

THE BURDEN OF SUBSTANCE ABUSE IN NEW MEXICO

2004



Substance Abuse Epidemiology Unit
Office of Epidemiology, Public Health Division
New Mexico Department of Health



State of New Mexico

Office of the Governor

Bill Richardson
Governor

January 5, 2004

Dear Fellow New Mexicans,

Improving the quality of life in New Mexico is key to this administration's vision for the future. This vision involves substantially reducing the burden of substance abuse in New Mexico. As part of the solution, we must first identify the conditions in which we find ourselves as a society.

I am proud that the New Mexico Department of Health is committed to this vision by providing the necessary information on the burden of substance abuse in New Mexico. With this information, we can continue planning and development of effective prevention and intervention programs to combat one of our state's leading health concerns.

Sincerely,

A handwritten signature in black ink that reads "Bill Richardson".

Bill Richardson
Governor

HEALTHFredrick Sandoval, M.P.A.
Deputy SecretaryGary L.J. Girón, M.B.A.
Deputy Secretary

January 5, 2004

Dear Citizens of New Mexico,

This report responds to the increasing awareness in our state of the burden that substance abuse causes to individuals and their families within New Mexico. It is appropriate that the New Mexico Department of Health, through the Office of Epidemiology, address this pressing issue and provide accurate information as to the existing condition.

The general purpose of the report is to link research and surveillance to practice by providing health care providers, policymakers, state planners, and interested citizens with up-to-date information on the consequences of alcohol and drug abuse in New Mexico. I hope you find the information useful.

Sincerely,



Patricia T. Montoya, RN, MPA
Secretary

Acknowledgements

This report was produced by the Substance Abuse Epidemiology Unit, Office of Epidemiology, New Mexico Department of Health.

New Mexico Department of Health

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Table of Contents

Introduction3
Alcohol Consumption4
Alcohol- and Drug-Related Death	
I. Alcohol-Related Death5
II. Alcohol-Related Crash Fatality8
III. Drug-Related Death11
IV. Drug Overdose Death13
Alcohol- and Drug-Related Morbidity17
Risk Behaviors	
I. Pregnancy and Alcohol Use24
II. Youth Risk Behaviors25
III. Prevalence of Binge Drinking32
IV. Driving Under the Influence of Alcohol35
Drug and Alcohol Treatment36
Data Sources37

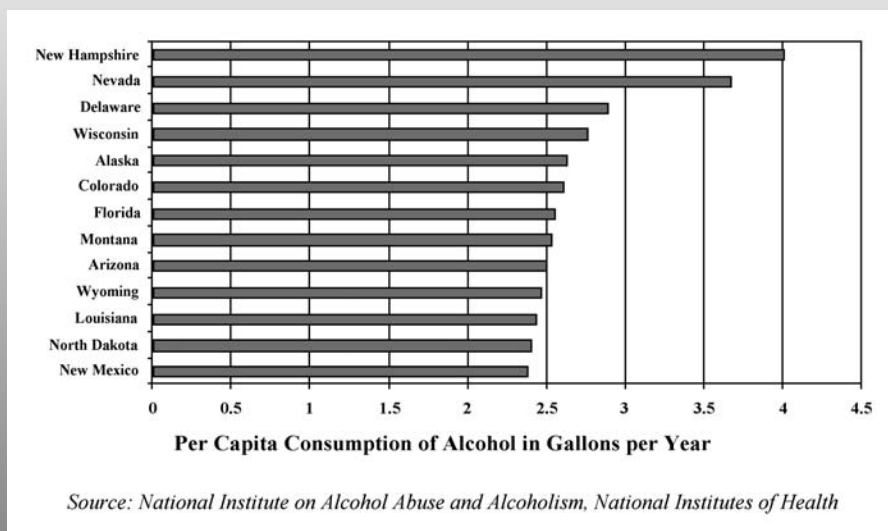
THE BURDEN OF SUBSTANCE ABUSE IN NEW MEXICO

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Introduction

Substance abuse has a tremendous impact on the health of New Mexicans. This report, *The Burden of Substance Abuse in New Mexico — 2004*, provides important information about this impact on New Mexico for the general public and policy makers. A companion document, the **2003 New Mexico Social Indicator Report**, provides data for county-level indicators relevant to substance abuse. An understanding of the consequences of substance abuse in New Mexico is essential to developing substance abuse prevention and treatment programs that will have a greater likelihood of improving the health of New Mexicans.

State Rankings for Adult per Capita Alcohol Consumption, Leading Studies, US, 2000



New Mexico ranks as one of the leading states for per capita alcohol consumption and is also one of the leading states for alcohol-related problems such as alcohol-involved fatal crashes, cirrhosis, and alcohol-related deaths.

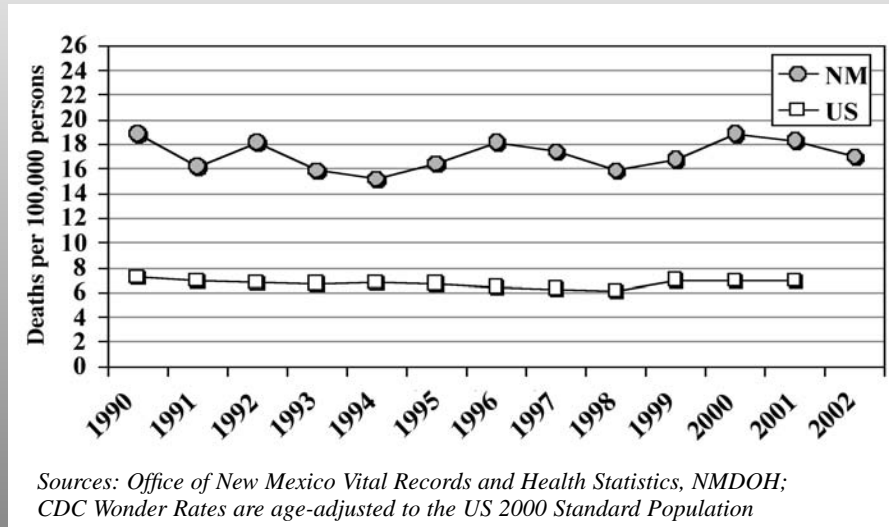
The state rankings above are based upon apparent consumption of actual alcohol, not the entire volume of an alcoholic beverage. Apparent consumption is based on several sources which together approximate sales but do not actually measure consumption. Accordingly, figures for some states may be skewed by purchases by nonresidents. For example, New Hampshire and Delaware are surrounded by states

with higher alcohol taxes, and, therefore, are affected by nonresidents crossing state lines to obtain less expensive alcohol. Similarly, Nevada's alcohol sales are affected directly by the large tourist trade activities in Las Vegas. For those states with high alcohol-related death rates, such as New Mexico, Alaska, and Wyoming, there is a relationship to high per capita alcohol consumption.

Among the various strategies used to control alcohol-related problems, alcohol taxes are by far the most popular and effective.

Numerous studies demonstrate that increased alcoholic beverage taxes and prices are related to reductions in alcohol use and related problems.

Alcohol-Related Death Rates New Mexico and US, 1990–2002



Alcohol-related death as presented here is limited to deaths from illnesses where the primary cause of death was alcohol use and does not include most injuries.

The alcohol-related death rate for New Mexico was more than twice the national rate. While the national rate has remained stable over the

years, alcohol-related death in New Mexico remains high but has decreased since 2000.

The highest alcohol-related death rates from 1999-2001 among New Mexico counties were for McKinley (54.7 per 100,000), San Miguel (36.0), Cibola (35.5), Rio Arriba (33.1), and Union (30.1) counties.

Alcohol-Related Death Rates Leading States, US, 2000

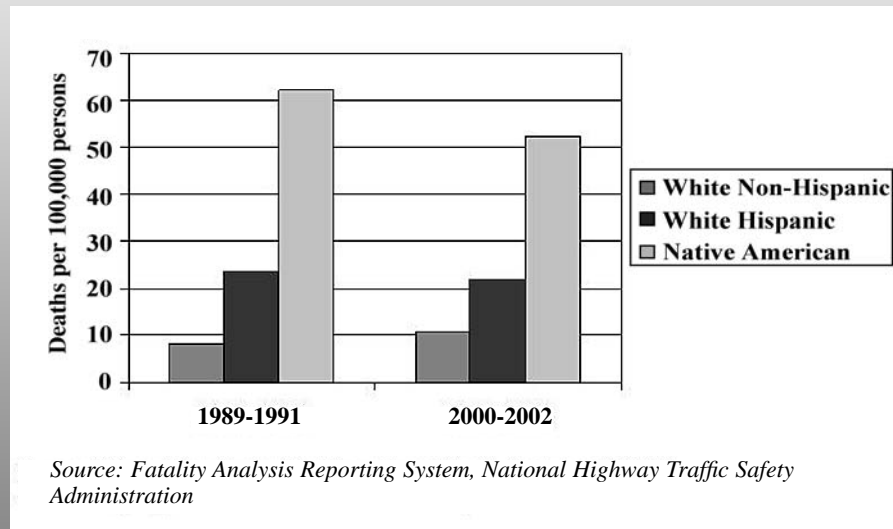
RANK	STATE	DEATHS PER 100,000 PERSONS
1	New Mexico	19.0
2	Alaska	18.2
3	Wyoming	12.4
4	South Carolina	11.1
5	California	10.8

*Source: CDC Wonder
Rates are age-adjusted to the 2000 US Standard Population*

New Mexico led the nation in alcohol-related death followed by Alaska and Wyoming.

Four of the five leading states are Western states.

Alcohol-Related Death Rates by Race/Ethnicity New Mexico, 1989–1991 and 2000–2002

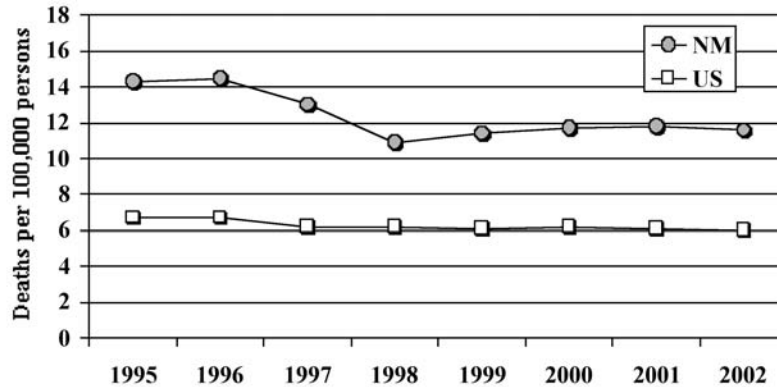


Differences in health status between population groups exist in New Mexico. It is a public health goal to eliminate disparities related to alcohol- and drug-related death.

Native Americans experienced the highest rates of alcohol-related

death in both 1989-1991 and 2000-2002, 62.2 and 52.5 per 100,000 respectively. The rate for White Non-Hispanics remained significantly lower than the rates for Native Americans and White Hispanics over both time periods, despite the slight increase in 2000–2002.

Alcohol-Related Crash Fatalities New Mexico and US, 1995-2002

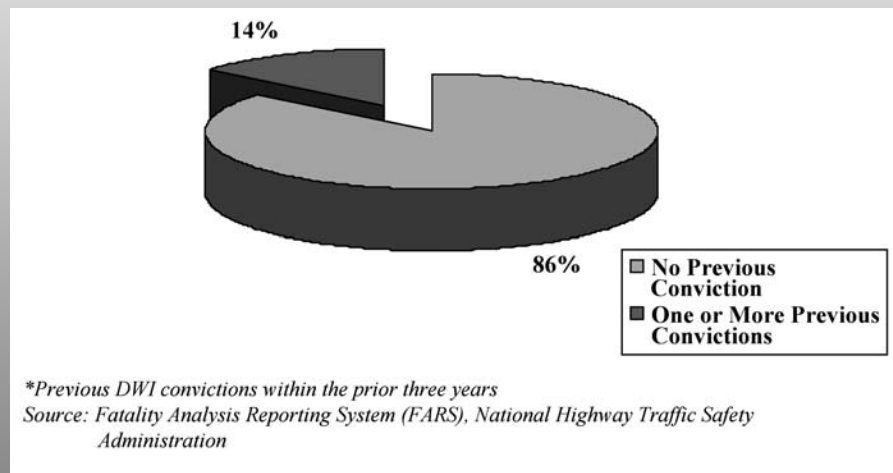


Source: Fatality Analysis Reporting System, National Highway Traffic Safety Administration

Since the 1980's, alcohol-involved crash fatalities have markedly decreased in New Mexico as a result of law enforcement and public awareness campaigns. The death rate for New Mexico of 11.5

per 100,000 has remained fairly stable since 1998. **The New Mexico death rate from alcohol-involved crashes was twice as high as the US rate in 2002.**

Percent of Alcohol-Involved Crash Fatalities Caused by Drivers with or without Previous DWI Convictions*, New Mexico, 2002



Alcohol is involved in nearly 42% of all motor vehicle crashes. Understanding the characteristics of these alcohol-involved fatal crashes may support further efforts to develop effective prevention, intervention, and enforcement efforts.

Of all alcohol-involved fatal crashes, slightly over **86 percent** were caused by drivers with no previous convictions for DWI in the past three years while drivers with one or more previous DWI

conviction accounted for 14 percent of the alcohol-involved fatal crashes. Results are based upon the Fatality Analysis Reporting System (FARS) which reports traffic crash data and related convictions in the prior three years.

Intervention efforts to address New Mexico's DWI problem need to focus on two discrete populations: 1) problem drinkers with a history of past DWI activity, and 2) problem drinkers who are not yet in the DWI system.

Percentage of Injury Deaths with Blood Alcohol Concentrations ≥ 0.08 Ages 15 and Older, New Mexico, 1993–2002

INJURY TYPE	ALCOHOL-RELATED*	PREVENTABLE DEATHS
Drowning	40%	100
Falls	21%	427
Pedestrian	66%	548
Hypothermia	63%	185
Fire/Burn	42%	86
Homicide	42%	828
Suicide	33%	1270
Poisoning	35%	609
Total	36%	4,053

**Alcohol-Related: BAC ≥ 0.08 . Source: Office of the Medical Investigator*

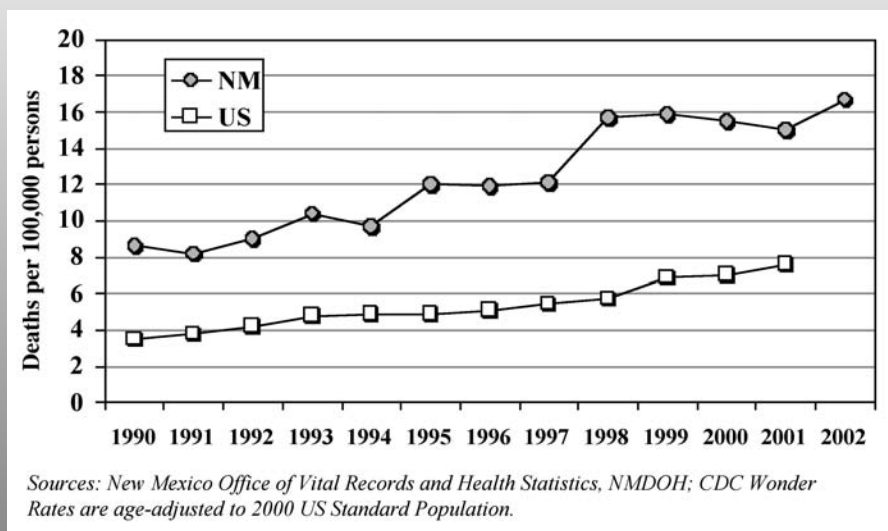
It is widely accepted that alcohol plays a significant role in injury death. The extent to which these fatal non-traffic injuries involve the use of alcohol is presented in the table.

Thirty-six percent of all non-traffic injury deaths among those 15 years and older had a blood alcohol

concentration of ≥ 0.08 . Pedestrian and hypothermia injury deaths had the highest percentage of alcohol intoxication at over 60% for each.

Alcohol contributes to New Mexico's high injury death rate, and is important to consider when developing injury prevention strategies.

Drug-Related Death Rates New Mexico and US, 1990–2002



Drug-related deaths are deaths where drugs are a primary cause, such as drug dependence and drug overdose.

In 2000, New Mexico had the highest death rate from drugs among the states, twice as high as the national rate. Drug-related death rates in New Mexico have

been steadily increasing since 1990 and the peak death rate of 16.7 per 100,000 was seen in 2002.

Among New Mexico counties, Rio Arriba (42.9 per 100,000), Lincoln (21.5), Bernalillo (21.0), Santa Fe (19.5) and Valencia (19.3) counties had the highest drug-related death rates for 1999-2001.

Drug-Related Death Rates Leading States, US, 2000

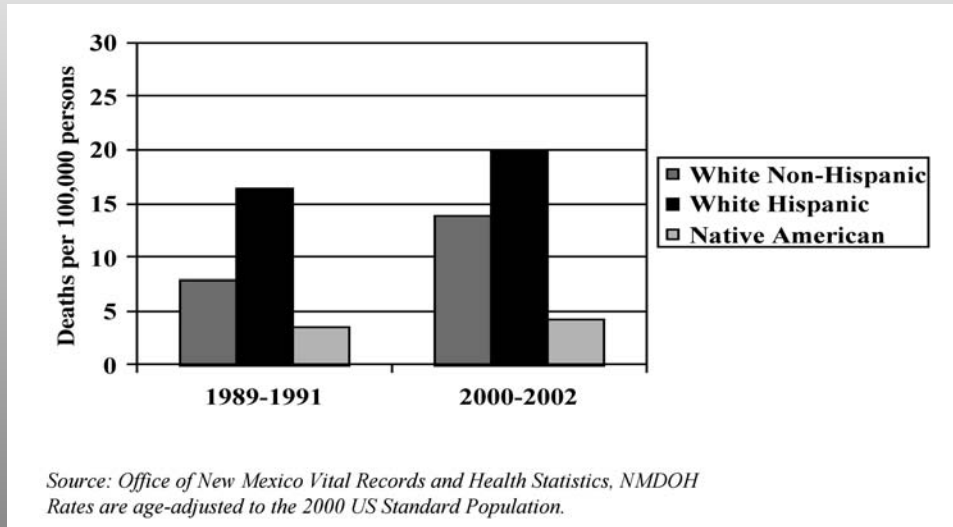
RANK	STATE	DEATHS PER 100,000 PERSONS
1	New Mexico	15.6
2	Nevada	14.1
3	Maryland	11.9
4	Arizona	11.3
5	Utah	11.2

*Source: CDC Wonder
Rates are age-adjusted to the 2000 US Standard Population*

During 2000, New Mexico led the nation in drug-related death followed by Nevada and Maryland.

Four of the five leading states are Southwestern states.

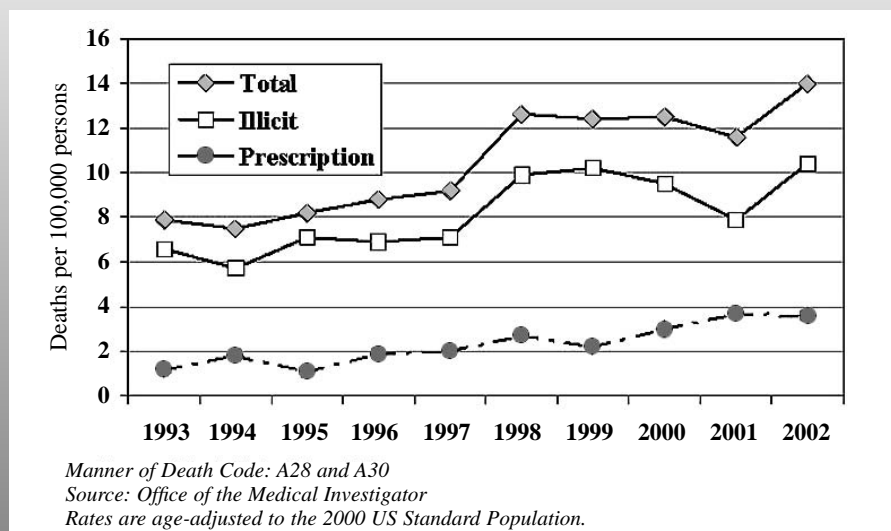
Drug-Related Death Rates by Race/Ethnicity New Mexico, 1989–1991 and 2000–2002



Deat h rates from drugs have increased for all racial/ethnic groups. The rates for White Hispanics remain the highest for both time periods, 16.4 per 100,000 during 1989-1991 and 20.1 per

100,000 for 2000-2002. The Native American rate remained the lowest, while the White Non-Hispanic death rate nearly doubled from 7.9 to 14.0 per 100,000.

Prescription and Illicit Drug Overdose Death Rates New Mexico, 1993–2002



New Mexico has had the highest rates of total drug overdose death in the nation since the 1990s.

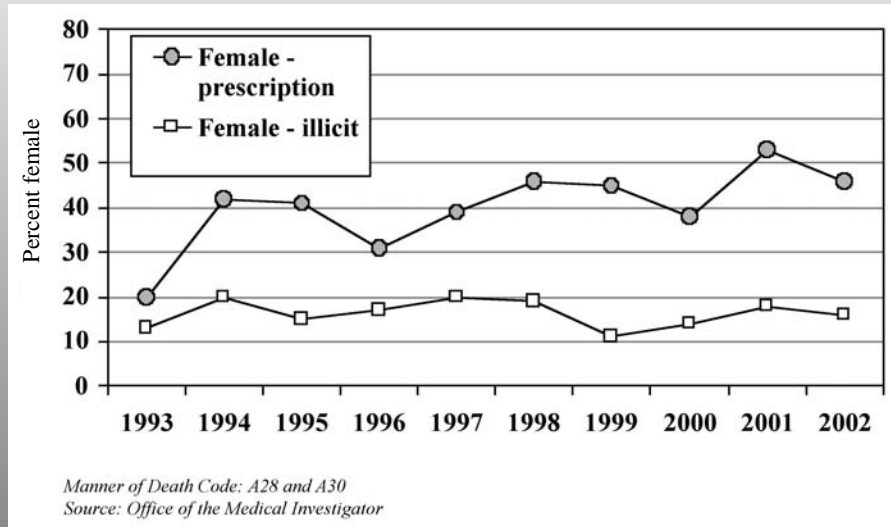
Total drug overdose death is a combination of deaths from illicit drugs (heroin, cocaine, methamphetamine) and prescription drugs.

The total overdose death rate in New Mexico has increased steadily since 1994. There was a sharp increase from 9.2 per 100,000 in 1997 to 12.6 per 100,000 in 1998; rates remained stable from 1998-

2000 and then dropped in 2001 to 11.6 deaths per 100,000. **The rate has rebounded to its peak in 2002.**

Although the death rate from prescription drugs has increased slightly over the years, the total drug overdose death rate in New Mexico is driven by illicit drug overdose deaths. **The rise in drug overdose death from 2001 to 2002 underscores the urgent need for improved intervention strategies.**

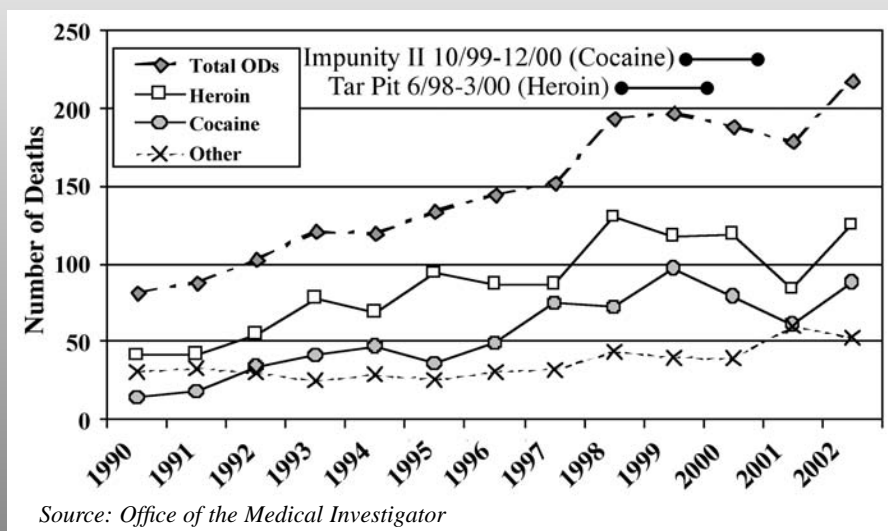
Drug Overdose Deaths Among Females New Mexico, 1993–2002



The percentage of females in New Mexico dying from prescription drugs has been increasing over the last ten years. Twenty percent of prescription drug

deaths were among females in 1993 compared to 46% in 2002. In contrast, the percentage of females dying from illicit drugs has remained stable.

Drug Overdose Deaths in New Mexico and DEA Operations on US–Mexico Border, 1990–2002



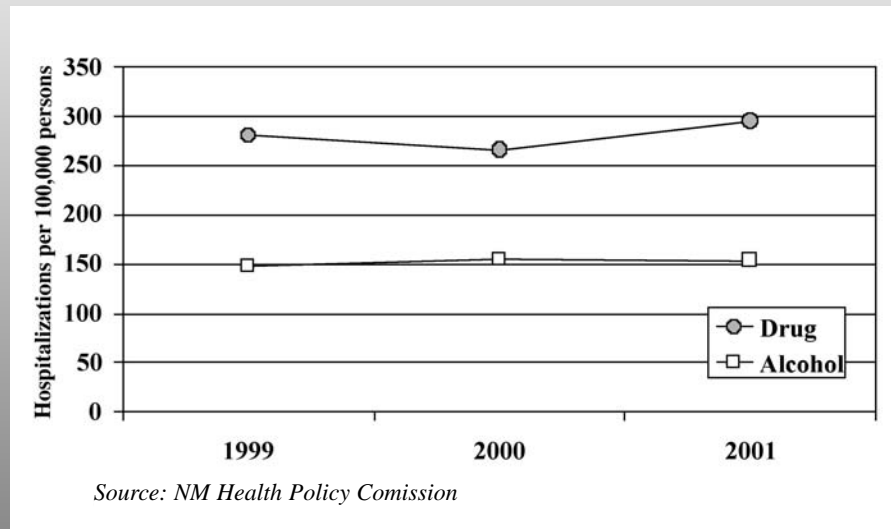
What caused the abrupt drop in overdose deaths in 2001 and the subsequent rebound in 2002? One probable explanation is linked to supply-side interventions such as federal drug sentencing, drug violation arrests and drug seizures at the border.

This figure shows the number of drug overdose deaths in New Mexico and timelines for selected Drug Enforcement Agency (DEA) US-Mexico Border Operations during 1990-2002. **Specialized multi-agency, multi-jurisdictional DEA and local operations targeting specific Mexican cartels for cocaine and black tar heroin seem to have impacted the number of drug**

overdose deaths in New Mexico.

The number of both heroin- and cocaine-related deaths slowly decreased during the time of these focused operations. The conclusion of DEA Operations Tar Pit (6/98-3/00; heroin) and Impunity II (10/99-12/00; cocaine) in 2000 culminated in peak numbers of arrests, federal sentences and pounds of drugs seized at New Mexico ports of entry. The following year, 2001, marked the lowest number of heroin- and cocaine-related deaths in New Mexico since 1994 for heroin and 1996 for cocaine. **In 2002, the impact of these operations had possibly begun to diminish.**

Alcohol-Related and Drug-Related Hospitalization New Mexico, 1999–2001

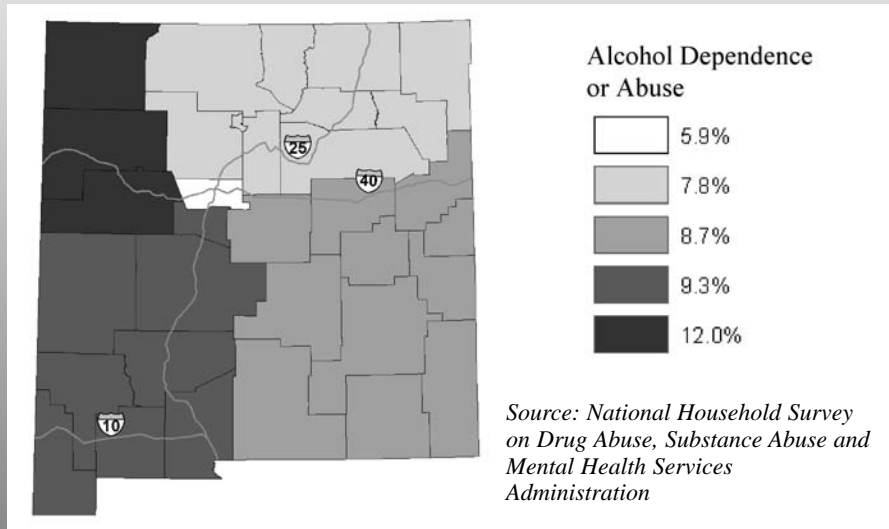


Alcohol and drug use are major causes of hospitalization in New Mexico. Alcohol-related hospitalizations include hospitalizations for alcohol dependence and alcoholic liver disease. Drug-related hospitalizations include hospitalizations for suicide attempts and other poisonings.

There are about twice as many drug-related hospitalizations as alcohol-related hospitalizations per year in New Mexico.

The cost of alcohol and drug-related hospitalization is substantial and growing.

Alcohol Dependence or Abuse by Region New Mexico, 2000–2001



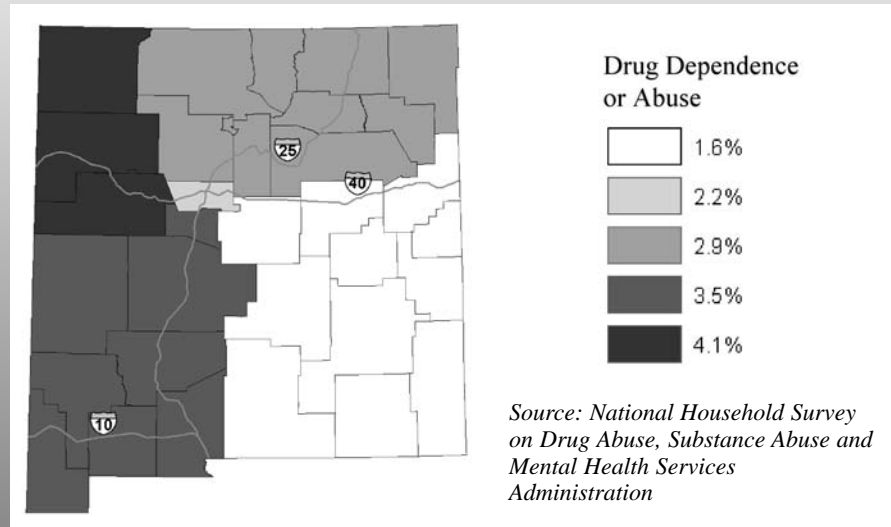
The National Household Survey on Drug Abuse (NHSDA) provides national estimates of the extent of alcohol dependence and abuse for the United States. Regional estimates were provided for New Mexico.

Rates for alcohol dependence and abuse are greater than rates for illicit drug dependence and abuse for each of the five regions.

The Northwest region of New Mexico has the highest rate of alcohol dependence and abuse for the state followed by the Southwest and Southeast regions of the state.

Rates of dependence and abuse are often used as a measure of need for treatment services and can be important data for state planning and capacity building.

Drug Dependence or Abuse by Region New Mexico, 2000–2001

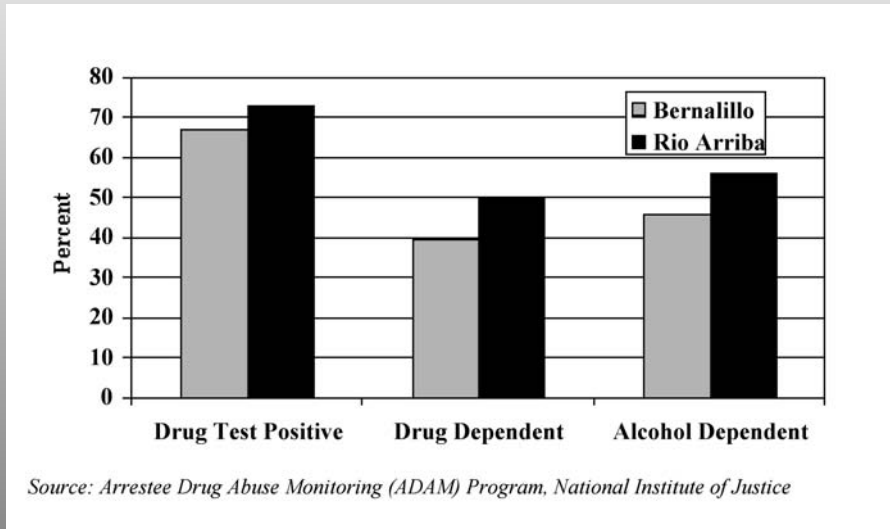


Rates of illicit drug dependence and abuse can be used to indicate the number of persons in need of treatment services. Regional estimates for New Mexico were obtained from the National Household Survey on

Drug Abuse (NHSDA).

Illicit drug dependence and abuse rates are highest in the Northwest region of the state, followed by the Southwest and Northeast regions of the state.

Drug Use and Dependence among Male New Mexico Arrestees, Rio Arriba and Bernalillo Counties, 2002

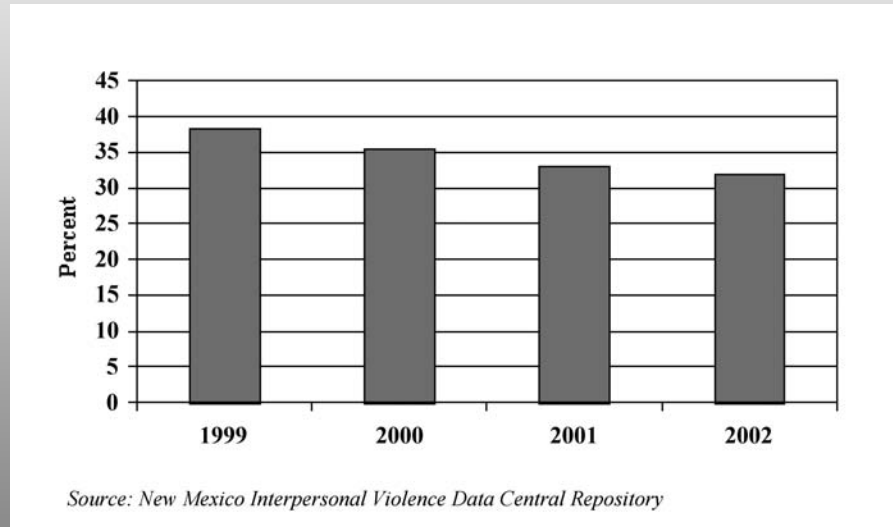


Between 43 percent and 85 percent of adult male arrestees in 36 cities across the U.S. tested positive for drug use in 2002, according to data from the Arrestee Drug Abuse Monitoring (ADAM) program. Data from the two New Mexico ADAM sites show 67 percent of arrestees from Bernalillo County tested positive for any illicit drug while 73 percent of the arrestees from Rio Arriba County tested positive for any illicit drug at the time of arrest. The New Mexico results are consistent with a US Bureau of Justice Statistics report that found that smaller jail jurisdictions had higher rates of positive drug tests than larger jail jurisdictions. The size of the jail jurisdiction was based on the average daily inmate population.

In addition to testing for illicit drug use, the ADAM survey determines drug and alcohol dependence. Drug and alcohol dependence is often used as an indication of treatment need. **For Rio Arriba County arrestees, 50 percent were reported to be drug dependent and 56 percent were alcohol dependent.**

For Bernalillo County arrestees, 40 percent were drug dependent and 46 percent were alcohol dependent. The US Bureau of Justice Statistics also found that smaller jail jurisdictions were less likely to have treatment programs. It is estimated that only 11 percent of the adults in US correctional facilities received substance abuse treatment.

Domestic Violence Reports Involving Alcohol or Drug Use, New Mexico, 2000–2002



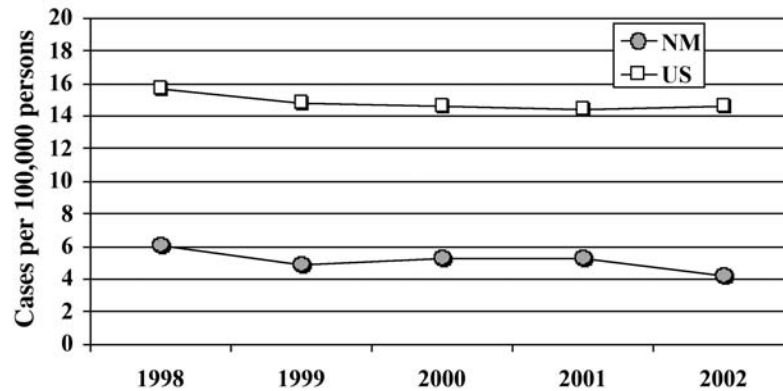
Alcohol and drug use is associated with a substantial proportion of human violence, and perpetrators of violent acts are often under the influence of one or more substances at the time of the violent act.

For New Mexico in 2002, of the 20,342 reports to police of domestic violence, alcohol or drug use was identified in 6,462 cases. 95% of these incidents involved suspect use of alcohol or drugs. Victim use of alcohol or drugs was found in 15 percent of the incidents. An estimated minimum of \$19.2 million

in medical care, mental health care, and lost productivity costs was a result of domestic violence.

The exact relationship between domestic violence and substance abuse is still unclear. However, many researchers agree that **alcohol and drugs lower the inhibitions that keep people from acting upon violent or sexually aggressive impulses and that substance use has the potential to exacerbate any psychiatric disorder or emotional instability the substance user may have.**

AIDS Rates New Mexico and US, 1998–2002



Source: Office of Epidemiology, NMDOH; Centers for Disease Control and Prevention

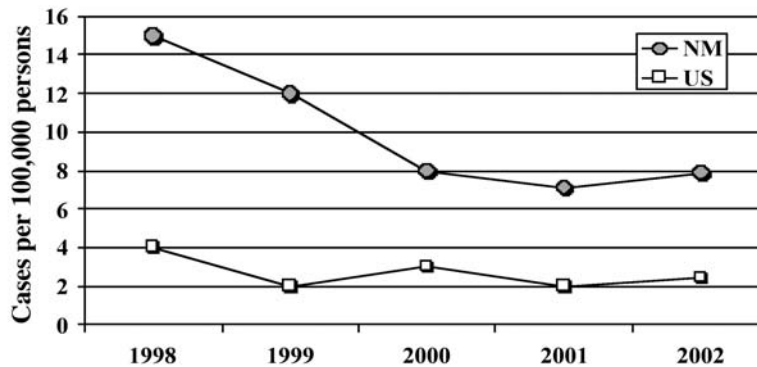
Injection drug use is an important cause of AIDS in New Mexico and the US.

The New Mexico AIDS rate was about one-third the US rate. 10% of cases in NM are among injection drug users, while 25% of cases in

the US are among injection drug users.

Needle exchange programs in NM are an important part of the strategy to reduce HIV/AIDS transmission among injection drug users.

Hepatitis B Rates New Mexico and US, 1998–2002



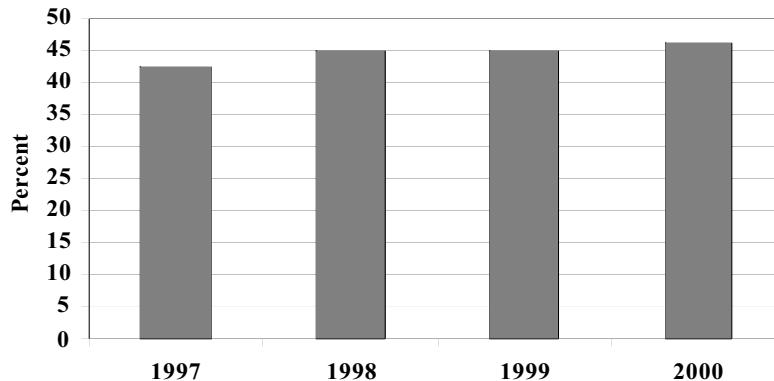
Source: Office of Epidemiology, NMDOH

Hepatitis B is a blood-borne infection that is transmitted through sex and sharing needles. Recent studies indicate that from 13-18% of new hepatitis B cases in the US are attributable to injection drug use.

Hepatitis B rates decreased during the 1990s in both NM and the US.

Hepatitis B vaccine use became routine for many population groups during this time period.

Mothers who Drank Alcohol Three Months Prior to Pregnancy, New Mexico, 1997–2000



Source: Pregnancy Risk Assessment & Monitoring System (PRAMS),
Family Health Bureau, NMDOH

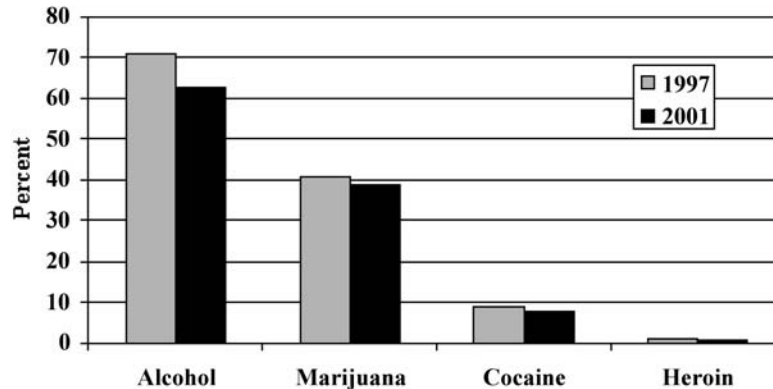
Prenatal exposure to alcohol is among the most commonly identifiable causes of mental retardation and neurodevelopmental disorders. There is no known safe level of prenatal alcohol consumption or safe time during pregnancy to drink.

For 2000, over 46% of mothers drank alcohol during the three months before pregnancy and only 18% of mothers had confirmed their pregnancy by the third week of pregnancy. **Even among mothers who intended their pregnancy, over 40% drank alcohol in the three**

months before pregnancy and 20% of pregnant women admitted current drinking. The percent of mothers who drank alcohol three months prior to pregnancy has increased since 1997.

In 2000, the prevalence of fetal alcohol syndrome (FAS) in New Mexico was similar to the national rate of 1.0 per 1,000 births. **Each year in New Mexico about 36 children are born with FAS and another 72 are born with an Alcohol-Related Birth Defect (ARBD). FAS and ARBD are 100% preventable.**

Past Year Substance Use, Grades 9–12 New Mexico, 1997 and 2001



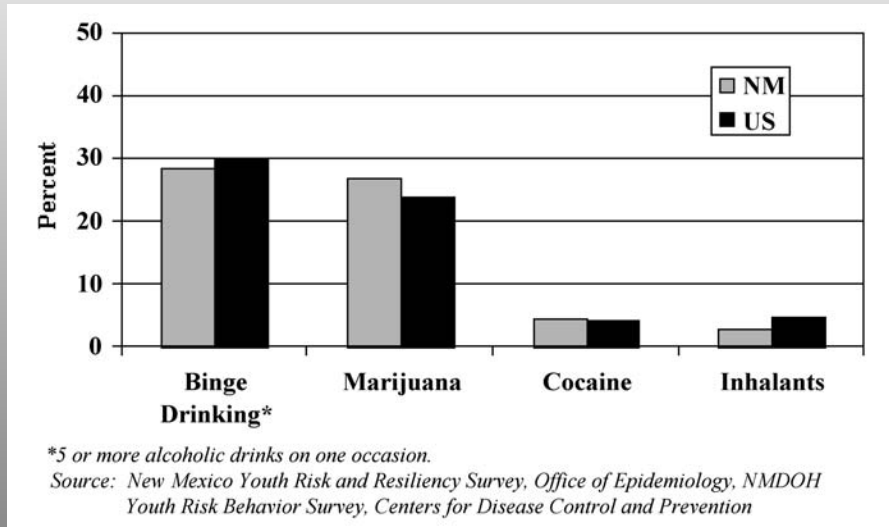
Source: 1997 New Mexico School Survey, 2001 Youth Risk and Resiliency Survey, Office of Epidemiology, NMDOH

A comparison can be made of the rates of some risk behaviors between the 2001 Youth Risk and Resiliency Survey and the 1997 New Mexico School Survey.

Rates of past year use of

marijuana, cocaine, and heroin among high school students in New Mexico show little change from 1997 to 2001. Past year alcohol use among high school students has declined from 71% in 1997 to 63% in 2001.

Past 30 Day Substance Use, Grades 9–12 New Mexico and US, 2001

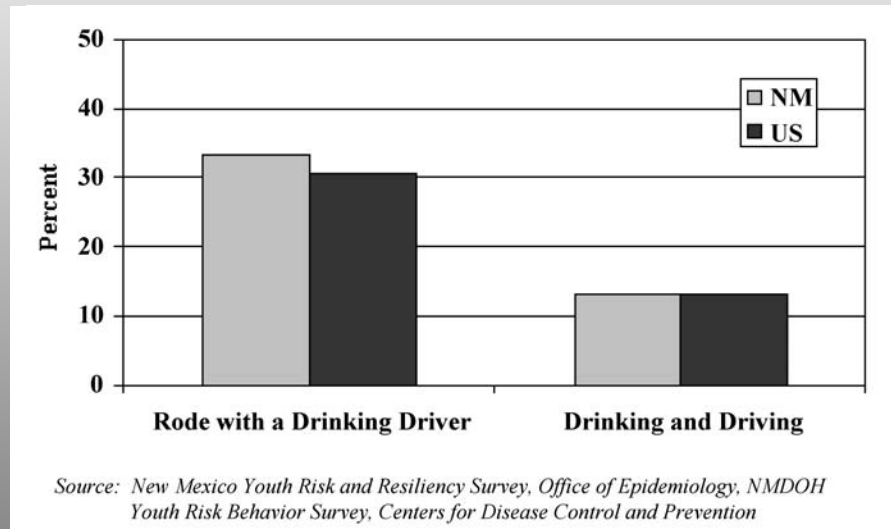


Both the New Mexico Youth Risk and Resiliency Survey and the national Youth Risk Behavior Survey include questions about recent substance use, or substance use within the 30 days preceding the survey.

New Mexico rates were similar to those of the nation as a whole for

youth binge drinking (consuming 5 or more alcoholic drinks on one occasion) and cocaine use. Students in New Mexico were more likely to have used marijuana than were students nationally. Inhalant use (sniffing glue or inhaling sprays or paints) was reported by a smaller percentage of New Mexico youth than national youth.

Past 30 Day Drinking and Driving, Grades 9–12 New Mexico and US, 2001

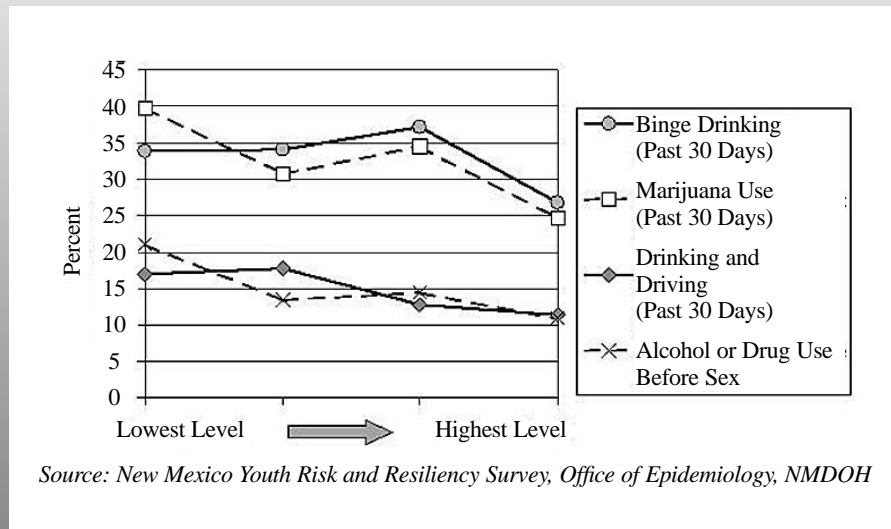


Some of the riskiest behaviors associated with alcohol are driving an automobile after drinking and riding in an automobile with a driver who has been drinking.

New Mexico youth are similar to national youth in both of these behaviors. **Approximately 33% of New Mexican respondents said that**

within the previous 30 days they had ridden in an automobile driven by someone who had been drinking alcohol, slightly more than the 31% of national respondents that responded in the same manner. Both in New Mexico and nationwide, 13% reported driving a car after drinking alcohol within the previous 30 days.

Risk Behaviors by Level of Positive Parent and Family Support, Grades 9–12, New Mexico, 2001



Resiliency factors are measures of protective influences on students from parents, family, school, peers, and the community.

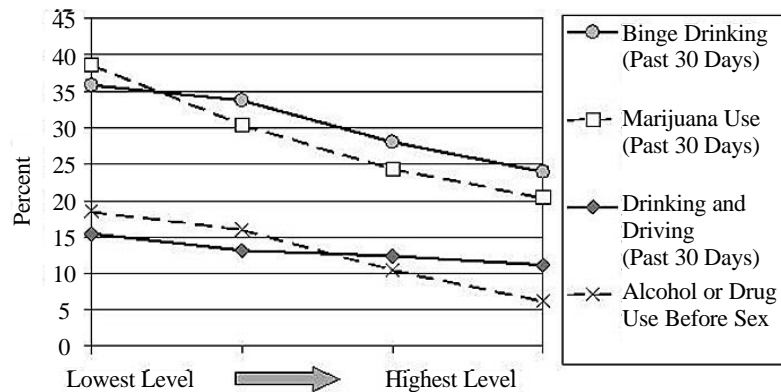
Positive Parent and Family Support indicates if a parent is interested in the student's school work, if the parent talks with the student about his or her problems, and if the parent listens to the student.

Students with high levels of

Positive Parent and Family Support were less likely to have engaged in drinking and driving, binge drinking (five or more drinks on one occasion), or marijuana use within the previous 30 days. They were also less likely to have used alcohol or drugs before their most recent episode of sexual intercourse.

Enhancing resiliency factors among youth is an important strategy for preventing substance abuse.

Risk Behaviors by Level of Youth Involvement Grades 9–12, New Mexico, 2001



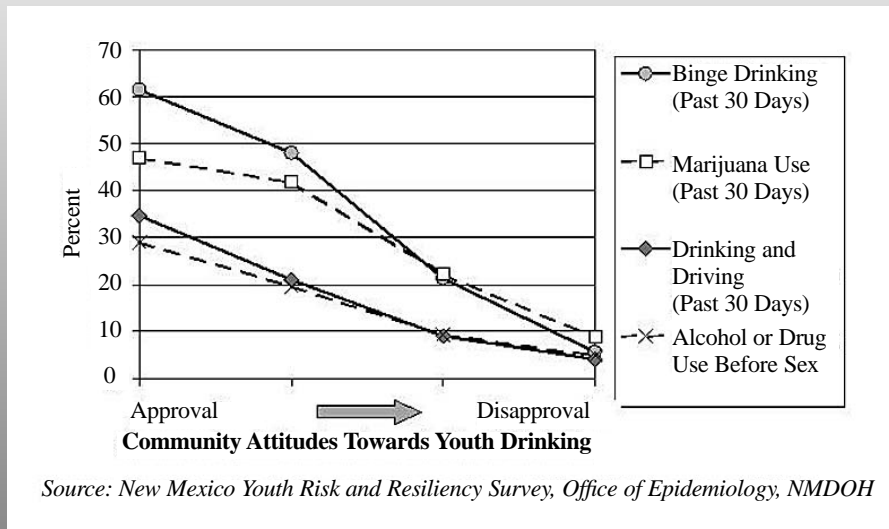
Source: *New Mexico Youth Risk and Resiliency Survey, Office of Epidemiology, NMDOH*

Youth Involvement is a measure of a student's participation in school sports, school clubs, or other school activities; in sports, clubs, or other activities outside of school; or in volunteer service outside of home or school.

As with Positive Parent and Family Support, **students exhibiting**

high levels of Youth Involvement were less likely to have engaged in past 30 day drinking and driving, past 30 day binge drinking, past 30 day marijuana use, and substance use before sexual intercourse than were students with low levels of the resiliency factor.

Risk Behaviors by Community Attitudes related to Youth Drinking, Grades 9–12, New Mexico, 2001



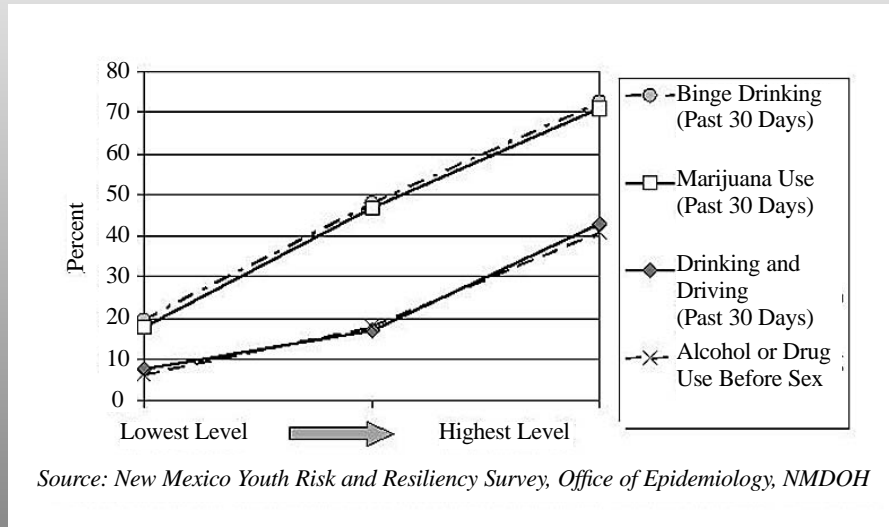
The YRRS questions students about their perceptions of community attitudes related to alcohol use by youth.

Students who perceived negative community attitudes toward youth drinking were less likely to engage in risky behaviors such as drinking and driving, binge drinking, marijuana

use, and alcohol or drug use prior to having sex than students who perceived less community disapproval.

As with resiliency factors, youth perception of community attitudes should be considered in the development of intervention activities.

Risk Behaviors by Level of Negative Peer Influence Grades 9–12, New Mexico, 2001

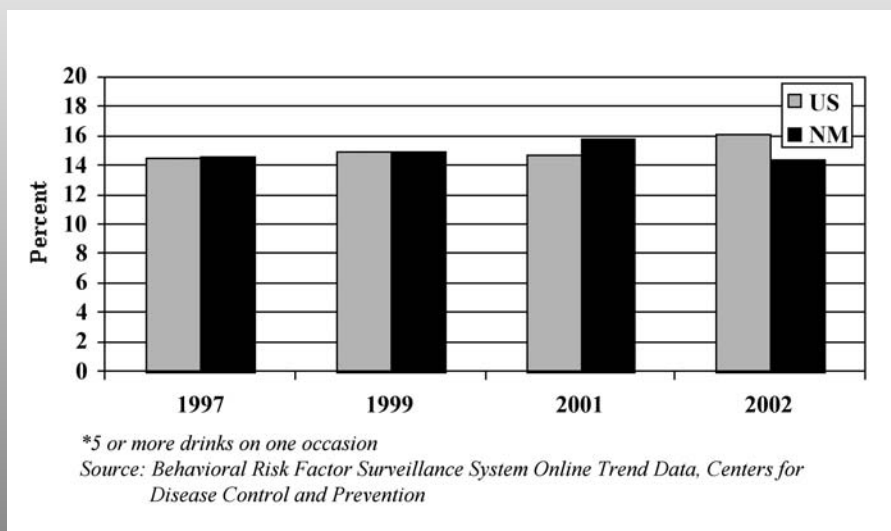


Negative Peer Influence indicates the use of alcohol and illicit drugs by a student's closest friends. It has a very strong association with risk behaviors. **Students with high levels of Negative Peer Influence were much more likely than other students to have engaged in past 30 day drinking and driving,**

past 30 day binge drinking, past 30 day marijuana use, and alcohol or drug use before having sex.

The close association between Negative Peer Influence and risk behaviors has important implications for interventions aimed at reducing risky behavior.

Prevalence of Binge Drinking* New Mexico and US, 1997–2002



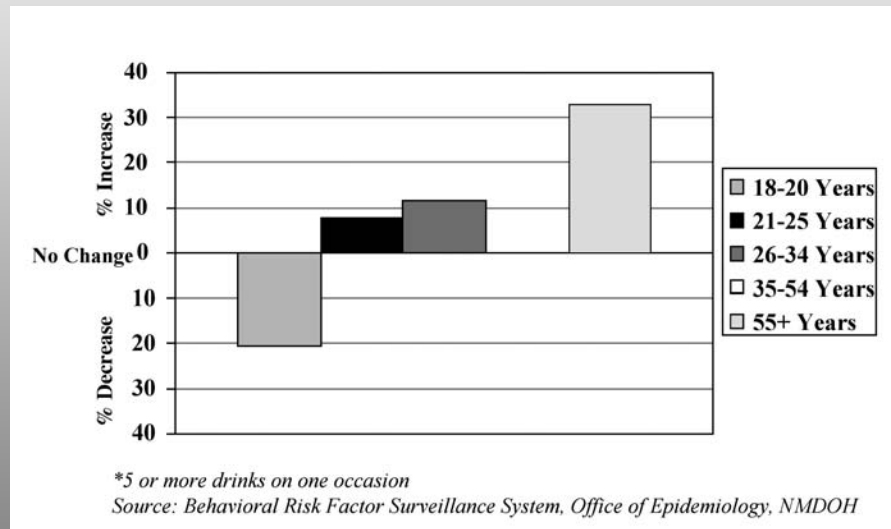
Adverse health effects specifically associated with binge drinking include unintentional injuries (motor-vehicle crashes, falls, drowning, hypothermia, alcohol poisoning, and burns), suicides, sexually transmitted diseases, and poor control of diabetes. Many consequences of binge drinking have especially high social and economic costs, including domestic violence, homicide, rape, child abuse and neglect, fetal alcohol syndrome, unintended pregnancy, and lost productivity.

According to the Behavioral Risk Factor Surveillance System survey,

14.4% of New Mexico's adult population ages 18 years and older binge drank in 2002. While binge drinking is on the rise in the United States, **the prevalence of binge drinking in New Mexico has been relatively stable since 1997.**

Binge drinking is a significant risk factor for many adverse health events in New Mexico such as fatal injury, driving while intoxicated, and domestic violence. Reduction in the rate of binge drinking will result in a reduced rate of many adverse health and social conditions currently affecting New Mexico.

Percent Change in Prevalence of Binge Drinking* by Age, New Mexico, 1998 and 2002



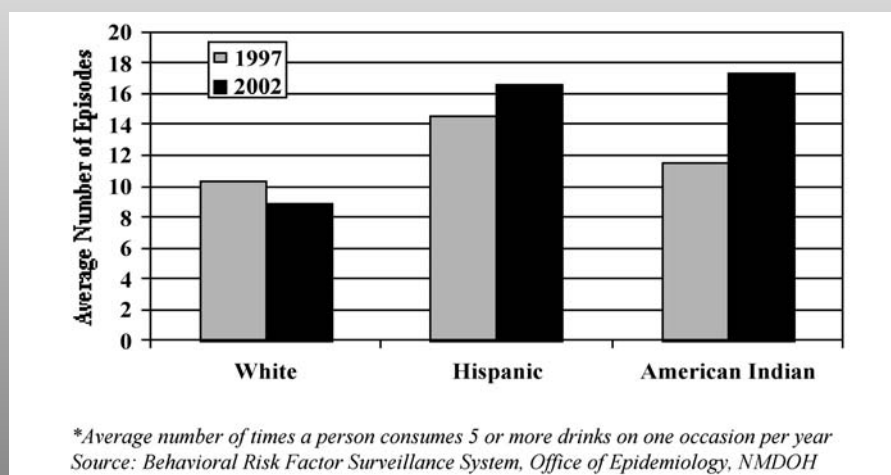
Age is an important factor to consider in relation to alcohol consumption and binge drinking. Generally among adults, **the younger the age group the greater the prevalence of binge drinking and other risky behaviors.** Often those most likely to binge drink are individuals who are too young to possess alcohol legally.

In 1998, 60.8% of 18-to 20-year olds reported drinking any alcohol in the past 30 days with over 33% claiming to have binged. **By 2002, the percent of 18- to 20-year olds who reported drinking any alcohol in**

the past 30 days decreased to 42.5% with 27% claiming to binge drink. For those 18-to 20-year olds there was an 18% decrease in the prevalence of binge drinking, while those ages 55 years and older had a 33% increase in binge drinking.

Binge drinking is a risky health behavior for all ages. In order to decrease binge drinking and reduce devastating consequences that are associated with it, such as DWI, hypothermia, suicide, and violence, age-specific strategies must be developed.

Number of Binge-Drinking Episodes* Among Adults who Consume Alcohol by Race/Ethnicity New Mexico, 1997 and 2002



Differences exist between racial/ethnic groups in relation to the prevalence of binge drinking and the number of binge-drinking episodes.

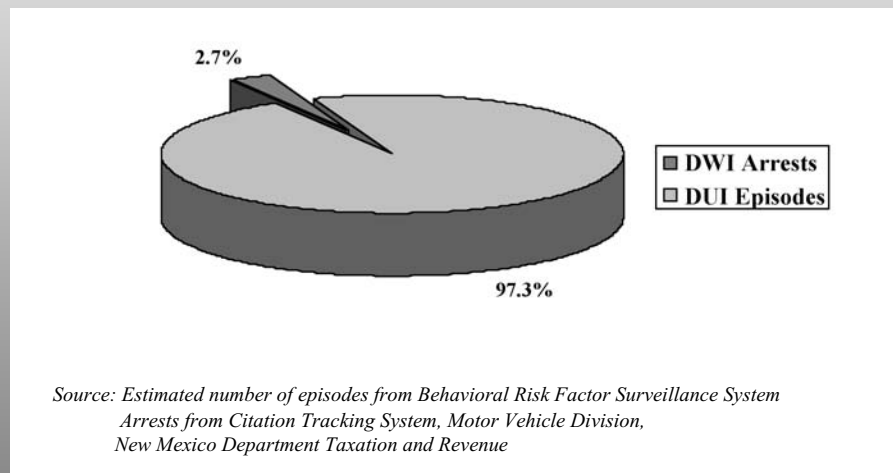
The prevalence of binge drinking among the White, non-Hispanic population remained stable between 1997 and 2002 at approximately 12%, while for the Hispanic population the prevalence of binge drinking increased between the two time periods from 15% to 18%. The prevalence of binge drinking among the American Indian population was lowest of the racial/ ethnic groups at 9% in 2002. This rate is a decrease from a binge drinking prevalence of 11% in 1997.

However, as presented in the graph, the number of binge-drinking episodes per person who drinks has increased for

both American Indians and Hispanics since 1997 while decreasing for the White, non-Hispanic population. Combining the information reveals that **American Indians are less likely to binge drink when compared to Hispanics or Whites**; however, those American Indians who do consume alcohol, on average, will binge drink more often than Hispanics or Whites.

Perceptions of acceptable alcohol consumption are affected heavily by cultural expectations. In addition, minority populations are generally younger which places a greater proportion of their population in the age groups most likely to engage in risky behavior. Data were presented for those racial/ethnic groups with a large enough sample to allow for yearly estimates.

Percent of Driving while Under the Influence of Alcohol (DUI) Episodes that Result in a DWI Arrest New Mexico, 2002



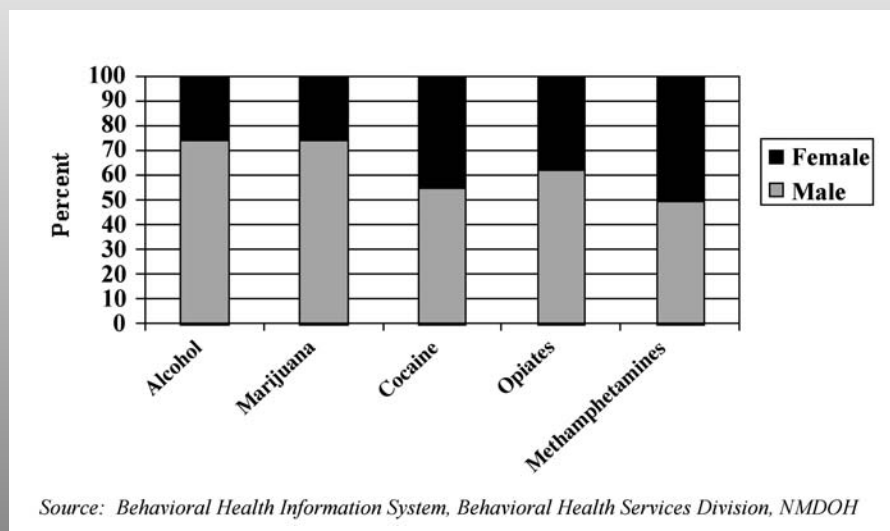
Driving while under the influence of alcohol (DUI) is a serious problem in New Mexico that claimed the lives of over 200 people last year. While the 2002 DUI prevalence rate is the lowest it has been since 1998 at 2.0% of the adult population, **an estimated 710,000 DUI episodes occurred in New Mexico in 2002.**

For New Mexico, there were 19,304 arrests in 2002 for a ratio of self-reported DUI episodes to DWI arrests of 36 to 1. According to the National Highway Traffic Safety Administration, only slightly over one percent of the national DUI

episodes result in an arrest; however, for New Mexico an estimated 2.7% of the self-reported DUI episodes result in an arrest. Although we cannot directly match self-reported DUI episodes to actual DWI arrests, **this graph shows the vast extent of the DUI problem in New Mexico** in relation to DWI arrests.

DUI is an extensive problem in New Mexico. In order to effectively reduce the rate of alcohol-involved fatalities in New Mexico, prevention, intervention, and law enforcement efforts must work in a coordinated fashion to interrupt those behaviors that contribute to DWI.

Treatment Admissions by Sex by Primary Substance of Abuse, New Mexico, 2000–2003



Alcohol continues to be the primary reason people seek treatment, according to data from the Behavioral Health Information System (BHIS). The BHIS reports treatment admissions to facilities that receive state alcohol and/or drug agency funds. Treatment funded by private payers or other programs such as Medicaid is not included.

Of all treatment admissions for alcohol, 74% of the clients were male while 26% were female. However, of all cocaine treatment admissions, 55% were male as compared to 45% female. For methamphetamine treatment

admissions, nearly 51% of all admissions were among females while 49% were among males. Men are more likely to enter the treatment system through the criminal justice system while females are more likely to enter the treatment system through self-admission.

National research indicates that by the time a woman enters treatment she may be severely addicted and consequently may require additional services beyond traditional drug treatment. In order to be most effective, treatment services should be tailored to meet the needs of the specific population.

Data Sources

Behavioral Risk Factor Surveillance System (BRFSS)

The BRFSS is a random-digit telephone survey administered by the Office of Epidemiology of the New Mexico Department of Health, in part supported by the Centers for Disease Control and Prevention. The survey provides information on behaviors and risk factors for a number of health conditions among the non-institutionalized adult (18 years and older) population of New Mexico.

New Mexico Office of the Medical Investigator (OMI)

The OMI is authorized to investigate all deaths in New Mexico that are unexpected, the cause of death is not immediately known or when the death is the result of violence due to an accident, suicide, or homicide. New Mexico has a statewide medical examiner system with specially trained investigators in every community. Data on autopsy, toxicology and circumstances of death are maintained at the OMI.

Arrestee Drug Abuse Monitoring (ADAM)

ADAM is a probability-based survey of recent arrestees from 35 sites in the United States funded by the National Institute of Justice. New Mexico has one ADAM site located in Bernalillo County and one Centers for Substance Abuse Treatment-ADAM partner site located in Rio Arriba County. The ADAM instrument is standardized to provide estimates of substance use, abuse, and dependence among adult

(18 years and older) male arrestees.

Behavioral Health Information System (BHIS)

The Behavioral Health Information System (BHIS) is a data collection system housed within the Behavioral Health Services Division (BHSD) of the New Mexico Department of Health. The BHIS contains aggregate patient information for admission and treatment services for substance abuse and mental health clients. The BHIS reports only state-funded treatment, while treatment funded by private payers or Medicaid is not included.

National Household Survey on Drug Abuse (NHSDA)

The National Household Survey on Drug Abuse (NHSDA) is a 50-State design multistage area probability sample that provides national estimates of the extent of substance dependence, abuse, and treatment among the civilian, non-institutionalized population of the United States aged 12 or older.

New Mexico Interpersonal Violence Data Central Repository

The NM Interpersonal Violence Data Central Repository is supported by the New Mexico Department of Health, Injury Prevention/EMS Bureau to house data submitted from a variety of agencies statewide (law enforcement, district and magistrate courts, and domestic violence service providers) that deal with the issue of domestic violence.

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Data Sources, *continued*

Pregnancy Risk Assessment Monitoring System (PRAMS)

The New Mexico Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing project of the Family Health Bureau, Public Health Division, New Mexico Department of Health with support from the Centers for Disease Control and Prevention. It provides multi-year, population-based surveillance data designed to identify and monitor selected maternal behaviors and experiences occurring before, during, and after pregnancy.

Fatality Analysis Reporting System (FARS)

The Fatality Analysis Reporting System (FARS) is maintained by the National Highway Traffic Safety Administration and contains data on all vehicle crashes in the United States that occur on a public roadway and involve a fatality when either the occupant of the vehicle or a non-motorist dies within 30 days.

Citation Tracking System (CTS)

The Citation Tracking system (CTS) is a dataset collected by the Motor Vehicle Division, New Mexico Tax and Revenue Department, that contains complete arrest and conviction records of all DWI offenders since 1985.

New Mexico Office of Vital Records and Health Statistics (NMVRHS)

The two major data systems of the NMVRHS are the birth and death files. NMVRHS receives data from hospitals, midwives, funeral directors,

the Office of the Medical Investigator, tribes and pueblos and individuals.

New Mexico data is also shared with the National Center for Health Statistics in order that national statistics on topics such as causes of death, teen pregnancy, abortions, and births to single parents can be used to assess the health of the US.

Youth Risk and Resiliency Survey (YRRS)

The Youth Risk and Resiliency Survey (YRRS) is a school-based survey of public high school students (grades 9-12) in the state of New Mexico. In 2001, over 9,000 youth completed the survey, providing information on risk behaviors, resiliency factors, and community norms. Many of the results from the risk factor section of the New Mexico YRRS can be compared to national data collected through the Youth Risk Behavior Surveillance System (YRBSS), sponsored by the Centers for Disease Control and Prevention. The 1997 New Mexico School Survey was a school-based survey of high school students conducted by the Office of Epidemiology, NMDOH.

Hospital Inpatient and Discharge Data (HIDD)

The HIDD, in existence since 1990, is administered by the New Mexico Health Policy Commission. All non-federal, licensed general and specialty hospitals in New Mexico report inpatient discharge data (49 hospitals reported in 2000).