

Recommendations to reduce Unhealthy Substance Use

Otero County Healthcare Services Department

Full report available at: <https://www.co.otero.nm.us/374/Community-Health-Assessment>



Substance Use and Alcohol-related deaths in Otero County

- All of the ten leading causes of death in New Mexico are at least partially attributable to the use of alcohol, tobacco, or other drugs¹
- In 2018, about 21% of adults in Otero County reported current smoking, compared to 15% of NM adults overall²
- The smoking-related death rate in Otero County (118 per 100,000 population) is higher than in NM overall (94.9 per 100,000 population) based on 2014-2018 data¹
- Between 2014 and 2018, there were 198 alcohol-related deaths in Otero County, or 56.5 deaths per 100,000 population. This is significantly higher than the U.S. rate³
- Excessive alcohol use is responsible for approximately 88,000 deaths in the United States each year and \$249 billion in economic costs in 2010. Excessive alcohol use includes⁴:
 - Binge drinking (defined as consuming 4 or more alcoholic beverages per occasion for women or 5 or more drinks per occasion for men)
 - Heavy drinking (defined as consuming 8 or more alcoholic beverages per week for women or 15 or more alcoholic beverages per week for men)
 - Any drinking by pregnant women, or by people younger than age 21
- In Otero County, about 13% of adults report binge drinking⁵, and 7% report heavy drinking⁶

Alcohol-related death: Age-adjusted Rates, Deaths per 100,000 Population, 5 year moving time periods and 2018 single value

	2013-2017	2014-2018	2018 (single year)
Otero County	53.9	56.5	62.0
New Mexico	62.1	65.6	70.3
US	34.0 (in 2016)		

Drug Overdose deaths in Otero County

Between 2014 and 2018, there were 66 drug overdose deaths in Otero County, or **20.6** deaths per 100,000 population³

Drug Overdose: Age-adjusted Rates, Deaths per 100,000 Population, 5 year moving time periods

	2012-2016	2013-2017	2014-2018
Otero County	20.6	20.0	20.6
New Mexico	24.5	24.6	25.5
US	19.8 (in 2016)	21.7 (in 2017)	n/a

Sources:

¹ NMDOH, NM Substance Use Epidemiology Profile; ² NM-IBIS, Current Cigarette Smoking; ³ NM-IBIS, Custom query; ⁴ CDC, Preventing Excessive Alcohol Use; ⁵ NM-IBIS, Binge Drinking; ⁶ NM-IBIS, Heavy Drinking

What can we do?

- *Statewide tobacco prevention and control priorities reflect best practices for tobacco control and include*⁷:
 - Increase tobacco prices and restrict youth access to tobacco products
 - Ensure all patients seen in healthcare settings are screened for tobacco use, receive brief interventions to support cessation, and are offered counseling and cessation medications
 - Adopt comprehensive tobacco control laws and policies to reduce secondhand smoke exposure
- *The most effective strategies for preventing excessive alcohol use and reducing alcohol-related harm include*⁴:
 - Increasing alcohol taxes
 - Reducing alcohol outlet density (the number and concentration of alcohol retailers)
 - Dram shop liability (laws that hold alcohol retail establishments liable for injuries or harms caused by illegal service to intoxicated or underage customers)
- Focus tobacco use prevention and cessation efforts on populations at highest risk for tobacco-related health disparities
- Maintaining limits on hours & days of sale
- Screening and brief counseling interventions in primary care settings to reduce alcohol misuse
- Enhanced enforcement programs that initiate or increase compliance checks at alcohol retailers for laws prohibiting sales to minors



Community approaches to reducing Unhealthy Substance Use⁸

- Build awareness of substance use as a public health problem
- Invest in evidence-based prevention interventions and recovery supports (for every \$1 invested in prevention, up to \$10 is saved in treatment for alcohol and other substance-related costs/harms)
- Implement and support interventions to reduce harms associated with substance use

What would this look like in our community?

- People who need help feel comfortable seeking it; “no wrong door” for accessing health services
- Communities are willing to invest in prevention services, knowing that such investment pays off over the long term, with a wide range of benefits for everyone
- Health care professionals treat substance use disorders with the same level of compassion and care as they would any other chronic disease, such as diabetes or heart disease
- People are celebrated for their efforts to get well and for their steps in recovery
- Everyone knows that their care & support can make a meaningful difference in someone’s recovery

Recommendations based on evidence, community input, and priorities:

- Advocate for and support scientifically supported *policies to reduce alcohol & tobacco use*
- Support *substance-free community events* to ensure that all people and families can participate
- Promote *community harm reduction initiatives* and *recovery supports*
- Advocate for *criminal justice reforms* – substance use disorders and addiction should be treated as a public health issue rather than a criminal issue
- Advocate for *increased access to healthcare and substance use disorder treatment* for people of all ages

Sources:

⁷[Health Equity in NM](#); ⁸[Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, & Health](#)