2004 NEW MEXICO SOCIAL INDICATOR REPORT

Substance Abuse Epidemiology Unit
Injury and Behavioral Epidemiology Bureau
Epidemiology and Response Division
New Mexico Department of Health

Acknowledgements

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2003 New Mexico Social Indicator Project
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EXECUTIVE SUMMARY

The 2004 New Mexico Social Indicator Report presents county-level and statewide data on indicators relevant to alcohol and drug abuse in New Mexico. The data presented here allow comparisons of the relative burden of substance abuse among New Mexico counties and the state. As such, this report will be equally useful to policy-makers and program planners working at the statewide level or the community level. The report should prove to be a helpful decision-making tool in designing and targeting prevention, intervention, and treatment programs.

Both direct and indirect indicators of substance abuse are included in the Social Indicator Report (Table 1). Direct indicators are measures of outcomes that are directly caused by alcohol or drug use. They include age-adjusted rates of alcohol– and drug– related death, crude rates of alcohol– and drug–related hospitalizations, driving while impaired (DWI) arrest rates, alcohol-related automobile crashes, alcohol-related crash fatalities, and state-funded adult alcohol– and drug–treatment admissions. Indirect indicators are measures of outcomes that are partially caused by or indirectly related to alcohol or drug use. Indirect indicators include age-adjusted suicide and homicide rates, liquor license density, unemployment rates, and high school dropout rates. Also presented are survey-based direct indicators of substance use by high school students. A detailed discussion of each indicator, its sources, and its limitations can be found in Appendix A.

Each indicator is presented graphically with a bar chart and a map on the facing page. Table 2 presents rates by county for each indicator as well as the rank of each county according to the relative magnitude of the indicator.

Results clearly show that some counties bear a heavier burden from substance abuse than others. Rio Arriba County, in north-central New Mexico, had the highest combined alcohol– and drug-related death rate in the state (134.5 deaths per 100,000 population). The drug-related death rate in Rio Arriba County (46.8) was almost twice the rate of any other county, almost three times the statewide rate (15.8), and six times the national rate (7.5). The alcohol-related death rate in Rio Arriba County ranked fourth in the state. Rio Arriba County ranked first in the state for rates of alcohol– and drug-related hospitalizations, and state-funded adult alcohol– and drug-treatment rates.

Cibola County and McKinley County, neighboring counties in the northwest part of the state, had the second and third highest rates of combined alcohol– and drug– related deaths (116.8 and 116.7, respectively). McKinley County had the highest rate of alcohol-related deaths (111.0), the highest DWI arrest rate, the highest alcohol-involved automobile crash rate, and the fourth highest alcohol-involved crash fatality rate. Cibola County had the second highest alcohol-related death rate (103.5). Cibola County also had high rates of alcohol– and drug– related hospitalizations, DWI arrests, alcohol-involved crashes, and alcohol-involved crash fatalities.

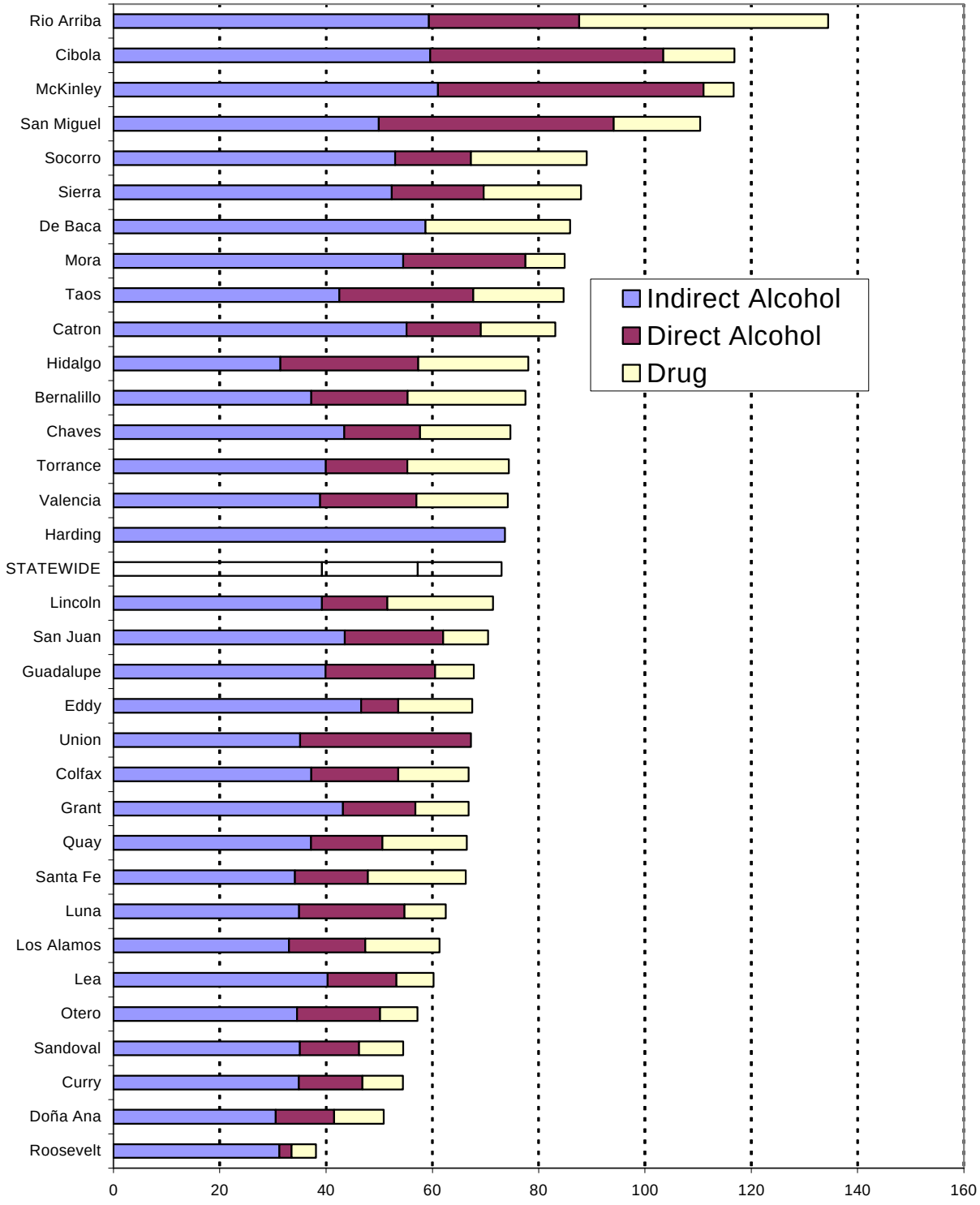
While the alcohol-related death rate in Bernalillo County was lower than the statewide rate, it had the third highest drug-related death rate in the state (22.1 per 100,000 population). This rate represents 381 deaths over the three-year period from 2000-2002, 45% of the state total. This number far outstrips the number of drug-related deaths for the same time period in either Santa Fe County (74) or Rio Arriba County (56), which ranked second and third, respectively, in the number of drug-related deaths. Bernalillo County ranked sixth in the state for it's drug-related hospitalization rate. It's high school dropout rate was the third highest in the state.

San Miguel County in northern New Mexico ranked fourth in the state for combined alcohol– and drug-related death rates. San Miguel County and its neighbor, Mora County, ranked third and fifth, respectively, for alcohol-related death rates. Both counties had higher rates than New Mexico as a whole for DWI arrests, alcohol-involved crashes, and alcohol-involved crash fatalities. San Miguel had the third highest rate for alcohol– and drug–related hospitalizations.

Grant County, in the southern part of the state, had the second highest rate of alcohol– and drug-related hospitalizations. Sierra County, bordering Grant County to the east, had the highest homicide rate and the fourth highest suicide rate in the state.

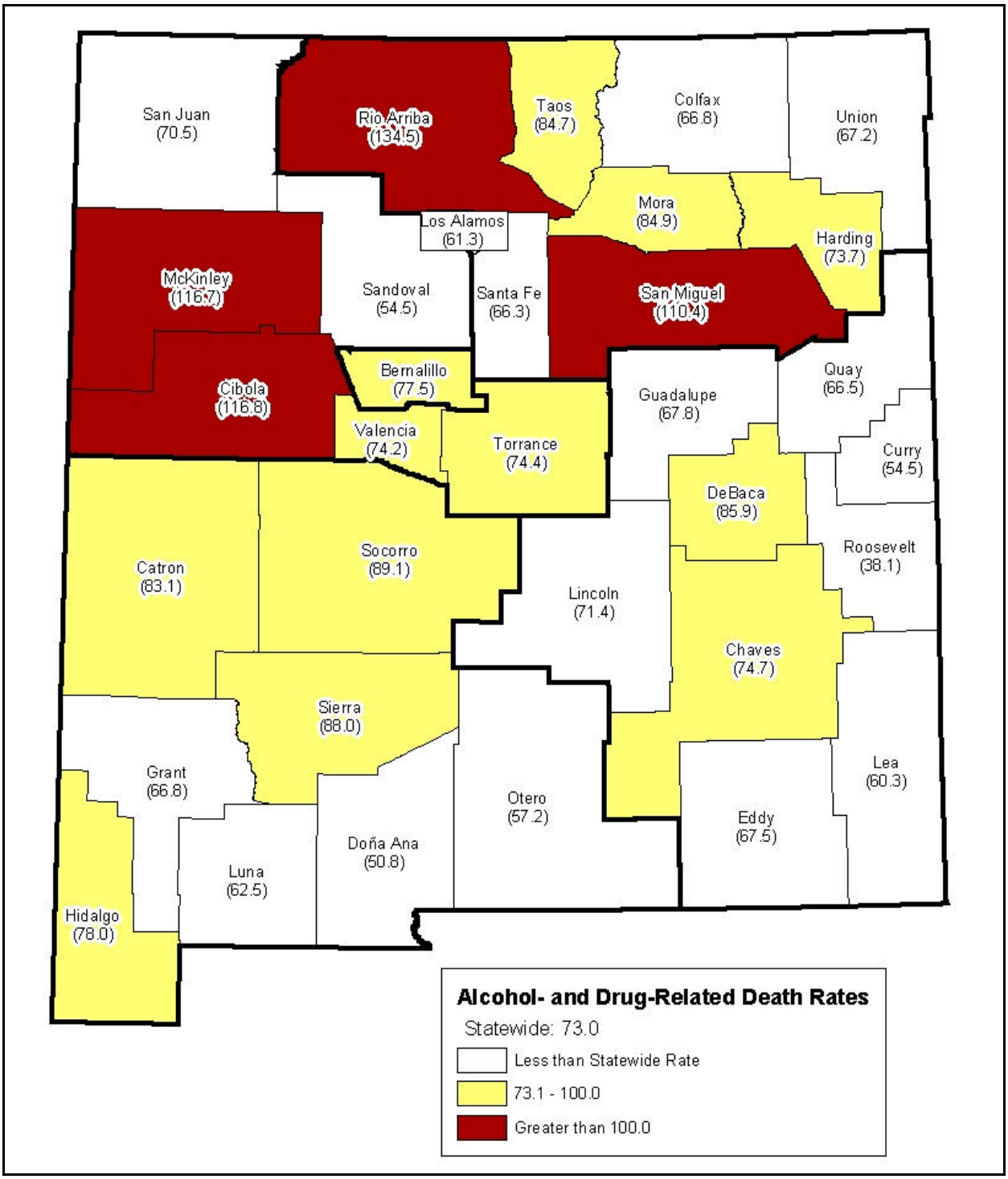
This snapshot of social indicators does not include trend data, which minimizes major improvements that have occurred in some social indicators over time, particularly for McKinley County. Nevertheless, the Social Indicator Report continues to be very useful for program planning and health policy development in New Mexico.

Figure 1. Alcohol- and Drug-Related Death Rates by County of Residence 2000-2002



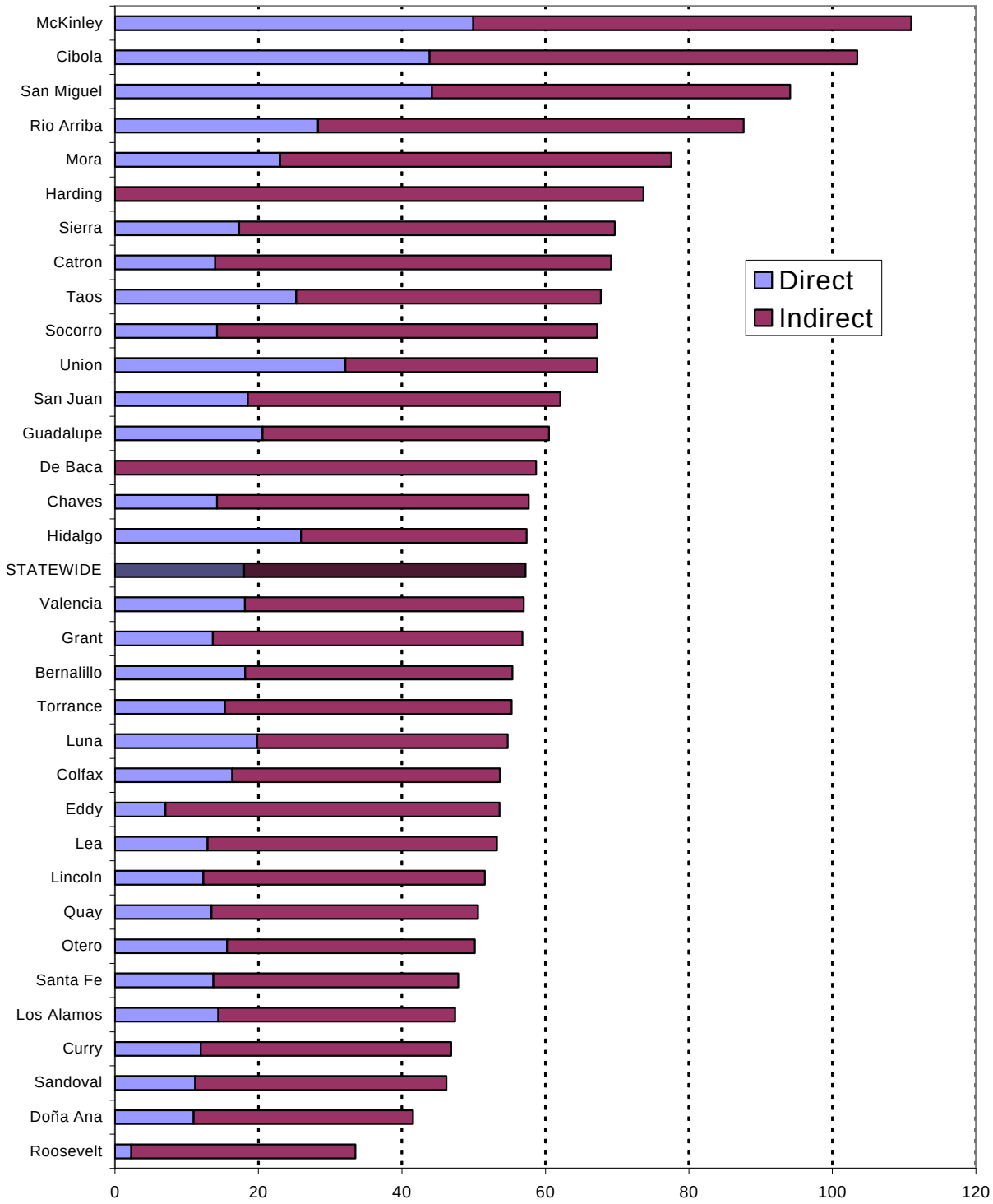
Rates are per 100,000 population per year and are age-adjusted to the year 2000 U.S. standard population.
Source: Bureau of New Mexico Vital Records and Health Statistics, Epidemiology and Response Division, New Mexico Department of Health. Age-adjusted death rates and estimates of the number of indirectly-attributable alcohol deaths were calculated by the Substance Abuse Unit, Epidemiology and Response Division, NMDOH (Appendix A and Appendix C).

Figure 2. Alcohol- and Drug-Related Death Rates by County of Residence, 2000 - 2002



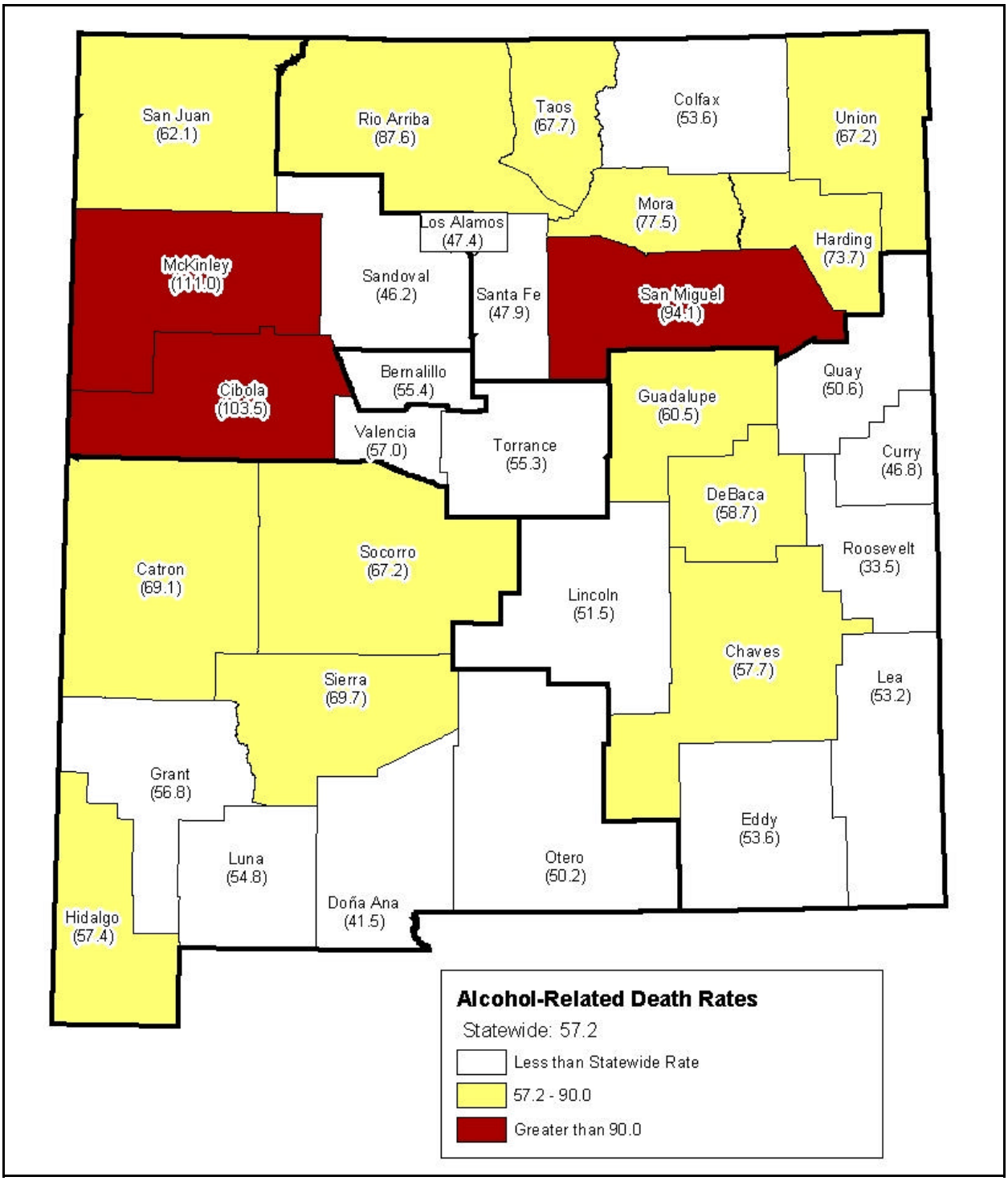
Rates are per 100,000 population per year and are age-adjusted to the year 2000 U.S. standard population.
Source: Bureau of New Mexico Vital Records and Health Statistics, Epidemiology and Response Division, New Mexico Department of Health. Age-adjusted death rates and estimates of the number of indirectly-attributable alcohol deaths were calculated by the Substance Abuse Unit, Epidemiology and Response Division, NMDOH (Appendix A and Appendix C).

Figure 3. Alcohol-Related Death Rates by County of Residence 2000-2002



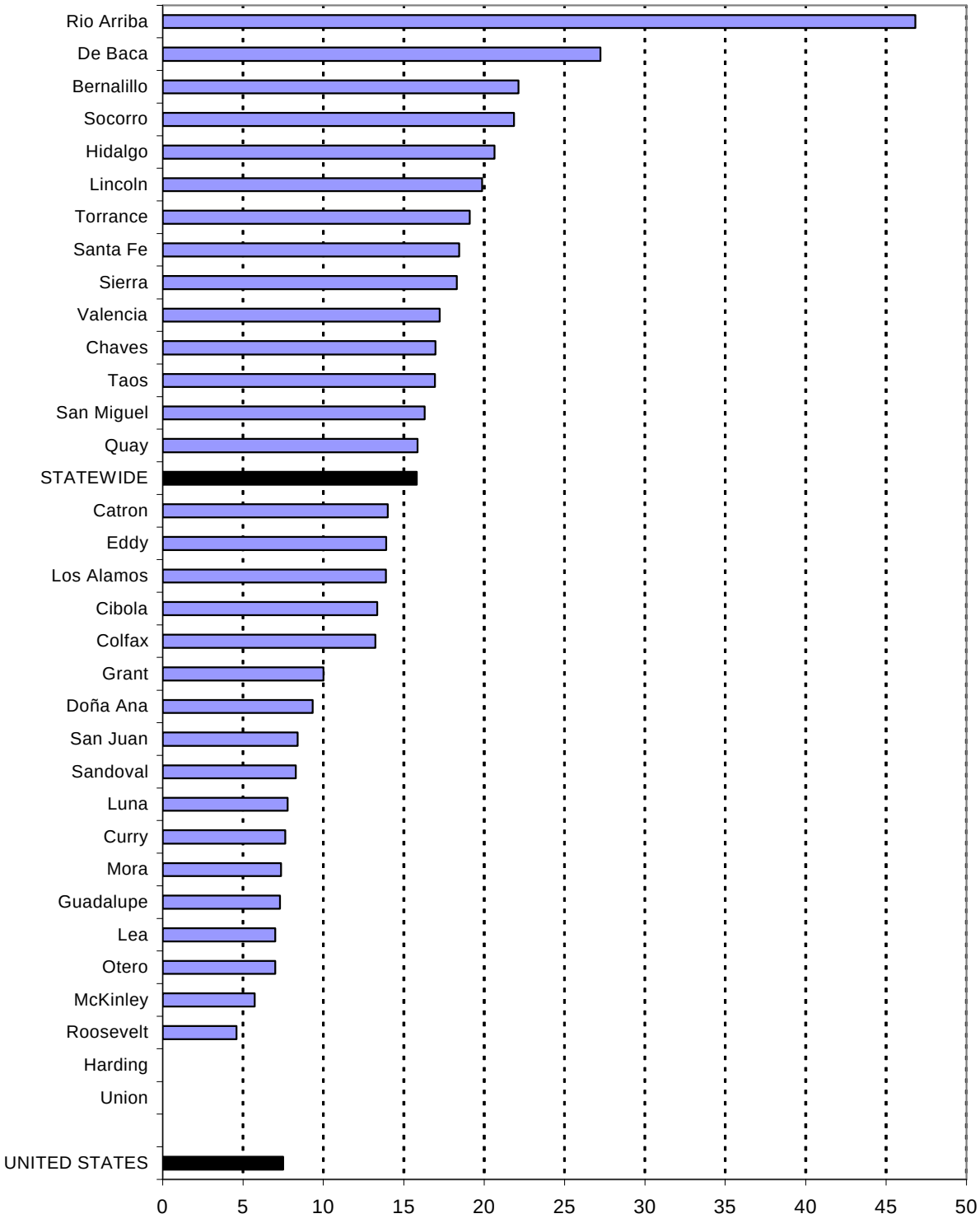
Rates are per 100,000 population per year and are age-adjusted to the year 2000 U.S. standard population.
Source: Bureau of New Mexico Vital Records and Health Statistics, Epidemiology and Response Division, New Mexico Department of Health. Age-adjusted death rates and estimates of the number of indirectly-attributable alcohol deaths Substance Abuse Unit, Epidemiology and Response Division, NMDOH (Appendix A and Appendix C).

Figure 4. Map of Alcohol-Related Death Rates by County of Residence 2000 - 2002



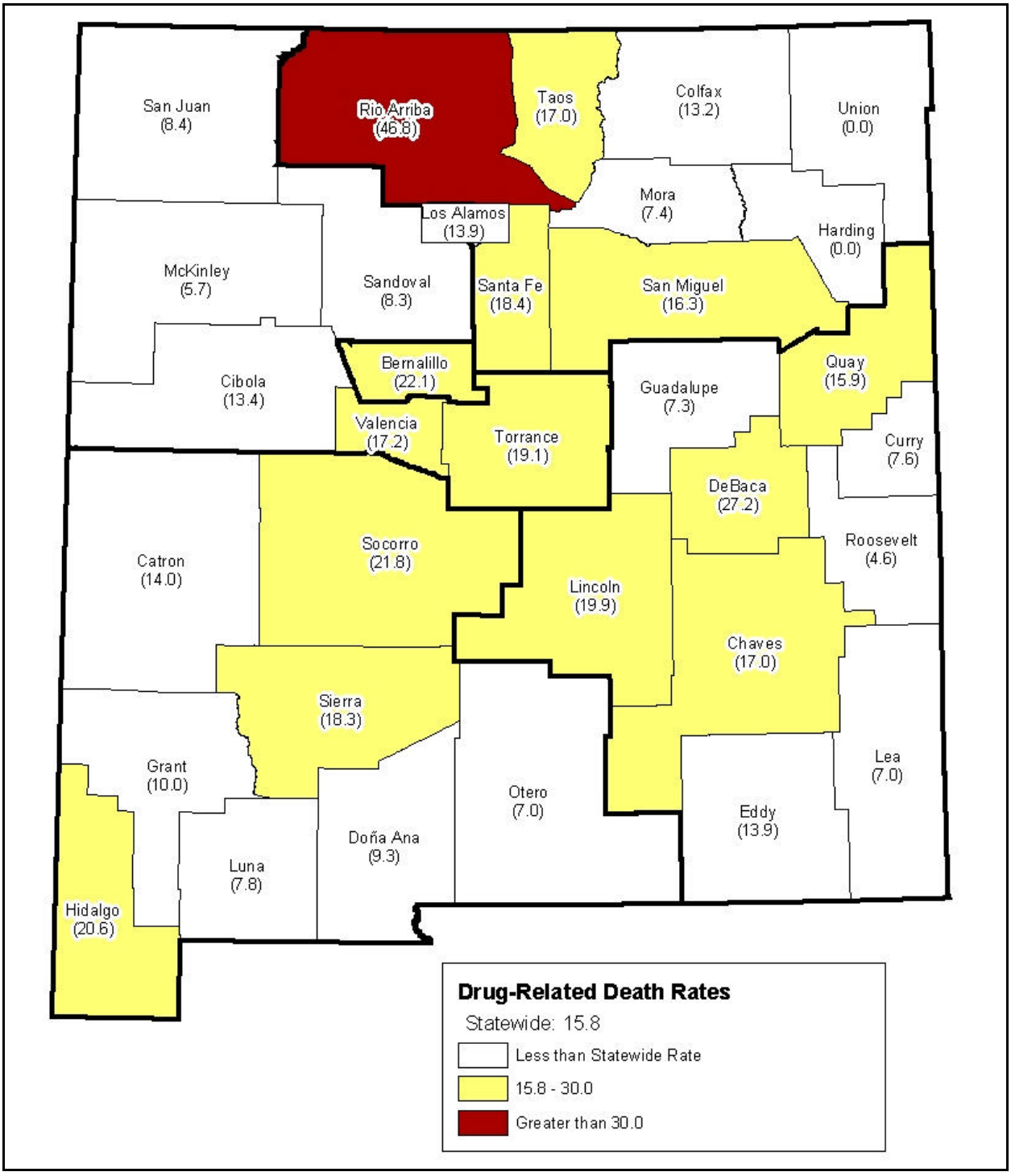
Rates are per 100,000 population per year and are age-adjusted to the year 2000 U.S. standard population.
Source: Bureau of New Mexico Vital Records and Health Statistics, Epidemiology and Response Division, New Mexico Department of Health. Age-adjusted death rates and estimates of the number of indirectly-attributable alcohol deaths were calculated by the Substance Abuse Unit, Epidemiology and Response Division, NMDOH (Appendix A and Appendix C).

Figure 5. Drug-Related Death Rates by County of Residence, 2000-2002



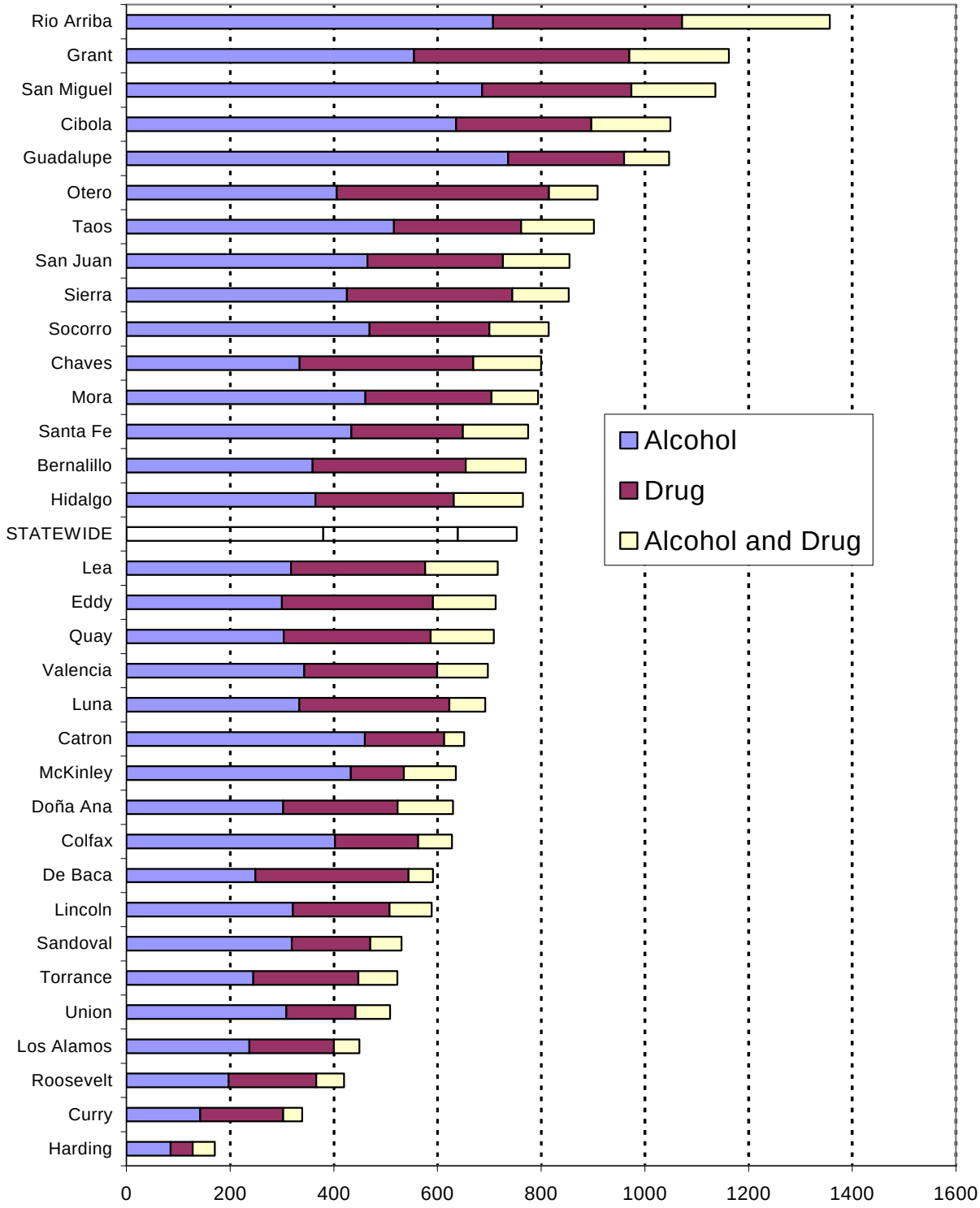
Rates are per 100,000 population per year and are age-adjusted to the year 2000 U.S. standard population.
Source: Bureau of New Mexico Vital Records and Health Statistics, Epidemiology and Response Division, New Mexico Department of Health. Age-adjusted death rates were calculated by the Substance Abuse Epidemiology Unit, Epidemiology and Response Division, New Mexico Department of Health.

Figure 6. Map of Drug-Related Death Rates by County of Residence 2000-2002



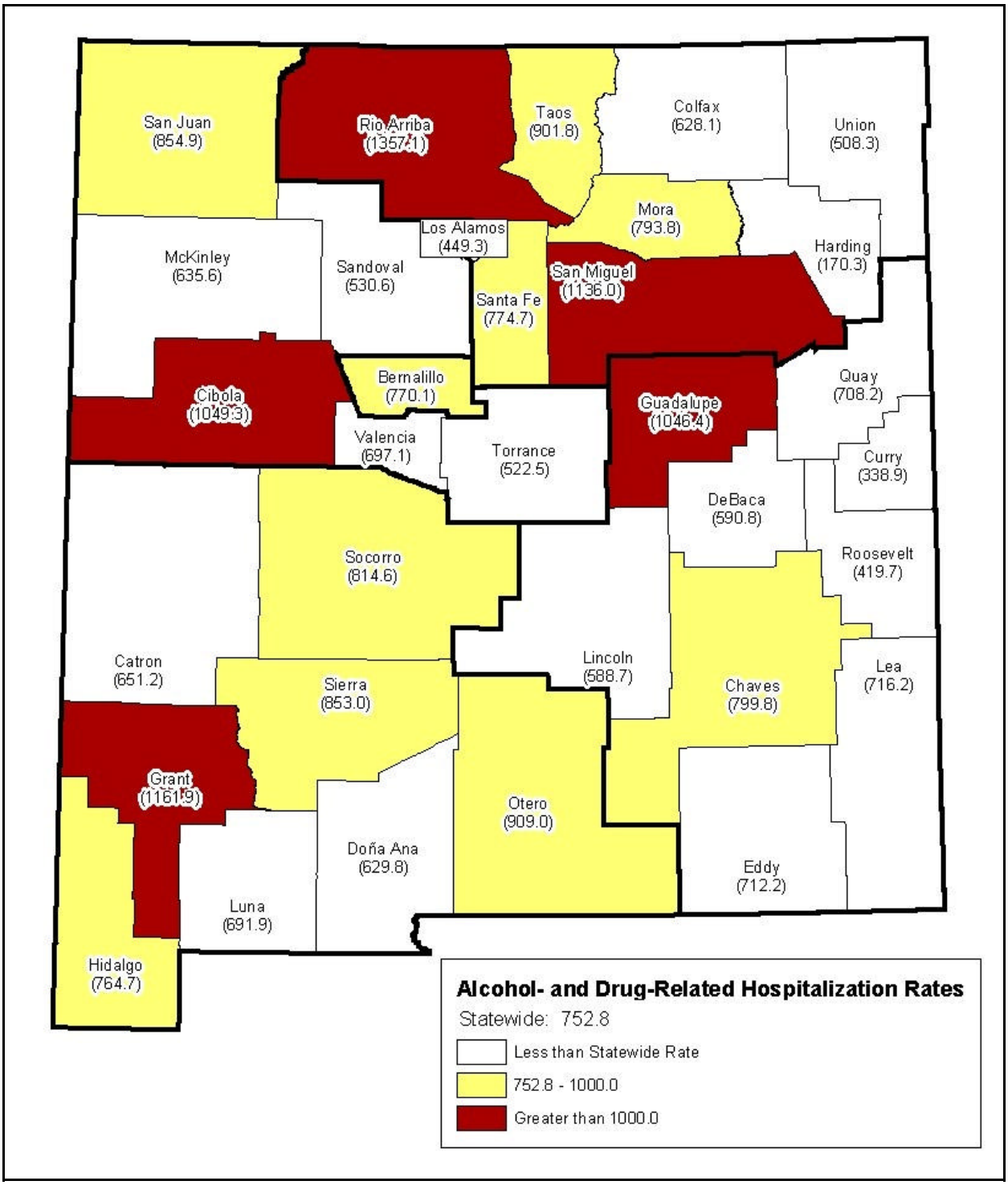
Rates are per 100,000 population per year, and are age-adjusted to the year 2000 U.S. standard population.
Source: Bureau of New Mexico Vital Records and Health Statistics, Epidemiology and Response Division, New Mexico Department of Health. Age-adjusted death rates were calculated by the Substance Abuse Epidemiology Unit, Epidemiology and Response Division, New Mexico Department of Health.

Figure 7. Alcohol and Drug-Related Hospitalization Rates by County of Residence, 2000-2002



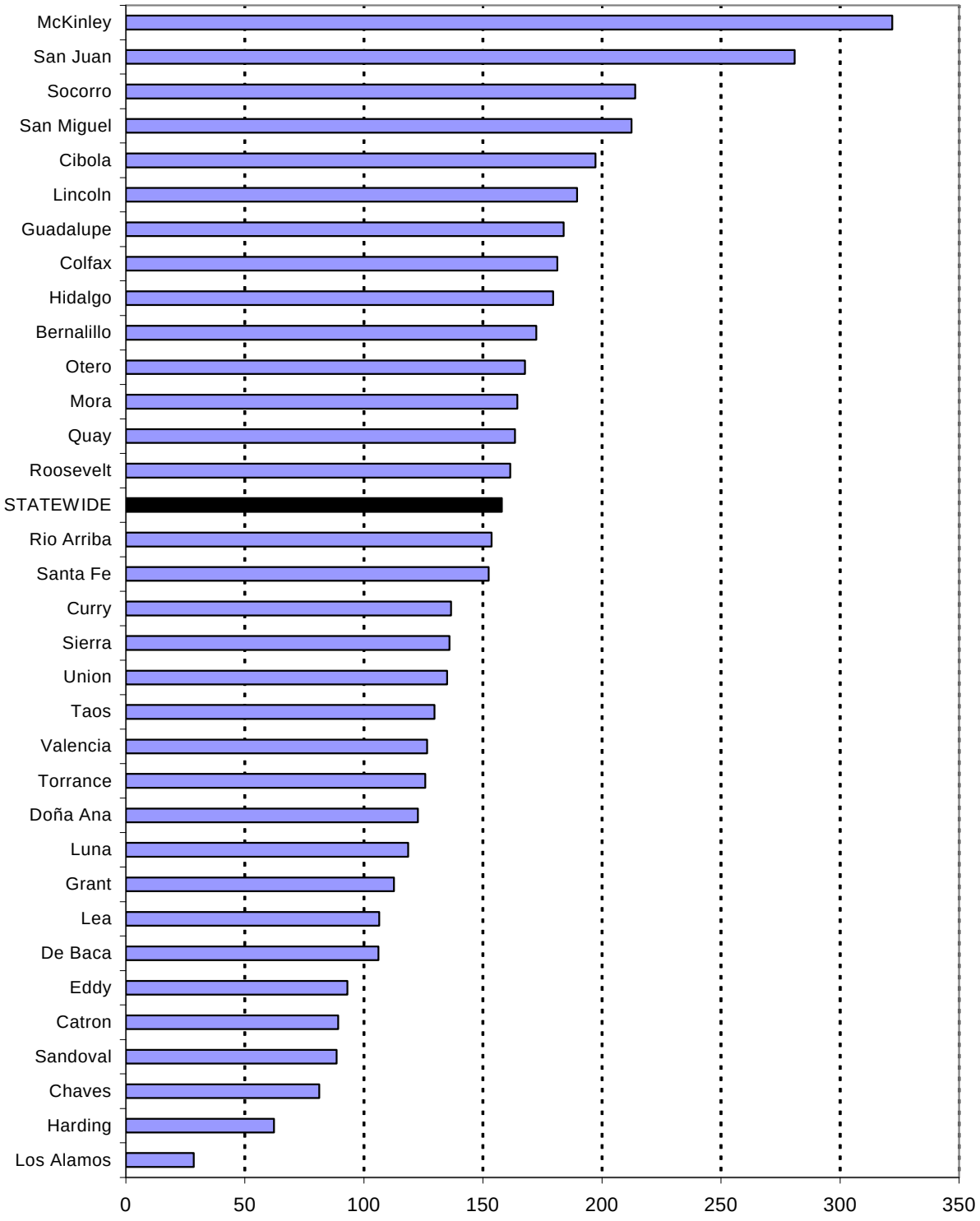
Rates are per 100,000 population per year.
Source: Hospital Inpatient Discharge Database, New Mexico Health Policy Commission

Figure 8. Map of Alcohol and Drug-Related Hospitalization Rates by County of Residence, 2000-2002



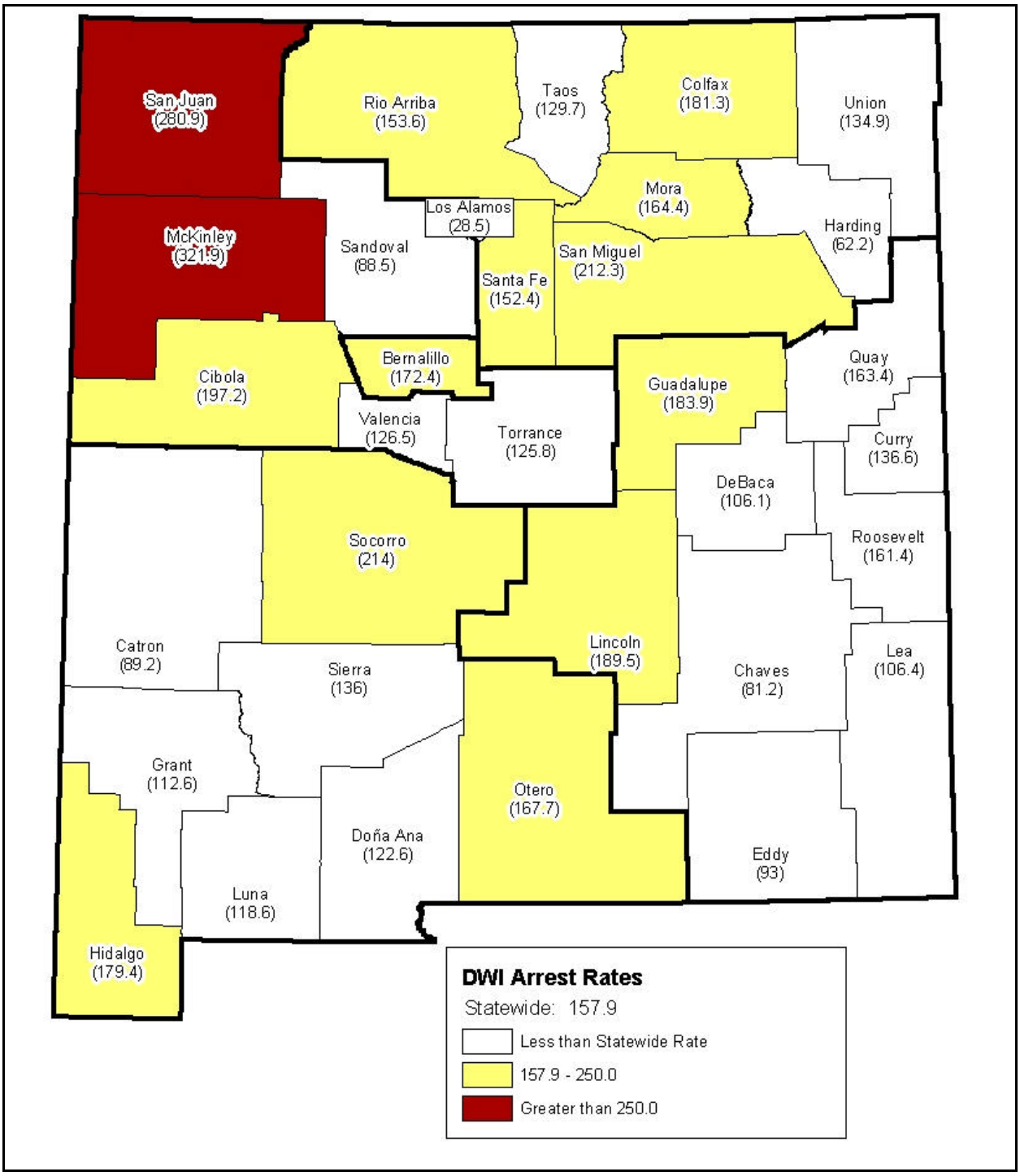
Rates are per 100,000 population per year.
Source: Hospital Inpatient Discharge Database, New Mexico Health Policy Commission

Figure 9. Driving While Impaired Arrest Rates by County of Occurrence 2000-2002



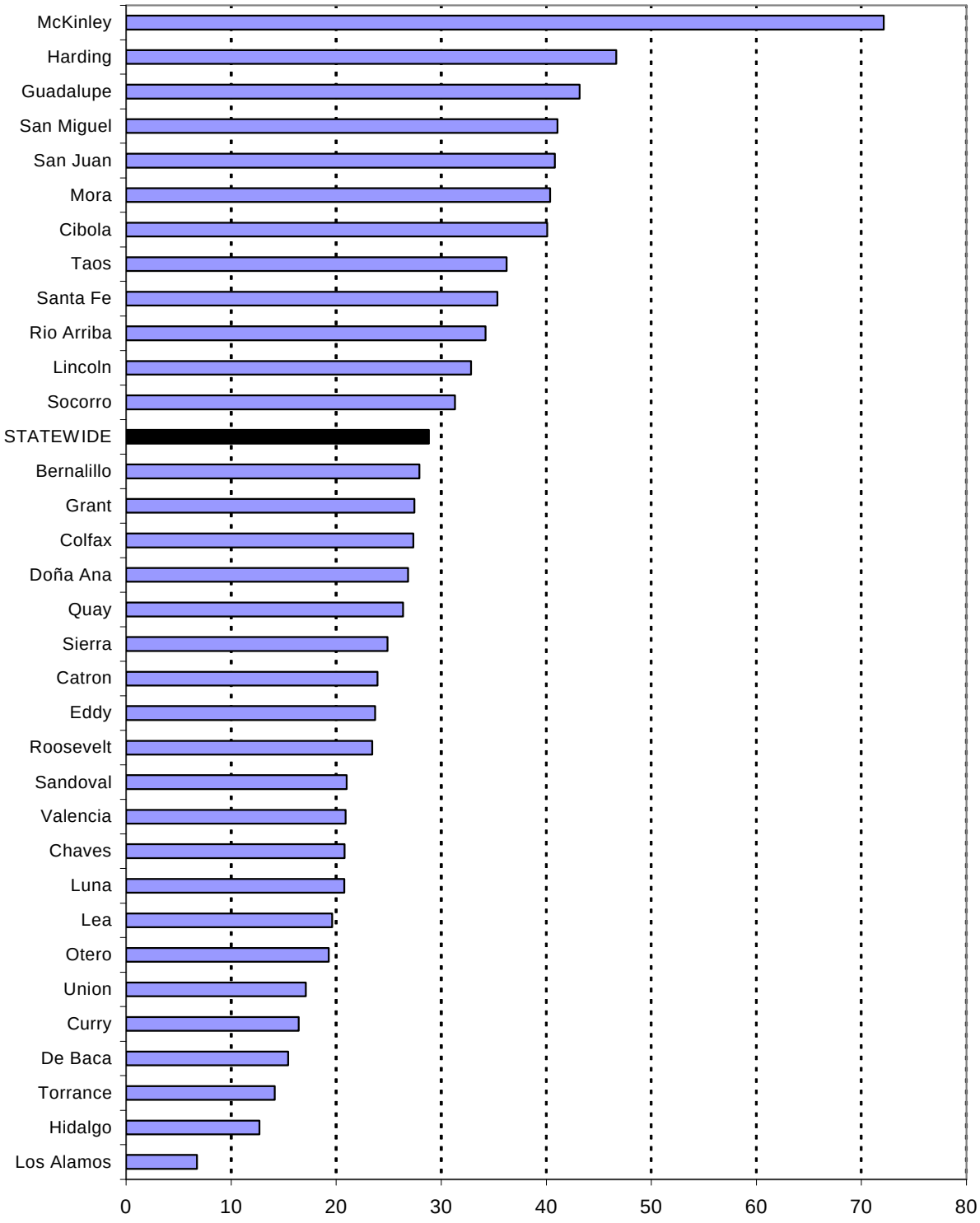
Rates are per 10,000 licensed drivers per year.
Source: New Mexico Traffic Safety Bureau through Division of Government Research, UNM

Figure 10. Map of DWI Arrest Rates by County of Occurrence 2000-2002



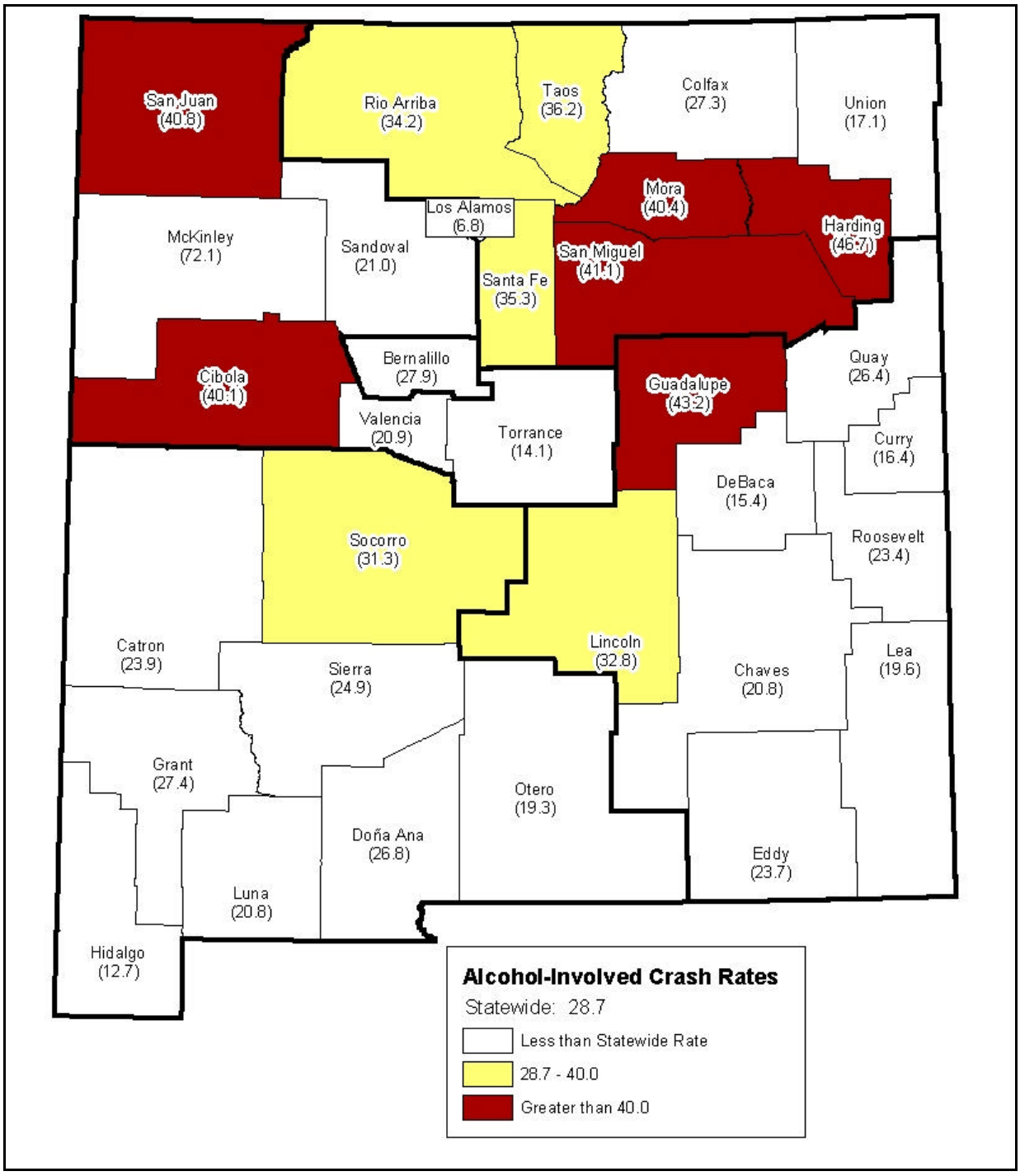
Rates are per 10,000 licensed drivers per year.
Source: New Mexico Traffic Safety Bureau through Division of Government Research, UNM

Figure 11. Alcohol-Involved Crash Rates by County of Occurrence 2000-2002



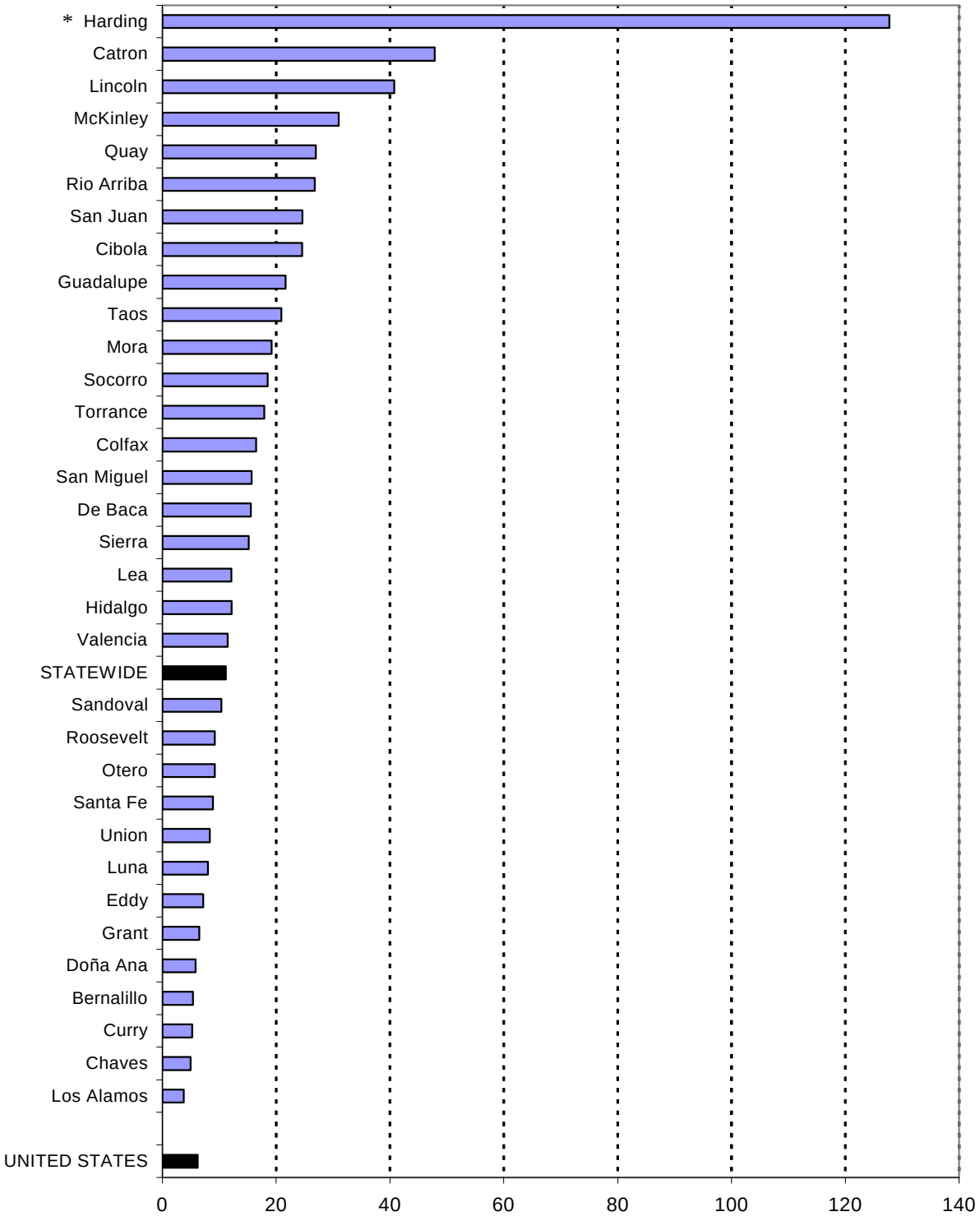
Rates are per 10,000 licensed drivers per year.
Source: New Mexico Traffic Safety Bureau through Division of Government Research, UNM

Figure 12. Map of Alcohol-Involved Crash Rates by County of Occurrence 2000-2002



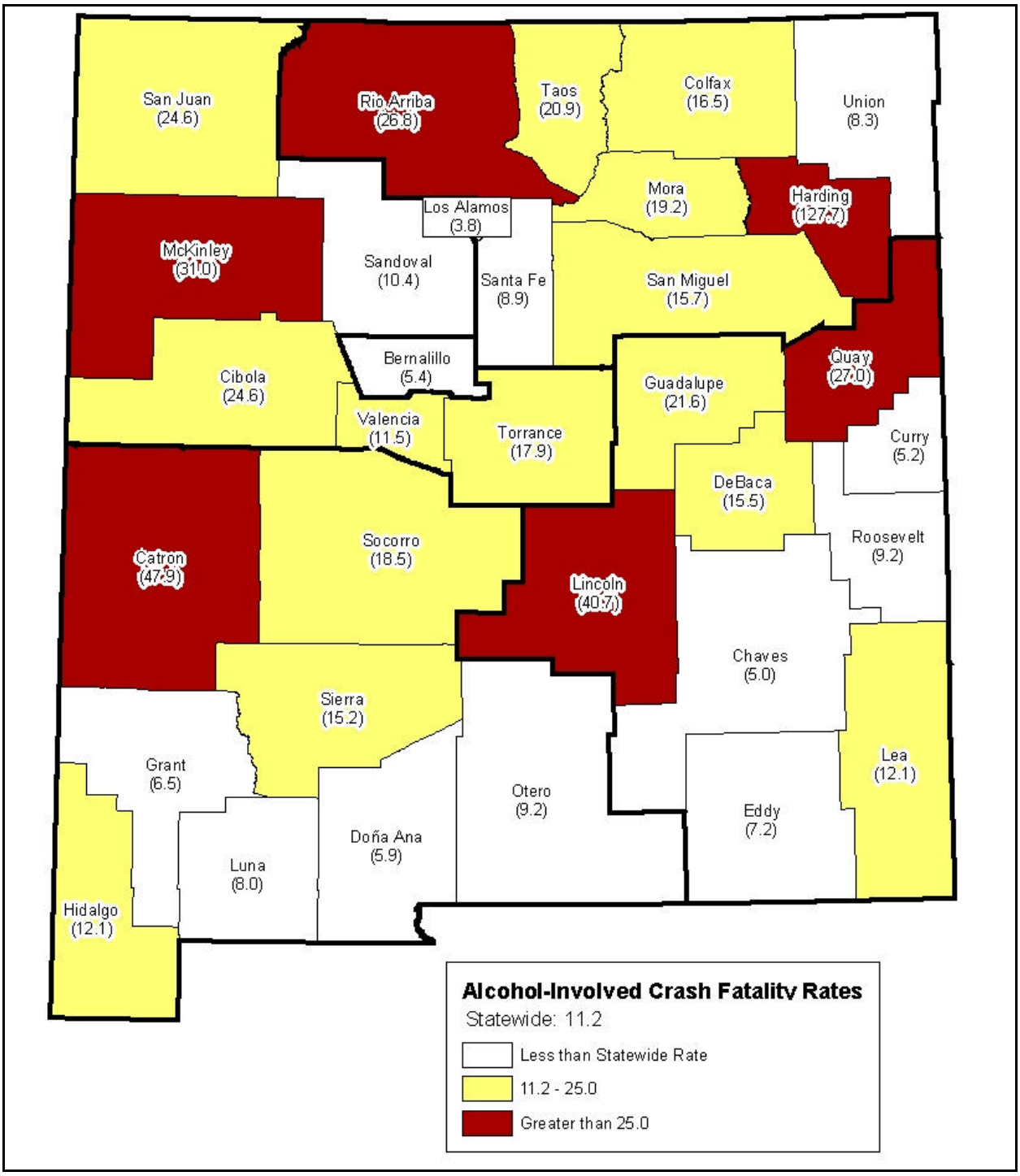
Rates are per 10,000 licensed drivers per year.
Source: New Mexico Traffic Safety Bureau through Division of Government Research, UNM

Figure 13. Alcohol-Involved Crash Fatality Rates by County of Occurrence 2000-2002



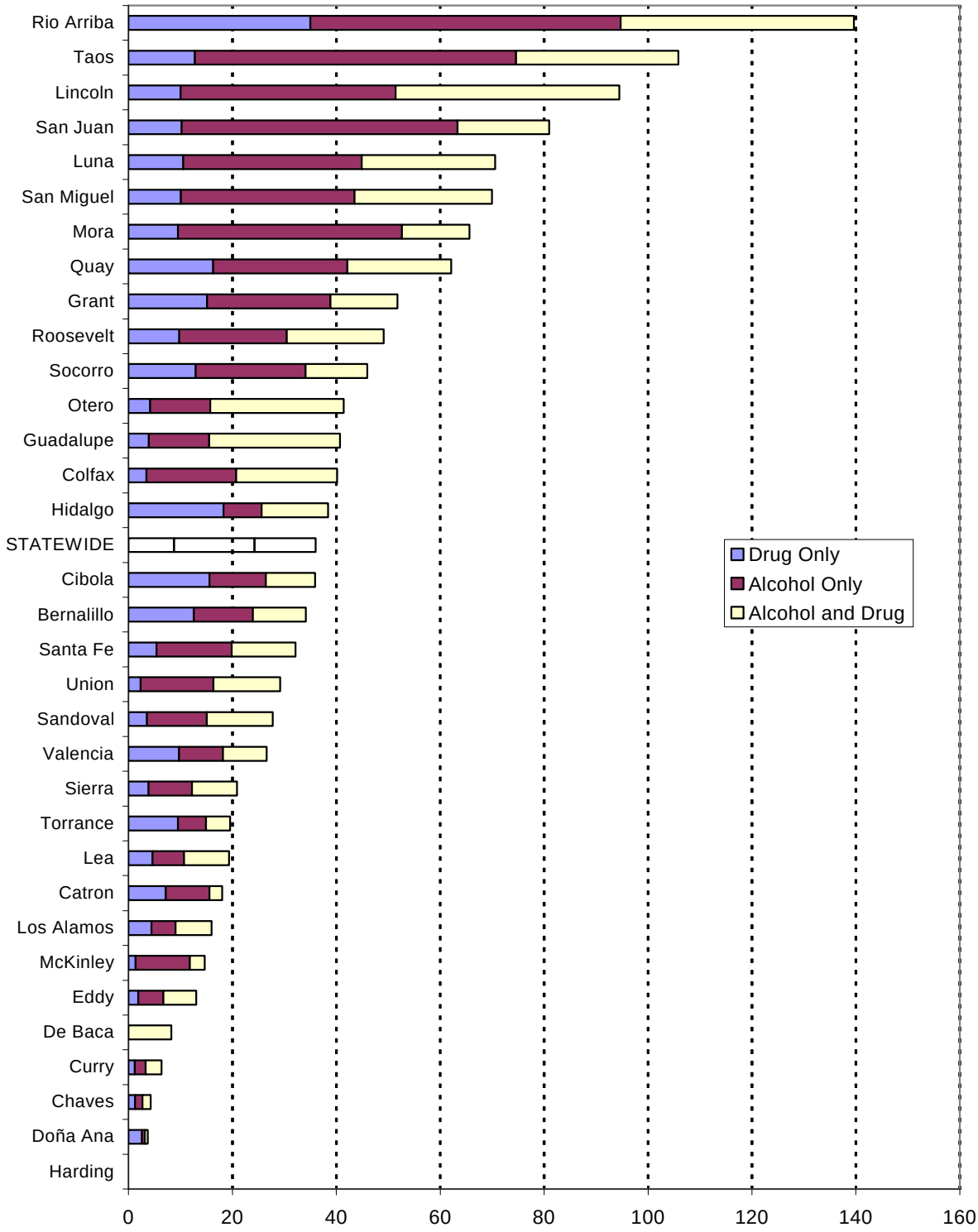
Rates are per 100,000 population per year.
Source: New Mexico Traffic Safety Bureau through Division of Government Research, UNM
* While Harding County had the highest rate for alcohol-involved crash fatalities, this was based on only 3 cases. Rates based on few cases may not be stable over time.

Figure 14. Map of Alcohol-Involved Crash Fatality Rates by County of Occurrence, 2000-2002



Rates are per 100,000 population per year.
Source: New Mexico Traffic Safety Bureau through Division of Government Research, UNM

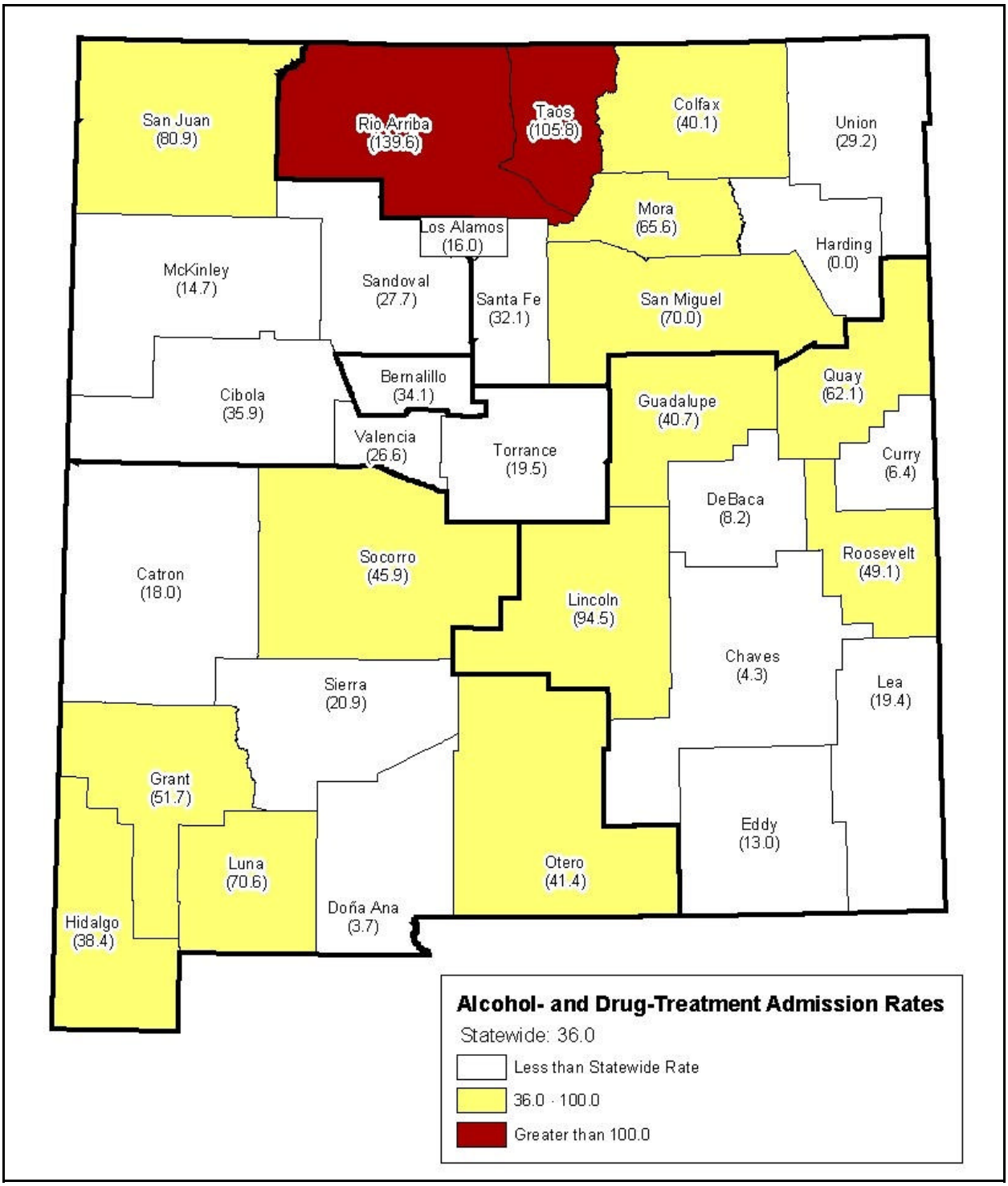
Figure 15. State-Funded Adult Alcohol and Drug-Treatment Admission Rates by County of Residence, 2001-2003



Rates are per 10,000 population age 18 and over per year.

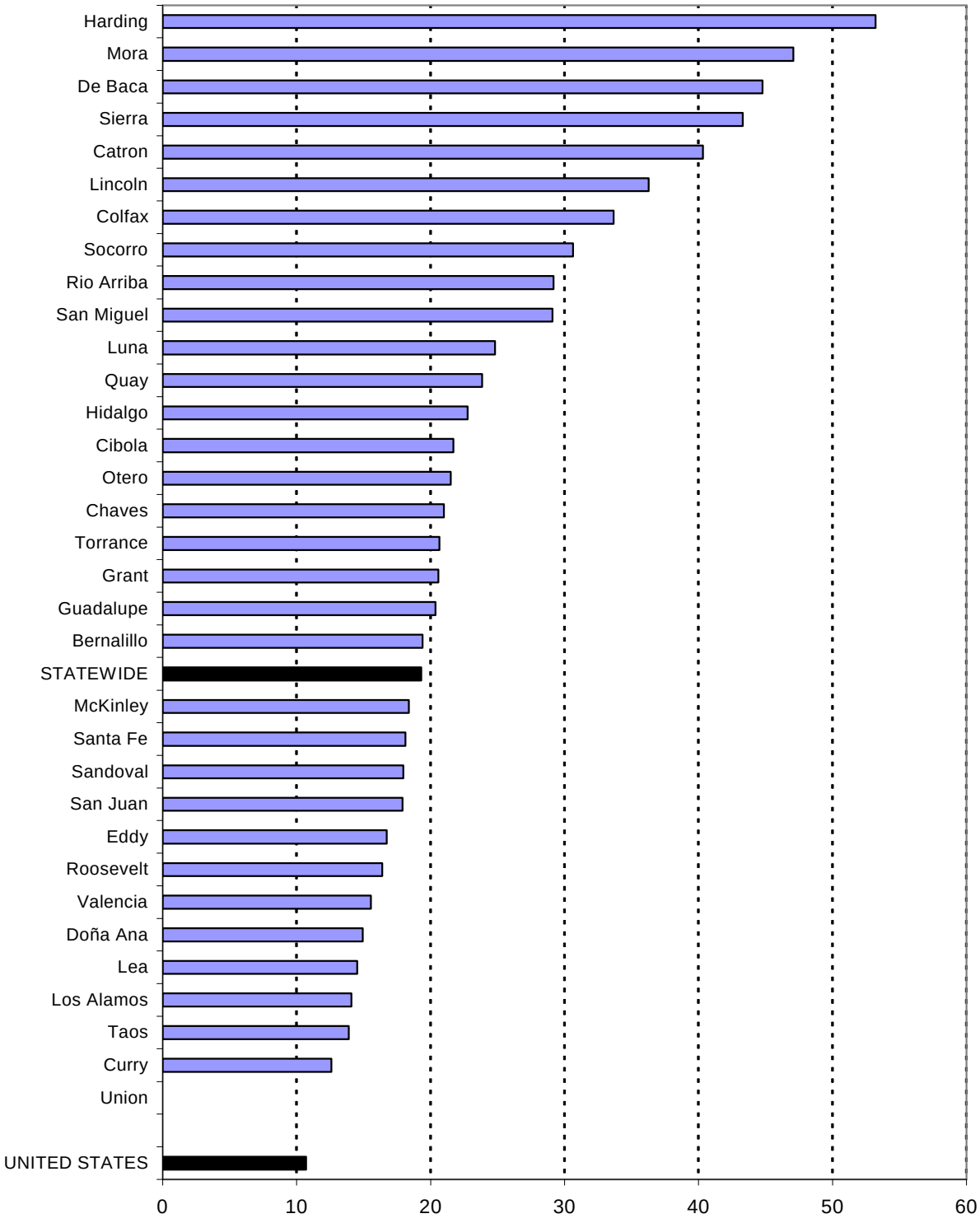
Source: Behavioral Health Information System, Behavioral Health Services Division, New Mexico Department of Health

Figure 16. Map of State-Funded Adult Alcohol and Drug-Treatment Admission Rates by County of Residence, 2001-2003



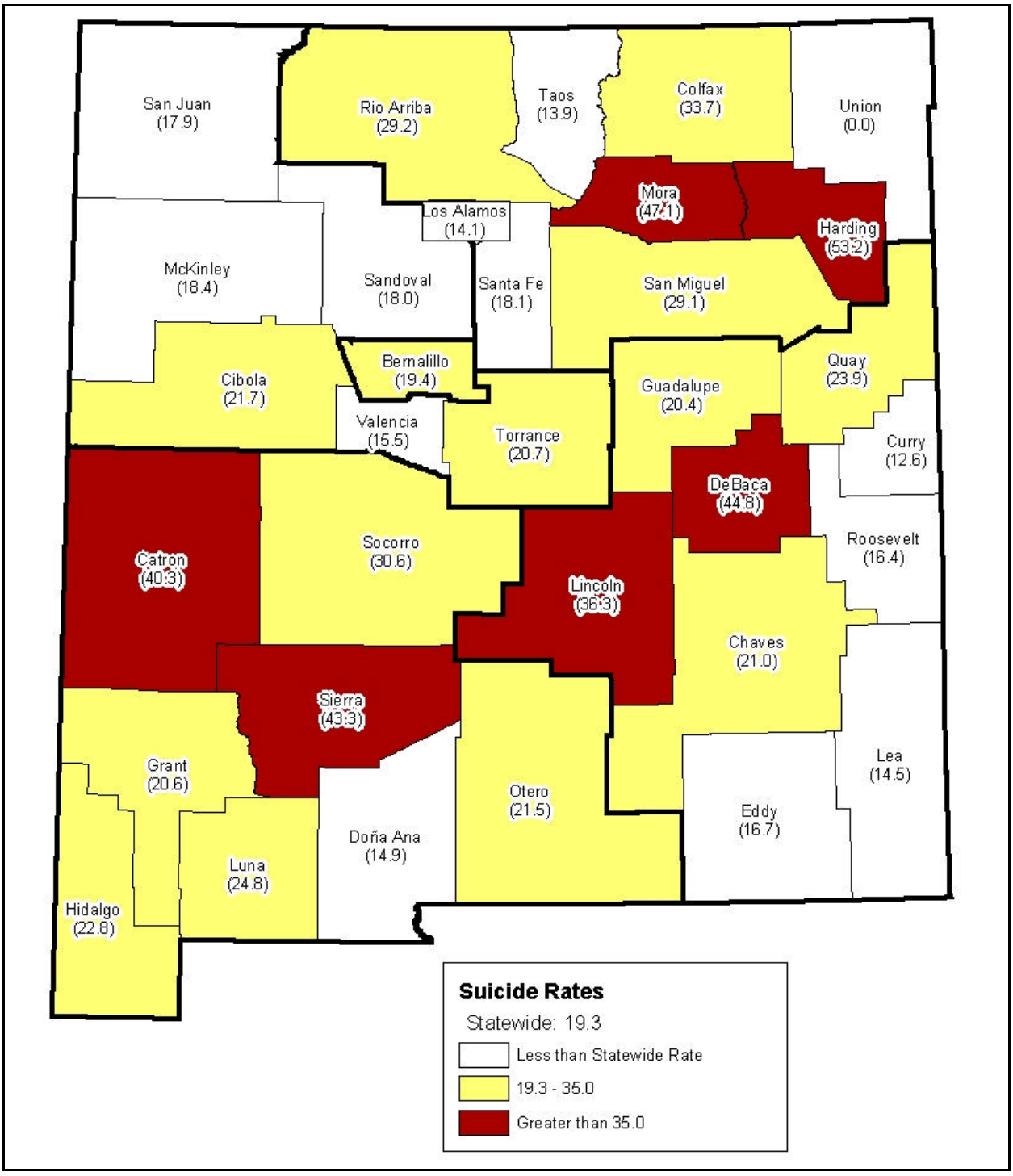
Rates are per 10,000 population age 18 and over per year.
Source: Behavioral Health Information System, Behavioral Health Services Division, New Mexico Department of Health

Figure 21. Suicide Rates by County of Residence, 2000-2002



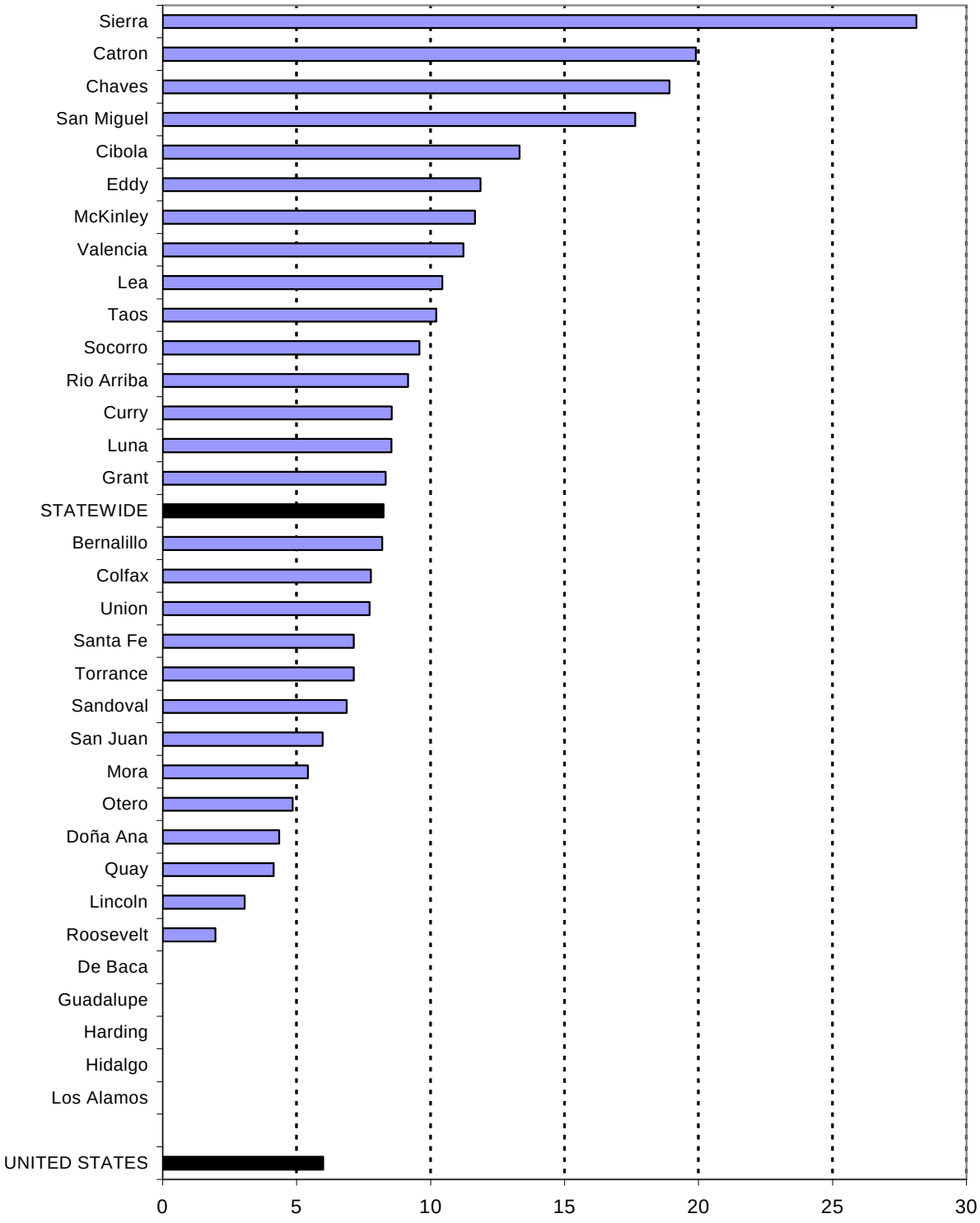
Rates are per 100,000 population per year and are age-adjusted to the year 2000 U.S. standard population.
Source: Bureau of New Mexico Vital Records and Health Statistics, Epidemiology and Response Division, New Mexico Department of Health. Age-adjusted death rates were calculated by the Substance Abuse Epidemiology Unit, Epidemiology and Response Division, New Mexico Department of Health.

Figure 22. Map of Suicide Rates by County of Residence, 2000-2002



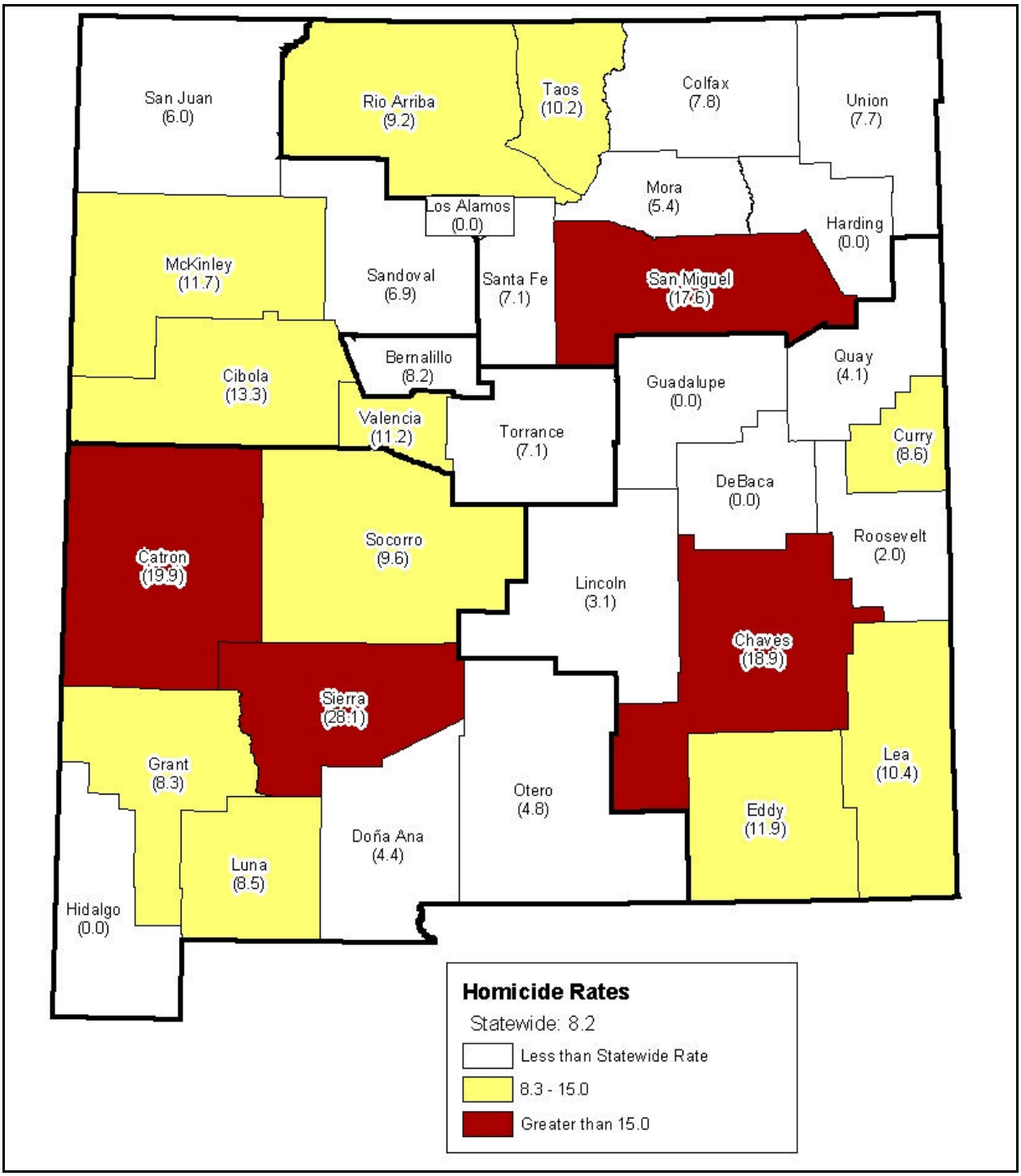
Rates are per 100,000 population per year and are age-adjusted to the year 2000 standard U.S. population.
Source: Bureau of New Mexico Vital Records and Health Statistics, Epidemiology and Response Division, New Mexico Department of Health. Age-adjusted death rates were calculated by the Substance Abuse Epidemiology Unit, Epidemiology and Response Division, New Mexico Department of Health.

Figure 23. Homicide Rates by County of Residence, 2000-2002



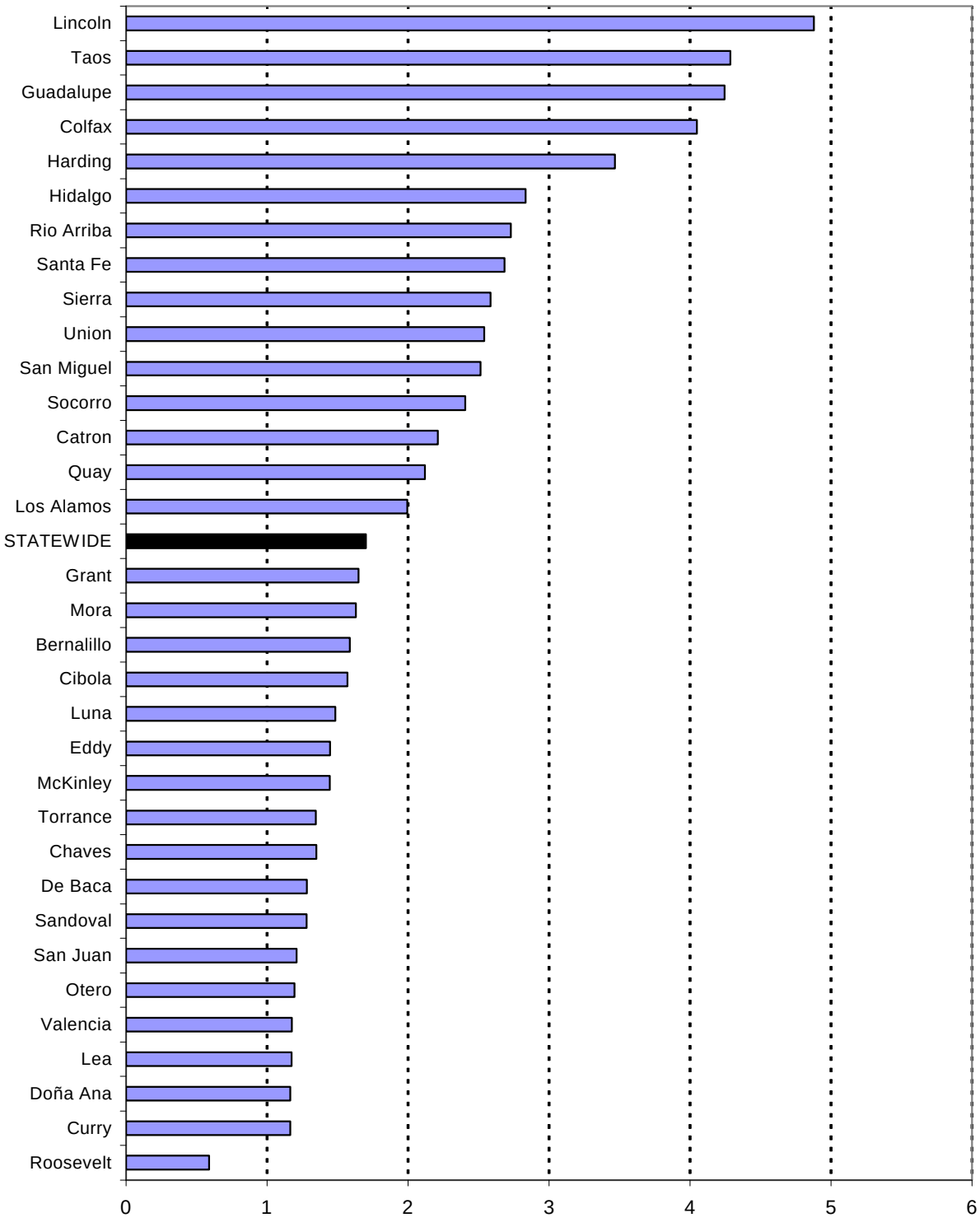
Rates are per 100,000 population per year and are age-adjusted to the year 2000 U.S. standard population.
Source: Bureau of New Mexico Vital Records and Health Statistics, Epidemiology and Response Division, New Mexico Department of Health. Age-adjusted death rates were calculated by the Substance Abuse Epidemiology Unit, Epidemiology and Response Division, New Mexico Department of Health.

Figure 24. Map of Homicide Rates by County of Residence, 2000-2002



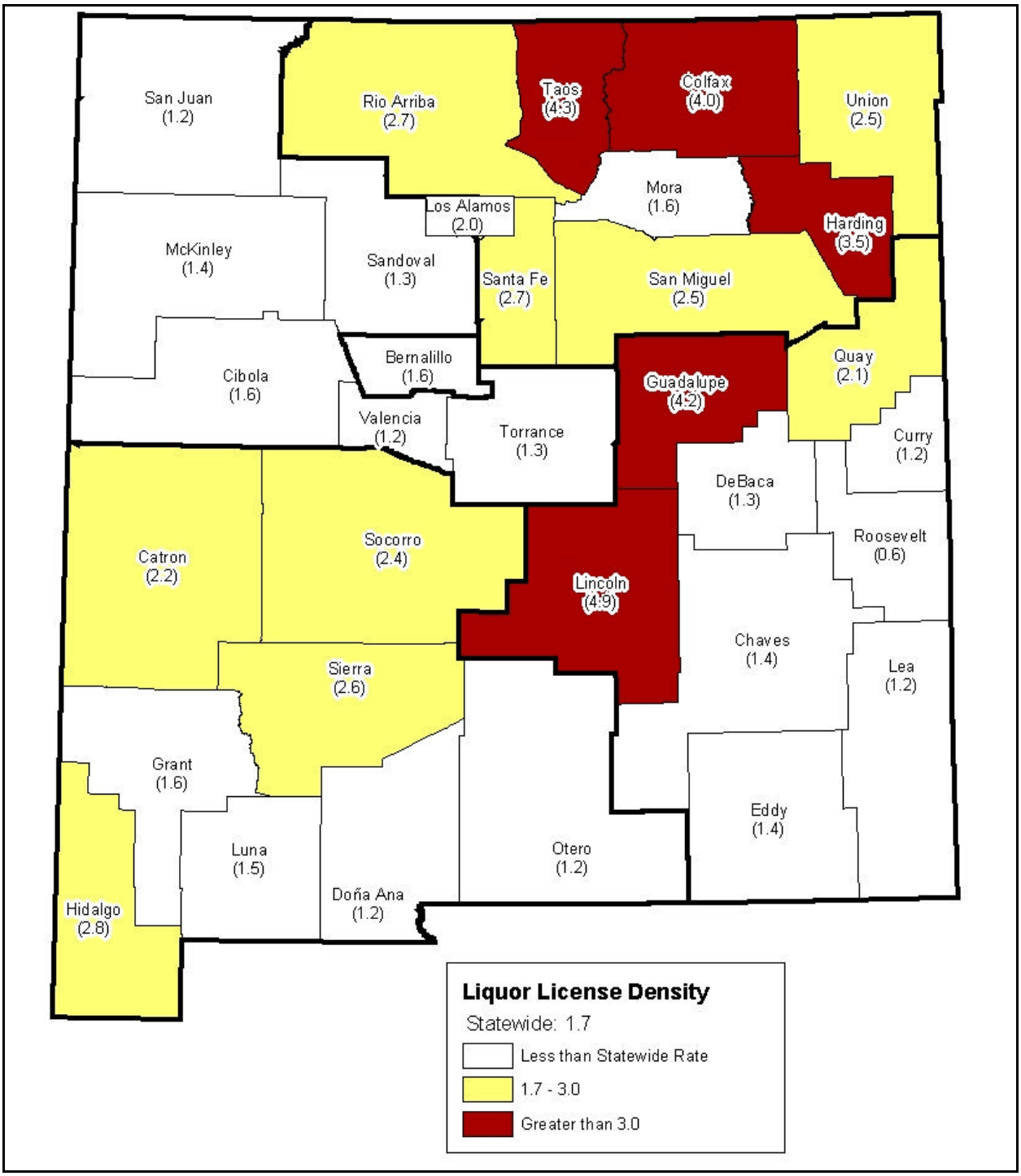
Rates are per 100,000 population per year and are age-adjusted to the year 2000 U.S. standard population.
Source: Bureau of New Mexico Vital Records and Health Statistics, Epidemiology and Response Division, New Mexico Department of Health. Age-adjusted death rates were calculated by the Substance Abuse Epidemiology Unit, Epidemiology and Response Division, New Mexico Department of Health.

Figure 25. Liquor License Density by County, 2004



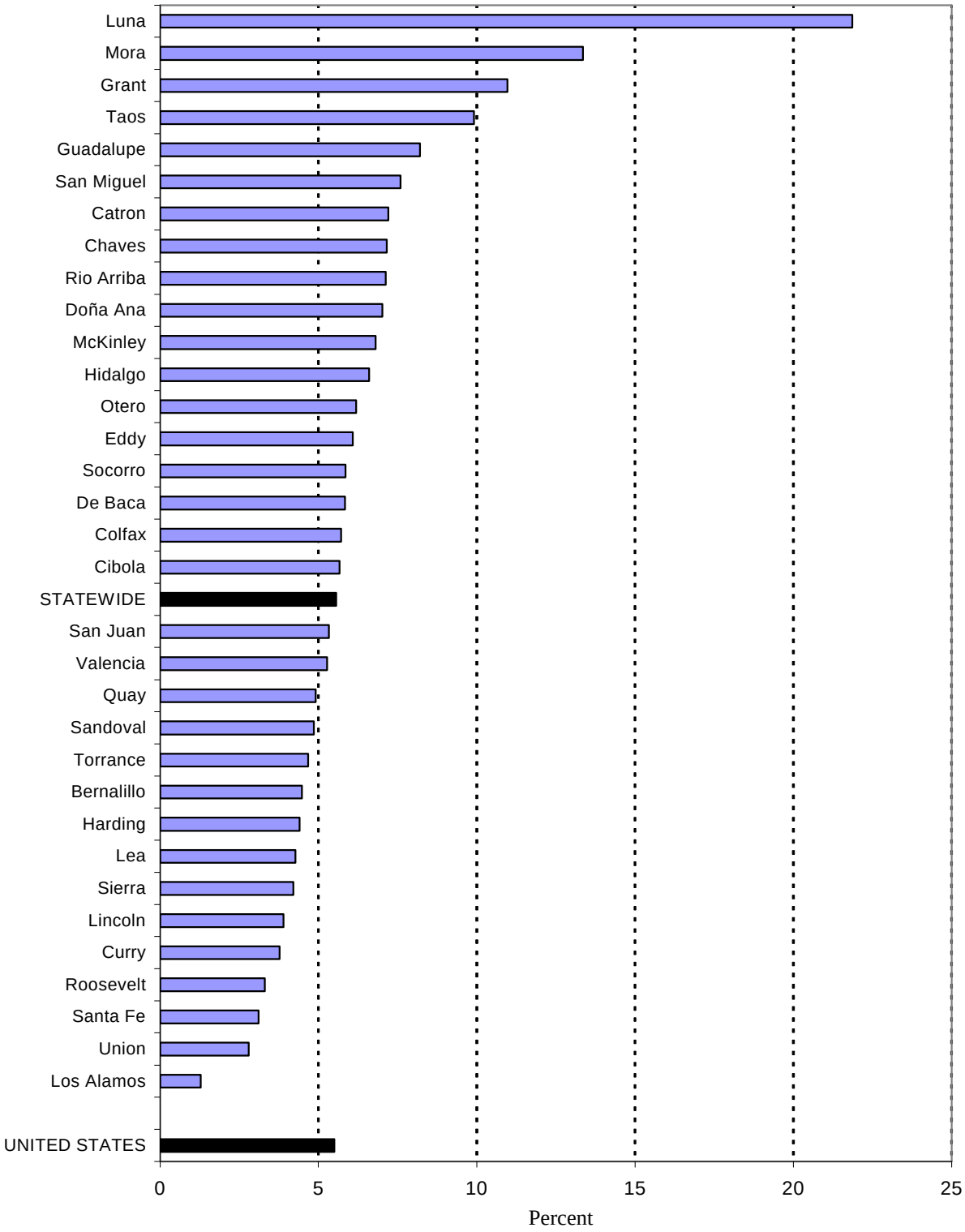
Liquor license density is the number of liquor licenses per 1,000 persons age 21 or older.
Source: New Mexico Alcohol and Gaming Division, Regulation and Licensing Department

Figure 26. Map of Liquor License Density by County, 2004



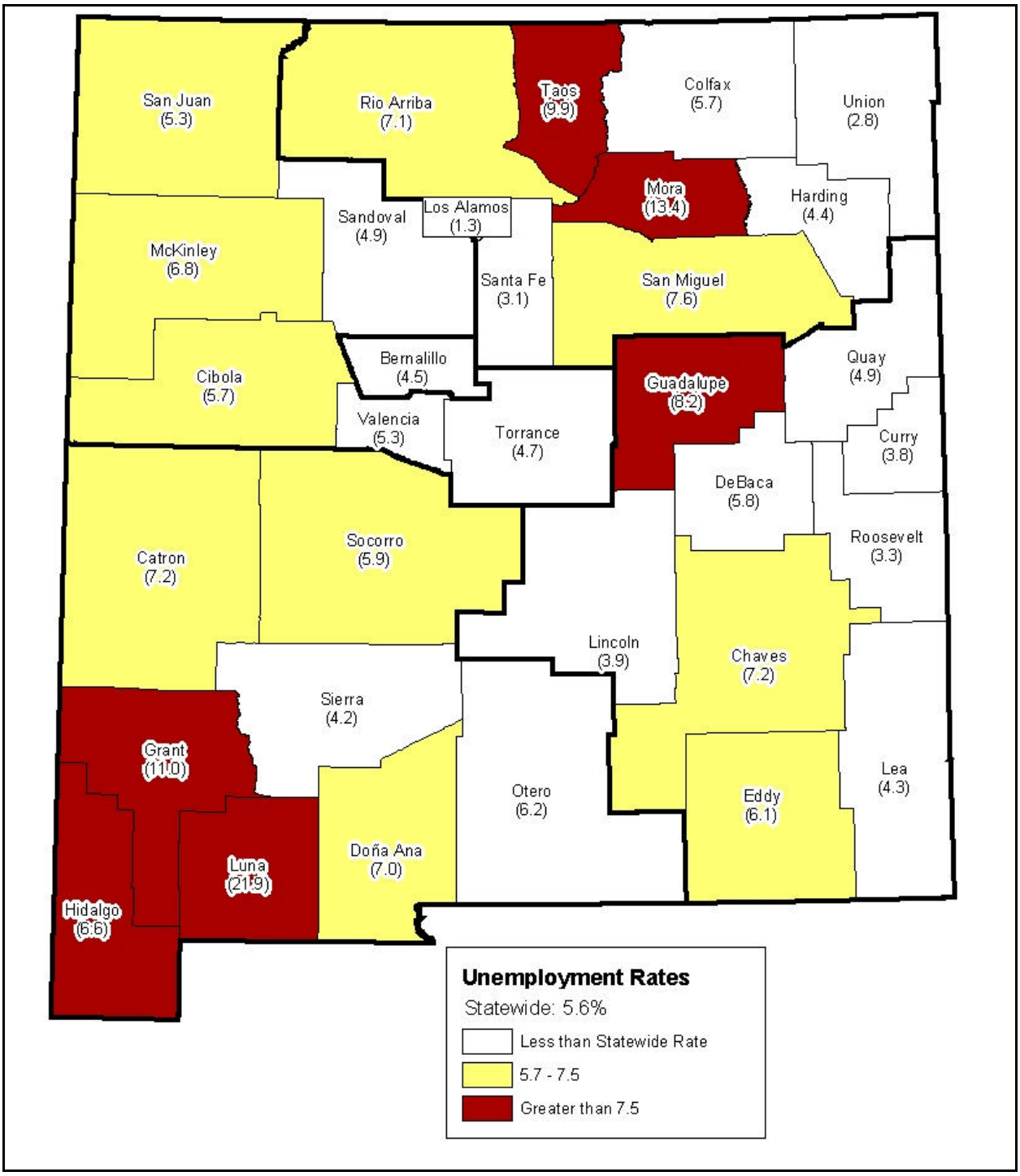
Liquor license density is the number of liquor licenses per 1,000 persons age 21 or older.
Source: New Mexico Alcohol and Gaming Division, Regulation and Licensing Department

Figure 27. Unemployment Rates by County, 2001-2003



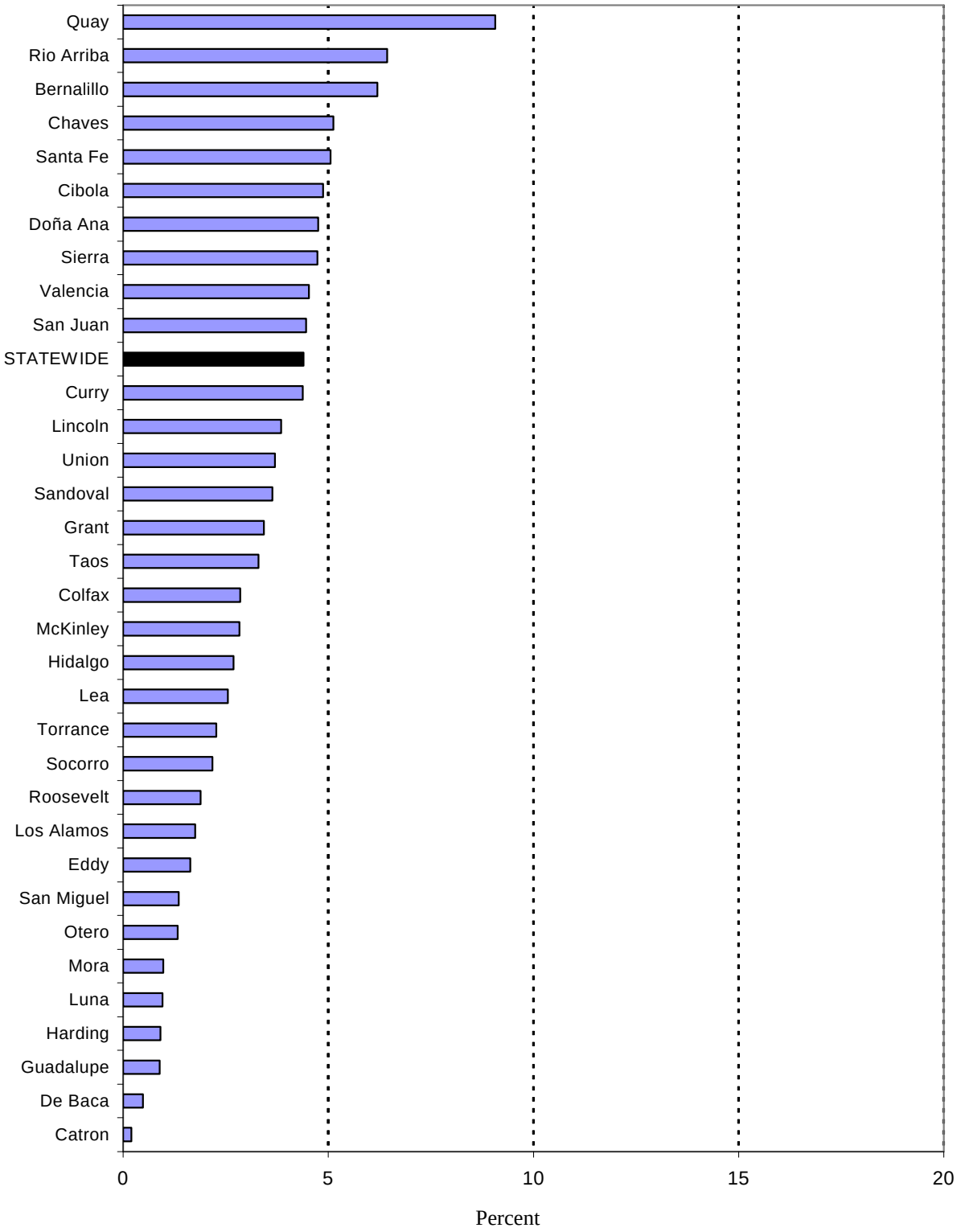
The unemployment rate is an estimate of the percentage of the civilian labor force that is unemployed.
Source: Economic Research and Analysis Bureau, New Mexico Department of Labor

Figure 28. Map of Unemployment Rates by County, 2001-2003



The unemployment rate is an estimate of the percentage of the civilian labor force that is unemployed.
Source: Economic Research and Analysis Bureau, New Mexico Department of Labor

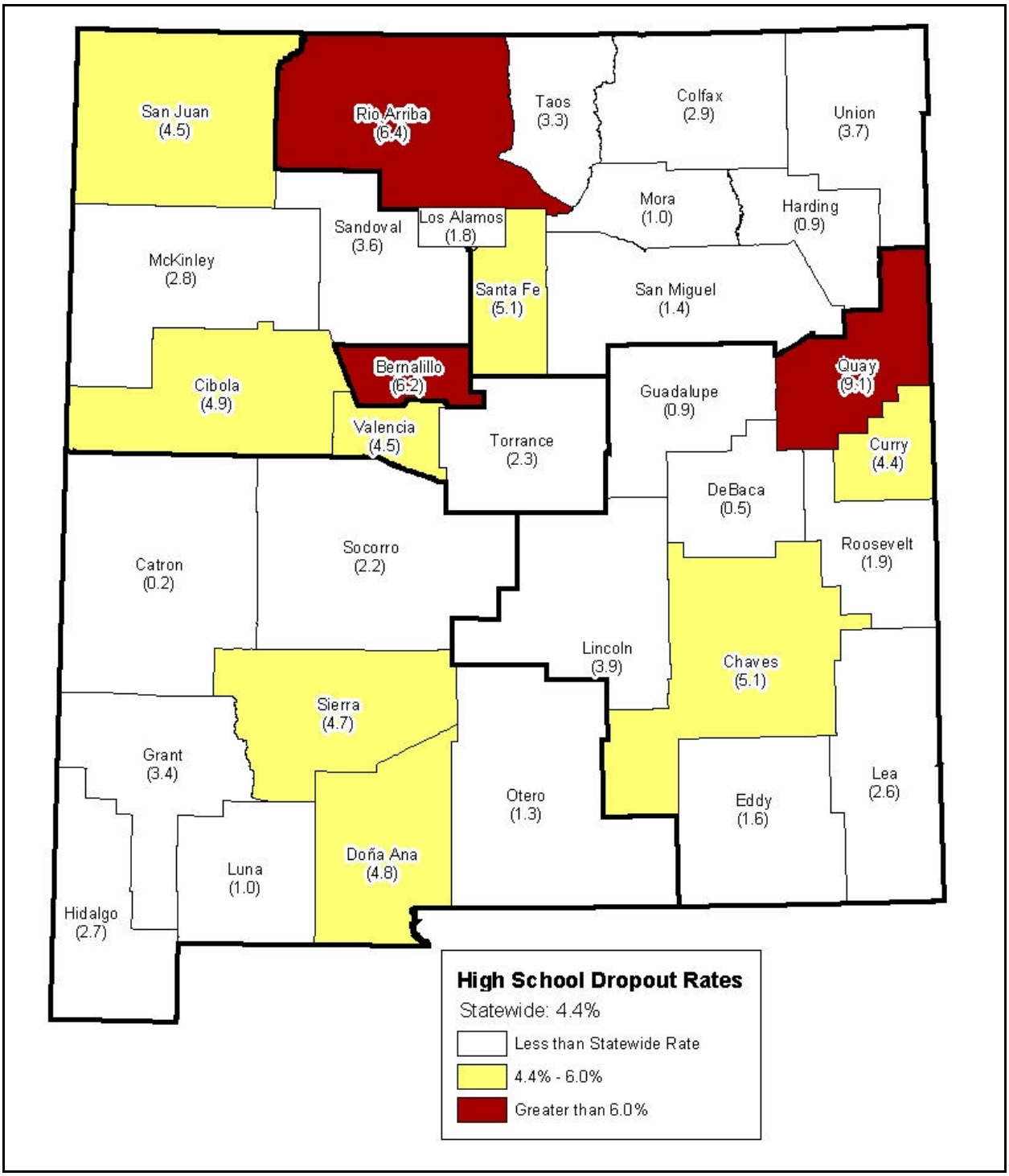
Figure 29. High School Dropout Rates by County
2000/2001—2002/2003



The high school dropout rate is an estimate of the percentage of students who drop out between 9th and 12th grades.

Source: New Mexico Public Education Department

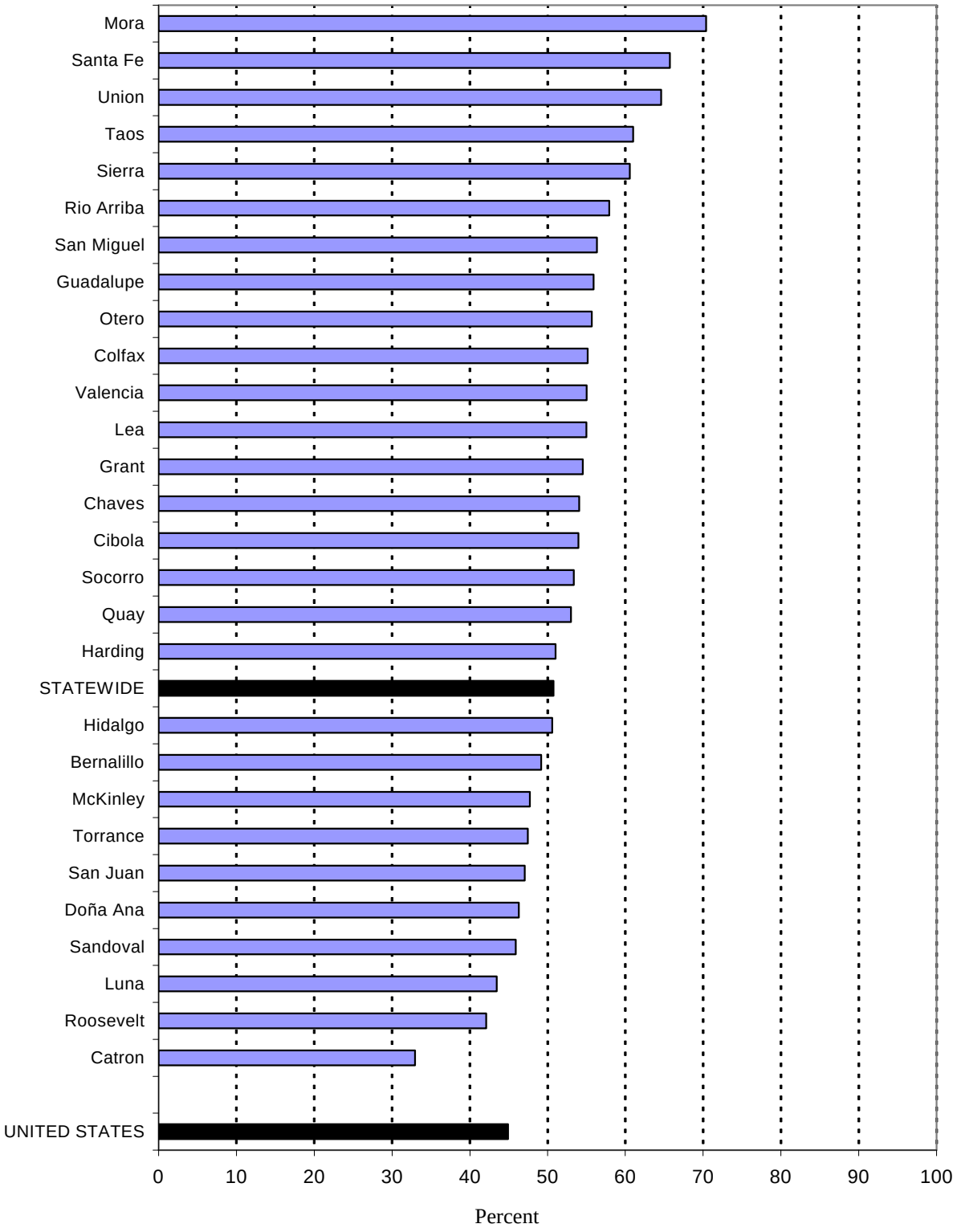
Figure 30. Map of High School Dropout Rates by County
2000/2001—2002/2003



The high school dropout rate is an estimate of the percentage of students who drop out between 9th and 12th grades.

Source: New Mexico Public Education Department

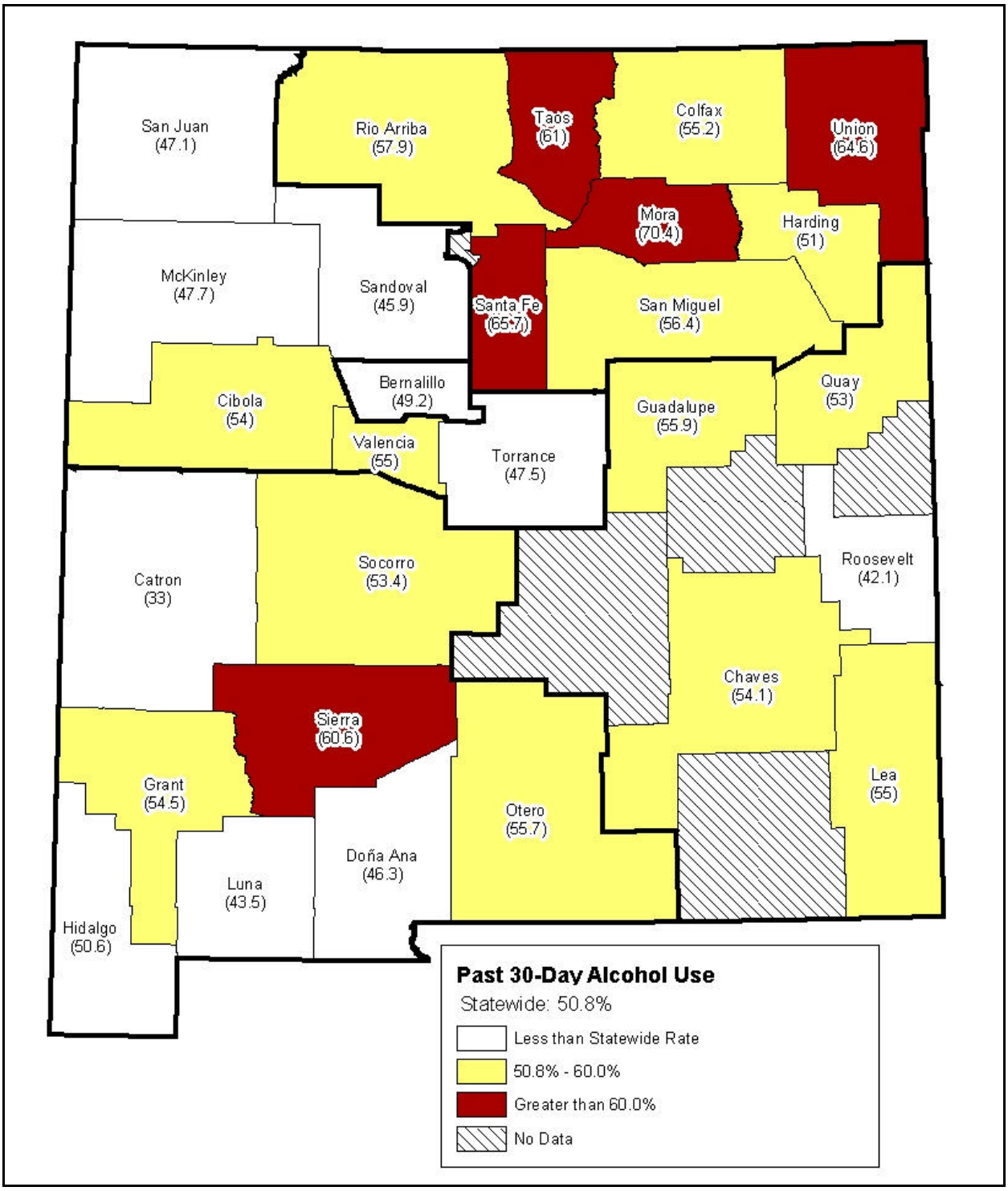
Figure 31. Past 30 Day Alcohol Use by County*, Grades 9-12, 2003



*Data are available and presented for 28 of the 33 New Mexico counties.

Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and New Mexico Public Education Department

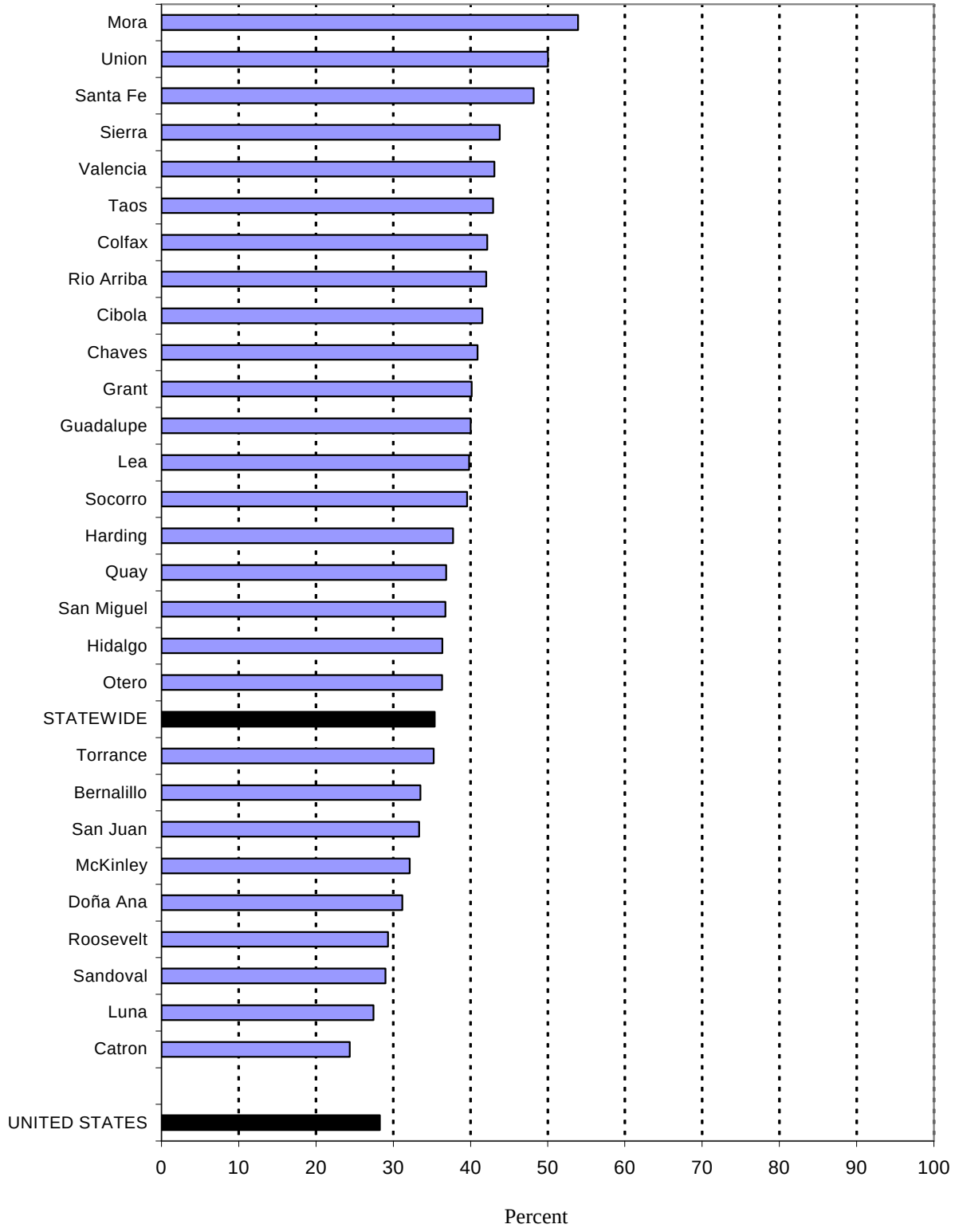
Figure 32. Map of Past 30 Day Alcohol Use by County*, Grades 9-12, 2003



*Data are available and presented for 28 of the 33 New Mexico counties.

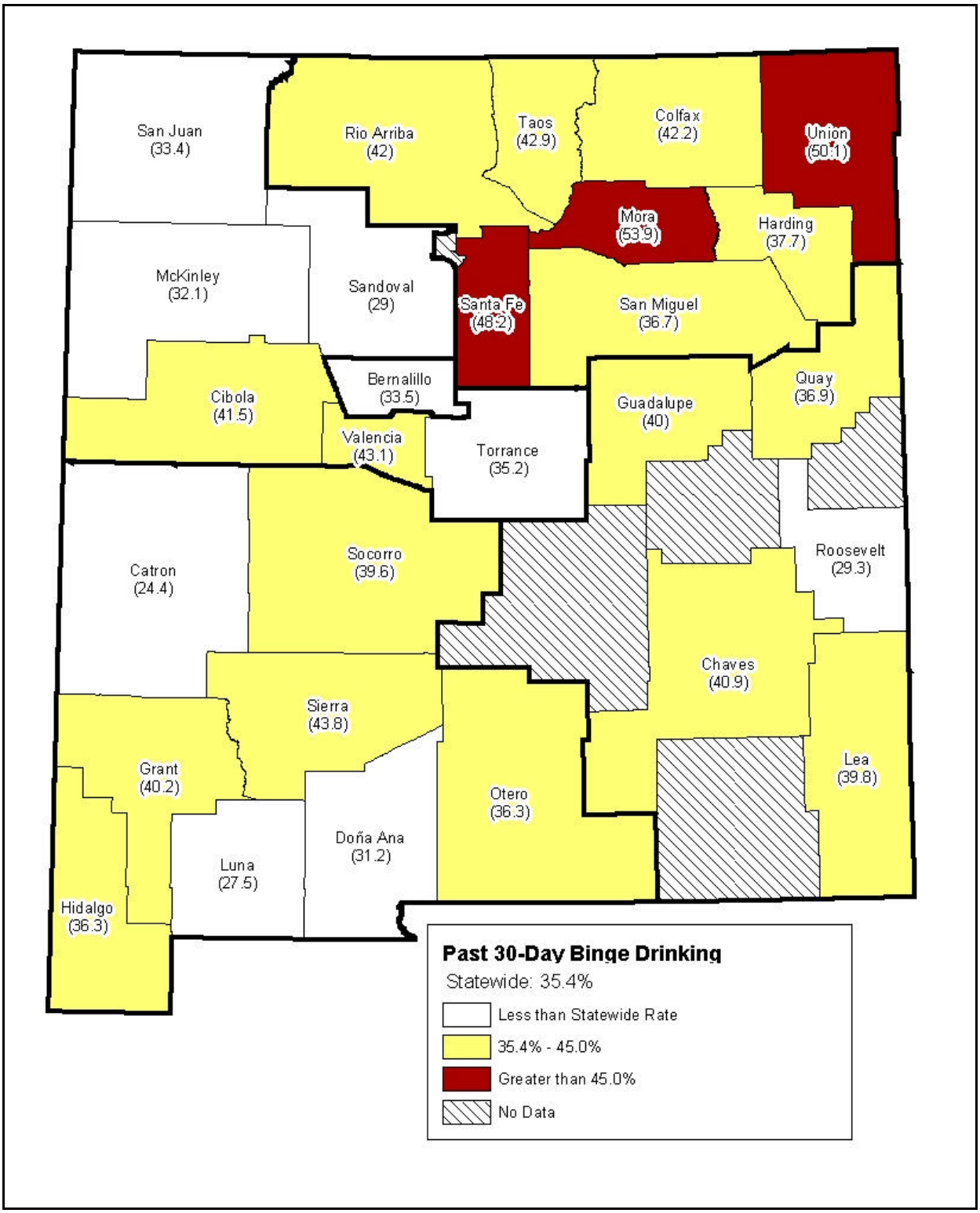
Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and New Mexico Public Education Department

Figure 33. Past 30-Day Binge Drinking* by County**, Grades 9-12, 2003



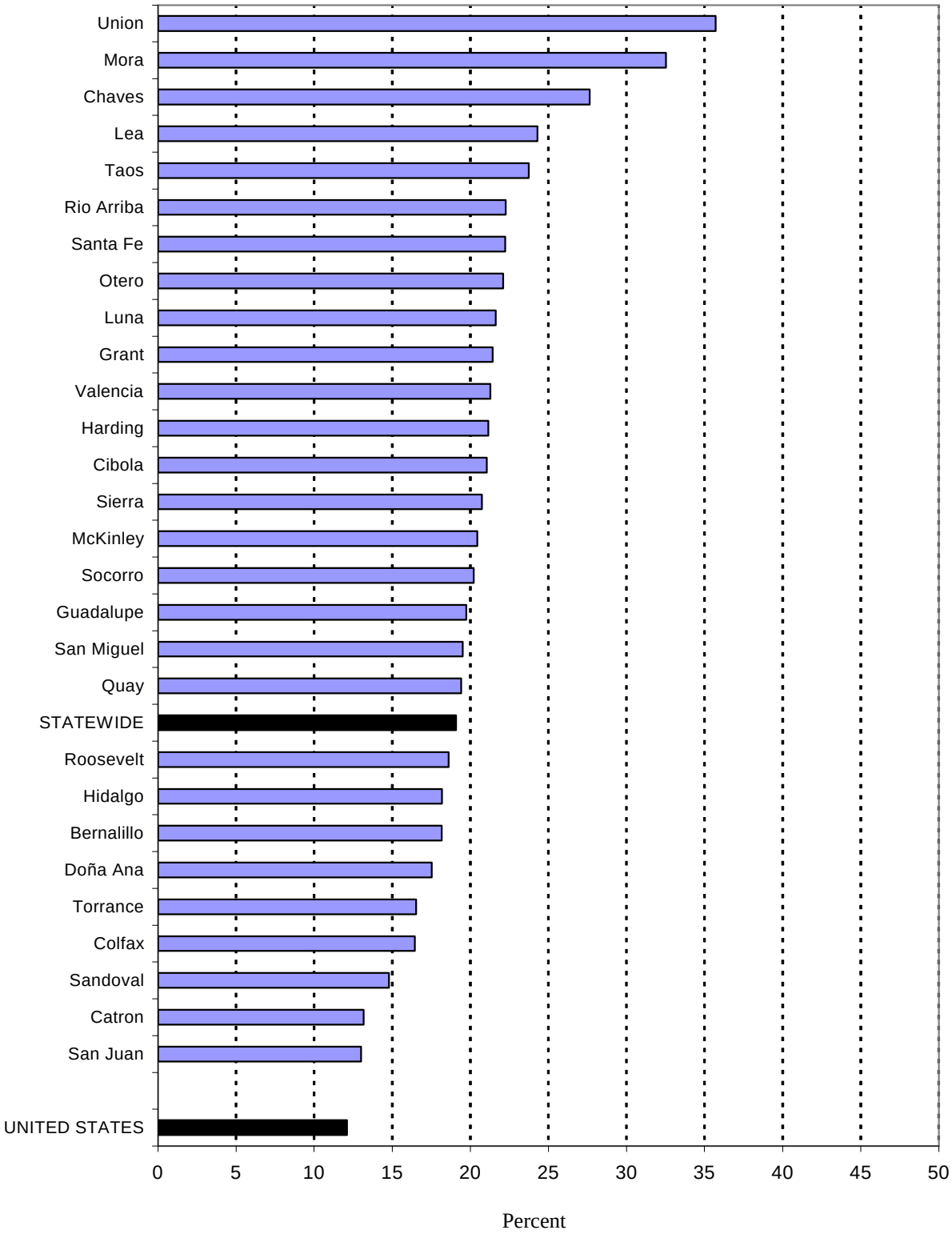
*Data are available and presented for 28 of the 33 New Mexico counties.
**Binge Drinking: Five or more alcoholic drinks on one occasion
Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and New Mexico Public Education Department

Figure 34. Map of Past 30-Day Binge Drinking by County*, Grades 9-12, 2003



*Data are available and presented for 28 of the 33 New Mexico counties.
Rates are per 100 enrolled high school students per school year.
Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and New Mexico Public Education Department

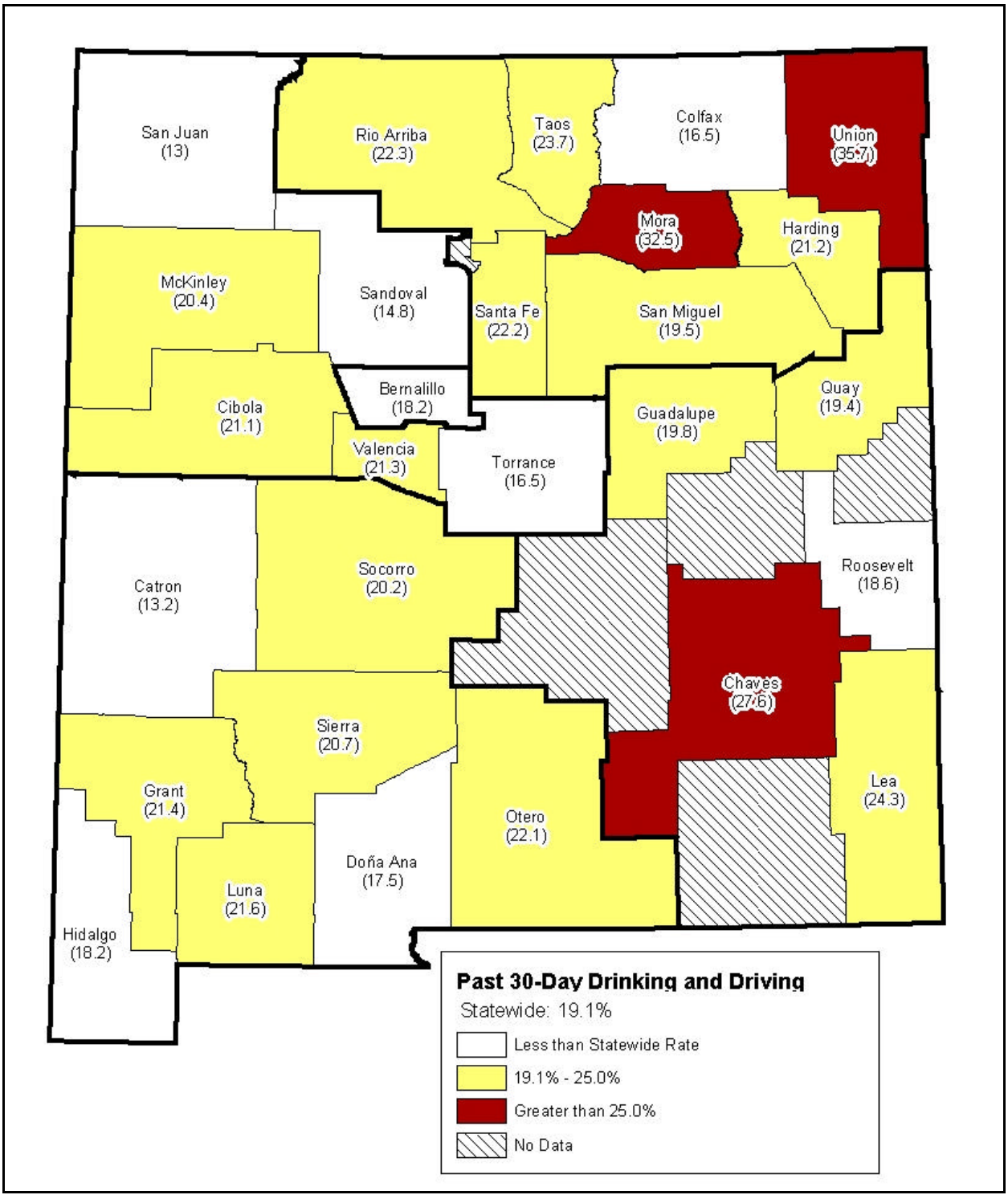
Figure 35. Past 30-Day Drinking and Driving by County*, Grades 9-12 2003



*Data are available and presented for 28 of the 33 New Mexico counties.

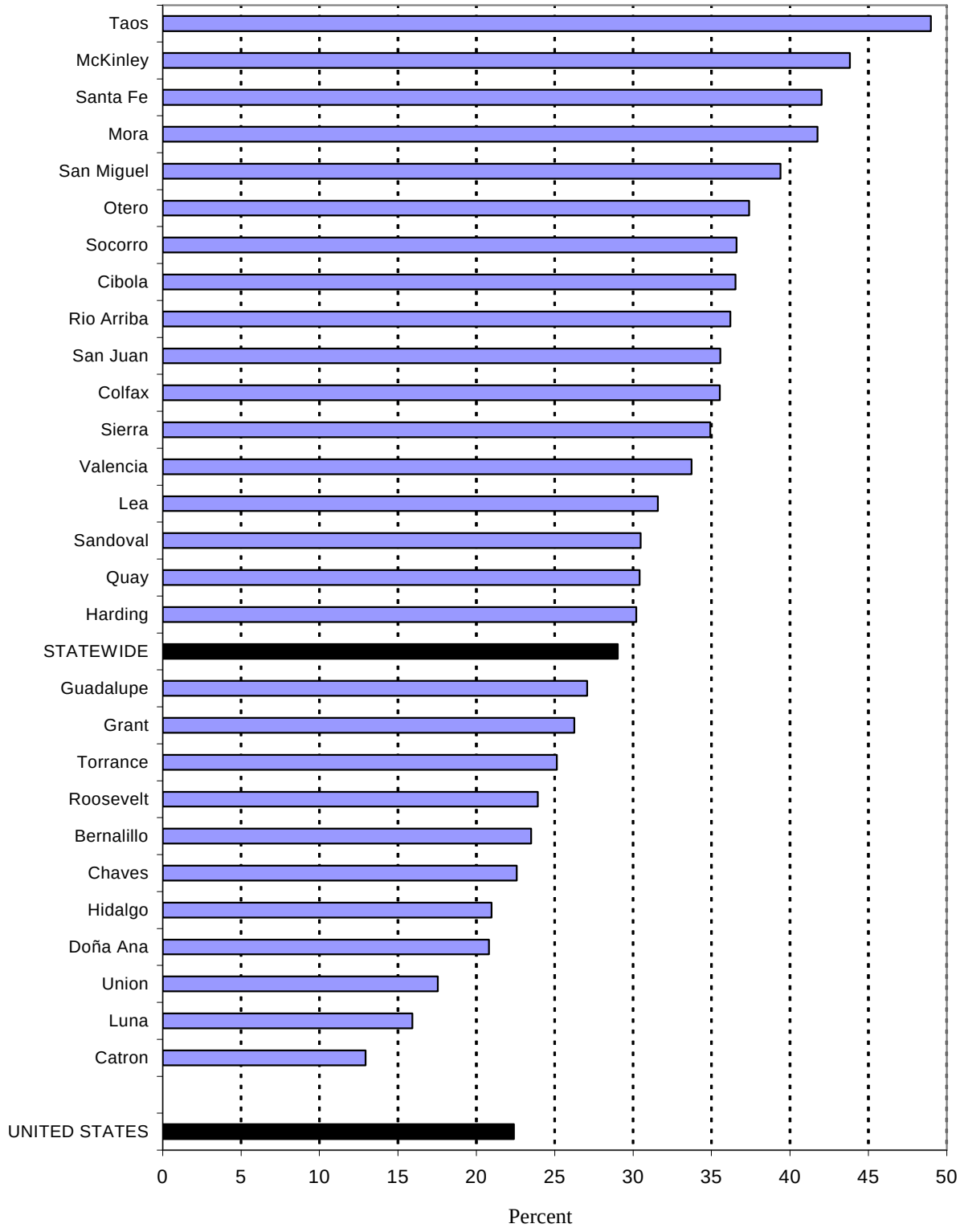
Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and New Mexico Public Education Department

Figure 36. Map of Past 30-Day Drinking and Driving by County*
Grades 9-12, 2003



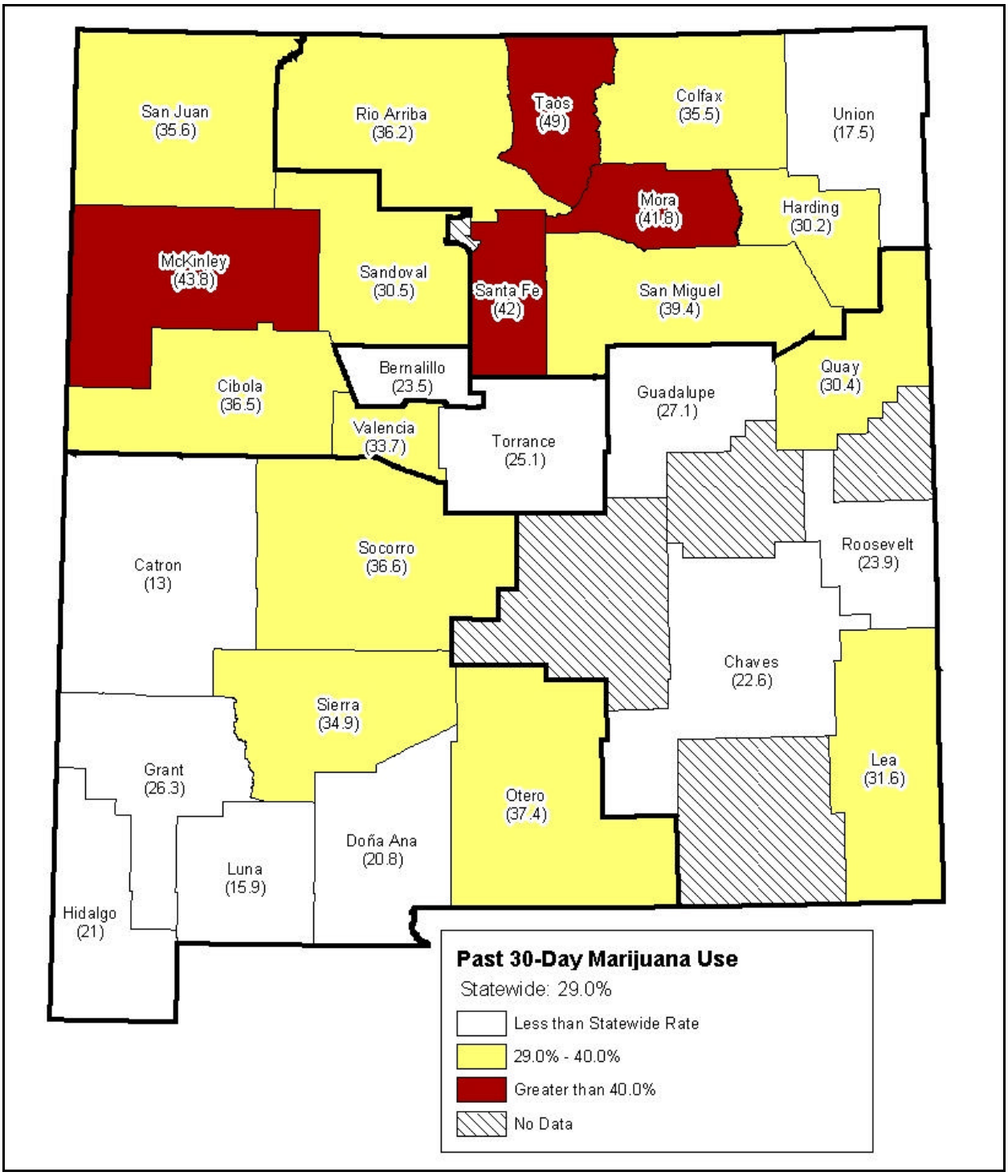
*Data are available and presented for 28 of the 33 New Mexico counties.
Rates are per 100 enrolled high school students per school year.
Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and New Mexico Public Education Department

Figure 37. Past 30-Day Marijuana Use by County*, Grades 9-12, 2003



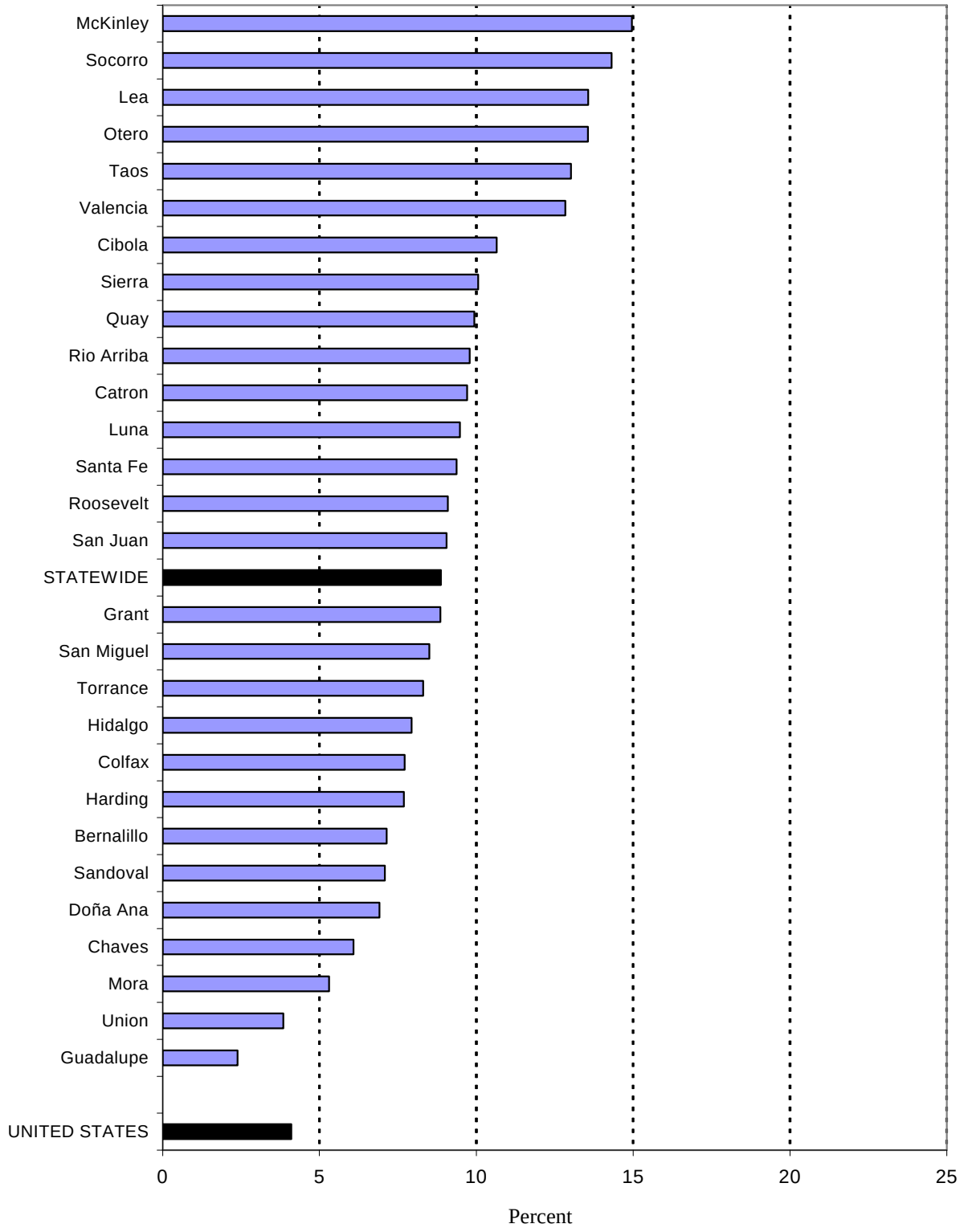
*Data are available and presented for 28 of the 33 New Mexico counties.
Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and New Mexico Public Education Department

Figure 38. Map of Past 30-Day Marijuana Use by County*
Grades 9-12, 2003



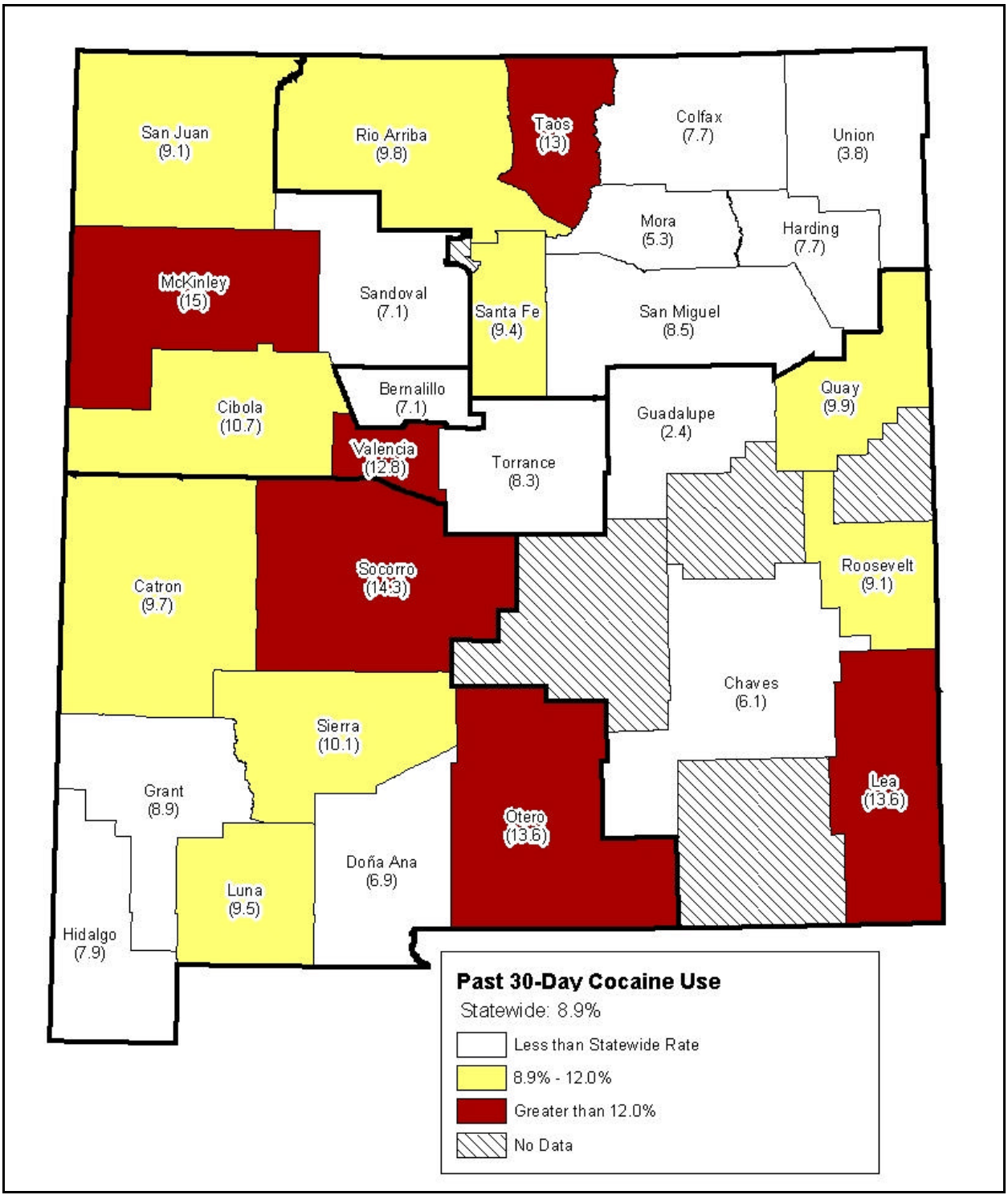
*Data are available and presented for 28 of the 33 New Mexico counties.
Rates are per 100 enrolled high school students per school year.
Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and New Mexico Public Education Department

Figure 39. Past 30-Day Cocaine Use by County*, Grades 9-12, 2003



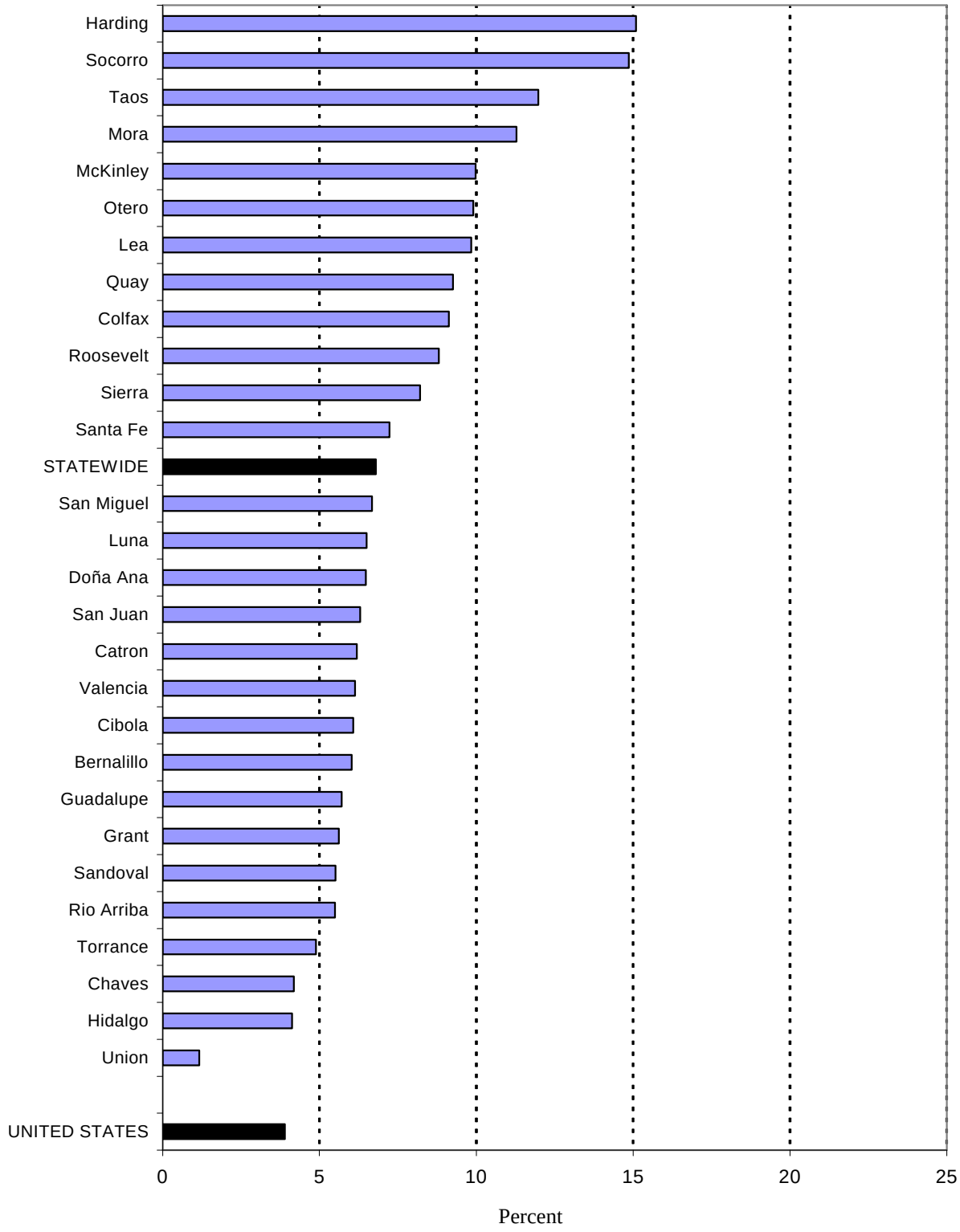
*Data are available and presented for 28 of the 33 New Mexico counties.
Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and New Mexico Public Education Department

Figure 40. Map of Past 30-Day Cocaine Use by County*
Grades 9-12, 2003



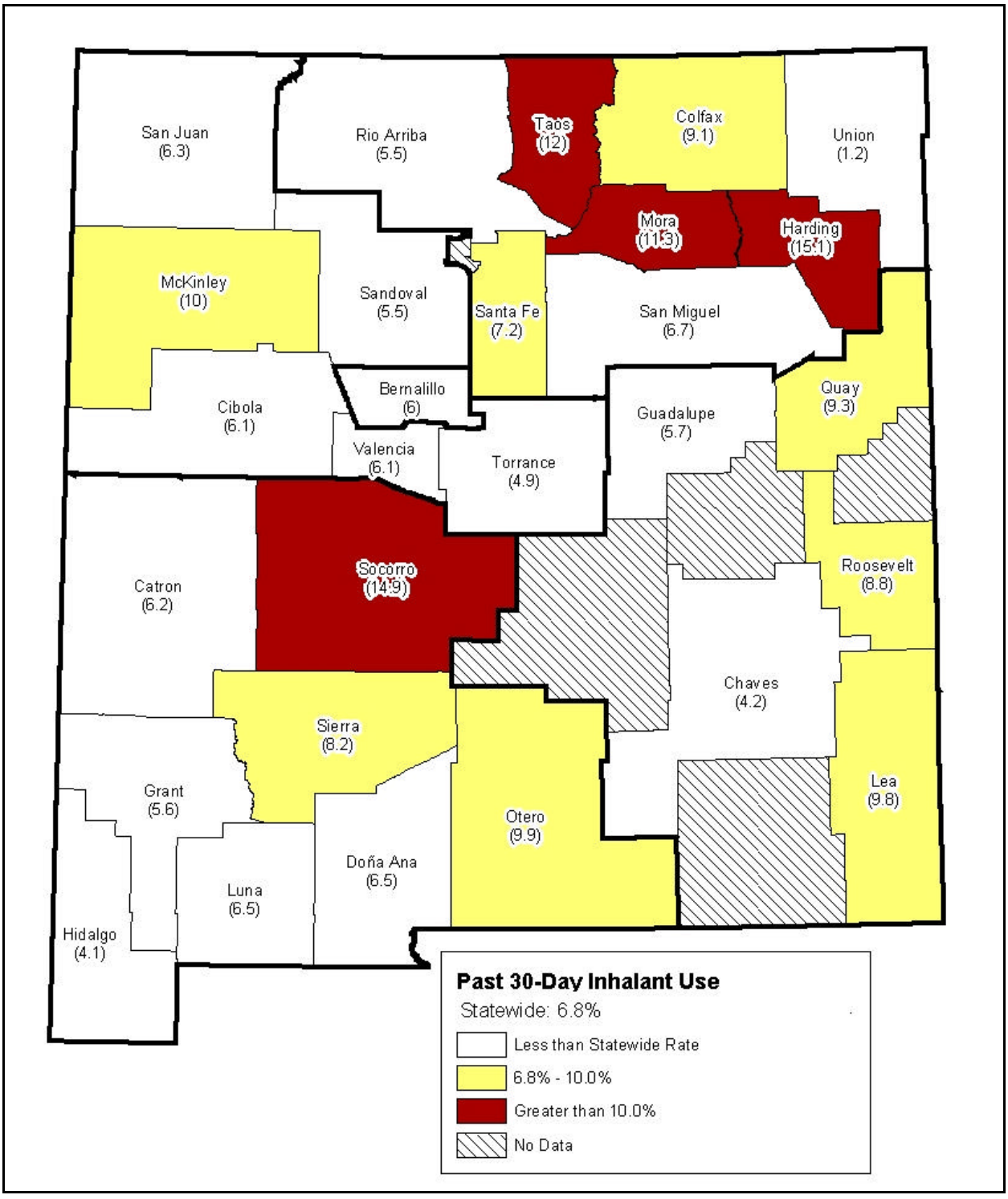
*Data are available and presented for 28 of the 33 New Mexico counties.
Rates are per 100 enrolled high school students per school year.
Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and New Mexico Public Education Department

Figure 41. Past 30-Day Inhalant Use by County*, Grades 9-12, 2003



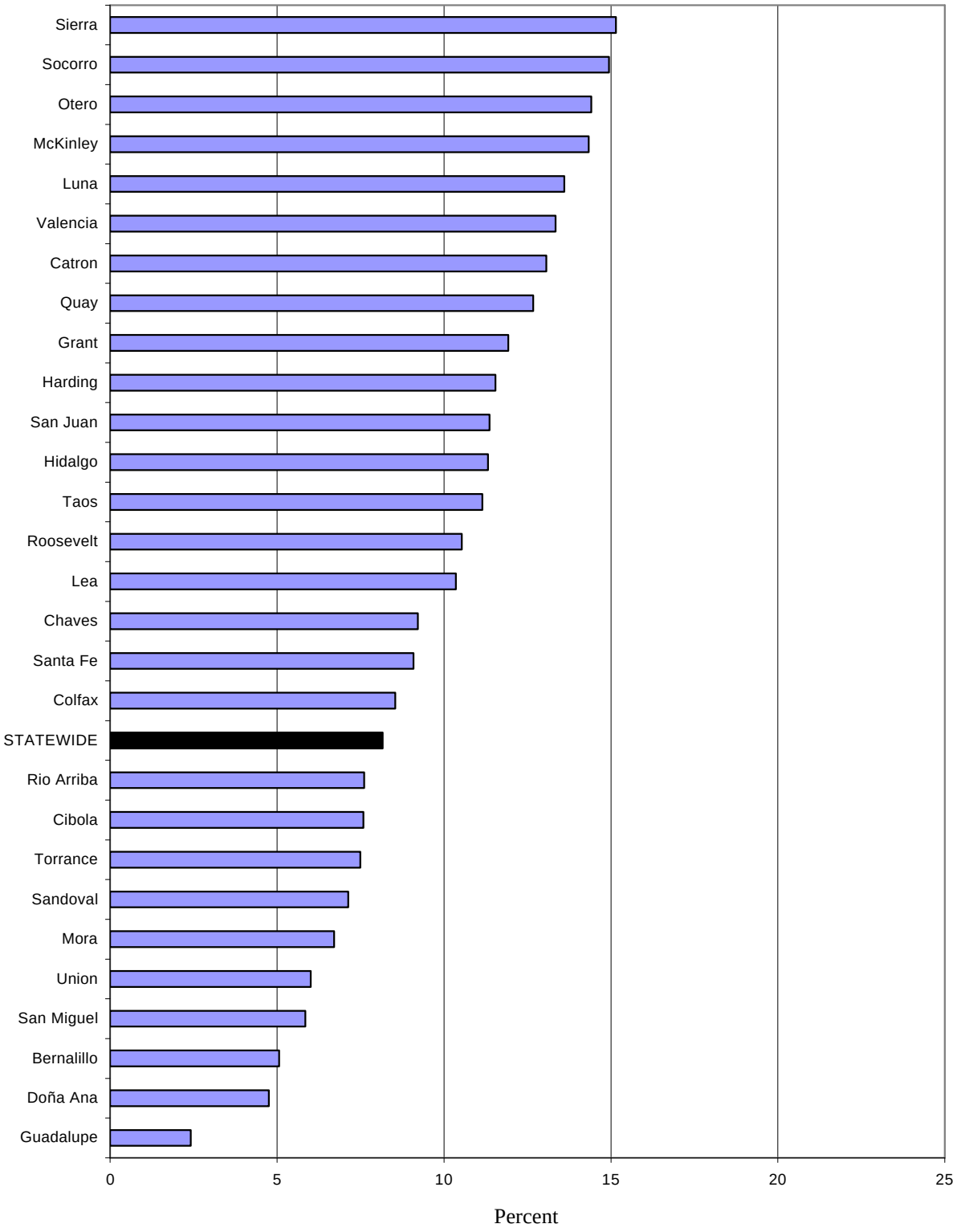
*Data are available and presented for 28 of the 33 New Mexico counties.
Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and New Mexico Public Education Department

Figure 42. Map of Past 30-Day Inhalant Use by County*
Grades 9-12, 2003



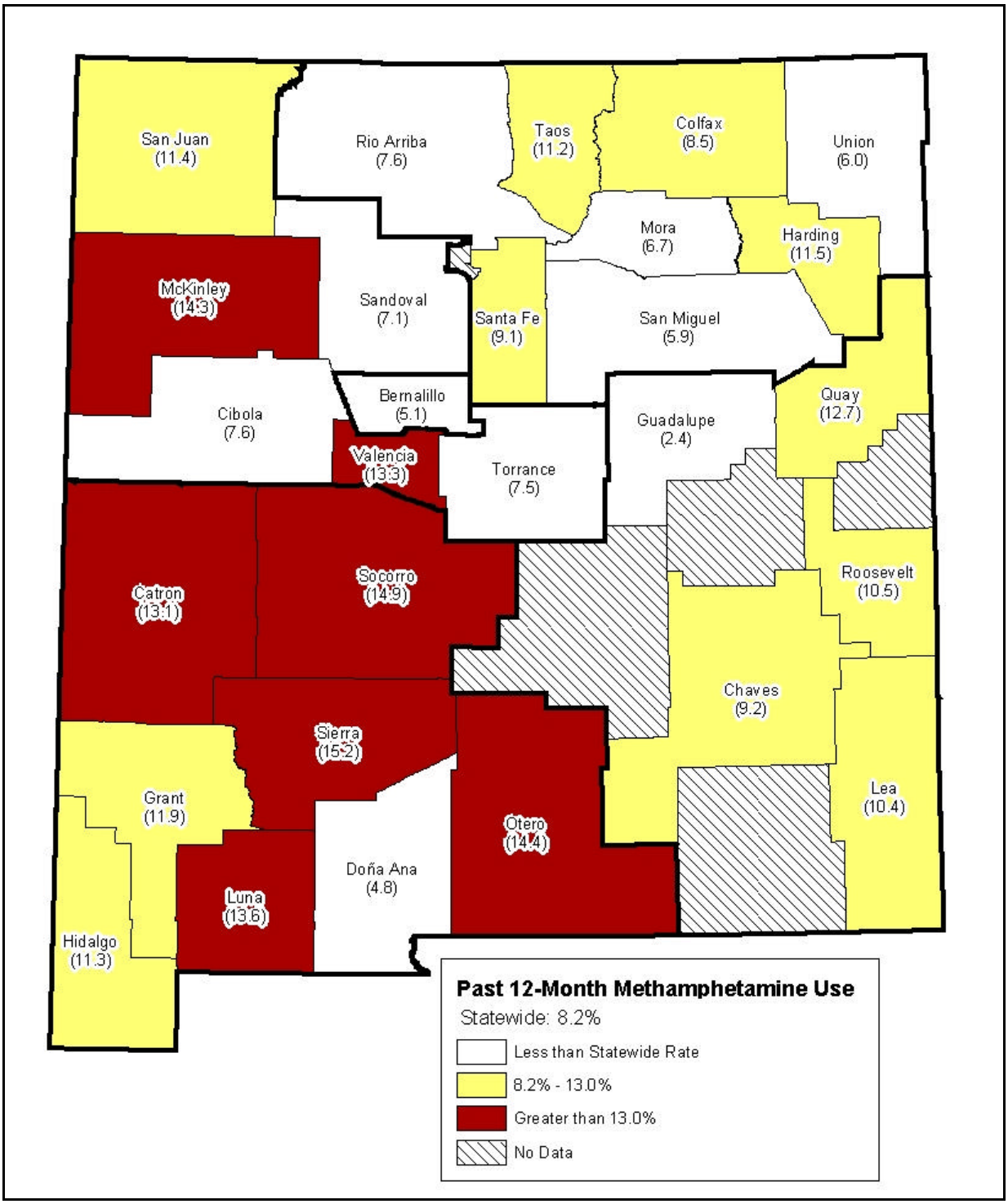
*Data are available and presented for 28 of the 33 New Mexico counties.
Rates are per 100 enrolled high school students per school year.
Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and New Mexico Public Education Department

Figure 43. Past 12-Month Methamphetamine Use by County*
Grades 9-12, 2003



*Data are available and presented for 28 of the 33 New Mexico counties.
Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and New Mexico Public Education Department

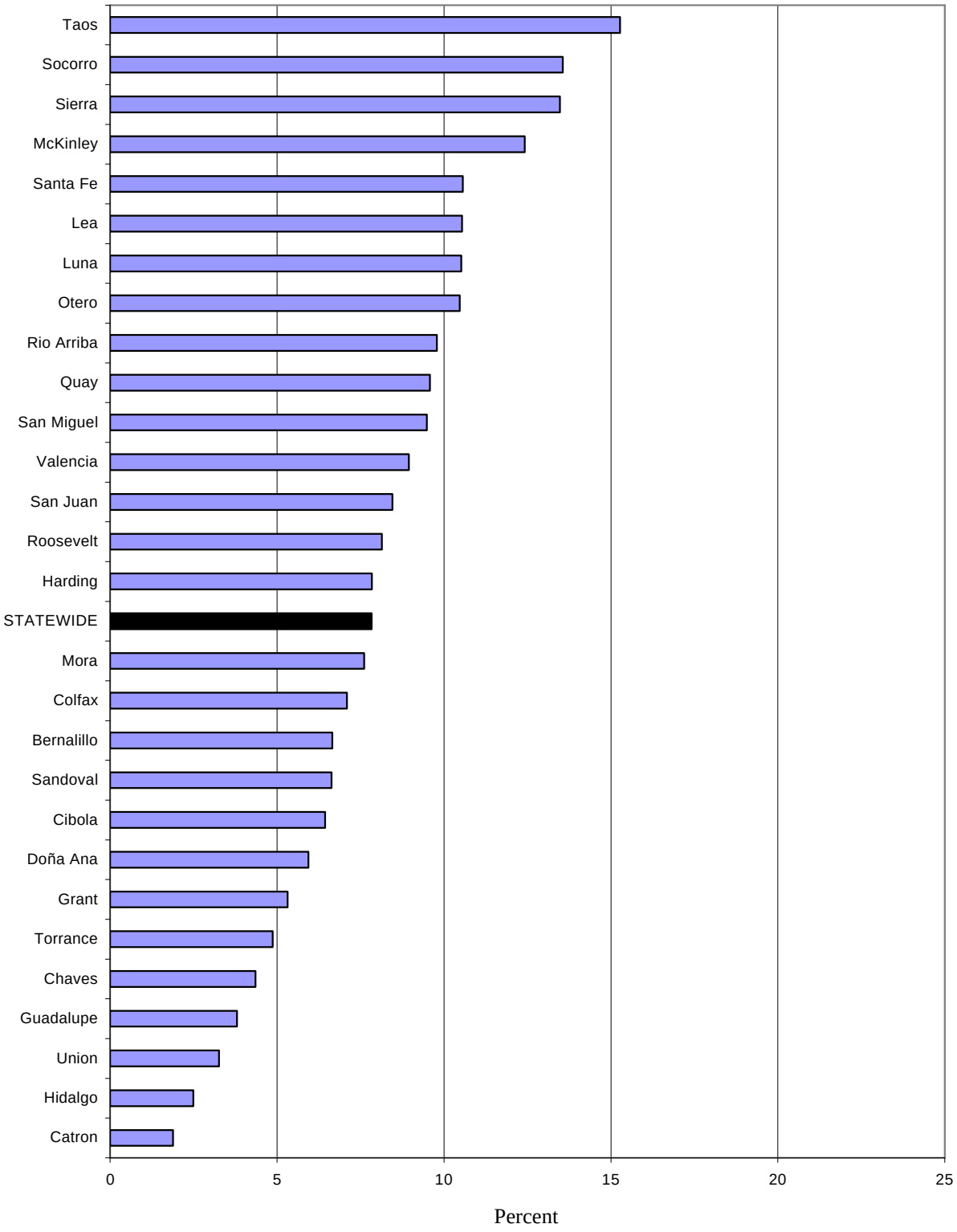
Figure 44. Map of Past 12-Month Methamphetamine Use by County* Grades 9-12, 2003



*Data are available and presented for 28 of the 33 New Mexico counties.

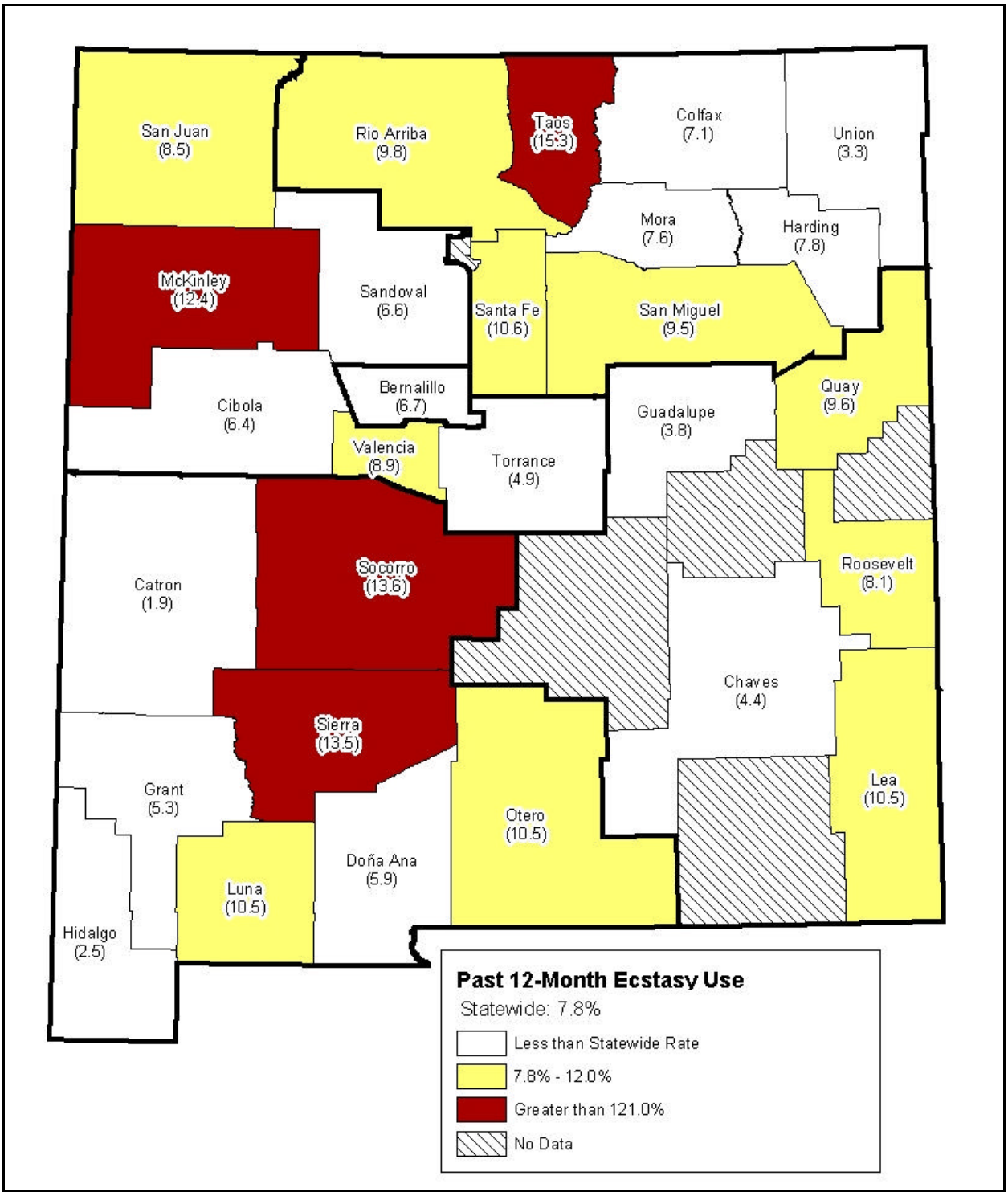
Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and New Mexico Public Education Department

Figure 45. Past 12-Month Ecstasy Use by County*, Grades 9-12, 2003



*Data are available and presented for 28 of the 33 New Mexico counties.
Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and New Mexico Public Education Department

Figure 46. Map of Past 12-Month Ecstasy Use by County* Grades 9-12, 2003



*Data are available and presented for 28 of the 33 New Mexico counties.

Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and New Mexico Public Education Department

METHODS

The 2004 New Mexico Social Indicator Report is an update of earlier reports published by the New Mexico Department of Health (NMDOH). The previous report was published in 2003 and presented rates from 1999-2001. This update has been expanded to include additional measures of youth substance abuse. The current report presents annual rates for various substance abuse indicators for the years 2000-2002 unless otherwise indicated. Three-year periods are presented in order to smooth out the yearly fluctuations commonly observed in counties with small populations.

The county is the basic unit of analysis for this report. Each indicator is presented first with a bar chart illustrating county and statewide rates in descending order, and then as a map showing the geographical distribution of indicator rates by county. Where available, national comparisons are presented.

Data on selected indicators were compiled by the Substance Abuse Unit, Injury and Behavioral Epidemiology Bureau, Epidemiology and Response Division (ERD), New Mexico Department of Health (NM DOH). The data used here were generally obtained from government agencies charged with collecting and keeping related information. Among others, these agencies included the Bureau of New Mexico Vital Records and Health Statistics, ERD, NMDOH, which keeps statewide data on births and deaths, and the New Mexico Health Policy Commission, which collects hospital discharge data from non-federal, general acute care and specialty hospitals in New Mexico (Table 1). International Classification of Disease codes are used by both of these agencies to indicate either cause of death or diagnoses of hospitalization. The ICD-9 and ICD-10 codes used in this report can be found in Appendix B and Appendix C.

Annual age-adjusted death rates were computed from these data using the U.S. 2000 Standard Population. Population denominators used for death rates, hospitalization rates, treatment admission rates, crime rates, and liquor license density were: (a) the mid-year estimate for the middle year of the three-year range (in the case of three-year-average rates); or (b) the mid-year estimate for the year in question (in the case of single-year rates). Population data are bridged-race population estimates from the U.S. Census Bureau in collaboration with NCHS. For other indicators, the denominators were limited to the groups among which the events generally occur. For DWI and alcohol-related crash rates, population denominators were the numbers of licensed drivers in the state and in each county, and were obtained from the Division of Government Research at the University of New Mexico, which compiles this information for the New Mexico Traffic Safety Bureau. Unemployment rate denominators were the estimated size of the civilian workforce population in each county and in New Mexico, and were obtained from the Economic Research and Analysis Bureau, New Mexico Department of Labor.

RESULTS

Alcohol– and Drug-Related Death Rates

Rio Arriba County had the highest combined alcohol– and drug-related death rate (134.5 per 100,000), followed by Cibola County (116.8), McKinley County (116.7), San Miguel County (110.4), and Socorro County (89.1). With the exception of Socorro County, these counties are in the northern half of the state, with Rio Arriba and San Miguel in the north-central part of the state, and McKinley and Cibola bordering each other in the northwest. Socorro County is in the center of the state.

The alcohol-related death rate for the state of New Mexico was 57.2 per 100,000. McKinley County had the highest alcohol-related death rate in the state (111.0), followed by Cibola County (103.5), San Miguel County (94.1), Rio Arriba County (87.6), and Mora County (77.5).

The directly-attributable alcohol-related death rate for New Mexico was 2.6 times that of the nation (18.0 and 6.9 per 100,000, respectively). McKinley County (49.9) had a rate almost three times that of the state (18.0) and more than 7 times that of the nation (6.9). Other counties with very high rates were San Miguel County (44.2), Cibola County (43.8), and Union County (32.1).

New Mexico's drug-related death rate was 2.1 times the national rate (15.8 and 7.5, respectively). Rio Arriba County had the highest drug-related death rate in the state for 2000-2002 (46.8 per 100,000), a rate that was almost three times the statewide rate (15.8) and more than six times the national rate (7.5). The next highest drug-related death rates were found in DeBaca (27.2), Bernalillo (22.1) and Socorro Counties (21.8). The drug-related death rate in DeBaca County was based on just one death, so this rate may not be stable.

Alcohol– and Drug-Related Hospitalization Rates

The alcohol- and/or drug-related hospitalization rate for the state was 752.9 per 100,000. The county with the highest rate was Rio Arriba, with a rate of 1357.1, about 1.8 times that of the state. Rio Arriba County was followed by Grant County (1161.9), San Miguel County (1136.0), Cibola County (1049.3), and Guadalupe County (1046.4).

Grant County had the highest drug-related hospitalization rate (415.5 per 100,000), followed by Otero County (410.0), Rio Arriba County (364.8), and Chaves County (335.4). Guadalupe County had the highest alcohol-related hospitalization rate (736.1), followed by Rio Arriba County (706.9), San Miguel County (686.1), Cibola County (635.8), and Grant County (554.4). While Grant and Rio Arriba counties each had relatively high rates for both alcohol– and drug–related hospitalization, this was not true for Chaves, Cibola, Guadalupe, or Otero counties. Chaves County had the fourth highest drug-related hospitalization rate, but only the 19th highest alcohol-related hospitalization rate. Guadalupe County, which had the highest alcohol-related hospitalization rate, ranked 20th for drug-related hospitalizations.

Alcohol–Involved Traffic-Related Indicators

The alcohol-involved crash fatality rate for New Mexico was 11.2 per 100,000 population, well above the national rate of 6.2. The New Mexico statewide rate for DWI arrests was 157.9 per 10,000 licensed drivers, and the rate for alcohol-involved automobile crashes was 28.8 per 10,000 licensed drivers . McKinley County had the highest rate in the state for both DWI arrests and alcohol-involved automobile crashes, and the 4th highest rate for alcohol-involved crash fatalities. In each of these cases, the McKinley County rate was more than twice the statewide rate (DWI arrests—321.9 per 10,000 licensed drivers; alcohol-involved automobile

crash rate— 72.1 per 10,000 licensed drivers; alcohol-involved crash fatality rate—31.0 per 100,000 population). Other counties that ranked high in more than one of these three indicators were San Juan (2nd in DWI arrest rate, 7th in alcohol-involved crash fatality rate and 5th in alcohol-related crash rate), San Miguel (4th in DWI arrest rate and 4th in alcohol-involved crashes), Socorro (3rd in DWI arrest rate, 12th in alcohol-involved crash fatality rate and 12th in alcohol-related crash rate), Cibola (5th in DWI arrest rate, 8th in alcohol-involved crash fatality rate and 7th in alcohol-involved crash rate), Lincoln (6th in DWI arrest rate, 3rd in alcohol-involved crash fatality rate and 11th in alcohol-involved crash rate), Rio Arriba (6th in alcohol-involved crash fatality rate and 10th in alcohol-related crash rate), Guadalupe (7th in DWI arrest rate, 9th in alcohol-involved crash fatality rate and 3rd in alcohol-related crash rate).

While sparsely populated Harding and Catron counties had very high rates for alcohol-involved crash fatalities, these were based on only a few incidents (3 deaths in Harding and 5 deaths in Catron from 1999-2001).

State-Funded Adult Alcohol– and Drug-Treatment Admission Rates

Treatment admission rates presented here include only state-funded treatments for adults from 2001-2003. Treatment funded by private payers or by programs such as Medicaid are not included.

The rate of alcohol and/or drug treatment admissions in New Mexico was 36.0 per 10,000 persons age 18 and over. Rio Arriba, Taos, and San Juan, three contiguous counties in northern New Mexico, had the three of the four highest substance-abuse treatment admission rates in the state, at 139.6, 105.8, and 80.9, respectively. Lincoln County, in southwest New Mexico, had the third highest treatment admission rate (94.5).

Suicide

New Mexico had a suicide rate of 19.3 per 100,000 population, or 1.8 times the national rate of 10.7 per 100,000 in 2001. Harding County (53.2), Mora County (47.1), De Baca (44.8), Sierra County (43.3) Catron County (40.3), and all had suicide rates more than two times the statewide rate. In the case of Catron County, De Baca County and Harding County, the rate is based on very few deaths, so this rate may not be stable.

Homicide

The homicide rate in New Mexico from 2000-2002 (8.2 deaths per 100,000) was 1.4 times the national rate (6.0 per 100,000). The four counties in New Mexico with the highest homicide rates were Sierra (28.1), Catron (19.9), Chaves (18.9) and San Miguel (17.6). In the case of Catron County, this rate was based on just two deaths, so this rate may not be stable.

Liquor License Density

The highest liquor license density ratios in the state were found in Lincoln County (4.9 liquor licenses per 1000 population age 21 and over), Taos (4.3), Guadalupe (4.2), Colfax (4.0) and Harding (3.5). Each of these ratios is greater than twice the statewide ratio of 1.7.

Unemployment

The New Mexico statewide unemployment rate was similar to the national rate (5.6% and 5.5% of the civilian workforce population, respectively).

The highest unemployment rate in the state was found in Luna County, where more than 21.9% of the workforce were unemployed. Mora County, in northern New Mexico, follows Luna County with an unemployment rate of 13.4%. Taos County and Guadalupe County also have

high unemployment rates, as do Grant and Hidalgo counties. High unemployment rates are clustered in the southwest corner of the state, and in north-central New Mexico.

High School Dropout Rates

In New Mexico as a whole, 4.4% of high school students failed to finish school. The highest dropout rates were in Quay County (9.1%), Rio Arriba County (6.4%), Bernalillo County (6.2%), Chaves County (5.1%), and Santa Fe County (5.1%).

Youth Indicators

For each of the three alcohol-related youth indicators, New Mexico has a higher rate than the rest of the nation. In New Mexico, 50.8% of high school students reported drinking alcohol within the previous 30 days, compared to 44.9% of students nationally. Nationally, nearly thirty percent (28.3%) of students reported binge drinking within the previous 30 days, and 35.4% of students in New Mexico reported the same. In New Mexico, 19.1% reported drinking and driving within the previous 30 days, while 12.1% reported the same nationally.

Mora, Santa Fe, Union, Taos, Sierra, and Rio Arriba counties had the highest rates of past 30-day alcohol use, while Mora, Union, Santa Fe, Sierra, Valencia, and Taos counties had the highest rates binge drinking. Union, Mora, Chaves, Lea, Taos and Rio Arriba counties had the highest rates of youth drinking and driving.

Past 30-day marijuana use, cocaine use, and inhalant use were more common among New Mexico youth than national youth (marijuana-29.0% and 22.4%, respectively; cocaine-8.9% and 4.1%; inhalants-6.8% and 3.9%). Taos, McKinley, Santa Fe, Mora, and San Miguel counties had the highest rates in the state for marijuana use. McKinley, Socorro, Lea, Otero, and Taos had the highest county rates for cocaine use. The highest rates of inhalant use were found in Harding, Socorro, Taos, Mora, and McKinley counties.

Rates of methamphetamine use by high school students are highest in the southwest part of the state, and near the borders of Mexico and Arizona. Sierra, Socorro, Otero, McKinley, and Luna counties had the highest rates for past 12 month methamphetamine use.

Taos, Socorro, Sierra, McKinley, and Santa Fe had the highest rates for past 12-month ecstasy use.

CONCLUSIONS

Rio Arriba, McKinley, Cibola, and San Miguel counties bear a heavier burden, per capita, from deaths related to substance abuse than any other counties in the state. These four counties, in northern and northwestern New Mexico, have the highest alcohol– and drug-related death rates in the state. Various other indicators, including hospitalization rates, alcohol-involved crash rates, alcohol-involved crash fatality rates, DWI arrest rates, and youth substance abuse rates, show that these four counties are disproportionately affected by alcohol and drug abuse.

Bernalillo County, with a very high drug-related death rate and a very large population, has the largest absolute number of people directly affected by substance abuse. This, together with the many other problems facing a large urban center, should place Bernalillo County in a position to receive special attention in statewide substance abuse prevention and treatment efforts.

This report is meant to benefit the efforts of those working in alcohol and drug abuse prevention and treatment at both the local and the statewide level. The information presented in this report should be useful to program planners and policy makers in assessing prevention and treatment needs, allocating resources based on those needs, and planning and designing substance abuse interventions.

Table 1. Social Indicators and Sources

Direct Substance Abuse Indicators	Source
Alcohol– and Drug-related Death Rates (2000-2002) Alcohol-related Death Rates (2000-2002) Drug-related Death Rates (2000-2002)	Bureau of New Mexico Vital Records and Health Statistics, Epidemiology and Response Division, New Mexico Department of Health. Rates were calculated by the Substance Abuse Epidemiology Unit, Epidemiology and Response Division, New Mexico Department of Health.
Alcohol– and Drug-related Hospitalization Rates (2000-2002)	Hospital Inpatient Discharge Database, New Mexico Health Policy Commission.
DWI Arrest Rates (2000-2002) Alcohol-Involved Traffic Crash Rates (2000-2002) Alcohol-Involved Crash Fatality Rates (2000-2002)	New Mexico Traffic Safety Bureau through Division of Government Research, UNM.
State-funded Adult Drug- and Alcohol-Treatment Admission Rates	Treatment Episode Data Set (TEDS), Behavioral Health Services Division, New Mexico Department of Health.
Indirect Substance Abuse Indicators	
Suicide Rates Homicide Rates	Bureau of New Mexico Vital Records and Health Statistics, Epidemiology and Response Division, New Mexico Department of Health.
Liquor License Density	New Mexico Alcohol and Gaming Division, Regulation and Licensing Department.
Unemployment Rates	Economic Research and Analysis Bureau, New Mexico Department of Labor.
High School Dropout Rates	New Mexico Public Education Department.
Youth Indicators	
Past 30-Day Alcohol Use Past 30-Day Binge Drinking Past 30-Day Drinking and Driving Past 30-Day Marijuana Use Past 30-Day Cocaine Use Past 30-Day Inhalant Use Past 12-Month Methamphetamine Use Past 12-Month Ecstasy Use	2001 New Mexico Youth Risk and Resiliency Survey, New Mexico Public Education Department and the New Mexico Department of Health.

Table 2. Social Indicators, Rates and Rankings: Direct Indicators

County	Alcohol and Drug-Related Death Rates, 2000-2002	County Ranking by Alcohol-and Drug-Related Death Rates	Alcohol - Related Death Rates, 2000-2002	County Ranking by Alcohol-Related Death Rates	Directly Attributable Alcohol-Related Death Rates, 2000-2002	County Ranking by Directly Attributable Alcohol-Related Death Rates	Drug-Related Death Rates, 2000-2002	County Ranking by Drug-Related Death Rates
UNITED STATES					6.9		7.5	
STATEWIDE	73.0		57.2		18.0		15.8	
Bernalillo	77.5	12	55.4	19	18.1	12	22.1	3
Catron	83.1	10	69.1	8	14.0	21	14.0	15
Chaves	74.7	13	57.7	15	14.2	19	17.0	11
Cibola	116.8	2	103.5	2	43.8	3	13.4	18
Colfax	66.8	22	53.6	22	16.4	15	13.2	19
Curry	54.5	31	46.8	30	11.9	27	7.6	25
De Baca	85.9	7	58.7	14	0.0	32	27.2	2
Doña Ana	50.8	32	41.5	32	11.0	29	9.3	21
Eddy	67.5	20	53.6	23	7.0	30	13.9	16
Grant	66.8	23	56.8	18	13.6	23	10.0	20
Guadalupe	67.8	19	60.5	13	20.6	9	7.3	27
Harding	73.7	16	73.7	6	0.0	33	0.0	33
Hidalgo	78.0	11	57.4	16	26.0	6	20.6	5
Lea	60.3	28	53.2	24	12.9	25	7.0	28
Lincoln	71.4	17	51.5	25	12.3	26	19.9	6
Los Alamos	61.3	27	47.4	29	14.4	18	13.9	17
Luna	62.5	26	54.8	21	19.8	10	7.8	24
McKinley	116.7	3	111.0	1	49.9	1	5.7	30
Mora	84.9	8	77.5	5	23.0	8	7.4	26
Otero	57.2	29	50.2	27	15.6	16	7.0	29
Quay	66.5	24	50.6	26	13.5	24	15.9	14
Rio Arriba	134.5	1	87.6	4	28.3	5	46.8	1
Roosevelt	38.1	33	33.5	33	2.3	31	4.6	31
Sandoval	54.5	30	46.2	31	11.2	28	8.3	23
San Juan	70.5	18	62.1	12	18.5	11	8.4	22
San Miguel	110.4	4	94.1	3	44.2	2	16.3	13
Santa Fe	66.3	25	47.9	28	13.7	22	18.4	8
Sierra	88.0	6	69.7	7	17.3	14	18.3	9
Socorro	89.1	5	67.2	10	14.2	20	21.8	4
Taos	84.7	9	67.7	9	25.3	7	17.0	12
Torrance	74.4	14	55.3	20	15.3	17	19.1	7
Union	67.2	21	67.2	11	32.1	4	0.0	32
Valencia	74.2	15	57.0	17	18.1	13	17.2	10

Table 2 (Continued). Social Indicators, Rates and Rankings: Direct Indicators

County	Alcohol and/or Drug-related Hospitalization Rates, 2000-2002	County Ranking by Alcohol and/or Drug-Related Hospitalization Rates	Alcohol-Related Hospitalization Rates, 2000-2002	County Ranking by Alcohol-Related Hospitalization Rates	Drug-related Hospitalization Rates, 2000-2002	County Ranking by Drug-Related Hospitalization Rates	Concurrent Alcohol and Drug-related Hospitalization Rates, 2000-2002	County Ranking by Concurrent Alcohol- and Drug-Related Hospitalization Rates
STATEWIDE	752.9		379.4		259.2		114.2	
Bernalillo	770.1	14	358.9	17	295.7	6	115.6	13
Catron	651.2	21	459.6	10	153.2	29	38.3	32
Chaves	799.8	11	333.8	19	335.4	4	130.5	8
Cibola	1049.3	4	635.8	4	261.0	14	152.5	4
Colfax	628.1	24	402.3	15	160.0	28	65.9	26
Curry	338.9	32	142.0	32	160.6	27	36.4	33
De Baca	590.8	25	248.8	28	295.4	7	46.6	30
Doña Ana	629.8	23	301.9	26	221.4	21	106.5	16
Eddy	712.2	17	299.8	27	291.3	8	121.1	12
Grant	1161.9	2	554.4	5	415.5	1	192.0	2
Guadalupe	1046.4	5	736.1	1	223.7	20	86.6	21
Harding	170.3	33	85.1	33	42.6	33	42.6	31
Hidalgo	764.7	15	364.2	16	267.1	12	133.5	7
Lea	716.2	16	317.5	23	258.7	15	140.0	6
Lincoln	588.7	26	320.6	21	186.6	24	81.4	22
Los Alamos	449.3	30	236.8	30	163.5	26	48.9	29
Luna	691.9	20	333.3	20	289.3	9	69.3	24
McKinley	635.6	22	432.5	12	102.2	32	100.9	17
Mora	793.8	12	460.9	9	243.3	18	89.6	20
Otero	909.0	6	405.1	14	410.0	2	93.8	19
Quay	708.2	18	303.5	25	283.3	11	121.4	11
Rio Arriba	1357.1	1	706.9	2	364.8	3	285.4	1
Roosevelt	419.7	31	197.0	31	169.4	25	53.4	28
Sandoval	530.6	27	318.7	22	151.6	30	60.2	27
San Juan	854.9	8	464.7	8	261.4	13	128.8	9
San Miguel	1136.0	3	686.1	3	287.6	10	162.3	3
Santa Fe	774.7	13	434.0	11	215.1	22	125.6	10
Sierra	853.0	9	425.2	13	318.9	5	108.8	15
Socorro	814.6	10	469.2	7	230.9	19	114.5	14
Taos	901.8	7	515.8	6	245.2	17	140.8	5
Torrance	522.5	28	244.4	29	202.6	23	75.5	23
Union	508.3	29	308.3	24	133.3	31	66.7	25
Valencia	697.1	19	342.6	18	256.8	16	97.7	18

Table 2 (Continued). Social Indicators, Rates and Rankings: Direct Indicators

County	DWI Arrest Rates, 2000-2002	County Ranking by DWI Arrest Rates	Alcohol Involved Crash Rates, 2000-2002	County Ranking by Alcohol-Involved Crash Rates	Alcohol-Involved Crash Fatality Rates, 2000-2002	County Ranking by Alcohol-Involved Crash Fatality Rates
UNITED STATES					6.2	
STATEWIDE	157.9		28.8		11.2	
Bernalillo	172.4	10	27.9	13	5.4	30
Catron	89.2	29	23.9	19	47.9	2
Chaves	81.2	31	20.8	24	5.0	32
Cibola	197.2	5	40.1	7	24.6	8
Colfax	181.3	8	27.3	15	16.5	14
Curry	136.6	17	16.4	29	5.2	31
De Baca	106.1	27	15.4	30	15.5	16
Doña Ana	122.6	23	26.8	16	5.9	29
Eddy	93.0	28	23.7	20	7.2	27
Grant	112.6	25	27.4	14	6.5	28
Guadalupe	183.9	7	43.2	3	21.6	9
Harding	62.2	32	46.7	2	127.7	1
Hidalgo	179.4	9	12.7	32	12.1	18
Lea	106.4	26	19.6	26	12.1	19
Lincoln	189.5	6	32.8	11	40.7	3
Los Alamos	28.5	33	6.8	33	3.8	33
Luna	118.6	24	20.8	25	8.0	26
McKinley	321.9	1	72.1	1	31.0	4
Mora	164.4	12	40.4	6	19.2	11
Otero	167.7	11	19.3	27	9.2	22
Quay	163.4	13	26.4	17	27.0	5
Rio Arriba	153.6	15	34.2	10	26.8	6
Roosevelt	161.4	14	23.4	21	9.2	23
Sandoval	88.5	30	21.0	22	10.4	21
San Juan	280.9	2	40.8	5	24.6	7
San Miguel	212.3	4	41.1	4	15.7	15
Santa Fe	152.4	16	35.3	9	8.9	24
Sierra	136.0	18	24.9	18	15.2	17
Socorro	214.0	3	31.3	12	18.5	12
Taos	129.7	20	36.2	8	20.9	10
Torrance	125.8	22	14.1	31	17.9	13
Union	134.9	19	17.1	28	8.3	25
Valencia	126.5	21	20.9	23	11.5	20

Table 2 (Continued). Social Indicators, Rates and Rankings: Direct Indicators

County	State-funded Adult Alcohol and/or Drug Treatment Admission Rates (per 10,000), 2001-2003	County Ranking by Alcohol and/or Drug Treatment Admission Rates	State-funded Adult Drug-Only Treatment Admission Rates (per 10,000), 2001-2003	County Ranking by Drug Only Treatment Admission Rates	State-funded Adult Alcohol-Only Treatment Admission Rates (per 10,000), 2001-2003	County Ranking by Alcohol Only Treatment Admission Rates	State-funded Adult Concurrent Drug and Alcohol-Treatment Admission Rates (per 10,000), 2001-2003	County Ranking by Concurrent Drug and Alcohol-Treatment Admission Rates, 2001-2003
UNITED STATES								
STATEWIDE	36.0		8.7		15.5		11.8	
Bernalillo	34.1	17	12.6	8	11.3	18	10.2	19
Catron	18.0	25	7.2	17	8.4	22	2.4	30
Chaves	4.3	31	1.3	30	1.4	30	1.6	31
Cibola	35.9	16	15.6	4	10.8	19	9.5	20
Colfax	40.1	14	3.5	25	17.3	12	19.4	9
Curry	6.4	30	1.2	31	2.1	29	3.1	28
De Baca	8.2	29	0.0	32	0.0	32	8.2	24
Doña Ana	3.7	32	2.5	26	0.6	31	0.6	32
Eddy	13.0	28	1.8	28	4.9	27	6.3	26
Grant	51.7	9	15.1	5	23.8	9	12.9	13
Guadalupe	40.7	13	3.9	22	11.6	15	25.2	7
Harding	0.0	33	0.0	32	0.0	32	0.0	33
Hidalgo	38.4	15	18.3	2	7.3	24	12.8	15
Lea	19.4	24	4.6	19	6.1	25	8.6	22
Lincoln	94.5	3	10.0	12	41.4	5	43.1	2
Los Alamos	16.0	26	4.4	20	4.7	28	6.9	25
Luna	70.6	5	10.6	9	34.3	6	25.7	6
McKinley	14.7	27	1.3	29	10.5	20	2.9	29
Mora	65.6	7	9.5	15	43.2	4	12.9	12
Otero	41.4	12	4.1	21	11.6	16	25.7	5
Quay	62.1	8	16.3	3	25.8	8	19.9	8
Rio Arriba	139.6	1	35.0	1	59.7	2	44.9	1
Roosevelt	49.1	10	9.7	13	20.7	11	18.7	10
Sandoval	27.7	20	3.5	24	11.5	17	12.7	16
San Juan	80.9	4	10.2	10	53.1	3	17.6	11
San Miguel	70.0	6	10.1	11	33.4	7	26.5	4
Santa Fe	32.1	18	5.4	18	14.5	13	12.2	17
Sierra	20.9	22	3.9	23	8.4	23	8.7	21
Socorro	45.9	11	12.9	6	21.2	10	11.9	18
Taos	105.8	2	12.8	7	61.8	1	31.3	3
Torrance	19.5	23	9.5	16	5.5	26	4.6	27
Union	29.2	19	2.3	27	14.0	14	12.8	14
Valencia	26.6	21	9.7	14	8.5	21	8.4	23

Table 2 (Continued). Social Indicators, Rates and Rankings: Indirect Indicators

County	Suicide Death Rates, 2000-2002	County Ranking by Suicide Rates	Homicide Death Rates, 2000-2002	County Ranking by Homicide Rates	Liquor License Density, 2004 (2002 denominator)	County Ranking by Liquor License Density
UNITED STATES	10.7		6.0			
STATEWIDE	19.3		8.2		1.7	
Bernalillo	19.4	20	8.2	16	1.6	18
Catron	40.3	5	19.9	2	2.2	13
Chaves	21.0	16	18.9	3	1.4	24
Cibola	21.7	14	13.3	5	1.6	19
Colfax	33.7	7	7.8	17	4.0	4
Curry	12.6	32	8.6	13	1.2	32
De Baca	44.8	3	0.0	33	1.3	25
Doña Ana	14.9	28	4.4	25	1.2	31
Eddy	16.7	25	11.9	6	1.4	21
Grant	20.6	18	8.3	15	1.6	16
Guadalupe	20.4	19	0.0	32	4.2	3
Harding	53.2	1	0.0	31	3.5	5
Hidalgo	22.8	13	0.0	30	2.8	6
Lea	14.5	29	10.4	9	1.2	30
Lincoln	36.3	6	3.1	27	4.9	1
Los Alamos	14.1	30	0.0	29	2.0	15
Luna	24.8	11	8.5	14	1.5	20
McKinley	18.4	21	11.7	7	1.4	22
Mora	47.1	2	5.4	23	1.6	17
Otero	21.5	15	4.8	24	1.2	28
Quay	23.9	12	4.1	26	2.1	14
Rio Arriba	29.2	9	9.2	12	2.7	7
Roosevelt	16.4	26	2.0	28	0.6	33
Sandoval	18.0	23	6.9	21	1.3	26
San Juan	17.9	24	6.0	22	1.2	27
San Miguel	29.1	10	17.6	4	2.5	11
Santa Fe	18.1	22	7.1	19	2.7	8
Sierra	43.3	4	28.1	1	2.6	9
Socorro	30.6	8	9.6	11	2.4	12
Taos	13.9	31	10.2	10	4.3	2
Torrance	20.7	17	7.1	20	1.3	23
Union	0.0	33	7.7	18	2.5	10
Valencia	15.5	27	11.2	8	1.2	29

Table 2 (Continued). Social Indicators, Rates and Rankings: Indirect Indicators

County	Unemployment Rates, 2001-2003	County Ranking by Unemployment Rates	High School Dropout Rates, 2000-2002	County Ranking by High School Dropout Rates
UNITED STATES	5.5			
STATEWIDE	5.6		4.4	
Bernalillo	4.5	24	6.2	3
Catron	7.2	7	0.2	33
Chaves	7.2	8	5.1	4
Cibola	5.7	18	4.9	6
Colfax	5.7	17	2.9	17
Curry	3.8	29	4.4	11
De Baca	5.8	16	0.5	32
Doña Ana	7.0	10	4.8	7
Eddy	6.1	14	1.6	25
Grant	11.0	3	3.4	15
Guadalupe	8.2	5	0.9	31
Harding	4.4	25	0.9	30
Hidalgo	6.6	12	2.7	19
Lea	4.3	26	2.6	20
Lincoln	3.9	28	3.9	12
Los Alamos	1.3	33	1.8	24
Luna	21.9	1	1.0	29
McKinley	6.8	11	2.8	18
Mora	13.4	2	1.0	28
Otero	6.2	13	1.3	27
Quay	4.9	21	9.1	1
Rio Arriba	7.1	9	6.4	2
Roosevelt	3.3	30	1.9	23
Sandoval	4.9	22	3.6	14
San Juan	5.3	19	4.5	10
San Miguel	7.6	6	1.4	26
Santa Fe	3.1	31	5.1	5
Sierra	4.2	27	4.7	8
Socorro	5.9	15	2.2	22
Taos	9.9	4	3.3	16
Torrance	4.7	23	2.3	21
Union	2.8	32	3.7	13
Valencia	5.3	20	4.5	9

Table 2 (Continued). Social Indicators, Rates and Rankings: Youth Indicators

County	Past 30-Day Youth Drinking Rates, 2003	County Ranking by Past 30-Day Youth Drinking Rates	Past 30-Day Youth Binge Rates, 2003	County Ranking by Past 30-Day Youth Binge Rates	Past 30-Day Youth Drinking and Driving Rates, 2003	County Ranking by Past 30-Day Youth Drinking and Driving Rates	Past 30-Day Youth Marijuana Use Rates, 2003	County Ranking by Past 30-Day Youth Marijuana Use Rates
UNITED STATES	44.9		28.3		12.1		22.4	
STATEWIDE	50.8		35.4		19.1		29.0	
Bernalillo	49.2	20	33.5	21	18.2	22	23.5	22
Catron	33.0	28	24.4	28	13.2	27	13.0	28
Chaves	54.1	14	40.9	10	27.6	3	22.6	23
Cibola	54.0	15	41.5	9	21.1	13	36.5	8
Colfax	55.2	10	42.2	7	16.5	25	35.5	11
Curry								
De Baca								
Doña Ana	46.3	24	31.2	24	17.5	23	20.8	25
Eddy								
Grant	54.5	13	40.2	11	21.4	10	26.3	19
Guadalupe	55.9	8	40.0	12	19.8	17	27.1	18
Harding	51.0	18	37.7	15	21.2	12	30.2	17
Hidalgo	50.6	19	36.3	18	18.2	21	21.0	24
Lea	55.0	12	39.8	13	24.3	4	31.6	14
Lincoln								
Los Alamos								
Luna	43.5	26	27.5	27	21.6	9	15.9	27
McKinley	47.7	21	32.1	23	20.4	15	43.8	2
Mora	70.4	1	53.9	1	32.5	2	41.8	4
Otero	55.7	9	36.3	19	22.1	8	37.4	6
Quay	53.0	17	36.9	16	19.4	19	30.4	16
Rio Arriba	57.9	6	42.0	8	22.3	6	36.2	9
Roosevelt	42.1	27	29.3	25	18.6	20	23.9	21
Sandoval	45.9	25	29.0	26	14.8	26	30.5	15
San Juan	47.1	23	33.4	22	13.0	28	35.6	10
San Miguel	56.4	7	36.7	17	19.5	18	39.4	5
Santa Fe	65.7	2	48.2	3	22.2	7	42.0	3
Sierra	60.6	5	43.8	4	20.7	14	34.9	12
Socorro	53.4	16	39.6	14	20.2	16	36.6	7
Taos	61.0	4	42.9	6	23.7	5	49.0	1
Torrance	47.5	22	35.2	20	16.5	24	25.1	20
Union	64.6	3	50.1	2	35.7	1	17.5	26
Valencia	55.0	11	43.1	5	21.3	11	33.7	13

County rankings for youth indicators refer only to those counties for which data is available. Counties not included in reporting are Lincoln, Eddy, Curry, De Baca, and Los Alamos.

Table 2 (Continued). Social Indicators, Rates and Rankings: Youth Indicators

County	Past 30-Day Youth Cocaine Use Rates, 2003	County Ranking by Past 30-Day Youth Cocaine Use Rates	Past 30-Day Youth Inhalant Use Rates, 2003	County Ranking by Past 30-Day Youth Inhalant Use Rates	Past 12-Month Youth Meth Use Rates, 2003	County Ranking by Past 12-Month Youth Meth Use Rates	Past 12-Month Youth Ecstasy Use Rates, 2003	County Ranking by Past 12-Month Youth Ecstasy Use Rates
UNITED STATES	4.1		3.9					
STATEWIDE	8.9		6.8		8.2		7.8	
Bernalillo	7.1	22	6.0	20	5.1	26	6.7	18
Catron	9.7	11	6.2	17	13.1	7	1.9	28
Chaves	6.1	25	4.2	26	9.2	16	4.4	24
Cibola	10.7	7	6.1	19	7.6	20	6.4	20
Colfax	7.7	20	9.1	9	8.5	18	7.1	17
Curry								
De Baca								
Doña Ana	6.9	24	6.5	15	4.8	27	5.9	21
Eddy								
Grant	8.9	16	5.6	22	11.9	9	5.3	22
Guadalupe	2.4	28	5.7	21	2.4	28	3.8	25
Harding	7.7	21	15.1	1	11.5	10	7.8	15
Hidalgo	7.9	19	4.1	27	11.3	12	2.5	27
Lea	13.6	3	9.8	7	10.4	15	10.5	6
Lincoln								
Los Alamos								
Luna	9.5	12	6.5	14	13.6	5	10.5	7
McKinley	15.0	1	10.0	5	14.3	4	12.4	4
Mora	5.3	26	11.3	4	6.7	23	7.6	16
Otero	13.6	4	9.9	6	14.4	3	10.5	8
Quay	9.9	9	9.3	8	12.7	8	9.6	10
Rio Arriba	9.8	10	5.5	24	7.6	19	9.8	9
Roosevelt	9.1	14	8.8	10	10.5	14	8.1	14
Sandoval	7.1	23	5.5	23	7.1	22	6.6	19
San Juan	9.1	15	6.3	16	11.4	11	8.5	13
San Miguel	8.5	17	6.7	13	5.9	25	9.5	11
Santa Fe	9.4	13	7.2	12	9.1	17	10.6	5
Sierra	10.1	8	8.2	11	15.2	1	13.5	3
Socorro	14.3	2	14.9	2	14.9	2	13.6	2
Taos	13.0	5	12.0	3	11.2	13	15.3	1
Torrance	8.3	18	4.9	25	7.5	21	4.9	23
Union	3.8	27	1.2	28	6.0	24	3.3	26
Valencia	12.8	6	6.1	18	13.3	6	8.9	12

County rankings for youth indicators refer only to those counties for which data is available. Counties not included in reporting are Lincoln, Eddy, Curry, De Baca, and Los Alamos.

Appendix A. The Social Indicators: Definitions, Sources, and Limitations

Direct Indicators (Directly caused by alcohol or drug use)

Alcohol- and Drug-Related Death Rates, 2000-2002

Definition: The alcohol- and drug-related death rate is the number of deaths due to alcohol and drugs per 100,000 population per year. These rates are age-adjusted to the year 2000 U.S. standard population. Alcohol– and drug-related deaths include deaths for which alcohol or drugs are the primary cause (directly-attributable alcohol– and drug-related deaths). For alcohol-related deaths, an estimation of the number of deaths for which alcohol is a contributing factor is also included (indirectly-attributable alcohol-related deaths).

Drug-related causes of death include drug dependence and drug poisoning, as well as drug abuse that is specifically not due to alcohol or tobacco.

Directly-attributable alcohol-related deaths (alcohol as the primary cause) include: alcoholic psychoses, alcohol dependence syndrome, nondependent abuse of alcohol, alcoholic polyneuropathy, alcoholic cardiomyopathy, alcoholic gastritis, alcoholic fatty liver, acute alcoholic hepatitis, alcoholic cirrhosis of the liver, other alcoholic liver damage, excess blood alcohol level, and accidental poisoning by ethyl alcohol. The majority of these directly-attributable alcohol-related deaths are due to chronic conditions, the most notable exceptions being excess blood alcohol level and alcohol poisoning.

Indirectly-attributable alcohol-related deaths (alcohol as a contributing factor) include respiratory tuberculosis, diabetes mellitus, certain cancers, hypertension, hepatitis, suicide, homicide, motor vehicle crashes and accidental injury. While the causes of these indirectly-attributable alcohol-related deaths include some chronic conditions such as cancer and diabetes, the majority are due to acute conditions such as motor vehicle crashes and accidental injuries.

The calculation of the number of alcohol-related deaths involves the use of an alcohol-attributable fraction (AAF). These AAFs, obtained from the Center for Substance Abuse Treatment (CSAT), were determined using appropriate studies in a national process. The AAF represents the proportion of deaths associated with alcohol consumption. These fractions, ranging from zero to one, are applied to the total number of deaths for a specific underlying cause of death to estimate the number of deaths attributed to alcohol. For directly-attributable alcohol-related deaths, the consumption of alcohol is believed to contribute 100 percent to the cause of death, resulting in an AAF of 1. For indirectly-attributable alcohol-related deaths, alcohol consumption is considered to contribute only partially to the cause of death, resulting in a AAF of less than 1. Because alcohol consumption was estimated to be involved in 42 percent of motor-vehicle crashes resulting in death at the time the AAF methodology was developed, motor-vehicle crash fatalities were assigned an AAF of 0.42. Applying the AAF for each specific cause of death, the total number of alcohol-involved deaths from both direct and indirect causes can be calculated. For example, if there were 150 motor vehicle crash deaths, the number of alcohol-involved deaths would be calculated by multiplying 150 deaths by 0.42 (the AAF), resulting in 63 alcohol-related deaths. Similarly, 50 deaths resulting from alcoholic cirrhosis of the liver times the AAF of 1 results in 50 alcohol-related deaths (CSAT)[1] (See Appendix C for a full listing of AAF by cause definitions used in this report).

Causes of death are based on ICD-10 (International Classification of Diseases)[2] codes from death certificates (Appendix B). More information on coding alcohol– and drug– related deaths is available from the National Center for Health Statistics (NCHS)[3].

Sources: New Mexico deaths are from the Bureau of New Mexico Vital Records and Health Statistics, Epidemiology and Response Division, New Mexico Department of Health. Age-adjusted death rates and estimates of the indirectly-attributable alcohol-related deaths are provided by Substance Abuse Unit, Epidemiology and Response Division, NMDOH. National death rates are from CDC Wonder, National Center for Health Statistics, Centers for Disease Control and Prevention (CDC)[4].

Limitations: Deaths for which drugs were a contributing factor, but not the underlying (primary) cause, were not counted. This results in an undercount of drug deaths. Fractions used to estimate the number of deaths attributable to alcohol are based on national data, and may not be completely consistent with the true fraction in New Mexico. Additionally, physicians may certify causes of death inconsistently. Although the primary physician should certify the cause of death, occasionally cause of death is certified by the attending physician who may not be aware of a patient's history of alcohol or drug use.

Alcohol– and Drug-Related Hospitalization Rates, 2000-2002

Definition: These rates are the number of hospitalizations for which a patient had an alcohol- or drug-related diagnosis per 100,000 population per year. The diagnoses for any given hospitalization were determined by the ICD-9 CM codes entered into the patient record at the time of discharge from a hospital. Up to nine different diagnoses and an Ecode (external cause of injury) can be entered into the hospital discharge database for any given hospitalization. An alcohol- or drug- related ICD-9 CM code listed in any of these 10 positions resulted in a hospitalization being considered alcohol– or drug-related. Because contributing causes are included in hospital discharge data, the count of substance abuse-related hospitalizations is more comprehensive than the count of similarly-related deaths, for which only the underlying cause is included.

Alcohol–related diagnoses for hospitalizations are equivalent to the directly attributable alcohol-related causes of death discussed above. Drug-related diagnoses for hospitalization are equivalent to the drug-related causes of death. However, hospitalizations are coded using ICD-9 CM codes rather than ICD-10 codes (See Appendix B for a full listing of cause definitions used in this report).

Source: Hospital Inpatient Discharge Data (HIDD), New Mexico Health Policy Commission.

Limitations: The HIDD system includes discharge data from all non-federal New Mexico hospitals. The primary limitation of the HIDD is that hospitals outside state jurisdiction that are used by New Mexico residents do not report to the system. Federal hospitals, such as veteran's hospitals and Indian Health Service hospitals do not report and are not included in HIDD data. Additionally, New Mexico residents who are hospitalized out of state are not included. For example, it cannot be determined how many residents of Las Cruces, New Mexico, and surrounding areas are hospitalized in El Paso, Texas, because Texas hospitals do not report to the HIDD system.

For the years covered in this report, 2000-2002, all non-Federal New Mexico hospitals reported to the HIDD system. However, discharge level data may vary in quality. Variability in physician coding, or in completeness of coding, may also result in inconsistency between and within hospitals. There is expected to be some error in key entry and while it may vary by hospital, it is not expected to vary significantly by year.

Driving While Impaired (DWI) Arrest Rates, 2000-2002

Definition: This indicator reflects the number of arrests rate for DWI per 10,000 licensed drivers by county of arrest. Because a person arrested in one county may live in another county, this indicator is not a true DWI arrest rate for the residents of a given county. Rather, it is a ratio of the number of arrests occurring in a county to the number of drivers licensed in that county.

Source: Traffic Safety Bureau, New Mexico State Highway and Transportation Department, through the Division of Government Research, University of New Mexico.[7]

Limitations: Data on arrest rates for DWI should be interpreted with caution since they reflect law enforcement activity as well as DWI behavior. DWI arrest rates rather than conviction rates are presented because convictions are influenced by variations in judicial practice as well as access to legal counsel by offenders. An additional limitation of these data is that, with the exception of the interstate highways, they do not include DWI arrests that occur on military and tribal lands (unless the arrest is made by non-tribal police). Therefore, DWI arrests in several counties (e.g., San Juan, McKinley, Cibola, Otero, Curry, Bernalillo) are likely to be undercounted.

Alcohol-Involved Traffic Crash Rates, 2000-2002

Definition: This indicator reflects the number of alcohol-involved traffic crashes per 10,000 licensed drivers by county of crash occurrence. An alcohol-involved crash is defined as: "a crash in which the Uniform Accident Report indicated that 1) a DWI citation was issued, 2) alcohol was a contributing factor to the crash, or 3) a driver or pedestrian involved in the crash had been drinking."[5] As with DWI, many alcohol-involved traffic crashes may be caused by people who do not live in the county of occurrence. Therefore, this is not a true alcohol-involved crash rate for residents of a county, but a ratio of the number of alcohol-involved crashes occurring in the county to the number of licensed drivers residing in the county.

Source: Traffic Safety Bureau, New Mexico State Highway and Transportation Department, through the Division of Government Research, University of New Mexico.

Limitations: The number of accidents involving alcohol are likely to be undercounted. Law enforcement officers are not always able to determine the presence of alcohol use at the scene of an accident. A determination of alcohol involvement may be made at an emergency room, but this does not necessarily mean that the accident report will be revised. If a revision is made to include alcohol-involvement in an accident, there may be a delay of many months before the change is reflected in the record.

Unlike DWI arrest reports, which are not always obtained from tribal police, crash reports are obtained from tribal police. Tribal police use the standard Uniform Accident Report forms and submit them to the State Motor Vehicle Division.

Alcohol-Involved Traffic Crash Fatality Rates, 2000-2002

Definition: This indicator reflects the annual rate of alcohol-involved traffic crash fatalities per 100,000 population. The denominator of this rate is different from that of alcohol-involved traffic crashes. Alcohol-involved crash fatalities are based on the total population, rather than the population of licensed drivers, because the event can happen to anyone in a vehicle, not just drivers.

Source: Traffic Safety Bureau, New Mexico State Highway and Transportation Department,

through the Division of Government Research, University of New Mexico.

Limitations: These data are thought to be reliable, as they are routinely reported to the Traffic Safety Bureau through the State Police. Alcohol involvement is generally determined by the State Office of the Medical Examiner or the State Scientific Laboratory Division, New Mexico Department of Health.

State-funded Adult Alcohol and Drug Treatment Admission Rates, 2001-- 2003

Definition: Alcohol and drug treatment admission rates reflect the number of substance abuse treatment admissions per 10,000 population age 18 and over. This includes only admissions to state licensed or certified facilities that receive state alcohol and/or drug agency funds (including Federal block Grant funds) for the provision of substance abuse treatment. Treatments funded by private payers or other programs such as Medicaid are not included.

For this analysis, *admissions* for substance abuse treatment were counted, rather than number of *people* admitted for treatment. In other words, if a person was admitted twice in one year for the same type of treatment, that person was counted twice.

Source: Behavioral Health Information System (BHIS), Behavioral Health Services Division, New Mexico Department of Health.

Limitations: The total number of all treatment admissions for the state is underrepresented. BHIS only includes admissions that are funded by state allocated alcohol and/or drug agency funds for the provision of substance abuse treatment services. BHIS does not include early intervention programs or crisis intervention programs.[6] Additionally, treatment rates are influenced by the availability of services. In areas where few treatment options are available, treatment admission rates may be lower than in areas where there are more options available, regardless of treatment need.

Indirect Indicators (Partially caused by or indirectly related to alcohol or drug use)

Suicide Rates, 2000-2002

Definition: The suicide rate reflects the number of deaths from suicide per 100,000 population. These rates are age-adjusted to the year 2000 U.S. standard population.

Determination of suicide as the cause of death is based on ICD-10[2] codes from death certificates (Appendix C). In New Mexico, alcohol has been found to be involved in at least 44% of suicides.[7]

Source: New Mexico deaths are from the Bureau of New Mexico Vital Records and Health Statistics, Epidemiology and Response Division, New Mexico Department of Health. Age-adjusted New Mexico death rates were calculated by the Substance Abuse Epidemiology Unit, Epidemiology and Response Division, New Mexico Department of Health. National death rates are from CDC Wonder, Centers for Disease Control and Prevention (CDC)[4].

Limitations: Suicide may be under-counted. Except for deaths that occur on tribal, military, or other federal lands the Office of the Medical Investigator (OMI) has jurisdiction over the investigation of all deaths that appear in any way due to unnatural or external causes. Because OMI does not investigate deaths occurring on tribal or military lands unless invited, it is possible that not all suicides occurring in those settings are identified as suicides.

Homicide Rates, 2000-2002

Definition: The homicide rate reflects the number of deaths from homicide per 100,000 population. These rates are age-adjusted to the year 2000 U.S. standard population.

Determination of homicide as the cause of death is based on ICD-10[2] codes from death certificates (Appendix C). In New Mexico, alcohol has been found to be involved in at least 53% of homicides.[7]

Source: New Mexico deaths are from the Bureau of New Mexico Vital Records and Health Statistics, Epidemiology and Response Division, New Mexico Department of Health. Age-adjusted New Mexico death rates were calculated by the Substance Abuse Epidemiology Unit, Epidemiology and Response Division, New Mexico Department of Health. National death rates are from CDC Wonder, Centers for Disease Control and Prevention (CDC)[4].

Limitations: See limitations for suicide.

Liquor License Density, 2004

Definition: This indicator reflects the number of liquor licenses per 1,000 population age 21 or older, by county.

Liquor licenses include several types: 1) *beer and wine by the drink* (only in a restaurant setting, sit-down meals, waiter/waitress services, no bar); 2) *sales by the drink and package* (including spiritous liquor in addition to beer and wine — over the bar, and attached package stores permitted if approved); and 3) *package stores only* (spiritous liquor, beer and wine).

Source: Alcohol and Gaming Division, New Mexico Regulation and Licensing Department.

Limitations: While the number of liquor licenses was for 2004, population denominators were for 2002, the most recent year for which county population data were available. In counties where the population has grown in recent years, this had the effect of slightly overestimating the liquor license density ratio.

Due to periodic changes in restaurant licensing and movement into and out of Local Option Districts (e.g., municipalities), the number of licenses in a county may fluctuate from year to year. However, these ratios generally are not subject to the types of yearly fluctuations characteristic of other indicators.

Unemployment Rates, 2001-2003

Definition: This indicator is an estimate of the percentage of the civilian labor force that is unemployed. As an estimate, it is approximate and does not reflect exact numbers. The civilian labor force is the estimated number of civilians 16 years of age and older, classified as employed or unemployed. The unemployed are defined by the Labor Department as:

> All persons who had no employment during the reference week, were available for work, except for temporary illness, and had made specific efforts to find employment some time during the 4 week-period ending with the reference week. Persons who were waiting to be recalled to a job from which they had been laid off need not have been looking for work to be classified as unemployed.[10]

Source: New Mexico Department of Labor.

Limitations: The estimates are subject to error and are periodically revised.

High School Dropout Rates, 2000-2002

Definition: This indicator reflects the percent of high school students who drop out between ninth and twelfth grade. A dropout is defined as an individual who:

- Was enrolled in school at some time during the previous school year;
- Was not enrolled at the beginning of the current year;
- Has not graduated from high school or completed a state- or district-approved educational program, and
- Does not meet any of the exclusionary conditions:
  - Transfer to another public school district, private school, or state- or district-approved education program.
  - Temporary absence due to suspension or illness, or death.[11]

School membership, the denominator upon which the dropout rate is based, is defined as the count of students enrolled as of the 40th official day of the school year.

Source: New Mexico Public Education Department.

Limitations: Before dropout information is reported to the New Mexico Public Education Department, staff at each school site must determine whether a given student should be counted as a dropout. It is often difficult to determine conclusively whether or not a student has dropped out. For instance, if a request for transcripts has been received for a student who is not in current enrollment, then it is a simple matter to conclude that the student has moved and/or enrolled elsewhere. In the absence of a request for transcripts, however, most students not currently in attendance are automatically counted as dropouts because there is no other way to track them. While there are attempts to standardize the dropout criteria, these may not be applied uniformly across schools.

Youth Indicators

Definitions: Eight different alcohol and drug use indicators are from the 2003 New Mexico Youth Risk and Resiliency Survey (YRRS). The YRRS is a school-based survey of 9th-12th graders attending public schools in New Mexico. The six indicators reported here include:

Past 30 Day Alcohol Use

Past 30 Day Binge Drinking

Past 30 Day Drinking and Driving

Past 30 Day Marijuana Use

Past 30 Day Cocaine Use

Past 30 Day Inhalant Use

Past 12 Month Methamphetamine Use

Past 12 Month Ecstasy Use

Appendix D gives text of the survey questions from which these indicators are derived.

Source: New Mexico Youth Risk and Resiliency Survey, 2004, Epidemiology and Response Division, New Mexico Department of Health, and School Health Unit, New Mexico Public Education Department. National comparison are taken from the Youth Risk Behavior Survey, Centers for Disease Control and Prevention.

Limitations: As with all self-administered surveys, the YRRS is subject to self-reporting bias. The survey questions used for the indicators reported here are derived from the Youth Risk Behavior Survey, Centers for Disease Control and Prevention. These questions have been tested nationally and have been found to be highly valid and reliable.

Appendix B. ICD-9 and ICD-10 Codes Associated with Drug– and Alcohol-related Outcomes

Directly Attributable Alcohol-Related Deaths (ICD-10): F10,G31.2,G62.1,I42.6,K29.2,K70, R78.0,X45,X65,Y15, Q86.0, P04.3, T51.0, T51.1, T51.9

Indirectly Attributable Alcohol-Related Deaths: See Appendix C

Drug-Related Deaths: F11.0—F11.5, F11.7—F11.9, F12.0—F12.5, F12.7—F12.9, F13.0—F13.5, F13.7—F13.9, F14.0—F14.5, F14.7—F14.9, F15.0—F15.5, F15.7—F15.9, F16.0—F16.5, F16.7—F16.9, F17.0, F17.3—F17.5, F17.7—F17.9, F18.0—F18.5, F18.7—F18.9, F19.0—F19.5, F19.7—F19.9, X40—X44, X60—X64, X85, Y10-Y14

Suicide (ICD-10): X60-X84, Y87.0, U03

Homicide (ICD-10): X85-Y09,Y87.1, U01-U02

Alcohol-Related Hospitalizations (ICD-9): 291, 303, 305.0, 357.5, 425.5, 535.3, 571.0—571.3, 790.3, E860

Drug-Related Hospitalizations (ICD-9): 292, 304, 305.2—305.9, E850—E858, E950.0—E950.5, E962.0, E980.0—E980.5

Appendix C. Indirectly Attributable Alcohol-Related Deaths: Cause of Death, ICD-10 Codes, and Alcohol Attributable Fractions

Cause of Death	ICD-10	Fraction	Age
Directly Attributable Alcohol-Related Deaths			
Mental and behavioral disorders due to use of alcohol (Alcoholic psychosis, Alcoholic abuse, and Alcohol dependence syndrome)	F10	1.00	All Ages
Degeneration of nervous system due to alcohol	G31.2	1.00	All Ages
Alcoholic polyneuropathy	G62.1	1.00	All Ages
Alcoholic cardiomyopathy	I42.6	1.00	All Ages
Alcoholic gastritis	K29.2	1.00	All Ages
Alcoholic liver cirrhosis	K70	1.00	All Ages
Finding of alcohol in blood	R78.0	1.00	All Ages
Accidental poisoning by and exposure to alcohol	X45	1.00	All Ages
Intentional self-poisoning by and exposure to alcohol	X65	1.00	All Ages
Poisoning by and exposure to alcohol, undetermined intent	Y15	1.00	All Ages
Fetal Alcohol Syndrome	Q86.0, P04.3	1.00	All Ages
Toxic effects of ethyl alcohol	T51.0, T51.1, T51.9	1.00	All Ages
Indirectly Attributable Alcohol-Related Deaths			
Respiratory Tuberculosis	A16	0.25	>=35
Malignant neoplasms of lip, oral cavity and pharynx	C00-C14	Men: 0.50 Women: 0.40	>=35
Malignant neoplasm of esophagus	C15	0.75	>=35
Malignant neoplasm of stomach	C16	0.20	>=35
Diabetes mellitus	E10-E14	0.05	>=35
Essential hypertension	I10	0.08	>=35
Cerebrovascular diseases	I60-I69, G45	0.07	>=35
Influenza and Pneumonia	J10-J18	0.05	>=35
Diseases of esophagus, stomach, and duodenum (excluding alcoholic gastritis)	K20-K31, excluding K29.2	0.10	>=35
Chronic hepatitis	K73	0.50	>=35
Unspecified liver cirrhosis (Cirrhosis of liver without mention of alcohol, Other chronic nonalcoholic liver damage, Unspecified chronic liver disease without mention of alcohol)	K74.3-K74.6, K76.0, K76.9	0.50	>=35
Portal hypertension	K76.6	0.50	>=35
Acute pancreatitis	K85	0.42	>=35
Chronic pancreatitis	K86.0, K86.1	0.60	>=35

Appendix C (continued). Indirectly Attributable Alcohol-Related Deaths: Causes, ICD-10 Codes, and Alcohol Attributable Fractions

Condition	ICD-10	Fraction	Age
Indirectly Attributable Alcohol-Related Deaths (continued)			
Motor vehicle traffic and nontraffic accidents	V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5,V81.0-V81.1, V82.0-V82.1, V83-V86,V87.0-V87.8, V88.0-V88.8,V89.0, V89.2	0.42	>=15
Pedal cycle and other road vehicle accidents (Other land transport accidents)	V01,V05-V06,V091, V093-V099,V10-V11, V15-V18,V193,V198, V199,V800-V802,V806-V809,V812-V819,V822-V829,V879, V889,V891, V893,V899	0.20	>=15
Water transport accidents	V90-V94	0.20	>=15
Air and space transport accidents	V95-V97	0.16	>=15
Accidental falls	W00-W19	0.35	>=15
Accidents caused by fires and flames	X00-X09	0.45	>=15
Accidental drowning and submersion	W65-W74	0.38	>=15
Suicide and self-inflicted injury	X60-X84, Y87.0 (exclude X65)	0.28	>=15
Homicide and injury purposely inflicted by other persons	X85-Y09,Y87.1	0.46	>=15
Other injuries and adverse effects	T68, W78-W79,W24-W31, W45, W32-W34, Y11,Y12, Y13, Y14, Y16, Y18, Y19	0.25	>=15

Appendix D. New Mexico Youth Risk and Resiliency Survey: Substance Abuse Indicator Questions

During the past 30 days, how many times did you DRIVE in a car or other vehicle when YOU had been drinking alcohol?

During the past 30 days, on how many days did you have at least one drink of alcohol?

During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

During the past 30 days, how many times did you use marijuana?

During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?

During the past 30 days, how many times did you sniff glue, breathe the contents of aerosol spray cans, or inhale any paints or sprays to get high?

During the past 12 months, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?

During the past we months, how many times have you used ecstasy?

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