A photograph of a desert landscape featuring sand dunes, several yucca plants, and a blue sky with wispy clouds. The scene is captured during the golden hour, with warm light illuminating the sand and plants. A dark blue banner is positioned at the bottom of the image, containing text.

2018

The State of Health in New Mexico

New Mexico Department of Health

Lynn Gallagher, Cabinet Secretary
April 2018

Acknowledgments

New Mexico Department of Health

Lynn Gallagher, Cabinet Secretary
Dawn Hunter, Deputy Secretary
Gabriella Sanchez-Sandoval, Deputy Secretary

Epidemiology and Response Division

Michael G. Landen, MD, MPH, Division Director and State Epidemiologist
Lois M. Haggard, PhD, Community Health Assessment Program

Chapter Authors for the State of Health in New Mexico 2018 Report

Joaquin Baca, Angie Bartok, Susan Baum, Joan Baumbach, Susan Chacon, Eirian Coronado, Kim Faulkner, Rose Galbraith, Alex Gallegos, Andrew Gans, Ken Geter, Dan Green, Lois Haggard, Glenda Hubbard, Keaton Hughes, Garry Kelley, Carolyn Kirlin, Heidi Krapfl, Sandy Lam, Ihsan Mahdi, John McPhee, Carol Moss, Tierney Murphy, James Padilla, Lynn Ritchie, Abubakar Ropri, Toby Rosenblatt, Marla Sievers, Chad Smelser, Jaiju Thomas, Barbara Toth, Janine Waters, Christopher Whiteside, Diana Wilkerson

Graphic Design

André Walker, Art Director

NM-IBIS Indicator Report Authors

Content and data from NM-IBIS indicator reports were used extensively in developing the State of Health in New Mexico, 2018 report. For a list of current NM-IBIS indicator report authors, please visit the NM-IBIS Contributors page (<https://ibis.health.state.nm.us/about/Contributors.html>).

NMDOH Data Stewards

Most of the data used in the State of Health in New Mexico, 2018 report are maintained by data stewards across the NMDOH. For a list of current NM-IBIS data stewards, please visit the NM-IBIS Data Stewards page (<https://ibis.health.state.nm.us/query/DataStewards.html>).

Community Members

The State of Health in New Mexico, 2018 report content and format were reviewed by members of New Mexico's community health councils and other public and private sector community stakeholders. For information on quarterly conference calls of this broad-based community stakeholder group, visit the NM-IBIS Community Health Assessment Forum page (<https://ibis.health.state.nm.us/resource/CHAF.html>).



**TOBACCO
USE**

The Changing Tobacco Environment in New Mexico

Burden of Tobacco Use

Tobacco use is the leading preventable cause of death, resulting in over 2,600 deaths in New Mexico annually.^{1,2} In addition, over 78,000 people live with tobacco-related diseases in the state. Cigarette smoking has a harmful impact on nearly every organ in the human body and is linked to conditions such as chronic bronchitis, heart disease, emphysema, stroke, pneumonia, and cancers of the lung, stomach, pancreas, cervix, and kidney. The leading causes of smoking-related death in New Mexico are chronic obstructive pulmonary disease and lung cancer.³ Smoking-related illness in New Mexico costs the state \$844 million in direct health care and \$597 million in lost productivity every year.

Adult Tobacco Use

In 2016, 16.6% of New Mexico adults smoked cigarettes, slightly lower than the 17.1% across the United States. Adult smoking in the state has declined 23% since 2011, and it is now at an all-time low. However, when factoring in other types of tobacco use such as chew or spit tobacco, cigars, hookah, and e-cigarettes, about one in four adults, over 400,000 New Mexicans, currently uses some form of tobacco.

Youth Tobacco Use

In 2015, about one in nine (11.4%) New Mexico high school youth reported current cigarette smoking, which is the lowest rate ever measured in the state. Youth cigarette use has declined dramatically from its peak of 30.2% in 2003. The use of cigarettes is now lower than that of other tobacco products, including e-cigarettes (24.0%) and hookah tobacco (11.9%) (Figure 1). However, the overall burden of any tobacco use among high school students is one in three youth. Reductions in use of cigarettes, cigars, and hookah have been offset by increases in e-cigarette use. Use of multiple tobacco products is also commonplace among youth.

Secondhand Smoke Exposure

It has been 10 years since the Dee Johnson Clean Indoor Air Act (2007) took effect to protect New Mexicans from secondhand smoke in most public and work places. However, this law does not

Figure 1. Tobacco Product Use by High School Youth, New Mexico, 2015

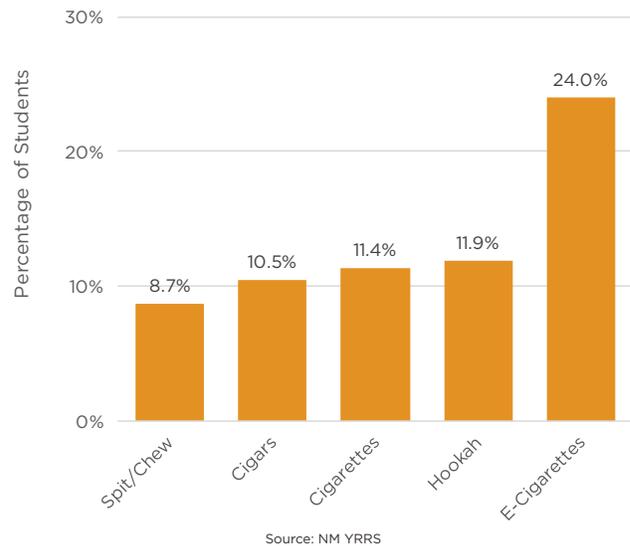
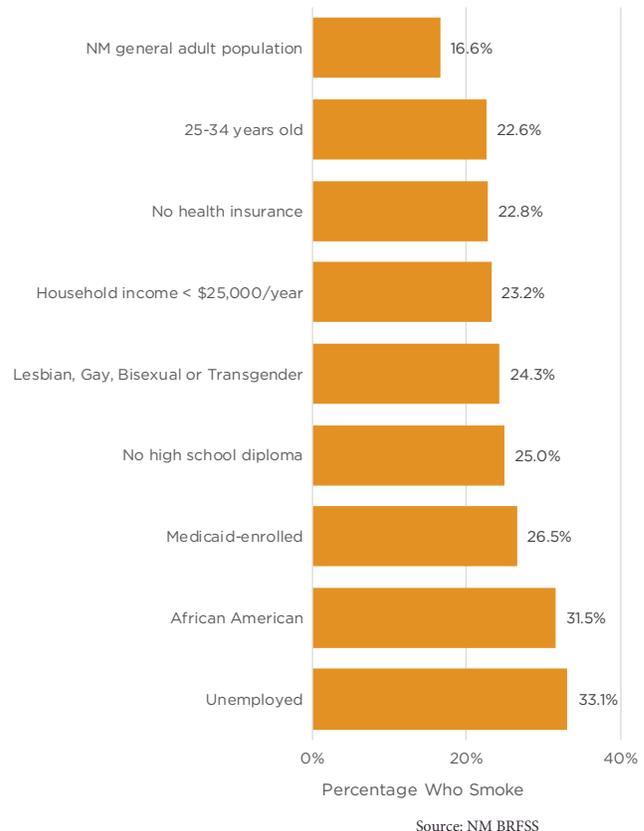


Figure 2. Adult Cigarette Smoking Prevalence by Selected Population Groups, New Mexico, 2016



apply to tribal lands, nor does it include other places such as housing, cars, and certain outdoor venues. Fortunately, about 90% of adults completely prohibit smoking inside their homes and 85% prohibit smoking in their vehicles. However, people who live in multi-unit housing, especially in public or subsidized housing are at increased risk for exposure to secondhand smoke drift from their neighbors. No amount of secondhand smoke exposure is safe, and it is a known cause of sudden infant deaths syndrome (SIDS), lung problems, ear infections, and asthma in children, and heart disease and lung cancer in adults.⁴

Contributing Factors Risk and Resiliency Factors

Although cigarette smoking continues to decline in the state and in the U.S., specific population groups smoke at higher rates than the general population. Higher smoking rates may result from complex factors, including social stressors, targeted marketing by the tobacco industry, or differences in community norms or tobacco-related health policies. In addition, socioeconomic characteristics, such as education, income, employment, and access to health care are highly correlated with a person's tobacco use status. Among youth, those who engage in other risk behaviors (e.g., alcohol use, drug use, etc) and have lower levels of resiliency or protective factors in their home, school, and community are at increased risk for tobacco use.

Health Disparities

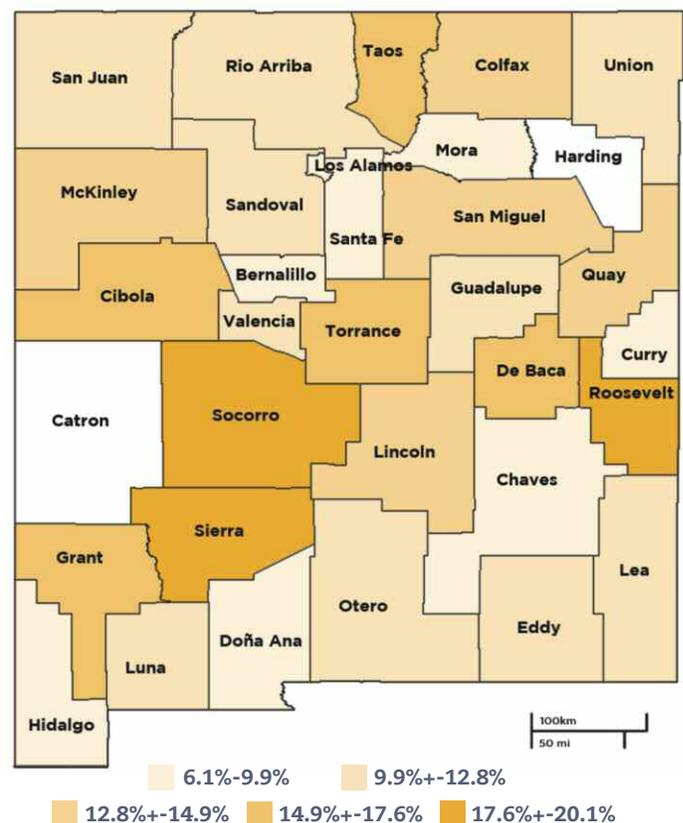
New Mexicans at greater risk for smoking include those with lower levels of education, lower income, who are unemployed, or are uninsured or enrolled in Medicaid. In addition, higher smoking rates are also found among lesbian, gay, bisexual, and transgender New Mexicans, people with disabilities, and African Americans (Figure 2). Men are at significantly increased risk for use of spit or chew tobacco compared to women (7.1% vs. 0.9%).

Along with significant declines in youth cigarette use, there has been a substantial narrowing of disparities in smoking between youth racial/ethnic groups. For example, in 2003, cigarette smoking ranged from 24% among White

youth to 52% among African American youth. However, in 2015 cigarette smoking ranged from 10% among African Americans to 17% among American Indians. Overall, tobacco use is highest among boys, 12th graders, those who earn mostly D's and F's, lesbian, gay or bisexual youth, those with a physical disability, youth whose parents have lower levels of education, and youth who are housing unstable.

In addition, there are differences in smoking-related death rates in New Mexico, with rates for males nearly double those of females. Among racial/ethnic groups, death rates are highest among Whites and Blacks, nearly double those of American Indian and Asian/Pacific Islander adults. Smoking-related death rates are also highest in the following Sierra, Lea, Quay, Curry, Eddy, and Torrance counties (Figure 3).

Figure 3. Youth Cigarette Smoking Prevalence by County, New Mexico, 2015



Source: NM YRRS

Assets and Resources

More than eight in ten adult smokers report that they are seriously considering quitting tobacco use within the next six months and about two-thirds made a quit attempt in the past year. The Department of Health offers telephone- and web-based tobacco cessation services, including quit coaching, customized quit plans, free nicotine patches, and text messaging support. Cessation services are available in English (1-800-QUIT NOW and www.QuitNowNM.com) and Spanish (1-855-DEJELO YA and www.DejeloYaNM.com). Interested health care providers and clinics can access training and technical assistance through the Health Systems Training and Outreach Project to develop the capacity to improve screening, provide brief interventions, and refer tobacco users to cessation services.

Efforts to prevent tobacco use among youth and young adults include a youth engagement program, Evolvement, which recruits interested high schools and youth to develop and implement local tobacco use prevention projects in their schools and communities. There is also ongoing work with the Public Education Department and individual school districts on the development, implementation, and enforcement of tobacco-free school policies through a campaign called 24/7, www.247newmexico.com.

The Campus Substance Abuse Prevention Program at the University of New Mexico is leading statewide efforts to develop and implement tobacco-free policies post-secondary educational campuses to protect young adults from the harms of secondhand smoke. The American Lung Association and Keres Consulting work with multi-unit housing owners, managers, and tenants to develop smoke-free policies in public housing, market-rate housing, and on tribal lands.

Summary

Great progress has been made in reducing cigarette smoking among youth and adults in New Mexico and the U.S. However, there remains room for improvement in reducing continued high smoking rates in specific population groups. Continuing to make free tobacco cessation resources, such as QUIT NOW, available to people who are low-income, uninsured, or enrolled in Medicaid is key in reducing smoking in these groups. E-cigarettes are now the most commonly used tobacco product among youth. Applying proven strategies in preventing tobacco use and nicotine addiction in young people will have to consider emerging products such as e-cigarettes. Examples of these strategies including increasing the price of tobacco products, hard-hitting media campaigns, and supporting the creating of tobacco-free environments.



What is Being Done?



- QUIT NOW telephone- and web-based tobacco cessation services, including quit coaching, free nicotine patches, and text messaging support in English and Spanish for New Mexico tobacco users.
- Health care providers and clinics are being trained on system changes to improve screening, brief interventions, and referrals for patients who use tobacco.
- Tobacco-free policy development and implementation efforts are moving forward in multi-unit housing and secondary and post-secondary campuses statewide.
- The youth engagement program, Evolvment, continues to recruit and train high school youth to develop and implement youth tobacco prevention programs in their schools and communities.

What Needs to be Done?



- Continuing to encourage tobacco users to quit completely using proven quit methods such as counseling, nicotine replacement products, and combination therapies.
- Ensuring enforcement of existing policies, including prohibiting minors from purchasing tobacco in the retail environment.
- Educating communities and the public on options for protecting young people from the harms of tobacco through regulation of the time, place, and manner in which tobacco can be advertised and sold.
- Addressing high smoking rates among people experiencing poverty, including those enrolled in Medicaid, through targeted allocation of resources and strategic partnering with other organizations who already serve this population.

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