

**Substance Use Epidemiological
And Assessment Report
for Rio Arriba County and Santa Fe County**

prepared by Coop Consulting, Inc. on behalf of the SPF-PFS Project of the

National Latino Behavioral Health Association

September 2022



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Acknowledgements: The National Latino Behavioral Health Association Strategic Prevention Framework/Partnerships for Success acknowledges the strengths and commitment of community members who work tirelessly for those who struggle with the consequences of substance misuse and substance use disorders, and the children of our community who give us all hope for a healthy future.

National Latino Behavioral Health Association

Mission

To influence national behavioral health policy, eliminate disparities in funding and access to services, and improve the quality of services and treatment outcomes for Latino populations.

Vision

To bring attention to the disparities in funding, access and quality of care for Latino consumers and families that need professional mental health and substance abuse services.

Objective

To provide national leadership on mental health and substance abuse concerns of the Latino community in five major focus areas:

- Policy issues in mental health and substance abuse
- Education and workforce issues
- Mental health and substance abuse service delivery
- Latino-focused behavioral health research
- Latino-family-focused interventions

Major Activities

- Behavioral Health Interpreter Training: Two-day intensive training for bilingual staff who provide interpretation or wish to become interpreters in a behavioral health setting. One-day training for monolingual English-speaking provider staff on how to successfully use interpreters in a behavioral health setting.
- National Hispanic and Latino Addiction Technology Transfer Center (ATTC) provides training and technical assistance to a wide range of public, nonprofit and private organizations in culturally and linguistically appropriate practices and programs effective in serving Latino populations including evidenced based, community defined evidence, and other best or emerging practices.
- National Hispanic and Latino Prevention Technology Transfer Center (PTTC) promotes national, regional, and local communication and collaboration for supporting SAMHSA's workforce development and quality improvement mission, goals, and objectives related to Hispanic and Latino populations; provides comprehensive training and technical assistance to Hispanic and Latino communities seeking to address substance use prevention.
- Strategic Prevention Framework – Partnerships for Success (SPF PFS) improves organizational collaboration, enhances community engagement, establishes evidence based-prevention practices, while maintaining implementation fidelity and outcome measures in a continuous quality improvement framework while being culturally respectful during all steps of the SPF.
- Josie T. Romero Scholarship provides academic scholarships to Latino students who are preparing to work in the field of mental health.

Table of Contents

SPF-PFS Project Team.....	1
Grant Description and Vision.....	2
Purpose of this Document.....	3
Introduction: Description of the Geographic Area and Population.....	4
<i>Substance Use Epidemiological Profile comparing US, NM, Santa Fe and Rio Arriba</i>	
Consequences of Substance Abuse.....	9
Alcohol, Smoking and Suicide Consequences.....	11
Drug-Related Consequences.....	12
Mental Health Problems.....	13
Adult Alcohol and Tobacco Use.....	15
Youth Alcohol and Tobacco Use.....	17
Youth Illicit Substance Use.....	19
Trend Data for Substances as Cause of Overdose.....	20
<i>Substance-Related Deaths</i>	
Alcohol-Related Deaths.....	30
Alcohol-Related Injury Deaths.....	34
Alcohol-Related Chronic Liver Disease Deaths.....	36
Drug-Related Deaths.....	40
Opioid-Related Deaths.....	44
Illicit vs Prescription Deaths.....	46
Teen Tobacco Use.....	47
New Mexico Data from the National Survey on Drug Use and Health.....	48
Community Concerns and Community Resiliency Surveys.....	52

**Strategic Prevention Framework/Partnerships for Success
(SPF-PFS)**



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Grant Description

Strategic Prevention Framework/Partnerships for Success (SPF-PFS)

Funded by

Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP)

The purpose of this grant program is to prevent the onset and reduce the progression of substance abuse and its related problems while strengthening prevention capacity and infrastructure at the community level. The program is intended to address one of the nation's top substance abuse prevention priorities - underage drinking among persons aged 9 to 20. Grant recipients may also use grant funds to target up to two additional, data-driven substance abuse prevention priorities, such as the use of marijuana, cocaine, opioids, or methamphetamine, etc. by individuals ages 9 and above.

The grant program focuses on community-driven efforts to advance substance abuse prevention. By working collaboratively, communities of high need can more effectively begin to overcome the challenges underlying their substance abuse prevention priorities. Additionally, the SPF-PFS grant program seeks to address behavioral health disparities among racial and ethnic minorities and other populations by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the populations served.

NLBHA's SPF-PFS Project Vision

To implement an evidenced-based, culturally appropriate prevention program for youth of middle and high school age in northern Santa Fe and southern Rio Arriba Counties by combining community-based and youth-guided environmental strategies and direct services for children facing a range of risk factors. The goal is to improve organizational collaboration, enhance community engagement, and establish evidence based-prevention practices, while maintaining implementation fidelity and outcome measures in a continuous quality improvement framework while being culturally respectful during all steps of the Strategic Prevention Framework.

Purpose of Document

This document is intended to provide a wide range of data to, as much as possible, comprehensively describe substance use and the consequences of substance use and related mental health issues for the geographic area of focus of this grant project. That area covers portions of southern Rio Arriba County and northern Santa Fe County, and is described in detail in the section that follows. The document is designed to provide comparative and trend data that can be used by other community members and organizations that can utilize the information provided for grant-seeking and other sustainability measures. It contains data for each of the two counties, for the small area of the project focus when available, and state and national comparison data when possible. Many of the data are displayed in a trend covering most of the last decade when those data are available.

Introduction

All of the ten leading causes of death in New Mexico are at least partially attributable to the use of alcohol, tobacco, or other drugs. In 2020, the ten leading causes of death in New Mexico were diseases of the heart, cancer, COVID-19, unintentional injuries, chronic lower respiratory diseases, cerebrovascular diseases, diabetes, chronic liver disease and cirrhosis, Alzheimer's disease, and suicide. Of these, chronic liver disease, unintentional injuries, and suicide are associated with alcohol use; chronic lower respiratory diseases and influenza and pneumonia are associated with tobacco use; heart disease, malignant neoplasms, and cerebrovascular diseases are associated with both alcohol and tobacco use; and unintentional injuries and suicide are associated with the use of alcohol and other drugs. (*New Mexico Substance Use Epidemiology Profile, August 2022*. New Mexico Department of Health)

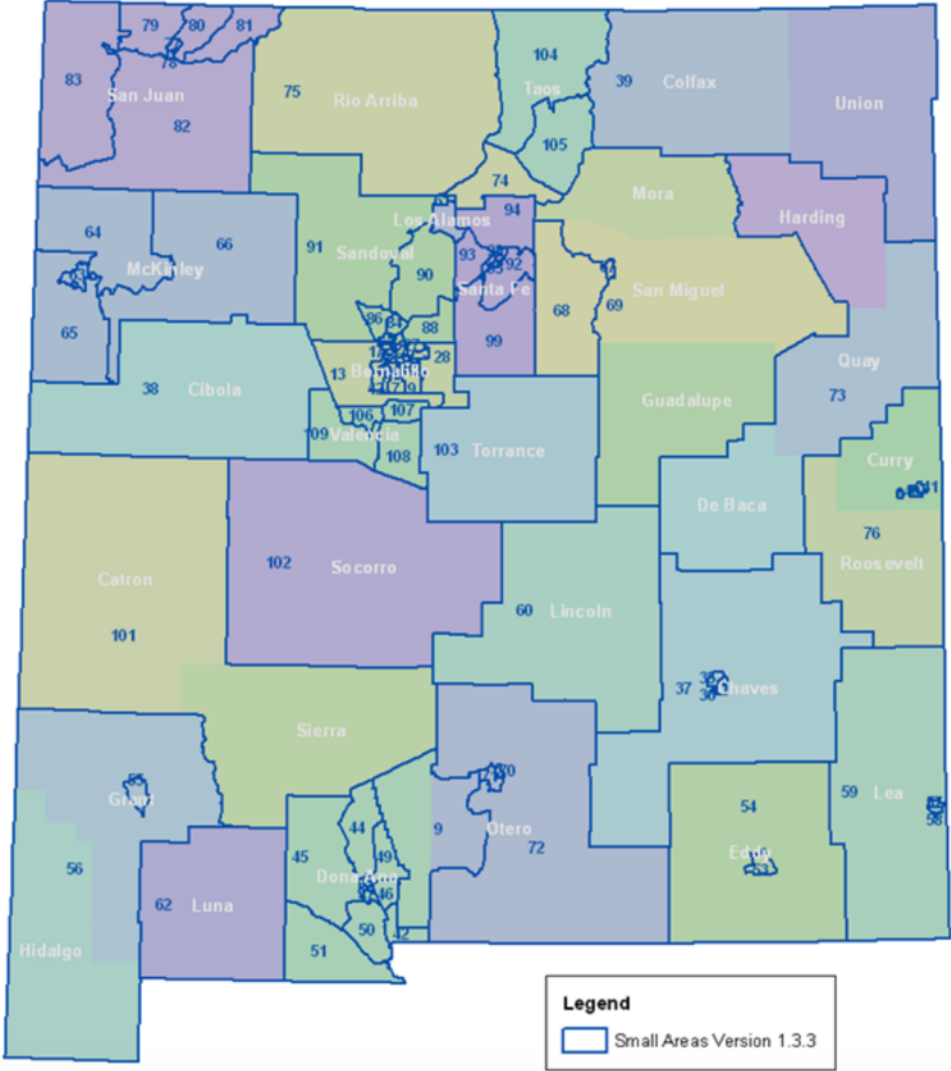
The geographic area of the project is an area of northern Santa Fe County and southern Rio Arriba County. This area extends from the southern end of Pojoaque, in Santa Fe County, to the small communities and pueblos just north of the city of Española, in Rio Arriba County.

The maps that follow show this area, which can be designated by “small area maps” that were developed by the New Mexico Department of Health. Figure 1.1. shows all of the small areas across the state of New Mexico. Figure 1.2 shows, in a close-up, areas 74 and 94, which extend north beginning in the area just north of the city of Santa Fe, past the city of Española to the tribal and small communities that surround it.

Table 1 shows the populations and demographics of these two “small areas” that are the focus of this grant project.

Figure 1.1
New Mexico, divided into small areas.

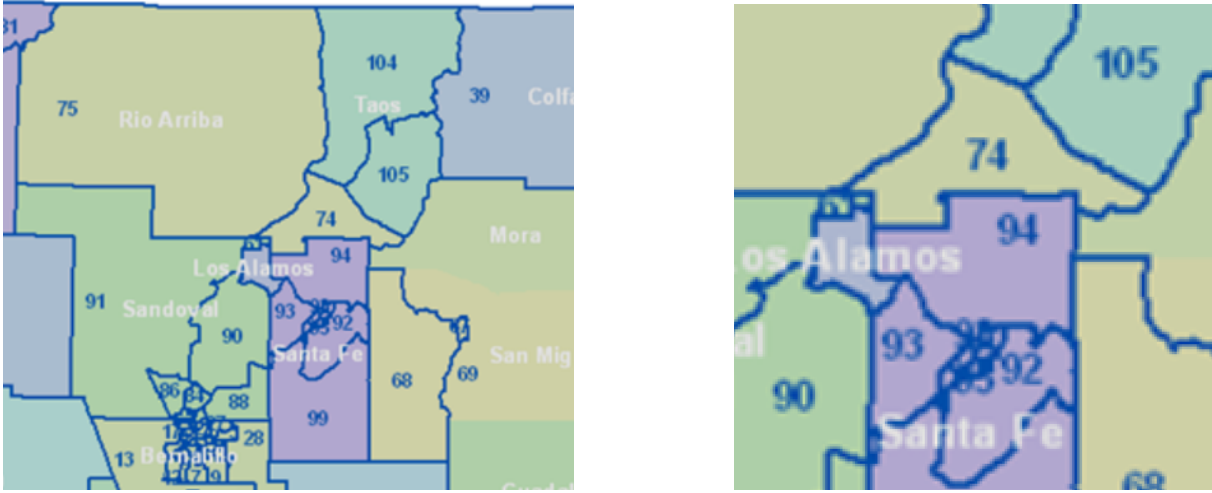
New Mexico, Statewide



Source: Retrieved on 6/3/20 from Source: New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>.

Figure 1.2

A closer view of central northern New Mexico, divided into small areas. The small areas described in this report are “74-Rio Arriba, Espanola and Pueblos” and “94-Santa Fe County, Pueblos Plus.”



Source: Retrieved on 6/3/20 from Source: New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>.

In the table below, demographic descriptions of the small area populations of Southern Rio Arriba County and Northern Santa Fe are represented by ethnicity and age.

Table 1.1

New Mexico Estimated Population Counts from 2020 by Small Area and Race/Ethnicity						
Small Area	Ethnicity	0-4 years	5-17 years	18-64 years	65+ years	Totals
Rio Arriba - Espanola and Pueblos						
	American Indian	201	757	2,381	601	3,940
	Hispanic	1,222	3,286	11,302	3,597	19,407
	White	101	363	2,276	1,816	4,556
	Other	23	97	239	46	405
		1,547	4,503	16,198	6,060	28,308
Santa Fe- Pueblos Plus						
	American Indian	46	159	524	119	848
	Hispanic	371	1,330	4,286	1,415	7,402
	White	194	636	5,596	5,395	11,821
	Other	33	99	448	139	719
	Small Area Totals	644	2,224	10,854	7,068	20,790
Population Totals by Age Group Across 2 Small Areas		2,191	6,727	27,052	13,128	49,098

Source: Retrieved on 9/21/22 New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>

The data from this table demonstrate a region rich in diversity, reflecting demographic trends within the state of New Mexico. The combined two small areas contain an ethnic breakdown as follows: 9.8% American Indian, 54.6% Hispanic, 33.4% White, and 2.3% Other, reflecting the larger ethnic landscape of New Mexico which is 11.2% American Indian, 50.1% Hispanic, 35.9% White, and 2.8% Other.

According to the United States Census, the populations of Rio Arriba County and Santa Fe County appear to reflect vastly different geographies, both ethnically and economically. While Santa Fe County more closely reflects the US demographic as a whole (American Indian: 4.4%, Hispanic: 50.5%, White: 43.3%, Other: 1.8%), (US: American Indian: 1.3%, Hispanic-18.9%, White-59.3%, Asian/Black (Other total)- 6.1%/13.6% (19.7%), the Rio Arriba County small area ethnicity numbers shows a minority-majority region distinct both from the larger U.S. demographic, as well as New Mexico: American Indian: 20.1%, Hispanic: 71.3%, White: 12.7%, Other: 1.9%. The percentage of people (over the age of 5) speaking a language other than English reflects this diversity: in Rio Arriba County the percentage is 59.7%, while Santa Fe County is 34%. Statewide, the number is 33.5%. Nationally, the percentage is 21.5%. Both counties are either at or above the state percentage which is substantially higher than the national percentage.

Socio-economic differences between the two counties also appear to be striking. In Rio Arriba County, the number of households living in poverty is 19.7%, while the poverty rate in Santa Fe County is 12.5%. Eighteen (18.4%) percent of households across New Mexican live in poverty. The median value of owner-occupied housing units in Rio Arriba County is \$172,900, comparable to the statewide median of \$175,700. In Santa Fe County, however, the median is \$294,800, reflecting a vastly different economy than the rest of the state. Median gross rents paint a similar picture. In Rio Arriba County the median rent is \$629, while the median rent in Santa Fe County is nearly double that amount, at \$1,092. For comparison, median rent statewide is \$1,096.

Another indicator of socio-economic status is access to a computer and internet. The percentage of households with a computer in Rio Arriba County is 72.6%, while in Santa Fe it is 89.8%. For comparison, the percentage is 88.1% statewide. Similarly, the percentage of households with access to broadband internet in Rio Arriba County is 60.7%, in Santa Fe County it is 82%.

The reality of North Central New Mexico's geography is different from a simple comparison of Rio Arriba and Santa Fe Counties. The focus of this project includes two small areas, one that is quite similar to the Rio Arriba County data because that represents more than two thirds of the county's population, while the Santa Fe County small area is in fact quite different from the larger Santa Fe County profile. For example, the population per square mile in Rio Arriba County is 6.9, while the population per square mile in Santa Fe County is 81. For comparison, the population statewide per square mile statewide is 17.5. Approximately 13.4% of Santa Fe county lives in the small catchment area (20,790), while 70.1% of Rio Arriba County lives in this catchment area (28,308).

Given the sparsely populated rural nature of northern Santa Fe County, this small catchment is more similar to Rio Arriba County than Santa Fe County as a whole. The county line between Rio Arriba and Santa Fe Counties winds around and through many several traditional communities and even the city of Espanola. Several pueblos lie within the boundaries of these small areas in Santa Fe County: Nambe, Tesuque, Pojoaque, and San Ildefonso. The pueblos of Ohkay Owingeh and Santa Clara fall within the boundaries of Rio Arriba County.

Within these two small areas, 26.7% of the population is 65 or over. In New Mexico as a whole the percent of 65 or over is only 16.8% and the percent of children under 18 years of age is 18.2% compared to 22.4% statewide.

Within the two counties, substance abuse and misuse and their consequences occur at rates of much concern. The table below includes both severity of problem behavior and problem consequences across alcohol, drug, and mental health issues. The table for Rio Arriba and Santa Fe Counties includes not only the ranking of severity among New Mexico's 33 counties but also the rates for the individual county population, numbers of deaths, and severe incidents that occur due to these issues. Statewide and national data are also included in the table representing the averages with which the two counties may be compared.

Consequences of Substance Abuse

Table 1.2 below shows the consequences (deaths and health emergencies) of substance abuse and related behaviors within Rio Arriba and Santa Fe Counties and in the state.

Table 1.2

Consequence Burden by County and State 2016-2020					
Consequence or Problem	County	Severity (County Ranking within State)	Severity Rate (per 100,000)	Burden (number/size of problem/# of deaths)	% of Statewide Deaths (NM=100%)
Alcohol Related Deaths	RA	2nd	145.5	276	3.5%
	SF	21st	59.7	485	6.2%
			NM = 71.9	NM = 7,811	
Alcohol Related Chronic Liver Disease Deaths	RA	2nd	52.5	105	4.0%
	SF	13th	20.3	175	6.7%
			NM = 23.3	NM = 2,621	
Alcohol Related Chronic Liver Disease Hospital Discharges	RA	3rd	163	335	3.2%
	SF	12th	94.7	792	7.5%
			NM = 95.3	NM = 10,523	
Alcohol Related Injury Deaths	RA	2nd	62.2	110	3.3%
	SF	25th	26.2	191	5.8%
			NM = 32.1	NM = 3,298	
Alcohol Related Motor Vehicle Crash Deaths	RA	8th	13	27	4.5%
	SF	15th	8.6	37	6.2%
			NM = 5.7	NM = 601	
Drug Overdose Death	RA	1st	86.9	155	5.3%
	SF	9th	35.1	233	7.9%
			NM = 29.2	NM = 2,931	
Opioid Overdose Related to Emergency Department Visits	RA	1st	148.1	286	4.9%
	SF	7th	84.6	624	10.7%
			NM = 54.6	NM = 5,828	
Unintentional Overdose Death	RA	1st	84.7	151	6.9%
	SF	7th	31.7	204	7.9%
			NM = 26.6	NM = 2,642	
Suicide	RA	27th	16.6	33	1.3%
	SF	18th	25	199	7.9%
			NM = 23.7	NM = 2,530	

Source: *New Mexico Substance Use Epidemiology Profile*, August 2022. New Mexico Department of Health.

New Mexico has consistently had among the highest alcohol-related death rates in the United States over the past 30 years. Since 1997, New Mexico has had the highest alcohol-related death rate in the nation, which has had significant economic and social consequences. In the most recent economic analysis of the impacts of alcohol, the economic cost of excessive alcohol consumption in New Mexico was \$2.2 billion (\$2.77 per drink or an average of \$1,084 per person) (Sacks, Jeffrey J., et al. "2010 national and state costs of excessive alcohol consumption." *American Journal of Preventive Medicine* 49.5 (2015): e73-e79).

Within this larger context, Santa Fe County has a higher number of actual alcohol related deaths (with a burden more than twice that of Rio Arriba County), though the rate is more than twice as high for residents of Rio Arriba county.

Chronic Liver Disease Hospitalizations

Chronic liver disease hospitalizations (CLD-HIDD) provide information on CLD risk at an earlier time point in the disease's development than AR-CLD mortality, and the number of emergency department visits can be used as a measure of the impact of CLD on the medical system.

Alcohol-Related Injury Death

The alcohol-related injury death in New Mexico was approximately two times the national rate in the current reporting period 2016-2020.

Drug Overdose Death and Emergency Department Visits

In 2020, New Mexico had the eleventh highest drug overdose death rate in the nation, an increase from twelfth in the nation in 2019. The consequences of drug use continue to burden New Mexico communities. Drug overdose death rates remained higher for males than for females for the time period 2016-2020. The highest drug overdose death rate was among Black males. Rio Arriba County had the highest drug overdose death rate in the state. Bernalillo County continued to bear the highest burden of drug overdose death in terms of total numbers of deaths. Unintentional drug overdoses account for almost 93% of drug overdose deaths. The most common drugs causing unintentional overdose death for the period 2016-2020 were fentanyl (39%), methamphetamine (39%), prescription opioids (i.e., methadone, oxycodone, morphine; 26%), heroin (26%), benzodiazepines (19%), and cocaine (13%) (not mutually exclusive). In New Mexico and nationally, overdose death from opioids has been an issue of enormous concern. In New Mexico in recent years, methamphetamine has become increasingly common in drug overdose deaths. The number of overdose deaths involving fentanyl was nearly 2.5 times greater in 2020 compared to 2019 in New Mexico.

Opioid overdose related emergency department (OOR-ED) visits increased 98.4% in the US between 2004 and 2009. Male rates of OOR-ED visits were higher compared to female rates. Overall, Blacks and Hispanics had higher rates compared to other racial/ethnic groups. Rio Arriba, San Miguel, and Taos counties had the highest rates of OOR-ED visits during 2016-2020. Rio Arriba and San Miguel counties also had the highest drug overdose death rates during the same time period.

As with OOR-ED visits, there has been a notable increase in amphetamine overdose related emergency department (AOR-ED) visits in recent years. The counties with the highest rates of AOR-ED visits during 2016-2020 were Cibola, Colfax, and San Miguel. It is important to note that ED visits from Federal facilities (e.g. Indian Health Services and Veterans Administration) are not included in these results.

Alcohol, Smoking and Suicide Consequences

Within the two counties, alcohol, smoking, and suicide consequences for various demographics are presented. The table below suggests that Native Americans and Hispanics bear a disproportionate burden for alcohol deaths and chronic liver disease. New Mexico has historically had one of the lowest smoking related death rates; the White-identified population bears the highest burden for smoking related deaths. The White population also represent the highest rate of suicides across the two counties. The table for Rio Arriba and Santa Fe counties includes not only the ranking of severity among New Mexico’s 33 counties but also the rates for the individual county population, numbers of deaths and severity rate. Statewide and national data are also included in the table representing the averages with which the two counties may be compared.

Table 1.3

Alcohol, Smoking, and Suicide Consequences 2016-2020								
		USA	New Mexico		Santa Fe County		Rio Arriba County	
		Severity Rate	Number	Severity Rate	Number	Severity Rate	Number	Severity Rate
Alcohol Related Death		Rate per 100,000		Rate per 100,000		Rate per 100,000		Rate per 100,000
Alcohol Related Death	American Indian	41.5	1,812	200.0	24	118.6	60	220.2
	Hispanic		3,261	66.0	289	74.6	190	139.5
	White		2,526	52.0	157	37.6	24	96.5
Alcohol Related Chronic Liver Disease Death	American Indian	10.8	777	87.3	13	65.8	27	99.7
	Hispanic		1,172	23.7	114	28.6	71	50.2
	White		633	11.3	46	9.8	6	17.7
Chronic Liver Disease Hospital Discharges	American Indian	x	2,746	306.5	72	375.4	93	354.3
	Hispanic		4,577	92.9	467	117.3	208	141.7
	White		2,724	55.4	236	59.1	27	74.6
Alcohol Related Injury Death	American Indian	14.1	625	67.3	6	28.1	16	59.6
	Hispanic		1,459	29.4	114	30.5	86	66.5
	White		1,089	26.5	61	17.3	7	38.5
Alcohol Related Motor Vehicle Crash Death	American Indian	4.6	175	18.4	0	0.0	3	11.4
	Hispanic		346	6.9	19	5.1	18	14.9
	White		194	5.3	9	2.9	1	9.5
Smoking Related Death								
Adults	American Indian	95.9	461	56.4	10	52.2	20	74.3
	Hispanic		3,602	76.4	294	71.6	147	78.3
	White		7,949	105.2	475	63.7	58	100.1
Suicide								
Suicide	American Indian	13.5	270	27.6	5	21.1	5	16.3
	Hispanic		876	17.3	79	20.9	23	18.7
	White		1,298	29.0	107	28.3	5	20.7

Source: *New Mexico Substance Use Epidemiology Profile*, August 2022. New Mexico Department of Health

Drug-Related Consequences

Across both counties, drug overdose deaths and opioid-related Emergency Department visits occur at alarming rates. The table below includes both severity rates and actual number of drug related deaths and Emergency Department visits across both counties. The table for Rio Arriba and Santa Fe counties includes not only the ranking of severity among New Mexico’s 33 counties but also the rates for the individual county population, numbers of deaths and severe incidents that occur that are drug related. In addition, national and statewide data are also included in the table representing the average with which the two counties may be compared.

Table 1.4

Drug-Related Death Consequences 2016-2020								
		USA	New Mexico		Santa Fe County		Rio Arriba County	
		Severity Rate	Number	Severity Rate	Number	Severity Rate	Number	Severity Rate
Drug Overdose Deaths		Rate per 100,000		Rate per 100,000		Rate per 100,000		Rate per 100,000
Drug Overdose Deaths	American Indian	28.3	198	21.9	9	46.7	13	44.7
	Hispanic		1,544	31.7	158	43.1	133	103.9
	White		1,070	27.6	56	19.9	8	35.7
Methamphetamine Overdose Death	American Indian	x	760	15.4	37	11.3	15	20.4
	Hispanic		561	5.9	48	7.7	22	14.2
	White		75	0.7	2	0.4	0	0.0
Unintentional Overdose Death	American Indian	x						
	Hispanic		2,642	26.6	204	31.7	151	84.7
	White							
Opioid Overdose Related Emergency Department Visits	American Indian	x	358	36.7	13	62.8	29	98.6
	Hispanic		3,196	62.2	428	109.2	232	168.8
	White		1,764	43.4	146	49.9	21	99.1
Amphetamine Overdose Related Emergency Department Visits	American Indian	x	78	7.9	4	19.3	x	x
	Hispanic		532	10.3	13	3.2	6	4.4
	White		360	9.4	8	2.4	0	0.0

x = data unavailable

Source: *New Mexico Substance Use Epidemiology Profile*, August 2022. New Mexico Department of Health.

Mental Health Problems

Frequent mental distress and current depression are represented below for Rio Arriba and Santa Fe County as well as statewide and nationally. The New Mexico Department of Health’s random dial adult telephone survey measures “persistent mental distress” through the question, “How many days during the past 30 days was your mental health not good?” Respondents who report they experienced 14 or more days when their mental health was “not good” are classified as experiencing frequent mental distress. Although not a clinical diagnosis, this CDC recommended measure provides evidence of a person’s overall mental health. The table for Rio Arriba and Santa Fe counties includes not only the ranking of severity among New Mexico’s 33 counties but also the rates for the individual county population, numbers of deaths and severe incidents that occur that are drug related. In addition, national and statewide data are also included in the table representing the average with which the two counties may be compared.

Table 1.5

Adult Mental Health 2018-2020								
		USA	New Mexico		Santa Fe County		Rio Arriba County	
		Severity Rate	Number	Severity Rate	Number	Severity Rate	Number	Severity Rate
Adult Mental Health		Rate per 100,000		Rate per 100,000		Rate per 100,000		Rate per 100,000
Frequent Mental Distress (BRFSS)	American Indian	13.6	19,079	13.7	-	-	-	-
	Hispanic		103,985	13.9	8,064	14.1	3,263	15.7
	White		94,927	14.1	6,427	10.8	746	16.5
Current Depression (BRFSS)	American Indian	17.3	16,242	11.9	-	-	-	-
	Hispanic		69,557	9.6	4,919	8.8	1,478	7.0
	White		63,464	9.3	4,372	7.5	456	9.8

- = data unavailable due to compliance with small populations rules

Source: *New Mexico Substance Use Epidemiology Profile*, August 2022. New Mexico Department of Health

Suicide is a serious and persistent public health problem in New Mexico. Over the period 1981 through 2020, New Mexico’s suicide rate was consistently among the highest in the nation, at 1.5 to 1.9 times the US rate. In the table below, indicators for youth mental health are reported for Rio Arriba and Santa Fe County as well as statewide and nationally. Youth mental health is measured through self-reported feelings of persistent sadness or hopelessness, and if they have either seriously considered or attempted suicide. The table for Rio Arriba and Santa Fe counties includes not only the ranking of severity among New Mexico’s 33 counties but also the rates for the individual county population, numbers of deaths and severe incidents that occur that are drug related. In addition, national and statewide data are also included in the table representing the average with which the two counties may be compared.

Table 1.6 (YRRS data from 2021 implementation unavailable as of September 2022)

Youth Mental Health 2019						
		USA	New Mexico	Santa Fe County	Rio Arriba County	NLBHA High Schools
Youth Mental Health		Percent	Percent	Percent	Percent	Percent
Persistent Sadness or Hopelessness (YRRS)	American Indian	36.70%	40.8%	41.6%	35.4%	36.50%
	Hispanic					
	White					
Seriously Considered Suicide (YRRS)	American Indian	18.8%	18.9%	16.6%	15.8%	16.40%
	Hispanic					
	White					
Attempted Suicide (YRRS)	American Indian	8.9%	9.9%	9.4%	11.0%	11.20%
	Hispanic					
	White					

Source: *New Mexico Substance Use Epidemiology Profile, February 2021*. New Mexico Department of Health

Adult Alcohol and Tobacco Use

The table below reports severity rates related to adult binge drinking, heavy drinking, drinking and driving, and tobacco use across the two counties. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines binge drinking as a pattern of drinking that brings blood alcohol concentration (BAC) levels to 0.08 g/dL, while SAMSHA defines binge drinking as 4 drinks for women and 5 drinks for men within a couple of hours of each drink on at least one day in the past month. Heavy alcohol use is characterized by NIAAA as more than four drinks on any day for men or more than three drinks for women. SAMHSA defines heavy alcohol use as binge drinking on five or more days over the course of a month. The table for Rio Arriba and Santa Fe counties includes not only the ranking of severity among New Mexico's 33 counties but also national rates for adult alcohol and tobacco abuse. Statewide and national data are also included in the table representing the averages with which the two counties may be compared.

Table 1.7

Adult Alcohol and Tobacco Consumption 2018-2020								
		USA	New Mexico		Santa Fe County		Rio Arriba County	
		Percent Severity	Number	Percent	Number	Percent	Number	Percent
Binge Drinking			n=236,034		n=13,319		n=3,127	
Adult Binge Drinking (BRFSS)	American Indian	15.7%	22,103	15.8%	-	-	-	-
	Hispanic		126,683	16.9%	6,185	10.8%	2,068	10.0%
	White		80,719	12.0%	5,961	10.0%	462	10.2%
Heavy Drinking			n=97,831		n=7,667		n=1,501	
Adult Heavy Drinking (BRFSS)	American Indian	6.7%	7,712	5.5%	-	-	-	-
	Hispanic		42,759	5.7%	1,641	2.9%	792	3.8%
	White		44,420	6.6%	5,488	9.2%	390	8.6%
Drinking and Driving (2020 only)			n=10,163		n=1,053		n=23	
Adult Drinking and Driving (BRFSS)	American Indian	1.2%	889	0.6%	-	-	-	-
	Hispanic		4,138	0.5%	432	0.7%	0	0.0%
	White		5,136	0.8%	658	1.1%	0	0%
Tobacco			n=256,110		n=13,869		n=5,436	
Adult Cigarette Smoking (BRFSS)	American Indian	15.5%	18,038	12.9%	-	-	-	-
	Hispanic		123,778	16.6%	7,812	13.6%	4,010	19.3%
	White		102,928	15.3%	4,637	7.8%	692	15.3%

- = data unavailable due to compliance with small populations rules

Source: *New Mexico Substance Use Epidemiology Profile, August 2022*. New Mexico Department of Health

- **Adult Binge Drinking.** Binge drinking (defined as drinking five or more drinks on a single occasion for men, or four or more drinks on a single occasion for women) is associated with numerous types of injury death, including motor vehicle traffic crash fatalities, drug overdose, falls, suicide, and homicide. Among adults (age 18 or over) of all ethnicities, binge drinking was more commonly reported by males than females, mirroring higher rates of alcohol-related injury death among males. Among males, Hispanics were more likely to report binge drinking than other race/ethnicities. Young adults (age 18-24) were more likely than other age groups to report binge drinking.
- **Adult Heavy Drinking.** In NM, between 2018-2020, adult heavy drinking (defined as drinking, on average, more than two drinks per day for men or more than one drink per day for women) was less commonly reported (6.0%) than in the rest of the nation (6.7%).

Heavy drinking was more prevalent among middle-aged (age 25-64) adults, with 6.7% reporting past-month heavy drinking. New Mexico men were more likely to report chronic drinking than women (7.7% v. 4.4%).

- **Adult Drinking and Driving.** In 2020, adult past-30-day drinking and driving was reported in New Mexico by 0.6% of adults aged 18 and over. Past-30-day drinking and driving was more prevalent among young (age 18-24) and middle-age (age 25-64) adults than among older adults (age 65+). New Mexico men were twice as likely to report drinking and driving than women (0.8% v. 0.4%). American Indian males (1.4%) were more likely to report drinking and driving than Hispanic (0.8%) and White (0.8%) males.
- **Adult Tobacco Use.** Between 2018-2020, the prevalence of adult smoking was slightly higher for New Mexico compared to the 2020 US estimates (15.8% vs. 15.5% respectively). Smoking was most prevalent among middle-aged groups and was more common among men than women for all age categories.

Youth Alcohol Tobacco Use

The table below reports data related to youth binge drinking, heavy drinking, drinking and driving, as well as tobacco and e-cigarette use across the two counties. While definitions of binge and heavy drinking for youth are the same as for adults, any alcohol consumption by a person under the age of 21 is considered to be excessive drinking. Adolescents tend to consume higher quantities of alcohol per occasion compared with adults, though drink less frequently. Differences in patterns of alcohol consumption may be due to maturational changes that involve a greater propensity for risk-taking behaviors, such as binge drinking¹. The table for Rio Arriba and Santa Fe counties includes not only the ranking of severity among New Mexico’s 33 counties but also national rates for adult alcohol and tobacco abuse. Statewide and national data are also included in the table representing the averages with which the two counties may be compared.

Table 1.8

Youth Alcohol and Tobacco Consumption 2019						
		USA	New Mexico	Santa Fe County	Rio Arriba County	NLBHA Area High School
Alcohol		Percent	Percent	Percent	Percent	Percent
Youth Current Drinking (YRRS)		29.2%	27.5%	28.4%	29.9%	32.00%
Youth Binge Drinking (YRRS)		13.7%	11.5%	12.4%	13.8%	15.60%
Youth Having 10 or More Drinks (YRRS)		3.1%	3.2%	3.8%	4.0%	5.30%
Youth Drinking and Driving (YRRS)		5.4%	6.4%	7.7%	8.5%	11.40%
Tobacco						
Youth Cigarette Smoking (YRRS)		6.0%	8.3%	8.6%	12.4%	10.80%
Youth Frequent Cigarette Smoking (YRRS)		1.3%	1.3%	1.0%	1.8%	1.60%
Youth E-Cigarette Use (YRRS)		32.7%	33.4%	37.0%	41.3%	40.70%

Source: *New Mexico Substance Use Epidemiology Profile, February 2021*. New Mexico Department of Health

Alcohol is the most commonly used drug among youth in New Mexico, more than tobacco or other drugs. However, contrary to common perception, most high school students do not drink.

¹ Chung T, Creswell KG, Bachrach R, Clark DB, Martin CS. Adolescent Binge Drinking. *Alcohol Res.* 2018;39(1):5-15.

In 2019, 28.6% of high school students reported that they were current drinkers. This is a significant decrease from 43.3% in 2005.

- **Youth Binge Drinking.** Youth binge drinking has significantly decreased over the last decade. In 2019, New Mexico public high school students were less likely to report binge drinking than US high school students. Among New Mexico high school students, binge drinking was more commonly reported by upper grade students than lower grade students. There was no significant difference in the binge drinking rate between male and female high school students. Binge drinking rates were lower among American Indian youth than other racial/ethnic groups.
- **Youth Having Ten or More Drinks.** On average, underage drinkers consume more drinks per drinking occasion than adult drinkers and risk of harm increases as the number of drinks consumed on an occasion increases. Students in the 12th grade are more likely to drink ten or more drinks on an occasion than 9th grade students. In 2019, boys and girls did not have significantly different rates of drinking ten or more drinks on an occasion.
- **Youth Drinking and Driving.** In 2019, New Mexico high school students were more likely to report driving after drinking alcohol than other US students (6.8% v. 5.4%). Driving after drinking was more common among boys than girls and was less common among White and American Indian youth than among other racial/ethnic groups. Twelfth grade students were more likely to report drinking and driving than ninth and tenth grade students.
- **Youth Cigarette Use.** In 2019, cigarette smoking was more prevalent among New Mexico high school students (8.9%) than in the nation overall (6.0%). New Mexico boys were more likely than girls to report current smoking (10.4% vs. 7.4%). White (8.0%), Hispanic (8.5%), and American Indian (11.5%) students had lower rates of current cigarette smoking than Black (11.9%) and Asian/Pacific Islander (12.4%) students.
- **Youth E-Cigarette Use.** E-cigarette use has become increasingly popular, especially among youth. The prevalence of current e-cigarette use among New Mexico high school students was 24.7% in 2017 and increased to 34.0% in 2019. Taos and Valencia school students had alarmingly high rates of e-cigarette use (57.5% and 47.1% respectively).

Youth Illicit Substance Use

According to the World Health Organization, illicit drug use is defined by the non-medical use of a variety of drugs that are prohibited by international law. A short list of drugs include amphetamine- type stimulants, cannabis, cocaine, heroin and other opioids, and MDMA (ecstasy). The table below represents data for youth illicit substance use for some of the most commonly consumed illicit drugs in New Mexico: cannabis, cocaine, painkillers, heroin, methamphetamine, and inhalants. Data for Rio Arriba County, Santa Fe County, and the two small areas that make up the NLBHA area include not only the ranking of severity among New Mexico’s 33 counties but also national rates for youth illicit substance consumption. Statewide and national data are included in the table representing the averages with which the two counties and the NLBHA small areas (small areas #74 and #94 as shown in figure 1.2) may be compared.

Table 1.9

Youth Illicit Substance Consumption 2019					
Illicit Drugs	USA	New Mexico	Santa Fe County	Rio Arriba County	NLBHA Area
	Percent	Percent	Percent	Percent	Percent
Youth Marijuana Use (YRRS)	21.7%	28.4%	33.9%	35.5%	34.90%
Youth Cocaine Use (YRRS)	3.9%	4.1%	4.5%	7.1%	7.70%
Improper use of prescription pain med (YRRS)	7.2%	11.2%	9.1%	13.4%	12.70%
Youth Heroin Use (YRRS)	1.8%	2.7%	2.4%	6.1%	6.40%
Youth Methamphetamine Use (YRRS)	2.1%	2.8%	3.4%	6.1%	6.50%
Youth Inhalant Use (YRRS)	x	5.5%	4.5%	8.9%	9.00%
Youth Synthetic Marijuana Use (YRRS)	x	9.8%	11.6%	15.8%	16.20%

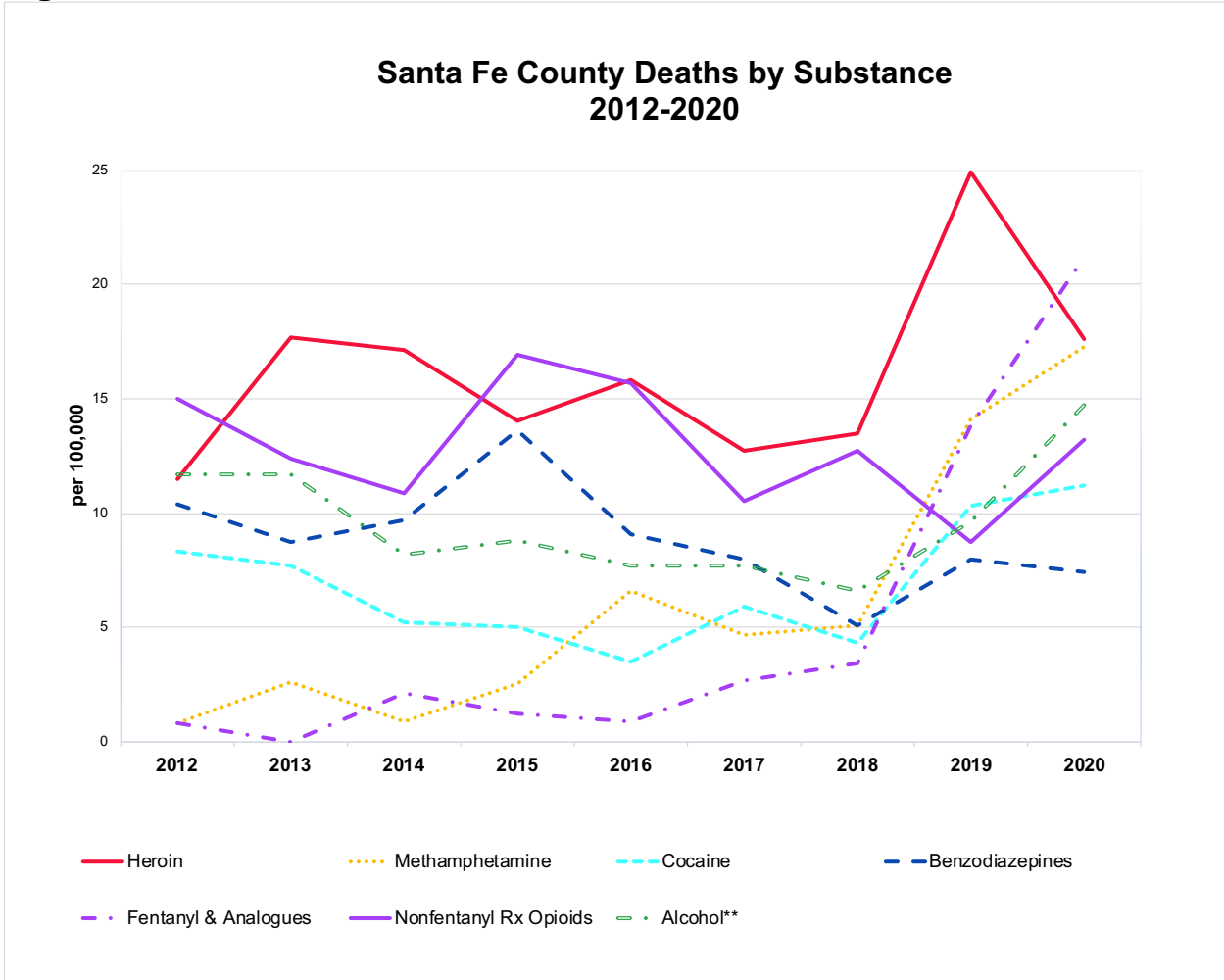
x = data unavailable

Source: *New Mexico Substance Use Epidemiology Profile, February 2021*. New Mexico Department of Health

Youth Drug Use. In 2019, past-30-day marijuana and methamphetamine use were more prevalent among New Mexico students than among US students. The use of marijuana was more commonly reported by American Indian students than by students in other racial/ethnic groups. Asian/Pacific Islander students were more likely to report past-30-day use of inhalants, while Black students were more likely to report past-30-day use of cocaine, painkillers, heroin, methamphetamine than students of other racial/ethnic groups.

Trend Data for Substances as Cause of Death

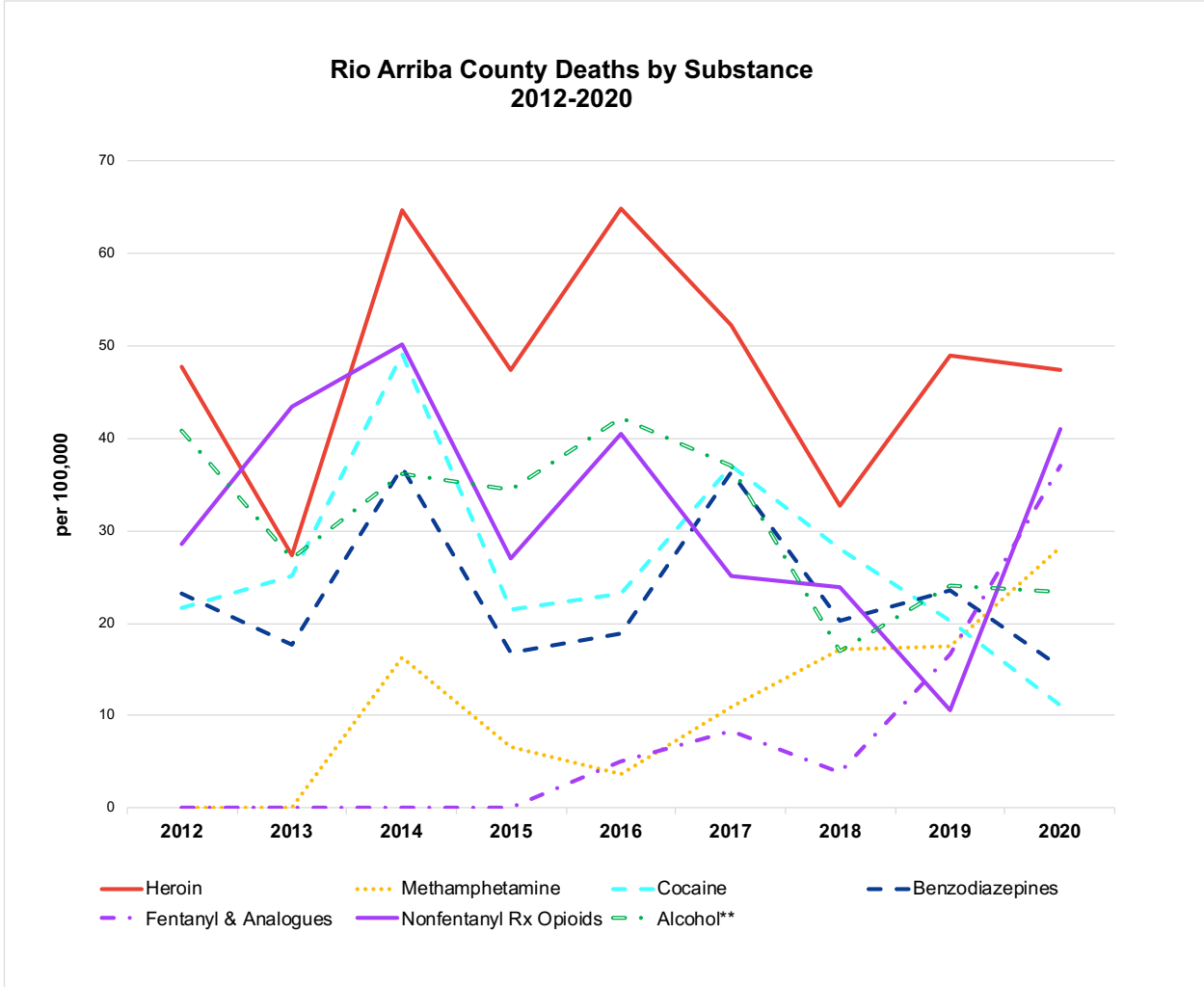
Figure 1.3



Source: Data received on 8/10/22 from New Mexico Department of Health

In 2020, Santa Fe County’s most burdensome substance-related overdose deaths were related to fentanyl, heroin, methamphetamine, and alcohol. Comparatively, in 2019, Santa Fe County’s most burdensome substance-related overdose deaths were related to heroin, methamphetamine, fentanyl, and cocaine. In 2018, Santa Fe County’s most burdensome substance-related overdose deaths were related to heroin, prescription opioids, benzodiazepines and alcohol.

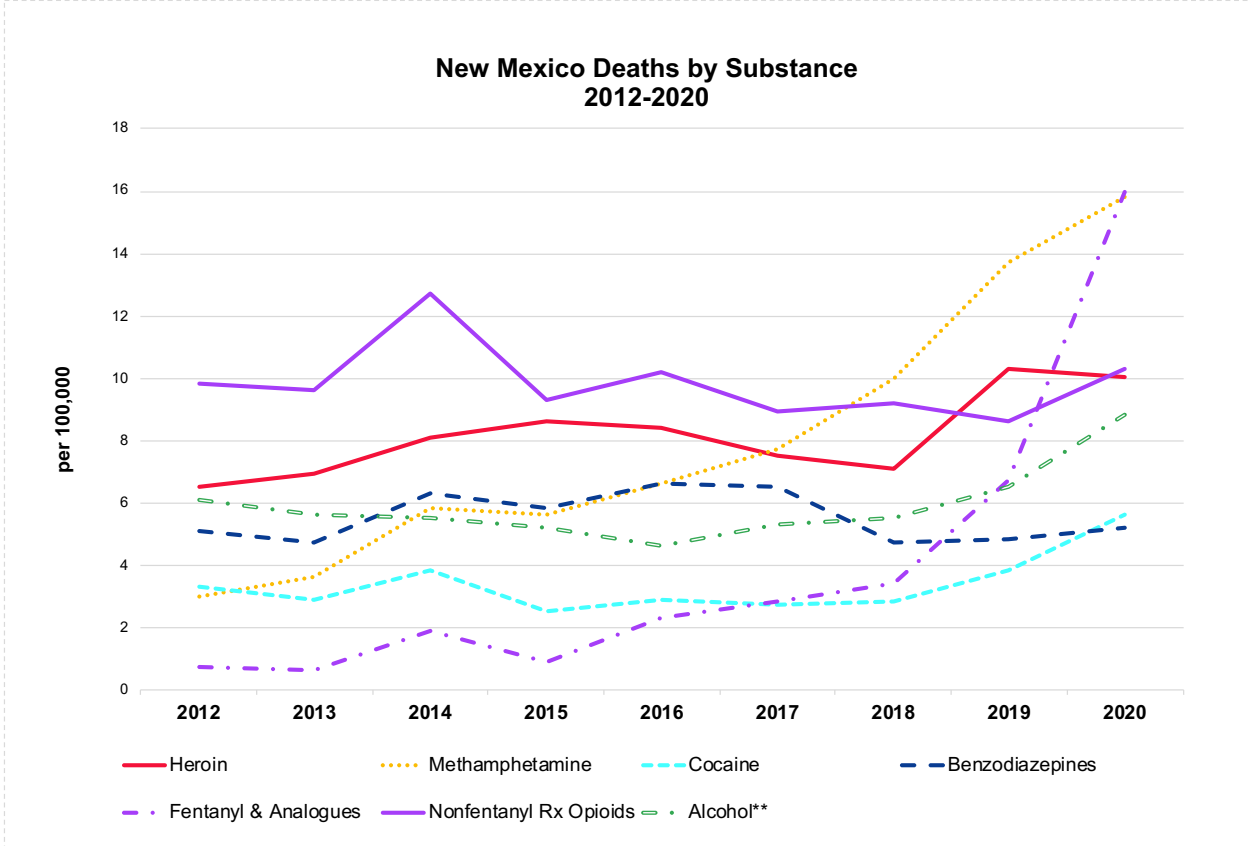
Figure 1.4



Source: Data received on 8/10/22 from New Mexico Department of Health

In 2020, Rio Arriba County’s most burdensome substance-related deaths were related to heroin, non-fentanyl prescription opioids, fentanyl, and methamphetamine. Comparatively, in 2019, Rio Arriba County’s most burdensome substance-related deaths were related to heroin, alcohol, benzodiazepines, and cocaine. In 2018, Rio Arriba County’s most burdensome substance related deaths were related to heroin, cocaine, and prescription opioids.

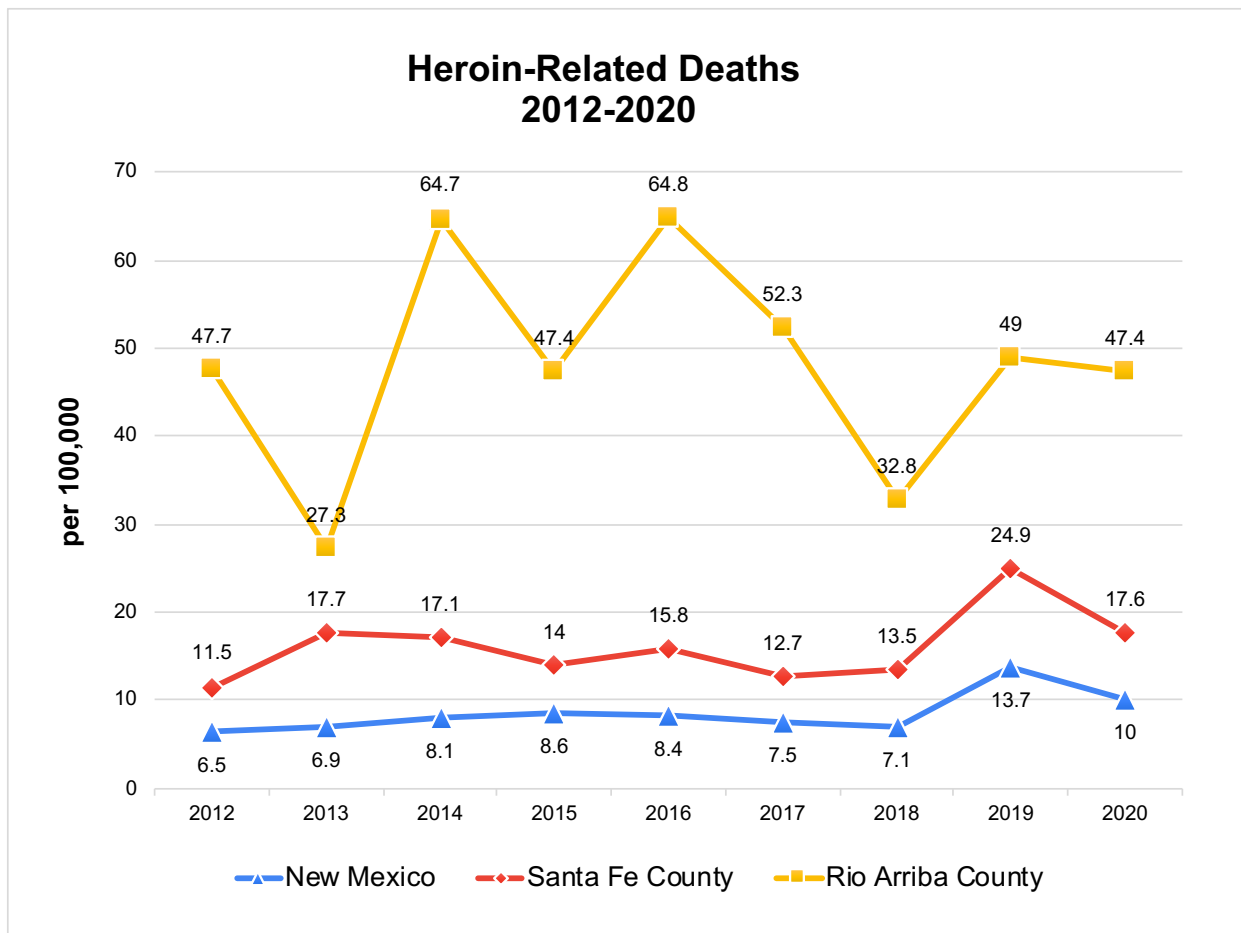
Figure 1.5



Source: Data received on 8/10/22 from New Mexico Department of Health

In 2020, New Mexico’s most burdensome substances involved in substance-related deaths were fentanyl, methamphetamine, and non-fentanyl prescription opioids. Comparatively, in 2019, New Mexico’s most burdensome substances involved in substance-related deaths were methamphetamine, heroin, and non-fentanyl prescription opioids. In 2018, most substance-related deaths in New Mexico were related to methamphetamine, prescription opioids, and heroin.

Figure 1.6

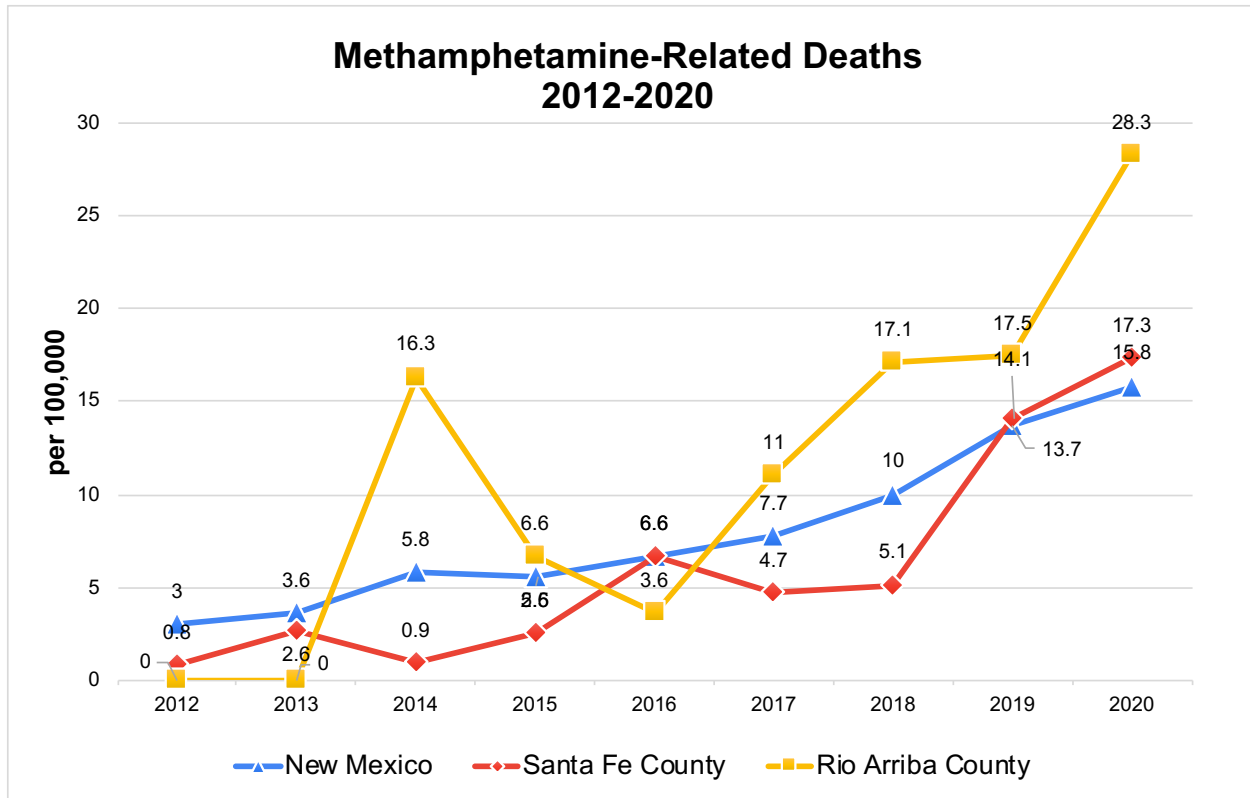


Source: Data received on 8/10/22 from New Mexico Department of Health

In this graph, data show that both Santa Fe County and Rio Arriba County have heroin-related death rates well above the state average. In 2020, Rio Arriba County deaths were 4.7 times the state’s heroin-related deaths while Santa Fe reported numbers 1.7 times the state average. In 2019, Rio Arriba County deaths were 3.5 times the state’s heroin-related deaths while Santa Fe reported numbers 1.8 times the state average.

Between 2012-2020, New Mexico experienced a 53.8% increase in heroin-related deaths. Santa Fe County saw an increase of 53.0% and Rio Arriba County saw a decrease of 0.6% over the same period of time.

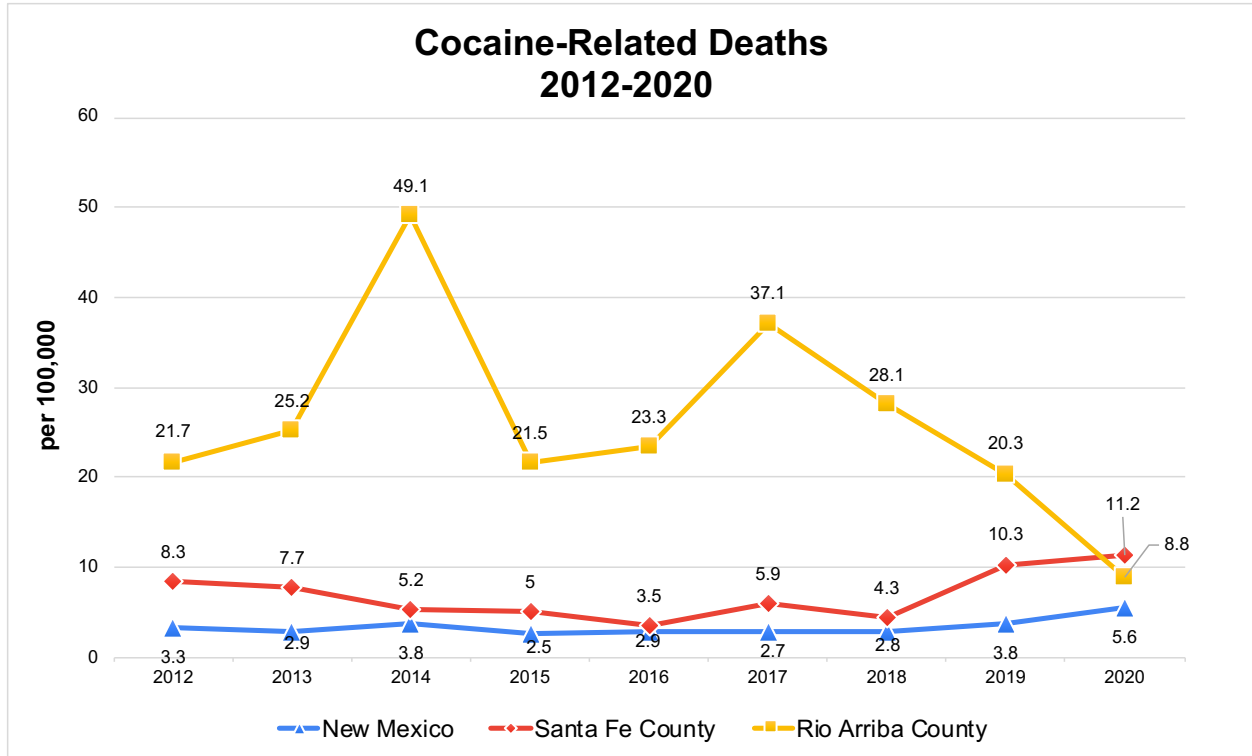
Figure 1.7



Source: Data received on 8/10/22 from New Mexico Department of Health

This graph shows that Rio Arriba County has methamphetamine-related death rates well above the state average while Santa Fe County’s methamphetamine-related deaths are slightly above the state average. In 2020, Rio Arriba County deaths were 1.8 times the state’s methamphetamine-related death rate while Santa Fe County’s rate was slightly higher than the state’s death rate. Significantly, New Mexico has seen an increase in methamphetamine-related deaths from 2012 to 2020 of 425%. Both Santa Fe and Rio Arriba counties’ rates have increased along with the state rate. Rio Arriba County had no deaths in 2012 and 2013 but saw an increase to a very high rate in the six years since where data have been available.

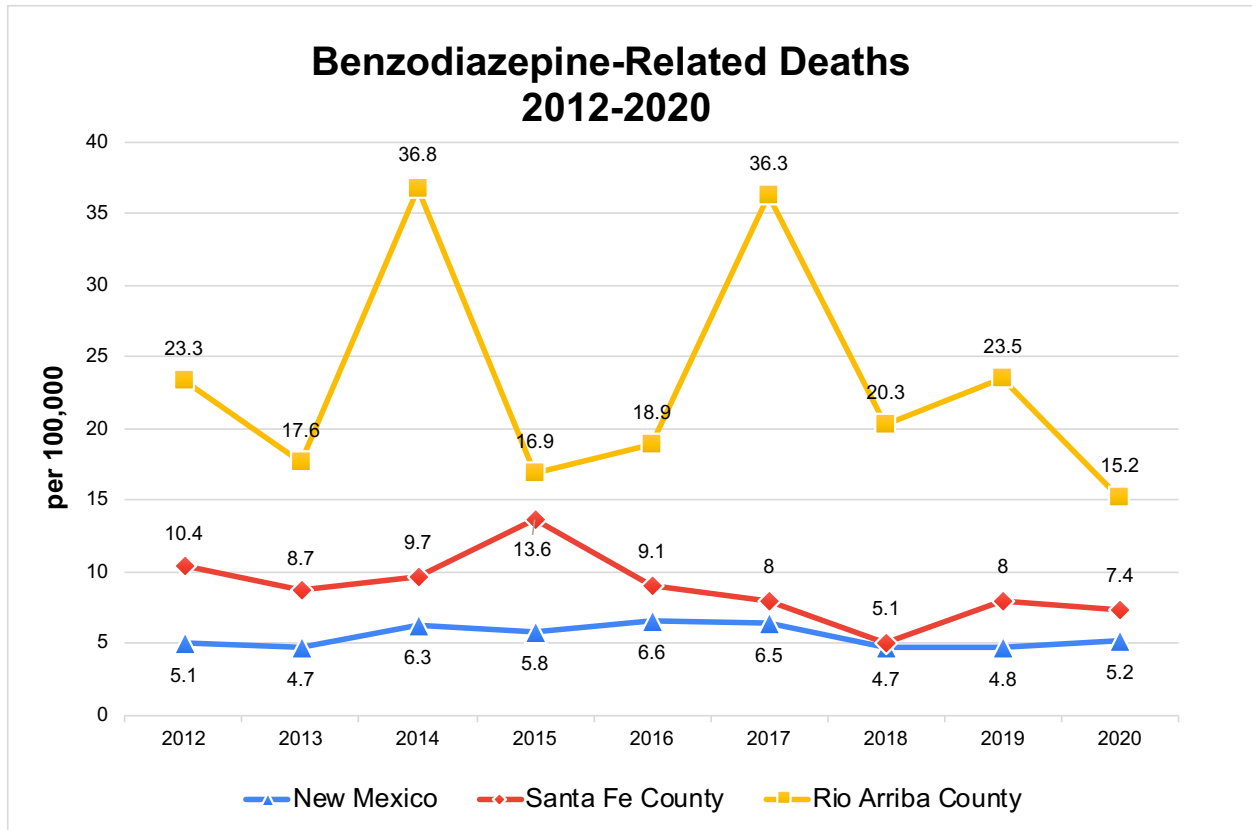
Figure 1.8



Source: Data received on 8/10/22 from New Mexico Department of Health

Both Santa Ce County and Rio Arriba County’s cocaine-related death rates are well above the state average. While New Mexico’s cocaine-related deaths increased by 70% between 2012 to 2020 and Rio Arriba County’s rates have decreased by 59.4%, Santa Fe County’s cocaine-related death rate increased 34.9% over the same time period. In 2020, Rio Arriba County’s cocaine-related deaths occurred 1.6 times more than the state average, while deaths in Santa Fe County occurred at 2 times the state average.

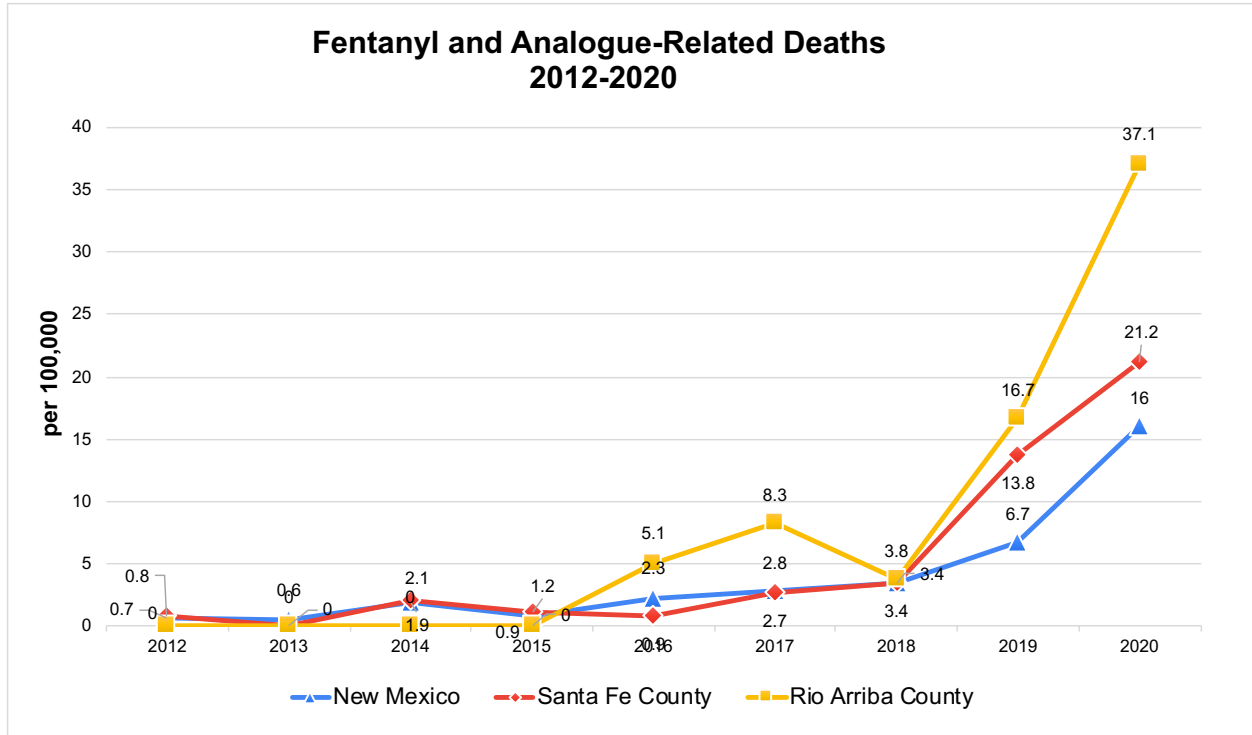
Figure 1.9



Source: Data received on 8/10/22 from New Mexico Department of Health

Both Santa Ce County and Rio Arriba County have benzodiazepine-related death rates above the state’s average. Between 2012 and 2020, New Mexico’s benzodiazepine related deaths increased by 2.0%. Santa Fe County’s benzodiazepine-related death rate decreased by 28.8% during this time, while Rio Arriba county’s death rate decreased by 34.8% over the same period. In 2020, Rio Arriba County deaths were 2.9 times the state average, while Santa Fe County was 1.4 times the state rate.

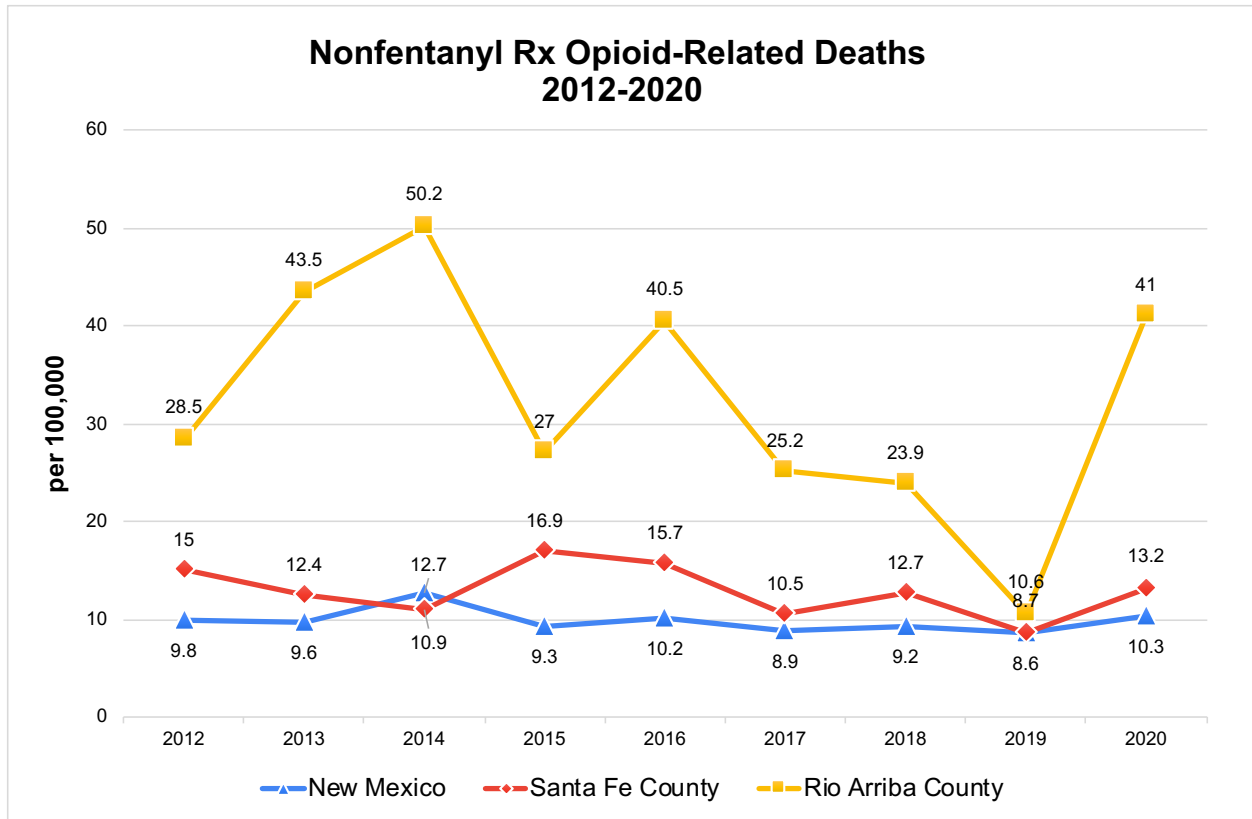
Figure 1.10



Source: Data received on 8/10/22 from New Mexico Department of Health

Both Santa Fe and Rio Arriba counties have fentanyl and analogue-related death rates above the state's average. In the period between 2012 and 2020, New Mexico experienced an increase in fentanyl related deaths of 2,186%. During that same period, Santa Fe and Rio Arriba counties saw an exponential increase in fentanyl-related deaths. In 2020, Rio Arriba County deaths were 2.3 times the state's fentanyl and analogue-related deaths while Santa Fe deaths were 1.3 times the state average.

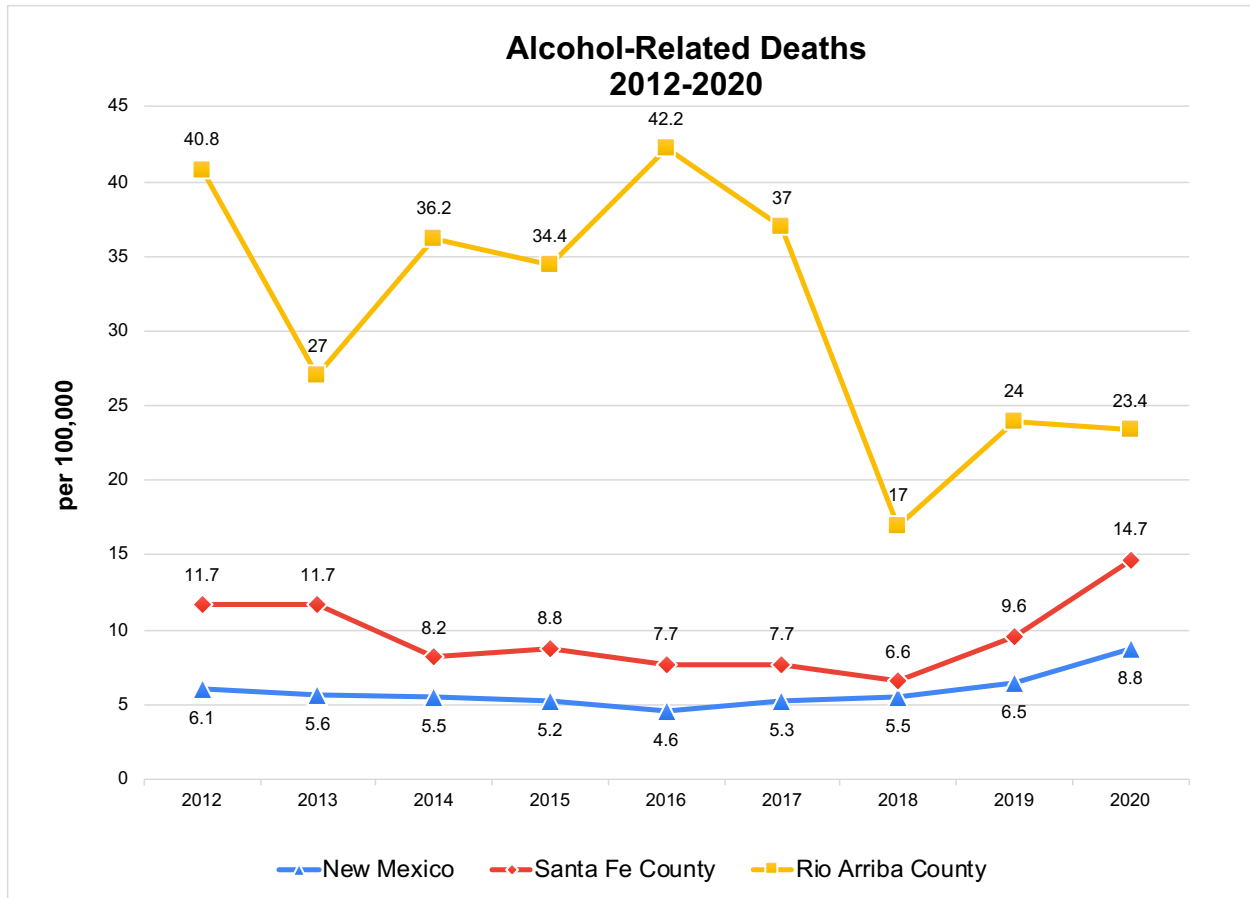
Figure 1.11



Source: Data received on 8/10/22 from New Mexico Department of Health

Both Santa Fe and Rio Arriba counties have non-fentanyl prescription opioid-related death rates above the state's average. New Mexico saw an increase in non-fentanyl related deaths from 2012 to 2020 of 5.1%. During that same period, Santa Fe county saw a decrease of 12% and Rio Arriba County's rate increased by 43.9%. In 2020, Rio Arriba County deaths were 4 times the state's non-fentanyl related death rate, while Santa Fe's rate was about 1.3 times the state average.

Figure 1.12



Source: Data received on 8/10/22 from New Mexico Department of Health

Both Santa Fe and Rio Arriba Counties' alcohol-related death rates are above the state's average. New Mexico alcohol related deaths increased by 44.3% between 2012-2020, while the Santa Fe County rate increased by 25.6%. Over the same period, Rio Arriba County's alcohol-related death rate decreased by 42.6%. In 2020, Rio Arriba County alcohol-related deaths were 2.7 times the state average, while alcohol-related deaths in Santa Fe County were 1.7 times the state average.

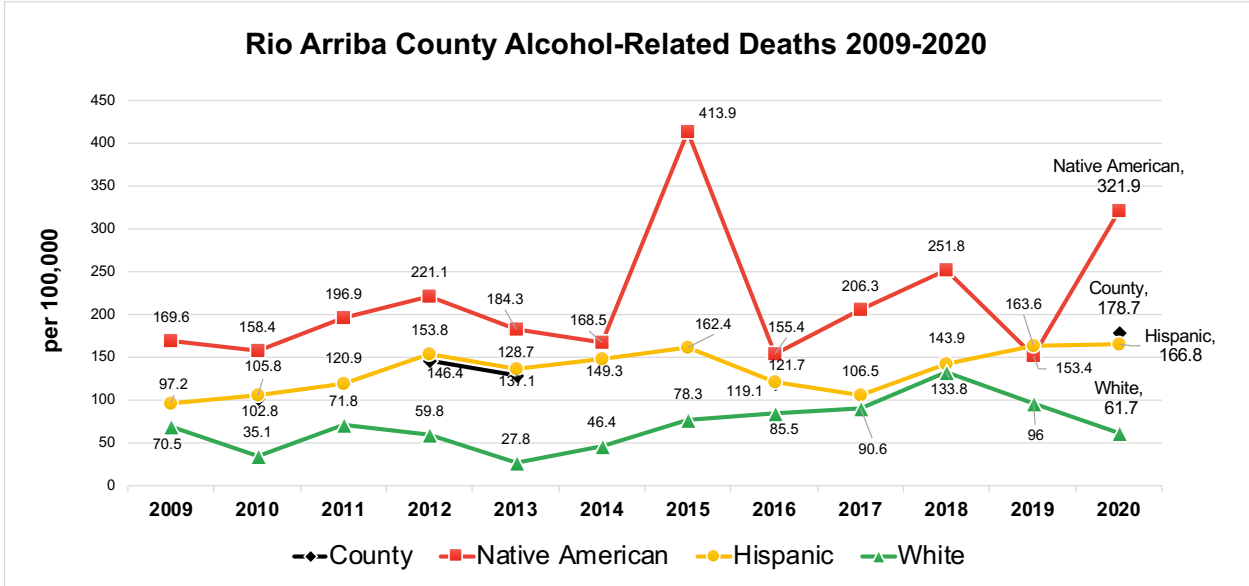
Substance-Related Death Rates by County

Alcohol-Related Death Rates

Death rates from alcohol-related causes increase with age. However, one in five deaths among working age adults (20-64) in NM is attributable to alcohol. Male rates are substantially higher than female rates. American Indians had higher alcohol-related death rates than other race/ethnicities. McKinley and Rio Arriba counties had extremely high alcohol-related death rates, driven by high rates in the American Indian and Hispanic male populations. The counties with the largest number of deaths for the five-year period of 2016-2020 were Bernalillo, San Juan, McKinley, Santa Fe, and Dona Ana. New Mexico has extremely high death rates due to both alcohol-related chronic diseases and alcohol-related injuries.

The graph below (Figure 2.1) shows alcohol-related death rates in Rio Arriba County over a twelve-year period, from 2009 to 2020. Deaths are reported by ethnicity using single-year rates calculated by the New Mexico Department of Health. Data for the entire county are reported as five-year averages in figure 2.2.

Figure 2.1

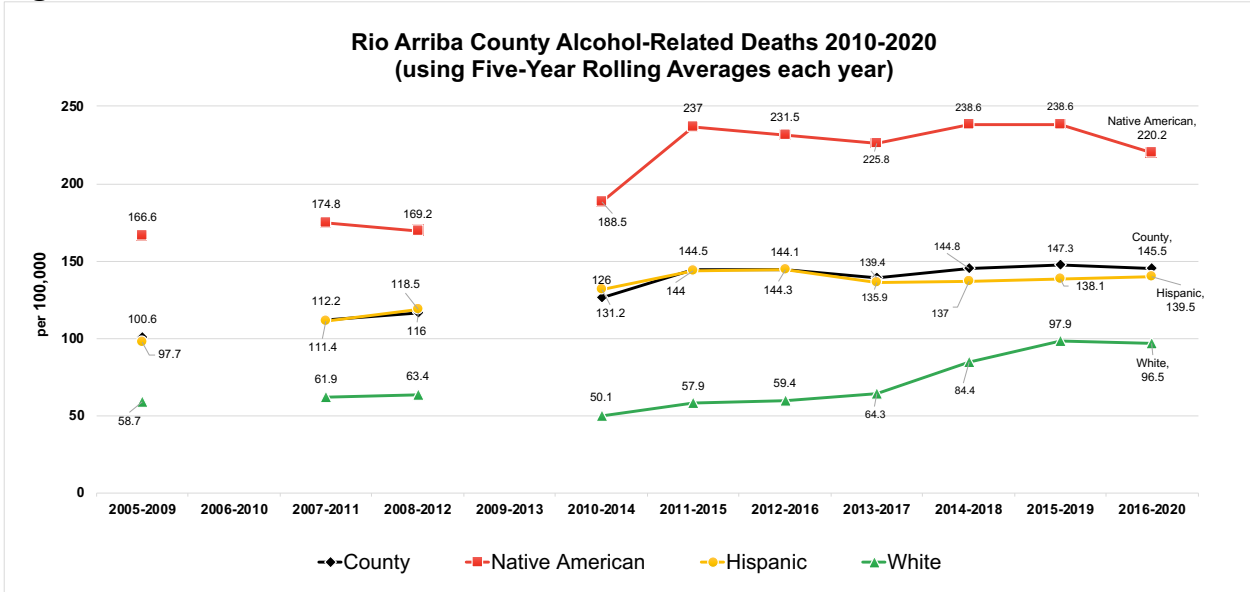


Source: Received on 8/10/22 from New Mexico Department of Health

The rate of death for Hispanic and Native American residents of Rio Arriba County increased between 2009 and 2020 while the death rates of White residents decreased. The rate for the county’s largest population group, Hispanic, increased from 97.2 to 166.8 per 100,000, an increase of 71.6% over the same time period. The Native American population in Rio Arriba County is historically most impacted by alcohol-related death, and in 2020, saw an increase from 169.6 to 321.9 per 100,000, an increase of 90%. The rate among White residents of the county decreased from 70.5 to 61.7 per 100,000, a decrease of 12.5%.

The graph below (Figure 2.2) shows alcohol-related deaths in Rio Arriba County over a twelve-year period, from 2009 to 2020, using a five-year average calculated by the New Mexico Department of Health. Using a five-year rolling average smooths the trend line and shows a more reliable trajectory over time than single year data. Gaps in the trend line reflect periods of time when a New Mexico Substance Use Epidemiology Profile was not published.

Figure 2.2

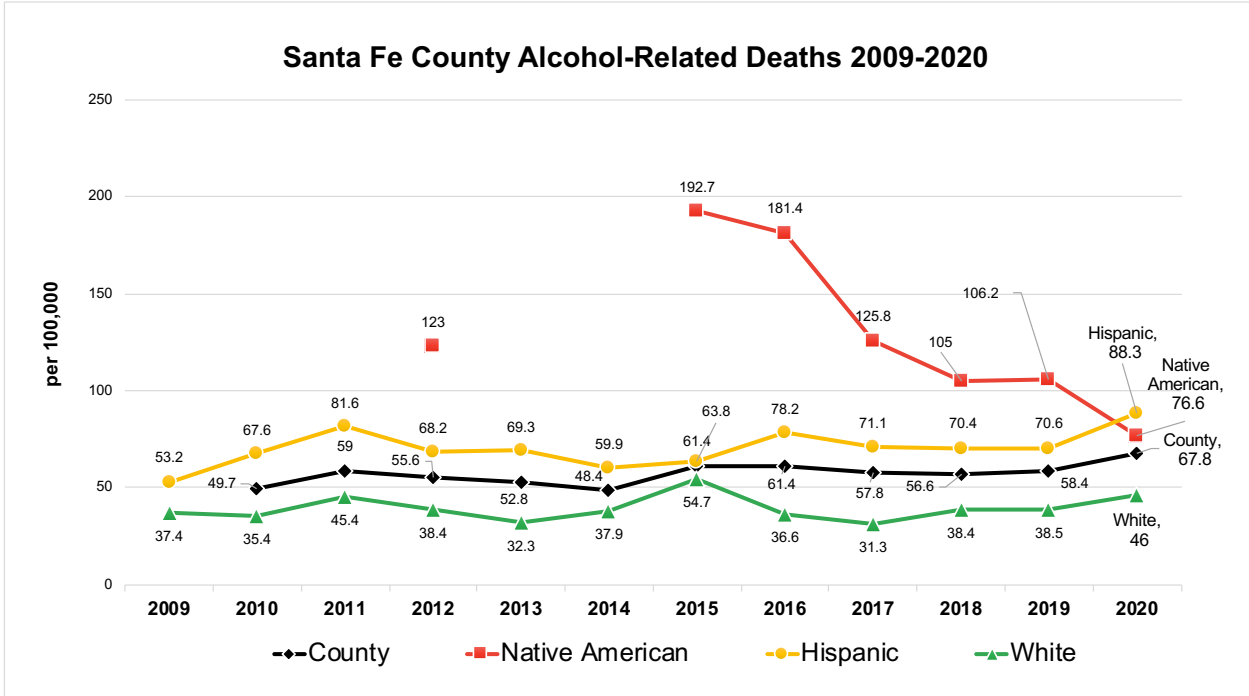


Source: *New Mexico Substance Use Epidemiology Profile, 2010 through 2022*. New Mexico Department of Health.

The county rate over this period increased from 100.6 to 145.5 per 100,000, an increase of 44.6%. The rate of death for all population groups increased over this period. The rate for the county’s largest population group, Hispanic, increased from 97.7 to 139.5 per 100,000, an increase of 42.8% over the same time period. The Native American population in Rio Arriba County is most impacted by alcohol-related death, with an increase from 166.6 to 220.2 per 100,000, an increase of 32.2%. The rate among White residents of the county increased from 58.7 to 96.5 per 100,000, an increase of 64.4%.

The graph below (Figure 2.3) shows alcohol-related death rates in Santa Fe County over a twelve-year period, from 2009 to 2020. Deaths are reported by ethnicity using single-year rates calculated by the New Mexico Department of Health. Data for the entire county are reported as five-year averages in figure 2.4.

Figure 2.3

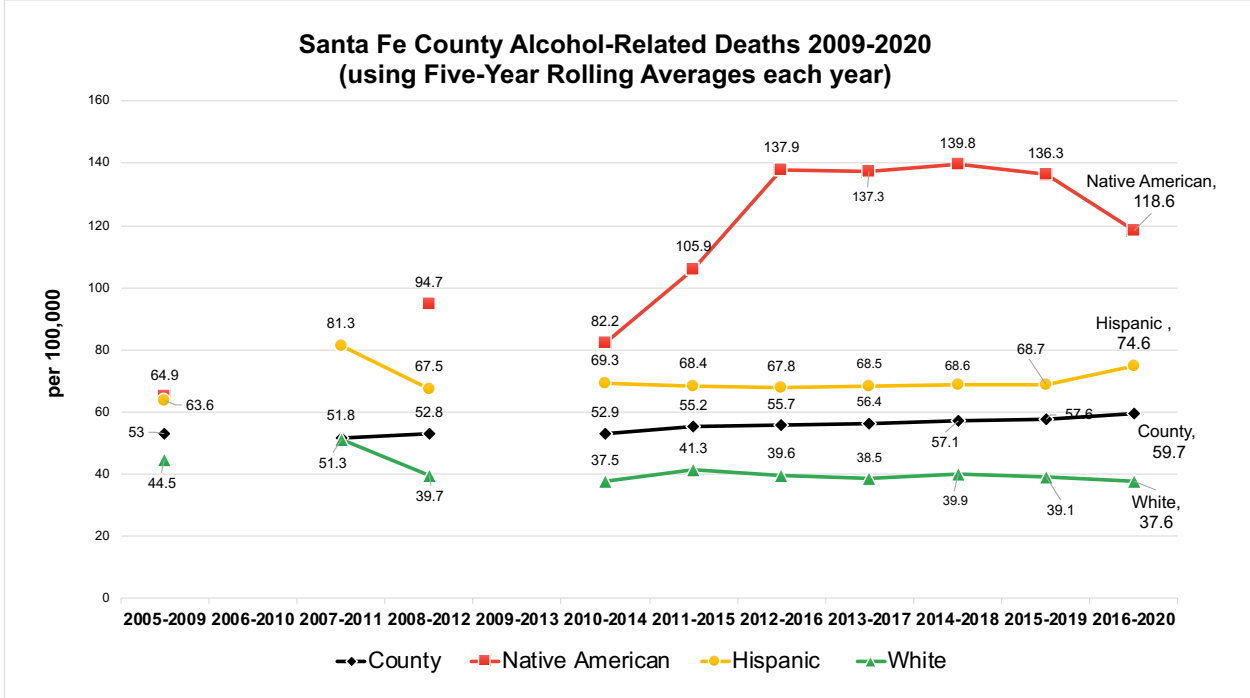


Source: Received on 8/10/22 from New Mexico Department of Health

The county rate over this period increased from 49.7 to 67.8 per 100,000, an increase of 36.4%. The rate of death for Hispanic and White county residents increased over this period, while it declined for Native American residents. The rate for the county’s largest population group, Hispanic, increased from 53.2 to 88.3 per 100,000, an increase of 66.0% over the same time period. The Native American residents in Santa Fe County experienced a decrease from 192.7 to 76.6 per 100,000 over a five-year period, a decrease of 60.2%. The rate among White residents of the county increased from 37.4 to 46.0 per 100,000, an increase of 23.0%.

The graph below (Figure 2.4) shows alcohol-related deaths in Santa Fe County over a twelve-year period, from 2009 to 2020, using a five-year average calculated by the New Mexico Department of Health. Using a five-year rolling average smooths the trend line and shows a more reliable trajectory over time than single-year data. Gaps in the trend line reflect periods of time when a New Mexico Substance Use Epidemiology Profile was not published.

Figure 2.4

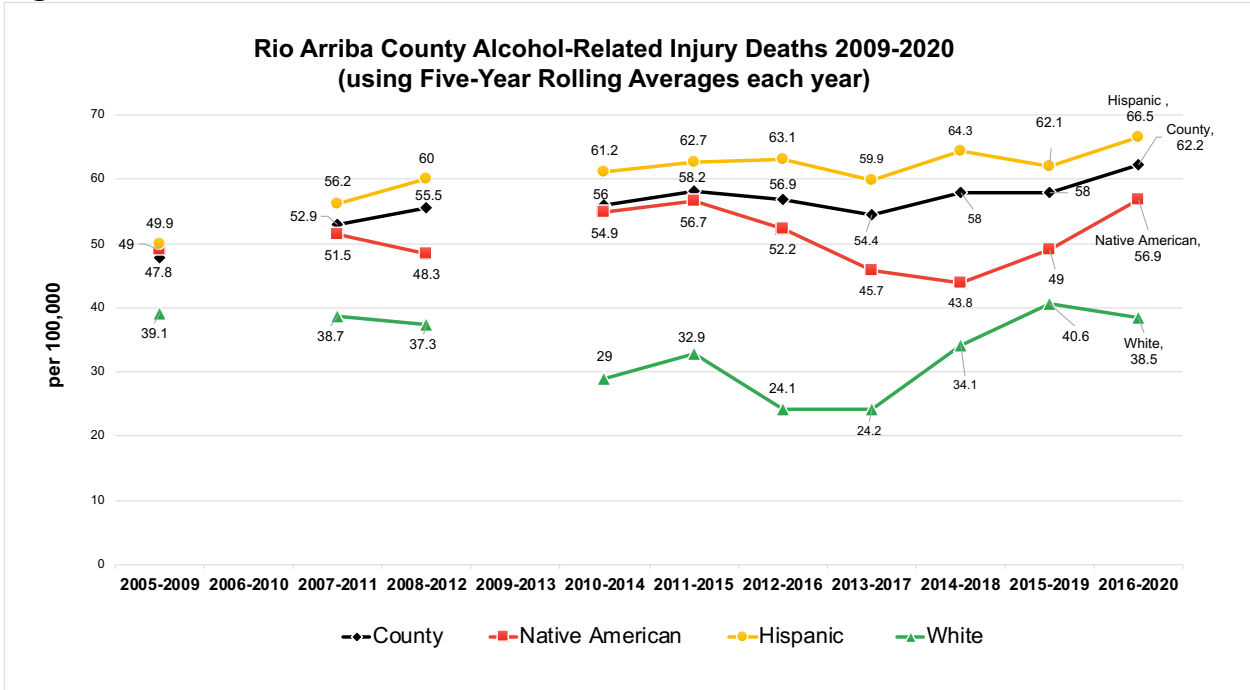


Source: *New Mexico Substance Use Epidemiology Profile, 2010 through 2022*. New Mexico Department of Health.

Figure 2.4 shows alcohol-related deaths in Santa Fe County over a twelve-year period, from 2009 to 2020. This graph uses a five-year rolling average in order to smooth the trend line and show a more reliable trajectory over time. The county rate over this period increased from 53 to 59.7 per 100,000, an increase of 12.6%. The rate of death for Native American and Hispanic county residents increased over this period, while it declined for white residents. The rate for the county’s largest resident group, Hispanic, increased from 63.6 to 74.6 per 100,000, an increase of 17.3% over the same time period. The Native American residents in Santa Fe County are most impacted by alcohol-related death, with an increase from 64.9 to 118.6 per 100,000, an increase of 82.7%. The rate among White residents of the county decreased from 44.5 to 37.6 per 100,000, a decrease of 15.5%.

The graph below (Figure 2.5) shows alcohol-related injury deaths in Rio Arriba County over a twelve-year period, from 2009 to 2020, using a five-year rolling average. Using a five-year rolling average smooths the trend line and shows a more reliable trajectory over time than single-year data. Gaps in the trend line reflect periods of time when a New Mexico Substance Use Epidemiology Profile was not published.

Figure 2.5

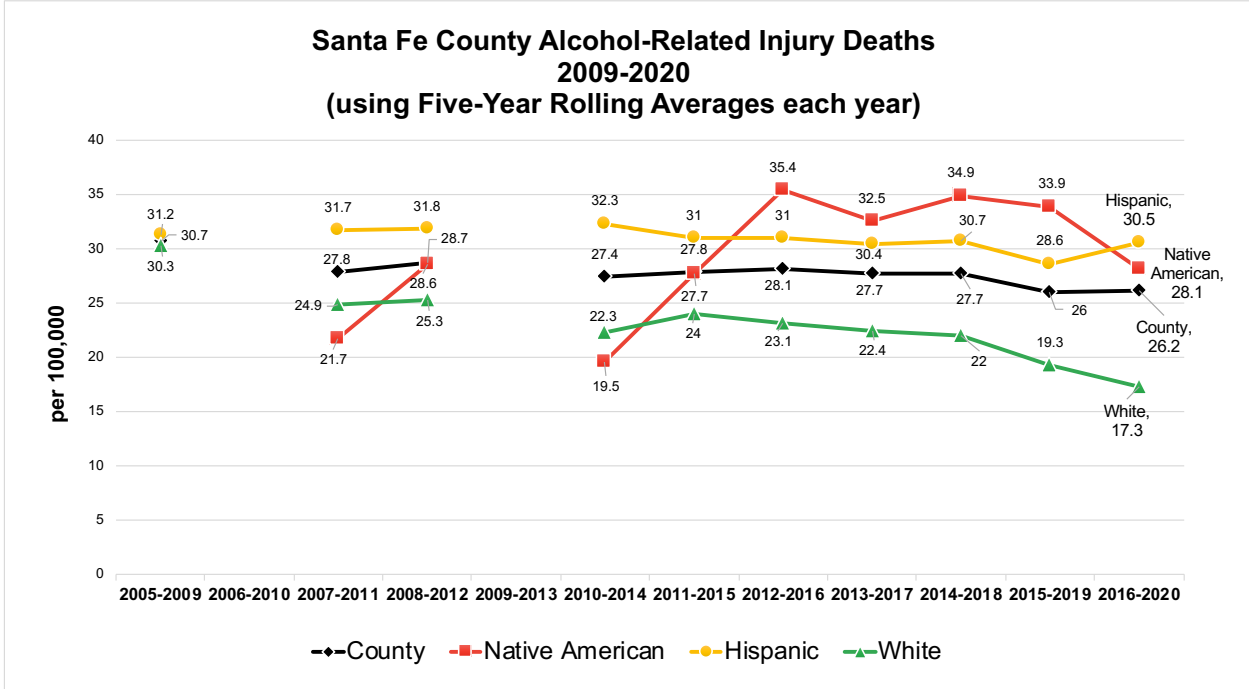


Source: New Mexico Substance Use Epidemiology Profile, 2010 through 2022. New Mexico Department of Health.

The county rate over this period increased from 47.8 to 62.2 per 100,000, an increase of 30.1%. From 2009-2020, the rate of death for Native American and Hispanic residents increased while decreasing for White residents. The rate for the county’s largest population group, Hispanic, increased from 49.9 to 66.5 per 100,000, an increase of 33.3% over the same time period. The rate of death for Native American residents in Rio Arriba County increased from 49 to 56.9 per 100,000, an increase of 16.1%. The rate among White residents of the county decreased from 39.1 to 38.5 per 100,000, a decrease of 1.5%.

The graph below (Figure 2.6) shows alcohol-related injury deaths in Santa Fe County over a twelve-year period, from 2009 to 2020. This graph uses a five-year rolling average in order to smooth the trend line and show a more reliable trajectory over time than single-year data. Gaps in the trend line reflect periods of time when a New Mexico Substance Use Epidemiology Profile was not published.

Figure 2.6



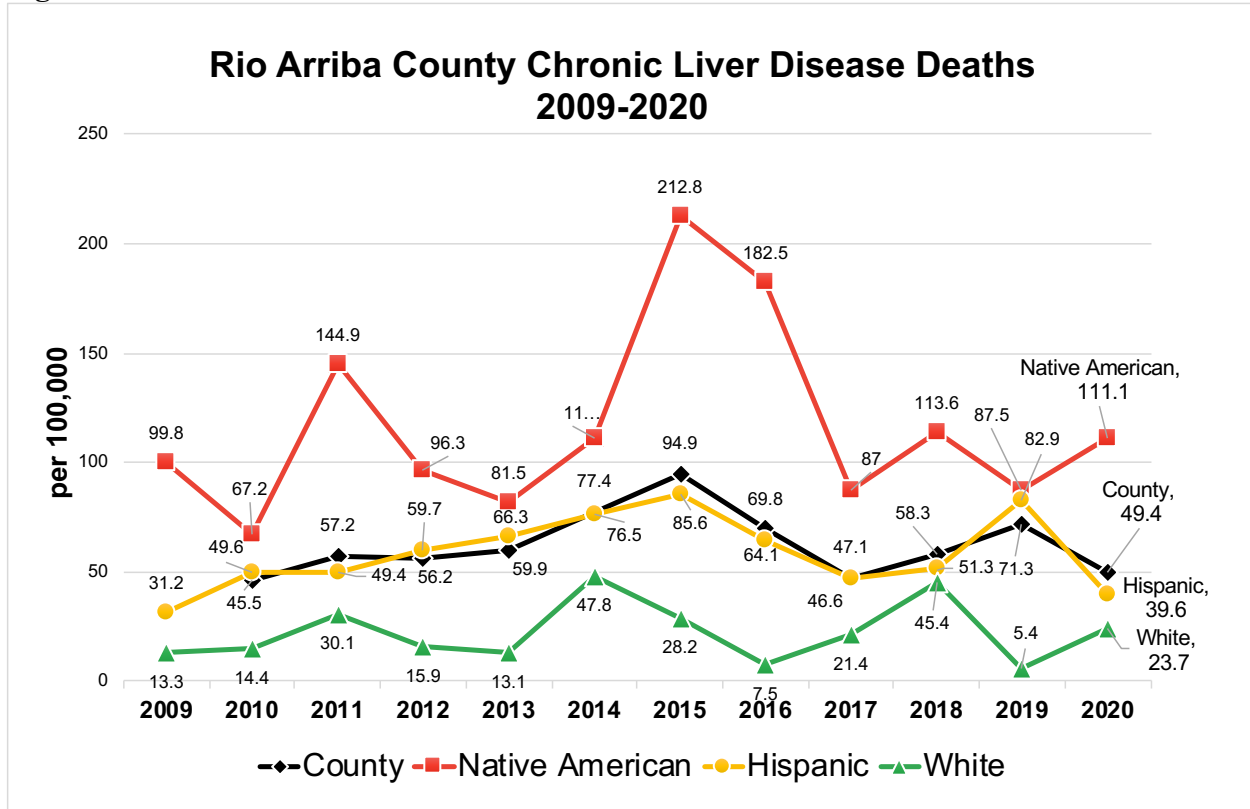
Source: New Mexico Substance Use Epidemiology Profile, 2010 through 2022. New Mexico Department of Health.

The county rate over this period decreased from 27.8 to 26.2 per 100,000, a decrease of 5.8%. The rate of death for Native American county residents increased over this period, while it declined for Hispanic and White residents. The rate for the county’s largest resident group, Hispanic, decreased from 31.2 to 30.5 per 100,000, a decrease of 2.2% over the same time period. The Native American residents in Santa Fe County experienced an increase from 21.7 to 28.1 per 100,000, an increase of 29.5%. The rate among White residents of the county decreased from 30.3 to 17.3 per 100,000, a decrease of 42.9%.

Alcohol-Related Chronic Liver Disease Deaths

The graph below (Figure 2.7) shows alcohol-related chronic liver disease deaths in Rio Arriba County over a twelve-year period, from 2009 to 2020. Deaths are reported by ethnicity using single-year rates calculated by the New Mexico Department of Health.

Figure 2.7

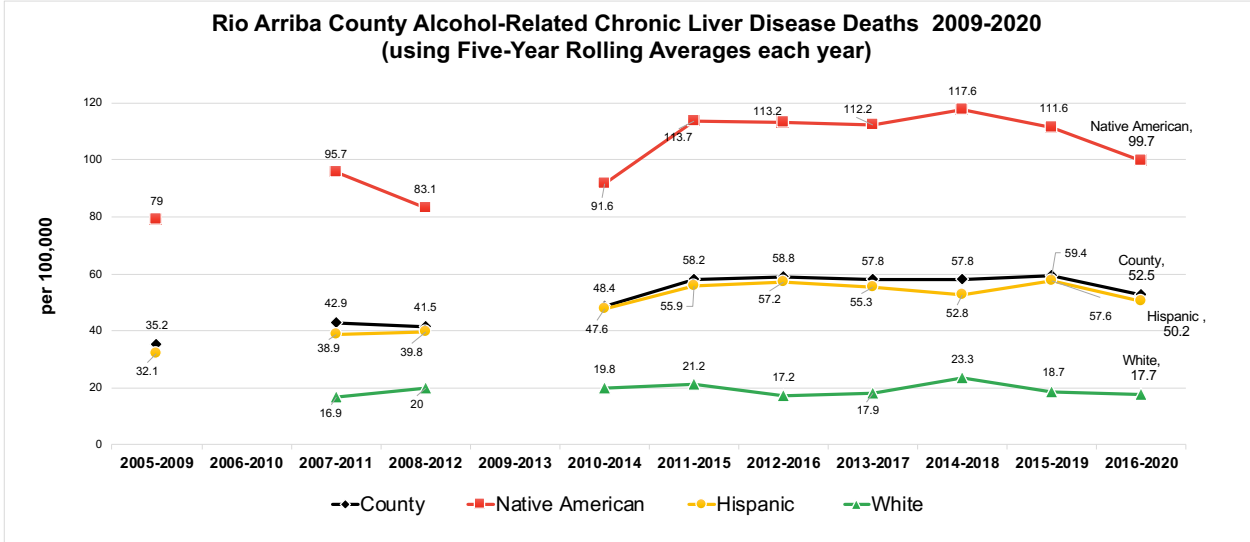


Source: Received on 8/10/22 from New Mexico Department of Health

The county rate over this period of time increased from 45.5 to 49.4 per 100,00, an increase of 8.6%. The rate for the county’s largest residential group, Hispanic, increased from 31.2 to 39.6 per 100,000, an increase of 26.9% over the same time period. The Native American residents in Rio Arriba County are most impacted by alcohol-related chronic liver disease deaths, with an increase from 99.8 to 111.1 per 100,000, an increase of 11.3%. The rate among White residents of the county increased from 13.3 to 23.7 per 100,000, an increase of 78.2%.

The graph below (Figure 2.8) shows alcohol-related chronic liver disease deaths in Rio Arriba County over a twelve-year period, from 2009 to 2020. This graph uses a five-year rolling average in order to smooth the trend line and show a more reliable trajectory over time than single-year data.

Figure 2.8

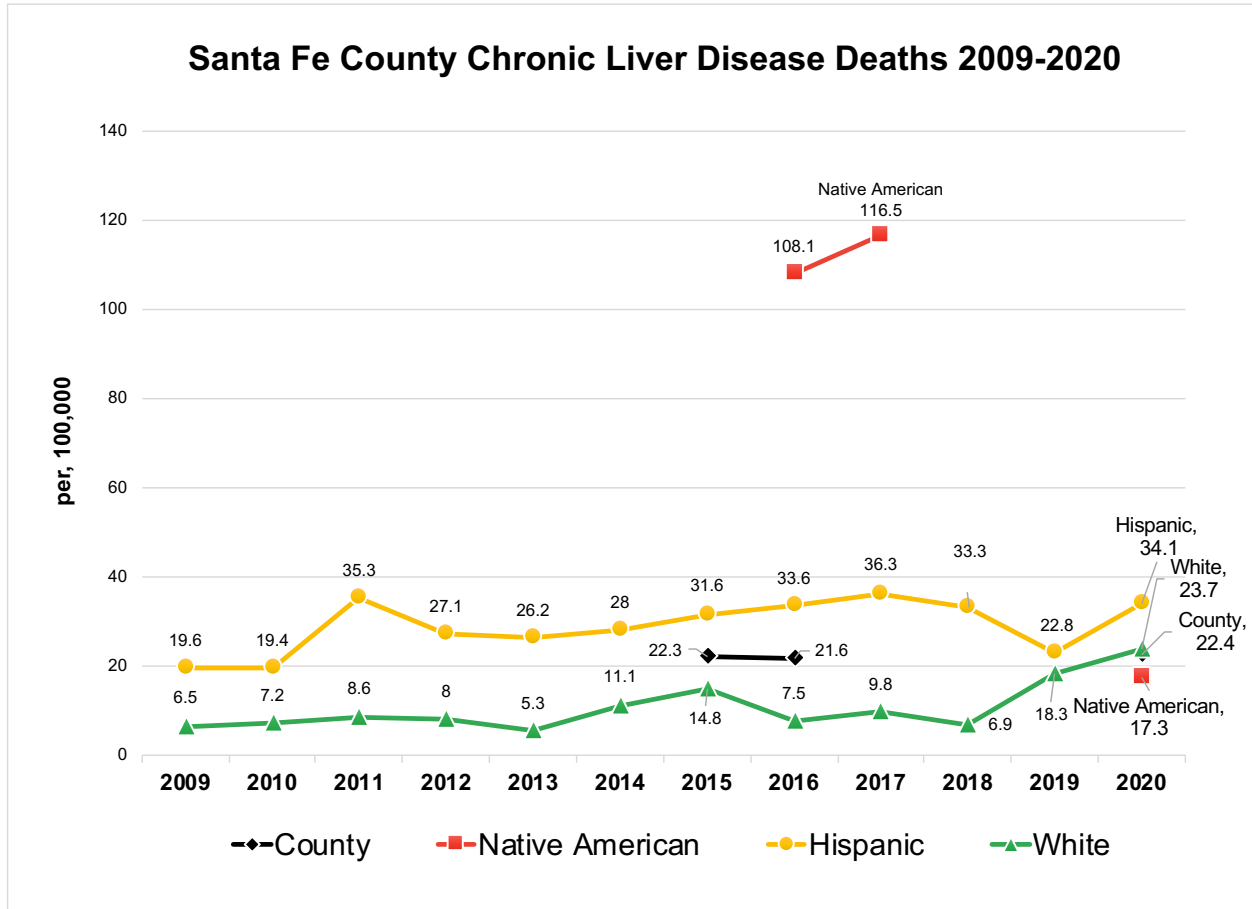


Source: *New Mexico Substance Use Epidemiology Profile, 2010 through 2021*. New Mexico Department of Health.

The county rate over this period increased from 35.2 to 52.5 per 100,000, an increase of 49.1%. The rate of death increased for all county residents over this period. The rate for the county’s largest population group, Hispanic, increased from 32.1 to 50.2 per 100,000, an increase of 56.4% over the same time period. The rate of death for Native American residents in Rio Arriba County increased from 79 to 99.7 per 100,000, an increase of 26.2%. The rate among White residents of the county increased from 16.9 to 17.7 per 100,000, an increase of 4.7%.

The graph below (Figure 2.9) shows alcohol-related chronic liver disease deaths in Santa Fe County over a twelve-year period, from 2009 to 2020. Deaths are reported by ethnicity using single-year rates calculated by the New Mexico Department of Health. Data for the entire county are reported as five-year averages in figure 2.12.

Figure 2.9

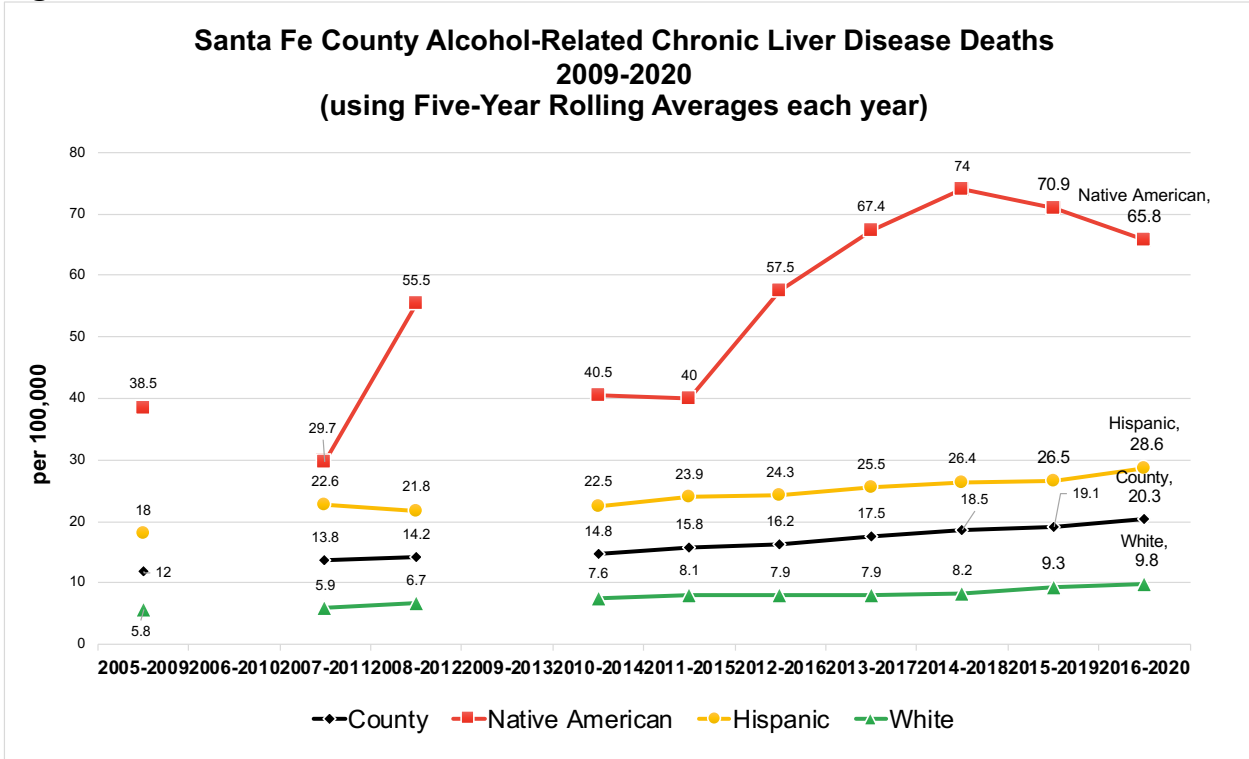


Source: Received on 8/10/22 from New Mexico Department of Health

The county rate from 2015 to 2020 increased from 22.3 to 22.4 per 100,000, an increase of 0.5%. The Native American residents in Santa Fe County experienced a decrease from 108.1 to 17.3 per 100,000, a decrease of 84%. The rate of death for Hispanic and White residents increased from 2009 to 2020. The rate for the county’s largest population group, Hispanic, increased from 19.6 to 34.1 per 100,000, an increase of 74.0% over the same time period. The rate among White residents of the county increased from 6.5 to 23.7 per 100,000, an increase of 264.6%.

The graph below (Figure 2.10) shows alcohol-related chronic liver disease deaths in Santa Fe County over a twelve-year period, from 2009 to 2020. This graph uses a five-year rolling average in order to smooth the trend line and show a more reliable trajectory over time than single-year data. Gaps in the trend line reflect periods of time when a New Mexico Substance Use Epidemiology Profile was not published.

Figure 2.10



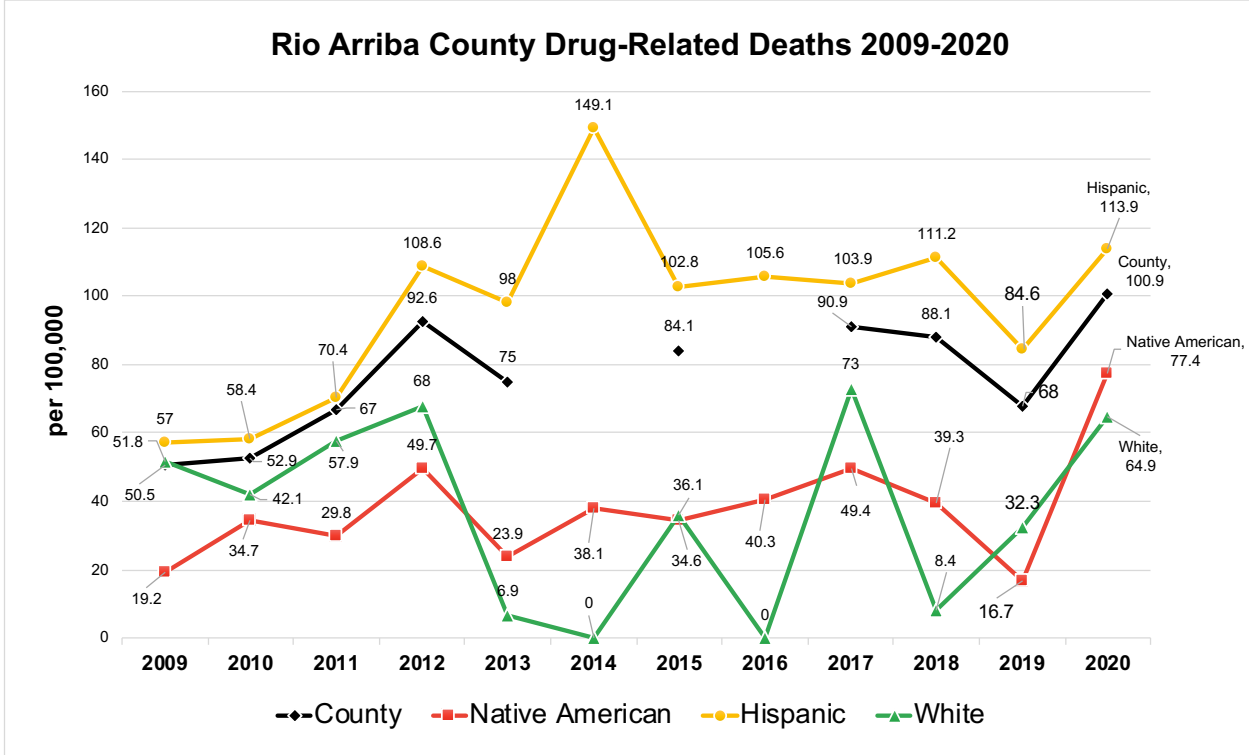
Source: *New Mexico Substance Use Epidemiology Profile, 2010 through 2021*. New Mexico Department of Health.

The county rate over this period increased from 12 to 20.3 per 100,000, an increase of 69.2%. The rate of death for all county residents increased over this period. The rate for the county’s largest resident group, Hispanic, increased from 18 to 28.6 per 100,000, an increase of 58.9% over the same time period. The Native American residents in Santa Fe County are most impacted by alcohol-related chronic liver disease deaths, with an increase from 38.5 to 65.8 per 100,000, an increase of 70.9%. The rate among White residents of the county increased from 5.8 to 9.8 per 100,000, an increase of 69.0%.

Drug-Related Deaths

The graph below (Figure 2.11) shows drug-related deaths in Rio Arriba County over a twelve-year period, from 2009 to 2020. Deaths are reported by ethnicity using single-year rates calculated by the New Mexico Department of Health. Data for the entire county are reported as five-year averages in figure 2.14.

Figure 2.11

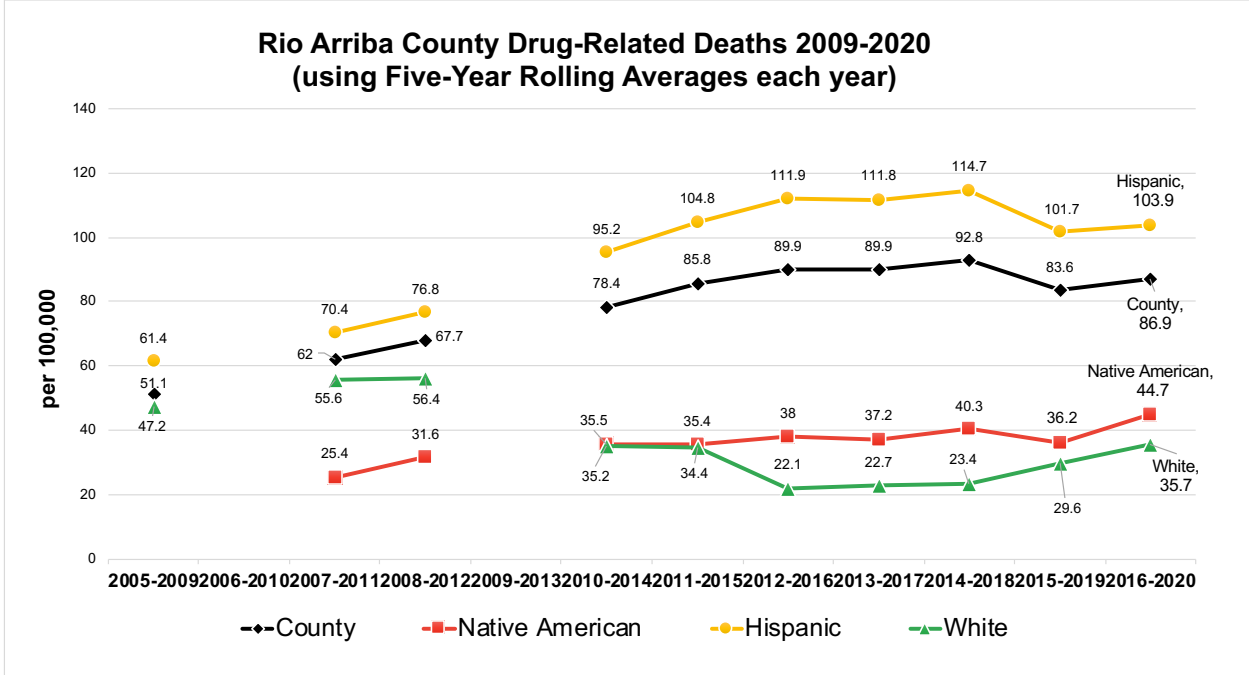


Source: Retrieved on 8/3/22 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>

The county rate over this period increased from 50.5 to 100.9 per 100,000, an increase of 99.8%. The rate of death for the Native American, Hispanic, and White population groups increased over this period. The rate for the county’s largest residential group, Hispanic, increased from 57 to 113.9 per 100,000, an increase of 99.8% over the same time period. The rate for the county’s Native American residents increased from 19.2 to 77.4 per 100,000, an increase of 303.1%. The rate among White residents of the county increased from 51.8 to 64.9 per 100,000, an increase of 25.3%.

The graph below (Figure 2.12) shows drug-related deaths in Rio Arriba County over a twelve-year period, from 2009 to 2020. This graph uses a five-year rolling average in order to smooth the trend line and show a more reliable trajectory over time than single-year data. Gaps in the trend line reflect periods of time when a New Mexico Substance Use Epidemiology Profile was not published.

Figure 2.12

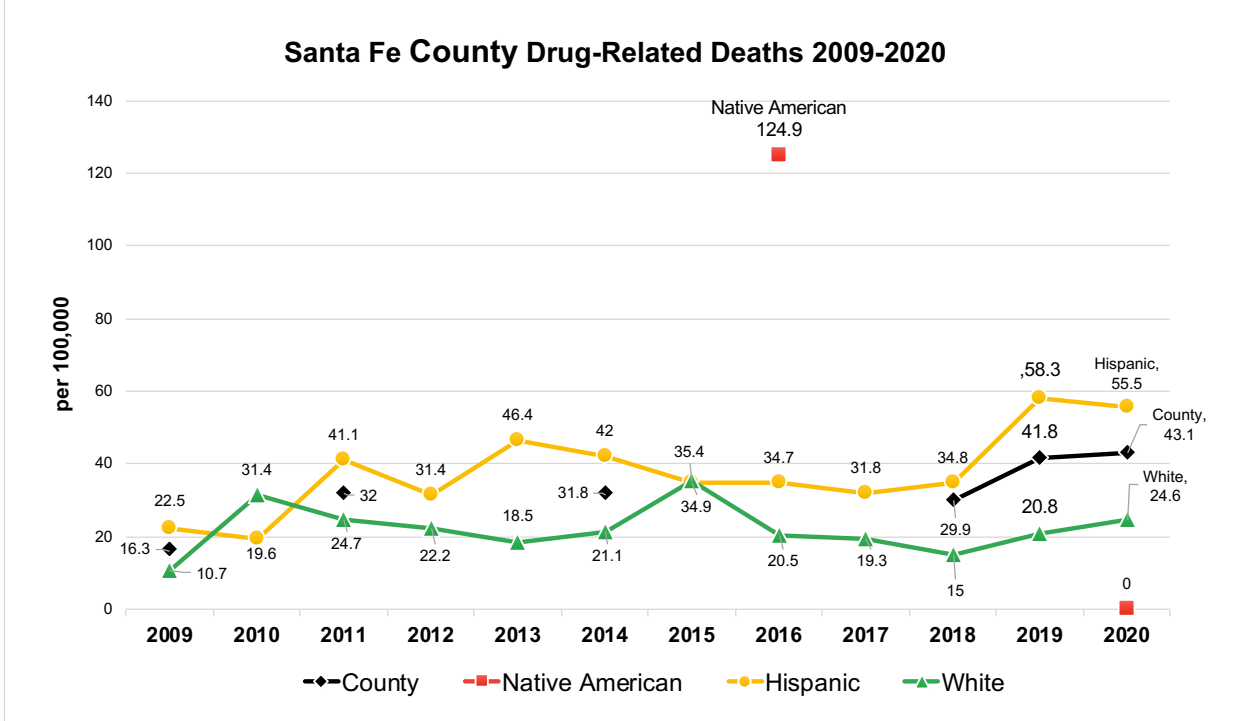


Source: New Mexico Substance Use Epidemiology Profile, 2010 through 2021. New Mexico Department of Health.

The county rate over this period increased from 51.1 to 86.9 per 100,000, an increase of 70.1%. The rate of death increased for Native American and Hispanic county residents over this period. The rate for the county’s largest population group, Hispanic, increased from 61.4 to 103.9 per 100,000, an increase of 69.2% over the same time period. The rate of death for Native American residents in Rio Arriba County increased from 25.4 to 44.7 per 100,000, an increase of 76.0%. The rate among White residents of the county decreased from 47.2 to 35.7 per 100,000, a decrease of 24.4%.

The graph below (Figure 2.13) shows drug-related deaths in Santa Fe County over a twelve-year period, from 2009 to 2020. Deaths are reported by ethnicity using single-year rates calculated by the New Mexico Department of Health. Data for the entire county are reported as five-year averages in figure 2.16.

Figure 2.13

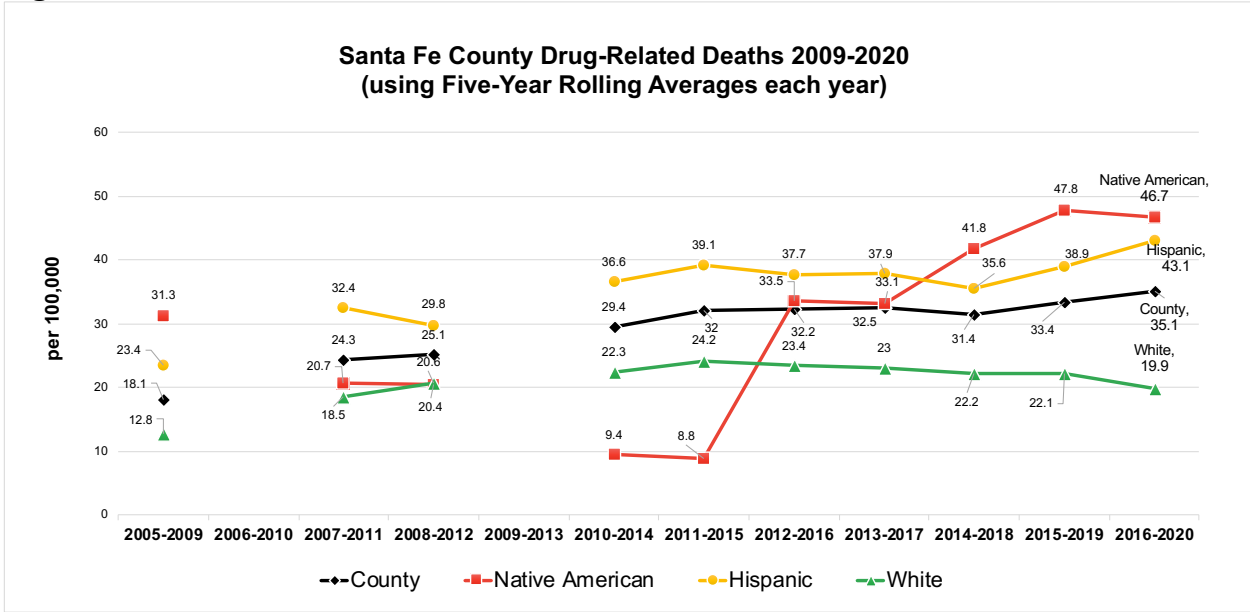


Source: Retrieved on 8/3/22 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>

The county rate increased over this period from 16.3 to 43.1 per 100,000, an increase of 164.4%. The Native American residents in Santa Fe County experienced an increase from 0 to 124.9 per 100,000 from 2009 to 2016, then a decrease to 0 per 100,000 in 2020. The rate of death for Hispanic and White residents increased from 2009 to 2020. The rate for the county’s largest population group, Hispanic, increased from 22.5 to 55.5 per 100,000, an increase of 146.7% over the same time period. The rate among White residents of the county increased from 10.7 to 24.6 per 100,000, an increase of 129.9%.

The graph below (Figure 2.14) shows drug-related deaths in Santa Fe County over a twelve-year period, from 2009 to 2020. Deaths are reported by ethnicity using single-year rates calculated by the New Mexico Department of Health. This graph uses a five-year rolling average in order to smooth the trend line and show a more reliable trajectory over time. Gaps in the trend line reflect periods of time when a New Mexico Substance Use Epidemiology Profile was not published.

Figure 2.14



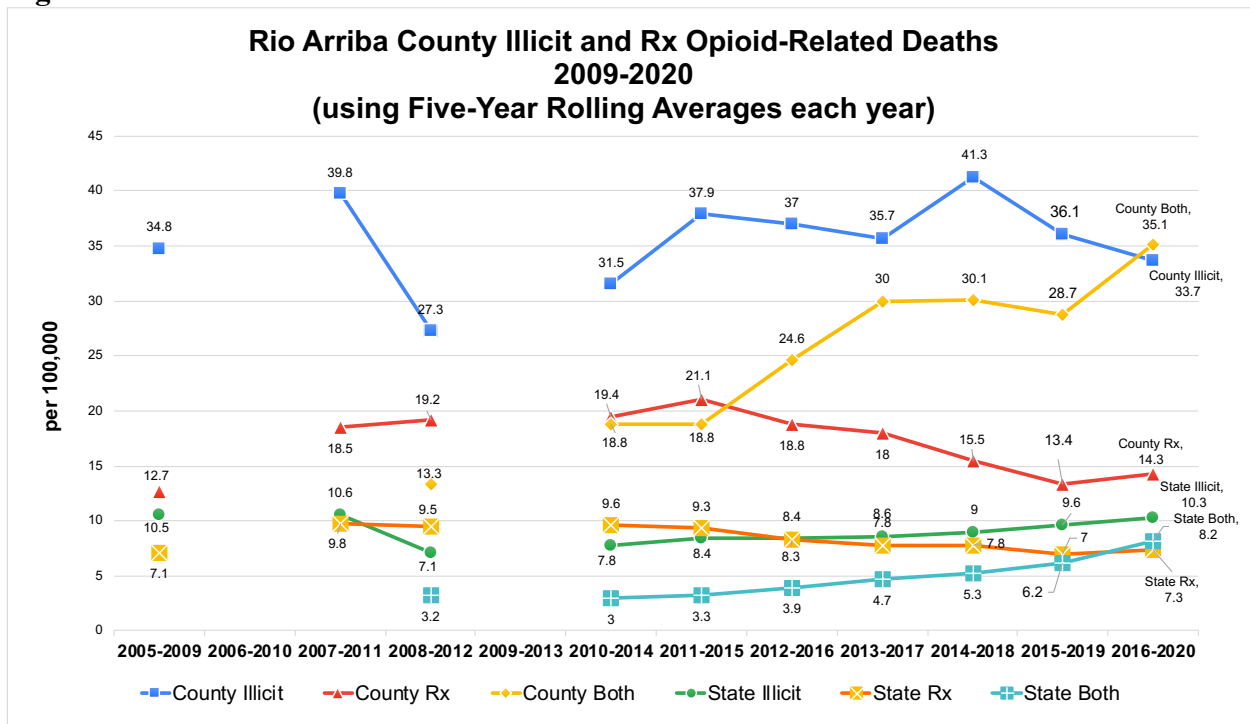
Source: New Mexico Substance Use Epidemiology Profile, 2010 through 2022. New Mexico Department of Health.

The county rate over this period increased from 18.1 to 35.1 per 100,000, an increase of 93.8%. The rate of death for all residents increased over this period. The rate for the county’s largest resident group, Hispanic, increased from 23.4 to 43.1 per 100,000, an increase of 84.2% over the same time period. The Native American residents in Santa Fe County are most impacted by drug-related deaths, with an increase from 31.3 to 46.7 per 100,000, an increase of 49.2%. The rate among White residents of the county increased from 12.8 to 19.9 per 100,000, an increase of 55.5%.

Opioid-Related Deaths

The graph below (Figure 2.15) shows opioid-related deaths in Rio Arriba County over a twelve-year period, from 2009 to 2020. This graph uses a five-year rolling average in order to smooth the trend line and show a more reliable trajectory over time than single-year data. Gaps in the trend line reflect periods of time when a New Mexico Substance Use Epidemiology Profile was not published.

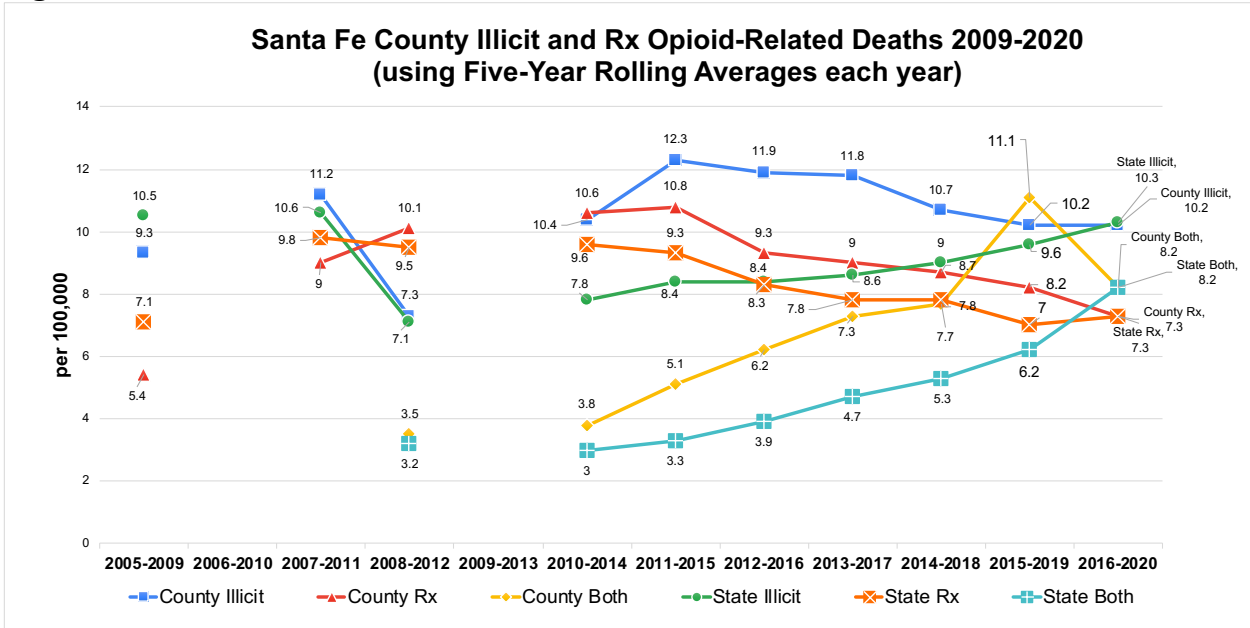
Figure 2.15



Source: New Mexico Substance Use Epidemiology Profile, 2010 through 2022. New Mexico Department of Health.

The graph below (Figure 2.16) shows drug-related deaths in Santa Fe County over a twelve-year period, from 2009 to 2020. This graph uses a five-year rolling average in order to smooth the trend line and show a more reliable trajectory over time. Gaps in the trend line reflect periods of time when a New Mexico Substance Use Epidemiology Profile was not published. Due to Rio Arriba county’s smaller population and smaller number of deaths in most categories, when computed as a rate the rate appears much less stable than that of the state or of Santa Fe County.

Figure 2.16



Source: New Mexico Substance Use Epidemiology Profile, 2010 through 2022. New Mexico Department of Health.

Illicit vs. Prescription Deaths

Table 3.1 below shows drug overdose death rates due to illicit substances only from 2012 to 2020, prescription drugs only, and a combination of illicit and prescription drugs, for each of the two counties as well as the state.

Table 3.1 – Updated

Drug Overdose Death Rates - Prescription vs. Illicit Substances* (deaths per 100,000 population)					
County	Year	Total Drug Overdose	Illicit Only	Rx Only	Rx & Illicit
Rio Arriba	2012	92.6	41.3	30.9	18
	2013	75	23	31.2	17.9
	2014	113.3	43.7	21.8	45.1
	2015	84.1	46	20	15.1
	2016	86.9	35.4	18	33.5
	2017	90.9	30.8	17.7	38.7
	2018	88.1	50.8	17.1	17.2
	2019	80.2	36.1	13.4	28.7
	2020	84.7	33.7	14.3	35.1
Santa Fe	2012	26.9	8.8	12	6.1
	2013	35.1	16.4	10.7	8
	2014	31.8	15.4	14	2.4
	2015	34.9	8.2	18.7	8.1
	2016	33.3	9.4	11.3	11.1
	2017	27.2	9.3	9.7	8.2
	2018	29.9	11.1	8.9	9.3
	2019	30	10.2	8.2	11.1
	2020	31.7	10.2	6.8	14.2
New Mexico	2012	24.3	8	11.1	3.8
	2013	22.1	8.2	9.6	3.2
	2014	26.8	9.1	11.9	4.5
	2015	24.7	9.3	10.9	4.2
	2016	24.7	8.2	9.5	6.4
	2017	24.6	8.5	9	6.5
	2018	26.6	10.2	9.4	6.2
	2019	23.3	9.6	7	6.2
	2020	26.6	10.3	7.3	8.2

*Drug categories are mutually exclusive
 Data Source: NMDOH Bureau of Vital Records and Health Statistics

Teen Tobacco Use in Rio Arriba and Santa Fe Counties

The table below (Table 3.2) includes data from New Mexico high school youth for all tobacco related behaviors. Current use is defined as using once or more in the past 30 days. Ever is defined as use over a lifetime, not within the past 30 days. Lifetime or current use are reported for cigarettes, cigars, spit tobacco, hookah, and e-cigarettes. Also included are data on environmental smoke exposure for children measured through responses to the question of whether someone smokes in their home. These percentages reflect is all self-reported data for Rio Arriba and Santa Fe Counties as well as statewide and covers all uses of tobacco.

Table 3.2

YRRS High School Tobacco Use Percentages in Santa Fe and Rio Arriba Counties, 2017-2019							
	SFC HS in 2017	RAC HS in 2017	State Percent 2017	SFC HS in 2019	RAC HS in 2019	NLBHA High Schools 2019	State Percent 2019
Current cigarette smoking	11.6%	17.8%	11.1%	8.6%	12.4%	10.8%	8.3%
Current hookah use	9.6%	13.1%	9.5%	7.7%	13.1%	11.1%	7.5%
Current spit tobacco use	7.3%	16.5%	7.7%	5.5%	12.1%	10.1%	5.5%
Current cigar use	9.0%	13.9%	10.0%	7.1%	11.2%	11.0%	7.8%
Current e-cig use	31.8%	48.0%	26.4%	37.0%	41.3%	40.7%	33.4%
Current use of any tobacco product	36.9%	55.5%	33.8%	40.7%	47.0%	46.0%	37.2%

Source: *New Mexico Youth Risk and Resiliency Survey: High School Survey Results 2017, Santa Fe County.* Epidemiology and Response Division, New Mexico Department of Health; School and Family Support Bureau, New Mexico Public Education Department; and University of New Mexico Prevention Research Center. *New Mexico Youth Risk and Resiliency Survey: High School Survey Results 2019, Rio Arriba County.* Epidemiology and Response Division, New Mexico Department of Health; School and Family Support Bureau, New Mexico Public Education Department; and University of New Mexico Prevention Research Center.

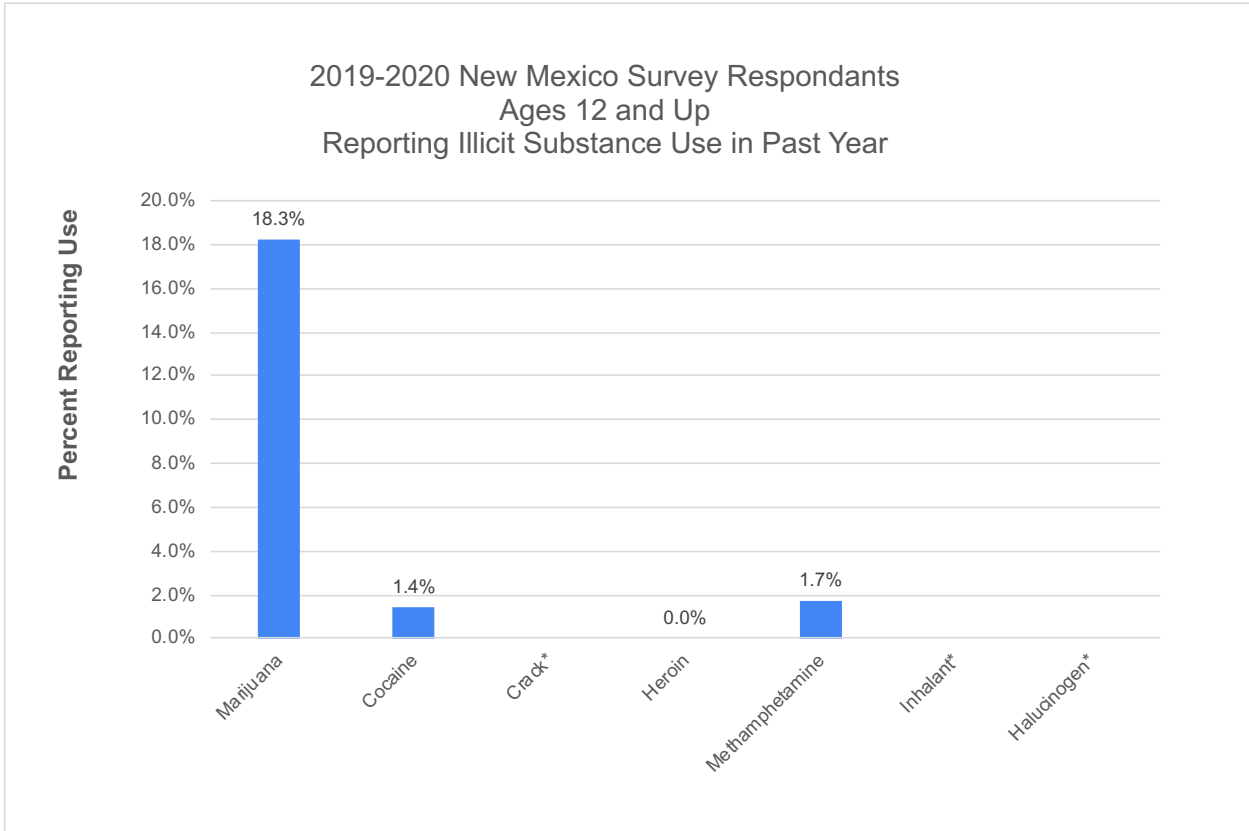
In 2019 the New Mexico rate for current cigarette smoking was 10.8% and the U.S. rate 6.0%. Current e-cig use for New Mexico is 33.4%.

New Mexico Data from the National Survey on Drug Use and Health

The following three graphs (Figures 4.1, 4.2, and 4.3), report on illicit drug use by New Mexico youth and adults from the National Survey on Drug Use and Health. These data are not available by county. Data on illicit substance use by adults in New Mexico are not otherwise collected and reported. As of 2020, NSDUH state reports have discontinued reporting on crack, inhalants, and hallucinogen past-year use.

The graph below (Figure 4.1), represents the National Survey of Drug Use and Health estimates of illicit substance use for New Mexico residents 12 years old and above.

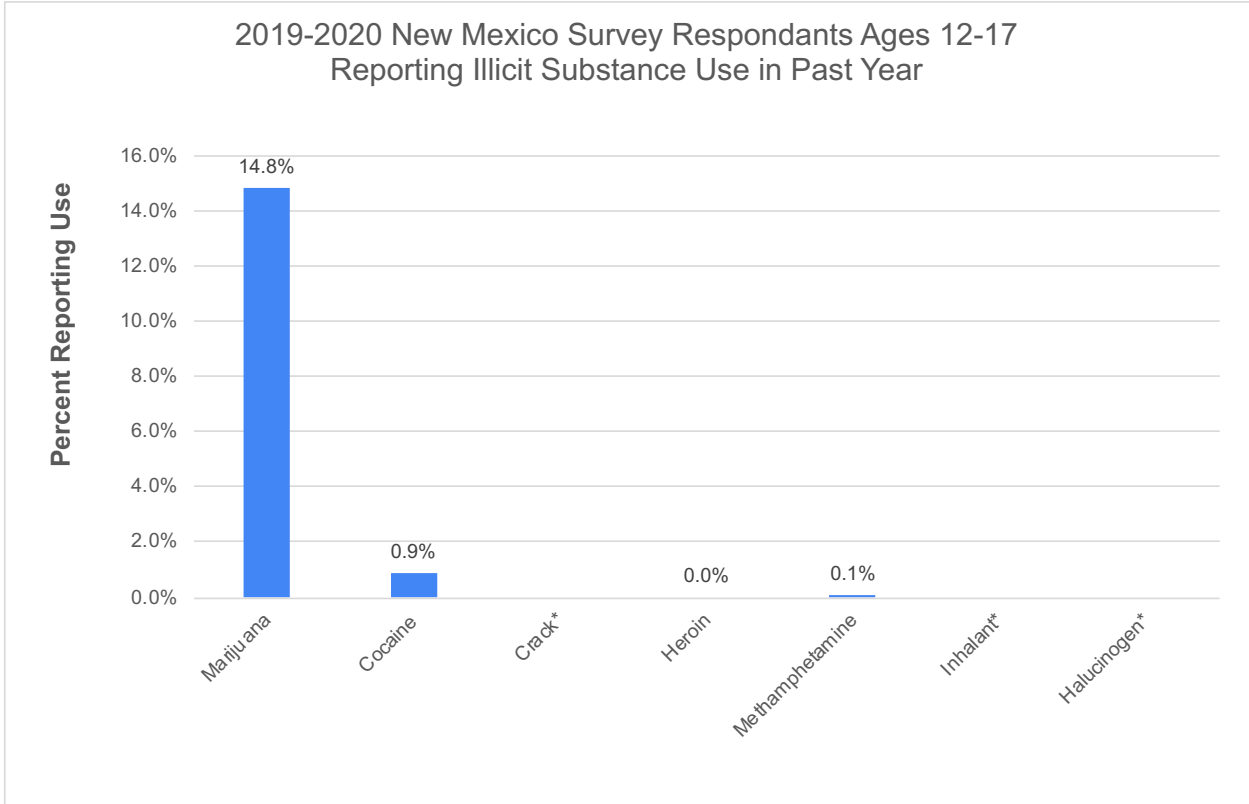
Figure 4.1



Substance Abuse and Mental Health Services Administration. (2022). *2019-2020 National Survey on Drug Use and Health: Methodological summary and definitions*. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

The graph below (Figure 4.2) represents the National Survey of Drug Use and Health estimates of illicit substance use for 12 to 17 year-olds in New Mexico.

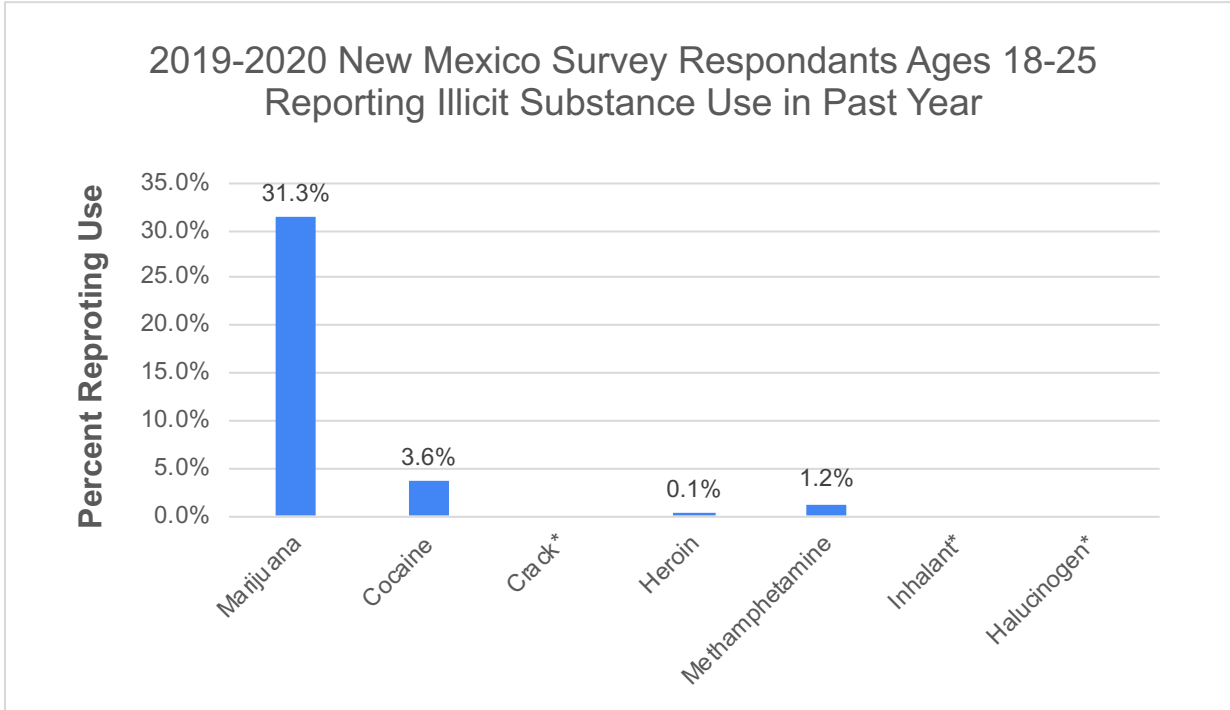
Figure 4.2



Source: Substance Abuse and Mental Health Services Administration. (2022). *2019-2020 National Survey on Drug Use and Health: Methodological summary and definitions*. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

The graph below (Figure 4.3) represents the National Survey of Drug Use and Health estimates of illicit substance use for 18-25 year-olds in New Mexico.

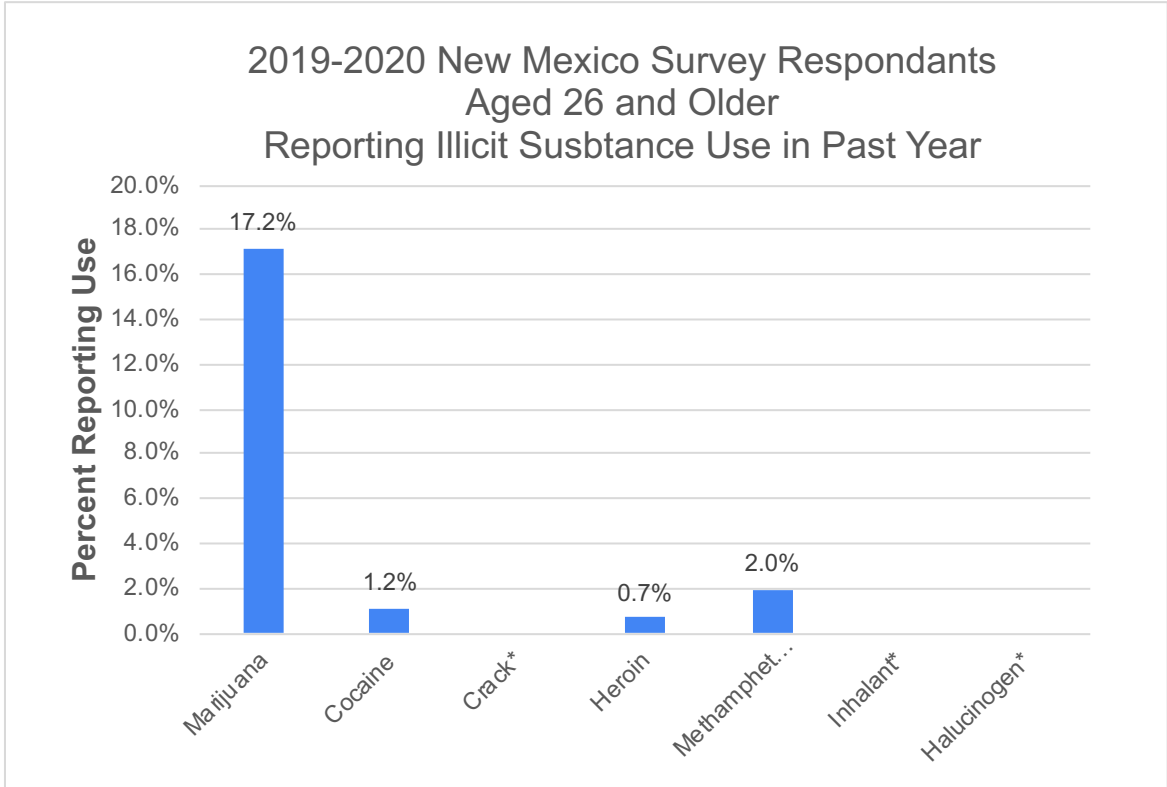
Figure 4.3



Substance Abuse and Mental Health Services Administration. (2022). *2019-2020 National Survey on Drug Use and Health: Methodological summary and definitions*. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

The graph below (Figure 4.4) represents the National Survey of Drug Use and Health estimates of illicit substance use for New Mexico residents 26 years old and up.

Figure 4.4



Substance Abuse and Mental Health Services Administration. (2022). *2019-2020 National Survey on Drug Use and Health: Methodological summary and definitions*. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

Youth Concerns and Resiliency Survey

A survey of community concerns, and of factors related to resiliency and protective factors, was completed in-person by youth the last week of April and the first week of May 2022. There were 195 survey respondents from Española Valley High School and Pojoaque Valley High School.

All responses were entered into an Excel spreadsheet where they were sorted and tabulated by Coop Consulting, Inc. The initial categories were developed by Coop Consulting based on common themes. These categories and their labels were reviewed and revised by the NLBHA SPF-PFS project team in a series of meetings to ensure consensus and community alignment of themes and terminology.

Eight open-ended questions were included in the youth concerns and resiliencies survey. The survey was introduced as follows: “We would like to know what you think about resiliency and concerns related to your health, development, and well-being.” Each question had two response “blanks” that could be written upon. Therefore, responses to each question often exceed the number of surveys.

Survey responses were collected Forty-nine percent (49%) of the respondents are female, 44% are male, while 7% reported identifying as another sex/gender. Students reported an average of 2.2 household adults with two household adults as the most frequently reported number.

Table 5.1: Respondents by sex

	Number	Percent
Female	95	49%
Male	86	44%
Other	14	7%
Total	195	100%

Table 5.2: Respondents by school

	Number	Percent
Española Valley High School	103	53%
Pojoaque Valley School	92	47%
Total	195	100%

Table 5.3: Respondents by age

	Number	Percent
12-15	79	41%
16-18	107	55%
19+	3	2%
Unreported	6	3%
Total	195	100%

Table 5.4: Internet Access

Internet Access?	Number	Percent
Yes	181	93%
No	11	6%
Unreported	3	2%
Total	195	100%

Table 5.5: Computer Access

Computer Access?	Number	Percent
Yes	174	89%
No	18	9%
Unreported	3	2%
Total	195	100%

Table 5.6: Other Demographic Findings

	Number	Percent
Homes with neither computer nor internet access	7	4%
Total	195	100%

Table 5.7: Respondents by grandparent caregiver

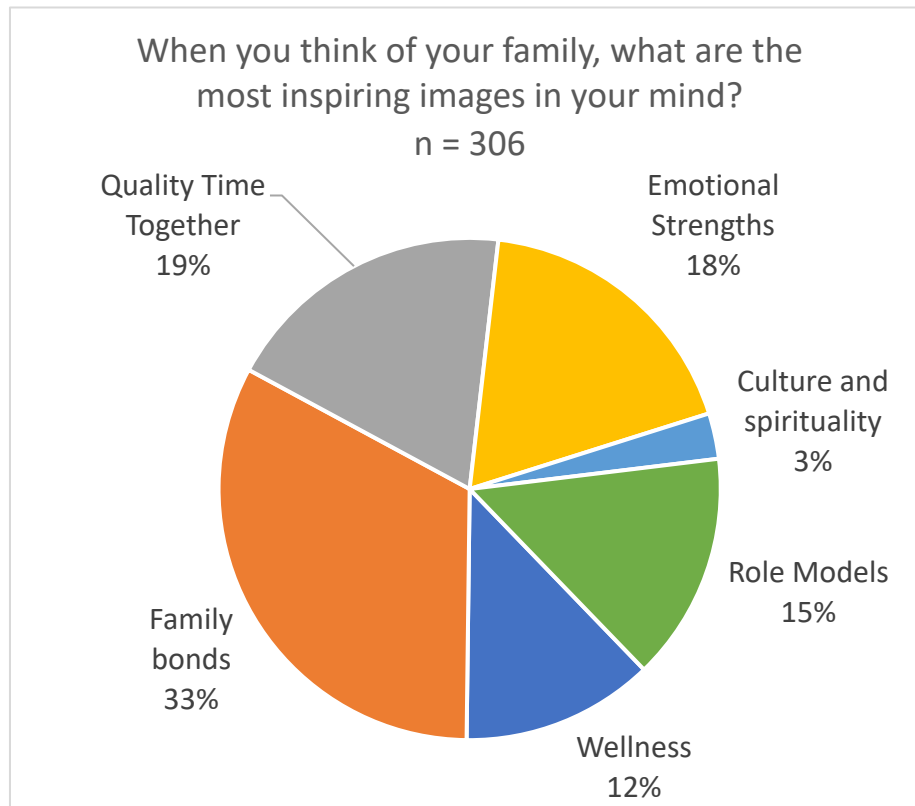
Grandparent Caregiver?	Number	Percent
Yes	47	24%
No	141	72%
Unreported	7	4%
Total	195	100%

Table 5.8: Respondents by Race/Ethnicity

Race/Ethnicity	Number	Percent
Native American	5	3%
Asian or Asian American	2	1%
Black or African American	3	2%
Hispanic or Latino	166	85%
Hispanic or Latino + American Indian	3	2%
Hispanic or Latino + American Indian + White	2	1%
Mixed	7	4%
White Caucasian or Anglo	7	4%
Unreported	0	
Total	195	100%

Survey item 1: When you think about your family, what are the most inspiring images in your mind? (n=306)

Figure 5.1



The most frequent inspiring image identified (33%) is family bonds. Family bonds is described as love, support, commitment, caring, always there for me. Close family ties, willingness to help one another, and unity are also common themes.

Quality time together (19%) is described by many as spending quality time together, eating together, making memories, and hanging out.

Emotional strengths for their families (18%) are exemplified as follows: Strength, hard working, brave, funny, and kindness.

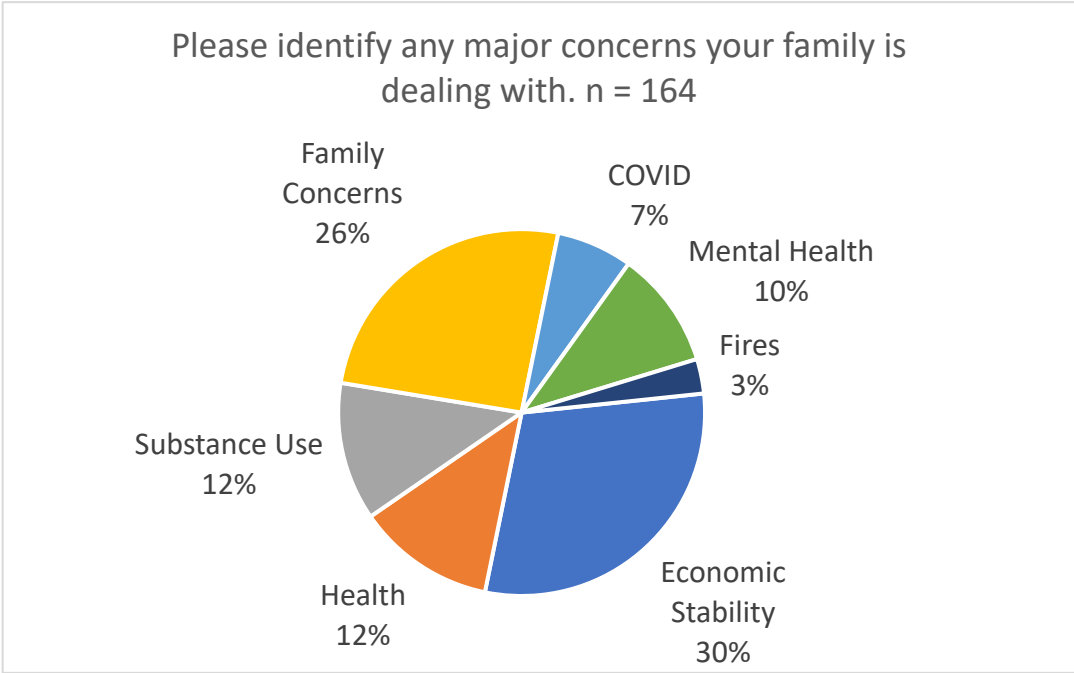
Role models (15%) are described as follows: Mom, sister, my parents, my dad, and my grandparents.

Wellness (12%) is described as follows: Home, working, happiness, and success.

Culture and spirituality (3%) are also part of families' inspirational images, noted as music, heritage, culture, and church.

Survey item 2: Please identify any major concerns your family is dealing with. (N=164)

Figure 5.2



The most common response, by far (30%), is concern about their family’s economic stability. Economic stability is described by money, finances, work overload, unemployment, and hospital bills.

Family concerns (26%) is described by issues with relationships, communication, getting along, arguments, and family drama.

Health is also frequently mentioned (12%) and is described as health problems, grandparents are sick, poor health, and family deaths.

Substance abuse (12%) is again noted as a major concern. Major themes found are addiction, drugs, alcoholism, and maintaining sobriety.

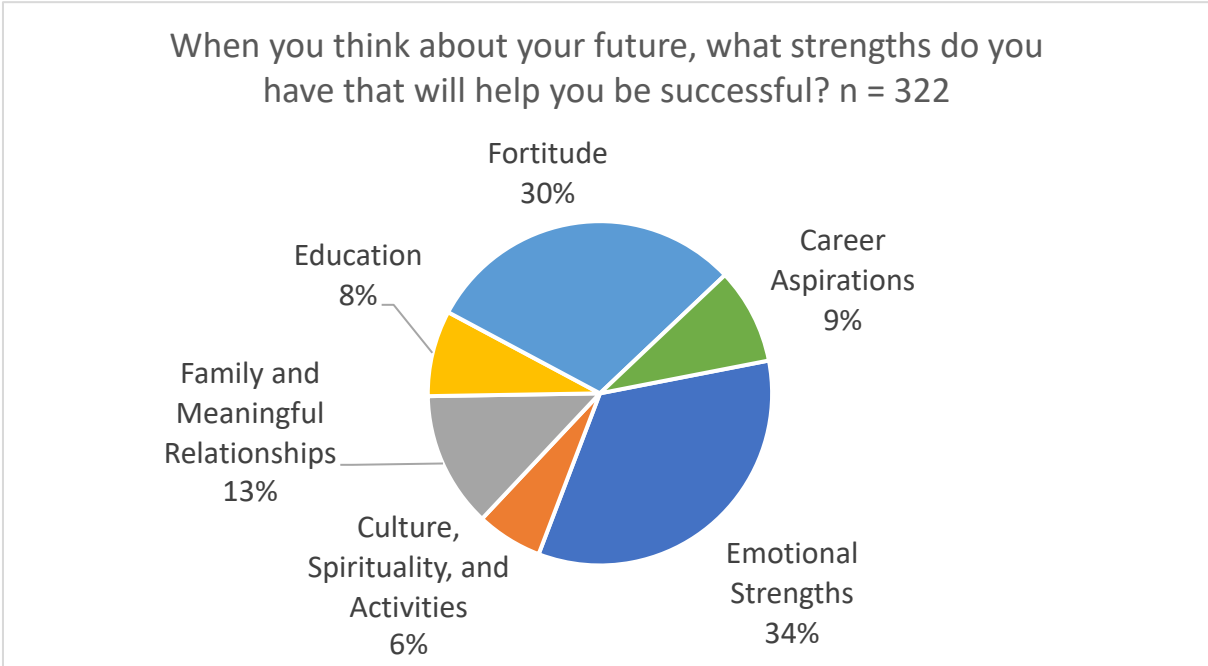
Mental health (10%) is also a common concern, described as mental health, fear, toxicity, and depression.

COVID-19 is still a common category of response (7%).

Fires (3%) are also noted as a concern.

Survey item 3: When you think about your future, what strengths do you have that will help you be successful? (n=322)

Figure 5.3



Respondents report emotional strengths (34%) most often when considering their strengths. These strengths are described by the following words used by youth: doing my best, integrity, confidence, strong, leadership, responsible, and independence.

Fortitude (30%), or courage in adversity, is the second most identified strength. Fortitude is described as determination, perseverance, initiative, persistence, and self-control.

Family and meaningful relationships (13%) is described as having good role models, family and friend support, and coaches.

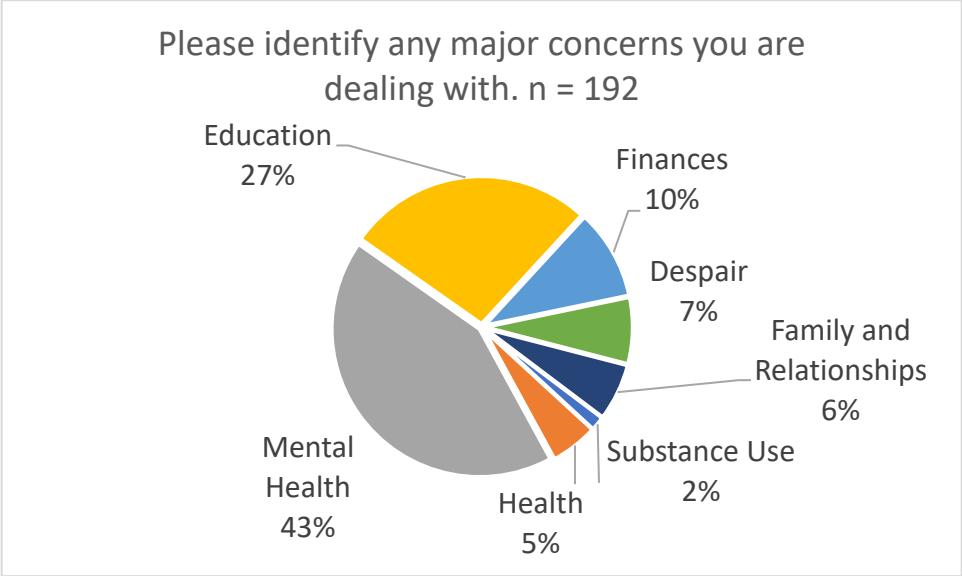
Career aspirations (9%) is the fourth most common theme, identified as work ethic, success, and getting a good job.

Responses about education are the fifth (8%) most common theme. These include responses such as graduating from college, education, studying, paying attention, and focusing in school.

Responses about culture and spirituality (6%) are another identified theme. Specifically mentioned are faith, art, welding, and blacksmithing were mentioned.

Survey item 4: Please identify any major concerns you are dealing with. (N=192)

Figure 5.4



The most common response, by far (43%) is concern about youth mental health. This is recounted as constant worry, depression, anxiety, motivation, suicide, and trauma.

Education (27%) are seen by youth as a major concern that they must deal with. Specifically mentioned is getting into a good school, keeping grades up, and balancing school and sports.

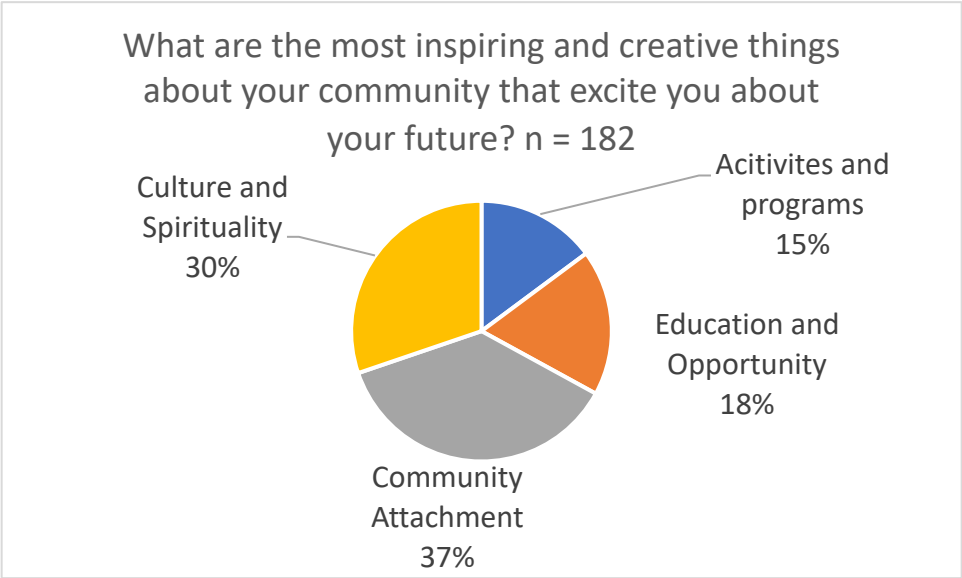
Finances are also a popular concern (10%). Finding a job, dealing with work stress, and money were mentioned.

Despair (7%) was the fourth most frequently identified concern. “Not sure if I’m going to make it”, “whether I will make it in life”, “what am I going to do for a living?”, and “how the hell will I support myself in the future?” were statements provided.

Family and relationships (6%) and health (5%) and substance use (2%) concerns are also described.

Survey item 5: What are the most inspiring and creative things about your community that excite you about your future? (n=182)

Figure 5.5



Community attachment (37%) is the most frequent response and is illustrated here by responses such as seeing the community come together, people helping each other, making a difference, and people looking out for each other.

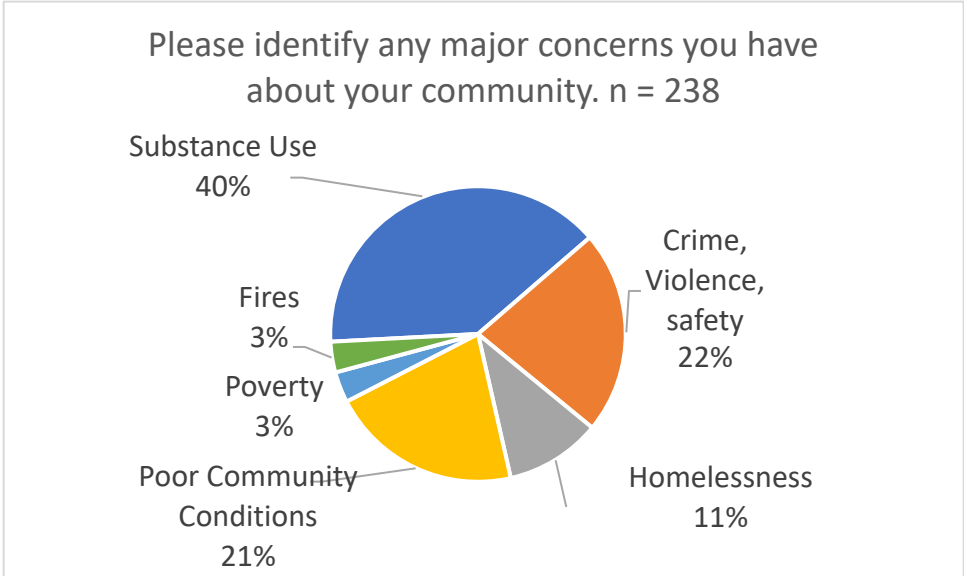
Culture and spirituality (30%) is a frequently referenced category. Common examples of culture and spirituality include low riders, culture, murals, heritage, and tradition.

Education and opportunity (18%) were the third most noted category type. Examples of education and opportunity responses included growing, finishing school, teachers, new jobs, and free college.

Activities and programs (15%) in the community are highlighted. Youth programs such as sports, youth initiatives, activities, and welding were reported.

Survey item 6: Please identify any major concerns your community is dealing with. (n=238)

Figure 5.6



Respondents’ most common concern that their community is dealing with is substance abuse (40%). Drugs, alcohol and addiction are thought to be rampant in the community.

The second most common type of community concern noted (22%) are crime, violence, and safety issues. These are mostly concerns about thefts, violence, and gang activity.

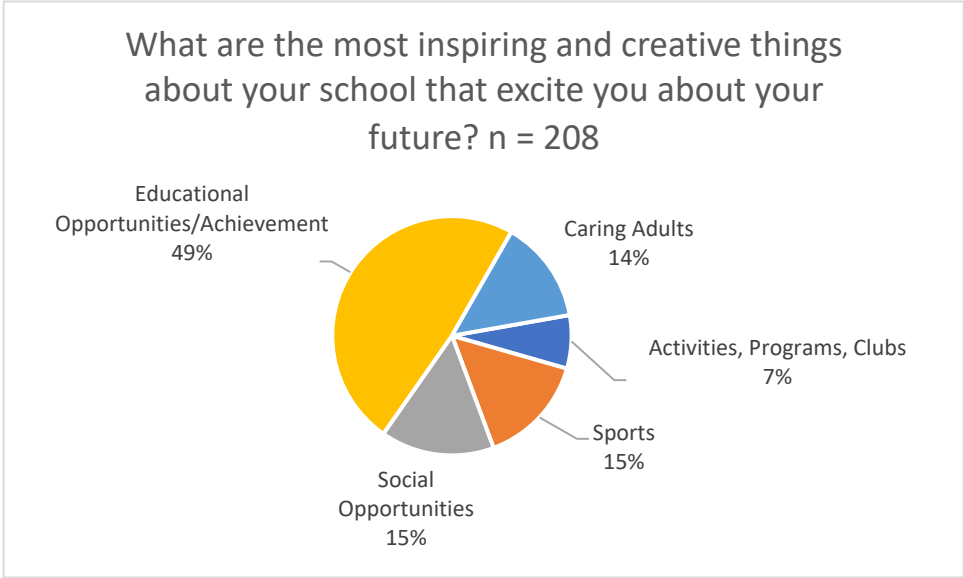
The third most mentioned theme is Poor Community Conditions (21%). Poor community conditions were described as stigma, trash, disrespect, and how people treat each other.

Housing concerns are next frequently named (11%). These are mostly concerns about homeless in the community.

Fires (3%) and Poverty (3%) are also identified as community concerns.

Survey item 7: What are the most inspiring and creative things about your school that excite you about your future? (n=208)

Figure 5.7



Respondents most identified theme of inspiration and excitement about their schools by far is educational opportunities and educational achievement (49%). This was described as learning new things, graduating, opportunities, college programs, dual credit courses, and different electives.

Social Opportunities (15%) are also mentioned. Social Opportunities are described as being together, socializing with friends, school spirit, and the people you surround yourself with.

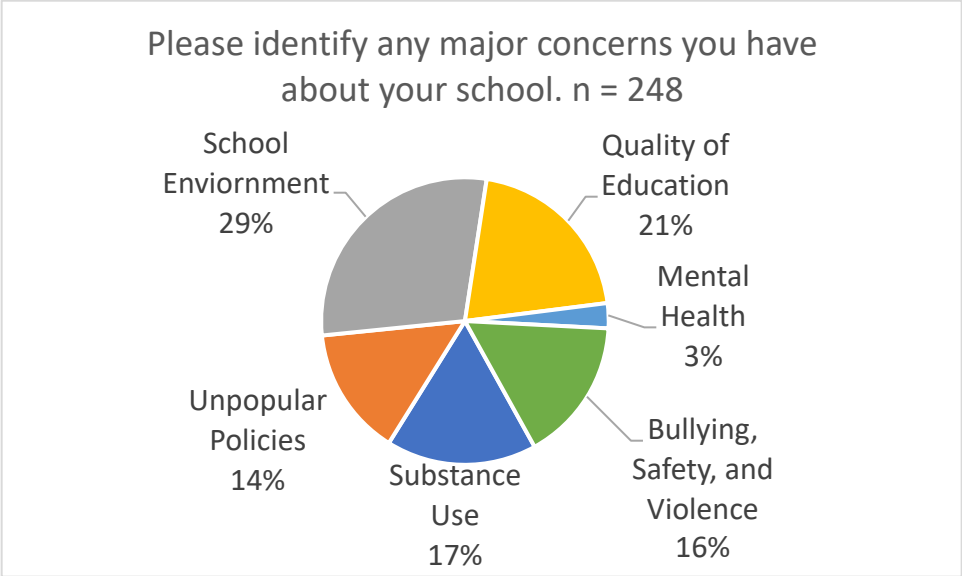
Sports (15%) is another important theme. Specifically mentioned are baseball, the weight room, basketball, and skateboarding.

Caring Adults (14%) is the fourth most identified theme. Caring adults were described as good teachers, teachers that care, the staff, and good people who encourage students.

Also mentioned is Programs, Clubs, and Activities (7%). This is described as clubs, programs, JROTC, and the Mesa Program.

Survey item 8: Please identify any major concerns you have about your school. (n=248)

Figure 5.8



The most identified concern about schools is the School Environment (29%). This is described as poor conditions, uncleanliness of restrooms, poor quality food, and lack of communication.

The second most identified concern is the Quality of Education (21%). Students specifically identified a lack of teachers, poor education, unmotivated teachers, and lack of reliable internet.

Substance use (17%) is another major concern. Students described drugs, addiction, and vaping. Bullying, Safety, and Violence (16%) is the fourth most identified concern. Bullying, fights, safety, disrespect, and violence are mentioned.

Unpopular policies (14%) were also a concern identified. Specifically, split lunches, dress codes, and grading processes are noted.

Finally, mental health (3%) is described as a concern at schools. Students mentioned anxiety at school, experiencing depression, and the lack of motivation as concerns.