

New Mexico Substance Use Epidemiology Profile

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Statewide Epidemiological and Outcomes Workgroup (SEOW)

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The Statewide Epidemiological and Outcomes Workgroup (SEOW) currently functions as a body to review and prioritize issues based on data and provide guidance and approval of evidence-based practices used by OSAP grant recipients. As such, it provides a platform for rich discussion, collaboration, and epidemiological data and information sharing at the state level. Established under the Strategic Prevention Framework State Incentive Grant from SAMHSA over a decade and a half ago, the SEOW guided the development of the first New Mexico Substance Use Epidemiology Profile as part of its mission to create a focus on community-based and data-driven planning and accountability. The ongoing focus of the SEOW is the development and informed use of assessment data and indicators for use in community planning, prioritization, and evaluation and the support of evidence-based strategies, policies, and practices in all community prevention activity. The current membership of New Mexico SEOW includes representation from BHSD's Treatment and Programs Bureau: Tiffany Wynn, and Samantha Storsberg, the State Opioid Treatment Authority. Community Members: Ginny Adame, Anna Krutsky, Cory Herrera, Debbie Ortiz, Cassandra Romero, Ru Stempien, Nai Walters, Alise Figueroa, and Erin Williams. CYFD Children's Behavioral Health. DFA DWI Program: Julie Krupcale. Local community evaluators: Ann Del Vecchio, Natalie Skogerboe, and Sindy Sacoman. NMDOH-ERD Injury and Behavioral Epidemiology Bureau: Jim Davis, Karen Edge, Annaliese Mayette, Hayley Peterson, Megan Deissinger, Kathryn Lowerre, Alisha Campbell, Chris Trujillo, and Dan Green. NMHSD-BHSD Office of Substance Abuse Prevention: Karen Cheman, Antonette Silva-Jose, Heather Burnham, Jay Quintana, and Rebecca Leppala. NM Prevention Workforce Training System, Kamama Consulting: Paula Feathers. Pacific Institute for Research & Evaluation (PIRE): David Currey, Marie-Elena Reyes, Liz Lilliot-Gonzalez, Marissa Elias, and Lei Zhang; and, is coordinated and staffed by Michael Coop and Jesse Gremore 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) through the Substance Abuse Prevention and Treatment Block Grant (SABG).

Important Notes about Comparability to Previous Reports

This report is the eleventh in a series that began with the New Mexico State Epidemiology Profile published in 2005, and continued with the publication of updates in 2010, 2011, 2013, 2014, 2016, February 2017, November 2017, December 2018 and December 2019. 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 are aggregated beginning in years 2016-2018, except for Adult Depression and Adult Drinking and Driving, which are not asked every year. These two indicators are reported on a single-year basis. The Adult Depression module has not been asked since 2016.

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

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

- On July 30, 2020 CDC released an updated version of ARDI (ARDI v3). ARDI v3 estimates include 58 causes of death with alcohol attributable fractions based on recent scientific data. These changes impact alcohol-attributed death and years of potential life lost for years 2006-2010 to 2011-2015. In some instances, cause of death condition and name modifications were necessary based on updated scientific information. (See more in Introduction subsection: Technical Note: Methodological Changes since Previous Reports).

- In 2019, the question for painkiller use changed. Previously the question asked about painkiller use to get high. In 2019, the question now asks about using prescription pain medicine without a prescription or differently from how a doctor prescribed it."

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 with population denominators used in the calculation of death rates, substance use and mental health indicators from the National Survey on Drug Use and Health (NSDUH), and the International Classification of Diseases, Clinical Modification, 9th (ICD-9-CM) and 10th (ICD-10-CM) diagnosis codes used to produce indicators based on hospital data.

A combined five-year period is used when presenting deaths, emergency department visits, and hospital discharges. Combining counts over multiple years is necessary because in many New Mexico counties, there may be too few events (deaths, emergency department visits, or hospital discharges) due to a given cause in any given year.

INTRODUCTION (continued)

How to Use this Report (continued)

Combining counts over multiple years allows the calculation of rates that are more stable 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 2015-2019, the most current five-year period.

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 is 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 are included for each indicator. The counties are categorized and shaded according to the county rates. Map shading categories are 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 from the state level. For example, Rio Arriba County had an alcohol-related death rate (147.3 per 100,000 population) more than twice that of Bernalillo County (62.4 per 100,000 population) in 2015-2019. However, the number of alcohol-related deaths in Bernalillo County (2,261) was over eight times the number in Rio Arriba County (284). While the problem is more severe in Rio Arriba County (reflected in higher rate), Bernalillo County bears a larger proportion of the statewide burden (31.1% of all alcohol-related deaths in the state compared to 3.9% for Rio Arriba County). When prioritizing the distribution of resources and selecting interventions, it is important to look at both the total number of deaths and the death rate. Because of its extremely high rate of alcohol-related deaths, interventions that address this problem are very important in Rio Arriba County. At the same time, Bernalillo County is also very important when considering interventions because it bears much of the statewide burden of alcohol-related deaths.

INTRODUCTION (continued)

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

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

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

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

Specifically, for indicators using Emergency Department Data (EDD) or Hospital Inpatient Discharge Data (HIDD), missing rates correspond to events for which data on race-ethnicity, sex, or county of residence were missing. Although these events are included in the total count of events for NM, rates cannot be calculated and are therefore not reported. Footnotes on the corresponding tables for these indicators refers to the number of events missing. EDD and HIDD indicators have are produced by searching for specific diagnostic codes on these datasets. For EDD, all diagnosis fields have are 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 are 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 are 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://ncdd.cdc.gov/DPH_ARDI/default/Default.aspx).

On July 30, 2020 CDC released an updated version of ARDI (ARDI v3). ARDI v3 estimates include 58 causes of death with alcohol attributable fractions based on recent scientific data. These changes impact alcohol-attributed death and years of potential life lost for years 2006-2010 to 2011-2015. In some instances, cause of death condition and name modifications were necessary based on updated scientific information. On September 30, 2020, CDC released and update regarding additional corrections for the five acute causes of death: drownings, fall injuries, fire injuries, firearm injuries, and homicide years 2011-2015.

With these scientific updates to ARDI, estimates of alcohol-attributable deaths or years of potential life lost generated in the current version of ARDI should not be compared with estimates that were generated using reports or analyses prior to July 30, 2020.

(see: [ARDI Announcements | Alcohol and Public Health | CDC](#) for full 2020 update detail)

Changes to Race/Ethnicity Categories

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

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

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

Changes to Emergency Department Data

Emergency Department (ED) Syndromic Surveillance data was used for this report beginning in 2018. Prior to 2018, Annual ED data was used. 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 2015-2019, the number of participating emergency departments participating in Syndromic Surveillance Reporting increased.

Changes to the NSDUH Questionnaire and data collection:

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

EXECUTIVE SUMMARY

Consequences of Substance Use

Introduction

All of the ten leading causes of death in New Mexico are at least partially attributable to the use of alcohol, tobacco, or other drugs. In 2019, the ten leading causes of death in New Mexico were diseases of the heart, malignant neoplasms, unintentional injuries, chronic lower respiratory diseases, cerebrovascular diseases, diabetes, chronic liver disease and cirrhosis, Alzheimer's disease, suicide, and influenza and pneumonia. Of these, chronic liver disease, unintentional injuries, and suicide are associated with alcohol use; chronic lower respiratory diseases and influenza and pneumonia are associated with tobacco use; heart disease, malignant neoplasms, and cerebrovascular diseases are associated with both alcohol and tobacco use; and unintentional injuries and suicide are associated with the use of alcohol and other drugs.

Alcohol-Related Deaths and Hospitalizations

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

Death rates from alcohol-related causes increase with age. However, one in five deaths among working age adults (20-64) in NM is attributable to alcohol. Male rates are substantially higher than female rates. American Indians had higher alcohol-related death rates than other race/ethnicities. McKinley and Rio Arriba counties had extremely high alcohol-related death rates, driven by high rates in the American Indian and Hispanic male populations. The counties with the largest number of deaths for the five-year period of 2015-2019 were Bernalillo, San Juan, McKinley, Santa Fe, and Dona Ana. New Mexico has extremely high death rates due to both alcohol-related chronic diseases and alcohol-related injuries.

- Alcohol-Related Chronic Disease Death. NM's rate of death due to alcohol-related chronic diseases 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 (712 for the years 2015-2019, two counties that stand out for their very high rates were McKinley and Rio Arriba, which had rates that were roughly five times the national rate.

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

- Alcohol-Related Injury Death. NM's rate of alcohol-related injury death was approximately 1.5 times the national rate. In the current reporting period (2015-2019), drug overdose and alcohol-related motor vehicle traffic crashes are equally leading the cause of alcohol-related injury death above suicide, homicide, and falls. Numerous other types of injury death are also associated with excessive alcohol use (particularly binge drinking). Deaths from drug overdose, a portion of which are partially attributable to alcohol, have increased substantially in recent years. Males are more at risk for alcohol-related injury death than females with American Indian males having particularly elevated risk.

EXECUTIVE SUMMARY (continued)

Consequences of Substance Use (continued)

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

Smoking-Related Death

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

Drug Overdose Death and Emergency Department Visits

In 2019, New Mexico had the twelfth highest drug overdose death rate in the nation. The consequences of drug use continue to burden New Mexico communities. Drug overdose death rates remained higher for males than for females for the time period 2015-2019. The highest drug overdose death rate was among Hispanic males. Rio Arriba County had the highest drug overdose death rate in the state. Bernalillo County continued to bear the highest burden of drug overdose death in terms of total numbers of deaths. Unintentional drug overdoses account for almost 88% of drug overdose deaths. The most common drugs causing unintentional overdose death for the period 2015-2019 were prescription opioids (i.e., methadone, oxycodone, morphine; 46%), heroin (36%), methamphetamine (37%), benzodiazepines (22%), and cocaine (13%) (not mutually exclusive). In New Mexico and nationally, overdose death from opioids has been an issue of enormous concern. In New Mexico in recent years, methamphetamine has become increasingly common in drug overdose deaths. It is important to note that the number of overdose deaths involving Fentanyl have increased 93% from year 2018 to 2019 in New Mexico.

Opioid overdose related emergency department (OOR-ED) visits increased 98.4% in the US between 2004 and 2009. Male rates of OOR-ED visits were higher compared to female rates. Overall, Blacks and Hispanics had higher rates compared to other racial/ethnic groups. Rio Arriba, Taos, and San Miguel counties had the highest rates of OOR-ED visits during 2015-2019. Rio Arriba and San Miguel counties also had the highest drug overdose death rates during the same time period.

As with OOR-ED visits, there has been a notable increase in amphetamine overdose related emergency department (AOR-ED) visits in recent years. The counties with the highest rates of AOR-ED visits during 2015-2019 were Cibola, Colfax, and San Miguel. It is important to note that ED visits from federal facilities (e.g. Indian Health Services and Veterans Administration) are not included in these results.

Suicide and Mental Health

Suicide and Mental Health

Suicide is a serious and persistent public health problem in New Mexico. Over the period 1981 through 2019, New Mexico's suicide rate was consistently among the highest in the nation, at 1.5 to 1.9 times the US rate. Male suicide rates were three to four times higher than those of females across all racial/ethnic groups, except Asian/Pacific Islanders. For the five-year period 2015-2019, all but ten counties had suicide rates that were at least one and a half times higher than the most recent available US rate.

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

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 2019, 28.6% 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 2019, 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 2019, boys and girls did not have significantly different rates of drinking ten or more drinks on an occasion.

- **Adult Heavy Drinking.** In NM, between 2017-2019, 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 (5.6%) than in the rest of the nation (6.5%). Heavy drinking was more prevalent among middle-aged (age 25-64) adults, with 6.0% reporting past-month heavy drinking. New Mexico men were more likely to report chronic drinking than women (6.7% v. 4.6%).

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

- **Youth Drinking and Driving.** In 2019, New Mexico high school students were more likely to report driving after drinking alcohol than other US students (6.8% v. 5.4%). 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 and eleventh grade students were more likely to report drinking and driving than ninth and tenth grade students.

- **Youth Drug Use.** In 2019, past-30-day marijuana and methamphetamine use were more prevalent among New Mexico students than among US students. The use of marijuana was more commonly reported by American Indian students than by students in other racial/ethnic groups. Asian/Pacific Islander students were more likely to report past-30-day use of inhalants, while Black students were more likely to report past-30-day use of cocaine, painkillers, heroin, and methamphetamine than students of other racial/ethnic groups.

- In 2019, the question for painkiller use changed. Previously the question asked about painkiller use to get high. In 2019, the question now asks about using prescription pain medicine without a prescription or differently from how their doctor prescribed it.

EXECUTIVE SUMMARY (continued)

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

- Adult Tobacco Use. Between 2017-2019, the prevalence of adult smoking was consistent for New Mexico when compared to the 2019 US estimates (16.0% vs. 16.0%). Smoking was most prevalent among middle-aged groups and was more common among men than women for all age categories.
- Youth Cigarette Use. In 2019, cigarette smoking was more prevalent among New Mexico high school students (8.9%) than in the nation overall (6.0%). New Mexico boys were more likely than girls to report current smoking (10.4% vs. 7.4%). White (8.0%), Hispanic (8.5%), and American Indian (11.5%) students had lower rates of current cigarette smoking than Black (11.9%) and Asian/Pacific Islander (12.4%) students.
- Youth E-Cigarette Use. E-cigarette use has become increasingly popular, especially among youth. The prevalence of current e-cigarette use among New Mexico high school students was 34.0% in 2019. Taos and Valencia high school students had alarmingly high rates of e-cigarette use (57.5% and 47.1% respectively).

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 December 17, 2019.

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 December 17, 2019.

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 December 17, 2019.

New Mexico population data, 2000-2018: 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 2018.

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. 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, 1982-2017. Report provided by NHTSA National Center for Statistics and Analysis, Information Services Team. 2008-2017 death rates per 100 Million VMT calculated by the New Mexico Department of Health, Epidemiology and Response Division, Injury and Behavioral Epidemiology Bureau, Substance Abuse Epidemiology Section.

(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.

EXECUTIVE SUMMARY (continued)

Data Sources (continued)

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, 1995-2018. Available from: http://www.cdc.gov/brfss/data_tools.htm as of December 17, 2019.

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 December 17, 2019.

National youth behavioral data: Centers for Disease Control and Prevention (CDC). Surveillance Summaries, June 8, 2012. MMWR. 2012;61(SS-4). More reporting available from: <http://www.cdc.gov/HealthyYouth/yrbs/index.htm> as of December 17, 2019.

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New Mexico substance use disorder and mental health data: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. Statewide and sub-state estimates from the 2016-2017 National Surveys on Drug Use and Health. Available from: <https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2017>

More reporting available from: <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health> as of December 17, 2019.

Section 1

Consequences

ALCOHOL-RELATED DEATH

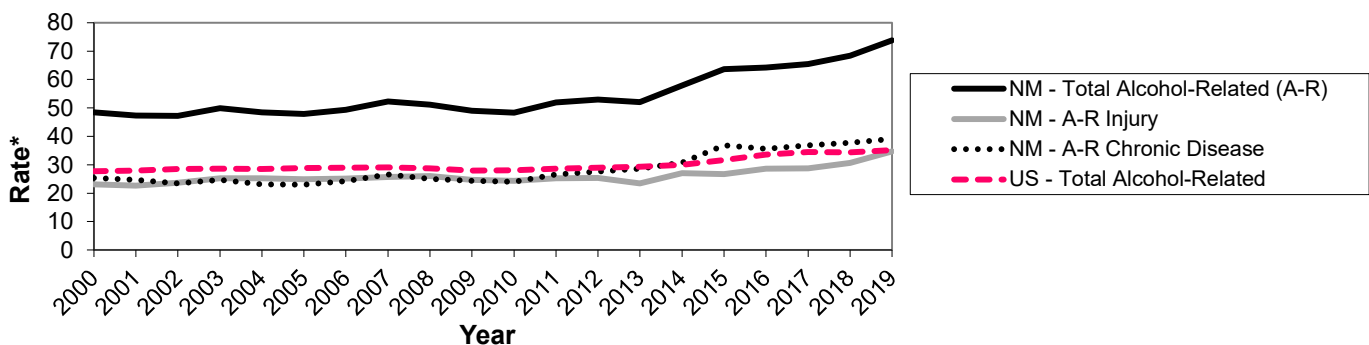
Problem Statement

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, et al. Contribution of Excessive Alcohol Consumption to Deaths and Years of Potential Life Lost in the United States.* Preventing Chronic Disease. 2014; 11:E109. doi:10.5888/pcd11.130293). The negative consequences of excessive alcohol use in New Mexico are not limited to death but also include domestic violence, crime, poverty, and unemployment, as well as chronic liver disease, motor vehicle crash and other injuries, mental illness, and a variety of other medical problems. Nationally, one in ten deaths among working age adults (age 20-64) is attributable to alcohol. In New Mexico this ratio is twice as high at one in five deaths.

Chart 1 shows the two principal components of alcohol-related death: deaths due to chronic diseases (such as chronic liver disease), which are strongly associated with chronic heavy drinking; and deaths due to alcohol-related injuries, which are strongly associated with binge drinking. Each category will be considered in more detail later in this report. New Mexico's total alcohol-related death rate increased 16% from 1990 through 2012, driven by a 19% increase in alcohol-related injury death rates from 2001 through 2012. By contrast, the US alcohol-related death rate decreased 8% from 1990 through 2011. Although the alcohol-related chronic disease death rate remained fairly stable from 1990 to 2009 in NM, from 2010 to 2019 there was a 53% increase in the total alcohol-related death rate (Chart 1).

* Estimates of alcohol-attributable deaths or years of potential life lost generated in the current version of ARDI should not be compared with estimates that were generated using reports or analyses prior to July 30, 2020. See Introduction, page VI for additional ARDI update information

Chart 1: Alcohol-Related Death Rates*, New Mexico and United States, 2000-2019



*US data are available up to 2019

* 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, 2015-2019

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	60	931	92	1,084	32.8	399.2	231.7	254.6
	Asian/Pacific Islander	3	14	6	24	12.7	31.0	68.4	29.7
	Black	10	63	15	89	22.1	92.1	114.1	69.5
	Hispanic	192	1,667	378	2,238	18.4	134.3	144.4	94.1
	White	77	1,110	496	1,684	16.4	107.6	101.8	69.4
	Total	344	3,804	994	5,142	19.4	145.1	122.5	96.3
Female	American Indian	26	476	68	569	14.1	186.8	115.9	121.5
	Asian/Pacific Islander	1	11	3	15	3.5	18.1	21.7	13.4
	Black	3	24	4	30	8.0	49.0	28.2	31.4
	Hispanic	61	578	158	796	6.0	46.1	49.3	32.0
	White	23	481	217	721	5.2	46.3	38.8	29.5
	Total	114	1,576	450	2,140	6.7	59.3	46.6	39.2
Total	American Indian	86	1,407	160	1,653	23.5	288.3	162.8	184.0
	Asian/Pacific Islander	4	25	9	38	8.1	23.8	39.7	20.4
	Black	14	87	18	119	15.7	74.3	72.0	52.8
	Hispanic	252	2,245	536	3,034	12.3	90.0	92.1	62.2
	White	100	1,592	714	2,405	11.0	76.8	68.1	49.2
	Total	458	5,380	1,444	7,281	13.2	101.9	81.3	67.1

* 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. 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 2019 national rate. Nearly one-third of New Mexico counties (San Juan, Cibola, Mora, Quay, Taos, San Miguel, Sierra, and Socorro) had a substantial burden (20 or more alcohol-related deaths per year) and rates more than twice US rate. Furthermore, only three 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 Quay 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).

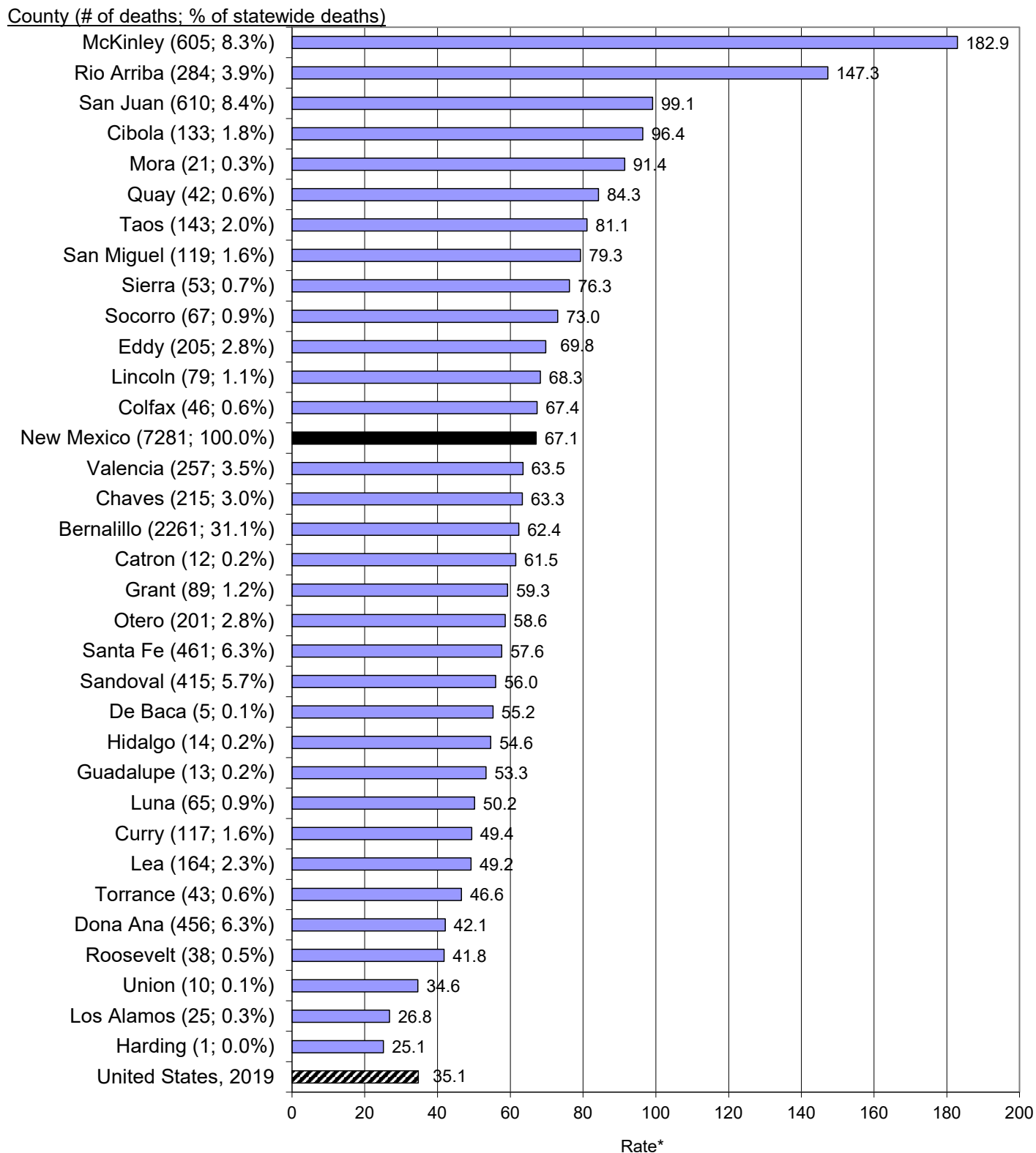
Table 2: Alcohol-Related Deaths and Rates* by Race/Ethnicity and County, New Mexico, 2015-2019

County	Deaths						Rates*					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	253	20	66	1,086	826	2,261	173.3	20.4	63.9	66.6	49.3	62.4
Catron	1	0	0	2	8	12	106.0	0.0	0.0	74.8	51.3	61.5
Chaves	1	0	6	99	107	215	66.4	0.0	122.1	59.9	66.8	63.3
Cibola	80	0	0	34	19	133	155.2	0.0	0.0	63.1	67.9	96.4
Colfax	0	0	0	29	16	46	0.0	0.0	0.0	90.4	50.9	67.4
Curry	0	0	10	43	63	117	0.0	0.0	68.5	50.0	48.2	49.4
De Baca	0	0	0	2	4	5	0.0	0.0	0.0	63.9	58.2	55.2
Dona Ana	4	4	6	285	156	456	47.9	27.2	29.8	42.6	42.7	42.1
Eddy	3	0	4	85	111	205	70.0	0.0	109.3	65.0	75.7	69.8
Grant	1	1	0	45	41	89	69.9	137.8	0.0	63.6	54.7	59.3
Guadalupe	0	0	0	11	2	13	0.0	0.0	0.0	56.8	46.0	53.3
Harding	0	0	0	1	0	1	0.0	0.0	0.0	47.8	0.0	25.1
Hidalgo	0	0	0	6	8	14	0.0	0.0	0.0	47.2	62.8	54.6
Lea	1	1	8	76	77	164	19.4	35.5	68.2	46.3	55.7	49.2
Lincoln	3	0	0	24	52	79	108.8	0.0	0.0	64.4	73.2	68.3
Los Alamos	0	0	0	4	20	25	0.0	0.0	0.0	27.7	29.6	26.8
Luna	0	0	0	26	39	65	0.0	0.0	0.0	36.6	77.7	50.2
McKinley	550	0	1	35	18	605	221.3	0.0	50.3	81.3	48.8	182.9
Mora	0	0	0	17	3	21	0.0	0.0	0.0	92.4	104.5	91.4
Otero	44	0	2	51	103	201	227.5	0.0	20.2	44.7	52.3	58.6
Quay	1	2	0	24	15	42	280.8	342.2	0.0	118.9	42.5	84.3
Rio Arriba	64	0	2	192	26	284	238.6	0.0	245.7	138.1	97.9	147.3
Roosevelt	1	0	1	17	19	38	97.8	0.0	65.2	50.8	36.2	41.8
Sandoval	142	1	6	128	137	415	174.2	8.2	34.8	46.7	36.7	56.0
San Juan	409	0	1	59	139	610	174.8	0.0	19.7	54.2	48.0	99.1
San Miguel	3	0	0	95	20	119	203.0	0.0	0.0	81.8	67.7	79.3
Santa Fe	27	5	2	263	158	461	136.3	41.4	28.2	68.7	39.1	57.6
Sierra	0	0	0	11	41	53	0.0	0.0	0.0	68.9	78.0	76.3
Socorro	19	0	0	27	21	67	209.2	0.0	0.0	61.7	46.7	73.0
Taos	21	0	0	87	36	143	212.2	0.0	0.0	89.9	49.1	81.1
Torrance	1	0	0	19	23	43	64.1	0.0	0.0	52.4	41.8	46.6
Union	0	0	0	8	2	10	0.0	0.0	0.0	76.1	11.5	34.6
Valencia	21	2	2	143	86	257	137.5	58.2	53.6	63.6	51.2	63.5
New Mexico	1,653	38	119	3,034	2,405	7,281	184.0	20.4	52.8	62.2	49.2	67.1

* 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, 2015-2019

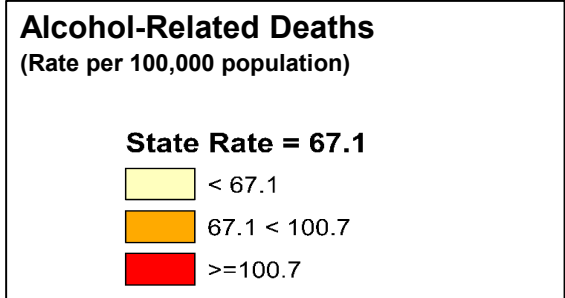
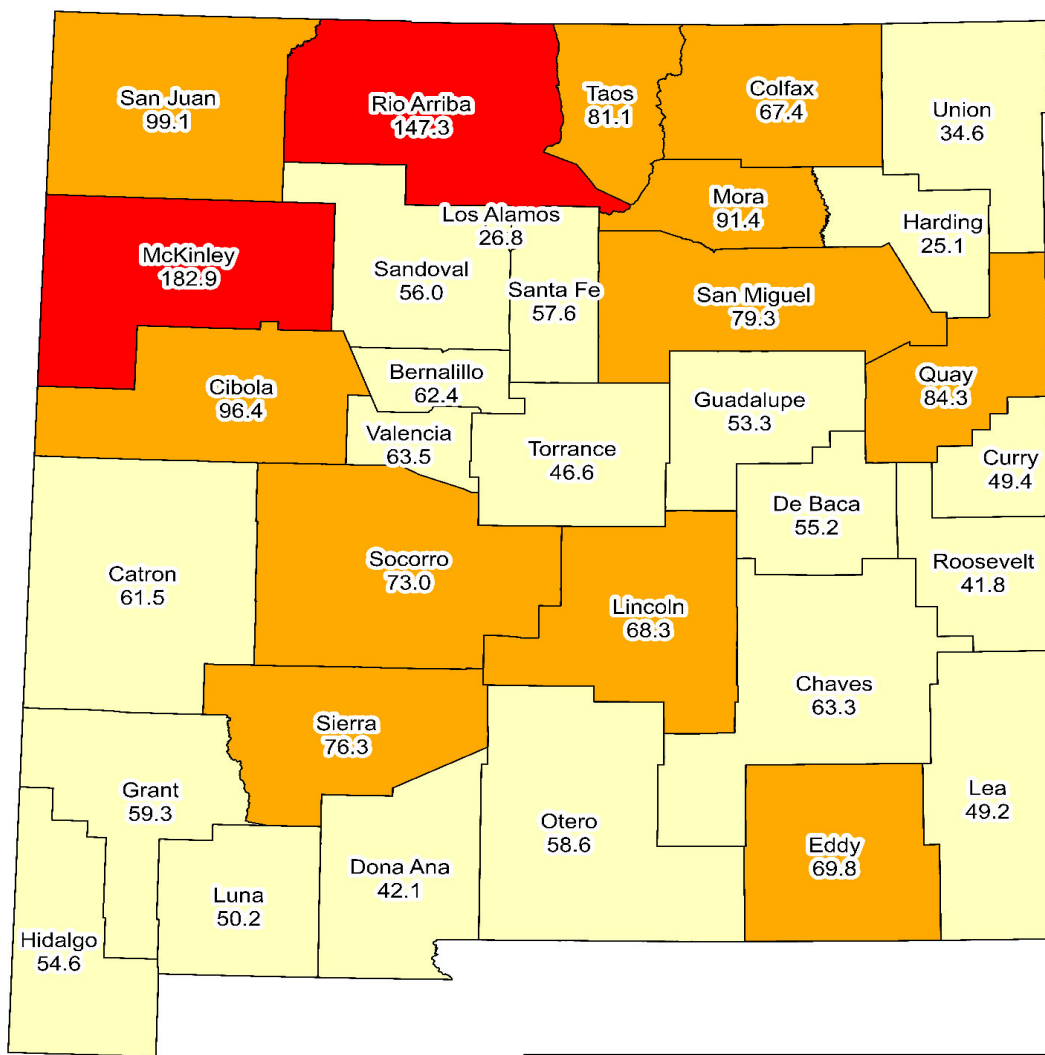


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

ALCOHOL-RELATED DEATH (continued)

Chart 3: Alcohol-Related Death Rates* by County, New Mexico, 2015-2019



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

ALCOHOL-RELATED CHRONIC DISEASE DEATH

Problem Statement

Chronic heavy drinking (defined as drinking, on average, more than two drinks per day for men and more than one drink per day for women) is often associated with alcoholism or alcohol dependence and can cause or contribute to a number of diseases, including alcoholic liver cirrhosis. For the past 15 years, New Mexico's death rate from alcohol-related chronic disease has consistently been first or second in the nation and 1.5 to two times the national rate. The national death rate from alcohol-related chronic disease in 2015 (13.9) was the same as that in 1990. In contrast, New Mexico's rate increased 63% from 1990 to 2019.

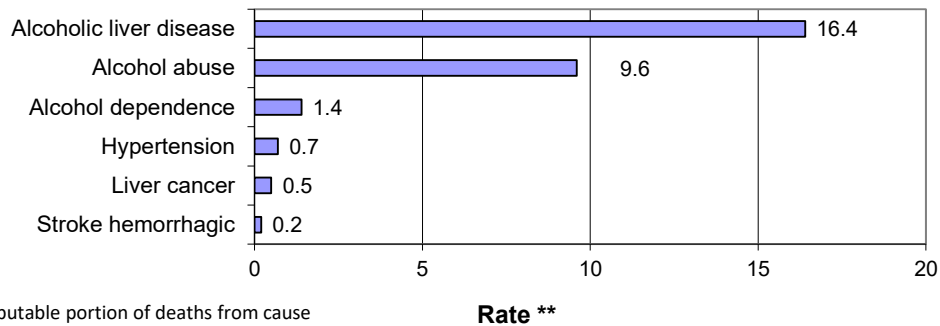
Chart 1 shows the five leading causes of alcohol-related chronic disease death in New Mexico during 2015-2019.* Alcohol-related chronic liver disease (AR-CLD) was the leading cause of alcohol-related death overall and of alcohol-related chronic disease death during this period. This cause of death will be discussed in more detail later in this report.

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

*ARDI estimates of alcohol-attributable deaths or years of potential life lost generated in the current version of ARDI should not be compared with estimates that were generated using reports or analyses prior to July 30, 2020 (see Introduction section, page VI for additional ARDI update information).

Chart 1: Leading Causes of Alcohol-Related Chronic Disease Death, New Mexico, 2015-2019

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, 2015-2019

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	3	581	67	651	1.7	249.1	168.1	156.6
	Asian/Pacific Islander	0	8	3	11	0.0	17.5	38.4	15.1
	Black	0	20	12	32	0.0	28.9	95.6	27.2
	Hispanic	4	895	320	1,219	0.3	72.1	122.3	52.5
	White	1	606	356	963	0.3	58.7	73.0	34.5
	Total	8	2,118	763	2,889	0.5	80.8	94.0	52.1
Female	American Indian	5	360	62	428	2.8	141.4	106.8	91.9
	Asian/Pacific Islander	0	6	1	8	0.0	10.9	10.5	7.1
	Black	0	14	3	17	0.0	29.5	23.0	16.9
	Hispanic	1	330	136	467	0.1	26.3	42.4	18.7
	White	2	258	154	414	0.5	24.8	27.4	14.9
	Total	9	974	356	1,338	0.5	36.6	36.9	23.5
Total	American Indian	8	942	129	1,079	2.2	192.9	131.6	121.9
	Asian/Pacific Islander	0	15	5	19	0.0	13.8	21.2	10.4
	Black	0	34	15	50	0.0	29.1	60.0	22.2
	Hispanic	5	1,225	456	1,686	0.2	49.1	78.3	34.8
	White	3	864	510	1,377	0.4	41.7	48.7	24.4
	Total	17	3,092	1,119	4,227	0.5	58.6	63.0	37.3

* 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 DISEASE DEATH (continued)

Problem Statement (continued)

Table 1 also shows that, in general, males are more at risk than females for alcohol-related chronic disease death. American Indians are most at risk among the racial/ethnic groups with total, male, and female rates more than twice the corresponding state rates. As mentioned earlier, Hispanic males are also at an elevated risk, with a rate roughly one and a half times the state rate (52.5 vs. 37.3).

Table 2 shows that McKinley and Rio Arriba counties have the highest death rates for diseases associated with alcohol-related chronic disease. In these counties, the rates are nearly or more than 4 times the national rate (16.3 deaths per 100,000). The high rates in McKinley and Cibola counties are driven by unusually high rates in the American Indian population. In Rio Arriba County, the rate is driven by high rates in both the Hispanic and American Indian populations. It is worth noting the considerable variation exists across counties in American Indian alcohol-related chronic disease death rates, with 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, 2015-2019

County	Deaths						Rates*					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	175	10	30	590	486	1,297	123.3	9.9	29.8	37.1	26.2	34.4
Catron	0	0	0	2	3	5	0.0	0.0	0.0	46.6	9.2	17.6
Chaves	1	0	2	51	68	123	66.4	0.0	30.8	32.1	36.2	33.9
Cibola	56	0	0	19	11	86	108.4	0.0	0.0	34.2	37.7	60.5
Colfax	0	0	0	18	8	27	0.0	0.0	0.0	52.0	19.8	32.9
Curry	0	0	3	18	38	59	0.0	0.0	26.8	24.8	26.4	24.8
De Baca	0	0	0	1	2	3	0.0	0.0	0.0	49.1	13.6	27.7
Dona Ana	3	2	2	170	96	274	35.0	18.2	13.2	26.1	23.4	24.6
Eddy	2	0	2	43	55	101	44.2	0.0	36.7	33.9	32.4	32.0
Grant	0	1	0	26	23	51	0.0	137.8	0.0	34.6	24.4	29.5
Guadalupe	0	0	0	5	0	5	0.0	0.0	0.0	24.3	0.0	19.1
Harding	0	0	0	0	0	1	0.0	0.0	0.0	0.0	0.0	17.4
Hidalgo	0	0	0	3	4	6	0.0	0.0	0.0	17.8	26.2	21.8
Lea	0	0	2	31	38	71	0.0	0.0	17.0	22.8	23.5	21.5
Lincoln	2	0	0	14	29	46	72.9	0.0	0.0	37.0	29.6	32.4
Los Alamos	0	0	0	1	9	10	0.0	0.0	0.0	7.0	10.3	9.0
Luna	0	0	0	14	22	36	0.0	0.0	0.0	19.8	35.3	25.2
McKinley	354	0	1	19	9	384	144.1	0.0	50.3	44.3	19.7	116.4
Mora	0	0	0	10	1	11	0.0	0.0	0.0	42.6	12.2	37.1
Otero	30	0	1	24	57	112	156.3	0.0	9.7	21.6	25.7	31.6
Quay	1	2	0	17	10	30	280.8	342.2	0.0	79.9	19.2	52.8
Rio Arriba	51	0	0	112	19	182	189.6	0.0	0.0	76.1	57.3	89.3
Roosevelt	0	0	0	6	7	13	0.0	0.0	0.0	20.2	11.6	14.0
Sandoval	103	0	4	75	81	263	129.0	0.0	20.8	27.5	18.9	34.1
San Juan	231	0	0	32	75	341	100.0	0.0	0.0	30.2	22.9	54.0
San Miguel	1	0	0	58	11	71	75.6	0.0	0.0	47.0	32.9	43.7
Santa Fe	20	2	0	157	94	276	102.4	17.8	0.0	40.1	19.8	31.7
Sierra	0	0	0	8	24	32	0.0	0.0	0.0	45.9	31.9	37.3
Socorro	15	0	0	14	11	40	163.4	0.0	0.0	30.8	21.5	42.7
Taos	18	0	0	55	16	88	176.0	0.0	0.0	53.4	14.3	45.3
Torrance	0	0	0	9	9	18	0.0	0.0	0.0	21.4	13.8	15.5
Union	0	0	0	7	2	8	0.0	0.0	0.0	64.5	7.2	26.7
Valencia	16	2	1	76	57	154	108.8	50.5	33.1	33.6	26.5	35.2
New Mexico	1,079	19	50	1,686	1,377	4,227	121.9	10.4	22.2	34.8	24.4	37.3

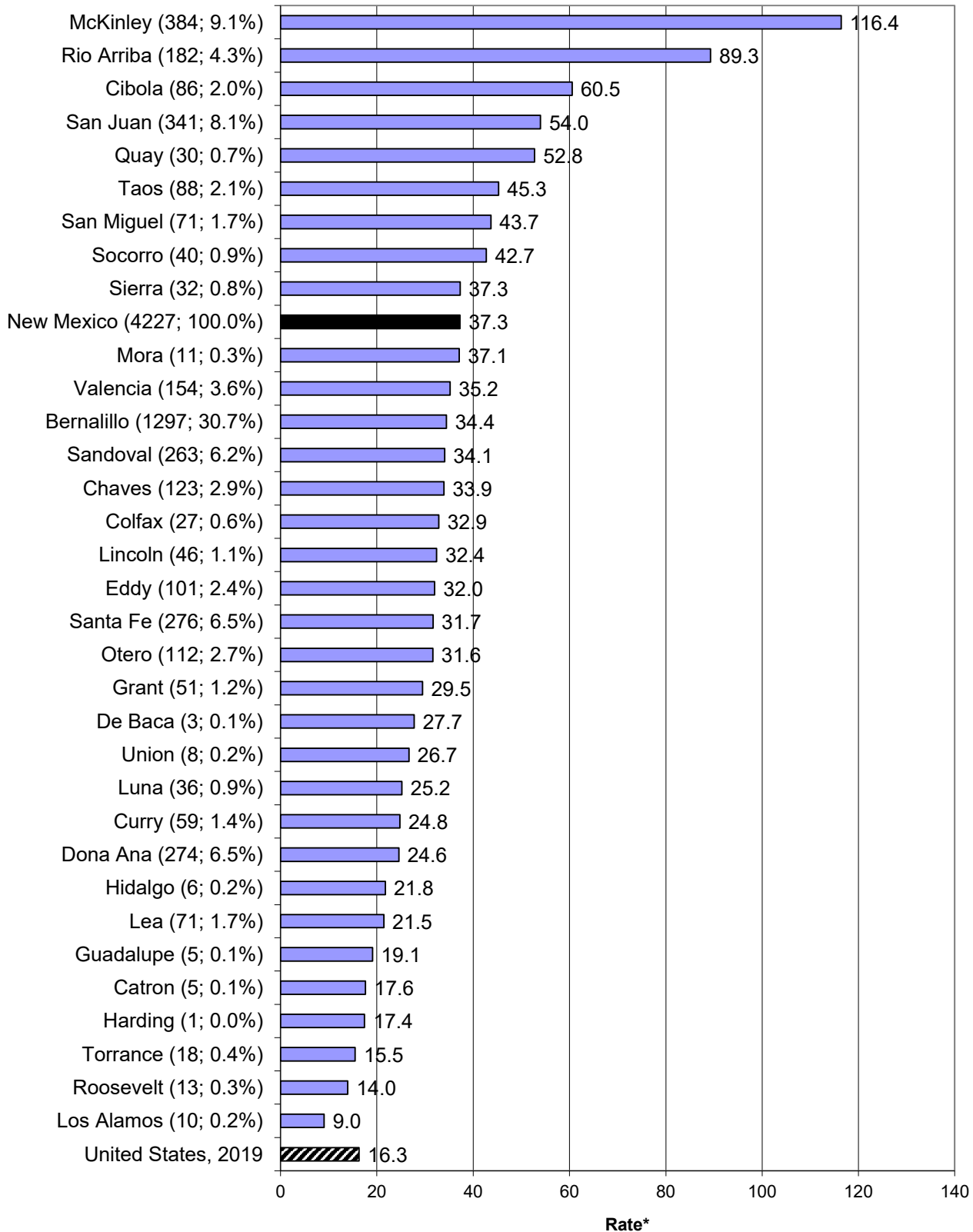
* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

ALCOHOL-RELATED CHRONIC DISEASE DEATH (continued)

Chart 2: Alcohol-Related Chronic Disease Death Rates* by County, New Mexico, 2015-2019

County (# of deaths; % of statewide deaths)

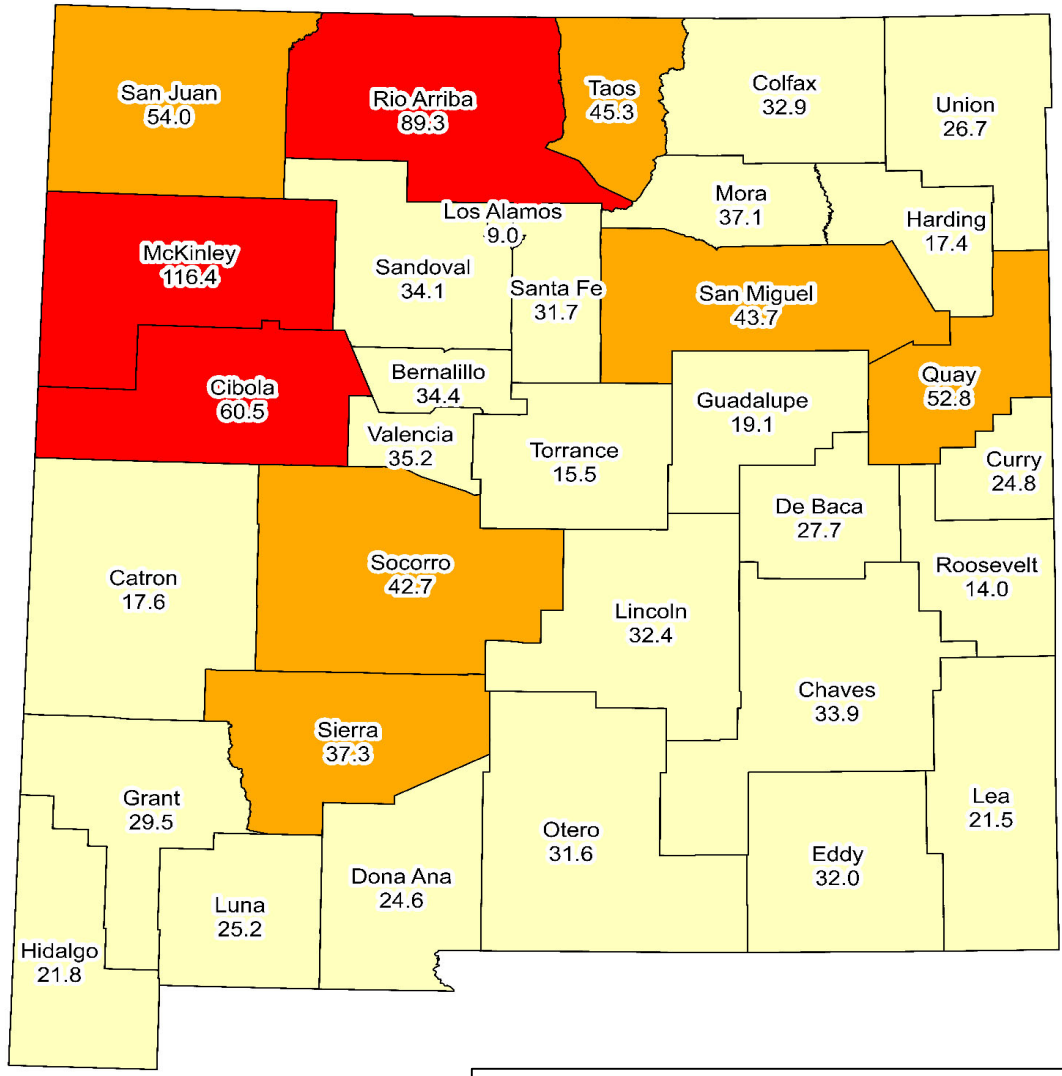


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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, 2015-2019



Alcohol-Related Chronic Disease Deaths
 (Rate per 100,000 population)
State Rate = 37.3

- < 37.3
- 37.3 < 56.0
- ≥ 56.0

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

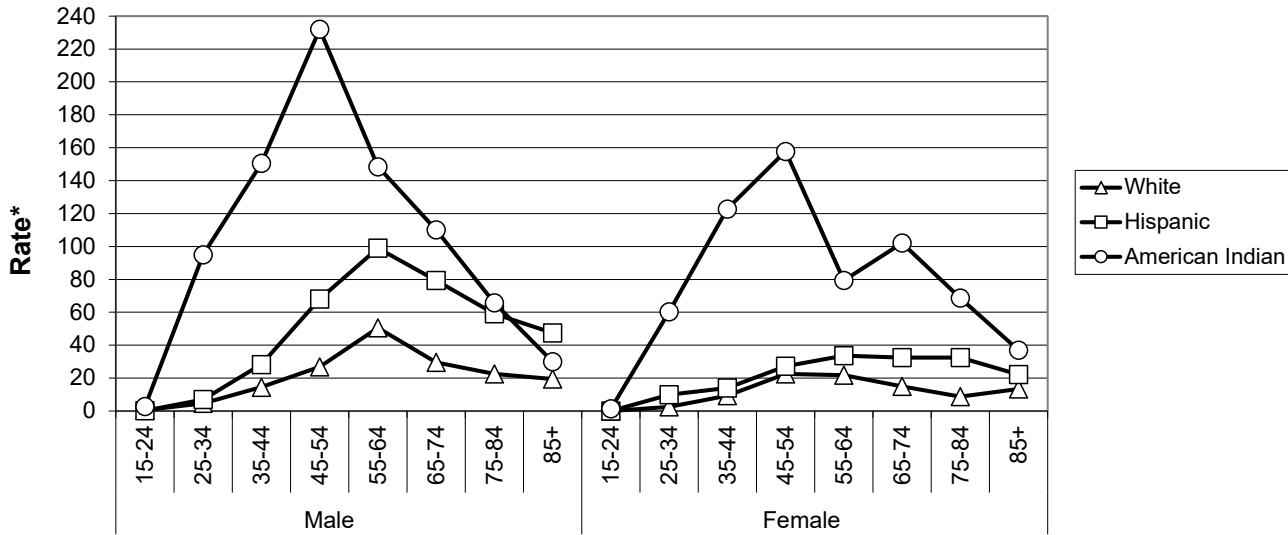
ALCOHOL-RELATED CHRONIC LIVER DISEASE (CLD) DEATH

Problem Statement

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

* Estimates of alcohol-attributable deaths or years of potential life lost generated in the current version of ARDI should not be compared with estimates that were generated using reports or analyses prior to July 30, 2020. See Introduction, page VI for additional ARDI update information.

Chart 1: Alcohol-Related CLD Death Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2015-2019



* 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, 2015-2019

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	350	36	388	1.1	149.8	91.1	92.6
	Asian/Pacific Islander	0	3	2	5	0.0	6.4	25.3	7.2
	Black	0	7	6	12	0.0	9.6	42.9	9.4
	Hispanic	1	565	185	751	0.1	45.5	70.5	32.0
	White	1	275	129	405	0.2	26.7	26.5	14.3
	Total	4	1,202	358	1,564	0.2	45.8	44.2	28.1
Female	American Indian	1	261	49	311	0.5	102.2	84.8	66.9
	Asian/Pacific Islander	0	5	1	6	0.0	9.1	5.8	5.4
	Black	0	9	1	10	0.0	17.7	11.2	9.0
	Hispanic	0	254	100	354	0.0	20.3	31.2	14.2
	White	0	161	73	234	0.0	15.5	13.0	8.4
	Total	1	691	224	916	0.1	26.0	23.2	16.1
Total	American Indian	3	610	86	699	0.8	125.0	87.4	79.1
	Asian/Pacific Islander	0	8	3	11	0.0	7.9	13.3	6.1
	Black	0	15	7	22	0.0	12.9	27.3	9.0
	Hispanic	1	819	285	1,105	0.0	32.8	48.9	22.7
	White	1	436	202	639	0.1	21.0	19.3	11.3
	Total	5	1,892	582	2,480	0.1	35.8	32.8	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; CDC ARDI; SAES

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

Problem Statement (continued)

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

Chart 2 shows that AR-CLD death rates in McKinley and Rio Arriba counties are more than six times the national rate. Three-fourths 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, Lincoln, Guadalupe) 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).

Table 2: Alcohol-Related CLD Deaths and Rates* by Race/Ethnicity and County, New Mexico, 2015-2019

County	Deaths						Rates*					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	103	6	13	378	212	712	71.7	6.3	11.2	23.6	11.4	18.9
Catron	0	0	0	1	0	2	0.0	0.0	0.0	43.4	0.0	10.3
Chaves	1	0	1	35	37	75	66.4	0.0	25.9	22.0	21.1	21.3
Cibola	40	0	0	15	6	62	77.7	0.0	0.0	28.0	16.9	42.7
Colfax	0	0	0	15	5	20	0.0	0.0	0.0	42.3	11.7	24.0
Curry	0	0	3	13	24	40	0.0	0.0	22.7	18.2	17.0	16.8
De Baca	0	0	0	1	1	2	0.0	0.0	0.0	45.6	7.1	22.6
Dona Ana	2	1	0	110	46	160	33.0	5.9	0.0	16.9	11.0	14.3
Eddy	1	0	0	27	28	57	41.4	0.0	0.0	21.1	17.0	18.1
Grant	0	1	0	20	8	29	0.0	134.4	0.0	26.9	8.0	18.1
Guadalupe	0	0	0	4	0	4	0.0	0.0	0.0	19.2	0.0	14.5
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	2	1	3	0.0	0.0	0.0	15.4	5.7	11.4
Lea	0	0	0	22	18	40	0.0	0.0	0.0	16.1	10.9	11.8
Lincoln	1	0	0	10	16	26	35.9	0.0	0.0	22.4	14.8	16.6
Los Alamos	0	0	0	1	3	4	0.0	0.0	0.0	6.3	4.7	4.5
Luna	0	0	0	8	9	18	0.0	0.0	0.0	11.0	14.2	11.9
McKinley	233	0	1	17	2	253	95.1	0.0	47.5	37.3	5.0	76.9
Mora	0	0	0	5	1	6	0.0	0.0	0.0	26.2	9.6	23.8
Otero	24	0	0	12	26	62	129.3	0.0	0.0	10.1	11.1	17.8
Quay	1	0	0	11	1	13	280.8	0.0	0.0	49.8	2.9	25.4
Rio Arriba	31	0	0	85	8	124	111.6	0.0	0.0	57.6	18.7	59.4
Roosevelt	0	0	0	4	5	9	0.0	0.0	0.0	14.7	8.9	10.0
Sandoval	58	0	1	43	37	139	72.7	0.0	3.9	15.8	9.5	18.0
San Juan	157	0	0	20	37	215	67.7	0.0	0.0	18.8	10.9	34.4
San Miguel	1	0	0	40	6	48	74.5	0.0	0.0	32.4	18.2	29.5
Santa Fe	14	2	0	105	44	164	70.9	16.5	0.0	26.5	9.3	19.1
Sierra	0	0	0	5	11	16	0.0	0.0	0.0	26.5	15.0	18.2
Socorro	8	0	0	9	6	23	90.6	0.0	0.0	16.3	12.1	24.1
Taos	11	0	0	29	7	47	106.2	0.0	0.0	28.3	5.7	23.9
Torrance	0	0	0	5	3	8	0.0	0.0	0.0	12.2	5.0	7.2
Union	0	0	0	5	1	5	0.0	0.0	0.0	43.8	3.6	17.5
Valencia	11	1	1	48	27	89	76.1	46.5	28.4	21.1	12.4	20.5
New Mexico	699	11	22	1,105	639	2,480	79.1	6.1	9.0	22.7	11.3	21.9

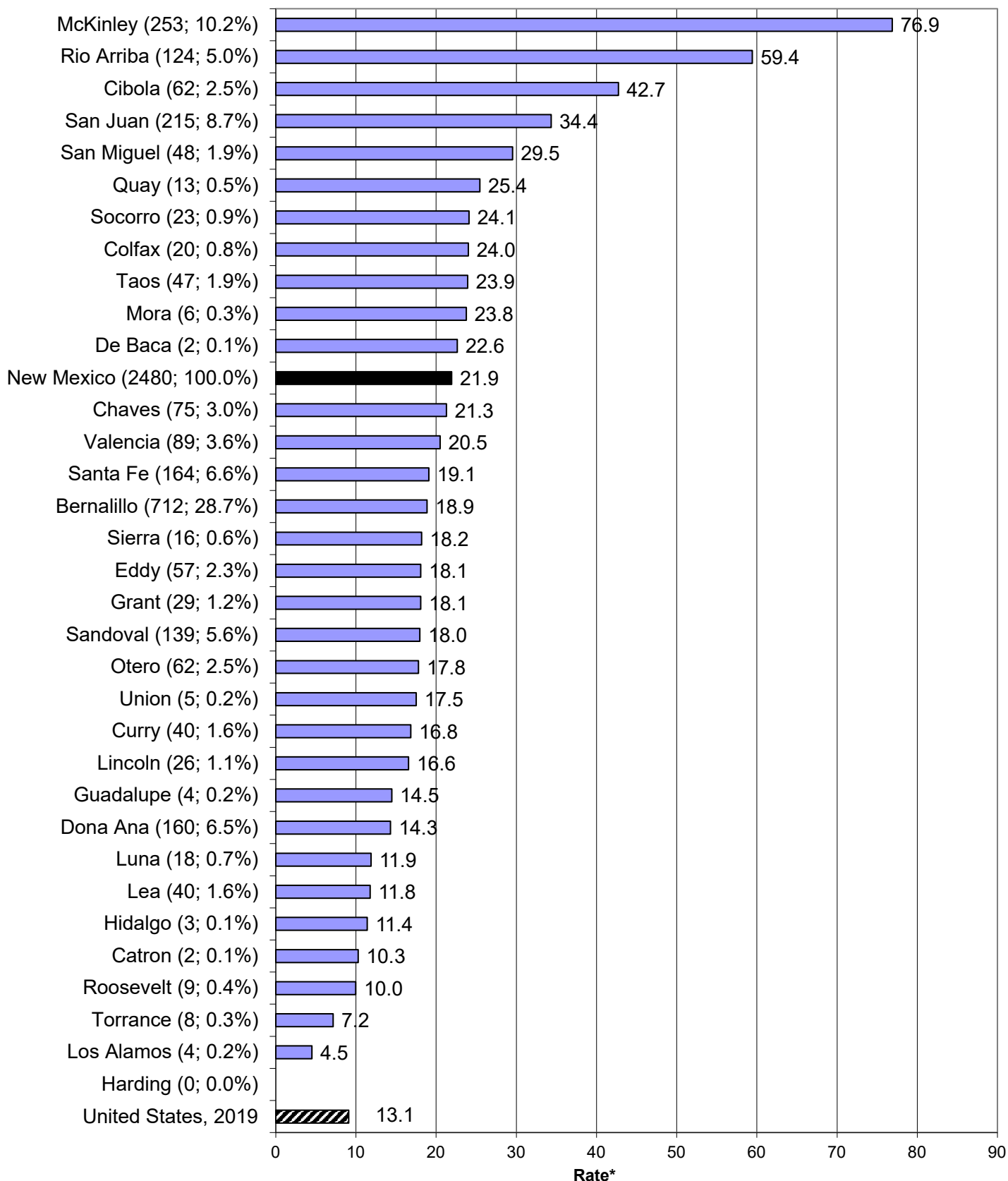
* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

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

Chart 2: Alcohol-Related CLD Death Rates* by County, New Mexico, 2015-2019

County (# of deaths; % of statewide deaths)

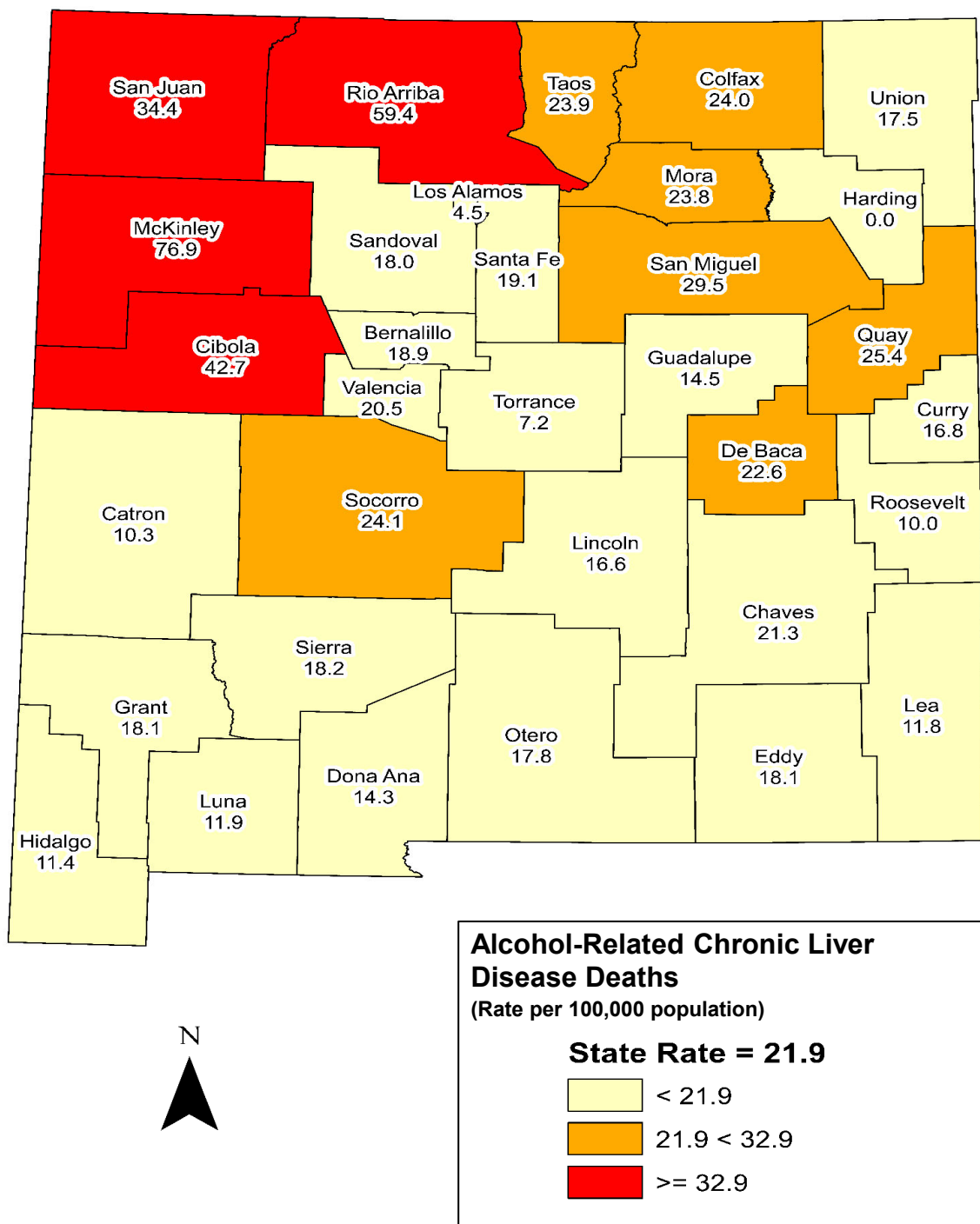


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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, 2015-2019



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

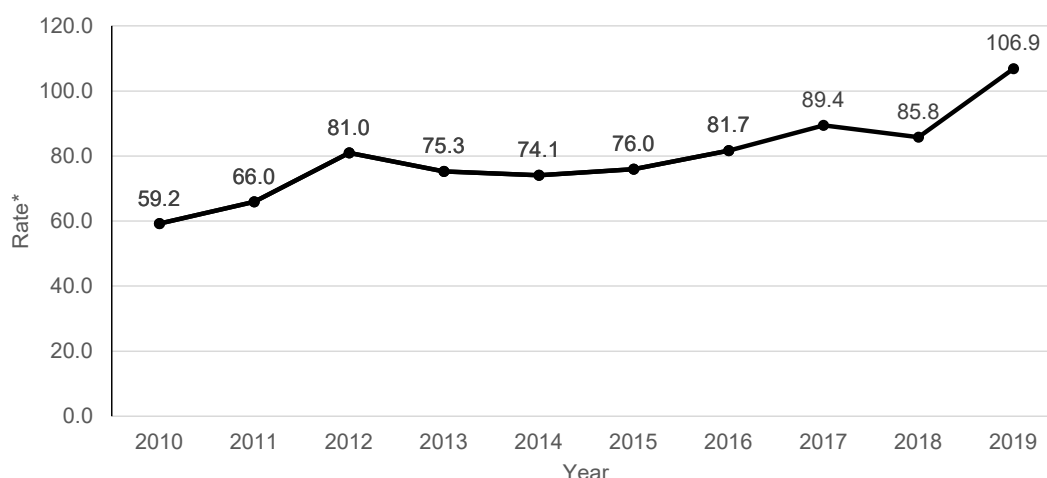
Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES

CHRONIC LIVER DISEASE (CLD) HOSPITAL DISCHARGES

Problem Statement

Excessive alcohol use is the most common cause of CLD. Other causes (e.g. acetaminophen use) are less common. CLD can develop over many years, in some cases 20-30 years, and data on hospitalizations can provide information on CLD risk earlier in the disease's development than AR-CLD mortality. However, CLD hospitalizations are not limited to alcohol-related conditions and include all hospital stays where the primary diagnosis was determined to be CLD. Additionally, CLD hospitalizations measure number of hospital stays rather than individuals diagnosed with CLD (i.e. a person can be hospitalized more than once). The rate of CLD hospitalizations in 2019 (106.9 hospitalizations per 100,000 population) is an increase of 81% compared to 2010 (59.2 hospitalizations per 100,000). Women have shown to be at lower risk than men. However, in 2019, women who identify as Black have a higher rate than Black men. Asian/Pacific Islander women had the lowest rates whereas men who identify as American Indian have the highest rates.

Chart 1: CLD Hospital Discharge Rates*, New Mexico, 2010-2019



* Rates per 100,000 population; Minor changes in methodology have led to an update of the 2015-2019 annual rates.

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, 2015-2019

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	1,202	102	1,313	4.9	515.2	256.7	316.0
	Asian/Pacific Islander	-	42	4	46	-	90.1	46.1	54.5
	Black	1	32	10	43	2.1	46.4	76.6	32.0
	Hispanic	27	2,010	455	2,492	2.6	161.9	173.7	106.1
	White	9	1,176	399	1,584	1.9	114.0	81.8	64.4
	Total	50	4,572	1,008	5,630	2.8	174.4	124.3	105.2
Female	American Indian	14	885	231	1,130	7.7	347.2	396.5	239.4
	Asian/Pacific Islander	3	20	20	43	11.8	33.8	143.9	42.9
	Black	-	39	7	46	-	80.4	55.8	45.6
	Hispanic	23	1,133	473	1,629	2.3	90.4	147.6	65.4
	White	8	744	378	1,130	1.9	71.5	67.5	43.9
	Total	48	2,903	1,130	4,081	2.8	109.3	117.0	71.4
Total	American Indian	23	2,087	333	2,443	6.3	427.5	339.8	277.0
	Asian/Pacific Islander	3	62	24	89	5.8	58.6	106.3	48.1
	Black	1	71	17	89	1.2	60.5	66.4	37.8
	Hispanic	50	3,143	928	4,121	2.4	126.0	159.3	85.3
	White	17	1,920	777	2,714	1.9	92.7	74.1	54.0
	Total	98	7,475	2,138	9,711	2.8	141.6	120.3	88.0

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

There were 258 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 2015 to 2019, there were 9,711 hospitalizations reported by non-federal facilities. This equates to approximately 5 hospitalizations for CLD every day in New Mexico.

For 2015-2019 McKinley County had the highest rate of CLD hospitalizations (205.2 hospitalizations per 100,000 population), followed by Cibola (160.9 hospitalizations per 100,000 population), Rio Arriba (154.3 hospitalizations per 100,000 population), and Socorro (121.9 hospitalizations per 100,000 population). De Baca (4.7 hospitalizations per 100,000 population) and Eddy County (6.4 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, 2015-2019

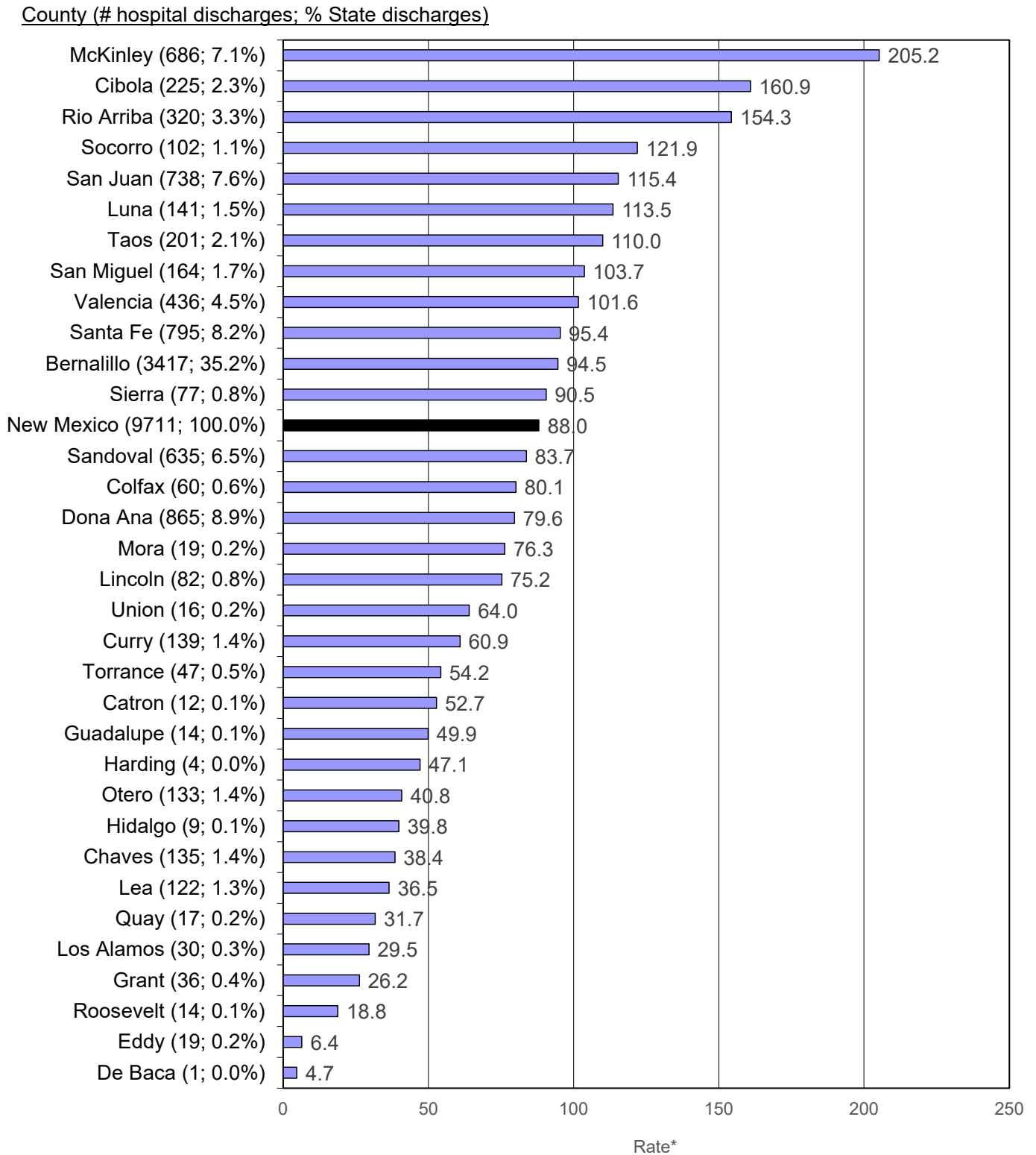
County	Hospital Discharges						Rates*					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	581	45	42	1,559	1,104	3,417	409.8	47.2	37.4	98.5	65.4	94.5
Catron	-	-	-	5	7	12	-	-	-	120.1	34.3	52.7
Chaves	-	-	-	46	82	135	-	-	-	28.2	48.5	38.4
Cibola	152	7	-	36	16	225	305.0	900.4	-	63.5	36.9	160.9
Colfax	-	-	-	24	25	60	-	-	-	75.2	64.7	80.1
Curry	-	-	19	71	46	139	-	-	148.9	90.0	37.4	60.9
De Baca	-	-	-	-	-	1	-	-	-	-	-	4.7
Dona Ana	6	-	4	552	292	865	70.4	-	20.7	84.9	81.8	79.6
Eddy	-	-	-	9	8	19	-	-	-	7.2	5.2	6.4
Grant	-	-	-	18	15	36	-	-	-	24.3	26.5	26.2
Guadalupe	-	-	-	9	5	14	-	-	-	43.0	85.7	49.9
Harding	-	-	-	4	-	4	-	-	-	121.5	-	47.1
Hidalgo	-	-	-	5	4	9	-	-	-	47.8	19.0	39.8
Lea	-	-	-	81	38	122	-	-	-	51.9	27.5	36.5
Lincoln	4	-	-	28	48	82	140.8	-	-	84.4	65.2	75.2
Los Alamos	-	-	-	9	19	30	-	-	-	60.1	23.0	29.5
Luna	-	-	-	84	55	141	-	-	-	108.4	142.6	113.5
McKinley	579	16	-	41	25	686	232.2	396.1	-	96.0	70.8	205.2
Mora	-	-	-	16	-	19	-	-	-	69.7	-	76.3
Otero	46	4	-	33	42	133	254.6	55.4	-	27.1	24.6	40.8
Quay	-	-	-	12	4	17	-	-	-	50.9	17.2	31.7
Rio Arriba	93	-	-	196	25	320	352.2	-	-	132.9	76.8	154.3
Roosevelt	-	-	-	13	-	14	-	-	-	41.5	-	18.8
Sandoval	240	-	-	187	176	635	300.4	-	-	69.2	45.9	83.7
San Juan	483	-	-	76	160	738	205.8	-	-	74.8	50.0	115.4
San Miguel	4	-	-	129	23	164	223.4	-	-	107.0	55.7	103.7
Santa Fe	79	4	4	453	245	795	415.4	26.6	42.6	115.7	60.0	95.4
Sierra	-	-	-	17	56	77	-	-	-	79.9	99.7	90.5
Socorro	45	-	-	38	18	102	517.5	-	-	77.8	35.3	121.9
Taos	31	-	-	129	33	201	322.7	-	-	129.2	44.0	110.0
Torrance	-	-	-	19	22	47	-	-	-	57.7	49.4	54.2
Union	-	-	-	12	4	16	-	-	-	131.2	24.2	64.0
Valencia	90	6	5	210	113	436	591.5	214.5	71.3	88.4	57.9	101.6
New Mexico	2,443	89	89	4,121	2,714	9,711	277.0	48.1	37.8	85.3	54.0	88.0

* All rates are per 100,000, age-adjusted to the 2000 US standard population. There were 258 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, 2015-2019



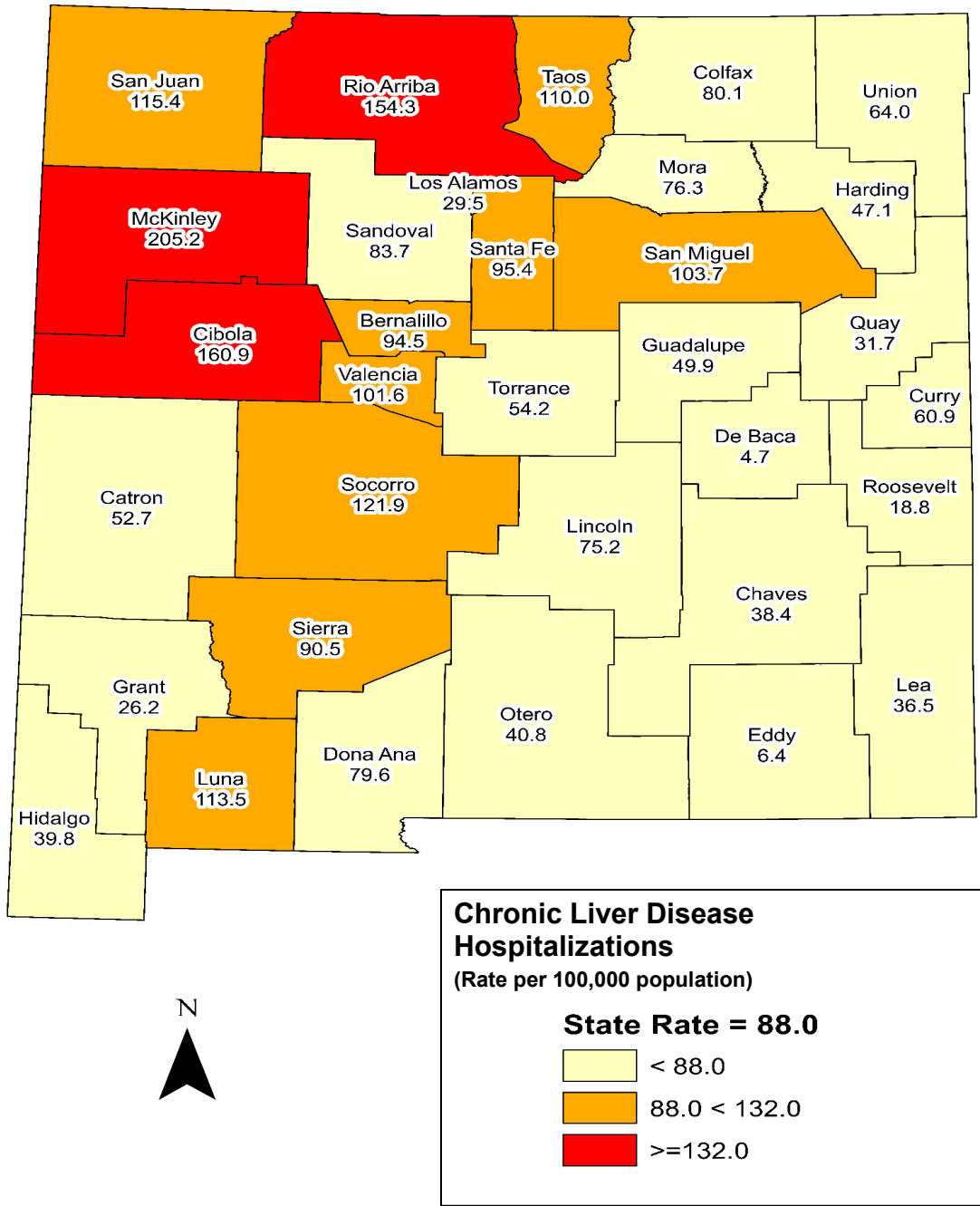
* All rates are per 100,000, age-adjusted to the 2000 US standard population

** 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: CLD Hospital Discharges Rates* by County, New Mexico, 2015-2019



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

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

ALCOHOL-RELATED INJURY DEATH

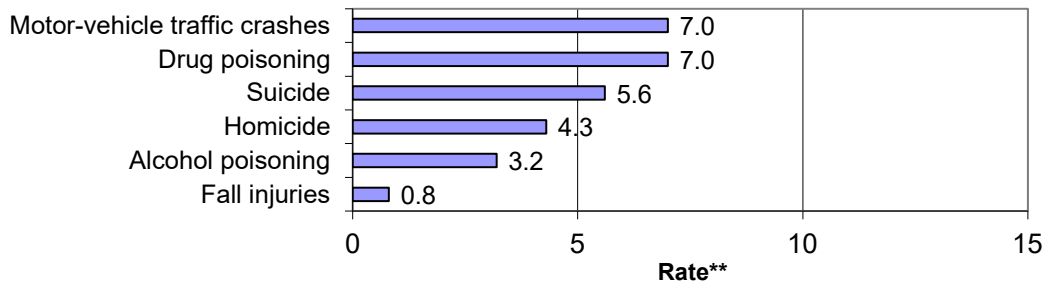
Problem Statement

Binge drinking (defined as having five drinks or more on an occasion for men and four drinks or more on an occasion for women) is a high-risk behavior associated with numerous injury outcomes, including motor vehicle fatalities, homicide, and suicide. Since 1990, New Mexico's death rate for alcohol-related (AR) injury has consistently been among the highest in the nation, ranging from 1.4 to 1.8 times the national rate. While NM's alcohol-impaired motor vehicle crash fatality rates have declined almost 64% since 1990, death rates from other AR injuries have increased. Chart 1 shows the top six leading causes of alcohol-related injury death between 2015 and 2019 with AR motor-vehicle traffic crashes and drug poisoning (i.e. drug overdose) death both ranking at number one. Since the early 1990s, the AR fall death rate peaked in 2007-09 and has declined since with a significant decline in 2019. AR poisoning has continued to rise, currently matching Motor-vehicle crashes for the leading AR death in New Mexico in 2019.

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

Chart 1: Top 6 Leading Causes of Alcohol-Related Injury Death, New Mexico, 2015-2019

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, 2015-2019

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	57	350	25	433	31.1	150.1	63.6	98.1
	Asian/Pacific Islander	3	6	3	12	12.7	13.6	30.1	14.5
	Black	10	44	2	56	22.1	63.2	18.5	42.3
	Hispanic	188	773	58	1,019	18.1	62.2	22.1	41.6
	White	76	505	140	721	16.1	48.9	28.7	34.9
	Total	336	1,685	231	2,253	19.0	64.3	28.5	44.2
Female	American Indian	21	116	5	142	11.3	45.4	9.0	29.7
	Asian/Pacific Islander	1	4	2	7	3.5	7.2	11.2	6.2
	Black	3	9	1	13	8.0	19.5	5.3	14.5
	Hispanic	59	247	22	329	5.9	19.7	6.9	13.3
	White	20	223	64	307	4.7	21.5	11.4	14.5
	Total	105	603	94	802	6.2	22.7	9.7	15.6
Total	American Indian	78	466	31	574	21.2	95.4	31.2	62.1
	Asian/Pacific Islander	4	11	4	19	8.1	10.0	18.5	10.0
	Black	14	53	3	70	15.6	45.2	12.0	30.6
	Hispanic	247	1,020	80	1,348	12.1	40.9	13.8	27.4
	White	96	728	204	1,028	10.7	35.1	19.4	24.8
	Total	441	2,288	325	3,054	12.8	43.3	18.3	29.9

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

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

ALCOHOL-RELATED INJURY DEATH (continued)

Problem Statement (continued)

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

Table 2 shows that AR injury is a serious issue in many New Mexico counties. McKinley, Rio Arriba, Mora, San Juan, Catron, Sierra, and Eddy 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 the Hispanic population. In McKinley and San Juan counties, elevated rates are driven by high rates in the American Indian population. Only four New Mexico counties had AR injury death rates that were lower than the national rate.

^{*} Estimates of alcohol-attributable deaths or years of potential life lost generated in the current version of ARDI should not be compared with estimates that were generated using reports or analyses prior to July 30, 2020. See Introduction, page VI for additional ARDI update information

Table 2: Alcohol-Related Injury Deaths and Rates* by Race/Ethnicity and County, New Mexico, 2015-2019

County	Deaths						Rates*					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	79	11	35	496	340	965	50.0	10.6	34.1	29.4	23.1	27.9
Catron	1	0	0	1	5	6	101.1	0.0	0.0	28.2	42.1	43.9
Chaves	0	0	4	48	39	93	0.0	0.0	91.4	27.8	30.6	29.4
Cibola	24	0	0	15	8	47	46.8	0.0	0.0	28.9	30.2	35.9
Colfax	0	0	0	11	8	19	0.0	0.0	0.0	38.4	31.1	34.5
Curry	0	0	6	24	26	57	0.0	0.0	41.6	25.1	21.8	24.6
De Baca	0	0	0	1	2	3	0.0	0.0	0.0	14.7	44.6	27.5
Dona Ana	2	1	4	115	60	182	12.9	9.0	16.6	16.5	19.3	17.6
Eddy	1	0	2	42	57	103	25.8	0.0	72.6	31.1	43.3	37.8
Grant	1	0	0	19	18	38	69.1	0.0	0.0	29.1	30.3	29.8
Guadalupe	0	0	0	5	2	8	0.0	0.0	0.0	32.5	43.2	34.2
Harding	0	0	0	0	0	1	0.0	0.0	0.0	0.0	0.0	7.7
Hidalgo	0	0	0	4	4	8	0.0	0.0	0.0	29.4	36.6	32.9
Lea	0	1	6	44	40	93	0.0	32.2	51.2	23.5	32.2	27.7
Lincoln	1	0	0	9	23	33	35.9	0.0	0.0	27.4	43.6	35.9
Los Alamos	0	0	0	3	12	15	0.0	0.0	0.0	20.8	19.3	17.8
Luna	0	0	0	12	17	29	0.0	0.0	0.0	16.8	42.5	25.0
McKinley	196	0	0	15	9	221	77.2	0.0	0.0	37.1	29.1	66.5
Mora	0	0	0	8	2	10	0.0	0.0	0.0	49.8	92.2	54.3
Otero	15	0	1	27	46	89	71.2	0.0	10.5	23.1	26.6	27.0
Quay	0	0	0	6	5	12	0.0	0.0	0.0	39.0	23.2	31.5
Rio Arriba	13	0	1	80	7	102	49.0	0.0	218.9	62.1	40.6	58.0
Roosevelt	1	0	1	11	12	25	48.0	0.0	64.7	30.7	24.6	27.9
Sandoval	39	1	3	53	56	152	45.3	6.4	14.0	19.2	17.7	21.9
San Juan	178	0	1	27	63	270	74.8	0.0	18.1	24.0	25.1	45.2
San Miguel	2	0	0	36	9	48	127.3	0.0	0.0	34.8	34.8	35.6
Santa Fe	7	3	2	105	64	185	33.9	23.6	27.5	28.6	19.3	26.0
Sierra	0	0	0	4	16	21	0.0	0.0	0.0	23.0	46.1	39.0
Socorro	4	0	0	13	9	27	45.7	0.0	0.0	30.9	25.2	30.3
Taos	3	0	0	32	20	55	36.2	0.0	0.0	36.5	34.8	35.8
Torrance	1	0	0	10	13	25	62.2	0.0	0.0	30.9	28.0	31.1
Union	0	0	0	1	1	2	0.0	0.0	0.0	11.5	4.3	8.0
Valencia	5	0	1	67	29	103	28.7	0.0	20.4	30.0	24.7	28.3
New Mexico	574	19	70	1,348	1,028	3,054	62.1	10.0	30.6	27.4	24.8	29.9

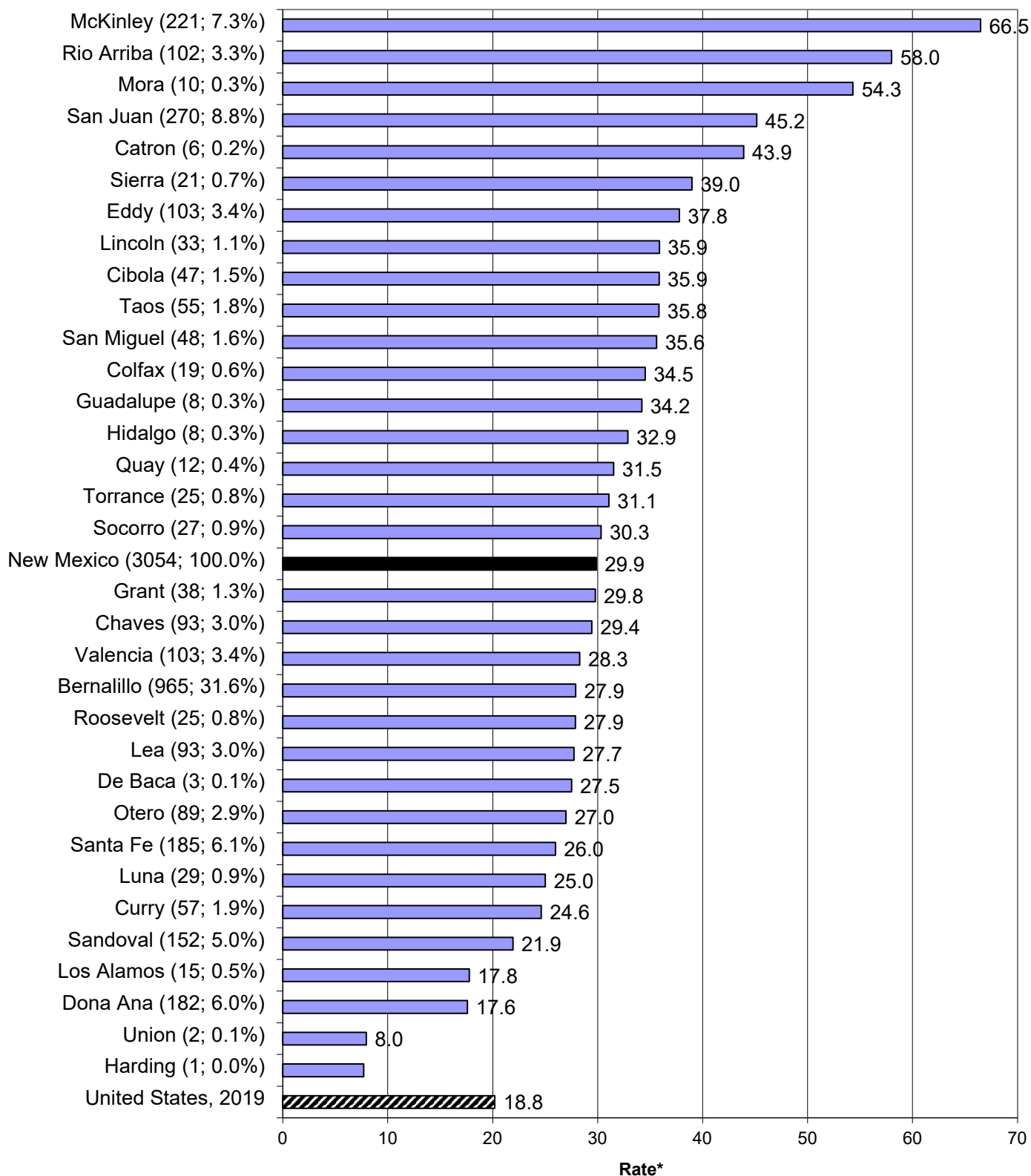
* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

ALCOHOL-RELATED INJURY DEATH (continued)

Chart 2: Alcohol-Related Injury Death Rates* by County, New Mexico, 2015-2019

County (# of deaths; % of statewide deaths)

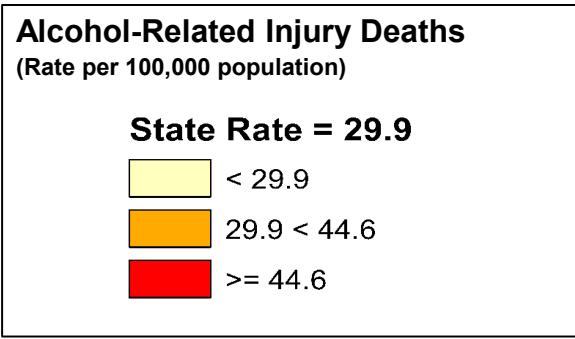
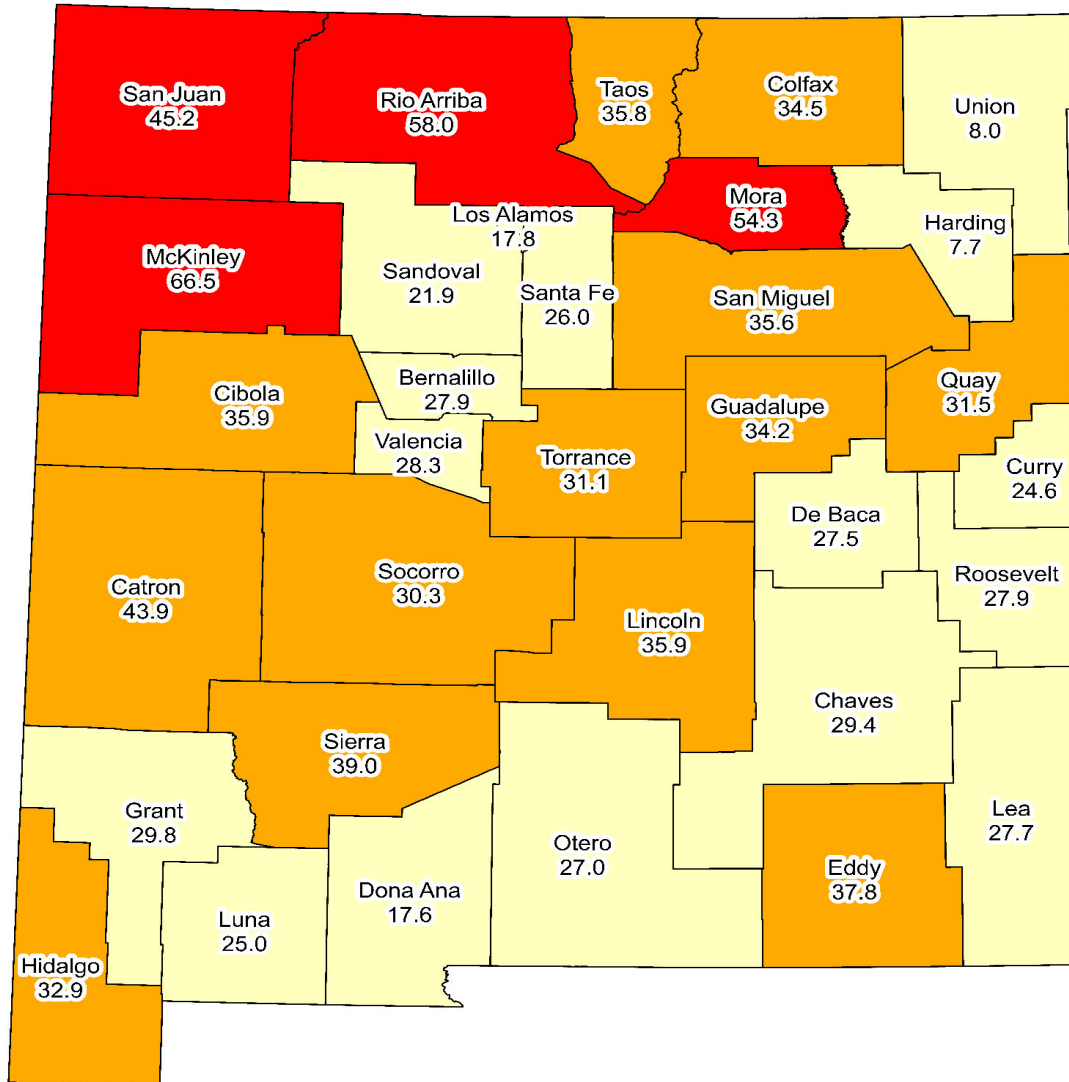


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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, 2015-2019



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

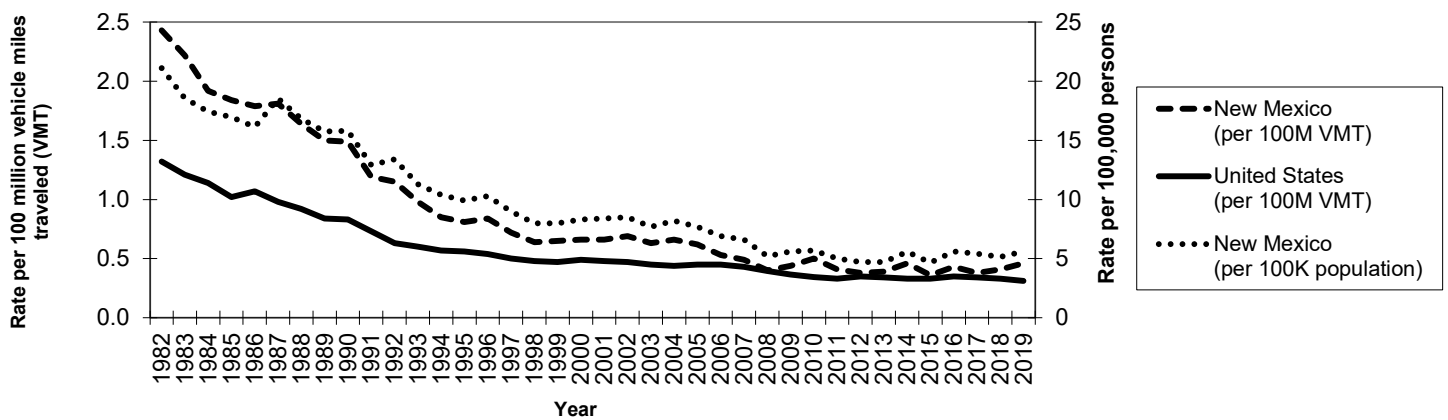
Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES

ALCOHOL-RELATED MOTOR VEHICLE TRAFFIC CRASH (MVTC) DEATH

Problem Statement

Alcohol-related motor vehicle traffic crash (AR-MVTC) death has historically been the leading cause of alcohol-related injury death until being surpassed by drug poisoning (i.e. AR drug overdose). AR-MVTC deaths provide a hopeful example of a substance-related health outcome that has been successfully reduced by using a public health approach, both nationally and in New Mexico. From 1982 through 2010, in response to a wide range of policy and preventive interventions, New Mexico's alcohol-impaired motor vehicle traffic crash (AI-MVTC) fatality rate declined more dramatically than the US rate, decreasing 83% and dropping New Mexico from first to tenth among states in AI-MVTC fatalities per 100,000 population. In terms of deaths per 100 million vehicle miles traveled (VMT), New Mexico's AI-MVTC fatality rate in 2018 (0.51) was about one-fifth what it was in 1982 (2.4). Furthermore, a comprehensive AR-MVTC prevention campaign in place from 2005-2009 was successful in reinitiating rate decreases that had been stalled since the late 1990s. From 2004 to 2012, New Mexico's AI-MVTC fatality rate per 100 million VMT dropped 42%.

Chart 1: Alcohol-Impaired MVTC Fatality Rates*, New Mexico and United States, 1982-2019



* 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 2019); and per 100,000 population (NM through 2018)

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

Table 1: Alcohol-Related MVTC Deaths/Rates^{1,2} by Age, Sex, and Race/Ethnicity, New Mexico, 2015-2019

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	23	103	3	129	12.4	44.2	6.8	27.9
	Asian/Pacific Islander	1	1	0	2	2.6	2.0	0.0	2.7
	Black	2	9	1	12	4.9	12.9	4.6	8.9
	Hispanic	58	172	9	240	5.6	13.9	3.6	9.6
	White	21	103	15	139	4.5	10.0	3.0	7.3
	Total	105	390	28	523	5.9	14.9	3.5	10.3
Female	American Indian	9	43	1	53	4.9	16.7	1.6	10.7
	Asian/Pacific Islander	0	1	0	1	0.0	1.3	0.0	1.0
	Black	2	2	0	4	4.0	3.6	0.0	3.9
	Hispanic	21	56	3	80	2.1	4.4	0.9	3.2
	White	7	30	7	44	1.6	2.9	1.2	2.5
	Total	40	131	11	182	2.3	4.9	1.2	3.8
Total	American Indian	32	146	4	181	8.7	29.9	3.7	18.9
	Asian/Pacific Islander	1	2	1	3	1.3	1.6	3.1	1.8
	Black	4	11	1	15	4.5	9.1	3.3	6.9
	Hispanic	79	228	12	319	3.9	9.1	2.1	6.3
	White	28	133	22	183	3.1	6.4	2.1	4.9
	Total	145	521	39	706	4.2	9.9	2.2	7.0

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

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

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

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

ALCOHOL-RELATED MOTOR VEHICLE TRAFFIC CRASH (MVTC) DEATH

Problem Statement (continued)

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

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

Table 2: Alcohol-Related MVTC Deaths and Rates^{*,1,2} by Race/Ethnicity and County, New Mexico, 2015-2019

County	Deaths						Rates*					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	24	2	8	103	44	183	15.0	1.8	7.7	6.0	3.3	5.4
Catron	1	0	0	0	2	2	82.1	0.0	0.0	0.0	26.1	23.9
Chaves	0	0	1	12	8	21	0.0	0.0	21.7	6.6	6.8	6.8
Cibola	12	0	0	3	1	16	23.2	0.0	0.0	4.3	4.7	11.8
Colfax	0	0	0	3	1	4	0.0	0.0	0.0	10.2	5.0	7.9
Curry	0	0	1	8	6	15	0.0	0.0	8.8	7.8	4.7	6.2
De Baca	0	0	0	0	1	1	0.0	0.0	0.0	0.0	35.0	15.2
Dona Ana	1	0	1	37	11	50	5.7	0.0	5.2	5.1	3.3	4.6
Eddy	1	0	1	12	14	28	17.9	0.0	26.1	8.4	11.8	10.3
Grant	1	0	0	3	2	6	34.4	0.0	0.0	4.8	3.8	4.5
Guadalupe	0	0	0	2	0	2	0.0	0.0	0.0	10.4	0.0	9.7
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	12.5	5.5
Lea	0	0	1	19	12	33	0.0	0.0	13.3	10.1	10.1	9.8
Lincoln	0	0	0	2	5	7	0.0	0.0	0.0	5.0	12.5	8.9
Los Alamos	0	0	0	0	2	2	0.0	0.0	0.0	0.0	2.4	2.3
Luna	0	0	0	3	4	7	0.0	0.0	0.0	4.4	11.5	6.6
McKinley	56	0	0	5	3	63	21.1	0.0	0.0	10.6	9.4	18.6
Mora	0	0	0	2	1	4	0.0	0.0	0.0	13.7	75.0	21.3
Otero	4	0	0	7	8	19	19.7	0.0	0.0	6.5	4.8	6.1
Quay	0	0	0	1	0	1	0.0	0.0	0.0	5.9	0.0	3.5
Rio Arriba	2	0	0	16	1	19	6.5	0.0	0.0	12.5	9.5	11.1
Roosevelt	1	0	0	4	3	8	48.0	0.0	0.0	13.1	5.1	9.9
Sandoval	16	0	0	15	8	38	17.4	0.0	0.0	5.2	2.7	5.7
San Juan	62	0	0	6	16	84	24.6	0.0	0.0	5.3	6.8	14.0
San Miguel	0	0	0	7	1	9	0.0	0.0	0.0	6.4	4.9	6.1
Santa Fe	0	0	0	17	10	29	0.0	0.0	0.0	4.7	3.6	4.2
Sierra	0	0	0	1	3	4	0.0	0.0	0.0	9.3	11.2	10.6
Socorro	0	0	0	3	2	5	0.0	0.0	0.0	7.2	5.0	5.8
Taos	1	0	0	8	3	12	12.6	0.0	0.0	10.3	5.7	8.9
Torrance	0	0	0	4	3	7	0.0	0.0	0.0	10.8	8.3	9.4
Union	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Valencia	1	0	0	15	7	23	9.7	0.0	0.0	6.6	7.2	6.8
New Mexico	181	3	15	319	183		18.9	1.8	6.9	6.3	4.9	7.0

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

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

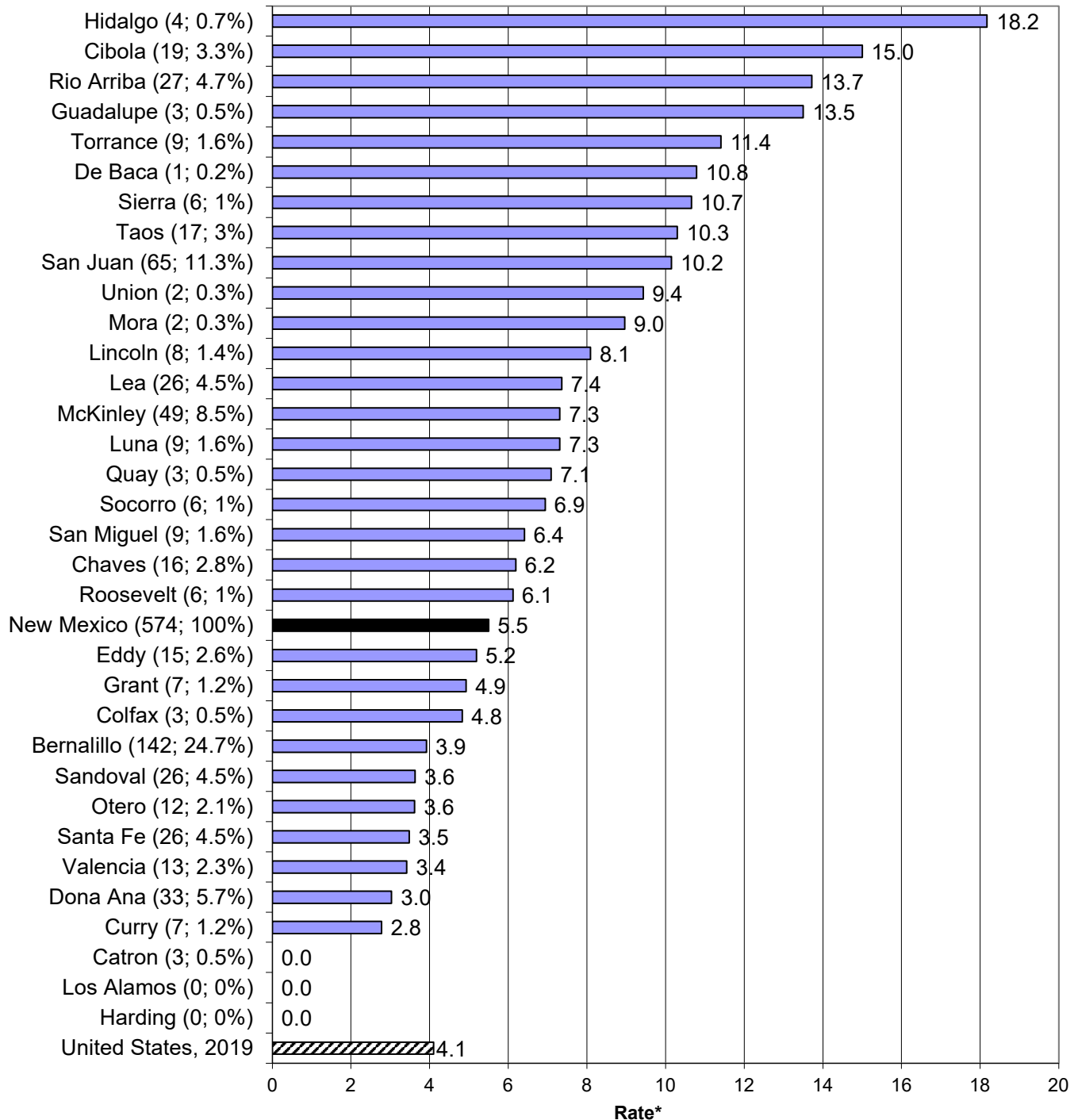
² See footnote 2 for Table 1

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

ALCOHOL-RELATED MOTOR VEHICLE TRAFFIC CRASH (MVTC) DEATH

Chart 2: Alcohol-Impaired MVTC Fatality Crude Rates^{*,1,2} by County, New Mexico, 2015-2019

County (# of deaths; % of statewide deaths)



* All rates are crude per 100,000 population

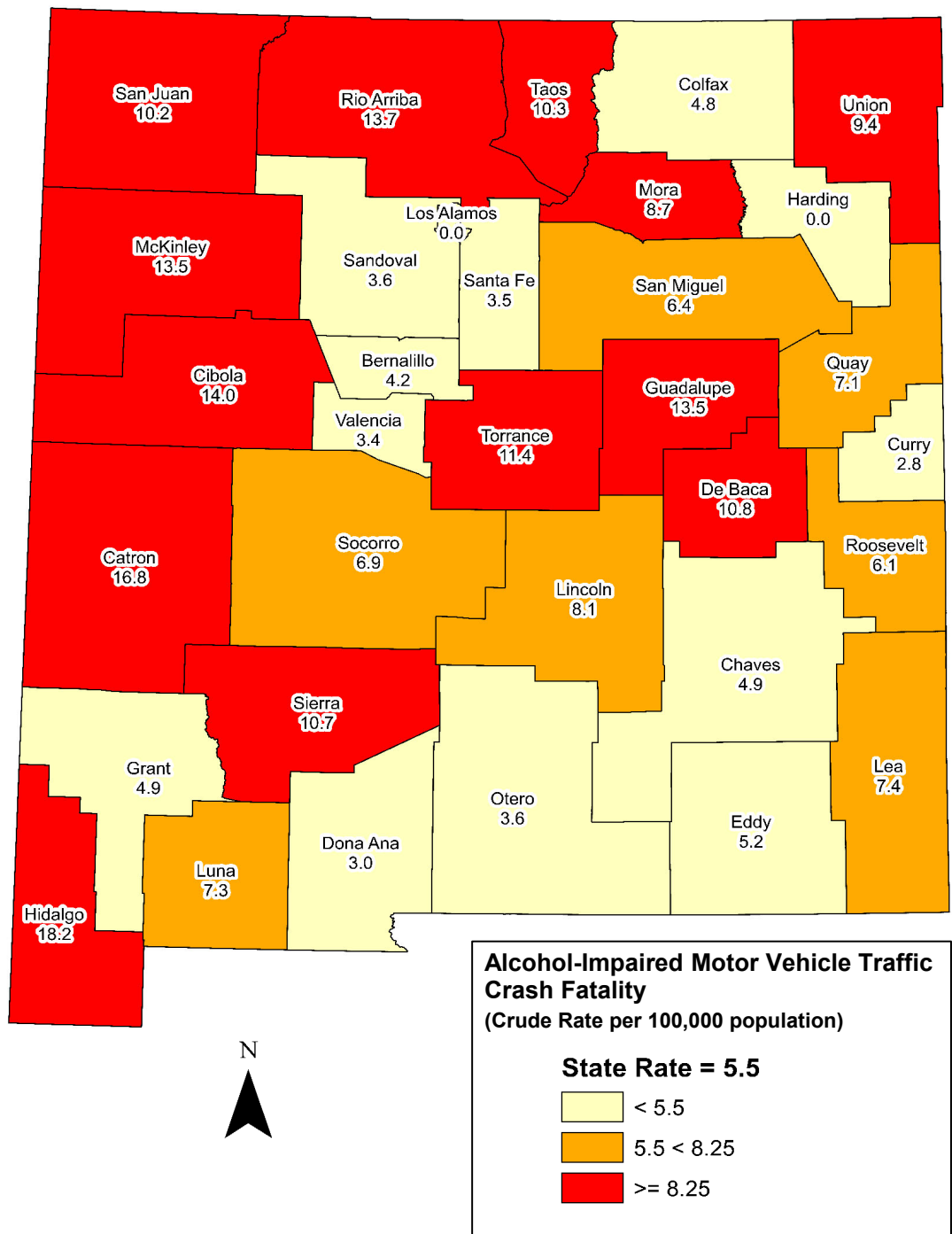
¹ Alcohol-impaired MVTC deaths are from FARS (highest driver BAC ≥ 0.08); NM population from GPS, US population from NCHS

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

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

ALCOHOL-RELATED MOTOR VEHICLE TRAFFIC CRASH (MVTC) DEATH

Chart 3: Alcohol-Impaired MVTC Fatality Crude Rates^{1,2} by County, New Mexico, 2015-2019



* 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

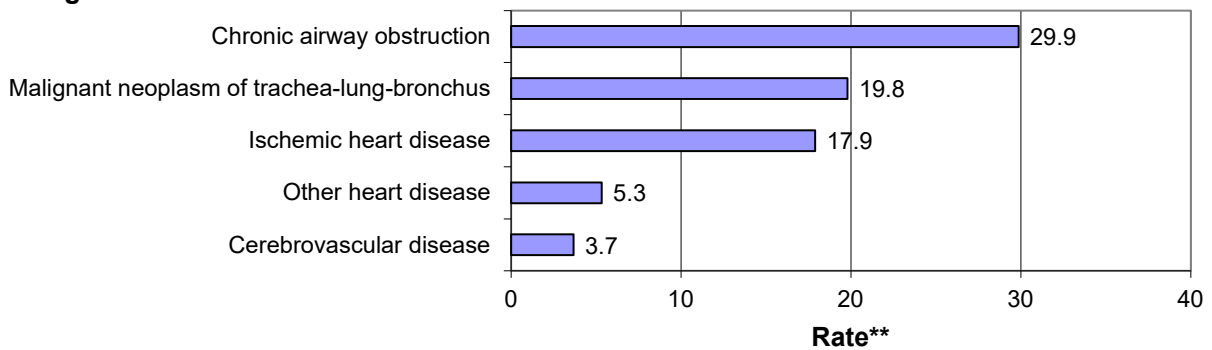
Problem Statement

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, 2015-2019

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, 2015-2019

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	111	174	285	0.0	47.7	437.0	88.7
	Asian/Pacific Islander	0	14	26	40	0.0	29.5	302.4	60.5
	Black	0	52	92	144	0.0	75.7	704.2	137.7
	Hispanic	0	694	1,615	2,309	0.0	55.9	616.4	113.9
	White	0	1,089	3,695	4,784	0.0	105.6	757.6	141.3
	Total	0	1,978	5,624	7,602	0.0	75.4	693.3	128.7
Female	American Indian	0	52	100	152	0.0	20.4	172.1	33.1
	Asian/Pacific Islander	0	7	33	39	0.0	11.2	233.9	38.7
	Black	0	25	46	71	0.0	51.1	369.7	69.2
	Hispanic	0	335	908	1,243	0.0	26.7	283.4	49.2
	White	0	575	2,589	3,165	0.0	55.3	462.1	77.8
	Total	0	999	3,688	4,687	0.0	37.6	382.0	64.5
Total	American Indian	0	163	274	437	0.0	33.5	279.5	55.8
	Asian/Pacific Islander	0	20	59	79	0.0	19.3	260.2	47.3
	Black	0	77	138	215	0.0	65.6	540.3	103.7
	Hispanic	0	1,029	2,523	3,552	0.0	41.2	433.2	77.8
	White	0	1,664	6,284	7,949	0.0	80.3	599.6	106.9
	Total	0	2,977	9,312	12,289	0.0	56.4	524.1	93.4

* 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 (182.1), De Baca (140.9), Luna (134.8), Curry (131.6), and Lea (131.5). The high rates in most of these counties (and in the state overall) are driven by high rates among Whites. However, there are notably elevated rates among Hispanics in Guadalupe, Sierra, Union, and Torrance counties and a substantial burden of smoking-related death among Hispanics in several other counties (e.g., Bernalillo, Dona Ana, and Santa Fe). The high rates of smoking-related death among Blacks in Bernalillo, Curry, Dona Ana, Lea, and Otero counties are also notable. The smoking-related death rates among the American Indian and Asian/Pacific Islander populations are relatively low.

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

Table 2: Smoking-Related Deaths and Rates* by Race/Ethnicity and County, New Mexico, 2015-2019

County	Deaths						Rates*					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	71	48	101	1,148	2,311	3,700	77.0	54.6	112.5	80.8	96.9	91.0
Catron	1	0	0	4	33	39	119.2	0.0	0.0	56.2	94.7	84.3
Chaves	0	1	9	121	351	482	0.0	25.5	140.2	86.8	144.7	121.5
Cibola	26	0	1	40	79	147	47.5	0.0	64.3	76.1	148.4	90.1
Colfax	1	0	0	29	65	96	50.7	0.0	0.0	70.1	93.2	84.8
Curry	1	2	14	64	240	321	65.9	58.3	122.5	98.1	145.5	131.6
De Baca	0	0	0	5	22	27	0.0	0.0	0.0	76.2	174.2	140.9
Dona Ana	4	8	17	367	608	1,005	59.5	68.9	106.3	59.1	106.9	81.3
Eddy	2	0	9	93	315	423	54.7	0.0	168.0	87.1	150.0	128.3
Grant	1	1	2	82	156	243	83.5	26.7	106.6	85.0	97.5	93.7
Guadalupe	0	0	0	27	9	37	0.0	0.0	0.0	110.6	145.4	117.4
Harding	0	0	0	4	3	6	0.0	0.0	0.0	133.5	103.7	113.0
Hidalgo	0	0	0	12	28	41	0.0	0.0	0.0	70.1	145.6	110.1
Lea	2	1	17	78	319	419	60.0	88.9	127.7	74.2	165.7	131.5
Lincoln	2	0	0	23	147	174	169.1	0.0	0.0	69.2	102.9	94.6
Los Alamos	1	0	1	6	68	76	63.9	0.0	90.1	42.1	63.0	58.2
Luna	1	0	1	62	180	245	102.4	0.0	57.2	79.8	192.5	134.8
McKinley	132	2	3	40	69	244	57.9	40.8	94.8	89.3	119.1	72.8
Mora	0	0	0	25	5	30	0.0	0.0	0.0	79.3	48.0	70.3
Otero	11	3	12	73	374	473	71.6	66.3	109.0	72.9	130.8	112.6
Quay	1	0	0	24	68	95	94.5	0.0	0.0	110.6	139.0	127.3
Rio Arriba	15	0	1	153	57	226	55.1	0.0	49.3	84.9	102.3	84.9
Roosevelt	1	0	1	24	103	130	92.1	0.0	26.2	95.2	135.1	124.5
Sandoval	38	5	8	132	523	710	53.1	42.4	38.4	63.7	93.2	81.8
San Juan	92	2	4	71	456	626	45.4	48.8	93.0	78.9	111.6	88.2
San Miguel	2	1	1	145	75	224	417.4	21.6	51.0	100.2	126.2	106.8
Santa Fe	9	2	3	292	460	772	48.1	19.6	70.7	73.9	64.5	67.6
Sierra	1	1	1	27	217	247	87.1	110.4	124.6	118.6	203.0	182.1
Socorro	6	0	1	36	65	109	84.9	0.0	53.7	70.0	113.0	92.7
Taos	5	0	1	97	81	186	40.3	0.0	79.1	72.2	60.2	65.6
Torrance	3	0	2	38	100	143	103.9	0.0	174.3	110.4	133.0	125.3
Union	0	0	0	8	23	31	0.0	0.0	0.0	84.8	97.8	91.3
Valencia	7	1	9	200	337	558	57.9	31.2	173.3	88.9	142.7	116.0
New Mexico	437	79	215	3,552	7,949	12,289	55.8	47.3	103.7	77.8	106.9	93.4

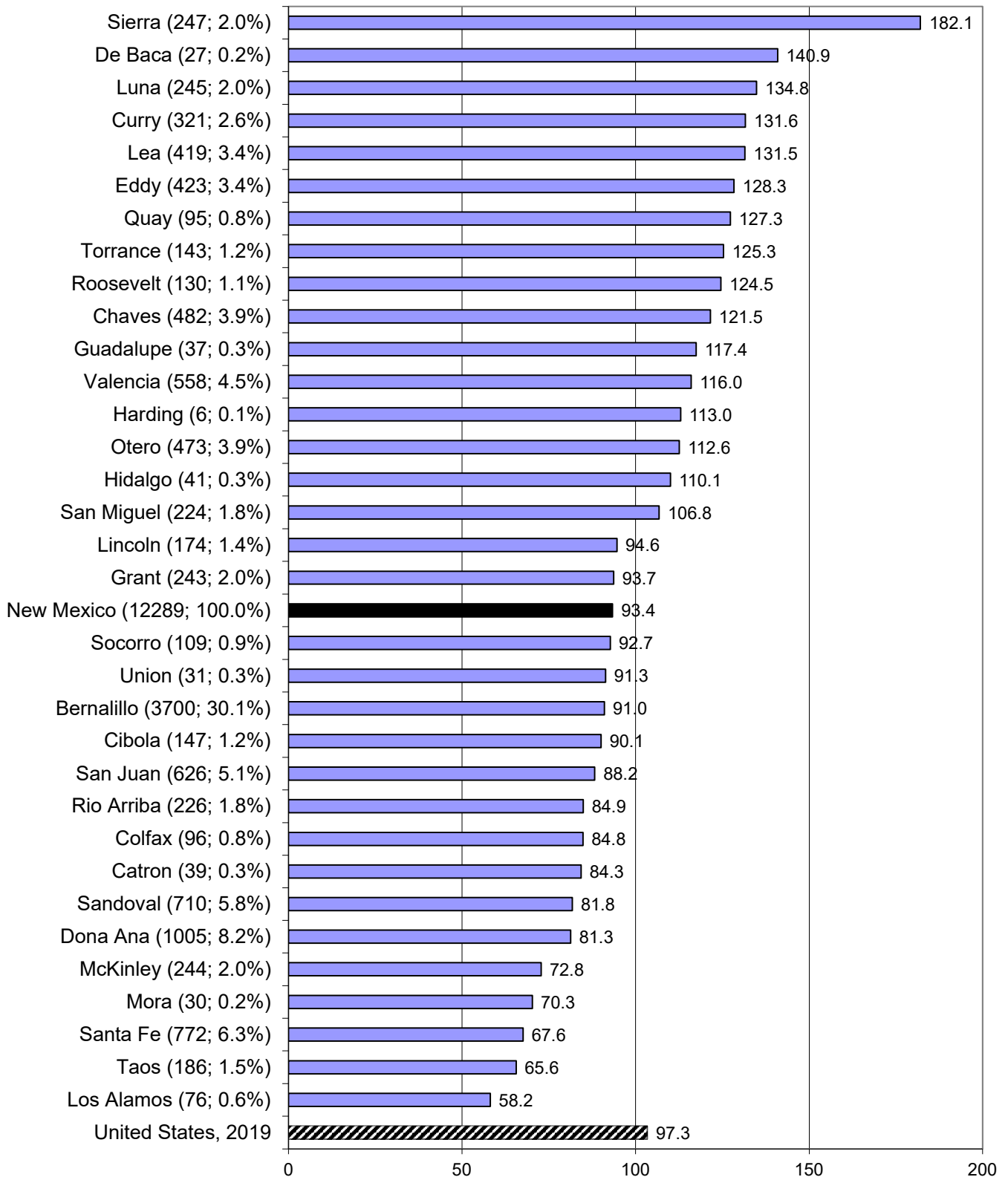
* All rates are per 100,000, age-adjusted to the 2000 US standard population

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, 2015-2019

County (# of deaths; % of statewide deaths)

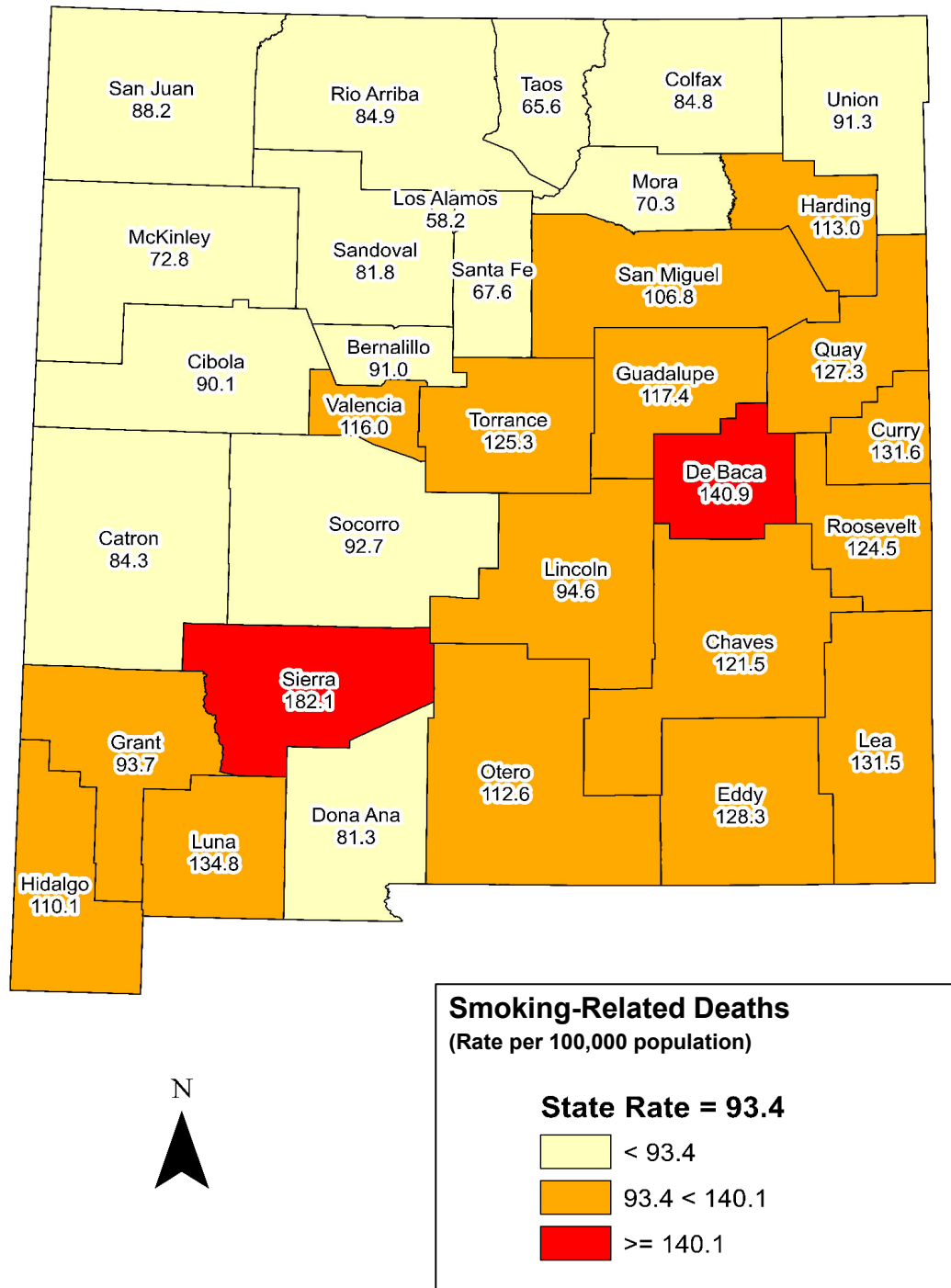


* All rates are per 100,000, age-adjusted to the 2000 US standard population

Rate*

SMOKING-RELATED DEATH (continued)

Chart 3: Smoking-Related Death Rates* by County, New Mexico, 2015-2019



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

DRUG OVERDOSE DEATH

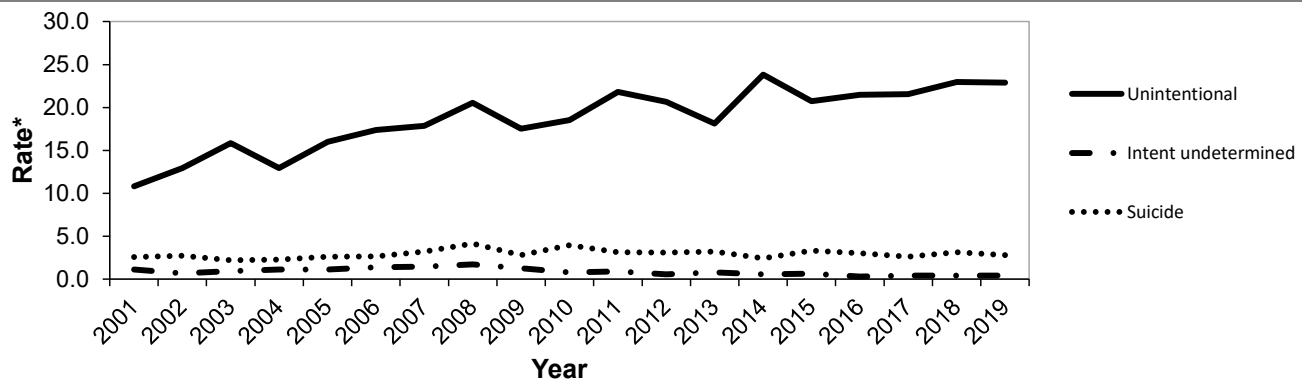
Problem Statement

In 2019, New Mexico had the twelfth highest total drug overdose death rate in the nation.* Drug use can result in overdose death and is also associated with other societal problems including crime, violence, homelessness, loss of productivity, and spread of blood-borne diseases such as HIV and hepatitis. Unintentional drug overdose is the largest subset of total drug overdose death, accounting for 85% of drug overdose deaths in New Mexico in 2019 (Chart 1). The other subset of drug overdose death is suicide, or intentional self-poisoning, which accounts for 13%. Poisoning has been the leading cause of unintentional injury in New Mexico since 2007, surpassing motor vehicle crash deaths, largely as a result of increased unintentional drug overdose deaths associated with prescription drug use.

Unintentional drug overdoses (pages 39 and 40) accounted for almost 86% of drug overdose deaths during 2015-2019. 32% of unintentional drug overdose deaths were caused by prescription drugs, while 42% were caused by illicit drugs, and 27% 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; 45%), heroin (33%), methamphetamine (43.6%), benzodiazepines (17%), and cocaine (13%) (not mutually exclusive). In New Mexico and nationally, overdose death from prescription opioids has been an issue of enormous concern. Interventions in New Mexico have included increasing access to medication-assisted treatment for opioids, reducing risky prescribing practices among prescribing providers, and increasing access to naloxone, the opioid overdose reversal drug. It is important to note that the number of overdose deaths involving Fentanyl have increased 93% from 2018 (n=67) to 2019 (n=129) in New Mexico (Chart 4).

*Washington DC is excluded from the state ranking of overdose deaths.

Chart 1: Drug Related Death Rates* by Cause Category, New Mexico, 2001-2019



* 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, 2015-2019

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	12	89	1	102	6.5	38.1	2.5	23.0
	Asian/Pacific Islander	1	4	0	5	3.8	8.6	0.0	5.9
	Black	6	30	3	39	12.8	43.5	23.0	29.0
	Hispanic	86	838	31	955	8.3	67.5	11.8	39.8
	White	47	475	51	573	10.0	46.0	10.5	29.7
	Total	153	1,446	87	1,686	8.6	55.1	10.7	33.9
Female	American Indian	2	56	2	60	1.1	22.0	3.4	13.2
	Asian/Pacific Islander	1	4	1	6	3.9	6.8	7.2	5.6
	Black	1	17	0	18	2.5	35.0	0.0	20.3
	Hispanic	35	378	14	427	3.5	30.2	4.4	17.9
	White	12	355	52	419	2.8	34.1	9.3	20.2
	Total	51	817	69	937	3.0	30.8	7.1	18.5
Total	American Indian	14	145	3	162	3.8	29.7	3.1	18.0
	Asian/Pacific Islander	2	8	1	11	3.9	7.6	4.4	5.6
	Black	7	47	3	57	8.1	40.0	11.7	25.2
	Hispanic	121	1,216	45	1,382	5.9	48.7	7.7	28.8
	White	59	830	103	992	6.5	40.1	9.8	25.1
	Total	204	2,263	156	2,623	5.9	42.9	8.8	26.2

* 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; SAES

DRUG OVERDOSE DEATH (continued)

Problem Statement (continued)

Table 1 shows that Hispanic men had the highest total drug overdose death rate in 2015-2019. Hispanic men had higher unintentional drug overdose age-specific death rates than White men for the age range 0-74 years (Chart 8). The rates of total drug overdose death (Table 1) and unintentional drug overdose death (Table 4) among men were more than 1.5 times that of women. Among women, drug overdose death from prescription drugs was more common than from illicit drugs for the age range 25-85+ years (Chart 8). Illicit drugs were the predominant drug type causing death among males, and the rates were highest among males aged 25-64 years.

Rio Arriba County had the highest total drug overdose death rate (83.6 deaths per 100,000) and unintentional drug overdose death rate (80.2 deaths per 100,000; Table 4) among all New Mexico counties during 2015-2019. 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 4). According to Chart 2, close to one third of New Mexico counties had total drug overdose death rates 1.5 times higher than the US rate (20.7 deaths per 100,000 population).

The death rate due to illicit drugs exceeded the death rate due to prescription drugs or both in all but six counties: Hidalgo, Los Alamos, Quay, Roosevelt, San Juan, and Santa Fe counties (Table 4).

Table 2: Drug Overdose Deaths and Rates* by Race/Ethnicity and County, New Mexico, 2015-2019

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	5	32	535	369	998	33.4	4.6	31.1	32.4	25.7	29.1
Catron	0	0	0	1	1	2	0.0	0.0	0.0	37.8	19.7	24.0
Chaves	0	0	2	36	35	73	0.0	0.0	52.8	22.0	27.9	24.2
Cibola	4	0	0	15	5	24	8.6	0.0	0.0	29.1	17.8	18.9
Colfax	0	0	0	10	9	19	0.0	0.0	0.0	34.5	33.0	33.5
Curry	1	0	1	16	23	41	39.4	0.0	10.0	17.4	22.1	19.4
De Baca	0	0	0	1	0	1	0.0	0.0	0.0	34.9	0.0	17.3
Dona Ana	0	1	4	108	60	173	0.0	5.1	19.1	16.4	22.6	17.9
Eddy	1	0	0	23	56	81	27.1	0.0	0.0	16.5	43.0	28.6
Grant	0	0	0	22	22	44	0.0	0.0	0.0	36.1	42.7	38.0
Guadalupe	0	0	0	8	1	9	0.0	0.0	0.0	49.9	15.0	40.4
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	4	2	6	0.0	0.0	0.0	32.0	10.0	25.4
Lea	0	0	8	20	41	70	0.0	0.0	62.7	9.8	33.2	20.9
Lincoln	0	0	0	13	20	33	0.0	0.0	0.0	40.9	45.8	40.5
Los Alamos	0	0	0	5	14	19	0.0	0.0	0.0	33.4	22.6	21.9
Luna	0	0	0	12	12	24	0.0	0.0	0.0	17.0	44.5	23.7
McKinley	32	0	0	10	5	48	13.4	0.0	0.0	23.8	16.1	15.1
Mora	0	0	0	1	0	1	0.0	0.0	0.0	8.7	0.0	7.4
Otero	5	0	2	19	40	66	23.3	0.0	22.3	16.5	24.1	20.6
Quay	0	0	0	3	6	9	0.0	0.0	0.0	15.5	28.6	19.7
Rio Arriba	10	0	0	128	6	145	36.2	0.0	0.0	101.7	29.6	83.6
Roosevelt	0	0	1	4	7	12	0.0	0.0	106.5	10.7	15.1	13.8
Sandoval	11	2	3	53	56	126	14.1	18.9	17.5	19.3	19.0	18.5
San Juan	31	0	2	20	59	113	14.0	0.0	43.7	18.8	22.5	18.9
San Miguel	0	0	0	47	4	51	0.0	0.0	0.0	49.4	13.6	42.9
Santa Fe	9	3	1	141	62	221	47.8	25.0	14.9	38.9	22.1	33.4
Sierra	0	0	0	2	15	18	0.0	0.0	0.0	13.2	47.2	35.6
Socorro	1	0	0	11	3	15	9.3	0.0	0.0	30.5	7.2	20.0
Taos	2	0	0	26	13	42	28.4	0.0	0.0	31.7	27.0	30.2
Torrance	1	0	0	9	11	21	41.7	0.0	0.0	30.5	24.5	28.2
Union	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Valencia	1	0	1	78	30	111	5.3	0.0	24.4	35.9	26.6	30.7
New Mexico	162	11	57	1,382	992	2,623	18.0	5.6	25.2	28.8	25.1	26.2

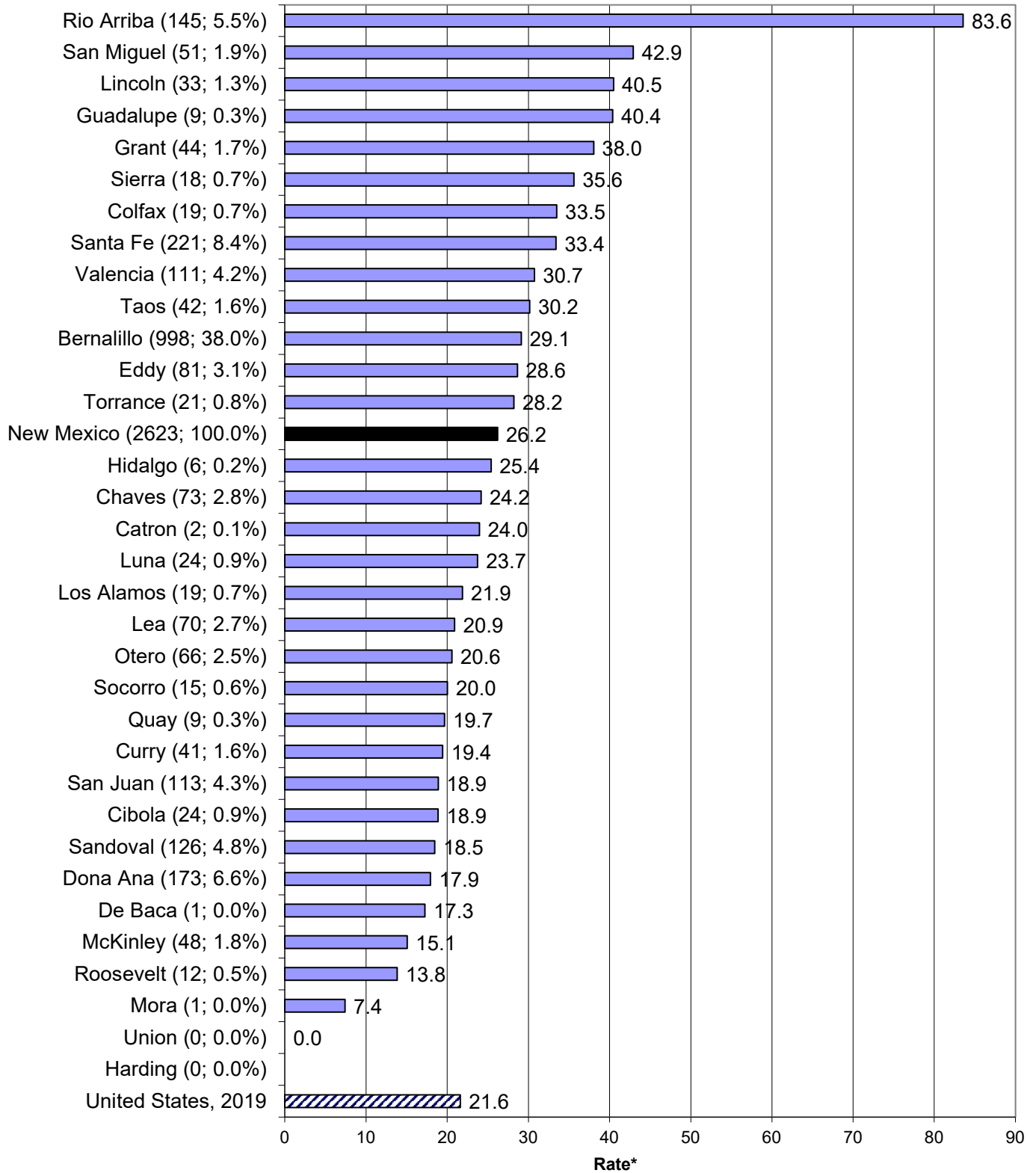
* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

DRUG OVERDOSE DEATH (continued)

Chart 2: Drug Overdose Death Rates* by County, New Mexico, 2015-2019

County (# of deaths; % of statewide deaths)

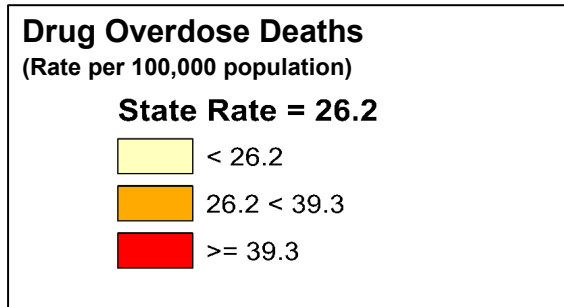
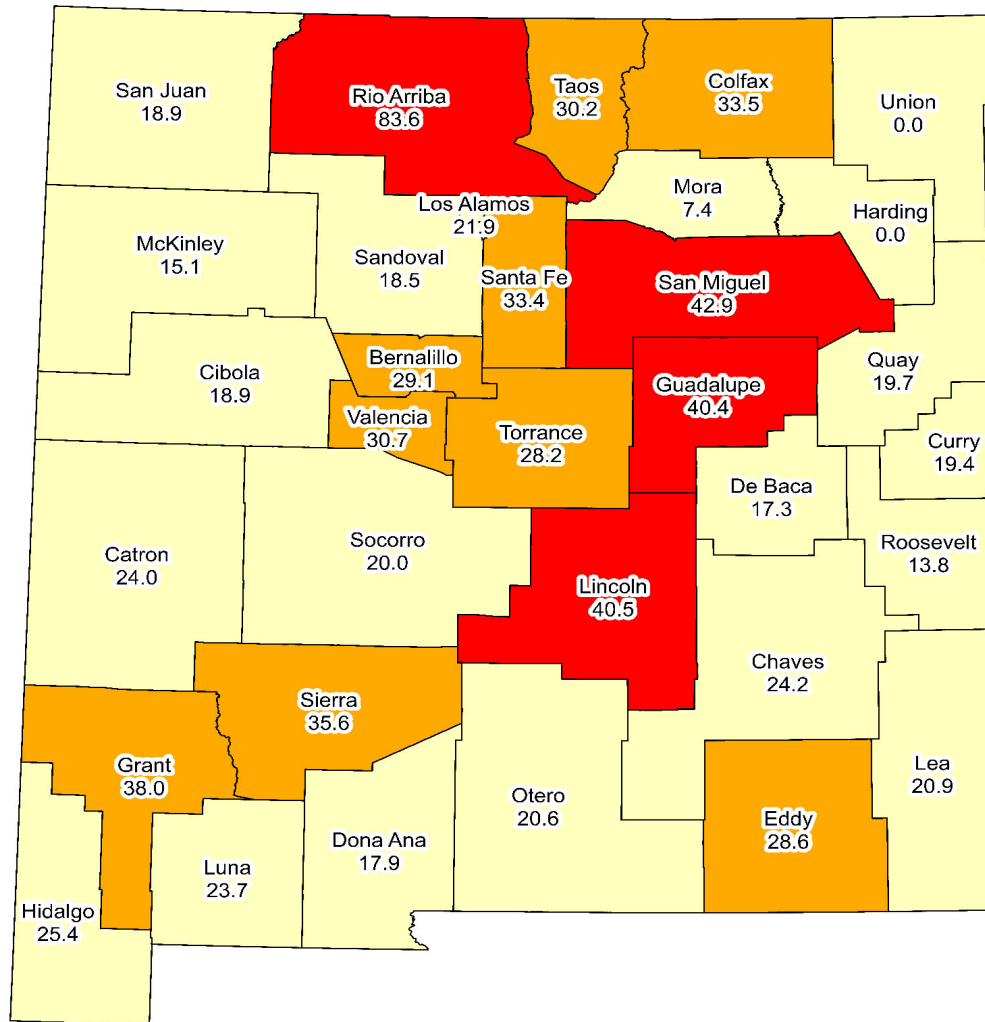


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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, 2015-2019

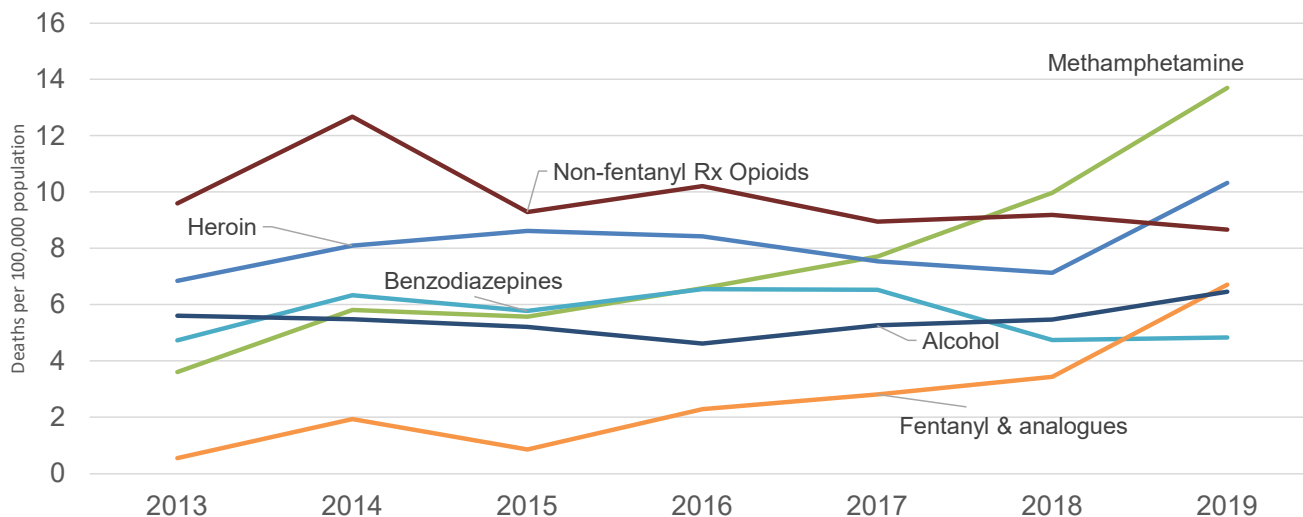


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

DRUG OVERDOSE DEATH - Methamphetamine

Chart 4: Drug Overdose Death Rates* by Drug Class, New Mexico, 2013-2019



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

Problem Statement

In New Mexico methamphetamine has become increasingly common in drug overdose deaths in recent years (Chart 4). In 2019, methamphetamine was the number one substance identified in drug overdose deaths, followed by non-fentanyl prescription opioids, heroin, alcohol, benzodiazepines, and fentanyl and fentanyl analogues.

For the most recent 5-year period 2015-2019, methamphetamine was involved in 32% of total drug overdose deaths. Of methamphetamine-involved drug overdose deaths in 2015-2019 (Table 3), 40% were due to methamphetamine alone, 52% were due to methamphetamine with opioids, and 8% were due to methamphetamine with other substances such as alcohol, cocaine, or benzodiazepines. Among the methamphetamine and opioid overdose deaths, heroin was involved 74% of the time. These data point to the need for increased focus on prevention of both methamphetamine use and polysubstance use.

Males accounted for 72% of all methamphetamine overdose deaths in 2015-2019 (Table 3). Chart 5 shows that Hispanic males had higher rates than White males for the age range 25-84 years. Hispanic females had markedly higher rates compared to White females for the age range 25-44 years, but White females had higher rates for the age range 45-54 years (Chart 5). Overdose death rates due to methamphetamine alone skew slightly younger among both males and females than overdose death rates due to methamphetamine and opioids (Chart 5).

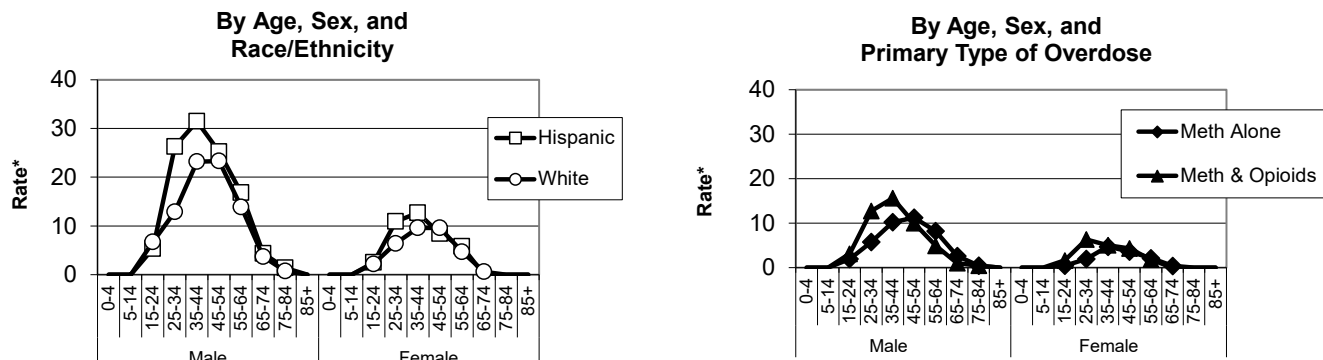
The five counties with the highest rates of methamphetamine overdose death were Catron (24 deaths per 100,000 population), Colfax (23.0), De Baca (17.3), Sierra (71.4), and Grant (16.8) (Chart 6). However, the counties with the highest number of methamphetamine-involved overdose deaths were Bernalillo (327 deaths), Dona Ana (49), Valencia (47), Sandoval (40), and Santa Fe (40) (Table 3).

Methamphetamine overdose differs from opioid overdose in many ways. Methamphetamine is a psychostimulant. Deaths due to methamphetamine overdose often involve a cardiovascular event such as stroke or heart attack while deaths due to opioid overdose are due to the respiratory depressant effects of the opioid. Naloxone, the opioid overdose reversal drug, is an effective measure to prevent death due to opioid overdose. There is not a similar reversal drug for methamphetamine overdose currently, so first responders often focus on treating the cardiovascular issues¹.

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

DRUG OVERDOSE DEATH - Methamphetamine (continued)

Chart 5: Methamphetamine Overdose Death Rates by Selected Characteristics, New Mexico, 2015-2019



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

Table 3: Methamphetamine Overdose Deaths and Rates*, New Mexico, 2015-2019

County	Methamphetamine Overdose Deaths					Methamphetamine Overdose Death Rates*						
	Sex		Overdose Type			Total	Sex		Overdose Type			Total
	Male	Female	Meth Alone	Meth and Opioids	Meth and Others		Male	Female	Meth Alone	Meth and Opioids	Meth and Others	
Bernalillo	233	94	99	198	30	327	14.1	5.5	2.9	6.0	0.9	9.7
Catron	2	0	1	0	1	2	45.2	0.0	8.8	0.0	15.2	24.0
Chaves	22	11	21	10	2	33	14.2	7.7	6.8	3.4	0.7	10.9
Cibola	10	2	8	3	1	12	15.3	3.1	6.3	2.5	0.9	9.7
Colfax	9	3	4	6	2	12	31.5	13.6	7.5	12.7	2.7	22.9
Curry	14	2	7	8	1	16	13.8	1.8	3.9	3.7	0.3	7.9
De Baca	1	0	1	0	0	1	33.6	0.0	17.3	0.0	0.0	17.3
Dona Ana	33	16	21	25	3	49	7.5	3.5	2.4	2.8	0.3	5.4
Eddy	26	5	20	10	1	31	18.1	3.9	7.0	3.8	0.4	11.2
Grant	8	10	13	3	2	18	15.4	18.2	12.0	2.9	2.0	16.8
Guadalupe	1	2	2	1	0	3	9.8	27.9	11.5	4.1	0.0	15.6
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	2	0	0	1	1	2	19.8	0.0	0.0	4.8	5.5	10.2
Lea	19	9	16	9	3	28	10.3	5.7	4.4	2.9	0.8	8.1
Lincoln	9	4	7	5	1	13	20.7	12.6	9.5	5.8	1.2	16.5
Los Alamos	2	1	0	3	0	3	5.4	2.9	0.0	4.2	0.0	4.2
Luna	10	0	5	4	1	10	19.3	0.0	4.7	3.9	1.0	9.6
McKinley	13	7	6	12	2	20	8.0	4.3	1.6	3.7	0.7	6.1
Mora	1	0	0	1	0	1	14.6	0.0	0.0	7.4	0.0	7.4
Otero	15	11	12	11	3	26	9.8	7.8	4.1	3.7	1.0	8.7
Quay	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Rio Arriba	15	2	2	15	0	17	20.2	1.8	1.3	9.7	0.0	11.0
Roosevelt	3	1	3	1	0	4	6.5	2.8	3.6	1.1	0.0	4.7
Sandoval	32	8	15	21	4	40	10.1	2.4	2.2	3.3	0.7	6.2
San Juan	25	14	25	10	4	39	8.5	4.8	4.2	1.8	0.6	6.6
San Miguel	7	2	3	4	2	9	10.8	4.3	2.9	3.6	1.2	7.7
Santa Fe	23	17	8	31	1	40	7.3	5.9	1.2	5.2	0.2	6.6
Sierra	7	0	6	1	0	7	35.3	0.0	16.5	1.0	0.0	17.4
Socorro	10	0	6	4	0	10	25.7	0.0	8.5	4.3	0.0	12.8
Taos	8	2	2	7	1	10	10.8	3.1	1.2	4.9	0.9	6.9
Torrance	10	2	7	4	1	12	25.9	4.2	8.6	7.0	0.7	16.3
Union	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Valencia	38	9	19	28	0	47	20.5	5.2	5.0	8.0	0.0	13.0
Total	608	234	339	436	67	842	10.2	4.1	2.9	3.6	0.6	7.1

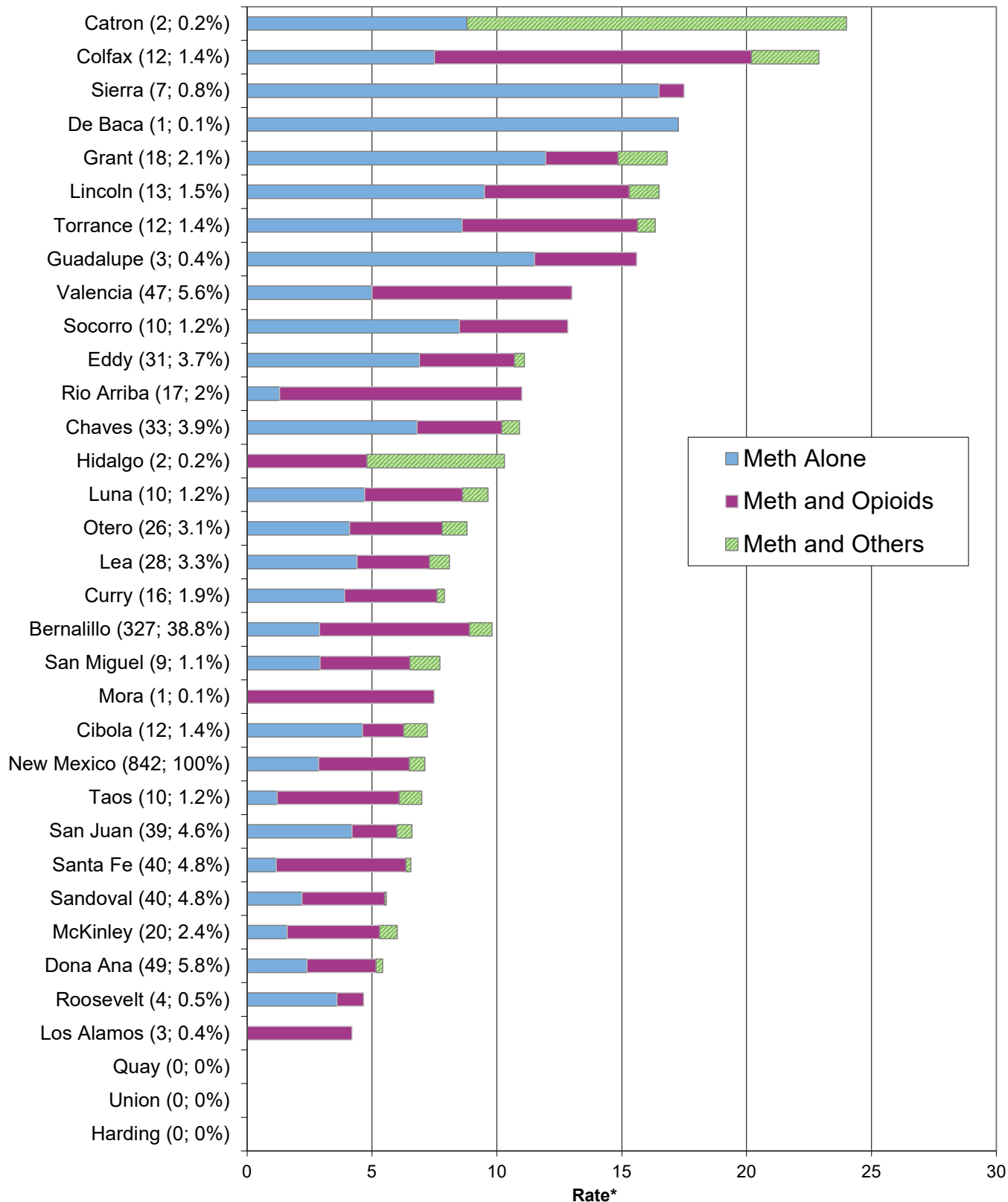
* All rates are per 100,000, age-adjusted to the 2000 US standard population; Drug overdose type categories are mutually exclusive.

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

DRUG OVERDOSE DEATH - Methamphetamine (continued)

Chart 6: Methamphetamine Overdose Death Rates* by County, New Mexico, 2015-2019

County (# of deaths; % of statewide deaths)

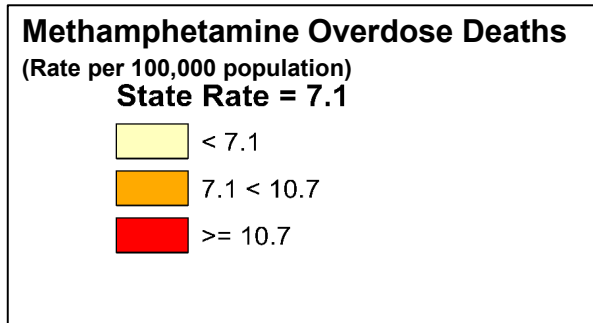
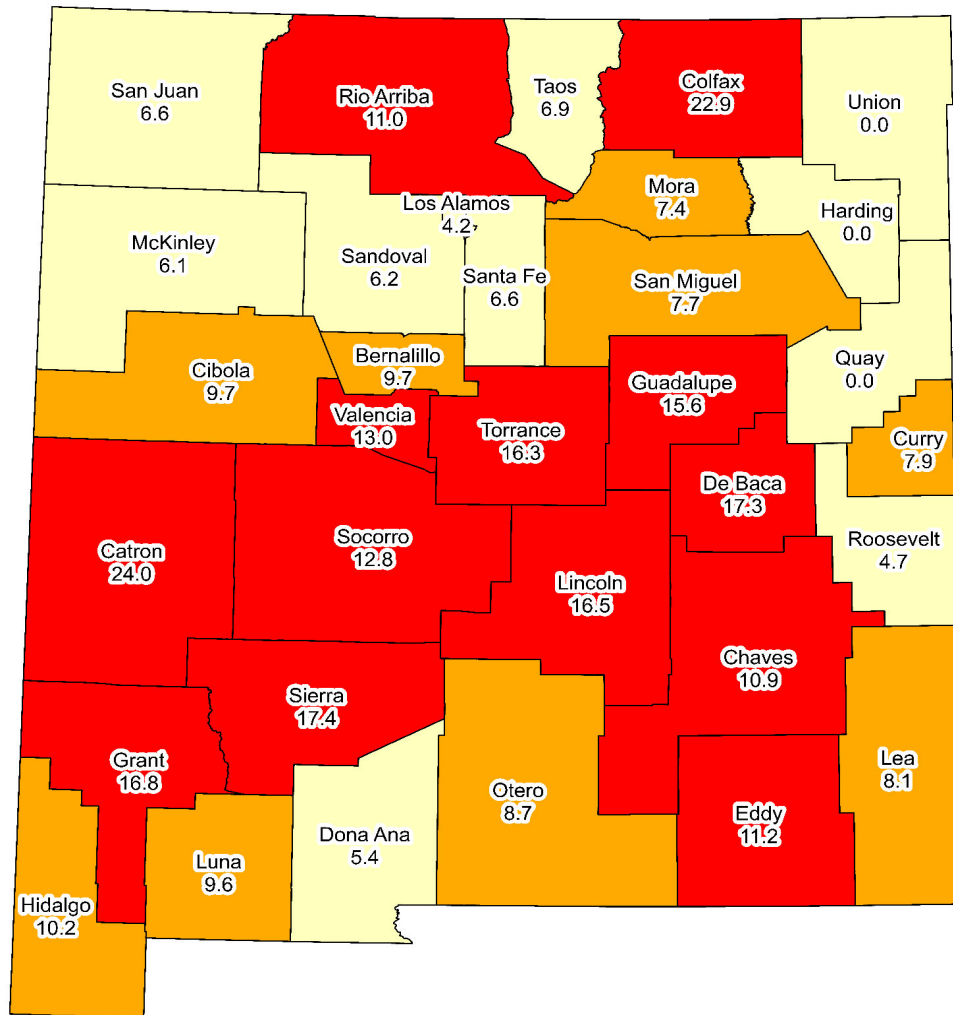


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

DRUG OVERDOSE DEATH - Methamphetamine (continued)

Chart 7: Methamphetamine Overdose Death Rates* by County, New Mexico, 2015-2019

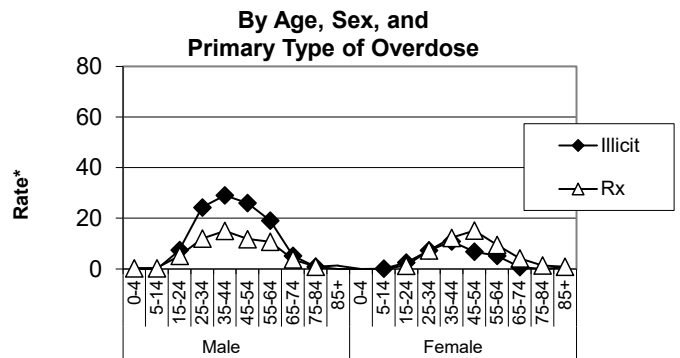
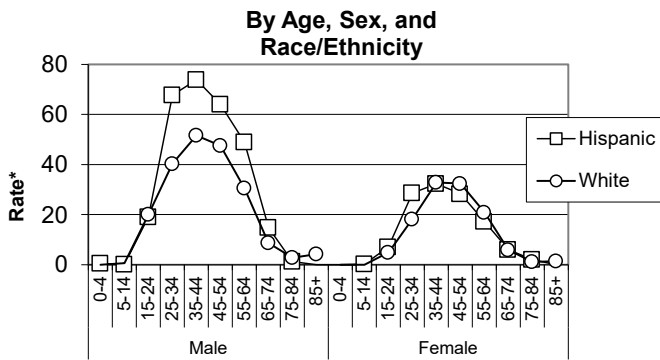


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

DRUG OVERDOSE DEATH - Unintentional Overdoses

Chart 8: Unintentional Drug Overdose Death Rates* by Selected Characteristics, New Mexico, 2015-2019



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

Table 4: Unintentional Drug Overdose Deaths and Rates*, New Mexico, 2015-2019

County	Deaths					Total	Rates*					Total
	Sex		Overdose Type				Sex		Overdose Type			
	Male	Female	Illicit	Rx	Both		Male	Female	Illicit	Rx	Both	
Bernalillo	607	287	335	292	253	833	36.3	16.4	9.8	8.6	7.5	26.3
Catron	1	0	1	0	0	3	16.4	0.0	8.8	0.0	0.0	8.8
Chaves	43	26	29	22	17	62	28.7	17.2	9.2	7.5	5.7	22.9
Cibola	13	8	12	6	2	20	19.6	11.8	9.3	4.2	1.8	16.1
Colfax	12	4	10	1	5	19	43.0	15.3	17.2	0.8	11.8	29.8
Curry	26	12	14	13	7	38	23.9	11.5	7.3	6.1	3.0	18.0
De Baca	1	0	1	0	0	2	33.6	0.0	17.3	0.0	0.0	17.3
Dona Ana	101	46	58	44	40	147	21.4	9.5	6.1	4.4	4.2	15.3
Eddy	52	21	34	20	16	69	36.3	15.8	12.2	7.0	5.9	26.3
Grant	23	15	21	11	5	39	42.6	25.0	19.3	9.3	4.2	33.7
Guadalupe	4	5	4	3	2	8	31.8	58.9	19.7	13.7	7.0	40.4
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	3	2	0	3	2	7	24.8	14.7	0.0	10.0	10.2	20.3
Lea	38	23	29	20	10	54	20.8	15.1	8.6	5.9	2.9	18.0
Lincoln	19	13	14	10	8	33	47.0	31.4	20.2	11.5	7.6	39.3
Los Alamos	10	6	5	8	3	15	24.5	12.6	6.9	8.7	3.4	19.1
Luna	15	7	9	7	5	20	28.4	15.3	8.7	7.3	4.8	21.8
McKinley	27	15	18	11	11	36	17.3	9.4	5.5	3.5	3.5	13.2
Mora	1	0	1	0	0	2	14.6	0.0	7.4	0.0	0.0	7.4
Otero	28	25	25	19	9	53	17.6	16.7	8.5	5.7	2.9	17.1
Quay	5	1	1	2	3	7	19.3	6.6	1.3	4.6	6.5	12.5
Rio Arriba	106	33	61	27	48	154	123.8	37.0	36.1	13.4	28.7	80.2
Roosevelt	7	3	3	5	2	9	14.1	7.6	3.6	5.3	1.9	10.9
Sandoval	74	36	43	38	24	122	22.1	10.5	6.3	5.4	3.8	16.3
San Juan	50	43	37	39	11	88	16.5	15.2	6.3	6.4	2.0	15.9
San Miguel	32	10	21	13	8	44	53.7	16.2	17.8	10.0	7.3	35.0
Santa Fe	128	62	64	56	67	178	39.9	20.1	10.2	8.2	11.1	30.0
Sierra	10	5	8	6	1	15	46.7	16.7	19.7	9.5	2.3	31.4
Socorro	14	0	11	1	2	14	38.2	0.0	14.8	1.8	2.7	19.3
Taos	26	8	13	9	11	37	37.6	11.0	9.3	6.3	8.1	24.4
Torrance	12	7	13	4	2	22	29.8	19.5	17.0	5.4	3.3	25.7
Union	0	0	0	0	0	1	0.0	0.0	0.0	0.0	0.0	0.0
Valencia	68	24	47	20	24	91	37.2	14.3	13.0	5.7	7.1	26.0
Total	1560	750	945	712	600	2,245	31.5	15.1	9.6	7.0	6.2	23.3

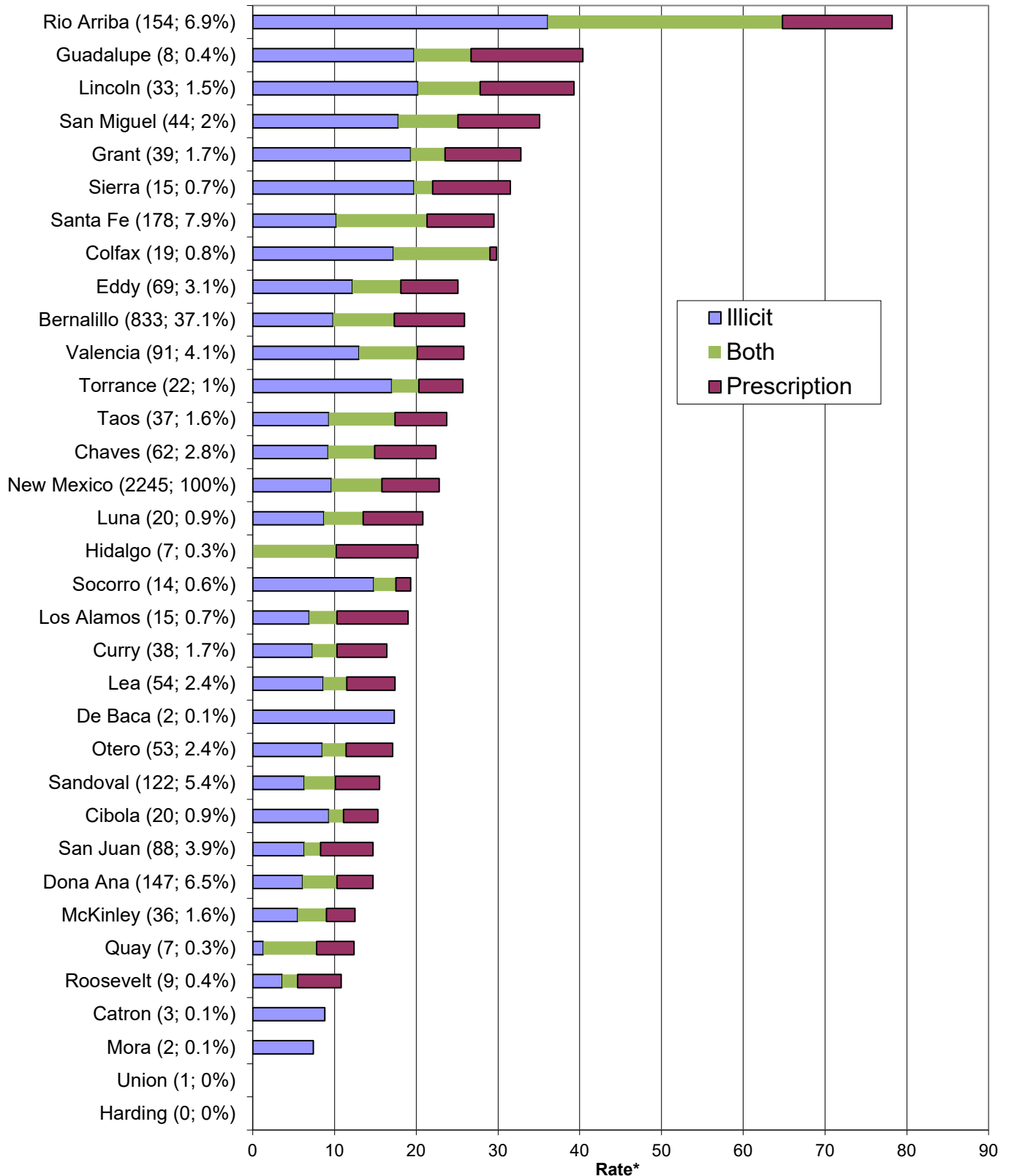
* All rates are per 100,000, age-adjusted to the 2000 US standard population; Drug overdose type categories are mutually exclusive.

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

DRUG OVERDOSE DEATH - Unintentional Overdoses

Chart 9: Unintentional Drug Overdose Death Rates* by County and Drug Type, New Mexico, 2015-2019

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

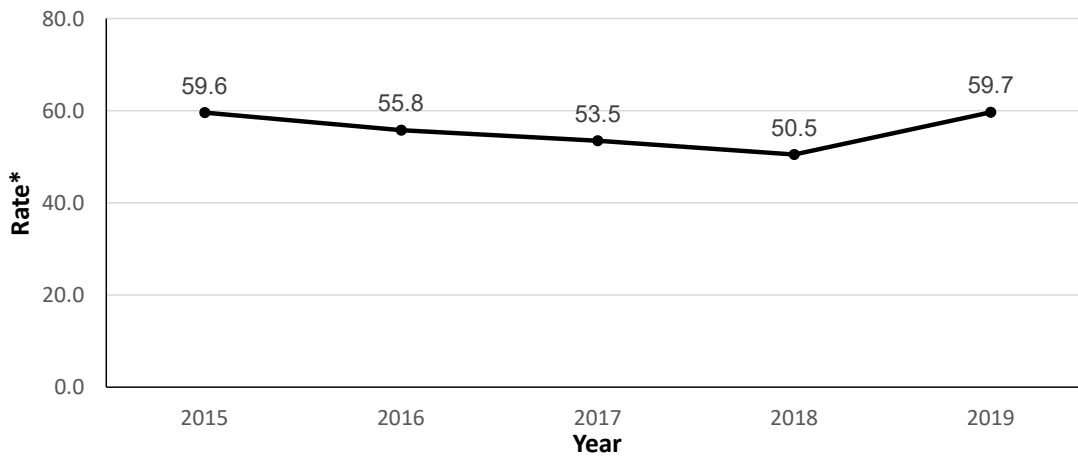
OPIOID OVERDOSE RELATED EMERGENCY DEPARTMENT VISITS

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 2015 and 2018, the rate of opioid overdose related emergency department visits had consistently declined in New Mexico. In 2019, the rate of opioid overdose related emergency department visits increased by 18% from 2018. The current rate (59.7) is slightly higher than the 2015 rate (59.6).

Chart 1: Opioid Overdose Related Emergency Department Visit Rates*, New Mexico, 2015-2019



* 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, 2015-2019

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	21	153	6	180	11.4	65.6	15.1	39.3
	Asian/Pacific Islander	-	9	0	10	-	19.3	0.0	11.1
	Black	15	82	12	109	32.0	119.0	91.9	82.7
	Hispanic	321	1,439	72	1,832	30.8	115.9	27.5	72.6
	White	153	643	106	902	32.4	62.3	21.7	44.5
	Total	596	2,606	213	3,415	33.6	99.4	26.3	64.7
Female	American Indian	31	97	9	137	17.0	38.1	15.4	26.6
	Asian/Pacific Islander	5	7	0	12	19.6	11.8	0.0	11.8
	Black	12	64	13	89	30.2	131.9	103.6	90.4
	Hispanic	200	772	86	1,058	19.8	61.6	26.8	41.1
	White	123	539	173	835	28.6	51.8	30.9	39.0
	Total	416	1,629	301	2,346	24.7	61.3	31.2	42.9
Total	American Indian	52	250	15	317	14.2	51.2	15.3	32.6
	Asian/Pacific Islander	6	16	0	22	11.6	15.1	0.0	11.2
	Black	27	146	25	198	31.2	124.3	97.6	86.0
	Hispanic	529	2,240	159	2,928	25.8	89.8	27.3	57.6
	White	276	1,182	279	1,737	30.6	57.0	26.6	41.8
	Total	1,057	4,399	517	5,973	30.6	83.3	29.1	55.8

* 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 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 2015-2019 was higher than the rate among women (Table 1). Blacks had the highest rate compared to all other racial/ethnic groups; however, caution should be used when interpreting results for smaller demographic groups. Table 1 also shows that for both sexes, those in the 25-64 age group had the highest rate (83.3 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 2015-2019 (Chart 2). Rio Arriba and San Miguel counties also had the highest drug overdose death rates during the same time period. Bernalillo County had the largest percentage of opioid overdose related emergency department visits (42.2% of the state total), followed by Santa Fe County (9.8%). 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, 2015-2019

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	115	12	134	1,282	713	2,519	71.4	11.4	129.9	74.4	50.1	71.0
Catron	0	0	0	0	-	3	0.0	0.0	0.0	0.0	-	10.5
Chaves	0	-	6	42	48	100	0.0	-	109.2	25.3	31.8	29.8
Cibola	8	0	0	28	16	53	13.2	0.0	0.0	50.5	58.6	36.6
Colfax	0	0	-	38	16	57	0.0	0.0	-	123.9	58.4	92.4
Curry	0	-	4	23	19	57	0.0	-	22.3	24.8	13.4	22.6
De Baca	0	0	-	-	-	4	0.0	0.0	-	-	-	49.2
Dona Ana	-	0	0	59	53	115	-	0.0	0.0	8.4	18.5	10.8
Eddy	0	0	-	48	46	96	0.0	0.0	-	33.1	32.2	32.1
Grant	0	0	0	5	4	9	0.0	0.0	0.0	8.2	5.7	6.9
Guadalupe	0	0	0	5	-	8	0.0	0.0	0.0	27.8	-	33.0
Harding	0	0	0	0	0	0	-	-	0.0	0.0	0.0	0.0
Hidalgo	-	0	0	-	-	4	-	0.0	0.0	-	-	20.1
Lea	0	0	4	25	23	56	0.0	0.0	28.7	13.0	17.4	15.7
Lincoln	0	0	0	8	31	41	0.0	0.0	0.0	24.8	45.6	37.3
Los Alamos	-	0	0	5	15	22	-	0.0	0.0	30.9	21.6	22.5
Luna	0	0	0	7	11	18	0.0	0.0	0.0	8.7	30.9	14.7
McKinley	12	0	0	7	-	26	4.2	0.0	0.0	16.8	-	7.2
Mora	0	0	0	11	-	17	0.0	0.0	0.0	63.2	-	80.8
Otero	6	0	-	14	43	74	32.1	0.0	-	11.0	24.5	21.8
Quay	0	0	0	5	6	11	0.0	0.0	0.0	29.1	24.2	25.9
Rio Arriba	28	0	0	259	25	368	94.6	0.0	0.0	188.2	108.8	189.6
Roosevelt	0	0	-	6	13	23	0.0	0.0	-	16.0	27.3	25.5
Sandoval	34	4	15	154	126	363	38.7	30.3	86.1	53.8	37.2	48.4
San Juan	58	-	-	50	145	260	23.0	-	-	40.6	55.1	39.6
San Miguel	0	0	0	131	15	151	0.0	0.0	0.0	119.4	61.9	109.0
Santa Fe	9	0	13	374	148	588	43.9	0.0	160.6	95.9	50.5	79.4
Sierra	0	0	0	-	-	5	0.0	0.0	0.0	-	-	11.0
Socorro	17	0	0	36	19	77	163.9	0.0	0.0	84.0	56.7	88.6
Taos	6	0	-	70	43	215	63.7	0.0	-	75.0	84.5	134.4
Torrance	-	0	0	16	21	40	-	0.0	0.0	44.7	51.1	50.1
Union	0	0	0	0	-	1	0.0	0.0	0.0	0.0	-	4.6
Valencia	10	-	10	165	70	284	62.8	-	199.1	72.0	52.9	74.0
New Mexico	317	22	198	2,928	1,737	5,973	32.6	11.2	86.0	57.6	41.8	55.8

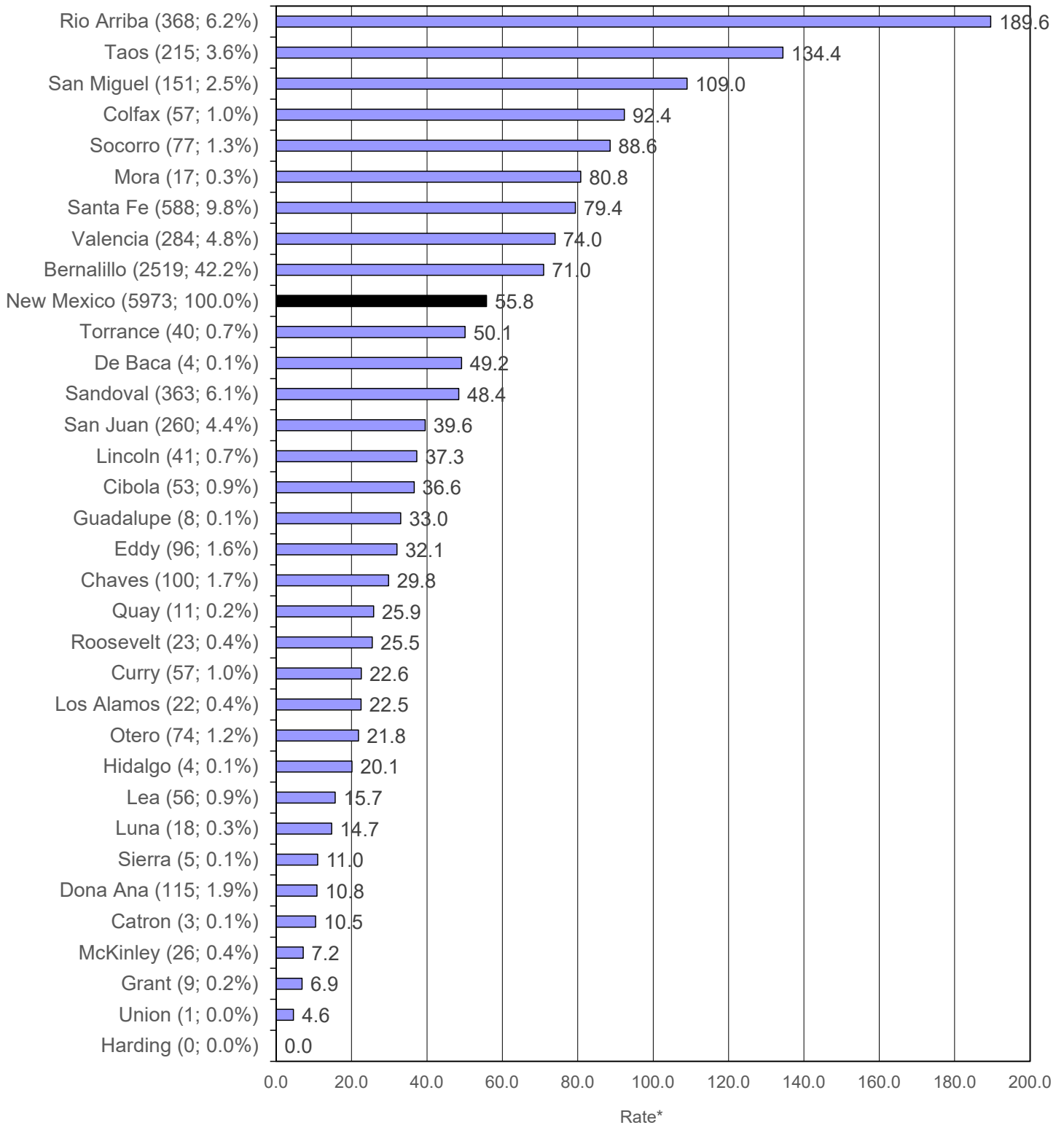
* All rates are per 100,000, age-adjusted to the 2000 US standard population. There were 897 visits for which County of Residence or Race-Ethnicity was missing.

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, 2015-2019

County (# emergency department visits; % State visits)



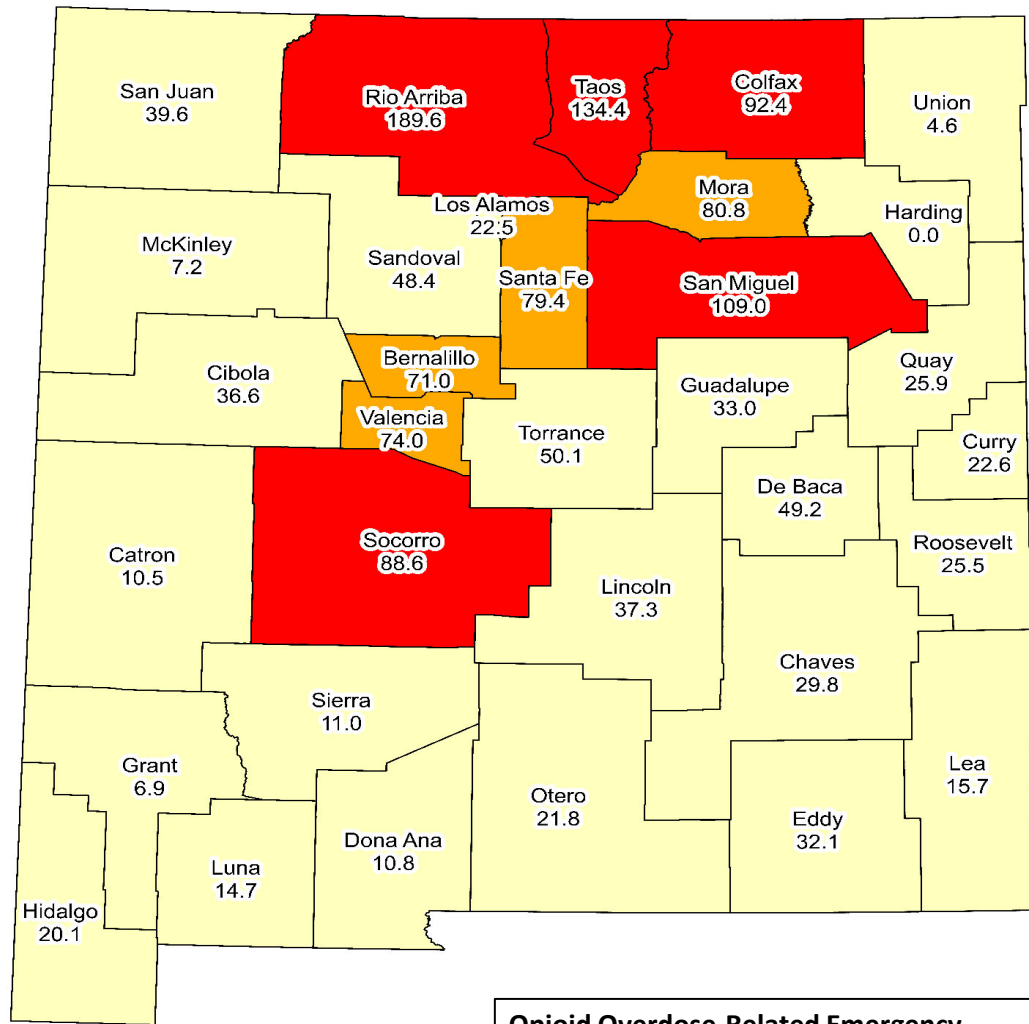
* All rates are per 100,000, age-adjusted to the 2000 US standard population

** 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 3: Opioid Overdose Related Emergency Department Visit Rates* by County, New Mexico, 2015-2019



Opioid Overdose-Related Emergency Department Visits
(Rate per 100,000 population)

State Rate = 55.8

- < 55.8
- 55.8 < 83.7
- ≥ 83.7

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

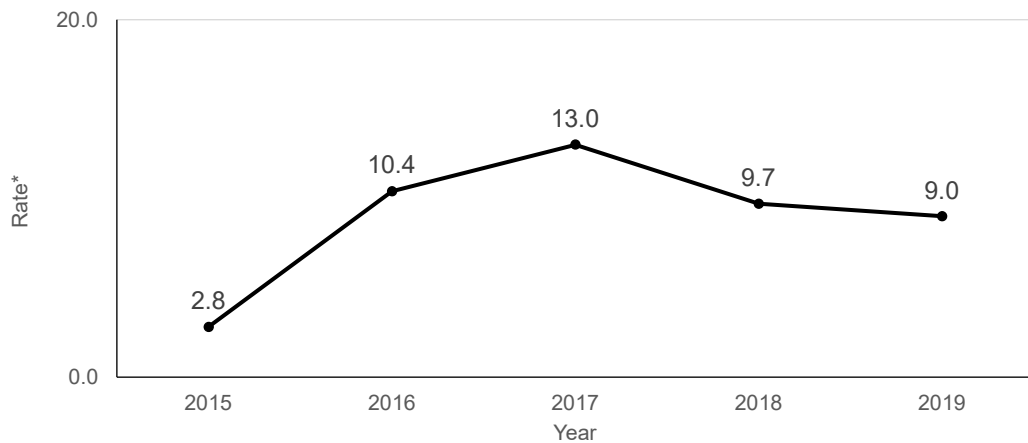
AMPHETAMINE OVERDOSE RELATED EMERGENCY DEPARTMENT VISITS

Problem Statement

As with opioid overdose related emergency department visits, there has been an increase in amphetamine overdose related emergency department visits in recent years. Chart 1 shows that between 2015 and 2019, the rate of amphetamine overdose related emergency department visits increased in New Mexico.

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

Chart 1: Amphetamine Overdose Related Emergency Department Visit Rates*, New Mexico, 2015-2019



* Rates per 100,000 population

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

Table 1: Amphetamine Overdose Related Emergency Department Visits and Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2015-2019

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	7	35	0	42	3.8	15.0	0.0	8.9
	Asian/Pacific Islander	-	0	0	3	-	0.0	0.0	3.3
	Black	-	16	0	17	-	23.2	0.0	12.7
	Hispanic	60	231	5	296	5.8	18.6	1.9	11.6
	White	27	165	6	198	5.7	16.0	1.2	10.1
	Total	105	474	12	591	5.9	18.1	1.5	11.3
Female	American Indian	7	25	0	32	3.8	9.8	0.0	6.2
	Asian/Pacific Islander	0	0	0	0	0.0	0.0	0.0	0.0
	Black	-	5	0	7	-	10.3	0.0	6.8
	Hispanic	40	107	-	150	4.0	8.5	-	5.7
	White	24	87	4	115	5.6	8.4	0.7	6.0
	Total	75	242	8	325	4.4	9.1	0.8	6.1
Total	American Indian	14	60	0	74	3.8	12.3	0.0	7.5
	Asian/Pacific Islander	-	0	0	3	-	0.0	0.0	1.7
	Black	-	21	0	24	-	17.9	0.0	10.3
	Hispanic	102	349	8	459	5.0	14.0	1.4	8.9
	White	51	252	10	313	5.6	12.2	1.0	8.1
	Total	184	739	20	943	5.3	14.0	1.1	9.0

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

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

AMPHETAMINE OVERDOSE RELATED EMERGENCY DEPARTMENT VISITS (continued)

Problem Statement (continued)

The rate of amphetamine overdose related emergency departments visits was highest among those in the 25-64 age group (14.0 visits per 100,000 population). Males had a higher rate of amphetamine overdose than females (11.3 visits per 100,000 population vs 6.1 visits per 100,000 population).

The counties with the highest rates of amphetamine overdose related emergency department visits were Cibola, Colfax, and San Miguel. Bernalillo County had the largest percentage of amphetamine overdose related emergency department visits (30.1% of the state total), followed by San Juan County (8.5%). It is important to note that federal facilities (e.g. Indian Health Services and Veterans Administration) are not included in these results.

Table 2: Amphetamine Overdose Related Emergency Department Visits and Rates* by Race/Ethnicity and County, New Mexico, 2015-2019

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	16	0	12	161	74	284	9.5	0.0	11.4	9.2	5.5	8.1
Catron	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Chaves	0	0	0	20	42	64	0.0	0.0	0.0	11.2	33.2	20.3
Cibola	14	-	-	35	14	65	25.4	-	-	64.3	59.5	46.8
Colfax	0	0	0	13	-	16	0.0	0.0	0.0	42.8	-	28.1
Curry	0	0	-	-	9	13	0.0	0.0	-	-	7.2	5.1
De Baca	0	0	0	0	-	1	0.0	0.0	0.0	0.0	-	12.8
Dona Ana	-	0	0	14	11	28	-	0.0	0.0	2.0	4.2	2.8
Eddy	0	0	-	19	20	40	0.0	0.0	-	11.9	14.6	13.3
Grant	0	0	0	-	0	3	0.0	0.0	0.0	-	0.0	2.4
Guadalupe	0	0	0	-	0	3	0.0	0.0	0.0	-	0.0	11.9
Harding	0	0	0	0	0	0	-	-	0.0	0.0	0.0	0.0
Hidalgo	-	0	0	0	0	0	-	0.0	0.0	0.0	0.0	0.0
Lea	0	0	-	18	20	39	0.0	0.0	-	8.7	15.3	11.0
Lincoln	0	0	0	-	-	7	0.0	0.0	0.0	-	-	7.8
Los Alamos	0	0	0	0	-	3	0.0	0.0	0.0	0.0	-	3.2
Luna	0	0	0	4	4	8	0.0	0.0	0.0	4.4	13.4	7.1
McKinley	5	0	0	-	0	6	1.8	0.0	0.0	-	0.0	1.7
Mora	0	0	0	4	0	4	0.0	0.0	0.0	22.8	0.0	19.1
Otero	0	0	-	8	13	23	0.0	0.0	-	6.3	8.4	6.9
Quay	0	0	0	-	-	4	0.0	0.0	0.0	-	-	10.1
Rio Arriba	-	0	0	5	0	10	-	0.0	0.0	3.6	0.0	5.2
Roosevelt	0	0	0	-	4	7	0.0	0.0	0.0	-	8.9	8.5
Sandoval	9	0	4	15	7	41	9.8	0.0	23.9	5.3	2.2	5.7
San Juan	16	-	-	20	40	80	6.2	-	-	16.2	15.8	12.4
San Miguel	0	0	0	28	8	36	0.0	0.0	0.0	25.4	33.8	26.0
Santa Fe	4	0	-	14	8	27	19.7	0.0	-	3.5	2.3	3.7
Sierra	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Socorro	-	0	0	4	0	6	-	0.0	0.0	9.4	0.0	7.3
Taos	-	0	0	7	4	20	-	0.0	0.0	7.7	8.8	12.8
Torrance	0	0	0	4	-	5	0.0	0.0	0.0	10.8	-	6.4
Union	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Valencia	0	-	-	31	8	45	0.0	-	-	13.3	6.2	11.6
New Mexico	74	-	24	459	313	943	7.5	-	10.3	8.9	8.1	9.0

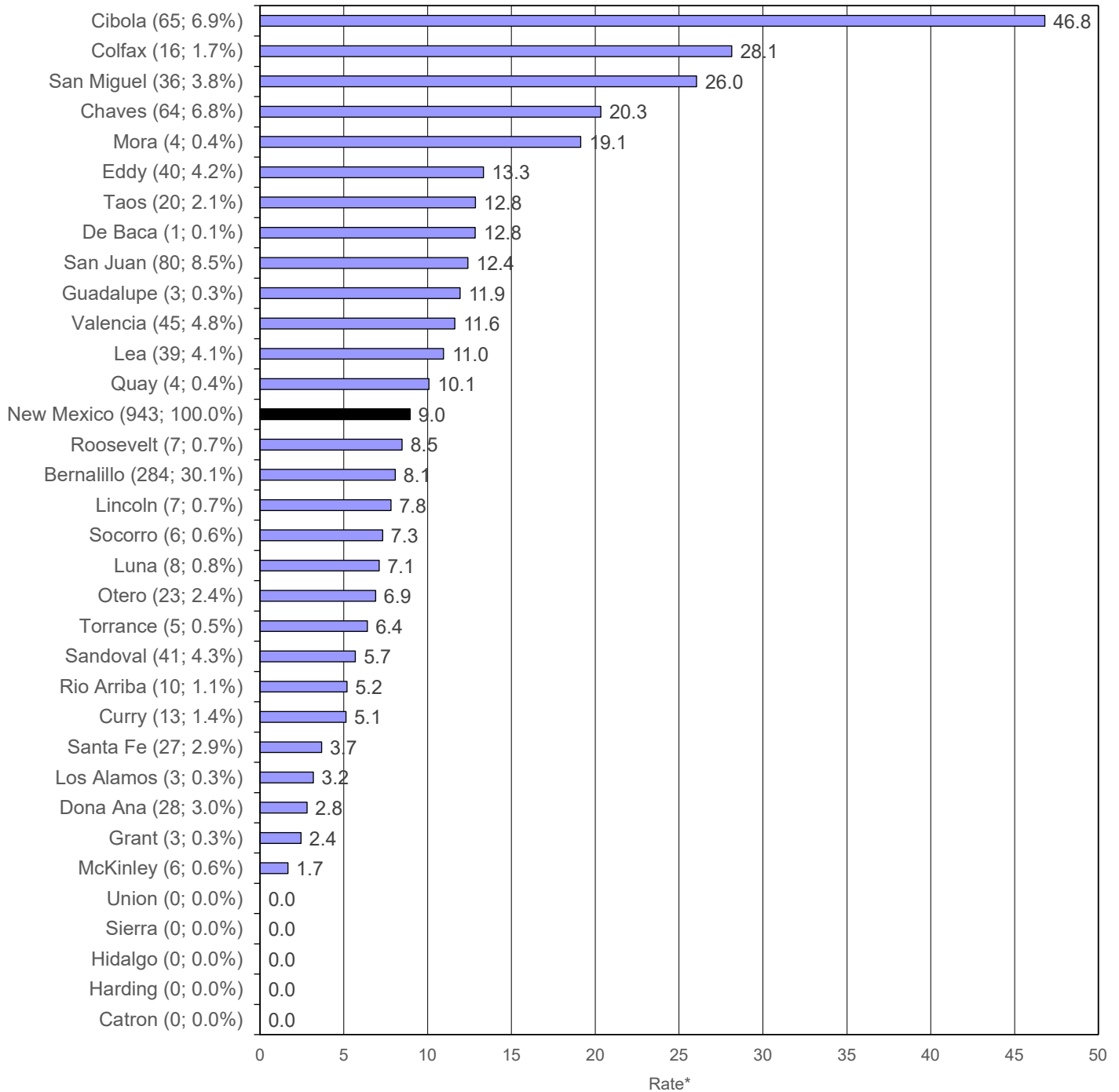
* All rates are per 100,000, age-adjusted to the 2000 US standard population. There were 110 visits for which County of Residence or Race-Ethnicity was missing.

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

AMPHETAMINE OVERDOSE RELATED EMERGENCY DEPARTMENT VISITS (continued)

Chart 2: Amphetamine Overdose Related Emergency Department Visit Rates* by County, New Mexico, 2015-2019

County (# emergency department visits; % State visits)



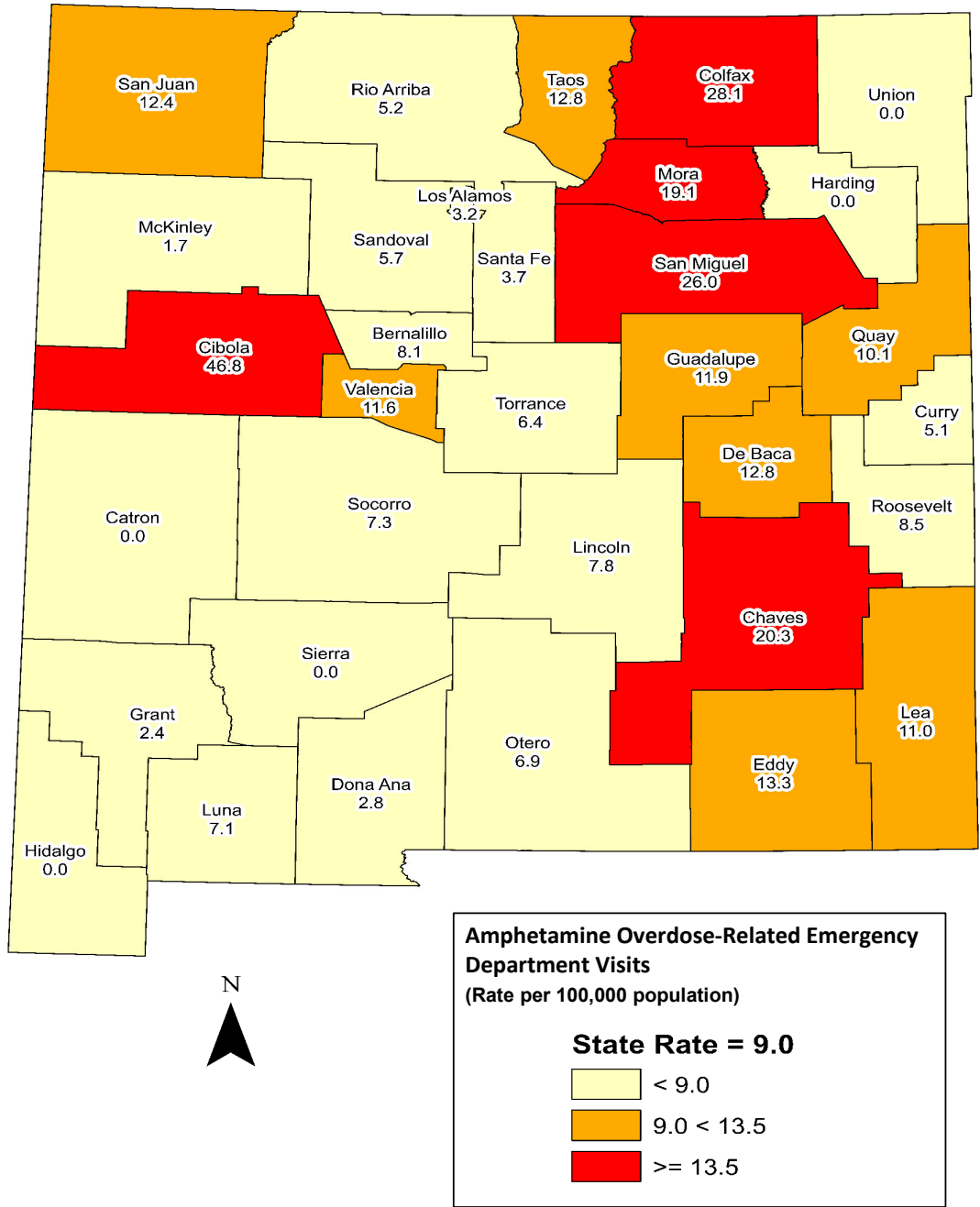
* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

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

AMPHETAMINE OVERDOSE RELATED EMERGENCY DEPARTMENT VISITS (continued)

Chart 2: Amphetamine Overdose Related Emergency Department Visit Rates* by County, New Mexico, 2015-2019



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

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

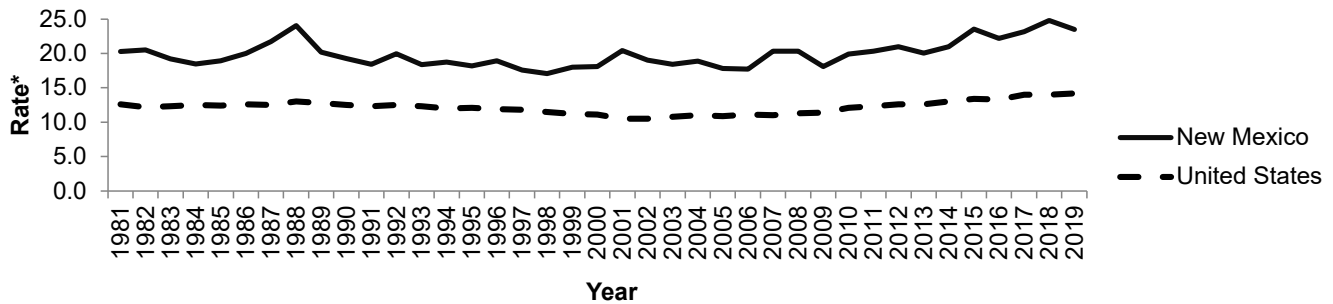
SUICIDE

Problem Statement

Suicide is a serious and persistent public health problem in New Mexico. As shown in Chart 1, over the period from 1981-2019, 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 2019. The NM rate followed a similar pattern. In NM in 2019, suicide was the ninth leading cause of death overall. In 2019 suicide was the first leading cause of death for those residents ages 5-17, and the second leading cause of death for those residents ages 18-44 (with unintentional injuries at number one).

Table 1 and Chart 2 show that male suicide rates were about three to four times higher than female rates across all ages and racial/ethnic groups except for Asian/Pacific Islanders for the five-year period 2015-2019. This reflects males' choice of more lethal means, i.e. firearms, when attempting suicide. White males and females have higher rates over age 45 compared to other race/ethnicities. White male suicides continue to increase after age 65, while all females and other male race/ethnicities decrease. American Indian females ages 15-24 and American Indian males ages 45-54 had significantly higher rates compared to other race/ethnicities (Chart 2). Table 2 shows that five counties (Bernalillo, Santa Fe, Dona Ana, San Juan, and Sandoval) had substantial numbers of suicides (averaging more than 25 per year). As Chart 3 demonstrates, for the time period 2015-2019, all but ten of NM's counties had rates one and a half times higher than the comparable US rate. A number of smaller counties also had very high rates, and only 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, 1981-2019



* U.S. data available up to 2018

**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, 2015-2019

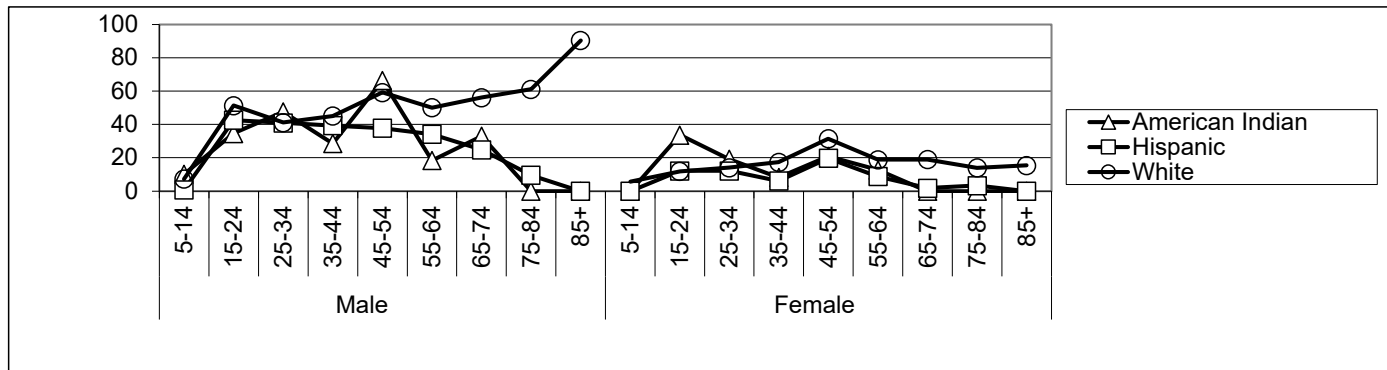
Sex	Race/Ethnicity	Deaths				Rates*			
		Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	38	136	8	182	20.6	58.3	20.1	39.6
	Asian/Pacific Islander	5	11	3	19	19.1	23.6	34.6	22.3
	Black	12	14	2	28	25.6	20.3	15.3	22.2
	Hispanic	162	459	61	682	15.5	37.0	23.3	27.5
	White	104	566	329	999	22.0	54.9	67.5	44.6
	Total	323	1,191	405	1,919	18.2	45.4	49.9	36.5
Female	American Indian	27	37	2	66	14.8	14.5	3.4	12.7
	Asian/Pacific Islander	3	6	1	10	11.8	10.1	7.2	9.7
	Black	2	5	0	7	5.0	10.3	0.0	7.2
	Hispanic	43	115	7	165	4.3	9.2	2.2	6.6
	White	23	232	84	339	5.3	22.3	15.0	15.2
	Total	98	397	94	589	5.8	14.9	9.7	10.9
Total	American Indian	65	173	10	248	17.7	35.4	10.2	25.5
	Asian/Pacific Islander	8	17	4	29	15.5	16.1	17.7	15.3
	Black	14	19	2	35	16.2	16.2	7.8	15.4
	Hispanic	205	574	68	847	10.0	23.0	11.7	17.0
	White	127	798	413	1,338	14.1	38.5	39.4	29.9
	Total	421	1,588	499	2,508	12.2	30.1	28.1	23.5

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

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

SUICIDE (continued)

Chart 2: Suicide Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2015-2019



* 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, 2015-2019

County	Deaths						Rates*					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	33	14	12	302	424	788	20.4	14.4	11.8	17.8	28.1	22.4
Catron	0	0	0	2	7	10	0.0	0.0	0.0	71.9	44.3	54.8
Chaves	0	0	1	22	38	63	0.0	0.0	29.4	12.0	28.1	19.2
Cibola	15	0	0	11	10	36	28.4	0.0	0.0	21.9	44.5	27.8
Colfax	1	0	0	12	10	23	110.9	0.0	0.0	43.4	35.2	40.6
Curry	0	1	7	12	33	53	0.0	11.9	41.1	12.3	27.0	22.7
De Baca	0	0	0	0	2	2	0.0	0.0	0.0	0.0	40.3	24.1
Dona Ana	2	2	5	79	92	180	19.3	12.8	24.7	10.9	27.9	16.7
Eddy	0	1	0	32	56	89	0.0	28.8	0.0	24.4	40.8	32.5
Grant	2	0	0	12	27	41	144.5	0.0	0.0	18.8	34.4	28.1
Guadalupe	0	0	0	2	0	2	0.0	0.0	0.0	7.8	0.0	5.9
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	7	6	13	0.0	0.0	0.0	65.9	66.2	65.8
Lea	2	1	0	21	35	60	75.9	29.6	0.0	10.8	27.8	18.1
Lincoln	0	0	0	4	26	30	0.0	0.0	0.0	11.2	36.4	25.6
Los Alamos	0	1	0	0	11	12	0.0	12.1	0.0	0.0	16.2	12.8
Luna	0	0	0	8	28	36	0.0	0.0	0.0	11.6	51.1	25.3
McKinley	76	1	0	13	8	98	28.2	57.1	0.0	31.2	26.2	28.6
Mora	0	0	0	5	2	7	0.0	0.0	0.0	28.5	67.6	32.6
Otero	8	0	2	16	74	100	35.2	0.0	16.8	13.0	39.0	29.0
Quay	0	0	1	7	8	16	0.0	0.0	132.1	38.6	35.4	40.1
Rio Arriba	6	0	0	32	8	46	19.6	0.0	0.0	24.9	37.1	25.4
Roosevelt	0	1	1	7	12	21	0.0	19.9	15.8	12.4	25.7	20.6
Sandoval	17	2	2	43	80	144	19.3	18.9	11.3	15.5	24.1	20.2
San Juan	76	0	1	20	89	186	30.1	0.0	22.4	17.1	33.2	29.6
San Miguel	1	0	0	21	13	36	260.4	0.0	0.0	21.2	53.8	26.7
Santa Fe	4	4	3	73	111	197	15.8	33.0	46.6	19.5	28.1	24.8
Sierra	0	0	0	2	22	24	0.0	0.0	0.0	12.2	47.1	35.9
Socorro	2	0	0	11	14	27	22.1	0.0	0.0	25.7	31.5	29.0
Taos	1	0	0	22	29	52	12.0	0.0	0.0	27.9	50.8	34.1
Torrance	0	0	0	9	20	29	0.0	0.0	0.0	30.1	35.7	33.9
Union	0	0	0	3	1	4	0.0	0.0	0.0	32.4	11.5	20.5
Valencia	2	1	0	37	38	79	10.6	31.9	0.0	16.0	26.9	20.1
New Mexico	248	29	35	847	1,338	2,508	25.5	15.3	15.4	17.0	29.9	23.5

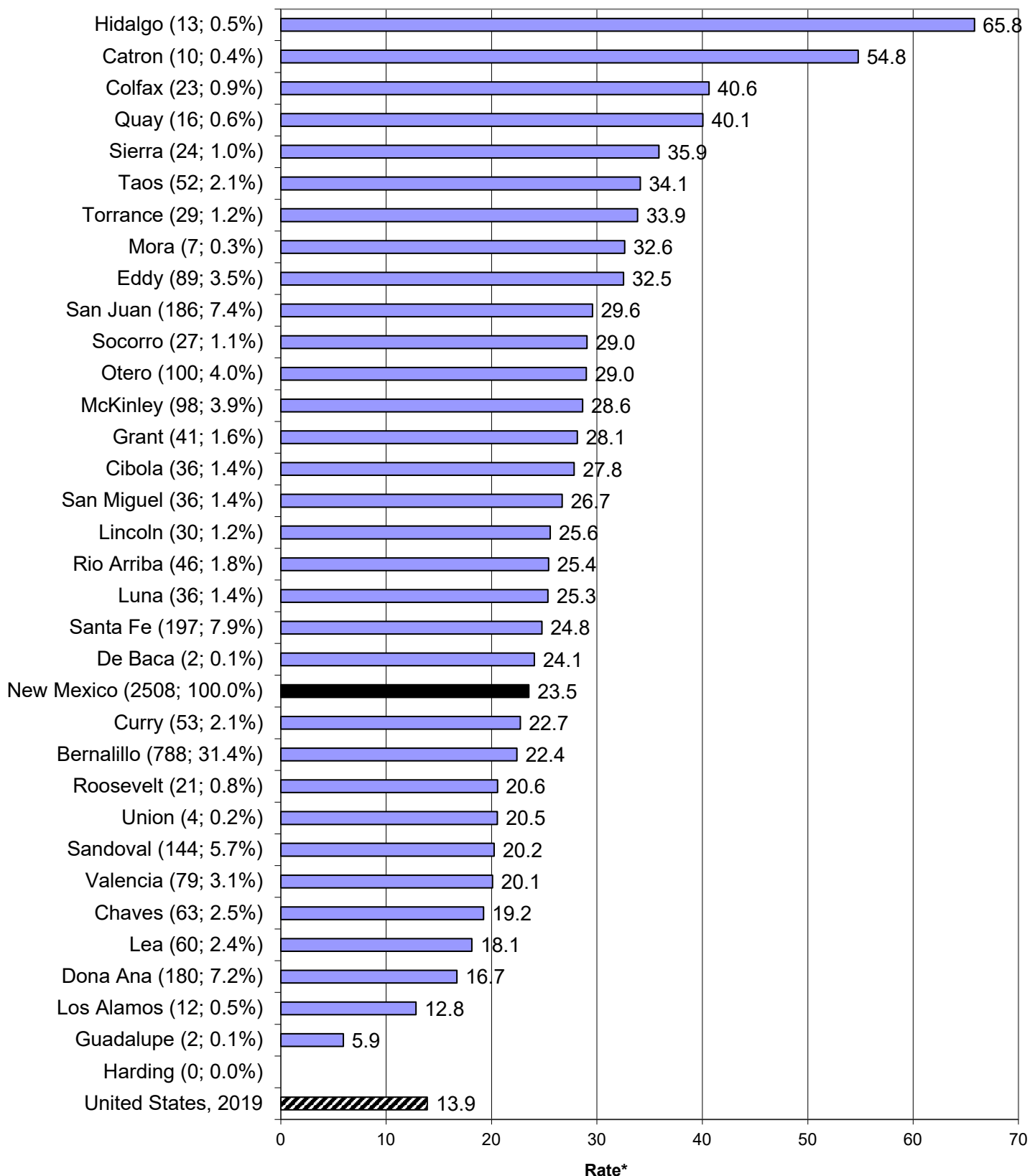
* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

SUICIDE (continued)

Chart 3: Suicide Rates* by County, New Mexico, 2015-2019

County (# of deaths; % of statewide deaths)

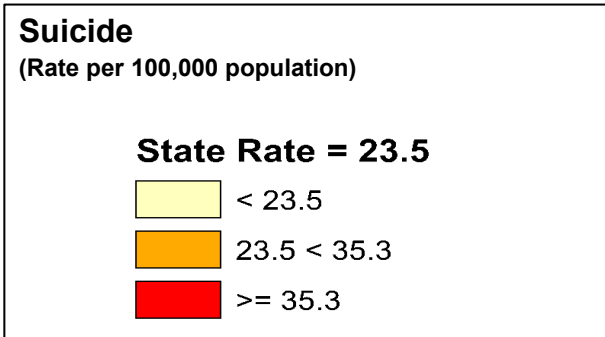
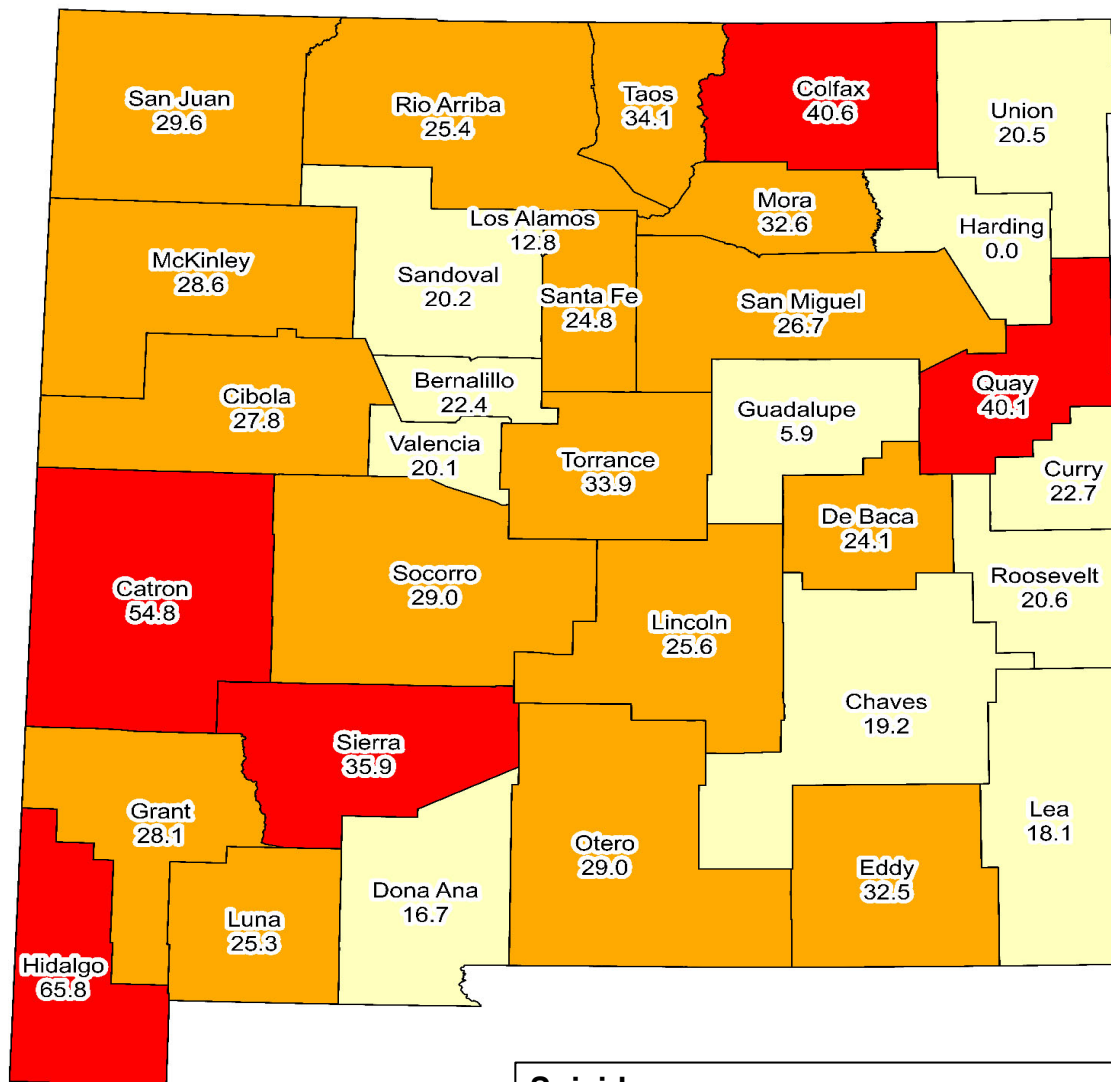


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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, 2015-2019



* 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 in 2019. The proportion of the total New Mexico population that experienced FMD in 2019 had increased slightly from the previous year; however, was still about 14%. As might be expected, people in good health with higher incomes and more education were significantly less likely than the general population to report FMD. People with less education, with chronic health conditions such as obesity, diabetes, or asthma, or with lower income were significantly more likely to report FMD. Of particular relevance regarding FMD's potential usefulness as a measure of population mental health, FMD was many times more prevalent among respondents who reported more serious psychiatric morbidity, including screening positive for alcohol dependence or abuse (33% reported FMD), ever being diagnosed with an anxiety disorder (37% reported past-month FMD), or receiving a diagnosis of current depression based on the Patient Health Questionnaire (52% reported past-month FMD). Among the cohort that reported past-year suicidal ideation with no history of suicide attempt, 48% reported past-month FMD; among the cohort at high risk for suicide that reported both past-year suicidal ideation and a prior suicide attempt, 62% reported past-month FMD (Chart 1). These results suggest that this simple question, which is asked annually on the BRFSS, is a useful indicator of population mental health.

Table 1: Frequent Mental Distress (past 30 days) by Age, Sex, and Race, Adults Aged 18+, New Mexico, 2017-2019

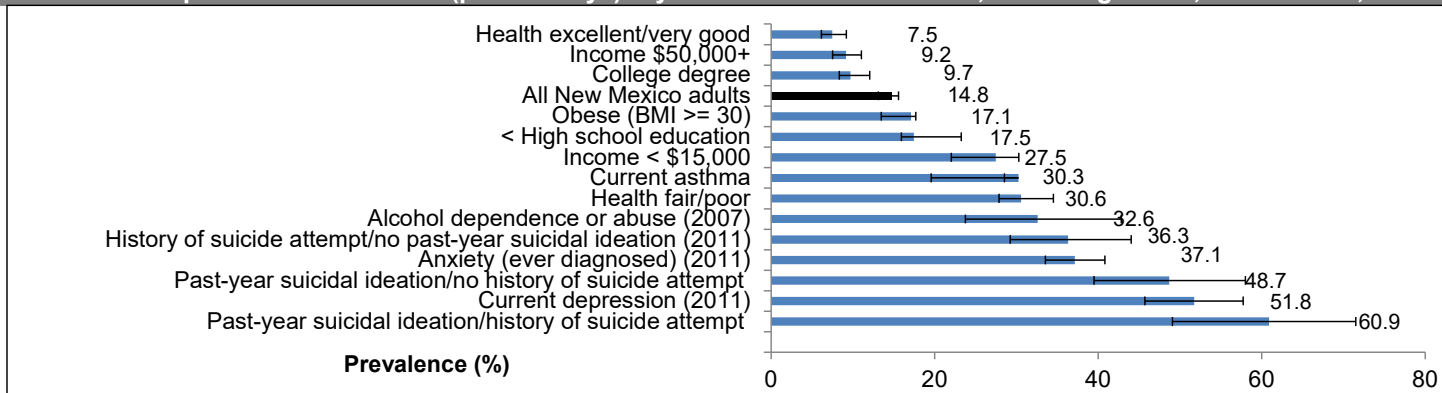
Sex	Race/Ethnicity	Number				Percent*			
		Ages 18-24	Ages 25-64	Ages 65+	All Ages	Ages 18-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	923	6,580	1,204	8,771	9.2	14.0	14.6	13.4
	Asian/Pacific Islander	-	554	-	1,635	-	5.8	-	12.3
	Black	-	1,391	-	2,832	-	9.9	-	14.0
	Hispanic	7,634	27,897	6,540	41,991	13.1	11.1	12.0	11.5
	White	4,831	27,333	6,308	38,800	16.5	13.5	6.3	11.7
	Total	15,016	65,602	14,473	95,741	14.6	12.5	8.6	12.1
Female	American Indian	1,322	7,693	1,568	10,604	13.4	15.0	12.9	14.5
	Asian/Pacific Islander	-	-	-	2,040	-	-	-	12.3
	Black	-	1,853	-	1,853	-	18.9	-	12.6
	Hispanic	13,732	45,271	7,475	66,761	24.3	17.9	11.2	17.7
	White	5,480	38,727	10,888	54,446	22.1	19.1	9.4	15.9
	Total	21,585	93,887	20,300	135,445	22.7	17.7	10.2	16.4
Total	American Indian	2,239	14,296	2,783	19,384	11.3	14.5	13.6	14.0
	Asian/Pacific Islander	-	1,810	-	3,676	-	8.4	-	12.3
	Black	-	3,408	325	4,658	-	14.3	6.0	13.3
	Hispanic	21,551	73,103	14,022	108,746	18.8	14.5	11.6	14.7
	White	10,160	66,109	17,270	93,275	18.8	16.3	8.0	13.8
	Total	36,556	159,558	34,768	231,186	18.5	15.2	9.5	14.3

* 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

ADULT MENTAL HEALTH (continued)

Chart 1: Frequent Mental Distress (past 30 days)* by Selected Characteristics, Adults Aged 18+, New Mexico, 2019



* 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, 2017-2019

	Number						Percent*					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	4,222	2,179	2,019	37,944	32,422	79,976	18.5	13.5	13.1	15.3	14.2	15.1
Catron	-	-	-	-	309	385	-	-	-	-	12.9	12.5
Chaves	-	-	-	3,081	3,013	6,427	-	-	-	12.2	14.6	13.5
Cibola	1,116	-	-	1,160	540	2,794	14.1	-	-	14.7	12.1	13.5
Colfax	-	-	-	-	757	1,661	-	-	-	-	15.0	16.7
Curry	-	-	-	1,678	3,072	5,089	-	-	-	11.8	16.0	13.8
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	15,032	7,452	23,278	-	-	-	14.2	14.6	14.2
Eddy	-	-	-	3,691	2,777	6,529	-	-	-	18.6	13.0	15.3
Grant	-	-	-	1,721	931	2,519	-	-	-	16.7	8.3	11.4
Guadalupe	-	-	-	-	-	677	-	-	-	-	-	19.5
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	4,395	2,585	7,371	-	-	-	16.2	13.0	14.8
Lincoln	-	-	-	791	1,802	2,709	-	-	-	16.6	17.1	17.0
Los Alamos	-	-	-	-	1,544	2,755	-	-	-	-	14.3	18.8
Luna	-	-	-	1,503	939	2,588	-	-	-	13.2	14.8	14.2
McKinley	4,686	-	-	863	530	6,199	12.3	-	-	13.5	10.1	12.2
Mora	-	-	-	-	-	780	-	-	-	-	-	21.1
Otero	519	-	-	3,516	4,302	8,688	17.6	-	-	19.7	15.6	16.9
Quay	-	-	-	-	365	945	-	-	-	-	10.3	14.3
Rio Arriba	504	-	-	3,512	761	4,829	12.1	-	-	16.8	16.9	16.1
Roosevelt	-	-	-	1,197	1,288	2,438	-	-	-	20.8	15.8	16.6
Sandoval	1,070	-	-	4,889	9,557	16,041	8.4	-	-	11.9	18.0	14.4
San Juan	5,826	-	-	2,661	5,538	14,006	16.2	-	-	15.8	13.9	14.9
San Miguel	-	-	-	3,076	508	3,509	-	-	-	17.7	11.1	15.3
Santa Fe	-	-	-	8,719	5,730	15,666	-	-	-	15.2	9.7	12.7
Sierra	-	-	-	-	629	1,004	-	-	-	-	9.6	10.7
Socorro	-	-	-	1,101	651	2,077	-	-	-	17.4	12.7	15.6
Taos	-	-	-	1,212	1,510	2,793	-	-	-	8.3	14.1	10.3
Torrance	-	-	-	-	629	894	-	-	-	-	9.2	7.1
Union	-	-	-	-	-	309	-	-	-	-	-	9.1
Valencia	-	-	-	2,690	3,751	6,959	-	-	-	8.0	17.8	11.9
New Mexico	19,384	3,676	4,658	108,746	93,275	231,186	14.0	12.3	13.3	14.7	13.8	14.3

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

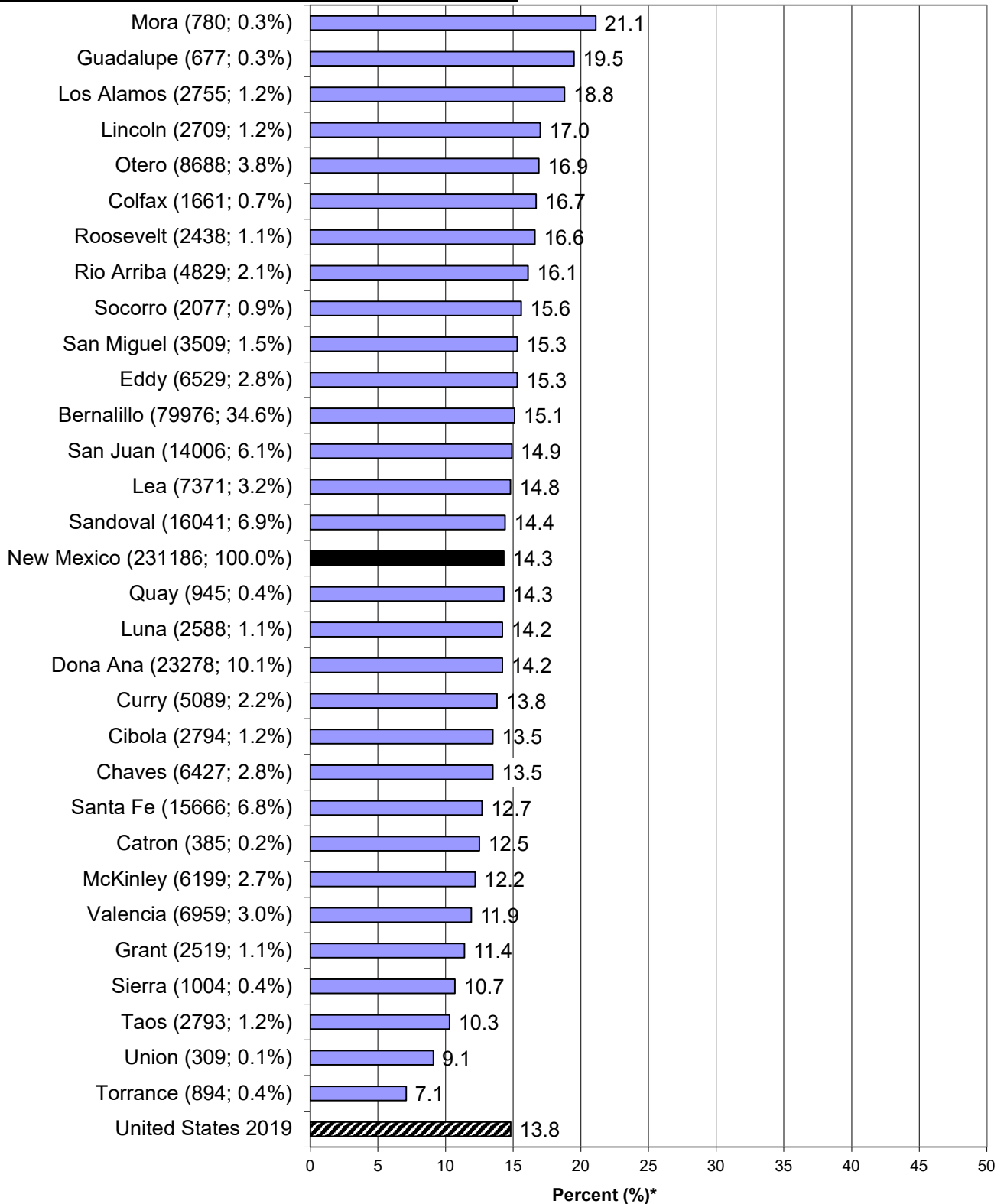
- Excluded due to small number of respondents (< 50) in cell

Source: BRFSS; SAES

ADULT MENTAL HEALTH (continued)

Chart 2: Frequent Mental Distress (past 30 days)* by County, Adults Aged 18+, New Mexico, 2017-2019

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

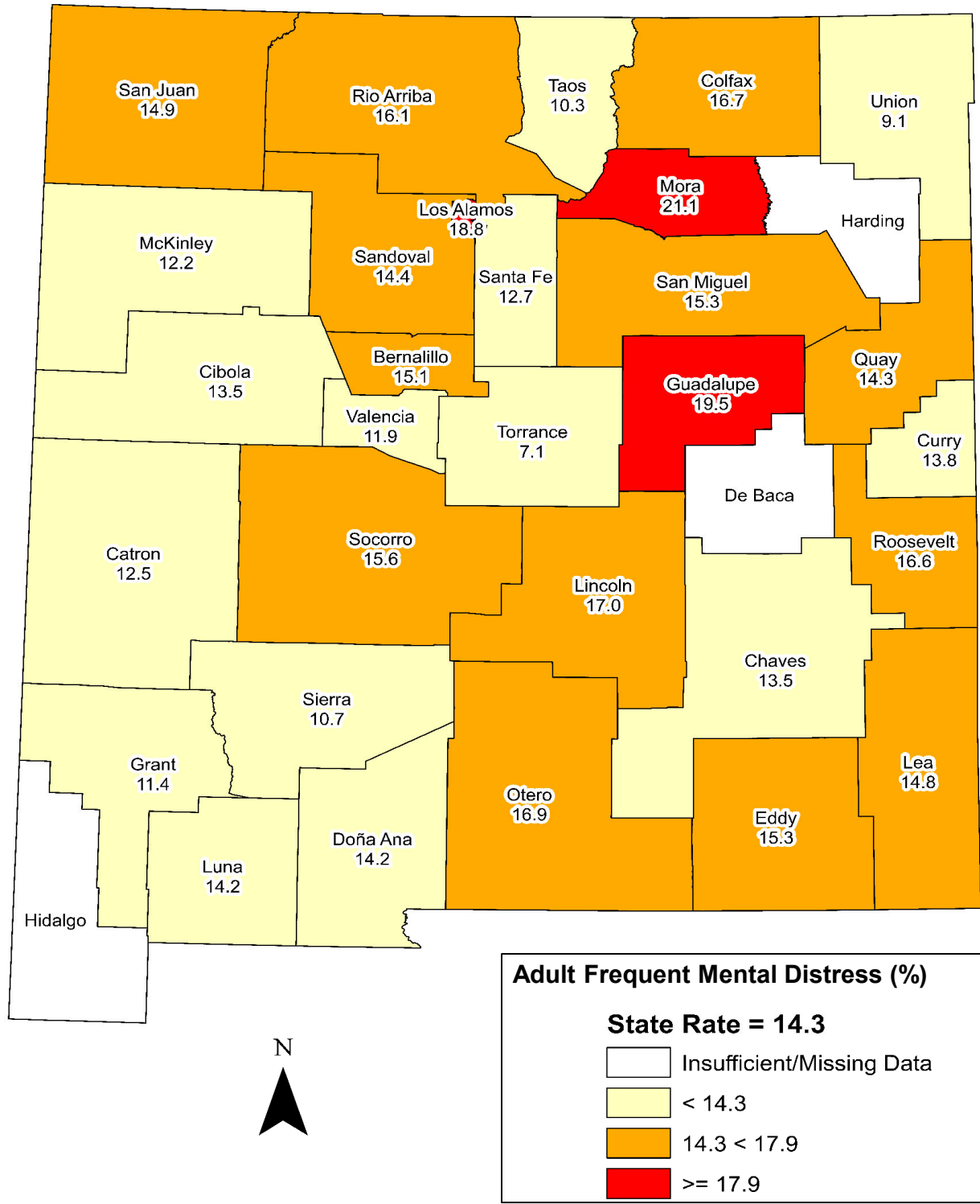
The following counties were not included due to small number of respondents (<50) in cell:

De Baca, Harding, and Hidalgo

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, 2017-2019



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

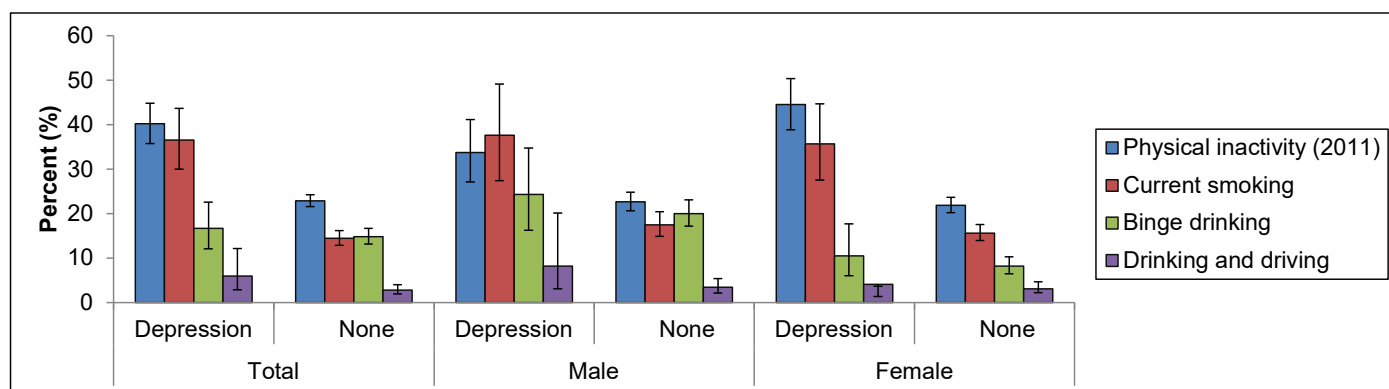
ADULT MENTAL HEALTH - DEPRESSION

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

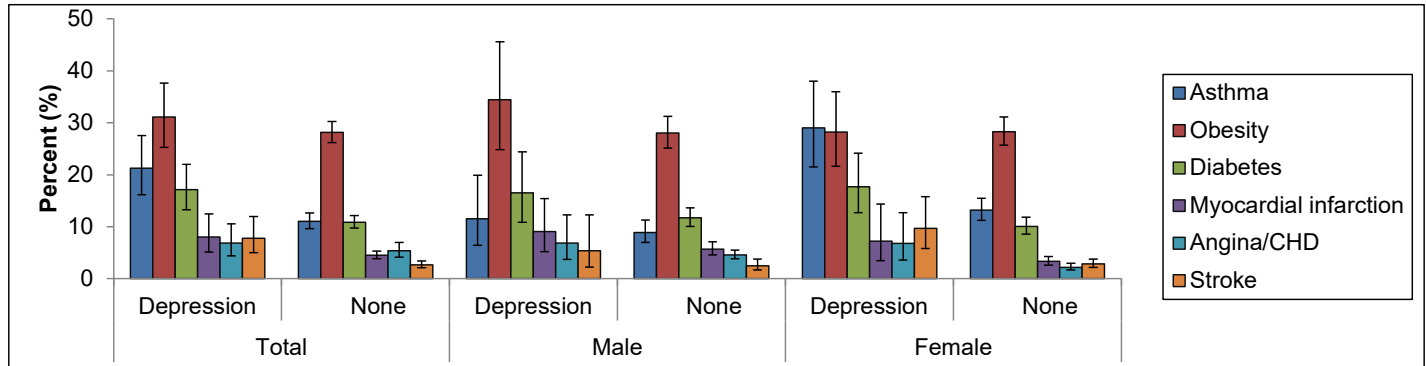
** Estimate of percent of people in population group who reported current (past 2-week) depression based on DSM-IV criteria

- 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

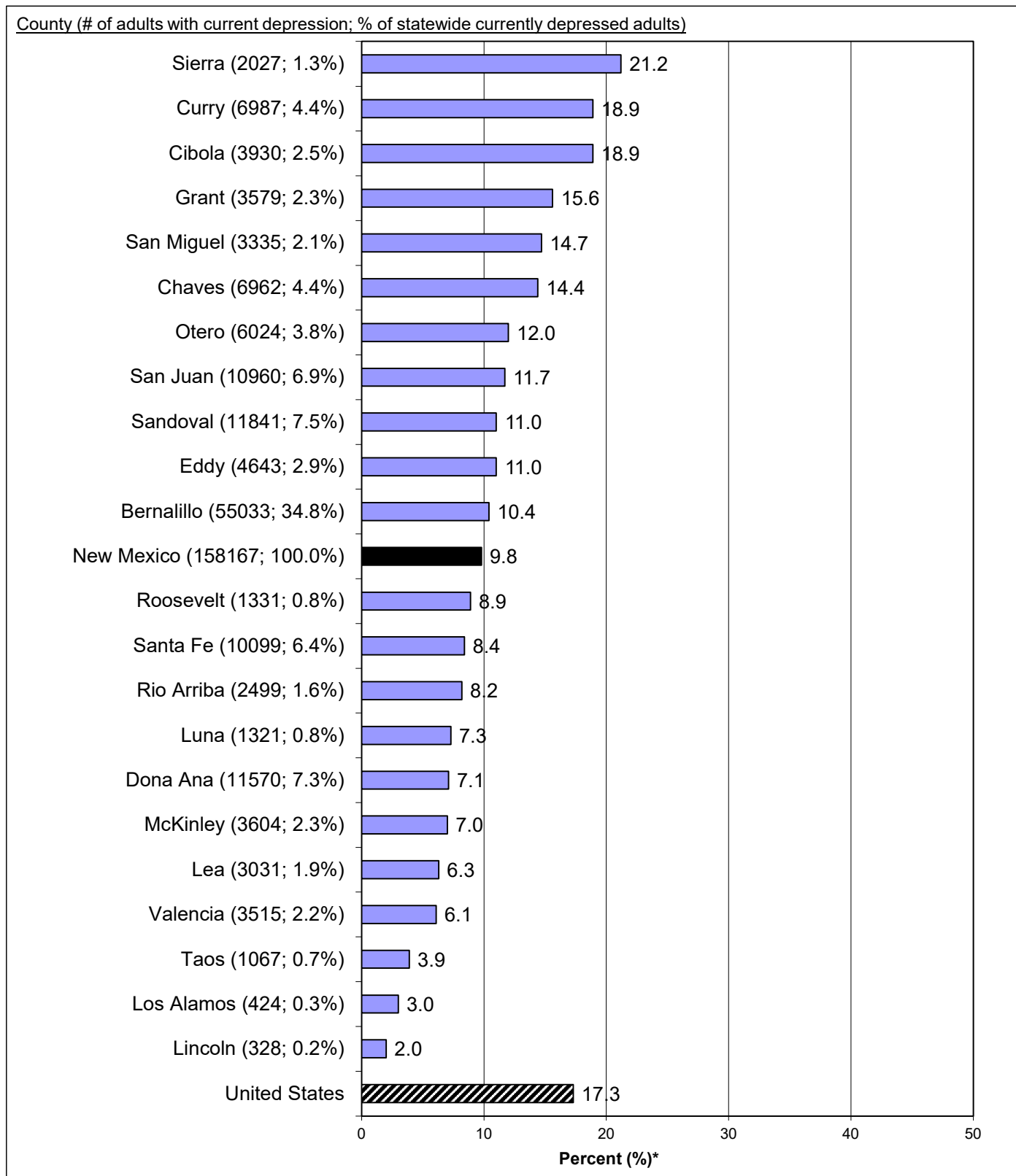
** Estimate of percent of people in population group who reported current (past 2-week) depression based on DSM-IV criteria

- 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



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

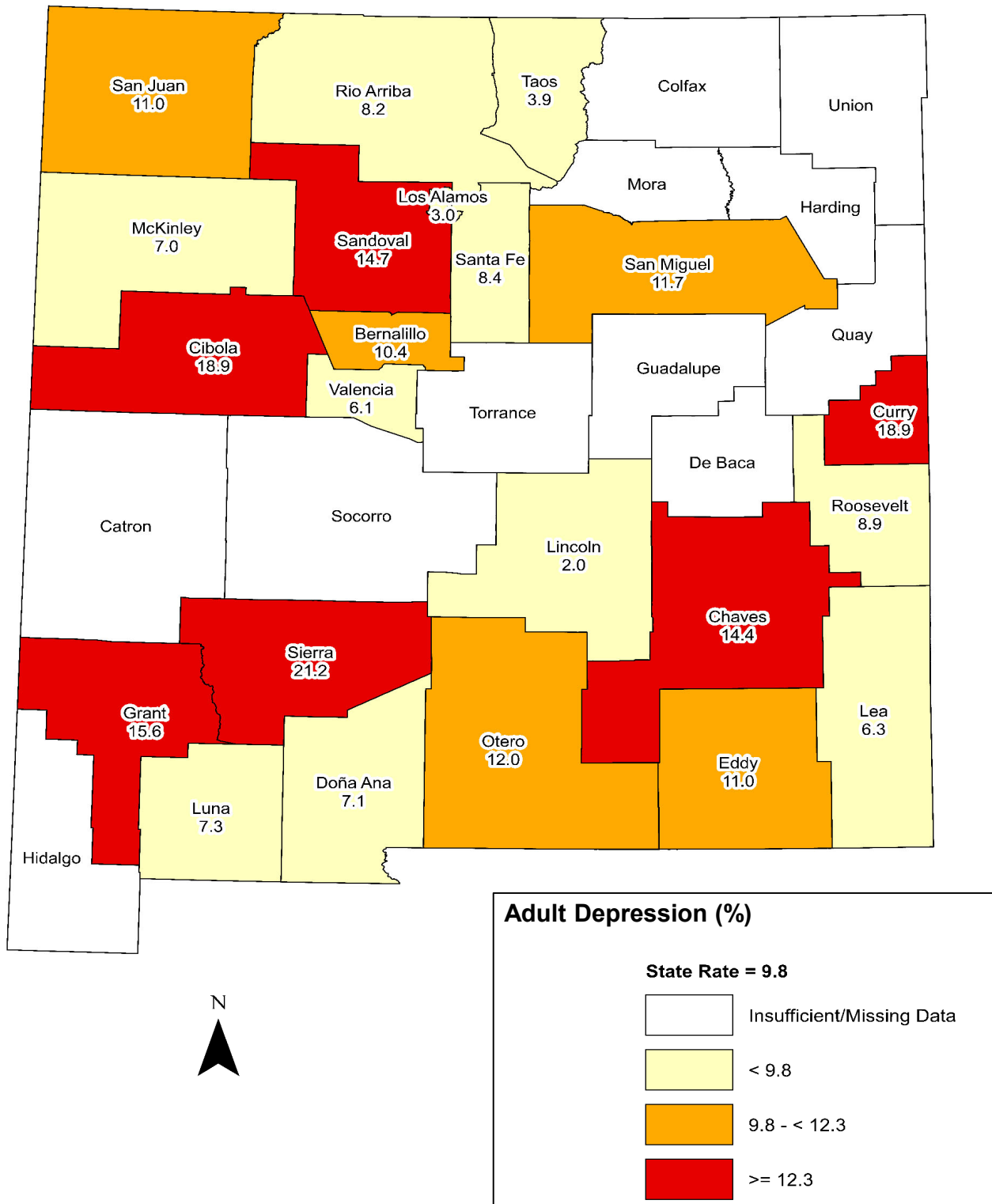
The following counties were not included due to small number of respondents (< 50) in cell:

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

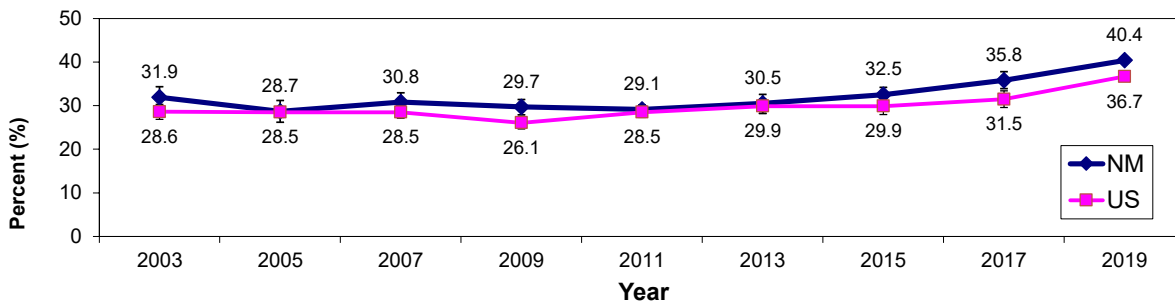
Problem Statement

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 2003-2015, but increased by 25% from 2015 to 2019 (Chart 1). In 2019, there was a statistically significant difference between the US rate (36.7%) and the NM rate (40.4%). In 2019 in NM, girls (50.7%) were nearly twice as likely to report feelings of sadness or hopelessness than boys (30.3%), 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 2019, the counties with the highest prevalence of persistent feelings of sadness or hopelessness were Union (51.2%), Otero (48.8%), Grant (44.5%), Chaves (43.3%), and Sierra (43.0%). The counties with the lowest prevalence were Mora (29.9%), Quay (29.2%) and De Baca (15.4%).

Chart 1: Feelings of Sadness or Hopelessness* by Year, Grades 9 - 12, NM and US, 2003-2019



* 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)

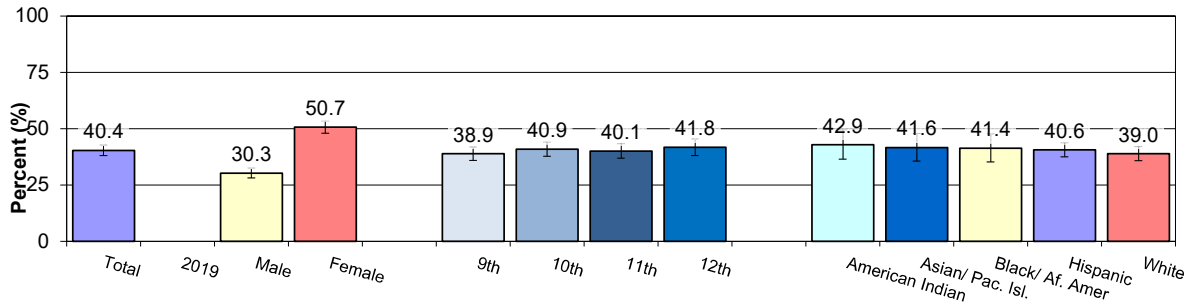
Table 1: Feelings of Sadness or Hopelessness, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2019

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	37.1 (27.1-48.4)	30.8 (22.7-40.4)	32.9 (21.0-47.5)	40.8 (26.6-56.8)	35.3 (28.5-42.8)
	Asian/Pacific Islander	--	--	--	--	37.3 (29.6-45.7)
	Black	--	--	--	--	30.4 (22.2-40.1)
	Hispanic	23.6 (20.2-27.4)	31.5 (26.9-36.5)	30.9 (24.8-37.8)	32.2 (28.2-36.5)	29.2 (26.1-32.5)
	White	25.7 (21.5-30.5)	27.5 (23.7-31.7)	32.4 (25.4-40.3)	35.1 (27.5-43.6)	29.6 (26.8-32.5)
	Total	26.4 (23.5-29.6)	30.3 (27.1-33.8)	31.5 (26.7-36.7)	33.9 (30.1-37.9)	30.3 (28.2-32.6)
Female	American Indian	63.3 (54.4-71.4)	50.4 (39.2-61.5)	42.2 (34.2-50.6)	47.2 (30.9-64.2)	50.5 (43.3-57.6)
	Asian/Pacific Islander	--	--	--	--	47.4 (38.8-56.1)
	Black	--	--	--	--	58.1 (49.3-66.3)
	Hispanic	50.5 (47.1-53.9)	54.4 (49.2-59.5)	49.6 (43.6-55.7)	49.6 (43.9-55.3)	51.2 (47.8-54.5)
	White	50.1 (43.2-57.0)	48.4 (41.4-55.4)	51.2 (44.7-57.7)	49.9 (42.4-57.5)	49.5 (45.2-53.8)
	Total	52.2 (49.2-55.2)	51.8 (48.0-55.5)	48.5 (44.4-52.6)	49.7 (44.2-55.1)	50.7 (48.0-53.4)
Total	American Indian	49.2 (40.7-57.7)	40.3 (34.8-46.1)	38.3 (29.6-47.7)	43.8 (31.7-56.7)	42.9 (36.5-49.5)
	Asian/Pacific Islander	45.0 (32.1-58.7)	42.8 (30.2-56.4)	37.9 (25.5-52.2)	--	41.6 (35.7-47.9)
	Black	42.1 (31.3-53.7)	49.9 (39.5-60.2)	35.2 (25.3-46.6)	37.7 (25.3-52.1)	41.4 (35.2-47.8)
	Hispanic	37.6 (34.4-41.0)	43.2 (39.2-47.2)	40.7 (36.0-45.6)	41.4 (37.0-46.0)	40.6 (37.6-43.8)
	White	36.6 (31.4-42.2)	37.5 (32.9-42.5)	40.9 (35.4-46.6)	42.5 (36.9-48.2)	39.0 (35.9-42.1)
	Total	38.9 (36.0-41.9)	40.9 (37.8-44.1)	40.1 (37.0-43.3)	41.8 (38.1-45.5)	40.4 (38.1-42.8)

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

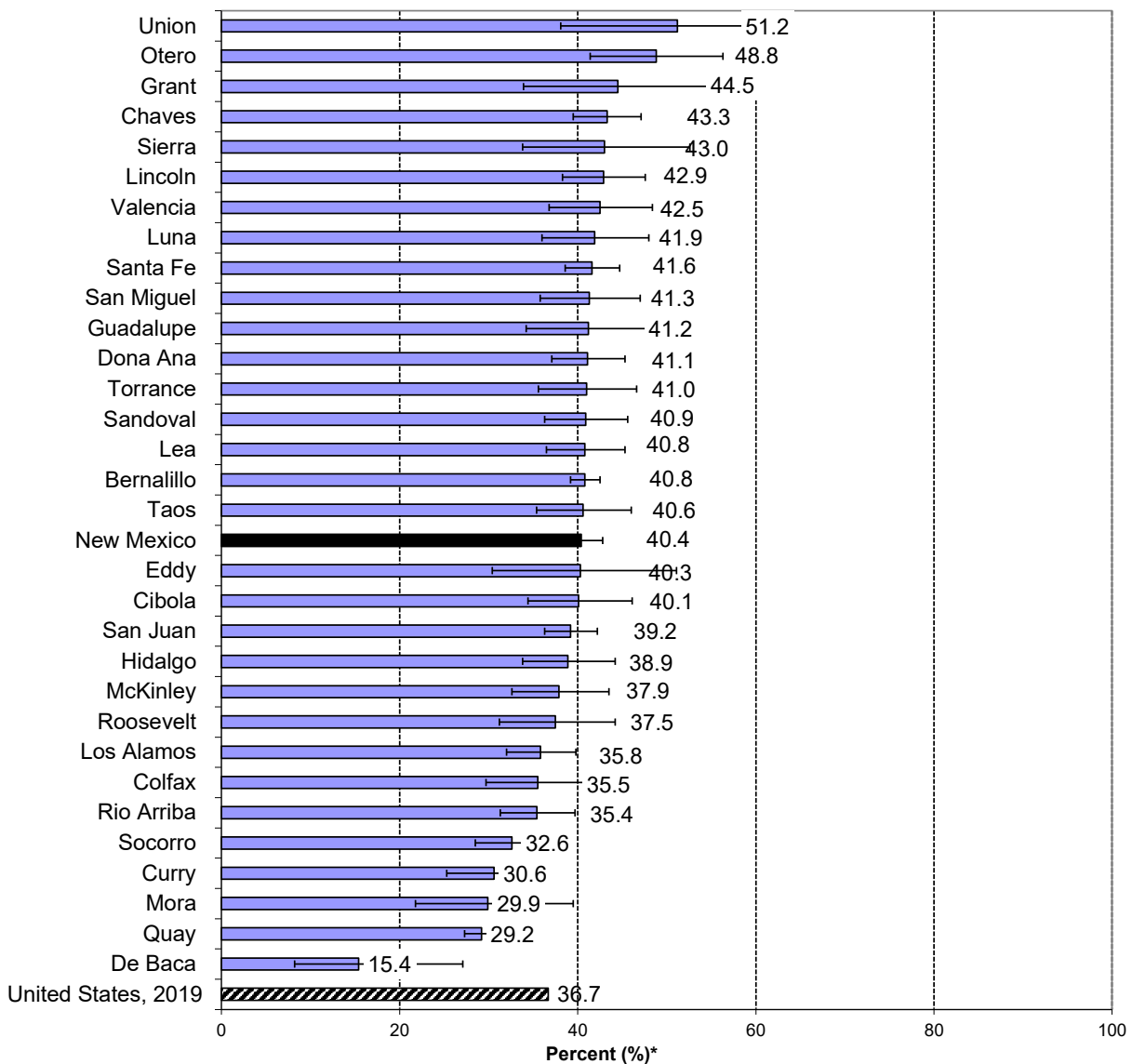
YOUTH FEELINGS OF SADNESS OR HOPELESSNESS (continued)

Chart 2: Feelings of Sadness or Hopelessness, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2019



* <100 respondents for the subgroup
 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, 2019



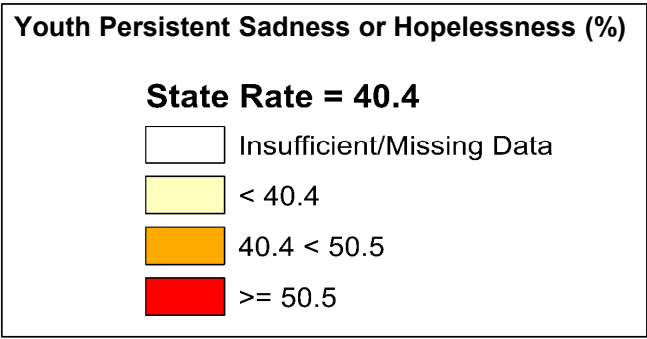
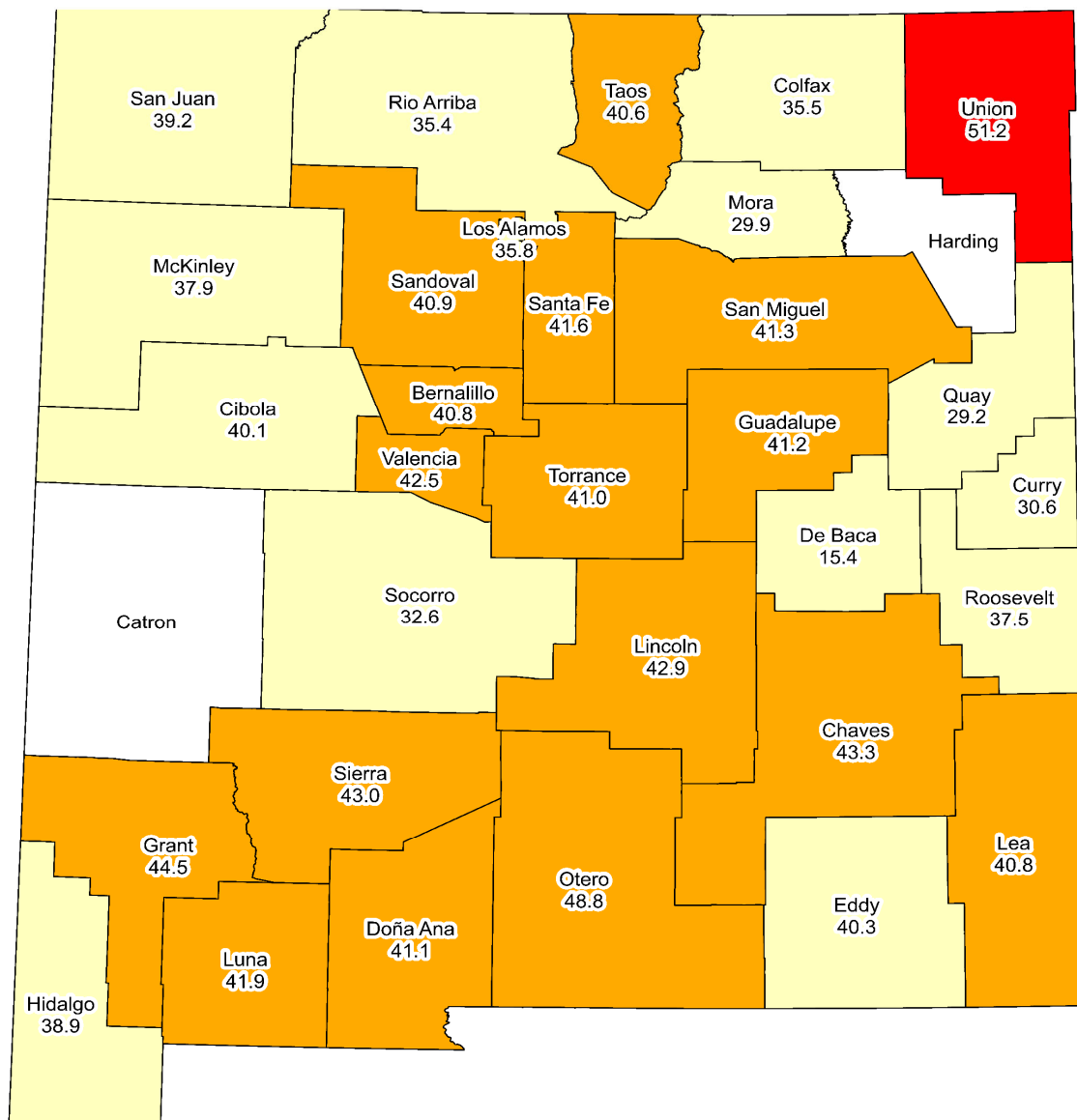
* Estimate of percent of high school students who reported persistent feelings of sadness or hopelessness within the past 12 months

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

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

YOUTH FEELINGS OF SADNESS OR HOPELESSNESS (continued)

Chart 4: Feelings of Sadness or Hopelessness* by County, Grades 9 - 12, NM, 2019



* 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

YOUTH SERIOUSLY CONSIDERED SUICIDE

Problem Statement

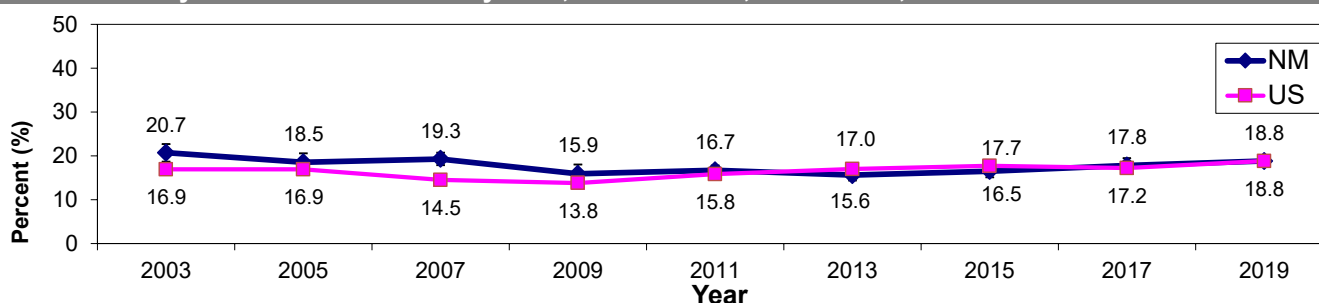
Suicide is a complex behavior with no single determining cause. Suicidal ideation refers to thoughts of suicide or wanting to take one's own life. Suicidal ideation is a risk factor for suicide attempt/death.

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 2019 to 18.8%. 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 2019 (13.8% to 18.8%). There was no statistical difference between the NM and US rates for 2019.

In 2019 (Chart 2), New Mexico girls (24.8%) reported higher rates of having seriously considered suicide than boys (12.8%). This difference between girls and boys was significant across all grades (Table 1).

As Charts 3 and 4 demonstrate, in 2019, the counties with the highest prevalence of youth seriously considering suicide were Union (26.5%), Torrance (24.6%), Otero (22.6%), Bernalillo (21.4%), and Los Alamos (21.3%). The counties with the lowest prevalence were Lea (13.1%), Mora (9.5%), and De Baca (9.4%). More than two-thirds of the 10 NM counties had prevalence rates lower than the national and overall NM state rate in 2019.

Chart 1: Seriously Considered Suicide* by Year, Grades 9 - 12, NM and US, 2003-2019



* 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)

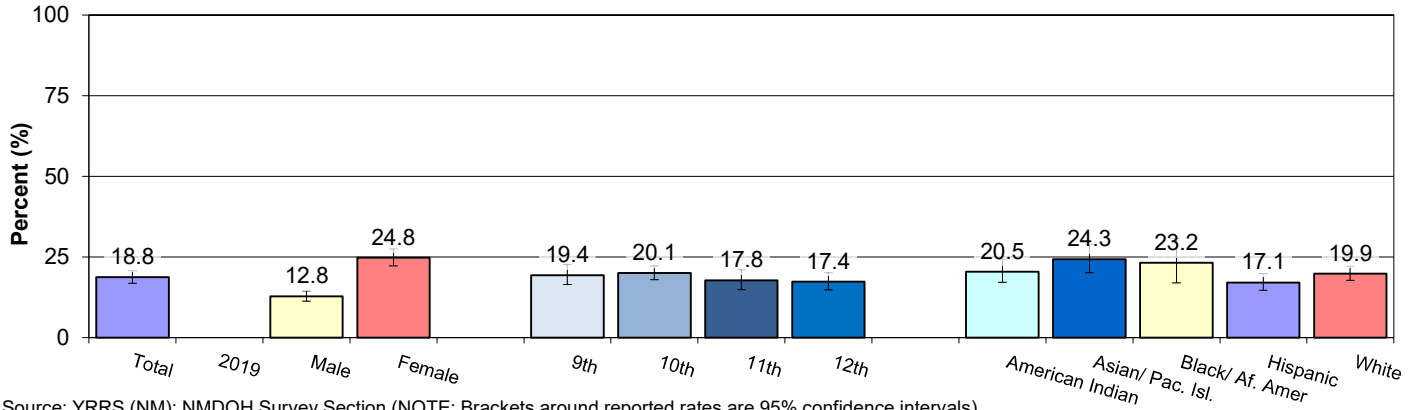
Table 1: Seriously Considered Suicide, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2019

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	13.3 (7.1-23.7)	13.8 (6.5-27.0)	7.9 (3.1-18.9)	17.0 (10.4-26.4)	13.1 (9.7-17.5)
	Asian/Pacific Islander	--	--	--	--	20.8 (13.8-30.1)
	Black	--	--	--	--	14.0 (8.9-21.3)
	Hispanic	8.0 (5.8-11.0)	10.2 (7.3-14.1)	13.8 (10.4-18.1)	11.6 (8.4-15.8)	10.8 (8.7-13.3)
	White	11.4 (8.7-14.9)	15.3 (12.1-19.3)	16.0 (11.9-21.3)	18.6 (13.0-25.8)	15.0 (12.9-17.4)
	Total	10.5 (8.3-13.1)	12.7 (10.8-15.0)	13.5 (10.7-16.8)	15.1 (12.2-18.5)	12.8 (11.3-14.5)
Female	American Indian	35.6 (23.8-49.4)	34.6 (24.7-46.1)	24.2 (19.2-30.2)	15.5 (6.5-32.6)	27.9 (22.9-33.5)
	Asian/Pacific Islander	--	--	--	--	25.6 (18.4-34.4)
	Black	--	--	--	--	37.2 (27.6-47.9)
	Hispanic	25.4 (21.0-30.3)	27.1 (22.1-32.7)	20.3 (15.2-26.5)	18.5 (15.0-22.7)	22.9 (19.9-26.2)
	White	29.9 (23.3-37.5)	25.2 (21.3-29.6)	24.5 (19.3-30.5)	21.2 (16.3-27.0)	25.5 (22.1-29.2)
	Total	28.8 (25.1-32.7)	27.5 (24.0-31.4)	22.0 (18.0-26.6)	19.6 (16.5-23.2)	24.8 (22.3-27.5)
Total	American Indian	23.6 (17.4-31.2)	24.0 (18.4-30.7)	17.4 (14.1-21.2)	16.3 (9.7-26.0)	20.5 (17.2-24.3)
	Asian/Pacific Islander	36.1 (25.2-48.8)	29.7 (19.0-43.2)	12.4 (6.6-22.2)	--	24.3 (20.2-29.0)
	Black	25.5 (18.1-34.7)	15.1 (7.5-28.0)	18.3 (11.8-27.4)	31.7 (16.6-52.0)	23.2 (17.0-30.8)
	Hispanic	17.1 (13.7-21.2)	18.8 (15.5-22.6)	17.2 (13.3-21.9)	15.2 (12.3-18.7)	17.1 (14.7-19.9)
	White	19.7 (15.6-24.6)	20.2 (17.2-23.5)	19.7 (16.8-23.0)	19.9 (16.0-24.4)	19.9 (17.8-22.2)
	Total	19.4 (16.5-22.7)	20.1 (18.0-22.3)	17.8 (14.9-21.1)	17.4 (14.8-20.2)	18.8 (16.9-20.8)

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

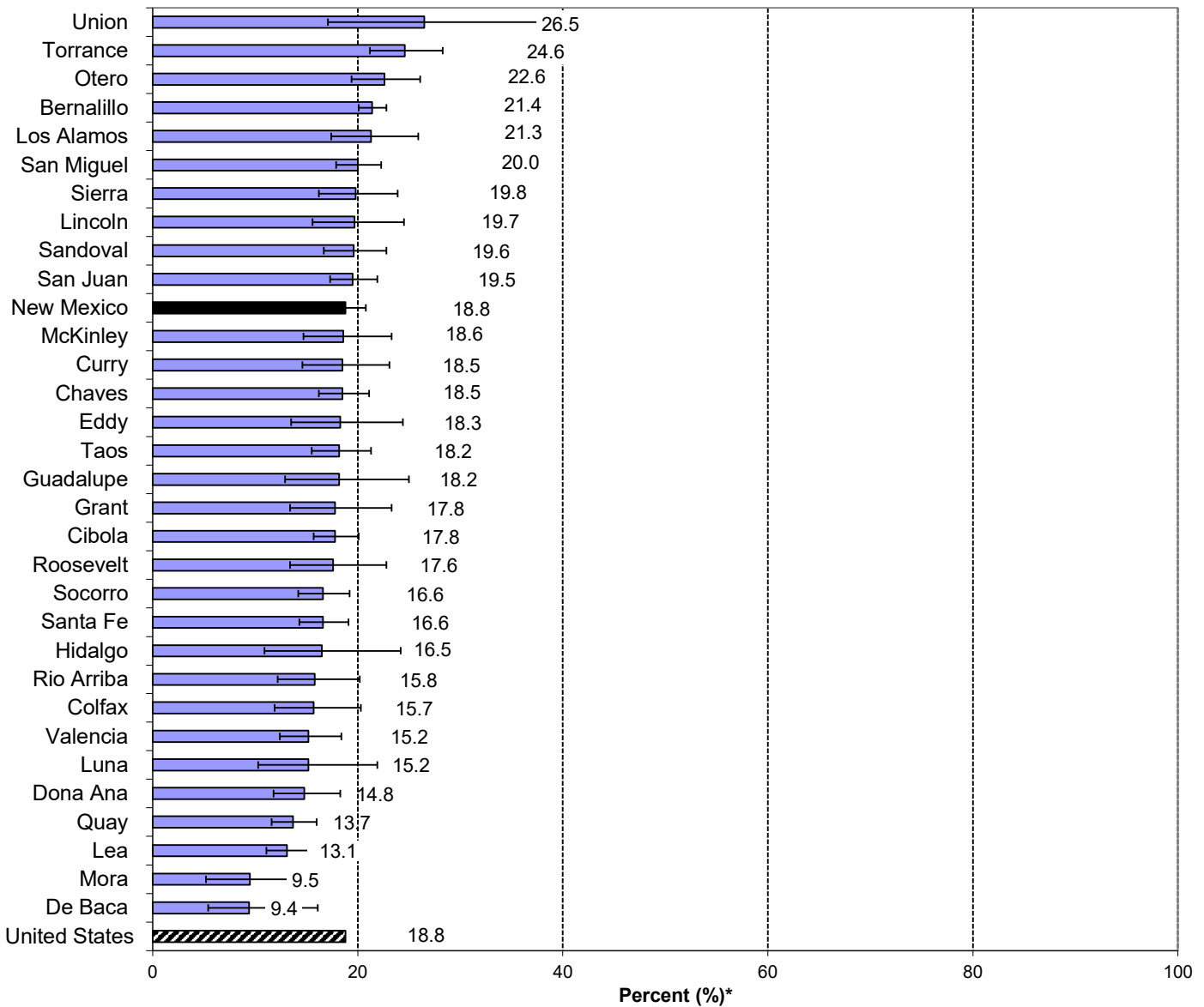
YOUTH SERIOUSLY CONSIDERED SUICIDE (continued)

Chart 2: Seriously Considered Suicide, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2019



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, 2019

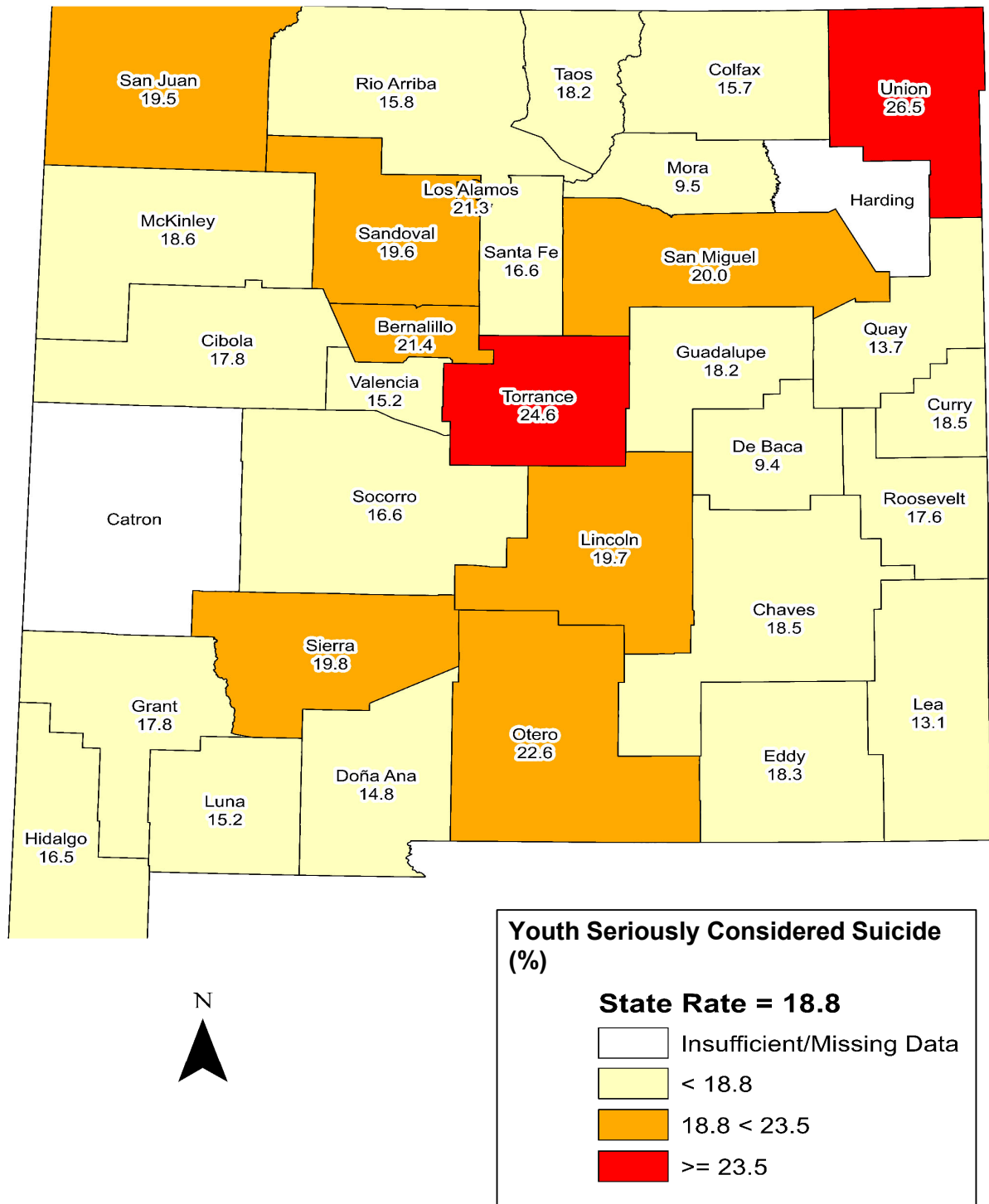


* Estimate of percent of high school students seriously considered suicide at least once in past 12 months
 Catron and Harding County estimates not available due to small numbers and/or low response rates.

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

YOUTH SERIOUSLY CONSIDERED SUICIDE (continued)

Chart 4: Seriously Considered Suicide* by County, Grades 9 - 12, NM, 2019



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

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

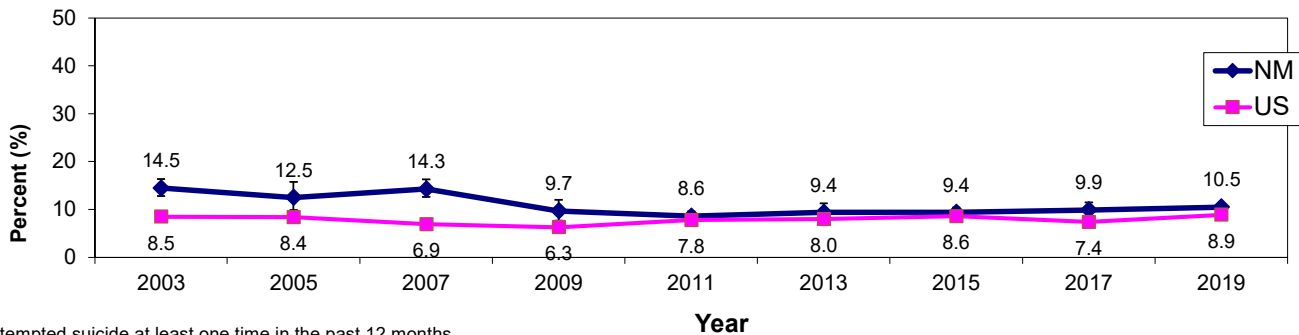
YOUTH ATTEMPTED SUICIDE

Problem Statement

In NM, 2019 data indicated suicide was the leading cause of death for youths between the ages of 5-14. In the US in 2018 (the most recent year for which national data are available) according to the CDC, suicide was the third leading cause of death for the ages 10-19. While girls are more likely than boys to attempt suicide, boys are more likely than girls to die of suicide. A previous suicide attempt is among the strongest risk factors for completed suicide. As seen in Chart 1, the prevalence of past year suicide attempts among NM high school students decreased from 14.5% in 2003 to 9.4% in 2015 with an increase to 10.5% in 2019. While the U.S. prevalence decreased from 2003 to 2009, it increased from 2009 (6.3%) to 2019 (8.9%).

In NM in 2019, the prevalence of suicide attempts in the past year (Chart 2) was significantly higher for girls (12.6%) compared to boys (8.4%). Table 1 reveals that the percentage of attempts made by girls in the 10th (14.1%) grades was significantly higher than that for boys (7.1%). In 2019, the counties with the highest prevalence of suicide attempts were San Miguel (13.8%), McKinley (13.6%), Sierra (13.2%), Cibola (12.5%), and San Juan (12.2%). The counties with the lowest prevalence of suicide attempts were Mora (2.8%), Roosevelt (5.0%), De Baca (5.2%), Grant (5.6%), and Quay (5.6%). More than half NM counties were above the national prevalence rate of 8.9%.

Chart 1: Attempted Suicide* by Year, Grades 9 - 12, NM and US, 2003-2019



* 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)

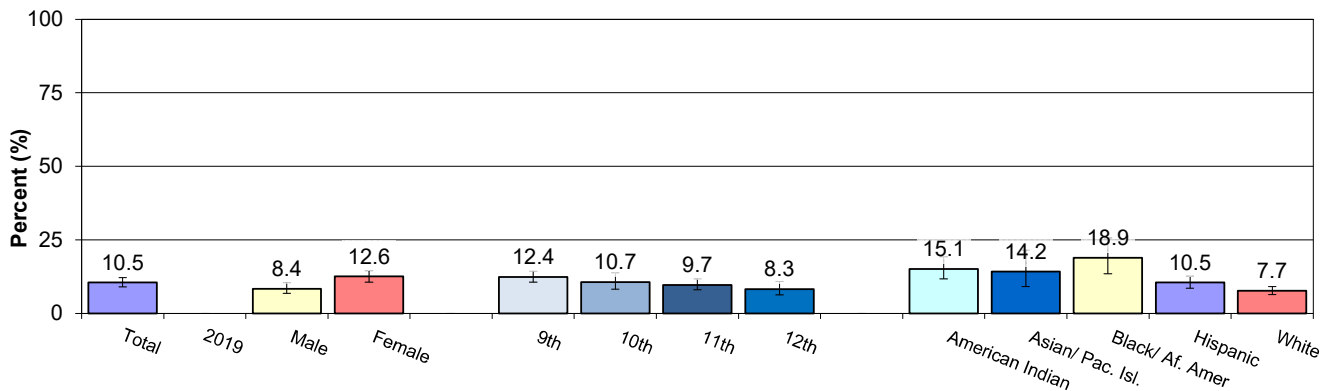
Table 1: Attempted Suicide, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2019

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	17.5 (8.0-34.0)	9.4 (4.5-18.5)	6.8 (3.2-13.8)	16.7 (8.1-31.4)	12.9 (8.2-19.8)
	Asian/Pacific Islander	--	--	--	--	14.2 (8.1-23.6)
	Black	--	--	--	--	15.0 (9.1-23.9)
	Hispanic	6.2 (4.4-8.8)	8.0 (4.7-13.3)	9.7 (7.1-13.0)	7.7 (5.0-11.8)	8.1 (6.1-10.7)
	White	4.7 (3.1-7.2)	4.9 (2.4-9.7)	7.3 (4.5-11.5)	7.5 (3.9-14.0)	6.0 (4.3-8.4)
	Total	7.7 (6.0-9.9)	7.1 (4.4-11.1)	8.9 (6.9-11.4)	9.4 (6.8-12.7)	8.4 (6.8-10.4)
Female	American Indian	24.4 (15.9-35.7)	19.3 (11.2-31.1)	18.3 (10.9-29.1)	3.1 (0.3-23.7)	17.2 (12.9-22.6)
	Asian/Pacific Islander	--	--	--	--	14.3 (7.2-26.2)
	Black	--	--	--	--	24.3 (15.7-35.5)
	Hispanic	18.0 (14.6-22.1)	13.9 (9.8-19.3)	9.4 (7.4-11.9)	7.7 (5.8-10.0)	12.5 (10.5-14.9)
	White	11.1 (7.5-16.0)	11.4 (8.5-15.2)	7.7 (4.3-13.4)	5.9 (2.9-11.9)	9.5 (7.9-11.4)
	Total	17.1 (14.7-19.8)	14.1 (10.9-17.9)	10.5 (7.9-13.7)	7.3 (5.3-10.0)	12.6 (10.7-14.6)
Total	American Indian	20.7 (13.4-30.7)	14.3 (10.0-20.2)	13.5 (9.2-19.5)	10.8 (4.5-23.6)	15.1 (11.7-19.2)
	Asian/Pacific Islander	--	20.8 (9.6-39.5)	4.3 (1.0-16.7)	--	14.2 (9.1-21.5)
	Black	23.2 (14.2-35.6)	--	16.3 (9.1-27.5)	--	18.9 (13.5-25.7)
	Hispanic	12.6 (10.2-15.4)	11.2 (8.0-15.4)	9.6 (8.0-11.4)	7.7 (6.1-9.6)	10.5 (8.6-12.7)
	White	7.6 (5.7-10.2)	8.2 (6.0-11.2)	7.4 (5.4-10.2)	6.7 (4.4-10.1)	7.7 (6.4-9.1)
	Total	12.4 (10.7-14.3)	10.7 (8.3-13.8)	9.7 (8.0-11.7)	8.3 (6.3-10.9)	10.5 (9.0-12.2)

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

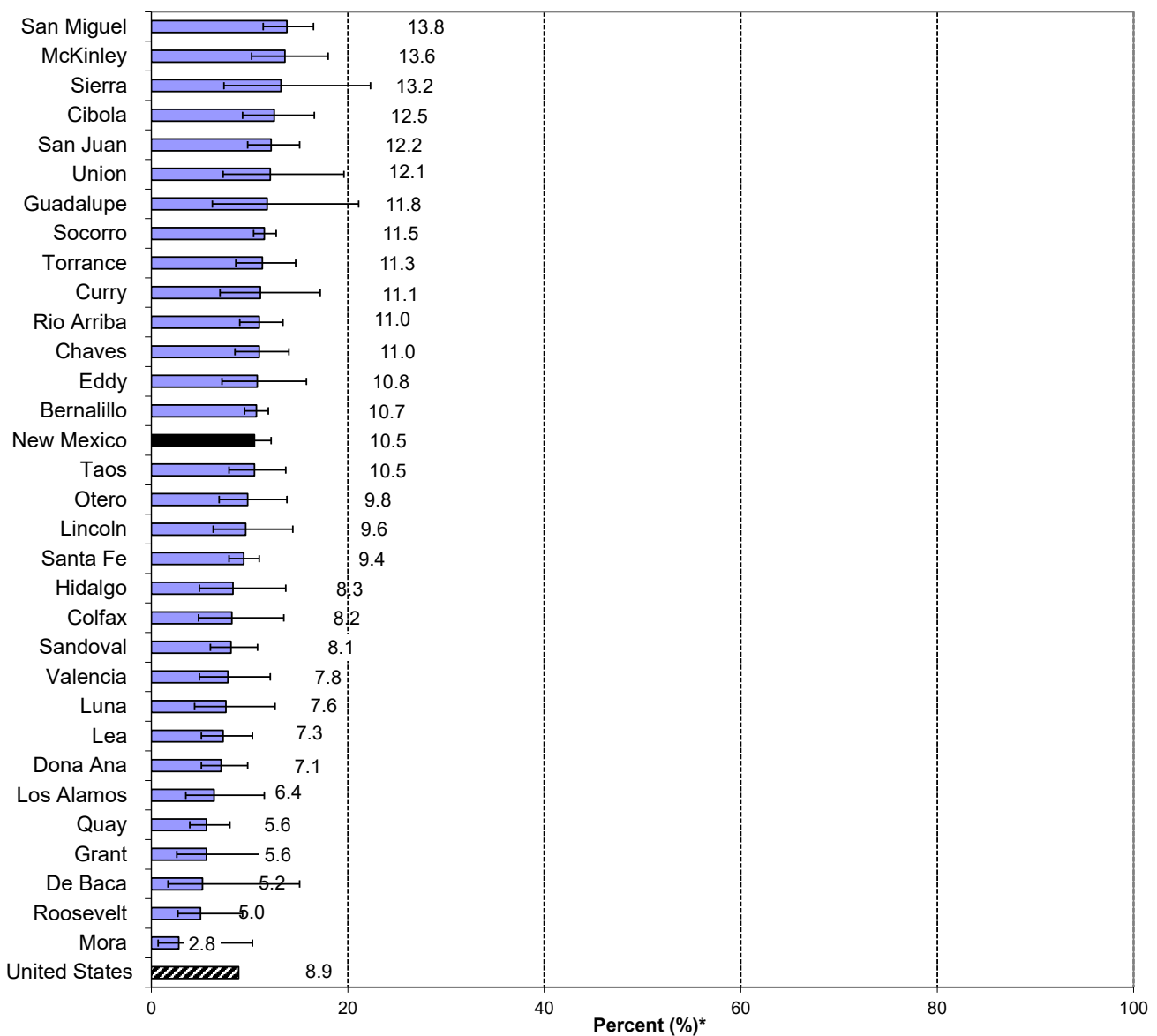
YOUTH ATTEMPTED SUICIDE (continued)

Chart 2: Attempted Suicide, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2019



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, 2019

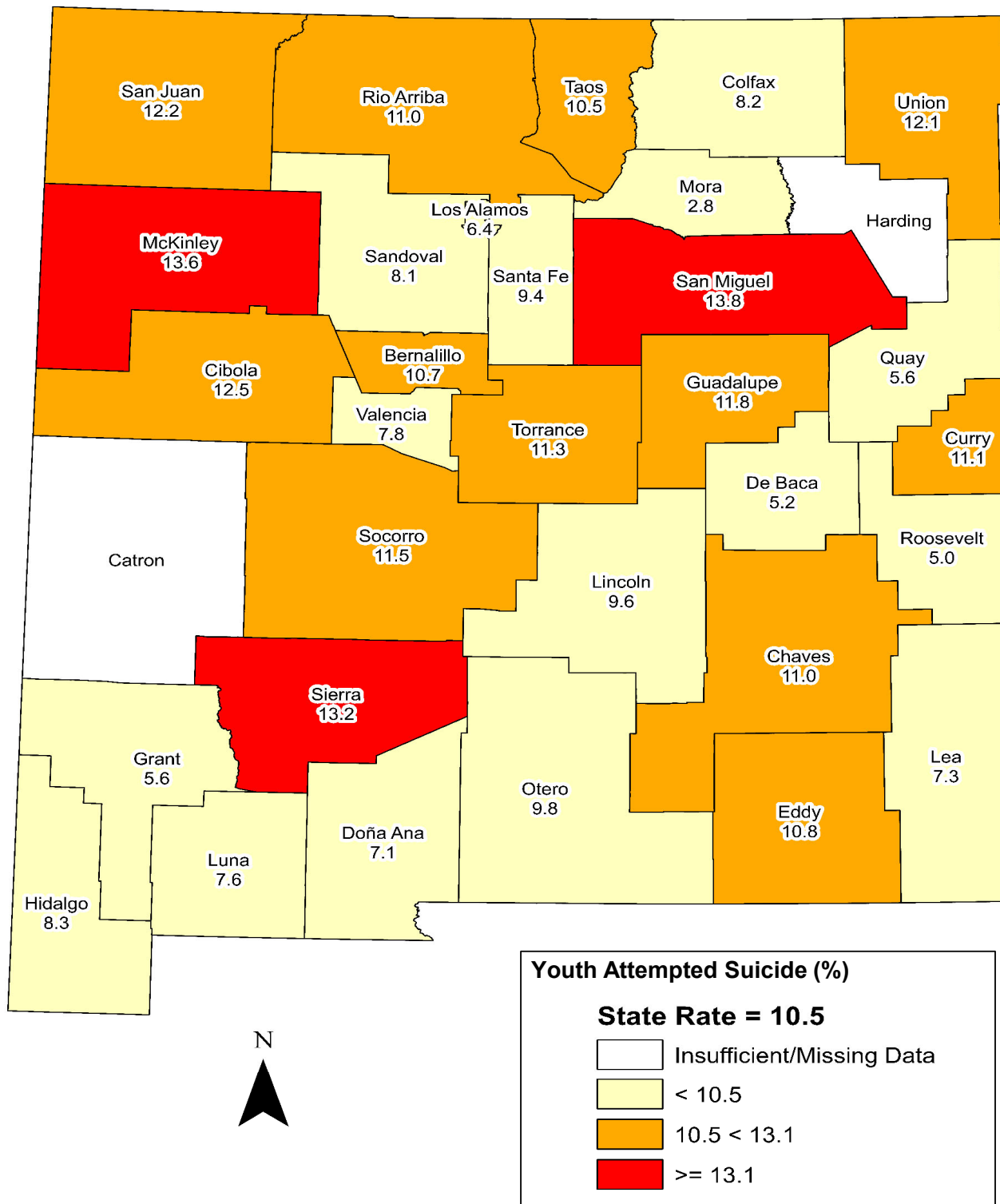


* Estimate of percent of high school students who reported attempting suicide at least one time in the past 12 months
 Catron and Harding County estimates not available due to small numbers and/or low response rates.

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

YOUTH ATTEMPTED SUICIDE (continued)

Chart 4: Attempted Suicide* by County, Grades 9 - 12, NM, 2019



* 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

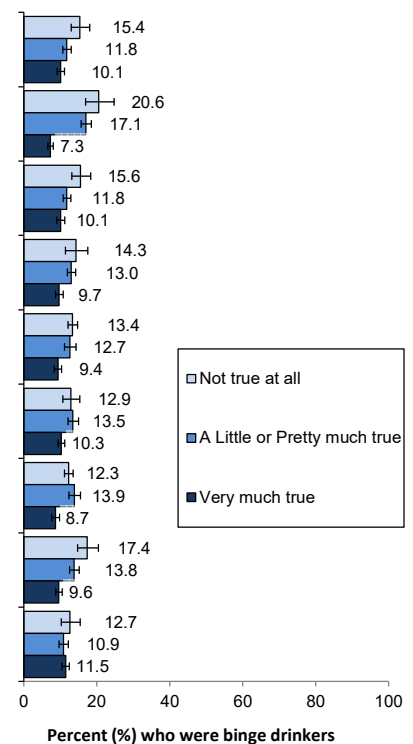
Students were asked how true each of these statements was for them. In each chart, results are organized by assigning one of three colored bars to those who said the statement was "Very much true", another bar to those who said the statement was "A little true" or "Pretty much true" and another to those 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, 2019

Students were less likely to be binge drinkers 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



* 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

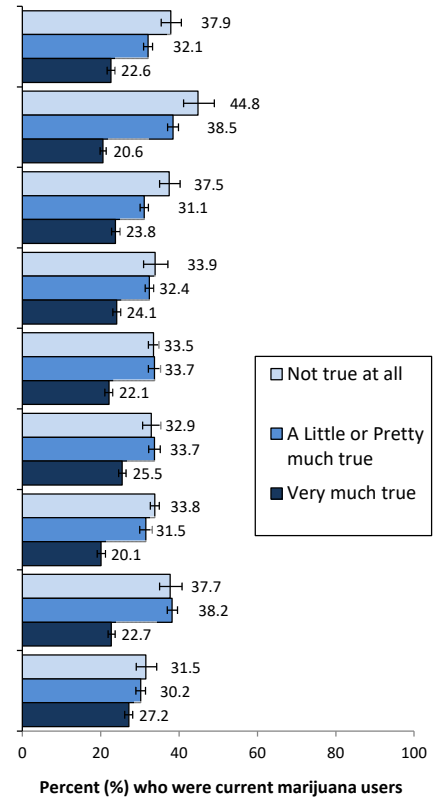
YOUTH RISK AND RESILIENCY (continued)

Chart 2: Current Marijuana Use* by Selected Resiliency Factors, Grades 9-12, 2019

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



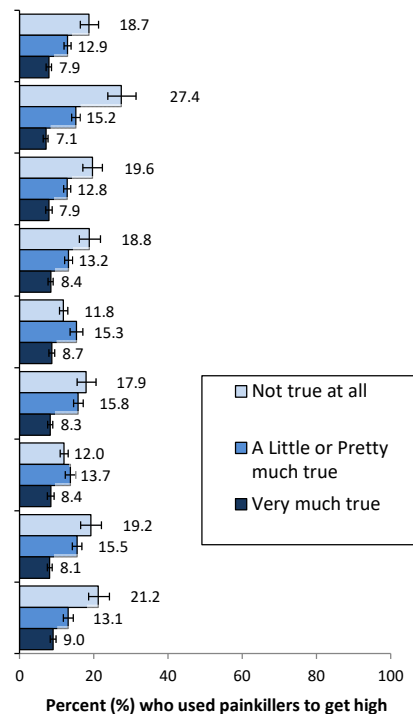
* Used marijuana in the past 30 days

Chart 3: Current misuse of prescription pain medication by Selected Resiliency Factors, Grades 9-12, 2019

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



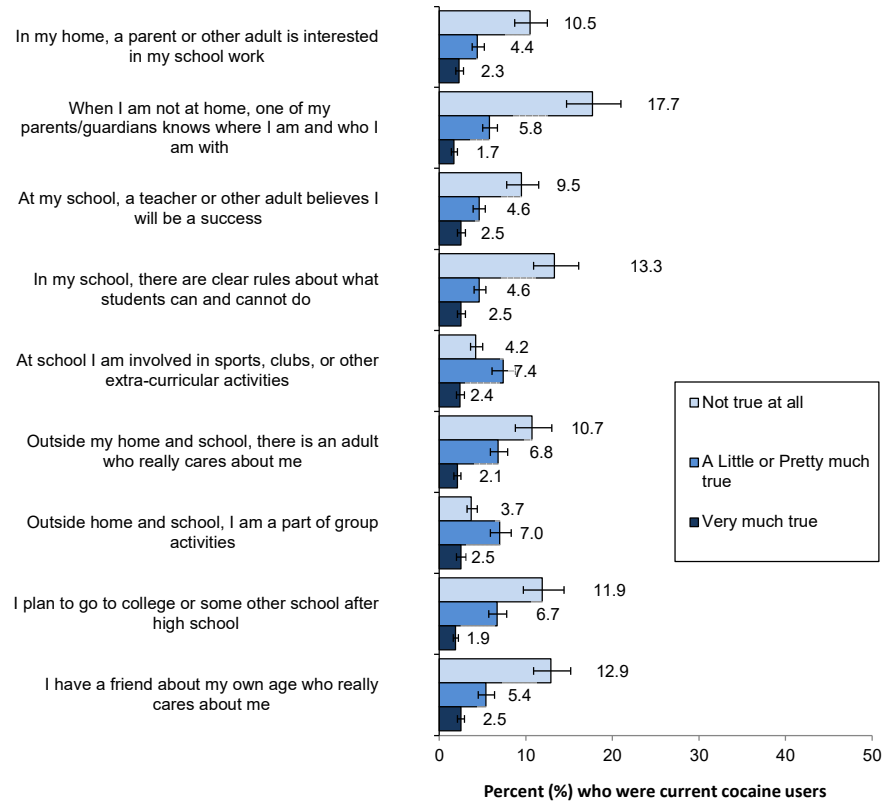
* Used a pain killer, like Vicodin, OxyContin, or Percocet, to get high in the past 30 days

YOUTH RISK AND RESILIENCY (continued)

Chart 4: Current Cocaine Use* by Selected Resiliency Factors, Grades 9-12, 2019

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

Resiliency Factor Question

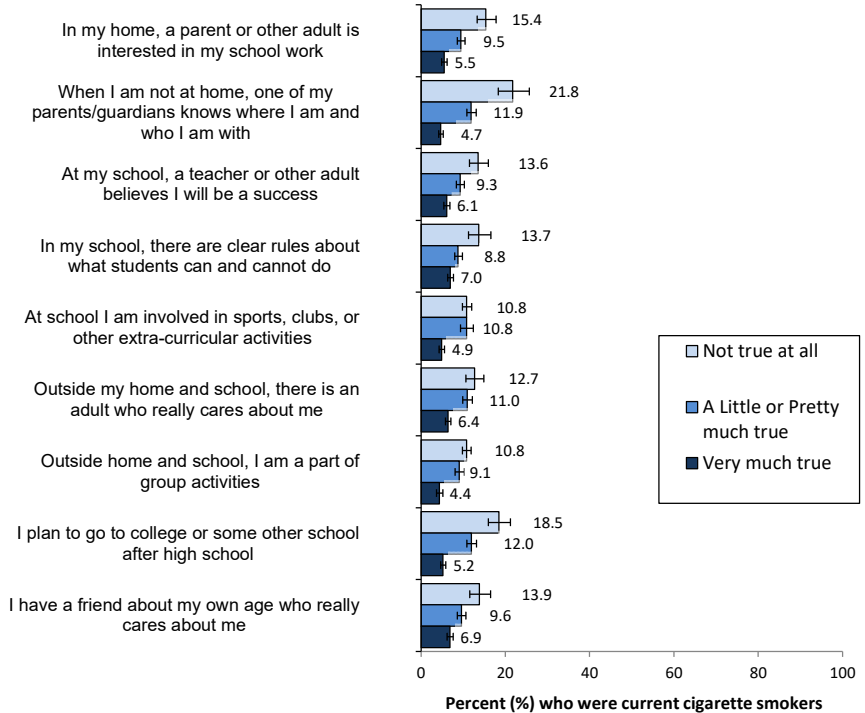


* Used any form of cocaine, including powder, crack, or freebase in the past 30 days

Chart 5: Current Cigarette Smoking* by Selected Resiliency Factors, Grades 9-12, 2019

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

Resiliency Factor Question



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

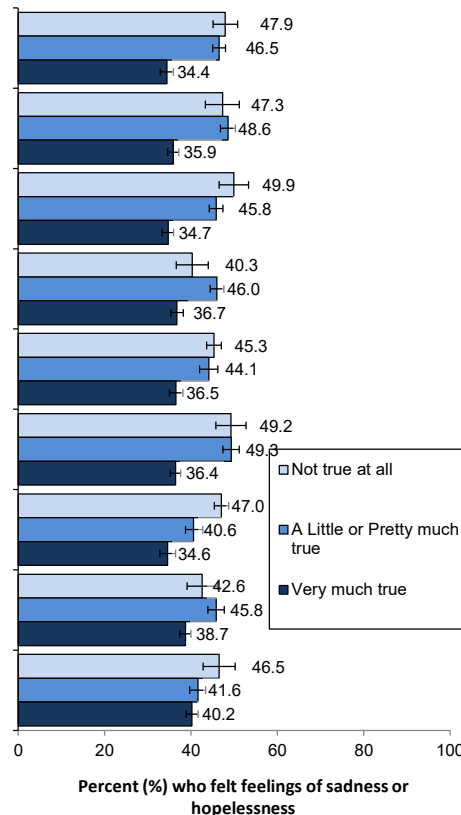
YOUTH RISK AND RESILIENCY (continued)

Chart 6: Feelings of Sadness or Hopelessness* by Selected Resiliency Factors, Grades 9-12, 2019

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



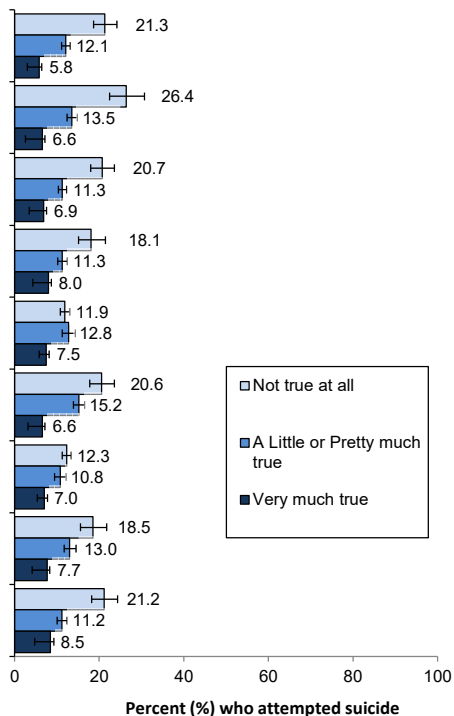
* Felt so sad or hopeless almost every day for at least two weeks that they stopped some normal activities, within the past 12 months

Chart 7: Suicide Attempts* by Selected Resiliency Factors, Grades 9-12, 2019

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

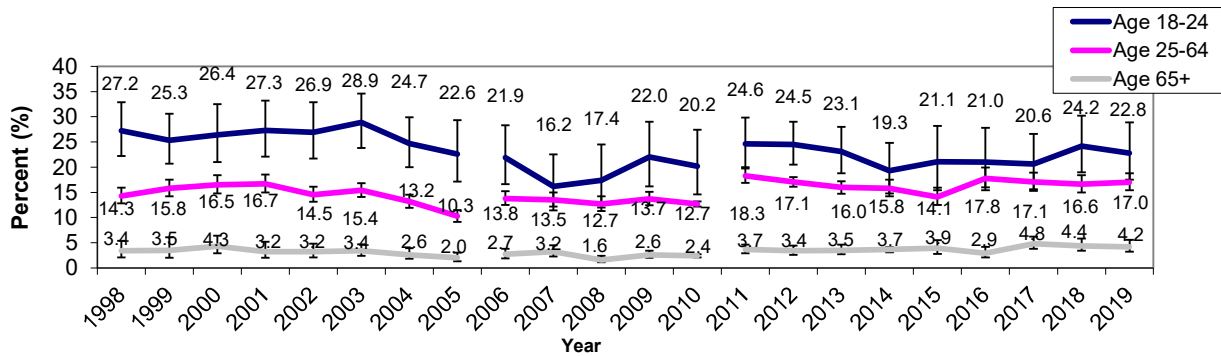
ADULT BINGE DRINKING

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, 1998-2019



* 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, 2017-2019

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	2,604	9,500	365	12,349	26.1	20.2	4.4	18.9
	Asian/Pacific Islander	-	1,600	-	3,030	-	16.7	-	22.8
	Black	-	3,143	-	3,463	-	22.5	-	17.1
	Hispanic	14,433	68,004	4,355	86,869	24.8	27.1	8.0	23.9
	White	7,133	40,019	6,245	53,483	24.3	19.8	6.2	16.1
	Total	25,520	121,560	11,103	157,352	24.8	23.2	6.6	19.8
Female	American Indian	2,374	6,982	8	9,683	24.0	13.6	0.1	13.2
	Asian/Pacific Islander	-	-	-	1,173	-	-	-	7.0
	Black	-	1,781	-	2,071	-	18.2	-	14.0
	Hispanic	10,831	25,349	1,259	37,618	19.1	10.0	1.9	10.0
	White	6,487	22,249	2,734	30,661	26.2	11.0	2.4	8.9
	Total	19,657	57,392	4,323	80,978	20.6	10.8	2.2	9.8
Total	American Indian	4,970	16,319	390	21,922	25.0	16.6	1.9	15.8
	Asian/Pacific Islander	-	2,845	-	4,709	-	13.1	-	15.7
	Black	-	4,810	206	5,435	-	20.2	3.8	15.6
	Hispanic	25,140	93,400	5,599	124,165	21.9	18.5	4.6	16.8
	White	13,579	62,090	8,889	83,962	25.1	15.4	4.1	12.5
	Total	45,121	178,379	15,361	237,569	22.8	16.9	4.2	14.7

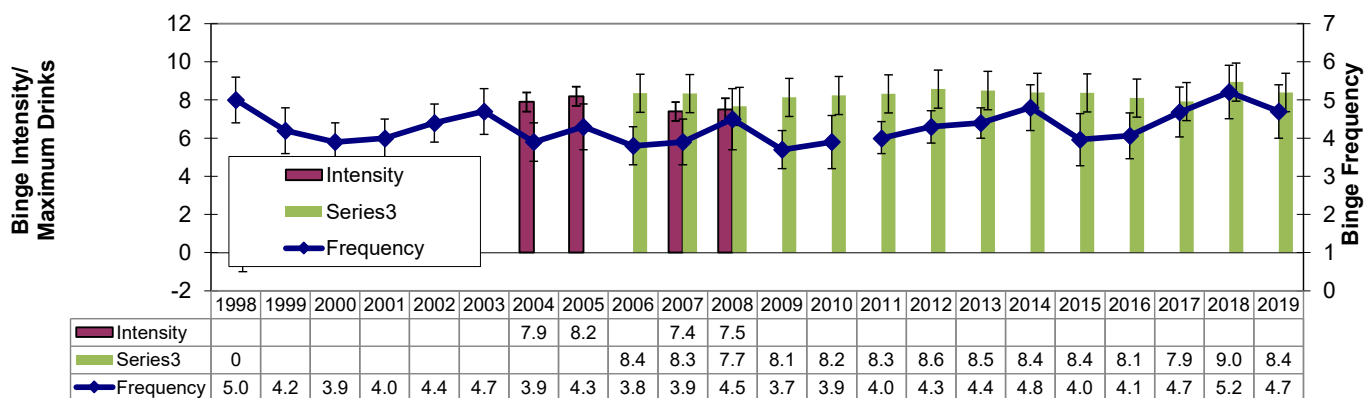
* Estimate of percent of people in population group who reported binge drinking at least once in past 30 days

- 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, 1998-2019



* 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, 2017-2019

County	Number						Percent*					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	5,934	4,757	2,567	41,378	26,648	79,699	26.0	29.5	16.7	16.7	11.6	15.0
Catron	-	-	-	-	520	587	-	-	-	-	21.7	19.0
Chaves	-	-	-	4,748	2,746	7,610	-	-	-	18.8	13.3	15.9
Cibola	801	-	-	1,725	633	3,276	10.1	-	-	21.8	14.1	15.8
Colfax	-	-	-	-	685	1,114	-	-	-	-	13.6	11.2
Curry	-	-	-	2,701	1,829	5,508	-	-	-	19.0	9.5	14.9
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	19,953	7,665	28,109	-	-	-	18.8	15.0	17.1
Eddy	-	-	-	4,681	3,232	8,200	-	-	-	23.6	15.1	19.2
Grant	-	-	-	1,227	1,488	2,590	-	-	-	11.9	13.3	11.7
Guadalupe	-	-	-	-	-	696	-	-	-	-	-	20.1
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	5,397	2,675	8,263	-	-	-	19.9	13.4	16.6
Lincoln	-	-	-	502	1,281	1,988	-	-	-	10.5	12.1	12.5
Los Alamos	-	-	-	-	866	1,283	-	-	-	-	8.0	8.8
Luna	-	-	-	1,995	291	2,439	-	-	-	17.6	4.6	13.4
McKinley	5,333	-	-	1,266	370	7,049	14.0	-	-	19.8	7.0	13.9
Mora	-	-	-	-	-	689	-	-	-	-	-	18.6
Otero	638	-	-	3,117	2,740	6,759	21.6	-	-	17.5	9.9	13.2
Quay	-	-	-	-	145	718	-	-	-	-	4.1	10.9
Rio Arriba	472	-	-	1,730	492	2,811	11.4	-	-	8.3	10.9	9.4
Roosevelt	-	-	-	1,272	1,642	2,879	-	-	-	22.1	20.1	19.6
Sandoval	2,160	-	-	8,365	7,371	18,816	17.0	-	-	20.4	13.9	16.9
San Juan	4,262	-	-	1,917	5,165	11,583	11.8	-	-	11.4	12.9	12.3
San Miguel	-	-	-	2,836	333	3,026	-	-	-	16.3	7.3	13.2
Santa Fe	-	-	-	6,565	6,873	14,634	-	-	-	11.5	11.6	11.9
Sierra	-	-	-	-	830	1,045	-	-	-	-	12.7	11.1
Socorro	-	-	-	1,684	811	2,764	-	-	-	26.6	15.8	20.8
Taos	-	-	-	2,716	1,832	4,682	-	-	-	18.7	17.1	17.3
Torrance	-	-	-	-	295	567	-	-	-	-	4.3	4.5
Union	-	-	-	-	-	567	-	-	-	-	-	16.8
Valencia	-	-	-	5,066	1,854	6,750	-	-	-	15.0	8.8	11.6
New Mexico	21,922	4,709	5,435	124,165	83,962	237,569	15.8	15.7	15.6	16.8	12.5	14.7

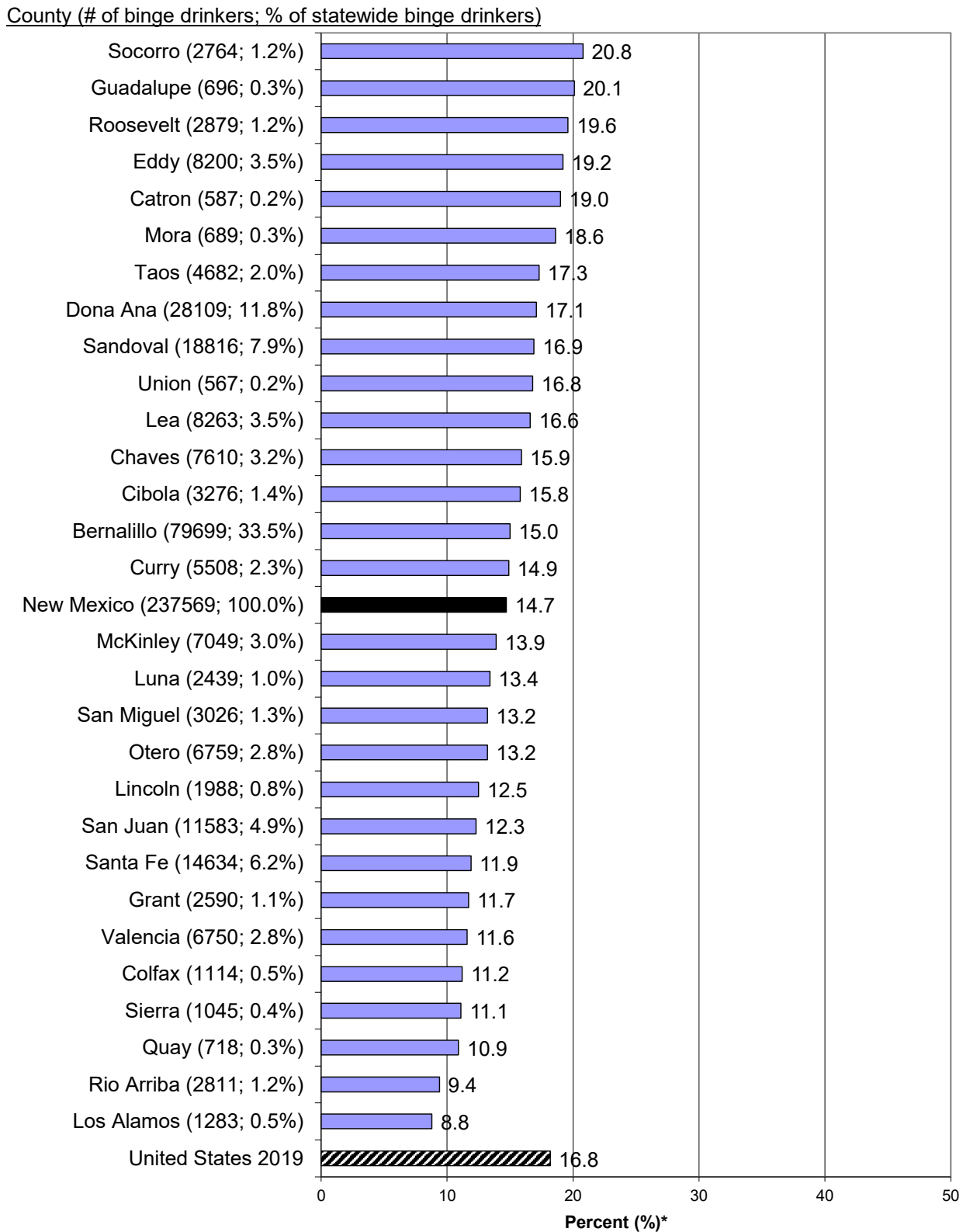
* Estimate of percent of people in population group who reported binge drinking at least once in past 30 days

- 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, 2017-2019



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

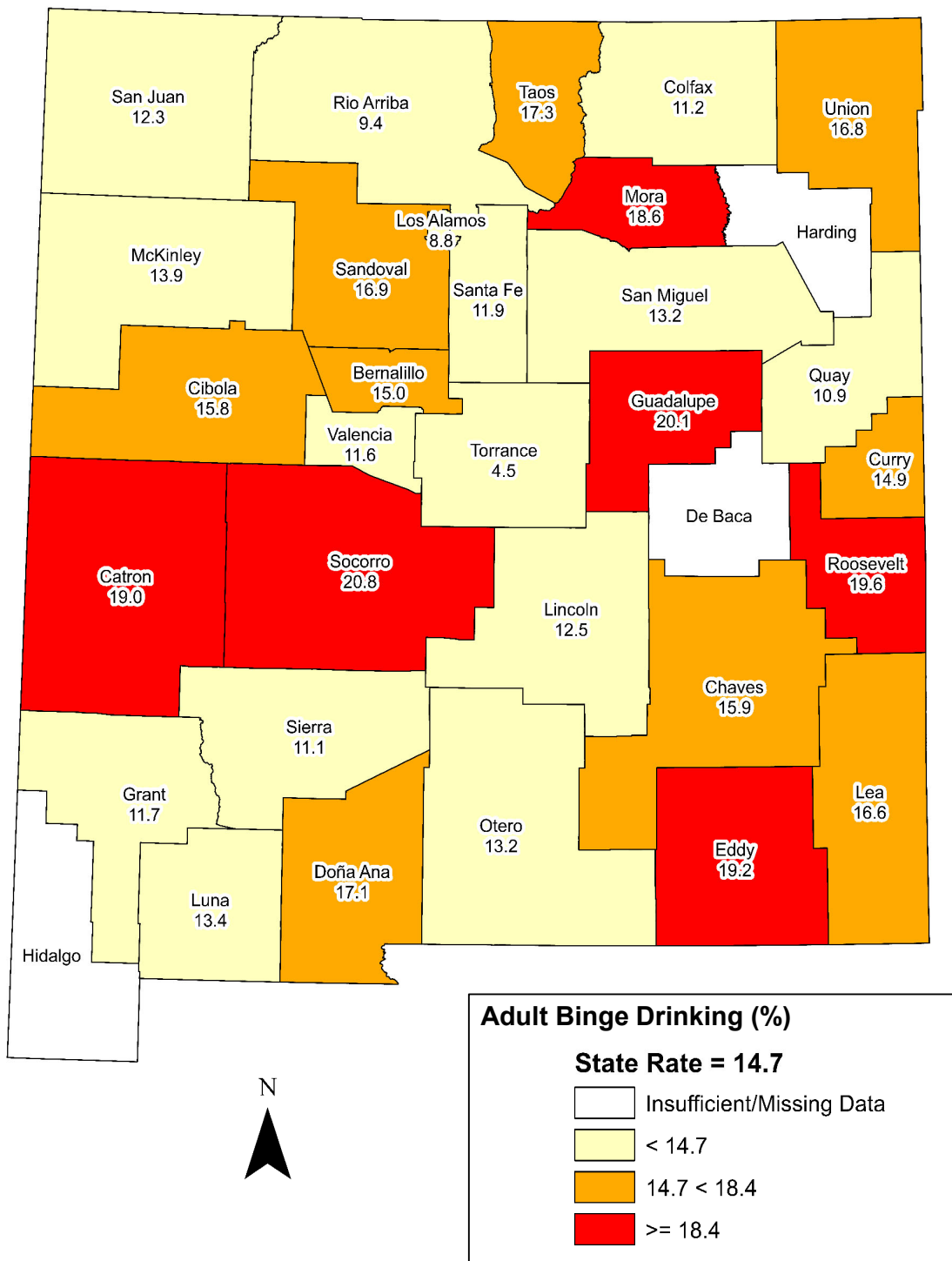
The following counties were excluded due to small number of respondents (< 50):

De Baca, Harding, Hidalgo

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

ADULT BINGE DRINKING (continued)

Chart 4: Binge Drinking (past 30 days)* by County, Adults Aged 18+, New Mexico, 2017-2019



* 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

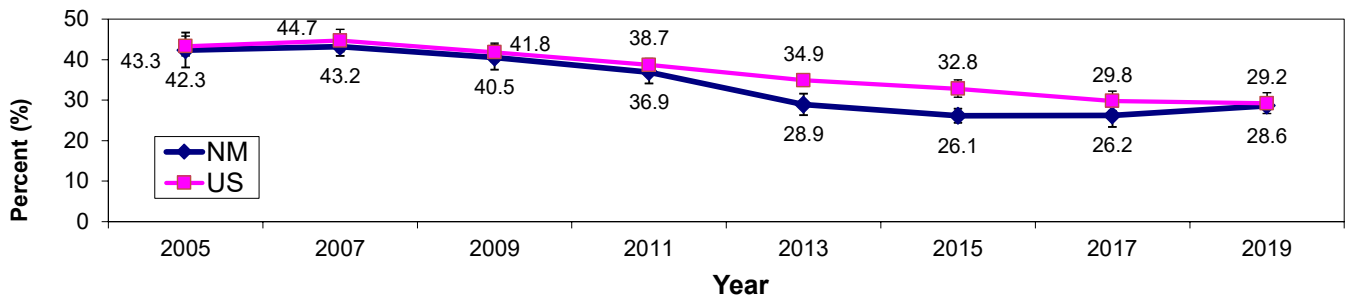
Problem Statement

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 2019, 28.6% 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 Black/African American students. American Indian students are the least likely to drink.

Taos County has the highest prevalence of current drinking among high school students (42.1%), followed by Grant (41.0%), and Lincoln (38.9%) counties. McKinley County has the lowest prevalence (14.2%).

Chart 1: Current Drinking* by Year, Grades 9 - 12, New Mexico and US, 2005-2019



* "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)

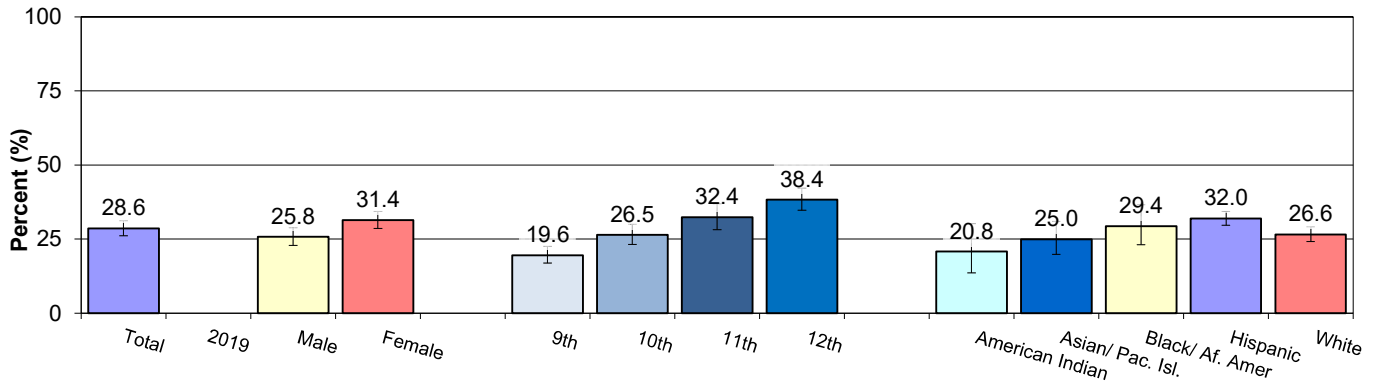
Table 1: Current Drinking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019

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	13.0 (4.0-35.0)	14.5 (5.6-32.4)	13.7 (7.4-24.0)	18.1 (8.3-35.1)	15.2 (9.2-24.1)
	Asian/Pacific Islander	--	--	--	--	26.1 (18.1-36.0)
	Black	--	--	--	--	26.9 (20.0-35.0)
	Hispanic	19.8 (16.0-24.1)	29.9 (24.1-36.3)	34.4 (30.0-39.0)	36.5 (31.2-42.2)	29.6 (26.8-32.6)
	White	17.3 (12.5-23.4)	16.9 (12.7-22.2)	29.4 (23.8-35.8)	40.4 (33.2-47.9)	24.3 (20.9-28.0)
	Total	17.7 (13.9-22.2)	23.0 (18.8-27.8)	30.3 (26.2-34.7)	35.1 (30.9-39.6)	25.8 (22.9-28.8)
Female	American Indian	21.3 (14.9-29.5)	25.8 (16.0-38.8)	23.7 (10.1-46.1)	39.5 (23.9-57.5)	26.3 (16.9-38.6)
	Asian/Pacific Islander	--	--	--	--	22.3 (13.3-35.1)
	Black	--	--	--	--	33.4 (23.3-45.2)
	Hispanic	23.3 (18.8-28.4)	34.7 (30.0-39.6)	36.4 (31.5-41.6)	43.9 (38.0-49.9)	34.1 (31.1-37.3)
	White	16.9 (12.7-22.2)	26.5 (20.1-34.2)	40.8 (34.4-47.5)	39.2 (33.0-45.9)	29.3 (26.2-32.5)
	Total	21.7 (18.1-25.7)	30.0 (25.9-34.4)	34.5 (28.7-40.7)	41.5 (36.6-46.6)	31.4 (28.6-34.3)
Total	American Indian	16.9 (10.1-26.8)	19.8 (10.7-33.8)	19.5 (10.0-34.6)	28.4 (17.5-42.4)	20.8 (13.6-30.3)
	Asian/Pacific Islander	21.3 (11.4-36.2)	25.6 (15.9-38.5)	27.7 (16.0-43.6)	--	25.0 (19.9-31.0)
	Black	26.6 (17.5-38.4)	--	34.7 (21.1-51.4)	--	29.4 (23.1-36.6)
	Hispanic	21.5 (18.7-24.6)	32.3 (28.6-36.3)	35.4 (32.2-38.8)	40.5 (35.9-45.2)	32.0 (29.7-34.3)
	White	17.1 (13.3-21.8)	21.6 (17.7-26.1)	34.1 (29.2-39.5)	39.9 (34.6-45.5)	26.6 (24.2-29.2)
	Total	19.6 (17.0-22.6)	26.5 (23.2-30.0)	32.4 (28.2-36.9)	38.4 (34.8-42.2)	28.6 (26.1-31.2)

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

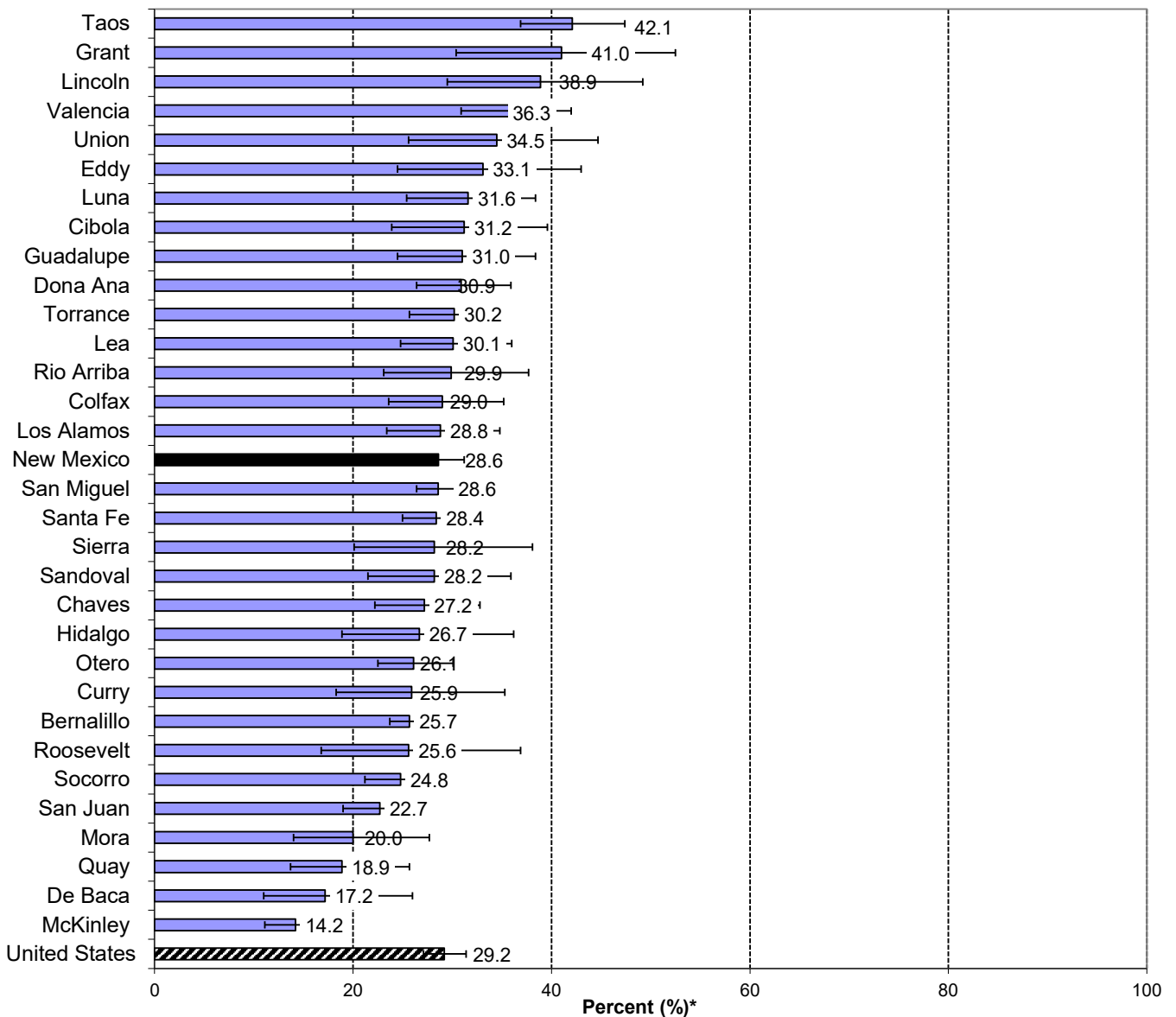
YOUTH CURRENT DRINKING (continued)

Chart 2: Current Drinking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019



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, 2019

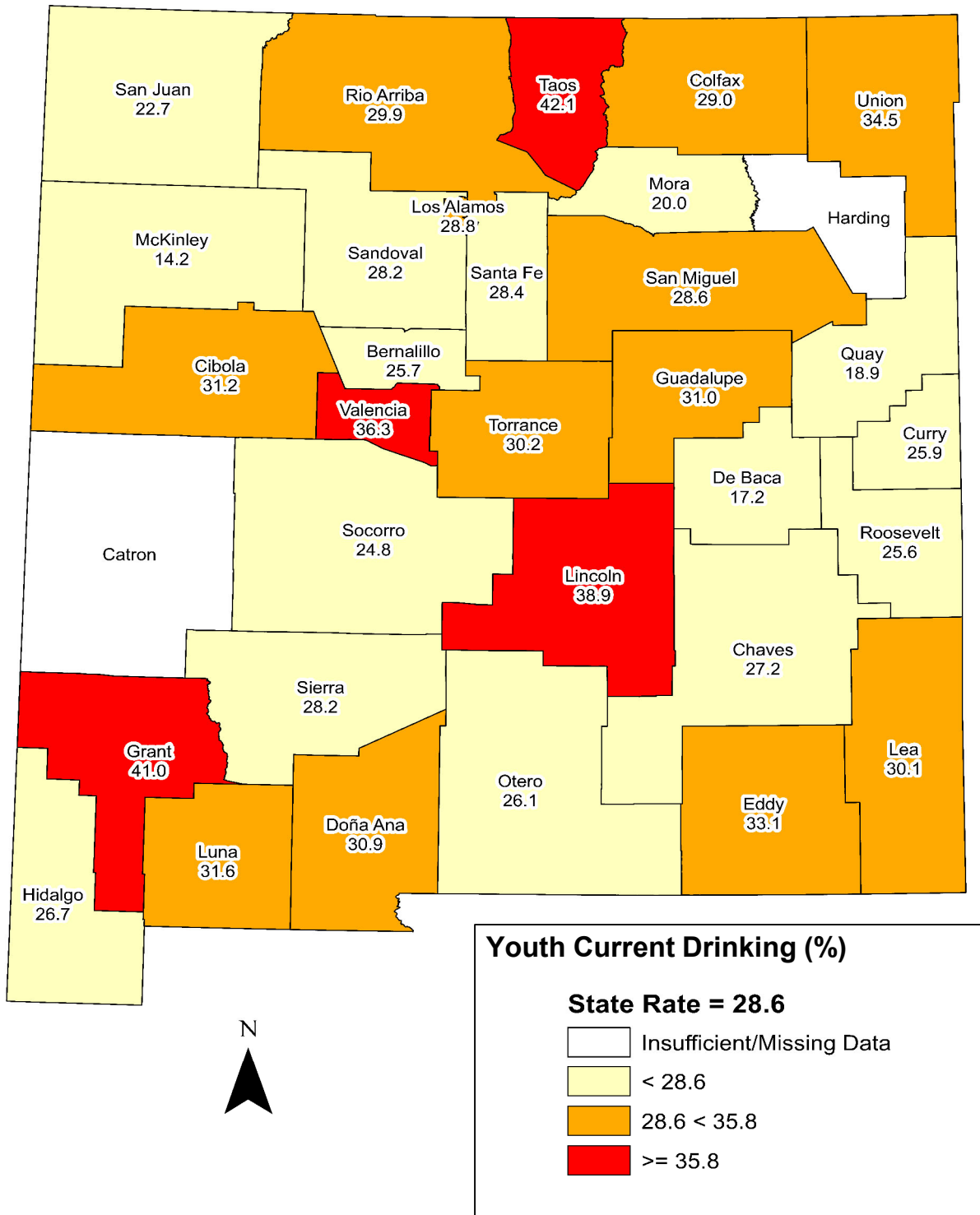


* Estimate of percent of high school students who reported current drinking in past 30 days
 Catron and Harding County estimates not available due to low numbers and/or low response rates.

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

YOUTH CURRENT DRINKING (continued)

Chart 4: Current Drinking* by County, Grades 9 - 12, New Mexico, 2019



* 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

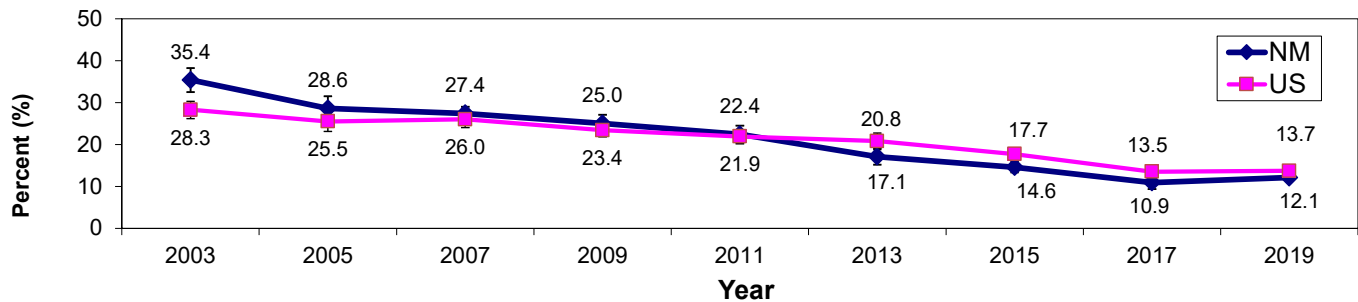
Problem Statement

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 2019, 12.1% 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 2019, of the 28.6% students who were current drinkers, 54.2% were binge drinkers. Although both NM and the US reported a slight increase in binge drinking prevalence in 2019, a steady decrease has occurred in NM since 2003, as it has been in the US since at least 2001 (Chart 1). In 2019, the difference between the US (13.7%) and NM (12.1%) 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, Black/African Americans and Hispanics 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, 2003-2019



*In 2019 - 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)

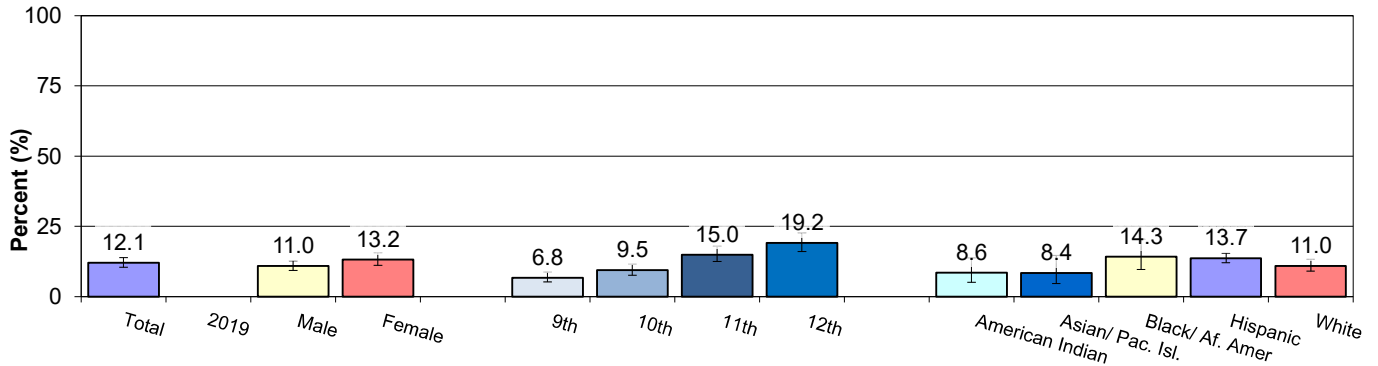
Table 1: Binge Drinking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019

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	3.1 (0.6-13.9)	5.6 (2.0-14.8)	7.4 (3.5-15.0)	6.6 (2.5-16.5)	5.9 (3.5-9.7)
	Asian/Pacific Islander	--	--	--	--	10.5 (4.5-22.3)
	Black	--	--	--	--	13.6 (10.2-17.9)
	Hispanic	5.8 (3.8-8.8)	9.7 (6.4-14.4)	16.6 (12.5-21.5)	18.4 (14.8-22.7)	12.1 (10.0-14.6)
	White	5.6 (3.4-9.1)	6.7 (4.8-9.2)	17.8 (12.8-24.1)	19.9 (13.9-27.8)	11.2 (9.0-13.8)
	Total	5.4 (3.9-7.5)	7.9 (5.9-10.5)	15.4 (12.8-18.5)	17.6 (13.9-22.1)	11.0 (9.4-12.8)
Female	American Indian	9.1 (4.8-16.6)	13.0 (4.6-31.6)	8.2 (2.8-22.2)	18.3 (9.3-33.1)	11.3 (6.2-19.5)
	Asian/Pacific Islander	--	--	--	--	6.2 (2.1-16.8)
	Black	--	--	--	--	15.4 (7.9-27.9)
	Hispanic	8.7 (6.2-12.3)	13.6 (11.2-16.6)	16.6 (13.1-20.7)	23.3 (18.3-29.0)	15.2 (13.2-17.5)
	White	6.4 (3.7-10.8)	7.6 (4.4-12.6)	16.8 (11.5-23.8)	16.9 (12.3-22.8)	10.9 (8.3-14.2)
	Total	8.3 (5.9-11.6)	11.0 (8.5-14.3)	14.7 (11.3-18.8)	20.7 (16.9-25.2)	13.2 (11.2-15.6)
Total	American Indian	5.8 (3.4-9.8)	9.1 (3.2-23.2)	7.9 (4.0-15.0)	11.9 (6.7-20.2)	8.6 (5.2-13.8)
	Asian/Pacific Islander	--	8.0 (2.7-21.2)	7.3 (2.0-23.0)	--	8.4 (4.7-14.7)
	Black	14.1 (6.7-27.1)	--	12.2 (4.1-31.2)	--	14.3 (9.7-20.5)
	Hispanic	7.3 (5.4-9.9)	11.7 (9.7-14.1)	16.6 (13.6-20.0)	21.0 (17.6-24.9)	13.7 (12.1-15.5)
	White	6.0 (4.1-8.7)	7.1 (5.1-9.8)	17.2 (13.2-22.1)	18.4 (14.2-23.5)	11.0 (9.1-13.3)
	Total	6.8 (5.3-8.8)	9.5 (7.7-11.6)	15.0 (12.5-18.0)	19.2 (16.1-22.7)	12.1 (10.5-13.9)

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

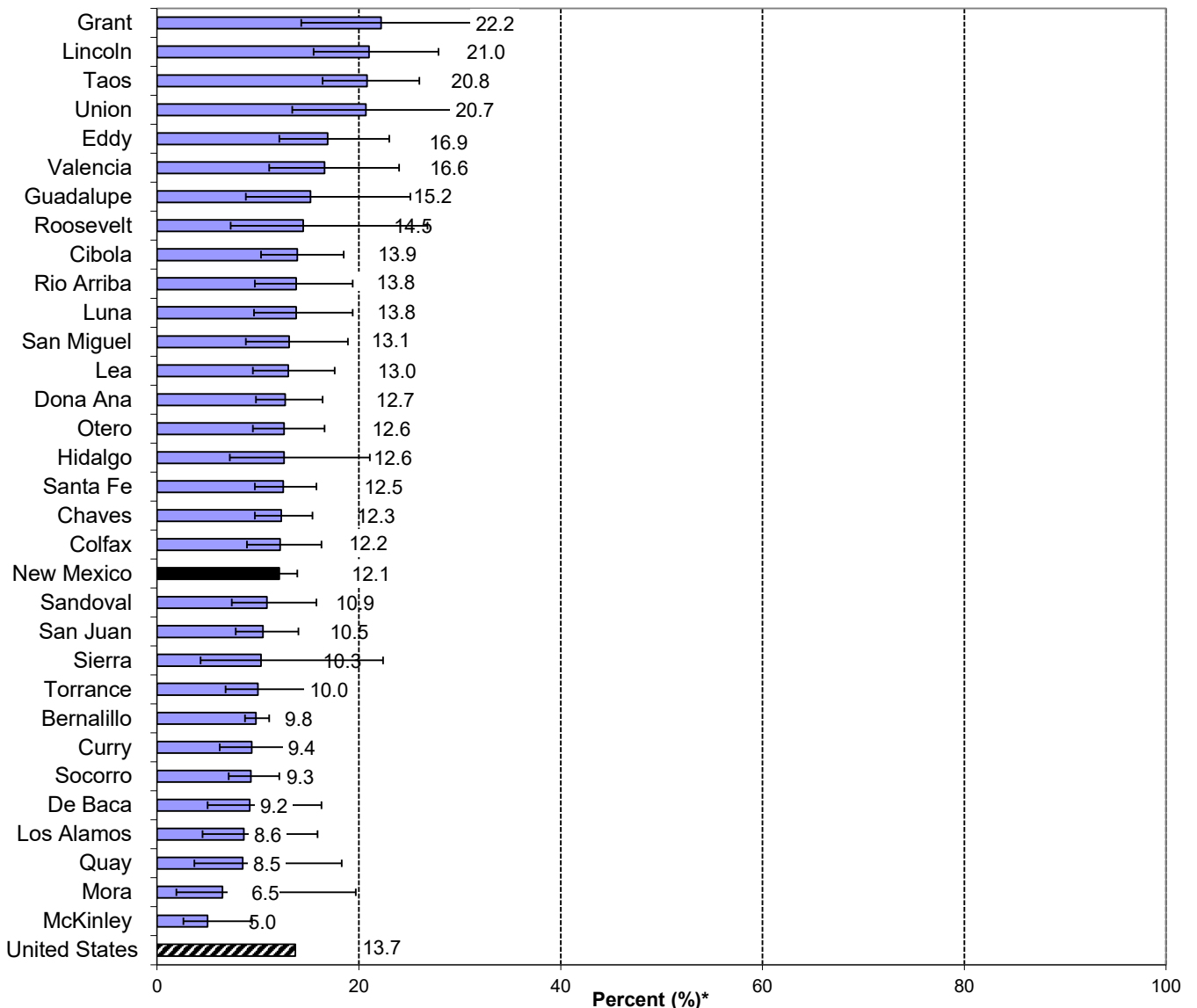
YOUTH BINGE DRINKING (continued)

Chart 2: Binge Drinking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019



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, 2019

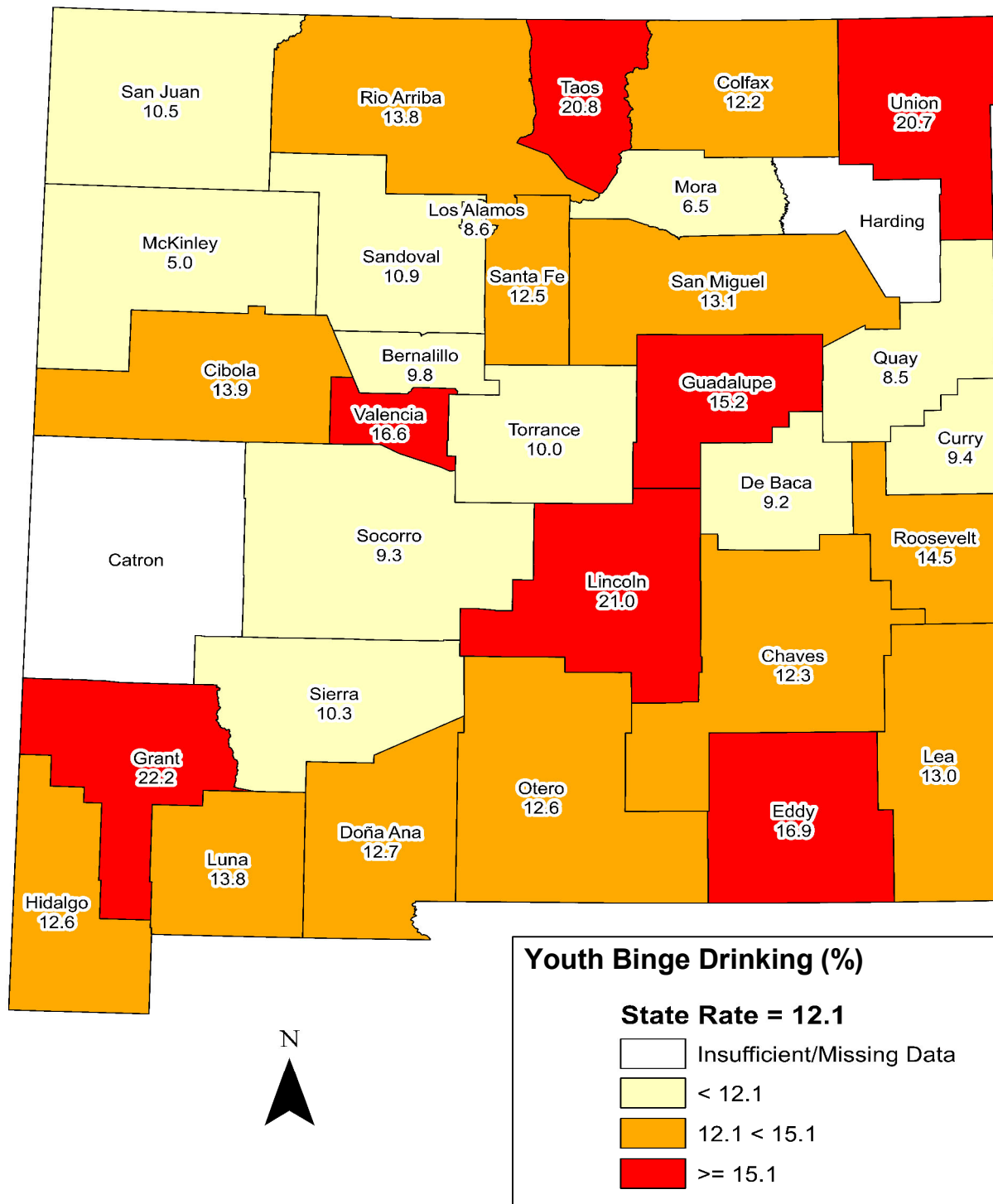


* Estimate of percent of high school students who reported binge drinking at least once in past 30 days
 Catron and Harding County estimates not available due to low numbers and/or low response rates.

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

YOUTH BINGE DRINKING (continued)

Chart 4: Binge Drinking* by County, Grades 9 - 12, New Mexico, 2019



* 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

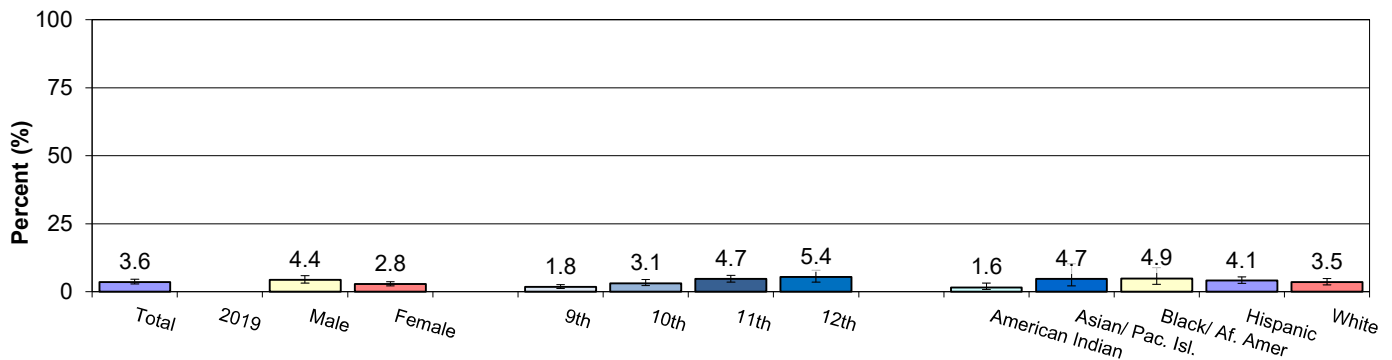
Problem Statement

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. This is not really important – but we have begun calling this behavior “High intensity binge drinking”

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. Female students are less likely to consume more drinks on an occasion when compared to male students. American Indian students have the lowest prevalence of consuming ten or more drinks on an occasion. Prevalence was fairly similar by county, ranging from 0.9% of students (McKinley County) to 8.2% of students (Guadalupe County). In 2019, there was no difference in rates between New Mexico (3.6%) and the US (3.1%).

Chart 1: 10 Plus Drinks, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019



* < 100 respondents for the subgroup

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

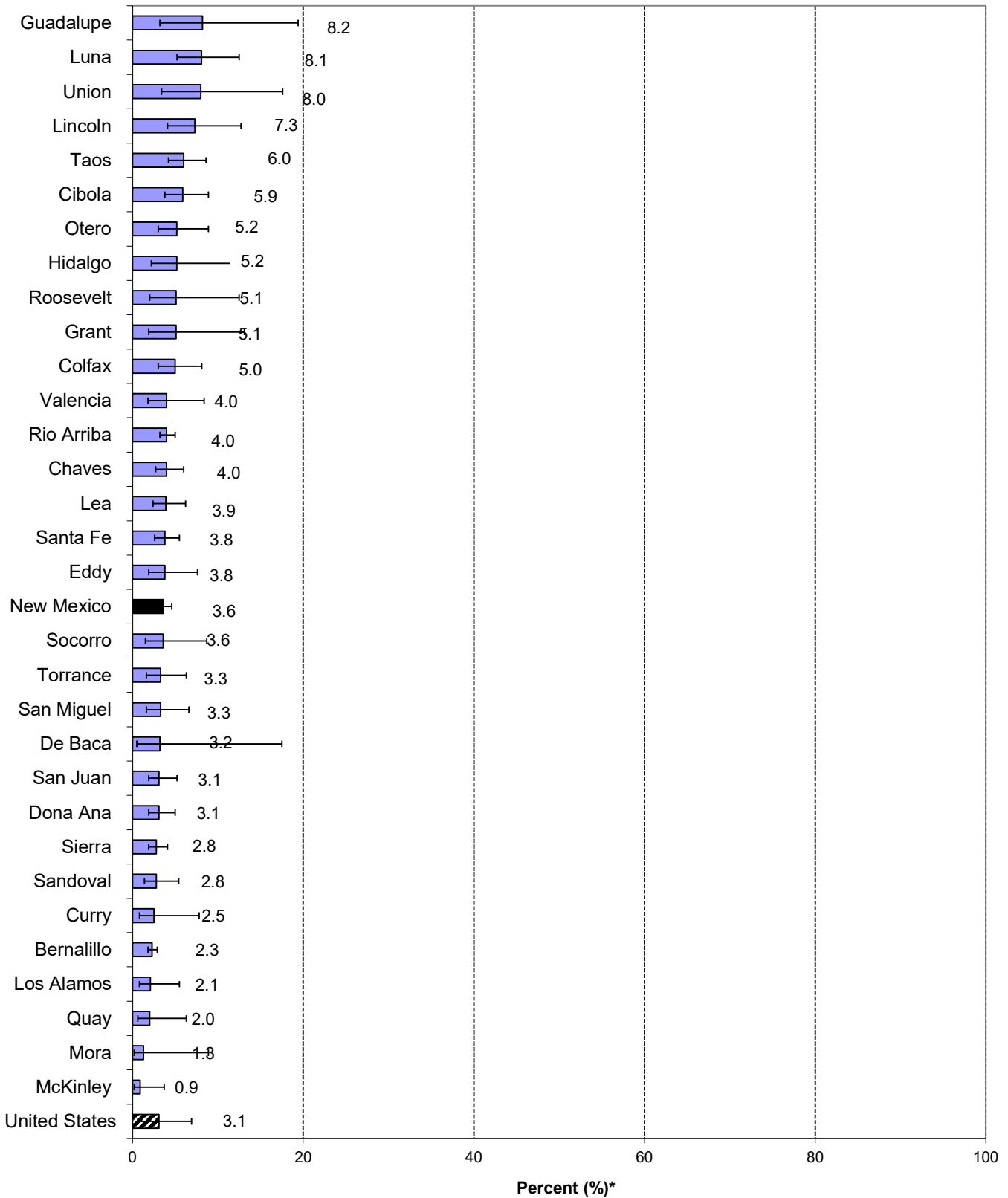
Table 1: 10 Plus Drinks, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019

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	1.2 (0.1-9.8)	1.6 (0.3-8.0)	1.8 (0.5-6.1)	0.5 (0.1-3.9)	1.6 (0.7-3.7)
	Asian/Pacific Islander	--	--	--	--	6.1 (1.8-18.7)
	Black	--	--	--	--	5.1 (2.2-11.3)
	Hispanic	2.3 (0.9-5.8)	3.8 (1.8-8.1)	6.9 (4.6-10.1)	7.7 (4.2-13.7)	4.9 (3.1-7.6)
	White	2.0 (0.9-4.4)	2.2 (0.7-6.4)	7.0 (4.3-11.3)	10.0 (6.7-14.6)	4.6 (3.3-6.4)
	Total	2.0 (1.1-3.9)	3.0 (1.6-5.5)	6.0 (4.7-7.8)	7.5 (4.9-11.4)	4.4 (3.2-5.9)
Female	American Indian	0.0 (-.)	2.0 (0.5-7.6)	2.7 (1.0-7.2)	--	1.6 (0.6-4.1)
	Asian/Pacific Islander	--	--	--	--	1.6 (0.2-11.1)
	Black	--	--	--	--	4.7 (1.4-14.5)
	Hispanic	1.8 (0.9-3.6)	4.3 (2.9-6.4)	3.9 (2.2-6.7)	3.9 (2.1-7.0)	3.4 (2.7-4.3)
	White	1.4 (0.5-4.1)	2.2 (0.9-5.1)	3.7 (1.5-9.0)	2.3 (0.9-5.8)	2.2 (1.4-3.6)
	Total	1.5 (0.9-2.4)	3.3 (2.3-4.6)	3.4 (1.9-6.0)	3.3 (2.0-5.4)	2.8 (2.1-3.7)
Total	American Indian	0.6 (0.1-5.7)	1.8 (0.6-5.2)	2.3 (1.4-3.9)	0.8 (0.1-6.7)	1.6 (0.8-3.2)
	Asian/Pacific Islander	--	7.6 (2.5-20.9)	0.0 (-.)	--	4.7 (2.1-10.3)
	Black	3.8 (1.0-13.0)	--	4.5 (0.5-30.1)	--	4.9 (2.7-8.8)
	Hispanic	2.0 (1.2-3.5)	4.1 (2.8-6.0)	5.3 (3.8-7.3)	5.6 (3.4-9.1)	4.1 (3.1-5.4)
	White	1.7 (0.9-3.3)	2.2 (0.9-5.1)	5.5 (3.6-8.3)	6.1 (3.9-9.4)	3.5 (2.5-4.9)
	Total	1.8 (1.2-2.6)	3.1 (2.2-4.5)	4.7 (3.6-6.0)	5.4 (3.6-7.9)	3.6 (2.8-4.6)

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, 2019

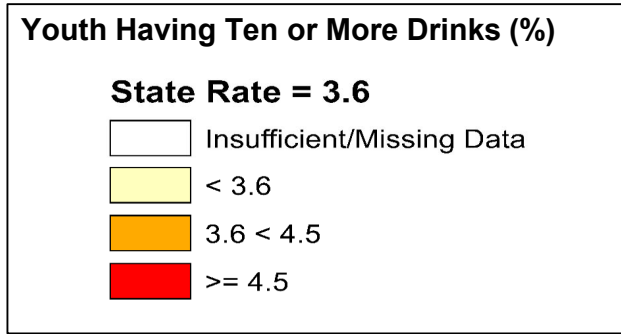
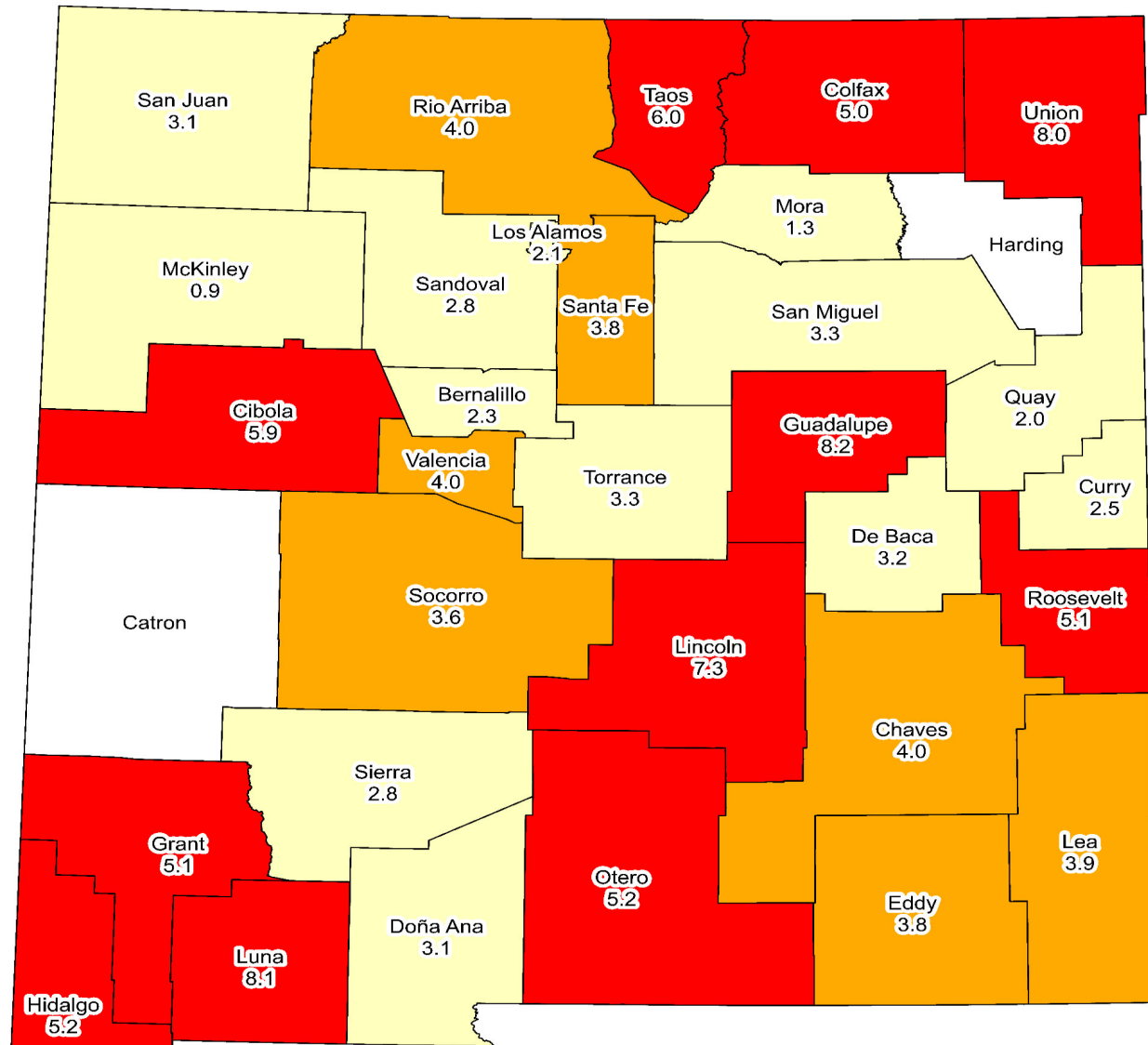


* Estimate of percent of high school students who reported high intensity drinking at least once in past 30 days
 Catron and Harding County estimates not available due to low numbers and/or low response rates.

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

YOUTH 10 PLUS DRINKS (continued)

Chart 3: 10 Plus Drinks* by County, Grades 9 - 12, New Mexico, 2019



* 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

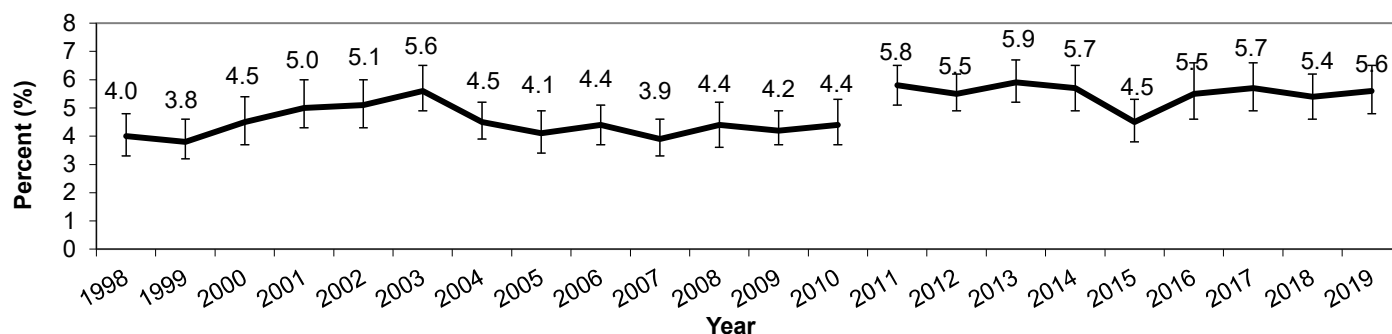
ADULT HEAVY DRINKING

Problem Statement

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

Chart 1 shows that adult heavy drinking prevalence has remained relatively stable since 2000. Heavy drinking prevalence is lower among adults in New Mexico (5.6%) 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 6.0% reporting past-month heavy drinking. New Mexico men were more likely to report chronic drinking than women (6.7% v. 4.6%), and Black/African American males had the highest reported rate of heavy drinking (7.6%) followed by American Indian males (7.4) and Hispanic males (6.9%).

Chart 1: Heavy Drinking (past 30 days)*, Adults Aged 18+, New Mexico, 1998-2019



* 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, 2017-2019

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	940	3,357	620	4,822	9.4	7.1	7.5	7.4
	Asian/Pacific Islander	-	0	-	0	-	0.0	-	0.0
	Black	-	1,245	-	1,539	-	8.9	-	7.6
	Hispanic	3,063	19,860	2,033	25,094	5.3	7.9	3.7	6.9
	White	1,133	15,526	5,389	21,954	3.9	7.7	5.4	6.6
	Total	5,006	39,810	8,143	52,897	4.9	7.6	4.9	6.7
Female	American Indian	702	1,526	0	2,295	7.1	3.0	0.0	3.1
	Asian/Pacific Islander	-	-	-	465	-	-	-	2.8
	Black	-	876	-	858	-	9.0	-	5.8
	Hispanic	3,731	7,976	939	12,703	6.6	3.1	1.4	3.4
	White	1,751	13,032	6,860	21,464	7.1	6.4	5.9	6.3
	Total	5,985	23,799	8,301	37,874	6.3	4.5	4.2	4.6
Total	American Indian	1,631	4,789	646	7,043	8.2	4.9	3.2	5.1
	Asian/Pacific Islander	-	260	-	375	-	1.2	-	1.3
	Black	-	2,122	309	2,340	-	8.9	5.7	6.7
	Hispanic	6,824	27,875	2,973	37,744	5.9	5.5	2.5	5.1
	White	2,814	28,530	12,262	43,408	5.2	7.1	5.7	6.4
	Total	11,011	63,484	16,436	90,631	5.6	6.0	4.5	5.6

* Estimate of percent of people in population group who reported heavy drinking in past 30 days
- Excluded due to small number of respondents (< 50) in cell

Source: BRFSS; SAES

ADULT HEAVY DRINKING (continued)

Problem Statement (continued)

American Indian males had the highest rates of alcohol-related chronic disease death (165.2 deaths per 100,000 population), followed by Hispanics (51.0) and Whites (33.5). Among women, Whites had the highest rates of heavy drinking (6.3%), followed by Black women (5.8%). However, American Indian females have the highest rates of alcohol-related chronic disease death (98.3 deaths per 100,000 population), followed by Hispanics (20.7) and Whites (16.9).

In 2017-2019, as shown in Table 2 and Chart 2, heavy drinking rates were highest in Socorro (13.2), Taos (12.7%), and Eddy (9.1%) 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, 2017-2019

County	Number						Percent*					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	1,437	187	1,383	11,340	12,037	26,176	6.3	1.2	9.0	4.6	5.3	4.9
Catron	-	-	-	-	253	251	-	-	-	-	10.6	8.1
Chaves	-	-	-	1,527	1,411	2,903	-	-	-	6.0	6.8	6.1
Cibola	306	-	-	569	418	1,480	3.9	-	-	7.2	9.3	7.1
Colfax	-	-	-	-	314	576	-	-	-	-	6.2	5.8
Curry	-	-	-	761	1,024	2,017	-	-	-	5.3	5.3	5.5
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	5,372	3,271	8,996	-	-	-	5.1	6.4	5.5
Eddy	-	-	-	2,020	1,858	3,904	-	-	-	10.2	8.7	9.1
Grant	-	-	-	618	868	1,407	-	-	-	6.0	7.8	6.4
Guadalupe	-	-	-	-	-	223	-	-	-	-	-	6.4
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	1,947	708	2,736	-	-	-	7.2	3.6	5.5
Lincoln	-	-	-	309	942	1,302	-	-	-	6.5	8.9	8.2
Los Alamos	-	-	-	-	468	719	-	-	-	-	4.3	4.9
Luna	-	-	-	436	191	768	-	-	-	3.8	3.0	4.2
McKinley	1,750	-	-	452	141	2,353	4.6	-	-	7.1	2.7	4.6
Mora	-	-	-	-	-	328	-	-	-	-	-	8.9
Otero	305	-	-	815	2,327	3,633	10.3	-	-	4.6	8.4	7.1
Quay	-	-	-	-	115	151	-	-	-	-	3.2	2.3
Rio Arriba	-	-	-	876	330	1,615	-	-	-	4.2	7.3	5.4
Roosevelt	-	-	-	328	368	681	-	-	-	5.7	4.5	4.6
Sandoval	477	-	-	1,417	3,269	5,375	3.7	-	-	3.5	6.2	4.8
San Juan	1,787	-	-	483	2,052	4,361	5.0	-	-	2.9	5.1	4.6
San Miguel	-	-	-	644	216	833	-	-	-	3.7	4.7	3.6
Santa Fe	-	-	-	895	6,313	7,615	-	-	-	1.6	10.6	6.2
Sierra	-	-	-	-	221	317	-	-	-	-	3.4	3.4
Socorro	-	-	-	1,042	568	1,752	-	-	-	16.4	11.1	13.2
Taos	-	-	-	1,913	1,563	3,447	-	-	-	13.2	14.6	12.7
Torrance	-	-	-	-	84	158	-	-	-	-	1.2	1.3
Union	-	-	-	-	-	190	-	-	-	-	-	5.6
Valencia	-	-	-	2,920	1,424	4,374	-	-	-	8.7	6.7	7.5
New Mexico	7,043	375	2,340	37,744	43,408	90,631	5.1	1.3	6.7	5.1	6.4	5.6

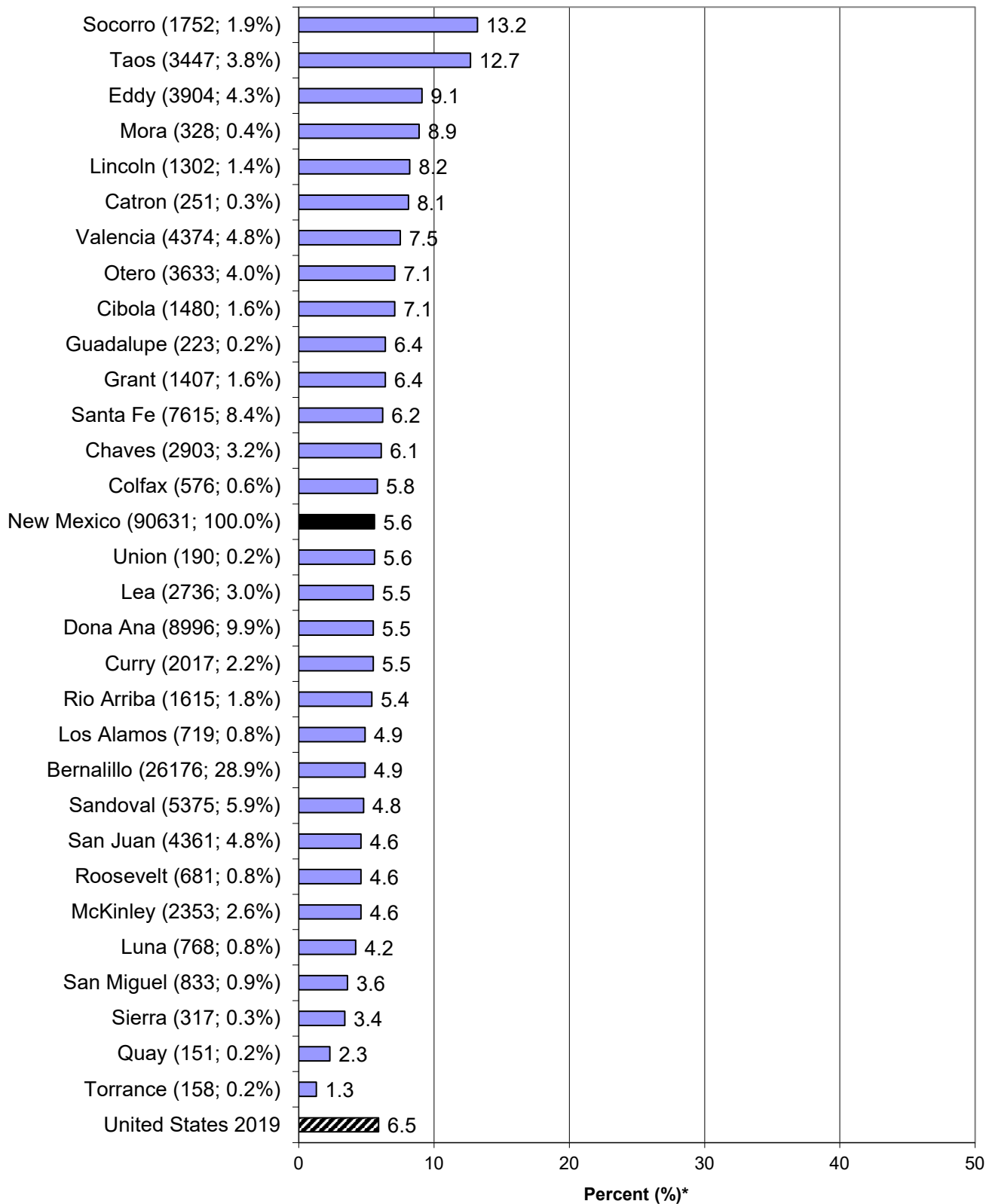
* Estimate of percent of people in population group who reported heavy drinking in past 30 days

- 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, 2017-2019

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



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

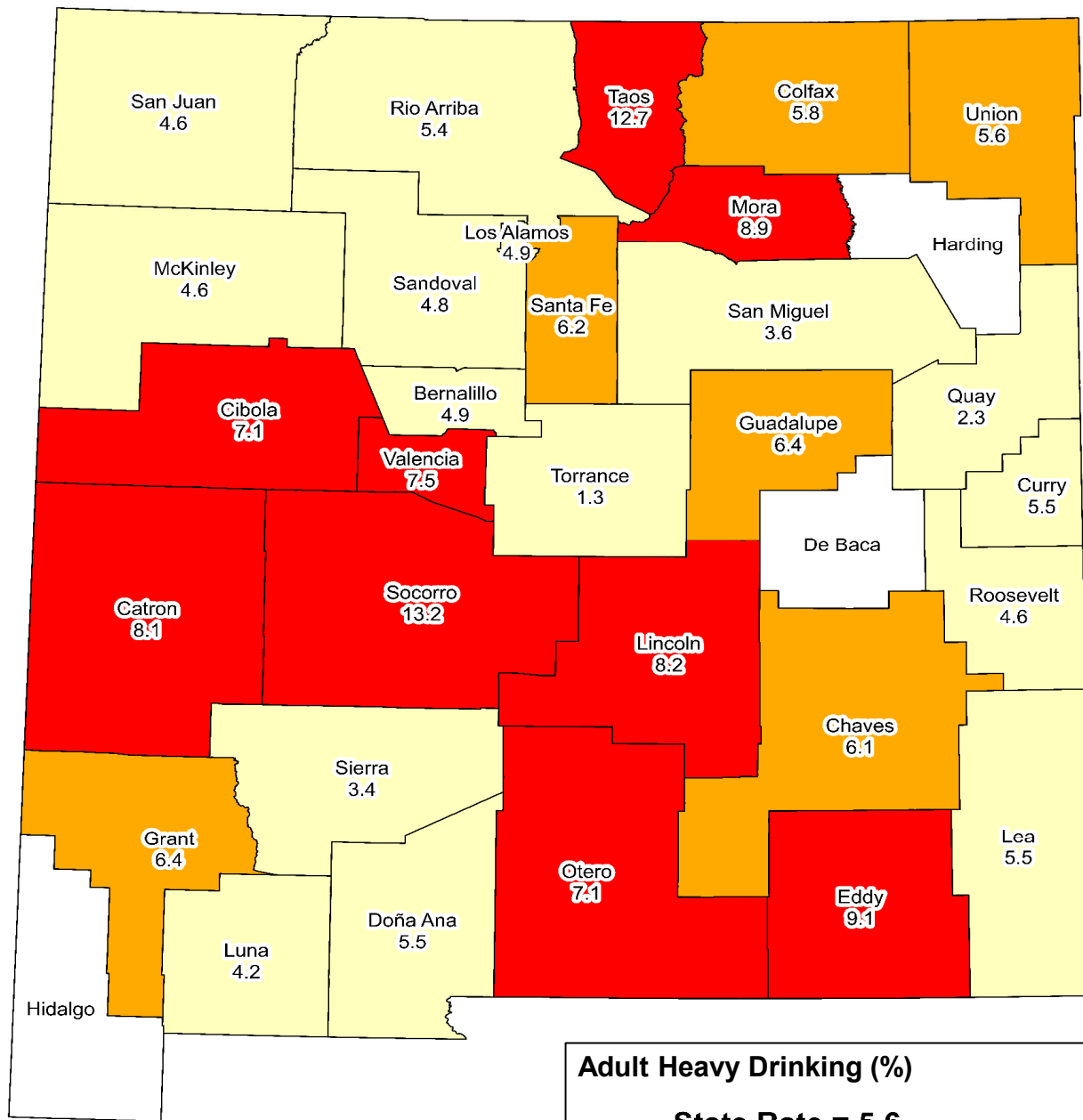
The following counties were excluded due to small number of respondents (< 50):

De Baca, Guadalupe, Harding, Hidalgo, Mora, 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, 2017-2019



* 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

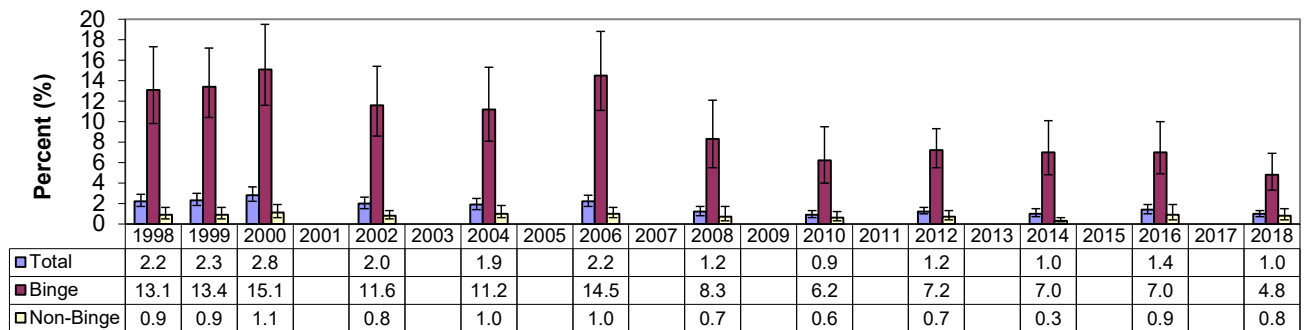
Problem Statement

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. As shown in Chart 1, binge drinkers are much more likely to report driving after drinking than non-binge drinkers. For example, in 2018, only 1.0% of the general population reported driving after drinking, but 4.8% of binge drinkers reported engaging in this risky behavior in the past 30 days compared to only 0.8% of non-binge drinkers. On a positive note, Chart 1 shows that driving after drinking prevalence decreased significantly between 2006 and 2010 (from 2.2% to 0.9%), including a substantial decline among binge drinkers (from 14.5% to 6.2%).

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

*Rates are provided for even years only. Next update for this section will be data for year 2020.

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



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

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

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

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

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

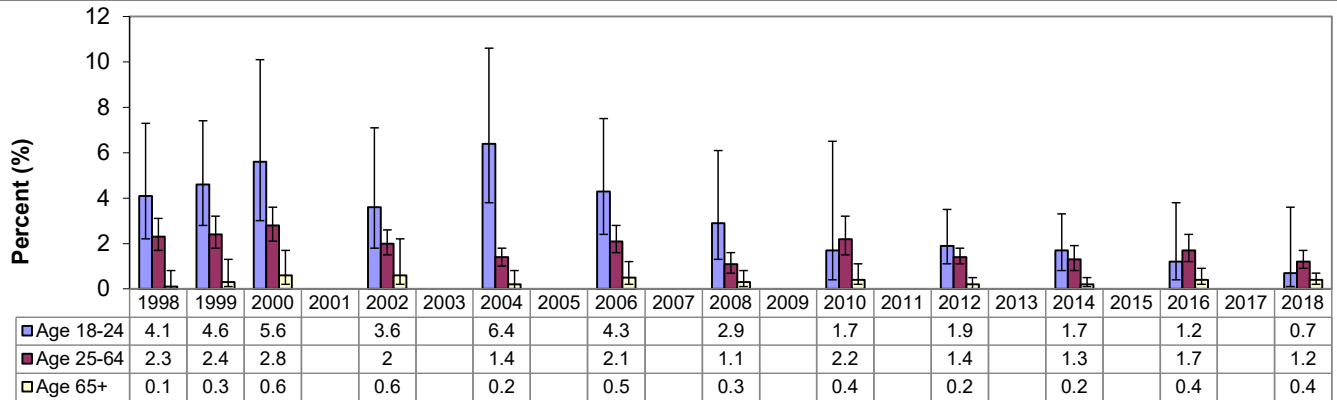
** Estimate of percent of people in population group who drove after "perhaps too much to drink" at least once in past 30 days

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

Source: BRFSS; SAES

ADULT DRINKING AND DRIVING (continued)

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



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

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

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

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

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

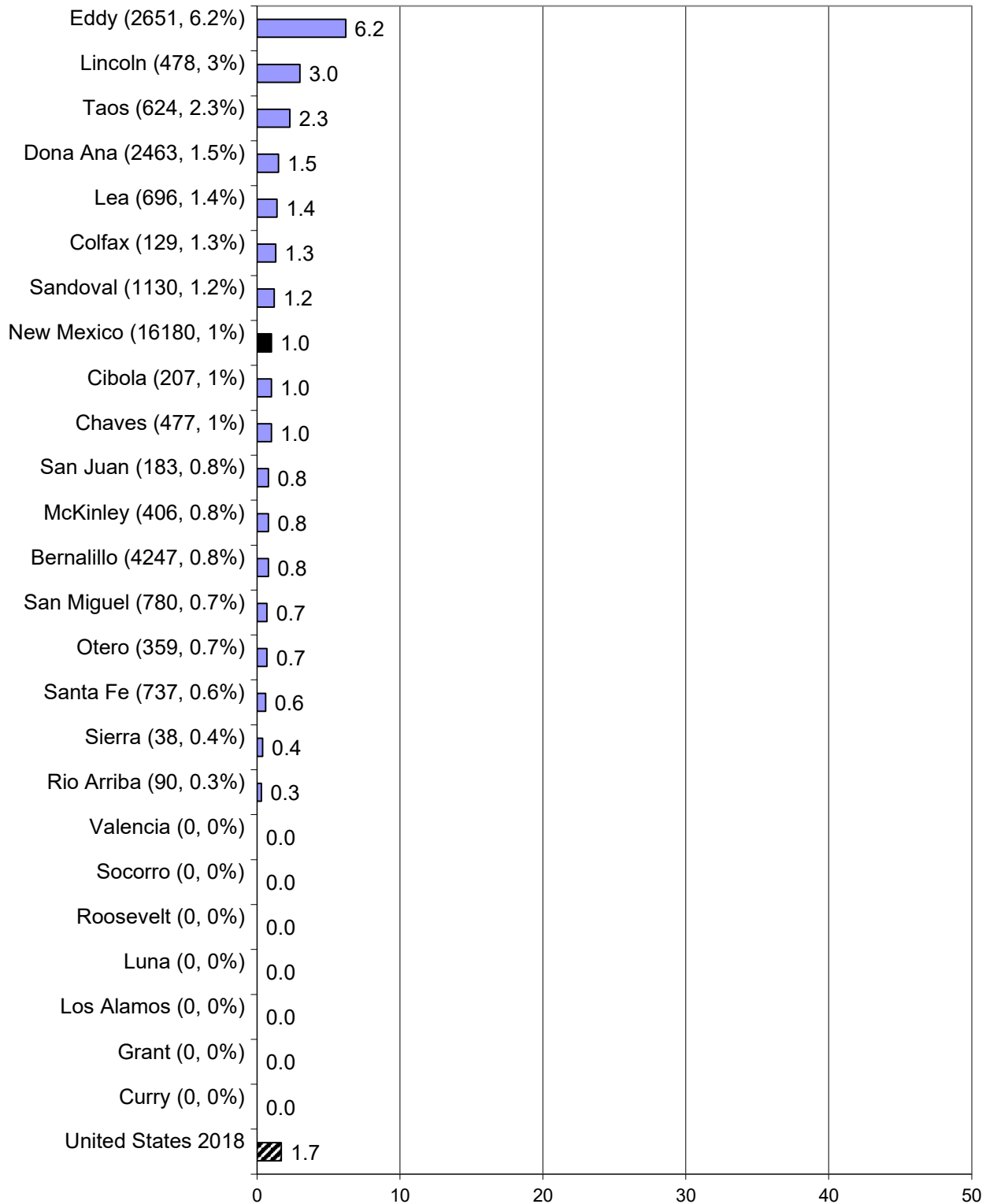
- Excluded due to small number of respondents (< 50) in cell

Source: BRFSS; SAES

ADULT DRINKING AND DRIVING (continued)

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

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

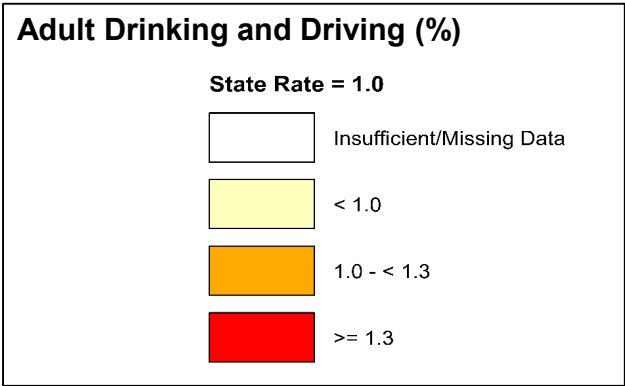
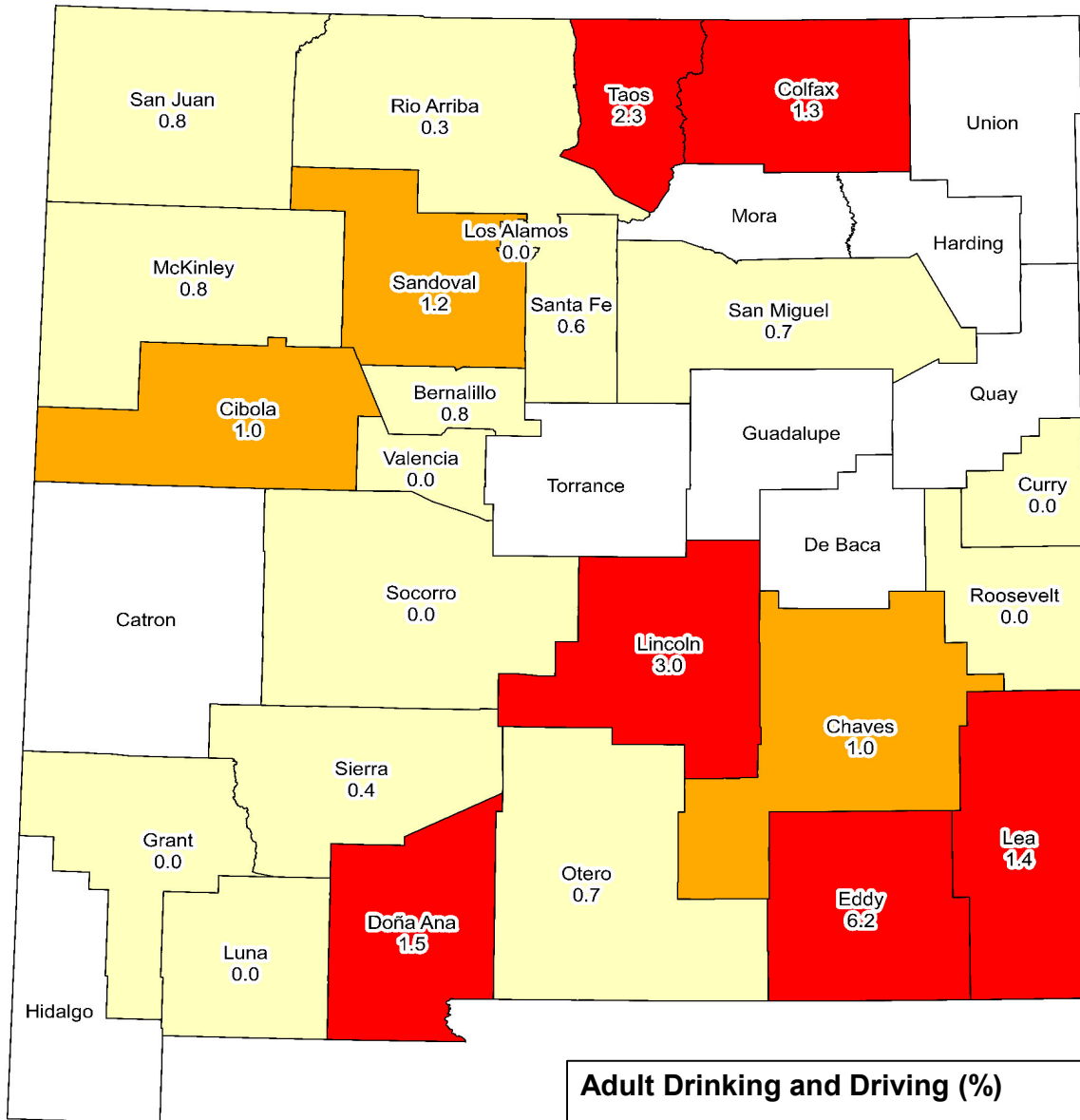
The following counties were not included due to small number of respondents (< 50) in cell:

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

Source: BRFSS; SAES

ADULT DRINKING AND DRIVING (continued)

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



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

Source: BRFSS; SAES

YOUTH DRINKING AND DRIVING

Problem Statement

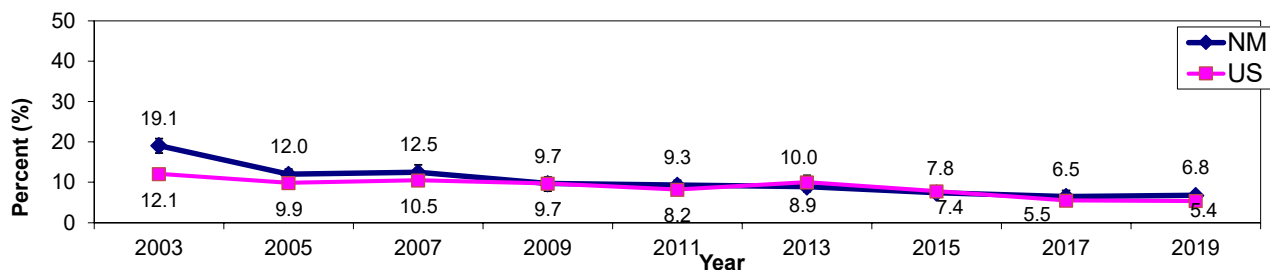
Drinking and driving is a major risk factor for motor vehicle accidents. Motor vehicle crashes were the leading cause of unintentional injury deaths for ages 15-20 years in the US in 2018. According to the National Highway Traffic Safety Administration (NHTSA), alcohol impaired-driving fatalities accounted for 29% of the total motor vehicle traffic fatalities in the US in 2018.* 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 2019, the prevalence of past-30-day drinking and driving was 6.8% 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 2019, the drinking and driving rate was highest in Union (15.4), Lincoln (12.8), Taos (11.8), Luna (10.9), and Cibola (10.2) counties. The rate was lowest in Los Alamos (4.3%), San Miguel (3.9%), Socorro (3.6%), Mora (3.3%), and McKinley (2.6%) counties.

*National Center for Statistics and Analysis. (2019, December). *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/812864>

Chart 1: Drinking and Driving* by Year, Grades 9 - 12, New Mexico and US, 2003-2019



* 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)

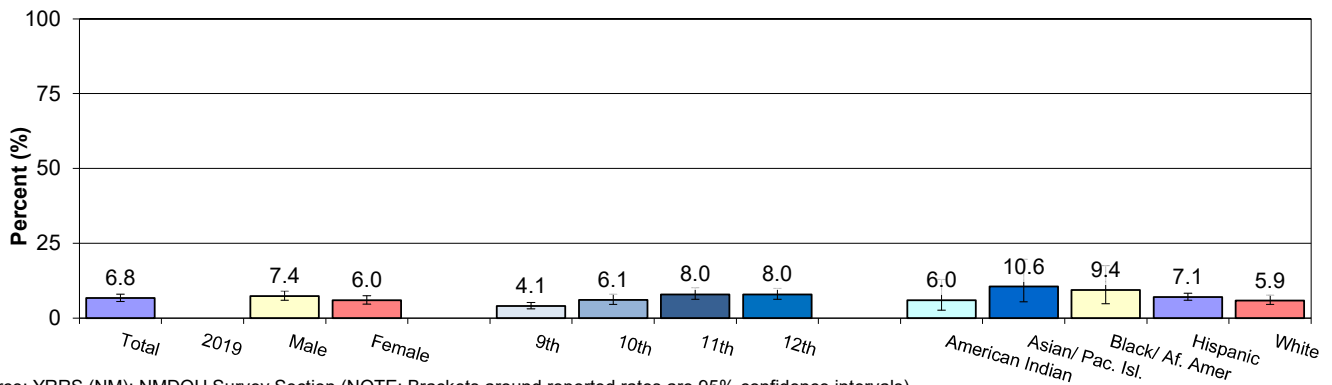
Table 1: Drinking and Driving, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019

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	--	7.8 (2.5-22.0)	--	--	5.7 (2.9-11.2)
	Asian/Pacific Islander	--	--	--	--	9.9 (3.8-23.3)
	Black	--	--	--	--	8.8 (4.3-17.1)
	Hispanic	1.7 (0.8-3.8)	10.4 (6.7-15.7)	11.3 (8.0-15.9)	9.2 (6.4-13.0)	8.5 (6.9-10.4)
	White	3.2 (1.3-7.3)	2.0 (0.8-5.3)	6.4 (3.2-12.6)	11.8 (6.8-19.7)	5.9 (4.0-8.6)
	Total	2.6 (1.4-4.9)	7.3 (5.5-9.7)	9.3 (6.8-12.4)	9.4 (6.9-12.6)	7.4 (6.0-9.1)
Female	American Indian	--	--	4.5 (0.6-28.2)	--	6.3 (2.1-17.2)
	Asian/Pacific Islander	--	--	--	--	5.4 (1.0-23.7)
	Black	--	--	--	--	10.7 (3.5-28.7)
	Hispanic	4.7 (2.6-8.5)	4.6 (2.6-7.8)	7.1 (4.4-11.2)	6.3 (4.4-9.1)	5.8 (4.4-7.6)
	White	4.1 (2.1-8.0)	4.1 (1.9-8.6)	8.0 (4.9-12.6)	7.3 (4.5-11.5)	5.8 (4.3-7.9)
	Total	5.5 (3.6-8.5)	4.9 (2.9-8.0)	6.8 (4.9-9.5)	6.5 (4.8-8.7)	6.0 (4.7-7.5)
Total	American Indian	5.5 (1.6-17.5)	8.3 (2.8-21.9)	4.8 (1.4-14.6)	4.8 (1.1-19.1)	6.0 (2.7-13.0)
	Asian/Pacific Islander	--	--	--	--	10.6 (5.5-19.7)
	Black	--	--	--	--	9.4 (4.8-17.6)
	Hispanic	3.2 (2.0-5.0)	7.5 (5.5-10.3)	9.1 (7.1-11.6)	7.7 (5.7-10.4)	7.1 (6.0-8.4)
	White	3.6 (2.2-5.8)	3.0 (1.8-5.2)	7.0 (4.5-10.7)	9.7 (6.6-13.9)	5.9 (4.6-7.7)
	Total	4.1 (3.1-5.3)	6.1 (4.6-8.1)	8.0 (6.3-10.2)	8.0 (6.3-10.0)	6.8 (5.6-8.1)

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

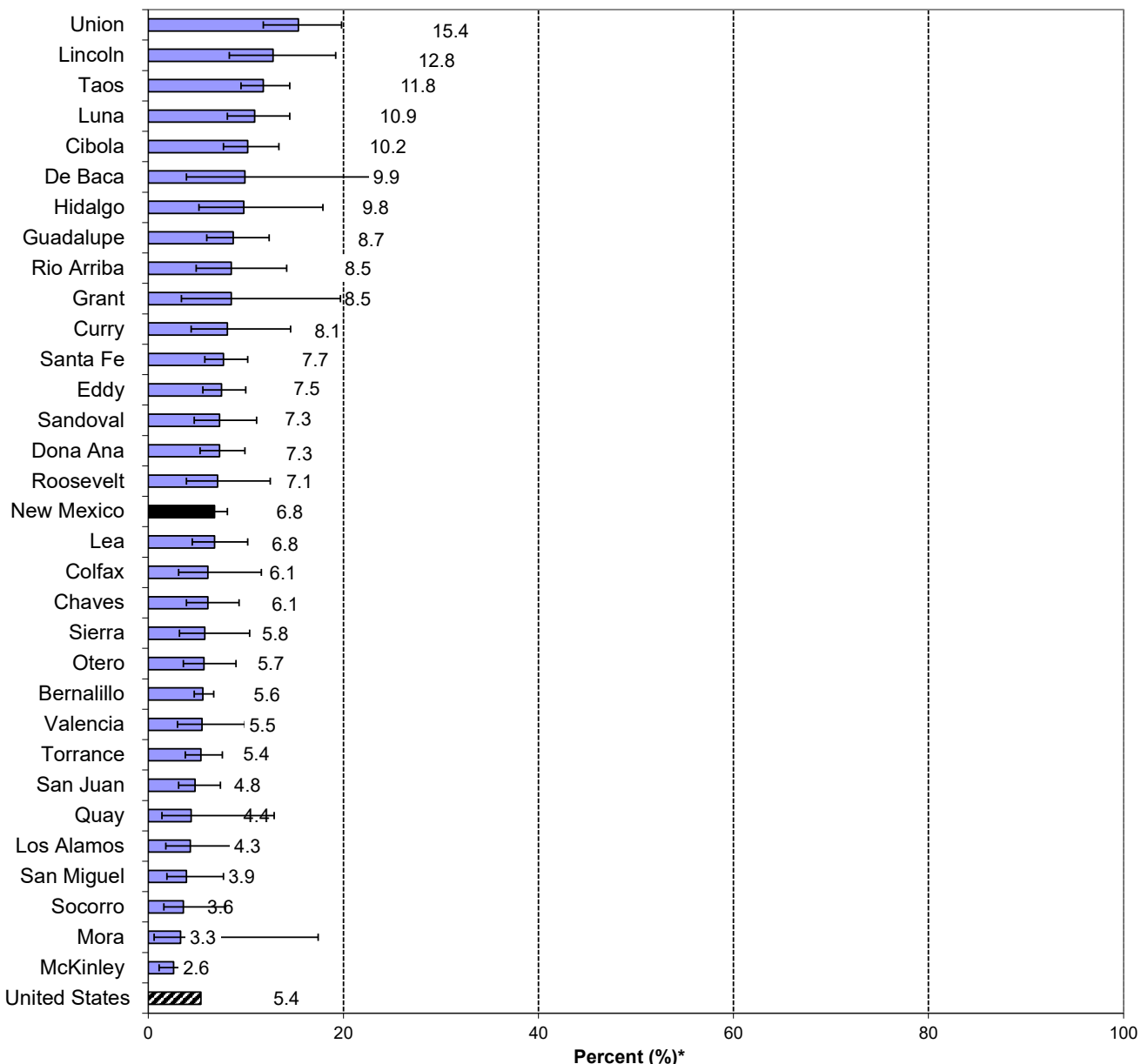
YOUTH DRINKING AND DRIVING (continued)

Chart 2: Drinking and Driving, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019



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, 2019



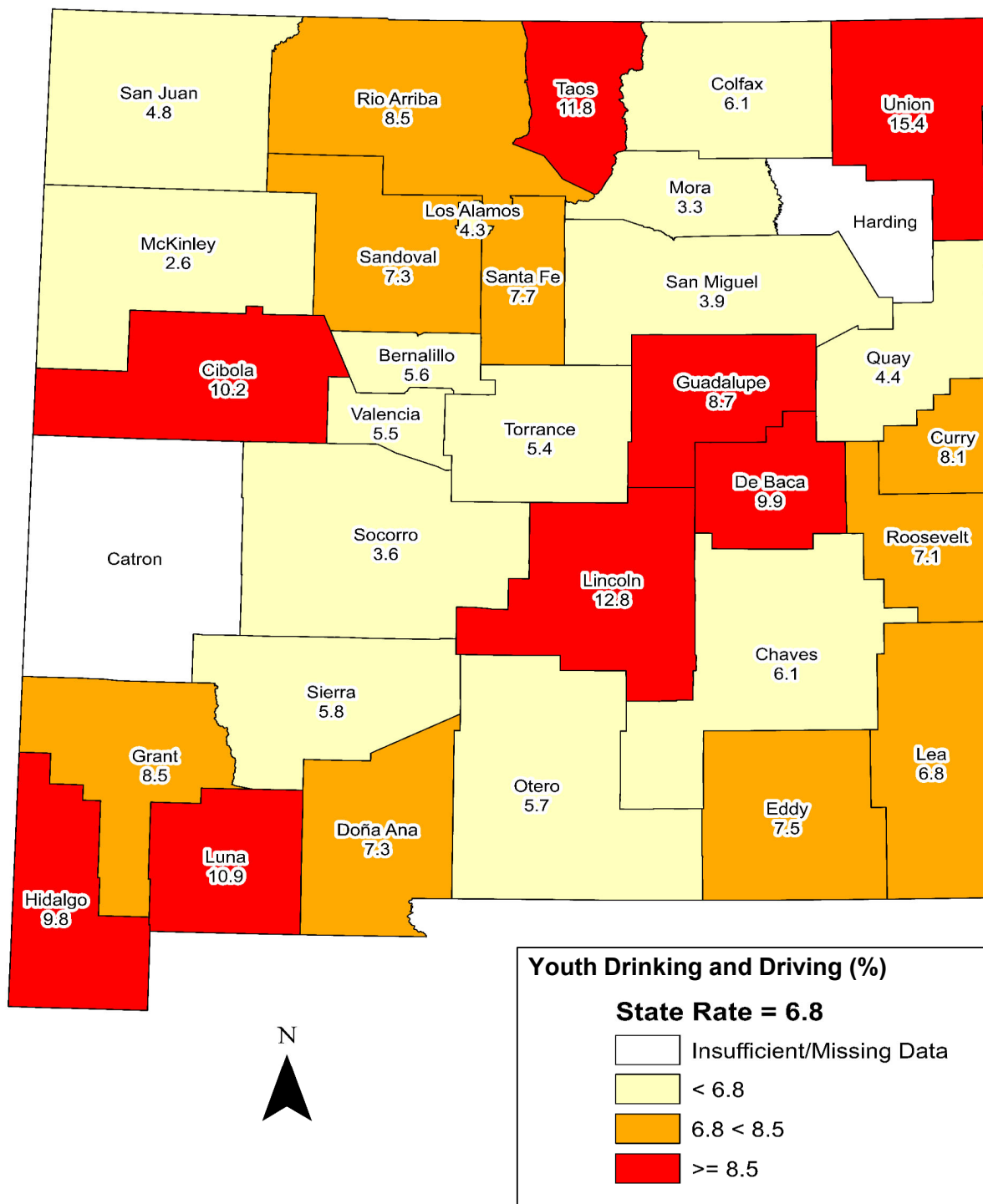
* Estimate of percent of high school students who reported drinking and driving at least once in past 30 days

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

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

YOUTH DRINKING AND DRIVING (continued)

Chart 4: Drinking and Driving* by County, Grades 9 - 12, New Mexico, 2019



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

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

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

YOUTH CURRENT MARIJUANA USE

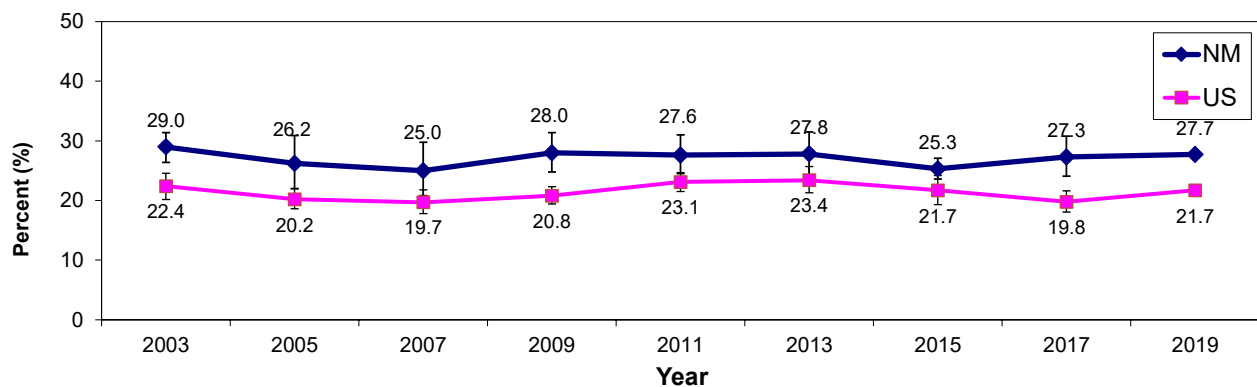
Problem Statement

There has been no apparent trend in the rate of current marijuana use by New Mexico high school students in recent years, but it has remained significantly higher than the US rate. In 2019, two-thirds of the counties in New Mexico reported prevalence greater than the US rate (21.7%), which 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 (33.1) students was higher than among Black (30.5%), Hispanic (29.5%), Asian/Pacific Islander (25.6%), and White (22.4%) students.

In 2019, the rate of past 30-day marijuana use was highest in Taos (42.9%), Cibola (42.0%) and Guadalupe (41.4) counties. The rate was lowest in De Baca (12.1%), Mora (13.4%), Roosevelt (13.9%), Lea (16.8%), and Los Alamos (18.5%) counties.

Chart 1: Current Marijuana Use* by Year, Grades 9 - 12, New Mexico and US, 2003-2019



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

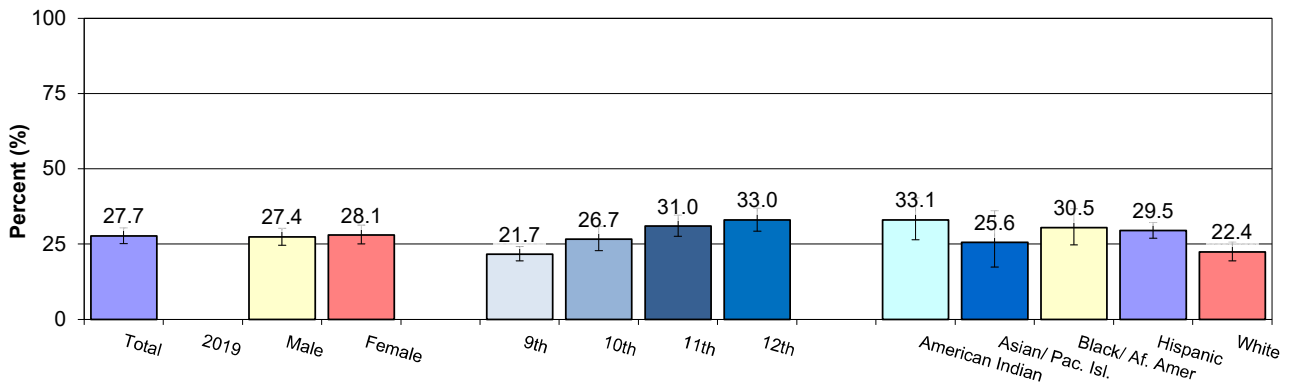
Table 1: Current Marijuana Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019

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	21.1 (12.2-33.9)	37.2 (26.9-48.8)	27.0 (19.0-36.8)	28.9 (15.8-46.7)	29.0 (22.6-36.5)
	Asian/Pacific Islander	--	--	--	--	26.1 (16.5-38.7)
	Black	--	--	--	--	27.0 (20.2-35.0)
	Hispanic	23.1 (18.6-28.4)	28.0 (23.9-32.5)	31.7 (27.8-35.8)	37.5 (30.9-44.6)	29.8 (26.6-33.2)
	White	16.0 (12.9-19.7)	19.7 (15.4-24.9)	30.8 (22.5-40.7)	32.6 (25.0-41.4)	23.5 (20.1-27.2)
	Total	20.3 (17.0-24.0)	25.9 (21.9-30.3)	31.4 (27.6-35.4)	34.0 (29.1-39.3)	27.4 (24.7-30.3)
Female	American Indian	29.1 (20.4-39.6)	34.6 (20.3-52.3)	41.0 (32.6-49.9)	45.6 (31.9-60.0)	37.2 (28.4-46.9)
	Asian/Pacific Islander	--	--	--	--	25.5 (15.0-40.0)
	Black	--	--	--	--	35.8 (26.3-46.6)
	Hispanic	24.6 (21.0-28.7)	31.2 (26.9-35.9)	30.0 (23.8-37.0)	32.4 (26.9-38.3)	29.3 (26.1-32.7)
	White	16.5 (12.6-21.4)	19.8 (14.1-27.0)	25.0 (19.5-31.5)	26.0 (19.8-33.3)	21.2 (17.8-25.0)
	Total	23.2 (20.2-26.6)	27.5 (23.0-32.6)	30.7 (26.4-35.5)	32.0 (27.8-36.6)	28.1 (25.1-31.3)
Total	American Indian	24.8 (19.7-30.7)	35.9 (24.5-49.1)	35.1 (28.4-42.3)	36.8 (26.3-48.6)	33.1 (26.5-40.4)
	Asian/Pacific Islander	30.1 (16.2-48.9)	16.6 (9.0-28.5)	32.0 (19.8-47.3)	--	25.6 (17.4-36.1)
	Black	26.9 (17.8-38.4)	28.3 (16.0-44.9)	36.3 (20.8-55.2)	29.9 (16.7-47.6)	30.5 (24.8-36.8)
	Hispanic	23.9 (21.0-26.9)	29.6 (26.4-33.1)	30.8 (26.7-35.2)	34.7 (30.7-39.0)	29.5 (27.0-32.2)
	White	16.2 (13.2-19.8)	19.8 (15.6-25.0)	28.1 (22.2-35.0)	29.4 (23.3-36.4)	22.4 (19.5-25.7)
	Total	21.7 (19.4-24.2)	26.7 (22.9-30.9)	31.0 (27.6-34.6)	33.0 (29.3-37.0)	27.7 (25.2-30.4)

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

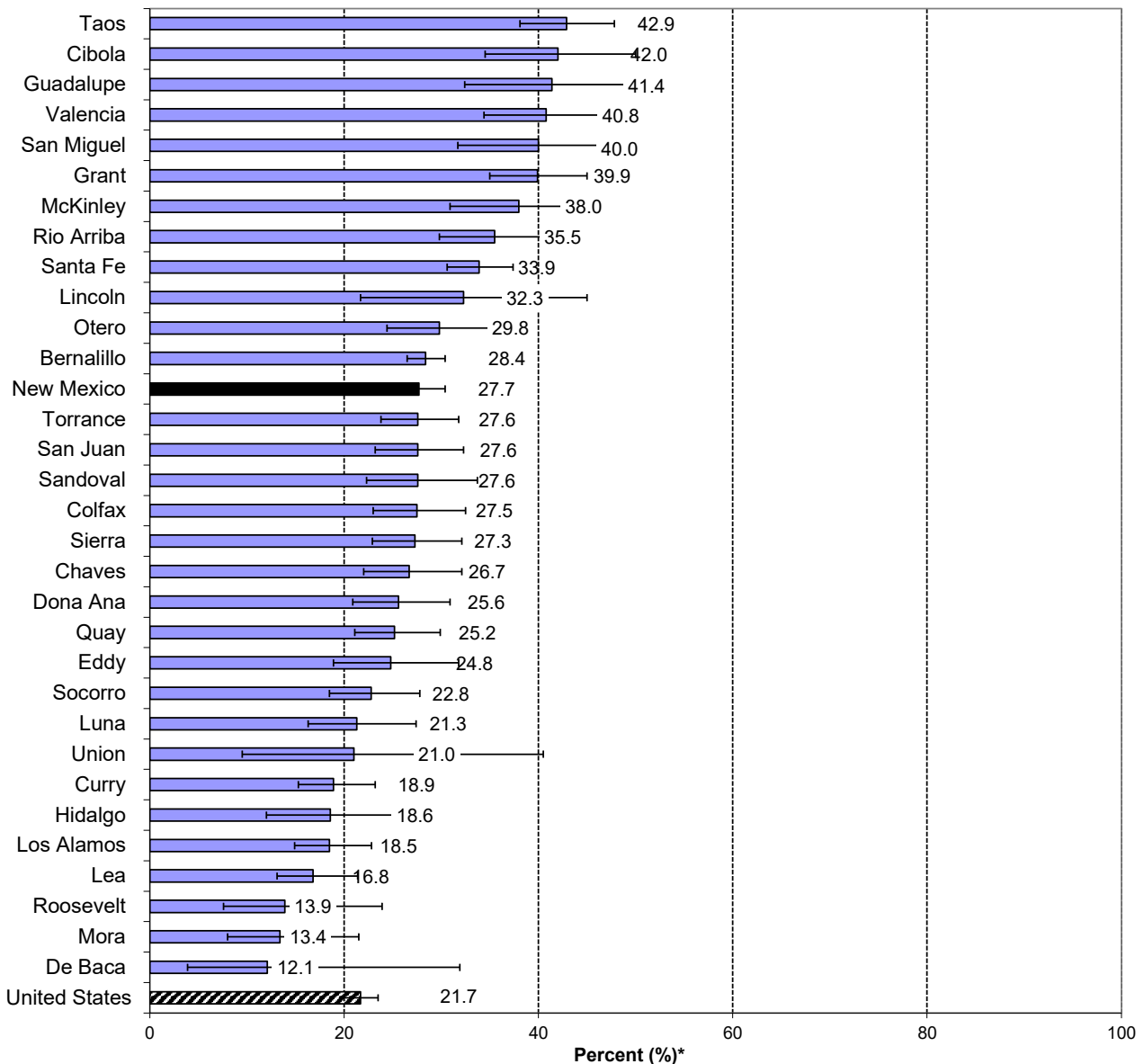
YOUTH CURRENT MARIJUANA USE (continued)

Chart 2: Current Marijuana Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019



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, 2019



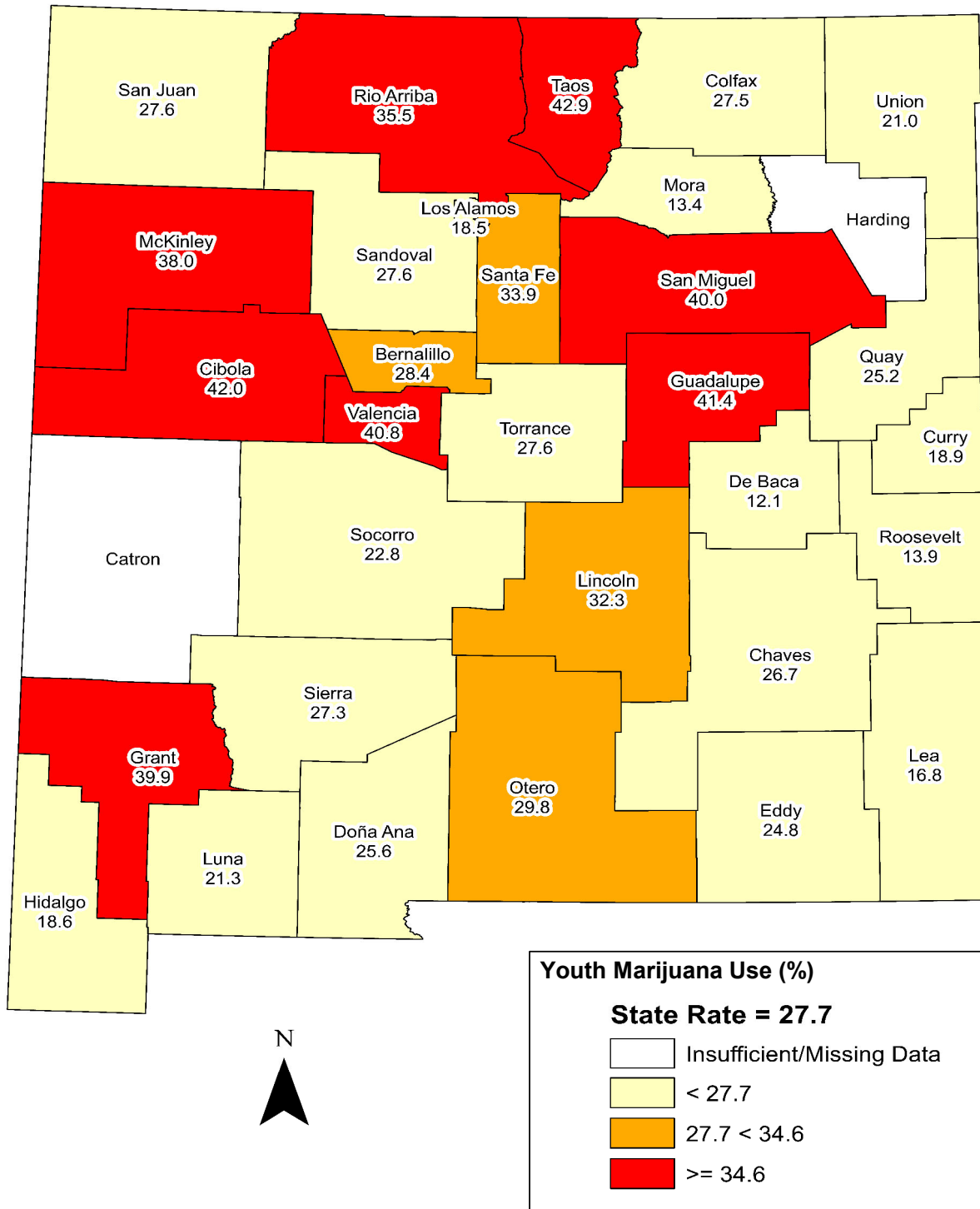
* Estimate of percent of high school students who reported marijuana use at least once in past 30 days

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

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

YOUTH CURRENT MARIJUANA USE (continued)

Chart 4: Current Marijuana Use* by County, Grades 9 - 12, New Mexico, 2019



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

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

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

YOUTH CURRENT COCAINE USE

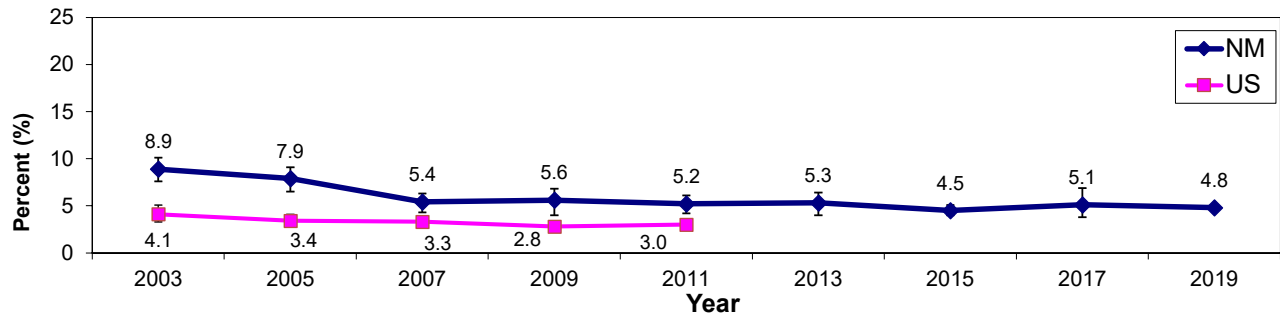
Problem Statement

The New Mexico rate of current cocaine use by youth decreased from 2003 (8.9%) to 2007 (5.4%), and there has been no statistically significant change in the rate from 2007 to 2019 (4.8%). The New Mexico rate in 2019 (4.8%) was higher than the last available US rate (3.0% in 2011) and has been consistently higher than the US rate since 2003.

The difference in the rate between males (6.3%) and females (3.0%) was statistically significant. The rate of current cocaine use generally increased in prevalence with increasing grade levels. Black (11.0%) and Asian/Pacific Islander (8.0%) students had higher rates of current cocaine use than American Indian (5.7%), Hispanic (5.0%), or White (3.0%) students. Differences between racial/ethnic groups were not statistically significant.

In 2019, the rate of past 30-day cocaine use was highest in Curry (9.0%) Sierra (7.1%), Rio Arriba (7.1%), Lincoln (7.1%) and Grant (6.4%) counties. The rate was lowest in Los Alamos (1.9%), Quay (1.7%), Socorro (1.4%), De Baca (1.4%), and Otero (1.3%) counties.

Chart 1: Current Cocaine Use* by Year, Grades 9 - 12, New Mexico and US, 2003-2019



* |

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

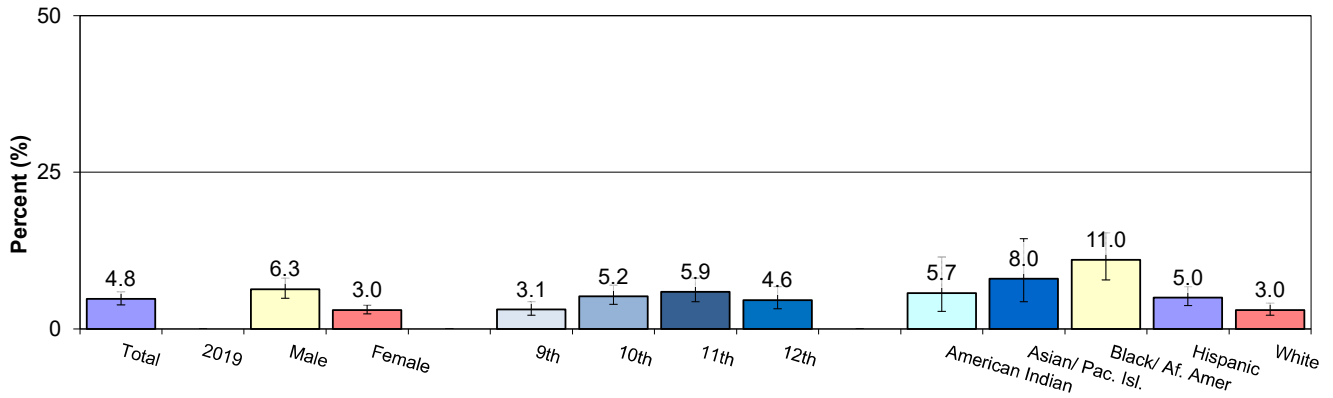
Table 1: Current Cocaine Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019

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	5.5 (2.2-13.2)	5.0 (1.3-17.4)	7.5 (3.5-15.4)	12.3 (3.5-35.2)	7.7 (3.5-15.8)
	Asian/Pacific Islander	--	--	--	--	8.9 (3.9-19.0)
	Black	--	--	--	--	13.9 (8.5-21.9)
	Hispanic	3.9 (2.1-7.1)	8.1 (4.9-13.1)	11.1 (7.7-15.7)	5.2 (2.8-9.5)	7.1 (5.1-9.8)
	White	1.7 (0.9-3.3)	4.0 (2.6-6.2)	3.3 (1.3-8.1)	5.4 (2.6-11.0)	3.6 (2.5-5.1)
	Total	3.6 (2.3-5.5)	6.5 (4.4-9.5)	8.5 (6.0-11.9)	6.7 (4.6-9.5)	6.3 (4.9-8.1)
Female	American Indian	2.8 (0.7-11.0)	6.0 (1.2-25.6)	2.4 (1.0-5.8)	4.4 (1.2-14.8)	3.7 (1.6-8.6)
	Asian/Pacific Islander	--	--	--	--	3.7 (0.9-13.9)
	Black	--	--	--	--	6.9 (4.3-10.9)
	Hispanic	2.5 (1.2-5.0)	3.8 (2.2-6.6)	3.6 (1.9-6.8)	2.5 (1.2-4.8)	3.1 (2.1-4.4)
	White	1.3 (0.5-3.9)	3.0 (1.3-6.8)	3.2 (1.5-7.0)	1.0 (0.2-4.1)	2.2 (1.4-3.6)
	Total	2.4 (1.5-3.8)	3.9 (2.5-6.0)	3.3 (2.2-4.9)	2.5 (1.5-4.2)	3.0 (2.4-3.8)
Total	American Indian	4.2 (1.7-10.1)	5.4 (2.1-13.6)	4.5 (2.0-9.9)	8.7 (2.5-25.8)	5.7 (2.8-11.4)
	Asian/Pacific Islander	10.4 (3.5-27.0)	7.3 (2.3-21.0)	6.5 (2.1-17.9)	--	8.0 (4.3-14.4)
	Black	8.6 (4.1-16.8)	8.5 (3.4-19.9)	11.6 (5.3-23.5)	15.7 (7.9-28.8)	11.0 (7.8-15.3)
	Hispanic	3.2 (2.0-5.0)	5.9 (3.9-8.8)	7.2 (4.9-10.6)	3.7 (2.3-6.1)	5.0 (3.7-6.7)
	White	1.5 (0.9-2.7)	3.5 (2.2-5.6)	3.2 (1.8-5.7)	3.4 (1.8-6.2)	3.0 (2.2-4.1)
	Total	3.1 (2.2-4.3)	5.2 (3.9-7.0)	5.9 (4.3-8.1)	4.6 (3.2-6.7)	4.8 (3.8-5.9)

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

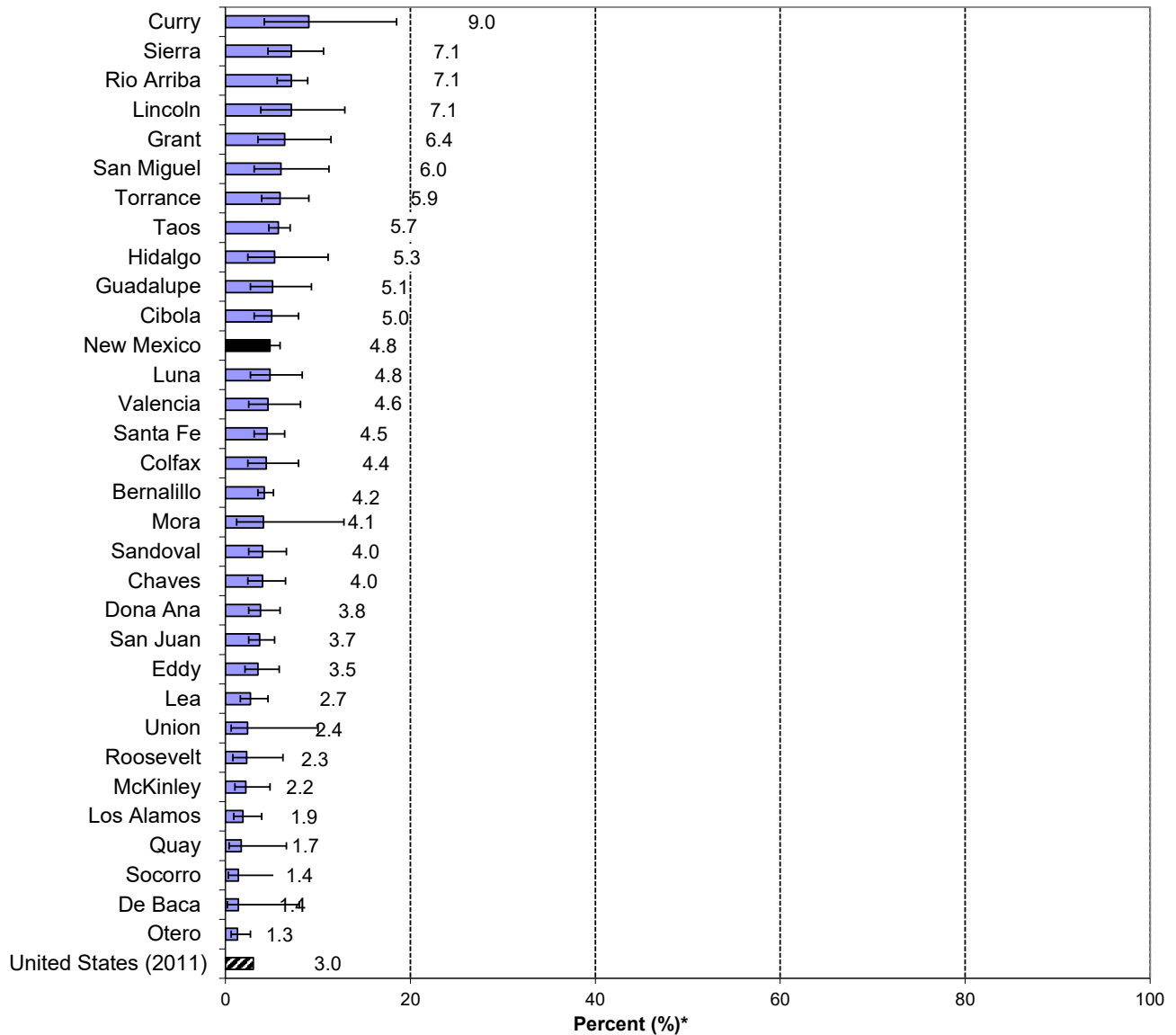
YOUTH CURRENT COCAINE USE (continued)

Chart 2: Current Cocaine Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019



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, 2019



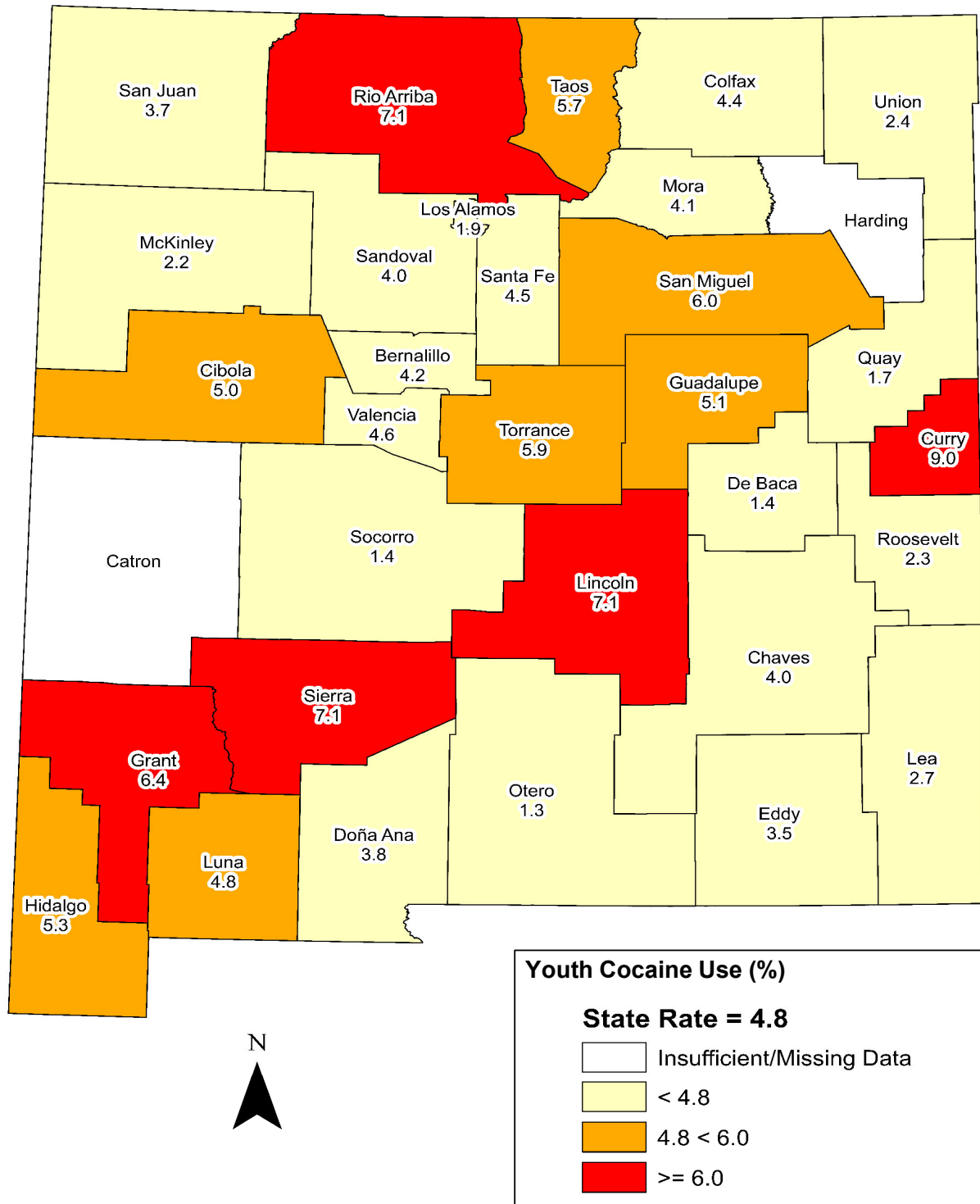
* Estimate of percent of high school students who reported cocaine use at least once in past 30 days

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

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

YOUTH CURRENT COCAINE USE (continued)

Chart 4: Current Cocaine Use* by County, Grades 9 - 12, New Mexico, 2019



* 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 MISUSE OF PRESCRIPTION PAIN MEDICATION

Problem Statement

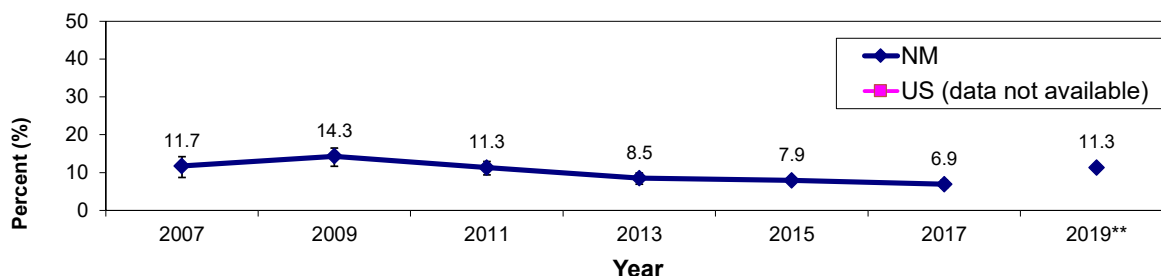
The prevalence of current misuse of prescription pain medication decreased from 2007 (11.7%) to 2017 (6.9%). In 2019 the question was changed to eliminate the wording indicating that the purpose of use was “to get high”, and instead indicated any non-prescribed use. Although a decline occurred through 2017 (6.9%), the recent rate of painkiller use without a prescription or differently from how a doctor prescribed it is again equal to the rate reported in 2011 (11.3%). Misuse of prescription pain medication had the second highest prevalence (11.3%) of all 30-day drug use measures in the 2019 YRRS, behind marijuana (27.7%). 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 increased from 2017 to 2019 across all genders, grades and race/ethnicity groups with the exception of a decrease in use by Asian/Pacific Islanders. In 2019, the rate was slightly higher among females (11.3%) when compared to males (11.2%). The prevalence was higher among Black/African American (18.1%) and American Indian (13.1%) students than among Asian/Pacific Islander (12.3%), Hispanic (12.0%) and White (8.4%) students.

In 2019, the rate of painkiller use to get high was highest in Luna (17.5%), Valencia (15.8), and Curry (14.6%) counties. The rate was lowest in Socorro (4.6%), Los Alamos (7.1%) and Mora (7.1%) counties.

* More information about the YRRS change in wording of the question can be found on page iii of the Introduction

Chart 1: Youth Misuse of Prescription Pain Medication, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2007-2019



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

**The break in the line reflects the change in YRRS question that occurred in 2019.

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

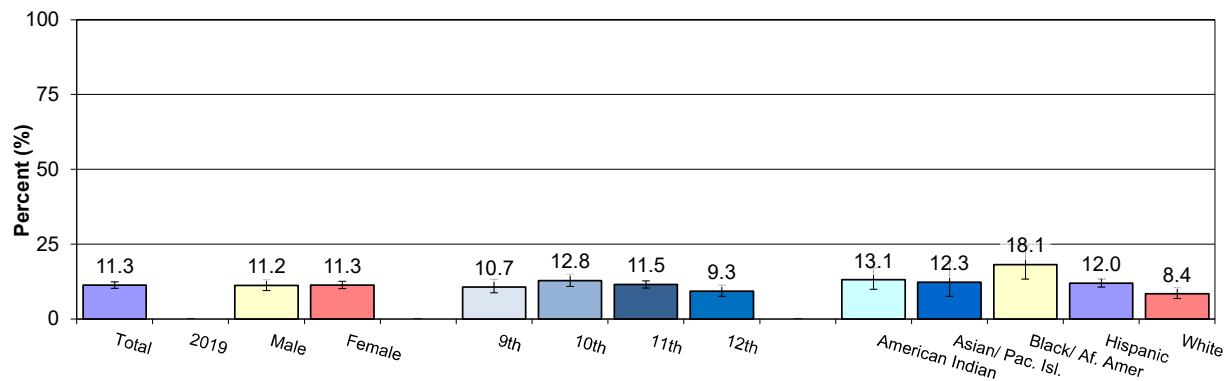
Table 1: Youth Misuse of Prescription Pain Medication, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019

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	16.2 (8.6-28.2)	10.9 (5.9-19.3)	9.8 (5.5-16.7)	10.8 (2.8-34.2)	12.3 (7.8-18.7)
	Asian/Pacific Islander	--	--	--	--	6.0 (2.6-13.1)
	Black	--	--	--	--	21.2 (15.1-28.8)
	Hispanic	9.4 (6.9-12.6)	15.5 (12.0-19.9)	13.8 (10.6-17.8)	9.9 (7.3-13.2)	12.2 (10.2-14.6)
	White	8.1 (4.6-14.0)	7.6 (5.2-11.0)	7.8 (5.3-11.4)	9.8 (5.6-16.3)	8.4 (6.0-11.7)
	Total	10.1 (7.7-13.2)	12.1 (9.7-15.1)	11.6 (9.2-14.6)	10.4 (8.2-13.1)	11.2 (9.5-13.1)
Female	American Indian	10.8 (5.9-18.7)	19.8 (13.5-28.1)	10.4 (7.0-15.0)	16.8 (7.9-32.2)	13.9 (11.2-17.1)
	Asian/Pacific Islander	--	--	--	--	16.3 (8.7-28.5)
	Black	--	--	--	--	13.9 (8.9-21.1)
	Hispanic	12.2 (8.8-16.6)	14.7 (12.2-17.6)	12.4 (10.5-14.6)	7.5 (4.8-11.4)	11.8 (10.2-13.7)
	White	10.1 (7.4-13.6)	8.2 (5.1-12.8)	7.7 (4.4-13.0)	5.8 (4.0-8.3)	8.4 (7.1-9.9)
	Total	11.3 (8.8-14.4)	13.4 (11.2-16.1)	11.4 (9.8-13.1)	8.2 (5.9-11.3)	11.3 (10.1-12.6)
Total	American Indian	13.6 (8.2-21.9)	15.0 (9.9-22.2)	10.1 (7.3-13.8)	13.6 (6.0-28.0)	13.1 (9.9-17.1)
	Asian/Pacific Islander	8.1 (2.2-25.5)	18.2 (7.9-36.6)	10.4 (5.1-20.0)	--	12.3 (7.6-19.3)
	Black	17.7 (11.6-26.1)	14.5 (7.5-26.3)	21.6 (12.9-33.9)	17.1 (8.8-30.7)	18.1 (13.3-24.3)
	Hispanic	10.8 (8.3-13.9)	15.1 (12.8-17.7)	13.1 (11.4-14.9)	8.6 (6.6-11.1)	12.0 (10.7-13.4)
	White	9.0 (6.6-12.3)	7.9 (5.7-10.7)	7.7 (5.5-10.8)	7.9 (5.6-11.1)	8.4 (6.8-10.5)
	Total	10.7 (8.7-13.2)	12.8 (10.9-14.9)	11.5 (10.3-12.7)	9.3 (7.6-11.3)	11.3 (10.2-12.4)

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

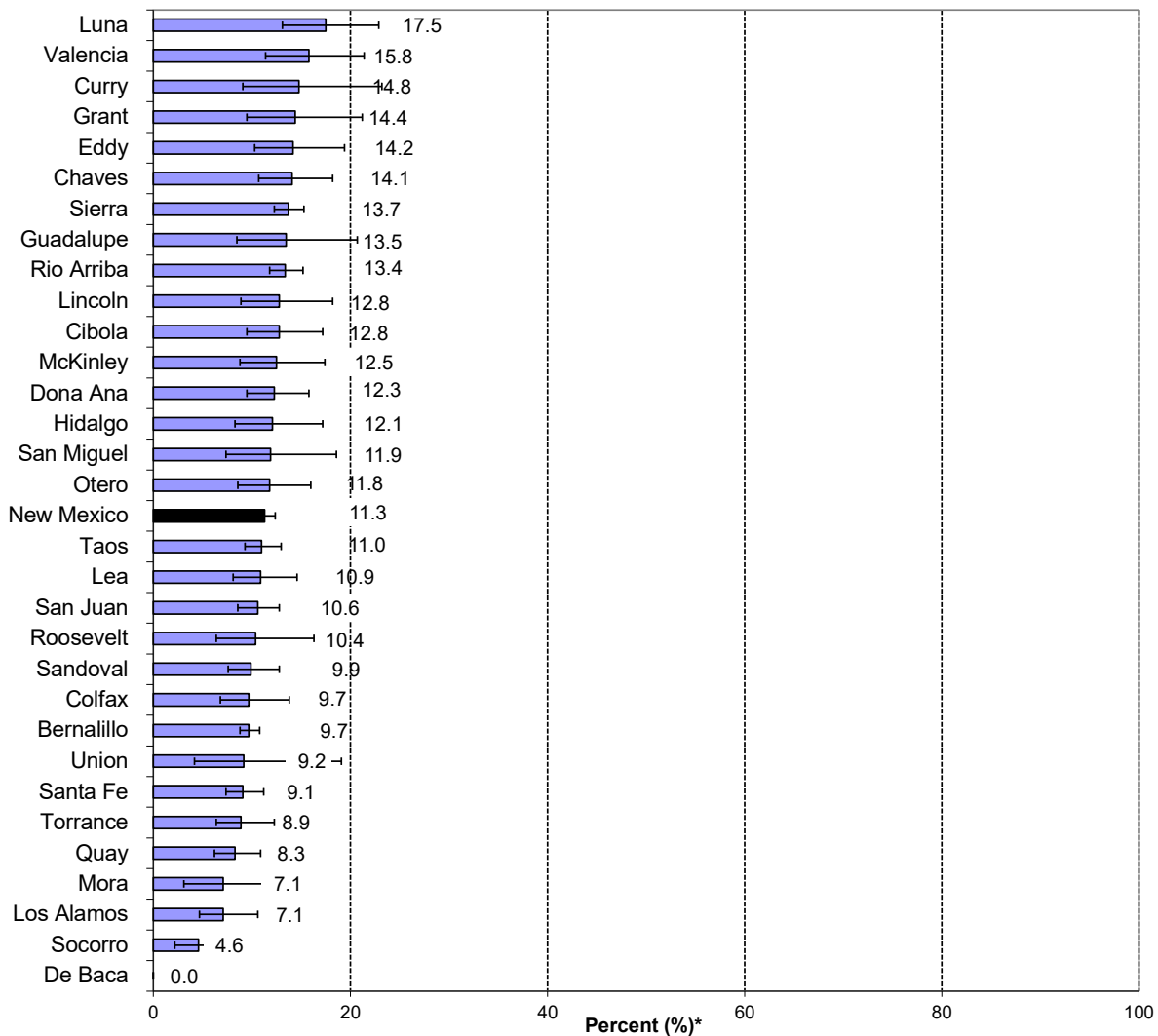
YOUTH MISUSE OF PRESCRIPTION PAIN MEDICATION

Chart 2: Youth Misuse of Prescription Pain Medication, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019



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

Chart 3: Youth Misuse of Prescription Pain Medication* by County, Grades 9 - 12, New Mexico, 2019

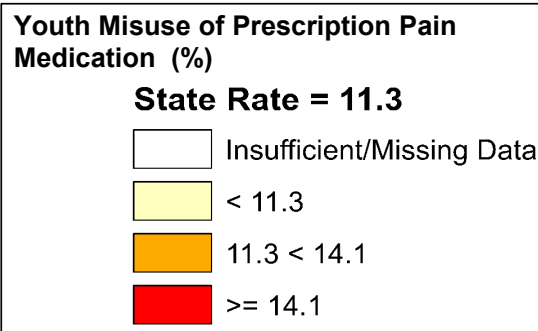
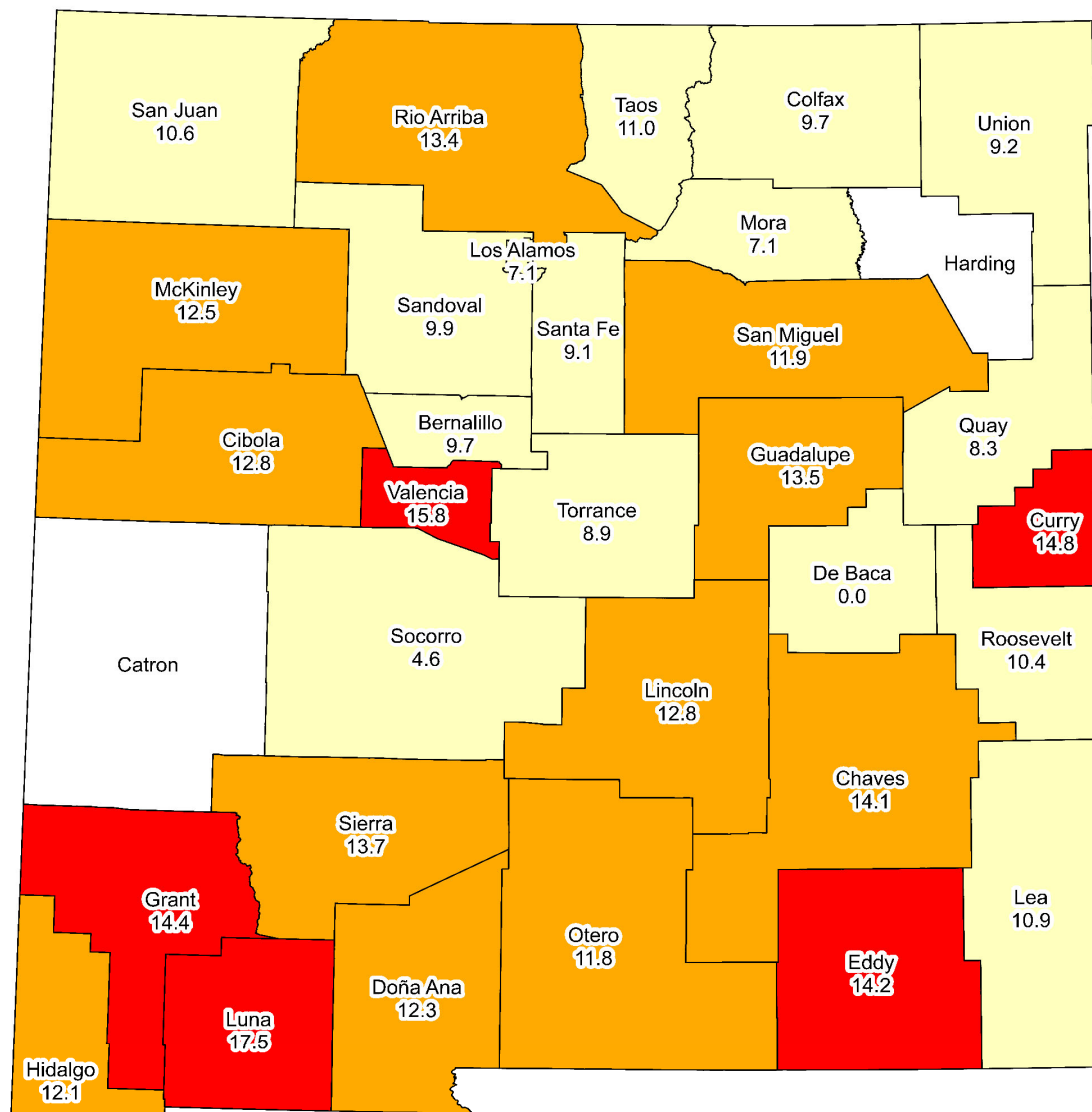


* Estimate of percent of high school students who reported pain killer use to get high at least once in past 30 days
 Catron and Harding County estimates not available due to low numbers and/or low response rates.

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

YOUTH MISUSE OF PRESCRIPTION PAIN MEDICATION

Chart 4: Youth Misuse of Prescription Pain Medication* by County, Grades 9 - 12, New Mexico, 2019



* 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

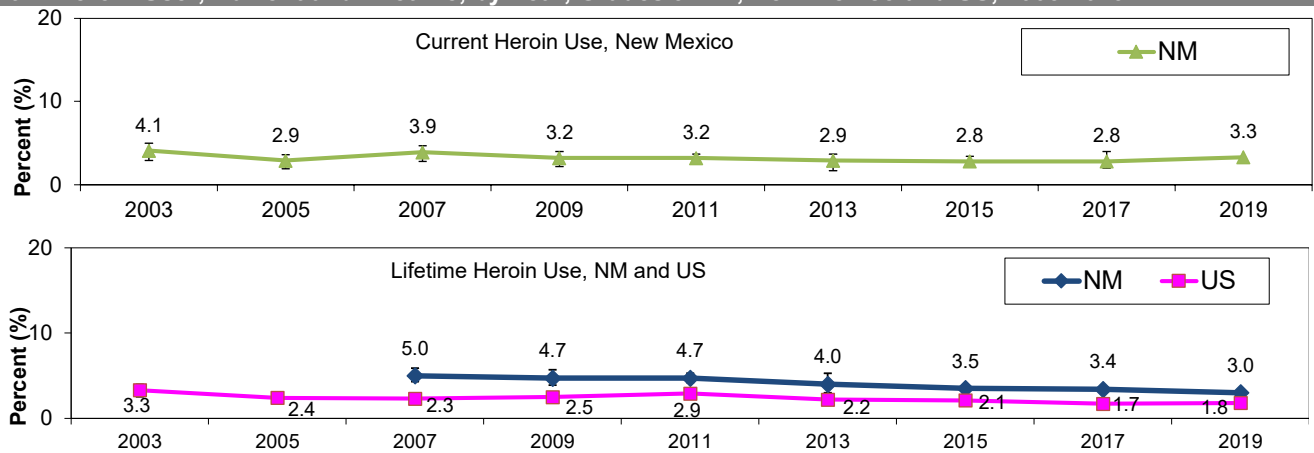
Problem Statement

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 2019, with a rate of 3.0% for New Mexico and 1.8% 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.

Black (8.8%) and Asian/Pacific Islander (6.2%) students were more likely to be current heroin users than American Indian (3.7%), Hispanic (3.3%), or White (2.2%) students. The prevalence of current heroin use was not associated with grade level, however, 10th (3.9%) and 11th (4.3%) grade students were more likely than 9th (2.3%) and 12th (2.2%) grade students to report current heroin use. Males were more likely to report current heroin use (3.6%) over females (1.9%); this difference was statistically significant.

In 2019, the highest rates for current heroin use were in Sierra (6.4%), Rio Arriba (6.1%), Curry (5.9%) and Lincoln (5.5%) counties and the lowest in Union (0.0%), Roosevelt (0.0%), and De Baca (0.0%) counties.

Chart 1: Heroin Use*, Current and Lifetime, by Year, Grades 9 - 12, New Mexico and US, 2003-2019



* 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)

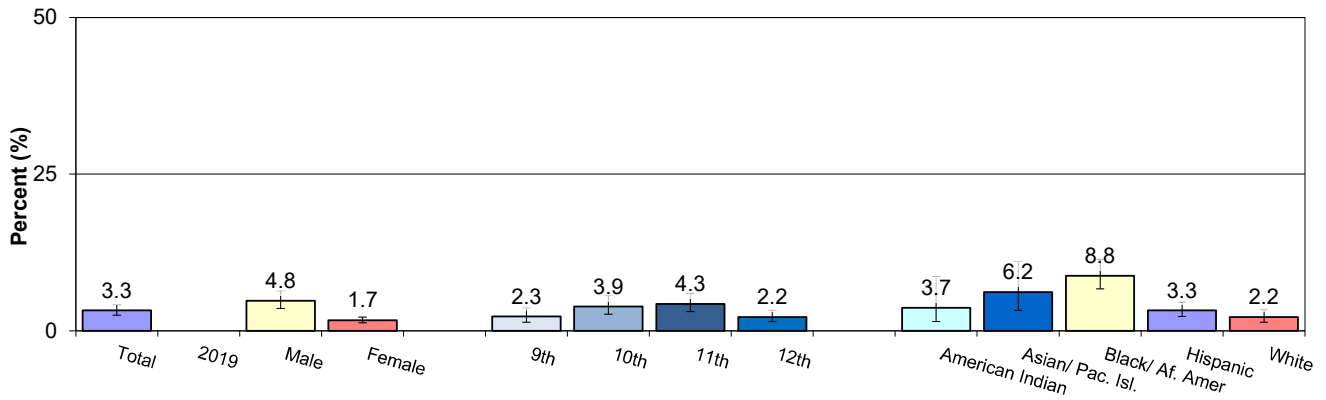
Table 1: Current Heroin Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019

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	4.2 (1.4-11.9)	2.9 (0.8-10.0)	3.6 (0.7-16.5)	9.1 (2.8-25.6)	5.2 (2.0-12.6)
	Asian/Pacific Islander	--	--	--	--	6.8 (3.1-14.4)
	Black	--	--	--	--	11.4 (8.0-16.0)
	Hispanic	2.8 (1.0-7.3)	7.0 (3.9-12.1)	8.1 (5.1-12.6)	2.3 (1.0-4.8)	5.1 (3.5-7.3)
	White	2.1 (1.2-3.9)	3.0 (1.3-6.6)	4.6 (2.1-10.1)	3.1 (1.3-7.4)	3.2 (2.0-5.1)
	Total	3.2 (1.8-5.6)	5.5 (3.4-8.7)	6.5 (4.6-9.2)	3.7 (2.4-5.5)	4.8 (3.6-6.4)
Female	American Indian	1.0 (0.1-7.7)	3.7 (0.6-18.5)	1.8 (0.5-6.5)	2.3 (0.3-15.8)	2.2 (0.8-5.8)
	Asian/Pacific Islander	--	--	--	--	3.6 (0.9-13.6)
	Black	--	--	--	--	5.1 (2.9-8.9)
	Hispanic	1.2 (0.5-2.5)	2.6 (1.2-5.3)	2.7 (1.4-5.0)	0.3 (0.0-1.7)	1.6 (1.1-2.4)
	White	0.5 (0.1-2.2)	1.0 (0.2-4.9)	0.8 (0.6-1.1)	0.5 (0.1-3.9)	0.9 (0.4-1.9)
	Total	1.2 (0.7-2.3)	2.3 (1.2-4.2)	2.2 (1.4-3.3)	0.7 (0.2-2.0)	1.7 (1.3-2.2)
Total	American Indian	2.7 (1.0-7.3)	3.3 (1.1-8.9)	2.6 (0.7-9.1)	6.0 (1.6-19.5)	3.7 (1.5-8.7)
	Asian/Pacific Islander	7.5 (1.9-25.6)	7.3 (2.3-21.0)	4.7 (2.2-9.8)	--	6.2 (3.3-11.1)
	Black	11.3 (6.5-19.0)	8.5 (3.4-19.9)	7.5 (3.9-14.2)	5.2 (1.9-13.7)	8.8 (6.7-11.4)
	Hispanic	1.9 (0.9-4.1)	4.7 (2.9-7.6)	5.2 (3.3-8.3)	1.2 (0.5-2.7)	3.3 (2.3-4.6)
	White	1.4 (0.8-2.5)	2.0 (1.0-4.3)	3.0 (1.4-6.1)	2.0 (1.0-3.9)	2.2 (1.4-3.4)
	Total	2.3 (1.4-3.7)	3.9 (2.7-5.7)	4.3 (3.1-6.0)	2.2 (1.5-3.3)	3.3 (2.5-4.2)

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

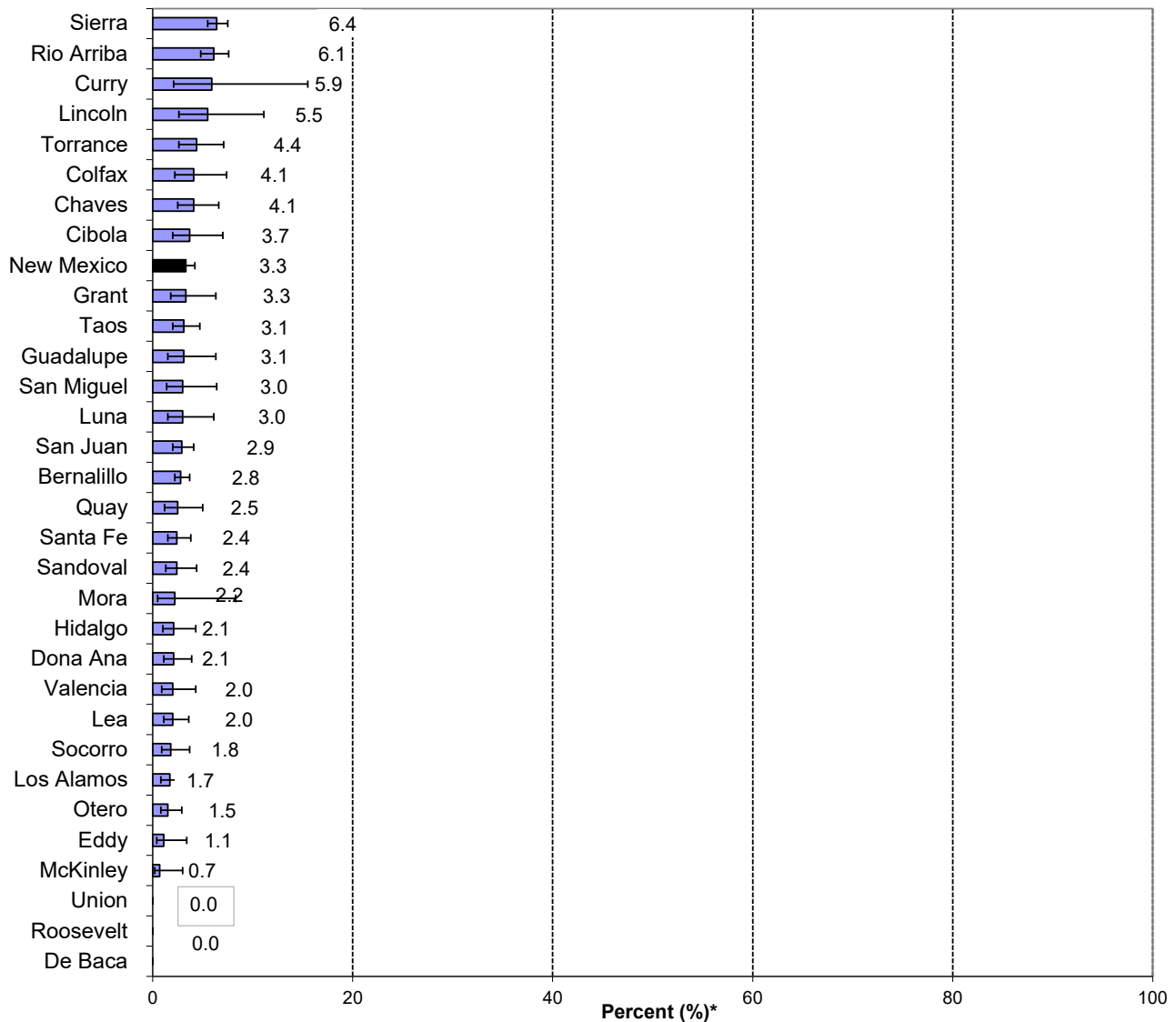
YOUTH HEROIN USE (continued)

Chart 2: Current Heroin Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019



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, 2019

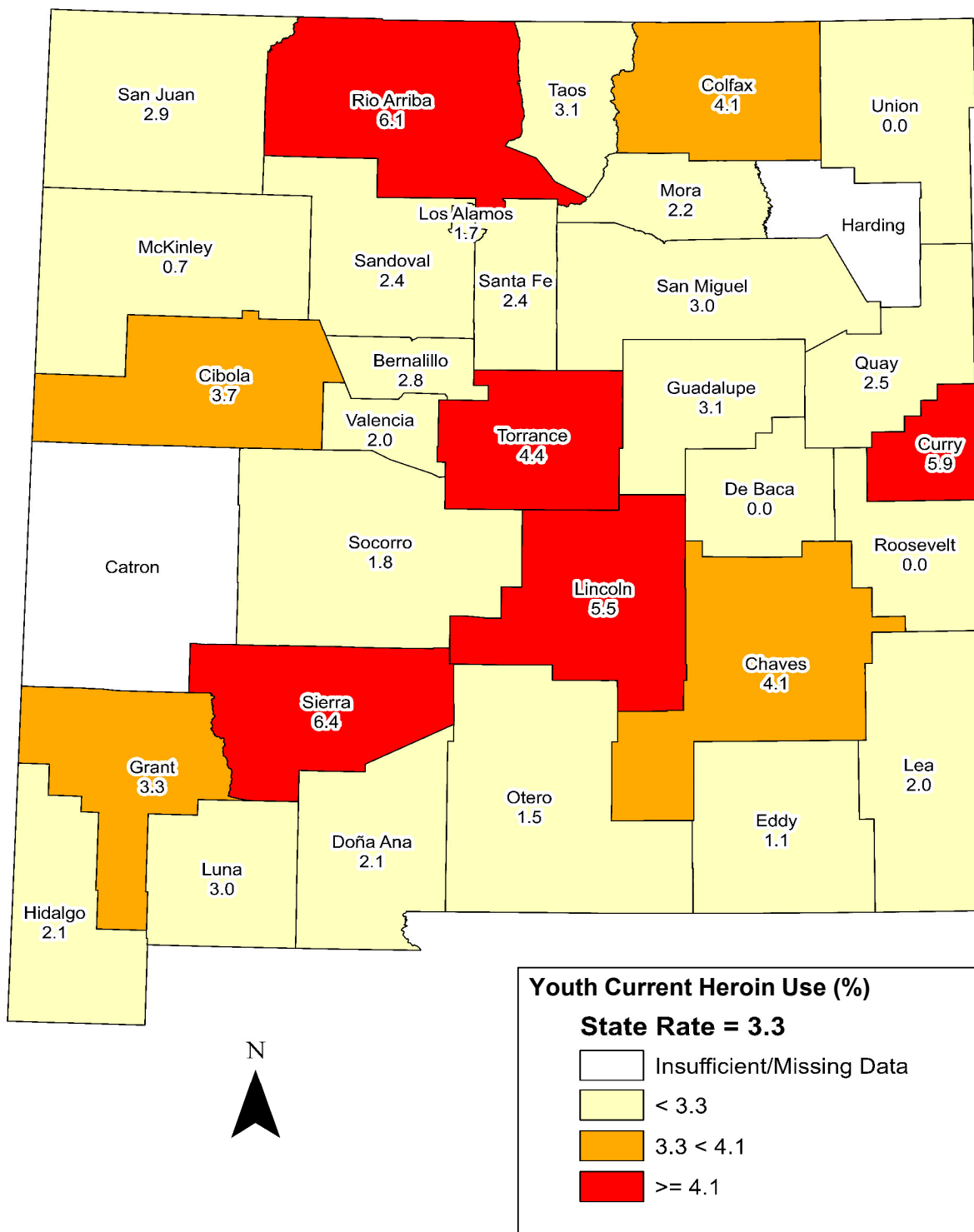


* Estimate of percent of high school students who reported heroin use at least once in the past 30 days
 Catron and Harding County estimates not available due to low numbers and/or low response rates.

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

YOUTH HEROIN USE (continued)

Chart 4: Current Heroin Use* by County, Grades 9 - 12, New Mexico, 2019



* 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

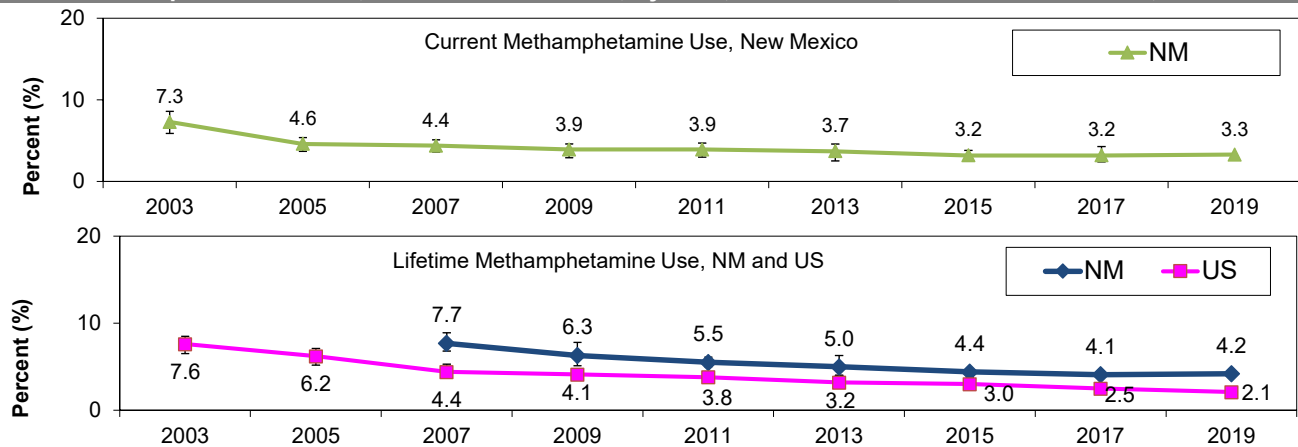
Problem Statement

New Mexico's rate of lifetime methamphetamine use decreased from 7.7% in 2007 to 4.2% in 2019. The US rate decreased from 1999 (9.1%, not shown) to 2019 (2.1%). The New Mexico rate for lifetime methamphetamine use has been consistently higher than the US rate. This remained true in 2019. 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.

Black (9.6%), Asian/Pacific Islander (8.8%) and students were more likely to be current methamphetamine users than American Indian (4.1%), Hispanic (3.1%), or White (2.2%) students. Prevalence of current methamphetamine use was not associated with grade level. Differences between gender was statistically significant where males were more likely to report current methamphetamine use (4.9%) than females (1.7%).

In 2019, the highest rates of current methamphetamine use were in Curry (7.7%), Rio Arriba (6.1%), Sierra (5.8%), and Lincoln (5.8%) counties, and the lowest rates were in Catron (0.0%), Harding (0.0%), De Baca (0.0%), and Roosevelt (0.6%) counties.

Chart 1: Methamphetamine Use*, Current and Lifetime, by Year, Grades 9 - 12, New Mexico and US, 2003-2019



* 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)

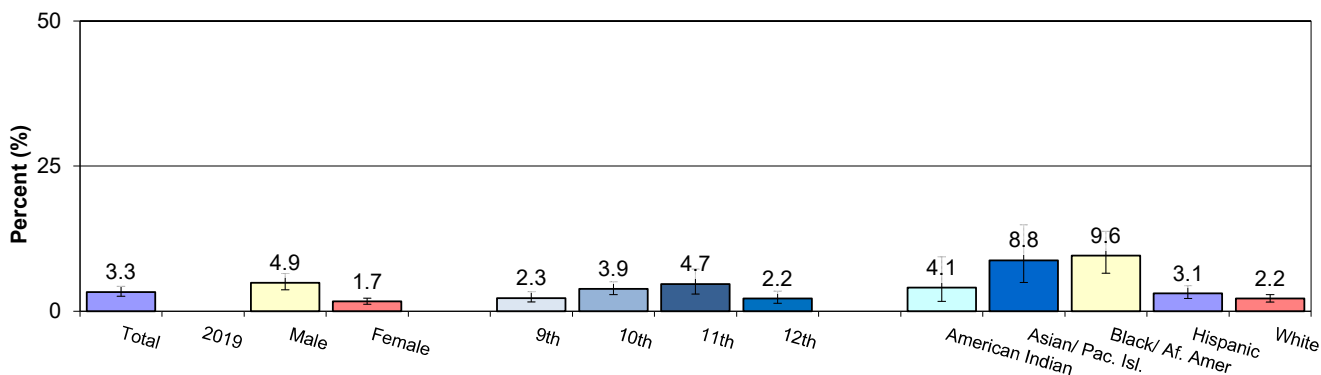
Table 1: Current Methamphetamine Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019

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	4.7 (1.6-12.8)	4.7 (1.1-17.5)	6.3 (1.5-22.7)	7.6 (2.1-23.9)	5.9 (2.4-13.8)
	Asian/Pacific Islander	--	--	--	--	7.7 (4.0-14.2)
	Black	--	--	--	--	13.3 (9.5-18.4)
	Hispanic	2.7 (1.5-4.8)	6.2 (3.9-9.5)	8.5 (5.6-12.7)	2.3 (0.9-5.7)	5.0 (3.4-7.1)
	White	2.3 (1.2-4.3)	2.8 (1.9-4.1)	4.6 (2.4-8.6)	2.6 (1.0-6.9)	3.1 (2.3-4.3)
	Total	3.3 (2.1-5.1)	5.4 (3.9-7.4)	7.4 (4.7-11.3)	3.4 (2.1-5.6)	4.9 (3.7-6.5)
Female	American Indian	1.3 (0.2-6.8)	3.7 (0.6-18.5)	1.8 (0.5-6.5)	2.7 (0.4-14.5)	2.3 (0.9-5.9)
	Asian/Pacific Islander	--	--	--	--	6.8 (1.8-22.3)
	Black	--	--	--	--	4.3 (1.8-10.3)
	Hispanic	0.8 (0.3-1.9)	2.2 (1.1-4.3)	2.4 (1.3-4.5)	0.6 (0.2-1.7)	1.5 (1.0-2.2)
	White	0.9 (0.4-2.5)	1.5 (0.5-4.3)	0.3 (0.0-2.4)	0.5 (0.1-3.9)	1.0 (0.5-2.0)
	Total	1.2 (0.7-1.9)	2.3 (1.3-4.1)	2.1 (1.1-4.0)	1.0 (0.4-2.2)	1.7 (1.2-2.3)
Total	American Indian	3.1 (1.2-8.2)	4.2 (1.5-10.9)	3.7 (1.0-12.3)	5.3 (1.3-19.0)	4.1 (1.7-9.4)
	Asian/Pacific Islander	7.5 (1.9-25.6)	8.8 (3.5-20.5)	10.3 (3.1-29.1)	--	8.8 (5.0-14.9)
	Black	11.3 (6.5-19.0)	8.5 (3.4-19.9)	10.0 (4.0-23.1)	7.7 (3.1-17.8)	9.6 (6.6-13.8)
	Hispanic	1.7 (1.0-2.9)	4.1 (2.9-5.8)	5.3 (3.5-8.1)	1.4 (0.6-3.2)	3.1 (2.2-4.4)
	White	1.7 (1.0-2.7)	2.2 (1.4-3.5)	2.7 (1.4-5.1)	1.6 (0.7-3.4)	2.2 (1.6-2.9)
	Total	2.3 (1.6-3.4)	3.9 (2.9-5.1)	4.7 (3.0-7.3)	2.2 (1.4-3.5)	3.3 (2.6-4.3)

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

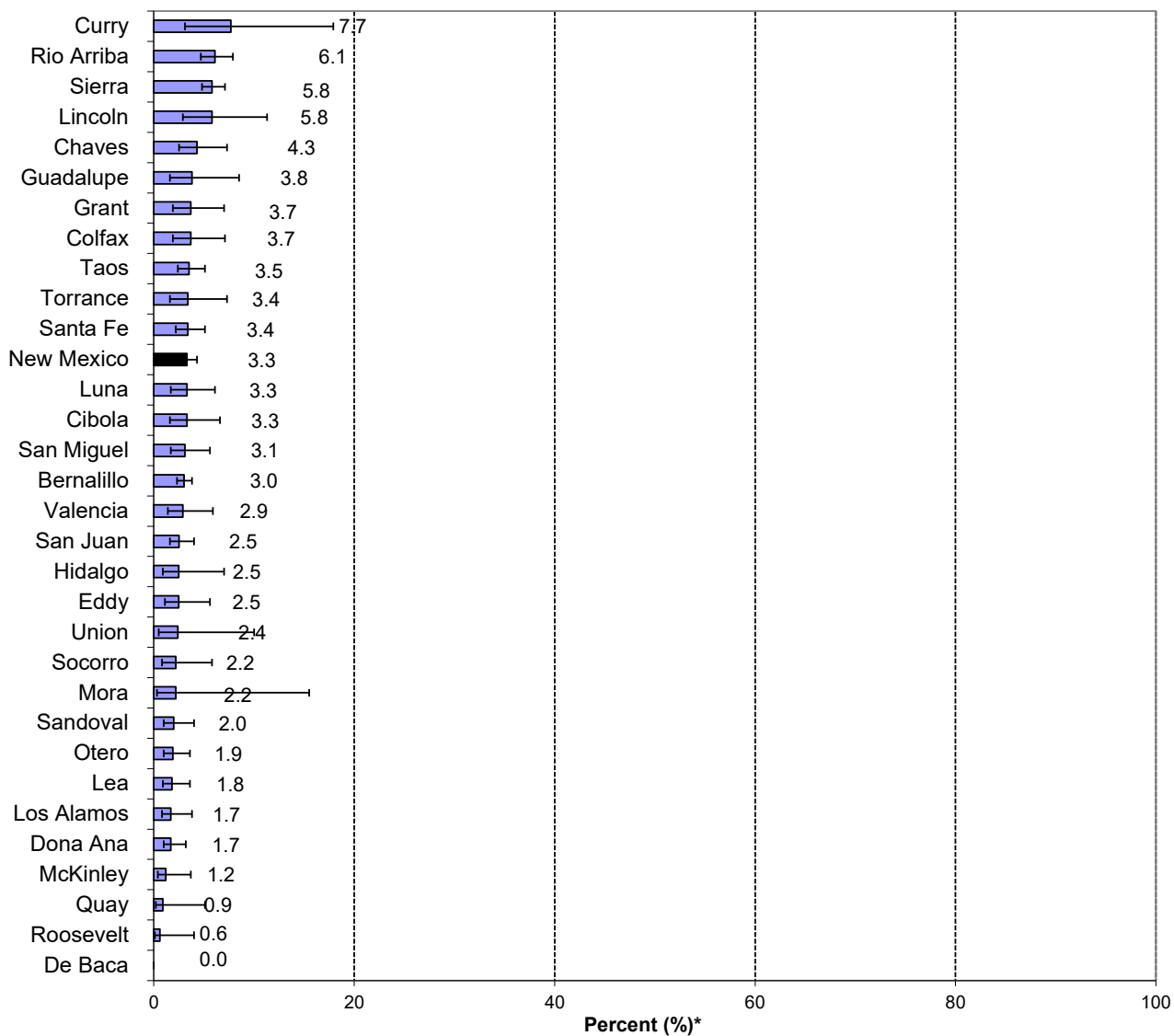
YOUTH METHAMPHETAMINE USE (continued)

Chart 2: Current Methamphetamine Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019



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, 2019

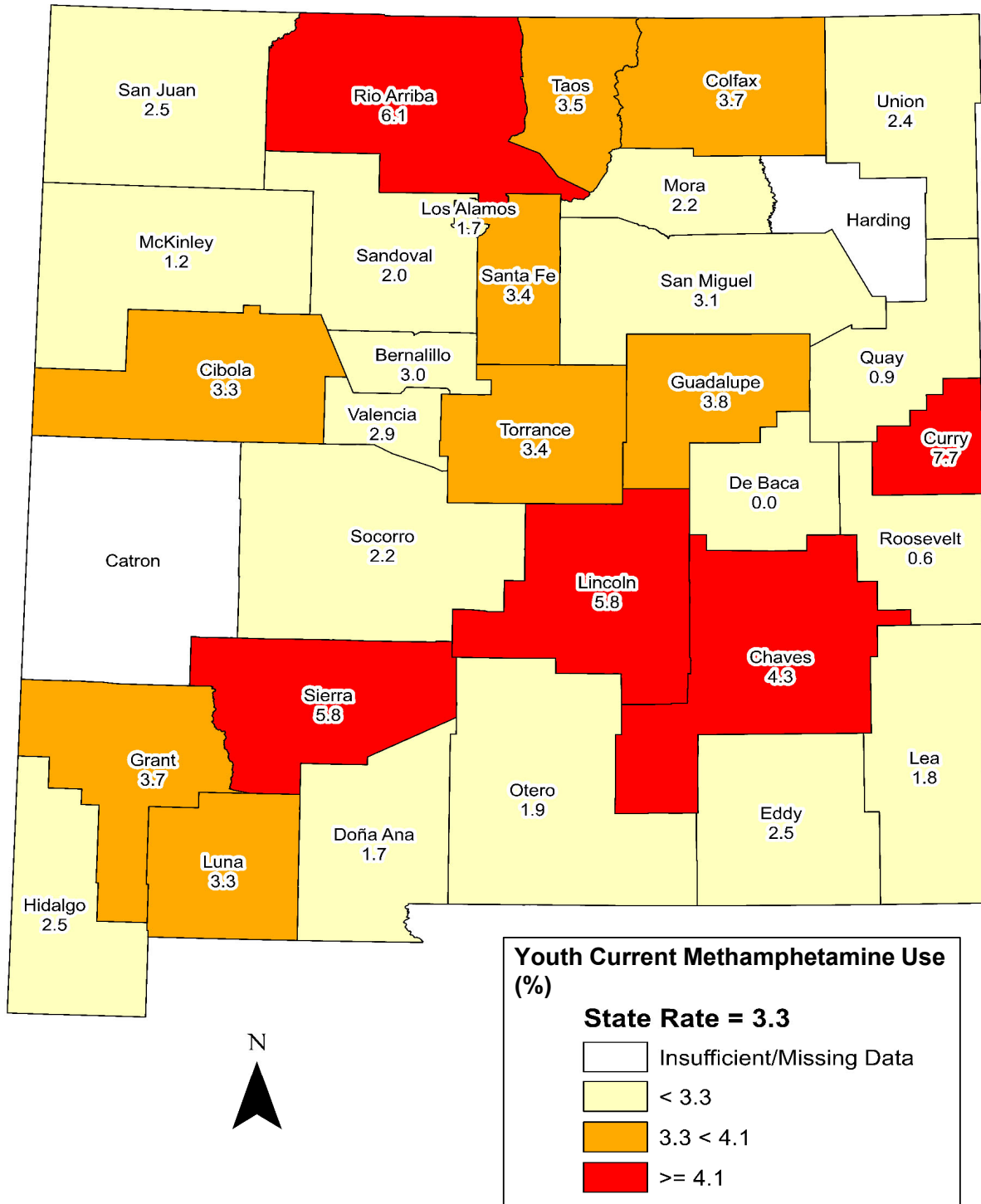


* Estimate of percent of high school students who reported methamphetamine use at least once in the past 30 days
 Catron and Harding County estimates not available due to low numbers and/or low response rates.

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

YOUTH METHAMPHETAMINE USE (continued)

Chart 4: Current Methamphetamine Use* by County, Grades 9 - 12, New Mexico, 2019



* 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

YOUTH CURRENT INHALANT USE

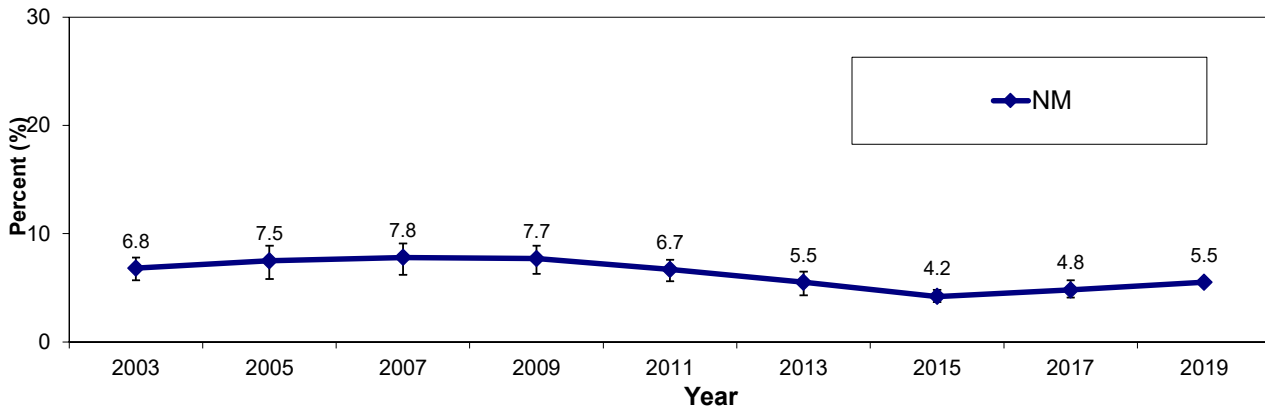
Problem Statement

The rate of current use of inhalants (sniffing glue, breathing the contents of aerosol spray cans, or inhaling paints or sprays) was 5.5% in 2019 and has not varied significantly over recent years. There is no national comparison for current inhalant use.

Asian/Pacific Islander (12.9%) and Black (11.6%) students were more likely to use inhalants than American Indian (6.7%), Hispanic (5.3%), or White (4.2%) students. Prevalence of inhalant use was not associated with grade level. There was no statistically significant difference in prevalence of inhalant use between males (6.0%) and females (5.0%).

In 2019, the highest rates for current inhalant use were in Sierra (11.3), Rio Arriba (8.9%), Lincoln (8.7%), and Taos (7.8%) counties and the lowest rates in Catron (0.0%), Harding (0.00%), and Roosevelt (0.0%) counties.

Chart 1: Current Inhalant Use* by Year, Grades 9 - 12, New Mexico and US, 2003-2019



* 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)

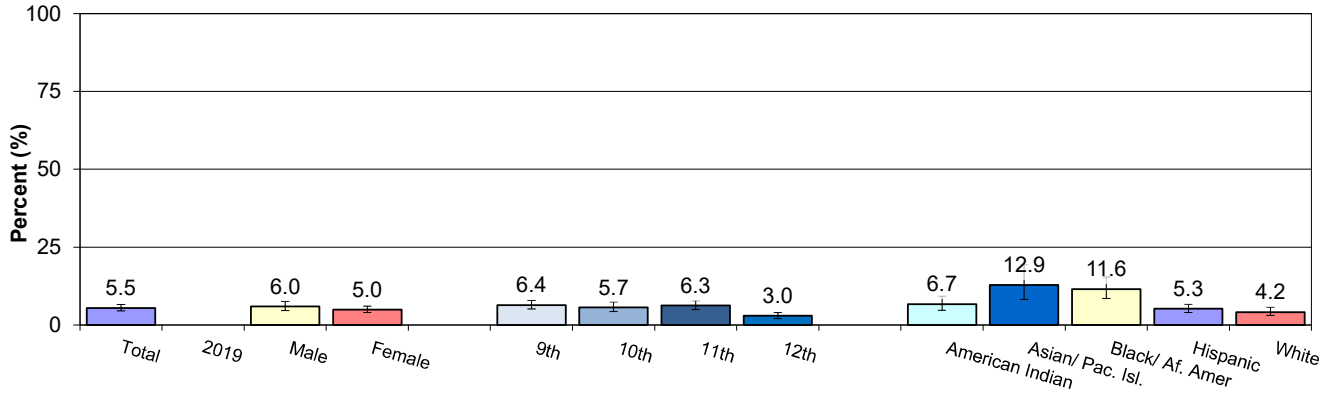
Table 1: Current Inhalant Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019

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	8.9 (3.7-19.9)	5.2 (1.4-17.5)	8.1 (3.7-16.6)	3.6 (1.2-10.5)	7.0 (4.0-11.9)
	Asian/Pacific Islander	--	--	--	--	11.9 (6.1-22.0)
	Black	--	--	--	--	13.8 (9.9-19.0)
	Hispanic	4.0 (2.5-6.5)	6.5 (3.8-10.9)	9.3 (6.5-13.2)	2.6 (1.2-5.5)	5.7 (4.0-8.0)
	White	5.4 (3.2-9.1)	3.6 (2.0-6.2)	5.0 (2.3-10.4)	4.1 (2.1-7.6)	4.7 (3.3-6.5)
	Total	5.8 (4.1-8.1)	5.6 (3.6-8.6)	8.4 (6.6-10.5)	3.7 (2.3-5.9)	6.0 (4.7-7.6)
Female	American Indian	14.1 (9.1-21.0)	5.6 (1.9-15.6)	3.5 (1.1-10.8)	3.1 (0.6-14.6)	6.5 (4.4-9.6)
	Asian/Pacific Islander	--	--	--	--	10.8 (4.9-22.4)
	Black	--	--	--	--	8.6 (4.3-16.3)
	Hispanic	6.1 (4.4-8.4)	6.4 (4.5-9.1)	4.9 (3.4-7.0)	2.1 (1.2-3.5)	4.9 (4.1-5.8)
	White	4.9 (2.0-11.5)	4.8 (2.5-9.3)	2.3 (1.1-4.9)	0.6 (0.1-4.7)	3.6 (2.2-5.8)
	Total	7.0 (5.3-9.2)	5.9 (4.5-7.7)	4.3 (3.0-6.0)	2.1 (1.3-3.5)	5.0 (4.1-6.1)
Total	American Indian	11.3 (7.9-15.9)	5.4 (3.1-9.3)	5.5 (2.5-11.7)	3.4 (1.3-8.5)	6.7 (4.8-9.3)
	Asian/Pacific Islander	20.4 (9.4-38.8)	10.1 (4.1-22.7)	11.1 (4.6-24.3)	--	12.9 (8.3-19.4)
	Black	14.2 (9.1-21.4)	--	11.9 (6.3-21.3)	12.8 (6.1-24.9)	11.6 (8.6-15.5)
	Hispanic	5.1 (3.8-6.9)	6.5 (4.6-8.9)	7.0 (5.2-9.4)	2.3 (1.4-3.7)	5.3 (4.1-6.7)
	White	5.2 (3.2-8.2)	4.2 (2.6-6.6)	3.8 (2.0-7.1)	2.5 (1.4-4.5)	4.2 (3.1-5.8)
	Total	6.4 (5.2-8.0)	5.7 (4.4-7.4)	6.3 (5.0-7.9)	3.0 (2.1-4.1)	5.5 (4.6-6.6)

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

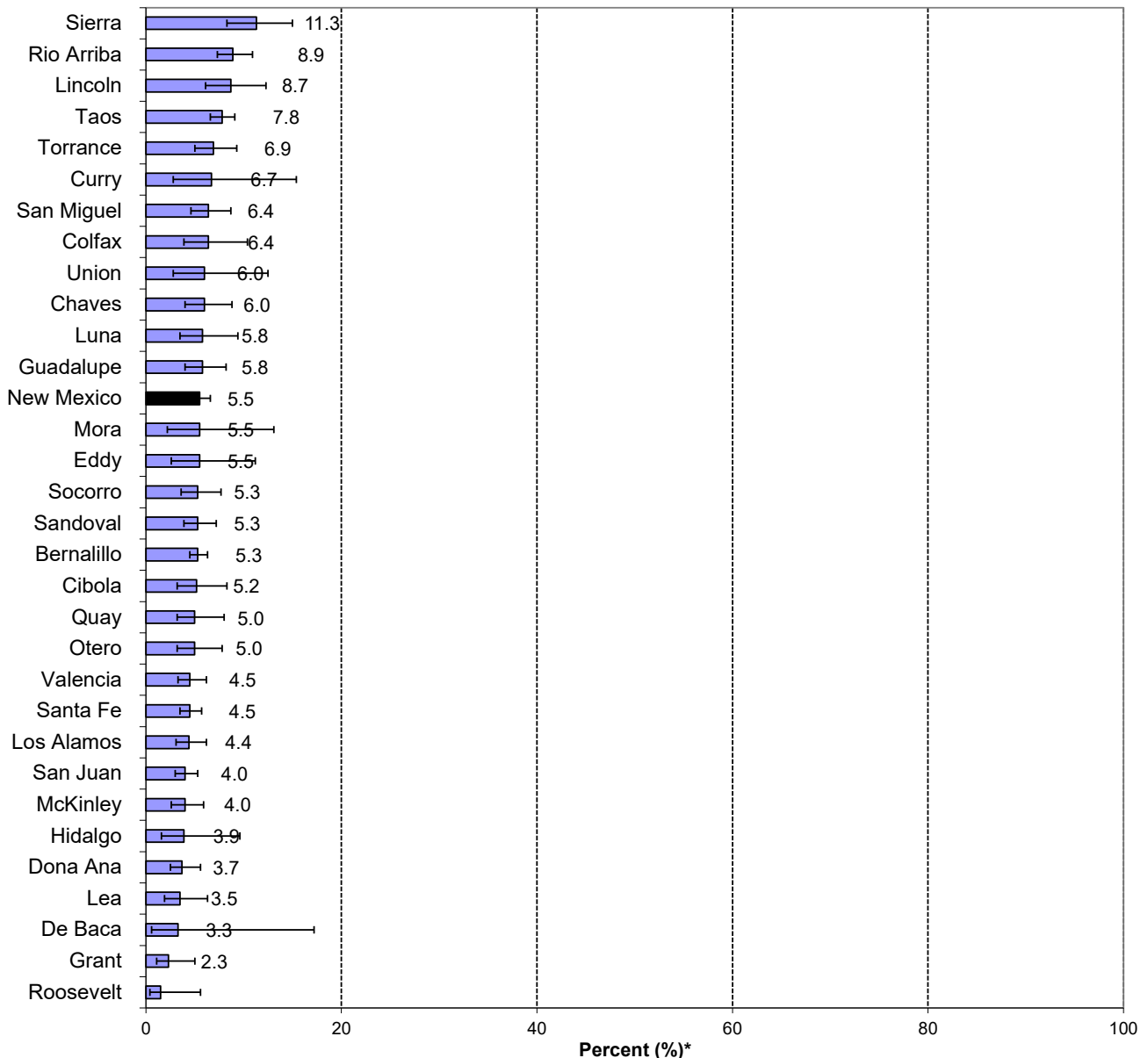
YOUTH CURRENT INHALANT USE (continued)

Chart 2: Current Inhalant Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019



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, 2019

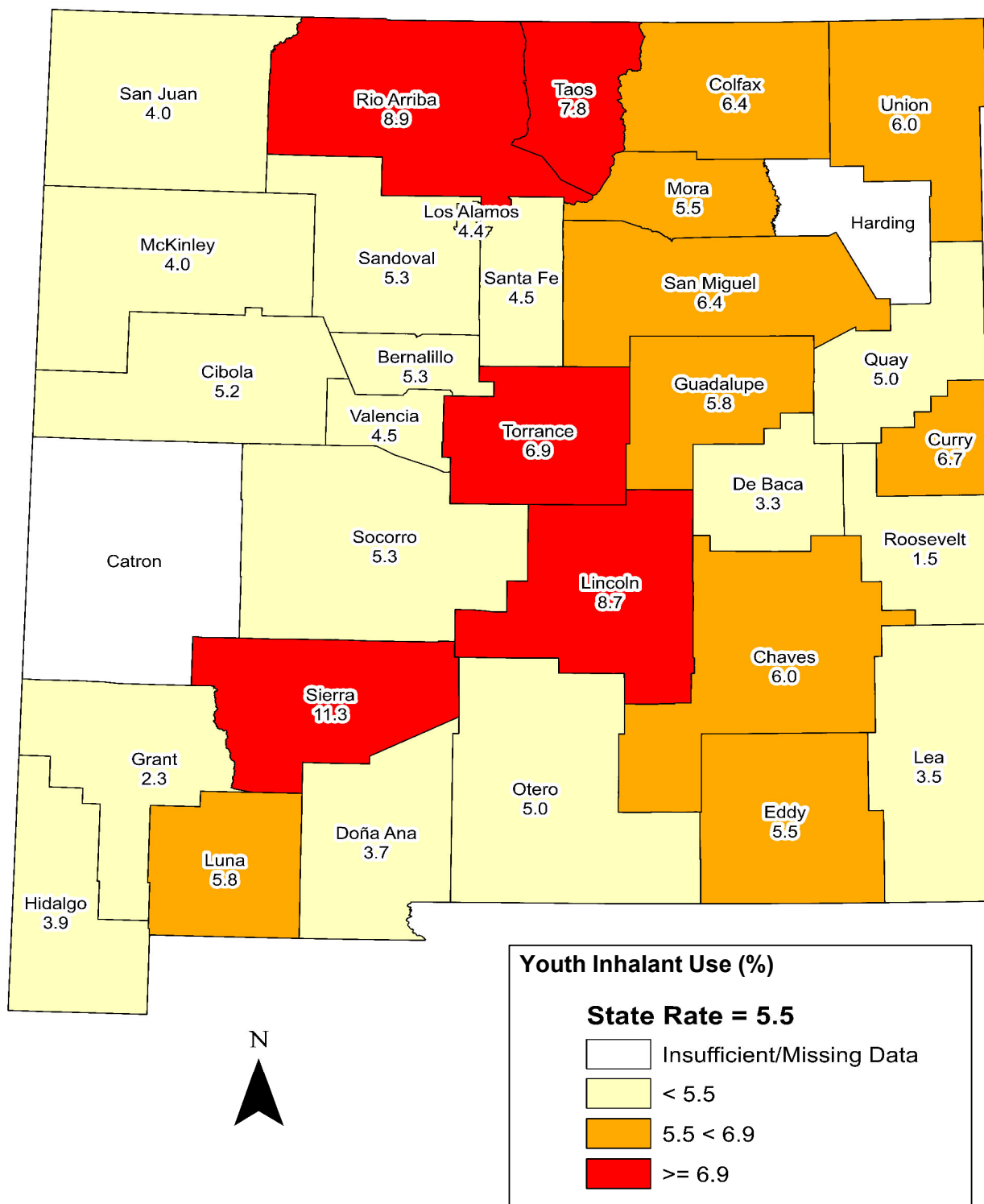


* Estimate of percent of high school students who reported inhalant use at least once in past 30 days
 Catron and Harding County estimates not available due to low numbers and/or low response rates.

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

YOUTH CURRENT INHALANT USE (continued)

Chart 4: Current Inhalant Use* by County, Grades 9 - 12, New Mexico, 2019



* 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

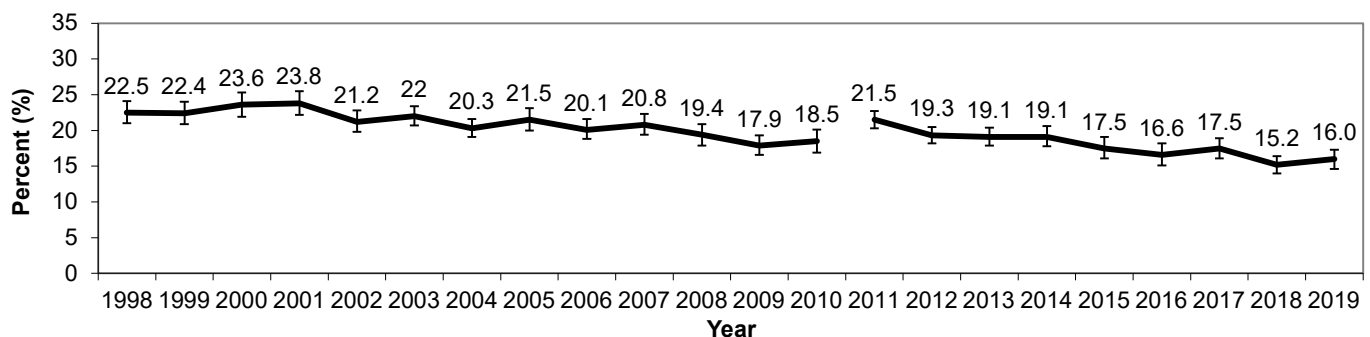
ADULT CIGARETTE SMOKING

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 preventable cause of death in the US.

In 2019, current smoking rates among adults in New Mexico (16.0%) were consistent with the US overall (16.0%). As shown in Chart 1, New Mexico's adult smoking prevalence rate has decreased since 1998. For 2017-2019, as shown in Table 1, smoking was more prevalent among adults aged 25-64 (18.9%) than among young adults aged 18-24 (14.4%) or adults aged 65 and over (9.9%). New Mexico men were more likely to smoke than women (18.7% v 13.8%). Among males, Blacks had the highest smoking prevalence (22.6%), followed by Asian/Pacific Islander (21.3%), and Hispanics (20.7%). Among females, the highest prevalence of smoking was among Blacks (19.3%) followed by Whites (15.0%).

Chart 1: Cigarette Smoking (past 30 days)*, Adults Aged 18+, New Mexico, 1998-2019



* 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, 2017-2019

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	1,329	9,010	979	11,537	13.3	19.1	11.8	17.7
	Asian/Pacific Islander	-	2,711	-	2,836	-	28.3	-	21.3
	Black	-	3,547	-	4,561	-	25.4	-	22.6
	Hispanic	12,212	55,003	8,154	75,281	21.0	21.9	15.0	20.7
	White	4,018	43,155	8,352	54,946	13.7	21.4	8.3	16.6
	Total	17,804	113,192	18,462	148,674	17.3	21.6	11.0	18.7
Female	American Indian	592	7,819	452	9,101	6.0	15.2	3.7	12.4
	Asian/Pacific Islander	-	-	-	240	-	-	-	1.4
	Black	-	2,248	-	2,847	-	23.0	-	19.3
	Hispanic	7,096	36,919	5,745	49,701	12.5	14.6	8.6	13.2
	White	3,455	38,199	10,554	51,563	13.9	18.9	9.1	15.0
	Total	10,804	86,218	17,784	114,000	11.3	16.3	8.9	13.8
Total	American Indian	1,868	16,748	1,448	20,542	9.4	17.0	7.1	14.8
	Asian/Pacific Islander	-	3,635	-	3,785	-	16.8	-	12.6
	Black	-	5,735	1,145	7,315	-	24.1	21.2	20.9
	Hispanic	19,119	92,120	13,931	125,041	16.7	18.3	11.5	16.9
	White	7,468	81,315	18,920	106,488	13.8	20.1	8.8	15.8
	Total	28,517	199,376	36,245	262,570	14.4	18.9	9.9	16.2

* 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

Source: BRFSS; SAES

ADULT CIGARETTE SMOKING (continued)

Problem Statement (continued)

Smoking prevalence rates were highest among Black men (22.6%) while smoking-related death rates were highest among White men (141.3 per 100,000 population) and Black men (137.7 per 100,000 population). Among women, Blacks had the highest smoking prevalence rates (19.3%). However, White women had the highest smoking-related death rates (77.8 deaths per 100,000 population) followed by Black women (69.2 deaths per 100,000 population).

As shown in Table 2 and Chart 2, the counties with the highest smoking rates were Socorro (28.2%), Sierra (26.6%), Luna (24.5%), and Lincoln (24.2%); these four counties had rates more than one and a half times higher than the national rate. The counties with the lowest rates were Taos (10.7%), Grant (12.7%), and Santa Fe (13.2%).

E-cigarettes:

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

Table 2: Cigarette Smoking (past 30 days) by Race/Ethnicity and County, Adults Aged 18+, New Mexico, 2017-2019

County	Number						Percent*					
	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	2,928	2,279	2,769	35,688	27,374	71,700	12.8	14.2	18.0	14.4	12.0	13.5
Catron	-	-	-	-	440	515	-	-	-	-	18.4	16.7
Chaves	-	-	-	4,201	3,766	8,338	-	-	-	16.6	18.2	17.5
Cibola	1,246	-	-	1,963	798	4,023	15.7	-	-	24.8	17.8	19.4
Colfax	-	-	-	-	902	1,880	-	-	-	-	17.9	18.9
Curry	-	-	-	3,185	3,703	7,660	-	-	-	22.4	19.3	20.8
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	16,269	8,210	25,405	-	-	-	15.3	16.1	15.5
Eddy	-	-	-	3,552	4,781	8,588	-	-	-	17.9	22.4	20.1
Grant	-	-	-	1,776	1,169	2,797	-	-	-	17.2	10.5	12.7
Guadalupe	-	-	-	-	-	634	-	-	-	-	-	18.3
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	4,324	4,921	9,948	-	-	-	16.0	24.7	20.0
Lincoln	-	-	-	1,210	2,375	3,858	-	-	-	25.4	22.5	24.2
Los Alamos	-	-	-	-	506	674	-	-	-	-	4.7	4.6
Luna	-	-	-	2,391	1,927	4,457	-	-	-	21.1	30.4	24.5
McKinley	4,568	-	-	1,724	622	7,192	12.0	-	-	27.0	11.9	14.2
Mora	-	-	-	-	-	609	-	-	-	-	-	16.5
Otero	645	-	-	2,415	5,904	9,650	21.9	-	-	13.5	21.3	18.8
Quay	-	-	-	-	378	1,512	-	-	-	-	10.7	22.9
Rio Arriba	1,221	-	-	4,525	646	6,174	29.4	-	-	21.6	14.3	20.6
Roosevelt	-	-	-	1,136	1,376	2,475	-	-	-	19.8	16.9	16.9
Sandoval	2,607	-	-	7,066	8,689	18,987	20.5	-	-	17.2	16.3	17.0
San Juan	5,281	-	-	3,560	8,264	17,676	14.6	-	-	21.2	20.7	18.8
San Miguel	-	-	-	4,479	819	4,938	-	-	-	25.8	17.9	21.6
Santa Fe	-	-	-	7,820	6,729	16,245	-	-	-	13.7	11.3	13.2
Sierra	-	-	-	-	1,983	2,497	-	-	-	-	30.4	26.6
Socorro	-	-	-	2,359	941	3,746	-	-	-	37.2	18.3	28.2
Taos	-	-	-	1,462	1,221	2,906	-	-	-	10.1	11.4	10.7
Torrance	-	-	-	-	1,244	2,554	-	-	-	-	18.2	20.4
Union	-	-	-	-	-	704	-	-	-	-	-	20.8
Valencia	-	-	-	7,612	4,713	12,933	-	-	-	22.6	22.3	22.2
New Mexico	20,542	3,785	7,315	125,041	106,488	262,570	14.8	12.6	20.9	16.9	15.8	16.2

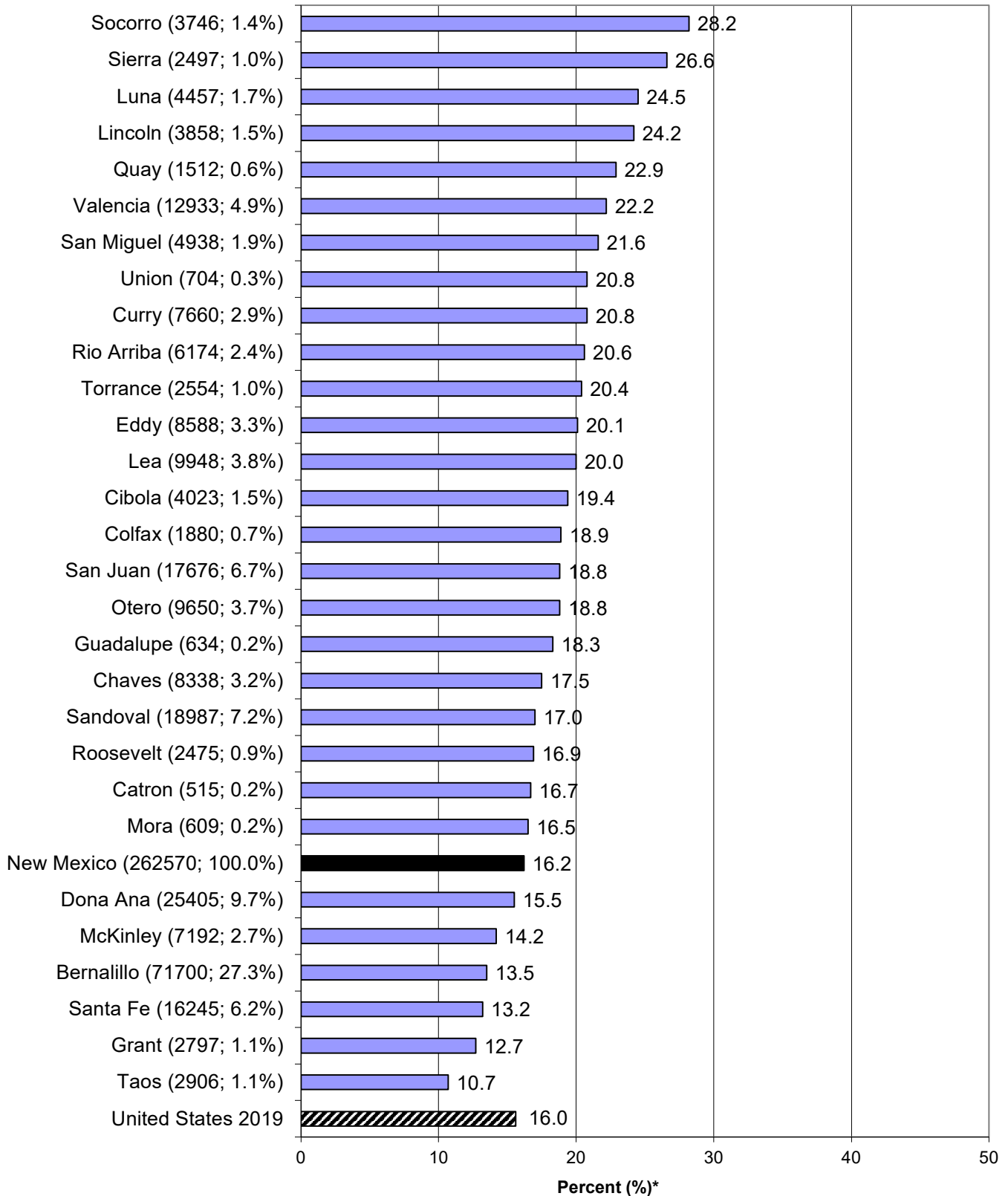
* Estimate of percent of people in population group who have smoked >= 100 cigarettes in lifetime and who smoked cigarettes in past 30 days

- 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, 2017-2019

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

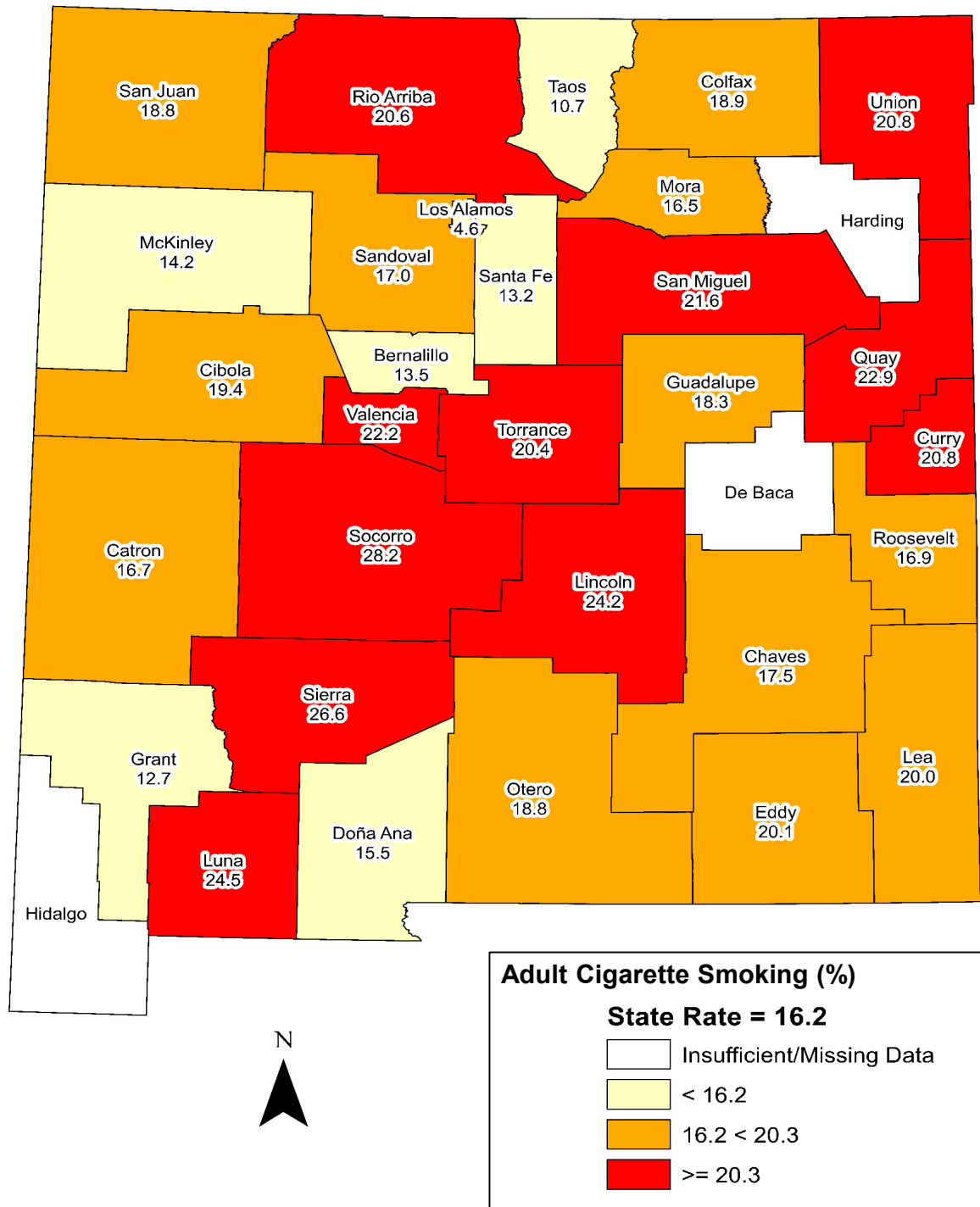
The following counties were excluded due to small number of respondents (< 50):

De Baca, Harding, and Hidalgo

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

ADULT CIGARETTE SMOKING (continued)

Chart 3: Cigarette Smoking (past 30 days)* by County, Adults Aged 18+, New Mexico, 2017-2019



* 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 8.9% in 2019. 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 2019, the NM rate (8.9%) was higher than the US rate (6.0%).

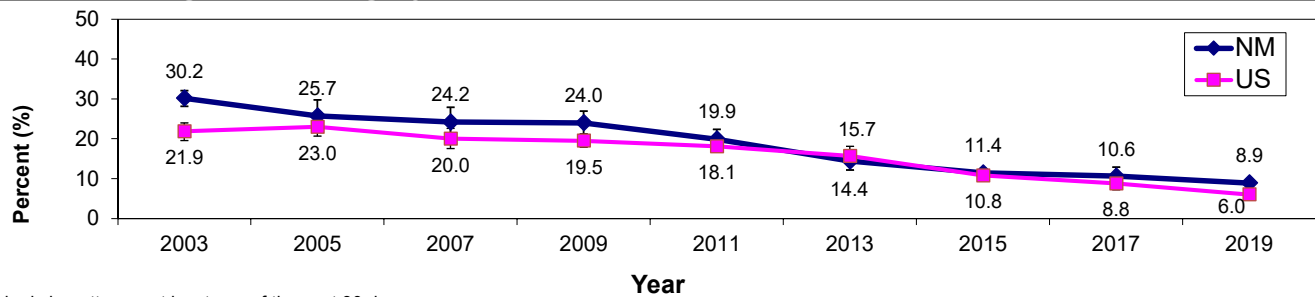
Boys (10.4%) were more likely to be current cigarette smokers than girls (7.4%). White (8.0%), Hispanic (8.5%), and Black (11.9) students had lower rates of current cigarette smoking than Asian/Pacific Islander (12.4%) and American Indian (11.5%) students. Chart 2 shows that prevalence increased significantly with grade level. In 2019, the counties with the highest prevalence of current smoking were Cibola (18.2%), Guadalupe (14.6%), and Torrance (14.0%). The counties with the lowest prevalence of current smoking were Eddy (5.6%), Lea (5.5%), De Baca (4.7%), and Mora (1.9%).

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

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

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm

Chart 1: Current Cigarette Smoking* by Year, Grades 9 - 12, New Mexico and US, 2003-2019



* 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)

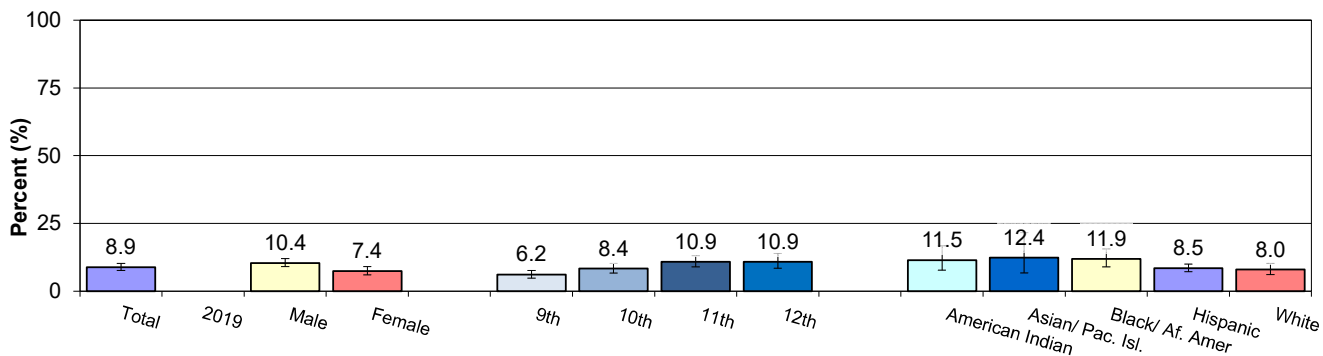
Table 1: Current Cigarette Smoking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019

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	8.0 (4.2-14.6)	8.7 (2.4-27.0)	10.4 (5.4-19.1)	12.8 (5.8-25.9)	10.2 (6.3-16.2)
	Asian/Pacific Islander	--	--	--	--	12.8 (6.6-23.2)
	Black	--	--	--	--	12.8 (8.3-19.3)
	Hispanic	5.1 (3.4-7.8)	10.6 (8.0-14.0)	15.8 (12.5-19.8)	12.4 (8.5-17.7)	10.6 (8.8-12.8)
	White	8.2 (5.3-12.4)	5.8 (3.6-9.2)	10.2 (5.8-17.3)	17.8 (12.2-25.3)	9.9 (7.5-12.9)
	Total	6.8 (5.3-8.8)	8.6 (6.3-11.6)	13.7 (11.0-16.9)	13.9 (10.9-17.5)	10.4 (9.1-12.0)
Female	American Indian	9.1 (4.0-19.2)	16.8 (10.0-26.9)	8.9 (4.3-17.5)	19.4 (9.0-37.0)	12.9 (7.7-20.6)
	Asian/Pacific Islander	--	--	--	--	11.9 (5.2-25.1)
	Black	--	--	--	--	10.8 (7.0-16.3)
	Hispanic	4.9 (3.2-7.4)	6.8 (4.3-10.4)	8.8 (6.2-12.4)	6.1 (4.0-9.3)	6.6 (5.4-8.0)
	White	3.9 (2.0-7.4)	6.1 (3.4-10.7)	7.4 (4.0-13.1)	7.0 (4.0-12.0)	6.0 (3.9-9.0)
	Total	5.5 (4.1-7.3)	8.1 (6.1-10.8)	8.3 (6.1-11.3)	8.0 (5.4-11.8)	7.4 (6.0-9.1)
Total	American Indian	8.5 (5.5-12.8)	12.6 (6.3-23.9)	9.5 (5.6-15.7)	16.0 (8.9-27.0)	11.5 (7.8-16.8)
	Asian/Pacific Islander	12.5 (4.2-31.9)	17.5 (8.1-33.7)	10.0 (3.5-25.5)	--	12.4 (6.7-21.6)
	Black	12.7 (6.5-23.3)	--	14.0 (6.3-28.6)	--	11.9 (9.0-15.6)
	Hispanic	5.0 (3.5-7.2)	8.6 (6.5-11.3)	12.0 (9.7-14.8)	9.0 (6.5-12.4)	8.5 (7.2-10.0)
	White	6.2 (4.1-9.3)	5.9 (4.1-8.4)	8.9 (5.6-13.9)	12.3 (8.7-17.1)	8.0 (6.2-10.3)
	Total	6.2 (4.9-7.7)	8.4 (6.7-10.3)	10.9 (9.0-13.1)	10.9 (8.5-13.9)	8.9 (7.7-10.3)

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

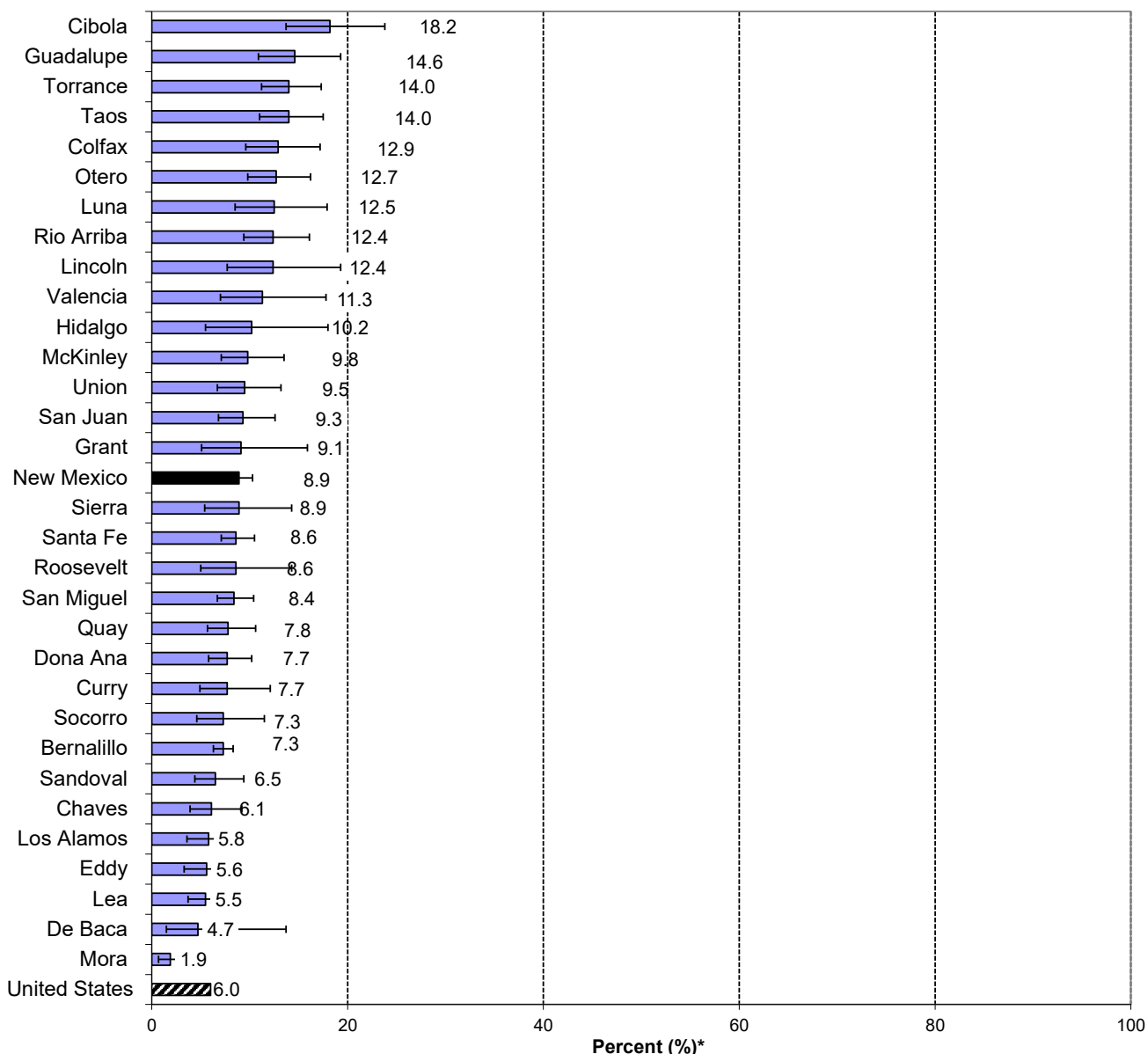
YOUTH CURRENT CIGARETTE SMOKING (continued)

Chart 2: Current Cigarette Smoking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019



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, 2019

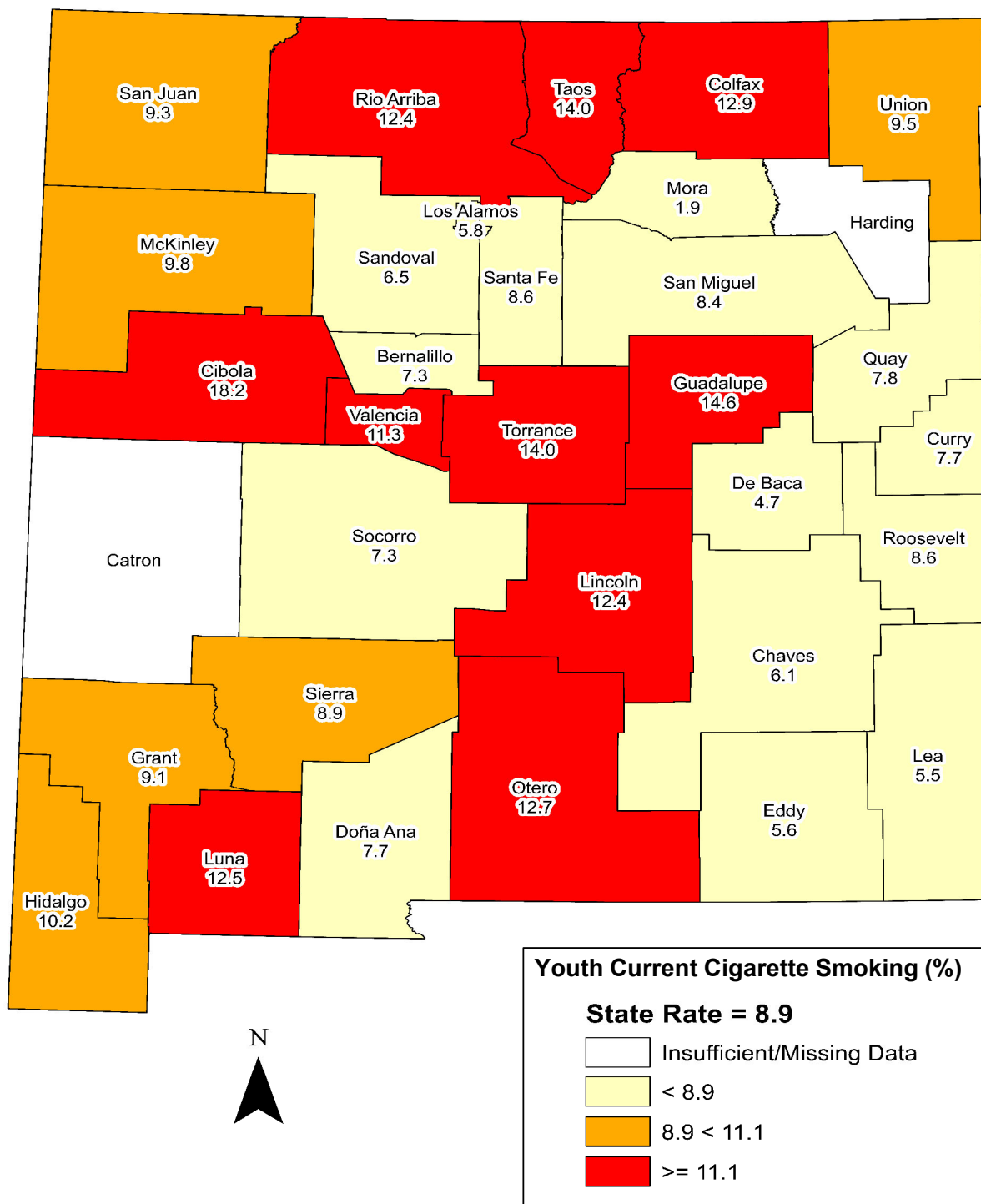


* Estimate of percent of high school students who reported smoking cigarettes on at least one of the past 30 days
 Catron and Harding County estimates not available due to low numbers and/or low response rates.

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

YOUTH CURRENT CIGARETTE SMOKING (continued)

Chart 4: Current Cigarette Smoking* by County, Grades 9 - 12, New Mexico, 2019



* 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

YOUTH FREQUENT CIGARETTE SMOKING

Problem Statement*

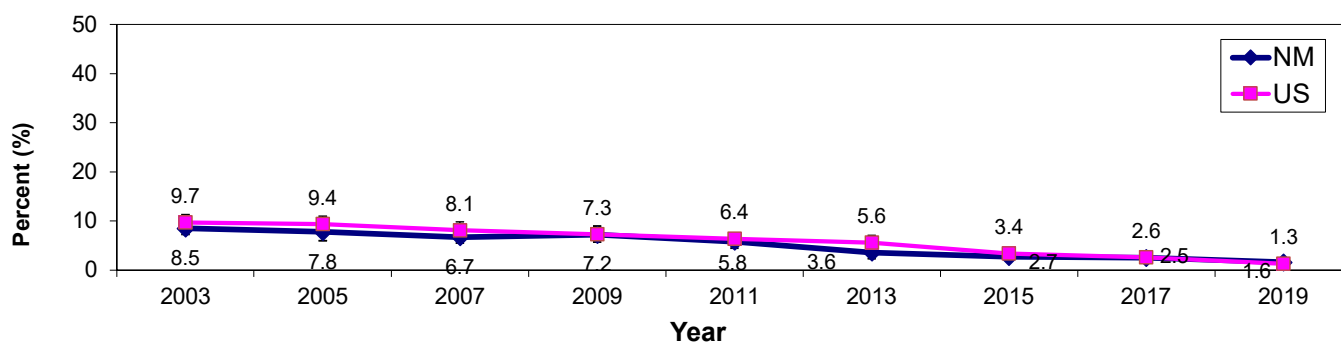
Frequent cigarette smoking means smoking cigarettes on at least 20 of the past 30 days. The prevalence of frequent cigarette smoking among New Mexico high school students has decreased from 8.5% in 2003 to 1.6% in 2019. This coincides with a decrease in the US rate of frequent smoking over the past several years. In 2019, the New Mexico prevalence of frequent smoking was not statistically different from the US rate (1.3%). It is important to note that as reported youth cigarette smoking has declined, youth current vaping has continued to increase.

Boys (1.2%) were more likely to be frequent smokers than girls (1.0%). Asian/Pacific Islander (3.3%) and Blacks (3.3%) 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=0.8%; 10th=1.5%; 11th=2.4%; 12th=1.6%), but these rates were also not statistically different.

In 2019, the highest rates for frequent cigarette smoking were in Colfax (4.3%), Lincoln (3.3%), Union (3.2%), and Cibola (3.1%) counties. The lowest rates were in De Baca (0.0%), Mora (0.0%), Quay (0.3%) and McKinley (0.5%) 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, 2003-2019



* 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)

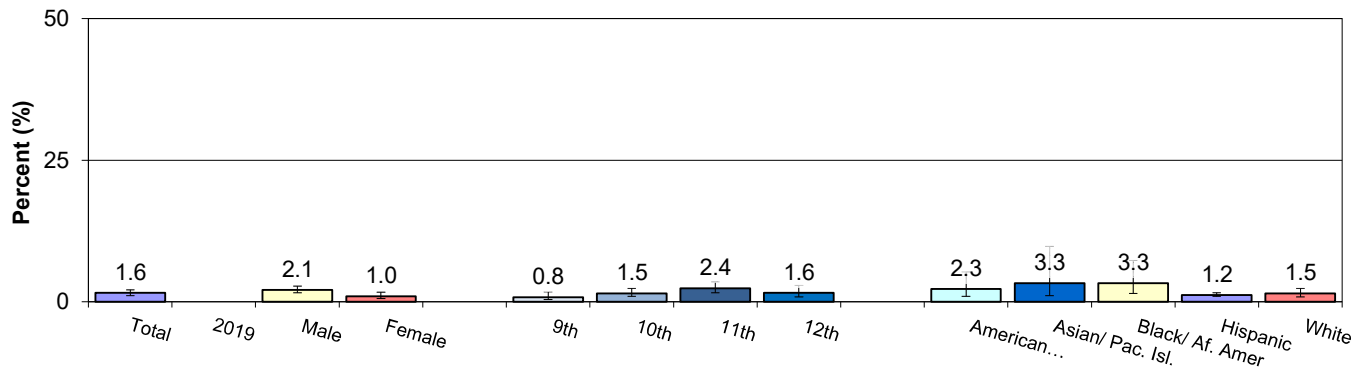
Table 1: Frequent Cigarette Smoking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019

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	0.5 (0.1-3.5)	2.3 (0.3-14.7)	1.7 (0.3-10.4)	0.6 (0.1-4.5)	1.5 (0.6-4.1)
	Asian/Pacific Islander	--	--	--	--	4.6 (1.2-16.4)
	Black	--	--	--	--	5.1 (2.3-10.8)
	Hispanic	0.5 (0.1-2.0)	2.7 (1.4-5.1)	3.9 (2.3-6.4)	1.1 (0.4-3.0)	2.0 (1.6-2.5)
	White	2.1 (0.9-4.8)	0.7 (0.2-3.4)	3.7 (2.1-6.6)	2.6 (0.8-7.5)	2.1 (1.3-3.3)
	Total	1.3 (0.6-2.8)	1.9 (1.0-3.6)	3.8 (2.5-5.8)	1.7 (0.8-3.4)	2.1 (1.6-2.8)
Female	American Indian	0.0 (-.)	4.2 (1.2-13.2)	3.4 (2.0-5.6)	4.7 (1.4-15.2)	3.0 (1.3-7.1)
	Asian/Pacific Islander	--	--	--	--	2.0 (0.2-13.9)
	Black	--	--	--	--	0.9 (0.1-6.3)
	Hispanic	0.2 (0.0-1.2)	0.6 (0.1-2.6)	0.6 (0.1-2.6)	0.8 (0.2-2.8)	0.5 (0.3-1.1)
	White	0.4 (0.1-2.6)	1.0 (0.3-3.3)	0.3 (0.1-2.3)	1.5 (0.5-4.6)	0.8 (0.4-1.7)
	Total	0.4 (0.1-1.1)	1.1 (0.5-2.5)	1.0 (0.5-2.2)	1.5 (0.6-3.4)	1.0 (0.6-1.7)
Total	American Indian	0.2 (0.0-1.9)	3.2 (0.8-12.4)	2.7 (1.3-5.6)	2.6 (0.9-7.0)	2.3 (1.0-5.3)
	Asian/Pacific Islander	6.9 (1.8-23.1)	2.2 (0.3-14.5)	1.3 (0.2-9.1)	--	3.3 (1.1-9.8)
	Black	2.0 (0.4-10.7)	--	6.6 (1.4-25.4)	--	3.3 (1.5-7.3)
	Hispanic	0.3 (0.1-1.0)	1.6 (0.9-2.9)	2.1 (1.3-3.5)	0.9 (0.4-2.0)	1.2 (1.0-1.6)
	White	1.4 (0.6-3.1)	0.8 (0.4-1.6)	2.2 (1.2-4.0)	2.0 (0.7-5.6)	1.5 (0.9-2.4)
	Total	0.8 (0.4-1.8)	1.5 (1.0-2.4)	2.4 (1.6-3.5)	1.6 (0.9-2.9)	1.6 (1.1-2.1)

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

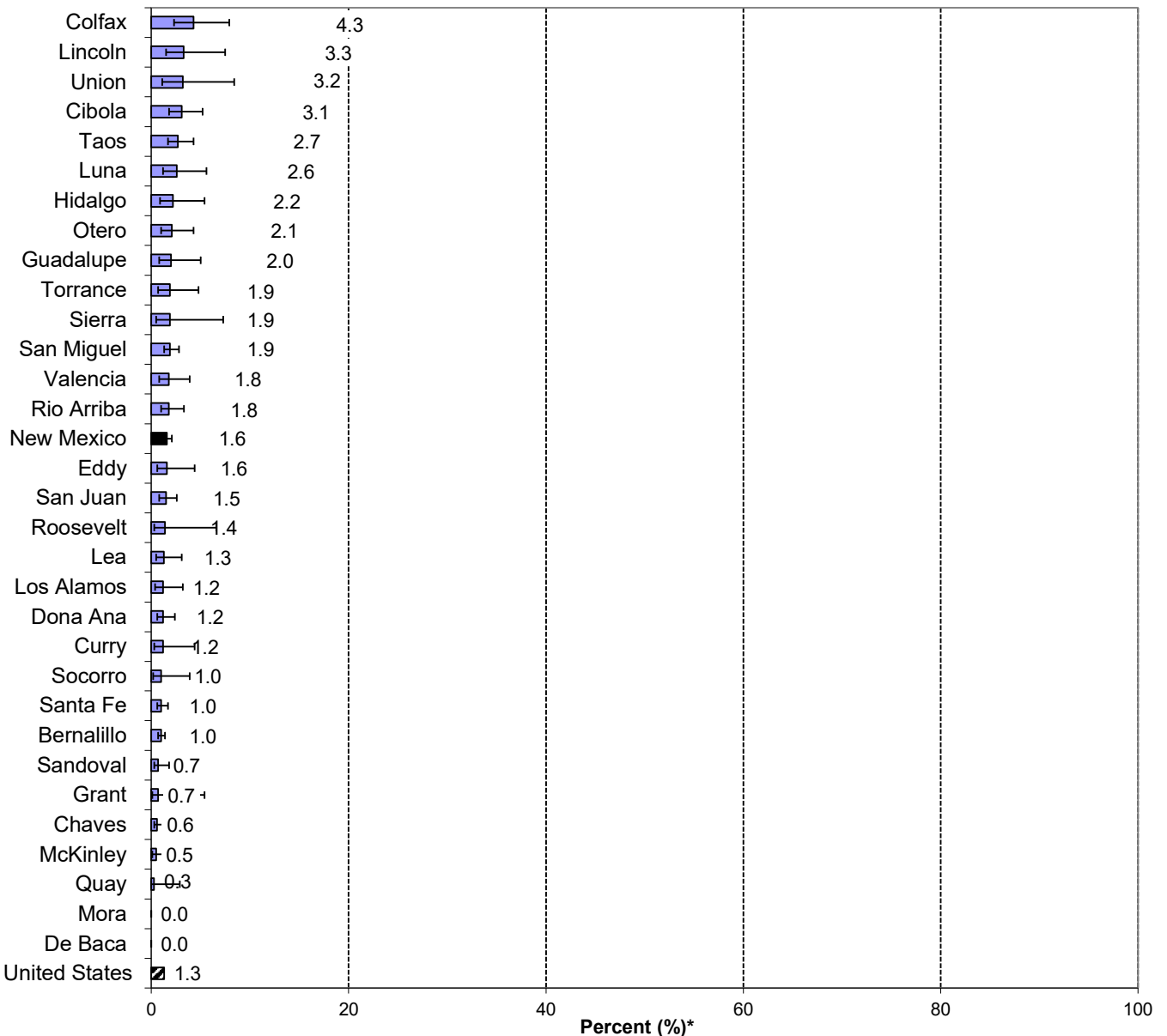
YOUTH FREQUENT CIGARETTE SMOKING (continued)

Chart 2: Frequent Cigarette Smoking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019



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, 2019

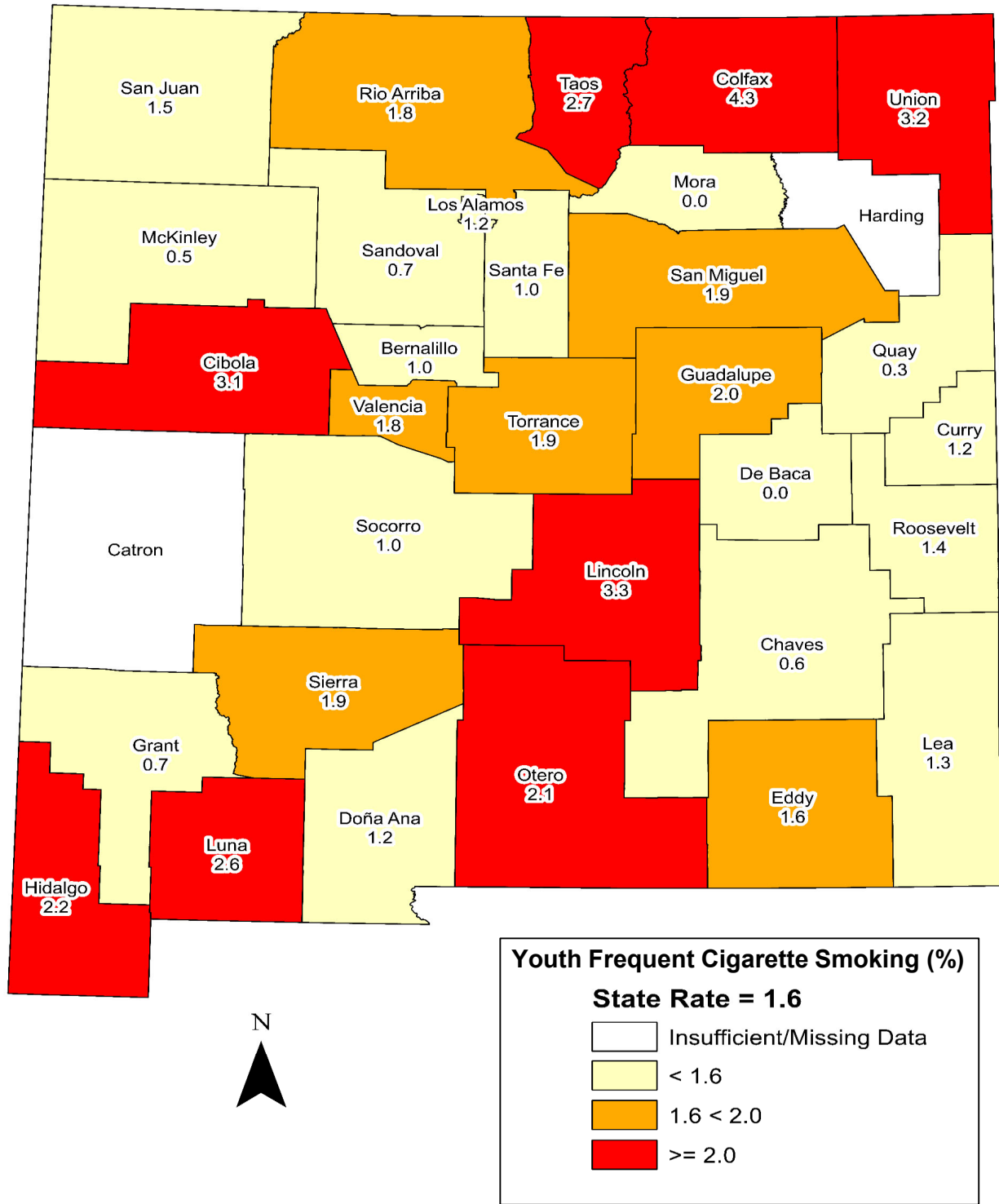


* Estimate of percent of high school students who reported smoking cigarettes on at least 20 of the past 30 days
 Catron and Harding County estimates not available due to low numbers and/or low response rates.

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

YOUTH FREQUENT CIGARETTE SMOKING (continued)

Chart 4: Frequent Cigarette Smoking* by County, Grades 9 - 12, New Mexico, 2019



* 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

YOUTH CURRENT E-CIGARETTE USE

Problem Statement

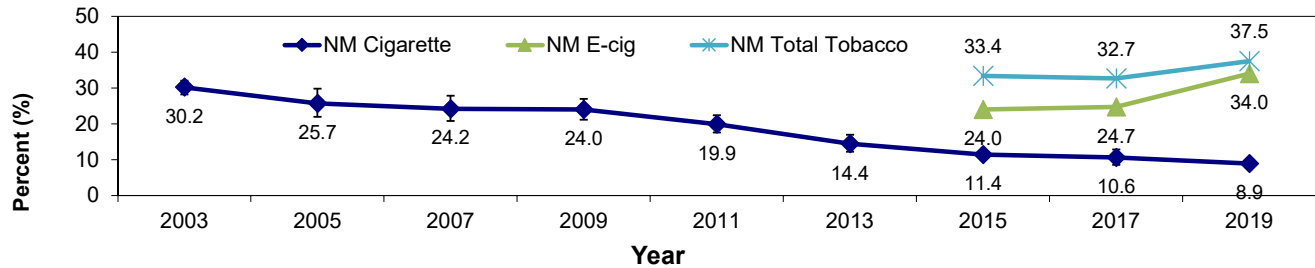
E-cigarettes, sometimes called "e-cigs", "vapes", "mods", or "electronic nicotine delivery systems", have been increasing in popularity, especially among youth. E-cigarettes are not safe for youth, and the long-term health risks are not well-studied at this time. Young people who use e-cigarettes may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

The prevalence of current e-cigarette use among NM high school students was 34.0% in 2019. While there has been significant decreases in cigarette smoking among youth, e-cigarettes and other tobacco products have essentially erased that change (Chart 1) with 37.5% of NM high school students reporting current tobacco use.

Girls (34.1) were slightly more likely to be current e-cigarette users than boys (34.0%). Hispanic (38.5%), Black (34.4%), and White (29.4%) students had higher rates of current e-cigarette use than American Indian (29.0%) and Asian/Pacific Islander (25.1%) students. Chart 2 shows that the prevalence of e-cigarette use increases with grade level. In 2019, the counties with the highest prevalence of current e-cigarette use were Taos (57.5%), Valencia (47.1%), Guadalupe (46.5%) and Eddy (44.2%). The counties with the lowest prevalence of current e-cigarette use were De Baca (23.0%), Mora (23.1%) and Colfax (23.6%).

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

Chart 1: Current E-Cigarette Use* by Year, Grades 9 - 12, New Mexico and US, 2003-2019



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

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

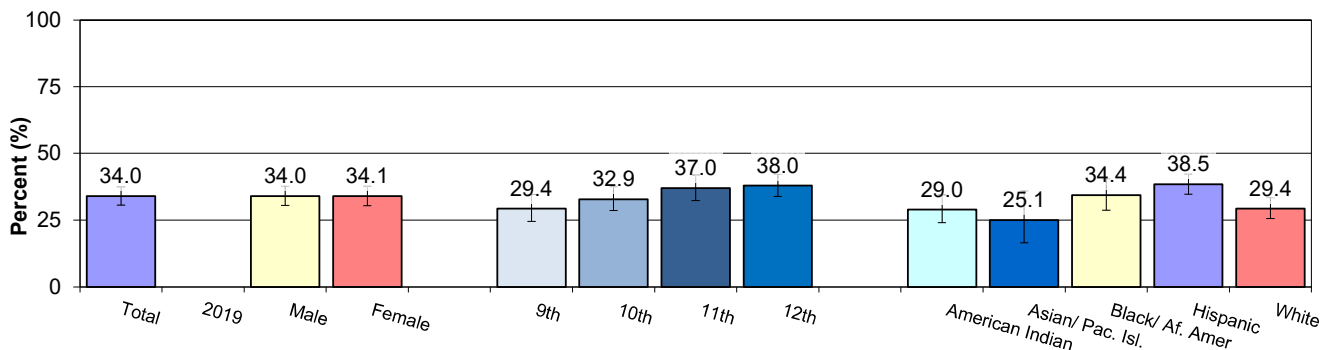
Table 1: Current E-Cigarette Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019

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	20.4 (10.3-36.6)	33.9 (25.1-43.8)	22.9 (16.5-30.8)	29.5 (14.6-50.6)	27.0 (19.6-36.0)
	Asian/Pacific Islander	--	--	--	--	28.2 (19.7-38.5)
	Black	--	--	--	--	32.9 (25.0-42.0)
	Hispanic	31.7 (26.6-37.2)	39.8 (33.2-46.9)	44.6 (38.5-50.9)	44.4 (37.6-51.4)	39.7 (35.8-43.8)
	White	23.7 (18.8-29.4)	25.4 (20.8-30.5)	33.5 (25.8-42.2)	38.6 (31.2-46.6)	29.0 (25.0-33.4)
	Total	26.9 (22.5-31.8)	33.2 (28.0-38.7)	38.6 (33.1-44.3)	39.7 (34.8-44.8)	34.0 (30.6-37.7)
Female	American Indian	37.6 (28.8-47.2)	21.9 (15.6-29.8)	31.6 (25.1-38.8)	35.5 (20.6-53.7)	31.2 (25.8-37.1)
	Asian/Pacific Islander	--	--	--	--	21.5 (10.5-38.8)
	Black	--	--	--	--	36.9 (27.1-47.9)
	Hispanic	34.1 (28.0-40.9)	38.5 (33.1-44.2)	38.9 (31.5-47.0)	38.6 (33.6-43.8)	37.4 (33.4-41.5)
	White	26.7 (18.5-36.9)	28.4 (21.3-36.8)	33.5 (26.2-41.7)	30.9 (25.3-37.0)	29.7 (25.0-34.9)
	Total	32.1 (25.9-38.9)	32.7 (28.0-37.7)	35.6 (30.6-41.0)	36.2 (32.1-40.6)	34.1 (30.5-37.8)
Total	American Indian	28.4 (20.6-37.8)	28.1 (22.9-33.9)	27.9 (22.6-34.1)	32.3 (20.3-47.2)	29.0 (24.1-34.5)
	Asian/Pacific Islander	27.0 (14.2-45.1)	27.3 (15.8-42.8)	17.5 (9.3-30.5)	--	25.1 (16.6-36.0)
	Black	22.2 (13.8-33.7)	32.6 (20.0-48.4)	46.2 (35.3-57.3)	37.6 (25.2-52.0)	34.4 (28.8-40.5)
	Hispanic	32.9 (28.4-37.7)	39.2 (33.9-44.7)	41.7 (35.9-47.7)	41.3 (36.8-45.9)	38.5 (34.8-42.3)
	White	25.0 (18.9-32.4)	26.9 (22.9-31.3)	33.3 (27.4-39.8)	34.8 (29.4-40.6)	29.4 (25.6-33.5)
	Total	29.4 (24.6-34.7)	32.9 (28.7-37.5)	37.0 (32.4-41.9)	38.0 (33.9-42.2)	34.0 (30.7-37.5)

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

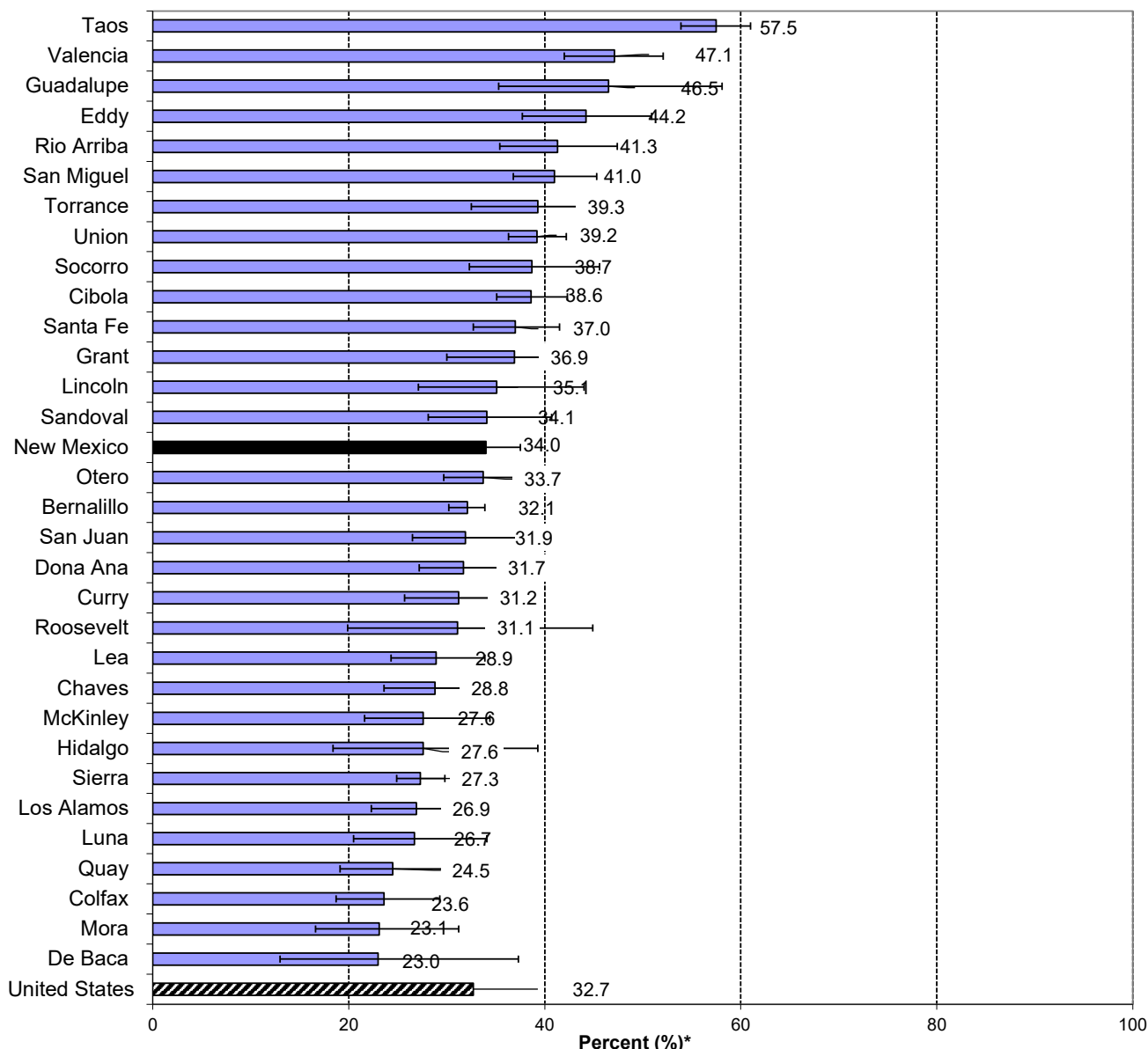
YOUTH CURRENT E-CIGARETTE USE (continued)

Chart 2: Current E-Cigarette Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019



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

Chart 3: Current E-Cigarette Use* by County, Grades 9 - 12, New Mexico, 2019



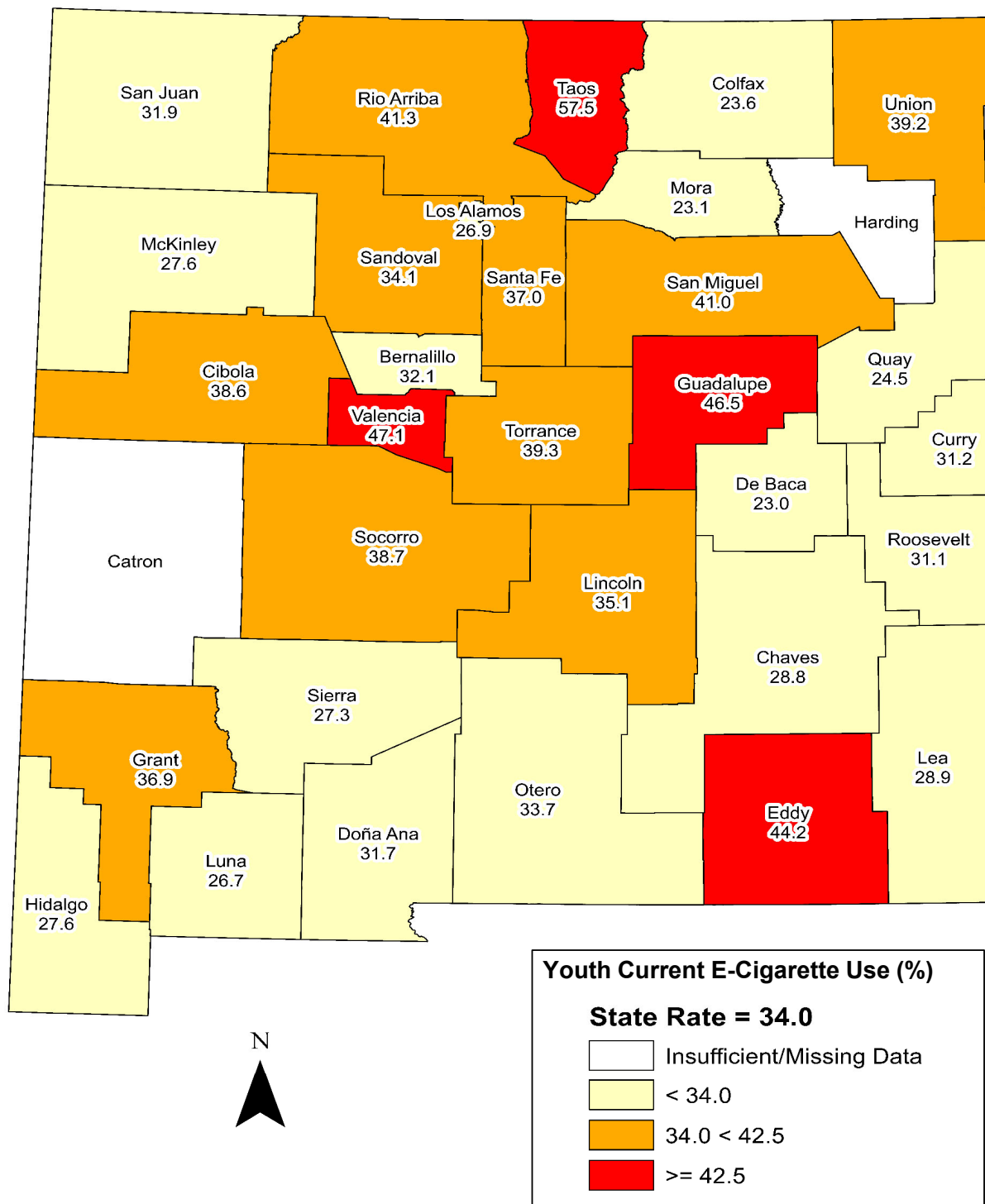
* Estimate of percent of high school students who reported using e-cigarettes on at least one of the past 30 days

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

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

YOUTH CURRENT E-CIGARETTE USE (continued)

Chart 4: Current E-Cigarette Use* by County, Grades 9 - 12, New Mexico, 2019



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

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

Appendix 1

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

Appendix 1: Male Population, New Mexico, 2017*

Sex	County Name	Race/Ethnicity																							
		American Indian				Asian/Pacific Islander				Black				Hispanic				White				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	5,295	7,669	872	13,836	2,599	5,283	977	8,859	3,764	6,029	1,145	10,938	67,284	84,220	15,302	166,806	29,452	74,531	29,053	133,036	108,394	177,732	47,349	333,475
	Catron	14	25	16	55	1	1	0	2	4	13	6	23	76	166	131	373	225	561	645	1,431	320	766	798	1,883
	Chaves	139	168	31	338	140	165	17	322	225	300	63	588	8,321	8,542	1,621	18,484	3,565	6,404	2,902	12,871	12,390	15,579	4,634	32,603
	Cibola	2,063	2,519	549	5,131	23	34	10	67	45	95	23	163	1,809	3,409	594	5,812	604	1,377	730	2,711	4,544	7,434	1,906	13,884
	Colfax	21	77	13	111	9	25	3	37	22	36	5	63	1,053	1,583	524	3,160	560	1,377	1,006	2,943	1,665	3,098	1,551	6,316
	Curry	80	84	21	185	189	221	34	444	815	838	123	1,776	5,241	4,979	691	10,911	4,334	6,520	1,865	12,719	10,659	12,642	2,734	26,033
	De Baca	5	2	4	11	0	1	0	1	4	4	0	8	162	155	87	404	93	243	158	494	264	405	249	919
	Dona Ana	402	429	102	933	454	646	118	1,218	768	1,252	199	2,219	32,797	31,930	7,072	71,799	8,614	13,440	8,052	30,106	43,035	47,697	15,543	106,275
	Eddy	136	180	37	353	59	108	23	190	179	272	65	516	6,015	6,964	1,259	14,238	3,984	7,389	2,505	13,878	10,373	14,913	3,889	29,174
	Grant	48	71	25	144	54	45	16	115	76	74	15	165	2,714	3,071	1,167	6,952	1,296	2,821	2,388	6,505	4,188	6,082	3,611	13,882
	Guadalupe	14	36	4	54	2	21	0	23	12	56	0	68	636	990	337	1,963	73	265	90	428	737	1,368	431	2,537
	Harding	1	0	0	1	0	0	0	0	0	2	0	2	36	79	47	162	32	92	72	196	69	173	119	361
	Hidalgo	3	4	3	10	4	9	2	15	20	8	4	32	469	626	185	1,280	206	382	267	855	702	1,029	461	2,915
	Lea	111	196	35	342	55	120	22	197	545	797	134	1,476	10,114	10,180	1,170	21,464	3,630	6,909	2,247	12,786	14,455	18,202	3,608	36,265
	Lincoln	131	126	18	275	12	25	11	48	25	56	16	97	1,232	1,564	436	3,232	1,096	2,721	2,178	5,995	2,496	4,492	2,659	9,648
	Los Alamos	23	59	8	90	208	377	75	660	43	69	9	121	656	828	129	1,613	1,935	3,747	1,333	7,015	2,865	5,080	1,554	9,601
	Luna	26	28	21	75	19	36	10	65	50	69	24	74	3,580	3,688	956	8,224	758	1,559	1,429	3,746	4,433	5,311	2,440	12,274
	McKinley	10,856	12,897	2,195	25,948	132	163	22	317	140	153	36	329	2,674	2,187	539	5,400	727	1,751	755	3,233	14,529	17,151	3,547	35,229
	Mora	2	7	5	14	1	5	2	8	5	7	4	16	519	928	457	1,904	48	154	196	398	575	1,101	664	2,341
	Otero	908	979	133	2,020	181	238	27	446	612	729	149	1,490	5,780	5,901	1,137	12,818	4,729	8,727	3,859	17,315	12,210	16,574	5,305	34,090
	Quay	14	23	10	47	16	24	7	47	33	45	9	87	692	865	312	1,869	444	951	675	2,070	1,199	1,908	1,013	4,121
	Rio Arriba	1,047	1,380	270	2,697	30	33	8	71	52	69	14	135	4,700	6,925	2,225	13,850	399	1,233	883	2,515	6,228	9,640	3,400	19,269
	Roosevelt	52	34	13	99	80	39	3	122	165	113	16	294	2,041	1,777	308	4,126	1,840	2,322	913	5,075	4,178	4,285	1,253	9,718
	San Juan	9,822	12,599	2,209	24,630	143	208	27	378	282	303	40	625	6,109	5,987	1,002	13,098	6,748	13,075	4,911	24,734	23,104	32,172	8,189	63,466
	San Miguel	65	72	11	148	80	36	18	134	162	107	13	282	3,394	5,619	1,814	10,827	440	1,170	894	2,504	4,141	7,004	2,750	13,894
	Sandoval	3,596	4,253	692	8,541	341	511	115	967	639	1,000	211	1,850	11,032	13,910	2,491	27,433	7,428	16,027	7,642	31,097	23,036	35,701	11,151	69,890
	Santa Fe	659	1,014	231	1,904	302	599	140	1,041	256	520	128	904	13,604	19,754	4,565	37,923	4,745	15,379	10,857	30,981	19,566	37,266	15,921	72,754
	Sierra	21	48	28	97	4	10	12	26	27	21	13	61	654	800	285	1,739	552	1,506	1,701	3,759	1,258	2,385	2,039	5,685
	Socorro	475	466	87	1,028	30	51	10	91	50	82	8	140	1,633	2,084	636	4,353	911	1,450	792	3,153	3,099	4,133	1,533	8,764
	Taos	283	479	142	904	26	56	11	93	45	65	17	127	3,025	4,742	1,647	9,414	859	2,743	2,025	5,627	4,238	8,085	3,842	16,165
	Torrance	70	113	34	217	23	20	6	49	58	112	16	186	1,371	1,805	439	3,615	989	2,124	1,100	4,213	2,511	4,174	1,595	8,281
	Union	7	29	1	37	2	14	3	19	17	69	3	89	327	644	109	1,080	271	651	248	1,170	624	1,407	364	2,394
	Valencia	532	792	136	1,460	91	106	21	218	152	322	108	582	9,012	11,517	2,628	23,157	2,840	6,568	3,235	12,643	12,627	19,305	6,128	38,059
	Male Total	36,923	46,860	7,960	91,743	5,314	9,232	1,753	16,299	9,295	13,709	2,619	25,623	208,763	248,420	52,301	509,484	94,425	206,170	97,606	398,201	354,720	524,391	162,239	1,041,347

* 2017 population is reported here because 2017 was the mid-point year for the 2015-2019 timeframe used in this report

**All population estimates apply to July 1 of the selected year. Estimates include decimal fractions. The sum of population subgroup estimates may not exactly equal the overall state population estimate due to rounding error.

SOURCE: University of New Mexico Geospatial and Population Studies

Appendix 1: Female Population, New Mexico, 2017*

Sex	County Name	Race/Ethnicity																							
		American Indian				Asian/Pacific Islander				Black				Hispanic				White				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	5,412	9,110	1,477	15,999	2,625	6,459	1,397	10,481	3,323	4,493	1,097	8,913	65,059	88,102	20,483	173,644	27,508	74,461	35,258	137,227	103,927	182,625	59,712	346,264
	Catron	22	26	11	59	1	3	2	6	2	7	2	11	81	125	95	301	220	564	538	1,322	326	725	648	1,699
	Chaves	75	117	46	238	89	202	37	328	206	237	81	524	8,005	8,739	1,874	18,618	3,097	6,669	3,652	13,418	11,472	15,964	5,690	33,126
	Cibola	2,136	2,847	823	5,806	23	47	10	80	58	80	16	154	1,673	2,227	702	4,602	530	1,315	790	2,635	4,420	6,516	2,341	13,277
	Cofax	15	36	12	63	15	23	9	47	41	23	6	70	965	1,372	585	2,922	501	1,435	1,045	2,981	1,537	2,889	1,657	6,083
	Curry	71	97	21	189	129	306	152	587	635	648	152	1,435	4,606	4,776	833	10,215	3,392	5,884	2,376	11,652	8,833	11,711	3,534	24,078
	De Baca	2	6	1	9	1	1	0	2	2	55	1	58	151	173	78	402	116	227	179	522	272	462	259	993
	Dona Ana	425	369	107	901	453	781	182	1,416	584	827	187	1,598	33,148	34,634	8,555	76,337	7,908	13,477	8,727	30,112	42,518	50,088	17,758	110,364
	Eddy	106	168	31	305	52	139	37	228	155	155	49	359	6,100	6,633	1,433	14,166	3,658	7,059	2,951	13,668	10,071	14,154	4,501	28,726
	Grant	46	86	28	160	33	79	30	142	30	44	17	91	2,564	3,247	1,469	7,280	1,145	3,103	2,364	6,612	3,818	6,559	3,908	14,285
	Guadalupe	9	11	1	21	7	15	1	23	2	6	1	9	501	752	318	1,571	66	145	102	313	585	929	423	1,937
	Harding	1	0	0	1	0	0	0	0	1	0	0	1	36	59	46	141	30	91	73	194	68	150	119	337
	Hidalgo	4	5	1	10	3	5	1	9	11	10	3	24	457	576	240	1,273	220	425	254	899	695	1,021	499	2,215
	Lea	107	124	34	265	45	124	23	192	493	553	180	1,226	9,487	8,991	1,256	19,734	3,380	6,567	2,834	12,781	13,512	16,359	4,327	34,198
	Lincoln	134	163	37	334	13	28	10	51	29	31	10	70	1,212	1,530	455	3,197	982	2,970	2,347	6,299	2,370	4,722	2,859	9,951
	Los Alamos	23	45	8	76	172	350	67	589	50	86	8	144	668	886	176	1,730	1,832	3,436	1,441	6,709	2,745	4,803	1,700	9,248
	Luna	34	35	22	91	15	44	48	107	73	67	22	162	3,483	3,597	1,053	8,133	643	1,531	1,515	3,689	4,248	5,274	2,660	12,182
	McKinley	10,812	14,323	3,479	28,614	79	268	38	385	120	99	21	240	2,211	2,131	619	4,961	742	1,722	876	3,340	13,964	18,543	5,033	37,540
	Mora	6	6	2	14	1	6	2	9	1	9	0	10	517	868	416	1,801	49	204	164	417	574	1,093	584	2,251
	Otero	776	1,150	184	2,110	124	335	132	591	454	505	122	1,081	5,186	5,886	1,376	12,448	3,642	7,928	3,967	15,537	10,182	15,804	5,781	31,767
	Quay	7	22	9	38	12	27	11	50	36	30	9	75	707	908	363	1,978	419	1,061	725	2,205	1,181	2,048	1,117	4,346
	Rio Arriba	1,052	1,525	410	2,987	41	61	9	111	44	38	9	91	4,745	6,929	2,526	14,200	378	1,318	994	2,690	6,260	9,871	3,948	20,079
	Roosevelt	68	57	12	137	103	47	7	157	111	56	7	174	1,977	1,738	333	4,048	1,776	2,278	1,119	5,173	4,035	4,176	1,478	9,689
	San Juan	9,599	12,960	3,001	25,560	134	273	38	445	263	188	35	486	5,940	5,615	1,169	12,724	6,444	13,173	5,828	25,445	22,380	32,209	10,771	64,660
	San Miguel	75	98	10	183	56	47	73	176	130	60	18	208	3,213	5,553	2,103	10,869	503	1,216	988	2,707	3,977	6,974	3,192	14,143
	Sandoval	3,529	4,638	1,091	9,258	351	852	206	1,409	582	748	250	1,580	10,538	14,633	3,066	28,237	6,796	16,916	8,617	32,329	21,796	37,787	13,230	72,813
	Santa Fe	712	1,099	270	2,081	275	756	218	1,249	225	325	96	646	13,498	19,333	5,660	38,491	4,432	17,468	12,573	34,473	19,142	38,981	18,817	76,940
	Sierra	23	41	19	83	8	25	16	49	18	19	13	50	572	800	317	1,689	517	1,618	1,611	3,746	1,138	2,503	1,976	5,617
	Socorro	486	553	89	1,128	34	55	31	120	44	39	7	90	1,597	2,019	698	4,314	628	1,452	826	2,906	2,789	4,118	1,651	8,558
	Taos	241	506	184	931	22	151	19	192	39	42	21	102	2,836	4,561	1,937	9,334	798	3,114	2,340	6,252	3,936	8,374	4,501	16,811
	Torrance	45	78	30	153	20	25	15	60	44	46	11	101	1,194	1,490	460	3,144	863	2,090	1,036	3,989	2,166	3,729	1,552	7,447
	Union	7	11	6	24	1	5	6	12	6	12	0	18	237	348	134	719	261	480	341	1,082	512	856	487	1,855
	Valencia	530	825	176	1,531	117	177	55	349	142	153	55	350	8,553	11,168	3,104	22,825	2,589	6,581	3,507	12,677	11,931	18,904	6,897	37,732
	Female Total	36,590	51,137	11,632	99,359	5,054	11,716	2,882	19,652	7,954	9,691	2,506	20,151	201,717	250,399	63,932	516,048	86,065	207,978	111,958	406,001	337,386	530,960	192,828	1,061,174

* 2017 population is reported here because 2017 was the mid-point year for the 2015-2019 timeframe used in this report

**All population estimates apply to July 1 of the selected year. Estimates include decimal fractions. The sum of population subgroup estimates may not exactly equal the overall state population estimate due to rounding error.

SOURCE: University of New Mexico Geospatial and Population Studies

Appendix 1: Total Population, New Mexico, 2017*

Sex	County Name	Race/Ethnicity																							
		American Indian				Asian/Pacific Islander				Black				Hispanic			White			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	10,706	16,779	2,349	29,834	5,224	11,832	2,375	19,431	7,087	10,522	2,242	19,851	132,343	172,322	35,785	340,450	56,959	148,991	64,311	270,261	212,319	360,447	107,061	679,827
Sexes	Catron	36	51	27	114	2	4	2	8	6	20	8	34	157	291	226	674	444	1,125	1,183	2,752	645	1,491	1,446	3,582
	Chaves	213	285	77	575	229	367	55	651	430	537	144	1,111	16,326	17,280	3,495	37,101	6,661	13,073	6,554	26,288	23,861	31,542	10,324	65,727
	Cibola	4,197	5,366	1,373	10,936	46	81	20	147	103	175	39	317	3,482	5,636	1,296	10,414	1,133	2,691	1,520	5,344	8,963	13,949	4,248	27,160
	Cofax	37	113	25	175	24	49	12	85	63	59	11	133	2,018	2,955	1,108	6,081	1,061	2,812	2,051	5,924	3,203	5,988	3,208	12,399
	Curry	152	182	42	376	318	527	99	944	1,449	1,485	274	3,208	9,847	9,755	1,523	21,125	7,725	12,404	4,241	24,370	19,491	24,353	6,180	50,024
	De Baca	7	8	5	20	1	2	0	3	6	7	1	14	313	327	166	806	209	470	336	1,015	536	814	508	1,858
	Dona Ana	827	798	209	1,834	908	1,427	299	2,634	1,352	2,079	386	3,817	65,946	66,564	15,626	148,136	16,522	26,916	16,779	60,217	85,553	97,785	33,300	216,638
	Eddy	243	347	68	658	110	247	60	417	334	428	114	876	12,115	13,596	2,692	28,403	7,641	14,449	5,456	27,546	20,444	29,067	8,390	57,901
	Grant	93	158	54	305	86	124	46	256	106	118	33	257	5,277	6,319	2,636	14,232	2,441	5,924	4,752	13,117	8,005	12,643	7,520	28,168
	Guadalupe	23	47	5	75	9	36	1	46	14	62	1	77	1,137	1,742	656	3,535	138	410	192	740	1,322	2,297	855	4,474
	Harding	2	0	0	2	0	0	0	0	1	2	0	3	72	137	94	303	62	183	144	389	138	322	238	698
	Hidalgo	7	9	4	20	7	14	3	24	32	18	7	57	927	1,202	425	2,554	426	808	522	1,756	1,399	2,052	961	4,412
	Lea	217	320	69	606	101	244	44	389	1,038	1,351	315	2,704	19,601	19,172	2,427	41,200	7,009	13,476	5,081	25,566	27,966	34,562	7,935	70,463
	Lincoln	266	289	56	611	25	54	21	100	54	87	26	167	2,444	3,095	890	6,429	2,079	5,691	4,525	12,295	4,868	9,215	5,518	19,601
	Los Alamos	46	104	16	166	380	727	142	1,249	93	155	17	265	1,325	1,714	305	3,344	3,767	7,183	2,774	13,724	5,612	9,884	3,254	18,750
	Luna	61	63	44	168	34	79	58	171	123	155	47	325	7,064	7,285	2,009	16,358	1,400	3,090	2,945	7,435	8,683	10,672	5,102	24,457
	McKinley	21,669	27,220	5,674	54,563	211	431	60	702	261	253	57	571	4,886	4,318	1,157	10,361	1,469	3,473	1,632	6,574	28,497	35,695	8,580	72,772
	Mora	8	13	7	28	2	11	4	17	6	16	4	26	1,036	1,796	873	3,705	98	358	360	816	1,150	2,195	1,248	4,593
	Otero	1,685	2,128	317	4,130	305	573	159	1,037	1,067	1,235	271	2,573	10,964	11,786	2,513	25,263	8,371	16,655	7,827	32,853	22,393	32,378	11,087	65,858
	Quay	21	46	19	86	29	51	18	98	69	74	18	161	1,398	1,773	675	3,846	864	2,013	1,400	4,277	2,381	3,957	2,131	8,469
	Rio Arriba	2,099	2,905	680	5,684	71	94	17	182	96	108	23	227	9,445	13,853	4,751	28,049	778	2,551	1,877	5,206	12,490	19,512	7,349	39,351
	Roosevelt	121	91	26	238	184	86	10	280	276	169	24	469	4,018	3,516	641	8,175	3,616	4,600	2,033	10,249	8,213	8,462	2,733	19,408
	San Juan	19,421	25,559	5,210	50,190	278	480	66	824	544	491	76	1,111	12,048	11,602	2,171	25,821	13,193	26,249	10,738	50,180	45,483	64,380	18,261	128,124
	San Miguel	139	170	21	330	135	84	91	310	292	167	31	490	6,607	11,172	3,916	21,695	943	2,386	1,882	5,211	8,117	13,978	5,942	28,037
	Sandoval	7,125	8,891	1,782	17,798	693	1,363	321	2,377	1,220	1,748	462	3,430	21,571	28,544	5,558	55,673	14,223	32,944	16,259	63,426	44,833	73,490	24,382	142,705
	Santa Fe	1,370	2,113	501	3,984	578	1,355	358	2,291	482	845	223	1,550	27,102	39,086	10,224	76,412	9,177	32,847	23,431	65,455	38,709	76,247	34,738	149,694
	Sierra	45	88	48	181	12	36	28	76	46	41	26	113	1,227	1,601	602	3,430	1,069	3,124	3,312	7,505	2,398	4,890	4,017	11,305
	Socorro	961	1,019	175	2,155	64	105	41	210	95	122	15	232	3,230	4,103	1,334	8,667	1,539	2,902	1,618	6,059	5,887	8,251	3,184	17,322
	Taos	524	984	326	1,834	48	207	30	285	84	108	38	230	5,860	9,303	3,584	18,747	1,657	5,857	4,365	11,879	8,174	16,459	8,342	32,975
	Torrance	114	191	65	370	44	46	21	111	101	157	27	285	2,565	3,296	900	6,761	1,853	4,214	2,135	8,202	4,677	7,903	3,148	15,728
	Union	14	41	7	62	3	19	9	31	23	81	3	107	563	992	243	1,798	532	1,131	589	2,252	1,136	2,264	851	4,251
	Valencia	1,062	1,618	311	2,991	208	282	76	566	294	475	163	932	17,565	22,685	5,732	45,982	5,429	13,149	6,742	25,320	24,557	38,209	13,023	75,789
	Both Sexes Total	74,747	96,895	18,703	191,099	10,325	20,727	4,267	35,952	17,202	23,109	4,861	45,723	410,479	498,818	116,233	1,025,530	184,529	423,802	203,727	804,203	692,103	1,055,353	355,064	2,102,521

* 2017 population is reported here because 2017 is the mid-point year for the 2015-2019 timeframe used in this report

**All population estimates apply to July 1 of the selected year. Estimates include decimal fractions. The sum of population subgroup estimates may not exactly equal the overall state population estimate due to rounding error.

SOURCE: University of New Mexico Geospatial and Population Studies

Appendix 2

Substance Use and Mental Health in New Mexico, by Age Group, 2017-2018

National Survey on Drug Use and Health (NSDUH)

Appendix 2A. Drug Use, Past Year Alcohol Use Disorder, and Past Year Mental Health Measures in New Mexico, by Age Group: Estimated Numbers (in Thousands), Annual Averages Based on 2017-2018 NSDUHS

Measure	12+	12-17 Years	18-25 Years	26+ Years	18+ years
ILLICIT DRUGS²					
Past Month Illicit Drug Use ²	245	17	56	171	227
Past Year Cocaine Use	36	1	13	22	35
Perceptions of Great Risk from Using Cocaine Once a Month	1,235	92	143	1000	1,143
Past Year Heroin Use	5	0	1	4	5
Perceptions of Great Risk from Trying Heroin Once or Twice	1,490	111	181	1,198	1,379
Past Year Pain Reliever Misuse	66	5	16	45	60
First Use of Marijuana ³	25	10	10	5	15
Past Month Marijuana Use	225	16	52	157	210
Past Year Marijuana Use	325	27	73	225	298
Perceptions of Great Risk from Smoking Marijuana Once a Month	428	33	28	367	394
Past Month Use of Illicit Drugs ² Other Than Marijuana	53	4	14	35	49
Past Year Methamphetamine Use	16	0	4	12	16
ALCOHOL					
Past Month Alcohol Use	804	16	110	678	788
Past Month Binge Alcohol Use ⁹	400	8	69	323	392
Past Month Alcohol Use (12-20 Years) ⁸	45	–	–	–	–
Past Month Binge Alcohol Use (12-20 Years) ^{8,9}	25	–	–	–	–
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	861	72	94	695	789
TOBACCO PRODUCTS⁴					
Past Month Tobacco Product Use	424	9	67	348	415
Past Month Cigarette Use	345	5	53	287	340
Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day	1,262	103	146	1014	1,159
PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT					
Illicit Drug Use Disorder ¹	53	6	17	29	46
Pain Reliever Use Disorder ¹	9	1	2	7	9
Alcohol Use Disorder ¹	90	3	21	66	87
Substance Use Disorder ¹	126	8	34	84	118
Needing But Not Receiving Treatment at a Specialty Facility for Illicit Drug Use ¹⁰	47	6	16	24	41
Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use ¹⁰	84	3	20	61	81
Needing But Not Receiving Treatment at a Specialty Facility for Substance Use ¹⁰	115	7	31	76	107
PAST YEAR MENTAL HEALTH ISSUES					
Major Depressive Episode ⁷	–	29	31	83	114
Any Mental Illness ⁵	–	–	56	244	300
Serious Mental Illness ⁶	–	–	17	54	71
Received Mental Health Services ¹¹	–	–	30	191	221
Had Serious Thoughts of Suicide	–	–	24	43	67

+ All figures are estimated numbers in thousands
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017 and 2018.

Appendix 2B. Drug Use, Past Year Alcohol Use Disorder, and Past Year Mental Health Measures in New Mexico, by Age Group: Percentages, Annual Averages Based on 2017-2018 NSDUHs

Measure	12+	12-17 Years	18-25 Years	26+ Years	18+ years
ILLICIT DRUGS²					
Past Month Illicit Drug Use ²	14.09	10.50	25.73	12.65	14.47
Past Year Cocaine Use	2.09	0.67	5.86	1.66	2.24
Perceptions of Great Risk from Using Cocaine Once a Month	71.12	56.41	65.51	73.93	72.75
Past Year Heroin Use	0.30	0.07	0.58	0.28	0.32
Perceptions of Great Risk from Trying Heroin Once or Twice	85.82	66.96	82.76	88.60	87.78
Past Year Pain Reliever Misuse	3.78	3.21	7.13	3.30	3.84
First Use of Marijuana ³	2.99	7.88	9.66	0.87	2.08
Past Month Marijuana Use	12.98	9.58	12.96	11.62	13.34
Past Year Marijuana Use	18.72	16.18	33.37	16.66	18.99
Perceptions of Great Risk from Smoking Marijuana Once a Month	24.60	10.08	12.65	27.11	25.08
Past Month Use of Illicit Drugs ² Other Than Marijuana	3.06	2.54	6.21	2.61	3.11
Past Year Methamphetamine Use	0.92	0.16	1.62	0.90	1.00
ALCOHOL					
Past Month Alcohol Use	46.29	9.79	50.23	50.14	50.15
Past Month Binge Alcohol Use ⁸	23.01	4.96	31.45	23.86	24.92
Past Month Alcohol Use (12-20 Years) ⁸	18.11	–	–	–	–
Past Month Binge Alcohol Use (12-20 Years) ^{8,9}	10.06	–	–	–	–
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	49.56	43.24	42.77	51.44	50.23
TOBACCO PRODUCTS⁴					
Past Month Tobacco Product Use	24.42	5.47	30.48	25.76	26.42
Past Month Cigarette Use	19.87	3.02	24.40	21.20	21.65
Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day	72.68	62.23	66.46	74.97	73.78
PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT					
Illicit Drug Use Disorder ¹	3.02	3.70	7.79	2.17	2.95
Pain Reliever Use Disorder ¹	0.54	0.44	0.85	0.50	0.55
Alcohol Use Disorder ¹	5.21	1.83	9.68	4.90	5.56
Substance Use Disorder ¹	7.27	4.80	15.49	6.24	7.53
Needing But Not Receiving Treatment at a Specialty Facility for Illicit Drug Use ¹⁰	2.69	3.66	7.38	1.81	2.59
Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use ¹⁰	4.81	1.74	9.11	4.49	5.13
Needing But Not Receiving Treatment at a Specialty Facility for Substance Use ¹⁰	6.60	4.50	14.25	5.62	6.82
PAST YEAR MENTAL HEALTH ISSUES					
Major Depressive Episode ⁷	–	17.43	14.19	6.13	7.25
Any Mental Illness ⁵	–	–	25.43	18.07	19.10
Serious Mental Illness ⁶	–	–	7.73	3.99	4.51
Received Mental Health Services ¹¹	–	–	13.66	14.15	14.08
Had Serious Thoughts of Suicide	–	–	10.74	3.20	4.25

* _ Not available

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017 and 2018

Appendix 3

Substance Use and Mental Health by National Regions, Age 12+, 2017-2018

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 2017 and 2018 NSDUHs

INDICATORS ¹	TOTAL U.S.	NORTHEAST	MIDWEST	SOUTH	WEST	NEW MEXICO
ILLICIT DRUGS² among persons aged 12 or older						
Past Month Illicit Drug Use ²	11.43 (11.14-11.73)	11.88 (11.35-12.43)	11.01 (10.58-11.45)	9.60 (9.28 - 9.93)	14.39 (13.83 - 14.97)	14.09 (12.13 - 16.31)
Past Year Cocaine Use	2.10 (2.00 - 2.21)	2.32 (2.11 - 2.56)	1.93 (1.77 - 2.09)	1.77 (1.63 - 1.91)	2.63 (2.40 - 2.87)	2.09 (1.55 - 2.82)
Perceptions of Great Risk from Using Cocaine Once a Month	71.27 (70.85 - 71.68)	69.04 (68.19 - 69.89)	70.55 (69.90 - 71.20)	75.59 (75.07 - 76.12)	66.85 (65.85 - 67.45)	71.12 (68.65 - 73.47)
Past Year Heroin Use	0.31 (0.27 - 0.36)	0.46 (0.35 - 0.59)	0.33 (0.25 - 0.43)	0.27 (0.21 - 0.35)	0.25 (0.18 - 0.34)	0.30 (0.15 - 0.59)
Perceptions of Great Risk from Trying Heroin Once or Twice	86.29 (86.00 - 86.57)	86.46 (85.87 - 87.03)	86.32 (85.83 - 86.79)	87.78 (87.37 - 88.18)	83.76 (83.15 - 84.35)	85.82 (83.87 - 87.58)
Past Year Pain Reliever Misuse	3.85 (3.72 - 3.99)	3.42 (3.13 - 3.72)	3.92 (3.69 - 4.16)	3.92 (3.71 - 4.14)	4.01 (3.73 - 4.31)	3.78 (3.12 - 4.57)
First Use of Marijuana ³	2.17 (2.09 - 2.26)	2.27 (2.13 - 2.43)	2.31 (2.18 - 2.44)	1.76 (1.66 - 1.86)	2.71 (2.53 - 2.91)	2.99 (2.51 - 3.58)
Past Month Marijuana Use	9.83 (9.56 - 10.10)	10.25 (9.74 - 10.78)	9.39 (8.97 - 9.83)	7.96 (7.64 - 8.29)	12.89 (12.36 - 13.45)	12.98 (11.08 - 15.15)
Past Year Marijuana Use	15.47 (15.13 - 15.81)	15.97 (15.35 - 16.60)	14.99 (14.46 - 15.54)	12.92 (12.51 - 13.35)	19.57 (18.92 - 20.23)	18.72 (16.54 - 21.11)
Perceptions of Great Risk from Smoking Marijuana Once a Month	25.54 (25.10 - 25.97)	24.58 (23.74 - 25.45)	22.45 (21.74 - 23.17)	28.92 (28.27 - 29.58)	23.58 (22.78 - 24.39)	24.60 (22.12 - 27.26)
Past Month Use of Illicit Drugs ² Other Than Marijuana	3.30 (3.16 - 3.44)	3.26 (3.00 - 3.54)	3.34 (3.12 - 3.57)	3.16 (2.96 - 3.36)	3.52 (3.26 - 3.81)	3.06 (2.44 - 3.82)
Past Year Methamphetamine Use	0.64 (0.58 - 0.70)	0.36 (0.27 - 0.48)	0.62 (0.52 - 0.74)	0.60 (0.51 - 0.71)	0.93 (0.78 - 1.11)	0.92 (0.56 - 1.51)
ALCOHOL among persons aged 12 or older						
Past Month Alcohol Use	51.37 (50.84 - 51.91)	55.62 (54.67 - 56.56)	54.10 (53.28 - 54.91)	47.65 (46.94 - 48.35)	51.76 (50.86 - 52.66)	46.29 (43.37 - 49.25)
Past Month Binge Alcohol Use ⁹	24.49 (24.11 - 24.88)	26.04 (25.25 - 26.84)	26.57 (25.91 - 27.24)	22.96 (22.42 - 23.51)	23.96 (23.25 - 24.68)	23.01 (20.71 - 25.49)
Past Month Alcohol Use (12-20 Years) ⁹	19.25 (18.60 - 19.91)	22.01 (21.08 - 22.97)	21.20 (20.41 - 22.01)	17.54 (16.90 - 18.20)	18.35 (17.51 - 19.21)	18.11 (15.74 - 20.76)
Past Month Binge Alcohol Use (12-20 Years) ^{9,9}	11.66 (11.16 - 12.18)	13.93 (13.06 - 14.86)	13.48 (12.72 - 14.28)	10.13 (9.46 - 10.83)	10.94 (10.13 - 11.80)	10.06 (8.28 - 12.17)
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	44.78 (44.36 - 45.21)	43.45 (42.55 - 44.35)	40.24 (39.48 - 41.01)	47.06 (46.38 - 47.75)	46.14 (45.30 - 46.99)	49.56 (46.85 - 52.28)
TOBACCO among persons aged 12 or older						
Past Month Tobacco Product Use ⁴	21.96 (21.57 - 22.34)	20.30 (19.56 - 21.05)	24.22 (23.54 - 24.91)	23.86 (23.29 - 24.44)	18.16 (17.50 - 18.83)	24.42 (22.07 - 26.94)
Past Month Cigarette Use	17.52 (17.18 - 17.88)	16.22 (15.54 - 16.93)	19.43 (18.82 - 20.05)	18.95 (18.42 - 19.49)	14.53 (13.93 - 15.15)	19.87 (17.76 - 22.16)
Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day	71.73 (71.35 - 72.11)	74.17 (73.34 - 74.97)	68.28 (67.55 - 69.00)	71.32 (70.74 - 71.90)	73.62 (72.85 - 74.38)	72.68 (70.30 - 74.94)
PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT						
Illicit Drug Use Disorder ¹	(2.64 - 3.06) (2.64 - 3.06)	(2.64 - 3.06) (2.64 - 3.06)	(2.64 - 3.06) (2.64 - 3.06)	(2.64 - 3.06) (2.64 - 3.06)	(2.64 - 3.06) (2.64 - 3.06)	(2.64 - 3.06) (2.64 - 3.06)
Pain Reliever Use Disorder ¹	0.62 (0.56 - 0.68)	0.59 (0.49 - 0.71)	0.65 (0.57 - 0.76)	0.63 (0.55 - 0.72)	0.59 (0.59 - 0.70)	0.54 (0.36 - 0.81)
Alcohol Use Disorder ¹	5.37 (5.20 - 5.55)	5.50 (5.12 - 5.90)	5.56 (5.26 - 5.88)	4.81 (4.55 - 5.07)	6.01 (5.65 - 6.40)	5.21 (4.20 - 6.44)
Substance Use Disorder ¹	7.32 (7.13 - 7.52)	7.50 (7.07 - 7.95)	7.47 (7.11 - 7.84)	6.71 (6.41 - 7.02)	8.04 (7.61 - 8.48)	7.27 (6.19 - 8.53)
Needing But Not Receiving Treatment at a Specialty Facility for Illicit Drug Use ¹⁰	2.55 (2.44 - 2.67)	2.59 (2.38 - 2.82)	2.54 (2.36 - 2.73)	2.35 (2.20 - 2.50)	2.84 (2.62 - 3.09)	2.69 (2.14 - 3.36)
Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use ¹⁰	5.13 (4.97 - 5.31)	5.20 (4.48 - 5.58)	5.30 (5.00 - 5.61)	4.61 (4.37 - 4.85)	5.78 (5.42 - 6.16)	4.81 (3.90 - 5.92)
Needing But Not Receiving Treatment at a Specialty Facility for Substance Use ¹⁰	6.79 (6.60 - 6.98)	6.88 (6.50 - 7.29)	6.85 (6.53 - 7.19)	6.21 (5.93 - 6.50)	7.59 (7.19 - 8.02)	6.60 (5.57 - 7.81)
MENTAL HEALTH among persons aged 18 or older						
Any Mental Illness ⁵ in past year	19.00 (18.63 - 19.38)	18.53 (17.83 - 19.26)	19.88 (19.26 - 20.51)	18.18 (17.63 - 18.74)	19.90 (19.16 - 20.67)	19.10 (16.97 - 21.43)
Serious Mental Illness ⁶ in past year	4.55 (4.38 - 4.73)	4.22 (3.90 - 4.56)	4.91 (4.62 - 5.21)	4.44 (4.20 - 4.68)	4.66 (4.34 - 5.00)	4.51 (3.67 - 5.54)
Had serious thoughts of suicide in past year	4.34 (4.18 - 4.51)	4.04 (3.73 - 4.38)	4.65 (4.37 - 4.94)	4.14 (3.90 - 4.39)	4.61 (4.28 - 4.96)	4.25 (3.42 - 5.26)
Received Mental Health Services ¹¹	14.91 (14.57 - 15.26)	16.05 (15.35 - 16.78)	16.81 (16.21 - 17.43)	13.84 (13.37 - 14.32)	14.08 (13.49 - 14.69)	14.08 (12.27 - 16.12)
Major Depressive Episode ⁷ in past year	7.14 (6.92 - 7.36)	6.76 (6.35 - 7.20)	7.76 (7.38 - 8.15)	6.80 (6.49 - 7.13)	7.39 (6.98 - 7.84)	7.25 (6.06 - 8.66)

¹ 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, 2017 and 2018.

Appendix 3B. Substance Use and Mental Health, U.S. Regions & New Mexico, by Age Group, Percentages, Annual Averages Based on 2017 and 2018 NSDUHs

INDICATORS ⁺	AGE GROUP	TOTAL U.S.	NORTHEAST	MIDWEST	SOUTH	WEST	NEW MEXICO
ILLICIT DRUGS² among persons aged 12 or older							
Past Month Illicit Drug Use ²	Age 12-17	7.96 (7.59 - 8.34)	8.31 (7.64 - 9.02)	7.90 (7.35 - 8.50)	7.24 (6.78 - 7.72)	8.93 (8.18 - 9.73)	10.50 (8.49 - 12.92)
	Age 18-25	24.04 (23.88 - 24.72)	26.53 (25.14 - 27.97)	23.80 (22.59 - 25.06)	20.94 (19.89 - 22.03)	27.29 (25.82 - 28.81)	25.73 (21.99 - 28.85)
	Age 26+	9.82 (9.49 - 10.16)	9.96 (9.34 - 10.63)	9.29 (8.77 - 9.82)	8.08 (7.68 - 8.50)	12.95 (12.27 - 13.66)	12.65 (10.41 - 15.29)
	Age 18+	11.78 (11.47 - 12.10)	12.20 (11.64 - 12.79)	11.32 (10.86 - 11.80)	9.84 (9.49 - 10.20)	14.95 (14.34 - 15.58)	14.47 (12.37 - 16.86)
Past Year Cocaine Use	Age 12-17	0.48 (0.40 - 0.58)	0.46 (0.35 - 0.60)	0.50 (0.39 - 0.64)	0.42 (0.33 - 0.55)	0.56 (0.41 - 0.77)	0.67 (0.39 - 1.14)
	Age 18-25	5.99 (5.63 - 6.37)	6.84 (6.14 - 7.61)	5.72 (5.15 - 6.33)	4.88 (4.44 - 5.37)	7.35 (6.60 - 8.17)	5.86 (4.17 - 8.17)
	Age 26+	1.67 (1.56 - 1.79)	1.82 (1.59 - 2.08)	1.48 (1.32 - 1.66)	1.43 (1.29 - 1.59)	2.11 (1.86 - 2.38)	1.66 (1.15 - 2.39)
	Age 18+	2.26 (2.15 - 2.39)	2.50 (2.26 - 2.75)	2.07 (1.90 - 2.25)	1.90 (1.76 - 2.06)	2.84 (2.59 - 3.11)	2.24 (1.65 - 3.04)
Perceptions of Great Risk from Using Cocaine Once a Month	Age 12-17	54.92 (54.18 - 55.66)	54.91 (53.58 - 56.23)	53.32 (52.14 - 54.50)	56.63 (55.58 - 57.68)	53.60 (52.21 - 54.98)	55.41 (51.31 - 59.43)
	Age 18-25	62.82 (62.06 - 63.58)	58.69 (57.14 - 60.23)	61.52 (60.18 - 62.84)	67.87 (66.66 - 69.05)	59.11 (57.52 - 60.69)	65.51 (61.42 - 69.37)
	Age 26+	74.50 (74.00 - 75.00)	72.14 (71.10 - 73.16)	74.06 (73.26 - 74.84)	79.05 (78.4 - 79.69)	69.40 (68.43 - 70.35)	73.93 (70.97 - 76.69)
	Age 18+	72.89 (72.43 - 73.33)	70.32 (69.39 - 71.23)	72.29 (71.58 - 72.99)	77.52 (76.93 - 78.10)	67.96 (67.09 - 68.82)	72.75 (70.08 - 75.28)
Past Year Heroin Use	Age 12-17	0.05 (0.03 - 0.08)	0.05 (0.02 - 0.10)	0.05 (0.02 - 0.11)	0.05 (0.02 - 0.10)	0.05 (0.02 - 0.11)	0.07 (0.03 - 0.19)
	Age 18-25	0.54 (0.44 - 0.66)	0.68 (0.52 - 0.89)	0.58 (0.45 - 0.75)	0.52 (0.41 - 0.66)	0.45 (0.33 - 0.61)	0.58 (0.29 - 1.13)
	Age 26+	0.30 (0.25 - 0.36)	0.47 (0.35 - 0.63)	0.32 (0.24 - 0.44)	0.26 (0.19 - 0.35)	0.24 (0.16 - 0.35)	0.28 (0.12 - 0.64)
	Age 18+	0.34 (0.29 - 0.39)	0.50 (0.38 - 0.64)	0.36 (0.28 - 0.47)	0.29 (0.23 - 0.38)	0.27 (0.19 - 0.37)	0.32 (0.16 - 0.65)
Perceptions of Great Risk from Trying Heroin Once or Twice	Age 12-17	65.41 (64.70 - 66.11)	66.88 (65.62 - 68.12)	64.74 (63.64 - 65.82)	66.09 (65.09 - 67.07)	63.91 (62.56 - 65.24)	66.96 (63.13 - 70.57)
	Age 18-25	82.54 (82.01 - 83.07)	82.80 (81.71 - 83.83)	82.56 (81.67 - 83.43)	83.78 (83.03 - 84.50)	80.42 (79.29 - 81.51)	82.76 (79.53 - 85.58)
	Age 26+	89.28 (88.95 - 89.60)	89.07 (88.40 - 89.71)	89.46 (88.91 - 89.98)	90.96 (90.49 - 91.40)	86.61 (85.89 - 87.29)	88.60 (86.30 - 90.55)
	Age 18+	88.35 (88.06 - 88.64)	88.22 (87.60 - 88.82)	88.49 (87.98 - 88.97)	89.97 (89.56 - 90.37)	85.74 (85.10 - 86.36)	87.78 (85.67 - 89.62)
Past Year Pain Reliever Misuse	Age 12-17	2.93 (2.71 - 3.17)	2.27 (1.90 - 2.71)	2.87 (2.55 - 3.23)	3.10 (2.79 - 3.44)	3.17 (2.74 - 3.67)	3.21 (2.25 - 4.57)
	Age 18-25	6.32 (6.00 - 6.65)	5.88 (5.31 - 6.49)	6.49 (6.01 - 7.02)	6.51 (6.07 - 6.98)	6.19 (5.61 - 6.82)	7.13 (5.57 - 9.10)
	Age 26+	3.56 (3.40 - 3.73)	3.15 (2.82 - 3.53)	3.62 (3.35 - 3.92)	3.61 (3.35 - 3.88)	3.75 (3.42 - 4.12)	3.30 (2.55 - 4.28)
	Age 18+	3.94 (3.80 - 4.10)	3.52 (3.22 - 3.85)	4.03 (3.78 - 4.28)	4.00 (3.78 - 4.24)	4.09 (3.79 - 4.42)	3.84 (3.14 - 4.68)
First Use of Marijuana ³	Age 12-17	5.50 (5.26 - 5.76)	5.78 (5.37 - 6.21)	5.61 (5.27 - 5.97)	4.93 (4.65 - 5.23)	6.17 (5.74 - 6.63)	7.88 (6.54 - 9.45)
	Age 18-25	8.32 (7.90 - 8.75)	9.47 (8.72 - 10.29)	8.94 (8.33 - 9.58)	6.72 (6.26 - 7.21)	9.76 (9.00 - 10.58)	9.66 (7.58 - 12.25)
	Age 26+	0.53 (0.47 - 0.60)	0.55 (0.44 - 0.68)	0.52 (0.43 - 0.63)	0.38 (0.31 - 0.46)	0.83 (0.67 - 1.03)	0.87 (0.54 - 1.40)
	Age 18+	1.60 (1.51 - 1.69)	1.70 (1.55 - 1.87)	1.71 (1.58 - 1.86)	1.24 (1.14 - 1.34)	2.08 (1.88 - 2.30)	2.08 (1.60 - 2.70)

+ 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, 2017 and 2018.

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Appendix 3B. Substance Use and Mental Health, U.S. Regions & New Mexico, by Age Group, Percentages, Annual Averages Based on 2017 and 2018 NSDUHs

INDICATORS ⁺	AGE GROUP	TOTAL U.S.	NORTHEAST	MIDWEST	SOUTH	WEST	NEW MEXICO
ILLICIT DRUGS² among persons aged 12 or older							
Past Month Marijuana Use	Age 12-17	6.56	6.82	6.47	5.89	7.55	9.58
		(6.21 - 6.93)	(6.22 - 7.48)	(5.96 - 7.02)	(5.45 - 6.37)	(6.89 - 8.26)	(7.58 - 12.03)
	Age 18-25	22.12	24.74	21.85	18.89	25.51	23.96
		(21.48 - 22.78)	(23.43 - 26.09)	(20.72 - 23.03)	(17.96 - 19.85)	(24.20 - 26.87)	(20.28 - 28.08)
	Age 26+	8.25	8.35	7.70	6.47	11.48	11.62
(7.95 - 8.56)		(7.76 - 8.98)	(7.21 - 8.22)	(6.09 - 6.88)	(10.83 - 12.16)	(9.48 - 14.16)	
Age 18+	10.16	10.56	9.69	8.17	13.44	13.34	
	(9.87 - 10.46)	(10.02 - 11.13)	(9.24 - 10.16)	(7.82 - 8.53)	(12.86 - 14.04)	(11.31 - 15.67)	
Past Year Marijuana Use	Age 12-17	12.45	13.00	12.58	11.20	13.96	16.18
		(11.99 - 12.92)	(12.16 - 13.89)	(11.85 - 13.36)	(10.56 - 11.87)	(13.05 - 14.92)	(13.47 - 19.31)
	Age 18-25	34.80	38.99	34.75	30.14	39.08	33.37
		(34.04 - 35.57)	(37.52 - 40.49)	(33.59 - 35.93)	(29.17 - 31.13)	(37.64 - 40.54)	(29.40 - 37.59)
	Age 26+	12.73	12.69	12.05	10.40	17.07	16.66
(12.36 - 13.11)		(11.96 - 13.44)	(11.42 - 12.71)	(9.89 - 10.93)	(16.28 - 17.88)	(14.18 - 19.47)	
Age 18+	15.77	16.24	15.24	13.10	20.14	18.99	
	(15.41 - 16.14)	(15.58 - 16.92)	(14.66 - 15.83)	(12.65 - 13.56)	(19.43 - 20.86)	(16.67 - 21.55)	
Perceptions of Great Risk from Smoking Marijuana Once a Month	Age 12-17	23.61	23.23	22.42	26.05	20.99	20.08
		(23.01 - 24.22)	(22.07 - 24.42)	(21.47 - 23.40)	(25.11 - 27.02)	(19.89 - 22.13)	(17.12 - 23.41)
	Age 18-25	12.14	11.42	10.17	14.16	11.26	12.65
		(11.64 - 12.66)	(10.57 - 12.33)	(9.49 - 10.88)	(13.44 - 14.92)	(10.39 - 12.20)	(10.23 - 15.55)
	Age 26+	27.92	26.80	24.47	31.61	25.89	27.11
(27.40 - 28.44)		(25.78 - 27.84)	(23.63 - 25.34)	(30.82 - 32.41)	(24.93 - 26.88)	(24.09 - 30.36)	
Age 18+	25.73	24.71	22.45	29.21	23.84	25.08	
	(25.26 - 26.20)	(23.80 - 25.64)	(21.69 - 23.22)	(28.51 - 29.93)	(22.98 - 24.72)	(22.42 - 27.94)	
Past Month Use of Illicit Drugs ² Other Than Marijuana	Age 12-17	2.39	2.17	2.44	2.38	2.53	2.54
		(2.20 - 2.61)	(1.88 - 2.51)	(2.16 - 2.76)	(2.12 - 2.66)	(2.20 - 2.92)	(1.81 - 3.55)
	Age 18-25	6.56	7.08	6.89	6.15	6.56	6.21
		(6.20 - 6.94)	(6.42 - 7.81)	(6.33 - 7.49)	(5.70 - 6.64)	(5.91 - 7.24)	(4.61 - 8.32)
	Age 26+	2.88	2.78	2.87	2.77	3.15	2.61
(2.73 - 3.05)		(2.49 - 3.10)	(2.62 - 3.14)	(2.54 - 3.02)	(2.84 - 3.50)	(1.96 - 3.46)	
Age 18+	3.39	3.36	3.43	3.24	3.63	3.11	
	(3.24 - 3.55)	(3.09 - 3.66)	(3.19 - 3.68)	(3.02 - 3.46)	(3.34 - 3.94)	(2.46 - 3.93)	
Past Year Methamphetamine Use	Age 12-17	0.18	0.15	0.21	0.19	0.17	0.16
		(0.14 - 0.24)	(0.09 - 0.25)	(0.15 - 0.31)	(0.12 - 0.29)	(0.10 - 0.28)	(0.07 - 0.36)
	Age 18-25	0.95	0.48	1.04	0.91	1.27	1.62
		(0.82 - 1.09)	(0.33 - 0.68)	(0.83 - 1.30)	(0.74 - 1.12)	(0.98 - 1.64)	(0.90 - 2.89)
	Age 26+	0.65	0.36	0.60	0.60	0.97	0.90
(0.58 - 0.72)		(0.26 - 0.51)	(0.49 - 0.74)	(0.50 - 0.72)	(0.79 - 1.18)	(0.51 - 1.59)	
Age 18+	0.69	0.38	0.66	0.64	1.01	1.00	
	(0.63 - 0.76)	(0.28 - 0.51)	(0.55 - 0.79)	(0.54 - 0.76)	(0.84 - 1.21)	(0.61 - 1.65)	
ALCOHOL among persons aged 12 or older							
Past Month Alcohol Use	Age 12-17	9.43	10.37	9.94	9.15	8.78	9.79
		(9.02 - 9.85)	(9.61 - 11.19)	(9.31 - 10.60)	(8.60 - 9.73)	(8.12 - 9.49)	(7.88 - 12.11)
	Age 18-25	55.73	61.60	59.96	51.31	54.62	50.23
		(54.84 - 56.61)	(59.64 - 63.52)	(58.15 - 61.74)	(49.61 - 53.00)	(52.67 - 56.55)	(45.62 - 54.83)
	Age 26+	55.57	59.48	58.39	51.65	56.38	50.14
(54.94 - 56.19)		(58.37 - 60.58)	(57.44 - 59.33)	(50.85 - 52.46)	(55.33 - 57.42)	(46.93 - 53.36)	
Age 18+	55.59	59.77	58.61	51.61	56.13	50.15	
	(55.01 - 56.16)	(58.74 - 60.79)	(57.71 - 59.50)	(50.83 - 52.38)	(55.14 - 57.12)	(46.93 - 53.36)	
Past Month Binge Alcohol Use ⁹	Age 12-17	4.97	5.45	5.38	4.73	4.68	4.96
		(4.68 - 5.29)	(4.92 - 6.03)	(4.94 - 5.86)	(4.35 - 5.15)	(4.20 - 5.21)	(3.84 - 6.40)
	Age 18-25	35.89	41.66	39.74	31.97	34.40	31.45
		(35.10 - 36.68)	(39.98 - 43.36)	(38.21 - 41.28)	(30.62 - 33.35)	(32.80 - 36.04)	(27.60 - 35.56)
	Age 26+	24.95	25.78	26.94	23.71	24.55	23.86
(24.49 - 25.41)		(24.85 - 26.73)	(26.14 - 27.75)	(23.05 - 24.37)	(23.69 - 25.42)	(21.14 - 26.82)	
Age 18+	26.45	27.92	28.73	24.83	25.92	24.92	
	(26.04 - 26.87)	(27.07 - 28.80)	(28.00 - 29.48)	(24.24 - 25.44)	(25.14 - 26.72)	(22.38 - 27.64)	
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	Age 12-17	43.39	42.43	40.30	45.55	43.32	43.24
		(42.68 - 44.11)	(41.10 - 43.77)	(39.16 - 41.46)	(44.48 - 46.61)	(42.01 - 44.63)	(39.27 - 47.30)
	Age 18-25	37.69	34.70	33.26	40.81	38.95	42.77
		(36.98 - 38.41)	(33.37 - 36.04)	(32.13 - 34.40)	(39.80 - 41.83)	(37.59 - 40.33)	(38.86 - 46.77)
	Age 26+	46.08	44.93	41.38	48.23	47.64	51.44
(45.56 - 46.60)		(43.84 - 46.02)	(40.45 - 42.32)	(47.40 - 49.07)	(46.62 - 48.67)	(48.18 - 54.68)	
Age 18+	44.92	43.54	40.24	47.22	46.43	50.23	
	(44.46 - 45.39)	(42.58 - 44.51)	(39.42 - 41.06)	(46.48 - 47.96)	(45.52 - 47.34)	(47.32 - 53.13)	

+ 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, 2017 and 2018.

Appendix 3B. Substance Use and Mental Health, U.S. Regions & New Mexico, by Age Group, Percentages, Annual Averages Based on 2017 and 2018 NSDUHs

INDICATORS ⁺	AGE GROUP	TOTAL U.S.	NORTHEAST	MIDWEST	SOUTH	WEST	NEW MEXICO
TOBACCO among persons aged 12 or older							
Past Month Tobacco Product Use ⁴	Age 12-17	4.55	4.18	5.00	5.03	3.63	5.47
		(4.27 - 4.85)	(3.74 - 4.68)	(4.54 - 5.49)	(4.62 - 5.47)	(3.21 - 4.11)	(3.91 - 7.59)
	Age 18-25	27.46	27.70	30.05	28.95	22.64	30.48
		(26.82 - 28.10)	(26.49 - 28.95)	(28.97 - 31.15)	(28.05 - 29.87)	(21.53 - 23.79)	(26.66 - 34.60)
	Age 26+	23.11	20.85	25.55	25.30	19.15	25.76
(22.65 - 23.57)		(19.96 - 21.76)	(24.73 - 26.38)	(24.60 - 26.02)	(18.34 - 19.98)	(22.96 - 28.79)	
Age 18+	23.70	21.77	26.18	25.80	19.63	26.42	
	(23.29 - 24.12)	(20.98 - 22.59)	(25.45 - 26.93)	(25.18 - 26.43)	(18.91 - 20.37)	(23.85 - 29.16)	
Past Month Cigarette Use	Age 12-17	2.93	2.60	3.35	3.22	2.30	3.02
		(2.70 - 3.17)	(2.26 - 2.98)	(3.00 - 3.74)	(2.90 - 3.58)	(1.98 - 2.66)	(2.04 - 4.46)
	Age 18-25	20.73	20.28	22.67	21.72	17.79	24.40
		(20.16 - 21.31)	(19.13 - 21.48)	(21.64 - 23.72)	(20.86 - 22.62)	(16.71 - 18.92)	(20.74 - 28.48)
	Age 26+	18.71	17.03	20.81	20.39	15.45	21.20
(18.29 - 19.14)		(16.20 - 17.91)	(20.05 - 21.59)	(19.71 - 21.08)	(14.69 - 16.24)	(18.67 - 23.98)	
Age 18+	18.99	17.47	21.07	20.57	15.77	21.65	
	(18.61 - 19.37)	(16.73 - 18.24)	(20.41 - 21.75)	(19.99 - 21.16)	(15.11 - 16.46)	(19.35 - 24.14)	
Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day	Age 12-17	66.27	68.78	64.08	65.87	67.17	62.23
		(65.58 - 66.96)	(67.48 - 70.04)	(62.93 - 65.22)	(64.88 - 66.85)	(65.94 - 68.38)	(58.46 - 65.85)
	Age 18-25	67.04	69.14	63.36	66.46	69.68	66.46
		(66.32 - 67.74)	(67.88 - 70.38)	(62.21 - 64.50)	(65.52 - 67.39)	(67.44 - 70.89)	(62.69 - 70.04)
	Age 26+	73.11	75.51	69.57	72.73	75.02	74.97
(72.64 - 73.57)		(74.54 - 76.47)	(68.69 - 70.44)	(72.05 - 73.41)	(74.09 - 75.92)	(72.10 - 77.63)	
Age 18+	72.27	74.65	68.70	71.87	74.27	73.78	
	(71.86 - 72.68)	(73.78 - 75.51)	(67.92 - 69.47)	(71.26 - 72.48)	(73.45 - 75.08)	(71.22 - 76.18)	
PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT							
Illicit Drug Use Disorder ¹	Age 12-17	2.85	2.66	2.85	2.72	3.21	3.70
		(2.65 - 3.07)	(2.32 - 3.05)	(2.54 - 3.19)	(2.44 - 3.03)	(2.81 - 3.67)	(2.74 - 4.99)
	Age 18-25	7.48	7.83	7.45	6.98	8.02	7.79
		(7.11 - 7.86)	(7.13 - 8.58)	(6.86 - 8.08)	(6.49 - 7.50)	(7.31 - 8.81)	(5.97 - 10.12)
	Age 26+	2.13	2.12	2.09	2.01	2.35	2.17
(2.00 - 2.27)		(1.88 - 2.39)	(1.88 - 2.33)	(1.83 - 2.21)	(2.09 - 2.64)	(1.54 - 3.04)	
Age 18+	2.87	2.89	2.84	2.69	3.14	2.95	
	(2.74 - 3.00)	(2.64 - 3.16)	(2.63 - 3.07)	(2.51 - 2.89)	(2.88 - 3.43)	(2.28 - 3.82)	
Pain Reliever Use Disorder ¹	Age 12-17	0.41	0.38	0.42	0.38	0.46	0.44
		(0.33 - 0.50)	(0.28 - 0.51)	(0.32 - 0.54)	(0.29 - 0.49)	(0.34 - 0.62)	(0.25 - 0.77)
	Age 18-25	0.86	0.81	0.91	0.92	0.76	0.85
		(0.75 - 0.99)	(0.66 - 0.99)	(0.75 - 1.10)	(0.77 - 1.09)	(0.61 - 0.94)	(0.55 - 1.32)
	Age 26+	0.60	0.58	0.64	0.61	0.58	0.50
(0.53 - 0.68)		(0.46 - 0.73)	(0.54 - 0.76)	(0.52 - 0.72)	(0.48 - 0.71)	(0.29 - 0.84)	
Age 18+	0.64	0.61	0.68	0.65	0.60	0.55	
	(0.58 - 0.71)	(0.50 - 0.74)	(0.58 - 0.79)	(0.57 - 0.75)	(0.51 - 0.72)	(0.36 - 0.84)	
Alcohol Use Disorder ¹	Age 12-17	1.69	1.66	1.76	1.50	1.97	1.83
		(1.52 - 1.88)	(1.39 - 1.97)	(1.53 - 2.03)	(1.29 - 1.73)	(1.66 - 2.34)	(1.21 - 2.76)
	Age 18-25	10.05	10.76	10.99	8.73	10.76	9.68
		(9.63 - 10.49)	(9.94 - 11.63)	(10.26 - 11.77)	(8.19 - 9.30)	(9.97 - 11.61)	(7.57 - 12.30)
	Age 26+	5.05	5.08	5.13	4.58	5.72	4.90
(4.85 - 5.26)		(4.66 - 5.55)	(4.79 - 5.49)	(4.29 - 4.89)	(5.30 - 6.18)	(3.80 - 6.29)	
Age 18+	5.74	5.85	5.95	5.15	6.42	5.56	
	(5.55 - 5.94)	(5.45 - 6.28)	(5.63 - 6.29)	(4.87 - 5.44)	(6.03 - 6.85)	(4.47 - 6.90)	
Substance Use Disorder ¹	Age 12-17	3.83	3.59	3.85	3.64	4.27	4.80
		(3.58 - 4.09)	(3.19 - 4.04)	(3.48 - 4.27)	(3.30 - 4.00)	(3.77 - 4.84)	(3.62 - 6.35)
	Age 18-25	14.92	16.09	15.34	13.55	15.81	15.49
		(14.41 - 15.44)	(15.12 - 17.12)	(14.50 - 16.23)	(12.87 - 14.27)	(14.83 - 16.85)	(12.86 - 18.55)
	Age 26+	6.51	6.57	6.61	5.99	7.22	6.24
(6.29 - 6.75)		(6.08 - 7.09)	(6.20 - 7.04)	(5.64 - 6.36)	(6.73 - 7.76)	(5.07 - 7.66)	
Age 18+	7.67	7.86	7.83	7.02	8.42	7.53	
	(7.46 - 7.89)	(7.39 - 8.34)	(7.45 - 8.24)	(6.70 - 7.36)	(7.96 - 8.91)	(6.37 - 8.89)	

+ 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, 2017 and 2018.

Appendix 3B. Substance Use and Mental Health, U.S. Regions & New Mexico, by Age Group, Percentages, Annual Averages Based on 2017 and 2018 NSDUHs

INDICATORS ⁺	AGE GROUP	TOTAL U.S.	NORTHEAST	MIDWEST	SOUTH	WEST	NEW MEXICO
PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT							
Needing But Not Receiving Treatment at a Specialty Facility for Illicit Drug Use ¹⁰	Age 12-17	2.69	2.46	2.62	2.56	3.12	3.66
		(2.49 - 2.91)	(2.15 - 2.81)	(2.33 - 2.94)	(2.30 - 2.85)	(2.71 - 3.58)	(2.67 - 4.98)
	Age 18-25	6.92	6.96	6.85	6.55	7.54	7.38
		(6.56 - 7.30)	(6.31 - 7.67)	(6.28 - 7.46)	(6.07 - 7.06)	(6.84 - 8.32)	(5.53 - 9.80)
	Age 26+	1.83	1.92	1.83	1.66	2.05	1.81
(1.71 - 1.97)	(1.70 - 2.18)	(1.64 - 2.03)	(1.51 - 1.83)	(1.82 - 2.32)	(1.32 - 2.47)		
Age 18+	2.54	2.60	2.53	2.33	2.82	2.59	
(2.42 - 2.66)	(2.38 - 2.85)	(2.34 - 2.74)	(2.17 - 2.49)	(2.58 - 3.08)	(2.02 - 3.30)		
Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use ¹⁰	Age 12-17	1.66	1.62	1.72	1.50	1.89	1.74
		(1.49 - 1.85)	(1.38 - 1.90)	(1.50 - 1.97)	(1.30 - 1.72)	(1.60 - 2.23)	(1.20 - 2.51)
	Age 18-25	9.70	10.40	10.48	8.49	10.39	9.11
		(9.29 - 10.13)	(9.62 - 11.23)	(9.81 - 11.20)	(7.94 - 9.08)	(9.57 - 11.26)	(7.20 - 11.48)
	Age 26+	4.81	4.77	4.88	4.36	5.49	4.49
(4.61 - 5.01)	(4.36 - 5.20)	(4.53 - 5.25)	(4.09 - 4.65)	(5.08 - 5.94)	(3.48 - 5.77)		
Age 18+	5.48	5.53	5.67	4.93	6.18	5.13	
(5.30 - 5.67)	(5.14 - 5.93)	(5.34 - 6.01)	(4.67 - 5.19)	(5.79 - 6.59)	(4.15 - 6.34)		
Needing But Not Receiving Treatment at a Specialty Facility for Substance Use ¹⁰	Age 12-17	3.62	3.45	3.66	3.41	4.05	4.50
		(3.38 - 3.88)	(3.07 - 3.87)	(3.33 - 4.03)	(3.09 - 3.76)	(3.61 - 4.54)	(3.42 - 5.90)
	Age 18-25	14.07	15.08	14.49	12.82	14.91	14.25
		(13.58 - 14.57)	(14.10 - 16.12)	(13.66 - 15.36)	(12.12 - 13.55)	(13.89 - 15.98)	(11.55 - 17.47)
	Age 26+	6.00	5.97	5.98	5.49	6.83	5.62
(5.78 - 6.22)	(5.53 - 6.43)	(5.62 - 6.37)	(5.17 - 5.84)	(6.35 - 7.33)	(4.54 - 6.93)		
Age 18+	7.11	7.20	7.18	6.50	7.95	6.82	
(6.90 - 7.32)	(6.78 - 7.64)	(6.83 - 7.54)	(6.19 - 6.81)	(7.51 - 8.42)	(5.71 - 8.13)		
MENTAL HEALTH among persons aged 18 or older							
Any Mental Illness in past year ⁵	Age 18-25	26.04	26.47	27.47	24.11	27.44	25.43
		(25.41 - 26.67)	(25.33 - 27.64)	(26.46 - 28.51)	(23.26 - 24.99)	(26.23 - 28.68)	(22.39 - 28.73)
	Age 26+	17.88	17.30	18.63	17.24	18.68	18.07
		(17.47 - 18.30)	(16.50 - 18.12)	(17.94 - 19.35)	(16.62 - 17.87)	(17.86 - 19.54)	(15.72 - 20.69)
	Age 18+	19.00	18.53	19.88	18.18	19.90	19.10
(18.63 - 19.38)	(17.83 - 19.26)	(19.26 - 20.51)	(17.63 - 18.74)	(19.16 - 20.67)	(16.97 - 21.43)		
Serious Mental Illness ⁶ in past year	Age 18-25	7.59	7.46	8.16	7.07	7.98	7.73
		(7.24 - 7.95)	(6.85 - 8.12)	(7.60 - 8.76)	(6.60 - 7.56)	(7.33 - 8.68)	(6.19 - 9.61)
	Age 26+	4.06	3.71	4.38	4.02	4.12	3.99
		(3.88 - 4.26)	(3.37 - 4.09)	(4.06 - 4.71)	(3.77 - 4.29)	(3.78 - 4.49)	(3.09 - 5.15)
	Age 18+	4.55	4.22	4.91	4.44	4.66	4.51
(4.38 - 4.73)	(3.90 - 4.56)	(4.62 - 5.21)	(4.20 - 4.68)	(4.34 - 5.00)	(3.67 - 5.54)		
Had serious thoughts of suicide in past year	Age 18-25	10.73	10.35	11.52	10.20	11.15	10.74
		(10.32 - 11.16)	(9.61 - 11.14)	(10.85 - 12.23)	(9.64 - 10.78)	(10.36 - 12.00)	(8.73 - 13.15)
	Age 26+	3.32	3.06	3.53	3.18	3.55	3.20
		(3.15 - 3.50)	(2.74 - 3.42)	(3.24 - 3.84)	(2.94 - 3.45)	(3.22 - 3.92)	(2.39 - 4.26)
	Age 18+	4.34	4.04	4.65	4.14	4.61	4.25
(4.18 - 4.51)	(3.73 - 4.38)	(4.37 - 4.94)	(3.90 - 4.39)	(4.28 - 4.96)	(3.42 - 5.26)		
Received Mental Health Services ¹¹	Age 18-25	15.03	16.98	17.40	13.53	13.88	13.66
		(14.51 - 15.58)	(16.00 - 18.00)	(16.56 - 18.27)	(12.86 - 14.22)	(13.00 - 14.81)	(11.38 - 16.33)
	Age 26+	14.89	15.91	16.72	13.89	14.11	14.15
		(14.51 - 15.27)	(15.13 - 16.72)	(16.04 - 17.42)	(13.36 - 14.43)	(13.45 - 14.80)	(12.14 - 16.44)
	Age 18+	14.91	16.05	16.81	13.84	14.08	14.08
(14.57 - 15.26)	(15.35 - 16.78)	(16.21 - 17.43)	(13.37 - 14.32)	(13.49 - 14.69)	(12.27 - 16.12)		
Major Depressive Episode in past year ⁷	Age 12-17	13.84	12.34	14.75	13.44	14.71	17.43
		(13.35 - 14.35)	(11.55 - 13.17)	(13.98 - 15.55)	(12.77 - 14.14)	(13.83 - 15.62)	(14.78 - 20.44)
	Age 18-25	13.40	12.84	14.26	12.51	14.44	14.19
		(12.94 - 13.88)	(11.96 - 13.78)	(13.48 - 15.07)	(11.87 - 13.19)	13.48 - 15.450	(11.69 - 17.12)
	Age 26+	6.14	5.82	6.70	5.91	6.26	6.13
(5.91 - 6.38)	(5.36 - 6.31)	(6.29 - 7.14)	(5.56 - 6.27)	(5.81 - 5.74)	(4.86 - 7.70)		
Age 18+	7.14	6.76	7.76	6.80	7.39	7.25	
(6.92 - 7.36)	(6.35 - 7.20)	(7.38 - 8.15)	(6.49 - 7.13)	(6.98 - 7.84)	(6.06 - 8.66)		

+ 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, 2017 and 2018.

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 developmental or substance use disorder, that met the criteria found in the DSM-IV, regardless of the level of impairment in carrying out major life activities.
6. Serious mental illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, that met the criteria found in the DSM-IV and resulted in serious functional impairment in carrying out major life activities.
7. Major depressive episode (MDE) is defined as in the 5th DSM-IV, which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. There are minor wording differences in the questions in the adult and adolescent MDE modules. Therefore, data from youths aged 12 to 17 were not combined with data from adults aged 18 or older to produce an estimate for those aged 12 or older.
8. Underage drinking is defined for individuals aged 12 to 20; therefore, the "12+" estimate reflects that age group and not individuals aged 12 or older.
9. Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion (i.e. within a couple hours of each other) on at least 1 day in the past 30 days.
10. Respondents were classified as needing treatment for a substance use problem if they met the criteria for substance use disorder as defined in the DSM-IV or received treatment for illicit drug or alcohol use at a specialty facility (i.e., drug and alcohol rehabilitation facility [inpatient or outpatient], hospital [inpatient only], or mental health center).
11. Mental health services are defined as having received inpatient treatment/counseling or outpatient treatment/counseling or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use.

Appendix 4

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

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

ICD-9-CM		ICD-10-CM	
Description	Code	Code	Description
Opioid Overdose/Poisoning			
Poisoning by opium (alkaloids), unspecified	965.00	T40.0 [X1-X4]	Poisoning by opium
Poisoning by other opiates and related narcotics	965.09	T40.2 [X1-X4]	Poisoning by other opioids
Accidental poisoning by other opiates and related narcotics	E850.2		
Poisoning by methadone	965.02	T40.3 [X1-X4]	Poisoning by methadone
Accidental poisoning by methadone	E850.1		
Poisoning by heroin	96.50	T40.1 [X1-X4]	Poisoning by heroin
Accidental poisoning by heroin	E850.0	T40.4 [X1-X4]	Poisoning by other synthetic narcotics
Chronic Liver Disease			
Acute and subacute necrosis of liver	570.xx	K70-K77	Diseases of liver
Chronic liver disease and cirrhosis	571.xx		
Liver abscess and sequelae of chronic liver disease	572.xx		
Other disorders of liver	573.xx		

