

# Southeast Monthly Substance Use Report

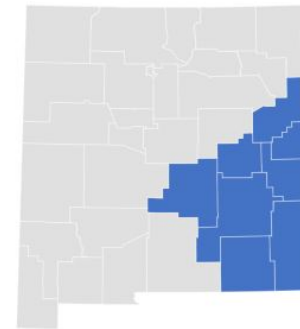
## September 2025

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

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:

- 95% 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 due to only part of the week belonging to the month in question.



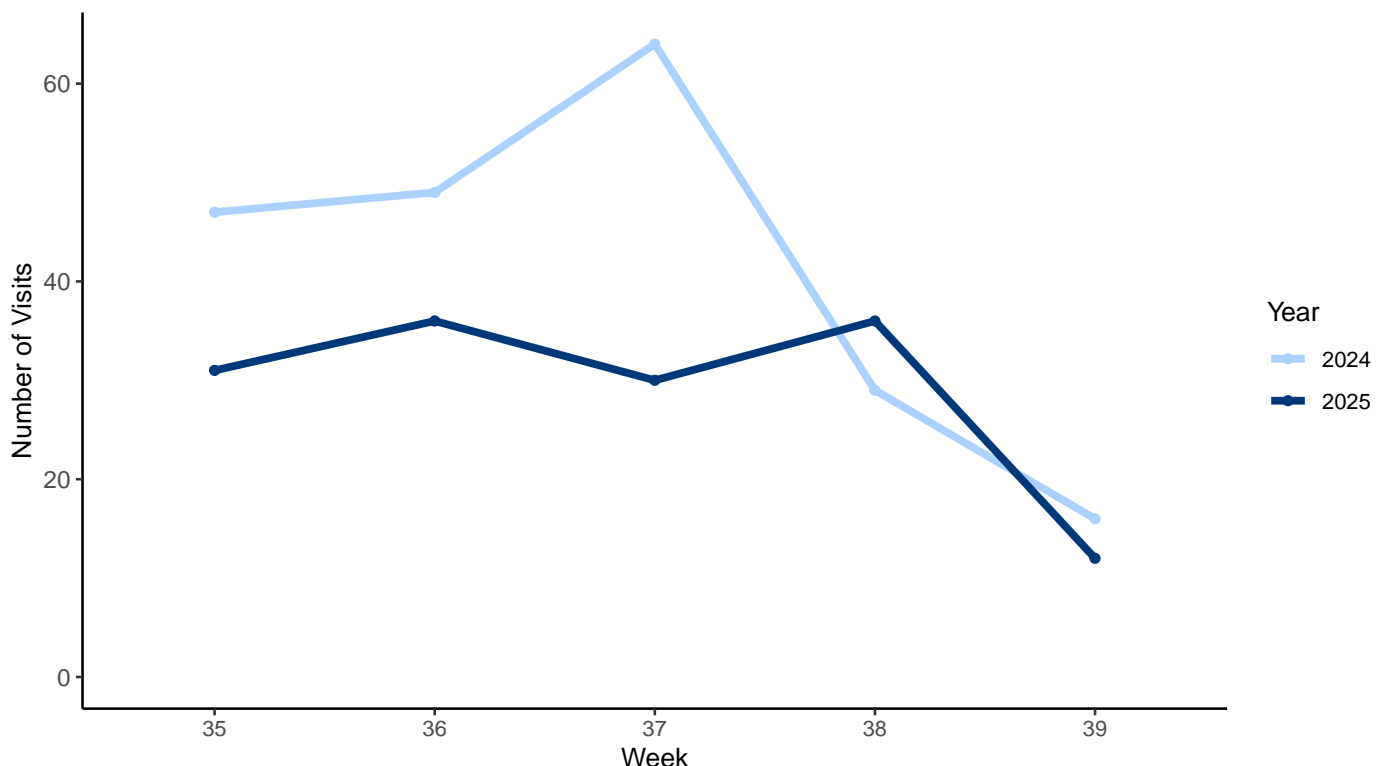
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Population estimates are from 2023.

## Alcohol

Two years of data are compared by week. Comparison data are from September 2024 (n=205).

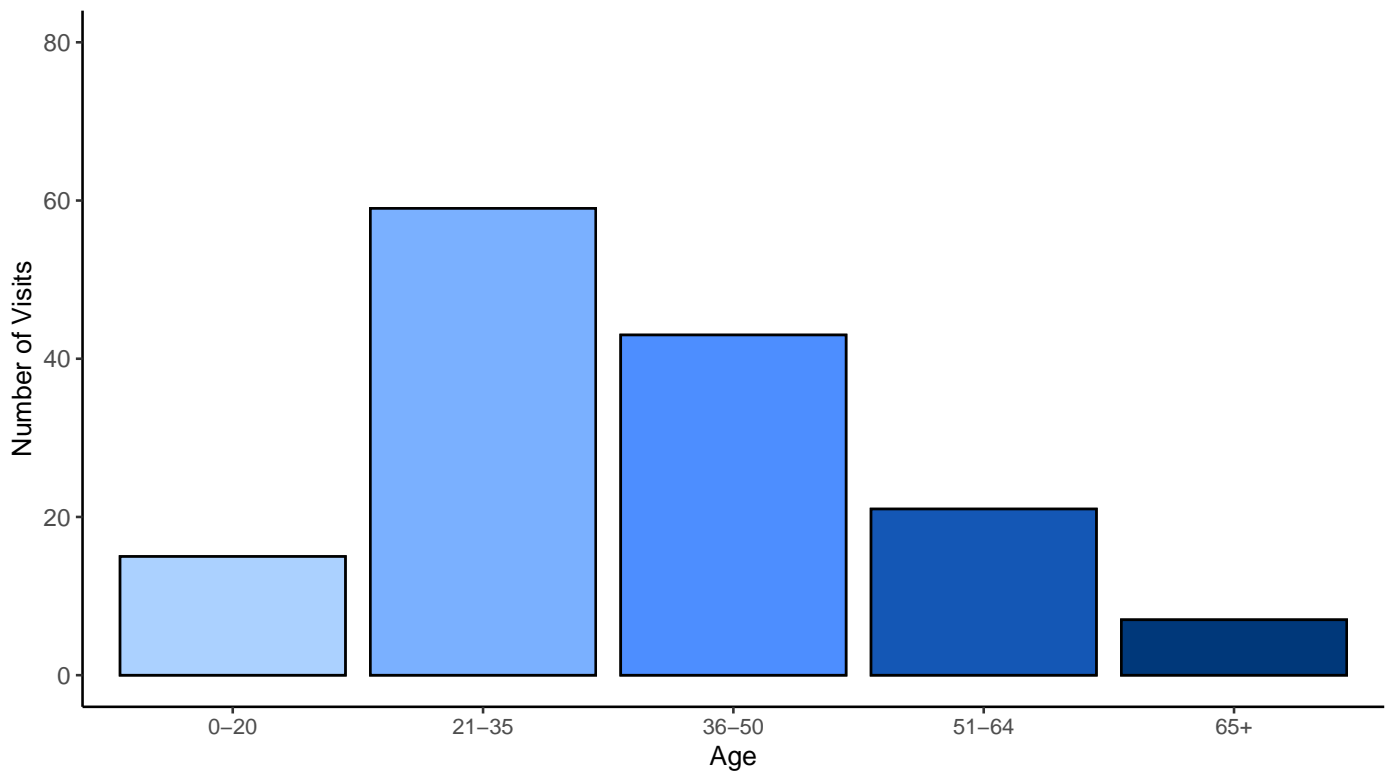
### Alcohol-Involved ED Visits, September 2025 (n=145)



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## Alcohol-Involved ED Visits by Age, September 2025 (n=145)

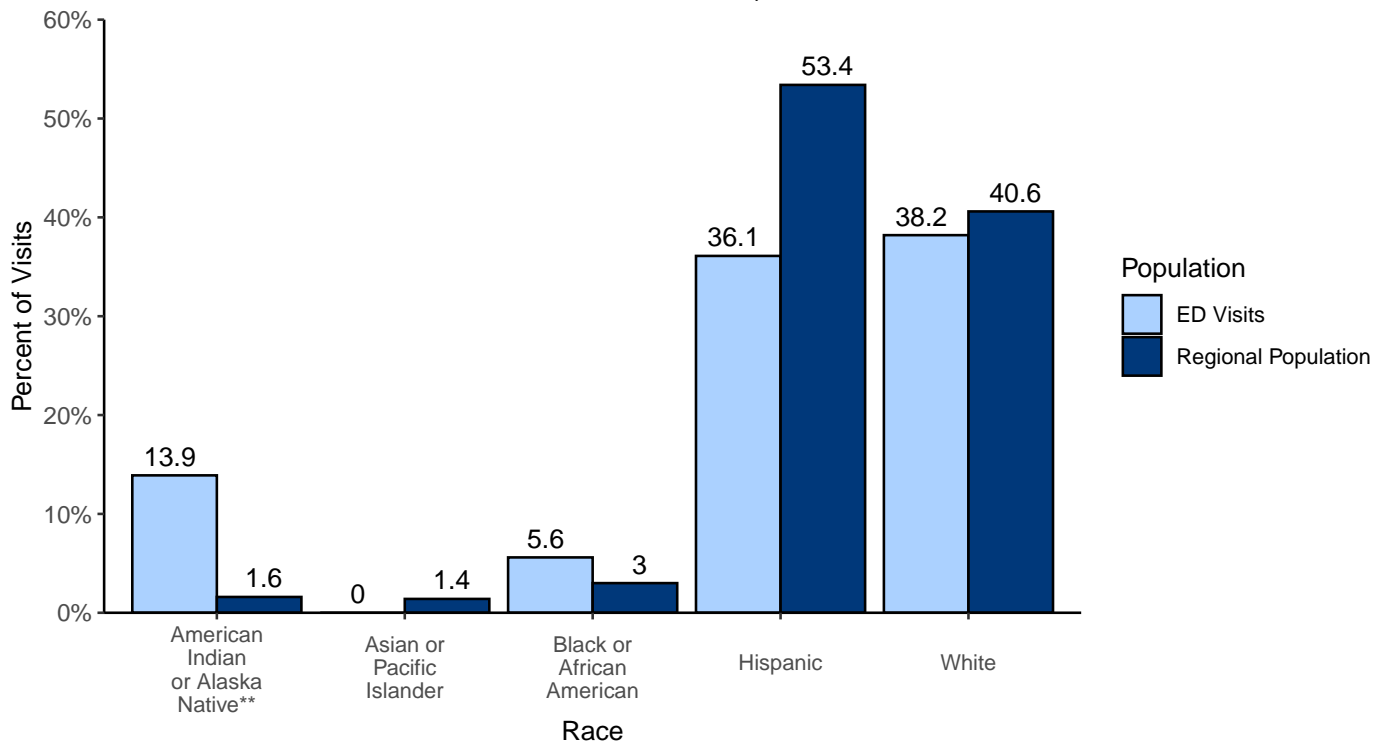


## Alcohol-Involved ED Visits by Sex, September 2025 (n=145)

Sex	Number of Visits
Female	53
Male	92

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



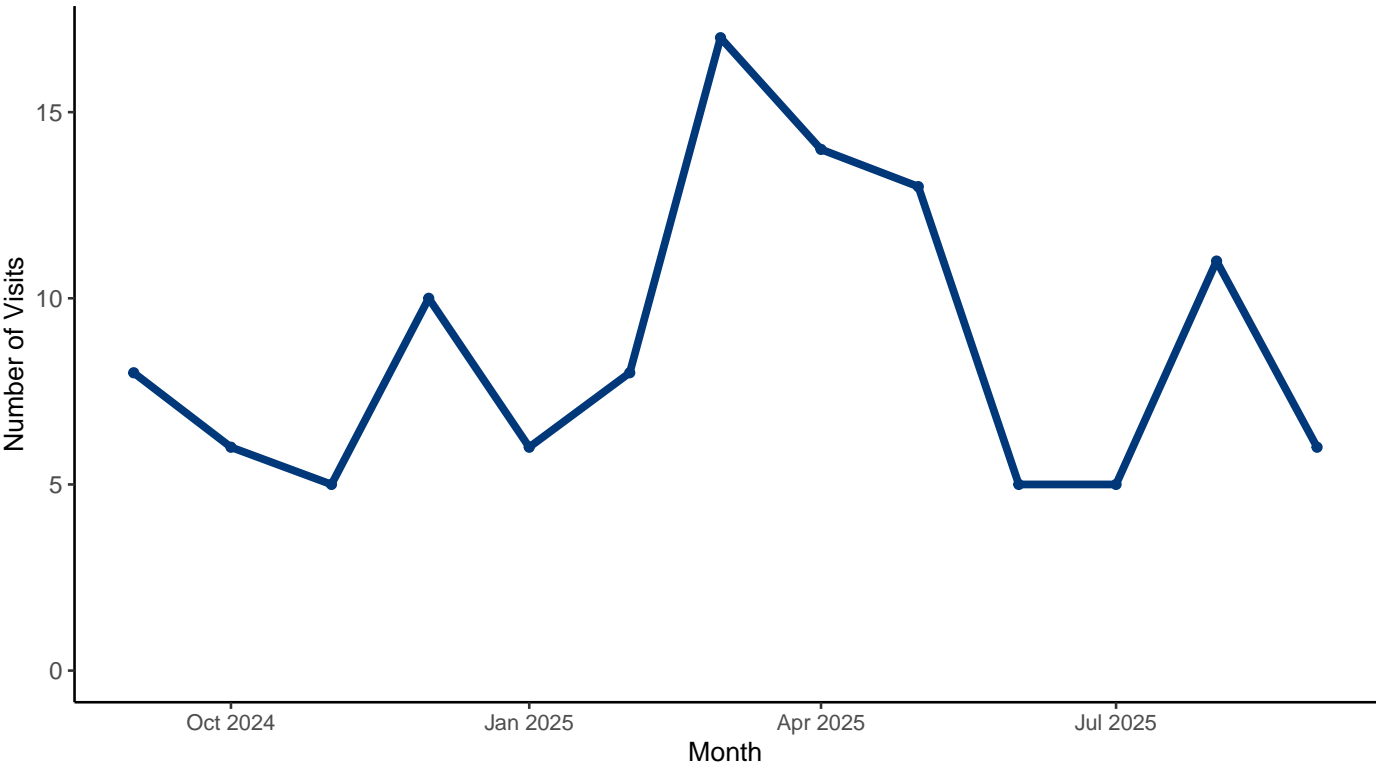
\*\*The number of American Indian/Alaska Natives are likely undercounted.

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.**

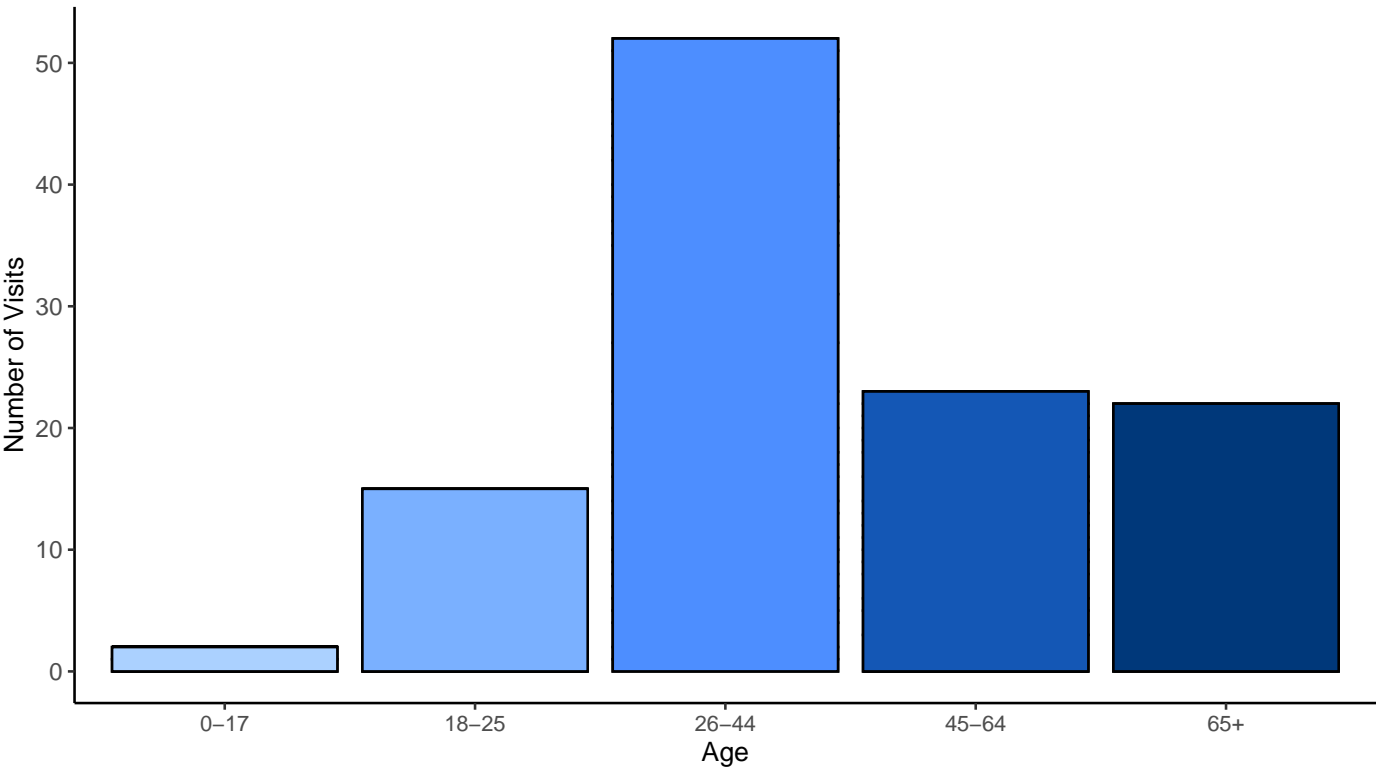
Opioids

This category includes both prescription and illicit opioids.

Opioid Overdose ED Visits, September 2024-2025 (n=114)



Opioid Overdose ED Visits by Age, September 2024-2025 (n=114)

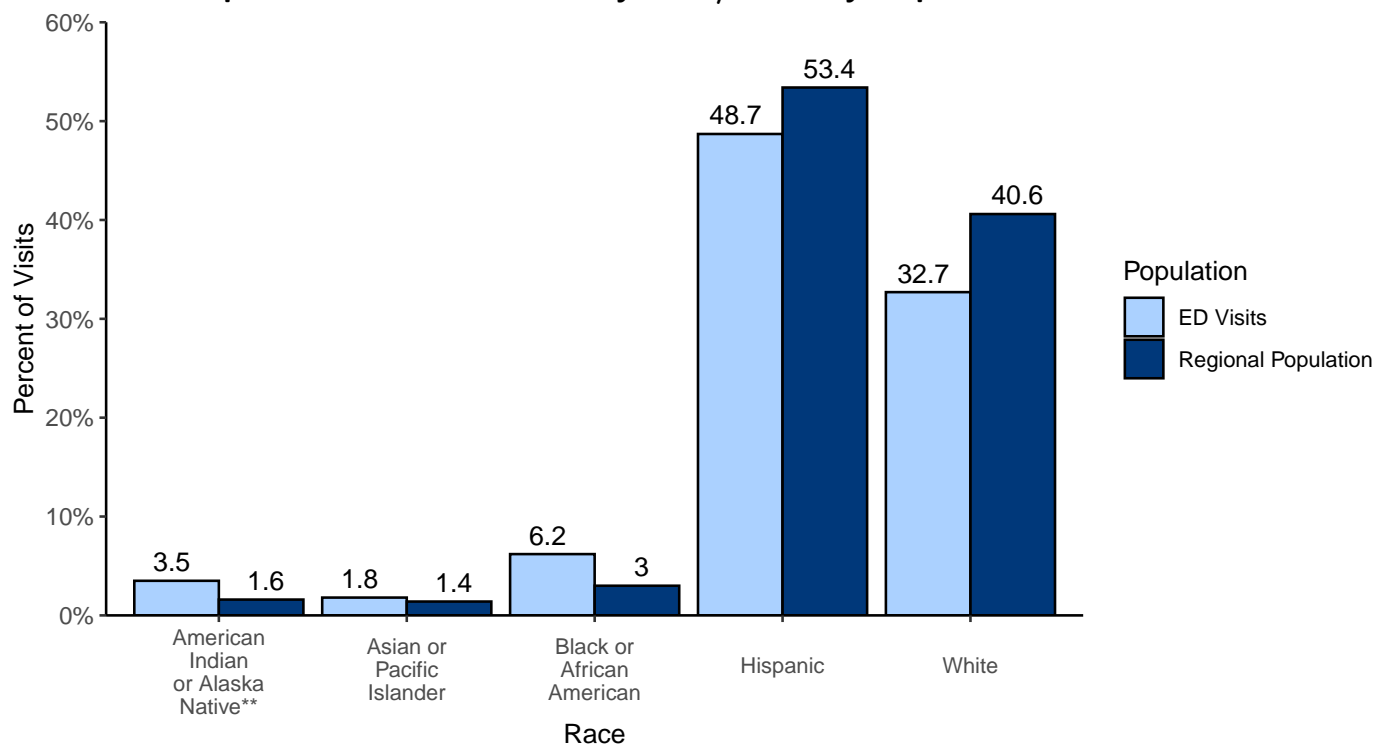


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## Opioid Overdose ED Visits by Sex, September 2024-2025 (n=114)

Sex	Number of Visits
Female	55
Male	59

## Opioid Overdose ED Visits by Race/Ethnicity, September 2024-2025



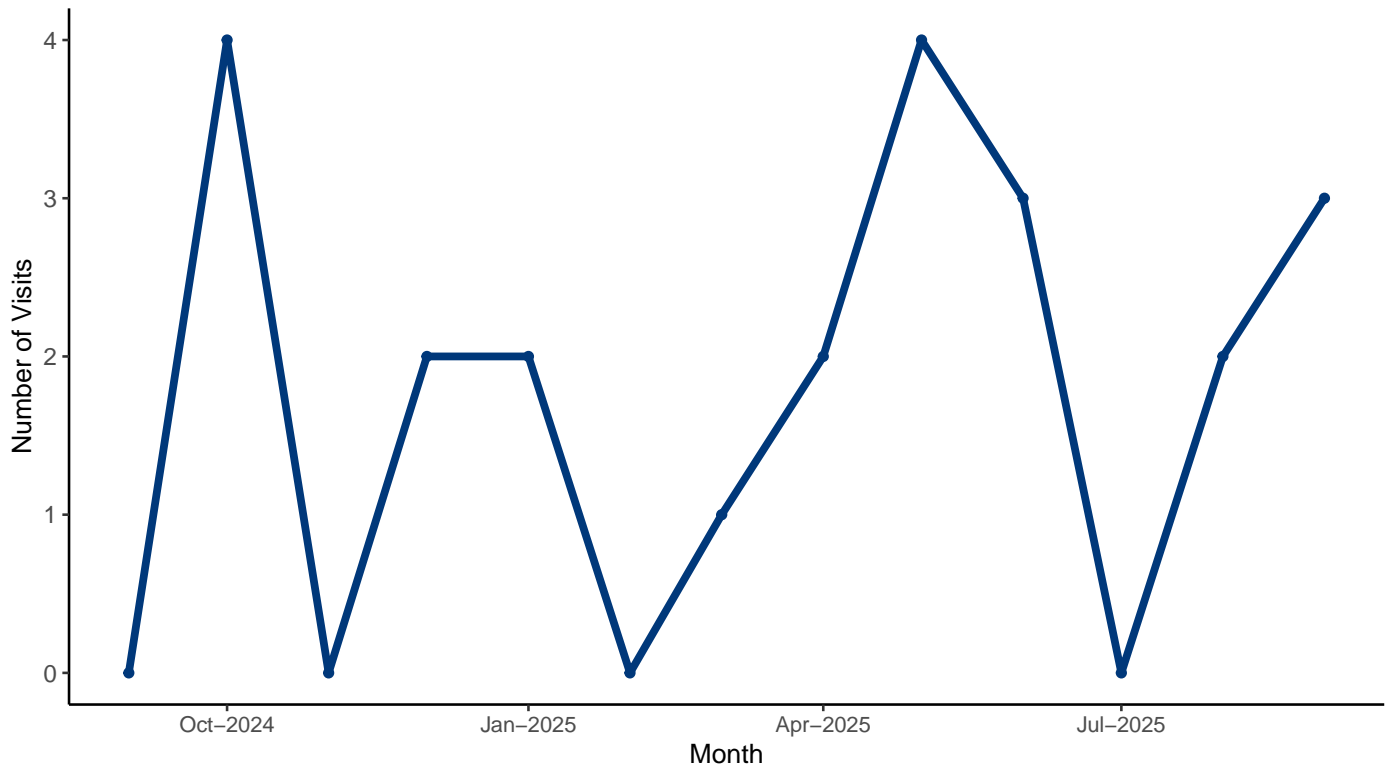
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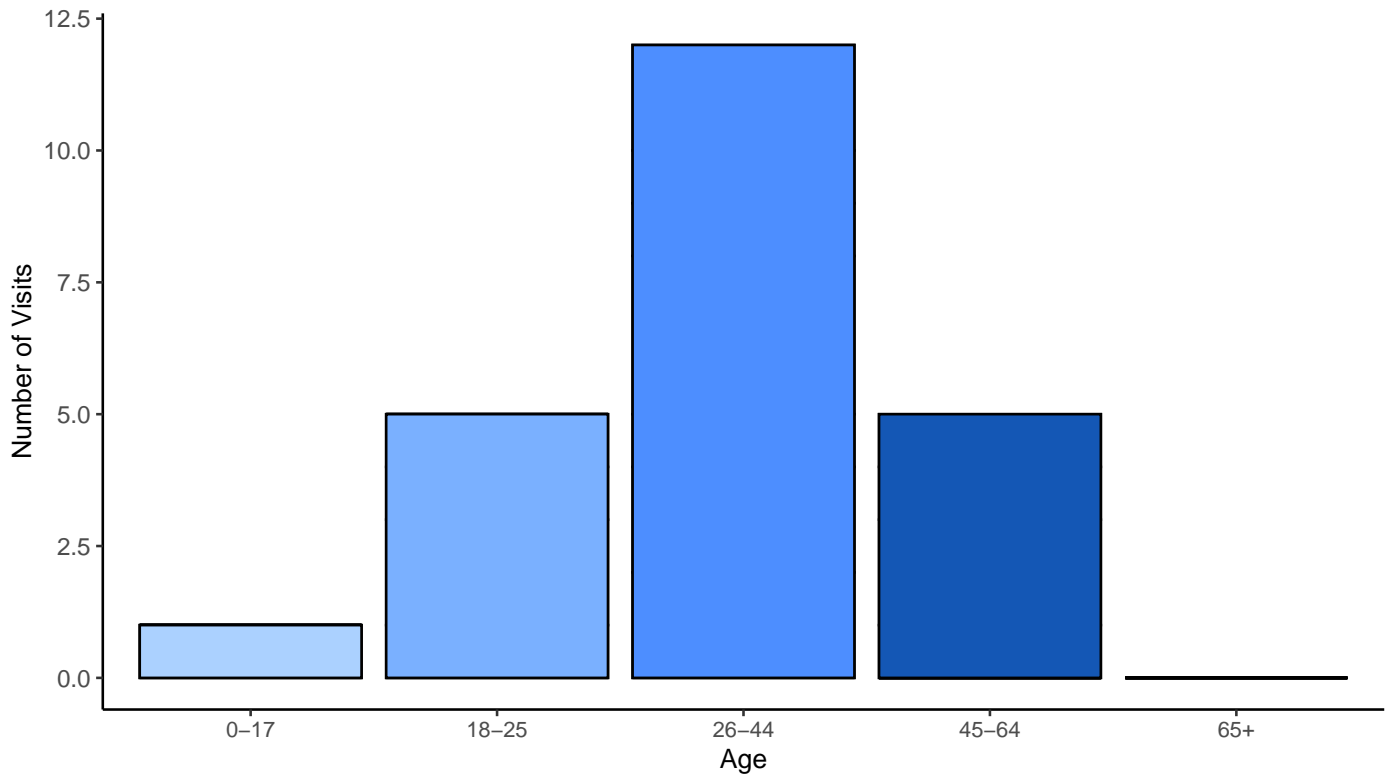
## Stimulants

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

### Stimulant-Involved ED Visits, September 2024-2025 (n=23)



### Stimulant-Involved ED Visits by Age, September 2024-2025 (n=23)

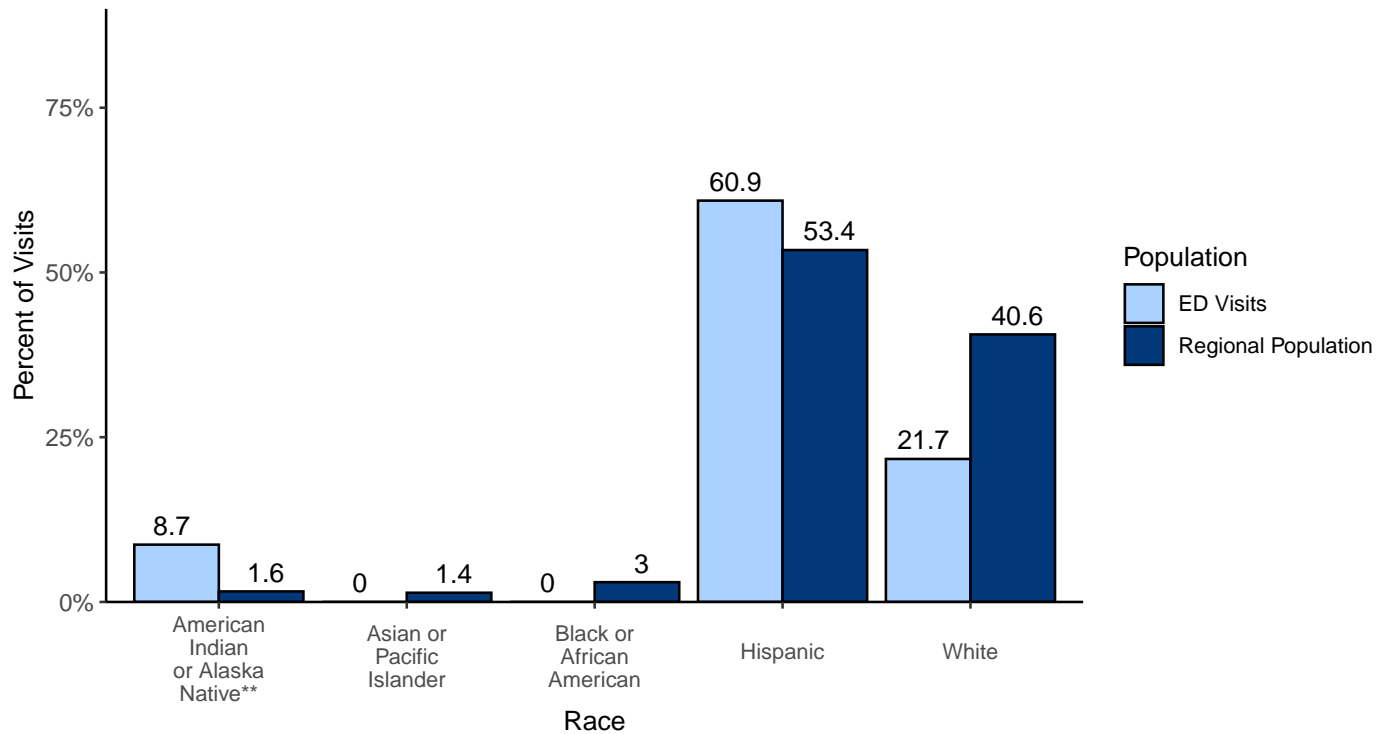


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## Stimulant-Involved ED Visits by Sex, September 2024-2025 (n=23)

Sex	Number of Visits
Female	10
Male	13

## Stimulant-Involved ED Visits by Race/Ethnicity, September 2024-2025



\*\*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, September 2024-2025 (n=5)

Substance	Number of Visits
Benzodiazepine Overdose	5

### Benzodiazepine Overdose ED Visits by Age, September 2024-2025 (n=5)

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

### Benzodiazepine Overdose ED Visits by Sex, September 2024-2025 (n=5)

Sex	Number of Visits
Female	*
Male	*

### Benzodiazepine Overdose ED Visits by Race/Ethnicity, September 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.



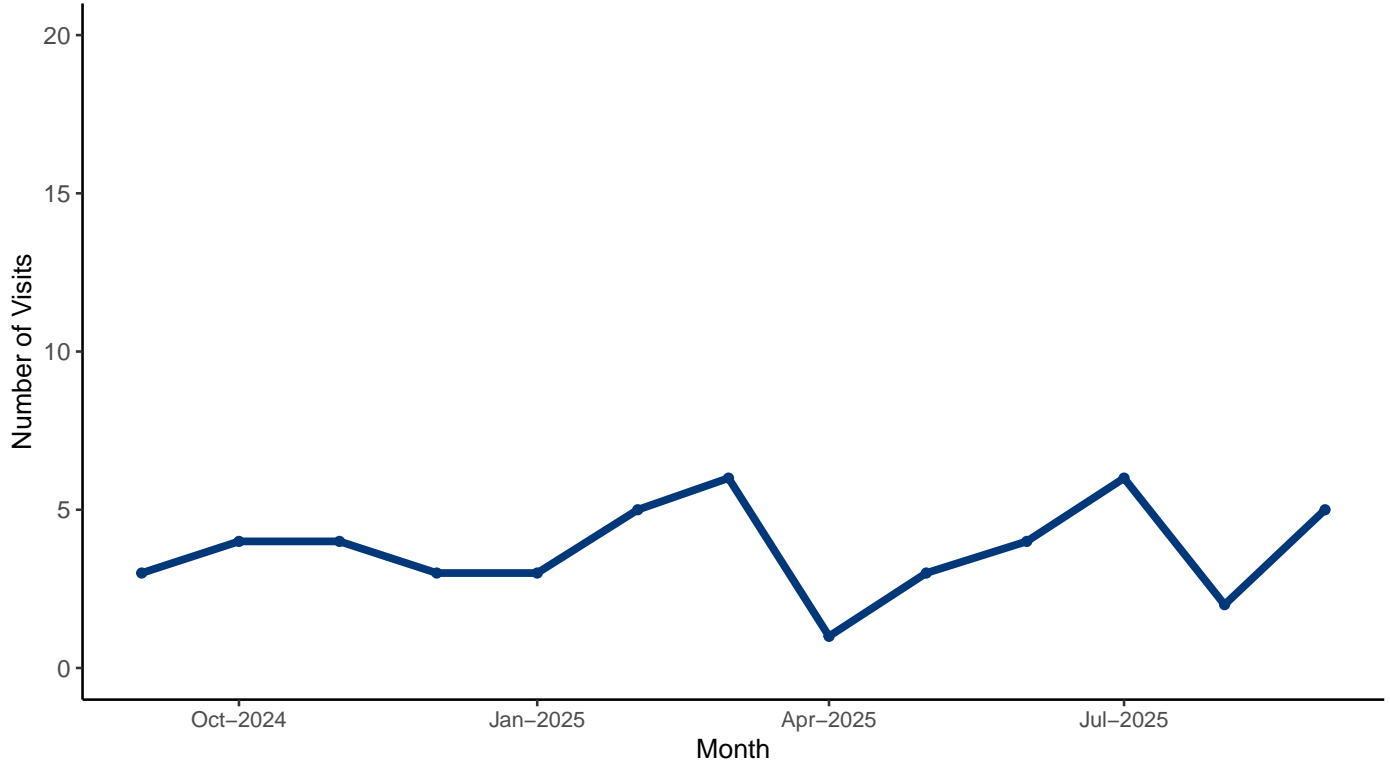
# Southeast Monthly Substance Use Report



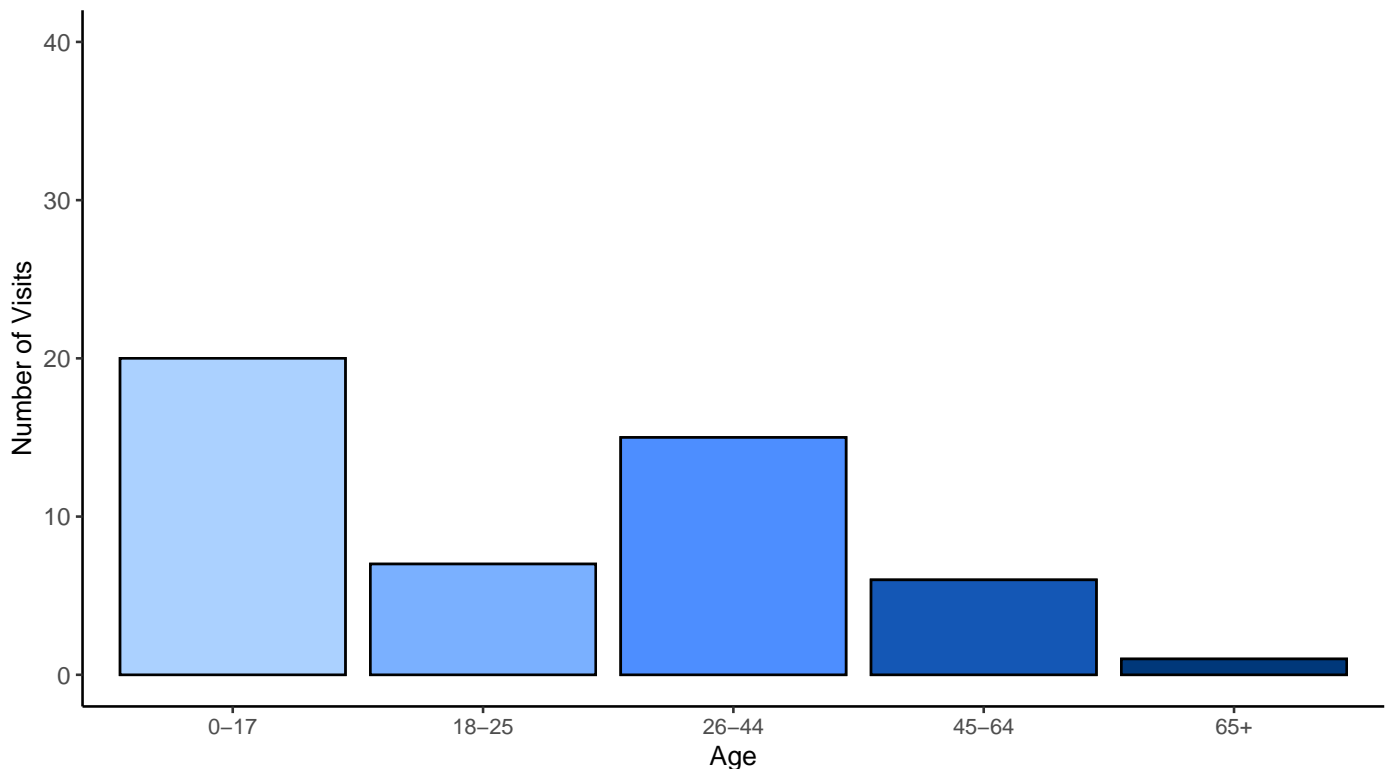
## Cannabis

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, September 2024-2025 (n=49)



### Cannabis Poisoning ED Visits by Age, September 2024-2025 (n=49)

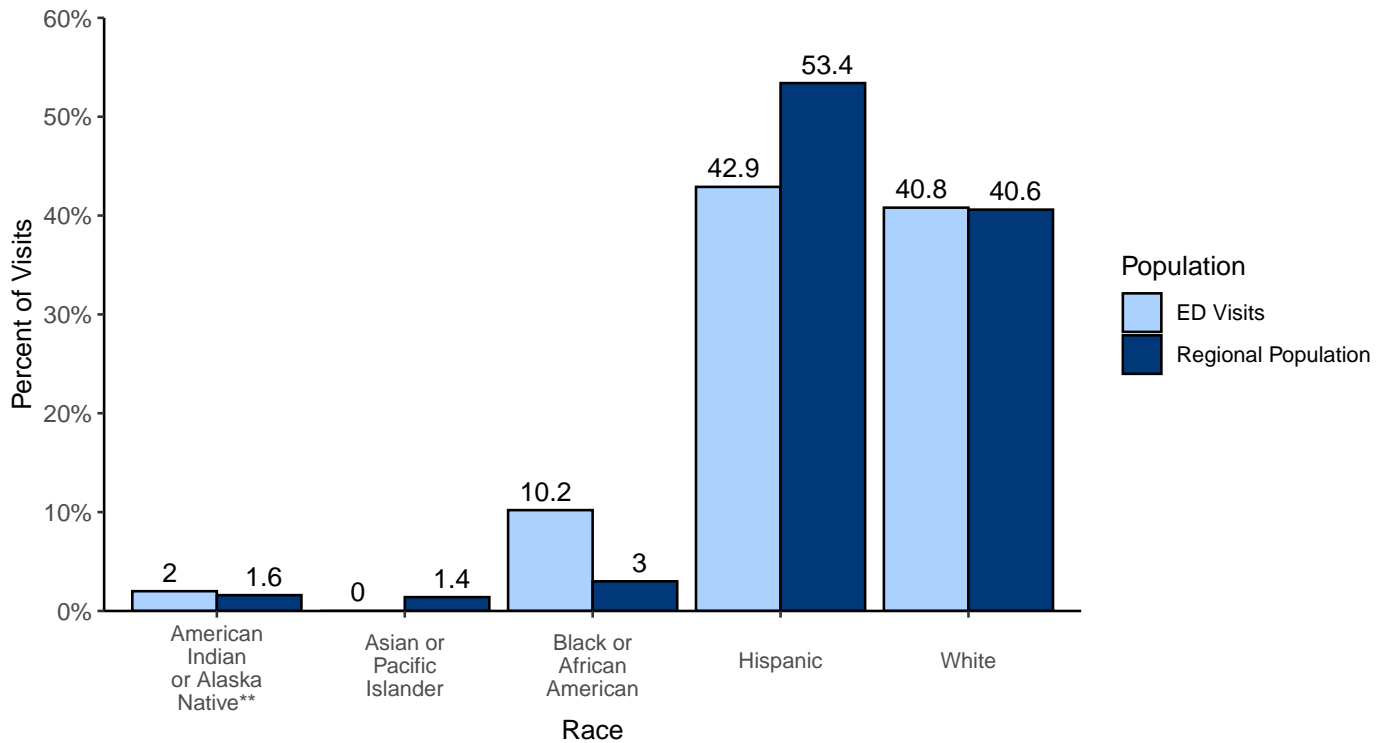


# Southeast Monthly Substance Use Report

## Cannabis Poisoning ED Visits by Sex, September 2024-2025 (n=49)

Sex	Number of Visits
Female	30
Male	19

## Cannabis Poisoning ED Visits by Race/Ethnicity, September 2024-2025



\*\*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.**

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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 **2 visits** where polysubstance use was indicated.

This report includes data from the following hospitals:

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

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