New Mexico's Population

NEW MEXICO POPULATION BY AGE GROUP
(Population in 1,000s)

	0-9 years	10-19 years	20-29 years	30-39 years	40-49 years	50-59 years	60-69 years	70-79 years	80+ years
Female	139	122	134	118	129	155	121	66	49
Male	143	128	132	111	119	142	112	55	31

Source: U.S. Census Bureau, 2010

New Mexico is home to more than 2 million people. Of these, more than 730,000 (about 37 percent) are over age 50. More than 434,000 (nearly 22 percent) are over age 60; more than 200,000 (about 10 percent) are over age 70; and more than 80,000 (approximately 4 percent) are age 80 or older. The proportion of each age group that is female rises fairly steadily with each generation – more than 60 percent of the 80+ group are female. The racial/ethnic composition of the older New Mexico populations is:

Racial/Ethnic Composition of New Mexicans 50+

White	Native American	Black	Other	Hispanic
68.4%	9.4%	2.1%	20.1%	46.3%

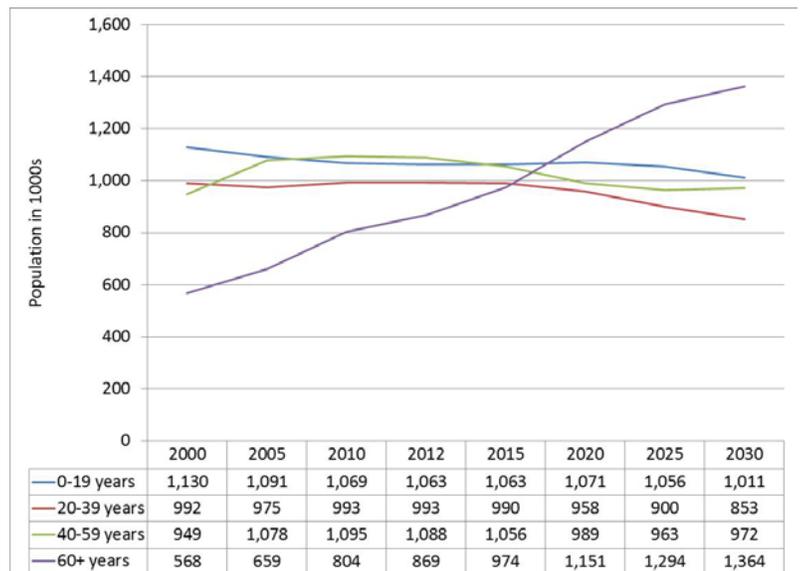Source: University of Arkansas at Little Rock

THE NUMBER OF OLDER NEW MEXICANS IS GROWING
(Population in 1,000s)

The proportion of New Mexico's population that is over 60 is growing while the proportion that is under 60 is shrinking. The U.S. Census Bureau estimates that more than 30 percent of New Mexico's population will be over age 60 by the year 2030, an increase of nearly 50 percent from 2012.

Projected New Mexico Population

Age Group	2012	2020	2030
0 to 19	26.5%	25.7%	24.1%
20 to 39	24.7%	23.0%	20.3%
40 to 59	27.1%	23.7%	23.1%
60+	21.7%	27.6%	32.5%

Source: U.S. Census Bureau

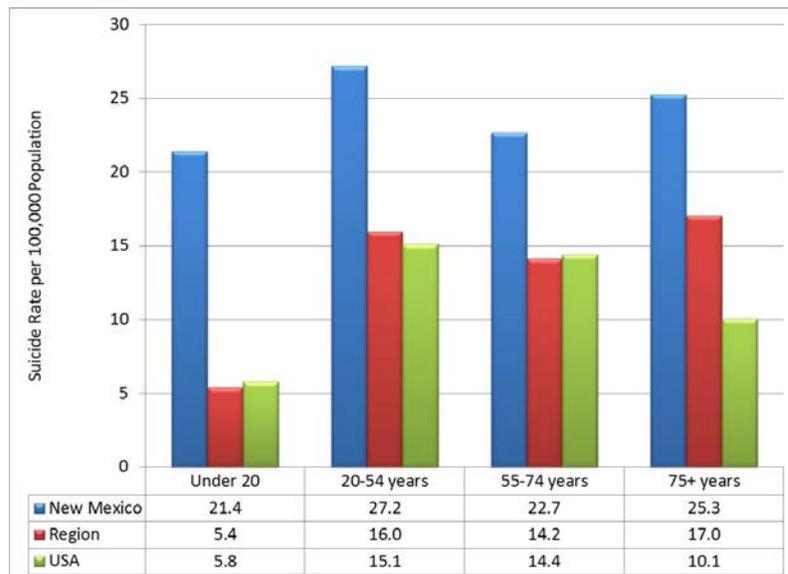|	2000	2005	2010	2012	2015	2020	2025	2030
0-19 years	1,130	1,091	1,069	1,063	1,063	1,071	1,056	1,011
20-39 years	992	975	993	993	990	958	900	853
40-59 years	949	1,078	1,095	1,088	1,056	989	963	972
60+ years	568	659	804	869	974	1,151	1,294	1,364

Suicide Among Older New Mexicans

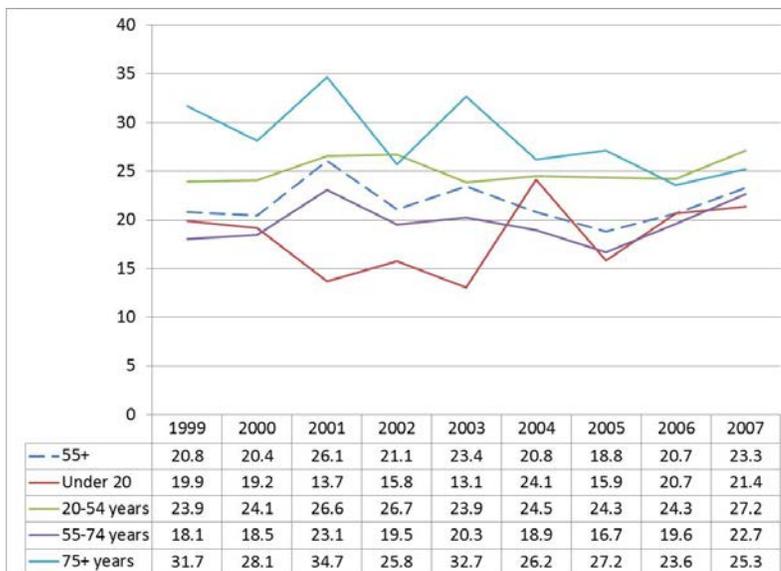### 2007 SUICIDE RATE PER 100,000 POPULATION - NEW MEXICO COMPARED TO REGION AND NATION

The suicide rate among older New Mexicans (over age 55) is approximately akin to the rate among younger age groups. In 2007, the latest year in which comparable national data are available, 109 New Mexicans over age 55 committed suicide. As this graph illustrates, the suicide rate among all New Mexicans was higher than the rate in the U.S. and the surrounding region (including Arkansas, Louisiana, Oklahoma and Texas).

Please Note: States vary in their reporting practices surrounding suicide deaths. The apparent rate of suicide is influenced by these reporting practices.

	Under 20	20-54 years	55-74 years	75+ years
New Mexico	21.4	27.2	22.7	25.3
Region	5.4	16.0	14.2	17.0
USA	5.8	15.1	14.4	10.1

Source: Centers for Disease Control, 2007 and U.S. Census, 2012

TREND IN SUICIDE RATE PER 100,000 NEW MEXICO POPULATION

	1999	2000	2001	2002	2003	2004	2005	2006	2007
55+	20.8	20.4	26.1	21.1	23.4	20.8	18.8	20.7	23.3
Under 20	19.9	19.2	13.7	15.8	13.1	24.1	15.9	20.7	21.4
20-54 years	23.9	24.1	26.6	26.7	23.9	24.5	24.3	24.3	27.2
55-74 years	18.1	18.5	23.1	19.5	20.3	18.9	16.7	19.6	22.7
75+ years	31.7	28.1	34.7	25.8	32.7	26.2	27.2	23.6	25.3

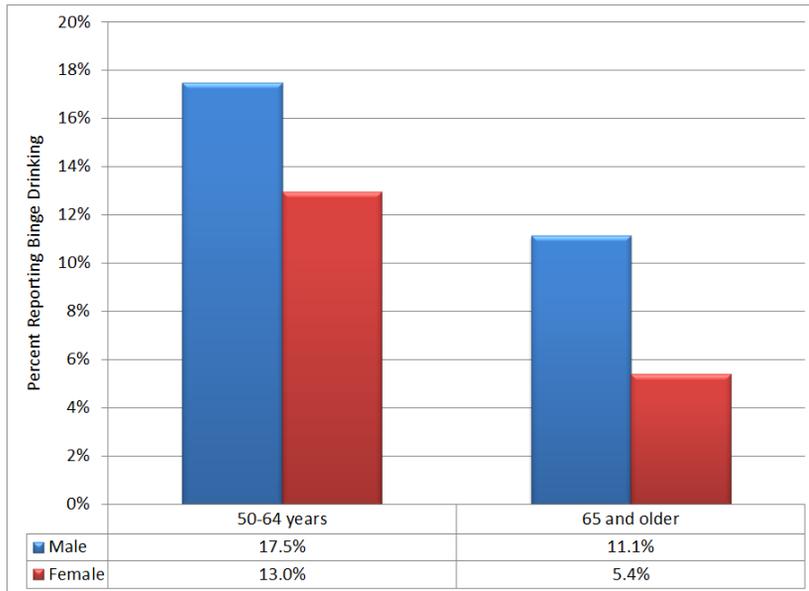Source: Centers for Disease Control, 2007 and U.S. Census, 2010

The rate of suicide among older New Mexicans (age 55+ as shown with the dashed line) fluctuated from a high of 26.1 per 100,000 in 2001 to a low of 18.8 per 100,000 in 2005. As this chart shows, from 1999-2005, the rate was fairly consistently highest among those in the 75+ age group.

Please Note: States vary in their reporting practices surrounding suicide deaths from year to year within the same state. The number of suicides is generally low, so even a small difference in reported numbers may make the rate appear to fluctuate widely.

Substance Abuse and Substance Abuse Treatment among Older New Mexicans

30-Day Binge Drinking Among Older New Mexicans

	50-64 years	65 and older
Male	17.5%	11.1%
Female	13.0%	5.4%

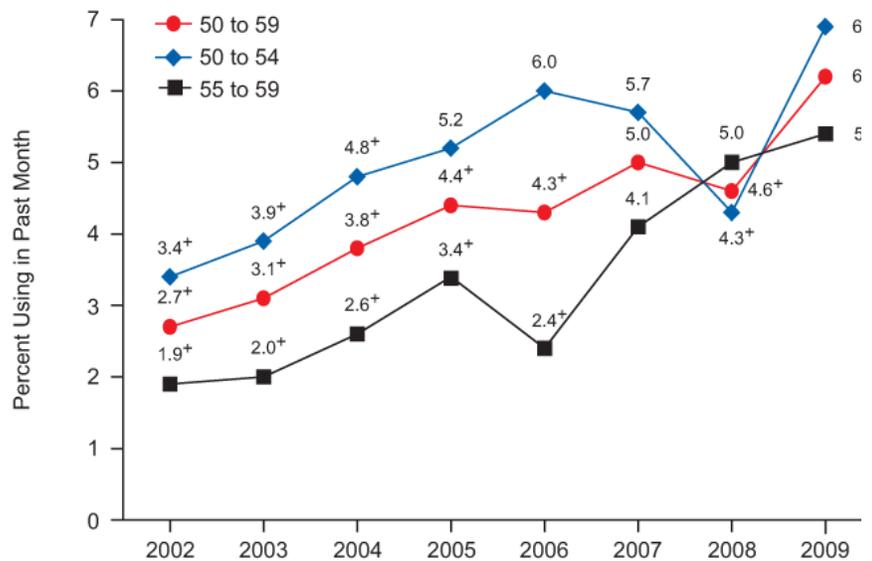Source: Behavioral Risk Factor Surveillance System, 2011

Duke Medicine News (August 17, 2009) notes that binge drinking can cause: "serious problems, such as stroke, cardiovascular disease, liver disease, neurological damage and poor diabetes control." Binge drinkers are more likely to take risks like driving while intoxicated, and to experience falls and other accidents. Older people have less tolerance for alcohol. Therefore, this table defines a "binge" as 3 or more drinks for women and 4 or more for men. Binge drinking decreases with age, but is always higher among men. More than 17 percent of New Mexico males age 50-64 reported binge drinking in the past 30 days, while 11 percent of those in the 65+ group reported similar behavior. The confidence intervals around these estimates range from ± 2 to 3 percent.
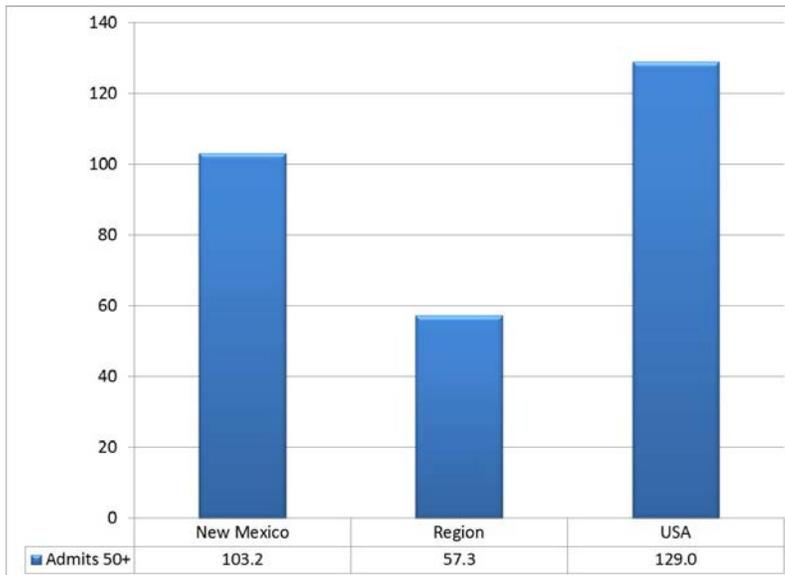
Illicit Drug Use Among Older Americans

Nationally, illicit drug use has nearly tripled among 50-59 year old adults since 2002. In the 50-54 year age group, the rate rose from 2.7 to 6.2 percent. The rate rose from 1.9 to 5.4 percent in the 55-59 year age group. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), "These patterns and trends partially reflect the aging into these age groups of members of the baby boom cohort, whose rates of illicit drug use have been higher than those of older cohorts." While New Mexico-specific data are not available, the SAMHSA "States in Brief" New Mexico Report (http://www.samhsa.gov/statesinbrief/2009/NEW_MEXICO_508.pdf) gives a general picture of substance abuse trends in New Mexico.

Source: 2009 National Survey on Drug Use and Health: Volume 1. Summary of National Findings

ADMISSIONS TO SUBSTANCE ABUSE TREATMENT AMONG OLDER NEW MEXICANS

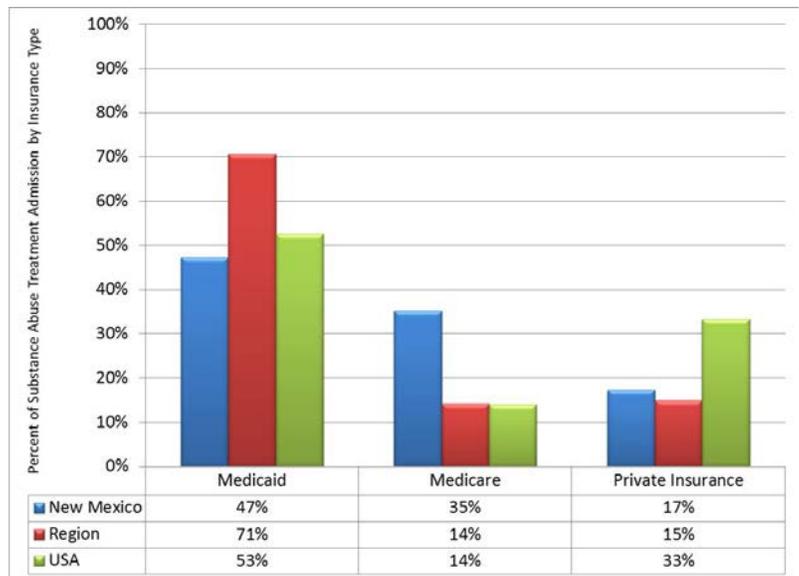|	Admits 50+
New Mexico	103.2
Region	57.3
USA	129.0

Nearly 1,400 New Mexicans age 50 and older were admitted to substance abuse treatment in State-funded facilities in 2009, a rate of more than 100 per 100,000 population age 50 plus. This rate was higher than the regional but lower than the national average. Nearly 80 percent of these admissions were males, very close to the national and regional rates. Nearly 85 percent (439 individuals with known race) were White. About 9 percent (45 individuals) were identified themselves as Native American. 213 (39 percent) were of Hispanic descent. More than 50 percent (229 individuals) were self- or other-individual referrals. More than 17 percent (76 individuals) were referred to treatment by the criminal justice system.

Source: Treatement Episode Data Set, 2009
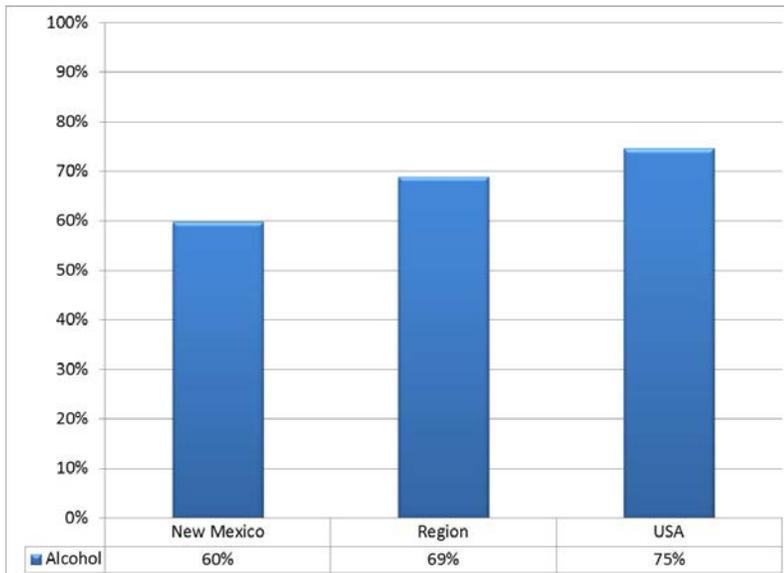Includes only those clients reported to SAMHSA

SUD TREATMENT ADMISSIONS AMONG NEW MEXICANS AGE 50 AND OLDER BY INSURANCE TYPE

Nearly 50 percent of older New Mexicans admitted to substance use disorder (SUD) treatment were primarily insured by the State's Medicaid program. However, while Medicaid was listed as primary insurer, it was reported as the expected source of payment in only 6 percent of admissions In nearly 60 percent of cases, the source of payment was reported as "unknown." In these admissions, the bills may frequently have been directed toward the State's SAPT Block Grant/State-funded treatment programs.

	Medicaid	Medicare	Private Insurance
New Mexico	47%	35%	17%
Region	71%	14%	15%
USA	53%	14%	33%

Source: Treatment Episode Data Set, 2009
Includes only those clients reported to SAMHSA

SUBSTANCE ABUSE TREATMENT ADMISSIONS AGE 50 AND OLDER WITH ALCOHOL USE

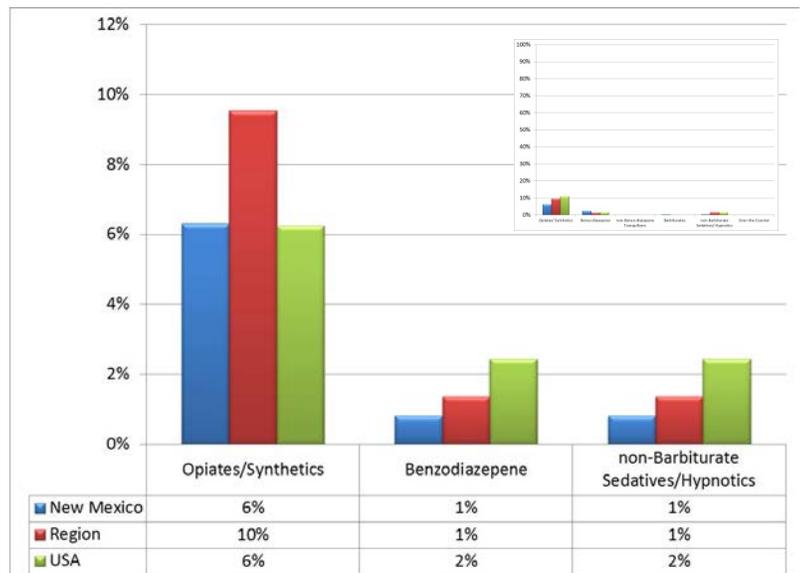|	New Mexico	Region	USA
Alcohol	60%	69%	75%

Alcohol was - by far - the most frequent drug of primary use among older New Mexicans in publicly financed substance abuse treatment in 2009. Alcohol was mentioned as a substance of abuse in about 60 percent of admissions among those age 50 plus. This was below both the national and regional rates.

Source; Treatment Episode Data Set, 2009[1]
Includes only those clients reported to SAMHSA

SUBSTANCE ABUSE TREATMENT ADMISSIONS WITH ILLICIT DRUG USE

Opiates or other synthetics were cited as the second most frequently used drug by older New Mexicans admitted to publicly funded treatment. About 6 percent of those age 50 or older reported that they used opiates/other synthetics as a primary, secondary or tertiary substance. This rate is approximately akin to the national, but below the regional rate. Benzodiazepines and non-barbiturate sedatives/hypnotics were the next most frequently cited in 1 percent of cases respectively. This was lower than both the regional and national averages.

	Opiates/Synthetics	Benzodiazepene	non-Barbiturate Sedatives/Hypnotics
New Mexico	6%	1%	1%
Region	10%	1%	1%
USA	6%	2%	2%

Source; Treatment Episode Data Set, 2009
Includes only those clients reported to SAMHSA

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[1] Treatment Episode Data (TEDS) Limitations: TEDS data are collected by states that accept Substance Abuse Prevention and Treatment (SAPT) Block Grant funds. Guidelines suggest that states should report all clients admitted to publicly financed treatment; however, states are inconsistent in applying the guidelines. States also have freedom to structure and implement different quality controls over the data. For example, states may collect different categories of information to answer TEDS questions. Information is then "walked over" to TEDS definitions.
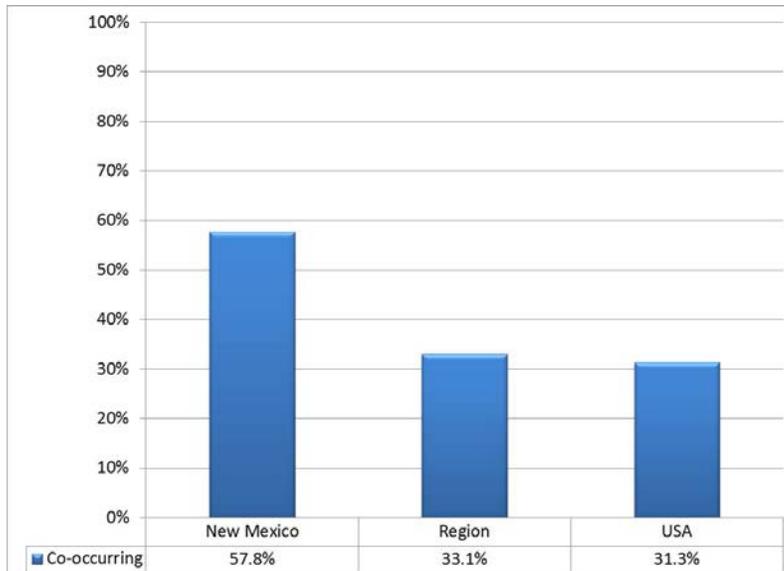
DRUG-RELATED EMERGENCY DEPARTMENT VISITS INVOLVING PHARMACEUTICAL MISUSE AND ABUSE BY OLDER ADULTS

The Substance Abuse and Mental Health Services Administration's Center for Behavioral Health Statistics and Quality periodically releases reports from the Drug Abuse Warning Network (DAWN). DAWN comprises a nationwide network of hospital emergency rooms (ER) primarily located in large metropolitan areas. DAWN data consist of professional reviews of ER records to determine the likelihood and extent to which alcohol and other drug abuse was involved. The November 25, 2010, DAWN Report showed that (quote):

- *In 2004, there were an estimated 115,803 emergency department (ED) visits involving pharmaceutical misuse and abuse by adults aged 50 or older; in 2008, there were 256,097 such visits, representing an increase of 121.1 percent*

- *One fifth (19.7 percent) of ED visits involving pharmaceutical misuse and abuse among older adults were made by persons aged 70 or older*

- *Among ED visits made by older adults, pain relievers were the type of pharmaceutical most commonly involved (43.5 percent), followed by drugs used to treat anxiety or insomnia (31.8 percent) and antidepressants (8.6 percent)*

- *Among patients aged 50 or older who visited the ED for pharmaceutical misuse or abuse, more than half (52.3 percent) were treated and released, and more than one third (37.5 percent) were admitted to the hospital*

Substance Abuse and Mental Health

PROPORTION OF OLDER NEW MEXICANS IN SUBSTANCE ABUSE TREATMENT WITH CO-OCCURRING MENTAL HEALTH DISORDER

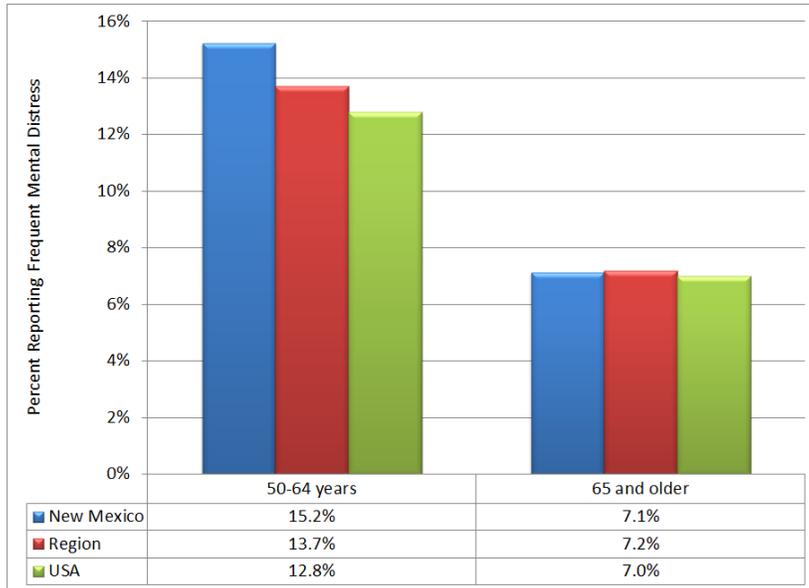|	New Mexico	Region	USA
Co-occurring	57.8%	33.1%	31.3%

Source: Treatment Episode Data Set, 2009
Includes only those clients reported to SAMHSA

The national literature shows a strong relationship between substance use and mental health disorders. Studies show that 30-80 percent of individuals with a substance abuse or mental health disorder also experience a co-occurring disorder. The graph to the right shows the proportion of older New Mexicans (50+) who were admitted to substance abuse treatment and also had a mental health disorder. This rate is above both the national and regional averages. Please note, however, that reporting practices are a factor in these results.

Mental Health

OLDER NEW MEXICANS REPORTING FREQUENT MENTAL DISTRESS COMPARED TO REGION, NATION

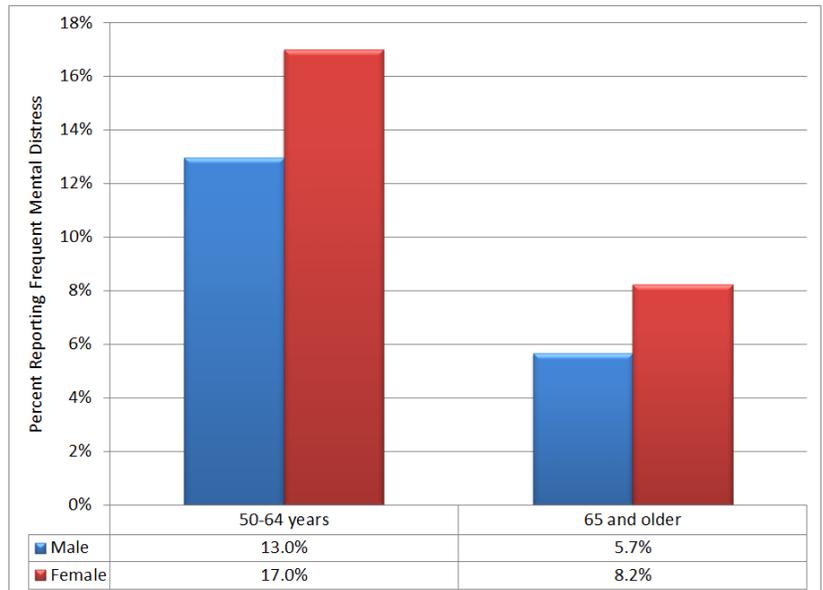|	50-64 years	65 and older
New Mexico	15.2%	7.1%
Region	13.7%	7.2%
USA	12.8%	7.0%

Source: Behavioral Risk Factor Surveillance System, 2011

The Behavioral Risk Factor Surveillance System (BRFSS), a household survey conducted in all 50 states and several territories, asks the following question: "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" The Centers for Disease Control defines those individuals reporting 14 or more "Yes" days in response to this question as experiencing "frequent mental distress." More than 11 percent of those in the 50-64 and 7.1 percent in the 65+ age group reported frequent mental distress. The confidence interval around national and regional estimates was less than ± 1 percent. The confidence interval around the New Mexico estimate was approximately ± 1.5 percent.
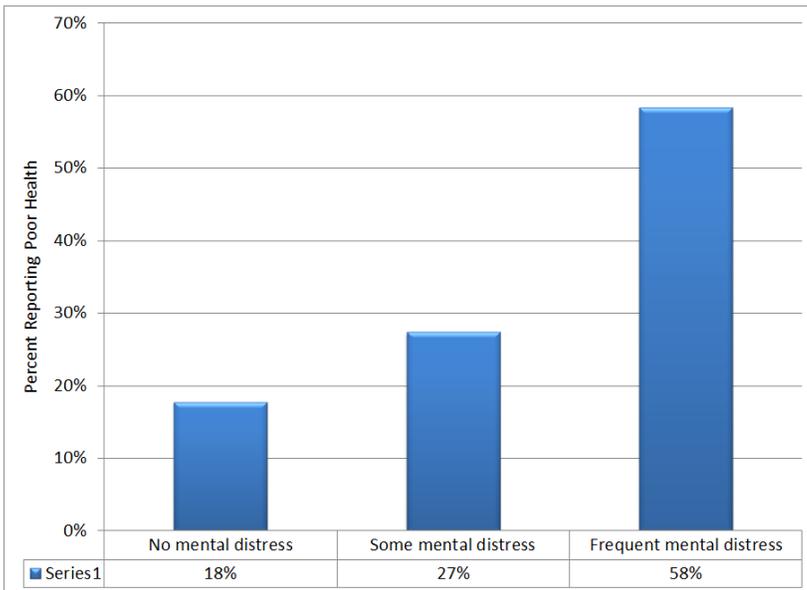
OLDER NEW MEXICANS REPORTING FREQUENT MENTAL DISTRESS BY AGE GROUP AND GENDER

While older New Mexico males were more likely to indulge in binge drinking, females were more likely to report that they had frequent mental distress (14 days or more per 30 day period). As this graph shows, 17 percent of females in the 50-64 year age group and 8.2 percent in the 65+ age group reported frequent mental distress. Men in the 50-64 year age group were less likely than their female counterparts to report frequent mental distress. The confidence interval around each of these groups was approximately ± 1.5 percent. The difference between age groups are statistically significant.

	50-64 years	65 and older
Male	13.0%	5.7%
Female	17.0%	8.2%

Source: Behavioral Risk Factor Surveillance System, 2011

PEOPLE WITH FREQUENT MENTAL DISTRESS REPORT POOR PHYSICAL HEALTH

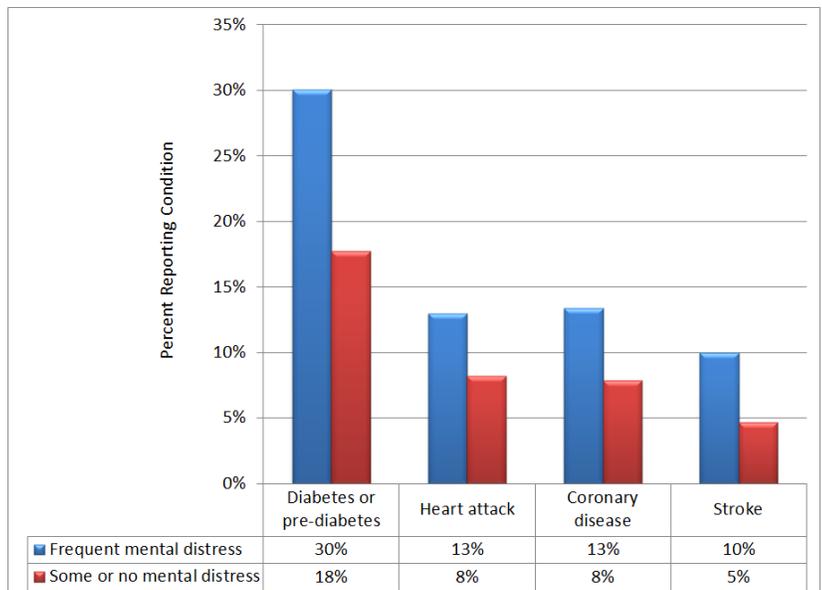|	No mental distress	Some mental distress	Frequent mental distress
■ Series1	18%	27%	58%

Older Americans who experienced frequent mental distress were more likely to report that their physical health was poor or fair (as opposed to good, very good or excellent). As shown here, while 18 percent of older Americans with no mental distress reported poor or fair physical health, nearly 60 percent – nearly triple the rate – of those with frequent mental distress reported poor/fair health. Older Americans with frequent mental distress were also much more likely to report that they had experienced serious health problems.

These differences are statistically significant.

Source: Behavioral Risk Factor Surveillance System, 2011

RELATIONSHIP BETWEEN MENTAL DISTRESS AND SERIOUS HEALTH PROBLEMS

Older Americans who experience frequent mental distress, such as symptoms of depression or anxiety, are more likely to report that they had chronic health problems. People with frequent mental distress experienced strokes at twice the rate of those with some or no mental distress (10 percent versus 5 percent). They experienced coronary disease, heart attack and diabetes/pre-diabetes at more than 1.5 times the rate of those with some or no mental distress (13 versus 8 percent for coronary disease and heart attack, 30 versus 18 percent for diabetes/pre-diabetes).
These differences are statistically significant.

	Diabetes or pre-diabetes	Heart attack	Coronary disease	Stroke
■ Frequent mental distress	30%	13%	13%	10%
■ Some or no mental distress	18%	8%	8%	5%

Source: Behavioral Risk Factor Surveillance System, 2011

OLDER NEW MEXICONS ADMITTED TO STATE MENTAL HEALTH FACILITIES

Nearly 2 percent of the people served by the New Mexico mental health system were age 65 or older. This represents more than 1,200 adults.

DATA SOURCES

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (http://www.cdc.gov/brfss/). Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data.* Atlanta, Georgia: U.S. Department of Health and Human Services, 2010 and 2011. The BRFSS is "the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam." BRFSS data are collected by local jurisdictions and reported to the CDC.

VITAL STATISTICS (http://www.cdc.gov/nchs/nvss.htm). Centers for Disease Control and Prevention (CDC), *National Vital Statistics System*, Atlanta, Georgia: U.S. Department of Health and Human Services, 2009. The CDC Web site describes the National Vital Statistics System as "the oldest and most successful example of inter-governmental data sharing in Public Health and the shared relationships, standards, and procedures form the mechanism by which NCHS collects and disseminates the Nation's official vital statistics. These data are provided through contracts between NCHS and vital registration systems operated in the various jurisdictions legally responsible for the registration of vital events – births, deaths, marriages, divorces, and fetal deaths."

CENTER FOR MENTAL HEALTH SERVICES UNIFORM REPORTING SYSTEM (URS) (http://www.samhsa.gov/dataoutcomes/urs/). Center for Mental Health Services (CMHS), *Uniform Reporting* System, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2010. States that receive CMHS Block Grants are required to report aggregate data to the URS. URS reports including information about utilization of mental health services as well as client demographic and outcome information.

NATIONAL SURVEY ON DRUG USE AND HEALTH (NSDUH) (https://nsduhweb.rti.org/). United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health, 2010. ICPSR32722-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2011-12-05. doi:10.3886/ICPSR32722.v1 The NSDUH, managed by SAMHSA, is " an annual nationwide survey involving interviews with approximately 70,000 randomly selected individuals aged 12 and older." NSDUH data are most frequently used by State planners to assess the need for substance abuse treatment. NSDUH data also include information about mental health needs.

TREATMENT EPISODE DATA SET (TEDS) (http://www.icpsr.umich.edu/icpsrweb/SAMHDA/). United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Office of Applied Studies. Treatment Episode Data Set -- Admissions (TEDS-A), 2009. ICPSR30462-v2. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2012-07-18. doi:10.3886/ICPSR30462.v2 States that participate in the Substance Abuse Prevention and Treatment (SAPT) Block Grant submit individual client data to the TEDS. The TEDS includes both admission and discharge data sets, and some 1.5 million admissions are reported annually. TEDS includes information about utilization of substance abuse treatment services as well as client demographic and outcome information.

U.S. CENSUS BUREAU (http://www.census.gov/people/). Two main sources of Census Bureau data were used in this report: (1) Population estimates, and (2) Population projections. Population projections and estimates were created using 2010 Census Data.