New Mexico Substance Use Epidemiology Profile

Substance Use Epidemiology Section
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New Mexico Department of Health

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Statewide Epidemiological and Outcomes Workgroup (SEOW)

The Statewide Epidemiological and Outcomes Workgroup (SEOW) currently functions as a 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. Funded by the Behavioral Health Services Division of the New Mexico Human Services Department (HSD), current membership of New Mexico SEOW includes: BHSD Director Nick Boukas; Melissa Heinz, the State Opioid Treatment Authority. Community Members: Valerie Kling, Anna Krutsky, Janie Corinne, Jo Ann Griego, Erin Small, Marina Orozco, Crystal Alfaro, Jesse Solis, Alicia Martinez, Joana Wells, Sharz Weeks, Christina Mendevil, Debbie Ortiz, Judith Lovato, Arthur "Art" Salazar, Davina Nez, Alleyne Toya, Michele Banner, Ali Anderson, Alyssa Franklyn. CYFD Children's Behavioral Health: Hilary Stim. DFA DWI Program: Julie Krupcale. Local community evaluators: Ann Del Vecchio, Natalie Skogerboe, Sindy Sacoman, Noah Salvatore, Shannon Dee, Felix Jaramillo. NMDOH-ERD Injury and Behavioral Epidemiology Bureau: Malinda Gowin, Sangam Shrestha, Hayley Peterson, Kathryn Lowerre, Chris Trujillo, and Dan Green. NMHSD-BHSD Office of Substance Abuse Prevention: Stanford Kemp, OSAP Bureau Chief; Staff Manager Allen Dominguez, Pamela Espinoza, Jennifer Guhl, and Michael Miller. NM Prevention Workforce Training System -- Kamama Consulting: Paula Feathers. Pacific Institute for Research & Evaluation (PIRE): David Currey, Marissa Elias, Liz Lilliot-Gonzalez, Marie-Elena Reyes, and Lei Zhang; and, is coordinated and staffed by Michael Coop and Jesse Gremore of Coop Consulting, Inc.

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INTRODUCTION

New Mexico Substance Use Epidemiology Profile

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

Important Notes about Comparability to Previous Reports

This report is **the fifteenth** 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, June 2022, August 2023, and **June 2024**. 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. Reports prior to 2013 can be compared to each other.

-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 behavior (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. Reports prior to 2018 can be compared to each other.

-On July 30, 2020 CDC released an updated version of Alcohol-Related Disease Impact (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. Starting in 2019, the question 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. It is also importatnt to note that the resources avaliable and the cost of prevention for rural locations are also factors.

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 refer 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/

INTRODUCTION (continued)

Technical Note: Methodological Changes since Previous Reports

Changes to the Definition of Alcohol-Related Death

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

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

The release of the bridged-race population estimates previously used to analyze ARDI data ceased with the release of the Vintage 2020 estimates. As of Feburary 7th, 2023, the United States Census population estimates are used in the analysis of the ARDI data. For more information, refer to the *U.S. Census Populations With Bridged Race Categories* website by the CDC at: https://www.cdc.gov/nchs/nvss/bridged_race.htm.

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

The combined 2019 to 2020 state level NSDUH is no longer avaliable for use due to methodological concerns by SAMHSA. Due to this, the 2021 to 2022 combined state level NSDUH was used for this versionn of the report. Details about the concerns can be found on SAMHSA's website at: https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2020

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 2021, 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 2017-2021 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 (800 for the years 2017-2021), two counties that stand out for their very high rates were McKinley and Rio Arriba, which had rates that were five times or higher than the national rate.

- Chronic liver disease hospitalizations (CLD-HIDD) can provide information on CLD risk at an earlier time point in the disease's development than AR-CLD mortality, and the number of emergency department visits can be used as a measure of the impact of CLD on the medical system. Women are at lower risk than men. Women who identify as Asian/Pacific Islander have the lowest rates whereas men who identify as American Indian have the highest rates. McKinley County had the highest rate of CLD-HIDD, followed by Cibola, Rio Arriba, Socorro, and San Juan counties. Roosevelt 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 almost twice the national rate. In the current reporting period (2017-2021), poisoning (not alcohol) and motor-vehicle traffic crashes are the leading causes of alcohol-related injury death followed by suicide, homicide, and alcohol poisoning. Numerous other types of injury death are also associated with excessive alcohol use (particularly binge drinking). Males are more at risk for alcohol-related injury death than females with American Indian males having particularly elevated risk. McKinley and Rio Arriba have the highest rate for that time period.

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. The rate has been increasing since 2019. 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, De Baca, Luna, Hidalgo, Curry, Guadalupe, Quay, Torrance, Chaves, Lea, and Eddy. 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 2021, New Mexico had the sixth* 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 2017-2021. 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 the majority of drug overdose deaths. The most common drugs causing overdose deaths for the period 2017-2021 were fentanyl, methamphetamine, and heroin (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.

Fentanyl Involved and Polysubstance Drug Overdose Death

In recent years, fentanyl-involved overdose deaths in New Mexico steadily increased. In 2021, fentanyl contributed to approximately 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 (2017-2021), males were more than twice as likely to die from a fentanyl related overdose when compared to women. Black males had the highest rate of fentanyl overdose (20.0), while the 25-64 age group among both males and females was at the highest risk.

Additionally, as more data on polysubstance was made available, a section of this report was developed addressing overdose deaths attributed to combined substances. Roughly a third 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 2017-2021, methamphetamine-related deaths contributed to the largest incidence of lives lost (1,435) 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. Since 2018, the rate of OOR-ED visits has continued to increase. 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, Colfax, and Socorro counties had the highest rates of OOR-ED visits during 2017-2021. Rio Arriba County had the second highest and Colfax County had the eleventh 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 May 2024 and subject to change.

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 2017-2021 were Colfax, Chaves, 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 from 1981 through 2021, 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 2017-2021, all but ten 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, except among males aged 25-64 years.

- 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 2021, 19.7% 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 2021, 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 2021, 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 2019-2021, 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 (4.8%) than in the rest of the nation (6.2%). 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 (7.1% v. 4.5%).

- 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 2021, New Mexico high school students were more likely to report driving after drinking alcohol than other US students (4.7% v. 4.6%). 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 2021, past-30-day marijuana use was more prevalent among New Mexico students than among US students. The use of marijuana was more commonly reported by American Indian and Black students than by students in other racial/ethnic groups. Asian/Pacific Islander students were more likely to report past-30-day use of inhalants, methamphetamine, and heroin, while Black students were more likely to report past-30-day use of cocaine 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 data available for 2021, 15.4% 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 24.3%, and among Blacks at 24.4%. Among current cannabis users, 62.2% used cannabis daily or near daily.

- Adult Tobacco Use. Between 2019-2021, the prevalence of adult smoking was slightly higher for New Mexico when compared to the 2021 US estimates (15.1% vs. 14.4%). Smoking was most prevalent among middle-aged groups and was more common among men than women for all age categories.

- Youth Cigarette Use. In 2021, cigarette smoking was less prevalent among New Mexico high school students (3.7%) than in the nation overall (3.8%). New Mexico boys were less likely than girls to report current smoking (3.5% vs. 3.8%). White (4.3%), Hispanic (3.0%), and Black (3.5%) students had lower rates of current cigarette smoking than American Indian (4.6%) and Asian/Pacific Islander (4.7%) students.

- Adult E-Cigarette Use. 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 1.5% in 2021. Otero County had the highest rates of e-cigarette use (4.2%) Males were more than two times more likely to use e-cigarettes when compared to women across all race/ethnicities (2.2% vs 0.8%) Hispanics had the highest prevalence of e-cigarette use overall (1.9%).

- 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 25.4% in 2021. Taos and Grant high school students had high rates of e-cigarette use (44.0% and 39.9% respectively).

Data Sources

National/New Mexico population data, 1981-1989: U.S. Census Bureau. Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin: 1981 to 1989. Available from:
http://www.census.gov/programs-surveys/popest/data/data-sets.1980.html as of December 17, 2019.

National/New Mexico population data, 1990-1999: U.S. Census Bureau. Estimates of the Population of States by Age, Sex, Race, and Hispanic Origin: 1990 to 1999, Internet Release Date August 30, 2000. Available from:
http://www.census.gov/programs-surveys/popest/data/data-sets.1990.html as of December 17, 2019.

National population data, 2000-2010: National Center for Health Statistics (NCHS). Intercensal estimates of the resident population of the United States for July 1, 2000-July 1, 2010, by year, county, age, bridged race, Hispanic origin, and sex. Available from:
http://www.census.gov/programs-surveys/popest/data/data-sets.2000.html as of December 17, 2019.

New Mexico population data, 2000-2018: University of New Mexico (UNM), Geospatial and Population Studies (GPS). Annual Estimates of the Population of New Mexico by County, Age, Sex, Race, and Hispanic Origin, 2000 to 2018.

National death data: National Center for Health Statistics (NCHS). Multiple Cause-of-Death files, 1981-2017, machine readable data files and documentation. National Center for Health Statistics, Hyattsville, Maryland. Available from:
http://www.cdc.gov/nchs/data_access/VitalStatsOnline.htm#Mortality_Multiple. Death rates were calculated by the New Mexico Department of Health (NMDOH), Epidemiology and Response Division (ERD), Injury and Behavioral Epidemiology Bureau (IBEB), Substance Use Epidemiology Section (SUES).

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

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

(1) VMT reporting: Fatalities, Fatalities in Crashes by Driver Alcohol Involvement, Vehicle Miles Traveled (VMT), and Fatality Rate per 100 Million VMT, by State, 1982-2017. Report provided by NHTSA National Center for Statistics and Analysis, Information Services Team. 2008-2017 death rates per 100 Million VMT calculated by the New Mexico Department of Health, Epidemiology and Response Division, Injury and Behavioral Epidemiology Bureau, Substance Use Epidemiology Section.

(2) Per 100,000 population reporting: Persons killed, by state and Highest Driver Blood Alcohol Concentration (BAC) in Crash - State: USA, Year. Available from:
https://www-fars.nhtsa.dot.gov/States/StatesAlcohol.aspx. Death rates were calculated by the New Mexico Department of Health, Epidemiology and Response Division, Injury and Behavioral Epidemiology Bureau, Substance Use Epidemiology Section.

New Mexico Emergency Department Visits: New Mexico Department of Health, Epidemiology and Response Division, Community and Health Systems Epidemiology Bureau, Health Systems Epidemiology Unit. Visit rates were calculated by the New Mexico Department of Health, Epidemiology and Response Division, Injury and Behavioral Epidemiology Bureau, Substance Use Epidemiology Section

New Mexico Hospital Inpatient Discharges: New Mexico Department of Health, Epidemiology and Response Division, Community and Health Systems Epidemiology Bureau, Health Systems Epidemiology Unit. Discharge rates were calculated by the New Mexico Department of Health, Epidemiology and Response Division, Injury and Behavioral Epidemiology Bureau, Substance Use Epidemiology Section

National adult behavioral data: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adult and Community Health. Behavioral Risk Factor Surveillance System Online Prevalence Data, 1995-2018. Available from:
http://www.cdc.gov/brfss/data_tools.htm as of December 17, 2019.

New Mexico adult behavioral data: New Mexico Department of Health, Epidemiology and Response Division, Injury and Behavioral Epidemiology Bureau, Survey Unit. New Mexico Behavioral Risk Factor Surveillance System (BRFSS). More reporting available from:
https://nmhealth.org/about/erd/ibeb/brfss/ as of December 17, 2019.

Data Sources (continued)

National youth behavioral data: Centers for Disease Control and Prevention (CDC). Surveillance Summaries, June 8, 2012. MMWR. 201:61(SS-4). More reporting available from: http://www.cdc.gov/HealthyYouth/yrbs/index.htm as of December 17, 2019.

New Mexico youth behavioral data: New Mexico Department of Health, Epidemiology and Response Division, Injury and Behavioral Epidemiology Bureau, Survey Unit; and the New Mexico Public Education Department, School and Family Support Bureau. New Mexico Youth Risk and Resiliency Survey (YRRS). More reporting available from: www.youthrisk.org as of December 17, 2019.

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

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

Section 1

Consequences

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ALCOHOL-RELATED DEATH

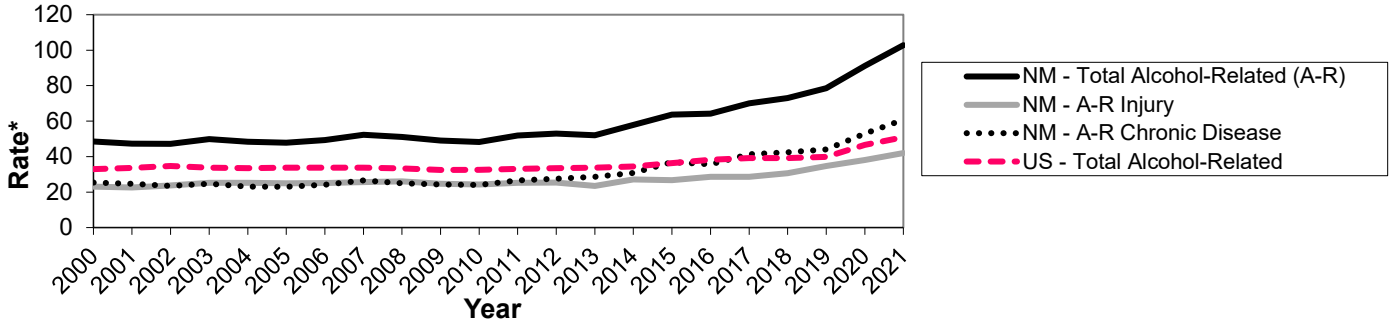
Problem Statement

The consequences of excessive alcohol use are severe in New Mexico. New Mexico's total alcohol-related death rate has ranked first, second, or third in the US since 1981; and 1st for the period 2006 through 2010. The negative consequences of excessive alcohol use in New Mexico are not limited to death but also include violence, crime, poverty, and unemployment, as well as chronic liver disease, motor vehicle crashes and other injuries, mental illness, and a variety of other medical problems. Nationally, one in ten deaths among working age adults (age 20-64) is attributable to alcohol. In New Mexico this ratio is twice as high, at one in five deaths.

Chart 1 shows the two principal components of alcohol-related death: deaths due to chronic diseases (such as chronic liver disease), which are strongly associated with chronic heavy drinking; and deaths due to alcohol-related injuries, which are strongly associated with binge drinking; and includes both 100% alcohol attributable or partially alcohol attributable. Each category will be considered in more detail later in this report. Although the alcohol related chronic disease death rate remained fairly stable from 1990 to 2009 in NM, from 2011 to 2021 there was a 98% increase in the total alcohol-related death rate (Chart 1). The US had a 53.8% increase in the total alcohol-related death rate for the same time frame.

* 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, 2000-2021



* Population estimate was updated for the years 2017 to 2021
* US data are available up to 2021
* 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, 2017-2021

		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	58	1,170	125	1,353	33.0	494.4	290.3	314.6
	Asian/Pacific Islander	1	18	9	29	5.7	36.8	93.0	34.6
	Black	13	85	28	127	28.2	119.5	192.9	96.0
	Hispanic	211	2,033	555	2,799	20.4	160.8	197.5	115.3
	White	71	1,270	754	2,094	15.7	127.0	146.8	84.4
	Total	356	4,592	1,477	6,425	20.5	175.2	171.4	118.7
Female	American Indian	25	644	75	743	14.1	249.4	117.9	156.3
	Asian/Pacific Islander	1	9	4	14	2.7	15.3	27.9	12.2
	Black	2	33	6	41	5.5	66.9	41.7	43.7
	Hispanic	62	711	237	1,009	6.1	55.8	68.9	39.6
	White	22	543	350	916	5.4	54.2	59.3	36.3
	Total	112	1,948	674	2,734	6.8	73.7	65.6	49.3
Total	American Indian	83	1,814	200	2,096	23.6	366.6	187.6	230.1
	Asian/Pacific Islander	2	27	13	43	4.2	24.9	52.9	21.5
	Black	16	119	34	168	17.8	97.9	119.8	72.7
	Hispanic	272	2,744	792	3,808	13.4	108.1	126.7	76.3
	White	93	1,813	1,104	3,010	10.8	90.6	100.0	59.9
	Total	468	6,540	2,151	9,159	13.8	124.2	113.9	83.2

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

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

ALCOHOL-RELATED DEATH (continued)

Problem Statement (continued)

Table 1 shows that death rates from alcohol-related causes increase with age. In the years 2017 to 2021, about 5.1% of alcohol-related deaths occurred within the 0-24 year age category, and the majority of alcohol-related deaths occurring in the 25-64 year age category (71.4%). Table 1 also shows extremely high alcohol-related death rates among American Indians for all age groups with the highest occurring in the 25-64 year age category (almost triple the state rate for both males and females) with the greatest prevalence in males 25-64 years age category across all racial/ethnic and age groups.

Table 2 shows that McKinley and Rio Arriba counties had the highest rates of alcohol-related death, with rates more than twice the state rate and more than four times the 2021 national rate. Three New Mexico counties (Bernalillo, Sandoval, and Lea) 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 (Quay, Roosevelt, and Harding) had rates lower than the national rate.

Table 2: Alcohol-Related Deaths and Rates* by Race/Ethnicity and County, New Mexico, 2017-2021

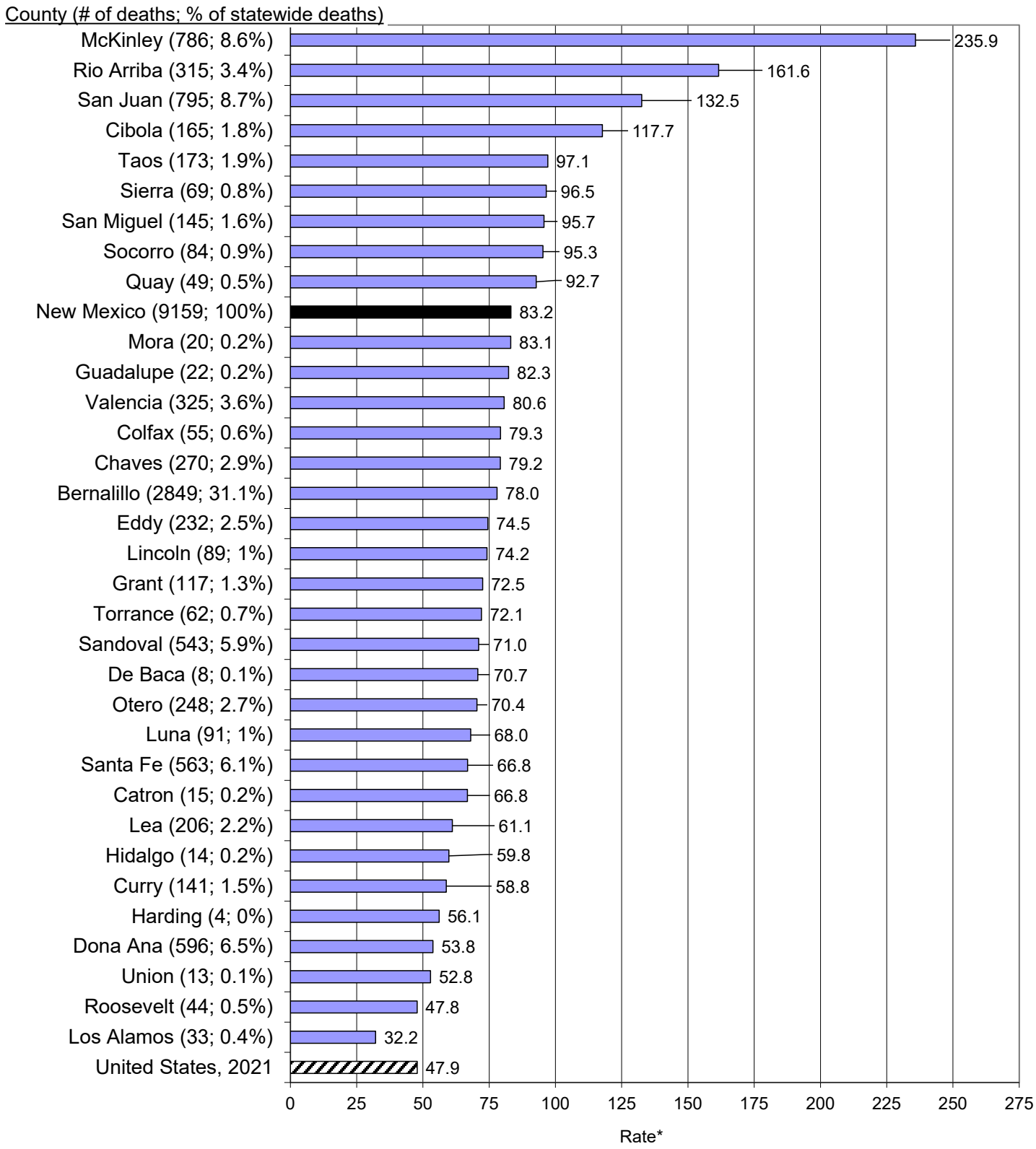
County	Deaths						Rates*					
	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	333	23	99	1,347	1,043	2,849	218.9	21.4	94.8	81.5	60.5	78.0
Catron	1	0	0	2	11	15	80.6	0.0	0.0	78.8	58.8	66.8
Chaves	2	0	7	130	129	270	108.5	0.0	131.3	76.7	82.9	79.2
Cibola	104	0	1	37	24	165	198.5	0.0	23.0	66.2	75.0	117.7
Colfax	1	0	1	30	23	55	141.5	0.0	117.1	89.9	67.2	79.3
Curry	1	0	9	57	73	141	37.7	0.0	64.9	65.0	56.8	58.8
De Baca	0	0	0	3	5	8	0.0	0.0	0.0	88.2	59.5	70.7
Dona Ana	5	6	9	379	197	596	44.8	41.5	49.6	55.2	54.4	53.8
Eddy	2	1	5	107	114	232	66.4	54.8	113.0	76.3	74.2	74.5
Grant	1	1	0	61	54	117	32.8	151.3	0.0	83.7	60.4	72.5
Guadalupe	0	0	0	17	3	22	0.0	0.0	0.0	87.9	65.0	82.3
Harding	.	0	0	2	1	4	0.0	0.0	0.0	81.2	16.9	56.1
Hidalgo	0	0	0	7	7	14	0.0	0.0	0.0	57.8	59.1	59.8
Lea	2	0	10	94	99	206	53.3	0.0	82.2	55.6	70.4	61.1
Lincoln	6	0	0	24	59	89	208.6	0.0	0.0	63.8	76.3	74.2
Los Alamos	0	0	0	5	27	33	0.0	0.0	0.0	30.1	33.1	32.2
Luna	0	0	1	32	58	91	0.0	0.0	27.3	41.8	126.9	68.0
McKinley	721	0	2	43	20	786	286.2	0.0	77.3	98.0	51.3	235.9
Mora	0	0	0	17	2	20	0.0	0.0	0.0	90.8	68.9	83.1
Otero	47	1	5	68	127	248	234.4	15.5	52.7	58.3	60.7	70.4
Quay	0	2	0	25	21	49	0.0	320.6	0.0	115.5	74.6	92.7
Rio Arriba	67	0	2	219	28	315	243.6	0.0	166.8	156.6	103.3	161.6
Roosevelt	0	0	1	19	24	44	0.0	0.0	62.8	56.5	42.6	47.8
Sandoval	185	1	6	164	187	543	216.8	7.7	26.9	58.7	47.7	71.0
San Juan	523	0	2	84	183	795	225.8	0.0	53.8	77.4	63.7	132.5
San Miguel	3	0	0	119	22	145	138.9	0.0	0.0	102.8	68.0	95.7
Santa Fe	25	3	4	336	188	563	120.4	24.2	44.2	85.2	41.6	66.8
Sierra	1	0	1	14	53	69	74.4	0.0	88.5	80.9	103.8	96.5
Socorro	21	0	0	34	28	84	239.8	0.0	0.0	76.7	69.5	95.3
Taos	20	0	0	105	49	173	230.5	0.0	0.0	105.4	70.6	97.1
Torrance	2	0	1	28	31	62	71.6	0.0	54.6	82.8	64.1	72.1
Union	0	0	0	9	5	13	0.0	0.0	0.0	94.8	27.0	52.8
Valencia	23	2	2	189	107	325	133.8	70.4	43.3	83.3	66.4	80.6
New Mexico	2,096	43	168	3,808	3,010	9,159	230.1	21.5	72.7	76.3	59.9	83.2

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

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

ALCOHOL-RELATED DEATH (continued)

Chart 2: Alcohol-Related Death Rates* by County, New Mexico, 2017-2021

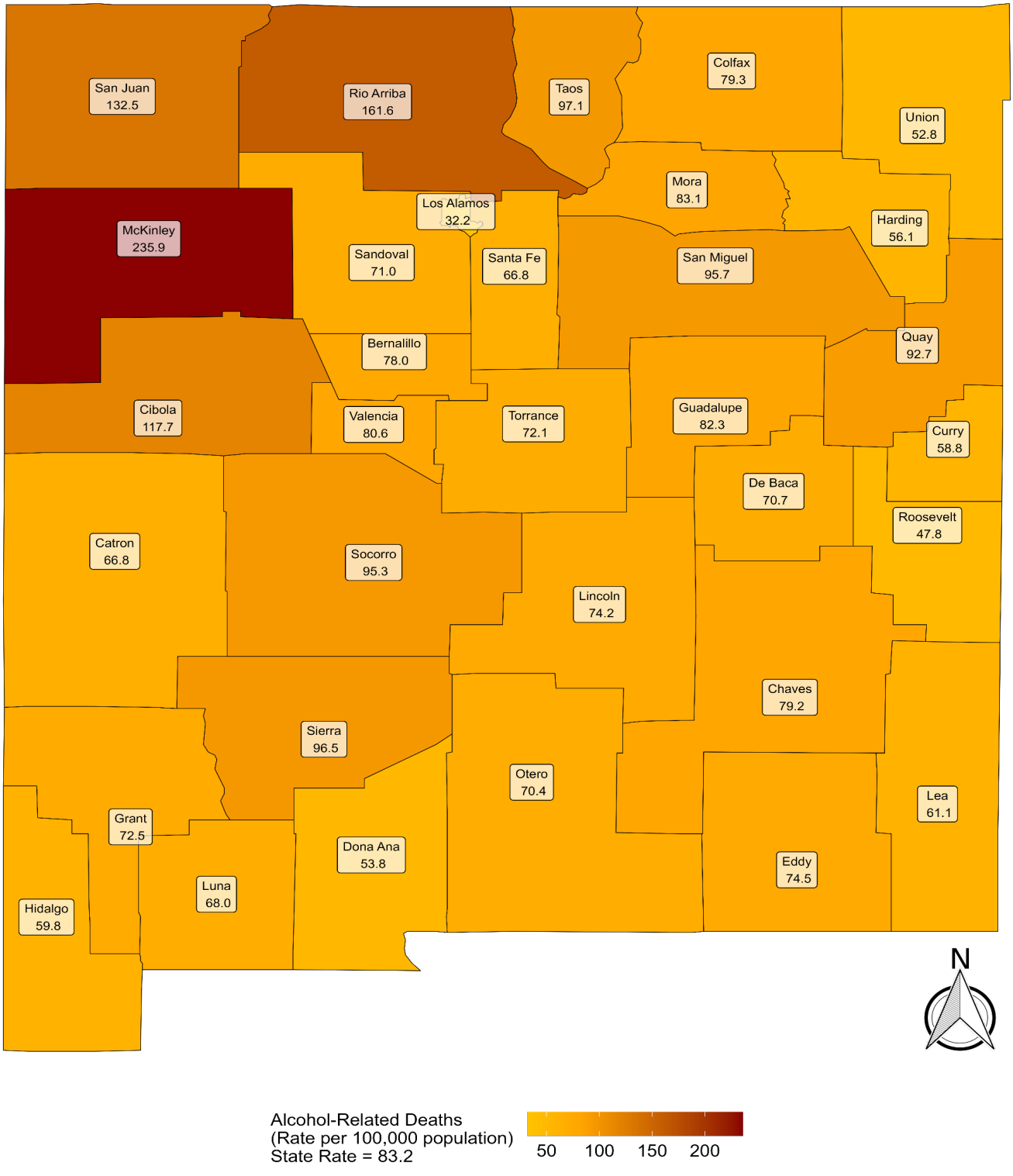


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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, 2017-2021



* 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

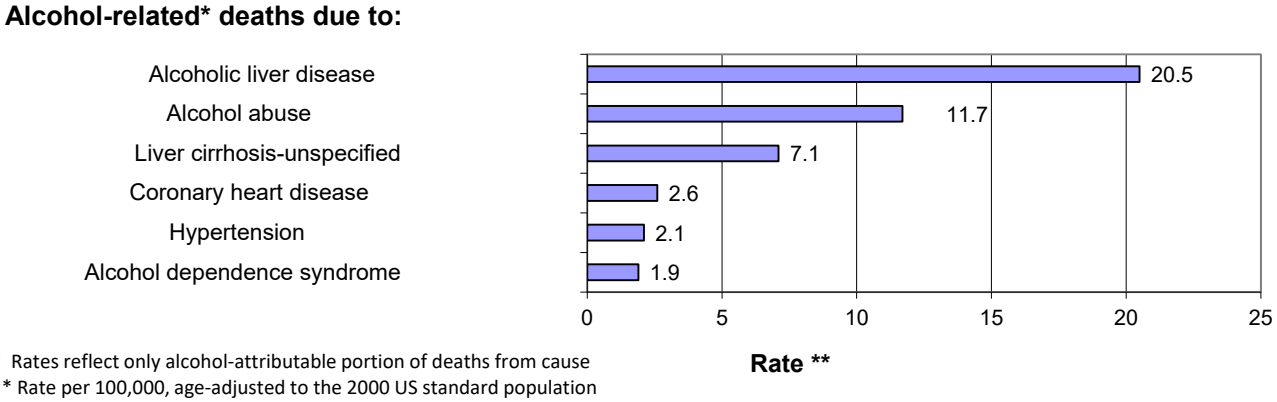
Chronic conditions account for about two-thirds of all alcohol-related deaths in New Mexico. Chronic alcohol-related deaths may be associated with chronic heavy drinking (defined as drinking, on average, more than two drinks per day for men and more than one drink per day for women) and with binge drinking, 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 112.6% between 2013 and 2021.

Chart 1 shows the six leading causes of alcohol-related chronic disease death in New Mexico during 2017-2021*. 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. These rate trends continued in the 65+ age category illustrating the severity of the contined burden.

*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, 2017-2021



* 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;

Table 1: Alcohol-Related Chronic Disease Deaths/Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2017-2021

		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	2	743	98	843	1.3	314.0	226.9	200.7
	Asian/Pacific Islander	0	11	7	19	0.0	23.1	73.9	23.4
	Black	0	27	23	49	0.0	37.4	155.6	40.4
	Hispanic	6	1,072	475	1,554	0.6	84.8	169.0	65.5
	White	2	680	583	1,266	0.5	68.0	113.6	44.3
	Total	11	2,538	1,188	3,737	0.6	96.8	137.8	66.5
Female	American Indian	4	511	66	581	2.4	197.9	104.1	122.5
	Asian/Pacific Islander	0	6	2	8	0.0	9.5	15.3	7.0
	Black	0	20	5	25	0.0	41.0	33.4	26.3
	Hispanic	4	403	211	618	0.4	31.6	61.5	23.9
	White	3	303	284	590	0.8	30.2	48.1	20.5
	Total	11	1,248	570	1,828	0.7	47.2	55.5	31.7
Total	American Indian	6	1,254	164	1,424	1.8	253.4	153.7	158.3
	Asian/Pacific Islander	0	17	9	27	0.0	15.6	37.8	13.6
	Black	0	47	27	74	0.0	38.9	96.6	33.3
	Hispanic	10	1,475	687	2,171	0.5	58.1	109.9	43.7
	White	6	983	868	1,856	0.6	49.1	78.6	31.9
	Total	22	3,786	1,758	5,565	0.6	71.9	93.0	48.4

* Age-specific rates (e.g., Ages 0-24) are per 100,000; all-ages rate is per 100,000, age-adjusted to the 2000 US standard population
Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC 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. Males had a rate that was double the rate of 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 triple the corresponding state rates in 2021. As mentioned earlier, Hispanic males are also at an elevated risk, with a rate nearly one and a half times the state rate (65.5 vs. 48.4).

Table 2 shows that McKinley and Rio Arriba counties have the highest death rates for diseases associated with alcohol related chronic disease. The high rates in McKinley, Cibola, and San Juan 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 McKinley, and Rio Arriba counties. It is also important to remember that these chronic disease deaths represents 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, 2017-2021

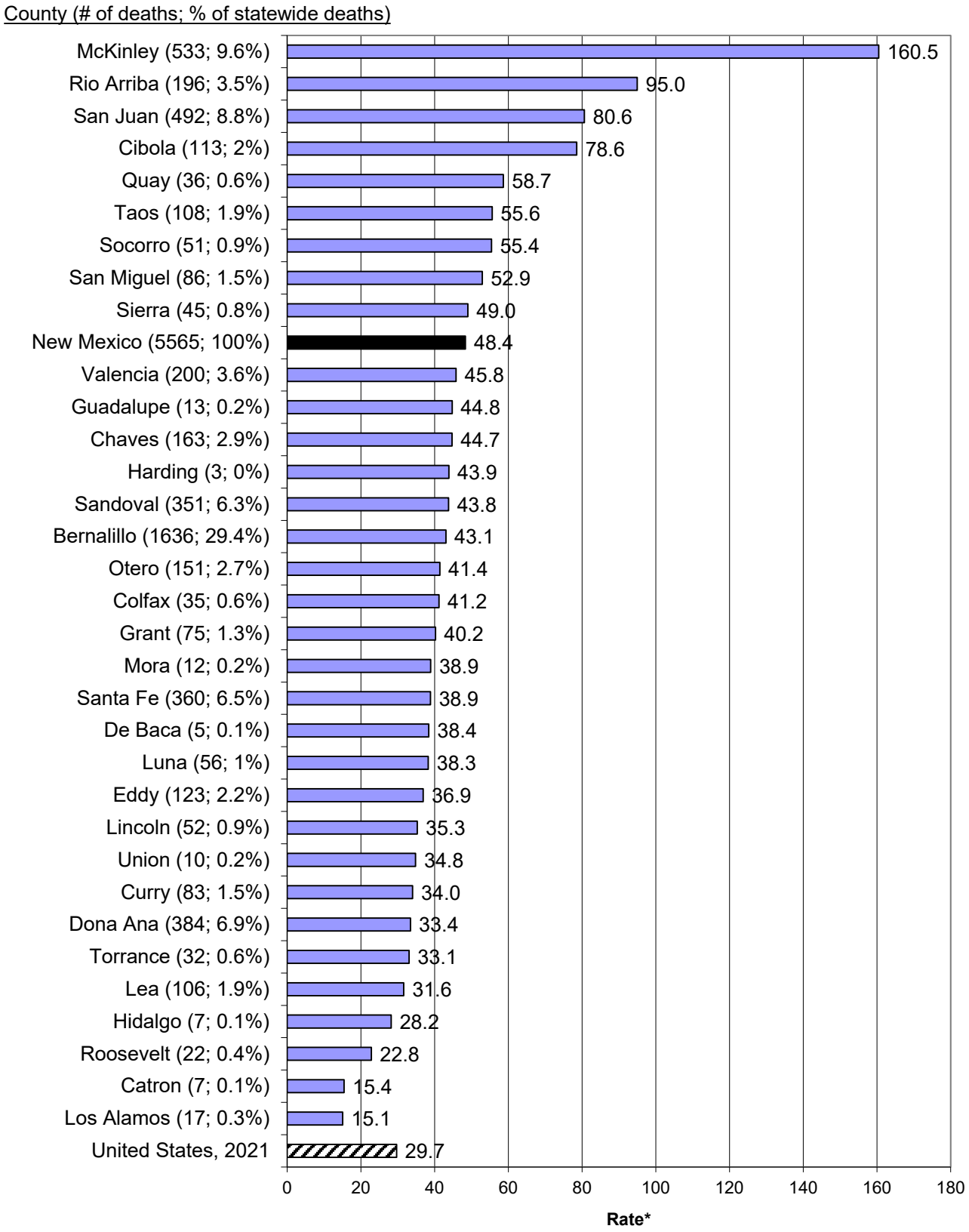
	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	236	12	44	705	637	1,636	159.1	12.0	43.4	43.9	32.9	43.1
Catron	0	0	0	1	6	7	0.0	0.0	0.0	11.3	17.0	15.4
Chaves	2	0	2	73	85	163	108.5	0.0	30.4	44.1	47.6	44.7
Cibola	78	0	1	19	15	113	149.9	0.0	23.0	33.4	38.6	78.6
Colfax	0	0	1	19	14	35	0.0	0.0	117.1	53.3	31.3	41.2
Curry	1	0	3	33	47	83	37.7	0.0	21.8	41.0	33.5	34.0
De Baca	0	0	0	2	3	5	0.0	0.0	0.0	57.3	25.3	38.4
Dona Ana	2	4	5	244	128	384	26.4	31.8	33.1	36.2	30.4	33.4
Eddy	2	1	2	58	59	123	44.1	48.2	42.3	42.8	32.7	36.9
Grant	0	1	0	38	35	75	0.0	151.3	0.0	48.4	32.9	40.2
Guadalupe	0	0	0	11	1	13	0.0	0.0	0.0	54.0	17.5	44.8
Harding	.	0	0	1	0	3	.	0.0	0.0	64.2	0.0	43.9
Hidalgo	0	0	0	3	4	7	0.0	0.0	0.0	26.0	30.5	28.2
Lea	1	0	5	48	53	106	29.7	0.0	37.5	32.2	32.1	31.6
Lincoln	3	0	0	15	34	52	117.2	0.0	0.0	37.5	29.9	35.3
Los Alamos	0	0	0	1	16	17	0.0	0.0	0.0	5.9	18.8	15.1
Luna	0	0	0	15	41	56	0.0	0.0	0.0	19.6	77.4	38.3
McKinley	491	0	1	28	13	533	196.8	0.0	60.4	62.2	29.4	160.5
Mora	0	0	0	11	1	12	0.0	0.0	0.0	46.8	7.0	38.9
Otero	29	1	3	40	79	151	146.3	12.7	33.8	35.2	34.7	41.4
Quay	0	2	0	19	15	36	0.0	320.6	0.0	78.2	41.8	58.7
Rio Arriba	49	0	1	127	20	196	179.5	0.0	44.0	85.8	54.0	95.0
Roosevelt	0	0	0	10	12	22	0.0	0.0	0.0	33.0	18.2	22.8
Sandoval	133	1	3	97	117	351	158.5	4.3	13.9	35.7	25.4	43.8
San Juan	327	0	0	51	112	492	142.7	0.0	0.0	47.6	34.7	80.6
San Miguel	1	0	0	72	12	86	97.0	0.0	0.0	59.1	27.9	52.9
Santa Fe	20	2	1	206	127	360	96.9	13.4	13.4	50.7	24.9	38.9
Sierra	0	0	0	9	35	45	0.0	0.0	0.0	49.3	48.2	49.0
Socorro	14	0	0	22	15	51	167.7	0.0	0.0	47.1	28.4	55.4
Taos	15	0	0	67	25	108	172.0	0.0	0.0	63.0	33.1	55.6
Torrance	0	0	0	14	18	32	0.0	0.0	0.0	41.6	29.6	33.1
Union	0	0	0	6	3	10	0.0	0.0	0.0	68.5	15.0	34.8
Valencia	17	2	2	106	73	200	103.9	57.2	36.7	45.8	36.2	45.8
New Mexico	1,424	27	74	2,171	1,856	5,565	158.3	13.6	33.3	43.7	31.9	48.4

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

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

ALCOHOL-RELATED CHRONIC DISEASE DEATH (continued)

Chart 2: Alcohol-Related Chronic Disease Death Rates* by County, New Mexico, 2017-2021

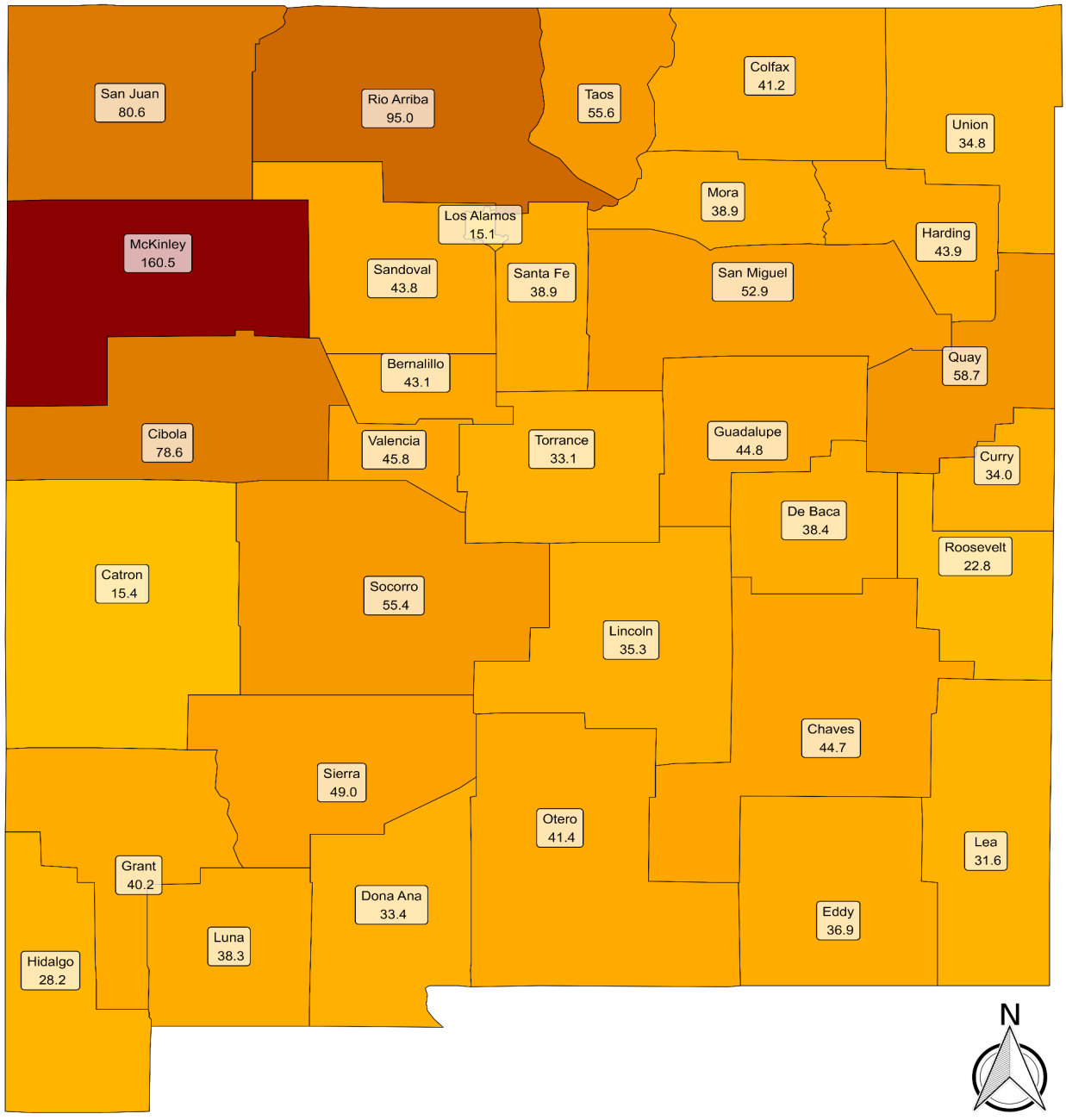


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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, 2017-2021



* 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

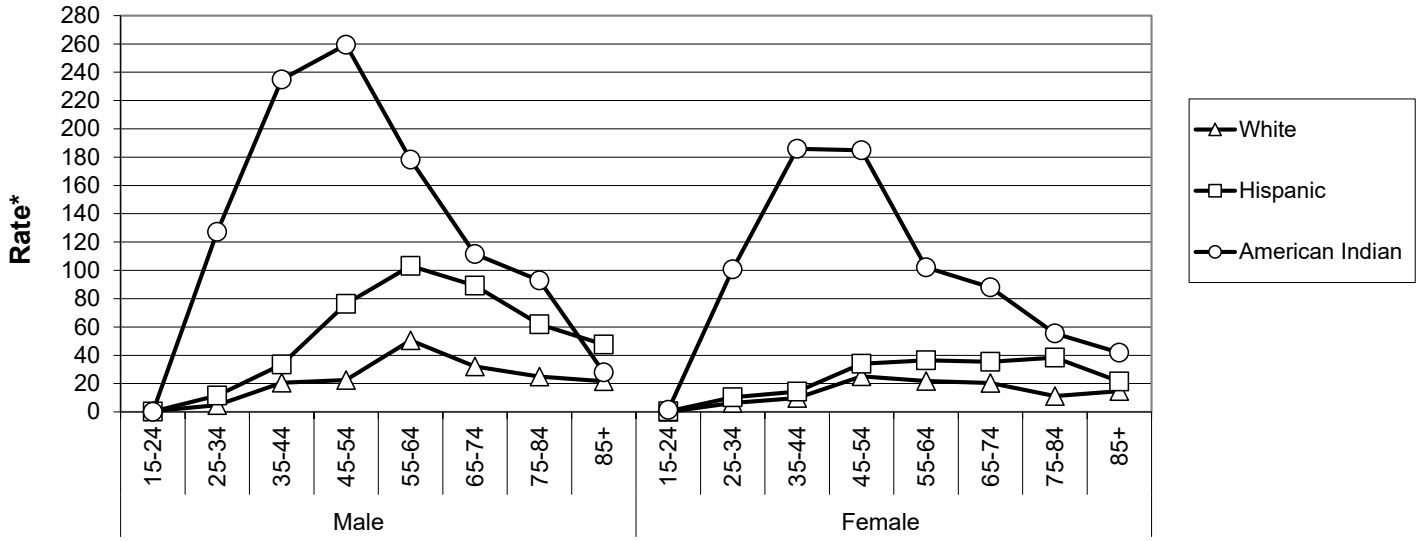
ALCOHOL-RELATED CHRONIC LIVER DISEASE (CLD) DEATH

Problem Statement

Alcohol-related chronic liver disease (AR-CLD) is a progressive disease caused by 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 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, 2017-2021



* 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, 2017-2021

		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	456	43	499	0.0	192.9	99.4	117.9
	Asian/Pacific Islander	0	3	4	7	0.0	6.9	37.4	9.3
	Black	0	9	7	15	0.0	12.3	45.4	12.5
	Hispanic	1	644	218	863	0.1	50.9	77.5	35.8
	White	1	268	149	418	0.2	26.8	28.9	15.1
	Total	2	1,381	419	1,802	0.1	52.7	48.7	32.7
Female	American Indian	1	363	46	411	0.6	140.8	73.1	86.8
	Asian/Pacific Islander	0	4	0	5	0.0	7.2	0.0	4.0
	Black	0	12	0	12	0.0	24.9	0.0	13.0
	Hispanic	2	290	119	410	0.2	22.7	34.6	16.0
	White	0	168	101	268	0.0	16.7	17.0	9.8
	Total	3	840	267	1,109	0.2	31.8	26.0	19.8
Total	American Indian	1	820	89	910	0.3	165.7	83.8	101.3
	Asian/Pacific Islander	0	8	4	12	0.0	7.1	15.9	6.1
	Black	0	21	7	28	0.0	17.5	23.5	12.4
	Hispanic	3	934	337	1,273	0.1	36.8	53.9	25.5
	White	1	436	249	686	0.1	21.8	22.6	12.4
	Total	5	2,221	686	2,912	0.1	42.2	36.3	26.0

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

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

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

Problem Statement (continued)

As Table 1 shows, more than 76% 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 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 aged 25-64 years and females aged 25-74 years and Hispanic males aged 35+ years represents a 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 five times the state rate and Rio Arriba County is nearly double the state rate. Nine counties had rates higher than the state rate.

Table 2: Alcohol-Related CLD Deaths and Rates* by Race/Ethnicity and County, New Mexico, 2017-2021

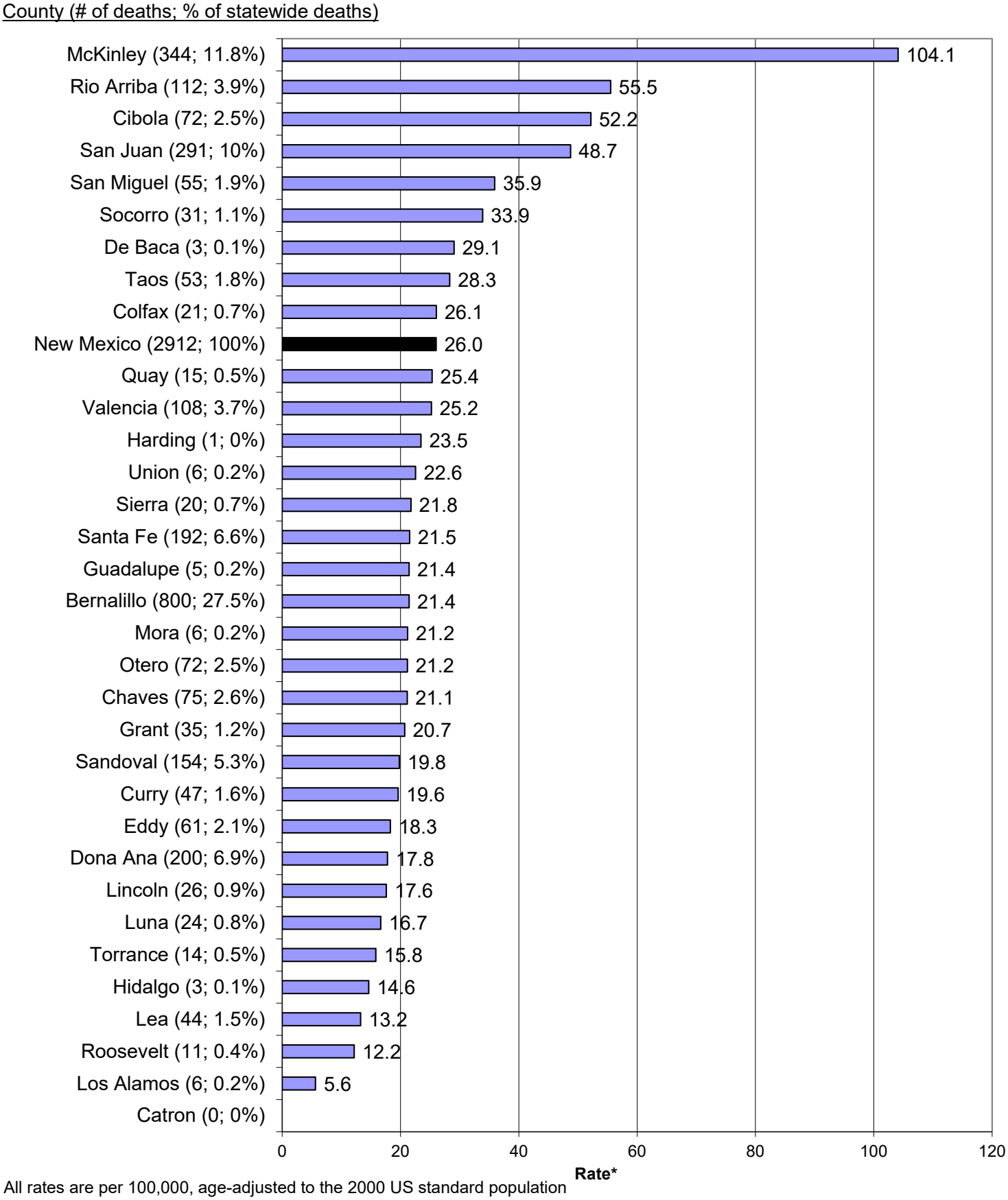
	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	143	6	18	406	228	800	95.4	5.4	17.7	25.0	12.1	21.4
Catron	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Chaves	2	0	1	42	30	75	107.3	0.0	15.3	24.6	18.4	21.1
Cibola	57	0	0	10	5	72	111.4	0.0	0.0	17.7	13.2	52.2
Colfax	0	0	0	15	6	21	0.0	0.0	0.0	43.7	10.7	26.1
Curry	1	0	2	22	23	47	36.0	0.0	11.9	27.8	17.5	19.6
De Baca	0	0	0	1	2	3	0.0	0.0	0.0	43.5	17.9	29.1
Dona Ana	1	1	0	151	46	200	9.5	10.6	0.0	22.4	11.9	17.8
Eddy	1	1	0	33	25	61	34.2	40.6	0.0	23.5	13.8	18.3
Grant	0	1	0	23	11	35	0.0	143.8	0.0	30.5	10.4	20.7
Guadalupe	0	0	0	5	0	5	0.0	0.0	0.0	28.9	0.0	21.4
Harding	0	0	0	1	0	1	0.0	0.0	0.0	48.7	0.0	23.5
Hidalgo	0	0	0	2	1	3	0.0	0.0	0.0	19.7	6.2	14.6
Lea	1	0	2	25	17	44	27.7	0.0	12.3	16.9	10.5	13.2
Lincoln	1	0	0	9	16	26	31.6	0.0	0.0	21.1	17.0	17.6
Los Alamos	0	0	0	0	5	6	0.0	0.0	0.0	0.0	7.0	5.6
Luna	0	0	0	8	16	24	0.0	0.0	0.0	9.1	35.0	16.7
McKinley	320	0	1	21	2	344	128.2	0.0	49.5	46.2	6.7	104.1
Mora	0	0	0	6	0	6	0.0	0.0	0.0	26.0	0.0	21.2
Otero	21	0	2	19	30	72	109.6	0.0	24.0	16.6	14.3	21.2
Quay	0	0	0	11	4	15	0.0	0.0	0.0	41.7	18.9	25.4
Rio Arriba	30	0	0	75	7	112	109.2	0.0	0.0	51.9	18.9	55.5
Roosevelt	0	0	0	7	4	11	0.0	0.0	0.0	23.2	7.0	12.2
Sandoval	69	0	0	49	36	154	84.2	0.0	0.0	17.9	8.9	19.8
San Juan	216	0	0	30	44	291	93.9	0.0	0.0	27.6	14.4	48.7
San Miguel	1	0	0	48	6	55	90.1	0.0	0.0	40.6	17.4	35.9
Santa Fe	13	1	0	126	51	192	64.9	9.8	0.0	30.9	10.9	21.5
Sierra	0	0	0	5	14	20	0.0	0.0	0.0	25.8	21.1	21.8
Socorro	10	0	0	12	9	31	130.2	0.0	0.0	24.0	15.7	33.9
Taos	10	0	0	36	8	53	102.9	0.0	0.0	34.8	9.0	28.3
Torrance	0	0	0	9	6	14	0.0	0.0	0.0	25.7	8.5	15.8
Union	0	0	0	4	2	6	0.0	0.0	0.0	46.2	7.4	22.6
Valencia	12	1	1	62	32	108	71.6	45.3	26.1	26.5	16.7	25.2
New Mexico	910	12	28	1,273	686	2,912	101.3	6.1	12.4	25.5	12.4	26.0

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

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

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

Chart 2: Alcohol-Related CLD Death Rates* by County, New Mexico, 2017-2021

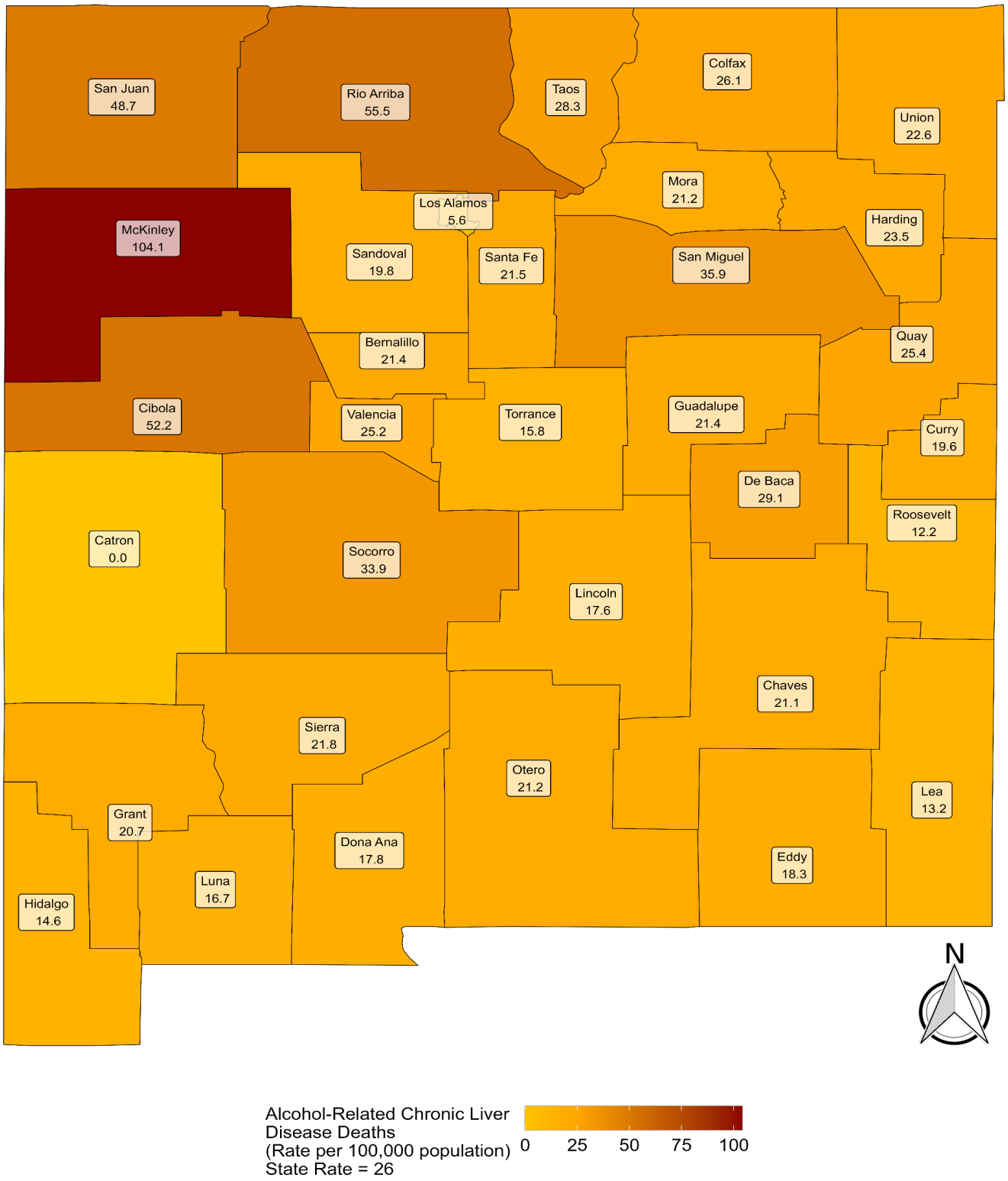


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

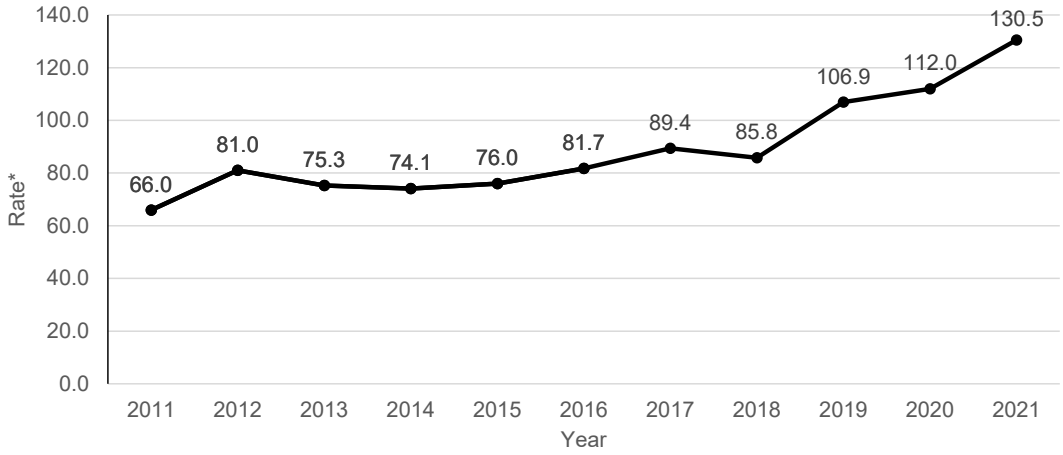
CHRONIC LIVER DISEASE (CLD) HOSPITAL DISCHARGES

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. 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 2021, CLD hospitalization rates were 130.5 hospitalizations per 100,000 population which was an increase of 50.6% compared to hospitalization rates in 2011 (66.0 per 100,000). Women have lower rates than 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, 2011-2021



* 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, 2017-2021

		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	12	1,575	108	1,695	6.8	665.7	250.9	395.6
	Asian/Pacific Islander	0	42	13	55	0.0	85.4	135.0	59.5
	Black	1	43	10	54	2.1	60.2	68.8	40.2
	Hispanic	29	2,446	555	3,030	2.8	193.4	197.4	125.3
	White	12	1,162	455	1,629	2.7	116.3	88.6	67.8
	Total	56	5,424	1,182	6,662	3.2	206.9	137.1	124.3
Female	American Indian	13	1,227	237	1,477	7.4	475.3	373.6	304.4
	Asian/Pacific Islander	3	30	19	52	11.4	49.3	122.6	46.6
	Black	0	47	5	52	0.0	94.5	36.8	50.4
	Hispanic	26	1,369	663	2,058	2.6	107.5	192.9	79.2
	White	13	751	394	1,158	3.2	75.0	66.7	48.0
	Total	56	3,544	1,344	4,944	3.4	134.0	130.8	86.3
Total	American Indian	25	2,802	345	3,172	7.1	566.4	324.0	348.8
	Asian/Pacific Islander	3	72	32	107	5.7	65.4	127.3	52.0
	Black	1	90	15	106	1.1	74.3	53.4	44.5
	Hispanic	55	3,815	1,218	5,088	2.7	150.3	194.9	101.8
	White	25	1,913	849	2,787	2.9	95.6	76.9	57.7
	Total	112	8,968	2,526	11,606	3.3	170.3	133.7	105.1

* 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 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. Between 2017 to 2021, there were 11,602 hospitalizations reported by non-federal facilities. This equates to approximately 6 CLD hospitalizations per day in New Mexico. It is important to note that federal facilities (e.g. Indian Health Services and Veterans Administration) are not included in these results.

Between 2017-2021 McKinley County had the highest rate of CLD hospitalizations (299.3 hospitalizations per 100,000 population), followed by Cibola (210.6 hospitalizations per 100,000 population), Rio Arriba (172.8 hospitalizations per 100,000 population), and Socorro (167.6 hospitalizations per 100,000 population) Counties. Eddy County (9.1 hospitalizations per 100,000 population) and Roosevelt County (20.0 hospitalizations per 100,000 population) had the lowest rates.

Table 2: CLD Hospital Discharges and Rates* by Race/Ethnicity and County, New Mexico, 2017-2021

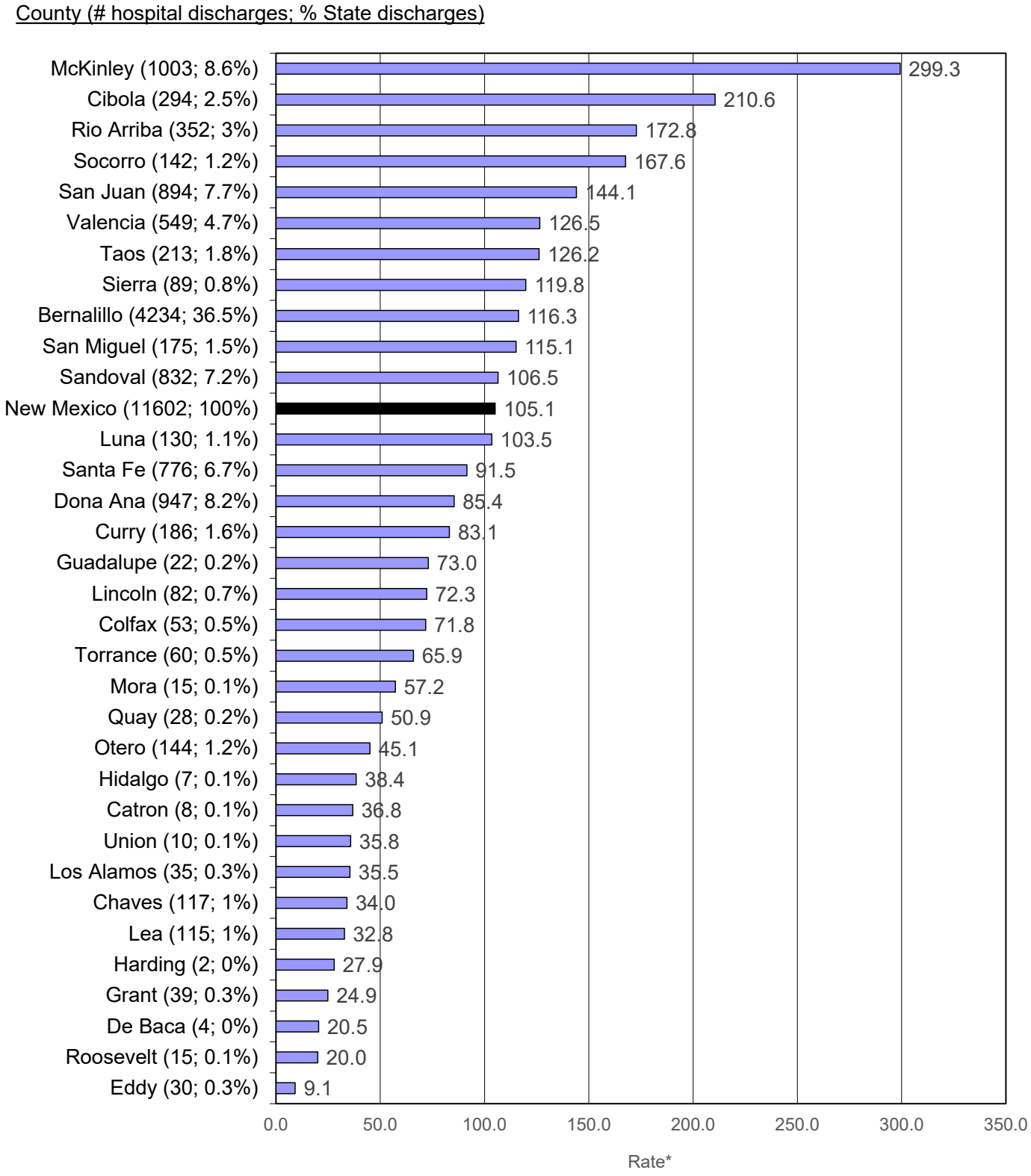
	Hospital Discharges						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	762	62	60	2,090	1,140	4,234	501.1	57.9	54.2	128.2	68.4	116.3
Catron	0	-	-	-	4	8	0.0	-	-	-	25.4	36.8
Chaves	-	-	-	66	44	117	-	-	-	39.7	29.9	34.0
Cibola	218	4	-	42	17	294	423.2	576.8	-	72.6	56.5	210.6
Colfax	-	0	-	17	19	53	-	0.0	-	48.8	65.7	71.8
Curry	0	0	17	101	63	186	0.0	0.0	139.9	123.4	56.2	83.1
De Baca	0	-	-	-	-	4	0.0	-	-	-	-	20.5
Dona Ana	5	-	6	638	282	947	65.7	-	30.6	94.2	85.0	85.4
Eddy	-	-	0	17	8	30	-	-	0.0	11.5	4.3	9.1
Grant	-	-	-	21	15	39	-	-	-	27.1	21.5	24.9
Guadalupe	0	-	0	18	4	22	0.0	-	0.0	76.0	76.3	73.0
Harding	-	-	-	-	0	2	-	-	-	-	0.0	27.9
Hidalgo	-	-	-	6	-	7	-	-	-	59.1	-	38.4
Lea	0	-	-	79	31	115	0.0	-	-	50.7	17.9	32.8
Lincoln	-	0	0	27	53	82	-	0.0	0.0	80.2	67.7	72.3
Los Alamos	-	0	-	8	23	35	-	0.0	-	51.9	30.2	35.5
Luna	-	0	4	69	56	130	-	0.0	349.6	85.3	151.6	103.5
McKinley	852	15	-	60	32	1,003	335.1	337.1	-	140.7	104.3	299.3
Mora	0	-	-	12	-	15	0.0	-	-	51.0	-	57.2
Otero	58	-	-	31	45	144	308.2	-	-	24.5	27.4	45.1
Quay	-	-	0	24	-	28	-	-	0.0	104.6	-	50.9
Rio Arriba	96	0	-	223	24	352	356.0	0.0	-	153.1	72.1	172.8
Roosevelt	0	-	0	10	4	15	0.0	-	0.0	28.8	11.6	20.0
Sandoval	313	5	-	274	199	832	376.0	41.8	-	94.0	53.5	106.5
San Juan	614	-	0	93	168	894	256.4	-	0.0	89.2	58.8	144.1
San Miguel	-	-	0	144	20	175	-	-	0.0	124.2	44.7	115.1
Santa Fe	57	-	-	464	239	776	288.8	-	-	115.3	61.0	91.5
Sierra	0	0	0	14	70	89	0.0	0.0	0.0	59.7	158.2	119.8
Socorro	58	4	0	48	29	142	646.4	351.5	0.0	109.4	59.8	167.6
Taos	40	0	0	139	28	213	424.6	0.0	0.0	143.6	50.8	126.2
Torrance	5	0	0	24	28	60	168.2	0.0	0.0	70.1	50.7	65.9
Union	-	-	0	6	4	10	-	-	0.0	67.7	17.0	35.8
Valencia	82	-	5	316	129	549	484.6	-	67.4	129.9	75.1	126.5
New Mexico	3,172	107	106	5,087	2,787	11,602	348.8	52.0	44.5	101.8	57.7	105.1

* 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. Missing or supressed values are indicated with a dash symbol "-".

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

CHRONIC LIVER DISEASE (CLD) HOSPITAL DISCHARGES (continued)

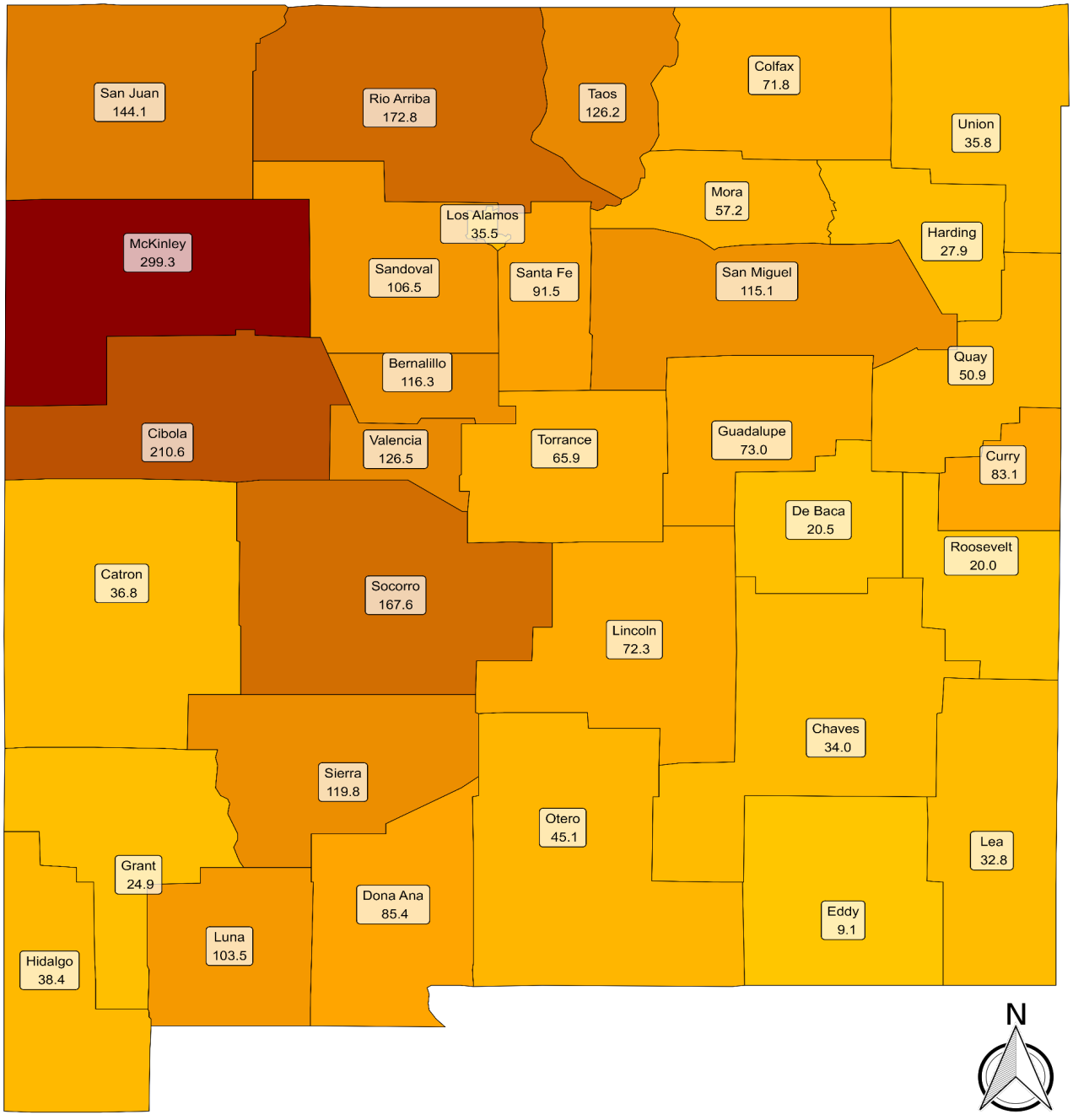
Chart 2: CLD Discharges Rates* by County, New Mexico, 2017-2021



* 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, 2017-2021



* 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

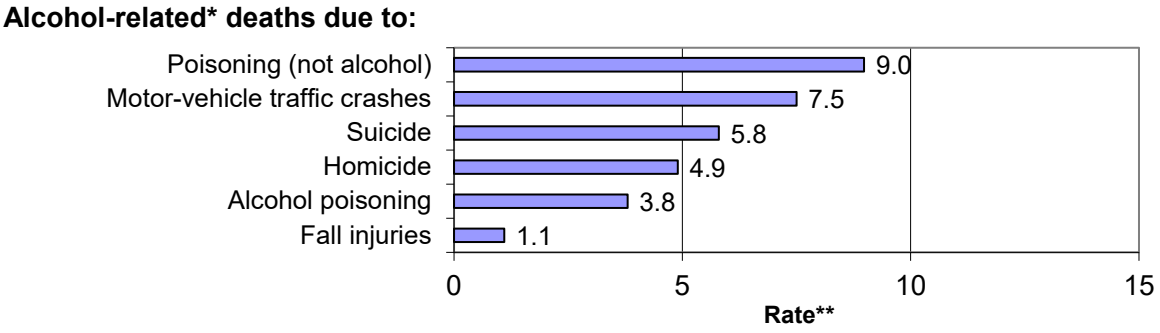
Problem Statement

Acute conditions such as falls, motor vehicle collisions, suicide, homicide, poisonings, and firearm injuries can contribute to alcohol-related deaths. During the years 2017-2021 there were 3,593 acute (or injury) alcohol-related deaths in NM. 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 2017 and 2021 with poisoning (not alcohol) 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 0 to 24 years of age. Males have higher injury alcohol-related death rates than females, 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, 2017-2021



* 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, 2017-2021

		Deaths				Rates*			
Sex	Race/Ethnicity	Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	56	427	27	510	31.7	180.4	63.4	113.8
	Asian/Pacific Islander	1	7	2	10	5.6	13.6	19.1	11.2
	Black	13	59	5	77	28.2	82.1	37.3	55.5
	Hispanic	204	961	80	1,245	19.8	76.0	28.5	49.8
	White	68	590	170	829	15.2	59.0	33.2	40.1
	Total	345	2,054	289	2,688	19.9	78.4	33.6	52.2
Female	American Indian	21	133	9	162	11.8	51.5	13.8	33.8
	Asian/Pacific Islander	1	4	2	6	2.7	5.8	12.6	5.2
	Black	2	13	1	16	5.3	25.9	8.2	17.4
	Hispanic	58	308	25	391	5.8	24.2	7.4	15.7
	White	19	241	66	325	4.6	24.0	11.1	15.7
	Total	101	700	104	905	6.1	26.5	10.1	17.6
Total	American Indian	77	560	36	672	21.8	113.1	33.8	71.8
	Asian/Pacific Islander	2	10	4	16	4.2	9.3	15.1	7.9
	Black	16	72	7	94	17.7	59.0	23.3	39.4
	Hispanic	262	1,269	105	1,637	12.9	50.0	16.9	32.6
	White	87	830	236	1,154	10.1	41.5	21.4	28.0
	Total	446	2,754	393	3,593	13.1	52.3	20.8	34.8

* 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 INJURY DEATH (continued)

Problem Statement (continued)

Table 1 shows that males have a higher prevalence 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 prevalence, 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 have a higher prevalence 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, San Juan, and Catron 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 American Indian, Black, and Hispanic populations. 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, 2017-2021

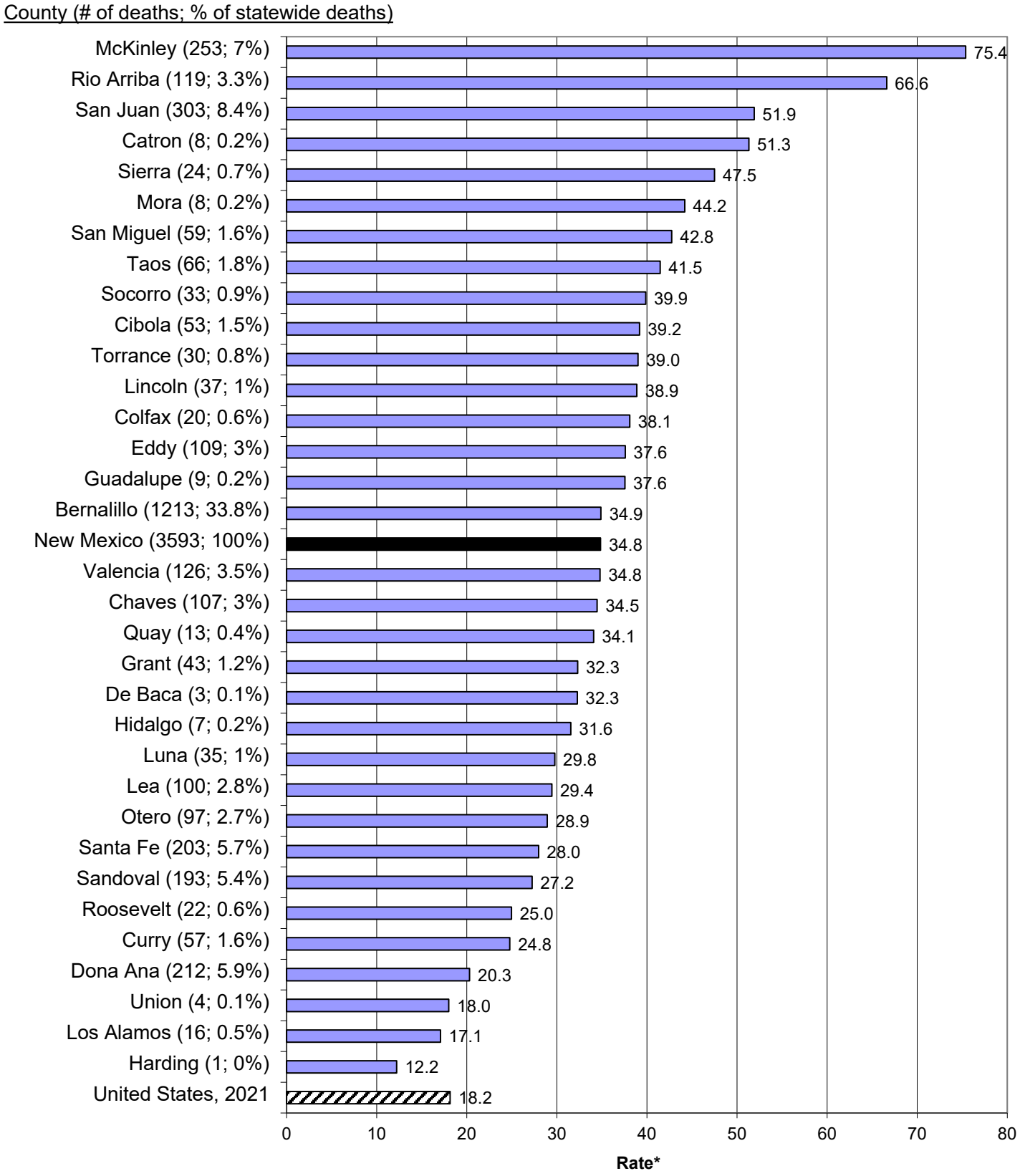
	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	97	10	55	641	406	1,213	59.8	9.4	51.4	37.6	27.6	34.9
Catron	1	0	0	1	6	8	63.6	0.0	0.0	67.5	41.9	51.3
Chaves	0	0	5	57	44	107	0.0	0.0	100.9	32.6	35.3	34.5
Cibola	26	0	0	18	9	53	48.6	0.0	0.0	32.8	36.4	39.2
Colfax	1	0	0	10	8	20	141.5	0.0	0.0	36.6	35.9	38.1
Curry	0	0	6	24	27	57	0.0	0.0	43.2	24.0	23.3	24.8
De Baca	0	0	0	1	2	3	0.0	0.0	0.0	30.8	34.2	32.3
Dona Ana	2	2	4	135	70	212	18.4	9.7	16.4	19.0	23.9	20.3
Eddy	1	0	3	49	55	109	22.4	0.0	70.7	33.6	41.5	37.6
Grant	0	0	0	23	18	43	0.0	0.0	0.0	35.3	27.5	32.3
Guadalupe	0	0	0	6	2	9	0.0	0.0	0.0	33.8	47.5	37.6
Harding	0	0	0	1	0	1	0.0	0.0	0.0	17.0	0.0	12.2
Hidalgo	0	0	0	4	3	7	0.0	0.0	0.0	31.8	28.7	31.6
Lea	1	0	6	46	46	100	23.6	0.0	44.7	23.4	38.2	29.4
Lincoln	3	0	0	9	25	37	91.4	0.0	0.0	26.3	46.4	38.9
Los Alamos	0	0	0	4	11	16	0.0	0.0	0.0	24.2	14.3	17.1
Luna	0	0	0	17	18	35	0.0	0.0	0.0	22.1	49.5	29.8
McKinley	230	0	0	15	7	253	89.5	0.0	0.0	35.8	21.9	75.4
Mora	0	0	0	6	1	8	0.0	0.0	0.0	44.0	61.9	44.2
Otero	18	0	2	27	48	97	88.1	0.0	18.9	23.1	26.0	28.9
Quay	0	0	0	7	6	13	0.0	0.0	0.0	37.2	32.8	34.1
Rio Arriba	18	0	1	91	9	119	64.2	0.0	122.8	70.8	49.3	66.6
Roosevelt	0	0	1	9	12	22	0.0	0.0	61.2	23.5	24.5	25.0
Sandoval	52	1	3	67	70	193	58.2	3.4	13.0	23.0	22.4	27.2
San Juan	196	0	2	34	70	303	83.0	0.0	43.4	29.7	29.0	51.9
San Miguel	1	0	0	47	10	59	42.0	0.0	0.0	43.7	40.1	42.8
Santa Fe	5	1	2	129	61	203	23.5	10.9	30.8	34.5	16.7	28.0
Sierra	1	0	0	5	18	24	71.9	0.0	0.0	31.6	55.6	47.5
Socorro	7	0	0	12	13	33	72.1	0.0	0.0	29.6	41.1	39.9
Taos	5	0	0	38	23	66	58.5	0.0	0.0	42.4	37.5	41.5
Torrance	2	0	1	14	13	30	67.9	0.0	49.2	41.3	34.5	39.0
Union	0	0	0	2	1	4	0.0	0.0	0.0	26.3	12.0	18.0
Valencia	5	0	0	83	34	126	29.9	0.0	0.0	37.4	30.2	34.8
New Mexico	672	16	94	1,637	1,154	3,593	71.8	7.9	39.4	32.6	28.0	34.8

* 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 INJURY DEATH (continued)

Chart 2: Alcohol-Related Injury Death Rates* by County, New Mexico, 2017-2021

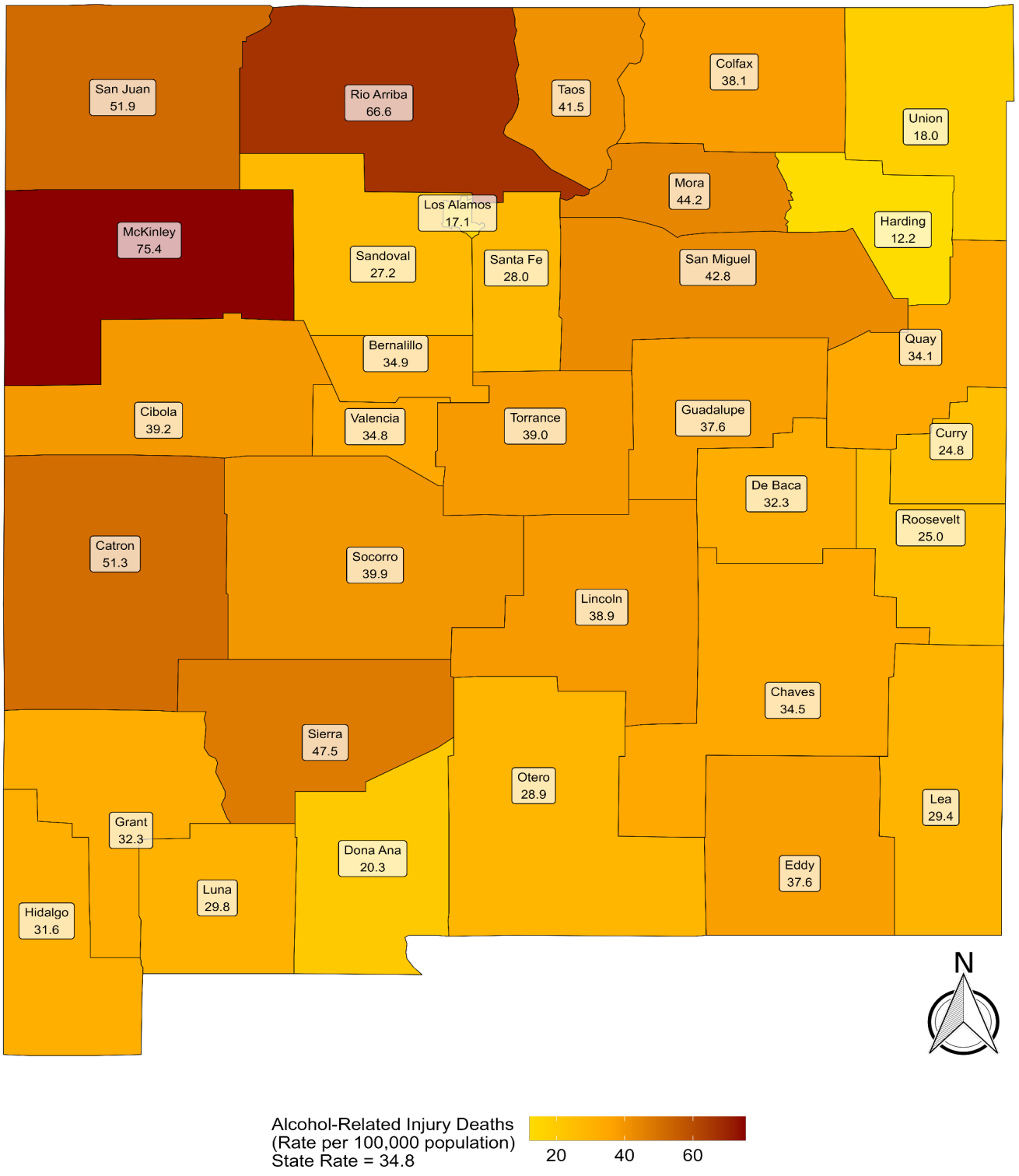


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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, 2017-2021



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

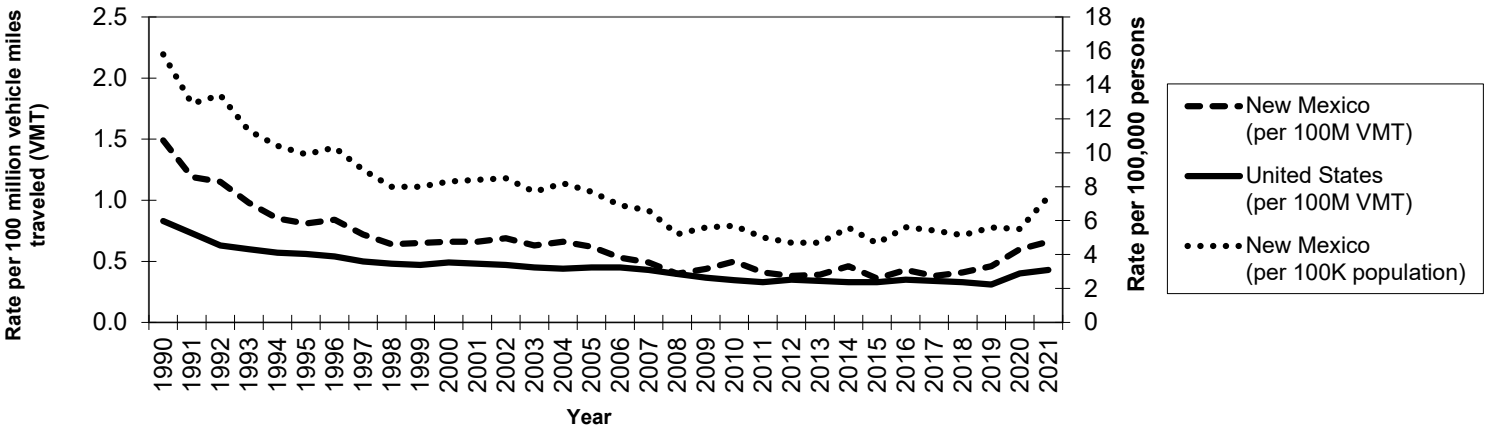
Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SUES

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). 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 deaths per 100 milion vehicle miles traveled) was about one-fifth what it was in 1982 (2.4 deaths per 100 milion vehicle miles traveled). 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%. However in 2021, there has been an increase in the rate of AI-MVTC.

Chart 1: Alcohol-Impaired MVTC Fatality Rates*, New Mexico and United States, 1990-2021



* 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, 2017-2021

		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	23	108	3	134	12.9	45.7	7.9	29.0
	Asian/Pacific Islander	0	1	0	1	0.0	1.9	0.0	1.5
	Black	3	8	1	12	6.5	10.9	6.5	8.1
	Hispanic	59	216	13	288	5.7	17.1	4.8	11.3
	White	19	117	21	158	4.2	11.7	4.2	8.2
	Total	104	452	40	595	6.0	17.2	4.6	11.6
Female	American Indian	9	38	1	48	5.2	14.6	1.8	9.8
	Asian/Pacific Islander	0	1	0	1	0.0	1.3	0.0	1.1
	Black	0	3	0	3	0.0	5.0	0.0	3.0
	Hispanic	21	65	4	90	2.1	5.1	1.1	3.6
	White	7	38	7	52	1.8	3.8	1.1	3.0
	Total	39	144	12	195	2.4	5.4	1.2	4.0
Total	American Indian	32	146	5	182	9.1	29.5	4.3	19.0
	Asian/Pacific Islander	0	2	0	2	0.0	1.6	0.0	1.3
	Black	3	10	1	15	4.0	8.5	3.8	5.9
	Hispanic	80	281	17	379	3.9	11.1	2.8	7.4
	White	26	155	28	210	3.1	7.8	2.5	5.6
	Total	143	596	52	790	4.2	11.3	2.8	7.8

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

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

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

Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; 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. American Indian male rates are highest in the age range 25-64 and heavily influnece the high overall rate. Chart 2 shows that, among counties for which stable rates can be calculated, Rio Arriba, McKinley, and San Juan 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, 2017-2021

	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	24	2	10	127	60	224	14.0	1.7	9.4	7.3	4.5	6.5
Catron	1	0	0	0	1	2	63.6	0.0	0.0	0.0	20.2	19.5
Chaves	0	0	1	11	8	20	0.0	0.0	25.5	6.2	6.5	6.5
Cibola	11	0	0	4	2	16	20.3	0.0	0.0	6.3	5.4	12.0
Colfax	0	0	0	2	1	4	0.0	0.0	0.0	8.7	6.4	7.7
Curry	0	0	1	7	6	13	0.0	0.0	2.4	6.2	5.1	5.2
De Baca	0	0	0	0	1	1	0.0	0.0	0.0	0.0	18.7	7.0
Dona Ana	1	0	0	39	15	55	7.6	0.0	0.0	5.3	4.9	5.1
Eddy	1	0	0	15	14	29	10.9	0.0	0.0	9.9	11.2	10.2
Grant	0	0	0	5	4	9	0.0	0.0	0.0	7.7	6.7	7.0
Guadalupe	0	0	0	2	0	2	0.0	0.0	0.0	12.7	0.0	11.3
Harding	0	0	0	0	0	1	0.0	0.0	0.0	0.0	0.0	7.7
Hidalgo	0	0	0	0	1	1	0.0	0.0	0.0	0.0	13.3	5.7
Lea	0	0	0	19	14	33	0.0	0.0	0.0	9.3	12.5	9.7
Lincoln	0	0	0	2	6	8	0.0	0.0	0.0	4.8	15.1	10.3
Los Alamos	0	0	0	2	2	4	0.0	0.0	0.0	9.6	3.7	4.4
Luna	0	0	0	7	3	10	0.0	0.0	0.0	9.2	8.4	8.7
McKinley	58	0	0	4	1	63	22.2	0.0	0.0	9.9	4.1	18.8
Mora	0	0	0	3	1	3	0.0	0.0	0.0	19.1	40.9	20.6
Otero	5	0	1	8	8	21	23.5	0.0	2.5	6.7	4.4	6.6
Quay	0	0	0	1	0	2	0.0	0.0	0.0	8.9	0.0	5.7
Rio Arriba	3	0	0	19	2	24	11.3	0.0	0.0	15.2	17.6	14.1
Roosevelt	0	0	0	4	2	7	0.0	0.0	0.0	12.1	2.7	7.9
Sandoval	18	0	0	18	12	48	19.0	0.0	0.0	6.2	4.1	7.0
San Juan	57	0	0	7	15	79	23.6	0.0	0.0	6.1	6.5	13.6
San Miguel	0	0	0	9	1	10	0.0	0.0	0.0	8.4	2.7	7.1
Santa Fe	0	0	0	20	8	28	0.0	0.0	0.0	5.3	2.2	4.0
Sierra	0	0	0	2	3	6	0.0	0.0	0.0	14.6	13.0	13.8
Socorro	2	0	0	3	3	8	23.5	0.0	0.0	6.6	7.7	9.7
Taos	1	0	0	13	5	18	9.1	0.0	0.0	14.8	10.7	12.7
Torrance	0	0	0	4	4	9	0.0	0.0	0.0	13.0	13.8	12.9
Union	0	0	0	1	0	1	0.0	0.0	0.0	8.7	0.0	5.9
Valencia	1	0	0	20	6	28	8.0	0.0	0.0	8.9	6.2	8.1
New Mexico	182	2	15	379	210	790	19.0	1.3	5.9	7.4	5.6	7.8

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

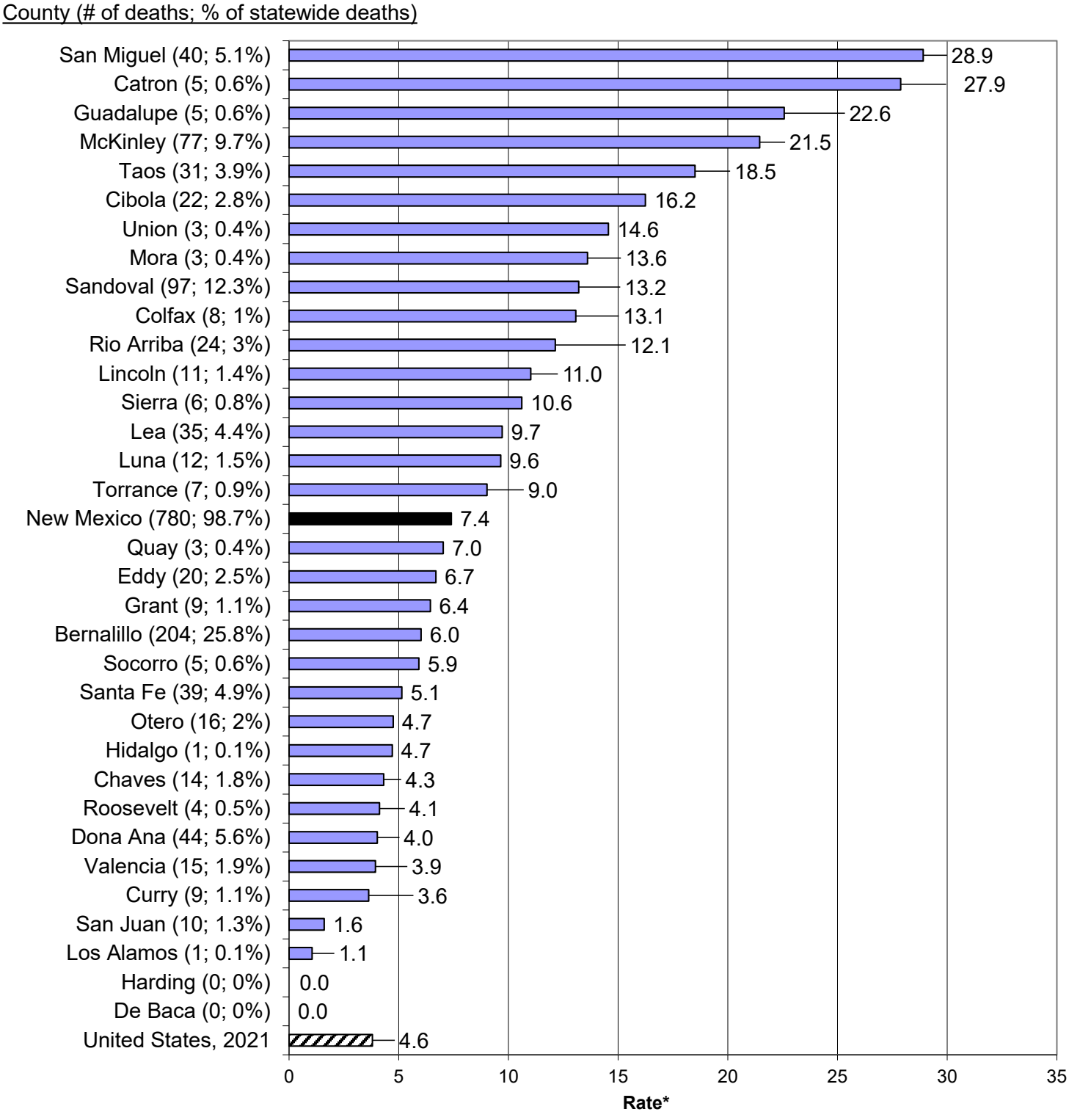
[1] Alcohol-related motor vehicle traffic crash (AR-MVTC) deaths estimated based on CDC ARDI alcohol-attributable fractions (BAC>=0.10)

[2] See footnote 2 for Table 1

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

ALCOHOL-RELATED MOTOR VEHICLE TRAFFIC CRASH (MVTC) DEATH

Chart 2: Alcohol-Impaired MVTC Fatality Crude Rates*,[1,2] by County, New Mexico, 2017-2021



* All rates are crude per 100,000 population

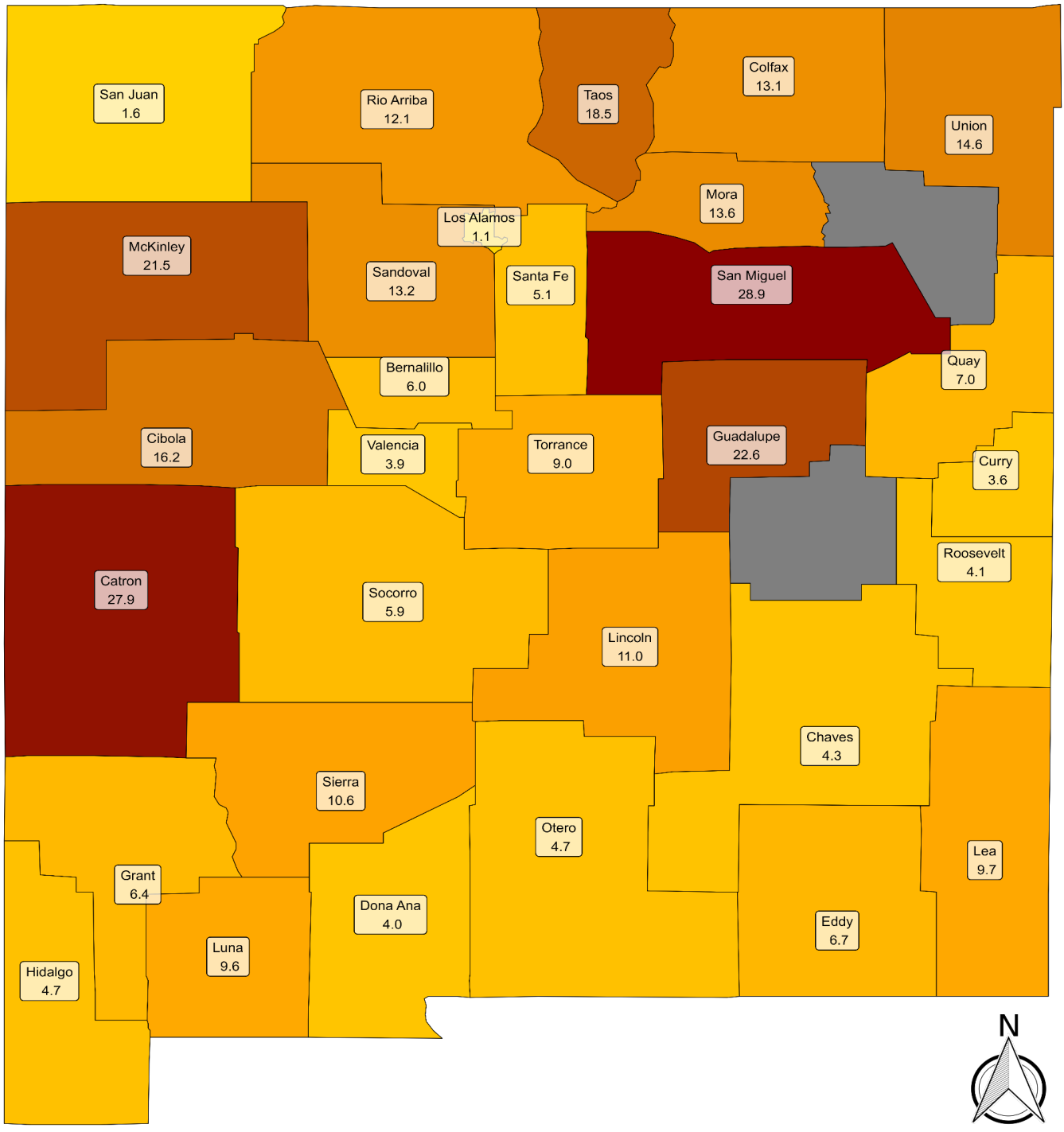
[1] Alcohol-impaired MVTC deaths are from FARS (highest driver BAC >=0.08); NM population from GPS, US population from NCHS

[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, 2017-2021



* 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

3 Counties that are blued out do not have any data available or are suppressed due to small numbers

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

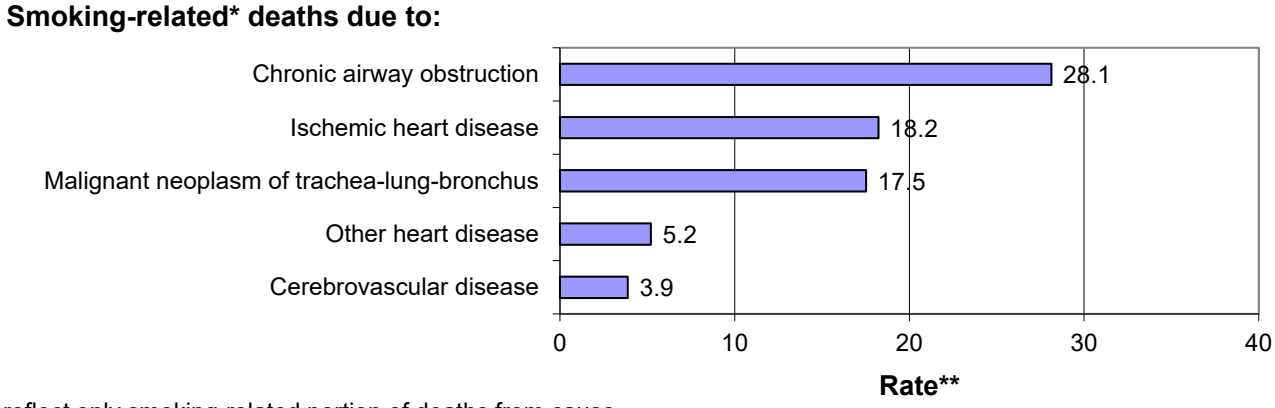
SMOKING-RELATED DEATH

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, 2017-2021



* 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, 2017-2021

		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	132	168	300	0.0	55.8	390.8	86.4
	Asian/Pacific Islander	0	18	36	55	0.0	37.2	376.9	72.3
	Black	0	55	94	150	0.0	77.5	649.7	134.0
	Hispanic	0	700	1,629	2,329	0.0	55.4	579.3	108.6
	White	0	1,040	3,704	4,744	0.0	104.1	721.2	136.1
	Total	0	1,964	5,652	7,616	0.0	74.9	655.7	123.5
Female	American Indian	0	58	106	164	0.0	22.4	166.9	33.1
	Asian/Pacific Islander	0	8	29	37	0.0	12.6	187.1	32.6
	Black	0	25	47	72	0.0	49.8	349.3	67.3
	Hispanic	0	344	936	1,280	0.0	27.0	272.2	47.8
	White	0	544	2,533	3,077	0.0	54.3	428.6	73.6
	Total	0	982	3,663	4,645	0.0	37.1	356.6	61.3
Total	American Indian	0	190	274	464	0.0	38.4	257.4	55.2
	Asian/Pacific Islander	0	26	65	91	0.0	23.6	259.8	48.3
	Black	0	80	142	222	0.0	66.1	504.5	101.2
	Hispanic	0	1,044	2,564	3,609	0.0	41.1	410.4	74.7
	White	0	1,585	6,237	7,822	0.0	79.2	564.6	102.3
	Total	0	2,946	9,315	12,261	0.0	55.9	493.1	89.3

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

Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC SAMMEC; 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 (136.1)have the highest rates followed by Blacks (134.0).

Table 2 and Chart 2 show that the counties with the highest rates are Sierra (170.5), De Baca (139.0), Luna (126.1), Hidalgo (125.0), Curry (124.6), and Guadalupe (119.7). The high rates in most of these counties (and in the state overall) are driven by high rates among Whites. The high rates of smoking-related death among Blacks in Lincoln, Sierra, and Torrence counties are also notable. The smoking-related death rates among the Asian/Pacific Islander and American Indian populations are relatively low.

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

Table 2: Smoking-Related Deaths and Rates* by Race/Ethnicity and County, New Mexico, 2017-2021

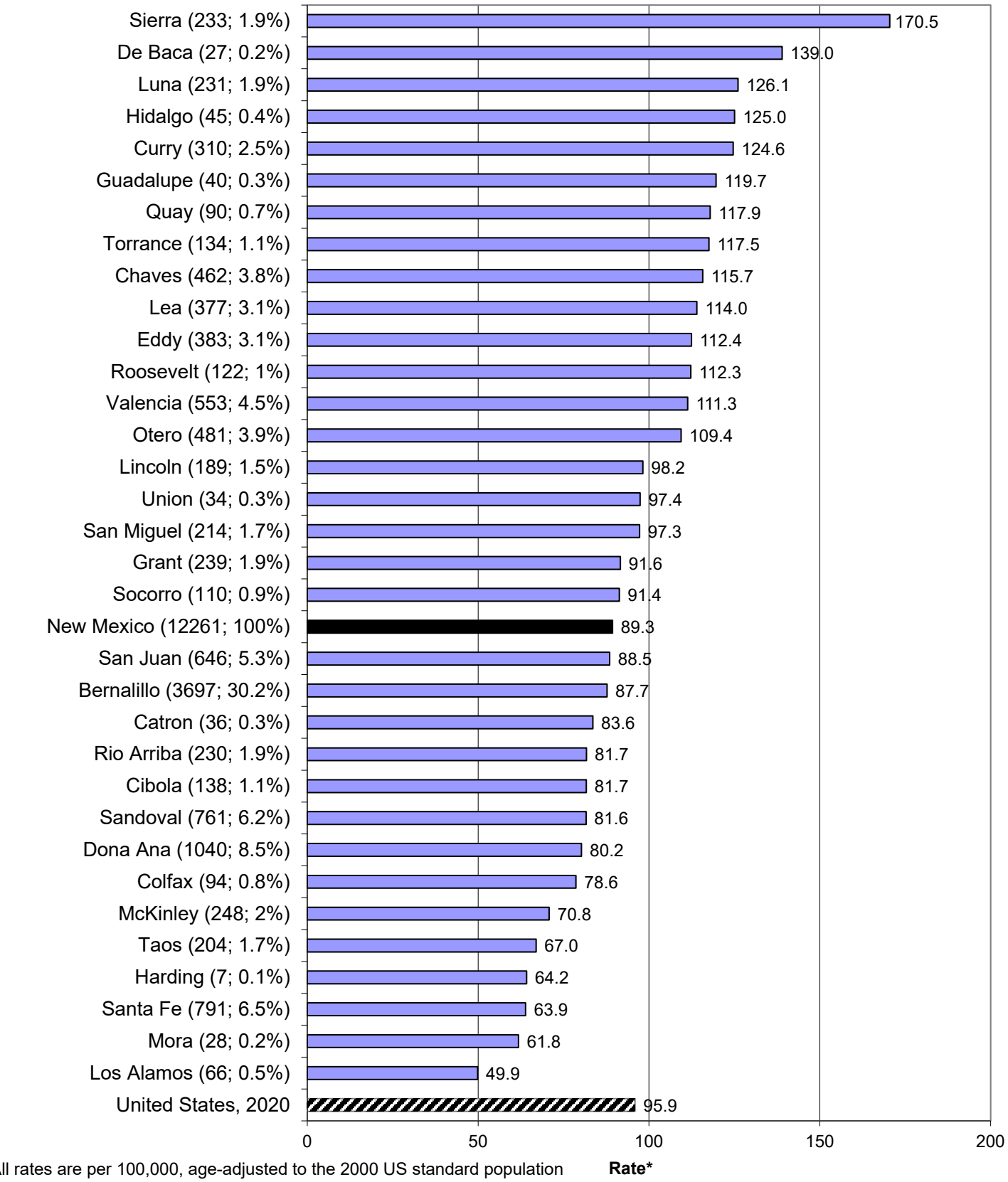
	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	81	55	96	1,170	2,281	3,697	78.6	55.5	103.5	78.2	93.6	87.7
Catron	2	0	0	5	29	36	163.7	0.0	0.0	60.8	91.6	83.6
Chaves	1	2	11	128	320	462	23.1	57.4	178.6	86.3	136.3	115.7
Cibola	31	0	2	40	64	138	53.4	0.0	100.3	73.0	116.9	81.7
Colfax	0	0	0	33	60	94	0.0	0.0	0.0	72.9	84.0	78.6
Curry	1	5	11	61	232	310	74.4	112.6	93.0	91.4	140.8	124.6
De Baca	0	0	0	5	21	27	0.0	0.0	0.0	88.6	163.7	139.0
Dona Ana	4	6	17	377	635	1,040	49.3	47.1	98.8	56.8	108.0	80.2
Eddy	2	0	7	91	280	383	78.0	0.0	122.0	78.7	132.4	112.4
Grant	1	1	1	75	160	239	53.8	31.4	72.3	80.3	96.4	91.6
Guadalupe	0	0	0	30	9	40	0.0	0.0	0.0	120.4	119.2	119.7
Harding	0	0	0	5	1	7	0.0	0.0	0.0	135.1	21.4	64.2
Hidalgo	0	0	0	12	32	45	0.0	0.0	0.0	71.5	174.9	125.0
Lea	2	2	14	81	277	377	56.8	84.2	116.7	67.5	144.1	114.0
Lincoln	1	1	2	27	159	189	28.5	81.2	170.8	75.2	106.7	98.2
Los Alamos	1	1	1	7	56	66	103.0	26.4	67.4	48.1	51.4	49.9
Luna	0	0	1	61	167	231	0.0	0.0	44.2	75.9	186.6	126.1
McKinley	133	2	3	44	66	248	55.3	42.3	105.9	94.5	109.2	70.8
Mora	0	0	0	23	5	28	0.0	0.0	0.0	66.6	75.2	61.8
Otero	11	3	12	68	386	481	68.5	45.4	103.3	64.8	129.8	109.4
Quay	0	0	0	25	63	90	0.0	0.0	0.0	104.8	127.4	117.9
Rio Arriba	23	0	1	153	52	230	78.8	0.0	44.3	80.3	85.7	81.7
Roosevelt	1	0	1	26	93	122	63.8	0.0	96.3	100.1	121.5	112.3
Sandoval	44	7	12	145	548	761	59.0	46.2	57.3	61.5	92.4	81.6
San Juan	92	1	5	76	471	646	42.7	37.7	96.7	78.8	114.7	88.5
San Miguel	2	0	3	143	66	214	248.7	0.0	100.9	94.4	104.7	97.3
Santa Fe	10	4	6	282	483	791	51.6	24.7	79.2	66.6	62.6	63.9
Sierra	0	1	2	26	203	233	0.0	110.3	216.4	112.4	194.0	170.5
Socorro	6	0	2	39	62	110	67.3	0.0	170.2	75.1	107.8	91.4
Taos	6	1	0	113	81	204	47.1	77.4	0.0	79.5	54.7	67.0
Torrance	3	0	2	37	91	134	127.4	0.0	202.3	107.6	120.1	117.5
Union	0	0	0	8	26	34	0.0	0.0	0.0	74.9	108.0	97.4
Valencia	5	1	10	193	339	553	38.4	37.9	158.2	82.9	142.9	111.3
New Mexico	464	91	222	3,609	7,822	12,261	55.2	48.3	101.2	74.7	102.3	89.3

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

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

SMOKING-RELATED DEATH (continued)

Chart 2: Smoking-Related Death Rates* by County, New Mexico, 2017-2021

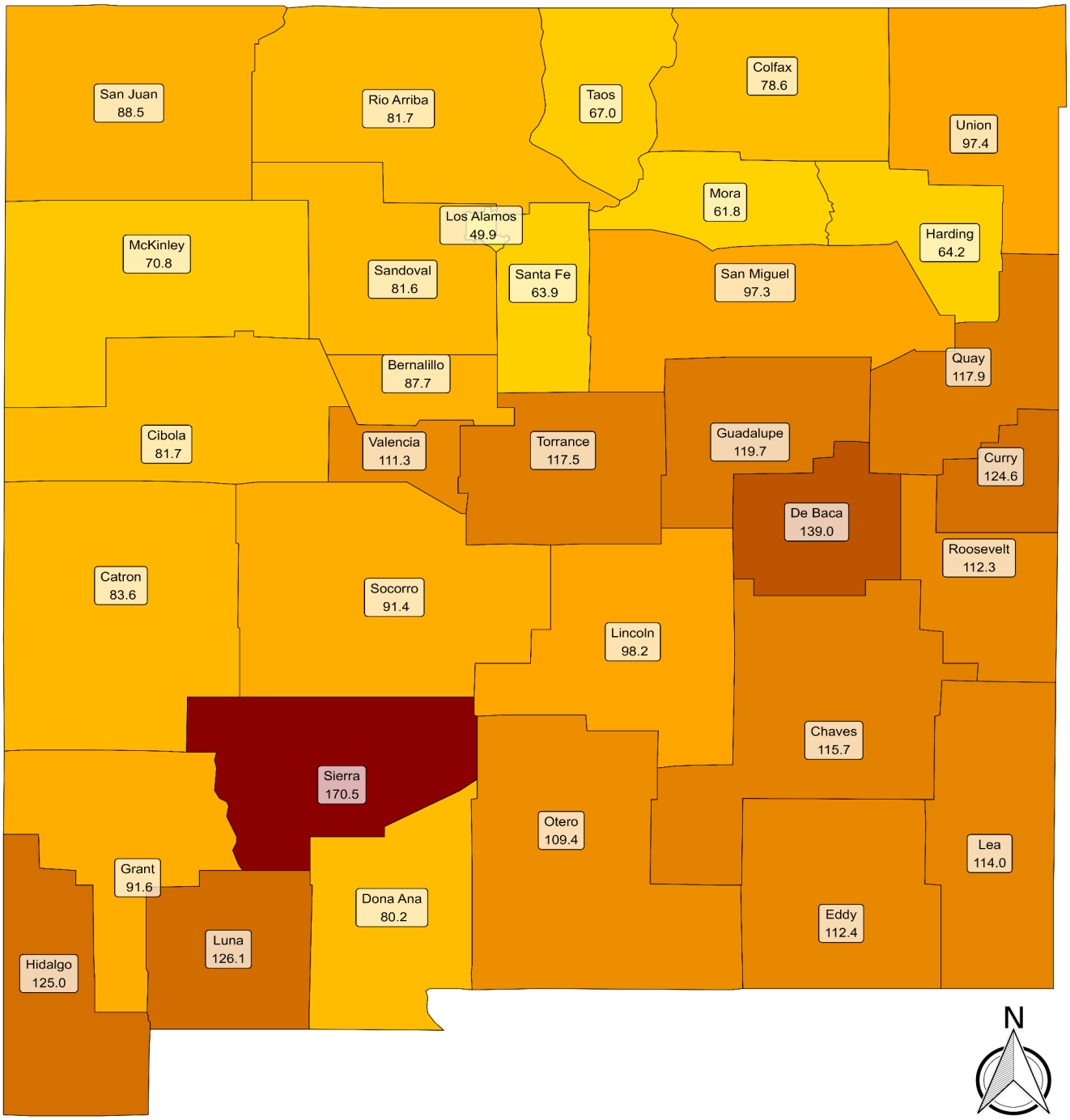


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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

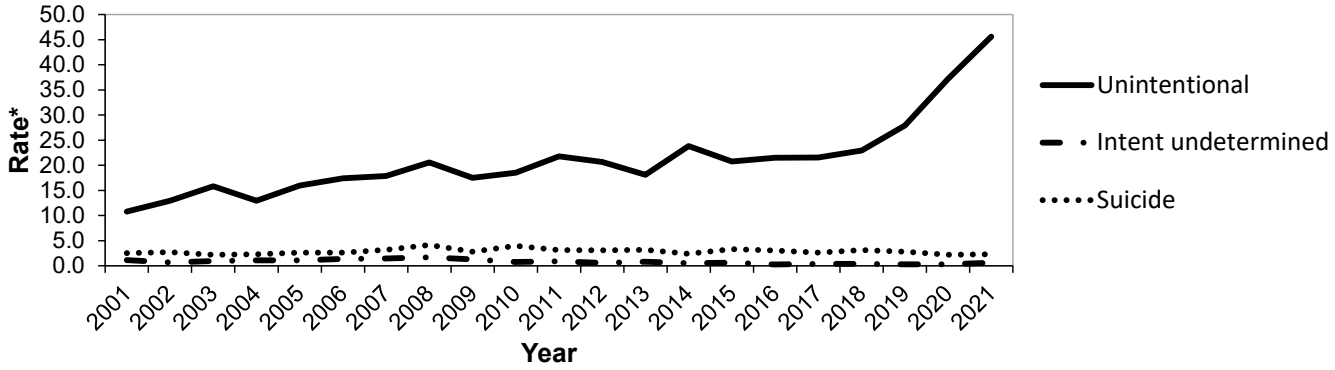
Problem Statement

In 2021, New Mexico had the sixth highest total drug overdose death rate in the nation.[1] 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 94% of drug overdose deaths in New Mexico in 2021 (Chart 1). The other subset of drug overdose death is suicide, or intentional self-poisoning, which accounts for 6%. 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 more than 90% of drug overdose deaths during 2017-2021. 34% of unintentional drug overdose deaths were caused by prescription drugs, while 85% were caused by illicit drugs, and 20% involved both In New Mexico. Nnationally, 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.

[1]Washington DC is excluded from the state ranking of overdose deaths. State ranking is provided from the CDC website and subject to change.

Chart 1: Drug-Related Death Rates* by Cause Category, New Mexico, 2001-2021



* 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, 2017-2021

		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	18	151	3	172	10.2	63.8	7.0	38.9
	Asian/Pacific Islander	1	10	0	11	3.8	20.3	0.0	12.3
	Black	9	58	11	78	19.0	81.3	75.7	58.6
	Hispanic	114	1,126	45	1,285	11.0	89.0	16.0	52.3
	White	50	640	88	778	11.1	64.0	17.1	40.5
	Total	193	1,999	149	2,341	11.1	76.3	17.3	46.5
Female	American Indian	5	75	2	82	2.9	29.1	3.2	17.4
	Asian/Pacific Islander	0	6	2	8	0.0	9.9	12.9	6.4
	Black	0	23	2	25	0.0	46.2	14.7	26.7
	Hispanic	48	501	14	563	4.8	39.3	4.1	23.3
	White	17	365	57	439	4.1	36.4	9.6	21.7
	Total	70	974	78	1,122	4.2	36.8	7.6	22.3
Total	American Indian	23	226	5	254	6.5	45.7	4.7	27.8
	Asian/Pacific Islander	1	16	2	19	1.9	14.5	8.0	9.1
	Black	9	81	13	103	10.2	66.9	46.2	44.9
	Hispanic	162	1,627	59	1,848	8.0	64.1	9.4	37.7
	White	67	1,005	145	1,217	7.8	50.2	13.1	31.3
	Total	263	2,973	227	3,463	7.8	56.5	12.0	34.4

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

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

DRUG OVERDOSE DEATH (continued)

Problem Statement (continued)

Table 1 shows that Black men had the highest total drug overdose death rate in 2017-2021 (58.6). 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 and from illicit drugs for the different age groups were similar (Chart 8). Illict drugs were the predominant drug type causing death among males, and the rates were highest among males aged 35-85+ years.

Rio Arriba County had the highest total drug overdose death rate (95.4 deaths per 100,000) and unintentional drug overdose death rate (92.9 deaths per 100,000; Table 4) among all New Mexico counties during 2017-2021. 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 (32.4 deaths per 100,000 population).

Table 2: Drug Overdose Deaths and Rates* by Race/Ethnicity and County, New Mexico, 2017-2021

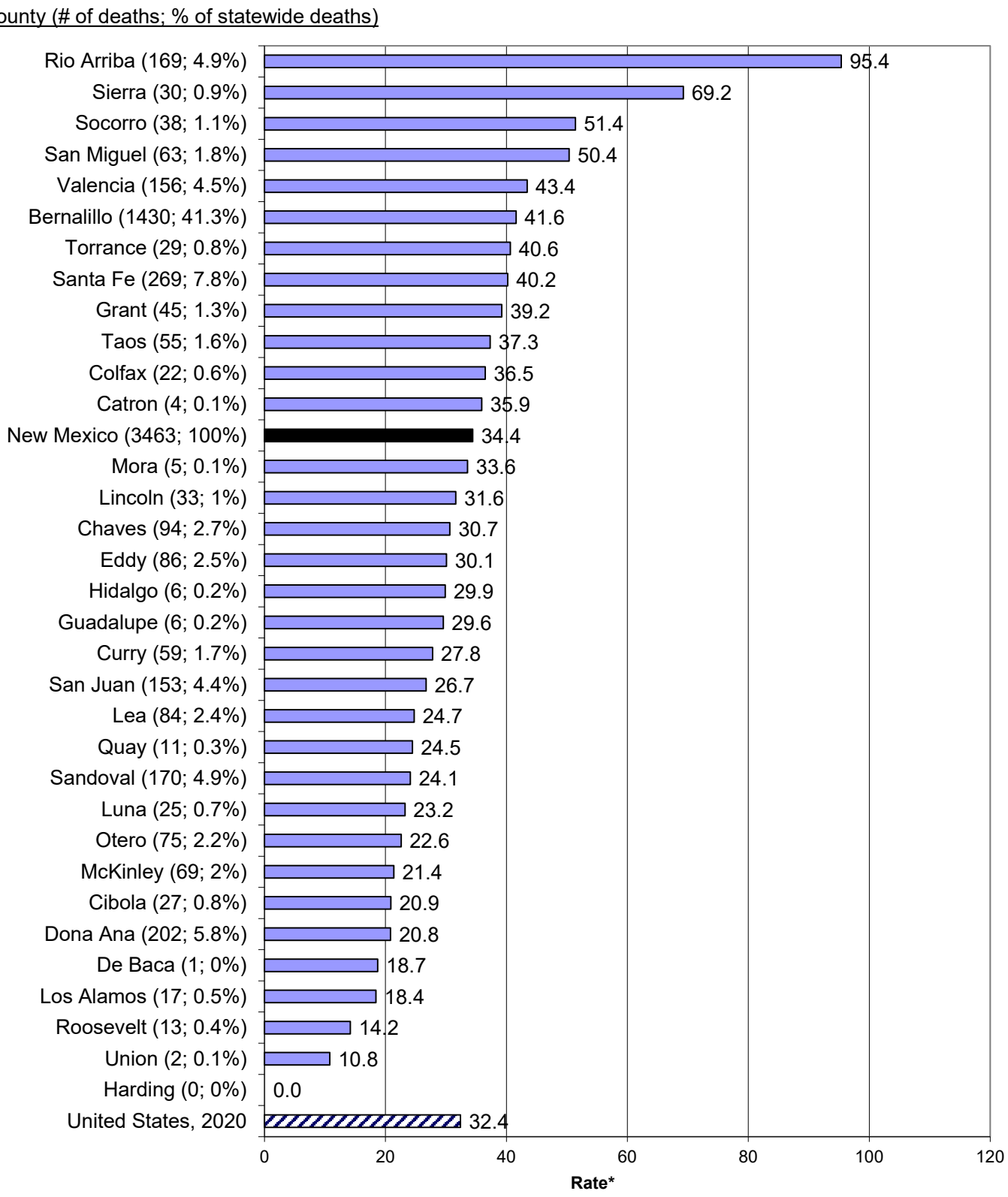
	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	80	12	73	768	493	1,430	49.4	10.3	70.2	45.6	34.7	41.6
Catron	0	0	0	3	1	4	0.0	0.0	0.0	153.1	3.1	35.9
Chaves	0	1	5	42	46	94	0.0	17.3	116.1	24.9	35.7	30.7
Cibola	3	0	0	19	5	27	6.4	0.0	0.0	34.9	21.5	20.9
Colfax	0	0	0	12	10	22	0.0	0.0	0.0	37.3	42.4	36.5
Curry	0	0	5	26	28	59	0.0	0.0	40.0	26.9	28.6	27.8
De Baca	0	0	0	1	0	1	0.0	0.0	0.0	34.4	0.0	18.7
Dona Ana	1	2	3	124	72	202	9.5	10.2	12.8	18.7	28.1	20.8
Eddy	0	0	0	34	51	86	0.0	0.0	0.0	23.5	39.9	30.1
Grant	0	0	0	29	16	45	0.0	0.0	0.0	47.9	30.5	39.2
Guadalupe	0	0	0	5	0	6	0.0	0.0	0.0	30.9	0.0	29.6
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	5	1	6	0.0	0.0	0.0	43.2	4.4	29.9
Lea	1	0	7	33	42	84	26.4	0.0	57.9	16.1	35.1	24.7
Lincoln	2	0	0	8	23	33	55.4	0.0	0.0	24.0	37.5	31.6
Los Alamos	0	0	0	5	12	17	0.0	0.0	0.0	28.2	18.1	18.4
Luna	0	0	0	11	14	25	0.0	0.0	0.0	14.9	49.0	23.2
McKinley	46	0	0	15	7	69	18.7	0.0	0.0	36.4	23.0	21.4
Mora	0	0	0	5	0	5	0.0	0.0	0.0	38.6	0.0	33.6
Otero	9	0	2	19	45	75	42.2	0.0	19.2	14.9	26.3	22.6
Quay	0	0	0	6	5	11	0.0	0.0	0.0	29.8	19.9	24.5
Rio Arriba	17	0	0	143	9	169	57.4	0.0	0.0	113.6	40.6	95.4
Roosevelt	0	0	0	6	7	13	0.0	0.0	0.0	15.0	15.2	14.2
Sandoval	25	1	2	67	74	170	29.9	7.6	7.6	23.0	25.7	24.1
San Juan	47	0	3	32	71	153	21.2	0.0	63.7	28.9	29.8	26.7
San Miguel	0	0	0	52	11	63	0.0	0.0	0.0	52.5	48.3	50.4
Santa Fe	7	3	1	192	61	269	31.6	20.5	15.2	52.4	21.3	40.2
Sierra	1	0	0	9	18	30	135.6	0.0	0.0	61.4	71.7	69.2
Socorro	6	0	1	19	12	38	63.2	0.0	164.1	49.7	45.2	51.4
Taos	4	0	0	34	16	55	55.8	0.0	0.0	39.8	28.8	37.3
Torrance	1	0	1	14	13	29	44.6	0.0	84.1	44.7	30.7	40.6
Union	0	0	0	2	0	2	0.0	0.0	0.0	20.2	0.0	10.8
Valencia	2	0	0	107	45	156	11.5	0.0	0.0	48.6	41.1	43.4
New Mexico	254	19	103	1,848	1,217	3,463	27.8	9.1	44.9	37.7	31.3	34.4

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

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

DRUG OVERDOSE DEATH (continued)

Chart 2: Drug Overdose Death Rates* by County, New Mexico, 2017-2021

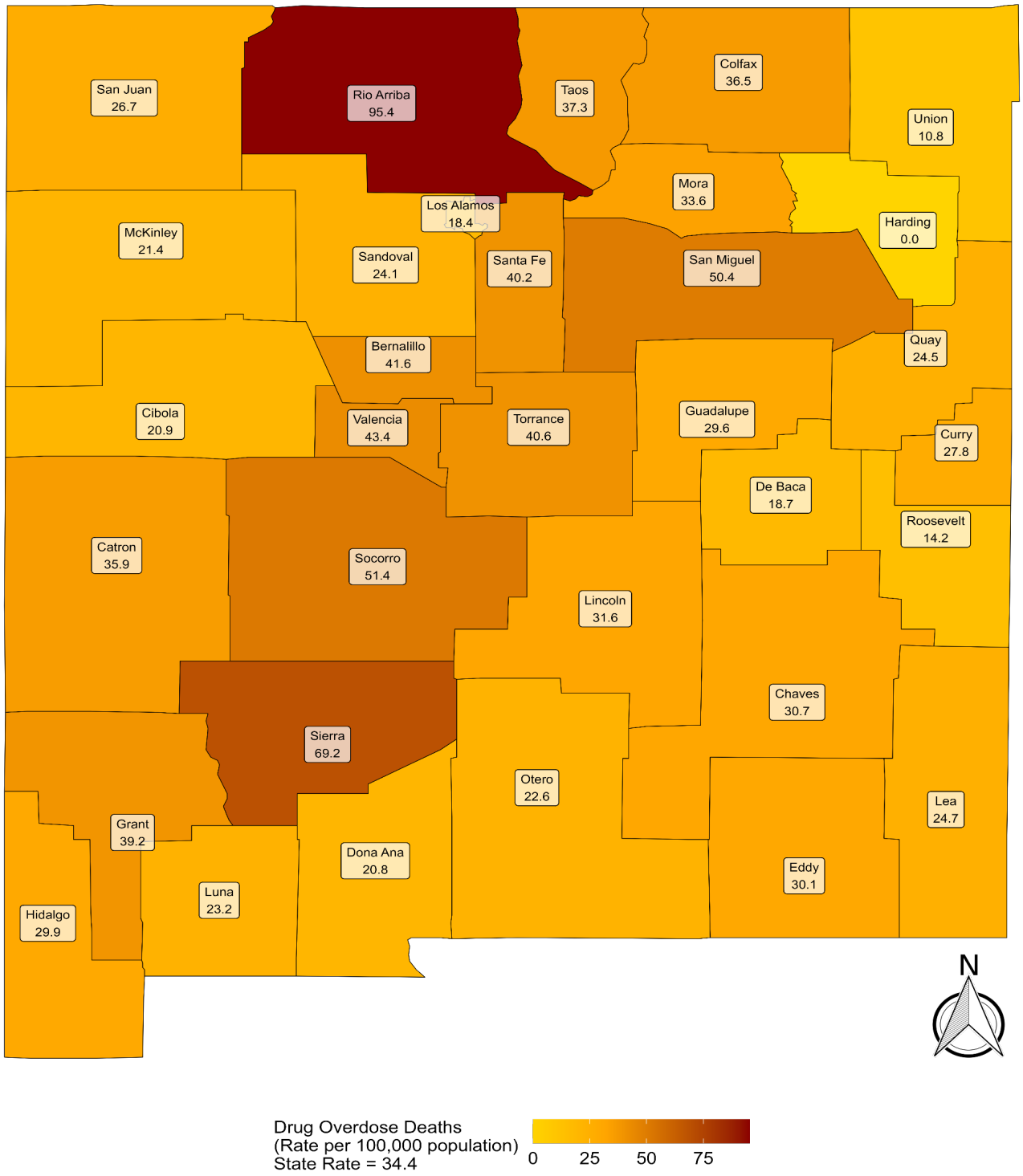


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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, 2017-2021

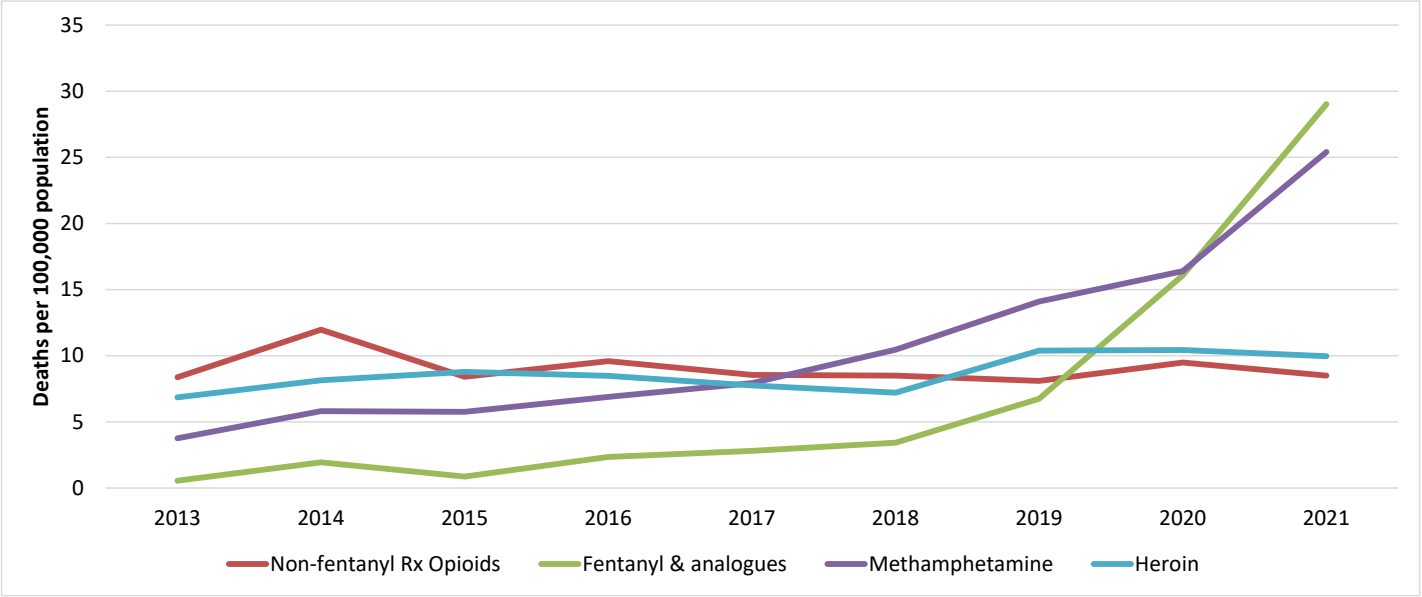


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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, 2013-2021



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 2021, fentanyl and analogues was the number one substance identified in drug overdose deaths, followed closely by methamphetamine, heroin, and non-fentanyl prescription opioids.

For the most recent 5-year period 2017-2021, methamphetamine was involved in 43% of total drug overdose deaths. Of methamphetamine-involved drug overdose deaths in 2017-2021 (Table 3), 38% were due to methamphetamine alone, 56% were due to methamphetamine with opioids, and 6% were due to methamphetamine with other substances such as alcohol, cocaine, or benzodiazepines. These data highlights the need for increased focus on prevention of both methamphetamine use and polysubstance use.

Males accounted for 72% of all methamphetamine overdose deaths in 2017-2021 (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 15-44 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).

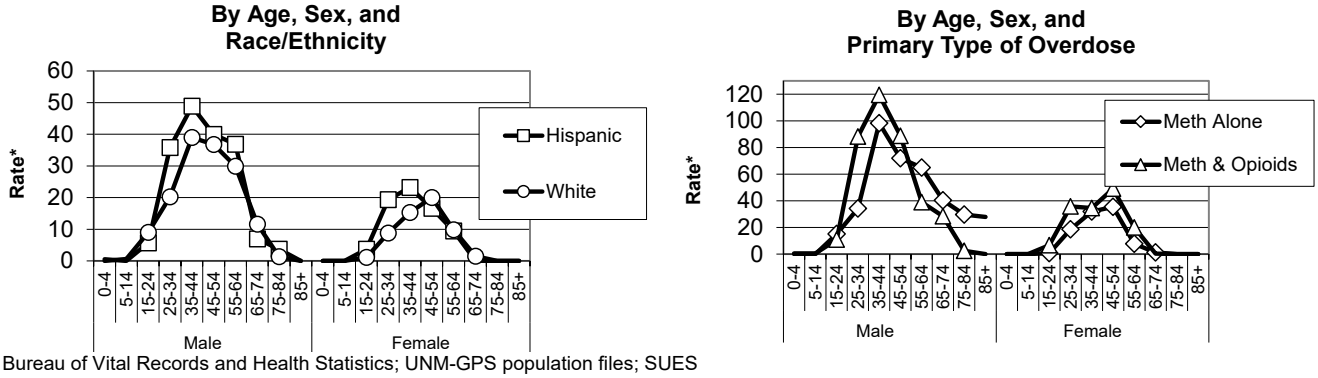
The five counties with the highest rates of methamphetamine overdose death were Sierra (38.9 deaths per 100,000 population), Catron, (35.9), Socorro (33.9), Torrance (25.8) and Rio Arriba (24.9) (Chart 6). However, the counties with the highest number of methamphetamine-involved overdose deaths were Bernalillo (606 deaths), Santa Fe (83), Valencia (81), Dona Ana (77), and San Juan (72) (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, 2017-2021



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

Table 3: Methamphetamine Overdose Deaths and Rates*, New Mexico, 2017-2021

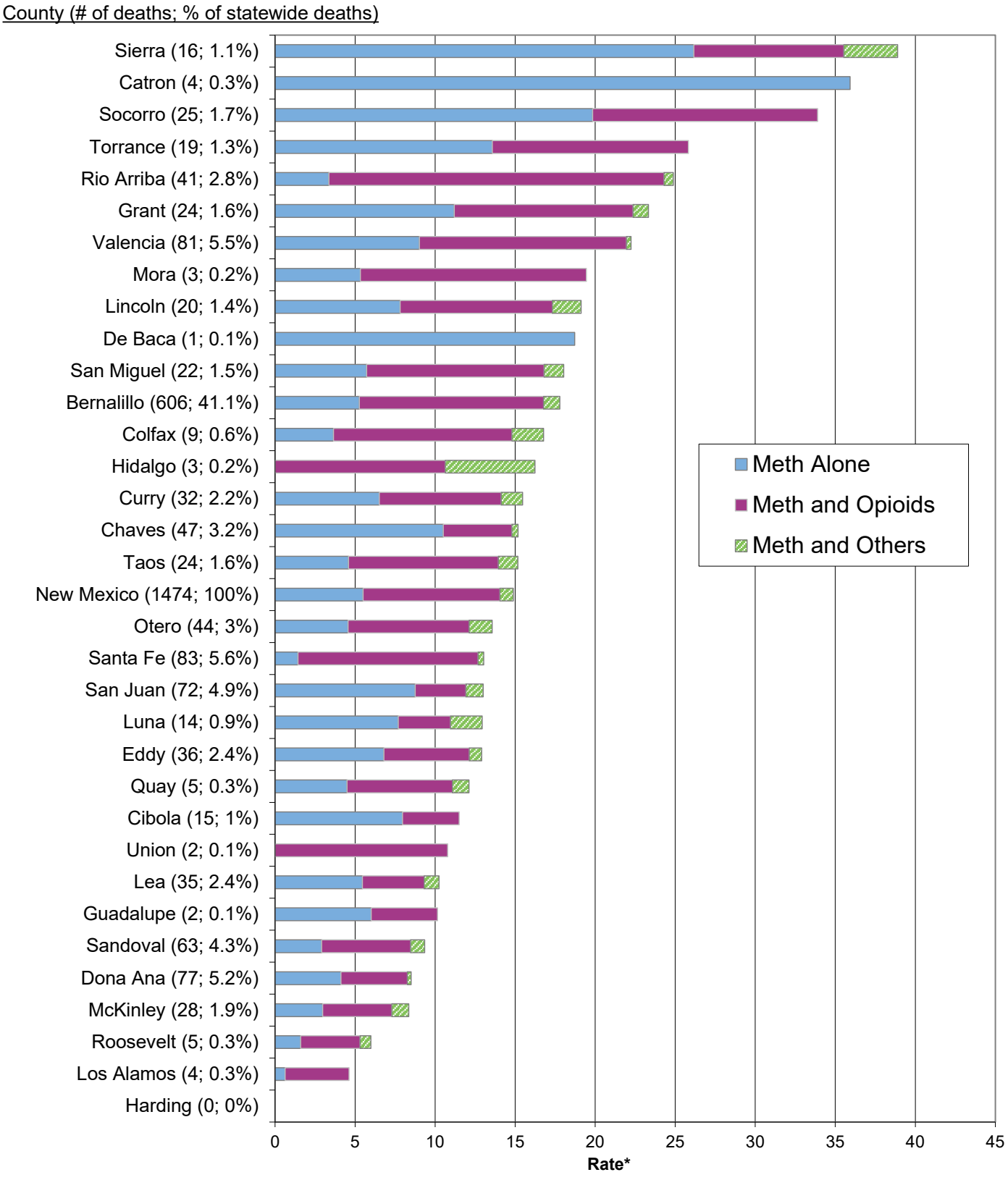
	Methamphetamine Overdose Deaths						Methamphetamine Overdose Death Rates*					
	Sex		Overdose Type			Total	Sex		Overdose Type			Total
County	Male	Female	Meth Alone	Meth and Opioids	Meth and Others		Male	Female	Meth Alone	Meth and Opioids	Meth and Others	
Bernalillo	444	162	185	384	37	606	26.0	9.9	5.3	11.5	1.0	17.8
Catron	2	2	4	0	0	4	45.0	26.2	35.9	0.0	0.0	35.9
Chaves	34	13	33	13	1	47	21.7	8.8	10.5	4.3	0.4	15.2
Cibola	12	3	10	5	0	15	17.0	5.0	8.0	3.5	0.0	11.5
Colfax	7	2	2	6	1	9	21.7	11.9	3.6	11.2	2.0	16.8
Curry	26	6	13	16	3	32	24.8	6.0	6.5	7.6	1.3	15.5
De Baca	1	0	1	0	0	1	36.4	0.0	18.7	0.0	0.0	18.7
Dona Ana	49	28	37	38	2	77	11.0	6.1	4.1	4.2	0.2	8.5
Eddy	28	8	19	15	2	36	19.2	6.2	6.8	5.3	0.8	12.9
Grant	9	15	12	11	1	24	18.6	28.2	11.2	11.2	1.0	23.3
Guadalupe	1	1	1	1	0	2	10.6	13.0	6.0	4.1	0.0	10.2
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	3	0	0	2	1	3	32.4	0.0	0.0	10.6	5.6	16.2
Lea	21	14	18	14	3	35	11.8	8.5	5.5	3.9	0.9	10.2
Lincoln	12	8	8	10	2	20	21.6	17.2	7.8	9.5	1.8	19.1
Los Alamos	3	1	1	3	0	4	6.3	2.8	0.6	4.0	0.0	4.6
Luna	13	1	9	3	2	14	24.2	1.9	7.7	3.3	2.0	12.9
McKinley	22	6	10	14	4	28	13.2	3.7	3.0	4.3	1.1	8.4
Mora	3	0	1	2	0	3	38.5	0.0	5.3	14.1	0.0	19.5
Otero	29	15	14	25	5	44	17.3	9.7	4.6	7.6	1.4	13.6
Quay	5	0	2	2	1	5	24.6	0.0	4.5	6.6	1.0	12.1
Rio Arriba	28	13	6	34	1	41	34.6	15.3	3.4	20.9	0.6	24.9
Roosevelt	5	0	1	3	1	5	11.6	0.0	1.6	3.7	0.7	6.0
Sandoval	48	15	21	36	6	63	14.2	4.7	2.9	5.6	0.9	9.3
San Juan	49	23	49	17	6	72	17.8	8.2	8.8	3.2	1.1	13.0
San Miguel	14	8	6	14	2	22	22.0	13.8	5.7	11.1	1.2	18.0
Santa Fe	54	29	11	70	2	83	16.4	9.8	1.4	11.3	0.3	13.0
Sierra	14	2	10	4	2	16	71.1	6.4	26.2	9.4	3.4	38.9
Socorro	18	7	14	11	0	25	47.8	19.9	19.8	14.1	0.0	33.9
Taos	16	8	8	14	2	24	20.5	9.8	4.6	9.4	1.2	15.2
Torrance	15	4	11	8	0	19	37.8	11.2	13.6	12.3	0.0	25.8
Union	2	0	0	2	0	2	16.8	0.0	0.0	10.8	0.0	10.8
Valencia	58	23	33	47	1	81	31.6	12.5	9.0	12.9	0.3	22.2
Total	1,055	419	555	831	88	1,474	21.1	8.7	5.5	8.6	0.8	14.9

* 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, 2017-2021

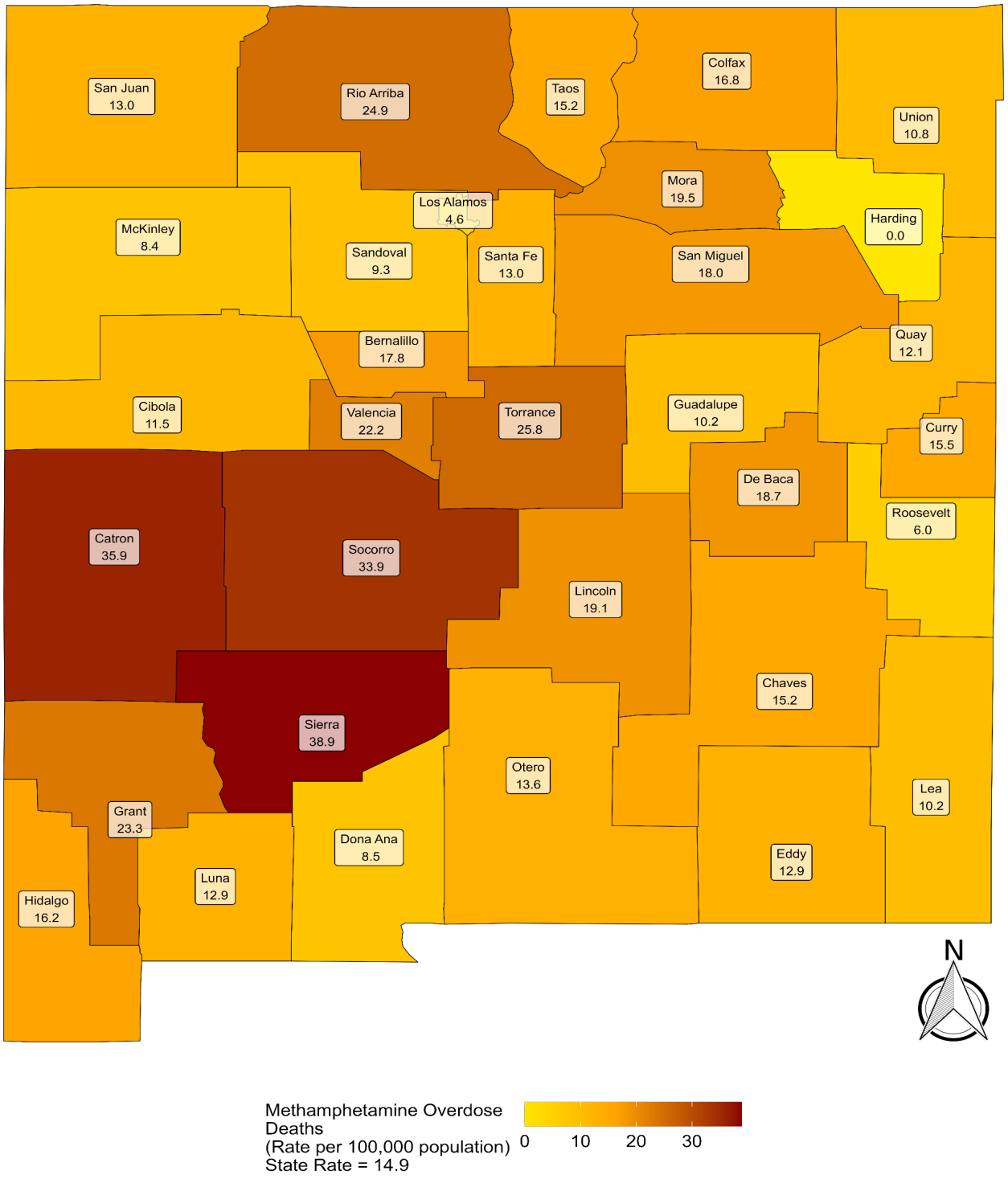


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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, 2017-2021

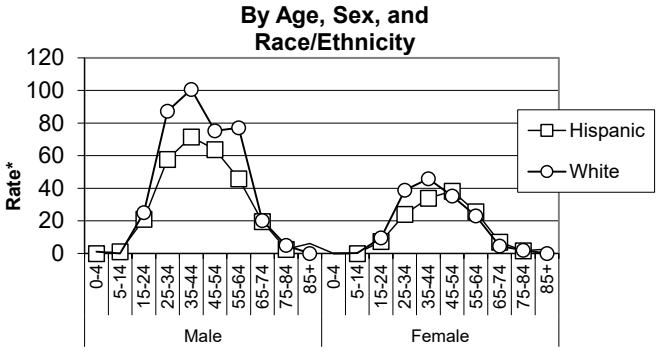


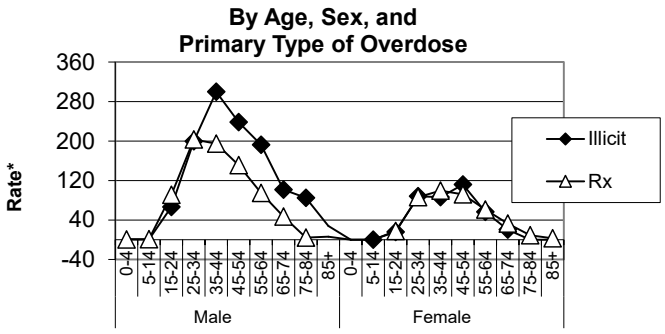
* All rates are per 100,000, age-adjusted to the 2000 US standard population

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, 2017-2021





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

Table 4: Unintentional Drug Overdose Deaths and Rates*, New Mexico, 2017-2021

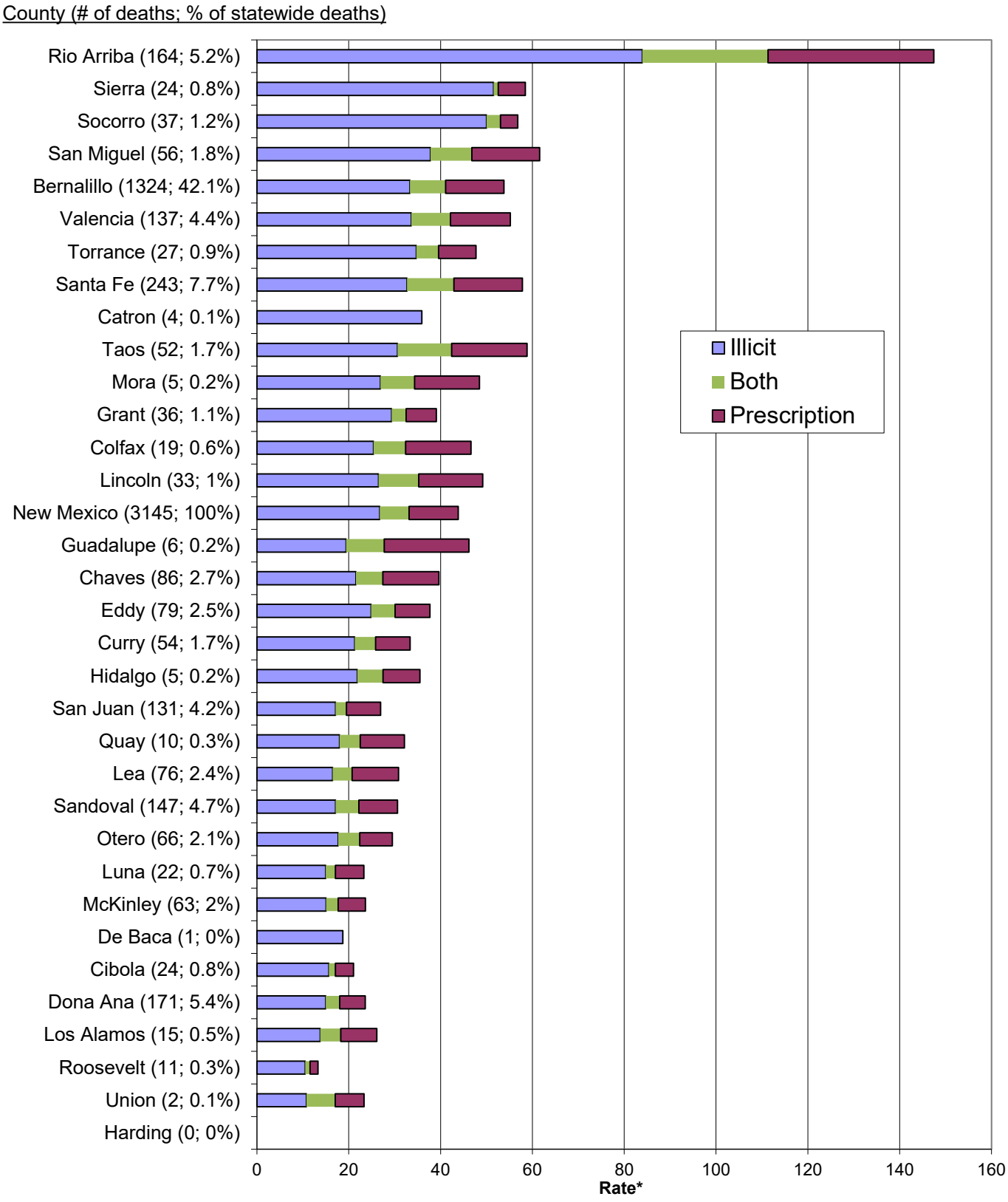
	Deaths						Rates*					
	Sex		Overdose Type			Total	Sex		Overdose Type			Total
County	Male	Female	Illicit	Rx	Both		Male	Female	Illicit	Rx	Both	
Bernalillo	930	394	1138	439	268	1324	54.8	22.9	33.3	12.7	7.8	38.7
Catron	2	2	4	0	0	4	45.0	26.2	35.9	0.0	0.0	35.9
Chaves	57	29	66	37	18	86	37.5	19.1	21.6	12.2	5.9	28.2
Cibola	17	7	21	5	2	24	23.9	11.1	15.7	4.0	1.4	18.2
Colfax	13	6	15	8	4	19	39.5	25.8	25.4	14.3	7.0	32.7
Curry	39	15	46	17	11	54	35.2	14.8	21.3	7.5	4.6	25.2
De Baca	1	0	1	0	0	1	36.4	0.0	18.7	0.0	0.0	18.7
Dona Ana	121	50	143	55	30	171	25.3	10.5	15.0	5.6	3.1	17.8
Eddy	57	22	70	22	15	79	39.0	16.3	24.9	7.6	5.2	28.1
Grant	19	17	31	9	4	36	36.2	29.5	29.3	6.6	3.2	32.8
Guadalupe	4	2	4	4	2	6	35.9	25.9	19.4	18.4	8.3	29.6
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	5	0	4	2	1	5	47.5	0.0	21.8	8.1	5.6	24.3
Lea	49	27	56	35	15	76	27.1	17.2	16.5	10.1	4.2	22.3
Lincoln	20	13	28	15	10	33	38.2	25.3	26.5	13.9	8.8	31.6
Los Alamos	12	3	12	7	4	15	25.8	6.9	13.8	7.8	4.5	17.1
Luna	17	5	17	7	3	22	30.9	9.0	15.0	6.2	2.1	20.0
McKinley	46	17	49	19	8	63	28.9	10.6	15.1	5.9	2.6	19.4
Mora	5	0	4	2	1	5	66.2	0.0	26.9	14.1	7.4	33.6
Otero	42	24	57	23	14	66	24.3	15.8	17.7	7.1	4.7	20.1
Quay	8	2	8	4	2	10	36.4	10.0	18.0	9.6	4.5	23.1
Rio Arriba	123	41	146	64	47	164	140.8	45.6	83.9	36.1	27.4	92.9
Roosevelt	9	2	10	2	1	11	18.1	3.9	10.5	1.7	1.1	11.2
Sandoval	95	52	116	61	34	147	27.2	15.3	17.1	8.4	5.1	21.2
San Juan	83	48	96	43	13	131	29.5	16.8	17.1	7.4	2.4	23.2
San Miguel	36	20	46	21	11	56	54.5	32.3	37.8	14.8	9.0	43.5
Santa Fe	168	75	209	97	63	243	51.8	23.0	32.7	14.9	10.2	37.4
Sierra	19	5	21	4	1	24	96.2	16.3	51.6	5.9	1.0	56.5
Socorro	27	10	36	4	3	37	72.3	28.9	50.0	3.8	3.0	50.7
Taos	35	17	46	23	17	52	47.3	23.2	30.6	16.4	11.8	35.2
Torrance	19	8	25	5	3	27	49.6	23.0	34.7	8.2	4.8	38.1
Union	2	0	2	1	1	2	16.8	0.0	10.8	6.3	6.3	10.8
Valencia	97	40	120	46	30	137	53.3	22.9	33.6	13.0	8.5	38.4
Total	2189	956	2662	1083	638	3145	43.6	19.3	26.8	10.7	6.4	31.5

* 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, 2017-2021



* 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

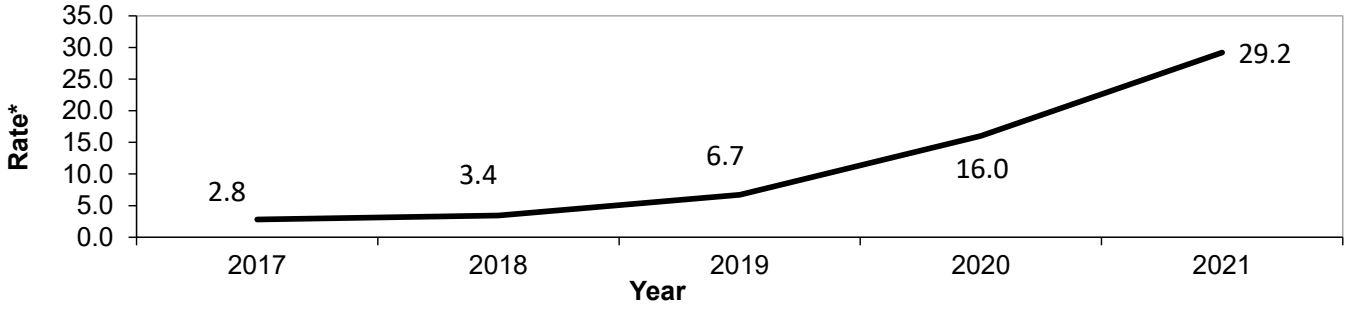
Problem Statement

Fentanyl is a synthetic opioid that is prescribed to treat severe pain. It is also illicitly manufactured and used recreationally. 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 (NIDA), 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 since 2018. In 2021, 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 2017 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 2021, the death rate for fentanyl was more than ten times what it was in 2017, representing many more lives lost to the overdose crisis.

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, 2017-2021



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, 2017-2021

		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	8	46	1	110	4.5	19.4	2.3	12.0
	Asian/Pacific Islander	1	4	0	10	3.8	8.1	0.0	5.2
	Black	6	21	1	56	12.6	29.4	6.9	20.0
	Hispanic	72	405	6	966	7.0	32.0	2.1	19.4
	White	22	182	14	436	4.9	18.2	2.7	12.2
	Total	109	663	23	1,590	6.3	25.3	2.7	16.1
Female	American Indian	3	18	0	42	1.7	7.0	0.0	4.3
	Asian/Pacific Islander	0	2	0	4	0.0	3.3	0.0	1.7
	Black	0	7	0	14	0.0	14.1	0.0	7.4
	Hispanic	27	176	2	410	2.7	13.8	0.6	8.3
	White	8	100	7	230	1.9	10.0	1.2	6.3
	Total	38	303	9	700	2.3	11.5	0.9	7.1
Total	American Indian	11	64	1	152	3.1	12.9	0.9	8.1
	Asian/Pacific Islander	1	6	0	14	1.9	5.5	0.0	3.4
	Black	6	28	1	70	6.8	23.1	3.6	14.8
	Hispanic	99	581	8	1,376	4.9	22.9	1.3	13.9
	White	30	282	21	666	3.5	14.1	1.9	9.3
	Total	147	966	32	1,145	4.3	18.3	1.7	11.7

* 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

DRUG OVERDOSE DEATH - FENTANYL (continued)

Problem Statement (continued)

Table 1 shows that Black males (20.0) and Hispanic males (19.4) had the highest fentanyl-involved drug overdose death rates in 2017-2021, The lowest rates were among women, Asian/Pacific Islanders (1.7) and American Indians (4.3). 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 (28.1 deaths per 100,000) and fentanyl with other drug rate (18.6 deaths per 100,000; Table 2) among all New Mexico counties during 2017-2021. Nine additional counties had rates exceeding the New Mexico rate as seen in Chart 2 and Table 2.

The 5-year rates for males in Rio Arriba and females in Guadalupe counties were the highest among all 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 (28.1), Sierra (17.4), Bernalillo (17.3) and Santa Fe (17.2) 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 (5.4 deaths per 100,000 population).

Table 2: Fentanyl Overdose Deaths and Rates* by County, New Mexico, 2017-2021

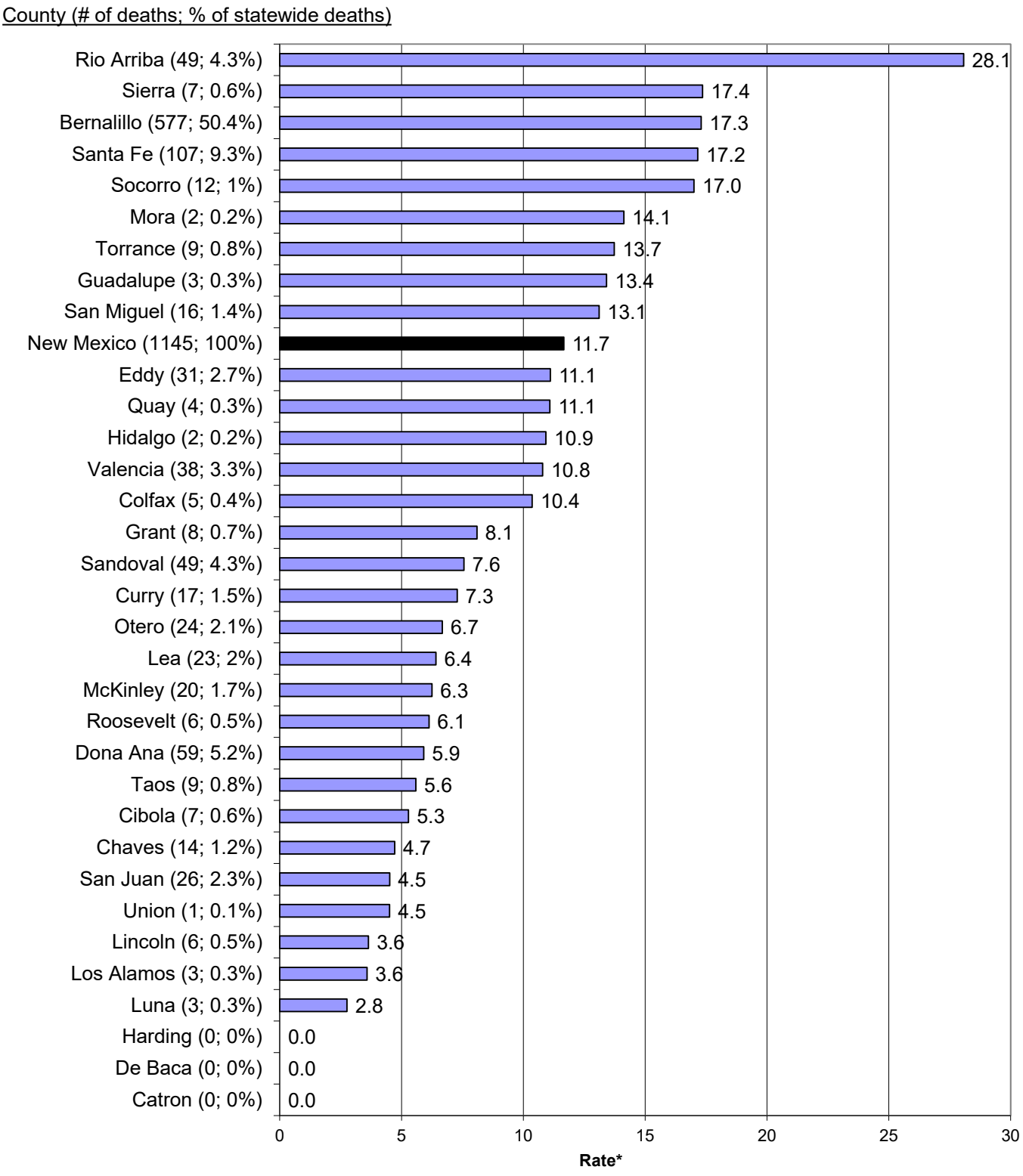
	Deaths						Rates*					
County	Male	Female	Fentanyl Alone	Fentanyl With Meth	Fentanyl with other	Total	Male Rate	Female Rate	Fentanyl Alone Rate	Fentanyl with Meth Rate	Fentanyl with other Rate	Total Rate
Bernalillo	405	172	85	224	268	577	24.5	10.1	2.6	6.8	8.0	17.3
Catron	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Chaves	13	1	3	3	8	14	8.8	0.7	1.0	1.1	2.6	4.7
Cibola	5	2	2	3	2	7	7.2	2.7	1.2	2.3	1.7	5.3
Colfax	3	2	1	2	2	5	10.4	10.4	2.1	5.6	2.7	10.4
Curry	10	7	3	8	6	17	8.1	6.4	1.0	3.8	2.5	7.3
De Baca	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Dona Ana	44	15	10	23	26	59	9.1	2.8	1.0	2.5	2.5	5.9
Eddy	21	10	9	7	15	31	14.1	7.8	3.4	2.6	5.2	11.1
Grant	4	4	1	5	2	8	7.7	8.4	0.9	5.3	1.9	8.1
Guadalupe	1	2	0	1	2	3	8.7	25.9	0.0	4.1	9.3	13.4
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	21.3	0.0	0.0	5.3	5.6	10.9
Lea	15	8	2	10	11	23	7.8	4.8	0.5	2.8	3.1	6.4
Lincoln	3	3	0	4	2	6	2.7	4.6	0.0	2.7	0.9	3.6
Los Alamos	2	1	1	0	2	3	4.1	2.8	1.1	0.0	2.5	3.6
Luna	2	1	1	1	1	3	4.2	1.2	0.9	1.3	0.6	2.8
McKinley	16	4	2	10	8	20	10.2	2.5	0.6	3.0	2.7	6.3
Mora	2	0	0	1	1	2	27.6	0.0	0.0	6.7	7.4	14.1
Otero	12	12	3	13	8	24	5.5	7.8	0.7	3.7	2.3	6.7
Quay	3	1	0	2	2	4	19.4	2.6	0.0	6.6	4.5	11.1
Rio Arriba	33	16	3	13	33	49	37.0	19.2	1.6	7.8	18.6	28.1
Roosevelt	4	2	2	1	3	6	8.3	3.9	1.7	1.6	2.8	6.1
Sandoval	26	23	10	13	26	49	8.1	7.0	1.5	2.1	3.9	7.6
San Juan	21	5	7	8	11	26	7.2	1.8	1.2	1.5	1.9	4.5
San Miguel	7	9	3	5	8	16	11.6	14.5	3.1	3.9	6.2	13.1
Santa Fe	75	32	12	44	51	107	24.4	9.8	1.9	7.0	8.2	17.2
Sierra	5	2	1	4	2	7	27.5	6.4	2.8	9.4	5.2	17.4
Socorro	10	2	5	4	3	12	26.2	7.5	7.0	5.6	4.4	17.0
Taos	6	3	1	2	6	9	7.5	3.9	0.2	1.0	4.3	5.6
Torrance	7	2	1	4	4	9	19.1	6.8	1.5	5.6	6.7	13.7
Union	1	0	0	1	0	1	6.5	0.0	0.0	4.5	0.0	4.5
Valencia	30	8	5	18	15	38	16.4	4.9	1.6	5.0	4.2	10.8
New Mexico	795	350	173	440	532	1,145	16.1	7.1	1.7	4.6	5.4	11.7

* 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

DRUG OVERDOSE DEATH - FENTANYL (continued)

Chart 2: Fentanyl Overdose Death Rates* by County, New Mexico, 2017-2021

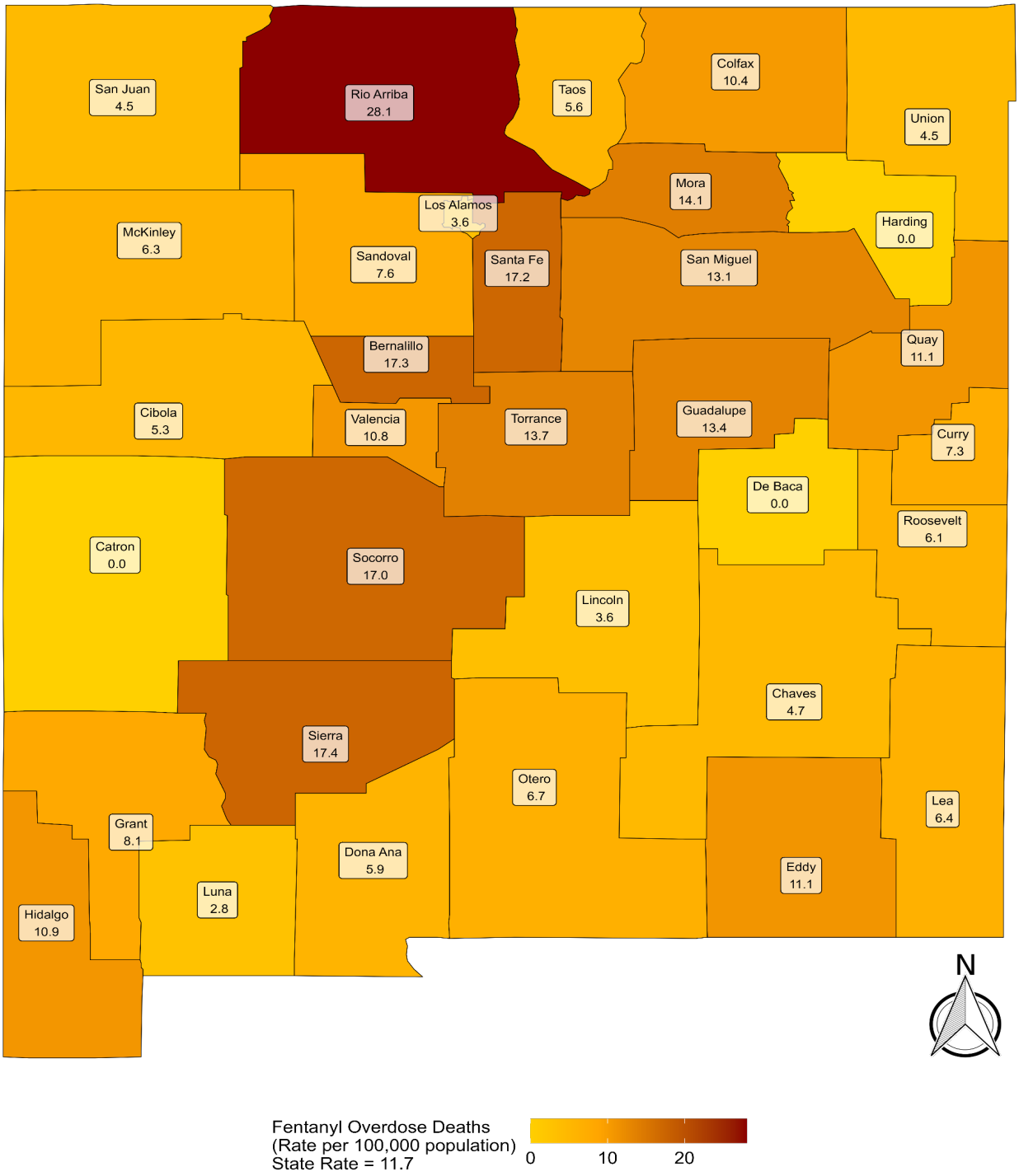


* All rates are per 100,000, age-adjusted to the 2000 US standard population

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, 2017-2021



* 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).

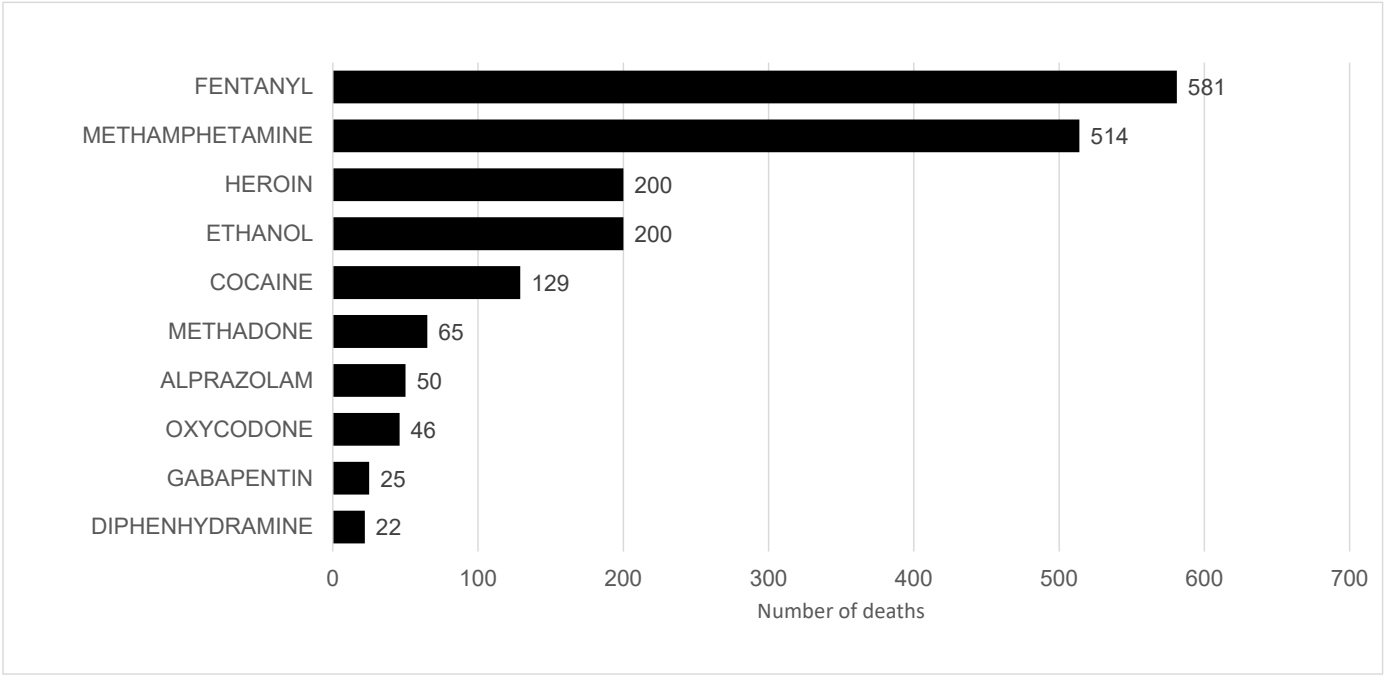
In New Mexico roughly 65% of overdose deaths were found to be polysubstance-related in years 2017-2021 (Chart 5). In previous years, details of combined substances were not available. In this section, data will focus on the multiple substances identified at time of death due to overdose; primarily in combinations with methamphetamine, fentanyl, heroin, prescription pain opioids, benzodiazepines, and ethanol (alcohol). Chart 4 shows the top ten substances involved in overdose deaths in 2021.

Chart 5 shows the percentage of substances involved in overdose deaths for the years 2017- 2021. One substance was involved in 34% of the deaths and 30.8% of overdose deaths involved 2 substances, followed by 35.3% 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 2017-2021. Table 3 highlights polysubstance use attributed to overdose deaths occurring in years 2017-2021 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 219 overdose deaths, followed by fentanyl leading to 176 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. (2023, February 23). *Polysubstance use facts*. Centers for Disease Control and Prevention. Retrieved March 1, 2023, 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

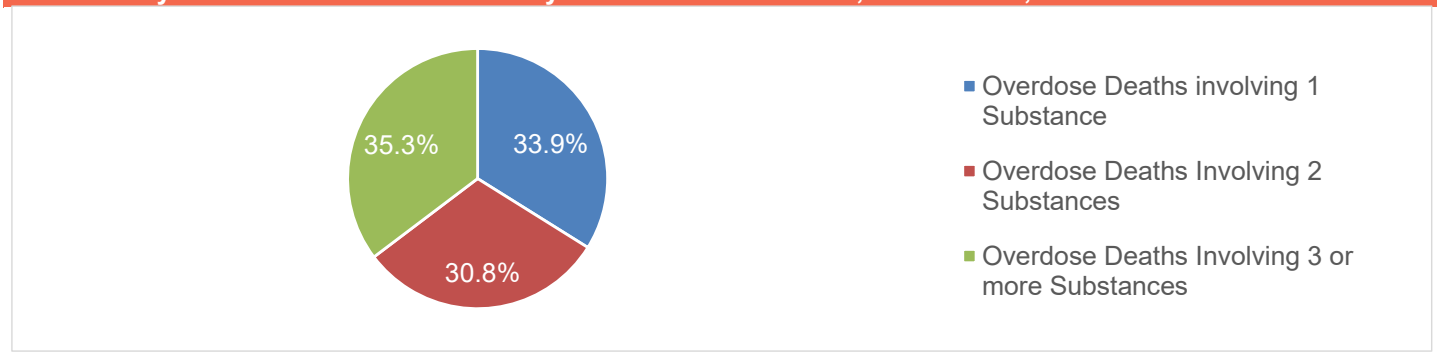
Chart 4:Top 10 Substances Involved in Overdose Deaths, New Mexico, 2021



Source: NMDOH BVRHS death files; SUES

DRUG OVERDOSE DEATH - POLYSUBSTANCE (continued)

Chart 5: Polysubstance Overdose Death by Number of Substances, New Mexico, 2017-2021



Source: NMDOH BVRHS death files; SUES

Table 3: Drug Comninations in Overdose Deaths, by Drug Class and Number of Deaths Involved , New Mexico, 2017-2021

	Substance Involved in Death				
	Number of Deaths Involved				
Drug Class	Methamphetamine n= 1435	Fentanyl n= 1144	Heroin n= 904	Rx Pain Opioids n= 565	Benzodiazepines n= 545
Single drug overdose death	551	306	175	142	32
2nd substance involved death					
Methamphetamine	X	176	219	11	5
Fentanyl	176	X	55	45	54
Heroin	219	55	X	11	46
Cocaine	25	85	33	10	2
Rx Pain Opioids	11	45	11	X	77
Benzodiazepines	5	54	46	77	X
Other 2nd Drug	615	14	21	48	48
3rd or more drug involved death	64	409	344	221	281
Drug Class	Methamphetamine n= 1435	Fentanyl n= 1144	Heroin n= 904	Rx Pain Opioids n= 656	Benzodiazepines n= 545
Deaths with Alcohol involved	178	280	198	117	141

*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

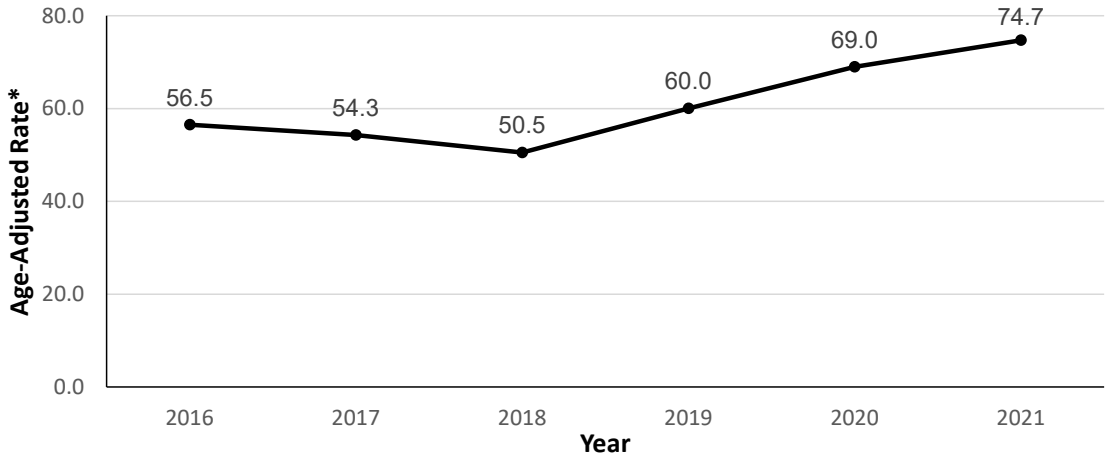
OPIOID OVERDOSE-RELATED EMERGENCY DEPARTMENT VISITS

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 almost 16% from 2018. The current age-adjusted rate (74.7) is higher than the 2016 rate (56.5).

Chart 1: Opioid Overdose-Related Emergency Department Visit Rates*, New Mexico, 2016-2021



* All rates are per 100,000, age-adjusted to the 2000 US standard 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, 2017-2021

		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	32	211	6	249	18.1	89.2	13.9	53.4
	Asian/Pacific Islander	0	14	0	14	0.0	28.5	0.0	14.8
	Black	14	108	0	125	29.5	151.3	0.0	89.8
	Hispanic	424	1,790	91	2,305	41.0	141.6	32.4	89.5
	White	193	829	99	1,121	42.8	82.9	19.3	57.9
	Total	710	3,105	211	4,026	40.9	118.5	24.5	76.5
Female	American Indian	36	135	12	183	20.6	52.3	18.9	35.5
	Asian/Pacific Islander	6	7	0	13	22.9	11.5	0.0	12.5
	Black	10	31	0	44	24.6	62.3	0.0	42.3
	Hispanic	251	924	93	1,268	25.1	72.5	27.1	48.3
	White	131	597	178	906	31.8	59.6	30.1	43.9
	Total	456	1,776	298	2,530	27.6	67.2	29.0	46.5
Total	American Indian	68	346	18	432	19.4	69.9	16.9	44.1
	Asian/Pacific Islander	6	21	0	27	11.4	19.1	0.0	13.2
	Black	24	139	6	169	27.3	114.8	21.3	70.2
	Hispanic	681	2,719	185	3,585	33.5	107.1	29.6	69.1
	White	324	1,427	279	2,030	37.6	71.3	25.3	51.1
	Total	1,173	4,892	513	6,578	34.6	92.9	27.2	61.7

* 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

**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 2017-2021 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 and overall for opioid emergency department visit rates, with male rates around 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, Colfax, and Socorro counties had the highest rates of opioid overdose related emergency department visits during 2017-2021 (Chart 2). Bernalillo County had the largest percentage of opioid overdose related emergency department visits (44.2% of the state total), followed by Santa Fe County (10.6%). It is important to note that federal facilities (e.g. Indian Health Services and Veterans Administration) are not included in these results.

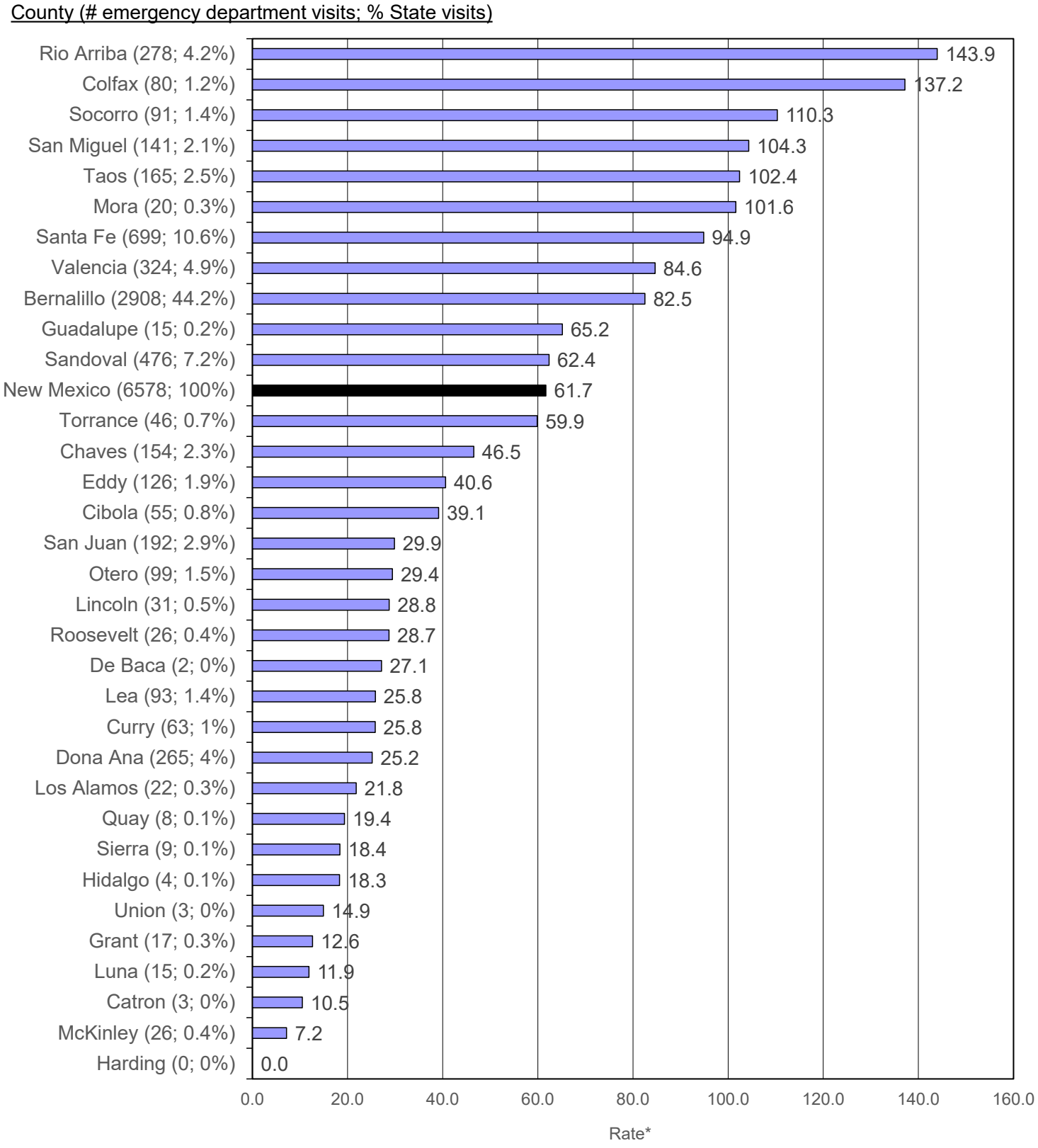
Table 2: Opioid Overdose-Related Emergency Department Visits and Rates* by Race/Ethnicity and County, New Mexico, 2017-2021

	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	194	15	131	1,585	825	2,908	117.7	13.5	121.5	90.8	60.6	82.5
Catron	0	0	0	0	0	3	0.0	0.0	0.0	0.0	0.0	10.5
Chaves	0	0	0	49	99	154	0.0	0.0	0.0	28.8	74.7	46.5
Cibola	12	0	0	24	19	55	20.1	0.0	0.0	44.1	68.5	39.1
Colfax	0	0	0	53	21	80	0.0	0.0	0.0	179.1	76.1	137.2
Curry	0	0	0	32	23	63	0.0	0.0	0.0	32.7	18.4	25.8
De Baca	0	0	0	0	0	2	0.0	0.0	0.0	0.0	0.0	27.1
Dona Ana	0	0	0	158	96	265	0.0	0.0	0.0	21.9	34.5	25.2
Eddy	0	0	0	52	69	126	0.0	0.0	0.0	34.2	48.8	40.6
Grant	0	0	0	8	8	17	0.0	0.0	0.0	12.5	12.6	12.6
Guadalupe	0	0	0	11	0	15	0.0	0.0	0.0	64.4	0.0	65.2
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	0	0	4	0.0	0.0	0.0	0.0	0.0	18.3
Lea	0	0	8	41	39	93	0.0	0.0	58.8	19.8	31.2	25.8
Lincoln	0	0	0	6	25	31	0.0	0.0	0.0	18.0	36.1	28.8
Los Alamos	0	0	0	6	14	22	0.0	0.0	0.0	35.0	19.6	21.8
Luna	0	0	0	9	5	15	0.0	0.0	0.0	10.1	12.2	11.9
McKinley	15	0	0	6	0	26	5.3	0.0	0.0	14.8	0.0	7.2
Mora	0	0	0	15	0	20	0.0	0.0	0.0	90.4	0.0	101.6
Otero	8	0	0	37	48	99	42.1	0.0	0.0	28.3	28.8	29.4
Quay	0	0	0	4	0	8	0.0	0.0	0.0	22.9	0.0	19.4
Rio Arriba	29	0	0	221	23	278	99.3	0.0	0.0	161.2	103.1	143.9
Roosevelt	0	0	0	11	13	26	0.0	0.0	0.0	27.1	29.4	28.7
Sandoval	51	0	8	222	160	476	55.8	0.0	43.2	72.1	48.5	62.4
San Juan	47	0	0	37	102	192	18.4	0.0	0.0	31.3	41.8	29.9
San Miguel	0	0	0	127	13	141	0.0	0.0	0.0	117.8	59.3	104.3
Santa Fe	16	4	5	474	172	699	75.4	32.3	60.1	119.9	59.8	94.9
Sierra	0	0	0	0	5	9	0.0	0.0	0.0	0.0	15.0	18.4
Socorro	21	0	0	45	19	91	198.3	0.0	0.0	109.0	66.8	110.3
Taos	10	0	0	104	32	165	106.0	0.0	0.0	111.6	56.9	102.4
Torrance	0	0	0	17	25	46	0.0	0.0	0.0	48.7	68.1	59.9
Union	0	0	0	0	0	3	0.0	0.0	0.0	0.0	0.0	14.9
Valencia	15	0	0	199	100	324	88.7	0.0	0.0	85.4	82.5	84.6
New Mexico	432	27	169	3,585	2,030	6,578	44.1	13.2	70.2	69.1	51.1	61.7

* 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

Chart 2: Opioid Overdose-Related Emergency Department Visit Rates* by County, New Mexico, 2017-2021

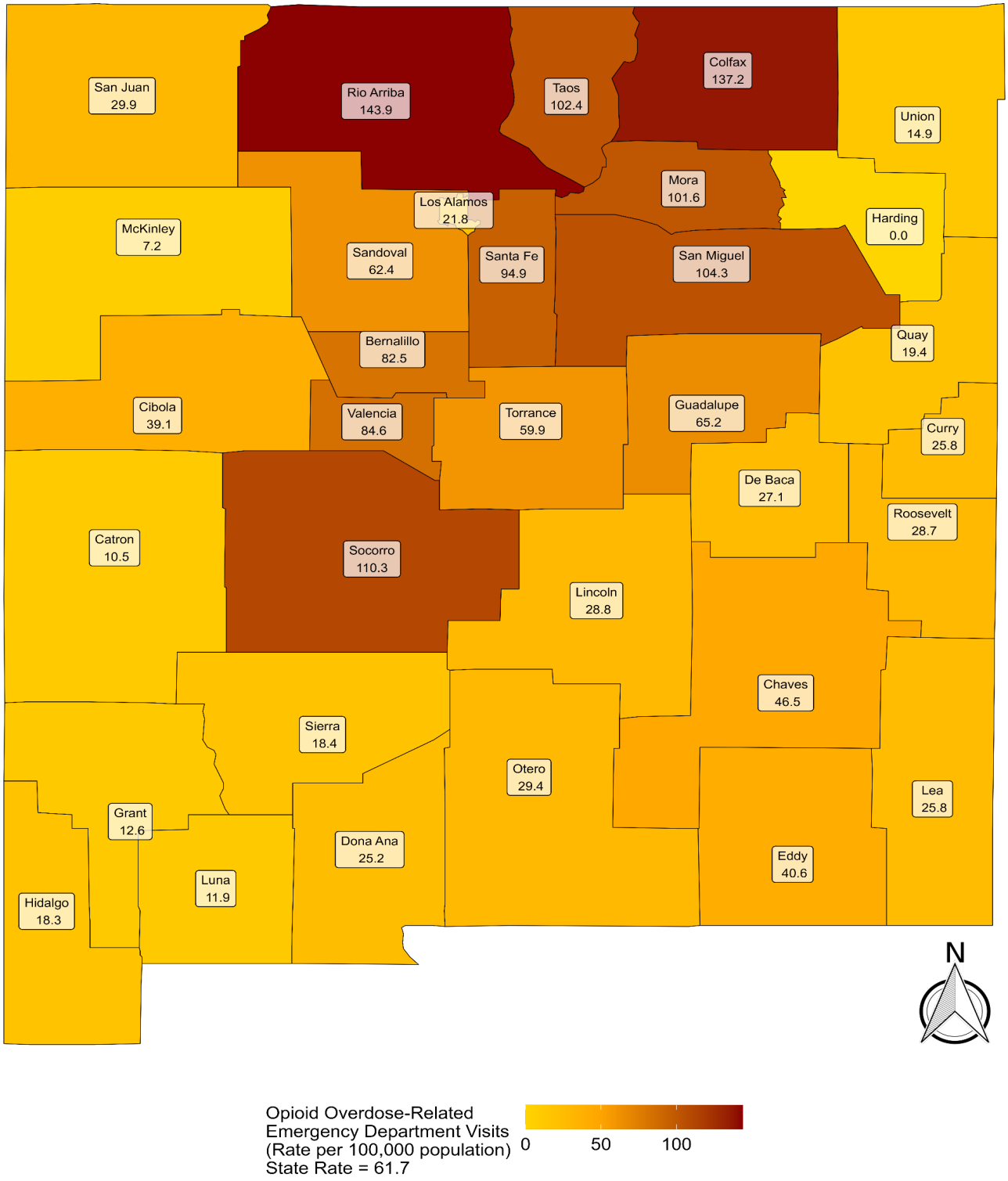


* All rates are per 100,000, age-adjusted to the 2000 US standard population

** 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, 2017-2021



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

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

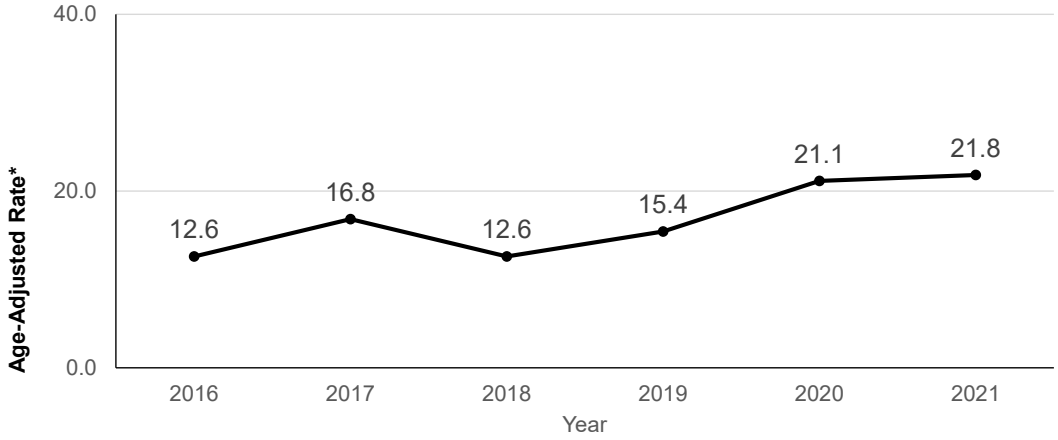
AMPHETAMINE OVERDOSE-RELATED EMERGENCY DEPARTMENT VISITS

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 age-adjusted rate of amphetamine overdose related emergency department visits increased in New Mexico. However, since 2018, emergency department related visits for amphetamine overdoses have increased to the current higest rate of 21.8.

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, 2016-2021



* All rates are per 100,000, age-adjusted to the 2000 US standard 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, 2017-2021

		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	13	66	0	79	7.4	27.9	0.0	16.6
	Asian/Pacific Islander	-	0	0	1	-	0.0	0.0	1.1
	Black	9	51	-	61	19.0	71.4	-	43.5
	Hispanic	86	482	6	574	8.3	38.1	2.1	22.5
	White	45	326	11	382	10.0	32.6	2.1	20.1
	Total	161	976	20	1,157	9.3	37.2	2.3	22.3
Female	American Indian	13	35	-	49	7.4	13.6	-	9.4
	Asian/Pacific Islander	0	0	0	0	0.0	0.0	0.0	0.0
	Black	-	11	0	13	-	22.1	0.0	12.9
	Hispanic	60	282	-	345	6.0	22.1	-	13.3
	White	41	187	5	233	10.0	18.7	0.8	12.7
	Total	123	530	10	663	7.4	20.0	1.0	12.7
Total	American Indian	26	101	-	128	7.4	20.4	-	12.9
	Asian/Pacific Islander	-	0	0	1	-	0.0	0.0	0.5
	Black	11	62	-	74	12.5	51.2	-	30.7
	Hispanic	146	768	9	923	7.2	30.3	1.4	18.0
	White	87	513	16	616	10.1	25.6	1.4	16.4
	Total	285	1,513	30	1,828	8.4	28.7	1.6	17.6

* 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 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 (28.7 visits per 100,000 population). Males had a higher rate of amphetamine overdose related emergency department visits than females (22.3 visits per 100,000 population vs 1.7 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 Colfax, Chaves, and San Miguel. Bernalillo County had the largest percentage of amphetamine overdose related emergency department visits (41.6% of the state total), followed by Chaves County (7.1%). 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, 2017-2021

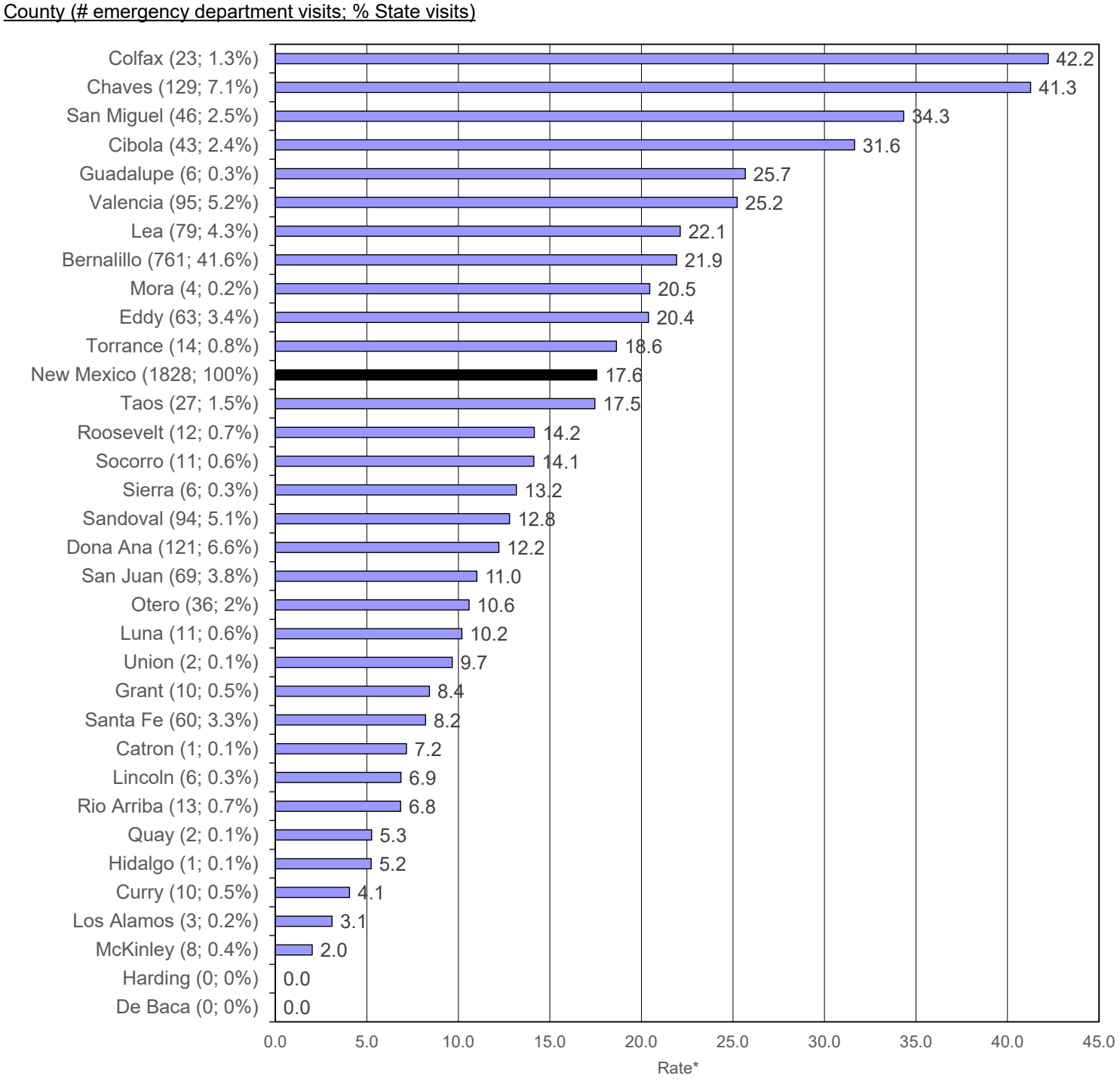
	Emergency Department Visits						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	57	-	43	405	219	761	34.2	-	39.4	23.4	16.7	21.9
Catron	0	0	0	0	-	1	0.0	0.0	0.0	0.0	-	7.2
Chaves	-	0	-	33	87	129	-	0.0	-	18.5	73.1	41.3
Cibola	8	0	0	24	10	43	14.9	0.0	0.0	44.5	45.6	31.6
Colfax	0	0	0	17	5	23	0.0	0.0	0.0	56.2	25.1	42.2
Curry	0	0	-	-	8	10	0.0	0.0	-	-	6.8	4.1
De Baca	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Dona Ana	-	0	-	74	38	121	-	0.0	-	10.8	14.5	12.2
Eddy	0	0	-	32	29	63	0.0	0.0	-	19.8	21.3	20.4
Grant	0	0	0	8	-	10	0.0	0.0	0.0	13.3	-	8.4
Guadalupe	0	0	0	5	-	6	0.0	0.0	0.0	27.1	-	25.7
Harding	0	0	0	0	0	0	0.0	-	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	-	0	1	0.0	0.0	0.0	-	0.0	5.2
Lea	0	0	-	44	31	79	0.0	0.0	-	20.4	24.6	22.1
Lincoln	-	0	0	-	-	6	-	0.0	0.0	-	-	6.9
Los Alamos	0	0	0	0	-	3	0.0	0.0	0.0	0.0	-	3.1
Luna	0	0	0	-	8	11	0.0	0.0	0.0	-	27.8	10.2
McKinley	6	0	0	0	-	8	1.9	0.0	0.0	0.0	-	2.0
Mora	0	0	0	4	0	4	0.0	0.0	0.0	24.1	0.0	20.5
Otero	-	0	-	14	16	36	-	0.0	-	10.5	10.5	10.6
Quay	0	0	0	-	-	2	0.0	0.0	0.0	-	-	5.3
Rio Arriba	-	0	0	11	-	13	-	0.0	0.0	8.0	-	6.8
Roosevelt	0	0	0	4	8	12	0.0	0.0	0.0	11.4	17.9	14.2
Sandoval	19	0	6	44	17	94	20.4	0.0	33.9	15.0	5.6	12.8
San Juan	15	0	-	16	31	69	5.7	0.0	-	13.5	13.3	11.0
San Miguel	0	0	-	36	9	46	0.0	0.0	-	33.6	40.3	34.3
Santa Fe	-	0	-	33	19	60	-	0.0	-	8.5	6.1	8.2
Sierra	0	0	0	-	-	6	0.0	0.0	0.0	-	-	13.2
Socorro	0	0	0	6	5	11	0.0	0.0	0.0	15.6	19.4	14.1
Taos	4	0	0	10	10	27	42.1	0.0	0.0	11.1	21.7	17.5
Torrance	0	0	0	8	4	14	0.0	0.0	0.0	22.4	10.4	18.6
Union	0	0	0	-	0	2	0.0	0.0	0.0	-	0.0	9.7
Valencia	-	0	-	67	21	95	-	0.0	-	28.9	17.7	25.2
New Mexico	128	-	74	923	616	1,828	12.9	-	30.7	18.0	16.4	17.6

* 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, 2017-2021



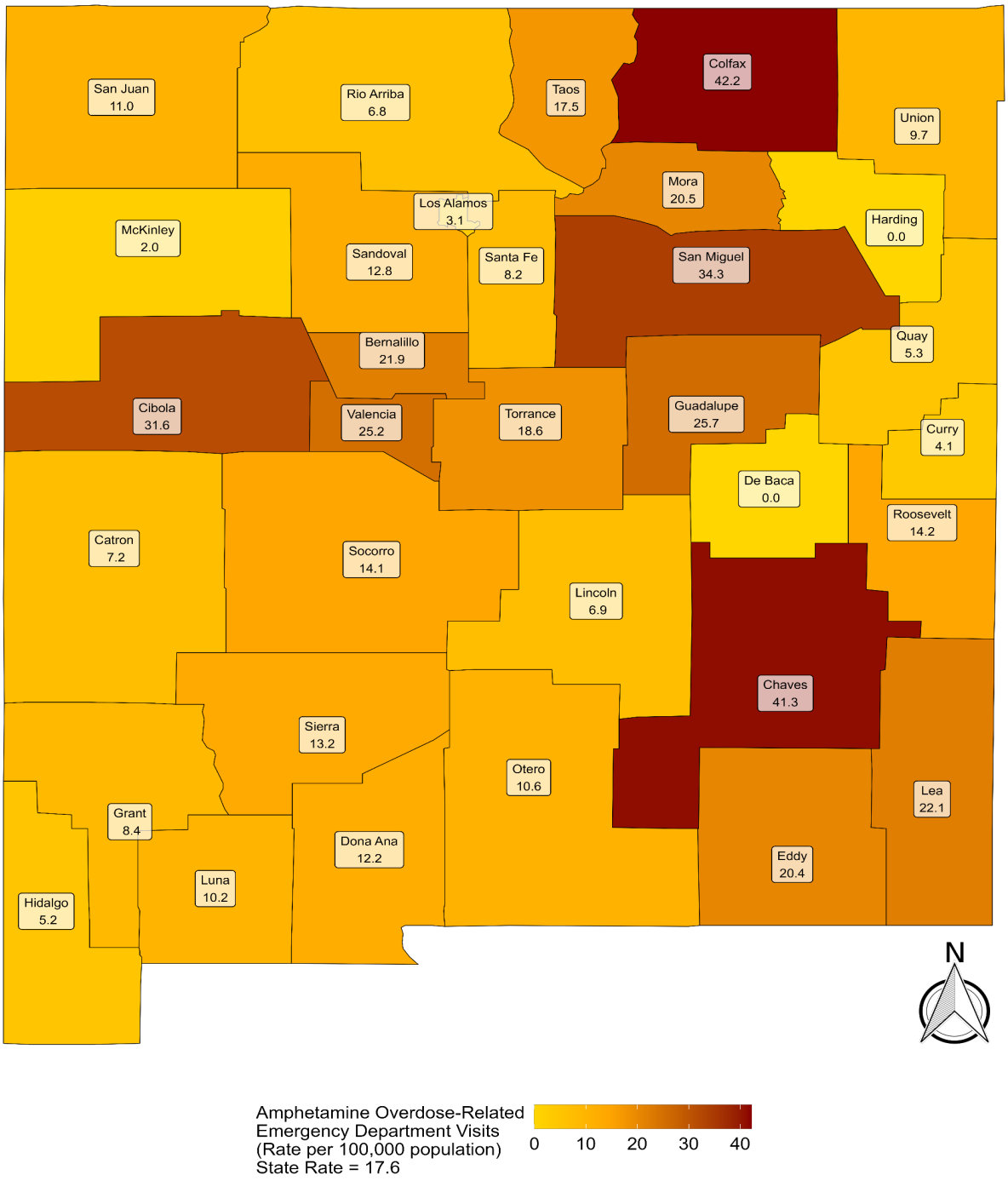
* All rates are per 100,000, age-adjusted to the 2000 US standard population

** 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, 2017-2021



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

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

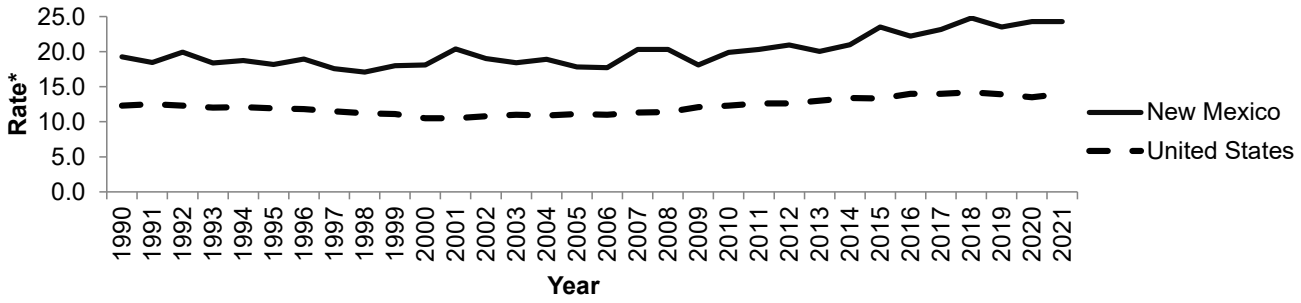
SUICIDE

Problem Statement

Suicide is a serious and persistent public health problem in New Mexico. As shown in Chart 1, over the period from 1990-2021, 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 39% increase from 2000 to 2021. The NM rate followed a similar pattern. In 2021, suicide was the ninth leading cause of death overall in New Mexico.

Table 1 and Chart 2 show that male suicide rates were approximately 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 2017-2021. White males and females have higher rates over age 24 compared to other race/ethnicities. American Indian males ages 25-34 had significantly higher rates compared to other race/ethnicities (Chart 2). Table 2 shows that multiple counties had substantial numbers of suicides (averaging more than 30 per year). As Chart 3 demonstrates, for the time period 2017-2021, all but ten of NM's counties had rates one and a half times higher than the comparable US rate. A number of smaller counties also had very high rates. 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, 1990-2021



**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)

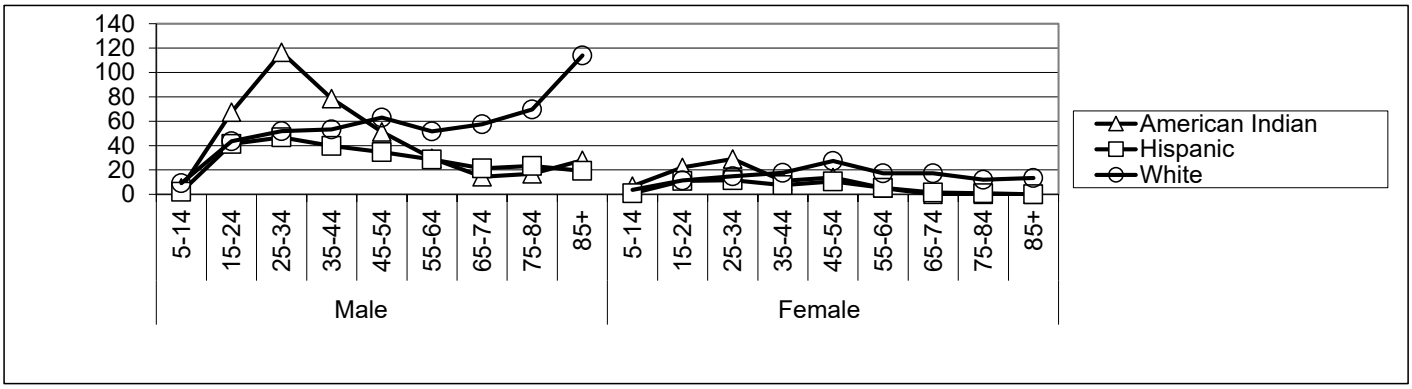
Table 1: Suicide Deaths and Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2017-2021

		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	53	179	7	239	30.0	75.7	16.3	50.4
	Asian/Pacific Islander	5	8	3	16	18.9	16.3	31.2	18.6
	Black	13	21	4	38	27.4	29.4	27.5	28.5
	Hispanic	182	485	61	728	17.6	38.4	21.7	28.7
	White	103	545	342	990	22.8	54.5	66.6	44.7
	Total	358	1,243	420	2,021	20.6	47.4	48.7	38.1
Female	American Indian	21	41	0	62	12.0	15.9	0.0	12.1
	Asian/Pacific Islander	3	9	2	14	11.4	14.8	12.9	12.2
	Black	3	4	0	7	7.4	8.0	0.0	7.4
	Hispanic	49	113	4	166	4.9	8.9	1.2	6.5
	White	26	192	90	308	6.3	19.2	15.2	14.1
	Total	102	361	97	560	6.2	13.7	9.4	10.4
Total	American Indian	74	220	7	301	21.1	44.5	6.6	30.6
	Asian/Pacific Islander	8	17	5	30	15.2	15.5	19.9	15.1
	Black	16	25	4	45	18.2	20.6	14.2	19.2
	Hispanic	231	598	65	894	11.4	23.6	10.4	17.5
	White	129	737	432	1,298	15.0	36.8	39.1	29.4
	Total	460	1,604	517	2,581	13.6	30.5	27.4	24.1

* 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; SUES

Chart 2: Suicide Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2017-2021



* Age-specific rates per 100,000

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

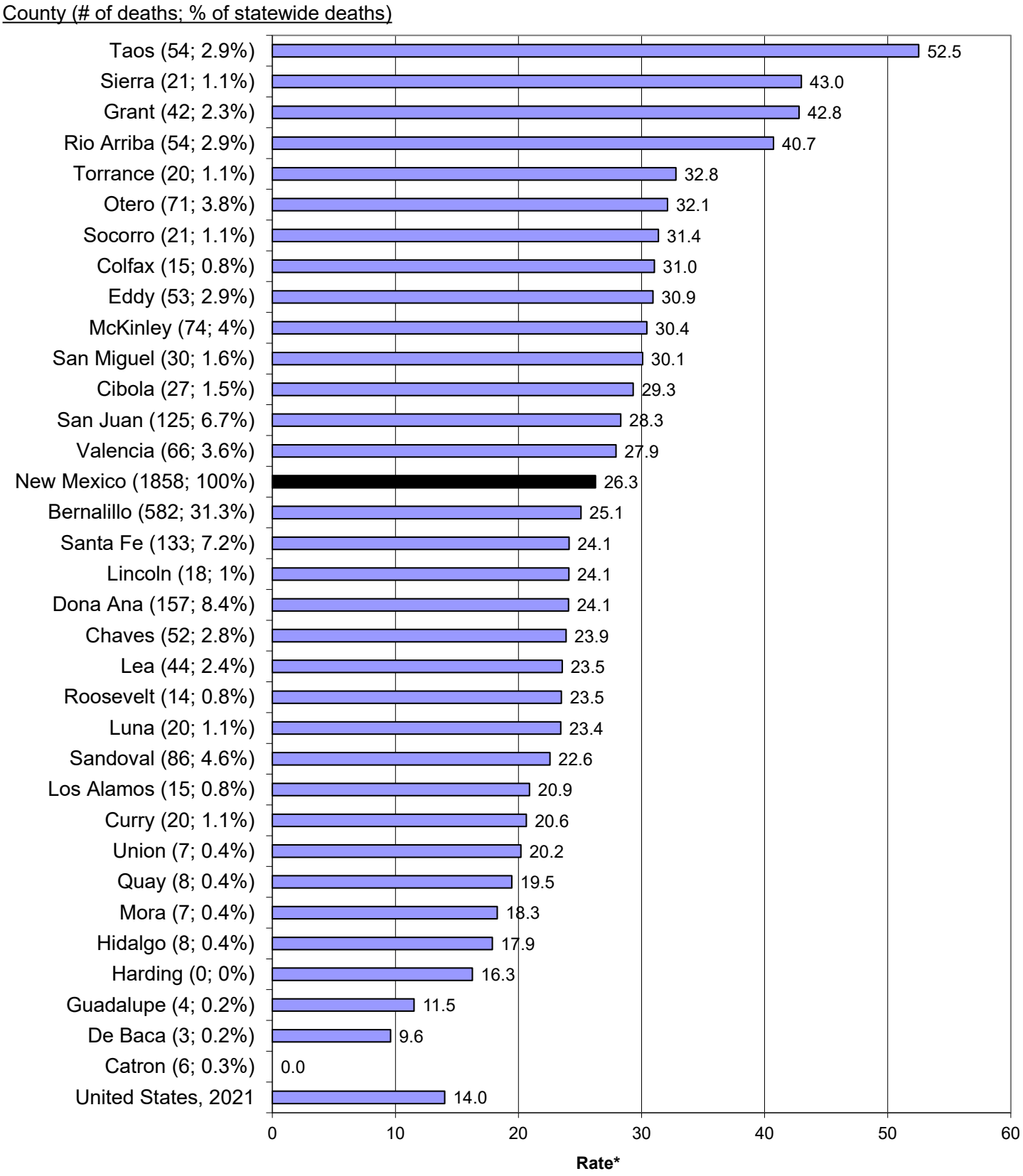
Table 2: Suicide Deaths and Rates* by Race/Ethnicity and County, New Mexico, 2017-2021

	Deaths						Rates*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	41	19	18	331	417	828	24.9	18.4	17.4	19.2	27.7	23.4
Catron	0	0	0	1	9	11	0.0	0.0	0.0	39.8	55.0	52.5
Chaves	0	1	0	29	45	77	0.0	17.3	0.0	16.3	32.7	23.9
Cibola	16	0	0	14	8	38	30.6	0.0	0.0	28.0	40.7	30.1
Colfax	1	0	0	16	6	23	105.0	0.0	0.0	60.2	13.1	42.8
Curry	0	0	5	16	24	45	0.0	0.0	27.3	15.9	22.6	20.2
De Baca	0	0	0	0	1	1	0.0	0.0	0.0	0.0	31.3	17.9
Dona Ana	4	2	6	91	78	181	34.4	11.8	26.4	12.0	23.5	16.3
Eddy	0	1	1	24	57	84	0.0	27.8	12.4	16.9	40.9	28.3
Grant	2	0	0	13	28	43	132.1	0.0	0.0	21.1	33.6	29.3
Guadalupe	0	0	0	2	1	3	0.0	0.0	0.0	7.8	38.1	11.5
Harding	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0
Hidalgo	0	0	0	2	4	6	0.0	0.0	0.0	21.7	46.4	30.4
Lea	1	0	2	26	35	65	34.3	0.0	15.4	12.6	29.8	19.5
Lincoln	0	0	0	6	28	34	0.0	0.0	0.0	18.2	42.9	32.1
Los Alamos	0	1	0	0	10	12	0.0	9.8	0.0	0.0	9.4	9.6
Luna	0	0	2	7	26	35	0.0	0.0	93.3	9.4	53.4	25.1
McKinley	91	1	0	9	9	110	32.6	47.6	0.0	21.4	31.2	31.4
Mora	0	0	0	3	2	5	0.0	0.0	0.0	13.8	83.3	20.6
Otero	15	0	2	15	67	99	65.1	0.0	16.3	10.9	34.7	27.9
Quay	0	0	2	5	11	18	0.0	0.0	262.7	29.0	49.9	43.0
Rio Arriba	6	0	0	21	6	33	21.7	0.0	0.0	16.5	27.9	18.3
Roosevelt	0	1	1	3	15	20	0.0	23.1	15.9	4.4	33.1	20.9
Sandoval	23	1	2	53	93	172	24.9	7.6	10.9	18.1	27.5	23.5
San Juan	86	0	2	27	84	199	34.9	0.0	49.6	22.4	33.0	32.8
San Miguel	1	0	0	21	11	34	36.6	0.0	0.0	19.3	45.4	23.5
Santa Fe	4	3	2	77	103	191	17.5	22.6	30.3	20.1	27.1	24.1
Sierra	1	0	0	2	22	25	135.6	0.0	0.0	15.1	56.3	40.7
Socorro	3	0	0	12	15	30	31.0	0.0	0.0	26.4	31.8	31.0
Taos	2	0	0	17	24	43	29.0	0.0	0.0	20.7	34.1	26.3
Torrance	0	0	0	8	15	23	0.0	0.0	0.0	26.0	38.3	30.9
Union	0	0	0	3	2	5	0.0	0.0	0.0	33.1	17.4	24.1
Valencia	4	0	0	40	40	86	24.0	0.0	0.0	17.7	29.6	22.6
New Mexico	301	30	45	894	1,298	2,581	30.6	15.1	19.2	17.5	29.4	24.1

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

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

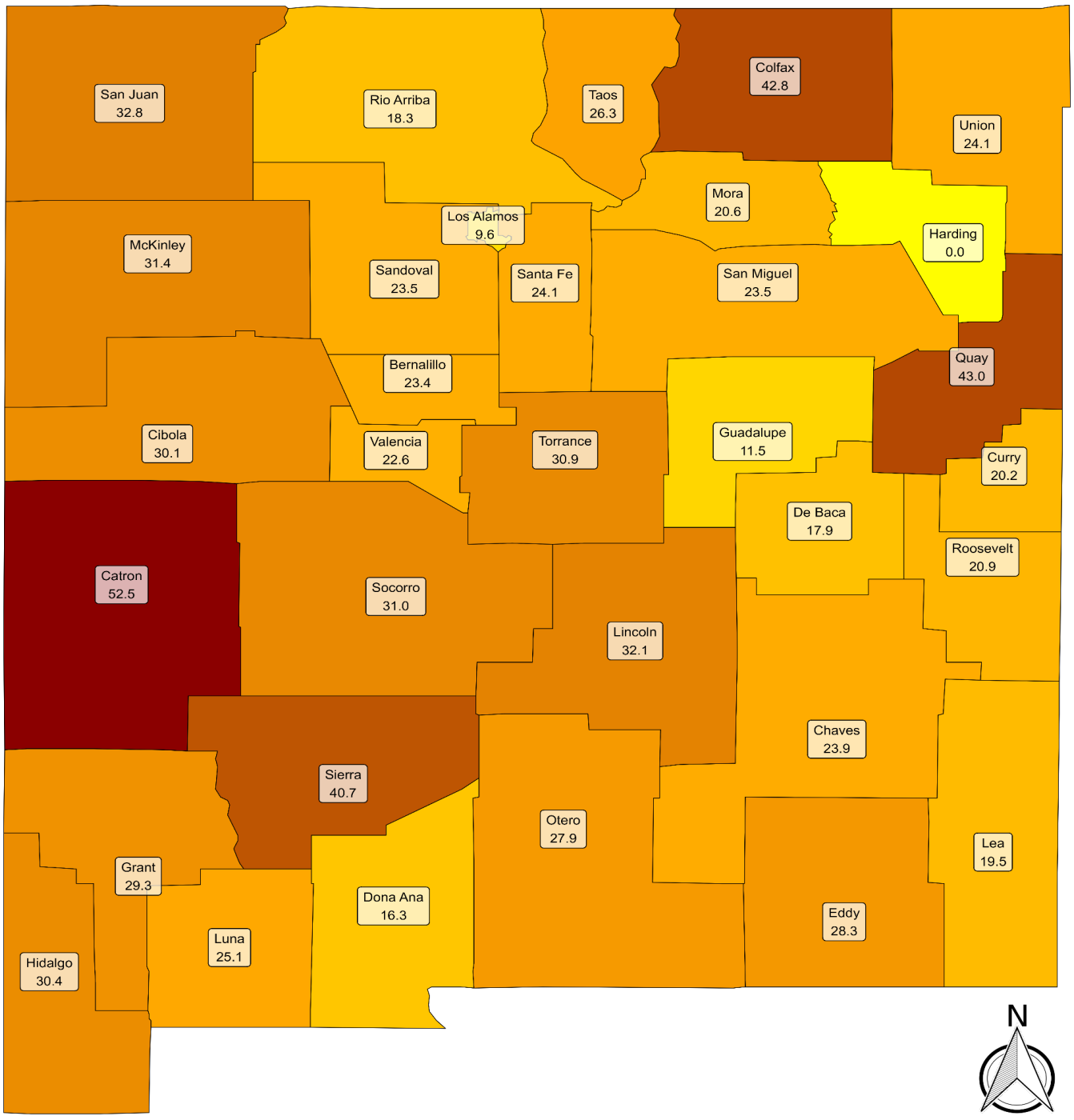
Chart 3: Suicide Rates* by County, New Mexico, 2017-2021



* 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, 2017-2021



* 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

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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, 2019-2021

		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	536	7,256	1,323	9,134	5.4	16.5	15.1	14.5
	Asian/Pacific Islander	-	305	-	650	-	3.7	-	6.0
	Black	-	1,822	-	2,375	-	13.7	-	12.6
	Hispanic	6,933	31,145	3,452	41,529	11.6	12.4	6.1	11.3
	White	4,346	23,819	6,831	35,079	14.5	13.3	6.9	11.4
	Total	12,531	65,442	12,267	90,665	12.1	13.0	7.1	11.6
Female	American Indian	2,072	8,028	1,362	11,463	25.5	14.5	11.8	15.2
	Asian/Pacific Islander	-	149	-	348	-	2.1	-	3.8
	Black	-	1,142	-	1,650	-	12.1	-	12.4
	Hispanic	14,076	42,808	7,565	64,837	24.0	16.9	10.8	16.9
	White	5,991	36,829	12,406	55,339	25.1	20.8	10.5	17.3
	Total	23,197	89,704	22,471	135,873	24.3	17.7	10.9	16.7
Total	American Indian	2,608	15,284	2,685	20,596	14.5	15.4	13.2	14.9
	Asian/Pacific Islander	-	454	-	998	-	3.0	-	5.0
	Black	-	2,964	347	4,024	-	13.0	7.7	12.5
	Hispanic	21,009	73,953	11,017	106,366	17.7	14.7	8.7	14.2
	White	10,337	60,648	19,236	90,418	19.2	17.1	8.9	14.4
	Total	35,728	155,147	34,738	226,537	18.0	15.4	9.2	14.2

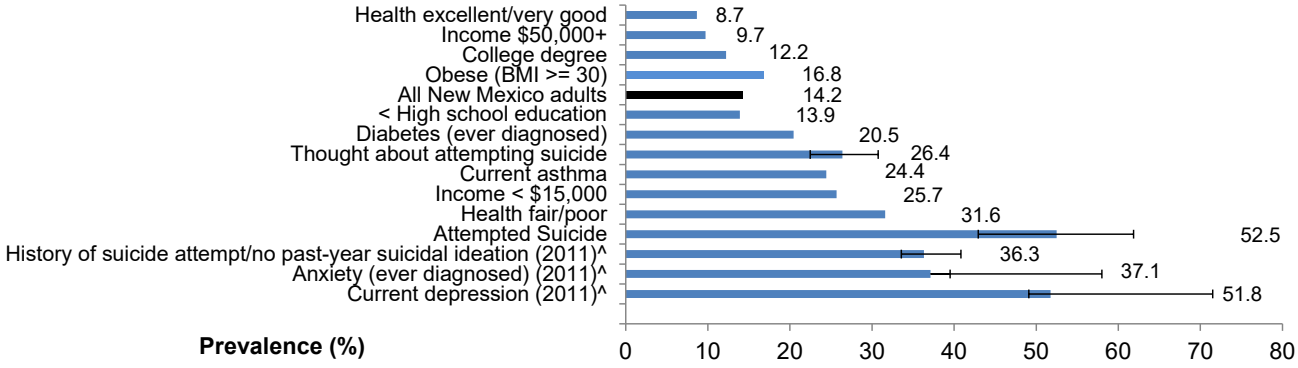
* Estimate of percent of people in population group who reported Frequent Mental Distress in past 30 days

- 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, 2021



* Frequent Mental Distress definition: respondent reported 14 or more days in past 30 days when mental health was "not good"

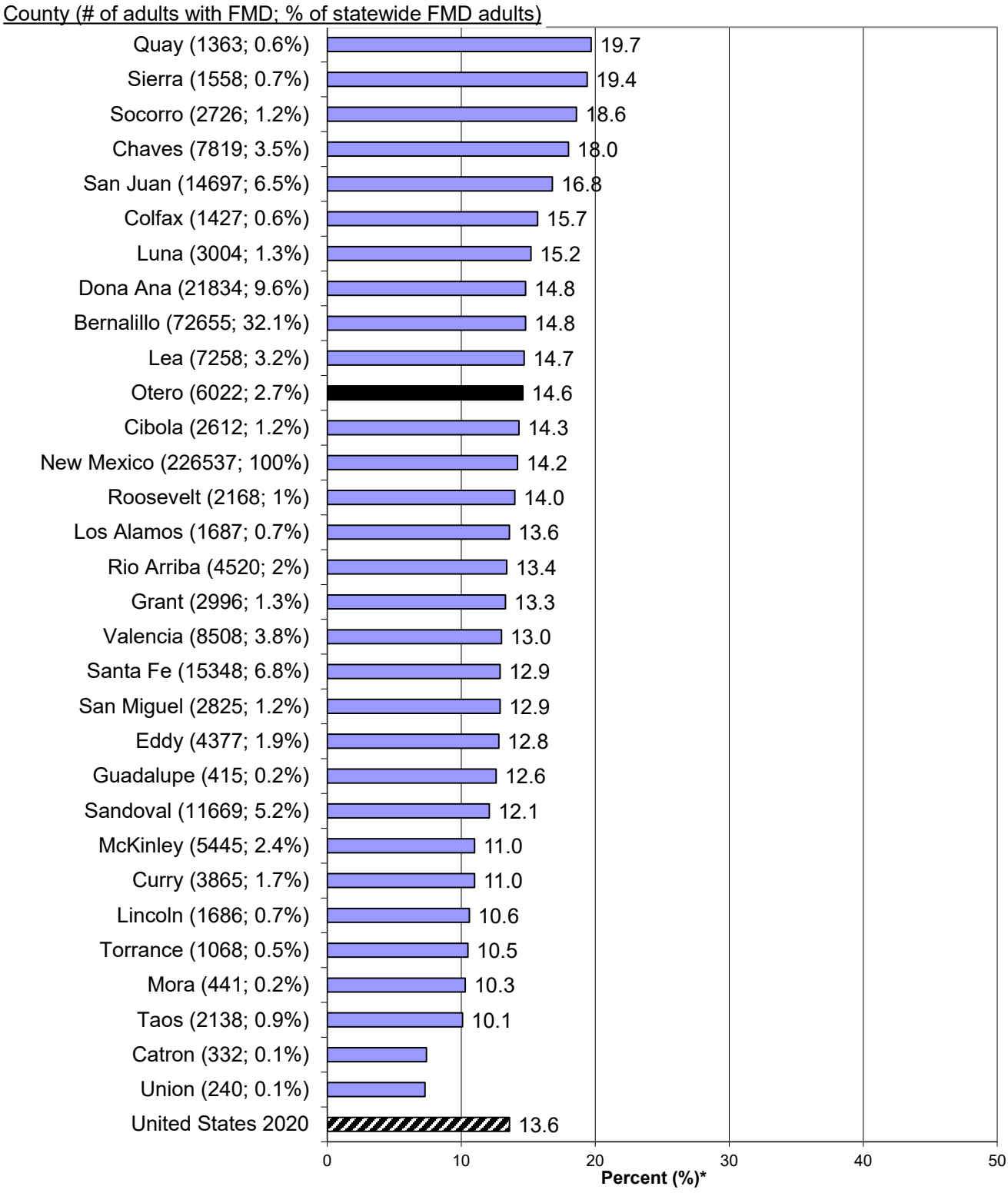
^ These questions were last asked in 2011 and has not been asked in recent iterations of the BRFSS.

Table 2: Frequent Mental Distress (past 30 days) by Race and County, Adults Aged 18+, New Mexico, 2019-2021

	Number						Percent*					
	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	3,715	-	1,308	38,708	27,585	72,655	18.0	-	11.4	15.7	14.2	14.8
Catron	-	-	-	-	175	332	-	-	-	-	5.4	7.4
Chaves	-	-	-	3,910	3,464	7,819	-	-	-	16.9	19.0	18.0
Cibola	1,115	-	-	857	532	2,612	15.7	-	-	13.4	12.3	14.3
Colfax	-	-	-	992	436	1,427	-	-	-	21.7	11.1	15.7
Curry	-	-	-	1,789	2,029	3,865	-	-	-	11.4	12.0	11.0
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	13,418	7,673	21,834	-	-	-	13.8	17.7	14.8
Eddy	-	-	-	1,869	2,288	4,377	-	-	-	12.3	13.5	12.8
Grant	-	-	-	1,434	1,388	2,996	-	-	-	12.2	14.6	13.3
Guadalupe	-	-	-	-	-	415	-	-	-	-	-	12.6
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	4,007	2,806	7,258	-	-	-	13.5	17.2	14.7
Lincoln	-	-	-	533	1,153	1,686	-	-	-	13.7	10.2	10.6
Los Alamos	-	-	-	-	1,312	1,687	-	-	-	-	14.3	13.6
Luna	-	-	-	2,074	782	3,004	-	-	-	14.8	15.1	15.2
McKinley	4,218	-	-	879	286	5,445	11.8	-	-	9.6	7.6	11.0
Mora	-	-	-	-	-	441	-	-	-	-	-	10.3
Otero	-	-	-	2,084	2,960	6,022	-	-	-	17.6	12.8	14.6
Quay	-	-	-	-	610	1,363	-	-	-	-	14.9	19.7
Rio Arriba	-	-	-	3,532	651	4,520	-	-	-	14.2	12.3	13.4
Roosevelt	-	-	-	854	1,065	2,168	-	-	-	13.5	13.4	14.0
Sandoval	1,726	-	-	3,185	5,857	11,669	13.5	-	-	9.0	13.6	12.1
San Juan	5,785	-	-	3,014	5,579	14,697	17.1	-	-	18.3	16.0	16.8
San Miguel	-	-	-	1,946	848	2,825	-	-	-	12.6	15.4	12.9
Santa Fe	-	-	-	7,638	5,904	15,348	-	-	-	13.7	10.9	12.9
Sierra	-	-	-	-	1,322	1,558	-	-	-	-	23.6	19.4
Socorro	-	-	-	1,320	860	2,726	-	-	-	18.7	18.8	18.6
Taos	-	-	-	1,377	705	2,138	-	-	-	11.4	9.9	10.1
Torrance	-	-	-	-	731	1,068	-	-	-	-	11.5	10.5
Union	-	-	-	-	-	240	-	-	-	-	-	7.3
Valencia	-	-	-	3569	3945	8508	-	-	-	8.8	18.8	13
New Mexico	20596	998	4024	106366	90418	226537	14.9	5	12.5	14.2	14.4	14.2

Source: BRFSS; SUES

Chart 2: Frequent Mental Distress (past 30 days)* by County, Adults Aged 18+, New Mexico, 2019-2021

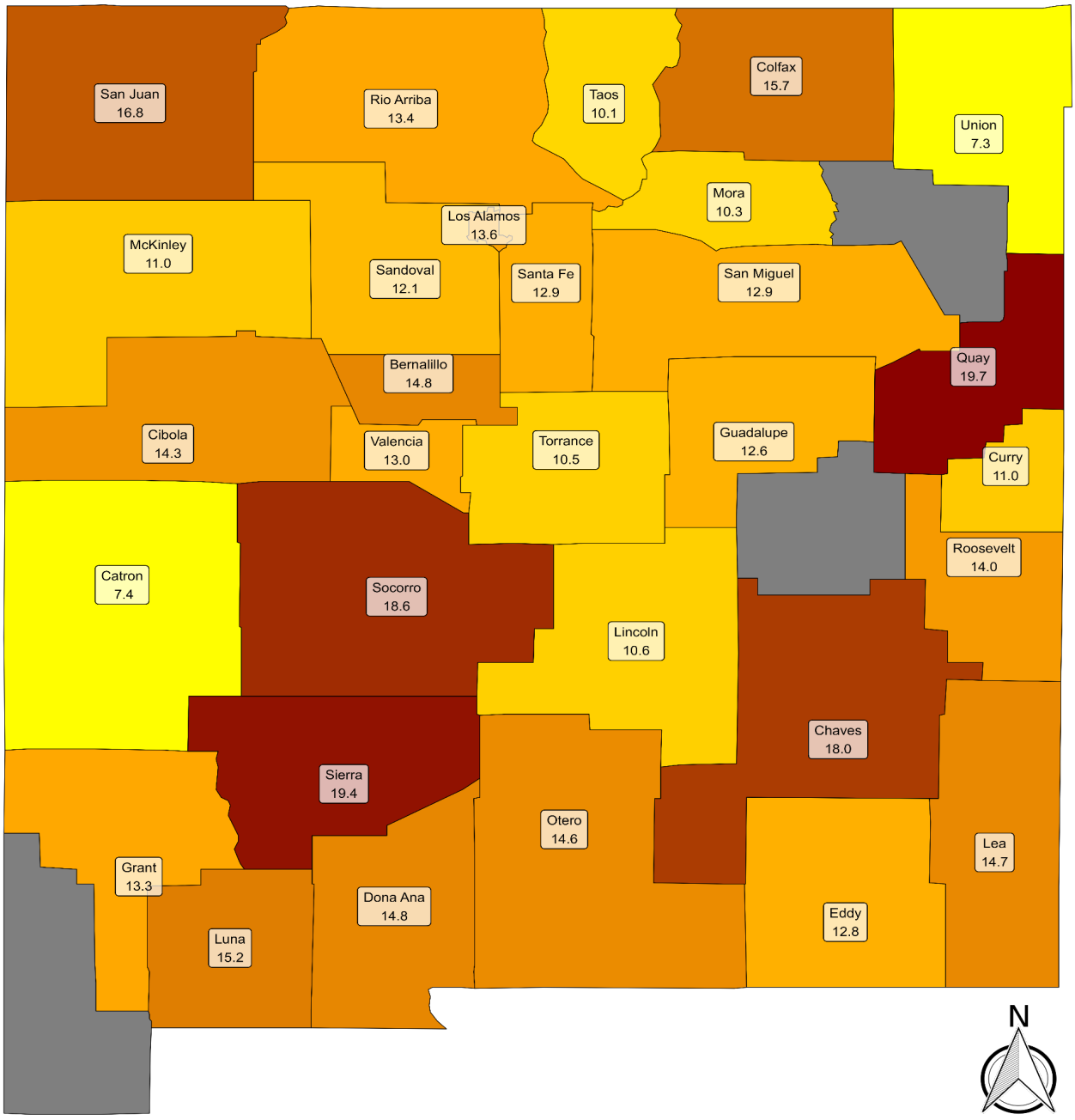


* Estimate of percent of people in population group who reported Frequent Mental Distress in past 30 days

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

ADULT MENTAL HEALTH (continued)

Chart 3: Frequent Mental Distress (past 30 days)* by County, Adults Aged 18+, New Mexico, 2019-2021



Counties that are blued out do not have any data available or are suppressed due to small numbers

Source: BRFSS; SUES

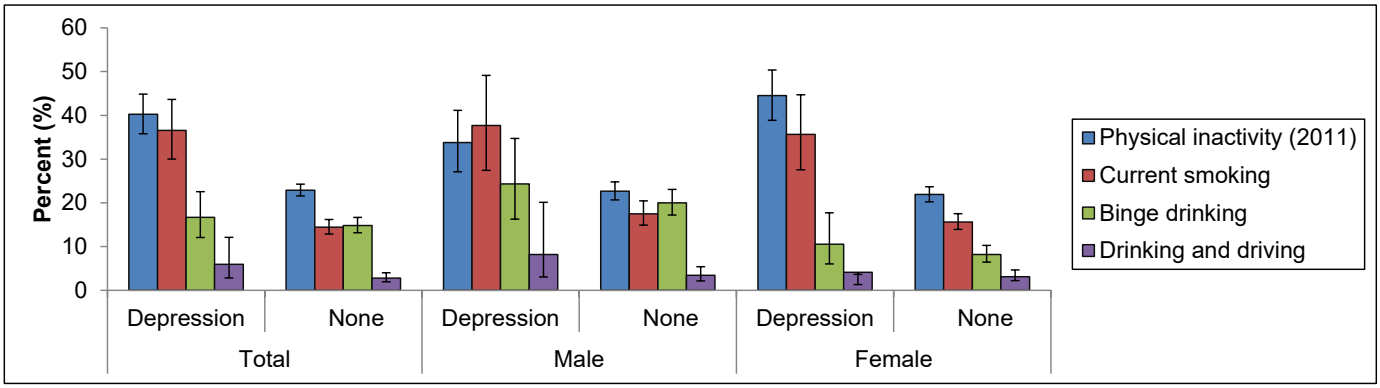
ADULT MENTAL HEALTH - DEPRESSION

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

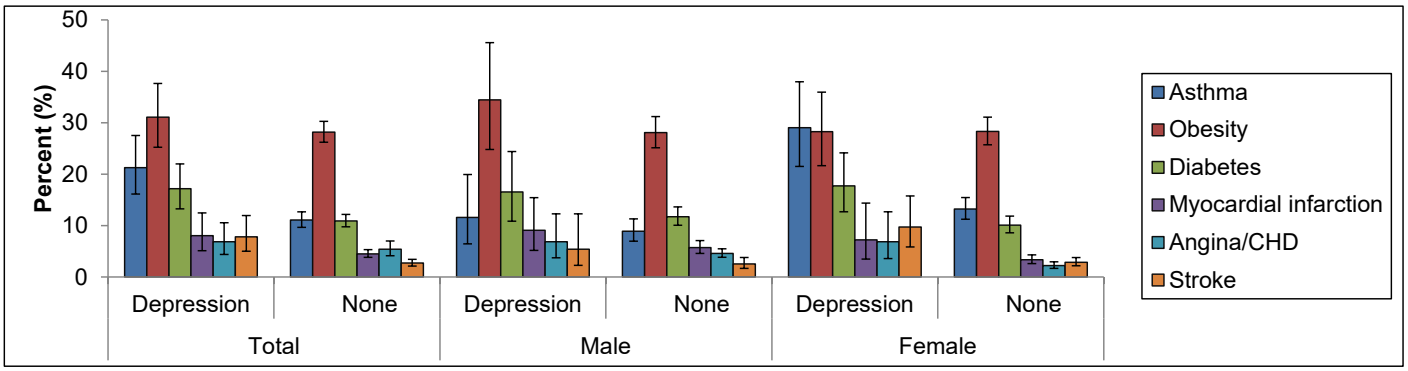
** Estimate of percent of people in population group who reported current (past 2-week) depression based on DSM-IV criteria

- 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

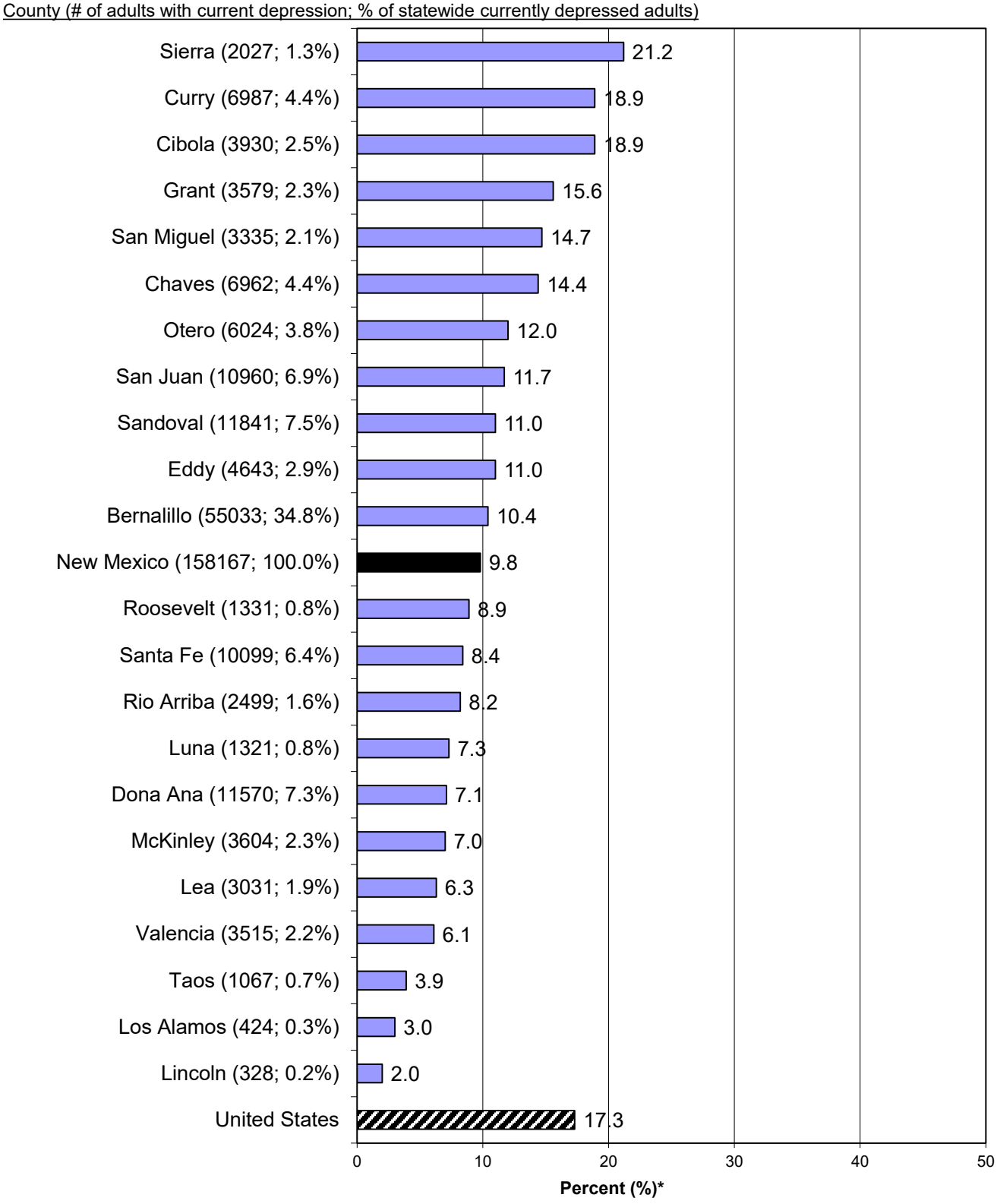
** Estimate of percent of people in population group who reported current (past 2-week) depression based on DSM-IV criteria

- 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

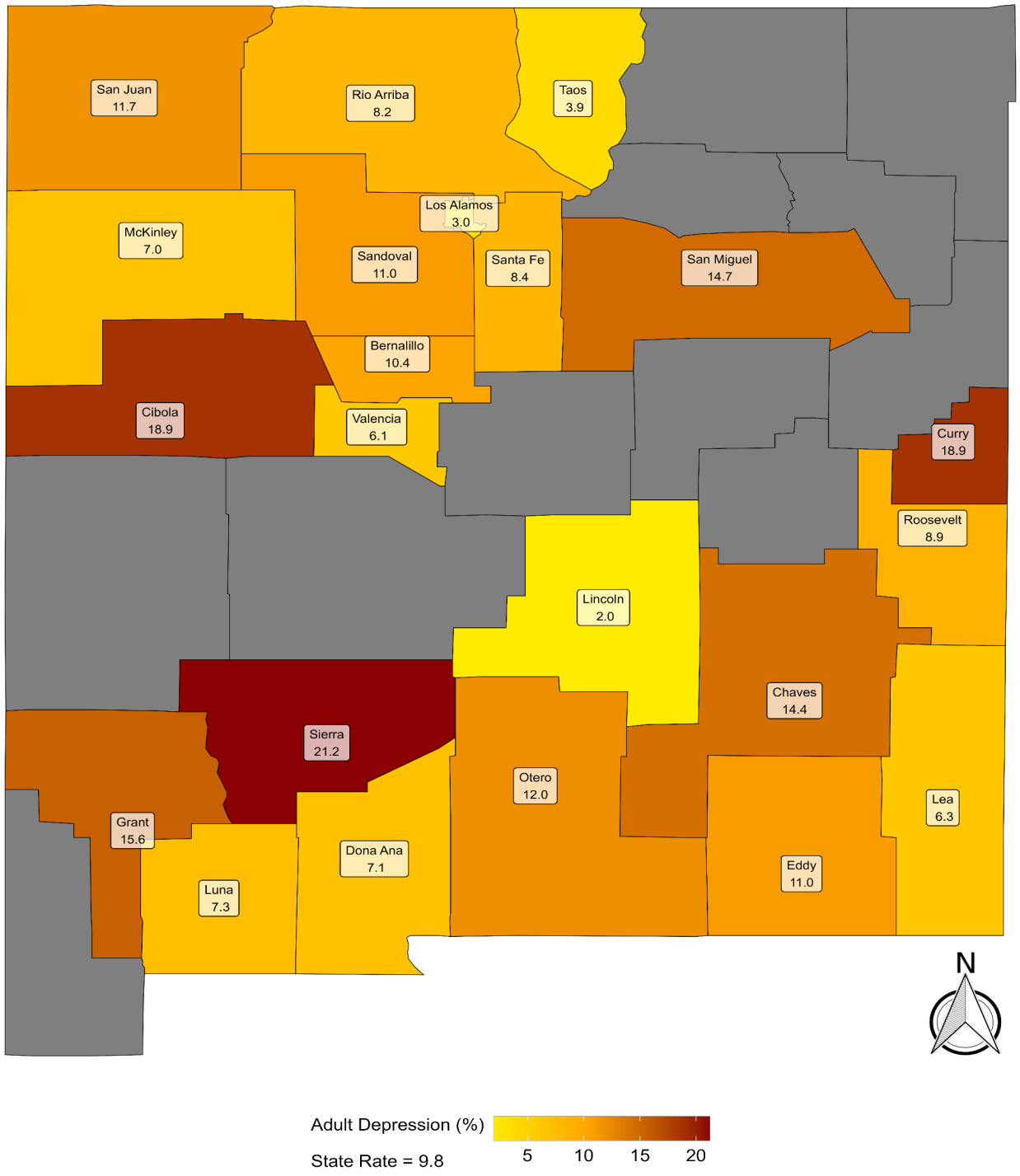


* Estimate of percent of people in population group who reported current (past 2-week) depression based on DSM-IV criteria

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
Counties that are blued out do not have any data available or are suppressed due to small numbers

Source: BRFSS; SUES

YOUTH FEELINGS OF SADNESS OR HOPELESSNESS

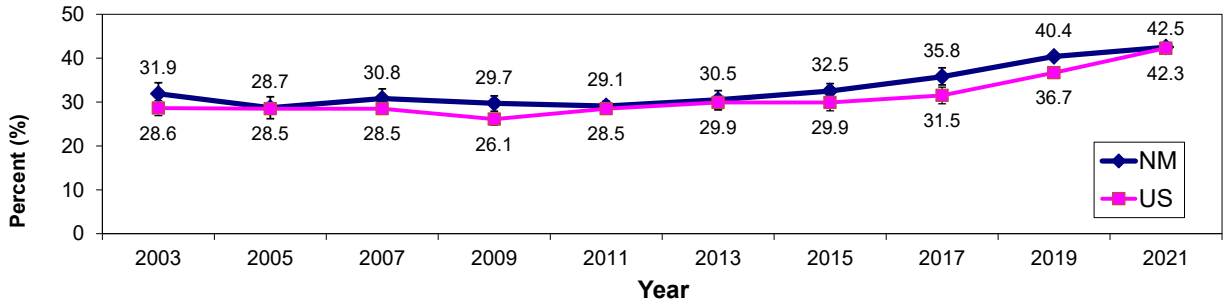
Problem Statement

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 2021 (Chart 1). In 2021 in NM, girls (54.7%) were nearly twice as likely to report feelings of sadness or hopelessness than boys (30.7%), 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 2021, the counties with the highest prevalence of persistent feelings of sadness or hopelessness were Luna (52.9%), Bernalillo (48.8%), Quay (48.5%), Guadalupe (48.5%), and Lea (47.3%). The counties with the lowest prevalence were Otero (34.6%), Mora (32.6%) and De Baca (23.6%).

Chart 1: Feelings of Sadness or Hopelessness* by Year, Grades 9 - 12, NM and US, 2003-2021



* 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)

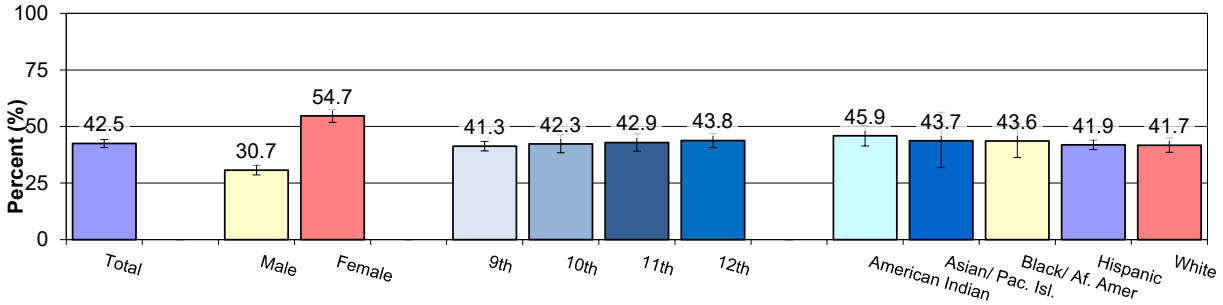
Table 1: Feelings of Sadness or Hopelessness, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2021

		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	32.5 (24.2-42.1)	34.5 (21.8-49.9)	39.0 (33.4-44.9)	33.3 (21.0-48.2)	34.6 (28.0-41.9)
	Asian/Pacific Islander	--	--	--	--	32.2 (20.6-46.6)
	Black	--	--	--	--	29.9 (23.2-37.5)
	Hispanic	28.2 (22.5-34.8)	29.4 (24.9-34.2)	26.6 (20.4-33.9)	32.9 (26.8-39.8)	29.3 (26.3-32.6)
	White	32.1 (26.5-38.4)	26.7 (21.2-33.1)	36.5 (28.5-45.3)	30.1 (21.5-40.3)	31.5 (28.5-34.7)
	Total	29.4 (26.3-32.7)	29.3 (25.5-33.4)	31.9 (26.9-37.4)	32.6 (27.4-38.2)	30.7 (28.6-33.0)
Female	American Indian	59.5 (50.6-67.8)	--	47.9 (39.9-56.0)	55.0 (43.5-66.0)	57.9 (52.4-63.2)
	Asian/Pacific Islander	--	--	--	--	54.5 (39.6-68.7)
	Black	--	--	--	--	62.4 (52.6-71.2)
	Hispanic	56.9 (53.5-60.3)	53.5 (46.1-60.8)	52.2 (45.0-59.4)	52.8 (45.7-59.8)	54.0 (50.8-57.2)
	White	48.6 (42.9-54.2)	53.6 (39.3-67.3)	58.0 (49.6-65.9)	55.3 (46.4-63.8)	53.2 (47.4-58.9)
	Total	54.5 (51.9-57.1)	55.6 (50.0-61.1)	53.9 (48.5-59.3)	54.6 (49.9-59.3)	54.7 (51.8-57.5)
Total	American Indian	45.6 (39.7-51.7)	51.4 (40.6-62.1)	42.8 (37.9-47.8)	43.6 (37.6-49.7)	45.9 (41.4-50.4)
	Asian/Pacific Islander	--	--	--	--	43.7 (31.8-56.3)
	Black	32.4 (25.8-39.7)	--	--	--	43.6 (36.3-51.3)
	Hispanic	42.2 (39.0-45.5)	42.1 (37.1-47.3)	40.4 (35.2-45.7)	42.6 (37.7-47.7)	41.9 (39.8-44.1)
	White	39.3 (35.0-43.8)	38.8 (31.9-46.3)	46.5 (40.4-52.7)	43.9 (38.9-49.0)	41.7 (38.6-45.0)
	Total	41.3 (39.2-43.5)	42.3 (38.4-46.3)	42.9 (39.1-46.8)	43.8 (40.7-46.9)	42.5 (40.7-44.3)

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

YOUTH FEELINGS OF SADNESS OR HOPELESSNESS (continued)

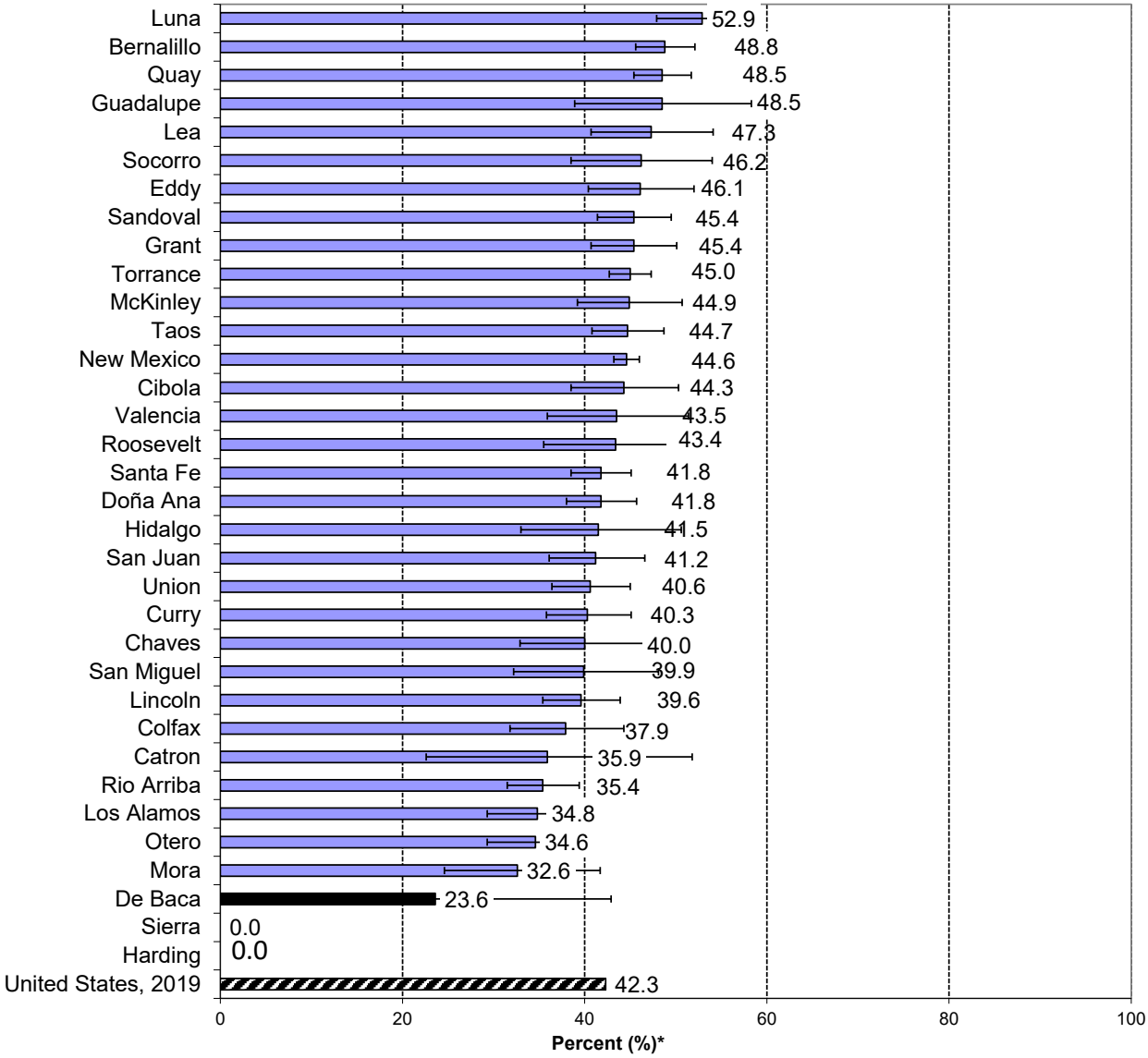
Chart 2: Feelings of Sadness or Hopelessness, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2021



*<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, 2021

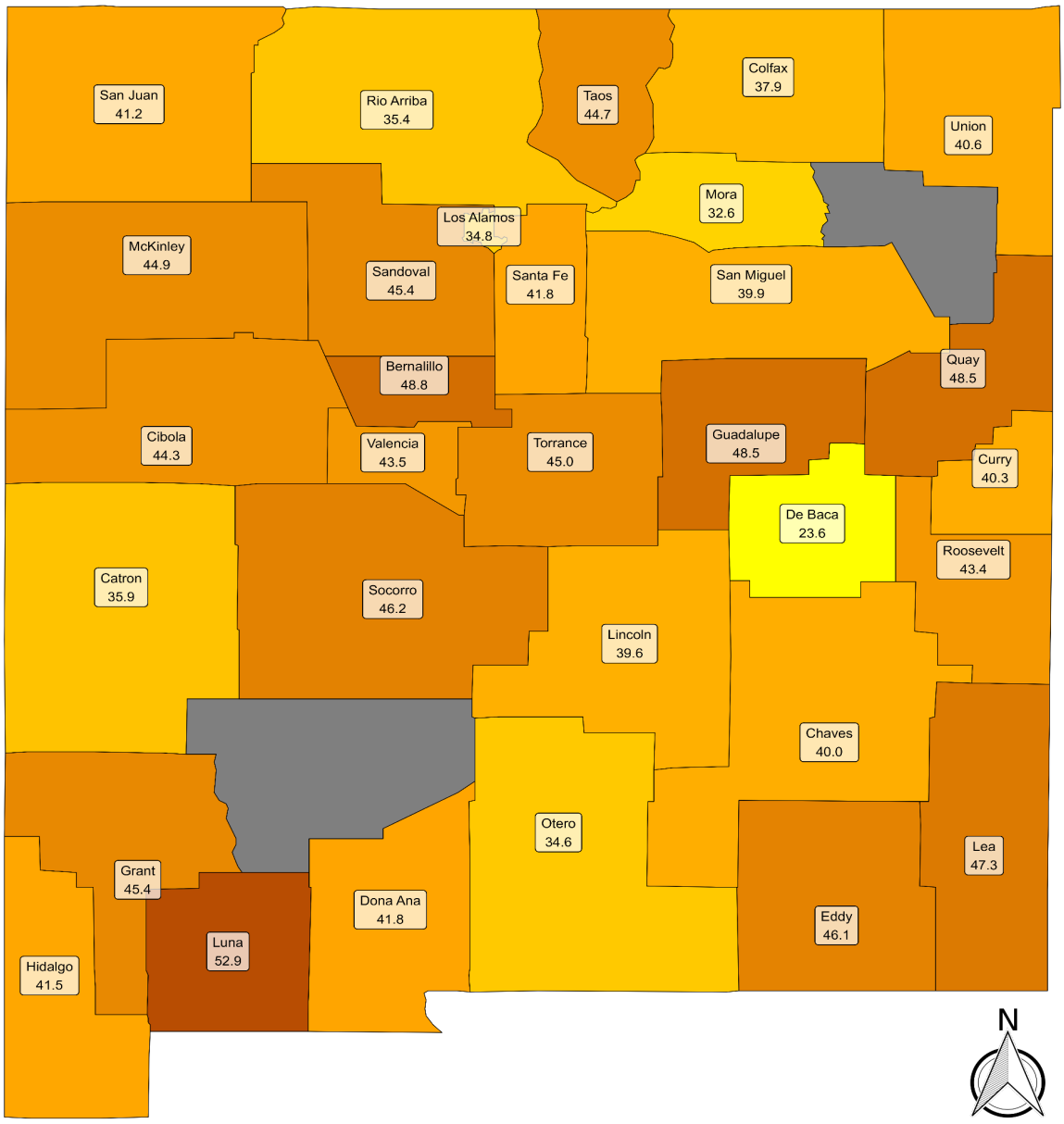


* Estimate of percent of high school students who reported persistent feelings of sadness or hopelessness within the past 12 months

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, 2021



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

Counties that are blued out do not have any data available or are suppressed due to small numbers

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

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YOUTH SERIOUSLY CONSIDERED SUICIDE

Problem Statement

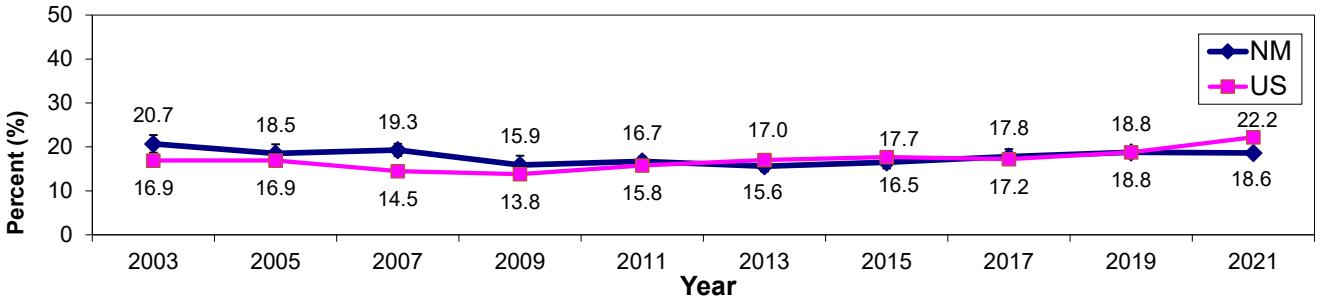
Suicide is a complex behavior with no single determining cause. Suicidal ideation refers to thoughts of suicide or wanting to take one's own life. Suicidal ideation is a risk factor for suicide attempt/death.

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 2021 to 18.6%. 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 2021 (13.8% to 18.6%).

In 2021 (Chart 2), New Mexico girls (24.2%) reported higher rates of having seriously considered suicide than boys (13.0%). This difference between girls and boys was significant across all grades (Table 1).

As Charts 3 and 4 demonstrate, in 2021, the counties with the highest prevalence of youth seriously considering suicide were Torrance (26.9%), Bernalillo (24.2%), Eddy (22.6%), Guadalupe (22.4%), and Lea (22.2%). The counties with the lowest prevalence were Otero (14.3%), Hidalgo (12.3%), and Catron (9.0%). More than two-thirds of the 10 NM counties had prevalence rates lower than the national and overall NM state rate in 2021.

Chart 1: Seriously Considered Suicide* by Year, Grades 9 - 12, NM and US, 2003-2021



* 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)

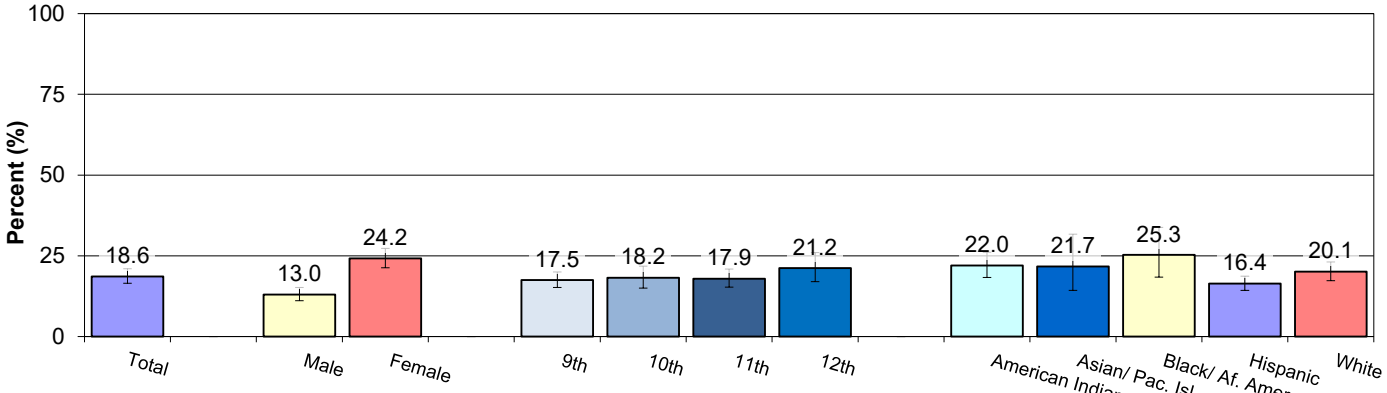
Table 1: Seriously Considered Suicide, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2021

		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	13.9 (6.5-27.4)	19.9 (10.2-35.1)	16.2 (9.9-25.4)	9.2 (3.1-24.1)	14.8 (9.9-21.5)
	Asian/Pacific Islander	--	--	--	--	16.9 (8.2-31.5)
	Black	--	--	--	--	16.4 (9.3-27.4)
	Hispanic	8.4 (5.8-12.0)	9.2 (6.4-13.1)	8.1 (5.8-11.2)	16.6 (11.7-23.0)	10.5 (8.5-12.8)
	White	16.8 (12.3-22.5)	14.1 (10.3-19.1)	14.3 (9.7-20.6)	17.2 (11.1-25.6)	15.9 (13.4-18.7)
	Total	11.8 (9.5-14.5)	12.9 (10.0-16.5)	11.2 (8.6-14.4)	16.4 (11.8-22.5)	13.0 (11.1-15.2)
Female	American Indian	25.7 (19.4-33.3)	--	27.3 (19.1-37.3)	42.4 (33.0-52.5)	29.4 (23.7-35.7)
	Asian/Pacific Islander	--	--	--	--	26.9 (16.8-40.0)
	Black	--	--	--	--	37.2 (28.8-46.5)
	Hispanic	19.5 (16.7-22.8)	22.6 (18.5-27.3)	23.0 (18.7-28.1)	21.1 (14.5-29.5)	21.7 (18.5-25.2)
	White	26.8 (20.5-34.1)	24.1 (14.9-36.4)	24.8 (17.9-33.3)	22.9 (15.8-32.0)	24.8 (20.7-29.4)
	Total	23.5 (20.4-26.8)	23.2 (18.7-28.5)	24.4 (20.3-29.0)	25.8 (19.4-33.3)	24.2 (21.3-27.3)
Total	American Indian	19.8 (15.0-25.8)	22.5 (14.2-33.8)	20.9 (14.0-30.0)	25.0 (16.4-36.2)	22.0 (18.3-26.1)
	Asian/Pacific Islander	--	--	--	--	21.7 (14.3-31.7)
	Black	19.4 (11.5-30.7)	--	--	--	25.3 (18.4-33.8)
	Hispanic	14.2 (11.7-17.0)	16.2 (13.4-19.5)	16.5 (13.7-19.8)	18.7 (14.5-23.8)	16.4 (14.3-18.7)
	White	21.2 (17.3-25.6)	18.9 (13.7-25.4)	19.0 (15.0-23.9)	20.2 (14.5-27.5)	20.1 (17.3-23.1)
	Total	17.5 (15.2-20.0)	18.2 (15.0-21.8)	17.9 (15.3-20.9)	21.2 (17.0-26.0)	18.6 (16.5-21.0)

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

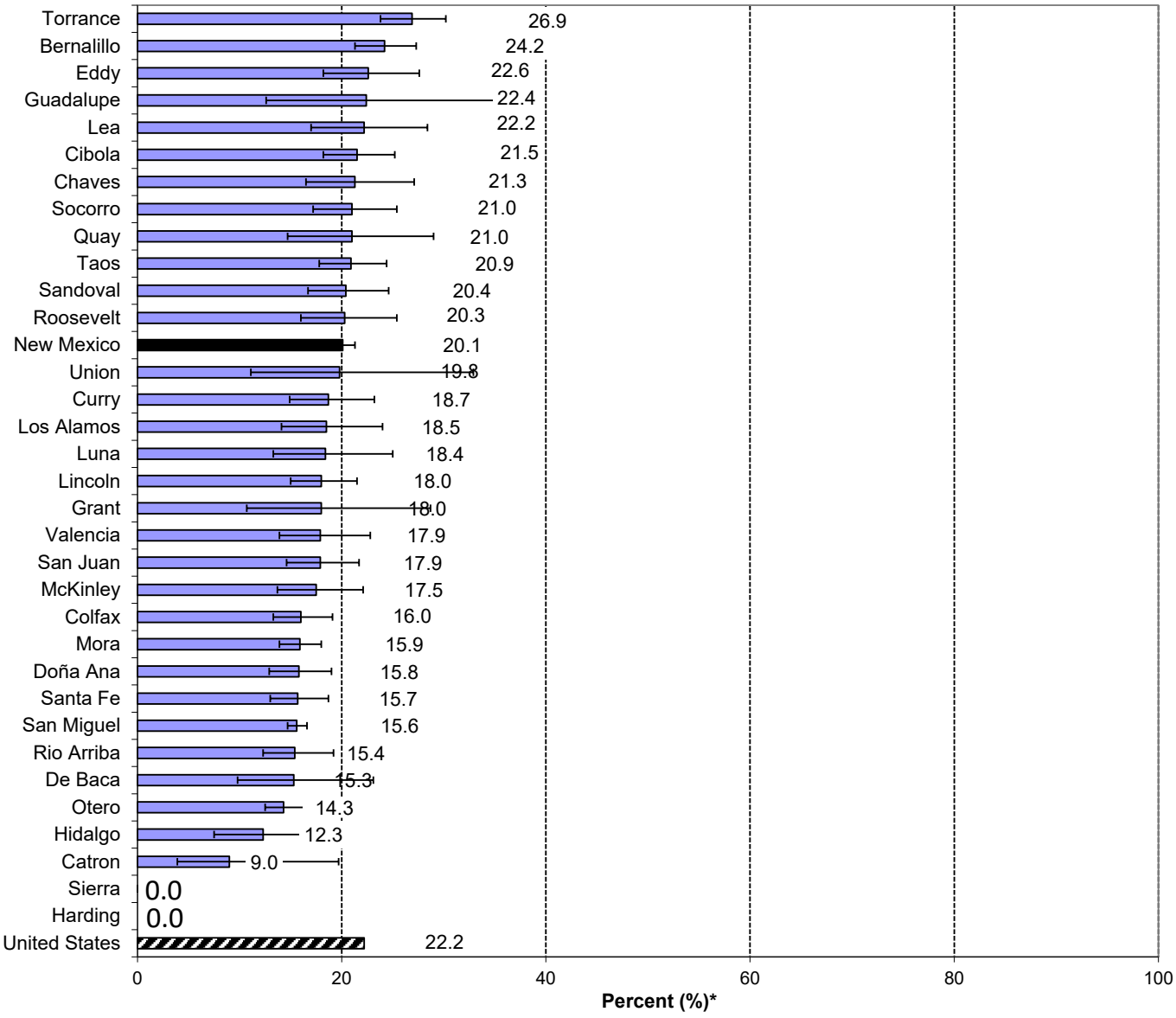
YOUTH SERIOUSLY CONSIDERED SUICIDE (continued)

Chart 2: Seriously Considered Suicide, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2021



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, 2021

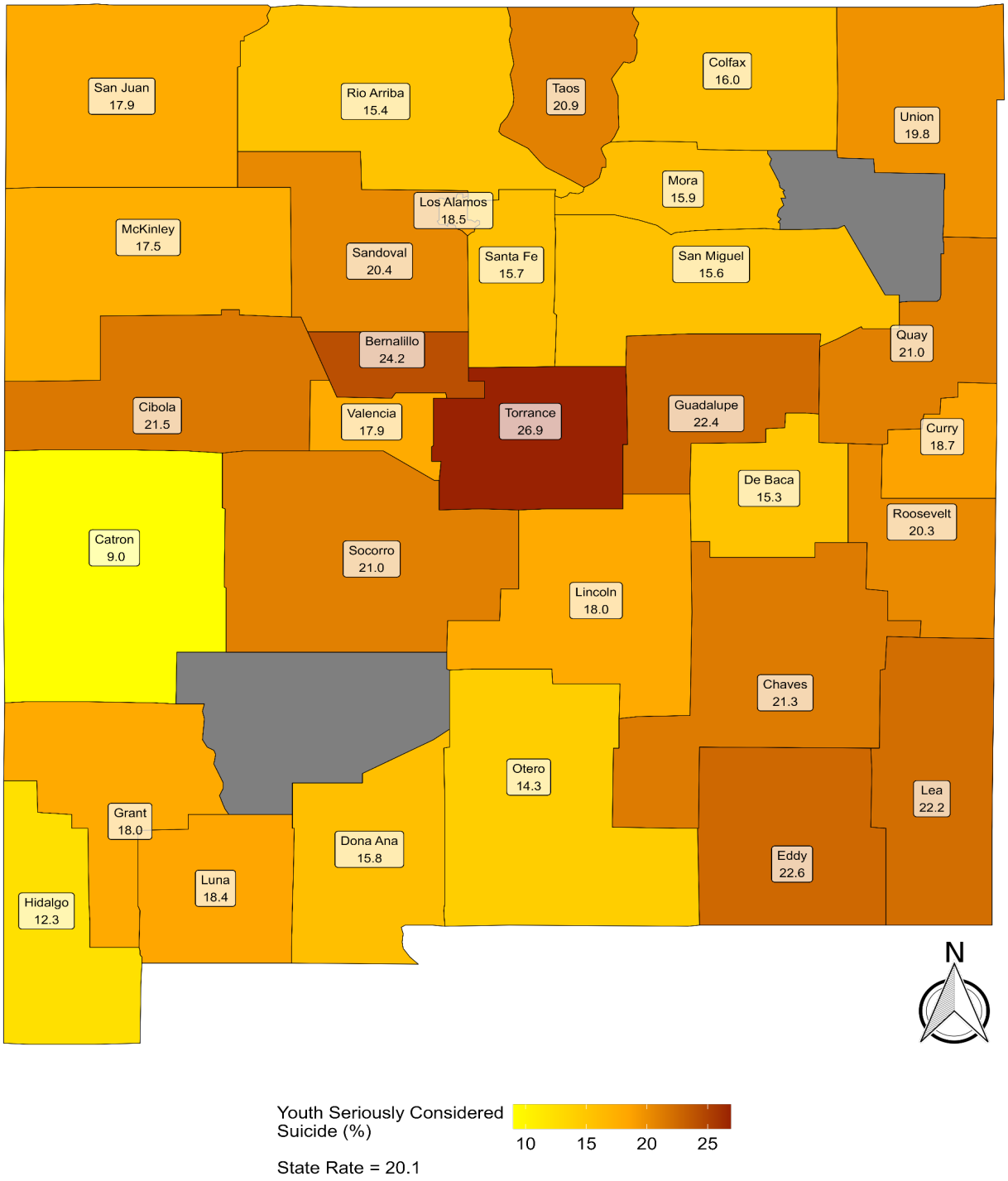


* Estimate of percent of high school students seriously considered suicide at least once in past 12 months

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, 2021



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

Counties that are blued out do not have any data available or are suppressed due to small numbers

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

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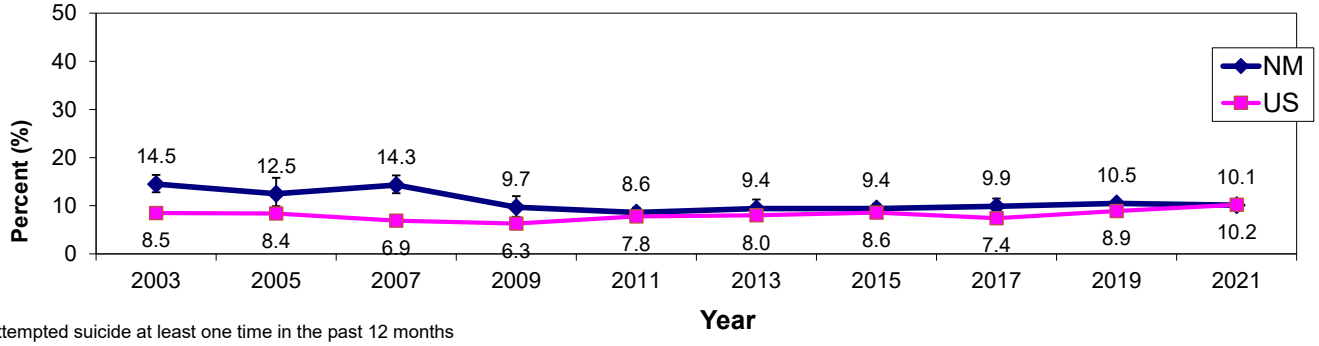
YOUTH ATTEMPTED SUICIDE

Problem Statement

In NM, 2021 data indicated suicide was the second leading cause of death for youths between the ages of 5-17. In the US in 2021according to the CDC, suicide was the second leading cause of death for the ages 5-17. 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 10.1% in 2021. While the U.S. prevalence decreased from 2003 to 2009, it increased from 2009 (6.3%) to 2019 (10.2%).

In NM in 2021, the prevalence of suicide attempts in the past year (Chart 2) was significantly higher for girls (13.3%) compared to boys (6.9%). Table 1 reveals that the percentage of attempts made by girls in the 10th (15.8%) grades was significantly higher than that for boys (7.8%). In 2021, the counties with the highest prevalence of suicide attempts were Torrance(26.9%), Bernalillo (24.2%), Eddy (22.6%), Guadalupe (22.4%), and Lea (22.2%). The counties with the lowest prevalence of suicide attempts were Rio Arriba (15.4%), De Baca (15.3%), Otero (14.3%), Hidalgo (12.3%), and Catron (9.0%). Most NM counties were above the national prevalence rate of 10.2%.

Chart 1: Attempted Suicide* by Year, Grades 9 - 12, NM and US, 2003-2021



* 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)

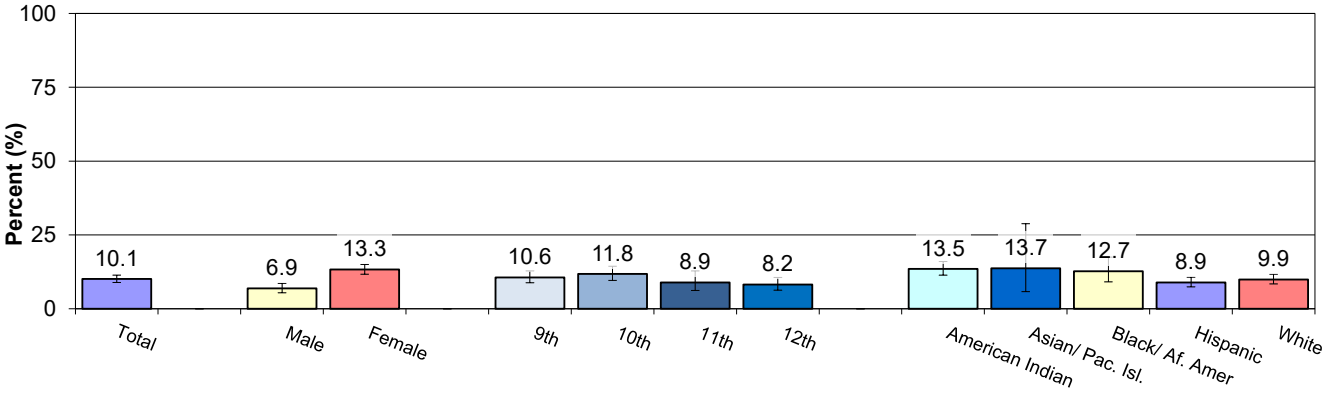
Table 1: Attempted Suicide, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2021

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	11.3 (5.2-22.9)	--	--	--	11.5 (8.4-15.7)
	Asian/Pacific Islander	--	--	--	--	8.4 (2.4-25.9)
	Black	--	--	--	--	9.3 (4.1-19.9)
	Hispanic	4.5 (2.6-7.7)	4.3 (2.1-8.7)	3.9 (1.5-9.9)	7.8 (4.5-13.1)	5.1 (3.7-6.9)
	White	8.1 (5.1-12.7)	7.8 (4.3-13.7)	8.0 (4.5-13.8)	3.7 (1.2-10.6)	7.1 (5.4-9.3)
	Total	6.5 (4.9-8.5)	7.8 (5.1-11.7)	5.9 (3.3-10.3)	7.2 (5.0-10.2)	6.9 (5.4-8.6)
Female	American Indian	17.5 (11.4-25.9)	--	--	--	15.8 (10.6-22.8)
	Asian/Pacific Islander	--	--	--	--	19.1 (6.2-46.0)
	Black	--	--	--	--	15.9 (10.0-24.4)
	Hispanic	13.8 (11.2-16.9)	16.8 (12.1-22.9)	9.5 (5.2-16.7)	7.5 (4.5-12.3)	12.3 (9.9-15.2)
	White	15.7 (10.9-22.2)	13.5 (5.7-28.5)	14.2 (8.6-22.6)	8.3 (3.6-17.9)	13.1 (10.1-16.6)
	Total	15.2 (12.6-18.4)	15.8 (12.2-20.1)	11.6 (8.2-16.2)	9.1 (5.9-13.7)	13.3 (11.7-15.0)
Total	American Indian	14.3 (8.7-22.7)	18.0 (12.3-25.5)	13.0 (8.5-19.3)	8.8 (4.6-16.2)	13.5 (11.4-16.0)
	Asian/Pacific Islander	--	--	--	--	13.7 (5.8-28.8)
	Black	11.8 (7.4-18.4)	--	--	--	12.7 (9.1-17.5)
	Hispanic	9.0 (7.3-11.2)	11.0 (8.3-14.5)	7.3 (4.0-13.0)	7.6 (5.4-10.8)	8.9 (7.4-10.7)
	White	11.6 (8.7-15.2)	10.5 (5.9-18.0)	10.8 (7.3-15.6)	6.0 (3.1-11.3)	9.9 (8.4-11.7)
	Total	10.6 (8.8-12.8)	11.8 (9.6-14.4)	8.9 (6.2-12.8)	8.2 (6.3-10.6)	10.1 (8.9-11.4)

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

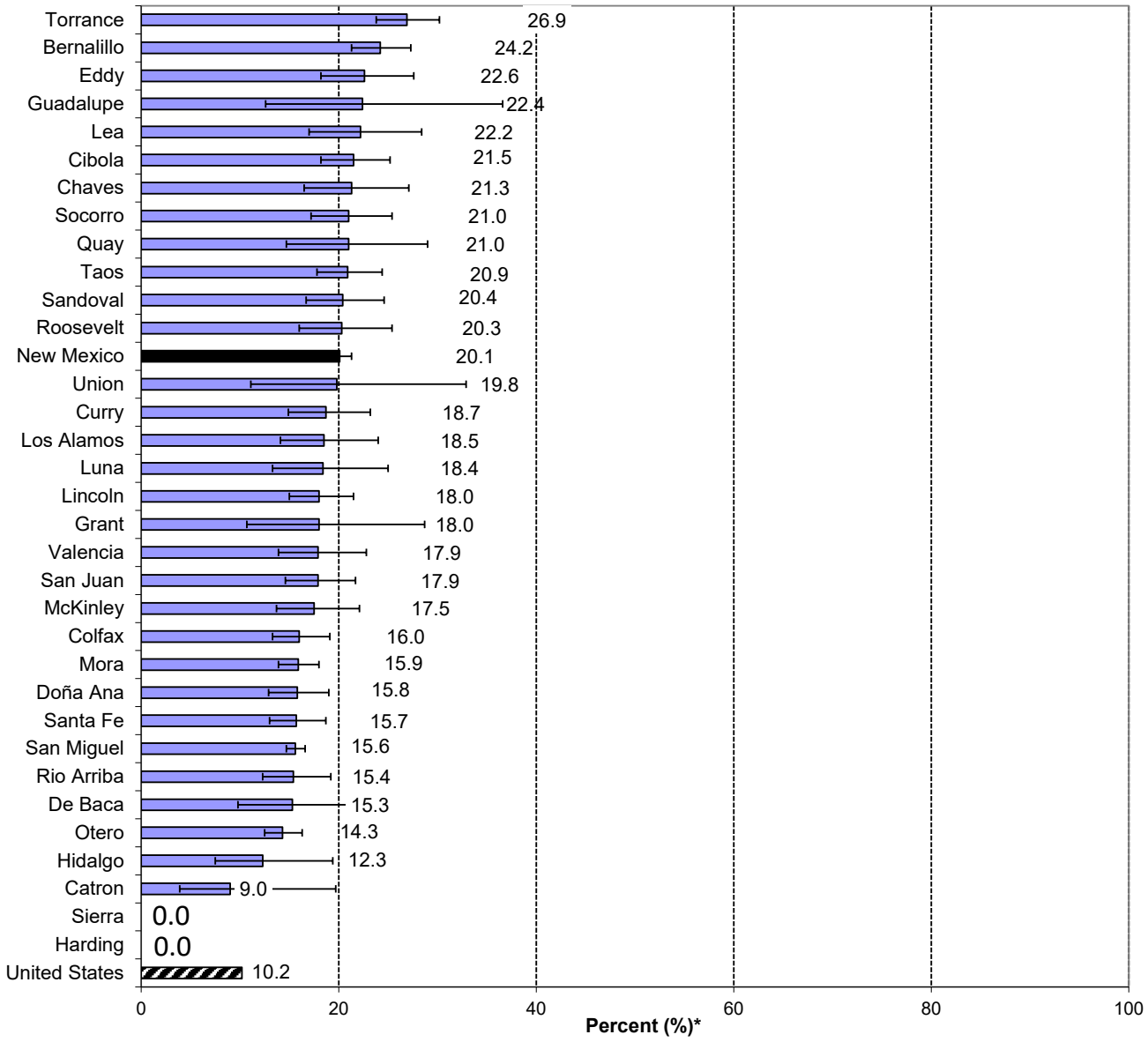
YOUTH ATTEMPTED SUICIDE (continued)

Chart 2: Attempted Suicide, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, NM, 2021



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, 2021

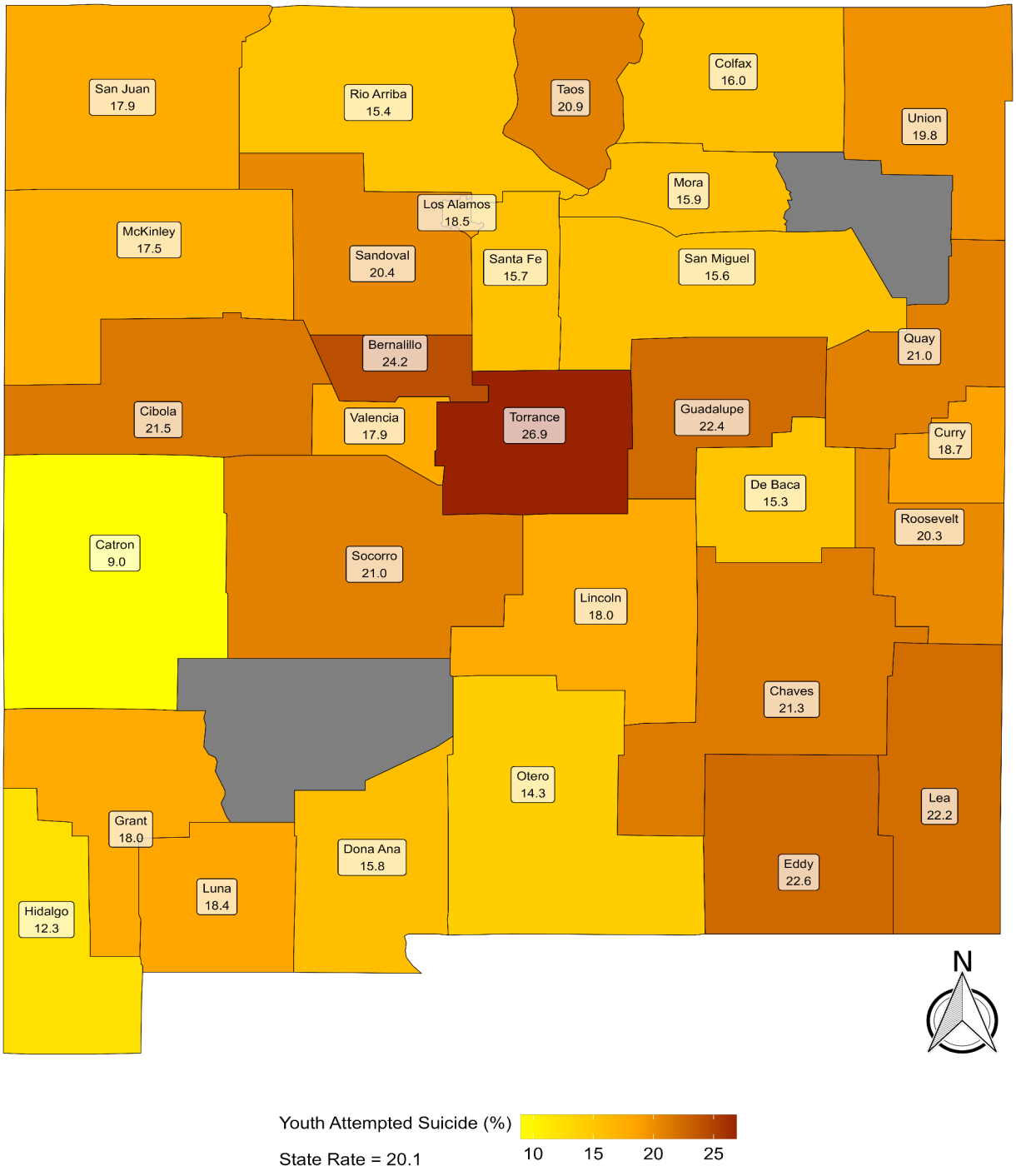


* Estimate of percent of high school students who reported attempting suicide at least one time in the past 12 months

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, 2021



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

Counties that are blued out do not have any data available or are suppressed due to small numbers

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

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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.

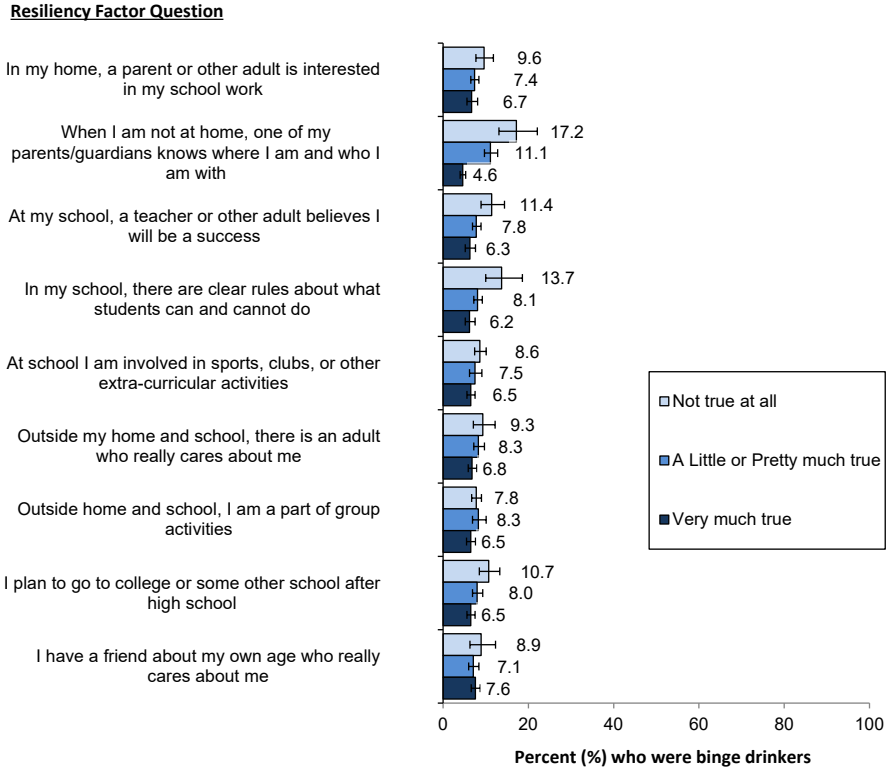
Resiliency factor results presented in the following charts are:

- 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 risky 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, 2021

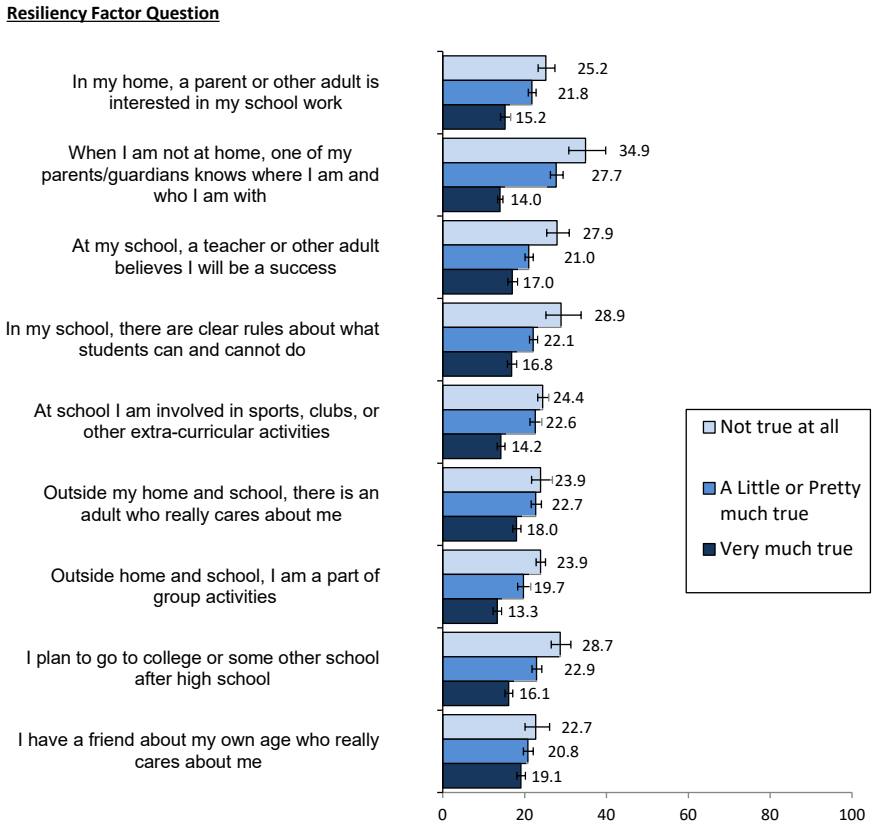
Students were less likely to be binge drinkers if they said "Very much true" to any of the resiliency questions:



** 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, 2021

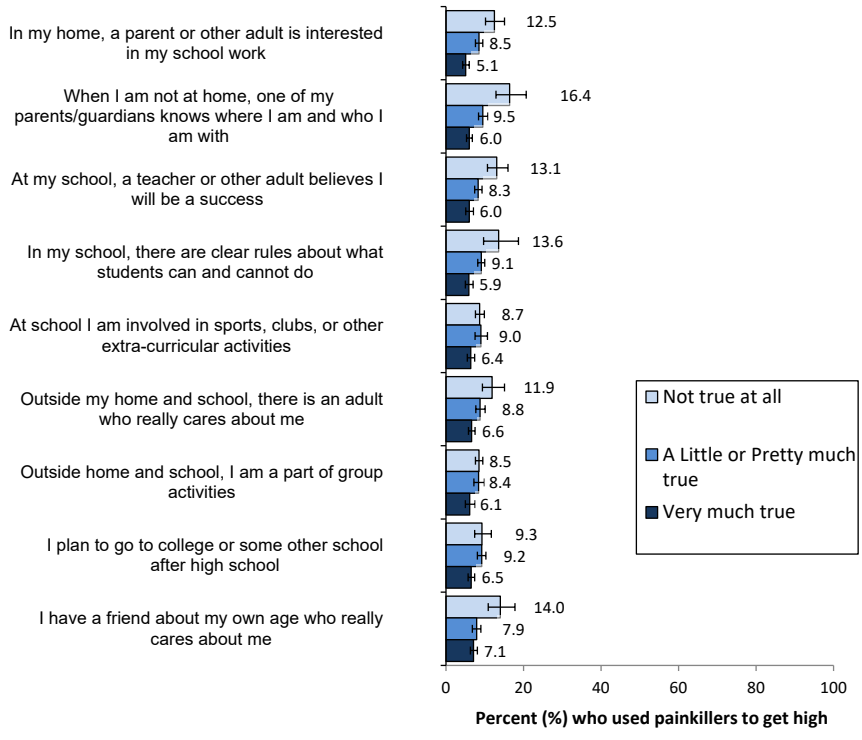
Students were less likely to be current marijuana users if they said "Very much true" to any of the resiliency questions:



** Used marijuana in the past 30 days*

Chart 3: Current misuse of prescription pain medication by Selected Resiliency Factors, Grades 9-12, 2021

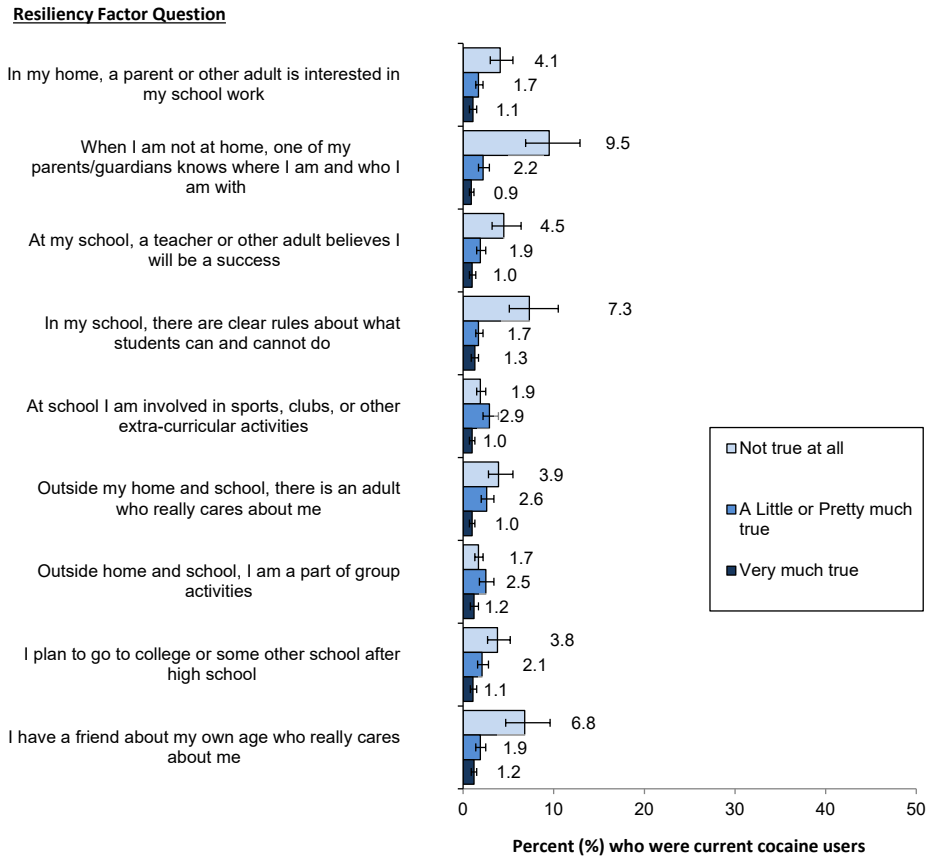
Students were less likely to use pain killers to get high if they said "Very much true" to any of the resiliency questions:



** 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, 2021

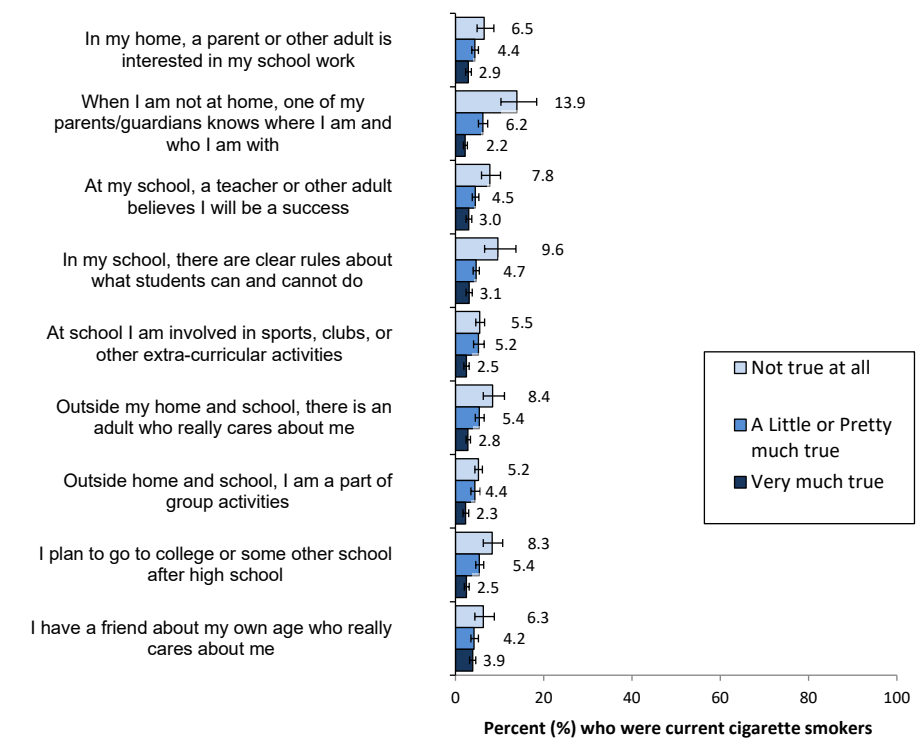
Students were less likely to be current cocaine users if they said "Very much true" to any of the resiliency questions:



** 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, 2021

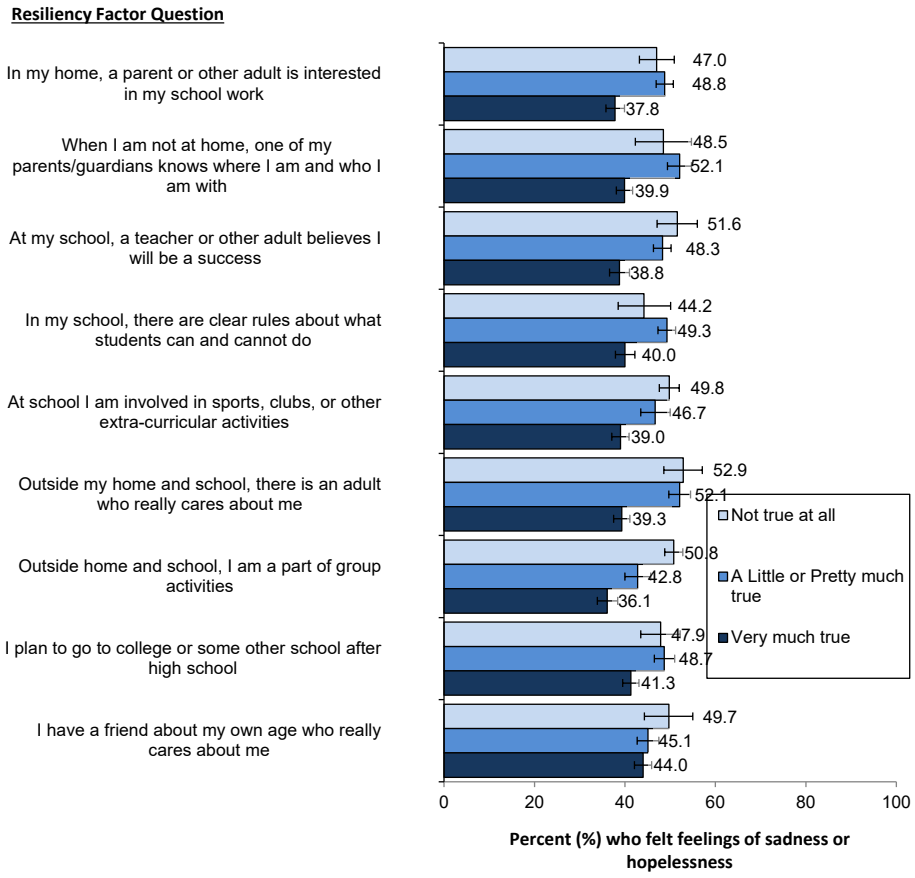
Students were less likely to be current cigarette smokers if they said "Very much true" to any of the resiliency questions:



** 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, 2021

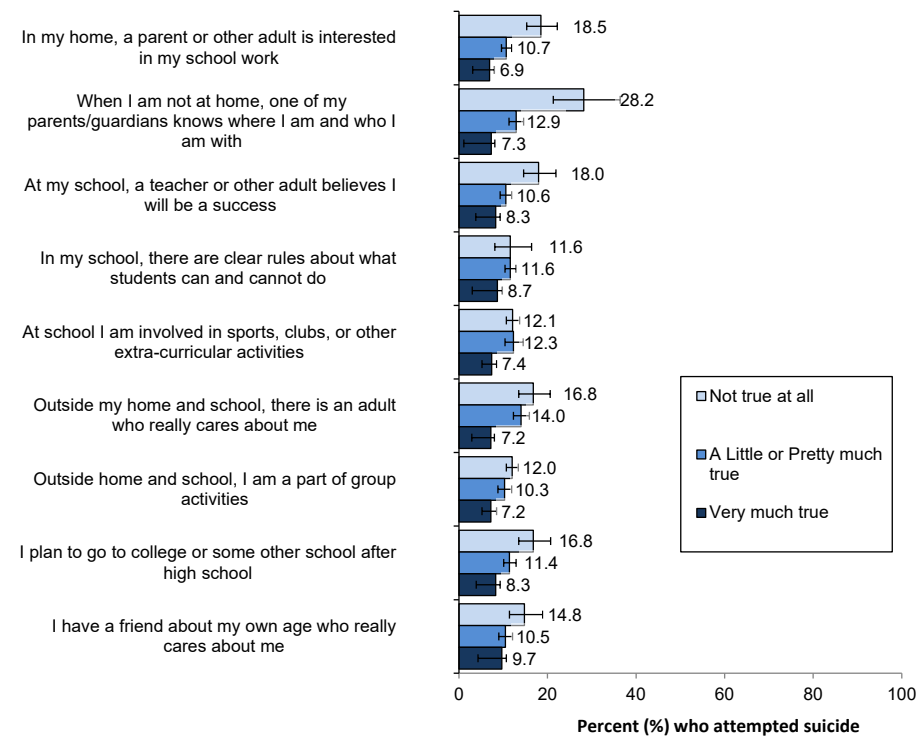
Students were less likely to have feelings of sadness and hopelessness if they said "Very much true" to any of the resiliency questions:



** 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, 2021

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

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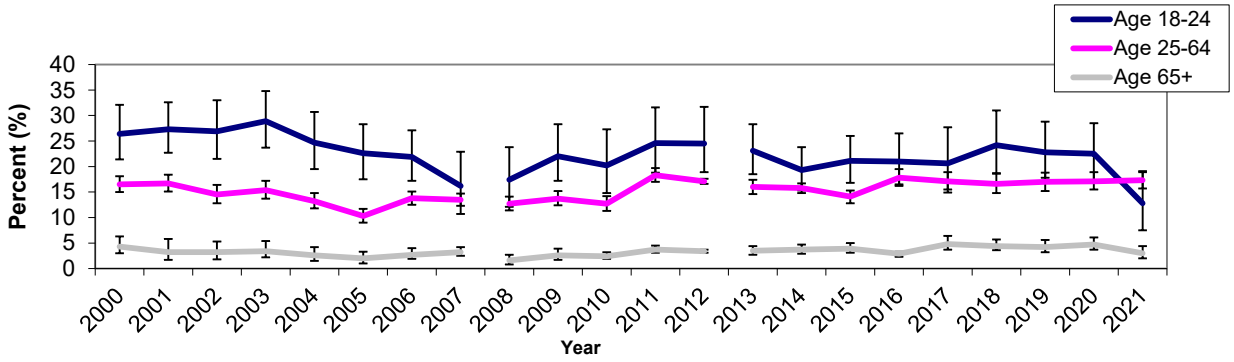
ADULT BINGE DRINKING

Problem Statement

Binge drinking is defined as 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 until 2021, where there is a sharp decline. Table 1 shows that binge drinking rates decrease with age and are higher among males. For females, American Indian and Hispanic populations had the highest percentage of binge drinking within the last month. Black and Hispanic males 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, 2000-2021



* 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)

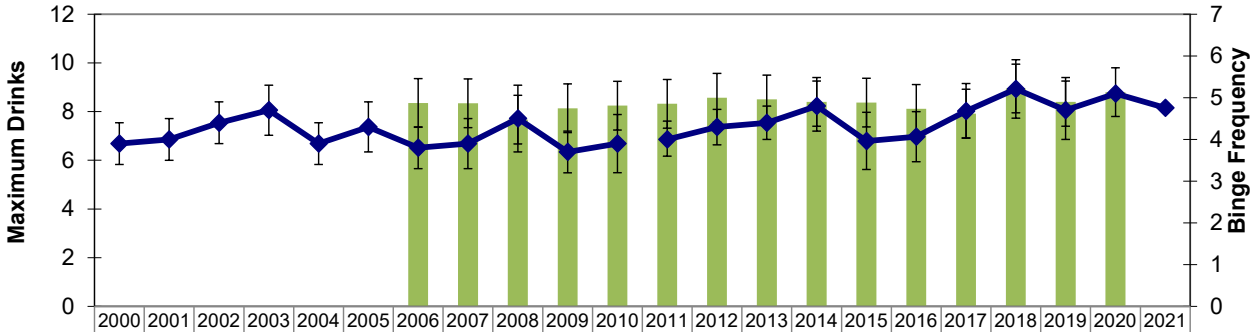
Table 1: Binge Drinking (past 30 days) by Age, Sex, and Race, Adults Aged 18+, New Mexico, 2019-2021

		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	1,589	8,902	384	10,875	18.2	21.3	4.6	18.4
	Asian/Pacific Islander	-	388	-	388	-	5.5	-	4.1
	Black	-	3,336	-	3,890	-	27.0	-	22.3
	Hispanic	11,214	63,277	3,629	78,421	20.2	26.8	6.7	22.6
	White	6,783	33,963	4,650	45,594	23.3	20.0	4.8	15.3
	Total	20,139	111,084	8,848	140,577	20.8	23.4	5.3	18.9
Female	American Indian	1,015	5,048	597	6,660	13.2	10.0	5.3	9.5
	Asian/Pacific Islander	-	489	-	489	-	7.2	-	5.5
	Black	-	617	-	856	-	6.8	-	6.6
	Hispanic	9,749	28,546	1,033	39,433	17.7	11.8	1.5	10.7
	White	3,643	19,588	1,423	24,658	15.4	11.4	1.2	7.9
	Total	15,071	54,854	3,307	73,343	16.5	11.3	1.6	9.4
Total	American Indian	2,604	13,951	981	17,535	15.8	15.1	5.0	13.6
	Asian/Pacific Islander	-	877	-	877	-	6.3	-	4.8
	Black	-	3,954	69	4,746	-	18.4	1.7	15.6
	Hispanic	20,963	91,824	4,662	117,854	19.0	19.2	3.7	16.5
	White	10,425	53,551	6,073	70,253	19.8	15.6	2.9	11.5
	Total	35,210	165,938	12,155	213,920	18.7	17.3	3.3	14.0

* 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 Maximum Number of Drinks*, Adult Binge Drinkers Aged 18+, New Mexico, 2



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Maximim Drinks							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	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	4.8

* Binge frequency is the number of binge episodes in the past 30 days; 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, 2019-2021

	Number						Percent*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	3,837	-	1,974	40,386	23,045	70,306	19.4	-	17.1	17.2	12.2	15.0
Catron	-	-	-	-	508	636	-	-	-	-	17.0	14.9
Chaves	-	-	-	3,578	1,861	5,439	-	-	-	15.9	10.3	12.8
Cibola	1,269	-	-	1,153	402	2,877	18.3	-	-	19.9	9.5	16.6
Colfax	-	-	-	540	420	983	-	-	-	12.0	10.9	11.0
Curry	-	-	-	2,000	1,149	3,274	-	-	-	13.6	7.0	9.8
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	14,748	5,108	21,158	-	-	-	15.9	12.2	14.9
Eddy	-	-	-	2,796	2,054	4,967	-	-	-	19.8	12.7	15.4
Grant	-	-	-	2,357	1,351	3,903	-	-	-	21.6	14.0	17.8
Guadalupe	-	-	-	-	-	574	-	-	-	-	-	18.7
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	5,450	2,688	8,381	-	-	-	19.8	17.4	18.4
Lincoln	-	-	-	477	1,559	2,207	-	-	-	12.4	14.4	14.3
Los Alamos	-	-	-	-	803	1,240	-	-	-	-	8.8	10.1
Luna	-	-	-	1,637	294	1,931	-	-	-	11.8	6.1	10.1
McKinley	3,800	-	-	1,505	217	5,548	11.2	-	-	17.8	5.8	11.8
Mora	-	-	-	-	-	429	-	-	-	-	-	10.9
Otero	-	-	-	2,779	1,822	5,018	-	-	-	23.6	8.0	12.4
Quay	-	-	-	-	390	845	-	-	-	-	9.8	12.5
Rio Arriba	-	-	-	2,688	607	3,625	-	-	-	11.8	11.9	11.6
Roosevelt	-	-	-	1,372	1,036	2,408	-	-	-	22.8	13.3	16.3
Sandoval	1,476	-	-	4,824	5,104	12,681	13.5	-	-	14.3	12.4	14.0
San Juan	3,677	-	-	2,284	3,829	10,019	11.9	-	-	14.5	11.3	12.1
San Miguel	-	-	-	2,862	430	3,729	-	-	-	19.6	8.1	17.8
Santa Fe	-	-	-	6,892	4,404	12,130	-	-	-	12.9	8.4	10.6
Sierra	-	-	-	-	640	640	-	-	-	-	12.7	8.9
Socorro	-	-	-	1,393	264	2,025	-	-	-	21.2	6.1	14.7
Taos	-	-	-	2,022	544	2,566	-	-	-	17.3	7.7	12.4
Torrance	-	-	-	-	243	471	-	-	-	-	3.9	4.7
Union	-	-	-	-	-	692	-	-	-	-	-	21.4
Valencia	-	-	-	6,344	1,902	9,277	-	-	-	16.2	9.2	14.6
New Mexico	17,535	877	4,746	117,854	70,253	213,920	13.6	4.8	15.6	16.5	11.5	14.0

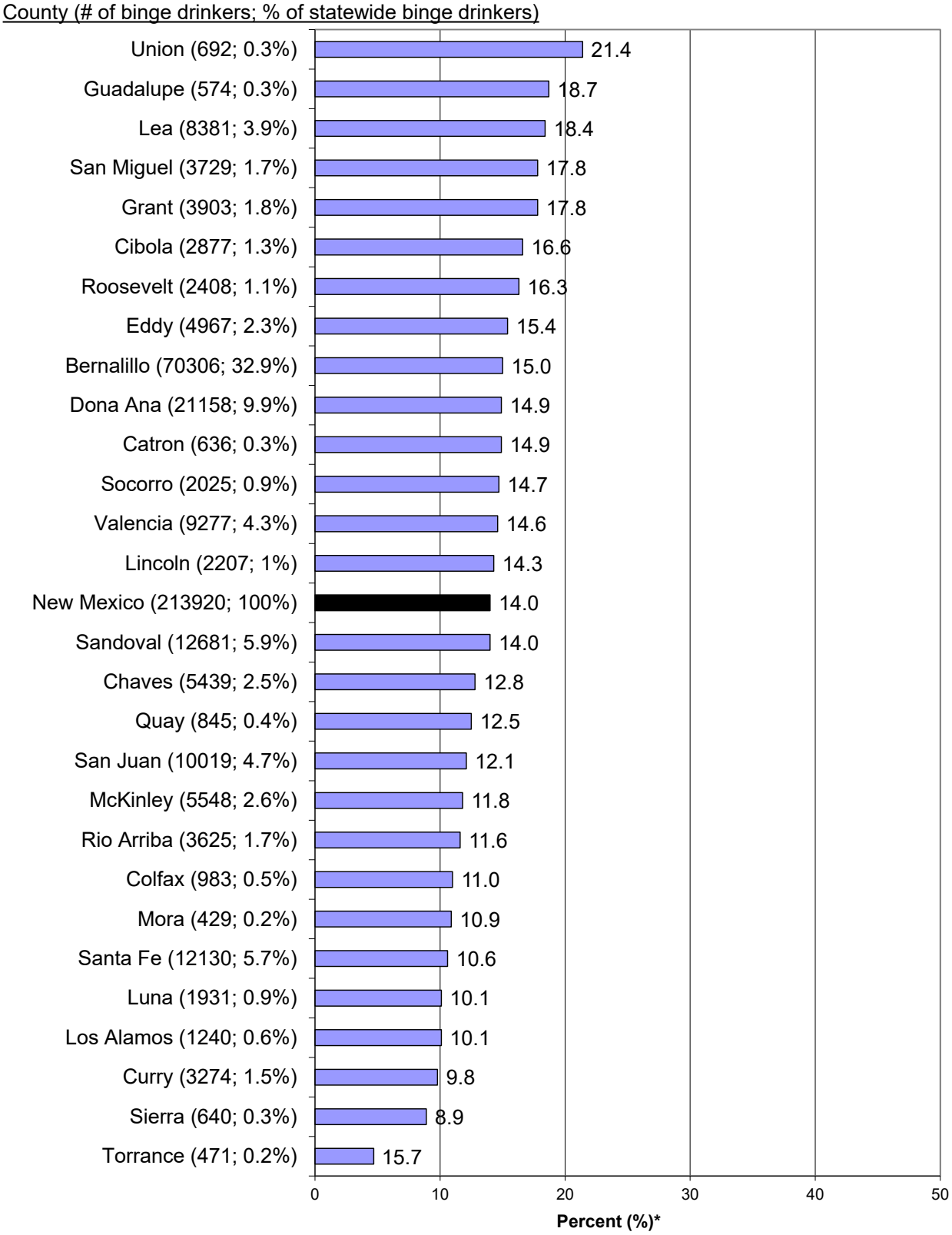
* Estimate of percent of people in population group who reported binge drinking at least once in past 30 days

- 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, 2019-2021

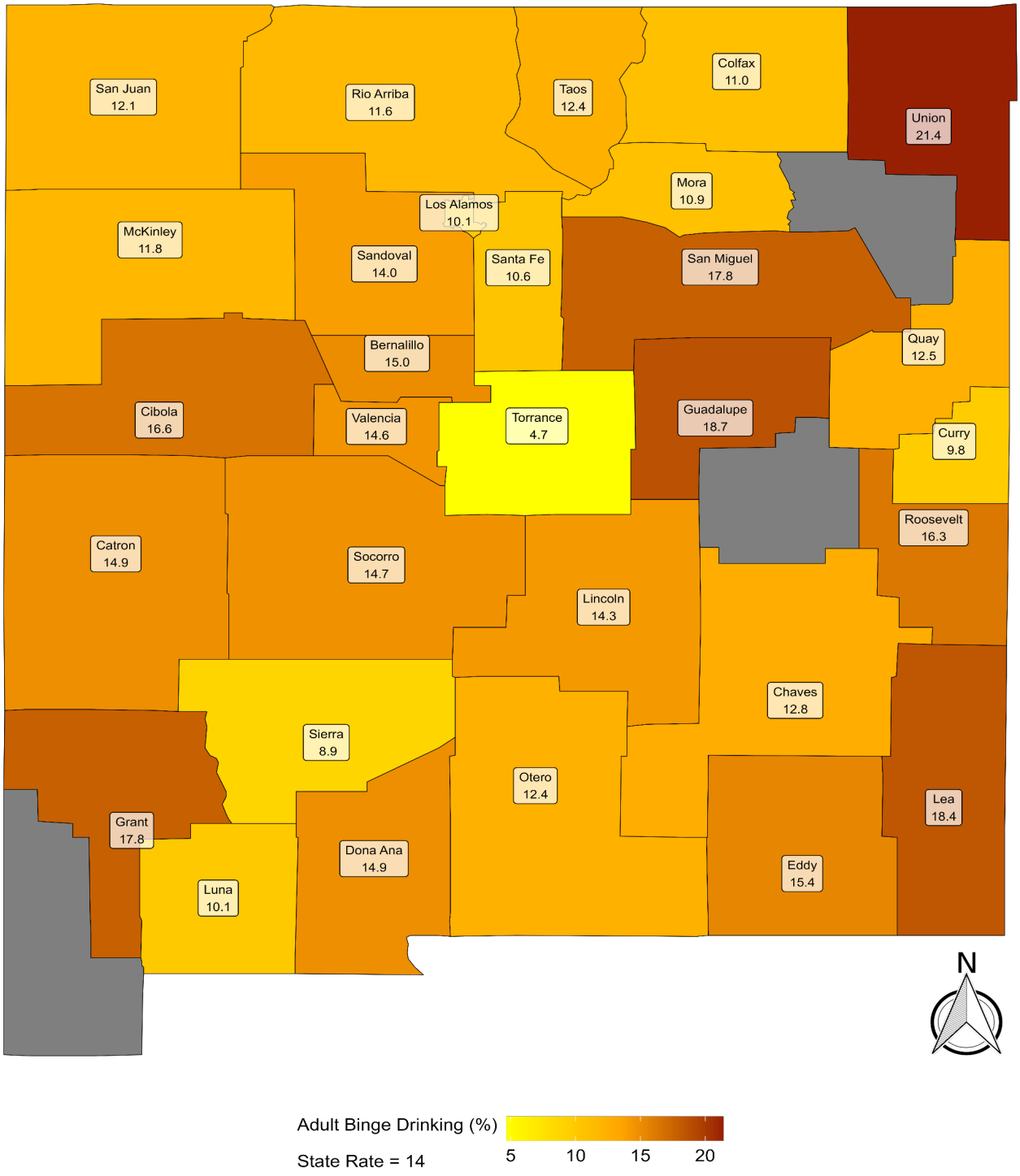


* Estimate of percent of people in population group who reported binge drinking at least once in past 30 days

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

ADULT BINGE DRINKING (continued)

Chart 4: Binge Drinking (past 30 days)* by County, Adults Aged 18+, New Mexico, 2019-2021



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

Counties that are blued out do not have any data available or are suppressed due to small numbers

Source: BRFSS; SUES

YOUTH CURRENT DRINKING

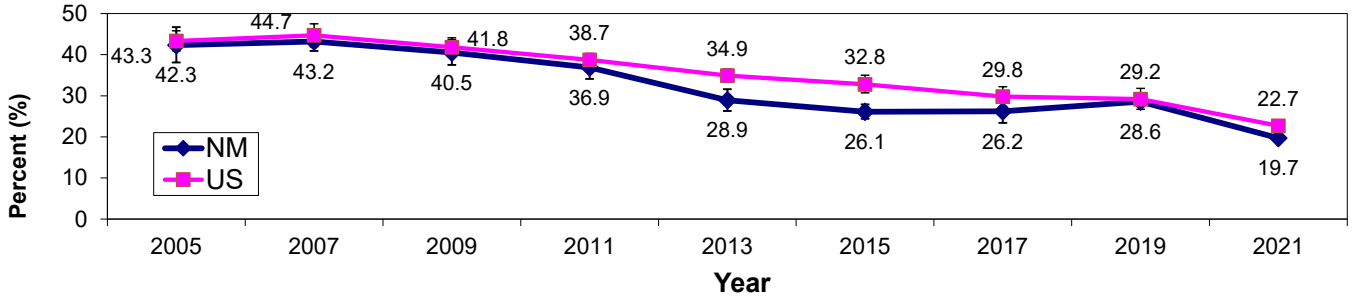
Problem Statement

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 2021, 19.7% 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.

Grant County has the highest prevalence of current drinking among high school students (33.0%), followed by Luna (32.7%), and Taos (29.6%) counties. McKinley County has the lowest prevalence (9.8%).

Chart 1: Current Drinking* by Year, Grades 9 - 12, New Mexico and US, 2005-2021



* “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)

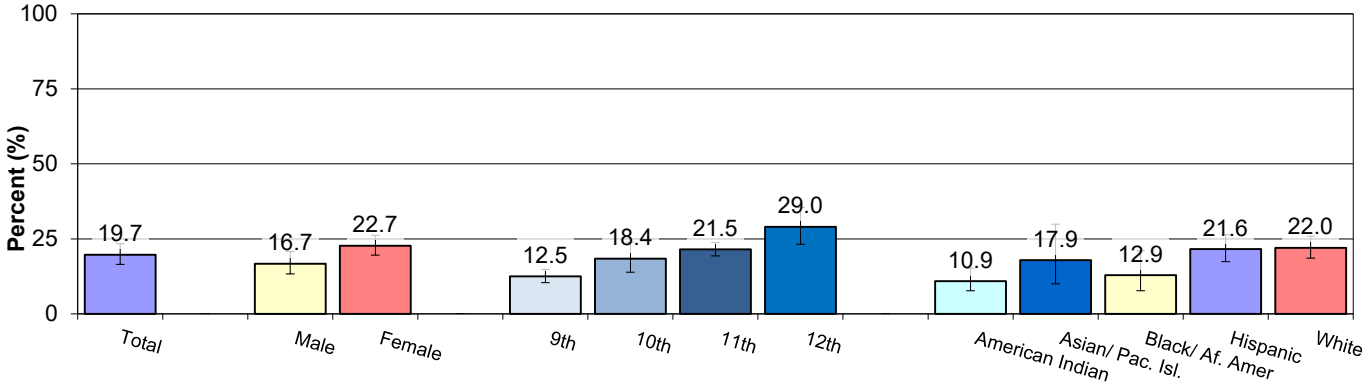
Table 1: Current Drinking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2021

		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	5.2 (2.4-10.9)	6.2 (2.0-17.7)	4.4 (1.7-10.8)	15.9 (6.4-34.4)	8.0 (4.6-13.4)
	Asian/Pacific Islander	--	--	--	--	--
	Black	--	--	--	--	7.9 (3.7-15.8)
	Hispanic	11.2 (8.5-14.6)	18.6 (12.6-26.6)	18.1 (12.8-24.8)	32.3 (22.7-43.6)	19.3 (14.9-24.5)
	White	10.3 (6.2-16.7)	15.6 (8.8-26.1)	24.2 (15.5-35.8)	30.3 (19.9-43.1)	18.6 (14.7-23.3)
	Total	9.7 (7.3-12.7)	14.8 (10.0-21.3)	17.4 (13.8-21.6)	28.2 (20.5-37.4)	16.7 (13.3-20.8)
Female	American Indian	7.4 (2.9-17.4)	--	--	--	14.2 (11.2-17.9)
	Asian/Pacific Islander	--	--	--	--	21.4 (11.1-37.3)
	Black	--	--	--	--	19.0 (10.8-31.2)
	Hispanic	15.2 (12.1-18.9)	24.2 (17.7-32.1)	27.5 (24.0-31.3)	29.0 (19.8-40.2)	23.6 (19.1-28.8)
	White	21.0 (14.0-30.3)	24.4 (16.9-33.9)	23.8 (18.5-30.1)	34.8 (27.5-42.9)	25.7 (21.9-30.0)
	Total	15.6 (12.9-18.7)	22.0 (16.7-28.5)	25.5 (22.8-28.4)	29.4 (23.6-35.9)	22.7 (19.6-26.2)
Total	American Indian	6.2 (3.2-11.8)	9.8 (4.8-19.2)	10.8 (7.2-15.8)	16.3 (10.4-24.6)	10.9 (7.7-15.2)
	Asian/Pacific Islander	--	--	--	--	17.9 (10.0-29.9)
	Black	4.8 (1.8-12.0)	--	--	--	12.9 (7.7-21.0)
	Hispanic	13.2 (10.8-15.9)	21.4 (16.4-27.5)	23.4 (20.3-26.8)	30.8 (22.4-40.8)	21.6 (17.4-26.4)
	White	15.1 (11.8-19.0)	19.9 (14.2-27.1)	23.8 (18.1-30.6)	32.8 (26.1-40.3)	22.0 (18.6-25.9)
	Total	12.5 (10.4-14.8)	18.4 (13.9-23.9)	21.5 (19.3-23.8)	29.0 (23.2-35.5)	19.7 (16.5-23.4)

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

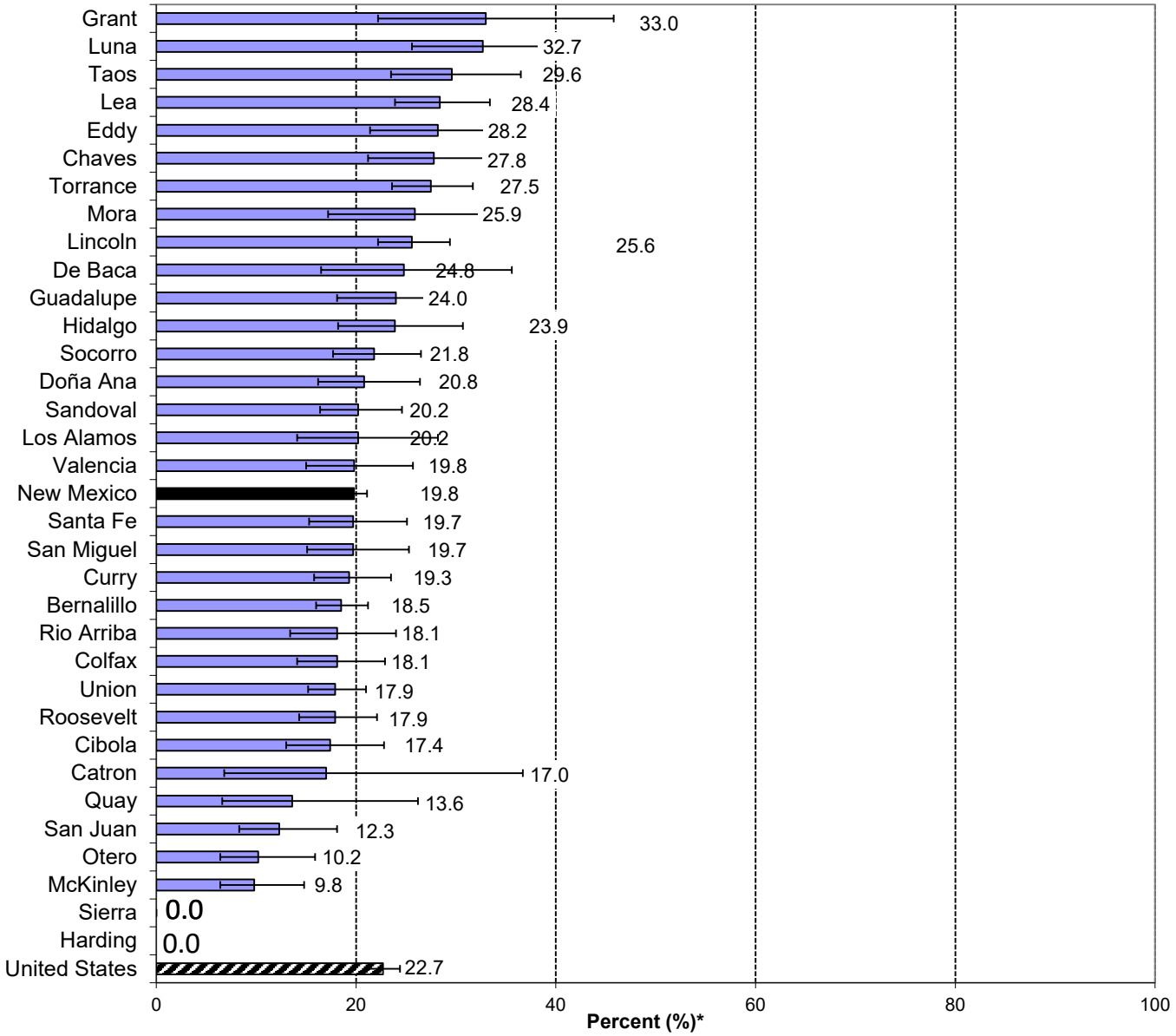
YOUTH CURRENT DRINKING (continued)

Chart 2: Current Drinking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2021



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, 2021

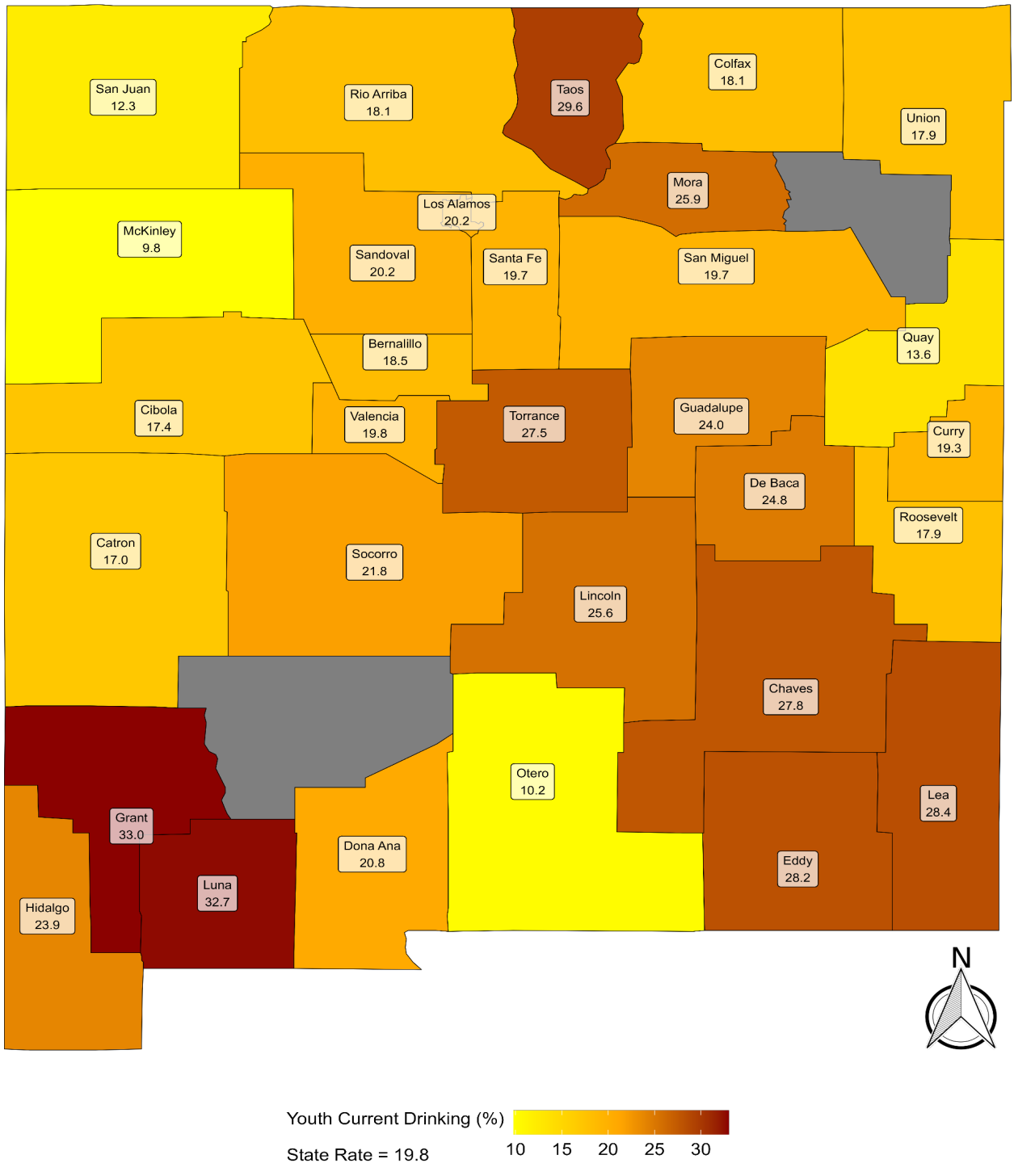


* Estimate of percent of high school students who reported current drinking in past 30 days

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, 2021



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

Counties that are blued out do not have any data available or are suppressed due to small numbers

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

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YOUTH BINGE DRINKING

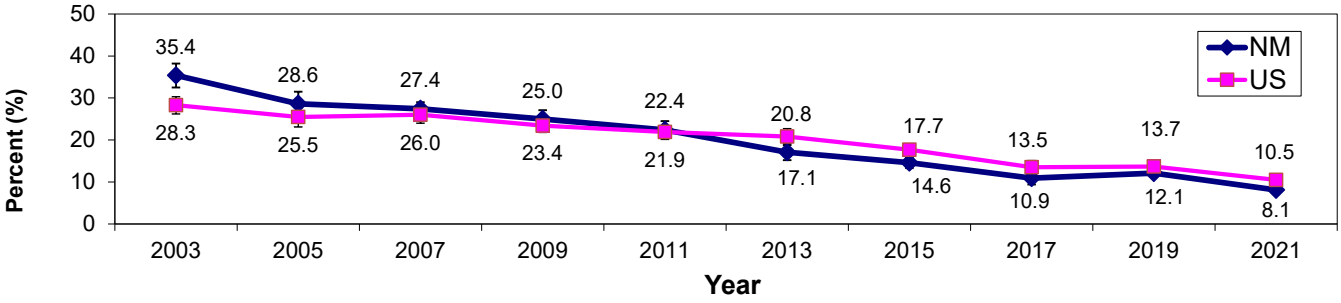
Problem Statement

Binge drinking (defined as drinking five or more drinks on a single occasion for males, or four or more drinks on a single occasion for females [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), and is 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 2021, 8.1% 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 2021, of the 19.7% students who were current drinkers, 58.9% were binge drinkers. A steady decrease in percentage of students that binge drink has occurred in NM since 2003, as it has been in the US since at least 2001 (Chart 1). In 2021, the difference between the US (10.5%) and NM (8.1%) 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, Asian/Pacific Islander and Hispanic students 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, 2003-2021



*In 2019 - Had 5 or more drinks of alcohol for males or 4 or more drinks for females 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 in a single occurance, for both men and women.
Source: YRRS (NM); CDC YRBS (US); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

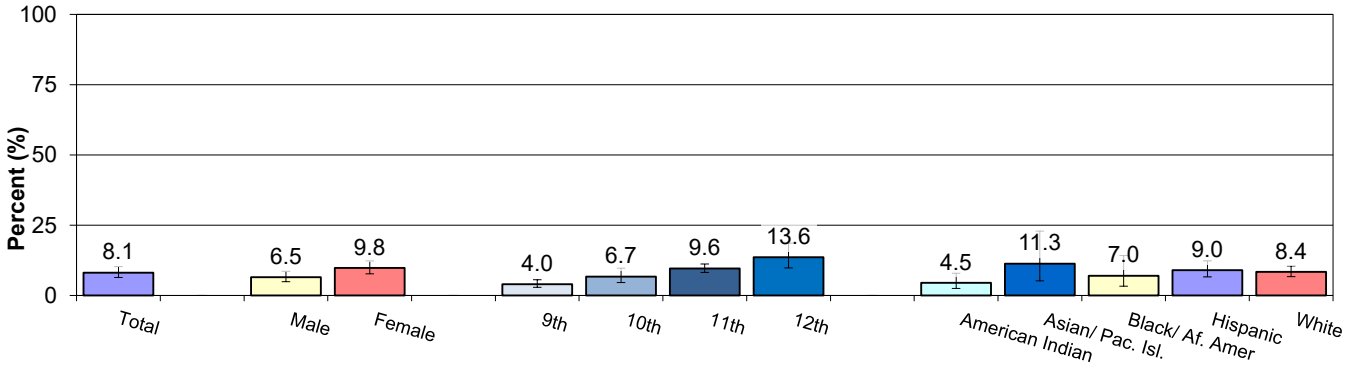
Table 1: Binge Drinking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2021

		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	0.8 (0.1-6.5)	1.4 (0.2-10.9)	4.4 (1.7-10.8)	4.5 (1.3-14.0)	2.6 (1.2-5.9)
	Asian/Pacific Islander	--	--	--	--	--
	Black	--	--	--	--	4.6 (1.7-12.3)
	Hispanic	2.9 (1.6-5.3)	6.1 (3.8-9.4)	6.5 (3.3-12.5)	17.2 (12.3-23.4)	7.7 (5.3-10.9)
	White	2.8 (1.4-5.8)	7.5 (2.7-19.3)	7.7 (3.9-14.5)	13.2 (8.2-20.7)	6.9 (5.2-9.0)
	Total	2.5 (1.5-3.9)	5.5 (3.0-10.1)	6.6 (4.7-9.2)	13.7 (9.8-18.6)	6.5 (4.9-8.6)
Female	American Indian	4.3 (1.2-14.5)	--	--	4.9 (1.3-17.3)	6.5 (3.8-10.9)
	Asian/Pacific Islander	--	--	--	--	14.0 (5.4-31.5)
	Black	--	--	--	--	10.2 (4.7-20.8)
	Hispanic	4.3 (2.5-7.2)	9.3 (5.7-15.0)	14.1 (11.0-17.8)	14.1 (8.4-22.8)	10.2 (7.3-14.1)
	White	8.5 (5.0-14.3)	8.7 (4.0-17.8)	9.5 (4.8-18.1)	15.3 (8.2-26.6)	10.4 (8.0-13.4)
	Total	5.7 (4.0-8.0)	8.1 (5.7-11.5)	12.5 (10.4-15.0)	13.5 (9.0-19.9)	9.8 (7.7-12.3)
Total	American Indian	2.5 (0.8-7.8)	3.0 (1.5-6.2)	7.3 (3.5-14.9)	4.7 (1.9-11.4)	4.5 (2.5-7.9)
	Asian/Pacific Islander	--	--	--	--	11.3 (5.2-22.9)
	Black	3.0 (0.8-10.9)	--	--	--	7.0 (3.3-14.2)
	Hispanic	3.7 (2.4-5.5)	7.8 (5.2-11.4)	10.6 (8.6-13.1)	15.8 (11.0-22.1)	9.0 (6.6-12.3)
	White	5.3 (3.5-8.0)	7.9 (4.7-13.0)	8.5 (6.0-11.9)	14.1 (9.9-19.8)	8.4 (6.7-10.5)
	Total	4.0 (2.9-5.6)	6.7 (4.6-9.7)	9.6 (8.2-11.2)	13.6 (9.8-18.6)	8.1 (6.4-10.3)

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

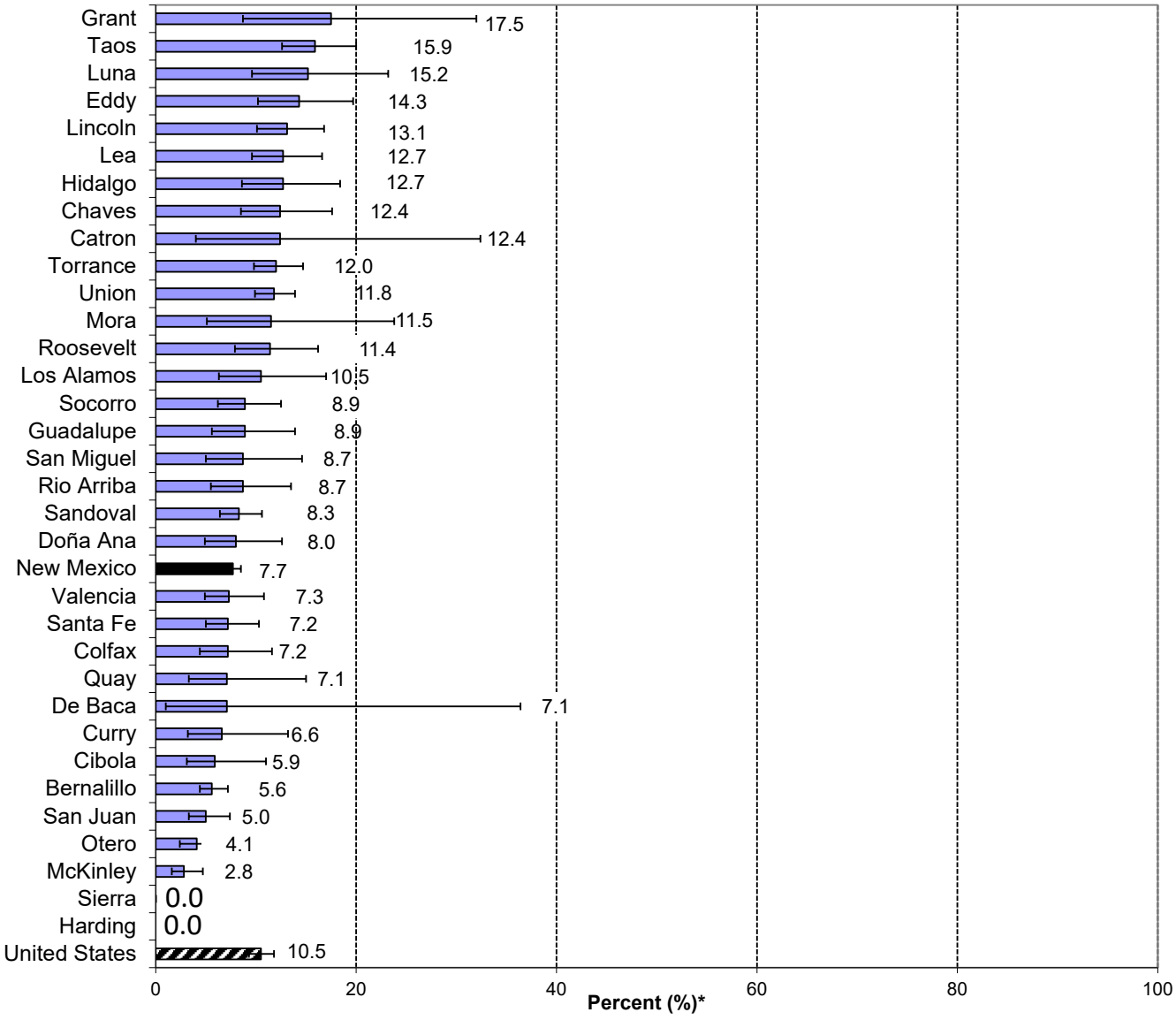
YOUTH BINGE DRINKING (continued)

Chart 2: Binge Drinking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2021



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, 2021

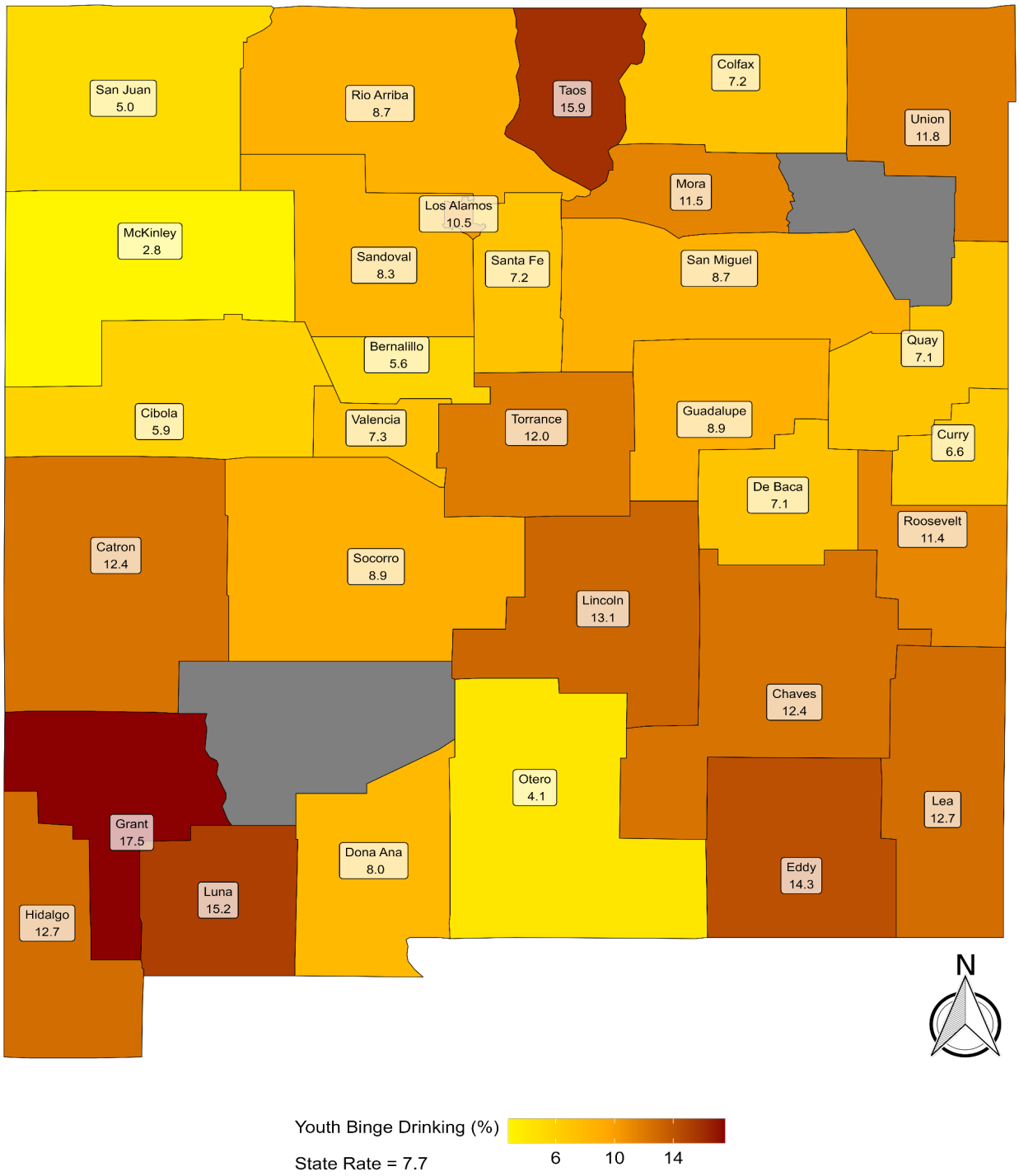


* Estimate of percent of high school students who reported binge drinking at least once in past 30 days

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, 2021



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

Counties that are blued out do not have any data available or are suppressed due to small numbers

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

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YOUTH HIGH INTENSITY BINGE DRINKING

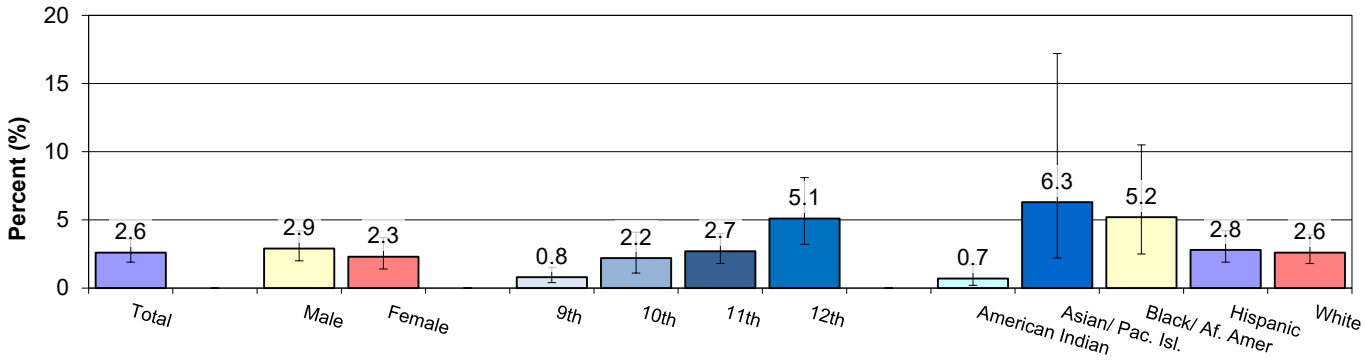
Problem Statement

On average, underage drinkers consume more drinks per drinking occasion than adult drinkers. The risk of harm increases as the number of drinks consumed on an occasion increases. This behavior is also known as “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 0.6% of students (Curry County) to 8.6% of students (Socorro County). In 2021, there was no statistically significan difference in rates between New Mexico (2.4%) and the US (2.7%).

Chart 1: High Intensity Binge Drinking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico



* < 100 respondents for the subgroup

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

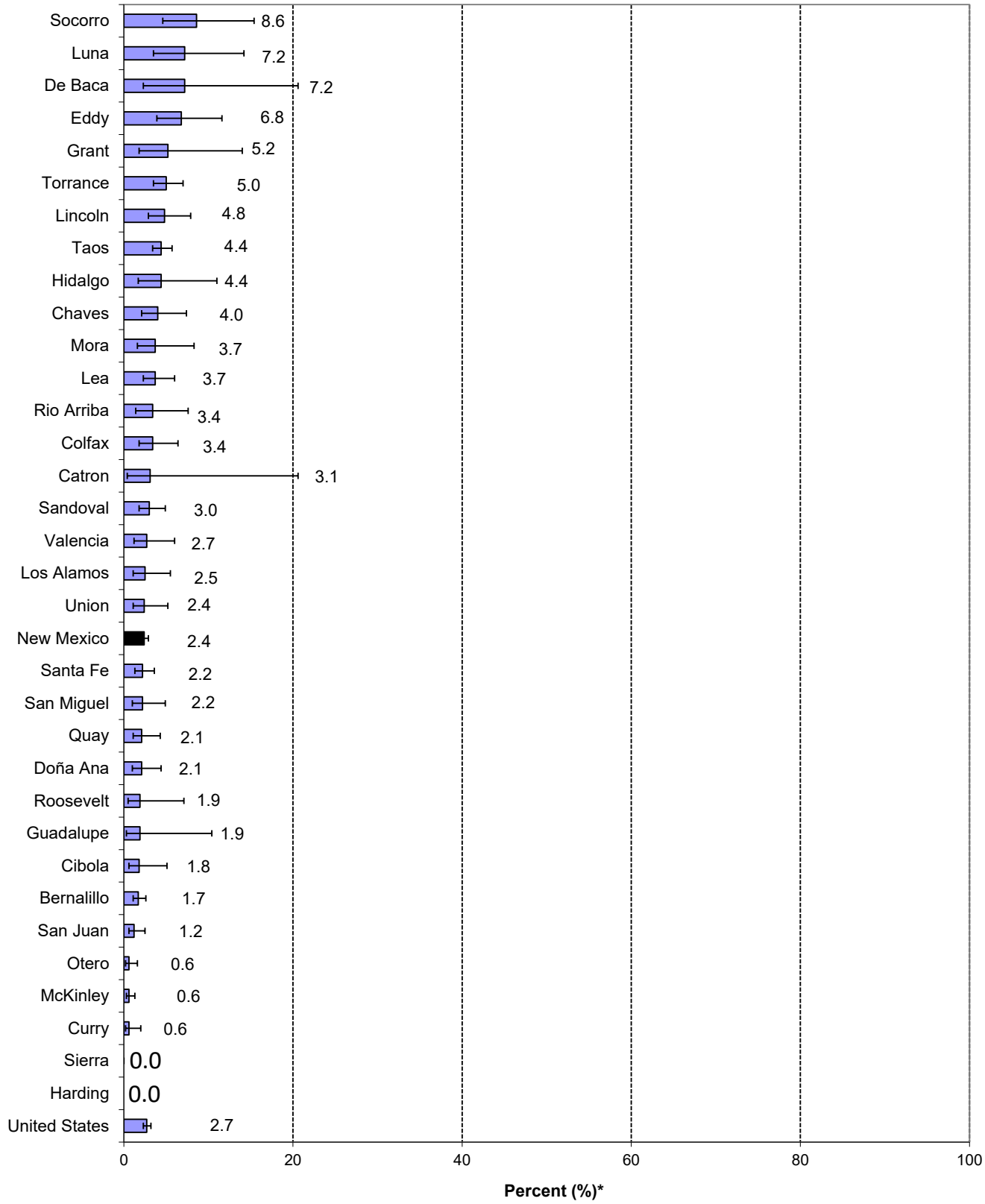
Table 1: High Intensity Binge Drinking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New

		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	0.0 (.-.)	1.5 (0.2-11.2)	1.2 (0.1-9.2)	--	1.3 (0.5-3.4)
	Asian/Pacific Islander	--	--	--	--	--
	Black	--	--	--	--	5.4 (2.4-11.8)
	Hispanic	0.7 (0.2-2.3)	2.0 (0.9-4.6)	2.9 (1.3-6.2)	8.3 (5.5-12.4)	3.3 (2.0-5.4)
	White	1.6 (0.4-5.8)	1.9 (0.6-6.3)	2.1 (0.5-8.6)	5.8 (2.1-14.8)	2.6 (1.4-4.7)
	Total	1.0 (0.4-2.5)	2.1 (1.0-4.4)	2.5 (1.6-4.1)	6.8 (4.4-10.3)	2.9 (2.0-4.2)
Female	American Indian	0.0 (.-.)	--	--	--	0
	Asian/Pacific Islander	--	--	--	--	7.8 (1.9-26.7)
	Black	--	--	--	--	4.8 (1.5-14.2)
	Hispanic	0.4 (0.1-1.7)	1.7 (0.6-4.7)	4.0 (1.6-9.6)	3.5 (1.5-7.7)	2.4 (1.3-4.5)
	White	1.0 (0.3-3.6)	5.5 (1.8-15.8)	1.8 (0.4-7.0)	3.6 (1.1-11.5)	2.8 (1.3-5.7)
	Total	0.6 (0.2-1.6)	2.3 (0.9-5.4)	3.0 (1.5-5.7)	3.6 (1.5-8.5)	2.3 (1.4-3.7)
Total	American Indian	0.0 (.-.)	0.7 (0.1-6.1)	0.6 (0.1-4.6)	1.3 (0.2-6.9)	0.7 (0.2-1.7)
	Asian/Pacific Islander	--	--	--	--	6.3 (2.2-17.2)
	Black	1.9 (0.4-9.8)	--	--	--	5.2 (2.5-10.5)
	Hispanic	0.6 (0.2-1.3)	1.8 (0.9-3.8)	3.5 (2.1-5.6)	5.9 (3.9-8.7)	2.8 (1.9-4.2)
	White	1.3 (0.6-3.1)	3.5 (1.3-8.8)	1.9 (1.0-3.6)	4.6 (2.2-9.2)	2.6 (1.8-3.9)
	Total	0.8 (0.4-1.5)	2.2 (1.1-4.1)	2.7 (1.8-4.0)	5.1 (3.2-8.1)	2.6 (1.9-3.6)

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

YOUTH HIGH INTENSITY BINGE DRINKING (continued)

Chart 2: High Intensity Binge Drinking* by County, Grades 9 - 12, New Mexico, 2021

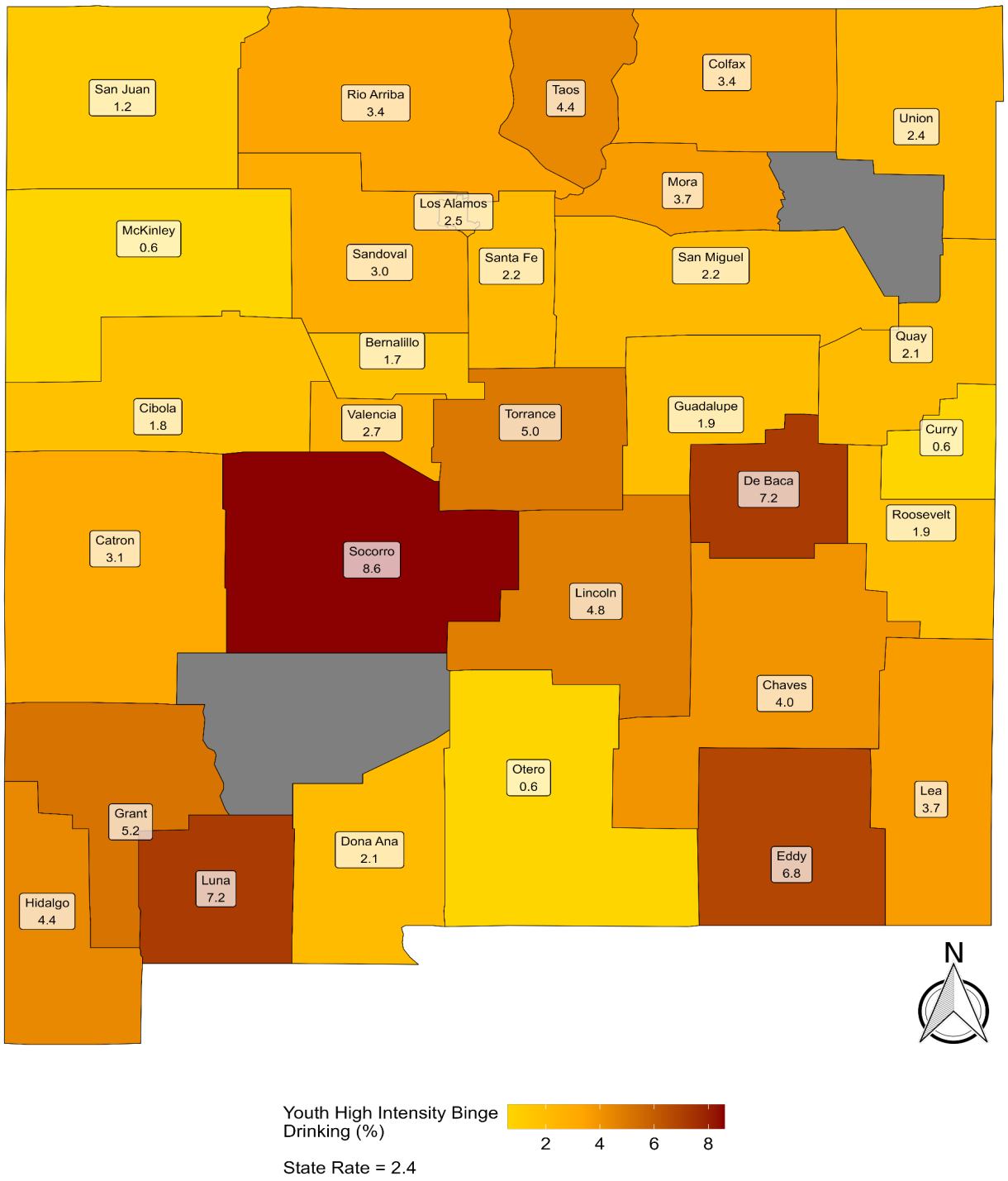


* Estimate of percent of high school students who reported high intensity drinking at least once in past 30 days

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

YOUTH HIGH INTENSITY BINGE DRINKING (continued)

Chart 3: High Intensity Binge Drinking* by County, Grades 9 - 12, New Mexico, 2021



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

Counties that are blued out do not have any data available or are suppressed due to small numbers

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

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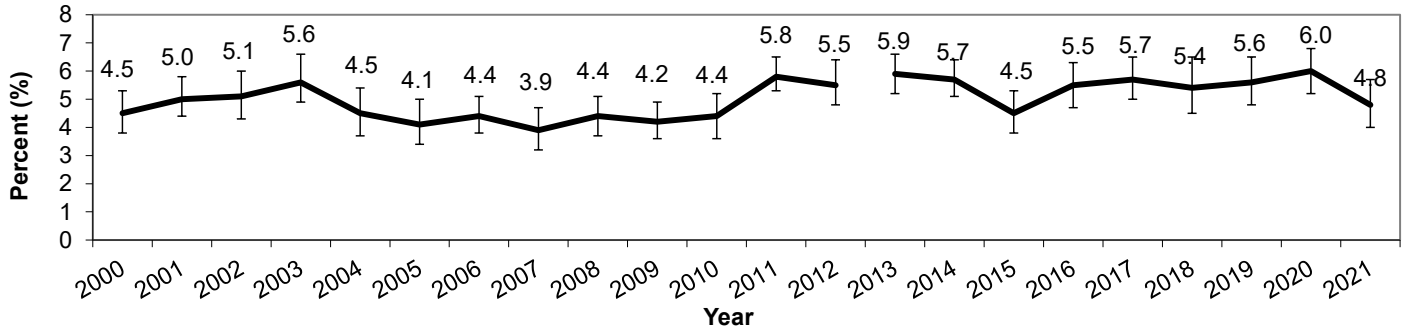
ADULT HEAVY DRINKING

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 (4.8%) than in the US overall (6.3%). As shown in Table 1, heavy drinking was most prevalent among adults in the 25-64 age group, with 6.7% reporting past-month heavy drinking.

Chart 1: Heavy Drinking (past 30 days)*, Adults Aged 18+, New Mexico, 2000-2021



* 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

The heavy drinking question was changed in the 2013 BRFSS

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, 2019-2021

		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	498	3,203	279	3,981	5.7	7.7	3.3	6.7
	Asian/Pacific Islander	-	202	-	202	-	2.8	-	2.1
	Black	-	1,692	-	2,194	-	13.5	-	12.3
	Hispanic	3,014	21,356	1,980	26,651	5.5	9.1	3.6	7.7
	White	907	14,451	3,902	19,260	3.1	8.5	4.0	6.5
	Total	4,689	41,245	6,394	52,629	4.9	8.7	3.8	7.1
Female	American Indian	578	1,373	597	2,548	7.7	2.7	5.3	3.7
	Asian/Pacific Islander	-	365	-	365	-	5.4	-	4.1
	Black	-	499	-	568	-	5.5	-	4.4
	Hispanic	3,467	9,275	723	13,465	6.4	3.8	1.0	3.7
	White	1,223	11,489	5,088	17,805	5.2	6.7	4.4	5.7
	Total	5,269	23,157	6,702	35,132	5.8	4.8	3.3	4.5
Total	American Indian	1,077	4,576	876	6,529	6.6	5.0	4.4	5.1
	Asian/Pacific Islander	-	567	-	567	-	4.1	-	3.1
	Black	-	2,191	302	2,762	-	10.1	7.0	9.0
	Hispanic	6,482	30,631	2,703	40,116	5.9	6.4	2.2	5.6
	White	2,131	25,940	8,990	37,065	4.0	7.6	4.2	6.1
	Total	9,958	64,402	13,095	87,761	5.3	6.7	3.5	5.8

* 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)

Males in New Mexico were more likely to report chronic drinking than females (7.1% v. 4.5%), and Black/African American males had the highest reported rate of heavy drinking (12.3%) followed by Hispanic males (7.7%) and American Indian males (6.7%). Among females, Whites had the highest rates of heavy drinking (5.7%), followed by Blacks (4.4%).

In 2019-2021, as shown in Table 2 and Chart 2, heavy drinking rates were highest in Grant (8.6%), Catron (7.8%), and Valencia (7.7%) counties and lower in Torrance (1.0%), Union (1.0%), and Roosevelt (1.7%). New Mexico had a prevalence of 5.8%, in which 11 of the 33 counties had a higher prevalence.

Table 2: Heavy Drinking (past 30 days) by Race/Ethnicity and County, Adults Aged 18+, New Mexico, 2019-2021

	Number						Percent*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	1,475	-	1,121	13,769	13,479	30,415	7.4	-	9.7	5.9	7.1	6.5
Catron	-	-	-	-	279	331	-	-	-	-	9.3	7.8
Chaves	-	-	-	1,469	1,185	2,847	-	-	-	6.6	6.5	6.7
Cibola	225	-	-	311	193	729	3.2	-	-	5.4	4.5	4.2
Colfax	-	-	-	210	158	368	-	-	-	4.7	4.2	4.1
Curry	-	-	-	805	731	1,716	-	-	-	5.5	4.4	5.1
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	3,615	2,343	6,389	-	-	-	3.9	5.6	4.5
Eddy	-	-	-	1,018	858	1,928	-	-	-	7.1	5.4	6.0
Grant	-	-	-	904	981	1,885	-	-	-	8.2	10.4	8.6
Guadalupe	-	-	-	-	-	-	-	-	-	-	-	-
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	2,329	858	3,420	-	-	-	8.7	5.6	7.6
Lincoln	-	-	-	227	885	1,112	-	-	-	5.9	8.2	7.2
Los Alamos	-	-	-	-	461	551	-	-	-	-	5.1	4.5
Luna	-	-	-	771	124	1,043	-	-	-	5.7	2.5	5.5
McKinley	1,720	-	-	520	63	2,303	5.1	-	-	6.2	1.7	4.9
Mora	-	-	-	-	-	194	-	-	-	-	-	4.8
Otero	-	-	-	453	1,338	1,890	-	-	-	3.9	5.9	4.7
Quay	-	-	-	-	130	254	-	-	-	-	3.2	3.7
Rio Arriba	-	-	-	844	595	1,530	-	-	-	3.6	11.5	4.9
Roosevelt	-	-	-	-	253	253	-	-	-	-	3.3	1.7
Sandoval	664	-	-	1,956	2,010	5,095	6.1	-	-	5.8	4.9	5.6
San Juan	997	-	-	408	1,335	2,899	3.2	-	-	2.6	3.9	3.5
San Miguel	-	-	-	986	380	1,516	-	-	-	6.8	7.0	7.2
Santa Fe	-	-	-	2,216	3,431	6,091	-	-	-	4.1	6.5	5.3
Sierra	-	-	-	-	302	302	-	-	-	-	6.0	4.2
Socorro	-	-	-	322	412	907	-	-	-	4.9	9.3	6.5
Taos	-	-	-	999	477	1,476	-	-	-	8.6	6.6	7.1
Torrance	-	-	-	-	-	97	-	-	-	-	-	1.0
Union	-	-	-	-	-	29	-	-	-	-	-	1.0
Valencia	-	-	-	3,174	966	4,790	-	-	-	8.4	4.7	7.7
New Mexico	6,529	567	2,762	40,116	37,065	87,761	5.1	3.1	9.0	5.6	6.1	5.8

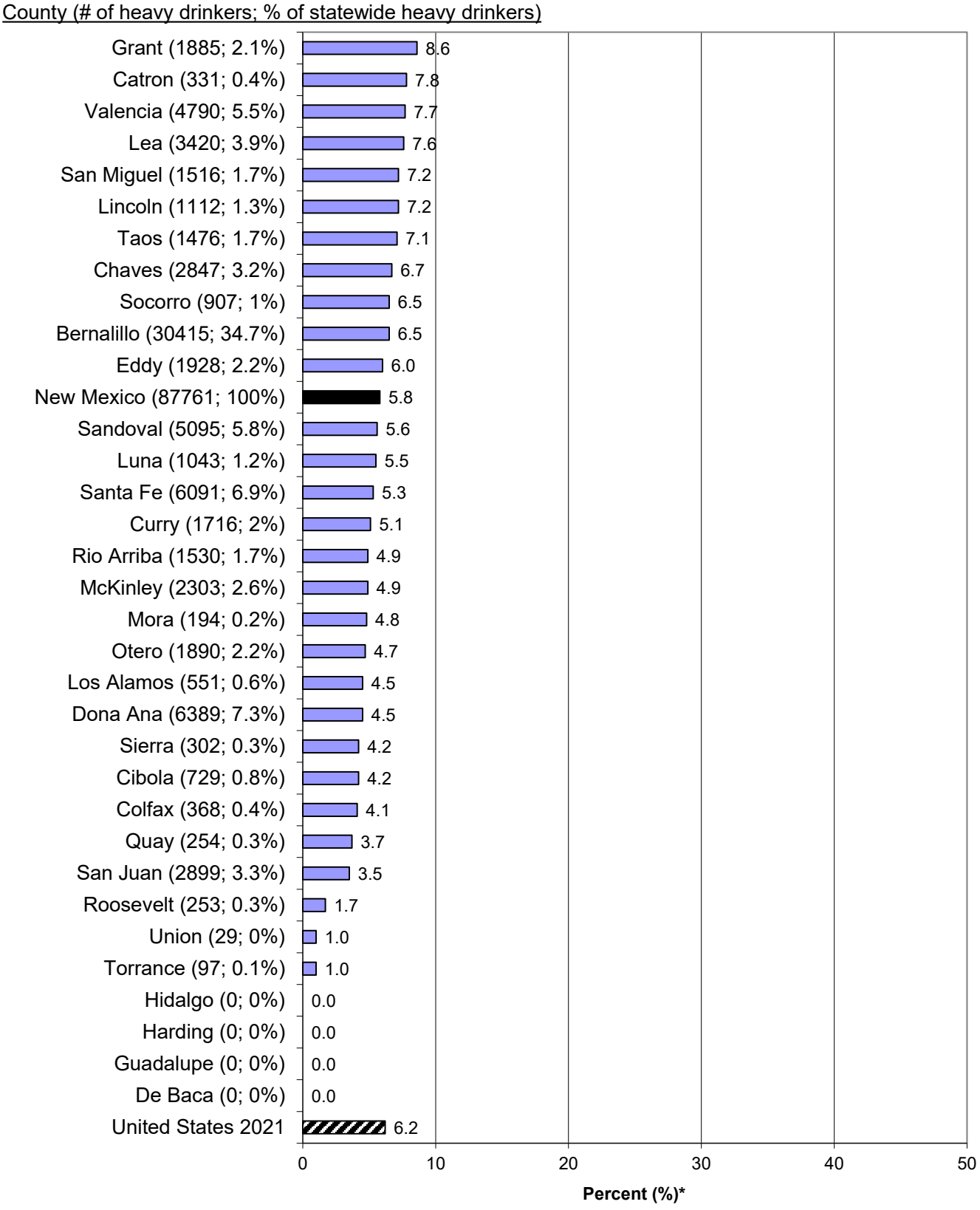
* Estimate of percent of people in population group who reported heavy drinking in past 30 days

- 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, 2019-2021

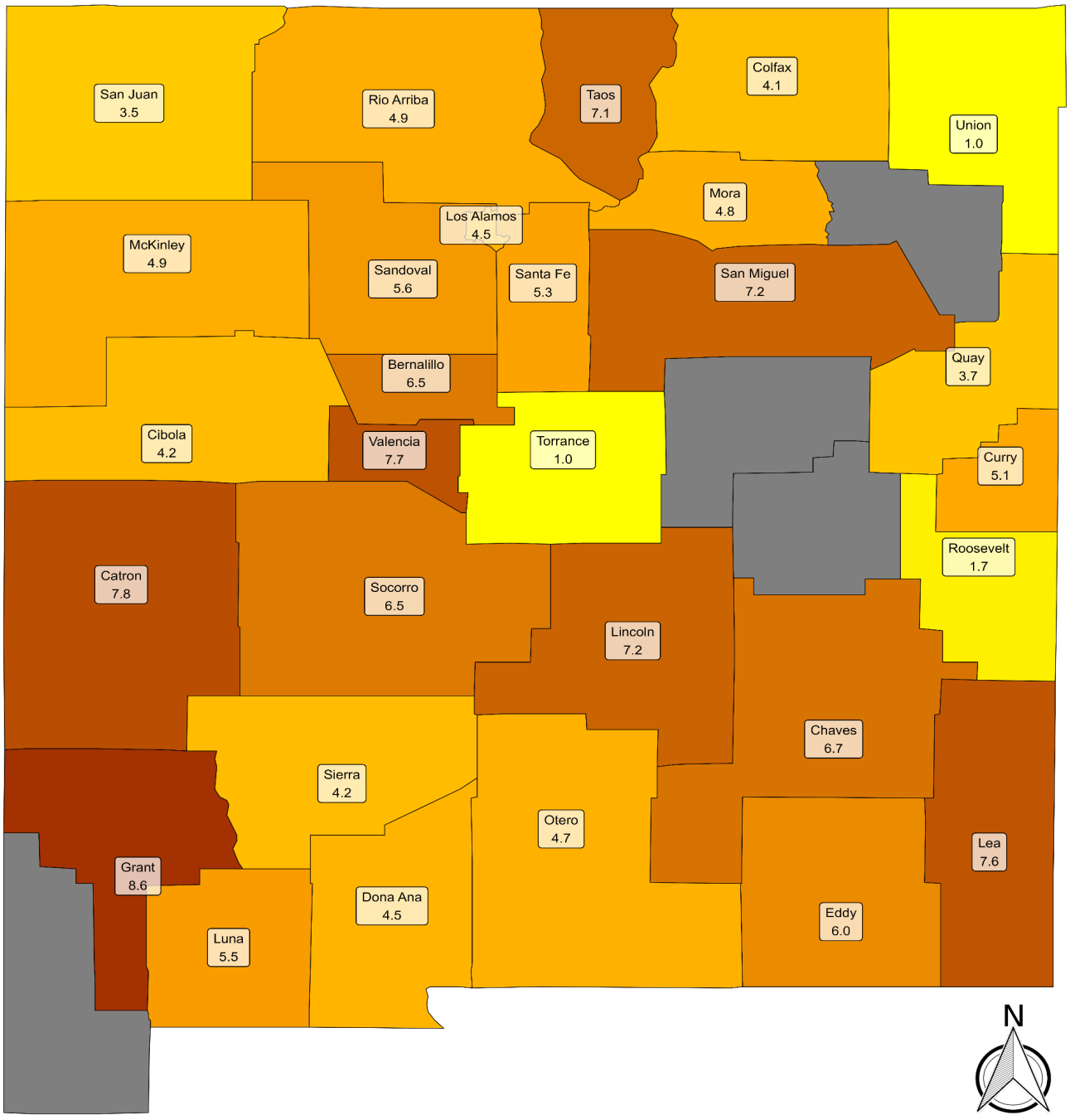


* Estimate of percent of people in population group who reported heavy drinking in past 30 days

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, 2018-2021



* Estimate of percent of people in population group who reported heavy drinking in past 30 days
Counties that are blued out do not have any data available or are suppressed due to small numbers
Source: NMBRFSS (NM); CDC BRFSS (US); SUES

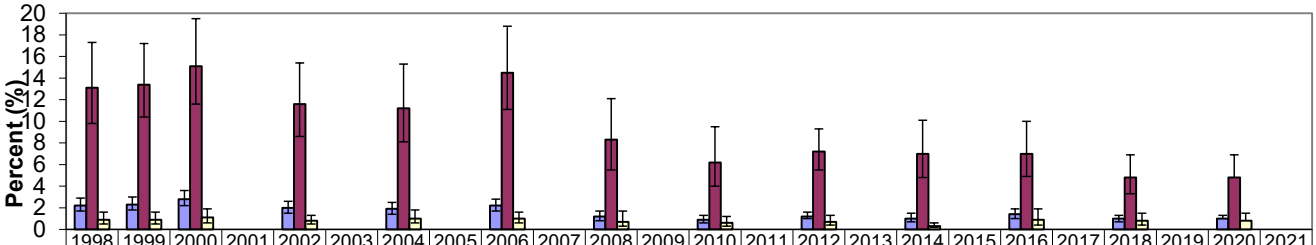
ADULT DRINKING AND DRIVING

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 five or more drinks in a single occasion for men, or four or more drinks in a single occasion for women) 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

Chart 1: Drinking and Driving (past 30 days)* by Drinking Status, Adults Aged 18+, New Mexico, 1998-2021



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
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

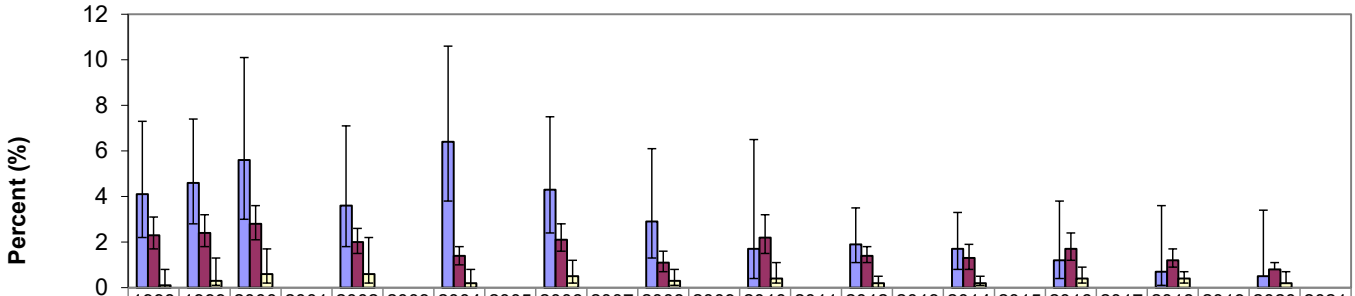
** Estimate of percent of people in population group who drove after "perhaps too much to drink" at least once in past 30 days

- 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, 1998-2021



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
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

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

Source: BRFSS; SUES

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

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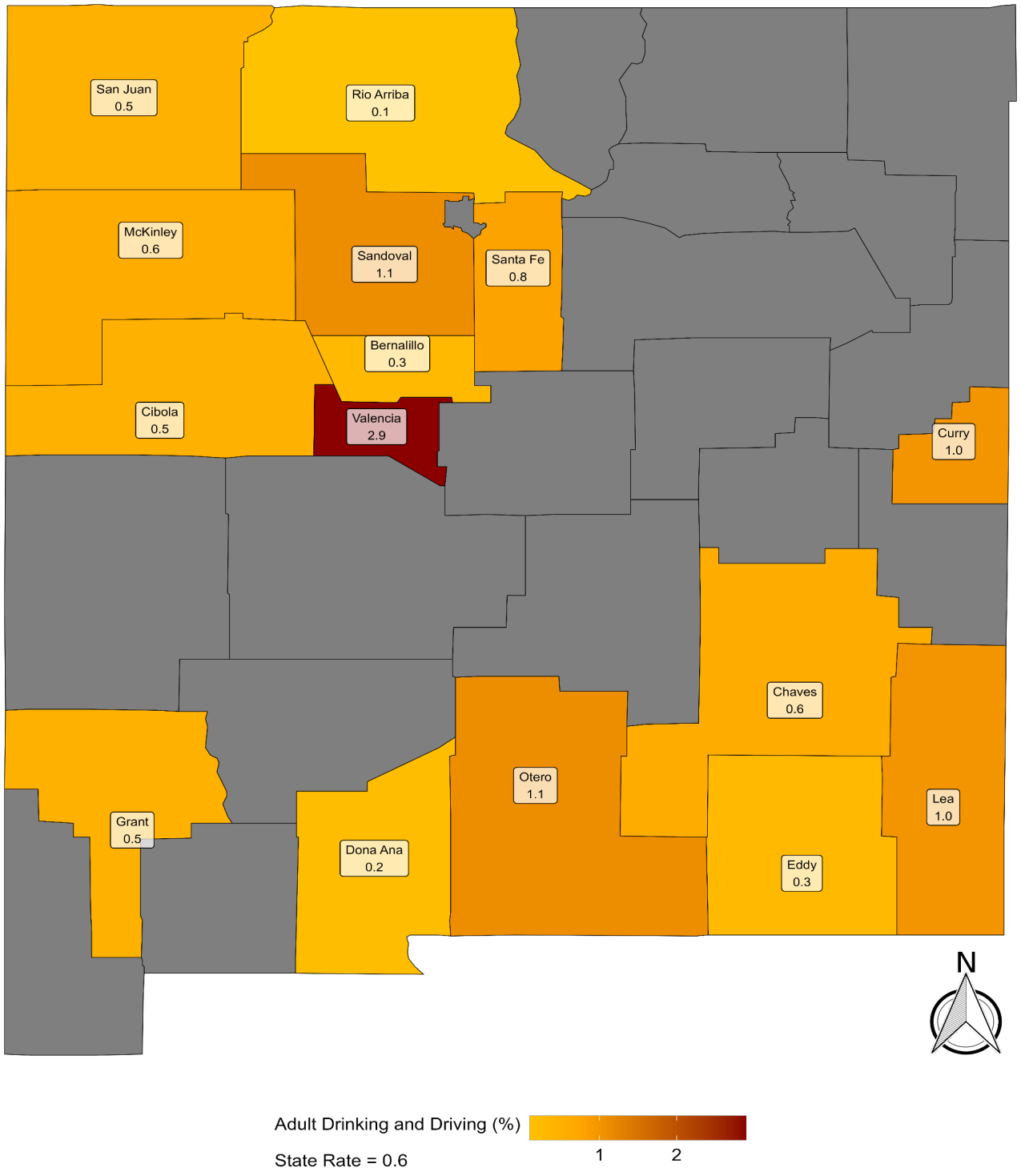


* Estimate of percent of people in population group who drove after having "perhaps too much to drink" at least once in past 30 days
Counties that are blued out do not have any data available or are suppressed due to small numbers

Source: BRFSS; SUES

YOUTH DRINKING AND DRIVING

Problem Statement

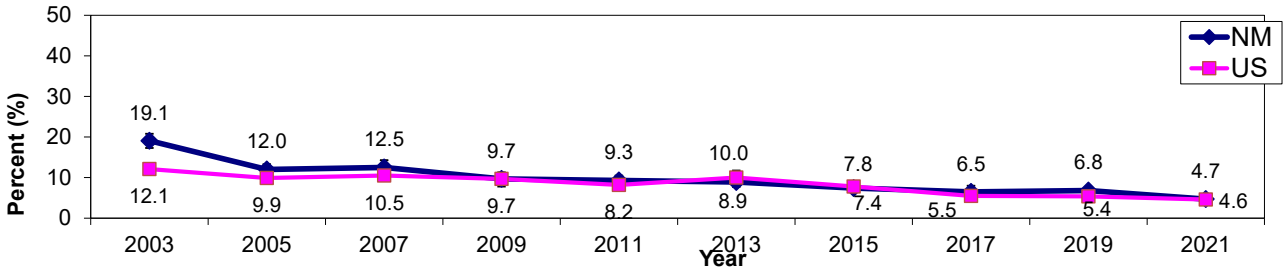
Drinking and driving is a major risk factor for motor vehicle accidents. Motor vehicle crashes were the leading cause of unintentional injury deaths for ages 15-20 years in the US in 2018. According to the National Highway Traffic Safety Administration (NHTSA), alcohol impaired-driving fatalities accounted 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 2021, the prevalence of past-30-day drinking and driving was 4.7% 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 2021, the drinking and driving rate was highest in Grant (15.3), Union (11.8), Luna (9.7), Eddy (9.3), and Socorro (8.7) counties. The rate was lowest in San Juan (2.2%), Colfax (2.0%), Valencia (1.9%), De Baca (1.9%), and Quay (1.7%) counties.

*National Center for Statistics and Analysis. (2019, December). *Alcohol-impaired driving: 2016 data* (Traffic Safety Facts. Report No. DOT HS 812 450).

Chart 1: Drinking and Driving* by Year, Grades 9 - 12, New Mexico and US, 2003-2021



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

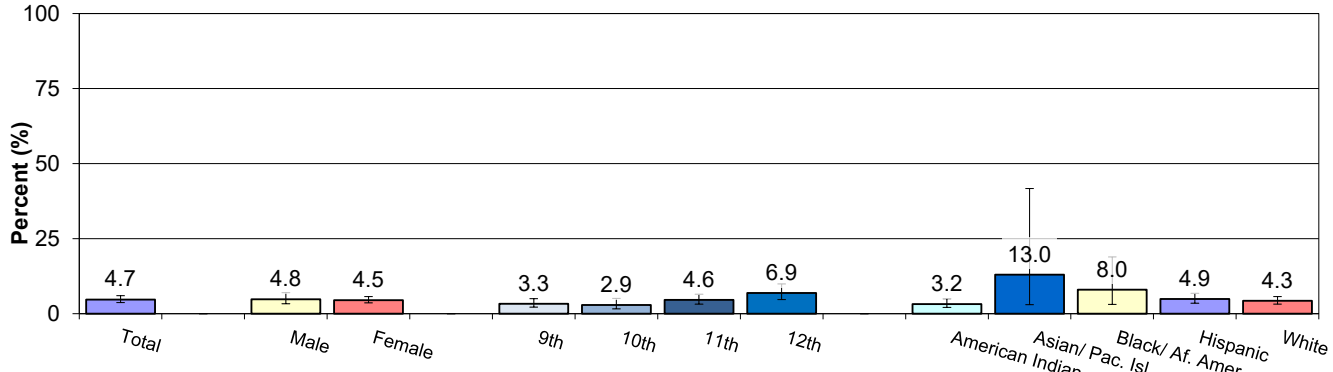
Source: YRRS (NM); CDC YRBS (US); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

Table 1: Drinking and Driving, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2021

		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	--	--	--	--	3.4 (1.2-9.1)
	Asian/Pacific Islander	--	--	--	--	--
	Black	--	--	--	--	7.3 (2.6-18.8)
	Hispanic	4.5 (2.1-9.6)	1.7 (0.5-5.4)	4.4 (2.1-9.0)	8.7 (4.8-15.3)	5.2 (3.3-8.1)
	White	2.8 (0.8-9.0)	5.3 (1.7-15.1)	3.6 (1.2-10.3)	6.4 (2.5-15.6)	4.6 (3.0-6.8)
	Total	3.5 (1.9-6.1)	2.5 (1.0-6.1)	4.3 (2.2-8.3)	8.3 (5.2-13.0)	4.8 (3.3-7.0)
Female	American Indian	--	--	--	--	3.1 (1.7-5.4)
	Asian/Pacific Islander	--	--	--	--	--
	Black	--	--	--	--	--
	Hispanic	2.3 (0.7-7.7)	2.5 (0.8-7.4)	5.5 (2.7-10.9)	5.3 (3.3-8.3)	4.3 (2.9-6.5)
	White	4.2 (1.8-9.3)	5.4 (1.1-22.1)	2.6 (0.9-7.5)	4.1 (1.8-9.1)	4.0 (2.4-6.7)
	Total	3.2 (1.8-5.6)	3.3 (1.4-7.7)	4.3 (2.4-7.5)	5.6 (3.5-8.7)	4.5 (3.6-5.7)
Total	American Indian	1.4 (0.2-8.5)	1.9 (0.3-12.8)	3.4 (0.6-17.4)	6.1 (1.6-20.4)	3.2 (2.1-5.0)
	Asian/Pacific Islander	--	--	--	--	13.0 (3.0-41.7)
	Black	--	--	--	--	8.0 (3.1-18.9)
	Hispanic	3.6 (2.0-6.4)	2.1 (1.0-4.3)	5.4 (3.7-7.8)	7.0 (4.3-11.2)	4.9 (3.5-6.8)
	White	3.4 (2.0-5.7)	5.3 (2.3-11.9)	3.1 (1.4-7.0)	5.1 (2.7-9.4)	4.3 (3.2-5.7)
	Total	3.3 (2.2-5.0)	2.9 (1.6-5.1)	4.6 (3.2-6.5)	6.9 (4.7-9.9)	4.7 (3.7-6.0)

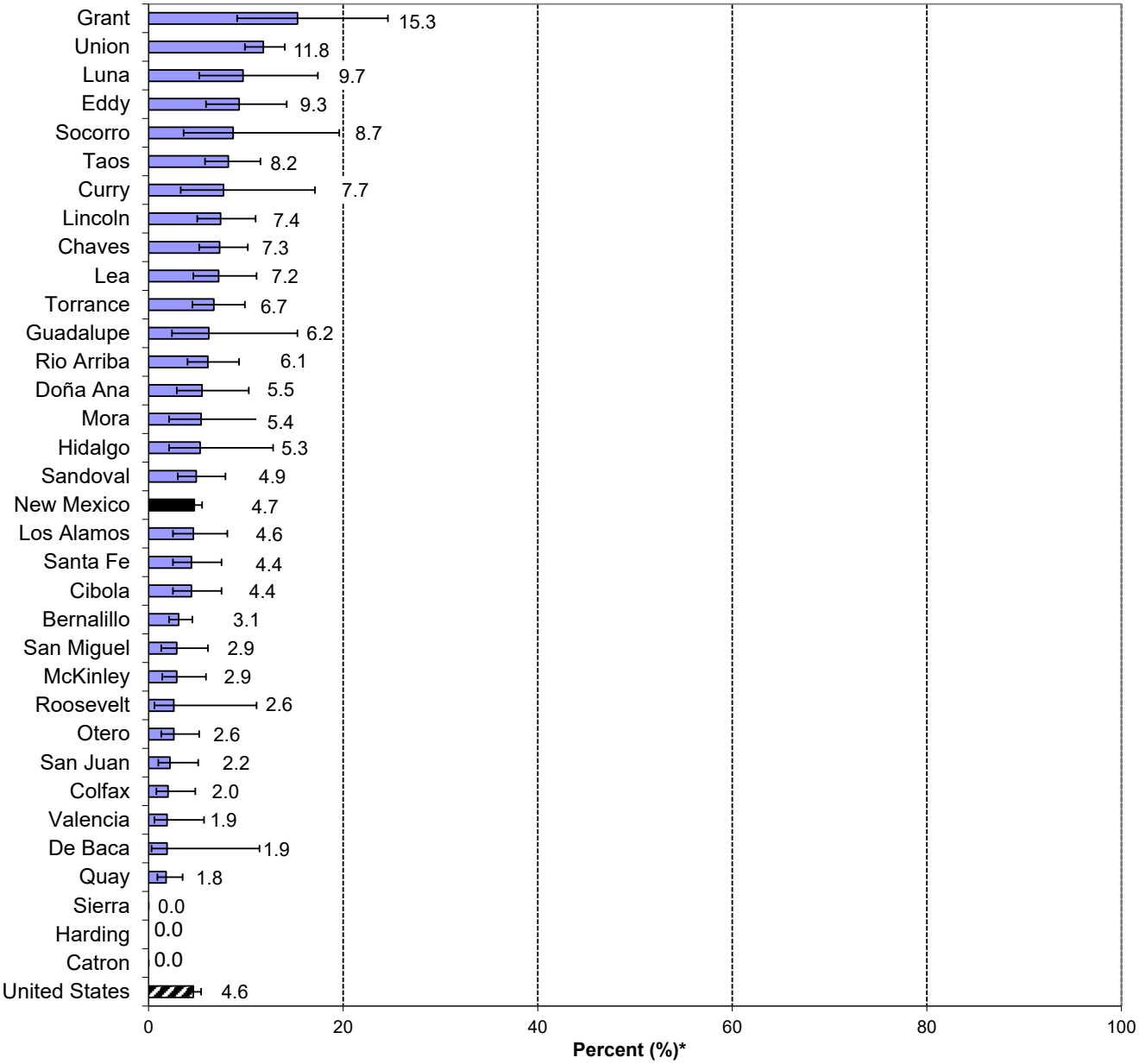
Source: YRRS (NM); NMDOH Survey Section (NOTE: "95% CI" is 95% confidence interval)

Chart 2: Drinking and Driving, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2021



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

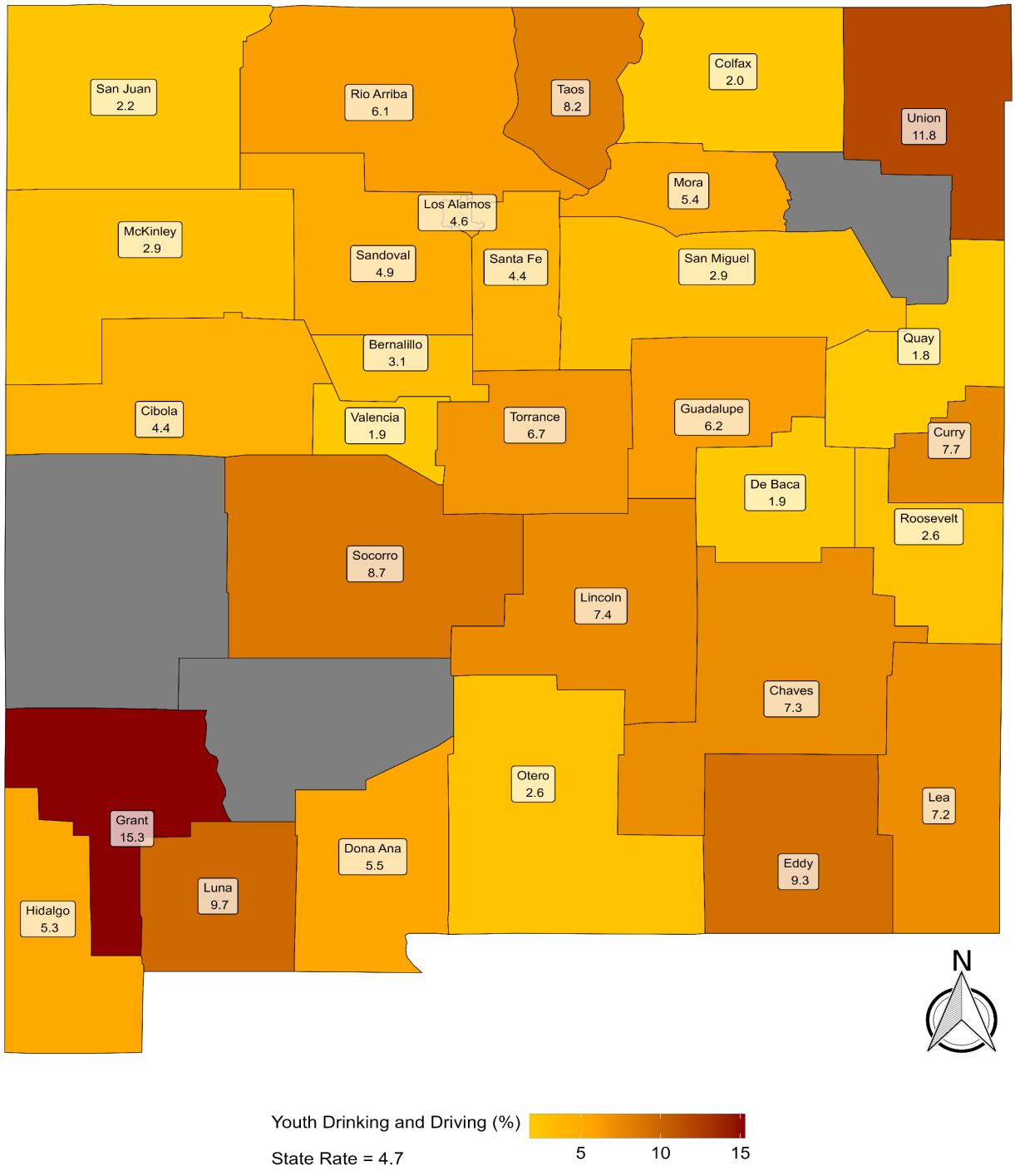
Chart 3: Drinking and Driving* by County, Grades 9 - 12, New Mexico, 2021



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

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

Chart 4: Drinking and Driving* by County, Grades 9 - 12, New Mexico, 2021



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

Counties that are blued out do not have any data available or are suppressed due to small numbers

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

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ADULT CANNABIS (MARIJUANA) USE

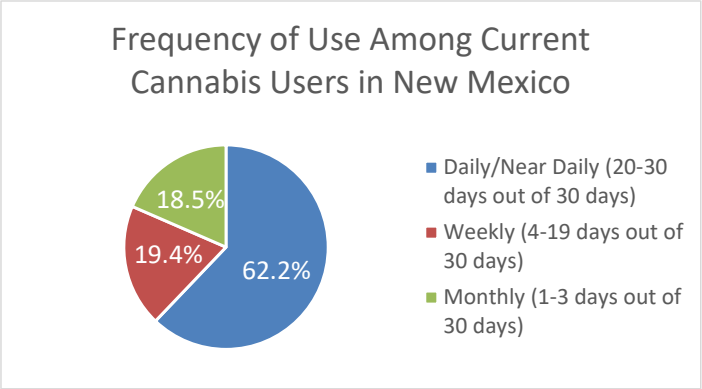
Problem Statement

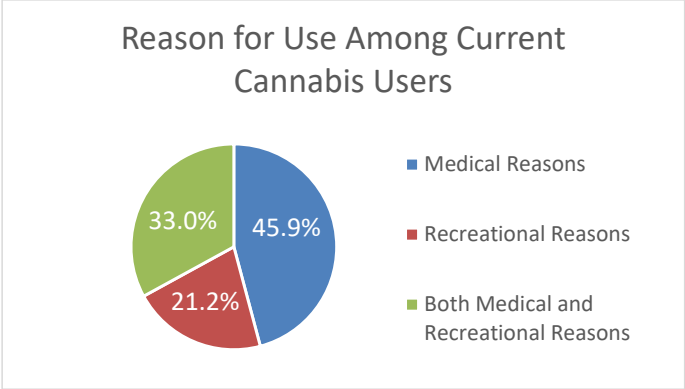
Cannabis remains classified as a Schedule I, illegal substance at the federal level. The landscape of cannabis legalization is evolving rapidly state by state. As of April 2023, 24 of 50 states have legalized cannabis for recreational adult use and as of November 2023, 38 of 50 states have legalized medical use of cannabis (https://www.ncsl.org/health/state-medical-cannabis-laws#anchor8841).

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 2021, 15.4% 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 24.3%, and among Blacks at 24.2%. Among current cannabis users, 62.2% used cannabis daily or near daily (Chart 1a). 45.9% reported using cannabis for medical reasons, 21.2% reported using cannabis for nonmedical reasons, and 33.0% reported using for both medical and nonmedical reasons (Chart 1b).

Chart 1a & 1b: Frequency and Reason among current Cannabis users*, Adults Aged 18+, New Mexico, 2021





* 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, 2021

		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	1,730	5,246	171	7,153	27.9	22.8	3.2	20.7
	Asian/Pacific Islander	-	-	-	-	-	-	-	-
	Black	-	-	-	3,597	-	-	-	35.3
	Hispanic	9,667	28,707	2,062	40,436	28.4	20.7	6.1	19.5
	White	3,434	20,774	5,225	29,433	22.5	21.3	8.6	16.9
	Total	15,448	58,361	8,093	82,199	26.8	21.2	7.7	18.7
Female	American Indian	-	2,785	73	3,319	-	10.2	1.2	8.9
	Asian/Pacific Islander	-	-	-	318	-	-	-	5.2
	Black	-	-	-	525	-	-	-	7.7
	Hispanic	8,082	16,901	2,760	27,802	26.2	11.3	6.4	12.4
	White	2,772	15,857	6,380	25,009	18.2	15.9	8.7	13.2
	Total	11,441	36,692	9,771	57,963	21.6	12.7	7.7	12.3
Total	American Indian	2,191	8,030	243	10,472	21.5	16.0	2.2	14.6
	Asian/Pacific Islander	-	948	-	948	-	10.7	-	8.0
	Black	-	2,890	-	4,123	-	25.4	-	24.2
	Hispanic	17,748	45,608	4,822	68,238	27.3	15.8	6.3	15.8
	White	6,206	36,631	11,605	54,442	20.4	18.6	8.7	15.0
	Total	26,889	95,053	17,864	140,161	24.3	16.9	7.7	15.4

* 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

Problem Statement (continued)

For men, marijuana use rates was highest among Black (35.3%), American Indians (20.7%), followed by Hispanics (19.5%) and Whites (16.9%). Among women, Whites had the highest marijuana use rates (13.2%), followed by Hispanics (12.4%), American Indians (8.9%), Black (7.7%), and Asian/Pacific Islander (5.2%).

As shown in Table 2 and Chart 2, the counties with the highest overall adult marijuana use rates were Sierra (37.6%), Socorro (24.3%), Taos (20.7%), and Roosevelt (19.2%). The counties with the lowest rates were Los Alamos (6.2%), Catron (7.5%), and Colfax (8.6%).

Table 2: Current Cannabis Use (past 30 days) by Race/Ethnicity and County, Adults Aged 18+, New Mexico, 2021

	Number						Percent*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	2,786	-	-	28,272	19,324	52,196	26.2	-	-	19.1	16.4	17.8
Catron	-	-	-	-	-	194	-	-	-	-	-	7.5
Chaves	-	-	-	1,838	1,507	3,344	-	-	-	14.8	13.6	13.4
Cibola	331	-	-	895	279	1,621	9.4	-	-	20.6	11.9	15.3
Colfax	-	-	-	-	-	478	-	-	-	-	-	8.6
Curry	-	-	-	1,605	737	2,419	-	-	-	16.0	6.6	10.8
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	7,243	2,794	10,460	-	-	-	12.4	10.2	11.6
Eddy	-	-	-	507	1,663	2,442	-	-	-	6.3	17.3	12.8
Grant	-	-	-	1,378	1,125	2,529	-	-	-	20.4	18.5	18.7
Guadalupe	-	-	-	-	-	-	-	-	-	-	-	-
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	782	1,436	2,846	-	-	-	4.3	14.9	9.6
Lincoln	-	-	-	-	1,226	1,842	-	-	-	-	17.4	18.6
Los Alamos	-	-	-	-	170	470	-	-	-	-	2.9	6.2
Luna	-	-	-	737	446	1,330	-	-	-	9.0	15.7	11.8
McKinley	2,513	-	-	1,016	434	3,995	12.6	-	-	19.0	17.4	14.1
Mora	-	-	-	-	-	-	-	-	-	-	-	-
Otero	-	-	-	1,319	1,363	2,827	-	-	-	17.7	8.3	10.3
Quay	-	-	-	-	-	579	-	-	-	-	-	13.4
Rio Arriba	-	-	-	2,490	481	3,360	-	-	-	17.2	13.0	16.2
Roosevelt	-	-	-	-	1,369	1,886	-	-	-	-	26.4	19.2
Sandoval	-	-	-	2,077	3,752	8,179	-	-	-	10.9	13.4	14.5
San Juan	2,082	-	-	1,402	2,858	6,373	10.9	-	-	14.3	13.6	12.3
San Miguel	-	-	-	1,673	583	2,269	-	-	-	17.2	17.5	16.7
Santa Fe	-	-	-	5,290	6,223	12,093	-	-	-	16.0	18.7	16.8
Sierra	-	-	-	-	1,435	1,702	-	-	-	-	42.7	37.6
Socorro	-	-	-	-	-	1,619	-	-	-	-	-	24.3
Taos	-	-	-	1,406	1,011	2,750	-	-	-	19.1	21.2	20.7
Torrance	-	-	-	-	-	-	-	-	-	-	-	-
Union	-	-	-	-	-	-	-	-	-	-	-	-
Valencia	-	-	-	3,763	2,175	7,061	-	-	-	16.1	18.6	18.7
New Mexico	10,472	948	4,123	68,238	54,442	140,161	14.6	8.0	24.2	15.8	15.0	15.4

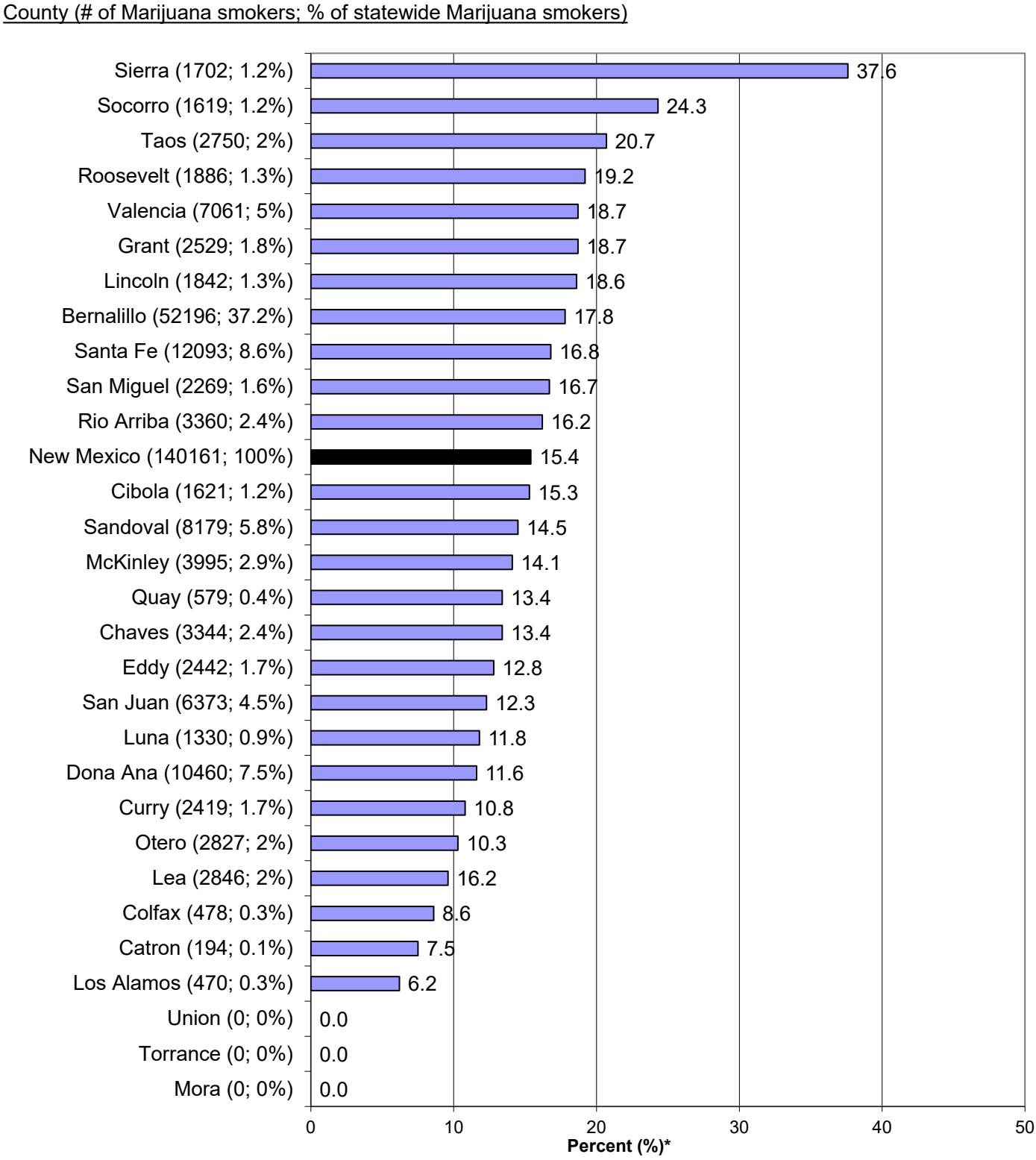
* Estimate of percent of people in population group who have smoked marijuana at least 1 day in past 30 days

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

Source: BRFSS; SUES

ADULT CANNABIS (MARIJUANA) USE (continued)

Chart 2: Current Cannabis Use (past 30 days)* by County, Adults Aged 18+, New Mexico, 2021

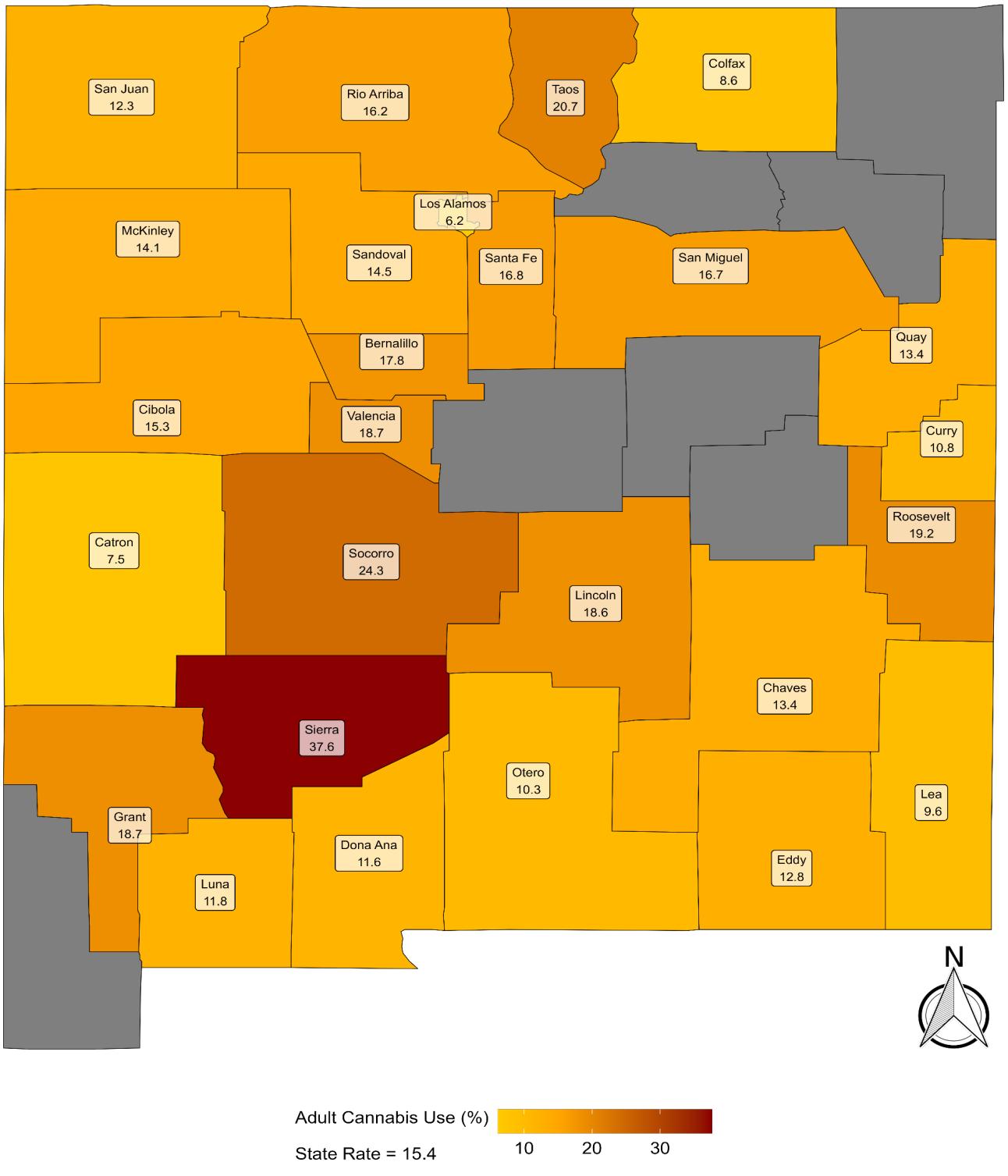


* Estimate of percent of people in population group who have smoked marijuana at least 1 day in past 30 days

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, 2021



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

Counties that are blued out do not have any data available or are suppressed due to small numbers

Source: BRFSS; SUES

YOUTH CURRENT MARIJUANA USE

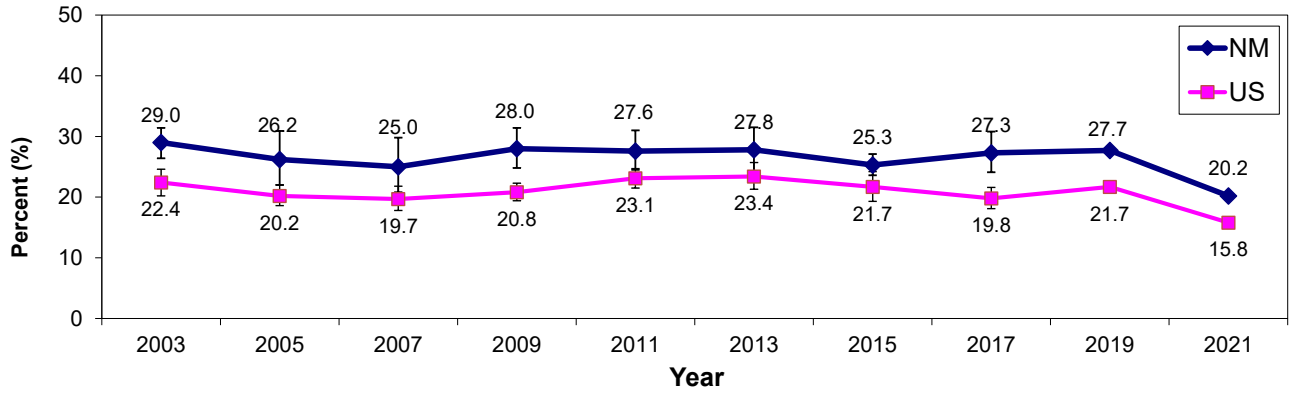
Problem Statement

In 2021, compared to 2019, there was a decrease in current marijuana use by high school students in both New Mexico and the United States, but New Mexico's rate remains significantly higher than the US rate. In 2021, two-thirds of the counties in New Mexico reported prevalence greater than the US rate (15.8%), 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 Black (25.7%) students was higher than among American Indian (25.5%), Hispanic (19.3%), White (18.7%), and Asian/Pacific Islander (17.9%) students.

In 2021, the rate of past 30-day marijuana use was highest in Grant (36.2%), Taos (34.4%) and Socorro (28.3%) counties. The rate was lowest in De Baca (6.5%), Union (10.8%), Los Alamos (11.5%), Catron (12.3%), and Curry (13.5%) counties.

Chart 1: Current Marijuana Use* by Year, Grades 9 - 12, New Mexico and US, 2003-2021



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

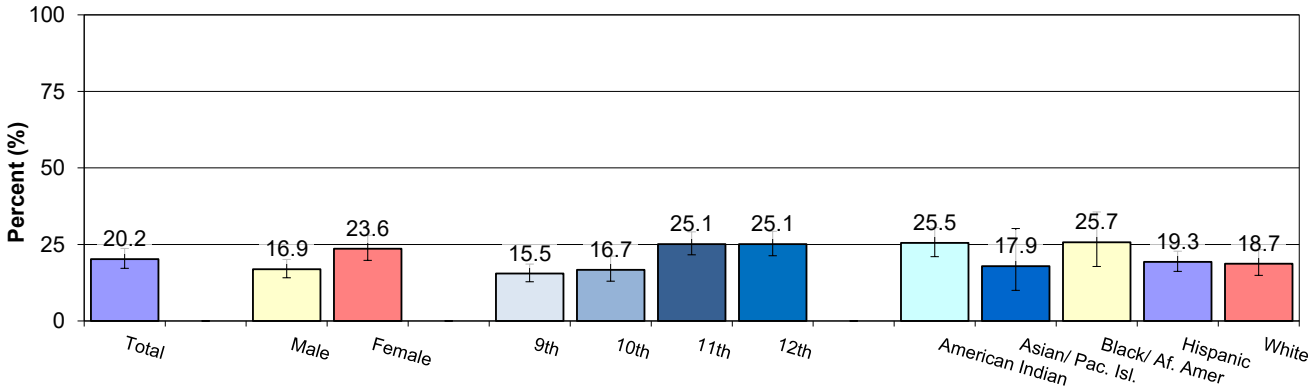
Table 1: Current Marijuana Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2021

		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	16.8 (10.6-25.5)	17.6 (9.4-30.7)	16.2 (8.2-29.2)	30.8 (22.6-40.3)	20.3 (15.3-26.5)
	Asian/Pacific Islander	--	--	--	--	15.8 (6.7-33.0)
	Black	--	--	--	--	20.3 (12.4-31.3)
	Hispanic	9.7 (6.9-13.6)	16.1 (11.2-22.4)	20.7 (16.2-25.9)	22.0 (16.7-28.5)	16.7 (13.4-20.7)
	White	12.2 (8.3-17.5)	11.7 (6.0-21.7)	22.7 (13.3-36.1)	17.9 (11.6-26.6)	15.4 (11.5-20.2)
	Total	11.7 (9.5-14.3)	15.0 (11.3-19.5)	20.0 (15.4-25.5)	23.1 (19.9-26.6)	16.9 (14.1-20.1)
Female	American Indian	28.8 (20.5-38.8)	--	41.3 (20.9-65.3)	29.3 (15.9-47.6)	31.3 (24.4-39.2)
	Asian/Pacific Islander	--	--	--	--	19.7 (8.6-38.9)
	Black	--	--	--	--	32.4 (20.4-47.2)
	Hispanic	20.7 (16.0-26.3)	17.3 (12.1-24.0)	27.2 (22.6-32.4)	21.3 (15.1-29.2)	21.7 (18.0-25.9)
	White	15.1 (9.2-23.8)	16.4 (9.0-28.3)	29.5 (24.1-35.5)	31.8 (21.3-44.6)	22.5 (17.8-28.0)
	Total	19.9 (15.3-25.4)	18.5 (13.2-25.3)	30.0 (24.9-35.6)	27.0 (21.6-33.1)	23.6 (19.8-28.0)
Total	American Indian	22.6 (16.6-29.9)	22.1 (14.2-32.9)	26.7 (20.0-34.7)	30.1 (20.4-41.8)	25.5 (21.0-30.5)
	Asian/Pacific Islander	--	--	--	--	17.9 (10.0-30.2)
	Black	17.3 (8.9-31.1)	--	--	--	25.7 (17.8-35.6)
	Hispanic	15.0 (11.7-18.9)	16.6 (12.2-22.3)	24.6 (21.2-28.5)	21.6 (16.8-27.3)	19.3 (16.2-22.8)
	White	13.4 (10.5-17.0)	13.7 (8.8-20.8)	25.7 (19.7-32.7)	25.5 (18.5-34.0)	18.7 (14.9-23.3)
	Total	15.5 (12.8-18.6)	16.7 (13.0-21.2)	25.1 (21.6-29.1)	25.1 (21.3-29.3)	20.2 (17.2-23.7)

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

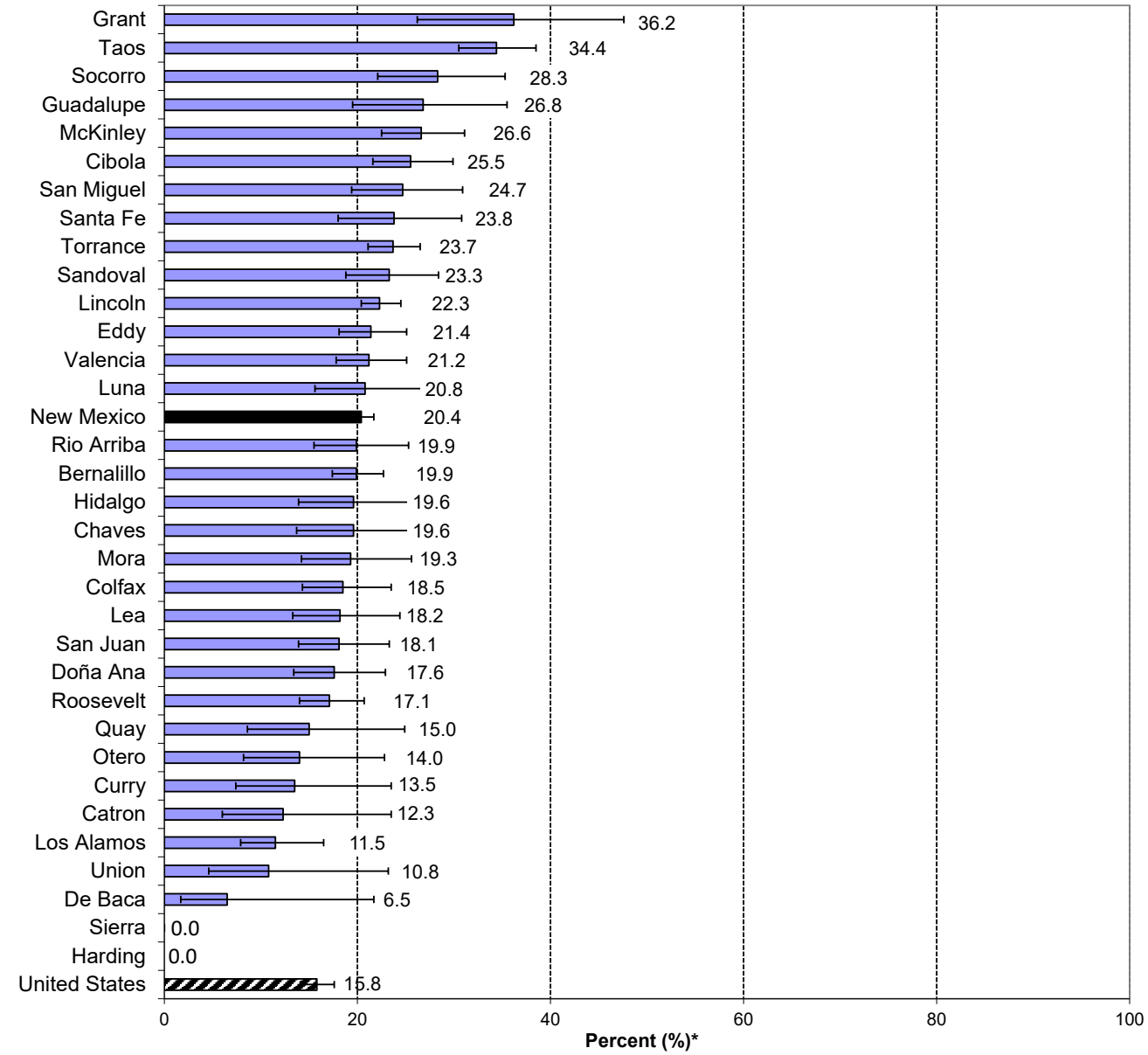
YOUTH CURRENT MARIJUANA USE (continued)

Chart 2: Current Marijuana Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2021



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, 2021

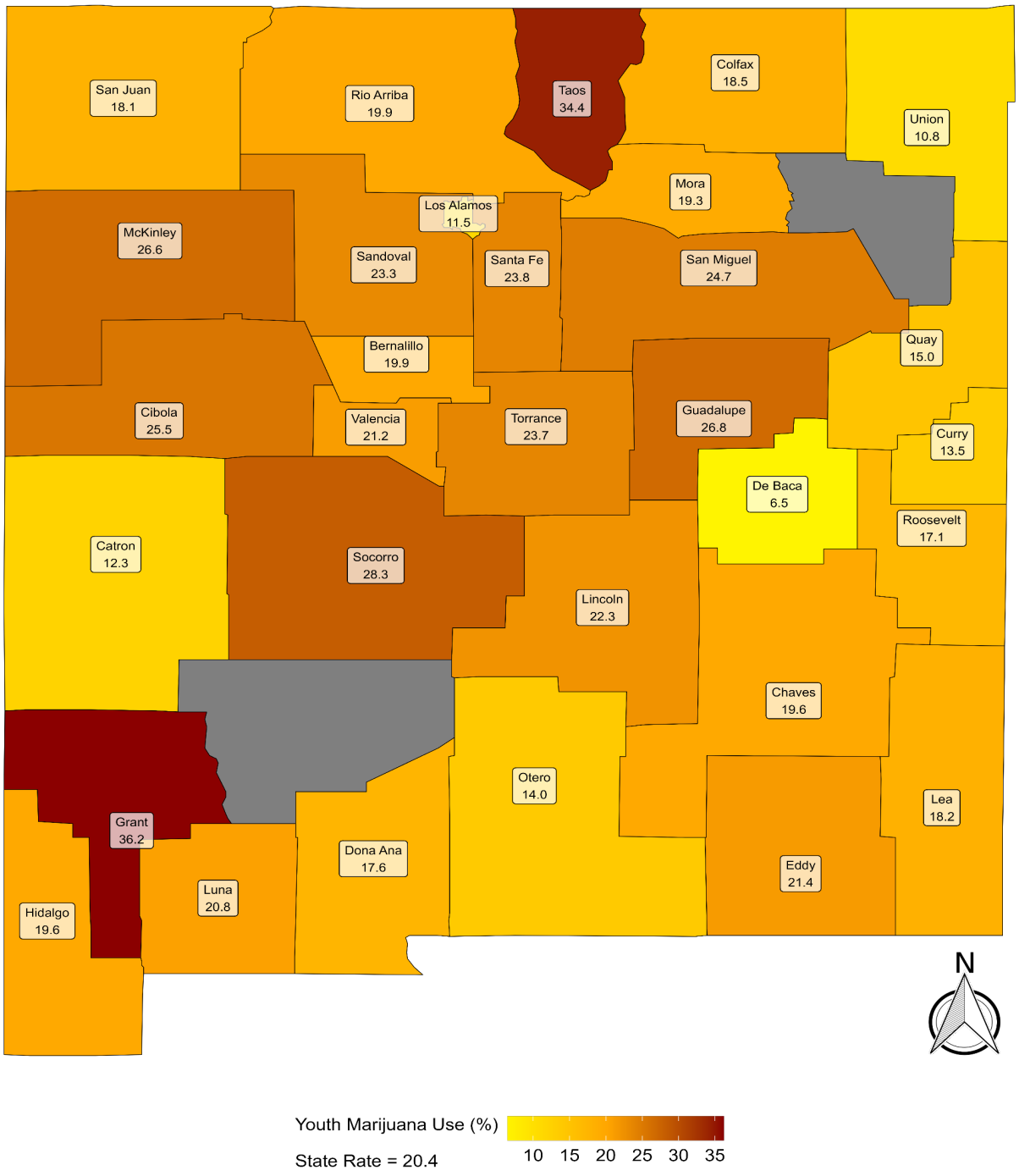


* Estimate of percent of high school students who reported marijuana use at least once in past 30 days

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, 2021



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

Counties that are blued out do not have any data available or are suppressed due to small numbers

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

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YOUTH CURRENT COCAINE USE

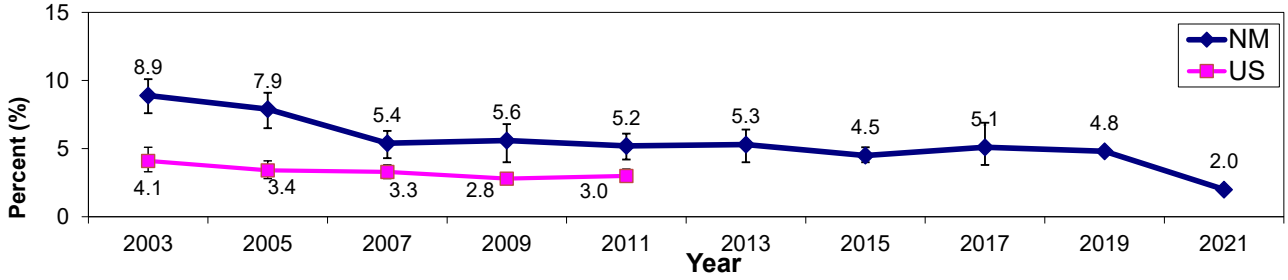
Problem Statement

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%). There has been a significant drop etween 2019 and 2021 (2.0%). The New Mexico rate in 2020 (2.0%) was lower than the last available US rate (3.0% in 2011).

The difference in the rate between males and females was not statistically significant. The rate of current cocaine use generally increased in prevalence with increasing grade levels. Asian/Pacific Islander (9.0%) and Black (4.4%) students had higher rates of current cocaine use than American Indian (1.2%), Hispanic (1.9%), or White (2.2%) students.

In 2021, the rate of past 30-day cocaine use was highest in Socorro (6.3%), Eddy (6.1%), Luna (4.2%), Grant (3.3%) and Roosevelt (2.9%) counties. The rate was lowest in Guadalupe (0.6%), Los Alamos (1.1%), Otero (1.2%), San Juan (1.3%), and Doña Ana (1.4%) counties.

Chart 1: Current Cocaine Use* by Year, Grades 9 - 12, New Mexico and US, 2003-2021



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

As of 2013, the current cocaine use question was not asked in the national (US) YRBS Survey

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

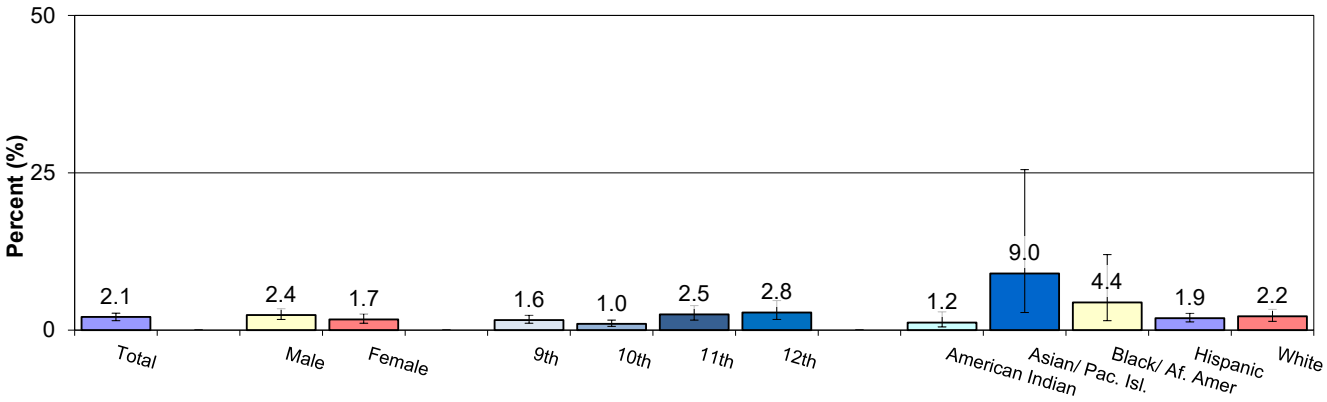
Table 1: Current Cocaine Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2021

		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	0.0 (.-.)	0.0 (.-.)	1.1 (0.1-8.8)	4.0 (0.9-15.3)	1.2 (0.4-4.1)
	Asian/Pacific Islander	--	--	--	--	5.2 (1.6-16.0)
	Black	--	--	--	--	4.5 (1.3-14.1)
	Hispanic	1.0 (0.3-3.0)	1.5 (0.5-4.0)	3.1 (1.4-6.7)	3.0 (1.6-5.8)	2.2 (1.4-3.4)
	White	1.7 (0.7-4.0)	1.2 (0.3-5.1)	4.5 (1.6-12.0)	5.2 (2.1-12.6)	2.9 (1.6-5.0)
	Total	1.4 (0.7-2.7)	1.0 (0.4-2.4)	3.2 (2.0-5.0)	4.2 (2.5-6.9)	2.4 (1.7-3.4)
Female	American Indian	1.3 (0.2-7.9)	--	3.8 (1.2-11.8)	0.0 (.-.)	1.1 (0.5-2.6)
	Asian/Pacific Islander	--	--	--	--	12.4 (2.8-41.0)
	Black	--	--	--	--	4.4 (1.3-13.6)
	Hispanic	1.6 (0.8-3.2)	0.8 (0.2-3.0)	1.5 (0.7-3.1)	1.8 (0.5-6.1)	1.5 (0.9-2.4)
	White	1.9 (0.6-5.8)	1.7 (0.2-13.8)	1.4 (0.3-5.8)	0.5 (0.1-3.5)	1.4 (0.7-3.0)
	Total	1.9 (0.9-3.7)	1.0 (0.4-2.9)	1.7 (0.8-3.3)	1.5 (0.5-4.3)	1.7 (1.1-2.6)
Total	American Indian	0.6 (0.1-3.8)	0.0 (.-.)	2.3 (0.9-5.6)	2.1 (0.5-8.6)	1.2 (0.5-2.9)
	Asian/Pacific Islander	--	--	--	--	9.0 (2.8-25.5)
	Black	4.9 (1.1-19.3)	--	--	--	4.4 (1.5-12.0)
	Hispanic	1.3 (0.7-2.2)	1.1 (0.6-2.0)	2.4 (1.2-4.6)	2.4 (1.3-4.4)	1.9 (1.3-2.7)
	White	1.8 (1.1-3.0)	1.4 (0.3-5.6)	3.0 (1.2-7.6)	2.7 (1.1-6.4)	2.2 (1.4-3.3)
	Total	1.6 (1.1-2.4)	1.0 (0.6-1.6)	2.5 (1.6-3.9)	2.8 (1.7-4.7)	2.1 (1.5-2.7)

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

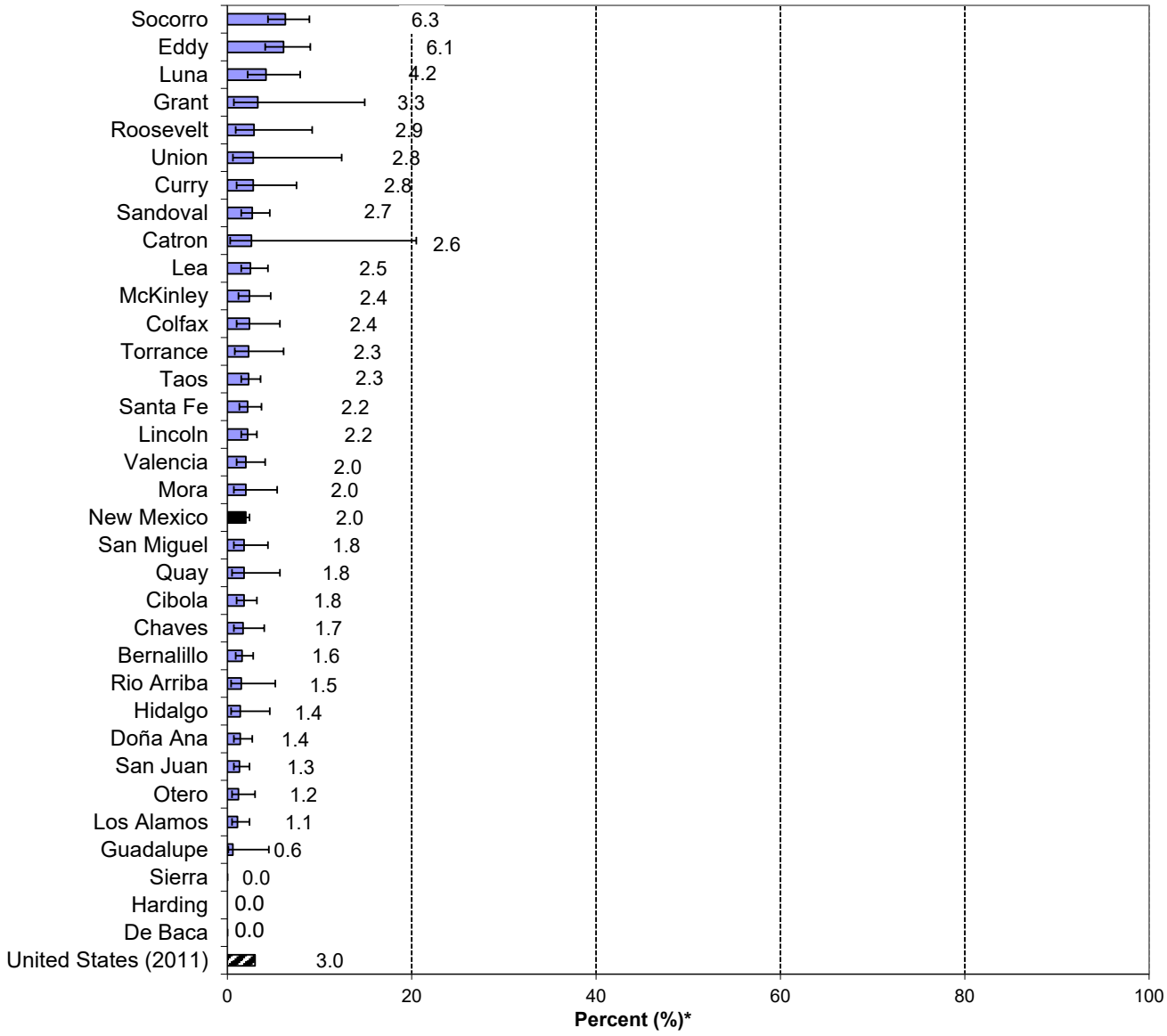
YOUTH CURRENT COCAINE USE (continued)

Chart 2: Current Cocaine Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2021



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, 2021

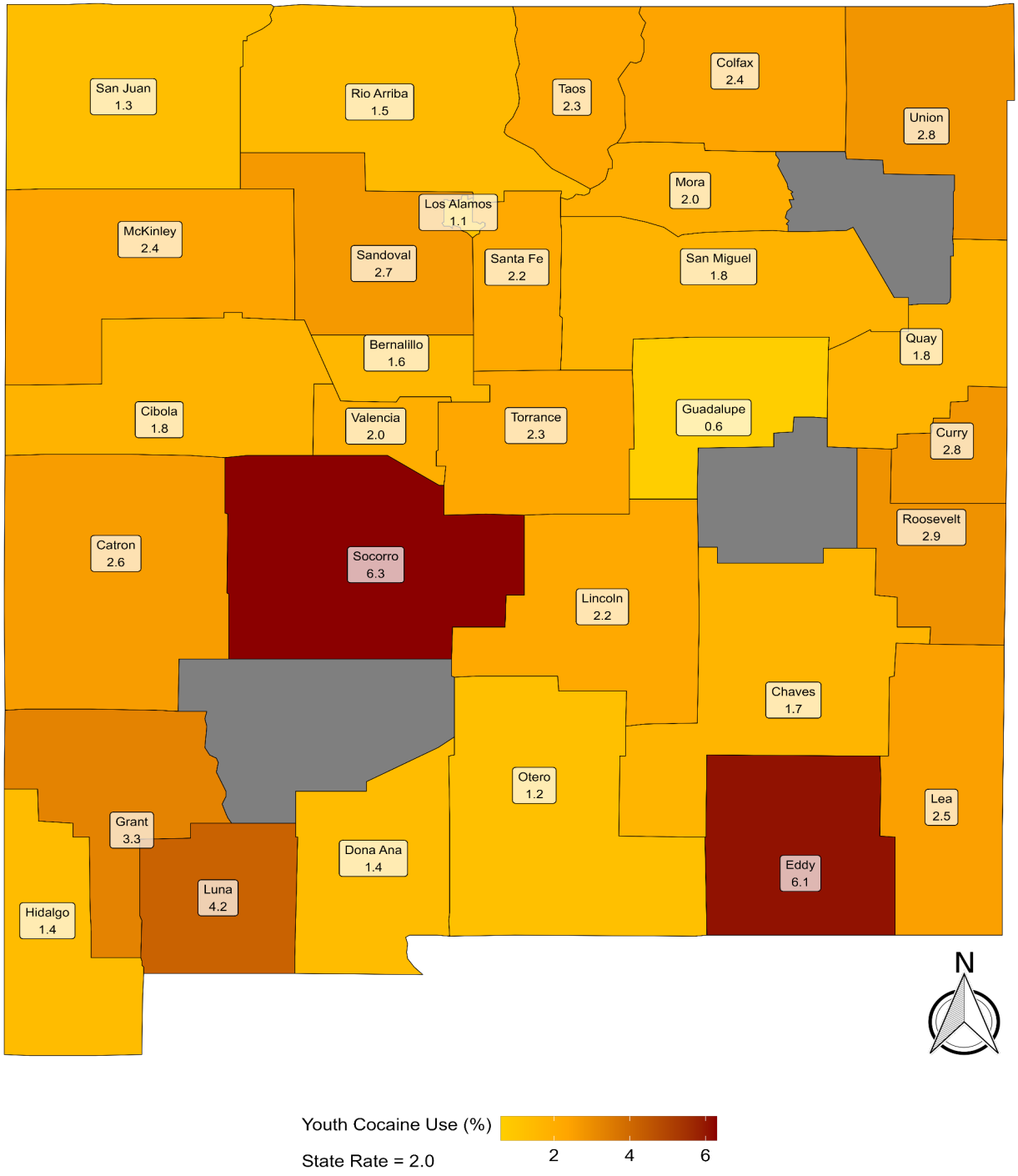


* Estimate of percent of high school students who reported cocaine use at least once in past 30 days

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, 2021



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

Counties that are blued out do not have any data available or are suppressed due to small numbers

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

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YOUTH MISUSE OF PRESCRIPTION PAIN MEDICATION

Problem Statement

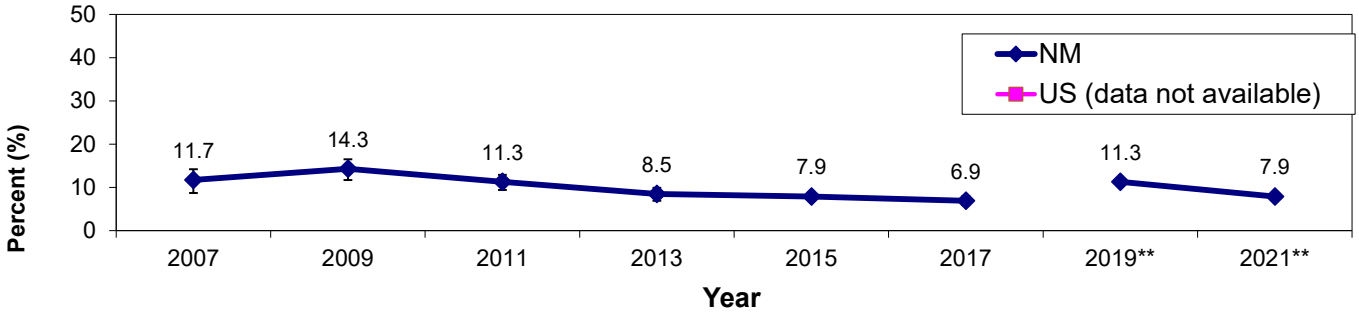
The prevalence of current misuse of prescription pain medication decreased from 2007 (11.7%) to 2017 (6.9%). In 2019 the YRRS question was changed to eliminate the wording indicating that the purpose of use was "to get high", and instead indicated any non-prescribed use. Although a decline occurred through 2017 (6.9%), the recent rate of painkiller use without a prescription or differently from how a doctor prescribed it is almost again equal to the rate reported in 2017 (6.9%). The prevalence in 2021 (7.9%) is lower than in 2019 (11.3%). The question about the use of painkillers to get high is not on the national YRBS, and there is no national comparison.

In 2021, the rate was statistically significantly higher among females (9.1%) when compared to males (6.1%). The prevalence was higher among Black/African American (9.4%) and Asian/Pacific Islander (9.9%) students than among American Indian (8.2%), Hispanic (7.7%) and White (6.7%) students.

In 2021, the rate of prescription pain medication use other than prescribed was highest in Roosevelt (13.5%), Torrance (12.9%), and Socorro (12.0%) counties. The rate was lowest in San Miguel (3.1%), Los Alamos (4.2%) and De Baca (4.7%) 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, 2007-2021



* 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)

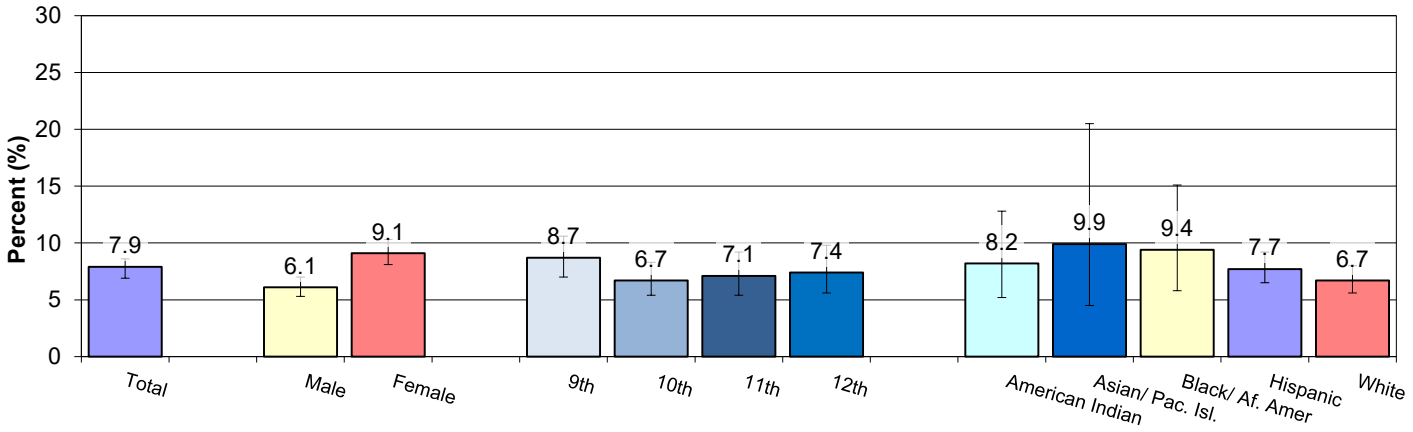
Table 1: Youth Misuse of Prescription Pain Medication, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2021

Sex	Race/Ethnicity	9th Grade Percent [95% CI]	10th Grade Percent [95% CI]	11th Grade Percent [95% CI]	12th Grade Percent [95% CI]	All Grades Percent [95% CI]
Male	American Indian	11.8 (6.3-21.2)	3.7 (0.9-14.1)	1.1 (0.1-8.8)	6.0 (2.1-15.9)	5.8 (2.6-12.5)
	Asian/Pacific Islander	--	--	--	--	9.0 (3.0-24.0)
	Black	--	--	--	--	8.0 (4.9-12.9)
	Hispanic	5.5 (3.5-8.5)	7.3 (4.7-11.2)	5.7 (3.2-9.8)	8.7 (5.6-13.4)	6.9 (5.8-8.1)
	White	3.7 (1.5-8.8)	4.6 (2.6-8.3)	5.9 (3.2-10.4)	5.4 (2.2-12.4)	4.7 (3.3-6.6)
	Total	5.8 (3.9-8.6)	5.7 (4.1-8.0)	5.3 (3.7-7.7)	7.5 (4.9-11.1)	6.1 (5.3-7.0)
Female	American Indian	15.5 (10.0-23.2)	--	15.1 (8.2-26.3)	8.2 (3.6-17.3)	10.9 (7.9-14.8)
	Asian/Pacific Islander	--	--	--	--	11.1 (3.5-29.8)
	Black	--	--	--	--	11.4 (5.5-22.1)
	Hispanic	10.0 (7.5-13.1)	8.8 (6.0-12.7)	9.4 (6.0-14.5)	4.9 (3.0-7.8)	8.6 (6.6-11.1)
	White	12.8 (7.4-21.2)	5.3 (2.0-13.2)	5.7 (2.3-13.4)	9.8 (5.0-18.1)	8.9 (7.2-11.0)
	Total	11.5 (9.4-14.0)	7.8 (5.7-10.5)	8.9 (6.5-12.2)	7.4 (5.5-10.1)	9.1 (8.1-10.3)
Total	American Indian	13.6 (8.5-21.0)	4.7 (1.8-11.9)	7.3 (3.5-14.4)	7.0 (3.2-14.8)	8.2 (5.2-12.8)
	Asian/Pacific Islander	--	--	--	--	9.9 (4.5-20.5)
	Black	8.8 (3.5-20.3)	--	--	--	9.4 (5.8-15.1)
	Hispanic	7.7 (6.0-9.9)	8.1 (6.4-10.2)	7.6 (5.0-11.4)	6.8 (4.8-9.5)	7.7 (6.5-9.2)
	White	8.1 (5.3-12.2)	4.9 (2.9-8.2)	5.8 (3.0-10.7)	7.6 (4.5-12.6)	6.7 (5.6-8.0)
	Total	8.7 (7.0-10.6)	6.7 (5.4-8.3)	7.1 (5.4-9.2)	7.4 (5.6-9.8)	7.6 (6.9-8.3)

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

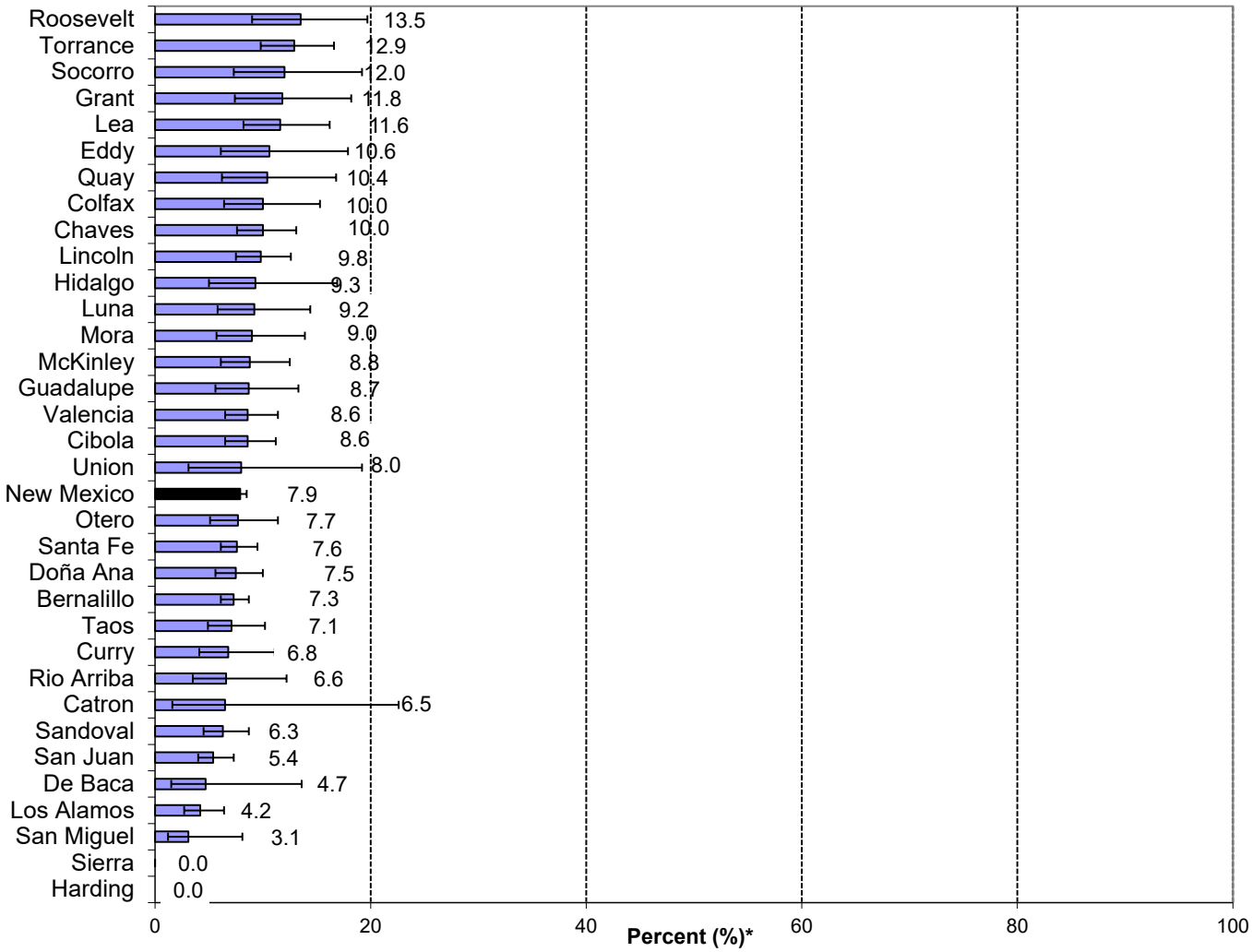
YOUTH MISUSE OF PRESCRIPTION PAIN MEDICATION

Chart 2: Youth Misuse of Prescription Pain Medication, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2021



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

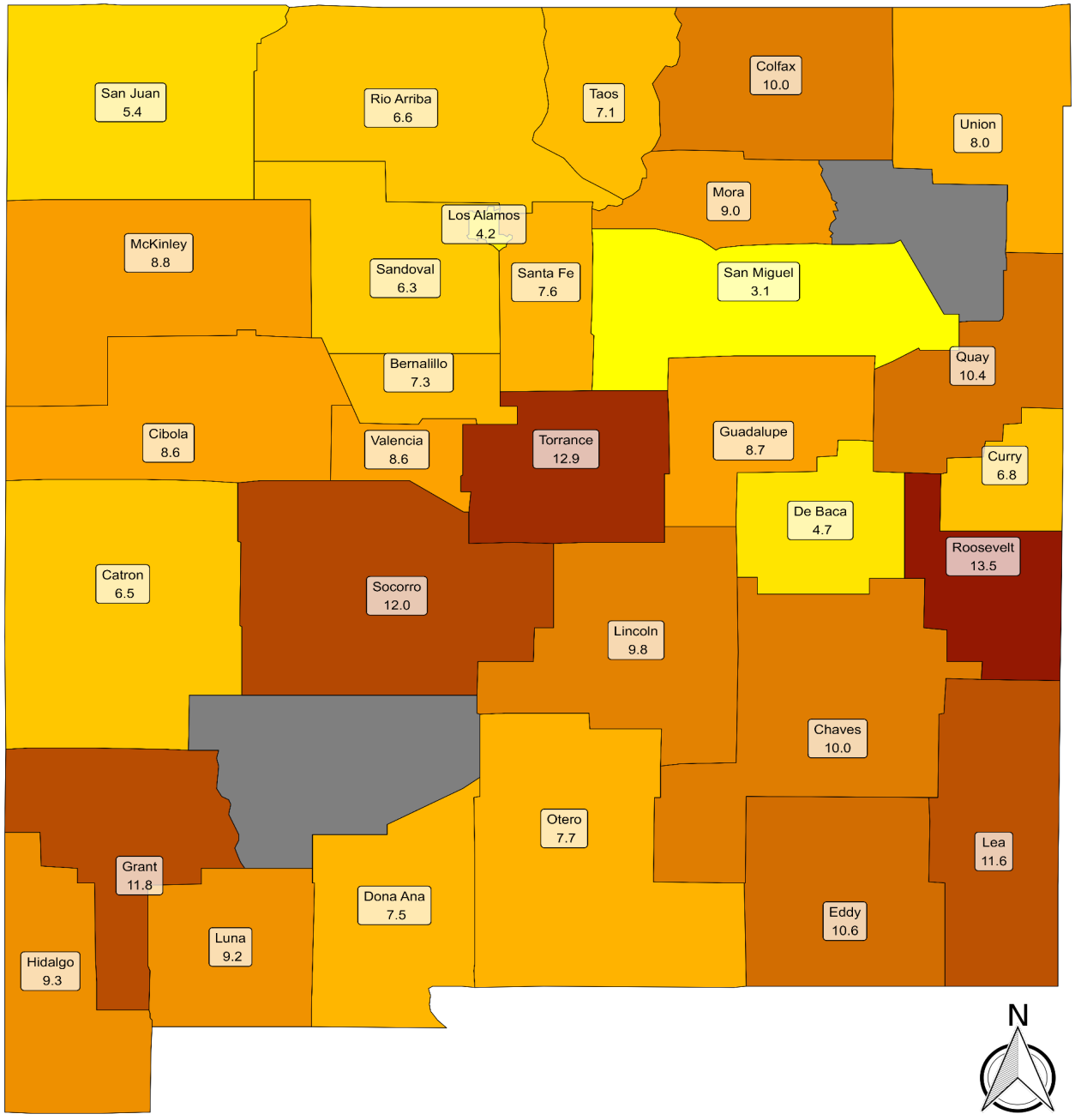
Chart 3: Youth Misuse of Prescription Pain Medication* by County, Grades 9 - 12, New Mexico, 2021



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, 2021



Counties that are blued out do not have any data available or are suppressed due to small numbers

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

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YOUTH HEROIN USE

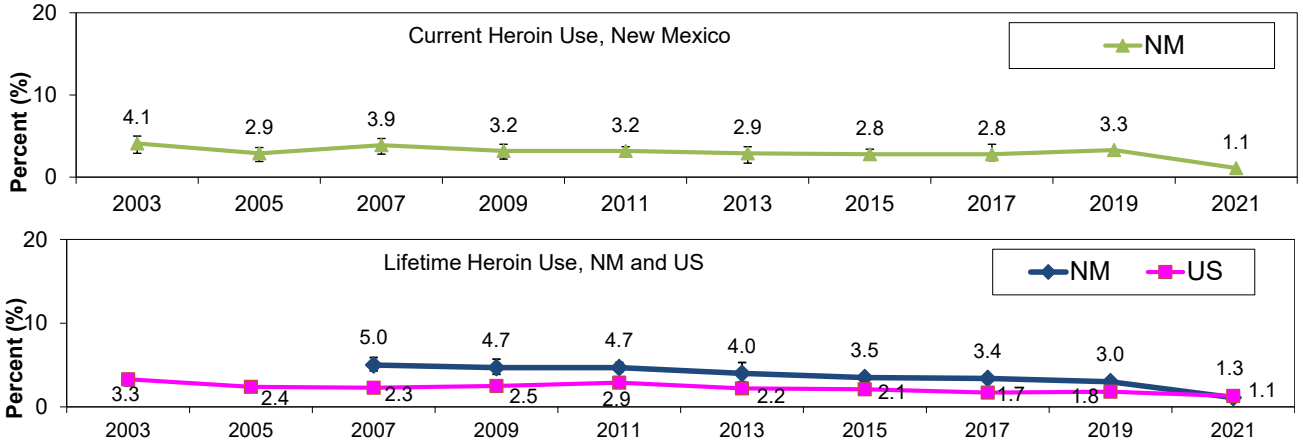
Problem Statement

The rate of lifetime heroin use by youth has not significantly varied in recent years, neither in New Mexico nor the US. However there was a decrease in 2021. The New Mexico rate for lifetime heroin use has been consistently higher than the US rate, except in 2021. The rates for 2021 were 1.1% for New Mexico and 1.3% for the US. For current heroin use, there is a decrease in the NM rate when compared to previous years. There is no national comparison for current heroin use.

Black (3.8%) and Asian/Pacific Islander (5.7%) students were more likely to be current heroin users than Hispanic (0.9%) or White (0.9%) students. The prevalence of current heroin use was not associated with grade level, however, 12th (1.3%) and11th (0.9%) grade students were more likely than 9th (0.4%) grade students to report current heroin use. Males were more likely to report current heroin use (1.1%) over females (0.8%); this difference was not statistically significant.

In 2021, the highest rates for current heroin use were in Roosevelt (3.9%), Grant (3.3%), Eddy (3.0%) and De Baca (2.7%) counties and the lowest in San Juan (0.2%), Los Alamos (0.3%), and Otero (0.4%) counties.

Chart 1: Heroin Use*, Current and Lifetime, by Year, Grades 9 - 12, New Mexico and US, 2003-2021



* 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)

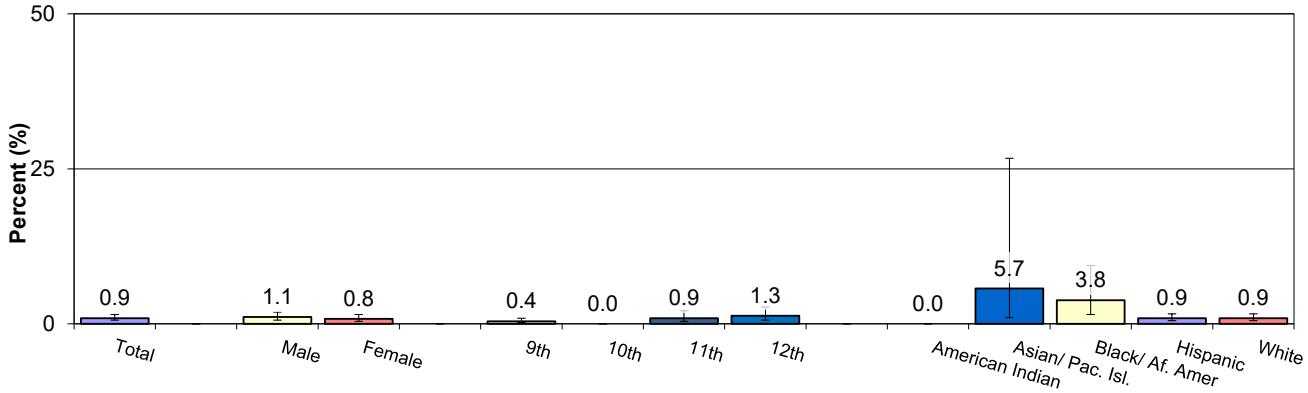
Table 1: Current Heroin Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2021

		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	0.0 (.-.)	0.0 (.-.)	0.0 (.-.)	0.0 (.-.)	0
	Asian/Pacific Islander	--	--	--	--	2.0 (0.2-14.0)
	Black	--	--	--	--	2.7 (0.7-9.7)
	Hispanic	0.0 (.-.)	1.2 (0.4-3.6)	1.2 (0.4-3.6)	1.3 (0.4-4.3)	1.0 (0.5-2.2)
	White	0.7 (0.2-3.1)	1.2 (0.3-5.1)	1.8 (0.4-8.1)	2.8 (0.9-8.5)	1.5 (0.7-3.1)
	Total	0.3 (0.1-1.1)	0.9 (0.4-2.3)	1.2 (0.5-2.8)	1.9 (0.9-4.3)	1.1 (0.6-1.9)
Female	American Indian	0.0 (.-.)	--	0.0 (.-.)	0.0 (.-.)	0
	Asian/Pacific Islander	--	--	--	--	9.0 (1.2-43.9)
	Black	--	--	--	--	5.4 (1.9-14.0)
	Hispanic	0.4 (0.1-2.1)	0.5 (0.1-2.4)	0.9 (0.2-3.6)	0.6 (0.1-3.8)	0.7 (0.4-1.4)
	White	0.7 (0.1-5.0)	0.0 (.-.)	0.0 (.-.)	0.0 (.-.)	0.2 (0.0-1.6)
	Total	0.6 (0.2-1.5)	0.4 (0.1-1.5)	0.7 (0.2-2.1)	0.7 (0.1-3.1)	0.8 (0.4-1.5)
Total	American Indian	0.0 (.-.)	0.0 (.-.)	0.0 (.-.)	0.0 (.-.)	0
	Asian/Pacific Islander	--	--	--	--	5.7 (1.0-26.7)
	Black	2.2 (0.3-14.1)	--	--	--	3.8 (1.5-9.4)
	Hispanic	0.2 (0.0-1.1)	0.8 (0.4-1.6)	1.0 (0.3-3.1)	0.9 (0.3-2.5)	0.9 (0.5-1.6)
	White	0.7 (0.2-2.4)	0.6 (0.1-2.8)	1.0 (0.2-4.4)	1.3 (0.4-4.3)	0.9 (0.5-1.6)
	Total	0.4 (0.2-0.9)	0.7 (0.4-1.2)	0.9 (0.4-2.1)	1.3 (0.6-2.7)	0.9 (0.6-1.5)

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

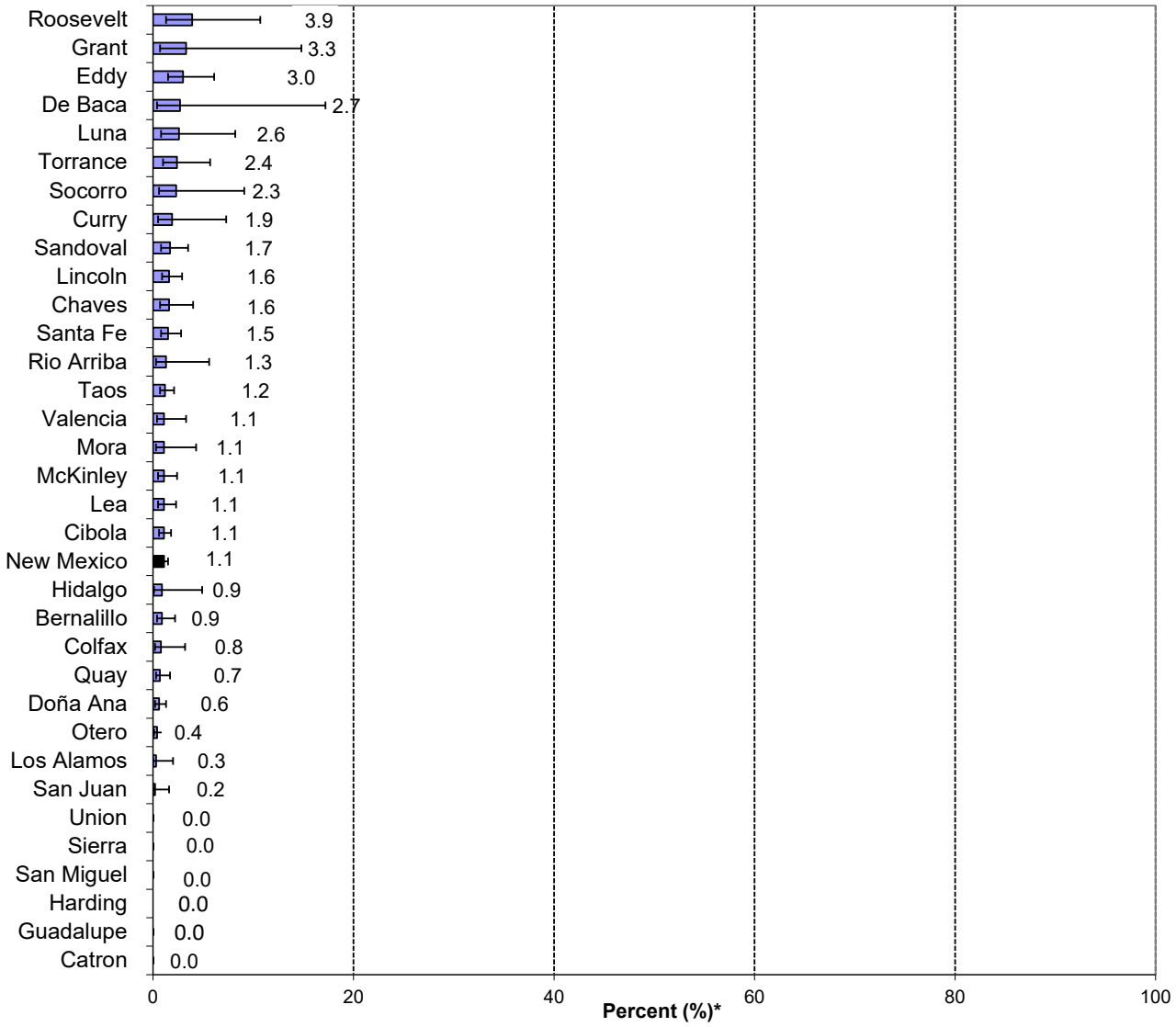
YOUTH HEROIN USE (continued)

Chart 2: Current Heroin Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2021



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, 2021

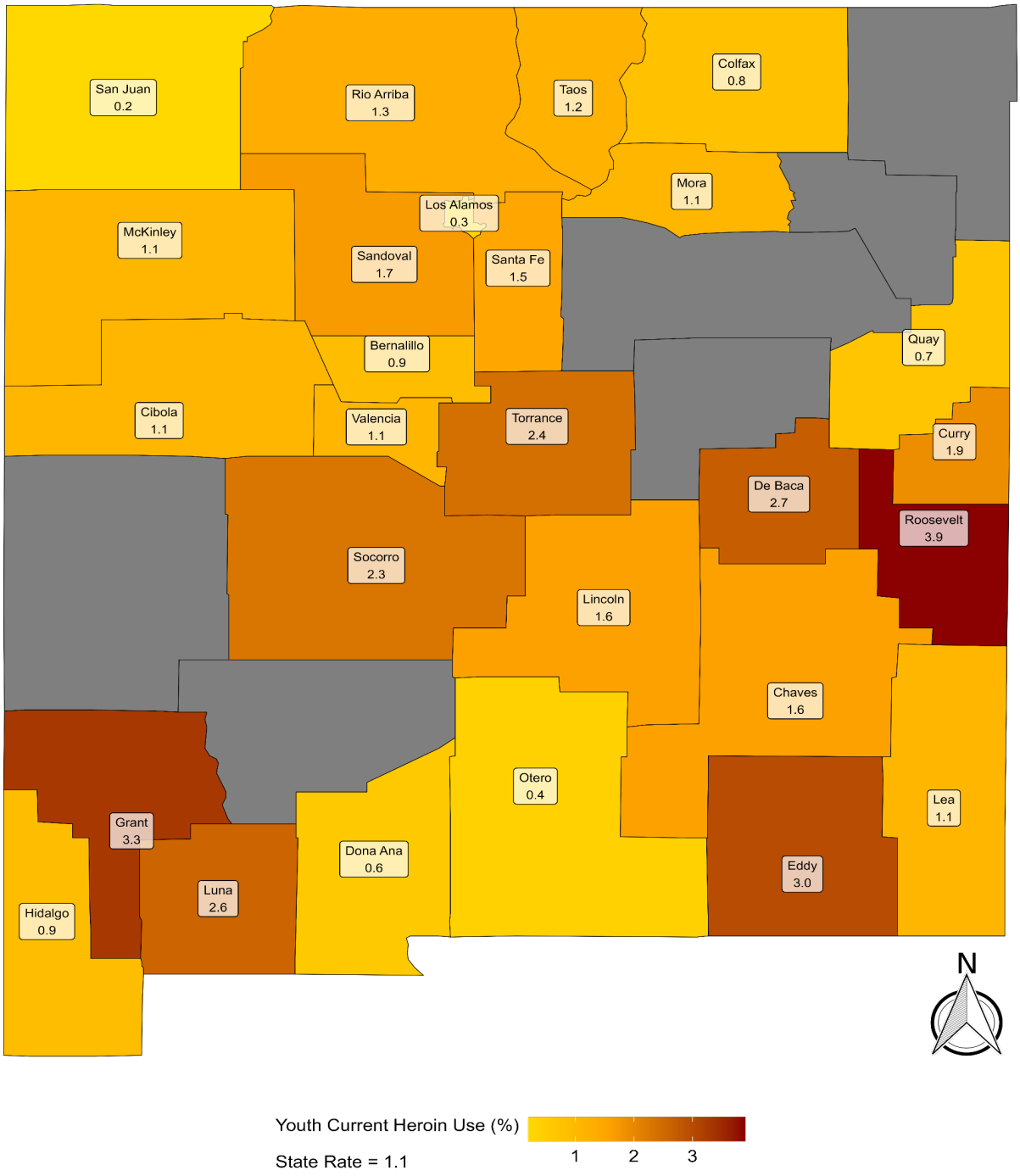


* Estimate of percent of high school students who reported heroin use at least once in the past 30 days

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

YOUTH HEROIN USE (continued)

Chart 4: Current Heroin Use* by County, Grades 9 - 12, New Mexico, 2021



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

Counties that are blued out do not have any data available or are suppressed due to small numbers

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

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YOUTH METHAMPHETAMINE USE

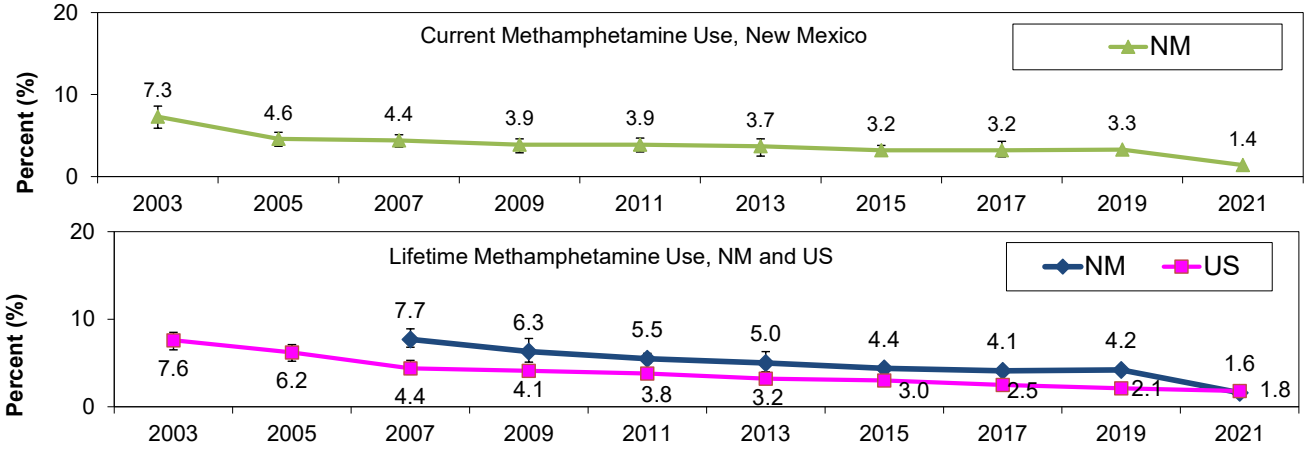
Problem Statement

New Mexico's rate of lifetime methamphetamine use decreased from 7.7% in 2007 to 1.6% in 2021. The US rate decreased from 1999 (9.1%, not shown) to 2021 (1.8%). The New Mexico rate for lifetime methamphetamine use has been consistently higher than the US rate. This is not true in 2021. 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 (3.3%) and Asian/Pacific Islander (6.2%) students were more likely to be current methamphetamine users than American Indian (0.6%), Hispanic (1.1%), or White (1.2%) students. Prevalence of current methamphetamine use was not associated with grade level. Differences between gender were not statistically significant for current methamphetamine use.

In 2021, the highest rates of current methamphetamine use were in Curry (5.2%), Eddy (3.4%), Grant (3.3%), and Roosevelt (3.2%) counties, and the lowest rates were in San Miguel (0.2%), San Juan (0.4%), Los Alamos (0.5%), and Otero (0.6%) counties.

Chart 1: Methamphetamine Use*, Current and Lifetime, by Year, Grades 9 - 12, New Mexico and US, 2003-2021



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

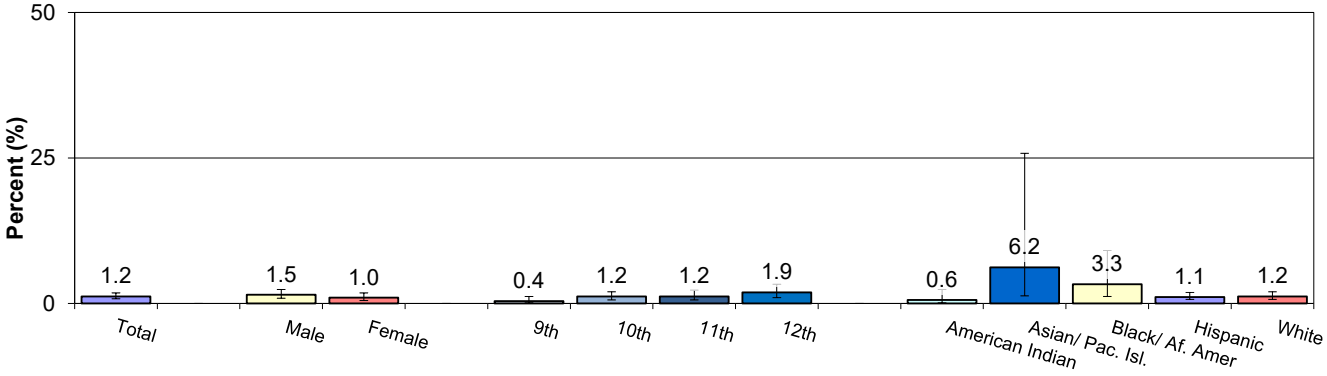
Source: YRRS (NM); CDC YRBS (US); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

Table 1: Current Methamphetamine Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2021

		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	0.0 (.-.)	0.0 (.-.)	0.0 (.-.)	1.7 (0.2-16.4)	0.4 (0.0-4.7)
	Asian/Pacific Islander	--	--	--	--	3.2 (0.7-12.9)
	Black	--	--	--	--	2.6 (0.7-9.5)
	Hispanic	0.0 (.-.)	1.7 (0.7-4.1)	1.6 (0.6-4.2)	1.3 (0.4-4.3)	1.3 (0.7-2.4)
	White	0.7 (0.2-3.1)	2.4 (0.8-6.9)	1.8 (0.4-8.1)	4.3 (1.6-11.3)	2.1 (1.0-4.2)
	Total	0.3 (0.1-1.1)	1.5 (0.7-3.2)	1.5 (0.7-3.0)	2.6 (1.5-4.7)	1.5 (0.9-2.4)
Female	American Indian	0.0 (.-.)	--	0.7 (0.1-5.9)	--	0.7 (0.2-3.5)
	Asian/Pacific Islander	--	--	--	--	9.0 (1.2-43.9)
	Black	--	--	--	--	4.3 (1.3-13.5)
	Hispanic	0.2 (0.0-1.5)	0.6 (0.1-2.7)	1.5 (0.6-3.9)	1.5 (0.3-6.2)	1.0 (0.5-2.1)
	White	0.7 (0.1-5.0)	0.0 (.-.)	0.0 (.-.)	0.0 (.-.)	0.2 (0.0-1.6)
	Total	0.5 (0.1-2.4)	0.8 (0.3-2.6)	1.0 (0.4-2.4)	1.1 (0.3-4.1)	1.0 (0.5-1.8)
Total	American Indian	0.0 (.-.)	1.1 (0.1-7.5)	0.3 (0.0-2.7)	0.9 (0.1-9.7)	0.6 (0.1-2.4)
	Asian/Pacific Islander	--	--	--	--	6.2 (1.3-25.8)
	Black	2.2 (0.3-14.4)	--	--	--	3.3 (1.2-9.1)
	Hispanic	0.1 (0.0-0.7)	1.1 (0.6-2.1)	1.6 (0.7-3.7)	1.4 (0.5-3.6)	1.1 (0.7-1.9)
	White	0.7 (0.2-2.4)	1.3 (0.5-3.6)	1.0 (0.2-4.4)	2.0 (0.7-5.4)	1.2 (0.7-2.0)
	Total	0.4 (0.1-1.2)	1.2 (0.6-2.0)	1.2 (0.6-2.3)	1.9 (1.0-3.3)	1.2 (0.8-1.8)

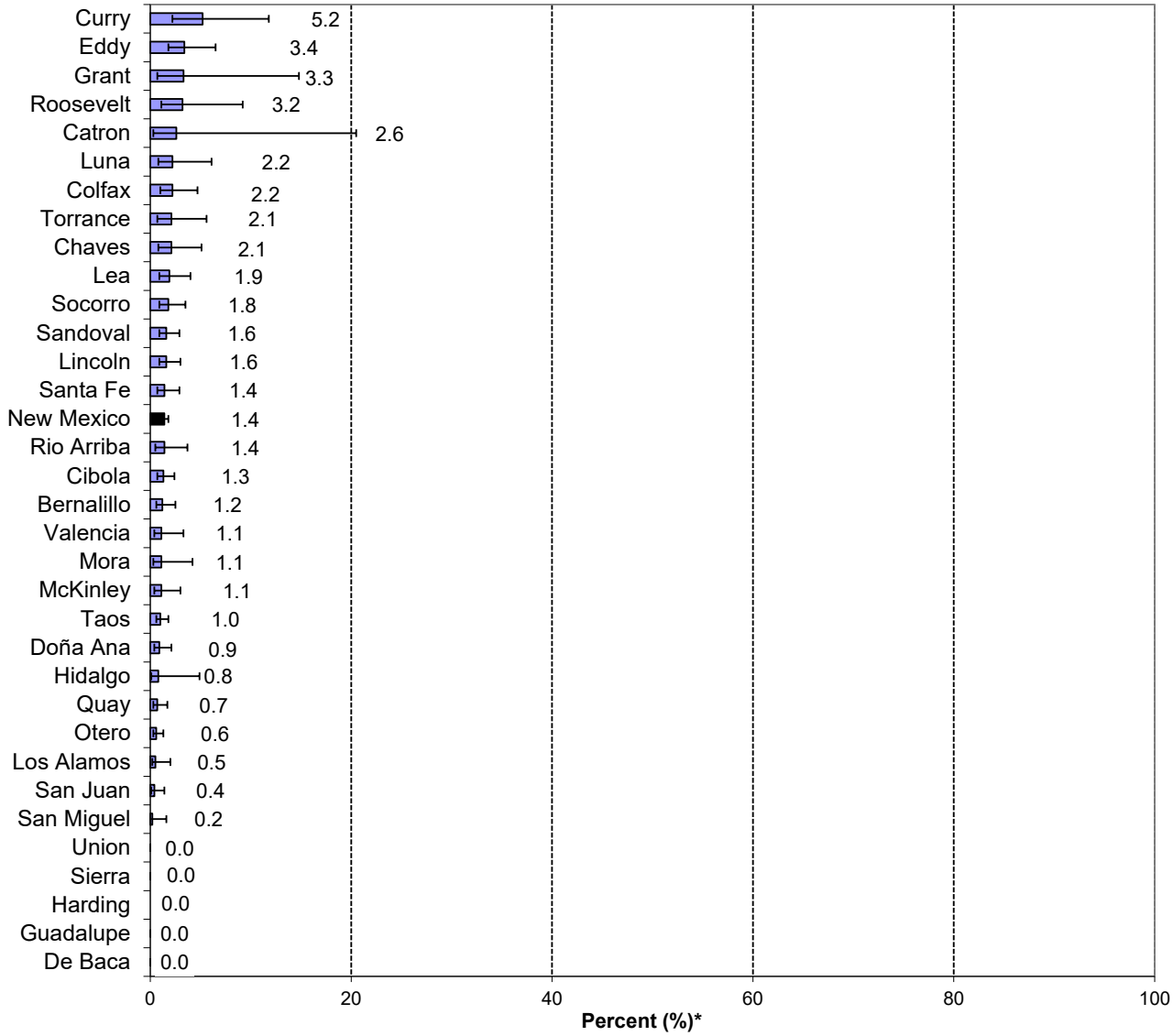
Source: YRRS (NM); NMDOH Survey Section (NOTE: "95% CI" is 95% confidence interval, 95% CIs are not calculated for zero rates)

Chart 2: Current Methamphetamine Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2021



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, 2021

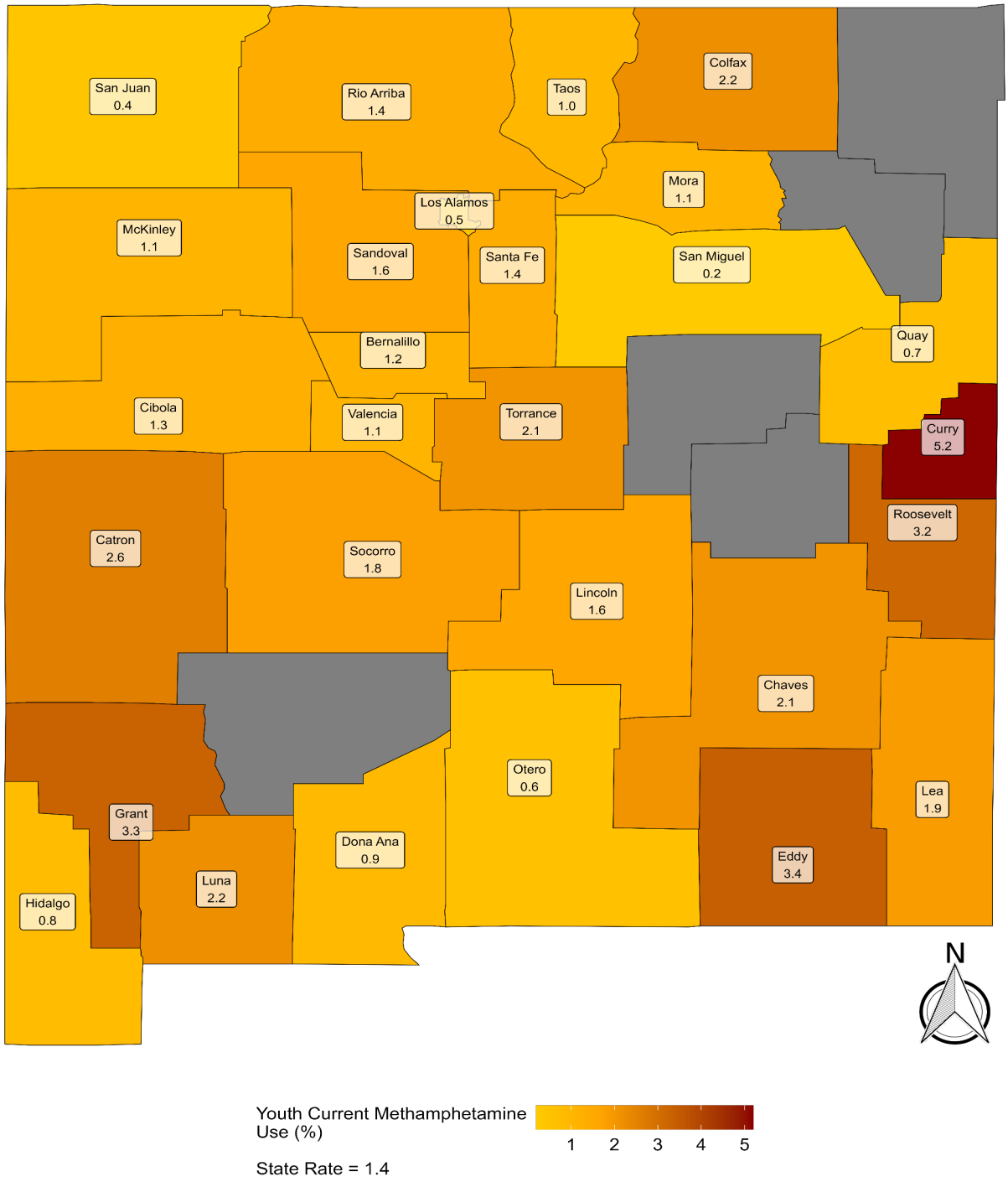


* Estimate of percent of high school students who reported methamphetamine use at least once in the past 30 days

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, 2021



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

Counties that are blued out do not have any data available or are suppressed due to small numbers

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

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YOUTH CURRENT INHALANT USE

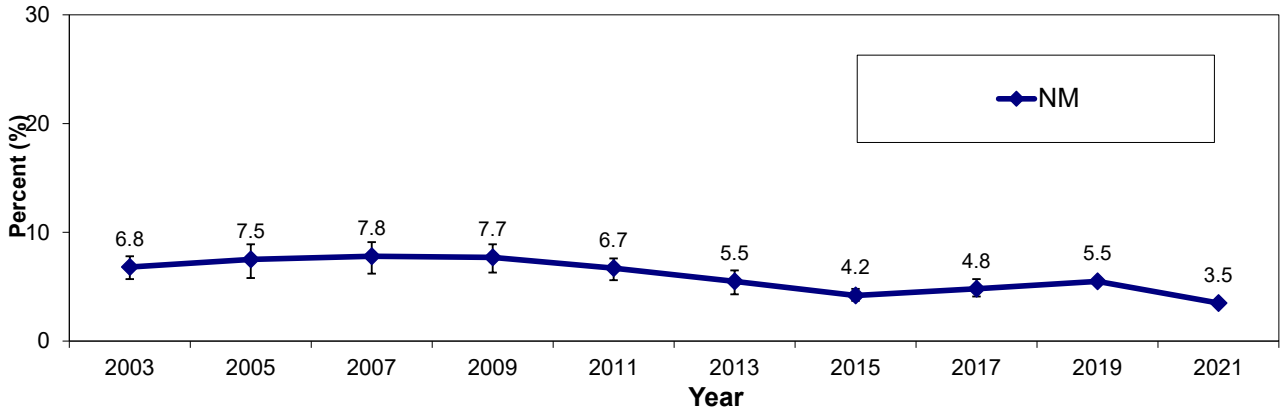
Problem Statement

The rate of current use of inhalants (sniffing glue, breathing the contents of aerosol spray cans, or inhaling paints or sprays) was 3.5% in 2021. There is no national comparison for current inhalant use.

Asian/Pacific Islander (9.0%) and Black (5.5%) students were more likely to use inhalants than American Indian (2.5%), Hispanic (2.5%), or White (3.1%) students. Prevalence of inhalant use was not associated with grade level. There was no statistically significant difference in prevalence of inhalant use between males (2.6%) and females (3.2%).

In 2021, the highest rates for current inhalant use were in Eddy (8.2%), Socorro (7.1%), Grant (6.3%), and Roosevelt (5.8%) counties and the lowest rates in Quay (0.7%), Colfax (1.4%), and De Baca (1.5%) counties.

Chart 1: Current Inhalant Use* by Year, Grades 9 - 12, New Mexico and US, 2003-2021



* 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)

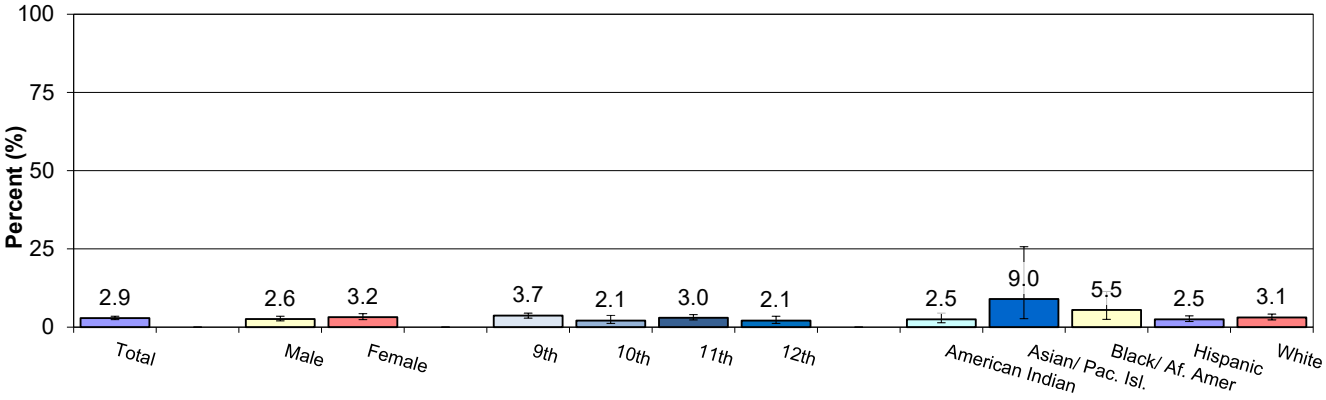
Table 1: Current Inhalant Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2021

		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	4.4 (1.4-13.1)	0.0 (.-.)	1.8 (0.4-7.2)	1.7 (0.2-16.4)	2.0 (1.0-4.1)
	Asian/Pacific Islander	--	--	--	--	9.2 (3.0-25.1)
	Black	--	--	--	--	5.4 (2.1-13.3)
	Hispanic	1.2 (0.4-3.6)	1.5 (0.4-5.3)	2.9 (1.6-5.4)	2.1 (1.0-4.5)	2.1 (1.2-3.7)
	White	3.0 (1.5-5.9)	2.0 (0.6-6.4)	2.9 (0.8-9.9)	5.1 (2.7-9.3)	3.2 (2.1-4.6)
	Total	2.4 (1.3-4.1)	1.6 (0.8-3.4)	3.1 (1.8-5.0)	3.3 (2.0-5.3)	2.6 (2.0-3.5)
Female	American Indian	3.1 (1.2-8.1)	--	3.1 (0.2-30.7)	--	3.1 (1.2-7.6)
	Asian/Pacific Islander	--	--	--	--	9.0 (1.2-43.9)
	Black	--	--	--	--	5.7 (2.1-14.5)
	Hispanic	4.6 (2.8-7.6)	1.6 (0.5-5.1)	3.8 (1.9-7.8)	1.0 (0.3-4.0)	3.0 (2.0-4.4)
	White	6.4 (3.9-10.3)	3.2 (1.0-9.7)	1.8 (0.6-5.7)	0.0 (.-.)	3.1 (2.0-5.0)
	Total	5.0 (3.8-6.5)	2.7 (1.2-5.7)	3.1 (1.6-5.8)	0.9 (0.3-3.2)	3.2 (2.4-4.3)
Total	American Indian	3.8 (1.6-8.8)	2.9 (1.0-8.2)	2.3 (0.8-6.8)	0.9 (0.1-9.7)	2.5 (1.4-4.5)
	Asian/Pacific Islander	--	--	--	--	9.0 (2.7-25.7)
	Black	4.1 (1.2-12.8)	--	--	--	5.5 (2.5-11.4)
	Hispanic	3.0 (2.0-4.5)	1.5 (0.7-3.4)	3.4 (1.9-5.9)	1.6 (0.8-3.0)	2.5 (1.8-3.6)
	White	4.5 (3.0-6.7)	2.5 (0.9-6.8)	2.4 (1.2-4.7)	2.4 (1.2-4.6)	3.1 (2.3-4.2)
	Total	3.7 (2.9-4.5)	2.1 (1.2-3.8)	3.0 (2.3-4.0)	2.1 (1.2-3.5)	2.9 (2.4-3.5)

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

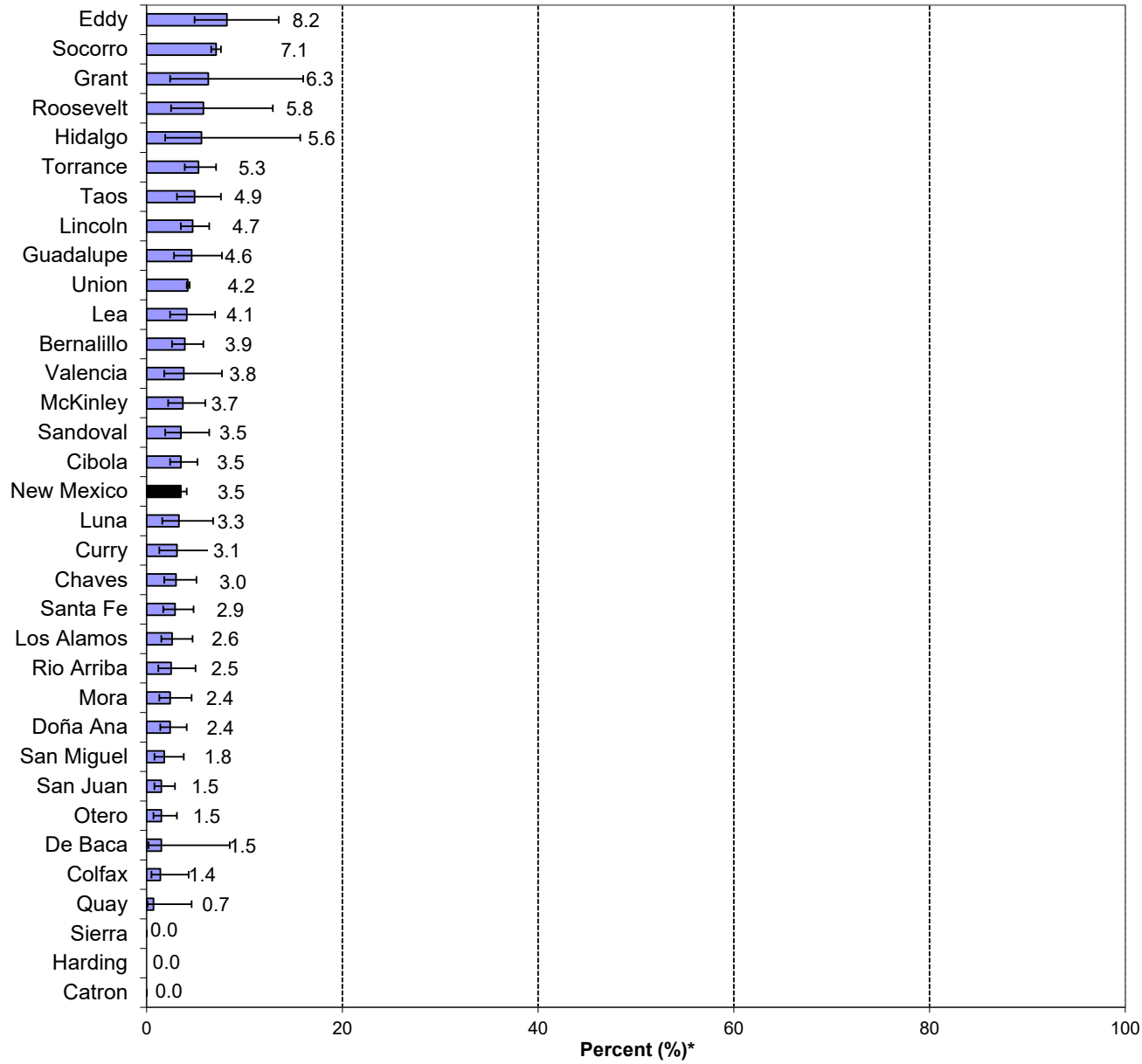
YOUTH CURRENT INHALANT USE (continued)

Chart 2: Current Inhalant Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2021



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, 2021

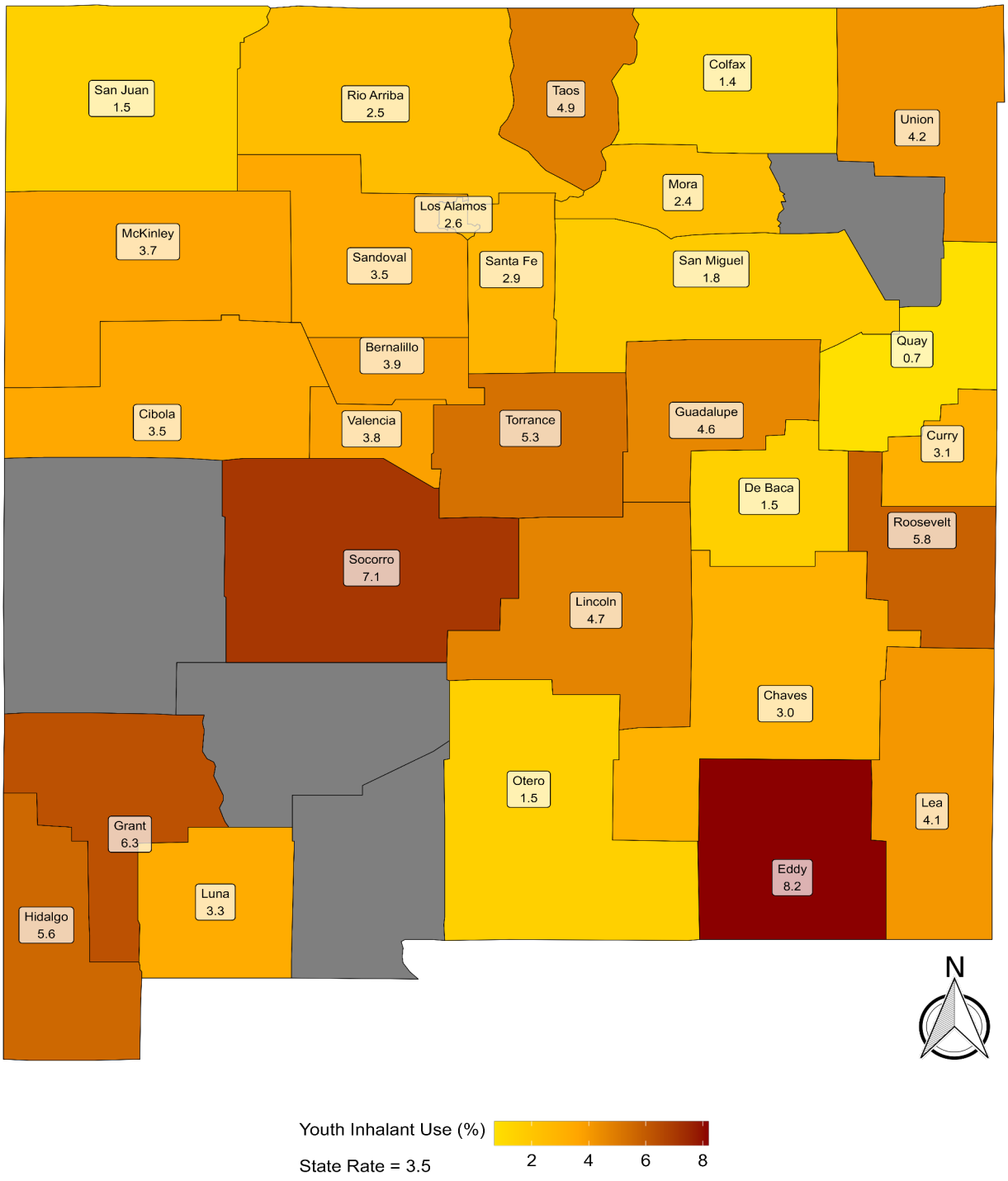


* Estimate of percent of high school students who reported inhalant use at least once in past 30 days

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, 2021



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

Counties that are blued out do not have any data available or are suppressed due to small numbers

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

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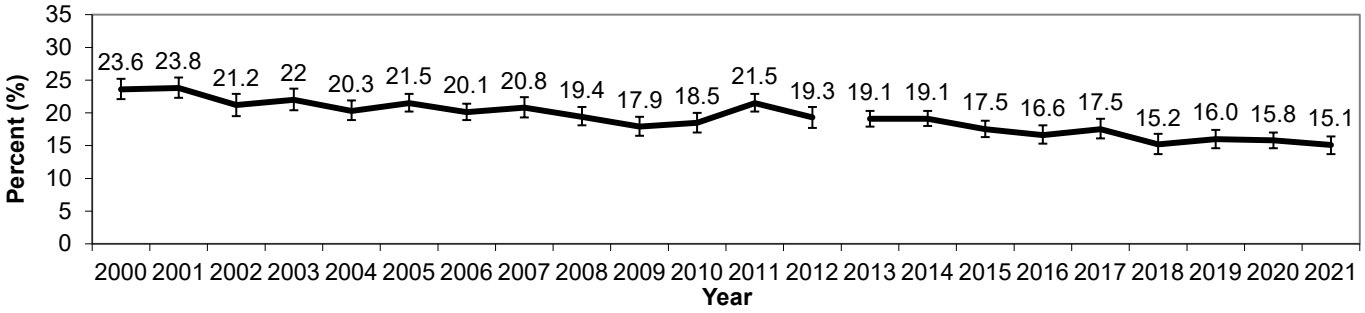
ADULT CIGARETTE SMOKING

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 2021, current smoking rates among adults in New Mexico (15.1%) were higher than the US overall (14.4%). As shown in Chart 1, New Mexico's adult smoking prevalence rate has decreased since 1998. For 2019-2021, as shown in Table 1, smoking was more prevalent among adults aged 25-64 (17.9%) than among young adults aged 18-24 (11.5%) or adults aged 65 and over (9.6%). New Mexico men were more likely to smoke than women (17.0% v 13.2%). Among males, Blacks had the highest smoking prevalence (25.1%), followed by Asian/Pacific Islander (19.2%), and Hispanics (18.5%). Among females, the highest prevalence of smoking was among Blacks (20.1%), followed by Whites (14.6%).

Chart 1: Cigarette Smoking (past 30 days)*, Adults Aged 18+, New Mexico, 2000-2021



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

In 2013, the cigarette smoking question was changed in the BRFSS.

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, 2019-2021

		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	769	7,122	846	8,743	8.8	16.9	10.2	14.7
	Asian/Pacific Islander	-	1,561	-	1,966	-	20.4	-	19.2
	Black	-	3,924	-	4,584	-	30.6	-	25.1
	Hispanic	7,625	50,569	7,375	65,569	13.3	20.9	13.4	18.5
	White	4,946	33,410	7,670	46,037	17.1	19.2	7.8	15.2
	Total	13,911	97,576	16,991	128,823	14.1	20.1	10.0	17.0
Female	American Indian	1,059	5,895	282	7,235	13.6	11.5	2.5	10.2
	Asian/Pacific Islander	-	566	-	654	-	8.4	-	7.4
	Black	-	2,424	-	2,714	-	25.1	-	20.1
	Hispanic	4,484	35,831	6,605	46,983	7.9	14.6	9.4	12.6
	White	2,472	32,320	11,477	46,313	10.3	18.5	9.9	14.6
	Total	8,015	77,833	19,041	105,154	8.6	15.8	9.3	13.2
Total	American Indian	1,828	13,016	1,127	15,978	11.0	13.9	5.7	12.2
	Asian/Pacific Islander	-	2,127	-	2,619	-	14.8	-	13.7
	Black	-	6,348	271	7,298	-	28.2	6.3	23.0
	Hispanic	12,109	86,400	13,980	112,552	10.7	17.7	11.2	15.5
	White	7,418	65,730	19,147	92,350	14.0	18.9	8.9	14.9
	Total	21,926	175,409	36,032	233,978	11.5	17.9	9.6	15.1

* 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

Problem Statement (continued)

As shown in Table 2 and Chart 2, the counties with the highest smoking prevalences were Union (31.0%), Socorro (26.4%), and Sierra (24.4%); these three counties had prevalences more than double or higher higher than the state and national rates. The counties with the lowest prevalences were Los Alamos (4.5%), Mora (8.7%), and Taos (9.2%).

Table 2: Cigarette Smoking (past 30 days) by Race/Ethnicity and County, Adults Aged 18+, New Mexico, 2019-2021

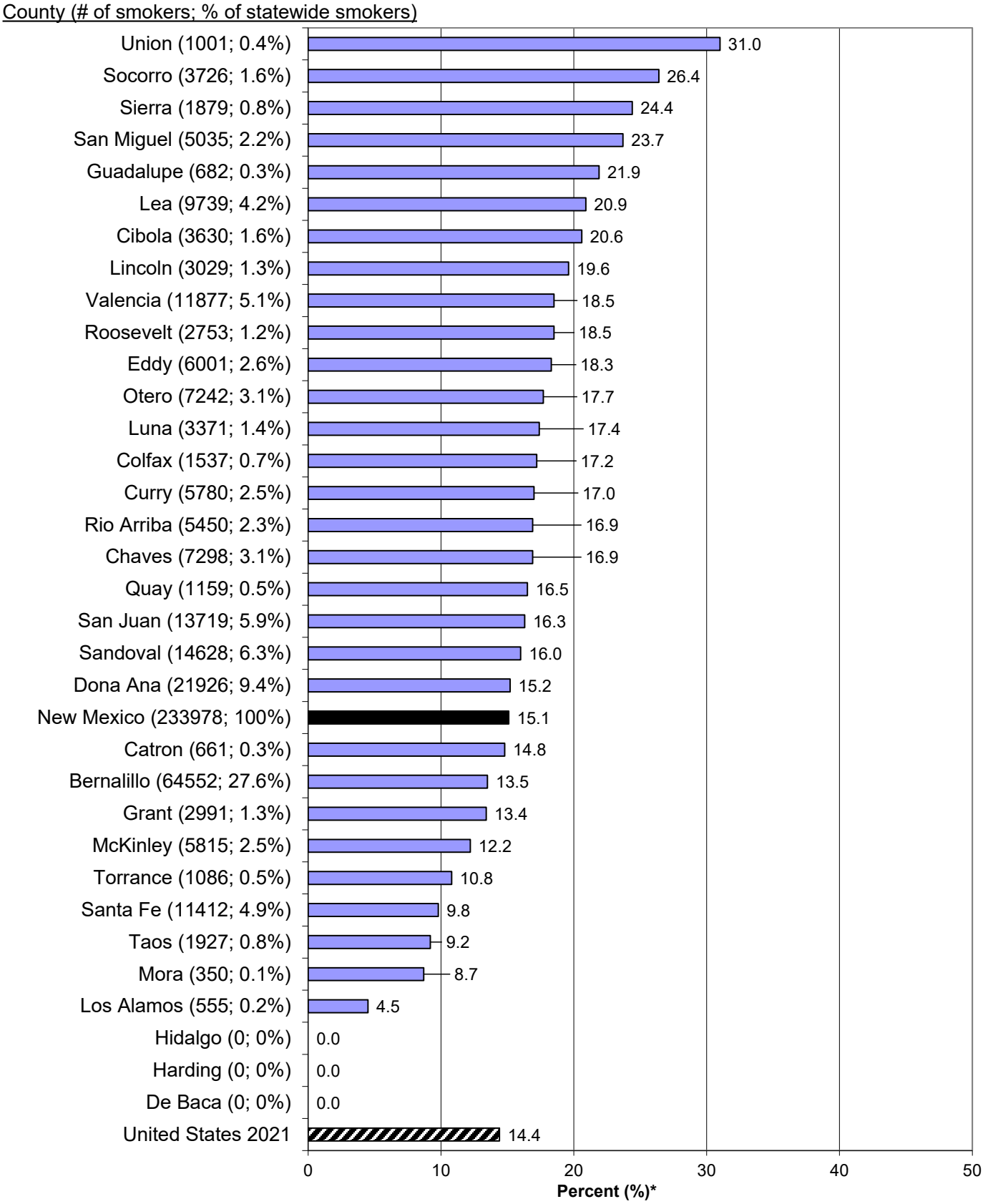
	Number						Percent*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	2,403	-	2,156	33,148	23,816	64,552	12.0	-	18.5	13.9	12.5	13.5
Catron	-	-	-	-	340	661	-	-	-	-	10.6	14.8
Chaves	-	-	-	3,645	3,155	7,298	-	-	-	16.1	17.1	16.9
Cibola	1,699	-	-	1,076	811	3,630	24.6	-	-	17.7	19.1	20.6
Colfax	-	-	-	1,114	400	1,537	-	-	-	24.8	10.4	17.2
Curry	-	-	-	2,512	3,097	5,780	-	-	-	16.6	18.6	17.0
De Baca	-	-	-	-	-	-	-	-	-	-	-	-
Dona Ana	-	-	-	14,199	7,262	21,926	-	-	-	14.9	17.1	15.2
Eddy	-	-	-	2,465	3,095	6,001	-	-	-	16.8	19.0	18.3
Grant	-	-	-	1,902	1,023	2,991	-	-	-	16.8	10.6	13.4
Guadalupe	-	-	-	-	-	682	-	-	-	-	-	21.9
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	4,630	4,147	9,739	-	-	-	16.4	26.7	20.9
Lincoln	-	-	-	433	2,450	3,029	-	-	-	11.5	22.4	19.6
Los Alamos	-	-	-	-	491	555	-	-	-	-	5.4	4.5
Luna	-	-	-	1,862	1,233	3,371	-	-	-	13.5	24.5	17.4
McKinley	3,261	-	-	1,664	691	5,815	9.5	-	-	18.7	18.5	12.2
Mora	-	-	-	-	-	350	-	-	-	-	-	8.7
Otero	-	-	-	1,534	4,492	7,242	-	-	-	12.7	19.4	17.7
Quay	-	-	-	-	488	1,159	-	-	-	-	12.1	16.5
Rio Arriba	-	-	-	4,315	888	5,450	-	-	-	18.3	16.9	16.9
Roosevelt	-	-	-	1,222	1,442	2,753	-	-	-	20.3	18.2	18.5
Sandoval	1,587	-	-	5,118	7,246	14,628	14.4	-	-	15.2	17.3	16.0
San Juan	3,354	-	-	2,957	6,836	13,719	10.6	-	-	18.7	19.9	16.3
San Miguel	-	-	-	4,008	859	5,035	-	-	-	27.0	15.9	23.7
Santa Fe	-	-	-	6,633	3,863	11,412	-	-	-	12.2	7.2	9.8
Sierra	-	-	-	-	1,653	1,879	-	-	-	-	30.6	24.4
Socorro	-	-	-	2,707	695	3,726	-	-	-	41.1	15.0	26.4
Taos	-	-	-	1,151	615	1,927	-	-	-	9.7	8.5	9.2
Torrance	-	-	-	-	721	1,086	-	-	-	-	11.5	10.8
Union	-	-	-	-	-	1,001	-	-	-	-	-	31.0
Valencia	-	-	-	7,940	3,317	11,877	-	-	-	20.0	16.0	18.5
New Mexico	15,978	2,619	7,298	112,552	92,350	233,978	12.2	13.7	23.0	15.5	14.9	15.1

* 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

Chart 2: Cigarette Smoking (past 30 days)* by County, Adults Aged 18+, New Mexico, 2019-2021

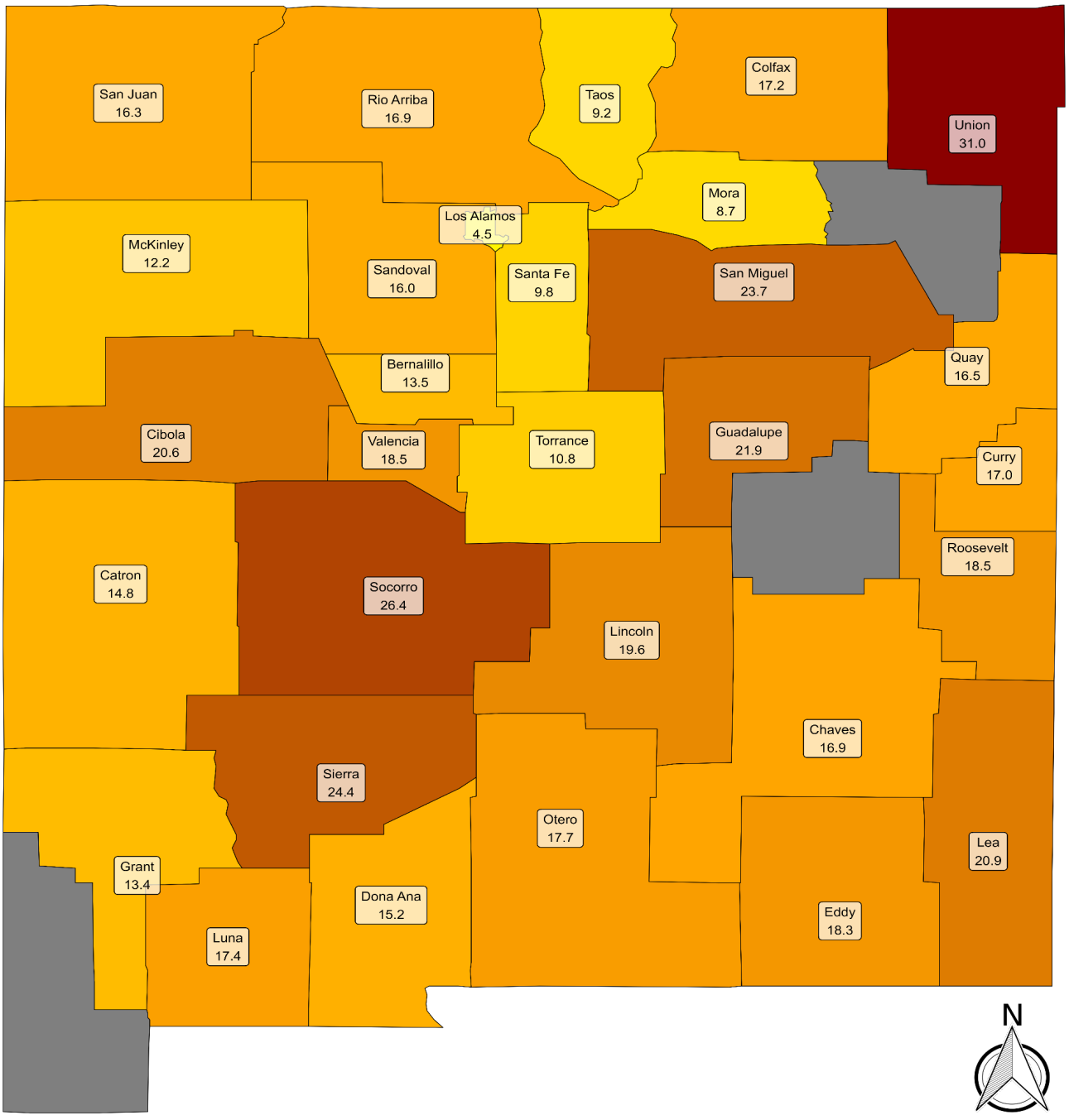


* Estimate of percent of people in population group who have smoked >= 100 cigarettes in lifetime and who smoked cigarettes in past 30 days

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

ADULT CIGARETTE SMOKING (continued)

Chart 3: Cigarette Smoking (past 30 days)* by County, Adults Aged 18+, New Mexico, 2019-2021



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

Counties that are blued out do not have any data available or are suppressed due to small numbers

Source: BRFSS; SUES

YOUTH CURRENT CIGARETTE SMOKING

Problem Statement*

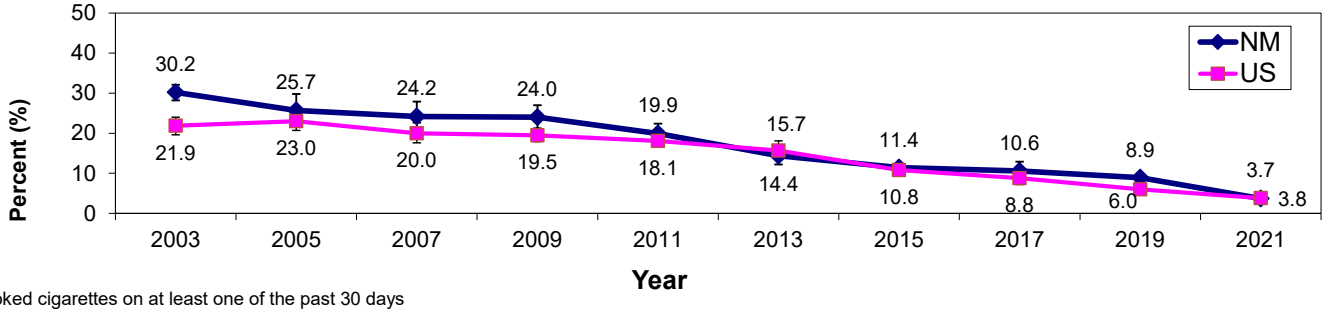
Cigarette smoking is the leading cause of preventable death in the US. Cigarette smoking increases risk for several cancers and other chronic conditions. Smoking is initiated and established primarily during adolescence, with more than 80% of adult smokers first smoking before age 18.**

The prevalence of current cigarette smoking among NM high school students has decreased from 30.2% in 2003 to 3.7% in 2021. 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 2021, the NM rate (3.8%) was higher than the US rate (3.7%).

Boys (3.5%) and girls (3.8%) had similar current cigarette smokers prevalence. Hispanic (3.0%), and Black (3.5%) students had lower rates of current cigarette smoking than White (4.3%), Asian/Pacific Islander (4.7%) and American Indian (4.6%) students. Chart 2 shows that prevalence increased significantly with grade level. In 2021, the counties with the highest prevalence of current smoking were Torrance (7.7%), Socorro (7.5%), and Taos (7.4%). The counties with the lowest prevalence of current smoking were Los Alamos (1.3%), Doña Ana (2.9%), Guadalupe (3.2%), and San Juan (3.2%).

* 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, 2003-2021



* 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)

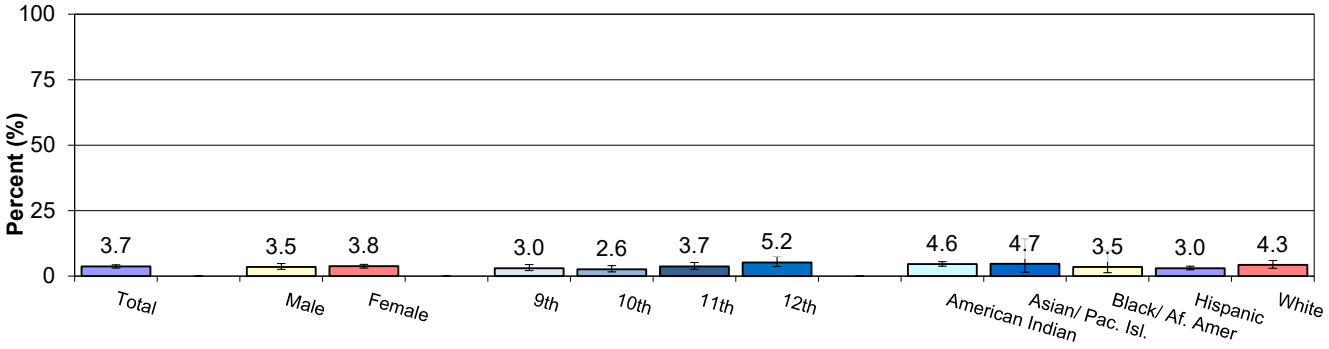
Table 1: Current Cigarette Smoking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2021

		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	0.0 (.-.)	7.3 (2.6-18.4)	8.2 (2.5-23.6)	7.2 (2.6-18.4)	5.5 (3.1-9.7)
	Asian/Pacific Islander	--	--	--	--	3.0 (0.4-19.6)
	Black	--	--	--	--	3.9 (1.3-10.7)
	Hispanic	1.5 (0.6-3.5)	0.8 (0.3-2.5)	3.2 (2.1-5.0)	5.4 (3.1-9.4)	2.7 (2.1-3.5)
	White	2.3 (0.9-5.7)	3.2 (1.2-8.1)	5.3 (1.8-14.7)	6.6 (3.1-13.6)	3.9 (2.4-6.4)
	Total	1.6 (0.9-3.0)	2.5 (1.2-5.3)	4.4 (2.4-8.0)	6.4 (4.5-8.9)	3.5 (2.6-4.8)
Female	American Indian	5.0 (3.3-7.7)	--	5.4 (1.9-14.1)	2.8 (0.5-13.3)	3.7 (2.1-6.5)
	Asian/Pacific Islander	--	--	--	--	6.4 (1.5-22.6)
	Black	--	--	--	--	2.0 (0.3-11.2)
	Hispanic	3.4 (1.7-6.8)	1.7 (0.6-5.2)	3.0 (1.6-5.6)	4.7 (2.2-10.0)	3.3 (2.3-4.5)
	White	6.7 (3.4-12.5)	5.4 (2.0-14.0)	2.7 (1.1-6.2)	3.1 (1.0-8.8)	4.7 (3.5-6.3)
	Total	4.6 (2.9-7.2)	2.6 (1.2-5.5)	3.1 (2.0-4.8)	3.9 (2.1-7.1)	3.8 (3.1-4.5)
Total	American Indian	2.5 (1.6-3.8)	4.7 (2.5-8.7)	6.8 (3.8-12.0)	5.1 (1.9-12.9)	4.6 (3.8-5.5)
	Asian/Pacific Islander	--	--	--	--	4.7 (1.5-14.2)
	Black	0.7 (0.1-5.0)	--	--	--	3.5 (1.3-9.6)
	Hispanic	2.4 (1.3-4.4)	1.3 (0.6-2.7)	3.1 (2.2-4.4)	5.3 (3.0-9.2)	3.0 (2.4-3.8)
	White	4.2 (2.8-6.4)	4.1 (2.0-8.5)	4.0 (1.7-9.0)	4.7 (2.3-9.3)	4.3 (3.0-6.0)
	Total	3.0 (2.1-4.4)	2.6 (1.6-4.0)	3.7 (2.6-5.2)	5.2 (3.7-7.5)	3.7 (3.1-4.3)

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

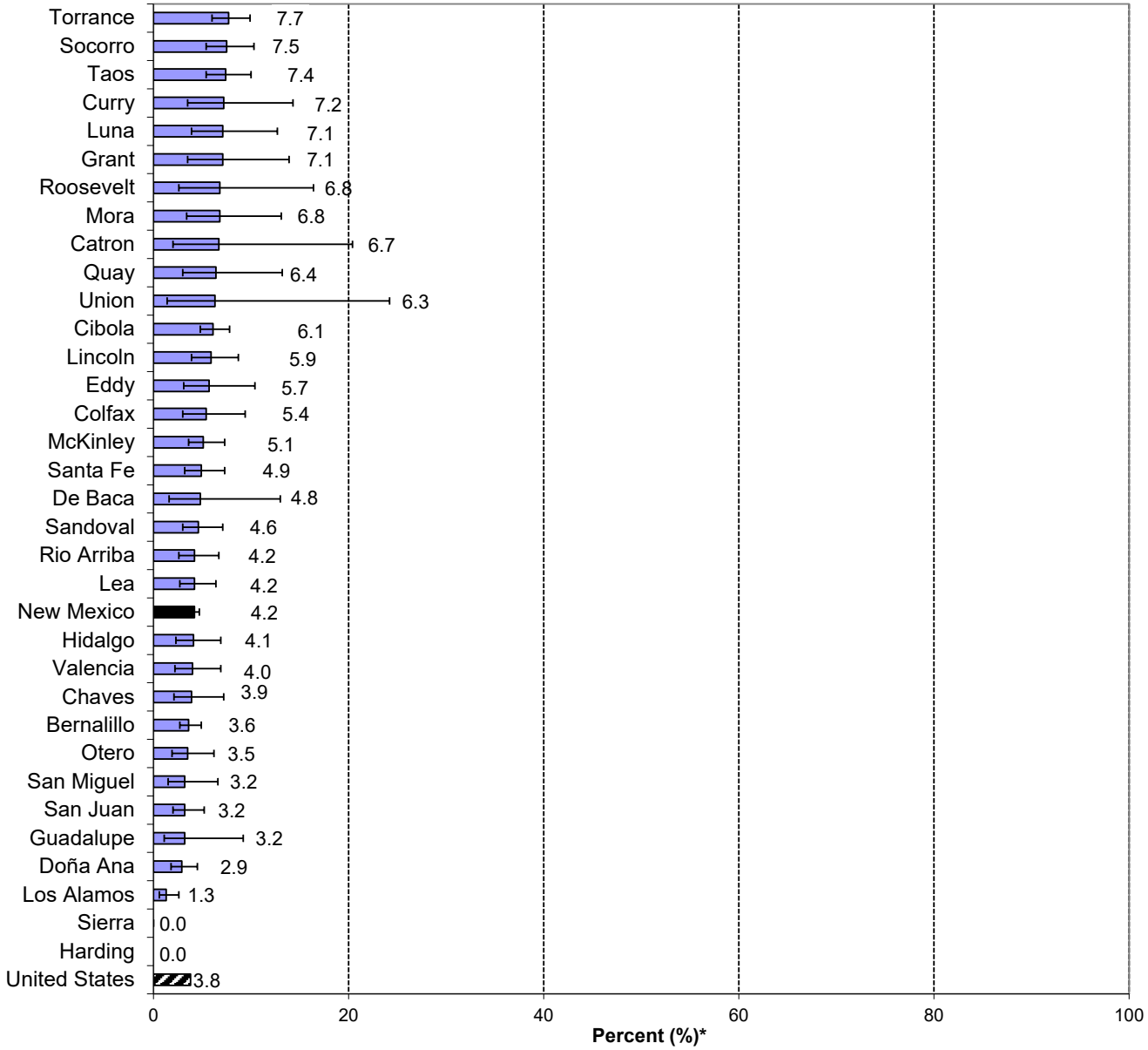
YOUTH CURRENT CIGARETTE SMOKING (continued)

Chart 2: Current Cigarette Smoking, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2021



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, 2021

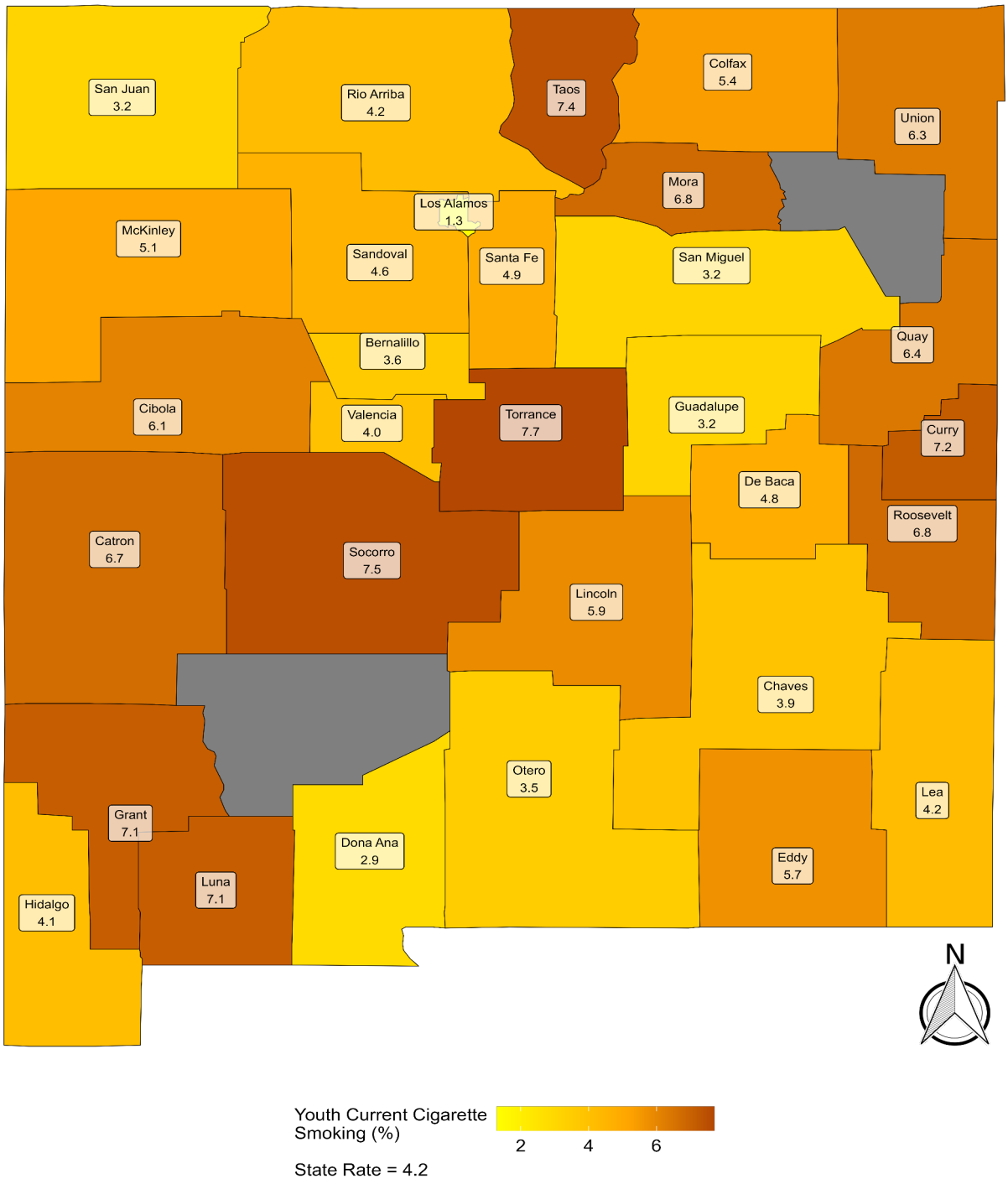


* Estimate of percent of high school students who reported smoking cigarettes on at least one of the past 30 days

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, 2021



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

Counties that are blued out do not have any data available or are suppressed due to small numbers

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

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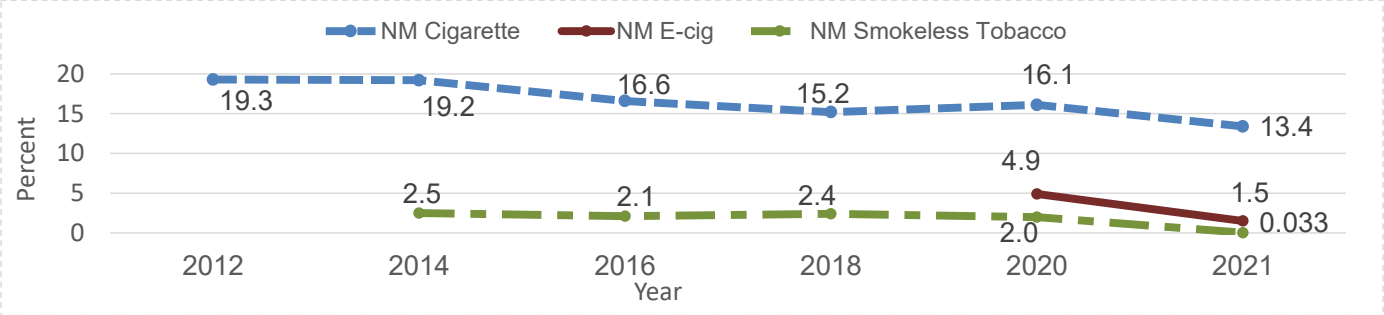
ADULT CURRENT E-CIGARETTE USE

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, 2021



* 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.
The e-cigarette use question was asked starting in 2020.
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, 2021

		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	580	348	0	928	5.9	0.8	0.0	1.4
	Asian/Pacific Islander	-	0	-	0	-	0.0	-	0.0
	Black	-	0	-	0	-	0.0	-	0.0
	Hispanic	4,653	6,439	0	11,092	7.7	2.5	0.0	3.0
	White	1,053	3,211	787	5,141	3.5	1.8	0.8	1.6
	Total	6,286	10,038	787	17,202	6.1	2.0	0.4	2.2
Female	American Indian	77	182	0	259	0.9	0.3	0.0	0.3
	Asian/Pacific Islander	-	0	-	0	-	0.0	-	0.0
	Black	-	0	-	126	-	0.0	-	0.9
	Hispanic	1,961	1,656	0	3,617	3.3	0.6	0.0	0.9
	White	594	1,637	174	2,405	2.5	0.9	0.1	0.7
	Total	2,758	3,608	174	6,539	2.9	0.7	0.1	0.8
Total	American Indian	657	529	0	1,187	3.7	0.5	0.0	0.8
	Asian/Pacific Islander	-	0	-	0	-	0.0	-	0.0
	Black	-	0	0	126	-	0.0	0.0	0.4
	Hispanic	6,613	8,095	0	14,708	5.5	1.6	0.0	1.9
	White	1,647	4,849	960	7,547	3.0	1.4	0.4	1.2
	Total	9,044	13,646	960	23,741	4.5	1.3	0.2	1.5

* 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 electronic 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 1.5% in 2021. New Mexico men (2.2%) were more likely to use e-cigarettes than women (0.8%). The counties with the highest prevalence of current e-cigarette use in 2021 were Otero (4.2%), De Baca (3.0%), Lincoln (2.6%), and Grant (2.2%). The counties with the lowest prevalence of current e-cigarette use in 2021 were Socorro (0.6%), Los Alamos (0.7%), McKinley (0.7%), and Eddy (0.8%).

*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, 2021

	Number						Percent*					
County	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races	American Indian	Asian/ Pacific Islander	Black	Hispanic	White	All Races
Bernalillo	146	-	126	4,818	2,554	7,776	0.7	-	1.1	1.9	1.3	1.6
Catron	-	-	-	-	0	0	-	-	-	-	0.0	0.0
Chaves	-	-	-	362	271	634	-	-	-	1.6	1.5	1.4
Cibola	11	-	-	98	55	164	0.1	-	-	1.5	1.3	0.9
Colfax	-	-	-	0	0	0	-	-	-	0.0	0.0	0.0
Curry	-	-	-	500	0	500	-	-	-	3.1	0.0	1.4
De Baca	-	-	-	-	-	99	-	-	-	-	-	3.0
Dona Ana	-	-	-	1,841	229	2,070	-	-	-	1.9	0.5	1.4
Eddy	-	-	-	273	19	292	-	-	-	1.8	0.1	0.8
Grant	-	-	-	349	154	502	-	-	-	3.0	1.6	2.2
Guadalupe	-	-	-	-	-	34	-	-	-	-	-	1.0
Harding	-	-	-	-	-	-	-	-	-	-	-	-
Hidalgo	-	-	-	-	-	-	-	-	-	-	-	-
Lea	-	-	-	476	237	714	-	-	-	1.6	1.4	1.4
Lincoln	-	-	-	277	136	413	-	-	-	7.0	1.2	2.6
Los Alamos	-	-	-	-	89	89	-	-	-	-	1.0	0.7
Luna	-	-	-	0	0	0	-	-	-	0.0	0.0	0.0
McKinley	258	-	-	83	5	347	0.7	-	-	0.9	0.1	0.7
Mora	-	-	-	-	-	0	-	-	-	-	-	0.0
Otero	-	-	-	1,175	573	1,749	-	-	-	9.6	2.4	4.2
Quay	-	-	-	-	0	0	-	-	-	-	0.0	0.0
Rio Arriba	-	-	-	413	147	600	-	-	-	1.6	2.8	1.8
Roosevelt	-	-	-	0	296	296	-	-	-	0.0	3.7	1.9
Sandoval	289	-	-	548	722	1,559	2.3	-	-	1.5	1.7	1.6
San Juan	444	-	-	485	834	1,763	1.3	-	-	2.9	2.4	2.0
San Miguel	-	-	-	313	40	354	-	-	-	2.0	0.7	1.6
Santa Fe	-	-	-	1,472	700	2,172	-	-	-	2.6	1.3	1.8
Sierra	-	-	-	-	0	0	-	-	-	-	0.0	0.0
Socorro	-	-	-	0	45	83	-	-	-	0.0	1.0	0.6
Taos	-	-	-	127	305	432	-	-	-	1.0	4.2	2.0
Torrance	-	-	-	-	0	0	-	-	-	-	0.0	0.0
Union	-	-	-	-	-	0	-	-	-	-	-	0.0
Valencia	-	-	-	1,097	2	1,099	-	-	-	2.7	0.0	1.7
New Mexico	1,187	0	126	14,708	7,547	23,741	0.8	0.0	0.4	1.9	1.2	1.5

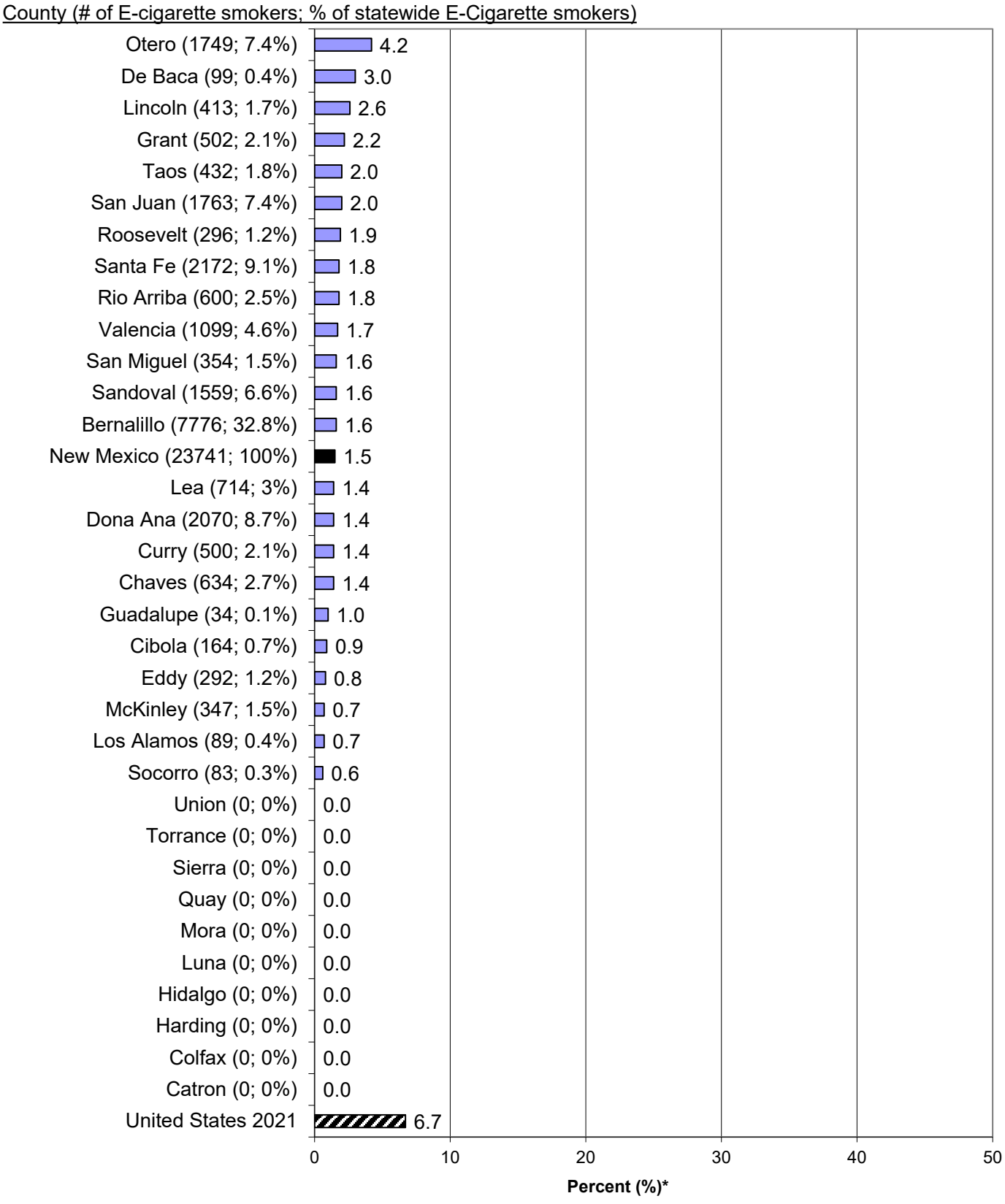
* Estimate of percent of people in population group who uses e-cigarettees all days or some days

- 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, 2021

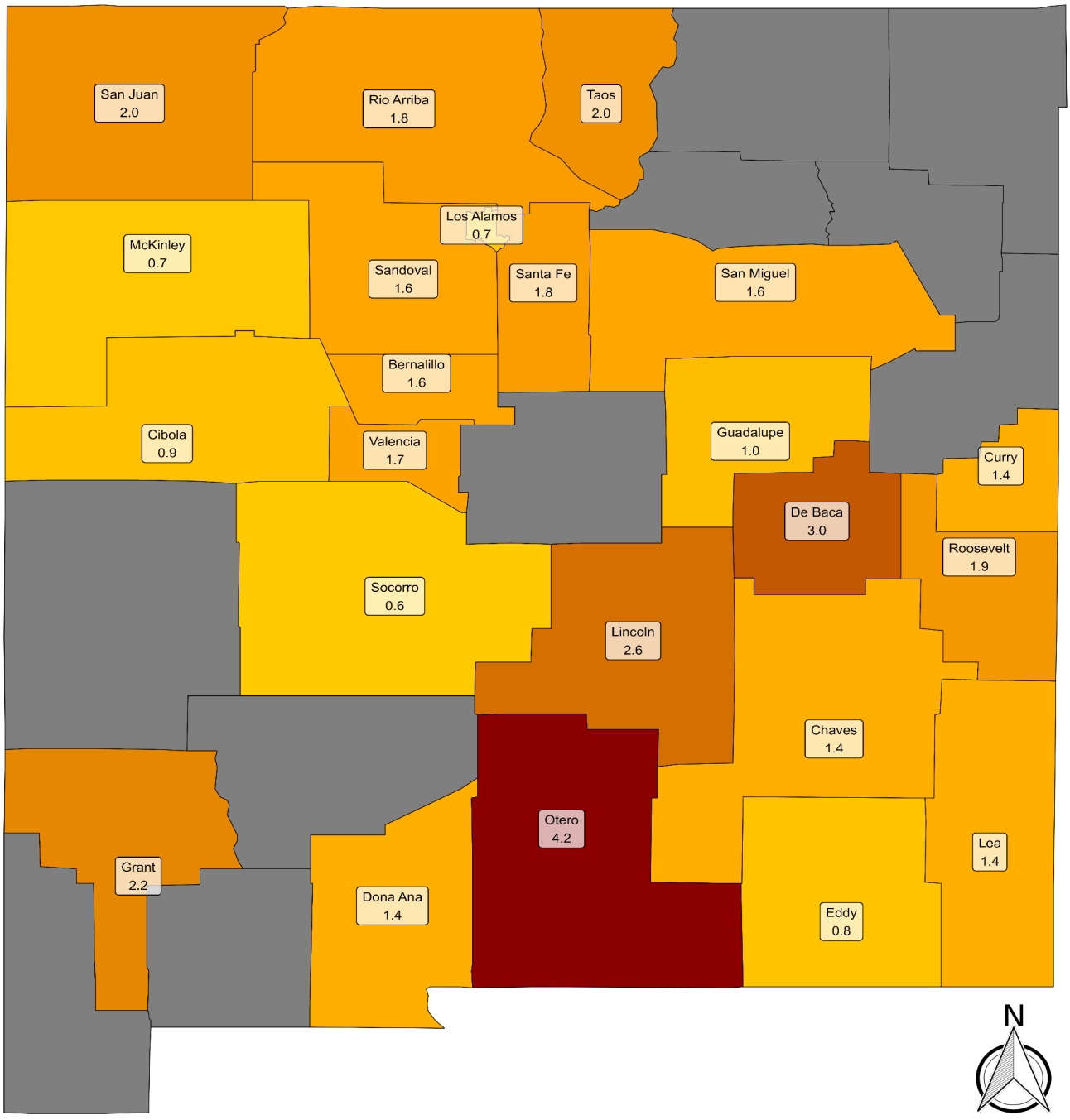


* Estimate of percent of people in population group who uses e-cigarettees all days or some days

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, 2021



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

Counties that are blued out do not have any data available or are suppressed due to small numbers

Source: BRFSS; SUES

YOUTH CURRENT E-CIGARETTE USE

Problem Statement

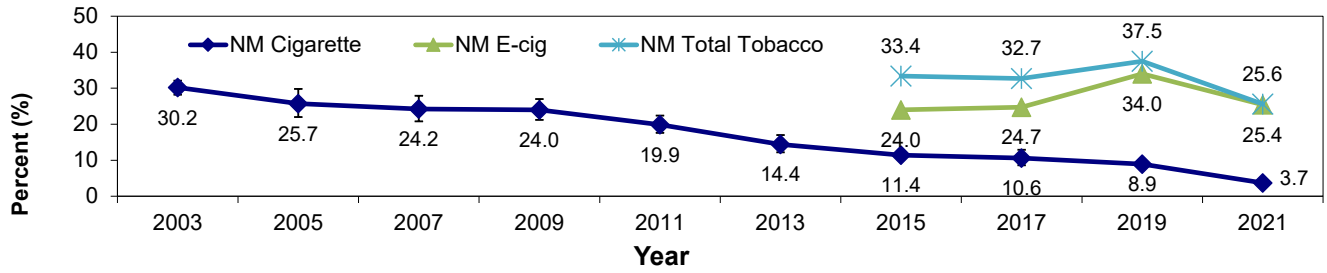
E-cigarettes, sometimes called "e-cigs", "vapes", "mods", or "electronic nicotine delivery systems", have been increasing in popularity, especially among youth. E-cigarettes are not safe for youth, and the long-term health risks are not well-studied at this time. Young people who use e-cigarettes may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

The prevalence of current e-cigarette use among NM high school students was 25.4% in 2021. While there have been significant decreases in cigarette smoking among youth, e-cigarettes and other tobacco products have essentially erased that change (Chart 1) with 25.4% of NM high school students reporting current tobacco use. The prevalence of current e-cigarette use has decreased between 2019 and 2021.

Girls (30.4%) were slightly more likely to be current e-cigarette users than boys (20.6%). Hispanic (28.3%), Black (27.7%), and White (22.3%) students had higher rates of current e-cigarette use than American Indian (22.2%) and Asian/Pacific Islander (17.2%) students. Chart 2 shows that the prevalence of e-cigarette use increases with grade level. In 2021, the counties with the highest prevalence of current e-cigarette use were Taos (44.0%), Grant (39.9%), Luna (37.3%) and Torrance (36.7%). The counties with the lowest prevalence of current e-cigarette use were Los Alamos (12.1%), Otero (13.3%) and McKinley (20.7%).

* 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, 2003-2021



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

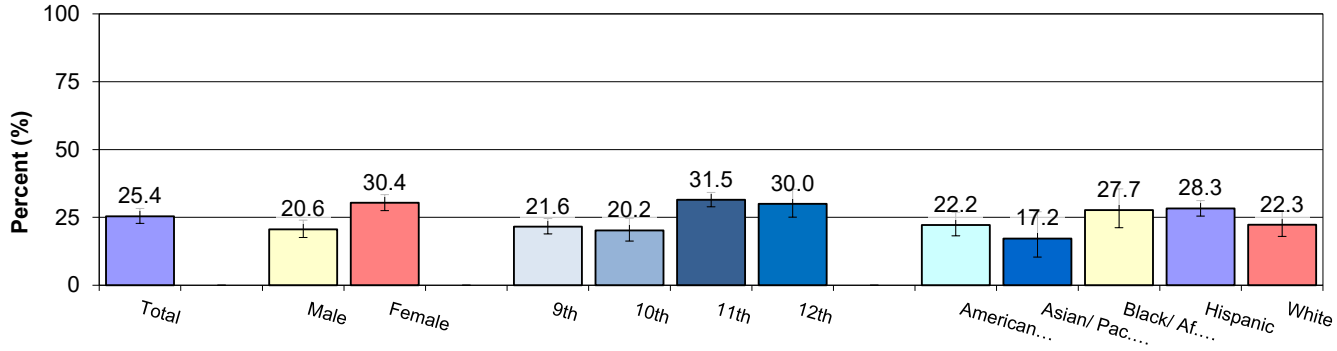
Source: YRRS (NM); CDC YRBS (US); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)

Table 1: Current E-Cigarette Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2021

		9th Grade	10th Grade	11th Grade	12th Grade	All Grades
Sex	**Race/Ethnicity**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**	**Percent [95% CI]**
Male	American Indian	18.6 (11.7-28.2)	9.3 (3.5-22.6)	24.5 (16.3-35.0)	19.9 (12.5-30.3)	17.8 (11.9-25.7)
	Asian/Pacific Islander	--	--	--	--	13.8 (6.0-28.6)
	Black	--	--	--	--	18.4 (12.3-26.6)
	Hispanic	15.8 (12.5-19.9)	19.1 (13.1-27.0)	27.9 (24.0-32.1)	34.1 (25.8-43.6)	23.5 (19.6-27.9)
	White	15.0 (10.7-20.8)	14.3 (8.2-23.9)	20.5 (13.2-30.4)	25.5 (16.1-37.9)	18.0 (13.9-23.1)
	Total	15.3 (13.0-17.8)	16.1 (11.5-22.0)	24.9 (21.0-29.2)	29.0 (23.5-35.2)	20.6 (17.6-24.0)
Female	American Indian	29.3 (20.7-39.8)	--	33.6 (25.4-43.0)	27.6 (13.5-48.3)	27.3 (22.9-32.1)
	Asian/Pacific Islander	--	--	--	--	17.3 (7.9-33.6)
	Black	--	--	--	--	39.7 (28.5-52.2)
	Hispanic	31.5 (27.3-36.1)	28.6 (23.8-34.0)	40.2 (35.3-45.3)	29.7 (23.3-37.1)	32.7 (29.6-36.0)
	White	23.6 (16.1-33.2)	19.2 (10.6-32.4)	34.4 (28.3-41.2)	32.1 (21.5-45.1)	27.0 (21.1-33.7)
	Total	28.6 (24.2-33.4)	24.5 (20.7-28.7)	38.0 (34.2-41.9)	30.7 (24.5-37.6)	30.4 (27.5-33.4)
Total	American Indian	23.8 (18.1-30.6)	13.7 (8.3-21.7)	28.1 (24.0-32.7)	23.7 (13.6-38.1)	22.2 (18.2-26.9)
	Asian/Pacific Islander	--	--	--	--	17.2 (10.4-27.1)
	Black	18.9 (14.1-24.9)	--	--	--	27.7 (21.2-35.5)
	Hispanic	23.5 (20.3-27.0)	24.0 (19.8-28.9)	34.7 (31.1-38.4)	32.0 (26.0-38.7)	28.3 (25.5-31.2)
	White	18.8 (14.4-24.1)	16.6 (10.5-25.3)	27.1 (22.4-32.4)	29.2 (20.0-40.5)	22.3 (18.0-27.2)
	Total	21.6 (18.9-24.6)	20.2 (16.3-24.7)	31.5 (28.9-34.2)	30.0 (25.1-35.4)	25.4 (22.8-28.3)

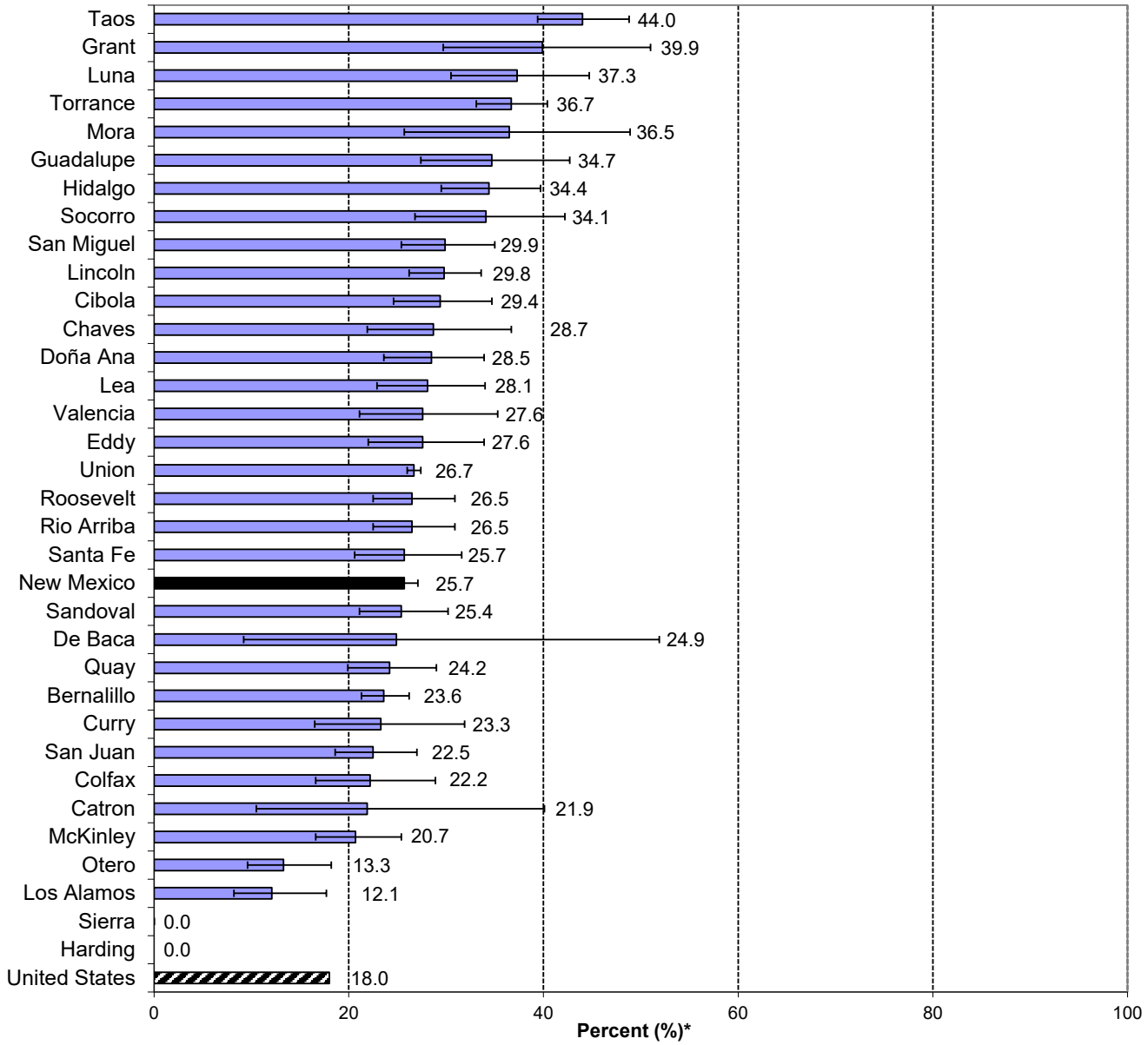
Source: YRRS (NM); NMDOH Survey Section (NOTE: "95% CI" is 95% confidence interval)

Chart 2: Current E-Cigarette Use, by Grade Level, Gender, and Race/Ethnicity, Grades 9 - 12, New Mexico, 2021



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, 2021

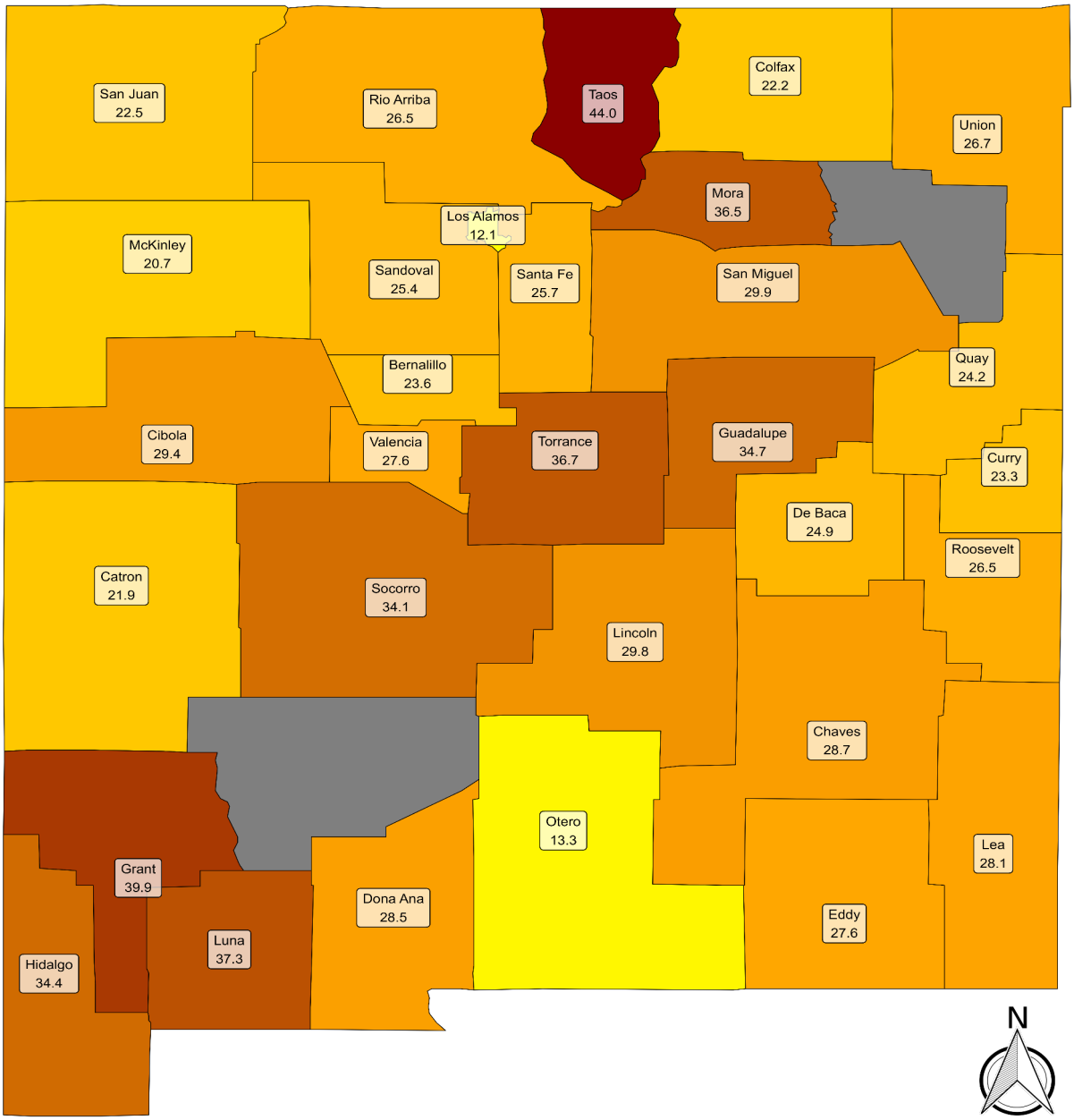


* Estimate of percent of high school students who reported using e-cigarettes on at least one of the past 30 days

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, 2021



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

Counties that are blued out do not have any data available or are suppressed due to small numbers

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

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Appendix 1

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

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Appendix 1: Male Population, New Mexico, 2019*

		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	5243	7934	948	**14125**	2517	2517	1013	**6047**	4038	6350	1267	**11655**	65433	85277	16567	**167277**	28045	71970	30940	**130955**	105,276	174,048	50,735	**332,757**
	Catron	11	25	21	**57**	1	1	0	**2**	8	11	9	**28**	69	161	154	**384**	214	518	673	**1405**	303	716	857	**1,866**
	Chaves	134	156	39	**329**	117	117	21	**255**	228	293	56	**577**	8130	8656	1696	**18482**	3376	5911	2886	**12173**	11,985	15,133	4,698	**32,156**
	Cibola	1974	2540	597	**5111**	17	17	11	**45**	54	123	26	**203**	1753	3329	651	**5733**	576	1271	754	**2601**	4,374	7,280	2,039	**13,839**
	Colfax	18	79	13	**110**	9	9	3	**21**	24	30	4	**58**	971	1515	544	**3030**	507	1284	1009	**2800**	1,529	2,917	1,573	**6,156**
	Curry	75	87	19	**181**	169	169	41	**379**	761	818	138	**1717**	5231	5116	743	**11090**	4196	6304	1914	**12414**	10,432	12,494	2,855	**25,953**
	De Baca	6	3	3	**12**	1	1	0	**2**	2	6	1	**9**	159	164	95	**418**	87	220	165	**472**	255	394	264	**894**
	Dona Ana	404	418	114	**936**	419	419	139	**977**	769	1387	220	**2376**	32366	32772	7722	**72860**	8414	13011	8342	**29767**	42,372	48,007	16,537	**106,699**
	Eddy	134	177	44	**355**	66	66	22	**154**	186	316	75	**577**	6102	7303	1352	**14757**	3902	7174	2477	**13553**	10,390	15,036	3,970	**29,282**
	Grant	48	70	29	**147**	12	12	5	**29**	77	94	15	**186**	2594	3076	1240	**6910**	1200	2724	2532	**6456**	3931	5976	3821	**13566**
	Guadalupe	13	38	3	**54**	2	2	2	**6**	7	58	1	**66**	631	969	348	**1948**	68	259	95	**422**	721	1326	449	**2495**
	Harding	1	0	0	**1**	0	0	0	**0**	0	1	0	**1**	34	84	48	**166**	18	70	80	**168**	53	155	128	**358**
	Hidalgo	4	3	5	**12**	4	4	2	**10**	14	17	3	**34**	443	619	177	**1239**	188	370	254	**812**	653	1013	441	**2107**
	Lea	119	197	39	**355**	55	55	21	**131**	552	776	136	**1464**	10357	10756	1276	**22389**	3576	6635	2214	**12425**	14659	18419	3686	**36764**
	Lincoln	143	121	23	**287**	14	14	12	**40**	32	66	15	**113**	1242	1653	475	**3370**	1068	2527	2247	**5842**	2499	4381	2772	**9652**
	Los Alamos	20	56	8	**84**	186	186	83	**455**	45	111	11	**167**	667	901	147	**1715**	1896	3746	1366	**7008**	2814	5000	1615	**9429**
	Luna	28	34	23	**85**	51	51	14	**116**	49	80	32	**161**	3537	3788	1032	**8357**	715	1505	1404	**3624**	4380	5458	2505	**12343**
	McKinley	10084	12739	2309	**25132**	108	108	27	**243**	127	132	34	**293**	2417	2106	563	**5086**	675	1606	776	**3057**	13411	16691	3709	**33811**
	Mora	3	5	5	**13**	1	1	2	**4**	5	4	4	**13**	513	926	479	**1918**	47	134	207	**388**	569	1070	697	**2336**
	Otero	926	1023	153	**2102**	193	193	35	**421**	599	827	157	**1583**	5635	6325	1239	**13199**	4680	8987	4040	**17707**	12033	17355	5624	**35012**
	Quay	7	25	12	**44**	13	13	10	**36**	34	45	12	**91**	669	912	316	**1897**	417	913	673	**2003**	1140	1908	1023	**4071**
	Rio Arriba	1032	1365	286	**2683**	30	30	12	**72**	50	52	20	**122**	4527	6692	2340	**13559**	399	1170	913	**2482**	6038	9309	3571	**18918**
	Roosevelt	59	37	16	**112**	72	72	3	**147**	190	115	16	**321**	2085	1850	324	**4259**	1796	2314	982	**5092**	4202	4388	1341	**9931**
	San Juan	3564	4398	749	**8711**	336	336	137	**809**	702	1053	251	**2006**	11168	14853	2815	**28836**	7231	15713	8356	**31300**	23001	36353	12308	**71662**
	San Miguel	9446	12639	2426	**24511**	141	141	36	**318**	266	325	55	**646**	6009	6054	1100	**13163**	6206	12223	5244	**23673**	22068	31382	8861	**13870**
	Sandoval	61	74	15	**150**	92	92	15	**199**	149	90	18	**257**	3184	5696	1935	**10815**	427	1129	931	**2487**	3913	7081	2914	**71143**
	Santa Fe	631	1029	238	**1898**	247	247	159	**653**	238	526	151	**915**	12979	19632	4935	**37546**	4426	14753	11843	**31022**	18521	36187	17326	**72597**
	Sierra	25	43	31	**99**	8	8	14	**30**	28	29	14	**71**	610	816	300	**1726**	526	1365	1739	**3630**	1197	2261	2098	**5556**
	Socorro	465	471	99	**1035**	17	17	3	**37**	55	63	15	**133**	1581	2088	717	**4386**	892	1362	805	**3059**	3010	4001	1639	**8634**
	Taos	273	479	127	**879**	27	27	16	**70**	43	53	21	**117**	2875	4606	1771	**9252**	807	2576	2175	**5558**	4025	7741	4110	**16196**
	Torrance	63	114	40	**217**	22	22	6	**50**	68	119	21	**208**	1286	1973	500	**3759**	903	2079	1167	**4149**	2342	4307	1734	**8377**
	Union	8	28	1	**37**	2	2	3	**7**	14	68	2	**84**	310	634	125	**1069**	259	584	249	**1092**	593	1316	380	**2289**
	Valencia	572	880	137	**1589**	80	80	34	**194**	166	339	110	**615**	8870	11538	2814	**23222**	2632	6195	3345	**12172**	12320	19032	6440	**38165**
Male Total		**35,594**	**47,287**	**8,572**	**91,453**	**5,029**	**5,029**	**1,901**	**11,959**	**9,580**	**14,377**	**2,910**	**26,867**	**204,437**	**252,840**	**56,540**	**513,817**	**90,369**	**198,602**	**102,797**	**391,768**	**345,009**	**518,135**	**172,720**	**1,048,884**

* 2019 population is reported here because 2019 was the mid-point year for the 2017-2021 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

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Appendix 1: Female Population, New Mexico, 2019*

		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	5,311	9,400	1,683	**16,394**	2,622	6,755	1,588	**10,965**	3,440	4,736	1,164	**9,340**	63,281	89,306	22,180	**174,767**	26,142	71,199	37,665	**135,006**	100,796	181,396	64,280	**346,472**
	Catron	19	27	14	**62**	1	2	2	**5**	3	7	3	**13**	73	122	88	**283**	206	526	562	**1,294**	302	684	669	**1,661**
	Chaves	74	117	48	**236**	104	247	43	**373**	190	229	89	**508**	7,641	8,932	1,951	**18,524**	2,865	6,185	3,527	**12,577**	10,874	15,710	5,658	**32,652**
	Cibola	2,016	2,838	857	**5,789**	24	45	12	**92**	53	78	21	**152**	1,605	2,179	755	**4,539**	518	1,278	806	**2,602**	4,216	6,418	2,451	**13,252**
	Colfax	16	36	16	**68**	13	22	9	**51**	16	19	4	**39**	901	1,354	577	**2,832**	442	1,354	1,076	**2,872**	1,388	2,785	1,682	**5,985**
	Curry	69	119	22	**209**	151	286	70	**531**	574	653	176	**1,403**	4,670	4,973	901	**10,544**	3,294	5,733	2,379	**11,406**	8,758	11,764	3,548	**24,074**
	De Baca	2	8	2	**9**	2	2	0	**3**	2	4	2	**8**	156	183	84	**423**	104	198	175	**477**	266	395	263	**911**
	Dona Ana	433	401	104	**916**	416	833	198	**1,451**	627	871	196	**1,694**	32,660	35,589	9,268	**77,517**	7,794	13,004	9,203	**30,001**	41,930	50,698	18,969	**110,702**
	Eddy	107	153	39	**307**	59	157	38	**245**	156	161	45	**362**	6,246	6,869	1,547	**14,662**	3,581	6,758	2,869	**13,208**	10,149	14,098	4,538	**28,878**
	Grant	53	93	28	**160**	31	74	36	**133**	46	51	21	**118**	2,427	3,228	1,525	**7,180**	1,088	2,903	2,529	**6,520**	3,645	6,349	4,139	**14,061**
	Guadalupe	6	10	2	**21**	8	17	2	**25**	2	7	0	**9**	482	743	306	**1,531**	49	149	118	**316**	547	926	428	**1,885**
	Harding	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	34	60	55	**149**	22	76	73	**171**	56	137	128	**341**
	Hidalgo	5	5	1	**10**	2	6	1	**10**	12	9	5	**26**	412	575	245	**1,232**	206	386	261	**853**	637	981	513	**2,177**
	Lea	106	136	44	**273**	56	123	26	**202**	476	532	181	**1,189**	9,716	9,562	1,329	**20,607**	3,317	6,271	2,870	**12,458**	13,671	16,624	4,450	**34,436**
	Lincoln	121	165	40	**328**	13	32	12	**62**	33	36	11	**80**	1,188	1,743	523	**3,454**	948	2,883	2,443	**6,274**	2,303	4,859	3,029	**10,006**
	Los Alamos	20	50	10	**72**	181	361	80	**603**	52	76	12	**140**	660	923	182	**1,765**	1,744	3,358	1,514	**6,616**	2,657	4,768	1,798	**9,249**
	Luna	25	36	27	**82**	24	44	66	**118**	66	77	25	**168**	3,429	3,727	1,074	**8,230**	602	1,404	1,487	**3,493**	4,146	5,288	2,679	**12,251**
	McKinley	10,041	14,088	3,724	**27,985**	99	280	45	**398**	118	105	28	**251**	2,148	1,985	668	**4,801**	687	1,544	884	**3,115**	13,093	18,002	5,349	**36,771**
	Mora	6	8	2	**13**	1	5	3	**9**	1	11	0	**12**	493	863	437	**1,793**	45	171	177	**393**	546	1,058	619	**2,202**
	Otero	805	1,191	211	**2,183**	159	361	131	**618**	461	544	120	**1,125**	5,224	6,156	1,455	**12,835**	3,614	8,002	4,184	**15,800**	10,263	16,254	6,101	**32,307**
	Quay	10	21	12	**41**	13	21	13	**47**	33	37	10	**80**	709	888	384	**1,981**	419	1,025	717	**2,161**	1,184	1,992	1,136	**4,282**
	Rio Arriba	979	1,501	435	**2,952**	61	79	11	**141**	51	43	18	**112**	4,560	6,718	2,706	**13,984**	360	1,216	1,031	**2,607**	6,011	9,557	4,201	**19,992**
	Roosevelt	65	67	13	**143**	88	51	10	**144**	118	73	9	**200**	2,047	1,873	376	**4,296**	1,751	2,285	1,173	**5,209**	4,069	4,349	1,581	**9,675**
	San Juan	3,498	4,771	1,198	**25,585**	380	879	254	**451**	594	794	276	**1,664**	10,712	15,217	3,611	**29,540**	6,631	16,344	9,381	**32,356**	21,815	38,005	14,720	**64,662**
	San Miguel	9,235	13,030	3,248	**186**	107	260	46	**188**	257	202	44	**503**	5,869	5,676	1,318	**12,863**	5,916	12,349	6,198	**24,463**	21,384	31,517	10,854	**14,158**
	Sandoval	63	90	13	**9,454**	83	56	38	**1,501**	121	75	22	**218**	3,066	5,553	2,271	**10,890**	448	1,152	1,059	**2,659**	3,781	6,926	3,403	**74,010**
	Santa Fe	676	1,154	284	**2,098**	285	793	231	**1,310**	216	316	98	**630**	13,119	19,400	6,081	**38,600**	4,153	16,575	13,891	**34,619**	18,449	38,238	20,585	**77,219**
	Sierra	26	35	26	**89**	16	31	16	**51**	19	20	9	**48**	573	811	327	**1,711**	484	1,450	1,673	**3,607**	1,118	2,347	2,051	**5,553**
	Socorro	488	537	107	**1,124**	9	12	4	**129**	45	35	4	**84**	1,581	2,075	764	**4,420**	589	1,419	879	**2,887**	2,712	4,078	1,758	**8,478**
	Taos	242	481	195	**909**	20	127	20	**181**	42	38	20	**100**	2,679	4,425	2,050	**9,154**	766	2,939	2,571	**6,276**	3,749	8,010	4,856	**16,709**
	Torrance	44	80	40	**160**	15	26	14	**62**	50	40	13	**103**	1,214	1,502	490	**3,206**	850	2,041	1,127	**4,018**	2,173	3,689	1,684	**7,431**
	Union	7	10	5	**23**	1	4	7	**9**	4	6	0	**10**	225	313	151	**689**	245	458	351	**1,054**	482	791	514	**1,833**
	Valencia	571	896	201	**1,589**	101	154	56	**309**	187	138	57	**382**	8,430	11,195	3,325	**22,950**	2,455	6,165	3,681	**12,301**	11,744	18,548	7,320	**37,900**
Female Total		**35,139**	**51,554**	**12,651**	**99,344**	**5,145**	**12,145**	**3,082**	**20,417**	**8,065**	**10,024**	**2,683**	**20,772**	**198,230**	**254,718**	**69,004**	**521,952**	**82,335**	**198,800**	**118,534**	**399,669**	**337,386**	**530,960**	**192,828**	**1,061,174**

* 2019 population is reported here because 2019 was the mid-point year for the 2017-2021 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

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Appendix 1: Total Population, New Mexico, 2019*

		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 Sexes	Bernalillo	10,553	17,333	2,631	**30,517**	5,139	12,333	2,601	**19,624**	7,478	11,087	2,431	**20,996**	128,714	174,583	38,746	**342,043**	54,187	143,169	68,605	**265,961**	206,071	358,505	115,014	**679,141**
	Catron	30	52	35	**117**	2	4	2	**8**	11	18	12	**41**	142	283	242	**667**	420	1,045	1,236	**2,701**	605	1,402	1,527	**3,527**
	Chaves	208	273	86	**567**	221	411	64	**696**	418	522	145	**1,085**	15,771	17,588	3,647	**37,006**	6,241	12,097	6,413	**24,751**	22,859	30,891	10,355	**64,808**
	Cibola	3,990	5,378	1,454	**10,822**	41	85	23	**149**	107	201	47	**355**	3,358	5,508	1,407	**10,273**	1,093	2,549	1,559	**5,201**	8,589	13,721	4,490	**27,091**
	Colfax	34	115	29	**178**	22	62	12	**96**	40	49	8	**97**	1,873	2,869	1,121	**5,863**	948	2,638	2,085	**5,775**	2,917	5,733	3,255	**12,141**
	Curry	145	206	42	**392**	320	518	111	**949**	1,335	1,471	314	**3,176**	9,901	10,089	1,644	**21,634**	7,490	12,037	4,293	**24,118**	19,191	24,321	6,404	**49,916**
	De Baca	8	12	5	**22**	3	2	0	**3**	4	11	3	**18**	316	347	179	**800**	191	418	340	**962**	522	790	527	**1,805**
	Dona Ana	837	819	219	**1,853**	836	1,575	338	**2,764**	1,395	2,259	416	**3,985**	65,027	68,360	16,990	**149,075**	16,208	26,015	17,544	**59,725**	84,303	99,028	35,507	**217,402**
	Eddy	241	330	83	**665**	125	295	60	**453**	342	477	120	**915**	12,348	14,172	2,899	**28,960**	7,483	13,932	5,347	**27,167**	20,539	29,206	8,509	**58,160**
	Grant	102	163	57	**294**	43	86	41	**251**	123	144	36	**264**	5,021	6,305	2,765	**14,013**	2,287	5,627	5,061	**12,806**	7,576	12,325	7,960	**27,861**
	Guadalupe	20	48	5	**73**	10	39	4	**49**	9	65	1	**76**	1,113	1,712	655	**3,472**	117	408	213	**711**	1,269	2,272	878	**4,419**
	Harding	1	0	0	**1**	0	0	0	**0**	0	2	0	**2**	68	144	103	**317**	40	146	153	**378**	109	292	256	**657**
	Hidalgo	9	8	6	**20**	6	15	3	**24**	26	26	8	**59**	854	1,194	422	**2,492**	394	756	515	**1,720**	1,289	1,999	954	**4,315**
	Lea	226	333	84	**617**	110	237	47	**407**	1,028	1,308	317	**2,626**	20,073	20,318	2,605	**42,049**	6,893	12,906	5,085	**25,128**	28,330	35,102	8,138	**70,828**
	Lincoln	264	286	63	**602**	27	63	24	**118**	64	101	26	**166**	2,431	3,396	998	**6,602**	2,015	5,410	4,690	**12,061**	4,801	9,256	5,801	**19,858**
	Los Alamos	41	105	18	**157**	367	751	163	**1,242**	98	187	22	**332**	1,327	1,824	329	**3,430**	3,640	7,105	2,879	**13,650**	5,473	9,972	3,411	**18,811**
	Luna	52	70	49	**160**	75	82	81	**219**	115	158	57	**314**	6,965	7,516	2,106	**16,661**	1,317	2,910	2,891	**7,279**	8,524	10,736	5,184	**24,633**
	McKinley	20,124	26,827	6,033	**53,330**	208	465	71	**723**	245	237	62	**565**	4,564	4,090	1,231	**10,269**	1,362	3,149	1,660	**6,356**	26,503	34,768	9,057	**71,242**
	Mora	9	13	7	**26**	2	11	5	**19**	6	15	4	**22**	1,006	1,789	917	**3,648**	93	305	384	**790**	1,116	2,133	1,317	**4,505**
	Otero	1,731	2,214	364	**4,260**	352	625	166	**1,091**	1,060	1,370	277	**2,603**	10,859	12,481	2,694	**25,901**	8,294	16,989	8,224	**33,029**	22,296	33,679	11,725	**66,884**
	Quay	17	47	24	**90**	26	46	23	**95**	67	81	22	**167**	1,378	1,800	700	**3,842**	836	1,937	1,390	**4,173**	2,324	3,911	2,159	**8,368**
	Rio Arriba	2,012	2,867	721	**5664**	90	140	23	**246**	100	94	38	**231**	9,087	13,410	5,045	**27,862**	759	2,386	1,944	**5,111**	12,048	18,897	7,771	**39,113**
	Roosevelt	124	103	29	**217**	160	95	13	**261**	309	188	25	**495**	4,132	3,723	700	**8,304**	3,547	4,599	2,155	**10,076**	8,272	8,708	2,922	**19,353**
	San Juan	7,061	9,168	1,947	**50,222**	716	1,429	391	**852**	1,296	1,848	528	**1,133**	21,880	30,069	6,426	**26,277**	13,862	32,057	17,737	**49,560**	44,815	74,571	27,029	**128,044**
	San Miguel	18,681	25,670	5,674	**328**	248	459	82	**357**	522	527	99	**494**	11,878	11,730	2,418	**21,687**	12,122	24,571	11,442	**5,162**	43,451	62,957	19,715	**28,028**
	Sandoval	123	164	29	**18,179**	175	98	53	**2,491**	270	165	40	**3,517**	6,251	11,249	4,206	**57,158**	875	2,281	1,990	**63,808**	7,694	13,957	6,318	**145,153**
	Santa Fe	1,306	2,183	521	**3,972**	532	1,368	391	**2,322**	455	843	250	**1,536**	26,098	39,032	11,015	**76,527**	8,579	31,328	25,734	**65,459**	36,970	74,754	37,911	**149,816**
	Sierra	50	78	57	**179**	25	44	31	**83**	47	48	24	**126**	1,183	1,627	627	**3,437**	1,009	2,815	3,412	**7,293**	2,314	4,612	4,151	**11,118**
	Socorro	953	1,008	206	**2,156**	26	25	7	**232**	100	99	19	**226**	3,162	4,163	1,481	**8,571**	1,481	2,781	1,684	**5,926**	5,722	8,076	3,397	**17,112**
	Taos	515	961	322	**1,796**	46	178	36	**278**	85	91	41	**225**	5,554	9,031	3,821	**18,728**	1,573	5,515	4,746	**11,878**	7,773	15,776	8,966	**32,905**
	Torrance	107	195	80	**367**	37	41	20	**115**	118	160	34	**288**	2,500	3,475	990	**6,926**	1,753	4,120	2,294	**8,112**	4,515	7,991	3,418	**15,808**
	Union	15	38	6	**61**	3	19	10	**27**	18	74	2	**92**	535	947	276	**1,775**	504	1,042	600	**2,207**	1,075	2,120	894	**4,089**
	Valencia	1,144	1,776	338	**3,121**	181	256	90	**520**	353	476	167	**933**	17,300	22,733	6,139	**46,426**	5,087	12,360	7,027	**25,064**	24,065	37,601	13,761	**75,427**
Both Sexes Total		**70,733**	**98,843**	**21,224**	**190,800**	**10,174**	**21,857**	**4,986**	**37,017**	**17,644**	**24,402**	**5,595**	**47,641**	**402,669**	**507,557**	**125,544**	**1,035,770**	**172,700**	**397,403**	**221,332**	**791,435**	**673,920**	**1,050,062**	**378,681**	**2,101,714**

* 2019 population is reported here because 2019 is the mid-point year for the 2017-2021 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

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Appendix 2

Substance Use and Mental Health in New Mexico, by Age Group, 2021-2022

National Survey on Drug Use and Health (NSDUH)

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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 2021-2022 NSDUHs

Measure	12+	12-17 Years	18-25 Years	26+ Years	18+ years
ILLICIT DRUGS[2]					
Past Month Illicit Drug Use[2]	420	24	76	321	397
Past Year Cocaine Use	32	0	8	25	32
Perceptions of Great Risk from Using Cocaine Once a Month	1,152	84	123	946	1,068
Past Year Heroin Use	-	-	0	6	6
Perceptions of Great Risk from Trying Heroin Once or Twice	1,464	102	168	1,194	1,362
Past Year Pain Reliever Misuse	66	4	9	54	62
First Use of Marijuana[3]	25	8	10	7	17
Past Month Marijuana Use	381	21	74	286	360
Past Year Marijuana Use	479	33	99	347	446
Perceptions of Great Risk from Smoking Marijuana Once a Month	354	29	21	304	325
Past Month Use of Illicit Drugs[2] Other Than Marijuana	70	3	11	56	67
Past Year Methamphetamine Use	28	0	1	26	28
ALCOHOL					
Past Month Alcohol Use	813	12	103	697	801
Past Month Binge Alcohol Use[9]	409	6	63	340	403
Past Month Alcohol Use (12-20 Years)[8]	34	-	-	-	-
Past Month Binge Alcohol Use (12-20 Years)[8,9]	34	-	-	-	-
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	889	77	93	718	812
TOBACCO PRODUCTS[4]					
Past Month Tobacco Product Use	397	5	48	345	392
Past Month Cigarette Use	319	4	39	276	315
Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day	1,182	98	118	966	1,084
PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT					
Illicit Drug Use Disorder[1]	-	-	-	-	-
Pain Reliever Use Disorder[1]	46	2	3	40	43
Alcohol Use Disorder[1]	205	8	40	158	198
Substance Use Disorder[1]	408	27	81	299	380
Needing But Not Receiving Treatment at a Specialty Facility for Illicit Drug Use[10]	-	-	-	-	-
Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use[10]	-	-	-	-	-
Needing But Not Receiving Treatment at a Specialty Facility for Substance Use[10]	293	*	67	210	278
PAST YEAR MENTAL HEALTH ISSUES					
Major Depressive Episode[7]	155	40	48	107	0
Any Mental Illness[5]	414	87	327	0	0
Serious Mental Illness[6]	101	28	73	0	0
Received Mental Health Services[11]	315	48	54	261	0
Had Serious Thoughts of Suicide	90	22	35	54	0

+ All figures are estimated numbers in thousands
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019 and 2020.

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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 2021-2022 NSDUHs

Measure	12+	12-17 Years	18-25 Years	26+ Years	18+ years
ILLICIT DRUGS[2]					
Past Month Illicit Drug Use[2]	23.55%	13.70%	34.77%	22.99%	24.59%
Past Year Cocaine Use	1.82%	0.12%	3.43%	1.77%	2.00%
Perceptions of Great Risk from Using Cocaine Once a Month	64.54%	48.90%	55.83%	67.82%	66.18%
Past Year Heroin Use	-	-	0.14%	0.44%	0.40%
Perceptions of Great Risk from Trying Heroin Once or Twice	82.02%	59.26%	76.67%	85.61%	84.39%
Past Year Pain Reliever Misuse	3.70%	2.06%	3.96%	3.86%	3.87%
First Use of Marijuana[3]	3.38%	7.24%	13.00%	1.18%	2.64%
Past Month Marijuana Use	21.33%	12.40%	33.57%	20.51%	22.28%
Past Year Marijuana Use	26.82%	19.24%	45.07%	24.89%	27.63%
Perceptions of Great Risk from Smoking Marijuana Once a Month	19.83%	16.83%	9.77%	21.79%	20.15%
Past Month Use of Illicit Drugs[2] Other Than Marijuana	3.90%	1.77%	4.95%	4.00%	4.13%
Past Year Methamphetamine Use	1.56%	0.11%	0.56%	1.90%	1.72%
ALCOHOL					
Past Month Alcohol Use	45.55%	7.27%	47.11%	50.01%	49.62%
Past Month Binge Alcohol Use[9]	22.92%	3.52%	28.91%	24.37%	24.99%
Past Month Alcohol Use (12-20 Years)[8]	13.58%	-	-	-	-
Past Month Binge Alcohol Use (12-20 Years)[8,9]	8.33%	-	-	-	-
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	49.77%	45.00%	42.41%	51.52%	50.28%
TOBACCO PRODUCTS[4]					
Past Month Tobacco Product Use	22.26%	2.89%	21.66%	24.73%	24.31%
Past Month Cigarette Use	17.84%	2.15%	17.81%	19.77%	19.51%
Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day	66.19%	57.07%	53.59%	69.29%	67.15%
PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT					
Illicit Drug Use Disorder[1]*	-	-	-	-	-
Pain Reliever Use Disorder[1]	2.55%	1.30%	1.53%	2.87%	2.68%
Alcohol Use Disorder[1]	11.51%	4.57%	18.17%	11.31%	12.24%
Substance Use Disorder[1]	22.83%	16.01%	36.83%	21.46%	23.55%
Needing But Not Receiving Treatment at a Specialty Facility for Illicit Drug Use[10]*	-	-	-	-	-
Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use[10]*	-	-	-	-	-
Needing But Not Receiving Treatment for Substance Use[10]	72.43%	-	81.78%	72.04%	74.15%
PAST YEAR MENTAL HEALTH ISSUES					
Major Depressive Episode[7]	-	19.32%	14.72%	7.17%	8.18%
Any Mental Illness[5]	-	-	28.71%	19.99%	21.16%
Serious Mental Illness[6]	-	-	10.12%	4.59%	5.33%
Received Mental Health Services[11]	-	-	13.18%	15.52%	15.21%
Had Serious Thoughts of Suicide	-	-	10.00%	4.02%	4.82%

* _ Not available
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021 and 2022.
Notes:
NSDUH 2021-2022 does not contain 3 of the previously included sections. They are indicated with an asterisk (*).

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Appendix 3

Substance Use and Mental Health by National Regions, Age 12+, 2021-2022

National Survey on Drug Use and Health (NSDUH)

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Appendix 3A. Substance Use and Mental Health, U.S. Regions & New Mexico, Percentages, Annual Averages Based on 2021-2022 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]	15.51%	17.04%	16.01%	12.75%	18.41%	23.55%
	(15.08%-15.96%)	(16.13%-18%)	(15.32%-16.73%)	(12.23%-13.29%)	(17.57%-19.29%)	(20.59%-26.78%)
Past Year Cocaine Use	1.79%	2.03%	1.70%	1.53%	2.09%	2.17%
	(1.66%-1.93%)	(1.74%-2.36%)	(1.49%-1.94%)	(1.36%-1.73%)	(1.8%-2.43%)	(1.25%-2.63%)
Perceptions of Great Risk from Using Cocaine Once a Month	66.08%	64.25%	65.50%	69.61%	62.23%	63.36%
	(65.52%-66.63%)	(63.06%-65.42%)	(64.62%-66.37%)	(68.88%-70.32%)	(61.14%-63.31%)	(61.32%-67.63%)
Past Year Heroin Use	-	-	-	-	-	-
	-	-	-	-	-	-
Perceptions of Great Risk from Trying Heroin Once or Twice	81.95%	81.66%	81.62%	83.39%	80.11%	80.99%
	(81.56%-82.33%)	(80.76%-82.52%)	(80.91%-82.31%)	(82.81%-83.96%)	(79.26%-80.94%)	(79.78%-84.07%)
Past Year Pain Reliever Misuse	3.09%	2.89%	2.97%	3.20%	3.15%	3.70%
	(2.91%-3.27%)	(2.55%-3.27%)	(2.69%-3.27%)	(2.95%-3.48%)	(2.8%-3.53%)	(2.81%-4.84%)
First Use of Marijuana[3]	2.39%	2.48%	2.56%	2.02%	2.84%	3.10
	(2.27%-2.52%)	(2.27%-2.72%)	(2.37%-2.76%)	(1.87%-2.19%)	(2.6%-3.1%)	(2.81%-4.05%)
Past Month Marijuana Use	14.11%	15.63%	14.82%	11.34%	16.83%	12.43
	(13.7%-14.52%)	(14.8%-16.5%)	(14.16%-15.5%)	(10.88%-11.82%)	(16.05%-17.64%)	(18.62%-24.33%)
Past Year Marijuana Use	20.48%	22.06%	21.34%	17.04%	24.13%	26.82%
	(19.99%-20.98%)	(21.06%-23.08%)	(20.6%-22.11%)	(16.46%-17.64%)	(23.2%-25.07%)	(24.01%-29.84%)
Perceptions of Great Risk from Smoking Marijuana Once a Month	21.03%	19.57%	17.92%	23.49%	20.85%	20.36%
	(20.48%-21.59%)	(18.56%-20.63%)	(17.11%-18.75%)	(22.77%-24.23%)	(19.88%-21.86%)	(17.07%-22.91%)
Past Month Use of Illicit Drugs[2] Other Than Marijuana	3.32%	3.45%	3.34%	2.98%	3.77%	3.90%
	(3.14%-3.51%)	(3.09%-3.85%)	(3.05%-3.65%)	(2.75%-3.23%)	(3.41%-4.16%)	(2.99%-5.08%)
Past Year Methamphetamine Use	0.95%	0.58%	1.00%	0.91%	1.26%	0.50%
	(0.84%-1.08%)	(0.44%-0.77%)	(0.83%-1.2%)	(0.76%-1.07%)	(1.01%-1.57%)	(0.94%-2.59%)
ALCOHOL among persons aged 12 or older						
Past Month Alcohol Use	48.05%	51.38%	50.76%	45.37%	47.55%	49.48%
	(47.43%-48.67%)	(50.12%-52.63%)	(49.82%-51.7%)	(44.59%-46.15%)	(46.44%-48.67%)	(42.13%-49.01%)
Past Month Binge Alcohol Use[9]	21.67%	22.62%	23.40%	20.54%	21.30%	22.92%
	(21.22%-22.14%)	(21.64%-23.64%)	(22.62%-24.21%)	(19.9%-21.2%)	(20.42%-22.2%)	(20.29%-25.8%)
Past Month Alcohol Use (12-20 Years)[8]	15.37%	17.69%	17.15%	13.84%	14.73%	16.60%
	(14.7%-16.07%)	(16.33%-19.15%)	(16.01%-18.36%)	(12.86%-14.89%)	(13.52%-16.03%)	(11.11%-16.5%)
Past Month Binge Alcohol Use (12-20 Years)[8,9]	8.40%	9.54%	10.12%	7.43%	7.72%	9.13%
	(7.89%-8.95%)	(8.38%-10.83%)	(9.07%-11.27%)	(6.54%-8.43%)	(6.72%-8.85%)	(6.38%-10.81%)
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	43.78%	42.79%	40.13%	44.97%	45.76%	44.71%
	(43.22%-44.34%)	(41.64%-43.94%)	(39.21%-41.05%)	(44.21%-45.73%)	(44.7%-46.83%)	(46.78%-52.77%)
TOBACCO among persons aged 12 or older						
Past Month Tobacco Product Use[4]	19.07%	17.27%	21.86%	20.88%	15.03%	22.26%
	(18.56%-19.59%)	(16.31%-18.27%)	(20.99%-22.76%)	(20.12%-21.66%)	(14.16%-15.95%)	(19.48%-25.31%)
Past Month Cigarette Use	15.28%	13.68%	17.66%	16.72%	12.04%	14.18%
	(14.8%-15.77%)	(12.77%-14.64%)	(16.85%-18.5%)	(16.02%-17.45%)	(11.26%-12.87%)	(15.5%-20.46%)
Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day	68.56%	70.81%	65.32%	68.07%	70.51%	70.92%
	(68.01%-69.1%)	(69.78%-71.82%)	(64.48%-66.15%)	(67.37%-68.76%)	(69.51%-71.49%)	(63.42%-68.84%)
PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT						
Illicit Drug Use Disorder[1]	-	-	-	-	-	-
	-	-	-	-	-	-
Pain Reliever Use Disorder[1]	1.89%	1.66%	2.03%	2.07%	1.62%	2.55%
	(1.74%-2.04%)	(1.41%-1.94%)	(1.8%-2.3%)	(1.86%-2.31%)	(1.39%-1.9%)	(1.78%-3.64%)
Alcohol Use Disorder[1]	10.55%	10.97%	10.62%	9.83%	11.35%	11.51%
	(10.21%-10.9%)	(10.28%-11.7%)	(10.08%-11.18%)	(9.38%-10.29%)	(10.73%-12%)	(9.83%-13.42%)
Substance Use Disorder[1]	17.00%	17.20%	17.87%	15.68%	18.22%	15.51%
	(16.58%-17.42%)	(16.34%-18.1%)	(17.18%-18.57%)	(15.12%-16.25%)	(17.39%-19.08%)	(20.25%-25.63%)
Needing But Not Receiving Treatment at a Specialty Facility for Illicit Drug Use[10]	-	-	-	-	-	-
	-	-	-	-	-	-
Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use[10]	-	-	-	-	-	-
	-	-	-	-	-	-
Needing But Not Receiving Treatment at a Specialty Facility for Substance Use[10]	75.99%	73.49%	75.28%	75.32%	79.34%	72.43%
	(74.52%-77.39%)	(70.33%-76.42%)	(73.09%-77.34%)	(73.28%-77.26%)	(77.05%-81.46%)	(65.66%-78.31%)
MENTAL HEALTH among persons aged 18 or older						
Any Mental Illness[5] in past year	8.63%	8.13%	8.96%	8.30%	9.25%	7.12%
	(8.35%-8.93%)	(7.6%-8.69%)	(8.5%-9.45%)	(7.91%-8.71%)	(8.69%-9.83%)	(8.2%-11.24%)
Serious Mental Illness[6] in past year	23.08%	21.81%	24.08%	22.48%	24.12%	25.67%
	(22.58%-23.59%)	(20.88%-22.77%)	(23.3%-24.87%)	(21.84%-23.14%)	(23.18%-25.07%)	(22.98%-28.55%)
Had serious thoughts of suicide in past year	5.86%	5.44%	6.03%	5.80%	6.12%	6.29%
	(5.62%-6.11%)	(5%-5.91%)	(5.65%-6.42%)	(5.47%-6.15%)	(5.68%-6.59%)	(5.11%-7.71%)
Received Mental Health Services[11]	21.79%	22.55%	25.31%	20.15%	20.80%	20.60%
	(21.12%-22.46%)	(21.37%-23.78%)	(24.2%-26.45%)	(19.3%-21.03%)	(19.58%-22.07%)	(16.47%-22.84%)
Major Depressive Episode[7] in past year	5.04%	4.45%	5.36%	4.96%	5.34%	5.55%
	(4.82%-5.27%)	(4.11%-4.81%)	(5.03%-5.7%)	(4.69%-5.26%)	(4.95%-5.75%)	(4.62%-6.65%)

+ 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.

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Appendix 3B. Substance Use and Mental Health, U.S. Regions & New Mexico, by Age Group, Percentages, Annual Averages Based on 2021-2022 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	7.44%	8.43%	7.61%	6.45%	8.25%	13.7%
		(6.91%-8%)	(7.44%-9.53%)	(6.88%-8.41%)	(5.81%-7.14%)	(7.27%-9.35%)	(10.46%-17.76%)
	Age 18-25	26.56%	29.18%	26.94%	22.6%	30.71%	34.77%
		(25.61%-27.54%)	(26.98%-31.47%)	(25.18%-28.78%)	(20.99%-24.3%)	(28.49%-33.03%)	(29.36%-40.61%)
	Age 26+	14.75%	16.14%	15.29%	11.98%	17.72%	22.99%
		(14.26%-15.27%)	(15.06%-17.28%)	(14.43%-16.19%)	(11.32%-12.69%)	(16.67%-18.81%)	(19.6%-26.78%)
	Age 18+	16.33%	17.83%	16.88%	13.41%	19.46%	24.59%
		(15.87%-16.81%)	(16.86%-18.85%)	(16.13%-17.65%)	(12.84%-13.99%)	(18.54%-20.41%)	(21.4%-28.09%)
Past Year Cocaine Use	Age 12-17	0.14%	0.15%	0.16%	0.14%	0.14%	0.12%
		(0.09%-0.23%)	(0.08%-0.28%)	(0.08%-0.3%)	(0.08%-0.26%)	(0.07%-0.26%)	(0.05%-0.3%)
	Age 18-25	3.69%	3.99%	3.62%	2.98%	4.69%	3.43%
		(3.29%-4.14%)	(3.35%-4.75%)	(3.15%-4.16%)	(2.59%-3.43%)	(3.91%-5.62%)	(2.25%-5.19%)
	Age 26+	1.68%	1.93%	1.58%	1.48%	1.92%	1.77%
		(1.54%-1.84%)	(1.61%-2.33%)	(1.34%-1.86%)	(1.27%-1.72%)	(1.59%-2.31%)	(1.15%-2.71%)
	Age 18+	1.95%	2.2%	1.86%	1.68%	2.29%	2%
		(1.81%-2.11%)	(1.89%-2.56%)	(1.63%-2.12%)	(1.49%-1.9%)	(1.97%-2.66%)	(1.37%-2.89%)
Perceptions of Great Risk from Using Cocaine Once a Month	Age 12-17	49.31%	48.78%	48.43%	51.15%	47.41%	48.9%
		(48.31%-50.31%)	(46.92%-50.64%)	(46.87%-50%)	(49.74%-52.56%)	(45.49%-49.34%)	(44.28%-53.55%)
	Age 18-25	58.74%	56.66%	58.16%	62.36%	54.93%	55.83%
		(57.73%-59.75%)	(54.55%-58.74%)	(56.42%-59.87%)	(60.7%-64%)	(52.76%-57.09%)	(51.07%-60.48%)
	Age 26+	69.16%	66.99%	68.69%	72.93%	65.11%	67.82%
		(68.5%-69.81%)	(65.57%-68.39%)	(67.61%-69.75%)	(72.03%-73.82%)	(63.77%-66.41%)	(64.02%-71.39%)
	Age 18+	67.76%	65.64%	67.25%	71.51%	63.74%	66.18%
		(67.16%-68.35%)	(64.37%-66.9%)	(66.3%-68.17%)	(70.74%-72.28%)	(62.55%-64.91%)	(62.7%-69.5%)
Past Year Heroin Use	Age 12-17	-	-	-	-	-	-
		-	-	-	-	-	-
	Age 18-25	0.18%	0.22%	0.21%	0.16%	0.17%	0.14%
		(0.13%-0.26%)	(0.14%-0.37%)	(0.13%-0.33%)	(0.1%-0.26%)	(0.09%-0.32%)	(0.05%-0.38%)
	Age 26+	0.45%	0.53%	0.43%	0.49%	0.37%	0.44%
		(0.38%-0.54%)	(0.36%-0.76%)	(0.31%-0.59%)	(0.37%-0.64%)	(0.25%-0.55%)	(0.21%-0.91%)
	Age 18+	0.42%	0.49%	0.4%	0.45%	0.34%	0.4%
		(0.35%-0.5%)	(0.34%-0.7%)	(0.29%-0.55%)	(0.34%-0.58%)	(0.23%-0.51%)	(0.2%-0.81%)
Perceptions of Great Risk from Trying Heroin Once or Twice	Age 12-17	56.44%	55.79%	55.62%	57.84%	55.28%	59.26%
		(55.36%-57.5%)	(53.79%-57.77%)	(53.96%-57.27%)	(56.46%-59.21%)	(53.36%-57.19%)	(54.31%-64.02%)
	Age 18-25	77.94%	78.26%	77.93%	78.93%	76.11%	76.67%
		(77.05%-78.8%)	(76.66%-79.78%)	(76.71%-79.11%)	(77.88%-79.95%)	(74.55%-77.61%)	(72.44%-80.42%)
	Age 26+	85.5%	84.83%	85.26%	87.1%	83.62%	85.61%
		(85.04%-85.94%)	(83.78%-85.82%)	(84.45%-86.04%)	(86.42%-87.75%)	(82.59%-84.59%)	(82.96%-87.91%)
	Age 18+	84.48%	83.97%	84.26%	86%	82.61%	84.39%
		(84.07%-84.89%)	(83.03%-84.87%)	(83.53%-84.96%)	(85.4%-86.58%)	(81.7%-83.48%)	(82.01%-86.51%)
Past Year Pain Reliever Misuse	Age 12-17	1.85%	1.81%	1.74%	1.9%	1.87%	2.06%
		(1.6%-2.14%)	(1.47%-2.23%)	(1.43%-2.12%)	(1.6%-2.26%)	(1.5%-2.33%)	(1.36%-3.12%)
	Age 18-25	3.15%	2.89%	2.98%	3.26%	3.31%	3.96%
		(2.84%-3.49%)	(2.4%-3.47%)	(2.57%-3.46%)	(2.85%-3.72%)	(2.74%-3.99%)	(2.56%-6.09%)
	Age 26+	3.22%	3.01%	3.11%	3.35%	3.27%	3.86%
		(3.01%-3.45%)	(2.61%-3.46%)	(2.78%-3.48%)	(3.05%-3.69%)	(2.86%-3.74%)	(2.83%-5.23%)
	Age 18+	3.21%	2.99%	3.09%	3.34%	3.28%	3.87%
		(3.02%-3.42%)	(2.63%-3.4%)	(2.8%-3.42%)	(3.06%-3.64%)	(2.9%-3.69%)	(2.91%-5.14%)
First Use of Marijuana[3]	Age 12-17	4.43%	4.4%	4.52%	4.18%	4.81%	7.24%
		(4.12%-4.77%)	(3.95%-4.9%)	(4.12%-4.95%)	(3.83%-4.55%)	(4.3%-5.37%)	(5.59%-9.34%)
	Age 18-25	8.51%	9.25%	9.31%	7.24%	9.53%	13%
		(7.95%-9.1%)	(8.31%-10.29%)	(8.53%-10.16%)	(6.66%-7.87%)	(8.56%-10.59%)	(10.07%-16.64%)
	Age 26+	0.98%	1.07%	1%	0.76%	1.31%	1.18%
		(0.87%-1.1%)	(0.88%-1.29%)	(0.84%-1.18%)	(0.64%-0.9%)	(1.08%-1.59%)	(0.81%-1.72%)
	Age 18+	2.03%	2.16%	2.18%	1.65%	2.47%	2.64%
		(1.9%-2.16%)	(1.93%-2.42%)	(1.98%-2.41%)	(1.49%-1.83%)	(2.21%-2.76%)	(2.09%-3.34%)

+ 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.

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Appendix 3B. Substance Use and Mental Health, U.S. Regions & New Mexico, by Age Group, Percentages, Annual Averages Based on 2021-2022 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	6.25% (5.77%-6.76%)	6.59% (5.76%-7.52%)	6.28% (5.61%-7.03%)	5.53% (4.93%-6.2%)	7.17% (6.26%-8.2%)	12.4% (9.4%-16.19%)
	Age 18-25	25.27% (24.33%-26.24%)	27.66% (25.38%-30.07%)	25.94% (24.04%-27.94%)	21.63% (19.89%-23.48%)	28.83% (26.61%-31.16%)	33.57% (28.33%-39.24%)
	Age 26+	13.3% (12.84%-13.78%)	14.78% (13.81%-15.82%)	14.08% (13.3%-14.9%)	10.45% (9.89%-11.04%)	16.12% (15.18%-17.11%)	20.51% (17.4%-24.01%)
	Age 18+	14.91% (14.47%-15.35%)	16.46% (15.56%-17.4%)	15.7% (14.98%-16.44%)	11.95% (11.45%-12.46%)	17.82% (16.98%-18.7%)	22.28% (19.37%-25.5%)
Past Year Marijuana Use	Age 12-17	11.19% (10.56%-11.86%)	11.58% (10.36%-12.93%)	11.67% (10.71%-12.7%)	9.98% (9.19%-10.83%)	12.5% (11.24%-13.87%)	19.24% (15.33%-23.87%)
	Age 18-25	37.27% (36.22%-38.32%)	39.84% (37.64%-42.08%)	38.92% (37.04%-40.82%)	32.35% (30.68%-34.07%)	41.86% (39.52%-44.24%)	45.07% (39.54%-50.72%)
	Age 26+	18.98% (18.42%-19.55%)	20.5% (19.3%-21.76%)	19.72% (18.8%-20.67%)	15.52% (14.79%-16.29%)	22.76% (21.63%-23.93%)	24.89% (21.65%-28.43%)
	Age 18+	21.43% (20.9%-21.96%)	23.01% (21.95%-24.11%)	22.34% (21.54%-23.17%)	17.78% (17.15%-18.42%)	25.32% (24.32%-26.34%)	27.63% (24.6%-30.88%)
Perceptions of Great Risk from Smoking Marijuana Once a Month	Age 12-17	20.98% (20.17%-21.81%)	20.25% (18.67%-21.93%)	19.33% (18.12%-20.59%)	23.64% (22.47%-24.85%)	18.56% (17.05%-20.17%)	16.83% (13.53%-20.74%)
	Age 18-25	10.75% (10.14%-11.38%)	10% (8.89%-11.23%)	9.32% (8.46%-10.26%)	11.61% (10.68%-12.61%)	11.16% (9.97%-12.46%)	9.77% (7.31%-12.95%)
	Age 26+	22.63% (21.96%-23.31%)	20.94% (19.72%-22.21%)	19.11% (18.11%-20.16%)	25.32% (24.4%-26.26%)	22.63% (21.41%-23.9%)	21.79% (18.49%-25.49%)
	Age 18+	21.04% (20.44%-21.64%)	19.51% (18.44%-20.63%)	17.77% (16.91%-18.67%)	23.47% (22.69%-24.28%)	21.09% (20.03%-22.18%)	20.15% (17.21%-23.44%)
Past Month Use of Illicit Drugs[2] Other Than Marijuana	Age 12-17	1.79% (1.55%-2.06%)	1.77% (1.44%-2.17%)	1.79% (1.48%-2.17%)	1.81% (1.52%-2.15%)	1.77% (1.42%-2.21%)	1.77% (1.14%-2.73%)
	Age 18-25	4.29% (3.93%-4.68%)	4.98% (4.25%-5.84%)	4.3% (3.77%-4.9%)	3.71% (3.29%-4.18%)	4.71% (4.05%-5.47%)	4.95% (3.46%-7.05%)
	Age 26+	3.35% (3.13%-3.59%)	3.4% (2.98%-3.87%)	3.37% (3.03%-3.75%)	3.01% (2.73%-3.32%)	3.86% (3.43%-4.34%)	4% (2.94%-5.43%)
	Age 18+	3.48% (3.28%-3.69%)	3.6% (3.22%-4.03%)	3.49% (3.18%-3.83%)	3.1% (2.85%-3.37%)	3.97% (3.58%-4.4%)	4.13% (3.14%-5.43%)
Past Year Methamphetamine Use	Age 12-17	0.1% (0.06%-0.17%)	0.09% (0.04%-0.23%)	0.09% (0.04%-0.22%)	0.11% (0.05%-0.25%)	0.11% (0.04%-0.27%)	0.11% (0.03%-0.4%)
	Age 18-25	0.5% (0.38%-0.67%)	0.46% (0.29%-0.75%)	0.72% (0.48%-1.09%)	0.42% (0.29%-0.61%)	0.48% (0.29%-0.78%)	0.56% (0.25%-1.25%)
	Age 26+	1.12% (0.98%-1.28%)	0.65% (0.48%-0.88%)	1.15% (0.95%-1.39%)	1.08% (0.9%-1.28%)	1.51% (1.2%-1.91%)	1.9% (1.12%-3.19%)
	Age 18+	1.04% (0.92%-1.17%)	0.63% (0.47%-0.83%)	1.09% (0.91%-1.31%)	0.99% (0.83%-1.17%)	1.38% (1.1%-1.72%)	1.72% (1.03%-2.85%)
ALCOHOL among persons aged 12 or older							
Past Month Alcohol Use	Age 12-17	7.03% (6.52%-7.58%)	7.34% (6.44%-8.36%)	8% (7.22%-8.86%)	6.5% (5.88%-7.17%)	6.85% (5.98%-7.83%)	7.27% (5.3%-9.9%)
	Age 18-25	50.57% (49.48%-51.67%)	55.65% (53.44%-57.85%)	54.42% (52.66%-56.17%)	47.18% (45.6%-48.76%)	48.96% (46.83%-51.09%)	47.11% (41.95%-52.33%)
	Age 26+	52.46% (51.72%-53.2%)	55.36% (53.84%-56.87%)	55.3% (54.11%-56.49%)	49.77% (48.76%-50.78%)	52.16% (50.77%-53.54%)	50.01% (45.88%-54.15%)
	Age 18+	52.21% (51.54%-52.88%)	55.4% (54.05%-56.75%)	55.18% (54.15%-56.2%)	49.42% (48.56%-50.28%)	51.73% (50.51%-52.95%)	49.62% (45.9%-53.34%)
Past Month Binge Alcohol Use[9]	Age 12-17	3.63% (3.26%-4.04%)	4.07% (3.47%-4.76%)	4.3% (3.75%-4.93%)	3.16% (2.76%-3.61%)	3.52% (2.94%-4.2%)	3.52% (2.39%-5.15%)
	Age 18-25	29.73% (28.78%-30.69%)	33.53% (31.73%-35.37%)	32.49% (31.05%-33.97%)	26.96% (25.74%-28.23%)	28.97% (27.21%-30.8%)	28.91% (24.58%-33.66%)
	Age 26+	22.54% (22.01%-23.09%)	22.95% (21.78%-24.16%)	24.25% (23.32%-25.21%)	21.64% (20.87%-22.43%)	22.22% (21.18%-23.29%)	24.37% (21.32%-27.7%)
	Age 18+	23.51% (23.01%-24.01%)	24.32% (23.25%-25.42%)	25.38% (24.52%-26.26%)	22.35% (21.65%-23.07%)	23.12% (22.17%-24.1%)	24.99% (22.11%-28.1%)
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	Age 12-17	41.48% (40.45%-42.51%)	40.49% (38.99%-42%)	39.02% (37.69%-40.36%)	42.73% (41.55%-43.91%)	42.25% (40.67%-43.84%)	45% (41.17%-48.89%)
	Age 18-25	38.71% (37.78%-39.64%)	37.8% (36.32%-39.31%)	35.02% (33.78%-36.28%)	39.92% (38.81%-41.03%)	40.69% (39.12%-42.28%)	42.41% (38.76%-46.16%)
	Age 26+	44.83% (44.16%-45.51%)	43.77% (42.47%-45.08%)	41.07% (39.99%-42.16%)	46.02% (45.13%-46.92%)	46.97% (45.73%-48.21%)	51.52% (48.14%-54.89%)
	Age 18+	44.01% (43.4%-44.62%)	43% (41.8%-44.2%)	40.24% (39.27%-41.23%)	45.2% (44.39%-46.02%)	46.12% (44.99%-47.26%)	50.28% (47.17%-53.39%)

+ 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.

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Appendix 3B. Substance Use and Mental Health, U.S. Regions & New Mexico, by Age Group, Percentages, Annual Averages Based on 2021-2022 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	2.43%	2.62%	2.88%	2.31%	2.09%	2.89%
		(2.1%-2.8%)	(2.16%-3.18%)	(2.42%-3.43%)	(1.97%-2.71%)	(1.69%-2.58%)	(1.85%-4.47%)
	Age 18-25	16.44%	15%	18.78%	16.73%	14.91%	21.66%
		(15.74%-17.15%)	(13.74%-16.36%)	(17.67%-19.94%)	(15.8%-17.7%)	(13.72%-16.19%)	(17.58%-26.38%)
	Age 26+	21.42%	19.15%	24.62%	23.76%	16.59%	24.73%
		(20.81%-22.05%)	(17.98%-20.36%)	(23.54%-25.72%)	(22.82%-24.73%)	(15.52%-17.72%)	(21.34%-28.47%)
	Age 18+	20.76%	18.61%	23.82%	22.82%	16.36%	24.31%
		(20.2%-21.32%)	(17.56%-19.71%)	(22.86%-24.81%)	(21.97%-23.68%)	(15.4%-17.38%)	(21.26%-27.65%)
Past Month Cigarette Use	Age 12-17	1.45%	1.28%	1.72%	1.28%	1.62%	2.15%
		(1.2%-1.75%)	(1%-1.64%)	(1.36%-2.16%)	(1.03%-1.58%)	(1.23%-2.12%)	(1.23%-3.73%)
	Age 18-25	11.27%	10.37%	13.64%	11.1%	10.06%	17.81%
		(10.66%-11.9%)	(9.09%-11.82%)	(12.61%-14.74%)	(10.32%-11.92%)	(9.03%-11.2%)	(13.7%-22.84%)
	Age 26+	17.51%	15.47%	20.2%	19.45%	13.58%	19.77%
		(16.94%-18.1%)	(14.36%-16.66%)	(19.19%-21.25%)	(18.56%-20.37%)	(12.62%-14.61%)	(16.99%-22.88%)
	Age 18+	16.68%	14.81%	19.31%	18.33%	13.11%	19.51%
		(16.16%-17.21%)	(13.82%-15.87%)	(18.41%-20.23%)	(17.55%-19.14%)	(12.25%-14.03%)	(16.93%-22.38%)
Perceptions of Great Risk from Smoking One or More Packs of Cigarettes per Day	Age 12-17	62.13%	64.18%	61.78%	61.35%	62.36%	57.07%
		(61.09%-63.16%)	(62.24%-66.08%)	(60.2%-63.33%)	(60.09%-62.59%)	(60.43%-64.25%)	(51.88%-62.11%)
	Age 18-25	63.35%	65.98%	61.46%	62.95%	63.81%	53.59%
		(62.44%-64.26%)	(64.07%-67.85%)	(60%-62.89%)	(61.63%-64.24%)	(61.93%-65.65%)	(48.24%-58.86%)
	Age 26+	70.11%	72.22%	66.35%	69.66%	72.51%	69.29%
		(69.44%-70.77%)	(71.01%-73.4%)	(65.35%-67.34%)	(68.81%-70.5%)	(71.33%-73.67%)	(66.16%-72.25%)
	Age 18+	69.2%	71.41%	65.68%	68.76%	71.35%	67.15%
		(68.61%-69.79%)	(70.32%-72.48%)	(64.78%-66.57%)	(68%-69.51%)	(70.27%-72.4%)	(64.28%-69.91%)
PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT							
Illicit Drug Use Disorder[1]	Age 12-17	-	-	-	-	-	-
		-	-	-	-	-	-
	Age 18-25	-	-	-	-	-	-
		-	-	-	-	-	-
	Age 26+	-	-	-	-	-	-
		-	-	-	-	-	-
	Age 18+	-	-	-	-	-	-
		-	-	-	-	-	-
Pain Reliever Use Disorder[1]	Age 12-17	1.04%	0.95%	0.94%	1.09%	1.12%	1.3%
		(0.87%-1.25%)	(0.73%-1.23%)	(0.74%-1.2%)	(0.88%-1.35%)	(0.86%-1.48%)	(0.8%-2.13%)
	Age 18-25	1.21%	1.11%	1.1%	1.28%	1.27%	1.53%
		(1.02%-1.44%)	(0.84%-1.48%)	(0.85%-1.42%)	(0.99%-1.65%)	(0.93%-1.74%)	(0.93%-2.51%)
	Age 26+	2.09%	1.81%	2.31%	2.32%	1.74%	2.87%
		(1.91%-2.28%)	(1.52%-2.16%)	(2.02%-2.64%)	(2.06%-2.6%)	(1.45%-2.08%)	(1.91%-4.28%)
	Age 18+	1.97%	1.72%	2.15%	2.18%	1.67%	2.68%
		(1.82%-2.14%)	(1.46%-2.03%)	(1.89%-2.44%)	(1.95%-2.43%)	(1.42%-1.97%)	(1.85%-3.89%)
Alcohol Use Disorder[1]	Age 12-17	3.32%	3.38%	3.31%	3.15%	3.58%	4.57%
		(2.96%-3.72%)	(2.82%-4.04%)	(2.83%-3.86%)	(2.73%-3.62%)	(2.96%-4.32%)	(3.01%-6.87%)
	Age 18-25	15.93%	16.32%	16%	14.87%	17.28%	18.17%
		(15.19%-16.69%)	(14.94%-17.8%)	(14.94%-17.13%)	(13.92%-15.87%)	(15.84%-18.82%)	(14.48%-22.56%)
	Age 26+	10.57%	10.97%	10.64%	9.85%	11.35%	11.31%
		(10.16%-10.99%)	(10.17%-11.83%)	(10.02%-11.3%)	(9.33%-10.4%)	(10.62%-12.12%)	(9.48%-13.44%)
	Age 18+	11.28%	11.67%	11.38%	10.52%	12.14%	12.24%
		(10.91%-11.67%)	(10.92%-12.46%)	(10.79%-11.98%)	(10.04%-11.03%)	(11.47%-12.85%)	(10.45%-14.29%)
Substance Use Disorder[1]	Age 12-17	8.95%	8.58%	9.46%	8.45%	9.57%	16.01%
		(8.36%-9.58%)	(7.57%-9.7%)	(8.56%-10.45%)	(7.75%-9.21%)	(8.43%-10.85%)	(12.33%-20.54%)
	Age 18-25	27.01%	27.23%	28.28%	24.83%	29.23%	36.83%
		(26.08%-27.96%)	(25.48%-29.05%)	(26.86%-29.74%)	(23.61%-26.09%)	(27.53%-30.99%)	(31.63%-42.35%)
	Age 26+	16.4%	16.61%	17.23%	15.13%	17.54%	21.46%
		(15.92%-16.89%)	(15.6%-17.68%)	(16.41%-18.07%)	(14.45%-15.84%)	(16.55%-18.58%)	(18.51%-24.74%)
	Age 18+	17.82%	17.99%	18.74%	16.43%	19.11%	23.55%
		(17.37%-18.27%)	(17.08%-18.95%)	(18%-19.49%)	(15.83%-17.05%)	(18.22%-20.04%)	(20.83%-26.51%)

+ 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.

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Appendix 3B. Substance Use and Mental Health, U.S. Regions & New Mexico, by Age Group, Percentages, Annual Averages Based on 2021-2022 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	-	-	-	-	-	-
		-	-	-	-	-	-
	Age 18-25	-	-	-	-	-	-
		-	-	-	-	-	-
	Age 26+	-	-	-	-	-	-
		-	-	-	-	-	-
	Age 18+	-	-	-	-	-	-
		-	-	-	-	-	-
Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use[10]	Age 12-17	-	-	-	-	-	-
		-	-	-	-	-	-
	Age 18-25	-	-	-	-	-	-
		-	-	-	-	-	-
	Age 26+	-	-	-	-	-	-
		-	-	-	-	-	-
	Age 18+	-	-	-	-	-	-
		-	-	-	-	-	-
Needing But Not Receiving Treatment at a Specialty Facility for Substance Use[10]	Age 12-17	59.98%	64.87%	57.08%	58.82%	61.92%	-
		(56.07%-63.77%)	(58.95%-70.35%)	(52.3%-61.74%)	(54.5%-63%)	(56.03%-67.48%)	-
	Age 18-25	83.56%	86.01%	80.96%	83.01%	84.91%	81.78%
		(81.67%-85.29%)	(83.33%-88.32%)	(78.21%-83.43%)	(80.62%-85.16%)	(82.05%-87.38%)	(74.16%-87.53%)
	Age 26+	75.27%	71.02%	75.16%	74.82%	79.11%	72.04%
		(73.43%-77.02%)	(67.15%-74.61%)	(72.42%-77.71%)	(72.3%-77.18%)	(76.23%-81.74%)	(62.88%-79.68%)
	Age 18+	76.9%	73.85%	76.33%	76.41%	80.29%	74.15%
		(75.37%-78.37%)	(70.57%-76.88%)	(74.04%-78.48%)	(74.26%-78.44%)	(77.9%-82.49%)	(66.85%-80.32%)
MENTAL HEALTH among persons aged 18 or older							
Any Mental Illness in past year[5]	Age 18-25	19.68%	19.08%	19.4%	18.98%	21.5%	21.81%
		(18.9%-20.49%)	(17.64%-20.6%)	(18.27%-20.58%)	(18.03%-19.97%)	(20%-23.07%)	(18.19%-25.93%)
	Age 26+	6.92%	6.5%	7.31%	6.65%	7.35%	7.69%
		(6.63%-7.23%)	(5.94%-7.11%)	(6.82%-7.84%)	(6.23%-7.1%)	(6.76%-7.98%)	(6.19%-9.52%)
	Age 18+	8.63%	8.13%	8.96%	8.3%	9.25%	9.61%
		(8.35%-8.93%)	(7.6%-8.69%)	(8.5%-9.45%)	(7.91%-8.71%)	(8.69%-9.83%)	(8.2%-11.24%)
Serious Mental Illness[6] in past year	Age 18-25	35.34%	34.61%	36.57%	33.89%	37.11%	39.69%
		(34.38%-36.31%)	(32.76%-36.51%)	(35.16%-38.01%)	(32.6%-35.2%)	(35.29%-38.96%)	(34.88%-44.71%)
	Age 26+	21.19%	19.91%	22.1%	20.72%	22.1%	23.46%
		(20.65%-21.74%)	(18.89%-20.96%)	(21.24%-22.99%)	(20.01%-21.45%)	(21.08%-23.17%)	(20.51%-26.69%)
	Age 18+	23.08%	21.81%	24.08%	22.48%	24.12%	25.67%
		(22.58%-23.59%)	(20.88%-22.77%)	(23.3%-24.87%)	(21.84%-23.14%)	(23.18%-25.07%)	(22.98%-28.55%)
Had serious thoughts of suicide in past year	Age 18-25	11.79%	11.09%	11.72%	11.68%	12.53%	12.88%
		(11.19%-12.42%)	(10.04%-12.22%)	(10.89%-12.6%)	(10.87%-12.54%)	(11.42%-13.72%)	(10.07%-16.32%)
	Age 26+	4.94%	4.6%	5.12%	4.89%	5.13%	5.25%
		(4.69%-5.21%)	(4.13%-5.12%)	(4.72%-5.56%)	(4.54%-5.27%)	(4.66%-5.64%)	(4.03%-6.8%)
	Age 18+	5.86%	5.44%	6.03%	5.8%	6.12%	6.29%
		(5.62%-6.11%)	(5%-5.91%)	(5.65%-6.42%)	(5.47%-6.15%)	(5.68%-6.59%)	(5.11%-7.71%)
Received Mental Health Services[11]	Age 18-25	26.68%	29.97%	30.88%	23.83%	25.24%	24.17%
		(25.53%-27.87%)	(27.87%-32.16%)	(29.15%-32.66%)	(22.39%-25.33%)	(23.23%-27.36%)	(20%-28.9%)
	Age 26+	21.02%	21.42%	24.41%	19.57%	20.1%	18.7%
		(20.28%-21.77%)	(20.11%-22.8%)	(23.17%-25.7%)	(18.62%-20.56%)	(18.74%-21.54%)	(15.35%-22.59%)
	Age 18+	21.79%	22.55%	25.31%	20.15%	20.8%	19.46%
		(21.12%-22.46%)	(21.37%-23.78%)	(24.2%-26.45%)	(19.3%-21.03%)	(19.58%-22.07%)	(16.47%-22.84%)
Major Depressive Episode in past year[7]	Age 12-17	13.16%	12.6%	13.49%	12.87%	13.73%	12.95%
		(12.53%-13.83%)	(11.49%-13.8%)	(12.56%-14.48%)	(12.05%-13.74%)	(12.56%-14.99%)	(10.36%-16.06%)
	Age 18-25	13.54%	12.38%	13.86%	13.24%	14.59%	16.02%
		(12.92%-14.19%)	(11.13%-13.74%)	(12.86%-14.91%)	(12.32%-14.22%)	(13.33%-15.95%)	(12.86%-19.78%)
	Age 26+	3.73%	3.26%	4.01%	3.68%	3.9%	3.9%
		(3.5%-3.97%)	(2.92%-3.64%)	(3.67%-4.39%)	(3.39%-4%)	(3.51%-4.35%)	(2.99%-5.08%)
	Age 18+	5.04%	4.45%	5.36%	4.96%	5.34%	5.55%
		(4.82%-5.27%)	(4.11%-4.81%)	(5.03%-5.7%)	(4.69%-5.26%)	(4.95%-5.75%)	(4.62%-6.65%)

+ 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

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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		

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