

# Southeast Monthly Substance Use Report

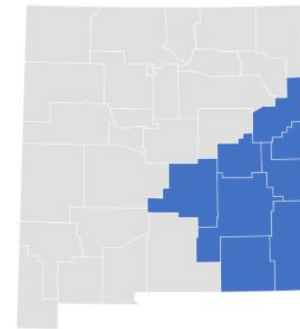
## June 2024

This report encompasses data from the following counties: Quay, De Baca, Curry, Roosevelt, Lincoln, Chaves, Lea, and Eddy.

This report was generated using data from NMHealth'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:

- 89% of non-federal hospitals in NM send ED data to NMHealth.
- 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 NMHealth'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.
- Location is based on facility location.
- Data drops in the first or last week of the graph are often due to only part of the week belonging to the month in question.



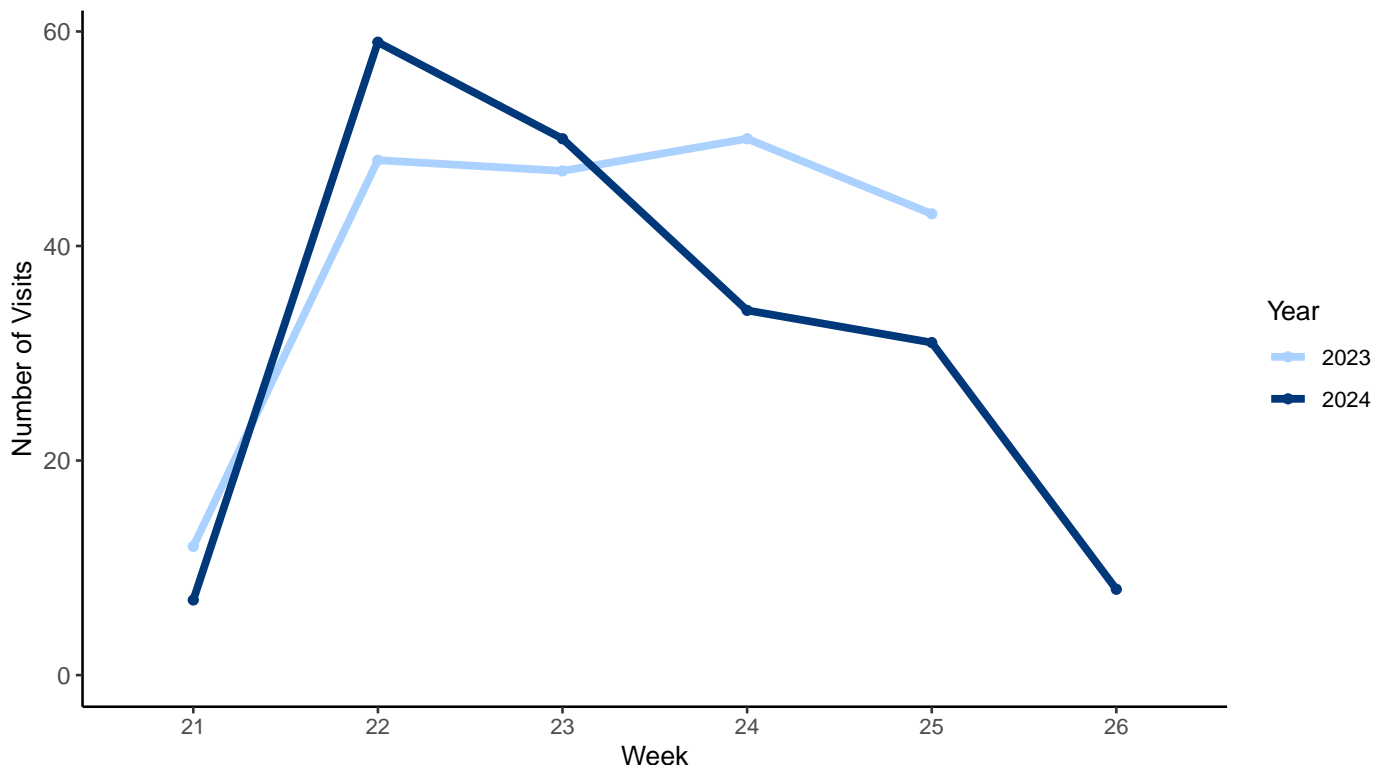
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Population estimates are from 2021.

## Alcohol

Week numbers are used in order to compare two years of data. Comparison data are from June 2023 (n=200).

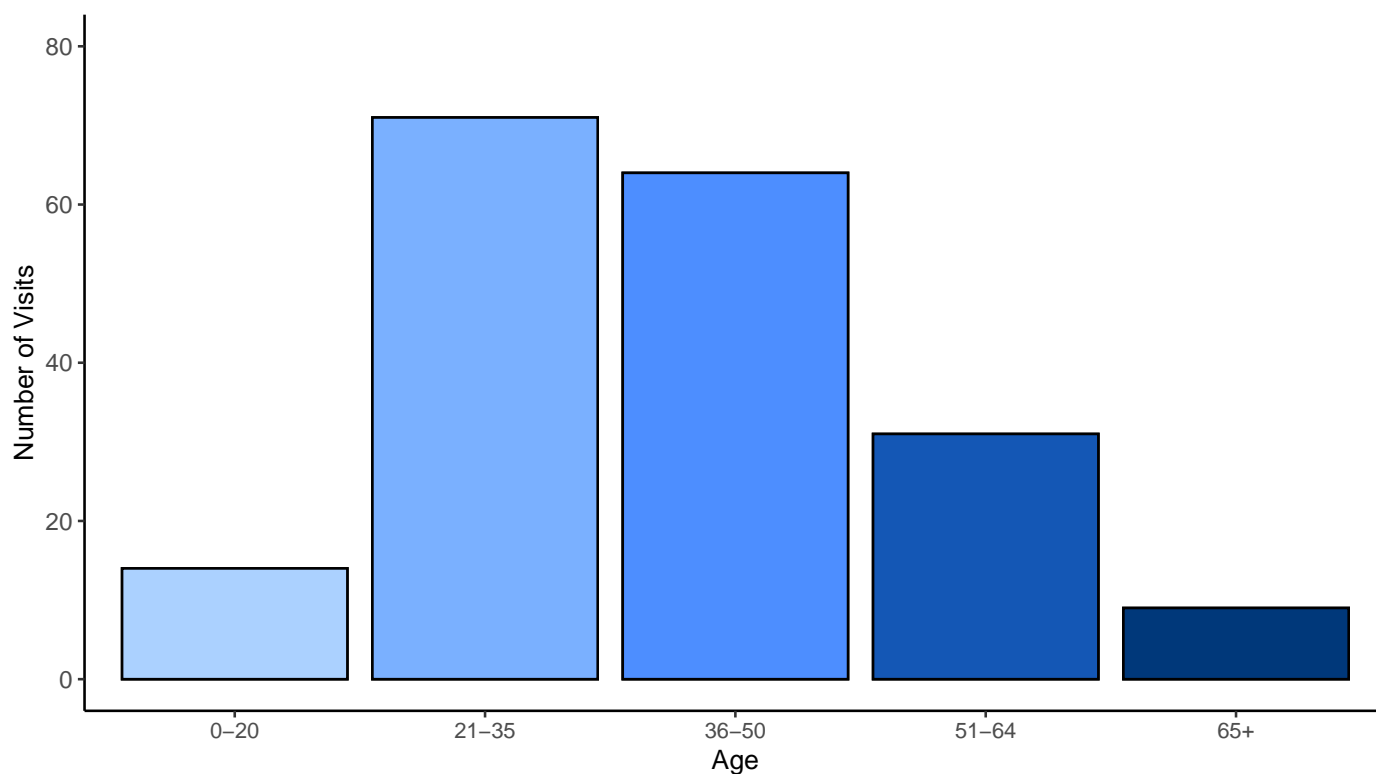
### Alcohol-Involved ED Visits, June 2024 (n=189)



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**Alcohol-Involved ED Visits by Age, June 2024 (n=189)**

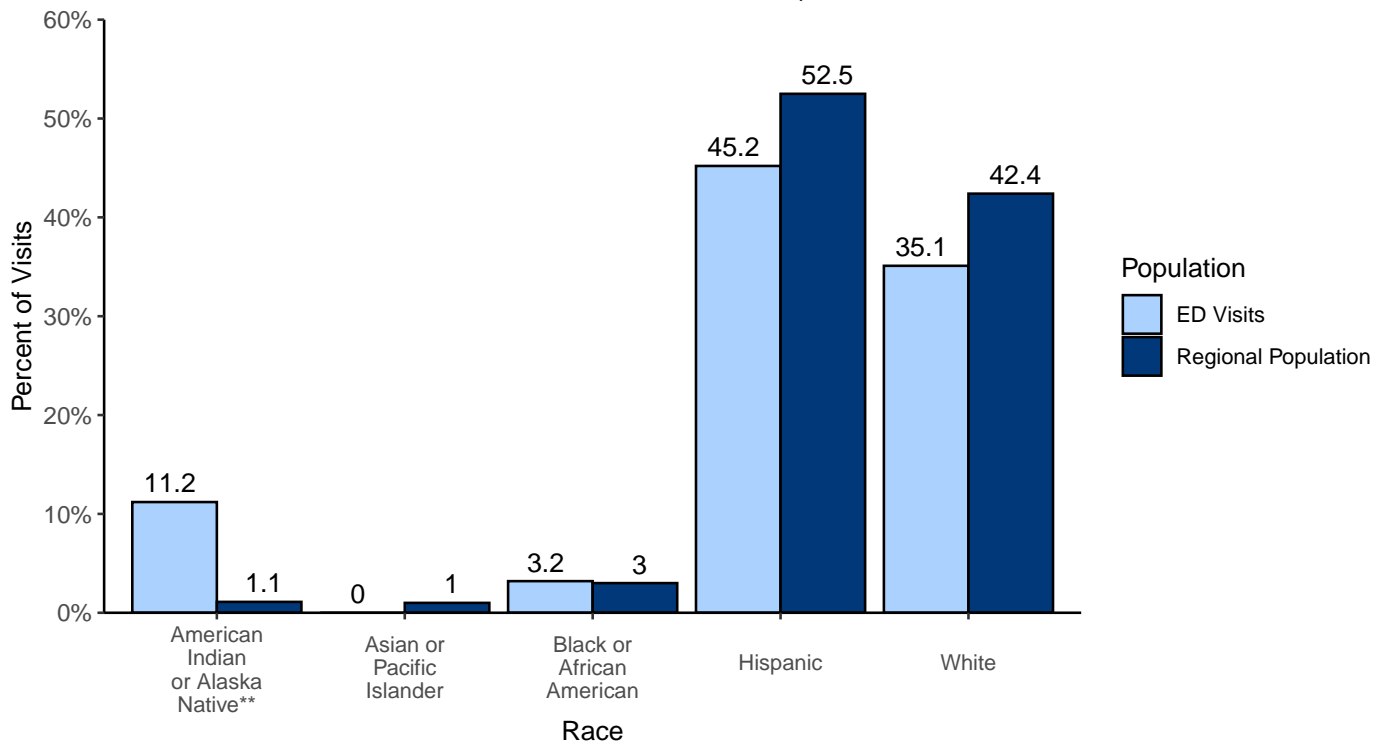


**Alcohol-Involved ED Visits by Sex, June 2024 (n=189)**

| Sex    | Number of Visits |
|--------|------------------|
| Female | 53               |
| Male   | 136              |

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Alcohol-Involved ED Visits by Race/Ethnicity, June 2024



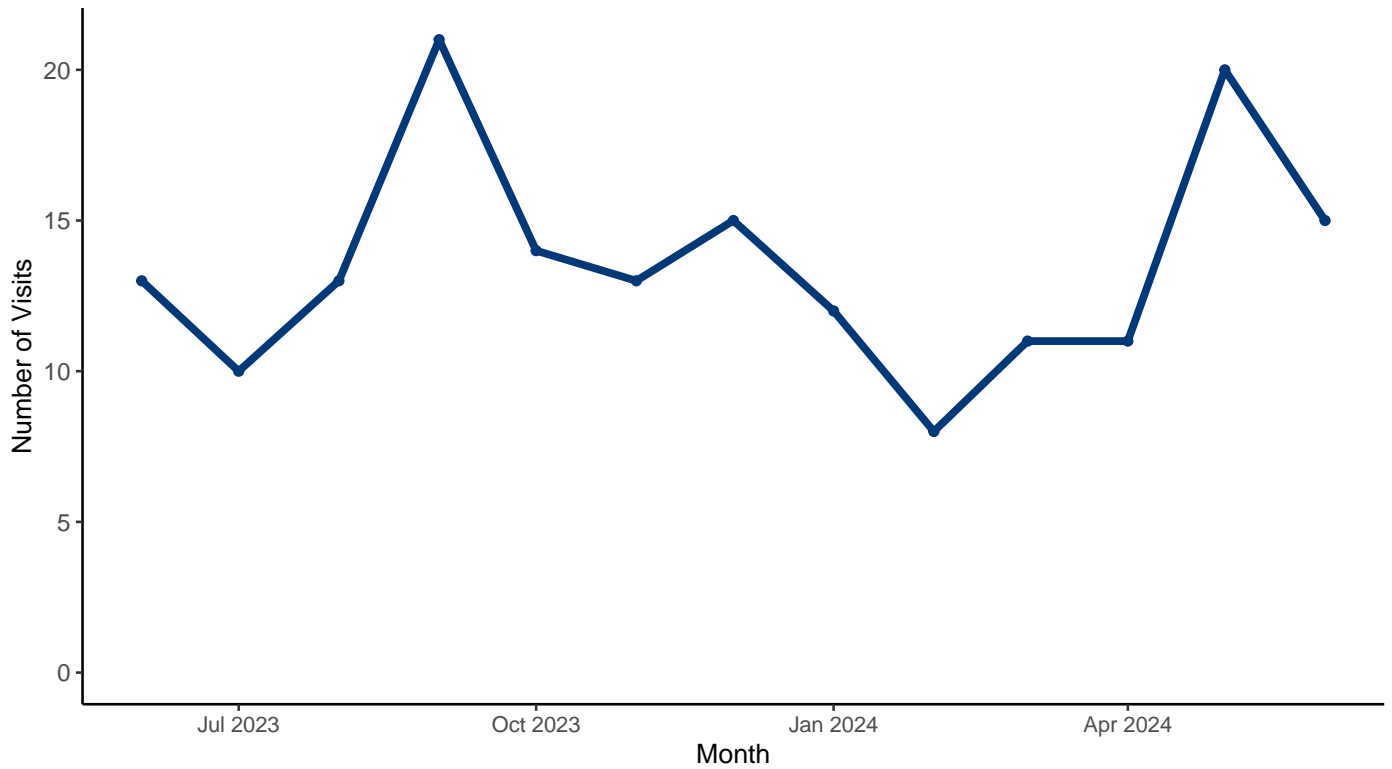
\*\*The number of American Indian/Alaska Natives are likely undercounted.

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 SE 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.**

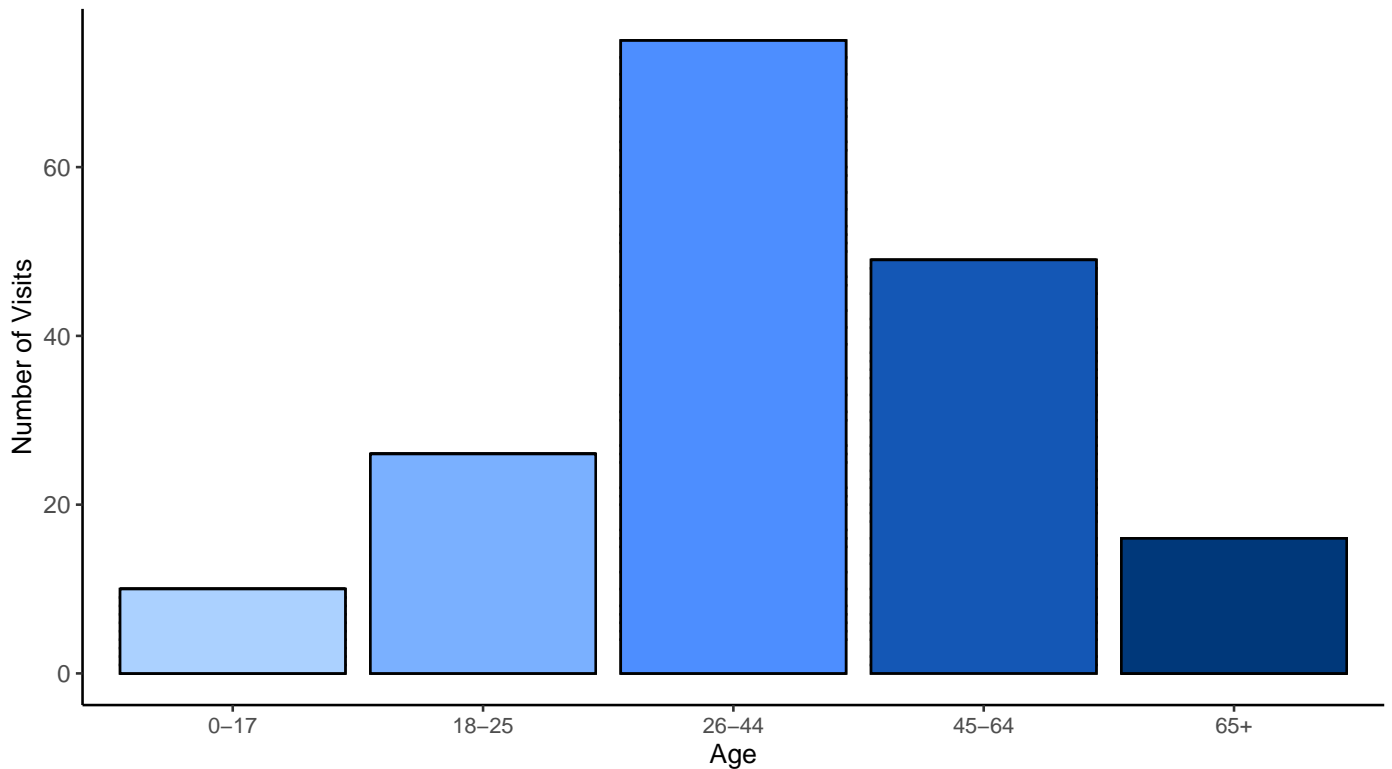
## Opioids

This category includes both prescription and illicit opioids.

**Opioid Overdose ED Visits, June 2023-2024 (n=176)**



**Opioid Overdose ED Visits by Age, June 2023-2024 (n=176)**

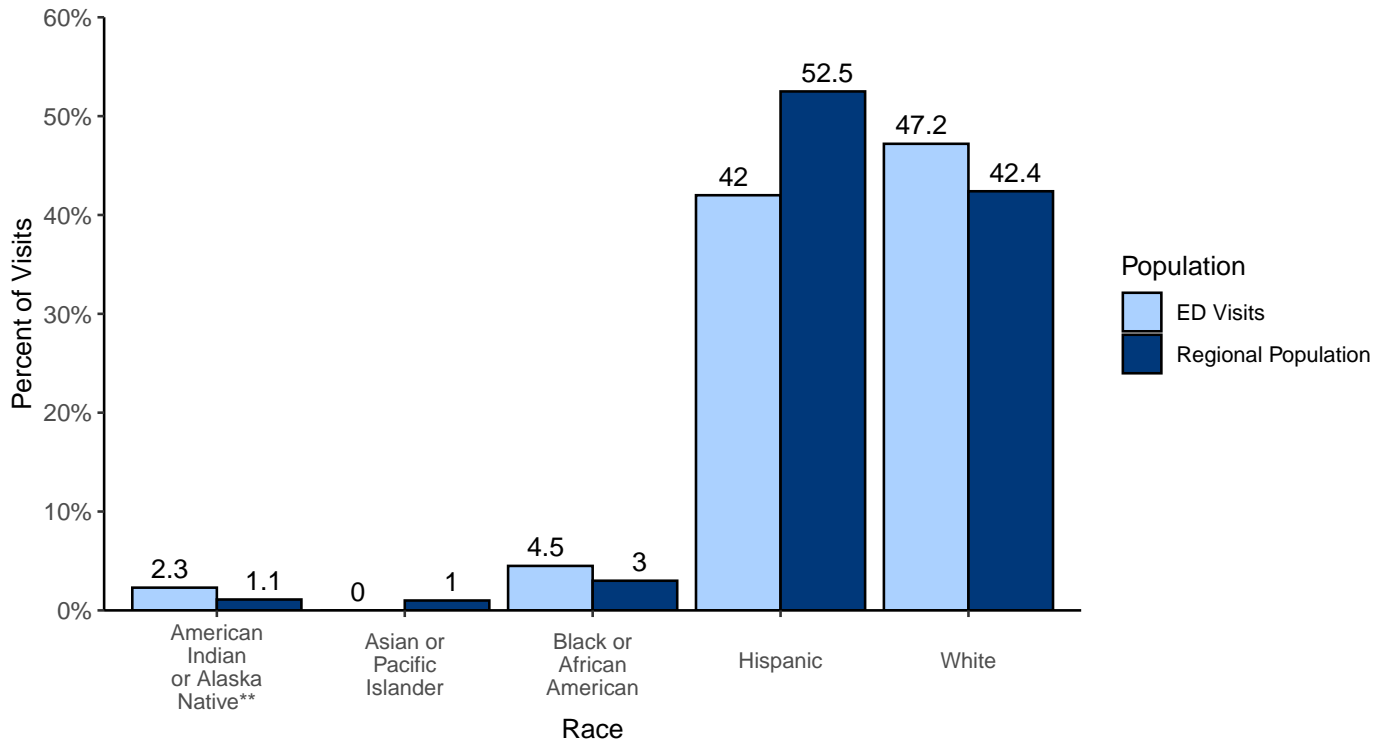


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## Opioid Overdose ED Visits by Sex, June 2023-2024 (n=176)

| Sex    | Number of Visits |
|--------|------------------|
| Female | 78               |
| Male   | 98               |

## Opioid Overdose ED Visits by Race/Ethnicity, June 2023-2024



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

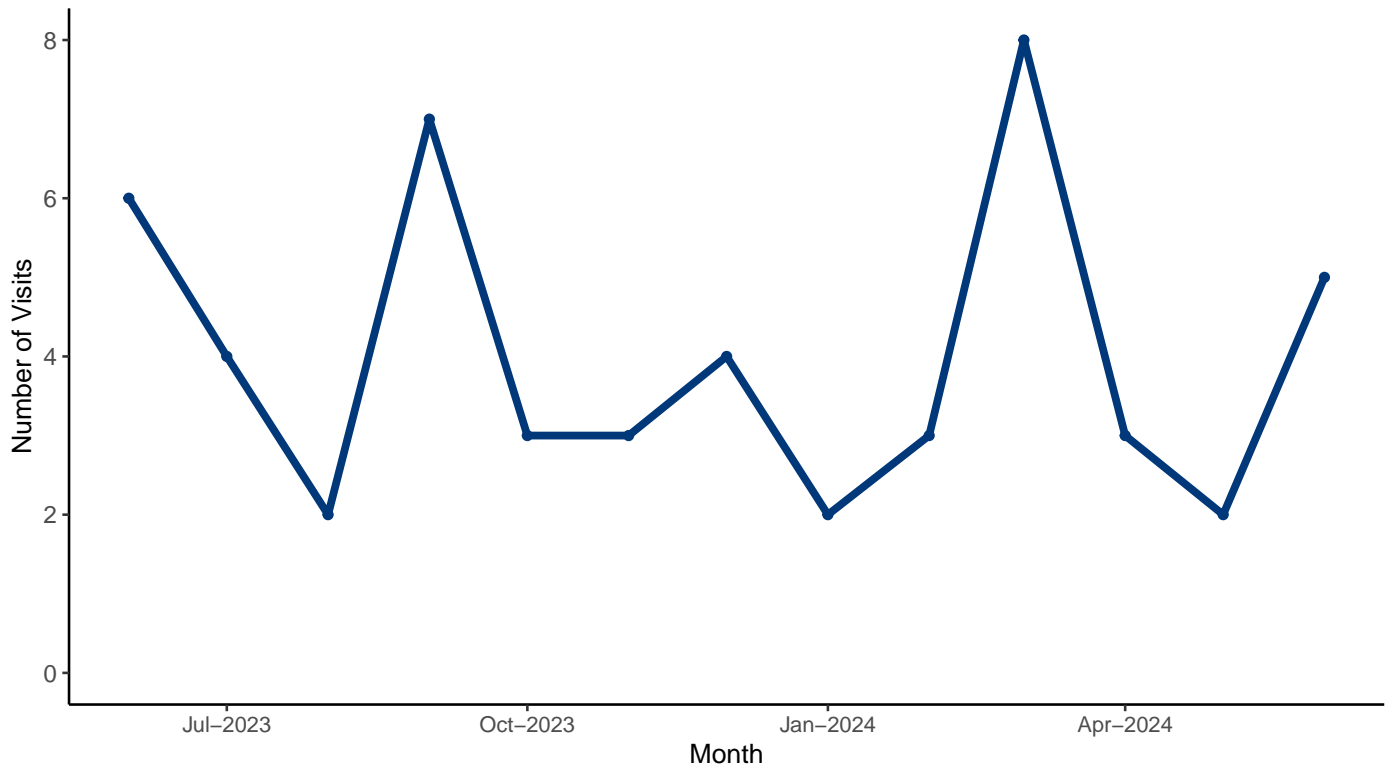
Because Indian Health Service data are not included in this report, the number of ED visits for American Indian/Alaska Native peoples are going to be under-counted. Therefore the burden of disease on that particular population cannot be deduced from this graph. The light blue bars represent the racial breakdown of the opioid ED visits, and the dark blue bars represent the racial breakdown of the SE 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.**

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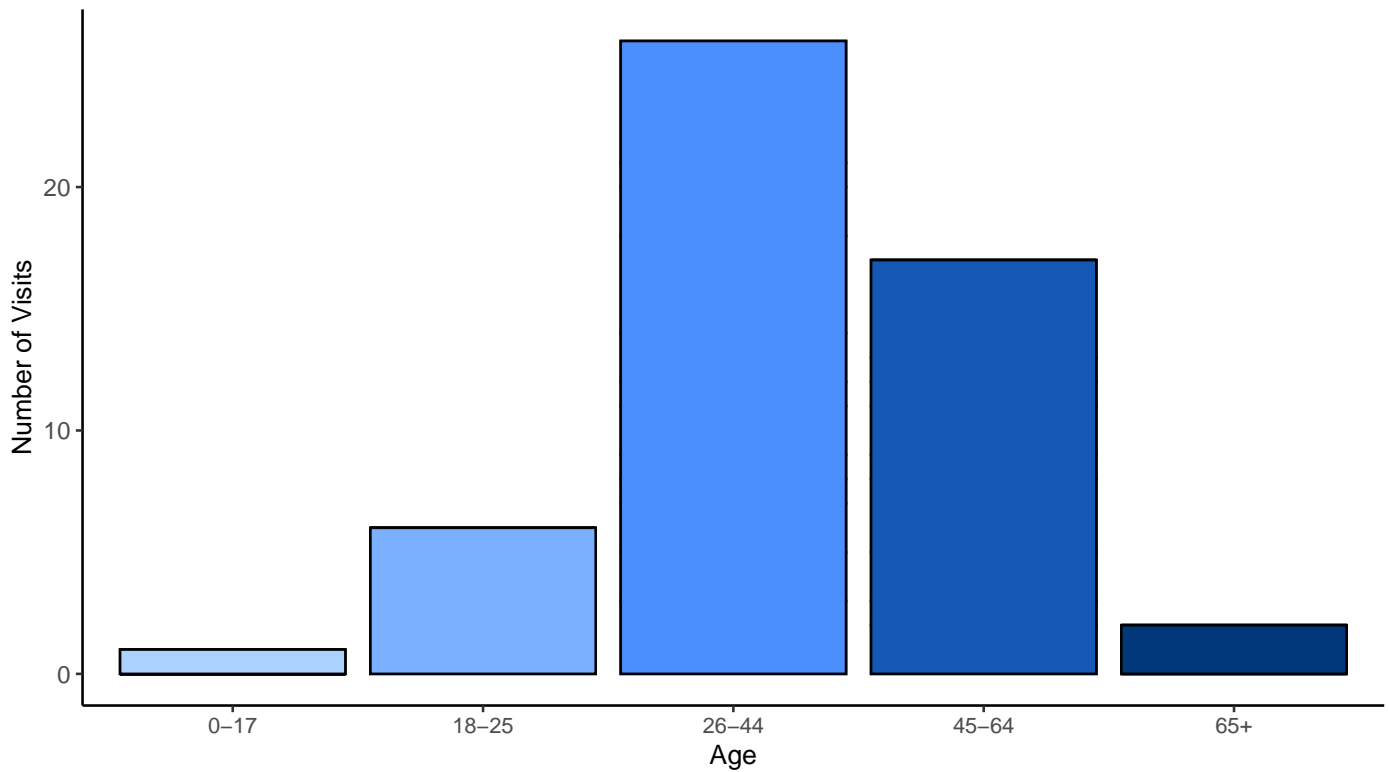
## Stimulants

This category includes substances like methamphetamine, cocaine, MDMA, crack cocaine, and ecstasy (not exhaustive).

**Stimulant-Involved ED Visits, June 2023-2024 (n=52)**



**Stimulant-Involved ED Visits by Age, June 2023-2024 (n=52)**

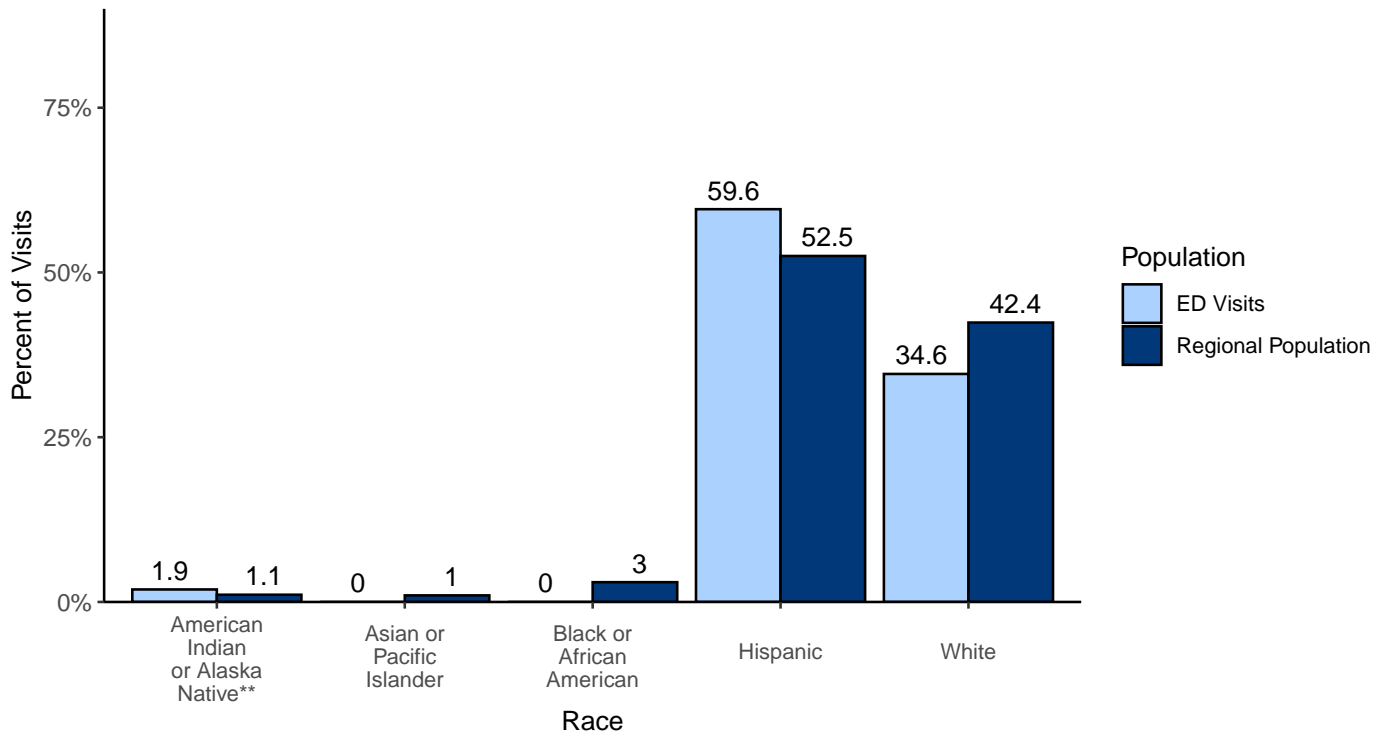


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## Stimulant-Involved ED Visits by Sex, June 2023-2024 (n=52)

| Sex    | Number of Visits |
|--------|------------------|
| Female | 19               |
| Male   | 33               |

## Stimulant-Involved ED Visits by Race/Ethnicity, June 2023-2024



\*\*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 SE 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.**

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## Benzodiazepines

### Benzodiazepine Overdose ED Visits, June 2023-2024 (n=15)

| Substance               | Number of Visits |
|-------------------------|------------------|
| Benzodiazepine Overdose | 15               |

### Benzodiazepine Overdose ED Visits by Age, June 2023-2024 (n=15)

| Age   | Number of Visits |
|-------|------------------|
| 0-17  | *                |
| 18-25 | 4                |
| 26-44 | *                |
| 45-64 | *                |
| 65+   | *                |

### Benzodiazepine Overdose ED Visits by Sex, June 2023-2024 (n=15)

| Sex    | Number of Visits |
|--------|------------------|
| Female | 7                |
| Male   | 8                |

### Benzodiazepine Overdose ED Visits by Race/Ethnicity, June 2023-2024

| Race                               | Number of Visits |
|------------------------------------|------------------|
| American Indian or Alaska Native** | *                |
| Asian or Pacific Islander          | *                |
| Black or African American          | *                |
| Hispanic                           | 5                |
| White                              | 10               |

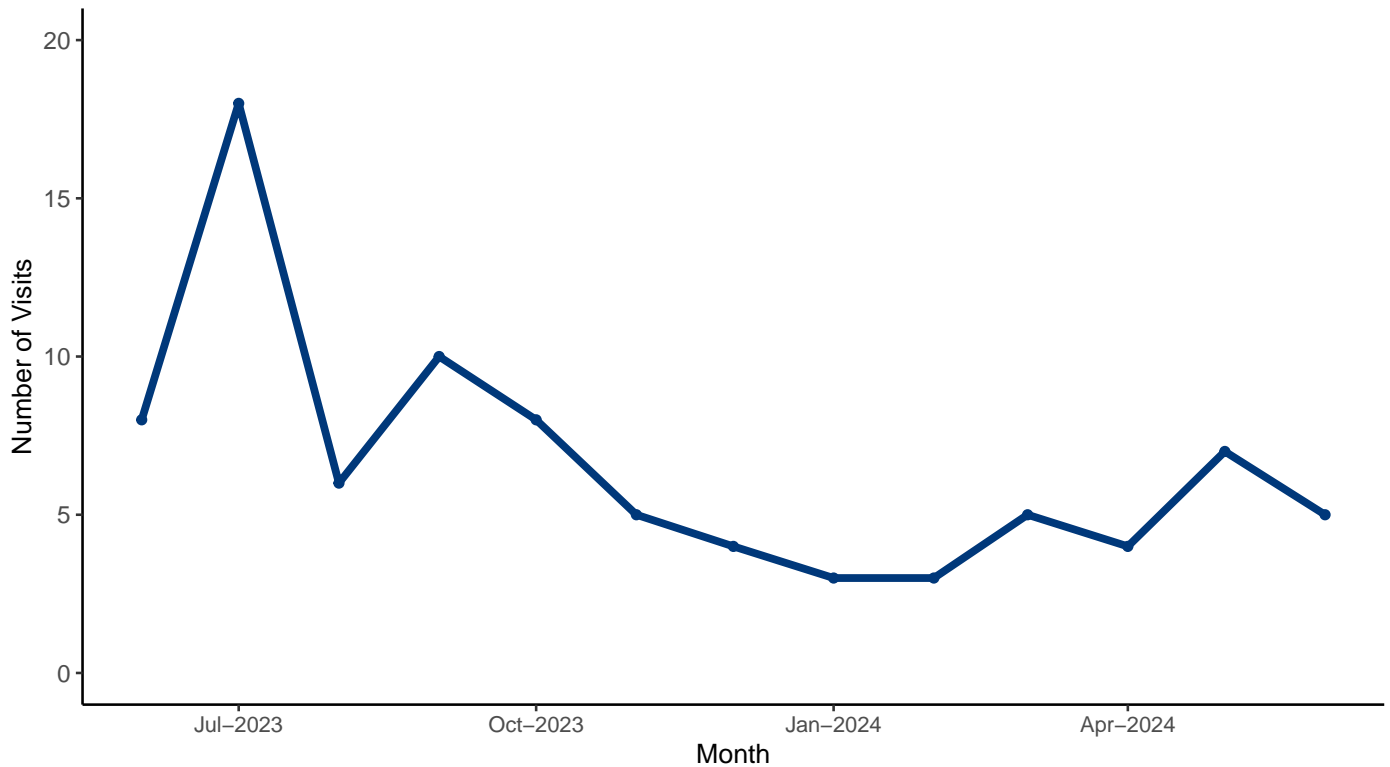
Because Indian Health Service data are not included in this report, the number of ED visits for American Indian/Alaska Native peoples are going to be under-counted. Therefore the burden of disease on that particular population cannot be deduced from this table.



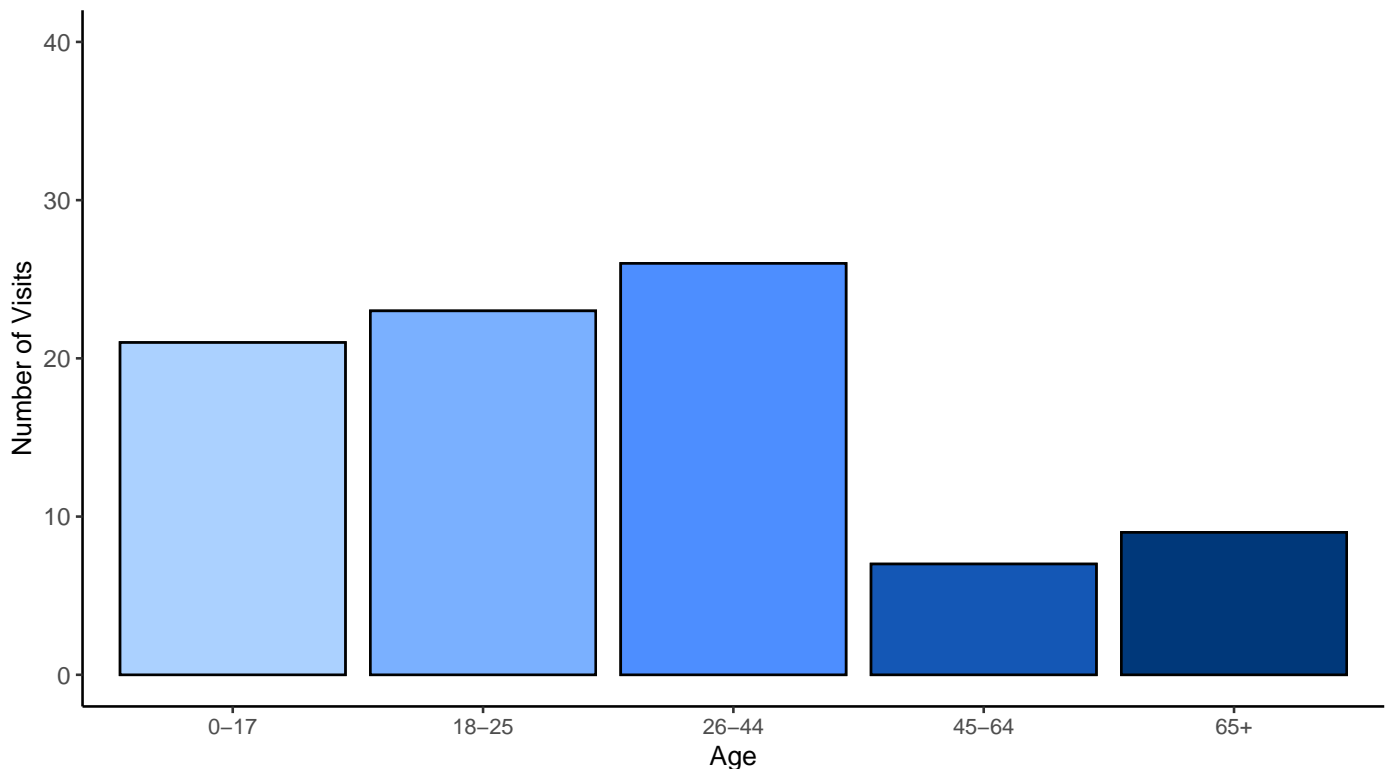
## Cannabis

This section is made up of visits where the T40.7 ICD-10 code, "cannabis poisoning", is present in the discharge diagnosis field. Due to the recent legalization of cannabis for recreational use, the increase in visits for cannabis poisoning could be related to patients becoming more comfortable disclosing cannabis use to clinicians.

### Cannabis Poisoning ED Visits, June 2023-2024 (n=86)



### Cannabis Poisoning ED Visits by Age, June 2023-2024 (n=86)

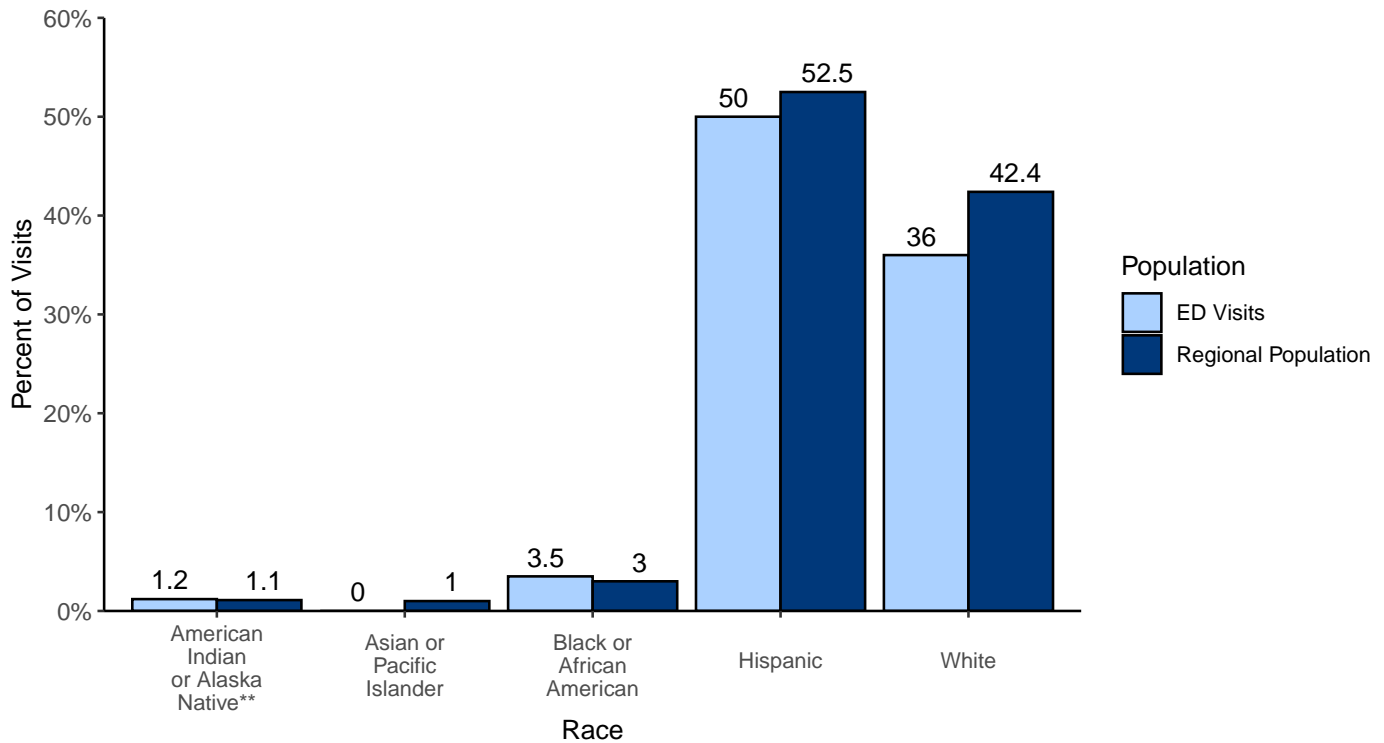


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## Cannabis Poisoning ED Visits by Sex, June 2023-2024 (n=86)

| Sex    | Number of Visits |
|--------|------------------|
| Female | 43               |
| Male   | 43               |

## Cannabis Poisoning ED Visits by Race/Ethnicity, June 2023-2024



\*\*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 SE 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.**

# Southeast Monthly Substance Use Report



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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 is **1 visit** where polysubstance use was indicated.

This report includes data from the following hospitals:

- Artesia General Hospital
- Carlsbad Medical Center
- Dan C. Trigg Memorial Hospital
- Eastern New Mexico Medical Center
- Lincoln County Medical Center
- Lovelace Roswell Hospital
- Nor-Lea General Hospital
- Plains Regional Medical Center

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