



Substance Use & Mental Health Epidemiology Profile Dashboard

Introduction

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Author

The New Mexico Department of Health Substance Use Epidemiology Section
(NMDOH SUES)

Introduction.

The New Mexico Substance Use & Mental Health Epidemiology Profile (SUMHEP) Dashboard is a tool for substance use planners at the state, county, and community level and is replacing the Substance Use Epidemiology Profile (SUEP) Reports. The Substance Use Epidemiology Section, within the New Mexico Department of Health (NMDOH), will refresh the data on a quarterly basis and the last refresh date will appear in the top right of the first page of the dashboard.

The primary purpose of the dashboard is to support efforts related to the Statewide Epidemiological and Outcomes Workgroups (SEOW). The SEOW is intended to:

1. Develop resources to help communities conduct needs assessments regarding substance use and its consequences.
2. Build capacity to address those needs.
3. Plan, implement and evaluate evidence-based programs, policies, and practices designed to address intervening variables related to identified substance-related problems.

The SEOW is funded by the New Mexico Health Care Authority (NM HCA) Behavioral Health Services Division (BHSD) Office of Substance Abuse Prevention (OSAP) and the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention (SAMHSA-CSAP) through the Substance Abuse Prevention and Treatment Block Grant (SABG).

Diverse sources of funding were leveraged to make the creation and implementation of the New Mexico Substance Use & Mental Health Epidemiology Profile Dashboard possible. Sources include:

- New Mexico Health Care Authority (NM HCA) Behavioral Health Services Division (BHSD) Office of Substance Abuse Prevention (OSAP), through funding from the Substance Abuse and Mental Health Services - Administration Center for Substance Abuse Prevention (SAMHSA-CSAP) through the Substance Abuse Prevention and Treatment Block Grant (SABG).
- Centers for Disease Control and Prevention (CDC) Alcohol Program and Overdose Data to Action (OD2A).

Important Notes about Comparability to Previous Reports.

Data Comparability - SUMHEP Dashboard & SUEP Reports.

The first SUEP Report was published in 2005, and the last report was published in 2024. In total, 15 reports had been published between 2005 and 2024. Starting in 2025, these reports are being replaced by the SUMHEP Dashboard. While the SUEP Reports showed five-year aggregates, the SUMHEP Dashboard shows a default view of all the years aggregated. If interested in seeing five-year aggregates, please select the five years you want to use in the dashboard. We recommend selecting a continuous five-year period for a five-year aggregate.

The Chronic Liver Disease (CLD) Hospital Discharges page in the SUMHEP Dashboard calculates rates differently than how it used to be reported in the SUEP reports. Specifically, in the dashboard the CLD Hospital Discharges are now per 10,000 visits while the SUEP reports were per 100,000 population.

The dashboard currently only shows survey results for the most recent year while the SUEP Report showed five-year aggregates for some information. Future updates to the dashboard will address and expand the survey sections.

Data Comparability - SUEP Reports.

Important methodological changes have occurred over time, therefore not all SUEP reports may be comparable with others in the series. The following categories cannot be compared between reports in the SUEP reports:

- Death counts and/or rates for any alcohol-related death indicators cannot be compared between 2005 and any later reports.
- Data for risk behavior (BRFSS-based) indicators are aggregated beginning in years 2016-2018, except for Adult Depression and Adult Drinking and Driving, which are not asked every year. These two indicators are reported on a single-year basis. The Adult Depression module has not been asked since 2016.
- Opioid Overdose Related Emergency Department (ED) visits data cannot be compared to previous editions of the Substance Use Epidemiology Profile as the data source changed for the 2018 report. The previous reports used the Annual ED data file, but in 2018 the ED Syndromic Surveillance has been used.

Thus, the ED visit report data should not be compared to previous years after 2018 but reports prior to 2018 can be compared with each other.

Updated Data – From the 2024 SUEP Report to the SUMHEP Dashboard.

Compared to the 2024 SUEP Report, the SUMHEP Introduction and Executive Summary and dashboard have some updated indicators. These updated indicators include:

- 2022 & 2023 data for Total Alcohol-Related Deaths, Alcohol-Related Chronic Deaths, and Alcohol-Related Acute deaths.
- 2022 & 2023 data for Chronic liver disease hospital discharges.
- 2023 YRRS & BRFSS data.
- 2023 drug overdose deaths data.
- Drug overdose ED visits data is not currently available as the SUES team transitions to a different format of data collection.

New - Quarterly Reports.

As companions to the SUMHEP dashboard, epidemiology reports will also be published quarterly focusing on specific topics each quarter. The Epidemiology Reports will be linked in the dashboard and will also be found on the Substance Use Epidemiology Section website: <https://www.nmhealth.org/about/erd/ibeb/sap/>

The quarterly reports will be called the Substance Use & Mental Health Epidemiology (SUMHE) Journal. The SUMHE Journal will include drug use, alcohol use, and mental health indicators that are found on the dashboard. The journal articles will be written/edited by subject matter experts in that specific topic and assist in providing a narrative to the indicators seen on the dashboard. The articles will include an epidemiologic and a prevention portion of work being done by the DOH or partners.

Intersection of Substance Use and Mental Health.

While the SUEP Reports in the past focused primarily on substance use, the dashboard aims to highlight that substance use, and mental health are intertwined leading to the rebranding to Substance Use & Mental Health Epidemiology Profile (SUMHEP) Dashboard. The new SUMHE Journal will highlight both substance use and mental health, along with how they intersect.

SUMHEP Dashboard Technical Notes.

The SUMHEP Dashboard is a visualization tool designed to assist with dissemination of the newest data to community partners and partner agencies as soon as possible. With features and flexibility that was not available before in the SUEP Reports, we are providing some technical notes to assist with improving usage experience.

Dashboard Visual Display.

If interested in seeing a full screen version of a visual in the dashboard, please hover over the top right corner of the visual and click the box with the arrow icon (focus mode). You can also see what filters are being applied to the visual by hovering over the visual.

If interested in sorting the data in the dashboard, please hover over the top right of the visual, click the three dots icon and click "sort axis" and select what variable you would like the data to be sorted by. You can also choose if you want the data sorted in ascending or descending order. Please keep in mind that not all visuals currently allow for sorting the data.

If interested in seeing any of the data in a table view in the dashboard, please hover over the top right corner of the visual, click the three dots icon and choose "show as table." Please keep in mind that not all visuals allow you to see the data in a table view.

The "reset filters" button in the dashboard resets all filters except for what the data is being sorted by.

Maps and Legends.

For maps that show rates, map shading categories are chosen to identify counties that have rates lower than the state rate, counties that have rates somewhere higher than the state rate, and counties that have rates substantially higher than the state rate. The latter category (corresponding to the darkest-shaded counties) represents rates that are higher than the state by a selected amount. For maps based either on death or hospital-related event rates, this amount corresponds to rates that are 50% or higher than the state rate; for those based on behavioral youth data (YRRS and BRFSS), this amount corresponds to rates that are

25% higher than the state average. For maps based on death or hospital-related event counts, the darkest-shaded categories correspond to those that are higher than the state average, while the lightest shade corresponds to those that are 50% lower than the average.

In addition, county level data is not currently available for the BRFSS survey data, but health region level data is provided. The counties comprising New Mexico's five health regions are:

1. Northwest Region: San Juan, McKinley, and Cibola Counties.
2. Northeast Region: Rio Arriba, Taos, Colfax, Union, Los Alamos, Santa Fe, Mora, San Miguel, Guadalupe, and Harding Counties.
3. Metro Region: Bernalillo, Sandoval, Torrance, and Valencia Counties.
4. Southeast Region: Quay, DeBaca, Curry, Lincoln, Roosevelt, Chaves, Eddy, and Lea Counties.
5. Southwest Region: Catron, Socorro, Grant, Sierra, Hidalgo, Luna, Doña Ana, and Otero Counties.

Rates and Numbers.

For some pages, both rates and the number of events are presented in the tables and charts within the dashboard. While the rates are very important for indicating the degree of an issue in a given county or population group, they only provide part of the picture needed for comparing the burden of a problem from one county or group to another. The number of events also needs to be considered when making planning decisions from the state level. When prioritizing the distribution of resources and selecting interventions, it is important to look at both the total number and the rate.

If multiple years are selected, data is aggregated in the map and county graphs, meaning that each year of data is combined into a single total. You can see what years are selected by looking at the visual title, looking at the years selected in the slicers, or hovering over the visual to see what filters have been applied.

Why are Some Rates Missing from the Tables in the Dashboard?

For survey-based measures of risk behaviors (i.e. BRFSS and YRRS), rates based on fewer than 50 respondents for a given table cell are not included in this

dashboard. While prevalence estimates can be calculated based on very small numbers of respondents, estimates based on fewer than 50 respondents can be unstable and are often misleading. Such estimates are of questionable value for planning purposes and are excluded in this dashboard.

Morbidity and mortality numbers and rates are not reported when the number of events is three or fewer with a denominator (population) of fewer than twenty, in accordance with NMDOH small numbers rule. Although not suppressed, mortality and morbidity rates calculated with less than ten events (numerator) should be considered unstable. When rates are calculated using small numbers of events, rates can vary widely from one report to the next for reasons different from actual changes in the frequency of occurrence of the events measured.

Specifically, for indicators using Hospital Inpatient Discharge Data (HIDD), missing rates correspond to events for which data on race-ethnicity, sex, or county of residence were missing. Although these events are included in the total count of events for NM, rates cannot be calculated and therefore are not reported.

Race/Ethnicity Categories.

Race/Ethnicity categories are not currently included in the dashboard for death and hospital data while category changes are being implemented by the department following the most recent census. Future updates to the dashboard will include race/ethnicity data once it has been finalized.

Other Data Resources.

The data presented here come from various sources. Other valuable publications are written utilizing these data sources. The SUMHEP Dashboard should be seen as complementary to these other publications, and program planners should refer to these other documents for additional information. These publications include:

- Other reports produced by the Substance Use Epidemiology Section (SUES), Injury and Behavioral Epidemiology Bureau (IBEB), Center for Health Protection, New Mexico Department of Health (NMDOH)
Available online at: <http://nmhealth.org/about/erd/ibeb/sap/>

- New Mexico Behavioral Risk Factor Surveillance System (BRFSS) reports, produced by the Survey Section, IBEB-ERD-NMDOH.
Available online at: <https://nmhealth.org/about/erd/ibeb/brfss/>
- New Mexico Youth Risk and Resiliency Survey (YRRS) reports, produced by NMDOH, NM Public Education Department, and the UNM Prevention Research Center.
Available online at: <https://youthrisk.org/publications/county-reports/>
- Hospital Inpatient Discharge Data (HIDD) Annual Reports, produced by the Health Systems Epidemiology program, ERD-NMDOH.
Available online at: <http://nmhealth.org/about/erd/hsep/hidd/>

Additional Questions or Technical Assistance.

If you have any questions, notice any bugs, or require any technical assistance please reach out to us via e-mail at DOH-sumhepdashboard@state.nm.us.