of statewide FMD adults)



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

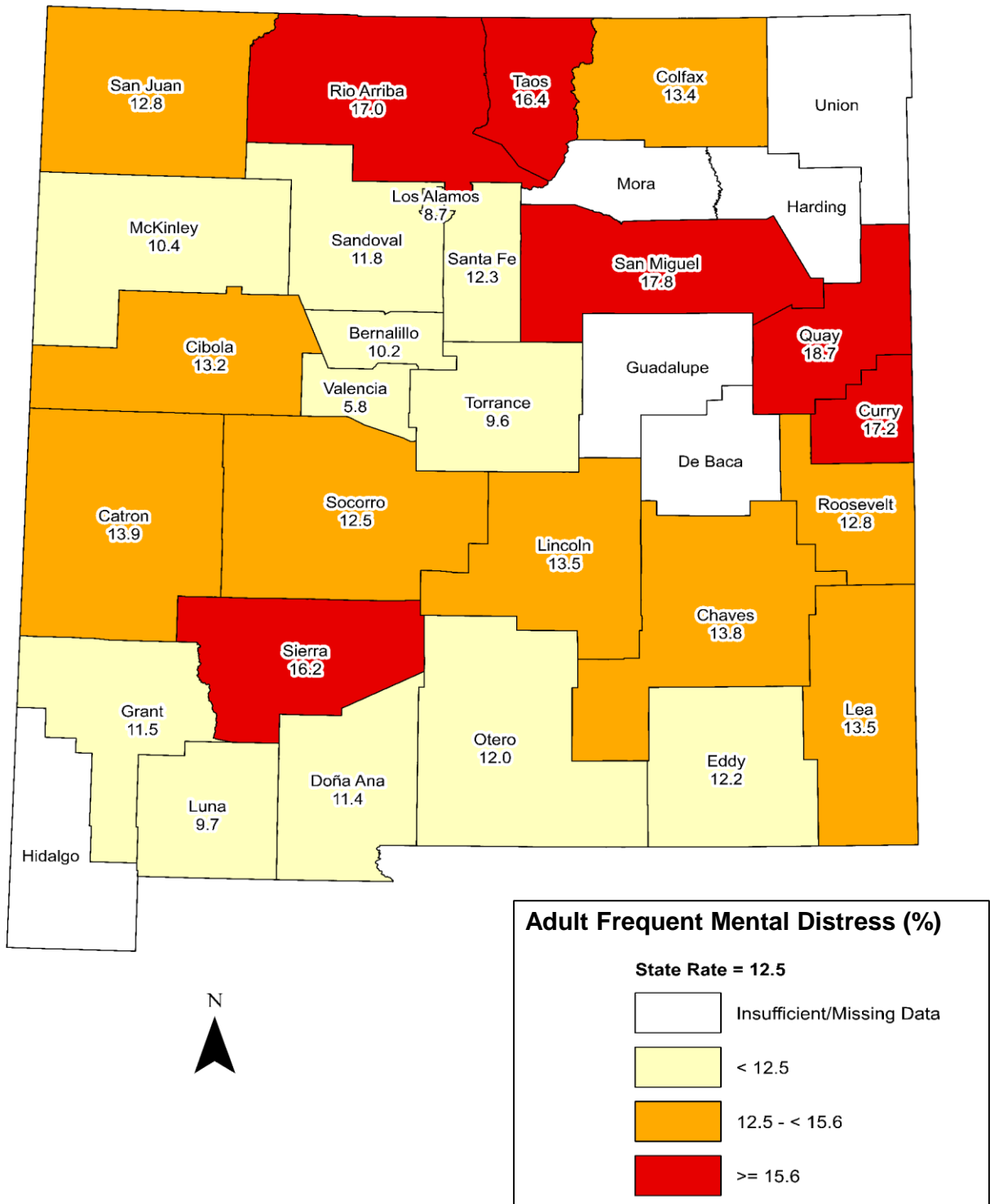
The following counties were not included due to small number of respondents (<50) in cell:

De Baca, Guadalupe, Harding, Hidalgo, Mora, and Union

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, 2015-2017



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

Source: BRFSS; SAES

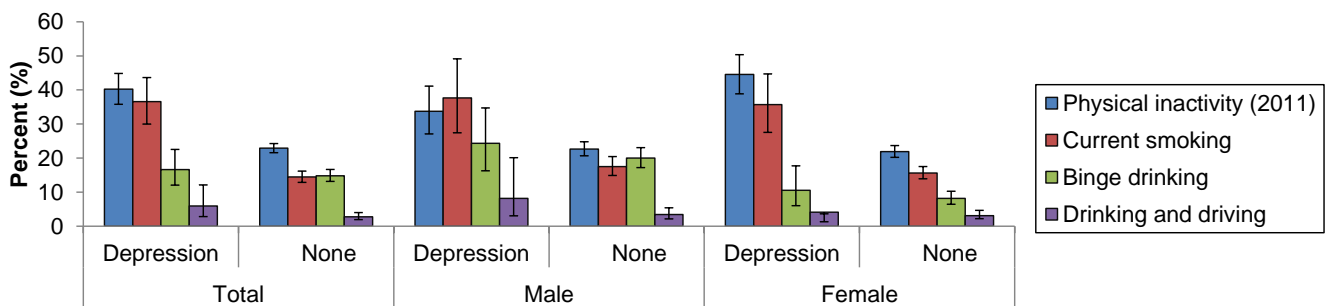
# ADULT MENTAL HEALTH - DEPRESSION

## Problem Statement (continued)

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

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

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



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

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

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

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

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

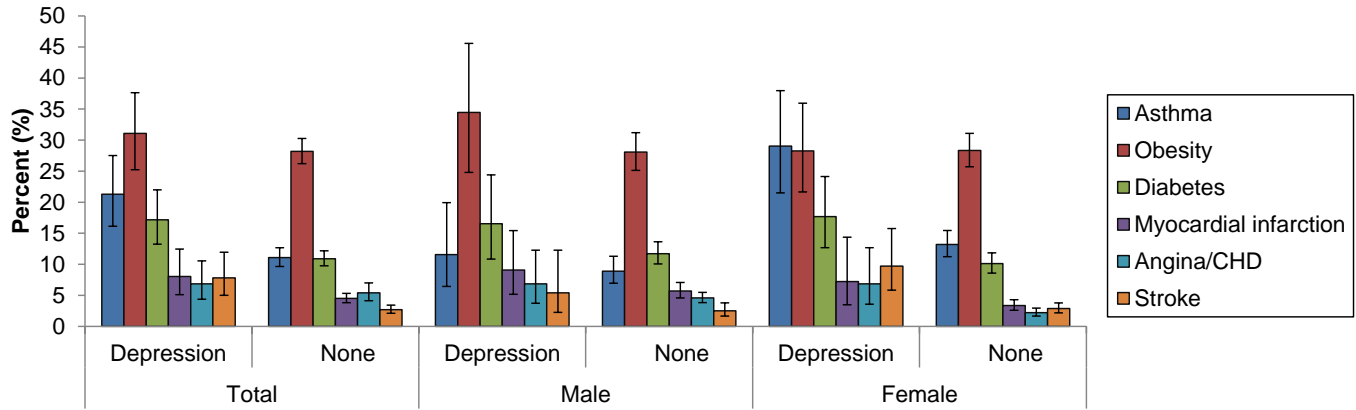
\*\* Estimate of percent of people in population group who reported current (past 2-week) depression based on DSM-IV criteria

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

Source: BRFSS; SAES

# ADULT MENTAL HEALTH - DEPRESSION (continued)

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



Source: BRFSS; SAES

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

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

\* Estimate of number of people in population 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

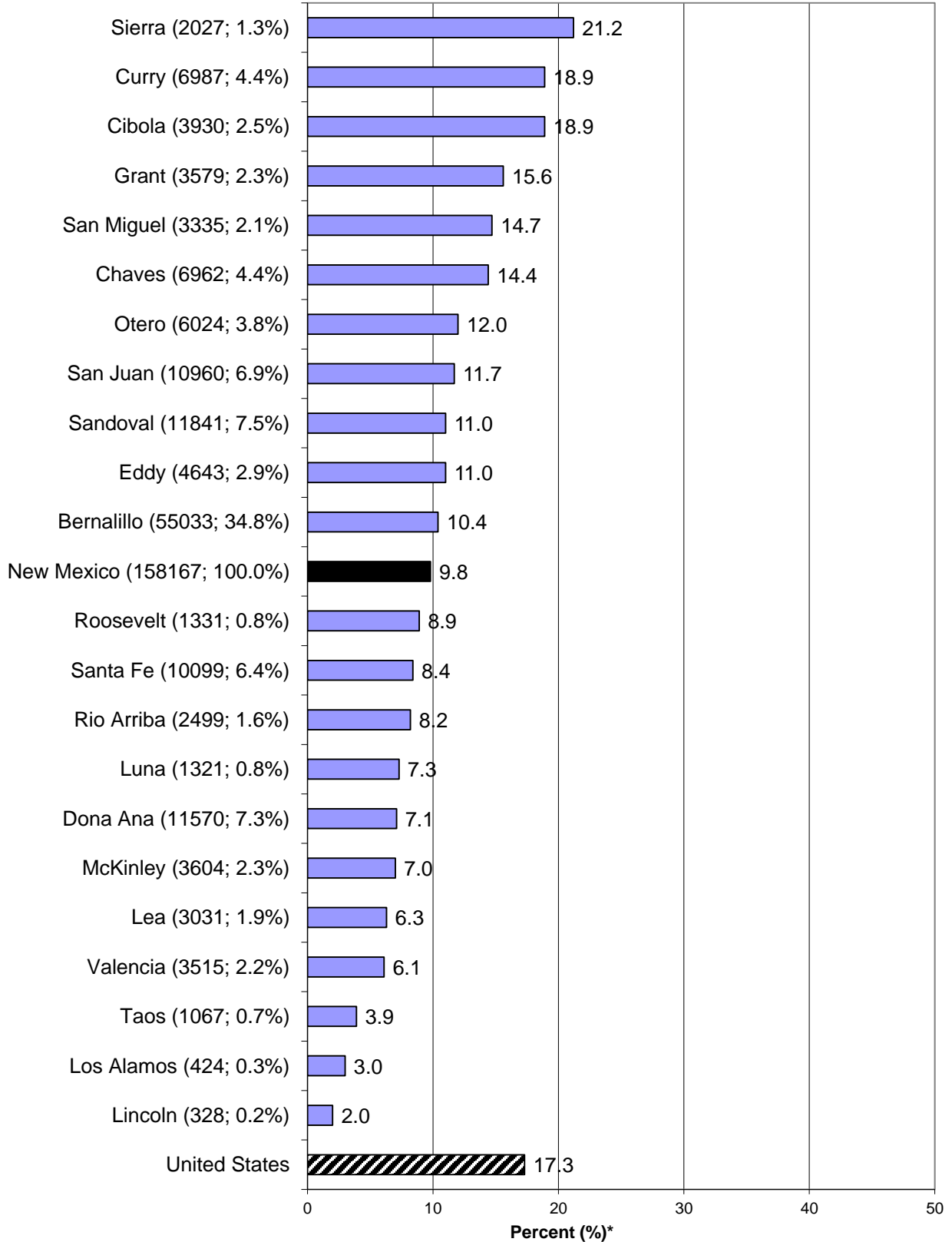
- Excluded due to small number of respondents (< 50) in cell

Source: BRFSS; SAES

# ADULT MENTAL HEALTH - DEPRESSION (continued)

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

County (# of adults with current depression; % of statewide currently depressed adults)



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

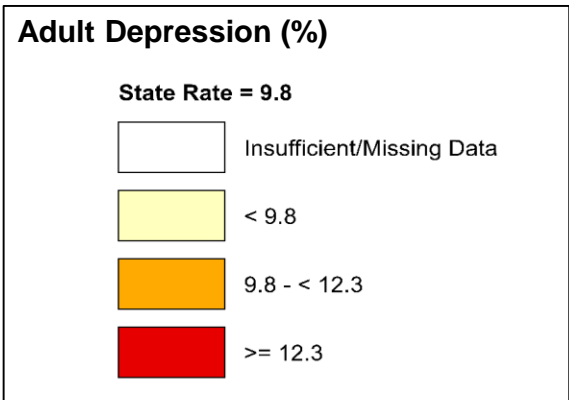
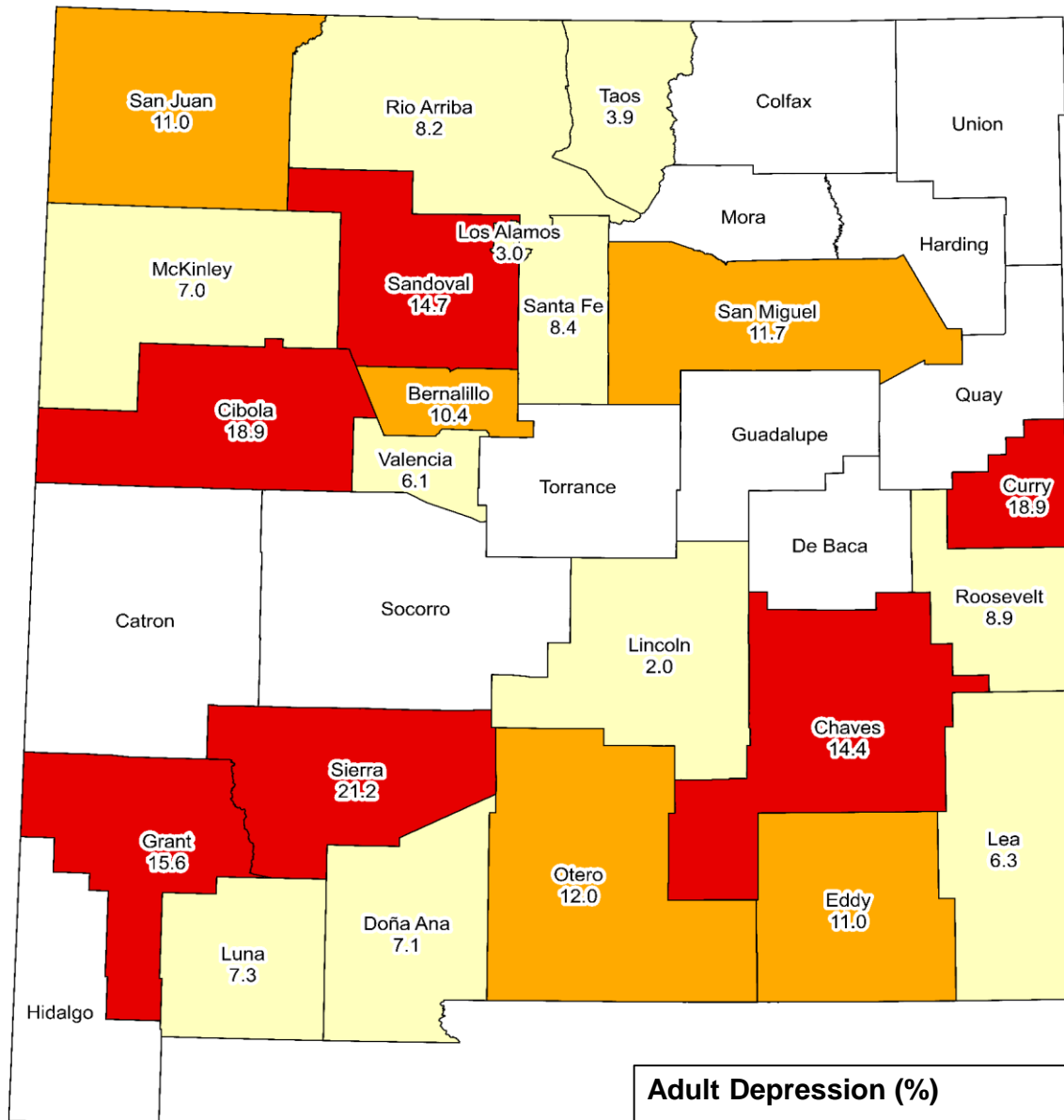
The following counties were not included due to small number of respondents (< 50) in cell:

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

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

# ADULT MENTAL HEALTH - DEPRESSION (continued)

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



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

Source: BRFSS; SAES

# YOUTH FEELINGS OF SADNESS OR HOPELESSNESS

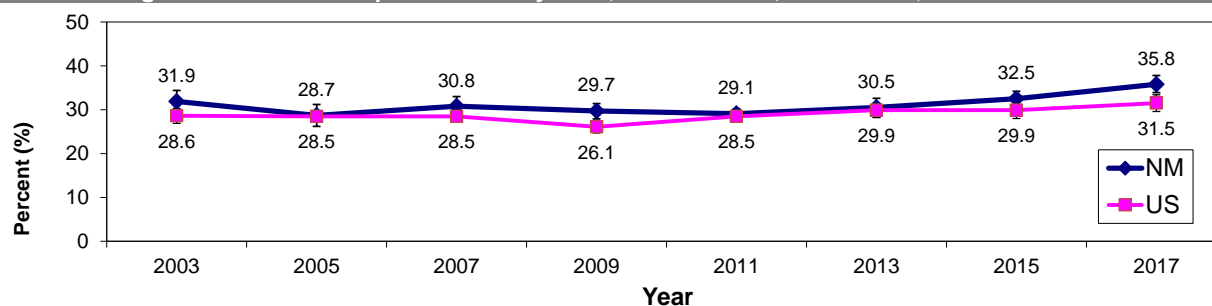
## Problem Statement

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

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

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

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



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

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

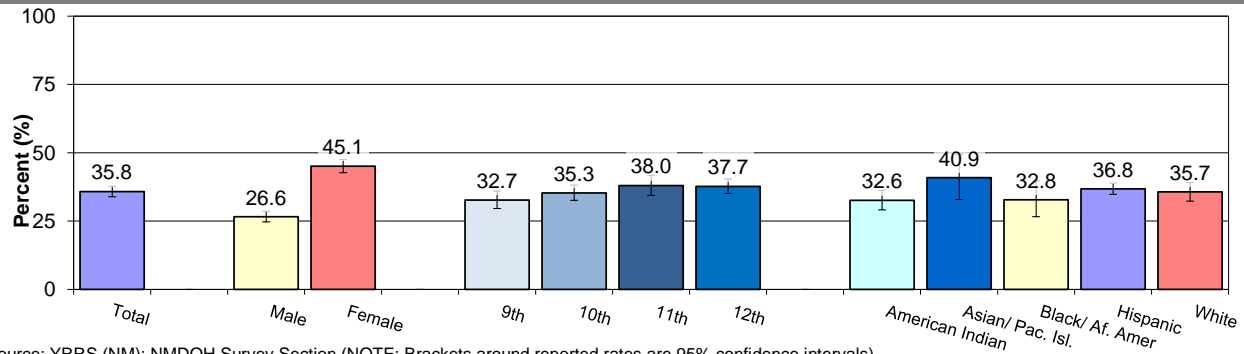
**Table 1: Feelings of Sadness or Hopelessness, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2017**

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

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

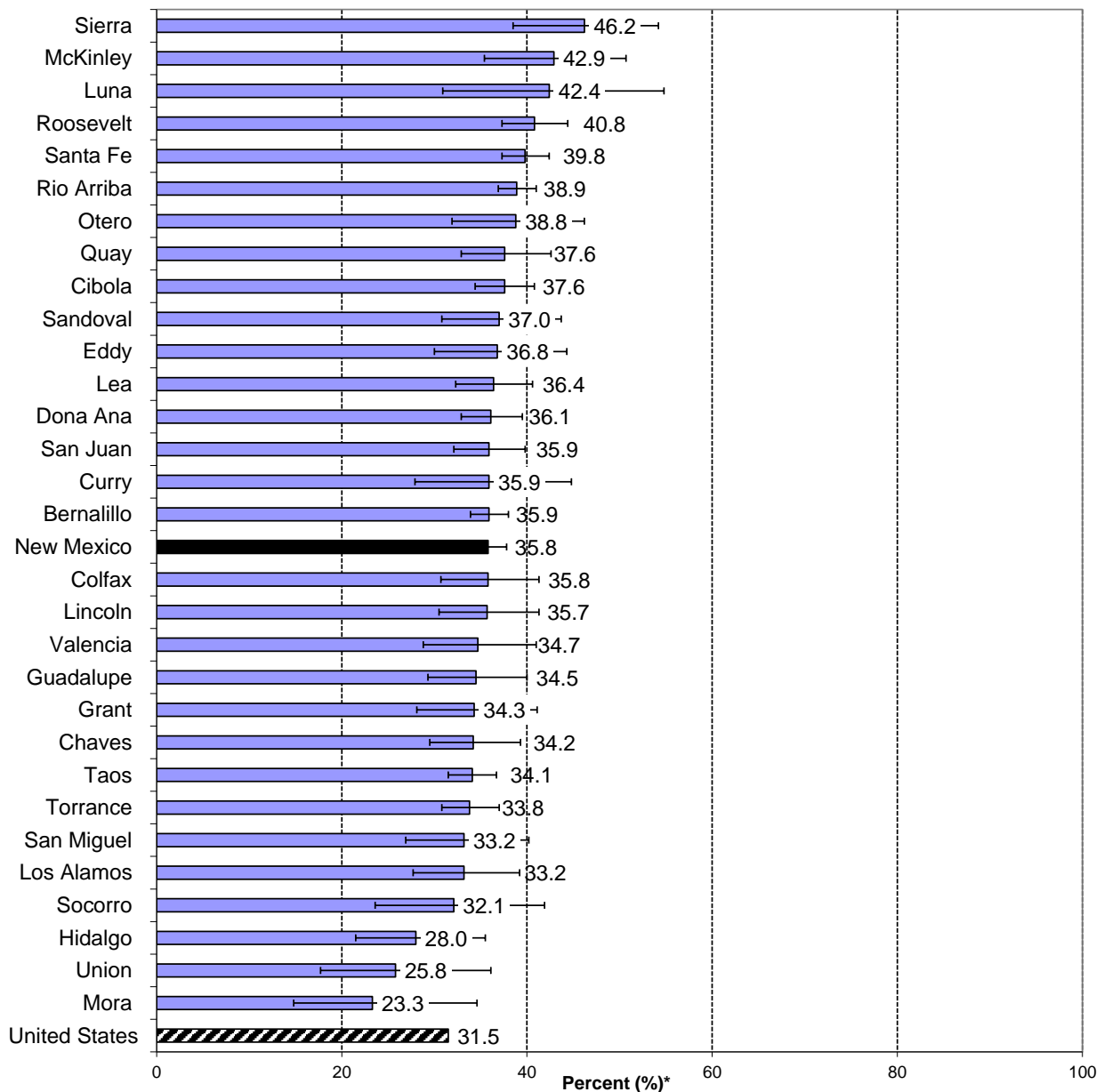
# YOUTH FEELINGS OF SADNESS OR HOPELESSNESS (continued)

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



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

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



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

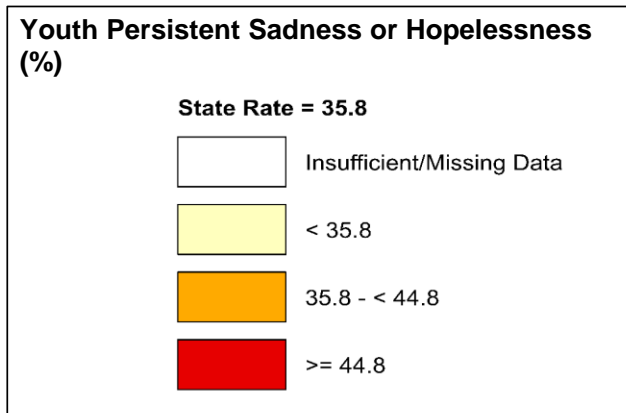
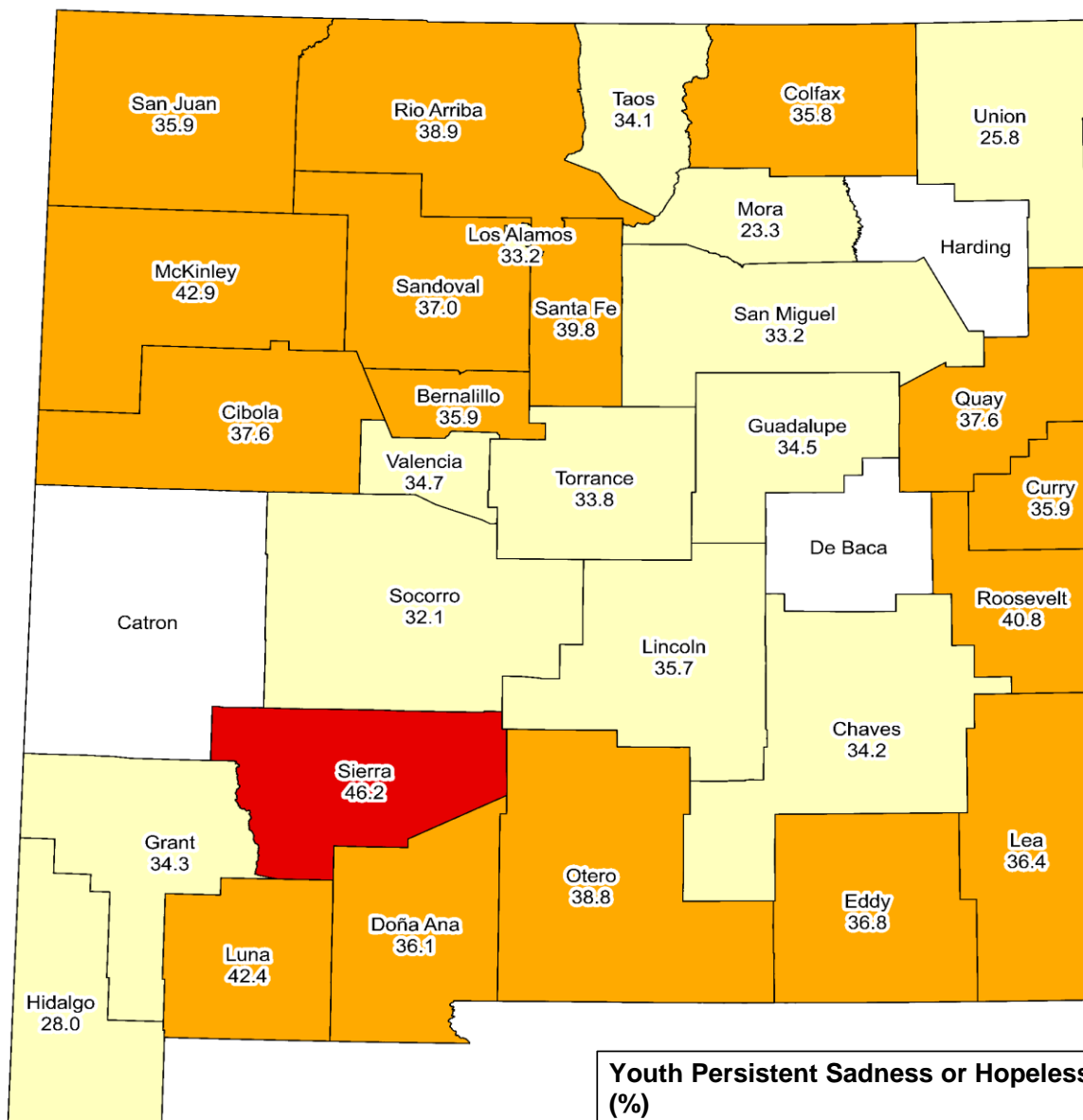
De Baca, Catron, and Harding County estimates not available because of small numbers and/or low response rates

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, 2017



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

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

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



# YOUTH SERIOUSLY CONSIDERED SUICIDE

## Problem Statement

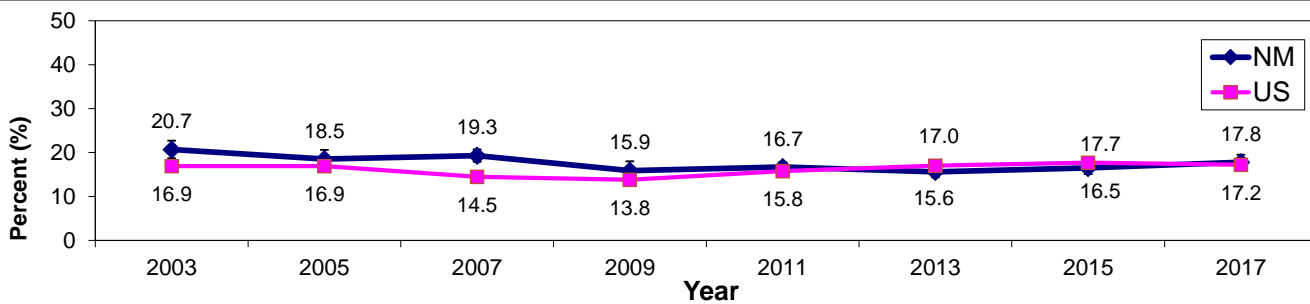
Suicide is a complex behavior with no single determining cause. Suicidal ideation refers to thoughts of suicide or wanting to take one's own life. Suicidal ideation is a risk factor for suicide attempt/death.

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

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

As Charts 3 and 4 demonstrate, in 2017, the counties with the highest prevalence of youth seriously considering suicide were Roosevelt (29.7%), McKinley (24.8%), Eddy (23.9%), Sierra (23.4%), and Otero (23.4%). The counties with the lowest prevalence were Mora (8.0%) and Curry (11.8%). Only nine of the 33 NM counties had prevalence rates lower than the national rate in 2017.

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



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

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

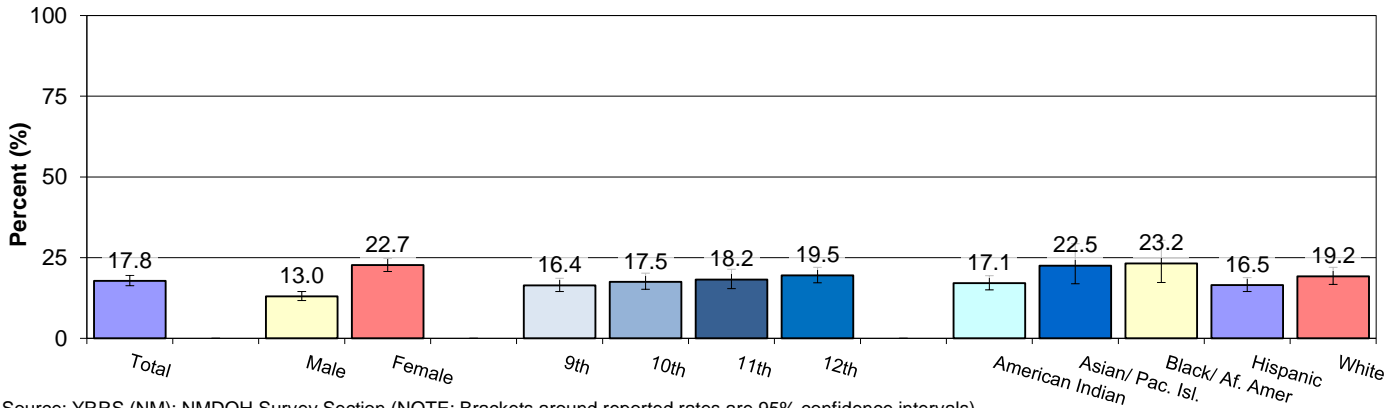
**Table 1: Seriously Considered Suicide, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2017**

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

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

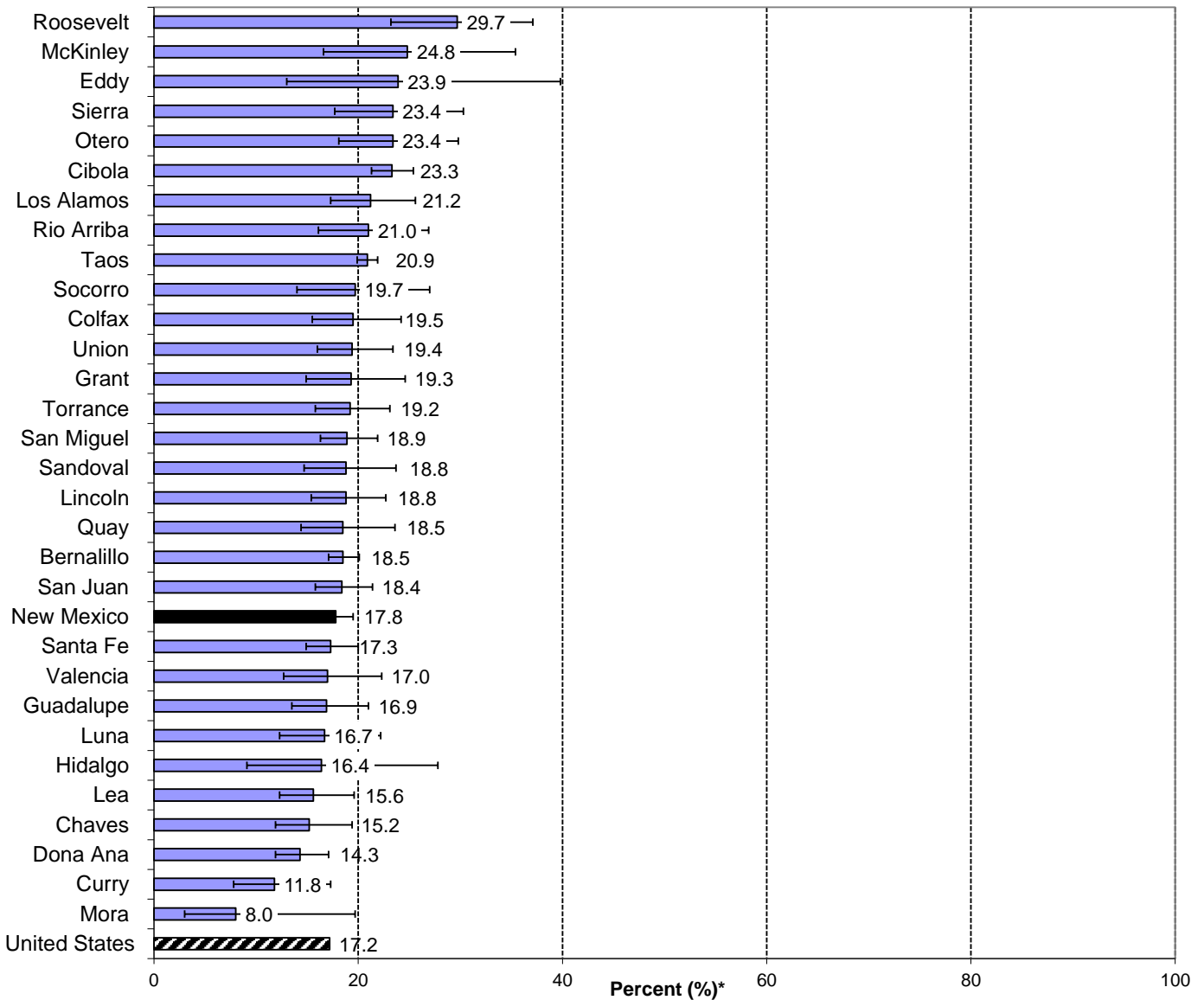
# YOUTH SERIOUSLY CONSIDERED SUICIDE (continued)

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



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

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



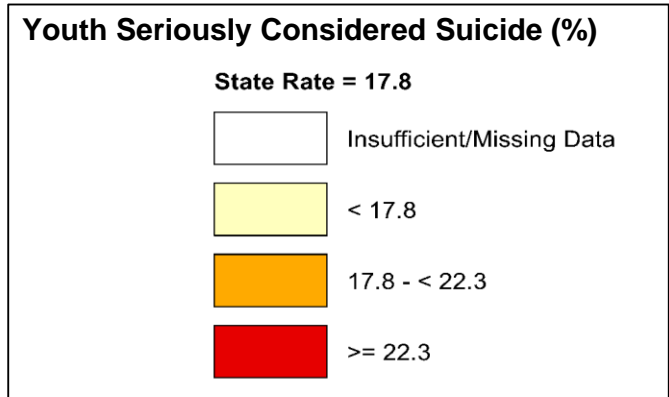
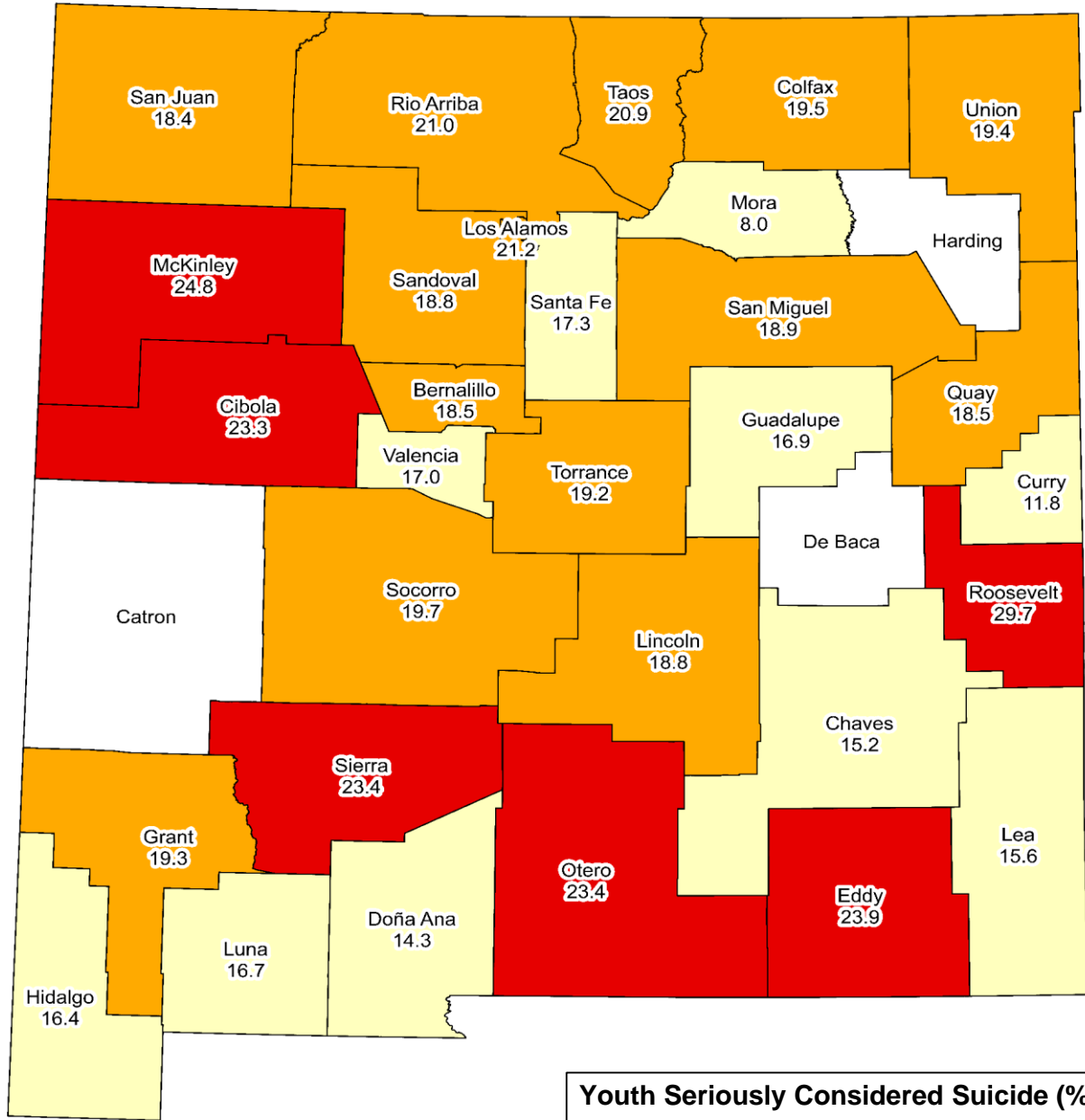
\* Estimate of percent of high school students seriously considered suicide at least once in past 12 months

De Baca, 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, 2017



\* Estimate of percent of high school students seriously considered suicide at least once in past 12 months  
 Insufficient Data: County estimates not available because of small numbers and/or low response rates



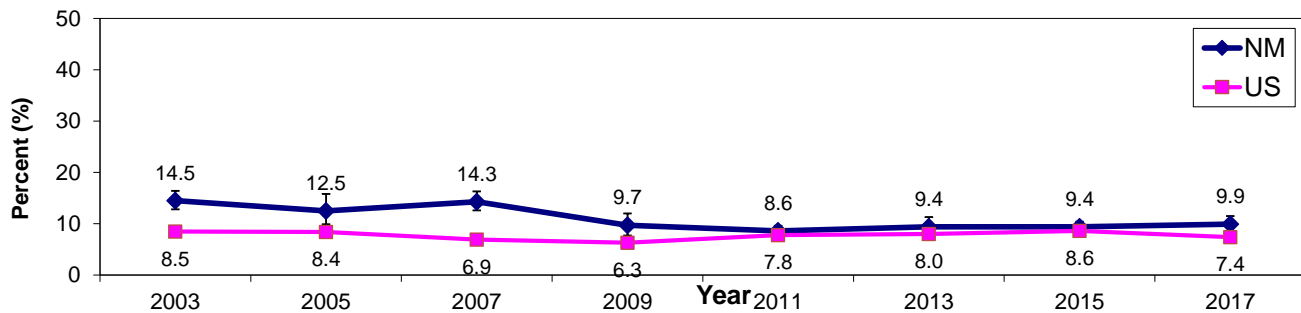
# YOUTH ATTEMPTED SUICIDE

## Problem Statement

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

In NM in 2017, the prevalence of suicide attempts in the past year (Chart 2) was significantly higher for girls (11.9%) compared to boys (7.7%). Table 1 reveals that the percentage of attempts made by girls in the 11th (13.5%) grades was significantly higher than that for boys (6.9%). In 2017, the counties with the highest prevalence of suicide attempts were McKinley (18.3%), Rio Arriba (17.9%), Cibola (16.5%), Sierra (15.1%), and Eddy (13.5%). The counties with the lowest prevalence of suicide attempts were Curry (2.6%), Colfax (6.8%), Union (7.2%), Guadalupe (7.5%) and Los Alamos (7.6%). Only three NM counties were below the national prevalence rate of 7.4%.

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



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

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

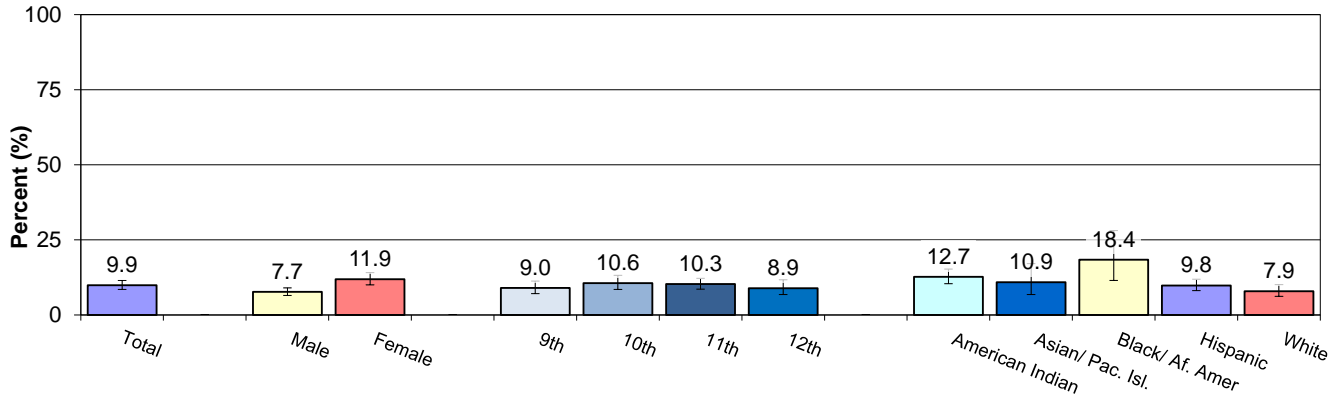
**Table 1: Attempted Suicide, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2017**

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

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

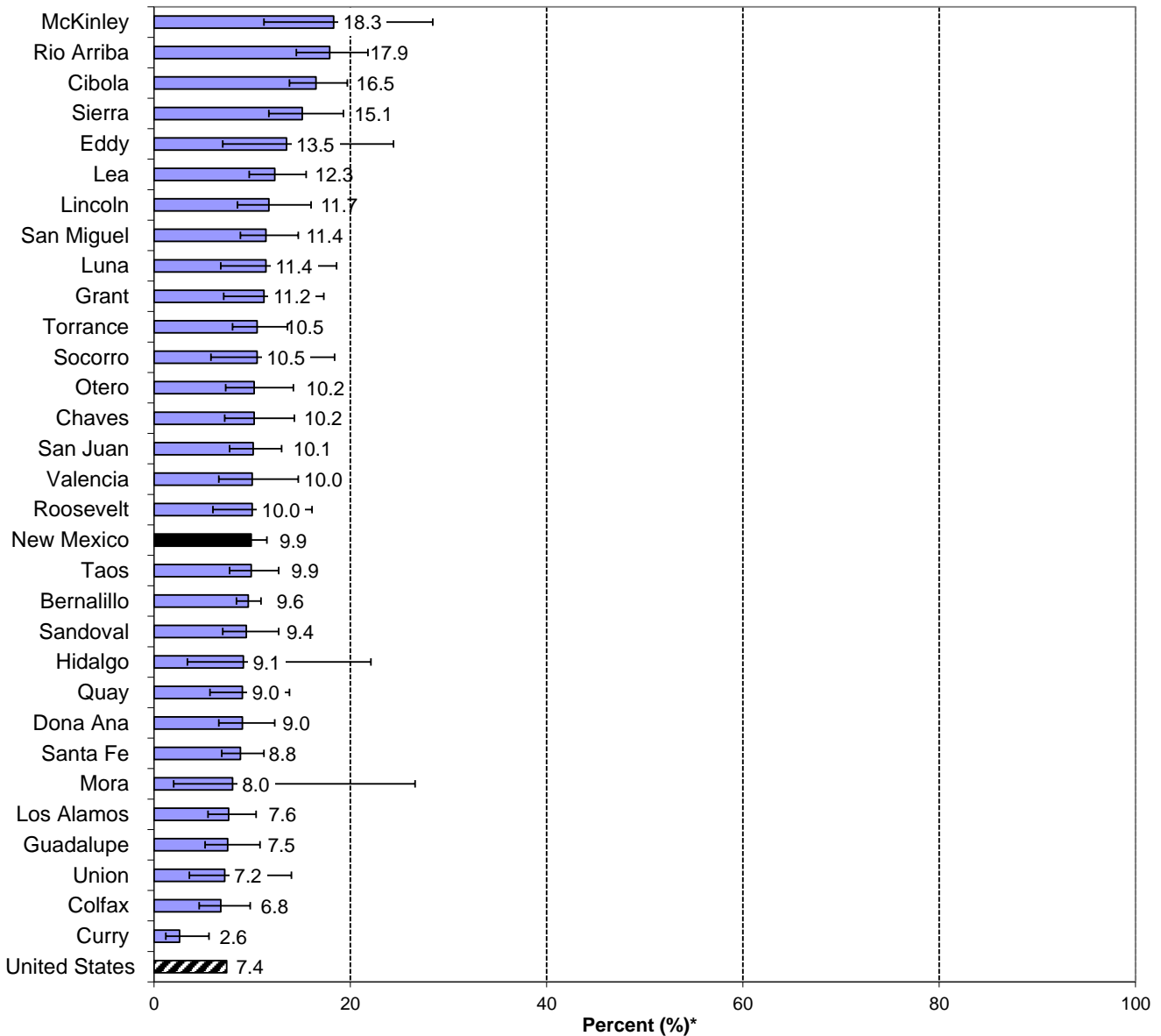
# YOUTH ATTEMPTED SUICIDE (continued)

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



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

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



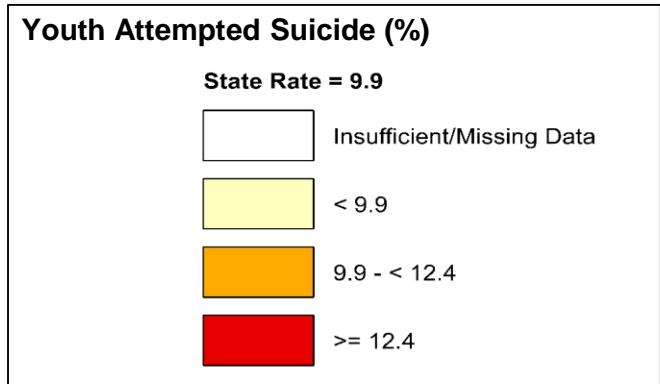
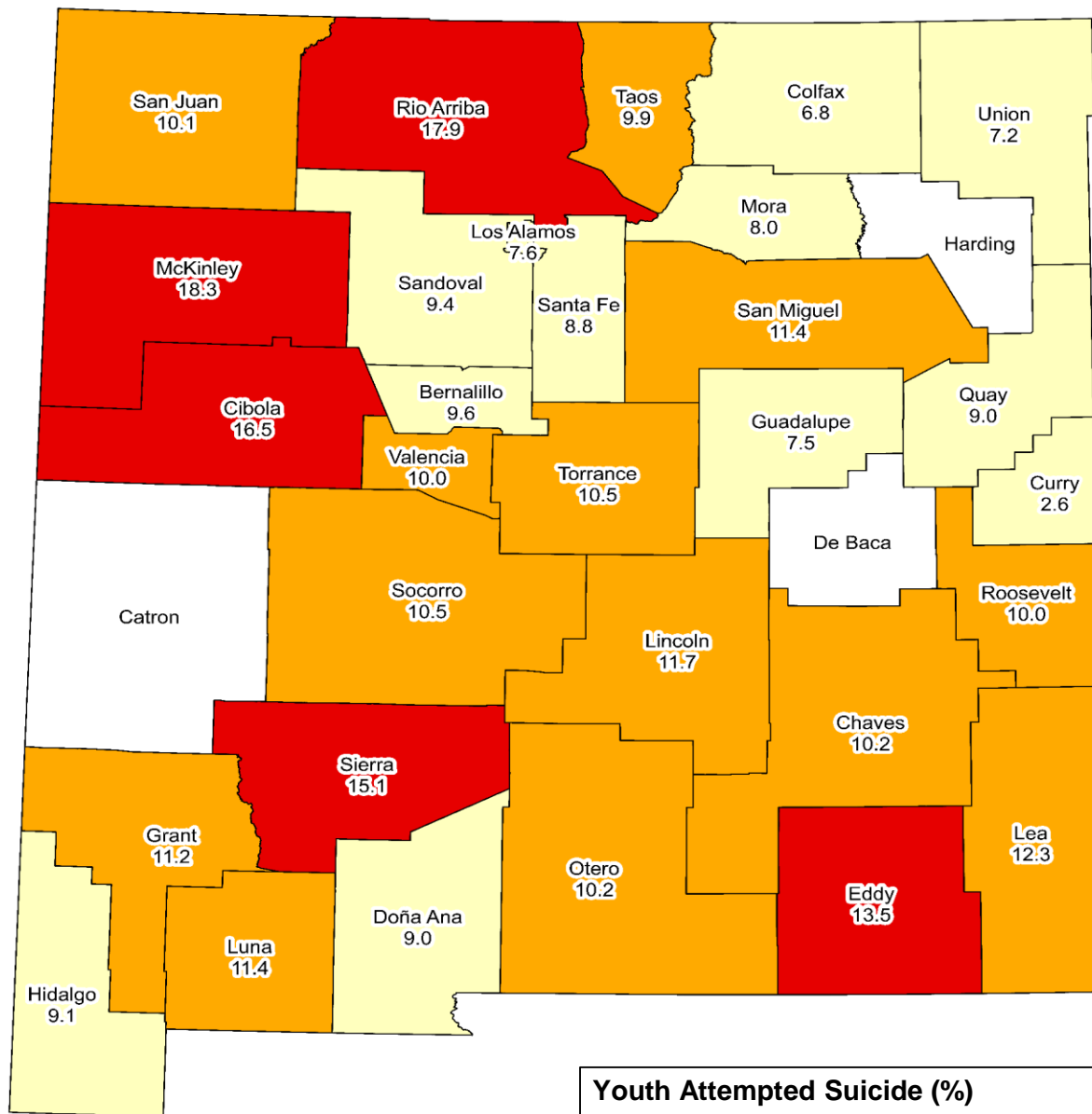
\* Estimate of percent of high school students who reported attempting suicide at least one time in the past 12 months  
 De Baca, Catron, and Harding County estimates not available because of small numbers and/or low response rates

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, 2017



\* Estimate of percent of high school students who reported attempting suicide at least one time in the past 12 months  
 Insufficient Data: County estimates not available because of small numbers and/or low response rates



# YOUTH RISK AND RESILIENCY

## Association Between Risk and Resiliency

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

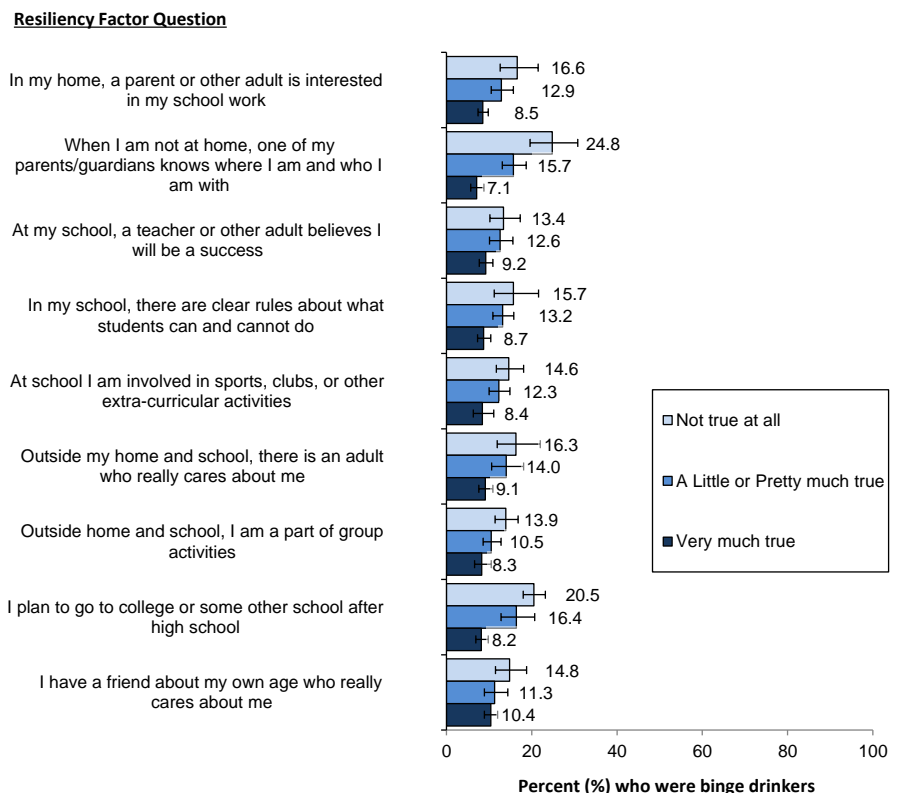
Resiliency factor results presented in the following charts are for:

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

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

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

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



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

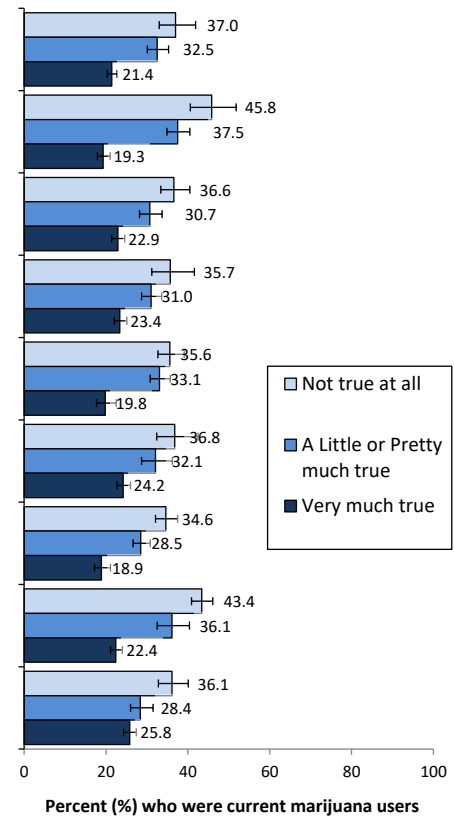
# YOUTH RISK AND RESILIENCY (continued)

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

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

**Resiliency Factor Question**

- 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



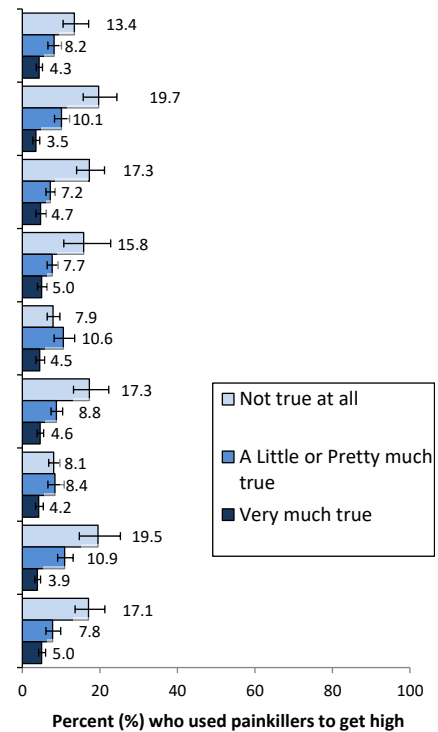
\* Used marijuana in the past 30 days

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

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

**Resiliency Factor Question**

- 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



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

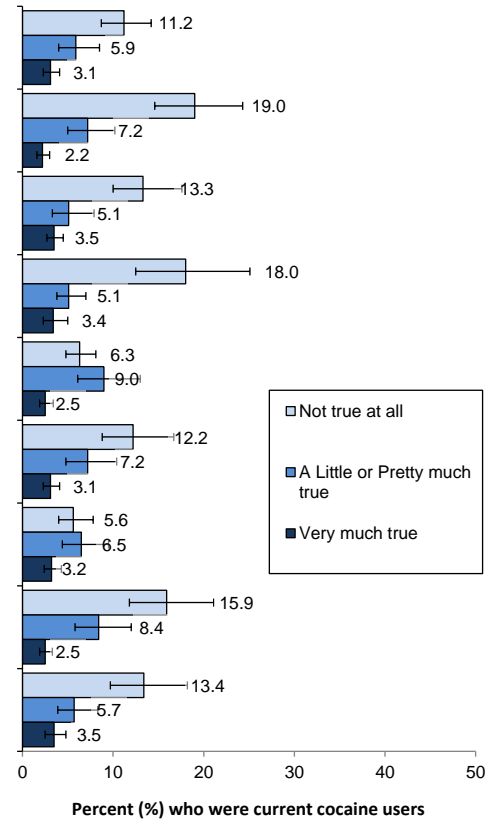
# YOUTH RISK AND RESILIENCY (continued)

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

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

**Resiliency Factor Question**

- 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



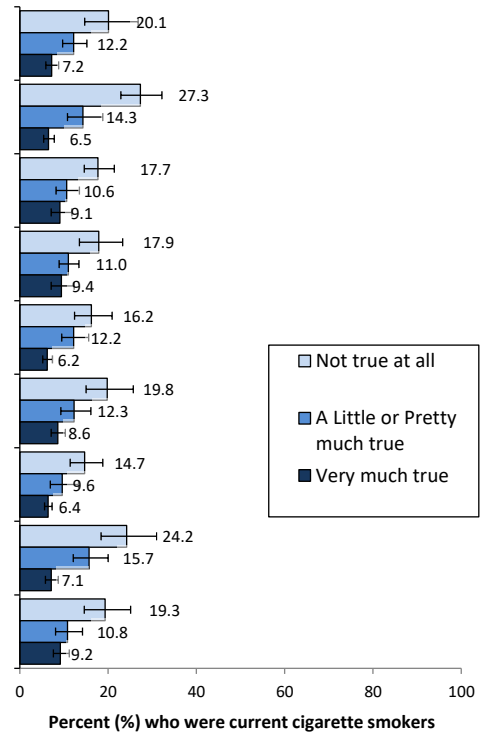
\* Used any form of cocaine, including powder, crack, or freebase in the past 30 days

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

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

**Resiliency Factor Question**

- 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



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

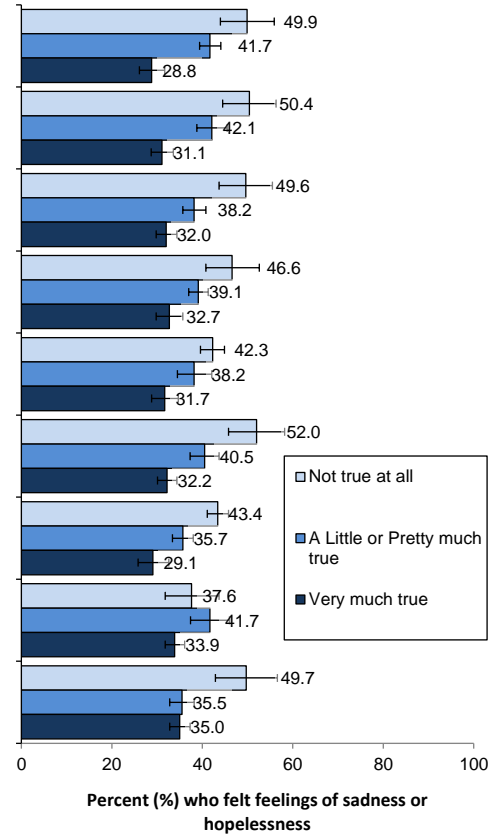
# YOUTH RISK AND RESILIENCY (continued)

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

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

**Resiliency Factor Question**

- 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



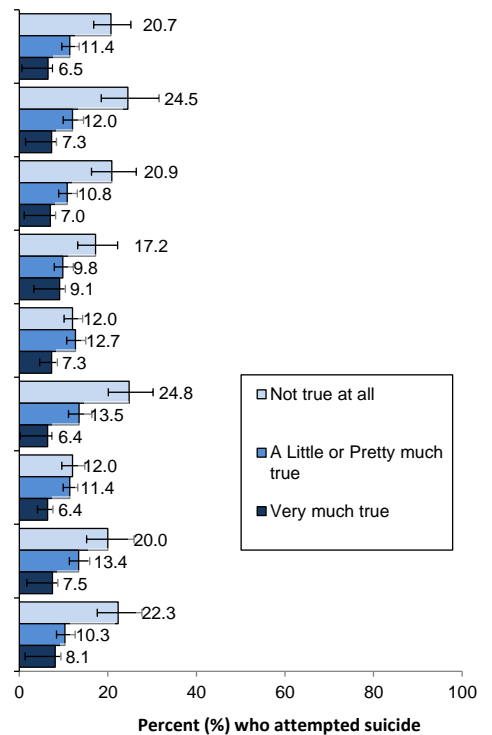
\* Felt so sad or hopeless almost every day for at least two weeks that they stopped some normal activities, within the past 12 months

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

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

**Resiliency Factor Question**

- 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



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

## Section 3

### Consumption





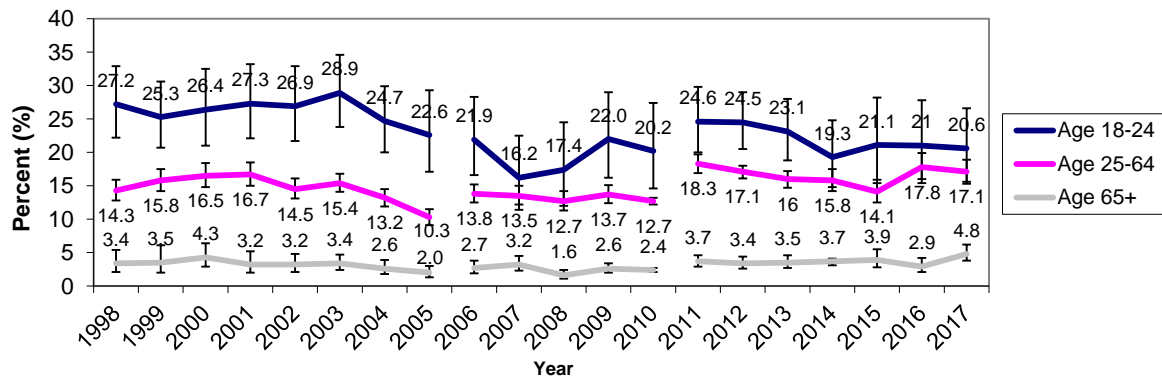
# ADULT BINGE DRINKING

## 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, 1998-2017**



\* 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, 2015-2017**

Sex	Race/Ethnicity	Number				Percent*			
		Ages 18-24	Ages 25-64	Ages 65+	All Ages	Ages 18-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	3,078	9,563	350	12,996	29.1	20.7	4.6	20.2
	Asian/Pacific Islander	-	520	-	1,501	-	5.7	-	11.9
	Black	-	2,372	-	3,389	-	17.5	-	17.4
	Hispanic	13,390	63,534	3,502	80,568	22.7	25.8	6.9	22.7
	White	9,575	39,319	5,272	53,632	30.9	18.7	5.6	15.9
	Total	26,727	114,219	9,941	150,453	25.2	21.7	6.3	19.1
Female	American Indian	1,312	5,963	8	7,494	12.4	11.8	0.1	10.4
	Asian/Pacific Islander	-	991	-	1,288	-	8.5	-	8.1
	Black	-	1,334	-	1,466	-	13.9	-	10.2
	Hispanic	8,643	24,607	903	34,248	15.2	9.9	1.5	9.3
	White	6,281	24,062	2,528	32,352	23.8	11.3	2.3	9.3
	Total	16,001	58,093	3,610	77,421	16.4	10.9	1.9	9.5
Total	American Indian	4,258	15,385	380	20,316	20.1	15.9	2.0	14.9
	Asian/Pacific Islander	-	1,455	-	2,913	-	7.0	-	10.2
	Black	-	3,607	817	4,582	-	15.6	16.8	13.5
	Hispanic	22,074	87,601	4,360	114,294	19.1	17.7	3.9	15.8
	White	15,752	63,365	7,704	85,638	27.4	15.0	3.8	12.5
	Total	42,578	171,879	13,487	227,150	20.9	16.2	3.9	14.1

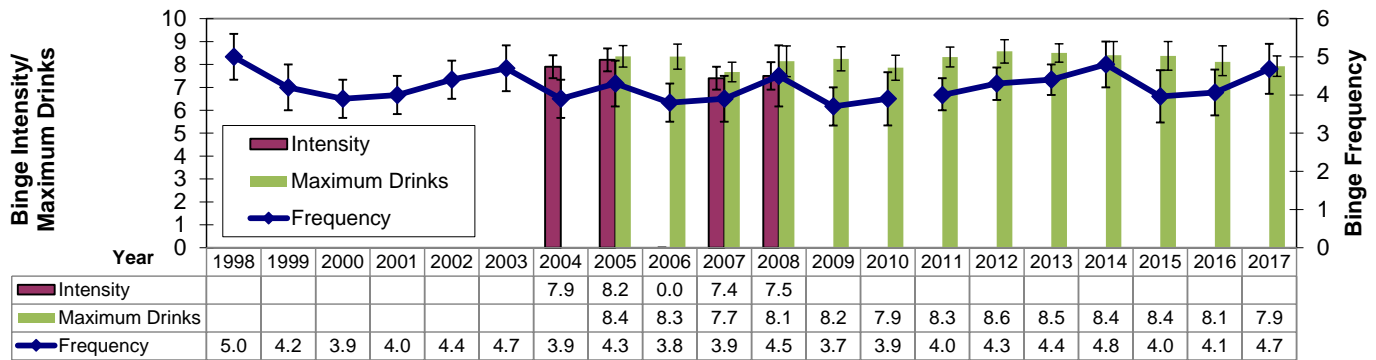
\* Estimate of percent of people in population group who reported binge drinking at least once in past 30 days

- 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, 1998-2017



\* 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, 2015-2017

County	Number						Percent*					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	3,005	-	-	37,539	26,991	69,588	13.6	-	-	15.5	11.6	13.2
Catron	-	-	-	-	-	501	-	-	-	-	-	15.7
Chaves	-	-	-	3,570	1,709	5,555	-	-	-	14.4	7.9	11.5
Cibola	897	-	-	731	299	1,835	11.4	-	-	9.2	6.4	8.8
Colfax	-	-	-	-	590	1,394	-	-	-	-	11.1	13.4
Curry	-	-	-	2,833	3,158	6,832	-	-	-	20.7	15.8	18.5
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	16,791	5,240	22,787	-	-	-	16.2	10.1	14.1
Eddy	-	-	-	4,439	2,943	7,503	-	-	-	23.5	13.5	17.8
Grant	-	-	-	1,540	1,264	2,743	-	-	-	14.5	10.9	12.0
Guadalupe	-	-	-	-	-	-	-	-	-	-	-	-
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	4,785	3,663	8,783	-	-	-	18.9	18.0	18.1
Lincoln	-	-	-	-	1,774	2,640	-	-	-	-	16.0	16.3
Los Alamos	-	-	-	-	999	1,144	-	-	-	-	9.4	8.1
Luna	-	-	-	2,212	349	2,881	-	-	-	19.9	5.3	15.8
McKinley	5,397	-	-	980	250	6,709	13.9	-	-	15.2	4.4	13.0
Mora	-	-	-	-	-	-	-	-	-	-	-	-
Otero	725	-	-	1,393	3,569	5,893	25.5	-	-	8.2	13.0	11.8
Quay	-	-	-	-	1,024	1,912	-	-	-	-	27.9	28.6
Rio Arriba	-	-	-	1,547	416	2,354	-	-	-	7.3	9.0	7.8
Roosevelt	-	-	-	-	1,131	2,048	-	-	-	-	13.2	13.8
Sandoval	-	-	-	10,982	5,451	20,381	-	-	-	28.7	10.3	18.9
San Juan	2,586	-	-	2,543	4,835	9,916	7.3	-	-	15.7	11.9	10.6
San Miguel	-	-	-	2,367	446	3,318	-	-	-	13.7	9.8	14.6
Santa Fe	-	-	-	7,221	7,118	15,197	-	-	-	12.8	12.2	12.6
Sierra	-	-	-	-	1,008	1,183	-	-	-	-	14.9	12.4
Socorro	-	-	-	-	-	2,844	-	-	-	-	-	21.3
Taos	-	-	-	1,226	1,092	2,291	-	-	-	8.4	10.2	8.4
Torrance	-	-	-	-	-	-	-	-	-	-	-	-
Union	-	-	-	-	-	-	-	-	-	-	-	-
Valencia	-	-	-	6,342	1,686	8,926	-	-	-	19.2	7.8	15.4
New Mexico	20,316	2,913	4,582	114,294	85,638	227,150	14.9	10.2	13.5	15.8	12.5	14.1

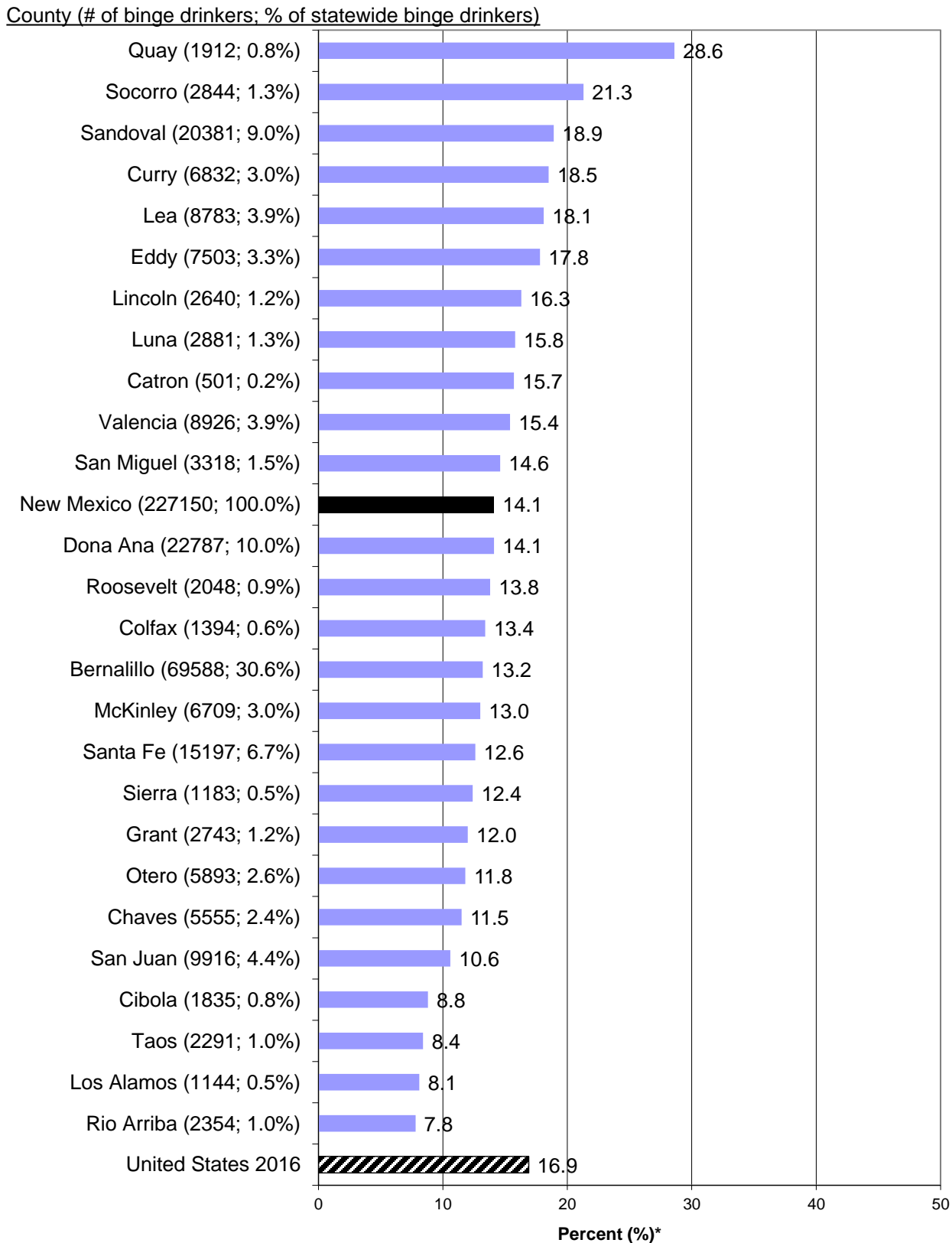
\* Estimate of percent of people in population group who reported binge drinking at least once in past 30 days

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

Source: BRFSS; SAES

## ADULT BINGE DRINKING (continued)

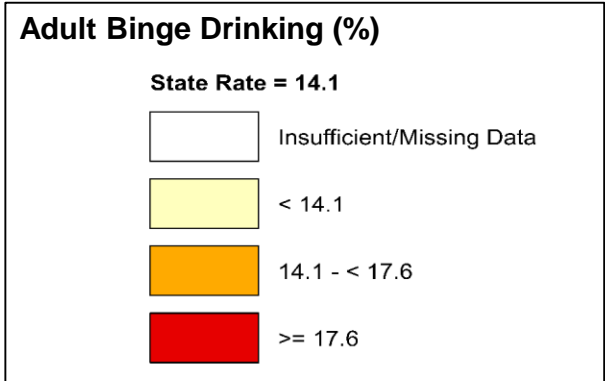
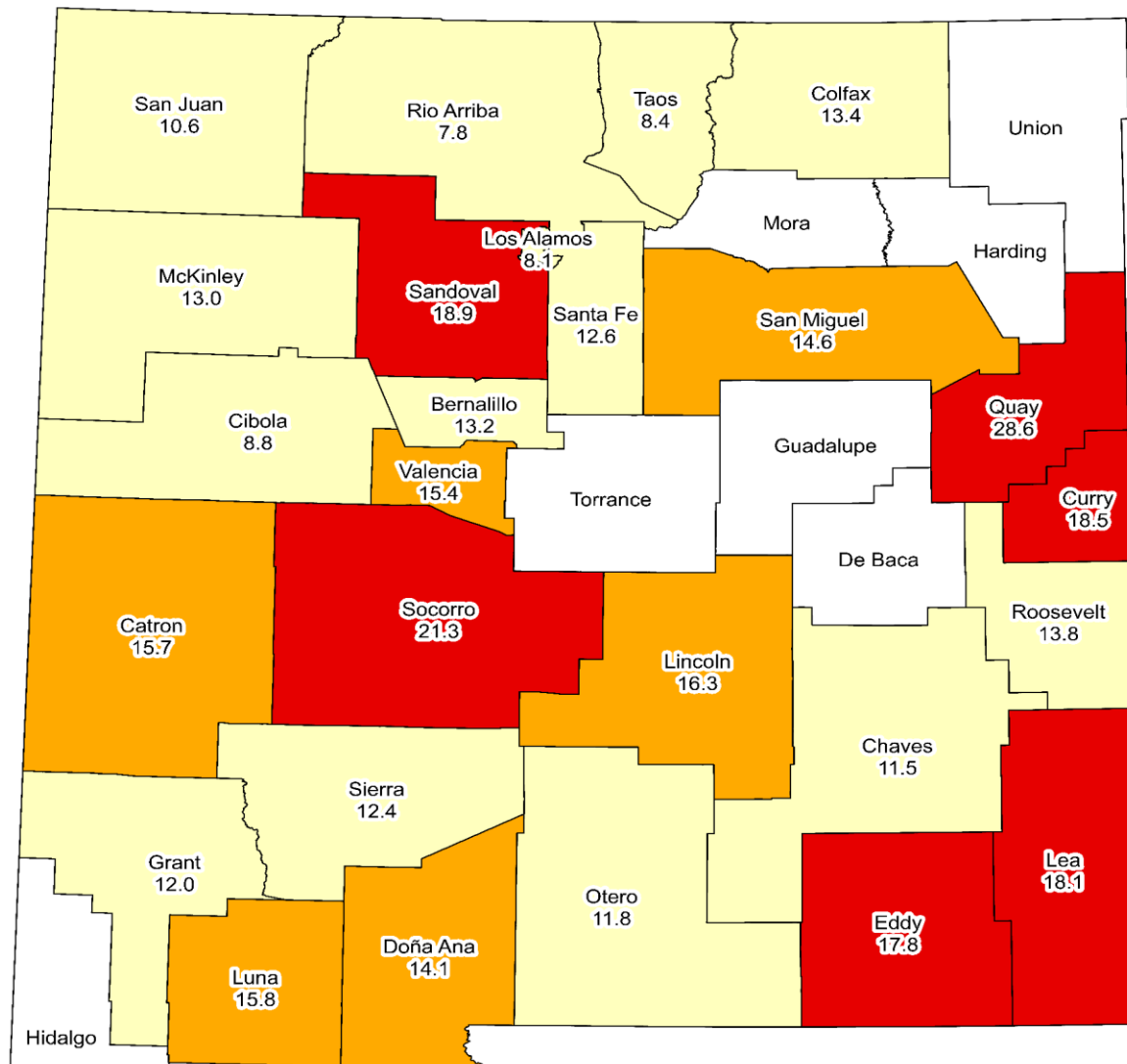
Chart 3: Binge Drinking (past 30 days)\* by County, Adults Aged 18+, New Mexico, 2015-2017



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

# ADULT BINGE DRINKING (continued)

Chart 4: Binge Drinking (past 30 days)\* by County, Adults Aged 18+, New Mexico, 2015-2017



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

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

Source: BRFSS; SAES

# YOUTH CURRENT DRINKING

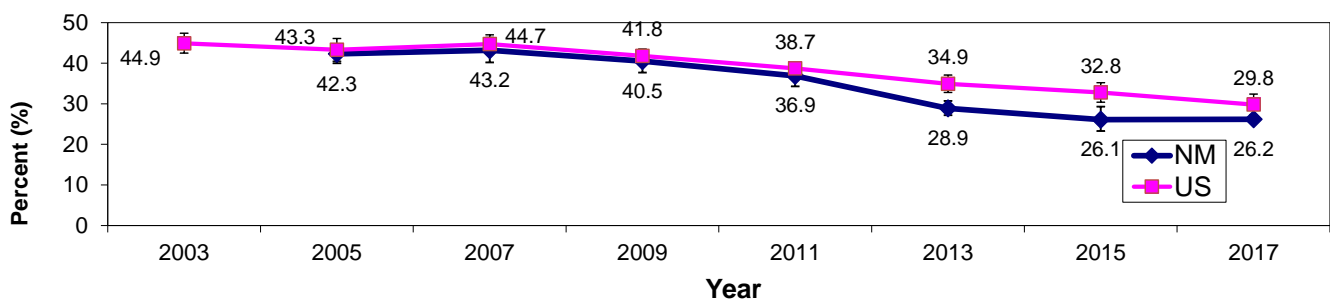
## Problem Statement

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

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

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

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



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

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

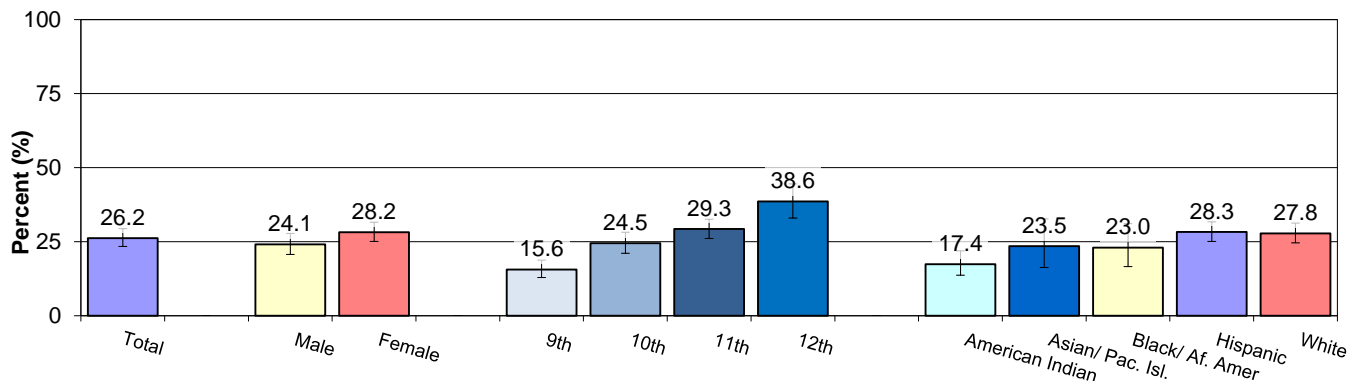
**Table 1: Current Drinking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017**

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

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

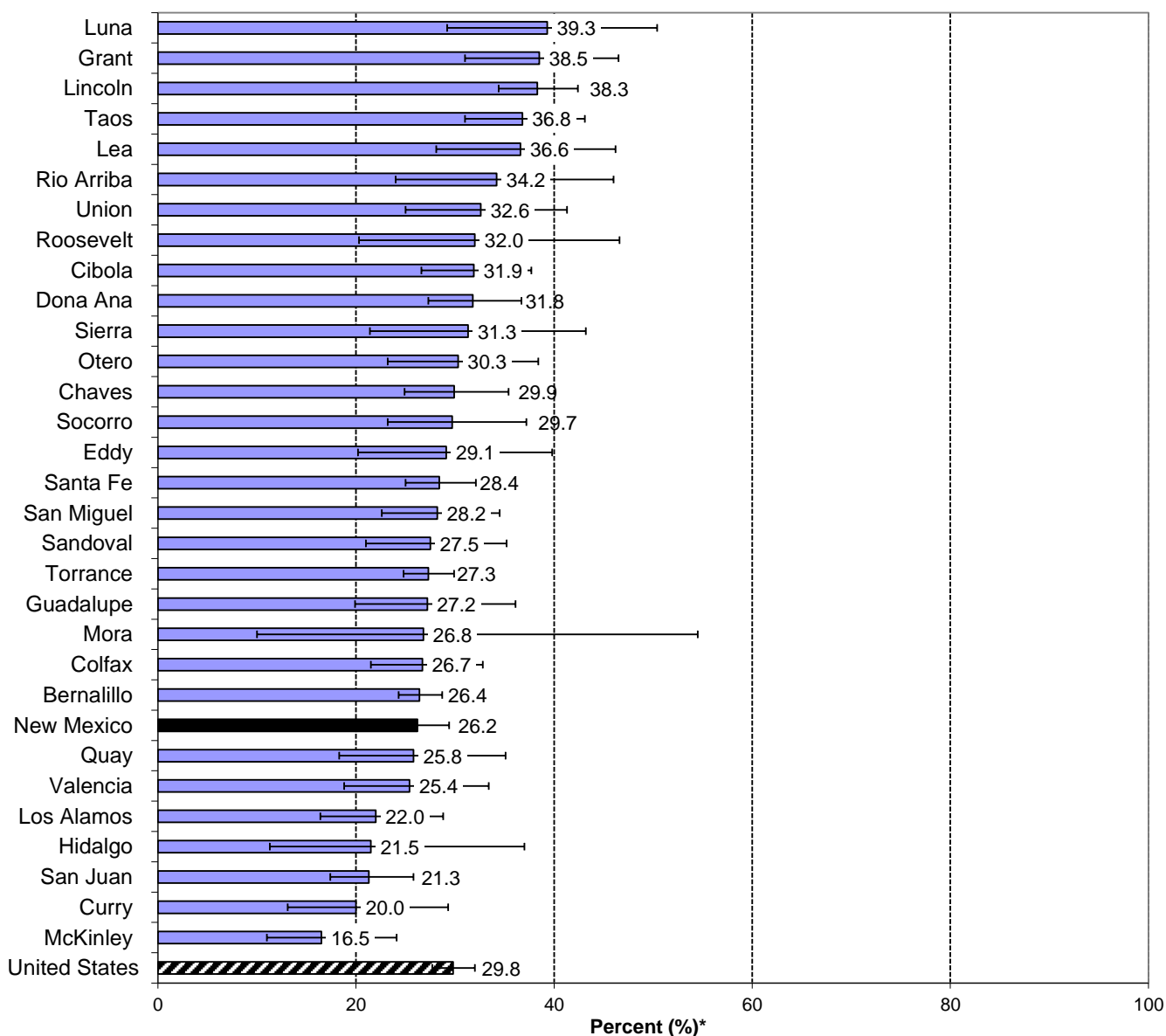
# YOUTH CURRENT DRINKING (continued)

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



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

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



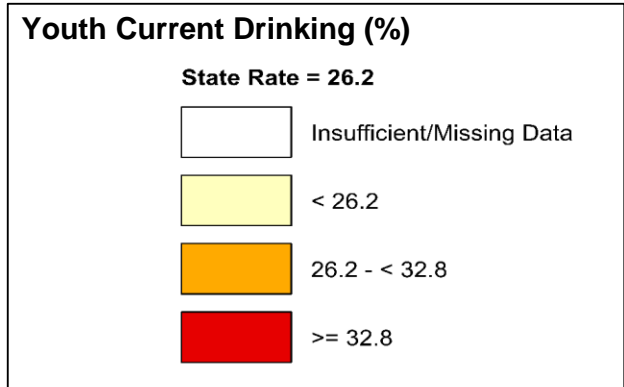
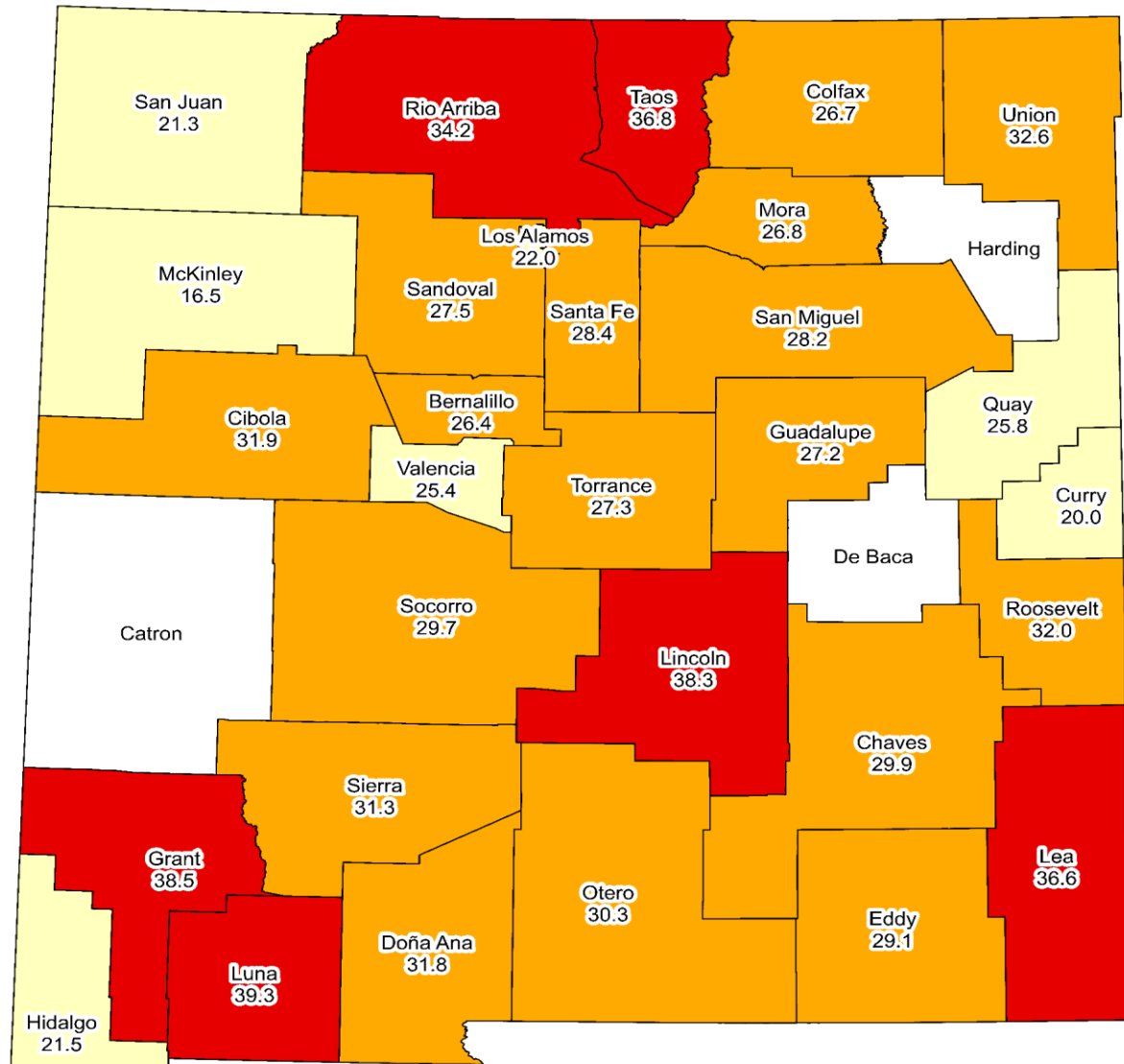
\* Estimate of percent of high school students who reported current drinking in past 30 days

De Baca, Catron, and Harding 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, 2017



\* Estimate of percent of high school students who reported current drinking in past 30 days  
 Insufficient Data: County estimates not available because of low numbers and/or low response rates





# YOUTH BINGE DRINKING

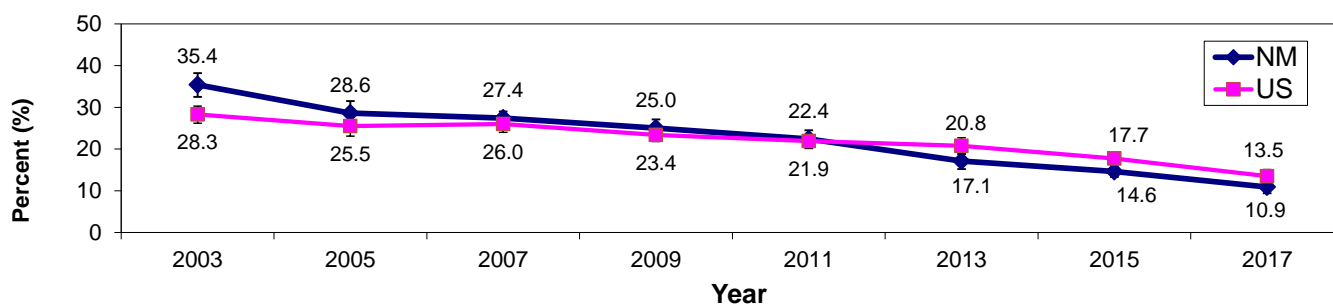
## Problem Statement

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

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

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

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



\*In 2017 - Had 5 or more drinks of alcohol for boys or 4 or more drinks for girls in a row, or within a couple of hours, in the past 30 days.

For years 2015 and earlier - 5 or more drinks of alcohol in a row, or within a couple of hours, for both boys and girls.

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

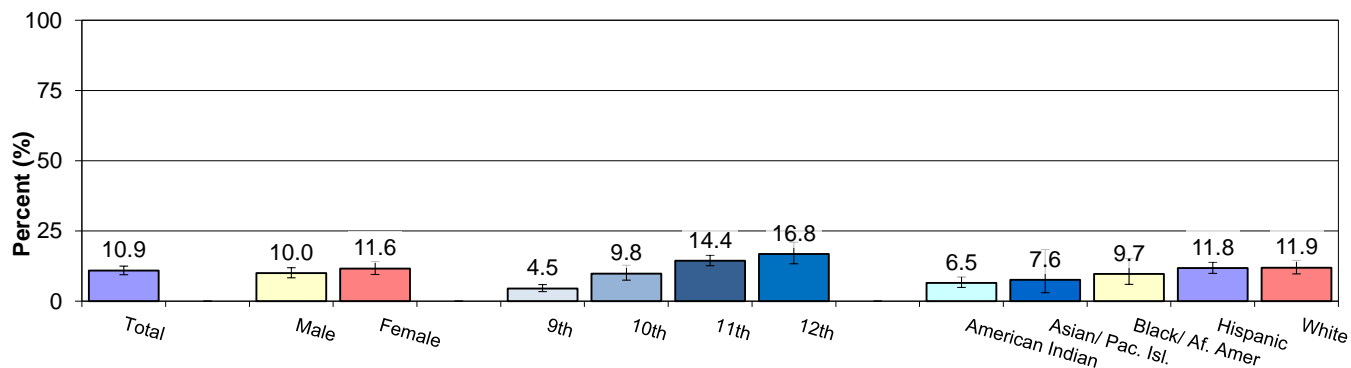
**Table 1: Binge Drinking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017**

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

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

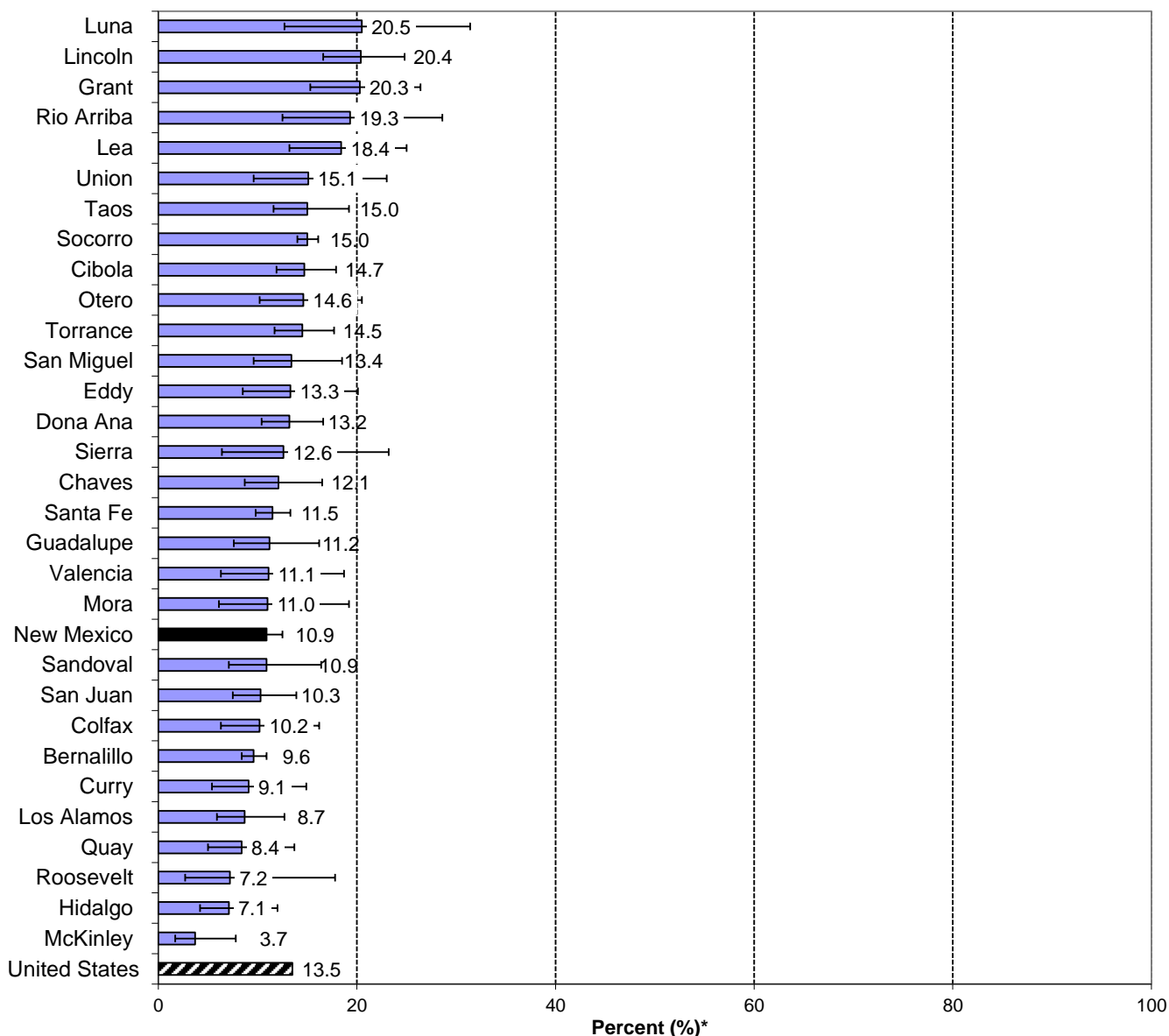
# YOUTH BINGE DRINKING (continued)

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



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

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



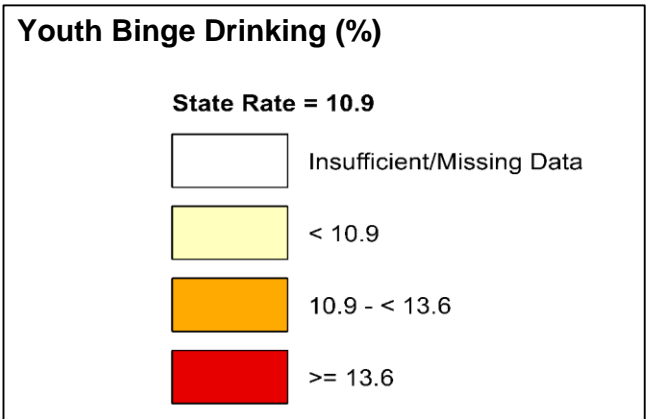
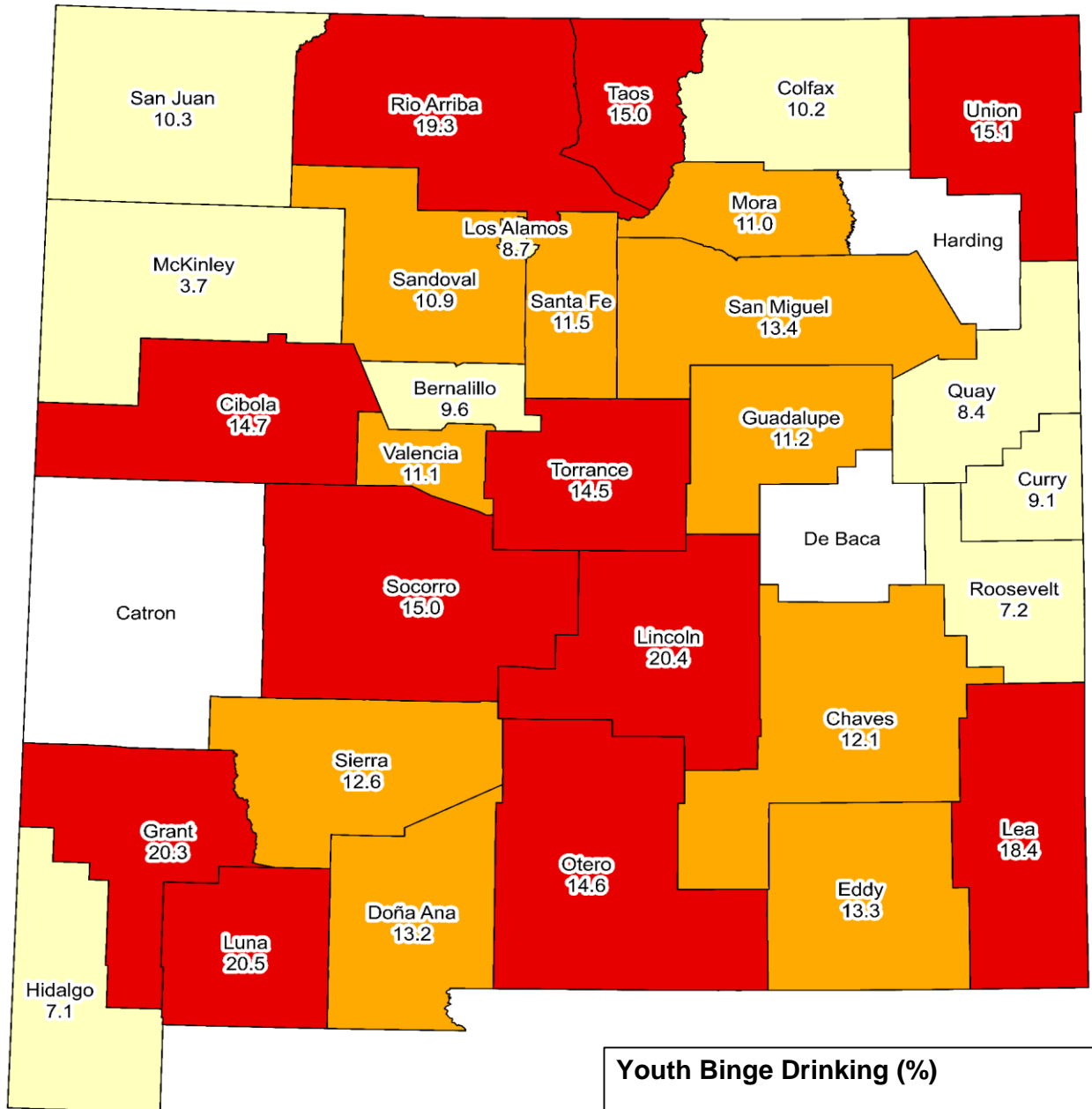
\* Estimate of percent of high school students who reported binge drinking at least once in past 30 days

De Baca, Catron, and Harding 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, 2017



\* Estimate of percent of high school students who reported binge drinking at least once in past 30 days  
 Insufficient Data: County estimates not available because of low numbers and/or low response rates



# YOUTH 10 PLUS DRINKS

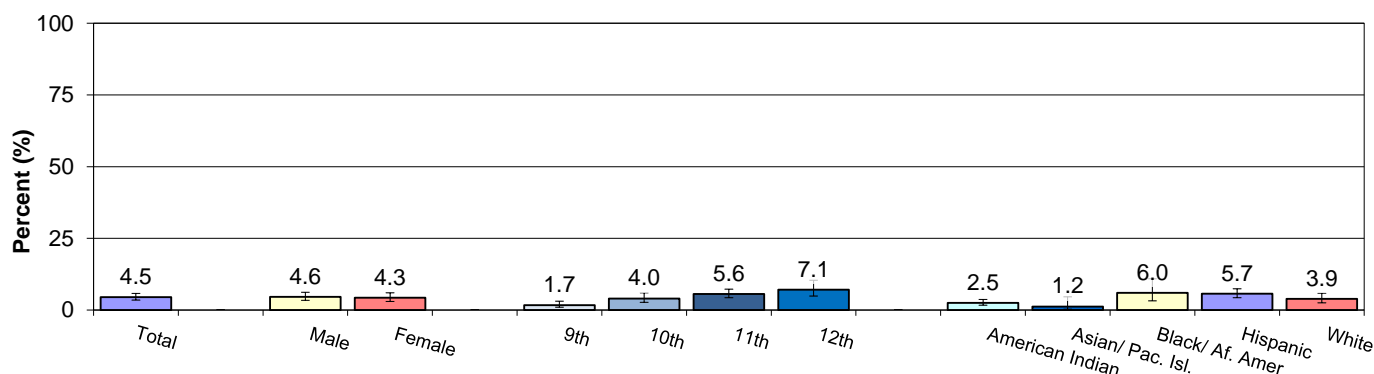
## Problem Statement

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

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

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

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



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

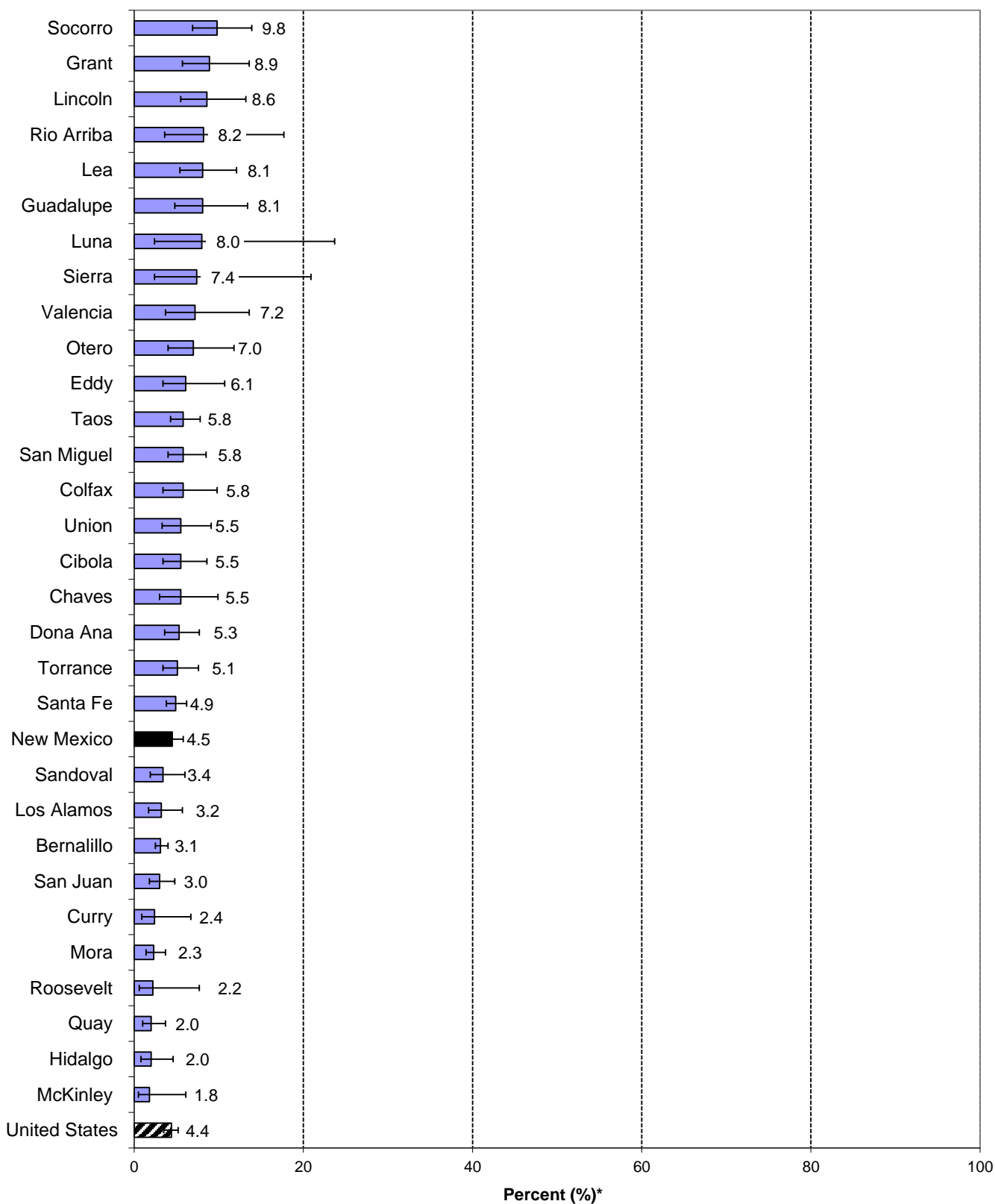
**Table 1: 10 Plus Drinks, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017**

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

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

# YOUTH 10 PLUS DRINKS (continued)

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

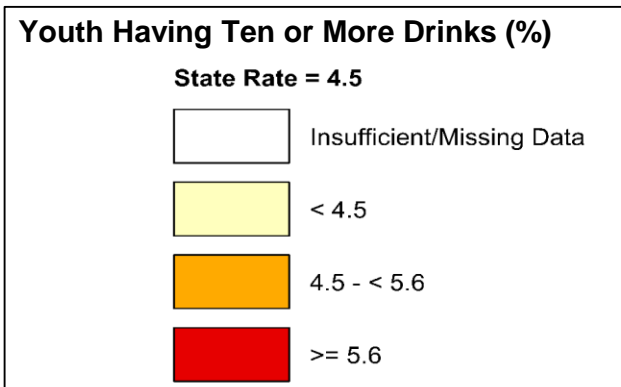
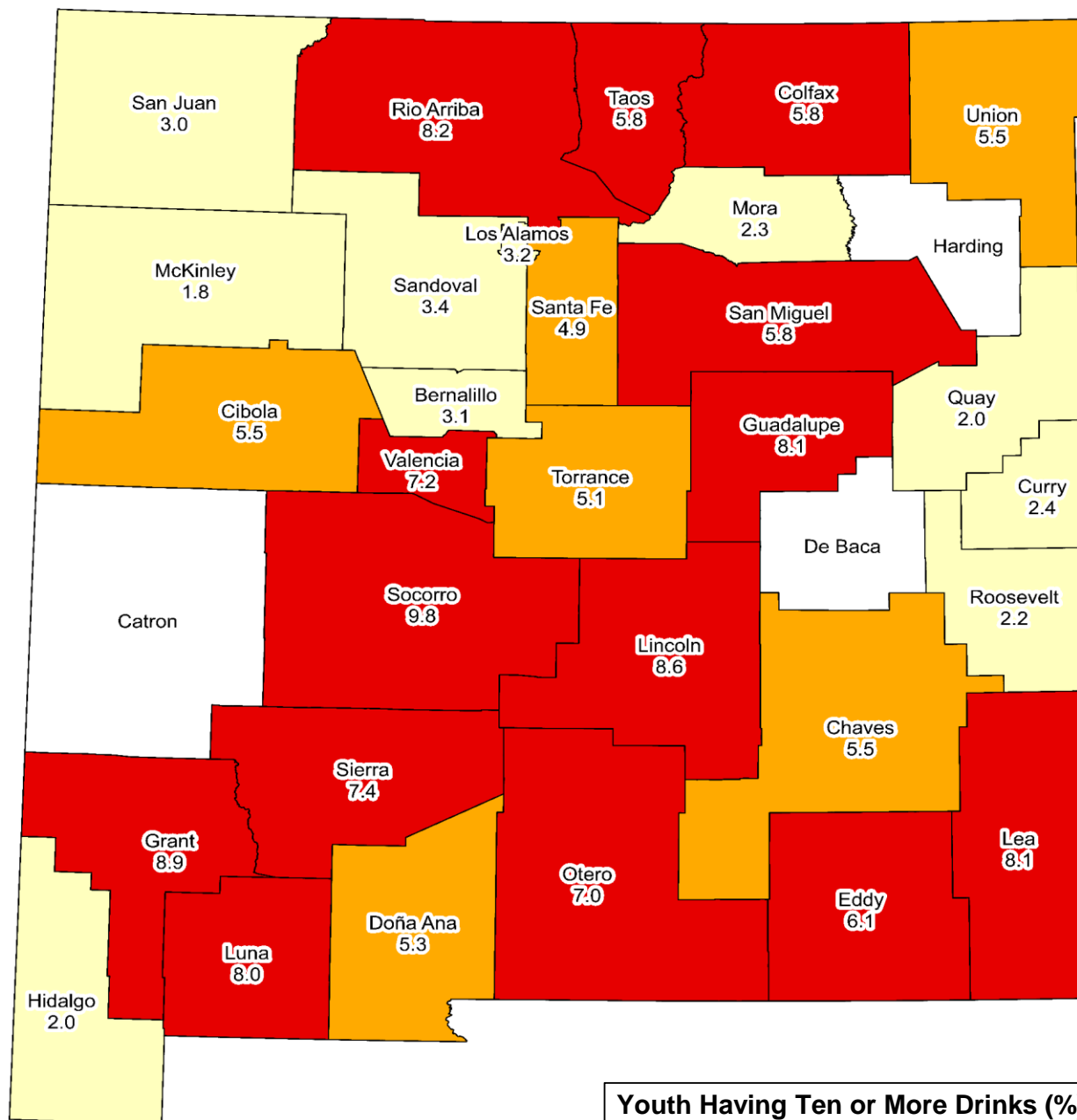


\* Estimate of percent of high school students who reported high intensity drinking at least once in past 30 days  
 De Baca, Catron, and Harding County estimates not available because of low numbers and/or low response rates

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, 2017



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

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





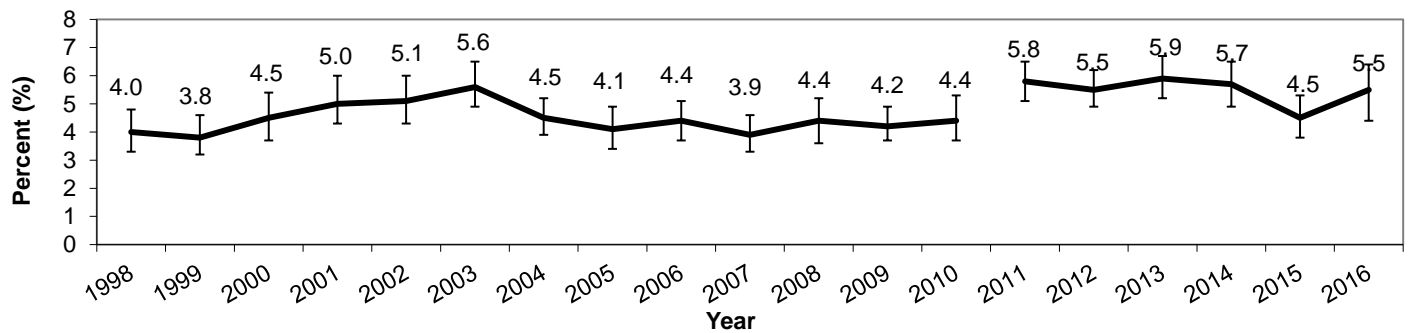
# ADULT HEAVY DRINKING

## 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, 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 5.7% reporting past-month heavy drinking. New Mexico men were somewhat more likely to report chronic drinking than women (5.9% v. 4.4%), and American Indian males had the highest reported rate of heavy drinking (7.0%) followed by White females (6.5%) and White males (6.4%).

**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, 2015-2017**

Sex	Race/Ethnicity	Number				Percent*			
		Ages 18-24	Ages 25-64	Ages 65+	All Ages	Ages 18-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	574	3,448	559	4,539	5.4	7.5	7.4	7.0
	Asian/Pacific Islander	-	0	-	0	-	0.0	-	0.0
	Black	-	268	-	647	-	2.0	-	3.3
	Hispanic	2,821	16,131	1,586	20,506	4.8	6.6	3.1	5.8
	White	2,675	14,164	4,700	21,372	8.6	6.7	4.9	6.4
	Total	5,819	34,035	7,099	46,765	5.5	6.5	4.5	5.9
Female	American Indian	240	2,251	0	2,534	2.3	4.4	0.0	3.5
	Asian/Pacific Islander	-	50	-	51	-	0.4	-	0.3
	Black	-	610	-	633	-	6.4	-	4.4
	Hispanic	867	8,577	456	9,873	1.5	3.5	0.7	2.7
	White	1,616	14,814	6,096	22,629	6.1	6.9	5.6	6.5
	Total	2,646	26,884	6,725	36,231	2.7	5.0	3.6	4.4
Total	American Indian	789	5,668	599	7,032	3.7	5.8	3.2	5.1
	Asian/Pacific Islander	-	41	-	40	-	0.2	-	0.1
	Black	-	993	239	1,314	-	4.3	4.9	3.9
	Hispanic	3,709	24,597	2,021	30,256	3.2	5.0	1.8	4.2
	White	4,253	28,979	10,814	44,009	7.4	6.8	5.3	6.4
	Total	8,429	60,867	13,813	82,894	4.1	5.7	4.0	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)

Among men, American Indians had the highest heavy drinking rates (7.0%), followed by Whites (6.4%) and Hispanics (5.8%). Also, American Indian males had the highest rates of alcohol-related chronic disease death (132.2 deaths per 100,000 population), followed by Hispanics (49.1) and Blacks (33.4). Among women, Whites had the highest rates of heavy drinking (6.5%), followed by Blacks (4.4%). However, American Indian females have the highest rates of alcohol-related chronic disease death (76.4 deaths per 100,000 population), followed by Hispanics (18.0) and Blacks (15.5). These differences between heavy drinking rates and alcohol-related chronic disease death rates reflect the long lead time between the behavior and the health-related outcomes of that behavior.

Between 2015-2017, as shown in Table 2 and Chart 2, heavy drinking rates were highest in Catron (10.5%), San Miguel (7.2%), and Lea (6.8%) counties and substantially lower in counties that have among the highest rates of alcohol-related chronic disease death rates (e.g., Rio Arriba and McKinley).

**Table 2: Heavy Drinking (past 30 days) by Race/Ethnicity and County, Adults Aged 18+, New Mexico, 2015-2017**

County	Number						Percent*					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	639	-	-	10,492	14,462	25,979	2.9	-	-	4.3	6.2	4.9
Catron	-	-	-	-	-	334	-	-	-	-	-	10.5
Chaves	-	-	-	1,066	1,205	2,245	-	-	-	4.3	5.5	4.6
Cibola	785	-	-	489	81	1,237	10.0	-	-	6.2	1.7	5.9
Colfax	-	-	-	-	209	584	-	-	-	-	3.9	5.6
Curry	-	-	-	624	1,033	1,640	-	-	-	4.6	5.2	4.4
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	4,431	2,970	8,089	-	-	-	4.3	5.7	5.0
Eddy	-	-	-	1,365	1,199	2,826	-	-	-	7.2	5.5	6.7
Grant	-	-	-	454	614	1,079	-	-	-	4.3	5.3	4.7
Guadalupe	-	-	-	-	-	-	-	-	-	-	-	-
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	2,045	1,182	3,282	-	-	-	8.1	5.8	6.8
Lincoln	-	-	-	-	710	1,068	-	-	-	-	6.4	6.6
Los Alamos	-	-	-	-	0	0	-	-	-	-	0.0	0.0
Luna	-	-	-	805	0	943	-	-	-	7.2	0.0	5.2
McKinley	1,861	-	-	77	92	2,118	4.8	-	-	1.2	1.6	4.1
Mora	-	-	-	-	-	-	-	-	-	-	-	-
Otero	195	-	-	303	1,487	1,993	6.9	-	-	1.8	5.4	4.0
Quay	-	-	-	-	394	420	-	-	-	-	10.7	6.3
Rio Arriba	-	-	-	110	261	550	-	-	-	0.5	5.6	1.8
Roosevelt	-	-	-	-	284	360	-	-	-	-	3.3	2.4
Sandoval	-	-	-	2,185	2,325	6,707	-	-	-	5.7	4.4	6.2
San Juan	686	-	-	644	2,812	4,146	1.9	-	-	4.0	6.9	4.4
San Miguel	-	-	-	511	606	1,624	-	-	-	3.0	13.3	7.2
Santa Fe	-	-	-	1,507	5,654	7,381	-	-	-	2.7	9.7	6.1
Sierra	-	-	-	-	588	641	-	-	-	-	8.7	6.7
Socorro	-	-	-	-	-	809	-	-	-	-	-	6.1
Taos	-	-	-	0	477	554	-	-	-	0.0	4.4	2.0
Torrance	-	-	-	-	-	-	-	-	-	-	-	-
Union	-	-	-	-	-	-	-	-	-	-	-	-
Valencia	-	-	-	885	898	1,826	-	-	-	2.7	4.1	3.1
New Mexico	7,032	40	1,314	30,256	44,009	82,894	5.1	0.1	3.9	4.2	6.4	5.2

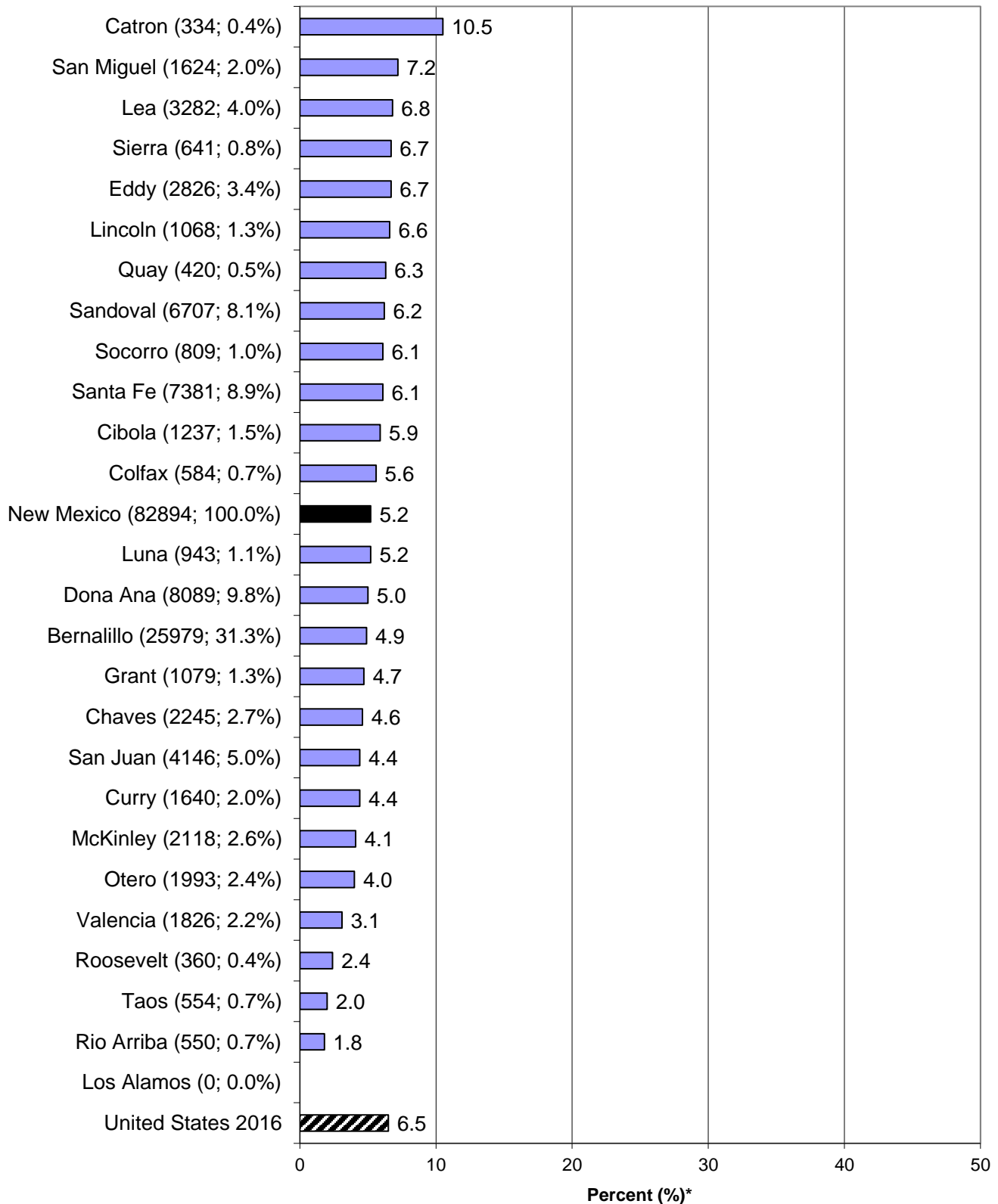
\* Estimate of percent of people in population group who reported heavy drinking in past 30 days

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

# ADULT HEAVY DRINKING (continued)

Chart 2: Heavy Drinking (past 30 days)\* by County, Adults Aged 18+, New Mexico, 2015-2017

County (# of heavy drinkers; % of statewide heavy drinkers)



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

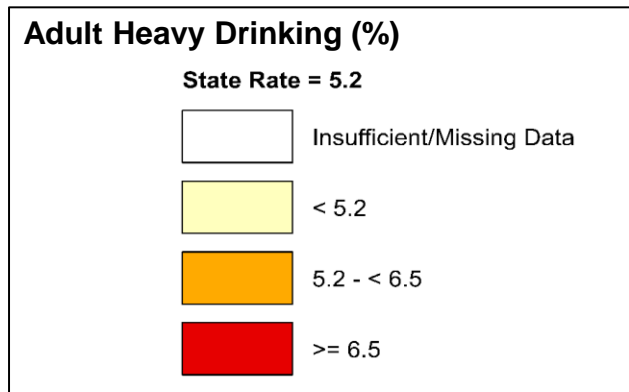
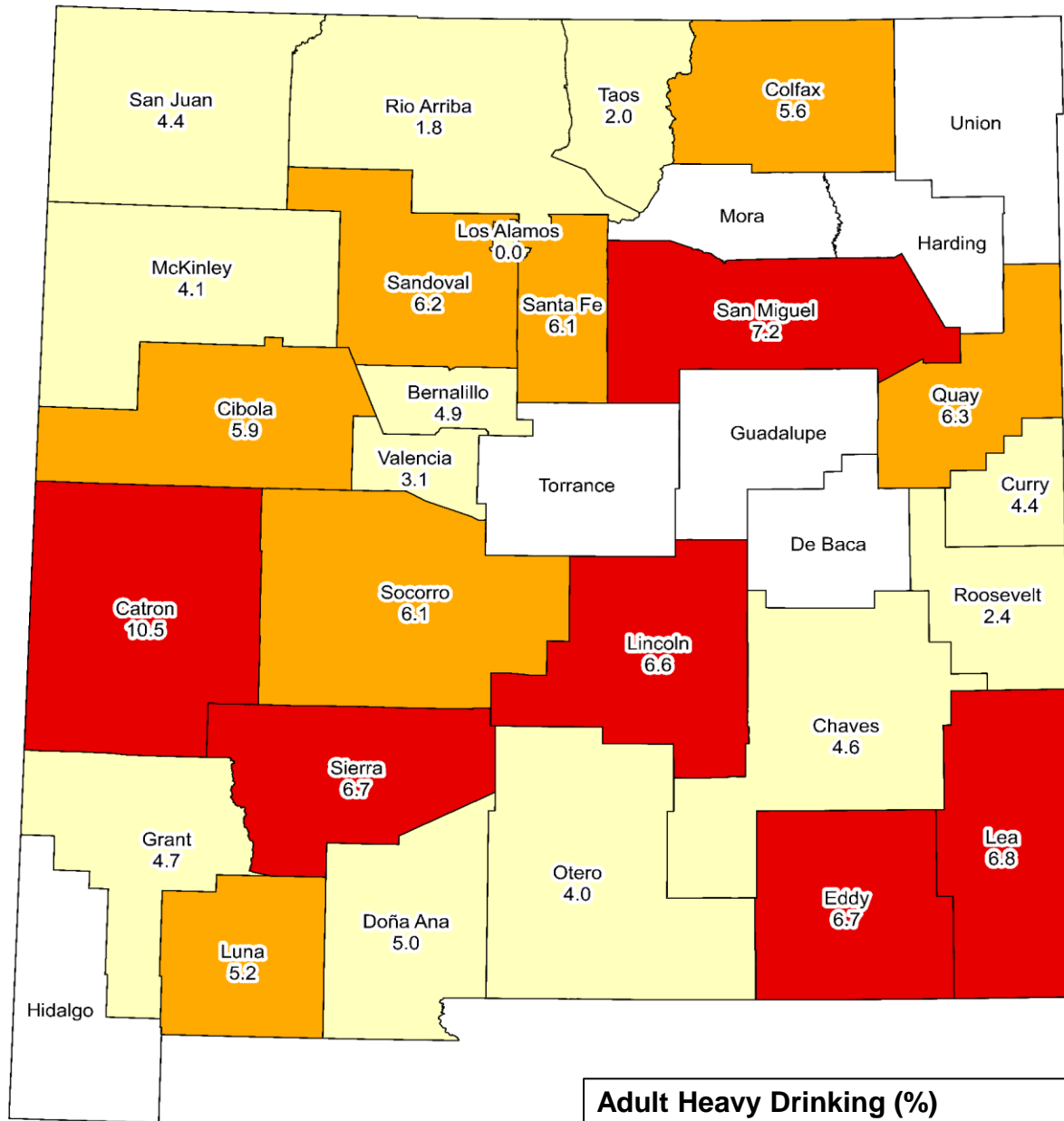
The following counties were excluded due to small number of respondents (< 50):

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

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

# ADULT HEAVY DRINKING (continued)

Chart 3: Heavy Drinking (past 30 days)\* by County, Adults Aged 18+, New Mexico, 2015-2017



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

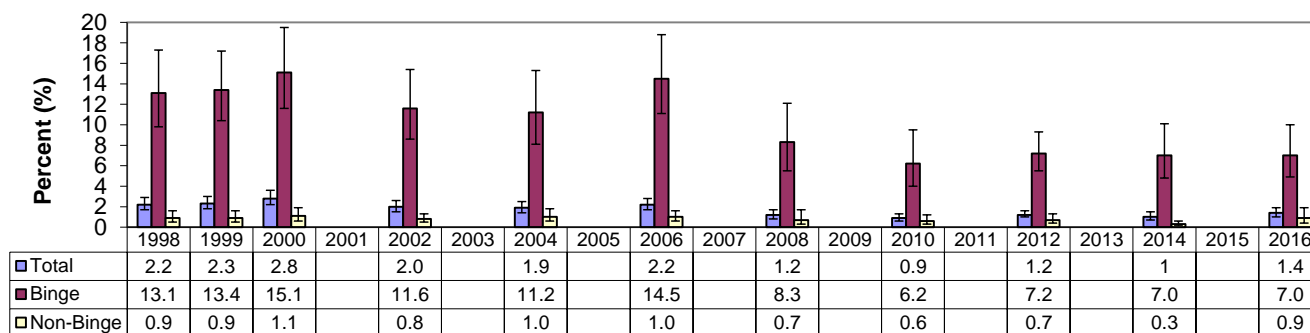
# ADULT DRINKING AND DRIVING

## Problem Statement

Adult drinking and driving is a precursor to alcohol-related motor vehicle crash injury and death. Any drinking and driving is dangerous (i.e., associated with an elevated risk of crash and injury), but driving after binge drinking (which is defined as a level of drinking likely to lead to a 0.08 BAC) is particularly risky. Unfortunately, as shown in Chart 1, binge drinkers are much more likely to report driving after drinking than non-binge drinkers. For example, in 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 2016 driving after drinking was most prevalent among middle-age adults, with 1.7% of those aged 25-64 reporting past-month drinking and driving. Chart 2 shows a decline (although not statistically significant) in drinking and driving by young adults (age 18-24) and a fluctuating pattern among those aged 25-64. Table 1 shows that New Mexico men were twice as likely to report drinking and driving than women (1.9% v. 0.8%). Hispanic males (2.7%) were more likely to report drinking and driving than American Indian (1.8%) 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**



\* 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**

Sex	Race/Ethnicity	Number*				Percent**			
		Ages 18-24	Ages 25-64	Ages 65+	All Ages	Ages 18-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	-	974	-	1,171	-	2.1	-	1.8
	Asian/Pacific Islander	-	-	-	-	-	-	-	-
	Black	-	-	-	-	-	-	-	-
	Hispanic	0	9,782	140	9,731	0.0	4.0	0.3	2.7
	White	-	2,871	577	4,131	-	1.4	0.6	1.2
	Total		626	13,754	905	15,174	0.6	2.6	0.6
Female	American Indian	-	516	0	531	-	1.0	0.0	0.7
	Asian/Pacific Islander	-	-	-	-	-	-	-	-
	Black	-	-	-	-	-	-	-	-
	Hispanic	1,613	1,541	0	3,307	2.8	0.6	0.0	0.9
	White	-	2,601	493	3,095	-	1.2	0.5	0.9
	Total		1,785	4,662	522	6,893	1.8	0.9	0.3
Total	American Indian	-	1,436	229	1,654	-	1.5	1.2	1.2
	Asian/Pacific Islander	-	-	-	0	-	-	-	0.0
	Black	-	-	-	665	-	-	-	2.0
	Hispanic	1,678	11,209	148	12,949	1.4	2.3	0.1	1.8
	White	804	5,470	1,060	7,205	1.4	1.3	0.5	1.1
	Total		2,415	18,381	1,425	22,003	1.2	1.7	0.4

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

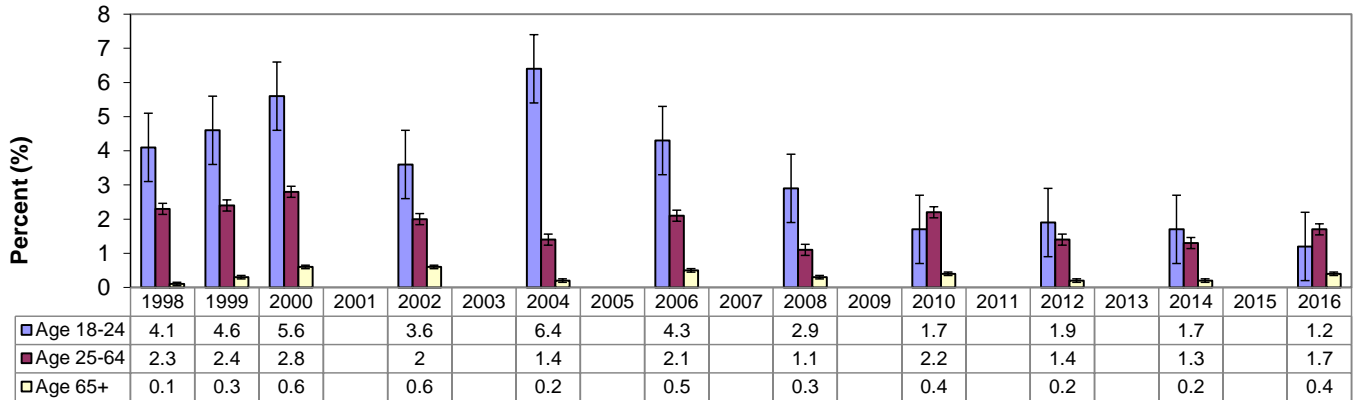
\*\* Estimate of percent of people in population group who drove after "perhaps too much to drink" at least once in past 30 days

- 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

County	Number*						Percent**					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	-	-	-	3,005	1,056	4,596	-	-	-	1.2	0.5	0.9
Catron	-	-	-	-	-	-	-	-	-	-	-	-
Chaves	-	-	-	270	711	867	-	-	-	1.1	3.3	1.8
Cibola	-	-	-	0	41	52	-	-	-	0.0	0.9	0.3
Colfax	-	-	-	-	-	-	-	-	-	-	-	-
Curry	-	-	-	-	0	454	-	-	-	-	0.0	1.2
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	4,942	635	5,435	-	-	-	4.8	1.2	3.4
Eddy	-	-	-	820	157	968	-	-	-	4.3	0.7	2.3
Grant	-	-	-	-	256	308	-	-	-	-	2.2	1.3
Guadalupe	-	-	-	-	-	-	-	-	-	-	-	-
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	1,024	0	1,127	-	-	-	4.0	0.0	2.3
Lincoln	-	-	-	-	0	0	-	-	-	-	0.0	0.0
Los Alamos	-	-	-	-	-	0	-	-	-	-	-	0.0
Luna	-	-	-	-	-	0	-	-	-	-	-	0.0
McKinley	655	-	-	-	0	1,236	1.7	-	-	-	0.0	2.4
Mora	-	-	-	-	-	-	-	-	-	-	-	-
Otero	-	-	-	-	972	1,228	-	-	-	-	3.5	2.5
Quay	-	-	-	-	-	-	-	-	-	-	-	-
Rio Arriba	-	-	-	170	200	460	-	-	-	0.8	4.3	1.5
Roosevelt	-	-	-	-	-	0	-	-	-	-	-	0.0
Sandoval	-	-	-	-	0	896	-	-	-	-	0.0	0.8
San Juan	302	-	-	0	369	660	0.9	-	-	0.0	0.9	0.7
San Miguel	-	-	-	-	-	0	-	-	-	-	-	0.0
Santa Fe	-	-	-	1,232	948	2,425	-	-	-	2.2	1.6	2.0
Sierra	-	-	-	-	0	0	-	-	-	-	0.0	0.0
Socorro	-	-	-	-	-	0	-	-	-	-	-	0.0
Taos	-	-	-	-	663	701	-	-	-	-	6.2	2.6
Torrance	-	-	-	-	-	-	-	-	-	-	-	-
Union	-	-	-	-	-	-	-	-	-	-	-	-
Valencia	-	-	-	-	0	0	-	-	-	-	0.0	0.0
New Mexico	1,654	0	665	12,949	7,205	22,003	1.2	0.0	2.0	1.8	1.1	1.4

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

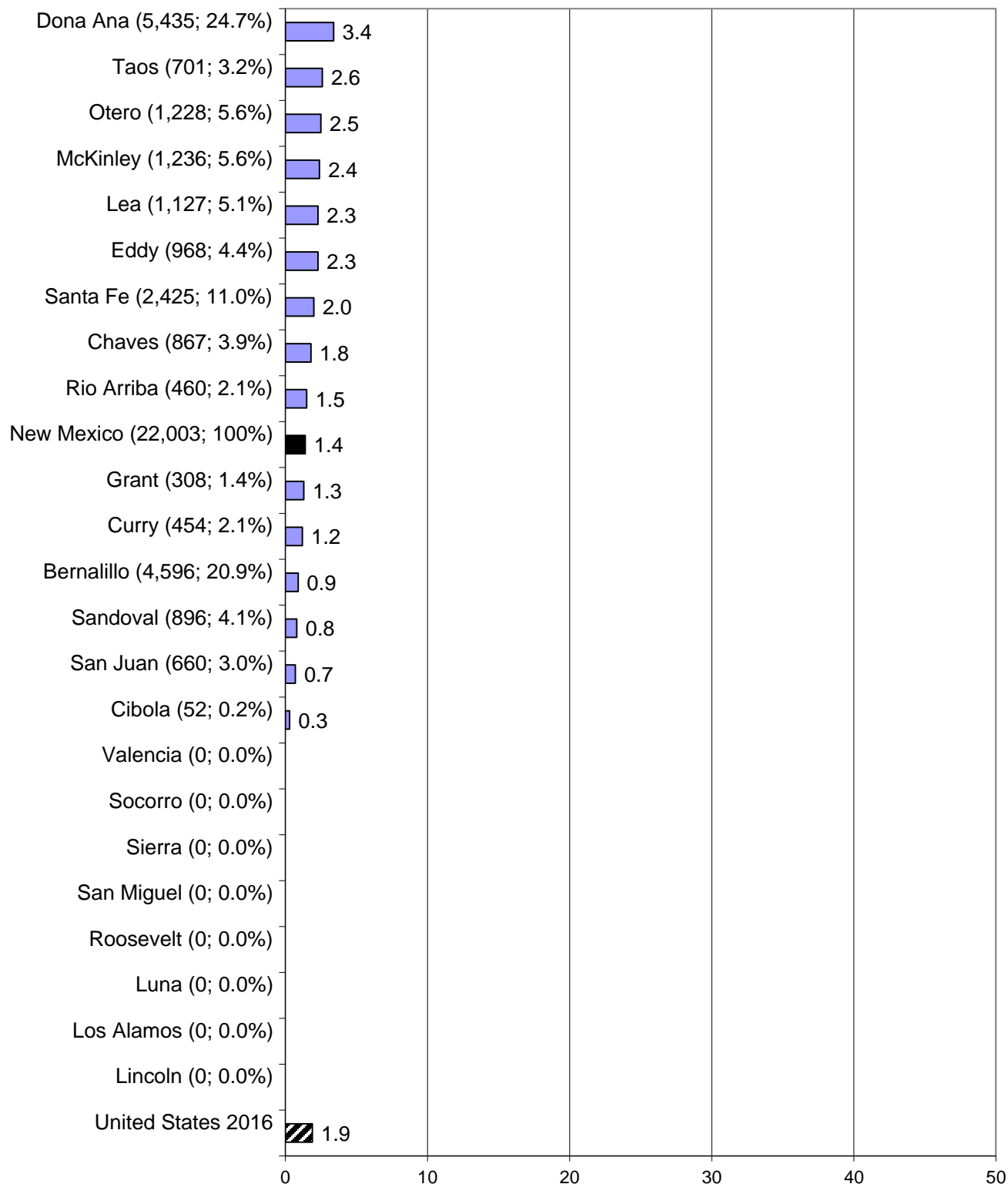
- Excluded due to small number of respondents (< 50) in cell

Source: BRFSS; SAES

# ADULT DRINKING AND DRIVING (continued)

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

County (# of drinking drivers; % of statewide drinking drivers)



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

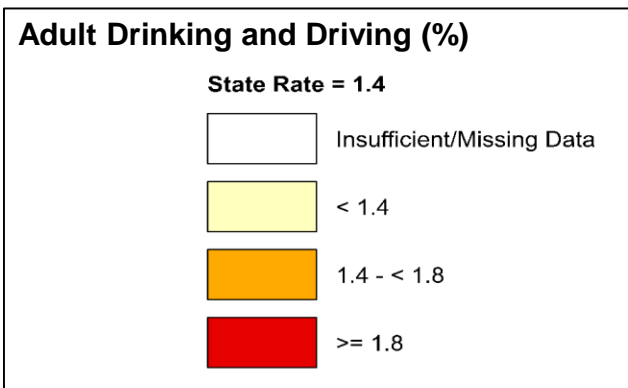
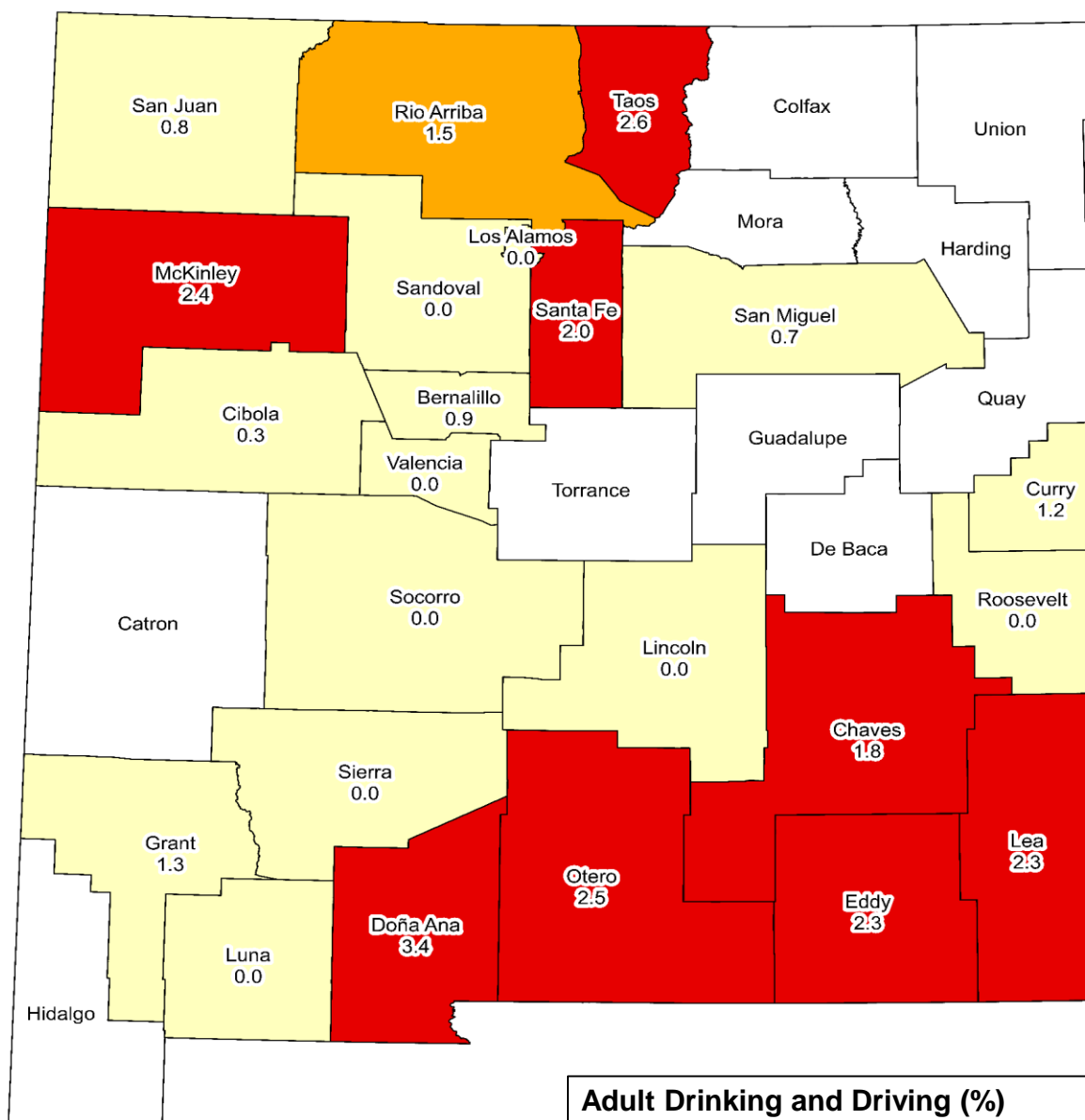
The following counties were not included due to small number of respondents (< 50) in cell:

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

Source: BRFSS; SAES

# ADULT DRINKING AND DRIVING (continued)

Chart 4: Drinking and Driving (past 30 days)\* by County, Adults Aged 18+, New Mexico, 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  
 Insufficient data: Rate not reported due to small number of respondents (< 50) in cell



# YOUTH DRINKING AND DRIVING

## Problem Statement

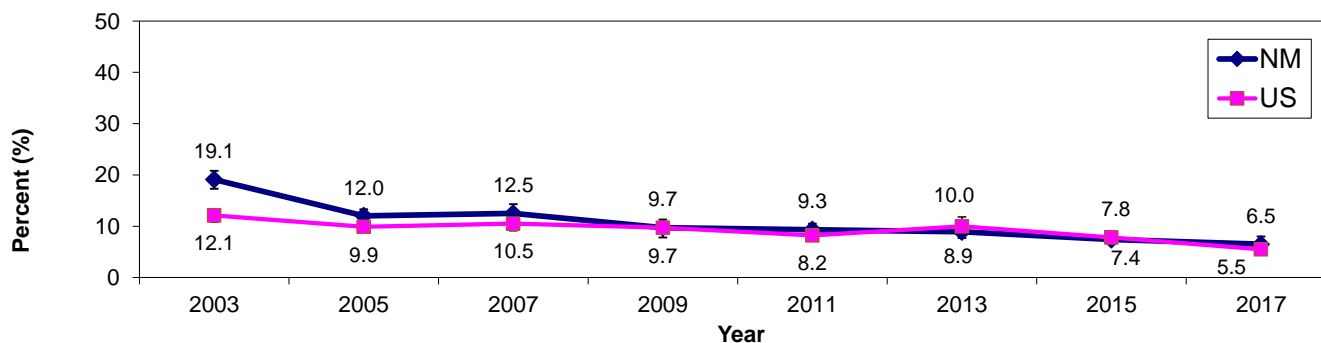
Drinking and driving is a major risk factor for motor vehicle accidents. Motor vehicle crashes were the leading cause of unintentional injury deaths for ages 15-19 years in the US in 2016. According to the National Highway Traffic Safety Administration (NHTSA), alcohol impaired-driving fatalities accounted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

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

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

\*National Center for Statistics and Analysis. (2017, October). *Alcohol-impaired driving: 2016 data* (Traffic Safety Facts, Report No. DOT HS 812 450). Washington, DC: National Highway Traffic Safety Administration. <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812450>

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



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

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

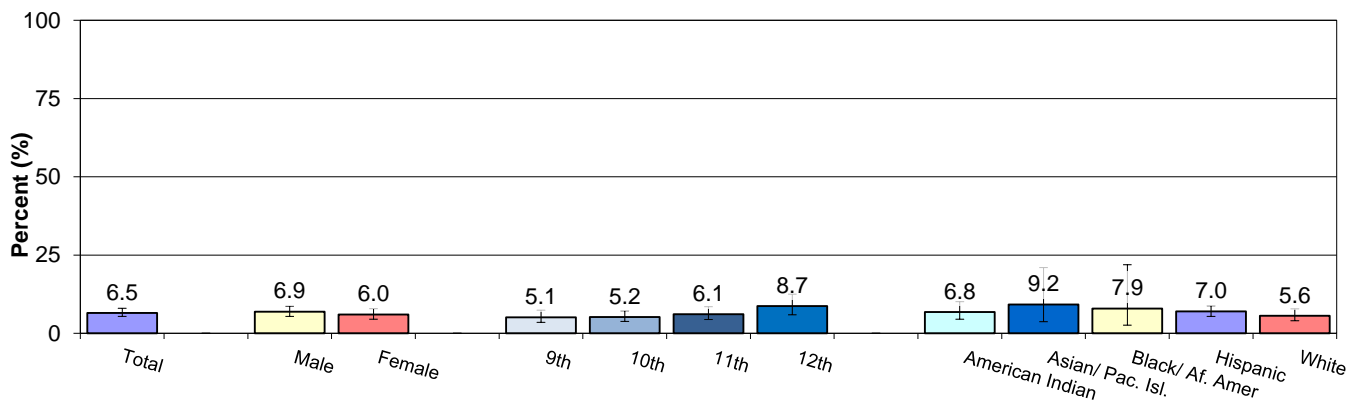
**Table 1: Drinking and Driving, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017**

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

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

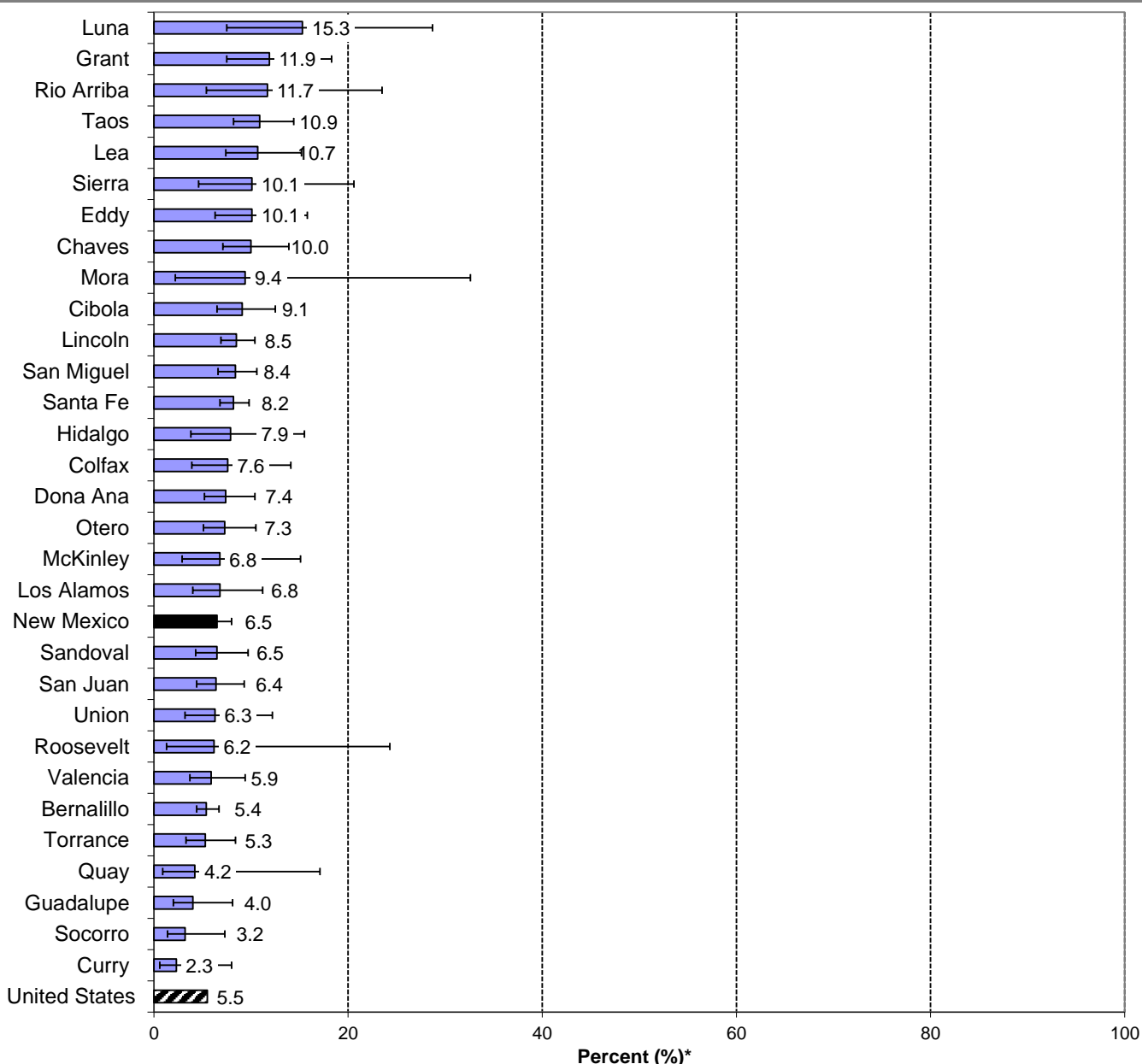
# YOUTH DRINKING AND DRIVING (continued)

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



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

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



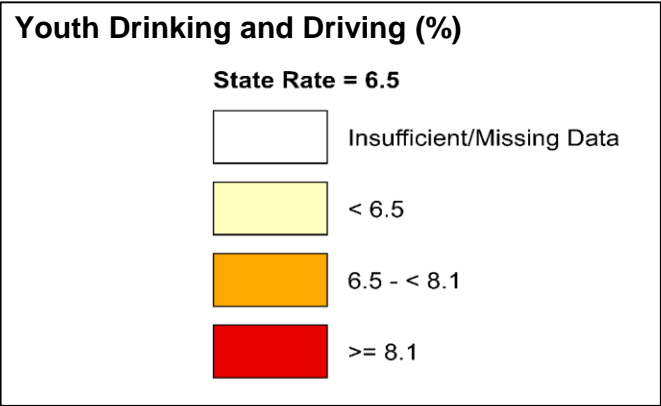
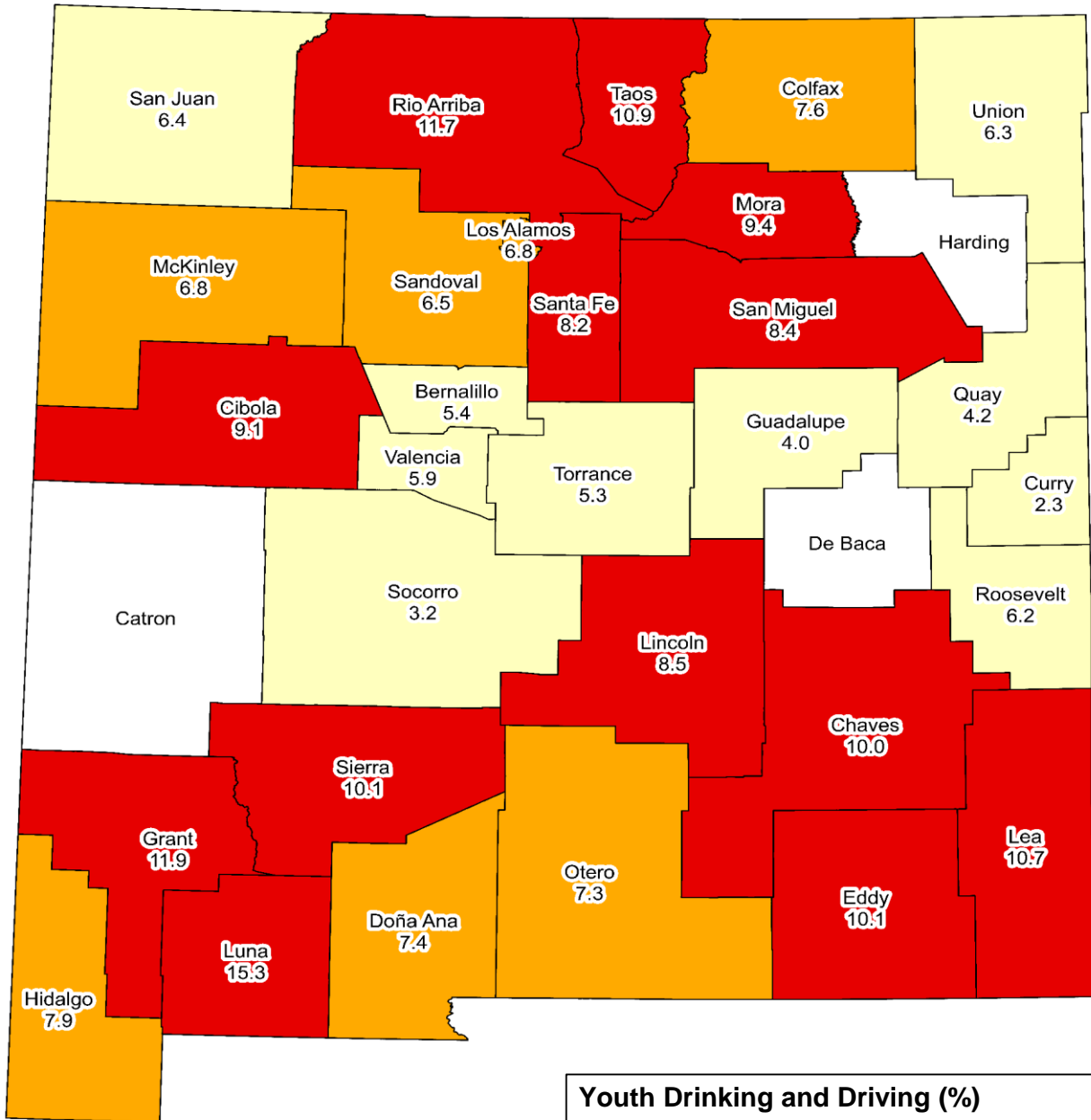
\* Estimate of percent of high school students who reported drinking and driving at least once in past 30 days

De Baca, Catron, and Harding 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, 2017



\* Estimate of percent of high school students who reported drinking and driving at least once in past 30 days  
 Insufficient Data: County estimates not available because of low numbers and/or low response rates



# YOUTH CURRENT MARIJUANA USE

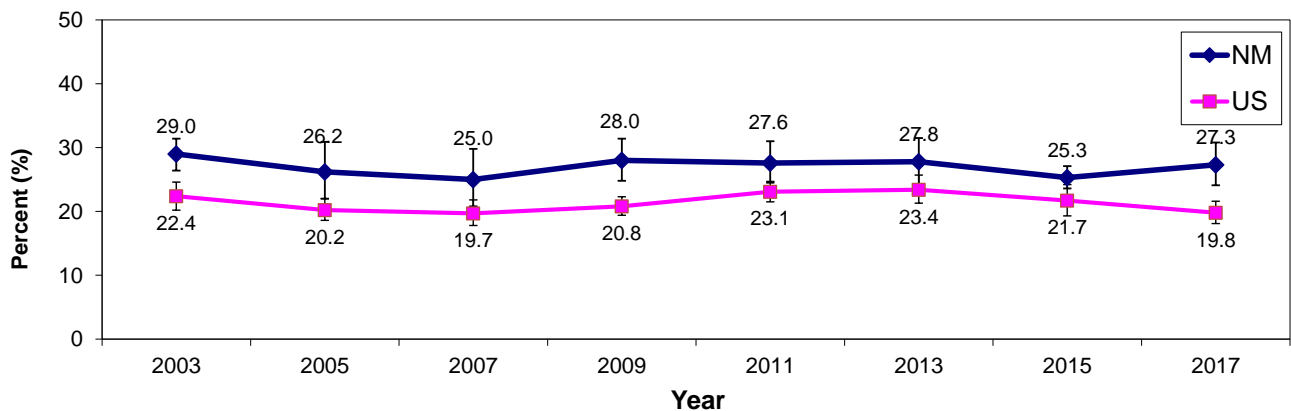
## Problem Statement

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

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

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

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



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

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

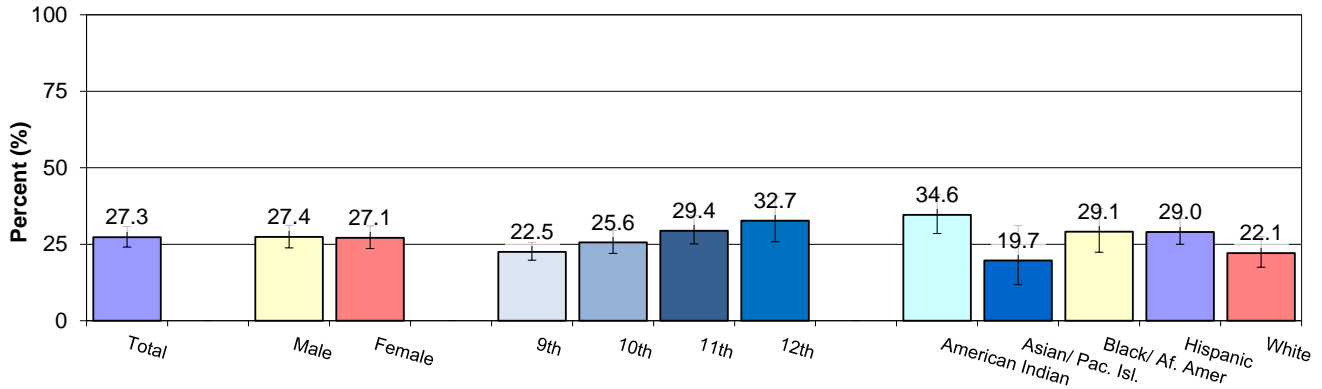
**Table 1: Current Marijuana Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017**

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

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

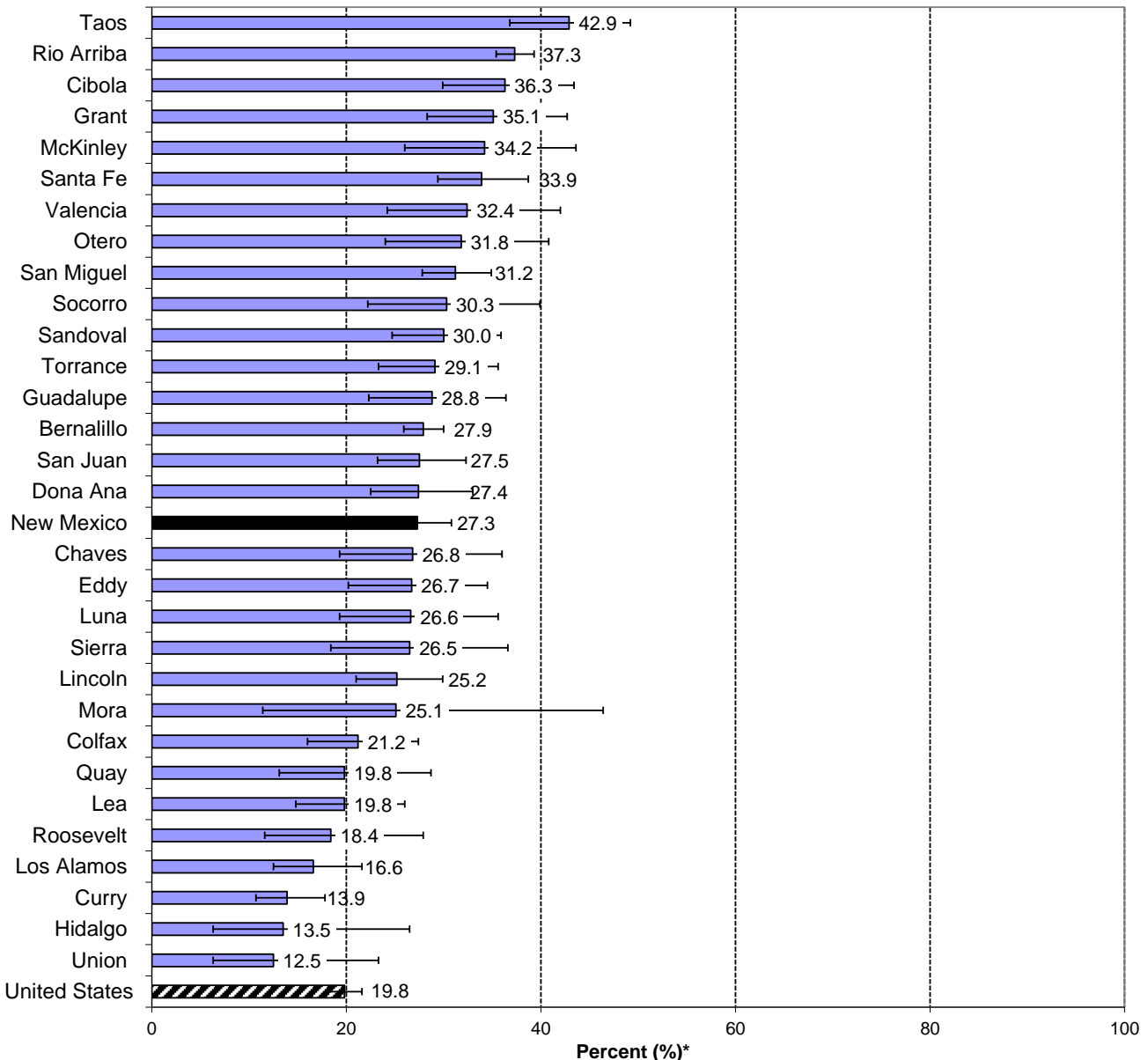
# YOUTH CURRENT MARIJUANA USE (continued)

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



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

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



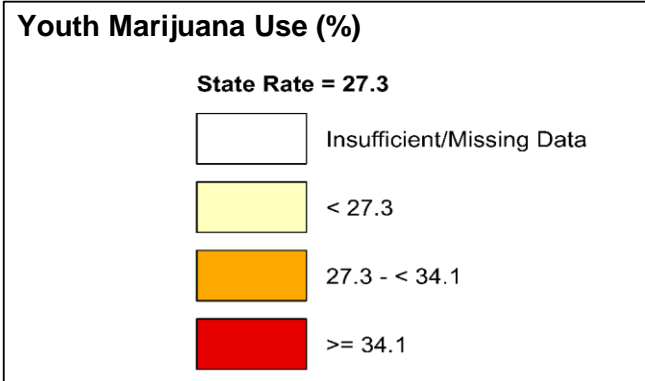
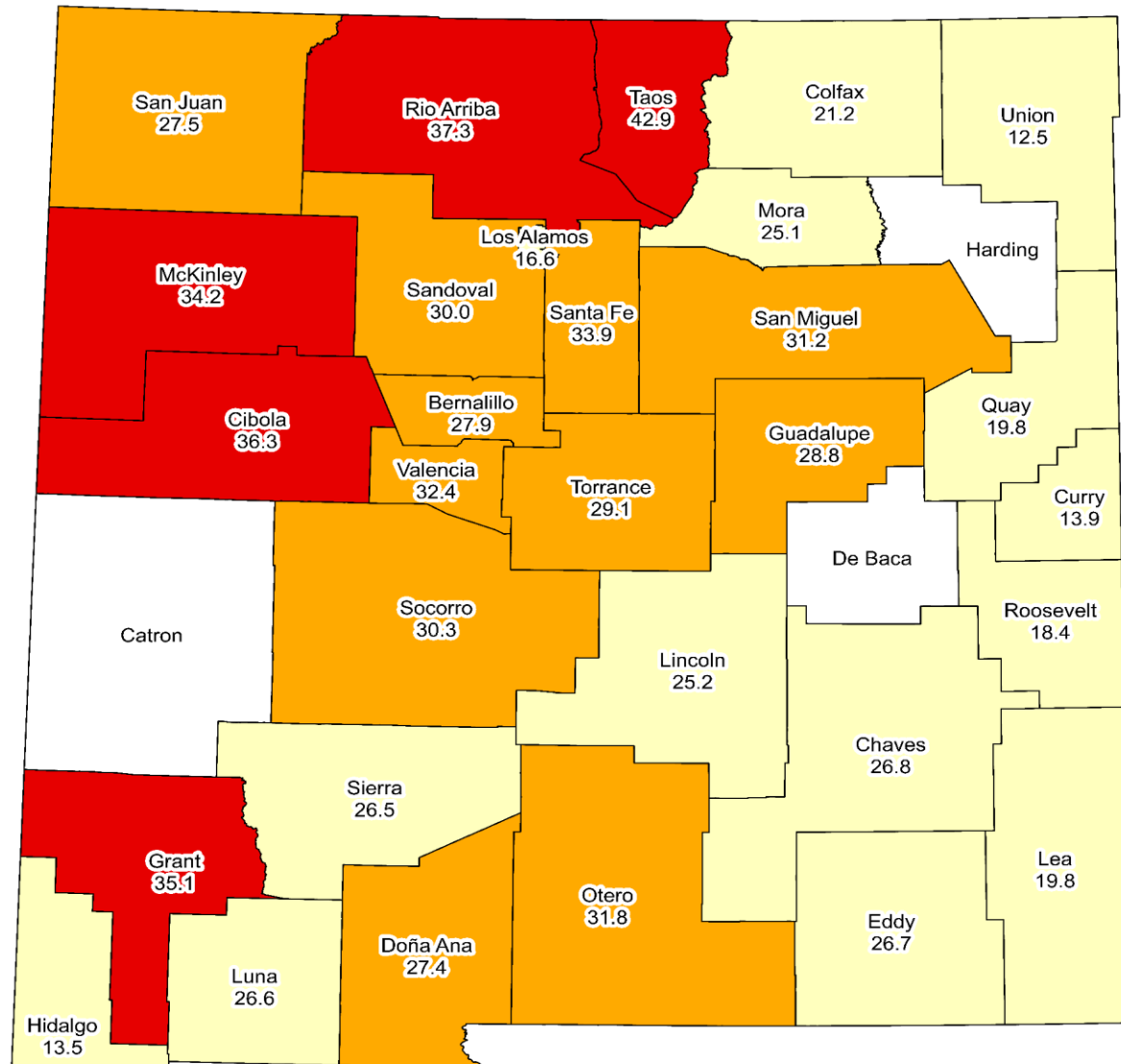
\* Estimate of percent of high school students who reported marijuana use at least once in past 30 days

De Baca, Catron, and Harding 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, 2017



\* Estimate of percent of high school students who reported marijuana use at least once in past 30 days  
 Insufficient Data: County estimates not available because of low numbers and/or low response rates





# YOUTH CURRENT COCAINE USE

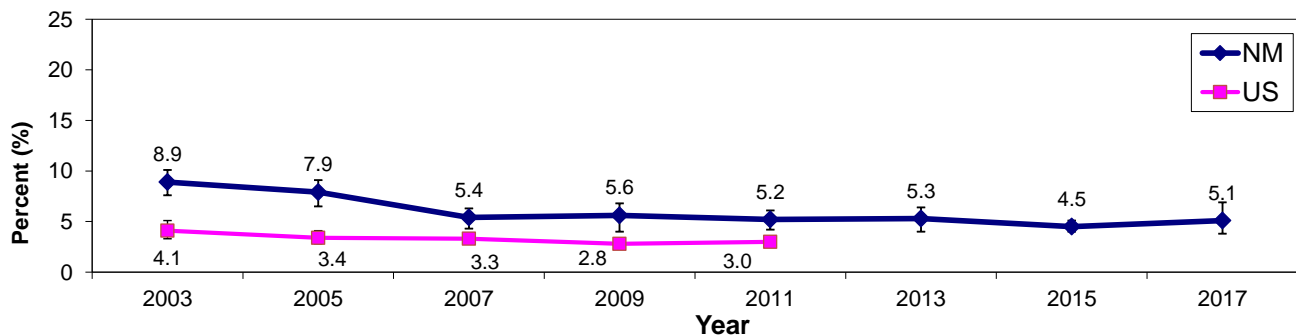
## Problem Statement

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

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

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

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



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

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

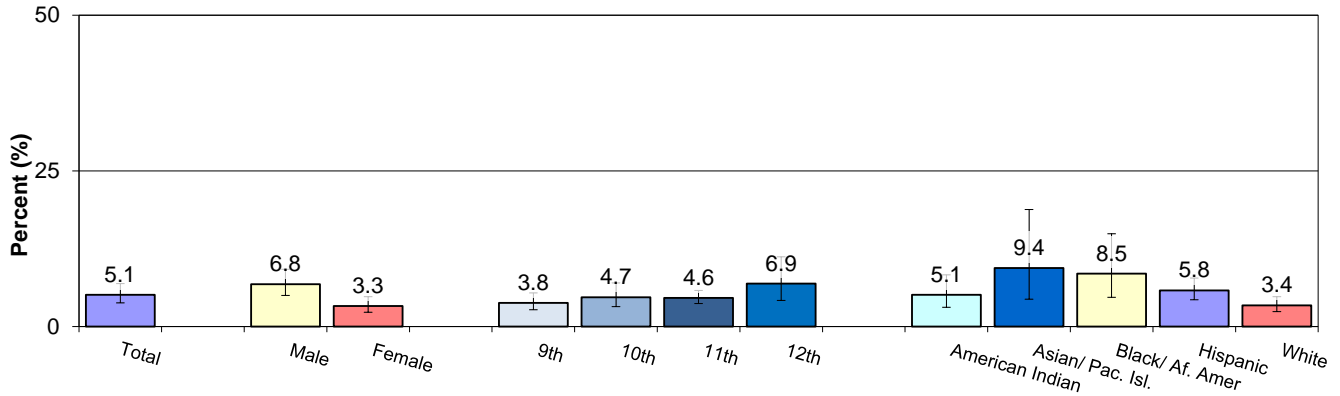
**Table 1: Current Cocaine Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017**

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

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

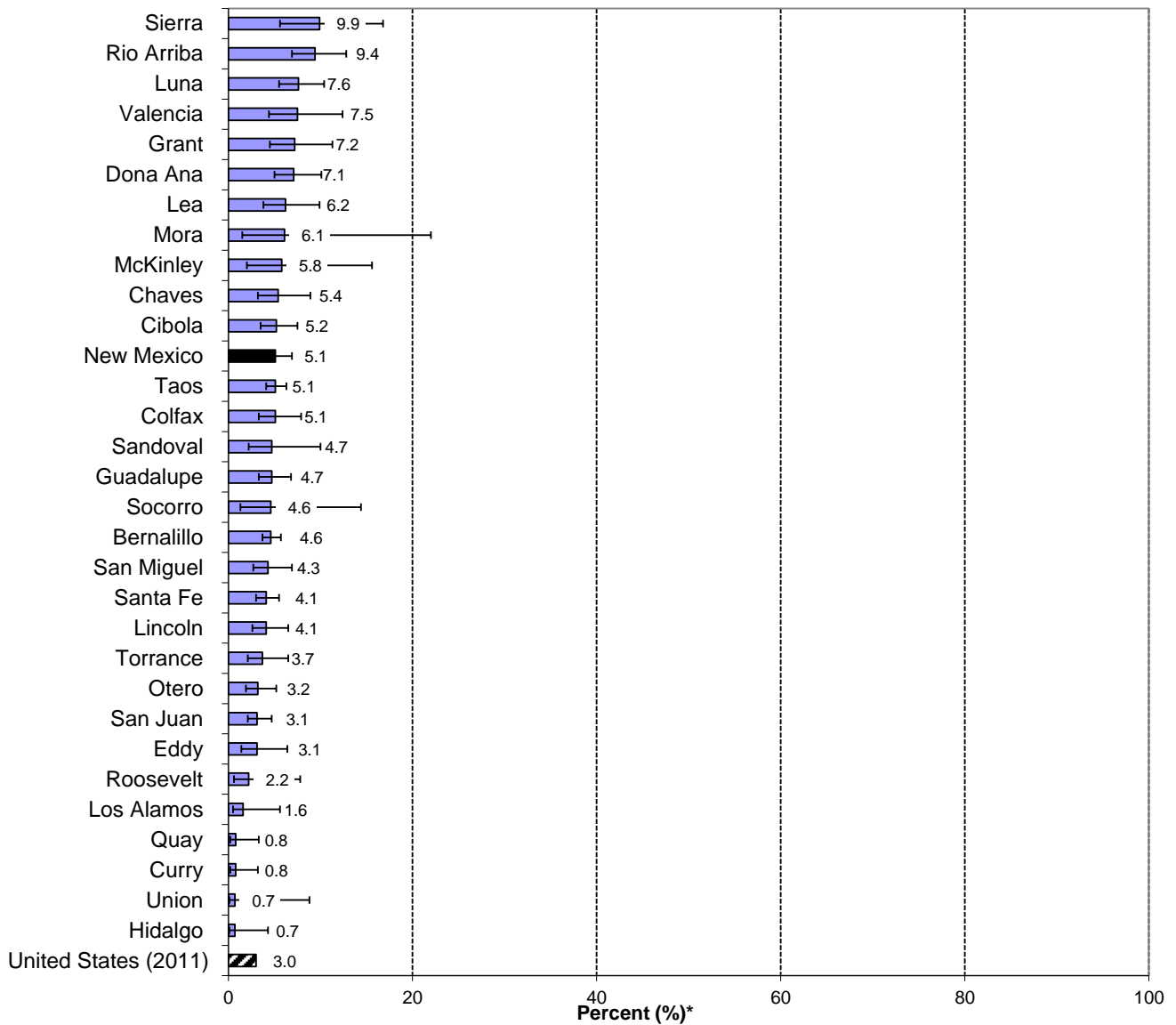
# YOUTH CURRENT COCAINE USE (continued)

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



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

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



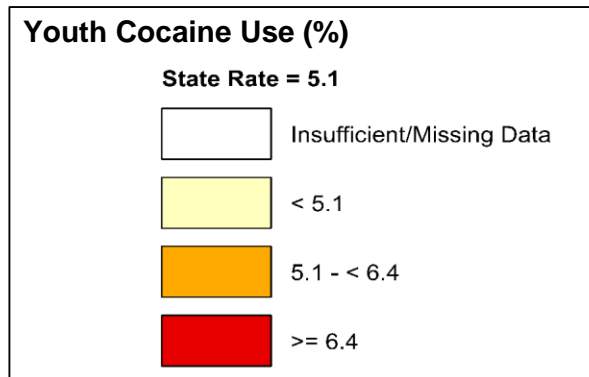
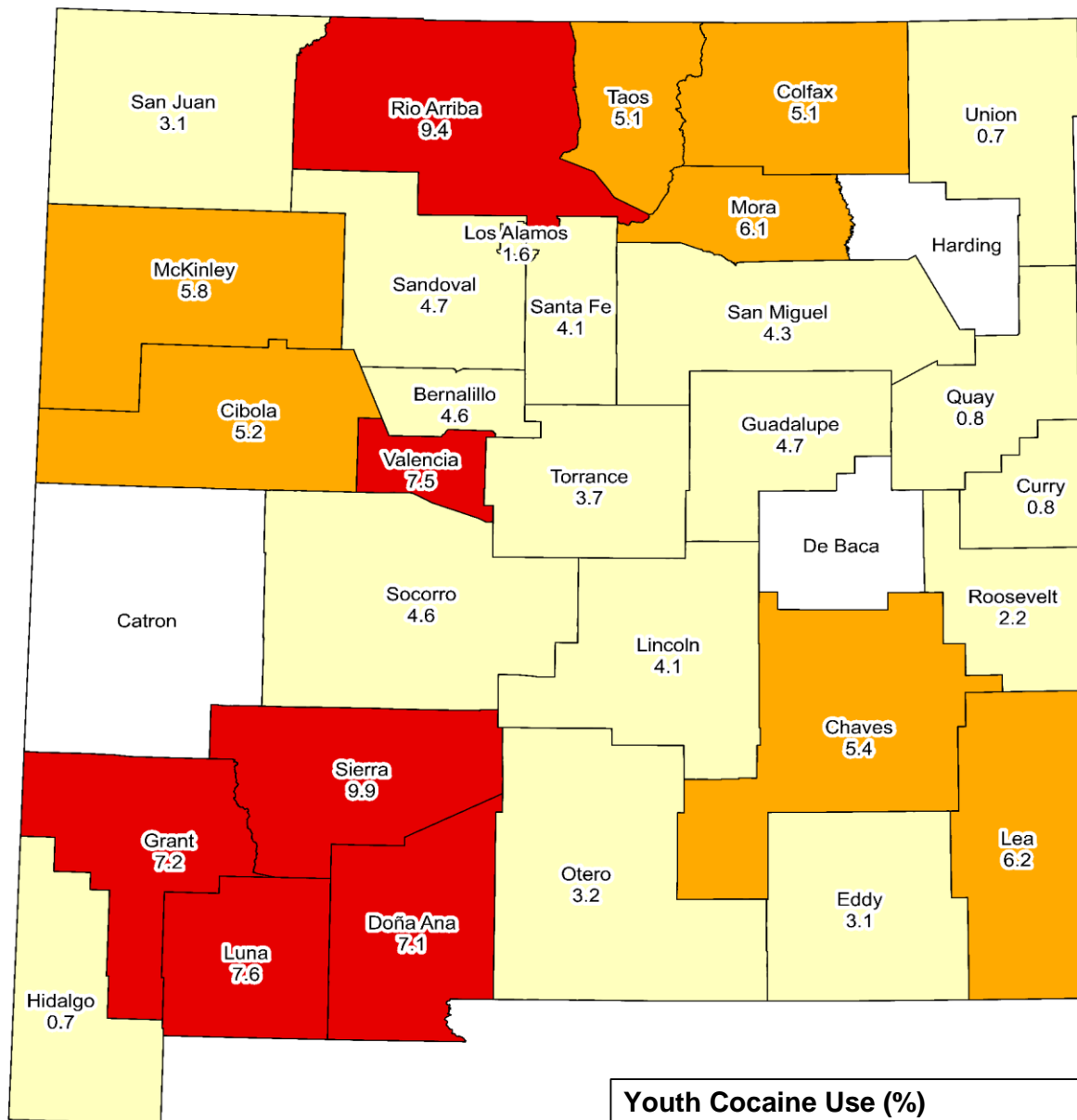
\* Estimate of percent of high school students who reported cocaine use at least once in past 30 days

De Baca, Catron, and Harding 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, 2017



\* Estimate of percent of high school students who reported cocaine use at least once in past 30 days  
 Insufficient Data: County estimates not available because of low numbers and/or low response rates



# YOUTH USED PAINKILLER TO GET HIGH

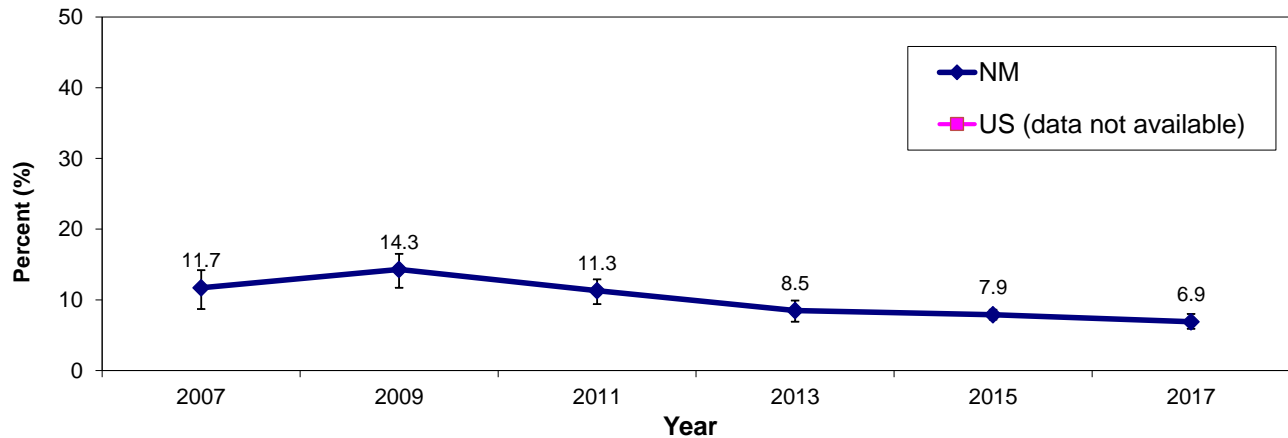
## Problem Statement

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

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

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

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



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

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

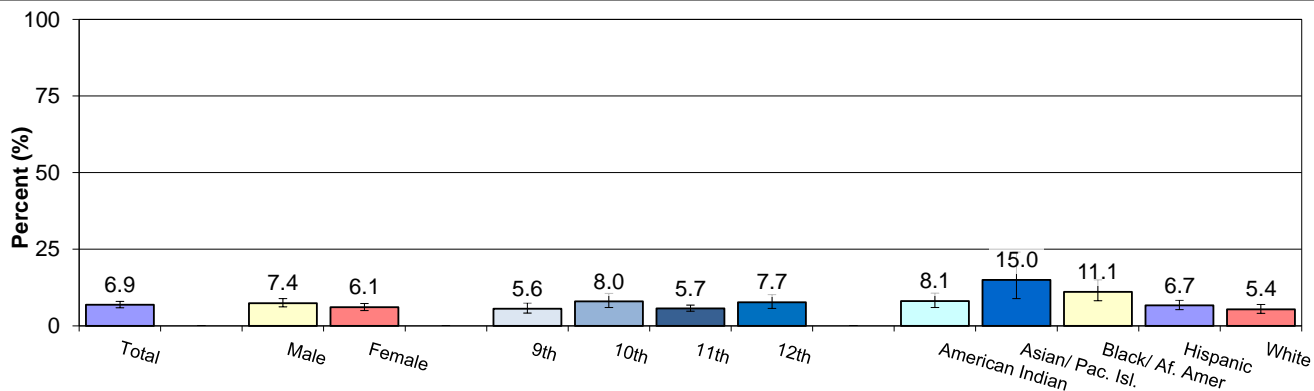
**Table 1: Used Painkiller to Get High, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017**

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

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

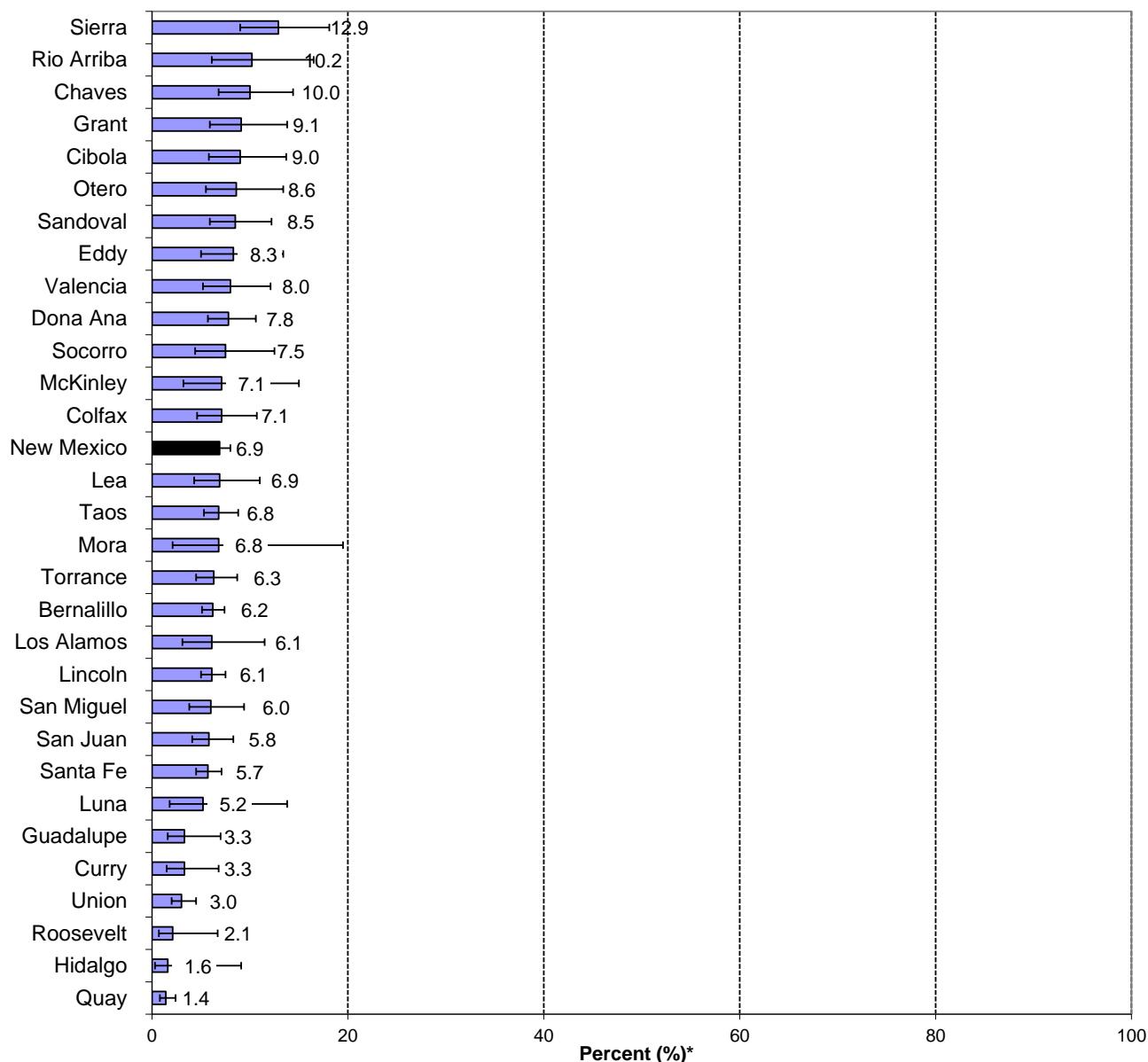
# YOUTH USED PAINKILLER TO GET HIGH (continued)

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



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

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

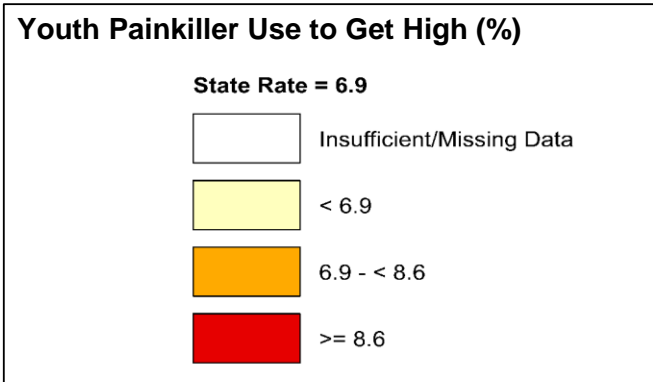
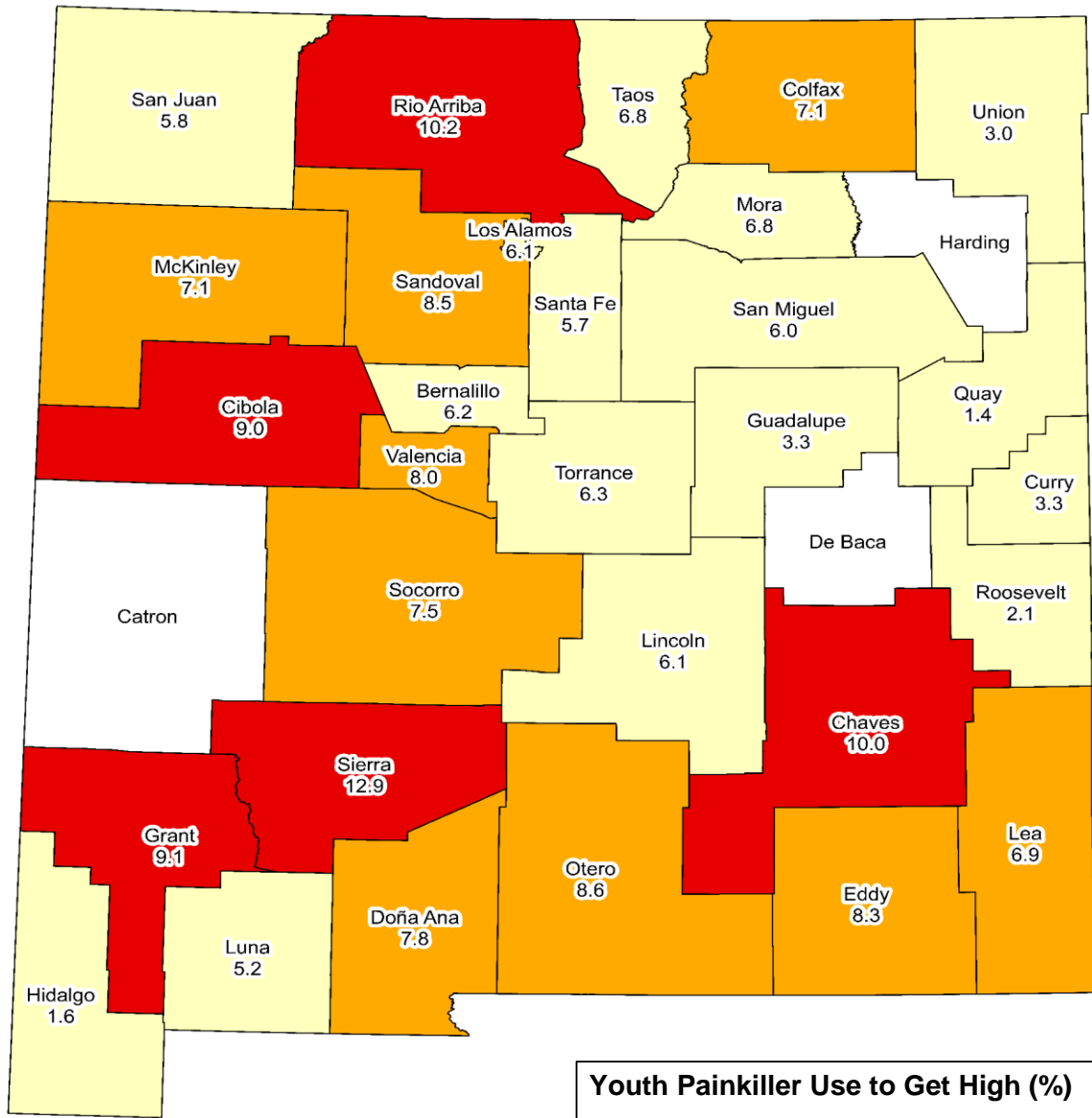


\* Estimate of percent of high school students who reported pain killer use to get high at least once in past 30 days  
De Baca, Catron, and Harding County estimates not available because of low numbers and/or low response rates

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, 2017



\* Estimate of percent of high school students who reported pain killer use to get high at least once in past 30 days  
 Insufficient Data: County estimates not available because of low numbers and/or low response rates





# YOUTH HEROIN USE

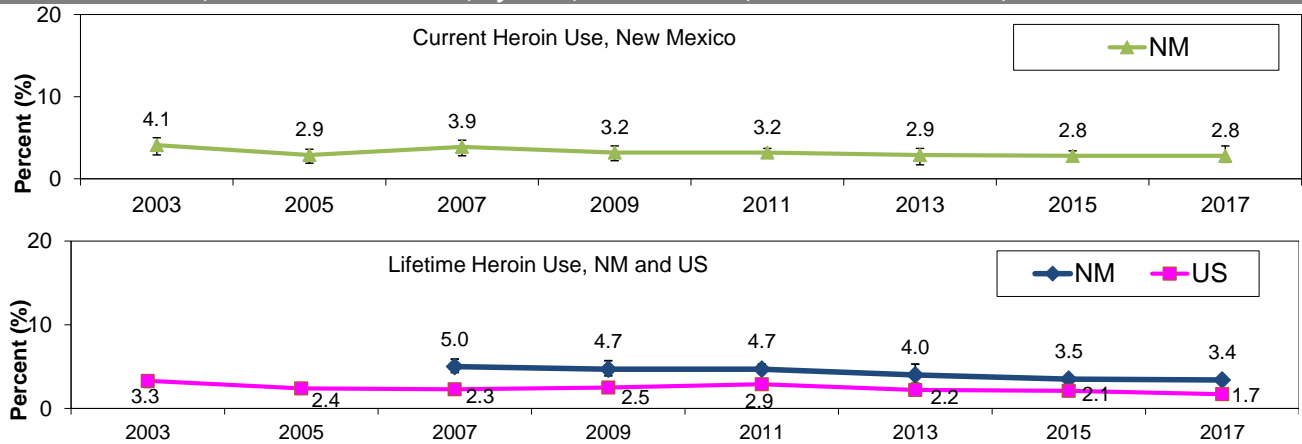
## Problem Statement

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

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

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

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



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

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

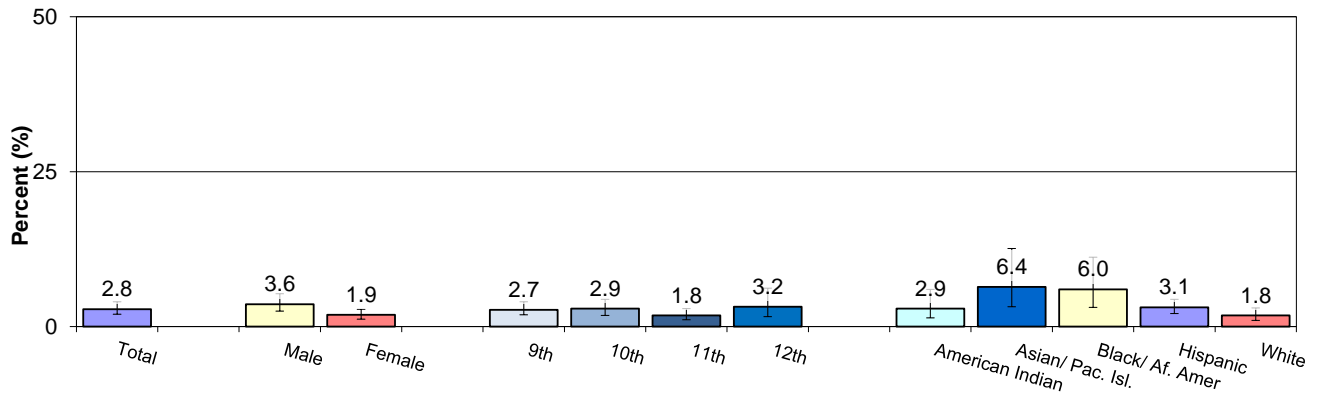
**Table 1: Current Heroin Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017**

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

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

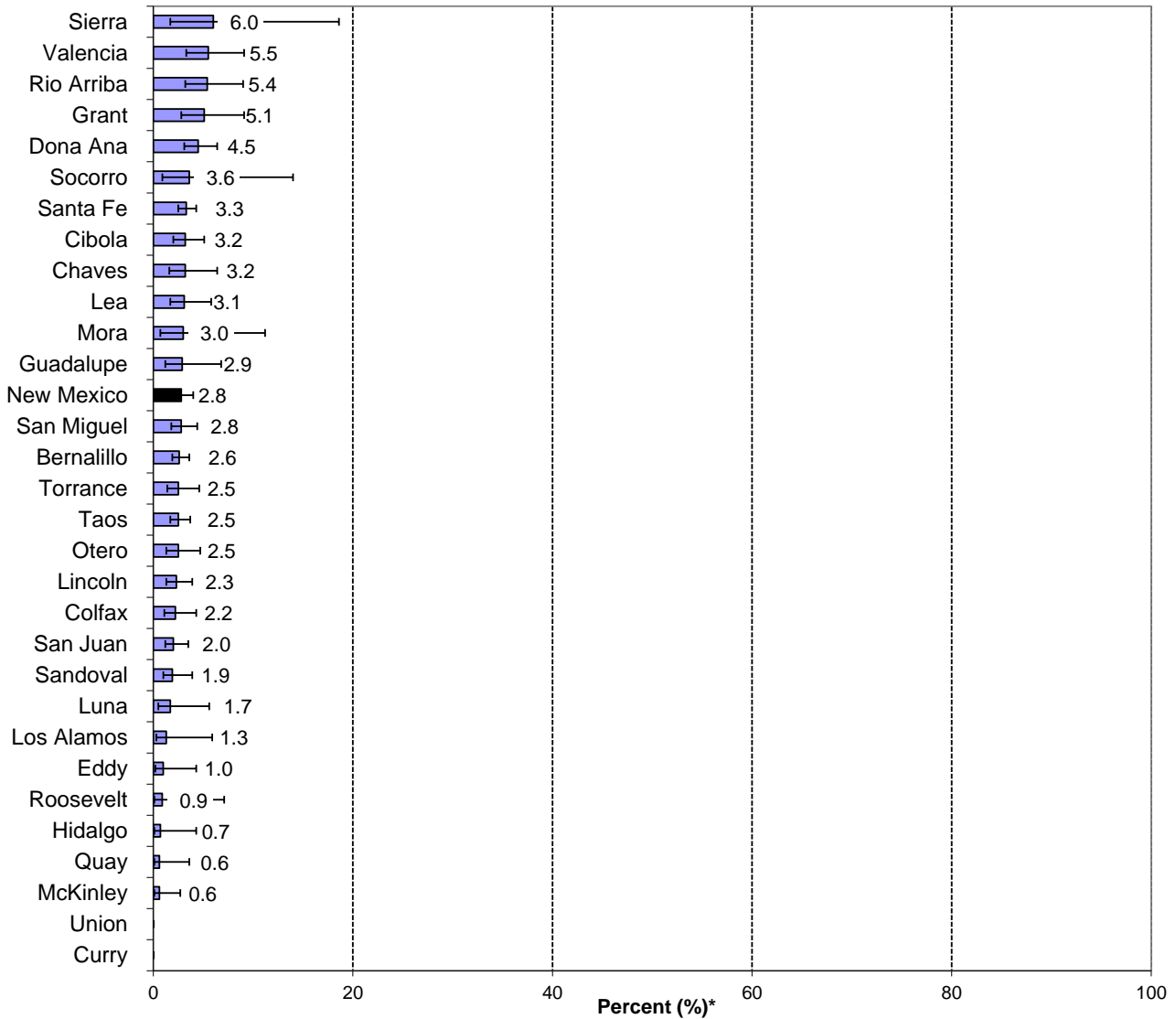
# YOUTH HEROIN USE (continued)

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



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

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

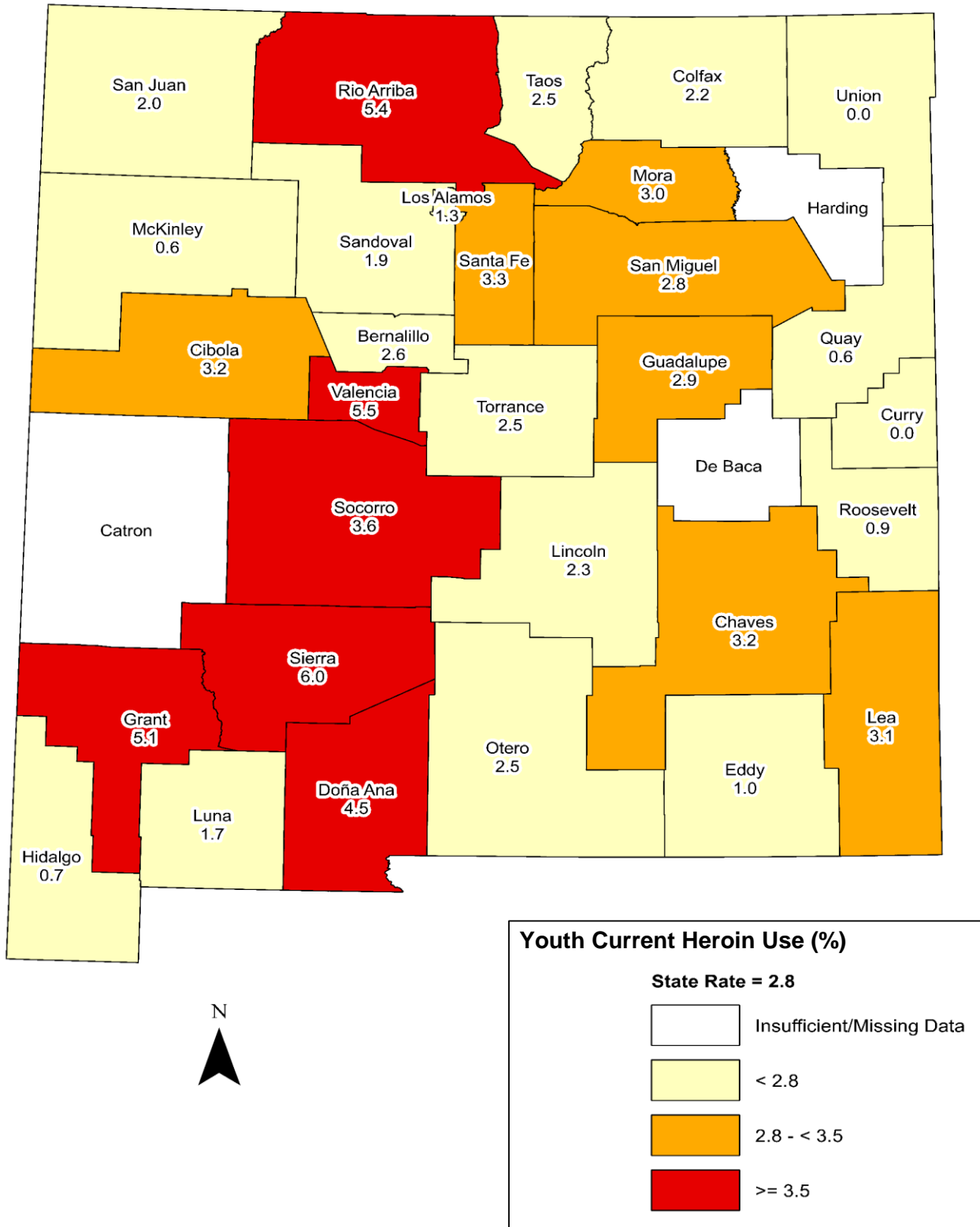


\* Estimate of percent of high school students who reported heroin use at least once in the past 30 days  
 De Baca, Harding, and Catron County estimates not available because of low numbers and/or low response rates

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, 2017



\* Estimate of percent of high school students who reported heroin use at least once in the past 30 days  
 Insufficient Data: County estimates not available because of low numbers and/or low response rates



# YOUTH METHAMPHETAMINE USE

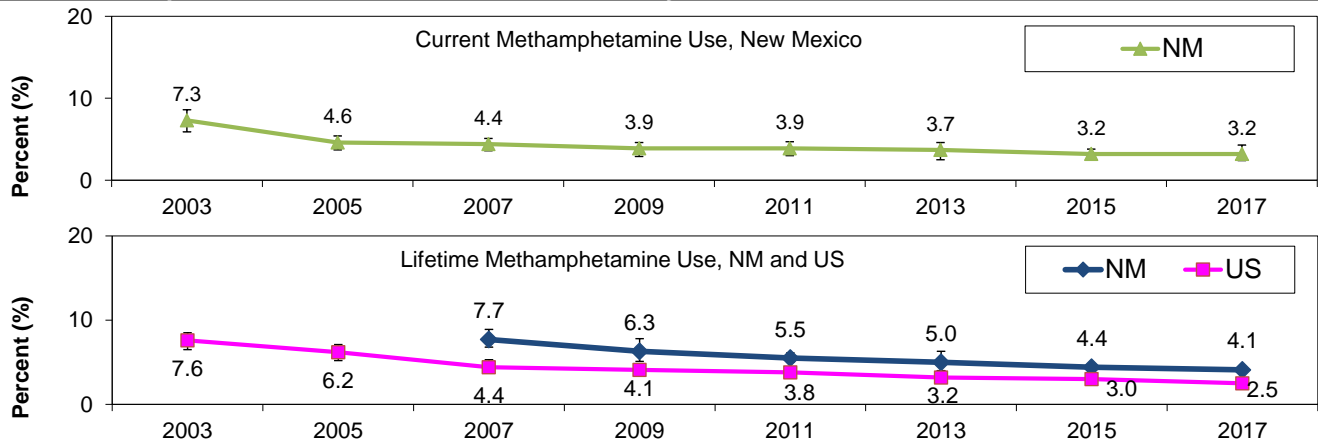
## Problem Statement

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

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

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

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



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

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

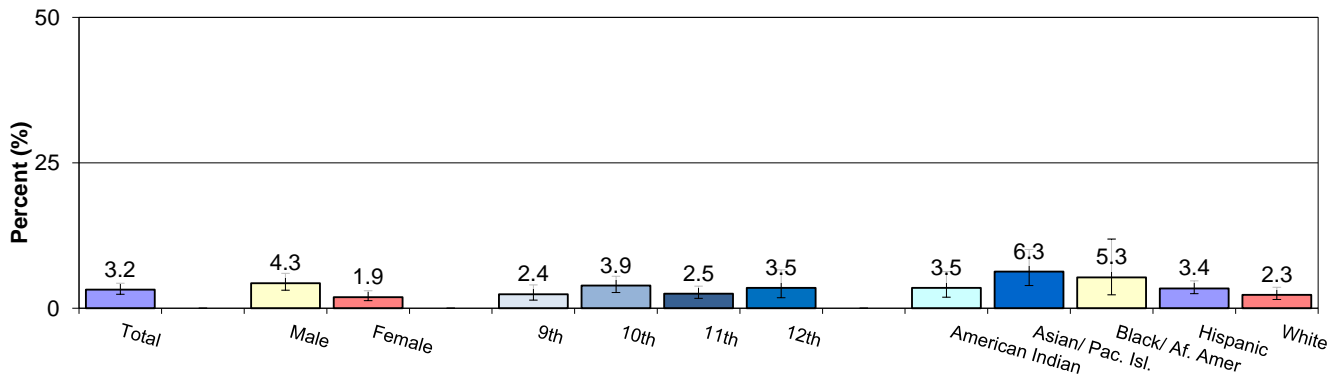
**Table 1: Current Methamphetamine Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017**

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

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

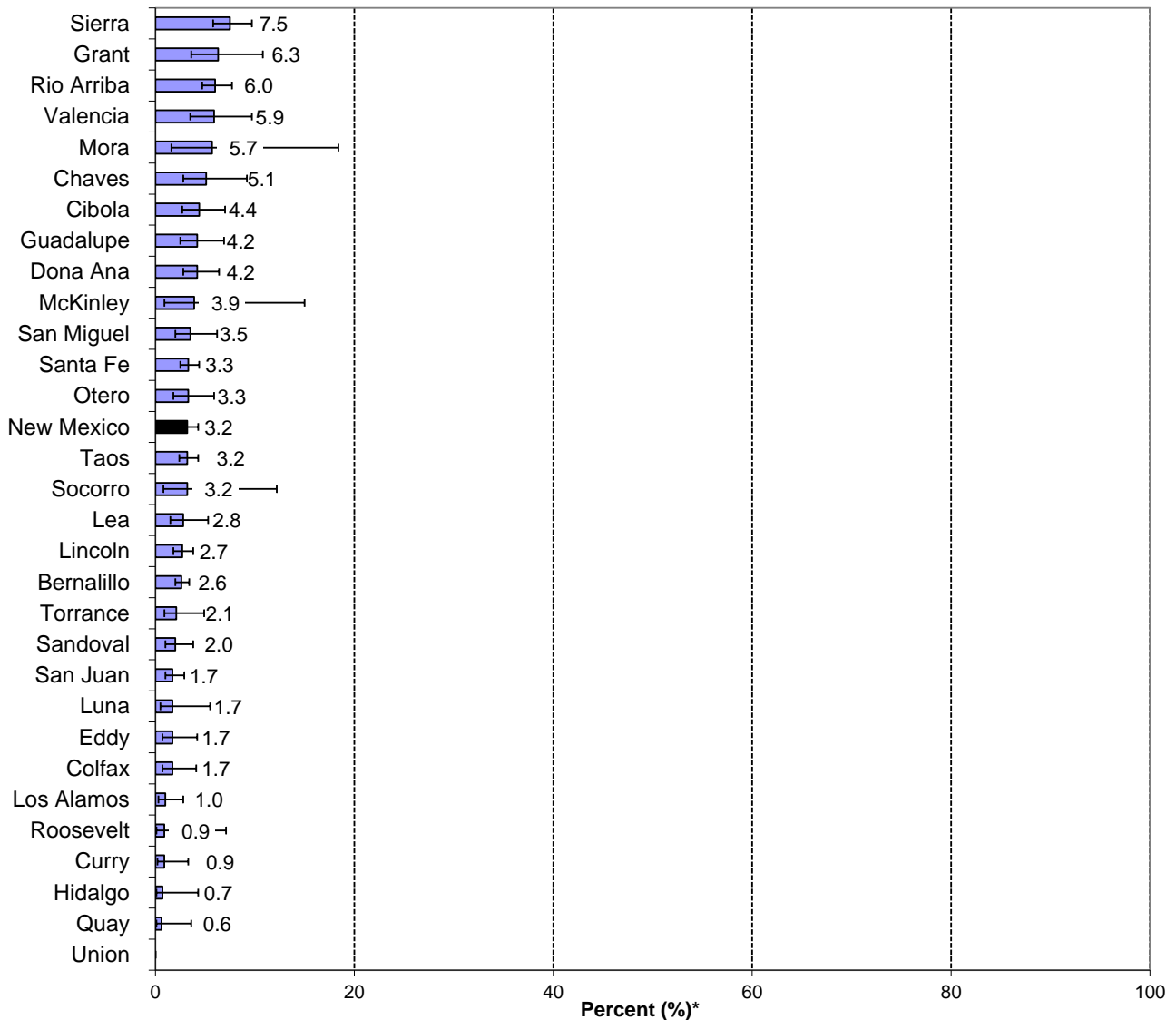
# YOUTH METHAMPHETAMINE USE (continued)

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



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

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

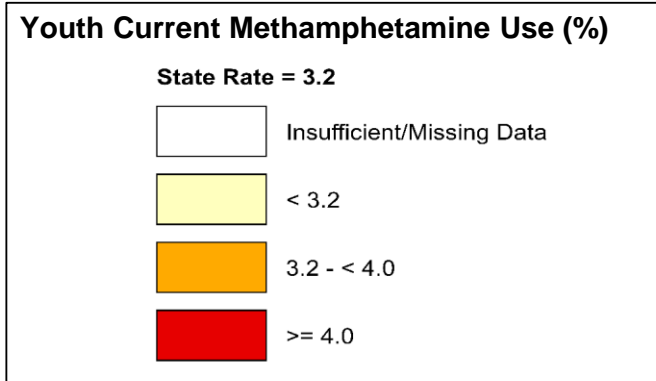
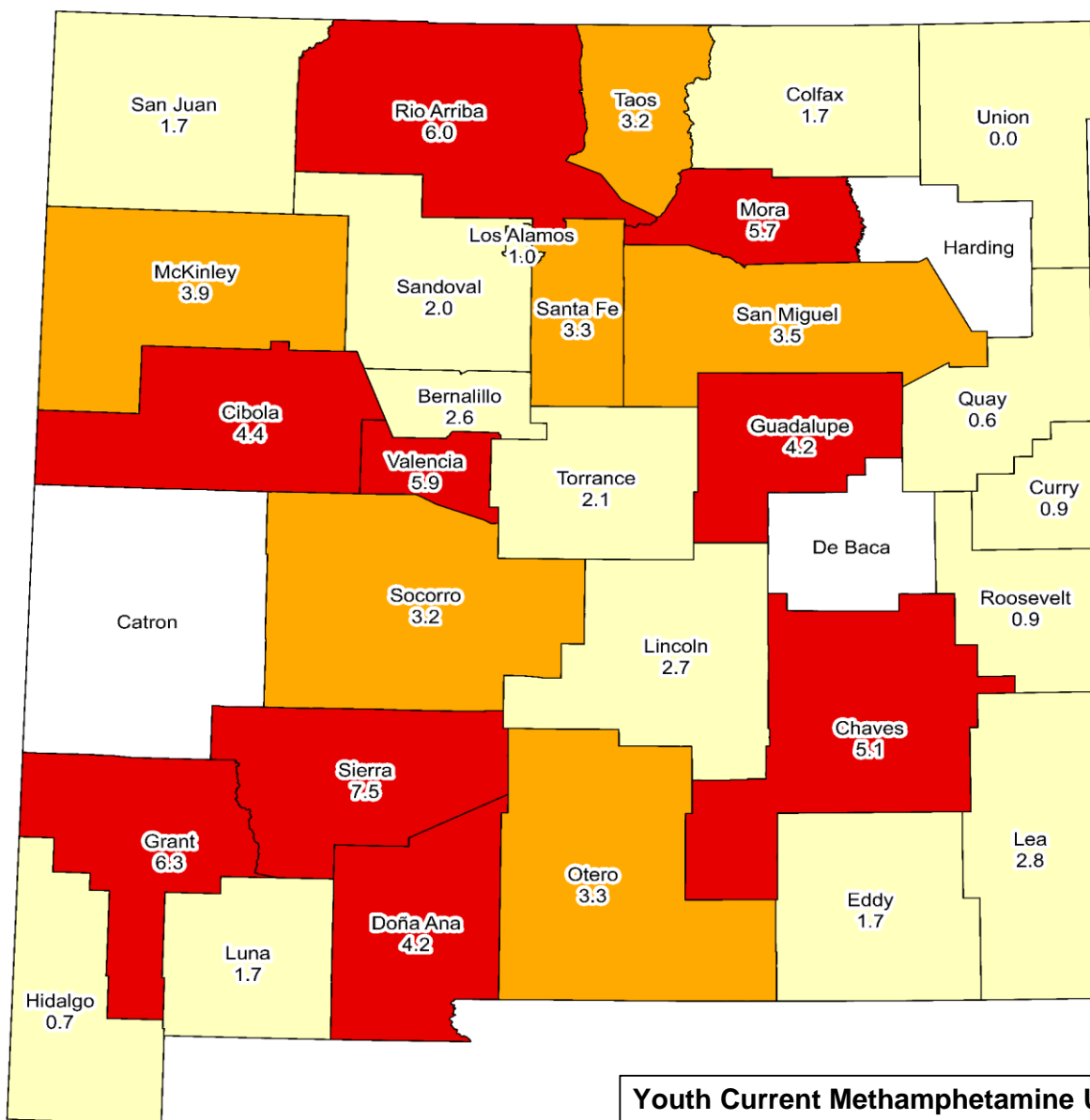


\* Estimate of percent of high school students who reported methamphetamine use at least once in the past 30 days  
De Baca, Harding, and Catron County estimates not available because of low numbers and/or low response rates

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, 2017



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

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

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





# YOUTH CURRENT INHALANT USE

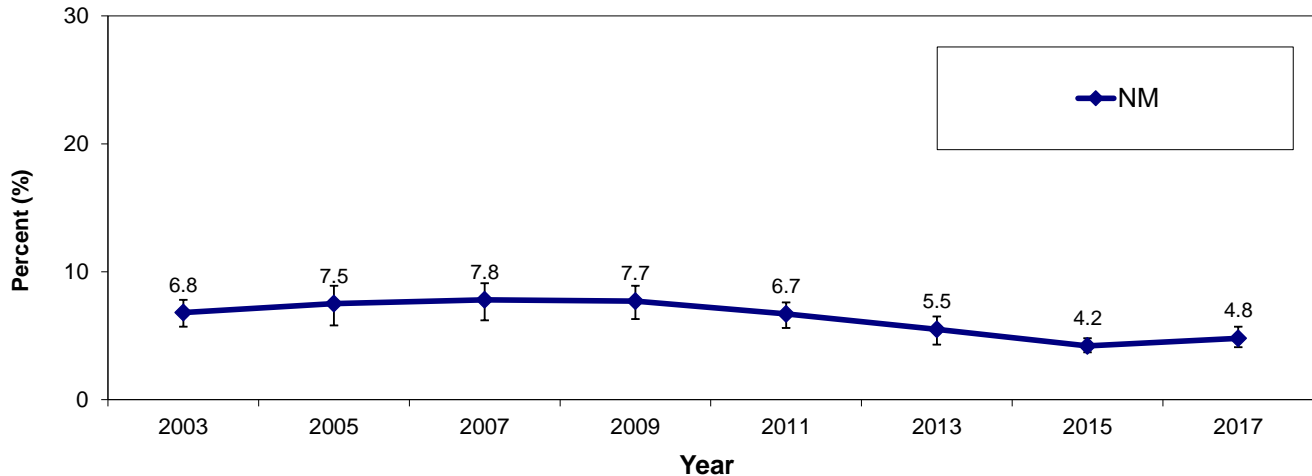
## Problem Statement

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

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

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

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



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

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

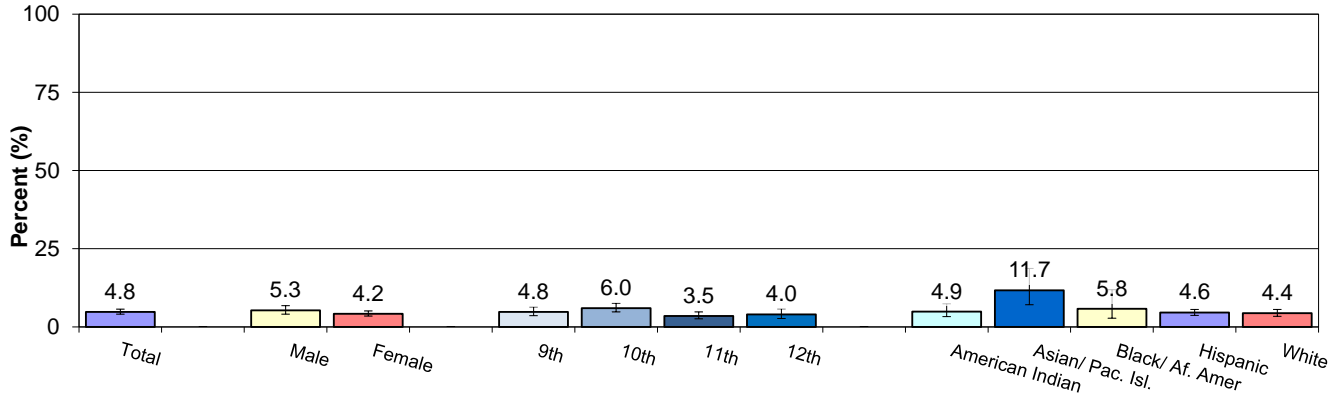
**Table 1: Current Inhalant Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017**

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

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

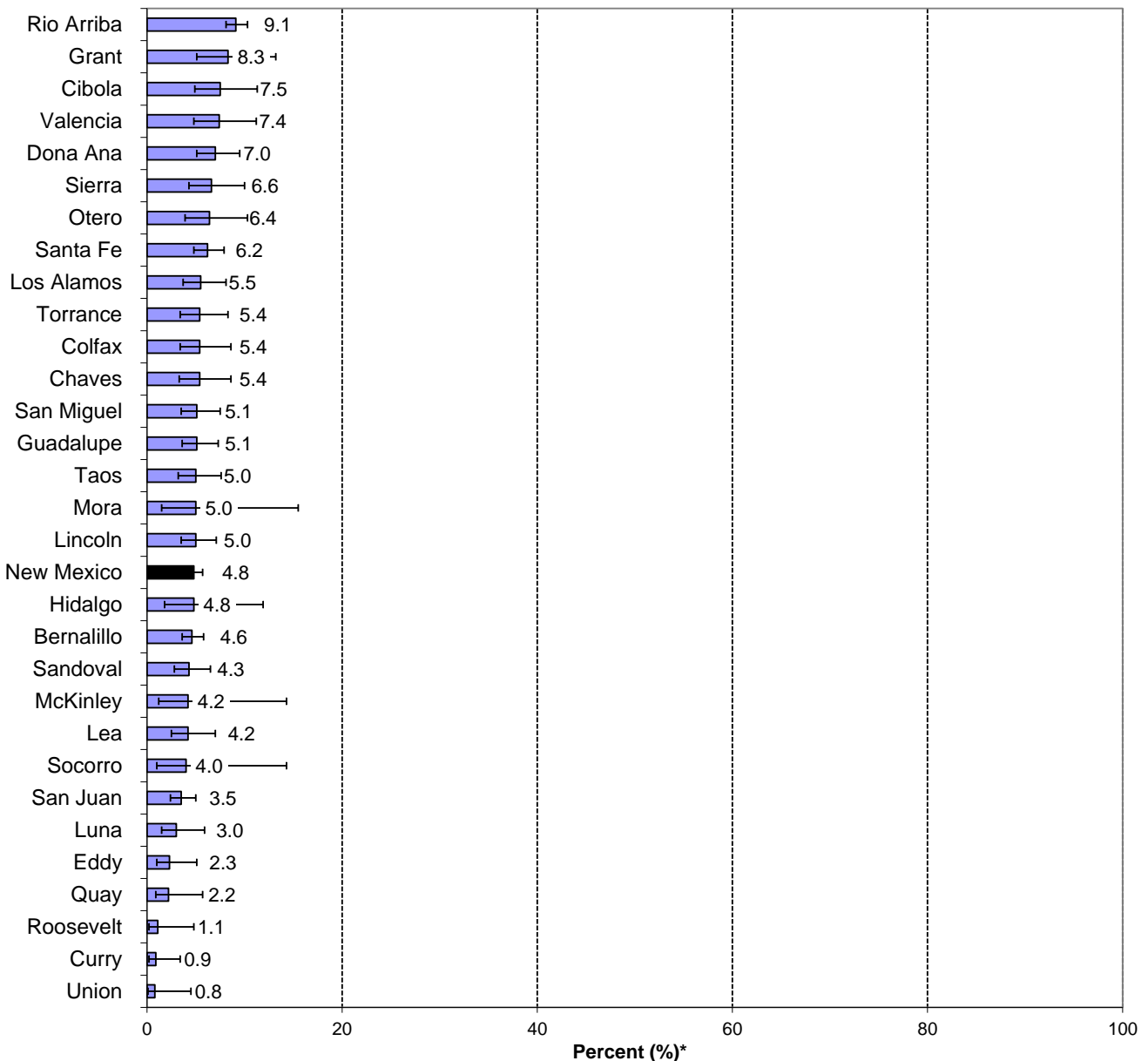
# YOUTH CURRENT INHALANT USE (continued)

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



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

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



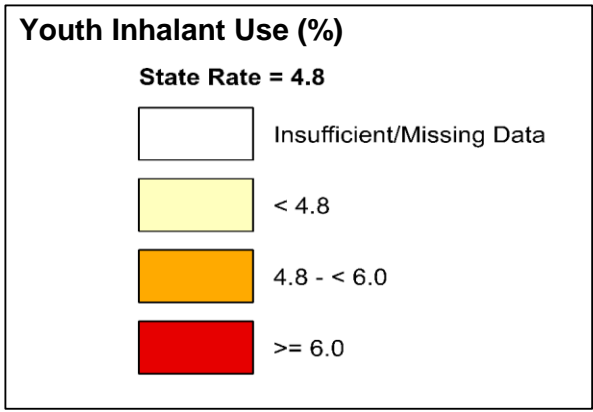
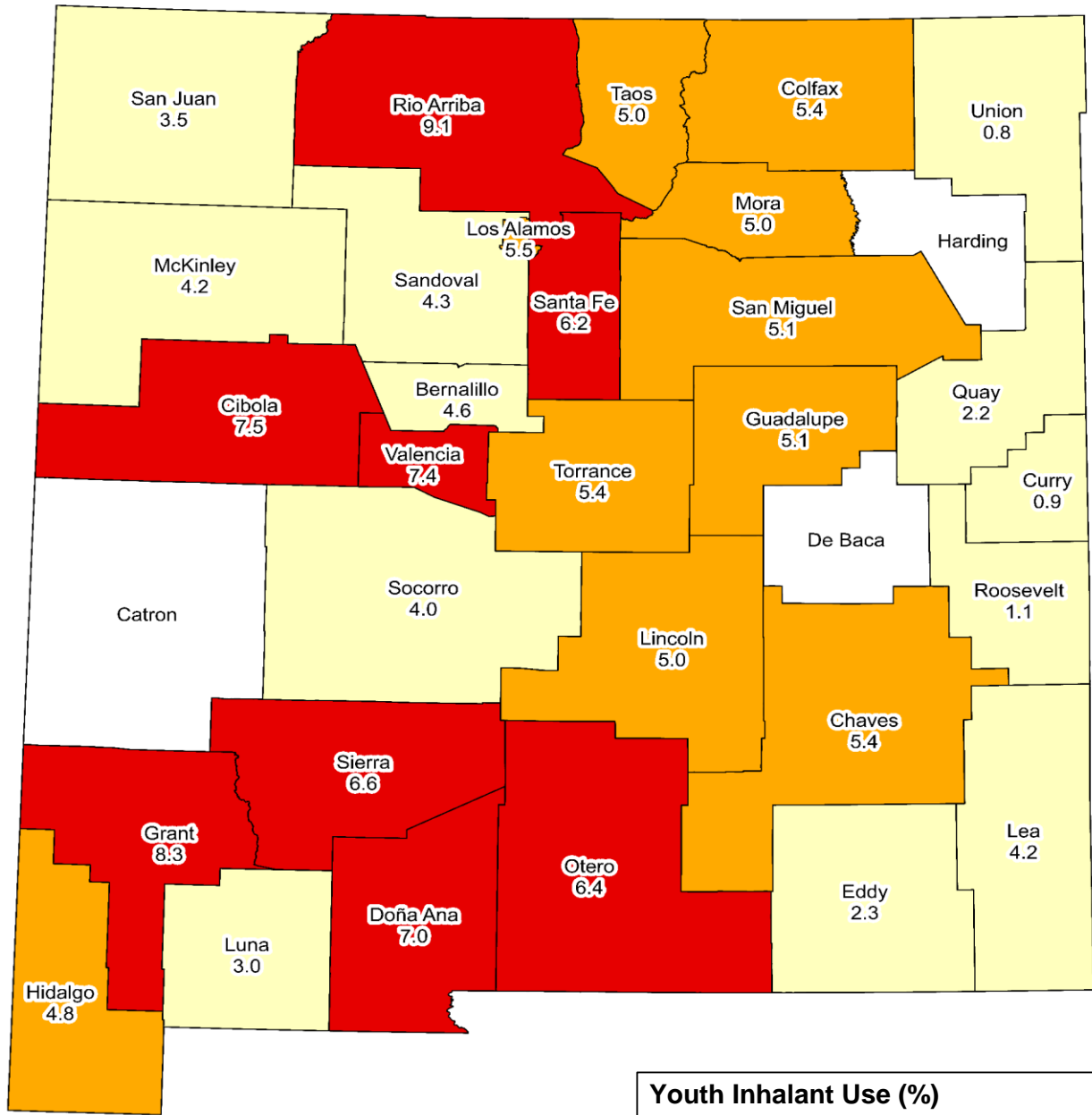
\* Estimate of percent of high school students who reported inhalant use at least once in past 30 days

De Baca, Catron, and Harding 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, 2017



\* Estimate of percent of high school students who reported inhalant use at least once in past 30 days  
 Insufficient Data: County estimates not available because of low numbers and/or low response rates



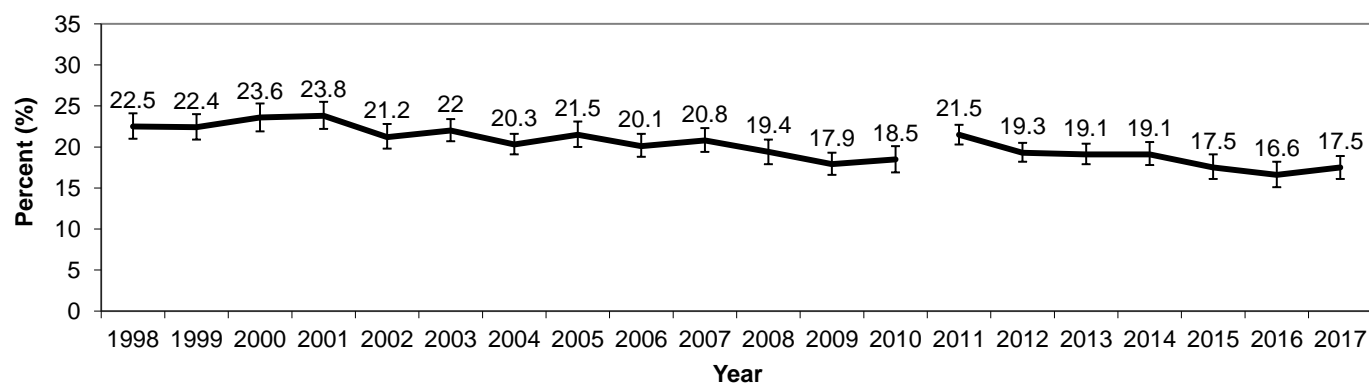
# ADULT CIGARETTE SMOKING

## 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 US.

In 2017, current smoking rates among adults in New Mexico (17.5%) were slightly more than the US overall (17.0%). As shown in Chart 1, New Mexico's adult smoking prevalence rate has decreased since 1998. In 2017, as shown in Table 1, smoking was more prevalent among adults aged 25-64 (19.7%) than among young adults aged 18-24 (16.4%) or adults aged 65 and over (10.2%). New Mexico men were more likely to smoke than women (19.7% v 14.9%). Among males, Blacks had the highest smoking prevalence (33.6%), followed by Hispanics (21.9%) and American Indians (19.6%). Among females, the highest prevalence of smoking was among Blacks (24.6%) followed by Whites (16.3%).

**Chart 1: Cigarette Smoking (past 30 days)\*, Adults Aged 18+, New Mexico, 1998-2017**



\* Cigarette smoking definition: smoked  $\geq$  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, 2015-2017**

Sex	Race/Ethnicity	Number				Percent*			
		Ages 18-24	Ages 25-64	Ages 65+	All Ages	Ages 18-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	3,353	8,410	738	12,652	31.6	18.2	9.7	19.6
	Asian/Pacific Islander	-	1,568	-	2,199	-	17.3	-	17.5
	Black	-	4,275	-	6,533	-	31.6	-	33.6
	Hispanic	11,529	59,389	7,013	78,000	19.5	24.1	13.9	21.9
	White	3,488	42,646	9,272	55,560	11.3	20.3	9.8	16.5
	Total	19,960	116,827	18,680	155,245	18.8	22.2	11.9	19.7
Female	American Indian	626	6,027	328	7,115	5.9	11.9	3.0	9.8
	Asian/Pacific Islander	-	1,823	-	1,831	-	15.7	-	11.5
	Black	-	2,603	-	3,552	-	27.2	-	24.6
	Hispanic	6,501	38,807	5,345	51,237	11.5	15.6	8.7	14.0
	White	6,025	41,698	9,627	56,644	22.8	19.6	8.9	16.3
	Total	13,511	91,937	16,238	121,633	13.8	17.2	8.7	14.9
Total	American Indian	3,750	14,394	1,100	19,690	17.7	14.9	5.9	14.4
	Asian/Pacific Islander	-	3,425	-	4,221	-	16.5	-	14.8
	Black	-	6,758	1,281	9,770	-	29.2	26.4	28.9
	Hispanic	18,071	98,122	12,339	129,154	15.6	19.8	11.0	17.9
	White	9,658	84,345	18,880	112,193	16.8	19.9	9.3	16.4
	Total	33,394	208,756	34,915	276,767	16.4	19.7	10.2	17.2

\* Estimate of percent of people in population group who have smoked  $\geq$  100 cigarettes in lifetime and who smoked cigarettes in past 30 days

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

# ADULT CIGARETTE SMOKING (continued)

## Problem Statement (continued)

Smoking prevalence rates were highest among Black men (33.6%) while smoking-related death rates were highest among White men (145.5 per 100,000 population) and Black men (144.6 per 100,000 population). Among women, Blacks had the highest smoking prevalence rates (24.6%). However, White women had the highest smoking-related death rates (81.2 deaths per 100,000 population) followed by Blacks (68.4 deaths per 100,000 population).

As shown in Table 2 and Chart 2, the counties with the highest smoking rates were Curry (32.7%), Socorro (27.9%), Quay (26.9%), and Valencia (26.2%); these four counties had rates one and a half times higher than the national rate. The counties with the lowest rates were Los Alamos (8.3%), McKinley (10.6%), and Colfax (13.3%).

**Table 2: Cigarette Smoking (past 30 days) by Race/Ethnicity and County, Adults Aged 18+, New Mexico, 2015-2017**

County	Number						Percent*					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	2,544	-	-	41,825	33,429	86,811	11.5	-	-	17.3	14.4	16.5
Catron	-	-	-	-	-	689	-	-	-	-	-	21.6
Chaves	-	-	-	4,825	4,383	9,330	-	-	-	19.4	20.2	19.3
Cibola	1,851	-	-	1,893	814	4,489	23.5	-	-	23.9	17.4	21.6
Colfax	-	-	-	-	585	1,376	-	-	-	-	11.0	13.3
Curry	-	-	-	3,780	6,385	12,091	-	-	-	27.6	32.0	32.7
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	14,495	7,330	22,355	-	-	-	14.0	14.1	13.8
Eddy	-	-	-	2,542	4,704	7,650	-	-	-	13.5	21.5	18.1
Grant	-	-	-	1,247	1,771	3,157	-	-	-	11.7	15.2	13.8
Guadalupe	-	-	-	-	-	-	-	-	-	-	-	-
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	3,341	4,891	8,809	-	-	-	13.2	24.0	18.2
Lincoln	-	-	-	-	2,270	3,964	-	-	-	-	20.5	24.4
Los Alamos	-	-	-	-	902	1,176	-	-	-	-	8.5	8.3
Luna	-	-	-	2,150	2,303	4,279	-	-	-	19.3	35.0	23.5
McKinley	2,469	-	-	1,557	978	5,477	6.4	-	-	24.2	17.4	10.6
Mora	-	-	-	-	-	-	-	-	-	-	-	-
Otero	302	-	-	2,144	5,376	8,509	10.6	-	-	12.6	19.6	17.0
Quay	-	-	-	-	860	1,794	-	-	-	-	23.4	26.9
Rio Arriba	-	-	-	4,743	923	6,342	-	-	-	22.3	19.9	20.9
Roosevelt	-	-	-	-	1,657	2,554	-	-	-	-	19.4	17.2
Sandoval	-	-	-	5,331	7,730	18,589	-	-	-	13.9	14.6	17.3
San Juan	4,282	-	-	3,654	7,621	15,918	12.1	-	-	22.6	18.7	17.0
San Miguel	-	-	-	4,439	388	4,649	-	-	-	25.7	8.5	20.5
Santa Fe	-	-	-	9,523	6,689	16,899	-	-	-	16.9	11.4	14.0
Sierra	-	-	-	-	1,313	1,844	-	-	-	-	19.4	19.3
Socorro	-	-	-	-	-	3,717	-	-	-	-	-	27.9
Taos	-	-	-	1,699	713	3,825	-	-	-	11.7	6.6	14.1
Torrance	-	-	-	-	-	-	-	-	-	-	-	-
Union	-	-	-	-	-	-	-	-	-	-	-	-
Valencia	-	-	-	8,535	5,013	15,179	-	-	-	25.8	23.1	26.2
New Mexico	19,690	4,221	9,770	129,154	112,193	276,767	14.4	14.8	28.9	17.9	16.4	17.2

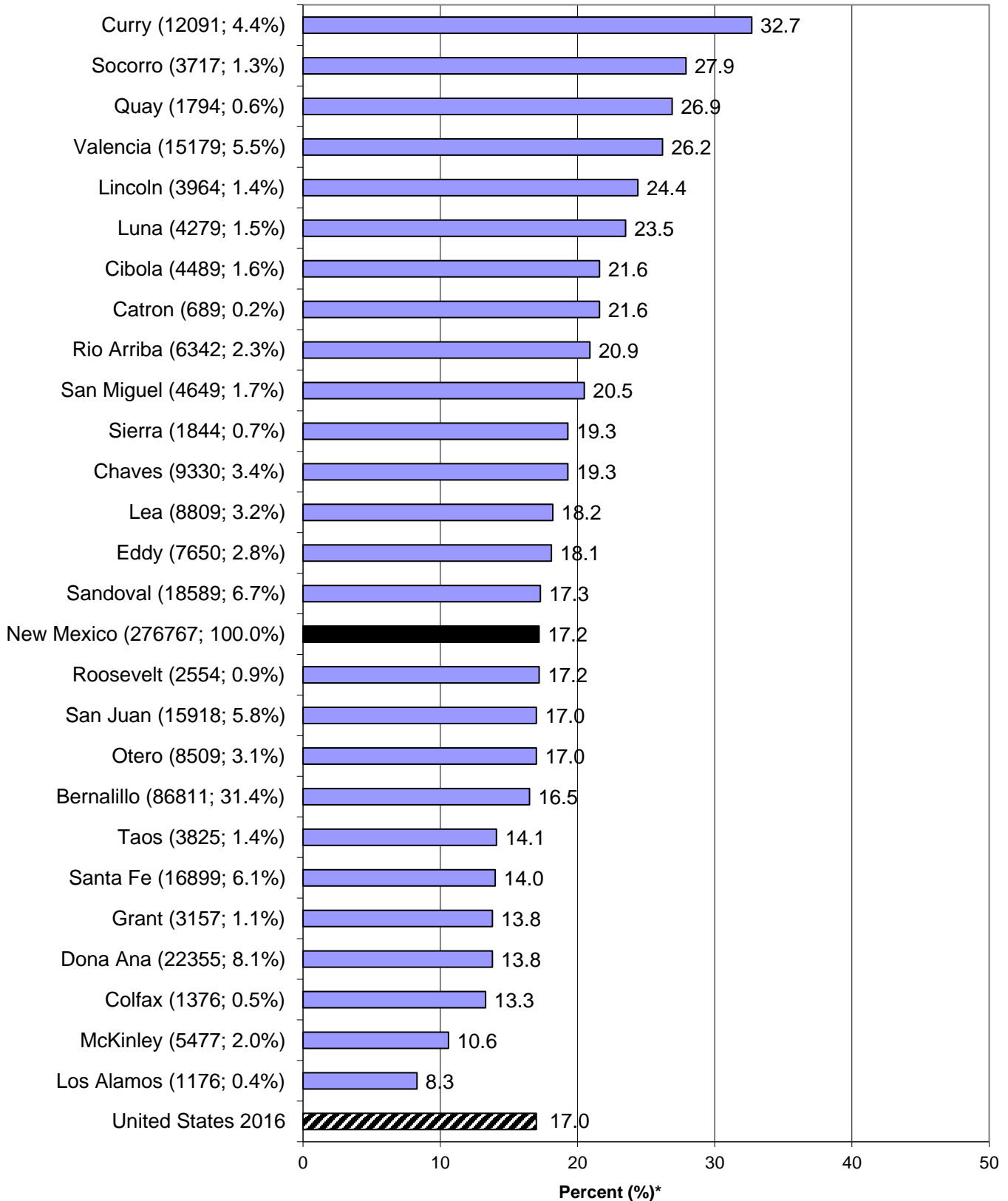
\* Estimate of percent of people in population group who have smoked >= 100 cigarettes in lifetime and who smoked cigarettes in past 30 days

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

# ADULT CIGARETTE SMOKING (continued)

Chart 2: Cigarette Smoking (past 30 days)\* by County, Adults Aged 18+, New Mexico, 2015-2017

County (# of smokers; % of statewide smokers)



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

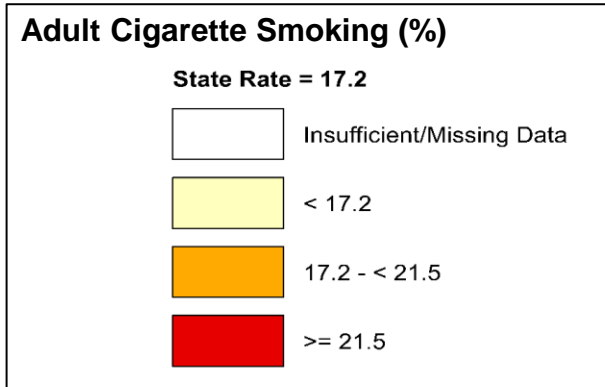
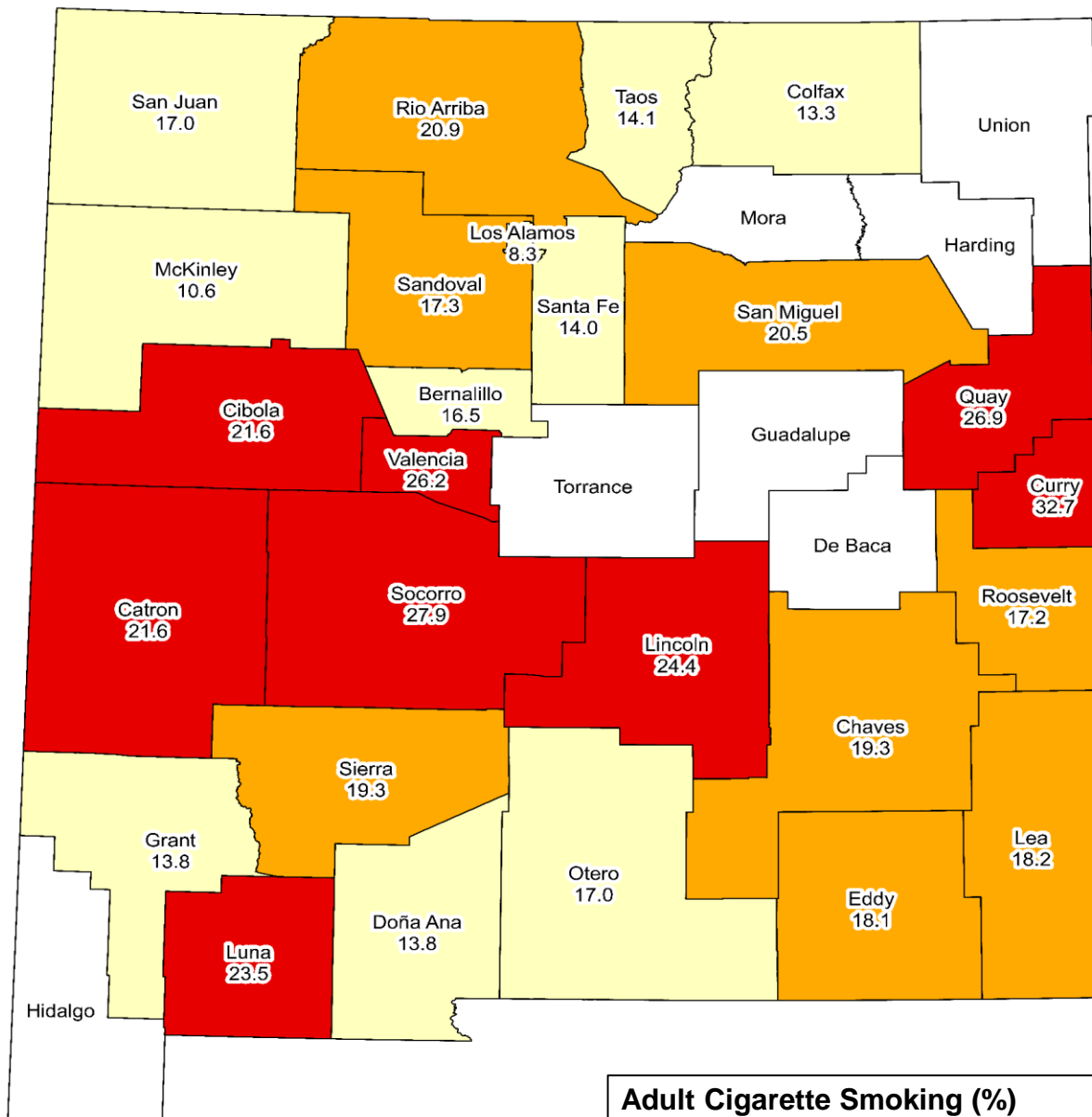
The following counties were excluded due to small number of respondents (< 50):

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

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 respondents (< 50) in cell  
 Source: BRFSS; SAES



# YOUTH CURRENT CIGARETTE SMOKING

## Problem Statement\*

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

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

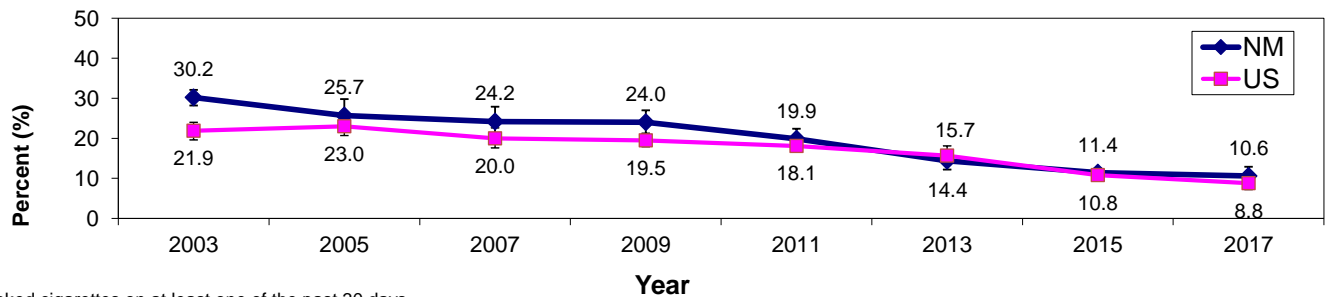
Boys (11.9%) were more likely to be current cigarette smokers than girls (9.0%). Black (8.8%), White (9.7%) and Hispanic (10.7%) students had lower rates of current cigarette smoking than American Indian (12.6%) and Asian or Pacific Islander (12.0%) students. Chart 2 shows that prevalence increased significantly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

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

\*\* Youth and Tobacco Use. Centers for Disease Control and Prevention.

[https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/youth\\_data/tobacco\\_use/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm)

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



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

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

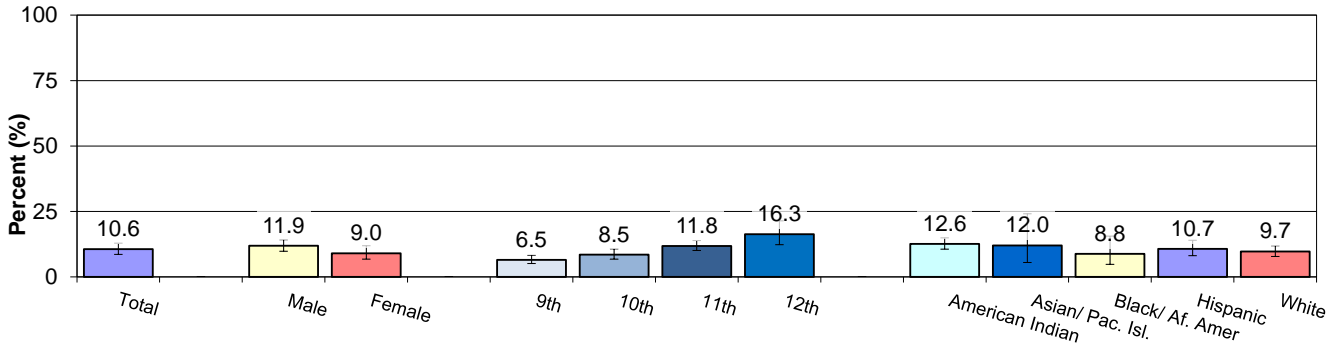
**Table 1: Current Cigarette Smoking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017**

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

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

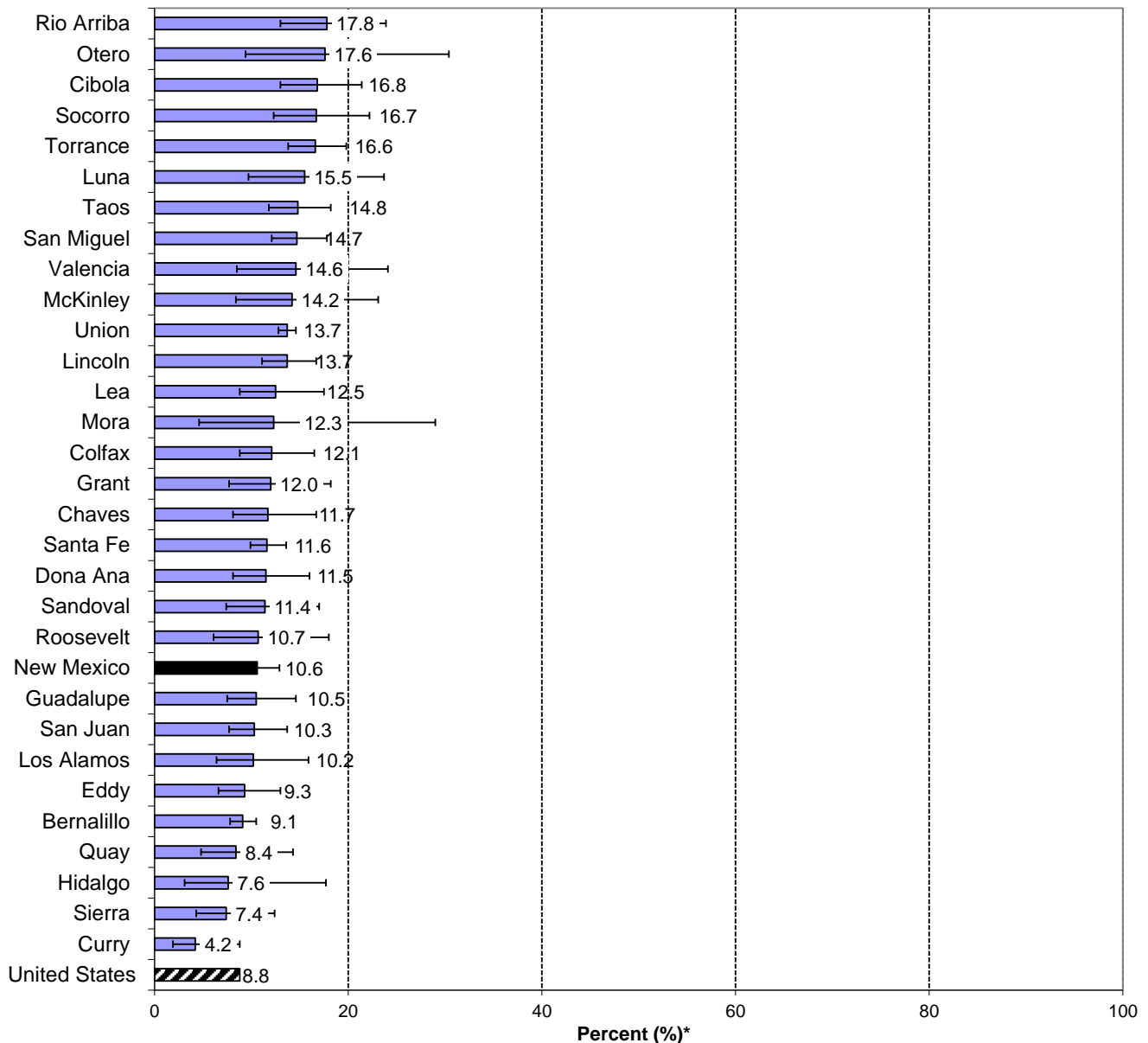
# YOUTH CURRENT CIGARETTE SMOKING (continued)

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



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

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

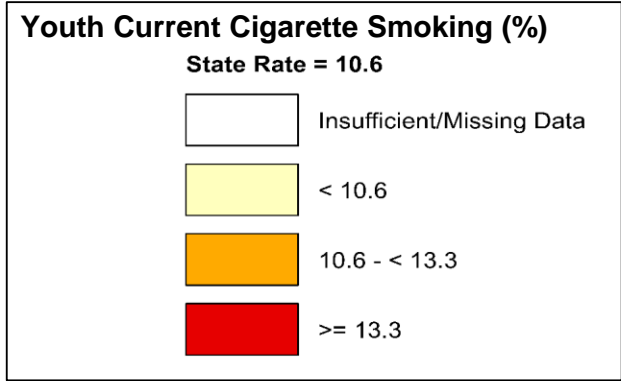
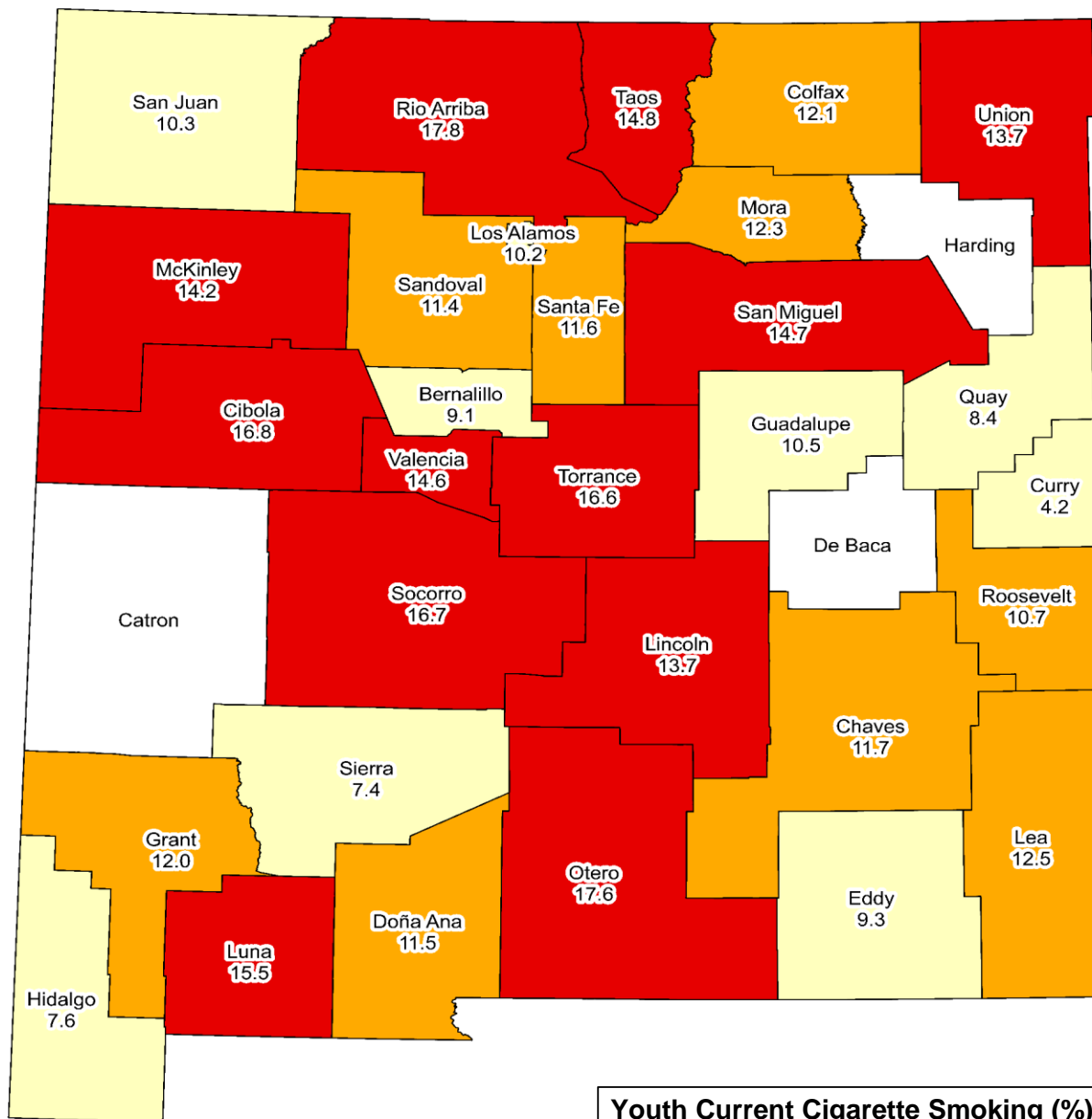


\* Estimate of percent of high school students who reported smoking cigarettes on at least one of the past 30 days  
 De Baca, Catron, and Harding County estimates not available because of low numbers and/or low response rates

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, 2017



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

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

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



# YOUTH FREQUENT CIGARETTE SMOKING

## Problem Statement\*

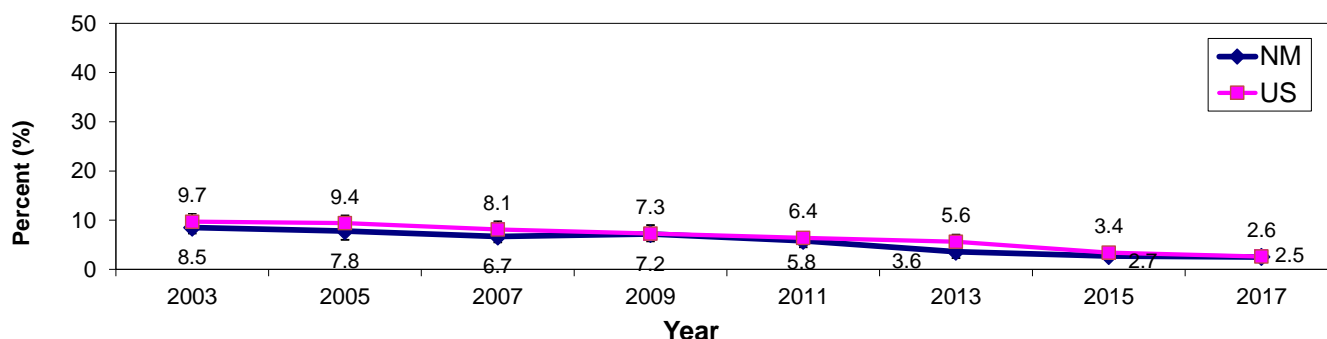
Frequent cigarette smoking means smoking cigarettes on at least 20 of the past 30 days. The prevalence of frequent cigarette smoking among New Mexico high school students has decreased from 8.5% in 2003 to 2.5% in 2017. This coincides with a decrease in the US rate of frequent smoking over the past several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

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

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

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

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



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

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

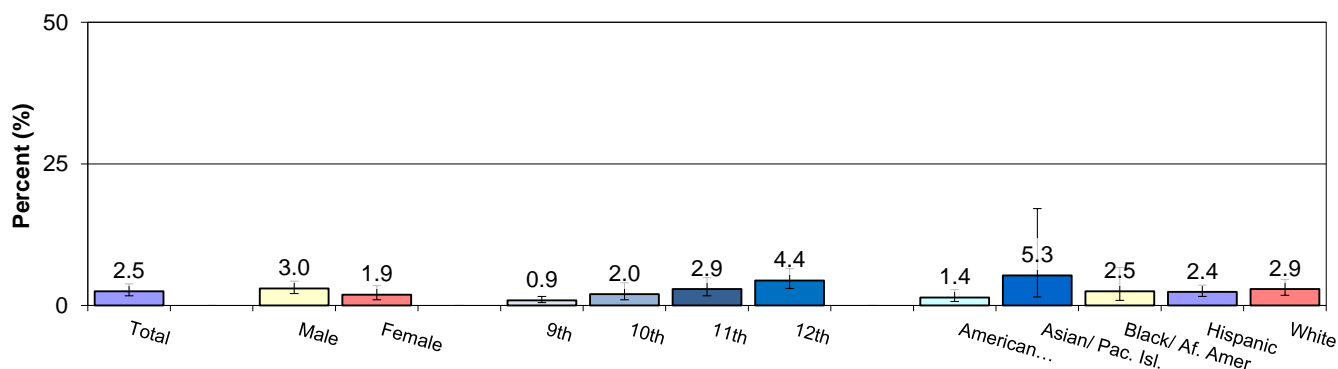
**Table 1: Frequent Cigarette Smoking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2017**

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

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

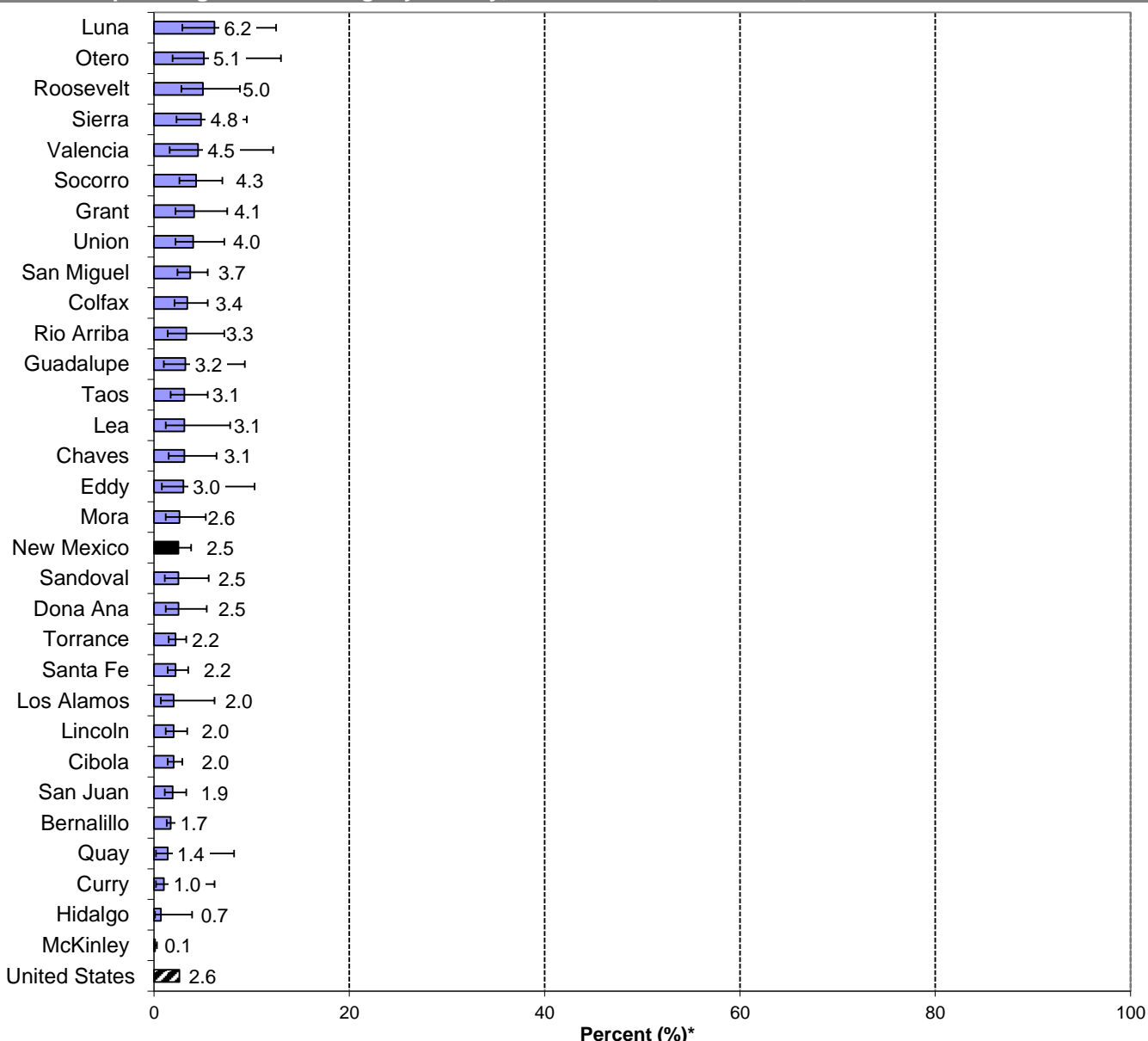
# YOUTH FREQUENT CIGARETTE SMOKING (continued)

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



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

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

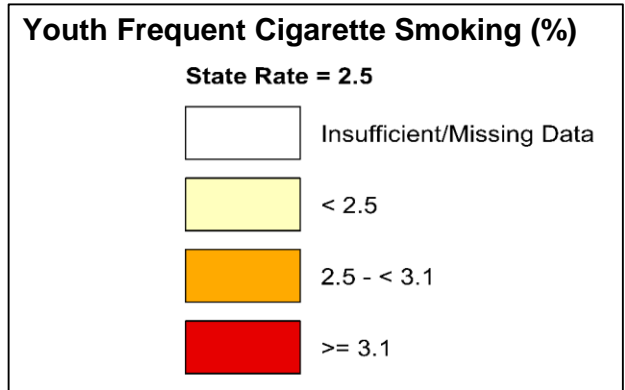
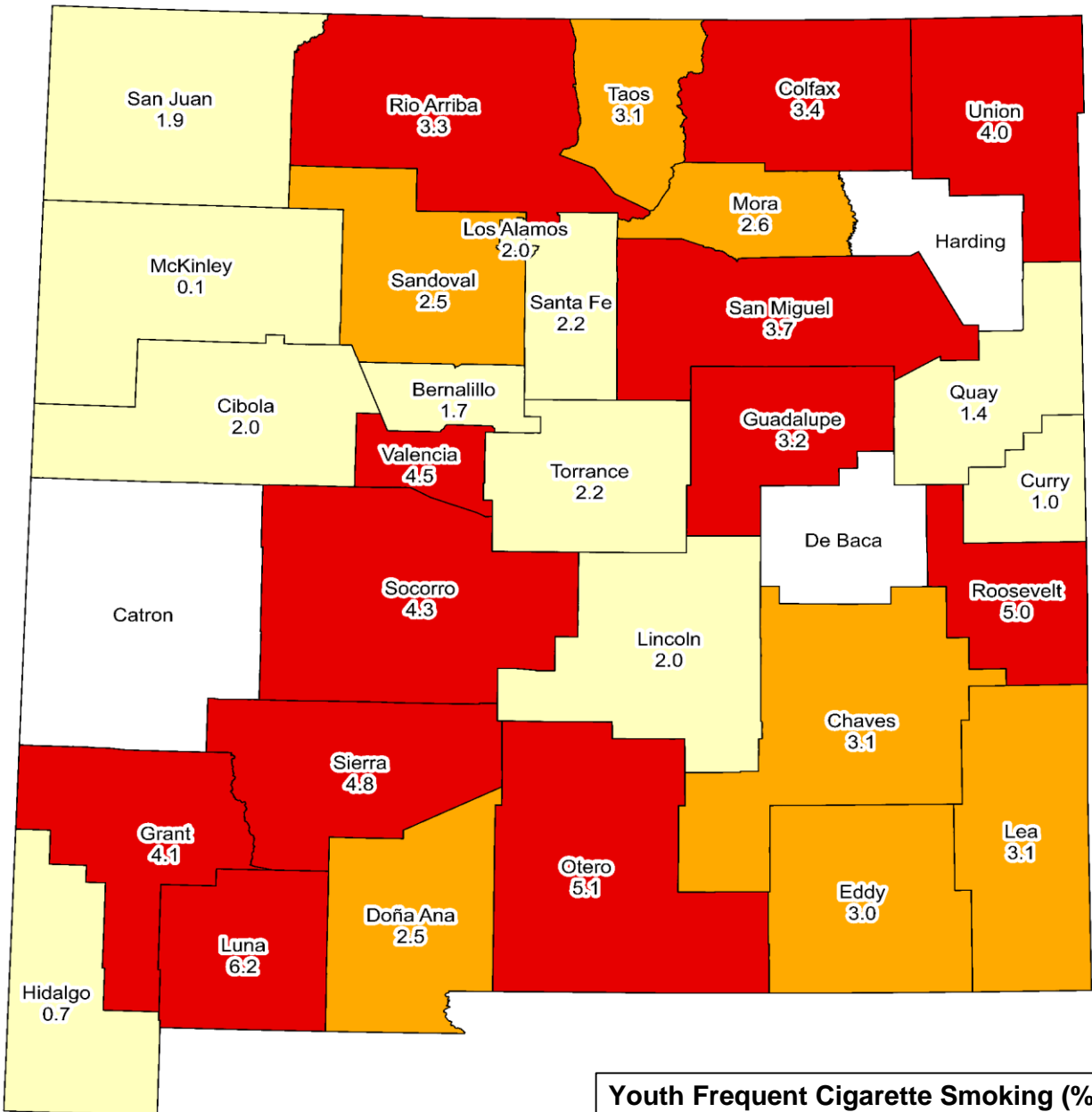


\* Estimate of percent of high school students who reported smoking cigarettes on at least 20 of the past 30 days  
 De Baca, Catron, and Harding County estimates not available because of low numbers and/or low response rates

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, 2017



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

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





## **Appendix 1**

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



## Appendix 1: Male Population, New Mexico, 2015\*

Sex	County Name	Race/Ethnicity																							
		White				Black				Hispanic				American Indian				Asian/Pacific Islander				All Race/Ethnicities			
		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	30,934	76,783	27,324	135,041	3,899	5,901	1,029	10,829	68,164	82,169	14,092	164,425	5,399	7,385	829	13,614	2,605	5,147	887	8,639	111,002	255,934	84,161	332,547
	Catron	227	574	626	1,427	5	21	3	29	86	175	116	376	14	21	16	51	0	2	0	2	333	792	761	1,885
	Chaves	3,703	6,630	2,855	13,188	260	300	60	621	8,511	8,380	1,513	18,404	147	158	27	333	126	146	12	284	12,748	15,614	4,468	32,830
	Cibola	613	1,506	703	2,823	60	103	19	183	1,846	3,404	548	5,799	2,120	2,512	527	5,159	27	39	8	75	4,668	7,564	1,806	14,038
	Colfax	569	1,478	999	3,046	26	33	5	64	1,118	1,618	525	3,262	24	73	13	110	11	24	1	36	1,748	3,226	1,544	6,518
	Curry	4,610	6,789	1,860	13,260	783	812	106	1,701	5,199	4,802	630	10,631	89	73	21	183	179	197	27	403	10,861	12,672	2,645	26,178
	De Baca	116	266	143	526	3	6	0	9	152	158	77	387	5	3	3	11	0	1	0	1	277	434	224	934
	Dona Ana	8,982	14,281	7,720	30,984	791	1,130	184	2,104	33,385	31,076	6,494	70,955	403	421	91	915	480	639	95	1,214	44,041	47,547	14,585	106,173
	Eddy	4,146	7,538	2,433	14,117	189	285	53	526	5,901	6,694	1,125	13,720	144	172	32	348	64	110	21	194	10,443	14,799	3,664	28,906
	Grant	1,372	3,065	2,324	6,762	80	67	12	160	2,868	3,200	1,139	7,207	48	76	26	150	54	35	14	103	4,422	6,444	3,516	14,381
	Guadalupe	72	271	81	425	7	58	0	66	623	1,025	310	1,958	11	37	4	52	1	19	0	21	716	1,411	395	2,522
	Harding	30	92	68	189	0	5	0	5	40	75	48	162	1	0	0	1	0	0	0	0	70	171	116	357
	Hidalgo	210	428	264	903	15	3	3	22	510	651	185	1,346	2	4	3	9	5	10	1	17	743	1,097	456	2,296
	Lea	3,908	7,269	2,168	13,344	574	843	121	1,536	10,079	9,967	1,034	21,079	112	195	29	336	70	128	16	213	14,741	18,401	3,367	36,509
	Lincoln	1,168	2,928	2,202	6,298	25	47	11	83	1,248	1,541	389	3,178	125	104	14	244	11	21	11	43	2,578	4,641	2,628	9,847
	Los Alamos	1,831	3,606	1,305	6,742	35	49	10	95	638	747	109	1,494	25	49	8	83	188	376	56	621	2,717	4,829	1,489	9,035
	Luna	771	1,687	1,435	3,893	50	78	19	147	3,658	3,583	918	8,159	22	39	19	81	21	44	11	77	4,522	5,430	2,403	12,356
	McKinley	808	1,930	779	3,517	142	134	29	304	2,719	2,243	531	5,493	11,665	12,891	2,077	26,633	122	157	16	296	15,456	17,355	3,431	36,242
	Mora	57	198	168	423	4	5	6	15	571	985	405	1,960	2	5	5	12	1	4	2	7	635	1,197	587	2,418
	Otero	4,780	8,736	3,824	17,341	597	689	149	1,435	5,748	5,617	1,078	12,443	937	945	124	2,006	168	222	20	410	12,230	16,209	5,196	33,635
	Quay	448	997	676	2,121	33	40	9	82	711	877	281	1,869	13	30	7	50	20	23	8	52	1,226	1,966	982	4,174
	Rio Arriba	405	1,341	833	2,578	42	57	11	110	4,872	7,105	2,086	14,063	1,051	1,379	259	2,689	22	33	7	63	6,393	9,915	3,196	19,503
	Roosevelt	1,893	2,469	882	5,243	150	106	11	267	2,013	1,754	266	4,033	55	32	11	99	87	39	2	129	4,199	4,400	1,173	9,771
	San Juan	7,032	13,889	4,593	25,514	264	320	32	616	6,269	5,866	928	13,063	10,198	12,196	1,967	24,361	139	208	25	373	23,901	32,480	7,545	63,926
	San Miguel	487	1,233	795	2,516	144	105	12	262	3,623	5,617	1,709	10,948	59	55	10	124	77	44	13	134	4,391	7,055	2,539	13,985
	Sandoval	7,702	16,574	6,859	31,135	621	918	159	1,699	10,714	12,923	2,214	25,852	3,654	4,103	617	8,374	333	514	106	954	23,026	35,032	9,956	68,014
	Santa Fe	4,939	16,090	9,544	30,573	232	536	94	862	13,867	19,667	4,199	37,733	651	1,006	198	1,854	293	568	118	979	19,982	37,867	14,153	72,001
	Sierra	584	1,593	1,682	3,859	21	24	11	57	667	783	264	1,714	19	47	22	89	3	11	10	24	1,295	2,458	1,990	5,743
	Socorro	957	1,531	779	3,267	49	76	7	132	1,690	2,062	586	4,337	473	446	76	995	34	44	9	87	3,202	4,159	1,457	8,818
	Taos	933	2,898	1,848	5,679	39	66	17	122	3,132	4,772	1,549	9,453	303	485	140	928	28	57	8	94	4,435	8,278	3,563	16,276
	Torrance	1,014	2,224	1,058	4,296	58	112	16	186	1,338	1,761	409	3,508	73	111	30	214	21	18	6	46	2,504	4,226	1,520	8,250
	Union	316	684	269	1,269	14	69	2	85	334	653	99	1,085	8	29	1	39	2	14	2	18	674	1,450	373	2,496
	Valencia	3,073	6,917	3,033	13,023	170	350	96	616	9,260	11,323	2,476	23,060	525	748	126	1,399	93	94	17	204	13,121	19,432	5,748	38,302
	Male Total	98,691	214,498	92,132	405,321	9,384	13,347	2,300	25,030	211,558	243,269	48,333	503,159	38,379	45,832	7,334	91,545	5,290	8,988	1,534	15,812	363,301	525,934	151,632	1,040,867

\* 2015 population is reported here because 2015 was the mid-point year for the 2013-2017 timeframe used in this report

SOURCE: University of New Mexico Geospatial and Population Studies



## Appendix 1: Female Population, New Mexico, 2015\*

Sex	County Name	Race/Ethnicity																							
		White				Black				Hispanic				American Indian				Asian/Pacific Islander				All Race/Ethnicities			
		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	28,976	77,792	33,298	140,067	3,362	4,474	1,043	8,880	66,211	86,620	18,766	171,597	5,466	8,754	1,323	15,543	2,653	6,284	1,245	10,181	106,668	183,923	55,676	346,267
	Catron	213	599	502	1,315	7	7	3	18	86	129	97	313	21	26	11	58	3	3	2	8	331	765	616	1,712
	Chaves	3,280	6,933	3,572	13,785	214	240	81	535	8,132	8,533	1,697	18,363	81	138	44	264	84	174	36	294	11,792	16,018	5,430	33,241
	Cibola	560	1,488	751	2,799	56	84	14	154	1,706	2,248	687	4,641	2,187	2,850	800	5,838	25	45	9	80	4,536	6,715	2,261	13,511
	Colfax	511	1,543	1,032	3,085	30	22	4	56	1,072	1,461	602	3,134	12	31	8	52	14	30	8	53	1,639	3,086	1,655	6,380
	Curry	3,617	6,163	2,372	12,152	599	651	130	1,380	4,668	4,669	784	10,121	59	114	21	195	131	277	52	461	9,075	11,874	3,360	24,308
	De Baca	130	253	181	564	4	1	1	6	142	162	81	385	1	5	1	7	1	1	0	2	279	422	264	965
	Dona Ana	8,291	14,091	8,408	30,790	600	757	169	1,526	33,414	34,117	7,914	75,446	407	404	100	911	483	777	154	1,414	43,194	50,146	16,747	110,086
	Eddy	3,833	7,225	2,894	13,952	154	151	49	354	5,952	6,273	1,314	13,539	106	154	22	282	64	156	35	255	10,108	13,960	4,314	28,382
	Grant	1,275	3,461	2,264	7,000	49	46	15	112	2,659	3,369	1,426	7,454	46	89	30	165	35	75	23	133	4,065	7,041	3,758	14,864
	Guadalupe	65	157	92	315	1	3	0	4	485	756	345	1,586	8	8	1	17	7	12	1	21	568	937	439	1,943
	Harding	35	93	67	194	1	0	0	1	40	56	41	138	0	0	0	0	0	0	1	1	75	149	109	334
	Hidalgo	226	452	242	920	10	8	4	23	474	603	235	1,313	5	4	1	10	5	8	0	13	722	1,075	482	2,279
	Lea	3,694	6,872	2,694	13,260	528	556	163	1,246	9,485	8,679	1,140	19,303	99	119	32	249	46	142	22	209	13,851	16,367	4,050	34,268
	Lincoln	1,020	3,199	2,303	6,521	31	28	9	68	1,194	1,521	425	3,139	117	145	32	294	11	33	11	56	2,372	4,925	2,781	10,078
	Los Alamos	1,750	3,365	1,345	6,460	37	66	8	111	634	812	173	1,619	19	45	8	73	176	344	62	582	2,617	4,632	1,596	8,844
	Luna	676	1,615	1,566	3,856	66	65	24	156	3,587	3,601	1,023	8,211	30	38	20	89	13	53	36	102	4,372	5,372	2,670	12,414
	McKinley	799	1,874	848	3,521	133	98	20	251	2,414	2,187	592	5,193	11,603	14,397	3,228	29,229	75	236	38	350	15,024	18,793	4,726	38,543
	Mora	66	234	147	447	1	8	0	9	528	876	407	1,811	5	6	1	12	1	6	2	9	602	1,130	557	2,289
	Otero	3,648	8,084	3,956	15,688	445	504	128	1,077	5,214	5,742	1,323	12,279	813	1,121	170	2,104	110	355	111	576	10,230	15,807	5,688	31,725
	Quay	415	1,133	704	2,252	40	33	7	80	702	937	337	1,976	8	22	7	38	13	25	10	49	1,179	2,150	1,065	4,395
	Rio Arriba	377	1,384	923	2,685	49	37	9	96	4,811	7,053	2,419	14,283	1,120	1,494	389	3,003	43	77	4	124	6,400	10,046	3,744	20,191
	Roosevelt	1,909	2,431	1,093	5,433	103	60	6	169	1,967	1,692	291	3,950	60	53	12	127	101	55	5	160	4,141	4,291	1,408	9,839
	San Juan	6,905	13,896	5,520	26,322	266	204	31	501	6,035	5,551	1,075	12,661	10,096	12,711	2,709	25,516	139	264	37	440	23,440	32,626	9,373	65,440
	San Miguel	486	1,280	931	2,697	122	68	17	208	3,461	5,561	1,981	11,003	78	84	9	171	55	55	49	159	4,203	7,049	2,986	14,238
	Sandoval	7,094	17,388	7,838	32,321	554	705	219	1,478	10,262	13,609	2,669	26,540	3,558	4,461	1,015	9,034	347	817	174	1,338	21,817	36,980	11,914	70,711
	Santa Fe	4,575	18,413	11,055	34,042	202	302	76	580	13,798	19,155	5,220	38,174	758	1,048	229	2,035	254	745	189	1,188	19,588	39,663	16,769	76,020
	Sierra	545	1,712	1,602	3,860	13	15	9	38	597	790	312	1,699	23	38	16	77	1	15	15	32	1,181	2,571	1,955	5,706
	Socorro	654	1,541	769	2,965	41	42	4	87	1,673	2,023	643	4,339	532	519	75	1,124	35	53	18	106	2,934	4,178	1,509	8,622
	Taos	825	3,370	2,093	6,287	37	42	16	96	2,952	4,655	1,844	9,451	261	513	177	950	25	135	18	179	4,099	8,715	4,148	16,963
	Torrance	900	2,170	977	4,047	35	43	11	89	1,171	1,498	439	3,108	53	78	28	159	15	27	12	55	2,174	3,816	1,468	7,458
	Union	256	521	328	1,104	5	4	0	9	247	343	130	720	7	9	5	22	0	5	6	12	515	883	469	1,867
	Valencia	2,768	7,054	3,343	13,165	131	146	50	328	8,712	11,064	2,862	22,638	512	754	157	1,423	117	184	43	345	12,239	19,203	6,457	37,898
Female Total		90,375	217,786	105,710	413,870	7,930	9,471	2,324	19,725	204,486	246,343	59,297	510,126	38,151	50,235	10,685	99,071	5,085	11,472	2,430	18,987	346,028	535,306	180,445	1,061,779

\* 2015 population is reported here because 2015 was the mid-point year for the 2013-2017 timeframe used in this report

SOURCE: University of New Mexico Geospatial and Population Studies



## Appendix 1: Total Population, New Mexico, 2015\*

Sex	County Name	Race/Ethnicity																							
		White				Black				Hispanic				American Indian				Asian/Pacific Islander				All Race/Ethnicities			
		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	59,910	154,576	60,622	275,108	7,262	10,375	2,072	19,709	134,375	168,788	32,858	336,022	10,865	16,139	2,152	29,156	5,257	11,430	2,132	18,820	217,670	361,308	99,836	678,814
Sexes	Catron	441	1,173	1,129	2,742	12	28	6	47	173	304	213	689	35	47	27	109	3	5	2	10	664	1,557	1,377	3,597
	Chaves	6,982	13,563	6,427	26,973	475	540	141	1,156	16,644	16,912	3,210	36,767	229	296	72	597	209	321	48	579	24,540	31,633	9,898	66,071
	Cibola	1,174	2,994	1,453	5,622	117	187	34	337	3,552	5,652	1,236	10,439	4,307	5,363	1,327	10,997	53	84	17	154	9,204	14,279	4,067	27,550
	Colfax	1,079	3,021	2,030	6,131	56	55	9	120	2,189	3,079	1,127	6,396	36	104	22	162	26	54	9	89	3,387	6,313	3,198	12,898
	Curry	8,227	12,952	4,232	25,411	1,382	1,463	236	3,082	9,866	9,470	1,415	20,752	148	187	42	377	310	474	80	864	19,935	24,546	6,005	50,486
	De Baca	246	520	324	1,090	7	7	1	15	295	319	159	773	6	8	4	18	1	2	0	3	556	856	488	1,899
	Dona Ana	17,273	28,372	16,129	61,774	1,390	1,887	353	3,630	66,800	65,193	14,408	146,401	810	825	192	1,826	963	1,416	250	2,629	87,235	97,693	31,331	216,260
	Eddy	7,980	14,763	5,327	28,069	342	437	102	880	11,854	12,967	2,439	27,259	249	327	54	630	128	266	56	450	20,552	28,759	7,977	57,288
	Grant	2,647	6,526	4,588	13,762	130	114	28	272	5,527	6,569	2,565	14,660	94	165	56	315	89	110	37	236	8,487	13,484	7,274	29,245
	Guadalupe	139	428	173	740	8	62	0	70	1,108	1,781	654	3,544	19	45	5	70	8	32	1	41	1,283	2,347	834	4,464
	Harding	64	184	135	383	1	5	0	6	80	131	89	300	1	0	0	1	0	0	1	1	146	320	225	691
	Hidalgo	436	880	506	1,823	26	11	7	44	984	1,254	420	2,659	7	8	4	20	10	19	1	30	1,465	2,173	938	4,575
	Lea	7,601	14,140	4,862	26,604	1,101	1,399	283	2,783	19,564	18,645	2,174	40,382	211	314	61	585	116	269	38	423	28,592	34,768	7,417	70,777
	Lincoln	2,188	6,128	4,505	12,819	56	74	21	151	2,442	3,062	813	6,318	242	249	47	538	23	54	23	99	4,950	9,566	5,408	19,925
	Los Alamos	3,581	6,971	2,650	13,202	73	115	18	206	1,271	1,559	282	3,113	44	95	16	155	365	720	118	1,203	5,334	9,460	3,085	17,879
	Luna	1,445	3,302	3,001	7,749	117	143	44	303	7,245	7,184	1,941	16,370	53	77	40	169	35	97	47	179	8,894	10,802	5,073	24,770
	McKinley	1,608	3,804	1,626	7,038	274	231	49	554	5,133	4,430	1,123	10,686	23,269	27,289	5,305	55,862	198	393	54	645	30,480	36,147	8,158	74,785
	Mora	124	432	315	870	5	13	6	24	1,099	1,860	812	3,771	7	11	6	24	2	10	4	16	1,237	2,327	1,144	4,707
	Otero	8,429	16,820	7,780	33,028	1,042	1,194	277	2,512	10,962	11,358	2,401	24,722	1,750	2,066	294	4,110	278	577	131	987	22,460	32,016	10,884	65,360
	Quay	862	2,130	1,380	4,373	74	72	16	163	1,413	1,814	617	3,844	21	52	14	87	34	49	18	101	2,405	4,117	2,047	8,568
	Rio Arriba	782	2,725	1,756	5,263	92	94	20	206	9,683	14,158	4,505	28,346	2,170	2,873	648	5,691	66	110	11	187	12,793	19,961	6,940	39,694
	Roosevelt	3,802	4,899	1,975	10,676	253	166	17	436	3,980	3,446	558	7,983	117	85	24	225	188	94	7	289	8,339	8,690	2,581	19,610
	San Juan	13,936	27,786	10,113	51,835	529	524	64	1,117	12,304	11,418	2,003	25,725	20,294	24,907	4,676	49,877	279	472	63	813	47,342	65,106	16,918	129,366
	San Miguel	973	2,513	1,726	5,213	267	173	29	469	7,084	11,178	3,689	21,951	137	139	19	296	132	99	62	294	8,594	14,103	5,525	28,223
	Sandoval	14,796	33,962	14,697	63,456	1,177	1,623	378	3,177	20,978	26,532	4,883	52,392	7,213	8,564	1,632	17,408	680	1,332	280	2,292	44,843	72,012	21,870	138,725
	Santa Fe	9,514	34,503	20,599	64,615	434	837	171	1,442	27,666	38,822	9,419	75,907	1,408	2,054	427	3,890	547	1,313	307	2,167	39,569	77,529	30,923	148,021
	Sierra	1,130	3,305	3,284	7,719	34	40	20	95	1,265	1,573	576	3,413	43	85	39	166	4	26	25	56	2,476	5,029	3,944	11,449
	Socorro	1,612	3,072	1,548	6,232	90	117	11	219	3,362	4,085	1,230	8,677	1,004	965	150	2,119	68	97	28	193	6,136	8,337	2,967	17,439
	Taos	1,757	6,268	3,941	11,966	76	108	34	218	6,083	9,426	3,393	18,903	563	998	317	1,879	54	192	26	272	8,535	16,992	7,711	33,238
	Torrance	1,914	4,394	2,035	8,343	93	154	27	275	2,509	3,259	848	6,616	126	189	59	373	36	46	18	100	4,679	8,042	2,988	15,708
	Union	573	1,205	596	2,373	19	73	2	94	581	996	229	1,805	16	39	6	61	2	19	8	29	1,189	2,332	842	4,364
	Valencia	5,840	13,972	6,376	26,188	302	496	146	944	17,972	22,387	5,338	45,698	1,036	1,502	283	2,822	209	278	60	548	25,360	38,635	12,204	76,200
Both	Sexes Total	189,065	432,284	197,842	819,191	17,314	22,817	4,624	44,755	416,044	489,612	107,630	1,013,285	76,531	96,067	18,018	190,616	10,375	20,460	3,964	34,799	709,329	1,061,240	332,077	2,102,646

\* 2015 population is reported here because 2015 was the mid-point year for the 2013-2017 timeframe used in this report

SOURCE: University of New Mexico Geospatial and Population Studies





## **Appendix 2**

**Substance Use and Mental Health in New Mexico, by Age Group, 2015-2016**

**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 2015-2016 NSDUHs**

Measure	12+	12-17 Years	18-25 Years	26+ Years	18+ years
<b>ILLICIT DRUGS<sup>2</sup></b>					
Past Month Illicit Drug Use <sup>2</sup>	206	18	56	132	188
Past Year Cocaine Use	32	2	12	19	31
Perceptions of Great Risk from Using Cocaine Once a Month	1,187	88	141	959	1,099
Past Year Heroin Use	6	0	2	4	6
Perceptions of Great Risk from Trying Heroin Once or Twice	1,440	109	185	1,146	1,331
Past Year Pain Reliever Misuse	79	7	18	54	73
First Use of Marijuana <sup>3</sup>	21	9	8	4	12
Past Month Marijuana Use	180	16	51	114	165
Past Year Marijuana Use	272	25	73	173	247
Perceptions of Great Risk from Smoking Marijuana Once a Month	493	40	32	421	453
Past Month Use of Illicit Drugs <sup>2</sup> Other Than Marijuana	61	5	18	38	56
<b>ALCOHOL</b>					
Past Month Alcohol Use	833	16	122	695	817
Past Month Binge Alcohol Use <sup>9</sup>	440	10	80	350	430
Past Month Alcohol Use (12-20 Years) <sup>8</sup>	51	–	–	–	–
Past Month Binge Alcohol Use (12-20 Years) <sup>8,9</sup>	31	–	–	–	–
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	831	74	93	664	757
<b>TOBACCO PRODUCTS<sup>4</sup></b>					
Past Month Tobacco Product Use	430	8	77	345	422
Past Month Cigarette Use	349	5	64	279	344
Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day	1,249	106	147	996	1,143
<b>PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT</b>					
Illicit Drug Use Disorder <sup>1</sup>	55	7	18	30	48
Pain Reliever Use Disorder <sup>1</sup>	11	1	2	8	10
Alcohol Use Disorder <sup>1</sup>	120	5	26	90	115
Substance Use Disorder <sup>1</sup>	153	12	37	104	141
Needing But Not Receiving Treatment at a Specialty Facility for Illicit Drug Use <sup>10</sup>	47	8	17	23	40
Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use <sup>10</sup>	107	4	26	77	103
Needing But Not Receiving Treatment at a Specialty Facility for Substance Use <sup>10</sup>	144	10	35	98	133
<b>PAST YEAR MENTAL HEALTH ISSUES</b>					
Major Depressive Episode <sup>7</sup>	–	21	21	83	104
Any Mental Illness <sup>5</sup>	–	–	53	245	298
Serious Mental Illness <sup>6</sup>	–	–	11	57	69
Received Mental Health Services <sup>11</sup>	–	–	24	177	201
Had Serious Thoughts of Suicide	–	–	20	47	66

+ All figures are estimated numbers in thousands  
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015 and 2016.



**Appendix 2B. Selected Drug Use, Past Year Alcohol Use Disorder, and Past Year Mental Health Measures in New Mexico, by Age Group: Percentages, Annual Averages Based on 2015-2016 NSDUHs**

Measure	12+	12-17 Years	18-25 Years	26+ Years	18+ years
<b>ILLICIT DRUGS<sup>2</sup></b>					
Past Month Illicit Drug Use <sup>2</sup>	11.98	11.03	24.89	9.93	12.08
Past Year Cocaine Use	1.88	0.96	5.42	1.40	1.98
Perceptions of Great Risk from Using Cocaine Once a Month	69.06	53.08	62.86	72.09	70.75
Past Year Heroin Use	0.37	0.17	0.82	0.32	0.39
Perceptions of Great Risk from Trying Heroin Once or Twice	83.81	65.68	82.68	86.23	85.71
Past Year Pain Reliever Misuse	4.61	3.97	8.14	4.09	4.67
First Use of Marijuana <sup>3</sup>	2.50	6.99	8.79	0.60	1.69
Past Month Marijuana Use	10.50	9.46	22.85	8.55	10.61
Past Year Marijuana Use	15.83	15.34	32.79	13.04	15.88
Perceptions of Great Risk from Smoking Marijuana Once a Month	28.65	24.06	14.34	31.65	29.14
Past Month Use of Illicit Drugs <sup>2</sup> Other Than Marijuana	3.57	3.25	8.16	2.84	3.60
<b>ALCOHOL</b>					
Past Month Alcohol Use	48.47	9.91	54.35	52.30	52.59
Past Month Binge Alcohol Use <sup>9</sup>	25.57	5.77	35.57	26.36	27.68
Past Month Alcohol Use (12-20 Years) <sup>8</sup>	20.80	–	–	–	–
Past Month Binge Alcohol Use (12-20 Years) <sup>8,9</sup>	12.88	–	–	–	–
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	48.35	44.67	41.72	49.92	48.74
<b>TOBACCO PRODUCTS<sup>4</sup></b>					
Past Month Tobacco Product Use	25.01	4.81	34.50	25.93	27.17
Past Month Cigarette Use	20.28	2.95	28.80	21.01	22.13
Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day	72.69	64.28	65.75	74.91	73.59
<b>PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT</b>					
Illicit Drug Use Disorder <sup>1</sup>	3.20	4.49	8.02	2.23	3.06
Pain Reliever Use Disorder <sup>1</sup>	0.64	0.65	1.09	0.57	0.64
Alcohol Use Disorder <sup>1</sup>	6.98	2.76	11.56	6.74	7.43
Substance Use Disorder <sup>1</sup>	8.91	7.15	16.72	7.81	9.09
Needing But Not Receiving Treatment at a Specialty Facility for Illicit Drug Use <sup>10</sup>	2.76	4.55	7.66	1.72	2.57
Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use <sup>10</sup>	6.23	2.57	11.78	5.76	6.62
Needing But Not Receiving Treatment at a Specialty Facility for Substance Use <sup>10</sup>	8.35	6.22	15.78	7.37	8.58
<b>PAST YEAR MENTAL HEALTH ISSUES</b>					
Major Depressive Episode <sup>7</sup>	–	12.61	9.36	6.27	6.71
Any Mental Illness <sup>5</sup>	–	–	23.51	18.46	19.19
Serious Mental Illness <sup>6</sup>	–	–	5.09	4.32	4.43
Received Mental Health Services <sup>11</sup>	–	–	10.60	13.35	12.95
Had Serious Thoughts of Suicide	–	–	8.88	3.50	4.28

\* \_ Not available

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015 and 2016.



## **Appendix 3**

**Substance Use and Mental Health by National Regions, Age 12+, 2015-2016**

**National Survey on Drug Use and Health (NSDUH)**





**Appendix 3A. Substance Use and Mental Health, U.S. Regions & New Mexico, Percentages, Annual Averages Based on 2015 and 2016 NSDUHs**

INDICATORS*	TOTAL U.S.	NORTHEAST	MIDWEST	SOUTH	WEST	NEW MEXICO
<b>ILLICIT DRUGS<sup>2</sup> among persons aged 12 or older</b>						
Past Month Illicit Drug Use <sup>2</sup>	10.36 (10.11 - 10.62)	11.20 (10.69 - 11.73)	9.77 (9.34 - 10.22)	8.87 (8.52 - 9.24)	12.62 (12.06 - 13.20)	11.98 (10.36 - 13.81)
Past Year Cocaine Use	1.84 (1.75 - 1.94)	2.26 (2.06 - 2.48)	1.51 (1.36 - 1.66)	1.60 (1.48 - 1.74)	2.22 (2.02 - 2.44)	1.88 (1.42 - 2.48)
Perceptions of Great Risk from Using Cocaine Once a Month	71.89 (71.52 - 72.25)	69.12 (68.32 - 69.91)	72.18 (71.56 - 72.80)	75.25 (74.72 - 75.76)	68.37 (67.60 - 69.13)	69.06 (66.62 - 71.40)
Past Year Heroin Use	0.33 (0.29 - 0.38)	0.46 (0.37 - 0.58)	0.33 (0.26 - 0.41)	0.28 (0.23 - 0.34)	0.32 (0.25 - 0.41)	0.37 (0.20 - 0.71)
Perceptions of Great Risk from Trying Heroin Once or Twice	85.44 (85.15 - 85.73)	85.10 (84.50 - 85.68)	85.53 (85.05 - 86.00)	86.73 (86.33 - 87.12)	83.57 (82.98 - 84.14)	83.81 (81.89 - 85.55)
Past Year Pain Reliever Misuse	4.46 (4.31 - 4.62)	4.05 (3.78 - 4.34)	4.45 (4.21 - 4.70)	4.43 (4.21 - 4.65)	4.85 (4.53 - 5.19)	4.61 (3.86 - 5.48)
First Use of Marijuana <sup>3</sup>	1.96 (1.88 - 2.03)	2.07 (1.95 - 2.20)	2.04 (1.93 - 2.16)	1.70 (1.61 - 1.80)	2.24 (2.10 - 2.38)	2.50 (2.15 - 2.90)
Past Month Marijuana Use	8.60 (8.38 - 8.83)	9.50 (9.03 - 9.98)	8.28 (7.91 - 8.68)	7.05 (6.73 - 7.38)	10.68 (10.19 - 11.20)	10.50 (9.06 - 12.13)
Past Year Marijuana Use	13.71 (13.42 - 13.99)	14.84 (14.23 - 15.48)	13.06 (12.55 - 13.58)	11.78 (11.34 - 12.23)	16.49 (15.85 - 17.16)	15.83 (13.94 - 17.93)
Perceptions of Great Risk from Smoking Marijuana Once a Month	28.41 (27.96 - 28.86)	26.44 (25.56 - 27.35)	25.56 (24.80 - 26.32)	32.09 (31.41 - 32.78)	26.59 (25.76 - 27.43)	28.65 (26.13 - 31.30)
Past Month Use of Illicit Drugs <sup>2</sup> Other Than Marijuana	3.42 (3.28 - 3.57)	3.46 (3.20 - 3.74)	3.17 (2.95 - 3.39)	3.30 (3.11 - 3.50)	3.83 (3.55 - 4.13)	3.57 (2.93 - 4.35)
<b>ALCOHOL among persons aged 12 or older</b>						
Past Month Alcohol Use	51.21 (50.76 - 51.66)	56.02 (55.14 - 56.90)	54.36 (53.62 - 55.10)	47.48 (46.85 - 48.12)	50.67 (49.81 - 51.53)	48.47 (45.53 - 51.42)
Past Month Binge Alcohol Use <sup>9</sup>	24.58 (24.21 - 24.95)	26.28 (25.52 - 27.06)	26.48 (25.84 - 27.14)	23.26 (22.72 - 23.80)	23.68 (23.00 - 24.38)	25.57 (23.25 - 28.03)
Past Month Alcohol Use (12-20 Years) <sup>8</sup>	19.83 (19.18 - 20.49)	23.98 (22.95 - 25.04)	20.92 (20.13 - 21.73)	18.39 (17.73 - 19.07)	18.18 (17.32 - 19.07)	20.80 (18.20 - 23.66)
Past Month Binge Alcohol Use (12-20 Years) <sup>8,9</sup>	12.71 (12.19 - 13.26)	15.62 (14.73 - 16.55)	13.93 (13.25 - 14.63)	11.49 (10.89 - 12.12)	11.50 (10.72 - 12.32)	12.88 (10.97 - 15.05)
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	44.30 (43.86 - 44.75)	43.01 (42.12 - 43.91)	39.62 (38.88 - 40.36)	46.17 (45.53 - 46.80)	46.52 (45.68 - 47.36)	48.35 (45.66 - 51.04)
<b>TOBACCO among persons aged 12 or older</b>						
Past Month Tobacco Product Use <sup>4</sup>	23.72 (23.34 - 24.09)	22.75 (22.01 - 23.51)	26.56 (25.91 - 27.22)	25.43 (24.91 - 25.96)	19.18 (18.56 - 19.83)	25.01 (22.69 - 27.47)
Past Month Cigarette Use	19.23 (18.87 - 19.60)	18.46 (17.80 - 19.13)	21.31 (20.71 - 21.92)	20.57 (20.07 - 21.08)	15.82 (15.22 - 16.43)	20.28 (18.20 - 22.52)
Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day	72.80 (72.43 - 73.18)	74.59 (73.86 - 75.31)	68.94 (68.24 - 69.62)	72.41 (71.88 - 72.93)	75.55 (74.86 - 76.22)	72.69 (70.37 - 74.90)
<b>PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT</b>						
Illicit Drug Use Disorder <sup>1</sup>	2.81 (2.70 - 2.93)	2.84 (2.60 - 3.11)	2.61 (2.41 - 2.83)	2.65 (2.48 - 2.82)	3.24 (2.98 - 3.53)	3.20 (2.55 - 4.01)
Pain Reliever Use Disorder <sup>1</sup>	0.71 (0.65 - 0.77)	0.67 (0.58 - 0.77)	0.71 (0.63 - 0.80)	0.73 (0.65 - 0.81)	0.69 (0.60 - 0.80)	0.64 (0.49 - 0.86)
Alcohol Use Disorder <sup>1</sup>	5.73 (5.55 - 5.92)	6.01 (5.62 - 6.42)	5.90 (5.58 - 6.24)	5.25 (4.99 - 5.52)	6.14 (5.78 - 6.54)	6.98 (5.79 - 8.40)
Substance Use Disorder <sup>1</sup>	7.62 (7.42 - 7.82)	7.93 (7.50 - 8.38)	7.74 (7.39 - 8.10)	7.00 (6.70 - 7.32)	8.26 (7.83 - 8.70)	8.91 (7.56 - 10.46)
Needing But Not Receiving Treatment at a Specialty Facility for Illicit Drug Use <sup>10</sup>	2.53 (2.42 - 2.64)	2.54 (2.32 - 2.78)	2.36 (2.18 - 2.56)	2.34 (2.18 - 2.50)	2.98 (2.75 - 3.24)	2.76 (2.20 - 3.46)
Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use <sup>10</sup>	5.48 (5.30 - 5.66)	5.68 (5.34 - 6.04)	5.58 (5.29 - 5.89)	5.01 (4.76 - 5.26)	5.99 (5.64 - 6.36)	6.23 (5.21 - 7.44)
Needing But Not Receiving Treatment at a Specialty Facility for Substance Use <sup>10</sup>	7.08 (6.89 - 7.28)	7.20 (6.80 - 7.63)	7.14 (6.80 - 7.50)	6.50 (6.21 - 6.80)	7.87 (7.46 - 8.30)	8.35 (7.05 - 9.87)
<b>MENTAL HEALTH among persons aged 18 or older</b>						
Any Mental Illness <sup>5</sup> in past year	18.07 (17.73 - 18.42)	17.86 (17.19 - 18.56)	18.01 (17.42 - 18.62)	17.95 (17.44 - 18.48)	18.48 (17.85 - 19.12)	19.19 (17.18 - 21.37)
Serious Mental Illness <sup>6</sup> in past year	4.13 (3.97 - 4.30)	4.07 (3.76 - 4.40)	4.37 (4.11 - 4.66)	4.05 (3.81 - 4.30)	4.09 (3.79 - 4.41)	4.43 (3.57 - 5.49)
Had serious thoughts of suicide in past year	4.04 (3.89 - 4.20)	4.03 (3.73 - 4.36)	4.14 (3.88 - 4.42)	3.84 (3.61 - 4.08)	4.30 (4.00 - 4.61)	4.28 (3.44 - 5.31)
Received Mental Health Services <sup>11</sup>	14.28 (13.97 - 14.59)	15.74 (15.07 - 16.42)	15.75 (15.19 - 16.33)	13.52 (13.05 - 14.02)	13.06 (12.47 - 13.67)	12.95 (11.24 - 14.88)
Major Depressive Episode <sup>7</sup> in past year	6.70 (6.49 - 6.91)	6.80 (6.40 - 7.23)	6.89 (6.55 - 7.26)	6.60 (6.30 - 6.91)	6.61 (6.24 - 7.00)	6.71 (5.64 - 7.97)

+ All figures are percent prevalence rates; figures in parentheses are 95% confidence intervals  
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015 and 2016.



**Appendix 3B. Substance Use and Mental Health, U.S. Regions & New Mexico, by Age Group, Percentages, Annual Averages Based on 2015 and 2016 NSDUHs**

INDICATORS <sup>+</sup>	AGE GROUP	TOTAL U.S.	NORTHEAST	MIDWEST	SOUTH	WEST	NEW MEXICO
<b>ILLICIT DRUGS<sup>2</sup> among persons aged 12 or older</b>							
Past Month Illicit Drug Use <sup>2</sup>	Age 12-17	8.34 (7.98 - 8.71)	8.45 (7.78 - 9.17)	8.28 (7.73 - 8.88)	7.82 (7.32 - 8.35)	9.14 (8.41 - 9.93)	11.03 (8.95 - 13.53)
	Age 18-25	22.75 (22.13 - 23.39)	25.93 (24.64 - 27.25)	21.68 (20.69 - 22.69)	20.26 (19.41 - 21.13)	25.25 (23.97 - 26.56)	24.89 (21.33 - 28.81)
	Age 26+	8.54 (8.26 - 8.83)	9.11 (8.51 - 9.75)	7.95 (7.45 - 8.48)	7.13 (6.70 - 7.58)	10.89 (10.22 - 11.59)	9.93 (8.14 - 12.05)
	Age 18+	10.57 (10.29 - 10.85)	11.45 (10.90 - 12.03)	9.93 (9.46 - 10.41)	8.98 (8.60 - 9.38)	12.98 (12.38 - 13.61)	12.08 (10.35 - 14.05)
	Age 12-17	0.58 (0.48 - 0.69)	0.58 (0.46 - 0.73)	0.55 (0.43 - 0.69)	0.45 (0.36 - 0.58)	0.81 (0.63 - 1.04)	0.96 (0.59 - 1.55)
Past Year Cocaine Use	Age 18-25	5.46 (5.09 - 5.86)	6.67 (6.03 - 7.39)	4.40 (3.95 - 4.91)	4.75 (4.31 - 5.22)	6.61 (5.92 - 7.38)	5.42 (3.86 - 7.57)
	Age 26+	1.39 (1.29 - 1.50)	1.73 (1.52 - 1.97)	1.14 (0.98 - 1.31)	1.22 (1.09 - 1.37)	1.64 (1.43 - 1.87)	1.40 (0.99 - 1.96)
	Age 18+	1.97 (1.87 - 2.08)	2.42 (2.20 - 2.65)	1.61 (1.45 - 1.78)	1.72 (1.58 - 1.87)	2.36 (2.14 - 2.60)	1.98 (1.48 - 2.63)
	Age 12-17	56.54 (55.84 - 57.24)	56.41 (55.12 - 57.70)	55.60 (54.44 - 56.74)	58.39 (57.35 - 59.42)	54.52 (53.16 - 55.88)	53.08 (49.23 - 56.88)
	Age 18-25	65.07 (64.36 - 65.78)	61.75 (60.31 - 63.16)	64.94 (63.77 - 66.10)	68.70 (67.65 - 69.74)	62.01 (60.63 - 63.37)	62.86 (58.85 - 66.69)
Perceptions of Great Risk from Using Cocaine Once a Month	Age 26+	74.84 (74.39 - 75.28)	71.69 (70.72 - 72.65)	75.40 (74.64 - 76.15)	78.36 (77.73 - 78.98)	71.12 (70.19 - 72.03)	72.09 (69.17 - 74.83)
	Age 18+	73.44 (73.04 - 73.83)	70.30 (69.43 - 71.15)	73.89 (73.22 - 74.55)	76.99 (76.42 - 77.54)	69.78 (68.96 - 70.60)	70.75 (68.11 - 73.26)
	Age 12-17	0.07 (0.04 - 0.11)	0.08 (0.05 - 0.15)	0.08 (0.04 - 0.15)	0.07 (0.04 - 0.13)	0.05 (0.02 - 0.11)	0.17 (0.06 - 0.45)
	Age 18-25	0.64 (0.53 - 0.77)	0.81 (0.64 - 1.02)	0.65 (0.52 - 0.83)	0.58 (0.47 - 0.71)	0.59 (0.45 - 0.77)	0.82 (0.45 - 1.51)
	Age 26+	0.31 (0.26 - 0.36)	0.45 (0.34 - 0.58)	0.30 (0.23 - 0.39)	0.26 (0.20 - 0.33)	0.30 (0.22 - 0.40)	0.32 (0.15 - 0.68)
Past Year Heroin Use	Age 18+	0.36 (0.31 - 0.41)	0.50 (0.39 - 0.63)	0.35 (0.28 - 0.44)	0.30 (0.25 - 0.37)	0.34 (0.27 - 0.44)	0.39 (0.20 - 0.77)
	Age 12-17	65.41 (64.74 - 66.08)	66.03 (64.74 - 67.31)	65.34 (64.29 - 66.37)	66.78 (65.82 - 67.72)	62.86 (61.60 - 64.11)	65.68 (62.11 - 69.09)
	Age 18-25	82.80 (82.25 - 83.34)	82.74 (81.72 - 83.72)	82.49 (81.67 - 83.27)	83.73 (82.99 - 84.45)	81.68 (80.66 - 82.67)	82.68 (79.62 - 85.37)
	Age 26+	88.23 (87.89 - 88.56)	87.53 (86.83 - 88.20)	88.46 (87.89 - 89.01)	89.61 (89.15 - 90.05)	86.36 (85.67 - 87.03)	86.23 (83.92 - 88.25)
	Age 18+	87.45 (87.15 - 87.75)	86.86 (86.23 - 87.46)	87.60 (87.08 - 88.09)	88.78 (88.36 - 89.18)	85.68 (85.05 - 86.28)	85.71 (83.64 - 87.56)
Perceptions of Great Risk from Trying Heroin Once or Twice	Age 12-17	3.72 (3.48 - 3.97)	2.82 (2.45 - 3.23)	4.00 (3.63 - 4.40)	3.94 (3.61 - 4.31)	3.72 (3.27 - 4.24)	3.97 (2.99 - 5.25)
	Age 18-25	7.82 (7.45 - 8.20)	7.19 (6.57 - 7.87)	8.17 (7.61 - 8.77)	7.61 (7.13 - 8.12)	8.29 (7.60 - 9.04)	8.14 (6.51 - 10.14)
	Age 26+	4.00 (3.81 - 4.19)	3.68 (3.36 - 4.02)	3.88 (3.59 - 4.18)	3.96 (3.71 - 4.23)	4.40 (4.02 - 4.80)	4.09 (3.23 - 5.16)
	Age 18+	4.54 (4.38 - 4.71)	4.17 (3.87 - 4.48)	4.49 (4.23 - 4.77)	4.48 (4.25 - 4.72)	4.97 (4.62 - 5.34)	4.67 (3.87 - 5.63)
	Age 12-17	5.25 (5.03 - 5.49)	5.34 (4.97 - 5.74)	5.25 (4.94 - 5.57)	4.91 (4.64 - 5.19)	5.75 (5.36 - 6.16)	6.99 (5.87 - 8.31)
Past Year Pain Reliever Misuse	Age 18-25	7.74 (7.33 - 8.17)	8.85 (8.18 - 9.57)	8.16 (7.61 - 8.75)	6.78 (6.36 - 7.23)	8.18 (7.54 - 8.87)	8.79 (7.00 - 10.97)
	Age 26+	0.39 (0.34 - 0.44)	0.44 (0.36 - 0.53)	0.38 (0.32 - 0.46)	0.29 (0.24 - 0.35)	0.53 (0.44 - 0.64)	0.60 (0.41 - 0.88)
	Age 18+	1.40 (1.32 - 1.48)	1.54 (1.41 - 1.67)	1.47 (1.37 - 1.59)	1.17 (1.09 - 1.27)	1.62 (1.48 - 1.76)	1.69 (1.37 - 2.07)
	Age 12-17	7.74 (7.33 - 8.17)	8.85 (8.18 - 9.57)	8.16 (7.61 - 8.75)	6.78 (6.36 - 7.23)	8.18 (7.54 - 8.87)	8.79 (7.00 - 10.97)
	Age 26+	0.39 (0.34 - 0.44)	0.44 (0.36 - 0.53)	0.38 (0.32 - 0.46)	0.29 (0.24 - 0.35)	0.53 (0.44 - 0.64)	0.60 (0.41 - 0.88)
First Use of Marijuana <sup>3</sup>	Age 18+	1.40 (1.32 - 1.48)	1.54 (1.41 - 1.67)	1.47 (1.37 - 1.59)	1.17 (1.09 - 1.27)	1.62 (1.48 - 1.76)	1.69 (1.37 - 2.07)

+ All figures are percent prevalence rates; figures in parentheses are 95% confidence intervals

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015 and 2016.



**Appendix 3B. Substance Use and Mental Health, U.S. Regions & New Mexico, by Age Group, Percentages, Annual Averages Based on 2015 and 2016 NSDUHs**

INDICATORS <sup>+</sup>	AGE GROUP	TOTAL U.S.	NORTHEAST	MIDWEST	SOUTH	WEST	NEW MEXICO
<b>ILLICIT DRUGS<sup>2</sup> among persons aged 12 or older</b>							
Past Month Marijuana Use	Age 12-17	6.75	7.15	6.69	6.13	7.52	9.46
		(6.43 - 7.09)	(6.51 - 7.84)	(6.19 - 7.22)	(5.68 - 6.62)	(6.87 - 8.23)	(7.60 - 11.71)
	Age 18-25	20.30	23.64	19.28	17.74	22.73	22.85
		(19.71 - 20.90)	(22.44 - 24.87)	(18.35 - 20.24)	(16.99 - 18.52)	(21.54 - 23.96)	(19.40 - 26.72)
	Age 26+	6.88	7.46	6.63	5.40	9.01	8.55
(6.64 - 7.13)		(6.94 - 8.02)	(6.20 - 7.08)	(5.05 - 5.78)	(8.44 - 9.62)	(6.98 - 10.43)	
Age 18+	8.79	9.72	8.45	7.14	11.01	10.61	
	(8.55 - 9.04)	(9.22 - 10.24)	(8.04 - 8.87)	(6.81 - 7.50)	(10.48 - 11.57)	(9.08 - 12.36)	
Past Year Marijuana Use	Age 12-17	12.29	12.39	12.67	11.25	13.55	15.34
		(11.86 - 12.74)	(11.56 - 13.27)	(11.95 - 13.43)	(10.67 - 11.86)	(12.68 - 14.46)	(12.88 - 18.17)
	Age 18-25	32.60	37.45	31.69	29.66	34.39	32.79
		(31.89 - 33.31)	(36.03 - 38.89)	(30.64 - 32.75)	(28.74 - 30.59)	(33.09 - 35.72)	(28.81 - 37.04)
	Age 26+	10.73	11.45	9.97	8.90	13.79	13.04
(10.43 - 11.05)		(10.74 - 12.20)	(9.37 - 10.61)	(8.38 - 9.45)	(13.03 - 14.60)	(10.91 - 15.52)	
Age 18+	13.85	15.07	13.10	11.83	16.80	15.88	
	(13.54 - 14.16)	(14.41 - 15.76)	(12.54 - 13.67)	(11.35 - 12.33)	(16.10 - 17.52)	(13.83 - 18.18)	
Perceptions of Great Risk from Smoking Marijuana Once a Month	Age 12-17	27.17	26.85	26.44	29.75	23.90	24.06
		(26.51 - 27.83)	(25.65 - 28.08)	(25.46 - 27.45)	(28.78 - 30.74)	(22.74 - 25.09)	(20.84 - 27.61)
	Age 18-25	14.32	12.56	12.50	16.68	13.58	14.34
		(13.83 - 14.83)	(11.69 - 13.49)	(11.74 - 13.30)	(15.91 - 17.48)	(12.65 - 14.55)	(11.78 - 17.35)
	Age 26+	30.92	28.67	27.67	34.94	29.16	31.65
(30.36 - 31.49)		(27.61 - 29.75)	(26.78 - 28.58)	(34.13 - 35.75)	(28.16 - 30.18)	(28.63 - 34.82)	
Age 18+	28.54	26.40	25.46	32.34	26.87	29.14	
	(28.05 - 29.03)	(25.45 - 27.37)	(24.65 - 26.29)	(31.60 - 33.08)	(25.97 - 27.78)	(26.45 - 31.97)	
Past Month Use of Illicit Drugs <sup>2</sup> Other Than Marijuana	Age 12-17	2.71	2.25	2.73	2.88	2.74	3.25
		(2.49 - 2.95)	(1.92 - 2.64)	(2.40 - 3.11)	(2.58 - 3.22)	(2.37 - 3.17)	(2.29 - 4.60)
	Age 18-25	7.32	7.73	6.94	6.95	7.92	8.16
		(6.92 - 7.74)	(7.02 - 8.51)	(6.39 - 7.54)	(6.47 - 7.46)	(7.21 - 8.69)	(6.24 - 10.62)
	Age 26+	2.86	2.90	2.58	2.75	3.26	2.84
(2.71 - 3.03)		(2.60 - 3.23)	(2.34 - 2.85)	(2.54 - 2.98)	(2.94 - 3.61)	(2.17 - 3.70)	
Age 18+	3.50	3.57	3.21	3.34	3.94	3.60	
	(3.35 - 3.65)	(3.29 - 3.88)	(2.98 - 3.46)	(3.14 - 3.56)	(3.64 - 4.27)	(2.90 - 4.47)	
<b>ALCOHOL among persons aged 12 or older</b>							
Past Month Alcohol Use	Age 12-17	9.40	10.95	9.82	8.71	9.06	9.91
		(8.99 - 9.83)	(10.18 - 11.77)	(9.18 - 10.49)	(8.18 - 9.27)	(8.35 - 9.84)	(8.01 - 12.20)
	Age 18-25	57.75	63.92	61.60	54.56	54.76	54.35
		(56.96 - 58.52)	(62.44 - 65.38)	(60.42 - 62.76)	(53.45 - 55.67)	(53.35 - 56.16)	(50.32 - 58.32)
	Age 26+	55.10	59.67	58.56	51.03	55.01	52.30
(54.56 - 55.65)		(58.59 - 60.75)	(57.65 - 59.46)	(50.26 - 51.79)	(53.95 - 56.08)	(48.63 - 55.94)	
Age 18+	55.48	60.27	59.00	51.53	54.98	52.59	
	(54.99 - 55.97)	(59.30 - 61.23)	(58.18 - 59.81)	(50.83 - 52.22)	(54.03 - 55.92)	(49.34 - 55.82)	
Past Month Binge Alcohol Use <sup>9</sup>	Age 12-17	5.33	6.16	5.87	4.83	5.09	5.77
		(5.03 - 5.65)	(5.61 - 6.75)	(5.42 - 6.35)	(4.44 - 5.24)	(4.59 - 5.64)	(4.49 - 7.38)
	Age 18-25	38.69	44.03	42.30	35.80	36.08	35.57
		(37.90 - 39.49)	(42.60 - 45.47)	(41.13 - 43.49)	(34.81 - 36.80)	(34.77 - 37.42)	(31.89 - 39.43)
	Age 26+	24.52	25.61	26.33	23.43	23.82	26.36
(24.08 - 24.97)		(24.70 - 26.55)	(25.53 - 27.14)	(22.77 - 24.10)	(22.97 - 24.69)	(23.59 - 29.33)	
Age 18+	26.54	28.18	28.63	25.18	25.61	27.68	
	(26.14 - 26.96)	(27.35 - 29.02)	(27.92 - 29.35)	(24.59 - 25.77)	(24.86 - 26.37)	(25.15 - 30.37)	
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	Age 12-17	43.30	42.95	39.60	45.48	43.36	44.67
		(42.59 - 44.00)	(41.61 - 44.30)	(38.52 - 40.70)	(44.47 - 46.49)	(42.04 - 44.68)	(40.86 - 48.54)
	Age 18-25	36.91	34.19	32.12	39.22	39.56	41.72
		(36.22 - 37.61)	(32.93 - 35.48)	(31.07 - 33.19)	(38.24 - 40.21)	(38.26 - 40.88)	(37.87 - 45.68)
	Age 26+	45.66	44.45	40.89	47.40	48.09	49.92
(45.12 - 46.20)		(43.38 - 45.52)	(39.98 - 41.80)	(46.62 - 48.18)	(47.06 - 49.13)	(46.77 - 53.08)	
Age 18+	44.41	43.02	39.62	46.24	46.84	48.74	
	(43.93 - 44.89)	(42.06 - 43.98)	(38.82 - 40.42)	(45.55 - 46.92)	(45.94 - 47.75)	(45.90 - 51.58)	

+ All figures are percent prevalence rates; figures in parentheses are 95% confidence intervals

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015 and 2016.



**Appendix 3B. Substance Use and Mental Health, U.S. Regions & New Mexico, by Age Group, Percentages, Annual Averages Based on 2015 and 2016 NSDUHs**

INDICATORS <sup>+</sup>	AGE GROUP	TOTAL U.S.	NORTHEAST	MIDWEST	SOUTH	WEST	NEW MEXICO
<b>TOBACCO among persons aged 12 or older</b>							
Past Month Tobacco Product Use <sup>4</sup>	Age 12-17	5.66	5.39	6.68	5.91	4.52	4.81
		(5.36 - 5.97)	(4.90 - 5.93)	(6.18 - 7.21)	(5.48 - 6.37)	(4.06 - 5.02)	(3.71 - 6.23)
	Age 18-25	31.48	31.65	35.22	32.37	26.69	34.50
		(30.79 - 32.19)	(30.41 - 32.92)	(34.12 - 36.34)	(31.47 - 33.30)	(25.56 - 27.86)	(30.93 - 38.26)
	Age 26+	24.58	23.21	27.52	26.65	19.68	25.93
(24.13 - 25.03)		(22.32 - 24.12)	(26.72 - 28.33)	(26.01 - 27.31)	(18.90 - 20.48)	(23.14 - 28.94)	
Age 18+	25.56	24.38	28.62	27.46	20.70	27.17	
	(25.16 - 25.97)	(23.58 - 25.21)	(27.92 - 29.34)	(26.89 - 28.04)	(20.01 - 21.41)	(24.63 - 29.86)	
Past Month Cigarette Use	Age 12-17	3.80	3.44	4.70	3.88	3.13	2.95
		(3.56 - 4.06)	(3.08 - 3.84)	(4.28 - 5.15)	(3.55 - 4.25)	(2.75 - 3.56)	(2.17 - 3.98)
	Age 18-25	25.12	24.93	27.66	25.95	21.72	28.80
		(24.43 - 25.81)	(23.75 - 26.15)	(26.60 - 28.75)	(25.04 - 26.89)	(20.59 - 22.88)	(25.13 - 32.78)
	Age 26+	20.09	19.05	22.26	21.71	16.35	21.01
(19.65 - 20.53)		(18.25 - 19.88)	(21.51 - 23.04)	(21.07 - 22.37)	(15.61 - 17.11)	(18.52 - 23.73)	
Age 18+	20.81	19.87	23.04	22.31	17.13	22.13	
	(20.41 - 21.21)	(19.16 - 20.60)	(22.38 - 23.71)	(21.76 - 22.87)	(16.47 - 17.80)	(19.84 - 24.60)	
Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day	Age 12-17	68.71	71.53	67.33	67.79	69.47	64.28
		(68.06 - 69.35)	(70.25 - 72.78)	(66.18 - 68.45)	(66.84 - 68.72)	(68.19 - 70.73)	(60.46 - 67.93)
	Age 18-25	68.29	69.57	65.05	67.64	71.20	65.75
		(67.66 - 68.90)	(68.35 - 70.77)	(63.99 - 66.08)	(66.75 - 68.53)	(70.01 - 72.36)	(62.24 - 69.09)
	Age 26+	74.04	75.74	69.78	73.75	77.03	74.91
(73.58 - 74.49)		(74.84 - 76.61)	(68.93 - 70.63)	(73.10 - 74.39)	(76.19 - 77.84)	(72.02 - 77.59)	
Age 18+	73.22	74.88	69.10	72.88	76.17	73.59	
	(72.81 - 73.63)	(74.08 - 75.65)	(68.35 - 69.85)	(72.31 - 73.45)	(75.43 - 76.90)	(71.05 - 75.98)	
<b>PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT</b>							
Illicit Drug Use Disorder <sup>1</sup>	Age 12-17	3.30	2.94	3.20	3.07	4.01	4.49
		(3.07 - 3.55)	(2.56 - 3.36)	(2.86 - 3.57)	(2.78 - 3.39)	(3.54 - 4.55)	(3.35 - 5.99)
	Age 18-25	7.14	7.63	6.51	6.81	7.84	8.02
		(6.78 - 7.51)	(6.93 - 8.39)	(5.97 - 7.09)	(6.33 - 7.33)	(7.13 - 8.60)	(6.20 - 10.33)
	Age 26+	2.04	2.06	1.89	1.91	2.36	2.23
(1.91 - 2.17)		(1.81 - 2.34)	(1.68 - 2.12)	(1.73 - 2.10)	(2.08 - 2.68)	(1.62 - 3.06)	
Age 18+	2.76	2.83	2.55	2.60	3.16	3.06	
	(2.64 - 2.89)	(2.58 - 3.11)	(2.34 - 2.79)	(2.42 - 2.79)	(2.88 - 3.46)	(2.39 - 3.91)	
Pain Reliever Use Disorder <sup>1</sup>	Age 12-17	0.55	0.44	0.55	0.59	0.57	0.65
		(0.46 - 0.66)	(0.34 - 0.58)	(0.43 - 0.71)	(0.46 - 0.74)	(0.44 - 0.75)	(0.40 - 1.05)
	Age 18-25	1.03	0.98	1.05	1.04	1.05	1.09
		(0.90 - 1.18)	(0.81 - 1.19)	(0.87 - 1.25)	(0.89 - 1.23)	(0.85 - 1.29)	(0.72 - 1.67)
	Age 26+	0.67	0.65	0.67	0.69	0.65	0.57
(0.60 - 0.75)		(0.54 - 0.77)	(0.57 - 0.79)	(0.60 - 0.79)	(0.54 - 0.77)	(0.39 - 0.83)	
Age 18+	0.72	0.69	0.73	0.74	0.71	0.64	
	(0.66 - 0.79)	(0.60 - 0.80)	(0.63 - 0.83)	(0.66 - 0.83)	(0.61 - 0.82)	(0.47 - 0.88)	
Alcohol Use Disorder <sup>1</sup>	Age 12-17	2.23	2.28	2.29	2.08	2.38	2.76
		(2.03 - 2.45)	(1.99 - 2.61)	(2.03 - 2.57)	(1.85 - 2.35)	(2.06 - 2.75)	(1.99 - 3.82)
	Age 18-25	10.80	11.69	11.66	9.86	10.85	11.56
		(10.35 - 11.28)	(10.89 - 12.54)	(11.00 - 12.35)	(9.32 - 10.42)	(10.08 - 11.68)	(9.59 - 13.88)
	Age 26+	5.31	5.49	5.37	4.87	5.80	6.74
(5.10 - 5.52)		(5.04 - 5.98)	(4.99 - 5.78)	(4.56 - 5.20)	(5.36 - 6.27)	(5.34 - 8.46)	
Age 18+	6.09	6.36	6.28	5.58	6.53	7.43	
	(5.90 - 6.29)	(5.94 - 6.80)	(5.93 - 6.65)	(5.30 - 5.88)	(6.13 - 6.96)	(6.14 - 8.97)	
Substance Use Disorder <sup>1</sup>	Age 12-17	4.61	4.24	4.75	4.21	5.40	7.15
		(4.34 - 4.90)	(3.81 - 4.72)	(4.34 - 5.20)	(3.85 - 4.60)	(4.84 - 6.01)	(5.62 - 9.07)
	Age 18-25	15.20	16.73	15.53	14.19	15.36	16.72
		(14.67 - 15.75)	(15.73 - 17.79)	(14.73 - 16.35)	(13.49 - 14.92)	(14.42 - 16.36)	(13.99 - 19.85)
	Age 26+	6.72	6.91	6.79	6.16	7.39	7.81
(6.48 - 6.96)		(6.41 - 7.44)	(6.38 - 7.23)	(5.80 - 6.54)	(6.88 - 7.93)	(6.30 - 9.65)	
Age 18+	7.93	8.28	8.05	7.29	8.55	9.09	
	(7.71 - 8.15)	(7.82 - 8.76)	(7.67 - 8.45)	(6.97 - 7.63)	(8.09 - 9.04)	(7.64 - 10.79)	

+ All figures are percent prevalence rates; figures in parentheses are 95% confidence intervals

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015 and 2016.





**Appendix 3B. Substance Use and Mental Health, U.S. Regions & New Mexico, by Age Group, Percentages, Annual Averages Based on 2015 and 2016 NSDUHs**

INDICATORS <sup>+</sup>	AGE GROUP	TOTAL U.S.	NORTHEAST	MIDWEST	SOUTH	WEST	NEW MEXICO
<b>PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT</b>							
Needing But Not Receiving Treatment at a Specialty Facility for Illicit Drug Use <sup>10</sup>	Age 12-17	3.14	2.72	2.86	2.91	4.05	4.55
		(2.91 - 3.38)	(2.37 - 3.12)	(2.55 - 3.21)	(2.63 - 3.22)	(3.56 - 4.60)	(3.36 - 6.12)
	Age 18-25	6.62	6.77	6.00	6.45	7.30	7.66
		(6.27 - 6.98)	(6.12 - 7.49)	(5.48 - 6.57)	(5.99 - 6.94)	(6.59 - 8.07)	(5.84 - 10.00)
	Age 26+	1.78	1.83	1.69	1.59	2.12	1.72
		(1.66 - 1.90)	(1.60 - 2.10)	(1.50 - 1.91)	(1.43 - 1.76)	(1.86 - 2.41)	(1.21 - 2.43)
	Age 18+	2.47	2.52	2.31	2.28	2.87	2.57
		(2.35 - 2.59)	(2.29 - 2.78)	(2.12 - 2.52)	(2.12 - 2.45)	(2.62 - 3.15)	(2.00 - 3.30)
Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use <sup>10</sup>	Age 12-17	2.15	2.17	2.20	2.06	2.23	2.57
		(1.95 - 2.36)	(1.88 - 2.50)	(1.95 - 2.48)	(1.83 - 2.31)	(1.93 - 2.57)	(1.84 - 3.58)
	Age 18-25	10.47	11.16	10.64	9.67	11.06	11.78
		(10.02 - 10.94)	(10.40 - 11.97)	(10.03 - 11.27)	(9.12 - 10.24)	(10.26 - 11.91)	(9.81 - 14.08)
	Age 26+	5.05	5.17	5.14	4.60	5.58	5.76
		(4.84 - 5.26)	(4.77 - 5.61)	(4.79 - 5.52)	(4.30 - 4.91)	(5.16 - 6.02)	(4.56 - 7.25)
	Age 18+	5.82	6.01	5.93	5.31	6.38	6.62
		(5.63 - 6.01)	(5.64 - 6.40)	(5.62 - 6.27)	(5.05 - 5.59)	(6.00 - 6.78)	(5.52 - 7.93)
Needing But Not Receiving Treatment at a Specialty Facility for Substance Use <sup>10</sup>	Age 12-17	4.38	4.09	4.40	4.03	5.13	6.22
		(4.11 - 4.66)	(3.66 - 4.58)	(4.03 - 4.81)	(3.68 - 4.40)	(4.60 - 5.72)	(4.83 - 7.99)
	Age 18-25	14.34	15.59	14.75	13.38	14.56	15.78
		(13.82 - 14.88)	(14.62 - 16.61)	(13.97 - 15.56)	(12.70 - 14.09)	(13.64 - 15.53)	(13.20 - 18.77)
	Age 26+	6.20	6.19	6.20	5.67	7.06	7.37
		(5.98 - 6.43)	(5.73 - 6.67)	(5.80 - 6.63)	(5.33 - 6.02)	(6.58 - 7.58)	(5.92 - 9.14)
	Age 18+	7.36	7.50	7.43	6.76	8.15	8.58
		(7.15 - 7.57)	(7.06 - 7.95)	(7.06 - 7.82)	(6.45 - 7.08)	(7.71 - 8.62)	(7.19 - 10.21)
<b>MENTAL HEALTH among persons aged 18 or older</b>							
Any Mental Illness in past year <sup>5</sup>	Age 18-25	21.89	22.58	22.25	20.50	23.21	23.51
		(21.33 - 22.46)	(21.49 - 23.71)	(21.32 - 23.20)	(19.72 - 21.31)	(22.11 - 24.35)	(20.48 - 26.84)
	Age 26+	17.44	17.10	17.30	17.53	17.67	18.46
		(17.05 - 17.83)	(16.36 - 17.87)	(16.64 - 17.98)	(16.96 - 18.12)	(16.98 - 18.38)	(16.23 - 20.92)
	Age 18+	18.07	17.86	18.01	17.95	18.48	19.19
		(17.73 - 18.42)	(17.19 - 18.56)	(17.42 - 18.62)	(17.44 - 18.48)	(17.85 - 19.12)	(17.18 - 21.37)
Serious Mental Illness <sup>6</sup> in past year	Age 18-25	5.46	5.56	5.94	5.03	5.62	5.09
		(5.15 - 5.78)	(5.05 - 6.12)	(5.47 - 6.44)	(4.65 - 5.44)	(5.08 - 6.21)	(3.87 - 6.66)
	Age 26+	3.91	3.83	4.11	3.89	3.82	4.32
		(3.73 - 4.10)	(3.49 - 4.20)	(3.82 - 4.43)	(3.63 - 4.16)	(3.50 - 4.18)	(3.37 - 5.51)
	Age 18+	4.13	4.07	4.37	4.05	4.09	4.43
		(3.97 - 4.30)	(3.76 - 4.40)	(4.11 - 4.66)	(3.81 - 4.30)	(3.79 - 4.41)	(3.57 - 5.49)
Had serious thoughts of suicide in past year	Age 18-25	8.57	8.81	8.66	8.06	9.09	8.88
		(8.21 - 8.94)	(8.12 - 9.54)	(8.07 - 9.29)	(7.54 - 8.61)	(8.40 - 9.83)	(7.11 - 11.03)
	Age 26+	3.30	3.26	3.38	3.15	3.48	3.50
		(3.13 - 3.47)	(2.94 - 3.62)	(3.11 - 3.68)	(2.91 - 3.40)	(3.17 - 3.82)	(2.66 - 4.60)
	Age 18+	4.04	4.03	4.14	3.84	4.30	4.28
		(3.89 - 4.20)	(3.73 - 4.36)	(3.88 - 4.42)	(3.61 - 4.08)	(4.00 - 4.61)	(3.44 - 5.31)
Received Mental Health Services <sup>11</sup>	Age 18-25	12.28	13.59	14.36	11.18	11.21	10.60
		(11.83 - 12.75)	(12.73 - 14.50)	(13.61 - 15.13)	(10.59 - 11.78)	(10.44 - 12.03)	(8.57 - 13.03)
	Age 26+	14.61	16.08	15.99	13.91	13.37	13.35
		(14.26 - 14.97)	(15.35 - 16.85)	(15.36 - 16.64)	(13.37 - 14.47)	(12.71 - 14.06)	(11.49 - 15.46)
	Age 18+	14.28	15.74	15.75	13.52	13.06	12.95
		(13.97 - 14.59)	(15.07 - 16.42)	(15.19 - 16.33)	(13.05 - 14.02)	(12.47 - 13.67)	(11.24 - 14.88)
Major Depressive Episode in past year <sup>7</sup>	Age 12-17	12.63	12.13	13.53	11.90	13.32	12.61
		(12.19 - 13.08)	(11.35 - 12.96)	(12.80 - 14.30)	(11.30 - 12.53)	(12.50 - 14.19)	(10.45 - 15.15)
	Age 18-25	10.59	11.08	11.01	9.91	10.89	9.36
		(10.17 - 11.01)	(10.31 - 11.91)	(10.36 - 11.70)	(9.38 - 10.47)	(10.15 - 11.68)	(7.59 - 11.49)
	Age 26+	6.06	6.11	6.20	6.05	5.88	6.27
		(5.83 - 6.30)	(5.66 - 6.59)	(5.82 - 6.62)	(5.72 - 6.40)	(5.47 - 6.32)	(5.08 - 7.71)
	Age 18+	6.70	6.80	6.89	6.60	6.61	6.71
		(6.49 - 6.91)	(6.40 - 7.23)	(6.55 - 7.26)	(6.30 - 6.91)	(6.24 - 7.00)	(5.64 - 7.97)

+ All figures are percent prevalence rates; figures in parentheses are 95% confidence intervals

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015 and 2016.

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

1. Substance Use Disorder is defined as meeting criteria for illicit drug or alcohol dependence or abuse. Dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).
2. Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics used nonmedically.
3. Average annual marijuana initiation rate =  $100 * \{[X1 \div (0.5 * X1 + X2)] \div 2\}$ , where X1 is the number of marijuana initiates in the past 24 months and X2 is the number of persons who never used marijuana.
4. Tobacco Products include cigarettes, smokeless tobacco (i.e., chewing tobacco, snuff, dip, or "snus"), cigars, or pipe tobacco.
5. Any mental illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a 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. There are minor wording differences in the questions in the adult and adolescent MDE modules. Therefore, data from youths aged 12 to 17 were not combined with data from adults aged 18 or older to produce an estimate for those aged 12 or older.
8. Underage drinking is defined for individuals aged 12 to 20; therefore, the "12+" estimate reflects that age group and not individuals aged 12 or older.
9. Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion (i.e. within a couple hours of each other) on at least 1 day in the past 30 days.
10. Respondents were classified as needing treatment for a substance use problem if they met the criteria for substance use disorder as defined in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) or received treatment for illicit drug or alcohol use at a specialty facility (i.e., drug and alcohol rehabilitation facility [inpatient or outpatient], hospital [inpatient only], or mental health center).
11. Mental health services are defined as having received inpatient treatment/counseling or outpatient treatment/counseling or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use.

## **Appendix 4**

**International Classification of Diseases, Clinical Modification, 9th and 10th Edition**



## Appendix 4: International Classification of Diseases, Clinical Modification, 9th and 10th Edition

ICD-9-CM		ICD-10-CM	
Description	Code	Code	Description
<b>Opioid Overdose/Poisoning</b>			
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
<b>Chronic Liver Disease</b>			
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		

