

Northwest Monthly Substance Use Report



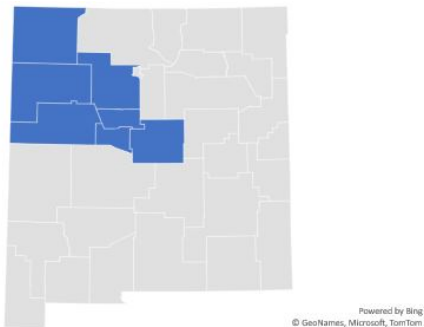
June 2025

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.



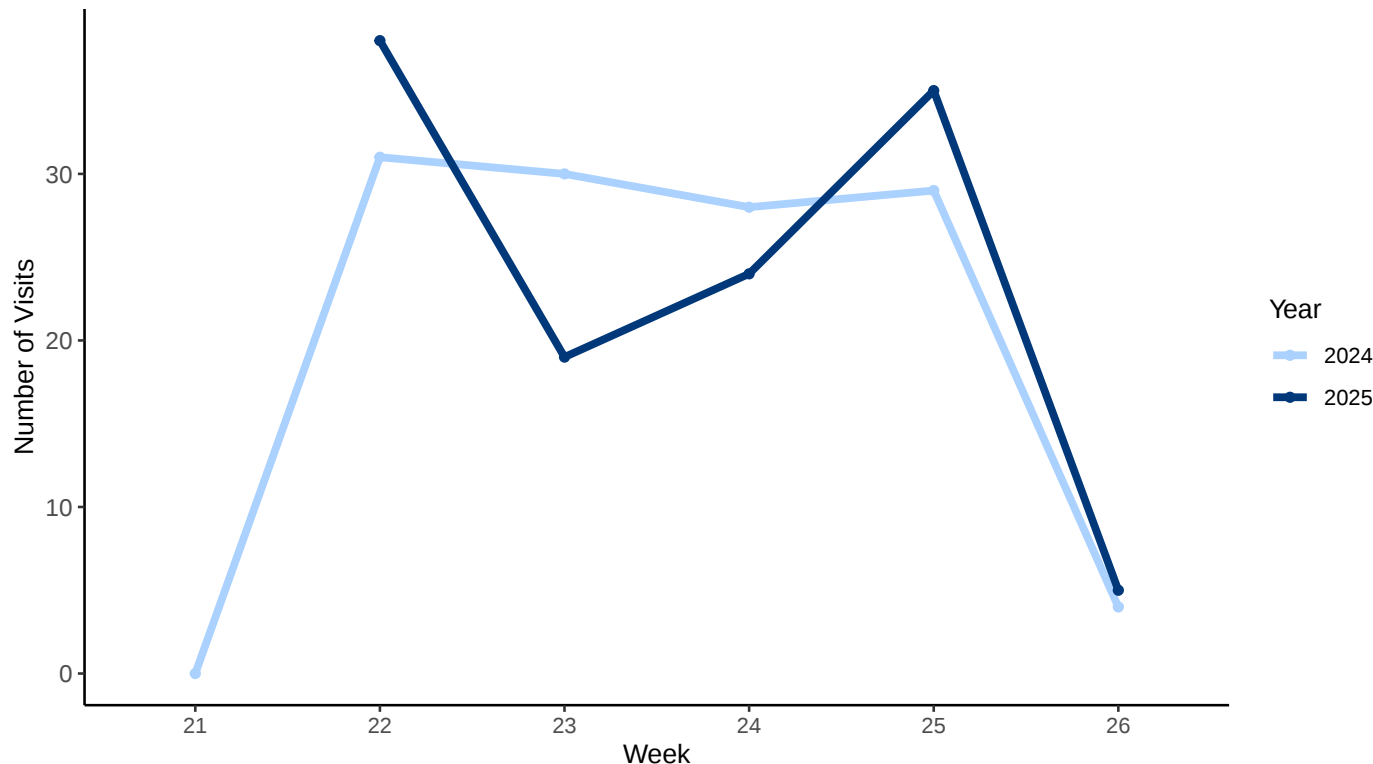
Population estimates are from 2023.

Opioids

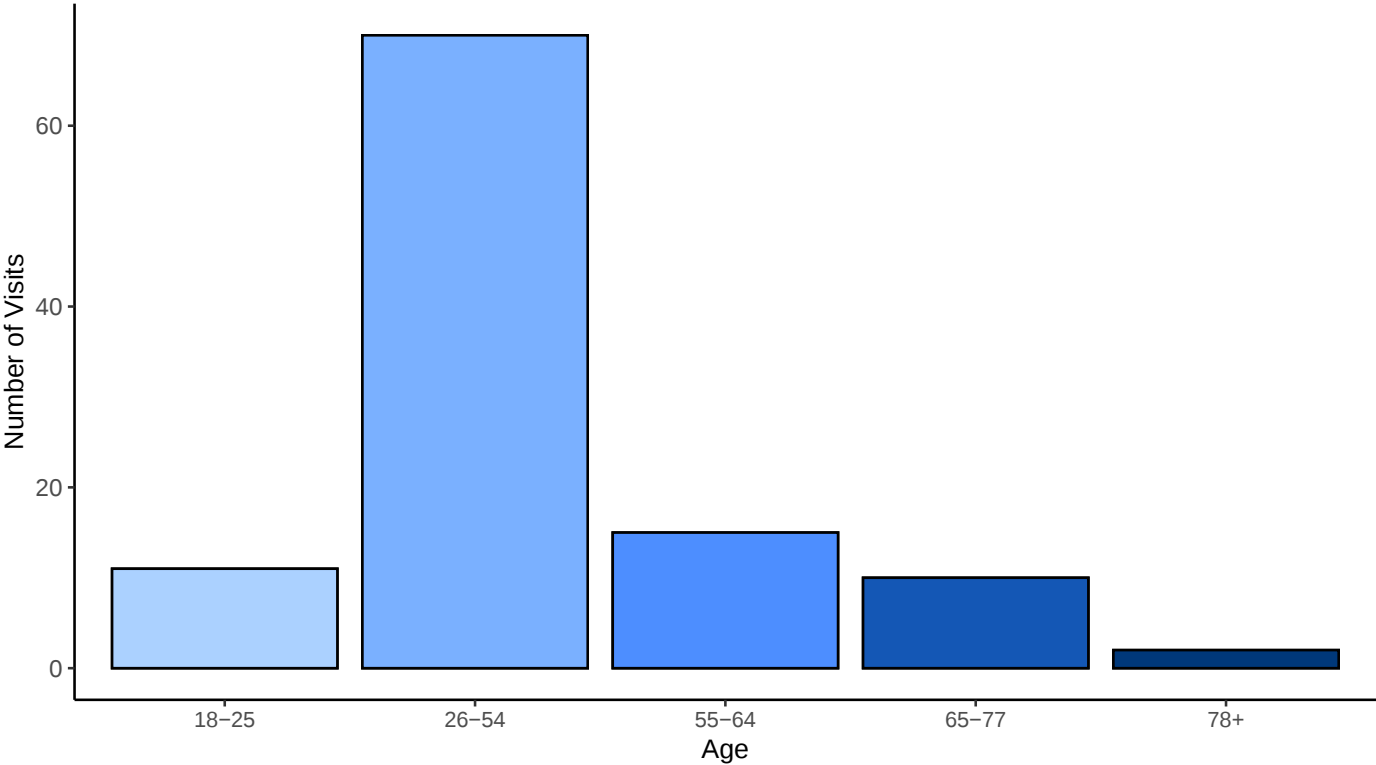
This category includes both prescription and illicit opioids.

Opioid Overdose ED Visits, June 2025 (n=121)

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



Opioid Overdose ED Visits by Age, June 2025 (n=121)



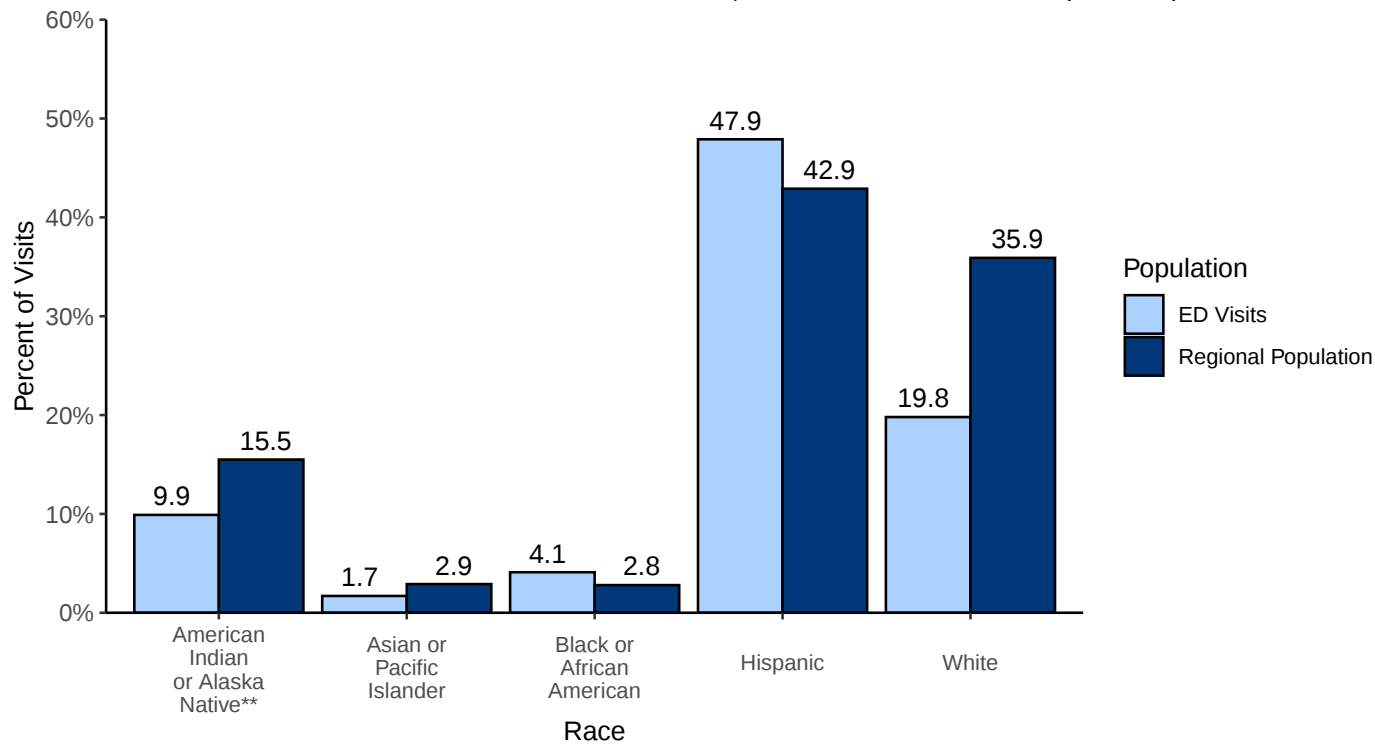
Opioid Overdose ED Visits by Sex, June 2025 (n=121)

Sex	Events
Female	46
Male	75

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Opioid Overdose ED Visits by Race/Ethnicity, June 2025 (n=121)



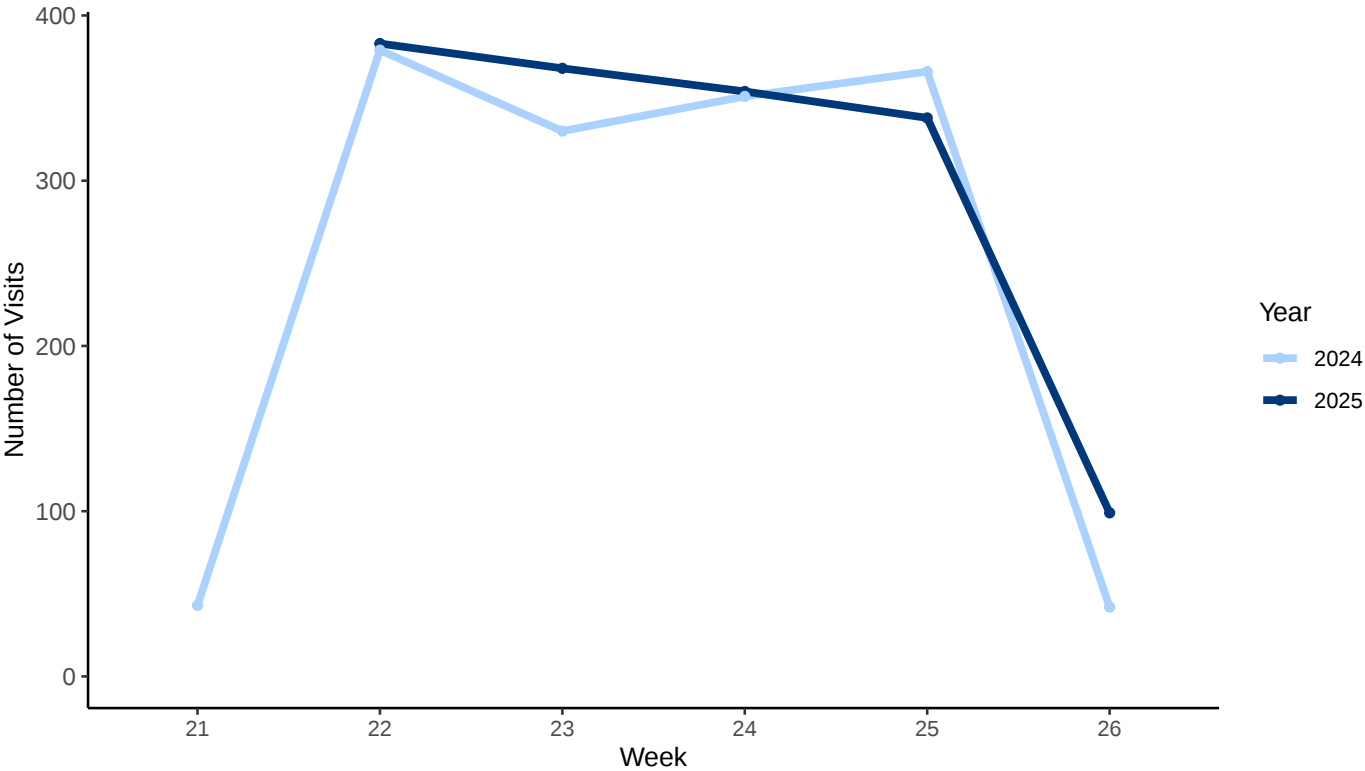
**The number of American Indian/Alaska Natives are likely undercounted.

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.**

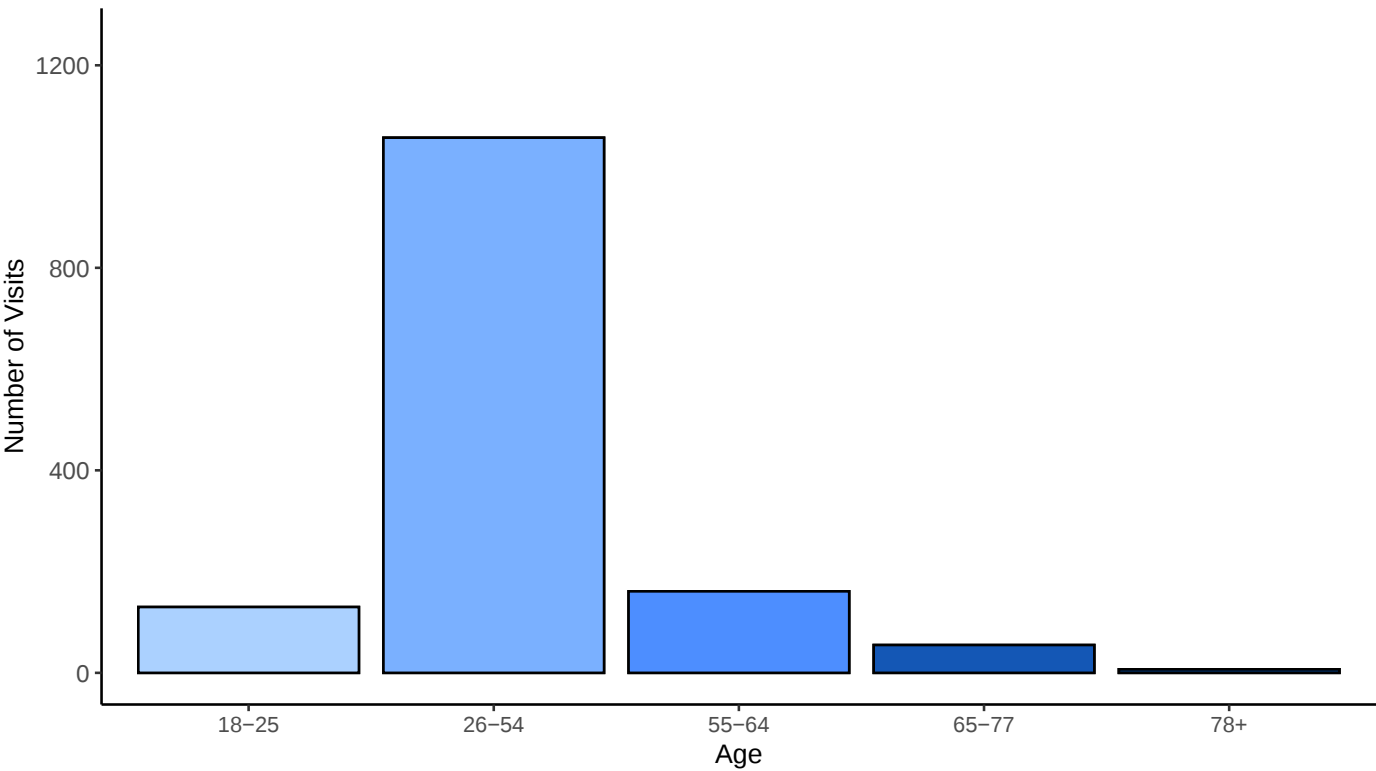
Alcohol

Alcohol-Involved ED Visits, June 2025 (n=1542)

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



Alcohol-Involved ED Visits by Age, June 2025 (n=1542)

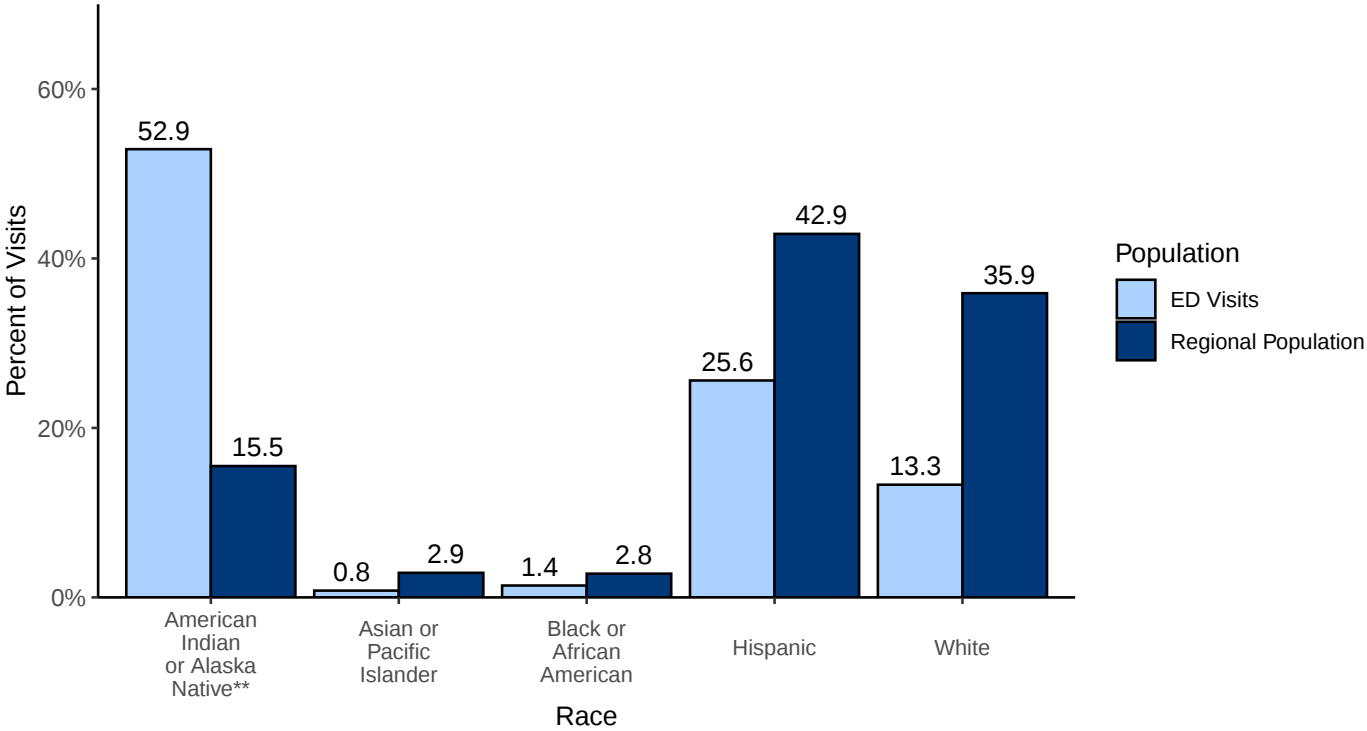


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Alcohol-Involved ED Visits by Sex, June 2025 (n=1542)

Sex	Number of Visits
Female	444
Male	1094

Alcohol-Involved ED Visits by Race/Ethnicity, June 2025 (n=1542)



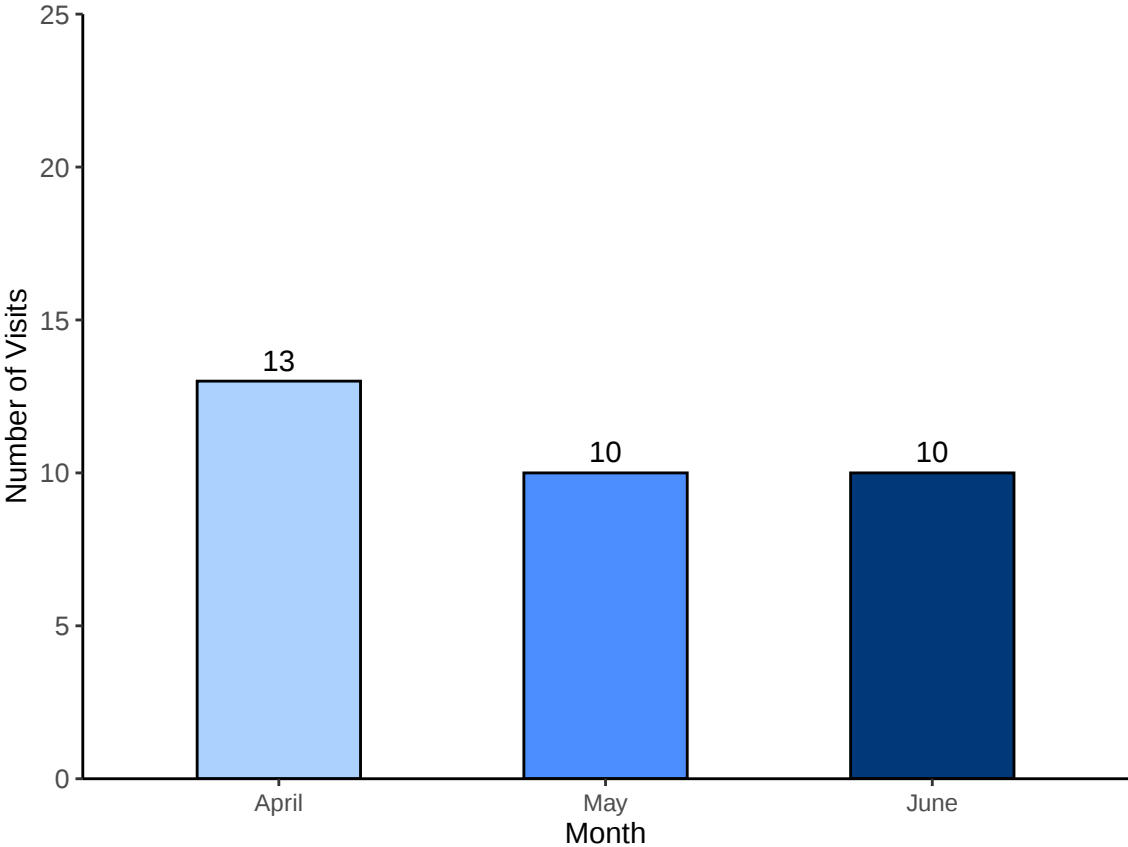
**The number of American Indian/Alaska Natives are likely undercounted.

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.

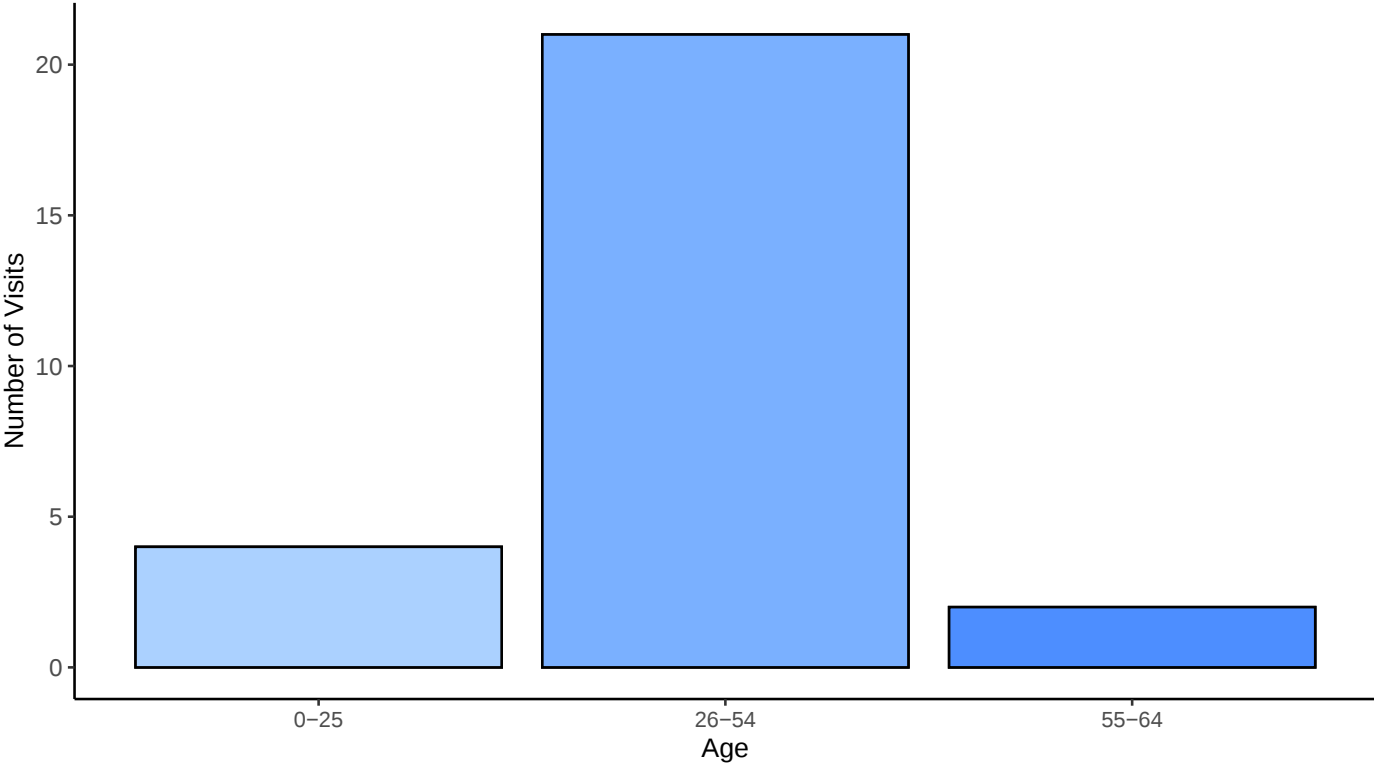
Stimulant-Involved ED Visits, April - June 2025 (n=33)



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Stimulant-Involved ED Visits by Age, April - June 2025 (n=33)



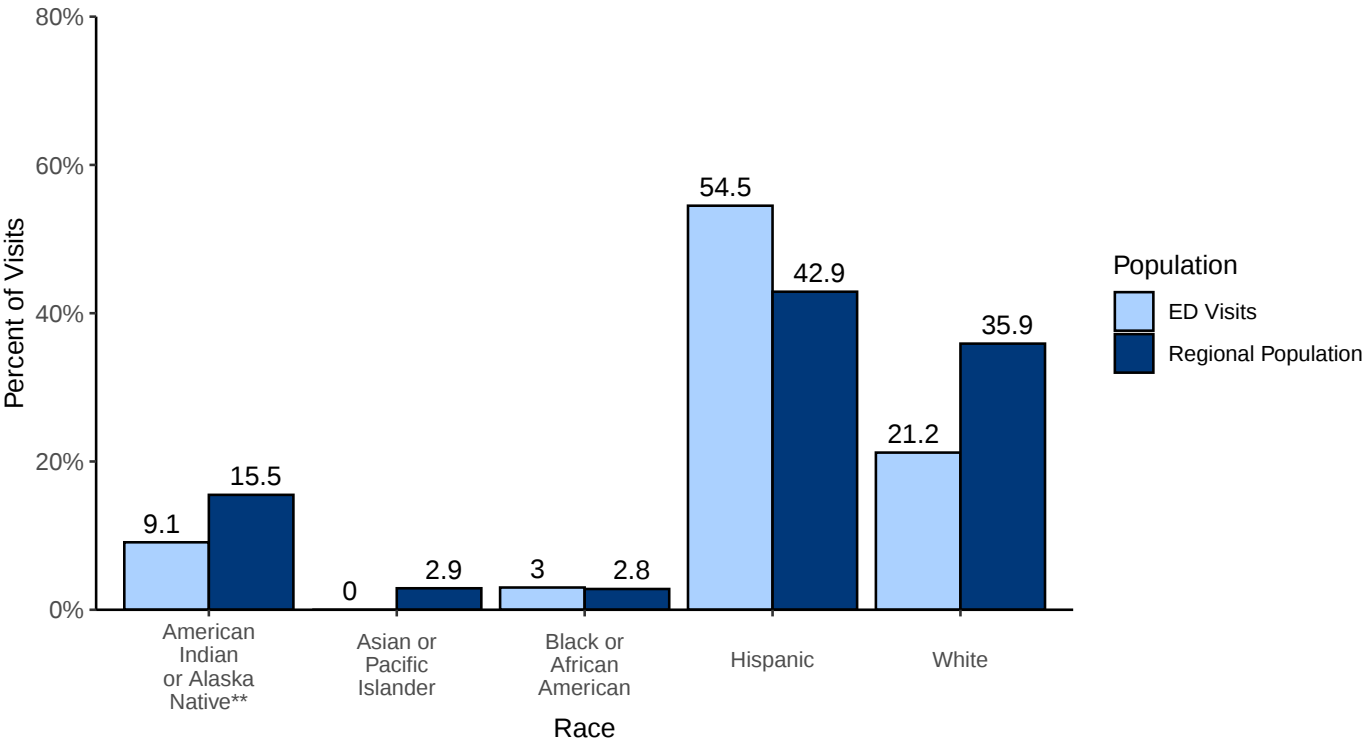
Stimulant-Involved ED Visits by Sex, April - June 2025 (n=33)

Sex	Number of Events
Female	10
Male	23

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Stimulant-Involved ED Visits by Race/Ethnicity, April - June 2025 (n=33)



**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.**

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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, June 2025 (n=13)

Substance	Number of Visits
Benzodiazepine Overdose	13

Benzodiazepine Overdose ED Visits by Age, June 2025 (n=13)

Age	Number of Visits
0-25	*
26-54	9
55-64	*

Benzodiazepine Overdose ED Visits by Sex, April - June 2025 (n=13)

Sex	Number of Visits
Female	5
Male	8

Benzodiazepine Overdose ED Visits by Race/Ethnicity, April - June 2025 (n=13)

Race	Number of Visits
American Indian or Alaska Native**	*
Asian or Pacific Islander	*
Black or African American	*
Hispanic	8
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.**

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 **12 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.