New Mexico Substance Use Epidemiology Profile

Substance Use Epidemiology Section
Injury and Behavioral Epidemiology Bureau
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New Mexico Department of Health

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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 two decades 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: Samantha Storsberg, the State Opioid Treatment Authority. Community Members: Eric Bransford, Hana Crawford, Valerie Kling, Anna Krutsky, Cory Herrera, Jo Ann Griego, Alyssa Myrick, Marina Orozco, Pamela Gurule-Espinoza, Joana Wells, Sharz Weeks, Phillip Fiuty, Christina Mendevil, Debbie Ortiz, Kimberly Wildharber, Cassandra Romero, Ru Stempien, and Nai Walter. 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: Robert Kelly, Jim Davis, Annaliese Mayette, Hayley Peterson, Kathryn Lowerre, Alisha Campbell, Chris Trujillo, and Dan Green. NMHSD-BHSD Office of Substance Abuse Prevention: Antonette Silva-Jose, OSAP Director, Heather Burnham, Jay Quintana, and Melissa Heinz. 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, Ashley Simons-Rudolph, and Lei Zhang; and, is coordinated and staffed by Michael Coop and Jesse Gremore of Coop Consulting, Inc.

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

TABLE OF CONTENTS

TABLE OF CONTENTS (continued)

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 thirteenth** 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, December 2019, February 2021, and **June 2022**. 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 Emergency Department (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 2016-2020, 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 (145.5 per 100,000 population) more than twice that of Bernalillo County (67.0 per 100,000 population) in 2016-2020. However, the number of alcohol-related deaths in Bernalillo County (2,432) was over eight times the number in Rio Arriba County (276). 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 3.5% for Rio Arriba County). When prioritizing the distribution of resources and selecting interventions, it is important to look at both the total number of deaths and the death rate. Because of its extremely high rate of alcohol-related deaths, interventions that address this problem are very important in Rio Arriba County. At the same time, Bernalillo County is also very important when 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 are produced by searching for specific diagnostic codes on these datasets. For EDD, all diagnosis fields 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 Use Epidemiology Section (SUES)**,
  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/

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://nccd.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 an 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 2020, the ten leading causes of death in New Mexico were diseases of the heart, cancer, COVID-19, unintentional injuries, chronic lower respiratory diseases, cerebrovascular diseases, diabetes, chronic liver disease and cirrhosis, Alzheimer's disease, and suicide. Of these, chronic liver disease and cirrhosis, unintentional injuries, and suicide are associated with alcohol use; chronic lower respiratory diseases are associated with tobacco use; heart disease, 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 2016-2020 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 (744 for the years 2016-20), 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, San Juan, and San Miguel counties. De Baca and Eddy counties had the lowest rates. It is important to note that hospitalizations from federal facilities (e.g. Indian Health Services and Veterans Administration) are not included in these results.

- Alcohol-Related Injury Death. NM's rate of alcohol-related injury death was approximately twice the national rate. In the current reporting period (2016-2020), 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.

Consequences of Substance Use (continued)

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

Smoking-Related Death

Historically, New Mexico has had one of the lowest smoking-related death rates in the nation. Nonetheless, New Mexico's burden of death associated with smoking is considerably greater than the burden associated with alcohol and other drugs. Among all racial/ethnic groups, males have higher smoking-related death rates than females. Among both males and females, Whites have the highest rates, followed by Blacks. The counties with the highest rates and relatively heavy burdens of smoking-related death (i.e., 20 or more deaths a year) were Sierra, Luna, Curry, Chaves, Lea, Eddy, Otero, 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 2020, New Mexico had the eleventh* 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 2016-2020. The highest drug overdose death rate was among Black 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 93% of drug overdose deaths. The most common drugs causing unintentional overdose death for the period 2016-2020 were fentanyl (39%), methamphetamine (39%), (i.e., methadone, oxycodone, morphine; 26%), heroin (26%), benzodiazepines (19%), 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 were nearly 2.5 times greater in 2020 compared to 2019 in New Mexico.

Fentanyl Involved and Polysubstance Drug Overdose Death

In recent years, fentanyl-involved overdose deaths in New Mexico steadily increased. In 2020, fentanyl contributed to more than one-third of overdose deaths. This significant increase in fentanyl-related overdose deaths prompted a new indicator section dedicated to fentanyl involved deaths. In the current reporting period (2016-2020), males were twice as likely to die from a fentanyl related overdose when compared to women. Black males had the highest rate of fentanyl overdose (12.9), while the 25-64 age group among both males and females were at the highest risk.

Additionally, as more data on polysubstance was made available, a section was developed addressing overdose deaths attributed to combined substances. Roughly thirty percent of overdose deaths are considered single substance deaths. The remaining have toxicology reports with two or more substances identified at time of death. This section highlights the polysubstance use in New Mexico. For years 2016-2020, methamphetamine involved deaths contributed to the largest incidence of lives lost (926) in New Mexico.

Overdose Related Emergency Department Visits

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, San Miguel, and Taos Counties had the highest rates of OOR-ED visits during 2016-2020. Rio Arriba County had the highest and San Miguel County had the third highest drug overdose death rates during the same time period.

*Washington DC is excluded from the state ranking of overdose deaths. State ranking is provided from the CDC website as of March 2022 and subject to change.

EXECUTIVE SUMMARY (continued)

Consequences of Substance Use (continued)

Overdose Related Emergency Department Visits (Continued)

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 2016-2020 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 2020, 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 2016-2020, all but eight counties had suicide rates that were at least one and a half times higher than the US rate.

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

Alcohol, Tobacco, and Other Drug Consumption Behavior

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

Substance Use Indicators included in this Report

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

- Youth Current Drinking. Any alcohol consumption by a person under the age of 21 is considered to be excessive drinking. Alcohol is the most commonly used drug among youth in New Mexico, more than tobacco or other drugs. However, contrary to common perception, most high school students do not drink. In 2020, 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 2020, 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 2020, boys and girls did not have significantly different rates of drinking ten or more drinks on an occasion.

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

- Adult Heavy Drinking. In NM, between 2018-2020, 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 (6.0%) than in the rest of the nation (6.7%). Heavy drinking was more prevalent among middle-aged (age 25-64) adults, with 6.7% reporting past-month heavy drinking. New Mexico men were more likely to report chronic drinking than women (7.7% v. 4.4%).

- Adult Drinking and Driving. (The data for this section is updated on even years) In 2020, adult past-30-day drinking and driving was reported in New Mexico by 0.6% 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 (0.8% v. 0.4%). American Indian males (1.4%) were more likely to report drinking and driving than Hispanic (0.8%) and White (0.8%) 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.

- Adult Cannabis (Marijuana) Use. Cannabis use questions were added to the BRFSS in 2020 which is after cannabis decriminalization but before legalization for nonmedical use. Based on the single year of data available for 2020, 15.3% of adults in New Mexico report using cannabis in the past 30 days. Current cannabis use was highest in the youngest age group 18-24 years at 23.1%, and among Blacks at 39.9%. Among current cannabis users, 63.2% used cannabis daily or near daily.

- Adult Tobacco Use. Between 2018-2020, the prevalence of adult smoking was slightly higher for New Mexico when compared to the 2020 US estimates (15.8% vs. 15.5%). 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.

- Adult E-Cigarette Use. As E-cigarette use has increased, prompting an adult section indicator to be added to this profile in 2020. The prevalence of current e-cigarette use among New Mexico adults was 4.9% in 2020. Otero County had the highest rates of e-cigarette use (14.0%) Males were more than two times more likely to use e-cigarettes when compared to women across all race/ethnicities (7.2% vs 2.6%) Hispanics had the highest prevalence of e-cigarette use overall (6.3%).

- 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).

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Section 1

Consequences

ALCOHOL-RELATED DEATH

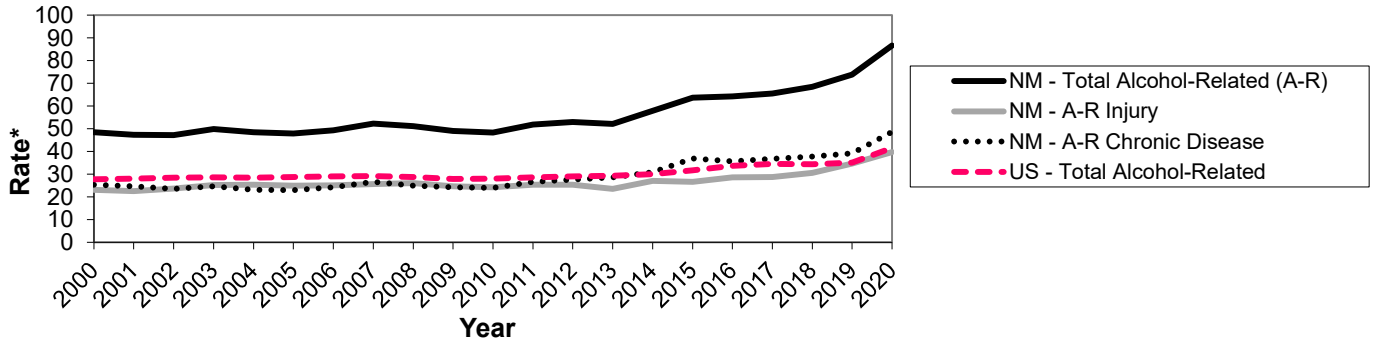
Problem Statement

The consequences of excessive alcohol use are severe in New Mexico. New Mexico has had the highest alcohol-related death rate since 1997. 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, some cancers, and a variety of other medical conditions. 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 slightly faster than the US rate from 2000 through 2013 (7.4% in NM and 5.8% in the US). In contrast to this relative plateau, the alcohol-related death rate in NM increased by 66% between 2013 and 2020. During the same time, the US alcohol-related death rate increased by 41.7%.

* 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, 2000-2020



*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; SUES

Table 1: Alcohol-Related Deaths and Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2016-2020

		Deaths				Rates*			
Sex	Race/Ethnicity	Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	60	1,004	103	1,167	33.1	426.7	249.4	271.7
	Asian/Pacific Islander	3	16	6	25	10.7	33.5	69.1	30.6
	Black	13	75	19	107	27.9	106.2	136.8	82.0
	Hispanic	196	1,765	413	2,375	18.9	140.7	151.6	98.5
	White	79	1,143	527	1,749	17.1	112.7	105.1	72.7
	Total	352	4,021	1,075	5,448	20.1	153.4	128.2	101.7
Female	American Indian	27	551	67	645	15.2	214.6	109.1	137.0
	Asian/Pacific Islander	1	10	3	15	4.3	17.1	23.4	13.2
	Black	3	27	4	33	7.0	54.1	28.2	34.7
	Hispanic	62	647	177	887	6.2	51.2	53.3	35.3
	White	21	508	247	776	5.0	49.9	42.8	31.8
	Total	115	1,748	500	2,362	6.9	66.0	50.1	43.3
Total	American Indian	87	1,555	170	1,812	24.2	316.0	165.9	200.0
	Asian/Pacific Islander	4	26	10	40	7.5	24.4	41.0	20.6
	Black	16	101	23	140	18.3	84.8	84.0	61.2
	Hispanic	258	2,412	590	3,261	12.7	95.8	97.5	66.0
	White	100	1,651	774	2,526	11.4	81.3	71.8	52.0
	Total	467	5,769	1,575	7,811	13.7	109.5	85.7	71.9

* 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; SUES

ALCOHOL-RELATED DEATH (continued)

Problem Statement (continued)

Table 1 shows that death rates from alcohol-related causes increase with age. In 2020, about 6% of alcohol-related deaths occurred within the 0-24 year age category (these are mostly injury-related), and the majority of alcohol-related deaths 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 triple the state rate for males and just under twice the state rate for females) with the greatest prevalence in males across all racial/ethnic groups. 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 American Indian females are driven largely by their relatively high alcohol-related chronic disease death rate.

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 three times the 2020 national rate. Nearly one-third of New Mexico counties (McKinley, Rio Arriba, San Juan, Cibola, Taos, San Miguel, Quay, and Sierra) 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, 2016-2020

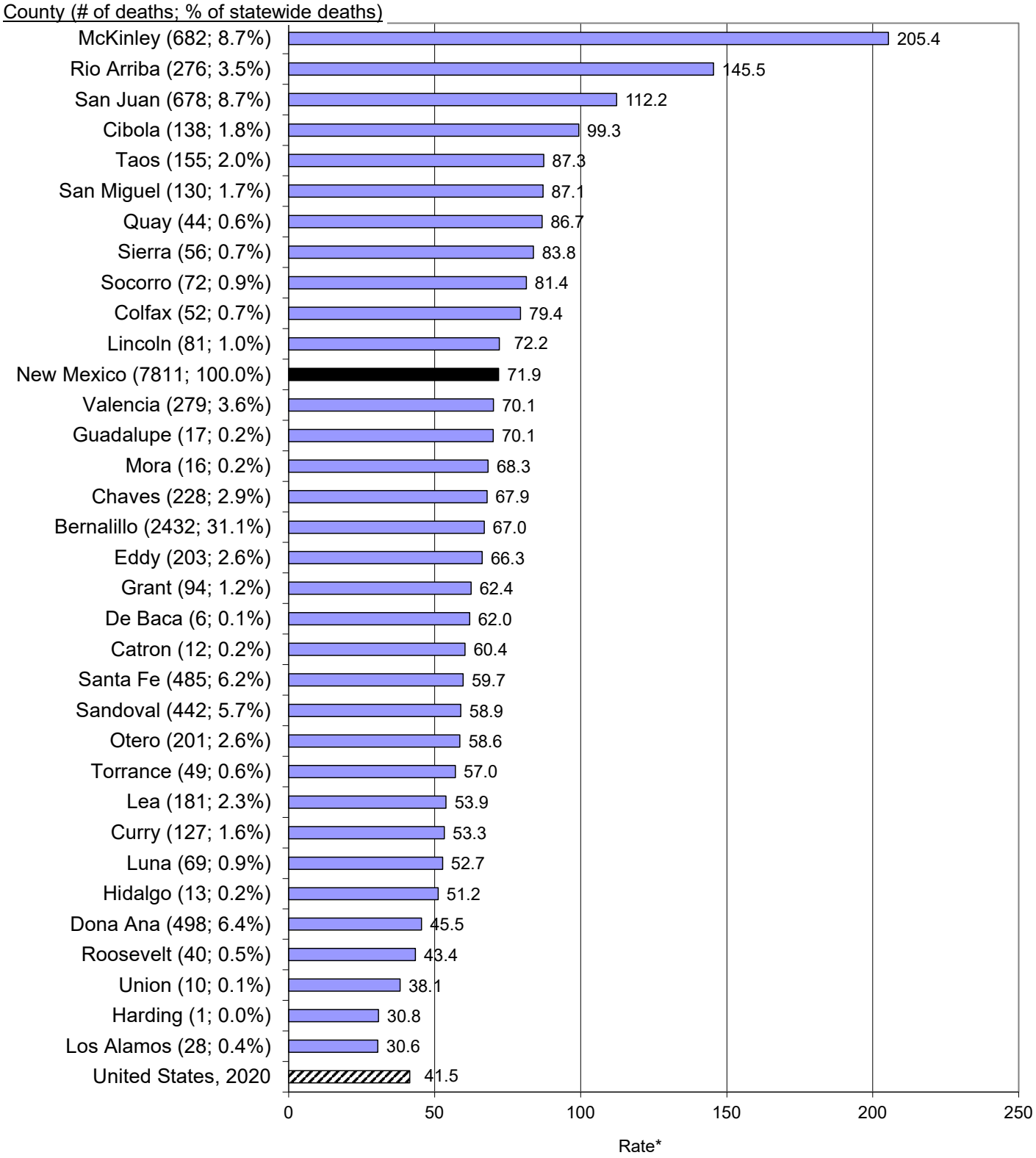
	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	286	21	78	1,163	879	2,432	190.5	20.6	74.3	70.5	52.3	67.0
Catron	1	0	0	2	9	12	94.8	0.0	0.0	72.3	52.5	60.4
Chaves	2	0	6	111	106	228	114.7	0.0	114.8	66.2	69.3	67.9
Cibola	87	0	0	35	15	138	169.0	0.0	0.0	64.0	51.7	99.3
Colfax	0	0	0	34	18	52	0.0	0.0	0.0	106.4	58.8	79.4
Curry	1	0	10	50	65	127	39.2	0.0	71.1	57.7	51.2	53.3
De Baca	0	0	0	2	5	6	0.0	0.0	0.0	63.1	70.7	62.0
Dona Ana	7	4	7	319	161	498	73.6	26.7	36.4	46.9	44.7	45.5
Eddy	3	1	4	86	108	203	66.4	53.8	104.4	62.6	70.2	66.3
Grant	0	1	0	47	45	94	0.0	138.1	0.0	65.5	60.2	62.4
Guadalupe	0	0	0	14	3	17	0.0	0.0	0.0	75.2	58.7	70.1
Harding	0	0	0	1	1	1	0.0	0.0	0.0	50.8	11.6	30.8
Hidalgo	0	0	0	5	8	13	0.0	0.0	0.0	41.7	60.6	51.2
Lea	1	1	10	82	87	181	33.3	35.8	81.1	48.2	63.6	53.9
Lincoln	5	0	0	27	49	81	172.5	0.0	0.0	68.9	75.9	72.2
Los Alamos	0	0	0	5	22	28	0.0	0.0	0.0	30.8	31.8	30.6
Luna	0	0	0	24	45	69	0.0	0.0	0.0	32.5	95.0	52.7
McKinley	624	0	1	38	18	682	249.2	0.0	51.7	87.1	49.7	205.4
Mora	0	0	0	13	3	16	0.0	0.0	0.0	64.2	114.9	68.3
Otero	40	1	4	50	106	201	206.8	9.7	42.4	43.8	54.3	58.6
Quay	1	2	0	22	18	44	264.2	329.2	0.0	108.5	56.2	86.7
Rio Arriba	60	0	2	190	24	276	220.2	0.0	224.3	139.5	96.5	145.5
Roosevelt	0	0	1	18	20	40	0.0	0.0	64.3	56.1	37.2	43.4
Sandoval	147	1	7	138	148	442	175.7	7.8	37.4	49.8	39.4	58.9
San Juan	454	0	2	67	153	678	195.1	0.0	44.0	61.4	54.0	112.2
San Miguel	2	0	0	106	18	130	123.1	0.0	0.0	93.8	51.9	87.1
Santa Fe	24	4	3	289	157	485	118.6	33.8	41.0	74.6	37.6	59.7
Sierra	1	0	0	10	44	56	73.7	0.0	0.0	63.4	93.8	83.8
Socorro	19	0	0	29	25	72	217.1	0.0	0.0	64.7	60.8	81.4
Taos	21	0	0	91	42	155	218.5	0.0	0.0	94.5	60.7	87.3
Torrance	1	0	1	23	24	49	63.1	0.0	51.7	64.9	51.3	57.0
Union	0	0	0	7	3	10	0.0	0.0	0.0	73.0	17.9	38.1
Valencia	22	2	2	161	89	279	136.1	63.0	52.3	72.0	54.3	70.1
New Mexico	1,812	40	140	3,261	2,526	7,811	200.0	20.6	61.2	66.0	52.0	71.9

* 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; SUES

ALCOHOL-RELATED DEATH (continued)

Chart 2: Alcohol-Related Death Rates* by County, New Mexico, 2016-2020

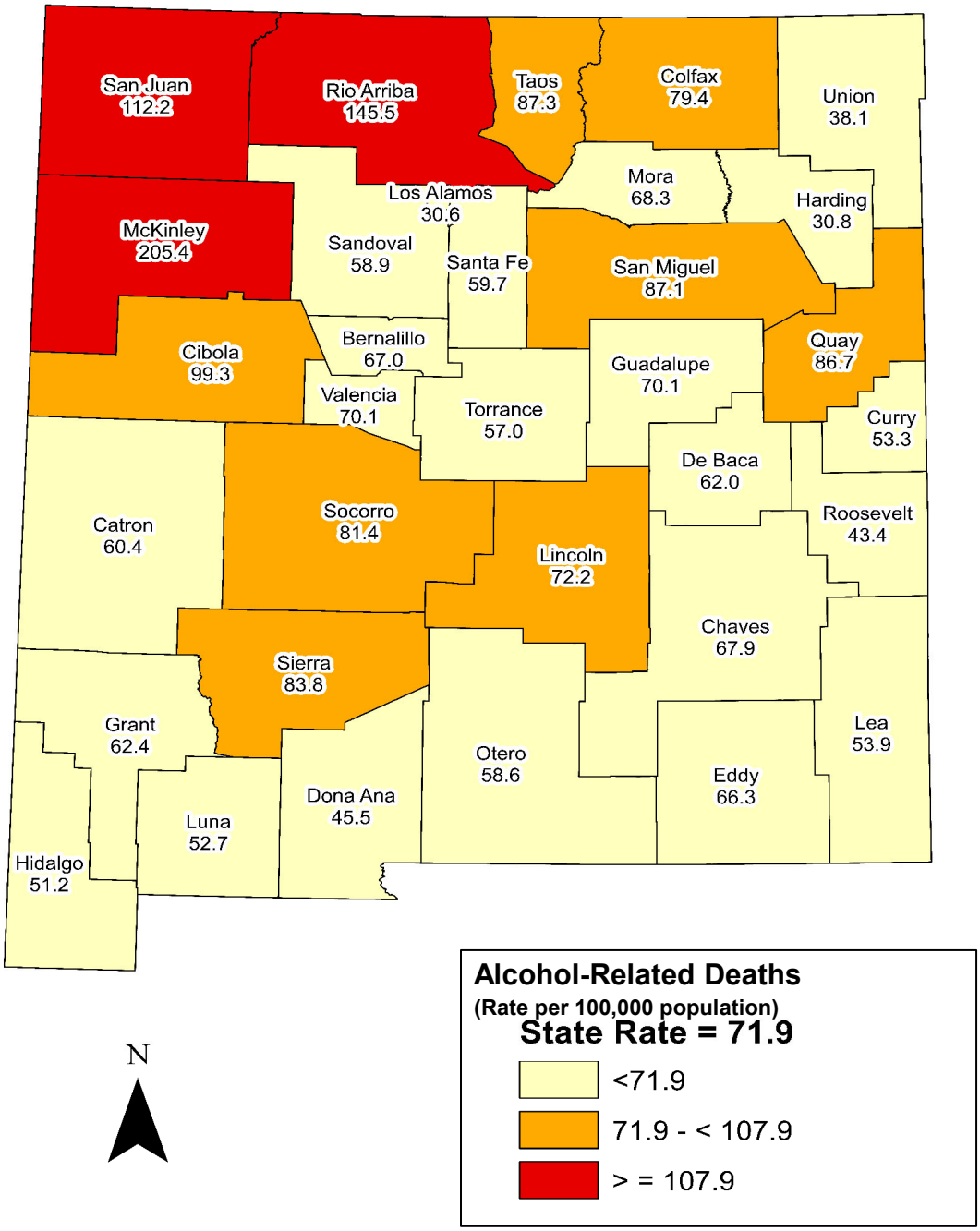


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

ALCOHOL-RELATED DEATH (continued)

Chart 3: Alcohol-Related Death Rates* by County, New Mexico, 2016-2020



* 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; SUES

ALCOHOL-RELATED CHRONIC DISEASE DEATH

Problem Statement

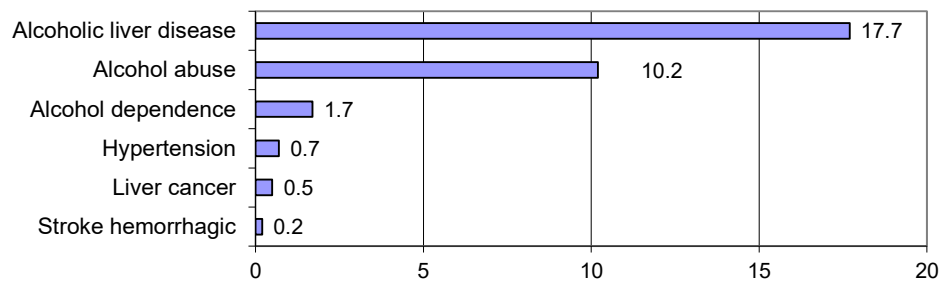
Chronic conditions account for more than half of all alcohol-related deaths in New Mexico. These chronic conditions include alcohol-related chronic liver disease which accounts for about one out of three of all alcohol-related deaths in New Mexico. Chronic alcohol-related deaths may be more associated with 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) than with binge drinking, but both forms of excessive alcohol consumption led to chronic alcohol-related deaths. In New Mexico, chronic alcohol-related deaths increased by 12.5% between 2000 and 2013, and then 69.6% between 2013 and 2020.

Chart 1 shows the six leading causes of alcohol-related chronic disease death in New Mexico during 2016-2020*. 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 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, 2016-2020



* 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; SUES

Table 1: Alcohol-Related Chronic Disease Deaths/Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2016-2020

		Deaths				Rates*			
Sex	Race/Ethnicity	Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	3	622	75	700	1.7	264.4	180.1	166.5
	Asian/Pacific Islander	0	9	4	12	0.0	17.8	42.4	15.7
	Black	0	23	15	38	0.0	33.2	105.8	31.2
	Hispanic	6	919	345	1,269	0.5	73.3	126.5	53.8
	White	2	597	377	976	0.5	58.9	75.1	34.9
	Total	11	2,178	817	3,006	0.6	83.1	97.5	53.9
Female	American Indian	5	421	60	487	2.8	164.2	98.8	103.8
	Asian/Pacific Islander	0	5	2	7	0.0	9.1	11.2	6.2
	Black	0	15	3	17	0.0	30.2	19.6	18.1
	Hispanic	2	376	155	532	0.2	29.7	46.5	21.0
	White	2	278	180	460	0.5	27.3	31.2	16.8
	Total	9	1,098	399	1,506	0.6	41.4	40.0	26.6
Total	American Indian	8	1,043	135	1,187	2.3	212.1	131.7	132.7
	Asian/Pacific Islander	0	14	6	20	0.0	13.0	23.2	10.1
	Black	0	38	17	55	0.0	31.9	63.9	24.9
	Hispanic	8	1,295	499	1,802	0.4	51.4	82.5	36.7
	White	4	876	556	1,436	0.5	43.1	51.6	25.5
	Total	20	3,276	1,217	4,513	0.6	62.2	66.2	39.8

* Age-specific rates (e.g., Ages 0-24) are per 100,000; all-ages rate is per 100,000, age-adjusted to the 2000 US standard population
Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SUES

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 again in 2020. As mentioned earlier, Hispanic males are also at an elevated risk, with a rate roughly one and a half times the state rate (53.8 vs. 39.8).

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 6 times the national rate (13.6 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 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, 2016-2020

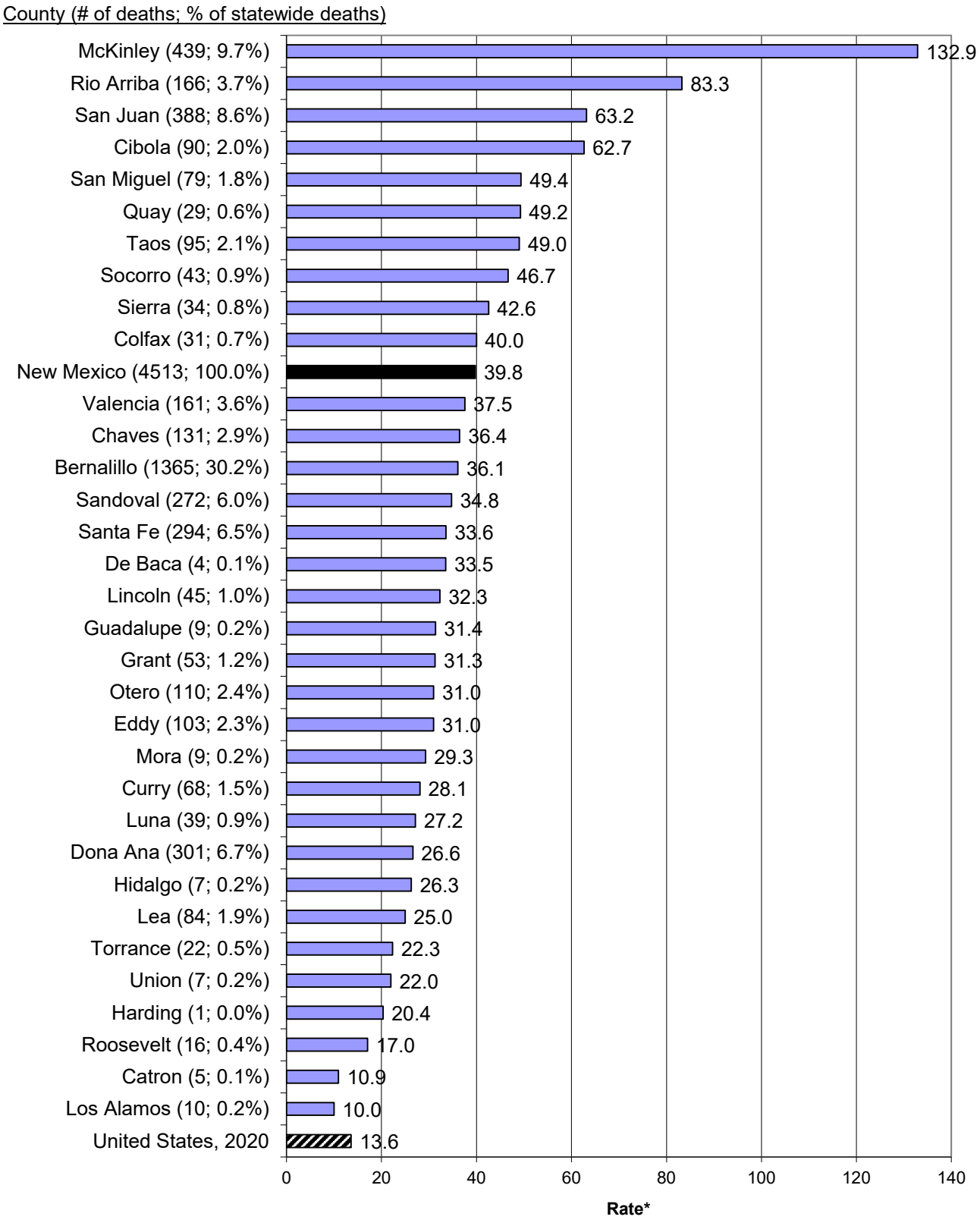
	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	200	9	31	610	511	1,365	136.6	9.0	30.3	37.9	27.2	36.1
Catron	0	0	0	1	4	5	0.0	0.0	0.0	8.3	12.0	10.9
Chaves	2	0	1	59	66	131	114.7	0.0	22.6	36.2	37.9	36.4
Cibola	65	0	0	17	8	90	124.6	0.0	0.0	29.9	21.5	62.7
Colfax	0	0	0	22	10	31	0.0	0.0	0.0	63.4	21.5	40.0
Curry	1	0	4	26	37	68	39.2	0.0	26.5	33.6	27.6	28.1
De Baca	0	0	0	1	3	4	0.0	0.0	0.0	48.4	22.1	33.5
Dona Ana	5	2	3	194	95	301	57.0	18.2	20.0	29.2	22.8	26.6
Eddy	2	1	2	45	53	103	41.1	46.9	35.3	33.7	28.9	31.0
Grant	0	1	0	26	26	53	0.0	138.1	0.0	33.5	30.9	31.3
Guadalupe	0	0	0	7	1	9	0.0	0.0	0.0	37.0	15.5	31.4
Harding	0	0	0	0	0	1	0.0	0.0	0.0	0.0	0.0	20.4
Hidalgo	0	0	0	3	4	7	0.0	0.0	0.0	23.3	28.5	26.3
Lea	0	0	3	37	43	84	0.0	0.0	29.9	25.1	27.7	25.0
Lincoln	3	0	0	17	25	45	105.6	0.0	0.0	40.4	27.3	32.3
Los Alamos	0	0	0	1	8	10	0.0	0.0	0.0	7.5	11.7	10.0
Luna	0	0	0	13	26	39	0.0	0.0	0.0	17.3	44.8	27.2
McKinley	406	0	1	22	9	439	164.2	0.0	51.7	49.8	22.2	132.9
Mora	0	0	0	8	1	9	0.0	0.0	0.0	33.1	13.7	29.3
Otero	24	0	2	24	59	110	128.0	0.0	27.2	20.9	27.9	31.0
Quay	1	2	0	15	11	29	264.2	329.2	0.0	64.5	24.7	49.2
Rio Arriba	44	0	0	104	17	166	163.3	0.0	0.0	72.9	58.0	83.3
Roosevelt	0	0	0	8	8	16	0.0	0.0	0.0	28.2	12.3	17.0
Sandoval	104	0	4	82	83	272	125.5	0.0	21.5	30.1	18.6	34.8
San Juan	263	0	0	38	86	388	114.4	0.0	0.0	35.2	26.6	63.2
San Miguel	1	0	0	66	11	79	92.0	0.0	0.0	54.9	22.9	49.4
Santa Fe	18	2	1	175	96	294	90.6	11.0	10.3	44.1	20.3	33.6
Sierra	0	0	0	7	27	34	0.0	0.0	0.0	43.8	40.5	42.6
Socorro	15	0	0	15	13	43	172.0	0.0	0.0	31.6	25.2	46.7
Taos	16	0	0	59	20	95	163.7	0.0	0.0	57.1	22.5	49.0
Torrance	0	0	0	11	11	22	0.0	0.0	0.0	29.7	20.7	22.3
Union	0	0	0	5	2	7	0.0	0.0	0.0	46.5	9.7	22.0
Valencia	16	1	1	83	57	161	103.5	49.6	32.3	37.1	27.1	37.5
New Mexico	1,187	20	55	1,802	1,436	4,513	132.7	10.1	24.9	36.7	25.5	39.8

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

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

ALCOHOL-RELATED CHRONIC DISEASE DEATH (continued)

Chart 2: Alcohol-Related Chronic Disease Death Rates* by County, New Mexico, 2016-2020

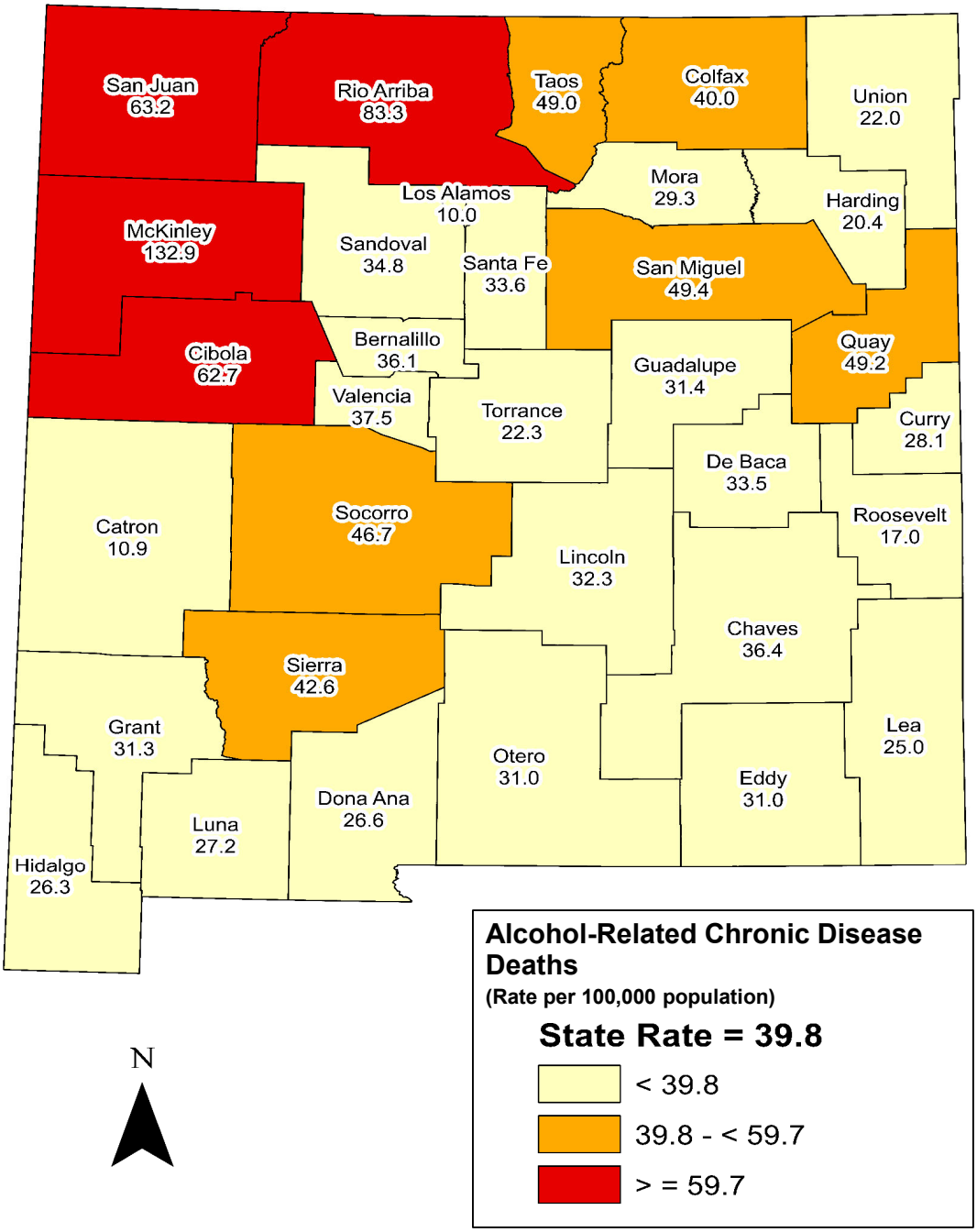


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

ALCOHOL-RELATED CHRONIC DISEASE DEATH (continued)

Chart 3: Alcohol-Related Chronic Disease Death Rates* by County, New Mexico, 2016-2020



* 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; SUES

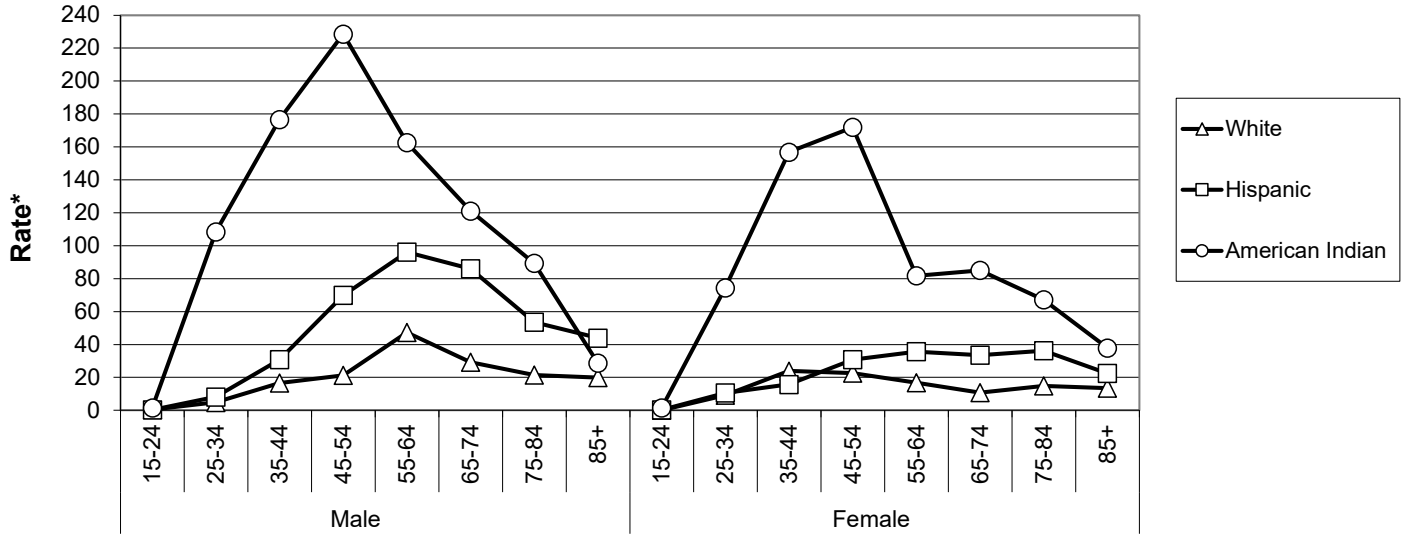
ALCOHOL-RELATED CHRONIC LIVER DISEASE (CLD) DEATH

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, 2016-2020



* Age-specific rates per 100,000

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

Table 1: Alcohol-Related CLD Deaths and Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2016-2020

		Deaths				Rates*			
Sex	Race/Ethnicity	Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	1	382	43	427	0.6	162.5	104.6	101.1
	Asian/Pacific Islander	0	3	3	6	0.0	7.1	28.2	7.8
	Black	0	9	6	16	0.0	13.4	46.2	12.4
	Hispanic	1	582	198	780	0.1	46.4	72.6	32.7
	White	1	251	130	382	0.2	24.7	26.0	13.6
	Total	3	1,228	381	1,612	0.2	46.9	45.4	29.0
Female	American Indian	1	304	45	350	0.6	118.3	74.4	75.3
	Asian/Pacific Islander	0	4	1	5	0.0	7.3	5.4	4.4
	Black	0	9	1	10	0.0	18.3	7.6	10.0
	Hispanic	1	281	110	392	0.1	22.2	33.0	15.5
	White	0	166	85	251	0.0	16.3	14.7	9.1
	Total	2	765	242	1,009	0.1	28.9	24.3	18.0
Total	American Indian	2	686	89	777	0.6	139.4	86.6	87.3
	Asian/Pacific Islander	0	8	3	11	0.0	7.2	14.2	5.8
	Black	0	18	7	26	0.0	15.4	27.5	11.1
	Hispanic	2	863	308	1,172	0.1	34.3	50.8	23.7
	White	1	417	215	633	0.1	20.5	20.0	11.3
	Total	5	1,994	623	2,621	0.1	37.8	33.9	23.3

* 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; SUES

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 25-64 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 county was more than eight times the national national rate and Rio Arriba county is nearly five times the national rate. One-half of New Mexico's counties have rates more than twice the US rate. A number of counties with rates less than twice the US rate (e.g., Valencia, Santa Fe, Bernalillo) 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, 2016-2020

	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	123	6	16	386	213	744	84.1	6.1	14.4	23.9	11.4	19.8
Catron	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Chaves	2	0	1	40	32	76	114.2	0.0	16.8	24.3	18.6	21.7
Cibola	49	0	0	12	4	64	95.5	0.0	0.0	20.9	5.9	45.2
Colfax	0	0	0	18	5	22	0.0	0.0	0.0	51.6	11.7	29.3
Curry	1	0	3	20	22	46	38.4	0.0	21.7	26.0	17.2	19.3
De Baca	0	0	0	1	2	3	0.0	0.0	0.0	44.1	17.1	28.9
Dona Ana	3	0	0	134	42	180	42.2	0.0	0.0	20.1	9.9	15.9
Eddy	1	1	0	28	26	57	36.9	43.5	0.0	20.7	13.5	16.9
Grant	0	1	0	20	8	29	0.0	135.3	0.0	25.8	8.9	17.5
Guadalupe	0	0	0	5	0	5	0.0	0.0	0.0	26.9	0.0	19.9
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	3	1	4	0.0	0.0	0.0	21.1	5.9	15.2
Lea	0	0	1	23	18	41	0.0	0.0	4.7	16.1	11.6	12.4
Lincoln	1	0	0	12	13	25	33.2	0.0	0.0	26.2	14.7	16.4
Los Alamos	0	0	0	1	3	4	0.0	0.0	0.0	6.4	5.3	4.9
Luna	0	0	0	7	13	19	0.0	0.0	0.0	8.5	22.6	13.2
McKinley	264	0	1	18	2	285	107.5	0.0	48.3	40.9	5.9	87.2
Mora	0	0	0	4	1	5	0.0	0.0	0.0	16.9	10.4	16.0
Otero	20	0	2	12	28	63	109.7	0.0	23.8	10.8	13.1	18.4
Quay	1	0	0	8	3	12	264.2	0.0	0.0	34.6	7.7	21.6
Rio Arriba	27	0	0	71	6	105	99.7	0.0	0.0	50.2	17.7	52.5
Roosevelt	0	0	0	6	4	11	0.0	0.0	0.0	22.2	7.5	11.4
Sandoval	57	0	0	45	31	133	70.4	0.0	0.0	16.7	7.7	17.2
San Juan	183	0	0	25	41	249	79.0	0.0	0.0	23.0	12.5	40.8
San Miguel	1	0	0	48	6	57	90.6	0.0	0.0	40.4	15.4	36.0
Santa Fe	13	1	0	114	46	175	65.8	10.1	0.0	28.6	9.8	20.3
Sierra	0	0	0	4	11	16	0.0	0.0	0.0	24.8	15.5	18.6
Socorro	8	0	0	9	8	26	104.9	0.0	0.0	16.9	15.1	26.5
Taos	10	0	0	32	8	50	87.5	0.0	0.0	31.4	8.7	25.5
Torrance	0	0	0	7	4	12	0.0	0.0	0.0	20.5	6.4	11.7
Union	0	0	0	4	1	5	0.0	0.0	0.0	35.4	6.2	16.0
Valencia	10	1	1	53	30	96	65.9	46.0	27.5	23.3	15.0	22.3
New Mexico	777	11	26	1,172	633	2,621	87.3	5.8	11.1	23.7	11.3	23.3

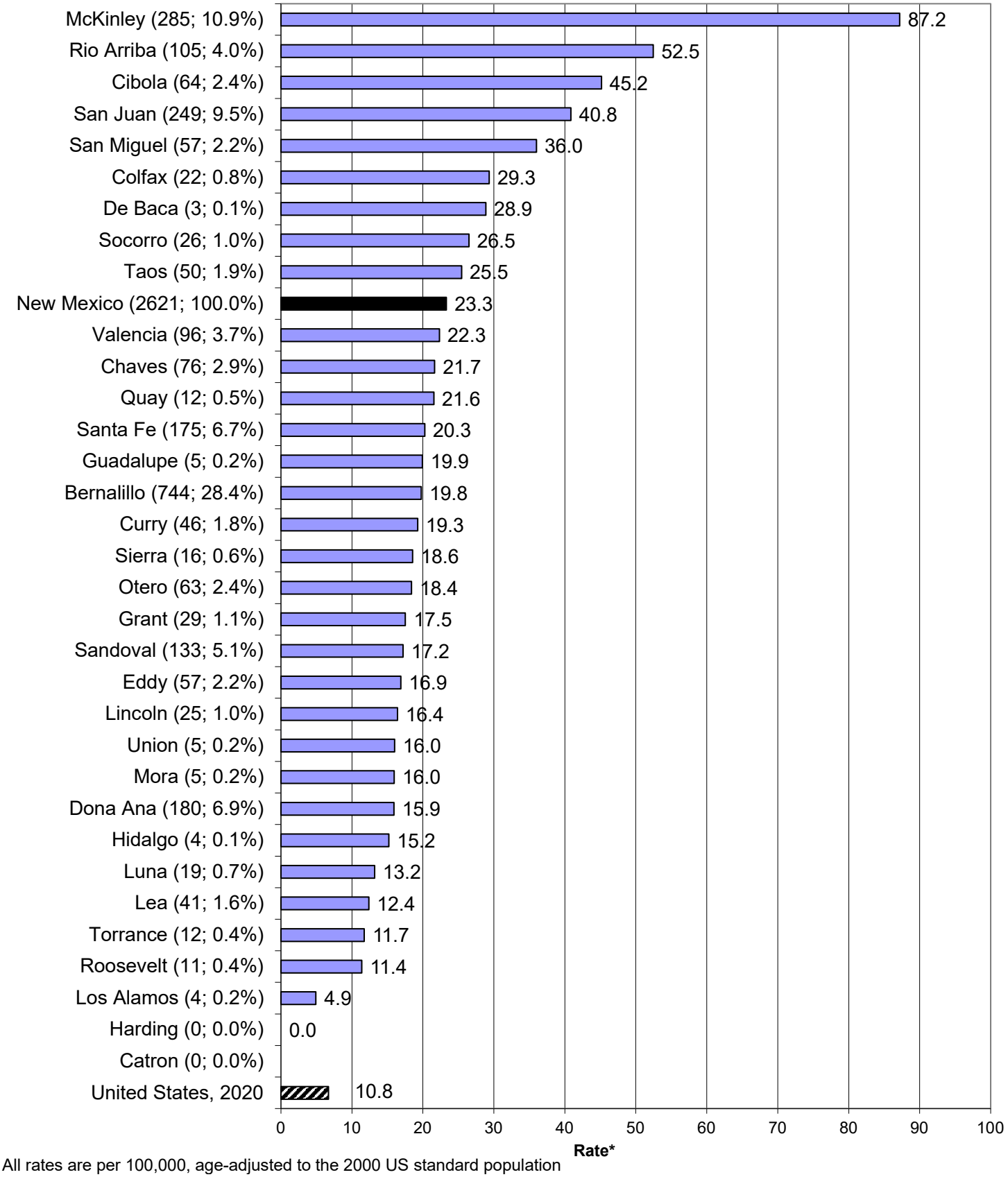
* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

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

Chart 2: Alcohol-Related CLD Death Rates* by County, New Mexico, 2016-2020

County (# of deaths; % of statewide deaths)

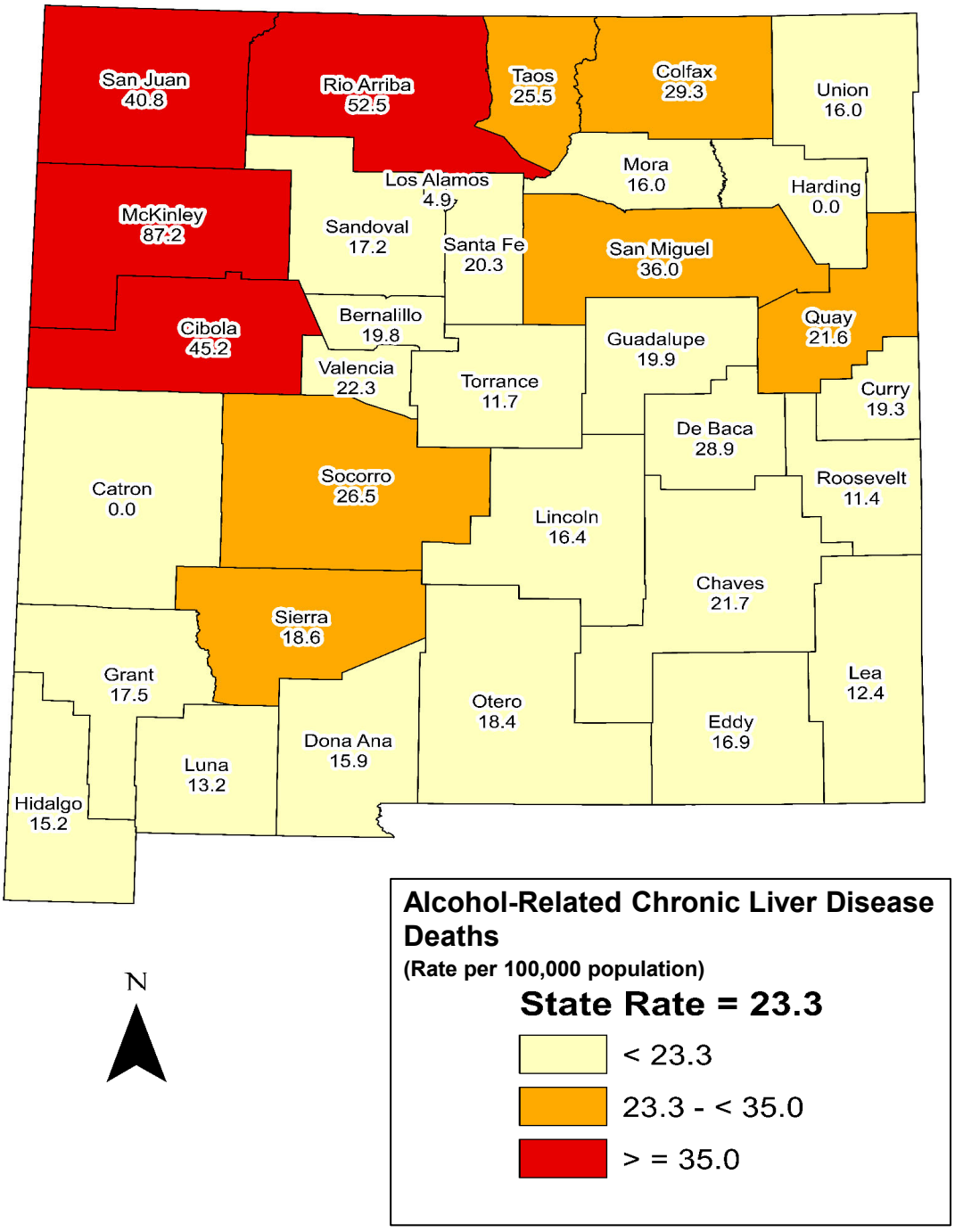


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

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

Chart 3: Alcohol-Related CLD Death Rates* by County, New Mexico, 2016-2020



* 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; SUES

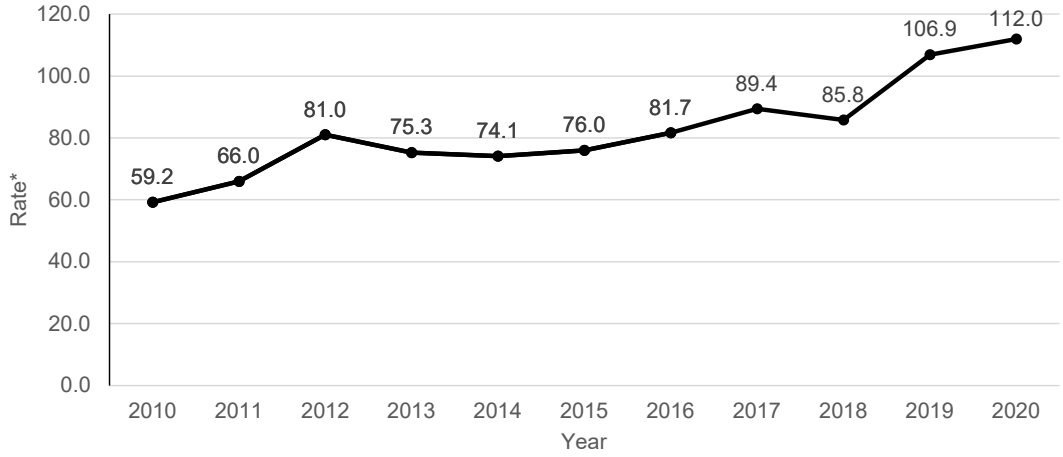
CHRONIC LIVER DISEASE (CLD) HOSPITAL DISCHARGES

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). In 2020, CLD hospitalization rates were 112.0 hospitalizations per 100,000 population which was an increase of 89% compared to hospitalization rates in 2010 (59.2 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. Black men had the lowest rates whereas men who identify as American Indian have the highest rates.

Chart 1: CLD Hospital Discharge Rates*, New Mexico, 2010-2020



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

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

Table 1: CLD Hospital Discharges and Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2016-2020

		Hospital Discharges				Rates*			
Sex	Race/Ethnicity	Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	8	1,339	110	1,457	4.4	569.1	265.0	345.0
	Asian/Pacific Islander	0	41	12	53	0.0	85.5	130.4	60.4
	Black	1	35	11	47	2.1	49.8	79.4	35.0
	Hispanic	26	2,227	506	2,759	2.5	177.5	185.8	115.4
	White	12	1,153	421	1,586	2.6	113.8	83.9	65.4
	Total	49	4,922	1,092	6,063	2.8	187.8	130.2	113.0
Female	American Indian	13	1,041	235	1,289	7.3	405.5	385.0	269.9
	Asian/Pacific Islander	3	20	22	45	11.6	33.3	148.9	42.8
	Black	0	43	7	50	0.0	87.5	53.4	49.5
	Hispanic	21	1,250	548	1,819	2.1	98.9	164.6	71.3
	White	11	745	382	1,138	2.6	73.1	66.2	45.8
	Total	48	3,201	1,215	4,464	2.9	120.9	121.7	78.1
Total	American Indian	21	2,380	345	2,746	5.9	483.7	336.4	306.5
	Asian/Pacific Islander	3	61	34	98	5.8	56.5	141.8	50.1
	Black	1	78	18	97	1.1	65.3	66.8	41.2
	Hispanic	47	3,477	1,054	4,578	2.3	138.1	174.1	92.9
	White	23	1,898	803	2,724	2.6	93.4	74.5	55.4
	Total	97	8,123	2,307	10,527	2.8	154.1	125.6	95.3

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

There were 281 visits for which Race-Ethnicity or Sex was missing

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

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 2016 to 2020, there were 10,523 hospitalizations reported by non-federal facilities. This equates to approximately 6 CLD hospitalizations per day in New Mexico.

Between 2016-2020 McKinley County had the highest rate of CLD hospitalizations (241.3 hospitalizations per 100,000 population), followed by Cibola (167.1 hospitalizations per 100,000 population), Rio Arriba (163.0 hospitalizations per 100,000 population), and San Juan (130.5 hospitalizations per 100,000 population). Eddy County (7.3 hospitalizations per 100,000 population) and De Baca (15.7 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, 2016-2020

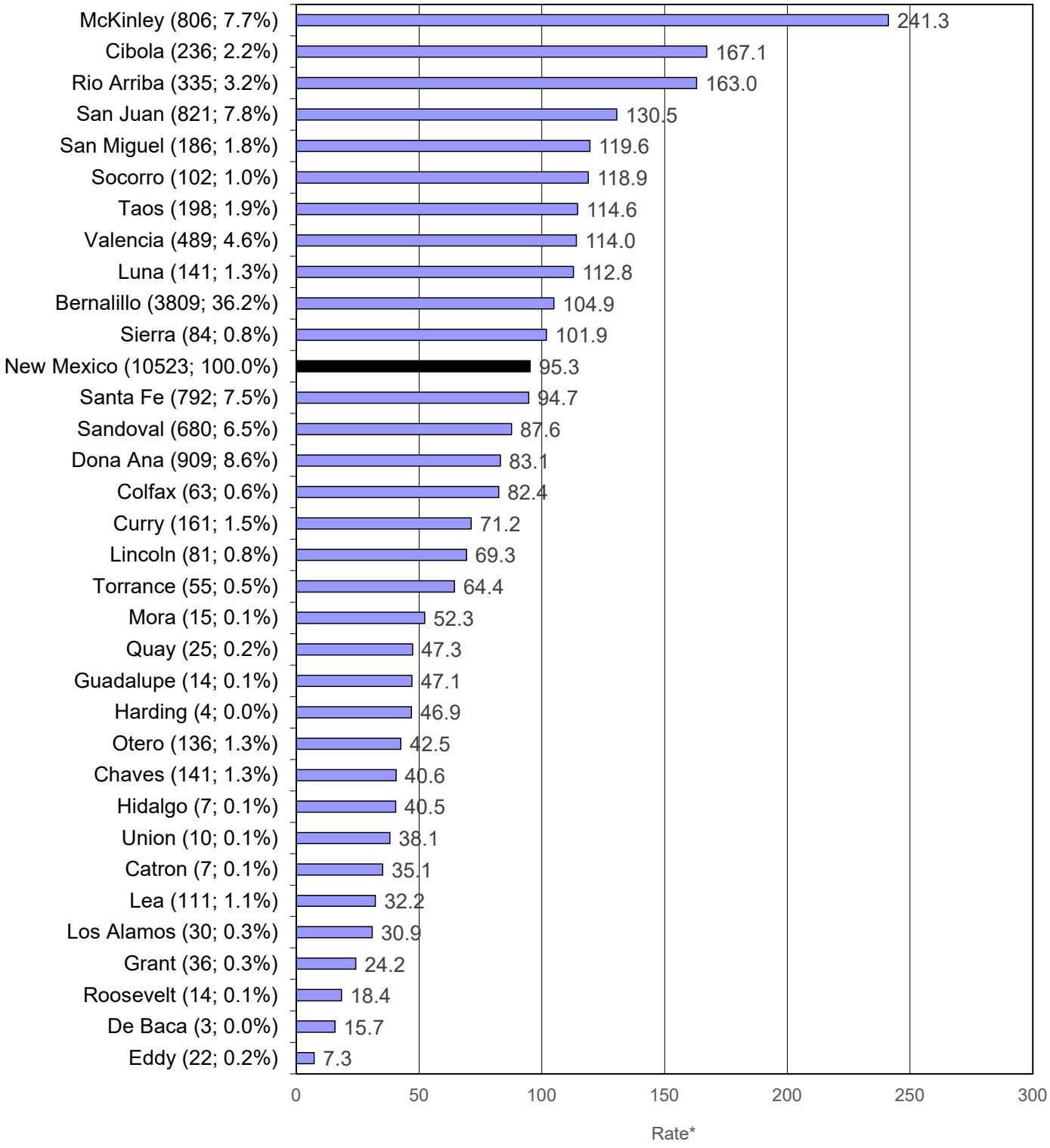
	Hospital Discharges						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	703	60	49	1,813	1,091	3,809	475.0	58.9	44.3	112.8	65.0	104.9
Catron	0	-	-	-	4	7	0.0	-	-	-	25.7	35.1
Chaves	-	0	-	55	79	141	-	0.0	-	33.3	50.0	40.6
Cibola	166	6	-	35	17	236	324.3	812.5	-	59.7	45.5	167.1
Colfax	-	0	-	24	24	63	-	0.0	-	71.0	64.3	82.4
Curry	0	0	19	91	48	161	0.0	0.0	155.4	114.0	41.4	71.2
De Baca	0	-	-	-	-	3	0.0	-	-	-	-	15.7
Dona Ana	5	-	6	596	289	909	65.8	-	29.8	90.0	84.4	83.1
Eddy	-	0	0	15	4	22	-	0.0	0.0	11.3	2.4	7.3
Grant	-	-	-	18	14	36	-	-	-	23.1	22.1	24.2
Guadalupe	0	-	0	11	-	14	0.0	-	0.0	46.7	-	47.1
Harding	-	-	-	4	0	4	-	-	-	121.2	0.0	46.9
Hidalgo	-	-	-	6	-	7	-	-	-	61.3	-	40.5
Lea	0	-	-	78	30	111	0.0	-	-	48.7	19.0	32.2
Lincoln	-	-	0	27	51	81	-	-	0.0	77.2	66.6	69.3
Los Alamos	-	0	0	9	19	30	-	0.0	0.0	58.4	26.5	30.9
Luna	-	0	-	79	59	141	-	0.0	-	98.6	161.2	112.8
McKinley	685	13	0	46	26	806	272.2	299.2	0.0	110.5	77.8	241.3
Mora	0	-	-	13	-	15	0.0	-	-	49.5	-	52.3
Otero	52	4	-	29	45	136	280.8	56.0	-	23.4	27.7	42.5
Quay	-	-	0	21	-	25	-	-	0.0	95.3	-	47.3
Rio Arriba	93	0	-	208	27	335	354.3	0.0	-	141.7	74.6	163.0
Roosevelt	-	-	0	10	-	14	-	-	0.0	29.4	-	18.4
Sandoval	244	-	-	217	186	680	299.0	-	-	76.7	48.3	87.6
San Juan	542	-	-	84	177	821	228.9	-	-	81.7	59.7	130.5
San Miguel	4	-	0	151	23	186	218.9	-	0.0	126.4	56.0	119.6
Santa Fe	72	4	-	467	236	792	375.4	22.9	-	117.3	59.1	94.7
Sierra	0	0	0	15	65	84	0.0	0.0	0.0	65.1	128.7	101.9
Socorro	38	-	0	43	19	102	440.3	-	0.0	88.5	38.1	118.9
Taos	35	0	0	123	32	198	367.8	0.0	0.0	126.5	54.0	114.6
Torrance	5	-	-	23	23	55	177.7	-	-	67.8	54.1	64.4
Union	-	-	0	5	5	10	-	-	0.0	54.5	29.8	38.1
Valencia	93	-	6	257	117	489	585.6	-	89.2	107.4	62.7	114.0
New Mexico	2,746	98	97	4,577	2,724	10,523	306.5	50.1	41.2	92.9	55.4	95.3

* All rates are per 100,000, age-adjusted to the 2000 US standard population. There were 281 visits for which Race-Ethnicity or Sex was missing

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

CHRONIC LIVER DISEASE (CLD) HOSPITAL DISCHARGES (continued)

Chart 2: CLD Discharges Rates* by County, New Mexico, 2016-2020



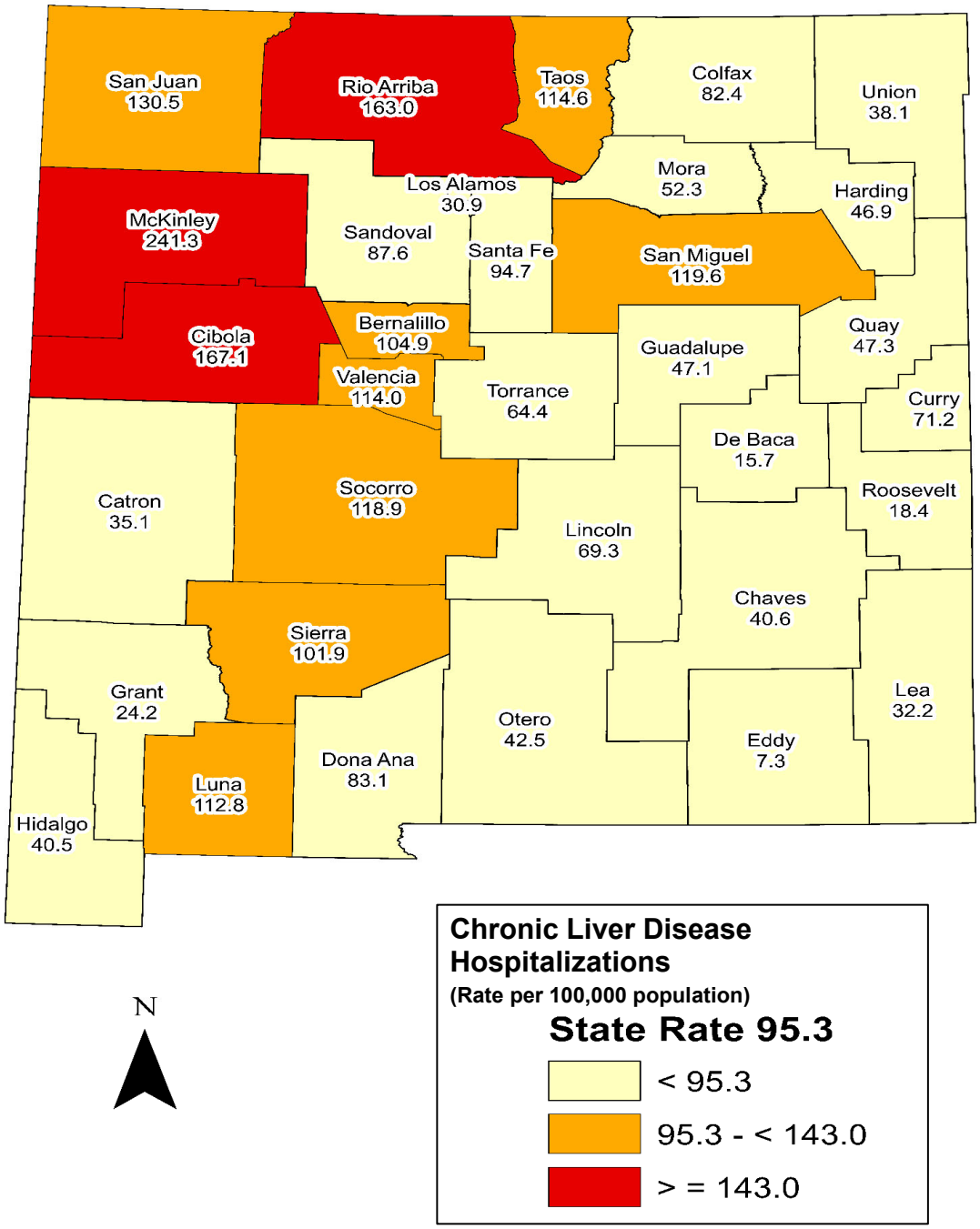
* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

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

CHRONIC LIVER DISEASE (CLD) HOSPITAL DISCHARGES (continued)

Chart 3: CLD Hospital Discharges Rates* by County, New Mexico, 2016-2020



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

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

ALCOHOL-RELATED INJURY DEATH

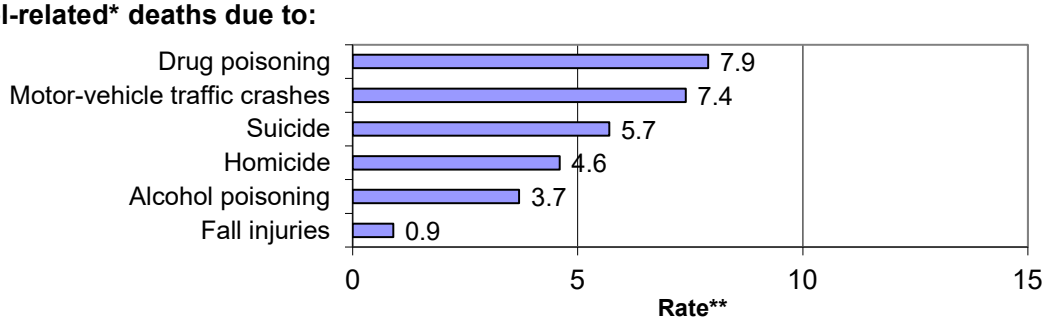
Problem Statement

Acute conditions such as falls, motor vehicle collisions, suicide, homicide, poisonings, and firearm injuries can contribute to alcohol-related deaths. While acute alcohol-related deaths account for less than half of the total alcohol-related deaths in NM they are by no means infrequent. During the years 2016-2020 there were 3,298 acute (or injury) alcohol-related deaths in NM. Injury alcohol-related deaths may be due more to binge drinking than heavy drinking. 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 the most frequent, harmful, and costly form of excessive alcohol consumption, and is a high-risk behavior associated with numerous injury outcomes, including motor vehicle fatalities, homicide, and suicide. New Mexico's death rate for alcohol-related injury has consistently been among the highest in the nation. While NM's alcohol-impaired motor vehicle crash fatality rates have declined over the past three decades, death rates from other alcohol-related injuries have increased.

Chart 1 shows the top six leading causes of alcohol-related injury death between 2016 and 2020 with drug poisoning (i.e. drug overdose) death as the most common cause, followed closely by alcohol-related motor-vehicle traffic crashes. The alcohol-related fall death rate has been declining since it peaked in 2007-09.

Table 1 shows that death rates from alcohol-related injuries are highest for those between 25 and 64 years of age, and lowest for those 65 or more years of age. Deaths in the youngest age group (people between 0 and 24 years of age) represent a large burden of premature mortality (YPLL: Years of Potential Life Lost). Males have higher injury alcohol-related death rates than female rates, and American Indians have the highest injury alcohol-related death rate of all races/ethnic groups.

Chart 1: Top 6 Leading Causes of Alcohol-Related Injury Death, New Mexico, 2016-2020



* 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; SUES

Table 1: Alcohol-Related Injury Deaths and Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2016-2020

		Deaths				Rates*			
Sex	Race/Ethnicity	Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	57	382	29	467	31.4	162.3	69.2	105.2
	Asian/Pacific Islander	3	8	2	13	10.6	15.7	26.7	14.9
	Black	13	51	4	69	27.9	73.1	31.0	50.8
	Hispanic	191	846	68	1,105	18.4	67.4	25.1	44.7
	White	77	545	151	773	16.7	53.8	30.1	37.8
	Total	341	1,843	258	2,442	19.5	70.3	30.7	47.7
Female	American Indian	22	129	6	158	12.4	50.4	10.3	33.2
	Asian/Pacific Islander	1	5	2	8	4.3	7.9	12.2	7.0
	Black	3	12	1	16	7.0	23.9	8.5	16.6
	Hispanic	60	272	23	354	6.0	21.5	6.8	14.2
	White	19	230	67	316	4.5	22.6	11.7	15.0
	Total	106	650	100	856	6.3	24.5	10.0	16.7
Total	American Indian	79	511	35	625	22.0	103.9	34.2	67.3
	Asian/Pacific Islander	4	12	4	20	7.5	11.4	17.8	10.5
	Black	16	63	5	84	18.3	52.8	20.1	36.3
	Hispanic	251	1,118	91	1,459	12.3	44.4	15.0	29.4
	White	96	775	218	1,089	10.9	38.2	20.2	26.5
	Total	447	2,493	358	3,298	13.1	47.3	19.5	32.1

* 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; SUES

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 more than three times the state rate, slightly less than three times the White male rate, and more than twice the Black male and Hispanic male rates. 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, Catron, and San Juan counties have rates more than three times the US rate (Chart 2).* More than half of NM counties have rates two 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.

* 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, 2016-2020

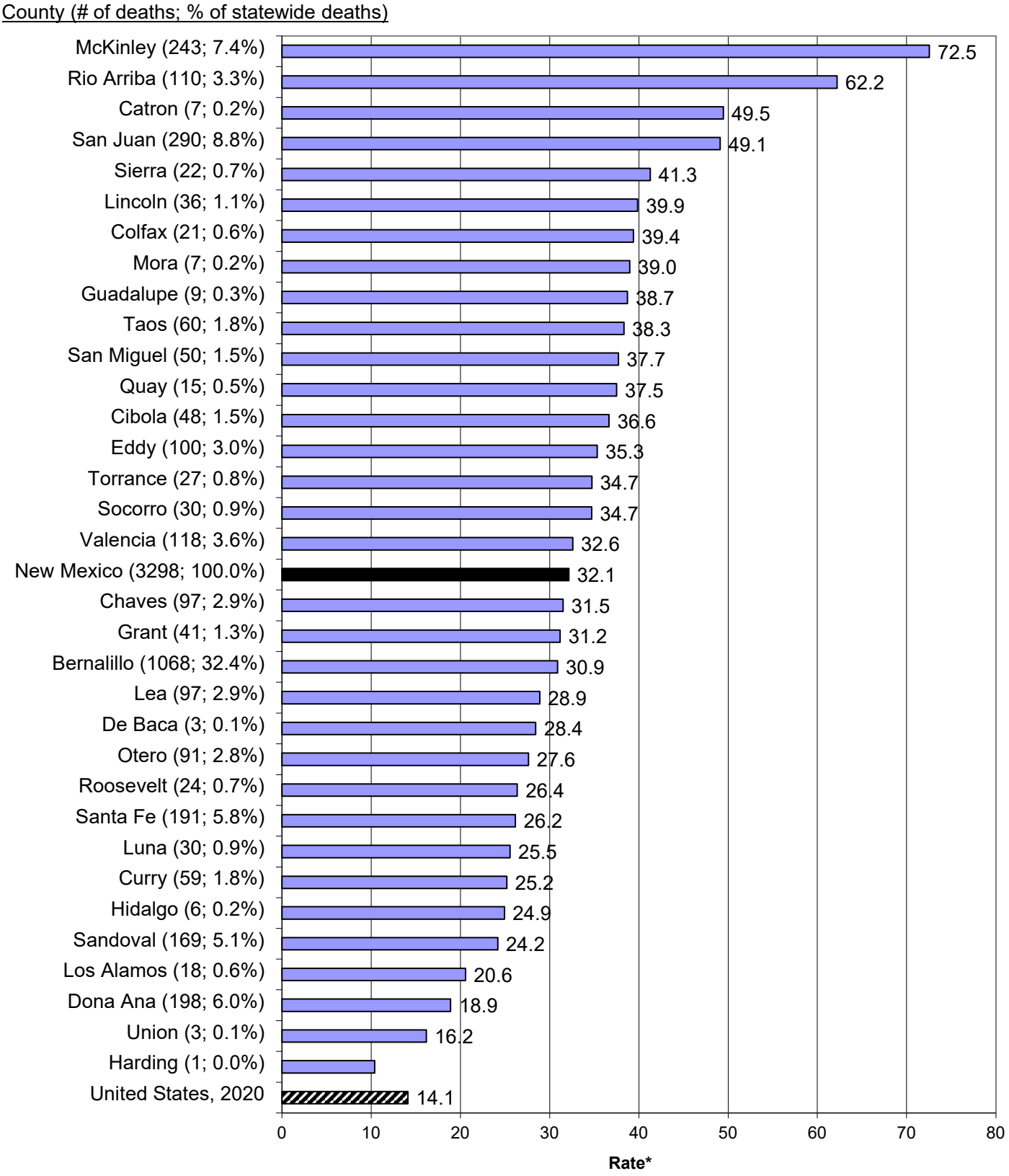
	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	86	12	47	553	367	1,068	53.9	11.6	44.0	32.5	25.1	30.9
Catron	1	0	0	1	5	7	88.2	0.0	0.0	64.0	40.5	49.5
Chaves	0	0	5	52	40	97	0.0	0.0	92.2	30.0	31.5	31.5
Cibola	23	0	0	18	7	48	44.4	0.0	0.0	34.0	30.1	36.6
Colfax	0	0	0	12	9	21	0.0	0.0	0.0	43.0	37.3	39.4
Curry	0	0	7	24	28	59	0.0	0.0	44.6	24.1	23.7	25.2
De Baca	0	0	0	1	2	3	0.0	0.0	0.0	14.8	48.6	28.4
Dona Ana	2	1	4	125	66	198	16.6	8.5	16.4	17.7	21.9	18.9
Eddy	1	0	2	41	55	100	25.3	0.0	69.1	28.9	41.3	35.3
Grant	0	0	0	21	19	41	0.0	0.0	0.0	31.9	29.3	31.2
Guadalupe	0	0	0	6	2	9	0.0	0.0	0.0	38.2	43.3	38.7
Harding	0	0	0	0	0	1	0.0	0.0	0.0	0.0	0.0	10.4
Hidalgo	0	0	0	2	4	6	0.0	0.0	0.0	18.5	32.1	24.9
Lea	1	1	6	45	43	97	32.5	31.4	51.3	23.1	35.9	28.9
Lincoln	2	0	0	10	24	36	66.9	0.0	0.0	28.5	48.6	39.9
Los Alamos	0	0	0	4	13	18	0.0	0.0	0.0	23.4	20.1	20.6
Luna	0	0	0	11	19	30	0.0	0.0	0.0	15.2	50.2	25.5
McKinley	218	0	0	16	9	243	85.1	0.0	0.0	37.3	27.5	72.5
Mora	0	0	0	5	2	7	0.0	0.0	0.0	31.2	101.2	39.0
Otero	17	0	2	27	46	91	78.8	0.0	15.2	22.9	26.4	27.6
Quay	0	0	0	8	7	15	0.0	0.0	0.0	44.0	31.5	37.5
Rio Arriba	16	0	1	86	7	110	56.9	0.0	195.3	66.5	38.5	62.2
Roosevelt	0	0	1	10	12	24	0.0	0.0	63.6	28.0	24.9	26.4
Sandoval	43	1	3	56	65	169	50.3	6.0	15.9	19.8	20.8	24.2
San Juan	191	0	2	29	67	290	80.7	0.0	40.7	26.2	27.5	49.1
San Miguel	1	0	0	41	7	50	31.1	0.0	0.0	38.9	29.0	37.7
Santa Fe	6	3	2	114	61	191	28.1	22.8	30.7	30.5	17.3	26.2
Sierra	1	0	0	3	17	22	73.2	0.0	0.0	19.6	53.2	41.3
Socorro	5	0	0	14	12	30	45.2	0.0	0.0	33.1	35.5	34.7
Taos	4	0	0	33	23	60	54.7	0.0	0.0	37.4	38.2	38.3
Torrance	1	0	1	12	13	27	62.4	0.0	49.2	35.2	30.6	34.7
Union	0	0	0	2	1	3	0.0	0.0	0.0	26.5	8.2	16.2
Valencia	6	0	1	78	32	118	32.6	0.0	20.0	34.9	27.3	32.6
New Mexico	625	20	84	1,459	1,089	3,298	67.3	10.5	36.3	29.4	26.5	32.1

* 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; SUES

ALCOHOL-RELATED INJURY DEATH (continued)

Chart 2: Alcohol-Related Injury Death Rates* by County, New Mexico, 2016-2020

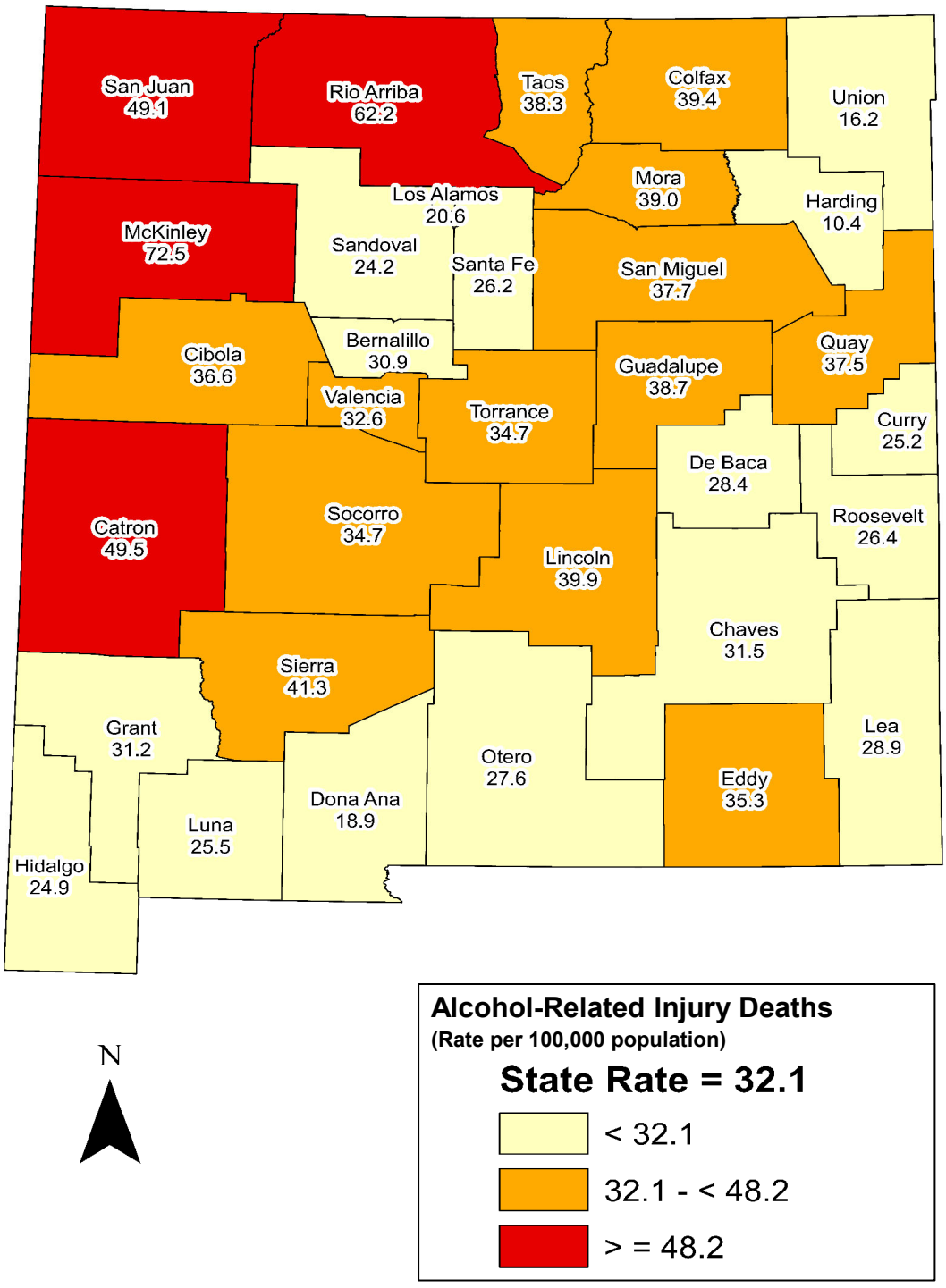


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

ALCOHOL-RELATED INJURY DEATH (continued)

Chart 3: Alcohol-Related Injury Death Rates* by County, New Mexico, 2016-2020



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

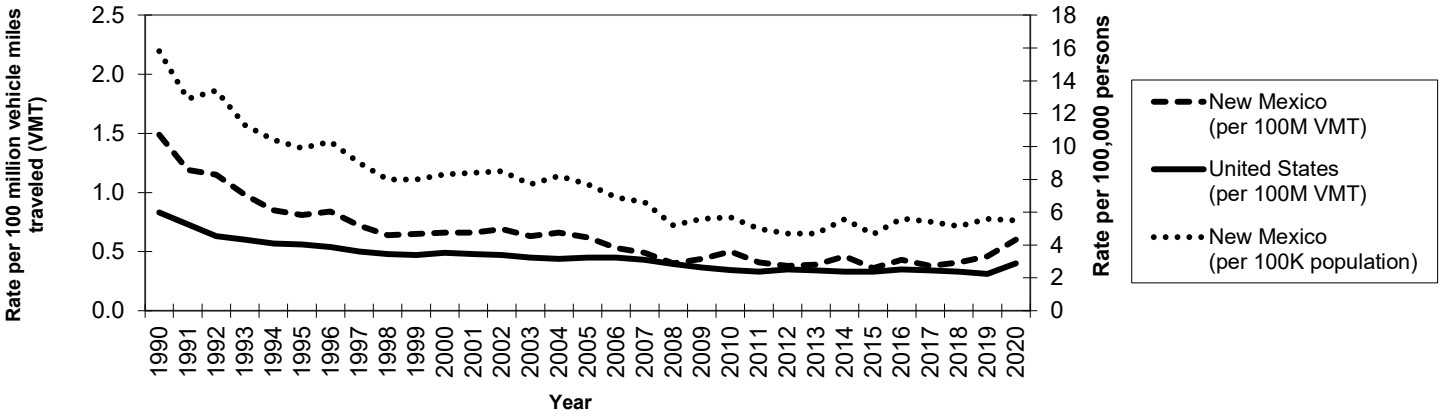
Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SUES

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, 1982-2020



* Deaths in motor vehicle traffic crashes with highest driver blood alcohol content (BAC) >= 0.08; rates are crude rates per 100 million vehicle miles traveled (VMT) (NM and US through 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, 2016-2020

		Deaths				Rates*			
Sex	Race/Ethnicity	Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	22	100	3	126	12.2	42.7	7.2	27.5
	Asian/Pacific Islander	1	1	0	2	2.6	1.9	0.0	2.5
	Black	3	7	1	11	7.3	9.8	5.4	7.9
	Hispanic	55	195	10	260	5.3	15.5	3.7	10.4
	White	22	108	17	147	4.8	10.7	3.3	7.8
	Total	103	413	31	548	5.9	15.8	3.7	10.9
Female	American Indian	10	38	1	49	5.4	14.9	1.8	10.0
	Asian/Pacific Islander	0	1	0	1	0.0	1.2	0.0	1.0
	Black	1	2	0	3	2.4	4.5	0.0	3.5
	Hispanic	22	61	3	86	2.2	4.8	1.0	3.4
	White	7	34	7	48	1.6	3.3	1.2	2.7
	Total	40	136	12	188	2.4	5.1	1.2	3.9
Total	American Indian	32	139	4	175	8.8	28.2	4.0	18.4
	Asian/Pacific Islander	1	2	1	3	1.3	1.5	2.3	1.7
	Black	4	9	1	14	5.1	7.6	3.2	6.0
	Hispanic	77	256	13	346	3.8	10.2	2.2	6.9
	White	29	142	24	194	3.3	7.0	2.2	5.3
	Total	143	550	43	736	4.2	10.4	2.3	7.4

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

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

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

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

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 and McKinley 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, 2016-2020

	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	22	2	10	114	51	200	13.8	1.7	9.2	6.6	3.8	5.9
Catron	1	0	0	0	2	2	69.9	0.0	0.0	0.0	25.8	23.3
Chaves	0	0	1	11	8	20	0.0	0.0	24.1	6.5	6.6	6.8
Cibola	9	0	0	4	2	15	18.9	0.0	0.0	6.1	6.9	11.3
Colfax	0	0	0	3	1	4	0.0	0.0	0.0	12.1	3.2	8.3
Curry	0	0	0	7	6	14	0.0	0.0	0.0	6.9	5.3	5.7
De Baca	0	0	0	0	1	1	0.0	0.0	0.0	0.0	36.8	14.5
Dona Ana	1	0	0	40	14	55	5.8	0.0	0.0	5.5	4.3	5.1
Eddy	1	0	0	12	13	26	17.5	0.0	0.0	8.4	11.1	9.5
Grant	0	0	0	4	4	7	0.0	0.0	0.0	5.2	6.8	5.6
Guadalupe	0	0	0	2	0	2	0.0	0.0	0.0	14.6	0.0	12.6
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	0	1	1	0.0	0.0	0.0	0.0	13.3	5.8
Lea	0	0	1	18	12	31	0.0	0.0	5.8	9.0	10.9	9.2
Lincoln	0	0	0	2	6	8	0.0	0.0	0.0	4.9	16.5	11.2
Los Alamos	0	0	0	1	2	3	0.0	0.0	0.0	6.4	3.2	3.5
Luna	0	0	0	3	3	7	0.0	0.0	0.0	4.1	11.3	6.1
McKinley	57	0	0	4	2	64	21.7	0.0	0.0	10.3	6.0	18.7
Mora	0	0	0	1	1	3	0.0	0.0	0.0	8.7	81.8	17.3
Otero	4	0	0	7	7	18	18.8	0.0	0.0	6.0	4.2	5.7
Quay	0	0	0	1	1	2	0.0	0.0	0.0	8.9	3.4	6.2
Rio Arriba	3	0	0	18	1	23	11.4	0.0	0.0	14.9	9.5	13.6
Roosevelt	0	0	0	4	2	7	0.0	0.0	0.0	12.7	4.3	8.8
Sandoval	15	0	0	15	10	40	16.2	0.0	0.0	5.3	3.6	5.9
San Juan	58	0	0	6	13	77	23.4	0.0	0.0	5.2	5.9	13.1
San Miguel	0	0	0	8	1	9	0.0	0.0	0.0	7.8	2.7	6.9
Santa Fe	0	0	0	19	9	29	0.0	0.0	0.0	5.1	2.9	4.2
Sierra	0	0	0	1	2	4	0.0	0.0	0.0	9.2	10.8	10.1
Socorro	1	0	0	4	2	7	12.2	0.0	0.0	9.4	5.6	8.8
Taos	1	0	0	11	5	16	16.2	0.0	0.0	12.7	10.7	11.8
Torrance	0	0	0	5	3	8	0.0	0.0	0.0	13.9	8.5	11.0
Union	0	0	0	1	0	1	0.0	0.0	0.0	8.5	0.0	4.9
Valencia	1	0	0	18	7	27	9.3	0.0	0.0	8.1	7.8	7.8
New Mexico	175	3	14	346	194	736	18.4	1.7	6.0	6.9	5.3	7.4

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

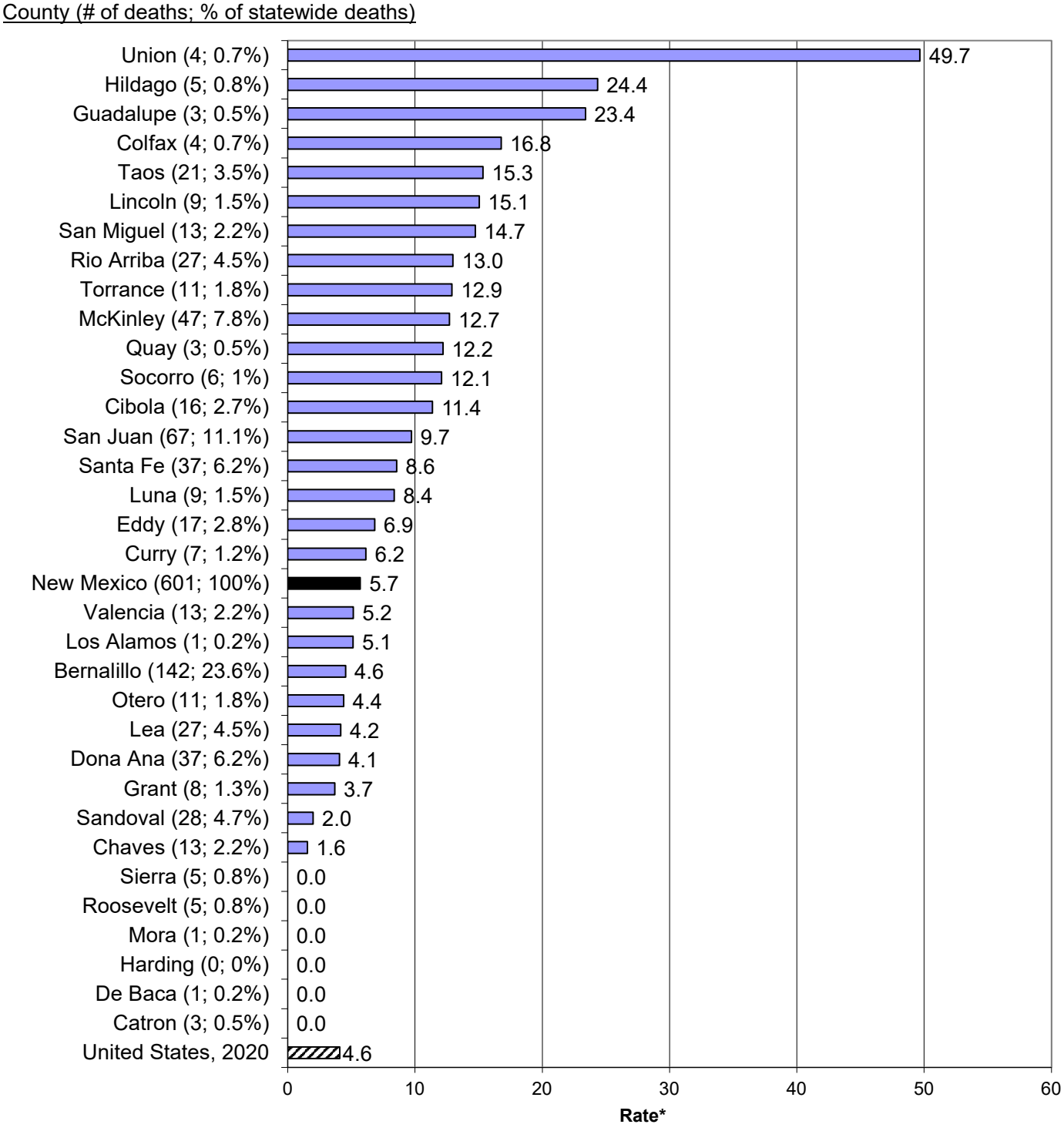
[1] Alcohol-related motor vehicle traffic crash (AR-MVTC) deaths estimated based on CDC ARDI alcohol-attributable fractions (BAC>=0.10)

[2] See footnote 2 for Table 1

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

ALCOHOL-RELATED MOTOR VEHICLE TRAFFIC CRASH (MVTC) DEATH

Chart 2: Alcohol-Impaired MVTC Fatality Crude Rates*,[1,2] by County, New Mexico, 2016-2020



* All rates are crude per 100,000 population

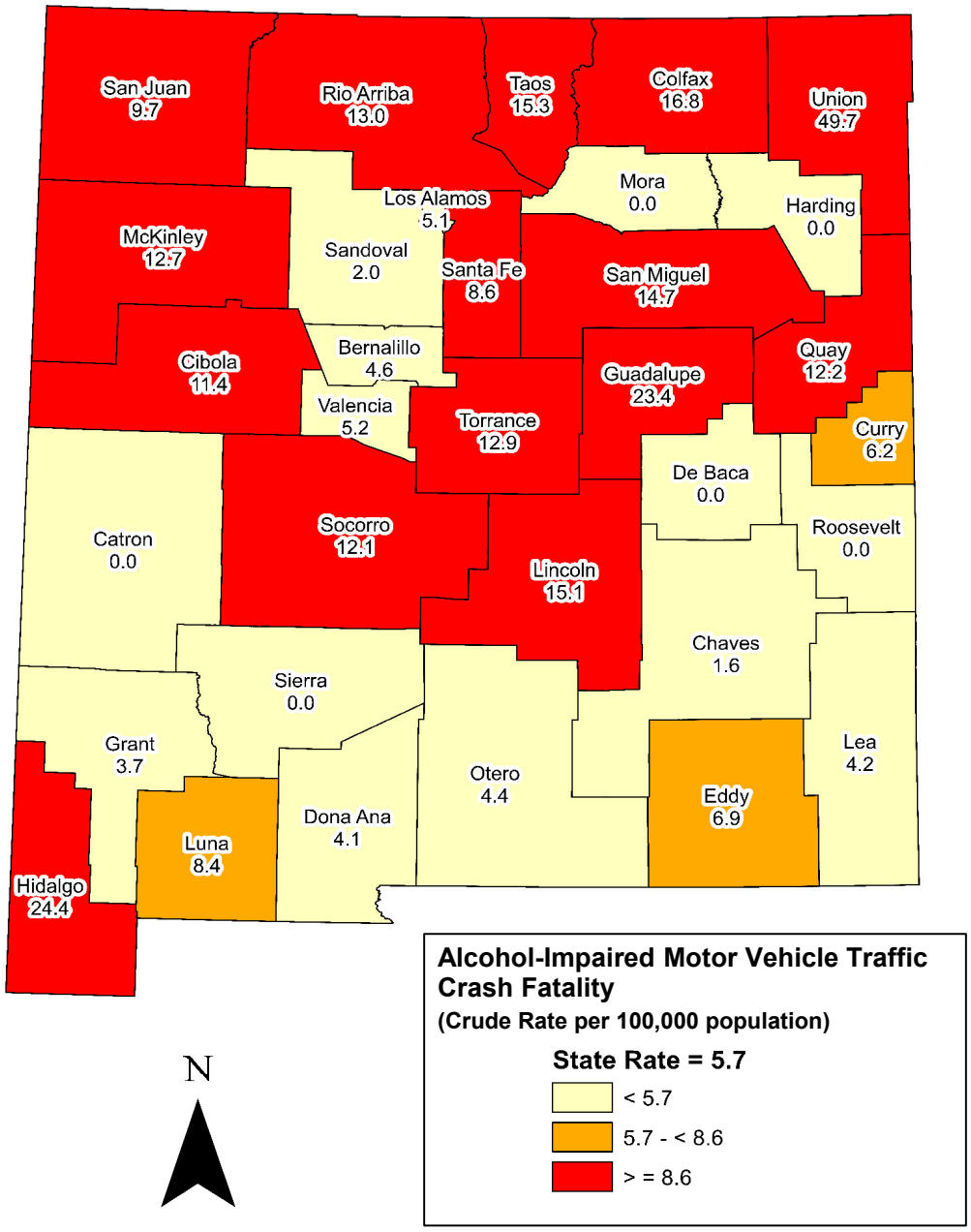
[1] Alcohol-impaired MVTC deaths are from FARS (highest driver BAC >=0.08); NM population from GPS, US population from NCHS

[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, 2016-2020



* 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)

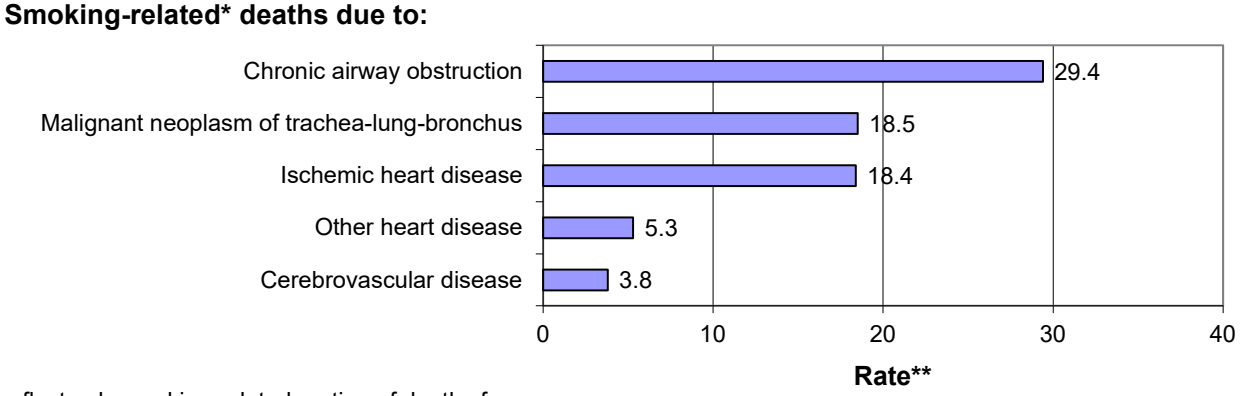
SMOKING-RELATED DEATH

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, 2016-2020



* 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; SUES

Table 1: Smoking-Related Deaths and Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2016-2020

		Deaths				Rates*			
Sex	Race/Ethnicity	Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	0	128	174	301	0.0	54.2	418.4	89.0
	Asian/Pacific Islander	0	16	34	50	0.0	32.6	368.7	70.9
	Black	0	57	94	152	0.0	81.7	680.5	141.1
	Hispanic	0	703	1,621	2,323	0.0	56.0	595.0	111.1
	White	0	1,069	3,744	4,814	0.0	105.5	746.5	139.7
	Total	0	1,990	5,687	7,677	0.0	75.9	678.2	126.9
Female	American Indian	0	54	106	160	0.0	20.9	173.7	33.4
	Asian/Pacific Islander	0	5	30	35	0.0	8.6	203.3	33.4
	Black	0	23	49	72	0.0	46.7	372.1	68.8
	Hispanic	0	351	927	1,279	0.0	27.8	278.6	49.1
	White	0	561	2,574	3,135	0.0	55.1	446.4	75.9
	Total	0	998	3,699	4,697	0.0	37.7	370.5	63.2
Total	American Indian	0	181	280	461	0.0	36.8	272.7	56.4
	Asian/Pacific Islander	0	21	64	85	0.0	19.3	266.8	48.0
	Black	0	80	143	223	0.0	67.3	530.6	104.9
	Hispanic	0	1,054	2,548	3,602	0.0	41.8	421.0	76.4
	White	0	1,630	6,318	7,949	0.0	80.2	586.0	105.2
	Total	0	2,988	9,386	12,374	0.0	56.7	510.9	91.9

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

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

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. Among males and females, Whites (105.2)have the highest rates followed by Blacks (104.9).

Table 2 and Chart 2 show that the counties with the highest rates are Sierra (180.1), De Baca (143.7),Guadalupe (128.9), Luna (128.3), Quay (125.4), and Curry (124.6). 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, Sandoval, 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 Asian/Pacific Islander population is 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, 2016-2020

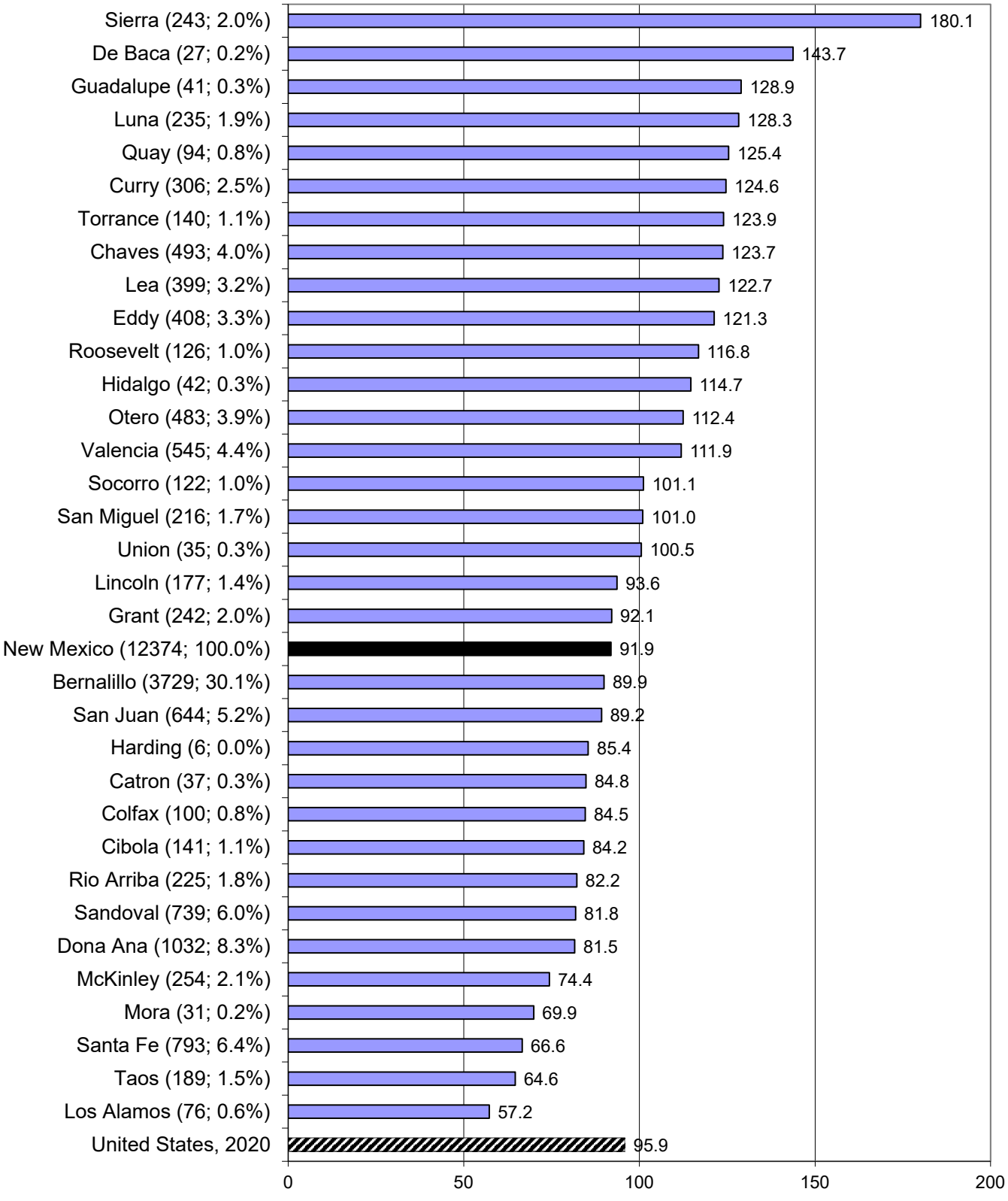
	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	76	53	101	1,183	2,300	3,729	75.6	57.4	109.9	80.8	95.3	89.9
Catron	1	0	0	5	31	37	152.4	0.0	0.0	60.9	93.6	84.8
Chaves	0	2	10	131	348	493	0.0	67.5	164.2	91.1	145.0	123.7
Cibola	28	0	2	42	69	141	48.6	0.0	91.7	79.0	125.6	84.2
Colfax	0	0	0	33	66	100	0.0	0.0	0.0	76.0	90.6	84.5
Curry	1	3	10	57	235	306	63.5	94.1	91.1	86.6	142.7	124.6
De Baca	0	0	0	5	22	27	0.0	0.0	0.0	88.8	171.1	143.7
Dona Ana	5	7	17	374	626	1,032	74.4	60.0	104.4	58.1	108.3	81.5
Eddy	2	0	8	94	301	408	58.1	0.0	153.6	82.9	142.4	121.3
Grant	1	1	2	79	159	242	58.8	25.7	120.7	81.2	96.9	92.1
Guadalupe	0	0	0	29	11	41	0.0	0.0	0.0	117.6	172.3	128.9
Harding	0	0	0	3	3	6	0.0	0.0	0.0	81.1	104.9	85.4
Hidalgo	0	0	0	12	30	42	0.0	0.0	0.0	69.1	155.8	114.7
Lea	2	2	16	79	299	399	57.5	93.9	127.7	69.8	154.7	122.7
Lincoln	2	0	2	25	148	177	82.5	0.0	226.3	71.8	100.8	93.6
Los Alamos	1	1	1	7	67	76	74.4	23.4	71.4	44.0	60.9	57.2
Luna	1	0	1	59	174	235	73.5	0.0	61.0	74.5	189.3	128.3
McKinley	139	2	3	40	71	254	59.2	38.3	91.9	88.4	120.6	74.4
Mora	0	0	0	25	5	31	0.0	0.0	0.0	75.6	74.0	69.9
Otero	11	2	13	66	390	483	68.7	34.3	118.0	64.2	134.4	112.4
Quay	0	0	0	23	69	94	0.0	0.0	0.0	104.5	139.5	125.4
Rio Arriba	20	0	1	147	58	225	74.3	0.0	50.1	78.3	100.1	82.2
Roosevelt	1	0	1	26	97	126	89.7	0.0	96.9	104.3	125.1	116.8
Sandoval	42	6	10	144	532	739	58.2	42.8	48.6	65.5	92.0	81.8
San Juan	92	0	4	72	474	644	43.6	0.0	107.7	76.9	115.9	89.2
San Miguel	2	1	1	142	69	216	264.7	24.1	66.1	96.1	115.0	101.0
Santa Fe	10	3	4	294	475	793	52.2	20.8	76.2	71.6	63.7	66.6
Sierra	1	1	2	24	215	243	75.1	115.8	175.1	109.6	202.8	180.1
Socorro	7	0	1	40	72	122	86.5	0.0	82.4	77.0	125.4	101.1
Taos	6	0	0	103	77	189	46.5	0.0	0.0	75.0	54.2	64.6
Torrance	4	0	2	36	97	140	150.3	0.0	196.7	104.1	131.9	123.9
Union	0	0	0	8	26	35	0.0	0.0	0.0	83.2	110.1	100.5
Valencia	5	1	10	193	332	545	41.2	25.6	171.0	84.9	140.7	111.9
New Mexico	461	85	223	3,602	7,949	12,374	56.4	48.0	104.9	76.4	105.2	91.9

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

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

SMOKING-RELATED DEATH (continued)

Chart 2: Smoking-Related Death Rates* by County, New Mexico, 2016-2020

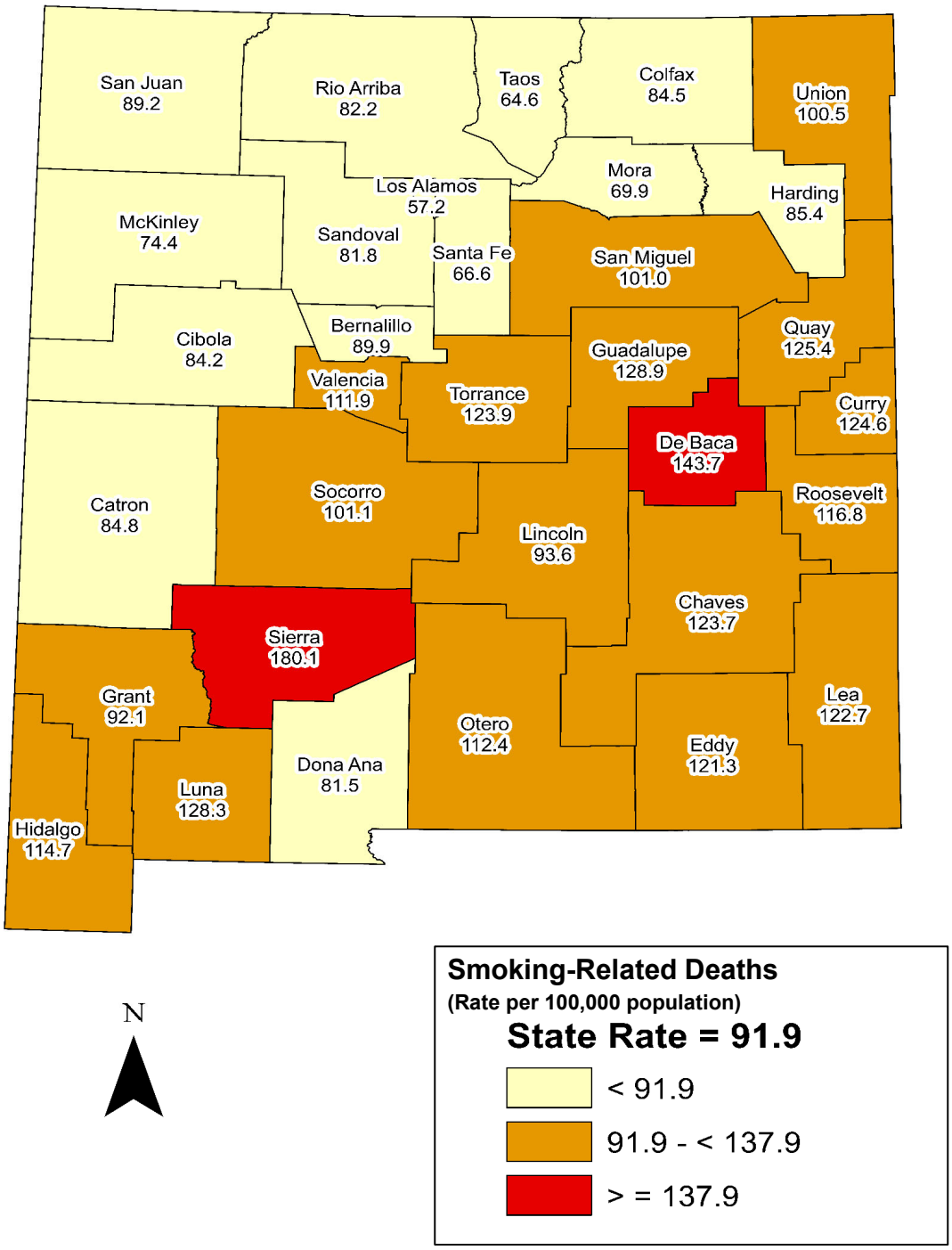


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

SMOKING-RELATED DEATH (continued)

Chart 3: Smoking-Related Death Rates* by County, New Mexico, 2016-2020



* 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; SUES

DRUG OVERDOSE DEATH

Problem Statement

In 2020, New Mexico had the eleventh 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 93% of drug overdose deaths in New Mexico in 2020 (Chart 1). The other subset of drug overdose death is suicide, or intentional self-poisoning, which accounts for 7%. 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.

Unintentional drug overdoses (pages 39 and 40) accounted for almost 89% of drug overdose deaths during 2016-2020. 28% of unintentional drug overdose deaths were caused by prescription drugs, while 39% were caused by illicit drugs, and 30% involved both. Vital records death data indicate that the most common drugs causing unintentional overdose death for the period covered in this report were fentanyl (39%), methamphetamine (39%), prescription opioids (i.e., methadone, oxycodone, morphine; 26%), heroin (25%), benzodiazepines (19%), 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.

*Washington DC is excluded from the state ranking of overdose deaths. State ranking is provided from the CDC website and subject to change
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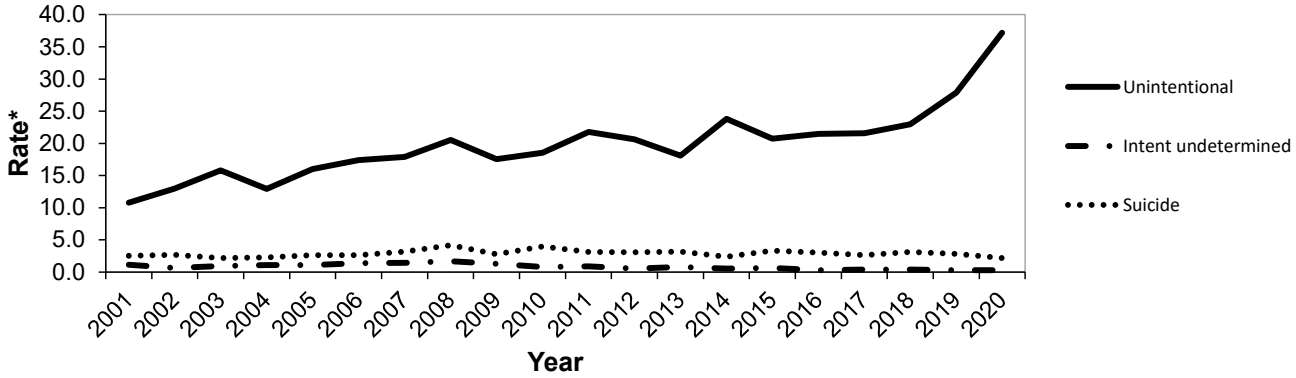
Chart 1: Drug Related Death Rates* by Cause Category, New Mexico, 2001-2020



* 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, 2016-2020

		Deaths				Rates*			
Sex	Race/Ethnicity	Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	15	108	1	124	8.3	45.9	2.4	28.1
	Asian/Pacific Islander	0	8	0	8	0.0	16.7	0.0	9.6
	Black	8	45	7	60	17.0	64.1	50.5	46.1
	Hispanic	90	950	38	1,078	8.7	75.7	14.0	44.3
	White	52	528	65	645	11.3	52.1	13.0	33.7
	Total	166	1,651	111	1,928	9.5	63.0	13.2	38.6
Female	American Indian	2	70	2	74	1.1	27.3	3.3	16.0
	Asian/Pacific Islander	1	5	2	8	3.9	8.3	13.5	7.1
	Black	1	21	2	24	2.5	42.7	15.3	25.4
	Hispanic	40	413	13	466	4.0	32.7	3.9	19.3
	White	16	357	52	425	3.8	35.0	9.0	21.1
	Total	60	871	72	1,003	3.6	32.9	7.2	19.8
Total	American Indian	17	178	3	198	4.7	36.2	2.9	21.9
	Asian/Pacific Islander	1	13	2	16	1.9	12.0	8.3	8.0
	Black	9	66	9	84	10.3	55.3	33.4	37.2
	Hispanic	130	1,363	51	1,544	6.4	54.1	8.4	31.7
	White	68	885	117	1,070	7.7	43.6	10.9	27.6
	Total	226	2,522	183	2,931	6.6	47.9	10.0	29.2

* 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; SUES

DRUG OVERDOSE DEATH (continued)

Problem Statement (continued)

Table 1 shows that Black men (46.1) had the highest total drug overdose death rate in 2016-2020. 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 (86.9 deaths per 100,000) and unintentional drug overdose death rate (84.7 deaths per 100,000; Table 4) among all New Mexico counties during 2016-2020. As expected, Bernalillo County had the largest number of unintentional drug overdose deaths (Table 4). According to Chart 2, close to one half of New Mexico counties had total drug overdose death rates equal to or greater than the US rate (28.3 deaths per 100,000 population).

The death rate due to illicit drugs exceeded the death rate due to prescription drugs in all but three counties: Guadalupe, Hidalgo, and Sandoval counties (Table 4).

Table 2: Drug Overdose Deaths and Rates* by Race/Ethnicity and County, New Mexico, 2016-2020

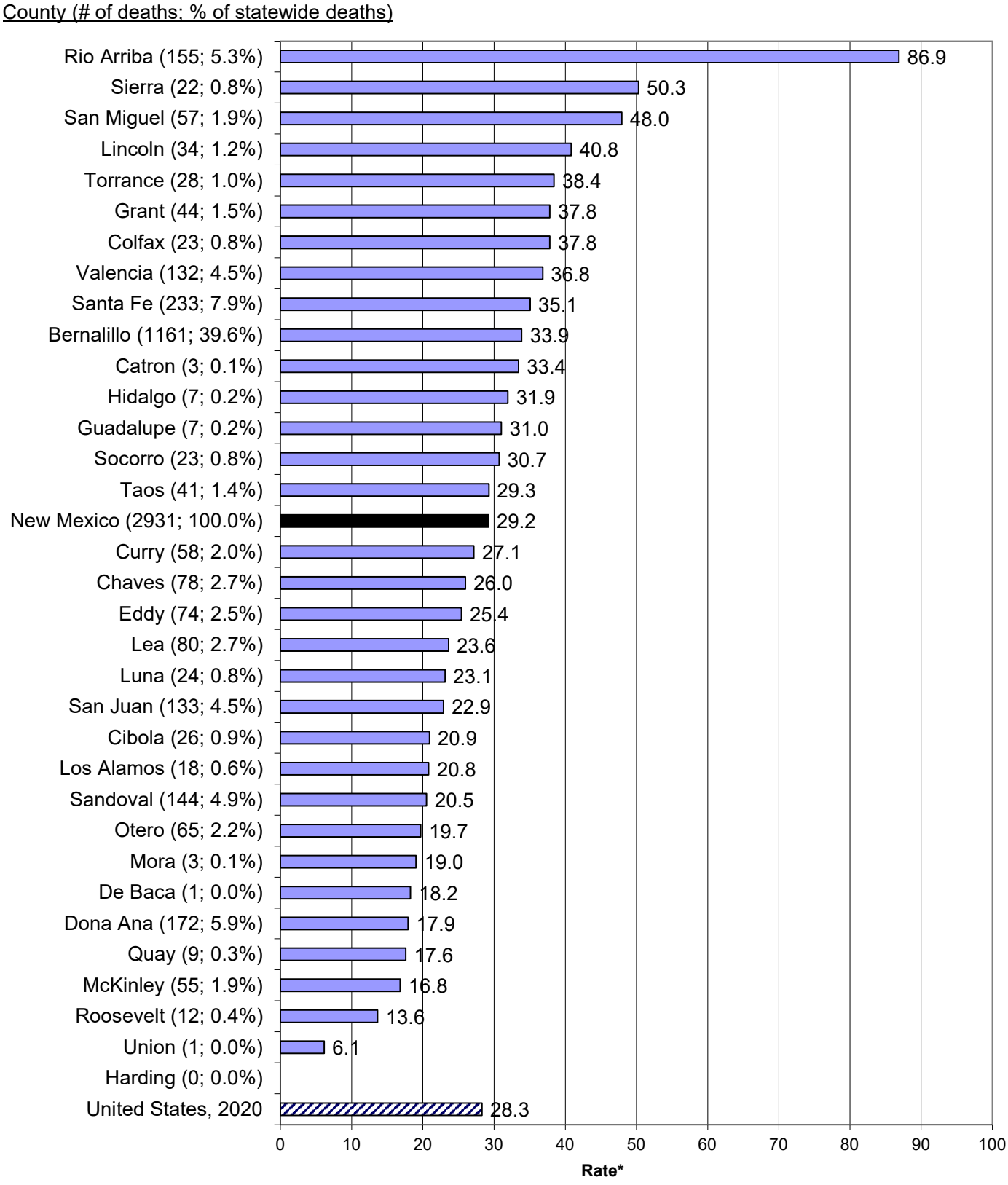
	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	59	9	55	621	413	1,161	37.3	7.9	54.4	37.1	29.0	33.9
Catron	0	0	0	3	0	3	0.0	0.0	0.0	157.5	0.0	33.4
Chaves	0	0	3	36	39	78	0.0	0.0	71.5	21.6	31.7	26.0
Cibola	5	0	0	17	4	26	11.1	0.0	0.0	32.4	16.5	20.9
Colfax	0	0	0	11	12	23	0.0	0.0	0.0	35.4	44.9	37.8
Curry	0	0	4	22	32	58	0.0	0.0	29.3	23.1	31.5	27.1
De Baca	0	0	0	1	0	1	0.0	0.0	0.0	34.8	0.0	18.2
Dona Ana	1	1	3	104	63	172	9.6	4.9	12.6	15.7	25.3	17.9
Eddy	1	0	0	22	50	74	26.8	0.0	0.0	15.6	37.2	25.4
Grant	0	0	0	26	18	44	0.0	0.0	0.0	43.1	33.9	37.8
Guadalupe	0	0	0	6	1	7	0.0	0.0	0.0	37.4	15.1	31.0
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	5	2	7	0.0	0.0	0.0	42.1	10.3	31.9
Lea	1	0	7	27	44	80	27.1	0.0	57.1	13.1	36.5	23.6
Lincoln	0	0	0	14	20	34	0.0	0.0	0.0	44.1	43.6	40.8
Los Alamos	0	0	0	5	13	18	0.0	0.0	0.0	31.6	22.0	20.8
Luna	0	0	0	12	12	24	0.0	0.0	0.0	16.6	44.1	23.1
McKinley	36	0	0	12	6	55	14.6	0.0	0.0	28.1	18.4	16.8
Mora	0	0	0	3	0	3	0.0	0.0	0.0	22.0	0.0	19.0
Otero	8	0	2	19	36	65	38.6	0.0	22.6	15.1	21.6	19.7
Quay	0	0	0	4	5	9	0.0	0.0	0.0	16.8	19.7	17.6
Rio Arriba	13	0	0	133	8	155	44.7	0.0	0.0	103.9	35.7	86.9
Roosevelt	0	0	1	4	7	12	0.0	0.0	105.2	11.1	14.3	13.6
Sandoval	19	2	3	58	61	144	23.7	17.9	13.9	20.2	20.7	20.5
San Juan	38	0	3	21	71	133	17.3	0.0	62.9	19.9	28.6	22.9
San Miguel	0	0	0	54	3	57	0.0	0.0	0.0	56.1	12.3	48.0
Santa Fe	9	4	1	158	56	233	46.7	29.2	14.9	43.1	19.9	35.1
Sierra	1	0	0	3	17	22	138.1	0.0	0.0	21.4	66.3	50.3
Socorro	1	0	0	14	8	23	9.2	0.0	0.0	36.8	31.8	30.7
Taos	3	0	0	24	13	41	39.3	0.0	0.0	29.3	25.9	29.3
Torrance	1	0	1	12	14	28	42.3	0.0	80.9	37.8	33.2	38.4
Union	0	0	0	1	0	1	0.0	0.0	0.0	11.8	0.0	6.1
Valencia	2	0	1	91	37	132	10.3	0.0	24.3	41.7	33.5	36.8
New Mexico	198	16	84	1,544	1,070	2,931	21.9	8.0	37.2	31.7	27.6	29.2

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

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

DRUG OVERDOSE DEATH (continued)

Chart 2: Drug Overdose Death Rates* by County, New Mexico, 2016-2020

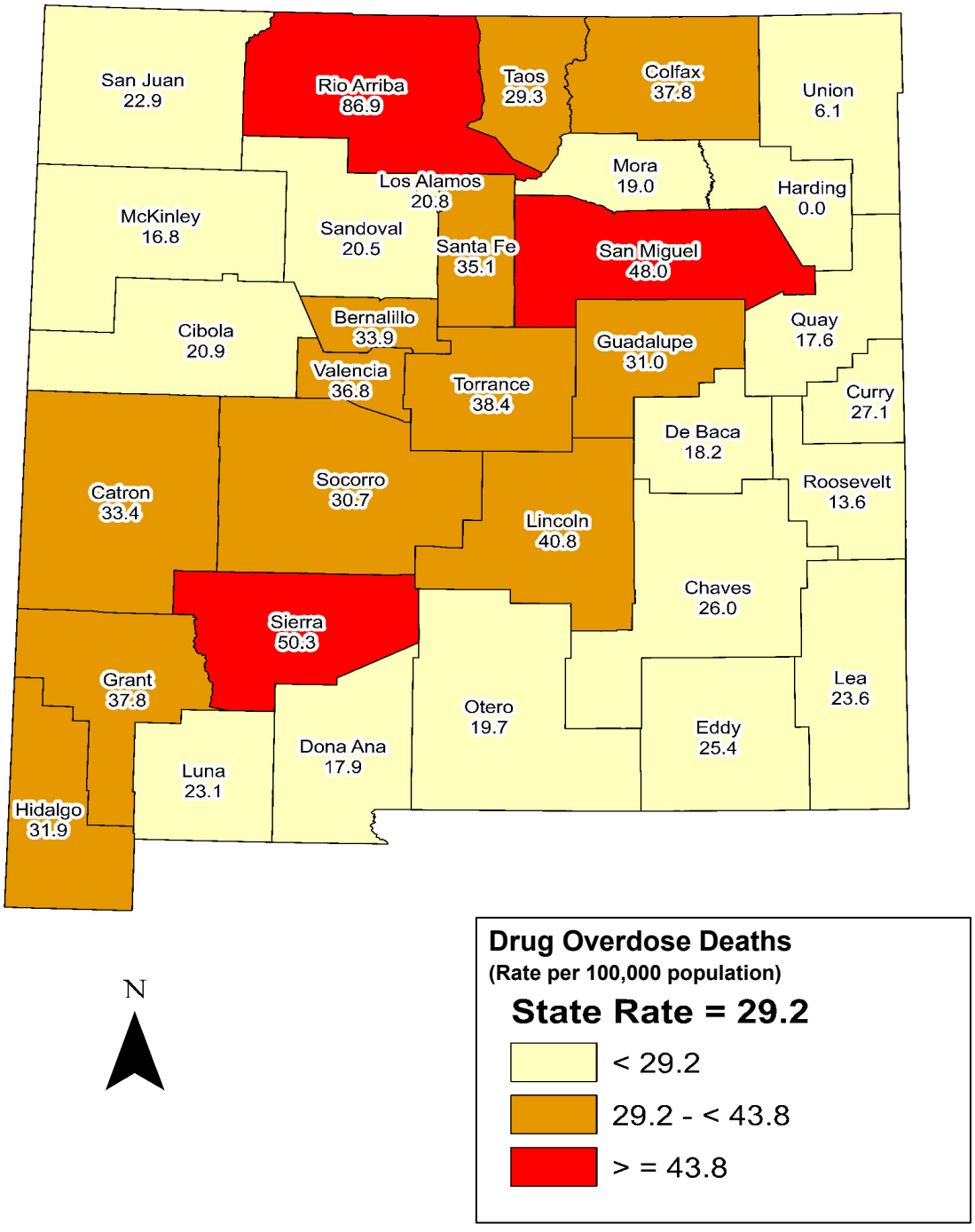


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

DRUG OVERDOSE DEATH (continued)

Chart 3: Drug Overdose Death Rates* by County, New Mexico, 2016-2020

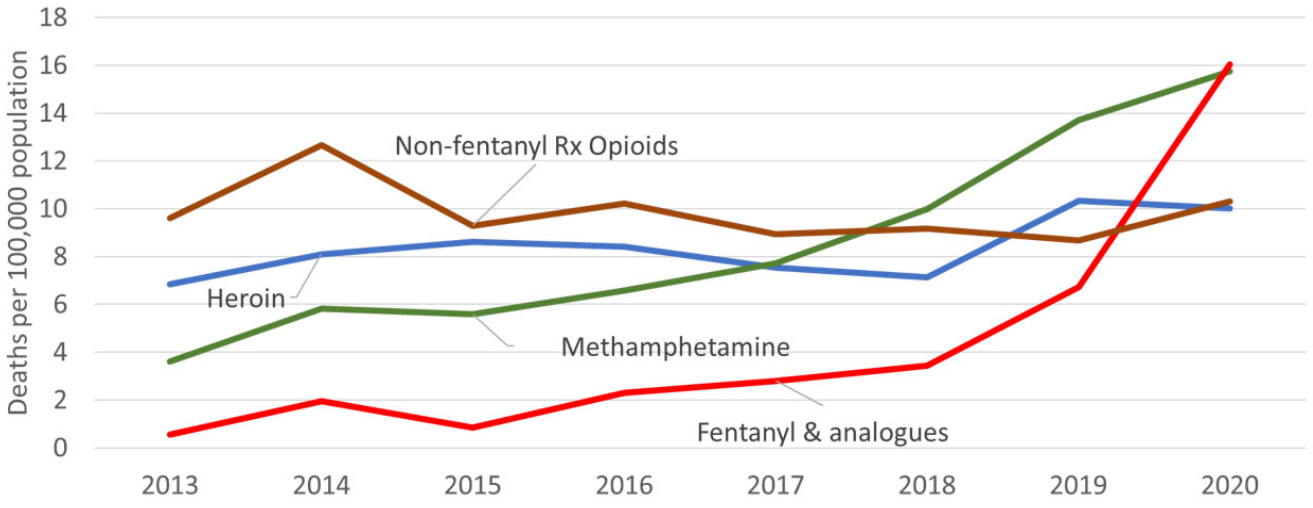


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

DRUG OVERDOSE DEATH - Methamphetamine

Chart 4: Drug Overdose Death Rates* by Drug Class, New Mexico, 2013-2020



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; SUES

Problem Statement

In New Mexico methamphetamine has become increasingly common in drug overdose deaths in recent years (Chart 4). In 2020, methamphetamine was the number one substance identified in drug overdose deaths, followed closley by fentanyl and fentanyl analogues, non-fentanyl prescription opioids, heroin.

For the most recent 5-year period 2016-2020, methamphetamine was involved in 39% of total drug overdose deaths. Of methamphetamine-involved drug overdose deaths in 2016-2020 (Table 3), 39% were due to methamphetamine alone, 53% were due to methamphetamine with opioids, and 7% were due to methamphetamine with other substances such as alcohol, cocaine, or benzodiazepines. Among the methamphetamine and opioid overdose deaths, heroin was involved 68% 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 2016-2020 (Table 3). Chart 5 shows that Hispanic males had higher rates than White males for the age range 25-64 years. Hispanic females had 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 and opioids skew slightly younger among both males and females than overdose death rates due to methamphetamine alone (Chart 5).

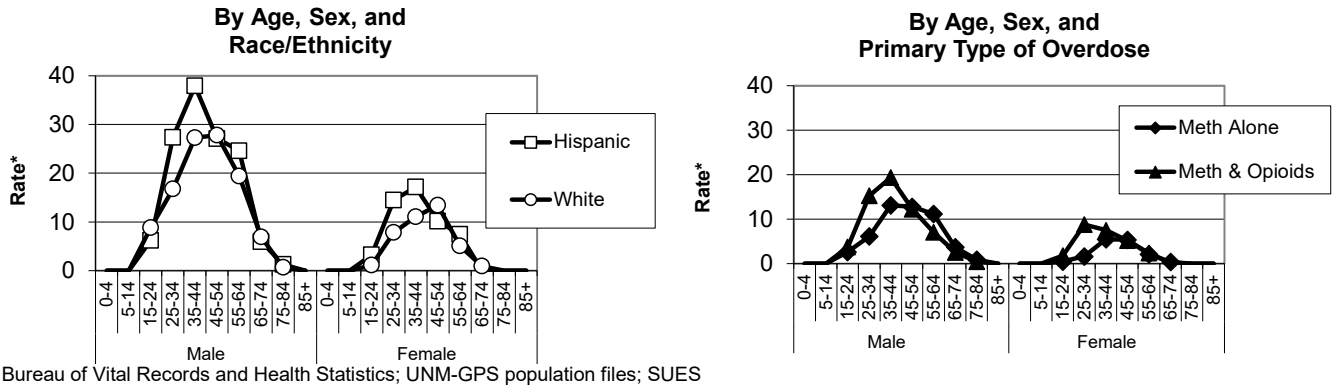
The five counties with the highest rates of methamphetamine overdose death were Catron (33.4 deaths per 100,000 population), Sierra, (25.6), Torrance (22.3), Colfax (20.7) and Socorro (20.6) (Chart 6). However, the counties with the highest number of methamphetamine-involved overdose deaths were Bernalillo (423 deaths), Santa Fe (60), Valencia (58), Dona Ana (57), San Juan (52) (Table 3).

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

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

DRUG OVERDOSE DEATH - Methamphetamine (continued)

Chart 5: Methamphetamine Overdose Death Rates by Selected Characteristics, New Mexico, 2016-2020



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

Table 3: Methamphetamine Overdose Deaths and Rates*, New Mexico, 2016-2020

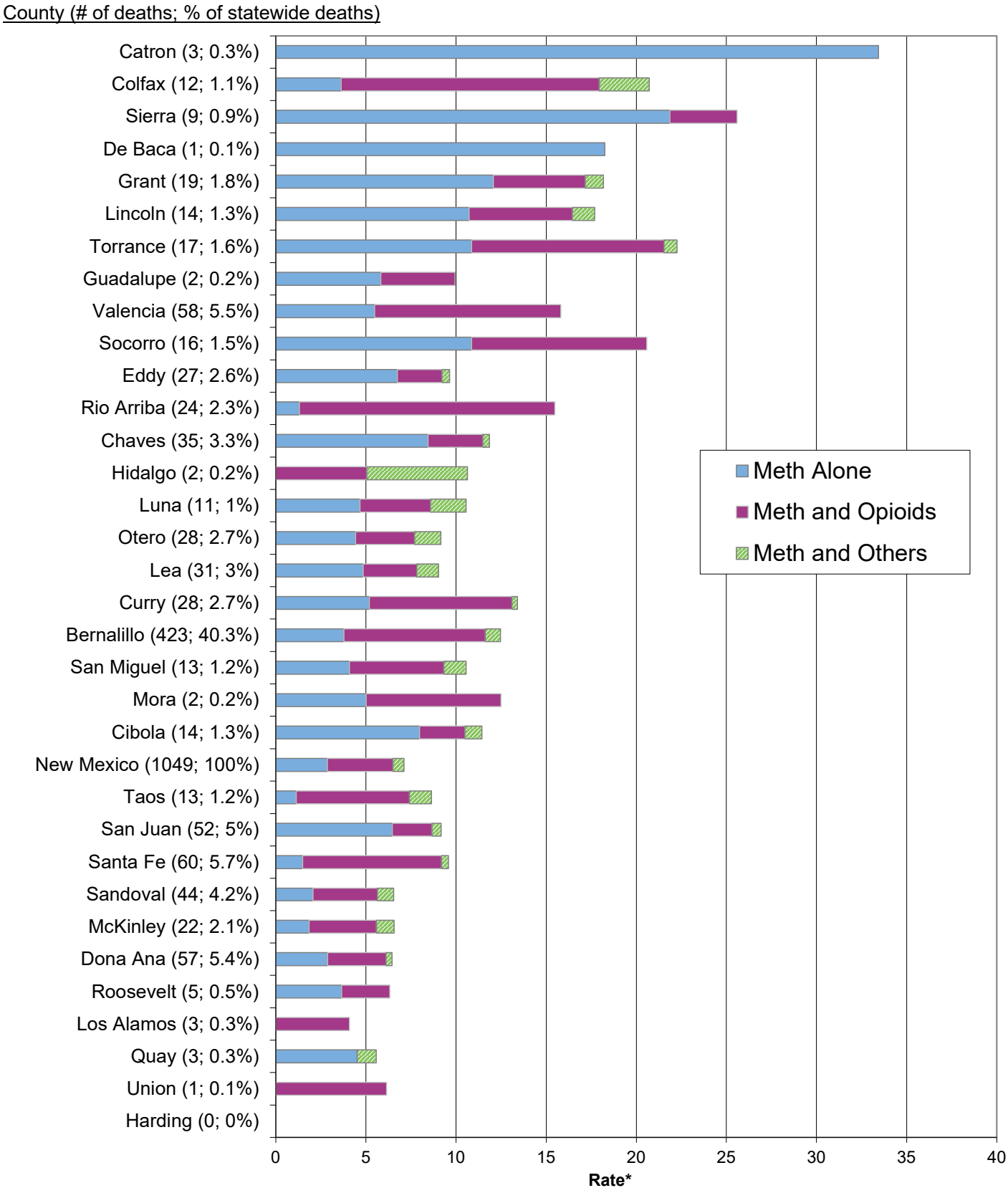
	Methamphetamine Overdose Deaths						Methamphetamine Overdose Death Rates*					
	Sex		Overdose Type			Total	Sex		Overdose Type			Total
County	Male	Female	Meth Alone	Meth and Opioids	Meth and Others		Male	Female	Meth Alone	Meth and Opioids	Meth and Others	
Bernalillo	313	110	131	260	32	423	18.6	6.6	3.8	7.8	0.8	12.5
Catron	2	1	3	0	0	3	45.5	20.6	33.4	0.0	0.0	33.4
Chaves	27	8	25	9	1	35	17.8	6.0	8.4	3.0	0.4	11.8
Cibola	12	2	10	3	1	14	18.3	3.1	8.0	2.5	0.9	11.4
Colfax	9	3	2	8	2	12	27.4	13.6	3.6	14.3	2.8	20.7
Curry	22	6	10	17	1	28	20.4	6.0	5.2	7.9	0.3	13.4
De Baca	1	0	1	0	0	1	35.5	0.0	18.2	0.0	0.0	18.2
Dona Ana	35	22	26	28	3	57	8.2	4.8	2.9	3.2	0.3	6.4
Eddy	22	5	19	7	1	27	15.1	3.8	6.7	2.5	0.4	9.6
Grant	8	11	13	5	1	19	15.9	20.4	12.1	5.1	1.0	18.2
Guadalupe	0	2	1	1	0	2	0.0	27.5	5.8	4.1	0.0	10.0
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	20.7	0.0	0.0	5.0	5.6	10.6
Lea	20	11	17	10	4	31	11.1	6.7	4.9	3.0	1.2	9.0
Lincoln	10	4	8	5	1	14	23.4	12.4	10.7	5.7	1.2	17.7
Los Alamos	2	1	0	3	0	3	5.3	2.8	0.0	4.1	0.0	4.1
Luna	10	1	5	4	2	11	19.3	2.0	4.7	3.9	2.0	10.6
McKinley	16	6	7	12	3	22	9.5	3.8	1.8	3.7	1.0	6.6
Mora	2	0	1	1	0	2	25.0	0.0	5.0	7.5	0.0	12.5
Otero	19	9	13	10	5	28	12.3	6.0	4.4	3.3	1.5	9.2
Quay	3	0	2	0	1	3	11.2	0.0	4.5	0.0	1.1	5.6
Rio Arriba	15	9	2	22	0	24	20.4	10.6	1.3	14.2	0.0	15.5
Roosevelt	4	1	3	2	0	5	9.7	2.8	3.7	2.7	0.0	6.3
Sandoval	34	10	15	23	6	44	10.1	3.0	2.1	3.6	0.9	6.5
San Juan	34	18	37	12	3	52	11.8	6.5	6.5	2.2	0.5	9.2
San Miguel	9	4	4	7	2	13	13.2	7.4	4.1	5.2	1.2	10.6
Santa Fe	37	23	10	48	2	60	11.3	8.0	1.5	7.7	0.4	9.6
Sierra	9	0	8	1	0	9	51.1	0.0	21.9	3.7	0.0	25.6
Socorro	13	3	8	8	0	16	33.3	7.9	10.9	9.7	0.0	20.6
Taos	10	3	2	9	2	13	13.4	3.7	1.1	6.3	1.2	8.6
Torrance	14	3	9	7	1	17	34.1	7.3	10.9	10.7	0.7	22.3
Union	1	0	0	1	0	1	10.0	0.0	0.0	6.1	0.0	6.1
Valencia	42	16	21	37	0	58	22.5	8.7	5.5	10.3	0.0	15.8
Total	760	294	413	561	75	1,049	15.4	6.2	4.2	5.9	0.7	10.8

* 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; SUES

DRUG OVERDOSE DEATH - Methamphetamine (continued)

Chart 6: Methamphetamine Overdose Death Rates* by County, New Mexico, 2016-2020

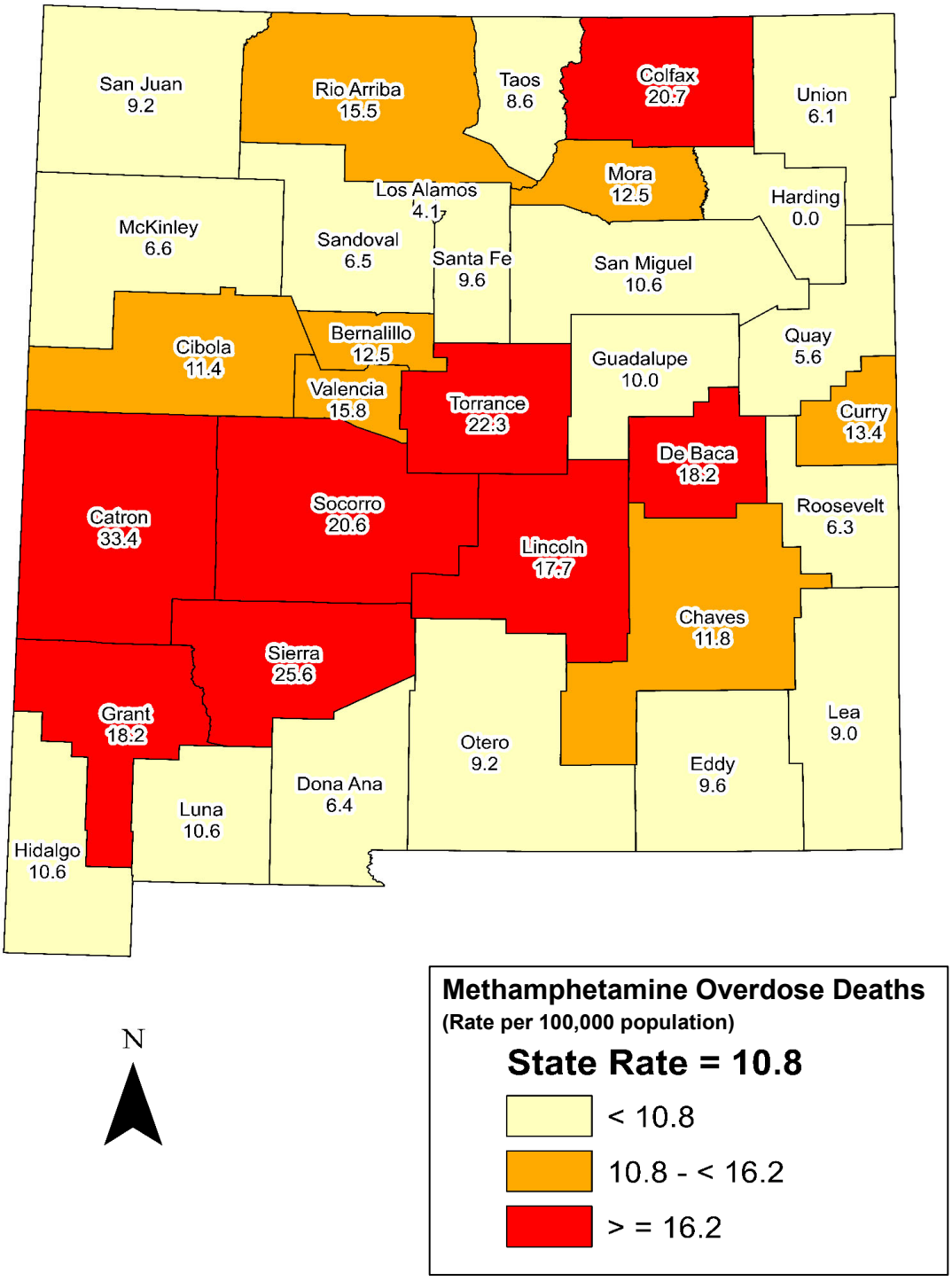


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

DRUG OVERDOSE DEATH - Methamphetamine (continued)

Chart 7: Methamphetamine Overdose Death Rates* by County, New Mexico, 2016-2020

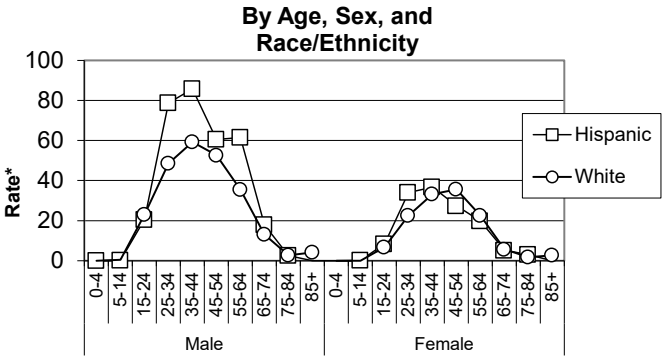


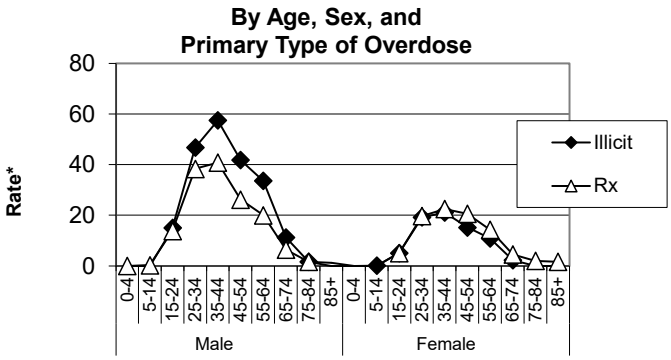
* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

DRUG OVERDOSE DEATH - Unintentional Overdoses

Chart 8: Unintentional Drug Overdose Death Rates* by Selected Characteristics, New Mexico, 2016-2020





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

Table 4: Unintentional Drug Overdose Deaths and Rates*, New Mexico, 2016-2020

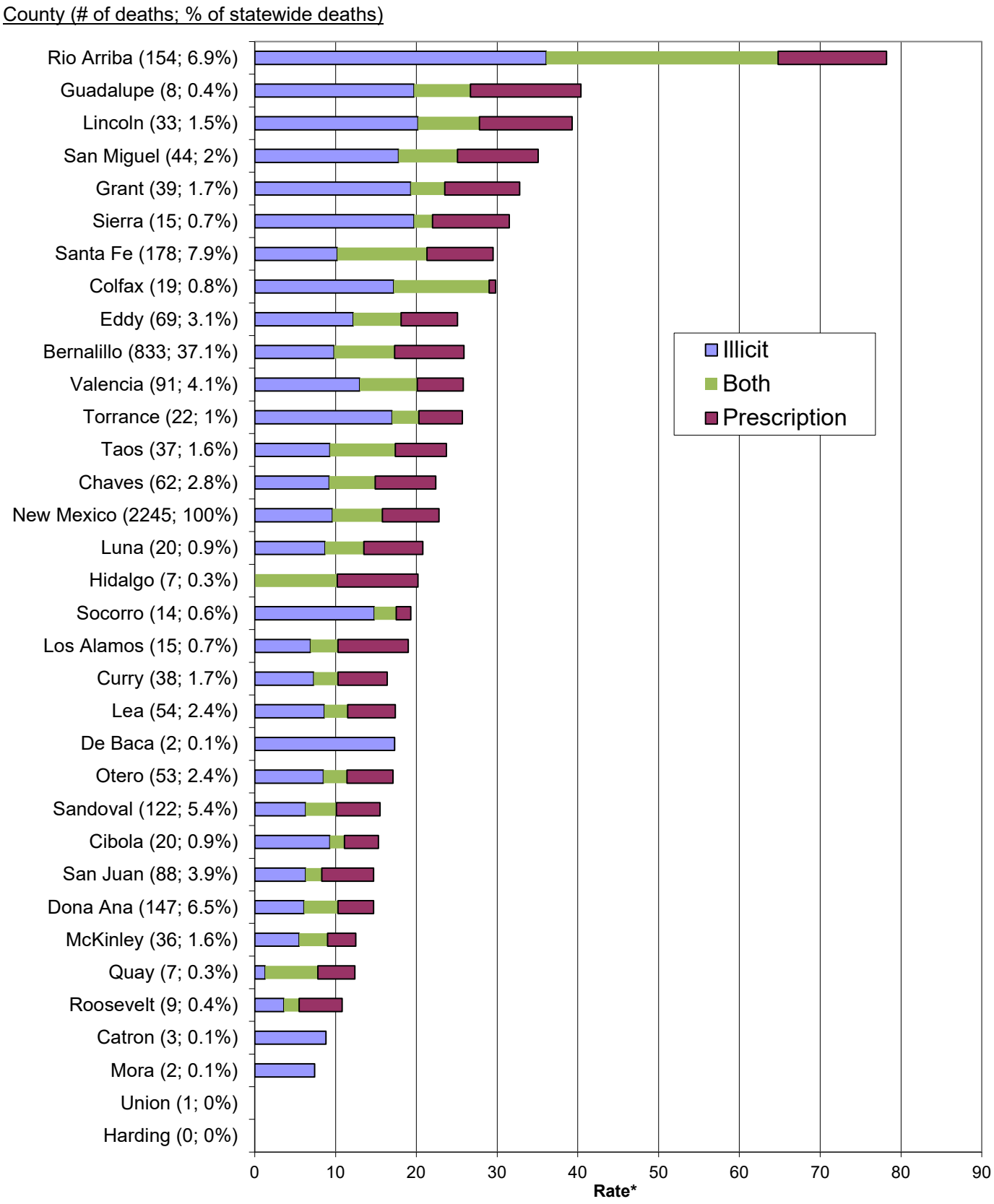
	Deaths						Rates*					
	Sex		Overdose Type			Total	Sex		Overdose Type			Total
County	Male	Female	Illicit	Rx	Both		Male	Female	Illicit	Rx	Both	
Bernalillo	743	326	367	327	359	1069	44.4	18.6	10.5	9.7	10.7	31.4
Catron	2	1	3	0	0	3	45.5	20.6	33.4	0.0	0.0	33.4
Chaves	49	24	33	22	16	73	32.6	16.1	10.9	7.3	5.3	24.2
Cibola	16	7	13	7	2	23	24.6	10.0	10.3	5.2	1.8	18.2
Colfax	13	7	10	4	6	20	40.3	27.5	15.0	6.6	12.5	34.0
Curry	36	18	19	14	17	54	32.1	17.7	9.5	6.3	7.7	25.1
De Baca	1	0	1	0	0	1	35.5	0.0	18.2	0.0	0.0	18.2
Dona Ana	100	48	61	35	47	148	21.2	10.1	6.5	3.6	5.0	15.6
Eddy	49	17	30	17	15	66	33.5	12.1	10.6	5.9	5.2	23.1
Grant	22	16	22	8	7	38	40.1	27.5	21.2	5.5	6.1	33.7
Guadalupe	2	5	2	3	2	7	16.4	59.0	10.0	14.0	7.0	31.0
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	4	2	0	4	2	6	35.8	15.2	0.0	15.9	10.6	26.5
Lea	46	25	28	25	16	71	25.2	15.9	8.4	7.3	4.6	20.8
Lincoln	21	13	17	9	8	34	50.0	31.3	23.2	9.8	7.8	40.8
Los Alamos	12	3	6	6	3	15	27.7	7.1	8.0	6.8	3.3	18.1
Luna	16	6	10	6	5	22	30.0	12.5	9.6	5.8	4.8	21.1
McKinley	31	18	21	11	13	49	18.9	11.0	6.1	3.5	4.0	14.9
Mora	3	0	2	1	0	3	37.6	0.0	12.5	6.5	0.0	19.0
Otero	36	18	28	16	10	54	21.6	11.4	9.1	4.5	3.1	16.6
Quay	5	2	3	2	2	7	17.1	10.1	5.6	5.2	2.7	13.5
Rio Arriba	108	43	60	29	59	151	122.0	47.6	33.7	14.3	35.1	84.7
Roosevelt	7	3	3	4	3	10	14.6	6.7	3.7	3.4	3.5	10.6
Sandoval	85	42	43	47	32	127	24.4	12.5	6.1	6.6	5.0	18.4
San Juan	62	48	48	41	13	110	21.3	16.8	8.3	6.9	2.4	19.2
San Miguel	35	15	26	12	11	50	57.9	24.8	22.2	8.9	9.2	41.5
Santa Fe	137	67	66	48	87	204	42.4	21.1	10.2	6.8	14.2	31.7
Sierra	14	5	10	4	4	19	75.7	16.3	27.9	5.9	9.9	46.0
Socorro	18	4	14	3	5	22	48.4	11.7	19.0	4.4	6.7	30.0
Taos	28	9	15	5	15	37	40.0	13.5	10.5	3.7	11.0	26.8
Torrance	18	8	16	5	5	26	45.0	22.9	20.8	7.7	7.4	35.9
Union	1	0	0	0	1	1	10.0	0.0	0.0	0.0	6.1	6.1
Valencia	78	36	54	25	33	114	43.0	20.9	14.8	7.3	9.6	32.2
Total	1803	839	1034	742	801	2642	36.2	16.9	10.3	7.3	8.2	26.6

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

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

DRUG OVERDOSE DEATH - Unintentional Overdoses

Chart 9: Unintentional Drug Overdose Death Rates* by County and Drug Type, New Mexico, 2016-2020



* 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; SUES

DRUG OVERDOSE DEATH - FENTANYL

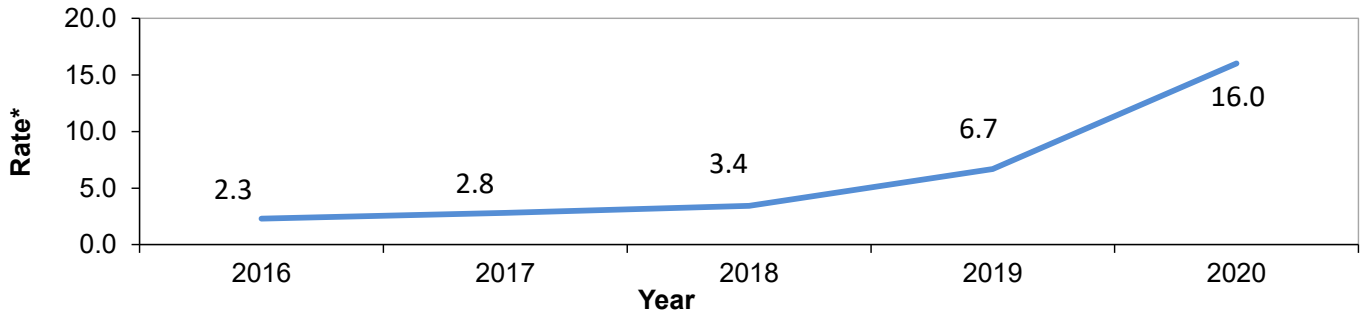
Problem Statement

Fentanyl is a synthetic opioid that is prescribed to treat severe pain. It is also made and used illegally. In prescription form, fentanyl is known by such names as Actiq, Duragesic, and Sublimaze. Synthetic opioids, which include fentanyl, were the most common drugs involved in drug overdose deaths in the United States. According to the National Institute on Drug Abuse, in 2017, nationwide 59% of opioid-related deaths involved fentanyl compared to 14.3% in 2010 (NIDA, 2021).

Similarly, New Mexico has experienced a significant increase in fentanyl-related overdose deaths. In 2020, fentanyl contributed to more than one-third of overdose deaths. In recent years, fentanyl-involved overdose deaths in New Mexico increased steadily. As seen in Chart 1, although the increases were small from 2016 through 2018, in 2019 the rate of fentanyl-involved overdose deaths almost doubled from the 2018 rate. The rate more than doubled again for overdose deaths from 2019 to 2020, prompting the addition of this section about fentanyl to the Substance Use Epidemiology Profile. In 2020, the death rate for fentanyl was nearly seven times what it was in 2016, representing many more lives lost.

National Institute on Drug Abuse [NIDA]. (2021, June 30). *Fentanyl Drug Facts* . National Institute on Drug Abuse. Retrieved from https://www.drugabuse.gov/publications/drugfacts/fentanyl

Chart 1: Fentanyl Related Death Rates*, New Mexico, 2016-2020



Sources: National Center on Health Statistics, CDC WONDER. NMDOH BVRHS death files

US Rates "Other Synthetic Narcotics (other than methadone) ICD-10 code (T40.4) This category is dominated by fentanyl related overdoses."

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

Table 1: Fentanyl Overdose Deaths and Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2016-2020

		Deaths				Rates*			
Sex	Race/Ethnicity	Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	4	19	0	23	2.2	8.1	0.0	4.8
	Asian/Pacific Islander	0	2	0	2	0.0	4.2	0.0	2.5
	Black	5	13	0	18	10.6	18.5	0.0	12.9
	Hispanic	39	209	2	250	3.8	16.7	0.7	10.3
	White	14	88	4	106	3.0	8.7	0.8	6.4
	Total	62	331	6	399	3.5	12.8	0.7	8.5
Female	American Indian	0	10	0	10	0.0	3.9	0.0	2.1
	Asian/Pacific Islander	0	1	0	1	0.0	1.7	0.0	0.9
	Black	1	4	0	5	2.5	8.1	0.0	4.7
	Hispanic	18	93	2	113	1.8	7.4	0.6	4.6
	White	7	58	3	68	1.7	5.7	0.5	3.7
	Total	26	166	5	197	1.6	6.3	0.5	4.0
Total	American Indian	4	29	0	33	1.1	5.9	0.0	3.4
	Asian/Pacific Islander	0	3	0	3	0.0	2.8	0.0	1.6
	Black	6	17	0	23	6.9	14.2	0.0	9.5
	Hispanic	57	302	4	363	2.8	12.0	0.7	7.5
	White	21	146	7	174	2.4	7.2	0.6	5.1
	Total	88	501	11	596	2.6	9.5	0.6	6.3

* 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; SUES

DRUG OVERDOSE DEATH - FENTANYL (continued)

Problem Statement (continued)

Table 1 shows that Black males (12.9) and Hispanic males (10.3) had the highest fentanyl-involved drug overdose death rates in 2016-2020, The lowest rates were among women, Asian/Pacific Islanders (1.7) and American Indians (3.9). Rates were highest among the 25-64 age group, with males twice as likely as females to have died from a fentanyl-related overdose. Rio Arriba had the highest total fentanyl-involved drug overdose death rate (14.2 deaths per 100,000) and fentanyl with other drug rate (9.9 deaths per 100,000; Table 2) among all New Mexico counties during 2016-2020. Six additional counties had rates exceeding the New Mexico rate (Hildago, Torrance, Bernalillo, Sierra, Santa Fe, Guadalupe, and Valencia)

The rates for males in Hidalgo and females in Guadalupe counties had the highest rates among all other counties (Table 2). As expected, Bernalillo County had the largest number of fentanyl-involved drug overdose deaths due the size of the population (Table 2). According to Chart 2, Rio Arriba (14.2), Hidalgo (10.6), Torrance (10.3) and Bernalillo (9.6) Counties had the highest rates of fentanyl-involved overdose deaths. Close to one third of New Mexico counties had fentanyl-involved drug overdose death rates equal to or greater than the state rate (6.2 deaths per 100,000 population).

Table 2: Fentanyl Overdose Deaths and Rates* by County, New Mexico, 2016-2020

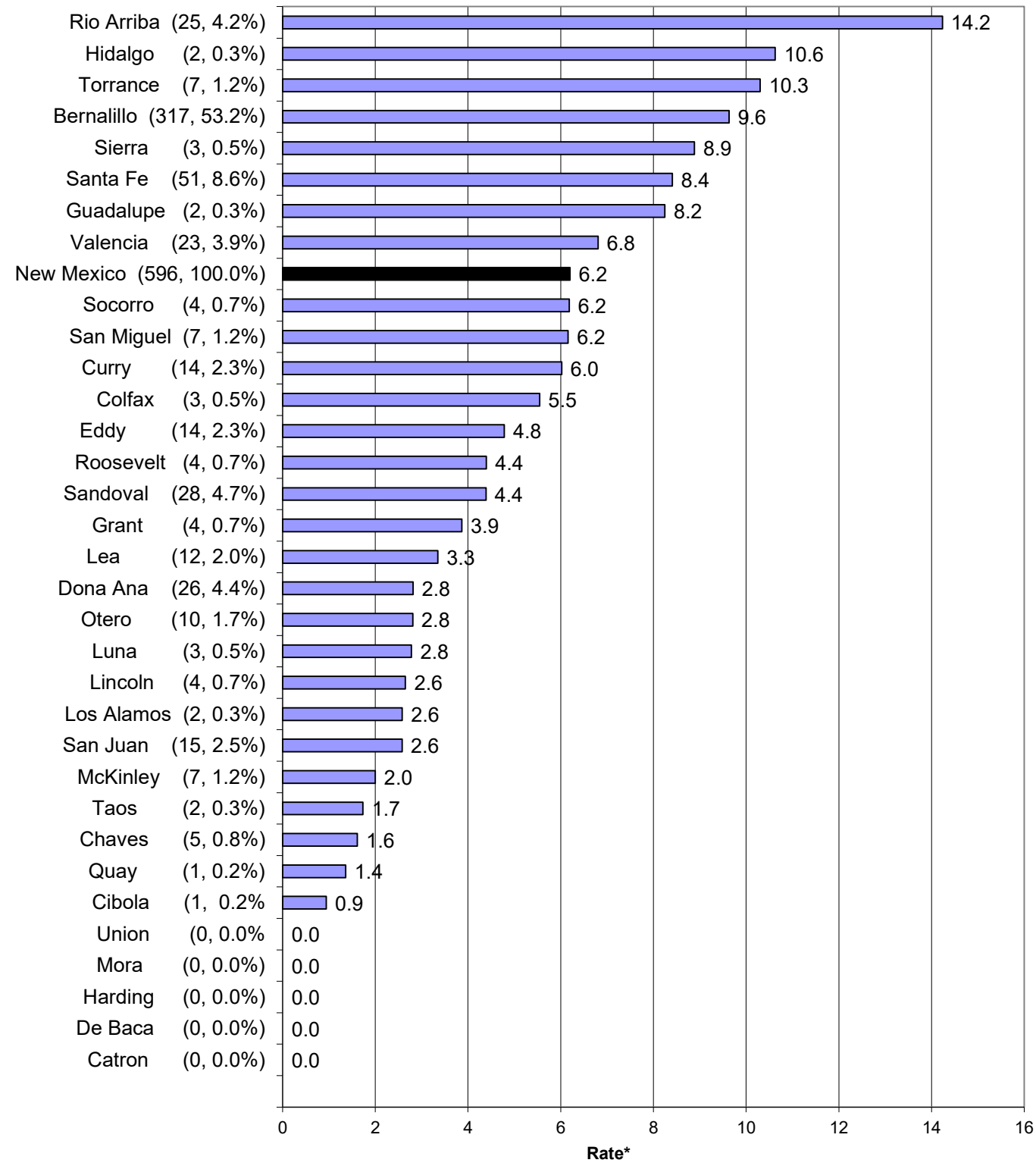
	Deaths						Rates*					
County	Male	Female	Fentanyl Alone	Fentanyl With Meth	Fentanyl with other	Total	Male Rate	Female Rate	Fentanyl Alone Rate	Fentanyl with Meth Rate	Fentanyl with other Rate	Total Rate
Bernalillo	213	104	47	93	177	317	13.2	6.0	1.5	2.8	5.3	9.6
Catron	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Chaves	4	1	1	1	3	5	2.8	0.4	0.4	0.3	0.9	1.6
Cibola	1	0	0	1	0	1	1.7	0.0	0.0	0.9	0.0	0.9
Colfax	1	2	0	1	2	3	1.4	10.5	0.0	2.8	2.8	5.5
Curry	8	6	3	7	4	14	6.2	5.7	1.0	3.2	1.8	6.0
De Baca	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Dona Ana	20	6	1	11	14	26	4.4	1.2	0.1	1.3	1.4	2.8
Eddy	11	3	5	0	9	14	7.2	2.1	1.9	0.0	2.9	4.8
Grant	3	1	0	2	2	4	6.0	1.8	0.0	2.0	1.9	3.9
Guadalupe	0	2	0	1	1	2	0.0	25.4	0.0	4.1	4.1	8.2
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	20.7	0.0	0.0	5.0	5.6	10.6
Lea	9	3	2	4	6	12	5.0	1.5	0.5	1.2	1.6	3.3
Lincoln	1	3	1	1	2	4	1.1	4.1	1.2	0.5	0.9	2.6
Los Alamos	1	1	1	0	1	2	2.2	2.8	1.2	0.0	1.4	2.6
Luna	2	1	1	1	1	3	4.3	1.2	0.8	1.3	0.6	2.8
McKinley	4	3	0	6	1	7	2.1	1.9	0.0	1.7	0.3	2.0
Mora	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Otero	6	4	2	2	6	10	2.8	2.5	0.5	0.7	1.6	2.8
Quay	0	1	0	0	1	1	0.0	2.6	0.0	0.0	1.4	1.4
Rio Arriba	13	12	2	5	18	25	14.1	14.3	0.9	3.4	9.9	14.2
Roosevelt	2	2	1	1	2	4	5.0	3.9	1.1	1.6	1.7	4.4
Sandoval	17	11	5	3	20	28	5.3	3.5	0.7	0.5	3.1	4.4
San Juan	11	4	4	3	8	15	3.6	1.5	0.7	0.5	1.3	2.6
San Miguel	4	3	1	2	4	7	7.8	4.5	1.1	1.2	3.8	6.2
Santa Fe	37	14	1	20	30	51	12.2	4.6	0.2	3.2	5.0	8.4
Sierra	2	1	0	1	2	3	12.8	4.4	0.0	3.7	5.2	8.9
Socorro	3	1	2	0	2	4	8.6	3.7	2.5	0.0	3.6	6.2
Taos	1	1	0	0	2	2	1.7	1.8	0.0	0.0	1.7	1.7
Torrance	6	1	1	3	3	7	15.7	3.0	1.5	4.1	4.8	10.3
Union	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Valencia	17	6	2	10	11	23	9.5	3.9	0.7	2.8	3.3	6.8
New Mexico	399	197	83	180	333	596	8.5	4.0	0.9	1.9	3.4	6.3

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

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

DRUG OVERDOSE DEATH - FENTANYL (continued)

Chart 2: Fentanyl Overdose Death Rates* by County, New Mexico, 2016-2020

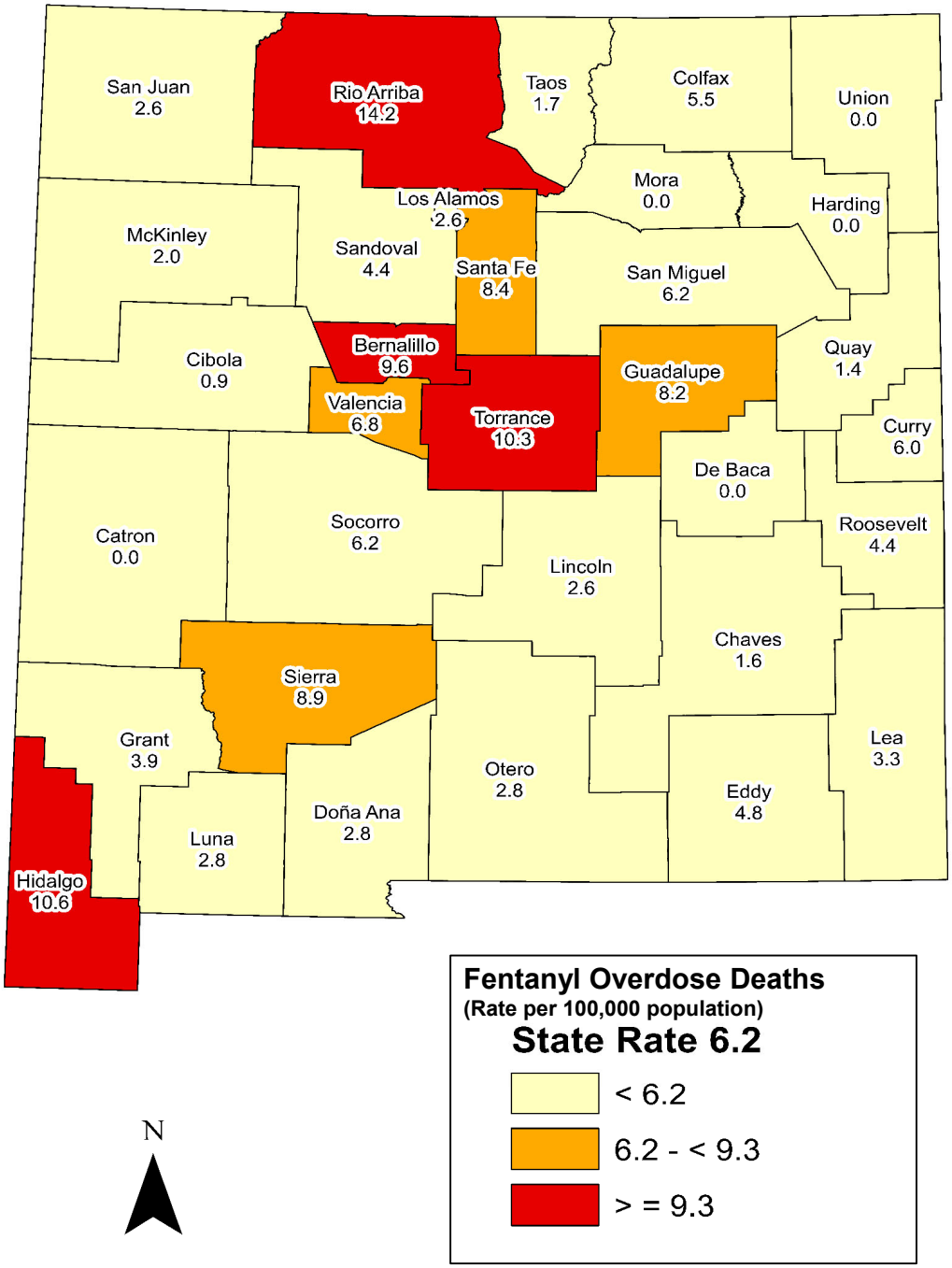


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

DRUG OVERDOSE DEATH - FENTANYL (continued)

Chart 3: Fentanyl Overdose Death Rates* by County, New Mexico, 2016-2020



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

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

DRUG OVERDOSE DEATH - POLYSUBSTANCE

Problem Statement

Polysubstance use is the consumption of two or more substances that cause impairment which are taken together or within a short time period, either intentionally or unintentionally. This can range from illicit to prescription, and legal to illegal substances. Intentional polysubstance use is when a person knowingly ingests combined substances to increase or decrease effects of another substance or in order to experience the combined effect. Unintentional polysubstance use occurs when an intended use of a particular substance is mixed, laced, or cut with other substances without the users knowledge. Whether intentional or unintentional, combining substances is considered more dangerous than single-drug use due to the unpredictability of the effects (CDC, 2021).

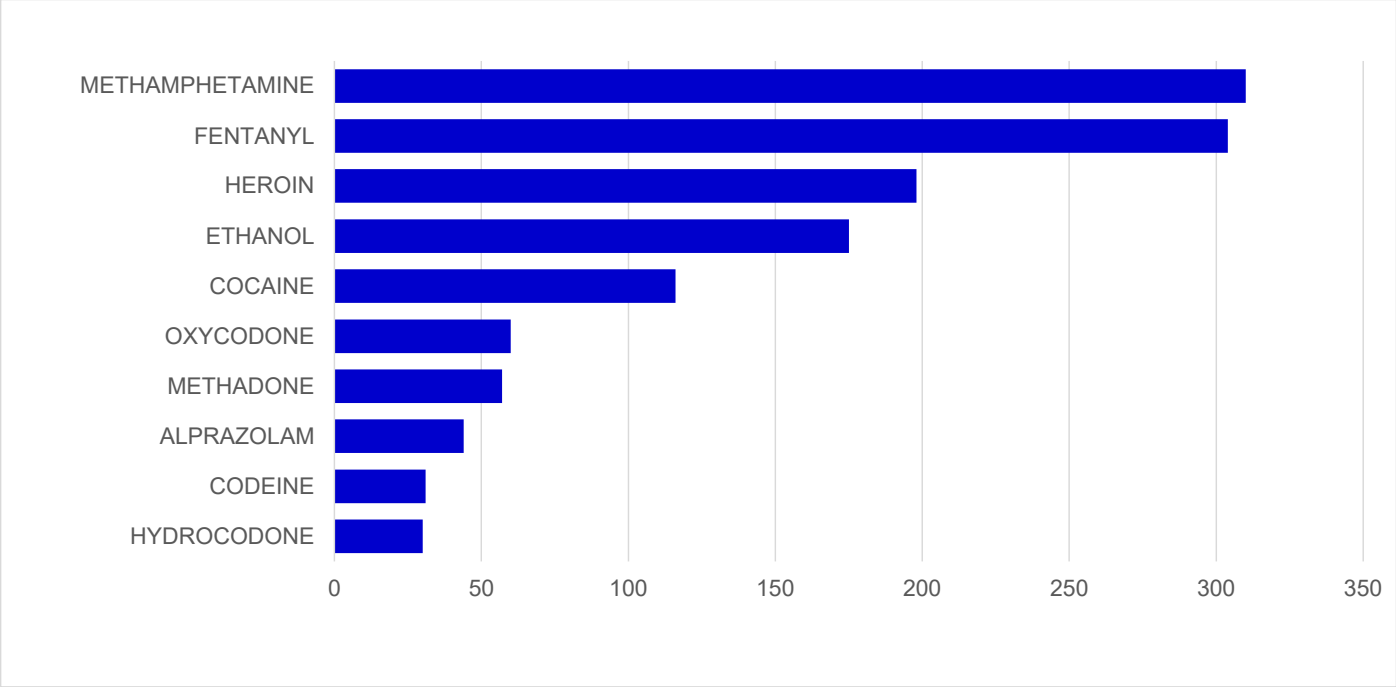
Many epidemiological studies have confirmed that persons with substance use disorders are likely to have used multiple substances, not just one. Nationwide, a general population study found that more than 90% of individuals with an opioid use disorder used more than two other substances within the same year, and over 25% had at least two other substance use disorders (2020).

In New Mexico roughly 75% of overdose deaths were found to be polysubstance-related in years 2016-2020 (Chart 5). In previous years, details of combined substances were not available. In this section, data will focus on the multiple substances identified at time of death due to overdose; primarily in combinations with methamphetamine, fentanyl, heroin, prescription pain opioids, benzodiazepines, and Ethanol (Alcohol). Chart 4 shows the top ten substances involved in overdose deaths in 2020.

Chart 5 shows the percentage of substances involved in overdose deaths for the years 2016- 2020. One substance was involved in 27% of the deaths and 39.3% of overdose deaths involved 2 substances, followed by 33.7% of deaths involving 3 or more substances. Table 3 shows the number of overdose deaths involving methamphetamine, fentanyl, heroin, prescription pain opioids, and benzodiazepines alone or with one or more other substances during years 2016-2020. Table 3 highlights polysubstance use attributed to overdose deaths occurring in years 2016-2020 and details the number of deaths that were recorded as single drug overdose deaths involving each substance as well as if additional drugs were identified in the toxicology reports. There were more methamphetamine-involved deaths (alone and combined with other drugs) than any other substance. Of those overdose deaths involving two drug types, methamphetamine combined with heroin contributed to 180 overdose deaths, followed by benzodiazepines with prescription pain opioids leading to 74 deaths. Deaths involving alcohol are not exclusive to a single substance and therefore may have been counted more than once.

Centers for Disease Control and Prevention. (2021, July 19). *Polysubstance use facts*. Centers for Disease Control and Prevention. Retrieved December 1, 2021, from https://www.cdc.gov/stopoverdose/polysubstance-use/index.html.
Compton, W. M., Valentino, R. J., & DuPont, R. L. (2020). Polysubstance use in the U.S. opioid crisis. *Molecular psychiatry*, *26*(1), 41–50. https://doi.org/10.1038/s41380-020-00949-3

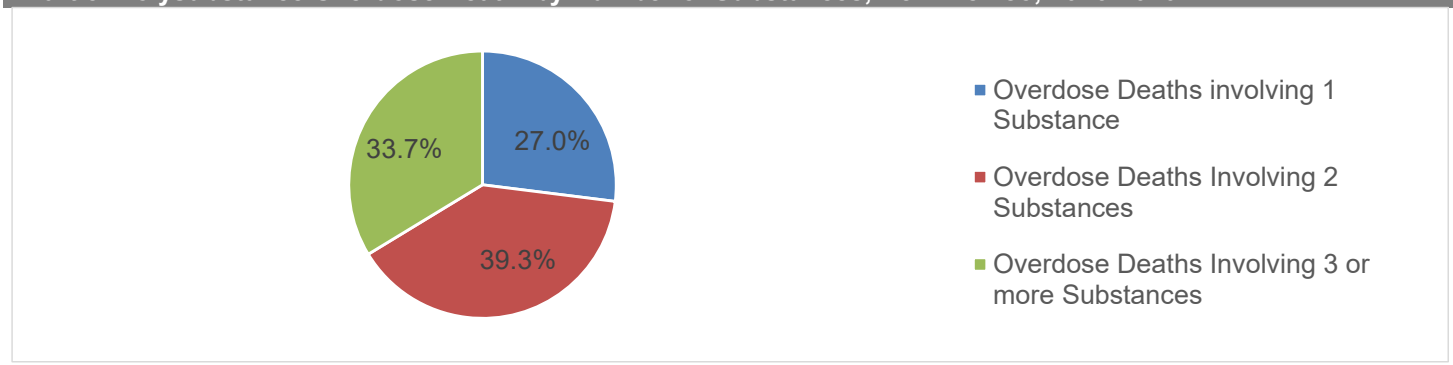
Chart 4:Top 10 Substances Involved in Overdose Deaths, New Mexico, 2020



Source: NMDOH BVRHS death files; SUES

DRUG OVERDOSE DEATH - POLYSUBSTANCE (continued)

Chart 5: Polysubstance Overdose Death by Number of Substances, New Mexico, 2016-2020



Source: NMDOH BVRHS death files; SUES

Table 3: Drug Comninations in Overdose Deaths, by Drug Class and Number of Deaths Involved , New Mexico, 2016-2020

	Substance Involved in Death				
	Number of Deaths Involved				
Drug Class	Methamphetamine n= 926	Fentanyl n= 562	Heroin n= 691	Rx Pain Opioids n= 467	Benzodiazepines n= 430
Single drug overdose death	390	139	155	122	24
2nd substance involved death					
Methamphetamine	X	52	180	11	4
Fentanyl	52	X	36	34	31
Heroin	180	36	X	9	44
Cocaine	16	51	30	8	2
Rx Pain Opioids	11	34	9	X	74
Benzodiazepines	4	31	44	74	X
Other 2nd Drug	48	7	16	12	37
3rd or more drug involved death	225	212	221	164	214
Drug Class	Methamphetamine n= 926	Fentanyl n= 562	Heroin n= 691	Rx Pain Opioids n= 467	Benzodiazepines n= 430
Deaths with Alcohol involved	98	136	166	93	110

*All counts may include additional drugs which are not isolated for due to lower frequency

Source: NMDOH Bureau of Vital Records and Health Statistics; SUES

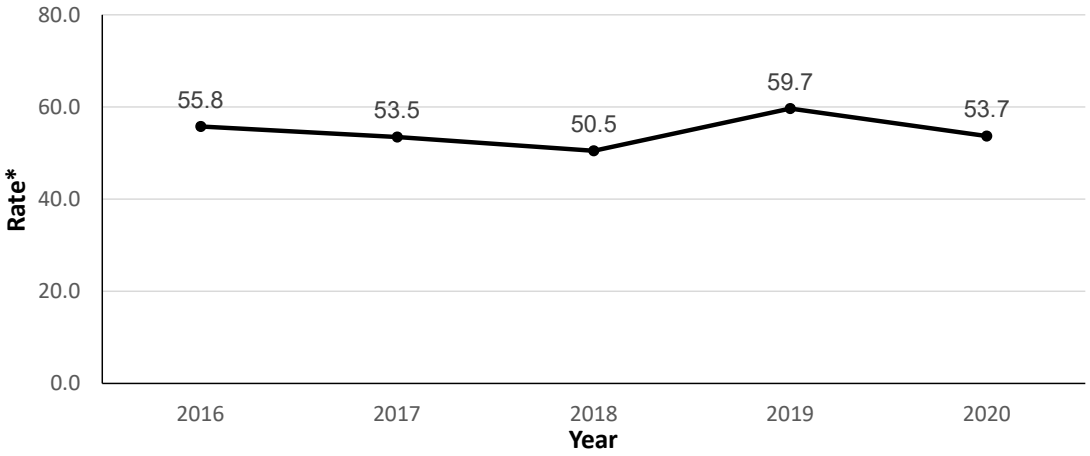
OPIOID OVERDOSE RELATED EMERGENCY DEPARTMENT VISITS

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 2016 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 (53.7) is slightly lower than the 2015 rate (55.8).

Chart 1: Opioid Overdose Related Emergency Department Visit Rates*, New Mexico, 2016-2020



* Rates per 100,000 population

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

Table 1: Opioid Overdose Related Emergency Department Visits and Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2016-2020

		Emergency Department Visits				Rates*			
Sex	Race/Ethnicity	Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	24	170	6	200	13.3	72.3	14.5	43.2
	Asian/Pacific Islander	0	11	0	11	0.0	23.0	0.0	11.9
	Black	8	84	6	98	17.0	119.6	43.3	72.6
	Hispanic	359	1,590	82	2,031	34.6	126.8	30.1	79.7
	White	142	707	97	946	30.8	69.8	19.3	47.6
	Total	583	2,692	198	3,473	33.3	102.7	23.6	66.0
Female	American Indian	30	120	8	158	16.8	46.7	13.1	30.8
	Asian/Pacific Islander	4	6	0	10	15.5	10.0	0.0	9.6
	Black	10	37	5	52	24.9	75.3	38.2	51.1
	Hispanic	217	824	86	1,127	21.6	65.2	25.8	43.4
	White	118	540	159	817	28.1	53.0	27.6	39.1
	Total	402	1,603	272	2,277	24.1	60.5	27.2	41.8
Total	American Indian	54	290	14	358	15.1	58.9	13.7	36.7
	Asian/Pacific Islander	4	17	0	21	7.7	15.7	0.0	10.4
	Black	18	121	11	150	20.6	101.3	40.8	63.8
	Hispanic	584	2,443	169	3,196	28.6	97.0	27.9	62.2
	White	260	1,248	256	1,764	29.5	61.4	23.7	43.4
	Total	1,004	4,351	473	5,828	29.3	82.6	25.7	54.6

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

**There were 339 visits for which race-ethnicity was missing.

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

OPIOID OVERDOSE RELATED EMERGENCY DEPARTMENT VISITS (continued)

Problem Statement (continued)

The male rate of opioid overdose related emergency department visits during 2016-2020 was higher than the rate among women (Table 1). Black people had the highest rate compared to all other racial/ethnic groups; however, caution should be used when interpreting results for smaller demographic groups. Black and Hispanic populations also had the largest disparities by sex for opioid emergency department visit rates, with male rates over 40% higher than female rates. Table 1 also shows that for both sexes, those in the 25-64 age group had the highest rate (82.6 opioid-related overdose emergency department visits per 100,000 population).

Rio Arriba, San Miguel, and Taos counties had the highest rates of opioid overdose related emergency department visits during 2016-2020 (Chart 2). Rio Arriba and San Miguel counties also had two of the highest drug overdose death rates during the same time period. Bernalillo County had the largest percentage of opioid overdose related emergency department visits (43.0% of the state total), followed by Santa Fe County (10.7%). It is important to note that federal facilities (e.g. Indian Health Services and Veterans Administration) are not included in these results.

Table 2: Opioid Overdose Related Emergency Department Visits and Rates* by Race/Ethnicity and County, New Mexico, 2016-2020

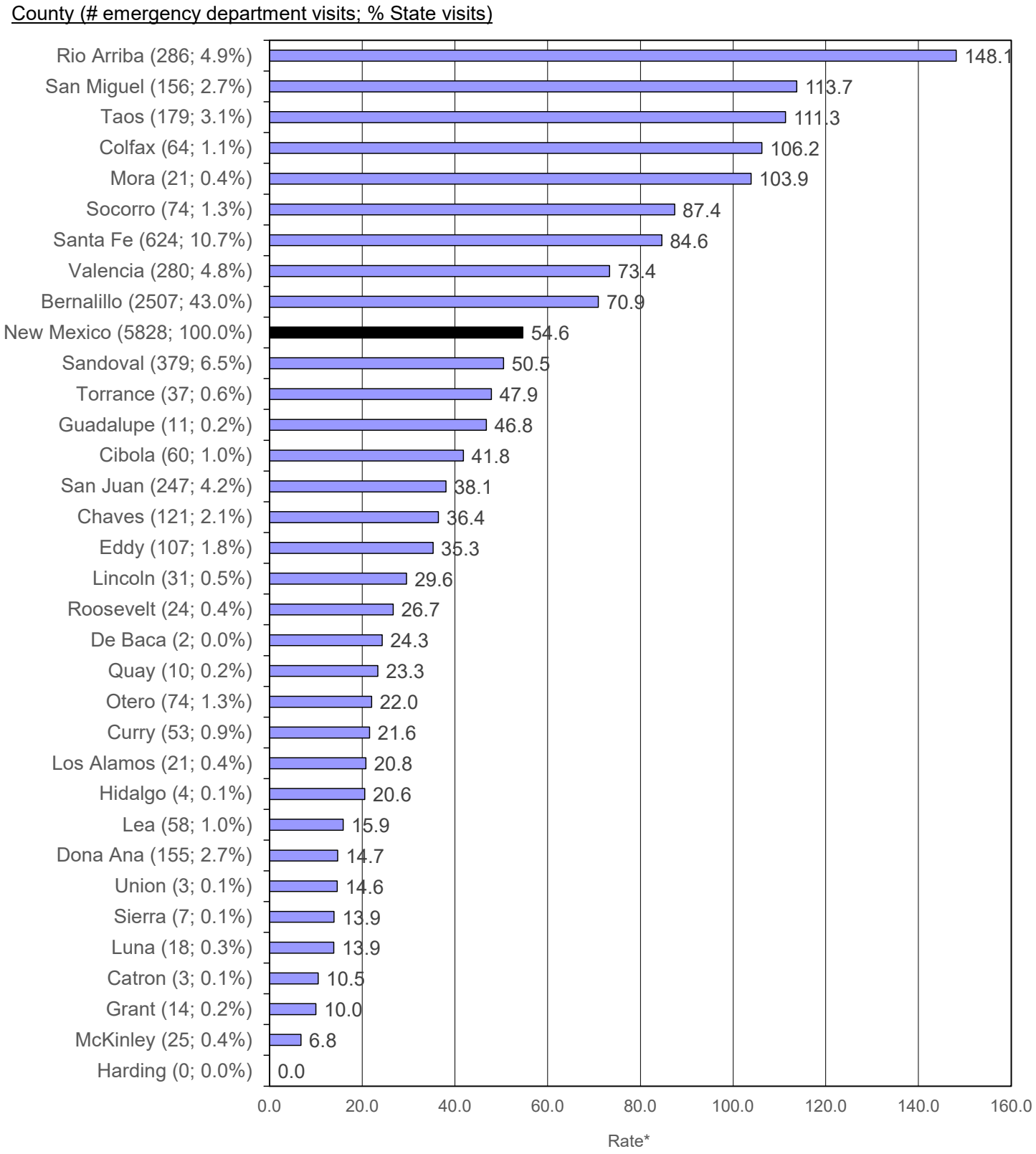
	Emergency Department Visits						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	136	13	108	1,395	717	2,507	83.3	11.9	102.3	80.5	51.3	70.9
Catron	0	0	0	0	-	3	0.0	0.0	0.0	0.0	-	10.5
Chaves	0	0	-	51	66	121	0.0	0.0	-	30.3	45.2	36.4
Cibola	11	0	0	29	20	60	18.6	0.0	0.0	52.5	73.7	41.8
Colfax	0	0	-	42	19	64	0.0	0.0	-	137.7	71.3	106.2
Curry	0	-	-	25	22	53	0.0	-	-	26.6	17.1	21.6
De Baca	0	0	0	-	-	2	0.0	0.0	0.0	-	-	24.3
Dona Ana	-	0	0	85	66	155	-	0.0	0.0	11.7	23.8	14.7
Eddy	0	0	0	52	53	107	0.0	0.0	0.0	35.5	37.2	35.3
Grant	0	0	0	6	8	14	0.0	0.0	0.0	9.2	12.4	10.0
Guadalupe	0	0	0	7	-	11	0.0	0.0	0.0	40.0	-	46.8
Harding	0	0	0	0	0	0	0.0	-	0.0	0.0	0.0	0.0
Hidalgo	-	0	0	-	-	4	-	0.0	0.0	-	-	20.6
Lea	0	0	6	23	26	58	0.0	0.0	44.6	11.3	20.4	15.9
Lincoln	0	0	0	7	23	31	0.0	0.0	0.0	21.0	36.8	29.6
Los Alamos	-	0	0	6	13	21	-	0.0	0.0	37.8	18.4	20.8
Luna	0	0	0	8	9	18	0.0	0.0	0.0	9.4	21.3	13.9
McKinley	16	0	0	5	-	25	5.6	0.0	0.0	12.3	-	6.8
Mora	0	0	0	15	-	21	0.0	0.0	0.0	88.3	-	103.9
Otero	6	0	-	20	42	74	33.8	0.0	-	15.9	24.5	22.0
Quay	0	0	-	5	4	10	0.0	0.0	-	28.9	14.1	23.3
Rio Arriba	29	0	0	232	21	286	98.6	0.0	0.0	168.8	99.1	148.1
Roosevelt	0	0	-	9	12	24	0.0	0.0	-	23.1	26.7	26.7
Sandoval	40	-	6	183	124	379	45.3	-	32.9	61.4	37.3	50.5
San Juan	59	-	-	48	134	247	23.1	-	-	39.0	53.2	38.1
San Miguel	0	0	0	142	13	156	0.0	0.0	0.0	130.0	56.0	113.7
Santa Fe	13	-	11	428	146	624	62.8	-	134.1	109.2	49.9	84.6
Sierra	0	0	0	-	4	7	0.0	0.0	0.0	-	11.2	13.9
Socorro	16	0	0	34	21	74	158.0	0.0	0.0	81.1	65.7	87.4
Taos	7	0	-	82	41	179	74.4	0.0	-	87.8	81.6	111.3
Torrance	-	0	0	14	22	37	-	0.0	0.0	38.5	57.3	47.9
Union	0	0	0	0	-	3	0.0	0.0	0.0	0.0	-	14.6
Valencia	11	0	4	185	73	280	66.9	0.0	73.8	80.1	57.3	73.4
New Mexico	358	21	150	3,196	1,764	5,828	36.7	10.4	63.8	62.2	43.4	54.6

* All rates are per 100,000, age-adjusted to the 2000 US standard population. There were 339 visits for which County of Residence or Race-Ethnicity was missing.

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

OPIOID OVERDOSE RELATED EMERGENCY DEPARTMENT VISITS (continued)

Chart 2: Opioid Overdose Related Emergency Department Visit Rates* by County, New Mexico, 2016-2020

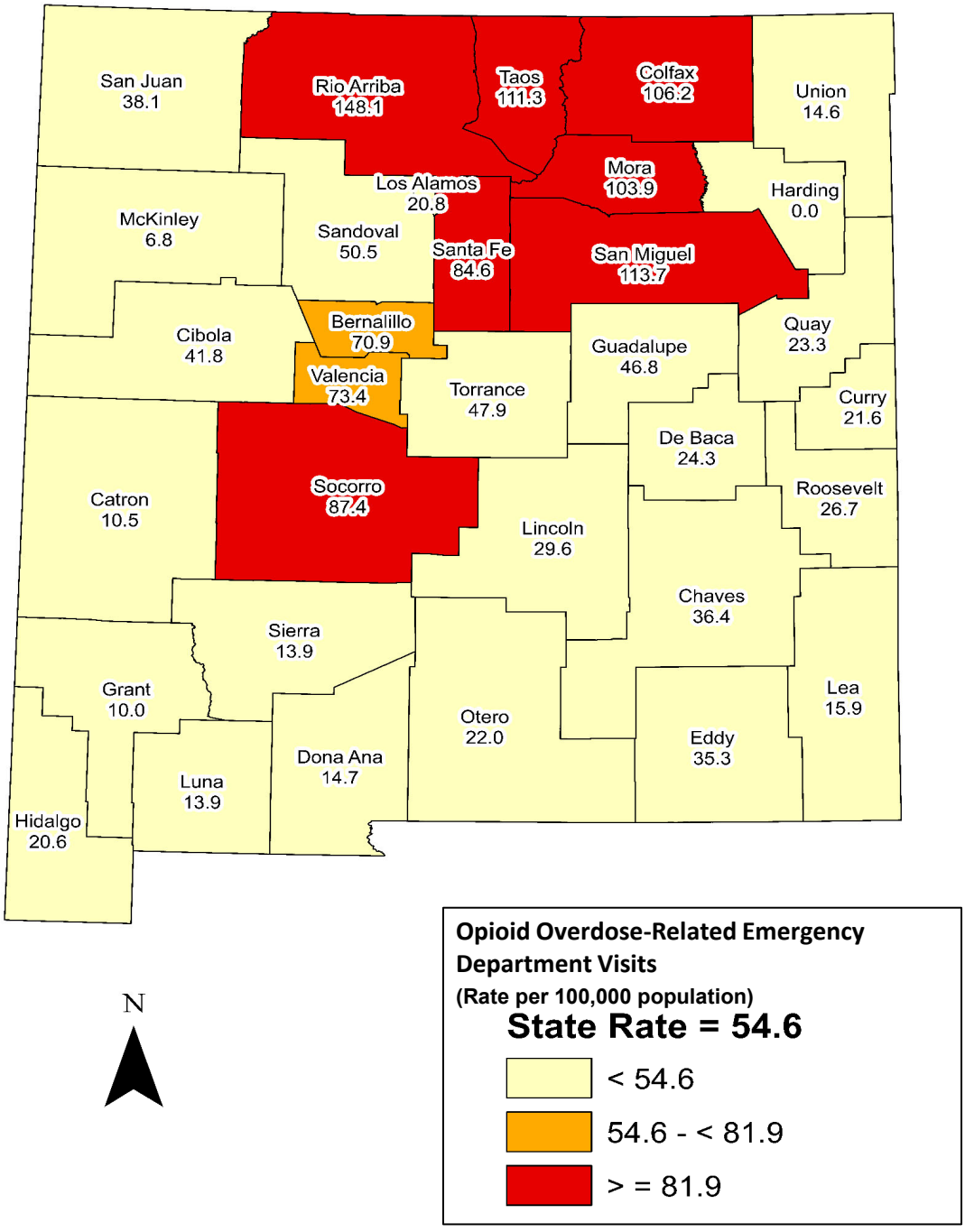


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

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

Chart 3: Opioid Overdose Related Emergency Department Visit Rates* by County, New Mexico, 2016-2020



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

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

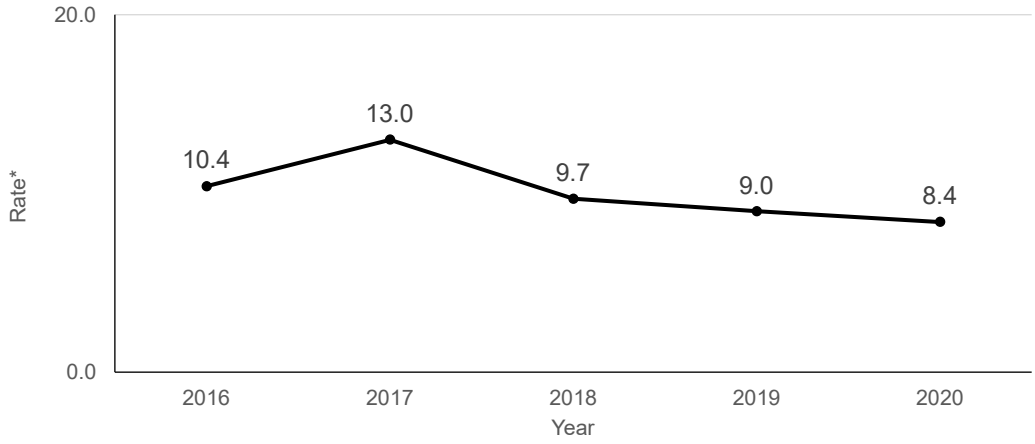
AMPHETAMINE OVERDOSE RELATED EMERGENCY DEPARTMENT VISITS

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 2016 and 2017, the rate of amphetamine overdose related emergency department visits increased in New Mexico. Since 2017, emergency department related visits for amphetamine overdose has decreased.

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, 2016-2020



* Rates per 100,000 population

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

Table 1: Amphetamine Overdose Related Emergency Department Visits and Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2016-2020

		Emergency Department Visits				Rates*			
Sex	Race/Ethnicity	Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	7	40	0	47	3.9	17.0	0.0	10.0
	Asian/Pacific Islander	-	0	0	3	-	0.0	0.0	3.3
	Black	0	21	0	21	0.0	29.9	0.0	15.6
	Hispanic	67	271	5	343	6.5	21.6	1.8	13.3
	White	30	190	8	228	6.5	18.7	1.6	11.8
	Total	111	548	14	673	6.3	20.9	1.7	12.9
Female	American Indian	8	23	0	31	4.5	9.0	0.0	5.9
	Asian/Pacific Islander	0	0	0	0	0.0	0.0	0.0	0.0
	Black	-	5	0	7	-	10.2	0.0	6.7
	Hispanic	42	131	-	176	4.2	10.4	-	6.7
	White	28	99	5	132	6.7	9.7	0.9	7.1
	Total	83	270	9	362	5.0	10.2	0.9	6.8
Total	American Indian	15	63	0	78	4.2	12.8	0.0	7.9
	Asian/Pacific Islander	-	0	0	3	-	0.0	0.0	1.7
	Black	-	26	0	28	-	21.8	0.0	12.0
	Hispanic	111	413	8	532	5.4	16.4	1.3	10.3
	White	58	289	13	360	6.6	14.2	1.2	9.4
	Total	198	837	23	1,058	5.8	15.9	1.3	10.1

* 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

**There were 60 visits for which County of Residence or Race-Ethnicity was missing.

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

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 (15.9 visits per 100,000 population). Males had a higher rate of amphetamine overdose related emergency department visits than females (12.9 visits per 100,000 population vs 6.8 visits per 100,000 population). This disparity remained visible across all racial/ethnic groups, with rates of males roughly two to three times more than the rates of females. Black people had the highest rate compared to all other racial/ethnic groups; however, caution should be used when interpreting results for smaller demographic groups. Certain demographic groups did not have data on amphetamine overdose related emergency department visits.

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 (31.3% of the state total), followed by Chaves County (8.0%). 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, 2016-2020

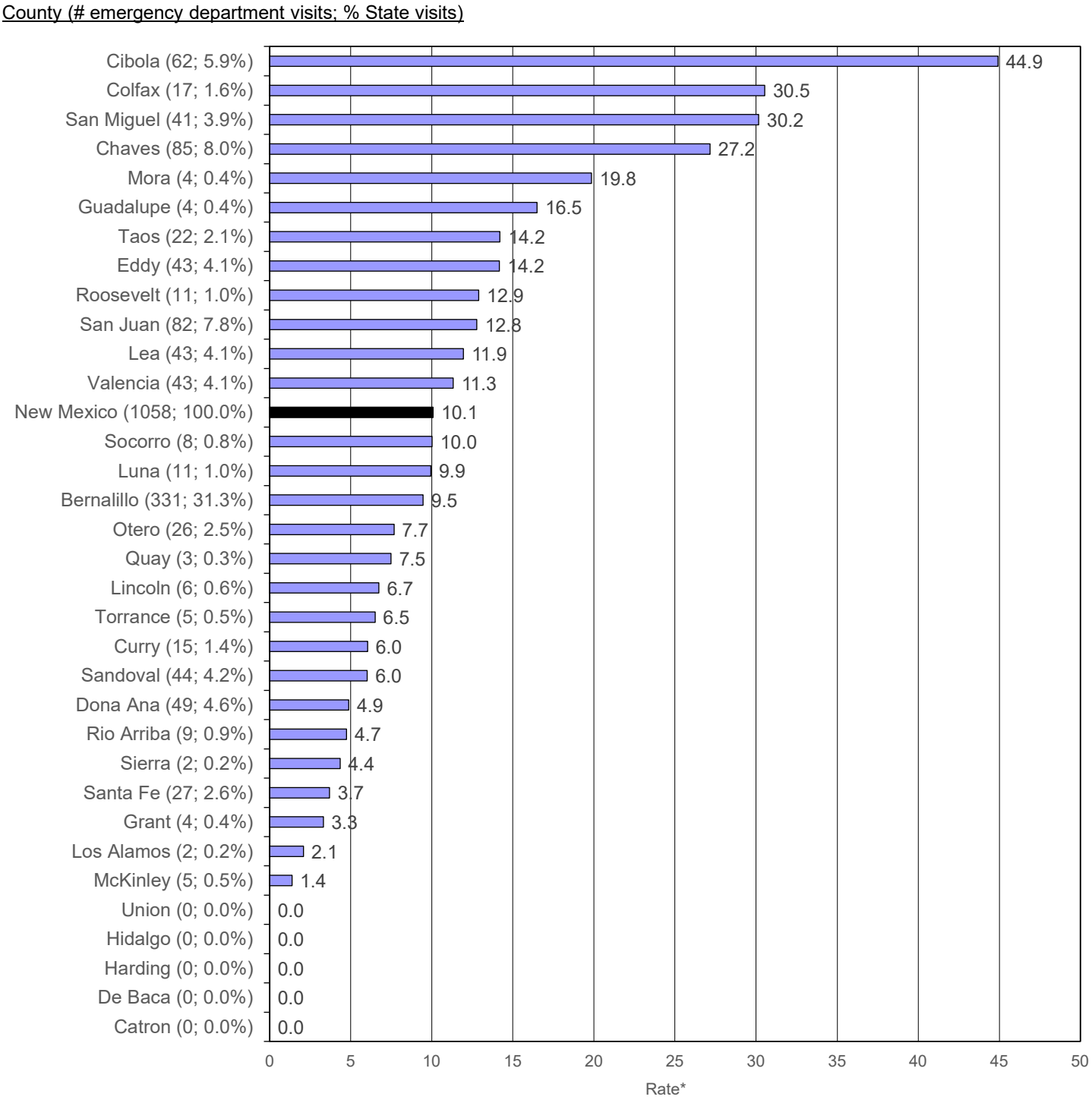
	Emergency Department Visits						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	19	0	16	192	85	331	11.4	0.0	15.2	11.0	6.4	9.5
Catron	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Chaves	0	0	-	28	54	85	0.0	0.0	-	15.7	43.8	27.2
Cibola	14	-	-	33	13	62	25.4	-	-	60.8	57.6	44.9
Colfax	0	0	0	14	-	17	0.0	0.0	0.0	46.2	-	30.5
Curry	0	0	-	-	10	15	0.0	0.0	-	-	8.2	6.0
De Baca	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Dona Ana	-	0	0	31	15	49	-	0.0	0.0	4.5	5.8	4.9
Eddy	0	0	-	19	22	43	0.0	0.0	-	11.6	16.1	14.2
Grant	0	0	0	4	0	4	0.0	0.0	0.0	6.6	0.0	3.3
Guadalupe	0	0	0	-	-	4	0.0	0.0	0.0	-	-	16.5
Harding	0	0	0	0	0	0	0.0	-	0.0	0.0	0.0	0.0
Hidalgo	-	0	0	0	0	0	-	0.0	0.0	0.0	0.0	0.0
Lea	0	0	-	22	20	43	0.0	0.0	-	10.3	15.6	11.9
Lincoln	0	0	0	-	-	6	0.0	0.0	0.0	-	-	6.7
Los Alamos	0	0	0	0	-	2	0.0	0.0	0.0	0.0	-	2.1
Luna	0	0	0	5	6	11	0.0	0.0	0.0	5.8	20.5	9.9
McKinley	5	0	0	0	0	5	1.8	0.0	0.0	0.0	0.0	1.4
Mora	0	0	0	4	0	4	0.0	0.0	0.0	23.5	0.0	19.8
Otero	0	0	-	13	11	26	0.0	0.0	-	10.2	7.3	7.7
Quay	0	0	0	-	-	3	0.0	0.0	0.0	-	-	7.5
Rio Arriba	-	0	0	6	0	9	-	0.0	0.0	4.4	0.0	4.7
Roosevelt	0	0	0	-	7	11	0.0	0.0	0.0	-	15.3	12.9
Sandoval	10	0	4	14	10	44	10.8	0.0	23.2	4.8	3.0	6.0
San Juan	17	-	-	20	41	82	6.4	-	-	16.2	16.9	12.8
San Miguel	0	0	0	33	8	41	0.0	0.0	0.0	30.4	34.8	30.2
Santa Fe	4	0	-	13	8	27	19.3	0.0	-	3.2	2.4	3.7
Sierra	0	0	0	-	-	2	0.0	0.0	0.0	-	-	4.4
Socorro	-	0	0	4	-	8	-	0.0	0.0	9.5	-	10.0
Taos	-	0	0	8	7	22	-	0.0	0.0	8.8	16.0	14.2
Torrance	0	0	0	4	-	5	0.0	0.0	0.0	10.8	-	6.5
Union	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Valencia	0	-	0	31	10	43	0.0	-	0.0	13.3	7.9	11.3
New Mexico	78	-	28	532	360	1,058	7.9	-	12.0	10.3	9.4	10.1

* All rates are per 100,000, age-adjusted to the 2000 US standard population. There were 60 visits for which County of Residence or Race-Ethnicity was missing.

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

AMPHETAMINE OVERDOSE RELATED EMERGENCY DEPARTMENT VISITS (continued)

Chart 2: Amphetamine Overdose Related Emergency Department Visit Rates* by County, New Mexico, 2016-2020



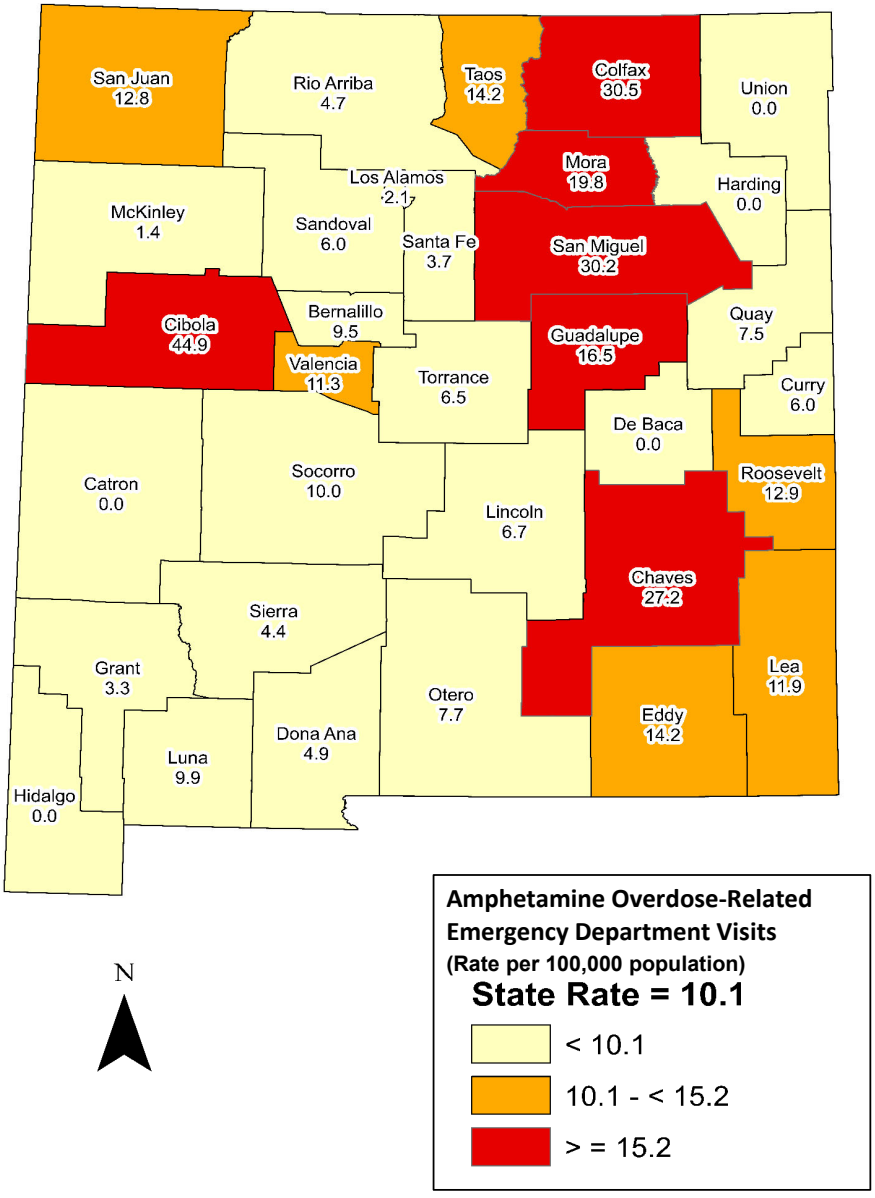
* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

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

AMPHETAMINE OVERDOSE RELATED EMERGENCY DEPARTMENT VISITS (continued)

Chart 2: Amphetamine Overdose Related Emergency Department Visit Rates* by County, New Mexico, 2016-2020



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

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

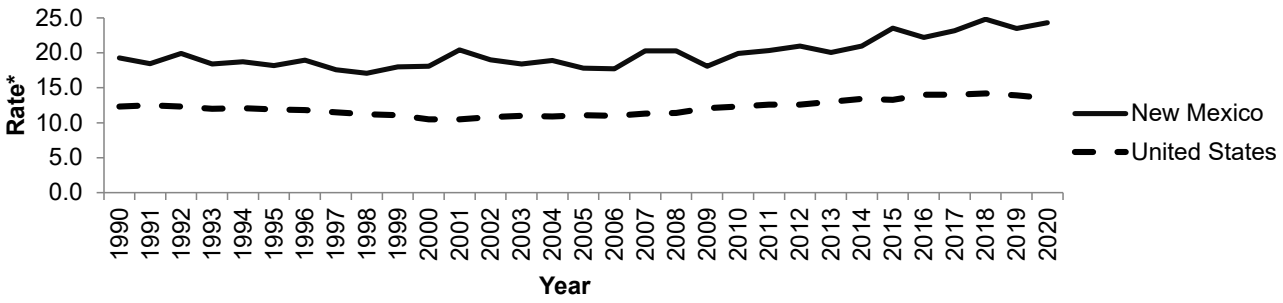
SUICIDE

Problem Statement

Suicide is a serious and persistent public health problem in New Mexico. As shown in Chart 1, over the period from 1990-2020, NM's suicide rate has consistently been 1.5 to 1.9 times the US rate. NM has consistently ranked among the top five states over the past decade. While the US rate declined 12% between 1981 and 2000, it increased thereafter for a 30% increase from 2000 to 2020. The NM rate followed a similar pattern. In NM in 2020, suicide was the tenth leading cause of death overall. In 2020 suicide was the second leading cause of death for those residents ages 5-24, and the third leading cause of death for those residents ages 25-44 (with unintentional injuries at number one for both age groups).

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 aged 0-24 for the five-year period 2016-2020. This reflects males' choice of more lethal means, i.e. firearms, when attempting suicide. White males and females have higher rates over age 24 compared to other race/ethnicities. White male suicides and Asian/Pacific Islander female suicides continue to increase after age 65, while all other female and male race/ethnicities decrease. American Indian females ages 15-24 and American Indian males ages 25-34 had significantly higher rates compared to other race/ethnicities (Chart 2). Table 2 shows that five counties (Bernalillo, Santa Fe, Dona Ana, San Juan, and San Juan) had substantial numbers of suicides (averaging more than 30 per year). As Chart 3 demonstrates, for the time period 2016-2020, all but nine 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, 1990-2020



**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, 2016-2020

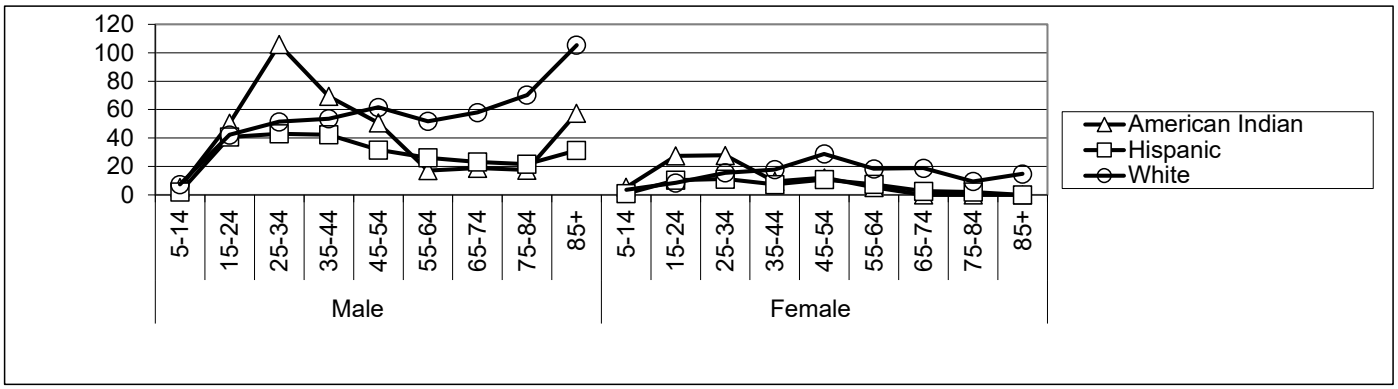
		Deaths				Rates*			
Sex	Race/Ethnicity	Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	41	158	9	208	22.7	67.2	21.7	44.7
	Asian/Pacific Islander	4	10	3	17	15.2	20.9	32.6	19.9
	Black	10	21	3	34	21.2	29.9	21.7	27.0
	Hispanic	180	462	64	706	17.3	36.8	23.5	28.3
	White	99	551	332	982	21.5	54.4	66.2	44.1
	Total	336	1,207	414	1,957	19.2	46.0	49.4	37.2
Female	American Indian	24	38	0	62	13.5	14.8	0.0	12.0
	Asian/Pacific Islander	4	7	2	13	15.5	11.7	13.5	12.1
	Black	3	6	0	9	7.5	12.2	0.0	9.6
	Hispanic	46	117	7	170	4.6	9.3	2.1	6.6
	White	21	205	90	316	5.0	20.1	15.6	14.1
	Total	98	375	100	573	5.9	14.2	10.0	10.6
Total	American Indian	65	196	9	270	18.1	39.8	8.8	27.6
	Asian/Pacific Islander	8	17	5	30	15.4	15.7	20.8	15.5
	Black	13	27	3	43	14.9	22.6	11.1	19.2
	Hispanic	226	579	71	876	11.1	23.0	11.7	17.3
	White	120	756	422	1,298	13.6	37.2	39.1	29.0
	Total	434	1,582	514	2,530	12.7	30.0	28.0	23.7

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

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

SUICIDE (continued)

Chart 2: Suicide Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2016-2020



* Age-specific rates per 100,000

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

Table 2: Suicide Deaths and Rates* by Race/Ethnicity and County, New Mexico, 2016-2020

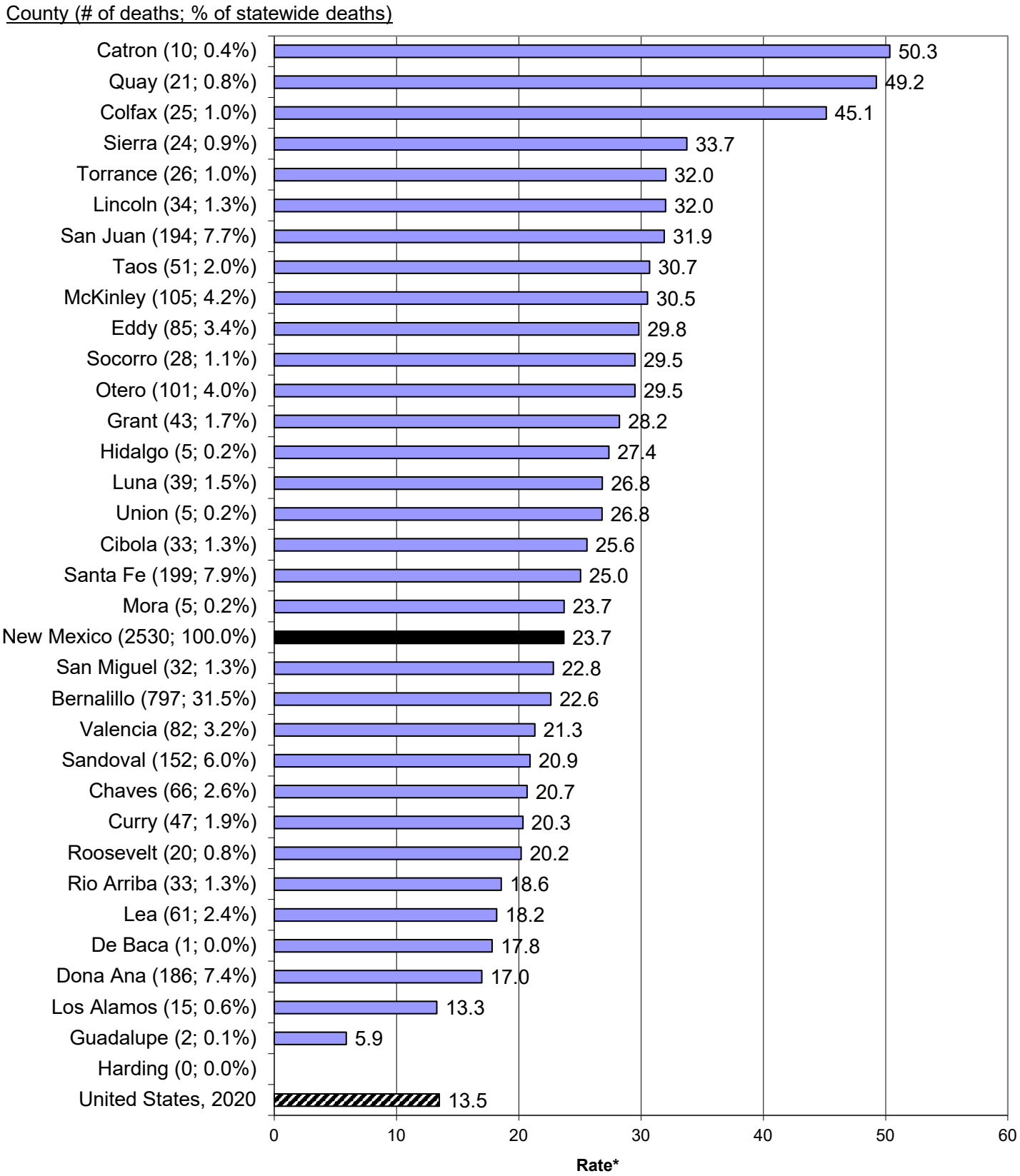
	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	36	17	18	310	414	797	21.9	16.7	17.7	18.0	27.4	22.6
Catron	0	0	0	2	7	10	0.0	0.0	0.0	76.3	38.6	50.3
Chaves	0	0	0	26	38	66	0.0	0.0	0.0	14.6	28.2	20.7
Cibola	14	0	0	12	7	33	26.5	0.0	0.0	23.6	35.2	25.6
Colfax	1	0	0	15	9	25	108.6	0.0	0.0	54.6	31.6	45.1
Curry	0	0	6	15	26	47	0.0	0.0	37.0	14.7	22.1	20.3
De Baca	0	0	0	0	1	1	0.0	0.0	0.0	0.0	31.0	17.8
Dona Ana	4	2	6	89	85	186	34.4	12.2	26.9	12.0	25.7	17.0
Eddy	0	1	0	29	54	85	0.0	28.5	0.0	21.3	38.3	29.8
Grant	2	0	0	13	28	43	137.2	0.0	0.0	20.3	31.1	28.2
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	2	3	5	0.0	0.0	0.0	21.2	38.9	27.4
Lea	2	1	1	25	31	61	69.7	31.0	8.8	12.5	25.0	18.2
Lincoln	0	0	0	6	28	34	0.0	0.0	0.0	17.3	45.0	32.0
Los Alamos	0	1	0	0	13	15	0.0	10.8	0.0	0.0	14.3	13.3
Luna	0	0	1	8	30	39	0.0	0.0	61.7	11.4	52.5	26.8
McKinley	81	1	0	14	9	105	29.5	50.5	0.0	35.4	30.5	30.5
Mora	0	0	0	3	2	5	0.0	0.0	0.0	17.2	76.9	23.7
Otero	10	0	2	17	72	101	43.2	0.0	16.5	13.7	38.9	29.5
Quay	0	0	2	8	11	21	0.0	0.0	267.5	44.9	43.9	49.2
Rio Arriba	5	0	0	23	5	33	16.3	0.0	0.0	18.7	20.7	18.6
Roosevelt	0	1	1	5	13	20	0.0	21.2	15.7	7.3	29.9	20.2
Sandoval	20	2	2	42	86	152	21.9	17.9	11.1	14.7	25.2	20.9
San Juan	81	0	2	25	86	194	32.8	0.0	49.2	20.9	33.6	31.9
San Miguel	0	0	0	21	10	32	0.0	0.0	0.0	19.5	42.8	22.8
Santa Fe	5	4	2	79	107	199	21.1	31.8	31.1	20.9	28.3	25.0
Sierra	1	0	0	0	23	24	138.1	0.0	0.0	0.0	53.7	33.7
Socorro	3	0	0	12	13	28	31.1	0.0	0.0	27.1	27.0	29.5
Taos	1	0	0	21	29	51	12.0	0.0	0.0	25.6	42.8	30.7
Torrance	0	0	0	8	18	26	0.0	0.0	0.0	26.1	38.4	32.0
Union	0	0	0	4	1	5	0.0	0.0	0.0	45.1	11.9	26.8
Valencia	4	0	0	40	36	82	24.8	0.0	0.0	17.4	26.3	21.3
New Mexico	270	30	43	876	1,298	2,530	27.6	15.5	19.2	17.3	29.0	23.7

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

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

SUICIDE (continued)

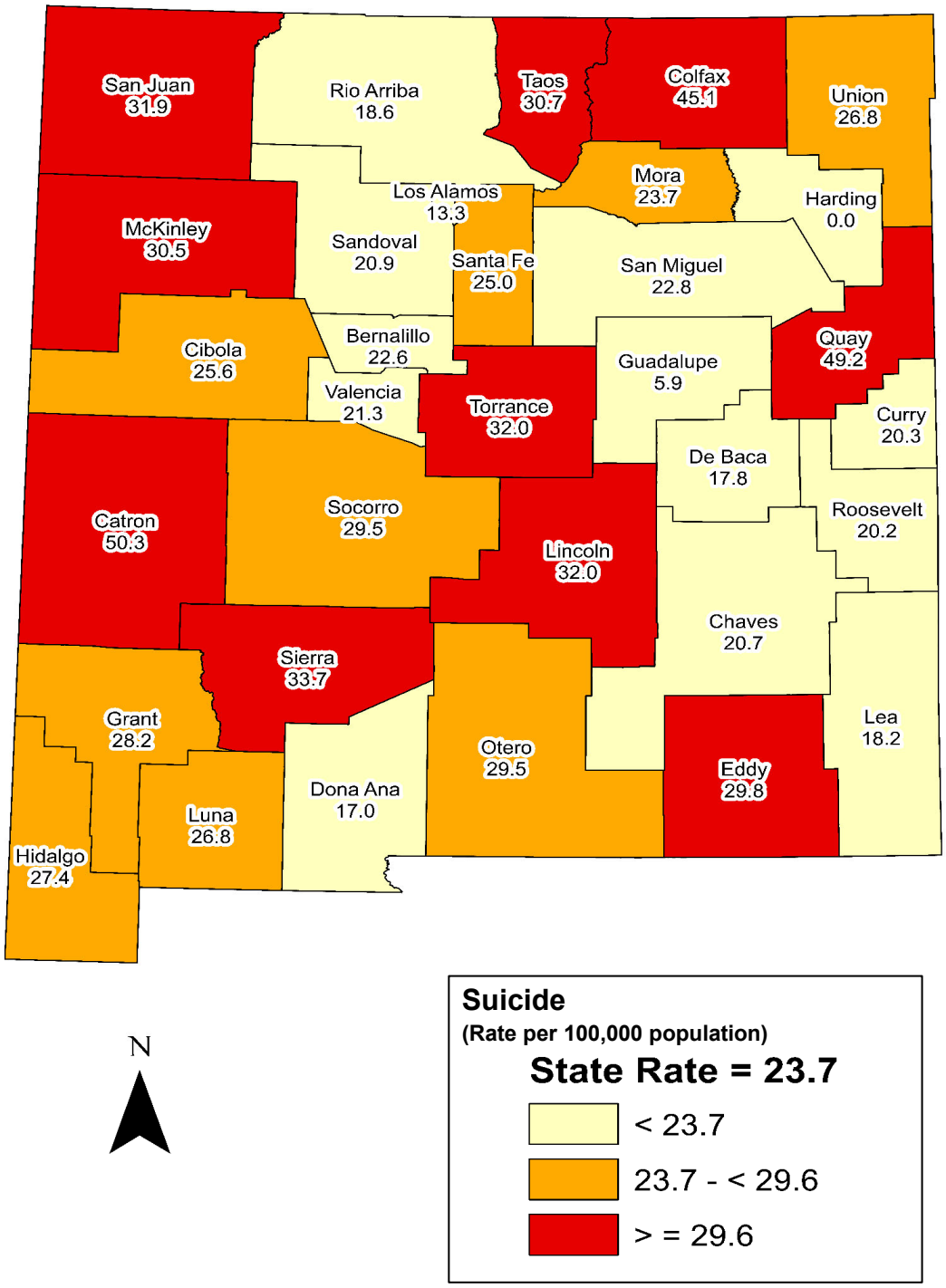
Chart 3: Suicide Rates* by County, New Mexico, 2016-2020



* 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; SUES

Chart 4: Suicide Rates* by County, New Mexico, 2016-2020



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

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

Section 2

Mental Health

ADULT MENTAL HEALTH

Problem Statement

Mental health includes emotional, psychological, and social well-being. All adults have mental health, and most adults will experience serious emotional challenges at some point in their life. In addition to serious mental health experiences, many adults live with a diagnosable mental illness including more common diagnoses like major depressive disorder or generalized anxiety disorder. Some mental illnesses including schizophrenia or bipolar disorder are closely associated with psychiatric disability or reduced lifespan. Many physical health conditions such as diabetes, asthma, and obesity also have strong links with both diagnosable mental illness and serious mental health symptoms. Suicide death, an increasing leading cause of adult mortality, is closely related to the mental health experiences of adult decedents. 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 2020. The proportion of the total New Mexico population that experienced FMD in 2020 had increased slightly from the previous year. 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 diabetes, 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, 2007), ever being diagnosed with an anxiety disorder (37% reported past-month FMD, 2011), or receiving a diagnosis of current depression based on the Patient Health Questionnaire (52% reported past-month FMD, 2011**).** Among the cohort that reported FMD with suicide related behaviors, 22% reported suicidal ideation, while 35% reported a past-year suicide attempt (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 shows the prevalence of frequent mental distress was higher among New Mexico women (16.0%) than New Mexico men (12.0%). Among men, American Indians experienced more frequent mental distress (14.0%), followed by Asian and Pacific Islanders (13.5%). Among women, Whites experienced more frequent mental distress (16.5%), followed by Hispanic women (16.4%). The counties with the highest rates of frequent mental distress were Sierra (17.9%) and Quay (17.3%), with the lowest rates in Union (5.9%) and Grant (10.1%).

Table 1: Frequent Mental Distress (past 30 days) by Age, Sex, and Race, Adults Aged 18+, New Mexico, 2018-2020

		Number				Percent*			
Sex	Race/Ethnicity	Ages 18-24	Ages 25-64	Ages 65+	All Ages	Ages 18-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	837	6,566	1,925	9,190	8.5	13.9	22.5	14.0
	Asian/Pacific Islander	-	430	-	1,807	-	4.4	-	13.5
	Black	-	1,375	-	2,357	-	9.6	-	11.4
	Hispanic	6,891	29,398	5,432	41,629	11.9	11.6	9.6	11.3
	White	4,347	27,264	6,915	38,730	15.1	13.7	6.7	11.7
	Total	13,665	66,898	14,613	95,686	13.4	12.8	8.5	12.0
Female	American Indian	1,836	6,743	1,344	9,903	18.8	13.1	10.6	13.4
	Asian/Pacific Islander	-	885	-	1,317	-	7.3	-	7.8
	Black	-	1,726	-	1,898	-	17.2	-	12.6
	Hispanic	14,300	40,795	7,011	62,385	25.3	16.0	10.2	16.4
	White	5,845	39,712	11,172	56,206	24.0	20.0	9.4	16.5
	Total	23,205	88,912	19,929	132,168	24.5	16.9	9.7	16.0
Total	American Indian	2,629	13,288	3,211	19,079	13.4	13.4	15.1	13.7
	Asian/Pacific Islander	-	1,298	-	3,219	-	5.9	-	10.6
	Black	-	3,102	276	4,253	-	12.7	4.9	11.9
	Hispanic	21,114	70,246	12,437	103,985	18.4	13.8	9.9	13.9
	White	10,150	66,885	18,129	94,927	19.1	16.8	8.2	14.1
	Total	36,797	155,879	34,540	227,877	18.7	14.8	9.1	14.0

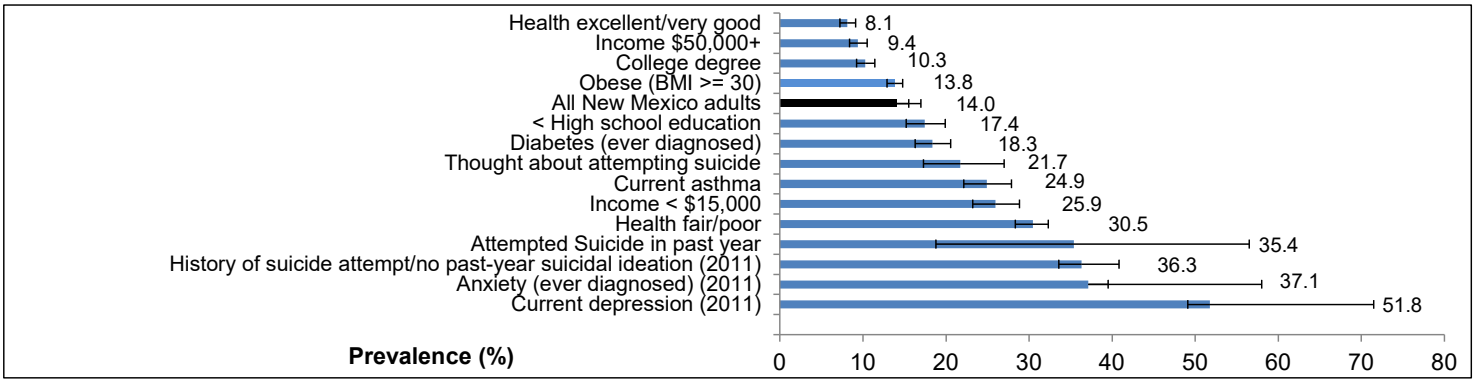
* Estimate of percent of people in population group who reported Frequent Mental Distress in past 30 days

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

Source: BRFSS; SUES

ADULT MENTAL HEALTH (continued)

Chart 1: Frequent Mental Distress (past 30 days)* by Selected Characteristics, Adults Aged 18+, New Mexico, 2020



* Frequent Mental Distress definition: respondent reported 14 or more days in past 30 days when mental health was "not good"
Source: BRFSS; SUES (NOTE: Brackets around reported rates are 95% confidence intervals)

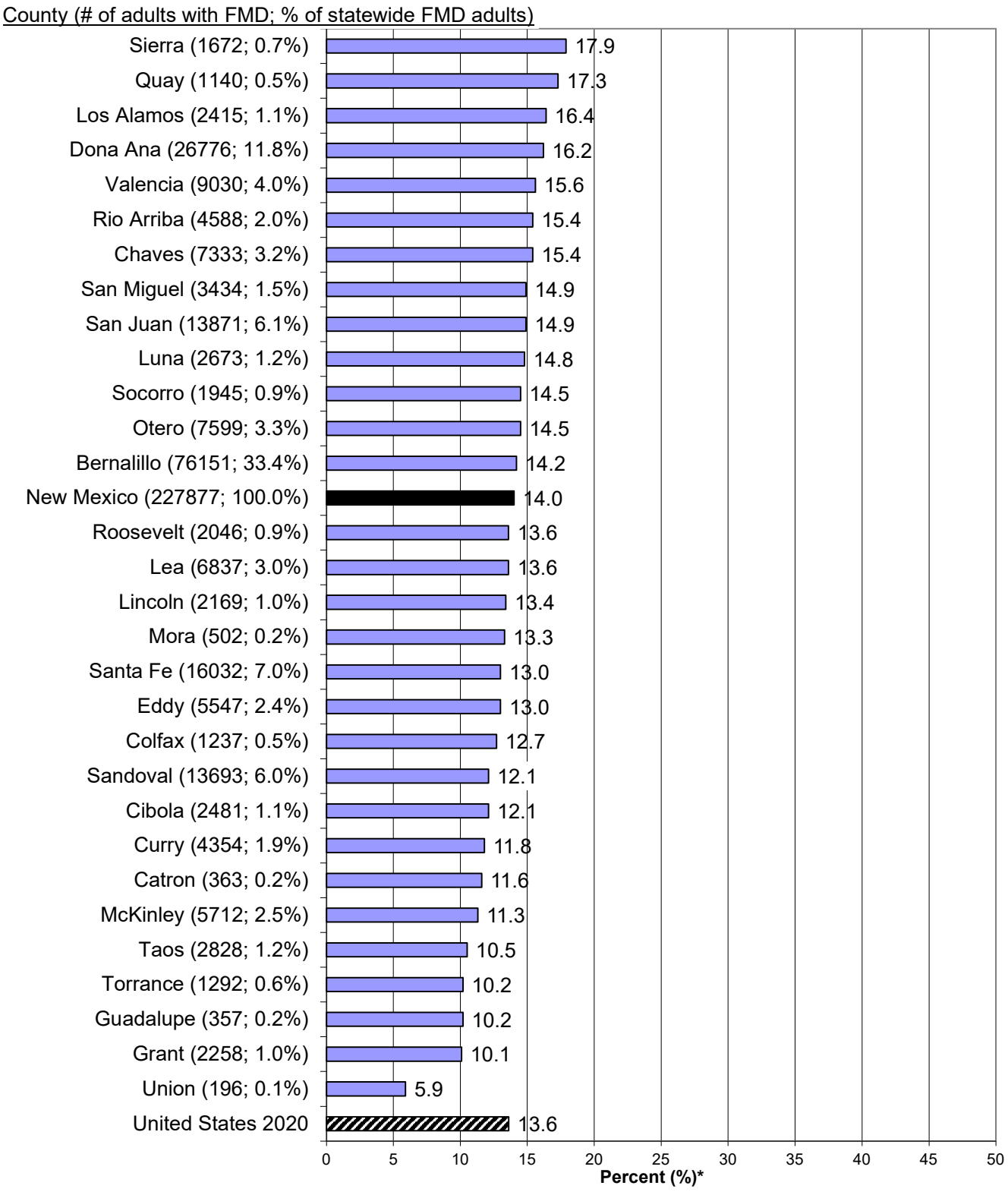
Table 2: Frequent Mental Distress (past 30 days) by Race and County, Adults Aged 18+, New Mexico, 2018-2020

	Number						Percent*					
	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	3,711	-	1,293	35,552	32,120	76,151	15.9	-	8.2	14.2	14.1	14.2
Catron	-	-	-	-	279	363	-	-	-	-	11.6	11.6
Chaves	-	-	-	3,348	3,516	7,333	-	-	-	13.1	17.4	15.4
Cibola	846	-	-	1,113	540	2,481	10.7	-	-	14.2	12.2	12.1
Colfax	-	-	-	756	541	1,237	-	-	-	16.9	10.8	12.7
Curry	-	-	-	1,383	2,759	4,354	-	-	-	9.6	14.6	11.8
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	17,111	8,618	26,776	-	-	-	15.9	16.9	16.2
Eddy	-	-	-	3,080	2,293	5,547	-	-	-	15.3	10.9	13.0
Grant	-	-	-	869	1,489	2,258	-	-	-	8.3	13.1	10.1
Guadalupe	-	-	-	-	-	357	-	-	-	-	-	10.2
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	3,715	2,755	6,837	-	-	-	13.3	14.0	13.6
Lincoln	-	-	-	689	1,438	2,169	-	-	-	13.9	13.6	13.4
Los Alamos	-	-	-	-	1,396	2,415	-	-	-	-	12.9	16.4
Luna	-	-	-	1,671	875	2,673	-	-	-	14.8	14.1	14.8
McKinley	4,529	-	-	707	352	5,712	11.9	-	-	11.3	6.9	11.3
Mora	-	-	-	-	-	502	-	-	-	-	-	13.3
Otero	-	-	-	2,651	3,980	7,599	-	-	-	14.6	14.2	14.5
Quay	-	-	-	-	374	1,140	-	-	-	-	10.6	17.3
Rio Arriba	-	-	-	3,263	746	4,588	-	-	-	15.7	16.5	15.4
Roosevelt	-	-	-	741	1,230	2,046	-	-	-	12.5	14.8	13.6
Sandoval	1,552	-	-	3,301	8,046	13,693	12.1	-	-	7.8	15.1	12.1
San Juan	5,579	-	-	2,678	5,532	13,871	15.5	-	-	15.9	14.2	14.9
San Miguel	-	-	-	2,799	685	3,434	-	-	-	16.0	14.8	14.9
Santa Fe	-	-	-	8,064	6,427	16,032	-	-	-	14.1	10.8	13.0
Sierra	-	-	-	-	1,207	1,672	-	-	-	-	18.7	17.9
Socorro	-	-	-	1,189	561	1,945	-	-	-	18.0	10.9	14.5
Taos	-	-	-	1,539	1,307	2,828	-	-	-	10.7	12.2	10.5
Torrance	-	-	-	-	860	1,292	-	-	-	-	12.5	10.2
Union	-	-	-	-	95	196	-	-	-	-	5.4	5.9
Valencia	-	-	-	3849	4849	9030	-	-	-	11.4	23.4	15.6
New Mexico	19079	3219	4253	103985	94927	227877	13.7	10.6	11.9	13.9	14.1	14

Source: BRFSS; SUES

ADULT MENTAL HEALTH (continued)

Chart 2: Frequent Mental Distress (past 30 days)* by County, Adults Aged 18+, New Mexico, 2019-2020



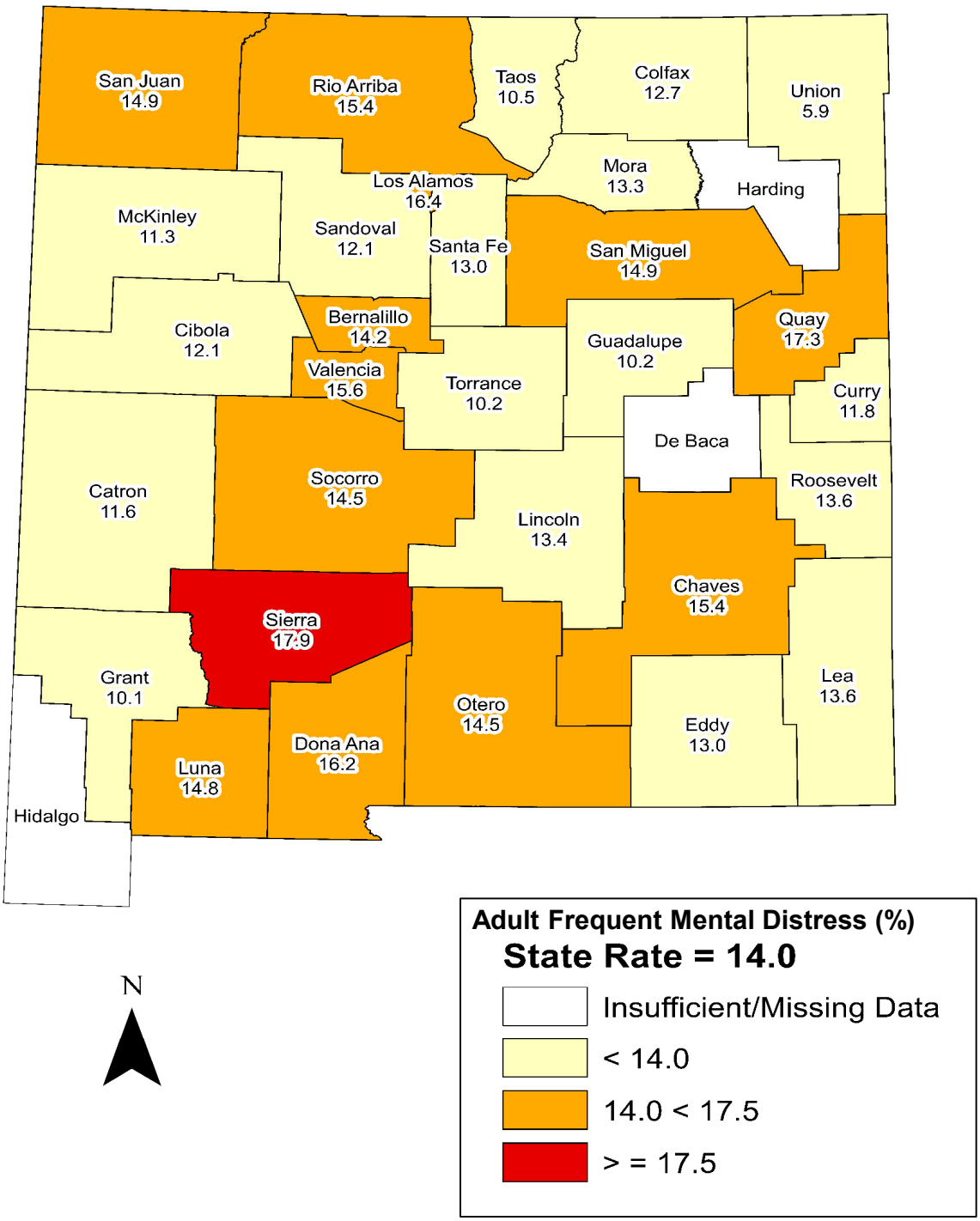
* Estimate of percent of people in population group who reported Frequent Mental Distress in past 30 days

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); SUES

Chart 3: Frequent Mental Distress (past 30 days)* by County, Adults Aged 18+, New Mexico, 2018-2020



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

Source: BRFSS; SUES

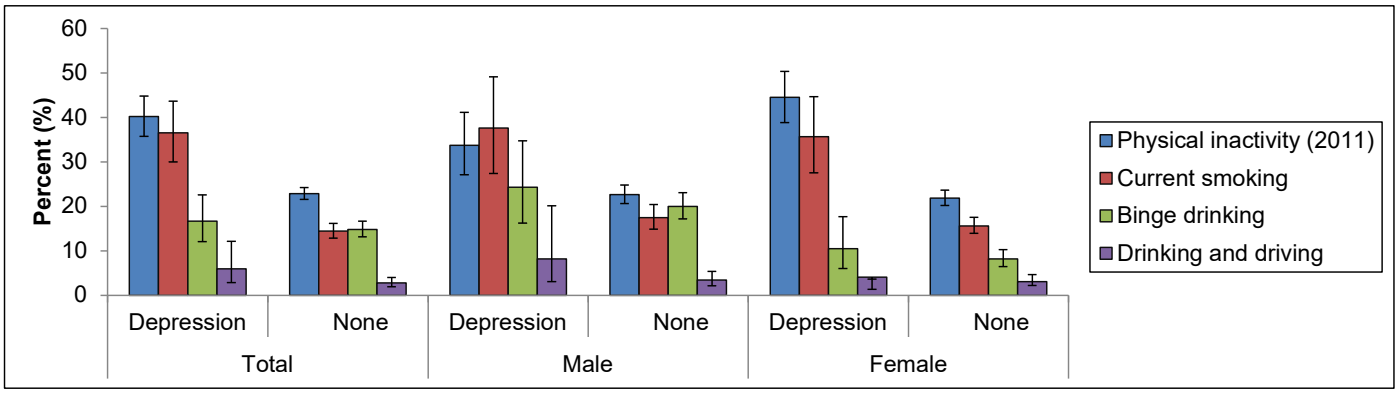
ADULT MENTAL HEALTH - DEPRESSION

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; SUES (NOTE: Brackets around reported rates are 95% confidence intervals)

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

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

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

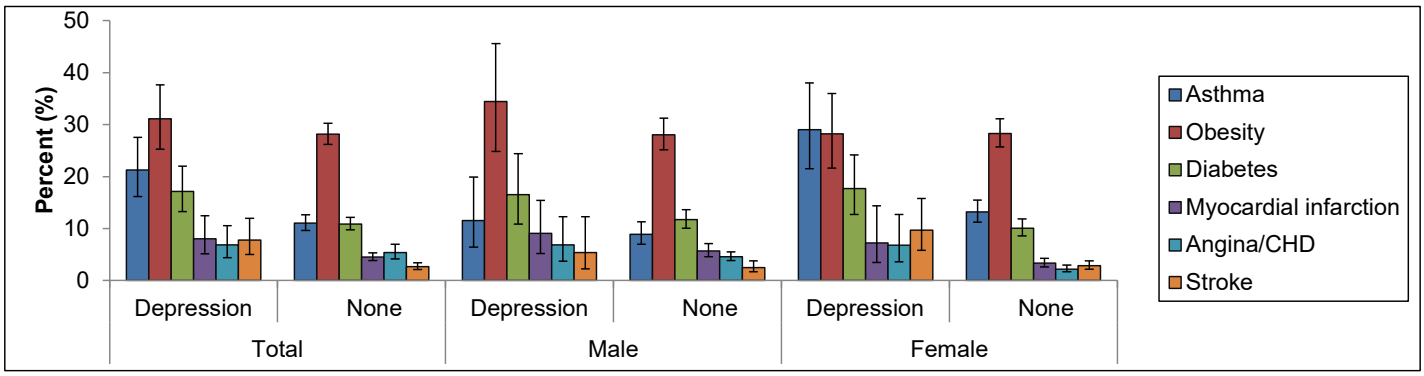
** Estimate of percent of people in population group who reported current (past 2-week) depression based on DSM-IV criteria

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

Source: BRFSS; SUES

ADULT MENTAL HEALTH - DEPRESSION (continued)

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



Source: BRFSS; SUES

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

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

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

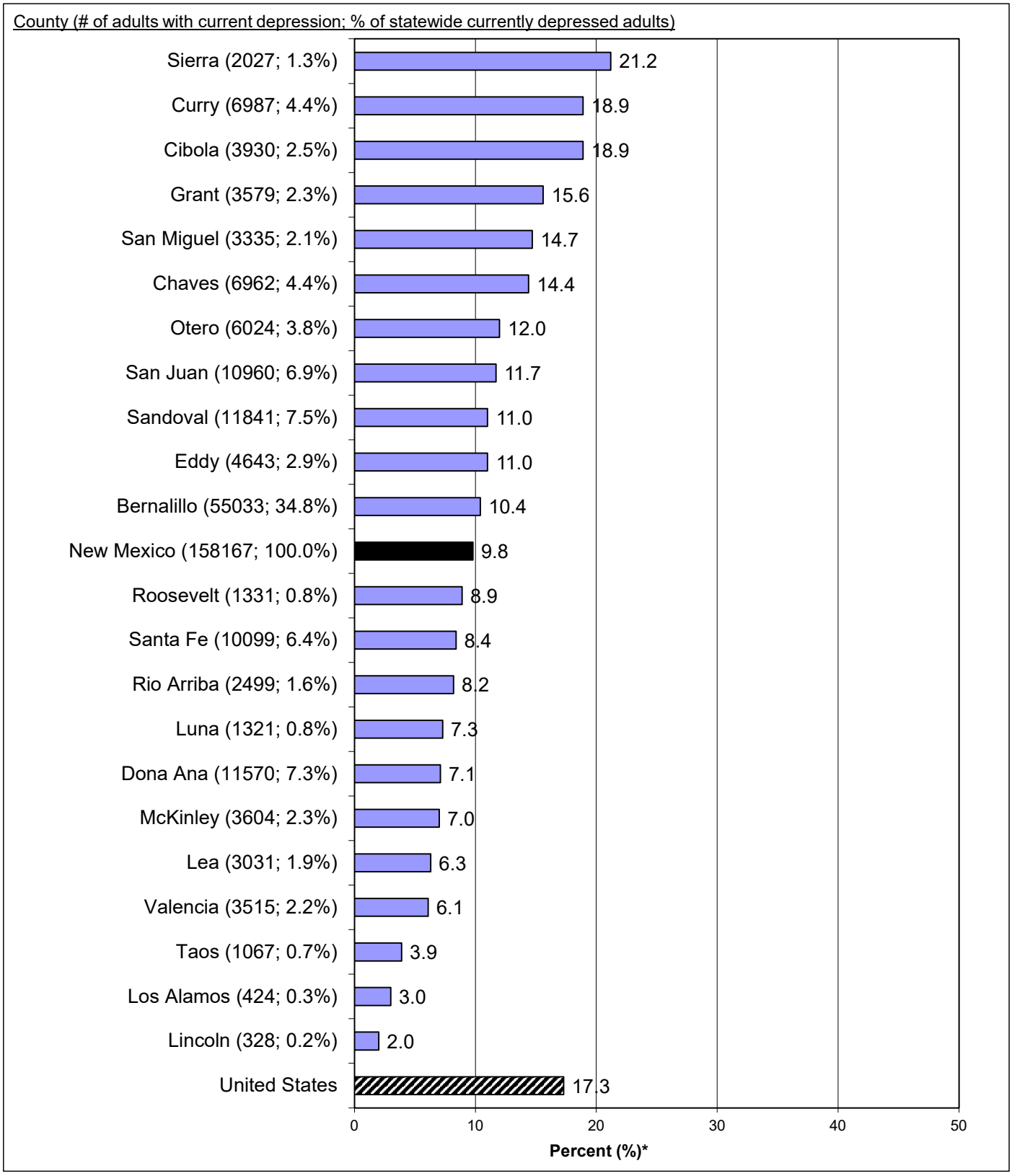
** Estimate of percent of people in population group who reported current (past 2-week) depression based on DSM-IV criteria

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

Source: BRFSS; SUES

ADULT MENTAL HEALTH - DEPRESSION (continued)

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



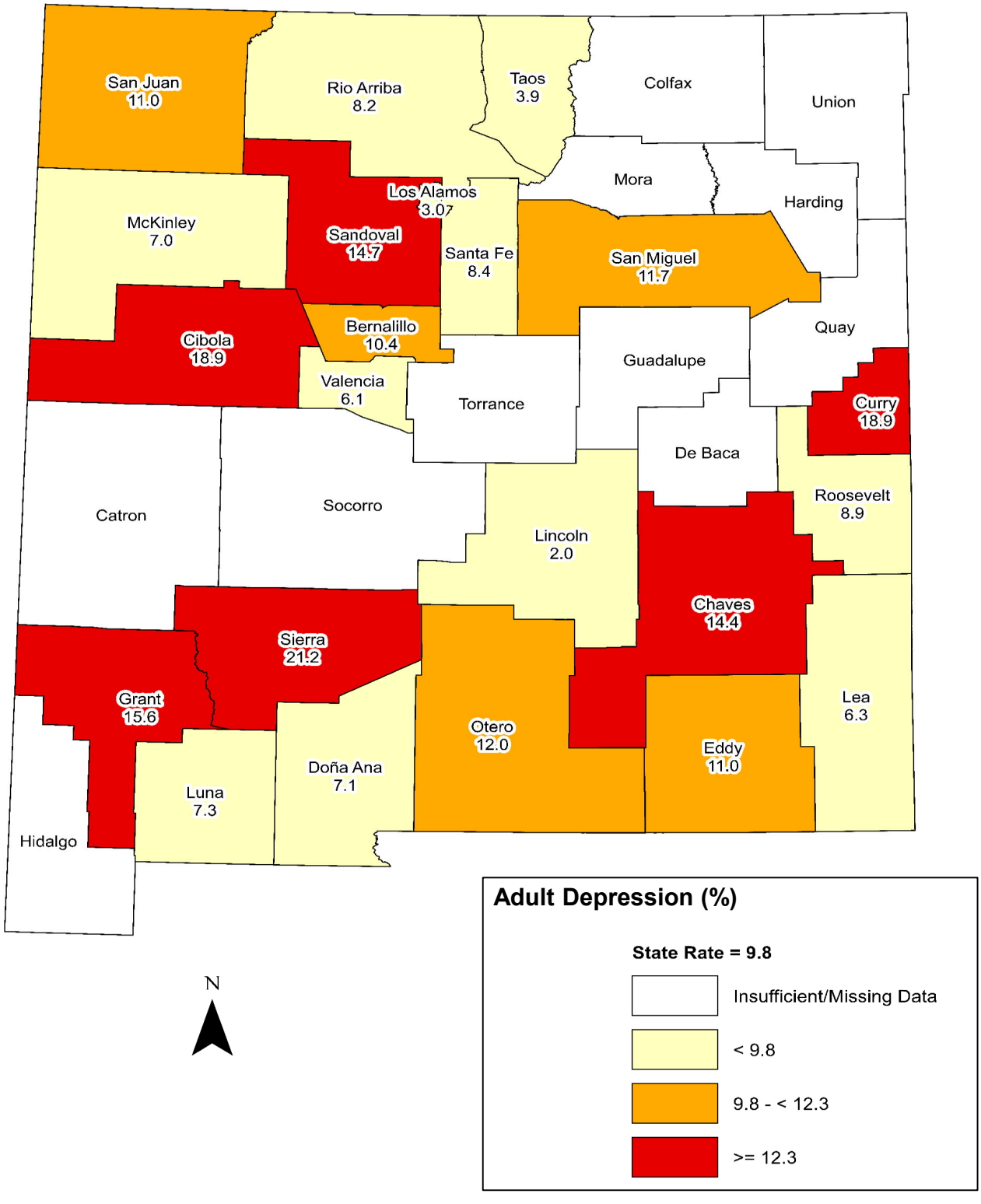
* Estimate of percent of people in population group who reported current (past 2-week) depression based on DSM-IV criteria

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); SUES

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; SUES

YOUTH FEELINGS OF SADNESS OR HOPELESSNESS

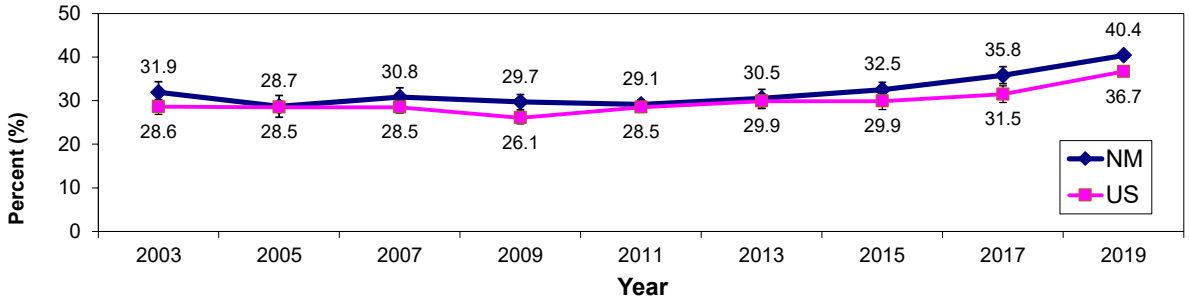
Problem Statement

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)

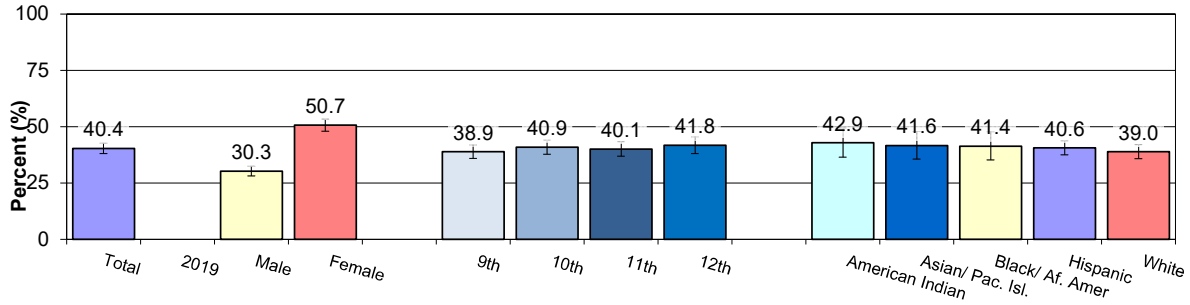
Table 1: Feelings of Sadness or Hopelessness, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2019

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	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)

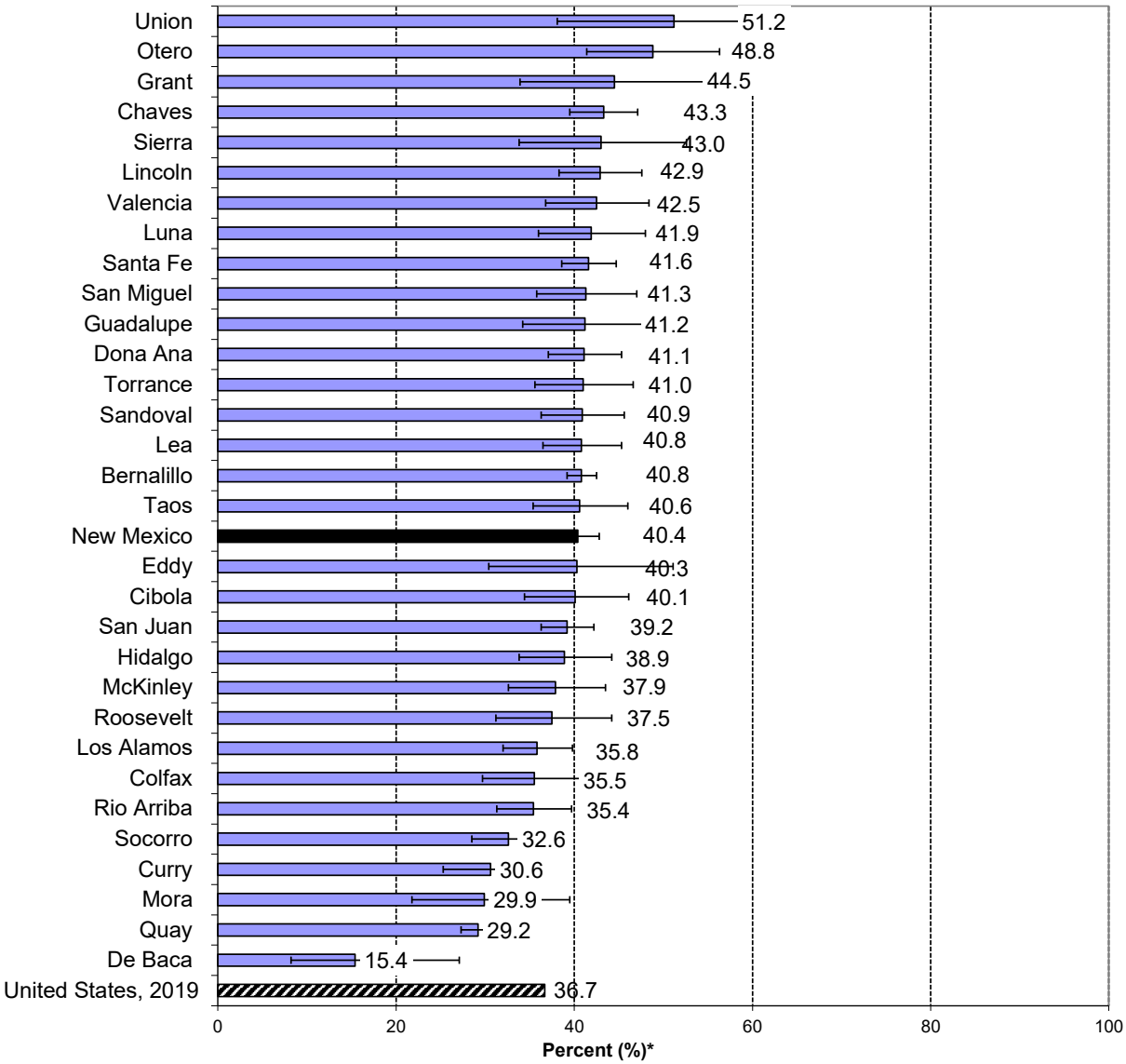
Chart 2: Feelings of Sadness or Hopelessness, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2019



*<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



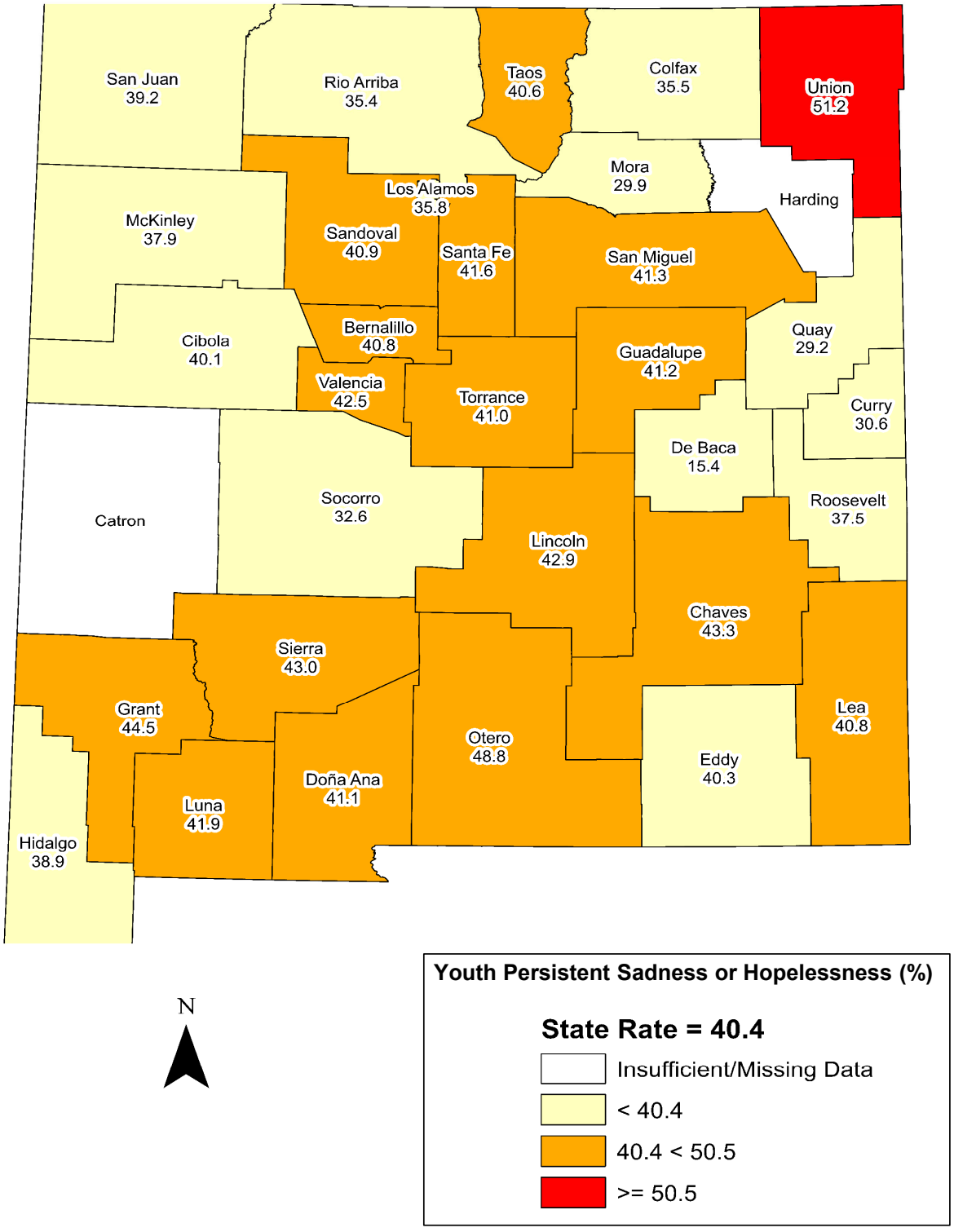
* Estimate of percent of high school students who reported persistent feelings of sadness or hopelessness within the past 12 months

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

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

YOUTH SERIOUSLY CONSIDERED SUICIDE

Problem Statement

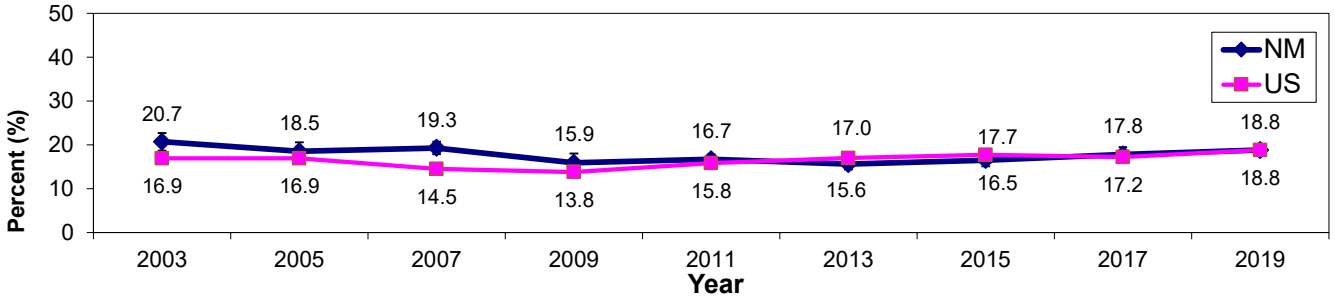
Suicide is a complex behavior with no single determining cause. Suicidal ideation refers to thoughts of suicide or wanting to take one's own life. Suicidal ideation is a risk factor for suicide attempt/death.

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)

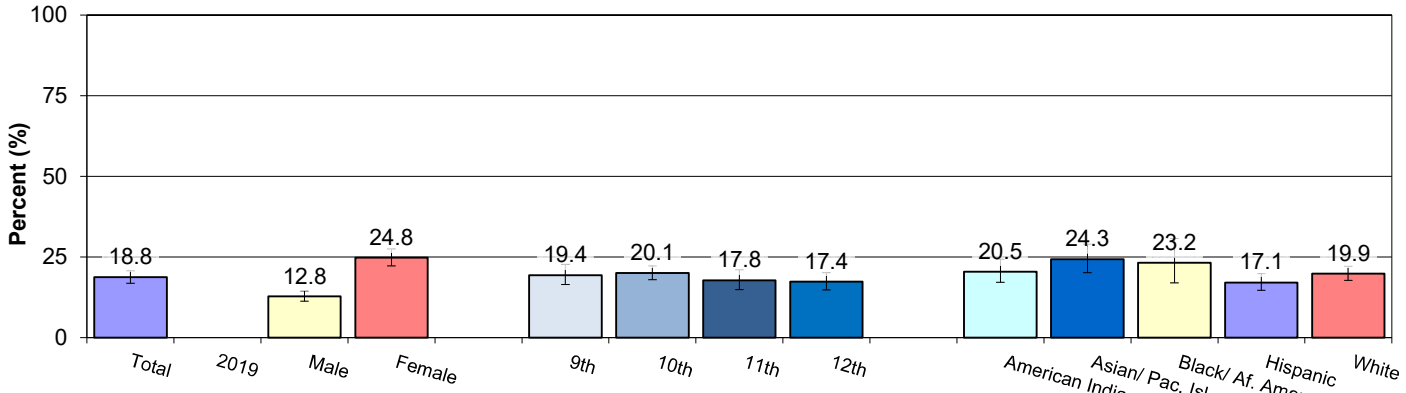
Table 1: Seriously Considered Suicide, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2019

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	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)

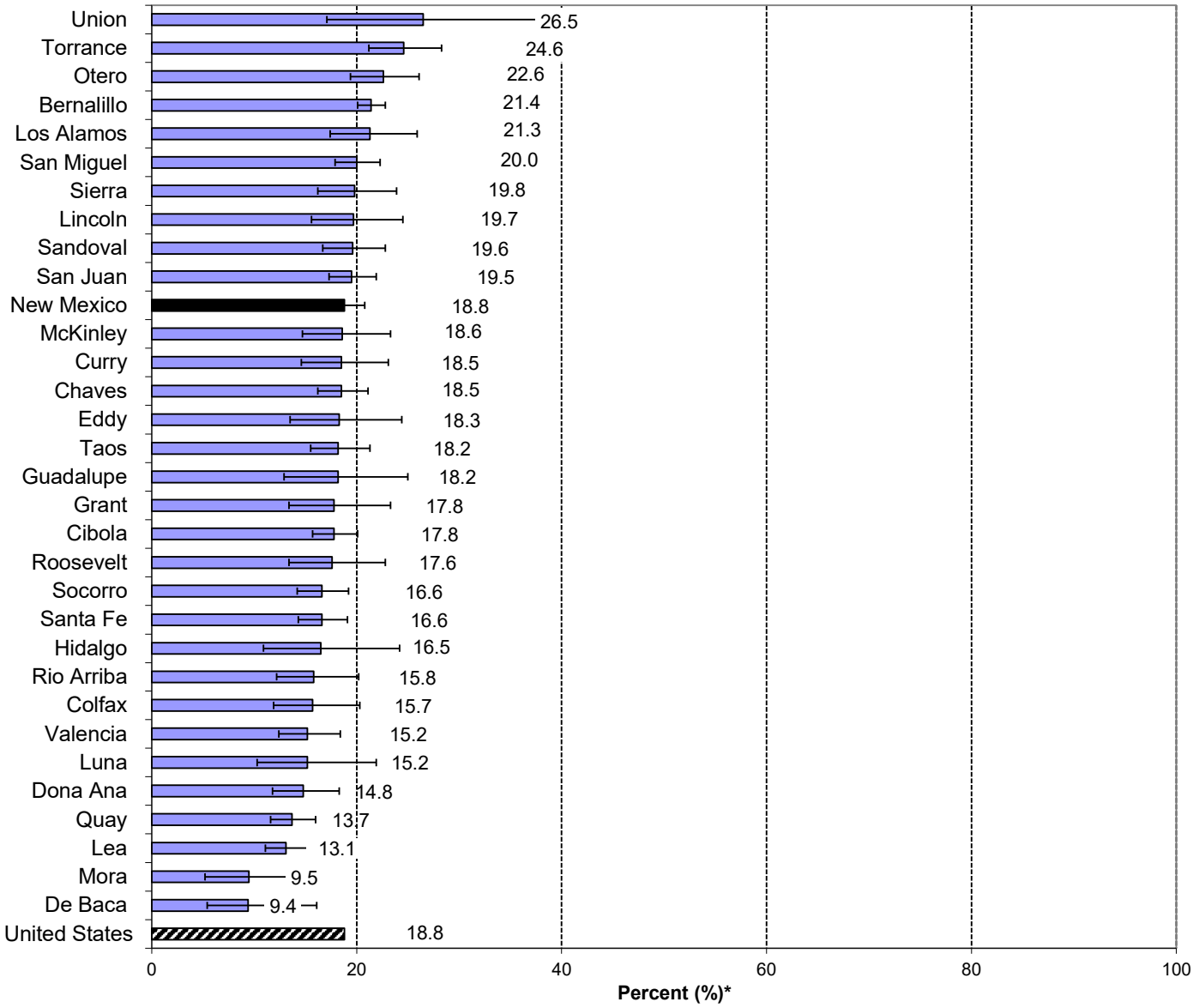
YOUTH SERIOUSLY CONSIDERED SUICIDE (continued)

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



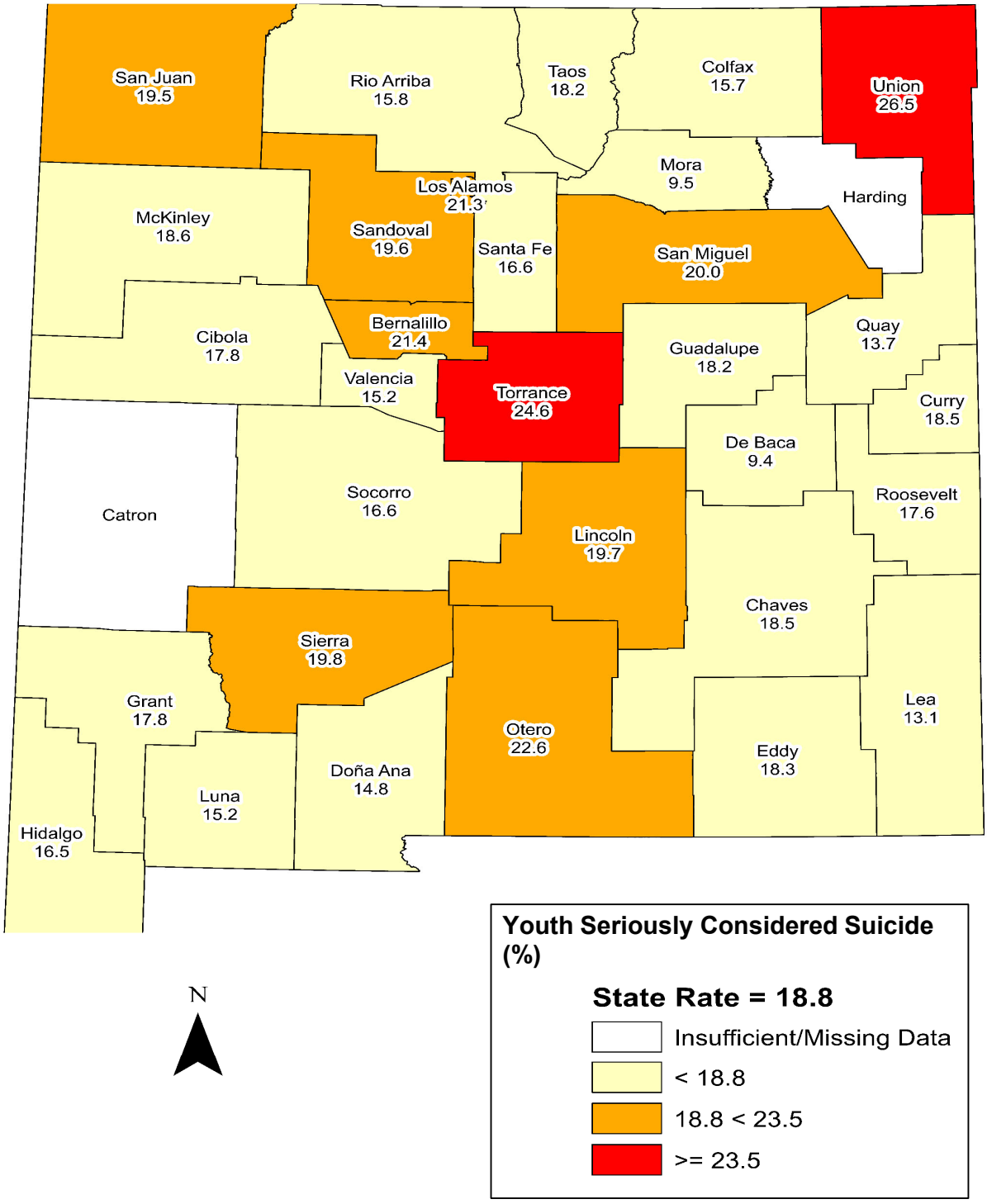
* Estimate of percent of high school students seriously considered suicide at least once in past 12 months

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; SUES

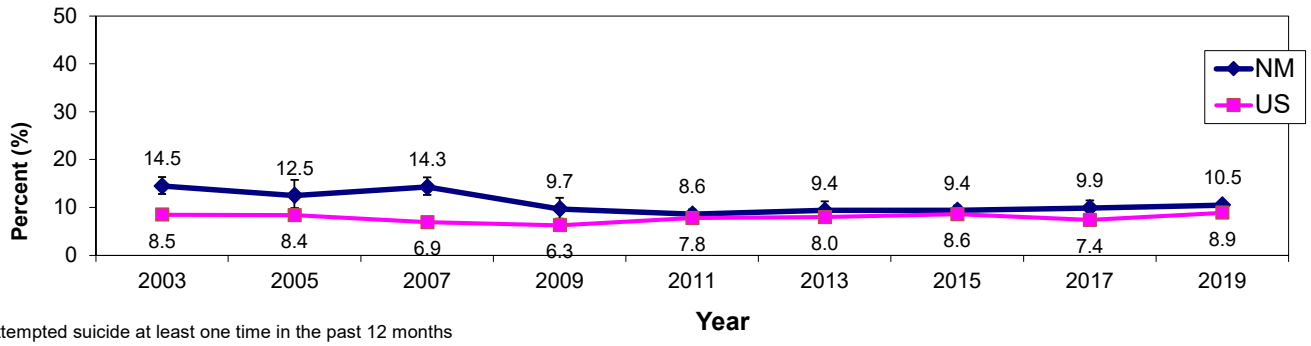
YOUTH ATTEMPTED SUICIDE

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)

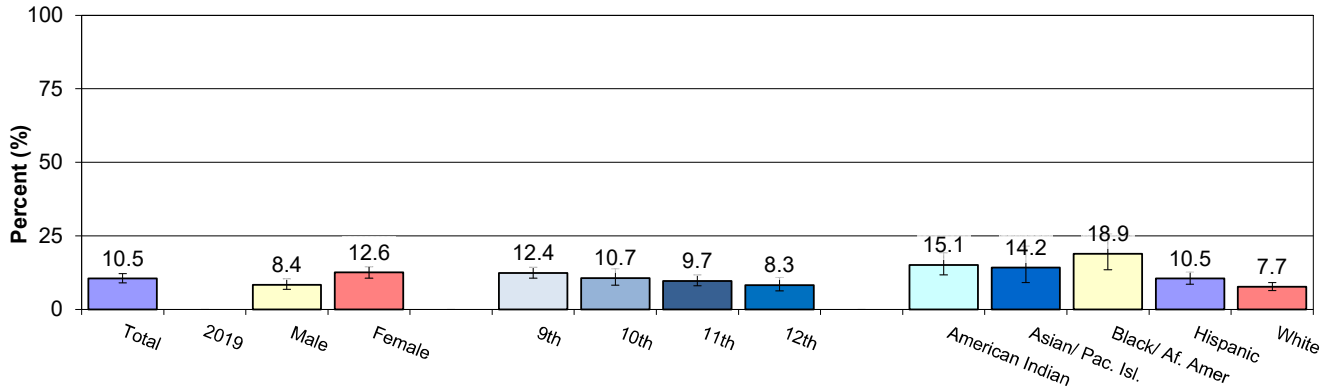
Table 1: Attempted Suicide, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2019

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	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)

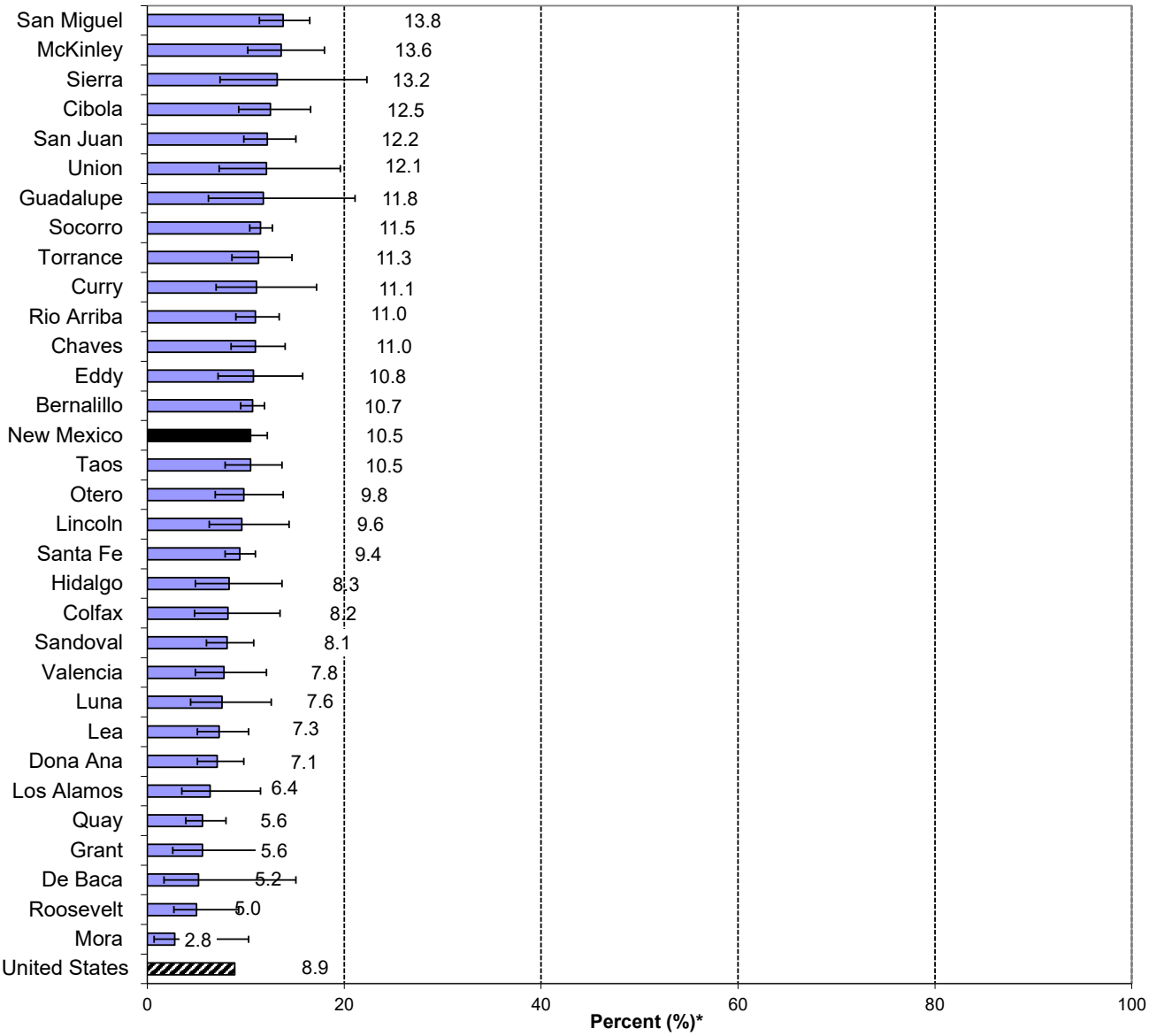
YOUTH ATTEMPTED SUICIDE (continued)

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



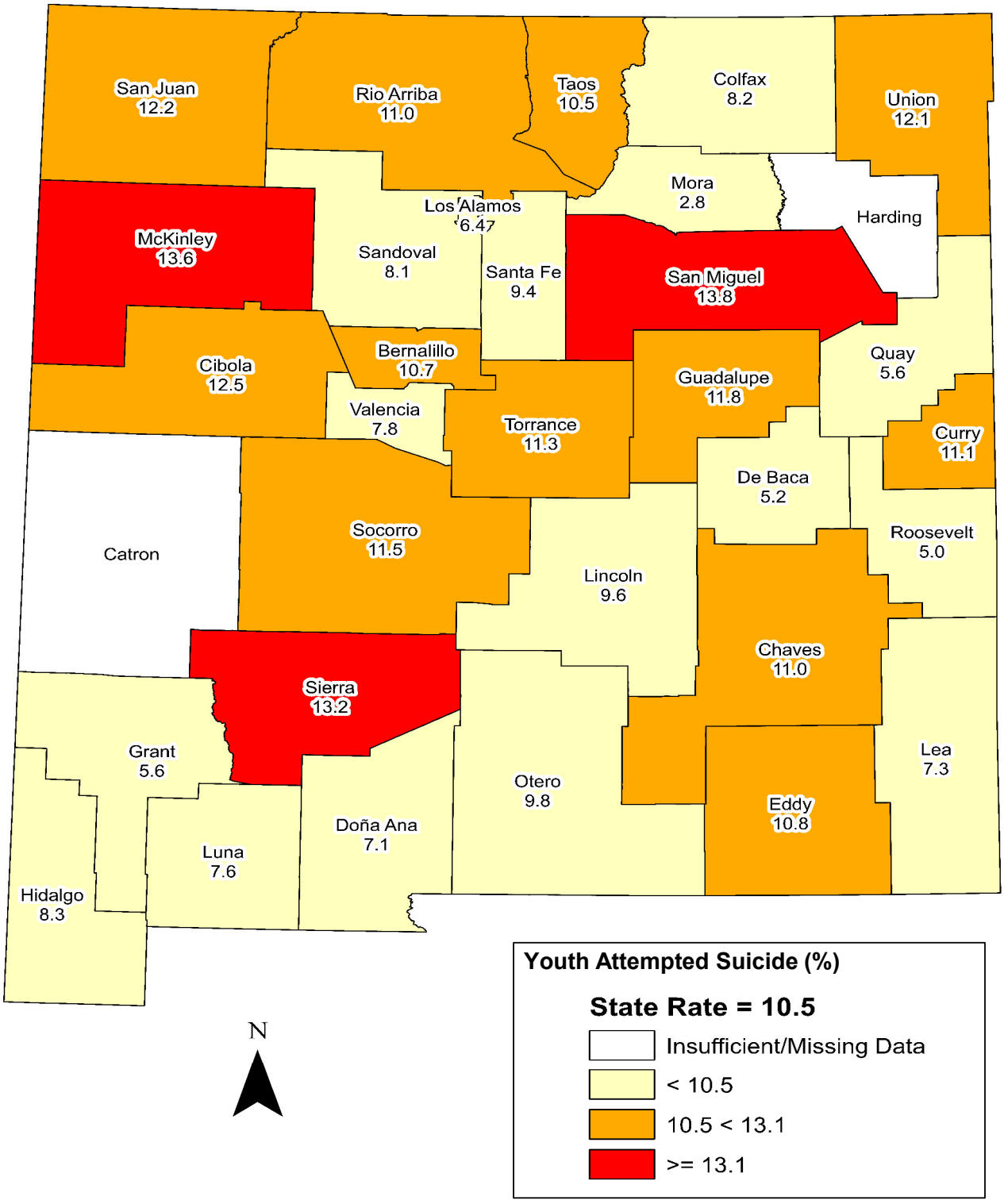
* Estimate of percent of high school students who reported attempting suicide at least one time in the past 12 months

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

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

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.

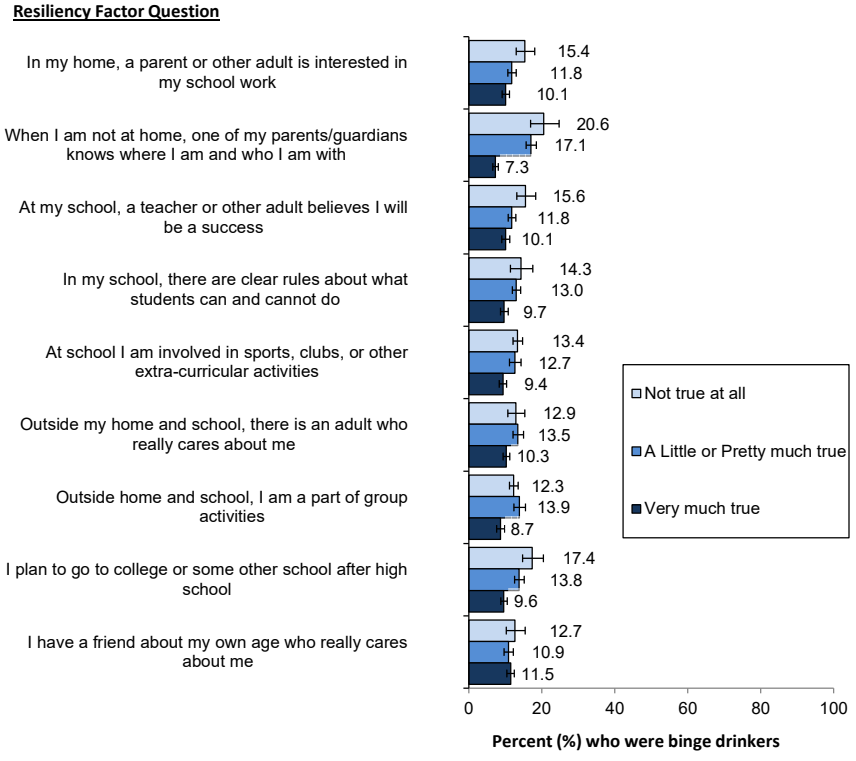
Resiliency factor results presented in the following charts are for:

- 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

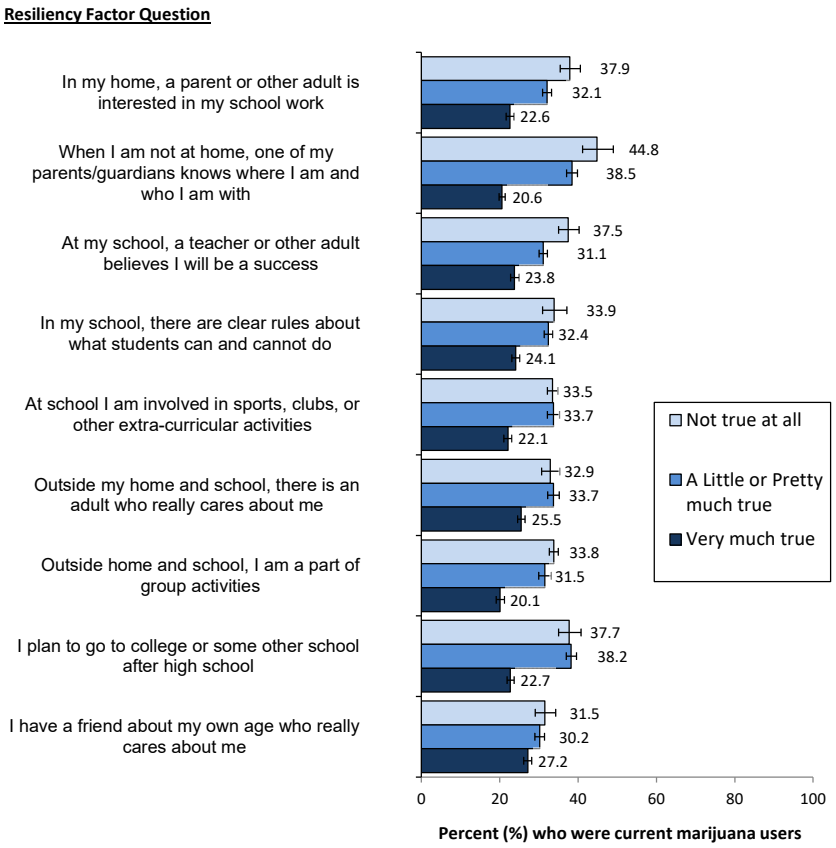
Students were less likely to be binge drinkers if they said "Very much true" to any of the resiliency questions:



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

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

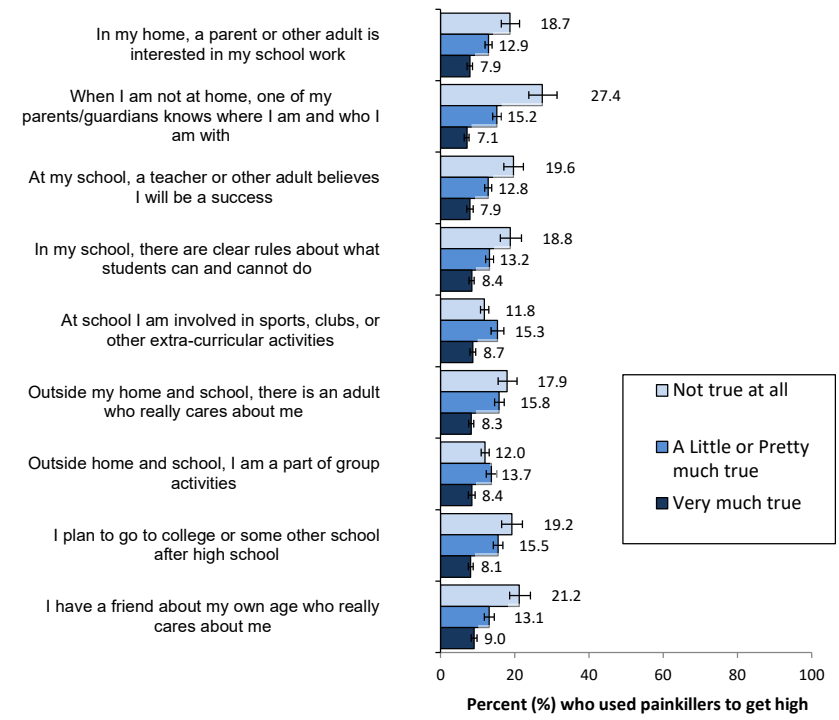
Students were less likely to be current marijuana users if they said "Very much true" to any of the resiliency questions:



** Used marijuana in the past 30 days*

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

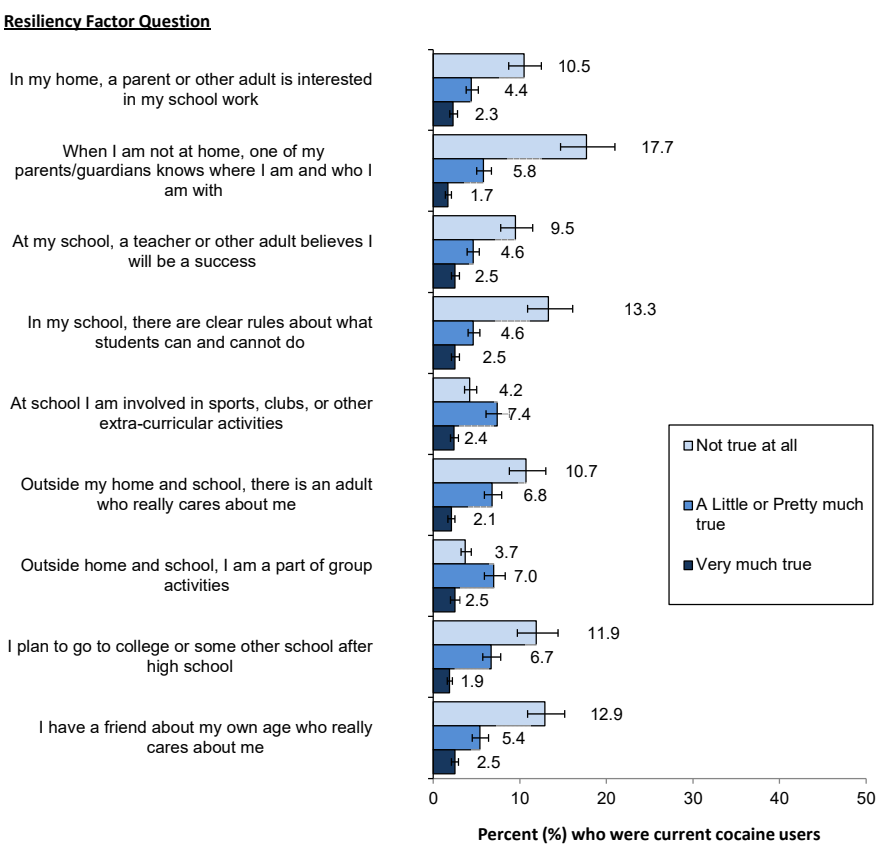
Students were less likely to use pain killers to get high if they said "Very much true" to any of the resiliency questions:



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

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

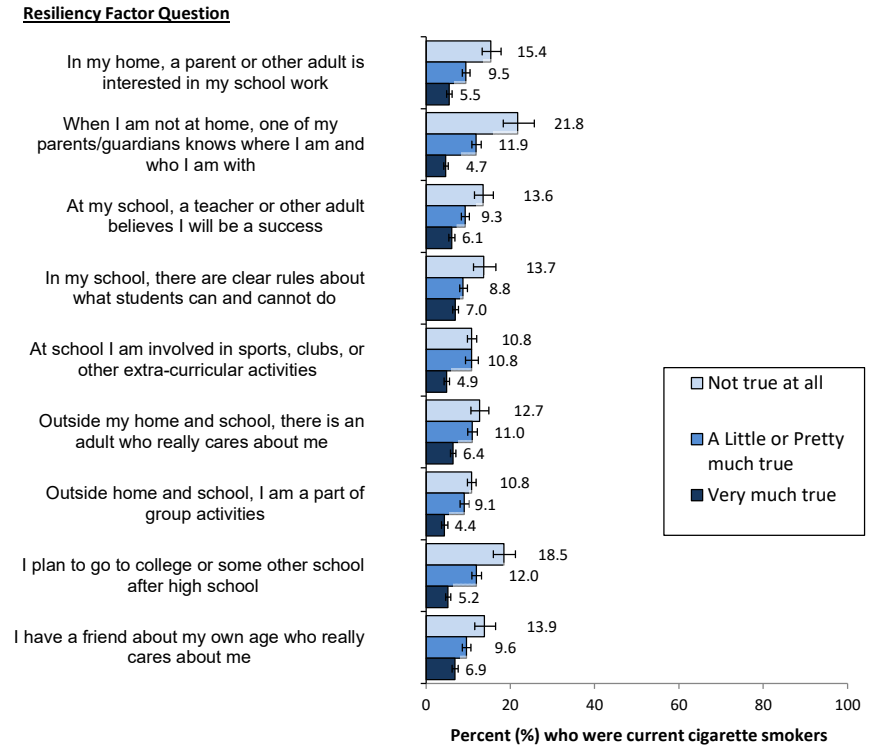
Students were less likely to be current cocaine users if they said "Very much true" to any of the resiliency questions:



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

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

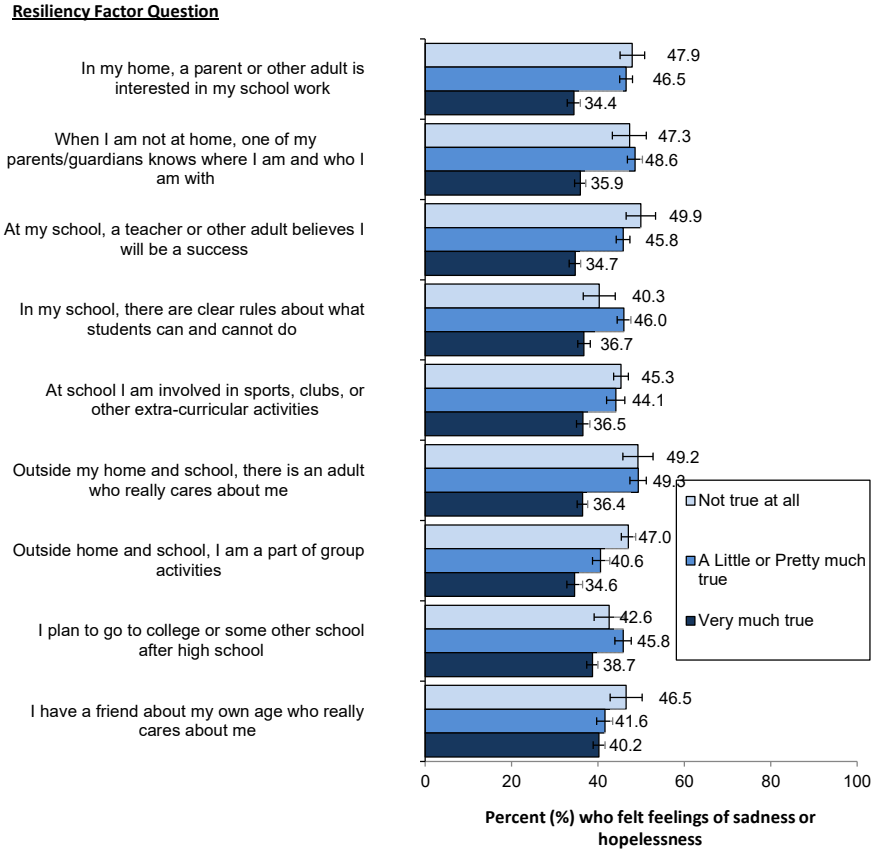
Students were less likely to be current cigarette smokers if they said "Very much true" to any of the resiliency questions:



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

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

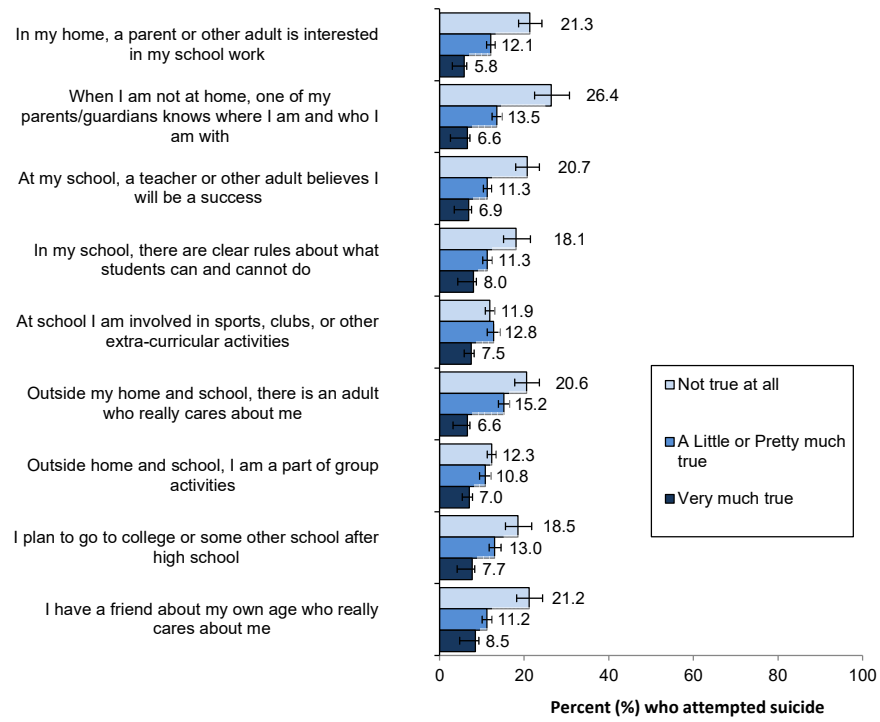
Students were less likely to have feelings of sadness and hopelessness if they said "Very much true" to any of the resiliency questions:



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

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

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



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

Section 3

Consumption

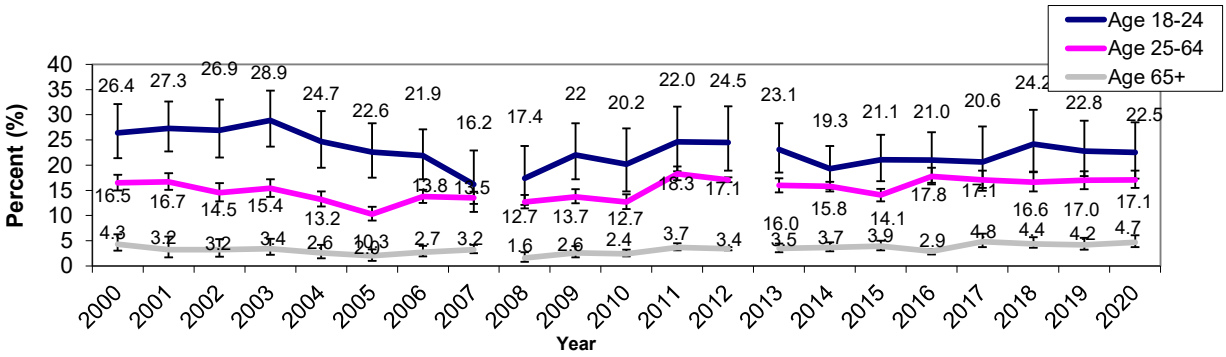
ADULT BINGE DRINKING

Problem Statement

Binge drinking is defined as a pattern of alcohol consumption that brings the blood alcohol concentration (BAC) level to 0.08% or above. This pattern of drinking usually corresponds to five or more drinks on a single occasion for men, or four or more drinks on a single occasion for women, generally within about two hours. According to the latest estimates from the Centers for Disease Control and Prevention, about 47% of homicides, 32% of fall injury deaths, 29% of drug overdose deaths, and 24% of suicide deaths are alcohol-attributable. Likewise, alcohol consumption is the primary causal factor in roughly 47% of motor vehicle crash deaths among males aged 20-44, and in about 45% 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.

Chart 1 shows that binge drinking prevalence among younger adults has remained relatively stable. Table 1 shows that binge drinking rates decrease with age and are higher among males. For both sexes, American Indian and Hispanic populations had the highest percentage of binge drinking within the last month. 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, 2000-2020



* 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; SUES (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, 2018-2020

		Number				Percent*			
Sex	Race/Ethnicity	Ages 18-24	Ages 25-64	Ages 65+	All Ages	Ages 18-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	2,071	11,322	209	13,617	21.1	23.9	2.4	20.7
	Asian/Pacific Islander	-	1,399	-	1,933	-	14.4	-	14.4
	Black	-	4,038	-	4,226	-	28.1	-	20.4
	Hispanic	15,691	68,668	4,528	89,063	27.0	27.2	8.0	24.2
	White	8,479	38,834	5,980	53,437	29.5	19.6	5.8	16.2
	Total	27,165	124,037	10,606	161,134	26.7	23.7	6.1	20.2
Female	American Indian	2,135	6,482	0	8,670	21.9	12.6	0.0	11.7
	Asian/Pacific Islander	-	164	-	320	-	1.4	-	1.9
	Black	-	959	-	1,302	-	9.6	-	8.7
	Hispanic	10,058	26,879	1,086	37,926	17.8	10.6	1.6	10.0
	White	4,638	21,032	2,222	27,471	19.1	10.6	1.9	8.0
	Total	17,209	55,473	3,593	75,743	18.2	10.5	1.7	9.1
Total	American Indian	4,208	17,623	194	22,103	21.5	17.8	0.9	15.8
	Asian/Pacific Islander	-	1,542	-	2,377	-	7.1	-	7.8
	Black	-	4,852	59	5,420	-	19.9	1.1	15.2
	Hispanic	25,726	95,383	5,567	126,683	22.4	18.8	4.4	16.9
	White	13,131	59,806	8,146	80,719	24.7	15.0	3.7	12.0
	Total	44,256	179,021	14,120	236,034	22.5	17.0	3.7	14.5

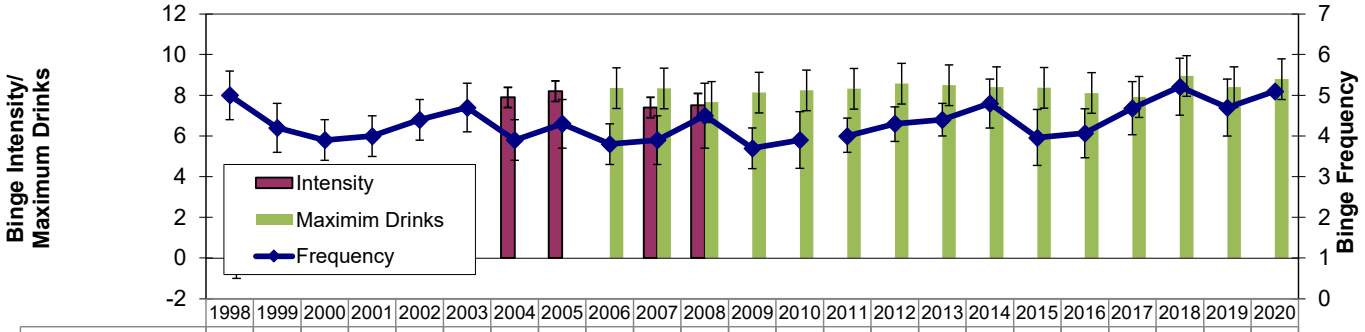
* Estimate of percent of people in population group who reported binge drinking at least once in past 30 days

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

Source: BRFSS; SUES

ADULT BINGE DRINKING (continued)

Chart 2: Binge Drinking Frequency and Intensity*, Adult Binge Drinkers Aged 18+, New Mexico, 1998-2020



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Intensity							7.9	8.2		7.4	7.5												
Maximim Drinks	0								8.4	8.3	7.7	8.1	8.2	8.3	8.6	8.5	8.4	8.4	8.1	7.9	9.0	8.4	8.8
Frequency	5.0	4.2	3.9	4.0	4.4	4.7	3.9	4.3	3.8	3.9	4.5	3.7	3.9	4.0	4.3	4.4	4.8	4.0	4.1	4.7	5.2	4.7	5.1

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

Source: BRFSS; SUES

Table 2: Binge Drinking (past 30 days) by Race and County, Adults Aged 18+, New Mexico, 2018-2020

	Number						Percent*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	6,929	-	2,138	42,979	26,340	79,756	29.6	-	13.6	17.2	11.5	14.9
Catron	-	-	-	-	467	478	-	-	-	-	19.5	15.4
Chaves	-	-	-	4,652	2,796	7,409	-	-	-	18.3	13.9	15.6
Cibola	1,508	-	-	1,431	643	3,602	19.1	-	-	18.2	14.6	17.5
Colfax	-	-	-	188	588	731	-	-	-	4.2	11.8	7.5
Curry	-	-	-	2,244	1,569	4,657	-	-	-	15.5	8.3	12.7
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	19,834	5,962	26,816	-	-	-	18.4	11.7	16.2
Eddy	-	-	-	4,487	2,449	7,229	-	-	-	22.2	11.6	16.9
Grant	-	-	-	1,676	1,274	2,808	-	-	-	16.0	11.2	12.5
Guadalupe	-	-	-	-	-	725	-	-	-	-	-	20.6
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	5,665	2,939	8,992	-	-	-	20.3	14.9	17.9
Lincoln	-	-	-	643	1,386	2,217	-	-	-	12.9	13.1	13.7
Los Alamos	-	-	-	-	912	1,327	-	-	-	-	8.4	9.0
Luna	-	-	-	1,599	274	2,011	-	-	-	14.1	4.4	11.1
McKinley	4,731	-	-	1,117	257	6,339	12.4	-	-	17.9	5.0	12.6
Mora	-	-	-	-	-	402	-	-	-	-	-	10.7
Otero	-	-	-	4,550	2,187	6,960	-	-	-	25.1	7.8	13.3
Quay	-	-	-	-	279	755	-	-	-	-	7.9	11.4
Rio Arriba	-	-	-	2,068	462	3,127	-	-	-	10.0	10.2	10.5
Roosevelt	-	-	-	830	1,412	2,320	-	-	-	14.0	16.9	15.4
Sandoval	1,186	-	-	6,884	8,654	18,132	9.2	-	-	16.3	16.3	16.1
San Juan	4,263	-	-	2,216	4,741	11,356	11.8	-	-	13.2	12.2	12.2
San Miguel	-	-	-	2,866	296	3,424	-	-	-	16.4	6.4	14.8
Santa Fe	-	-	-	6,185	5,961	13,319	-	-	-	10.8	10.0	10.8
Sierra	-	-	-	-	717	759	-	-	-	-	11.1	8.1
Socorro	-	-	-	1,890	691	2,927	-	-	-	28.7	13.5	21.9
Taos	-	-	-	2,426	1,473	3,818	-	-	-	16.9	13.8	14.2
Torrance	-	-	-	-	303	503	-	-	-	-	4.4	4.0
Union	-	-	-	-	163	421	-	-	-	-	9.3	12.7
Valencia	-	-	-	7,183	2,623	10,417	-	-	-	21.4	12.7	18.0
New Mexico	22,103	2,377	5,420	126,683	80,719	236,034	15.8	7.8	15.2	16.9	12.0	14.5

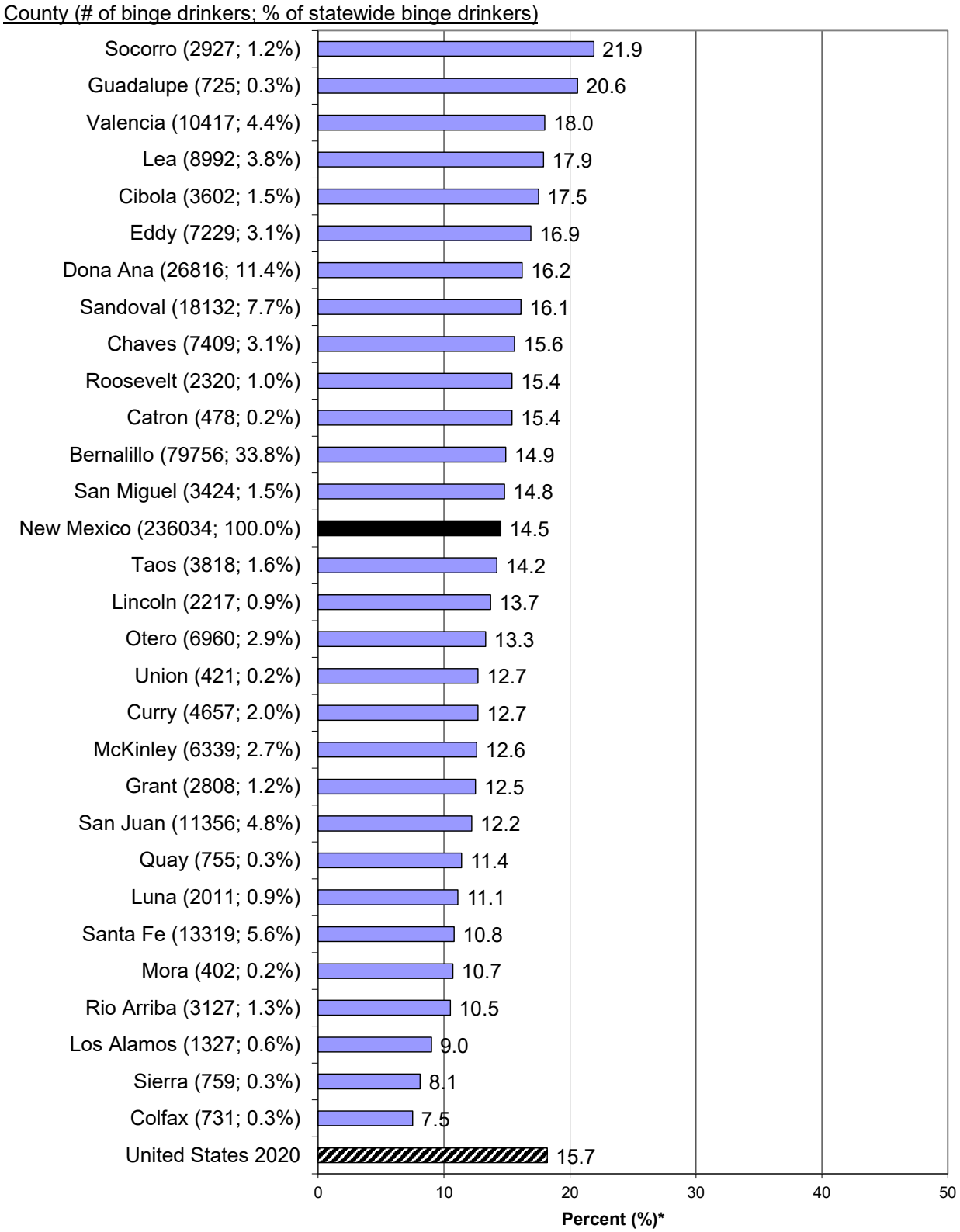
* Estimate of percent of people in population group who reported binge drinking at least once in past 30 days

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

Source: BRFSS; SUES

ADULT BINGE DRINKING (continued)

Chart 3: Binge Drinking (past 30 days)* by County, Adults Aged 18+, New Mexico, 2018-2020



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

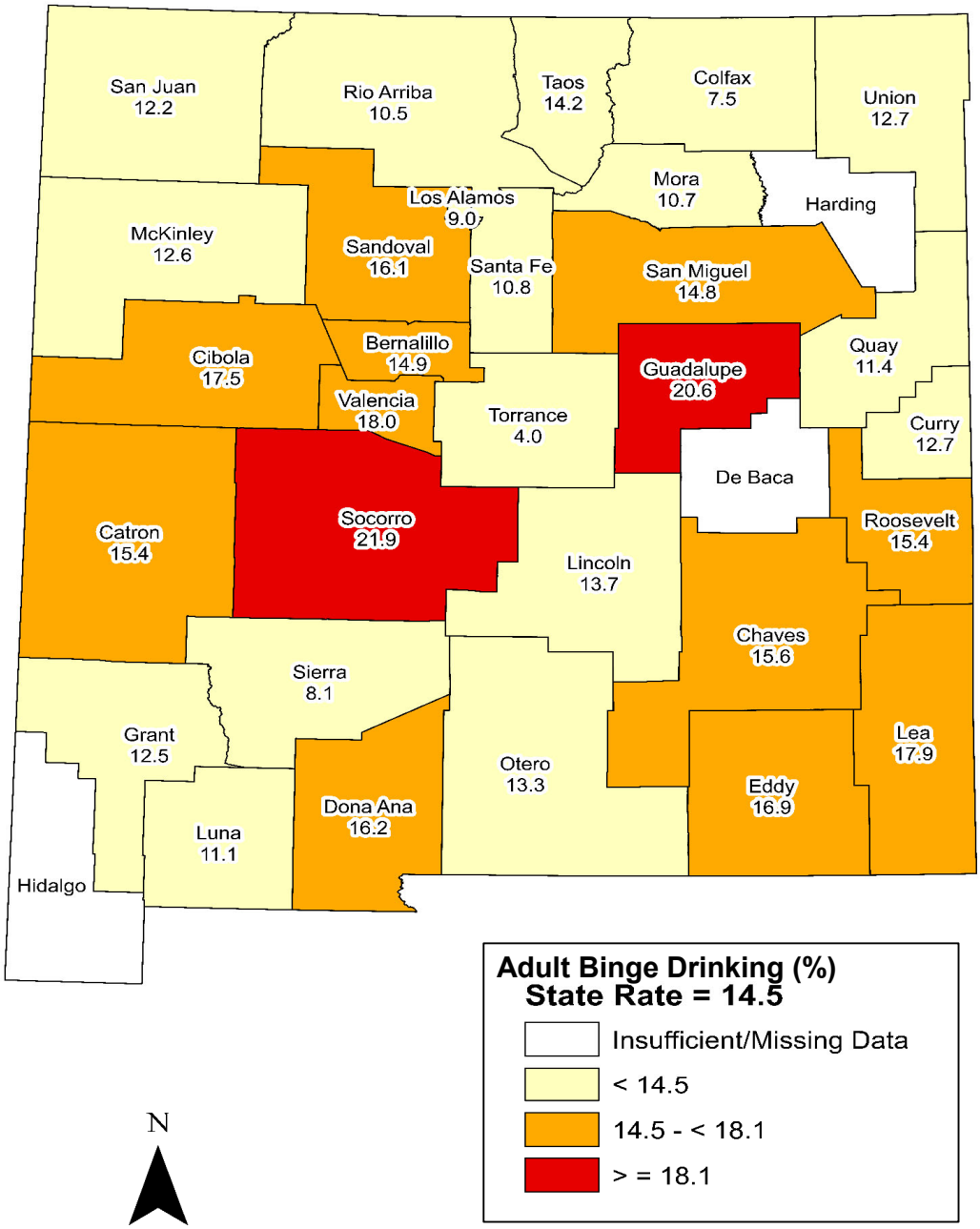
The following counties were excluded due to small number of respondents (< 50):

De Baca, Harding, Hidalgo

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

ADULT BINGE DRINKING (continued)

Chart 4: Binge Drinking (past 30 days)* by County, Adults Aged 18+, New Mexico, 2018-2020



* 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; SUES

YOUTH CURRENT DRINKING

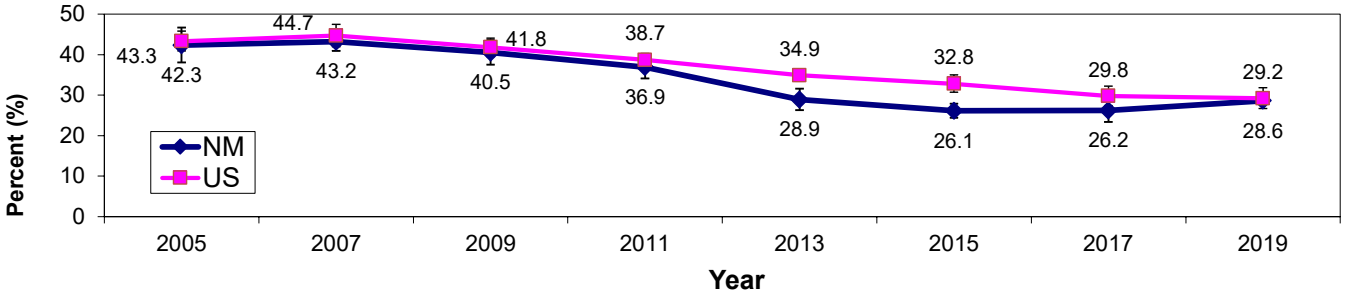
Problem Statement

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)

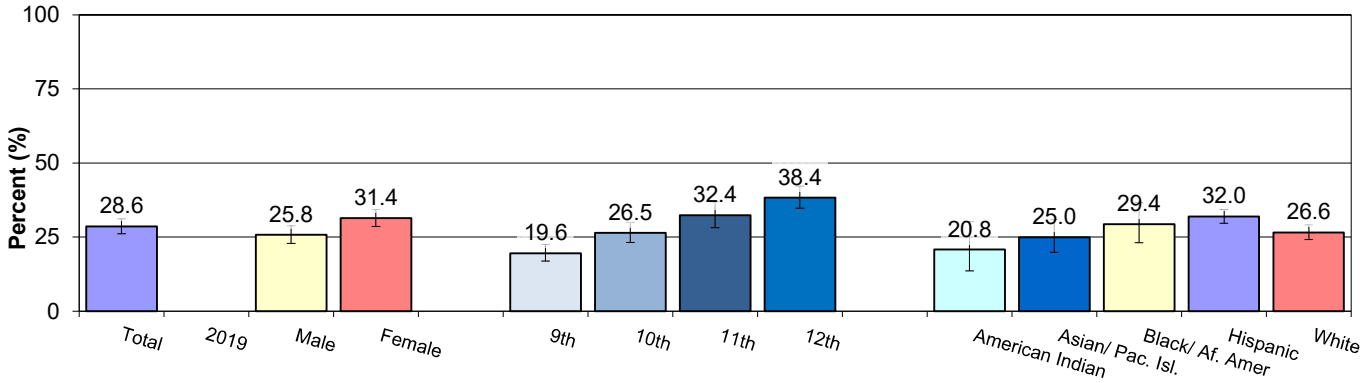
Table 1: Current Drinking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	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)

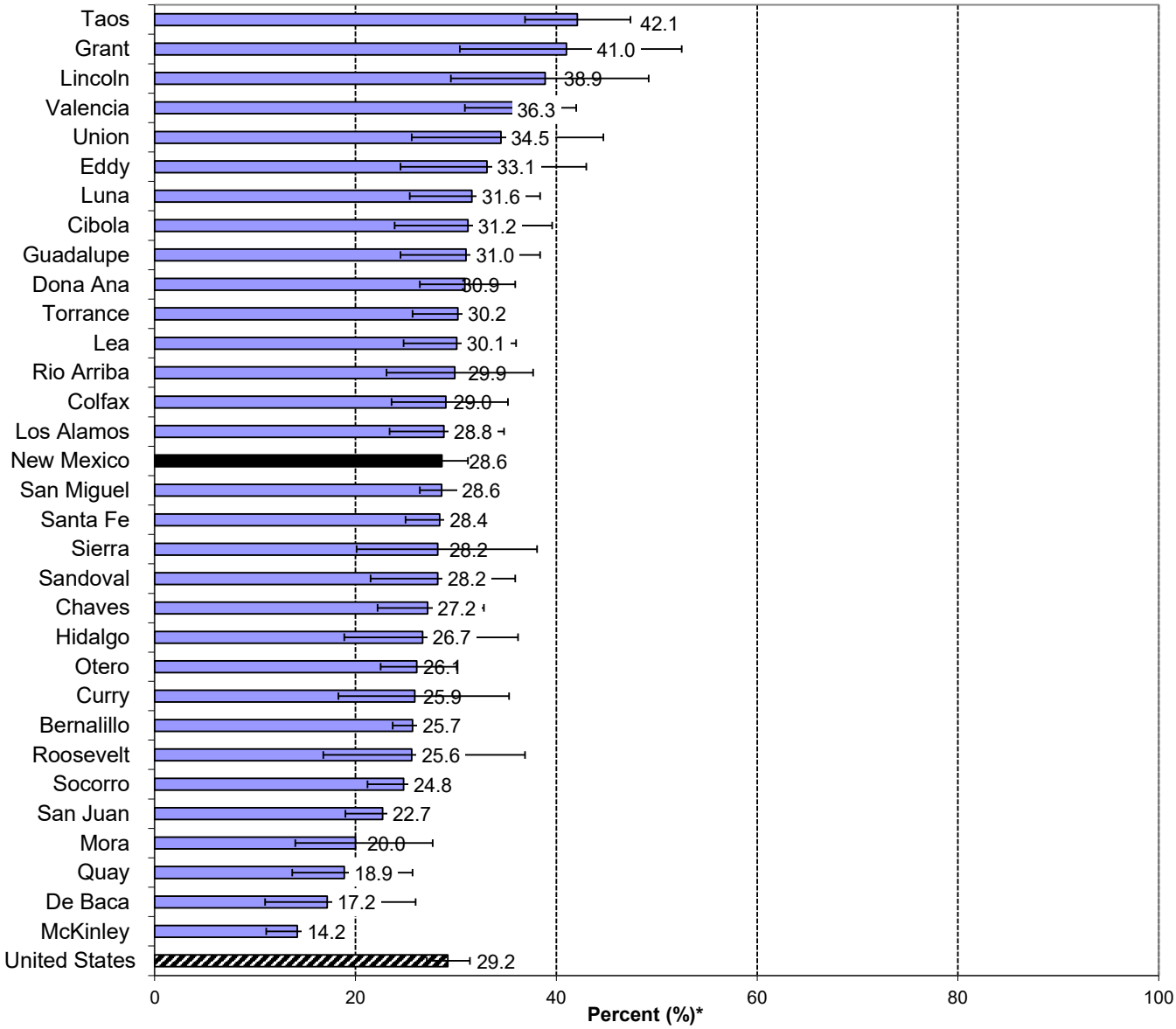
YOUTH CURRENT DRINKING (continued)

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



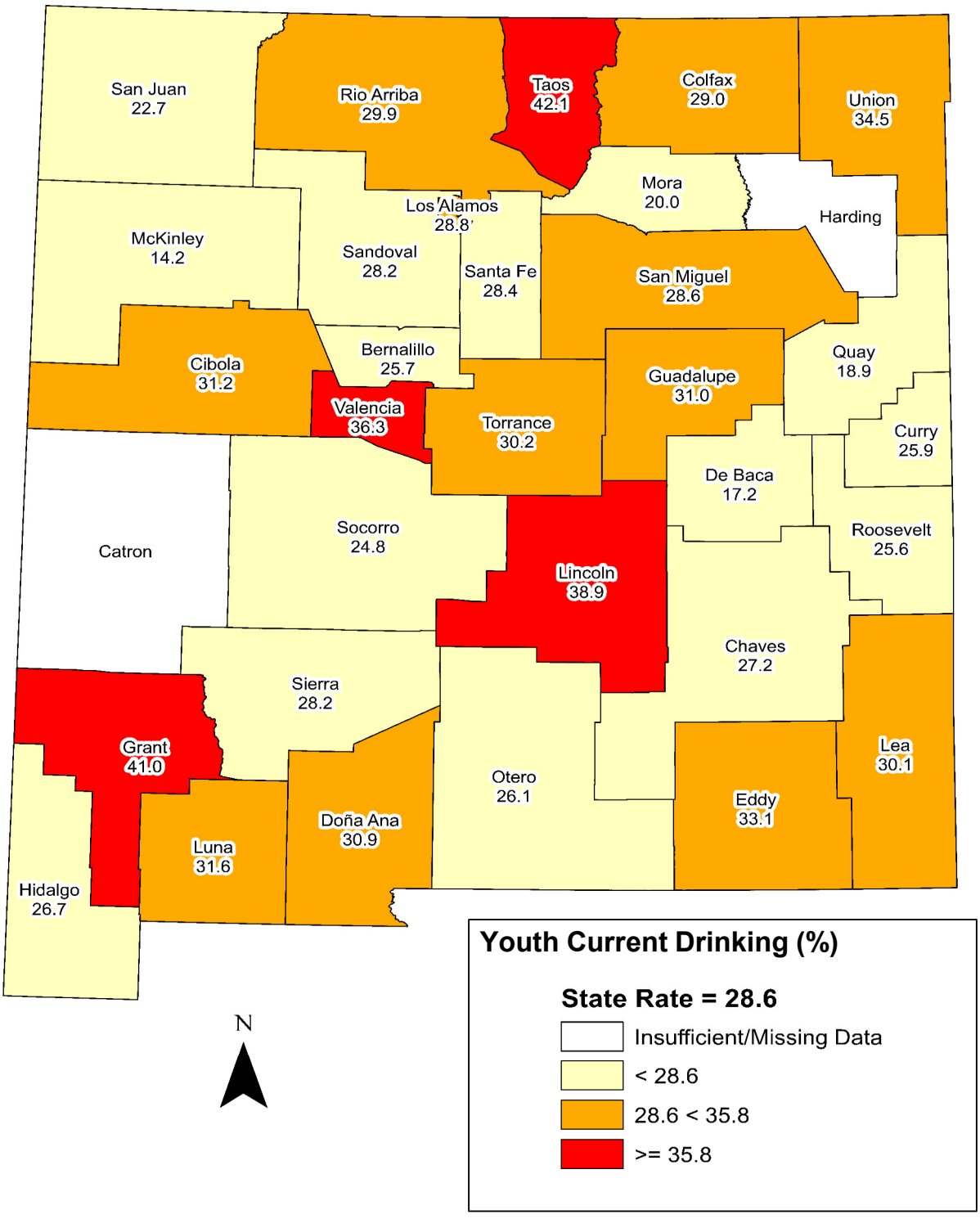
* Estimate of percent of high school students who reported current drinking in past 30 days

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

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

YOUTH BINGE DRINKING

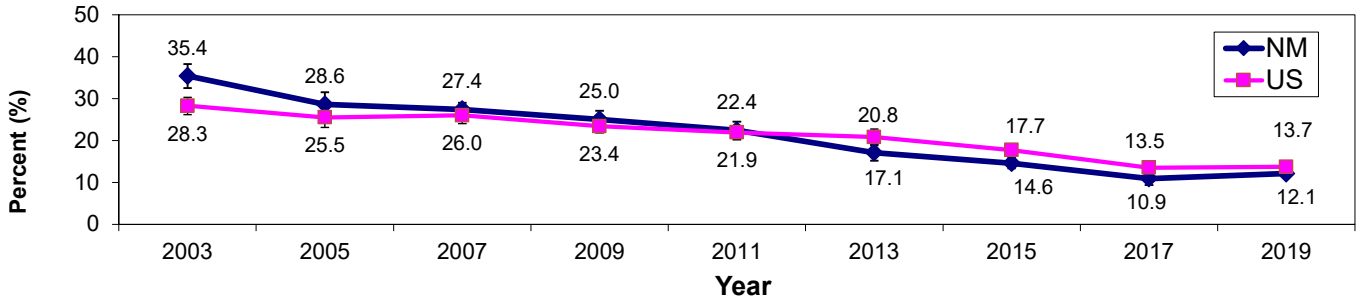
Problem Statement

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)

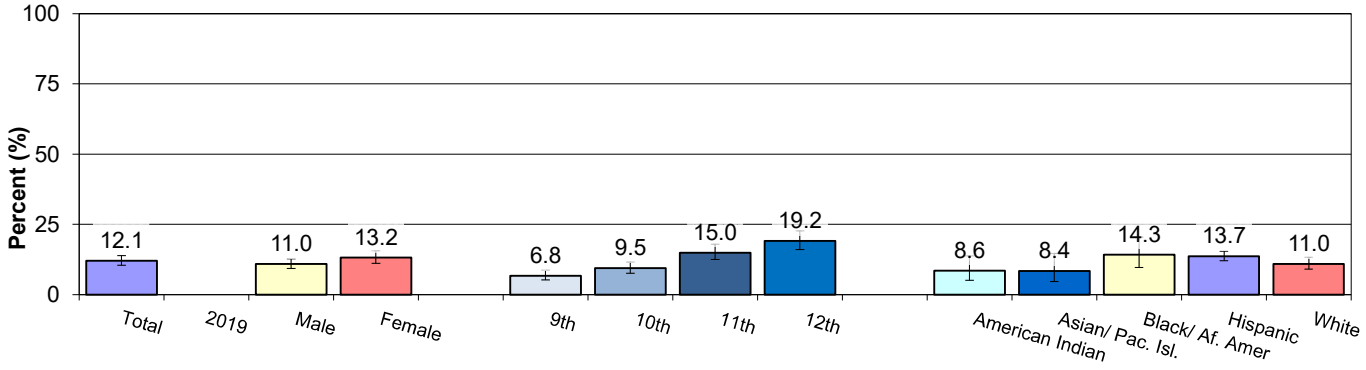
Table 1: Binge Drinking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	3.1 (0.6-13.9)	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)

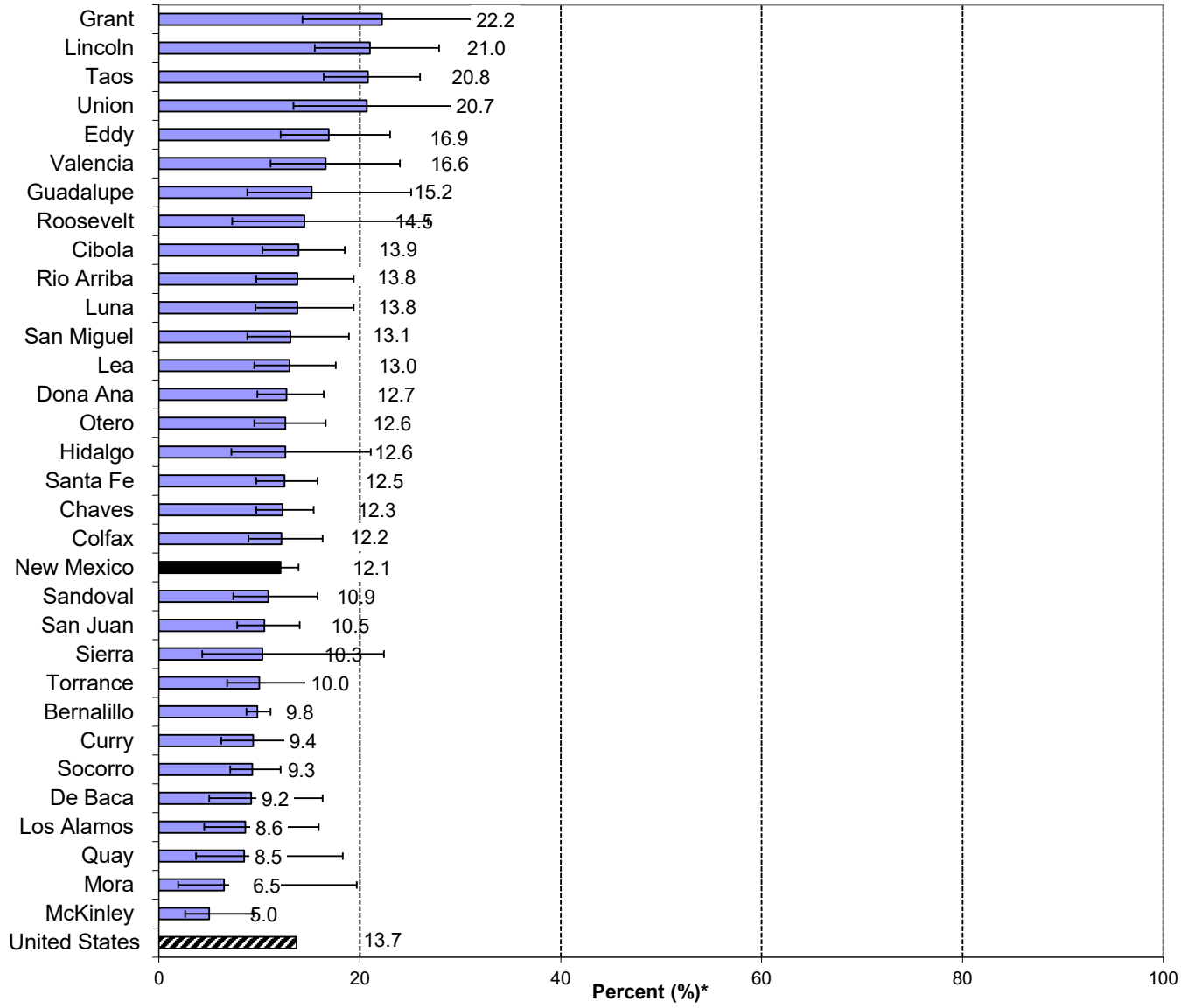
YOUTH BINGE DRINKING (continued)

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



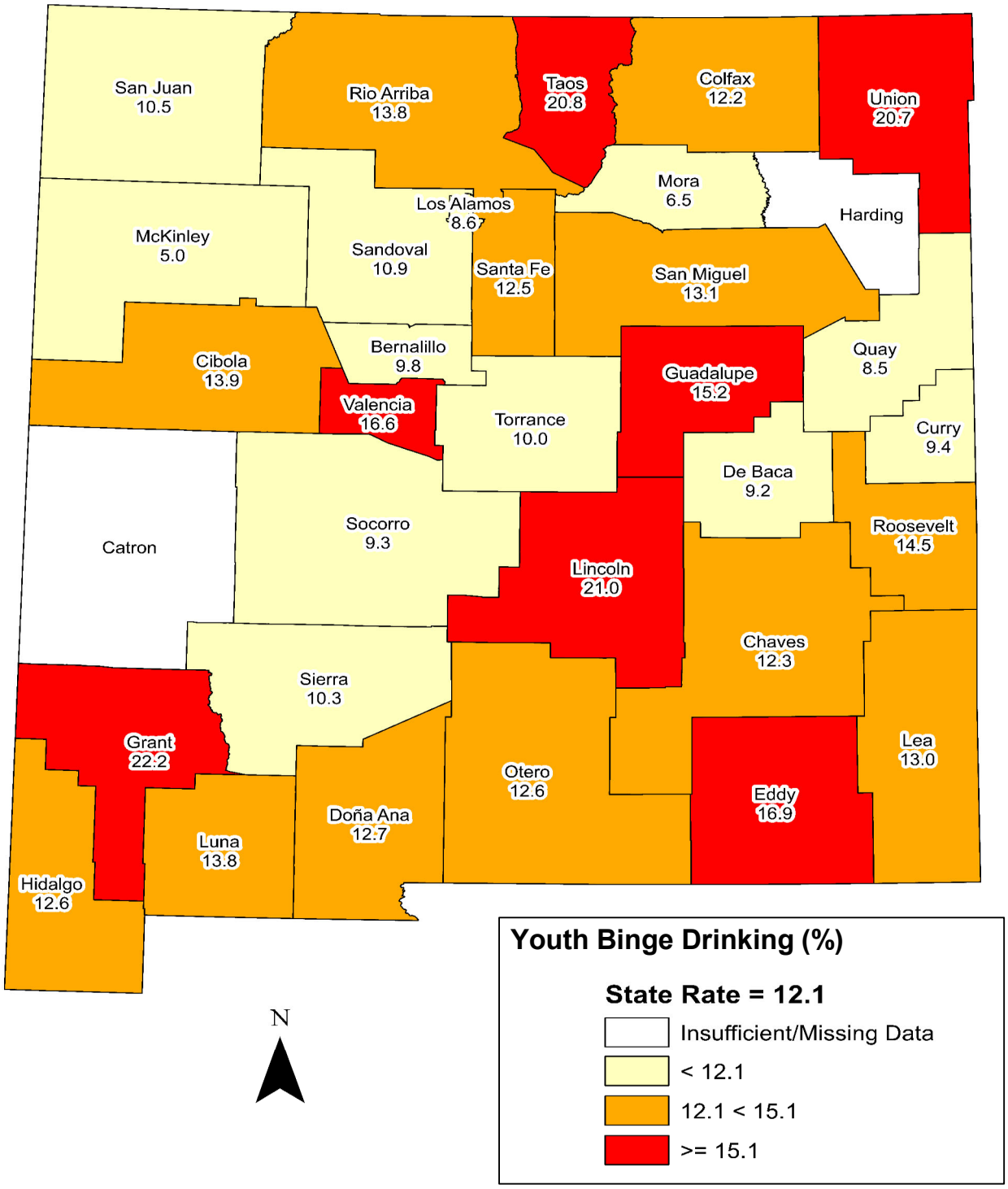
* Estimate of percent of high school students who reported binge drinking at least once in past 30 days

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

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

YOUTH 10 PLUS DRINKS

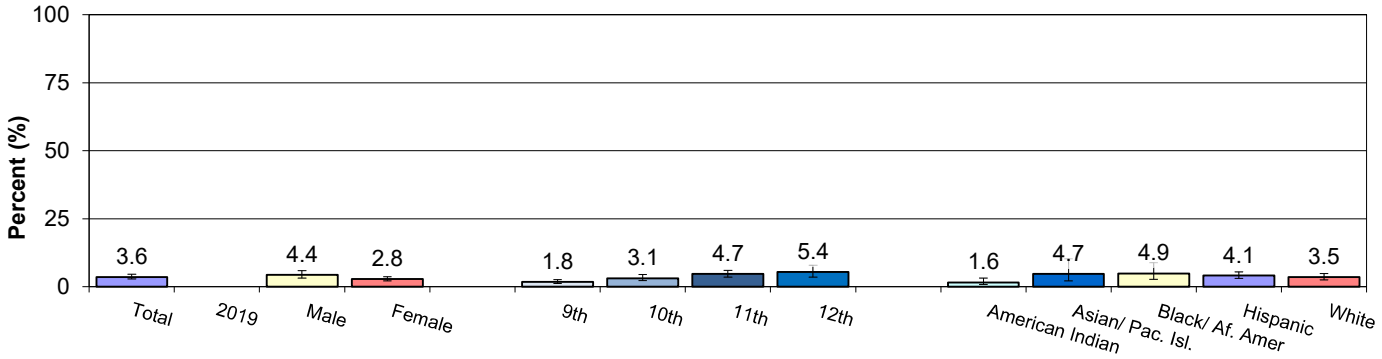
Problem Statement

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. 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)

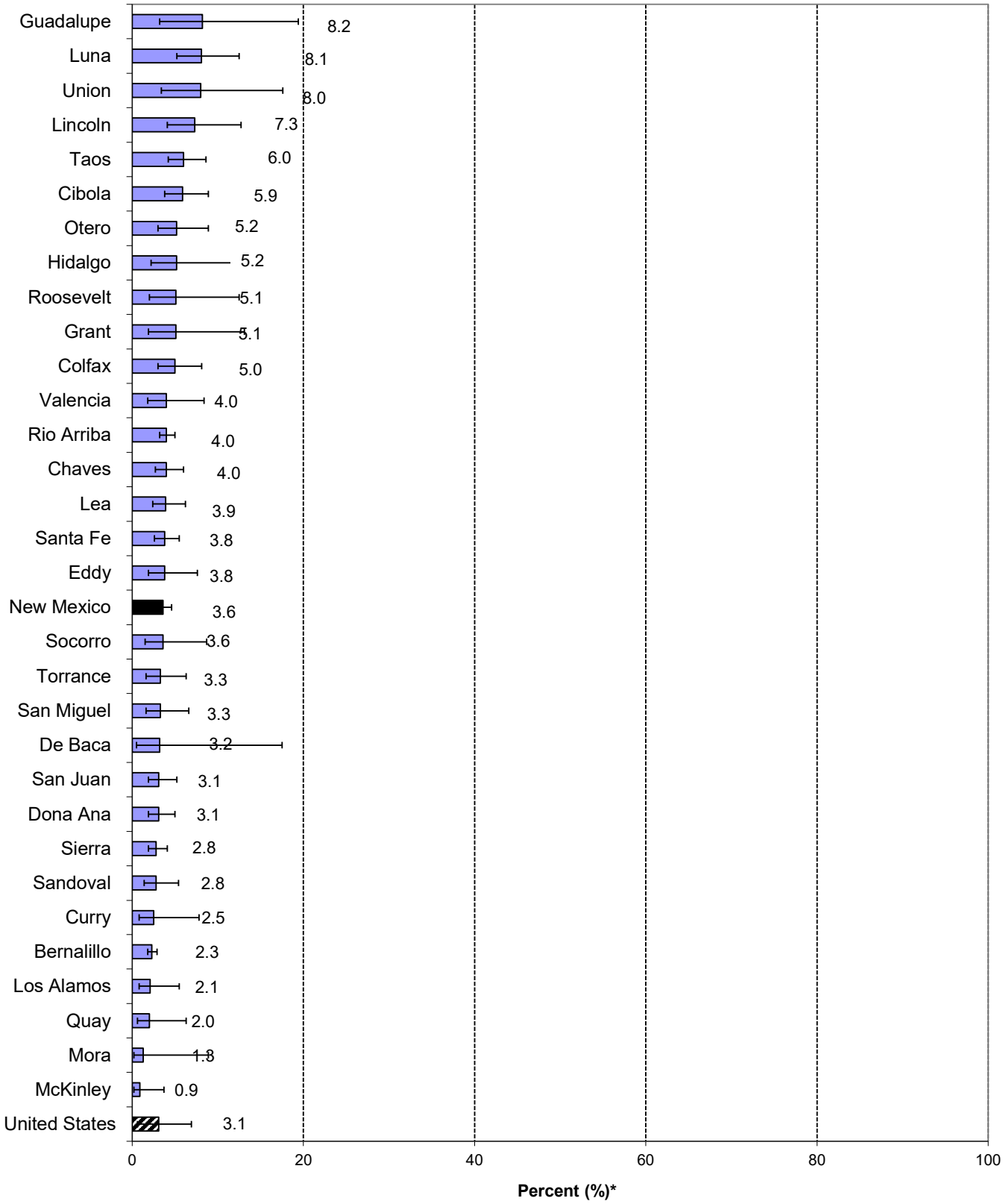
Table 1: 10 Plus Drinks, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	1.2 (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



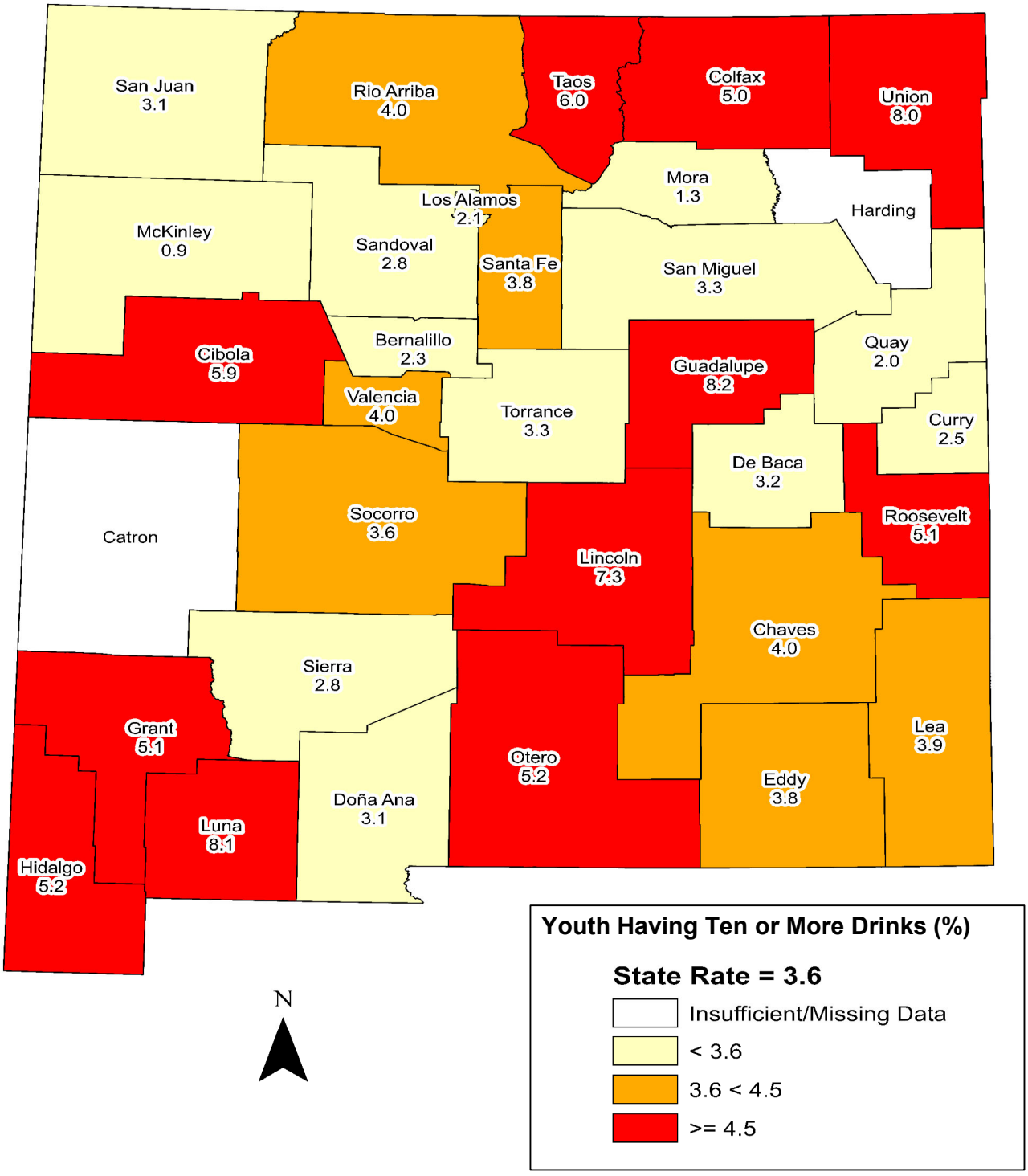
* Estimate of percent of high school students who reported high intensity drinking at least once in past 30 days

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

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

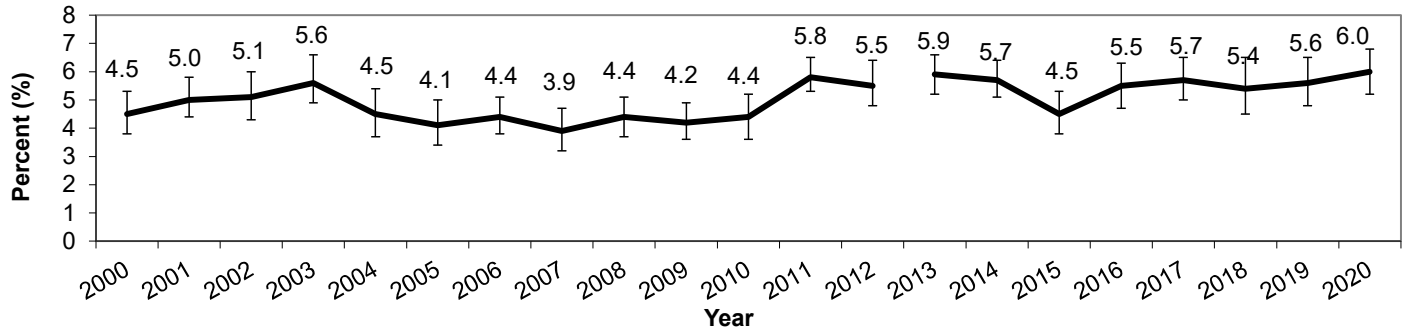
ADULT HEAVY DRINKING

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, but is slowly increasing**.** Heavy drinking prevalence was lower among adults in New Mexico (6.0%) 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. Males in New Mexico were more likely to report chronic drinking than females (7.7% v. 4.4%), and Black/African American males had the highest reported rate of heavy drinking (11.0%) followed by American Indian males (8.5%) and Hispanic males (8.3%).

Chart 1: Heavy Drinking (past 30 days)*, Adults Aged 18+, New Mexico, 2000-2020



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

Source: BRFSS; SUES (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, 2018-2020

		Number				Percent*			
Sex	Race/Ethnicity	Ages 18-24	Ages 25-64	Ages 65+	All Ages	Ages 18-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	994	4,350	227	5,566	10.1	9.2	2.6	8.5
	Asian/Pacific Islander	-	231	-	207	-	2.4	-	1.5
	Black	-	2,375	-	2,282	-	16.5	-	11.0
	Hispanic	4,567	22,835	2,918	30,418	7.9	9.0	5.2	8.3
	White	1,493	16,692	5,202	23,229	5.2	8.4	5.1	7.0
	Total	7,015	46,266	8,189	61,245	6.9	8.8	4.7	7.7
Female	American Indian	761	1,485	0	2,248	7.8	2.9	0.0	3.0
	Asian/Pacific Islander	-	241	-	401	-	2.0	-	2.4
	Black	-	643	-	629	-	6.4	-	4.2
	Hispanic	3,259	8,247	1,039	12,465	5.8	3.2	1.5	3.3
	White	1,630	13,512	6,289	21,209	6.7	6.8	5.3	6.2
	Total	5,547	23,793	7,735	36,826	5.9	4.5	3.8	4.4
Total	American Indian	1,752	5,739	210	7,712	8.9	5.8	1.0	5.5
	Asian/Pacific Islander	-	471	-	600	-	2.2	-	2.0
	Black	-	2,953	0	2,857	-	12.1	0.0	8.0
	Hispanic	7,823	30,986	3,941	42,759	6.8	6.1	3.1	5.7
	White	3,121	30,197	11,496	44,420	5.9	7.6	5.2	6.6
	Total	12,550	69,888	15,909	97,831	6.4	6.7	4.2	6.0

* 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; SUES

ADULT HEAVY DRINKING (continued)

Problem Statement (continued)

American Indian males had the highest rates of mortality due to alcohol-related chronic disease (166.5 deaths per 100,000 population), followed by Hispanics (53.8) and Whites (34.9). Among females, Whites had the highest rates of heavy drinking (6.2%), followed by Blacks (4.2%). Similarly, American Indian females had the highest rates of alcohol-related chronic disease death (103.8 deaths per 100,000 population), followed by Hispanics (21.0) and Blacks (18.1).

In 2018-2020, as shown in Table 2 and Chart 2, heavy drinking rates were highest in Socorro (13.1%), Valencia (9.7%), and Eddy (9.0%) 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, 2018-2020

	Number						Percent*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	1,767	-	915	12,148	16,546	31,387	7.6	-	5.8	4.9	7.2	5.9
Catron	-	-	-	-	231	216	-	-	-	-	9.6	6.9
Chaves	-	-	-	1,940	1,480	3,645	-	-	-	7.6	7.3	7.7
Cibola	218	-	-	496	385	1,214	2.8	-	-	6.3	8.7	5.9
Colfax	-	-	-	118	191	287	-	-	-	2.6	3.8	2.9
Curry	-	-	-	888	1,080	2,307	-	-	-	6.1	5.7	6.3
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	5,342	2,762	8,372	-	-	-	5.0	5.4	5.1
Eddy	-	-	-	2,468	1,347	3,874	-	-	-	12.2	6.4	9.0
Grant	-	-	-	776	831	1,518	-	-	-	7.4	7.3	6.8
Guadalupe	-	-	-	-	-	120	-	-	-	-	-	3.4
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	2,411	900	3,452	-	-	-	8.6	4.6	6.9
Lincoln	-	-	-	222	1,160	1,370	-	-	-	4.5	10.9	8.4
Los Alamos	-	-	-	-	455	582	-	-	-	-	4.2	4.0
Luna	-	-	-	863	172	1,216	-	-	-	7.6	2.8	6.7
McKinley	1,969	-	-	549	121	2,766	5.2	-	-	8.8	2.4	5.5
Mora	-	-	-	-	-	112	-	-	-	-	-	3.0
Otero	-	-	-	871	1,806	2,716	-	-	-	4.8	6.4	5.2
Quay	-	-	-	-	129	171	-	-	-	-	3.7	2.6
Rio Arriba	-	-	-	792	390	1,501	-	-	-	3.8	8.6	5.0
Roosevelt	-	-	-	0	586	644	-	-	-	0.0	7.0	4.3
Sandoval	151	-	-	2,095	2,525	5,426	1.2	-	-	5.0	4.7	4.8
San Juan	1,669	-	-	358	2,106	4,166	4.6	-	-	2.1	5.4	4.5
San Miguel	-	-	-	778	134	1,073	-	-	-	4.4	2.9	4.7
Santa Fe	-	-	-	1,641	5,488	7,667	-	-	-	2.9	9.2	6.2
Sierra	-	-	-	-	436	462	-	-	-	-	6.8	5.0
Socorro	-	-	-	1,063	556	1,755	-	-	-	16.1	10.8	13.1
Taos	-	-	-	1,455	969	2,370	-	-	-	10.1	9.0	8.8
Torrance	-	-	-	-	105	96	-	-	-	-	1.5	0.8
Union	-	-	-	-	63	73	-	-	-	-	3.6	2.2
Valencia	-	-	-	3,705	1,273	5,613	-	-	-	11.0	6.1	9.7
New Mexico	7,712	600	2,857	42,759	44,420	97,831	5.5	2.0	8.0	5.7	6.6	6.0

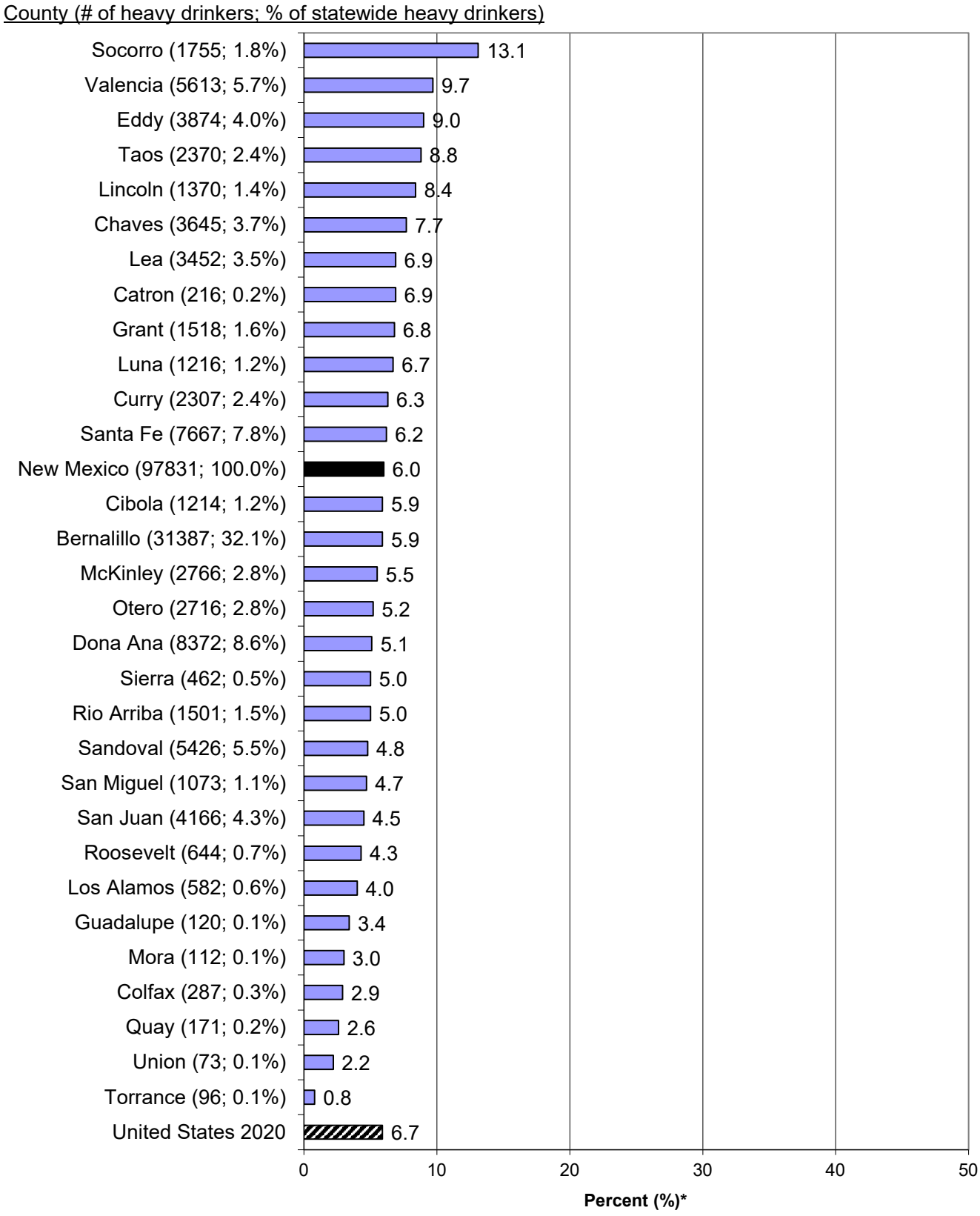
* Estimate of percent of people in population group who reported heavy drinking in past 30 days

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

Source: BRFSS; SUES

ADULT HEAVY DRINKING (continued)

Chart 2: Heavy Drinking (past 30 days)* by County, Adults Aged 18+, New Mexico, 2018-2020



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

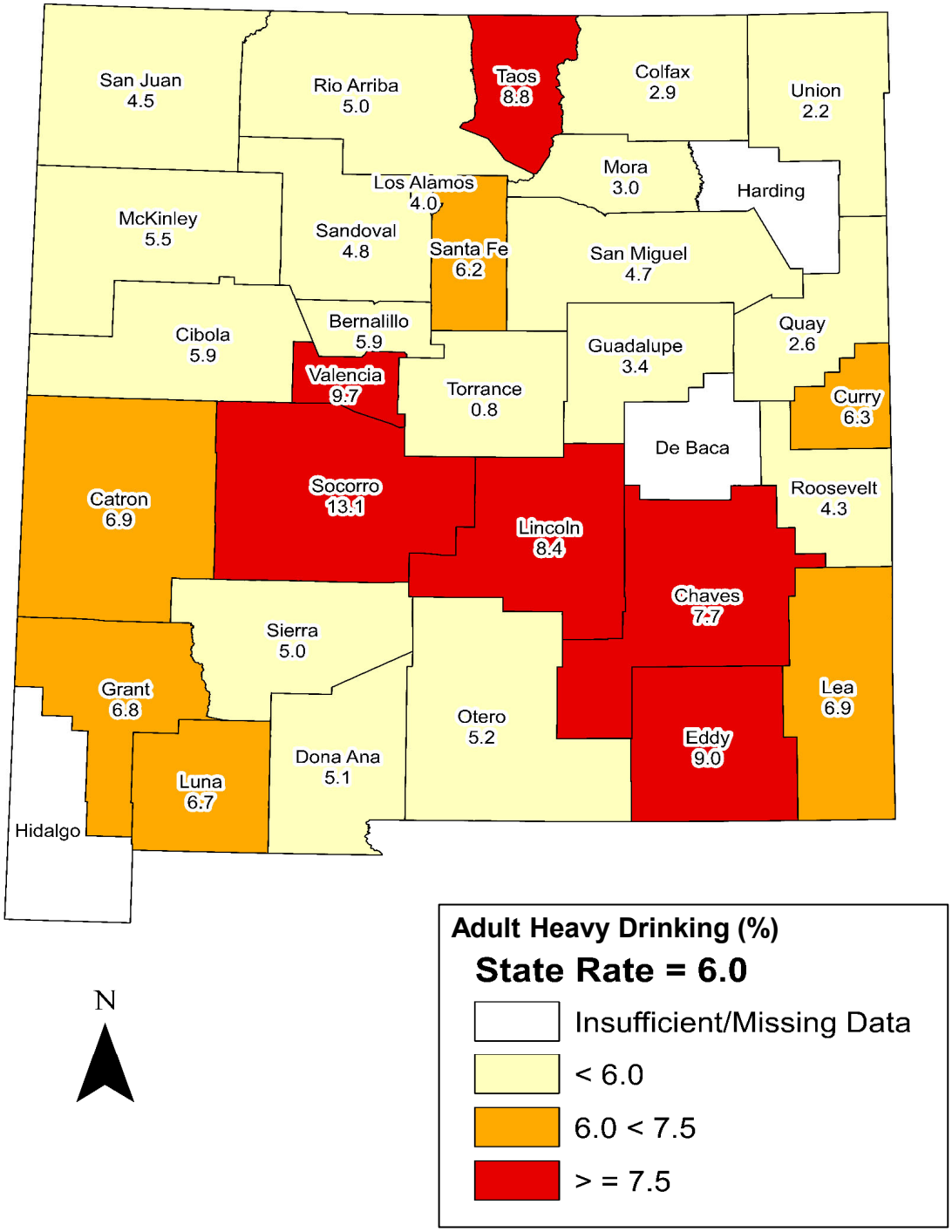
The following counties were excluded due to small number of respondents (< 50):

De Baca, Harding, and Hidalgo

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

ADULT HEAVY DRINKING (continued)

Chart 3: Heavy Drinking (past 30 days)* by County, Adults Aged 18+, New Mexico, 2018-2020



* 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); SUES

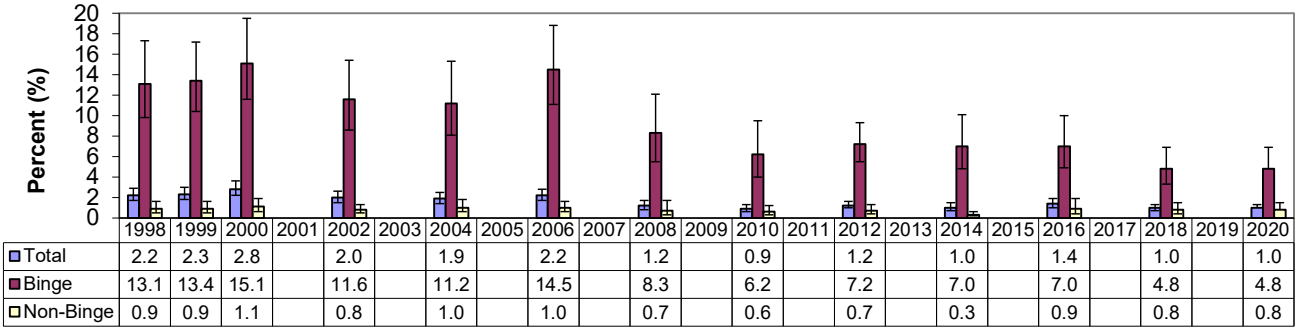
ADULT DRINKING AND DRIVING

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 2020, 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%). All three categories remained the same from 2018 to 2020.

As shown in Chart 2, in 2020 driving after drinking was most prevalent among middle-age adults, with 0.8% of those age 25-64 reporting past-month drinking and driving. Chart 2 shows a decline (although not statistically significant) in drinking and driving by young adults (age 18-24) and a fluctuating pattern among those age 25-64. Table 1 shows that New Mexico males were twice as likely to report drinking and driving than females (0.8% v. 0.4%). American Indian males (1.4%) were more likely to report drinking and driving than Hispanic (0.8%) and White (0.8%) males. Overall, White males age 18-24 had the highest reported prevalence of drinking of driving at 3.5% follow by White females ages 25-64 at 1.3%. Table 2 and Chart 3 show drinking and driving rates by county.

Chart 1: Drinking and Driving (past 30 days)* by Drinking Status, Adults Aged 18+, New Mexico, 1998-2020



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Total	2.2	2.3	2.8		2.0		1.9		2.2		1.2		0.9		1.2		1.0		1.4		1.0		1.0
Binge	13.1	13.4	15.1		11.6		11.2		14.5		8.3		6.2		7.2		7.0		7.0		4.8		4.8
Non-Binge	0.9	0.9	1.1		0.8		1.0		1.0		0.7		0.6		0.7		0.3		0.9		0.8		0.8

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

Source: BRFSS; SUES (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, 2020

		Number*				Percent**			
Sex	Race/Ethnicity	Ages 18-24	Ages 25-64	Ages 65+	All Ages	Ages 18-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	-	961	-	930	-	2.0	-	1.4
	Asian/Pacific Islander	-	-	-	-	-	-	-	-
	Black	-	-	-	-	-	-	-	-
	Hispanic	78	2,494	462	3,000	0.1	1.0	0.8	0.8
	White	1,000	1,438	400	2,756	3.5	0.7	0.4	0.8
	Total	986	4,940	841	6,713	1.0	0.9	0.5	0.8
Female	American Indian	-	0	0	0	-	0.0	0.0	0.0
	Asian/Pacific Islander	-	-	-	-	-	-	-	-
	Black	-	-	-	-	-	-	-	-
	Hispanic	0	1,138	0	1,152	0.0	0.4	0.0	0.3
	White	0	2,450	90	2,383	0.0	1.3	0.1	0.7
	Total	0	3,448	87	3,482	0.0	0.7	0.0	0.4
Total	American Indian	0	919	0	889	0.0	0.9	0.0	0.6
	Asian/Pacific Islander	-	-	-	0	-	-	-	0.0
	Black	-	-	-	0	-	-	-	0.0
	Hispanic	84	3,609	440	4,138	0.1	0.7	0.3	0.5
	White	802	3,874	497	5,136	1.5	1.0	0.2	0.8
	Total	975	8,372	926	10,163	0.5	0.8	0.2	0.6

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

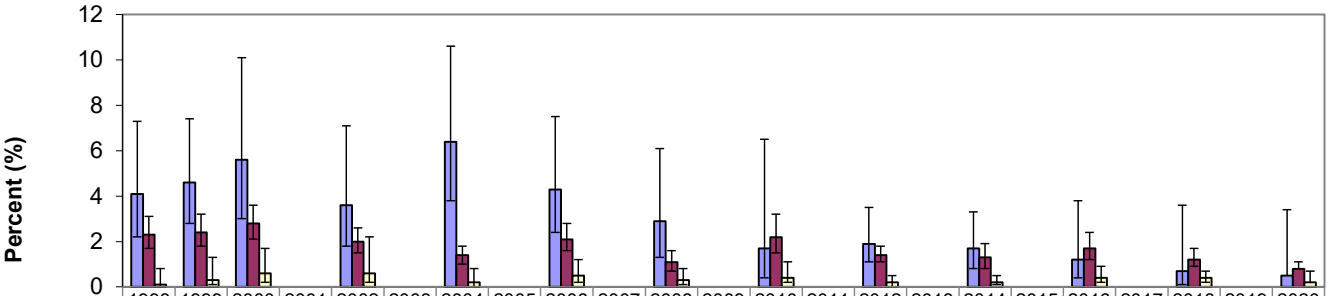
** Estimate of percent of people in population group who drove after "perhaps too much to drink" at least once in past 30 days

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

Source: BRFSS; SUES

ADULT DRINKING AND DRIVING (continued)

Chart 2: Drinking and Driving (past 30 days)* by Age, Adults Aged 18+, New Mexico, 1998-2020



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Age 18-24	4.1	4.6	5.6		3.6		6.4		4.3		2.9		1.7		1.9		1.7		1.2		0.7		0.5
Age 25-64	2.3	2.4	2.8		2		1.4		2.1		1.1		2.2		1.4		1.3		1.7		1.2		0.8
Age 65+	0.1	0.3	0.6		0.6		0.2		0.5		0.3		0.4		0.2		0.2		0.4		0.4		0.2

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

Source: BRFSS; SUES (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, 2020

	Number*						Percent**					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	633	-	-	291	687	1,495	2.7	-	-	0.1	0.3	0.3
Catron	-	-	-	-	-	-	-	-	-	-	-	-
Chaves	-	-	-	0	253	289	-	-	-	0.0	1.3	0.6
Cibola	0	-	-	109	12	113	0.0	-	-	1.4	0.3	0.5
Colfax	-	-	-	-	-	0	-	-	-	-	-	0.0
Curry	-	-	-	175	145	342	-	-	-	1.2	0.8	1.0
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	385	0	392	-	-	-	0.4	0.0	0.2
Eddy	-	-	-	0	157	149	-	-	-	0.0	0.7	0.3
Grant	-	-	-	-	136	121	-	-	-	-	1.2	0.5
Guadalupe	-	-	-	-	-	-	-	-	-	-	-	-
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	166	394	512	-	-	-	0.6	2.0	1.0
Lincoln	-	-	-	-	0	0	-	-	-	-	0.0	0.0
Los Alamos	-	-	-	-	0	0	-	-	-	-	0.0	0.0
Luna	-	-	-	-	-	0	-	-	-	-	-	0.0
McKinley	359	-	-	-	0	336	0.9	-	-	-	0.0	0.6
Mora	-	-	-	-	-	-	-	-	-	-	-	-
Otero	-	-	-	-	495	557	-	-	-	-	1.8	1.1
Quay	-	-	-	-	-	-	-	-	-	-	-	-
Rio Arriba	-	-	-	0	0	23	-	-	-	0.0	0.0	0.1
Roosevelt	-	-	-	-	0	0	-	-	-	-	0.0	0.0
Sandoval	-	-	-	0	1,163	1,265	-	-	-	0.0	2.2	1.1
San Juan	0	-	-	155	232	492	0.0	-	-	0.9	0.6	0.5
San Miguel	-	-	-	0	-	0	-	-	-	0.0	-	0.0
Santa Fe	-	-	-	432	658	1,053	-	-	-	0.7	1.1	0.8
Sierra	-	-	-	-	-	-	-	-	-	-	-	-
Socorro	-	-	-	-	-	-	-	-	-	-	-	-
Taos	-	-	-	0	0	0	-	-	-	0.0	0.0	0.0
Torrance	-	-	-	-	-	-	-	-	-	-	-	-
Union	-	-	-	-	-	-	-	-	-	-	-	-
Valencia	-	-	-	1,525	0	1,715	-	-	-	4.5	0.0	2.9
New Mexico	889	0	0	4,138	5,136	10,163	0.6	0.0	0.0	0.5	0.8	0.6

* 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; SUES

ADULT DRINKING AND DRIVING (continued)

Chart 3: Drinking and Driving (past 30 days)* by County, Adults Aged 18+, New Mexico, 2020

* 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; SUES

ADULT DRINKING AND DRIVING (continued)

Chart 4: Drinking and Driving (past 30 days)* by County, Adults Aged 18+, New Mexico, 2020

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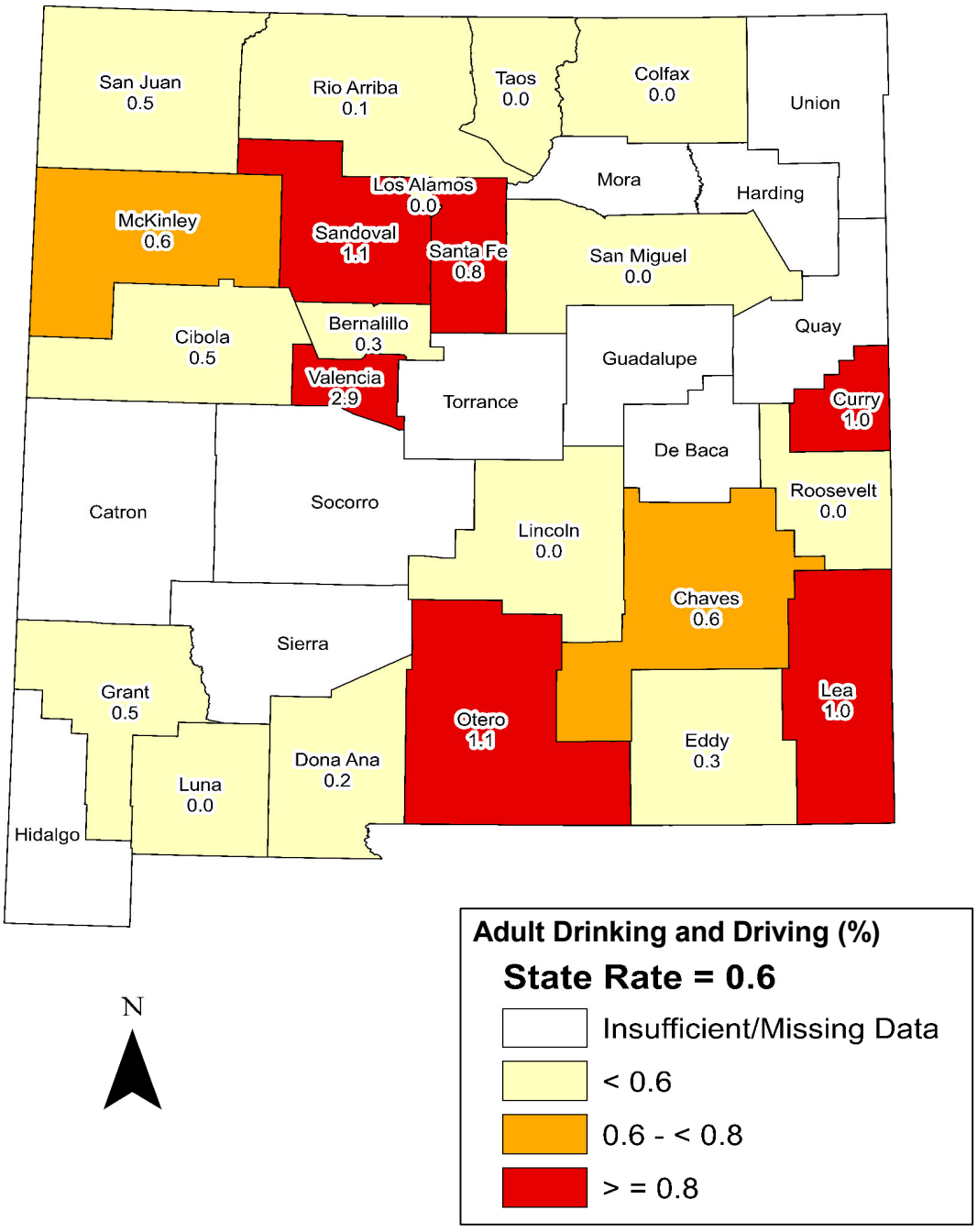


* Estimate of percent of people in population group who drove after having "perhaps too much to drink" at least once in past 30 days
Insufficient data: Rate not reported due to small number of respondents (< 50) in cell

Source: BRFSS; SUES

YOUTH DRINKING AND DRIVING

Problem Statement

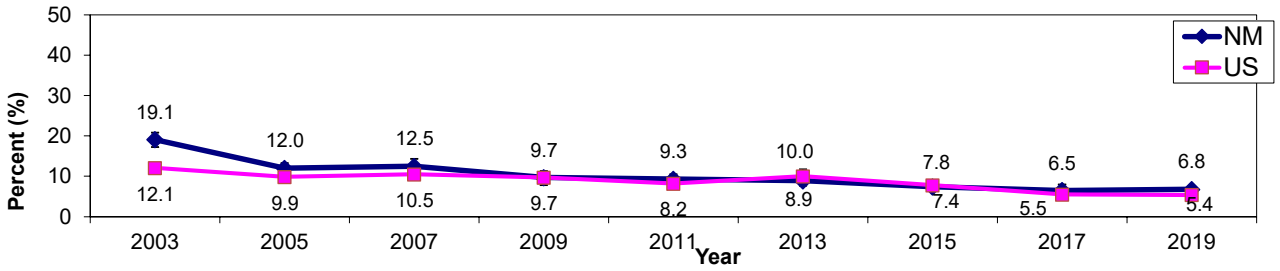
Drinking and driving is a major risk factor for motor vehicle accidents. Motor vehicle crashes were the leading cause of unintentional injury deaths for ages 15-20 years in the US in 2018. According to the National Highway Traffic Safety Administration (NHTSA), alcohol impaired-driving fatalities accounted 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)

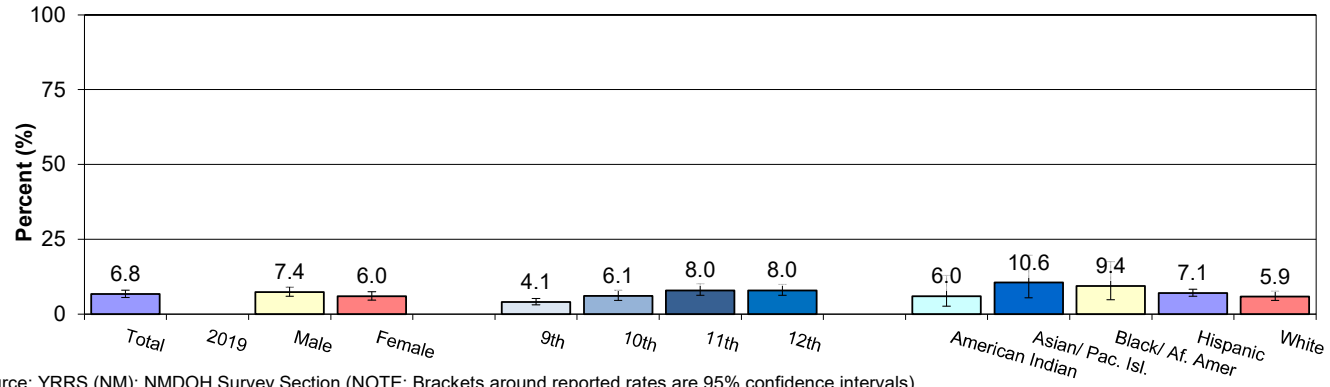
Table 1: Drinking and Driving, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	--	7.8 (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)

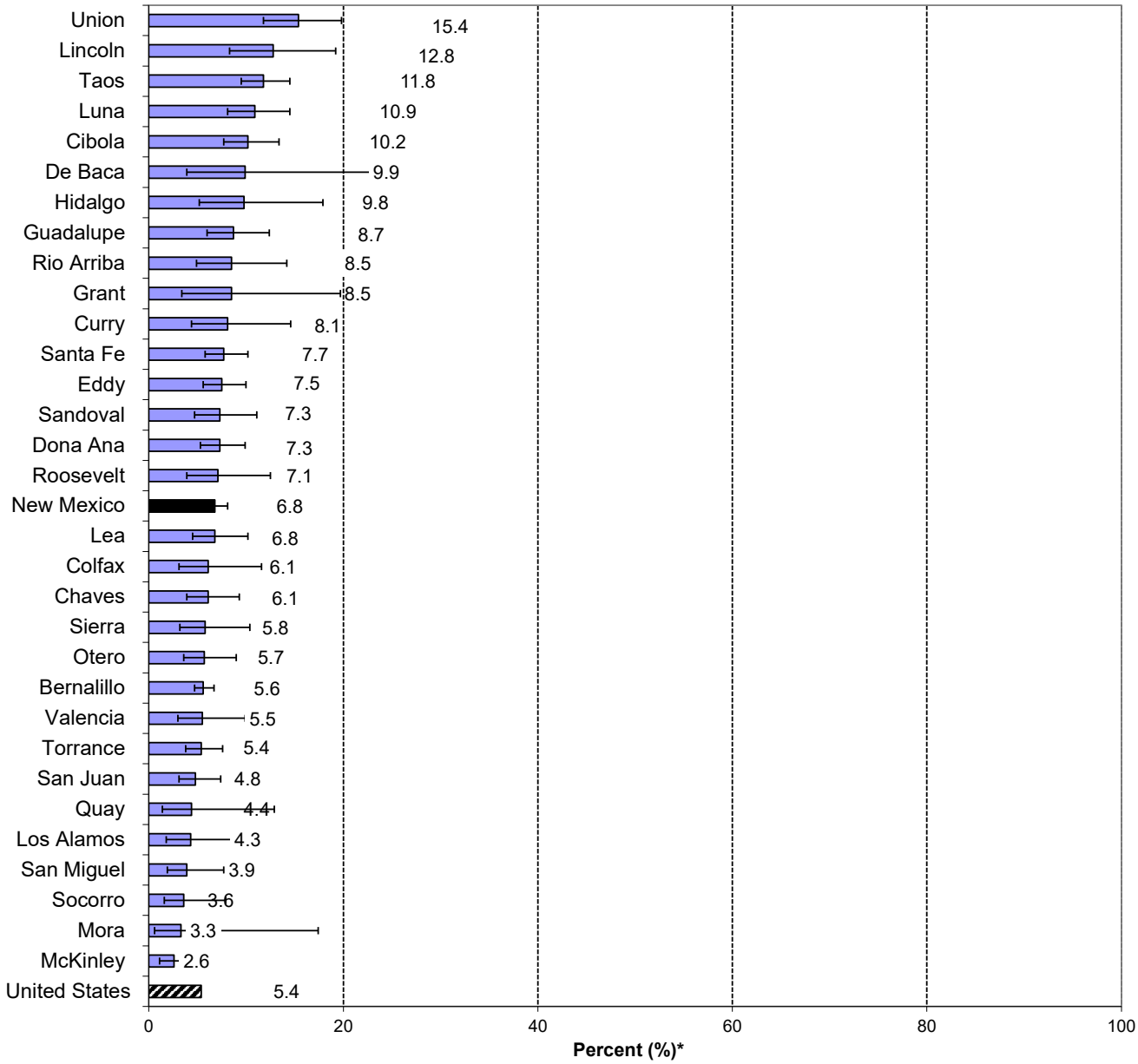
YOUTH DRINKING AND DRIVING (continued)

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



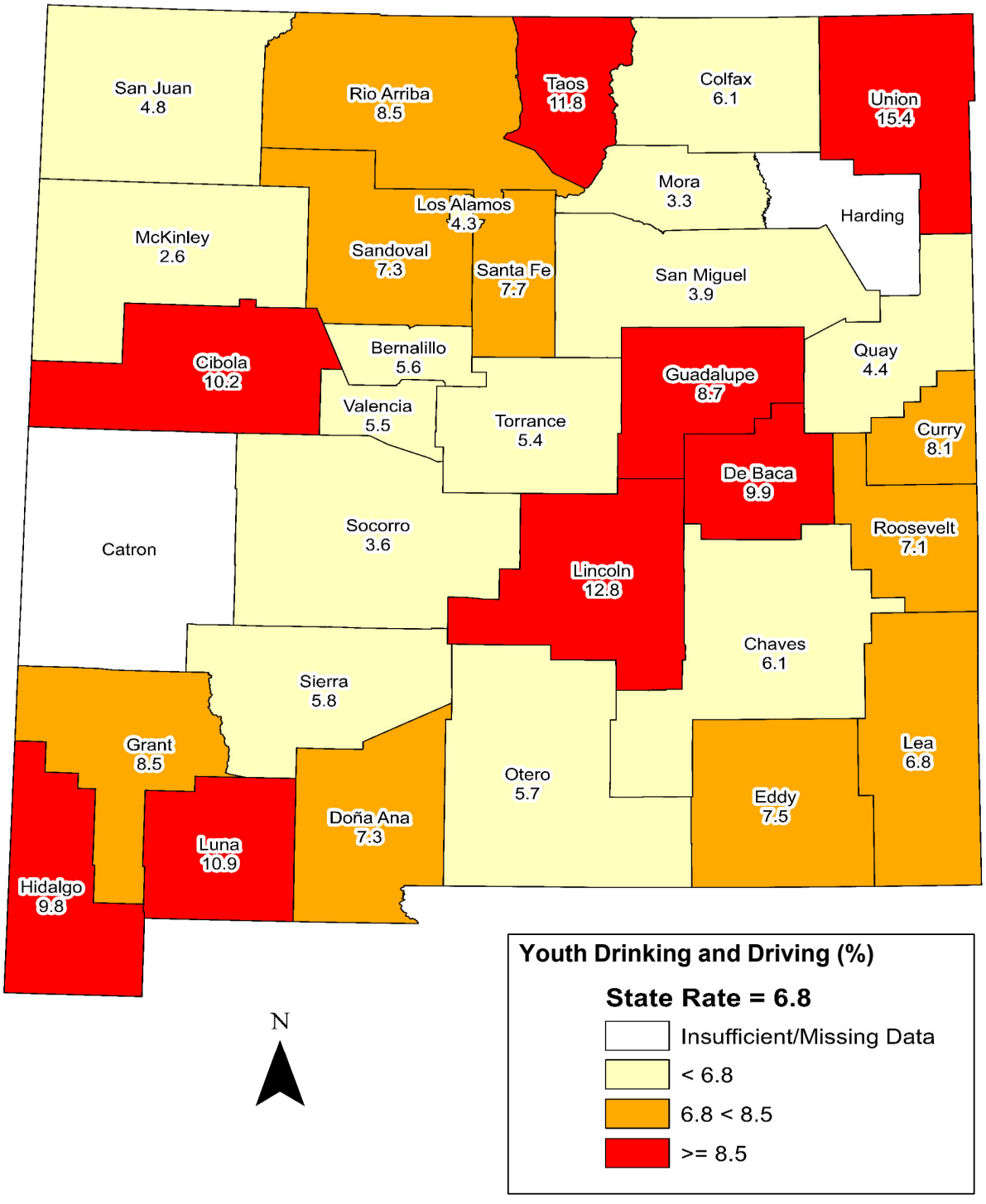
* Estimate of percent of high school students who reported drinking and driving at least once in past 30 days

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; SUES

ADULT CANNABIS (MARIJUANA) USE

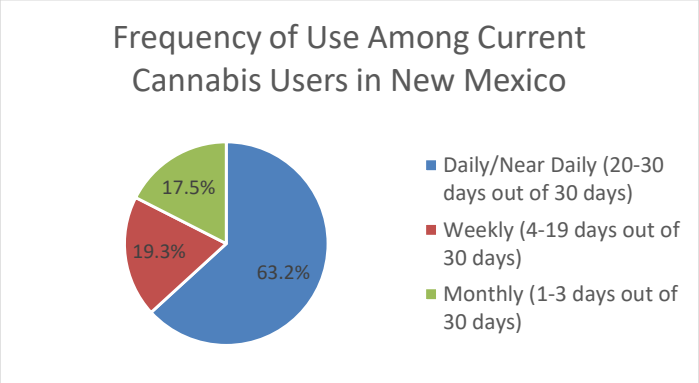
Problem Statement

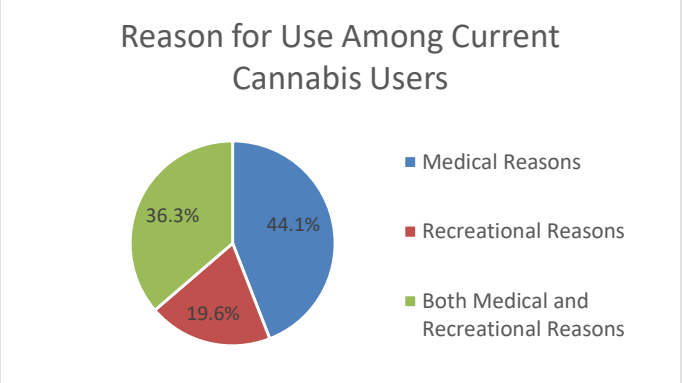
Cannabis remains classified as a Schedule I, illegal substance at the federal level. The landscape of cannabis legalization is evolving rapidly state by state. As of May 2022, 19 of 50 states have legalized cannabis for recreational adult use, and 37 of 50 states have legalized medical use of cannabis (https://www.ncsl.org/research/civil-and-criminaljustice/marijuana-overview.aspx). Based on the 2019 National Survey of Drug Use and Health, 11.9% of US adults aged 18+ reported past 30 day use of cannabis (https://www.samhsa.gov/data/sites/default/files/reports/rpt29394/NSDUHDetailedTabs2019/NSDUHDetTabsSect1pe2019.htm).

In New Mexico, cannabis was legalized for medical use through the Lynn and Erin Compassionate Use Act in 2007. Possession of small amounts of cannabis was decriminalized through legislation in 2019. In 2021, cannabis was legalized for adult recreational use, and the adult use market began sales in April 2022.

Cannabis use questions were added to the BRFSS in 2020, which began after cannabis decriminalization but before legalization for nonmedical use. In 2020, 15.3% of adults in New Mexico reported using cannabis in the past 30 days (Table 1). Current cannabis use was highest in the youngest age group 18-24 years at 23.1%, and among Blacks at 39.9%. Among current cannabis users, 63.2% used cannabis daily or near daily (Chart 1a). 44.1% reported using cannabis for medical reasons, 19.6% reported using cannabis for nonmedical reasons, and 36.3% reported using for both medical and nonmedical reasons (Chart 1b). Smoking was the most reported method of use among current cannabis users with 77.4% reporting that they smoke cannabis (not shown).

Chart 1a & 1b: Frequency and Reason among current Cannabis users*, Adults Aged 18+, New Mexico, 2020





* Estimate of percent of people in population group who have smoked marijuana at least 1 day in past 30 days

Source: BRFSS; SUES

Table 1: Current Cannabis Use (past 30 days) by Age, Sex, and Race/Ethnicity, Adults Aged 18+, New Mexico, 2020

		Number				Percent*			
Sex	Race/Ethnicity	Ages 18-24	Ages 25-64	Ages 65+	All Ages	Ages 18-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	-	10,821	-	14,218	-	22.6	-	21.3
	Asian/Pacific Islander	-	-	-	-	-	-	-	-
	Black	-	-	-	-	-	-	-	-
	Hispanic	16,362	55,826	2,907	75,304	27.9	21.8	5.0	20.2
	White	6,689	43,108	9,123	56,933	23.5	21.9	8.6	17.2
	Total	28,474	117,125	13,256	156,680	27.9	22.3	7.4	19.4
Female	American Indian	-	4,991	62	6,477	-	9.6	0.5	8.6
	Asian/Pacific Islander	-	-	-	-	-	-	-	-
	Black	-	-	-	-	-	-	-	-
	Hispanic	10,801	28,094	5,028	43,085	18.9	10.9	7.0	11.2
	White	-	28,123	10,789	42,476	-	14.4	8.8	12.4
	Total	17,020	63,191	16,438	95,610	18.0	12.0	7.7	11.4
Total	American Indian	5,106	15,681	181	21,009	26.1	15.7	0.8	14.8
	Asian/Pacific Islander	-	-	-	-	-	-	-	-
	Black	-	-	-	14,546	-	-	-	39.9
	Hispanic	27,480	83,278	8,003	117,804	23.7	16.2	6.1	15.5
	White	10,275	71,024	19,911	98,966	19.6	18.1	8.7	14.7
	Total	45,491	179,180	29,698	251,199	23.1	17.0	7.6	15.3

* Estimate of percent of people in population group who have smoked marijuana at least 1 day in past 30 days

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

Source: BRFSS; SUES

ADULT CANNABIS (MARIJUANA) USE (continued)

Problem Statement (continued)

For men, marijuana use rates was highest among American Indians (21,3%), followed by Hispanics (20.2%) and Whites (17.2%). Among women, Whites had the highest marijuana use rates (12.4%), followed by Hispanics (11.2%) and American Indians (8.6%).

As shown in Table 2 and Chart 2, the counties with the highest overall adult marijuana use rates were Valencia (27.8%), Roosevelt (25.1%), Taos (19.5%), and San Miguel (17.9%); the first two counties had rates more than one and a half times higher than the national rate. The counties with the lowest rates were Los Alamos (3.4%), Lea (8.1%), and Luna (9.7%).

Table 2: Current Cannabis Use (past 30 days) by Race/Ethnicity and County, Adults Aged 18+, New Mexico, 2020

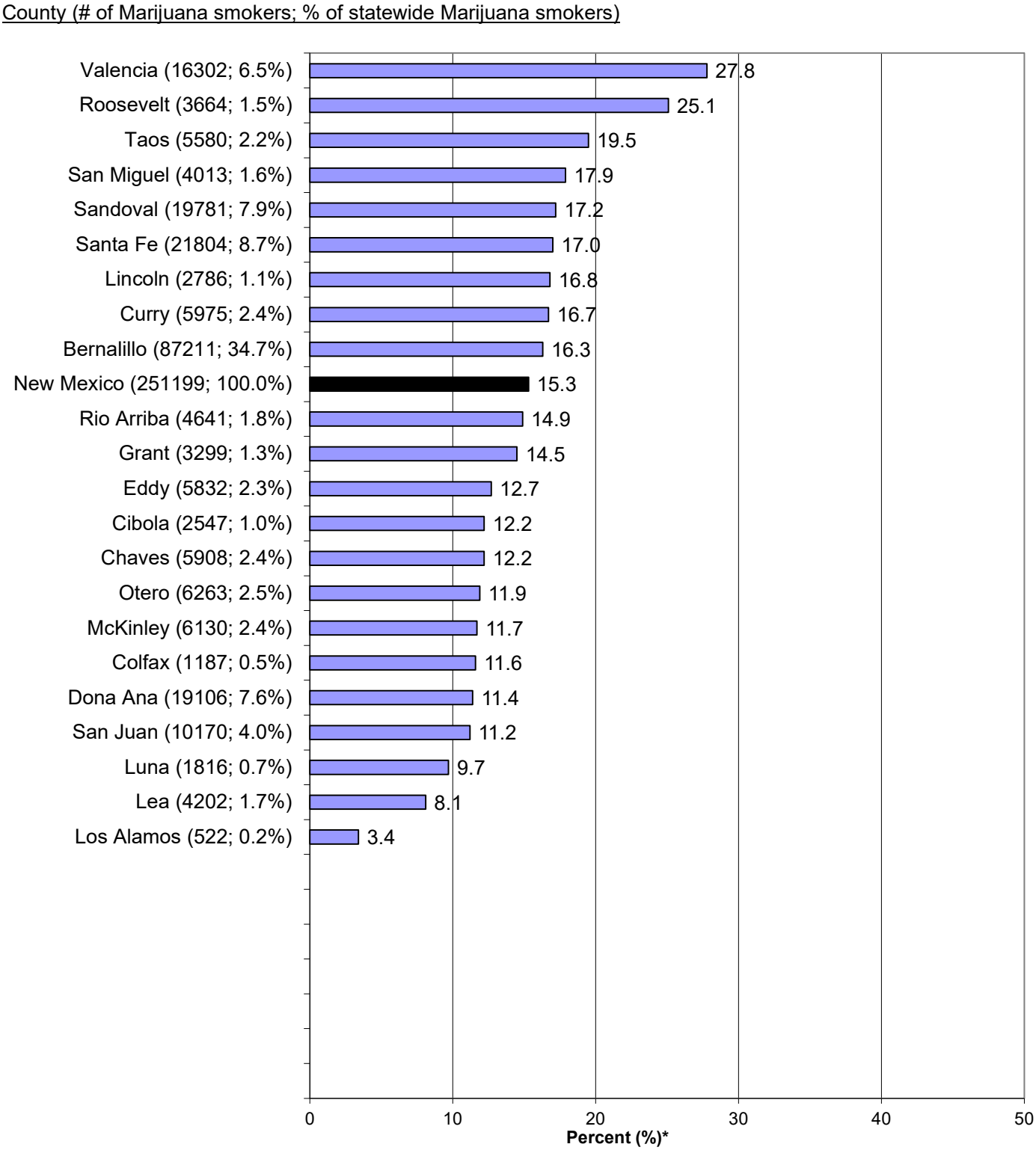
	Number						Percent*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	6,263	-	-	44,120	31,981	87,211	26.7	-	-	17.6	14.1	16.3
Catron	-	-	-	-	-	-	-	-	-	-	-	-
Chaves	-	-	-	1,932	3,548	5,908	-	-	-	7.4	17.6	12.2
Cibola	485	-	-	1,286	579	2,547	6.0	-	-	16.2	13.1	12.2
Colfax	-	-	-	-	-	1,187	-	-	-	-	-	11.6
Curry	-	-	-	3,133	2,343	5,975	-	-	-	21.9	12.9	16.7
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	12,880	5,648	19,106	-	-	-	11.9	11.0	11.4
Eddy	-	-	-	1,779	3,449	5,832	-	-	-	8.1	15.6	12.7
Grant	-	-	-	-	1,659	3,299	-	-	-	-	14.3	14.5
Guadalupe	-	-	-	-	-	-	-	-	-	-	-	-
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	1,499	2,643	4,202	-	-	-	5.1	13.3	8.1
Lincoln	-	-	-	-	1,306	2,786	-	-	-	-	12.1	16.8
Los Alamos	-	-	-	-	504	522	-	-	-	-	4.5	3.4
Luna	-	-	-	-	-	1,816	-	-	-	-	-	9.7
McKinley	3,934	-	-	-	1,335	6,130	9.9	-	-	-	25.7	11.7
Mora	-	-	-	-	-	-	-	-	-	-	-	-
Otero	-	-	-	-	1,885	6,263	-	-	-	-	6.8	11.9
Quay	-	-	-	-	-	-	-	-	-	-	-	-
Rio Arriba	-	-	-	3,282	653	4,641	-	-	-	15.1	13.8	14.9
Roosevelt	-	-	-	-	-	3,664	-	-	-	-	-	25.1
Sandoval	-	-	-	-	9,056	19,781	-	-	-	-	16.9	17.2
San Juan	4,643	-	-	1,448	4,469	10,170	13.1	-	-	8.8	12.0	11.2
San Miguel	-	-	-	3,192	-	4,013	-	-	-	18.7	-	17.9
Santa Fe	-	-	-	11,068	10,582	21,804	-	-	-	18.7	17.0	17.0
Sierra	-	-	-	-	-	-	-	-	-	-	-	-
Socorro	-	-	-	-	-	-	-	-	-	-	-	-
Taos	-	-	-	2,432	2,868	5,580	-	-	-	16.0	25.0	19.5
Torrance	-	-	-	-	-	-	-	-	-	-	-	-
Union	-	-	-	-	-	-	-	-	-	-	-	-
Valencia	-	-	-	-	5,116	16,302	-	-	-	-	24.7	27.8
New Mexico	21,009	-	14,546	117,804	98,966	251,199	14.8	-	39.9	15.5	14.7	15.3

* Estimate of percent of people in population group who have smoked marijuana at least 1 day in past 30 days

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

Source: BRFSS; SUES

Chart 2: Current Cannabis Use (past 30 days)* by County, Adults Aged 18+, New Mexico, 2020



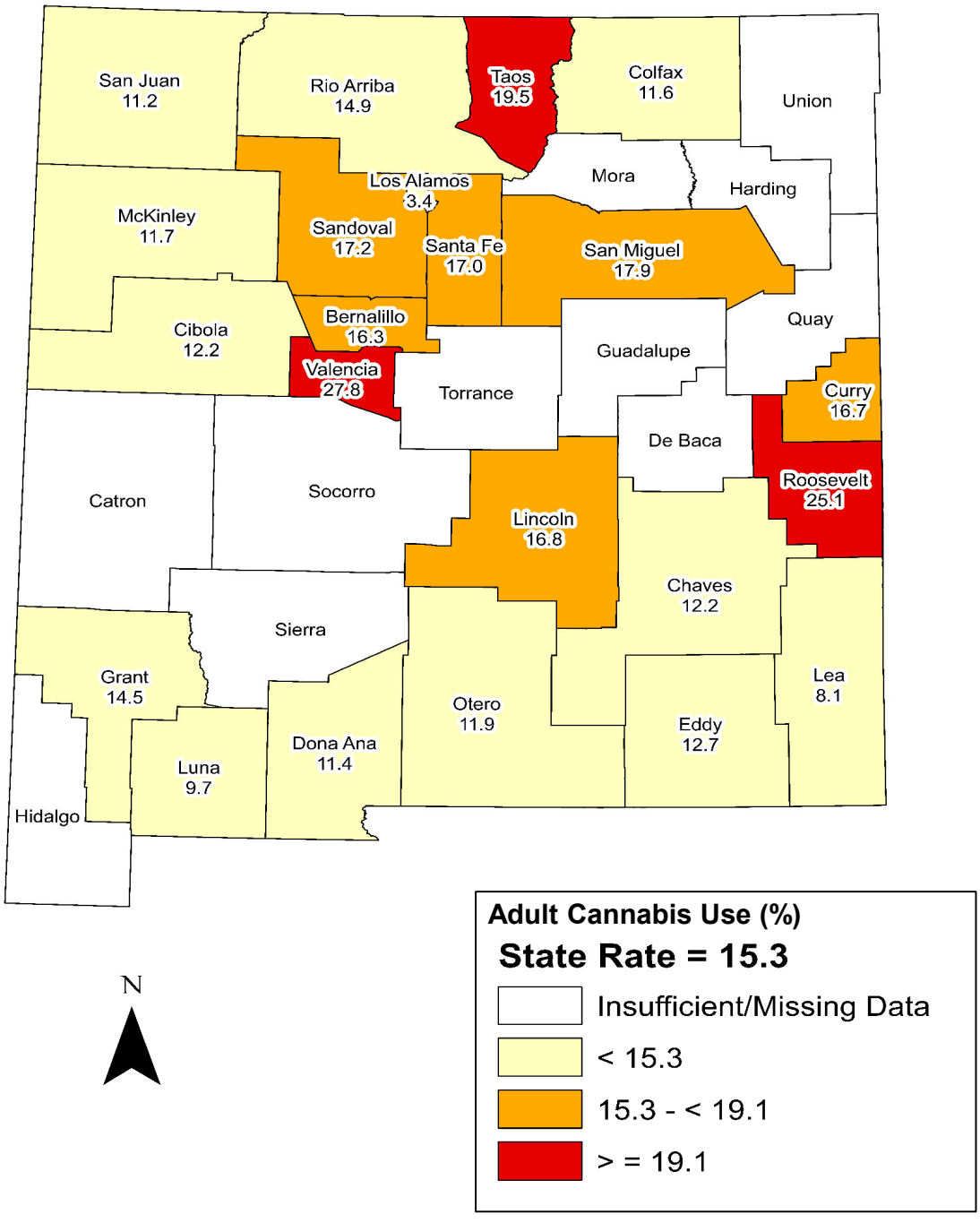
* Estimate of percent of people in population group who have smoked marijuana at least 1 day in past 30 days

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

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

ADULT CANNABIS (MARIJUANA) USE (continued)

Chart 3: Cannabis Use (past 30 days)* by County, Adults Aged 18+, New Mexico, 2020



* Estimate of percent of people in population group who have smoked marijuana at least 1 day in past 30 days

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

Source: BRFSS; SUES

YOUTH CURRENT MARIJUANA USE

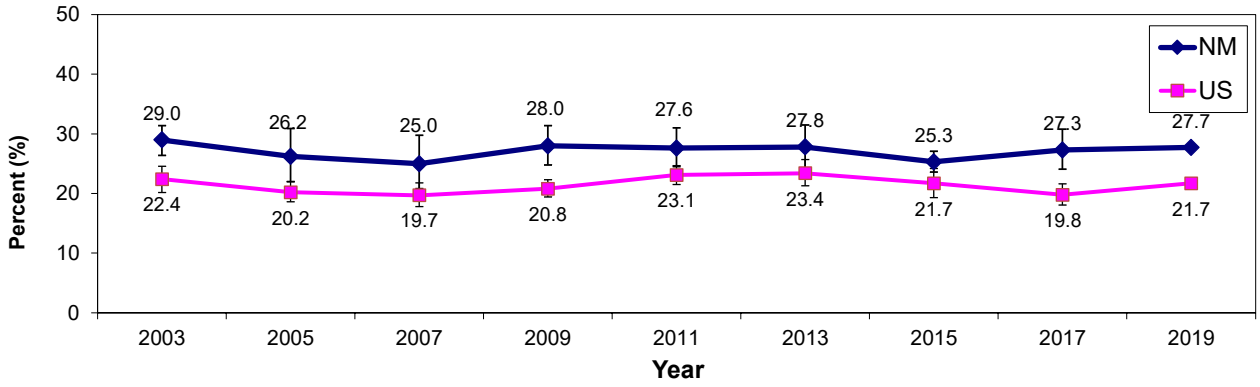
Problem Statement

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)

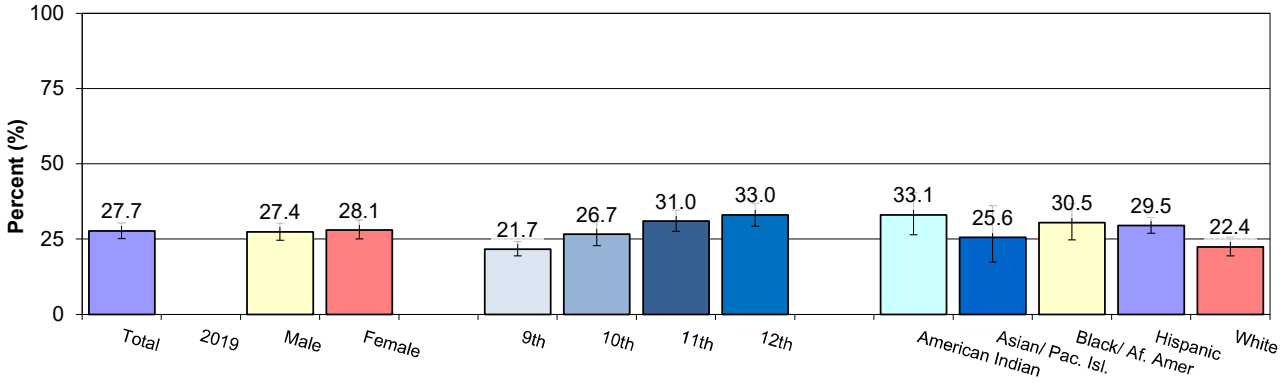
Table 1: Current Marijuana Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	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)

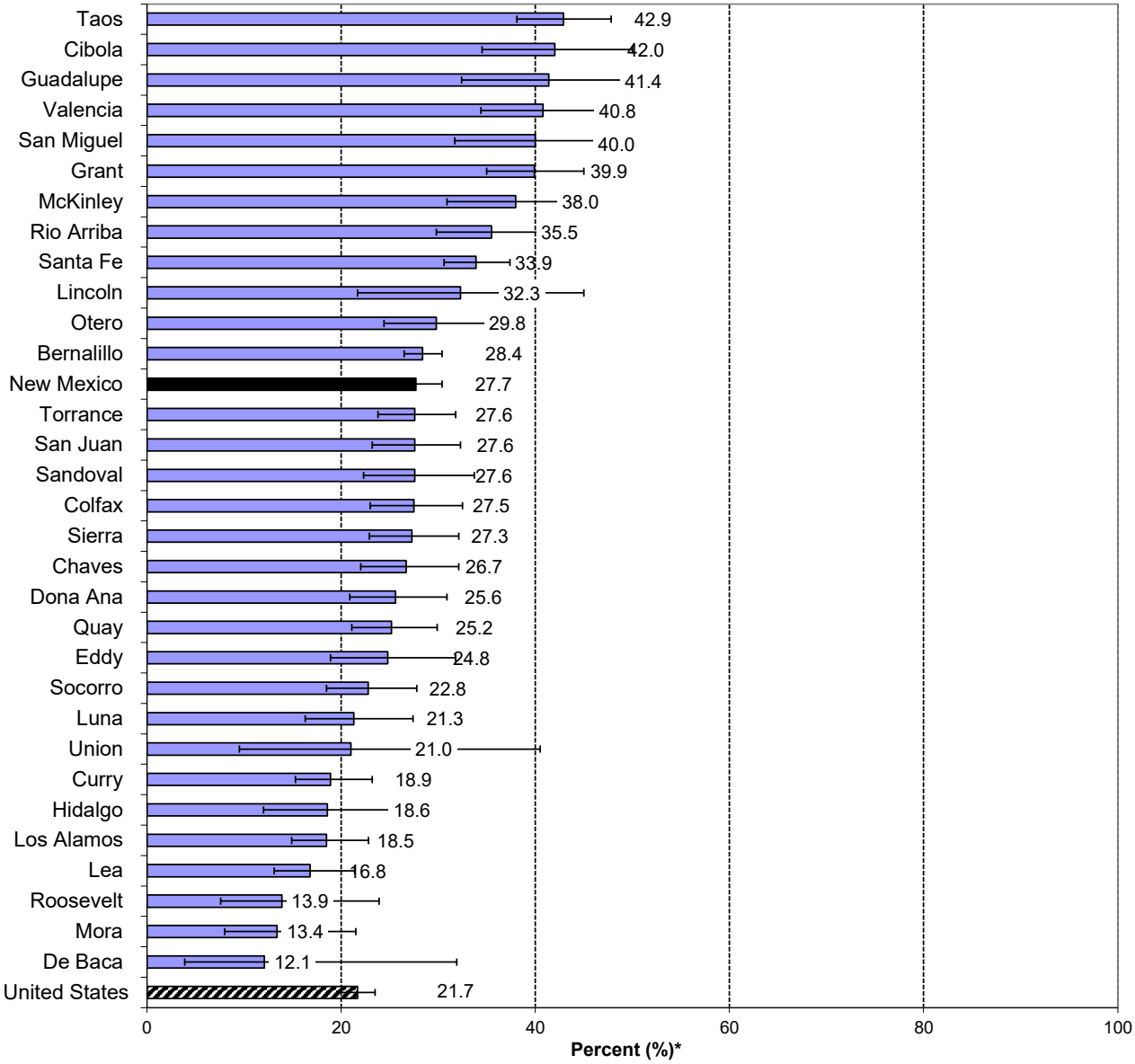
YOUTH CURRENT MARIJUANA USE (continued)

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



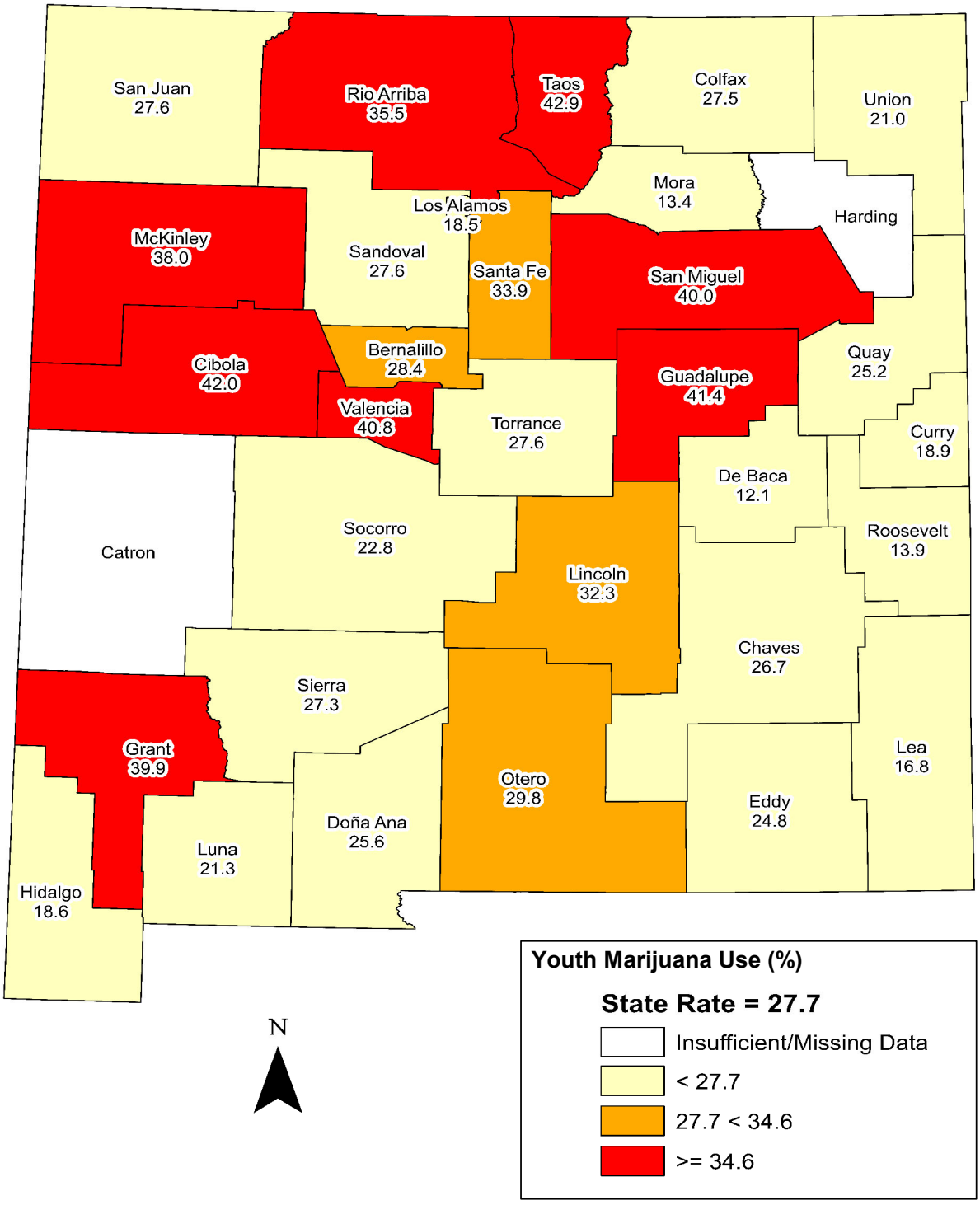
* Estimate of percent of high school students who reported marijuana use at least once in past 30 days

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; SUES

YOUTH CURRENT COCAINE USE

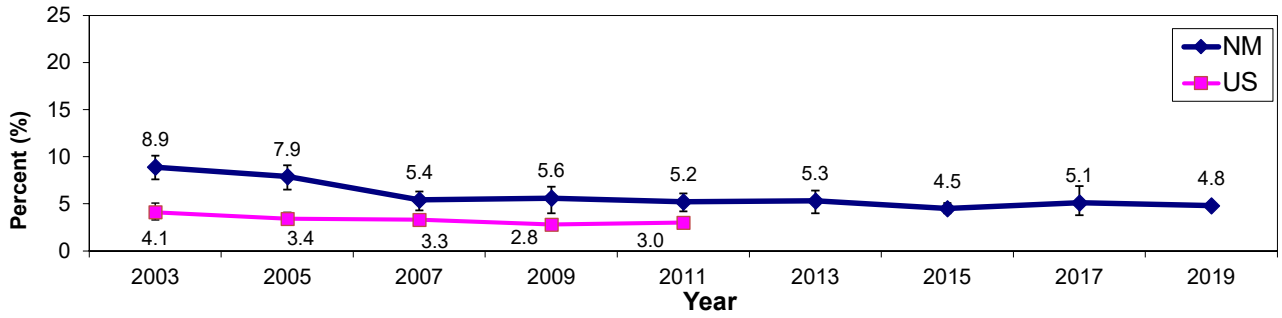
Problem Statement

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)

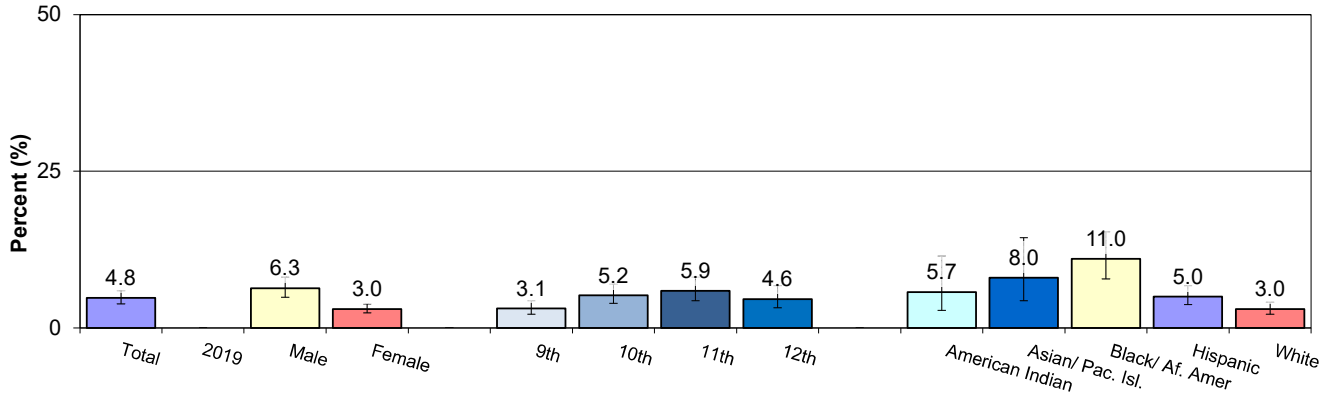
Table 1: Current Cocaine Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	5.5 (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)

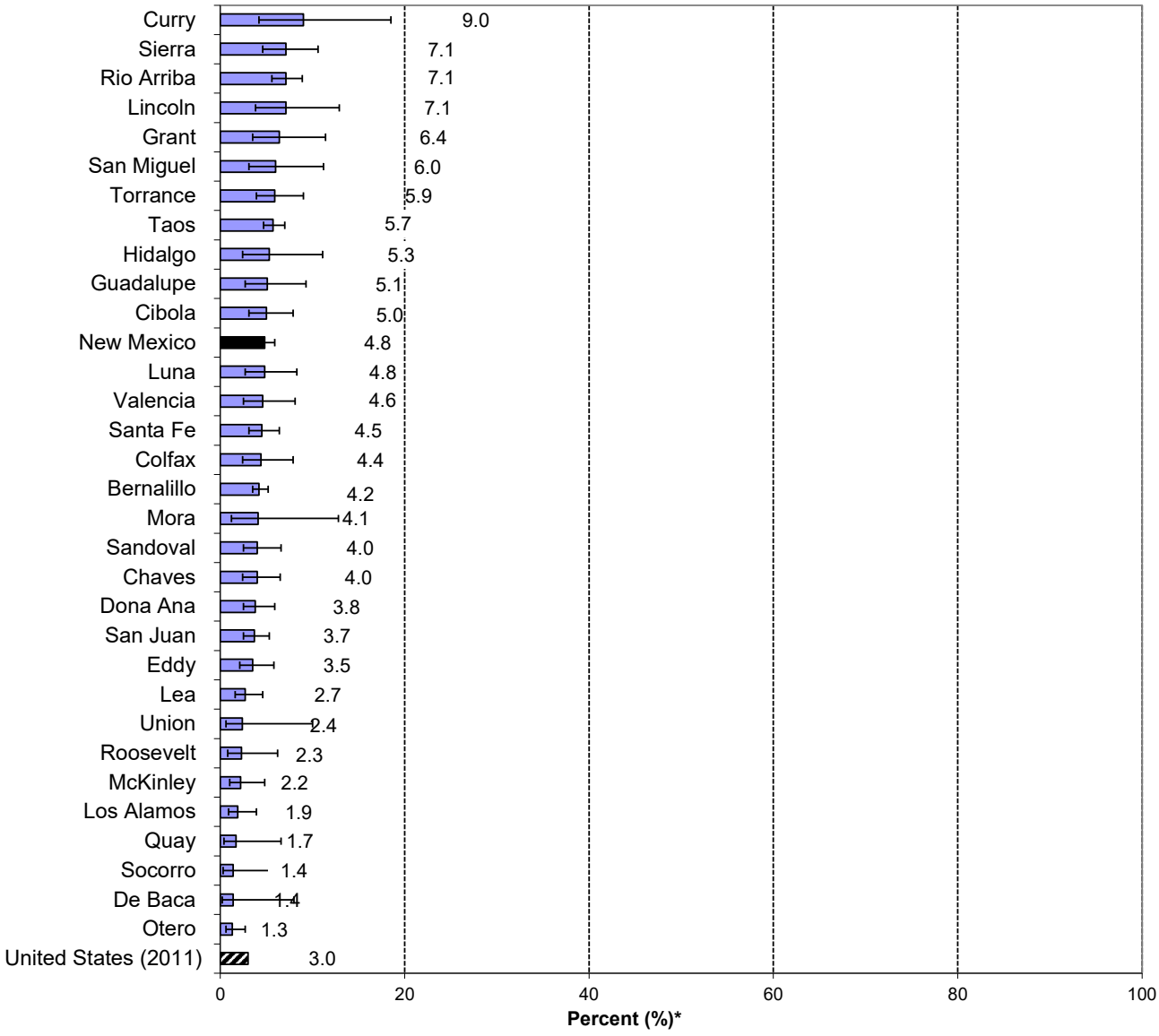
YOUTH CURRENT COCAINE USE (continued)

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



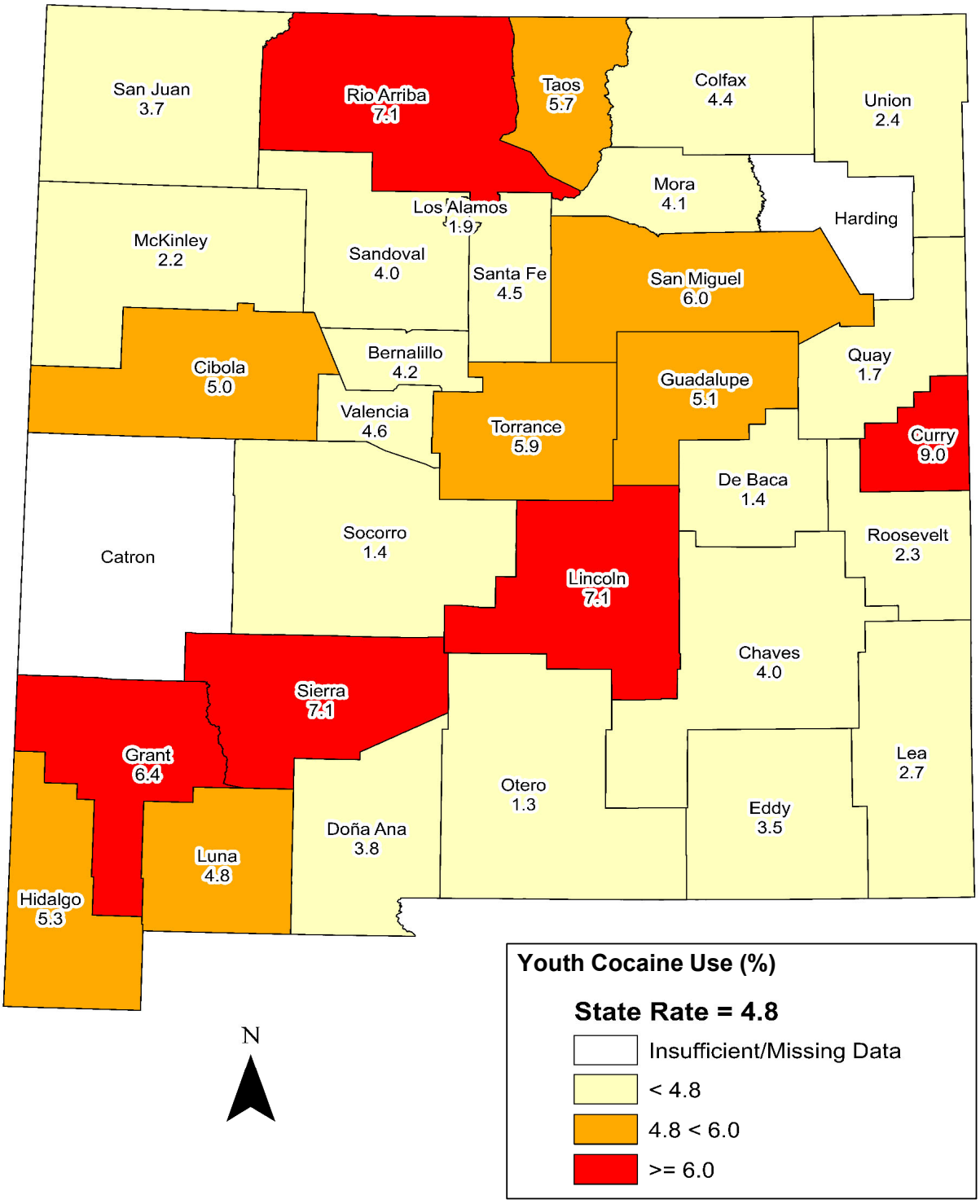
* Estimate of percent of high school students who reported cocaine use at least once in past 30 days

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

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

YOUTH MISUSE OF PRESCRIPTION PAIN MEDICATION

Problem Statement

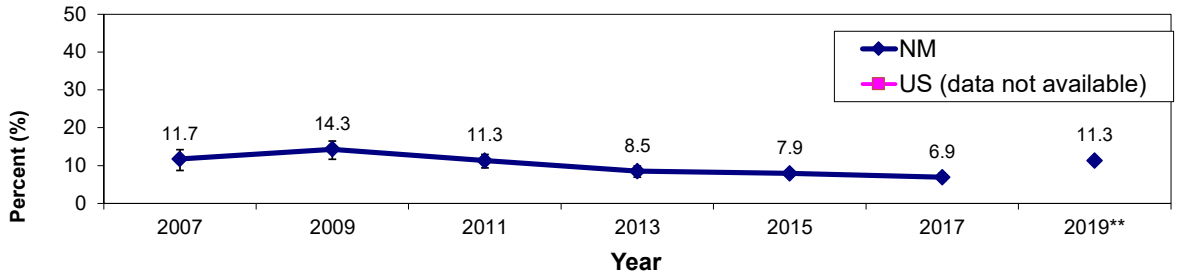
The prevalence of current misuse of prescription pain medication decreased from 2007 (11.7%) to 2017 (6.9%). In 2019 the YRRS question was changed to eliminate the wording indicating that the purpose of use was "to get high", and instead indicated any non-prescribed use. Although a decline occurred through 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 prescription pain medication 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 prescription pain medication use other than prescribed 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)

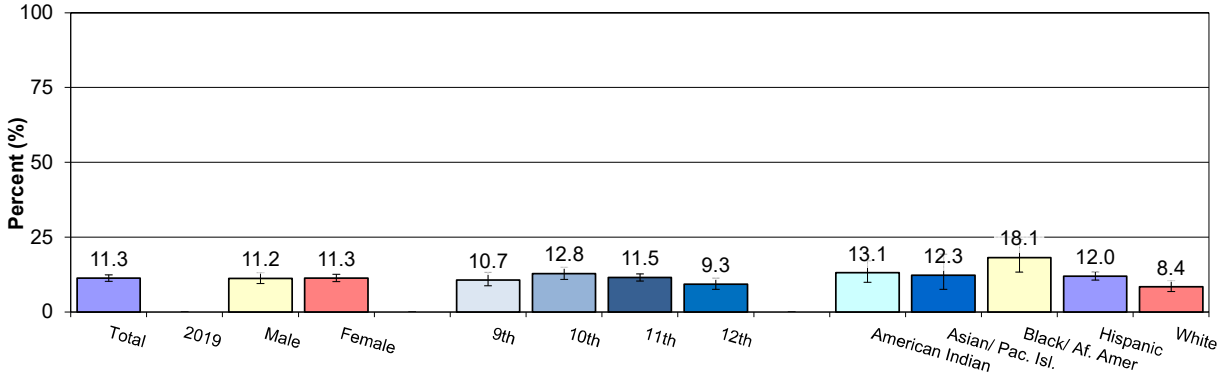
Table 1: Youth Misuse of Prescription Pain Medication, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	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)

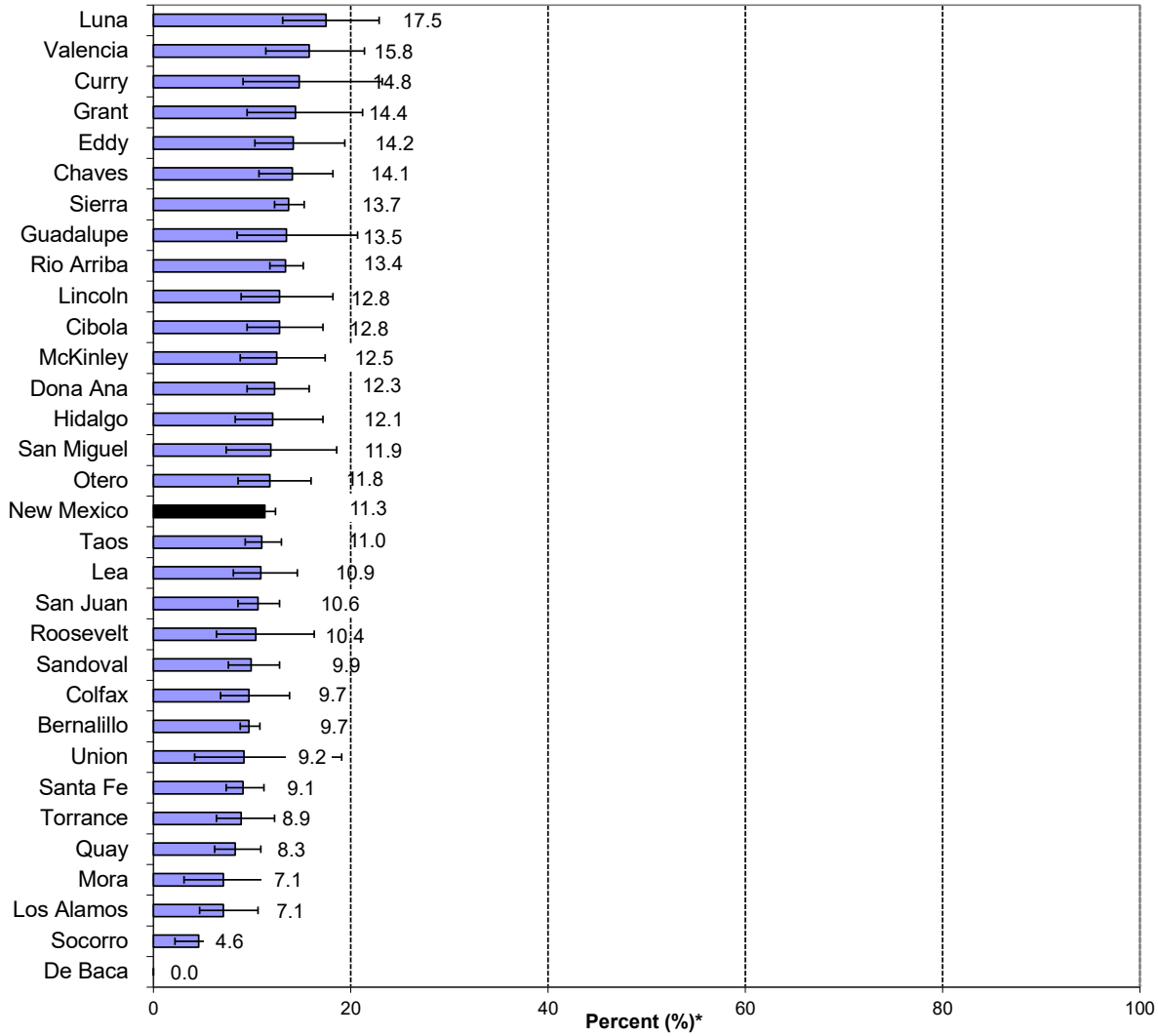
YOUTH MISUSE OF PRESCRIPTION PAIN MEDICATION

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



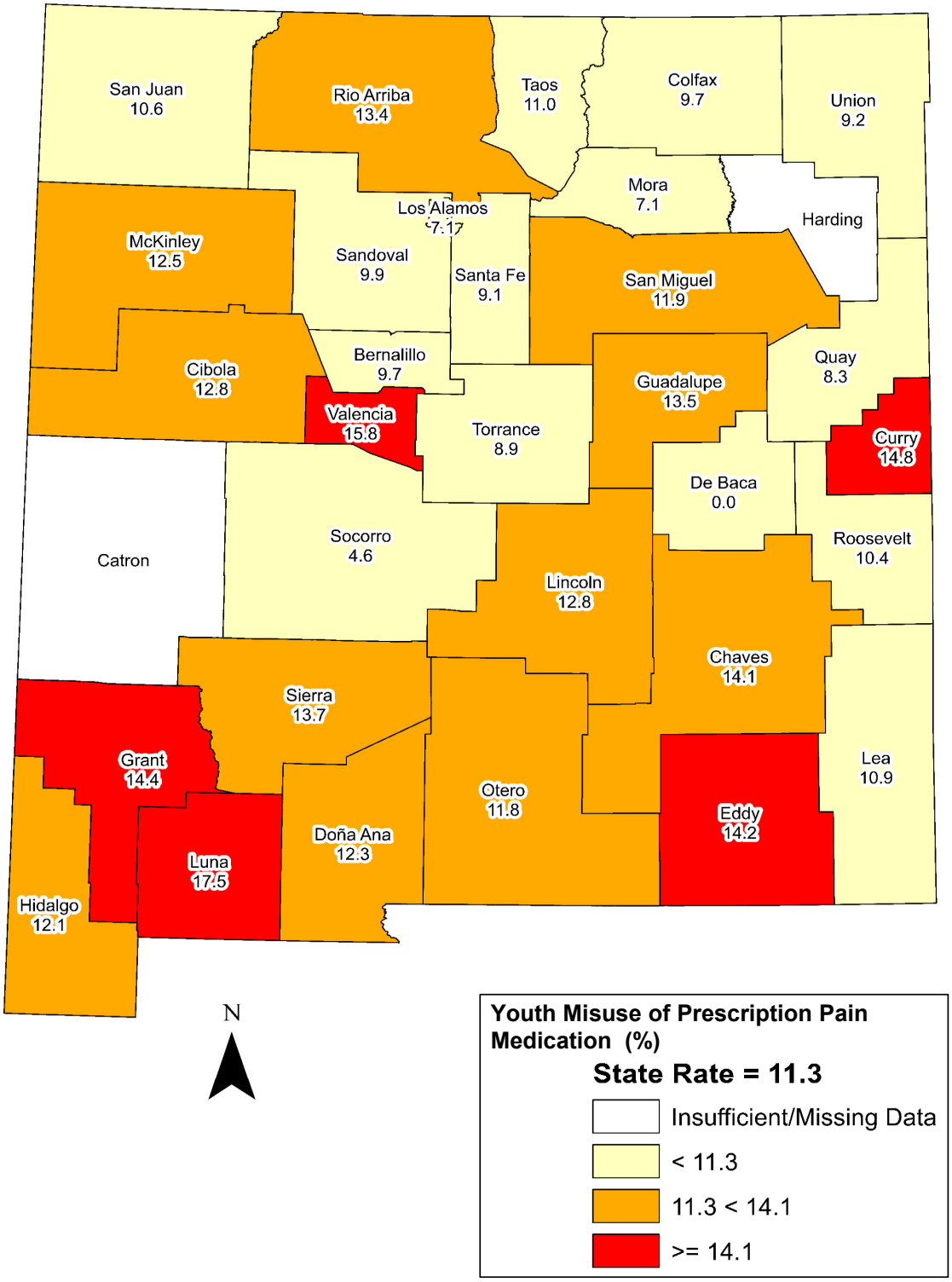
* Estimate of percent of high school students who reported pain killer use to get high at least once in past 30 days

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

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

YOUTH HEROIN USE

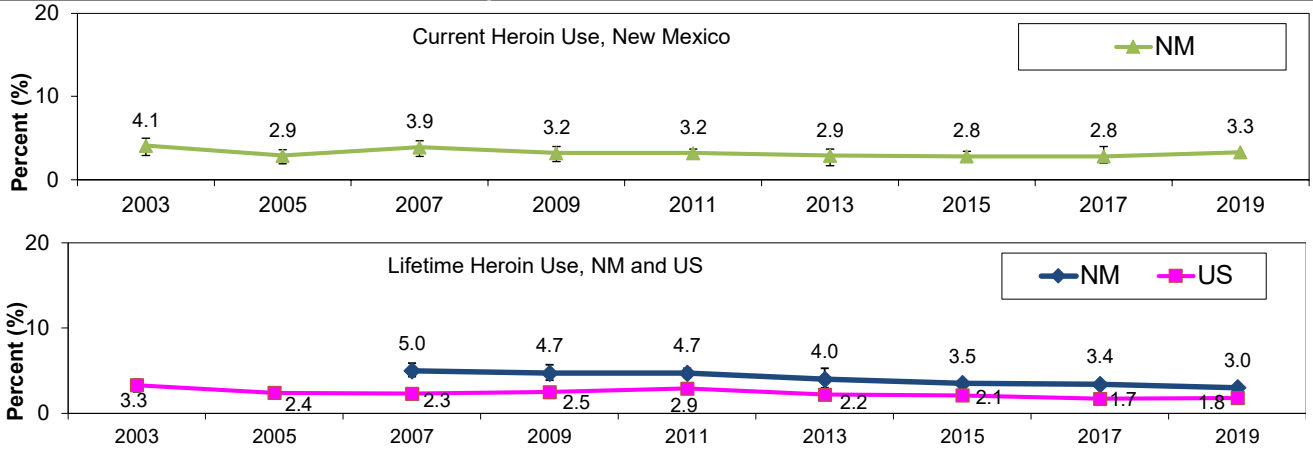
Problem Statement

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%) and11th (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)

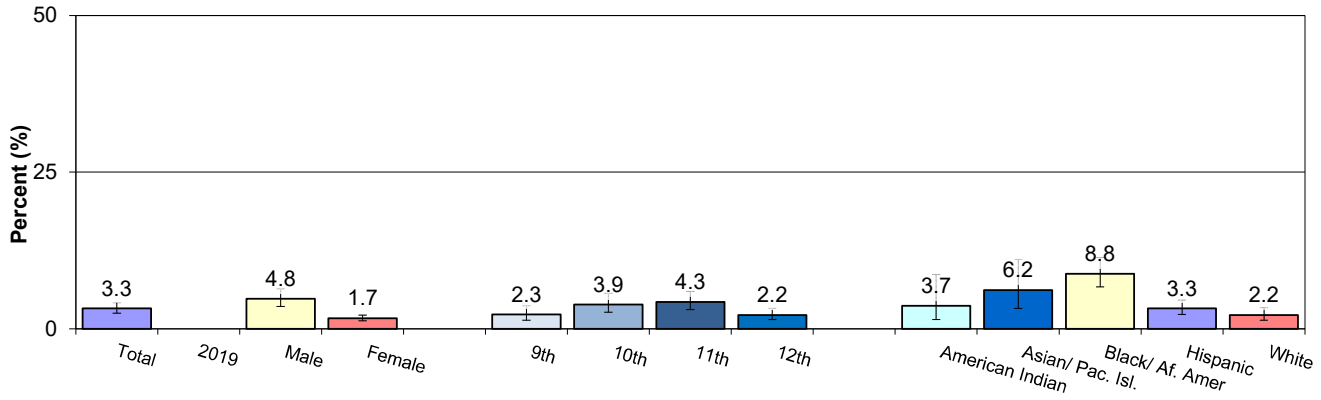
Table 1: Current Heroin Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	4.2 (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)

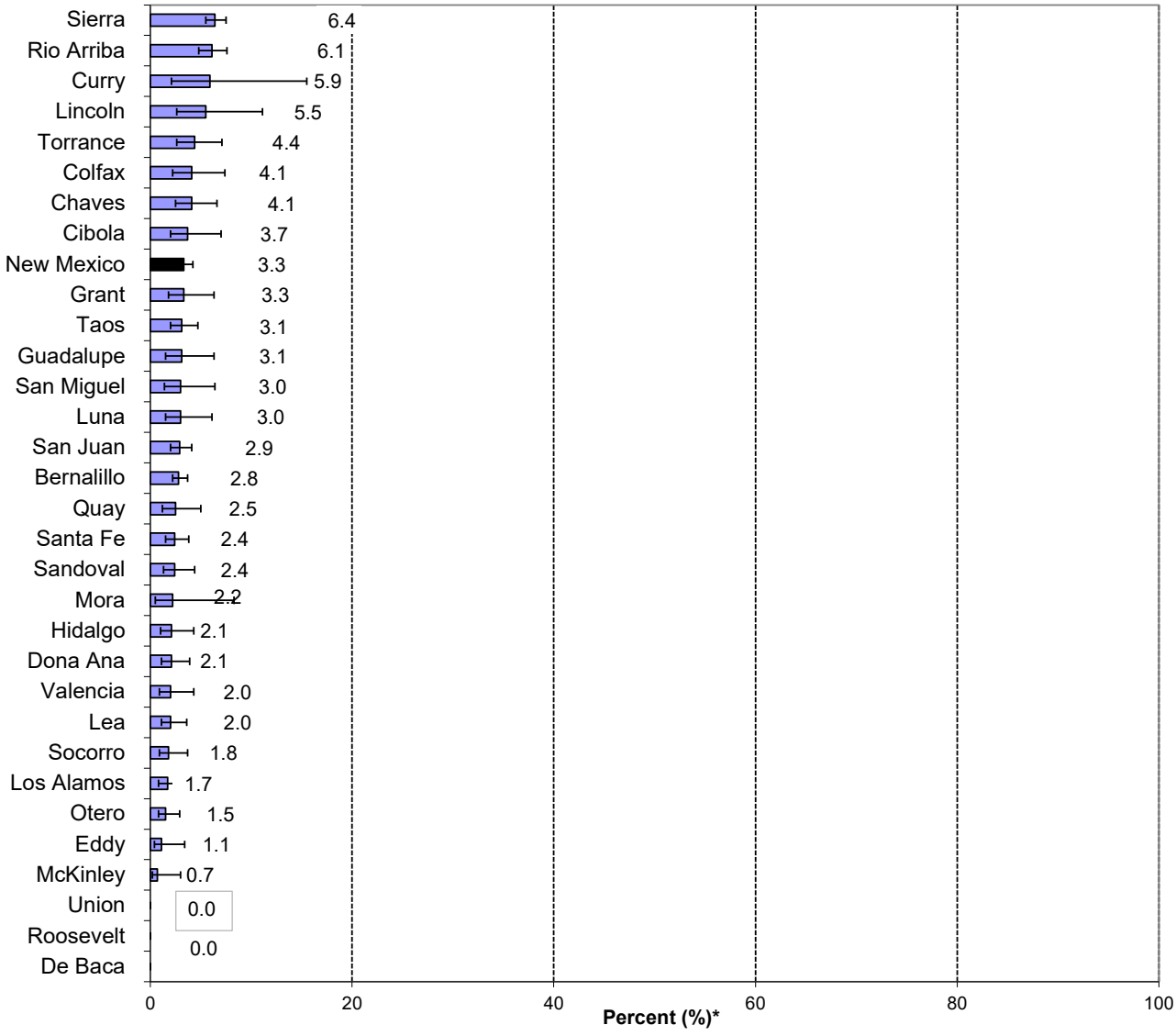
YOUTH HEROIN USE (continued)

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

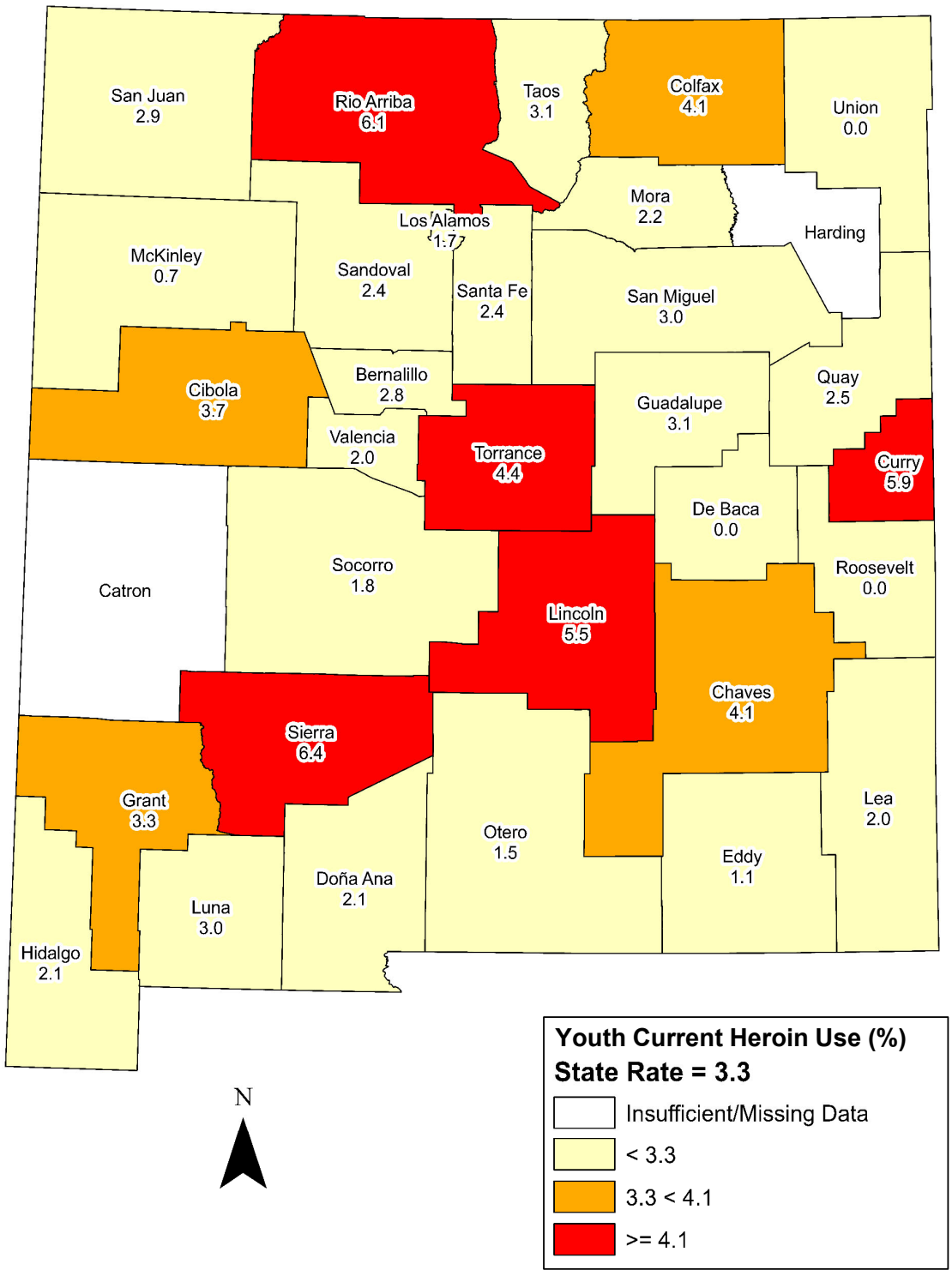


* Estimate of percent of high school students who reported heroin use at least once in the past 30 days

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)

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

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

YOUTH METHAMPHETAMINE USE

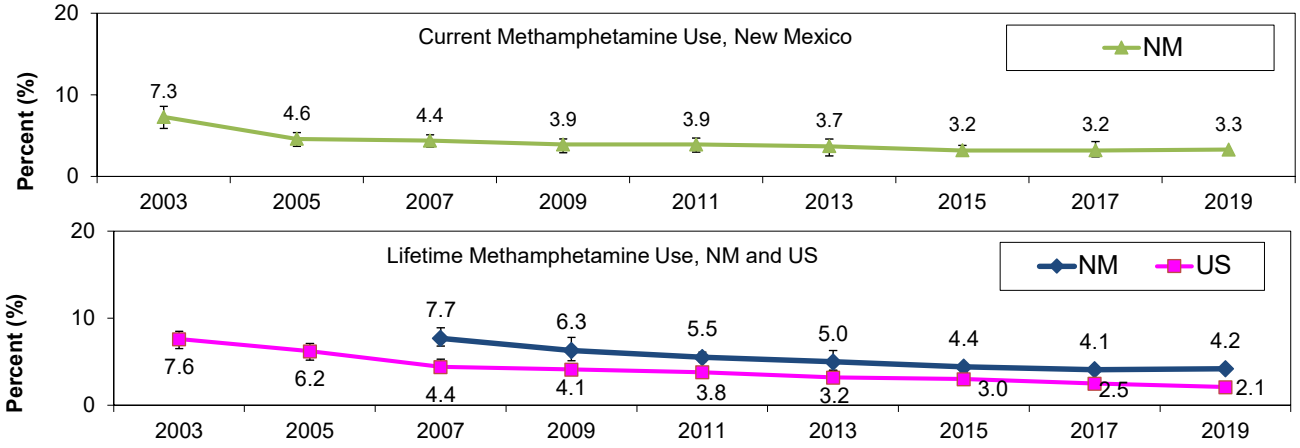
Problem Statement

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%) and Asian/Pacific Islander (8.8%) 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)

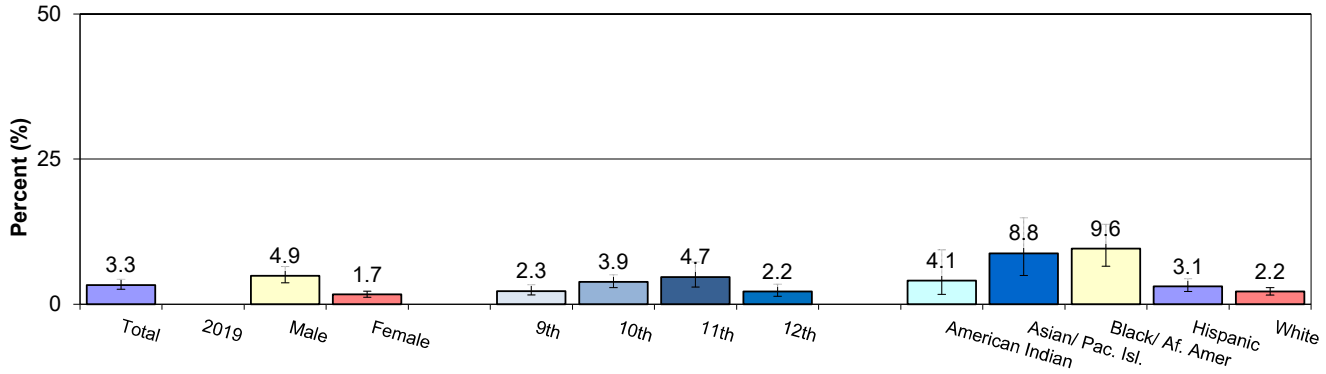
Table 1: Current Methamphetamine Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	4.7 (1.6-12.8)	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)

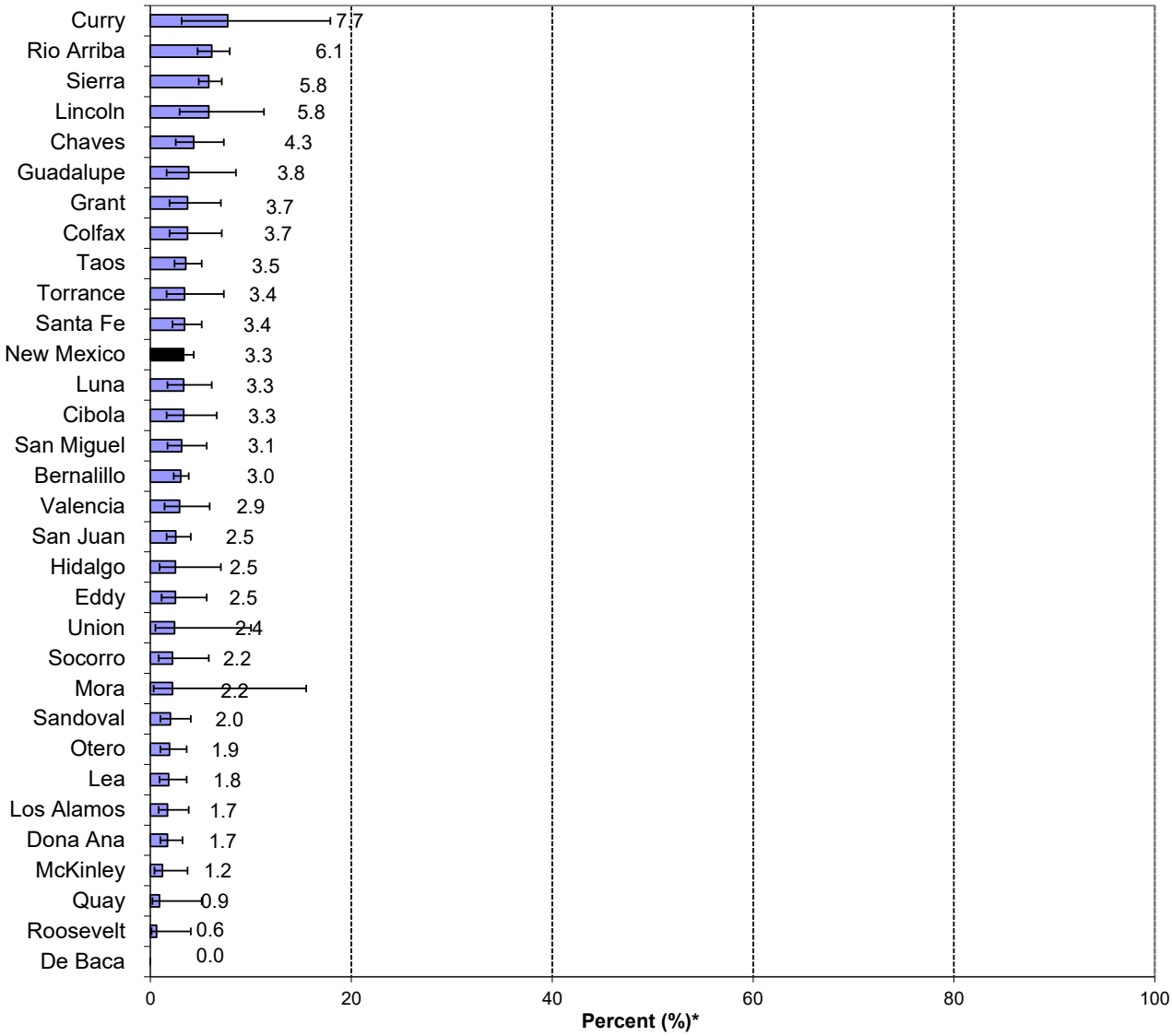
YOUTH METHAMPHETAMINE USE (continued)

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



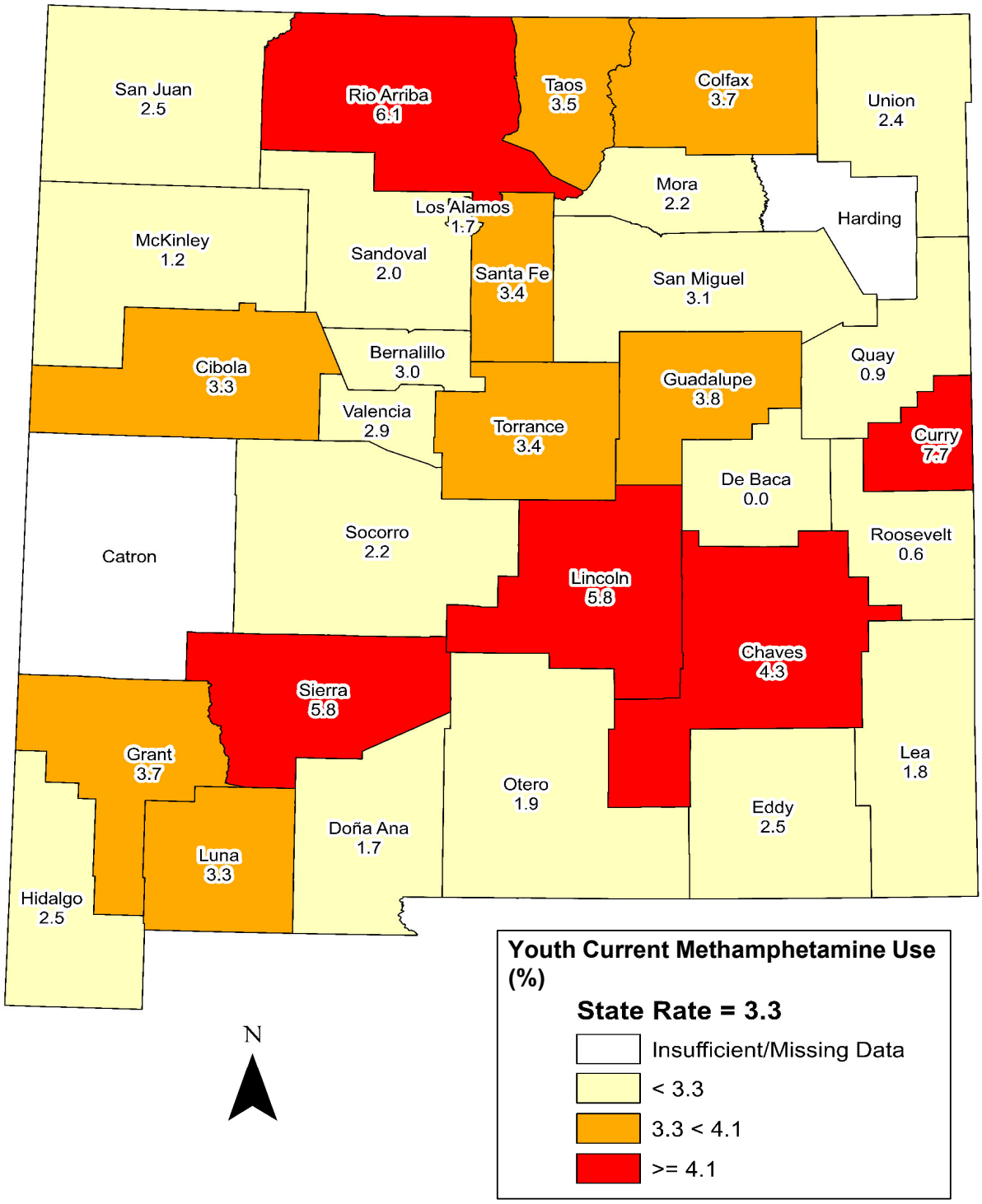
* Estimate of percent of high school students who reported methamphetamine use at least once in the past 30 days

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

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

YOUTH CURRENT INHALANT USE

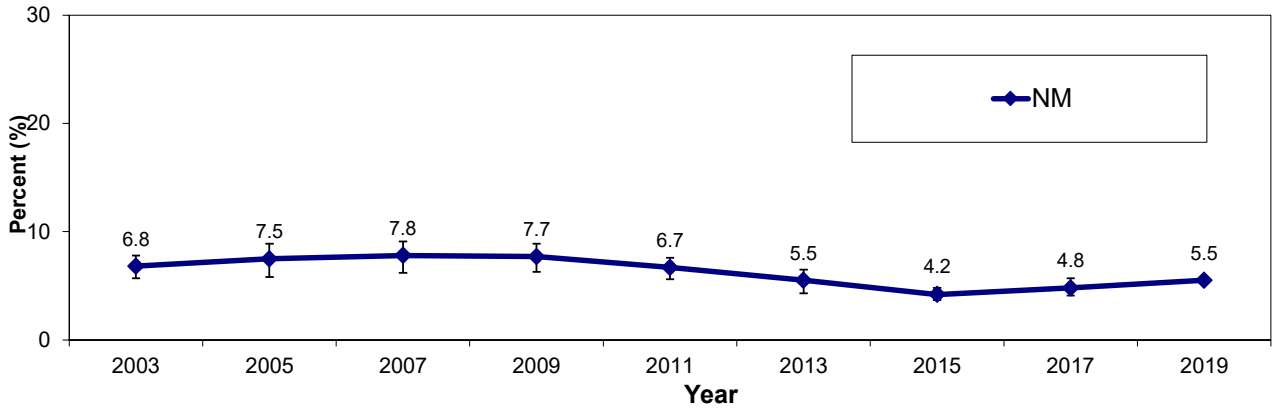
Problem Statement

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)

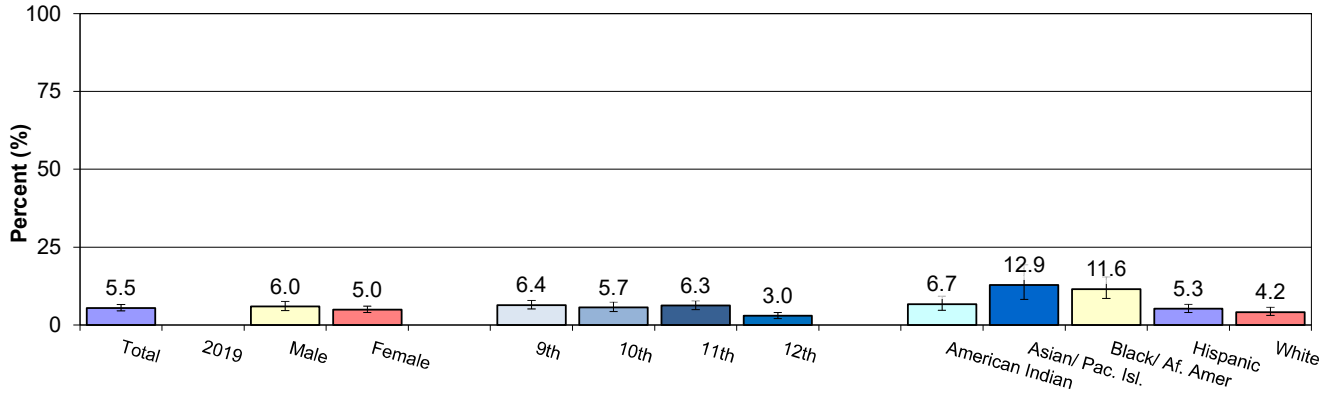
Table 1: Current Inhalant Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	8.9 (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)

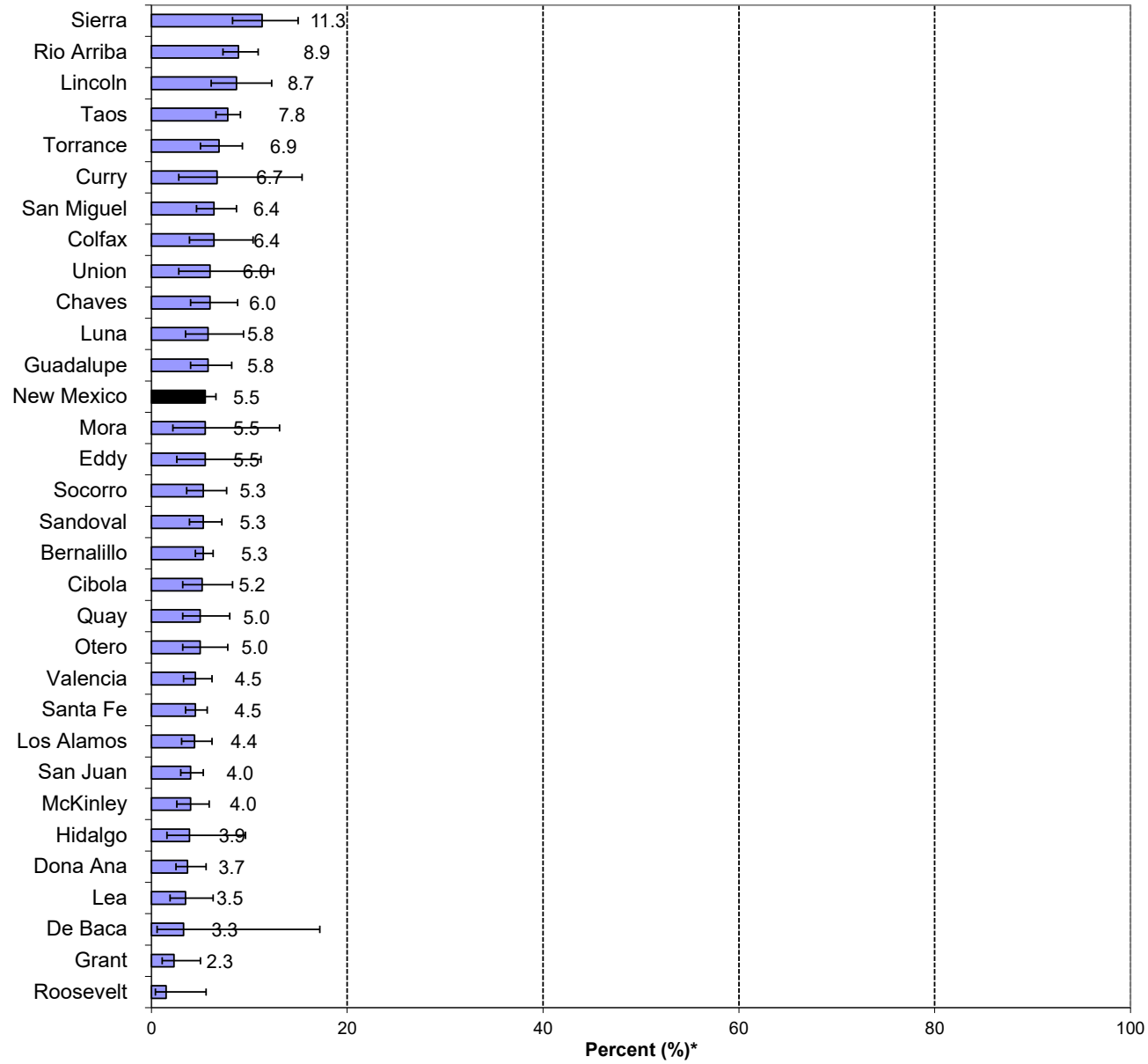
YOUTH CURRENT INHALANT USE (continued)

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



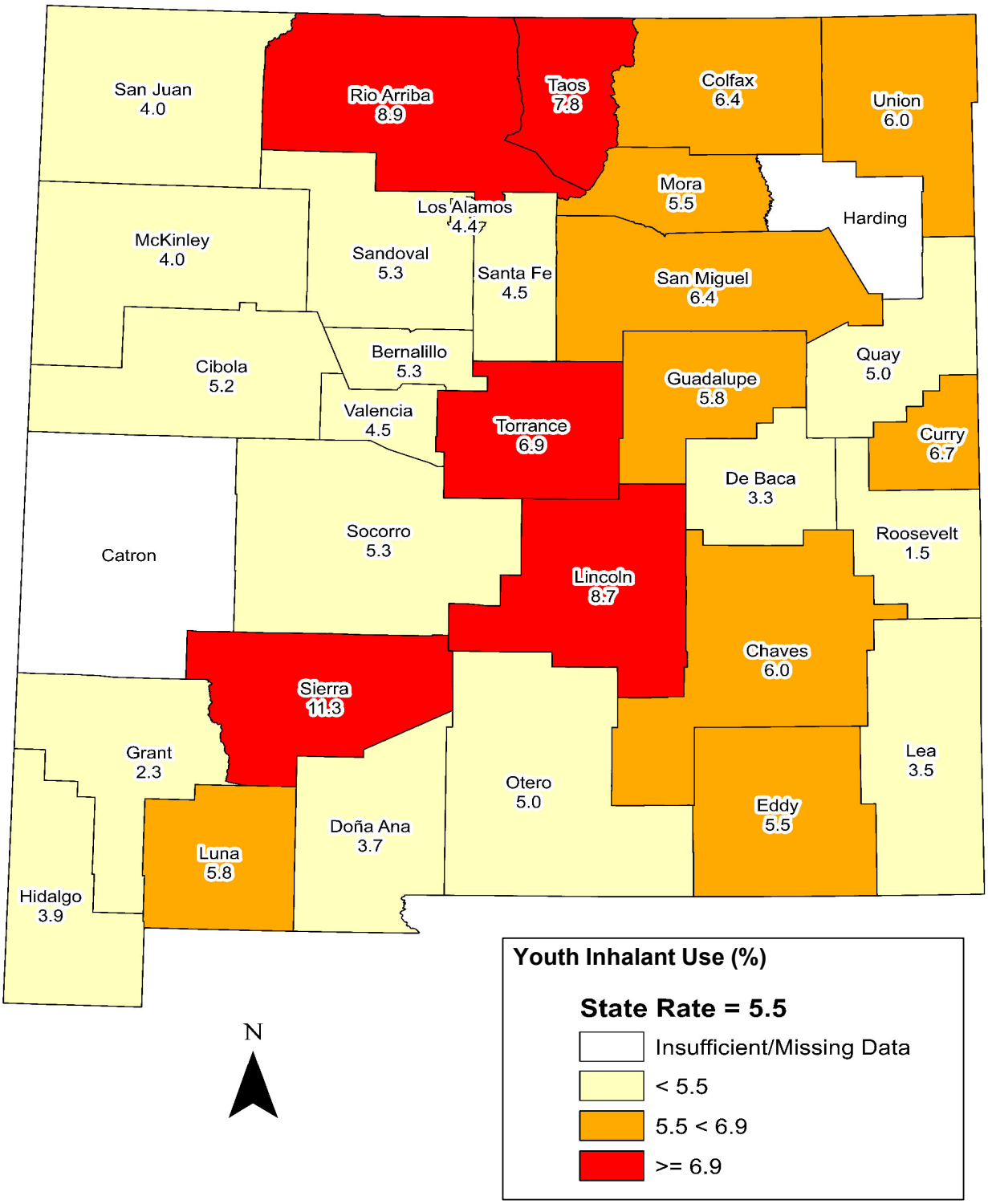
* Estimate of percent of high school students who reported inhalant use at least once in past 30 days

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

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

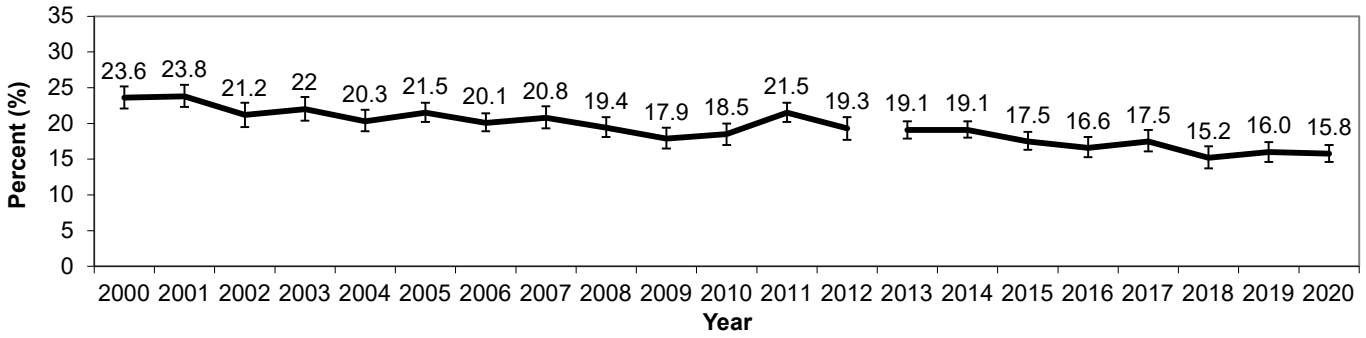
ADULT CIGARETTE SMOKING

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 2020, current smoking rates among adults in New Mexico (15.8%) were consistent with the US overall (15.5%). As shown in Chart 1, New Mexico's adult smoking prevalence rate has decreased since 1998. For 2016-2020, as shown in Table 1, smoking was more prevalent among adults aged 25-64 (18.6%) than among young adults aged 18-24 (12.9%) or adults aged 65 and over (9.8%). New Mexico men were more likely to smoke than women (18.2% v 13.4%). Among males, Blacks had the highest smoking prevalence (23.3%), followed by Asian/Pacific Islander (22.6%), and Hispanics (20.3%). Among females, the highest prevalence of smoking was among Blacks (22.3%), followed by Whites (14.7%).

Chart 1: Cigarette Smoking (past 30 days)*, Adults Aged 18+, New Mexico, 2000-2020



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

Source: BRFSS; SUES (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, 2018-2020

		Number				Percent*			
Sex	Race/Ethnicity	Ages 18-24	Ages 25-64	Ages 65+	All Ages	Ages 18-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	886	8,517	694	10,153	9.0	18.0	8.1	15.5
	Asian/Pacific Islander	-	2,221	-	3,020	-	22.9	-	22.6
	Black	-	4,114	-	4,832	-	28.6	-	23.3
	Hispanic	10,071	55,706	9,057	74,782	17.3	22.0	16.0	20.3
	White	4,579	41,168	7,561	52,646	15.9	20.7	7.4	15.9
	Total	16,262	111,626	18,145	145,268	16.0	21.4	10.5	18.2
Female	American Indian	701	6,792	490	7,989	7.2	13.2	3.9	10.8
	Asian/Pacific Islander	-	573	-	605	-	4.7	-	3.6
	Black	-	2,664	-	3,343	-	26.6	-	22.3
	Hispanic	5,951	36,319	6,622	49,005	10.5	14.3	9.6	12.9
	White	2,723	37,672	10,766	50,296	11.2	18.9	9.1	14.7
	Total	9,201	83,471	18,853	111,006	9.7	15.8	9.2	13.4
Total	American Indian	1,582	15,232	1,153	18,038	8.1	15.4	5.4	12.9
	Asian/Pacific Islander	-	2,846	-	3,892	-	13.0	-	12.8
	Black	-	6,768	704	8,169	-	27.7	12.6	22.9
	Hispanic	16,029	92,009	15,685	123,778	14.0	18.1	12.5	16.6
	White	7,305	78,845	18,346	102,928	13.8	19.8	8.3	15.3
	Total	25,396	195,031	36,990	256,110	12.9	18.6	9.8	15.8

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

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

Source: BRFSS; SUES

ADULT CIGARETTE SMOKING (continued)

Problem Statement (continued)

Smoking prevalence rates were highest among Black men (23.3%) while smoking-related death rates were highest among Black men (141.1 per 100,0000 population) and White men (139.7 per 100,000 population). Among women, Blacks had the highest smoking prevalence rates (22.3%). However, White women had the highest smoking-related death rates (75.9 deaths per 100,000 population) followed by Black women (68.8 deaths per 100,000 population).

As shown in Table 2 and Chart 2, the counties with the highest smoking prevalences were Socorro (30.2%), Sierra (26.2%), and Union (23.8%); these three counties had prevalences more than one and a half times higher than the state and national rates. The counties with the lowest prevalences were Mora (10.9%), Taos (10.8**%),** and Los Alamos (4.2%).

Table 2: Cigarette Smoking (past 30 days) by Race/Ethnicity and County, Adults Aged 18+, New Mexico, 2018-2020

	Number						Percent*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	3,133	-	2,083	36,096	28,373	72,624	13.4	-	13.2	14.4	12.4	13.6
Catron	-	-	-	-	338	528	-	-	-	-	14.1	16.9
Chaves	-	-	-	3,563	3,507	7,605	-	-	-	14.0	17.4	16.0
Cibola	1,676	-	-	1,803	901	4,401	21.2	-	-	23.0	20.4	21.4
Colfax	-	-	-	1,127	571	1,705	-	-	-	25.3	11.5	17.5
Curry	-	-	-	2,785	3,240	6,664	-	-	-	19.2	17.1	18.1
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	15,190	8,750	24,533	-	-	-	14.1	17.1	14.8
Eddy	-	-	-	5,225	3,669	9,118	-	-	-	25.9	17.4	21.3
Grant	-	-	-	1,877	1,423	3,389	-	-	-	17.9	12.6	15.1
Guadalupe	-	-	-	-	-	615	-	-	-	-	-	17.5
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	4,830	4,920	10,970	-	-	-	17.3	25.0	21.8
Lincoln	-	-	-	789	2,095	3,103	-	-	-	15.9	19.8	19.1
Los Alamos	-	-	-	-	521	621	-	-	-	-	4.8	4.2
Luna	-	-	-	2,116	1,513	3,701	-	-	-	18.7	24.4	20.5
McKinley	4,104	-	-	1,398	1,041	6,953	10.7	-	-	22.4	20.4	13.8
Mora	-	-	-	-	-	410	-	-	-	-	-	10.9
Otero	-	-	-	1,991	6,341	9,867	-	-	-	11.0	22.6	18.9
Quay	-	-	-	-	288	1,361	-	-	-	-	8.2	20.6
Rio Arriba	-	-	-	4,010	692	5,436	-	-	-	19.3	15.3	18.3
Roosevelt	-	-	-	958	1,378	2,405	-	-	-	16.2	16.5	16.0
Sandoval	1,301	-	-	7,353	8,895	18,523	10.1	-	-	17.4	16.7	16.4
San Juan	4,982	-	-	3,332	7,690	16,715	13.8	-	-	19.8	19.7	17.9
San Miguel	-	-	-	4,605	652	5,244	-	-	-	26.3	14.1	22.7
Santa Fe	-	-	-	7,812	4,637	13,869	-	-	-	13.6	7.8	11.2
Sierra	-	-	-	-	1,760	2,444	-	-	-	-	27.3	26.2
Socorro	-	-	-	2,871	1,081	4,035	-	-	-	43.6	21.1	30.2
Taos	-	-	-	1,317	1,423	2,916	-	-	-	9.2	13.3	10.8
Torrance	-	-	-	-	729	1,933	-	-	-	-	10.6	15.2
Union	-	-	-	-	332	789	-	-	-	-	18.9	23.8
Valencia	-	-	-	7,619	4,535	12,403	-	-	-	22.7	21.9	21.4
New Mexico	18,038	3,892	8,169	123,778	102,928	256,110	12.9	12.8	22.9	16.6	15.3	15.8

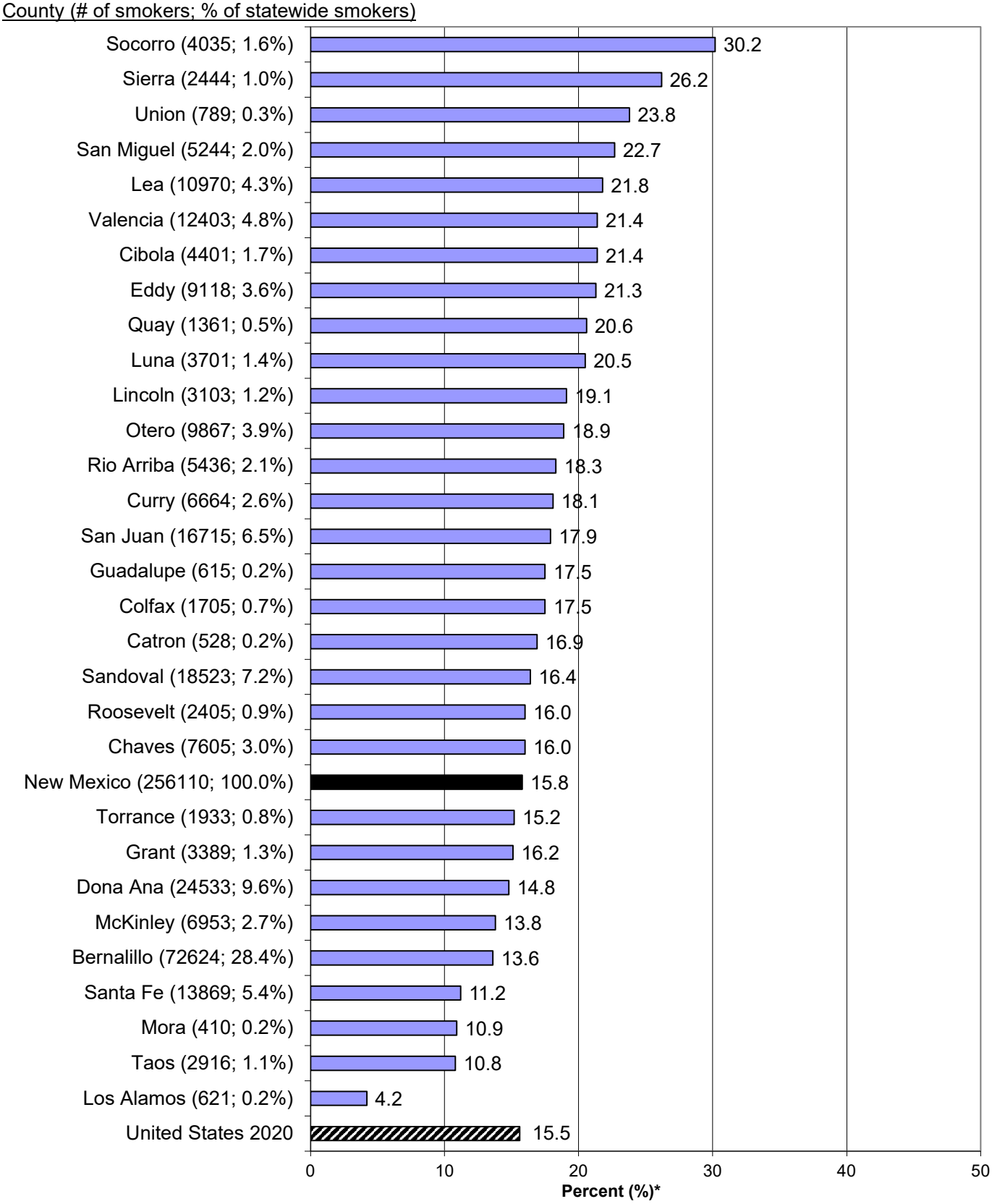
* Estimate of percent of people in population group who have smoked >= 100 cigarettes in lifetime and who smoked cigarettes in past 30 days

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

Source: BRFSS; SUES

ADULT CIGARETTE SMOKING (continued)

Chart 2: Cigarette Smoking (past 30 days)* by County, Adults Aged 18+, New Mexico, 2018-2020



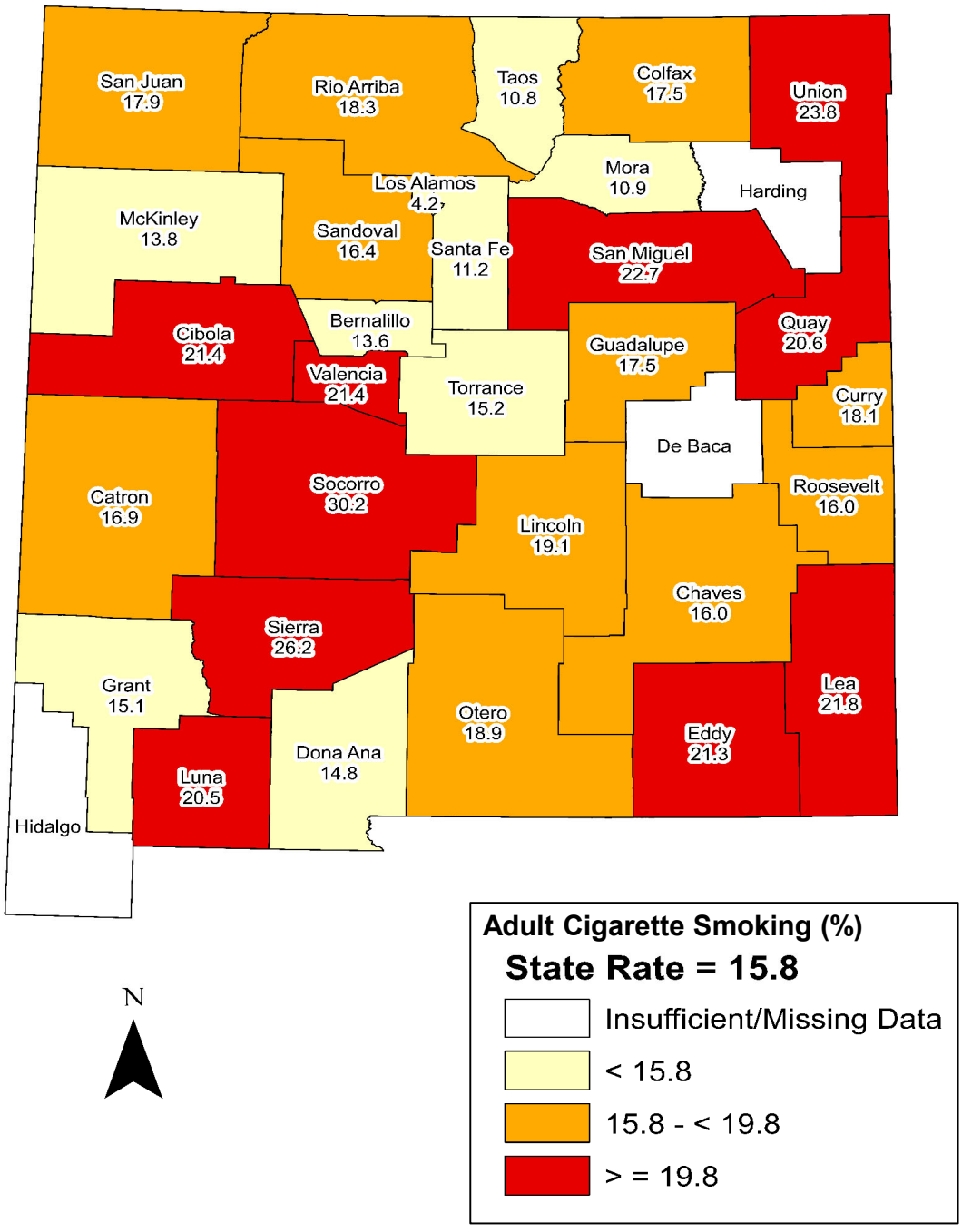
* Estimate of percent of people in population group who have smoked >= 100 cigarettes in lifetime and who smoked cigarettes in past 30 days

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

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

ADULT CIGARETTE SMOKING (continued)

Chart 3: Cigarette Smoking (past 30 days)* by County, Adults Aged 18+, New Mexico, 2018-2020



* 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; SUES

YOUTH CURRENT CIGARETTE SMOKING

Problem Statement*

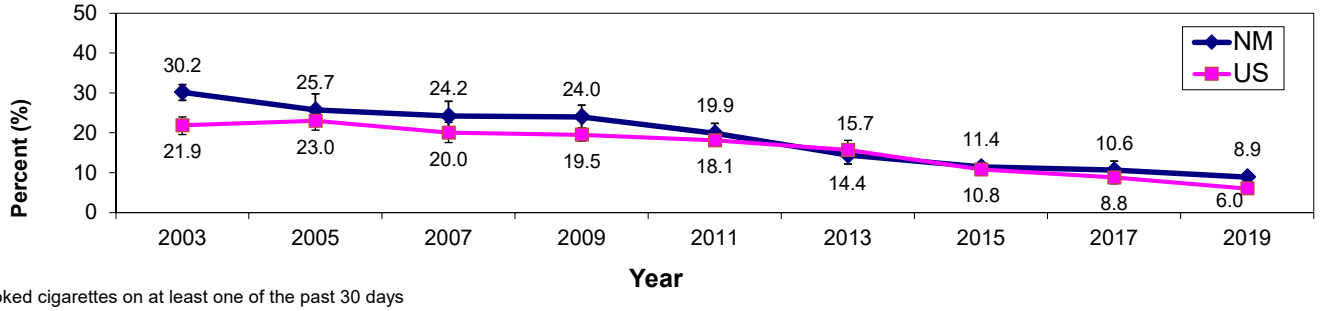
Cigarette smoking is the leading cause of preventable death in the US. Cigarette smoking increases risk for several cancers and other chronic conditions. Smoking is initiated and established primarily during adolescence, with more than 80% of adult smokers first smoking before age 18.**

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)

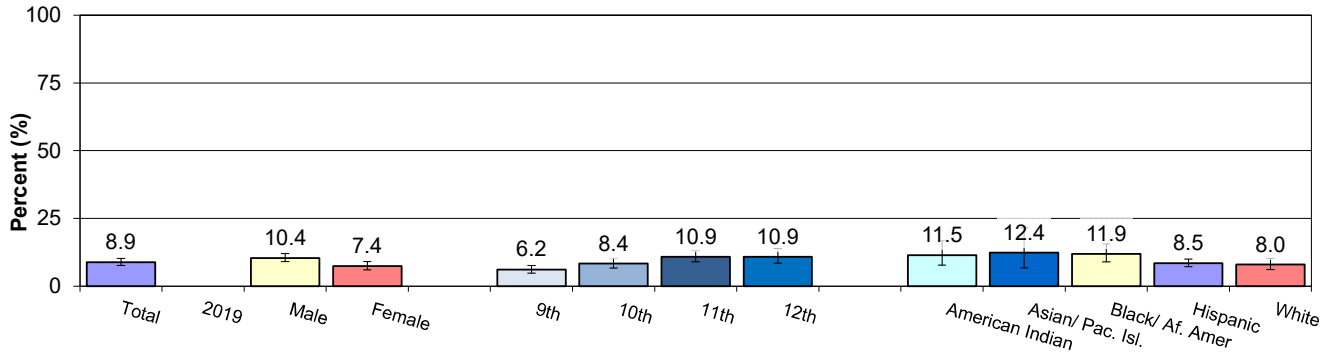
Table 1: Current Cigarette Smoking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	8.0 (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)

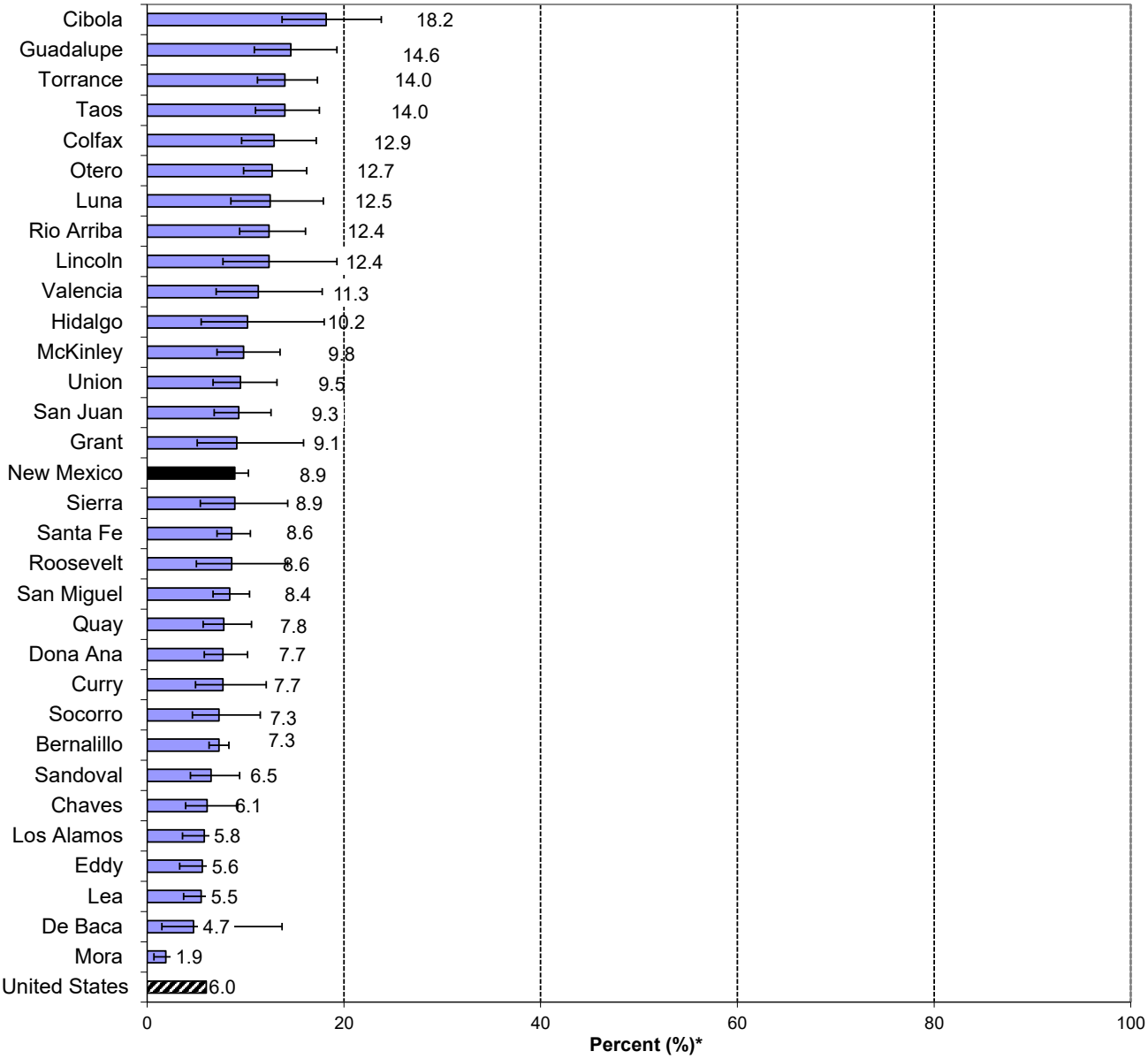
YOUTH CURRENT CIGARETTE SMOKING (continued)

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



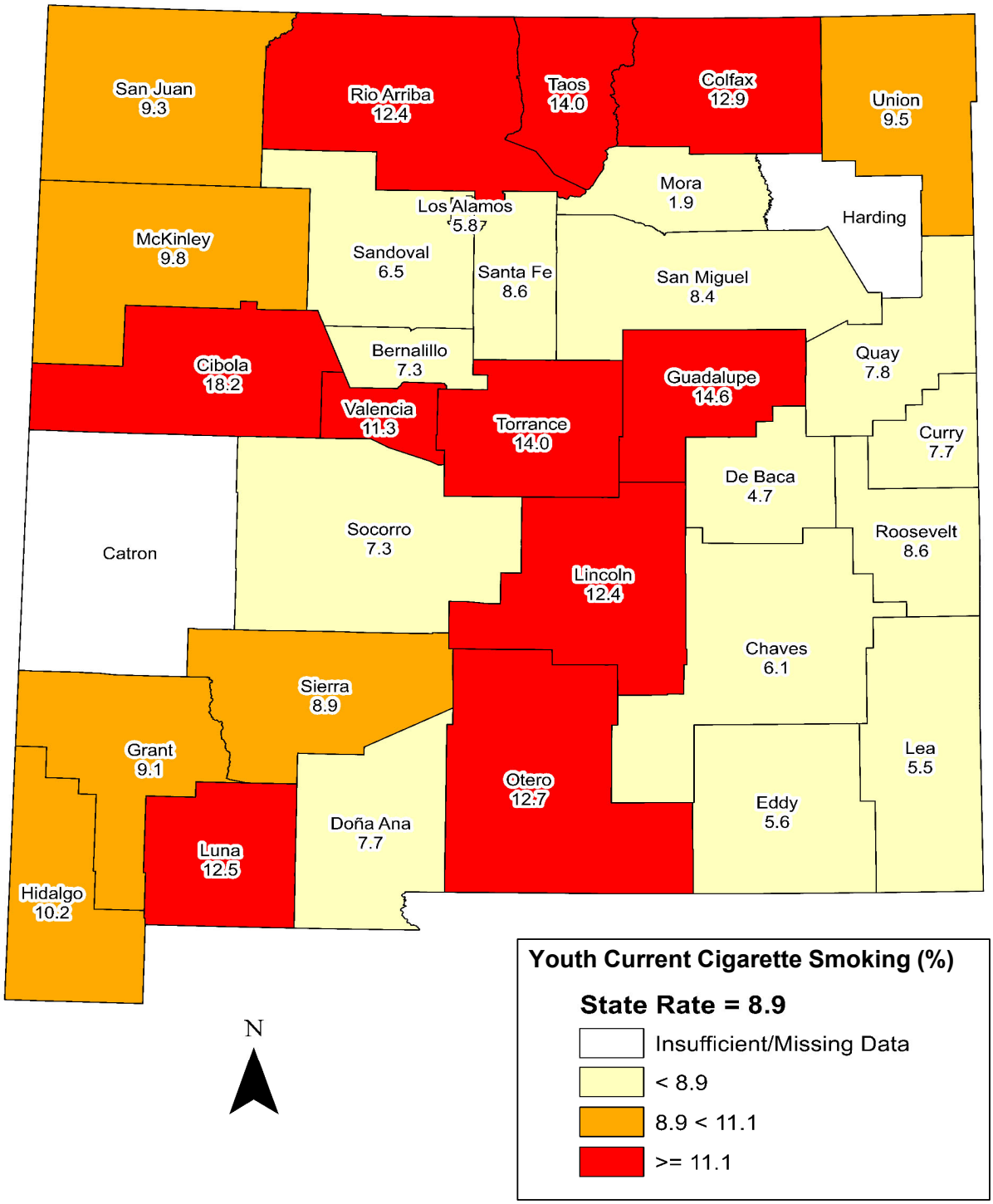
* Estimate of percent of high school students who reported smoking cigarettes on at least one of the past 30 days

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

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

YOUTH FREQUENT CIGARETTE SMOKING

Problem Statement*

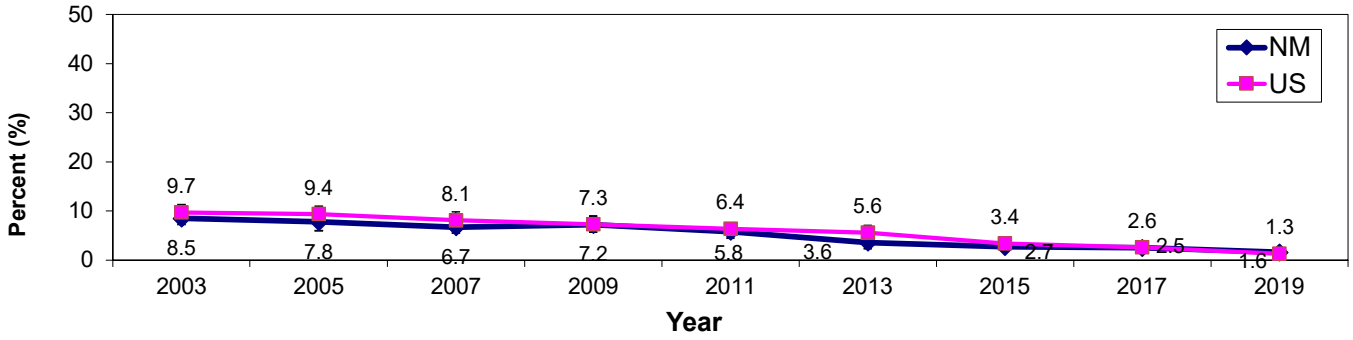
Frequent cigarette smoking means smoking cigarettes on at least 20 of the past 30 days. The prevalence of frequent cigarette smoking among New Mexico high school students has decreased from 8.5% in 2003 to 1.6% in 2019. This coincides with a decrease in the US rate of frequent smoking over the past several 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 Black (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)

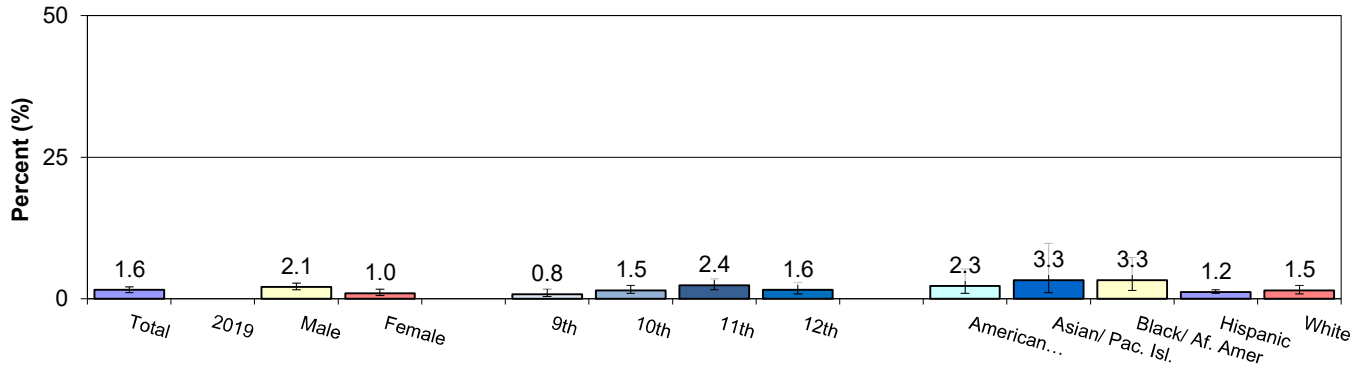
Table 1: Frequent Cigarette Smoking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	0.5 (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)

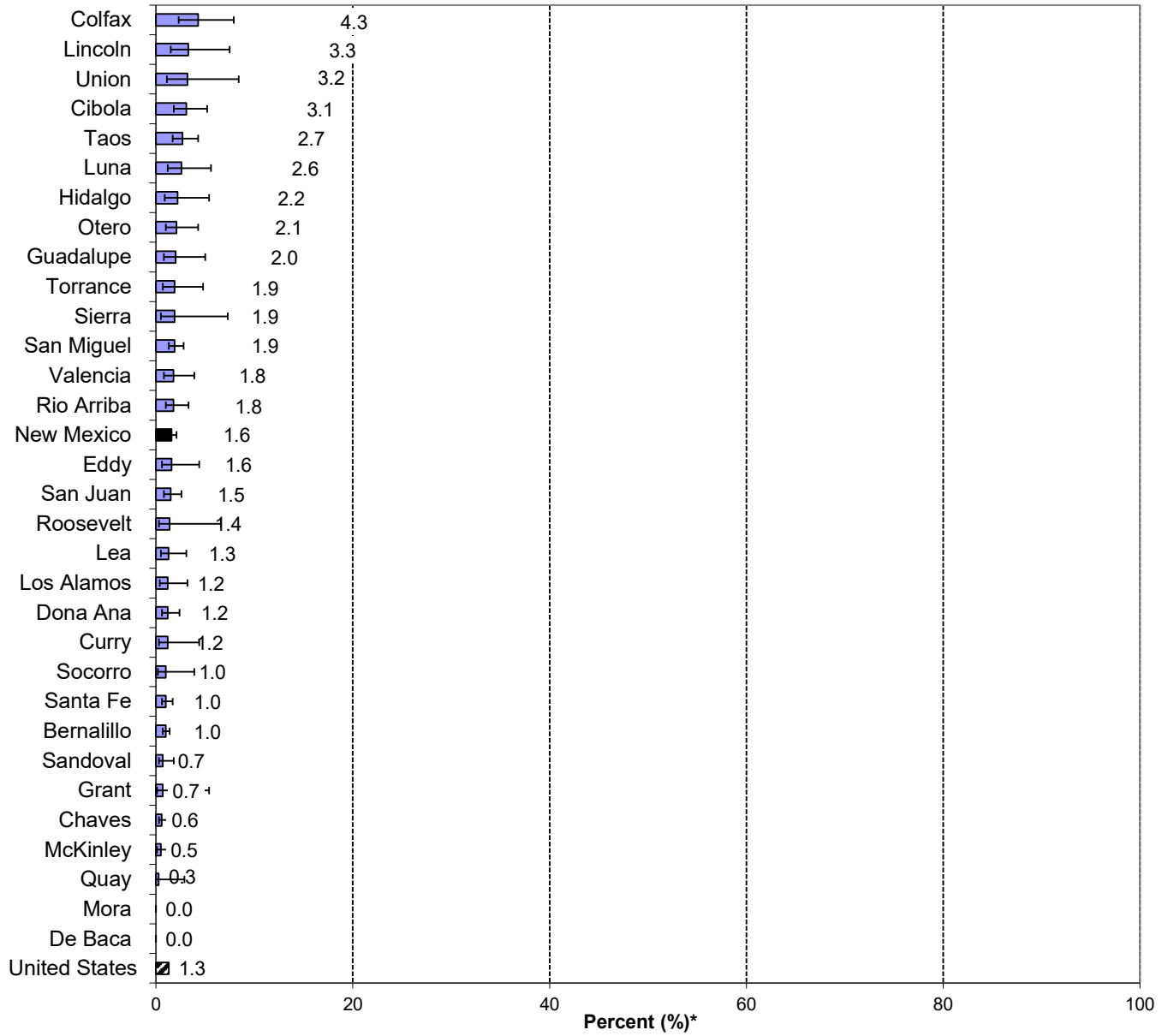
YOUTH FREQUENT CIGARETTE SMOKING (continued)

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



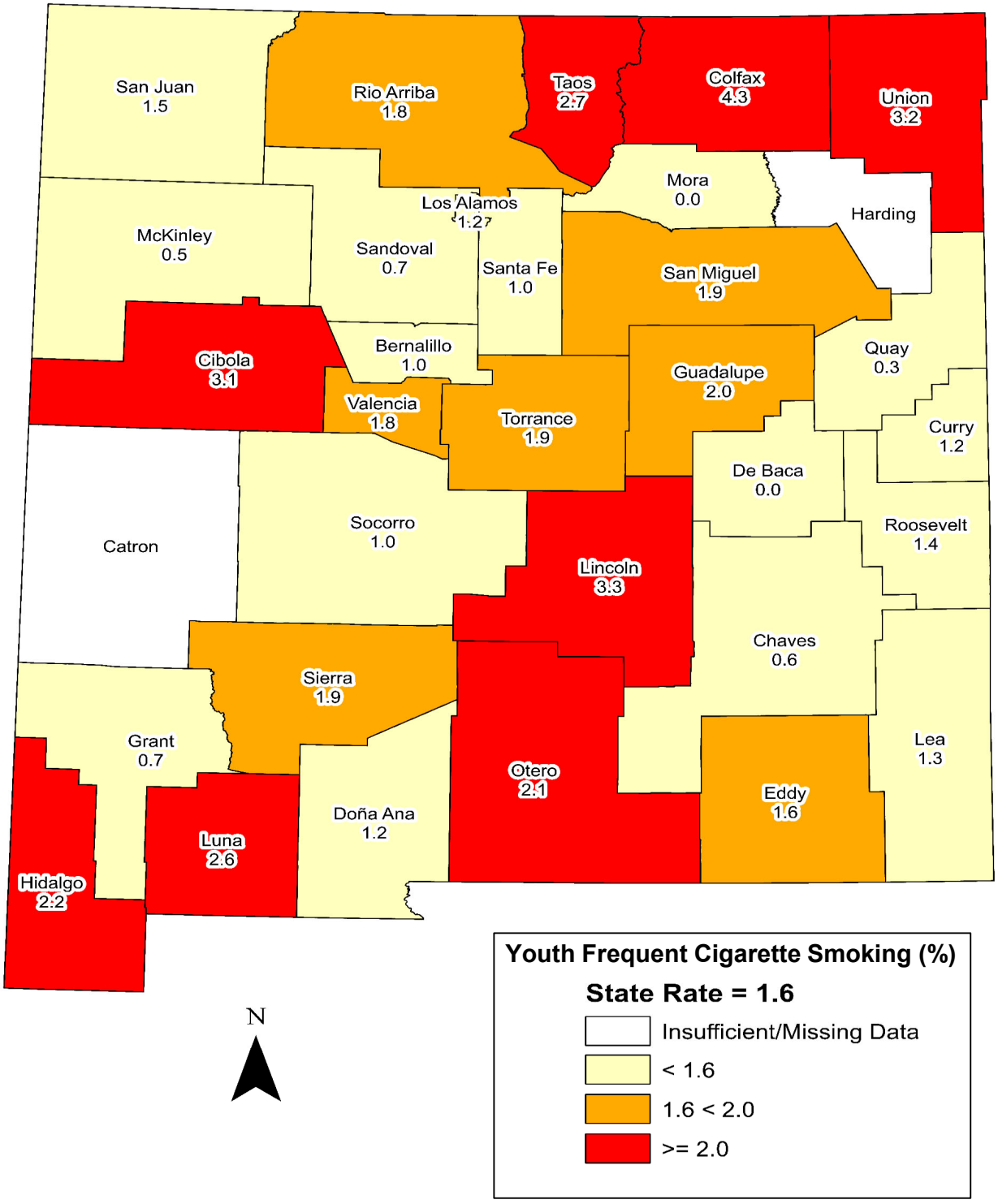
* Estimate of percent of high school students who reported smoking cigarettes on at least 20 of the past 30 days

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

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

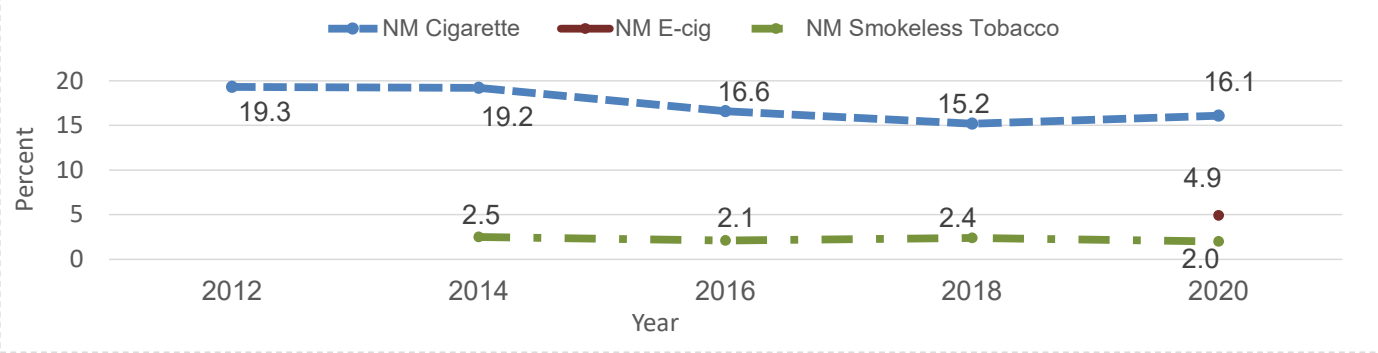
ADULT CURRENT E-CIGARETTE USE

Problem Statement

Use of E-cigarettes, sometimes called "e-cigs", "vapes", "mods", or "electronic nicotine delivery systems", have been increasing over recent years. While the long-term effects of vaping are still not fully understood, immediate health outcomes could present an important issue for adult health in New Mexico. In adults especially, e-cigarettes have been promoted as a relatively healthier alternative for cigarette smokers and those trying to quit smoking. As of 2021, the FDA has approved the sale of three e-cigarette products on these grounds, with thousands of products still in review. However, along with a lack of widespread approval and regulation come the dangers of unregulated vape modifications, contaminated pods, more enticing flavorings, and the chance to attract non-smokers to these products.

According to the National Academies of Sciences, Engineering, and Medicine, many of the toxins found in e-cigarettes (e.g., glycerin, aldehydes, acrolein, benzene, metals, etc.) have been linked to several adverse health outcomes such as cancers, cardiovascular diseases, and lung diseases. Accidental exposure to e-liquids can lead to seizures, anoxic brain injury, and lactic acidosis. Modification of e-cigarettes or improper use also increases the risk of injuries or burns from exploding devices.

Chart 1: Current E-Cigarette*, Cigarette, and Smokeless Tobacco**, Adults Aged 18+, New Mexico, 2020



* Current E-Cigarette Use is estimate of percent of people in population group who uses e-cigarettees all days or some days

**Current smokless tobacco use (chewing tobacco, snuff, or snus) is everyday use.

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

Table 1: Current E-Cigarette* Use by Age, Sex, and Race/Ethnicity, Adults Aged 18+, New Mexico, 2020

		Number				Percent*			
Sex	Race/Ethnicity	Ages 18-24	Ages 25-64	Ages 65+	All Ages	Ages 18-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	-	1,280	-	3,273	-	2.7	-	4.9
	Asian/Pacific Islander	-	-	-	-	-	-	-	-
	Black	-	-	-	-	-	-	-	-
	Hispanic	14,121	21,135	0	36,235	24.1	8.3	0.0	9.7
	White	3,931	11,360	2,630	17,833	13.8	5.8	2.5	5.4
	Total	20,419	34,561	2,656	58,074	20.0	6.6	1.5	7.2
Female	American Indian	-	595	0	836	-	1.1	0.0	1.1
	Asian/Pacific Islander	-	-	-	-	-	-	-	-
	Black	-	-	-	-	-	-	-	-
	Hispanic	6,986	5,339	0	11,836	12.2	2.1	0.0	3.1
	White	1,484	6,112	593	8,362	6.2	3.1	0.5	2.4
	Total	8,977	12,144	577	21,738	9.5	2.3	0.3	2.6
Total	American Indian	2,130	1,831	0	3,991	10.9	1.8	0.0	2.8
	Asian/Pacific Islander	-	-	-	0	-	-	-	0.0
	Black	-	-	-	586	-	-	-	1.6
	Hispanic	21,654	26,331	0	48,094	18.7	5.1	0.0	6.3
	White	5,019	17,612	3,246	26,207	9.6	4.5	1.4	3.9
	Total	29,407	46,646	3,214	79,711	14.9	4.4	0.8	4.9

* Estimate of percent of people in population group who uses e-cigarettees all days or some days

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

Source: BRFSS; SUES

ADULT CURRENT E-CIGARETTE USE (continued)

Problem Statement (continued)

A recent health concern with e-cigarettes included vaping associated lung injury (EVALI), with a sharp increase in cases across the nation in 2019. The CDC reports these cases are often found to be caused by contaminated THC pods, or the inclusion of Vitamin E acetate in the vaping products used. While the number of EVALI cases have begun to decline in the United States, acute lung injury from e-cigarettes continues to be an important health concern for those who vape.

The prevalence of current e-cigarette use among adults in New Mexico was 4.9% in 2020. New Mexico men (7.2%) were more likely to use e-cigarettes than women (2.6%). Unlike traditional cigarettes, e-cigarette use prevalence is much higher among younger adults ages 18-24 (14.9%), followed by adults ages 25-64 (4.4%) and adults aged 65 and over (0.8%). Hispanics (6.3%) and Whites (3.9%) had higher rates of e-cigarette use than American Indians (2.8%) and Blacks (1.6%). The counties with the highest prevalence of current e-cigarette use in 2020 were Otero (14.0%), Lincoln (7.8%), Grant (7.8%), and Roosevelt (7.0%). The counties with the lowest prevalence of current e-cigarette use in 2020 were McKinley (2.2%), Los Alamos (2.7%), Eddy (2.9%), and Cibola (3.1%).

*As of 01/02/2020, 22 cases of EVALI had been reported in New Mexico. Almost all cases (21 of 22) were hospitalized with 13 cases requiring intensive care. 17 of these cases were part of the adult population. Out of the 22 cases, 13 agreed to be interviewed on their product use. 77% of the interviewees reported THC use as opposed to 23% who reported nicotine use. Counties with cases included Bernalillo, Curry, Lea, Los Alamos, Quay, Sandoval, San Juan, Santa Fe, and Valencia.

Table 2: Current E-Cigarette* Use by Race/Ethnicity and County, Adults Aged 18+, New Mexico, 2020

	Number						Percent*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	608	-	-	15,949	9,633	27,765	2.6	-	-	6.3	4.3	5.2
Catron	-	-	-	-	-	-	-	-	-	-	-	-
Chaves	-	-	-	1,519	861	2,318	-	-	-	5.8	4.3	4.8
Cibola	44	-	-	431	200	654	0.5	-	-	5.4	4.5	3.1
Colfax	-	-	-	-	-	0	-	-	-	-	-	0.0
Curry	-	-	-	1,350	0	1,733	-	-	-	9.5	0.0	4.8
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	6,551	906	7,560	-	-	-	6.0	1.8	4.5
Eddy	-	-	-	1,198	94	1,314	-	-	-	5.5	0.4	2.9
Grant	-	-	-	-	617	1,767	-	-	-	-	5.3	7.8
Guadalupe	-	-	-	-	-	-	-	-	-	-	-	-
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	1,348	926	2,245	-	-	-	4.6	4.7	4.3
Lincoln	-	-	-	-	413	1,285	-	-	-	-	3.8	7.8
Los Alamos	-	-	-	-	405	416	-	-	-	-	3.6	2.7
Luna	-	-	-	-	-	0	-	-	-	-	-	0.0
McKinley	912	-	-	171	21	1,141	2.3	-	-	2.6	0.4	2.2
Mora	-	-	-	-	-	-	-	-	-	-	-	-
Otero	-	-	-	-	2,149	7,372	-	-	-	-	7.7	14.0
Quay	-	-	-	-	-	-	-	-	-	-	-	-
Rio Arriba	-	-	-	1,126	390	1,731	-	-	-	5.2	8.2	5.6
Roosevelt	-	-	-	-	892	1,016	-	-	-	-	11.2	7.0
Sandoval	-	-	-	2,823	2,865	6,652	-	-	-	6.5	5.3	5.8
San Juan	1,514	-	-	1,646	2,924	5,874	4.3	-	-	10.0	7.9	6.5
San Miguel	-	-	-	1,084	-	1,211	-	-	-	6.3	-	5.4
Santa Fe	-	-	-	4,902	2,740	7,667	-	-	-	8.3	4.4	6.0
Sierra	-	-	-	-	-	-	-	-	-	-	-	-
Socorro	-	-	-	-	-	833	-	-	-	-	-	6.5
Taos	-	-	-	487	1,617	1,786	-	-	-	3.2	14.1	6.2
Torrance	-	-	-	-	-	-	-	-	-	-	-	-
Union	-	-	-	-	-	-	-	-	-	-	-	-
Valencia	-	-	-	2,712	9	3,127	-	-	-	8.0	0.0	5.3
New Mexico	3,991	0	586	48,094	26,207	79,711	2.8	0.0	1.6	6.3	3.9	4.9

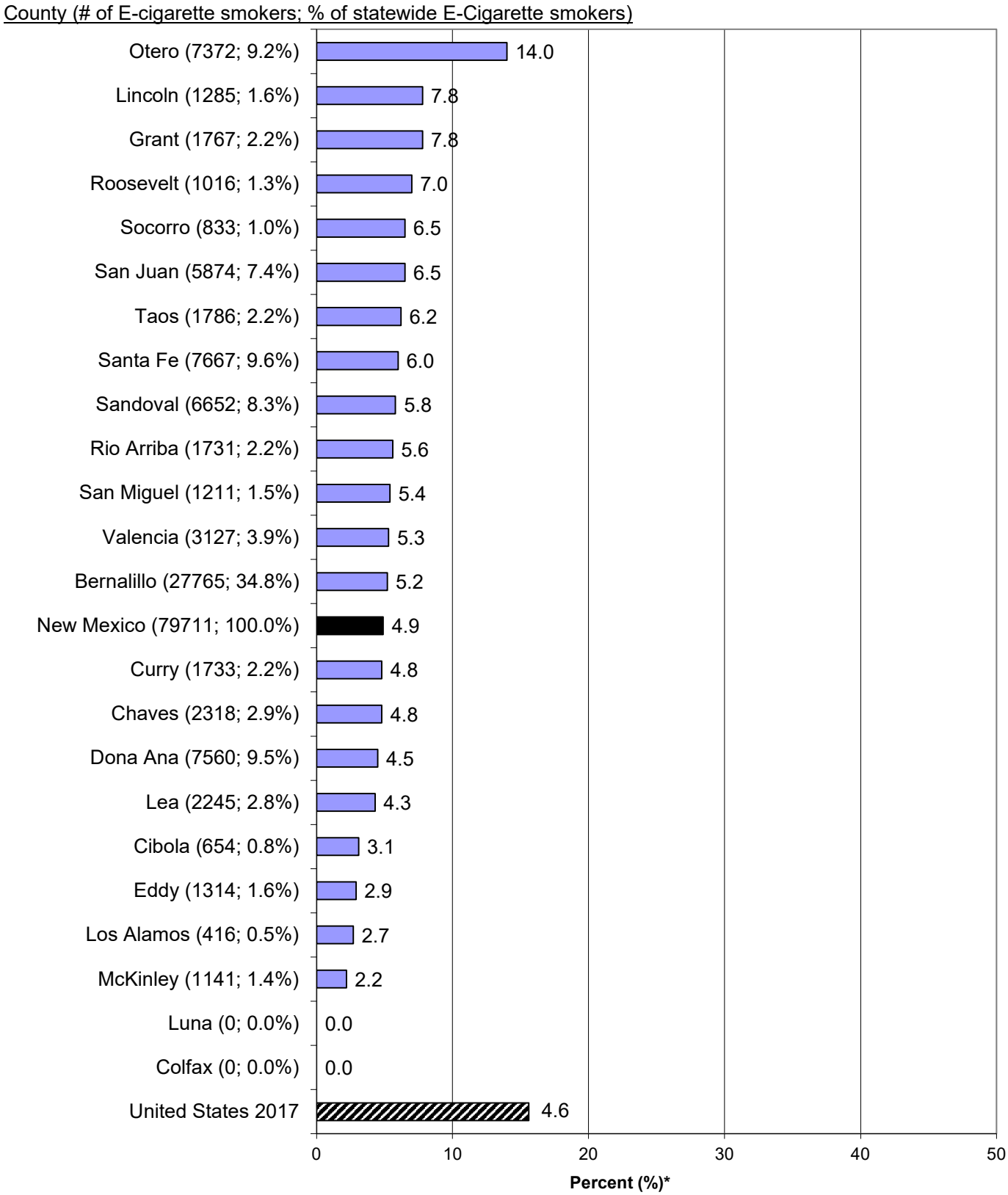
* Estimate of percent of people in population group who uses e-cigarettees all days or some days

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

Source: BRFSS; SUES

ADULT CURRENT E-CIGARETTE USE (continued)

Chart 2: Current E-Cigarette Use (past 30 days)* by County, Adults Aged 18+, New Mexico, 2020



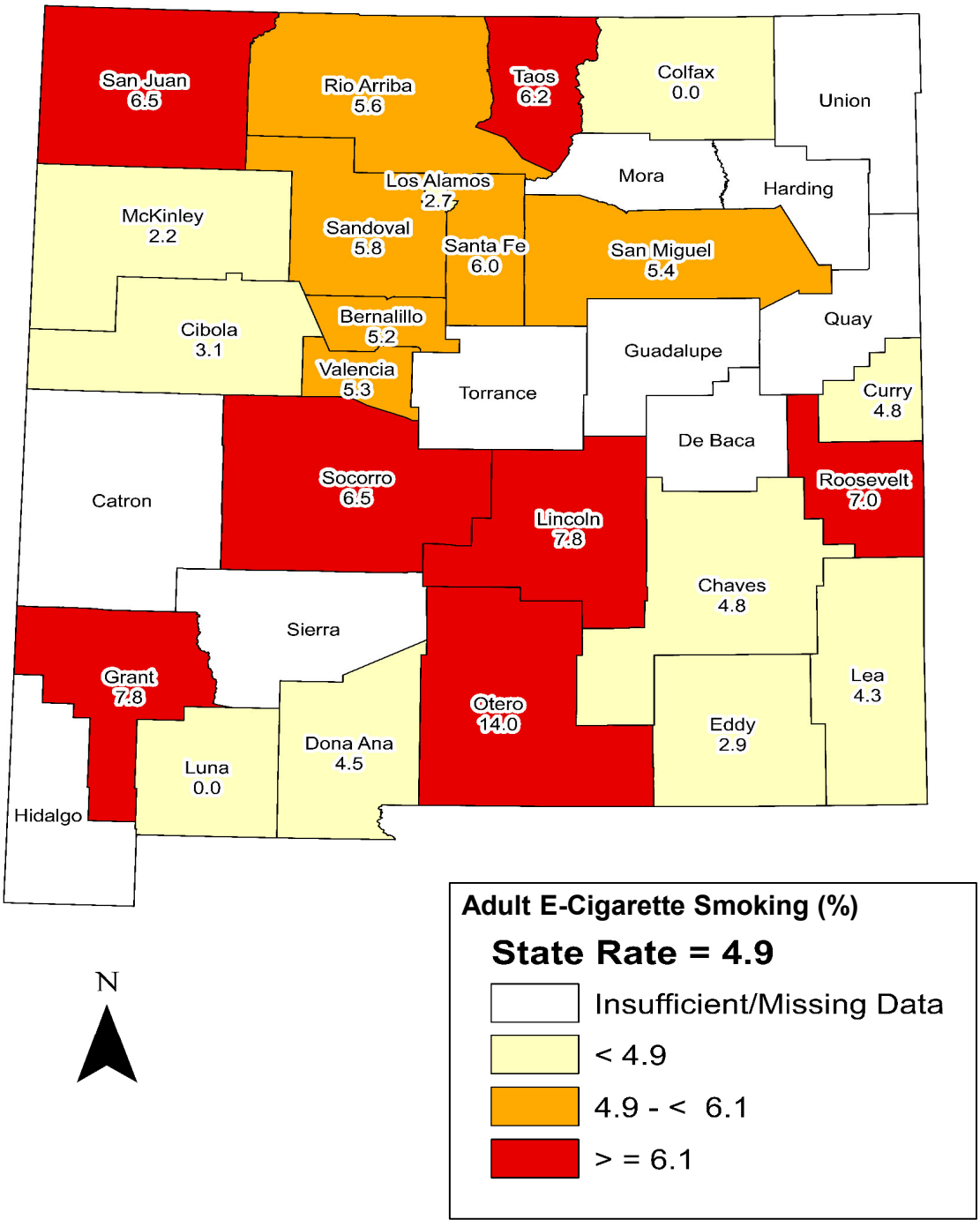
* Estimate of percent of people in population group who uses e-cigarettees all days or some days

The following counties were excluded due to small number of respondents (< 50):
Catron, Curry, Gradalupe, Harding, Hidalgo, Mora, Quay, Sierra, Torrance, and Union

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

ADULT CURRENT E-CIGARETTE USE (continued)

Chart 3: Current E-Cigarette Use (past 30 days)* by County, Adults Aged 18+, New Mexico, 2020



* 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; SUES

YOUTH CURRENT E-CIGARETTE USE

Problem Statement

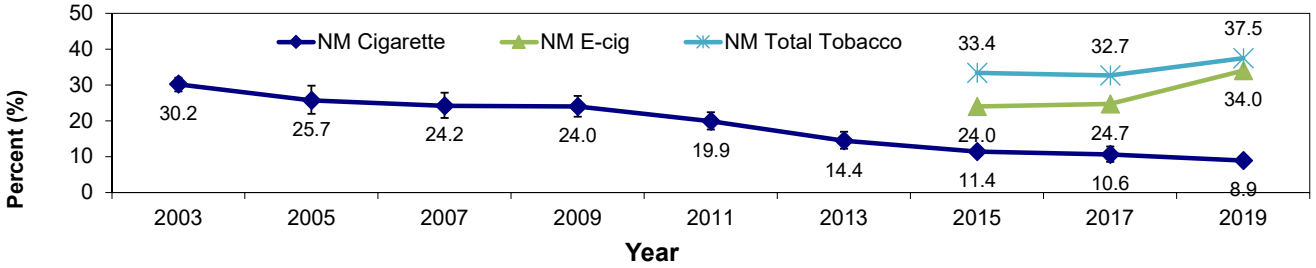
E-cigarettes, sometimes called "e-cigs", "vapes", "mods", or "electronic nicotine delivery systems", have been increasing in popularity, especially among youth. E-cigarettes are not safe for youth, and the long-term health risks are not well-studied at this time. Young people who use e-cigarettes may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

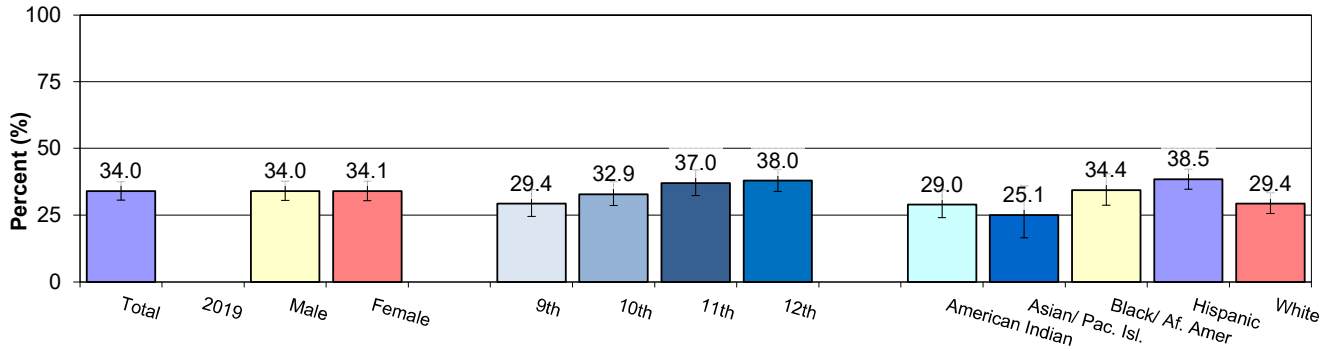
Table 1: Current E-Cigarette Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2019

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	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)

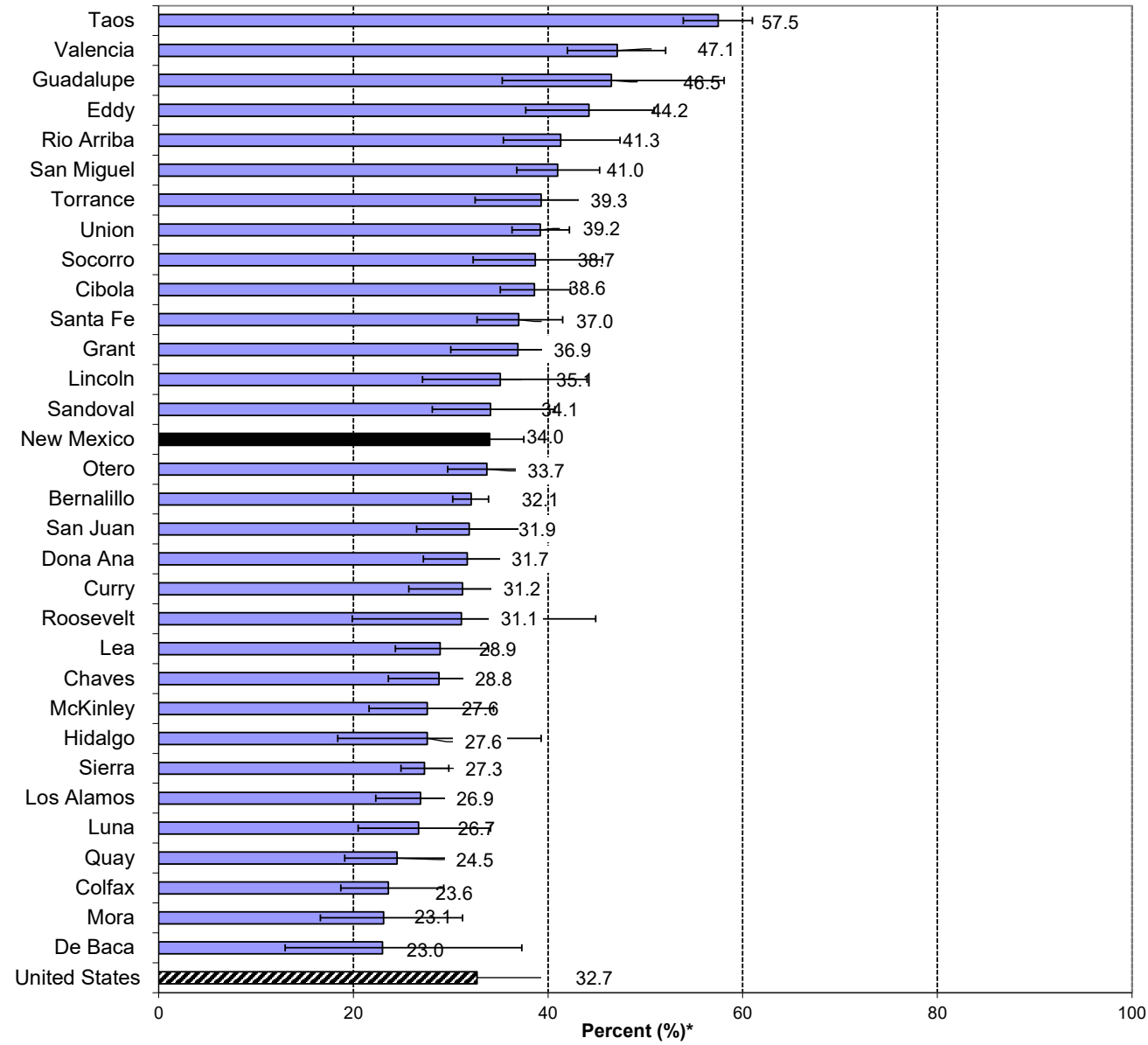
YOUTH CURRENT E-CIGARETTE USE (continued)

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



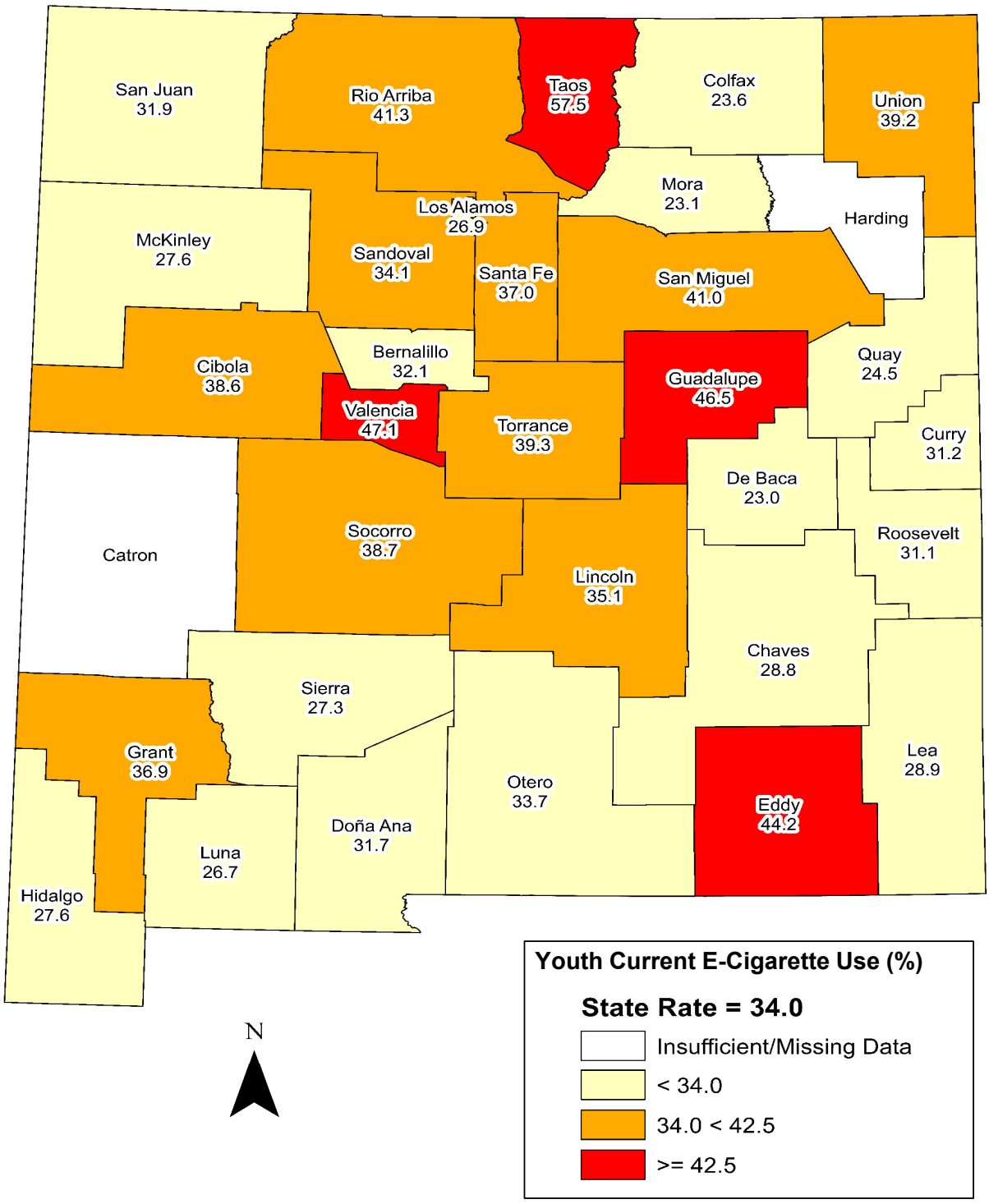
* Estimate of percent of high school students who reported using e-cigarettes on at least one of the past 30 days

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

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

Appendix 1

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

Appendix 1: Male Population, New Mexico, 2018*

		Race/Ethnicity																							
		American Indian				Asian/Pacific Islander				Black				Hispanic				White				All Race/Ethnicities			
Sex	County Name	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages
Male	Bernalillo	**5,232**	**7,755**	**907**	**13,894**	**2,538**	**5,435**	**995**	**8,968**	**3,835**	**6,185**	**1,197**	**11,217**	**66,439**	**84,798**	**15,943**	**167,180**	**28,629**	**72,869**	**29,990**	**131,488**	**106,673**	**177,042**	**49,032**	**332,757**
	Catron	**13**	**23**	**18**	**54**	**1**	**2**	**0**	**3**	**4**	**13**	**7**	**24**	**73**	**154**	**144**	**371**	**221**	**543**	**643**	**1,407**	**312**	**735**	**812**	**1,866**
	Chaves	**135**	**145**	**33**	**313**	**133**	**164**	**20**	**317**	**213**	**292**	**64**	**569**	**8,230**	**8,564**	**1,676**	**18,470**	**3,479**	**6,125**	**2,886**	**12,490**	**12,190**	**15,290**	**4,679**	**32,156**
	Cibola	**1,991**	**2,546**	**566**	**5,103**	**23**	**35**	**11**	**69**	**51**	**101**	**26**	**178**	**1,826**	**3,392**	**616**	**5,834**	**592**	**1,323**	**751**	**2,666**	**4,483**	**7,397**	**1,970**	**13,839**
	Colfax	**21**	**75**	**14**	**110**	**8**	**37**	**4**	**49**	**21**	**34**	**4**	**59**	**1,009**	**1,560**	**536**	**3,105**	**525**	**1,293**	**1,020**	**2,838**	**1,584**	**2,999**	**1,578**	**6,156**
	Curry	**81**	**81**	**22**	**184**	**178**	**226**	**36**	**440**	**784**	**840**	**131**	**1,755**	**5,172**	**5,112**	**720**	**11,004**	**4,268**	**6,426**	**1,877**	**12,571**	**10,483**	**12,685**	**2,786**	**25,953**
	De Baca	**7**	**2**	**4**	**13**	**0**	**0**	**0**	**0**	**5**	**5**	**1**	**11**	**159**	**158**	**85**	**402**	**90**	**221**	**156**	**467**	**261**	**386**	**246**	**894**
	Dona Ana	**410**	**423**	**105**	**938**	**460**	**733**	**122**	**1,315**	**789**	**1,323**	**213**	**2,325**	**32,478**	**32,397**	**7,390**	**72,265**	**8,508**	**13,202**	**8,148**	**29,858**	**42,645**	**48,078**	**15,978**	**106,699**
	Eddy	**134**	**188**	**38**	**360**	**61**	**124**	**23**	**208**	**179**	**293**	**72**	**544**	**6,047**	**7,095**	**1,305**	**14,447**	**3,951**	**7,300**	**2,473**	**13,724**	**10,372**	**15,000**	**3,911**	**29,282**
	Grant	**44**	**63**	**28**	**135**	**47**	**52**	**18**	**117**	**75**	**74**	**16**	**165**	**2,594**	**3,025**	**1,185**	**6,804**	**1,230**	**2,697**	**2,420**	**6,347**	**3,990**	**5,911**	**3,667**	**13,566**
	Guadalupe	**12**	**37**	**4**	**53**	**2**	**20**	**2**	**24**	**10**	**55**	**1**	**66**	**628**	**976**	**338**	**1,942**	**65**	**254**	**93**	**412**	**717**	**1,342**	**438**	**2,495**
	Harding	**1**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**1**	**33**	**84**	**51**	**168**	**26**	**84**	**77**	**187**	**60**	**169**	**128**	**358**
	Hidalgo	**3**	**3**	**4**	**10**	**4**	**8**	**2**	**14**	**18**	**12**	**3**	**33**	**442**	**616**	**184**	**1,242**	**198**	**379**	**262**	**839**	665	1,018	455	**2,138**
	Lea	**114**	**196**	**36**	**346**	**54**	**129**	**21**	**204**	**536**	**735**	**142**	**1,413**	10,146	10,497	1,224	21,867	3,598	6,711	2,554	12,863	14,448	18,268	3,977	**36,693**
	Lincoln	**137**	**120**	**17**	**274**	**15**	**29**	**12**	**56**	**27**	**50**	**18**	**95**	1,241	1,591	446	3,278	1,051	2,599	2,190	5,840	2,471	4,389	2,683	**9,543**
	Los Alamos	**21**	**53**	**10**	**84**	**183**	**372**	**85**	**640**	**38**	**114**	**11**	**163**	653	863	139	1,655	1,923	3,741	1,354	7,018	2,818	5,143	1,599	**9,560**
	Luna	**28**	**32**	**22**	**82**	**48**	**41**	**12**	**101**	**56**	**77**	**29**	**162**	3,548	3,829	999	8,376	730	1,502	1,431	3,663	4,410	5,481	2,493	**12,384**
	McKinley	**10,341**	**12,757**	**2,247**	**25,345**	129	172	24	325	130	142	34	306	2,679	2,120	543	5,342	709	1,676	768	3,153	13,988	16,867	3,616	**34,471**
	Mora	**3**	**5**	**5**	**13**	1	6	3	10	4	6	4	14	507	913	463	1,883	47	135	202	384	562	1,065	677	**2,304**
	Otero	**943**	**988**	**147**	**2,078**	191	248	33	472	611	761	151	1,523	5,804	6,122	1,191	13,117	4,593	8,808	3,987	17,388	12,142	16,927	5,509	**34,578**
	Quay	**14**	**24**	**10**	**48**	15	23	9	47	32	48	12	92	668	893	315	1,876	425	926	670	2,021	1,154	1,914	1,016	**4,084**
	Rio Arriba	**1,054**	**1,378**	**286**	**2,718**	31	62	11	104	46	68	17	131	4,585	6,838	2,268	13,691	404	1,172	905	2,481	6,120	9,518	3,487	**19,125**
	Roosevelt	**49**	**34**	**14**	**97**	71	43	3	117	177	121	14	312	2,080	1,785	309	4,174	1,772	2,283	925	4,980	4,149	4,266	1,265	**9,680**
	San Juan	**9,547**	**12,734**	**2,357**	**24,638**	161	211	30	402	267	327	49	643	6,134	6,126	1,060	13,320	6,452	12,816	5,113	24,381	22,561	32,214	8,609	**63,384**
	San Miguel	**59**	**71**	**14**	**144**	111	43	16	170	172	97	15	284	3,289	5,654	1,852	10,795	442	1,121	915	2,478	4,073	6,986	2,812	**13,870**
	Sandoval	**3,656**	**4,352**	**717**	**8,725**	338	526	126	990	654	1,008	234	1,896	11,085	14,454	2,666	28,205	7,331	15,982	8,015	31,328	23,064	36,322	11,758	**71,143**
	Santa Fe	**638**	**1,005**	**228**	**1,871**	280	587	147	1,014	248	528	140	916	13,311	19,804	4,746	37,861	4,562	15,003	11,368	30,933	19,039	36,927	16,629	**72,597**
	Sierra	**22**	**40**	**29**	**91**	5	13	13	31	26	31	14	71	626	799	297	1,722	537	1,413	1,700	3,650	1,216	2,296	2,053	**5,565**
	Socorro	**467**	**472**	**90**	**1,029**	35	58	11	104	52	77	12	141	1,570	2,056	664	4,290	892	1,375	799	3,066	3,016	4,038	1,576	**8,634**
	Taos	**275**	**487**	**127**	**889**	29	54	13	96	45	62	17	124	2,977	4,778	1,722	9,477	831	2,661	2,120	5,612	4,157	8,042	3,999	**16,196**
	Torrance	**66**	**109**	**37**	**212**	24	19	8	51	64	113	17	194	1,364	1,952	475	3,791	907	2,108	1,118	4,133	2,425	4,301	1,655	**8,377**
	Union	**8**	**28**	**2**	**38**	1	14	3	18	13	66	1	80	305	650	115	1,070	259	613	251	1,123	586	1,371	372	**2,329**
	Valencia	**559**	**837**	**134**	**1,530**	81	102	30	213	155	319	111	585	9,033	11,574	2,737	23,344	2,774	6,403	3,314	12,491	12,602	19,235	6,326	**38,165**
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	100,495	401,090	354,720	524,391	165,128	**1,040,531**

* 2018 population is reported here because 2018 was the mid-point year for the 2016-2020 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, 2018*

		Race/Ethnicity																							
		American Indian				Asian/Pacific Islander				Black				Hispanic				White				All Race/Ethnicities			
Sex	County Name	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages
Female	Bernalillo	**5,318**	**9,164**	**1,590**	**16,072**	2,588	6,594	1,471	10,653	3,296	4,562	1,139	8,997	64,150	88,780	21,378	174,308	26,653	72,302	36,495	135,450	102,005	181,402	62,073	345,480
	Catron	21	28	13	62	1	5	2	8	7	5	5	17	77	123	89	289	199	547	542	1,288	305	708	651	1,661
	Chaves	75	113	48	236	109	226	37	373	179	231	83	494	7,788	8,904	1,912	18,604	2,957	6,402	3,586	12,945	11,108	15,876	5,666	32,652
	Cibola	2,054	2,902	833	5,789	30	51	11	92	61	82	18	161	1,640	2,211	736	4,587	522	13,307	795	2,623	4,307	18,553	2,393	13,252
	Colfax	18	35	15	68	12	30	9	51	19	21	3	43	923	1,378	583	2,884	482	1,387	1,072	2,940	1,454	2,851	1,682	5,985
	Curry	72	115	22	209	146	319	67	531	608	650	163	1,421	4,604	4,902	859	10,365	3,333	5,834	2,380	11,547	8,763	11,820	3,491	24,074
	De Baca	1	7	1	9	2	1	0	3	3	3	1	7	150	173	74	397	104	209	181	494	260	393	257	911
	Dona Ana	426	389	101	916	435	824	192	1,451	594	873	194	1,661	32,700	35,177	8,934	76,811	7,779	13,161	8,926	29,866	41,934	50,424	18,347	110,702
	Eddy	110	163	34	307	56	150	39	245	158	164	49	371	6,201	6,810	1,502	14,513	3,635	6,900	2,908	13,443	10,160	14,187	4,532	28,878
	Grant	46	85	29	160	27	73	33	133	37	46	16	99	2,504	3,221	1,484	7,209	1,095	2,933	2,432	6,460	3,709	6,358	3,994	14,061
	Guadalupe	8	12	1	21	7	17	1	25	5	5	0	10	481	742	307	1,530	54	133	112	299	555	909	421	1,885
	Harding	0	0	0	0	0	0	0	0	0	1	0	1	36	58	54	148	25	85	81	191	61	144	135	341
	Hidalgo	4	5	1	10	3	6	1	10	12	10	3	25	437	575	238	1,250	214	401	266	881	670	997	509	2,177
	Lea	94	132	47	273	53	128	21	202	489	542	181	1,212	9,559	9,321	1,303	20,183	3,307	6,399	2,859	12,565	13,502	16,522	4,411	34,436
	Lincoln	133	155	40	328	13	39	10	62	30	33	8	71	1,178	1,666	480	3,324	951	2,876	2,394	6,221	2,305	4,769	2,932	10,006
	Los Alamos	20	42	10	72	169	360	74	603	50	110	8	168	673	923	179	1,775	1,771	3,370	1,491	6,632	2,683	4,805	1,762	9,249
	Luna	24	37	21	82	19	43	56	118	61	66	26	153	3,484	3,715	1,086	8,285	621	1,482	1,513	3,616	4,209	5,343	2,702	12,251
	McKinley	10,268	14,099	3,618	27,985	90	268	40	398	121	109	28	258	2,163	2,106	657	4,926	711	1,613	879	3,203	13,353	18,195	5,222	36,771
	Mora	6	6	1	13	1	6	2	9	0	8	0	8	486	846	434	1,766	47	177	182	406	540	1,043	619	2,202
	Otero	789	1,194	200	2,183	139	345	134	618	450	503	127	1,080	5,310	6,059	1,416	12,785	3,642	7,895	4,104	15,641	10,330	15,996	5,981	32,307
	Quay	7	23	11	41	12	22	13	47	33	34	9	76	697	887	381	1,965	404	1,051	698	2,153	1,153	2,017	1,112	4,282
	Rio Arriba	999	1,529	424	2,952	59	73	9	141	43	39	17	99	4,696	6,866	2,609	14,171	369	1,227	1,033	2,629	6,166	9,734	4,092	19,992
	Roosevelt	64	50	29	143	89	48	7	144	102	73	7	182	1,983	1,797	351	4,131	1,755	2,223	1,117	5,095	3,993	4,191	1,511	9,675
	San Juan	9,404	13,032	3,149	25,585	128	283	40	451	250	199	41	490	5,993	5,715	1,250	12,958	6,178	12,957	6,045	25,180	21,953	32,186	10,525	64,662
	San Miguel	74	102	10	186	64	52	72	188	128	62	19	209	3,156	5,547	2,190	10,893	502	1,171	1,010	2,683	3,924	6,934	3,301	14,158
	Sandoval	3,585	4,736	1,133	9,454	387	870	244	1,501	579	773	269	1,621	10,659	14,953	3,342	28,954	6,733	16,746	9,002	32,481	21,943	38,078	13,990	74,010
	Santa Fe	687	1,132	279	2,098	286	789	235	1,310	219	312	90	621	13,337	19,434	5,894	38,665	4,292	16,937	13,299	34,528	18,821	38,604	19,797	77,219
	Sierra	24	41	24	89	14	22	15	51	18	27	8	53	577	819	318	1,714	488	1,514	1,642	3,644	1,121	2,423	2,007	5,553
	Socorro	486	542	96	1,124	29	66	34	129	45	35	4	84	1,549	2,014	720	4,283	593	1,423	843	4,876	2,702	4,080	1,697	8,478
	Taos	230	488	191	909	21	141	19	181	40	39	22	101	2,742	4,503	2,005	9,250	789	3,007	2,470	6,266	3,822	8,178	4,707	16,709
	Torrance	46	77	37	160	19	28	15	62	43	38	14	95	1,186	1,476	473	3,135	852	2,042	1,085	3,979	2,146	3,661	1,624	7,431
	Union	7	11	5	23	0	3	6	9	7	5	0	12	229	332	144	705	253	488	344	1,085	496	839	499	1,833
	Valencia	532	871	186	1,589	84	170	55	309	155	128	64	347	3,218	11,282	8,582	23,082	2,547	6,435	3,592	12,574	6,536	18,886	12,479	37,900
Female Total		35,632	51,317	12,199	99,148	5,092	12,052	2,964	20,108	7,842	9,788	2,616	20,246	194,566	253,315	71,964	519,845	83,857	214,634	115,378	413,869	337,386	530,960	192,828	1,061,174

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**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, 2018*

		Race/Ethnicity																							
		American Indian				Asian/Pacific Islander				Black				Hispanic				White				All Race/Ethnicities			
Sex	County Name	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages	0-24	25-64	65+	All Ages
Both	Bernalillo	10,553	16,919	2,498	29,970	5,128	12,029	2,103	19,624	7,133	10,747	2,337	20,217	130,589	173,578	37,321	341,488	55,282	145,171	66,485	266,938	208,685	358,444	110,744	678,237
Sexes	Catron	34	51	31	116	2	7	2	11	11	18	12	41	151	279	234	664	424	1,088	1,186	2,698	622	1,443	1,465	3,527
	Chaves	210	258	81	549	242	390	57	689	392	522	147	1,061	16,025	17,467	3,588	37,080	6,430	12,525	6,472	25,427	23,299	31,162	10,345	64,808
	Cibola	4,043	5,448	1,399	10,890	53	86	22	161	111	182	44	337	3,468	5,600	1,352	10,420	1,107	2,630	1,547	5,284	8,782	13,946	4,364	27,091
	Colfax	39	110	29	178	20	67	13	100	40	55	7	102	1,929	2,939	1,118	5,986	1,005	2,678	2,091	5,775	3,033	5,849	3,258	12,141
	Curry	152	195	44	392	324	545	103	972	1,393	1,490	294	3,176	9,776	10,014	1,579	21,369	7,602	12,260	4,256	24,118	19,247	24,504	6,276	50,027
	De Baca	8	9	5	22	2	1	0	3	8	8	2	18	309	331	159	800	195	430	337	962	522	779	503	1,805
	Dona Ana	836	812	206	1,853	894	1,556	314	2,764	1,382	2,196	407	3,985	65,177	67,574	16,323	149,075	16,287	26,363	17,074	59,725	84,576	98,501	34,324	217,402
	Eddy	243	350	72	665	118	273	62	453	337	457	122	915	12,248	13,905	2,807	28,960	7,586	14,200	5,382	27,167	20,532	29,185	8,445	58,160
	Grant	90	147	57	294	75	124	52	251	112	119	32	264	5,097	6,246	2,669	14,013	2,325	5,630	4,852	12,806	7,699	12,266	7,662	27,627
	Guadalupe	20	49	4	73	9	37	3	49	15	60	1	76	1,109	1,718	645	3,472	118	388	205	711	1,271	2,252	858	4,381
	Harding	1	0	0	1	0	0	0	0	0	2	0	2	69	142	106	317	50	170	158	378	120	314	264	698
	Hidalgo	7	8	5	20	7	14	3	24	31	22	6	59	878	1,191	422	2,492	412	780	528	1,720	1,335	2,015	964	4,315
	Lea	208	327	82	617	107	257	43	407	1,026	1,277	324	2,626	19,705	19,818	2,527	42,049	6,905	13,110	5,113	25,128	27,951	34,789	8,089	70,828
	Lincoln	270	275	57	602	28	68	22	118	57	83	26	166	2,418	3,258	926	6,602	2,001	5,475	4,584	12,061	4,774	9,159	5,615	19,548
	Los Alamos	41	96	20	157	352	732	159	1,242	89	225	19	332	1,326	1,786	318	3,430	3,694	7,111	2,844	13,650	5,502	9,950	3,360	18,811
	Luna	51	68	42	160	67	84	68	219	116	143	54	314	7,033	7,544	2,085	16,661	1,351	2,984	2,945	7,279	8,618	10,823	5,194	24,633
	McKinley	20,609	26,856	5,865	53,330	219	441	64	723	252	251	62	565	4,842	4,226	1,200	10,269	1,419	3,290	1,647	6,356	27,341	35,064	8,838	71,242
	Mora	9	11	6	26	2	12	5	19	4	14	4	22	993	1,759	897	3,648	94	312	384	790	1,102	2,108	1,296	4,505
	Otero	1,731	2,182	347	4,260	331	593	167	1,091	1,061	1,264	278	2,603	11,114	12,181	2,607	25,901	8,235	16,703	8,091	33,029	22,472	32,923	11,490	66,884
	Quay	21	47	21	90	27	46	22	95	65	81	21	167	1,365	1,780	697	3,842	829	1,977	1,368	4,173	2,307	3,931	2,129	8,368
	Rio Arriba	2050	2905	709	5664	90	135	20	246	89	107	34	231	9,281	13,704	4,877	27,862	773	2,399	1,938	5,111	12,283	19,250	7,578	39,113
	Roosevelt	111	83	23	217	160	91	10	261	279	194	22	495	4,062	3,582	660	8,304	3,527	4,506	2,042	10,076	8,139	8,456	2,757	19,353
	San Juan	18,951	25,766	5,506	50,222	289	494	70	852	517	525	90	1,133	12,126	11,841	2,310	26,277	12,630	25,772	11,158	49,560	44,513	64,398	19,134	128,044
	San Miguel	132	171	24	328	175	94	88	357	300	159	34	494	6,444	11,201	4,041	21,687	945	2,292	1,925	5,162	7,996	13,917	6,112	28,028
	Sandoval	7,241	9,088	1,850	18,179	725	1,396	370	2,491	1,233	1,781	503	3,517	21,744	29,407	6,008	57,158	14,064	32,728	17,017	63,808	45,007	74,400	25,748	145,153
	Santa Fe	1,326	2,139	507	3,972	565	1,376	381	2,322	466	840	230	1,536	26,649	39,238	10,641	76,527	8,854	31,939	24,666	65,459	37,860	75,532	36,425	149,816
	Sierra	46	80	53	179	19	35	28	83	45	59	22	126	1,203	1,618	616	3,437	1,025	2,927	3,341	7,293	2,338	4,719	4,060	11,118
	Socorro	957	1,014	186	2,156	64	123	45	232	98	112	16	226	3,119	4,069	1,384	8,571	1,485	2,798	1,643	5,926	5,723	8,116	3,274	17,112
	Taos	503	974	318	1,796	50	195	32	278	85	101	39	225	5,720	9,281	3,727	18,728	1,619	5,668	4,591	11,878	7,977	16,219	8,707	32,905
	Torrance	111	184	73	367	44	48	23	115	106	150	31	288	2,550	3,428	947	6,926	1,758	4,150	2,204	8,112	4,569	7,960	3,278	15,808
	Union	15	39	7	61	1	17	9	27	20	71	1	92	534	982	259	1,775	512	1,101	595	2,207	1,082	2,210	871	4,163
	Valencia	1,093	1,707	321	3,121	164	272	85	520	310	448	175	933	17,615	22,856	5,955	46,426	5,321	12,837	6,906	25,064	24,503	38,120	13,442	76,065
Both Sexes Total		71,712	98,368	20,448	190,528	10,353	21,638	4,445	36,436	17,183	23,763	5,396	46,342	406,668	504,543	121,005	1,032,216	175,864	404,392	215,575	795,831	681,780	1,052,704	366,869	2,101,714

* 2018 population is reported here because 2018 is the mid-point year for the 2016-2020 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, 2018-2019

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 2018-2019 NSDUHs

Measure	12+	12-17 Years	18-25 Years	26+ Years	18+ years
ILLICIT DRUGS[2]					
Past Month Illicit Drug Use[2]	243	19	55	169	223
Past Year Cocaine Use	33	1	11	21	32
Perceptions of Great Risk from Using Cocaine Once a Month	1,194	85	138	971	1,109
Past Year Heroin Use	5	0	1	4	5
Perceptions of Great Risk from Trying Heroin Once or Twice	1,467	106	178	1,183	1,362
Past Year Pain Reliever Misuse	65	5	12	47	60
First Use of Marijuana[3]	25	11	9	5	14
Past Month Marijuana Use	217	16	51	150	201
Past Year Marijuana Use	358	31	77	250	327
Perceptions of Great Risk from Smoking Marijuana Once a Month	394	31	24	339	363
Past Month Use of Illicit Drugs[2] Other Than Marijuana	51	5	11	34	46
Past Year Methamphetamine Use	14	0	3	11	14
ALCOHOL					
Past Month Alcohol Use	787	14	104	669	773
Past Month Binge Alcohol Use[9]	370	7	64	299	363
Past Month Alcohol Use (12-20 Years)[8]	41	_	_	_	_
Past Month Binge Alcohol Use (12-20 Years)[8,9]	24	_	_	_	_
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	870	74	96	700	796
TOBACCO PRODUCTS[4]					
Past Month Tobacco Product Use	416	8	68	340	408
Past Month Cigarette Use	337	5	52	281	332
Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day	1,249	105	146	999	1,145
PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT					
Illicit Drug Use Disorder[1]	51	7	16	28	44
Pain Reliever Use Disorder[1]	9	1	2	7	8
Alcohol Use Disorder[1]	93	3	23	68	91
Substance Use Disorder[1]	131	9	34	88	122
Needing But Not Receiving Treatment at a Specialty Facility for Illicit Drug Use[10]	47	7	16	24	40
Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use[10]	86	3	22	62	84
Needing But Not Receiving Treatment at a Specialty Facility for Substance Use[10]	122	8	34	80	114
PAST YEAR MENTAL HEALTH ISSUES					
Major Depressive Episode[7]	_	31	33	94	128
Any Mental Illness[5]	_	_	59	279	338
Serious Mental Illness[6]	_	_	18	66	84
Received Mental Health Services[11]	_	_	32	213	245
Had Serious Thoughts of Suicide	_	_	25	51	76

+ All figures are estimated numbers in thousands
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2018 and 2019.

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 2018-2019 NSDUHs

Measure	12+	12-17 Years	18-25 Years	26+ Years	18+ years
ILLICIT DRUGS[2]					
Past Month Illicit Drug Use[2]	13.89	11.56	25.27	12.36	14.13
Past Year Cocaine Use	1.87	0.65	4.98	1.53	2.00
Perceptions of Great Risk from Using Cocaine Once a Month	68.37	51.49	63.73	71.13	70.12
Past Year Heroin Use	0.30	0.01	0.34	0.32	0.32
Perceptions of Great Risk from Trying Heroin Once or Twice	84.03	63.83	82.37	86.70	86.10
Past Year Pain Reliever Misuse	3.71	2.94	5.74	3.48	3.79
First Use of Marijuana[3]	3.10	8.75	9.39	0.88	2.06
Past Month Marijuana Use	12.43	9.83	23.48	10.99	12.70
Past Year Marijuana Use	20.48	18.66	35.38	18.34	20.67
Perceptions of Great Risk from Smoking Marijuana Once a Month	22.55	18.72	11.12	24.84	22.95
Past Month Use of Illicit Drugs[2] Other Than Marijuana	2.89	2.92	5.19	2.52	2.89
Past Year Methamphetamine Use	0.81	0.10	1.30	0.82	0.88
ALCOHOL					
Past Month Alcohol Use	45.04	8.26	48.25	48.99	48.89
Past Month Binge Alcohol Use[9]	21.18	4.18	29.49	21.92	22.96
Past Month Alcohol Use (12-20 Years)[8]	16.17	_	_	_	_
Past Month Binge Alcohol Use (12-20 Years)[8,9]	9.48	_	_	_	_
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	49.81	44.56	44.44	51.30	50.36
TOBACCO PRODUCTS[4]					
Past Month Tobacco Product Use	23.83	5.08	31.36	24.91	25.79
Past Month Cigarette Use	19.30	2.89	23.87	20.56	21.01
Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day	71.52	63.12	67.54	73.16	72.39
PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT					
Illicit Drug Use Disorder[1]	2.95	4.28	7.43	2.07	2.81
Pain Reliever Use Disorder[1]	0.51	0.36	0.70	0.50	0.52
Alcohol Use Disorder[1]	5.35	1.68	10.51	4.98	5.73
Substance Use Disorder[1]	7.49	5.43	15.67	6.44	7.70
Needing But Not Receiving Treatment at a Specialty Facility for Illicit Drug Use[10]	2.70	4.22	7.24	1.79	2.54
Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use[10]	4.95	1.65	10.19	4.52	5.29
Needing But Not Receiving Treatment at a Specialty Facility for Substance Use[10]	6.99	5.06	15.52	5.87	7.19
PAST YEAR MENTAL HEALTH ISSUES					
Major Depressive Episode[7]	_	18.60	15.28	6.92	7.51
Any Mental Illness[5]	_	_	27.36	20.44	21.39
Serious Mental Illness[6]	_	_	8.36	4.82	5.31
Received Mental Health Services[11]	_	_	14.58	15.63	15.48
Had Serious Thoughts of Suicide	_	_	11.43	3.76	4.81

* _ Not available
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2018 and 201

Appendix 3

Substance Use and Mental Health by National Regions, Age 12+, 2018-2019

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 2018 and 2019 NSDUHs

INDICATORS+	TOTAL U.S.	NORTHEAST	MIDWEST	SOUTH	WEST	NEW MEXICO
ILLICIT DRUGS[2] among persons aged 12 or older						
Past Month Illicit Drug Use[2]	12.34	12.86	11.87	10.34	15.54	13.89
	(12.05-12.63)	(11.30-13.44)	(11.41-12.34	(9.97 - 10.72)	(14.94. - 16.16)	(11.99 - 16.02)
Past Year Cocaine Use	2.00	2.21	1.81	1.65	2.58	1.87
	(1.90 - 2.11)	(2.00 - 2.44)	(1.65 - 1.98)	(1.53 - 1.79)	(2.37 - 2.81)	(1.37 - 2.56)
Perceptions of Great Risk from Using Cocaine Once a Month	70.59	68.41	69.63	74.73	66.44	68.37
	(70.18 - 17.01)	(67.55 - 69.25)	(68.94 - 70.30)	(74.19 - 75.27)	(65.68 - 67.20)	(65.71 - 70.92)
Past Year Heroin Use	0.28	0.36	0.31	0.23	0.28	0.30
	(0.24 - 0.34)	(0.26 - 0.50)	(0.23 - 0.41)	(0.17 - 0.31)	(0.20 - 0.40)	(0.14 - 0.61)
Perceptions of Great Risk from Trying Heroin Once or Twice	85.73	85.88	85.44	87.20	83.53	84.03
	(85.46 - 86.00)	(85.21 - 86.51)	(84.92 - 85.95)	(86.77 - 87.62)	(82.91 - 84.13)	(81.87 - 85.97)
Past Year Pain Reliever Misuse	3.58	3.10	3.62	3.67	3.78	3.71
	(3.44 - 3.73)	(2.82 - 3.40)	(3.38 - 3.86)	(3.46 - 3.89)	(3.51 - 4.06)	(3.01 - 4.56)
First Use of Marijuana[3]	2.31	2.44	2.48	1.92	2.78	3.10
	(2.22 - 2.40)	(2.29 - 2.59)	(2.35 - 2.61)	(1.82 - 2.02)	(2.62 - 2.96)	(2.65 - 3.62)
Past Month Marijuana Use	10.80	11.42	10.28	8.87	13.87	12.43
	(10.53 - 11.07)	(10.88 - 11.98)	(9.83 - 10.74)	(8.53 - 9.22)	(13.29 - 14.47)	(10.68 - 14.42)
Past Year Marijuana Use	16.71	17.70	16.28	13.98	20.70	20.48
	(16.36 - 17.06)	(17.03 - 18.39)	(15.72 - 16.86)	(13.52 - 14.5)	(20.02 - 21.41)	(18.26 - 22.90)
Perceptions of Great Risk from Smoking Marijuana Once a Month	24.39	23.78	20.86	27.60	22.79	22.55
	(23.94 - 24.83)	(22.93 - 24.66)	(20.17 - 21.57)	(26.94 - 28.27)	(22.01 - 23.60)	(20.09 - 25.22)
Past Month Use of Illicit Drugs[2] Other Than Marijuana	3.31	3.14	3.31	3.06	3.85	2.89
	(3.17 - 3.46)	(2.87 - 3.43)	(3.08 - 3.56)	(2.86 - 3.27)	(3.54 - 4.18)	(2.23 - 3.75)
Past Year Methamphetamine Use	0.70	0.41	0.72	0.63	1.03	0.81
	(0.64 - 0.77)	(0.31 - 0.54)	(0.60 - 0.87)	(0.53 - 0.75)	(0.86 - 1.23)	(0.45 - 1.44)
ALCOHOL among persons aged 12 or older						
Past Month Alcohol Use	50.92	53.97	54.07	48.03	50.55	45.04
	(50.41 - 51.44)	(53.00 - 54.94)	(53.26 - 54.87)	(47.37 - 48.70)	(49.66 - 51.43)	(42.09 - 48.03)
Past Month Binge Alcohol Use[9]	24.21	25.17	26.44	23.15	23.24	21.18
	(23.85 - 24.58)	(24.41 - 25.94)	(25.74 - 27.16)	(22.60 - 23.71)	(22.54 - 23.96)	(18.97 - 23.56)
Past Month Alcohol Use (12-20 Years)[8]	18.67	20.33	20.87	17.35	17.69	16.17
	(18.02 - 19.33)	(19.40 - 21.29)	(20.08 - 21.69)	(16.72 - 18.01)	(16.84 - 18.56)	(13.78 - 18.89)
Past Month Binge Alcohol Use (12-20 Years)[8,9]	11.24	12.83	12.99	10.07	10.47	9.48
	(10.73 - 11.77)	(12.02 - 13.67)	(12.31 - 13.71)	(9.50 - 10.68)	(9.74 - 11.26)	(7.73 - 11.58)
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	44.83	44.41	40.29	46.83	45.91	49.81
	(44.39 - 45.27)	(43.55 - 45.28)	(39.54 - 41.05)	(46.17 - 47.49)	45.10 - 46.73)	(47.17 - 52.46)
TOBACCO among persons aged 12 or older						
Past Month Tobacco Product Use[4]	21.28	19.28	23.88	23.38	17.14	23.83
	(20.92 - 21.65)	(18.55 - 20.04)	(23.20 - 24.57)	(22.80 - 23.97)	(16.48 - 17.83)	(21.47 - 26.35)
Past Month Cigarette Use	16.91	15.43	18.96	18.43	13.79	19.30
	(16.58 - 17.25)	(14.78 - 16.10)	(18.34 - 19.60)	(17.91 - 18.96)	(13.20 - 14.39)	(17.19 - 21.59)
Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day	71.52	73.98	67.87	70.98	73.80	71.52
	(71.13 - 71.91)	(73.21 - 74.73)	67.18 - 68.55)	(70.40 - 71.55)	(73.06 - 74.52)	(69.09 - 73.83)
PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT						
Illicit Drug Use Disorder[1]	2.99	2.98	2.99	2.62	3.58	2.95
	(2.86 - 3.12)	(2.74 - 3.25)	(2.77 - 3.22)	(2.45 - 2.80)	(3.31 - 3.87)	(2.30 - 3.77)
Pain Reliever Use Disorder[1]	0.56	0.49	0.59	0.55	0.58	0.51
	(0.50 - 0.62)	(0.39 - 0.60)	(0.50 - 0.71)	0.47 - 0.65)	(0.48 - 0.71)	(0.30 - 0.86)
Alcohol Use Disorder[1]	5.34	5.28	5.54	4.75	6.15	5.35
	(5.17 - 5.51)	(4.92 - 5.67)	(5.23 - 5.87)	(4.50 - 5.01)	(5.77 - 6.55)	(4..33 - 6.58)
Substance Use Disorder[1]	7.41	7.34	7.55	6.60	8.62	7.49
	(7.20 - 7.62)	(6.93 - 7.77)	(7.19 - 7.92)	(6.30 - 6.91)	(8.17 - 9.10)	(6.29 - 8.89)
Needing But Not Receiving Treatment at a Specialty Facility for Illicit Drug Use[10]	2.70	2.72	2.64	2.36	3.29	2.70
	(2.58 - 2.83)	(2.49 - 2.98)	(2.45 - 2.84)	(2.20 - 2.53)	(3.03 - 3.58)	(2.15 - 3.38)
Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use[10]	5.09	4.98	5.30	4.54	5.87	4.95
	(4.93 - 5.26)	(4.63 - 5.35)	(5.00 - 5.61)	(4.31 - 4.79)	(5.49 - 6.27)	(4.04 - 6.05)
Needing But Not Receiving Treatment at a Specialty Facility for Substance Use[10]	6.88	6.74	6.93	6.15	8.11	6.99
	(6.69 - 7.09)	(6.35 - 7.16)	(6.60 - 7.28)	(5.86 - 6.46)	(7.68 - 8.56)	(5.87 - 8.30)
MENTAL HEALTH among persons aged 18 or older						
Any Mental Illness[5] in past year	19..86	19.45	20.99	18.74	20.95	21.39
	(19.50 - 20.23)	(18.72 - 20.20)	(20.34 - 21.65)	(18.20 - 19.30)	(20.25 - 21.66)	(19.13 - 23.84)
Serious Mental Illness[6] in past year	4.91	4.64	5.29	4.74	5.03	5.31
	(4.73 - 5.09)	(4.31 - 4.99)	(5.00 - 5.59)	(4.49 - 5.00)	(4.71 - 5.37)	(4.38 - 6.42)
Had serious thoughts of suicide in past year	4.58	4.44	4.95	4.24	4.89	4.81
	(4.41 - 4.75)	(4.12 - 4.78)	(4.66 - 5.25)	(4.01 - 4.49)	(4.56 - 5.24)	(3.92 - 5.89)
Received Mental Health Services[11]	15.57	16.96	17.82	14.11	14.90	15.48
	(15.24 - 15.91)	(16.26 - 17.69)	(17.21 - 18.45)	(13.64 - 14.60)	(14.31 - 15.52)	(13.51 - 17.69)
Major Depressive Episode[7] in past year	7.51	7.22	8.14	7.12	7.81	8.06
	(7.29 - 7.74)	(6.79 - 7.68)	(7.76 - 8.53)	(6.80 - 7.45)	(7.39 - 8.25)	(6.86 - 9.45)

+ 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, 2018 and 2019.

Appendix 3B. Substance Use and Mental Health, U.S. Regions & New Mexico, by Age Group, Percentages, Annual Averages Based on 2018 and 2019 NSDUHs

INDICATORS+	AGE GROUP	TOTAL U.S.	NORTHEAST	MIDWEST	SOUTH	WEST	NEW MEXICO
ILLICIT DRUGS[2] among persons aged 12 or older							
Past Month Illicit Drug Use[2]	Age 12-17	8.37	8.56	8.15	7.38	10.03	11.56
		(8.00 - 8.75)	(7.85 - 9.32)	(7.58 - 8.75)	(6.84 - 7.94)	(9.26 - 10.86)	(9.34 - 14.23)
	Age 18-25	24.40	26.58	24.37	20.84	28.44	25.27
		(23.74 - 25.07)	(25.04 - 28.18)	(23.04 - 25.75)	(16.99 - 22.08)	(26.89 - 30.04)	(21.52 - 29.42)
	Age 26+	10.90	11.21	10.30	9.05	14.14	12.36
		(10.57 - 11.24)	(10.53 - 11.92)	(9.74 - 10.89)	(8.59 - 9.54)	(13.41 - 14.90)	(10.22 - 14.88)
	Age 18+	12.73	13.25	12.25	10.64	16.10	14.13
		(12.42 - 13.05)	(12.64 - 13.88)	(11.75 - 12.76)	(10.25 - 11.05)	(15.45 - 16.77)	(12.09 - 16.45)
Past Year Cocaine Use	Age 12-17	0.42	0.38	0.43	0.36	0.54	0.65
		(0.33 - 0.53)	(0.28 - 0.51)	(0.32 - 0.57)	(0.26 - 0.48)	(0.38 - 0.76)	(0.37 - 1.16)
	Age 18-25	5.54	6.35	5.07	4.39	7.18	4.98
		(5.19 - 5.92)	(5.70 - 7.08)	(4.54 - 5.65)	(3.98 - 4.85)	(6.47 - 7.96)	(3.49 - 7.04)
	Age 26+	1.63	1.77	1.45	1.38	2.09	1.53
		(1.52 - 1.75)	(1.55 - 2.02)	(1.28 - 1.64)	(1.24 - 1.53)	(1.86 - 2.35)	(1.03 - 2.26)
	Age 18+	2.16	2.38	1.95	1.78	2.79	2.00
		(2.05 - 2.28)	(2.15 - 2.62)	(1.78 - 2.14)	(1.64 - 1.93)	(2.55 - 3.04)	(1.45 - 2.76)
Perceptions of Great Risk from Using Cocaine Once a Month	Age 12-17	54.03	54.31	52.69	55.56	52.56	51.49
		(53.32 - 54.74)	(53.08 - 55.53)	(51.58 - 53.80)	(54.53 - 56.58)	(51.25 - 53.86)	(48.12 - 54.84)
	Age 18-25	62.64	59.29	61.05	67.05	59.53	63.73
		(61.89 - 63.39)	(57.88 - 60.69)	(59.82 - 62.27)	(65.97 - 68.12)	(58.12 - 60.19)	(60.01 - 67.29)
	Age 26+	73.73	71.26	72.98	78.17	69.15	71.13
		(73.24 - 74.23)	(70.25 - 72.24)	(72.16 - 73.78)	(77.52 - 78.81)	(68.23 - 70.05)	(68.02 - 74.06)
	Age 18+	72.22	69.67	71.32	76.67	67.82	70.12
		(71.77 - 72.67)	(68.75 - 70.56)	(70.58 - 72.05)	(76.09 - 77.24)	(67.00 - 68.64)	(67.23 - 72.85)
Past Year Heroin Use	Age 12-17	0.02	0.02	0.03	0.02	0.02	0.01
		(0.01 - 0.05)	(0.00 - 0.10	(0.01 - 0.11)	(0.00 - 0.10)	(0.00 - 0.10)	(0.00 - 0.09)
	Age 18-25	0.36	0.45	0.40	0.33	0.30	0.34
		(0.28 - 0.45)	(0.33 - 0.62)	(0.30 - 0.54)	(0.25 - 0.43)	(0.22 - 0.41)	(0.17 - 0.69)
	Age 26+	0.30	0.38	0.32	0.24	0.31	0.32
		(0.25 - 0.37)	(0.26 - 0.56)	(0.24 - 0.45)	(0.17 - 0.34)	(0.21 - 0.45)	(0.14 - 0.73)
	Age 18+	0.31	0.39	0.34	0.26	0.31	0.32
		(0.26 - 0.37)	(0.28 - 0.54)	(0.25 - 0.44)	(0.19 - 0.34)	(0.22 - 0.43)	(0.16 - 0.68)
Perceptions of Great Risk from Trying Heroin Once or Twice	Age 12-17	63.72	65.69	62.75	64.60	61.83	63.83
		(62.99 - 64.44)	(64.35 - 67.01)	(61.67 - 63.82)	(63.56 - 65.63)	(60.49 - 63.16)	(59.98 - 67.50)
	Age 18-25	82.47	82.66	81.56	83.73	81.17	82.37
		(81.95 - 82.98)	(81.59 - 83.68)	(80.64 - 82.45)	(82.96 - 84.47)	(80.10 - 82.19)	(79.07 - 85.25)
	Age 26+	88.74	88.44	88.70	90.37	86.40	86.70
		(88.42 - 89.05)	(87.68 - 89.16)	(88.10 - 89.27)	(89.88 - 90.83)	(85.68 - 87.10)	(84.18 - 88.86)
	Age 18+	87.89	87.67	87.71	89.47	85.68	86.10
		(87.60 - 88.17)	(86.98 - 88.33)	(87.16 - 88.23)	(89.03 - 89.90)	(85.03 - 86.31)	(83.80 - 88.12)
Past Year Pain Reliever Misuse	Age 12-17	2.53	1.90	2.58	2.73	2.59	2.94
		(2.31 - 2.78)	(1.57 - 2.31)	(2.28 - 2.92)	(2.43 - 3.07)	(2.21 - 3.03)	(2.06 - 4.18)
	Age 18-25	5.33	4.67	5.47	5.42	5.53	5.74
		(5.03 - 5.65)	(4.15 - 5.26)	(5.03 - 5.95)	(5.03 - 5.84)	(5.00 - 6.11)	(4.48 - 7.33)
	Age 26+	3.43	2.98	3.44	3.51	3.64	3.48
		(3.26 - 3.61)	(2.66 - 3.34)	(3.16 - 3.74)	(3.26 - 3.77)	(3.32 - 3.98)	(2.67 - 4.52)
	Age 18+	3.69	3.21	3.72	3.76	3.90	3.79
		(3.53 - 3.85)	(2.91 - 3.53)	(3.47 - 3.99)	(3.54 - 4.00)	(3.61 - 4.20)	(3.05 - 4.70)
First Use of Marijuana[3]	Age 12-17	5.70	5.99	5.55	5.08	6.65	8.75
		(5.45 - 5.95)	(5.59 - 6.42)	(5.23 - 5.89)	(4.79 - 5.39)	(6.19 - 7.14)	(7.31 - 10.44)
	Age 18-25	8.39	9.82	9..24	6.99	9.12	9.39
		(7.98 - 8.81)	(9.03 - 10.66)	(8.63 - 9.88)	(6.55 - 7.46)	(8.40 - 9.88)	(7.38 - 11.89)
	Age 26+	0.67	0.70	0.69	0.52	0.91	0.88
		(0.60 - 0.75)	(0.59 - 0.82)	(0.60 - 0.80)	(0.44 - 0.61)	(0.77 - 1.08)	(0.60 - 1.27)
	Age 18+	1.73	1.87	1.92	1.40	2.08	2.06
		(1.64 - 1.83)	(1.72 - 2.03)	(1.79 - 2.06)	(1.30 1.51)	(1.91 - 2.26)	(1.65 - 2.57)

+ 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, 2018 and 2019.

Appendix 3B. Substance Use and Mental Health, U.S. Regions & New Mexico, by Age Group, Percentages, Annual Averages Based on 2018 and 2019 NSDUHs

INDICATORS+	AGE GROUP	TOTAL U.S.	NORTHEAST	MIDWEST	SOUTH	WEST	NEW MEXICO
ILLICIT DRUGS[2] among persons aged 12 or older							
Past Month Marijuana Use	Age 12-17	7.02	7.37	6.64	6.13	8.54	9.83
		(6.67 - 7.38)	(6.73 - 8.06)	(6.13 - 7.20)	(5.66 - 6.64)	(7.83 - 9.32)	(7.85 - 12.25)
	Age 18-25	22.54	24.88	22.47	18.97	26.53	23.48
		(21.90 - 23.19)	(23.44 - 26.39)	(21.24 - 23.76)	(17.89 - 20.10)	(25.11 - 28.00)	(19.99 - 27.38)
	Age 26+	9.39	9.78	8.74	7.62	12.49	10.99
		(9.08 - 9.70)	(9.15 - 10.45)	(8.22 - 9.30)	(7.20 - 8.06)	(11.78 - 13.23)	(9.01 - 13.33)
	Age 18+	11.17	11.79	10.65	9.15	14.41	12.70
		(10.88 - 11.47)	(11.21 - 12.39)	(10.17 - 11.14)	(8.78 - 9.53)	(13.78 - 15.06)	(10.83 - 14.83)
Past Year Marijuana Use	Age 12-17	12.84	13.30	12.47	11.19	15.50	18.66
		(12.37 - 12.32)	(12.41 - 14.25)	(11.77 - 13.21)	(10.56 - 11.86)	(14.52 - 16.53)	(15.78 - 21.94)
	Age 18-25	35.09	39.12	35.45	30.17	39.60	35.38
		(34.33-35.85)	(37.65 - 40.61)	(34.25 - 36.67)	(29.13 - 31.22)	(38.19 - 41.04)	(31.24 - 39.76)
	Age 26+	14.27	14.88	13.65	11.79	18.31	18.34
		(13.88 - 14.67)	(14.09 - 15.72)	(12.98 - 14.35)	(11.22 - 12.38)	(17.48 - 19.17)	(15.78 - 21.21)
	Age 18+	17.10	18.10	16.67	14.27	21.23	20.67
		(16.72 - 17.47)	(17.39 - 18.84)	(16.07 - 17.29)	(13.77 - 14.77)	(20.49 - 21.99)	(18.39 - 23.28)
Perceptions of Great Risk from Smoking Marijuana Once a Month	Age 12-17	22.67	22.71	21.28	24.91	20.27	18.72
		(22.11 - 23.24)	(21.58 - 23.87)	(20.34 - 22.24)	(23.99 - 25.85)	(19.23 - 21.35)	(15.78 - 22.07)
	Age 18-25	11.87	11.59	9.79	13.68	11.08	11.12
		(11.28 - 12.38)	(10.75 - 12.47)	(9.17 - 10.46)	(13.00 - 14.39)	(10.29 - 11.92)	(8.92 - 13.79)
	Age 26+	26.56	25.78	22.61	30.10	24.96	24.84
		(26.03 - 27.10)	(24.75 - 26.83)	(21.77 - 23.47)	(29.31 - 30.91)	(4.01 - 25.93)	(21.87 - 28.07)
	Age 18+	24.56	23.88	20.82	27.87	23.05	22.95
		(24.08 - 25.04)	(22.96 - 24.82)	(20.07 - 21.59)	(27.16 - 28.60)	(22.20 - 23.91)	(20.31 - 25.82)
Past Month Use of Illicit Drugs[2] Other Than Marijuana	Age 12-17	2.37	2.12	2.36	2.37	2.56	2.92
		(2.16 - 2.60)	(1.83 - 2.44)	(2.08 - 2.68)	(2.11- 2.66)	(2.21 - 2.97)	(2.13 - 4.01)
	Age 18-25	6.07	6.26	6.17	5.52	6.70	5.19
		(5.73 - 6.43)	(5.62 - 6.96)	(5.66 - 6.73)	(5.08 - 5.99)	(6.06 - 7.41)	(3.86 - 6.96)
	Age 26+	2.99	2.77	2.96	2.75	3.55	2.52
		(2.82 - 3.16)	(2.46 - 3.11)	(2.69 - 3.26)	(2.52 - 3.01)	(3.18 - 3.95)	(1.79 - 3.54)
	Age 18+	3.41	3.23	3.41	3.13	3.98	2.89
		(3.25 - 3.57)	(2.94 - 3.55)	(3.16 - 3.68)	(2.91 - 3.36)	(3.65 - 3.43)	(2.18 - 3.82)
Past Year Methamphetamine Use	Age 12-17	0.17	0.16	0.23	0.16	0.14	0.10
		(0.12 - 0.23)	(0.09 - 0.26)	(0.15 - 0.35)	(0.10 - 0.25)	(0.09 - 0.24)	(0.05 - 0.23)
	Age 18-25	0.81	0.52	0.89	0.75	1.04	1.30
		(0.70 - 0.94)	(0.38 - 0.70)	(0.71 - 1.11)	(0.61 - 0.93)	(0.81 - 1.34)	(0.72 - 2.33)
	Age 26+	0.75	0.42	0.75	0.66	1.13	0.82
		(0.67 - 0.83)	(0.30 - 0.58)	(0.61 - 0.93)	(0.55 - 0.81)	(0.93 - 1.38)	(0.41 - 1.62)
	Age 18+	0.76	0.43	0.77	0.68	1.12	0.88
		(0.69 - 0.83)	(0.32 - 0.58)	(0.64 - 0.93)	(0.57 - 0.81)	(0.93 - 1.34)	(0.49 - 1.58)
ALCOHOL among persons aged 12 or older							
Past Month Alcohol Use	Age 12-17	9.19	9.80	9.62	8.89	8.90	8.26
		(8.79 - 9.62)	(9.07 - 10.58)	(9.01 - 10.27)	(8.34 - 9.48)	(8.24 - 9.61)	(6.70 - 10.15)
	Age 18-25	54.72	58.93	59.29	51.11	53.30	48.25
		(53.89 - 55.54)	(57.10 - 60.75)	(57.75 - 60.82)	(49.64 - 52.57)	(51.57 - 55.02)	(53.82 - 52.71)
	Age 26+	55.15	57.84	58.47	52.18	54.99	48.99
		(54.55 - 55.75)	(56.69 - 58.97)	(57.52 - 59.41)	(51.41 - 52.95)	(53.94 - 56.03)	(45.42 - 52.58)
	Age 18+	55.09	57.98	58.58	52.03	54.76	48.89
		(54.53 - 55.64)	(56.93 - 59.03)	(57.69 - 59.46)	(51.30 - 52.76)	(53.78 - 55.72)	(45.66 - 52.14)
Past Month Binge Alcohol Use[9]	Age 12-17	4.78	5.04	5.01	4.57	4.74	4.18
		(4.48 - 5.09)	(4.55 - 5.58)	(4.58 - 5.47)	(4.17 - 5.00)	(4.26 - 5.27)	(3.16 - 5.51)
	Age 18-25	34.58	36.69	37.74	31.45	33.03	29.49
		(33.84 - 35.32)	(38.05 - 41.36)	(36.35 - 39.16)	(30.19 - 32.73)	(31.52 - 34.58)	(25.75 - 33.52)
	Age 26+	24.82	25.05	27.15	24.05	23.85	21.92
		(24.39 - 25.26)	(24.3 - 26.00)	(26.29 - 28.03)	(23.38 - 24.74)	(23.00 - 24.73)	(19.30 - 24.79)
	Age 18+	26.15	27.00	28.61	25.05	25.11	22.96
		(25.75 - 26.55)	(26.17 - 27.84)	(27.84 - 29.40)	(24.44 25.66)	(24.34 - 25.90)	(20.53 - 25.58)
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	Age 12-17	43.11	42.56	39.68	45.41	42.79	44.56
		(42.43 - 43.79)	(41.40 - 43.73)	(38.59 - 40.79)	(44.38 - 46.44)	(41.60 - 43.99)	(41.35 - 47.81)
	Age 18-25	38.02	35.62	33.88	40.22	39.95	44.44
		(37.30 - 38.74)	(34.53 - 36.73)	(32.88 - 34.89)	(39.26 - 41.18)	(38.80 - 41.10)	(41.28 - 47.64)
	Age 26+	46.10	45.95	41.40	48.03	47.25	51.30
		(45.56 - 46.63A)	(44.93 - 46.98)	(40.50 - 42.30)	(47.25 - 48.82)	(46.26 - 48.19)	(48.29 - 54.30)
	Age 18+	45.00	44.58	40.35	46.98	46.22	50.36
		(44.52 - 45.48)	(43.67 - 45.49)	(39.55 - 41.16)	(46.27 - 47.68)	(45.36 - 47.09)	(47.60 - 53.12)

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2018 and 2019.

Appendix 3B. Substance Use and Mental Health, U.S. Regions & New Mexico, by Age Group, Percentages, Annual Averages Based on 2018 and 2019 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	4.01	3.59	4.50	4.44	3.19	5.08
		(3.74 - 4.30)	(3.19 - 4.05)	(4.09 - 4.95)	(4.05 - 4.85)	(2.80 - 2.63)	(3.59 - 7.14)
	Age 18-25	25.08	24.53	27.89	26.75	20.36	31.36
		(24.44 - 25.73)	(23.35 - 23.35)	(26.84 - 28.97)	(25.87 - 27.64)	(19.33 - 21.44)	(27.20 - 35.85)
	Age 26+	22.68	20.12	25.51	25.09	18.26	24.91
		(22.24 - 23.13)	(19.24 - 21.03)	(24.69 - 26.36)	(24.38 - 25.81)	(17.46 - 19.10)	(22.09 - 27.95)
	Age 18+	23.01	20.71	25.84	25.31	18.55	25.79
		(22.61 - 23.41)	(19.91 - 21.53)	(25.10 - 26.60)	(24.68 - 25.396)	(17.83 - 19.30)	(23.21 - 28.55)
Past Month Cigarette Use	Age 12-17	2.50	2.14	2.94	2.79	1.87	2.89
		(2.28 - 2.73)	(1.85 - 2.47)	(2.62 - 3.30)	(2.49 - 3.13)	(1.59 - 2.21)	(1.88 - 4.42)
	Age 18-25	18.34	17.65	20.37	19.21	15.69	23.87
		(17.79 - 18.97)	(16.56 - 18.79)	(19.39 - 21.39)	(18.38 - 20.07)	(14.70 - 16.73)	(20.15 - 28.03)
	Age 26+	18.35	16.48	20.63	20.15	14.88	20.56
		(17.94 - 18.77)	(15.68 - 17.30)	(19.85 - 21.43)	(19.49 - 20.83)	(14.16 - 15.63)	(18.08 - 23.30)
	Age 18+	18.35	16.63	20.59	20.02	14.99	21.01
		(17.98 - 18.72)	(15.93 - 17.36)	(19.91 - 21.29)	(19.46 - 20.60)	(14.35 - 15.65)	(18.72 - 23.51)
Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day	Age 12-17	65.16	67.15	63.45	64.77	65.96	63.12
		(64.45 - 65.86)	(66.06 - 68.23)	(62.44 - 64.45)	(63.88 - 65.66)	(64.80 - 67.09)	(60.28 - 65.88)
	Age 18-25	66.86	69.14	62.99	66.39	69.40	67.54
		(66.20 - 67.52)	(67.81 - 70.43)	(61.89 - 64.09)	(65.40 - 67.35)	(68.18 - 70.59)	(63.67 - 71.18)
	Age 26+	72.98	75.43	69.17	72.42	75.40	73.16
		(72.51 - 73.45)	(74.57 - 76.27)	(68.36 - 69.96)	(71.75 - 73.07)	(74.55 - 76.24)	(70.51 - 75.66)
	Age 18+	72.15	74.59	68.31	71.60	74.58	72.39
		(71.73 - 72.56)	(73.78 - 75.39)	(67.57 - 69.04)	(70.98 - 72.21)	(73.79 - 75.35)	(69.80 - 74.84)
PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT							
Illicit Drug Use Disorder[1]	Age 12-17	3.16	2.92	3.28	2.85	3.72	4.28
		(2.92 - 3.42)	(2.58 - 3.31)	(2.94 - 3.66)	(2.56 - 3.17)	(3.26 - 4.23)	(3.21 - 5.68)
	Age 18-25	7.54	8.00	7.61	6.68	8.52	7.43
		(7.18 - 7.93)	(7.32 - 8.73)	(7.03 - 8.23)	(6.19 - 7.21)	(7.84 - 9.24)	(5.79 - 9.50)
	Age 26+	2.25	2.22	2.21	1.96	2.78	2.07
		(2.11 - 2.40)	(1.96 - 2.52)	(1.98 - 2.47)	(1.77 - 2.16)	(2.48 - 3.11)	(1.42 - 3.01)
	Age 18+	2.97	2.99	2.96	2.60	3.57	2.81
		(2.83 - 3.11)	(2.73 - 3.27)	(2.73 - 3.20)	(2.42 - 2.79)	(3.28 - 3.88)	(2.13 - 3.69)
Pain Reliever Use Disorder[1]	Age 12-17	0.38	0.38	0.41	0.38	0.37	0.36
		(0.31 - 0.48)	(0.28 - 0.51)	(0.31 - 0.54)	(0.29 - 0.49)	(0.27 - 0.51)	(0.21 - 0.63)
	Age 18-25	0.65	0.62	0.66	0.67	0.66	0.70
		(0.55 - 0.77)	(0.48 - 0.79)	(0.54 - 0.82)	(0.54 - 0.81)	(0.51 - 0.85)	(0.43 - 1.14)
	Age 26+	0.56	0.48	0.60	0.56	0.60	0.50
		(0.49 - 0.64)	(0.37 - 0.62)	(0.49 - 0.75)	(0.46 - 0.67)	(0.47 - 0.75)	(0.25 - 0.97)
	Age 18+	0.57	0.50	0.61	0.57	0.60	0.52
		(0.51 - 0.64)	(0.40 - 0.62)	(0.51 - 0.74)	(0.48 - 0.67)	(0.49 - 0.74)	(0.30 - 0.92)
Alcohol Use Disorder[1]	Age 12-17	1.64	1.68	1.72	1.44	1.85	1.68
		(1.46 - 1.83)	(1.44 - 1.95)	(1.50 - 1.97)	(1.24 - 1.67)	(1.56 - 2.19)	(1.19 - 2.38)
	Age 18-25	9.67	10.12	10.42	8.45	10.60	10.51
		(9.28 - 10.09)	(9.35 - 10.95)	(9.77 - 11.11)	(7.90 - 9.04)	(9.81 - 11.45)	(8.42 - 13.04)
	Age 26+	5.09	4.92	5.21	4.56	5.95	4.98
		(4.89 - 5.29)	(4.51 - 5.37)	(4.85 - 5.59)	(4.28 - 4.86)	(5.51 - 6.42)	(3.88 - 6.37)
	Age 18+	5.71	5.61	5.93	5.09	6.59	5.73
		(5.53 - 5.90)	(5.22 - 6.03)	(5.59 - 6.29)	(4.82 - 5.37)	(6.18 - 7.02)	(4.63 - 7.08)
Substance Use Disorder[1]	Age 12-17	4.08	3.78	4.25	3.70	4.76	5.43
		(3.81 - 4.38)	(3.40 - 4.20)	(3.88 - 4.67)	(3.36 - 4.07)	(4.22 - 5.36)	(4.18 - 7.02)
	Age 18-25	14.59	15.69	14.88	12.99	16.06	15.67
		(14.12 - 15.08)	(14.66 - 16.77)	(14.05 - 14.76)	(12.24 - 13.79)	(15.04 - 17.12)	(12.98 - 18.79)
	Age 26+	6.66	6.43	6.76	5.94	7.90	6.44
		(6.43 - 6.90)	(5.95 - 6.94)	(6.33 - 7.22)	(5.59 - 6.32)	(7.36 - 8.47)	(5.16 - 8.02)
	Age 18+	7.74	7.66	7.88	6.89	9.02	7.70
		(7.52 - 7.96)	(7.22 - 8.13)	(7.49 - 8.29)	(6.57 - 7.23)	(8.53 - 9.53)	(6.42 - 9.22)

+ 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, 2018 and 2019.

Appendix 3B. Substance Use and Mental Health, U.S. Regions & New Mexico, by Age Group, Percentages, Annual Averages Based on 2018 and 2019 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	2.99	2.78	3.01	2.70	3.57	4.22
		(2.76 - 3.24)	(2.44 - 3.16)	(2.69 - 3.36)	(2.41 - 3.03)	(3.12 - 4.09)	(3.16 - 5.62)
	Age 18-25	7.09	7.29	7.03	6.32	8.19	7.24
		(6.72 - 7.46)	(6.60 - 8.03)	(6.47 - 7.63)	(5.85 - 6.82)	(7.44 - 9.01)	(5.51 - 9.45)
	Age 26+	1.98	2.02	1.89	1.70	2.48	1.79
		(1.85 - 2.12)	(1.77 - 2.30)	(1.69 - 2.11)	(1.53 - 1.89)	(2.19 - 2.81)	(1.27 - 2.53)
	Age 18+	2.67	2.72	2.60	2.32	3.26	2.54
		(2.54 - 2.81)	(2.47 - 2.99)	(2.40 - 2.82)	(2.16 - 2.50)	(2.98 - 3.57)	(1.97 - 3.26)
Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use[10]	Age 12-17	1.60	1.64	1.69	1.43	1.78	1.65
		(1.44 - 1.79)	(1.40 - 1.92)	(1.47 - 1.95)	(1.23 - 1.67)	(1.50 - 2.12)	(1.15 - 2.36)
	Age 18-25	9.33	9.81	9.90	8.18	10.30	10.19
		(8.94 - 9.74)	(9.04 - 10.64)	(9.26 - 10.58)	(7.63 - 8.76)	(9.47 - 11.20)	(8.10 - 12.73)
	Age 26+	4.83	4.58	4.99	4.35	5.64	4.52
		(4.63 - 5.03)	(4.19 - 5.01)	(4.64 - 5.36)	(4.07 - 4.64)	(5.20 - 6.13)	(3.53 - 5.77)
	Age 18+	5.44	5.28	5.67	4.86	6.28	5.29
		(5.26 - 5.63)	(4.90 - 5.68)	(5.34 - 6.01)	(4.60 - 5.13)	(5.87 - 6.72)	(4.30 - 6.50)
Needing But Not Receiving Treatment at a Specialty Facility for Substance Use[10]	Age 12-17	3.89	3.64	4.03	3.53	4.50	5.06
		(3.62 - 4.17)	(3.27 - 4.05)	(3.67 - 4.42)	(3.22 - 3.87)	(4.00 - 5.06)	(3.92 - 6.50)
	Age 18-25	13.83	14.75	14.17	12.35	15.17	15.52
		(13.36 - 14.30)	(13.77 - 15.78)	(13.36 - 15.03)	(11.66 - 13.08)	(14.18 - 16.21)	(12.73 - 18.80)
	Age 26+	6.14	5.84	6.11	5.50	7.41	5.87
		(5.91 - 6.38)	(5.39 - 6.33)	(5.72 - 6.52)	(5.15 - 5.86)	(6.91 7.95)	(4.67 - 7.35)
	Age 18+	7.18	7.03	7.23	6.42	8.48	7.19
		(6.97-7.40)	(6.60 - 7.48)	(6.87 - 7.60)	(6.11 - 6.75)	(8.01 - 8.97)	(5.99 - 8.61)
MENTAL HEALTH among persons aged 18 or older							
Any Mental Illness in past year[5]	Age 18-25	27.85	28.27	29.79	25.94	28.84	27.36
		(27.20 - 28.51)	(27.09 - 29.47)	(28.78 - 30.82)	(25.06 - 26.83)	(27.67 - 30.04)	(24.11 - 30.88)
	Age 26+	18.60	18.10	19.58	17.62	19.70	20.44
		(18.21 - 19.01)	(17.30 - 18.93)	(18.86 - 20.31)	(17.02 - 18.23)	(18.93 - 20.49)	(17.97 - 23.16)
	Age 18+	19.86	19.45	20.99	18.74	20.95	21.39
		(19.50 - 20.23)	(18.72 - 20.20)	(20.34 - 21.65)	(18.20 - 19.30)	(20.25 - 21.66)	(19.13 - 23.84)
Serious Mental Illness[6] in past year	Age 18-25	8.14	8.14	9.05	7.58	8.21	8.36
		(7.79 - 8.51)	(7.51 - 8.82)	(8.45 - 9.69)	(7.11 - 8.08)	(7.57 - 8.91)	(6.62 - 10.52)
	Age 26+	4.40	4.10	4.68	4.30	4.53	4.82
		(4.20 - 4.60)	(3.75 - 4.48)	(4.37 - 5.01)	(4.03 - 4.59)	(4.18 - 4.90)	(3.85 - 6.02)
	Age 18+	4.91	4.64	5.29	4.74	5.03	5.31
		(4.73 - 5.09)	(4.31 - 4.99)	(5.00 - 5.59)	(4.49 - 5.00)	(5.71 - 5.37)	(4.38 - 6.42)
Had serious thoughts of suicide in past year	Age 18-25	11.39	11.34	12.62	10.63	11.52	11.43
		(10.98 - 11.81)	(10.52 - 12.22)	(11.88 - 13.39)	(10.03 - 11.25)	(10.74 - 12.36)	(9.21 - 14.09)
	Age 26+	3.51	3.39	3.72	3.25	3.84	3.76
		(3.34 - 3.69)	(3.07 - 3.74)	(3.43 - 4.03)	(3.01 - 3.51)	(3.51 - 4.20)	(2.92 - 4.84)
	Age 18+	4.58	4.44	4.95	4.24	4.89	4.81
		(4.41 - 4.75)	(4.12 - 4.78)	(4.66 - 5.25)	(4.01 - 4.49)	(4.56 - 5.24)	(3.92 - 5.89)
Received Mental Health Services[11]	Age 18-25	16.19	18.01	19.08	14.45	15.04	14.58
		(15.66 - 16.73)	(16.99 - 19.07)	(18.23 - 19.96)	(13.79 - 15.18)	(14.19 - 15.94)	(12.22 - 17.31)
	Age 26+	15.48	16.80	17.61	14.06	14.88	15.63
		(15.11 - 15.85)	(16.02 - 17.61)	(16.94 - 18.31)	(13.53 - 14.60)	(14.22 - 15.57)	(13.46 - 18.08)
	Age 18+	15.57	16.96	17.82	14.11	14.90	15.48
		(15.24 - 15.91)	(16.26 - 17.69)	(17.21 - 18.45)	(13.64 - 14.60)	(14.31 - 15.52)	(13.51 - 17.69)
Major Depressive Episode in past year[7]	Age 12-17	15.08	13.62	15.74	14.59	16.26	18.60
		(14.57 - 15.60)	(12.74 - 14.55)	(14.91 - 16.61)	(13.90 - 15.31)	(15.32 - 17.25)	(15.92 - 21.62)
	Age 18-25	14.48	14.43	15.62	13.77	14.61	15.28
		(13.98 - 14.99)	(13.50 - 15.42)	(14.79 - 16.48)	(13.09 - 14.48)	(13.69 - 15.58)	(12.80 - 18.16)
	Age 26+	6.43	6.12	6.94	6.10	6.73	6.92
		(6.19 - 6.67)	(5.66 - 6.62)	(6.53 - 7.37)	(5.75 - 6.46)	(6.29 - 7.21)	(5.68 - 8.42)
	Age 18+	7.51	7.22	8.14	7.12	7.81	8.06
		(7.29 - 7.74)	(6.79 - 7.68)	(7.76 - 8.53)	(6.80 - 7.46)	(7.39 - 8.25)	(6.86 - 9.45)

+ 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, 2018 and 2019.

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

1 . Substance Use Disorder is defined as meeting criteria for illicit drug or alcohol dependence or abuse. Dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

2. Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics used nonmedically.

3. Average annual marijuana initiation rate = 100 * {[X1 ÷ (0.5 * X1 + X2)] ÷ 2}, where X1 is the number of marijuana initiates in the past 24 months and X2 is the number of persons who never used marijuana.

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

5. Any mental illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, that met the criteria found in the DSM-IV, regardless of the level of impairment in carrying out major life activities.

6. Serious mental illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, that met the criteria found in the DSM-IV and resulted in serious functional impairment in carrying out major life activities.

7. Major depressive episode (MDE) is defined as in the 5th DSM-IV, which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. There are minor wording differences in the questions in the adult and adolescent MDE modules. Therefore, data from youths aged 12 to 17 were not combined with data from adults aged 18 or older to produce an estimate for those aged 12 or older.

8. Underage drinking is defined for individuals aged 12 to 20; therefore, the "12+" estimate reflects that age group and not individuals aged 12 or older.

9. Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion (i.e. within a couple hours of each other) on at least 1 day in the past 30 days.

10. Respondents were classified as needing treatment for a substance use problem if they met the criteria for substance use disorder as defined in the DSM-IV or received treatment for illicit drug or alcohol use at a specialty facility (i.e., drug and alcohol rehabilitation facility [inpatient or outpatient], hospital [inpatient only], or mental health center).

11. Mental health services are defined as having received inpatient treatment/counseling or outpatient treatment/counseling or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use.

Appendix 4

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

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

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