

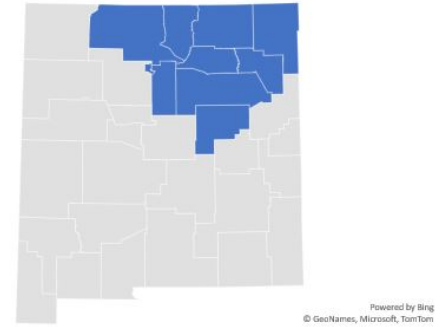
## February 2025

This report encompasses data from the following New Mexico counties: Colfax, Guadalupe, Harding, Los Alamos, Mora, Rio Arriba, San Miguel, Santa Fe, Taos, and Union.

This report was generated using data from NMDOH's syndromic surveillance database. Syndromic surveillance is a passive surveillance system of emergency department (ED) visits in New Mexico that provides the state with near real-time data about emergency department visits.

A few things to keep in mind regarding syndromic surveillance data:

- 93% of non-federal hospitals in NM send ED data to NMDOH.
- All drug overdoses are suspected. Drug involvement is often based upon the chief complaint and discharge diagnosis fields, and drug categories are not exclusive.
- Indian Health Service and Veteran's Administration data are **not** included. This leads to undercounts of these particular populations.
- To protect the privacy of patients, this report conforms to NMDOH's Small Numbers Rule. This means that if the population from which the numerator is derived is less than 20, and the numerator itself is one to three, those numbers are not shown. Rates that can be used to determine the value of suppressed cells are also suppressed.
- Location is based on facility location.
- Data drops in the first or last week of the graph are often because only part of the week belongs to the month in question.

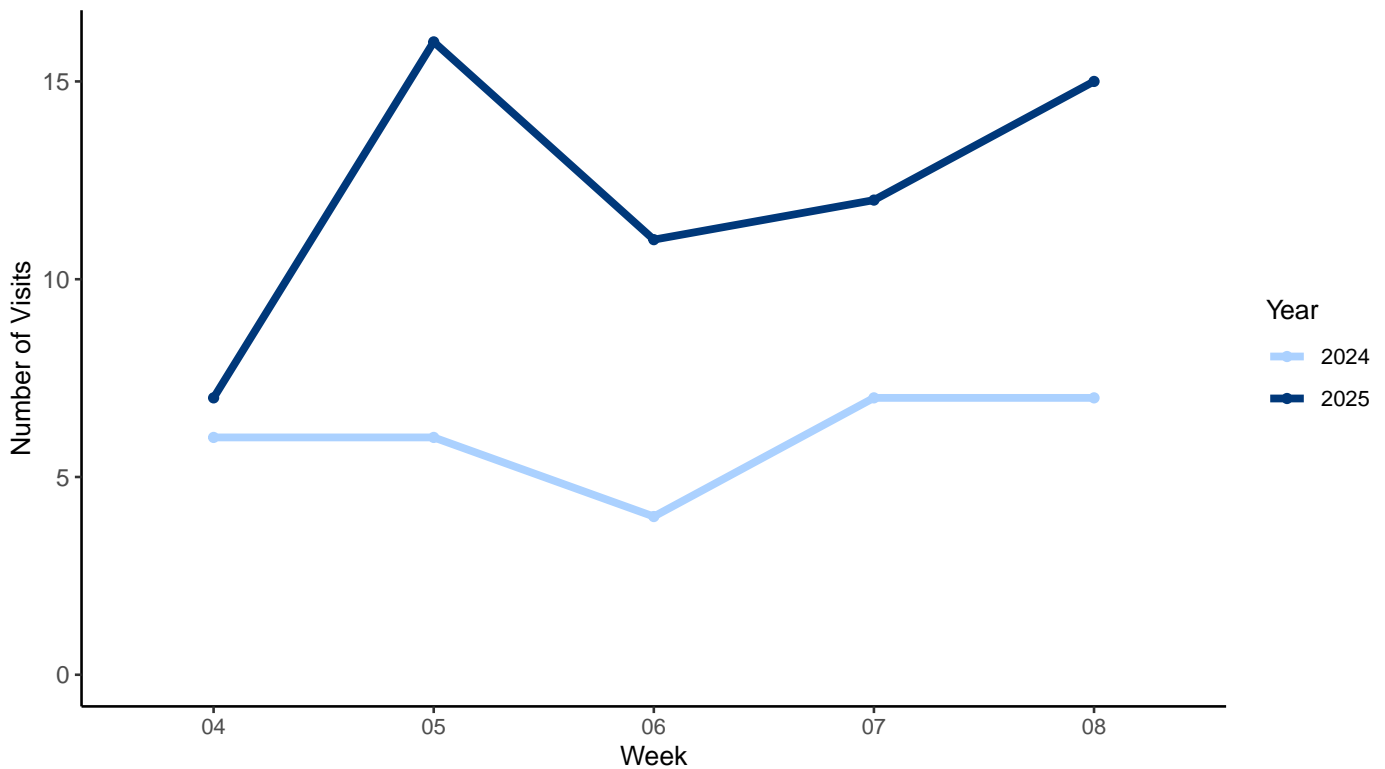


Population estimates are from 2023.

## Opioids

This category includes both prescription and illicit opioids.

**Opioid Overdose ED Visits, February 2025 (n=61)**



# Northeast Monthly Substance Use Report



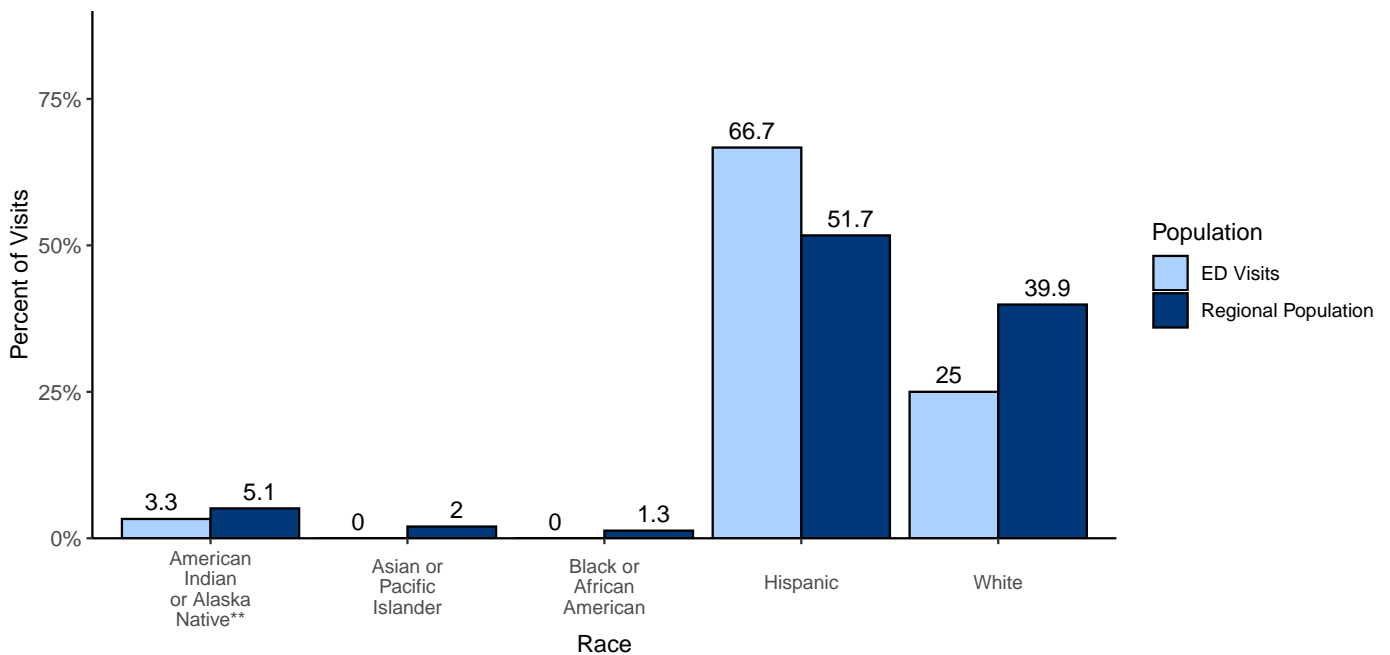
## Opioid Overdose ED Visits by Age, February 2025 (n=61)

Age	Number of Visits
18-25	6
26-54	38
55-64	8
65-77	2
78+	0

## Opioid Overdose ED Visits by Sex, February 2025 (n=61)

Sex	Number of Visits
Female	21
Male	40

## Opioid Overdose ED Visits by Race/Ethnicity, February 2025 (n=61)



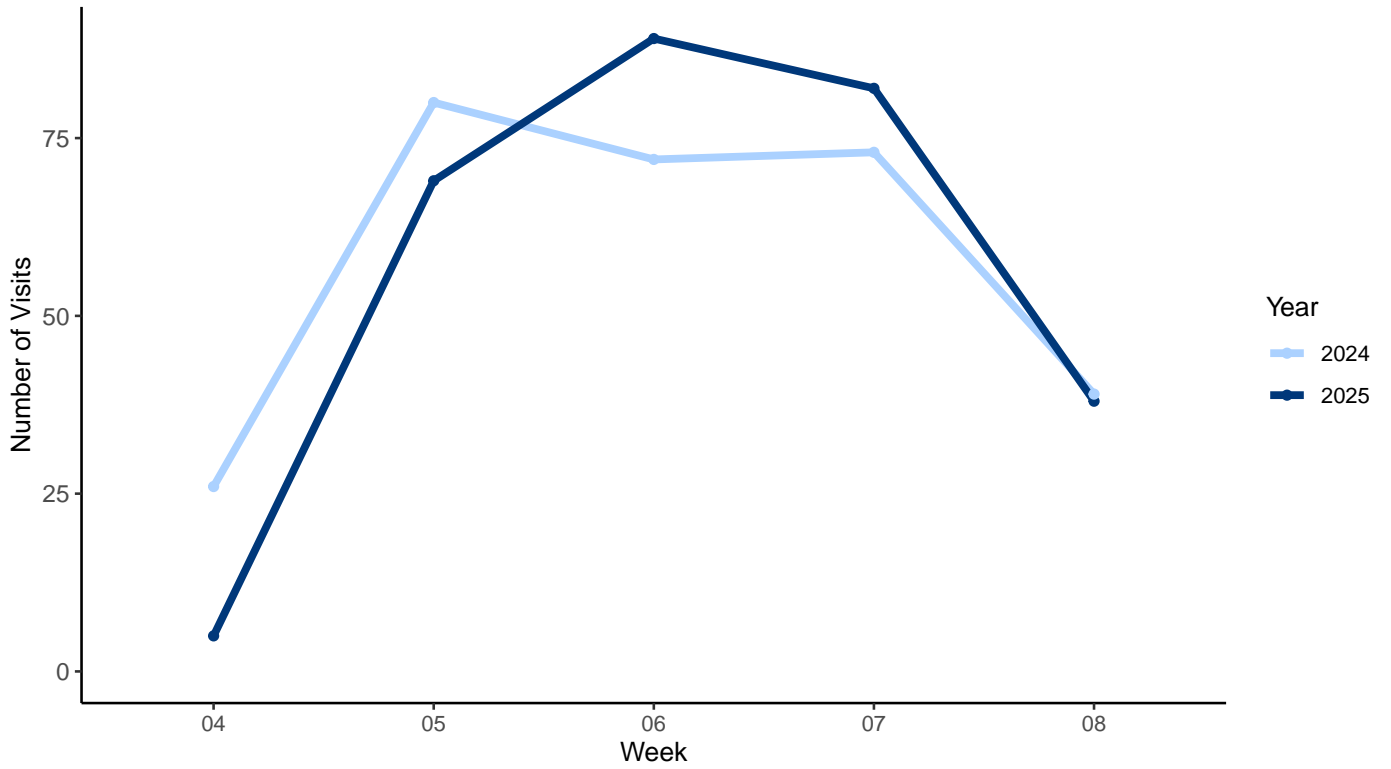
\*\*The number of American Indian/Alaska Natives are likely undercounted.

Because Indian Health Service data are not included in this report, the number of ED visits for American Indian/Alaska Native peoples are going to be under counted. Therefore the burden of disease on that particular population cannot be deduced from this graph. The light blue bars represent the racial breakdown of the benzodiazepine ED visits, and the dark blue bars represent the racial breakdown of the NE public health region overall. **A small percentage of the ED visits for benzodiazepines were for people who had a missing value for race, or were coded as "Other Race". They are not represented on this graph.**

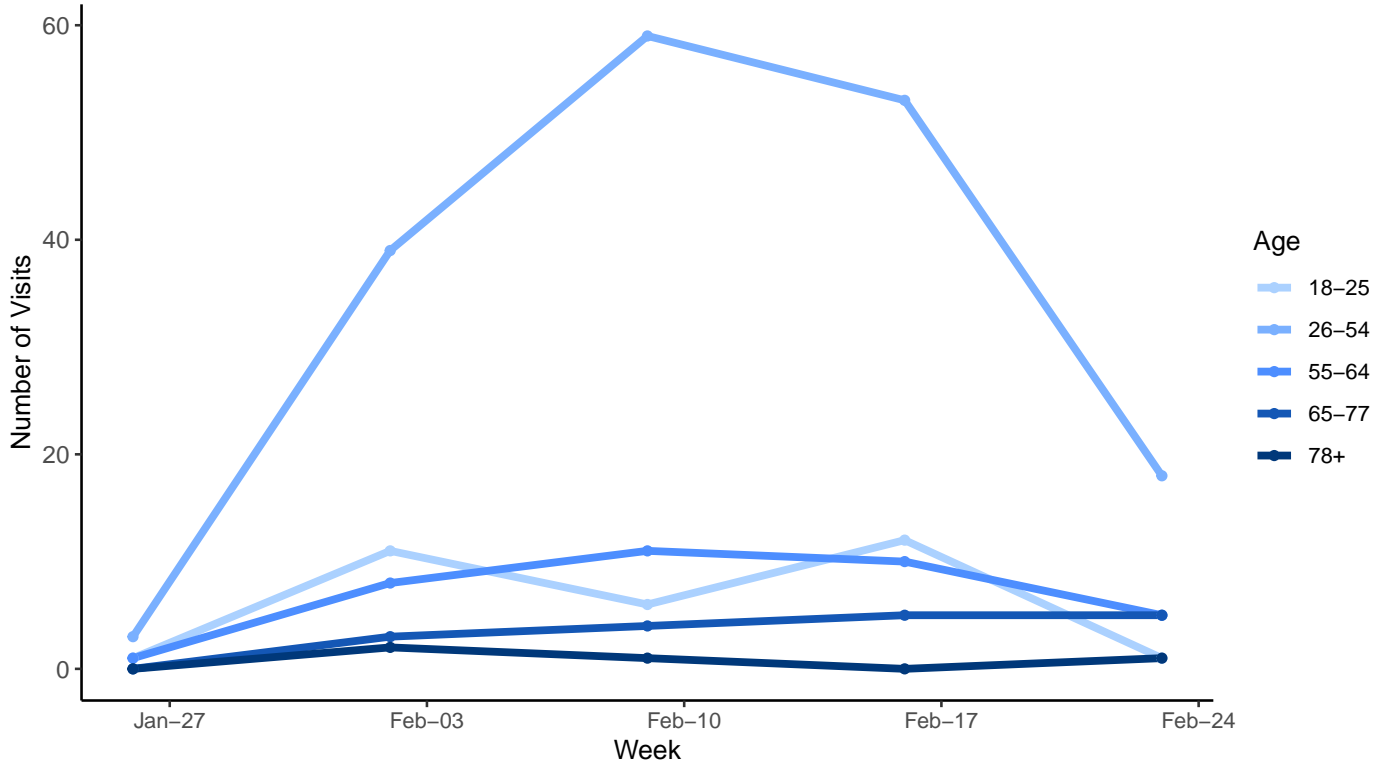
## Alcohol

### Alcohol-Involved ED Visits, February 2025 (n=283)

Two years of data are compared by week. Comparison data are from February 2024.



### Alcohol-Involved ED Visits by Age, February 2025 (n=283)



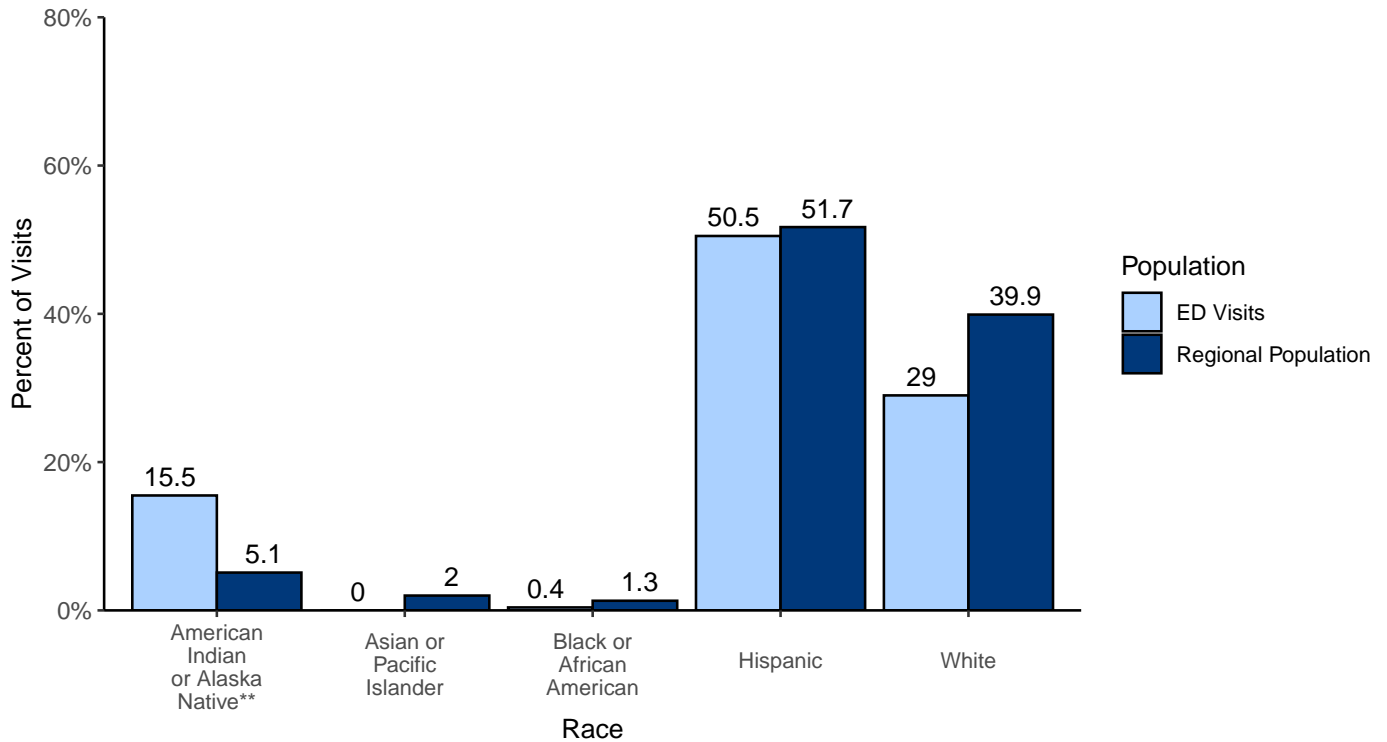
# Northeast Monthly Substance Use Report



## Alcohol-Involved ED Visits by Sex, February 2025 (n=283)

Sex	Number of Visits
Female	72
Male	211

## Alcohol-Involved ED Visits by Race/Ethnicity, February 2025



\*\*The number of American Indian/Alaska Natives are likely undercounted.

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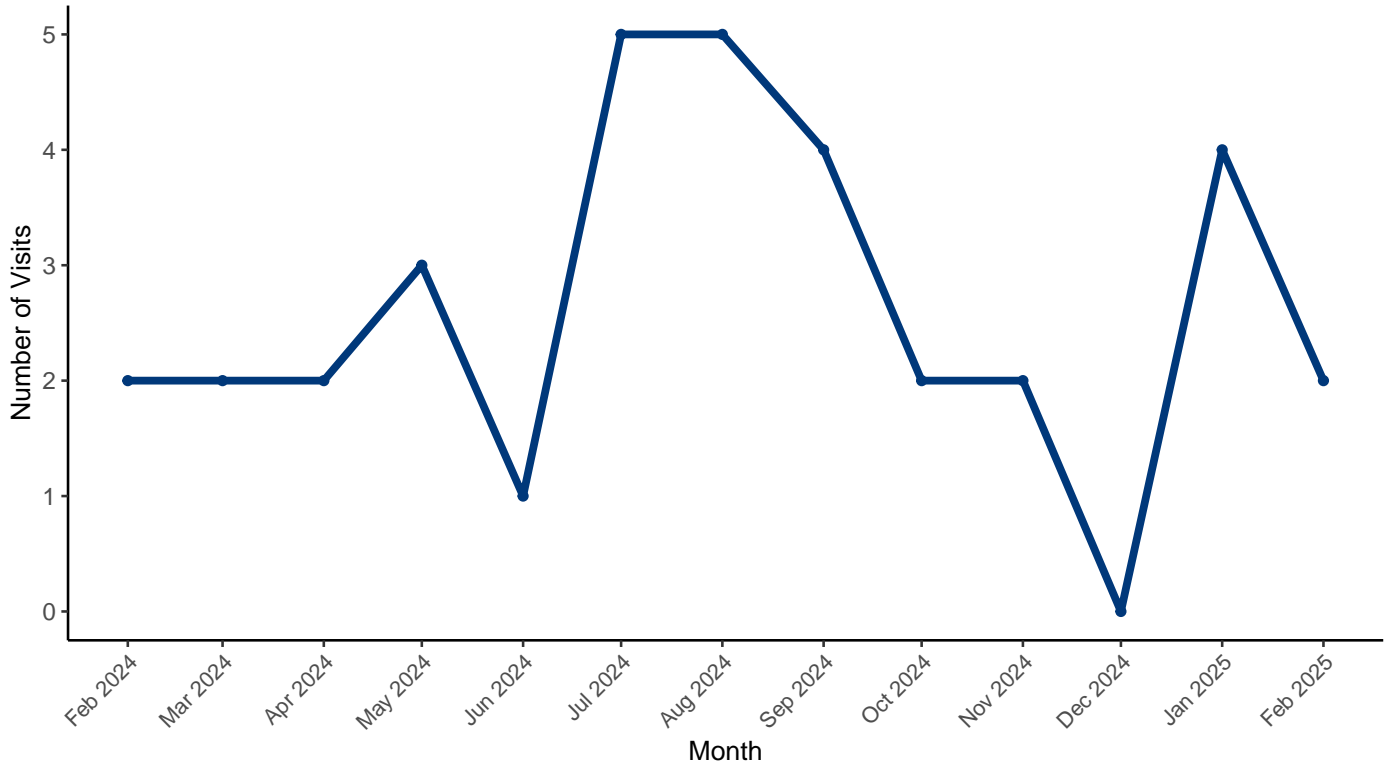
# Northeast Monthly Substance Use Report



## Stimulants

This category includes substances like methamphetamine, cocaine, MDMA, crack cocaine, and ecstasy (not exhaustive). Due to the small number of stimulant-related ED visits in the region, data for the past year have been aggregated.

### Stimulant-Involved ED Visits, February 2024-2025 (n=34)



### Stimulant-Involved ED Visits by Age, February 2024-2025 (n=34)

Age	Number of Visits
0-18	0
19-30	12
31-64	21
65+	1

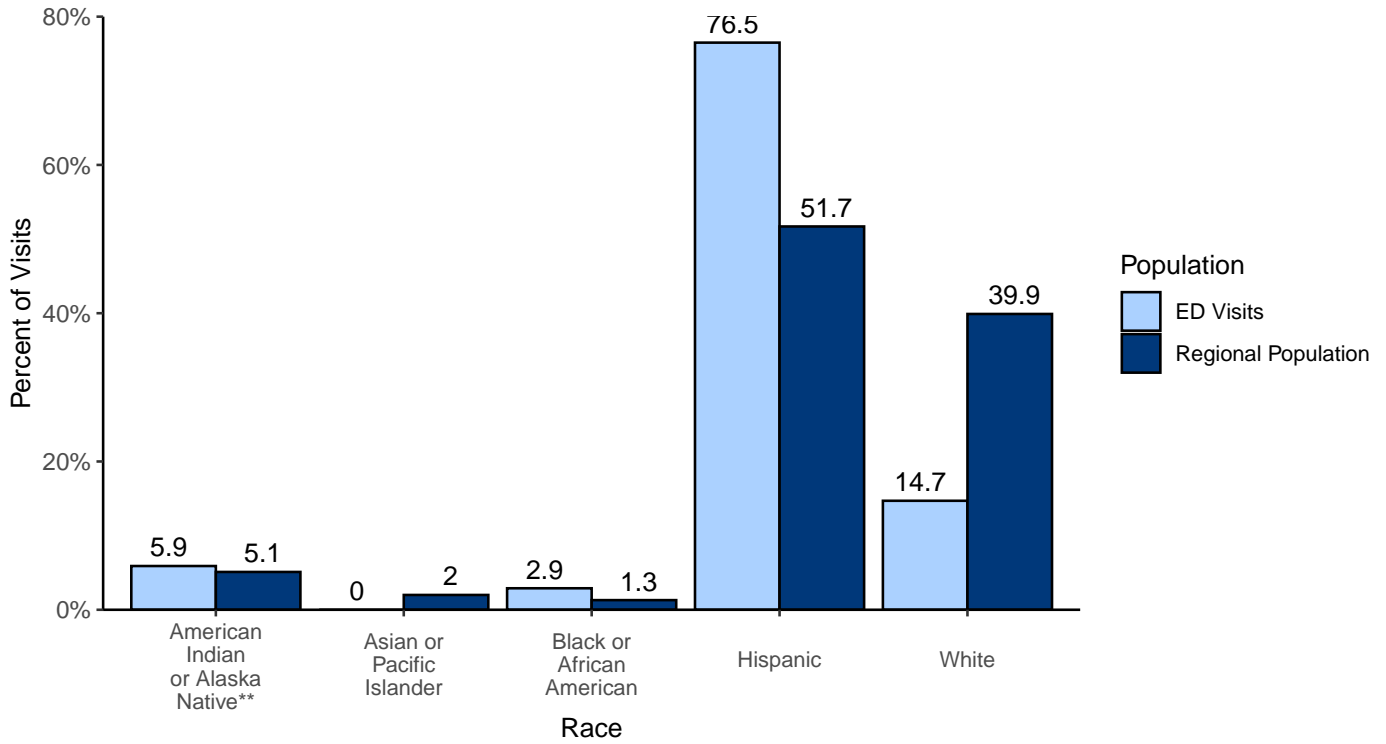
### Stimulant-Involved ED Visits by Sex, February 2024-2025 (n=34)

Sex	Number of Visits
Female	12
Male	22

# Northeast Monthly Substance Use Report



**Stimulant-Involved ED Visits by Race/Ethnicity, February 2024-2025 (n=34)**



\*\*The number of American Indian/Alaska Natives are likely undercounted.

Because Indian Health Service data are not included in this report, the number of ED visits for American Indian/Alaska Native peoples are going to be under counted. Therefore the burden of disease on that particular population cannot be deduced from this graph. The light blue bars represent the racial breakdown of the alcohol ED visits, and the dark blue bars represent the racial breakdown of the NE public health region overall. **A small percentage of the ED visits for alcohol were for people who had a missing value for race, or were coded as “Other Race”. They are not represented on this graph.**

# Northeast Monthly Substance Use Report



## Benzodiazepines

Due to the small number of benzodiazepine overdose visits in the region, data for the past year have been aggregated.

### Benzodiazepine Overdose ED Visits, February 2024-2025 (n=12)

Substance	Number of Visits
Benzodiazepines	12

### Benzodiazepine Overdose ED Visits by Age, February 2024-2025 (n=12)

Age	Number of Visits
0-18	*
19-30	*
31-64	*
65+	4

### Benzodiazepine Overdose ED Visits by Sex, February 2024-2025 (n=12)

Sex	Number of Visits
Female	*
Male	*

# Northeast Monthly Substance Use Report



## Benzodiazepine Overdose ED Visits by Race/Ethnicity, February 2024-2025

Race	Number of Visits
American Indian or Alaska Native**	*
Asian or Pacific Islander	*
Black or African American	*
Hispanic	*
White	*

Because Indian Health Service data are not included in this report, the number of ED visits for American Indian/Alaska Native peoples are going to be under counted. Therefore the burden of disease on that particular population cannot be deduced from this table. **A small percentage of the ED visits for benzodiazepines were for people who had a missing value for race, or were coded as “Other Race”. They are not represented in this table.**



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## Polysubstance Use

Polysubstance use is the intentional or unintentional consumption of one or more drugs either at the same time or within a short period of time. The drug categories presented here are not mutually exclusive. There are **6 visits** where polysubstance use was indicated.

This report includes data from the following hospitals:

- Alta Vista Regional Hospital
- Christus St. Vincent Regional Medical Center
- Guadalupe County Hospital
- Holy Cross Hospital
- Los Alamos Medical Center
- Miners' Colfax Medical Center
- Presbyterian Española Hospital
- Presbyterian Santa Fe Medical Center
- Union County General Hospital

**For questions, contact Percis Drew, DrPH at [percis.drew@doh.nm.gov](mailto:percis.drew@doh.nm.gov).**