

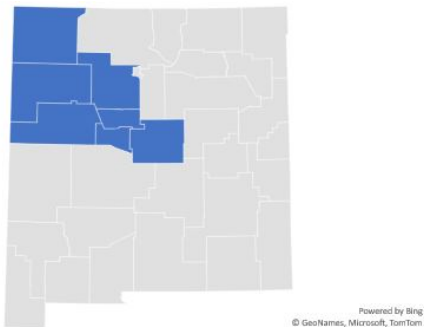
March 2025

This report encompasses data from the following New Mexico counties: Bernalillo, Cibola, McKinley, Sandoval, San Juan, Torrance and Valencia.

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, meaning a patient presents with the symptoms of an overdose and/or the patient revives after naloxone administration, but when a drug screening hasn't been done. 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.



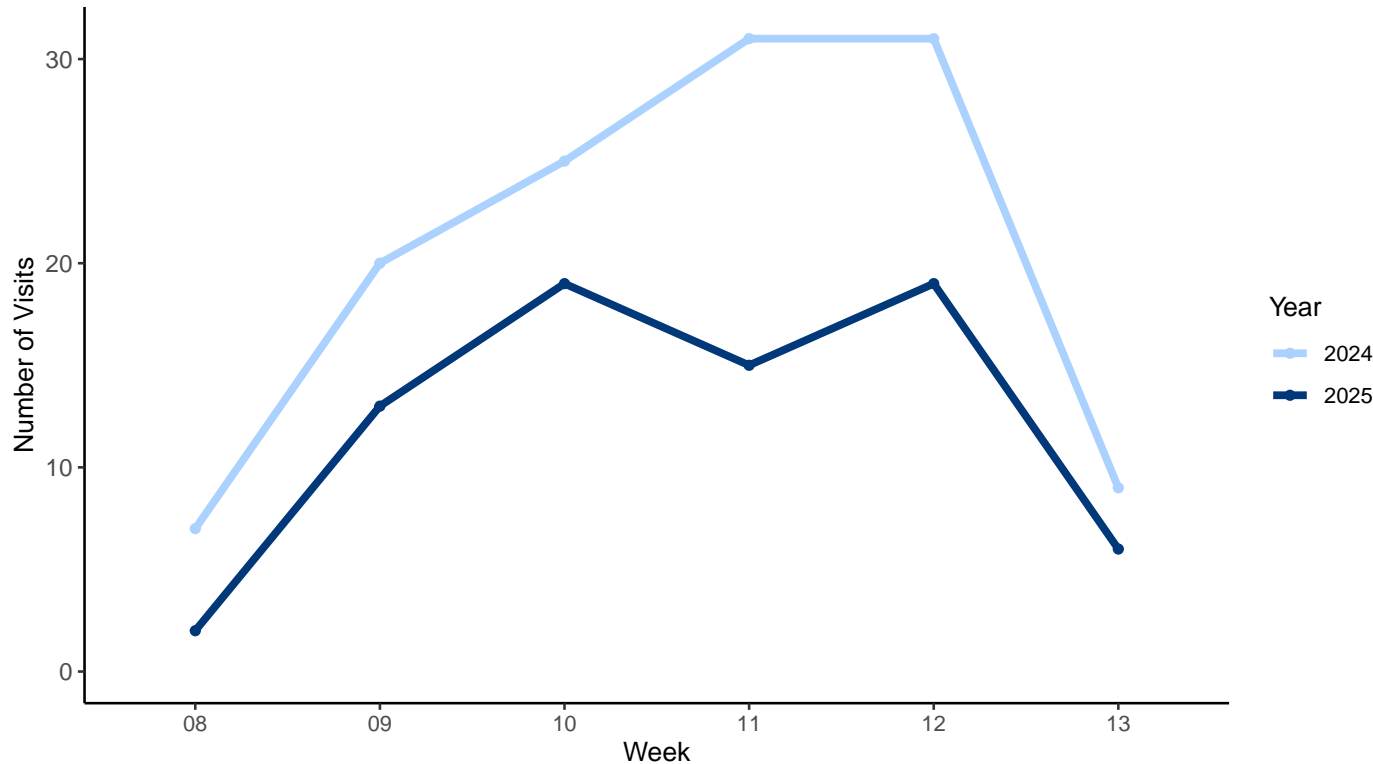
Population estimates are from 2023.

Opioids

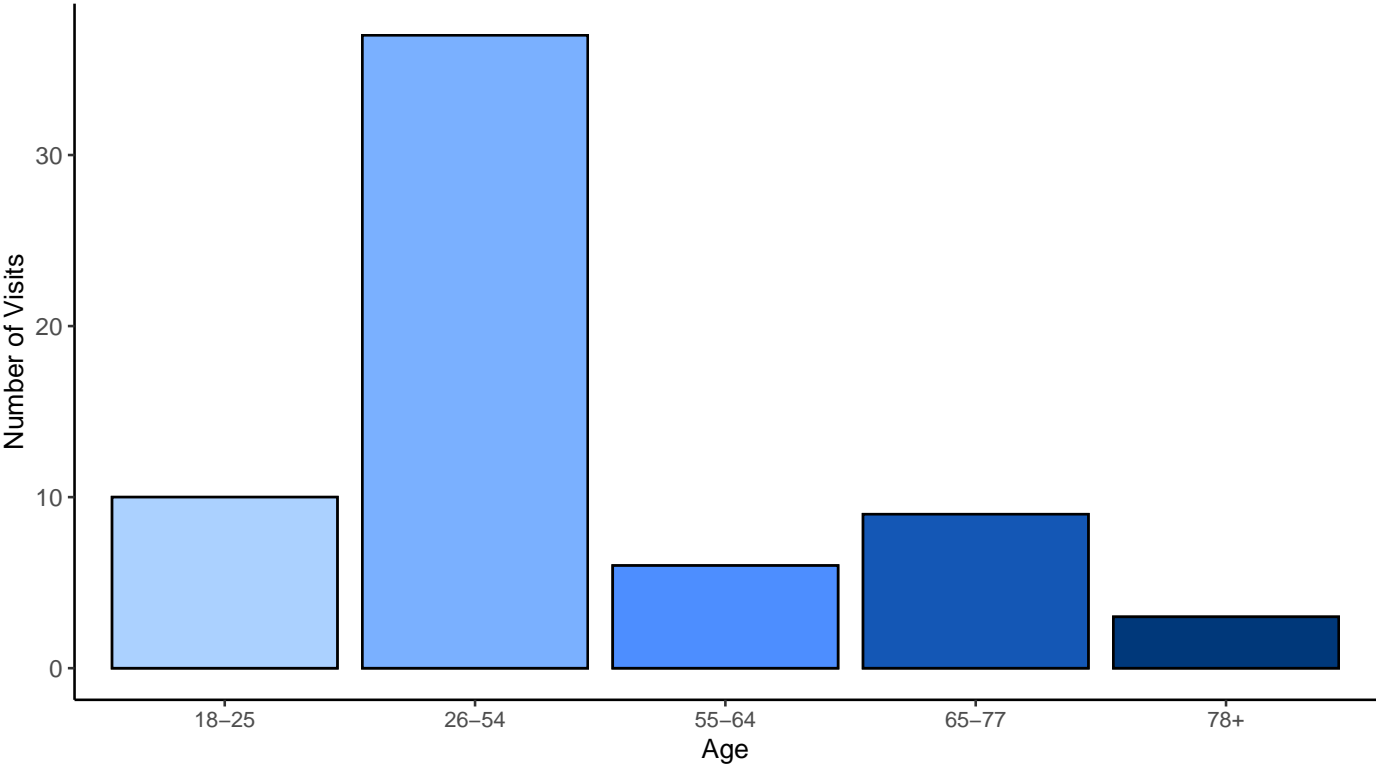
This category includes both prescription and illicit opioids.

Opioid Overdose ED Visits, March 2025 (n=74)

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



Opioid Overdose ED Visits by Age, March 2025 (n=74)



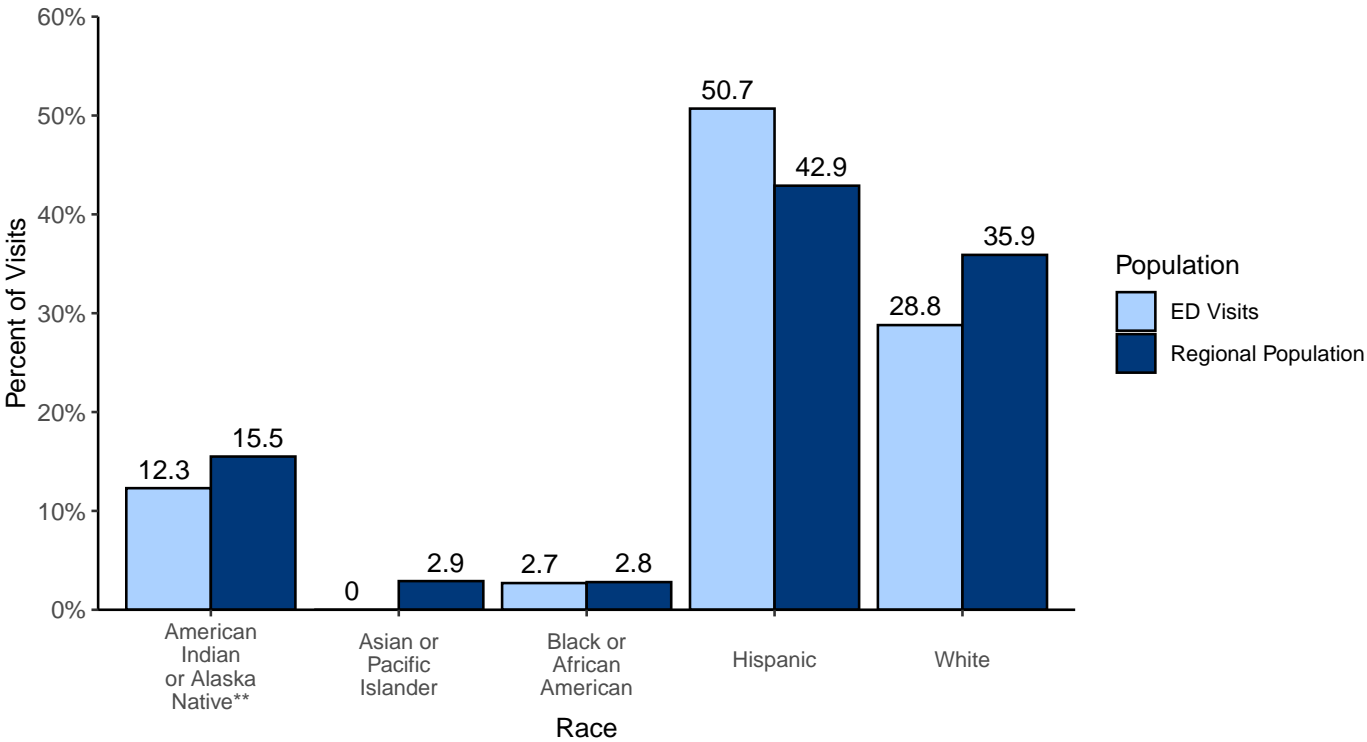
Opioid Overdose ED Visits by Sex, March 2025 (n=74)

Sex	Events
Female	25
Male	49

# Northwest Monthly Substance Use Report



Opioid Overdose ED Visits by Race/Ethnicity, March 2025 (n=74)



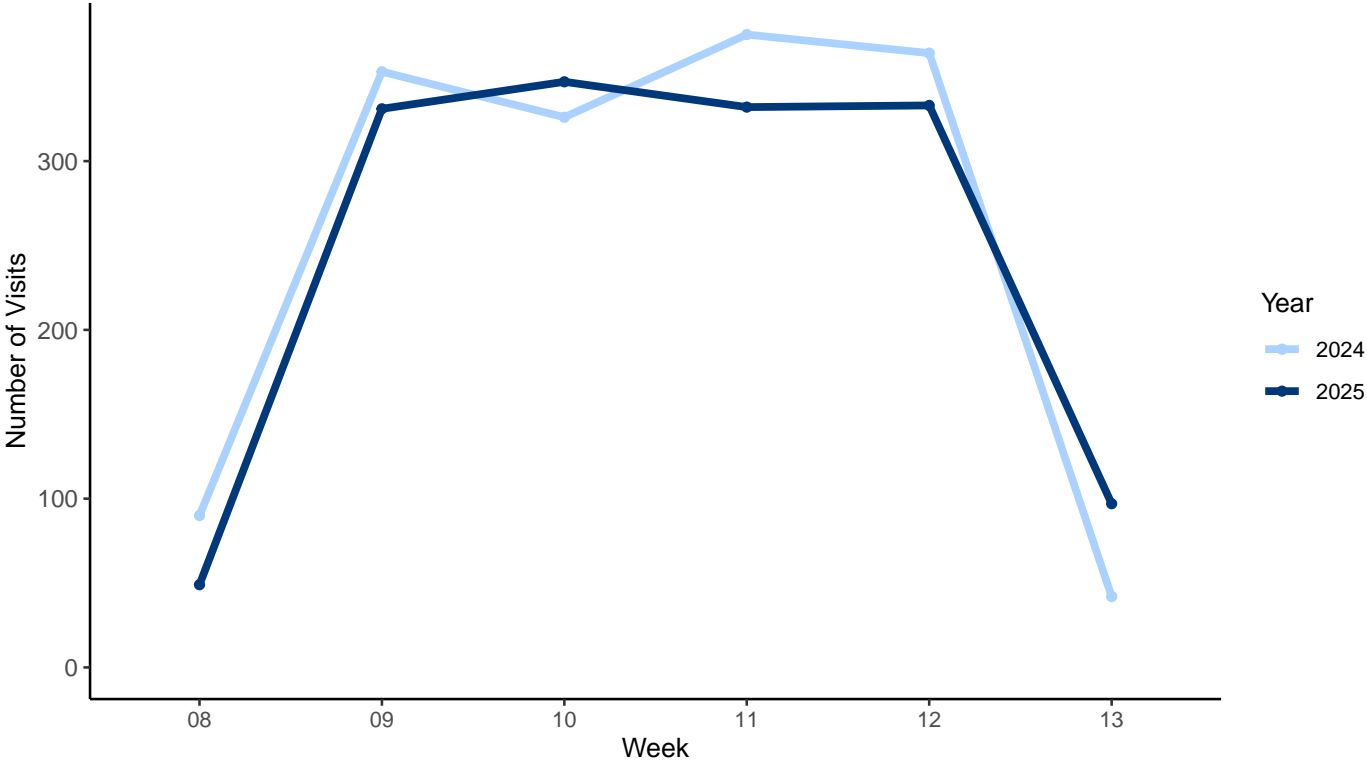
\*\*The number of American Indian/Alaska Natives are likely undercounted.

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 opioid ED visits, and the dark blue bars represent the racial breakdown of the NW public health region overall. **A small percentage of the ED visits for opioids were for people who had a missing value for race, or were coded as “Other race”. They are not represented on this graph.**

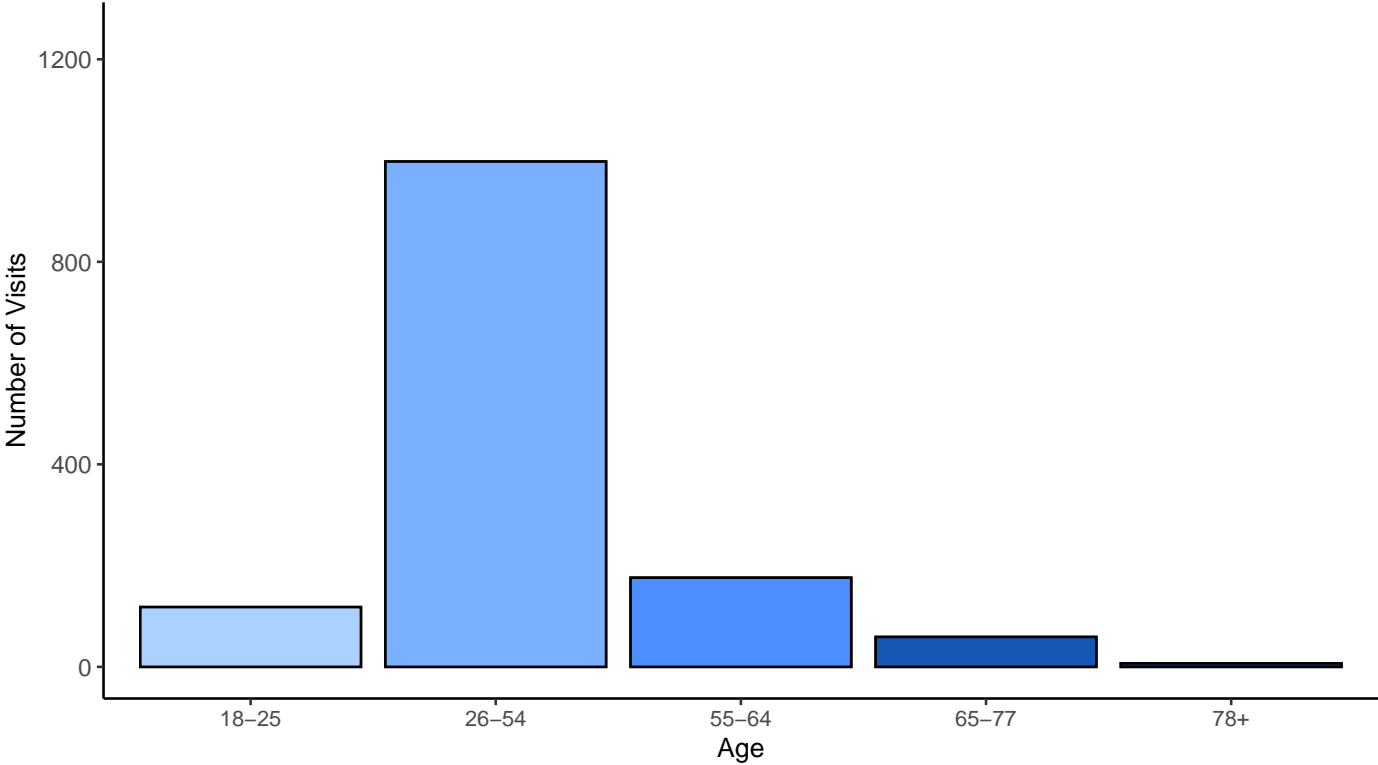
Alcohol

Alcohol-Involved ED Visits, March 2025 (n=1489)

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



Alcohol-Involved ED Visits by Age, March 2025 (n=1489)

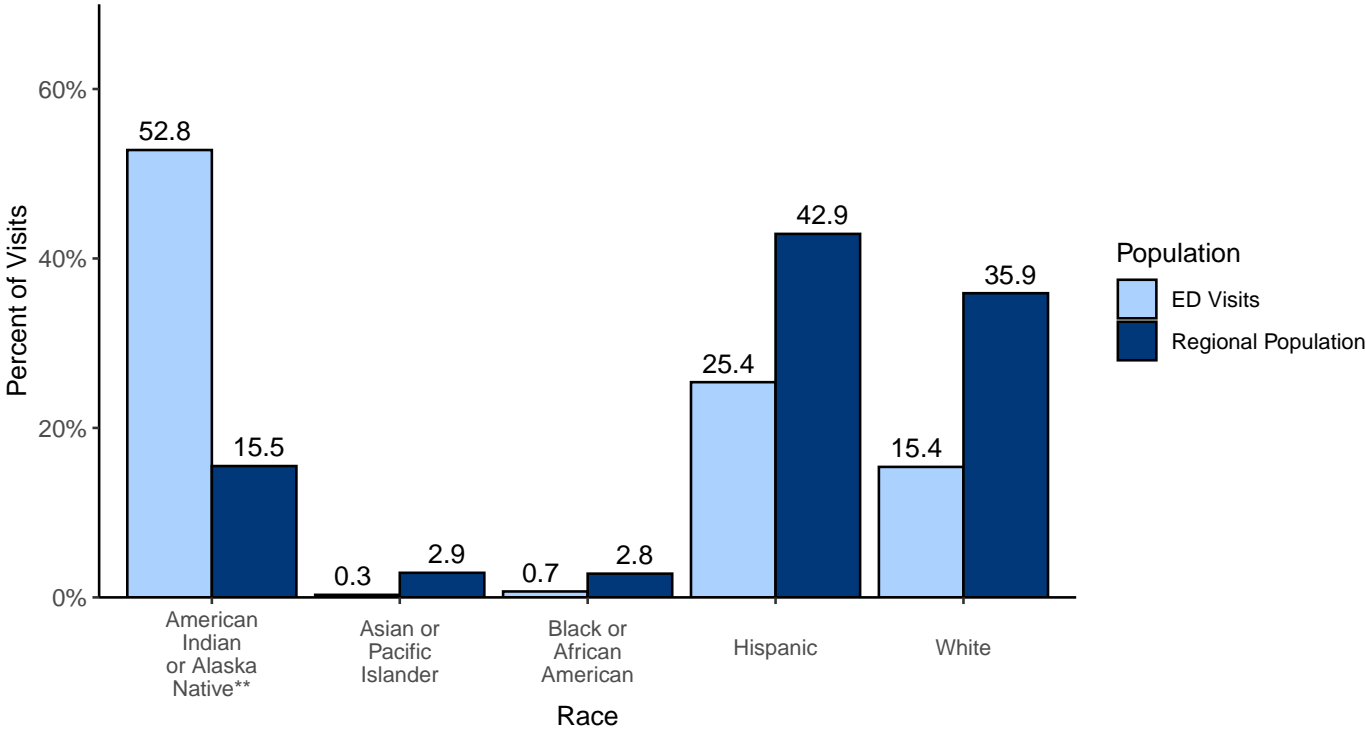


# Northwest Monthly Substance Use Report

## Alcohol-Involved ED Visits by Sex, March 2025 (n=1489)

Sex	Number of Visits
Female	405
Male	1084

## Alcohol-Involved ED Visits by Race/Ethnicity, March 2025 (n=1489)



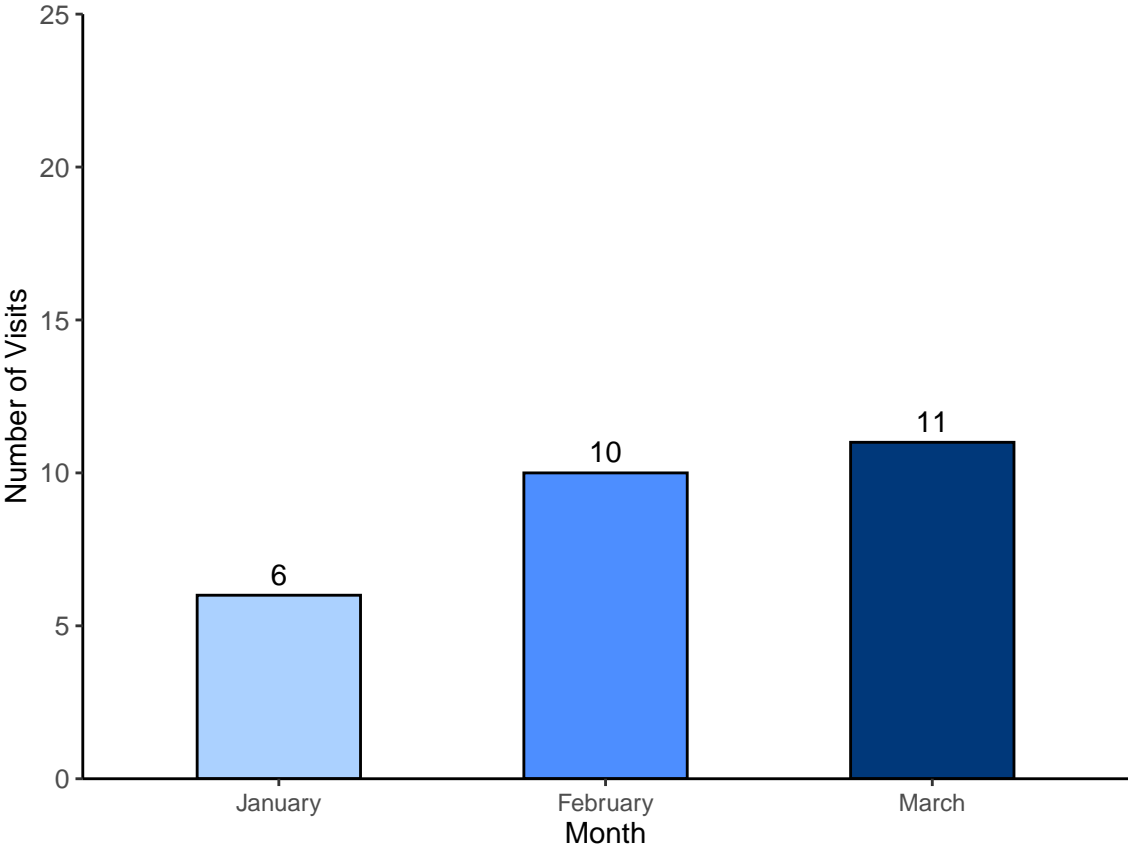
\*\*The number of American Indian/Alaska Natives are likely undercounted.

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 NW 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.**

## 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 three months have been aggregated.

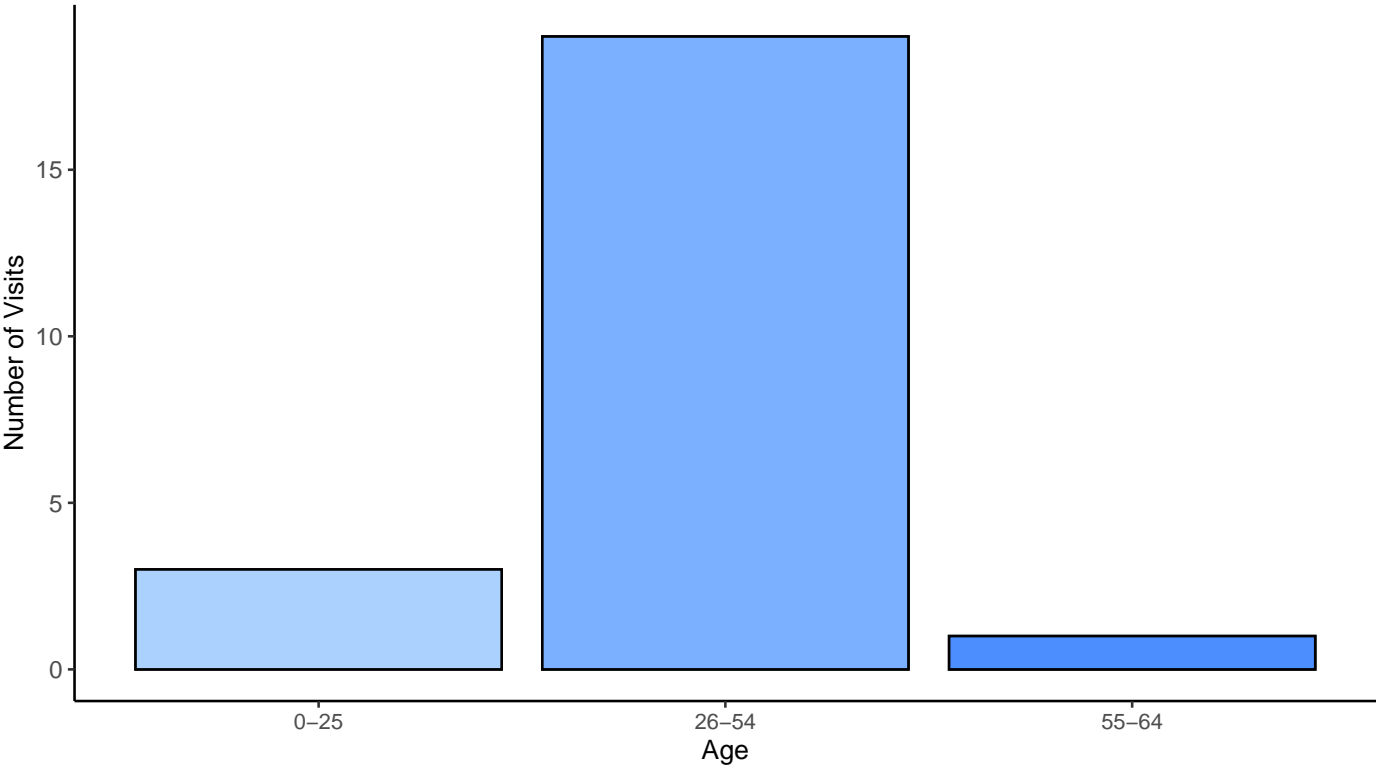
Stimulant-Involved ED Visits, January 2025 - March 2025 (n=27)



# Northwest Monthly Substance Use Report



Stimulant-Involved ED Visits by Age, January 2025 - March 2025 (n=27)



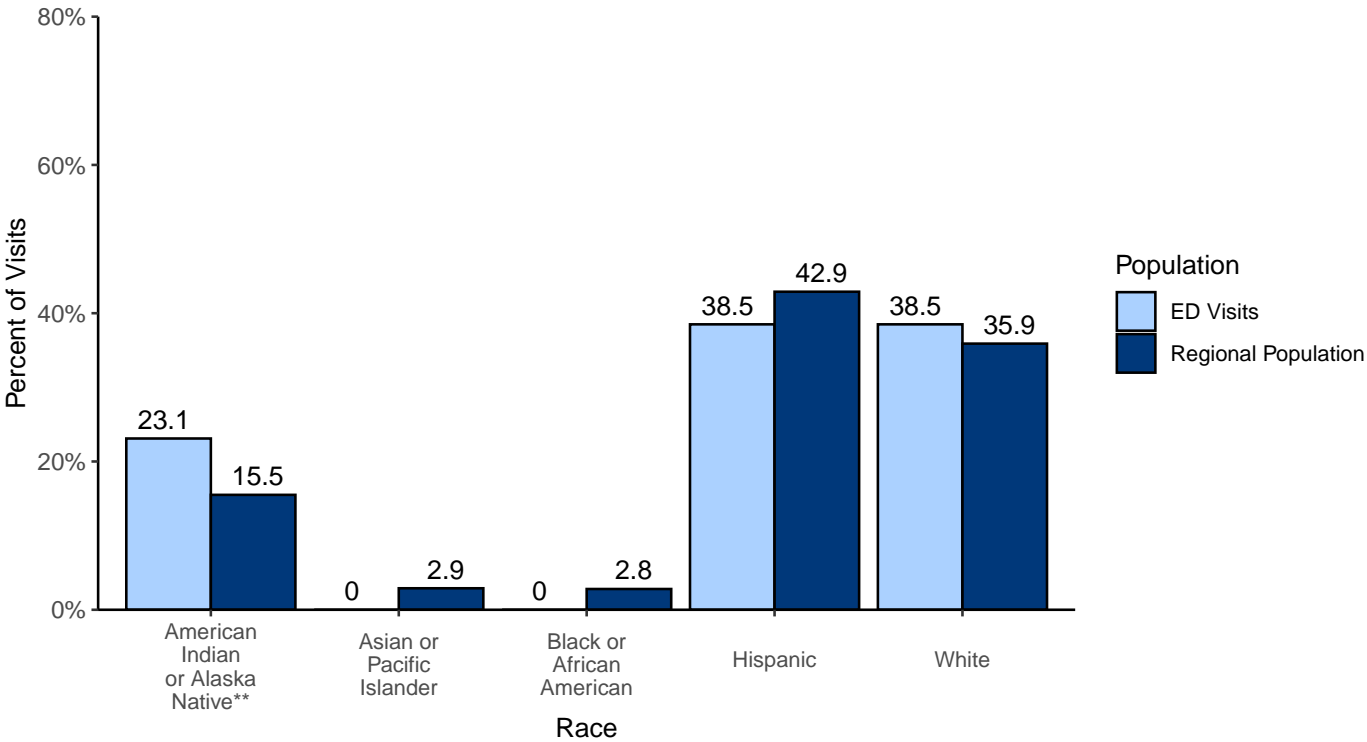
Stimulant-Involved ED Visits by Sex, January 2025 - March 2025 (n=27)

Sex	Number of Events
Female	7
Male	20

# Northwest Monthly Substance Use Report



Stimulant-Involved ED Visits by Race/Ethnicity, January 2025 - March 2025 (n=27)



\*\*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 stimulant ED visits, and the dark blue bars represent the racial breakdown of the NW public health region overall. **A small percentage of the ED visits for stimulants were for people who had a missing value for race, or were coded as “Other race”. They are not represented on this graph.**

# Northwest Monthly Substance Use Report



## Benzodiazepines

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

### Benzodiazepine Overdose ED Visits, March 2025 (n=10)

Substance	Number of Visits
Benzodiazepine Overdose	10

### Benzodiazepine Overdose ED Visits by Age, March 2025 (n=10)

Due to the Small Numbers Rule, data for age cannot be shown.

### Benzodiazepine Overdose ED Visits by Sex, January 2025 - March 2025 (n=10)

Sex	Number of Visits
Female	4
Male	6

### Benzodiazepine Overdose ED Visits by Race/Ethnicity, January 2025 - March 2025 (n=10)

Race	Number of Visits
American Indian or Alaska Native**	*
Asian or Pacific Islander	*
Black or African American	*
Hispanic	*
White	7

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:

- Cibola General Hospital
- Lovelace Medical Center
- Lovelace Westside Hospital
- Lovelace Women's Hospital
- Presbyterian Hospital
- Presbyterian Kaseman Hospital
- Presbyterian Rust Medical Center
- Rebooth McKinley Christian Health Care Services
- San Juan Regional Medical Center
- University of New Mexico Hospitals
- UNM Sandoval Regional Medical Center

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