

County Substance Abuse Epidemiological Profile Bernalillo County



MAY 2012



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This document can be accessed here: <http://www.nmprevention.org/index.htm>

Statewide Epidemiological and Outcomes Workgroup

The New Mexico Statewide Epidemiological and Outcomes Workgroup (SEOW) addresses behavioral health needs and supports state systems, schools, communities, and tribes in preventing substance abuse, dependency and related problems by identifying, collecting, analyzing and disseminating data that describes the prevalence, severity, consumption and consequences of alcohol, tobacco and other drug use in New Mexico.

Members include: Karen Cheman, Daphne-Rood Hopkins, Kim Horan, Edna Ortiz, Marizza Montoya-Gansel, Letty Rutledge and Sharon Ebert from HSD BHSD; Bette Betts from ALTSD; Jim Roeber, Brad Whorton and Jim Davis from NM DOH ERD; Martha Waller, Liz Lilliott and Lei Zhang from PIRE; Katherine Courtney from CYFD; Brenda Martinez and Chris Morris from OptumHealth NM; Ron Lopez and Nancy Sanchez from the US Attorney's office; Frank Magourilos, Sindy Sacoman, Shelly Moeller, Pamela Drake, Pat Serna, Loucia Jose, Nadine Tafoya and Ann Del Vecchio from the prevention community; and it is coordinated by Natalie Skogerboe and Michael Coop from Coop Consulting, Inc..

New Mexico County Epidemiology Profile

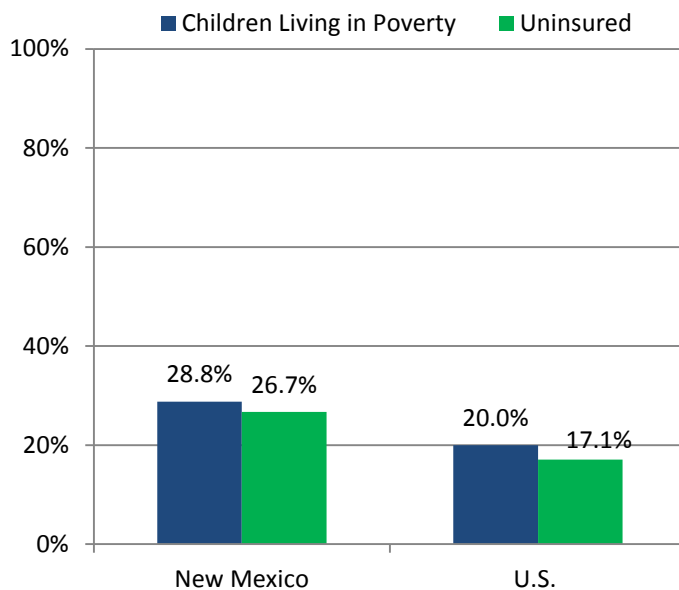
BERNALILLO COUNTY

May 2012

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Context of New Mexico

When reviewing the data in this profile, it is important to understand the larger picture and the environmental factors that play a role in some of the negative findings. New Mexico is one of the poorest states in the country, and has a higher percentage of uninsured individuals than any state in the nation (according to 2009 US census data). Furthermore, many communities and populations in New Mexico have even higher poverty levels and higher rates of being uninsured.



Both of these factors have negative impacts on the health and safety of New Mexico communities. **Poverty** in the early years of a child's life, more than at any other time, has especially harmful effects on healthy development and well-being. Early childhood poverty has been linked to negative outcomes later in a young person's life, including teen pregnancy, substance abuse, and educational attainment.

People living in poverty and/or without adequate health insurance often experience delays in accessing health care and have an increased risk of chronic disease and death from disease and injury.

Sources

<http://ibis.health.state.nm.us/docs/Framework2011.pdf>

US Census Bureau 2009 Quick Facts: <http://quickfacts.census.gov/qfd/states/35000.html>

New Mexico County Epidemiology Profile

BERNALILLO COUNTY

Introduction

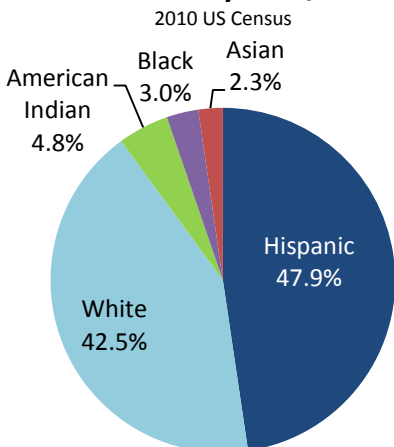
This community profile is intended to be used as a resource for New Mexico communities for data related to substance use and abuse. The profile covers relevant substance abuse data from a variety of sources at the county, state, and national levels for both youth and adults whenever possible. The profile contains the following data:

- **Consumption Data** – Consumption is the way in which people use substances (i.e. binge drinking and cigarette use). Information on alcohol, tobacco and other drug use is included for adults and youth.
- **Consequence Data** – Consequences are the problems caused by substance use or abuse (e.g. alcohol-related injury or chronic disease). Information on negative outcomes associated with substance use among adults and youth is provided.
- **Resiliency and Risk Factor Data** – Resiliency or protective factors are the strengths and assets that help protect individuals and communities from substance use, abuse and other problems. Risk factors are the things that increase one’s risk for substance abuse and related problems. Information on factors that influence substance use for youth are provided.
- **Mental Health Data** – Mental health is often closely related to substance use and other problems, including chronic disease. Those who are depressed or report frequent mental distress or thoughts of suicide are also more likely to use substances in risky ways than those who do not have mental health concerns.

Demographics

Bernalillo County is the most populous county in the state with 662,564 people, making up 32% of the state’s population, according to 2010 US Census data. The median household income in Bernalillo County is \$45,550 and 15.6% of persons live below the federal poverty line.

Bernalillo County Race/Ethnicity



Bernalillo County residents are primarily Hispanic (47.9%) and White (42.5%); followed by American Indians (4.8%), Blacks (3%) and Asians (2.3%). Compared to the US, Bernalillo County has a higher percentage of Hispanics and American Indians but lower percentages of Blacks and Asians.

Bernalillo County Population Breakdown:

- 50.8% Female
- 49.2% Male
- 7.6% Persons under 5yrs
- 24.3% Persons under 18yrs
- 12.3% Persons 65yrs and older

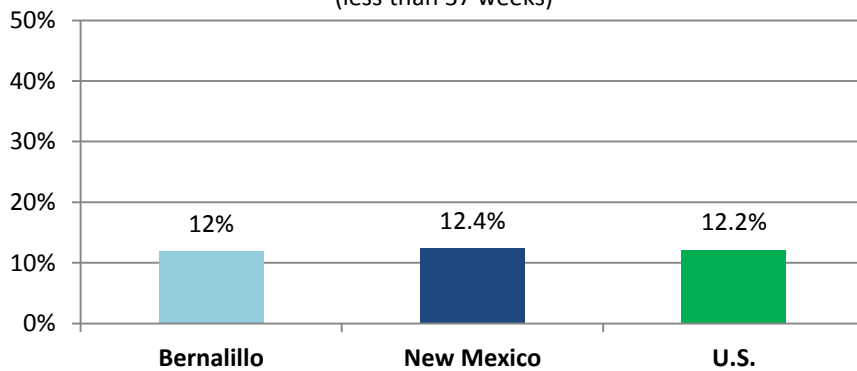
U.S. Demographics	White	Hispanic	Black	Asian	American Indian
	63.7%	16.3%	12.6%	4.8%	0.9%

Some measures in early childhood provide an indication of health status and health outcomes. The following pages depict early childhood measures related to teen births, pre-term births, low birth weight babies and child poverty levels. These four indicators highlight areas where infants and young children are more at risk. This section starts with the two most important determinants of infant survival; length of gestation and birth weight (HHS, 2010).

Pre Term Births (less than 37 weeks)

2008-2010

Pre-term Births 2008-2010
(less than 37 weeks)



Pre-term births are the leading cause of infant death and other health problems. These infants are at high risk for respiratory problems and mortality and are among the most significant cost drivers in health care (WHO; Born Too Soon, 2012).

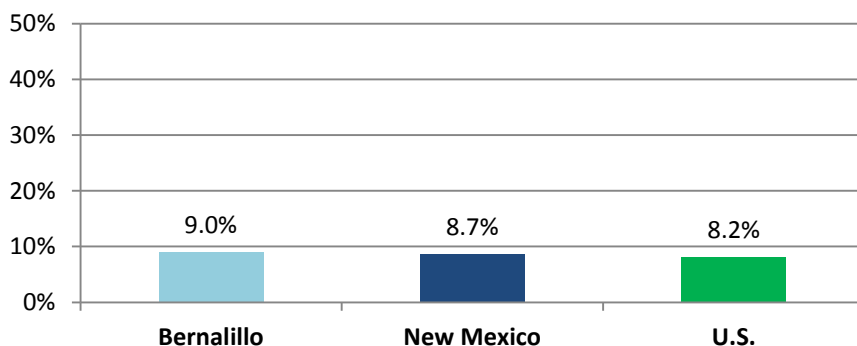
SOURCE:

<http://ibis.health.state.nm.us/query/result/birth/PretermCnty/PretermAll.html>

Prevention of pre-term births is possible. Research shows that preconception care packages offered to pregnant women, including family planning (e.g. birth spacing, and adolescent friendly services), education and nutrition especially for girls, and STI prevention has been shown to reduce pre-term births. Other recommendations include making antenatal care packages available for all women, including screening for and management of STIs, high blood pressure, diabetes and behavior change and targeted care for women at increased risk of preterm birth. Research also supports provider education to promote appropriate induction and cesarean procedures. Lastly, research recommends supporting policy such as smoking cessation and employment safeguards for pregnant women (SOURCE: WHO, Born Too Soon, 2012, pg. 6).

Low Birth Weight Babies (per 1,000)

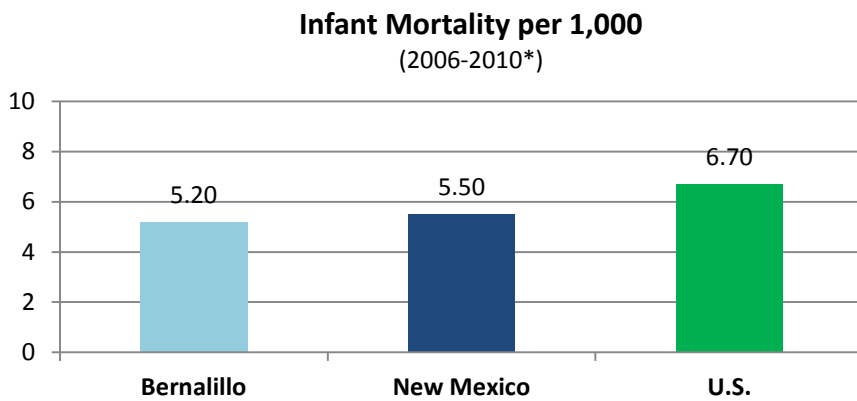
Low and Very Low Birth Weight Babies 2010
(less than 2,500 grams)



Babies that are born at a low or very low birth weight are more likely to experience health complications and developmental delays that cost our medical and education systems additional dollars and increase stress among families.

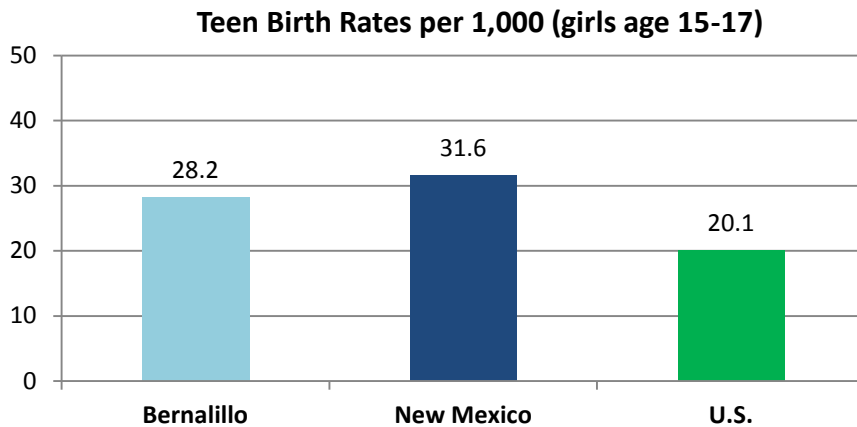
SOURCE:

<http://ibis.health.state.nm.us/query/result/birth/BirthWtCnty/BirthWtLowVLow.htm>



SOURCE: <http://ibis.health.state.nm.us/query/result/infmort/InfMort/InfMortRate.html>
*U.S. Rates are for 2006

Infant mortality is defined as the death of an infant in the first year of life. Although infant mortality has declined steadily over the past several decades, the US has slipped from the 12th lowest infant mortality rate in the world in 1960 to the 31st lowest in 2007 (Singh & Van Dyck, HHS, 2010).

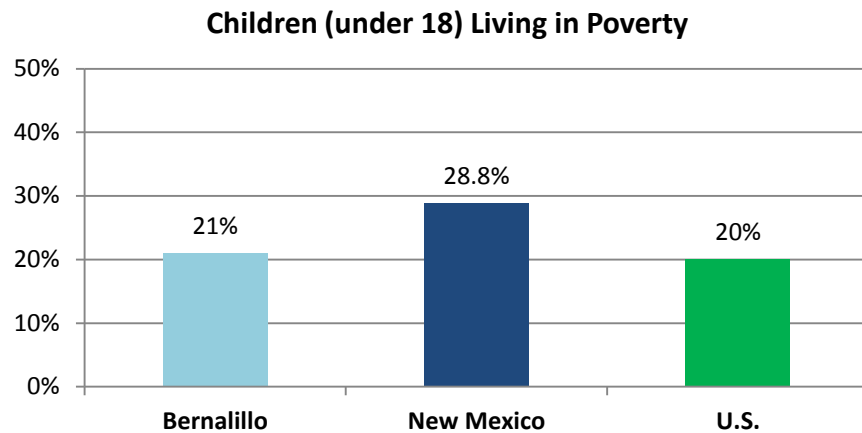


SOURCE: <http://ibis.health.state.nm.us/docs/Framework2011.pdf>

It is important to track the teen birth rate because it is closely linked with other social indicators including overall child well-being, poverty and income disparity (Frameworks for Health 2011).

Children Living in Poverty

Children living in poverty are the estimated percentage of children under age 18 living in households whose income is at or below the federal poverty level. The poverty level for a family of four in 2009 was \$22,050.



SOURCE: <http://ibis.health.state.nm.us/docs/Framework2011.pdf>

Poverty in the early years of a child's life has especially harmful effects on continuing healthy development and well-being. Well-being in later childhood, such as teen pregnancy, substance abuse, and educational attainment, are also influenced by early childhood poverty (Frameworks for Health 2011).

SOURCES:

Teen birth rates (girls age 15-17) Frameworks for Health (2011) - <http://ibis.health.state.nm.us/docs/Framework2011.pdf>
http://ibis.health.state.nm.us/query/result/birth/AdolBirthCnty/AdolBirth15_19.html

Low birth weight babies: <http://ibis.health.state.nm.us/query/result/birth/BirthWtCnty/BirthWtLow/Low.html>;
 US rates: <http://www.cdc.gov/nchs/fastats/birthwt.htm>

Pre-Term Birth rates (2008-2010), New Mexico Vital Records and Health Statistics:
<http://ibis.health.state.nm.us/query/result/birth/PretermCnty/PretermAll.html>

World Health Organization Report 2012, *Born Too Soon: The Global Action Report on Preterm Birth*
<http://www.marchofdimes.com/downloads/BornTooSoon-ExecSumEnglish-April2012.pdf>

Infant Mortality:

Singh GK, Van Dyck PC. *Infant Mortality in the United States, 1935-2007: Over Seven Decades of Progress and Disparities*. Health Resources and Services Administration, Maternal and Child Health Bureau. Rockville, Maryland: U.S. Department of Health and Human Services; 2010.

U.S. Birth, weight and gestation data:

<http://www.cdc.gov/nchs/fastats/birthwt.htm>

Poverty:

Children - Frameworks for Health (NM 2011): <http://ibis.health.state.nm.us/docs/Framework2011.pdf>

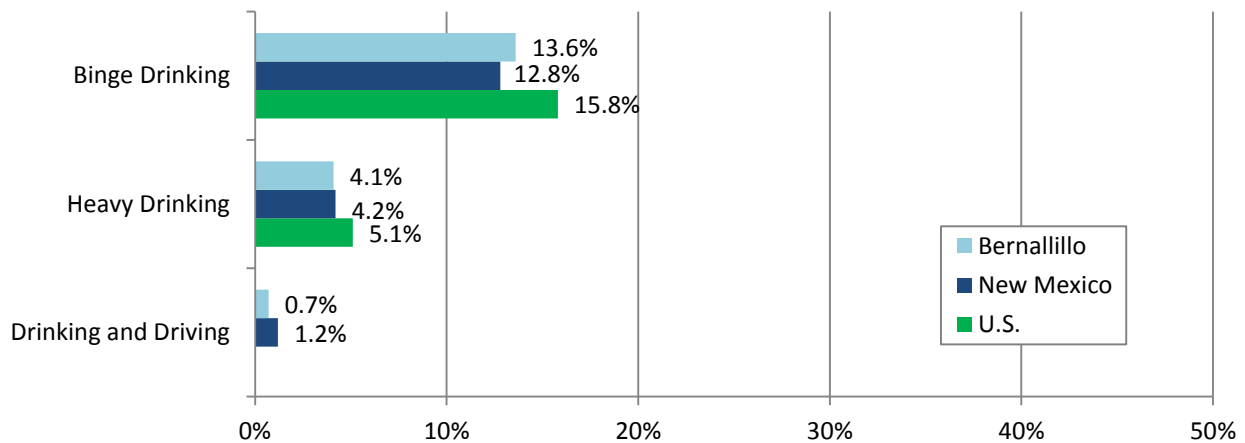
Overall Percentage – U.S. Census Quick Facts: <http://quickfacts.census.gov/qfd/states/35000.html>

ALCOHOL USE & CONSEQUENCES

Alcohol consumption is the way in which people drink alcohol. According to the CDC ARDI system, 23% of suicide and 47% of homicide and a fraction of other violence such as domestic violence, crime, risky sexual behavior, falls and drug overdose are attributable to alcohol. **Binge drinking** is defined as having 5 or more drinks in one occasion, for men, or 4 or more drinks for women. **Heavy drinking** is defined as having more than 2 drinks per day for men, and more than one drink per day for females. **Drinking and driving** has been the focus of public health strategies in New Mexico over the past few decades. Great strides have been made and New Mexico has seen a 39% decrease in alcohol related motor vehicle crash deaths from 2004-2008, but alcohol is attributed to be the primary causal factor in nearly 45% of motor vehicle crash deaths among males aged 20-44.

ADULT Alcohol Use & Drinking and Driving

BRFSS 2008 & 2009



SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

Bernalillo County has slightly higher prevalence of binge drinking than NM and slightly lower prevalence than the US. Despite these numbers, New Mexico suffers severe consequences for risky consumption.

Number and Percentage by Race/Ethnicity			BRFSS 2005-2009					
			White	Hispanic	American Indian	Black	Asian/Pacific Islander	TOTAL
Binge Drinking	Bernalillo County	Number	35,289	22,630	4,569	--	--	63,718
		Percent	14.6	13.4	19.4	--	--	13.6
	New Mexico	Number	85,633	73,260	17,805	1,666	1,301	186,284
		Percent	12.0	13.8	16.2	7.1	7.7	12.8
Heavy Drinking	Bernalillo County	Number	10,927	7,081	187	--	--	18,990
		Percent	4.6	4.2	0.9	--	--	4.1
	New Mexico	Number	36,062	18,974	2,172	614	0	59,882
		Percent	5.1	3.6	2.0	2.7	0.0	4.2
Drinking & Driving	Bernalillo County	Number	2,269	290	--	--	--	3,327
		Percent	0.9	0.2	--	--	--	0.7
	New Mexico	Number	8,071	6,850	1,475	651	352	17,558
		Percent	1.1	1.3	1.4	3.5	1.3	1.2

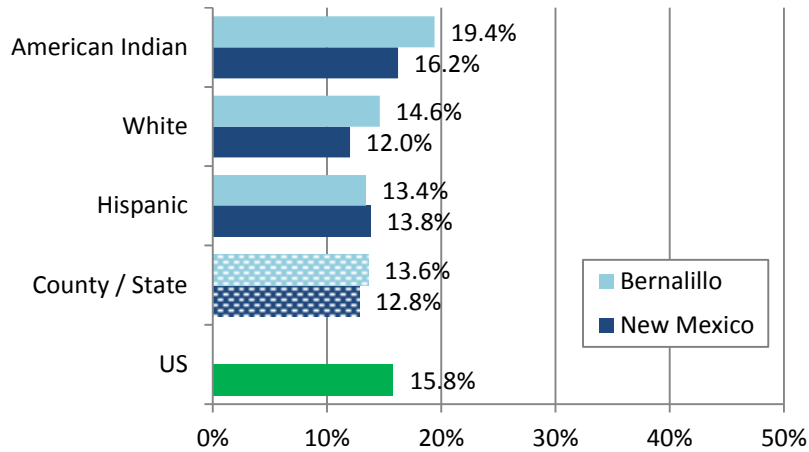
-- indicates the data were excluded because there were fewer than 50 respondents, making rates unreliable to calculate

ALCOHOL USE & CONSEQUENCES (continued)

Binge drinking is an important indicator because it is closely linked with other problems and consequences, including motor vehicle crashes, alcohol-related injury and injury deaths, and violence.

ADULT Binge Drinking by Race/Ethnicity

BRFSS 2009

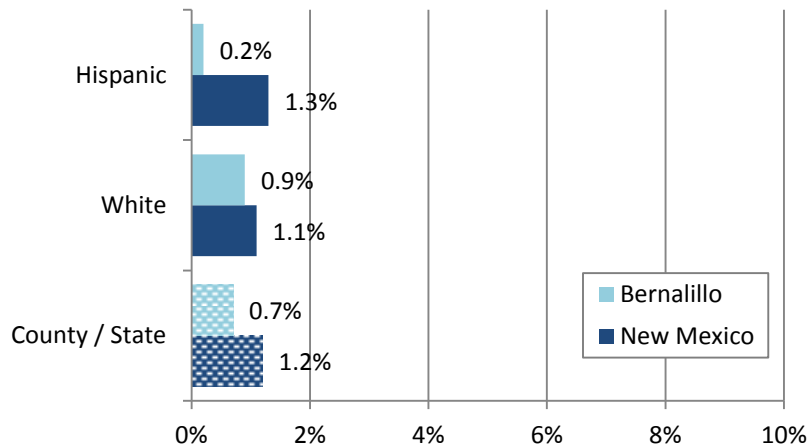


In Bernalillo County, American Indians have the highest prevalence of binge drinking, followed by Whites and Hispanics.

SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

ADULT Drinking and Driving (past 30 day) by Race/Ethnicity

BRFSS 2008



Drinking and driving is not reported very often; the sample size for Bernalillo County was too small to include measures for most race/ethnicities.

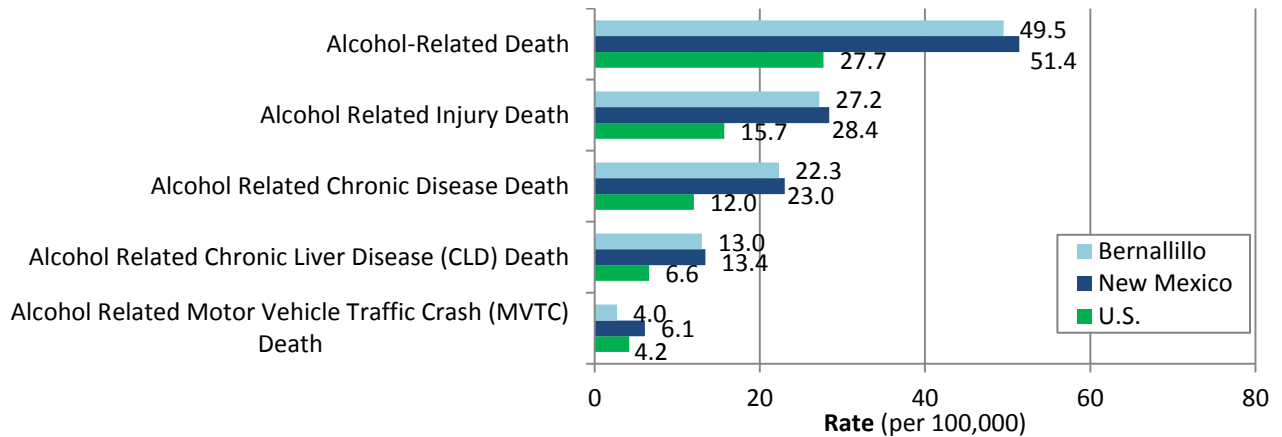
SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

ALCOHOL-RELATED DEATH

New Mexico suffers severe consequences from excessive alcohol use. The alcohol-related death rate has been among the highest in the nation for thirty years and has been the highest in the Nation since 1997. The main contributors to alcohol-related death in New Mexico are chronic disease and alcohol related injury.

Alcohol-Related Death

NM BVRHS 2005-2009



SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

Bernalillo County accounts for 31.5% of all alcohol-related death in New Mexico.

Alcohol-Related Deaths and Rates by Race/Ethnicity			NM BVRHS 2005-2009					
			White	Hispanic	American Indian	Black	Asian/Pacific Islander	TOTAL
Alcohol-Related (AR) Deaths	Bernalillo County	Deaths	728	713	119	39	11	1,609
		Rates	41.1	59.9	72.0	36.0	17.9	49.5
	New Mexico	Deaths	2,069	2,056	898	68	21	5,111
		Rates	40.9	56.1	93.5	28.5	17.2	51.4
AR Injury Deaths	Bernalillo County	Deaths	388	368	51	26	8	841
		Rates	23.6	30.3	28.3	23.2	--	27.2
	New Mexico	Deaths	1,161	1,066	404	47	15	2,694
		Rates	25.1	28.5	39.7	18.5	12.8	28.4
AR Chronic Disease Deaths	Bernalillo County	Deaths	340	345	68	13	3	768
		Rates	17.5	29.6	43.7	12.8	--	22.3
	New Mexico	Deaths	908	990	494	20	6	2,417
		Rates	15.9	27.5	53.9	10.0	--	23.0
AR CLD Deaths	Bernalillo County	Deaths	161	245	44	6	1	458
		Rates	8.2	20.3	29.3	--	--	13.0
	New Mexico	Deaths	434	664	330	9	2	1,439
		Rates	7.4	17.9	35.7	--	--	13.4
AR MVTC Deaths	Bernalillo County	Deaths	49	63	14	5	2	132
		Rates	3.1	4.6	7.2	--	--	4.0
	New Mexico	Deaths	207	264	135	10	4	62
		Rates	4.8	6.1	11.7	3.6	--	6.1

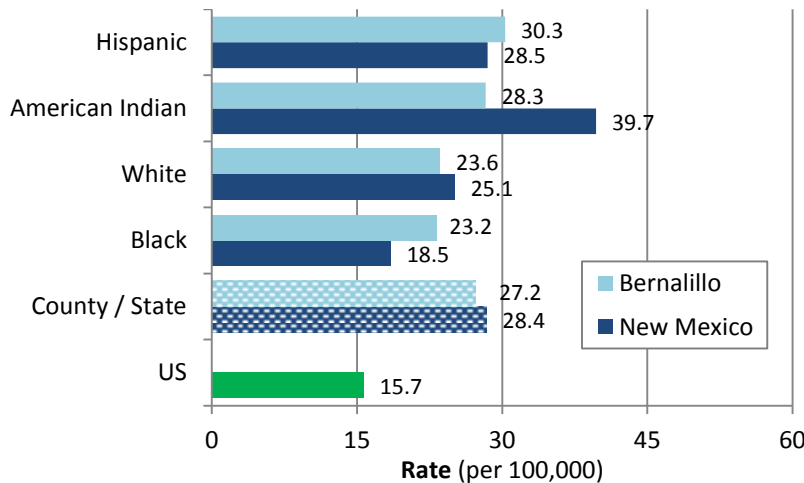
-- indicates the data were excluded because there were fewer than 2 deaths per year, making rates unreliable

ALCOHOL-RELATED INJURY DEATH

New Mexico's death rate for alcohol-related injury is 1.8 times the national rate and has been among the worst in the nation for the past twenty years. Heavy drinking and binge drinking are high-risk behaviors associated with numerous injuries, including motor vehicle crash fatalities, falls, homicide and suicide. The leading cause of alcohol-related injury death is alcohol-related motor vehicle traffic crash (MVTC) deaths. Historically, New Mexico's alcohol-related MVTC fatality rate has been the highest in the nation; however the rate has decreased 75% from 1982 to 2009 and fallen from 1st to 11th in the nation. This progress is attributable to a public health approach using a wide range of policy and preventive interventions.

Alcohol-Related Injury Death by Race/Ethnicity

NM BVRHS 2005-2009



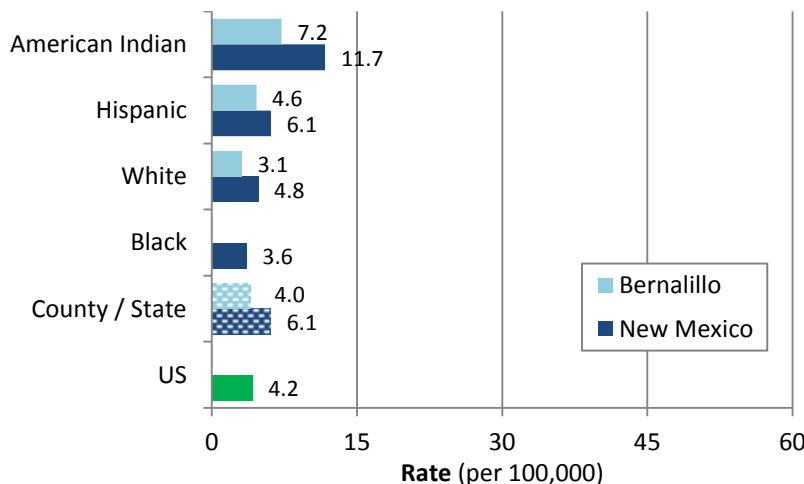
Bernalillo County's alcohol-related injury death rate for Hispanics is 1.9 times the U.S. rate.

New Mexico has nearly twice the US rate. Hispanics and American Indians in New Mexico have the highest rates of alcohol-related injury death.

SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

Alcohol-Related Motor Vehicle Crash Death by Race/Ethnicity

NM BVRHS 2005-2009 & ARDI



Bernalillo County's Alcohol-Related Motor Vehicle Crash Death rate is slightly lower than the state rate, and very similar to the US rate.

American Indians have the highest rate, followed by Hispanics.

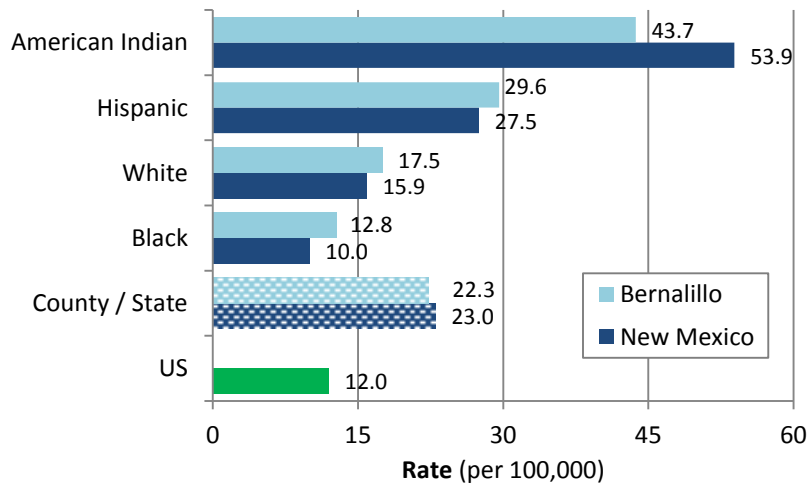
SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

ALCOHOL-RELATED CHRONIC DISEASE DEATH

Since 1996, New Mexico has had the first or second highest death rate from alcohol-related chronic disease in the nation, at 1.5 to 2 times the national rate. Behaviors that contribute to alcohol-related chronic disease include alcoholism and chronic heavy drinking. Alcohol-related chronic liver disease (CLD) is a progressive chronic disease in which liver cells are damaged and their capacity to regenerate is impaired. New Mexico has had the highest AR-CLD death rate in the nation since 1999 and CLD is the principle driver of high alcohol-related chronic disease death rates in the state.

Alcohol-Related Chronic Disease Death by Race/Ethnicity

NM BVRHS 2005-2009 & ARDI



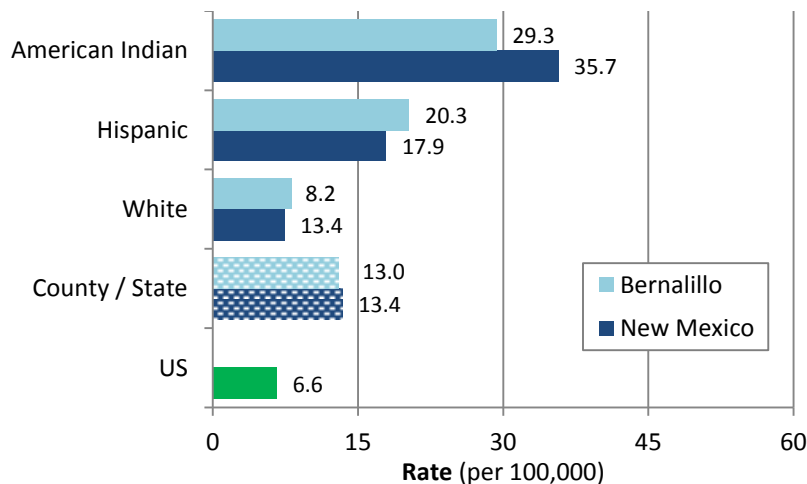
Bernalillo County has a similar alcohol-related chronic disease death rate (22.3) as the rest of the state (23).

However, the alcohol-related chronic disease death rate for American Indians is 43.7, which is 3.6 times the US rate, and the rate for Hispanics is 29.6, which is 2.5 times the US rate.

SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

Alcohol-Related Chronic Liver Disease Death by Race/Ethnicity

NM BVRHS 2005-2009



Bernalillo County's overall CLD death rate is 2 times the US rate.

American Indians and Hispanics have among the highest alcohol-related chronic liver disease death rates in Bernalillo County and the state overall.

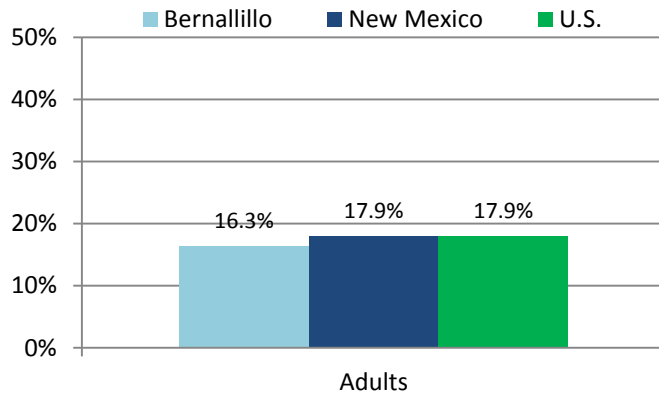
SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

CIGARETTE SMOKING & SMOKING RELATED DEATH

New Mexico has similar smoking patterns to the rest of the nation, and lower smoking related death rates. However, smoking related death rates in New Mexico are far higher than alcohol related death rates, chronic disease deaths and injuries. Smoking is linked with several chronic conditions, including chronic airway obstruction, lung cancer, ischemic heart disease, other heart disease and bronchitis and emphysema. Smoking takes a tremendous toll on the overall health of New Mexico residents as well as the health care systems in the state.

Cigarette Smoking (past 30 day)

NM BRFSS 2009

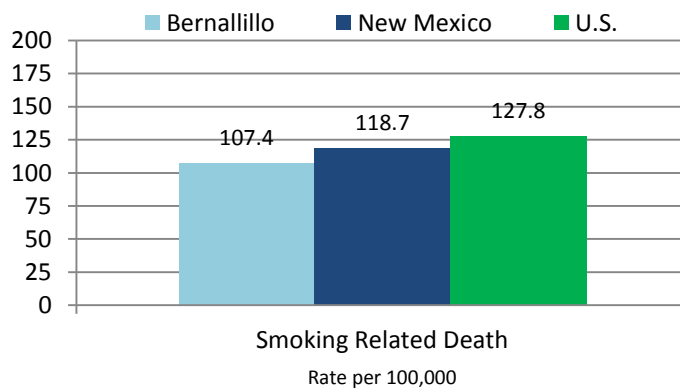


Adult smoking prevalence in Bernalillo County is only slightly lower than the state and nation.

SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

Smoking Related Death (rates per 100,000)

NM BVRHS 2005-2009



Bernalillo County has a lower smoking related death rate than New Mexico and the rest of the U.S.

SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

Smoking (past 30 day) and Smoking Related Death

NM BRFSS 2009 & NM BVRHS 2005-2009

			White	Hispanic	American Indian	Black	Asian/Pacific Islander	TOTAL
Current Smoking (ADULTS)	Bernalillo County	Deaths	33,626	28,402	9,629	--	--	78,615
		Percent	13.8%	16.0%	39.4%	--	--	16.3%
	New Mexico	Deaths	116,501	100,881	28,574	5,915	2,815	266,069
		Percent	16.0%	18.3%	25.2%	24.0%	16.2%	17.9%
Smoking Related Death	Bernalillo County	Deaths	2,273	818	49	80	26	3,247
		Rates	116.1	93.5	53.1	124.1	55.3	107.4
	New Mexico	Deaths	7,445	2,714	347	169	49	10,724
		Rates	132.8	102.6	62.7	114.2	53.1	118.7

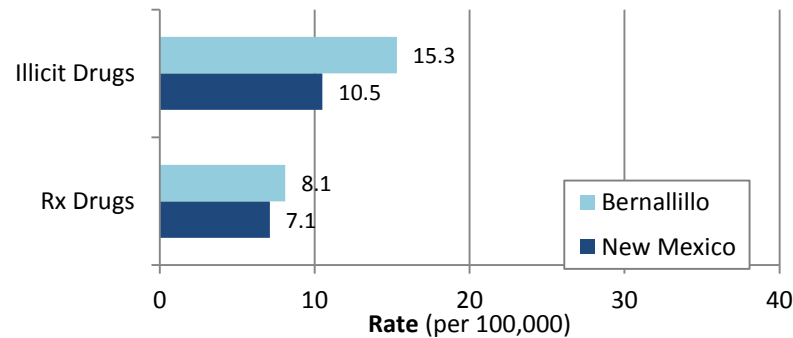
-- indicates the data were excluded because there were fewer than 2 deaths per year, making rates unreliable

DRUG-INDUCED DEATH

New Mexico has the highest drug-induced death rates in the nation. Drug use takes a large toll on New Mexico communities, including factors that contribute to crime and domestic violence. The largest subset of drug induced death, comprising more than 80% of all drug deaths in New Mexico, is **unintentional overdose** death. Overdose or poisoning (harmful effects of drugs from overdose or sensitivity) has become the leading unintentional injury death in New Mexico. The most common drug types causing death were heroin (38%), prescription opioid other than methadone (35%), cocaine (34%) and alcohol/drug combinations (27%).

Unintentional Drug Overdose Death (rate per 100,000)

NM BVRHS 2005-2009



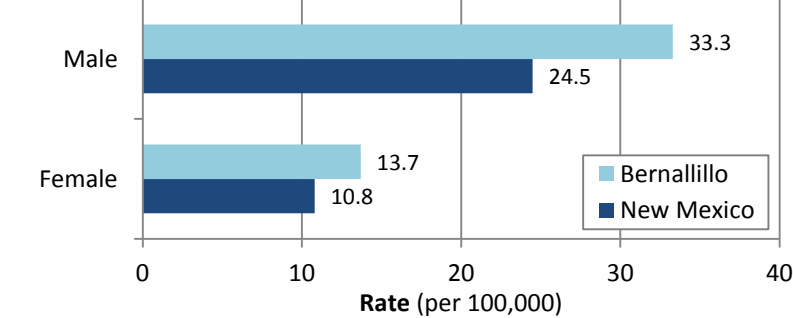
Bernalillo County bore the biggest burden of drug-related death in terms of total numbers. Bernalillo County has a high death rate from illicit drugs (15.3) and prescription drugs (8.1).

Prescription drug misuse is closely tied to other opioid abuse (such as heroin).

SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

Unintentional Drug Overdose Death by Sex (rate per 100,000)

NM BVRHS 2005-2009



Males are 2.4 times more likely to suffer a drug-induced death than females in Bernalillo County.

SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

Drug-Induced Death Number & Rate by Ethnicity

NM BVRHS 2005-2009

		White	Hispanic	American Indian	Black	Asian/Pacific Islander	TOTAL
Bernalillo County	Deaths	362	463	30	23	4	882
	Rate	22.1	34.7	15.2	20.1	--	26.5
New Mexico	Deaths	962	1,068	116	43	10	2,199
	Rate	20.4	25.9	10.4	16.1	5.5	21.4

Unintentional Drug Overdose Death Number & Rate by Sex

NM BVRHS 2005-2009

		Sex		Drug Type		Total
		Male	Female	Illicit	Rx	
Bernalillo County	Deaths	545	234	506	275	781
	Rate	33.3	13.7	15.3	8.1	23.5
New Mexico	Deaths	1,237	568	1,066	746	1,812
	Rate	24.5	10.8	10.5	7.1	17.6

-- indicates the data were excluded because there were fewer than 2 deaths per year, making rates unreliable

YOUTH SUBSTANCE USE

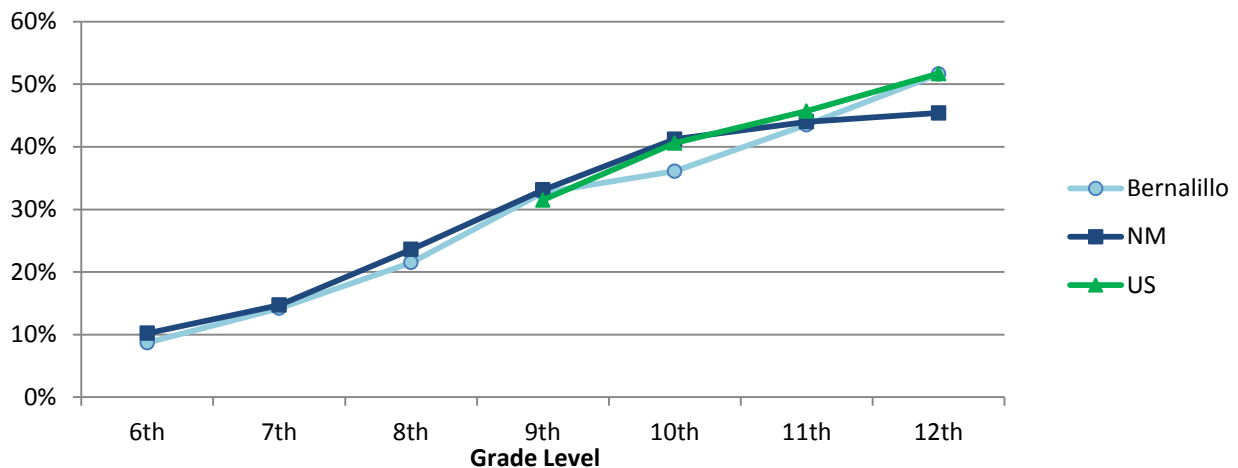
New Mexico has consistently led the nation in youth alcohol and drug use. According to the 2009 New Mexico High School Youth Risk and Resiliency Survey (YRRS) and National Youth Risk Behavior Survey (YRBS), New Mexico ranks first in the nation for the following measures:

- First drink before age 13
- Drank on school property
- Used marijuana before age 13
- Current marijuana use
- Used marijuana on school property
- Ever used cocaine
- Current cocaine use
- Ever used ecstasy
- Current cigar use

Early initiation (starting to use substances at an early age) is a big concern for New Mexico, because research shows that the earlier youth start drinking alcohol, the more likely they are to experience alcohol dependence and other negative consequences later in life.

Current Alcohol Use (past 30 day) Grades 6-12

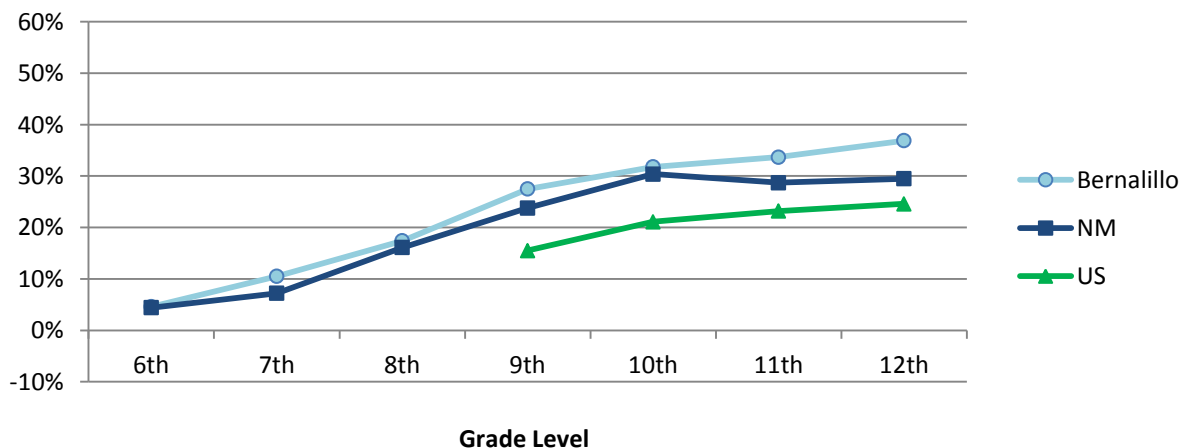
NM YRRS 2009



Current alcohol and marijuana use increases with age in Bernalillo County and New Mexico as a whole.

Current Marijuana Use (past 30 day) Grades 6-12

NM YRRS 2009

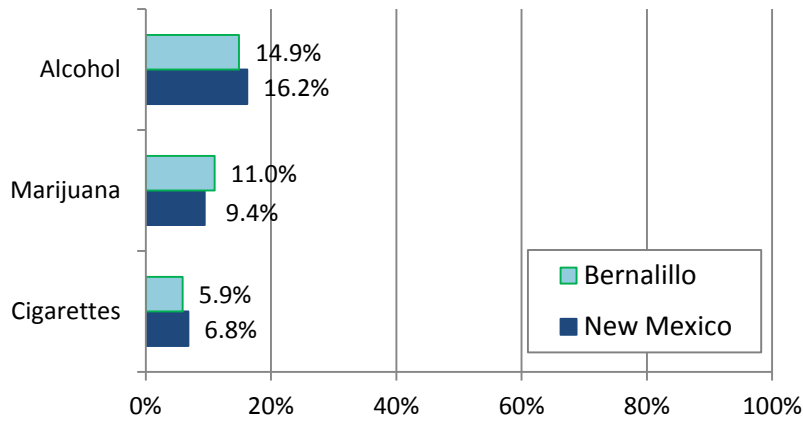


YOUTH SUBSTANCE USE (Middle School)

Substance abuse prevention efforts aim to reach youth, families and communities before substance use becomes a problem. Since New Mexico youth start using substances at earlier ages than youth in the rest of the nation, it is important to look at middle school students' responses to questions about alcohol, tobacco and other drugs. New Mexico is one of the few states that collect this type of information at the middle school level; the national YRBSS only includes students in grades 9-12 so no national comparison is available.

Youth Substance Use (past 30 day) Grades 6-8

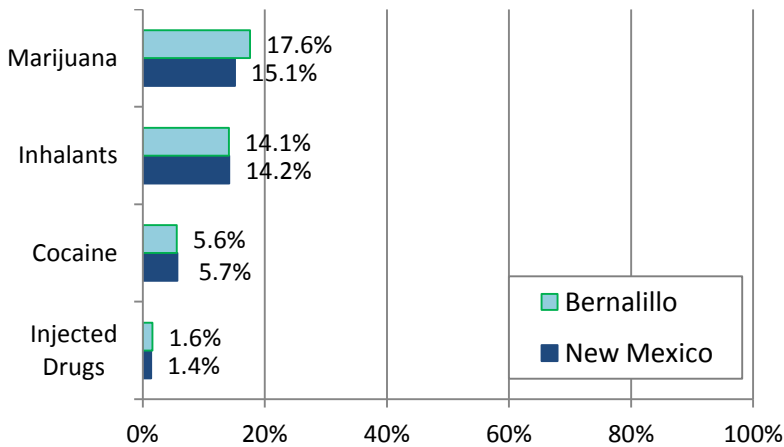
NM YRRS 2009



Bernalillo County middle school students are using alcohol more, followed by marijuana, then cigarettes.

Youth Drug Use (lifetime/ever used) Grades 6-8

NM YRRS 2009



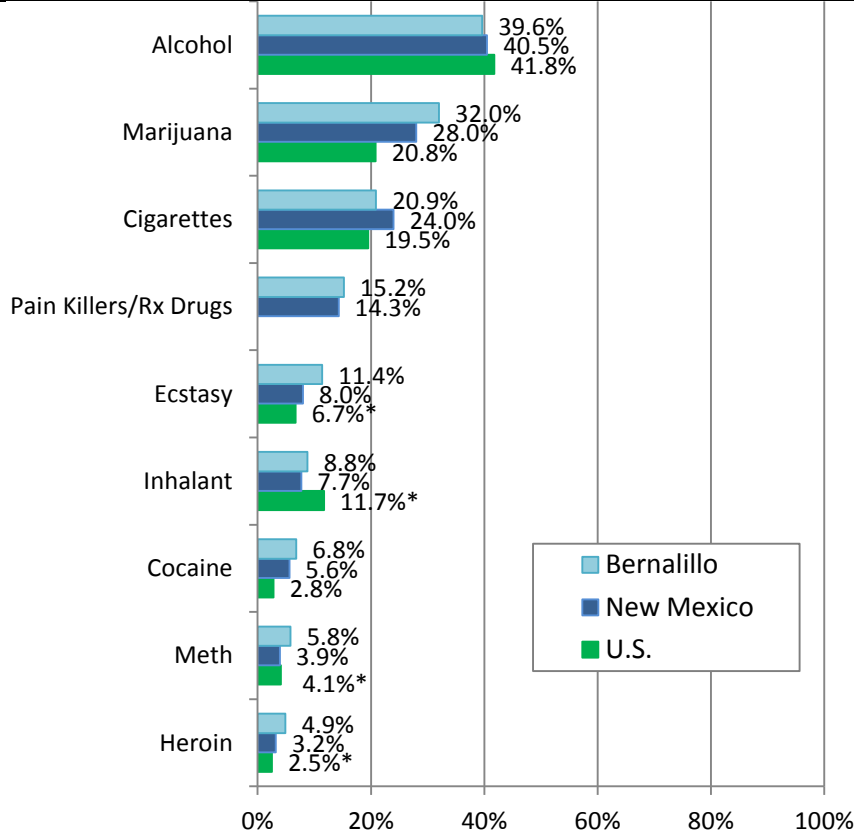
Bernalillo County middle school students report ever using illegal substances at similar levels to the rest of the state.

YOUTH SUBSTANCE USE (High School)

The first graph shows the current substance use (within the past 30 days) of high school students. The second graph highlights binge drinking, which is drinking 5 or more alcohol beverages in one sitting for males, or drinking 4 or more alcoholic beverages in one sitting for females. This is a dangerous behavior that is associated with other risky behaviors such as drug use, driving after drinking and riding with a drinking driver. **According to the 2009 New Mexico YRRS, binge drinkers were also more likely than non-drinkers to report persistent feelings of sadness or hopelessness and attempt suicide.**

Youth Substance Use (past 30 day) Grades 9-12

NM YRRS 2009



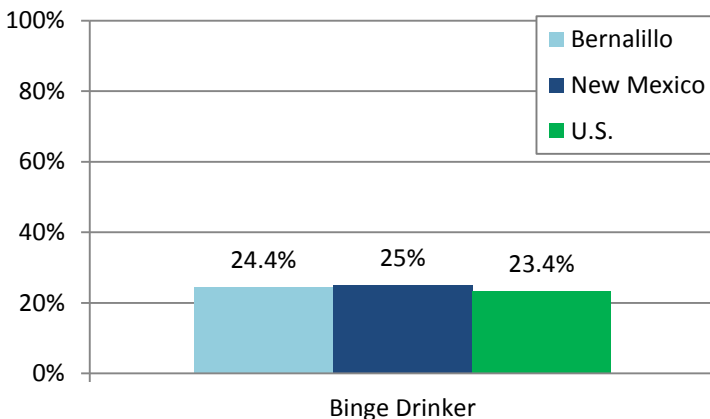
Bernalillo County youth substance use prevalence is close to the state prevalence, but have slightly higher prevalence of marijuana and ecstasy use than the rest of the state.

Compared to youth in the rest of the nation, Bernalillo County youth have a higher prevalence of ecstasy, cocaine, meth and heroin use (for use of ecstasy, meth, and heroin Bernalillo County's current use is higher than the nation's lifetime use).

*US percentages for Ecstasy, Inhalants, Meth, and Heroin are lifetime use (data not available for current/past 30 day use).

Youth Binge Drinking (past 30 day) Grades 9-12

NM YRRS 2009



Bernalillo County high school students report a similar prevalence of binge drinking that the state and nation.

YOUTH RISK & RESILIENCY MEASURES

Risk factors are those things in a community that increase the likelihood of substance abuse and related problems. Resiliency or protective factors are characteristics that decrease the risk of substance abuse and their problems or consequences. Researchers have determined that the more resiliency and protective factors an individual person or community has, the more protected they are from those behaviors that are potentially damaging. Prevention programs seek to enhance resiliency/protective factors, and reverse, reduce, or buffer against the effects of risk factors. It is important to know there are many factors that influence whether a person engages in high risk behavior such as Alcohol, Tobacco, or Other Drug (ATOD) misuse and/or abuse. Comprehensive, evidence-based prevention strategies address risk and create protective factors for individuals, families, schools, and community.

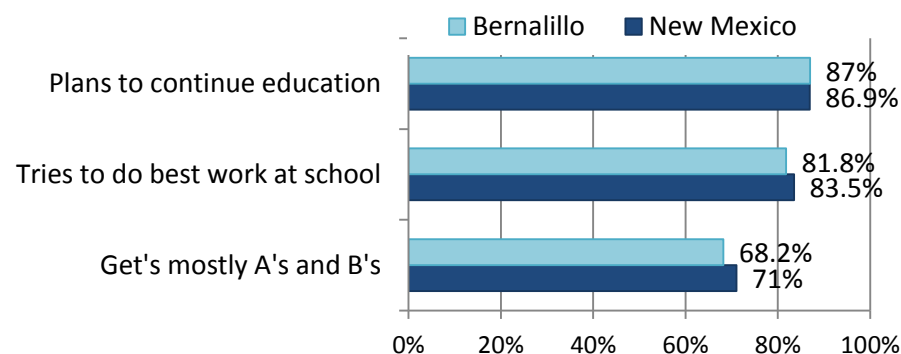
NM Students *least* likely to use alcohol were students with the following resiliency factors:

- Those with high levels of caring and support from parents, teachers, and other adults in the community.
- Those who completed their homework and came prepared to class.
- Those who did not engage in violent behaviors.
- Those who did not engage in tobacco or drug use.

SOURCE: Alcohol-Related Behaviors Among New Mexican Youth, 2009 YRRS; www.youthrisk.org

Youth Academics Grades 9-12

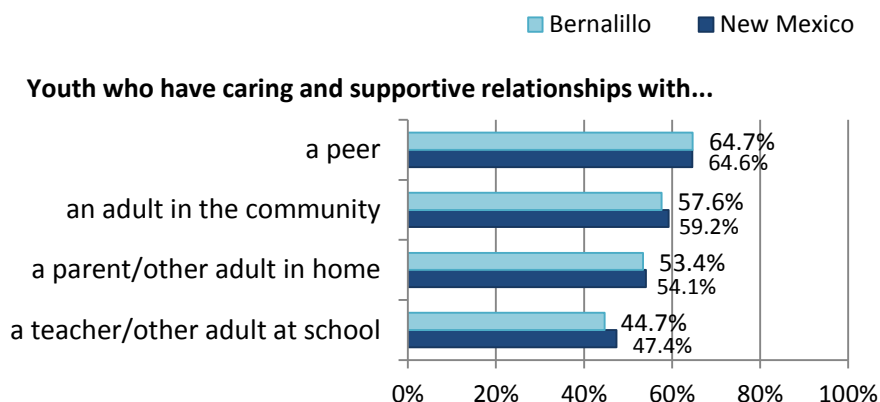
NM YRRS 2009



Bernalillo County youth exhibit strong resiliency factors related to academic success.

Youth Caring & Supportive Relationships Grades 9-12

NM YRRS 2009



It is a protective factor for youth to have caring and supportive relationships with peers and other adults.

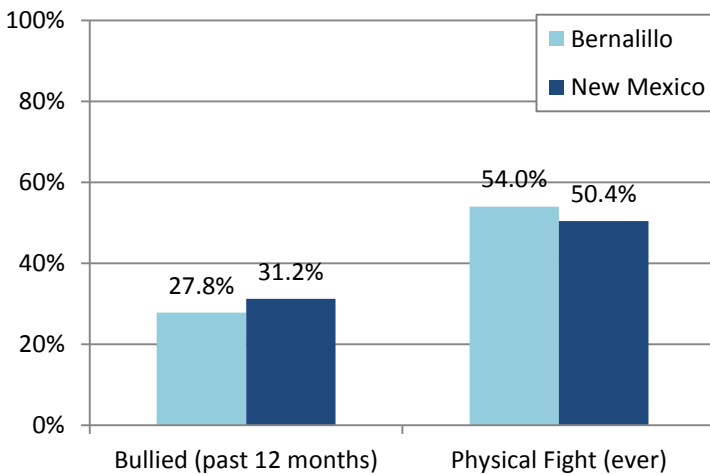
Bernalillo County youth exhibit strong resiliency factors related to having caring and supportive relationships with friends, in the community, in the home and at school.

YOUTH RISK & RESILIENCY (Continued)

Safety and violence are other factors related to delinquency and substance use among youth. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way. New Mexico YRRS data show associations between bullying and lower grades (6th graders are more likely to report being bullied than 12th graders), being American Indian, suicide attempts and sexual violence.

Middle School Violence (Grades 6-8)

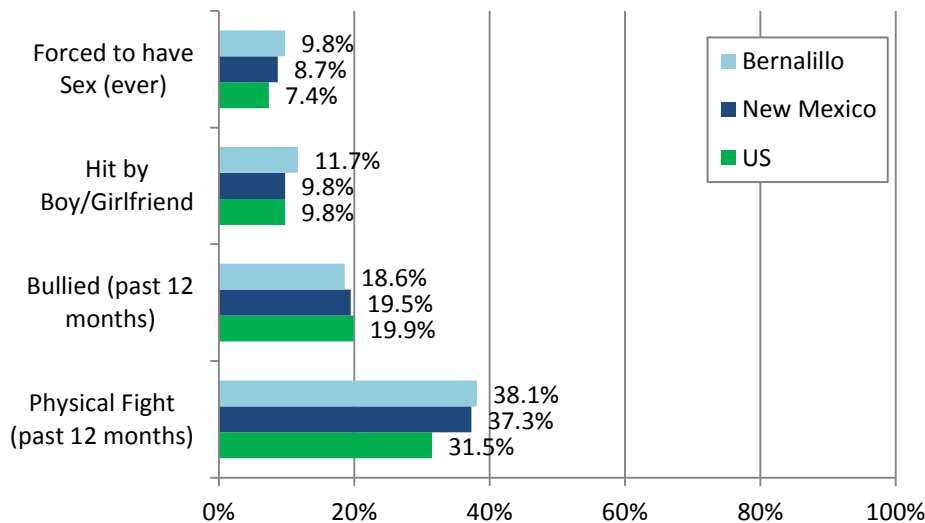
NM YRRS 2009



Middle School students in Bernalillo County are slightly less likely to have been bullied than other New Mexico students, but more likely to have been in a physical fight.

High School Violence (Grades 9-12)

NM YRRS 2009



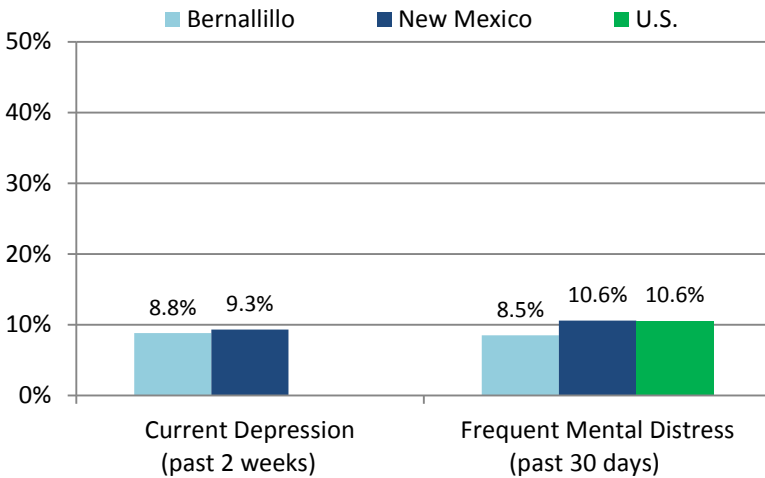
High School students in Bernalillo County are **more likely** than high school students in the US to have been forced to have sex, been hit by a boy/girlfriend, been bullied in the past year and been in a physical fight in the past 12 months.

ADULT MENTAL HEALTH

Poor mental health is a serious and persistent public health concern in New Mexico communities. Depression is one of the most prevalent and treatable mental disorders in the state and is a risk factor for suicide and attempted suicide and is often associated with substance abuse. **In addition, depression has been associated with an increased prevalence of chronic medical conditions, such as heart disease, stroke, asthma, cancer, diabetes and obesity** (NM DOH Report 2008, T. Murphy).

ADULT Depression and Frequent Mental Distress

BRFSS 2006



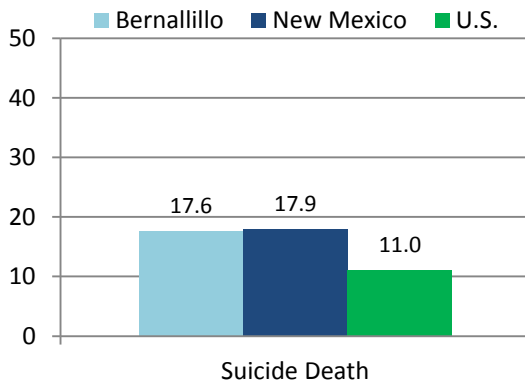
Bernalillo County residents (8.8%) have a similar prevalence of current depression as New Mexico residents (9.3%) overall.

Bernalillo County residents report lower prevalence of frequent mental distress than the rest of New Mexico and the Nation.

SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

Suicide Death (Rates per 100,000)

NM BVRHS 2005-2009



Bernalillo County residents (17.6) have a similar rate of suicide death as New Mexico residents (17.9) overall. The county rate is 1.6 times the U.S. rate for suicide death.

New Mexico's suicide rate has consistently been 1.5 to 1.9 times the U.S. rate since 1981, and has been in the top 5 states for almost all of those years as well. For the state overall, male suicide rates are more than three times female rates.

SOURCE: 2011 New Mexico Substance Abuse Epidemiology Profile

Suicide Deaths and Rates by Race/Ethnicity		NM BVRHS 2005-2009					
		White	Hispanic	American Indian	Black	Asian/Pacific Islander	TOTAL
Bernalillo County	Deaths	335	204	25	14	4	582
	Rates	20.2	15.2	12.8	10.7	--	17.6
New Mexico	Deaths	1,032	583	204	28	11	1,858
	Rates	20.9	14.0	17.1	10.8	6.0	17.9

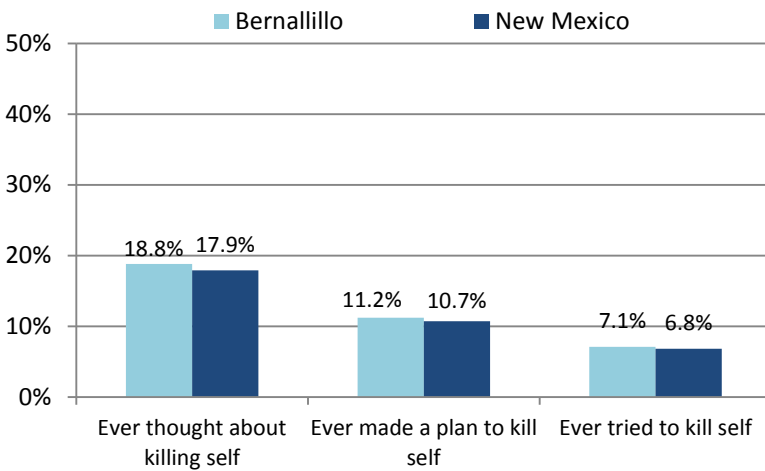
-- indicates the data were excluded because there were fewer than 2 deaths per year, making rates unreliable to calculate

YOUTH MENTAL HEALTH

Mental Health among youth in New Mexico has been among the worst in the nation since 2003. Mental health problems among youth are linked with substance use, poor academic performance and other risky behaviors, as well as overall health issues. 2009 YRRS data reveals that current alcohol drinkers and current binge drinkers were more likely to report persistent feelings of sadness or hopelessness and attempt suicide than non-drinkers. Persistent feelings of hopelessness or sadness, described as feeling sad or hopeless almost every day for two or more weeks so that regular activities were stopped, are a risk factor for depression.

Middle School Mental Health (Grades 6-8)

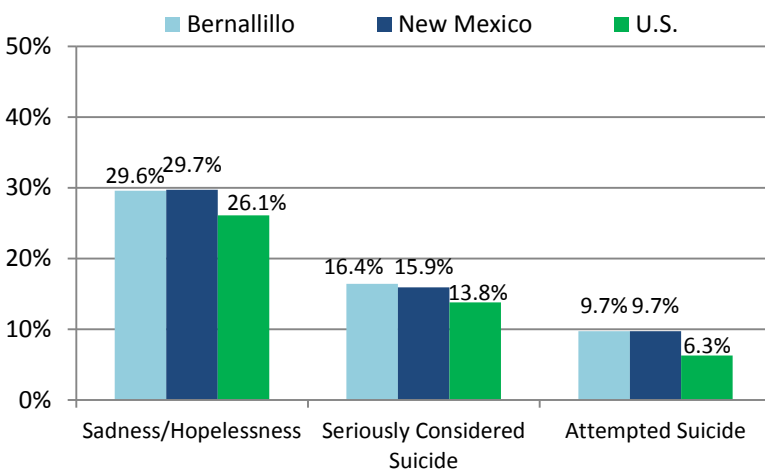
NM YRRS 2009



Bernalillo County middle school students have similar prevalence of mental health issues as the rest of the state.

High School Suicide Ideation & Attempts (Grade 9-12)

NM YRRS 2009



Bernalillo County youth have similar prevalence of persistent sadness and hopelessness, considering suicide and attempted suicide as other youth in New Mexico. However, most of these indicators are higher than the U.S. prevalence.

Treatment Service Utilization Data

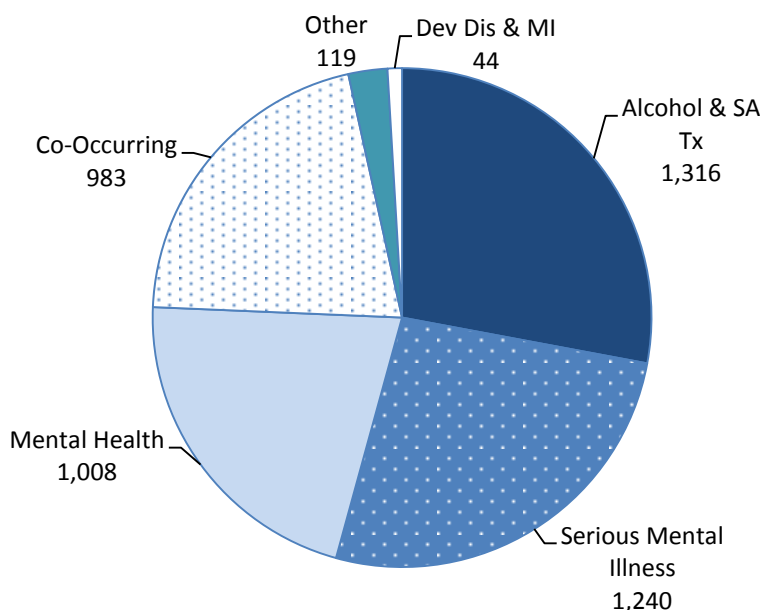
BERNALILLO COUNTY

This is the first time the New Mexico Behavioral Health Services Division (BHSD) has published descriptive data about the service registration and claims data for all the substance abuse and mental health services they fund.

- The data represent clients who received services supported by the NM BHSD in the state fiscal year 2011 (July 1, 2010-June 30, 2011). A better picture of the services used and the demographic information of BHSD clients was gained because of the review of the data.
- Service Registration codes may not be the best variable for analysis. There appear to be discrepancies that need further study. Data about the service registration diagnostic categories (used in this report to categorize clients) and the actual claims data need to be more clearly linked.
- Claims data may be a more reliable and accurate method of analysis for future reports because the clinician in charge of the client provides the diagnoses codes upon submitting claims.

Total Served per Diagnostic Category

July 2010-June 2011



The top diagnoses in Bernalillo County are for alcohol and substance abuse treatment, serious mental illness, and mental health. Descriptions of each diagnostic category are provided in the table below.

Diagnostic Category	Definition
Mental Health Disorder (n= 1,008)	A diagnosis of an adult within the past twelve months from the <i>Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)</i> from one of the following categories: schizophrenia or other psychotic disorder; major depressive disorder; bipolar or other mood disorder; anxiety disorder; somatoform disorder; factitious disorder; dissociative disorder; or an eating disorder.
Co-occurring Disorders (n = 983)	Two diagnoses of an adult within the past twelve months from the DSM-IV-TR, which include one of the following pairs: a Serious Mental Illness (SMI) and a substance use disorder; or Chronic Substance Dependence (CSD) and a mental health disorder; or, SMI or CSD and a developmental disability.

Diagnostic Category	Definition
Alcohol & Substance Abuse Treatment (Chronic Substance Dependence) (n = 1,316)	A diagnosis of an adult within the past twelve months from the DSM-IV-TR from one of the following categories: alcohol dependence; cannabis dependence; cocaine dependence; amphetamine dependence; hallucinogen dependence; opioid dependence; phencyclidine dependence; sedative, hypnotic or anxiolytic dependence; or polysubstance dependence. In addition, the individual must have 1) an identified and assessed functional impairment, and 2) an estimated duration of these conditions of at least six months.
Serious Mental Illness (n = 1,240)	A diagnosis of an adult within the past twelve months from the DSM-IV-TR from one of the following categories: schizophrenia or other psychotic disorder; major depressive disorder; bi-polar or other mood disorder; anxiety disorder; somatoform disorder; factitious disorder; dissociative disorder; or an eating disorder. In addition, the individual must have 1) an identified and assessed functional impairment, and 2) an estimated duration of these conditions of at least six months.
Other (n = 119)	This category includes individuals whom may be diagnosed with a Severe Emotional Disturbance or other major behavioral health diagnosis that does not fall into one of the above categories.
Developmental Disability and Mental Illness (n = 44)	A diagnosis of an adult within the past twelve months from the DSM-IV-TR from one of the following categories: schizophrenia or other psychotic disorder; major depressive disorder; bi-polar or other mood disorder; anxiety disorder; somatoform disorder; factitious disorder; dissociative disorder; or an eating disorder. In addition, the individual must have an identified and assessed developmental disability.

Total Served by BHSD (all categories) – Bernalillo County

		Number				Percent			
		Ages 18-24	Ages 25-64	Ages 65+	All Ages	Ages 18-24	Ages 25-64	Ages 65+	All Ages
Sex	Race/Ethnicity								
Male	White	112	897	15	1,024	10.9%	87.6%	1.5%	36.8%
	Hispanic	200	1,184	32	1,416	14.1%	83.6%	2.3%	50.9%
	American Indian	32	138	1	171	18.7%	80.7%	0.6%	6.2%
	Black	16	138	4	158	10.1%	87.3%	2.5%	5.7%
	Asian/Pac Islander	1	10	0	11	9.1%	90.9%	0%	0.4%
	Total		361	2,367	52	2,780	13.0%	85.1%	1.9%
Female	White	63	735	20	818	7.7%	89.9%	2.4%	42.4%
	Hispanic	114	754	20	888	12.8%	84.9%	2.3%	46.1%
	American Indian	15	102	0	117	12.8%	87.2%	0%	6.1%
	Black	10	75	4	89	11.2%	84.3%	4.5%	4.6%
	Asian/Pac Islander	4	12	0	16	25.0%	75.0%	0%	0.8%
	Total		206	1,678	44	1,928	10.7%	87.0%	2.3%
Total	White	175	1,633	35	1,843	9.5%	88.6%	1.9%	39.1%
	Hispanic	314	1,938	52	2,304	13.6%	84.1%	2.3%	48.9%
	American Indian	47	241	1	289	16.3%	83.4%	0.3%	6.1%
	Black	26	213	8	247	10.5%	86.2%	3.2%	5.2%
	Asian/Pac Islander	5	22	0	27	18.5%	81.5%	0%	0.6%
	Total		567	4,047	96	4,710	12.0%	85.9%	2.0%

DATA SOURCES

New Mexico is fortunate to have a 2011 Statewide Substance Abuse Epidemiology Profile that has been compiled and updated through the statewide Strategic Prevention Framework State Incentive Grant and other funds. The 2011 Statewide Substance Abuse Epidemiology Profile was prepared by the New Mexico Department of Health Epidemiology and Response Division, Substance Abuse Epidemiology Program. That document provided the bulk of the data for this county profile, which was prepared by Coop Consulting, Inc. under the direction of the New Mexico Human Services Department Office of Substance Abuse Prevention and guidance of the Statewide Epidemiological & Outcomes Workgroup. It was supported by an award to the New Mexico Human Service Department Office of Substance Abuse Prevention from the federal Substance Abuse and Mental Health Services Administration.

New Mexico Statewide Substance Abuse Epidemiological Profile 2011

Geographic Level: - Nation, State, County

Link to Source: - <http://nmhealth.org/ERD/SubstanceAbuse/2011%20New%20Mexico%20Substance%20Abuse%20Epidemiology%20Profile.pdf>

BRFSS Behavioral Risk Factor Surveillance Survey

Geographic Level: - Nation, State, some County

Frequency: - Data collected and reported annually, this report contains data from 2006-2009

Missing Values: - In order to capture population characteristics such as race/ethnicity, percentages are weighted to reflect the composition of the state. Accordingly, small values are omitted to avoid inaccurate representation of gender, age or racial groups.

Strengths: - Standardized and comparable across states
- Trend data available since 1998

Weaknesses: - Land Line Telephone non-coverage
- Non-response bias (bias is reduced by weighting)
- Self-report/response bias

Link to Source: - <http://www.cdc.gov/brfss>
- <http://ibis.health.state.nm.us/home/Welcome.html>

YRRS Youth Risk and Resiliency Survey

Geographic Level: - Nation, State, County, School District, School

Frequency: - Data are collected and reported every two years (on odd-numbered years)

Strengths: - Trend data available since 2001
- Offers national comparisons
- Data below the county level can be obtained

Weaknesses: - Data is self-reported
- Captures only youth in school, not other youth who may be at higher risk

Link to Source: - www.youthrisk.org

LIMITATIONS

This community level profile is based upon the data that were available for substance use/abuse, resiliency and consequences for New Mexico. Many gaps exist. Limitations include the use of national/state surveys which are not well known for asking questions or collecting data in culturally sensitive manners. The survey data that are used (BRFSS & YRRS) are self-reported and can reflect recall bias or social desirability response bias. Additionally, both of these surveys have limitations in regard to reach; the YRRS data are not available for every county, the BRFSS has very small sample sizes for American Indians and for some counties so that rates/percentages cannot always be determined. The New Mexico Statewide Epidemiological Workgroup wanted to include resiliency factors and data that reflect many of the unique strengths and protective factors in communities. Unfortunately, much of these data are non-existent or not published for public use in aggregate forms. Finally, there is a need for a cost study to determine the true cost of substance abuse in New Mexico. Despite these limitations, this profile can serve as a platform for addressing data gaps and for discussions about substance related issues in New Mexico communities.

CONCLUSIONS

This county epidemiological profile reveals the great toll that substance abuse takes on New Mexico communities. New Mexico leads the nation in alcohol-related death and alcohol-related chronic disease as well as drug-induced death. During the past two decades New Mexico's drug-induced death rate has almost tripled. This is a trend that needs to change.

New Mexico cannot afford to lead the nation in substance related problems.

Evidence based substance abuse prevention programs and initiatives that have used a public health approach have had a substantial impact on alcohol-related motor vehicle crash fatalities, reducing alcohol related motor vehicle fatalities by more than a third over a five-year period. The state could make similar progress in other areas if prevention were a significant priority within state and community systems.

Additionally, these data reveal the need to address the unique needs and disparities among minorities and other groups in New Mexico. The state and community groups need to improve access to high quality prevention services and increase cultural sensitivity to Hispanics and American Indians.

It is critical that our state and community systems address the overall health and wellbeing of individuals, families and communities. Research continues to reveal close ties between mental, physical and behavioral health. Our systems need to address the mental and emotional wellbeing of residents in order to have a positive impact on substance abuse problems and related chronic health conditions.