New Mexico Substance Abuse Epidemiology Profile 2011

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Jim Roeber, MSPH Alcohol Epidemiologist Epidemiology and Response Division New Mexico Department of Health Jim.Roeber@state.nm.us 505-476-1197

What’s New Since Last Time?

– All reporting updated through 2009
– Mental health data added

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Excessive Drinking and Related Outcomes

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

- **Heavy 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 and 36 chronic diseases.

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
**ALCOHOL-RELATED INJURY DEATH**

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

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**ALCOHOL-RELATED CHRONIC DISEASE DEATH**

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)
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

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
DRUG-INDUCED DEATH

Chart 1: Drug-Induced Death Rates* by Cause Category, New Mexico, 2000-2009

- 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

Chart 5: Unintentional Drug Overdose Death Rates* by County and Drug Type, New Mexico, 2005-2009

- 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.
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.

American Indian male rates are highest from ages 15-44.

White male rates are highest for ages 45+.
--- 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.

--- BRFSS allows us to report depression rates by geography, by demographic groups, and by other risk factors.

--- PHQ-8 drawbacks include:
   - Relatively high-cost (8 questions)
   - Doesn’t support comparison to other states or US.
— 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

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)
YOUTH MENTAL HEALTH

Chart 1: Persistently Sad or Hopeless, Grades 9-12, New Mexico and US, 2001-2009

* Felt so sad or hopelessness 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)

Chart 2: Suicidal Thoughts, Grades 9-12, New Mexico and US, 2001-2009

* Seriously considered suicide at least once in the past 12 months

Chart 3: Attempts of Suicide, Grades 9-12, New Mexico and US, 2001-2009

* Attempted suicide at least once in the past 12 months

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

YOUTH RISK AND RESILIENCY

Chart 7: Suicide Attempts by Selected Resiliency Factors, Grades 9-12, New Mexico, 2009

- 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 by an adult 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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