What’s New Since Last Time?

- All reporting updated through 2009
- Mental health data added
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Section 1

Consequences
Excessive Drinking and Related Outcomes

- **Binge drinking**: for men, five or more drinks on a single occasion; for women, four or more drinks on a single occasion (NIAAA)

- Motor Vehicle Crashes
- Unintentional injuries (e.g., falls, drug overdose)
- Interpersonal Violence
- HIV, STDs
- Unintended Pregnancy
- FAS, SIDS
Excessive Drinking and Related Outcomes

Heavy drinking: for men, more than two drinks per day; for women, more than one drink per day (NIAAA)

Binge Drinking

Motor Vehicle Crashes
Unintentional injuries (e.g., falls, drug overdose)
Interpersonal Violence
HIV, STDs
Unintended Pregnancy
FAS, SIDS
Alcohol Dependence
Alcohol-Related Chronic Disease
Alcohol-related death includes 54 causes of death considered to be alcohol-related:
- 18 injury categories
- 36 chronic diseases

Source: NMDOH BVRHS death files; CDC ARDI; NMDOH SAEP
Over the last 20 years, NM rates have been stable or trending slightly upward while US rates have decreased.
A third of NM counties have rates more than twice the US rate.

Rio Arriba and McKinley counties have rates more than 3.5 times the US rate.
More than a third of counties have rates more than twice the US rate.

Rio Arriba and McKinley counties have rates more than 3.5 times the US rate.
Only one NM county has a rate less than the US rate

More than a third of NM counties have rates more than twice the US rate

Rio Arriba County’s rate is more than 3 times the US rate
The alcohol-impaired motor vehicle traffic crash fatality rate decreased almost 40% from 2004 to 2008.

Chart 1: Alcohol-Impaired MVTC Fatality Rates*, New Mexico and United States, 1982-2009

* 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); and per 100,000 population (NM); 2009 rates per 100M VMT not yet available at time of report

Source: National Highway Traffic Safety Administration (NHTSA) Fatality Analysis Reporting System (FARS); NCHS (population)
ALCOHOL-RELATED INJURY DEATH

– Falls injuries emerged as the leading cause of alcohol-related injury death

Chart 1: Top 3 Leading Causes of Alcohol-Related Injury Death (from 2005-2009), New Mexico, 1981-2009

* Rates reflect only alcohol-related portion of deaths from cause
** Rates are rolling 3-year average per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-BBER population files; CDC ARDI; SAEP
Chart 1: Leading Causes of Alcohol-Related Chronic Disease Death, New Mexico, 2005-2009

Alcohol-related* deaths due to:

<table>
<thead>
<tr>
<th>Cause</th>
<th>Rate **</th>
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<tr>
<td>Chronic liver disease</td>
<td>13.4</td>
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<tr>
<td>Alcohol dependence</td>
<td>5.4</td>
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<tr>
<td>Hypertension</td>
<td>0.8</td>
</tr>
<tr>
<td>Alcohol abuse</td>
<td>0.6</td>
</tr>
<tr>
<td>Stroke, hemorrhagic</td>
<td>0.4</td>
</tr>
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* Rates reflect only alcohol-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-BBER population files; CDC ARDI; SAEP
Alcohol-related chronic liver disease (AR-CLD) is the leading cause of alcohol-related death in NM.

AR-CLD death rate (13.4 per 100,000) is almost twice the next leading cause (falls injuries).

Chart 1: Leading Causes of Alcohol-Related Chronic Disease Death

Alcohol-related* deaths due to:

- Chronic liver disease: 13.4
- Alcohol dependence: 5.4
- Hypertension: 0.8
- Alcohol abuse: 0.6
- Stroke, hemorrhagic: 0.4

* Rates reflect only alcohol-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-BBER population files; CDC ARDI; SAEP
A third of NM counties have rates more than twice the US rate.

Rio Arriba and McKinley counties have rates more than 4 times the US rate.
**ALCOHOL-RELATED CHRONIC LIVER DISEASE (CLD) DEATH**

**Chart 1: Alcohol-Related CLD Death Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2005-2009**

* Age-specific rates per 100,000

Sources: NMDOH BVRHS death files and UNM-BBER population files; CDC ARDI; SAEP

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More than 75% of AR-CLD deaths occur before age 65.

The disparities in the burden of AR-CLD are enormous.

American Indian and Hispanic male AR-CLD death rates are 2.5 to 6 times White male rates across the age range.

American Indian female rates are 2 to 8 times White female rates across the age range.

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* Chart 1: Alcohol-Related CLD Death Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2005-2009

* Age-specific rates per 100,000

Sources: NMDOH BVRHS death files and UNM-BBER population files; CDC ARDI; SAEP
Chart 1: Drug-Induced Death Rates* by Cause Category, New Mexico, 2000-2009

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

Sources: NMDOH BVRHS death files and UNM-BBER population files
– Rio Arriba County’s rate is more than 4 times the US rate

– Almost a third of NM counties have rates more than twice the US rate

– Only two NM counties have rates less than the US rate
**Prescription drugs have emerged as a major cause of drug overdose death**
In 2003-2007, only six NM counties had rates greater than the US rate.

In 2005-2009, the NM’s rate increased 11%, and 16 counties had rates greater than the US rate.

White rates (both male and female) are higher than other race/ethnic groups, across the age range.
The top 5 counties have rates more than 25% higher than US.
Chart 1: Suicide Rates*, New Mexico and United States, 1981-2009

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

Source: NMDOH BVRHS death files and UNM-BBER population files (NM); CDC Wonder (US)
Chart 1: Suicide Rates*, New Mexico and United States, 1981-2009

- NM has ranked in the top 5 for all but one year during this 29-year period
- NM rates have been 1.5 to 1.9 times the US rate throughout this period

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

Source: NMDOH BVRHS death files and UNM-BBER population files (NM); CDC Wonder (US)
Chart 2: Suicide Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2005-2009

* Age-specific rates per 100,000

Sources: NMDOH BVRHS death files and UNM-BBER population files; CDC ARDI; SAEP

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* Rate

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Chart 2: Suicide Rates* by Age, Sex, and Race/Ethnicity, New Mexico, 2005-2009

* Age-specific rates per 100,000
Sources: NMDOH BVRHS death files and UNM-BBER population files; CDC ARDI; SAEP

- American Indian male rates are highest from ages 15-44
- White male rates are highest for ages 45+

American Indian
Hispanic
White
In 2006, the BRFSS assessed current depression using Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) criteria.

Eight questions from the Patient Health Questionnaire (PHQ-8) were used to establish a provisional depressive disorder diagnosis.
**Rates of depressive disorder by Race/Ethnicity, New Mexico, 2006**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent (%)</th>
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<tbody>
<tr>
<td>Asian/Pacific Islander</td>
<td>12.9</td>
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<tr>
<td>Hispanic</td>
<td>11.6</td>
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<tr>
<td>American Indian</td>
<td>10.1</td>
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<tr>
<td>New Mexico</td>
<td>9.3</td>
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<tr>
<td>White</td>
<td>7.9</td>
</tr>
<tr>
<td>Black</td>
<td>4.9</td>
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</table>

- BRFSS allows us to report depression rates
  - By geography
  - By demographic groups
  - By other risk factors

**Chart 4: Unhealthy Behaviors by Depression Status and Sex, New Mexico, 2006**

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

\[\text{Source: BRFSS; SAEP (NOTE: Brackets around reported rates are 95% confidence intervals)} \]
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; SAEP (NOTE: Brackets around reported rates are 95% confidence intervals)

– BRFSS allows us to report depression rates
  • By geography
  • By demographic groups
  • By other risk factors

– PHQ-8 drawbacks
  • Relatively high-cost (8 questions)
  • Doesn’t support comparison to other states or US

* 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; SAEP (NOTE: Brackets around reported rates are 95% confidence intervals)
We also included a MH indicator called “Frequent Mental Distress” (FMD).

Single BRFSS question: “How many days during the past 30 days was your mental health not good?”

Respondents reporting “14 or more days in past 30” when MH was not good classified with FMD.
Frequent Mental Distress definition: respondent reported 14 or more days in past 30 days when mental health was "not good"

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

Chart 1: Frequent Mental Distress (past 30 days)* by Selected Characteristics, Adults Aged 18+, New Mexico, 2006

- Health excellent/very good
- Income $50,000+
- College degree
- All New Mexico adults
- < High school education
- Obese (BMI >= 30)
- < 150% Federal Poverty Level
- Diabetes (ever diagnosed)
- Current asthma
- History of suicide attempt/no past-year suicidal ideation
- Income < $15,000
- Health fair/poor
- Anxiety (ever diagnosed)
- Alcohol dependence or abuse (2007)
- Past-year suicidal ideation/no history of suicide attempt
- Current depression
- Past-year suicidal ideation/history of suicide attempt

Prevalence (%)

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

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

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

Chart 1: Frequent Mental Distress (past 30 days)* by Selected Characteristics, Adults Aged 18+, New Mexico, 2006

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

- FMD is a reasonable low-cost community MH indicator
  - Collected annually
  - Low-cost (one question)
  - Can be compared to other states and US
  - Strongly associated with serious psychological morbidity
  - Can be associated with other risk factors (e.g., chronic diseases, poverty)

Source: BRFSS; SAEP (NOTE: Brackets around reported rates are 95% confidence intervals)
**YOUTH MENTAL HEALTH**

**Chart 1. Persistent Sadness or Hopelessness*, Grades 9-12, New Mexico and US, 2001-2009**

<table>
<thead>
<tr>
<th>Year</th>
<th>NM</th>
<th>US</th>
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<tbody>
<tr>
<td>2003</td>
<td>31.9</td>
<td>28.7</td>
</tr>
<tr>
<td>2005</td>
<td>31.5</td>
<td>28.5</td>
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<tr>
<td>2007</td>
<td>30.8</td>
<td>28.5</td>
</tr>
<tr>
<td>2009</td>
<td>29.7</td>
<td>26.1</td>
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</table>

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

**Chart 1. Seriously Considered Suicide (past 12 months), Grades 9-12, New Mexico and US, 2001-2009**

<table>
<thead>
<tr>
<th>Year</th>
<th>NM</th>
<th>US</th>
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<tr>
<td>2003</td>
<td>20.7</td>
<td>16.9</td>
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<tr>
<td>2005</td>
<td>18.5</td>
<td>16.9</td>
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<tr>
<td>2007</td>
<td>19.3</td>
<td>14.5</td>
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<td>2009</td>
<td>15.9</td>
<td>13.8</td>
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</table>

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

**Chart 1. Attempted Suicide (past 12 months), Grades 9-12, New Mexico and US, 2001-2009**

<table>
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<tr>
<th>Year</th>
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<th>US</th>
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<tr>
<td>2003</td>
<td>14.5</td>
<td>8.5</td>
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<tr>
<td>2005</td>
<td>12.5</td>
<td>8.4</td>
</tr>
<tr>
<td>2007</td>
<td>14.3</td>
<td>6.9</td>
</tr>
<tr>
<td>2009</td>
<td>9.7</td>
<td>6.3</td>
</tr>
</tbody>
</table>

Source: YRRS (NM); CDC YRBS (US); NMDOH Survey Section (NOTE: Brackets around reported rates are 95% confidence intervals)
Students were less likely to attempt suicide if they had high levels of:

- Caring and supportive relationships in the family
- Positive peer influence
- High expectations in the community
- Caring and supportive relationships in the school
- Behavioral boundaries in the school.
- Involvement in school activities.

*Attempted suicide at least once in the past 12 months*
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<th>INDICATORS</th>
<th>WS</th>
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<th>E</th>
<th>W</th>
<th>SW</th>
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<td>Baseline Risk of Having Five or More Drinks of an Alcoholic Beverage Once a Week*</td>
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<td>Past Month Alcohol Use</td>
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<td>Past Year Marijuana Use</td>
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<td>Past Year Marijuana Use</td>
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<td>Average Annual Number of Marijuana Initiates*</td>
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<td>baseline at least one major depressive episode</td>
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<td>lifetime any mental health treatment or counseling</td>
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<td>past year received any mental health treatment or counseling</td>
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<td>past year received inpatient mental health treatment or counseling</td>
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<td>past year received outpatient mental health treatment or counseling</td>
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* All figures are point prevalence rates; figures in parentheses are 95% confidence intervals

Source: 2006, 2007, and 2008 National Survey on Drug Use and Health (NSDUH), Substance Abuse and Mental Health Services Administration, Office of Applied Studies

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### Appendix 2. Substance Abuse and Mental Health by Region, Age 12+, 2005-2008 (NSDUH)

#### Indicators

<table>
<thead>
<tr>
<th>INDICATORS</th>
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<th>S</th>
<th>SW</th>
<th>NM</th>
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<td>Past Year Heroin Use</td>
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<td>Perception of Great Risk of Smoking Marijuana Once a Month</td>
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<tr>
<td>Average Annual Number of Marijuana Initiates</td>
<td>2.5</td>
<td>2.5</td>
<td>2.5</td>
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<td>2.5</td>
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</tbody>
</table>

#### Past Year Dependence, Abuse, and Treatment

<table>
<thead>
<tr>
<th>Indicators</th>
<th>NW</th>
<th>NE</th>
<th>S</th>
<th>SW</th>
<th>NM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illicit Drug Dependence</td>
<td>2.3</td>
<td>2.2</td>
<td>2.3</td>
<td>2.3</td>
<td>2.2</td>
</tr>
<tr>
<td>Illicit Drug Dependence or Abuse</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
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</tr>
<tr>
<td>Alcohol Dependence</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Needing But Not Receiving Treatment for Illicit Drug Use</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
</tr>
<tr>
<td>Needing But Not Receiving Treatment for Alcohol Use</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
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<td>3.5</td>
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</tbody>
</table>

#### Serious Psychological Distress

<table>
<thead>
<tr>
<th>Indicators</th>
<th>NW</th>
<th>NE</th>
<th>S</th>
<th>SW</th>
<th>NM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 18+ (2005-2007)</td>
<td>2.5</td>
<td>2.5</td>
<td>2.5</td>
<td>2.5</td>
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</table>

#### Sources at Least One Major Depressive Episode

<table>
<thead>
<tr>
<th>Age</th>
<th>Total (Age 18+)</th>
<th>14-17</th>
<th>18-24</th>
<th>25+</th>
</tr>
</thead>
<tbody>
<tr>
<td>18+</td>
<td>18.1</td>
<td>18.1</td>
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</tbody>
</table>

#### Mental Health Treatment or Counseling

<table>
<thead>
<tr>
<th>Indicators</th>
<th>NW</th>
<th>NE</th>
<th>S</th>
<th>SW</th>
<th>NM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs Mental Health Treatment or Counseling</td>
<td>5.0</td>
<td>5.0</td>
<td>5.0</td>
<td>5.0</td>
<td>5.0</td>
</tr>
<tr>
<td>Past Year Received Necessary Mental Health Treatment or Counseling</td>
<td>5.0</td>
<td>5.0</td>
<td>5.0</td>
<td>5.0</td>
<td>5.0</td>
</tr>
</tbody>
</table>

#### Notes

- All figures are percent prevalence rates. Figures in parentheses are 95% confidence intervals.
- Low precision estimates not reported.

Acknowledgements

- HSD/BHSD/OSAP
- State Epidemiological Outcomes Workgroup
- Dan Green, NMDOH
- Tierney Murphy, NMDOH