

# Regional Needs Assessment

REGION 9

PREVENTION RESOURCE CENTER

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# Executive Summary

The Regional Needs Assessment (RNA) is a document created by the Prevention Resource Center (PRC) in Region 9 along with Evaluators from PRCs across the State of Texas and supported by Region 9 PRC Evaluator Kevin Thompson and the Texas Health and Human Services Commission (HHSC). The PRC serves 30 counties in Region 9.

This assessment was designed to aid PRC's, HHSC, and community stakeholders in long-term strategic prevention planning based on most current information relative to the unique needs of the diverse communities in the State of Texas. This document will present a summary of statistics relevant to risk and protective factors associated with drug use, as well as consumption patterns and consequences data, at the same time it will offer insight related to gaps in services and data availability challenges.

A team of regional evaluators has procured national, state, regional, and local data through partnerships of collaboration with diverse agencies in sectors such as law enforcement, public health, and education, among others. Secondary qualitative data collection has also been conducted, in the form of surveys, focus groups, and interviews with key informants. The information obtained through these partnerships has been analyzed and synthesized in the form of this Regional Needs Assessment. PRC 9 recognizes those collaborators who contributed to the creation of this RNA.

## **Main key findings from this assessment include:**

1. Region 9 has glaring concerns of underage drinking and illegal consumption of drugs among youth compared to the state. According to data from the 2016 Texas School Survey, though Region 9 students are being initiated to alcohol at the state average (12.9 years old), Region 9 students are more likely than the state average (38%) to begin consuming alcohol before the age of 13. Moreover, Region 9 students are also more likely to engage in underage drinking than most other public health regions in the state of Texas. The 2016 Texas School Survey indicates that Region 9 has the highest number of high-risk (binge drinkers) underage drinkers in the state of Texas. Region 9 also has the second highest rates of current and lifetime alcohol use in the state of Texas.
2. Another substance abuse domain which is alarming for Region 9 is marijuana. Region 9 has the most youth consumers of marijuana in the state of Texas. Specifically, the 2016 Texas School Survey says Region 9 has the most current, school year, and lifetime users of marijuana in the state, and is tied for the youngest age of initiation at 13.6 years old. Marijuana is particularly important to discuss, as there are many misconceptions surrounding the drug due to rumors and misinformation about the drugs "helpful" properties. Though scientific consensus has explained there can be medicinal properties of CBD, there is also scientific consensus that marijuana can negatively affect developing brains, so it is important that youth prevention of marijuana is a focal point of substance abuse prevention in Region 9 and across Texas and the United States.
3. The number of mental healthcare providers and professionals in Region 9 is incredibly low, especially given the high demand of adequate mental healthcare in Region 9. In the rural areas of Region 9, accessing mental health services can be a challenge, if not impossible. It is important that Region 9 develop more available and adequate mental healthcare to effectively address substance abuse issues.

# Prevention Resource Centers

There are eleven regional Prevention Resource Centers (PRCs) servicing the State of Texas. Each PRC acts as the central data repository and substance abuse prevention training liaison for their region. Data collection efforts carried out by PRC are focused on the state’s prevention priorities of alcohol (underage drinking), marijuana, and prescription drug use, as well as other illicit drugs.

## Our Purpose

Prevention Resource Centers have four fundamental objectives related to services provided to partner agencies and the community in general: (1) collect data relevant to ATOD use among adolescents and adults and share findings with community partners via the Regional Needs Assessment, presentations, and data reports, (2) ensure sustainability of a Regional Epidemiological Workgroup focused on identifying strategies related to data collection, gaps in data, and prevention needs, (3) coordinate regional prevention trainings and conduct media awareness activities related to risks and consequences of ATOD use, and (4) provide tobacco education to retailers to encourage compliance with state law and reduce sales to minors.

## What Evaluators Do

Regional PRC Evaluators are primarily tasked with developing data collection strategies and tools, performing data analysis, and disseminating findings to the community. Data collection strategies are developed around drug use risk and protective factors, consumption data, and related consequences. Along with the Community Liaison and Tobacco Specialists, PRC Evaluators engage in building collaborative partnerships with key community members who aid in securing access to information.

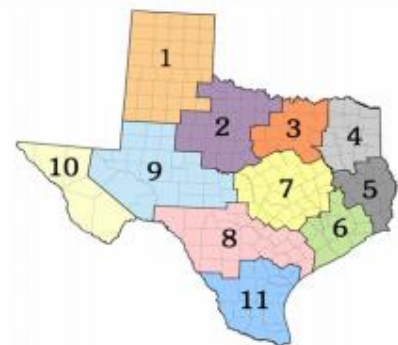
## How We Help the Community

PRCs provide technical assistance and consultation to providers, community groups and other stakeholders related to data collection activities for the data repository. PRCs also contribute to the increase in stakeholders’ knowledge and understanding of the populations they serve, improve programs, and make data-driven decisions. Additionally, the program provides a way to identify community strengths as well as gaps in services and areas of improvement.

## Our Regions

Current areas serviced by a Prevention Resource Center are:

Region 1	Panhandle and South Plains
Region 2	Northwest Texas
Region 3	Dallas/Fort Worth Metroplex
Region 4	Upper East Texas
Region 5	Southeast Texas
Region 6	Gulf Coast
Region 7	Central Texas
Region 8	Upper South Texas
Region 9	West Texas
Region 10	Upper Rio Grande
Region 11	Rio Grande Valley/Lower South Texas



# Conceptual Framework of This Report

As one reads through this document, two guiding concepts will appear throughout the report: a focus on the youth population, and the use of an empirical approach from a public health framework. For strategic prevention planning related to drug and alcohol use among youth populations, this report is based on three main aspects: risk and protective factors, consumption patterns, and consequences of drug use.

## Adolescence

According to the National Institute on Drug Abuse, there is a higher likelihood for people to begin abusing drugs—including tobacco, alcohol, and illegal and prescription drugs—during adolescence and young adulthood. The teenage years are a critical period of vulnerability to substance use disorders given that the brain is still developing and some brain areas are less mature than others.

The Texas Health and Human Services Commission posits a traditional definition of adolescence as ages 13-17 (Texas Administrative Code 441, rule 25). However, The World Health Organization (WHO) and American Psychological Association both define adolescence as the period of age from 10-19. WHO identifies adolescence as the period in human growth and development that represents one of the critical transitions in the life span and is characterized by a tremendous pace in growth and change that is second only to that of infancy. Behavior patterns that are established during this process, such as drug use or nonuse and sexual risk taking or protection, can have long-lasting positive and negative effects on future health and well-being.

The information presented in this RNA is comprised of regional and state data, which generally define adolescence as ages 10 through 17-19. The data reviewed here has been mined from multiple sources and will therefore consist of varying demographic subsets of age. Some domains of youth data conclude with ages 17, 18 or 19, while others combine “adolescent” and “young adult” to conclude with age 21.

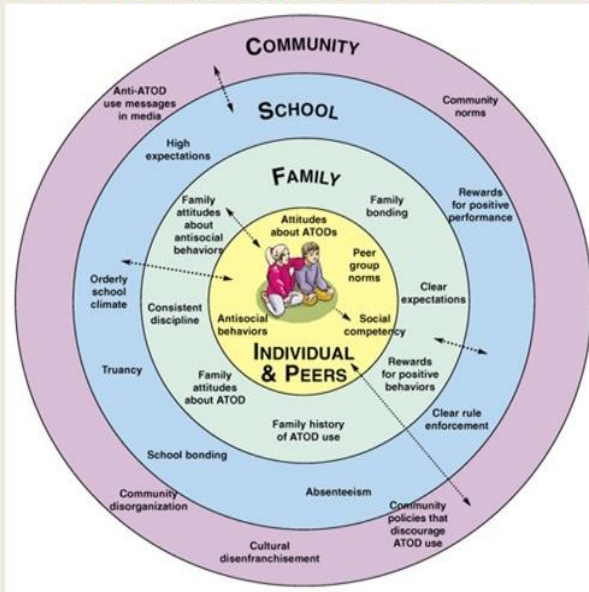
## Epidemiology

As established by the Substance Abuse and Mental Health Services Administration, epidemiology helps prevention professionals identify and analyze community patterns of substance misuse and the various factors that influence behavior. Epidemiology is the theoretical framework for which this document evaluates the impact of drug and alcohol use on the public at large. Meaning ‘to study what is of the people’, epidemiology frames drug and alcohol use as a public health concern that is both preventable and treatable. According to the World Health Organization, “Epidemiology is the study of the distribution and determinants of health-related states or events (including disease), and the application of this study to the control of diseases and other health problems.”

The Substance Abuse Mental Health Services Administration has also adopted the epi-framework for surveying and monitoring systems which currently provide indicators regarding the use of drugs and alcohol nationally. Ultimately, the WHO, SAMHSA, and several other organizations are endeavoring to create an ongoing systematic infrastructure (such as a repository) that will enable effective analysis and strategic planning for the nation’s disease burden, while identifying demographics at risk and evaluating appropriate policy implementation for prevention and treatment.

## Risk and Protective Factors

## Risk & Protective Factors Model



For many years, the prevalent belief was rooted in the notion that the physical properties of drugs and alcohol were the primary determinant of addiction; however, the individual's environmental and biological attributions play a distinguished role in the potential for the development of addiction. More than 20 years of research has examined the characteristics of effective prevention programs. One component shared by effective programs is a focus on risk and protective factors that influence drug use among adolescents.

Protective factors are characteristics that decrease an individual's risk for a

substance abuse disorder, such as: strong and positive family bonds, parental monitoring of children's activities and peers, and clear rules of conduct that are consistently enforced within the family. Risk factors increase the likelihood of substance abuse problems, such as: chaotic home environments, history of parental abuse of substances or mental illnesses, poverty levels, and failure in school performance. Risk and protective factors are classified under four main domains: community, school, family, and individual/peers.

### Consumption Patterns and Consequences

Consequences and consumption patterns share a complex relationship; they are deeply intertwined and often occur in the context of other factors such as lifestyle, culture, or education level. It is a challenging task to determine if consumption of alcohol and other drugs has led to a consequence, or if a seemingly apparent consequence has resulted due to consumption of a substance. This report examines rates of consumption among adolescents and related consequences in the context of their cyclical relationship; it is not the intention of this report to infer causality between consumption patterns and consequences.

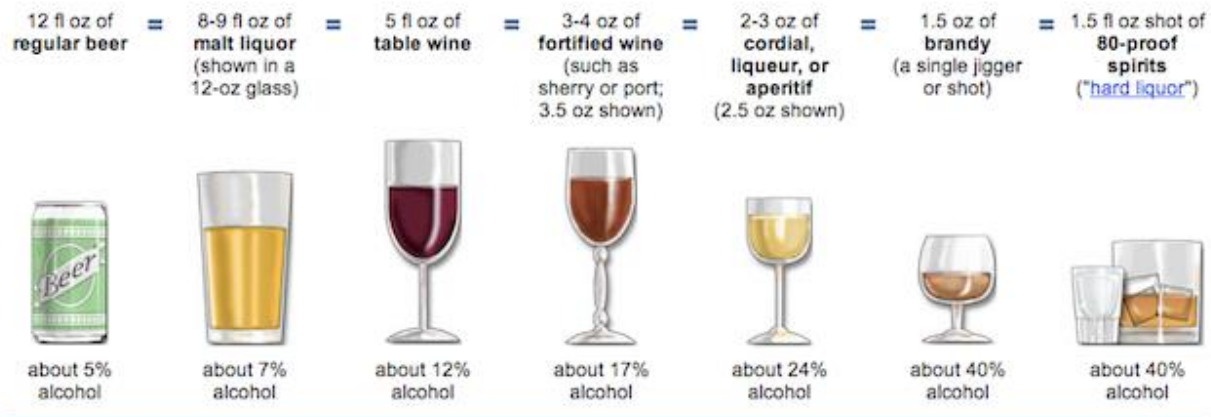
### Consumption Patterns Defined

SAMHSA defines Consumption as "the use and high-risk use of alcohol, tobacco, and illicit drugs. Consumption includes patterns of use of alcohol, tobacco, and illicit drugs, including initiation of use, regular or typical use, and high-risk use." Some examples of consumption factors for alcohol include terms of frequency, behaviors, and trends, such as current use (within the previous 30 days), current binge drinking, heavy drinking, age of initial use, drinking and driving, alcohol consumption during pregnancy, and per capita sales. Consumption factors associated with illicit drugs may include route of administration such as intravenous use and needle sharing.

The concept also encompasses standardization of substance unit, duration of use, route of administration, and intensity of use. Understanding the measurement of the substance consumed plays a vital role in consumption rates. With alcohol, for instance, beverages are available in various sizes and

by volume of alcohol. Variation occurs between beer, wine and distilled spirits, and, within each of those categories, the percentage of pure alcohol may vary. Consequently, a unit of alcohol must be standardized to derive meaningful and accurate relationships between consumption patterns and consequences.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines the “drink” as half an ounce of alcohol, or 12 ounces of beer, a 5-ounce glass of wine, or 1.5 ounce shot of distilled spirits. With regard to



The percent of "pure" alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.

intake, the NIAAA has also established a rubric for understanding the spectrum of consuming alcoholic beverages. Binge drinking has historically been operationalized as more than five drinks within a conclusive episode of drinking. The NIAAA (2004) defines it further as the drinking behaviors that raise an individual’s Blood Alcohol Concentration (BAC) up to or above the level of .08gm%, which is typically 5 or more drinks for men, and 4 or more for women, within a two hour time span. Risky drinking, on the other hand, is predicated by a lower BAC over longer spans of time, while “benders” (or activities of binge drinking) are considered two or more days of sustained heavy drinking.

### Consequences

For the purpose of the RNA, consequences are defined as adverse social, health, and safety problems or outcomes associated with alcohol and other drugs use. Consequences include events such as mortality, morbidity, violence, crime, health problems, academic failure, and other undesired events for which alcohol and/or drugs are clearly and consistently involved. Although a specific substance may not be the single cause of a consequence, measureable evidence must support a link to alcohol and/or drugs as a contributing factor to the consequence.

The World Health Organization estimates alcohol use as the world’s third leading risk factor for loss of healthy life, and that the world disease burden attributed to alcohol is greater than that for tobacco and illicit drugs. In addition, stakeholders and policymakers have a vested interest in the monetary costs associated with substance-related consequences. State and regional level data related to consequences of alcohol and other drug use are summarized in later sections of this report.



## **Stakeholders**

Potential readers of this document include stakeholders from a variety of disciplines such as substance use prevention and treatment providers; medical providers; school districts and higher education; substance use prevention community coalitions; city, county, and state leaders; and community members interested in increasing their knowledge of public health factors related to drug consumption. The information presented in this report aims to contribute to program planning, evidence-based decision making, and community education.

The executive summary found at the beginning of this report will provide highlights of the report for those seeking a brief overview. Since readers of this report will come from a variety of professional fields with varying definitions of concepts related to substance abuse prevention, a description of definitions can be found in the section titled "Key Concepts." The core of the report focuses on substance use risk and protective factors, consumption patterns, and consequences.

## Introduction

The Texas Health and Human Services Commission (HHSC), Substance Abuse & Mental Health Services Administration (SAMHSA), funds approximately 188 school and community-based programs statewide to prevent the use and consequences of alcohol, tobacco and other drugs (ATOD) among Texas youth and families. These programs provide evidence-based curricula and effective prevention strategies identified by SAMHSA's Center for Substance Abuse Prevention (CSAP).

The Strategic Prevention Framework provided by CSAP guides many prevention activities in Texas. In 2004, Texas received a state incentive grant from CSAP to implement the Strategic Prevention Framework in close collaboration with local communities in order to tailor services to meet local needs for substance abuse prevention. This prevention framework provides a continuum of services that target the three classifications of prevention activities under the Institute of Medicine (IOM), which are universal, selective, and indicated.

The Health and Human Services Commission Substance Abuse Services funds Prevention Resource Centers (PRCs) across the state of Texas. These centers are part of a larger network of youth prevention programs providing direct prevention education to youth in schools and the community, as well as community coalitions that focus on implementing effective environmental strategies. This network of substance abuse prevention services work to improve the welfare of Texans by discouraging and reducing substance use and abuse. Their work provides valuable resources to enhance and improve our state's prevention services aimed to address our state's three prevention priorities to reduce: (1) underage drinking; (2) marijuana use; and (3) non-medical prescription drug abuse. These priorities are outlined in the Texas Behavioral Health Strategic Plan developed in 2012.

### Our Audience

Potential readers of this document include stakeholders from a variety of disciplines such as substance use prevention and treatment providers; medical providers; school districts and higher education; substance use prevention community coalitions; city, county, and state leaders; and community members interested in increasing their knowledge of public health factors related to drug consumption. The information presented in this report aims to contribute to program planning, evidence-based decision making, and community education.



## Purpose of This Report

This needs assessment is a review of data on substance abuse and related variables across the state that will aid in substance abuse prevention decision making. The report is a product of the partnership between the regional Prevention Resource Centers and the Texas Health and Human Services Commission. The report seeks to address the substance abuse prevention data needs at the state, county and local levels. The assessment focuses on the state's prevention priorities of alcohol (underage drinking), marijuana, and prescription drugs and other drug use among adolescents in Texas. This report explores drug consumption trends and consequences. Additionally, the report explores related risk and protective factors as identified by the Center for Substance Abuse Prevention (CSAP).

## Methodology

This needs assessment was developed to provide relevant substance abuse prevention data related to adolescents throughout the state. Specifically, this regional assessment serves the following purposes:

- To discover patterns of substance use among adolescents and monitor changes in substance use trends over time;
- To identify gaps in data where critical substance abuse information is missing;
- To determine regional differences and disparities throughout the state;
- To identify substance use issues that are unique to specific communities and regions in the state;
- To provide a comprehensive resource tool for local providers to design relevant, data-driven prevention and intervention programs targeted to needs;
- To provide data to local providers to support their grant-writing activities and provide justification for funding requests;
- To assist policy-makers in program planning and policy decisions regarding substance abuse prevention, intervention, and treatment in the state of Texas.

## Process

The state evaluator and the regional evaluators collected primary and secondary data at the county, regional, and state levels between September 1, 2016 and May 30, 2017. The state evaluator met with the regional evaluators at a statewide conference in September 2016 to discuss the expectations of the regional needs assessment for the third year.

Between September 2016 and July 2017, the state evaluator met with regional evaluators via bi-weekly conference calls to discuss the criteria for processing and collecting data. The information was primarily gathered through established secondary sources including federal and state government agencies. In addition, region-specific data collected through local law enforcement, community coalitions, school districts and local-level governments are included to address the unique regional needs of the community. Additionally, qualitative data was collected through primary sources such as surveys and focus groups conducted with stakeholders and participants at the regional level.

Primary and secondary data sources were identified when developing the methodology behind this document. Readers can expect to find information from the American Community Survey, Texas Department of Public Safety, Texas School Survey of Drug and Alcohol Use, and the Community Commons, among others. Also, adults and youth in the region were selected as primary sources.

### **Quantitative Data Selection**

Relevant data elements were determined and reliable data sources were identified through a collaborative process among the team of regional evaluators and with support from resources provided by the Southwest Regional Center for Applied Prevention Technologies (CAPT). The following were **criterion for selection**:

- For the purpose of this Regional Needs Assessment, the Regional Evaluators and the Statewide Prevention Evaluator chose secondary data sources as the main resource for this document based on the following criteria:
- **Relevance:** The data source provides an appropriate measure of substance use consumption, consequence, and related risk and protective factors.
- **Timeliness:** Our attempt is to provide the most recent data available (within the last five years); however, older data might be provided for comparison purposes.
- **Methodologically sound:** Data that used well-documented methodology with valid and reliable data collection tools.
- **Representative:** We chose data that most accurately reflects the target population in Texas and across the eleven human services regions.
- **Accuracy:** Data is an accurate measure of the associated indicator.

### **Qualitative Data Selection**

#### **Interviews and Focus Groups:**

The Region 9 Prevention Resource Center held multiple interviews and focus groups from September 2016 to August 2017. Interviews and focus groups held by the Region 9 Prevention Resource Center included community youth, stakeholders, health professionals, law enforcement, epidemiologists, parents, non-profit managers, prevention, intervention, treatment, and recovery specialists, and many more. In all focus groups, data collection and analyzation happened in consensual environments with password-protected electronic equipment. Written consent was signed by focus group members, and verbal consent was expressed before, during, and after the focus groups initiated. In both written and verbalized consent conversations, focus group members were notified of and consented to their expressed information and data to be shared in the 2017 Region Needs Assessment written by Regional Evaluator Kevin Thompson and other members of the Region 9 Prevention Resource Center.

#### **Surveys**

In compliance with the Texas Health and Human Services Commission contract, the exclusive use of surveys by Region 9 students came from the Texas A&M Public Policy Research Institute's Texas School and College Surveys. In this document, the 2016 Texas School Survey and 2015 Texas College Surveys are mentioned multiple times, as the survey primarily questions students about substance use and abuse.

## Regional Demographics

Region 9 consists of a 30-county spread across West Texas area. Region 9 also includes schools from Texas Education Agencies 15, 17, and 18. The county that is farthest west in Region 9 is Reeves County and the town of Pecos. The southernmost county is Terrell County and the town of Sanderson. The eastern most county in Region 9 is Mason County and the city of Mason. Gaines, Dawson, and Borden Counties are the northern most border counties with the towns of Seminole, Lamesa, and Gail. Interstate 10 and 20 runs horizontally through Region 9. Oil, ranching, and agriculture are the main driving forces in the economy. Pecos County is the largest county in Region 9 and spans 4,763.9 square miles. Loving County is the least populated county in Texas with a population of 82. Ector County is the most populated county in Region 9 and has a total population of 149,177.



### Population

According to data from the Texas State Data Center, the total population of Region 9’s 30 counties in 2016 was 607,784. In contrast to 2015, the population of Region 9 increased by over 7,000 residents, or an increase of 1%. The data below, collected from the Texas State Data Center, breaks down each Region 9 County’s population.

**Table 1**  
**Population of Region 9, 2016**

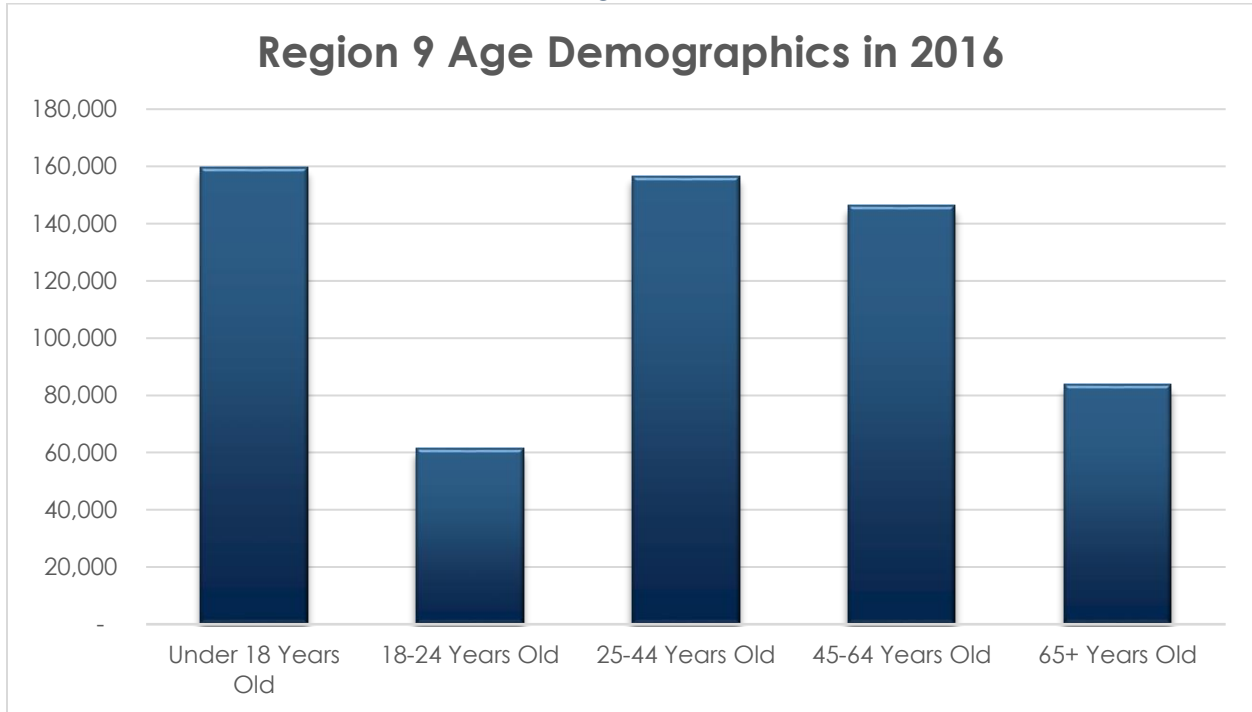
2016 Population by County in Region 9					
County	Population	County	Population	County	Population
Andrews	16,101	Howard	36,293	Reagan	3,639
Borden	659	Irion	1,686	Reeves	14,423
Coke	3,231	Kimble	4,669	Schleicher	3,679
Concho	4,193	Loving	82	Sterling	1,202
Crane	4,763	McCulloch	8,467	Sutton	4,388
Crockett	3,978	Martin	5,159	Terrell	1,026
Dawson	14,365	Mason	4,021	Tom Green	113,523
Ector	149,177	Menard	2,260	Upton	3,566
Gaines	19,451	Midland	147,186	Ward	11,139
Glasscock	1,297	Pecos	16,504	Winkler	7,657
<b>Total Population of Region 9: 607,784</b>					

Source: Texas State Data Center, 2016.

**Age**

Region 9 age demographics can be broken down in the following categories: Under 18 years old, 18-24 years old, 25-44 years old, 45-64 years old, and 65 years old and older. The following chart, provided by the Texas State Data Center, states Region 9 includes 159,513 individuals under the age of 18, 61,510 individuals from ages 18-24, 156,652 individuals from ages 25-44, 146,284 individuals from ages 45-64, and 83,824 individuals ages 65 and older.

Age Demographics of Region 9  
Figure 1



Source: Texas State Data Center, 2016.

**Race/Ethnicity**

The majority of Region 9 is Hispanic and White, making up 96% of the entire 30-county area. Throughout Region 9, there are also groups of Black, Native American, Pacific Islander, and German races, ethnicities, and nationalities. The following table shows the racial and ethnic breakdown of Region 9.

**18-24 year olds make up only 10% of Region 9's population.**

**Table 2**  
**Region 9 Population by Race and Ethnicity, 2016**

County	Total	Total Anglo	Total Black	Total Hispanic
Andrews	16,101	7,214	204	8,337
Borden	659	551	0	101
Coke	3,231	2,507	7	652
Concho	4,193	1,814	57	2,273
Crane	4,763	1,808	128	2,738
Crockett	3,978	1,362	13	2,561
Dawson	14,365	5,297	875	7,997
Ector	149,177	55,884	5,971	84,049
Gaines	19,451	11,634	275	7,296
Glasscock	1,297	857	15	417
Howard	36,293	18,941	2,142	14,271
Irion	1,686	1,187	11	460
Kimble	4,669	3,410	16	1,177
Loving	82	60	0	18
McCulloch	8,467	5,497	135	2,724
Martin	5,159	2,679	73	2,340
Mason	4,021	3,033	14	933
Menard	2,260	1,398	11	835
Midland	147,186	73,024	9,092	60,530
Pecos	16,504	4,345	531	11,375
Reagan	3,639	1,266	65	2,276
Reeves	14,423	2,641	674	10,909
Schleicher	3,679	1,932	32	1,694
Sterling	1,202	758	13	399
Sutton	4,388	1,675	6	2,683
Terrell	1,026	502	6	502
Tom Green	113,523	62,814	4,111	43,129
Upton	3,566	1,639	49	1,827
Ward	11,139	4,901	500	5,527
Winkler	7,657	3,105	129	4,284

Source: Texas State Data Center, 2016.

### Concentrations of Populations

The population centers for Region 9 include Midland in Midland County, Odessa in Ector County, and San Angelo in Tom Green County. Midland County has a total population of 147,186 and Ector County has a total population of 149,177. Tom Green County has a population of 113,523. These three counties alone make up 69% of the total population of Region 9. Ector County has the highest population per square mile of 166.18. Loving County has the lowest population per square mile at .12 people per square mile. The table on the next page shows the population density (per square mile) of each county in Region 9.

According to the Texas State Data Center, in 2015 the population density (per square mile) of Texas was 103.15. Though the majority of Region 9 (28 of Region 9’s 30 counties) are far below the Texas average population density, Midland and Ector County’s population densities are 45% and 47% larger than the state average respectively. According to other reports, the price of living in these counties are substantially pricier than Region 9’s other 28 counties. In comparison, the population densities of Midland and Ector County grew 1% and 2% respectively from 2015 to 2016. Though this is not perceived as a “large” rate of growth, the population of these two major population centers in Region 9 is expected to grow as urbanization trends slowly depopulate more rural areas of Region 9 into more centralized, urbanized counties like Midland and Ector Counties.

**Table 3**  
**Population Density per Square Mile in Region 9, 2016**

2016 Population Density (per Sq. Mile) in Region 9					
County	Population Density (Per Sq. Mile)	County	Population Density (Per Sq. Mile)	County	Population Density (Per Sq. Mile)
Andrews	10.73	Howard	40.29	Reagan	3.10
Borden	0.73	Irion	1.60	Reeves	5.47
Coke	3.54	Kimble	3.73	Schleicher	2.81
Concho	4.26	Loving	0.12	Sterling	1.30
Crane	6.07	McCulloch	7.43	Sutton	3.02
Crockett	1.42	Martin	11.07	Terrell	0.44
Dawson	15.96	Mason	4.33	Tom Green	74.59
Ector	166.18	Menard	2.51	Upton	2.87
Gaines	12.95	Midland	163.49	Ward	13.33
Glasscock	1.44	Pecos	3.46	Winkler	9.10

Source: Texas State Data Center, 2016.

**Languages**

The large Hispanic community presence in Region 9 brings about various dialects and languages beyond Spanish. According to the American Community Survey in 2015, 64% of Region 9 speaks only English. The American Community Survey in 2015 also states that 11% of Region 9 “cannot speak English very well.” The table below shows English proficiency in each of Region 9’s 30 counties by dichotomizing the percentages of each county’s population by “only speaking English” and “cannot speak English ‘very well.’”

**11% of Region 9 citizens cannot speak English very well.**



**Table 4**  
**Language and English Proficiency in Region 9, 2015**

County	% of pop. which only speak English	% of pop. which 'cannot speak English very well'
Andrews County	61%	13%
Borden County	89%	1%
Coke County	88%	3%
Concho County	64%	26%
Crane County	52%	19%
Crockett County	49%	9%
Dawson County	63%	11%
Ector County	55%	14%
Gaines County	48%	12%
Glasscock County	71%	14%
Howard County	72%	10%
Irion County	83%	3%
Kimble County	79%	8%
Loving County	85%	11%
McCulloch County	83%	5%
Martin County	68%	7%
Mason County	77%	9%
Menard County	75%	10%
Midland County	69%	10%
Pecos County	48%	13%
Reagan County	43%	21%
Reeves County	37%	26%
Schleicher County	61%	10%
Sterling County	67%	10%
Sutton County	51%	16%
Terrell County	41%	5%
Tom Green County	75%	6%
Upton County	61%	11%
Ward County	62%	12%
Winkler County	59%	15%

Source: American Community Survey, 2015.

More data from American Community Survey in 2015 indicates that over half of the counties within Region 9 have at least 33% of their population using Spanish as their main language. In fact, 34% of Region 9 citizens use Spanish as their preferred language. In Pecos, Reeves, Reagan, and Terrell Counties, over half of the population identifies Spanish as their preferred language.

Major population centers like Ector, Midland, and Tom Green Counties also have significant Spanish speaking populations. 43% of Ector County's population identifies Spanish as their preferred language, while 29% and 23% of the population in Midland and Tom Green Counties identify Spanish as their preferred language respectively.

The growth of the Spanish speaking population in Region 9 is also worth noting. According to the American Community Survey, the amount of Region 9 citizens which prefer to speak Spanish or can only speak Spanish grew 2% from 2013 to 2015. This reflects the decrease in the percentage of Region 9's population which can "only" speak English. Specifically, the American Community Survey indicates that from 2013-2015, the percentage of Region 9's population which could exclusively speak English decreased from 67% to 64%. It is likely that as the economy of the Permian Basin and Concho Valley thrives, more individuals will move to the area for work, including non-English speaking individuals.

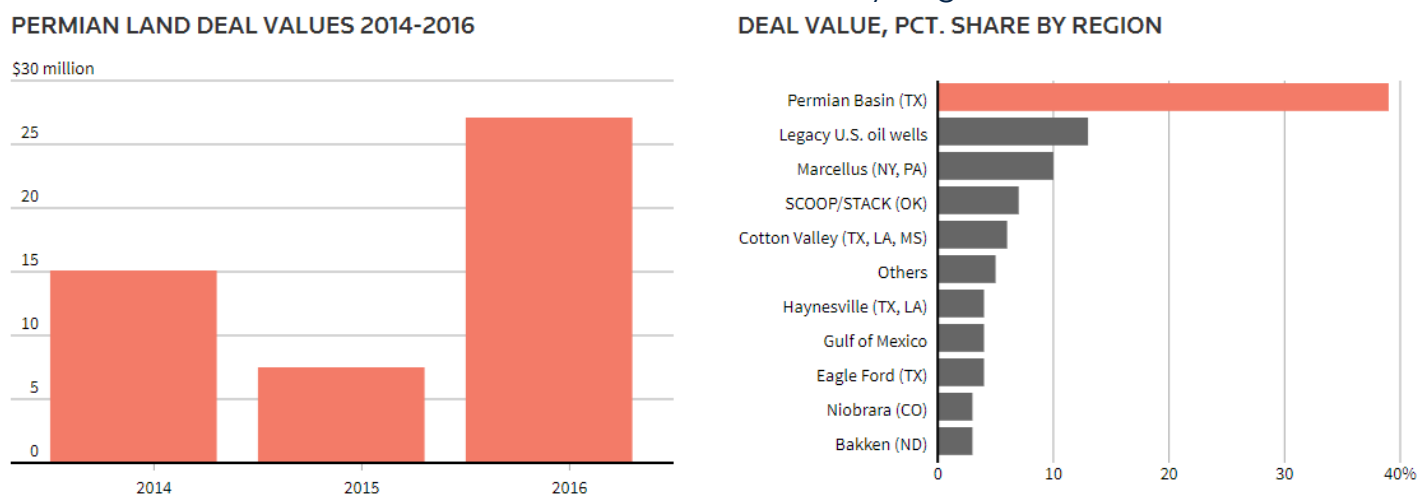
### General Socioeconomics

As explained earlier, the major economic drivers of Region 9 are based in fossil fuel industries. Due to the economic dependence on oil and other fossil fuels, the economy of the Permian Basin is considered volatile, as it can change dramatically over a very short period of time. In short, when the fossil fuel economy is doing well, Region 9 experiences “high” economic times, and when the fossil fuel economy is not doing well, Region 9 experiences economic lows.

As oil extraction began to slow throughout 2015 and into the beginning of 2016, there were massive layoffs in oil fields and oil-based companies throughout the Permian Basin. The number of well completions in March 2015 was 3,607 fewer than a year prior in March 2014, according to the Railroad Commission of Texas. These trends continued until the beginning of 2016, resulting in an estimated 10% cut in wages over the year, and thousands of layoffs. Since then, the oil economy of west Texas has begun to accelerate. Oil companies competed fiercely in 2016 to secure oil-rich acreage in the Permian Basin of west Texas, where it’s cheaper and more profitable to drill at current oil prices. The value of Permian acquisitions shot up from 2015 and tripled those in any other oil region.

Figure 2

Permian Basin Land Deal Values and Shares by Region, 2016



Source: Reuters, 2016.

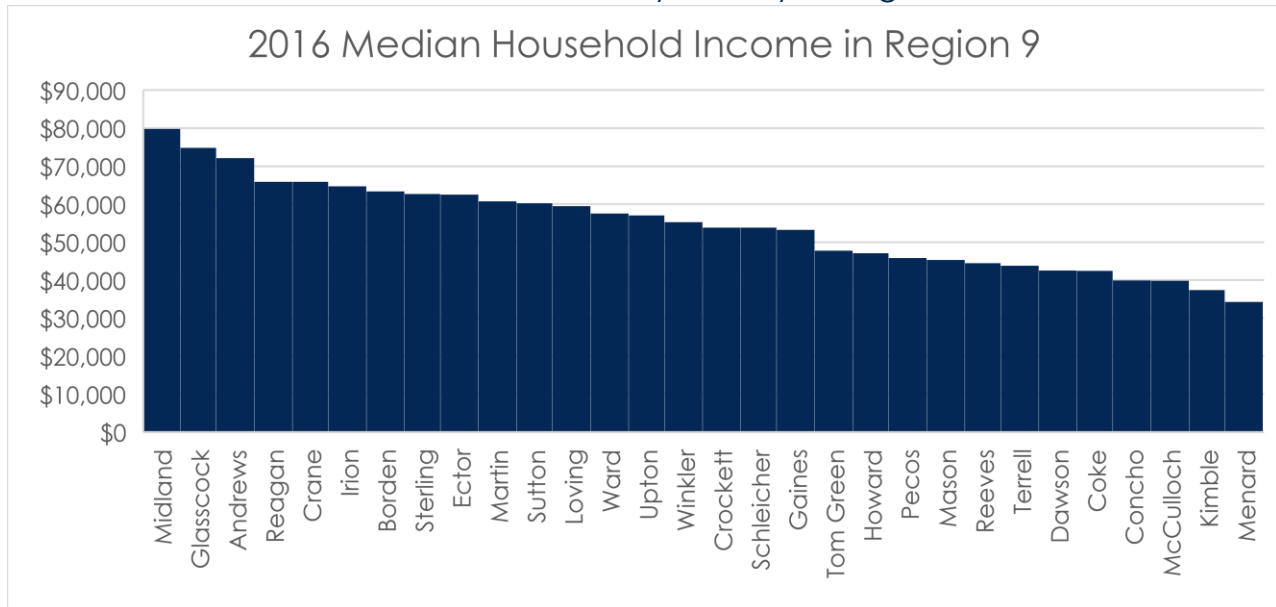
Due to quickly changing socioeconomic data, it is likely that data in this Regional Needs Assessment might predate changes made into the growing economy of west Texas. Because of the quick-changing economy of Region 9, the Prevention Resource Center asks you, the reader, to contact our offices to update any data necessary for a valid and thorough Needs Assessment.

### Household Composition

In 2017, Region 9 contained 161,737 households. Of those households, about 31% (51,750) were single-parent homes. In 2016, the median household income varies from the \$34,308 in Menard County to \$79,829 in Midland County. While the Texas median household averages an income of \$45,640, the Region 9 average median household income was over \$54,211. Almost \$10,000 higher than the state average, the median household income of Region 9 in 2016 is one of the higher averages in the state’s 11 public health regions. Moreover, it is unsurprising that counties with the most oil rigs, like Midland

County, Andrews County, and Crane County, are among the counties with the wealthiest median household incomes. Below shows a chart of the median household incomes of Region 9's 30 counties.

Figure 3  
Median Household Income by County in Region 9, 2016



Source: US Census Bureau, 2016.

When discussing median household income, it is also important to break down the income per capita of each county. Average income per capita is important, as it can often be more accurate when finding overall household income due to youth unemployment counts which can be neglected in census-level counts. According to data from Community Commons in 2015, the average per capita income of Region 9 was \$25,590. Though these estimates are from 2015, a period where unemployment was higher and wages were lower in the Permian Basin and Concho Valley due to a slowing oil economy, Region 9 still collected \$33,375,403,200 in income in 2015.

Figure 4  
Economic Contributions of the Permian Basin, 2014

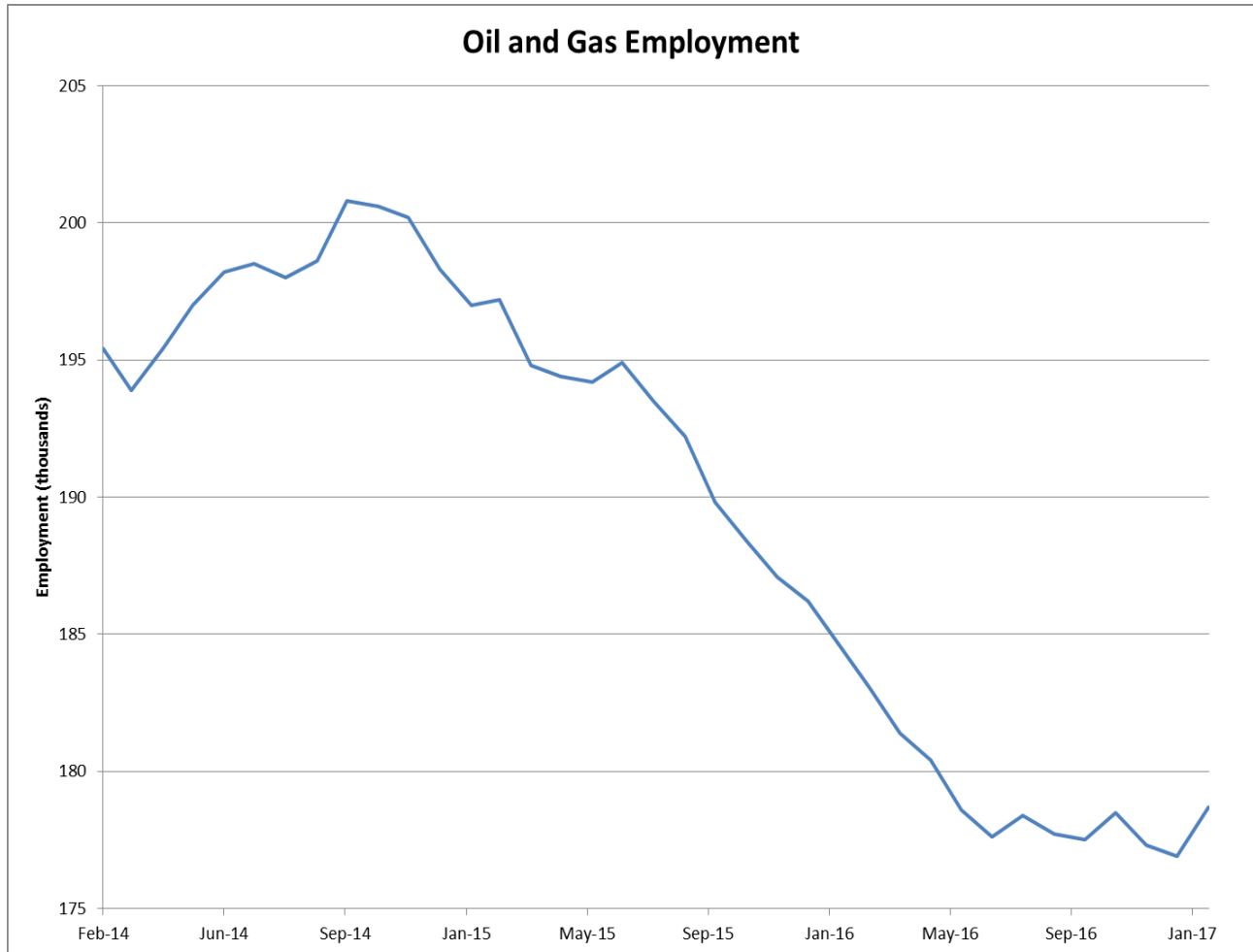


Source: Texas Tech University, 2014.

**Employment**

According to County Health Rankings and Roadmaps, unemployment in Region 9 (5.12%) was higher than the state average (4.5%) in 2016, and unemployment rates in Region 9 have grown over the past two years. The unemployment rate of Region 9 from 2014 to 2016 grew 1.36% according the Bureau of Labor Statistics, and is finally slowing down in 2016-2017. As of 2016, Irion County has the lowest unemployment rate in Region 9 at 3.2%, while Crane County has the highest unemployment rate at 8.5%.

Figure 5  
Oil and Gas Employment in the United States from 2014-2017, 2017

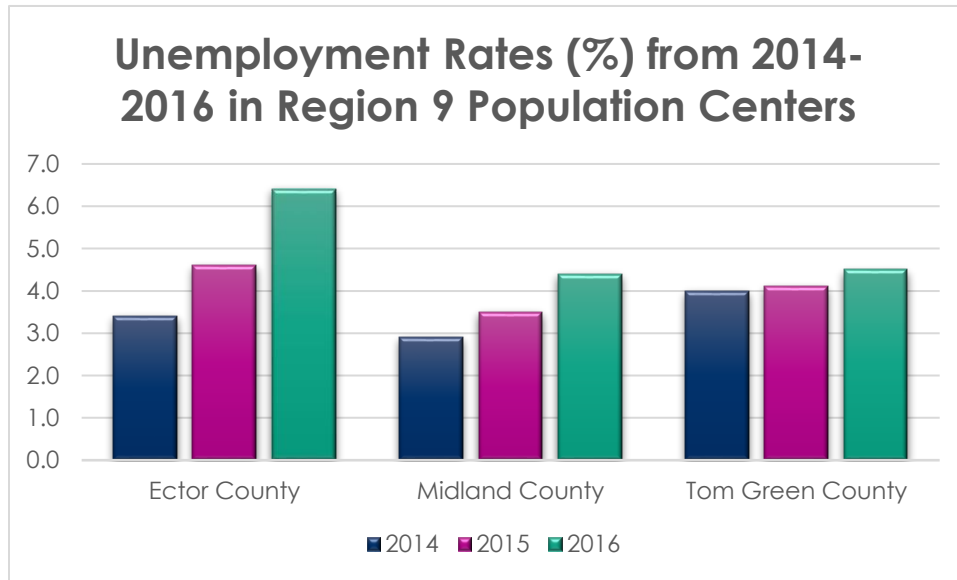


Source: Oil and Gas 360, 2017.

Region 9 thrives from major employers in the fossil fuel industry, educational services, healthcare, social services, retail, and agriculture. According to the American Community Survey, educational services, healthcare, social services, retail, agriculture, hunting, fishing, mining, and forestry make up over 50% of Region 9’s employment in 2015. More specifically, 22% of Region 9’s employed citizens work in hunting, fishing, agriculture, or mining (fossil fuel extraction), while 19% work in education, healthcare, or social services.

Major population centers like Ector, Midland, and Tom Green Counties all saw higher unemployment rates from 2014 to 2016. Housing more than 2/3rds of Region 9, Ector, Midland, and Tom Green Counties had more unemployed citizens than some Region 9 county's total population. Below is a graph of the growing unemployment in Ector, Midland, and Tom Green Counties from 2014 to 2016.

Figure 6  
Unemployment Rates of Region 9 Population Centers from 2014-2016, 2016



Source: Bureau of Labor Statistics, 2016.

**TANF Recipients**

Temporary Assistance for Needy Families, or TANF, programs provide cash for monthly household expenses.<sup>i</sup> Food, clothing, housing, utilities, furniture, transportation, phone, and laundry services are all items that TANF can supply for individuals.<sup>ii</sup> TANF is designed to help families stay together.<sup>iii</sup> When grandparents have to take in their grandchildren but struggle with the added expenses of raising children, TANF helps families maintain their household so that they can provide for children in need.<sup>iv</sup> TANF is further broken down into the TANF basic program which assists single parent and children who may be wards of the state. TANF basic is funded by federal money.<sup>v</sup> The TANF state program is specific to 2 parent household and is

Figure 7  
Maximum Monthly TANF Payments, 2014

**Maximum monthly TANF amount**

Family size	Maximum monthly amount		
	Child-only cases	Home with 1 parent or 1 caretaker	Home with 2 parents or 2 caretakers
1	\$98	\$119	-----
2	\$140	\$247	\$189
3	\$197	\$285	\$313
4	\$234	\$343	\$351
5	\$301	\$381	\$407

For each additional person, add \$66.

funded with State General Revenue dollars.<sup>vi</sup> These funds are generally reserved for when there is an emergency in the family and the family will be short on funds for the month.<sup>vii</sup>

In Region 9, the average payment for each recipient of the TANF basic fund is \$52. The average payment for each recipient on the TANF State program is \$64.06.<sup>viii</sup> The chart on the previous page shows how much a family would have to make in a month to qualify for the TANF program. The chart on the right shows the maximum amounts that a family can receive in any one month from the TANF program. While on the surface these programs may seem expensive, it would cost the state even more money if these families dissolved and the state had to take full care of the children.

Figure 8  
Maximum Monthly TANF Income Limits, 2014

Maximum monthly income limits			
Family size	Child-only cases	Home with 1 parent or 1 caretaker	Home with 2 parents or 2 caretakers
1	\$64	\$78	-----
2	\$92	\$163	\$125
3	\$130	\$188	\$206
4	\$154	\$226	\$231
5	\$198	\$251	\$268

For each additional person, add \$43.

Source: YourTexasBenefits.com, 2014

Utilization of TANF in Region 9 has grown 23% from 2014 to 2016. Specifically, there were 708 TANF recipients in 2014, 721 in 2015, and 869 in 2016 in Region 9. In Midland County, the number of TANF recipients more than doubled from 96 recipients in 2014 to 207 in 2016. Similarly, Andrews County doubled in TANF recipients from 2014 to 2016, a growth of 11 to 26 recipients.

**Food Assistance Recipients**

Supplemental Nutrition Assistance Program, or SNAP, benefits are put onto the Lone Star Card and can be used just like credit card at most stores.<sup>ix</sup> SNAP cards cannot be used to buy tobacco, alcoholic drinks, things you cannot eat or drink, or pay for food bills that have already incurred.<sup>x</sup> SNAP is designed for people who may not have a lot of money but want to eat healthy foods. Most able-bodied adults without dependents can qualify for SNAP benefits for 3 months out of a 3-year period.<sup>xi</sup> Other households may qualify for benefits for a longer period based on their unique situation.<sup>xii</sup>

According to the American Community Survey, Region 9 had 76,932 SNAP recipients in 2016. Though this is the fewest number of recipients in any public health region in the state of Texas, SNAP recipients made up 12% of Region 9’s population, or 120.69 recipients per 100,000 residents. The average payment per SNAP case in Region 9 in 2016 was \$271, and Region 9 paid a total of \$8,559,565 in full benefit payments. Ector County had the highest number of SNAP recipients with 23,498, followed by Midland County with 14,795, and Tom Green County with 13,969. Ector, Midland, and Tom Green Counties accounted for 68% of Region 9’s total SNAP recipients- similar to the percentage these counties make up regarding the total population of Region 9.

“SNAP recipients made up 12% of Region 9’s population.”

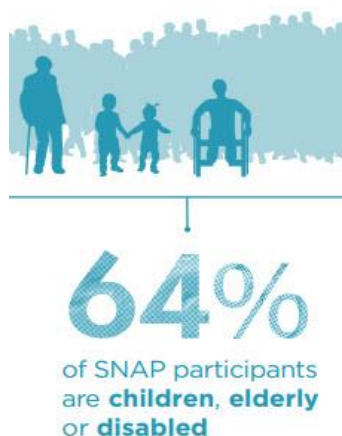


Figure 9  
SNAP Participants,  
2014

Source:  
YourTexasBenefits.com  
2014

In Region 9, 41,233 of the region's 76,932 SNAP recipients were below the age of 18, or about 54%. 4,692 of Region 9's SNAP recipients were ages 65 or older, making up 6% of Region 9's SNAP recipients. This is consistent with the figure on the left, which indicates that 64% of SNAP participants in the United States are children, elderly, or disabled. In total, Region 9 added 7,854 SNAP recipients from 2015 to 2016, a growth of over 11%.

### Free and Reduced-Price School Lunch Recipients

The most recent data regarding free and reduced-price school lunch recipients comes from the National Center for Education Statistics in the 2014-2015 school years. However, data collected from the past three cycles of published data (2012-2015), indicates that almost 200,000 free and reduced-price school lunches have been added in a three-year span in Region 9. Specifically, the number of students in Texas that had free and reduced-price school lunches in the 2012-2013 school year was 5,077,532, while that number grew to 5,153,642 in the 2013-2014 school year, and finally 5,233,736 in the 2014-2015 school year. From 2012 to 2015, the number of students receiving free and reduced-price school lunches in Region 9 grew about 3%, with most student recipients coming from Ector and Midland County School districts.

## Environmental Risk Factors

Environmental risk factors are characteristics in a person's surroundings that increase their likelihood of becoming addicted to drugs. A person may have many environments or domains of influence such as community, family, school, and friends. An individual's risk of addiction can develop in any of these domains. According a study from the University of Utah, Adverse Childhood Events (ACE's) is a term given to describe all types of abuse, neglect, and other traumatic experiences that occur to individuals under the age of 18.<sup>xiii</sup> Examples of ACE's differ between each adolescent. An event that may be traumatic for one child may simply be part of life for another child. Physical abuse and sexual abuse were cited as two of the major Adverse Childhood Events that were consistently tied to alcohol and drug related problems. The landmark CDC-Kaiser Permanente Study that was conduct between 1995-1997 gathered information from over 17,000 participants.<sup>xiv</sup> Even to this day, participants from the CDC-Kaiser Permanente Study are periodically monitored to update morbidity and mortality among the study participants. The study shows when children experience more Adverse Childhood Events, a child is much more likely to experience the following risk factors:

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease
- Depression
- Fetal death
- Health-Related quality of life
- Illicit Drug Use
- Ischemic Heart Disease
- Liver Disease
- Poor Work Performance
- Financial Stress
- Risk for Intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of sexual activity
- Adolescent pregnancy
- Risk for sexual violence
- Poor academic achievement

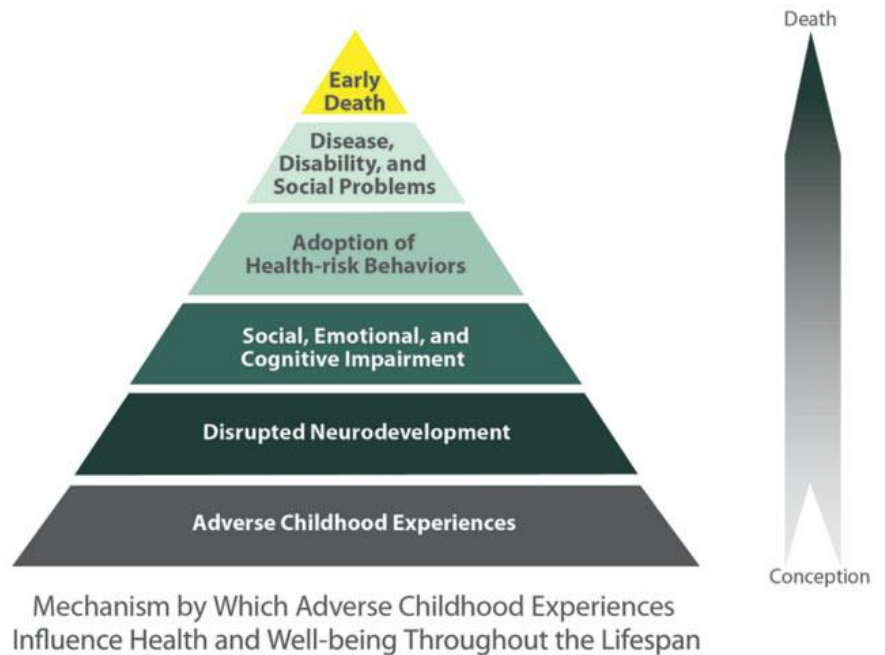


Figure 10  
ACE Pyramid, 1998

Source: Centers for Disease Control and Prevention, 1998.

Adolescents who experience these ACE’s in their life may exhibit behaviors such as early aggressive behaviors, academic problems, and peer rejection which continue to contribute to stress and negative perception of events. Since the ACE Study was published in 1997, there have been many studies that have filled in service gaps between each level of the ACE pyramid. Neuroscientists and psychologists have been working together to improve the ever-changing landscape of prevention techniques.<sup>xv</sup> There are ways to combat ACE’s that expose the child to a higher prevalence of early drug and alcohol use.

## Education

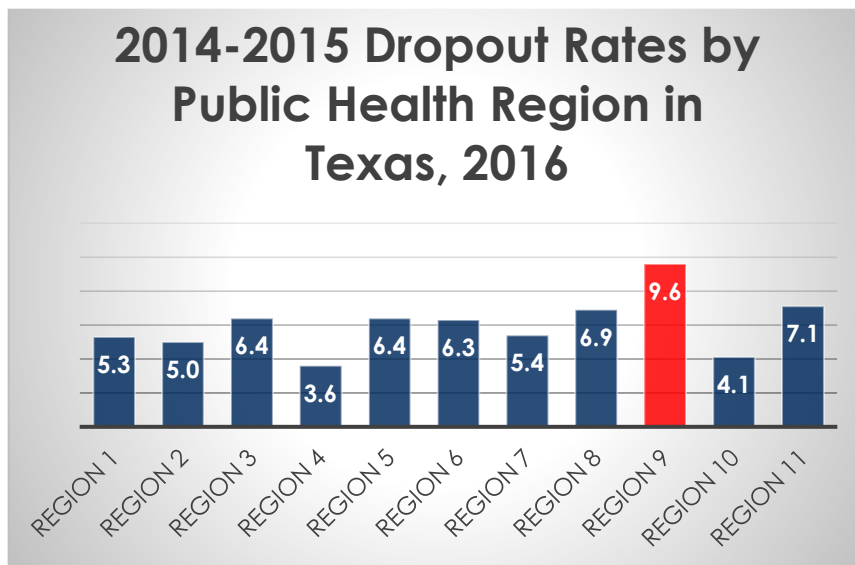
In Region 9 there are three educational regions. Region 15 covers Coke, Concho, Crockett, Irion, Kimble, Mason, McCulloch, Menard, Schleicher, Sterling, Sutton, and Tom Green Counties. Region 17 covers Borden, Dawson, Gaines Counties. Region 18 covers Andrews, Ector, Glasscock, Howard, Martin, Midland, Pecos, Reagan, Reeves, Terrell, Upton, Ward, Winkler Counties. Education Regions 15, 17, and 18 do not match with HHSC Region 9, so the education centers service more than just the aforementioned counties. For the purposes of this report, this Regional Needs Assessment will only introduce data that is significant to the areas that the Prevention Resource Centers service. There are 38



schools in Ector County ISD, as well as 4 alternative campuses that serve the population within the county. There are 35 schools in Midland ISD, as well as 3 schools in Greenwood and 1 alternative campus. Midland and Ector Counties represent the largest school systems in Region 9. In the 2015-2016 school year, there were 127,935 students enrolled in Region 9.

Figure 11

Dropout Rates by Public Health Region in Texas, 2016



**Dropout Rates**

According to the Texas Education Agency, Region 9 has a graduation rate of 85.8% and a dropout rate of 9.6%. Among all public health regions in Texas, Region 9 has the highest dropout rate, and is 60% higher than the state average of 6%. Moreover, Region 9 has the lowest graduation rate among all eleven public health regions in Texas, and is almost 5% lower than the state average rate of 90 per 100 students.

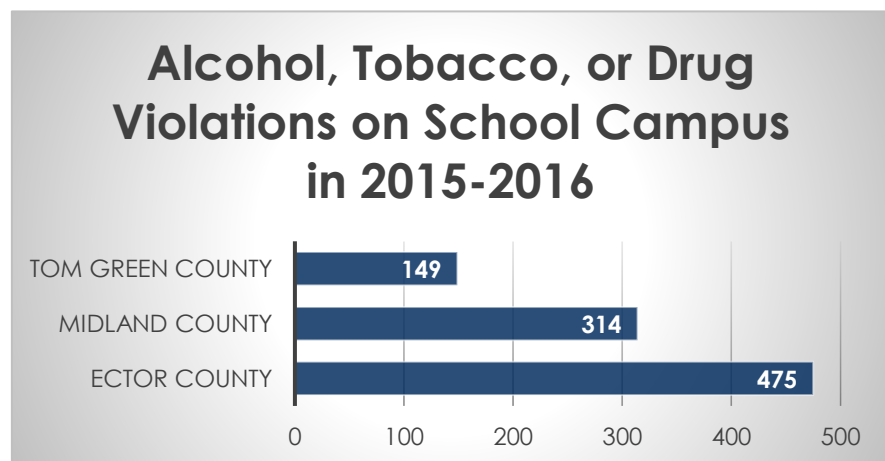
Source: Texas Education Agency, 2016.

**School Discipline**

According to the Texas Education Agency, Region 9 had 13,954 disciplined students, resulting in 220 expulsions. Of those disciplined students, 1,070 of those students were disciplined due to alcohol, tobacco, or drug violations. Most of these violations came from Ector County, resulting in 475 alcohol, tobacco, or drug violations.

Figure 12

Alcohol, Tobacco, or Drug Violations on School Campus in 2015-2016



Source: Texas Education Agency, 2016

## Criminal Activity

Criminal activity encompasses many different actions deemed illegal or irresponsible by the law and law enforcement officials. Due to the legal grey area of “criminal activity,” the Region 9 PRC includes the table below, which details the number of court cases filed in the following areas: DWI, drug offenses, assault, murder, theft, robbery, burglary, and sexual assault. These cases represented in the following table represent reported and processed cases, not necessarily cases which have led to a conviction.

**Table 5**

**2016 Adult and Juvenile Cases Processed in Criminal Court by County**

Source: Texas Court Administration, 2016.

County	DWI	Drug Offenses	Assault	Murder	Theft, Robbery, & Burglary	Sexual Assault	Total Cases
Andrews	106	187	78	4	85	11	732
Borden	0	1	1	0	0	0	9
Coke	9	4	2	0	10	0	56
Concho	4	13	6	0	18	1	109
Crane	12	16	6	0	5	2	79
Crockett	18	63	20	0	21	2	287
Dawson	36	108	42	0	42	5	429
Ector	1063	1518	440	2	649	23	6093
Gaines	85	110	34	1	76	1	515
Glasscock	0	10	2	0	3	0	189
Howard	107	313	136	5	300	9	1729
Irion	5	4	3	0	2	0	75
Kimble	21	40	5	0	19	2	186
Loving	1	1	1	0	0	0	17
McCulloch	57	82	26	0	48	8	328
Martin	8	15	13	0	14	3	184
Mason	13	13	6	0	13	4	80
Menard	7	61	9	0	8	1	138
Midland	1030	1636	466	9	1016	87	6796
Pecos	70	95	106	0	126	17	781
Reagan	35	27	23	0	10	10	274
Reeves	35	149	63	2	54	4	509
Schleicher	8	14	5	0	10	1	81
Sterling	10	7	1	0	4	0	56
Sutton	33	49	8	0	10	4	272
Terrell	1	3	0	0	15	0	84
Tom Green	457	1030	369	1	769	38	4395
Upton	17	27	18	1	12	3	136
Ward	68	92	63	4	101	4	555
Winkler	45	61	37	0	18	1	287

**Index Violent Crime**

A violent crime is defined as a crime in which an offender threatens force upon a victim.<sup>xvi</sup> Violent crimes may or may not be committed with weapons. In Region 9, there are several victim’s units which help individuals who have been effected by violent crime. Victim’s units can help individuals mentally, legally, and physically move past a traumatic incident. Victim’s units can provide financial assistance for individuals who are trying to recover from an unexpected event.

Below is a table depicting violent crime offenses in Region 9 by county in 2015. Offenses do not reflect charges, convictions, or arrests. Rather, offenses are defined by reported activities to local sheriff or police departments. In total, there were 3,316 violent crime offenses reported in Region 9 in 2015. The most violent crime offenses in 2015 occurred in Ector County, where 1,720 violent crimes were reported. In total, Ector County’s violent crime charges made up 51% of Region 9’s total violent crime offenses.

**Table 6**  
**Violent Crime Offenses in Region 9 by County, 2015**

County	Murder	Rape	Robbery	Assault	County	Murder	Rape	Robbery	Assault
Andrews	-	18	12	64	Martin	-	-	1	12
Borden	-	-	-	2	Mason	-	2	-	2
Coke	-	-	-	1	Menard	-	-	-	-
Concho	-	-	-	1	Midland	9	46	75	374
Crane	2	-	-	5	Pecos	1	9	7	35
Crockett	-	1	1	10	Reagan	-	-	-	9
Dawson	1	9	5	33	Reeves	2	8	3	62
Ector	12	89	204	1,415	Schleicher	-	-	-	4
Gaines	-	2	-	12	Sterling	-	-	-	3
Glasscock	-	-	1	-	Sutton	-	1	-	6
Howard	2	13	33	219	Terrell	-	-	-	-
Irion	1	-	-	-	Tom Green	3	81	30	280
Kimble	-	-	1	3	Upton	-	1	1	3
Loving	-	-	-	-	Ward	1	5	6	49
McCulloch	-	-	-	6	Winkler	1	-	-	6

Source: Texas Department of Public Safety, 2017.

### Index Property Crime

Property crimes include burglary, larceny, and motor vehicle theft.<sup>xvii</sup> Property crimes do not involve the use of force or any injury to another person. The property crime offenses in Region 9 are most prominent in the region's population centers, like Ector County, Midland County, Tom Green County, and Howard County. In 2015, there were a total of 19,871 property crime offenses reported in Region 9. Like the violent crime index mentioned earlier, offenses do not reflect charges, convictions, or arrests. Rather, offenses are defined by reported activities to local sheriff or police departments.

**Table 7**  
**Property Crime Offenses in Region 9 by County, 2015**

County	Burglary	Larceny	Auto Theft	County	Burglary	Larceny	Auto Theft
Andrews	60	313	51	Martin	22	72	6
Borden	3	3	2	Mason	9	18	3
Coke	8	2	5	Menard	-	6	-
Concho	1	-	-	Midland	838	3,032	278
Crane	5	17	3	Pecos	90	289	21
Crockett	24	24	3	Reagan	37	66	6
Dawson	124	292	29	Reeves	41	195	15
Ector	1,287	4,714	798	Schleicher	13	17	2
Gaines	59	177	16	Sterling	1	-	-
Glasscock	5	4	1	Sutton	6	23	2
Howard	352	1,103	102	Terrell	6	4	-
Irion	4	25	-	Tom Green	873	3,265	278
Kimble	9	33	3	Upton	2	6	1
Loving	2	5	-	Ward	143	258	40
McCulloch	40	115	14	Winkler	12	37	1

Source: Texas Department of Public Safety, 2017.

### Family Violence and Child Abuse

The Texas Family Code defines family violence as an act by a member of a family or household against another member that is intended to result in physical harm, bodily injury, assault, or a threat that reasonably places the member in fear of imminent physical harm.<sup>xviii</sup> Family violence laws exclude reasonable discipline of a child. In 2014, there were 185,817 incidents of family violence in Texas, an increase of about .2% from 2013.<sup>xix</sup> In Texas, 72% of the victims of family violence were females in 2015.<sup>xx</sup> The age group showing the highest number of offenders of the Texas Family Code in 2015 was the 25 to 29-year-old bracket. Of all the incidents in Texas, 97% of the incidents were assaults on another family member.<sup>xxi</sup> The table below shows number of incidents per county in Region 9.<sup>xxii</sup> Safe Place in Midland and The Crisis Center in Odessa help shelter moms and children who maybe in a violent situation. San Angelo also has a family shelter where families can go to for up to go days. The San Angelo facility can

serve up to 74 individuals and can work with men, women, and children to escape an abusive situation. Shelters are placed strategically throughout the cities so that residents can be kept safe. The following table depicts the number of incidents of family violence in Region 9 in 2014.

**Table 8**  
**Incidents of Family Violence, 2014**

Incidents of Family Violence in Region 9 in 2014			
County Name	Incidents of Family Violence	County Name	Incidents of Family Violence
Andrews	72	Martin	26
Borden	0	Mason	5
Coke	0	Menard	10
Concho	5	Midland	701
Crane	12	Pecos	99
Crockett	27	Reagan	0
Dawson	181	Reeves	29
Ector	1,763	Schleicher	5
Gaines	69	Sterling	0
Glasscock	4	Sutton	3
Howard	585	Terrell	4
Irion	2	Tom Green	1,315
Kimble	17	Upton	12
Loving	0	Ward	88
McCulloch	33	Winkler	27

Source: Department of Public Safety, 2014.

### Drug Seizures/Trafficking Arrests

According to the Federal Bureau of Investigations, there were 2,441 pounds of drugs seized in Region 9 in 2015. Overall, the most seized drug in Region 9 in 2015 according to the FBI was marijuana. Specifically, there were 2,375 solid pounds of marijuana seized in Region 9 in 2015. There were 137 marijuana plants, gardens, fields, and greenhouses seized in Region 9 in 2015. The next most seized drug in Region 9 in 2015 was amphetamines or methamphetamines. According to the FBI, there were about 31 solid pounds of amphetamines or methamphetamines seized in Region 9 in 2015. Lastly, there were more than 2 pounds of heroin was seized in Region 9 in 2015 according to the FBI.

### Mental Health

In the rural areas of Region 9, accessing mental health services can be a challenge. In recent years the use of telemeds, or medical consultation via computing technology, has greatly increased the availability of providers. However, even with the use of newer technology, access times are still limited and wait times can be long. Region 9 is served by five different mental health service centers: Permian Basin Community Centers, Concho Valley MHMR, Life Resource Center in Brownwood, West Texas Centers of Big Spring, and Hill Country MHDD. Each of these centers offer an array of different services designed to give their clients the services that best fit their need. Bi-polar disorder, schizophrenia, and manic

depression are the three main disorders that local MHMR's services. Clients can be put on different service packages depending their level of need. Clients who need close monitoring to stabilize and manage their symptoms may be seen more frequently than clients who are maintaining their symptoms. Individuals who have been diagnosed with mental illnesses face a unique set of challenges to maintain their health. Sometimes doctors prescribe several medications to stabilize their mental health condition. These medications can interfere with their normal bodily routines and can cause other health conditions to be exacerbated. Clients who are on medications for long-term need to have their bio-metrics monitored to make sure that their bodies are tolerating the medications correctly.

There is a tremendous following of smokers who have been diagnosed with a mental illness. More than 31% of the cigarettes smoked in this entire country are smoked by individuals with a psychiatric disorder, such as major depressive disorder, alcoholism, post-traumatic stress disorder (PTSD), schizophrenia, or bi-polar disorder. Smoking by patients with mental illness contributes greatly to their increased morbidity and mortality rates.<sup>xxiii</sup>

Clients determined to have Intellectual and Developmental Disabilities (IDD) can also get services from the local mental health centers. IDD clients require a very specialized subset of skills to monitor and understand them. IDD clients can attend day-long rehabilitative services where they are cared for throughout the work day so that family members can go to work or take care of other family members. IDD clients can have several medical needs that must be addressed by professional caregivers.

### Suicide

The most recent data published by the Texas Health and Human Services Commission regarding suicide comes from 2014. In 2013, there were 86 suicides in Region 9, with 22 in Ector County, 24 in Midland County, and 19 in Tom Green County. From 2012-2014, there were 274 suicides in Region 9. The next table depicts the total number of suicides from 2012-2014 in Region 9.

**Table 9**  
**Suicides in Region 9 by County, 2012-2014**

County	2012-2014 Suicides	County	2012-2014 Suicides	County	2012-2014 Suicides
Andrews	10	Howard	16	Reagan	2
Borden	0	Irion	1	Reeves	4
Coke	4	Kimble	1	Schleicher	0
Concho	1	Loving	0	Sterling	0
Crane	2	McCulloch	5	Sutton	0
Crockett	0	Martin	1	Terrell	0
Dawson	6	Mason	3	Tom Green	53
Ector	65	Menard	3	Upton	1
Gaines	10	Midland	70	Ward	6
Glasscock	1	Pecos	3	Winkler	6

Source: Texas Health and Human Services Commission, 2017.

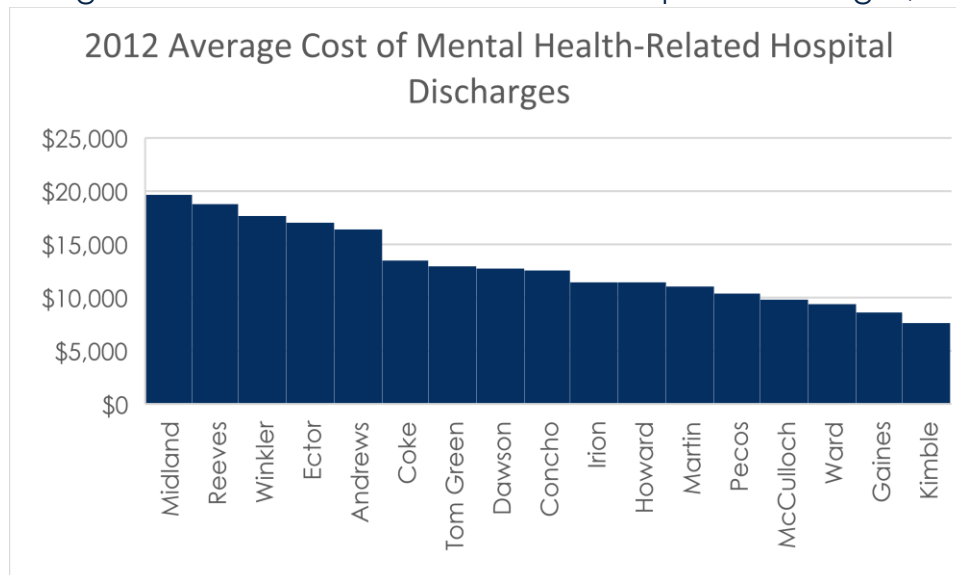
It is worth noting that suicide rates are often skewed because the burden of proof for a law enforcement or health official to determine an individual dead via suicide is very difficult. In some cases, law enforcement and health officials must have undeniable proof from the deceased individual, such as a suicide note, that the deceased did, in fact, commit intentional suicide.

Drug overdoses are not considered a suicide and are simply ruled an accidental death. There is a lot of inconsistency across the state over how to count overdose deaths and if there is indication that the person is trying to commit suicide or if it is simply an accidental overdose. Currently there is no clear guidance on ways to be consistent regarding drug-related death rulings. In an interview with the medical examiner’s office in Ector County, gunshot wounds and asphyxiation were the most common forms of death that were counted as a suicide. However, these instances were only counted as a suicide because there were clear indications that the individuals were trying to end their life.

**Psychiatric Hospital Admissions**

Only 17 of Region 9’s 30 counties have produced mental health-related hospital admission and discharge data. A significant hindrance on the collection of mental health data comes not only from the stigma associated with mental health, but the sheer lack of mental health resources for predominantly rural counties and communities in Region 9. The following figure details the average cost of mental health-related hospital discharges in Region 9. The most expensive average discharge rate for mental healthcare in Region 9 is Midland County, averaging \$19,664 per mental health patient. The most inexpensive hospital discharge rate in Region 9 for mental health patients is in Kimble County at a rate of \$7,634 per mental health patient. The average cost per discharge for a patient seeking mental healthcare in Region 9 is \$13,002.

Figure 13  
Average Cost of Mental Health-Related Hospital Discharges, 2012



Source: Texas Health and Human Services Commission, 2014.

Figure 14  
Co-Occurrences of Substance Abuse Disorders and Mental

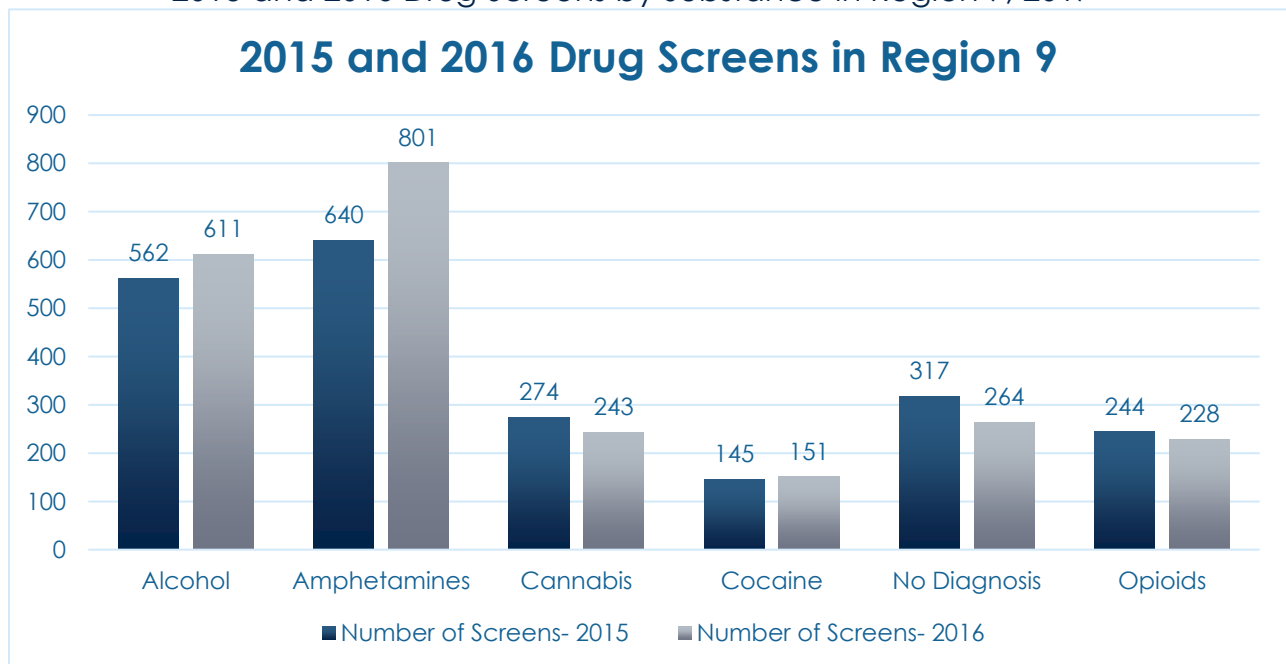


Source: Sunrise House, 2016.

**Adolescents and Adults Receiving Substance Abuse Treatment**

There are several types of substance abuse treatments that are offered in Texas. COPSD (Co-Occurring Poly Substance Disorder) clients are individuals who have a mental illness as well as a substance abuse disorder. Both substance abuse and mental illness need to be treated and managed in their appropriate, similar and categorical way. Individuals may acknowledge that they have a substance use problem, but may think that it is not so severe that they need to go into a residential treatment facility. These individuals may choose to seek treatment in an outpatient setting services. In these services, individuals manage their substance abuse disorder by talking to a counselor or case manager on a periodic basis. Services can be used to help people obtain and maintain independent sobriety.

Figure 15  
2015 and 2016 Drug Screens by Substance in Region 9, 2017



Source: Texas Health and Human Services Commission, 2017.

Individuals who are highly dependent on a substance may choose to go into a residential treatment facility where they can be monitored by health care professional to make sure they safely quit the



substance with which they depend. When a person is put into detox they are monitored by medical professionals on a frequent basis to make sure that they are medically stable. Typically, there is a period of detox before someone goes into a residential treatment setting. The detox period varies, but is generally between 72 and 96 hours. The length of detox depends on what drugs were taken and how much of the drug(s) are in the patient's system. At the end of the detox period the doctor will release the client, and at that time the client can go to a residential treatment setting.

When a person is in a residential treatment center, they are taught about addiction and how it effects their bodies. These individuals talk about how to stay clean once they go back to their old environment.

In Region 9, The Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADE) offers the PADRE program (Parenting Awareness and Drug Risk Education), or Daddy & Me, designed to help new and current fathers overcome the parental-related challenges. PBRCADE also offers the PPI (Pregnant and Post-Partum Intervention), or Mommy & Me, program for mothers who have recently given birth and who have a drug addiction.

Turning Point in Odessa, a program associated with Permian Basin Community Centers, is a residential treatment setting that has 42 beds. Permian Basin Community Centers (PBCC) also offers the She's for Sure program which provides outpatient substance abuse treatment to adolescents and women who have a history of chemical dependency. The Top Rank Youth Program provides outpatient substance abuse treatment for teenagers who do not require a residential treatment setting. PBCC also offers the Co-Occurring Psychiatric and Substance Use Disorders (COPSD) program for dual diagnosis clients. Moreover, PBCC offers outreach, screening, assessment, and referral (OSAR) to patients in need of such services.

The Alcohol and Drug Abuse Council for the Concho Valley (ADACCV) offer outpatient treatment that consists of a six-month program. ADACCV has William's and Mary's Houses that have recently been opened. William's House is a residential treatment setting for males. Sara's House is a residential treatment program for indigent women where families can stay intact and children can live with their mother as she goes through treatment. ADACCV is also building a new facility, the Journey Recovery Center, which should open by the end of 2018. The new 20,000+ square foot facility will allow ADACCV to consolidate its residential treatment services to one location and double its residential treatment capacity by providing 30 male treatment beds and 18 female treatment beds. ADACCV will also add residential detoxification services that can accommodate up to 12 clients.

Rivercrest in San Angelo offers substance abuse treatment. Rivercrest has an 80-bed facility which includes patients with mental illness as well as individuals going through substance abuse treatment. Rivercrest is one of only three agencies that take Tri-Care, or common military insurance.

**There are less than 50 treatment beds for youth in Region 9.**

Members of the military that are seeking substance abuse treatment can go to the VA hospital in Big Spring and receive residential treatment there. The Big Spring VA hospital has a 40-bed facility that serves male military personnel. Currently there is no treatment center in Region 9 that treats females who served in the military.

The Springboard Center in Midland offers 35 total beds for treatment. Of those 35 beds, 9 are used for detox. Springboard also offers intensive outpatient services where individuals are assigned a case manager and are provided services periodically. Springboard also has 6 sober living houses in Midland: four are for men and two are for women. Springboard works with area organizations to care for indigent clients who may not be able to pay for services.

Big Spring and Howard Counties have no detox facilities and rely on the facilities in the surrounding counties to seek treatment for individuals.

### **Social Factors**

The social epidemiology on substance abuse include the social factors that shape the population distribution of substance use behavior. There are several social factors which can determine why someone would be interested in trying drugs and alcohol. Children who grow up in an environment of drugs and alcohol may feel consumption is simply part of their family, and "that's just the way things are done." If drugs are easily accessible, then children may be more enticed to try them.

Children who have poor self-esteem are more likely to become addicted to drugs. Taylor & Lloyd developed a study that looked at the levels of self-esteem and dependence on a substance later in life.<sup>xxiv</sup> Children who used earlier and had low self-esteem were the most likely to develop a long-term substance abuse issue. It is speculated that the reason for childhood drug consumption is taking drugs temporarily makes you feel good and can fill a void caused by not feeling good about yourself.<sup>xxv</sup>

Children may be pressured into taking drugs by their peers. Peers may not necessarily "pressure" others into taking drugs, but because of the casualness of use and availability of certain drugs, children may feel the need to take those drugs.

### **Youth Perception of Parental Approval of Consumption**

According to the 2016 Texas School Survey, 64.4% of youth in Regions 9 and 10 reported that their parents would strongly disagree of "kids your (the student surveyed) age" drinking alcohol, while 14.3% reported their parents would mildly disapprove, 10.7% reported their parents neither approve nor disapprove, 3.5% reported their parents would mildly approve, 1% reported their parents would strongly approve, and 6.1% did not know if their parents would approve or disapprove of other youth drinking alcohol. According to these reports, Region 9 and 10 youth assume their parents mildly or strongly approve of drinking alcohol at roughly the same average rate as other parents in the state, but are slightly higher in the "strongly disapprove" category compared to the state average.

Youth perceptions of "strong" parental disapproval of underage drinking in Region 9 and 10 is average compared to other public health regions in Texas.

**Table 10**  
**Youth Perception of Parental Approval of Alcohol Use, 2016**

How Do Your Parents Feel About Kids Your Age Drinking Alcohol?						
Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
State	64.9%	13.7%	10.7%	3.3%	1.1%	6.3%
1&2	60.6%	14.1%	13.0%	4.4%	1.5%	6.3%
3	67.3%	14.4%	10.4%	2.6%	0.9%	4.5%
4&5	60.9%	14.5%	12.0%	4.2%	1.0%	7.4%
6&8	62.3%	14.0%	11.60%	3.9%	1.1%	7.0%
7	64.6%	15.2%	11.30%	3.1%	1.0%	4.9%
<b>9&amp;10</b>	<b>64.4%</b>	<b>14.3%</b>	<b>10.7%</b>	<b>3.5%</b>	<b>1.0%</b>	<b>6.1%</b>
11	68.20%	10.60%	8.20%	2.90%	1.20%	8.90%

Source: Texas School Survey, 2016.

### Youth Perception of Peer Approval of Consumption

When comparing youth perception of peer approval of consumption of alcohol versus youth perception of parent approval of consumption of alcohol, youth across the state tend to believe other youth perceive alcohol as less dangerous than their parents. Though this is to be expected, largely due to peer approval and consumption patterns among youth, it also indicates that youth can be unclear whether consumption of alcohol (or other substances for that matter) can be dangerous.

In Regions 9 and 10, the 2016 Texas School Survey conveys that youth believe their peers do not believe alcohol consumption is as dangerous as the average Texas youth. Specifically, while 52.2% of Texas youth believe alcohol consumption among other youth is "very dangerous," only 51.2% of Region 9 and 10 youth believe alcohol consumption among other youth is "very dangerous." Though this data reflects a mere 1% difference, it is important to look at all the variables with which students are supposed to report. Region 9 & 10 students also believe alcohol is "not very dangerous" or "not dangerous at all" more than the average Texas youth. A combination of these self-report statistics paints a clear picture that youth are more likely to believe their peers (and parents) are less disapproving of alcohol consumption than the average Texan youth or parent, as well as less disapproving of alcohol consumption among many other regions in the state of Texas. The following table depicts youth perceptions of other youth consuming alcohol.

**51.2% of Region 9 and 10 youth believe alcohol consumption among other youth is "very dangerous."**

**Table 11**  
**Youth Perception of Harm of Alcohol Use, 2016**

How Dangerous Do You Think It Is for Kids Your Age to Use Alcohol?					
Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
State	53.3%	29.1%	11.8%	2.4%	3.3%
1&2	50.7%	31.4%	11.8%	2.3%	3.7%
3	52.4%	30.7%	12.1%	1.9%	2.9%
4&5	53.2%	29.1%	11.8%	2.6%	3.3%
6&8	53.4%	28.4%	11.7%	2.8%	3.6%
7	51.0%	32.0%	12.2%	2.0%	2.8%
<b>9&amp;10</b>	<b>51.2%</b>	<b>30.5%</b>	<b>12.4%</b>	<b>2.6%</b>	<b>3.2%</b>
11	58.0%	24.1%	11.3%	2.5%	4.2%

Source: Texas School Survey, 2016.

**Cultural Norms and Substance Abuse**

Culture plays a central role in forming the expectations of individuals about potential problems faced with drug use.<sup>xxvi</sup> For many social groups culture may provide a protective factor. Initiation into excessive substance use may occur during periods of rapid social change, often among cultures who have had little exposure to drugs and have not developed those normative protective factors that other cultures may already have established.<sup>xxvii</sup> Anomie, or the loss of a healthy ethnic or cultural identity, may occur among cultures which have been rapidly influenced by an outside source.<sup>xxviii</sup> Treatment specialists need to be aware of the changing cultures of their clients.

**Adolescent Sexual Behavior**

Texas has one of the biggest teen pregnancy rates in the United States. Specifically, Texas ranks 46<sup>th</sup> in the United States regarding teen pregnancy rates (37.8 teen births per 1,000 teenage women). According to The National Campaign to Prevent Teen and Unplanned Pregnancy, teen childbearing cost our nation roughly 9.4 billion dollars in tax payer assistance for mothers who had children while they were teenagers in 2010.<sup>xxix</sup> The aforementioned cost includes costs associated with public health assistance, increased risk of incarceration, and lost tax revenue due to decreased spending, as well as loss of disposable income. .<sup>xxx</sup> In 2010, 61% of unintended teenage pregnancies in Texas resulted in births and 25% in abortions while the remainder resulted in miscarriages.<sup>xxxi</sup> The estimated cost of teenage pregnancies in Texas was over 1.1 billion dollars in 2010.<sup>xxxii</sup>

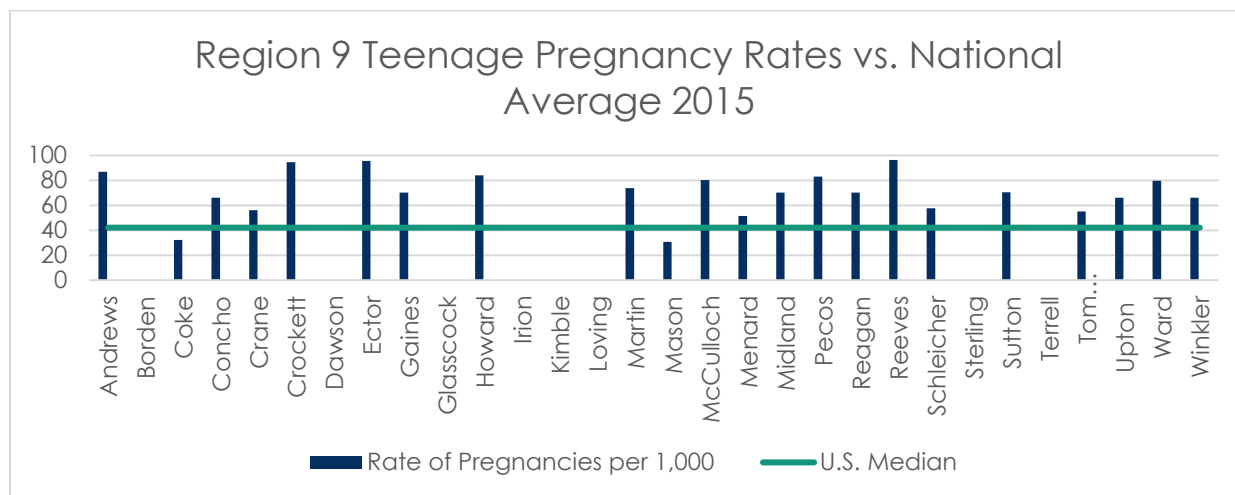
*“Twenty Region 9 counties were above the national average for teenage pregnancy rates.”*

Teen pregnancy rates are uniquely high in Region 9. The figure below explains how 2/3rds of Region 9 counties have teenage pregnancy rates higher than the national average. Reeves (96.4), Crockett (94.7), and Ector (95.6) Counties all have the highest totals.

Figure 16

Source: County Health Rankings, 2015.

Teenage Pregnancy Rates vs. National Average, 2015



One of the reasons why Prevention Resource Centers across the state of Texas include adolescent sexual behavior in the annual Regional Needs Assessment is because consumption of alcohol and other drugs creates risky environments and can promote risky sexual behavior. According to the Centers for Disease Control and Prevention in 2015, 46% of Texas teens have had sexual intercourse, 15% have had sex with four or more persons, 33% are currently sexually active (have had sex in the past 3 months), 47% did not use a condom during their last sexual intercourse, 86% did not use birth control pills before their last sexual intercourse, 80% did not use any means of feminine birth control, 93% did not use a condom and a form of feminine birth control, 19% did not use any method to prevent pregnancy, and 24% drank alcohol or used drugs before sexual intercourse.

Source: County Health Rankings, 2015.

Table 12

Teenage Pregnancy Rate Rankings in Texas by Region 9 County, 2016.

Region 9 County Ranking in Teenage Pregnancies vs. Texas 2014-2015								
County	Ranking in 2015	Ranking in 2014	County	Ranking in 2015	Ranking in 2014	County	Ranking in 2015	Ranking 2014
Ector	13	18	Sutton	71	102	Tom Green	160	160
Reeves	15	21	Gaines	72	80	Menard	171	178
Crockett	17	13	Midland	75	87	Sterling	172	154
Dawson	19	14	Reagan	76	65	Irion	210	221
Andrews	26	43	Concho	95	89	Coke	229	229
Howard	31	33	Upton	100	111	Mason	232	233
Pecos	32	35	Winkler	101	127	Borden	NR	NR
McCulloch	43	40	Schleicher	135	123	Glasscock	NR	NR
Ward	45	46	Crane	146	166	Loving	NR	NR
Martin	62	86	Kimble	151	163	Terrell	NR	NR

## Misunderstandings about Marijuana

Marijuana is the most widely used illicit drug in the United States. According to the National Survey on Drug Use and Health, three out of every four illicit-drug users reported using marijuana within the past 30 days, and 95 million Americans age 12 and older have tried the drug at least once.

With legalization efforts happening across the United States, the political and discursive landscape of marijuana has been filled with significant amounts of misinformation, so it is important that Prevention Resource Centers say the scientifically-backed truth about the drug. Below are a series of misunderstandings about marijuana that are followed by the correct, scientifically-backed understanding of the drug.

- **Misconception:** Marijuana is legal in Texas.
  - **Fact:** Marijuana is illegal in Texas, as it is still a schedule 1 drug according to the Drug Enforcement Agency of the United States.
- **Misconception:** But I heard CBD is legal in Texas... Doesn't that mean marijuana is legal?
  - **Fact:** No, marijuana is still illegal in Texas and CBD is different from marijuana. CBD is a chemical derived from a marijuana plant, and only available in small quantities to certain, high-risk epilepsy-diagnosed individuals in Texas. Moreover, THC and CBD are vastly different, as THC is the psychoactive ingredient in marijuana, or the chemical that gets a user "high." More specifically, the difference between CBD vs. THC comes down to a basic difference in how each one interacts with the cannabinoid 1 (CB1) receptor. THC binds well with CB1 cannabinoid receptors. CBD has low binding affinity for CB1 receptors. That's where the two diverge. Think of it like an electrical plug connecting to a wall socket. A THC molecule is perfectly shaped to connect with CB1 receptors. When that connection happens, THC activates, or stimulates, those CB1 receptors. Researchers call THC a CB1 receptor agonist, which means THC works to activate those CB1 receptors. THC partially mimics a naturally produced neurotransmitter known as anandamide, aka "the bliss molecule." Anandamide is an endocannabinoid which activates CB1 receptors. Anandamide can increase appetite and enhance pleasure associated with food consumption, and it's likely responsible for some of the rewarding effects of exercise (e.g. the "runner's high"). Anandamide also plays a role in memory, motivation, and pain. THC is a "key" that so closely resembles anandamide that it activates CB1 receptors, allowing it to produce some of those same blissful feelings. CBD, by contrast, is not a good fit with CB1 receptors. It's categorized as an *antagonist* of CB1 agonists. This means that it doesn't act directly to activate or suppress CB1 receptors—rather, it acts to suppress the CB1-activating qualities of a cannabinoid like THC. In other words, when you ingest THC and CBD, the THC directly stimulates those CB1 receptors, while the CBD acts as a kind of modulating influence on the THC.
- **Misconception:** Marijuana is not harmful.
  - **Fact:** Marijuana has both mental and physical harms to a user. Long-term marijuana use has been linked to mental illness in some users, such as temporary *hallucinations*—sensations and images that seem real though they are not, temporary *paranoia*—extreme and unreasonable distrust of others, and worsening symptoms in patients with *schizophrenia* (a severe mental disorder with symptoms such as hallucinations,

paranoia, and disorganized thinking). Marijuana use has also been linked to other mental health problems, such as depression, anxiety, and suicidal thoughts among teens. However, study findings have been mixed. Marijuana also has physical side effects which are worth noting. Breathing problems, increased heart rate, dry mouth, problems with child development during and after pregnancy. Most significantly, however, is delayed brain development in children and young adults while the brain is still developing. Cognitive impairment goes beyond memory loss and slowed brain development, as it is also a major traffic safety concern.

- **Misconception:** Marijuana is not addictive.
  - **Fact:** Marijuana use is often associated with behavior that meets the criteria for substance dependence established by the American Psychiatric Association in the Diagnostic and Statistical manual of Mental Disorders (DSM-IV). Moreover, more teens enter treatment each year with a primary diagnosis of marijuana dependence than for all other illicit drugs combined. Currently, 62% of teens in drug treatment are dependent on marijuana.
- **Misconception:** Marijuana is not as harmful to your health as tobacco.
  - **Fact:** Marijuana contains many of the cancer-causing chemicals found in tobacco. Puff for puff, the amount of tar inhaled and the level of carbon monoxide absorbed by those who smoke marijuana, regardless of THC content, are three to five times greater than among tobacco users.

## Accessibility

In evaluating the risk of substance use in congruence with the risk factor model, accessibility should be considered in the perceptions one has in obtaining alcohol, marijuana or prescription drugs. If one believes any of these substances will bring any harm to themselves, the risk of abuse increases. Family may also increase risk social hosting in which parents allow alcohol and drugs at parties. Also, if drugs are allowed or are normally found on school campuses may increase accessibility. The community may contribute to risk if businesses do not follow state licensing and regulations in alcohol sales. The following information addresses each realm of the risk model in assessing accessibility.

### Perceived Access of Alcohol

According to the 2016 Texas School Survey, the perceived ease of obtaining alcohol in Region 9 and 10 is greater than many other regions in the state of Texas. According to the report, 12.6% of 7<sup>th</sup>-12<sup>th</sup> graders in Region 9 and 10 believe alcohol is “impossible” to obtain, while 26.6% believe alcohol is “very easy” to obtain. In a comparative context, one other public health region in the state has lower numbers of youth which believe alcohol is “impossible” to obtain, and Regions 9 & 10 rank the highest in the state regarding youth perceptions that alcohol is “somewhat easy” to obtain. The following table explains the pervasiveness of alcohol access in Region 9 and 10.

**Table 13**  
**Youth Perceived Ease of Obtaining Alcohol by Region, 2016**

Perceived Ease of Obtaining Alcohol, Grades 7-12						
Region	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
State	21.4%	14.5%	6.1%	11.1%	18.3%	28.6%
1&2	16.0%	15.2%	7.2%	12.0%	19.6%	29.9%
3	17.5%	14.8%	6.0%	11.3%	19.9%	30.6%
4&5	19.3%	15.7%	6.2%	11.1%	18.3%	29.4%
6&8	23.1%	13.5%	5.40%	10.6%	17.0%	30.4%
7&8	19.2%	14.0%	6.6%	11.3%	20.1%	28.8%
9&10	21.9%	12.6%	6.3%	11.9%	20.7%	26.6%
11	30.5%	14.5%	5.8%	10.5%	16.5%	22.3%

Source: Texas School Survey, 2016.

“Regions 9 & 10 rank the highest in the state regarding youth perceptions that alcohol is ‘somewhat easy’ to obtain.”



In Regions 9 and 10 specifically, over 40% of 12<sup>th</sup> graders believe that alcohol is “very easy to obtain.” In fact, after joining high school from junior high school or middle school, the perceived “very easy” access of alcohol jumps from 19.8% to 23.2%. In another context, about 1 in 3 high school students in Region 9 and 10 believe that alcohol is “very easy to obtain” versus 1 in 5 middle school and junior high students in Region 9 and 10 reporting alcohol is “very easy to obtain.” In all categories, about 12% more students in 2016 reported that alcohol is “very easy to obtain” than in 2014. The table below shows data about perceived ease of obtaining alcohol in grades 7-12 in Regions 9 and 10.

**Table 14**  
**Youth Perceived Ease of Obtaining Alcohol by Grade, 2016**

Perceived Ease of Obtaining Alcohol, Grades 7-12						
	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All	21.9%	12.6%	6.3%	11.9%	20.7%	26.6%
Grade 7	33.0%	22.1%	8.3%	9.7%	13.1%	13.8%
Grade 8	26.5%	17.3%	7.5%	12.2%	16.7%	19.8%
Grade 9	23.0%	12.6%	5.9%	13.0%	22.3%	23.2%
Grade 10	18.2%	9.8%	6.7%	12.8%	23.3%	29.2%
Grade 11	15.3%	7.1%	5.4%	11.9%	24.2%	36.1%
Grade 12	13.6%	5.1%	3.8%	11.7%	25.3%	40.5%

Source: Texas School Survey, 2016.

### Perceived Access of Marijuana

According to the 2016 Texas School Survey, Regions 9 and 10 have the second highest number of youth which believe marijuana is “somewhat easy” to obtain. Similarly, Regions 9 & 10 have the lowest number of youth in the state of Texas which believe marijuana is “impossible” to obtain according to the 2016 Texas School Survey. Though Regions 9 and 10 have one of the lowest reported number of youth which believe marijuana is “very easy” to obtain, it is alarming that 7<sup>th</sup>-12<sup>th</sup> graders in Regions 9 and 10 reports that marijuana access is still incredibly high. In fact, the number of 7<sup>th</sup>-12<sup>th</sup> grade students which believe marijuana is “very easy to obtain” grew nearly 2% from the 2014 Texas School Survey, meaning that perceived marijuana access in Region 9 and 10 is growing.

**Regions 9 & 10 have the most youth users of marijuana in the state of Texas.**

**Table 15**  
**Youth Perceived Ease of Obtaining Marijuana by Region, 2016**

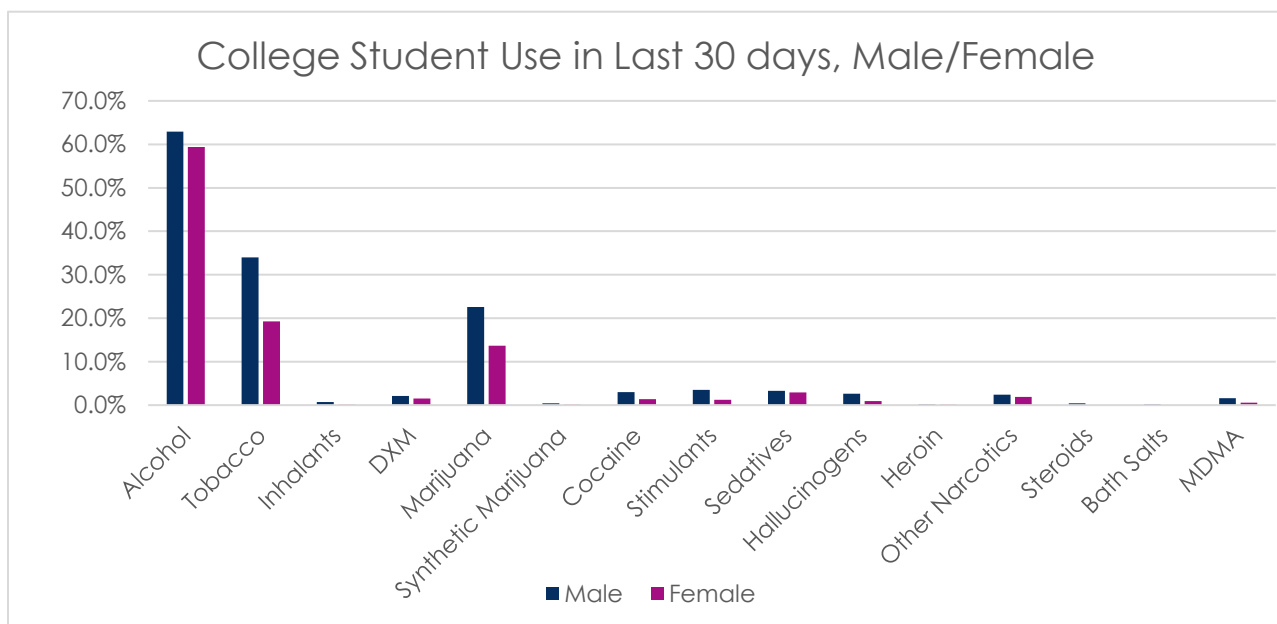
Perceived Access of Marijuana, Grades 7-12						
Region	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
State	25.4%	24.1%	7.7%	9.4%	12.6%	20.7%
1&2	21.7%	27.9%	10.0%	10.0%	12.6%	17.7%
3	20.0%	24.6%	7.6%	9.7%	13.9%	24.3%
4&5	24.4%	26.8%	7.7%	9.9%	11.4%	19.8%
6&8	28.2%	23.0%	7.0%	9.2%	12.1%	20.4%
7&8	22.7%	23.6%	8.7%	10.0%	14.6%	20.4%
<b>9&amp;10</b>	<b>28.0%</b>	<b>20.7%</b>	<b>7.6%</b>	<b>10.1%</b>	<b>14.1%</b>	<b>19.6%</b>
11	34.2%	20.8%	6.5%	7.6%	10.2%	20.7%

Source: Texas School Survey, 2016.

**Perceived Access of Prescription Drugs**

There were 221,595,247 prescriptions that were filled in Texas in 2015. The Texas College Survey in 2015 found that 26% of college students reported that they had used a prescription drugs without medical intention within the last 30 days. Pain killers were the most commonly abused prescription drug, with about 16% of the respondents reporting that they had used pain killers such as Vicodin, OxyContin, or Codeine for the experience of feeling it gave at some point in their lives.

Figure 17  
College Student Substance Use in Last 30 in Last 30 Days, 2015.



Source: Texas College Survey, 2015.

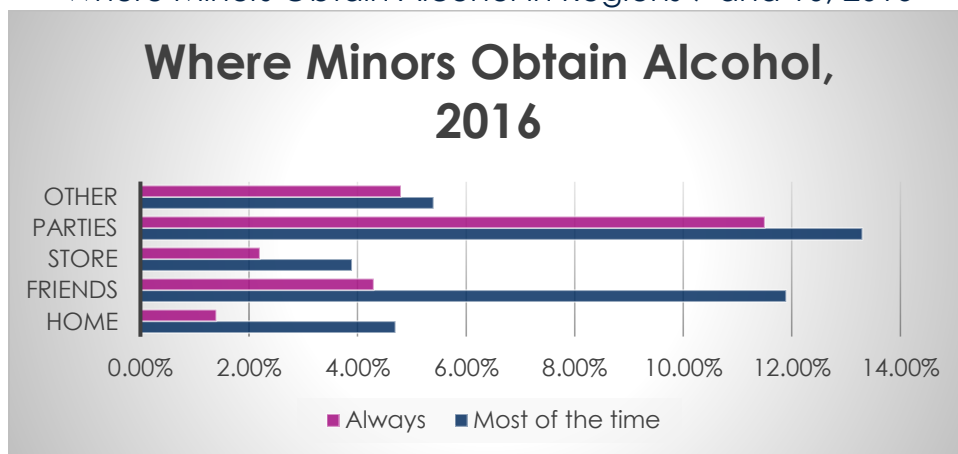
**Alcohol Retail Permit Density and Violations**

As of 2015, there are 2,150 places in Region 9 where you can buy alcohol. Alcohol can be sold in grocery stores, liquor stores, convenient stores, as well as bars and entertainment clubs. Retail permit density is also very high for such a widespread region like Region 9, where there are .378 alcohol retailers per square mile. Though the number of compliance violations were low in Region 9, there were 1,029 failed state compliance checks according to the 2015 Report to Congress on the Prevention and Reduction of Underage Drinking in Texas.<sup>xxxiii</sup> Of these violations in 2015, less than 20 were in Region 9.

**Social Hosting of Parties**

Currently in Region 9 the Here 2 Impact (H2i) Coalition has passed a social host ordinance in Ector County in which adults who provide a place for minors to drink alcohol will be ticketed. According to Texas law adults cannot furnish alcohol to minors, and the social host ordinance would take this one step further and ticket adults who knowingly provided place or property to youth with the intent to illegally consume alcohol.

Figure 18  
Where Minors Obtain Alcohol in Regions 9 and 10, 2016



Source: Texas School Survey, 2016.

According to the 2016 Texas School Survey, parties are the most common place for minors to obtain alcohol. Specifically, 13.3% of minors reported they obtain alcohol “most of the time” from parties, while 11.5% of minors reported they exclusively obtain alcohol from parties. Social host ordinances, like the ordinance being championed by the H2i Coalition, are aimed at reducing underage drinking at parties as they are the number one way minors obtain alcohol.

**There are .378 alcohol retailers per square mile in Region 9.**

### Marijuana Access

In Regions 9 and 10 specifically, more than 1 in 3 12<sup>th</sup> grade students reported that marijuana is “very easy to obtain” in the 2016 Texas School Survey. Compared to only 8.9% of students who report marijuana is “impossible” to obtain, clearly marijuana is easier to access in Regions 9 and 10 than not being able to access the drug at all. Moreover, more than every 1 in 4 high school students in Regions 9 and 10 believe marijuana is “very easy” to obtain. In comparison, only 9% of junior high and middle school students in Regions 9 and 10 report marijuana is easy to obtain. These numbers highlight the jump from junior high to high school as a significant variable intrinsic to the access of marijuana.

**Table 16**  
**Youth Perceived Ease of Obtaining Marijuana by Grade, 2016**

If You Wanted Some, How Difficult Would It Be to Get...						
	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
Marijuana?						
All	28.0%	20.7%	7.6%	10.1%	14.1%	19.6%
Grade 7	38.4%	35.5%	8.0%	5.2%	6.3%	6.6%
Grade 8	32.1%	28.4%	7.8%	9.4%	10.9%	11.3%
Grade 9	30.7%	21.7%	8.1%	9.5%	13.0%	17.1%
Grade 10	23.3%	15.6%	7.4%	13.4%	16.9%	23.4%
Grade 11	21.4%	11.6%	7.4%	12.3%	19.0%	28.3%
Grade 12	20.1%	8.9%	6.7%	11.4%	19.4%	33.4%

Source: Texas School Survey, 2016.

### Prescription Drugs Access

According to the U.S. Food and Drug Administration (FDA) in 2013, there were 137 million prescriptions written for pain killers. In 2013 the FDA decided that there needed to be new regulations put in place for these painkillers. In 2013 the FDA also authorized refills for painkiller prescriptions could no longer be called into the pharmacy and that doctors would have to rewrite the prescriptions each time. These regulations were an attempt to decrease the number of people that were becoming dependent on opioids. An opioid is known as an opium-like compound that binds to one or more of the three opioid receptors in the brain.<sup>xxxiv</sup> The following table shows the percent of medications in each county that are opioids. The state average is 5.79% of prescriptions filled are opioids. These numbers only tabulate Medicaid Part D prescriptions. The counties in red indicate that the county was above the state average of opioids claimed or prescribed in 2015.

“1 in 4 high school students in Regions 9 and 10 believe marijuana is ‘very easy’ to obtain.”

**Table 17**  
**Opioids Prescribed in 2015 in Region 9 under Medicare, 2016**

<b>Opioids Prescribed in Region 9 in 2015</b>				
<b>County</b>	<b>Provider Count</b>	<b>Opioid Claim Count</b>	<b>Total Claim Count</b>	<b>% Opioid Claims</b>
Winkler	5	68	758	8.97
Glasscock	79	10217	118701	8.61
Howard	79	10217	118701	8.61
Concho	6	1326	16219	8.18
Midland	326	35983	465284	7.73
Gaines	16	2477	66697	7.42
Ward	14	1649	24540	6.72
Reeves	21	2987	49787	6.00
Kimble	10	1423	24360	5.84
Tom Green	373	35322	611127	5.78
Crockett	4	783	14006	5.59
Andrews	27	2512	45628	5.51
Crane	7	693	12600	5.50
Irion	137	15824	291461	5.43
Dawson	17	1835	35917	5.11
Mason	103	11531	229440	5.03
Martin	21	2051	41263	4.97
Ector	466	29243	597909	4.89
Menard	11	1646	33790	4.87
McCulloch	9	1582	33469	4.73
Sutton	9	699	15781	4.43
Borden	4	126	2865	4.40
Pecos	26	1921	44866	4.28
Reagan	2	398	10066	3.95
Upton	5	152	7473	2.03
Coke	3	0	6520	0
Loving				0
Schleicher				0
Sterling	1	0	39	0
Terrell	2	0	2178	0

Source: Texas Prescription Monitoring Program, 2015.

According to the Texas Department of Public Safety and Texas State Board of Pharmacy, due to the cost of the prescription monitoring program and recent state-wide budget cuts, it is unlikely that the data request for the number of prescriptions in Region 9 in 2016 will be fulfilled.

### Illegal Drugs on School Property

According to the Texas Education Agency, there was a drastic reduction in controlled substance and drug violations on Region 15, 17, and 18 school campuses within Region 9 in 2016. Though there were 2 more alcohol-related violations on school campuses in Region 9, as well as 9 more tobacco violations, the overall drop in substance abuse-related violations on Region 9 school campuses fell 613 in the 2015-2016 school year from the 2014-2015 school year.

**Table 18**  
**On Campus Violations of Alcohol, Tobacco, and Other Drugs in Region 9, 2016**

On-Campus Violations of Alcohol, Tobacco, and Drugs in Region 9, 2016					
Tobacco	Difference from 2015	Alcohol	Difference from 2015	Controlled Substance/Drugs	Difference from 2015
126	+9	78	+2	136	-624

Source: Texas Education Agency, 2017.

### Perceived Risk of Harm

In accordance with the three statewide prevention priorities (underage drinking, marijuana use and nonmedical prescription drug abuse), the following information reports consumption rates of alcohol, marijuana and prescription drugs. Data reported for youth is researched and collected by the Public Policy Research Institute at Texas A&M University through participation in the Texas School Survey.

#### Perceived Risk of Harm from Alcohol

According to the 2016 Texas School Survey, Regions 9 and 10 youth in grades 7-12 believe that alcohol is “not very dangerous” and “not very dangerous at all” more than the average Texas youth in the same grade levels. Specifically, 12.4% of youth in grades 7-12 in Regions 9 and 10 believe that alcohol is “not very dangerous,” and 2.6% report that alcohol is “not at all dangerous.” Not only do Regions 9 and 10 youth have lower perceptions of harm regarding alcohol than the average Texas youth their age, but Regions 9 and 10 ranks 2<sup>nd</sup> and are tied for 4<sup>th</sup> for lowest perceptions of harm of alcohol in the entire state for the “not very dangerous” and “not at all dangerous” categories respectively.

**Table 19**  
**Youth Perceived Risk of Harm from Alcohol by Region, 2016**

How Dangerous Do You Think It Is for Kids Your Age to Use Alcohol, Grades 7-12					
Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
State	53.3%	29.1%	11.8%	2.4%	3.3%
1&2	50.7%	31.4%	11.8%	2.3%	3.7%
3	52.4%	30.7%	12.1%	1.9%	2.9%
4&5	53.2%	29.1%	11.8%	2.6%	3.3%
6&8	53.4%	28.4%	11.7%	2.8%	3.6%
7&8	50.2%	31.9%	12.5%	2.1%	3.3%
<b>9&amp;10</b>	<b>51.2%</b>	<b>30.5%</b>	<b>12.4%</b>	<b>2.6%</b>	<b>3.2%</b>
11	58.0%	24.1%	11.3%	2.5%	4.2%

Source: Texas School Survey, 2016.

In Regions 9 and 10 specifically, less than half of high school students believe that alcohol is “very dangerous” with 13% of high school students simultaneously reporting that alcohol is “not very dangerous.” The table below shows how Region 9 and 10 students responded to the question, “How dangerous do you think it is for kids your age to use alcohol?” in the 2016 Texas School Survey.

**Table 20**  
**Youth Perceived Risk of Harm from Alcohol by Grade, 2016**

How Dangerous Do You Think It Is for Kids Your Age to Use Alcohol?					
	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
All	51.2%	30.5%	12.4%	2.6%	3.2%
Grade 7	61.9%	22.2%	9.8%	1.7%	4.3%
Grade 8	53.3%	26.1%	13.2%	3.4%	3.9%
Grade 9	48.8%	32.3%	13.2%	2.7%	3.0%
Grade 10	46.4%	34.5%	13.6%	2.3%	3.1%
Grade 11	50.8%	30.9%	12.3%	2.8%	3.1%
Grade 12	45.4%	37.9%	12.3%	2.5%	1.9%

Source: Texas School Survey, 2016.

**Perceived Risk of Harm from Marijuana**

According to the 2016 Texas School Survey, Regions 9 and 10 students are about average in almost every category questioning the perceived risk of harm of using marijuana. The following table explains the results of all public health regions in the state of Texas.

**Table 21**  
**Youth Perceived Risk of Harm from Marijuana by Region, 2016**

How Dangerous Do You Think It Is for Kids Your Age to Use Marijuana?					
Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
State	58.3%	13.3%	12.2%	12.2%	3.9%
1&2	61.6%	14.1%	9.5%	10.2%	4.6%
3	54.4%	14.0%	13.6%	14.4%	3.6%
4&5	61.7%	13.3%	10.4%	10.7%	3.9%
6&8	58.1%	12.5%	13.2%	11.8%	4.4%
7&8	53.2%	15.0%	14.1%	14.3%	3.4%
<b>9&amp;10</b>	<b>58.7%</b>	<b>14.1%</b>	<b>11.4%</b>	<b>11.9%</b>	<b>3.9%</b>
11	63.5%	11.9%	9.6%	10.5%	4.6%

Source: Texas School Survey, 2016.

Despite having average perceptions of harm compared to the rest of the state, Regions 9 and 10 youth in grades 7-12 have varying levels of perception of harm. Only 6% of 7<sup>th</sup> and 8<sup>th</sup> graders report marijuana is “not at all dangerous,” and 15% of high school students believe marijuana is “not at all dangerous,” including 20.2% of 12<sup>th</sup> graders reporting marijuana is “not at all dangerous.”

**Table 22**  
**Youth Perceived Risk of Harm from Marijuana by Grade, 2016**

How Dangerous Do You Think It Is for Kids Your Age to Use Marijuana?					
	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
All	58.7%	14.1%	11.4%	11.9%	3.9%
Grade 7	77.9%	8.1%	5.0%	3.7%	5.3%
Grade 8	66.3%	13.1%	8.1%	8.1%	4.4%
Grade 9	60.1%	16.4%	10.0%	9.8%	3.7%
Grade 10	50.3%	16.0%	15.2%	15.2%	3.3%
Grade 11	50.6%	14.9%	14.1%	16.1%	4.2%
Grade 12	43.9%	16.0%	17.3%	20.2%	2.6%

Source: Texas School Survey, 2016.

### Perceived Risk of Harm from Prescription Drugs

According to the 2016 Texas School Survey, Regions 9 and 10 students in grades 7-12 are tied for the second lowest perception of harm of prescription drugs in the category of students reporting prescription drugs being “not at all dangerous.” Moreover, 3.9% of Regions 9 and 10 youth reported in the same survey that they believe abusing prescription drugs is “not very dangerous,” which is the third lowest perception of harm in that category in the state of Texas. Despite these alarming numbers, 3 out of every 4 students in Regions 9 and 10 report they believe prescription drug abuse is “very dangerous.” Below is the table which depicts the 2016 Texas School Survey Results by public health region in Texas.

**Table 23**  
**Youth Perceived Risk of Harm from Prescription Drugs by Region, 2016**

How Dangerous Do You Think It Is for Kids Your Age to Use Any Prescription Drug Not Prescribed to Them?					
Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
State	74.0%	14.2%	4.2%	1.2%	6.3%
1&2	75.7%	11.9%	4.7%	1.2%	6.5%
3	72.6%	16.4%	4.1%	1.0%	5.9%
4&5	77.4%	11.3%	3.8%	1.1%	6.4%
5&6	75.1%	12.5%	4.6%	1.2%	6.5%
7&8	70.8%	16.6%	4.5%	1.5%	6.6%
<b>9&amp;10</b>	<b>75.0%</b>	<b>13.0%</b>	<b>3.9%</b>	<b>1.5%</b>	<b>6.7%</b>
11	75.9%	12.1%	3.3%	1.7%	7.1%

Source:  
Texas  
School  
Survey,  
2016.



In Regions 9 and 10, most students in grades 7-12 reported they believe prescription drug abuse is “very dangerous.” As expected, as youth transitioned through school, their perceptions of harm regarding prescription drugs lowered, as most noticeable in the “not very dangerous” category. The following chart depicts the results to the question, “How dangerous do you think it is for kids your age to use any prescription drug that is not prescribed to them?” by grade.

**Table 24**  
**Youth Perceived Risk of Harm from Prescription Drugs by Grade, 2016**

How Dangerous Do You Think It Is for Kids Your Age to Use Any Prescription Drug Not Prescribed to Them?					
	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
All	75.0%	13.0%	3.9%	1.5%	6.7%
Grade 7	77.9%	9.1%	3.2%	1.2%	8.7%
Grade 8	75.0%	13.1%	3.9%	1.8%	6.3%
Grade 9	74.6%	13.7%	2.9%	2.5%	6.2%
Grade 10	72.7%	15.1%	4.4%	1.0%	6.7%
Grade 11	76.3%	11.9%	4.4%	1.4%	5.9%
Grade 12	73.2%	15.2%	4.7%	0.8%	6.2%

Source: Texas School Survey, 2016.

## Regional Consumption

In accordance with the three statewide prevention priorities (underage drinking, marijuana use and nonmedical prescription drug abuse), the following information reports consumption rates of alcohol, marijuana and prescription drugs. Data reported for youth is researched and collected by the Public Policy Research Institute at Texas A&M University through participation in the Texas School Survey.

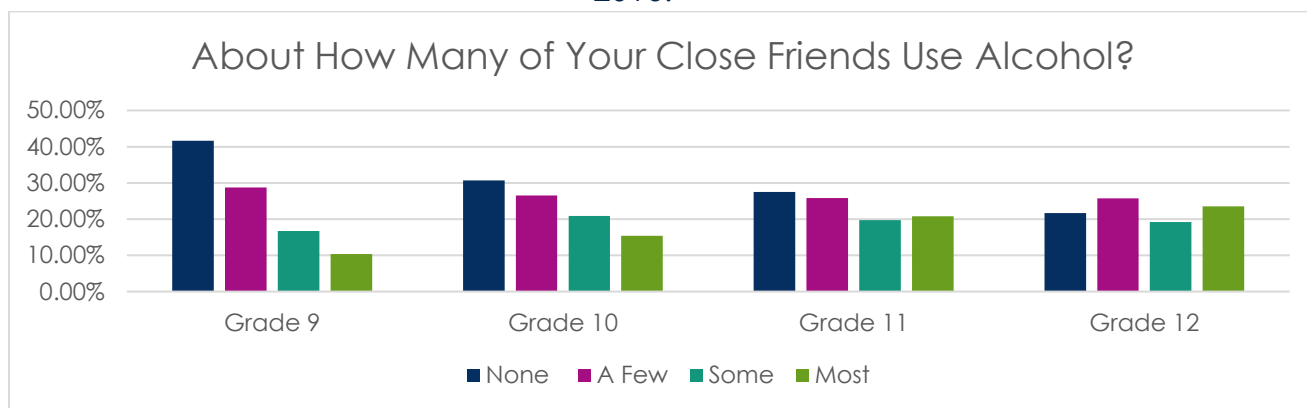
### Alcohol

Underage consumption of alcohol is the most prevalent abused substance among youth in Region 9. According to the 2016 Texas School Survey, 13% of students in grades 7-12 believe “most” of their friends drink alcohol. In the same study, 16% of students in Region 9 reportedly believe that “some” of their friends’ drink alcohol, 24% reported only a “few” of their friends’ drink alcohol, and 43% report that “none” of their friends use alcohol. As expected, the use of alcohol reportedly increases as youth get older. In Regions 9 and 10, nearly 1 in every 4 12<sup>th</sup> grade students say “most” of their friends use alcohol.

**In Regions 9 and 10, nearly 1 in every 4 12<sup>th</sup> grade students say “most” of their friends use alcohol.**

Figure 19

How Many “Close Friends” Use Alcohol among Region 9 and 10 7<sup>th</sup>-12<sup>th</sup> Graders, 2016.



The results of the 2016 Texas School Survey also indicate the Regions 9 and 10 have the most underage drinkers in the entire state compared to other public health regions. Specifically, 4.5% of 7<sup>th</sup>-12<sup>th</sup> graders responded in the 2016 Texas School Survey that “all” of their close friends use alcohol, and 13% responded “most” of their close friends use alcohol. Not only are these two categories the first and second highest levels of alcohol use in the state of Texas, respectively, but Regions 9 and 10 have the second lowest amount of adolescent “non-users” in the state. Below is a table which compares each public health region in Texas regarding the question, “About how many of your close friends use alcohol?”

Source: Texas School Survey, 2016.

**Table 25**  
**Youth Perception of Peer Use of Alcohol by Region, 2016**

About How Many of Your Close Friends Use Alcohol, Grades 7-12					
Region	None	A Few	Some	Most	All
State	49.5%	23.3%	13.8%	10.3%	3.1%
1&2	40.5%	26.3%	15.3%	14.7%	3.3%
3	52.0%	22.7%	13.6%	9.4%	2.4%
4&5	43.7%	25.8%	13.9%	12.8%	3.8%
5&6	47.7%	23.2%	13.7%	11.5%	4.0%
7&8	48.7%	24.7%	14.9%	9.2%	2.5%
<b>9&amp;10</b>	<b>42.7%</b>	<b>24.2%</b>	<b>15.8%</b>	<b>12.9%</b>	<b>4.5%</b>
11	52.3%	22.6%	13.8%	8.5%	2.8%

38% of Region 9 and 10 youth start drinking alcohol before the age of 13.

Source: Texas School Survey, 2016.

**Age of Initiation**

In the 2016 Texas School Survey, age of initiation was not asked like in previous years. However, the 2014 Texas School Survey indicates that it is common for Regions 9 and 10 youth begin drinking below the age of 13. The following chart from the 2014 Texas School Survey compares Regions 9 and 10 youth to other youth respondents in the state of Texas by public health region.

**Early Initiation and College Use**

In the 2015, the Texas College Survey questioned underage college students who were asked how they got alcohol. About 12% of students claimed they had a fake I.D., but 22% reported that they could get alcohol simply because they were not carded when they bought it. Students said that getting alcohol at restaurants was the easiest (30%), followed by gas stations (23%).

**Table 26****Youth Age of Initiation and Early Initiation of Alcohol by Region, 2014**

Region	Age of Initiation	Early Initiation (<13)
State	12.9	38.0%
1&2	12.8	38.9%
3	12.6	43.5%
4	12.9	38.4%
5&6	12.8	40.7%
7&8	12.6	44.0%
<b>9&amp;10</b>	<b>12.9</b>	<b>38.3%</b>
11	13.1	35.40%

Source: Texas School Survey, 2014.

**Current/Lifetime Use**

Underage drinking cannot be understated as an issue in Region 9, as we have the most high-risk and during-the-school-year users of alcohol in the state, as well as the second most current and lifetime users in the state. According to the 2016 Texas School Survey, 59.4% of Regions 9 and 10 7<sup>th</sup>-12<sup>th</sup> graders have drunk alcohol at some point in their lifetime. 15.1% of 2016 Texas School Survey respondents reported they were high risk users, or binge users of alcohol in the last 30 days (5 or more drinks in a 2-hour period).

**Table 27****Youth Consumption of Alcohol Rates by Region, 2016**

Region	Current Use	School Year Use	Lifetime Use	High-Risk Use
State	28.6%	34.0%	53.0%	11.5%
1&2	35.4%	40.2%	61.0%	14.9%
3	25.5%	31.2%	49.5%	9.4%
4&5	32.3%	38.2%	58.0%	13.9%
6&8	31.2%	36.8%	56.3%	12.6%
7&8	28.0%	34.1%	53.3%	10.9%
<b>9&amp;10</b>	<b>34.8%</b>	<b>40.2%</b>	<b>59.4%</b>	<b>15.1%</b>
11	27.2%	31.4%	49.1%	11.7%

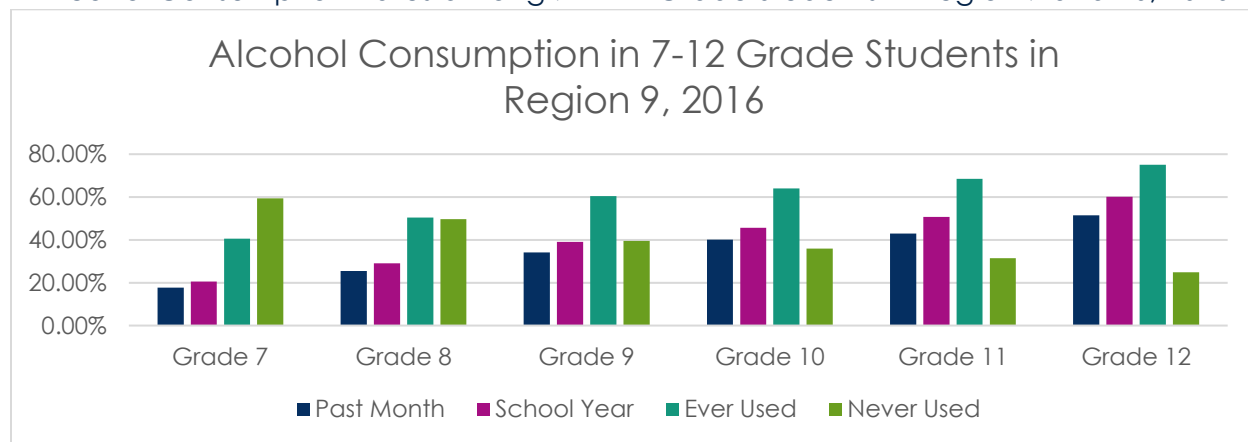
Source: Texas School Survey, 2016.

**Regions 9 and 10 have some of the most underage drinkers in the entire state of Texas.**

When comparing current and lifetime use among 7<sup>th</sup>-12<sup>th</sup> graders in Regions 9 and 10, one will notice that high school students drink significantly more than those not in high school. More specifically, less than 35% of 12<sup>th</sup> graders in Regions 9 and 10 have “never used alcohol” while nearly 60% of 7<sup>th</sup> graders in Regions 9 and 10 have “never used” alcohol. Moreover, 42% of high school students report to have drank in the past 30 days, with more than half of 12<sup>th</sup> graders reportedly drinking in the past month. The following graph depicts past month, school year, lifetime, and non-use of alcohol in Regions 9 and 10 7<sup>th</sup>-12<sup>th</sup> grade students.

Figure 20

Alcohol Consumption Rates among 7<sup>th</sup>-12<sup>th</sup> Grade Students in Region 9 and 10, 2016



Source: Texas School Survey, 2016.

### Marijuana

With legalization efforts succeeding in various states throughout the United States, marijuana continues to grow as a drug of choice among youth and adults in Region 9. In recent years, perception of harm regarding marijuana has diminished in Region 9 due to information from pro-legalization efforts about potential health benefits of the drug. As explained earlier, there are many common misconceptions about the drug, and misconceptions and misinformation about the drug continue to correlate with increased consumption of marijuana in Region 9 and across the United States.

#### Age of Initiation

Data from the 2014 Texas School Survey indicates that the age of initiation for marijuana is 13.6 years old, which is younger than the state average of 13.8 years old. Similarly, over 1/4<sup>th</sup> of students surveyed in Regions 9 and 10 claimed they experienced initiation to marijuana before the age of 13. Only 3 other Texas public health regions claim to have more youth initiated to marijuana than Regions 9 and 10. The following table from the Texas School Survey relays this data with Regions 9 and 10 highlighted in yellow for convenience. The 2016 Texas School Survey did not ask age of initiation of marijuana consumption.

**Regions 9 and 10 have the most youth consumers of marijuana in Texas.**

**Table 28**  
**Youth Age of Initiation and Early Initiation of Marijuana, 2016**

Region	Age of Initiation	Early Initiation (<13)
State	13.8	23.1%
1&2	13.7	24.4%
3	15.2	20.7%
4	14.2	19.7%
5&6	13.6	25.8%
7&8	13.7	26.5%
9&10	13.6	25.3%
11	13.6	27.5%

Source: Texas School Survey, 2016.

### Current/Lifetime Use

Ranking as the highest use in all three categories of current, school year, and lifetime use, marijuana consumption among youth in Regions 9 and 10 is the highest in the entire state of Texas. According to the survey, nearly 1 in 4 7<sup>th</sup>-12<sup>th</sup> grade students have consumed marijuana at least once in their lifetime. Moreover, almost 1 in 7 7<sup>th</sup>-12<sup>th</sup> grade students in Regions 9 and 10 are currently (in the past 30 days) consuming marijuana. The following chart compares marijuana use among public health regions in the state of Texas.

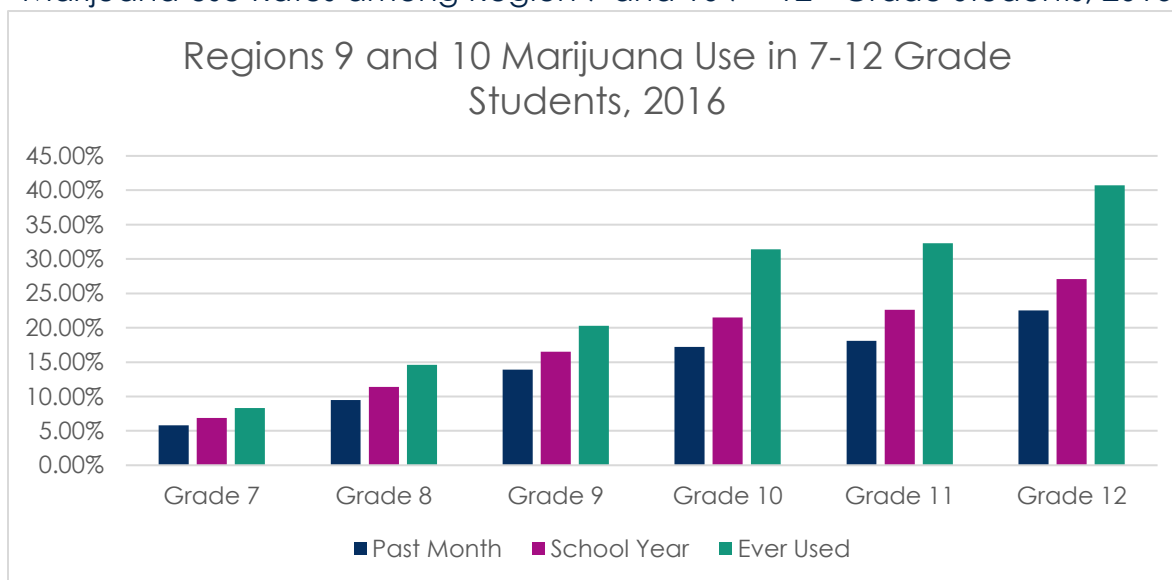
When comparing 7<sup>th</sup>-12<sup>th</sup> grade student's use of marijuana in Regions 9 and 10, one notices that most students have not consumed marijuana. However, 25% of students in 7<sup>th</sup> grade inevitably consume marijuana according to the 2016 Texas School Survey. The same survey also indicates that by the 12<sup>th</sup> grade the number of marijuana users doubles since the 9<sup>th</sup> grade. Moreover, over 40% of 12<sup>th</sup> grade students in Region 9 and 10 report using marijuana at some point in their lifetime, while 22.5% report using marijuana in the past 30 days. Consumption rates of marijuana in Regions 9 and 10 are considerably consistent with perceived easiness of access of marijuana, meaning that marijuana is more than just "available" to students in Regions 9 and 10, but also many youths are also consuming the drug. The following chart depicts marijuana use in Regions 9 and 10 among 7<sup>th</sup>-12<sup>th</sup> grade students according to the 2016 Texas School Survey.

**Table 29**  
**Youth Consumption of Marijuana Rates by Region, 2016**

Region	Current Use	School Year Use	Lifetime Use
State	12.2%	15.0%	21.0%
1&2	12.7%	15.3%	21.5%
3	13.1%	16.3%	21.5%
4&5	12.7%	15.4%	21.8%
6&8	11.9%	14.4%	21.1%
7&8	11.6%	14.5%	20.8%
9&10	14.3%	17.4%	24.0%
11	13.9%	16.3%	23.3%

Source: Texas School Survey, 2016.

Figure 21

Marijuana Use Rates among Region 9 and 10 7<sup>th</sup>-12<sup>th</sup> Grade Students, 2016

Source: Texas School Survey, 2016.

Marijuana use among college students is also very high. According to the 2015 Texas College Survey, 17% of college students ages 18-20 have consumed marijuana in the past 30 days. Moreover, nearly 30 percent of college students ages 18-26 have consumed marijuana in the past year, and almost half of college students in Texas have reportedly tried the drug at some point in their lifetime. College use is also expected to rise, as nearby states like Colorado which have legalized marijuana sales attract young adults for “weed tourism.”

### Prescription Drugs

In 2011, the Executive Office of the President of the United States called the abuse of prescription drugs an epidemic. The 2011 Prescription Drug Abuse Prevention Plan further outlined four areas to focus on to reduce prescription drug abuse. The four areas focused on education, monitoring, proper medication disposal, and enforcement. Education on the dangers of abusing prescription drugs is needed for parents, youth, and patients. In addition, proper storage and disposal of prescription drugs is needed to prevent abuse of prescription drugs. Monitoring in Texas includes implementation of prescription drug monitoring programs. One such program already established in Texas is the Prescription Access in Texas (PAT). Despite these efforts, the Texas Department of Public Safety’s oversight of Texas prescription monitoring programs have been significantly hindered and widespread access to monitoring data has been limited.

“Almost half of college students in Texas have consumed marijuana in their lifetime.”

**Age of Initiation**

SAMSHA estimates that .7% of adolescents aged 12-17 in 2014 had a pain reliever disorder in the past year, or approximately 168,000 adolescents. Rates has remained stable since 2002, but peaked in 2014 and has been trending downward since then. Despite downward trends of pain relievers prescribed to minors, easier access to information about prescription drugs coupled with an omnipresent issue of overprescribing prescription painkillers by doctors indicates a disastrous trend among youth, making prescription drugs easier to access from adult counterparts like grandparents, parents, and other siblings.

**Current/Lifetime Use**

Regions 9 and 10 7<sup>th</sup>-12<sup>th</sup> graders rank as some of the lowest current and school-year abusers of prescription drugs in the state of Texas.

**Table 30**  
**Youth Consumption of Prescription Drugs Rates by Region, 2016.**

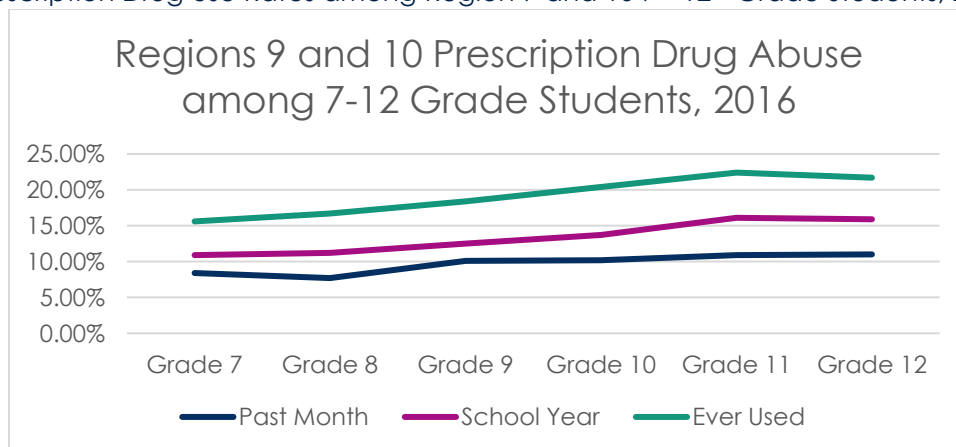
Region	Current Use	School Year Use	Lifetime Use
State	10.3%	13.7%	18.5%
1&2	11.5%	15.2%	20.0%
3	10.0%	14.1%	18.9%
4&5	12.3%	15.6%	20.4%
6&8	11.0%	14.4%	19.2%
7	10.1%	13.9%	18.3%
<b>9&amp;10</b>	<b>9.7%</b>	<b>13.3%</b>	<b>19.0%</b>
11	7.9%	9.9%	14.3%

Source: Texas School Survey, 2016.

In Regions 9 and 10, prescription drug abuse is considerably low. Specifically, 81% of 7<sup>th</sup>-12<sup>th</sup> grade students in Region 9 have never used any prescription drug not prescribed them. The following chart depicts Regions 9 and 10 prescription drug abuse among 7<sup>th</sup>-12<sup>th</sup> grade students regarding the question, “How recently, if ever, have you used any prescription drug not prescribed to you?”

Figure 22

Prescription Drug Use Rates among Region 9 and 10 7<sup>th</sup>-12<sup>th</sup> Grade Students, 2016



Source: Texas School Survey, 2016.

### Special Topic: Opiates

Every day, more than 90 Americans die after overdosing on opioids. The misuse of and addiction to opioids—including prescription pain pills, heroin, and synthetic opioids such as fentanyl—is a serious national crisis that affects public health as well as social and economic welfare. The Centers for Disease Control and Prevention estimates that the total "economic burden" of prescription opioid misuse alone in the United States is \$78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.

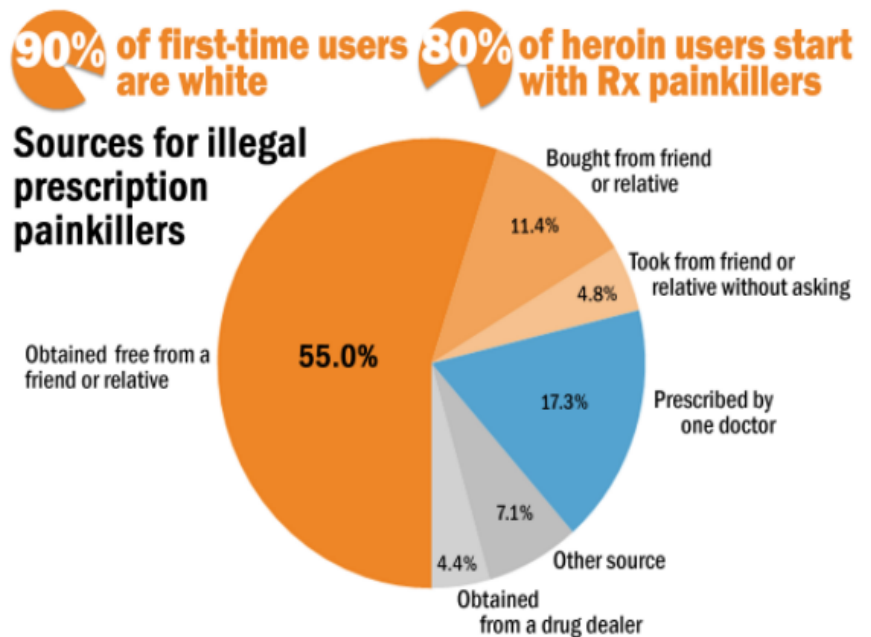


Figure 23  
Sources for Illegal Prescription Painkillers, 2016

Source: Texas Health and Human Services Commission, 2016.

### National Crisis

Drug overdose is the leading cause of accidental death in the US, with 52,404 lethal drug overdoses in 2015. Opioid addiction is driving this epidemic, with 20,101 overdose deaths related to prescription pain relievers, and 12,990 overdose deaths related to heroin in 2015. From 1999 to 2008, overdose death rates, sales and substance use disorder treatment admissions related to prescription pain relievers increased in parallel. The overdose death rate in 2008 was nearly four times the 1999 rate; sales of prescription pain relievers in 2010 were four times those in 1999; and the substance use disorder treatment admission rate in 2009 was six times the 1999 rate. In 2012, 259 million prescriptions were written for opioids, which is more than enough to give every American adult their own bottle of pills.



Figure 24  
Opioid Epidemic Statistics, 2017  
Source: Al Jazeera, 2016.

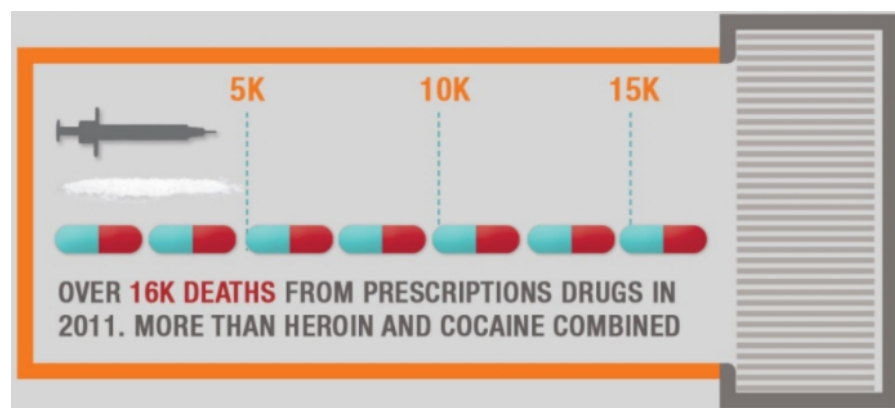


## Current Use

In 2015, more than 276,000 adolescents were current nonmedical users of pain reliever, with 122,000 having an addiction to prescription pain relievers. In 2015, an estimated 21,000 adolescents had used heroin in the past year, and an estimated 5,000 were current heroin users. Additionally, an estimated 6,000 adolescents had a heroin use disorder in 2014. Most adolescents who misuse prescription pain relievers are given them for free by a friend or relative. These nationwide data claims come from the Centers for Disease Control and Prevention.

## Qualitative Data

Despite an opioid crisis ravaging most of the country, Texas is doing comparatively well compared to many other states in the United States. In a report conducted by the Trust for American's Health, Texas was found to have the eighth lowest drug overdose mortality rate in the U.S. The 2010 mortality rate (per 100,000) for Texas was 9.6. A mortality rate of 9.6 is alarming for Texas because in 1999 the mortality rate (per 100,000) use to be 5.4. As a result, the rate change from 1999-2010 has increased by 78 percent.



Women are more likely to have chronic pain, be prescribed pain relievers, be given higher doses, and use them for longer time periods than men. 48,000 women died of prescription pain reliever overdoses between 1999 and 2010.

Figure 25

Opioid Epidemic Statistics, 2017

Source: Al Jazeera, 2016.

## Emerging Trends

One way to understand the current trends in drug use is to be aware of any new substances in the market. Many times, emerging trends consume the drug market at a rapid pace without any knowledge of the effects or general knowledge of the substance. Often these substances have detrimental effects or the consequences are not yet known. The following section of "Emerging Trends" was written by Community Liaison Michelle Smith of the Region 9 Prevention Resource Center.

### Synthetic Cannabinoids

Synthetic cannabinoids include a growing number of manmade mind-altering chemicals that are either sprayed on dried, shredded plant material to be smoked (herbal incense) or vaporized and inhaled in e-cigarettes and other devices (liquid incense). Synthetic cannabinoids are widely referred to as "synthetic marijuana" and marketed as safe alternatives to genuine marijuana. However, chemical tests show that the active, mind-altering ingredients are cannabinoid compounds made in laboratories. In fact, they may

affect the brain far more powerfully than marijuana and the actual effects can be unpredictable, severe and even life-threatening. It is evident that the use of synthetic cannabinoids has reached epidemic levels, although in some Texas cities, usage appears to be more prevalent among homeless people than teens. Statistics from the rest of the nation according to the National Institute of Health in 2015 convey:

- An average of 34.7% of high school students nationwide who ever used marijuana tried it for the first time before age 13.9
- An average of 34.7% of high school students nationwide who ever used marijuana tried it for the first time before age 13.9. An average of 19.1% of high school students nationwide currently use marijuana.
- An average of 9.2% of high school students nationwide used synthetic marijuana at some point in their lives.

Poison center experts – as well as many federal, state, and local government officials – have called synthetic drug use a risk to the public's health and a hazard to public safety. In 2017, through June 30, poison centers received reports of 1,042 exposures to synthetic cannabinoids.<sup>xxxv</sup>

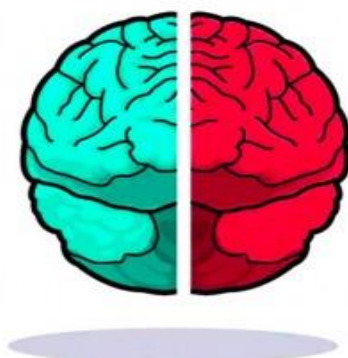
Figure 26

### Marijuana vs. Synthetic Cannabinoids and Effects on the Brain

#### MARIJUANA

##### EFFECTS ON THE BRAIN

Paranoia  
Anxiety  
Depression  
Slow reaction time  
Distorted sense of time  
Short-term memory loss  
Feeling of relaxation  
Strange feelings  
or "random" thinking



#### SYNTHETIC CANNABINOIDS

##### EFFECTS ON THE BRAIN

Paranoid delusions  
Anxiety  
Depression  
Suicidal thoughts  
Psychosis  
Severe agitation  
Inability to feel pain  
Hallucinations  
Total memory loss

Source: Score Addicaid, 2017.

### Synthetic Cathinoids

Synthetic cathinones, more commonly known as "bath salts," are synthetic (human-made) drugs chemically related to cathinone, a stimulant found in the khat plant. Khat is a shrub grown in East Africa and southern Arabia, and people sometimes chew its leaves for their mild stimulant effects. Synthetic variants of cathinone can be much stronger than the natural product and, in some cases, very dangerous.

Synthetic cathinones are included in a group of drugs that concern public health officials called "new psychoactive substances" (NPS). NPS are unregulated psychoactive (mind-altering) substances that have become newly available on the market and are intended to copy the effects of illegal drugs. Some of these substances may have been around for years but have reentered the market in altered chemical forms or due to renewed popularity.

People who have taken synthetic cathinones have reported energizing and often agitating effects. Synthetic cathinones can also raise heart rate and blood pressure. A recent study found that 3,4-methylenedioxypyrovalerone (MDPV), a common synthetic cathinone, affects the brain in a manner like cocaine but is at least 10 times more powerful. MDPV is the most common synthetic cathinone found in the blood and urine of patients admitted to emergency departments after taking "bath salts."<sup>xxxvi</sup>

**E-Cigarettes/Vaping**

E-cigarettes or "vaping" are popular among teens and are now the most commonly used form of tobacco among youth in the United States. Their easy availability, alluring advertisements, various e-liquid flavors, and the belief that they're safer than cigarettes have helped make them appealing to this age group. Further, a study of high school students found that one in four teens reported using e-cigarettes for *dripping*, a practice in which people produce and inhale vapors by placing e-liquid drops directly onto heated atomizer coils. Teens reported the following reasons for dripping: to create thicker vapor (63.5 percent), to improve flavors (38.7 percent), and to produce a stronger throat hit—a pleasurable feeling that the vapor creates when it causes the throat to contract (27.7 percent).<sup>2</sup> More research is needed on the risks of this practice.

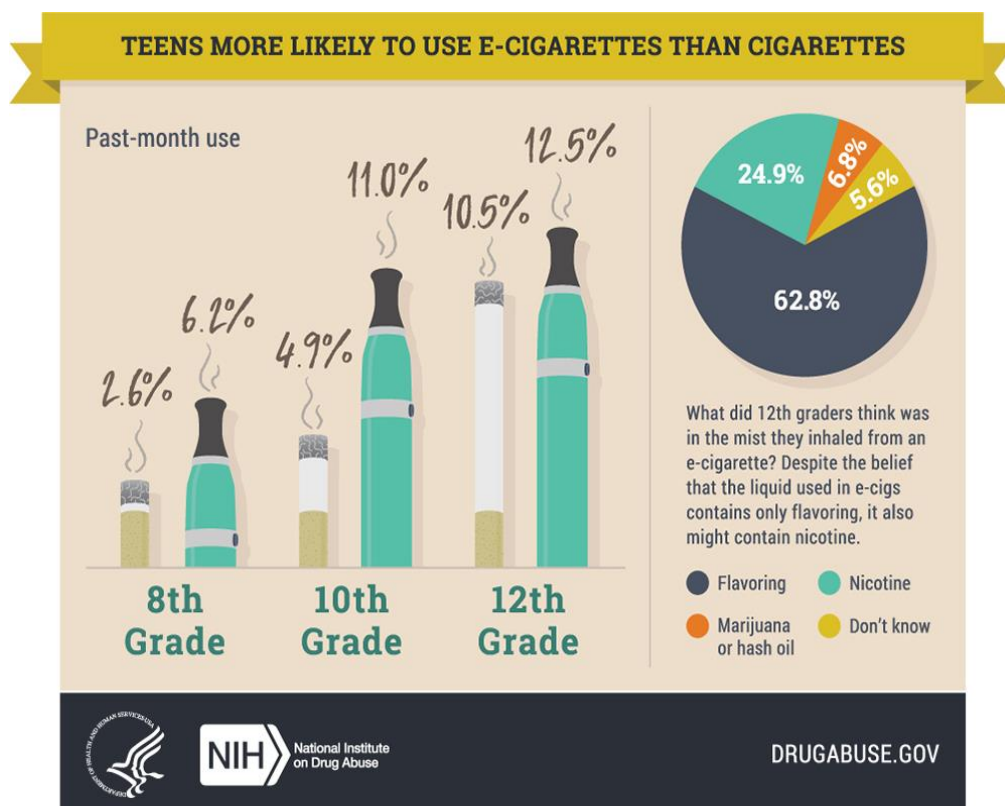


Figure 27  
E-Cigarette Statistics, 2017  
Source: National Institute on Drug Abuse, 2017.

In addition to the unknown health effects, early evidence suggests that e-cigarette use may serve as an introductory product for preteens and teens who then go on to use other tobacco products, including cigarettes, which are known to cause disease and premature death. A study showed that students who had used e-cigarettes by the time they started 9th grade were more likely than others to start smoking cigarettes and other smokeable tobacco products within the next year.<sup>3</sup> However, more research is needed to understand if experimenting with e-cigarettes leads to regular use of smokeable tobacco.<sup>xxxvii</sup>

### **BHO “Dabbing” and Consumables**

More recently, higher-yield THC extraction methods have gained popularity. One such method, dabbing, utilizes butane as a solvent for extracting THC resin from marijuana buds. After extracting the THC solute, the butane is purged, leaving a hard, wax-like substance referred to as butane hash oil (BHO), with more specific names determined by the remaining butane content (e.g., “wax”, “shatter”, “budder”). Depending on extraction technique, BHO can yield THC concentrations more than 80%, whereas traditional smoking method yields are as low as 5%.

Risks associated with dabbing are varied. The term ‘dabs’ is derived from the technique of dabbing BHO onto the heated nail and inhaling the resulting smoke. Smoking BHO, or dabbing, often requires use of a water bong outfitted with a titanium nail. The nail is heated, by a butane blow torch commonly, to temperatures hot enough to vaporize BHO upon contact. Explosions due to problems with the extraction process have been reported. Additionally, the process of consuming butane hash oil (BHO) is not without risk itself as “dirty oil” is produced, which exposes users to chemical contaminants with unknown health hazard risks. Also, exposure to higher THC concentrations may lead to overdosing and loss of consciousness. Marijuana has been known to potentiate psychological changes, including anxiety, amotivation, hallucinations, memory loss, and underlying psychosis. Physical symptoms are less specific, but include dry hacking cough, xerophthalmia, and impaired coordination.<sup>xxxviii</sup>

### **Fentanyl and Opiate Dangers**

Fentanyl is a powerful synthetic opioid analgesic like morphine but is 50 to 100 times more potent. It is a schedule II prescription drug, and it is typically used to treat patients with severe pain or to manage pain after surgery. It is also sometimes used to treat patients with chronic pain who are physically tolerant to other opioids. In its prescription form, fentanyl is known by such names as Actiq, Duragesic, and Sublimaze. Street names for fentanyl or for fentanyl-laced heroin include Apache, China Girl, China White, Dance Fever, Friend, Goodfella, Jackpot, Murder 8, TNT, and Tango and Cash.

When prescribed by a physician, fentanyl is often administered via injection, transdermal patch, or in lozenges. However, the fentanyl and fentanyl analogs associated with recent overdoses are produced in clandestine laboratories. Non-pharmaceutical fentanyl is sold in the following forms: as a powder; spiked on blotter paper; mixed with or substituted for heroin; or as tablets that mimic other, less potent opioids. People can swallow, snort, or inject fentanyl, or they can put blotter paper in their mouths so that fentanyl is absorbed through the mucous membrane.

Opioid receptors are also found in the areas of the brain that control breathing rate. High doses of opioids, especially potent opioids such as fentanyl, can cause breathing to stop completely, which can lead to death. The high potency of fentanyl greatly increases risk of overdose, especially if a person who uses drugs is unaware that a powder or pill contains fentanyl. Fentanyl sold on the street can be mixed with heroin or cocaine, which markedly amplifies its potency and potential dangers.

The medication naloxone is an opioid receptor antagonist that reverses opioid overdose and restores normal respiration. Overdoses of fentanyl should be treated immediately with naloxone and may require higher doses to successfully reverse the overdose.<sup>xxxix</sup>

## Consequences

In assessing environmental risk factors, one may face certain consequences due to the amount of risk accumulated. Consequences may include mortality, legal consequences, hospitalizations, economic impacts, and general knowledge of risk within the community. Each realm of listed consequences may affect the community, school, family and individual sector.

### Overview of Consequences

More specifically consequences may come in a variety of forms. Overdose deaths and disease related to alcohol and drugs, arrests and criminal charges, hospitalizations and ER admissions, underage drinking and drug use, the cost of treatment as well as employment and college admissions are all consequences the individual, family, school or community may deal with if harmful behavior is occurring. These indicators are relevant because of the effect of risk it reports for the community at large.

### Mortality

Detrimental effects of consequential behavior may be the leave consequences on families, schools and communities. These consequences are abrupt with long-term impacts. The following data expresses substance abuse-related mortality rates in Region 9.

#### Drug and Alcohol Related Fatalities/Overdoses

According to the Texas Health and Human Services Commission, there were 52 total drug and alcohol-related fatalities or overdoses in Region 9 in 2014 and 2015. The number of reported overdoses and fatalities in Region 9 in 2014 were 30, and drug and alcohol-related deaths/overdoses dropped to 22 in 2015. According to the Centers for Disease Control and prevention, there were 1,777 drug and alcohol-related deaths and overdoses from 1999 to 2015, showing a declining trend of substance abuse-related deaths and overdoses.

**Table 31**  
**Drug and Alcohol-Induced Deaths, 1995-2015**

County	Drug & Alcohol-Induced Deaths (1999-2015)	Population, 1999-2015	Crude Rate per 100k	Age Adjusted Rate per 100k
Andrews	27	245,242	11	11.5
Dawson	41	239,180	17.1	17.8
Ector	516	2,271,067	22.7	24.5
Gaines	33	280,993	11.7	13.5
Howard	129	586,364	22	21.2
Midland	429	2,245,691	19.1	19.7
Pecos	39	268,932	14.5	14.7
Reeves	56	227,768	24.6	24.9
Tom Green	332	1,844,242	18	18.7
Ward	37	182,298	20.3	21
Winkler	30	121,248	24.7	26.1

Source:  
Centers for  
Disease  
Control and  
Prevention,  
2016.

**Disease (Morbidity) Related to Substance Abuse**

According to the Texas Health and Human Services Commission, only five counties in Region 9 (Ector, Howard, Midland, Reeves, and Tom Green Counties) had enough reportable data regarding diseases, poisonings, and death from substance abuse. All other counties in Region 9 could have had diseases, poisonings, and deaths related to substance abuse occur, but their data was not included in the following Health and Human Services Commission report. According to the report, there were 182 reported diseases, poisonings, and deaths related to substance abuse in Region 9 from 2013-2015. The following table depicts the five counties included in the Health and Human Services Commission public report.

**Table 32**  
**Diseases, Poisonings, and Deaths from Substance Abuse, 2013-2015**

County	Diseases, Poisonings, and Deaths (2013-2015)
Ector	79
Howard	13
Midland	50
Reeves	10
Tom Green	30

Source: Texas Health and Human Services Commission, 2016.

**Legal Consequences**

Many times, behaviors may lead to legal consequences. The following information includes the latest arrests for alcohol and drug violations, substance use and criminal court cases for the indicated area.

**Driving Under the Influence**

Adult alcohol-related arrests are codified by the Federal Bureau of Investigations and other law enforcement agencies by driving under the influence, public drunkenness, and liquor law violations. The following chart depicts the alcohol-related arrests in Region 9 by county, including the number of juvenile violations (not factored into the total

number of violations) in Region 9 in 2016. According to the Federal Bureau of Investigations, there were 2,110 adults arrested for driving under the influence (DUI) in Region 9 in 2016, an increase of 76 adults arrested for DUI in 2015. Despite the number of individuals arrested for DUI increasing from 2015 to 2016, the overall number of alcohol-related arrests decreased from 2015 to 2016 by 1%. The number of juvenile arrests related to alcohol dropped significantly from 2015 to 2016 at a rate of 41%.

Figure 28  
Costs of Drunk Driving, 2016



Source: Law Office of Brent de la Paz, 2016.

**Table 33**  
**Alcohol Involved Violations in Region 9 by County, 2016**

<b>2016 Alcohol Involved Violations in Region 9</b>					
<b>County</b>	<b># of DUI</b>	<b># of Drunkenness</b>	<b># of Liquor Laws</b>	<b>Total Number of Alcohol Violations</b>	<b># of Juvenile Violations</b>
<b>Andrews</b>	99	47	28	174	8
<b>Borden</b>	0	0	1	1	0
<b>Coke</b>	3	1	0	4	0
<b>Concho</b>	3	0	0	3	0
<b>Crane</b>	25	31	2	58	1
<b>Crockett</b>	15	2	12	29	1
<b>Dawson</b>	53	53	2	108	0
<b>Ector</b>	841	1169	145	2155	50
<b>Gaines</b>	84	68	46	201	28
<b>Glasscock</b>	0	0	0	0	0
<b>Howard</b>	68	226	21	315	14
<b>Irion</b>	11	0	0	11	0
<b>Kimble</b>	15	11	11	37	0
<b>Loving</b>	3	0	0	3	0
<b>Martin</b>	3	15	0	18	0
<b>Mason</b>	7	4	0	11	0
<b>McCulloch</b>	33	29	20	82	7
<b>Menard</b>	4	7	0	11	0
<b>Midland</b>	600	1208	129	1937	49
<b>Pecos</b>	14	95	3	112	4
<b>Reagan</b>	9	5	0	14	0
<b>Reeves</b>	22	189	10	221	2
<b>Schleicher</b>	9	8	6	23	0
<b>Sterling</b>	8	0	9	17	0
<b>Sutton</b>	5	19	7	31	0
<b>Terrell</b>	3	10	0	13	0
<b>Tom Green</b>	116	67	95	278	8
<b>Upton</b>	10	28	2	40	0
<b>Ward</b>	11	30	0	41	0
<b>Winkler</b>	36	82	4	122	1

Source: Federal Bureau of Investigations, 2017.

### **Substance Use Criminal Charges and Court Cases**

According to the Texas Court Administration, there were 9,110 alcohol and drug-related court cases processed in Region 9 in 2016. Most criminal court cases processed in Region 9 related to alcohol or drugs were in Region 9's population centers of Ector, Midland, and Tom Green Counties. These three counties made up 74% of all substance abuse-related criminal court cases processed in Region 9's 30 county service area.

**Table 34**  
**Alcohol and Drug-Related Court Cases Processed in Region 9, 2016**

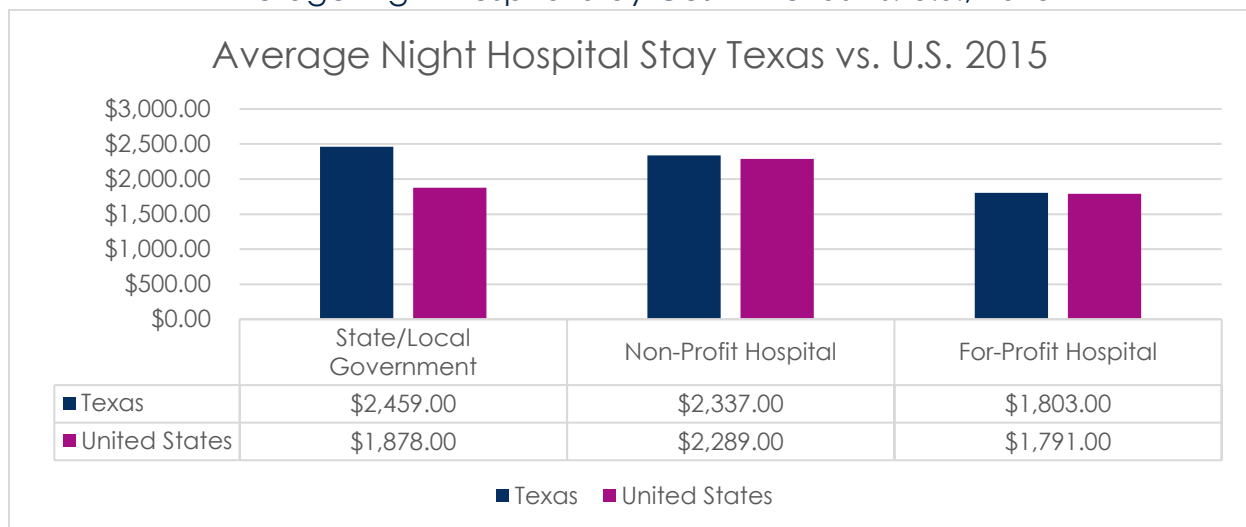
County	DWI	Drug Offenses	County	DWI	Drug Offenses	County	DWI	Drug Offenses
Andrews	106	187	Howard	107	313	Reagan	35	27
Borden	0	1	Irion	5	4	Reeves	35	149
Coke	9	4	Kimble	21	40	Schleicher	8	14
Concho	4	13	Loving	1	1	Sterling	10	7
Crane	12	16	McCulloch	57	82	Sutton	33	49
Crockett	18	63	Martin	8	15	Terrell	1	3
Dawson	36	108	Mason	13	13	Tom Green	457	1030
Ector	1063	1518	Menard	7	61	Upton	17	27
Gaines	85	110	Midland	1030	1636	Ward	68	92
Glasscock	0	10	Pecos	70	95	Winkler	45	61

Source: Texas Court Administration, 2016.

### Hospitalization and Treatment

The average cost of a hospital stay in Texas is \$2,759.00 (highest \$3,275.00 Connecticut) per day for a state/local government hospital, \$2,337.00(highest California \$3,500.00) per day for a non-profit hospital, and \$1,803.00 (highest North Dakota \$3,714.00) per day in a for-profit hospital. The following figure shows the average cost of a day in the hospital in Texas vs. the United States.

Figure 29  
Average Night Hospital Stay Cost in Texas vs. U.S., 2015



Source: Texas Health and Human Services Commission, 2015.



### Hospital Use due to AOD

Drug use is just one of the reasons that individuals are hospitalized. Sometimes drug use may be mistaken for a psychological problem. Many time drug users exhibit strange behaviors that may not be associated with drug use. Hospitals treat the most pertinent problems first. When a client comes in with a major illness, the hospital's main job is to keep that person alive even though there may be an underlying substance abuse problem. Hospitals can recommend that someone go to substance abuse treatment but the client can refuse. Sometimes hospitals struggle with how to code these cases.

From 2009-2015, there have been 1,116 calls from Region 9 about opioid poisoning to the Texas Poison Control Center. There have been 95 calls about synthetic marijuana from 2010-2015, and there have been 31 calls about bath salt poisoning from 2010-2015 in Region 9.

### AOD-related ER Admits

The most recent compiled public data which exists regarding emergency room admits comes from Emergency Medical Services' (EMS) 2014 data provided by the Texas EMS Registry. According to the Registry, there were 198 EMS "runs" regarding primary symptoms of overdose (drugs or alcohol) in Region 9 in 2014. 116 of the EMS dispatches regarding drugs and alcohol in Region 9 came from Midland County alone, which accounted for 59% of the entire Region's total EMS dispatches regarding substance-abuse related overdoses.

### Economic Impacts

The economic impact of substance abuse in Region 9 is relatively large for being so dispersedly populated. Economic impacts are one of the most alarming concerns for stakeholders because the average taxpayer spends thousands of dollars on unknown drug or alcohol-related costs. On the following pages are estimated costs to Region 9 regarding underage drinking, alcohol-related arrests, marijuana, synthetic drug, and prescription drug abuse, as well as average regional treatment costs.

### Underage Drinking/Drug Use

The economic impact of underage drinking in Region 9 can be divided into three categories: work lost costs, medical costs, and pain and suffering costs. According to Miller, Levy, Spicer, and Taylor (2006), pain and suffering costs include groups of intangible monetary losses including risky sexual behavior, funerals, fire damages, and other costs.<sup>xi</sup> Underage drinking in Region 9 attributes to these costly activities, raising social and monetary costs for the average household. Below are the estimated monetary costs for underage drinking in America according to the Centers for Disease Control and Prevention.

**"Underage drinking hospitalizations alone costs \$755 million in the United States each year."**

Aside from being an illegal substance, underage drinking is still a public health risk. For example, if individuals under 21 years old wreck a vehicle, insurance companies can increase policy premiums for all customers due to the high rate of wrecks. All community members have consequences due to one person's decision. Below, the Region 9 Prevention Resource Center has calculated estimated regional economic impacts related to underage drinking.

One of the most notable economic impacts to underage drinking is risky adolescent sexual activity. Region 9 has one of the highest rates of teenage pregnancy rates in the country: over 36% higher than the state average and over 104% higher than the national average.<sup>xli</sup> Correlations from Miller, Levy, Spicer and Taylor indicate underage drinking can contribute to costly, young sexual activity.<sup>xlii</sup> Specifically, their findings indicate if a teenager drinks, they are over 5 times more likely to engage in risky sexual activity. Region 9's 4,481 reported teen births in 2013 cost an over an estimated \$7 million, and Texas School Survey data indicates underage alcohol consumption shares a positive relationship with adolescent sexual behavior.<sup>xliii</sup>

Results from the Kaiser Family Foundation indicate that when alcohol is involved with adolescent sexual activity, young individuals are 74% more likely to not use contraception.<sup>xliv</sup> Of the estimated \$7 million regional cost associated with Region 9's high teen pregnancy rate, nearly 1/3rd of those pregnancies can be related to doing "more than planned while drinking or doing drugs."<sup>xlv</sup>

In 2006, underage drinking cost the state of Texas \$1.6 billion.<sup>xlvi</sup> In 2010, underage drinking cost the state of Texas \$6 billion, an increase of 275% over 4 years.<sup>xlvii</sup> The most recent and reliable data found regarding economic costs of underage drinking come from a 2010 CDC report, claiming that the United States spent \$24 billion on underage drinking in 2010. Following population growth in 2017, assuming 2010 economic cost trends stayed consistent, then the United States will pay \$25.3 billion in 2017. Broken down to Texas residents, the average Texas resident would pay \$889 due to underage drinking. In Region 9, given the total population is 607,784, then Region 9 has the potential to spend \$540,319,976 in costs associated to underage drinking. Clearly Region 9 will not pay \$540 million in costs due to underage drinking in 2017, but these figures are **the potential, average** costs Region 9 could pay, just in underage drinking costs.

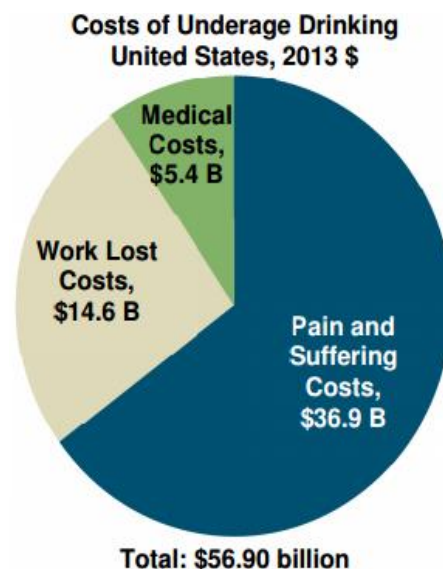


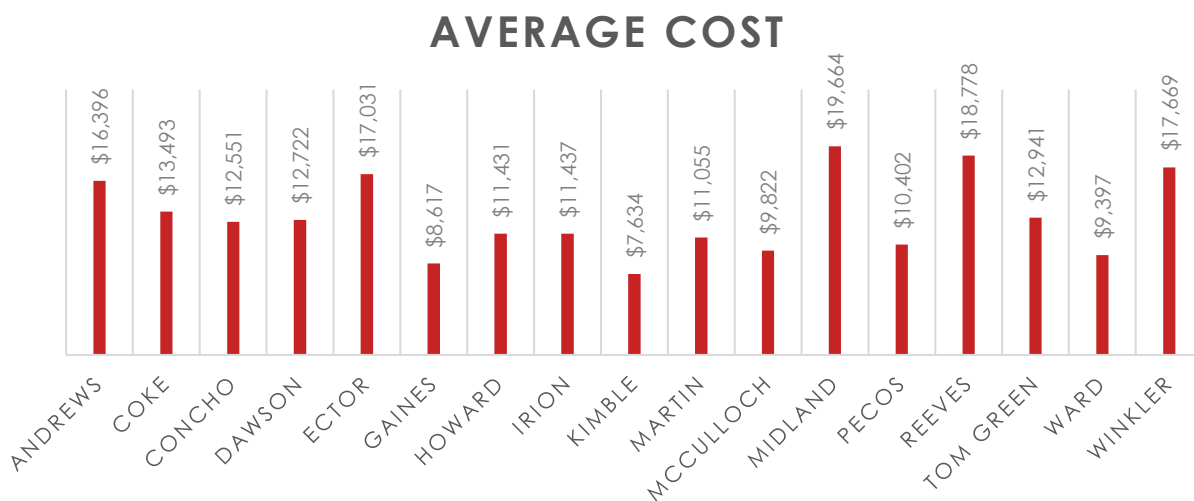
Figure 30  
Cost of Underage Drinking in the U.S., 2013  
Source: Miller, Levy, Spicer, and Taylor, 2015.

Region 9 has the potential to pay **\$540 million** in costs associated to underage drinking in 2017.

**Average Cost of Treatment in Region**

According to Nationwide In-Patient Sampling for 2011 the average cost of treatment in Region 9 is \$8,187 per client.<sup>xlviii</sup> The chart below represents the average cost per county in Region 9. Borden, Craine, Crockett, Glasscock, Loving, Mason, Menard, Schleicher, Sterling, Sutton, Terrell, and Upton Counties were omitted due to unavailable in-patient cost data or lack of treatment centers.

Figure 31  
Average Cost of Treatment in Region 9 by County, 2011



Source: Nationwide In-Patient Sampling, 2011.

**Employability and College Admissions**

The Equal Employment Opportunity Commission (EEOC) states that employees may not be discriminated on based on race, color, national origin, sex, religion, disability, family history, or age.<sup>xlix</sup> With almost every employment application criminal history are checked. Criminal histories can stay on your record for 10 years or more depending on the charges, sometimes they may be used for a person’s lifetime.

According to LaChappelle (2014), 67% of all colleges and universities have a required criminal history check.<sup>i</sup> LaChappelle argues that with the disproportional number of minorities that get convicted of a crime at an early age this really influences who can and cannot go to college.<sup>ii</sup>

Having a criminal record can make it difficult to obtain financial aid while in college, especially if you received the charge while you were on student aid. On-campus jobs are also difficult to obtain because, individuals who qualify for financial aid get the highest priority for those positions.

The Center on Young Adult Health and Development Study for 2013 reports high school seniors who have plans to attend college are less likely to use marijuana than those students who do not plan to go to college.<sup>iii</sup> The study finds that 38% of college students have tried marijuana prior to entering college, while 25% never used marijuana until after entering college.<sup>iiii</sup> The study found that ATOD use among students results in both short-term and long-term goal setbacks as diagrammed on the next page.

Another aspect of college admission and drug abuse is restricting students with criminal drug-related charges access to federal student aid. Under federal law, if a student receives federal aid to go to school and is convicted of a drug offense, the student is in violation of the Higher Education Act and can get that aid taken away for future years.<sup>liv</sup> Though drug convictions do not affect a student's current financial aid package, like Pell Grants or other federal aid, the student must can and will be restricted for their reapplication of the FAFSA.<sup>lv</sup>

One large aspect of college alcohol and drug abuse is its' relationship with employability. According to the Center on Young Adult Health and Development (2013), students who abuse drugs and alcohol during college are much more likely to have a harder time finding a job and maintaining relationships outside of school once they graduate.<sup>lvi</sup> Moreover, their findings conclude those who abuse drugs or alcohol are much more likely to not even graduate.<sup>lvii</sup> They claim "in addition to reducing other adverse outcomes associated with drinking... policies to reduce college student drinking can be expected to improve the quality of human capital they accumulate. The immediate benefits of this include reducing the likelihood of students dropping out because of poor grades and improving the likelihood of entrance into graduate programs (which is based largely on college GPA). The long-term consequences of improved academic performance include greater labor market participation and higher earnings."<sup>lviii</sup> This indicates that students are more likely to be an economic detriment to themselves, their families, and society if they abuse alcohol or drugs in college.

Though it is unclear how many drug-related convictions affect graduating high school students, according to the TSS over 1/3<sup>td</sup> of students in Region 9 are at risk because of their illegal consumption of marijuana. However, reapplication for federal student aid does not just affect graduating seniors. Rather, any student receiving federal student aid, including those in college, become at risk for losing their federal student aid if they are convicted of a drug-related offense.<sup>lix</sup> According to The Advisory Committee on Student Financial Assistance, Pell Grants and other federal student aid accounts for nearly 75% of student graduation and course completion throughout the United States.<sup>lx</sup> This means 3 out of every 4 students can be at risk for their Pell Grants being pulled if they are convicted of a drug-related crime.

*"In addition to reducing other adverse outcomes associated with drinking...policies to reduce college students' drinking can be expected to improve the quality of human capital they accumulate. The immediate benefits of this include reducing the likelihood of students dropping out of college because of poor grades and improving the likelihood of entrance into graduate programs (which is based largely on college GPA). The long-term consequences of improved academic performance include greater labor market participation and higher earnings."<sup>10</sup>*

## Qualitative Data on Consequences

The Region 9 Prevention Resource Center held multiple interviews and focus groups in 2016 and 2017. Though the purpose of those interviews and focus groups varied, many focus groups and interviews held by Program Director Carrie Bronaugh and Evaluator Kevin Thompson led to the following results:

- Region 9 youth believe more protective factors, especially in the form of ‘things and activities to do for kids,’ should exist in Region 9 to minimize consequences. Many youths expressed interests in opening youth-employment job markets in Region 9 population centers like Odessa, Midland, and San Angelo, as well as more entertainment venues for youth to mingle without pressures of alcohol vendors.
- Region 9 parents can often believe they “know” what their children are doing or where they are most of the time, but youth reported doing very “different” activities than what parents claim their children do. Honest family communication and child whereabouts are important to minimize substance abuse-related issues and consequences.
- Region 9 youth want to be treated with less benevolence by teachers and adults when talking about substance abuse. Multiple focus groups held by the Region 9 Prevention Resource Center indicated that youth prefer straight-forward, blunt conversations about substance abuse backed by science rather than ambiguous conversations about substance abuse backed by here say to minimize substance abuse consequences.

## Environmental Protective Factors

According to the Substance Abuse and Mental Health Administration, protective factors are the characteristics at a community, family or individual level that are associated with a lower likelihood of problematic outcomes. It is important to remember different age groups have different protective factors. Some protective factors may overlap between age groups. Protective factors may also be correlated or have cumulative effects and could be predictive of other issues.

### Overview of Protective Factors

For purposes of this report, protective factors for the community domain will include community coalitions, environmental changes, regional coalitions, treatment and intervention providers, local social services, law enforcement capacity and support, healthy youth activities, and religious prevention services. For the family domain, protective factors will include youth prevention programs, students receiving alcohol and drug education, sober schools, alternative peer groups, high school and college academic achievement, parent/social support, parental attitudes towards alcohol and drug consumption and students talking to their parents about alcohol and drugs. Lastly, for the individual domain protective factors include life skills in youth prevention programs, mental health and family recovery services, youth employment, youth perception of access, risk and harm of alcohol and drugs.

### Community Domain

Community coalitions are comprised of parents, teachers, law enforcement, businesses, religious leaders, health providers, and other community activists who are mobilizing at the local level to promote a positive change in the community. The goal of community coalitions is to create effective, environmental, and sustainable changes with the community.

## Community Coalitions

**Better Breathing Club at Midland Memorial Hospital-** This program meets once a month to help people understand their breathing problems. Asthma, COPD, and Emphysema are explained and ways to help individuals cope their diagnosis are explored. Better Breathing Club currently serves Midland County.

**Ector County Health Care Coalition-** This coalition was formed by Medical Center Hospital in 2012 to promote the overall community health and wellness through education, screenings, and coordination of care. Their aim is to provide community health and wellness in Ector County through partnerships and patient care. Their goals include reducing preventable hospital readmissions and hospital charges for Ector County residents through education, engagement, and empowerment. Their focus is on patients with asthma, chronic obstructive pulmonary disease (COPD) and diabetes. Ector County Health Care Coalition currently serves Ector County.

**Early Childhood Coalition-** The Early Childhood Coalition is a community coalition representing both Midland and Odessa. The coalition consists of 60 stakeholder agencies including: education, medical community, social services, mental health services, county government, public health, drug and alcohol abuse prevention, youth programming, and child care providers. The focus is to facilitate ongoing collaboration of community.

**Here to Impact (H2i) Coalition-** This coalition was created in 2013. This Community Coalition Partnership (CCP) is supported by the Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADEA). This coalition is focused on effecting environmental changes within the community regarding the reduction of alcohol (underage drinking), marijuana and prescription drug abuse. The goal is to engage, advocate, and empower through education, community collaboration, and awareness in policy and social change for Ector County and to build a healthy and drug free community. H2i currently serves Ector County.



**Permian Basin Military Partners Coalition-** The Permian Basin Military Partners Coalition has been in place for almost sixteen years. They currently refer veterans to other non-profit agencies in the area for different services needed. It will continue to focus on providing help serving this population through referrals as well as education and awareness on alcohol, tobacco, and prescription drug use and abuse.

**X-Out Youth Leadership Coalition-** The X-Out Youth Leadership Coalition is an in-house program of PBRCADEA. This is a group of adolescents in Ector County, ages 12-17 that want to empower their peers on the dangers of using alcohol, tobacco, and other drugs. This coalition promotes and advocates prevention leading the way for healthier generations. X-Out Youth Leadership Coalition currently serves Ector County.



**The Concho Valley C.A.R.E.S. Coalition-** This coalition is a Drug Free Community (DFC) Coalition that was established by the Alcohol and Drug Abuse Council for the Concho Valley (ADACCV) while, addressing high risk factors for those in the community to empower them to make better choices and minimize the dependence of substance abuse in the areas. The Concho Valley C.A.R.E.S. Program stands for Community Action & Resources for Empowerment and serves the Concho Valley.

**The Midland Coalition-** The Midland Coalition was created in 2002 and is a Community Coalition Partnership (CCP). The Palmer Drug Abuse Program (PDAP) in Midland County received funding from

HHSC to accommodate the coalition which is focused on effecting environmental changes within the community, regarding the reduction of alcohol (underage drinking), marijuana, and prescription drug use and abuse. Through collaborating with community members drug use and abuse. Through collaborating with community members and the resources available in Midland this coalition educates and plan projects that allow all agencies to be a part of preventing underage use of alcohol and drugs in our community. The Midland Coalition currently serves Midland County.

**Family Health Coalition-** This coalition in Region 9 promotes collaboration of the many services available throughout the region. This coalition meets quarterly throughout the region, promotes all levels of healthy living, and is open to anyone. Family Health Coalition currently serves agencies that service people of all age groups.

**Teen Pregnancy Prevention Coalition-** The Permian Basin Teen Pregnancy Prevention Coalition began in 2015 to advocate for a comprehensive strategy to prevent teen pregnancy and STD's by increasing parent and community involvement, to empower young people to make educated healthy decisions about relationships, sex and pregnancy by connecting with mentors, peers, and the healthcare system. The Permian Basin Teen Pregnancy Prevention Coalition represents Andrews, Crane, Ector, Midland and Upton Counties.

**Homelessness Coalition-** The Ector and Midland County homeless coalitions are a collaborative group of local agencies interested in supporting and stabilizing individuals in need. These coalitions identify and help to meet the needs of the homeless by providing, shelter, food, transportation, housing, medical needs, and hygiene. The Homeless Coalitions serve Midland and Ector Counties.

**Midland County Crime Victim Coalition-** The mission of the Midland County Crime Victims' Coalition is to enhance services and promote justice to all victims of crime through the cooperation of local non-profit and law enforcement agencies.



**Teen Challenge Adult Centers of Texas-** Teen Challenge of the Permian Basin is a residential, faith based program that helps individuals that suffer from addictions. This program offers help to individuals by offering religion based acceptance, coping, and problem-solving skills. The focus is on family, leadership, and goals for this in need with the goal being the reunification of the family and overcoming the addiction. Teen Challenge currently serves Midland and Ector Counties.

**Buckner Children and Family Services-** Buckner Children and Family Services is a faith based family building organization that supports the adults and children in making strong family connections. They offer family and parent education classes, hope programs that offer services to at risk youth and counseling services for at risk youth from 0-17 years. They offer after school programs that focus on mentoring, social skills, positive influences, and choices. These services help all ages in need of support and empowerment to improve their life. Buckner Children and Family Services currently provide services in Midland County.





**Teen F.L.O.W.-** Teen F.L.O.W. (Faithful Leader of the Word) is a nonprofit Christian Center that focuses on “at risk” youths and adolescents by providing safe havens, meals, fun activities, educational skill development, and Bible studies. Teen F.L.O.W. currently serves Midland and Ector Counties.

**First Priority of the Permian Basin-** First Priority of the Permian Basin is weekly campus ministry that creates an environment for students to share the gospel of Jesus with their peers at school. The goal is to unite the local community to influence the school with the Gospel. It aims to use parents, teachers, pastors, business leaders, and youth the equip, encourage, and empower junior and high school students to bring Christ in their lives. First Priority currently serves Ector and Midland Counties.

**Treatment/Intervention Providers**



**Permian Basin Regional Council for Alcohol and Drug Abuse (PBRCADA) –** PBRCADA provides prevention services throughout Region 9. PBRCADA currently serves the HHSC Region 9 outlined in this report.

**Mommy and Me Program-** The Pregnant Postpartum Intervention (PPI) Program called Mommy and Me is designed to help pregnant and postpartum adults/adolescents who may have a higher risk of substance abuse. This program offers parenting classes, child development education, and weekly support groups for those in need. This program currently serves Ector and Midland Counties.

**Daddy and Me Program-** The Padre Program, also called Daddy and Me, works to encourage fathers to become more active in their children’s lives through education and support. The Padre Program currently works with Child Protective Services (CPS) to reunite families by offering parenting classes, education classes, substance abuse prevention, and child development classes. This program currently serves all 30 Region 9 counties.



**Heart of Texas Healthcare System- Heritage Program-** This program provides outpatient mental health services to older adults. The Heritage Program campus is in Brady, Texas, where professionals provide healthcare as well as mental health services.

**River Crest Hospital –** River Crest Hospital is a secured inpatient facility that provides mental health and substance abuse treatment to adults and adolescents throughout Region 9. The goal of River Crest is to provide evaluation, crisis stability, treatment, education, prevention, and follow-up care. River Crest is a modern, 80 bed hospital specializing in the treatment of mental health and substance abuse issues that can afflict people of all ages.

**Oceans Behavioral Health Center –** Oceans Behavioral Health Center is a secured inpatient treatment facility for individuals suffering from psychiatric illnesses.



Oceans provides 20 geriatric beds (ages 55 and older) and 28 beds for adults (ages 18 to 54). In March 2015, Oceans opened a portion of their facility to reach adolescents (ages 0-17). They currently have 12 beds designated for adolescent treatment of psychiatric and substance abuse issues.

**Palmer Drug Abuse Program (PDAP)-** PDAP is located in Midland and offers individuals the 12- step Palmer



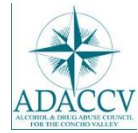


Drug Abuse Program who are suffering from drug abuse illnesses and addiction. This 12- step program is designed to help individuals realize that they are loved, accepted, and supported by others. Since January 2017 to July 2017, PDAP has served 1744 clients.



**Concho Valley Turning Point-** Concho Valley Turning Point offers rehabilitation, recovery, and outreach services for individuals and families looking for help in overcoming addiction and other destructive lifestyles. They offer intervention for those who need assistance in confronting addiction.

**Alcohol and Drug Abuse Council of the Concho Valley (ADACCV)-** The mission of the Alcohol and Drug Abuse Council for the Concho Valley is to save lives and create healthier communities. The vision of the Alcohol and Drug Abuse Council for the Concho Valley is to be an effective and dynamic force in the prevention of human degradation, the loss of human dignity, and the ultimate loss of life caused by substance abuse and addiction in our community.



**Cotton Lindsey Center-** Cotton Lindsey Center is an outpatient program consisting of a six-month curriculum involving relapse prevention and education for both individuals and groups.

**William's House-** William's House is an intensive residential treatment program for adult males. The treatment plan of William's House includes individual and group counseling, personal and social adjustment goals, and includes Gorski's Relapse Prevention Training.

**Sara's House-** Sara's House is an intensive residential treatment program for indigent women, including pregnant women and women with children. This program can accommodate children 0-5 1/2 years of age, and the number of children residing with each mother is determined on a case-by-case basis. The residential program focuses on intense and support driven counseling for those in need.

**Permian Basin Community Centers (PBCC)-** PBCC offers treatment services throughout Region 9.



**Turning Point-** Turning Point provides detoxification services and intensive residential treatment. Adults are assisted through detoxification and placed in a highly structured and supervised residential setting, designed for newly- recovering individuals. This facility is located in Ector County.

**She's for Sure Program-** She's for Sure provides outpatient substance abuse treatment to adolescents and adult women who have a history of chemical dependency or who are currently chemically dependent.

**Top Rank Youth Program-** Top Rank Youth Program provides outpatient substance abuse treatment for adolescents (ages 13-17) who do not require a structured residential treatment.

**The Co-Occurring Psychiatric and Chemical Dependency (COPSD)-** This program serves those diagnosed as having both a major mental and chemical dependency. Screening, integrated assessments, counseling, case coordination, and linkages to other providers, face-to-face contacts are completed to ensure the client remains drug-free and psychiatrically stable.

**Center for Life Resources-** This program serves McCullough County in Region 9 and is focused on assisting residents in achieving the highest quality of life. They offer specialized treatment programs to support existing clients through involvement and referrals to appropriate support services.



**Gaines County Community Rehabilitation Center-** This program is funded by Gaines County and serves the communities of Seminole, and Seagraves. County residents can seek counseling and referral services for substance use and abuse through this program.

**Centers for Children and Families-** Centers for Children and Families exists to improve quality of life and strengthen the communities we serve through counseling, educational and supportive services. They offer counseling, parenting education classes, adoption support, military support. Centers for Children and Families currently serve Ector and Midland county.



**Basin Detox Systems, Inc.-** Basin Detox Systems, Inc. are detoxification facilities located throughout Texas. Clients are medically stabilized over a period of 3 to 5 days, based on medical necessity. Upon discharge from the facility, patients are encouraged to continue their recovery by entering a long-term treatment program.



**The Springboard Center-** The Springboard Center is focused on restoring health and dignity to individuals and families by providing quality treatment and counseling for alcoholism and drug addiction to the residents of the Permian Basin. Springboard's goal is to raise the level of community awareness concerning substance abuse. To achieve the goal, Springboard offers treatment in the form of medical detoxification, residential treatment, intensive outpatient treatment, family programming, after care programming and Acu-detox.

**Alcoholics Anonymous (AA)** – AA first appeared in 1939 and is an international fellowship of men and women who have had a drinking problem. It is a nonprofessional, self-supporting, multiracial, apolitical, and available almost everywhere. There are no age or education requirements for AA. Membership is open to anyone who wants to do something about his or her drinking problem and follow a 12-step program.

**Narcotics Anonymous (NA)**- NA is a global community-based organization which was founded in 1953. The program offers recovery from the effects of addiction through working a 12-step program, including regular attendance at group meetings. The group atmosphere provides help from peers and offers an ongoing support network for addicts who wish to pursue and maintain a drug-free lifestyle. The name Narcotics Anonymous is not meant to imply a focus on any particular drug; NA's approach makes no distinction between drugs including alcohol. Membership is free, and there is no affiliation with any organizations outside of NA including governments, religions, law enforcements groups, or medical and psychiatric associations.

**Mission Messiah-** Mission Messiah is an eighteen-month faith based residential program for women and their children. The eighteen months consist of 12 months of campus residency, and 6 months of accountable living (on their own) through



mentorship, counseling and service. Through the application of Bible teaching, scripture memorization, and constant attention by staff and volunteers, lives are changed and made new.

**Freedom House Discipleship-** Freedom House Discipleship is an intense twelve-month program designed to help individuals who are just being released from prison or jail and those struggling with addiction and/or homelessness. Freedom House is a faith-based discipleship program designed to help participants realize that they can achieve spiritual success if they are properly disciplined. Freedom House is open to anyone struggling with addiction, recidivism, and/or homelessness.

**Steps Recovery-** Steps Recovery is a 13-week Bible-based program offered at the First Baptist Church of Odessa and is modeled after the traditional 12-steps of A.A. Steps allows individuals to apply biblical scripture to each step of substance abuse recovery. Steps helps individuals to look at their lives through honesty, accountability, and forgiveness in the process of recovery. Steps Recovery serves Midland and Ector Counties.

**Local Social Services**



**Casa De Amigos-** Casa De Amigos is a non-profit corporation that aims to improve the quality of life throughout the community by “helping individuals to help themselves.” Programs currently being offered include: senior programs, health and wellness programs, education services, and social services. Take Two Program

is funded by Chevron to help people. Casa de Amigos serves anyone in need but funding sources are limited.

**First 5-** First 5 of the Permian Basin offers free programs that help individuals becomes great parents. First 5 is a program that matches up parents with trained personnel who travel to their homes with the intention of providing information and answering questions about becoming a parent. First 5 also helps parents find the best resources available to them based on family needs. First 5 have several sub-programs that all work toward community improvement and involvement. Other programs First 5 offer include home visiting programs, fatherhood engagement programs, an early childhood resource networking, and childhood (ages 0-5) hotline for parents.



**Harmony Home-** Harmony Home is a non-profit advocacy organization that serves Ector, Pecos, Ward, reeves, Loving, Winkler, and Ward Counties by providing services for child victims of sexual, physical, and emotional abuse. Their goal is to break the silence and help heal the hurt of child abuse. Harmony Home offers education, forensic interviews, victim services, therapy, and community outreach.

**Salvation Army-** The Salvation Army is an international organization whose focus is on the spiritual and physical well-being for each individual in need. The Salvation Army offers services for emergency response, family tracing, health services, social services, and addiction dependency. Even though they are an international organization, regional offices can be found throughout Texas.





**The Crisis Center**-The Crisis Center provides domestic and sexual assault services for individuals affected by domestic and sexual violence. These services include the Angel House Shelter, counseling, sexual assault victim services, community education and training, and legal advocacy case managers. The Crisis Center currently serves Gaines, Ward, Winkler, Andrews, Loving, Reeves, Pecos, Crane, Ector, and Midland Counties.

**Safe Place**- Safe Place in Midland provides domestic and sexual assault services for individuals affected by domestic and sexual violence. Safe Place serves Midland, Ector, Howard, Martin, Crane, Dawson, Gaines, Reeves, Upton, Ward, Winkler, Glasscock, and Loving Counties. Safe Place services include the shelter, counseling, sexual assault victim services, community education and training, and legal advocacy case managers.

**West Texas Opportunities, Inc. (WTO)**- WTO was originally created to administer the provisions of the Economic Opportunity Act of 1964. The goal of WTO is to enable the U.S. to achieve full economic and social potential, one person at a time. WTO offers assistance with childcare management services, head start entry, employment services, transportation services, and monetary assistance with energy bills. WTO currently serves 17 counties in Region 9 (Reeves, Pecos, Terrell, Loving, Ward, Winkler, Crane, Upton, Ector, Midland, Glasscock, Howard, Martin, Andrews, Gaines, Dawson, and Borden).



**West Texas Food Bank**- The primary goal for the West Texas Food Bank is to provide those in need with food and groceries (individuals, families, day cares, youth programs, senior centers, and soup kitchens). The West Texas Food Bank serves Dawson, Borden, Andrews, Martin, Howard, Loving, Winkler, Ector, Midland, Glasscock, Ward, Crane, Upton, Reeves, Pecos, and Terrell Counties in Region 9.

**Goodwill of West Texas**- Goodwill of West Texas' goal is to provide opportunities to people with barriers to employment. They are a workforce development resource. Goodwill offers employment programs for individuals in need. Goodwill formed a retail store organization to assist those in need with everyday items from household goods to clothing needs. Goodwill West Texas currently serves Howard, McCullough, Ector, Midland, and Tom Green Counties.



### Law Enforcement Capacity and Support

**National Night Out**- Local Law Enforcement agencies encourage communities to establish neighborhood watches, apartment watches, and even mall watches to help identify and work against potential crimes and criminals. Police officers make it a point to participate in community driven "National Night Out" black parties to help educate and inform communities of crime trends. National Night Out is currently ongoing in Pecos, Ector, and Midland Counties.





**Citizens on Patrol (C.O.P.)-** This is a volunteer program that is sponsored by the Midland, Odessa, and San Angelo Police Departments. The purpose of this program is to enlist the help of local residents to observe and report criminal activity safely. Volunteers assist citizens with basic needs including jumper cables, flares, traffic cones, and air tanks. They can be called upon to direct traffic at major events, conduct searches for lost children/seniors, aid in the search for suspects, and assist with stolen vehicles searches. The police department considers them to be invaluable in assisting with surveillance in high crimes areas.

**Citizens Police Academy-** Pecos County offers a 40-hour course that is designed to give community members a working knowledge of the police department and to encourage community involvement. The course introduces the student/citizens to procedures, training, investigations, firearm and narcotic enforcement. The students are given opportunities to “ride along” with officers.

**Teen Court-** Teen Court is a program in Midland and Ector Counties which enables adolescents to help their peers who may be struggling in life. This is an educational program that offers both offenders and adolescents volunteer opportunities to gain a better understanding of the justice system. The goal of Teen Court is to intervene against developing substance use issues, to develop a firm understanding and respect of authority figures (law enforcement), and to increase self-esteem of the adolescents. Teen court stresses the individual’s responsibility and accountability for his or her actions.

**Healthy Youth Activities**



**YMCA Partners with Youth Program-** YMCA Partners with Youth offers programs for adolescents to take part in fun activities and teams that enable participating youth to present better decisions about life choices. Some of the youth activities include flag football, basketball, Soccer, volleyball, softball, and cheerleading. They give the youths a variety of activities to select from and helps promote an active health life. This program is offered in Midland and Ector Counties. They also offer a Silver Sneakers Club which gives Senior citizens a discount for membership.

**Boys and Girls Club of America-** This program focuses on building collaborative relationships within the community. Child/youth development, self-esteem, and a love of learning by teaching them about civic duty, responsibility, honesty, and self-discipline. The program offers homework support and help, education towards healthy choices, and arts and crafts. The Boys and Girls Club have local chapters throughout Texas.



**Texas 4-H Club-** The 4-H Club offers youth a chance to follow their dreams by enabling them to make healthy choices and pursue activities that hold an interest to them. Through this program, youth meet challenges head on, learn life skills that will continue to help them as they reach maturity, develop social, emotional, physical, and cognitive competencies. This helps youth make positive choices in how they live their lives. Youth learn leadership, citizenship, and occupational skills that help them build strong character will into adulthood.

**Big Brothers Big Sisters-** The mission of Big Brothers Big Sisters is to provide children facing adversity with strong and enduring, professionally-supported one-to-one relationships that change their lives for the better, forever. Big Brothers Big Sisters is one of the oldest and largest mentoring organizations in the nation and currently serves Midland, Ector, Howard, and Tom Green Counties.



**Girl Scouts-** The mission of the Girl Scouts is to build girls of courage, confidence, and character, which make the world a better place. They offer team building, individual development mentoring, sense of belonging, and community involvement. The Girl Scouts have local chapters throughout the nation.

**Boy Scouts of America-** Boys Scouts is one of the nation's largest value based youth development organizations. They provide a program for male adolescents that build character, life skills, promoting citizen and community development, and personal fitness. The Boy Scouts have local chapters throughout the nation.



**Campfire WTX-** The Campfire WTX program provides the opportunity for young people to find their spark, lift their voice, and discover who they are so that they can go out and shape the world. Campfire WTX offers after school care, day camps, volunteer community service, life skills development, stranger danger education, and homework assistance for children. Campfire WTX currently serves Midland and Ector Counties.

### Local Mental Health Authorities



**Permian Basin Community Centers-** PBCC provides services for Early Childhood Intervention, mental health, Intellectual Development Disorder, chemical dependency, and HIV. PBCC is a public entity that is governed by a local Board of Trustees. The center was formed in 1969 by the city of Midland. Private insurance, Medicare, and Medicaid are accepted. The Texas Health and Human Services Commission (HHSC) contracts for mental health and chemical dependency services, the Texas Department of Aging and Disability Services (DADS) contracts for intellectual developmental disorders, and the Texas Department of Assistive and Rehabilitative Services (DARS) contracts for Early Childhood Intervention services, allowing the implementation of a sliding fee scale, which lowers the cost to the consumer.

**Central Texas Mental Health and Mental Retardation Center-** In 1970, The Central Texas Mental Health and Mental Retardation Center (CTMHMR) was established after a long-range planning by several community advocates, for the mentally challenged. As an agency of the state, the center has provided services in the counties of Brown, Eastland, Coleman, Comanche, San Saba, Mills, and McCullough for individuals with mental illness, intellectual developmental disabilities, and substance abuse.



**West Texas Centers-** West Texas Centers provide services and support options to people with mental illnesses, intellectual, and developmental disabilities. They currently serve 23 counties, including Andrews, Borden, Crane, Dawson, Gaines, Glasscock, Howard, Loving, Martin, Reeves, Terrell, Upton, Ward, Winkler Counties from Region 9. The purpose of the

community center is to offer proper support and services to those in need in order for them to begin the road to recovery and to lead productive lives.

### **Mental Health and Mental Retardation (MHMR) Services of the Concho Valley-**

MHMR of the Concho Valley provides services and support to those suffering from an array of mental health illnesses, developmental delays, intellectual and developmental disabilities. The goal of the MHMR Center is to help people work together to help themselves. Currently they serve seven counties in the Concho Valley area, including Coke, Concho, Tom Green, Crockett, Irion, Reagan, and Sterling Counties, in Region 9.



**Hill Country MHDD Centers-** Hill Country MHDD provides mental health, individual developmental disability, substance abuse, and early childhood intervention services throughout the greater Texas Hill Country. The Centers currently serve Kimble, Mason, Menard, Schleicher, and Sutton Counties in Region 9, as well as serving Bandera, Blanco, Comal, Edwards, Gillespie, Hays, Kendall, Kerr, Kinney, Llano, Medina, Real, Uvalde, and Val Verde Counties.

### **Environmental Changes**

Environmental strategies to challenge the prevalence and significance of substance abuse can come in many ways. In Region 9, a popular environmental strategy to combat substance abuse is the use of medication drop boxes. The Palmer Drug Abuse Program's Midland Coalition has medication dropboxes which collected 1,659 pounds of medication in 2016. Similarly, the Permian Basin Regional Council on Alcohol and Drug Abuse's Hzi Coalition in Odessa collected 215.31 pounds of medication at their dropboxes in 2016. The Hzi Coalition dropboxes can be found at the Odessa Police Department (Open 24 hours a day, 7 days a week) and the Ector County Sheriff's Office. The Alcohol and Drug Abuse Council of the Concho Valley's medication drop boxes, located at the San Angelo Police Department (which is open 24 hours, 7 days a week) and the Junction Sheriff's Office, also collected significant amounts of medications. In their four medication takeback days in 2016, the C.A.R.E.S. Coalition and ADACCV collected an estimated 50 pounds of medication.

Another way organizations can initiate environmental strategies to combat substance abuse is to do presentations to the community about the harms of substance abuse. ADACCV, PDAP, and PBRCAD A programs execute thousands of community presentations annually to address substance abuse.

Other ADACCV environmental changes which are worth noting include the passage of a no-smoking ordinance. ADACCV and Concho Valley C.A.R.E.S. partnered with the City of San Angelo Parks and Recreation Department in asking the city to amend the smoke-free San Angelo ordinance to include more specific restrictions on park areas where smoking would be prohibited. The new stipulation allows the City to place signs reminding residents that smoking is not allowed within 50 feet of playgrounds, pavilions and other locations as selected by the Parks and Recreation Director. Other places such as the area around the Bosque and fenced in spaces like city swimming pools, will also require smokers to be at least 50 feet away to smoke.

Another environmental strategy which has been successful in San Angelo is ADACCV's promotion and use of Deterra Drug Deactivation System pouches and bags. Powered by patented MAT® Molecular Adsorption Technology, the Deterra® System deactivates prescription drugs, rendering them ineffective

for misuse and safe for the environment. Deterra pouches come in a variety of sizes, including buckets, which can dispose up to 2,600 prescription pills safely. PBRCAD, which serves the entirety of Region 9, is also bringing Deterra technology to Ector County.

One of the most significant ways environmental change can happen through policy happens by passing social host ordinances. As of July 25<sup>th</sup>, 2017, Odessa is the fourth city in Texas to pass a social host ordinance (following San Antonio, El Paso, and Palmview) penalizing the distribution of alcohol to minors at social hosting parties. Specifically, the policy fines property owners where illegal underage drinking parties occur. According to the ordinance, "The intent of the ordinance is to protect the public health, safety, quiet enjoyment of residential property, and general welfare, rather than punish, and therefore, provide that persons who actively or passively aid, abet, or allow gatherings involving underage drinking shall be held accountable." Below is a screenshot of the Odessa Social Host Ordinance issue brief by the H2i Coalition in Ector County. The issue brief includes screenshots of social media accounts by youth in Ector County in 2016 and 2017 describing their illegal consumption of alcohol.



**If YOU enable MINORS to drink, YOU disable them to to think!**





## School Domain

Education is one of the strongest protective factors a child can attain. Region 9 reports low dropout rates but also teaches their students to succeed in life. Most students graduate in four years and attend college or some other technical school specified in a certain skill set. Schools serve as a protective asset in a variety of ways. They not only provide education but also social support, skill development and in developing a positive sense of self.

### YP Programs

In Region 9, YP (Youth Prevention) programs exist in Coke, Concho, Crockett, Ector, Howard, Irion, Kimble, Martin, Mason, McCulloch, Menard, Midland, Reagan, Schleicher, Sterling, Sutton, and Tom Green Counties. The Alcohol and Drug Abuse Council of the Concho Valley (ADACCV) serves Coke, Concho, Crockett, Irion, Kimble, Mason, McCulloch, Menard, Reagan, Schleicher, Sterling, Sutton, and Tom Green Counties while the Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADA) serves Ector, Howard, Martin, and Midland Counties. Prevention specialists also provide community-wide presentations, interactive demonstrations, hands-on activities and other educational opportunities to community groups, youth groups, churches, businesses and community social services organizations.

Youth drug prevention curriculums implemented in schools and community sites are evidenced-based and provide facts about alcohol, tobacco, and other drugs. Curriculum lessons give students skills that include managing emotions, communicating, making friendships, developing social skills, analyzing media messages, and dealing with peer pressure. The goal of YP programs are to help build self-efficacy and become positive role models while implementing curriculum at community sites.

#### ADACCV YP Programs:

For youth ages 6-17 in the YP Select program, ADACCV's prevention team utilizes the Curriculum Based Support Group (CBSG) program, including Kids Connection and Youth Connection. This program is designed to provide a safe place for youth to learn vital life skills that will help them make healthy choices, overcome adversity, and stay drug-free while gaining a greater understanding of themselves and others.

For youth ages 14-17 in the YP Indicated program, ADACCV's prevention team utilizes Project Toward No Drugs (PTND). This evidence based curriculum provides information about the social and health consequences of drug use, and includes instruction in active listening, effective communication skills stress management, tobacco cessation techniques, and self-control to counteract risk factors for drug abuse relevant to older teens. The prevention staff also offers individualized prevention counseling and referral services for youth and their families. These intervention-based services are designed to address high-risk behaviors in youth and provide access to available resources to them and their families.

The following are success rates for YP programs provided by ADACCV:

ADACCV Youth Prevention Program Success Rates			
	Percent of Completion	Percent of Successful Completion	Overall Success Rate
YPS (CBSG)	84%	96%	81%
YPI (PTND)	49%	93%	46%

**Table 35**  
**ADACCV YP Program**  
**Success Rates, 2016**

**PBRCADA YP Programs:**

PRCRADA youth prevention programs consist of three universal programs and one indicated program. These programs serve Ector, Midland, Martin and Howard Counties. For the fiscal year 2016-2017, PBRCADA was awarded 3 expansion YP programs: One for indicated youth and two for universal youth. Each program serves youth with an evidenced based curriculum from ages 10-14 in the universal programs and 14-19 in the indicated program. PBRCADA offers the following youth prevention curriculum:

- YPI: Project Towards No Drug Abuse-Midland County 9-12th grade (expansion)
- YPU: Positive Action-Martin/Howard County for 6-8th grade (expansion)
- YPU: Positive Action- Midland County for 5-6th grade (expansion)
- YPU: All Stars-Ector County for 6-8th grade

PBRCADA Youth Prevention Program Success Rates (Ector County Only)			
	Percent of Completion	Percent of Successful Completion	Overall Success Rate
YPU (All-Stars)	100%	93%	93%

**Table 36**  
**PBRCADA YP Program Success Rates, 2016**

**Students Receiving AOD Education in School**

According to the 2016 Texas School Survey, 24% of schools in Regions 9 and 10 did not receive any prevention education regarding drugs or alcohol. Most students in Regions 9 and 10 reported that school health courses are where they received information about drugs and alcohol. The following table explains where students in Regions 9 and 10 reportedly received information regarding drugs and alcohol.

**Table 37**

**Students Receiving Alcohol, Tobacco, or Drug Education in Schools by Region, 2016**

Region	School Health Class	Assembly Program	Guidance Counselor	School Nurse	Science or SS Class	Student Group or Club	Invited Guest	Another Source at School	No Prevention Education on Drugs or Alcohol
State	43.9%	44.7%	27.9%	17.2%	27.3%	14.4%	31.6%	28.9%	31.1%
1&2	31.9%	52.3%	23.3%	12.7%	21.6%	9.5%	34.8%	24.7%	32.3%
3	41.0%	50.2%	28.9%	16.5%	29.0%	12.6%	34.4%	30.3%	28.5%
4&5	36.9%	46.8%	19.9%	16.0%	23.9%	12.7%	32.5%	24.2%	34.8%
6&8	43.7%	32.3%	21.9%	13.4%	23.7%	13.2%	20.2%	26.1%	36.6%
7&8	39.8%	41.9%	25.1%	14.2%	26.9%	13.9%	30.3%	26.4%	33.7%
<b>9&amp;10</b>	<b>57.6%</b>	<b>54.2%</b>	<b>31.9%</b>	<b>22.2%</b>	<b>30.1%</b>	<b>19.3%</b>	<b>40.9%</b>	<b>33.5%</b>	<b>24.0%</b>
11	50.9%	51.9%	44.8%	29.6%	33.5%	21.9%	44.4%	35.2%	25.6%

Source: Texas School Survey, 2016.

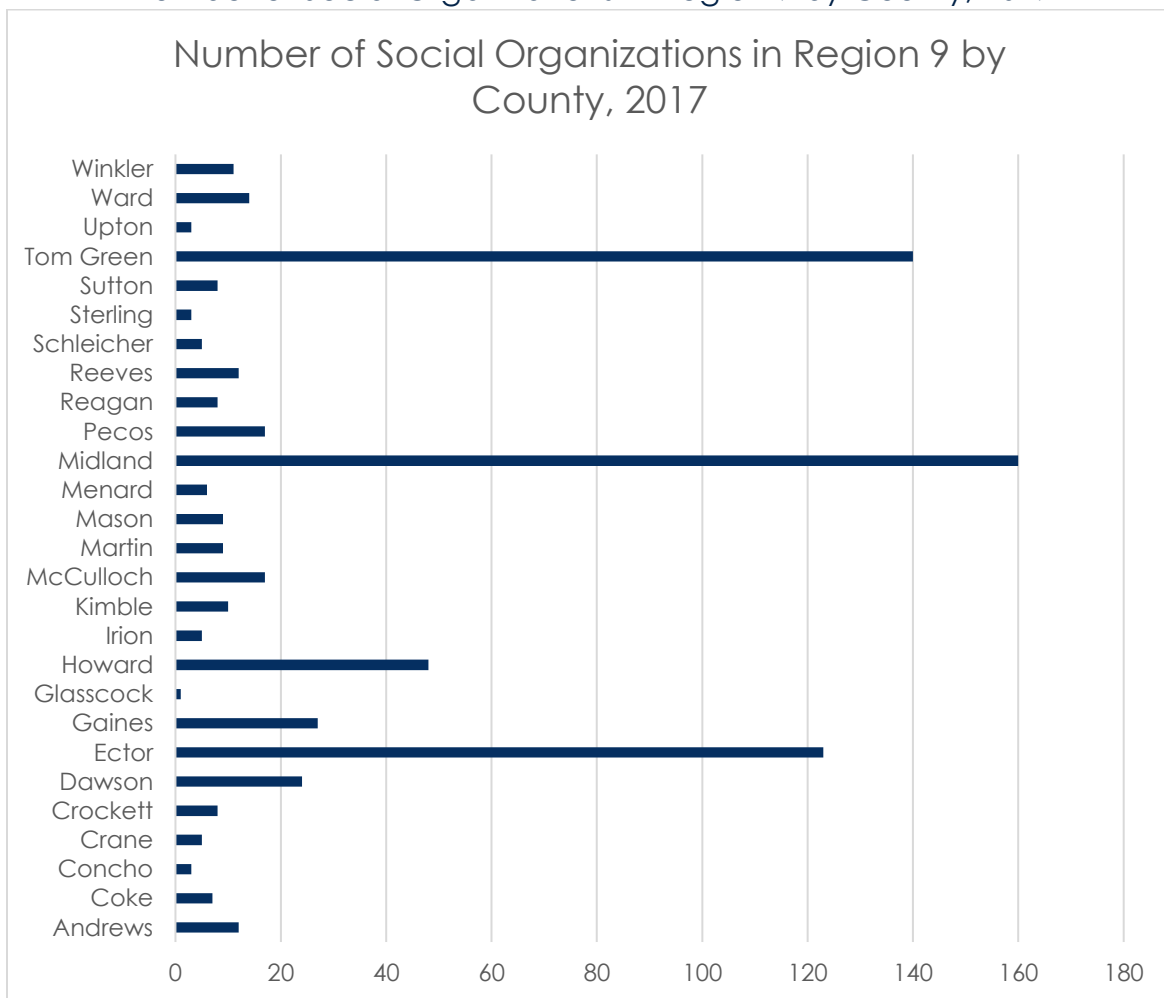
### Family Domain

According to the 2016 Texas Prevention Impact Index, a survey which asked Midland ISD 6<sup>th</sup>-12<sup>th</sup> grade students about questions pertaining to substance use and family dynamics of substance use, parents are having less and less conversations with their children about alcohol, tobacco, and other drugs. The family domain is important to note when discussing substance abuse because the family dynamic is considered one of the strongest protective or risk factors associated with substance abuse.

### Parental/Social Support

According to the 2017 County Health Rankings Model, there are 695 social associations, or membership associations which provide occupational or peer senses of community, in Region 9. Midland County has the most social support organizations in Region 9 with 160, followed by Tom Green County with 140, and Ector County with 123. The following figure depicts the number of social associations in Region 9 by county. Borden, Loving, and Terrell Counties were excluded from the figure, as the 2017 County Health Rankings Model shows these counties have zero social support associations.

Figure 32  
Number of Social Organizations in Region 9 by County, 2017



Source: County Health Rankings and Roadmaps, 2017.

**Parental Attitudes toward Alcohol and Drug Consumption**

According to the 2016 Texas School Survey, 64.4% of Regions 9 and 10 students believe that their parents “strongly disapprove” of alcohol consumption, while only 1% report their parents “strongly approve.” The following table explains parental attitudes towards alcohol use in Regions 9 and 10 according to the 2017 Texas School Survey.

**Table 38**  
**Youth Perception of Parental Attitudes about Alcohol Consumption by Region, 2016**

Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
State	64.9%	13.7%	10.7%	3.3%	1.1%	6.3%
1&2	60.6%	14.1%	13.0%	4.4%	1.5%	6.3%
3	67.3%	14.4%	10.4%	2.6%	0.9%	4.5%
4&5	60.9%	14.5%	12.0%	4.2%	1.0%	7.4%
6&8	62.3%	14.0%	11.60%	3.9%	1.1%	7.0%
7&8	63.8%	15.2%	11.2%	3.3%	1.1%	5.4%
<b>9&amp;10</b>	<b>64.4%</b>	<b>14.3%</b>	<b>10.7%</b>	<b>3.5%</b>	<b>1.0%</b>	<b>6.1%</b>
11	68.20%	10.60%	8.20%	2.90%	1.20%	8.90%

Source: Texas School Survey, 2016.

When focusing on Regions 9 and 10 specifically, there is a huge disparity between parental approval of alcohol use in grade 7 and grade 12. Though this is to be expected, “strong disapproval” rates regarding the use of alcohol drop more than 12% between the 7<sup>th</sup> and 12<sup>th</sup> grades, while “mild approval” ratings more than double. The following chart depicts Region 9 and 10 7<sup>th</sup>-12<sup>th</sup> graders response to the question, “How do your parents feel about kids your age drinking alcohol?”

**Table 39**  
**Youth Perception of Parental Attitudes about Alcohol Consumption by Grade, 2016**

	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
All	64.4%	14.3%	10.7%	3.5%	1.0%	6.1%
Grade 7	75.4%	7.9%	4.8%	1.7%	0.5%	9.8%
Grade 8	70.8%	12.7%	6.4%	1.6%	0.7%	7.8%
Grade 9	65.1%	15.5%	10.4%	2.6%	1.1%	5.3%
Grade 10	61.5%	16.0%	12.7%	4.3%	0.6%	4.9%
Grade 11	59.2%	16.4%	14.3%	4.5%	1.1%	4.4%
Grade 12	52.0%	17.7%	17.1%	7.1%	2.1%	4.1%

Source: Texas School Survey, 2016.

According to the 2016 Texas School Survey, 79% of Region 9 and 10 students report that their parents “strongly disapprove” of tobacco use, compared to the .7% which report their parents “strongly approve” of tobacco use. Tobacco use among youth is at one of its lowest rates in history, according to the Centers for Disease Control and Prevention. The following chart depicts parental attitudes towards tobacco use among 7<sup>th</sup>-12<sup>th</sup> graders in Regions 9 and 10 in 2016.

**Table 40****Youth Perception of Parental Attitudes about Tobacco Consumption by Region, 2016**

Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
State	78.4%	7.4%	5.9%	1.0%	0.8%	6.5%
1&2	71.2%	9.7%	9.7%	1.5%	1.2%	6.7%
3	81.4%	7.1%	5.3%	0.8%	0.7%	4.7%
4&5	71.0%	10.1%	8.4%	2.0%	0.9%	7.6%
6&8	77.8%	7.2%	6.10%	0.9%	0.9%	7.0%
7&8	79.0%	8.3%	5.5%	1.0%	0.7%	5.6%
<b>9&amp;10</b>	<b>79.0%</b>	<b>7.3%</b>	<b>5.5%</b>	<b>1.1%</b>	<b>0.7%</b>	<b>6.4%</b>
11	78.0%	5.9%	4.6%	0.9%	0.9%	9.8%

Source: Texas School Survey, 2016.

Specifically, in Regions 9 and 10, parental disapproval ratings of tobacco use, like alcohol use, drops significantly (12.3%) from 7<sup>th</sup> grade to 12<sup>th</sup> grade, while strong approval ratings more than double. The following table expresses Region 9 and 10 7<sup>th</sup>-12<sup>th</sup> grade student responses to the question, “How do your parents feel about kids your age using tobacco?”

**Table 41****Youth Perception of Parental Attitudes about Tobacco Consumption by Grade, 2016**

	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
All	79.0%	7.3%	5.5%	1.1%	0.7%	6.4%
Grade 7	84.3%	2.8%	1.7%	0.9%	0.4%	9.9%
Grade 8	83.1%	4.8%	3.2%	0.5%	0.6%	7.7%
Grade 9	81.0%	6.7%	5.1%	0.7%	0.8%	5.7%
Grade 10	80.2%	7.7%	5.0%	1.6%	0.3%	5.2%
Grade 11	76.2%	10.2%	6.5%	1.1%	0.6%	5.5%
Grade 12	66.7%	12.6%	12.5%	2.4%	1.6%	4.2%

Source: Texas School Survey, 2016.

The last area the 2016 Texas School Survey asks students about parental attitudes is regards marijuana. According to the 2016 Texas School Survey, Regions 9 and 10 have the highest perceived “parental disapproval” ratings of marijuana consumption in the state of Texas. Despite this, marijuana consumption is clearly an issue in Regions 9 and 10, as they have some of the higher youth consumption

and availability rates of marijuana in the entire state. The following table depicts parental attitudes towards marijuana by public health region in Texas.

**Table 42**  
**Youth Perception of Parental Attitudes about Marijuana Consumption by Region, 2016**

Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
State	79.0%	6.1%	5.9%	1.4%	1.5%	6.2%
1&2	79.8%	5.5%	5.6%	1.5%	1.6%	5.9%
3	78.9%	7.0%	6.6%	1.6%	1.4%	4.6%
4&5	78.8%	5.7%	5.6%	1.1%	1.4%	7.3%
6&8	79.1%	5.6%	5.5%	1.4%	1.6%	6.7%
7&8	77.6%	7.4%	6.6%	1.8%	1.3%	5.3%
9&10	80.2%	5.7%	5.3%	1.3%	1.5%	6.1%
11	78.2%	4.9%	5.0%	1.3%	1.4%	9.3%

Source: Texas School Survey, 2016.

In Regions 9 and 10, parental disapproval of marijuana use drops roughly 5% between 7<sup>th</sup> and 12<sup>th</sup> grades, a much smaller leap in disapproval compared to alcohol and tobacco consumption mentioned earlier. The following table depicts Region 9 and 10 youth responses to the question, “How do your parents feel about kids your age using marijuana?”

**Table 43**  
**Youth Perception of Parental Attitudes about Marijuana Consumption by Grade, 2016**

	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
All	80.2%	5.7%	5.3%	1.3%	1.5%	6.1%
Grade 7	84.0%	2.5%	2.1%	0.8%	0.8%	9.8%
Grade 8	83.5%	3.7%	3.4%	0.7%	1.5%	7.1%
Grade 9	80.2%	5.5%	5.7%	1.1%	2.0%	5.5%
Grade 10	79.3%	6.5%	6.1%	1.7%	1.2%	5.1%
Grade 11	77.8%	8.1%	6.6%	1.4%	1.5%	4.7%
Grade 12	75.3%	8.5%	8.0%	2.1%	2.1%	4.0%

Source: Texas School Survey, 2016.

**Students Talking to Parents about ATOD**

According to the 2016 Texas Prevention Impact Index, a survey which asked Midland ISD 6<sup>th</sup>-12<sup>th</sup> grade students about questions pertaining to substance use and family dynamics of substance use, parents are having less and less conversations with their children about alcohol, tobacco, and other drugs. Specifically, the number of family conversations among high school students about tobacco declined 6% from 2014 to 2016. The same survey reported the number of family conversations among high school

students about alcohol declined 7% from 2014 to 2016, and family conversations about other drugs declined 5% from 2015 to 2016.

### Individual Domain

In terms of protective factors, there are certain life skills, programs, services and employment opportunities that can build resilience within a person’s life. Protective factors on an individual domain may help build one’s own positive self-image, promote self-control and build social competence.

#### Life Skills Learned in YP Programs

All youth drug prevention curriculums implemented in schools and community sites are evidenced-based and provide facts about alcohol, tobacco, and other drugs. These facts help students set goals and make good decisions for their life. Curriculum lessons give students skills that include managing emotions, communicating, making friendships, developing social skills, analyzing media messages, and dealing with peer pressure. The goals of the YP programs include:

- Empowering students to make healthy choices
- Equip students with facts, truth and life-skills
- Challenge media and social media’s influence on decision-making
- Instruct and inform students about the effects of substance abuse
- Provide a safe, open, and interactive environment
- Encourage students to interact with their school and their community
- Promote parental involvement
- Provide relevant up-to-date information and data pertaining to behavioral health.

#### Youth Employment

According to the US Census Bureau, the unemployment rate of youth, ages 16-19, in Region 9 was 18.8% in 2015. The highest youth unemployment rate in Region 9 in 2015 comes from Irion County at 88.2%. The following figure depicts youth unemployment rates in Region 9 by county in 2015. Borden, Concho, Glasscock, Martin, Mason, Terrell, and Winkler Counties were omitted from the following figure, as their unemployment rates were either statistically insignificant and unreportable, or 0%.

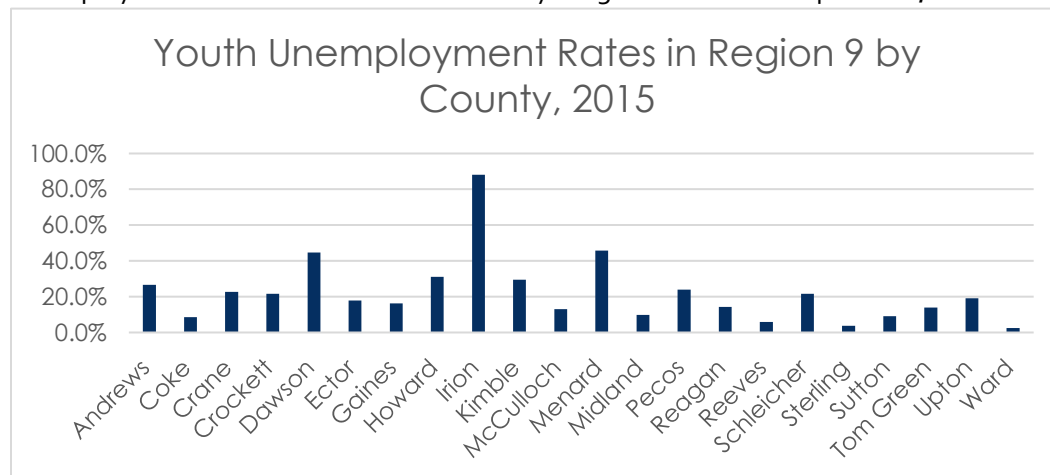


Figure 33  
Youth Unemployment Rates in Region 9 by County, 2015

Source: American Community Survey, 2015.

## Trends of Declining Substance Use

Since 1988 the Public Policy Research Institute at Texas A&M University has surveyed Texas students on drug and alcohol use through participation in the Texas School Survey. Overall use (past month or ever used) for all drugs is declining among youth from 1988-2016. Categories of drugs include: tobacco, alcohol, inhalants, any illicit drug, marijuana, cocaine/crack, hallucinogens, rhyopnol, steroids, ecstasy, heroine, and methamphetamines. Declining use is a positive outcome of prevention methods being applied successfully among youth in the state of Texas.

## Region in Focus

There are many areas within Region 9 that must progress to even meet, nonetheless surpass, positive state and national averages. For example, Region 9 has an alarming teenage pregnancy rate. Likewise, there are glaring issues with the small number of mental health and drug treatment centers in Region 9 including limited access to adequate treatment and a growing number of young individuals and veterans with undiagnosed mental health issues. Lastly, there is a significant number of Region 9 youth which engage in the illegal consumption of substances, particularly marijuana and alcohol.

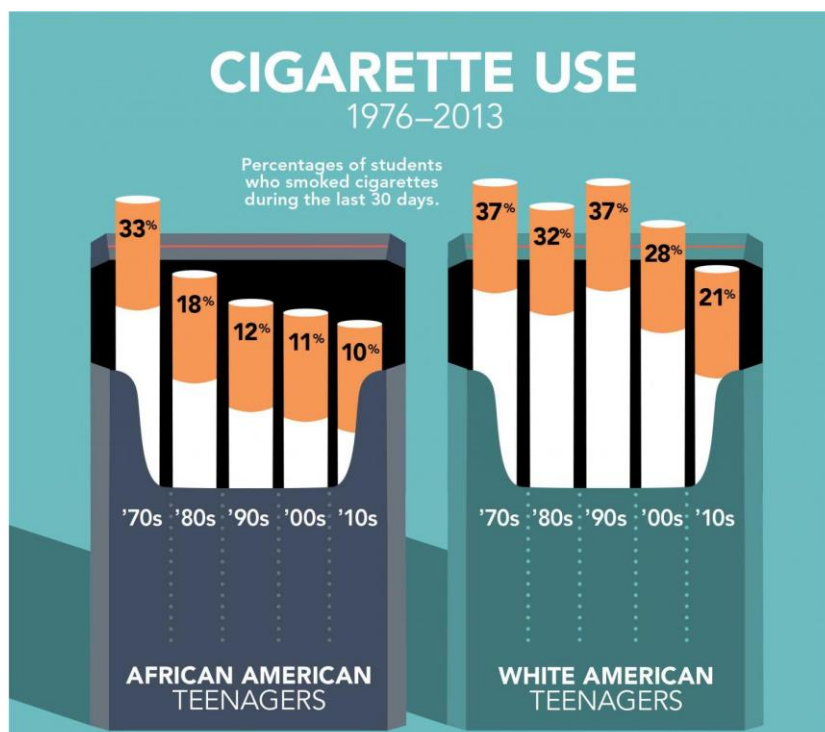


Figure 34  
Declining Use of Alcohol and Tobacco, 2015.  
Source: Penn. State University, 2015.



## Gaps in Services

The most significant gap in service in the Permian Basin and Concho Valley regarding behavioral health stems from the sheer lack of services available in Region 9, especially for rural counties. Region 9 has less than 50 substance abuse treatment “beds” available for youth ages 18 and younger. For adults, there are less than 200 treatment beds available. Beyond substance abuse treatment, there is a significant lack of mental health professionals and providers in Region 9. Since mental health issues and substance abuse are considerably similar in their disease functionality, prevention, intervention, and treatment, it is important that Region 9 provide more mental healthcare options.

## Gaps in Data

Certain indicator information is still needed in assessing the area for potential risks. The following information describes the gaps of data desired for purposes of this report.

Local hospital data: Some of the first lines of defense would be our local hospitals and emergency rooms. First responders have a unique role in reacting and repairing the consequences of some behaviors members of our community may take. It has been quite difficult to collect local emergency room data. The PRC will continue to pursue emergency room data to learn about any substances or public health issues that may raise preventative measures for our community.

Participation in the Texas School Survey from Region 9 school districts: The Region 9 PRC has never been able to receive a specific Region 9-specific data report due to the low number of schools which elect to participate in the survey. Low participation in the Texas School Survey makes Region 9 pair with other Regions, like Region 10, to attain data saturation, potentially skewing the accuracy of Texas School Survey results or depictions of Region 9 itself.

Systematic data accessibility from HHSC: As a Regional Evaluator, collecting and gathering data from sources is one of the key duties we have. There are eleven evaluators across the state of Texas working to write annual assessments in utilizing these data sources. A streamlined approach in services would allow our processes of accessing data an easier task to do. Recognition and rapport with HHSC as an evaluator would also be helpful in accessing certain data sets. It would be much easier if there was a website only evaluators could access on the HHSC website where certain information would be only be uploaded and made useable to us. As evaluators, we have come up with our own processes in establishing a SharePoint website; however more access to additional data could be useful through the Health and Human Services Commission website.

## Regional Partners

Our regional partners are extremely valuable to our agency and assist us in reaching out to our communities across the region. Our partners include law enforcement officials including police forces and sheriff's departments, health departments, mental health authorities, media and multimedia stations, non-profits agencies for intervention and prevention services, other PRC's across the state of Texas, prevention education programs, and coalitions focused on preventative measures. We look forward to growing our partnerships with other agencies in the next fiscal year.

## Conclusion

Upon reading the 2017 Region 9 Regional Needs Assessment, one can conclude that underage drinking, marijuana consumption, and substance abuse/mental health treatment are some of the most significant behavioral health issues which can improve among youth in Region 9. Since Region 9 services so many diverse populations, it is important to take into consideration that certain counties of Region 9 might be well in some areas, but struggling to meet or do better than state standards or averages in areas of ATOD use and mental healthcare accessibility.

## Key Findings

The three key findings of this Regional Needs Assessment are:

1. Alcohol consumption among youth in Region 9 is at some of the highest rates in the state. Though many youths elect to not drink, and there is a general decline of underage drinking in 2016 compared to previous years and decades, underage drinking is still a significant problem, especially among older high school students.
2. Marijuana consumption among youth in Region 9 is at some of the highest levels in the state of Texas. Because of marijuana's effect on the developing brain, it is important that Region 9 youth eliminate consumption of the drug. The fight for marijuana prevention and against "misinformation" surrounding the drug is a major public health concern.
3. Region 9 needs more behavioral health and treatment providers for individuals with substance abuse and/or mental health issues. In most Region 9 rural counties there are often no resources to help individuals dealing with behavioral health issues.

## Summary of Region Compared to State

Region 9 has two areas of behavioral health which need dramatic improvements, and two areas which are performing well compared to other public health regions in Texas. ATOD-related areas which need improvement in Region 9 include underage drinking and marijuana consumption among youth. ATOD-related areas which are performing well in Region 9 compared to other Texas public health regions are tobacco and prescription drug consumption among youth.

Region 9 has glaring concerns of underage drinking and illegal consumption of drugs among youth compared to the state. According to data from the 2016 Texas School Survey, though Region 9 students are being initiated to alcohol at the state average (12.9 years old), Region 9 students are more likely than the state average (38%) to begin consuming alcohol before the age of 13. Moreover, Region 9 students are also more likely to engage in underage drinking than most other public health regions in the state of Texas. The 2016 Texas School Survey indicates that Region 9 has the highest number of high-risk (binge drinkers) underage drinkers in the state of Texas. Region 9 also has the second highest rates of current and lifetime alcohol use in the state of Texas.

Another substance abuse domain which is alarming for Region 9 is marijuana. Region 9 has the most youth consumers of marijuana in the state of Texas. Specifically, the 2016 Texas School Survey says Region 9 has the most current, school year, and lifetime users of marijuana in the state, and is tied for the youngest age of initiation at 13.6 years old. Marijuana is particularly important to discuss, as there are many misconceptions surrounding the drug due to rumors and misinformation about the drugs "helpful" properties. Though scientific consensus has explained there can be medicinal properties of

CBD, there is also scientific consensus that marijuana can negatively affect developing brains, so it is important that youth prevention of marijuana is a focal point of substance abuse prevention in Region 9 and across the Texas and the United States.

Despite having some of the most adult smokers and prescription drug abusers in the state, Region 9 youth are less likely to consume tobacco and prescription drugs than other youth in the state of Texas according to the 2016 Texas School Survey. Region 9 consumption rates of tobacco and prescription drugs are a bright spot on ATOD use among youth in Region 9.

## **Moving Forward**

Though there are glaring issues within Region 9 regarding behavioral health, this Regional Needs Assessment is meant to address and help eliminate these issues to make our communities safer and healthier. By using data from this Regional Needs Assessment, we hope that our communities can receive the care necessary to achieve these goals, as well as provide the resources necessary for a strong, thorough, and consistent prevention message. By providing this kind of message, the Region 9 Prevention Resource Center hopes to achieve feats deemed impossible only a few short years ago while simultaneously making our communities thrive.

Each agency, coalition, organization, and stakeholder plays a major part in the information and data collected and shared with the Region 9 Prevention Resource Center. A simple “thank you” does not express the immense gratitude the Region 9 Prevention Resource Center has for every individual who made this Needs Assessment a reality. Your contribution to the Region 9 Prevention Resource Center and this document makes our communities safer and healthier. The Region 9 Prevention Resource Center looks forward to your continued cooperation and sharing of information.

The Region 9 Prevention Resource Center is constantly seeking input on the Regional Needs Assessment. Our staff showcases the Regional Needs Assessment across the state and Region 9 to show stakeholders areas in need of attention in the fields of community health and prevention. The process of making the 2017 Regional Needs Assessment takes many months and the time not spent on creating the document is largely spent on disseminating the information within the report. If you or anyone you know is interested in giving the Region 9 Prevention Resource Center any relevant information regarding community health or simply have any question about this Regional Needs Assessment, please contact the Region 9 PRC Evaluator Kevin Thompson at [kthompson@pbrcada.org](mailto:kthompson@pbrcada.org).

## Data Source Tables

**Table 1**  
**Population of Region 9, 2016**

2016 Population by County in Region 9					
County	Population	County	Population	County	Population
Andrews	16,101	Howard	36,293	Reagan	3,639
Borden	659	Irion	1,686	Reeves	14,423
Coke	3,231	Kimble	4,669	Schleicher	3,679
Concho	4,193	Loving	82	Sterling	1,202
Crane	4,763	McCulloch	8,467	Sutton	4,388
Crockett	3,978	Martin	5,159	Terrell	1,026
Dawson	14,365	Mason	4,021	Tom Green	113,523
Ector	149,177	Menard	2,260	Upton	3,566
Gaines	19,451	Midland	147,186	Ward	11,139
Glasscock	1,297	Pecos	16,504	Winkler	7,657
<b>Total Population of Region 9: 607,784</b>					

Source: Texas State Data Center, 2016.

**Table 2**  
**Region 9 Population by Race and Ethnicity, 2016**

County	Total	Total Anglo	Total Black	Total Hispanic
Andrews County	16,101	7,214	204	8,337
Borden County	659	551	0	101
Coke County	3,231	2,507	7	652
Concho County	4,193	1,814	57	2,273
Crane County	4,763	1,808	128	2,738
Crockett County	3,978	1,362	13	2,561
Dawson County	14,365	5,297	875	7,997
Ector County	149,177	55,884	5,971	84,049
Gaines County	19,451	11,634	275	7,296
Glasscock County	1,297	857	15	417
Howard County	36,293	18,941	2,142	14,271
Irion County	1,686	1,187	11	460
Kimble County	4,669	3,410	16	1,177
Loving County	82	60	0	18
McCulloch County	8,467	5,497	135	2,724
Martin County	5,159	2,679	73	2,340
Mason County	4,021	3,033	14	933
Menard County	2,260	1,398	11	835

Midland County	147,186	73,024	9,092	60,530
Pecos County	16,504	4,345	531	11,375
Reagan County	3,639	1,266	65	2,276
Reeves County	14,423	2,641	674	10,909
Schleicher County	3,679	1,932	32	1,694
Sterling County	1,202	758	13	399
Sutton County	4,388	1,675	6	2,683
Terrell County	1,026	502	6	502
Tom Green County	113,523	62,814	4,111	43,129
Upton County	3,566	1,639	49	1,827
Ward County	11,139	4,901	500	5,527
Winkler County	7,657	3,105	129	4,284

Source: Texas State Data Center, 2016.

**Table 3**  
**Population Density per Square Mile in Region 9, 2016**

2016 Population Density (per Sq. Mile) in Region 9					
County	Population Density (Per Sq. Mile)	County	Population Density (Per Sq. Mile)	County	Population Density (Per Sq. Mile)
Andrews	10.73	Howard	40.29	Reagan	3.10
Borden	0.73	Irion	1.60	Reeves	5.47
Coke	3.54	Kimble	3.73	Schleicher	2.81
Concho	4.26	Loving	0.12	Sterling	1.30
Crane	6.07	McCulloch	7.43	Sutton	3.02
Crockett	1.42	Martin	11.07	Terrell	0.44
Dawson	15.96	Mason	4.33	Tom Green	74.59
Ector	166.18	Menard	2.51	Upton	2.87
Gaines	12.95	Midland	163.49	Ward	13.33
Glasscock	1.44	Pecos	3.46	Winkler	9.10

Source: Texas State Data Center, 2016.

**Table 4**  
**Language and English Proficiency in Region 9, 2015**

County	% of pop. which only speaks English	% of pop. which 'cannot speak English very well'
Andrews County	61%	13%
Borden County	89%	1%
Coke County	88%	3%
Concho County	64%	26%
Crane County	52%	19%

Crockett County	49%	9%
Dawson County	63%	11%
Ector County	55%	14%
Gaines County	48%	12%
Glasscock County	71%	14%
Howard County	72%	10%
Irion County	83%	3%
Kimble County	79%	8%
Loving County	85%	11%
McCulloch County	83%	5%
Martin County	68%	7%
Mason County	77%	9%
Menard County	75%	10%
Midland County	69%	10%
Pecos County	48%	13%
Reagan County	43%	21%
Reeves County	37%	26%
Schleicher County	61%	10%
Sterling County	67%	10%
Sutton County	51%	16%
Terrell County	41%	5%
Tom Green County	75%	6%
Upton County	61%	11%
Ward County	62%	12%
Winkler County	59%	15%

Source: American Community Survey, 2015.

**Table 5**

**2016 Adult and Juvenile Cases Processed in Criminal Court by County**

Source: Texas Court Administration, 2016.

County	DWI	Drug Offenses	Assault	Murder	Theft, Robbery, & Burglary	Sexual Assault	Total Cases
Andrews	106	187	78	4	85	11	732
Borden	0	1	1	0	0	0	9
Coke	9	4	2	0	10	0	56
Concho	4	13	6	0	18	1	109
Crane	12	16	6	0	5	2	79
Crockett	18	63	20	0	21	2	287
Dawson	36	108	42	0	42	5	429
Ector	1063	1518	440	2	649	23	6093
Gaines	85	110	34	1	76	1	515
Glasscock	0	10	2	0	3	0	189

Howard	107	313	136	5	300	9	1729
Irion	5	4	3	0	2	0	75
Kimble	21	40	5	0	19	2	186
Loving	1	1	1	0	0	0	17
McCulloch	57	82	26	0	48	8	328
Martin	8	15	13	0	14	3	184
Mason	13	13	6	0	13	4	80
Menard	7	61	9	0	8	1	138
Midland	1030	1636	466	9	1016	87	6796
Pecos	70	95	106	0	126	17	781
Reagan	35	27	23	0	10	10	274
Reeves	35	149	63	2	54	4	509
Schleicher	8	14	5	0	10	1	81
Sterling	10	7	1	0	4	0	56
Sutton	33	49	8	0	10	4	272
Terrell	1	3	0	0	15	0	84
Tom Green	457	1030	369	1	769	38	4395
Upton	17	27	18	1	12	3	136
Ward	68	92	63	4	101	4	555
Winkler	45	61	37	0	18	1	287

**Table 6**  
**Violent Crime Offenses in Region 9 by County, 2015**

County	Murder	Rape	Robbery	Assault	County	Murder	Rape	Robbery	Assault
Andrews	-	18	12	64	Martin	-	-	1	12
Borden	-	-	-	2	Mason	-	2	-	2
Coke	-	-	-	1	Menard	-	-	-	-
Concho	-	-	-	1	Midland	9	46	75	374
Crane	2	-	-	5	Pecos	1	9	7	35
Crockett	-	1	1	10	Reagan	-	-	-	9
Dawson	1	9	5	33	Reeves	2	8	3	62
Ector	12	89	204	1,415	Schleicher	-	-	-	4
Gaines	-	2	-	12	Sterling	-	-	-	3
Glasscock	-	-	1	-	Sutton	-	1	-	6
Howard	2	13	33	219	Terrell	-	-	-	-
Irion	1	-	-	-	Tom Green	3	81	30	280

Kimble	-	-	1	3	Upton	-	1	1	3
Loving	-	-	-	-	Ward	1	5	6	49
McCulloch	-	-	-	6	Winkler	1	-	-	6

Source: Texas Department of Public Safety, 2017.

**Table 7**  
**Property Crime Offenses in Region 9 by County, 2015**

County	Burglary	Larceny	Auto Theft	County	Burglary	Larceny	Auto Theft
Andrews	60	313	51	Martin	22	72	6
Borden	3	3	2	Mason	9	18	3
Coke	8	2	5	Menard	-	6	-
Concho	1	-	-	Midland	838	3,032	278
Crane	5	17	3	Pecos	90	289	21
Crockett	24	24	3	Reagan	37	66	6
Dawson	124	292	29	Reeves	41	195	15
Ector	1,287	4,714	798	Schleicher	13	17	2
Gaines	59	177	16	Sterling	1	-	-
Glasscock	5	4	1	Sutton	6	23	2
Howard	352	1,103	102	Terrell	6	4	-
Irion	4	25	-	Tom Green	873	3,265	278
Kimble	9	33	3	Upton	2	6	1
Loving	2	5	-	Ward	143	258	40
McCulloch	40	115	14	Winkler	12	37	1

Source: Texas Department of Public Safety, 2017.

**Table 8**  
**Incidents of Family Violence, 2014**

Incidents of Family Violence in Region 9 in 2014			
County Name	Incidents of Family Violence	County Name	Incidents of Family Violence
Andrews	72	Martin	26
Borden	0	Mason	5
Coke	0	Menard	10
Concho	5	Midland	701
Crane	12	Pecos	99

Source: Department of Public Safety, 2014.



Crockett	27	Reagan	0
Dawson	181	Reeves	29
Ector	1,763	Schleicher	5
Gaines	69	Sterling	0
Glasscock	4	Sutton	3
Howard	585	Terrell	4
Irion	2	Tom Green	1,315
Kimble	17	Upton	12
Loving	0	Ward	88
McCulloch	33	Winkler	27

**Table 9**  
**Suicides in Region 9 by County, 2012-2014**

County	2012-2014 Suicides	County	2012-2014 Suicides	County	2012-2014 Suicides
Andrews	10	Howard	16	Reagan	2
Borden	0	Irion	1	Reeves	4
Coke	4	Kimble	1	Schleicher	0
Concho	1	Loving	0	Sterling	0
Crane	2	McCulloch	5	Sutton	0
Crockett	0	Martin	1	Terrell	0
Dawson	6	Mason	3	Tom Green	53
Ector	65	Menard	3	Upton	1
Gaines	10	Midland	70	Ward	6
Glasscock	1	Pecos	3	Winkler	6

Source: Texas Health and Human Services Commission, 2017.

**Table 10**  
**Youth Perception of Parental Approval of Alcohol Use, 2016**

How Do Your Parents Feel About Kids Your Age Drinking Alcohol?						
Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
State	64.9%	13.7%	10.7%	3.3%	1.1%	6.3%
1&2	60.6%	14.1%	13.0%	4.4%	1.5%	6.3%
3	67.3%	14.4%	10.4%	2.6%	0.9%	4.5%
4&5	60.9%	14.5%	12.0%	4.2%	1.0%	7.4%
6&8	62.3%	14.0%	11.60%	3.9%	1.1%	7.0%
7	64.6%	15.2%	11.30%	3.1%	1.0%	4.9%
<b>9&amp;10</b>	<b>64.4%</b>	<b>14.3%</b>	<b>10.7%</b>	<b>3.5%</b>	<b>1.0%</b>	<b>6.1%</b>
11	68.20%	10.60%	8.20%	2.90%	1.20%	8.90%

Source: Texas School Survey, 2016.

**Table 11**  
**Youth Perception of Harm of Alcohol Use, 2016**

How Dangerous Do You Think It Is for Kids Your Age to Use Alcohol?					
Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
State	53.3%	29.1%	11.8%	2.4%	3.3%
1&2	50.7%	31.4%	11.8%	2.3%	3.7%
3	52.4%	30.7%	12.1%	1.9%	2.9%
4&5	53.2%	29.1%	11.8%	2.6%	3.3%
6&8	53.4%	28.4%	11.7%	2.8%	3.6%
7	51.0%	32.0%	12.2%	2.0%	2.8%
9&10	51.2%	30.5%	12.4%	2.6%	3.2%
11	58.0%	24.1%	11.3%	2.5%	4.2%

Source: Texas School Survey, 2016.

**Table 12**  
**Teenage Pregnancy Rate Rankings in Texas by Region 9 County, 2016.**

Region 9 County Ranking in Teenage Pregnancies vs. Texas 2014-2015								
County	Ranking in 2015	Ranking in 2014	County	Ranking in 2015	Ranking in 2014	County	Ranking in 2015	Ranking 2014
Ector	13	18	Sutton	71	102	Tom Green	160	160
Reeves	15	21	Gaines	72	80	Menard	171	178
Crockett	17	13	Midland	75	87	Sterling	172	154
Dawson	19	14	Reagan	76	65	Irion	210	221
Andrews	26	43	Concho	95	89	Coke	229	229
Howard	31	33	Upton	100	111	Mason	232	233
Pecos	32	35	Winkler	101	127	Borden	NR	NR
McCulloch	43	40	Schleicher	135	123	Glasscock	NR	NR
Ward	45	46	Crane	146	166	Loving	NR	NR
Martin	62	86	Kimble	151	163	Terrell	NR	NR

Source: County Health Rankings, 2015.

**Table 13**  
**Youth Perceived Ease of Obtaining Alcohol by Region, 2016**

Perceived Ease of Obtaining Alcohol, Grades 7-12						
Region	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
State	21.4%	14.5%	6.1%	11.1%	18.3%	28.6%
1&2	16.0%	15.2%	7.2%	12.0%	19.6%	29.9%

<b>3</b>	17.5%	14.8%	6.0%	11.3%	19.9%	30.6%
<b>4&amp;5</b>	19.3%	15.7%	6.2%	11.1%	18.3%	29.4%
<b>6&amp;8</b>	23.1%	13.5%	5.40%	10.6%	17.0%	30.4%
<b>7&amp;8</b>	19.2%	14.0%	6.6%	11.3%	20.1%	28.8%
<b>9&amp;10</b>	21.9%	12.6%	6.3%	11.9%	20.7%	26.6%
<b>11</b>	30.5%	14.5%	5.8%	10.5%	16.5%	22.3%

Source: Texas School Survey, 2016.

**Table 14**  
**Youth Perceived Ease of Obtaining Alcohol by Grade, 2016**

Perceived Ease of Obtaining Alcohol, Grades 7-12						
	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
All	21.9%	12.6%	6.3%	11.9%	20.7%	26.6%
Grade 7	33.0%	22.1%	8.3%	9.7%	13.1%	13.8%
Grade 8	26.5%	17.3%	7.5%	12.2%	16.7%	19.8%
Grade 9	23.0%	12.6%	5.9%	13.0%	22.3%	23.2%
Grade 10	18.2%	9.8%	6.7%	12.8%	23.3%	29.2%
Grade 11	15.3%	7.1%	5.4%	11.9%	24.2%	36.1%
Grade 12	13.6%	5.1%	3.8%	11.7%	25.3%	40.5%

Source: Texas School Survey, 2016.

**Table 15**  
**Youth Perceived Ease of Obtaining Marijuana by Region, 2016**

Perceived Access of Marijuana, Grades 7-12						
Region	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
State	25.4%	24.1%	7.7%	9.4%	12.6%	20.7%
<b>1&amp;2</b>	21.7%	27.9%	10.0%	10.0%	12.6%	17.7%
<b>3</b>	20.0%	24.6%	7.6%	9.7%	13.9%	24.3%
<b>4&amp;5</b>	24.4%	26.8%	7.7%	9.9%	11.4%	19.8%
<b>6&amp;8</b>	28.2%	23.0%	7.0%	9.2%	12.1%	20.4%
<b>7&amp;8</b>	22.7%	23.6%	8.7%	10.0%	14.6%	20.4%
<b>9&amp;10</b>	28.0%	20.7%	7.6%	10.1%	14.1%	19.6%
<b>11</b>	34.2%	20.8%	6.5%	7.6%	10.2%	20.7%

Source: Texas School Survey, 2016.

**Table 16**  
**Youth Perceived Ease of Obtaining Marijuana by Grade, 2016**

If You Wanted Some, How Difficult Would It Be to Get...						
	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
Marijuana?						
All	28.0%	20.7%	7.6%	10.1%	14.1%	19.6%
Grade 7	38.4%	35.5%	8.0%	5.2%	6.3%	6.6%
Grade 8	32.1%	28.4%	7.8%	9.4%	10.9%	11.3%
Grade 9	30.7%	21.7%	8.1%	9.5%	13.0%	17.1%
Grade 10	23.3%	15.6%	7.4%	13.4%	16.9%	23.4%
Grade 11	21.4%	11.6%	7.4%	12.3%	19.0%	28.3%
Grade 12	20.1%	8.9%	6.7%	11.4%	19.4%	33.4%

Source: Texas School Survey, 2016.

**Table 17**  
**Opioids Prescribed in 2015 in Region 9 under Medicare, 2016**

Opioids Prescribed in Region 9 in 2015				
County	Provider Count	Opioid Claim Count	Total Claim Count	% Opioid Claims
Winkler	5	68	758	8.97
Glasscock	79	10217	118701	8.61
Howard	79	10217	118701	8.61
Concho	6	1326	16219	8.18
Midland	326	35983	465284	7.73
Gaines	16	2477	66697	7.42
Ward	14	1649	24540	6.72
Reeves	21	2987	49787	6.00
Kimble	10	1423	24360	5.84
Tom Green	373	35322	611127	5.78
Crockett	4	783	14006	5.59
Andrews	27	2512	45628	5.51
Crane	7	693	12600	5.50
Irion	137	15824	291461	5.43
Dawson	17	1835	35917	5.11
Mason	103	11531	229440	5.03
Martin	21	2051	41263	4.97
Ector	466	29243	597909	4.89
Menard	11	1646	33790	4.87
McCulloch	9	1582	33469	4.73
Sutton	9	699	15781	4.43

<b>Borden</b>	4	126	2865	4.40
<b>Pecos</b>	26	1921	44866	4.28
<b>Reagan</b>	2	398	10066	3.95
<b>Upton</b>	5	152	7473	2.03
<b>Coke</b>	3	0	6520	0
<b>Loving</b>				0
<b>Schleicher</b>				0
<b>Sterling</b>	1	0	39	0
<b>Terrell</b>	2	0	2178	0

Source: Texas Prescription Monitoring Program, 2015.

**Table 18**

**On Campus Violations of Alcohol, Tobacco, and Other Drugs in Region 9, 2016**

On-Campus Violations of Alcohol, Tobacco, and Drugs in Region 9, 2016					
Tobacco	Difference from 2015	Alcohol	Difference from 2015	Controlled Substance/Drugs	Difference from 2015
126	+9	78	+2	136	-624

Source: Texas Education Agency, 2017.

**Table 19**

**Youth Perceived Risk of Harm from Alcohol by Region, 2016**

How Dangerous Do You Think It Is for Kids Your Age to Use Alcohol, Grades 7-12					
Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>State</b>	53.3%	29.1%	11.8%	2.4%	3.3%
<b>1&amp;2</b>	50.7%	31.4%	11.8%	2.3%	3.7%
<b>3</b>	52.4%	30.7%	12.1%	1.9%	2.9%
<b>4&amp;5</b>	53.2%	29.1%	11.8%	2.6%	3.3%
<b>6&amp;8</b>	53.4%	28.4%	11.7%	2.8%	3.6%
<b>7&amp;8</b>	50.2%	31.9%	12.5%	2.1%	3.3%
<b>9&amp;10</b>	51.2%	30.5%	12.4%	2.6%	3.2%
<b>11</b>	58.0%	24.1%	11.3%	2.5%	4.2%

Source: Texas School Survey, 2016.

**Table 20**

**Youth Perceived Risk of Harm from Alcohol by Grade, 2016**

How Dangerous Do You Think It Is for Kids Your Age to Use Alcohol?					
	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>All</b>	51.2%	30.5%	12.4%	2.6%	3.2%
<b>Grade 7</b>	61.9%	22.2%	9.8%	1.7%	4.3%
<b>Grade 8</b>	53.3%	26.1%	13.2%	3.4%	3.9%
<b>Grade 9</b>	48.8%	32.3%	13.2%	2.7%	3.0%

Grade 10	46.4%	34.5%	13.6%	2.3%	3.1%
Grade 11	50.8%	30.9%	12.3%	2.8%	3.1%
Grade 12	45.4%	37.9%	12.3%	2.5%	1.9%

Source: Texas School Survey, 2016.

**Table 21**  
**Youth Perceived Risk of Harm from Marijuana by Region, 2016**

How Dangerous Do You Think It Is for Kids Your Age to Use Marijuana?					
Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
State	58.3%	13.3%	12.2%	12.2%	3.9%
1&2	61.6%	14.1%	9.5%	10.2%	4.6%
3	54.4%	14.0%	13.6%	14.4%	3.6%
4&5	61.7%	13.3%	10.4%	10.7%	3.9%
6&8	58.1%	12.5%	13.2%	11.8%	4.4%
7&8	53.2%	15.0%	14.1%	14.3%	3.4%
<b>9&amp;10</b>	<b>58.7%</b>	<b>14.1%</b>	<b>11.4%</b>	<b>11.9%</b>	<b>3.9%</b>
11	63.5%	11.9%	9.6%	10.5%	4.6%

Source: Texas School Survey, 2016.

**Table 22**  
**Youth Perceived Risk of Harm from Marijuana by Grade, 2016**

How Dangerous Do You Think It Is for Kids Your Age to Use Marijuana?					
	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
All	58.7%	14.1%	11.4%	11.9%	3.9%
Grade 7	77.9%	8.1%	5.0%	3.7%	5.3%
Grade 8	66.3%	13.1%	8.1%	8.1%	4.4%
Grade 9	60.1%	16.4%	10.0%	9.8%	3.7%
Grade 10	50.3%	16.0%	15.2%	15.2%	3.3%
Grade 11	50.6%	14.9%	14.1%	16.1%	4.2%
Grade 12	43.9%	16.0%	17.3%	20.2%	2.6%

Source: Texas School Survey, 2016.

**Table 23**  
**Youth Perceived Risk of Harm from Prescription Drugs by Region, 2016**

How Dangerous Do You Think It Is for Kids Your Age to Use Any Prescription Drug Not Prescribed to Them?					
Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
State	74.0%	14.2%	4.2%	1.2%	6.3%
1&2	75.7%	11.9%	4.7%	1.2%	6.5%
3	72.6%	16.4%	4.1%	1.0%	5.9%
4&5	77.4%	11.3%	3.8%	1.1%	6.4%
5&6	75.1%	12.5%	4.6%	1.2%	6.5%
7&8	70.8%	16.6%	4.5%	1.5%	6.6%
9&10	75.0%	13.0%	3.9%	1.5%	6.7%
11	75.9%	12.1%	3.3%	1.7%	7.1%

Source: Texas School Survey, 2016.

**Table 24**  
**Youth Perceived Risk of Harm from Prescription Drugs by Grade, 2016**

How Dangerous Do You Think It Is for Kids Your Age to Use Any Prescription Drug Not Prescribed to Them?					
	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
All	75.0%	13.0%	3.9%	1.5%	6.7%
Grade 7	77.9%	9.1%	3.2%	1.2%	8.7%
Grade 8	75.0%	13.1%	3.9%	1.8%	6.3%
Grade 9	74.6%	13.7%	2.9%	2.5%	6.2%
Grade 10	72.7%	15.1%	4.4%	1.0%	6.7%
Grade 11	76.3%	11.9%	4.4%	1.4%	5.9%
Grade 12	73.2%	15.2%	4.7%	0.8%	6.2%

Source: Texas School Survey, 2016.

**Table 25**  
**Youth Perception of Peer Use of Alcohol by Region, 2016**

About How Many of Your Close Friends Use Alcohol, Grades 7-12					
Region	None	A Few	Some	Most	All
State	49.5%	23.3%	13.8%	10.3%	3.1%
1&2	40.5%	26.3%	15.3%	14.7%	3.3%
3	52.0%	22.7%	13.6%	9.4%	2.4%
4&5	43.7%	25.8%	13.9%	12.8%	3.8%
5&6	47.7%	23.2%	13.7%	11.5%	4.0%

<b>7&amp;8</b>	48.7%	24.7%	14.9%	9.2%	2.5%
<b>9&amp;10</b>	42.7%	24.2%	15.8%	12.9%	4.5%
<b>11</b>	52.3%	22.6%	13.8%	8.5%	2.8%

Source: Texas School Survey, 2016.

**Table 26**  
**Youth Age of Initiation and Early Initiation of Alcohol**  
**by Region, 2014**

Region	Age of Initiation	Early Initiation (<13)
State	12.9	38.0%
1&2	12.8	38.9%
3	12.6	43.5%
4	12.9	38.4%
5&6	12.8	40.7%
7&8	12.6	44.0%
<b>9&amp;10</b>	<b>12.9</b>	<b>38.3%</b>
11	13.1	35.40%

Source: Texas School Survey, 2014.

**Table 27**  
**Youth Consumption of Alcohol Rates by Region, 2016**

Region	Current Use	School Year Use	Lifetime Use	High-Risk Use
State	28.6%	34.0%	53.0%	11.5%
1&2	35.4%	40.2%	61.0%	14.9%
3	25.5%	31.2%	49.5%	9.4%
4&5	32.3%	38.2%	58.0%	13.9%
6&8	31.2%	36.8%	56.3%	12.6%
7&8	28.0%	34.1%	53.3%	10.9%
<b>9&amp;10</b>	<b>34.8%</b>	<b>40.2%</b>	<b>59.4%</b>	<b>15.1%</b>
11	27.2%	31.4%	49.1%	11.7%

Source: Texas School Survey, 2016.



**Table 28**  
**Youth Age of Initiation and Early Initiation of Marijuana, 2016**

Region	Age of Initiation	Early Initiation (<13)
State	13.8	23.1%
1&2	13.7	24.4%
3	15.2	20.7%
4	14.2	19.7%
5&6	13.6	25.8%
7&8	13.7	26.5%
<b>9&amp;10</b>	<b>13.6</b>	<b>25.3%</b>
11	13.6	27.5%

Source: Texas School Survey, 2016

**Table 29**  
**Youth Consumption of Marijuana Rates by Region, 2016**

Region	Current Use	School Year Use	Lifetime Use
State	12.2%	15.0%	21.0%
1&2	12.7%	15.3%	21.5%
3	13.1%	16.3%	21.5%
4&5	12.7%	15.4%	21.8%
6&8	11.9%	14.4%	21.1%
7&8	11.6%	14.5%	20.8%
<b>9&amp;10</b>	<b>14.3%</b>	<b>17.4%</b>	<b>24.0%</b>
11	13.9%	16.3%	23.3%

Source: Texas School Survey, 2016.

**Table 30**  
**Youth Consumption of Prescription Drugs Rates by Region, 2016.**

Region	Current Use	School Year Use	Lifetime Use
State	10.3%	13.7%	18.5%
1&2	11.5%	15.2%	20.0%
3	10.0%	14.1%	18.9%
4&5	12.3%	15.6%	20.4%
6&8	11.0%	14.4%	19.2%
7	10.1%	13.9%	18.3%
<b>9&amp;10</b>	<b>9.7%</b>	<b>13.3%</b>	<b>19.0%</b>
11	7.9%	9.9%	14.3%

Source: Texas School Survey, 2016.

**Table 31**  
**Drug and Alcohol-Induced Deaths, 1995-2015**

County	Drug & Alcohol-Induced Deaths (1999-2015)	Population, 1999-2015	Crude Rate per 100k	Age Adjusted Rate per 100k
Andrews	27	245,242	11	11.5
Dawson	41	239,180	17.1	17.8
Ector	516	2,271,067	22.7	24.5
Gaines	33	280,993	11.7	13.5
Howard	129	586,364	22	21.2
Midland	429	2,245,691	19.1	19.7
Pecos	39	268,932	14.5	14.7
Reeves	56	227,768	24.6	24.9
Tom Green	332	1,844,242	18	18.7
Ward	37	182,298	20.3	21
Winkler	30	121,248	24.7	26.1

Source:  
Centers for  
Disease  
Control and  
Prevention,  
2016.

**Table 32**  
**Diseases, Poisonings, and Deaths from Substance Abuse, 2013-2015**

County	Diseases, Poisonings, and Deaths (2013-2015)
Ector	79
Howard	13
Midland	50
Reeves	10
Tom Green	30

Source: Texas Health and Human Services Commission, 2016.

**Table 33**  
**Alcohol Involved Violations in Region 9 by County, 2016**

2016 Alcohol Involved Violations in Region 9					
County	# of DUI	# of Drunkenness	# of Liquor Laws	Total Number of Alcohol Violations	# of Juvenile Violations
Andrews	99	47	28	174	8
Borden	0	0	1	1	0
Coke	3	1	0	4	0
Concho	3	0	0	3	0
Crane	25	31	2	58	1
Crockett	15	2	12	29	1
Dawson	53	53	2	108	0
Ector	841	1169	145	2155	50
Gaines	84	68	46	201	28
Glasscock	0	0	0	0	0
Howard	68	226	21	315	14
Irion	11	0	0	11	0
Kimble	15	11	11	37	0
Loving	3	0	0	3	0
Martin	3	15	0	18	0
Mason	7	4	0	11	0
McCulloch	33	29	20	82	7
Menard	4	7	0	11	0
Midland	600	1208	129	1937	49
Pecos	14	95	3	112	4
Reagan	9	5	0	14	0
Reeves	22	189	10	221	2
Schleicher	9	8	6	23	0

<b>Sterling</b>	8	0	9	17	0
<b>Sutton</b>	5	19	7	31	0
<b>Terrell</b>	3	10	0	13	0
<b>Tom Green</b>	116	67	95	278	8
<b>Upton</b>	10	28	2	40	0
<b>Ward</b>	11	30	0	41	0
<b>Winkler</b>	36	82	4	122	1

Source: Federal Bureau of Investigations, 2017.

**Table 34**

**Alcohol and Drug-Related Court Cases Processed in Region 9, 2016**

County	DWI	Drug Offenses	County	DWI	Drug Offenses	County	DWI	Drug Offenses
Andrews	106	187	Howard	107	313	Reagan	35	27
Borden	0	1	Irion	5	4	Reeves	35	149
Coke	9	4	Kimble	21	40	Schleicher	8	14
Concho	4	13	Loving	1	1	Sterling	10	7
Crane	12	16	McCulloch	57	82	Sutton	33	49
Crockett	18	63	Martin	8	15	Terrell	1	3
Dawson	36	108	Mason	13	13	Tom Green	457	1030
Ector	1063	1518	Menard	7	61	Upton	17	27
Gaines	85	110	Midland	1030	1636	Ward	68	92
Glasscock	0	10	Pecos	70	95	Winkler	45	61

Source: Texas Court Administration, 2016.

**Table 35**

**ADACCV YP Program  
Success Rates, 2016**

ADACCV Youth Prevention Program Success Rates			
	Percent of Completion	Percent of Successful Completion	Overall Success Rate
YPS (CBSG)	84%	96%	81%
YPI (PTND)	49%	93%	46%

Source: Alcohol and Drug Abuse Council of the Concho Valley, 2017.

**Table 36**  
**PBRCADA YP Program Success Rates, 2016**

PBRCADA Youth Prevention Program Success Rates (Ector County Only)			
	Percent of Completion	Percent of Successful Completion	Overall Success Rate
YPU (All-Stars)	100%	93%	93%

Source: Permian Basin Regional Council on Alcohol and Drug Abuse, 2017.

**Table 37**  
**Students Receiving Alcohol, Tobacco, or Drug Education in Schools by Region, 2016**

Region	School Health Class	Assembly Program	Guidance Counselor	School Nurse	Science or SS Class	Student Group or Club	Invited Guest	Another Source at School	No Prevention Education on Drugs or Alcohol
State	43.9%	44.7%	27.9%	17.2%	27.3%	14.4%	31.6%	28.9%	31.1%
1&2	31.9%	52.3%	23.3%	12.7%	21.6%	9.5%	34.8%	24.7%	32.3%
3	41.0%	50.2%	28.9%	16.5%	29.0%	12.6%	34.4%	30.3%	28.5%
4&5	36.9%	46.8%	19.9%	16.0%	23.9%	12.7%	32.5%	24.2%	34.8%
6&8	43.7%	32.3%	21.9%	13.4%	23.7%	13.2%	20.2%	26.1%	36.6%
7&8	39.8%	41.9%	25.1%	14.2%	26.9%	13.9%	30.3%	26.4%	33.7%
9&10	57.6%	54.2%	31.9%	22.2%	30.1%	19.3%	40.9%	33.5%	24.0%
11	50.9%	51.9%	44.8%	29.6%	33.5%	21.9%	44.4%	35.2%	25.6%

Source: Texas School Survey, 2016.

**Table 38**  
**Youth Perception of Parental Attitudes about Alcohol Consumption by Region, 2016**

Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
State	64.9%	13.7%	10.7%	3.3%	1.1%	6.3%
1&2	60.6%	14.1%	13.0%	4.4%	1.5%	6.3%
3	67.3%	14.4%	10.4%	2.6%	0.9%	4.5%
4&5	60.9%	14.5%	12.0%	4.2%	1.0%	7.4%
6&8	62.3%	14.0%	11.60%	3.9%	1.1%	7.0%
7&8	63.8%	15.2%	11.2%	3.3%	1.1%	5.4%
9&10	64.4%	14.3%	10.7%	3.5%	1.0%	6.1%
11	68.20%	10.60%	8.20%	2.90%	1.20%	8.90%

Source: Texas School Survey, 2016.

**Table 39**

**Youth Perception of Parental Attitudes about Alcohol Consumption by Grade, 2016**

	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
All	64.4%	14.3%	10.7%	3.5%	1.0%	6.1%
Grade 7	75.4%	7.9%	4.8%	1.7%	0.5%	9.8%
Grade 8	70.8%	12.7%	6.4%	1.6%	0.7%	7.8%
Grade 9	65.1%	15.5%	10.4%	2.6%	1.1%	5.3%
Grade 10	61.5%	16.0%	12.7%	4.3%	0.6%	4.9%
Grade 11	59.2%	16.4%	14.3%	4.5%	1.1%	4.4%
Grade 12	52.0%	17.7%	17.1%	7.1%	2.1%	4.1%

Source: Texas School Survey, 2016.

**Table 40**

**Youth Perception of Parental Attitudes about Tobacco Consumption by Region, 2016**

Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
State	78.4%	7.4%	5.9%	1.0%	0.8%	6.5%
1&2	71.2%	9.7%	9.7%	1.5%	1.2%	6.7%
3	81.4%	7.1%	5.3%	0.8%	0.7%	4.7%
4&5	71.0%	10.1%	8.4%	2.0%	0.9%	7.6%
6&8	77.8%	7.2%	6.10%	0.9%	0.9%	7.0%
7&8	79.0%	8.3%	5.5%	1.0%	0.7%	5.6%
<b>9&amp;10</b>	<b>79.0%</b>	<b>7.3%</b>	<b>5.5%</b>	<b>1.1%</b>	<b>0.7%</b>	<b>6.4%</b>
11	78.0%	5.9%	4.6%	0.9%	0.9%	9.8%

Source: Texas School Survey, 2016.

**Table 41**

**Youth Perception of Parental Attitudes about Tobacco Consumption by Grade, 2016**

	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
All	79.0%	7.3%	5.5%	1.1%	0.7%	6.4%
Grade 7	84.3%	2.8%	1.7%	0.9%	0.4%	9.9%
Grade 8	83.1%	4.8%	3.2%	0.5%	0.6%	7.7%
Grade 9	81.0%	6.7%	5.1%	0.7%	0.8%	5.7%
Grade 10	80.2%	7.7%	5.0%	1.6%	0.3%	5.2%
Grade 11	76.2%	10.2%	6.5%	1.1%	0.6%	5.5%
Grade 12	66.7%	12.6%	12.5%	2.4%	1.6%	4.2%

Source: Texas School Survey, 2016.

**Table 42**

**Youth Perception of Parental Attitudes about Marijuana Consumption by Region, 2016**

Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
State	79.0%	6.1%	5.9%	1.4%	1.5%	6.2%
1&2	79.8%	5.5%	5.6%	1.5%	1.6%	5.9%
3	78.9%	7.0%	6.6%	1.6%	1.4%	4.6%
4&5	78.8%	5.7%	5.6%	1.1%	1.4%	7.3%
6&8	79.1%	5.6%	5.5%	1.4%	1.6%	6.7%
7&8	77.6%	7.4%	6.6%	1.8%	1.3%	5.3%
<b>9&amp;10</b>	<b>80.2%</b>	<b>5.7%</b>	<b>5.3%</b>	<b>1.3%</b>	<b>1.5%</b>	<b>6.1%</b>
11	78.2%	4.9%	5.0%	1.3%	1.4%	9.3%

Source: Texas School Survey, 2016.

**Table 43**

**Youth Perception of Parental Attitudes about Marijuana Consumption by Grade, 2016**

	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
All	80.2%	5.7%	5.3%	1.3%	1.5%	6.1%
Grade 7	84.0%	2.5%	2.1%	0.8%	0.8%	9.8%
Grade 8	83.5%	3.7%	3.4%	0.7%	1.5%	7.1%
Grade 9	80.2%	5.5%	5.7%	1.1%	2.0%	5.5%
Grade 10	79.3%	6.5%	6.1%	1.7%	1.2%	5.1%
Grade 11	77.8%	8.1%	6.6%	1.4%	1.5%	4.7%
Grade 12	75.3%	8.5%	8.0%	2.1%	2.1%	4.0%

Source: Texas School Survey, 2016.

## Appendix of Figures

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## Glossary of Terms

<b>30 Day Use</b>	The percentage of people who have used a substance in the 30 days before they participated in the survey.
<b>ATOD</b>	Alcohol, tobacco, and other drugs.
<b>Adolescent</b>	An individual between the ages of 12 and 17 years.
<b>HHSC</b>	Health and Human Services Commission
<b>Epidemiology</b>	Epidemiology is concerned with the distribution and determinants of health and diseases, sickness, injuries, disabilities, and death in populations.
<b>Evaluation</b>	Systematic application of scientific and statistical procedures for measuring program conceptualization, design, implementation, and utility; making comparisons based on these measurements; and the use of the resulting information to optimize program outcomes.
<b>Incidence</b>	A measure of the risk for new substance abuse cases within the region.
<b>PRC</b>	Prevention Resource Center
<b>Prevalence</b>	The proportion of the population within the region found to already have a certain substance abuse problem.
<b>Protective Factor</b>	Conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.
<b>Risk Factor</b>	Conditions, behaviors, or attributes in individuals, families, communities or the larger society that contribute to or increase the risk in families and communities.
<b>SPF</b>	Strategic Prevention Framework. The idea behind the SPF is to use findings from public health research along with evidence-based prevention programs to build capacity and sustainable prevention. This, in turn, promotes resilience and decreases risk factors in individuals, families, and communities.
<b>Substance Abuse</b>	When alcohol or drug use adversely affects the health of the user or when the use of a substance imposes social and personal costs. Abuse might be used to describe the behavior of a woman who

has four glasses of wine one evening and wakes up the next day with a hangover.

<b>Substance Misuse</b>	The use of a substance for a purpose not consistent with legal or medical guidelines. This term often describes the use of a prescription drug in a way that varies from the medical direction, such as taking more than the prescribed amount of a drug or using someone else's prescribed drug for medical or recreational use.
<b>Substance Use</b>	The consumption of low and/or infrequent doses of alcohol and other drugs such that damaging consequences may be rare or minor. Substance use might include an occasional glass of wine or beer with dinner, or the legal use of prescription medication as directed by a doctor to relieve pain or to treat a behavioral health disorder.
<b>SUD</b>	Substance Use Disorder
<b>TPII</b>	Texas Prevention Impact Index
<b>TSS</b>	Texas Student Survey
<b>VOICES</b>	Volunteers Offering Involvement in Communities to Expand Services. Essentially, VOICES is a community coalition dedicated to create positive changes in attitudes, behaviors, and policies to prevent and reduce at-risk behavior in youth. They focus on changes in alcohol, marijuana, and prescription drugs.
<b>YRBS</b>	Youth Risk Behavior Surveillance Survey

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