



Image: Gian Luca Comandini<sup>2</sup>

REGION 9

**2018**

**REGIONAL NEEDS  
ASSESSMENT**

Prevention Resource Center 9

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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 Regional Evaluators from PRCs across the state of Texas. The RNA is supported by Region 9 PRC Regional Evaluator, Kayla Fishbeck, and the Texas Health and Human Services Commission (HHSC). Region 9 PRC serves 30 counties in West Texas.

RNAs are designed to aid PRCs, HHSC, and community stakeholders in long-term strategic prevention planning based on the most current information relative to the unique needs of diverse communities across 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 unique to Region 9. Accordingly, it will offer insight related to gaps in services and data availability challenges.

Additionally, a team of 11 Regional Evaluators has procured national, state, regional, and local data through partnerships of collaboration with diverse agencies. These sectors include, but are not limited to: law enforcement, public health, and education. Secondary qualitative data collection has also been conducted in the form of surveys, focus groups, and key informant interviews by the Region 9 PRC. The information obtained through these partnerships has been analyzed and synthesized in the form of this RNA alongside quantitative data. Region 9 PRC recognizes those collaborators which contributed to the creation of this RNA.

## **Key findings from this assessment include:**

1. Region 9 youth generally report using alcohol, marijuana, and other drugs at higher levels than the rest of the state, especially marijuana. Youth perceptions of harm for each drug decreased by grade level, whereas youth patterns of consumption increased by grade level for alcohol, tobacco, and marijuana, but not for prescription drug abuse. Parental perceptions of harm were higher than student perceptions of harm. However, trends of parental approval of substance use were parallel to student use, i.e., the more parents approved of a substance, the more students consumed. This notes the importance of parental involvement and effective communication with their children.
2. Region 9 has alarming rates of alcohol and drug-related convictions, sometimes more than twice the rate of the state of Texas. Accordingly, Region 9 counties have high alcohol retail permit densities and the region is home to the top two cities in Texas for drunk driving fatalities.
3. Education concerning alcohol and drugs is prevalent in schools in Region 9 and is taught at some of the highest rates in Texas. Yet, standalone education has not yet reaped the large impact it seeks in influencing healthy behaviors in students. Region 9 students report that they would like to have honest, blunt conversations with their parents about alcohol and drugs, but only about half of Region 9 students reported that they feel comfortable going to their parents first for alcohol and drug advice. Accordingly, Region 9 parents report that they would like to be more well-informed about substance use and how to talk to their children.

# Prevention Resource Centers

## Our Purpose

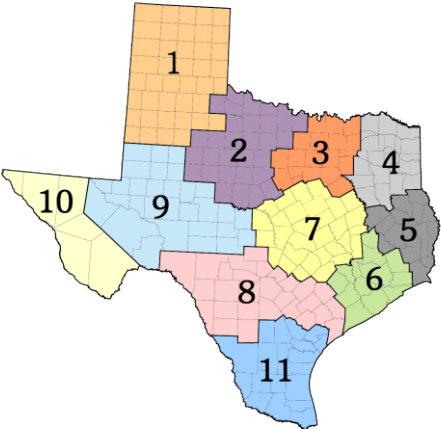
PRCs are programs funded by the Texas HHSC to provide data and information related to substance use and misuse and to support prevention collaboration efforts in the community. There is one PRC located in each of the eleven Texas Health Service Regions (see Figure 1) to provide support to prevention providers located in their region.<sup>2</sup> PRCs provide substance use data, trainings, media activities, and regional workgroups. PRCs have four fundamental objectives related to services provided to partner agencies and the community in general:

1. Collect data relevant to alcohol, tobacco, and other drug (ATOD) use among adolescents and adults and share findings with community partners,
2. Ensure sustainability of a regional Epidemiological Workgroup (EWG) 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. Conduct voluntary compliance checks and education to retailers on state tobacco laws.

Efforts carried out by PRCs are focused on, but certainly not limited to, the state’s three prevention priorities of underage drinking, marijuana and other cannabinoid use, and prescription drug misuse.

### Texas Health Service Regions

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



**FIGURE 1. TEXAS HEALTH SERVICE REGIONS**  
 Source: Texas Health and Human Services Commission<sup>2</sup>

Regional PRCs are tasked with compiling and synthesizing data and disseminating findings to the community. Data collection strategies are organized around risk and protective factors, consumption data, and related consequences associated with substance use and misuse. PRCs 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 in identifying data and data resources related to substance use or other behavioral health indicators. PRCs work to promote and educate the community on substance use and misuse and associated consequences through various data products, media awareness activities, and an annual RNA. These resources and information provide stakeholders with knowledge and understanding of the local populations they serve, help guide programmatic decision making, and provide community awareness and education related to substance use and misuse. Additionally, the program provides a way to identify community strengths, as well as gaps, in services and areas of improvement.

## **Conceptual Framework**

As one reads through this needs assessment, two guiding concepts will appear throughout the report: 1) a focus on the youth population, and 2) the use of an empirical approach from a public health framework. For the purpose of strategic prevention planning related to drug and alcohol use among youth populations, this report is based on risk and protective factors, consumption patterns, and consequences of substance misuse and substance use disorders (SUDs).

### **Adolescence**

The World Health Organization (WHO) identifies adolescence as one of the most rapid phases of human development.<sup>3</sup> This period of mental and physical development poses a critical point of vulnerability where the use and misuse of substances, or other risky behaviors, can have long-lasting negative effects on future health and well-being. This focus of prevention efforts on the adolescence stage of development is particularly important since about 90 percent of adults who are clinically diagnosed with SUDs began misusing substances before the age of 18.<sup>4</sup>

The information presented in this document is compiled from multiple data sources and will therefore consist of varying demographic subsets of age. The general definition of adolescence is defined as age 10 through 17-19. 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**

The WHO describes epidemiology as 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.”<sup>5</sup> This definition provides the theoretical framework through which this assessment discusses the overall impact of substance use and misuse. Through this lens, epidemiology frames substance use and misuse as a preventable and treatable public health concern. The Substance Abuse and Mental Health Services Administration (SAMHSA) establishes epidemiology to identify and analyze community patterns of substance misuse as well as the contributing factors influencing this behavior.<sup>6</sup> SAMHSA adopts an epidemiology-based framework on a national level while this needs assessment establishes this framework on a regional level.



### Socio-Ecological Model

The Socio-Ecological Model (SEM) is a conceptual framework developed to better understand the multidimensional factors that influence health behavior and to categorize health intervention strategies.<sup>7</sup> *Intrapersonal* factors are the internal characteristics of the individual of focus and include knowledge, skills, attitudes, and beliefs. *Interpersonal* factors include social norms and interactions with significant others, such as family, friends, and teachers. Organizational/institutional factors are social and physical factors that indirectly impact the individual of focus (e.g., zero tolerance school policies, classroom size, mandatory workplace drug testing). Finally, community/societal factors include neighborhood connectedness, collaboration between organizations, and policy.

The SEM proposes that behavior is impacted by all levels of influence, from the intrapersonal to the societal, and that the effectiveness of health promotion programs is significantly enhanced through the coordination of interventions targeting multiple levels. For example, changes at the community level will create change in individuals and support of individuals in the population is essential for implementing environmental change.

### Risk and Protective Factors

Researchers have examined the characteristics of effective prevention programs for more than 20 years. One component shared by effective programs is a focus on risk and protective factors that influence substance misuse among adolescents. Protective factors are characteristics that decrease an individual’s risk for a substance use disorder.<sup>8</sup> Examples may include factors such as strong and positive family bonds, parental monitoring of children's activities, and access to mentoring. Risk factors are characteristics that increase the likelihood of substance use behaviors.<sup>8</sup> Examples may include unstable home environments, parental use of alcohol or drugs, parental mental illnesses, poverty levels, and failure in school performance. Risk and protective factors are classified under four main domains: societal, community, relationship, and individual (see Figure 2).<sup>9</sup>

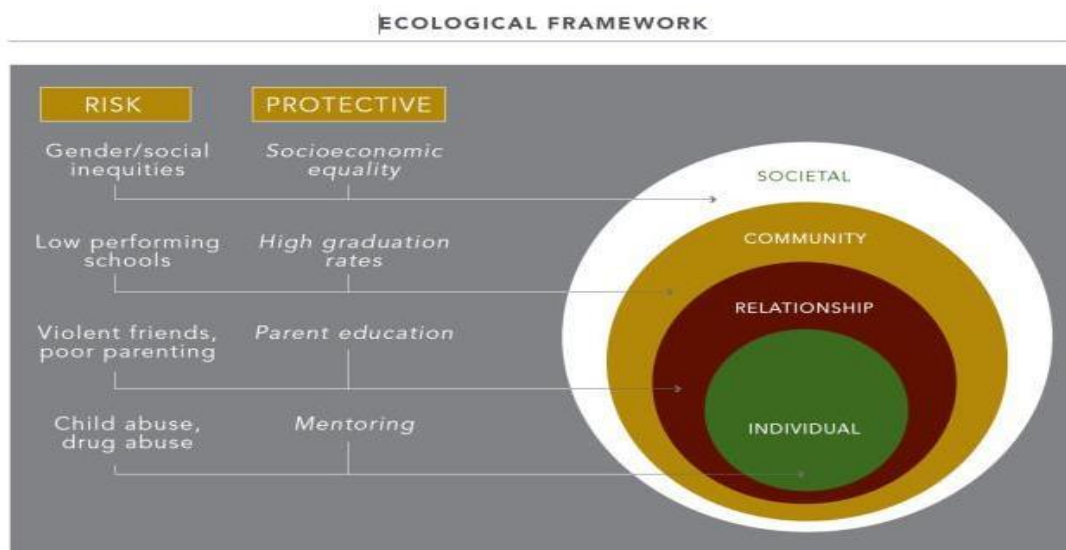


FIGURE 2. EXAMPLES OF RISK AND PROTECTIVE FACTORS WITHIN THE SOCIO-ECOLOGICAL MODEL

Source: Urban Peace Institute<sup>9</sup>

### Consumption Patterns

For the purpose of this needs assessment, and in following with operational definitions typically included in widely used measures of substance consumption such as the Texas School Survey of Drug and Alcohol Use (TSS)<sup>10</sup>, the Texas Youth Risk Behavior Surveillance System (YRBSS)<sup>11</sup>, and the National Survey on Drug Use and Health (NSDUH)<sup>12</sup>, consumption patterns are generally operationalized into three categories: lifetime use (ever tried a substance, even once), school year use (past-year use when surveying adults or youth outside of a school setting), and current use (use within the past 30 days). These three categories of consumption patterns are used in the TSS to elicit self-reports from adolescents on their use and misuse of tobacco, alcohol (underage drinking), marijuana, prescription drugs, and illicit drugs. The TSS, in turn, is used as the primary outcome measure in reporting on Texas youth substance use and misuse in this needs assessment.

Due to its overarching and historical hold on the United States, there exists a plethora of information on the evaluation of risk factors that contribute to Alcohol Use Disorder (AUD). According to SAMHSA, AUD is ranked as the most wide-reaching SUD in the United States for people ages 12 and older followed by Tobacco Use Disorder, Cannabis Use Disorder, Stimulant Use Disorder, Hallucinogen Use Disorder, and Opioid Use Disorder (presented in descending order by prevalence rates).<sup>13</sup> When evaluating alcohol consumption patterns in adolescents, more descriptive information beyond the aforementioned three general consumption categories is often desired and can be tapped by adding specific quantifiers (i.e., per capita sales, frequency and trends of consumption, and definitions of binge drinking and heavy drinking), and qualifiers (i.e., consequential behaviors, drinking and driving, alcohol consumption during pregnancy) to the operationalization process. For example, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) has created specific guidelines that are widely used in the quantitative measurement of alcohol consumption (see Figure 3).<sup>14</sup> These standards define binge drinking as the drinking behaviors that raise an individual’s Blood Alcohol Concentration (BAC) up to or above



**FIGURE 3. NIAAA RUBRIC FOR OPERATIONALIZING THE STANDARD DRINK BY OUNCES AND PERCENT ALCOHOL ACROSS BEVERAGE TYPE**

Source: National Institute on Alcohol Abuse and Alcoholism<sup>14</sup>

the level of 0.08% g/L, which is typically five or more drinks for men and four or more drinks for women within a two-hour time span. At-risk or heavy drinking is defined as more than four drinks/day or 14 drinks per week for men and more than three drinks/day or 7 drinks per week for women. “Benders” are considered two or more days of sustained heavy drinking.

### **Consequences**

One of the hallmarks of SUDs is the continued use of a substance despite harmful or negative consequences. The types of consequences most commonly associated with SUDs typically fall under the categories of health consequences, physical consequences, social consequences, and consequences for adolescents. The prevention of such consequences has received priority attention as Goal 2 (out of four goals) on the 2016-2020 National Institute on Drug Abuse (NIDA) Strategic Plan, *Develop New and Improved Strategies to Prevent Drug Use and Its Consequences*.<sup>15</sup>

The consequences associated with SUDs tend to be developmentally, culturally, and contextually dependent and the measurement and conceptualization of such associations has proven to be quite difficult for various reasons, including the fact that consequences are not always caused or worsened by substance use or misuse.<sup>16</sup> Therefore, caution should be taken in the interpretation of the data presented in this needs assessment. Caution in inferring relationships or direction of causality should be taken, also, because only secondary data is reported out and no sophisticated analytic procedures are involved once that secondary data is obtained by the PRCs and reported out in this needs assessment, which is intended to be used as a resource.

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 stem from a variety of professional fields, each yielding specialized genres of professional terms and concepts related to substance misuse and substance use disorders prevention, a glossary of key concepts can be found in the **Glossary** of this needs assessment. The core of the report focuses on risk factors, consumption patterns, consequences, and protective factors. A list of tables and figures can be found in **Appendix A** and a list of PRC regions and their respective Regional Evaluators can be found in **Appendix B**.

# Introduction

The Texas HHSC administers approximately 225 school and community-based prevention programs across 72 different providers with federal funding from the Substance Abuse Prevention and Treatment Block Grant to prevent the use and consequences of 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).



**FIGURE 4. STRATEGIC PREVENTION FRAMEWORK (SPF)**  
Source: Substance Abuse and Mental Health Services Administration<sup>17</sup>

The Strategic Prevention Framework (SPF) provided by CSAP guides many prevention activities in Texas (see Figure 4).<sup>17</sup> In 2004, Texas received a state incentive grant from CSAP to implement the Strategic Prevention Framework in close collaboration with local communities to tailor services in order 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.<sup>17</sup>

The HHSC Substance Abuse Services funds PRCs across the state of Texas. These centers are part of a larger network of Youth Prevention (YP) 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 works 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 use. These priorities are outlined in the Texas Behavioral Health Strategic Plan developed in 2012.<sup>18</sup>

## Our Audience

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 reviews substance abuse data and related variables across the state that aid in substance abuse prevention decision making. This report is a product of the partnership between the regional PRCs and the Texas HHSC. This report seeks to address the substance abuse prevention data needs at the state, county, and local levels and 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, this report explores related risk and protective factors as identified by CSAP.

## Methodology

### Purpose

This needs assessment is a review of data on substance misuse, substance use disorders, and related variables that will aid in substance misuse prevention decision making at the county, regional, and state level. In this needs assessment, the reader will find the following: primary focus on the state-delineated prevention priorities of alcohol (underage drinking), marijuana, prescription drugs, and other drug use among adolescents; exploration of drug consumption trends and consequences, particularly where adolescents are concerned; and an exploration of related risk and protective factors as operationalized by CSAP.

Specifically, this RNA can serve in the following capacities:

- Determine patterns of substance use among adolescents and monitor changes in substance use trends over time;
- Identify gaps in data where critical substance misuse information is missing;
- Determine county-level differences and disparities;
- Identify substance use issues that are unique to specific communities;
- Provide a comprehensive resource tool for local providers to design relevant, data-driven prevention and intervention programs targeted to needs;
- Provide data to local providers to support their grant-writing activities and provide justification for funding requests; and,
- Assist policy-makers in program planning and policy decisions regarding substance misuse prevention, intervention, and treatment at the regional and state levels.

### Process

The State Evaluator and the Regional Evaluators collected primary and secondary data at the county, regional, and state levels between September 1, 2017 and June 30, 2018. The State Evaluator met with the Regional Evaluators at a statewide conference in September 2017 to discuss the expectations of the RNA for the fifth year.

Between September and July, the State Evaluator met with Regional Evaluators via bi-weekly conference calls to discuss the criteria for processing and collecting data. The information is

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 is collected through primary sources such as surveys, interviews, and focus groups conducted with stakeholders and participants at the regional level.

Primary and secondary data sources are identified when developing the methodology behind this document. Both adults and youth were selected as primary sources. Readers can expect to find information from the American Community Survey (ACS), Texas Department of Public Safety (DPS), the TSS, and the Community Commons (CC), among many others. A list of **References** can be found after the concluding statements of this document.

## **Qualitative Data Selection**

During the year, focus groups, surveys and interviews are conducted by the Regional Evaluator and the PRC to better understand what members of the communities believe their greatest need to be. The information collected by this research serves to identify avenues for further research and provide access to any quantitative data that each participant may have access to.

### **Focus Groups**

Participants for the focus groups are invited from a wide selection of professionals including law enforcement, health, community leaders, clergy, high school educators, town councils, state representatives, university professors, and local business owners. In these sessions, participants discuss their perceptions of how their communities are affected by alcohol, marijuana, prescription drugs, and other illicit drugs.

### **Interviews**

Interviews are conducted primarily with school officials, law enforcement officers, and public service organizations. Participants are randomly selected by city and then approached to participate in an interview with the Regional Evaluator, often held at stakeholder meetings. Each participant is asked something along the lines of:

- What problems do you see in your community?
- What is the greatest problem you see in your community?
- What are consequences of this issue?
- What services do you wish existed to address these problems?

These questions contain the basis of each interview and other qualitative data is collected accordingly.

### **Surveys**

Occasionally, organizations approach the PRC asking for guidance to construct and administer surveys in order to collect information about how their adolescents perceive and consume alcohol and other drugs (AOD). All survey questions are either copied from tools that have been

tested and vetted or they are subjected to rigorous testing through focus groups or other research methods. Many of the questions used by the PRC originate from the following survey tools:

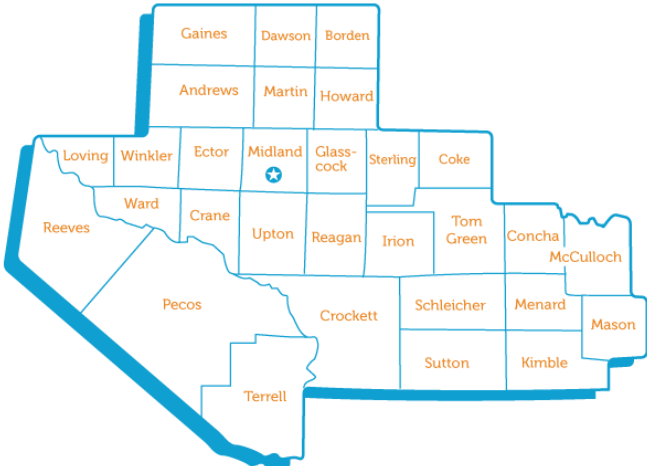
- 40 Developmental Assets Survey
- Youth Risk Behavior Surveillance System (YRBSS)
- Monitoring the Future
- Texas School Survey (TSS)

**Longitudinally Presented Data**

In an attempt to capture a richer depiction of possible trends in the data presented in this needs assessment, data collection and reporting efforts consist of multi-year data where it is available from respective sources. Most longitudinal presentations of data in this needs assessment consist of (but are not limited to): the most recently-available data collected over three years in one-year intervals of data-collection, or the most recently-available data collected over three data-collection intervals of more than one year (e.g., data collection for the TSS is done in two-year intervals). Efforts are also made in presenting state and national-level data with county-level data for comparison purposes. However, where it is the case that neither state-level nor national-level data are included in tables and figures, the assumption can be made by the reader that this data is not made available at the time of the data request. Such requests are made to numerous county, state, and national-level agencies in the development of this needs assessment and are not always available.

**Regional Demographics**

Region 9, also known as West Texas, consists of a 30-county spread across the Permian Basin (see Figure 5).<sup>19</sup> The county that is furthest west in Region 9 is Reeves County with the county seat being Pecos. The southernmost county is Terrell County with the county seat being Sanderson. The eastern most county in Region 9 is Mason County with the county seat of Mason. Gaines, Dawson, and Borden counties are the northern most border counties with county seats of Seminole, Lamesa, and Gail, respectively. Interstate 10 and Interstate 20 run horizontally through Region 9. Pecos County is the largest county in Region 9 and spans 4,763.9 square miles.<sup>20</sup> Loving County is the least populated county in Texas with a population of 81.<sup>20</sup> Ector County and Midland County



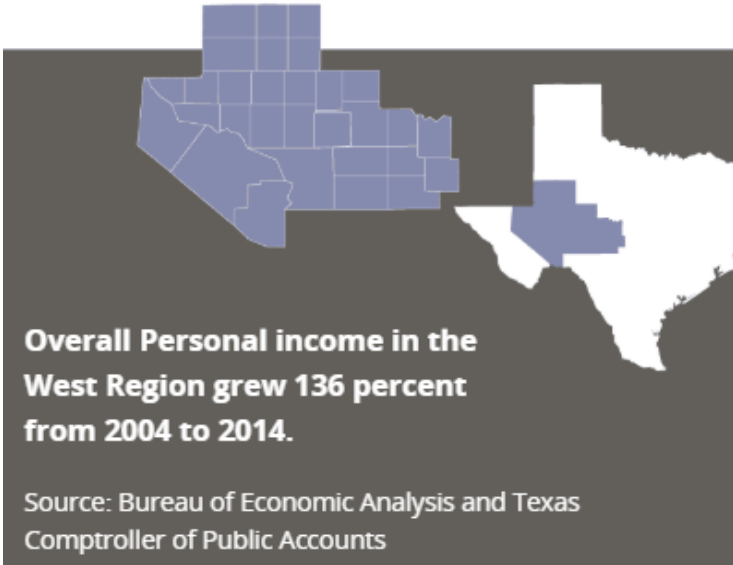
**FIGURE 5. TEXAS HEALTH REGION 9 COUNTIES**  
SOURCE: TEXAS COUNCIL OF CHILD WELFARE BOARDS<sup>19</sup>

are the most populated counties in Region 9 and have total population estimates of 154,795 and 154,516, respectively, for 2018.<sup>20</sup> Region 9 also includes schools from Education Service Centers (ESCs) 15, 17, and 18.

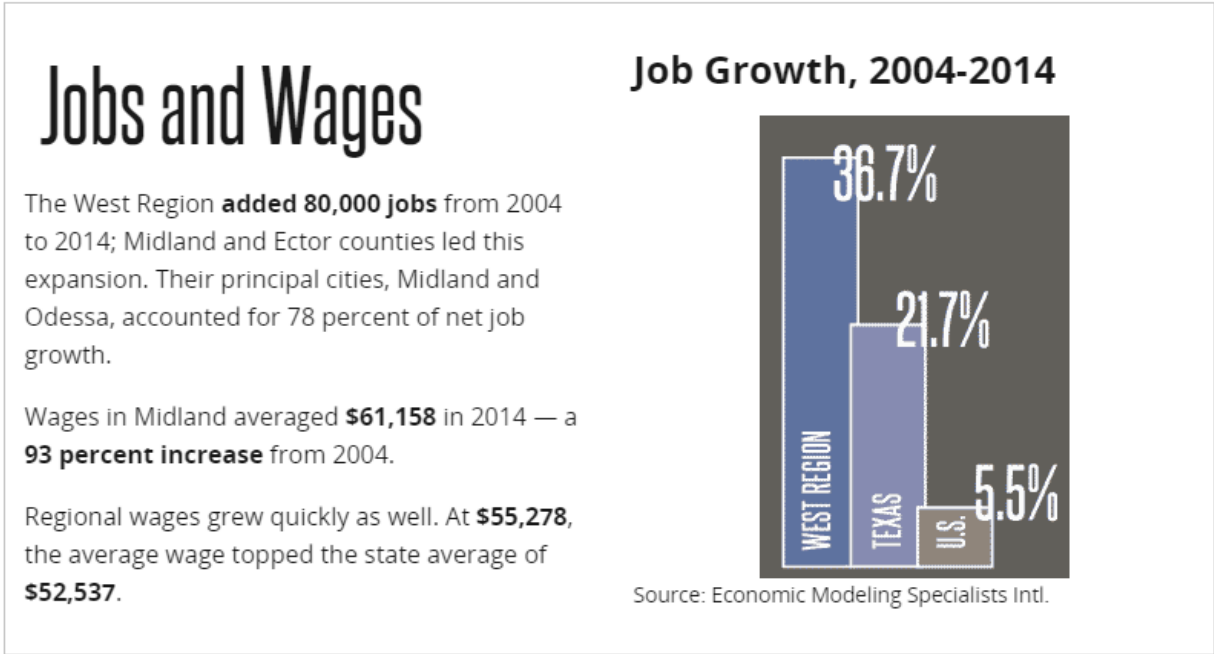
Key industries of West Texas include: mining, oil & gas extraction, pipeline transportation, crop production, machinery manufacturing, utilities, truck transportation, rental & leasing services, specialty trade contractors, merchant wholesalers, and support activities for agriculture.<sup>21</sup> No other region in Texas relies as heavily on oil and gas production like Region 9.<sup>21</sup>

Up to 90% of West Texas' county tax bases are related to oil and gas and the mining sector is responsible for more than 15% of jobs in the region.<sup>21</sup> This is significantly above the Texas average of 2.6%.<sup>21</sup> Income in the success of the oil and gas industry relies heavily on volatile crude oil, making West Texas incredibly economically vulnerable (see Figure 6).<sup>21</sup>

Fortunately, when the oil and gas industry are booming, job growth increases dramatically (see Figure 7).<sup>21</sup> During the most recent oil boom (i.e., prior to currently) jobs increased by about 37%,



**FIGURE 6. INCOME GROWTH IN WEST TEXAS 2004-2014**  
Source: Texas Comptroller<sup>21</sup>



**FIGURE 7. JOB GROWTH IN WEST TEXAS VS. STATE AND NATIONAL**  
Source: Texas Comptroller<sup>21</sup>



nearly 7 times the growth seen nationwide.<sup>21</sup> All the same, the economy is just as sensitive to oil busts, or when the oil and gas industry are on a decline.

## Population

The Texas Demographic Center estimates that Region 9's total population in 2018 will be 629,960 (see Table 1).<sup>20</sup> This shows an increase of over 7,000 people, or a 1.1% increase, from 2017-2018. Surprisingly, this is about half the Texas average of a 2.0% population growth increase estimate from 2017-2018.<sup>20</sup>

Crane County has the highest projected percent growth in Region 9 from 2017-2018 with a 1.8% change, or a population growth of 91 people.<sup>20</sup> However, when considering the total number of people moving to a county, Ector, Midland, and Tom Green counties are projected to grow the most in Region 9 by 2,260, 2,327, and 492 people, respectively, from 2017-2018.<sup>20</sup>

It is noteworthy to remember that with the current oil field success, West Texas is experiencing large changes in a transient population, changes which are most likely not reflected by these numbers. There are many challenges in projecting the population growth of a population in an incalculable situation such as the Permian Basin is currently experiencing. That being said, these population estimates are expected to be at least moderately, if not largely, underestimated.

Table 1 shows distinct population estimates and changes from 2017-2018 by county for Region 9.

Table 1. Region 9 Population Estimates, 2017-2018

County	2017	2018	Population Change
<b>TEXAS</b>	<b>28,797,290</b>	<b>29,366,479</b>	<b>2.0%</b>
<b>REGION 9</b>	<b>622,820</b>	<b>629,960</b>	<b>1.1%</b>
Andrews	16,667	16,936	1.6%
Borden	686	690	0.6%
Coke	3,158	3,136	-0.7%
Concho	4,256	4,264	0.2%
Crane	5,054	5,145	1.8%
Crockett	3,986	4,019	0.8%
Dawson	14,536	14,610	0.5%
Ector	152,715	154,975	1.5%
Gaines	20,376	20,800	2.1%
Glasscock	1,316	1,328	0.9%
Howard	37,000	37,244	0.7%
Irion	1,697	1,705	0.5%
Kimble	4,917	4,953	0.7%
Loving	81	80	-1.2%
Martin	759	763	0.5%
Mason	15,040	15,245	1.4%
McCulloch	4,155	4,179	0.6%
Menard	2,380	2,394	0.6%
Midland	152,189	154,516	1.5%
Pecos	16,661	16,793	0.8%
Reagan	3,747	3,807	1.6%
Reeves	14,605	14,720	0.8%
Schleicher	3,792	3,835	1.1%
Sterling	1,201	1,207	0.5%
Sutton	4,505	4,552	1.0%
Terrell	1,033	1,039	0.6%
Tom Green	113,525	114,017	0.4%
Upton	3,730	3,781	1.4%
Ward	11,063	11,111	0.4%
Winkler	7,990	8,116	1.6%

Source: Texas Demographic Center<sup>20</sup>

**Population Density**

Population density is measured by the number of people per square mile. The Texas average for 2016 is 112.5 people/square mile (see Table 2).<sup>20</sup> The population density of Region 9 is a bit higher at 114.7 people/sq. mile.<sup>20</sup> Though Region 9 is covered by many sparsely inhabited counties, it still contains Ector, Midland, and Tom Green counties, which are considered population centers in West Texas. Ector County has a population density of 164.0 people/sq. mile; Midland County has a population density of 161.6 people/sq. mile; and, Tom Green County has a population density of 74.2 people/sq. mile.<sup>20</sup> The cities that account for these are Odessa (Ector County), Midland (Midland County), and San Angelo (Tom Green County).

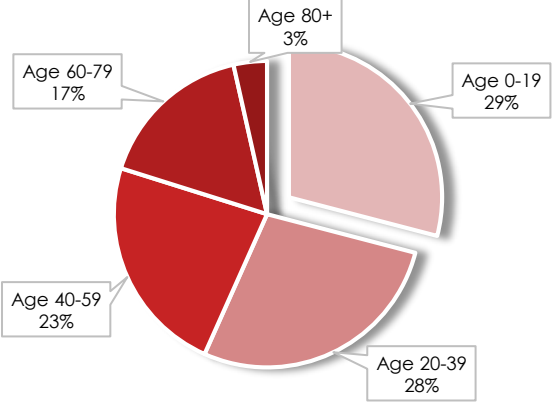
Table 2. Region 9 Population Density, 2016					
County	2016 Population Density	County	2016 Population Density	County	2016 Population Density
<b>TEXAS</b>	<b>112.5</b>	Howard	40.0	Reagan	3.1
<b>REGION 9</b>	<b>114.7</b>	Irion	1.6	Reeves	5.4
Andrews	10.6	Kimble	3.7	Schleicher	2.8
Borden	0.7	Loving	0.1	Sterling	1.3
Coke	3.6	Martin	4.5	Sutton	3.0
Concho	4.2	Mason	8.6	Terrell	0.4
Crane	6.0	McCulloch	9.1	Tom Green	74.2
Crockett	1.4	Menard	2.5	Upton	2.8
Dawson	15.9	Midland	161.6	Ward	13.2
Ector	164.0	Pecos	3.4	Winkler	9.0
Gaines	12.7	Midland	161.6	Ward	13.2
Glasscock	1.4				

Source: Texas Demographic Center<sup>20</sup>

**Age**

Region 9 age demographics can be broken down into the following categories: 0-19 years old, 20-39 years old, 40-59 years old, 60-79 years old, and 80 years old and older (see Figure 8). The largest age group in Region 9 in 2018 is estimated to be 0-19 year old's, covering 29% of the population, or 182,559 people.<sup>20</sup> This age group is followed closely by 20-39 year old's in Region 9, making up 27.6% of the population.<sup>20</sup> Age group 40-59 makes up 23% of the population in Region 9, followed by age group 60-79 (17%) and age 80+ (3.5%).<sup>20</sup>

Figure 8. Region 9 Age Demographics, 2018



Source: Texas Demographic Center<sup>20</sup>

## Race/Ethnicity

In Region 9, Anglos and Hispanics make up 44.4% and 48.4% of the population, respectively (see Table 3).<sup>20</sup> Collectively, this is 93% of the Region 9 population, placing it much higher than the collective Texas average of Anglos and Hispanics (82%).<sup>20</sup> Throughout Region 9, there are also groups of Black, Native American, Pacific Islander, and other European races, ethnicities, and nationalities.

County	Anglo	Black	Hispanic	Other	Total
<b>TEXAS</b>	<b>11,826,470</b>	<b>3,348,098</b>	<b>12,181,167</b>	<b>2,010,744</b>	<b>29,366,479</b>
<b>REGION 9</b>	<b>279,935</b>	<b>28,392</b>	<b>304,868</b>	<b>16,765</b>	<b>629,960</b>
Andrews	7,306	210	9,055	365	16,936
Borden	582	0	101	7	690
Coke	2,390	7	671	68	3,136
Concho	1,807	57	2,349	51	4,264
Crane	1,877	130	3,047	91	5,145
Crockett	1,346	13	2,618	42	4,019
Dawson	5,238	886	8,284	202	14,610
Ector	53,060	6,071	92,115	3,729	154,975
Gaines	12,611	289	7,629	271	20,800
Glasscock	871	15	434	8	1,328
Howard	19,182	2,259	14,742	1,061	37,244
Irion	1,189	11	478	27	1,705
Kimble	3,606	16	1,266	65	4,953
Loving	58	0	18	4	80
McCulloch	456	8	293	6	763
Martin	8,717	2,852	3,344	332	15,245
Mason	3,111	14	1,013	41	4,179
Menard	1,417	11	950	16	2,394
Midland	71,681	9,401	67,982	5,452	154,516
Pecos	4,307	524	11,700	262	16,793
Reagan	1,271	63	2,442	31	3,807
Reeves	2,560	675	11,279	206	14,720
Schleicher	1,985	31	1,798	21	3,835
Sterling	752	13	412	30	1,207
Sutton	1,657	6	2,866	23	4,552
Terrell	500	6	517	16	1,039
Tom Green	60,736	4,132	45,237	3,912	114,017
Upton	1,687	47	1,996	51	3,781
Ward	4,758	512	5,620	221	11,111
Winkler	3,217	133	4,612	154	8,116

Source: Texas Demographic Center<sup>20</sup>

## Languages

According to the 2016 American Community Survey (ACS), 88.6% of Region 9 “speaks English only or speaks English ‘very well’” while 11.4% of Region 9 “speaks English less than ‘very well’”, a.k.a. limited English proficient (LEP).<sup>22</sup> Table 4 dichotomizes the ACS language speaking ability

Table 4. Region 9 English Proficiency, 2016

County	Speaks English only or speaks English "very well"	Percentage*	Speaks English less than "very well"	Percentage*
<b>TEXAS</b>	<b>42,933,554</b>	<b>85.9</b>	<b>7,037,944</b>	<b>14.1</b>
<b>REGION 9</b>	<b>506,434</b>	<b>88.6</b>	<b>65,315</b>	<b>11.4</b>
Andrews	13,558	86.6	2,090	13.4
Borden	559	99.1	5	0.9
Coke	3,034	95.9	131	4.1
Concho	2,947	74.1	1,031	25.9
Crane	3,515	79.6	903	20.4
Crockett	3,194	91.2	309	8.8
Dawson	10,833	87.4	1,555	12.6
Ector	118,955	85.5	20,206	14.5
Gaines	14,155	81.0	3,324	19.0
Glasscock	1,019	83.7	199	16.3
Howard	30,557	89.5	3,576	10.5
Irion	1,495	98.9	16	1.1
Kimble	3,866	91.5	359	8.5
Loving	67	88.2	9	11.8
McCulloch	7,246	94.2	445	5.8
Martin	4,548	90.8	459	9.2
Mason	3,503	92.1	299	7.9
Menard	1,909	91.7	173	8.3
Midland	128,723	90.3	13,803	9.7
Pecos	12,630	85.8	2,091	14.2
Reagan	2,703	79.8	684	20.2
Reeves	10,013	74.0	3,516	26.0
Schleicher	2,672	90.4	285	9.6
Sterling	1,017	92.4	84	7.6
Sutton	3,221	87.7	452	12.3
Terrell	714	93.2	52	6.8
Tom Green	101,575	93.8	6,740	6.2
Upton	2,777	88.8	351	11.2
Ward	9,454	89.7	1,086	10.3
Winkler	5,975	84.7	1,082	15.3

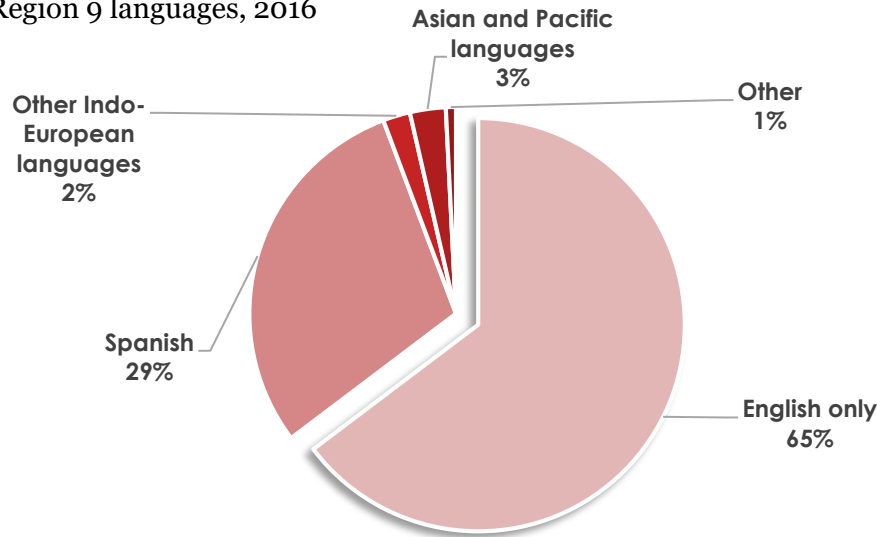
\*: Percentage represents the portion of that county's population which either "Speaks English only or speaks English 'very well'" or "Speaks English less than 'very well'".

Source: U.S. Census Bureau, American Community Survey<sup>22</sup>

variables and shows the language proficiency of each county in Region 9, including percentages of that population.

Additionally, according to the 2016 ACS, over half (65%) of region 9 speaks only English.<sup>22</sup> About 29% of the population also speaks Spanish and 6% of the population speaks other Indo-European, Asian and Pacific, and/or other languages (see Figure 9).<sup>22</sup>

Figure 9. Region 9 languages, 2016



Source: U.S. Census Bureau, American Community Survey<sup>22</sup>

### 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.

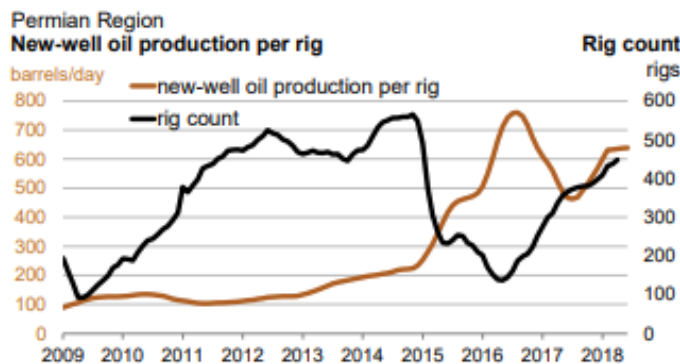


FIGURE 10. PERMIAN REGION NEW-WELL OIL PRODUCTION, 2009-2018

Source: U.S. Energy Information Administration<sup>24</sup>

As oil extraction began to slow throughout 2015 and into 2017, there were massive layoffs in oil fields and oil-based companies throughout the Permian Basin. Compared to 2014, the number of well completions in Texas was 34% less in 2015, 65% less in 2016, and 77% less in 2017.<sup>23</sup> Furthermore, the number of oil rigs was steadily declining, but this trend was slowing down each year from 2014 to 2016 (see Figure 10).<sup>24</sup> As of June 2018, there were 5,574 well completions in

Texas for 2018, which is 44% more than total well completions at the same time in 2017.<sup>23</sup> This helped mark the beginning of the turnaround in the oil field. 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 Permian Basin is forecasted to double its output of daily barrels by year 2023, putting it at producing over 6 million barrels per day (BPD) (see Figure 11).<sup>25</sup> This would surpass Ghawar, Saudi Arabia – the world's largest oil field, with an estimated capacity of producing 5.8 million BPD.<sup>26</sup>

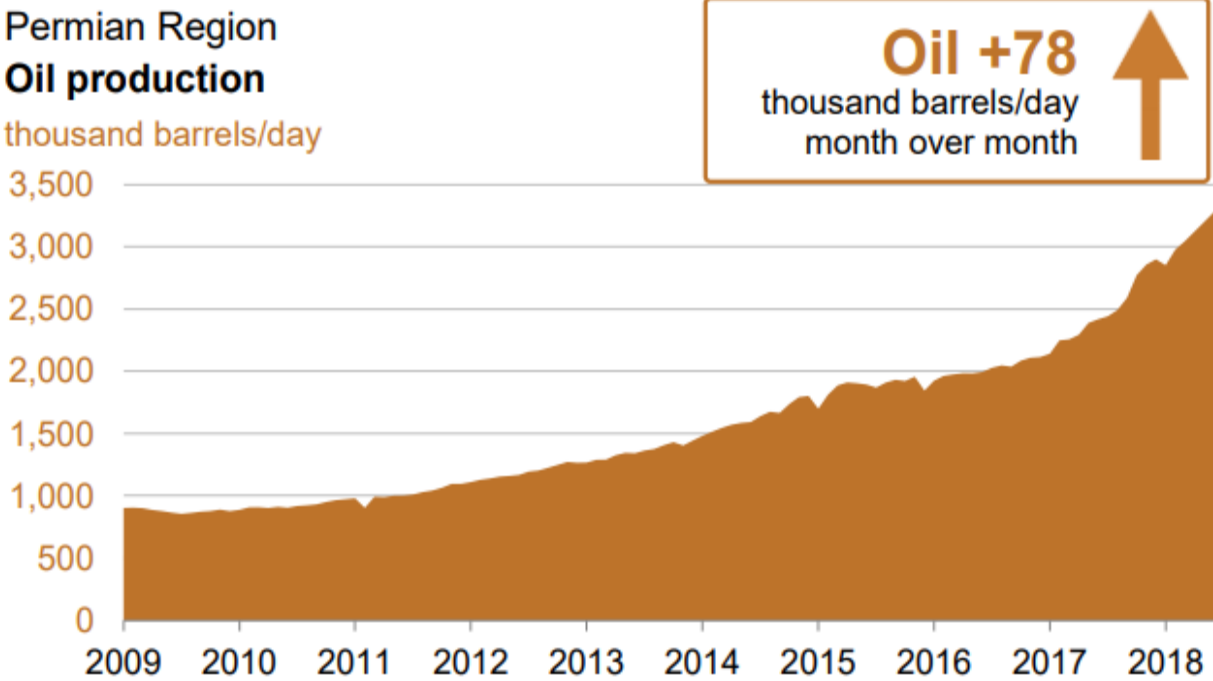


FIGURE 11. PERMIAN REGION CRUDE OUTPUT

Source: U.S. Energy Information Administration<sup>25</sup>

Due to rapidly changing socioeconomic data, it is likely that data in this RNA will predate changes made in the growing economy of West Texas. Because of the rapidly changing economy of Region 9, the PRC asks you, the reader, to contact our offices to update any data necessary for a valid and thorough RNA.

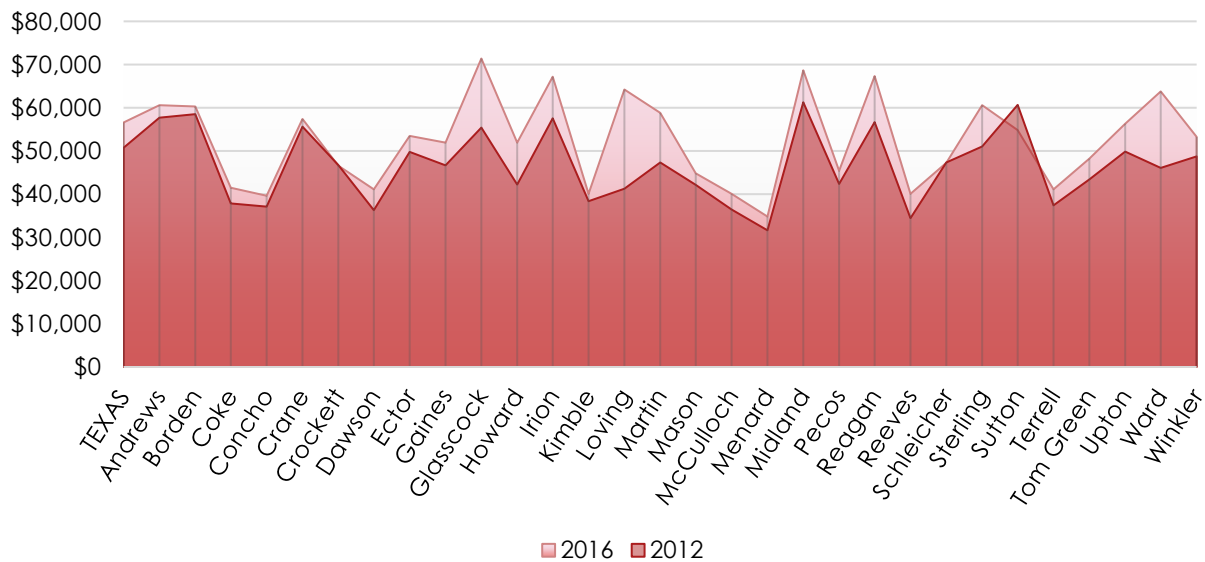
**Household Composition**

Children in single-parent households is a risk factor and it is defined as the percentage of children in family households where the household is headed by a single parent, either male or female, with no spouse present.<sup>27</sup> The reasoning to include this factor is because exposure to single parenthood increases the risk for adverse health outcomes, including mental illness (e.g., anxiety disorder, depression, and suicide), substance abuse, and other unhealthy behaviors like smoking.<sup>28-31</sup> Data collected from 2012 to 2016 in Region 9 reports that there were 52,269 single-parent households, or about 32% of households in the region.<sup>27</sup> The Texas average for that time period was 33%.<sup>27</sup>

### Median Household Income

Median household income is defined as the income where half of the households in a county earn more and half of the households in the county earn less.<sup>32</sup> In 2016, the median household income varied from the \$34,800 in Menard County to \$71,400 in Glasscock County in Region 9 (see Figure 12).<sup>32</sup> Figure 12 shows the changes in median household income from 2012 to 2016.<sup>32</sup> Crockett, Schleicher, and Sterling counties were the only counties in Region 9 where the median household income decreased from 2012 to 2016, with Sutton County having the largest decrease of \$5,895.<sup>32</sup> The median household income increased by \$22,948 in Loving County from 2012 to 2016, making it the largest increase in Region 9.<sup>32</sup> Of the three population centers in Region 9, Midland saw the largest increase of median household income by \$7,432 from 2012 to 2016.<sup>32</sup> The Texas average median household income is listed first in the figure for comparison (\$50,747 in 2012 and \$56,600 in 2016).<sup>32</sup>

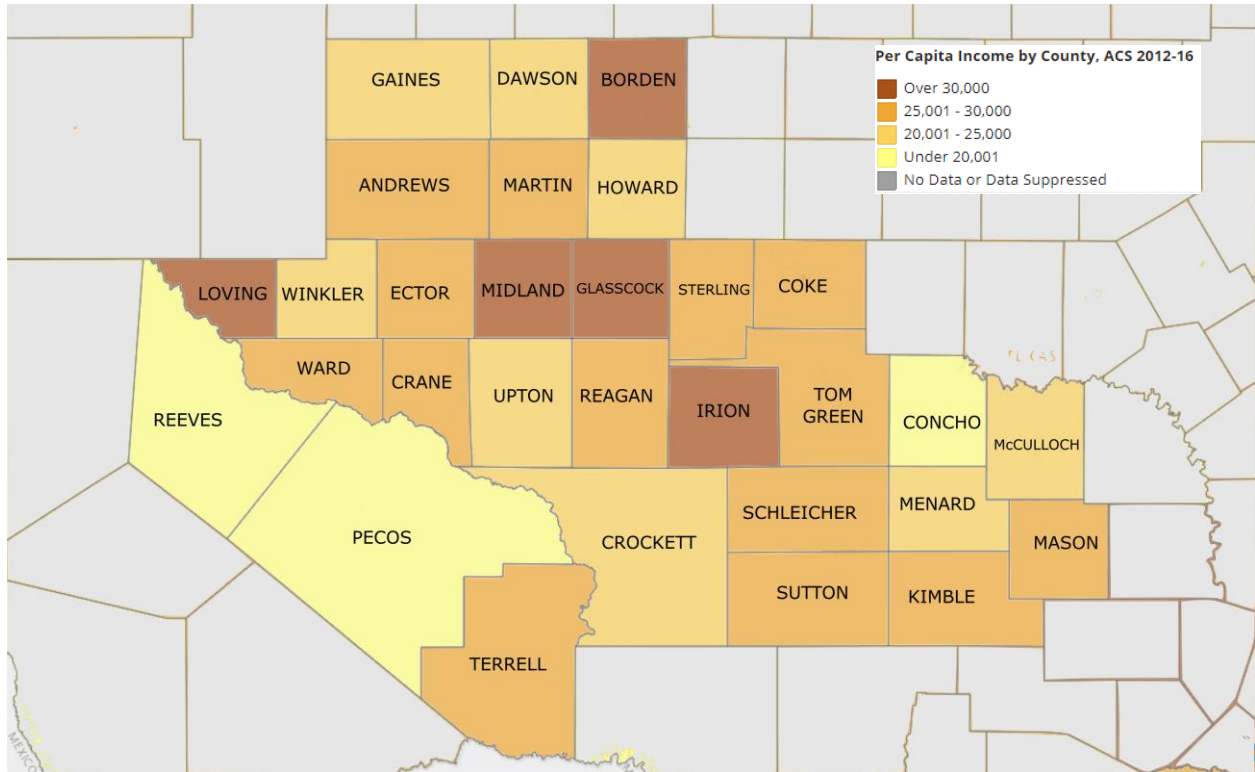
Figure 12. Region 9 Median Income Changes 2012-2016



Source: County Health Rankings and Roadmaps<sup>32</sup>

### Per Capita Income

When discussing median household income, it is also important to break down the per capita income of each county. Average income per capita is important, as it can often be more telling when finding overall household income since it includes youth unemployment counts, which can be neglected in census-level counts. Hence, per capita income reflects the average income per person for a certain population whereas median household income separates the upper half of the population from the lower half. Figure 13 on the following page shows levels of per capita income for each county in Region 9, recorded from 2012-2016 by the ACS.<sup>33</sup> Borden, Loving, Midland, Glasscock, and Irion counties are all above \$30,000 for average per capita income.<sup>33</sup> Pecos, Reeves, and Concho counties had an average per capita income under \$20,001 and all other counties in Region 9 were between \$20,001 and \$30,000 for average per capita income.<sup>33</sup> The average per capita income for the state of Texas in 2016 was \$27,828.<sup>22</sup>



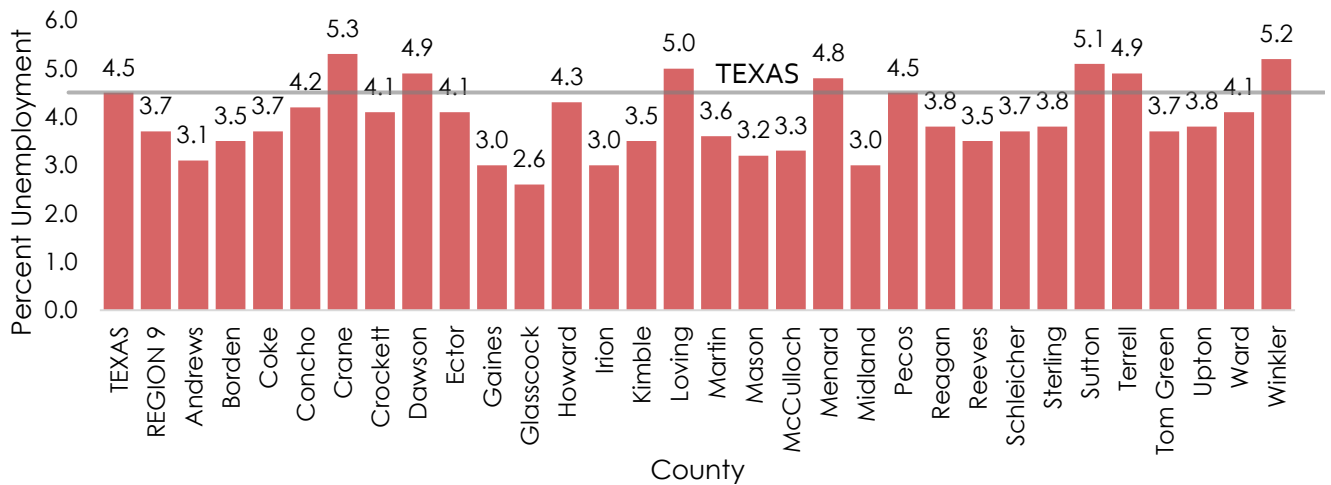
**FIGURE 13. REGION 9 PER CAPITA INCOME, 2012-2016**

Source: Community Commons<sup>33</sup>

**Employment**

In 2017, the unemployment rate for Texas was 4.5% and only 3.7% for Region 9 (see Figure 14).<sup>34</sup> In Region 9, Crane County had the highest unemployment rate of 5.3% and Glasscock County had the lowest unemployment rate of 2.6%.<sup>34</sup> Population centers Ector, Midland, and Tom Green

**Figure 14. Region 9 Unemployment Rates, 2017**



Source: U.S. Department of Labor, Bureau of Labor Statistics<sup>34</sup>

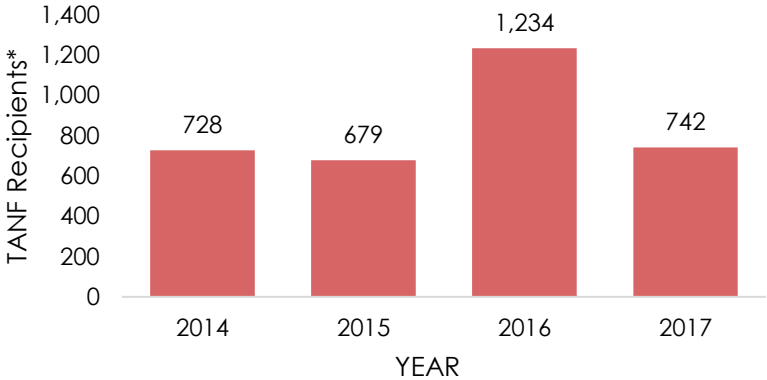


Counties had 4.1%, 3.0%, and 3.7% unemployment rates, respectively, all of which are under the Texas average.<sup>34</sup>

**TANF Recipients**

Temporary Assistance for Needy Families, or TANF, programs provide cash for monthly household expenses.<sup>35</sup> Food, clothing, housing, utilities, furniture, transportation, phone, and laundry services are all items that TANF can supply for individuals.<sup>36</sup> TANF is further broken down into the TANF Basic Program, which assists single parents and children who may be wards of the state, and the TANF State Program.<sup>37</sup> TANF Basic is funded by federal money and the TANF State Program is specific to 2-parent households and funded with State General Revenue dollars.<sup>37</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>37</sup>

Figure 15. Region 9 Monthly TANF Recipients, 2014-2017



\*TANF Recipients include both TANF Basic and TANF State Program recipients. Recipient counts are the average number of recipients per month for each year.

Source: Texas Health and Human Services Commission<sup>35</sup>

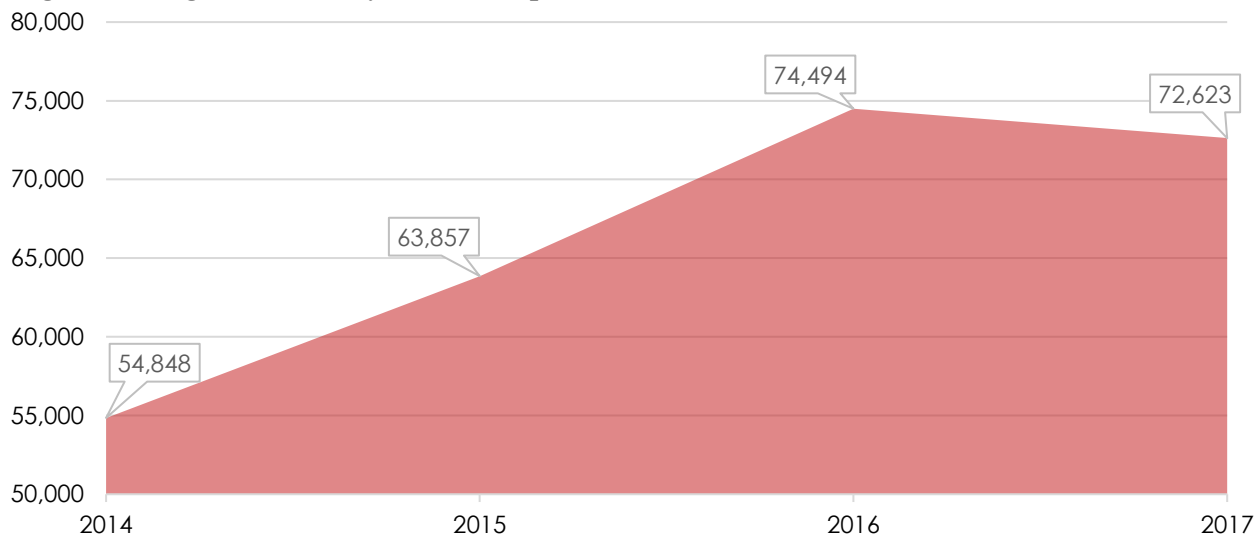
Figure 15 shows the average number of monthly TANF recipients for Region 9 from 2014-2017.<sup>35</sup> Recipient counts were calculated as the average number of recipients per month for each year. Recipients include both TANF Basic and TANF State Program recipients. From 2014-2017, there was an average of 679 to 742 monthly TANF recipients in Region 9, except for a spike in 2016 of 1,234 TANF recipients per month.<sup>35</sup>

**Food Assistance Recipients**

Additionally, Supplemental Nutrition Assistance Program (SNAP) benefits are put onto the Lone Star Card and can be used like a credit card at stores that accept SNAP.<sup>38</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 been incurred.<sup>38</sup> SNAP is designed for people who may not have a lot of money but want to eat healthy foods. Most able-bodied adults aged 18-49 years old without dependents

can qualify for SNAP benefits for 3 months out of a 3-year period, which can be extended if the person works at least 20 hours/week.<sup>38</sup>

Figure 16. Region 9 Monthly SNAP Recipients, 2014-2017



Source: Texas Health and Human Services Commission<sup>38</sup>

Region 9 had an average of 72,623 monthly SNAP recipients in 2017, a 2.5% decrease since 2016 (see Figure 16).<sup>39</sup> Though this is the fewest number of recipients in any public health region in the state of Texas, SNAP recipients made up 11.7% of Region 9’s population, or 11,660 recipients per 100,000 residents in 2017.<sup>39</sup> The average payment per SNAP case in Region 9 in 2017 was \$269.75, about \$12 higher than the Texas average of \$257.98 in 2017.<sup>39</sup> Ector County had the highest number of SNAP recipients (21,775) in Region 9, followed by Midland County (14,247), and Tom Green County (13,762) in 2017.<sup>39</sup> Each of these counties saw a decrease in SNAP cases compared to 2016.<sup>39</sup> Furthermore, Ector, Midland, and Tom Green Counties accounted for 68.6% of Region 9’s total SNAP recipients which is proportional to the percentage these counties make up regarding the total population of Region 9.<sup>20,39</sup>

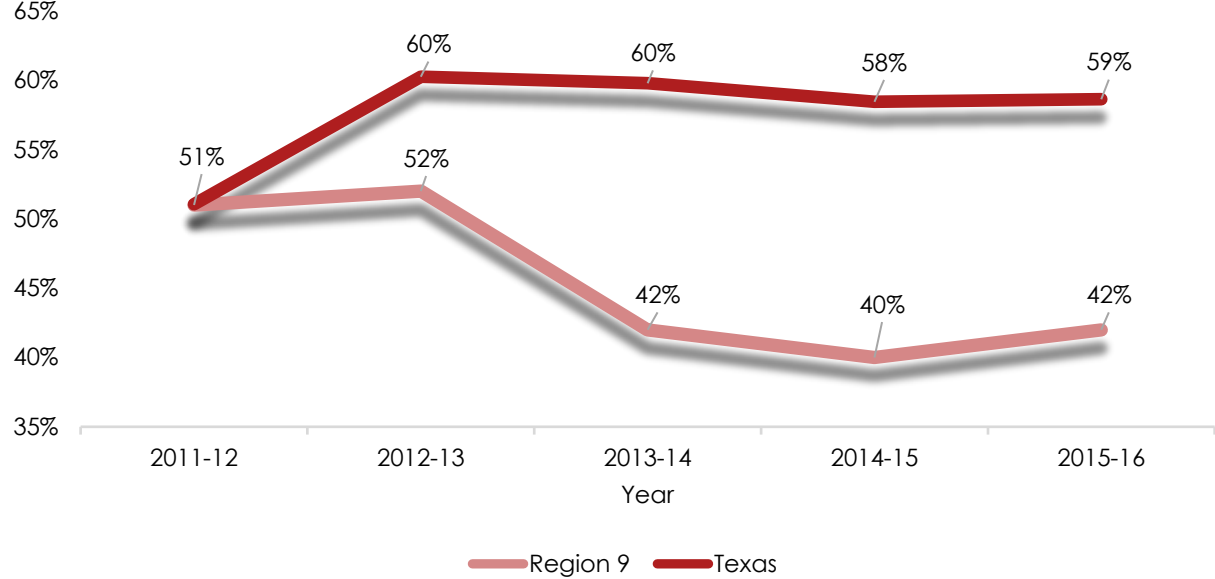
Additionally, in 2017 Region 9 had 38,888 SNAP recipients below the age of 18, or 54%.<sup>39</sup> Only 6% of Region 9’s SNAP recipients were ages 65 or older in 2017.<sup>39</sup> In total, 60% of Region 9 SNAP recipients in 2017 were children or elderly.<sup>39</sup>

**Free and Reduced-Price School Lunch Recipients**

According to the National Center for Education Statistics (NCES), “The percentage of students receiving free or reduced price lunch is often used as a proxy measure for the percentage of students living in poverty,” though it is not to be directly correlated with the percentage of students in poverty.<sup>40</sup> In 2016, about 59% of Texas students were free and reduced price lunch students while only 42% of Region 9 students were free and reduced lunch students (see Figure 17 on the following page).<sup>41</sup> Though the proportion of free and reduced price lunch students in

Region 9 is recognizably below the Texas average from 2012-13 through 2015-16 school years, it does follow the same trend of change between school years that is seen in the Texas average, i.e., a decline from 2012-13 school year to 2014-15 school year and then a slight increase from 2014-15 school year to 2015-16 school year.<sup>41</sup>

Figure 17. Region 9 Free and Reduced Price Lunch Students, 2011-2016



Source: U.S. Department of Education, National Center for Education Statistics<sup>41</sup>

## Environmental Risk Factors

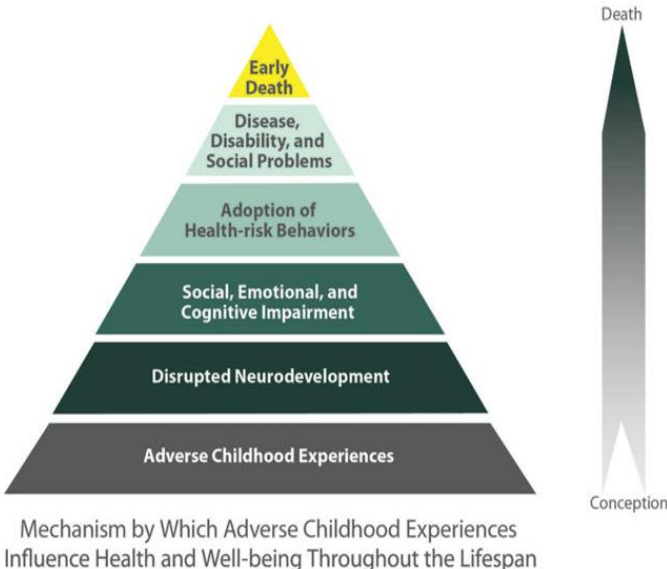
The more risk factors one has while using drugs, the more likely that person is to abuse drugs or become addicted.<sup>42</sup> Risk factors may be either environmental or biological. Biological risk factors may be one’s genetics, the stage of development they are in, or even their gender or ethnicity.<sup>42</sup> Examples of environmental risk factors include, but are not limited to: conditions at home, school, and/or in their neighborhood.<sup>42</sup> This is the area preventionists can focus on altering. 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.

The Adverse Childhood Experiences (ACE) study is one of the largest childhood abuse and neglect and later-life health and well-being investigations.<sup>43</sup> The original Centers for Disease Control and Prevention (CDC)-Kaiser Permanente ACE study was conducted from 1995-1997 including over 17,000 participants from Southern California.<sup>43</sup> Since then, many ACE studies have occurred using similar tactics. ACEs are stressful or traumatic events, including abuse and neglect, which may also include witnessing domestic violence or growing up with family members whom have or had SUDs.<sup>44</sup> Examples of ACEs differ between each adolescent. For example, an event that may be traumatic for one child may simply be part of life for another child. In summary, ACEs include: physical, sexual, and emotional abuse, physical and emotional neglect, intimate partner violence,

violently treated mother, substance misuse within household, household mental illness, parental separation or divorce, and incarcerated household member.<sup>44</sup> As the number of ACEs increases, so does the risk for the following<sup>43</sup>:

- 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 smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- Risk for sexual violence
- Poor academic achievement

The ACE Pyramid represents the conceptual framework for the ACE Study (see Figure 18).<sup>43</sup> The ACE Study has uncovered how ACEs are strongly related to development of risk factors for disease and well-being throughout the life course.



**FIGURE 18. THE ACE PYRAMID**  
Source: Centers for Disease Control and Prevention <sup>43</sup>

## Education

Region 9 counties are spread across three Education Service Centers (ESCs): 15, 17, and 18.<sup>45</sup>

- **ESC 15:** Coke, Concho, Crockett, Irion, Kimble, Mason, McCulloch, Menard, Schleicher, Sterling, Sutton, Tom Green
- **ESC 17:** Borden, Dawson, Gaines
- **ESC 18:** Andrews, Crane, Ector, Glasscock, Howard, Loving, Martin, Midland, Pecos, Reagan, Reeves, Terrell, Upton, Ward, Winkler

Education Regions 15, 17, and 18 do not match with HHSC Region 9, so these ESCs service more than just the listed counties above. For the purposes of this report, this RNA will only introduce data that is significant to the areas that the PRC services. There are 41 schools in Ector County Independent School District (ISD), as well as one alternative education center and seven private schools that serve the population within the county. There are 38 schools in Midland ISD, as well as one alternative education center and 11 private schools. Additionally, there are three schools in Greenwood. San Angelo ISD is home to 27 schools, two alternative education centers, and 11 private schools. Midland and Ector Counties represent the largest school systems in Region 9. In the 2015-2016 school year, there were 119,660 students enrolled in Region 9.<sup>41</sup>

### Graduation and Dropout Rates

According to the Texas Education Agency (TEA), graduation rates are measured as the percentage of students in a cohort which graduate in the expected graduation time, i.e., four years for a cohort beginning in Grade 9.<sup>46</sup> Dropout rates are measured as the percentage of students in that cohort which do not return to public school the following fall, are not expelled, and did not graduate, receive a General Educational Development (GED) certificate, continue school outside the public school system, begin college, or die.<sup>46</sup> Region 9 had the lowest graduation rate and highest dropout rate in Texas in 2016 (see Table 5).<sup>46</sup>

Region	Graduation Rate	Dropout Rate
1	91.3	4.9
2	92.9	4.6
3	88.4	6.0
4	93.5	3.8
5	90.4	6.5
6	88.5	6.5
7	89.3	6.0
8	89.4	6.8
<b>9</b>	<b>87.4</b>	<b>8.3</b>
10	92.6	4.1
11	89.4	6.3

Source: Texas Education Agency<sup>46</sup>

**Table 6. Region 9 Graduation and Dropout Rates, 2016**

County	Graduation Rate	Dropout Rate
<b>TEXAS</b>	<b>89.1</b>	<b>6.2</b>
<b>REGION 9</b>	<b>87.4</b>	<b>8.3</b>
Andrews	95.1	1.9
Borden	100	0
Coke	92.1	2.6
Concho	100	0
Crane	90.7	6.7
Crockett	88.2	11.8
Dawson	96.1	0.7
Ector	80.8	13
Gaines	92.6	6
Glasscock	100	0
Howard	91.8	7
Irion	100	0
Kimble	98.1	0
Loving	--	--
Martin	96.5	1.8
Mason	100	0
McCulloch	98.1	0.9
Menard	94.7	5.3
Midland	87.7	9
Pecos	64.5	13
Reagan	95.8	2.8
Reeves	95.5	3.9
Schleicher	97.7	0
Sterling	95.2	4.8
Sutton	95	3.3
Terrell	90	0
Tom Green	89.2	7.8
Upton	93.3	6.7
Ward	95	5
Winkler	99.1	0.9

Region 9 had a graduation rate of 87.4% in 2016, over 2% lower than the state rate of 89.1% (see Table 6).<sup>46</sup> Additionally, the dropout rate for Region 9 was 8.3%, or about 2% higher than the Texas rate of 6.2%.<sup>46</sup> Pecos County had the lowest graduation rate in Region in 2016 with only 64.5% of their cohort graduating.<sup>46</sup> Ector County had the second lowest graduation rate in Region 9 with only 80.8% of their cohort graduating in 2016.<sup>46</sup> Loving County did not have sufficient reportable data.

It is noteworthy to mention that county rates do not include masked data, or data that was too small to include from some schools. However, the state and regional rates do include masked data and are accurate for their respective regions.



**Region 9 had the lowest graduation rate and highest dropout rate in Texas in 2016.**

*Texas Education Agency*



Source: Texas Education Agency<sup>46</sup>

### **Criminal Activity**

Criminal activity encompasses various actions deemed illegal or irresponsible by the law and law enforcement officials. The Region 9 PRC includes Tables 7-9 on the following pages which detail the number of non-Alcohol and Other Drugs (AOD) misdemeanors, AOD misdemeanors, and

felony disposed cases (i.e., a case that is over via plea deal, trial, or dismissal). Thus, the following shows disposed cases, not necessarily convictions. For ease of reading, “disposed misdemeanor cases”, will either be referred to as non-AOD misdemeanors or AOD misdemeanors; “disposed felony cases” will hereafter be referred to as felonies. Misdemeanor and felony rates are calculated in this RNA as number of misdemeanors or felonies per 1,000 population.

### **Non-AOD Misdemeanors**

Non-AOD misdemeanors in this report include: “Theft”, “Theft by Check”, “Family Violence Assault”, “Assault – Other”, “Traffic”, “Driving While License Suspended/Invalid (DWLS/DWLI)”, and “All other misdemeanor cases, excluding AOD-related cases” (see Table 7 on the following page).

The non-AOD misdemeanor rate was 10.2 for Texas and 18.9 for Region 9 (i.e., 18.9 non-AOD misdemeanors per 1,000 population) in 2017.<sup>47</sup> This amounts to Region 9 having 1.85 times the rate of non-AOD misdemeanors compared to the Texas average in 2017. Loving County had the highest non-AOD misdemeanor rate in Region 9 in 2017 of 222, or nearly 22 times the rate of Texas.<sup>47</sup> However, due to the small population size of Loving County, rates are extremely sensitive to any incident of misdemeanors. This should be taken into consideration when comparing rates of small population sizes. On the other hand, Ector County is a population center and had a non-AOD misdemeanor rate of 21.6 which is more than double that of the state rate.<sup>47</sup> Midland County’s non-AOD misdemeanor rate was 16.1 and Tom Green County’s non-AOD misdemeanor rate was 16.4 in 2017, both higher than the average non-AOD misdemeanor rate of Texas for 2017. Coke County had the smallest non-AOD misdemeanor rate in Region 9 in 2017 of only 1.6, about one-sixth that of the state rate.<sup>47</sup>

Accordingly, Ector, Midland, and Tom Green counties all had “Family Violent Assault” misdemeanor rates above the Texas rate of 1.3 in 2017.<sup>47</sup> Of these three counties, Ector County had the highest “Family Violence Assault” misdemeanor rate of 1.7, followed by Midland County with a rate of 1.6, and Tom Green County with a rate of 1.5.<sup>47</sup> Martin County had the highest “Family Violence Assault” misdemeanor rate in Region 9 in 2017 of 13.2, more than ten times that of the state rate.<sup>47</sup> It is important to compare these rates when assessing a community’s substance use, as domestic violence is one of the adverse childhood experiences contributing to increased risk for substance abuse.

Ector, Midland, and Tom Green Counties accounted for nearly 65% of Region 9’s non-AOD misdemeanors in 2017, which is consistent with the population sizes of these counties.<sup>47</sup> Inconsistent with the Texas trend, the most common non-AOD misdemeanors in Region 9 in 2017 were: 1) “All other misdemeanor cases not listed”, 2) “Traffic”, and 3) “DWLS/DWLI”.<sup>47</sup> The most common non-AOD misdemeanors in Texas in 2017 were: 1) “All other misdemeanor cases not listed”, 2) “Theft”, and 3) “Family Violence Assault”.<sup>47</sup>

Table 7. Region 9 Misdemeanors, 2017

County	Theft	Theft by Check	Family Violence Assault	Assault - Other	Traffic	DWLS/DWLI	All other Misdemeanor Cases, excluding AOD-related	TOTAL
<b>TEXAS</b>	<b>39,842</b>	<b>11,663</b>	<b>37,037</b>	<b>14,361</b>	<b>30,239</b>	<b>25,763</b>	<b>135,752</b>	<b>294,657</b>
<b>REGION 9</b>	<b>1,157</b>	<b>643</b>	<b>944</b>	<b>439</b>	<b>2,030</b>	<b>1,721</b>	<b>4,834</b>	<b>11,768</b>
Andrews	1	112	21	5	31	77	91	338
Borden	0	0	1	0	8	0	5	14
Coke	0	0	0	0	3	0	2	5
Concho	3	29	2	4	9	12	43	102
Crane	1	1	1	6	9	2	19	39
Crockett	6	4	10	5	32	16	114	187
Dawson	10	0	6	10	3	17	71	117
Ector	340	55	260	73	477	724	1,368	3,297
Gaines	24	15	9	13	76	8	56	201
Glasscock	0	0	2	0	102	4	7	115
Howard	6	123	29	57	69	89	576	949
Irion	2	1	2	0	30	1	4	40
Kimble	1	5	5	2	11	8	8	40
Loving	0	0	0	1	15	1	1	18
Martin	3	0	10	2	13	11	17	56
Mason	2	6	2	1	5	10	10	36
McCulloch	23	18	14	17	3	24	81	180
Menard	2	4	2	0	15	17	13	53
Midland	383	23	248	76	244	304	1,174	2,452
Pecos	19	54	74	27	127	2	97	400
Reagan	3	0	7	10	86	39	50	195
Reeves	14	7	0	50	53	17	97	238
Schleicher	0	0	1	0	29	12	12	54
Sterling	0	0	0	0	6	0	4	10
Sutton	2	3	0	1	98	28	23	155
Terrell	1	0	5	1	46	0	10	63
Tom Green	261	158	168	49	293	196	742	1,867
Upton	3	5	9	5	10	5	28	65
Ward	38	17	41	16	63	76	62	313
Winkler	9	3	15	8	64	21	49	169

Source: Texas Office of Court Administration<sup>47</sup>



### **AOD Misdemeanors**

Additionally, AOD misdemeanors in this report include: “Driving While Intoxicated (DWI) – First offense”, “DWI – Second offense”, “Drug Possession – Marijuana”, and “Drug Offenses – Other”. In 2017, there were six AOD misdemeanors for every 1,000 people in Texas, or an AOD misdemeanor rate of 6.0.<sup>47</sup> Region 9 had an AOD misdemeanor rate of 10.8 in 2017, about 1.8 times the state rate of AOD misdemeanors.<sup>47</sup> McCulloch County took the lead in Region 9 in 2017 with an AOD misdemeanor rate of 26.2, followed by Martin County with an AOD misdemeanor rate of 22.4, both counties more than tripling the state rate of AOD misdemeanors in 2017.<sup>47</sup> Ector County had an AOD misdemeanor rate of 15.8; Midland County had an AOD misdemeanor rate of 12.1; and Tom Green County had an AOD misdemeanor rate of 7.5 in 2017.<sup>47</sup>

In the interest of comparing Region 9 to the state, Reagan County had the highest “DWI – First Offense” misdemeanor rate in Region 9 in 2017 of 11.7, about 5 times the rate of 2.2 for the state of Texas that year.<sup>47</sup> Ector County took the lead for “DWI – Second Offense” misdemeanor rates in Region 9 with a rate of 3.5, which is 7 times the Texas rate of 0.5 for 2017.<sup>47</sup> McCulloch County had a “Drug Possession – Marijuana” misdemeanor rate of 14.0 in 2017, ranking it first in Region 9 and amounting to 5.6 times the rate (2.5) of “Drug Possession – Marijuana” misdemeanors in Texas.<sup>47</sup> Lastly, Pecos County had the highest rate of “Drug Offenses – Other” misdemeanors in Region 9 in 2017 of 5.3, which is over 6 times the rate (0.8) of “Drug Offenses – Other” misdemeanors across the state of Texas for that year.<sup>47</sup>

Ector, Midland, and Tom Green counties accounted for over 75% of AOD misdemeanors in 2017 (see Table 8 on the following page).<sup>47</sup> The most prevalent AOD misdemeanors in Region 9 in 2017 were 1) “Drug Possession – Marijuana”, 2) “DWI – First Offense”, 3) “Drug Offenses – Other”, and 4) “DWI – Second Offense”.<sup>47</sup> This trend was consistent with the Texas trend in 2017. Midland County accounted for the most “DWI – First Offense” misdemeanors in 2017, totaling about 31% of the region’s cases.<sup>47</sup> However, Ector County accounted for nearly 63% of the region’s “DWI – Second Offense” misdemeanors in 2017.<sup>47</sup> Ector County also contributed the leading number of “Drug Possession – Marijuana” misdemeanors (34%) and “Drug Offenses – Other” misdemeanors (38%) for the region in 2017.<sup>47</sup>

Table 8. Region 9 AOD Misdemeanors, 2017

County	DWI - First Offense	DWI - Second Offense	Drug Possession - Marijuana	Drug Offenses - Other	TOTAL
<b>TEXAS</b>	<b>64,759</b>	<b>14,334</b>	<b>70,996</b>	<b>23,718</b>	<b>173,807</b>
<b>REGION 9</b>	<b>1,844</b>	<b>846</b>	<b>3,170</b>	<b>894</b>	<b>6,754</b>
Andrews	59	19	72	13	163
Borden	3	0	1	0	4
Coke	0	0	0	0	0
Concho	19	2	13	0	34
Crane	21	1	8	5	35
Crockett	18	1	39	8	66
Dawson	14	4	43	5	66
Ector	469	530	1,071	336	2,406
Gaines	48	4	39	18	109
Glasscock	3	0	3	1	7
Howard	85	21	146	44	296
Irion	3	0	1	1	5
Kimble	17	8	31	2	58
Loving	0	0	1	0	1
Martin	4	2	7	4	17
Mason	7	2	20	1	30
McCulloch	34	7	58	10	109
Menard	5	0	29	4	38
Midland	579	138	915	217	1,849
Pecos	59	12	0	88	159
Reagan	44	8	21	8	81
Reeves	15	11	48	9	83
Schleicher	7	0	8	0	15
Sterling	2	1	2	0	5
Sutton	23	2	34	8	67
Terrell	5	1	4	1	11
Tom Green	232	46	486	92	856
Upton	8	3	7	2	20
Ward	40	16	39	8	103
Winkler	21	7	24	9	61

Source: Texas Office of Court Administration<sup>47</sup>

## Felonies

Felony cases in this report include: “Capital Murder”, “Murder”, “Other Homicides”, “Aggravated Assault or Attempted Murder”, “Sexual Assault of Adult”, “Indecency with or Sexual Assault of Child”, “Family Violence Assault”, and “Aggravated Robbery or Robbery” (see Table 9 on the following page).<sup>47</sup>

In 2017, for every 1,000 people in Texas there were two felonies, yielding a felony rate of 2.0.<sup>47</sup> Comparatively, Region 9 had a felony rate of 2.6.<sup>47</sup> Thus, in 2017, Region 9 had 1.3 times the rate of felonies compared to the Texas average. McCulloch County had the highest overall felony rate (6.7) in Region 9 in 2017, or about 3.4 times the Texas felony rate for that year.<sup>47</sup> Reagan County had a “Sexual Assault of Adult” felony rate of 0.5 in 2017, ranking it first in Region 9 and amounting to 10 times the Texas “Sexual Assault of Adult” felony rate of 0.05 for that year.<sup>47</sup> Additionally, McCulloch County had the highest “Indecency with or Sexual Assault of Child” felony rate in 2017 (1.7), nearly 9 times the Texas felony rate of 0.2 for “Indecency with or Sexual Assault of Child”.<sup>47</sup> Furthermore, Crockett County had the highest “Family Violence Assault” felony rate in Region 9 in 2017 of 3.5, which nearly 9 times the “Family Violence Assault” felony rate of 0.4 for Texas in 2017.<sup>47</sup>

Ector, Midland, and Tom Green counties accounted for 75% of total felonies in Region 9 in 2017.<sup>47</sup> The most common felonies in Region 9 in 2017 were 1) “Aggravated Assault or Attempted Murder”, 2) “Family Violence Assault”, and 3) “Indecency with or Sexual Assault of Child”.<sup>47</sup> The most common felonies across the state of Texas in 2017 were 1) “Aggravated Assault or Attempted Murder”, 2) “Family Violence Assault”, and 3) “Aggravated Robbery or Robbery”.<sup>47</sup>

Table 9. Region 9 Felonies, 2017

County	Capital Murder	Murder	Other Homicides	Agg. Assault or Attempted Murder	Sexual Assault of Adult	Indecency with or Sexual Assault of Child	Family Violence Assault	Aggravated Robbery or Robbery	TOTAL
<b>TEXAS</b>	<b>345</b>	<b>786</b>	<b>619</b>	<b>26,482</b>	<b>1,446</b>	<b>6,147</b>	<b>12,701</b>	<b>10,114</b>	<b>58,640</b>
<b>REGION 9</b>	<b>20</b>	<b>25</b>	<b>18</b>	<b>857</b>	<b>28</b>	<b>205</b>	<b>308</b>	<b>151</b>	<b>1,612</b>
Andrews	0	1	0	34	0	11	10	2	58
Borden	0	0	0	0	0	0	0	0	0
Coke	0	0	0	0	0	0	0	0	0
Concho	0	0	0	2	0	3	2	0	7
Crane	0	0	0	3	0	2	0	0	5
Crockett	0	0	0	4	1	4	14	0	23
Dawson	0	0	0	15	1	1	6	0	23
Ector	14	8	3	344	9	70	64	94	606
Gaines	2	2	0	14	0	7	2	0	27
Glasscock	0	0	0	0	0	0	1	0	1
Howard	0	0	1	20	0	8	3	1	33
Irion	0	0	0	0	0	0	0	0	0
Kimble	0	0	0	4	0	6	1	2	13
Loving	0	0	0	0	0	0	0	0	0
Martin	0	2	1	1	0	0	0	1	5
Mason	0	0	0	2	0	2	2	0	6
McCulloch	0	0	0	16	2	7	3	0	28
Menard	0	0	0	1	0	0	0	0	1
Midland	1	5	4	210	9	43	91	38	401
Pecos	0	1	0	19	0	4	13	0	37
Reagan	0	0	0	12	2	3	2	0	19
Reeves	0	1	1	20	3	5	9	0	39
Schleicher	0	0	0	1	0	1	0	0	2
Sterling	0	0	0	1	0	0	0	0	1
Sutton	0	0	0	6	0	2	4	0	12
Terrell	0	0	1	1	0	0	1	0	3
Tom Green	3	2	3	96	1	22	70	10	207
Upton	0	0	0	6	0	4	2	0	12
Ward	0	3	4	25	0	0	8	3	43
Winkler	0	0	0	0	0	0	0	0	0

Source: Texas Office of Court Administration<sup>47</sup>

## 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 accessibility to 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: Center for Life Resources, Hill Country Mental Health Developmental Disabilities (MHDD), Mental Health and Mental Retardation (MHMR) Services of the Concho Valley, PermianCare, and West Texas Centers. There is also a number of mental health counseling centers. Each of these centers offers an array of services designed to give their clients the services that best fit their needs. Bi-polar disorder, schizophrenia, and manic depression are the three main disorders that local mental health facilities service. Clients can be put on different service packages depending on 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 long-term need their biometrics monitored regularly to make sure their bodies are tolerating the medications correctly.

## Substance Use and Mental Health

About 8 million adults had co-occurring substance use and mental disorders in 2014, making up about 40% of those with SUDs.<sup>48</sup> Rates were highest among 26-49 year-olds in 2014.<sup>48</sup> Furthermore, there is a tremendous following of smokers who have been diagnosed with a mental illness. More than 44% of the cigarettes smoked in America are smoked by individuals with a mental illness or SUD.<sup>49</sup> For instance, those with schizophrenia are 3-4 times more likely to smoke than the general population.<sup>49</sup> Smoking kills about 200,000 people living with a mental illness each year.<sup>49</sup> Smoking also increases the breakdown of medicines in the body, leaving smokers needing to take higher doses of their medication to receive the same effect as someone who does not smoke.<sup>49</sup>

People with mental health disorders are more likely than people without mental health disorders to have an alcohol or SUD.<sup>50</sup> In many cases, people with co-occurring disorders are only treated for one or the other, but not both disorders.<sup>50</sup> Those with co-occurring disorders are best treated through integrated treatment, where practitioners can address both the mental and substance use disorder.<sup>50</sup>

**Suicide**

From 2014-2015, there were 183 suicides reported in Region 9, making up about 2.8% of suicides in Texas in those years (see Table 10).<sup>51</sup> This is consistent with the proportion of the population that Region 9 is to Texas (about 2.3%). Suicides increased from 2014 to 2015 by 4.4% for Texas and 12.8% for Region 9.<sup>51</sup> Thus, Region 9 suicides increased at nearly 3 times the rate of Texas from 2014-2015.

**Table 10. Region 9 Suicides, 2014-2015**

REGION	2014	2015	Total
TEXAS	3,225	3,368	6,593
REGION 9	86	97	183

Source: Texas Health and Human Services Commission, Texas Health Data<sup>51</sup>

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**Region 9 suicides increased at nearly 3x the rate of Texas suicides from 2014 to 2015.**

*Texas Health and Human Services Commission, Texas Health Data*

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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 deceased via suicide is challenging at best. Law enforcement and health officials must have undeniable proof from the deceased individual, e.g., a suicide note, that the deceased committed intentional suicide.

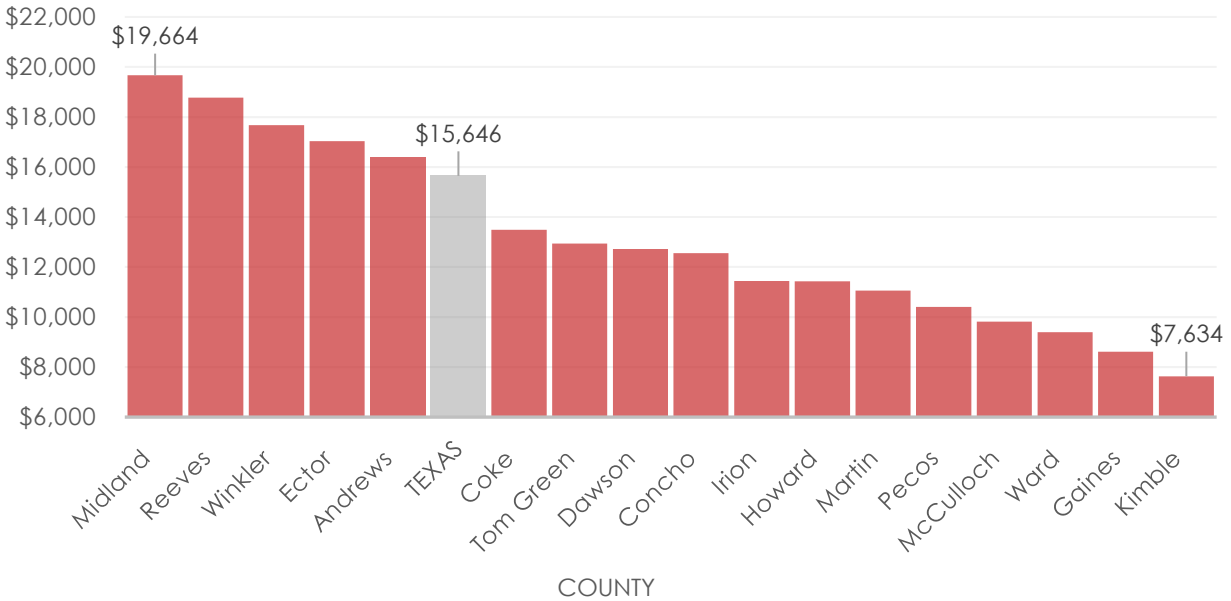
Furthermore, drug overdoses are not considered a suicide and are ruled an accidental death. There is inconsistency across the state over how to count overdose deaths and if there is indication that the person is trying to commit suicide or if it is an accidental overdose. Currently, there is no clear 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 attempting self-harm.

**Psychiatric Hospital Admissions**

There is a significant lack of data concerning mental health in Texas. A hindrance on the collection of mental health data stems from the stigma associated with mental health coupled with the lack of mental health resources for predominantly rural counties and communities in Region 9.

The latest data on mental health admissions costs in Texas comes from the Texas MONAHRQ® tool, last updated in 2012.<sup>52</sup> As of 2012, only 17 of the 30 counties in Region 9 produced mental health-related hospital admission and discharge cost data (see Figure 19 on the following page).<sup>53</sup> In 2012, Midland County had a mean cost of \$19,664 per mental health discharge, making it the most expensive in Region 9 and well above the Texas average of \$15,646 per mental health patient for that year.<sup>53</sup> The most inexpensive hospital discharge rate in Region 9 for mental health patients was in Kimble County at an average of \$7,634 per mental health patient.<sup>53</sup>

**Figure 19. Region 9 Mean Costs of Hospital Discharges for Mental Diseases and Disorders, 2012**



Source: Texas MONAHRQ<sup>53</sup>

**Adolescents and Adults Receiving Substance Abuse Treatment**

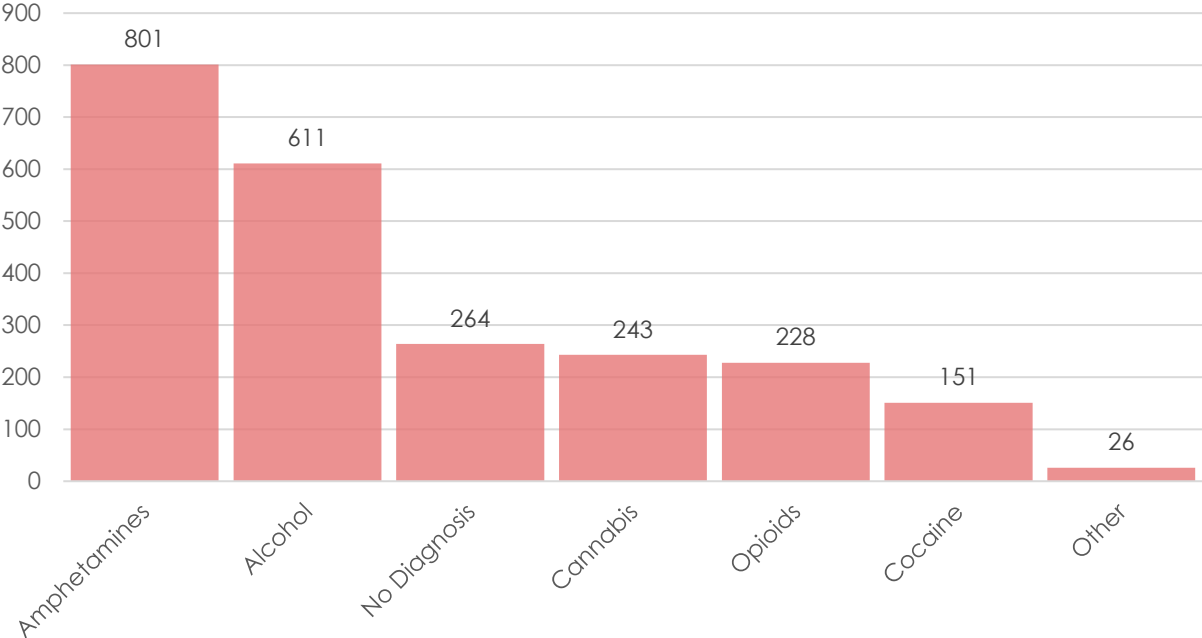
There are several types of substance abuse treatments that are offered in Texas. COPSD (Co-Occurring Psychiatric and Substance use Disorder) clients are individuals who have a mental illness as well as a substance use disorder. Both substance abuse and mental illness need to be treated and managed in their proper, 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 outpatient setting services. In these services, individuals manage their substance use 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.

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 professionals to make sure they safely quit the substance they are dependent on. When a person is put into detoxification (detox), they are monitored by medical professionals on a frequent basis to make sure 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) is in the patient’s system. At the end of the detox period the physician 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 affects their bodies. These individuals talk about how to stay clean once they return to their environment.

In 2016, Region 9 conducted 2,324 drug screenings.<sup>54</sup> Screening for amphetamines ranked highest, accumulating to 801 screens, while alcohol came in second with 611 screens (see Figure 20).<sup>54</sup>

Figure 20. Region 9 Drug Screens, 2016



Source: Texas Department of State Health Services, Outreach, Screening, Assessment, and Referral Center (OSAR)<sup>54</sup>

In Region 9, The Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADEA) offers the *Daddy & Me* program designed to help new and current fathers overcome parental-related challenges. PBRCADEA also offers the *Mommy & Me* program for mothers who have recently given birth and have a drug addiction.

Turning Point in Odessa, a program associated with PermianCare, is a residential treatment setting that has 42 beds. PermianCare, previously Permian Basin Community Centers, 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. Additionally, the *Top Rank Youth* program provides outpatient substance abuse treatment for teenagers who do not require a residential treatment setting. PermianCare also offers the COPSD program for dual diagnosis clients, as well as Outreach, Screening, Assessment, and Referral (OSAR) to patients in need of such services.



The Alcohol and Drug Abuse Council for the Concho Valley (ADACCV) offers outpatient treatment that consists of a six-month program. ADACCV also has William's House and Sara's House. 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. 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.

River Crest Hospital in San Angelo offers both mental health and substance abuse treatment. River Crest has an 80-bed facility which includes patients with mental illness as well as individuals going through substance abuse treatment. River Crest is one of few agencies that takes Tri-Care, or common military insurance.

Members of the military that are seeking substance abuse treatment can either go to the West Texas Veterans Affairs (VA) Healthcare System in Big Spring and receive residential treatment or to the recently opened outpatient clinic at the Permian Basin Community Based Outpatient Clinic in Odessa. The Big Spring VA hospital has a 40-bed facility that has the capacity to serve 36 male and 4 female military veterans. The Permian Basin Community Based Outpatient Clinic, or VA Odessa Clinic, serves both male and female veterans in an outpatient setting.

The Springboard Center is a chemical dependency treatment facility in Midland, Texas that offers a broad continuum of care to meet a variety of client needs. Springboard offers 35 adult inpatient beds, 9 allocated to detoxification services and 26 to residential services. Detox offers medical stabilization for clients, while residential focuses on three core components: counseling, education, and health and wellness. Springboard also offers intensive outpatient services for adults and adolescents ages 13-17; both groups meet in the evenings Monday-Thursday. Springboard has six sober living houses in Midland, four for men and two for women that offer an accountable and safe living environment with on-site house managers. Furthermore, Springboard also works with area organizations to care for indigent clients who may not be able to pay for services.

Big Spring, in Howard County, has no detox facilities and relies on the facilities in the surrounding counties to provide treatment to individuals.

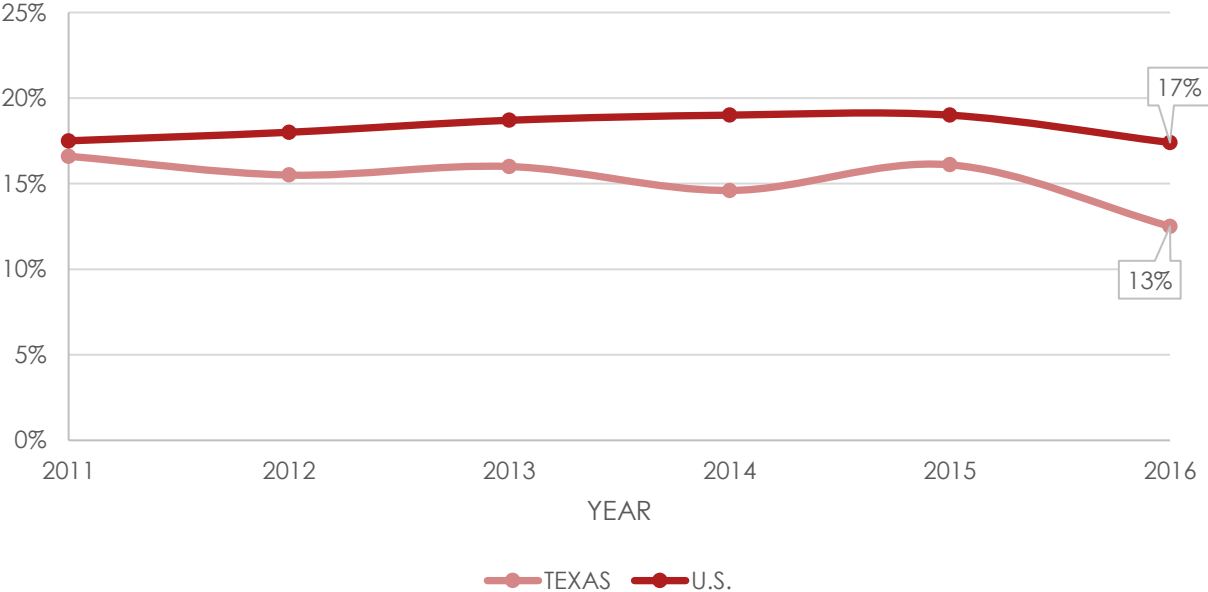
### **Depression**

Depression is the leading cause of disability in 15-44 year-olds in the U.S.<sup>55</sup> Depression affects 16 million American adults yearly and about 1 in 6 adults are predicted to have depression at some point in their life.<sup>56,57</sup> First onset of depression is usually in childhood or adolescence, but depression can affect anyone at any stage of life.<sup>56</sup>

Up to one-third of patients with major depressive disorder (MDD) also have SUDs, magnifying a comorbidity that increases the risk for suicide, social impairment, and other psychiatric conditions.<sup>58</sup> Since onset of depression is usually during childhood or adolescence, prevention efforts focused on these developmental stages are imperative.

The Behavioral Risk Factor Surveillance System (BRFSS) is a national system that conducts telephone surveys in efforts of collecting data on U.S. adult residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. From 2011-2016, the BRFSS tracked the percentage of depressed adults across the nation (see Figure 21).<sup>59</sup> Rates of depressed adults across the U.S. steadily increased from 2011-2015 and then made a bit of a decline from 2015-2016.<sup>59</sup> Texas did not have the same trend. From 2011-2016, the percentage of depressed adults decreased and increased every other year in Texas, eventually making a steeper decline from 2015-2016 with 13% of adults being depressed.<sup>59</sup> Though Texas trends were less consistent than U.S. trends, Texas was always under the national average for percentage of depressed adults from 2011-2016.<sup>59</sup>

Figure 21. Percentage of Depressed Adults in U.S. vs. TX, 2011-2016



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS)<sup>59</sup>

**Social Factors**

The social epidemiology on substance abuse includes social factors that shape the population distribution of substance use behavior. There are several social factors which can determine the reason for an individual using drugs and alcohol. Children who grow up in an environment of drugs and alcohol may feel consumption is a normal practice and integral to their family. Accordingly, if drugs are easily accessible, children may be more enticed to try them.

Furthermore, research shows that self-derogation and peer approval of substance use independently predict later-on substance dependence, even when early use is controlled.<sup>60</sup> In one such study developed by Taylor and Lloyd, children who used earlier on in development and had low self-esteem were the most likely to develop a long-term substance abuse issue.<sup>60</sup> Similarly, those involved in addiction generally have a lower self-esteem compared to non-addicts.<sup>61</sup> The speculation is that the reason for childhood drug consumption in children with low self-esteem is that temporary pleasure from the substance use is being used to fill a void caused by not feeling good about oneself.

Additionally, children may be pressured into substance use by their peers or may feel more welcome to use substances due to the casualness of the environment in which substance use is occurring around them.

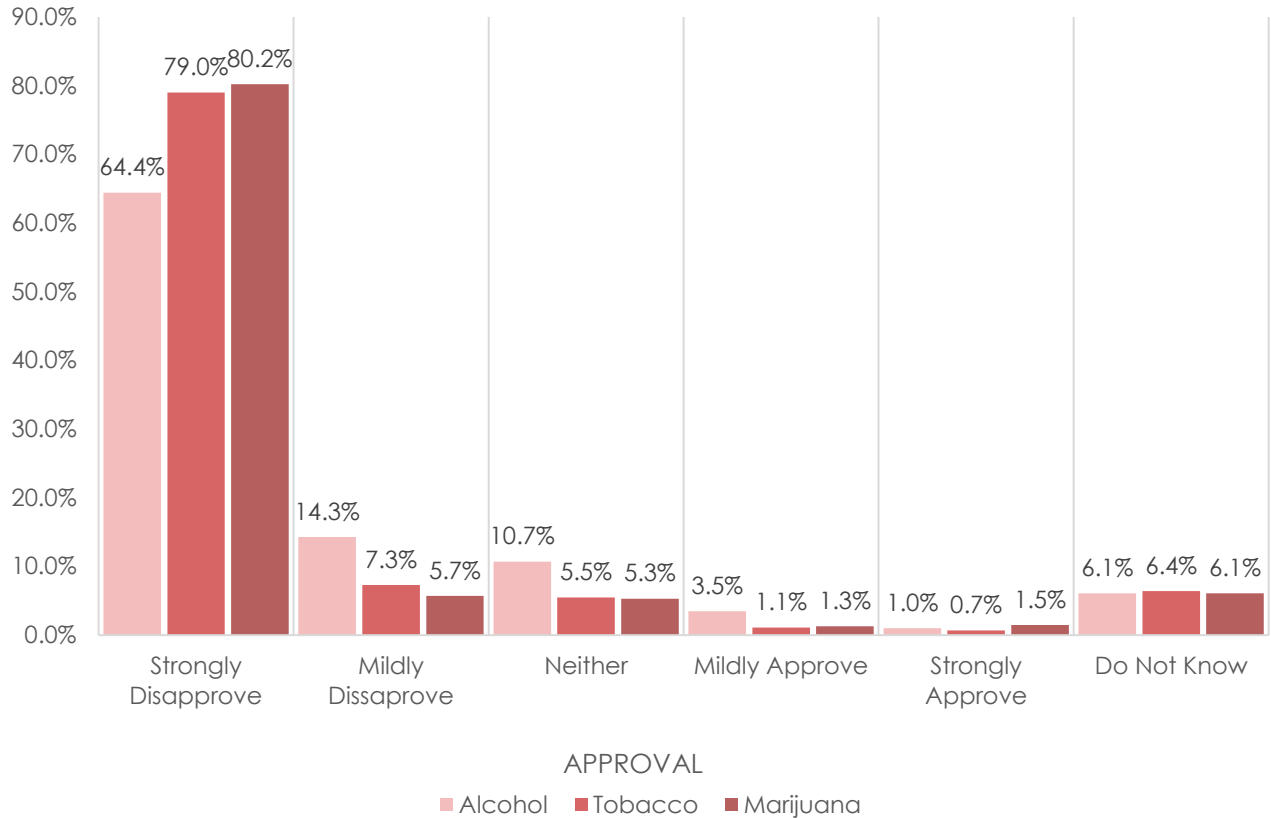
### **Texas School Survey Data**

Data reported for youth in Texas is researched and collected by the Public Policy Research Institute (PPRI) at Texas A&M University through participation in the Texas School Survey (TSS).<sup>10,62</sup> This survey is conducted every two years on students in grades 7-12. The latest data is from the 2016 TSS. In 2016, data for Region 9 is combined with Region 10 (El Paso) to meet the reporting requirement for quantity of schools surveyed. This occurrence was common in other parts of Texas, as well. Thus, all 2016 TSS data in this RNA will refer to Regions 9 & 10, rather than just Region 9. Each year, the PRC works hard to inform more schools in Region 9 about the TSS and to get them to participate. The Region 9 PRC has confidence that 2018 TSS data for Region 9 alone will be available in 2019, as more than a sufficient number of Region 9 schools have signed up to participate in the 2018 RNA at time of this publication. Additionally, for ease of reading, when referring to the TSS, “students” will refer to students in grades 7-12.

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

According to the 2016 TSS, 64.4% of students in Regions 9 & 10 reported that their parents strongly disapprove of kids their age using alcohol (see Figure 22 on the following page).<sup>62</sup> Even more students, 79% and 80.2%, reported that their parents strongly disapprove of kids their age using tobacco and marijuana, respectively.<sup>62</sup> The state average for student perception of parental approval of consumption (“strongly disapprove”) was 64.9% for alcohol, 78.4% for tobacco, and 79.0% for marijuana, comparable to students in Regions 9 & 10.<sup>62</sup>

Figure 22. Regions 9 & 10 Students' Perceived Parental Approval of Alcohol, Tobacco, Marijuana, 2016



Source: Texas School Survey, 2016<sup>62</sup>

### Youth Perception of Peer Approval of Consumption

Students were asked in the 2016 TSS “How dangerous do you think it is for kids your age to use...” alcohol, tobacco, and marijuana each and given the answer choices of “very dangerous”, “somewhat dangerous”, “not very dangerous”, “not at all dangerous”, and “do not know” (see Figure 23 on the following page).<sup>62</sup>

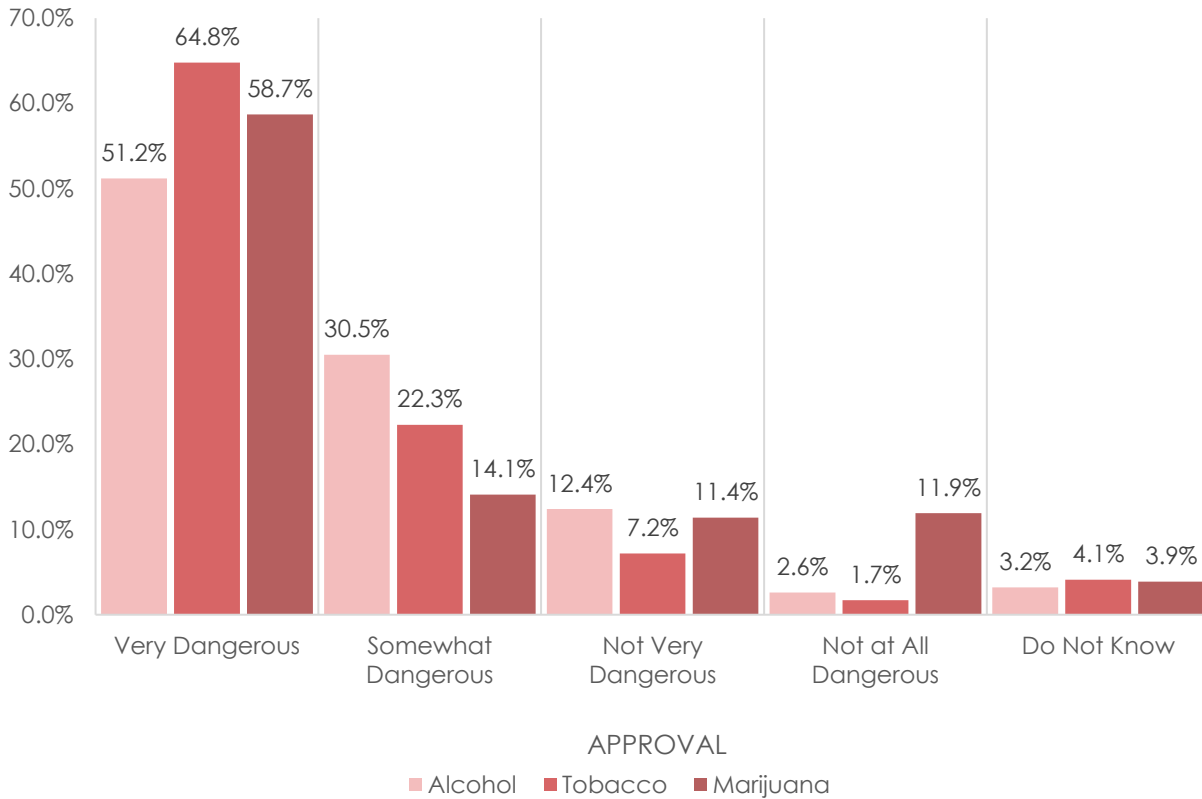
In 2016, 51.2% of Regions 9 & 10 students reported that they believe it is “very dangerous” for kids their age to use alcohol.<sup>62</sup> Even more students, 64.8% and 58.7%, reported that they believe it is “very dangerous” for kids their age to use tobacco and marijuana, respectively.<sup>62</sup> There is a recognizable gap in student perception vs. parental perception of substance use in that a higher percentage of students reported their parents think alcohol, tobacco, and marijuana are dangerous than did students reporting that they, themselves, think alcohol, tobacco, and marijuana are dangerous. Furthermore, 11.9% of students in Regions 9 & 10 reported that they believe it is “not at all dangerous” for kids their age to use marijuana while only 2.6% and 1.7%

**11.9% of Regions 9 & 10 students believe it is “not at all dangerous” for kids their age to use marijuana.**

*Texas School Survey, 2016*

of students reported the same answer for alcohol and tobacco, respectively.<sup>62</sup> About 3-4% of students in Regions 9 & 10 reported that they “do not know” if it is dangerous for kids their age to use alcohol, tobacco, and marijuana.<sup>62</sup>

Figure 23. Regions 9 & 10 Students' Perceived Danger of Alcohol, Tobacco, Marijuana, 2016



Source: Texas School Survey, 2016<sup>62</sup>

### Cultural Norms and Substance Abuse

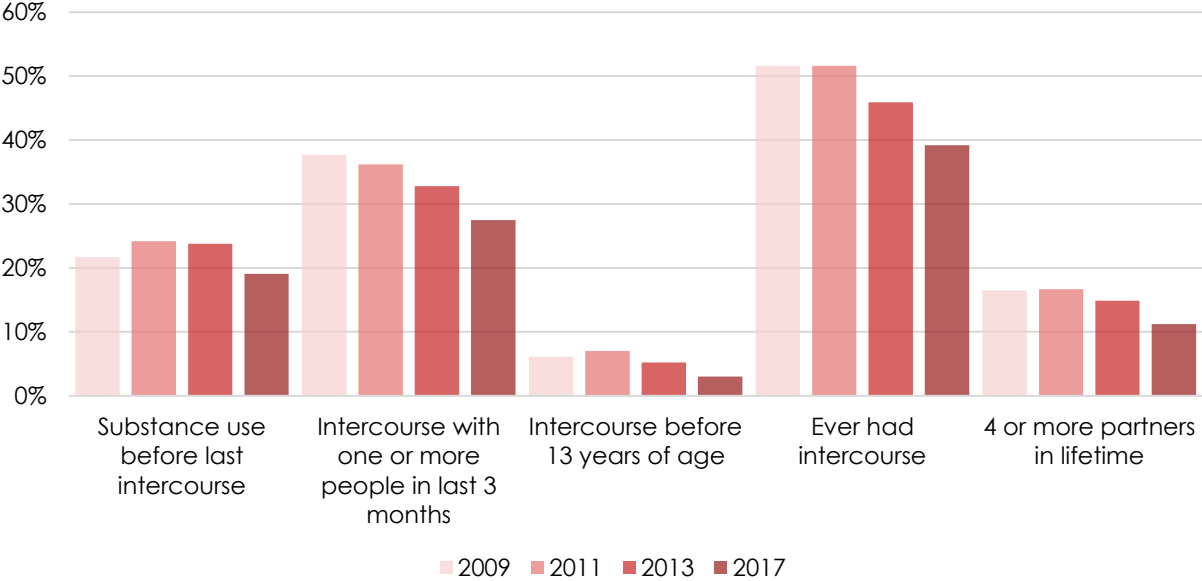
Culture plays a central role in forming the expectations of individuals about potential problems faced with drug use.<sup>63</sup> For many social groups, culture may provide a protective factor, e.g., stigmatization of substance use. On the other hand, initiation into excessive substance use may occur 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 have already established.<sup>63</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>63</sup> Treatment specialists must be aware of the changing and various cultures of their clients.

### Adolescent Sexual Behavior

One of the reasons why PRCs across the state of Texas include adolescent sexual behavior in the annual RNA is because consumption of alcohol and other drugs creates environments that can promote risky sexual behavior. According to the Youth Risk Behavior Surveillance System (YRBSS),

a survey conducted on high school students by the CDC, state, and local agencies, about 39% of Texas teens have had sexual intercourse, down from about 52% in 2009 (see Figure 24).<sup>64</sup> In 2017, about 28% of Texas teens reported they are currently sexually active (have had sex in the past 3 months) and 11% have had 4 or more sexual partners in their lifetime.<sup>64</sup> Three percent of Texas teens reported that they had sex before the age of 13 and 19% of Texas teens reported in 2017 that they used alcohol or drugs before their last sexual intercourse.<sup>64</sup> This means that 49% of those who reported to ever have had sex admitted to substance use before their last sexual intercourse. However, trends in each category are down from previous years in Texas.

Figure 24. Texas Adolescents' Sexual Behavior, 2009-2017



Source: Centers for Disease Control and Prevention<sup>64</sup>

On the other hand, teen birth rates are high in Region 9 (see Table 11 on the following page).<sup>65</sup> In 2016, the U.S. average teen birth rate was 20.3 teen births/1,000 female population ages 15-19.<sup>66</sup> The Texas average for 2016 was 40.1, nearly double the national average, and each county in Region 9 that had data was above the U.S. teen birth rate.<sup>65</sup> Reeves County and Crockett County had teen birth rates of 86 and 82, respectively, ranking them at numbers 4 and 8 in Texas in 2016.<sup>65</sup> Ector and Pecos counties tied for 15<sup>th</sup> place with a teen birth rate of 76 and Dawson County placed number 20 in Texas with a teen birth rate of 73.<sup>65</sup> Mason County had the lowest reported teen birth rate in Region 9 of 23, ranking it number 229 in Texas in 2016.<sup>65</sup> In Region 9 in 2016, 21 of the 30 counties in Region 9 were above the Texas average teen birth rate.<sup>65</sup> There was not sufficient data for Borden, Glasscock, Loving, and Terrell counties.

Table 11. Region 9 Teen Birth Rates and Texas Ranking, 2016

County	Teen Birth Rate (per 1,000)	Texas Ranking	County	Teen Birth Rate (per 1,000)	Texas Ranking
Reeves	86	4	Crane	51	102
Crockett	82	8	McCulloch	48	119
Ector	76	15	Concho	46	131
Pecos	76	15	Sterling	45	140
Dawson	73	20	Tom Green	42	152
Andrews	72	24	Kimble	41	157
Howard	72	24	Coke	39	172
Reagan	69	31	Menard	35	197
Ward	63	49	Schleicher	33	201
Sutton	62	52	Irion	27	222
Martin	60	59	Mason	23	229
Midland	60	59	Borden	--	--
Winkler	60	59	Glasscock	--	--
Gaines	56	72	Loving	--	--
Upton	54	89	Terrell	--	--
<b>U.S.</b>	<b>20.3</b>				
<b>TEXAS</b>	<b>40.1</b>				

Source: County Health Rankings and Roadmaps, National Center for Health Statistics<sup>65</sup>

### Misunderstandings about Marijuana

Marijuana is the most commonly used illicit drug in the United States.<sup>67,68</sup> About 9% of the U.S. population over the age of 12 reported that they were current marijuana users in 2016.<sup>68</sup> 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 PRCs share scientifically-backed facts about the drug. Below are a series of misunderstandings about marijuana that are corrected by science-based research.

- **Misconception:** *Marijuana is legal in Texas.*  
**Fact:** Marijuana is not legal in Texas. Marijuana (cannabis) is a Schedule I drug, defined as a drug with no currently accepted medical use and a high potential for abuse.<sup>69</sup>
- **Misconception:** *“CBD is legal in Texas... doesn’t that mean marijuana is legal?”*  
**Fact:** No, marijuana is illegal in Texas; CBD is not marijuana. Cannabidiol, aka CBD, is a pharmacologically relevant constituent of the Cannabis plant.<sup>70</sup> Those who smoke cannabis may do so for the intoxicating effects of tetrahydrocannabinol (THC) that is present in cannabis.<sup>70</sup> However, CBD does not contain THC, is nonintoxicating, and contains anxiolytic, anti-inflammatory, antiemetic, and antipsychotic properties.<sup>70</sup>
- **Misconception:** *Marijuana is not harmful.*

Fact: Marijuana can cause both mental and physical harm to the user. Marijuana affects brain development and, when use begins in adolescence, may impair thinking, memory, and learning functions as well as affect how the brain builds connections.<sup>71</sup> Marijuana smoke affects the lungs and people who smoke marijuana frequently may have the same breathing problems as tobacco smokers.<sup>71</sup> Marijuana can increase the chance for heart attacks, as it raises the heart rate for some time after being smoked, and can lead people to develop Cannabinoid Hyperemesis Syndrome, where the user experiences cycles of severe nausea, vomiting, and dehydration.<sup>71</sup> Long-term marijuana use has been linked to mental illness in some users, such as temporary hallucinations, temporary paranoia, and worsening symptoms of existing schizophrenia.<sup>71</sup>

- Misconception: *Marijuana is not addictive.*

Fact: According to the Diagnostic and Statistical Manual-V (DSM-5), “Cannabis Addiction is a highly prevalent public health issue and common clinical problem”<sup>72</sup>. Moreover, adults seeking treatment for marijuana use disorders have, on average, attempted to quit more than 6 times.<sup>73</sup>

- Misconception: *Marijuana is not as harmful to your health as tobacco.*

Fact: Any smoke is harmful to lung health.<sup>74</sup> Smoking marijuana causes chronic bronchitis, chronic cough, phlegm production, wheeze, acute bronchitis, and has been linked to causing air pockets in the chest cavity.<sup>74</sup>

- Misconception: *Marijuana is not a gateway drug.*

Fact: In order to be a gateway drug, the use of marijuana must be prior to the use of other drugs.<sup>72</sup> In 2013, nearly three-quarters of adult illicit-drug users reported that marijuana was their first illicit drug of choice.<sup>72</sup> When one uses one addictive drug, their probability of using another addictive drug is increased.<sup>72</sup> Furthermore, marijuana is highly correlated with alcohol, opioid, and cocaine use disorders.<sup>75</sup>

## 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, and other drugs. Social hosting by family is an example of an accessibility increased risk factor of substance use, e.g., when a parent hosts a party and allows substance use on their property. Another example is the acceptability of drugs and/or alcohol in a school environment and among peers. The more accepted and common AOD are, the more accessible they are. The community also contributes to the accessibility risk factor 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.

### Students’ Perceived Access of AOD

Regions 9 & 10 students participating in the 2016 TSS reported on their perceived ease of obtaining the following substances: tobacco, alcohol, marijuana, ecstasy, cocaine, crack, synthetic marijuana, inhalants, steroids, heroin, and methamphetamine.<sup>62</sup> Regions 9 & 10



students were asked how easy it would be to obtain each substance and given the following options: “never heard of it”, “impossible”, “very difficult”, “somewhat difficult”, “somewhat easy”, and “very easy”. For ease of reading, students reporting that a substance is either “somewhat easy” or “very easy” to obtain will be combined and classified as students reporting that the substance is “easy” to obtain.

In 2016, a higher proportion of students in Regions 9 & 10, compared to the proportion of students across the state, reported that alcohol, marijuana, ecstasy, cocaine, crack, steroids, and heroin are easy to obtain (see Table 12).<sup>62</sup> A lower proportion of students in Regions 9 & 10, compared to the proportion of students across the state, reported that tobacco, synthetic marijuana, inhalants, and methamphetamine are easy to obtain.<sup>62</sup> Most notably, 13% more students in Regions 9 & 10 reported that marijuana is easy to obtain compared to the Texas average and 3.5% more students in Regions 9 & 10 reported that ecstasy is easy to obtain compared to the Texas average.<sup>62</sup> Alcohol was the drug reported by the highest percentage of students to be easy to obtain (47.3%), followed by both marijuana (33.7%) and tobacco (33.7%) in Regions 9 & 10 students in 2016.<sup>62</sup> Heroin (5.7%), methamphetamine (5.7%), and crack (7.9%) were the drugs reported least common to be easy to obtain in Regions 9 & 10 in 2016.<sup>62</sup>

**Table 12. Students who think X substance is easy\* to obtain**

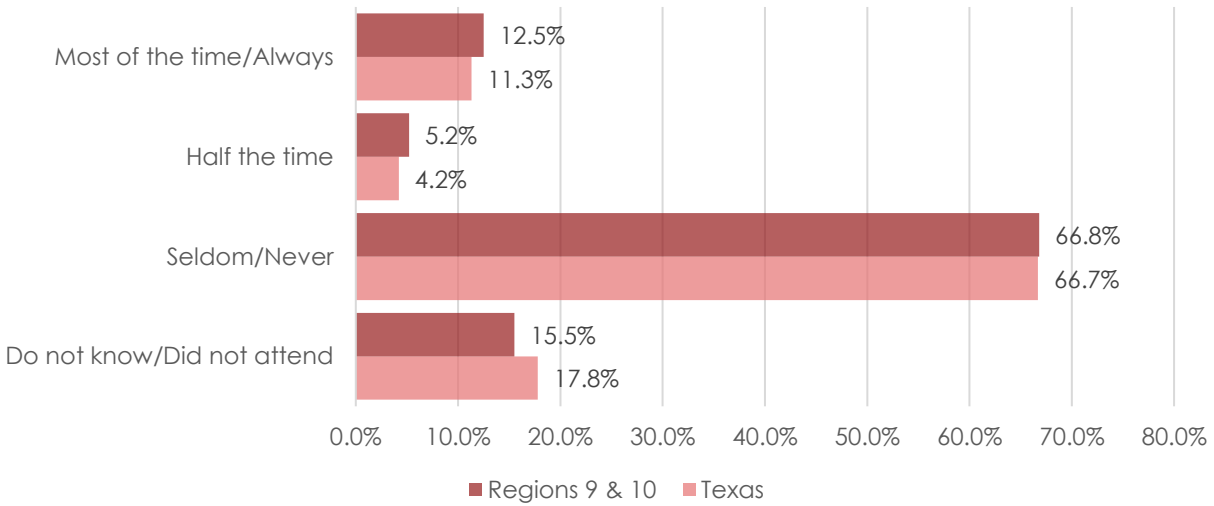
Region	Tobacco	Alcohol	Marijuana	Ecstasy
TEXAS	34.8%	46.9%	20.7%	8.7%
Regions 9 & 10	33.7%	47.3%	33.7%	12.2%
	Cocaine	Crack	Synthetic Marijuana	Inhalants
TEXAS	9.5%	7.1%	13.7%	34.0%
Regions 9 & 10	12.1%	7.9%	13.5%	31.1%
	Steroids	Heroin	Methamphetamine	
TEXAS	7.6%	5.0%	5.8%	
Regions 9 & 10	8.0%	5.7%	5.7%	

\*: Students answered that the particular substance was either "very easy" or "somewhat easy" to obtain

Source: Texas School Survey, 2016<sup>62</sup>

Furthermore, 12.5% of students in Regions 9 & 10 in 2016 reported that marijuana and/or other drugs were either most of the time or always used at a party they had attended in the past school year (see Figure 25 on the following page).<sup>62</sup> The Texas average for this same answer was 11.3%.<sup>62</sup> About 67% of students in both Regions 9 & 10 and in Texas reported that marijuana and/or other drugs were either seldomly or never used at parties the student had attended in the past year.<sup>62</sup>

Figure 25. Regions 9 & 10 Students' Access to Marijuana and Other Drugs at Parties, 2016



Source: Texas School Survey, 2016<sup>62</sup>

**Alcohol Retail Permit Density and Violations**

As of July 2018, there were 1,476 locations in Region 9 where you could purchase alcohol.<sup>76</sup> Alcohol permits are licensed by the Texas Alcoholic Beverage Commission (TABC) and can be sold to qualifying grocery stores, liquor stores, convenience stores, as well as bars and entertainment clubs. High alcohol outlet density, or having a high concentration of retail alcohol outlets in a small area, is a public health issue because it is an environmental risk factor for excessive drinking.<sup>77</sup>

There are currently 64,448 licensed retail alcohol permits in the state of Texas.<sup>76</sup> Being that Texas is 261,797 square miles, this yields a retail permit density of 0.24 per square mile in Texas.<sup>78</sup> Ector County spans 901.8 square miles, yielding a retail permit density of 0.42 per square mile, about twice as dense as the rate of Texas.<sup>76,79</sup> Midland County is 902.1 square miles and has a retail permit density of 0.37 per square mile.<sup>76,80</sup> Tom Green County spans 1,540.6 square miles and has a retail permit density of 0.17 per square mile.<sup>76,81</sup> Across Region 9 in 2017, there were 76 TABC violations.<sup>82</sup>

Ector County has an alcohol retail permit density of 0.42 per square mile – nearly twice the density seen across Texas.

*Texas Alcoholic Beverage Commission*

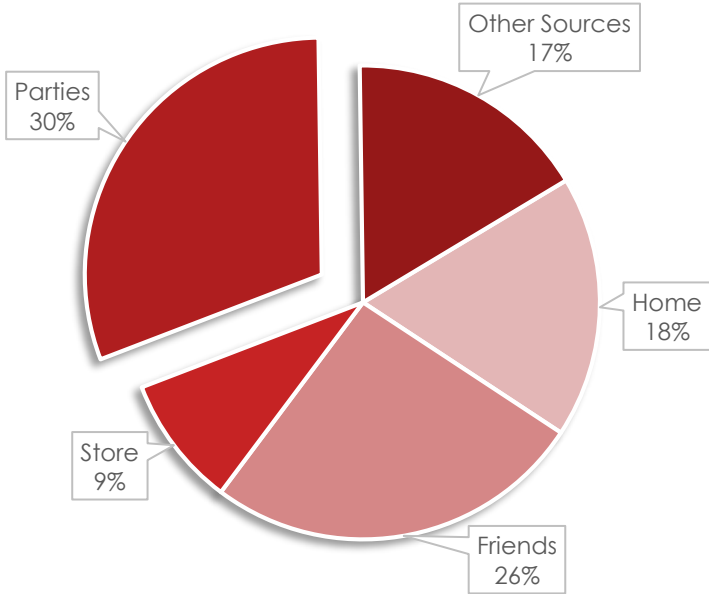
**Social Hosting**

In July 2017, the Here 2 Impact (H2i) Coalition, in collaboration with Texans Standing Tall, Ector County Mayor David Turner, city councilmen Malcolm Hamilton, Dewey Bryant, Barbara Graff, Michael Gardner, and Filiberto Gonzales, Odessa Police Chief Michael Gerke, Odessa Police

Corporal Steve LeSueur, and several members of the H2i Coalition, passed a Social Host Accountability Ordinance (SHO) 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 that are not their own child. Additionally, the SHO holds adults responsible for underage drinking parties if underage people are served, regardless of who furnishes the alcohol.<sup>83</sup> The SHO went into effect August 25, 2017 and Odessa is the fourth city in Texas to pass the ordinance.<sup>83</sup> We hope to report data on the effectiveness of the SHO in our community in years to come.

The largest portion (30%) of students in Regions 9 & 10 reported that they receive alcoholic beverages from parties, while 26% of students reported to receive alcohol from friends, 18% from home, 17% from other sources, and 9% from stores (see Figure 26).<sup>62</sup>

Figure 26. Regions 9 & 10 Students' Alcohol Supply, 2016



Source: Texas School Survey, 2016<sup>62</sup>

**Prescription Drugs Access**

Being that drug overdose deaths nearly tripled in the U.S. from 1999-2015, measures were, and still, are being taken at the national, state, and regional levels to combat the drug overdose epidemic.<sup>84</sup> For instance, the opioid prescription rate in 2006 was 72.4 per 100 persons.<sup>84</sup> This declined to 66.5 opioid prescriptions per 100 persons in 2016.<sup>84</sup> In 2017, the U.S. Department of Health and Human Services (HHS) declared the opioid epidemic a public health emergency and announced a 5-Point Strategy to combat the opioid crisis.<sup>85</sup> Former Secretary Price of HHS announced the HHS's 5 priorities as:

- 1. Improving access to treatment and recovery services;
- 2. Promoting use of overdose-reversing drugs;

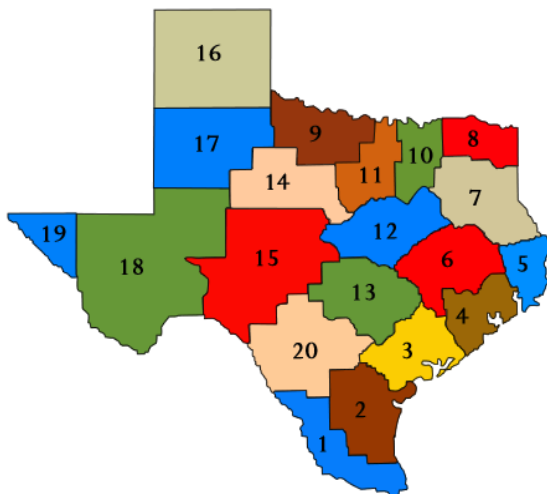
3. Strengthening our understanding of the epidemic through better public health surveillance;
4. Providing support for cutting edge research on pain and addiction; and
5. Advancing better practices for pain management.<sup>86</sup>

Schedule II drugs (usually prescribed for pain management) are defined as those with a high potential for abuse and use can potentially lead to severe psychological or physical dependence.<sup>69</sup> Most opioids, such as hydrocodone, methadone, oxycodone, hydromorphone, and fentanyl, fall into this category.<sup>69</sup> From 2015-2016, Region 9 showed a decrease in dispensed Schedule II drugs in 19 counties (see Table 13).<sup>87</sup> Two counties in Region 9, Reagan and Upton, saw an increase in dispensed Schedule II drugs while the remaining nine counties did not have data.<sup>87</sup> From 2015 to 2016, Texas had an overall 1.8% increase in Schedule II drug dispensations while Region 9 had a 5.1% decrease.<sup>87</sup>

Table 13. Region 9 Schedule II Drug Dispensations, 2015-2016			
County	2015 Dispensations	2016 Dispensations	% Difference
<b>TEXAS</b>	<b>38,453,715</b>	<b>39,164,413</b>	<b>1.8%</b>
<b>REGION 9</b>	<b>261,666</b>	<b>248,438</b>	<b>-5.1%</b>
Andrews	6,511	6,037	-7.3%
Concho	956	826	-13.6%
Crane	1,385	1,352	-2.4%
Crockett	434	359	-17.3%
Dawson	3,942	3,365	-14.6%
Ector	60,519	55,535	-8.2%
Gaines	5,509	5,046	-8.4%
Howard	16,068	18,453	14.8%
Kimble	1,614	1,255	-22.2%
Martin	1,197	1,230	2.8%
Mason	995	936	-5.9%
McCulloch	4,688	4,440	-5.3%
Midland	72,021	68,377	-5.1%
Pecos	3,415	3,048	-10.7%
Reagan	320	427	33.4%
Reeves	5,419	4,083	-24.7%
Sutton	1,463	1,241	-15.2%
Tom Green	66,543	65,113	-2.1%
Upton	509	572	12.4%
Ward	5,704	4,734	-17.0%
Winkler	2,454	2,009	-18.1%

Source: Texas Prescription Monitoring Program (PMP)<sup>87</sup>

### On-Campus ATOD Violations



**FIGURE 27. TEXAS EDUCATION SERVICE CENTERS MAP**  
 Source: Texas Education Agency<sup>88</sup>

Being that Health Region 9 does not align with the Texas Education Service Center regions, data for on-campus ATOD violations includes ESCs 15, 17, and 18 since these encompass Health Region 9 (see Figure 27).<sup>88</sup> It is important to note that other schools outside of Health Region 9 are included in ESCs 15, 17, and 18.

On-campus ATOD violations have varied year-to-year in this region, but no steady increase or decrease in any one violation is seen (see Table 14).<sup>88</sup> There were about as many controlled substance/drug violations in the 2016-2017 school year as there were from 2013-2016.<sup>88</sup> However, there was a 43% increase in on-campus alcohol violations from the 2013-2014 school year to the 2016-2017 school year.<sup>88</sup> Conversely, there was a 32% decrease in on-campus tobacco violations from the 2013-2014 school year to the 2016-2017 school year.<sup>88</sup> Felony controlled substance violations have varied year-to-year, but the most was seen in the 2013-2014 school year followed by the 2016-2017 school year.<sup>88</sup>

Table 14. On-Campus ATOD Violations - ESC Regions 15, 17, 18				
	2013-2014	2014-2015	2015-2016	2016-2017
Controlled Substances/Drugs	1,188	1,243	1,214	1,190
Alcohol Violations	98	143	122	140
Tobacco	265	236	202	180
Felony Controlled Substance Violations	12	5	0	7

Source: Texas Education Agency<sup>88</sup>

### Perceived Risk of Harm

Students were asked, “How dangerous do you think it is for kids your age to use...” the following 10 substances: tobacco, alcohol, marijuana, ecstasy, cocaine, crack, synthetic marijuana, steroids, heroin, and methamphetamine, and given the answer choices of “very dangerous”, “somewhat dangerous”, “not very dangerous”, “not at all dangerous”, and “do not know”.<sup>62</sup>

Table 15 shows an overview of perceived risk of harm in Regions 9 & 10. This table compares the Texas average to the average of Regions 9 & 10 in 2016 of the percentage of students who reported that they believed X substance was either “very dangerous” or “somewhat dangerous”, here deemed together as simply “dangerous”. Generally, the percentage of students in Regions 9 & 10 was comparable to the percentage of students in Texas that believe a certain substance is dangerous.<sup>62</sup> Notably, a larger proportion of students in Regions 9 & 10, compared to Texas, reported that marijuana, ecstasy, cocaine, synthetic marijuana, steroids, heroin, and methamphetamine are dangerous.<sup>62</sup> On the other hand, a smaller proportion of students in Regions 9 & 10 compared to the Texas average reported that alcohol and crack are dangerous.<sup>62</sup> None of these differences were larger than 1.2%. The same proportion of students in Regions 9 & 10 compared to the proportion of students in Texas reported that tobacco is dangerous.<sup>62</sup>

Table 15. Texas vs. Regions 9 & 10: Students’ Perception of Danger to Substances, 2016				
Region	Tobacco	Alcohol	Marijuana	Ecstasy
TEXAS	87.1%	82.4%	71.6%	89.7%
Regions 9 & 10	87.1%	81.7%	72.8%	90.7%
	Cocaine	Crack	Synthetic Marijuana	
TEXAS	94.2%	94.4%	89.4%	
Regions 9 & 10	94.3%	94.2%	90.4%	
	Steroids	Heroin	Methamphetamine	
TEXAS	89.1%	93.4%	93.2%	
Regions 9 & 10	89.8%	93.7%	93.6%	
* Students answered that the particular substance was either "very dangerous" or "somewhat dangerous" for kids their age to use.				

Source: Texas School Survey, 2016<sup>62</sup>

The following “Perceived Risk of Harm” sections are focused on students in Regions 9 & 10, including averages broken up by grade level. Alcohol, marijuana, prescription drugs, and tobacco are the drugs of focus.

**Perceived Risk of Harm from Alcohol**

According to the 2016 TSS, more Regions 9 & 10 youth in grades 7-12 believe that alcohol is “not very dangerous” and “not very dangerous at all” for kids their age to use than the average Texas youth in the same grade levels (see Table 16 on the following page).<sup>62</sup> Specifically, 12.4% of youth in grades 7-12 in Regions 9 & 10 believe that alcohol is “not very dangerous” for kids their age to use, while only 11.8% of Texas youth believe the same.<sup>62</sup> Accordingly, less students in Regions 9 & 10, i.e., 51.2% in Regions 9 & 10 compared to 53.3% in Texas, believe that alcohol is “very dangerous” for kids their age to use.<sup>62</sup> Not only do Regions 9 & 10 youth have lower perceptions of harm regarding alcohol than the average Texas youth their age, but Regions 9 & 10 rank 1<sup>st</sup> and are tied for 2<sup>nd</sup> for lowest perceptions of harm of alcohol in the entire state for the “not very dangerous” and “not at all dangerous” categories, respectively.<sup>62</sup>

**Table 16. Texas Student’s Perceived Risk of Harm from Alcohol, 2016**

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>State</b>	<b>53.3%</b>	<b>29.1%</b>	<b>11.8%</b>	<b>2.4%</b>	<b>3.3%</b>
1&2	50.7%	31.4%	11.8%	2.3%	3.7%
2	52.7%	30.5%	10.4%	2.3%	4.0%
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<sup>62</sup>

More specifically, over 16% more 7<sup>th</sup> graders than 12<sup>th</sup> graders in Regions 9 & 10 reported that alcohol is “very dangerous” for kids their age to use (see Table 17).<sup>62</sup> Additionally, nearly 1.5 times more 12<sup>th</sup> graders than 7<sup>th</sup> graders reported that alcohol is “not at all dangerous” for kids their age to use.<sup>62</sup> Generally, the higher the grade level, the lower the perception of harm from alcohol in Regions 9 & 10 students in 2016.<sup>62</sup>

**Table 17. Regions 9 & 10 Perceived Risk of Harm from Alcohol by Grade Level, 2016**

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>All</b>	<b>51.2%</b>	<b>30.5%</b>	<b>12.4%</b>	<b>2.6%</b>	<b>3.2%</b>
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<sup>62</sup>

**Perceived Risk of Harm from Marijuana**

According to the 2016 TSS, Regions 9 & 10 students are about average in each category questioning the perceived risk of harm of using marijuana (see Table 18 on the following page).<sup>62</sup> About 59% of Regions 9 & 10 students believe it is “very dangerous” for kids their age to use marijuana and 11.9% believe it is “not at all dangerous”.<sup>62</sup> Nearly 4% of students in Regions 9 & 10 “do not know” if it is dangerous for kids their age to use marijuana.<sup>62</sup>

Table 18. Texas Students' Perceived Risk of Harm from Marijuana, 2016

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>State</b>	<b>58.3%</b>	<b>13.3%</b>	<b>12.2%</b>	<b>12.2%</b>	<b>3.9%</b>
1&2	61.6%	14.1%	9.5%	10.2%	4.6%
2	61.5%	14.4%	8.8%	10.5%	4.8%
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	52.3%	15.6%	14.8%	14.3%	2.9%
<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<sup>62</sup>

Despite having overall average perceptions of harm compared to the rest of the state, Regions 9 & 10 students have greatly varying levels of perception of harm of marijuana between grade levels (see Table 19).<sup>62</sup> For instance, over 20% of 12<sup>th</sup> graders in Regions 9 & 10 believe that it is “not at all dangerous” for kids their age to use marijuana, while less than 4% of 7<sup>th</sup> graders believe the same, showing a 16.5% difference.<sup>62</sup> Accordingly, over three quarters of 7<sup>th</sup> graders in Regions 9 & 10 believe that it is “very dangerous” for kids their age to use marijuana while this number drops to less than 44% in 12<sup>th</sup> graders.<sup>62</sup> Similar to alcohol, the higher the grade level, the lower the perception of harm from marijuana in Regions 9 & 10 students in 2016.<sup>62</sup>

Table 19. Regions 9 &amp; 10 Perceived Risk of Harm from Marijuana by Grade Level, 2016

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>All</b>	<b>58.7%</b>	<b>14.1%</b>	<b>11.4%</b>	<b>11.9%</b>	<b>3.9%</b>
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<sup>62</sup>

### Perceived Risk of Harm from Prescription Drugs

According to the 2016 TSS, Regions 9 & 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” (see Table 20 on the following page).<sup>62</sup> Moreover, 3.9% of Regions 9 & 10 youth reported that they believe abusing prescription drugs is “not very dangerous”.<sup>62</sup> Despite these numbers, 3 out of every 4 students in Regions 9 & 10 reported that they believe



prescription drug abuse is “very dangerous”, which is 1% higher than the Texas average of 74%.<sup>62</sup> Students across the state reported at higher levels (6.7%) that they “do not know” the risk of harm from prescription drug misuse than they did for alcohol, marijuana, and tobacco use.<sup>62</sup>

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>State</b>	<b>74.0%</b>	<b>14.2%</b>	<b>4.2%</b>	<b>1.2%</b>	<b>6.3%</b>
1&2	75.7%	11.9%	4.7%	1.2%	6.5%
2	76.0%	12.0%	4.0%	0.7%	7.3%
3	72.6%	16.4%	4.1%	1.0%	5.9%
4&5	77.4%	11.3%	3.8%	1.1%	6.4%
6&8	74.5%	13.2%	4.6%	1.2%	6.5%
7	69.4%	17.6%	4.9%	1.5%	6.5%
<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<sup>62</sup>

In Regions 9 & 10, most students in grades 7-12 reported they believe prescription drug abuse is “very dangerous” (see Table 21).<sup>62</sup> Unlike the 16% fluctuations we see in the alcohol and marijuana categories, nearly as many 7<sup>th</sup> grade students (77.9%) as 12<sup>th</sup> grade students (73.2%) in Regions 9 & 10 believe that abusing prescription drugs is “very dangerous”.<sup>62</sup> The greatest difference seen between grade levels is in the “somewhat dangerous” category which grew from 9.1% in 7<sup>th</sup> graders to 15.2% in 12<sup>th</sup> graders.<sup>62</sup>

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>All</b>	<b>75.0%</b>	<b>13.0%</b>	<b>3.9%</b>	<b>1.5%</b>	<b>6.7%</b>
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<sup>62</sup>

### Perceived Risk of Harm from Tobacco and Other Nicotine Products

According to the 2016 TSS, students in Regions 9 & 10 are about average compared to Texas in each category questioning the perceived risk of harm of using tobacco (see Table 22).<sup>62</sup> About 65% of Regions 9 & 10 students believe that tobacco is “very dangerous” for kids their age to use while less than 2% believe it is “not at all dangerous”.<sup>62</sup>

Table 22. Texas Students’ Perceived Risk of Harm from Tobacco, 2016

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>State</b>	<b>63.3%</b>	<b>22.5%</b>	<b>8.0%</b>	<b>1.9%</b>	<b>4.3%</b>
1&2	57.7%	26.1%	9.4%	2.6%	4.3%
2	59.9%	25.7%	8.2%	2.0%	4.3%
3	63.4%	23.1%	7.8%	1.7%	4.0%
4&5	58.4%	24.7%	10.4%	2.4%	4.1%
6&8	62.7%	21.8%	8.6%	2.3%	4.5%
7	59.8%	26.4%	8.2%	1.7%	3.8%
<b>9&amp;10</b>	<b>64.8%</b>	<b>22.3%</b>	<b>7.2%</b>	<b>1.7%</b>	<b>4.1%</b>
11	69.0%	18.2%	5.7%	1.3%	5.8%

Source: Texas School Survey, 2016<sup>62</sup>

Despite Regions 9 & 10 students being comparable to the Texas average concerning their perceived risk of harm from tobacco, student perceptions varied greatly between grade levels (see Table 23).<sup>62</sup> In fact, 22.5% less 12<sup>th</sup> graders than 7<sup>th</sup> graders believe that tobacco is “very dangerous” for kids their age to use and, on the reverse side, 5 times more 12<sup>th</sup> graders than 7<sup>th</sup> graders believe that tobacco is “not at all dangerous” for kids their age to use.<sup>62</sup> Like with alcohol and marijuana, the higher the grade level, the lower the perception of harm from tobacco in Regions 9 & 10 students in 2016.<sup>62</sup>

Table 23. Regions 9 & 10 Perceived Risk of Harm from Tobacco by Grade Level, 2016

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>All</b>	<b>64.8%</b>	<b>22.3%</b>	<b>7.2%</b>	<b>1.7%</b>	<b>4.1%</b>
Grade 7	76.7%	14.9%	3.0%	0.6%	4.8%
Grade 8	66.9%	21.4%	5.6%	1.7%	4.4%
Grade 9	65.0%	23.5%	6.4%	1.4%	3.7%
Grade 10	61.4%	25.4%	7.3%	1.5%	4.4%
Grade 11	62.7%	22.0%	9.0%	2.0%	4.3%
Grade 12	54.2%	27.2%	12.9%	3.0%	2.6%

Source: Texas School Survey, 2016<sup>62</sup>

Additionally, students were surveyed for their perception of risk of harm from electronic vapor products (see Table 24).<sup>62</sup> Like tobacco, nearly 20% less 12<sup>th</sup> graders than 7<sup>th</sup> graders believe that electronic vapor products are “very dangerous” for kids their age to use, and 2.7 times more 12<sup>th</sup> graders than 7<sup>th</sup> graders believe that electronic vapor products are “not at all dangerous” for kids their age to use.<sup>62</sup> Like with alcohol, tobacco, and marijuana, the higher the grade level, the lower the perception of harm from electronic vapor products in Regions 9 & 10 students in 2016.<sup>62</sup>

**Table 24. Regions 9 & 10 Perceived Risk of Harm from Electronic Vapor Products by Grade Level, 2016**

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>All</b>	<b>53.9%</b>	<b>14.3%</b>	<b>14.4%</b>	<b>12.0%</b>	<b>5.4%</b>
Grade 7	66.0%	12.4%	9.0%	6.4%	6.2%
Grade 8	58.7%	12.7%	13.2%	10.4%	4.9%
Grade 9	52.2%	18.0%	13.2%	12.0%	4.6%
Grade 10	47.7%	15.0%	16.6%	14.6%	6.1%
Grade 11	51.1%	13.8%	16.7%	12.0%	6.5%
Grade 12	46.7%	13.3%	18.7%	17.2%	4.1%

Source: Texas School Survey, 2016<sup>62</sup>

## Regional Consumption

In accordance with the three statewide prevention priorities (underage drinking, marijuana use and 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 PPRI at Texas A&M University through participation in the TSS.<sup>62</sup>

### Alcohol

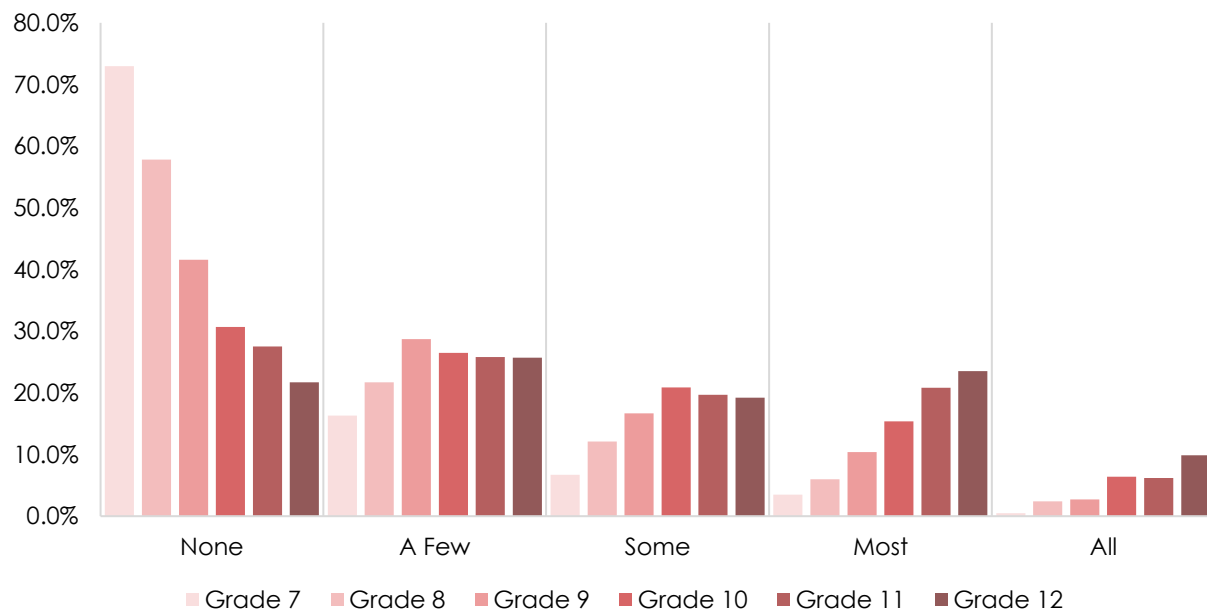
Alcohol is the most commonly abused substance among youth, both nationally and in Region 9.<sup>62,89</sup> However, Regions 9 & 10 students reported at noticeably higher rates than the Texas average in saying that a few, some, most, or all of their close friends use alcohol.<sup>62</sup> According to the 2016 TSS, about 13% of students in grades 7-12 in Regions 9 & 10 believe “most” of their close friends use alcohol while only 10.3% of the state reported so (see Table 25 on the following page).<sup>62</sup> About 16% of students in Regions 9 & 10 reportedly believe that “some” of their close friends use alcohol, 24% reported only a “few” of their close friends use alcohol, 43% reported that “none” of their close friends use alcohol, and nearly 5% reported that “all” of their friends use alcohol.<sup>62</sup>

Region	None	A Few	Some	Most	All
<b>State</b>	<b>49.5%</b>	<b>23.3%</b>	<b>13.8%</b>	<b>10.3%</b>	<b>3.1%</b>
1&2	40.5%	26.3%	15.3%	14.7%	3.3%
2	45.5%	25.6%	13.5%	12.0%	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%
6&8	46.3%	24.0%	14.3%	11.3%	4.1%
7	52.6%	22.9%	13.4%	8.7%	2.3%
<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%

Source: Texas School Survey, 2016<sup>62</sup>

Looking at high schoolers in Regions 9 & 10, the percentage of students reporting “none” of their close friends use alcohol declines from 7<sup>th</sup>– 12<sup>th</sup> graders while the percentage of students reporting “most” or “all” of their close friends use alcohol increases from 7<sup>th</sup>–12<sup>th</sup> graders (see Figure 28).<sup>62</sup> In Regions 9 & 10, more than one in every three 12<sup>th</sup> grade students say “most” or “all” of their friends use alcohol.<sup>62</sup>

Figure 28. Regions 9 & 10 Students' Peer Alcohol Consumption, 2016



Source: Texas School Survey, 2016<sup>62</sup>

### Age of Initiation to Alcohol

In the 2016 TSS, age of initiation was not asked like in previous years.<sup>62</sup> However, the 2014 TSS indicates that the average age of initiation to alcohol, or first time the student drank alcohol, for Regions 9 & 10 youth in grades 6-12 was 12.9 years old (see Table 26).<sup>90</sup> Age of initiation for Regions 9 & 10 was equal to the state average in 2014, but a slight higher percentage of youth (38.3% in Regions 9 & 10 compared to 38.0% in Texas) was reported to begin using alcohol before the age of 13.<sup>90</sup>

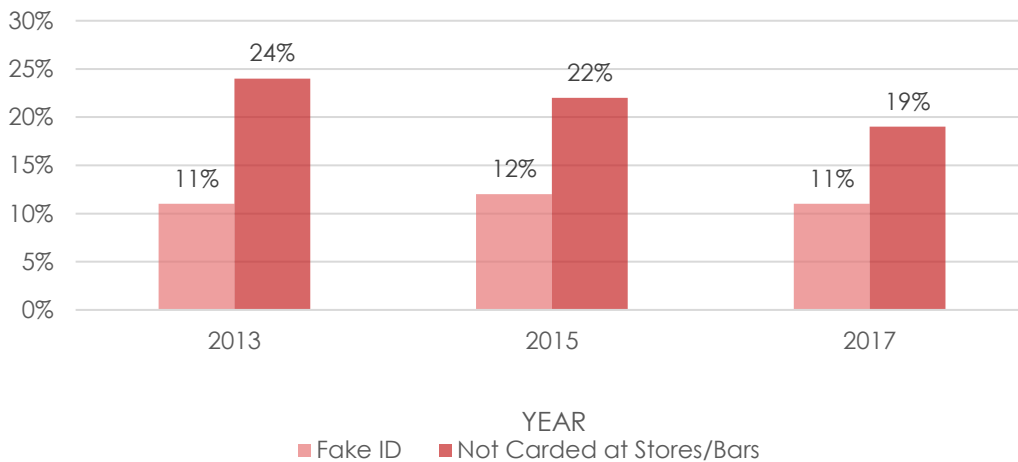
Region	Age of Initiation	Early Initiation (<13)
<b>State</b>	<b>12.9</b>	<b>38.0%</b>
1&2	12.8	38.9%
3	12.6	43.5%
4	12.9	38.4%
5&6	12.8	40.7%
7&8	12.6	44.0%
<b>9&amp;10</b>	<b>12.9</b>	<b>38.3%</b>
11	13.1	35.4%

Source: Texas School Survey, 2014<sup>90</sup>

### Early Initiation to Alcohol and College Use

In the 2017 Texas College Survey (TCS), underage college students across Texas were asked where they obtained alcohol.<sup>91</sup> About 70% reported they obtained alcohol from a friend over 21, 49% reported they obtained alcohol from a parent or relative, and 35% reported they obtained alcohol from a friend under 21.<sup>91</sup> Moreover, 11% of underage college students in Texas reported they used a fake I.D. to obtain alcohol and 19% reported they were not carded at stores/bars (see Figure 29).<sup>91</sup> From 2013 to 2017, there has been a steady decline in Texas college underage drinkers not being carded at stores/bars while the percentage of these students using fake IDs has remained relatively stable.<sup>91</sup> The most common place for underage Texas college students to drink without being carded was at restaurants (28%), followed by off-campus bars and gas stations (each 19%).<sup>91</sup>

Figure 29. Underage Texas College Students' Alcohol Obtainment, 2017



Source: Texas College Survey, 2017<sup>91</sup>

### Current/Lifetime Alcohol Use

Underage drinking cannot be understated as an issue in 7<sup>th</sup>-12<sup>th</sup> grade students in Regions 9 & 10, where is seen 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 (see Table 27).<sup>62</sup> According to the 2016 TSS, nearly 60% of 7<sup>th</sup>-12<sup>th</sup> grade students in Regions 9 & 10 have drank alcohol at some point in their lifetime.<sup>62</sup> About 15% of Regions 9 & 10 students reported they were high risk users, i.e., binge users of alcohol in the last 30 days (5 or more drinks in a 2-hour period), which is also the highest rate in the state.<sup>62</sup> About 35% of students in Regions 9 & 10 in 2016 reported they currently use alcohol.<sup>62</sup>

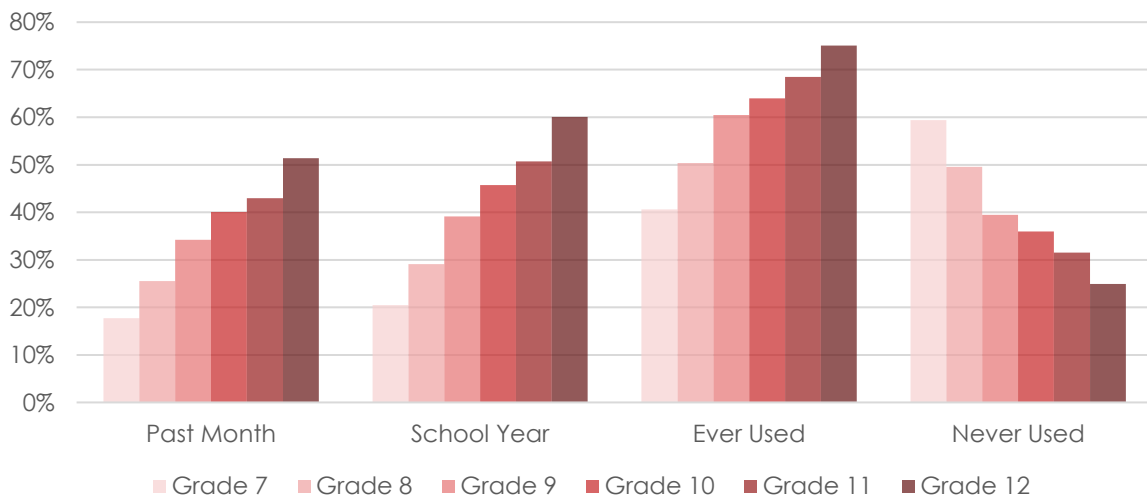
**Table 27: Texas Students' Alcohol Consumption, 2016**

Region	Current Use	School Year Use	Lifetime Use	High-Risk Use
<b>State</b>	<b>28.6%</b>	<b>34.0%</b>	<b>53.0%</b>	<b>11.5%</b>
1&2	35.4%	40.2%	61.0%	14.9%
2	30.7%	35.0%	57.2%	12.2%
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	25.7%	31.9%	51.1%	9.8%
<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<sup>62</sup>

When looking at alcohol use in 7<sup>th</sup>-12<sup>th</sup> grade students in Regions 9 & 10, it is obvious to see that as grade level increases, so does the percentage of students drinking alcohol (see Figure 30).<sup>62</sup> Accordingly, as grade level increases the percentage of students reporting that they have “never used” alcohol steadily declines.<sup>62</sup> More specifically, 75% of 12<sup>th</sup> grade students reporting having “ever used” alcohol while only about 40% of 7<sup>th</sup> grade students reported the same.<sup>62</sup> Nearly 60% of 7<sup>th</sup> grade students reported having “never used” alcohol while about 25% of 12<sup>th</sup> grade students reported the same.<sup>62</sup>

**Figure 30. Regions 9 & 10 Students' Consumption of Alcohol, 2016**



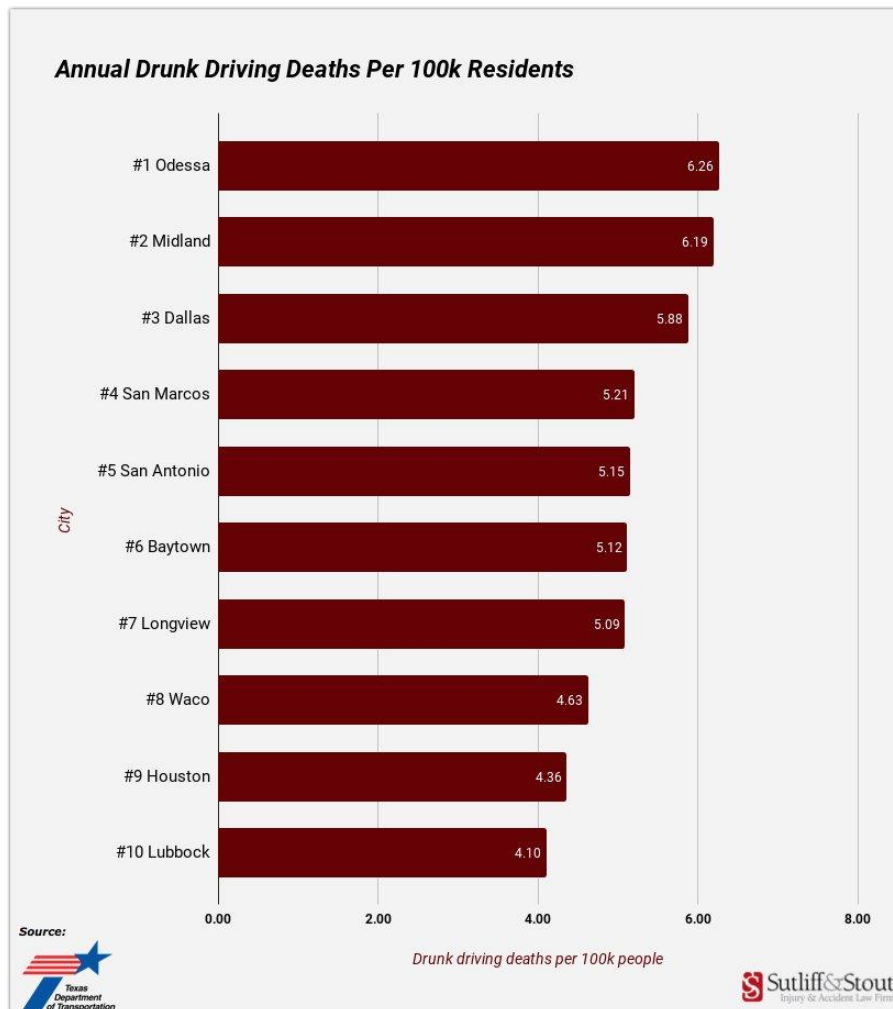
Source: Texas School Survey, 2016<sup>62</sup>

### Qualitative and Local Data on Alcohol Use

In speaking with local high schools and junior high schools in Midland/Odessa, assistant principals and school nurses reported that they rarely see a student come to school drunk or under the influence of alcohol. It is suspected that underage drinking is more of a problem “outside of school” than, per se, illicit drugs on campus.

However, local recovery centers note that alcohol misuse is still the most prevalent issue they see. Furthermore, local Department of Family and Protective Services (DFPS) offices commented that “probably 80-90%” of their cases involve some form of alcohol, drugs, or both. When meeting with local stakeholders, such as law enforcement, teachers, and healthcare professionals, alcohol is undoubtedly an issue in the Permian Basin.

Furthermore, Figure 31 shows that Odessa and Midland are the 2 highest ranking cities in Texas for drunk driving deaths from 2013-2017.<sup>92</sup> Odessa has a drunk driving death rate of 6.26 and Midland 6.19, both nearly double the U.S. drunk driving death rate in 2012 of 3.3 deaths per 100,000 residents.<sup>92,93</sup>



**FIGURE 31. THE 10 TEXAS CITIES WITH THE HIGHEST DRUNK DRIVING FATALITY RATES, 2013-2017**

Source: Texas Department of Transportation<sup>92</sup>

## Marijuana

With legalization efforts succeeding in various states across the U.S., 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, possibly due to misinformation and pro-legalization efforts. As explained earlier, there are many common misconceptions about the drug, and these misunderstandings about marijuana may correlate with increased use in Region 9 and across the United States.

Region	Age of Initiation	Early Initiation (<13)
<b>State</b>	<b>13.8</b>	<b>23.1%</b>
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, 2014<sup>91</sup>

### Age of Initiation to Marijuana

Data from the 2014 TSS indicates that the age of initiation (first-use) for marijuana in students in Regions 9 & 10 is 13.6 years old, which ties for youngest age of initiation in the state and is younger than the state average of 13.8 years old (see Table 28).<sup>90</sup> Additionally, over one-quarter of 6<sup>th</sup>-12<sup>th</sup> grade students surveyed in Regions 9 & 10 claimed they first tried marijuana before the age of 13.<sup>90</sup>

### Current/Lifetime Marijuana Use

Students in Regions 9 & 10 rank the highest in Texas in all 3 categories of current use, school year use, and lifetime use of marijuana (see Table 29).<sup>62</sup> Nearly one in four 7<sup>th</sup>-12<sup>th</sup> grade students in Regions 9 & 10 have used marijuana at least once in their lifetime.<sup>62</sup> Moreover, about one in seven 7<sup>th</sup>-12<sup>th</sup> grade students in Regions 9 & 10 are currently using (in the past 30 days) marijuana.<sup>62</sup>

Region	Current Use	School Year Use	Lifetime Use
<b>State</b>	<b>12.2%</b>	<b>15.0%</b>	<b>21.0%</b>
1&2	12.7%	15.3%	21.5%
2	11.9%	14.1%	19.3%
3	13.1%	16.3%	21.5%
4&5	12.7%	15.4%	21.8%
6&8	11.9%	14.4%	21.1%
7	10.6%	13.6%	19.7%
<b>9&amp;10</b>	<b>14.3%</b>	<b>17.4%</b>	<b>24.0%</b>
11	13.9%	16.3%	23.3%

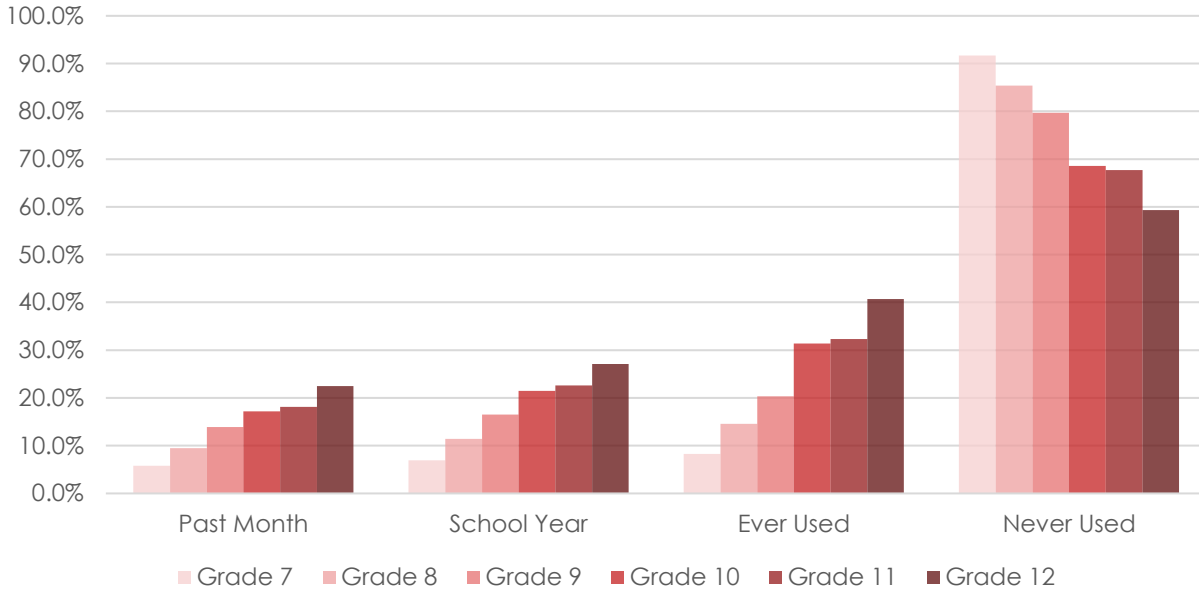
Source: Texas School Survey, 2016<sup>62</sup>

Thus, the majority (about 75% total) of Regions 9 & 10 students reported they have “never used” marijuana, no matter the grade level (see Figure 32 on the following page).<sup>62</sup> However, the percentage of these students drops by grade level, i.e., over 90% of 7<sup>th</sup> graders reported having “never used” marijuana while less than 60% of 12<sup>th</sup> graders reported the same.<sup>62</sup> Accordingly, the percentage of students reporting they have “ever used” marijuana increases by grade level, i.e., less than 10% of 7<sup>th</sup> graders reported they have “ever used” marijuana while this rises to over 40% in 12<sup>th</sup>



graders.<sup>62</sup> Additionally, more than one in every five 12<sup>th</sup> grade students in Regions 9 & 10 reported using marijuana in the past month.<sup>62</sup>

Figure 32. Regions 9 & 10 Students' Marijuana Use, 2016

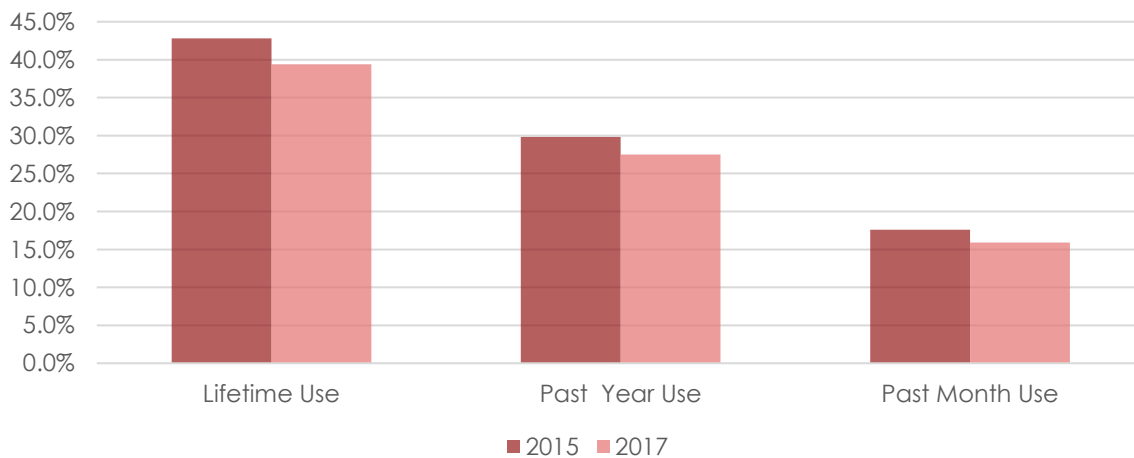


Source: Texas School Survey, 2016<sup>62</sup>

**College Marijuana Use**

Marijuana use among Texas college students is also high, but has reportedly declined since 2015 (see Figure 33).<sup>91</sup> According to the 2017 TCS, about 16% of Texas college students used marijuana in the past 30 days, a decrease from 17.6% in 2015.<sup>91</sup> In 2017, nearly 40% of Texas college students reported they had used marijuana in their lifetime, which is a 3% decrease

Figure 33. Texas College Students' Marijuana Use, 2017



Source: Texas College Survey, 2017<sup>91</sup>

from student reports in 2015.<sup>91</sup> College use is expected to rise, however, as nearby states, like Colorado, have legalized marijuana and “weed tourism” increases.

### **Qualitative Data on Marijuana Use**

In speaking with local high schools and junior high schools in Midland/Odessa, assistant principals and school nurses reported that marijuana use is “most definitely” an issue. However, liquid marijuana used in electronic nicotine delivery systems (ENDS), such as JUUL™ devices, is more often seen now. School officials report they sometimes smell marijuana on students coming back from lunch or at other times, but they mostly catch student marijuana use in ENDS devices which hide the scent of marijuana.

Furthermore, local DFPS offices report that methamphetamine and marijuana are their two most commonly seen illicit drugs in their cases. Finally, a local drug screening facility, primarily for oil field workers, noted that they see marijuana and cocaine the most often.

### **Prescription Drugs**

In 2011, the Executive Office of the President of the United States called the abuse of prescription drugs an epidemic.<sup>94</sup> The 2011 Prescription Drug Abuse Prevention Plan further outlined four areas to focus on to reduce prescription drug abuse: 1) education, 2) tracking and monitoring, 3) proper medication disposal, and 4) enforcement.<sup>94</sup> 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 and tracking are necessary measures to assess prescription drug rates throughout communities and the impacts these rates create. Monitoring also helps enforce prescription medication regulations on providers who may choose to abuse their prescribing privileges. Monitoring in Texas includes implementation of prescription drug monitoring programs (PMPs).<sup>87</sup>

### **Age of Initiation**

In the TSS, students are not asked about the age which they first abused prescription drugs, but SAMSHA estimates that 6.2% of youth aged 12-17 in the U.S. used pain relievers for nonmedical purposes in 2014.<sup>95</sup> Furthermore, prescription drugs are the 2<sup>nd</sup> most abused category of drugs among adolescents, following marijuana.<sup>95</sup>

**Current/Lifetime Use**

In 2016, Regions 9 & 10 had the second least percentage of students in Texas who reported abusing prescription drugs in the past month (see Table 30).<sup>62</sup>

Conversely, Regions 9 & 10 had the fourth highest percentage of students who reported ever abusing prescription drugs.<sup>62</sup>

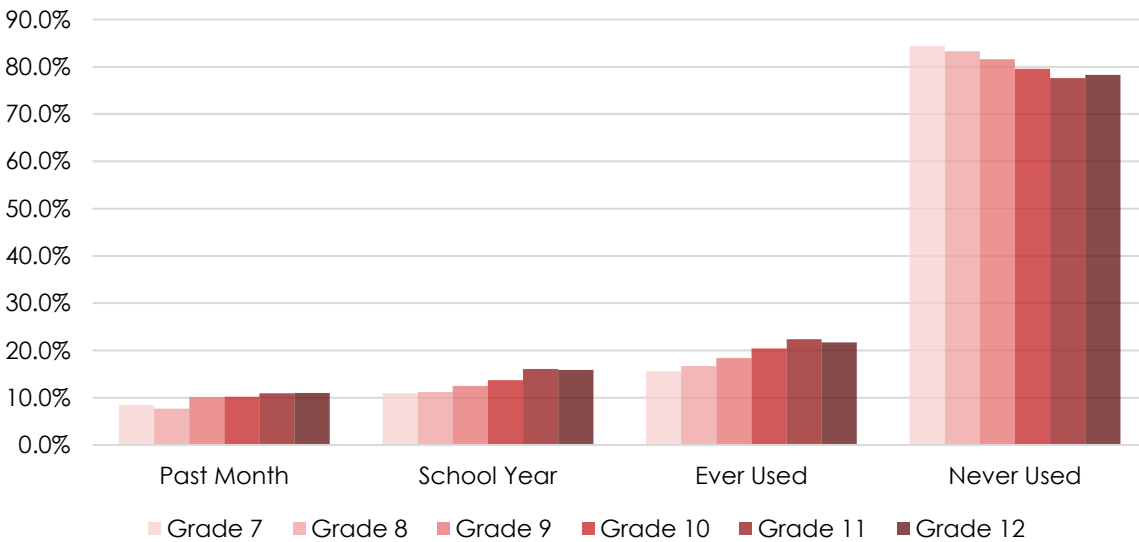
Unlike with alcohol and marijuana use, there is a less distinguishable trend with prescription drug

abuse among 7<sup>th</sup>-12<sup>th</sup> grade students in Regions 9 & 10 (see Figure 34).<sup>62</sup> Generally, however, the higher the grade level, the higher the percentage of students who have misused prescription drugs.<sup>62</sup>

Region	Past Month	School Year	Ever Used	Never Used
<b>State</b>	<b>10.3%</b>	<b>13.7%</b>	<b>18.5%</b>	<b>87.2%</b>
1&2	11.5%	15.2%	20.0%	80.0%
2	10.9%	14.8%	18.9%	81.1%
3	10.0%	14.1%	18.9%	81.1%
4&5	12.3%	15.6%	20.4%	79.6%
6&8	11.0%	14.4%	19.2%	80.8%
7	10.1%	13.9%	18.3%	81.7%
<b>9&amp;10</b>	<b>9.7%</b>	<b>13.3%</b>	<b>19.0%</b>	<b>81.0%</b>
11	7.9%	9.9%	14.3%	85.7%

Source: Texas School Survey, 2016<sup>62</sup>

Figure 34. Regions 9 & 10 Students' Prescription Drug Abuse, 2016



Source: Texas School Survey, 2016<sup>62</sup>

**Qualitative Data on Prescription Drug Abuse**

In speaking with local high schools and junior high schools in Midland/Odessa, assistant principals and school nurses reported that besides seeing marijuana on campus, prescription medications are the most commonly seen drug. Examples they gave were Adderall and some opioids, such as Oxycontin and Hydrocodone, but the most commonly seen among all campuses is Xanax, a prescription medication that treats anxiety and panic disorders. School

officials noted that you can sometimes smell other drugs, like marijuana, but pills have no scent and are easy to hide. Upon asking if they had to name just one prescription drug they see the most, the unanimous response was Xanax. They urge parents to check and secure their medicine cabinets because students of all kinds are being caught with pills on campus that are not prescribed to them.

Furthermore, local DFPS offices reported that they see prescription medication abuse among the top substances abused in their cases. Others reported on prescription opioids, specifically, which is recognized exclusively later in this text in the *Special Topic: Opioids* section.

## Tobacco

Tobacco use is primarily established during adolescence.<sup>96,97</sup> Nearly 9 out of 10 cigarette smokers began smoking before they were 18 years of age and every day in the U.S. more than 3,000 youth under the age of 18 smoke their first cigarette.<sup>97</sup> From 2011-2017, cigarette smoking declined among middle and high school students across the U.S., but electronic cigarette use increased among the same demographic.<sup>98,99</sup> These trends are reflected in Region 9 youth.

### Age of Initiation to Tobacco

According to the 2014 TSS, the average age students in Regions 9 & 10 first used tobacco was 13.1 years (see Table 31).<sup>90</sup> Over a third (37.7%) of students in Regions 9 & 10 reported first using tobacco, though, before the age of 13; less than 34% of the state youth reported first using tobacco under the age of 13.<sup>90</sup>

Region	Age of Initiation	Early Initiation (<13)
<b>State</b>	<b>13.3</b>	<b>33.7%</b>
1&2	12.9	39.6%
3	13.6	30.5%
4	12.7	41.4%
5&6	13.1	36.3%
7&8	13.2	35.7%
<b>9&amp;10</b>	<b>13.1</b>	<b>37.7%</b>
11	13.5	32.6%

Source: Texas School Survey, 2014<sup>90</sup>

### Current/Lifetime Tobacco Use

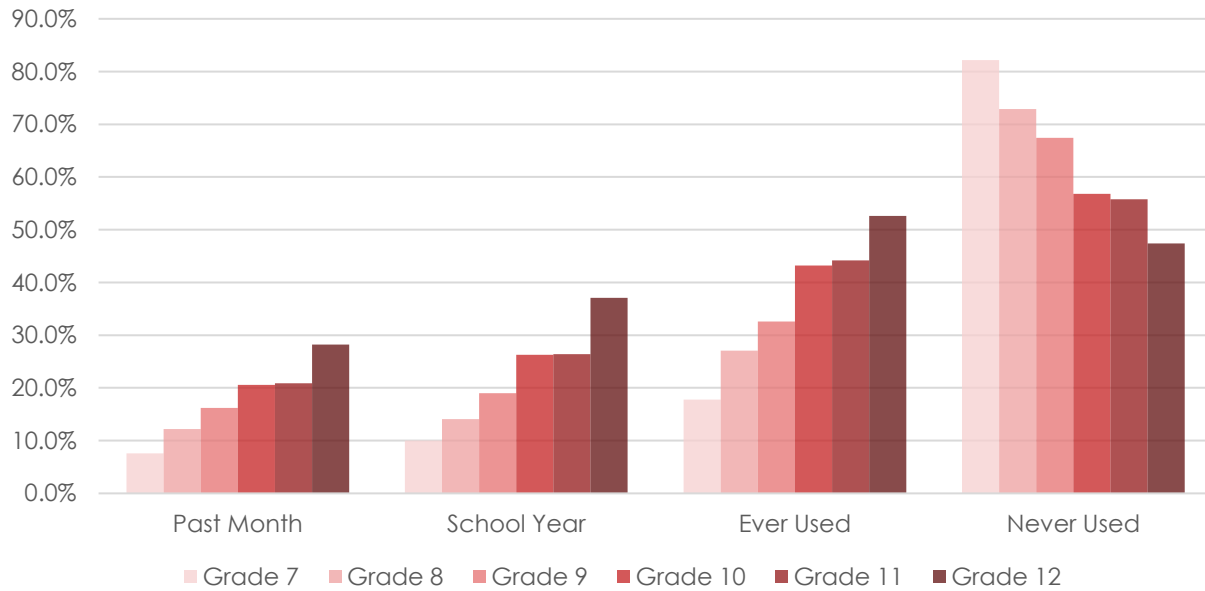
About 3% more youth in Regions 9 & 10 reported using tobacco in the past 30 days compared to the state average in 2016 (see Table 32 on the following page).<sup>62</sup> Similarly, 3% more youth in Regions 9 & 10 reported using tobacco in the past school year compared to the Texas average and 5% more youth in Regions 9 & 10 have ever used tobacco compared to the Texas average youth tobacco use.<sup>62</sup>

Region	Past Month	School Year	Ever Used	Never Used
<b>State</b>	<b>14.5%</b>	<b>18.6%</b>	<b>30.5%</b>	<b>69.5%</b>
1&2	19.7%	24.8%	39.6%	60.4%
2	15.4%	20.1%	33.7%	66.3%
3	13.2%	17.3%	27.9%	72.1%
4&5	17.5%	21.8%	34.9%	65.1%
6&8	15.2%	19.7%	32.8%	67.2%
7	13.0%	17.4%	26.5%	73.5%
<b>9&amp;10</b>	<b>17.3%</b>	<b>21.6%</b>	<b>35.7%</b>	<b>64.3%</b>
11	13.7%	16.8%	28.7%	71.3%

Source: Texas School Survey, 2016<sup>62</sup>

Like with alcohol and marijuana, and unlike prescription drug abuse, the percentage of students using tobacco increases by grade level and the percentage of students having never used tobacco decreases by grade level consistently (see Figure 35).<sup>62</sup> More than every one in two 12<sup>th</sup> grade students in Regions 9 & 10 have used tobacco at some point in their life and less than every one in five 7<sup>th</sup> grade students in Regions 9 & 10 have used tobacco at some point in their lives.<sup>62</sup> Nearly one-third of 12<sup>th</sup> grade students in Regions 9 & 10 are currently using tobacco.<sup>62</sup>

Figure 35: Regions 9 & 10 Students - Tobacco Use



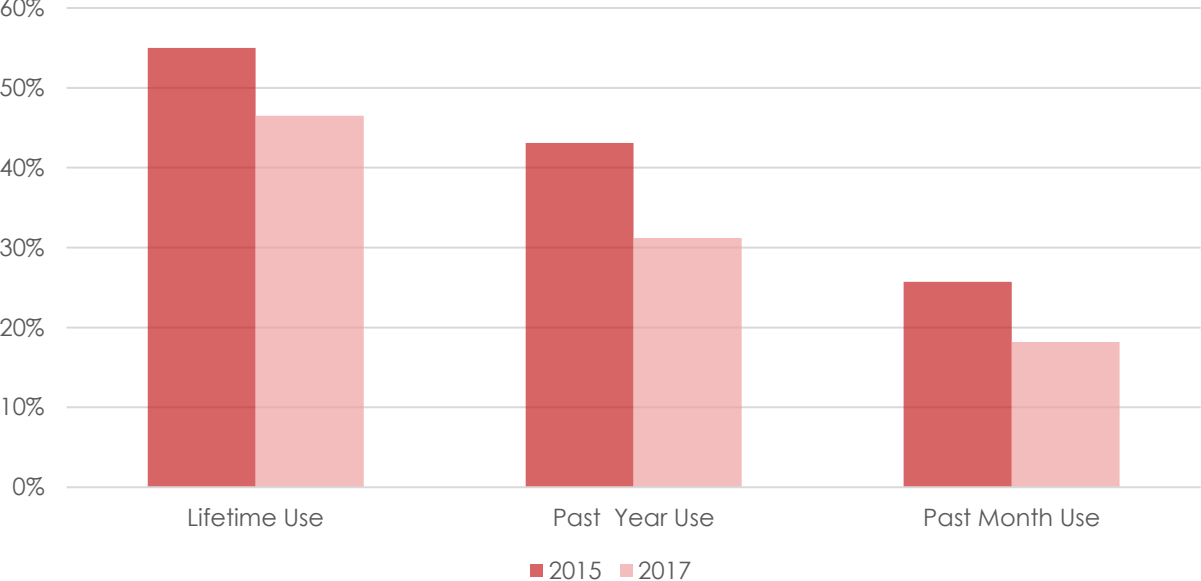
Source: Texas School Survey, 2016<sup>62</sup>

### College Tobacco Use

Tobacco use among Texas college students is also high, but has reportedly declined since 2015 (see Figure 36 on the following page).<sup>91</sup> According to the 2017 TCS, about 18% of Texas college students used tobacco in the past 30 days, a large decline from 25.7% in 2015.<sup>91</sup> In 2017, nearly

47% of Texas college students reported they had ever used tobacco in their lifetime, an 8% decrease from student reports in 2015.<sup>91</sup> Vaping devices are included later in this text in the *Emerging Trends* section, but it is important to note that most students do not know what their e-vaping devices contain, including nicotine. This could account for the decline in reported tobacco use among college students.

Figure 36. Texas College Students: Tobacco Use



Source: Texas College Survey, 2017<sup>91</sup>

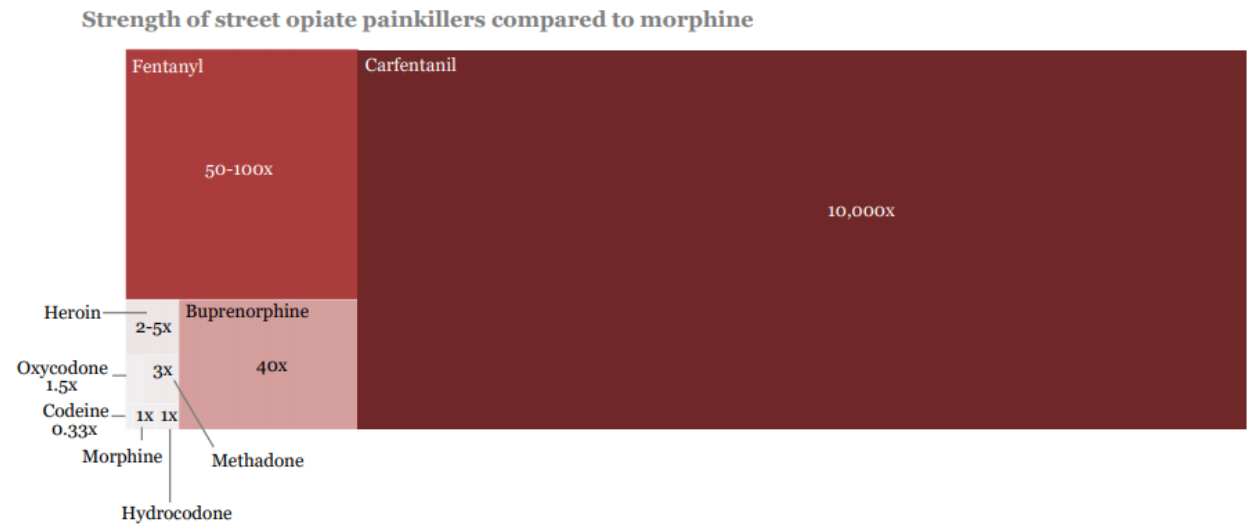
**Qualitative Data on Tobacco Use**

Upon visiting local junior high and high schools, all campuses noted that vaping, or using electronic cigarettes, is the most popular drug use they see on campus. As noted previously, JUULs are the most common vaping device seen on Region 9 campuses. Going into nearly any convenience store in Midland/Odessa, one will find advertising for JUUL. The JUUL is discussed more in the *Emerging Trends* section of this assessment.

**Special Topic: Opioids**

Opioids are pain-relieving drugs derived from opium, i.e., opiates and synthetic opiates.<sup>100</sup> Common opiates are heroin (an illegal opiate) as well as prescription medications: oxycodone (a.k.a. OxyContin), hydrocodone (a.k.a. Vicodin), morphine, and methadone.<sup>100</sup> Fentanyl is a synthetic opiate typically used for treating severe pain, e.g., in advanced cancer patients, but is now commonly made and distributed illicitly.<sup>100</sup> Biological effects of fentanyl are indistinguishable from those of heroin except for fentanyl is around 50 times, sometimes up to hundreds of times, more potent than heroin.<sup>101,102</sup>

To give perspective, Oxycodone is 1.5 times stronger than morphine, heroin 2-5 times stronger, methadone 3 times stronger, Fentanyl 50-100 times stronger, and carfentanil 10,000 times stronger than morphine (see Figure 37).<sup>103,104</sup> Carfentanil is a painkiller for elephants and other large animals, unintended for humans, but is being found mixed into heroin and other drugs creating an extremely lethal drug.<sup>104</sup> Law enforcement officers are being warned not to touch carfentanil, as coming into contact with even a small amount of it can cause severe, even fatal, consequences.<sup>104</sup>



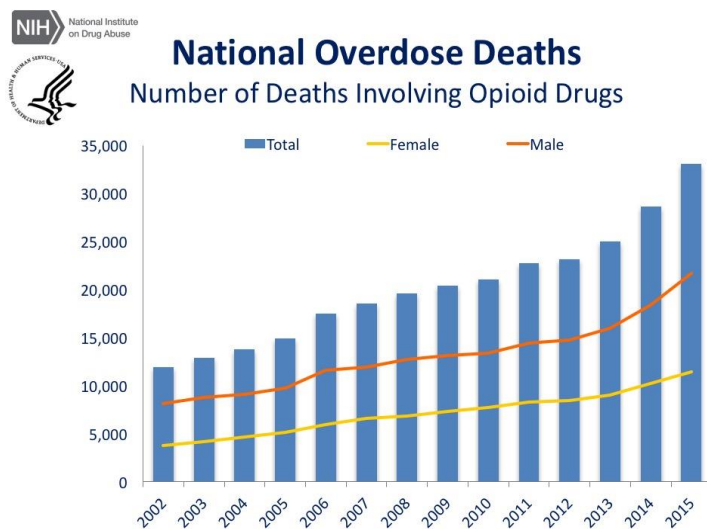
**FIGURE 37. STRENGTH OF STREET OPIOIDS COMPARED TO MORPHINE**

Source: National Journal Presentation Center, Washington Post<sup>103,104</sup>

**National Crisis**

In 2016, more than 64,000 people in the U.S. died of a drug overdose, of which more than 53,000 (85%) were caused by an opioid.<sup>105</sup>

This amounts to more than 146 deaths per day in the U.S. from opioid drug overdoses alone. This was an increase from 2015, when nearly 35,000 opioid overdose deaths occurred, amounting to nearly 96 deaths every day from opioid overdose (see Figure 38).<sup>105</sup> The misuse of and addiction to opioids—including prescription pain pills, illicit opioids, e.g., heroin, and synthetic opioids such as fentanyl—is a serious national crisis that affects public health as well as social and economic welfare.<sup>106</sup> The



**FIGURE 38. OPIOID OVERDOSE DEATHS, 2002-2015**

Source: National Institute on Drug Abuse<sup>105</sup>

total economic burden of the prescription opioid overdose, abuse, and dependence in the U.S. as of 2013 was estimated to be \$78.5 billion, of which over a third of these costs is attributed to increased health care and substance abuse treatment costs.<sup>107</sup>

Furthermore, a 2017 CastLight report found that, contradictory to popular belief, “opioid abusers are more likely to live in the rural south” than on the east or west coast of the U.S. (see Figure 39).<sup>108</sup> This report also ranked four Texas cities among the top 25 opioid abusing cities, including Odessa (Ector County) with an 8% opioid abuse rate and rank of #15 in the U.S.<sup>108</sup> This estimates that 8% of people prescribed opioids in Odessa are abusing them.<sup>108</sup>



FIGURE 39. ODESSA #15 IN TOP OPIOID ABUSE RATES IN NATION, 2017

Source: CastLight Health<sup>108</sup>

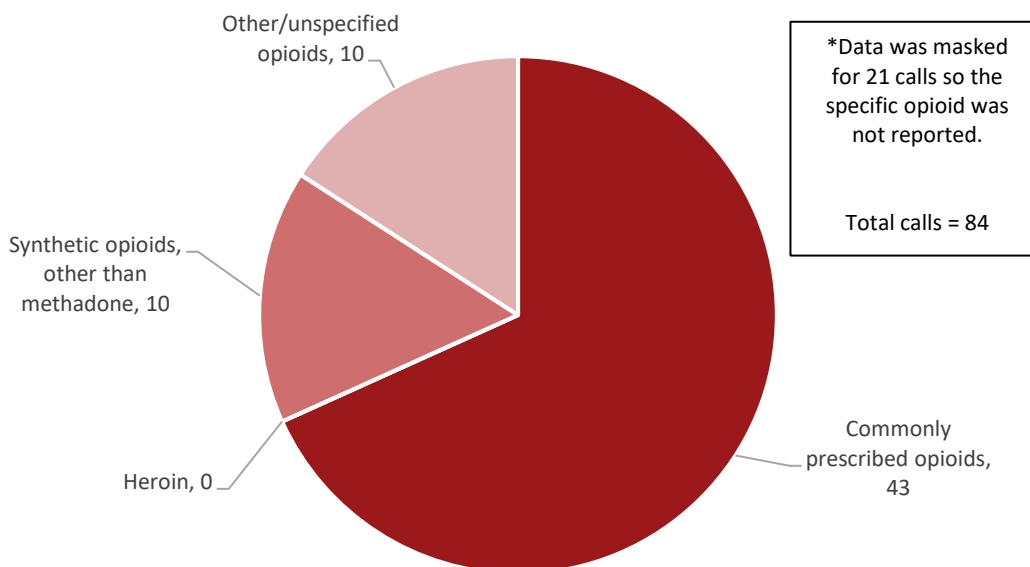
**Texas Poison Center Calls**

In 2017, the Texas Poison Center had 84 opioid-related exposures from Region 9 (see Figure 40 on the following page).<sup>109</sup> Midland County accounted for 36 of these calls, Ector County 22, Tom Green County 16, and Howard County 10.<sup>109</sup> These calls represented only 1.6% of all opioid-related Texas Poison Center calls for the state.<sup>109</sup> Ten of the 84 calls were for synthetic opioids other than methadone; 10 of the calls were for unspecified opioids; and 43 calls were for



commonly prescribed opioids.<sup>109</sup> Region 9 calls were comparable to the state rate, as commonly prescribed opioids accounted for 67% of the calls, synthetic opioids accounted for 30%, and heroin and unspecified opioids accounted for the rest of the opioid-related calls to the Texas Poison Control Center.<sup>109</sup>

Figure 40. Region 9 Opioid-Related Poison Center Calls, 2017



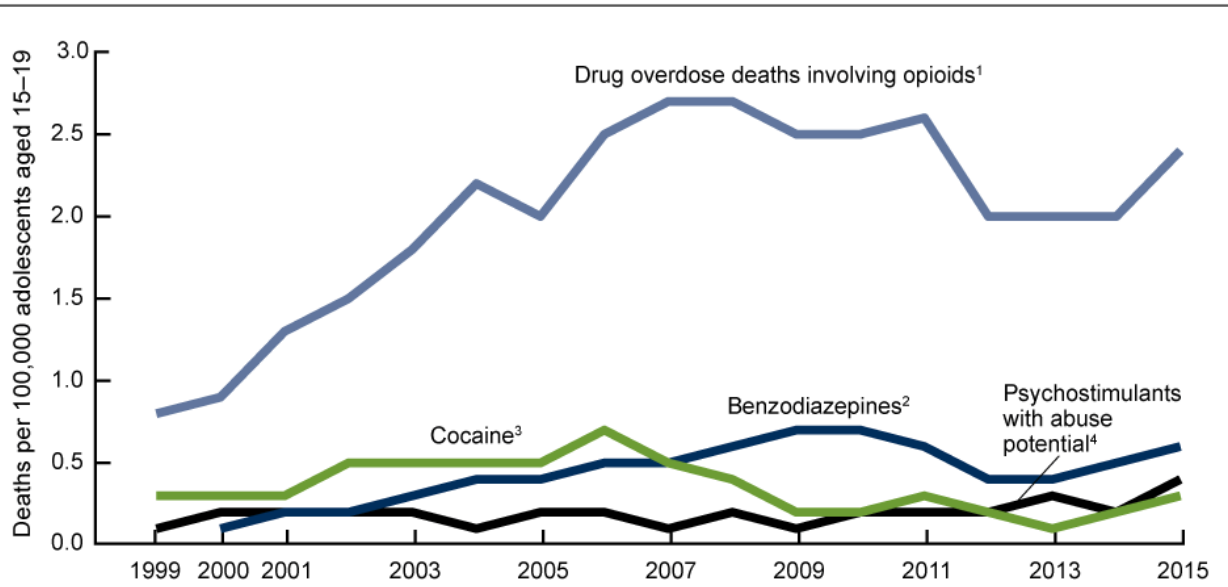
Source: Texas Health and Human Services Commission<sup>109</sup>

From 2010-2017, Region 9 had 1,204 opioid-related poison center calls.<sup>109</sup> However, there was a decline in opioid-related poison center calls.<sup>109</sup> From 2010-2013, Region 9 had 634 opioid-related calls to the Texas Poison Center; from 2014-2017, Region 9 had 504 opioid-related calls to the Texas Poison Center.<sup>109</sup> Some calls were not counted in the year breakdown due to a county having less than 10 opioid calls, i.e., suppressed data.<sup>109</sup>

### Adolescent Use

In 2016, 3.6% of adolescents (ages 12-17) in the U.S. reported misusing opioids in the past year with the majority being prescription opioids, not heroin.<sup>68</sup> Over 4,000 youth aged 15-24 died from a drug overdose in 2015 and over half of these were attributed to opioids.<sup>110</sup> It is estimated that for every young adult death due to prescription drug overdose, including opioids, there are 22 treatment admissions and 199 emergency room visits.<sup>111</sup> Drug overdose deaths involving opioids

among adolescents have more than tripled from 1999-2015 and this rate is more than cocaine, benzodiazepines, and psychostimulant overdose death rates combined (see Figure 41).<sup>112</sup>



**FIGURE 41. DRUG OVERDOSE DEATH RATES FOR ADOLESCENTS AGED 15-19, 1999-2015**

Source: Centers for Disease Control and Prevention<sup>112</sup>

**Qualitative Data**

Among the prescription medications that local junior high and high schools report seeing are opioids. Specifically, schools report students bringing hydrocodone and oxycodone, a.k.a. Vicodin and Oxycontin, respectively. School officials say that they catch students selling these pills often before school begins in the morning, so they don’t get caught with carrying a prescription drug not prescribed to them during the day. As with Xanax and other medications, they urge parents to check and secure their medicine cabinets.

Local treatment facilities report that less than a quarter of their patients are there for opioid abuse. This is most likely because there are clinics solely for opioid abusers, i.e., methadone clinics. Both Midland and Odessa have methadone clinics and, in total, serve 241 patients. These methadone clinics receive new calls every day and must put people on wait lists. The most commonly abused opioids they see are heroin, hydrocodone, and oxycodone.

Furthermore, local DFPS offices report that they see prescription medication abuse among the top substances abused in their cases and these include opioids, as well.

### Emerging Trends

One way to understand the current trends in substance use is to be aware of any new substances and devices in the market. Many times, emerging trends consume the drug market at a rapid pace without knowledge of the effects a drug or device may reap. New substances and devices can often be detrimental to a society. One such new trend we are seeing across the U.S. and in the Permian Basin is the JUUL™.

### JUULs and E-Cigarettes

JUUL devices are a closed system vapor product and use a heating mechanism to create an aerosol.<sup>113</sup> They are rechargeable via a USB port and they utilize e-liquids, or the fluid which creates the vapor, in the form of JUULpods.<sup>113</sup> JUULpods contain propylene glycol, glycerine, benzoic acid, flavors, and nicotine.<sup>113</sup> Per the JUUL website, the mission of JUUL is to create an alternative for current smokers, not a new habit for nonsmokers.<sup>113</sup> In overview, JUUL devices have a sleek design and are manufactured to give a “healthier” alternative to adult tobacco cigarette smokers while still delivering the nicotine they seek (see Figure 42).<sup>113</sup>

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“We believe that vaping can... have a negative impact when used by nonsmokers... These alternatives contain nicotine... We believe that these alternatives are not appropriate for people who do not already smoke”.

-JUUL<sup>113</sup>

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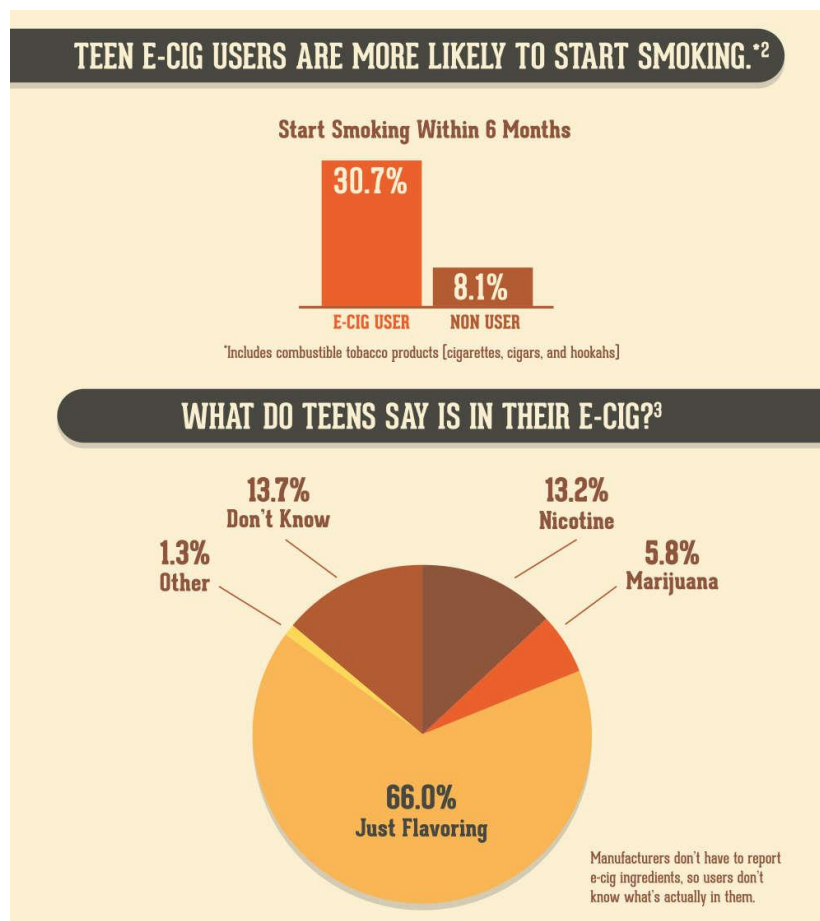
**FIGURE 42. JUUL™, THE NEW ELECTRONIC CIGARETTE**  
Source: JUUL<sup>113</sup>

Though the JUUL was designed as an alternative for current adult smokers and electronic cigarettes are illegal to buy under the age of 18, the JUUL has been a hit among teens across the U.S., including the Permian Basin. When interviewing local schools and asking if they had seen JUULs on their campus, each assistant principal opened their desk drawer and displayed the JUULs they confiscated that week. Being that the JUUL is relatively new, there are no

studies done on this particular device yet at the time of the publishing of this RNA. However, there are studies concerning e-cigarette usage in adolescents.

Barrington-Trimis et al. found that e-cigarette users had over 6 times the odds of beginning cigarettes later on in life as compared to non-e-cigarette users.<sup>114</sup> NIDA reports that over 30% of e-cigarette users began smoking within 6 months of using an e-cigarette while only 8% of non-users began smoking (see Figure 43).<sup>115</sup> Furthermore, nearly one-fifth of 12<sup>th</sup> grade students across the U.S. reported using e-cigarettes in the past month.<sup>115</sup>

Teens also don't know what is in their e-cigarettes. Figure 43 shows that two-thirds of teens believe only flavoring is in their e-cigarette and only 13% know that it contains nicotine.<sup>115</sup> Interestingly, nearly 6% of teens believe marijuana is in their e-cigarette and this could be true.<sup>115</sup> If you visit any of the marijuana online forums, you are sure to be able to find a tutorial on how to use liquid marijuana in a vape pen (e-cigarette). Local schools noted that students can and are getting high in class simply by vaping liquid marijuana from their USB-looking vaping devices.



**FIGURE 43. TEEN E-CIGARETTE BELIEFS AND FUTURE SMOKING ODDS**  
Source: National Institute on Drug Abuse<sup>115</sup>

## Fentanyl and Opioid Dangers

Fentanyl is a powerful synthetic opioid analgesic like morphine, but is 50 to 100 times more potent.<sup>103,104</sup> Fentanyl is a schedule II prescription drug and is manufactured as a surgery anesthetic, pain management medication after surgery, and to treat chronic pain in patients tolerant to other painkillers.<sup>116</sup> In its legal (prescription) form, fentanyl is known as Actiq®, Duragesic®, and Sublimaze®.<sup>117</sup> 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.<sup>117</sup>

In 2013, the Drug Enforcement Administration (DEA) began noticing a spike in opioid overdoses and deaths and found them to be the result of counterfeit pharmaceutical products containing fentanyl or fentanyl-related substances and other synthetic opioids.<sup>116</sup> The current rise in opioid-related deaths appears to be driven by illicitly produced fentanyl products.<sup>116</sup> China and Mexico appear to be the main countries smuggling fentanyl into the U.S. with a notable amount also coming through Canada.<sup>116</sup>

Fentanyl-related substances have been identified in powder, pill, capsule, and liquid forms, as well as on blotter paper.<sup>116</sup> Fentanyl has also been identified in counterfeit pharmaceutical products, e.g., tablets that mimic oxycodone, and found in mixtures with cocaine (“speedball”) and heroin plus other synthetic opioids (“Grey Death”).<sup>116</sup> It has been determined that only 2-3 milligrams, about the size of 5-7 grains of salt, of fentanyl can induce respiratory depression, arrest, and possibly death (see Figure 44).<sup>116</sup>

The DEA recommends that law enforcement and other first responders treat suspected fentanyl substances with extreme caution, as a small amount of exposure can lead to significant health-related complications or even death.<sup>116</sup> The DEA also gives specific guidelines on treating a first responder that may have come into contact with a fentanyl-related substance, including administering multiple doses of naloxone, an opioid overdose antidote, if the victim has overdosed.<sup>116</sup>



**FIGURE 44. LETHAL AMOUNT OF FENTANYL COMPARED TO A PENNY**

Source: Drug Enforcement Administration<sup>116</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 more. Each realm of consequences listed in the following section has the ability to affect the community, school, family, and individual sectors.

## Overview

Consequences come in a variety of forms, such as: overdose deaths and disease related to alcohol and drugs, arrests and criminal charges, hospitalizations and ER admissions, underage drinking and drug use, and the cost of treatment, as well as low employment and college admissions. These consequences are felt by the community at-large and are relevant because they, in turn, are a way of reporting the risk factors present in a community.

## Mortality

Fatality is the most extreme example of substance use consequences, but is not uncommon. Alcohol and other drugs can kill people in a variety of ways, either directly or indirectly, and the magnitude of this consequence is inconceivable. However, it is important to report what data can be attributed to substance use. Thus, the following section expresses substance use-related mortality rates in Region 9.

### Overdose Deaths

Overdose death is a directly-related fatality due to alcohol and/or drugs. Table 33 shows the overdose death crude rate, or the number of people per 100,000 population that died directly from overdosing on alcohol or drugs. The overdose death crude rate for Region 9 has varied each year from 2010-2015, seeing a peak in 2014 of 7.1 overdose deaths per 100,000 population and then declining in 2015 to an overdose death crude rate of 5.5.<sup>118</sup> In nearly every year from 2010-2015, excluding 2014, Region 9 had a lower overdose death crude rate than the state of Texas.<sup>118</sup>

Region	2010	2011	2012	2013	2014	2015
<b>TEXAS</b>	<b>6.5</b>	<b>6.7</b>	<b>6.5</b>	<b>6.7</b>	<b>6.7</b>	<b>7.5</b>
1	3.7	4.8	3.0	6.6	5.1	6.6
2	4.9	6.0	5.9	6.8	8.8	5.6
3	5.4	6.0	6.9	6.5	8.0	7.8
4	3.9	4.6	6.1	6.2	6.7	6.4
5	8.7	9.1	8.2	7.1	8.5	8.4
6	9.4	8.0	7.7	8.0	7.4	8.9
7	5.9	5.8	5.6	5.4	4.2	7.7
8	7.4	10.2	7.3	7.0	6.3	7.2
<b>9</b>	<b>6.1</b>	<b>4.0</b>	<b>4.7</b>	<b>6.5</b>	<b>7.1</b>	<b>5.5</b>
10	*	*	*	3.2	4.1	4.6
11	5.3	5.2	5.5	6.0	4.9	4.7

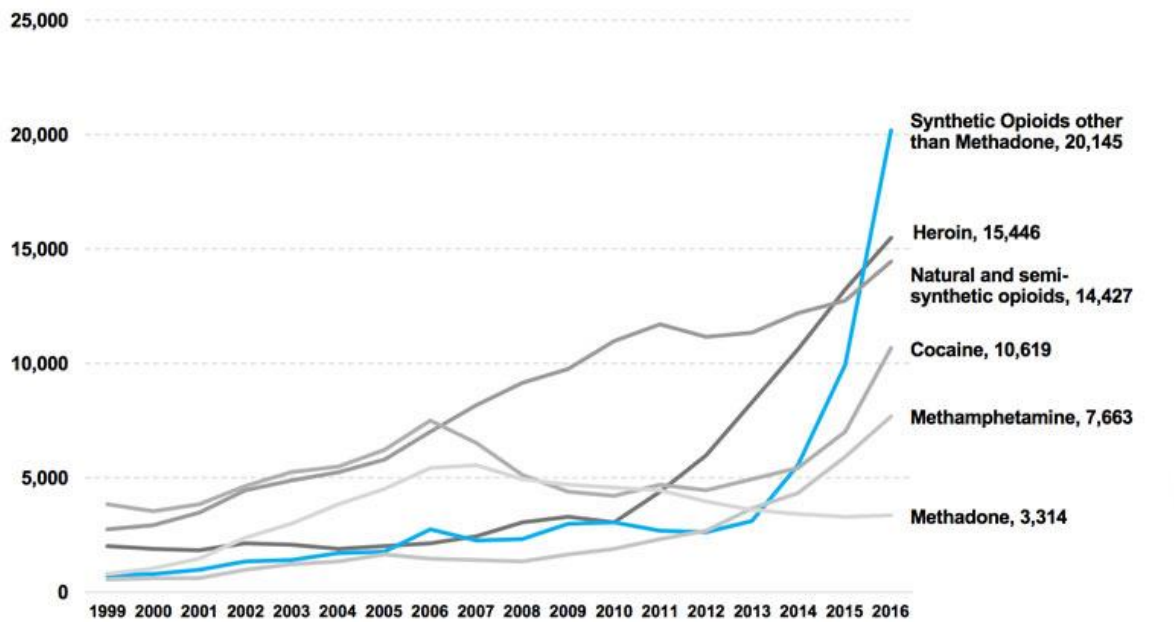
From 2010-2015, Region 9 reported 150 overdose deaths.<sup>118</sup> From 2010-2015, only Ector, Midland, and Tom Green counties had enough data to report individually. Ector County had the leading number of overdose deaths (38), followed by Midland County (14), and Tom Green County (13) from 2010-2015.<sup>118</sup> Though, it is worth noting that this is an underestimate due to insufficient data, i.e., if a county had less than 10 overdose deaths for any given year then those deaths were masked and not counted at county-level.

Source: Department of State Health Services<sup>118</sup>

Overdose deaths can be caused by any drug. Trends show that synthetic opioids are the leading cause of overdose deaths in the U.S. as of 2016, followed by heroin, other opioids, cocaine,

methamphetamine, and methadone, in that order (see Figure 45).<sup>105</sup> Alcohol is not included in Figure 45, but is included in overdose death rates seen in Table 33 on the previous page.

**Drugs Involved in U.S. Overdose Deaths, 2000 to 2016**



**FIGURE 45. DRUGS INVOLVED IN U.S. OVERDOSE DEATHS, 2000-2016**

Source: National Institute on Drug Abuse<sup>105</sup>

**Drug and Alcohol-Related Deaths**

Drug-induced deaths include all deaths for which drugs are the underlying cause, including those attributable to acute poisoning (drug overdose) and deaths from medical conditions resulting from chronic drug use (e.g., drug-induced Cushing’s syndrome).<sup>119</sup> Alcohol-induced deaths include deaths from dependent and nondependent use of alcohol, deaths from accidental poisoning by alcohol, excluding unintentional injuries, homicides, and other causes indirectly related to alcohol use, as well as deaths due to fetal alcohol syndrome.<sup>119</sup> Therefore, deaths in this section encompass more than direct deaths due to alcohol/drugs (overdose).

**Table 34. Region 9 Drug & Alcohol-Induced Deaths**

County	2007-2011	2012-2016
<b>REGION 9</b>	<b>485</b>	<b>633</b>
Andrews	--	14
Dawson	14	20
Ector	164	209
Gaines	11	14
Howard	39	48
Mason	--	12
Midland	126	159
Pecos	14	13
Tom Green	102	114
Ward	15	19
Winkler	--	11

-- Data suppressed if count is less than 10

Source: Centers for Disease Control and Prevention<sup>119</sup>

From 2012-2016, there were 633 drug and alcohol-induced deaths in Region 9 (see Table 34 on the previous page).<sup>119</sup> This is a 30% increase in drug and alcohol-induced deaths from 2007-2011, which had 485 drug and alcohol-induced deaths.<sup>119</sup> Some counties in Table 34 are denoted with a “--” meaning there was not enough data, i.e., less than 10 deaths to report.<sup>119</sup> Andrews, Mason, and Winkler counties did not have enough data from 2007-2011 to report but did from 2012-2016.<sup>119</sup> Each county reporting data in Region 9 had an increase in drug and alcohol-induced deaths, except for Pecos County.<sup>119</sup> The largest increase was seen in Dawson County from 14 deaths in 2007-2011 to 20 deaths from 2012-2016, a 43% increase in drug and alcohol-induced deaths between the two time frames.<sup>119</sup>

**Table 35. Crude Rate of Drug & Alcohol-Induced Deaths**

County	2007-2011	2012-2016
<b>TEXAS</b>	<b>15.8</b>	<b>17.2</b>
<b>REGION 9</b>	<b>21.0</b>	<b>25.9</b>
Dawson	--	29.7
Ector	24.2	27.3
Howard	22.5	26.4
Midland	18.7	20.4
Reeves	--	32
Tom Green	18.7	19.6

-- Data was insufficient to report

Source: Centers for Disease Control and Prevention<sup>119</sup>

It may be more helpful to look at crude rates of drug and alcohol-induced deaths, as crude rates show the number of deaths reported each calendar year per 100,000 population and allows comparison between populations.<sup>119</sup> A drug and alcohol-induced death crude rate shows the total number of people who died due to drugs and/or alcohol in that time period divided by the total population of that time period, not adjusting for age, multiplied by 100,000, i.e., this crude rate shows the number of people per 100,000 population who died due to alcohol and/or drugs. Both for Texas and Region 9, crude rates of drug and alcohol-induced deaths increased from 2007-2011 to 2012-2016 (see Table 35).<sup>119</sup> Region 9 had a crude rate of 33% more drug and alcohol-induced deaths per

100,000 population than the Texas average from 2007-2011.<sup>119</sup> From 2012-2016 this gap grew even larger with Region 9 having a crude rate of 51% more drug and alcohol-induced deaths per 100,000 population than the Texas average.<sup>119</sup> Hence, from 2012-2016, nearly 26 people per 100,000 population died due to drugs and/or alcohol in Region 9.<sup>119</sup> The largest increase in Region 9 from time period 2007-2011 to 2012-2016 was seen in Howard County with a 17% increase in drug and alcohol-induced death crude rate.<sup>119</sup> Dawson County had the highest crude rate in Region 9 of 29.7 drug/alcohol-induced deaths per 100,000 population.<sup>119</sup> Table 35 shows the only counties in Region 9 with drug and alcohol-induced death crude rates, as counties not shown had insufficient data to report.

**Drug and Alcohol-Related Fatalities**

Additionally, Region 9 reported 713 vehicle crashes indicated as DUI – Alcohol (see Table 36 on the following page).<sup>120</sup> This averages out to nearly two DUI crashes per day in Region 9 in 2016.<sup>120</sup> These crashes resulted in 33 fatalities and about 47% of these crashes resulted in injury.<sup>120</sup> Ector County had the most DUI crashes (254) and Midland County closely followed (235) in 2016.<sup>120</sup>



Table 36. Region 9 DUI Crashes and Injuries, 2016			
County	Fatalities	Crashes involving an injury	Total Crashes
<b>REGION 9</b>	<b>33</b>	<b>335</b>	<b>713</b>
Andrews	0	9	15
Borden	0	0	1
Coke	0	0	0
Concho	0	2	4
Crane	0	1	7
Crockett	0	2	7
Dawson	0	3	9
Ector	12	118	254
Gaines	2	14	22
Glasscock	1	3	3
Howard	2	7	20
Irion	0	7	9
Kimble	1	2	3
Loving	0	0	0
Martin	1	4	9
Mason	0	0	3
McCulloch	0	2	8
Menard	0	2	2
Midland	8	104	235
Pecos	1	11	18
Reagan	0	1	3
Reeves	2	5	10
Schleicher	0	1	3
Sterling	0	0	0
Sutton	0	1	6
Terrell	1	2	2
Tom Green	1	24	43
Upton	0	3	5
Ward	1	3	8
Winkler	0	4	4

Source: Texas Department of Transportation<sup>120</sup>

### Legal Consequences

Many times, behaviors will 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.

## Liquor Law Violations

Alcohol-related arrests are codified by the Federal Bureau of Investigations (FBI) and other law enforcement agencies, according to: Driving Under the Influence (DUI), public drunkenness, and liquor law violations.<sup>121</sup> According to the FBI, DUIs are “driving or operating a motor vehicle or common carrier while mentally or physically impaired as the result of consuming an alcoholic beverage or using a drug or narcotic.”<sup>122</sup> Liquor law violations consist of “the violation of state or local laws or ordinances prohibiting the manufacture, sale, purchase, transportation, possession, or use of alcoholic beverages, not including driving under the influence and drunkenness. Federal violations are excluded.”<sup>122</sup> Drunkenness violations are “to drink alcoholic beverages to the extent that one’s mental faculties and physical coordination are substantially impaired. Driving under the influence is excluded.”<sup>122</sup>

In Region 9 in 2017, there was a total of 6,300 alcohol violations, including 2,317 DUIs, 3,452 drunkenness violations, and 531 liquor law violations (see Table 37).<sup>121</sup> Ector County alone accounted for more than one-third of alcohol violations in Region 9 in 2017.<sup>121</sup> Midland County contributed the second most alcohol violations (1,901) for the region in 2017, followed by Tom Green County (765).<sup>121</sup>

Table 37. Region 9 Alcohol-Involved Violations, 2017

County	DUI	Drunkenness	Liquor Law	Total Alcohol Violations
<b>REGION 9</b>	<b>2,317</b>	<b>3,452</b>	<b>531</b>	<b>6,300</b>
Andrews	61	40	29	130
Borden	0	0	0	0
Coke	0	0	0	0
Concho	4	0	0	4
Crane	25	17	0	42
Crockett	8	10	1	19
Dawson	8	6	0	14
Ector	968	1,213	118	2,299
Gaines	92	33	27	152
Glasscock	0	0	0	0
Howard	66	221	19	306
Irion	2	0	0	2
Kimble	11	8	10	29
Loving	0	0	0	0
Martin	1	2	0	3
Mason	8	14	0	22
McCulloch	10	34	9	53
Menard	5	5	0	10
Midland	593	1,146	162	1,901
Pecos	11	53	3	67
Reagan	21	7	6	34
Reeves	53	114	0	167
Schleicher	8	6	0	14
Sterling	8	0	0	8
Sutton	4	13	4	21
Terrell	0	0	0	0
Tom Green	263	366	136	765
Upton	6	26	0	32
Ward	65	91	7	163
Winkler	16	27	0	43

Source: Texas Department of Public Safety<sup>121</sup>

### DWI And Drug Misdemeanors

In 2017, Region 9 disposed nearly 7,000 DWI and drug misdemeanor cases (see Table 38).<sup>47</sup> Furthermore, Region 9 had 1.5 times more drug misdemeanors than DWI misdemeanors in 2017.<sup>47</sup> Ector County disposed the leading number of both DWI and drug cases in 2017 for Region 9.<sup>47</sup> Collectively, Ector, Midland, and Tom Green counties made up 75.7% of disposed DWI and drug misdemeanor cases in Region 9 in 2017.<sup>47</sup>

County	DWI	DRUG	County	DWI	DRUG	County	DWI	DRUG
<b>TEXAS</b>	<b>79,093</b>	<b>94,714</b>	Glasscock	3	4	Reagan	52	29
<b>REGION 9</b>	<b>2,690</b>	<b>4,064</b>	Howard	106	190	Reeves	26	57
Andrews	78	85	Irion	3	2	Schleicher	7	8
Borden	3	1	Kimble	25	33	Sterling	3	2
Coke	0	0	Loving	0	1	Sutton	25	42
Concho	21	13	Martin	6	11	Terrell	6	5
Crane	22	13	Mason	9	21	Tom Green	278	578
Crockett	19	47	McCulloch	41	68	Upton	11	9
Dawson	18	48	Menard	5	33	Ward	56	47
Ector	999	1,407	Midland	717	1,132	Winkler	28	33
Gaines	52	57	Pecos	71	88			

Source: Texas Office of Court Administration<sup>47</sup>

### Direct Costs

The average cost of a first offense-DUI is \$6,500, excluding an additional average of \$4,400 in lost wages.<sup>123</sup> DUI costs include, but are not limited to, attorney’s fees, court-ordered fees, car insurance increases, traffic school and substance abuse education courses, Department of Motor Vehicles (DMV) fees, ignition interlock devices, towing and storage, and bail.<sup>123</sup>

Moreover, a first-offense DWI in Texas is estimated to be a minimum of \$12,000 (see Figure 46).<sup>124</sup> These costs include the same factors as DUIs and costs of multiple offenses increases accordingly.



FIGURE 46. TEXAS DWI FINES BREAKDOWN

Source: Law Office of Brent de la Paz<sup>124</sup>

Due to the varying circumstances for drug offenses, e.g., drug possession vs. intent to distribute, it is difficult to put a number on the average cost of drug offenses. Penalties can range from less than \$100 and/or a few days in jail to thousands of dollars and several years in prison for the same offense, depending on various factors.<sup>125</sup> Penalties in Texas are dependent upon the type of drug, the quantity of drug, how the drug was stored, possession of other drug paraphernalia, and past convictions of the offender.<sup>126</sup> The highest penalty given in Texas for drug possession is life or 99 years in prison and/or a fine of up to \$250,000.<sup>126</sup>

**Hospitalization and Treatment**

Due to various reasons, from overdosing to alarming side effects, people may be hospitalized for their alcohol/drug abuse or dependence. Those hospitalized represent a smaller portion of the community-at-large abusing alcohol/drugs. However, knowing the number of hospital discharges for this reason can relay a meaningful message for our community’s needs.

**AOD-Related Hospital Discharges**

In Region 9 in 2016, there were a reported 329 alcohol/drug abuse discharges without rehabilitation therapy, nearly 1 every day.<sup>127</sup> To give perspective, there were only 231 discharges in Region in 2016 for chest pain.<sup>127</sup> Thus, hospital discharges for drug/alcohol abuse in Region 9 have exceeded chest pain hospital discharges by 42%.

Hospital discharges for alcohol/drug abuse in Region 9 have exceeded chest pain hospital discharges by 42%.

*Texas Price Point*

Disproportionate to its population size comparative to Ector and Midland counties, about 70% of alcohol/drug abuse discharges came from Tom Green County (see Table 39 on the following page).<sup>127</sup> Additionally, the average length of stay for Region 9 substance abuse discharges without rehabilitation therapy was less than or equal to the Texas average of 5.8 days, except for Howard County with an average of 110 days.<sup>127</sup> One reason for the large difference in Howard County may be that these estimates include a state

psychiatric hospital (Big Spring State Hospital), where the average length of stay is 266 days for COPSD patients.<sup>127</sup> Since Howard County is an outlier due to its inclusive data and substance abuse-focused structure, it is shown in Table 39 but will not be further analyzed or used for comparison in Region 9 or the state.

In 2016, the average charge in Texas for alcohol/drug abuse patients without rehabilitation therapy was \$18,947.<sup>127</sup> Ector and Midland counties were above this at 1.14 and 1.27 times the rate of Texas, respectively.<sup>127</sup> Reeves County’s average for these discharges was less than a third of the state’s average, while Tom Green County’s average charge for these discharges was about three-quarters of the Texas average.<sup>127</sup> The average charge per day for alcohol/drug abuse or dependence without rehabilitation therapy in Region 9 in 2016, excluding Howard County, ranged from \$1,906 per day in Reeves County to \$5,990 per day in Ector County.<sup>127</sup> All other counties in Region 9 either had no data or insufficient data to report.

**Table 39. Region 9 Alcohol/Drug Abuse or Dependence without Rehabilitation Therapy, 2016**

County	Number of Discharges	Average Length of Stay	Average Charge	Average Charge per day	Median Charge
<b>TEXAS</b>	<b>20,201</b>	<b>5.8</b>	<b>\$18,947</b>	<b>\$3,267</b>	<b>\$13,449</b>
Ector	47	3.6	\$21,566	\$5,990	\$19,645
Howard	22	110.0	\$77,921	\$708	\$19,310
Midland	26	4.6	\$24,021	\$5,222	\$25,356
Reeves	8	3.0	\$5,717	\$1,906	\$6,064
Tom Green	226	5.8	\$14,155	\$2,440	\$10,740

Source: Texas Price Point<sup>127</sup>

There are also discharges against medical advice (AMA) in which “a patient chooses to leave the hospital before the treating physician recommends discharge.”<sup>128</sup> Region 9 had 37 AMA alcohol/drug abuse or dependence discharges in 2016 (see Table 40).<sup>127</sup> Tom Green County had the leading number of AMA alcohol/drug abuse discharges (20), followed by Ector County (11), then Midland County (6).<sup>127</sup> The average length of stay for alcohol/drug abuse discharges AMA in Texas was 2.3 days; Ector and Tom Green counties were above this average at 2.7 and 3 days, respectively, while Midland County was below this at 1.8 days.<sup>127</sup> The average charge per day for alcohol/drug abuse discharges AMA was \$6,465 for Texas, \$7,924 for Ector County, \$9,333 for Midland County, and \$2,909 for Tom Green County.<sup>127</sup> All other counties in Region 9 either had no data or insufficient data to report.

**Table 40. Region 9 Alcohol/Drug Abuse or Dependence, Left AMA\*, 2016**

County	Number of Discharges	Average Length of Stay	Average Charge	Average Charge per day	Median Charge
<b>TEXAS</b>	<b>2,070</b>	<b>2.3</b>	<b>\$15,516</b>	<b>\$6,465</b>	<b>\$10,906</b>
Ector	11	2.7	\$21,394	\$7,924	\$14,739
Midland	6	1.8	\$16,800	\$9,333	\$14,289
Tom Green	20	3.0	\$8,726	\$2,909	\$7,117

\*: Against Medical Advice (AMA)

Source: Texas Price Point<sup>127</sup>

### EMS Runs for Overdose Symptoms

The most recently compiled data which exists regarding emergency department “runs”, or number of times an Emergency Medical Services (EMS) agency was sent to respond to an event, comes from the Texas EMS Registry provided by the HHSC.<sup>129</sup> In 2016, there were 138 EMS runs regarding primary symptoms of overdose (drugs or alcohol) in Region 9.<sup>129</sup> About half of these (68) came from Midland County alone.<sup>129</sup> The second leading county was Ector, accounting for 17 (12%) EMS runs for overdose symptoms in Region 9.<sup>129</sup> Overdose EMS runs have declined from 2010-2016 in Region 9.<sup>129</sup> In 2011 Region 9 reported its highest number of overdose EMS runs of

373, and in 2016, Region 9 reported its lowest number of overdose EMS runs of 138.<sup>129</sup> There was no data for 2015.<sup>129</sup>

## Economic Impacts

Economic impacts are one of the most alarming concerns for stakeholders, because the average taxpayer spends thousands of dollars on unknown drug and alcohol-related costs. The following section pictures the 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

According to the CDC, underage excessive drinking costs the U.S. 4,300 lives each year.<sup>130</sup> In 2013, underage drinking cost Texas citizens \$5.5 billion, including medical care, work loss, and pain and suffering costs associated with the multiple problems resulting from the use of alcohol by youth (see Figure 47).<sup>131</sup> Also to be considered, suffering costs include groups of intangible monetary losses, such as risky sexual behavior, funerals, fire damages, and other costs.<sup>132</sup>

**Costs of Underage Drinking by Problem, Texas, 2013 \$**

Problem	Total Costs (in millions)
Youth violence	\$3,082.5
Youth traffic crashes	\$779.3
High-risk sex, Ages 14–20 years	\$609.5
Property and public order crime	\$23.3
Youth injury	\$210.1
Poisonings and psychoses	\$63.9
Fetal alcohol syndrome among mothers aged 15–20 years	\$212.2
Youth alcohol treatment	\$18.8
<b>Total</b>	<b>\$5,469.2 (e.g. \$5.5 B)</b>

Additionally, in 2006, underage drinking cost the state of Texas \$1.8 billion,

**FIGURE 47. UNDERAGE DRINKING COSTS IN TEXAS, 2013**

Source: Pacific Institute for Research and Evaluation<sup>131</sup>

**Underage drinking is estimated to cost Region 9 over \$130 million in 2018.**

*Pacific Institute for Research and Evaluation*

while excessive drinking in total cost the state of Texas \$16.5 billion.<sup>133</sup> This ranked Texas first in the nation for underage drinking costs.<sup>133</sup> In 2013, underage drinking cost the state of Texas \$5.5 billion, an increase of 206% over 7 years.<sup>131</sup> It is worth mentioning that different entities calculated these estimates, so, though exact costs may differ due to varying analyses, these numbers do show a trend of dramatically increasing state costs for underage drinking from 2006-2013. Breaking down these costs to the population of Texas in 2013, each resident paid about \$206.54 for underage drinking consequences.<sup>134</sup> Hence, a family of five contributed over

\$1,000 in 2013 to pay for underage drinking. If the cost of underage drinking in Texas remained the same from 2013 to now, Region 9 can expect to pay over \$130 million for underage drinking.<sup>20,131</sup> This, however, is also a conservative estimate, as the trend of underage drinking costs is expected to have risen since 2013, congruent with the population increase.

Aside from being an illegal substance, underage drinking is still a public health issue. 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. This is an example of the community suffering consequences of one member’s decision.

Furthermore, one of the most notable economic impacts of underage drinking is risky adolescent sexual activity. Correlations from Miller, Levy, Spicer, and Taylor indicate underage drinking can contribute to costly, young sexual activity.<sup>132</sup> Specifically, their findings indicate if a teenager drinks, they are over 5 times more likely to engage in risky sexual activity.<sup>132</sup> Region 9 has one of the highest teenage birth rates in Texas.<sup>65</sup> Each county (reporting data) in Region 9 had a teen birth rate above the national average of 20.3 teen births per 1,000 female population.<sup>65</sup> The Texas average in 2016 (40.1 teen births per 1,000 female population) was nearly double the U.S. average, and, yet, 21 of the 30 counties in Region 9 were above the Texas teen birth rate average.<sup>65</sup> Refer to Table 11 earlier in this text to view more data.

One-third of high school students in the U.S. report being sexually active and 22% of these students reported using alcohol or drugs during their most recent sexual encounter.<sup>135</sup> In 2016, Region 9 had over 678 teen (aged 15-19 years old) births, though this number is extremely conservative as it only includes Ector, Midland, and Tom Green counties.<sup>136</sup> Following the estimates of the Texas Campaign to Prevent Teen Pregnancy (about \$7,400 public spending per teen birth), Region 9 spent well over \$5 million for teen births in 2016, including prenatal, labor and delivery postpartum care, infant care, WIC expenses, TANF assistance, and SNAP during pregnancy and infancy costs.<sup>137</sup>

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**Region 9 spent well over \$5 million for teen births in 2016.**

*Estimate derived from Texas Campaign to Prevent Teen Pregnancy*

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Alcohol is a drug in which its effect and hindrance on a person can be measured, i.e., BAC levels. Other drugs are not able to be measured in this way and there are many challenges in reporting that a certain crime, for instance, was committed because a person was under the influence of drugs. Being that alcohol is the most commonly used drug and cost estimates, though still difficult to estimate, contain less challenges in obtaining, there are few estimates on the costs of the consequences of illicit drug use and abuse in America. However, the Office of the National Drug Control Policy and the National Drug Intelligence Center did provide estimates of the economic impact of illicit drug use in 2010 and 2011. Illicit drug use was estimated to cost the U.S. \$181 billion in 2002 and over \$193 billion in 2007, an increase of more than 6% in 5 years.<sup>138,139</sup> These values represent the use of resources to address health and crime consequences and the loss of potential productivity from disability, premature death, and withdrawal from the legitimate workforce.<sup>138</sup>

### **Average Cost of Treatment**

There are no specific figures for the average cost of substance abuse treatment in Region 9, but NIDA estimates that substance abuse costs the U.S. over \$600 billion each year.<sup>140</sup> Though this may sound steep, treatment is less expensive than alternatives like incarceration, where 1 year of imprisonment costs around \$24,000 and 1 year of methadone treatment is about \$4,700.<sup>140</sup> Every dollar invested in addiction treatment programs yields a return of up to \$12 in reduced drug-related crime, criminal justice costs, theft, and healthcare costs.<sup>140</sup> Still even, prevention is said to have the potential to save \$18 per \$1 invested in effective school-based prevention programs.<sup>141</sup>

### **Employability and College Admissions**

The Equal Employment Opportunity Commission (EEOC) states that employees and applicants may not be discriminated based on race, color, religion, sex, national origin, age, disability, or genetic information.<sup>142</sup> However, federal law does not prohibit employers from asking about criminal history and background checks are commonly required.<sup>143</sup>

Moreover, 66% of all colleges and universities have a required criminal history check, though not all of them consider it in their admissions process.<sup>144</sup> But, less than half of the schools that collect criminal justice information have written policies in place and only 40% train staff on how to interpret criminal information.<sup>144</sup> Many convictions are viewed as negative factors during the admissions process, namely drug and alcohol convictions, and this can place a hindrance on that individual's future, especially in terms of their education.<sup>144</sup> Furthermore, those in a state or federal prison cannot receive a Federal Pell Grant or federal student loans.<sup>145</sup> Those in an institution other than federal or state still cannot receive federal student loans, but may be eligible for a Federal Pell Grant.<sup>145</sup> Those in federal, state, or another institution may be eligible for other grants and Federal Work-Study, but probably won't receive them because priority is given to those eligible for a Federal Pell Grant and there are too many difficulties of performing a Federal Work-Study while incarcerated.<sup>145</sup> Once released, most eligibility limitations are removed except for drug-related and sexual offenses.<sup>145</sup> Additionally, if the offense occurred while the student was receiving federal aid, eligibility may be suspended.<sup>145</sup>

Excessive alcohol use and/or drug use in college creates a limitless cascade of consequences. According to the Center on Young Adult Health and Development (2013), students who abuse drugs and use alcohol excessively during college may have a harder time finding a job and maintaining relationships outside of school once they graduate.<sup>146</sup> Moreover, college students excessively drinking alcohol or using drugs face more challenges in completing their courses successfully and graduating.<sup>146</sup> This study claims, "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>146</sup>



Though it is unclear how many drug-related convictions affect graduating high school students, according to the 2017 TCS, nearly one half of Texas college students are at risk because of their illegal use of marijuana.<sup>91</sup>

## Qualitative Data on Consequences

The Region 9 PRC held multiple interviews and focus groups from 2016-2018. Though the purpose of those interviews and focus groups varied, many focus groups and interviews held by the Region 9 PRC reported 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 drug use. 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 use-related involvement and consequences.
- Region 9 youth want to be treated with less blithe by teachers and adults when talking about substance use. Multiple focus groups held by the Region 9 PRC indicated that youth prefer straight-forward, blunt conversations about substance abuse backed by science, rather than ambiguous conversations about substance use with no scientific reasoning, to minimize substance use consequences.
- Region 9 parents report that they would like to be more well-informed on current drug trends and how to best talk to their children and young relatives about drugs and alcohol.

## Environmental Protective Factors

Protective factors are the characteristics at a community, family, or individual level that are associated with a lower likelihood of problematic outcomes.<sup>8</sup> They can be seen as positive countering events.<sup>8</sup> It is important to remember different age groups have different protective factors and 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. Protective factors in Region 9 are reported to show what establishments are currently in place to counteract substance abuse, as well as to bring to attention to which areas Region 9 lags behind in so that appropriate measures can be taken to more effectively respond to the needs of our community.

## Overview

For purposes of this report, protective factors are segregated into community, school, family, and individual domains. Inclusions of each domain are listed below:

<u>Community</u>	<u>School</u>	<u>Family</u>	<u>Individual</u>
<ul style="list-style-type: none"> <li>• Community Coalitions</li> <li>• Treatment/Intervention Providers</li> <li>• Local Social Services</li> <li>• Law Enforcement Capacity and Support</li> <li>• Religion</li> </ul>	<ul style="list-style-type: none"> <li>• YP Programs</li> <li>• ATOD Education</li> <li>• Sober Schools</li> <li>• Alternative Peer Groups</li> <li>• Academic Achievement</li> </ul>	<ul style="list-style-type: none"> <li>• Parental/Social Support</li> <li>• Parental Attitudes</li> <li>• Parental Conversations</li> </ul>	<ul style="list-style-type: none"> <li>• Life Skills</li> <li>• Mental Health Services</li> <li>• Youth Employment</li> <li>• Youth Perception - Access</li> <li>• Youth Perception - Risk &amp; Harm</li> </ul>

## 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 within the community. Many of these coalitions maintain active Facebook pages which are listed with their descriptions. If you're interested in joining, please look them up on Facebook or contact the Region 9 PRC for more information.

## Community Coalitions

1. **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 with their diagnosis are explored. Better Breathing Club currently serves Midland County. (432) 221-4864
2. **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). It addresses high-risk factors for those in the community to empower them to make better choices and minimize substance abuse dependence risks. The Concho Valley C.A.R.E.S. Program stands for Community Action & Resources for Empowerment and serves the Concho Valley. <http://www.adaccv.org/cares/>



3. **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.

4. **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. The Family Health Coalition currently serves agencies that service people of all age groups.

5. **Here to Impact (H2i) Coalition** This coalition was created in 2013 and is supported by the Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADEA). The H2i Coalition’s mission is to engage and serve the community through education and prevention of alcohol, tobacco, and other drugs in order to build a stronger, united community. 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. <https://www.facebook.com/H2iimpact>



6. **Homeless 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.



7. **Midland/Ector County Crime Victims Coalition** The mission of the Midland and Ector 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. Each county has their own coalition which works to promote victim advocacy and awareness in the community. [www.facebook.com/ectorvictimscoalition/](http://www.facebook.com/ectorvictimscoalition/)



8. **The Midland Coalition** The Midland Coalition was created in 2002 and is a Community Coalition Partnership (CCP) now headed by PBRCADEA. Through collaborating with community members and the resources available in Midland, this coalition educates and plans projects that allow all agencies to be a part of preventing underage use of alcohol and drugs in our community. The Midland Coalition serves Midland County. <https://www.facebook.com/MidlandCoalition/>



9. **Permian Basin Military Partners Coalition** The Permian Basin Military Partners Coalition has been in place for almost 16 years. They currently refer veterans to other agencies in the area for different services needed. They 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.



<https://www.facebook.com/Permian-Basin-Military-Partners-Coalition-776850372391827/>

10. **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 STDs. The goal is to do this by increasing parent and community involvement and empowering 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.

11. **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.



<https://www.facebook.com/xoutylc/>

## Treatment/Intervention Providers

1. **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. In addition to the numerous treatment services they provide, they also offer support groups for individuals in recovery. <http://www.adaccv.org/> The following programs are also offered by ADACCV:

- **Cotton Lindsey Center** Cotton Lindsey Center is an outpatient program consisting of a 14 or 26-week program which includes curriculum involving relapse prevention and education for both individuals and groups. The Cotton Lindsey Center is located in San Angelo, TX.
- **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 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. Sara’s House is located in San Angelo, TX.

- **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. William’s House is located in San Angelo, TX.

2. **Alcoholics Anonymous (AA)** AA first appeared in 1939 and is an international fellowship of men and women who have a drinking problem. It is a nonprofessional, self-supporting, multiracial, apolitical program 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.  
<https://www.westtexasadrc.com/>



**West Texas  
ADRC**

3. **Celebrate Recovery** Celebrate Recovery helps people find freedom from hurts, habits, and hang-ups including addictions, compulsive, and dysfunctional behaviors. Celebrate Recovery meets at First Methodist Church in Midland every Tuesday night. You do not have to be a member of First Methodist to attend. <http://www.firstmethodistmidland.com/celebrate-recovery/>



4. **Centers for Children and Families** Centers for Children and Families exists to improve quality of life and strengthen the communities they serve through counseling, educational, and supportive services. They offer counseling, parenting education classes, adoption support, and military support. Centers for Children and Families currently serves Ector and Midland counties. <https://centerstx.org/>



5. **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 services to those who need assistance in confronting addiction. <https://cvtp.org/>



6. **Clover House** This facility provides alcoholism treatment services to court-ordered patients. The treatment center provides residential short-term treatment and residential long-term treatment care. There are special groups and programs for persons with co-occurring mental and substance abuse disorders, men, and criminal justice groups. Special language services provided include Spanish. Clover House serves counties across Texas, but patients must be court-ordered. (432) 580-0321

7. **Daddy & Me Program** Daddy & Me is a program designed for adult or adolescent males who are expecting, and/or current fathers, to help overcome the challenges that often

come with parenting. The program provides clients with a case manager who screens, assesses, and develops an individualized service plan, including needed referrals for substance abuse, mental health, and other needed community resources. Evidence-based parenting education is provided weekly, while incorporating the following subjects: child development, Fetal Alcohol Spectrum Disorder (FASD), family violence, child safety, pregnancy and reproductive health, alternative activities that promote family bonding, as well as HIV/STD education. <https://www.reg9prc.org/all-programs>

- 8. **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. (432) 758-4000

9. **Heart of Texas Healthcare System- Heritage Program**



This program provides outpatient mental health services to senior adults. The Heritage Program campus is in Brady, Texas, where professionals provide healthcare as well as mental health services. <https://www.heartoftexashealthcare.org/services/heritageprogram.php>

- 10. **Mission Messiah** Mission Messiah is an 18-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. Mission Messiah serves all counties.



<https://missionmessiah.org/>

- 11. **Mommy & Me Program** Mommy & Me is a program designed for pregnant and postpartum females who are identified as being at-risk of having or who have a substance use disorder. The program provides the clients with a case manager who screens, assesses, and develops an individualized service plan, including needed referrals for substance abuse, mental health, and other needed community resources. Evidence-based parenting education is provided weekly, while incorporating the following subjects: child development, Fetal Alcohol Spectrum Disorder (FASD), family violence, child safety, pregnancy and reproductive health, alternative activities that promote family bonding, as well as HIV/STD education. <https://www.reg9prc.org/all-programs>

- 12. **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. <https://www.na.org/>

13. **Oceans Behavioral Health Center** Oceans Behavioral Health Center is a secured inpatient treatment facility



for individuals suffering from psychiatric illnesses. Oceans provides 14 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 12-17). They currently have 20 beds designated for adolescent treatment of psychiatric and substance abuse issues. <https://oceanshealthcare.com/permian-basin>

14. **PermiaCare** PermiaCare offers treatment services throughout Region 9. These services include Outreach, Screening, Assessment, and Referral (OSAR) for mental health and substance use issues. <https://www.pbmhmr.com/> The following programs are offered by PermiaCare for substance use treatment:



- **Co-Occurring Psychiatric and Chemical Dependency (COPSD) Program** This program serves those diagnosed as having both major mental and chemical dependencies. Screening, integrated assessments, counseling, case coordination, linkages to other providers, and face-to-face contacts are completed to ensure the client remains drug-free and psychiatrically stable.
- **Fresh Start** This program provides outpatient substance abuse treatment to adult men and women who do not need more intensive treatment.
- **Outreach, Screening, Assessment, and Referral (OSAR)** The OSAR program is dedicated to providing assistance for individuals and families with dependence issues free of charge and are self-referred or referred by other social services within the area. A Licensed Chemical Dependency Counselor (LCDC) in this program screens and assesses clients who need recovery services on a short-term or long-term basis. The LCDC determines the most appropriate place for the client to receive treatment for rehabilitation; these could be inpatient or outpatient services.
- **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.
- **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.

15. **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. River Crest Hospital serves all counties



<https://www.rivercresthospital.com/>

16. **Serenity Al-Anon** Al-Anon is a mutual support program for people whose lives have been affected by someone else's drinking. By sharing common experiences and applying the Al-Anon principles, families and friends of alcoholics can bring positive change to their individual situations, whether the alcoholic admits the existence of a drinking problem and seeks help or not. Serenity Al-Anon offers a number of meetings across the Permian Basin and surrounding areas.



<http://texas-al-anon.org/meetings/midlandodessa/>

17. **The Springboard Center** The Springboard Center is a chemical dependency treatment facility in Midland, Texas that offers a broad continuum of care to meet a variety of client needs. Springboard offers 35 adult inpatient beds, 9 allocated to detoxification services and 26 to residential services. Detox offers medical stabilization for clients, while residential focuses on three core components: counseling, education, and health and wellness. Springboard also offers intensive outpatient services for adults and adolescents ages 13-17; both groups meet in the evenings Monday-Thursday. Springboard has six sober living houses in Midland, four for men and two for women that offer an accountable and safe living environment with on-site house managers. Furthermore, Springboard also works with area organizations to care for indigent clients who may not be able to pay for services. Springboard serves all counties.



<https://www.springboardcenter.org/>

18. **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 Recovery serves Midland and Ector counties.

<https://www.fbcodessa.com/connect/care/life-recovery/>

## Local Social Services

1. **Adult and Teen Challenge 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 those in need with the goal being the reunification of the family and overcoming addiction. Teen Challenge currently serves Midland and Ector counties. Adult programs are currently not available in the Permian Basin, but they are available in other parts of the state. <http://teenchallengetx.org/>

- 2. **Buckner Children and Family Services** Buckner Children and Family Services is a faith-based family building organization that supports adults and children in creating 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 provides services in Midland County. <http://www.buckner.org/midland/>



- 3. **Casa De Amigos** Casa De Amigos aims to improve 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. Specifically, the Take 2 Program is funded by Chevron to break the cycle of poverty by helping individuals gain employment in high paying industries. VITA is another Casa de Amigos program and it offers free tax services to low income families. Casa de Amigos serves all counties. <http://www.casadeamigosmidland.org/>



- 4. **The Center for Early Childhood Development (CECD)** The CECD of the Permian Basin offers free programs that help individuals become great parents. This program is sponsored by the University of Texas – Permian Basin. The CECD 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. The CECD also helps parents find the best resources available to them based on family needs. The CECD has several sub-programs that all work toward community improvement and involvement, including: home visiting programs, fatherhood engagement programs, an early childhood resource network, and childhood (ages 0-5) hotline for parents. <https://www.utpb.edu/ced/cecd/index>



- 5. **The Crisis Center** The Crisis Center provides 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. <https://ccwtx.org/>

- 6. **Goodwill of West Texas** Goodwill of West Texas’ goal is to provide opportunities to people with barriers to employment. 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, McCulloch, Ector, Midland, and Tom Green counties. <https://www.goodwillwesttexas.org/>



- 7. **Harmony Home Children’s Advocacy Center** Harmony Home Children’s Advocacy Center 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. <https://www.ohhcac.org/>



- 8. **Midland Fair Havens** Midland Fair Havens provides transitional housing and equips single mothers and their children for self-sufficient living by addressing their educational, vocational, spiritual, and emotional needs in residential and non-residential settings. Midland Fair Havens provides residential and non-residential services to single mothers and their children. <http://www.mfh.org/>



- 9. **Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADE)** PBRCADE provides prevention and intervention services throughout Region 9. PBRCADE currently serves the HHSC Region 9 outlined in this report (30 counties). The Region 9 PRC, responsible for this document, is a program within PBRCADE. <https://www.reg9prc.org/all-programs>



- 10. **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 shelter, counseling, sexual assault victim services, community education and training, and legal advocacy case managers. <https://www.safepacenow.com/>



- 11. **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 tracking, health services, social services, and addiction dependency. Even though they are an international organization, regional offices can be found throughout Texas. <http://www.salvationarmytexas.org/midland/>



12. **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, daycares, 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. <https://www.wtxfoodbank.org/>



13. **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).



<http://www.gowto.org/>

## Law Enforcement Capacity and Support

1. **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 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 vehicle searches. The police department considers them to be invaluable in assisting with surveillance in high crime areas.



<https://www.midlandtexas.gov/316/Citizens-on-Patrol>

<http://www.odessapd.com/community/crime-prevention-programs/citizens-on-patrol>

<http://sanangelopolice.org/articles/view/citizens-police-academy>

2. **Citizens Police Academy** The Pecos City Police Department 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 students/citizens to procedures, training, investigations, firearm, and narcotic enforcement. The students are given opportunities to “ride along” with officers.

<https://www.pecostx.gov/government/departments/police/citizens-police-academy>

3. **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” block parties to help educate and inform communities of crime trends. National Night Out is currently celebrated in Pecos, Ector, and Midland counties. <https://natw.org/>

- 4. **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 adolescents. Teen Court stresses the individual’s responsibility and accountability for his or her actions. [http://www.midlandteencourt.org/midland teen court.aspx](http://www.midlandteencourt.org/midland%20teen%20court.aspx)  
<http://www.odessa-tx.gov/government/departments/municipal-court/teen-court>

### Healthy Youth Activities

- 1. **Big Brothers Big Sisters** The mission of Big Brothers Big Sisters is to provide children facing adversity with strong and enduring, professionally-supported, one-on-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. <http://www.bbbsmidland.org/>



- 2. **Boys and Girls Club of America** This program focuses on building collaborative relationships within the community through 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 has local chapters throughout Texas. <http://www.basinkids.org/>



- 3. **Boy Scouts of America** Boys Scouts, soon to be renamed Scouts BSA, is one of the nation’s largest value-based youth development organizations. They provide a program for both male and female adolescents that builds character, life skills, promotes citizen and community development, and personal fitness. The Boy Scouts has local chapters throughout the nation. <https://www.scouting.org/>



- 4. **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. <http://campfirewtx.org/>

- 5. **First Priority of the Permian Basin** First Priority of the Permian Basin aims to use parents, teachers, pastors, business leaders, and youth to equip, encourage, and empower junior and high school students to bring Christ into their lives. First Priority currently serves Ector, Midland, and Ward counties.



<https://www.firstprioritypermianbasin.org/>

- 6. **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, a sense of belonging, and community involvement. The Girl Scouts has local chapters throughout the nation.



<https://www.girlscouts.org/>

- 7. **Teen F.L.O.W.** Teen F.L.O.W. (Faithful Leaders of the Word) is a Christian center that focuses on at-risk youth 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.



<http://teenflow.com/>

- 8. **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, and 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. Texas 4-H has local chapters throughout Texas.



<https://texas4-h.tamu.edu/>

- 9. **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 youth a variety of activities to select from and help promote an active, healthy 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.








<http://www.ymca.net/>




## Local Mental Health Providers

A list of the 5 mental health centers in Region 9 and their corresponding contact information is provided below. Following this is a more informative list of these mental health centers along with other mental health providers in the region.

### REGION 9 MENTAL HEALTH CENTERS

Center	<b>Center for Life Resources</b>
Address	408 Mulberry Brownwood, TX 768014
Crisis Hotline	800-458-7788
Main Number	325-646-9574
Website	<a href="http://www.cflr.us/">http://www.cflr.us/</a>
Counties Served	McCulloch
Center	<b>Hill Country Mental Health &amp; Developmental Disabilities Centers</b>
Address	819 Water St., Ste. 300 Kerrville, TX 78028
Crisis Hotline	877-466-0660
Main Number	830-792-3300
Website	<a href="http://www.hillcountry.org/">http://www.hillcountry.org/</a>
Counties Served	Kimble, Mason, Menard, Schleicher, Sutton
Center	<b>MHMR Services for the Concho Valley</b>
Address	1501 W. Beauregard San Angelo, TX 76901
Crisis Hotline	800-375-8965
Main Number	325-658-7750
Website	<a href="http://www.mhmrcv.org">http://www.mhmrcv.org</a>
Counties Served	Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green
Center	<b>PermianCare (Permian Basin Community Centers for MHMR)</b>
Address	401 E. Illinois, Ste. 403 Midland, TX 79701
Crisis Hotline	800-542-4005 or 877-475-7322
Main Number	432-570-3333
Website	<a href="http://www.pbmhmr.com/">http://www.pbmhmr.com/</a>
Counties Served	Ector, Midland, Pecos
Center	<b>West Texas Centers</b>
Address	319 Runnels St. Big Spring, TX 79720
Crisis Hotline	800-375-4357
Main Number	432-263-0007
Website	<a href="http://www.wtcmhmr.org/">http://www.wtcmhmr.org/</a>
Counties Served	Andrews, Borden, Crane, Dawson, Gaines, Glasscock, Howard, Loving, Martin, Reeves, Terrell, Upton, Ward, Winkler

1. **Agape Counseling** Agape offers counseling from a Christian perspective for people wanting counseling from that viewpoint. Agape's faith statement aligns closely with the Apostle's Creed. For clients that have other faith traditions, their faith is honored. Both people of all faiths and no faith are counseled.  <https://agapewesttexas.org/>
2. **The Alpha Center** The Alpha Center provides a wide variety of services to their clients. Some of their services include: court-ordered drug education and therapy, anger management, grief counseling, family counseling, and many others.  <https://www.tacpb.org/>
3. **Center for Life Resources** The Center for Life Resources provides a myriad of services from adult and child behavioral health, substance abuse services, peer support, autism, and intellectual and developmental delays services. Within Region 9, Center for Life Resources serves McCulloch County.  <http://cflr.us/wordpress/>
4. **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.  <http://www.hillcountry.org/>
5. **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, and 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.  <https://www.mhmrcv.org/>
6. **New Day Counseling** New Day Counseling offers a variety of mental health services including cognitive-behavioral therapy, anger management, and parenting classes. In addition to these services, New Day Counseling specializes in substance use therapy, DWI interventions, and drug offender education. <https://www.newdayodessa.com/>

- 7. **PermiaCare** PermiaCare, formerly Permian Basin Community Centers, provides services for Early Childhood Intervention, mental health, Intellectual Development Disorder, chemical dependency, and HIV. PermiaCare 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, intellectual developmental disorders, and Early Childhood Intervention services, allowing the implementation of a sliding fee scale, which lowers the cost to the consumer.
 
- 8. **Samaritan Counseling** Samaritan counseling provides services for individuals, families, and couples. They serve individuals as young as 3 years old. They provide a number of services including play therapy, premarital and marriage counseling, ADD/ADHD screening, and crisis intervention. <http://samaritancctwx.org/>

- 9. **West Texas Centers** West Texas Centers provide services and support options to people with mental illnesses, and intellectual and developmental disabilities. They currently serve 23 counties, including Andrews, Borden, Crane, Dawson, Gaines, Glasscock, Howard, Loving, Martin, Reeves, Terrell, Upton, Ward, and Winkler counties from Region 9. The purpose of the community center is to offer proper support and services to those in need for them to begin the road to recovery and to lead productive lives. <https://www.wtcmhmr.org/>


## Environmental Changes

Environmental strategies to challenge the prevalence and significance of substance abuse can take on many forms. In Region 9, a popular environmental strategy to combat substance abuse is the use of medication drop boxes. The Permian Basin Regional Council on Alcohol and Drug Abuse (PBRCADE) heads both the Midland Coalition, which serves Midland County, and the Here 2 impact (H2i) Coalition, which serves Ector County. The Midland Coalition’s medication drop boxes collected 1,659 pounds of medication in Midland in 2016; data for 2017 was unavailable as the Midland Coalition transitioned leadership from the Palmer Drug Abuse Program to PBRCADE. The H2i Coalition’s medication drop boxes collected 215.3 pounds of medication in 2016 and 325 pounds of medication 2017 with an additional 5 pounds and 10 ounces, or 4,595 pills, of opioids. The H2i Coalition drop boxes can be found at the Odessa Police Department (open 24/7) and the Ector County Sheriff’s Office. The Alcohol and Drug Abuse Council of the Concho Valley (ADACCV), which is housed in San Angelo and serves the Concho Valley, collected 45 pounds of medication from their medication drop boxes in 2017. Their drop boxes can be



found at the San Angelo Police Department (open 24/7) and the Junction Sheriff’s Office. 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 present substance abuse risks and harms to the community. ADACCV and PBRCADE programs execute hundreds of community presentations annually to address substance abuse.

Other ADACCV environmental changes 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. PBRCADE, which serves the entirety of Region 9, has also implemented this strategy.



One example of environmental change through policy is by passing social host ordinances (SHO). 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.” Since the ordinance went into effect on August 25, 2017, Odessa Police Department officers have issued four citations for the SHO.<sup>83</sup> You can learn more about the Odessa Social Host Ordinance at [www.socialhostodessa.com](http://www.socialhostodessa.com).

## **School Domain**

Education is one of the strongest protective factors a child can attain. Schools serve as a protective asset in a variety of ways. They not only provide education, but also social support, skill development, and the development of a positive self-image.

### **YP Programs**

In Region 9, Youth Prevention (YP) programs exist in Coke, Concho, Crockett, Ector, Howard, Irion, Kimble, Martin, Mason, McCulloch, Menard, Midland, Reagan, Schleicher, Sterling, Sutton, and Tom Green counties. ADACCV serves Coke, Concho, Crockett, Irion, Kimble, Mason, McCulloch, Menard, Reagan, Schleicher, Sterling, Sutton, and Tom Green counties while 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 evidence-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 is 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 Selective (YPS) 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 (YPI) program, ADACCV’s prevention team utilizes Project Toward No Drug Abuse (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 offer 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.

Table 41 shows success rates for 2017 YP programs provided by ADACCV.

	Youth Served	Youth successfully completed	Overall success rate
YPS - CBSG	506	486	96%
YPI - PTND	188	171	91%

**PBRCADA YP Programs:**

PRCRADA youth prevention programs consist of three Universal programs (YPU) and one Indicated program (YPI). 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 evidence-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 (PTND) - Midland County 9<sup>th</sup>-12<sup>th</sup> grade (expansion)
- YPU: Positive Action - Martin/Howard County for 6<sup>th</sup>-8<sup>th</sup> grade (expansion)
- YPU: Positive Action - Midland County for 5<sup>th</sup>-6<sup>th</sup> grade (expansion)
- YPU: All Stars - Ector County for 6<sup>th</sup>-8<sup>th</sup> grade

YP programs implemented by PBRCADA served a total of 875 youth in 2017. The YPI program in Midland had a success rate of 63%; the YPU program for Howard and Martin counties 79.6%; and the YPU programs in Midland and Ector counties had success rates of 92.5% and 93.2%, respectively (see Table 42). Students were classified as successful if they met attendance requirements and answered at least 5 out of 10 questions correctly by the end of the program. The questions concerned topics like: increased perception of risk of substances, if the students talked to one of their parents throughout the curriculum about the dangers of ATOD, if the student changed their group of friends if their friends posed risk factors, and the like.

YP PROGRAM	Youth Served	Curriculum Cycles	Youth successfully completed	Overall success rate
YPI - Midland	19	3	12	63.0%
YPU - Howard/Martin	147	9	117	79.6%
YPU - Midland	265	14	245	92.5%
YPU - Ector	444	21	414	93.2%

**Students Receiving AOD Education in School**

In the 2016 Texas School Survey, students across the state were asked, “Since school began in the fall, have you gotten any information on drugs or alcohol from the following sources?” and

given the choices: school health class, an assembly program, guidance counselor, school nurse, science or social studies (SS) class, student group or club meeting at school, an invited school guest, another source at school, and any school source. According to the 2016 TSS, 24% of students in schools in Regions 9 & 10 did not receive any prevention education regarding drugs or alcohol (see Table 43).<sup>62</sup> This was the lowest percentage in the state, hence, Regions 9 & 10 had the highest percentage of students in the state reporting they received AOD education in school (76%).<sup>62</sup> Additionally, Regions 9 & 10 students reported noticeably higher than the state average for each source.<sup>62</sup> The sources with the highest numbers of Regions 9 & 10 students reporting they received AOD information from were school health classes and assembly programs.<sup>62</sup>

Table 43. AOD Education in Texas 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 Alcohol or Drugs
<b>State</b>	<b>43.9%</b>	<b>44.7%</b>	<b>27.9%</b>	<b>17.2%</b>	<b>27.3%</b>	<b>14.4%</b>	<b>31.6%</b>	<b>28.9%</b>	<b>31.1%</b>
1&2	31.9%	52.3%	23.3%	12.7%	21.6%	9.5%	34.8%	24.7%	32.3%
2	29.6%	56.1%	21.9%	12.8%	19.1%	8.1%	37.0%	22.8%	30.3%
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	42.9%	44.8%	28.5%	13.3%	27.7%	13.5%	33.7%	26.1%	31.1%
<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<sup>62</sup>

### Regional Academic Achievement

The Texas Education Agency (TEA) measures graduation and dropout rates as the percentage of students from a class of beginning ninth graders who graduate or drop out of high school by their anticipated graduation date.<sup>147</sup> Region 9 had the lowest graduation rate and highest dropout rate in the state of Texas in 2016, i.e., 87.4% of Region 9 students graduated and 8.3% of Region 9 students dropped out of high school in 2016 (see Table 44).<sup>147</sup>

Table 44. Graduation and Dropout Rates by Region, 2016

Region	Graduation Rate	Dropout Rate
1	91.3	4.9
2	92.9	4.6
3	88.4	6.0
4	93.5	3.8
5	90.4	6.5
6	88.5	6.5
7	89.3	6.0
8	89.4	6.8
<b>9</b>	<b>87.4</b>	<b>8.3</b>
10	92.6	4.1
11	89.4	6.3

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**Region 9 had the lowest graduation rate and highest dropout rate in the state of Texas in 2016.**

*Texas Education Agency*

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Source: Texas Education Agency<sup>147</sup>

The national average graduation rate in 2016 was 84%.<sup>148</sup>

As of 2018, Texas ranked number 10 in the nation for percentage (38%) of adults ages 25-34 years with only a high school diploma or less.<sup>149</sup> Additionally, Texas ranked number 35 in the U.S. for percentage (30.2%) of adults ages 25-34 years with a bachelor’s degree or higher.<sup>149</sup> Moreover, Texas ranked #46 and #45 in the U.S. for Reading and Writing SAT and Math SAT scores, respectively.<sup>149</sup>

### Family Domain

The family domain is important to recognize when discussing substance use, because the family dynamic is considered one of the strongest protective or risk factors associated with substance abuse. According to the 2016 Texas Prevention Impact Index (TPII), nearly three-quarters of 6<sup>th</sup>-12<sup>th</sup> grade students in Midland ISD had two parents at home, while 16% had a mother only.<sup>150</sup> Forty-three percent of students reported they can “always” talk to their parents about problems; 45% reported they can “sometimes” and 12% reported they can “never” talk to their parents when they have problems.<sup>150</sup> Two-thirds of Midland ISD students in grades 6-12 in 2016 reported they eat dinner with adults every day, while 18% reported they eat dinner with adults only 1-3 days per week.<sup>150</sup> However, only 32% of students reported they discuss daily events with adults every day while 34% reported they watch TV with adults daily.<sup>150</sup> Nearly half of students (46%) reported they attend church, temple, or

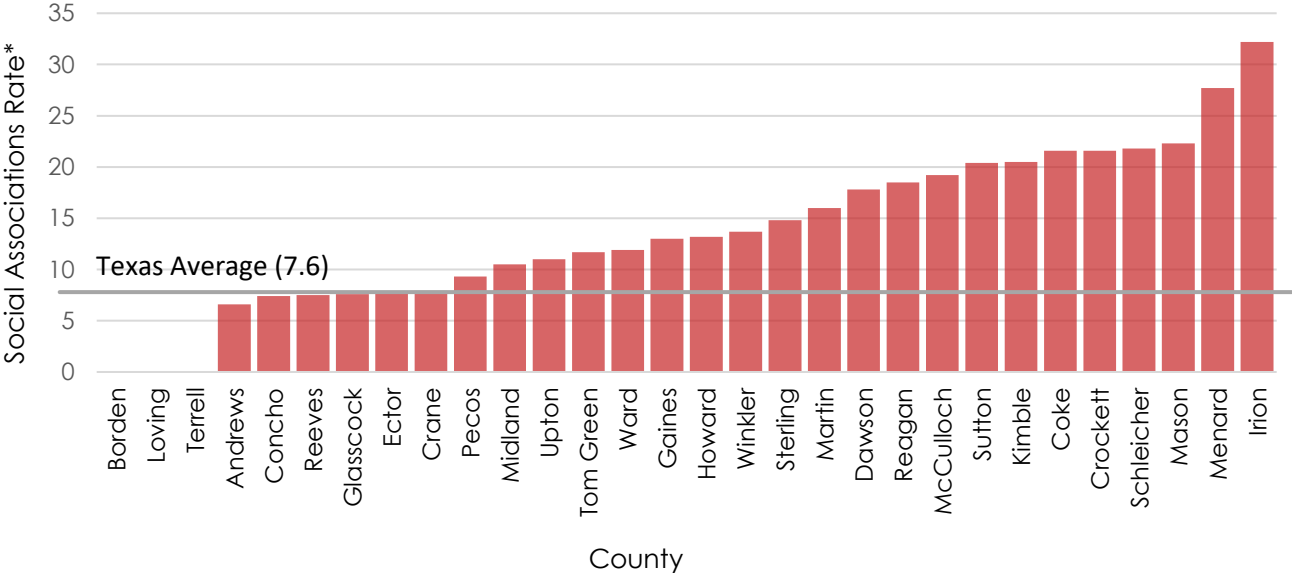
- 
- 12% report they can never talk to their parents about problems
  - 32% discuss their day with adults everyday
  - 56% go to parents first with questions about alcohol/drugs
-

spiritual meetings with adults 1-3 times per week.<sup>150</sup> Fifty-six percent of students reported they would go to a parent first with questions about alcohol or other drugs and 16% reported they would go to a brother or sister first.<sup>150</sup> Eleven percent of students reported having participated in family counseling in the past year.<sup>150</sup>

**Parental/Social Support**

Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and mortality.<sup>151</sup> Social associations are a health factor that help measure family and social support. County Health Rankings and Roadmaps includes membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations as social associations.<sup>151</sup> In 2015, Region 9 had 698 social associations (see Figure 48 on the following page).<sup>151</sup> The average rate across Texas for 2015 was 7.6 social associations per 10,000 population.<sup>151</sup> Most of Region 9’s counties were above this rate, with Irion County having over four times the Texas rate (32.2 social associations/10,000 population) and the highest rate in Region 9.<sup>151</sup> Borden, Loving, and Terrell counties had a reported number of 0 social associations, or insufficient data.<sup>151</sup> Population centers of Region 9, i.e., Ector, Midland, and Tom Green counties, were above the Texas average social association rate of 7.6 but Ector County was on the border with a 7.8 social association rate.<sup>151</sup> Andrews, Concho, and Reeves counties were all below the Texas social association rate.<sup>151</sup>

Figure 48. Region 9 Social Associations Rates, 2015



\*Social Association Rate: Number of social associations per 10,000 population

Source: County Health Rankings and Roadmaps<sup>151</sup>

## Parental Attitudes toward Alcohol and Drug Consumption

In the 2016 TSS, students across the state in grades 7-12 were asked, “How do your parents feel about kids your age drinking alcohol?”, and given the options: “strongly disapprove”, “mildly disapprove”, “neither approve/disapprove”, “mildly approve”, “strongly approve”, and “do not know”.<sup>62</sup> About 79% of Regions 9 & 10 students reported that their parents either “strongly disapprove” or “mildly disapprove” of kids their age drinking alcohol, which is comparable to the state average of 78.6% (see Table 45 on the following page).<sup>62</sup> Regions 9 & 10 students reported about average in the state for each option, whether disapproving or approving, of their parents’ feelings of kids their age drinking alcohol.<sup>62</sup>

Table 45. Student Perception of Parental Approval of Alcohol, 2016

Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
<b>State</b>	<b>64.9%</b>	<b>13.7%</b>	<b>10.7%</b>	<b>3.3%</b>	<b>1.1%</b>	<b>6.3%</b>
1&2	60.6%	14.1%	13.0%	4.4%	1.5%	6.3%
2	62.3%	14.8%	12.1%	3.9%	0.9%	6.1%
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%	11.6%	3.9%	1.1%	7.0%
7	64.6%	15.2%	11.3%	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	68.2%	10.6%	8.2%	2.9%	1.2%	8.9%

Source: Texas School Survey, 2016<sup>62</sup>

When looking into the proportion of students from each grade level (7-12) in Regions 9 & 10 to grant these averages, there is a recognizable disparity in grade levels of the student’s perception of their parents’ approval of alcohol use (see Table 46).<sup>62</sup> More than 75% of 7<sup>th</sup> grade students believe that their parents “strongly disapprove” of kids their age using alcohol while this same perception drops to about 50% in 12<sup>th</sup> grade students.<sup>62</sup> Generally, the trend in Regions 9 & 10 students was the higher the grade level, the less students reported their parents disapproving of alcohol use in kids their age.<sup>62</sup>

Table 46. Regions 9 & 10 Student Perception of Parental Approval of Alcohol, 2016

Grade	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
<b>All</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>
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<sup>62</sup>

Additionally, Texas students in 7<sup>th</sup>-12<sup>th</sup> grade were asked, “How do your parents feel about kids your age using tobacco?”, and given the options: “strongly disapprove”, “mildly disapprove”, “neither approve/disapprove”, “mildly approve”, “strongly approve”, and “do not know” (see Table 47 on the following page).<sup>62</sup> About 79% of students across the state and in Regions 9 & 10 believe their parents “strongly disapprove” of kids their age using tobacco.<sup>62</sup> Less than 2% of students in Regions 9 & 10 and across Texas believe their parents either strongly or mildly approve of kids their age using tobacco.<sup>62</sup> Texas HHSC notes that adolescent tobacco use has declined substantially over the last 40 years.<sup>152</sup>

Table 47. Student Perception of Parental Approval of Tobacco, 2016

Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
<b>State</b>	<b>78.4%</b>	<b>7.4%</b>	<b>5.9%</b>	<b>1.0%</b>	<b>0.8%</b>	<b>6.5%</b>
1&2	71.2%	9.7%	9.7%	1.5%	1.2%	6.7%
2	72.8%	9.7%	9.4%	1.3%	0.6%	6.1%
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%	6.1%	0.9%	0.9%	7.0%
7	79.3%	8.4%	5.6%	1.0%	0.6%	5.1%
<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<sup>62</sup>

Specifically, in Regions 9 & 10, strong parental disapproval ratings of tobacco use, like alcohol use, drops significantly (17.6%) from 7<sup>th</sup> grade to 12<sup>th</sup> grade, while strong approval ratings quadruple (see Table 48).<sup>62</sup> Four percent of 12<sup>th</sup> grade students perceive their parents either mildly or strongly approve of kids their age using tobacco while 1.3% of 7<sup>th</sup> grade students perceive the same.<sup>62</sup> There is the recognizable trend, again, of more older students perceiving their parents’ approval of substance use compared to younger students.<sup>62</sup>

Table 48. Regions 9 & 10 Student Perception of Parental Approval of Tobacco, 2016

Grade	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
<b>All</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>
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<sup>62</sup>



Furthermore, the 2016 TSS also asked students about parental attitudes in regards to marijuana.<sup>62</sup> Similar to tobacco, the majority of both Texas and Regions 9 & 10 students (85.1% and 85.9%, respectively) believe their parents either strongly or mildly disapprove of kids their age using marijuana (see Table 49 on the following page).<sup>62</sup> However, more students in Regions 9 & 10 (2.8%) believe their parents either mildly or strongly approve of kids their age using marijuana than do students believing their parents either mildly or strongly approve of kids their age using tobacco (1.8%).<sup>62</sup>

Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
<b>State</b>	<b>79.0%</b>	<b>6.1%</b>	<b>5.9%</b>	<b>1.4%</b>	<b>1.5%</b>	<b>6.2%</b>
1&2	79.8%	5.5%	5.6%	1.5%	1.6%	5.9%
2	80.3%	5.8%	5.2%	1.6%	1.1%	6.0%
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	77.3%	7.7%	6.9%	1.8%	1.3%	5.0%
<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<sup>62</sup>

In Regions 9 & 10, strong parental disapproval of marijuana use drops about 9% between 7<sup>th</sup> and 12<sup>th</sup> grade students, a much smaller gap in disapproval compared to alcohol and tobacco consumption mentioned earlier (see Table 50).<sup>62</sup> Less than 1% of 7<sup>th</sup> grade students reported they believe their parents strongly approve of kids their age using marijuana while over 2% of 12<sup>th</sup> grade students reported the same.<sup>62</sup> The trend of ‘the higher the grade level, the higher the percentage of students believing their parents approve of substance use’ continues in marijuana, as well, for Regions 9 & 10 students.<sup>62</sup>

Grade	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
<b>All</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>
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<sup>62</sup>

**Students Talking to Parents about ATOD**

According to the 2016 TPPII, 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, not many parents are having conversations with their children about substance use.<sup>150</sup> In this survey, only 23% of students reported talking to their families about tobacco and only 31% reported talking about other drugs.<sup>150</sup> However, 85% of students did report speaking to their families about alcohol.<sup>150</sup> Forty percent of students reported discussing curfews with their families and even less, 36%, reported discussing parties with their families.<sup>150</sup> The top 3 most reported topics discussed with families were: 1) friends (86%), 2) alcohol (85%), and 3) sports (73%).<sup>150</sup>

**Individual Domain**

As listed previously, life skills, mental health services, youth employment, and youth perception of ATOD access and ATOD harm are all protective factors apart of the individual domain. Protective factors can not only build resilience in a person’s life, but may help build one’s own positive self-image, promote self-control, build social competence, increase academic achievement, improve family and community relationships, increase access to support services, and increase feelings of belonging.

**Life Skills Learned in YP Programs**

YP programs implement curriculums in schools and community sites that are evidence-based and endorsed by SAMHSA.<sup>153</sup> YP programs empower young people and promote the development of healthy behaviors to allow youth the knowledge to transition into adulthood in a healthy way by partnering with their families and communities.<sup>153</sup> These lessons help students set goals and make healthy 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 benefits of YP programs include:<sup>153</sup>

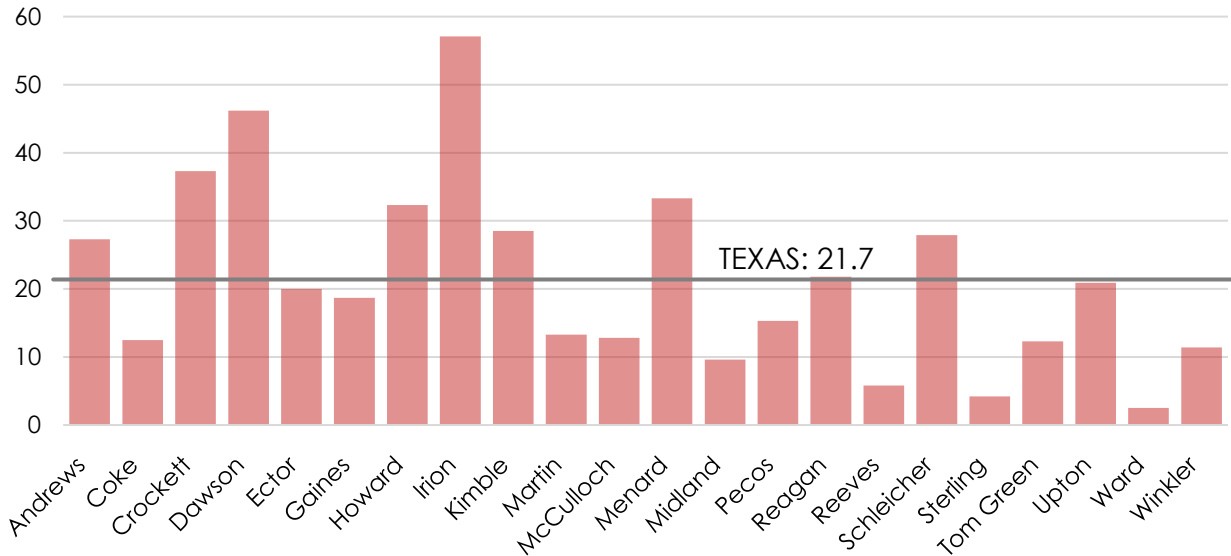
- Reduced substance use risk factors through strengthened protective factors
- Enhanced cultural identity
- Decreased instances of substance use and misuse
- Decreased risk for health issues related to substance use and misuse and unhealthy habits
- Reduced risk for behavioral health issues
- Reduced costs to society associated with health care, law enforcement, and assistance programs
- Enhanced sense of well-being
- Improved quality of life
- Reduced likelihood of legal issues

**Youth Unemployment**

In 2016, the youth unemployment rate in Texas for teens aged 16-19 years old was 21.7, i.e., for every 100 teens in this age group, 21.7 were unemployed.<sup>22</sup> Only 22 counties in Region 9 had

sufficient data for this report and 9 of these counties were above the Texas average meaning they saw more unemployment among youth aged 16-19 years than the Texas average for that year (see Figure 49 on the following page).<sup>22</sup> Population centers, Ector, Midland, and Tom Green counties were all under the Texas average, with Midland County having only a 9.6 youth unemployment rate.<sup>22</sup> Ward County had the lowest youth unemployment rate of 2.5 in Region 9, ranking it third in Texas, while Irion County had the highest youth unemployment rate of 57.1, ranking it 226 out of the 232 counties with sufficient data in Texas for that year.<sup>22</sup>

Figure 49. Region 9 Youth Unemployment Rates, 2016



Source: U.S. Census Bureau, American Community Survey<sup>22</sup>

### Youth Perception of Access

Ease of access to substances has been shown to have a direct relationship with youth substance use and a youth’s perception of ease is indicative of how accessible the substance is to them.<sup>154</sup> Students in Regions 9 & 10 were asked in the 2016 TSS, “If you wanted some, how difficult would it be to get...” alcohol, tobacco, marijuana, cocaine, crack, steroids, ecstasy, heroin, methamphetamine, synthetic marijuana, and inhalants each (see Table 51 on the following page).<sup>62</sup> Students were given the following answer choices: “never heard of it”, “impossible”, “very difficult”, “somewhat difficult”, “somewhat easy”, and “very easy”.

The drug with the highest percentage of students reporting they had “never heard of it” was methamphetamine, followed closely by heroin, ecstasy, and synthetic marijuana, in descending order.<sup>62</sup> Alcohol was reported by the least percentage of students to have never been heard of.<sup>62</sup>

Heroin and crack were reported by the highest percentage of students to be “impossible” to get; crack was most popular to be “very difficult” to obtain; and, alcohol was reported by the

highest percentage of students to be “somewhat difficult” to obtain.<sup>62</sup> Alcohol was also the most reported drug to be “somewhat easy” and “very easy” to obtain.<sup>62</sup>

Thus, the leading drug for each level of difficulty to obtain:

- Never heard of it: Methamphetamine
- Impossible: Heroin and Crack
- Very difficult: Crack
- Somewhat difficult: Alcohol
- Somewhat easy: Alcohol
- Very easy: Alcohol

**Table 51. Regions 9 & 10 Students’ Perceived Ease of Access, 2016**

Substance	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
Alcohol	21.9%	12.6%	6.3%	11.9%	20.7%	26.6%
Tobacco	29.0%	19.1%	7.4%	10.7%	14.4%	19.3%
Marijuana	28.0%	20.7%	7.6%	10.1%	14.1%	19.6%
Cocaine	37.4%	29.7%	11.9%	8.8%	6.0%	6.1%
Crack	41.1%	30.8%	12.4%	7.8%	3.9%	4.0%
Steroids	42.4%	30.0%	11.2%	8.3%	4.0%	4.0%
Ecstasy	46.4%	25.5%	9.1%	6.7%	5.8%	6.4%
Heroin	46.7%	30.8%	11.3%	5.5%	2.7%	3.0%
Methamphetamine	47.7%	30.3%	10.9%	5.3%	2.6%	3.1%
Synthetic Marijuana	46.0%	24.8%	8.7%	7.0%	6.3%	7.2%
Inhalants	41.6%	15.6%	4.9%	6.8%	9.3%	21.8%

Source: Texas School Survey<sup>62</sup>

**Youth Perception of Harm**

Additionally, a youth’s perception of harm or risks from using a substance is an important determinant of whether they choose to partake of that substance.<sup>155</sup> Regions 9 & 10 students in grades 7-12 were asked, “How dangerous do you think it is for kids your age to use...” each of the following substances: alcohol, tobacco, electronic vapor products, marijuana, cocaine, crack, ecstasy, steroids, heroin, methamphetamine, synthetic marijuana, any prescription drug not prescribed to them, and inhalants (see Table 52 on the following page).<sup>62</sup> Students were given the answer choices: “very dangerous”, “somewhat dangerous”, “not very dangerous”, “not at all dangerous”, and “do not know”.<sup>62</sup>

Methamphetamine was answered by the highest percentage of students to be “very dangerous” to use, followed closely by heroin and crack.<sup>62</sup> Alcohol was reported by the highest

percentage of students to be “somewhat dangerous” to use; electronic vapor products to be “not very dangerous” and “not at all dangerous” to use; and, the highest percentage of students reporting that they did not know the dangers of this drug was for prescription drugs, i.e., any prescription drug not prescribed to them.<sup>62</sup>

Thus, the leading drug for each level of perceived harm:

- Very Dangerous: Methamphetamine
- Somewhat Dangerous: Alcohol
- Not Very Dangerous: Electronic Vapor Products
- Not at All Dangerous: Electronic Vapor Products
- Do Not Know: Prescription Drugs

**Table 52. Regions 9 & 10 Students’ Perceived Risk/Harm, 2016**

Substance	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
Alcohol	51.2%	30.5%	12.4%	2.6%	3.2%
Tobacco	64.8%	22.3%	7.2%	1.7%	4.1%
Electronic Vapor Product	53.9%	14.3%	14.4%	12.0%	5.4%
Marijuana	58.7%	14.1%	11.4%	11.9%	3.9%
Cocaine	87.7%	6.6%	0.9%	0.6%	4.1%
Crack	89.0%	5.2%	0.8%	0.4%	4.5%
Ecstasy	82.6%	8.1%	1.9%	0.8%	6.5%
Steroids	78.3%	11.5%	3.4%	1.0%	5.9%
Heroin	89.5%	4.2%	0.4%	0.6%	5.4%
Methamphetamine	89.7%	3.9%	0.5%	0.5%	5.5%
Synthetic Marijuana	83.3%	7.1%	1.9%	1.3%	6.4%
Rx Drug Not Prescribed to Them	75.0%	13.0%	3.9%	1.5%	6.7%
Inhalants	77.3%	12.2%	3.3%	1.0%	6.1%

Source: Texas School Survey<sup>62</sup>

### Trends of Declining Substance Use

In this year’s RNA, recognizable declines in substance use in Region 9 are seen in schedule II drug dispensations, on-campus controlled substance/drug violations, on-campus tobacco violations, and EMS runs for overdose symptoms in Region 9. From 2015 to 2016, Region 9 had a 5.1% reduction in schedule II drug dispensations of which most opioids are classified under. Additionally, Region 9 schools had a drop in controlled substance/drug violations on-campus from the 2015-16 school year to the 2016-17 school year. In this same period, Region 9 also had a decline in on-campus tobacco violations, marking the lowest number of on-campus tobacco

violations from 2013 to present. Finally, EMS runs in response to overdose symptoms have also declined in Region 9. There were only about one-third of overdose EMS runs in 2016 as there were in 2011.

## 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, alcohol, tobacco, and the misuse of prescription drugs.

### 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 and are often co-occurring, it is important that Region 9 provides 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 include 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. Local emergency room data is difficult to collect as many Region 9 hospitals either don't collect the data or are unable to readily share their 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 not been able to receive a Region 9-specific data report up to this point. Each year, the PRC works hard to get more schools in Region 9 to know about and participate in the TSS. 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. However, due to successful partnerships made in 2018, it is fully expected that Region 9 will meet sufficient requirements to obtain its own report for the 2018 TSS! Continued participation and involvement from local schools greatly enhances substance abuse prevention work.

- Data obtainment: For this RNA, a plethora of sources are necessary to collect data. There are eleven evaluators across the state of Texas working to write annual assessments in utilizing these data sources. Many datasets are not uploaded until April - May and being that the RNA is due in July, this not only rushes the research but also hinders analysis. A streamlined approach in services, immediate access to datasets, and responsive agencies which report these data would allow our processes of writing and analyzing to be much more thorough and speedy.
- Masked and rural community data: In order to keep data non-identifiable and confidential, data is masked under certain thresholds for varying sets, i.e., if a town or entity has data to report but not enough incidents to report, then this data is masked, or counted as zero, for that entity. Region 9 is largely made up of small towns, so much of our data is masked and true values for these towns is not known, therefore hindering analysis and capability to perceive a community's full needs. In the year to come, the Region 9 PRC aspires to collect more data from rural communities in our region.
- College students: Region 9 has two universities and a number of colleges. There is a lack of data concerning substance use in Region 9 college students. Knowing substance use trends in Region 9 college students would allow insight to the environment they are immersed into and allow prevention, intervention, and treatment providers to respond appropriately.
- Opioid data: There is an alarming lack of data across Texas concerning opioids. The HHSC just recently established an opioid dashboard, yet most counties in Texas do not have enough data to report. Efforts regarding opioid data collection will aid researchers, preventionists, interventionists, treatment providers, and more, to not only prepare but also to gain insight and respond to the opioid crisis in our communities.

## 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, health departments, mental health authorities, media and multimedia stations, non-profit agencies for intervention and prevention services, other PRCs across the state of Texas, prevention education programs, local schools, 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 2018 Region 9 Regional Needs Assessment, one can conclude that underage drinking, marijuana use, and the abuse of prescription drugs are among the leading substance use issues in the Permian Basin. Since Region 9 serves a vast array of populations, not only in geographical location but also population size and varying demographics, it is important to take into consideration that certain counties of Region 9 might not have as significant of problems as other counties do.

### Demographics

Region 9 has a booming oil field. The impacts of this volatile industry on Region 9 are multitudinous. Region 9 heavily relies on the success of the oil field and when it is doing well, an innumerable amount of people moves to the region. These population changes bring with them various cultures, health practices, job growth, and more. It is difficult to calculate the influx of people in a time like this, much less the exact impact they have during their transient time here concerning substance use.

Accordingly, unemployment rates are low in Region 9. Only 7 out of the 30 counties in Region 9 are above the Texas average unemployment rate, none by more than 0.8%. However, Region 9 has higher rates of all criminal charges (non-AOD misdemeanors, AOD misdemeanors, and felonies) than the state of Texas.

Additionally, teen birth rates in Region 9 are high. Nearly every county in Region 9 has teen birth rates higher than the Texas average and all counties in Region 9 have teen birth rates higher than the national average. About 50% of Texas students that have had sex used some kind of substance before their most recent sexual encounter. About one-third of Region 9 households are led by single parents. However, adolescent sexual behavior has been declining since 2009.

### Substance Use

Infants to 19-year-olds make up the largest portion of Region 9's population (29%), followed closely by 20-39-year-olds (28%). Knowing that youth and young adulthood are primarily the stages when substance use disorders begin and when mental health issues are onset coupled with knowing that the majority of Region 9 is in one of these developmental stages, there is great opportunity for prevention efforts for both substance use and mental disorders.

Drawing back to environmental risk factors and adverse childhood experiences (ACEs), data in this RNA reports on the home, school, and community environments in Region 9 which affect one's likelihood of future substance abuse. The more ACEs a child experiences, the more likely



he or she is to develop a substance abuse disorder, along with a multitude of other negative health outcomes. Below is a summary of the data reported in Region 9 concerning some ACEs:

- Physical, sexual, and emotional abuse, intimate partner violence, and a violently treated mother: Region 9 has a misdemeanor family violence assault rate of 1.5, which is higher than the Texas average of 1.3 family violence assaults/1,000 population. Region 9 has a lower felony rate of adult sexual assault than the Texas average in 2017. However, compared to the state, Region 9 has 1.6 times the felony rate of cases of indecency with/sexual assault of children.
- Substance abuse in the home: Region 9 had 1.8 times the rate of AOD misdemeanors compared to Texas in 2017. Accordingly, Region 9 also had 1.3 times the rate of first offense DWIs, 2.7 times the rate of second offense DWIs, 2 times the rate of marijuana possession misdemeanors, and 1.8 times the rate of other drug offenses compared to the Texas average in 2017.
- Having an incarcerated household member: Region 9 had a felony rate 1.3 times higher than the Texas rate in 2017.
- Mental illness in the home: There is a concerning lack of data in this field. Data on mental health hospital discharges has not been reported since 2012, but at that time both Midland and Ector counties (the two most populated communities in Region 9) had higher mean costs for mental disease and disorder discharges than the state average. Suicides in Region 9 increased at nearly 3 times the Texas rate from 2014-2015. Additionally, Region 9 has five mental health service centers and access to these services is challenging to many in Region 9 due to distance, affordability, and lack of availability.
- Physical/emotional neglect: Less than half of students in Midland ISD reported that they can talk to their parents about anything. However, two-thirds of Midland ISD students reported they eat dinner with adults every day. Only one-third of Midland ISD students reported that they discuss daily events with adults every day, though. There is no other data concerning home attention or family time in Region 9 – yet, another gap in data.

Furthermore, there are other environmental risk factors for substance abuse. This RNA reported on social acceptance/perception of harm, ease of accessibility, and consumption rates. Findings include:

- Social acceptance/perception of harm: There is a recognizable gap between parental perception of drugs and student perception. Regions 9 & 10 students reported at high rates that their parents believe alcohol, tobacco, and marijuana are dangerous for them

to use, but less students reported that they, themselves, believe these drugs are dangerous to use. The drug with the largest gap between parental perception and student perception of danger was marijuana.

According to Regions 9 & 10 students, parents approve of marijuana more than they do alcohol. Twelve percent of Regions 9 & 10 students also believe it is not dangerous at all to use marijuana, as opposed to only 2.6% of these students believing alcohol is not dangerous at all to use. Deviances in marijuana approval may be a reflection of the ongoing discussion and misconceptions of cannabis benefits. However, a higher percentage of students in Regions 9 & 10 believe it is dangerous to use marijuana compared to the Texas average.

In general, Regions 9 & 10 students have a lower perception of harm of alcohol, marijuana, and tobacco the older they are. More students are unsure of the harms of prescription drug misuse than the harms of using alcohol, marijuana, and tobacco and the perceived risk of harm from prescription drug misuse stays relatively stable over grade levels, unlike with alcohol, tobacco, and marijuana.

- Accessibility: Region 9 has high alcohol retail permit densities and also contains the top two cities in Texas for drunk driving fatalities. Regions 9 & 10 youth reported 13% higher than the Texas average that marijuana is easy to obtain. Regions 9 & 10 students perceive that marijuana and tobacco are equally easy to obtain, with alcohol being even more accessible. Inhalants are the fourth leading drug for ease of access in Regions 9 & 10 after alcohol, tobacco, and marijuana. Regions 9 & 10 students report that they mostly get their alcohol supply from parties. However, over 80% of Regions 9 & 10 students report that marijuana and other drugs are seldomly or never at parties or that they do not attend those parties.
- Consumption: Though the leading drug choices of youth in Regions 9 & 10 seem to be alcohol, marijuana, and the misuse of prescription drugs, amphetamines are the most highly screened drugs in adults. Accordingly, methamphetamine is said to be one of the most common drugs of choice for adults in Region 9. The age of initiation in Regions 9 & 10 is 12.9 years for alcohol, 13.6 years for marijuana, and 13.1 years for tobacco. As perception of harm for any given substance decreased, consumption increased. Regions 9 & 10 students answered higher than any other region in Texas that some or all of their friends use alcohol. Accordingly, Regions 9 & 10 have the most high-risk and school-year users of alcohol. Regions 9 & 10 students also rank highest in the state for current, school-year, and lifetime use of marijuana. And, concerning tobacco use, Regions 9 & 10 students reported higher percentages than the state for past month, school year, and lifetime use.

The majority of on-campus ATOD violations in Region 9 occur for controlled substances/drugs, followed by tobacco violations, then alcohol violations. On-campus alcohol violations have increased in Region 9 since 2013 while on-campus tobacco violations have seen a declining trend.

Furthermore, alcohol and drug-induced deaths are an evident issue in Region 9. Here, there are about 1.5 times the rate of alcohol and drug-induced deaths than that of the state. These include car crashes, chronic disease development from substance use, overdosing, etc.

About 85% of drug overdoses nationally in 2016 were from opioids. Texas Poison Center Calls reflect the same in 2017, in which most of Region 9 calls were for commonly prescribed opioids. This brings attention to the opioid crisis happening in the Permian Basin.

## Overview

Generally, Region 9 shows trends of declining perceptions of harm from substances correlated to higher consumption rates. Also, as students moved on to higher grade levels, perception of harm from substances decreased. Regions 9 & 10 have the highest AOD education rates in Texas, which may be indicative of the need of these curricula. Though parental perception of substance use is overall negative, there is an obvious gap between parental beliefs and student beliefs and actions. This is a call to attention for the need of more effective communication strategies within the family and this can be a target for prevention efforts.

Finally, Region 9 has reason for concern with its prevalence of risk factors in the community. Crime rates are alarmingly high compared to Texas averages, including domestic violence and substance abuse. Graduation rates are lower in Region 9 than anywhere else in Texas. Some protective factors, like social associations and AOD education, are present at acceptable rates, but there is a lack of effective parent communication, healthy home environments, mental health and substance abuse treatment providers, as well as correct knowledge of the harms of various substances.

## Summary of Region Compared to State

Though Region 9 has the highest dropout rate and lowest graduation rate of high school students in Texas, Region 9 has low unemployment rates compared to the state, most likely a result of the current oil boom. This region has higher rates of all criminal charges compared to the state, though, and most counties in this region have higher teen birth rates than the state average. All counties in Region 9 have higher teen birth rates than the national average. Furthermore, a much higher percentage of students in Regions 9 & 10 believe that marijuana is easy to obtain, making it equivalent to the number of students believing tobacco is easy to obtain. Moreover, Regions 9 & 10 students rank the highest in Texas for marijuana use. Regions 9 & 10 also rank among the top two regions in Texas for underage drinking and, accordingly, more students in Regions 9 &

10 believe alcohol is easy to obtain than the average Texas student. Region 9's drug and alcohol-induced death rate is higher than the Texas average.

Despite these alarming statistics, Region 9 has made advancements in some areas. Region 9 schedule II drug dispensations have decreased while the state average has increased. Alcohol and other drug education in schools in Region 9 are among the highest in the state, and Region 9 has higher social association rates than the rest of Texas, which is a protective factor against substance use.

## **Moving Forward**

Though there are glaring issues within Region 9 regarding substance use, criminal charges, and behavioral health, this RNA is meant to address and help bring light to these issues to make our communities safer and healthier. By using data from this RNA, 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. The Region 9 PRC utilizes this data to improve and update curricula taught to students, presentations shown to stakeholders such as law enforcement and health care professionals, and to gain funding from existing sources in response to the evident needs in our community.

This 2018 RNA shows that there is a continuing need for substance use prevention, especially for youth in our region. There is also a need for quality parental involvement. Studies show that parent involvement helps increase communication, promotes positive attitudes for health behaviors, and is more likely to create a responsive drug education as part of a holistic approach to drug education than using isolated education programs alone.<sup>156,157</sup> More Regions 9 & 10 students reported their parents believe various drugs are dangerous, but less students reported that they, themselves, believe these drugs are dangerous. This shows a gap in parent-child communication and is one way in which prevention programs, like the PRC and PBRCADA, can gear programs towards in the coming years.

Each agency, coalition, organization, school, and stakeholder play a major part in the information and data collected and shared with the Region 9 PRC. A simple "thank you" does not express the immense gratitude the Region 9 PRC has for every individual who made this RNA a reality. Your contribution to the Region 9 PRC and this document makes our communities safer, healthier, and more well-informed, all of which the benefits are endless. The Region 9 PRC looks forward to your continued cooperation and sharing of information.

Additionally, the Region 9 PRC is constantly seeking input on the RNA. Our staff disseminate the Regional Needs Assessment across both Region 9 and the state to show stakeholders areas in need of attention in the fields of community health and prevention. The process of making the 2018 RNA takes many months and time not spent on creating this document is largely spent on disseminating the information within the report and collecting new information. If you are interested in giving the Region 9 PRC relevant information regarding community health, would

like more information on gaps in this data, or if you simply have a question about this RNA, please contact the Region 9 PRC Evaluator Kayla Fishbeck at [kfishbeck@pbrcada.org](mailto:kfishbeck@pbrcada.org).

## Glossary

<b>ACE</b>	Adverse Childhood Experiences study
<b>ACS</b>	American Community Survey
<b>Adolescent</b>	An individual between the ages of 12 and 17 years (SAMHSA)
<b>AMA</b>	Against Medical Advice
<b>AOD</b>	Alcohol and Other Drugs
<b>ATOD</b>	Alcohol, tobacco, and other drugs
<b>AUD</b>	Alcohol Use Disorder
<b>BAC</b>	Blood Alcohol Concentration
<b>BPD</b>	Barrels per day
<b>BRFSS</b>	Behavioral Risk Factor Surveillance System
<b>CBD</b>	Cannabinoid
<b>CC</b>	Community Commons
<b>CDC</b>	Centers for Disease Control and Prevention
<b>COPSD</b>	Co-Occurring Psychiatric and Substance use Disorder
<b>CSAP</b>	SAMHSA's Center for Substance Abuse Prevention
<b>DEA</b>	Drug Enforcement Administration
<b>DFPS</b>	Department of Family and Protective Services
<b>DMV</b>	Department of Motor Vehicles
<b>DPS</b>	Texas Department of Public Safety
<b>DSM-5</b>	Diagnostic and Statistical Manual - V
<b>DUI</b>	Driving Under the Influence
<b>DWI</b>	Driving While Intoxicated
<b>DWLS/DWLI</b>	Driving While License Suspended/Driving While License Invalid
<b>EEOC</b>	Equal Employment Opportunity Commission
<b>EMS</b>	Emergency Medical Services
<b>ENDS</b>	Electronic Nicotine Delivery Systems
<b>Epidemiology</b>	Epidemiology is the study of the distribution and determinants of health-related states or events in specified populations and the application of this study to the control of health problems. (CDC)
<b>ESC</b>	Education Service Center
<b>EWG</b>	Epidemiological Work Group
<b>FBI</b>	Federal Bureau-Investigation
<b>HHS</b>	U.S. Department of Health and Human Services
<b>HHSC</b>	Texas Health and Human Service Commission
<b>Incidence</b>	Incidence refers to the occurrence of new cases of disease or injury in a population over a specified period of time. (CDC)
<b>IOM</b>	Institute of Medicine
<b>ISD</b>	Independent School District
<b>LEP</b>	Limited English Proficiency
<b>MDD</b>	Major Depressive Disorder
<b>NCES</b>	National Center for Education Statistics

<b>NIAAA</b>	National Institute on Alcohol Abuse and Alcoholism
<b>NIDA</b>	National Institute on Drug Abuse
<b>NSDUH</b>	National Survey on Drug Use and Health
<b>OSAR</b>	Outreach, Screening, Assessment, and Referral
<b>PBRCADA</b>	Permian Basin Regional Council on Alcohol and Drug Abuse
<b>PMP</b>	Prescription drug Monitoring Program
<b>PPRI</b>	Public Policy Research Institute
<b>PRC</b>	Prevention Resource Center
<b>Prevalence</b>	Prevalence is the proportion of persons in a population who have a particular disease or attribute at a specified point in time or over a specified period of time. Prevalence differs from incidence in that prevalence includes all cases, both new and preexisting, in the population at the specified time, whereas incidence is limited to new cases only. (CDC)
<b>Protective Factor</b>	Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events. (SAMHSA)
<b>PTND</b>	Project Towards No Drug abuse
<b>Risk Factor</b>	Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes. (SAMHSA)
<b>RNA</b>	Regional Needs Assessment
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>SEM</b>	Socio-Ecological Model
<b>SHO</b>	Social Host Ordinance
<b>SNAP</b>	Supplemental Nutrition Assistance Program
<b>SPF</b>	Strategic Prevention Framework
<b>SUD</b>	Substance Use Disorder
<b>TABC</b>	Texas Alcoholic Beverage Commission
<b>TANF</b>	Temporary Assistance for Needy Families
<b>TCS</b>	Texas College Survey
<b>TEA</b>	Texas Education Agency
<b>TPII</b>	Texas Prevention Impact Index
<b>TSS</b>	Texas School Survey of Drug and Alcohol Use
<b>VA</b>	Veterans Affairs
<b>WHO</b>	World Health Organization
<b>YP</b>	Youth Prevention
<b>YPI</b>	Youth Prevention Indicated
<b>YPS</b>	Youth Prevention Selective
<b>YPU</b>	Youth Prevention Universal
<b>YRBSS</b>	Youth Risk Behavior Surveillance System

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# Appendix A

## Tables

**Table 1. Region 9 Population Estimates, 2017-2018**

County	2017	2018	Population Change
<b>TEXAS</b>	<b>28,797,290</b>	<b>29,366,479</b>	<b>2.0%</b>
<b>REGION 9</b>	<b>622,820</b>	<b>629,960</b>	<b>1.1%</b>
Andrews	16,667	16,936	1.6%
Borden	686	690	0.6%
Coke	3,158	3,136	-0.7%
Concho	4,256	4,264	0.2%
Crane	5,054	5,145	1.8%
Crockett	3,986	4,019	0.8%
Dawson	14,536	14,610	0.5%
Ector	152,715	154,975	1.5%
Gaines	20,376	20,800	2.1%
Glasscock	1,316	1,328	0.9%
Howard	37,000	37,244	0.7%
Irion	1,697	1,705	0.5%
Kimble	4,917	4,953	0.7%
Loving	81	80	-1.2%
Martin	759	763	0.5%
Mason	15,040	15,245	1.4%
McCulloch	4,155	4,179	0.6%
Menard	2,380	2,394	0.6%
Midland	152,189	154,516	1.5%
Pecos	16,661	16,793	0.8%
Reagan	3,747	3,807	1.6%
Reeves	14,605	14,720	0.8%
Schleicher	3,792	3,835	1.1%
Sterling	1,201	1,207	0.5%
Sutton	4,505	4,552	1.0%
Terrell	1,033	1,039	0.6%
Tom Green	113,525	114,017	0.4%
Upton	3,730	3,781	1.4%
Ward	11,063	11,111	0.4%
Winkler	7,990	8,116	1.6%

Source: Texas Demographic Center<sup>20</sup>

Table 2. Region 9 Population Density, 2016					
County	2016 Population Density	County	2016 Population Density	County	2016 Population Density
<b>TEXAS</b>	<b>112.5</b>	Howard	40.0	Reagan	3.1
<b>REGION 9</b>	<b>114.7</b>	Irion	1.6	Reeves	5.4
Andrews	10.6	Kimble	3.7	Schleicher	2.8
Borden	0.7	Loving	0.1	Sterling	1.3
Coke	3.6	Martin	4.5	Sutton	3.0
Concho	4.2	Mason	8.6	Terrell	0.4
Crane	6.0	McCulloch	9.1	Tom Green	74.2
Crockett	1.4	Menard	2.5	Upton	2.8
Dawson	15.9	Midland	161.6	Ward	13.2
Ector	164.0	Pecos	3.4	Winkler	9.0
Gaines	12.7	Midland	161.6	Ward	13.2
Glasscock	1.4				

Source: Texas Demographic Center<sup>20</sup>

Table 3. Region 9 Population by Race and Ethnicity, 2018

County	Anglo	Black	Hispanic	Other	Total
<b>TEXAS</b>	<b>11,826,470</b>	<b>3,348,098</b>	<b>12,181,167</b>	<b>2,010,744</b>	<b>29,366,479</b>
<b>REGION 9</b>	<b>279,935</b>	<b>28,392</b>	<b>304,868</b>	<b>16,765</b>	<b>629,960</b>
Andrews	7,306	210	9,055	365	16,936
Borden	582	0	101	7	690
Coke	2,390	7	671	68	3,136
Concho	1,807	57	2,349	51	4,264
Crane	1,877	130	3,047	91	5,145
Crockett	1,346	13	2,618	42	4,019
Dawson	5,238	886	8,284	202	14,610
Ector	53,060	6,071	92,115	3,729	154,975
Gaines	12,611	289	7,629	271	20,800
Glasscock	871	15	434	8	1,328
Howard	19,182	2,259	14,742	1,061	37,244
Irion	1,189	11	478	27	1,705
Kimble	3,606	16	1,266	65	4,953
Loving	58	0	18	4	80
McCulloch	456	8	293	6	763
Martin	8,717	2,852	3,344	332	15,245
Mason	3,111	14	1,013	41	4,179
Menard	1,417	11	950	16	2,394
Midland	71,681	9,401	67,982	5,452	154,516
Pecos	4,307	524	11,700	262	16,793
Reagan	1,271	63	2,442	31	3,807
Reeves	2,560	675	11,279	206	14,720
Schleicher	1,985	31	1,798	21	3,835
Sterling	752	13	412	30	1,207
Sutton	1,657	6	2,866	23	4,552
Terrell	500	6	517	16	1,039
Tom Green	60,736	4,132	45,237	3,912	114,017
Upton	1,687	47	1,996	51	3,781
Ward	4,758	512	5,620	221	11,111
Winkler	3,217	133	4,612	154	8,116

Source: Texas Demographic Center<sup>20</sup>

Table 4. Region 9 English Proficiency, 2016

County	Speaks English only or speaks English "very well"	Percentage*	Speaks English less than "very well"	Percentage*
<b>TEXAS</b>	<b>42,933,554</b>	<b>85.9</b>	<b>7,037,944</b>	<b>14.1</b>
<b>REGION 9</b>	<b>506,434</b>	<b>88.6</b>	<b>65,315</b>	<b>11.4</b>
Andrews	13,558	86.6	2,090	13.4
Borden	559	99.1	5	0.9
Coke	3,034	95.9	131	4.1
Concho	2,947	74.1	1,031	25.9
Crane	3,515	79.6	903	20.4
Crockett	3,194	91.2	309	8.8
Dawson	10,833	87.4	1,555	12.6
Ector	118,955	85.5	20,206	14.5
Gaines	14,155	81.0	3,324	19.0
Glasscock	1,019	83.7	199	16.3
Howard	30,557	89.5	3,576	10.5
Irion	1,495	98.9	16	1.1
Kimble	3,866	91.5	359	8.5
Loving	67	88.2	9	11.8
McCulloch	7,246	94.2	445	5.8
Martin	4,548	90.8	459	9.2
Mason	3,503	92.1	299	7.9
Menard	1,909	91.7	173	8.3
Midland	128,723	90.3	13,803	9.7
Pecos	12,630	85.8	2,091	14.2
Reagan	2,703	79.8	684	20.2
Reeves	10,013	74.0	3,516	26.0
Schleicher	2,672	90.4	285	9.6
Sterling	1,017	92.4	84	7.6
Sutton	3,221	87.7	452	12.3
Terrell	714	93.2	52	6.8
Tom Green	101,575	93.8	6,740	6.2
Upton	2,777	88.8	351	11.2
Ward	9,454	89.7	1,086	10.3
Winkler	5,975	84.7	1,082	15.3

\*: Percentage represents the portion of that county's population which either "Speaks English only or speaks English 'very well'" or "Speaks English less than 'very well'".

Source: U.S. Census Bureau, American Community Survey<sup>22</sup>

Table 5. Graduation and Dropout Rates by Region, 2016		
Region	Graduation Rate	Dropout Rate
1	91.3	4.9
2	92.9	4.6
3	88.4	6.0
4	93.5	3.8
5	90.4	6.5
6	88.5	6.5
7	89.3	6.0
8	89.4	6.8
<b>9</b>	<b>87.4</b>	<b>8.3</b>
10	92.6	4.1
11	89.4	6.3

Source: Texas Education Agency<sup>46</sup>

**Table 6. Region 9 Graduation and Dropout Rates, 2016**

<b>County</b>	<b>Graduation Rate</b>	<b>Dropout Rate</b>
<b>TEXAS</b>	<b>89.1</b>	<b>6.2</b>
<b>REGION 9</b>	<b>87.4</b>	<b>8.3</b>
Andrews	95.1	1.9
Borden	100	0
Coke	92.1	2.6
Concho	100	0
Crane	90.7	6.7
Crockett	88.2	11.8
Dawson	96.1	0.7
Ector	80.8	13
Gaines	92.6	6
Glasscock	100	0
Howard	91.8	7
Irion	100	0
Kimble	98.1	0
Loving	--	--
Martin	96.5	1.8
Mason	100	0
McCulloch	98.1	0.9
Menard	94.7	5.3
Midland	87.7	9
Pecos	64.5	13
Reagan	95.8	2.8
Reeves	95.5	3.9
Schleicher	97.7	0
Sterling	95.2	4.8
Sutton	95	3.3
Terrell	90	0
Tom Green	89.2	7.8
Upton	93.3	6.7
Ward	95	5
Winkler	99.1	0.9

Source: Texas Education Agency<sup>46</sup>



Table 7. Region 9 Misdemeanors, 2017

County	Theft	Theft by Check	Family Violence Assault	Assault - Other	Traffic	DWLS/DWLI	All other Misdemeanor Cases, excluding AOD-related	TOTAL
<b>TEXAS</b>	<b>39,842</b>	<b>11,663</b>	<b>37,037</b>	<b>14,361</b>	<b>30,239</b>	<b>25,763</b>	<b>135,752</b>	<b>294,657</b>
<b>REGION 9</b>	<b>1,157</b>	<b>643</b>	<b>944</b>	<b>439</b>	<b>2,030</b>	<b>1,721</b>	<b>4,834</b>	<b>11,768</b>
Andrews	1	112	21	5	31	77	91	338
Borden	0	0	1	0	8	0	5	14
Coke	0	0	0	0	3	0	2	5
Concho	3	29	2	4	9	12	43	102
Crane	1	1	1	6	9	2	19	39
Crockett	6	4	10	5	32	16	114	187
Dawson	10	0	6	10	3	17	71	117
Ector	340	55	260	73	477	724	1,368	3,297
Gaines	24	15	9	13	76	8	56	201
Glasscock	0	0	2	0	102	4	7	115
Howard	6	123	29	57	69	89	576	949
Irion	2	1	2	0	30	1	4	40
Kimble	1	5	5	2	11	8	8	40
Loving	0	0	0	1	15	1	1	18
Martin	3	0	10	2	13	11	17	56
Mason	2	6	2	1	5	10	10	36
McCulloch	23	18	14	17	3	24	81	180
Menard	2	4	2	0	15	17	13	53
Midland	383	23	248	76	244	304	1,174	2,452
Pecos	19	54	74	27	127	2	97	400
Reagan	3	0	7	10	86	39	50	195
Reeves	14	7	0	50	53	17	97	238
Schleicher	0	0	1	0	29	12	12	54
Sterling	0	0	0	0	6	0	4	10
Sutton	2	3	0	1	98	28	23	155
Terrell	1	0	5	1	46	0	10	63
Tom Green	261	158	168	49	293	196	742	1,867
Upton	3	5	9	5	10	5	28	65
Ward	38	17	41	16	63	76	62	313
Winkler	9	3	15	8	64	21	49	169

Source: Texas Office of Court Administration<sup>47</sup>

Table 8. Region 9 AOD Misdemeanors, 2017

County	DWI - First Offense	DWI - Second Offense	Drug Possession - Marijuana	Drug Offenses - Other	TOTAL
<b>TEXAS</b>	<b>64,759</b>	<b>14,334</b>	<b>70,996</b>	<b>23,718</b>	<b>173,807</b>
<b>REGION 9</b>	<b>1,844</b>	<b>846</b>	<b>3,170</b>	<b>894</b>	<b>6,754</b>
Andrews	59	19	72	13	163
Borden	3	0	1	0	4
Coke	0	0	0	0	0
Concho	19	2	13	0	34
Crane	21	1	8	5	35
Crockett	18	1	39	8	66
Dawson	14	4	43	5	66
Ector	469	530	1,071	336	2,406
Gaines	48	4	39	18	109
Glasscock	3	0	3	1	7
Howard	85	21	146	44	296
Irion	3	0	1	1	5
Kimble	17	8	31	2	58
Loving	0	0	1	0	1
Martin	4	2	7	4	17
Mason	7	2	20	1	30
McCulloch	34	7	58	10	109
Menard	5	0	29	4	38
Midland	579	138	915	217	1,849
Pecos	59	12	0	88	159
Reagan	44	8	21	8	81
Reeves	15	11	48	9	83
Schleicher	7	0	8	0	15
Sterling	2	1	2	0	5
Sutton	23	2	34	8	67
Terrell	5	1	4	1	11
Tom Green	232	46	486	92	856
Upton	8	3	7	2	20
Ward	40	16	39	8	103
Winkler	21	7	24	9	61

Source: Texas Office of Court Administration<sup>47</sup>

Table 9. Region 9 Felonies, 2017

County	Capital Murder	Murder	Other Homicides	Agg. Assault or Attempted Murder	Sexual Assault of Adult	Indecency with or Sexual Assault of Child	Family Violence Assault	Aggravated Robbery or Robbery	TOTAL
<b>TEXAS</b>	<b>345</b>	<b>786</b>	<b>619</b>	<b>26,482</b>	<b>1,446</b>	<b>6,147</b>	<b>12,701</b>	<b>10,114</b>	<b>58,640</b>
<b>REGION 9</b>	<b>20</b>	<b>25</b>	<b>18</b>	<b>857</b>	<b>28</b>	<b>205</b>	<b>308</b>	<b>151</b>	<b>1,612</b>
Andrews	0	1	0	34	0	11	10	2	58
Borden	0	0	0	0	0	0	0	0	0
Coke	0	0	0	0	0	0	0	0	0
Concho	0	0	0	2	0	3	2	0	7
Crane	0	0	0	3	0	2	0	0	5
Crockett	0	0	0	4	1	4	14	0	23
Dawson	0	0	0	15	1	1	6	0	23
Ector	14	8	3	344	9	70	64	94	606
Gaines	2	2	0	14	0	7	2	0	27
Glasscock	0	0	0	0	0	0	1	0	1
Howard	0	0	1	20	0	8	3	1	33
Irion	0	0	0	0	0	0	0	0	0
Kimble	0	0	0	4	0	6	1	2	13
Loving	0	0	0	0	0	0	0	0	0
Martin	0	2	1	1	0	0	0	1	5
Mason	0	0	0	2	0	2	2	0	6
McCulloch	0	0	0	16	2	7	3	0	28
Menard	0	0	0	1	0	0	0	0	1
Midland	1	5	4	210	9	43	91	38	401
Pecos	0	1	0	19	0	4	13	0	37
Reagan	0	0	0	12	2	3	2	0	19
Reeves	0	1	1	20	3	5	9	0	39
Schleicher	0	0	0	1	0	1	0	0	2
Sterling	0	0	0	1	0	0	0	0	1
Sutton	0	0	0	6	0	2	4	0	12
Terrell	0	0	1	1	0	0	1	0	3
Tom Green	3	2	3	96	1	22	70	10	207
Upton	0	0	0	6	0	4	2	0	12
Ward	0	3	4	25	0	0	8	3	43
Winkler	0	0	0	0	0	0	0	0	0

Source: Texas Office of Court Administration<sup>47</sup>

Table 10. Region 9 Suicides, 2014-2015

REGION	2014	2015	Total
TEXAS	3,225	3,368	6,593
REGION 9	86	97	183

Source: Texas Health and Human Services Commission, Texas Health Data<sup>51</sup>

Table 11. Region 9 Teen Birth Rates and Texas Ranking, 2016

County	Teen Birth Rate (per 1,000)	Texas Ranking	County	Teen Birth Rate (per 1,000)	Texas Ranking
Reeves	86	4	Crane	51	102
Crockett	82	8	McCulloch	48	119
Ector	76	15	Concho	46	131
Pecos	76	15	Sterling	45	140
Dawson	73	20	Tom Green	42	152
Andrews	72	24	Kimble	41	157
Howard	72	24	Coke	39	172
Reagan	69	31	Menard	35	197
Ward	63	49	Schleicher	33	201
Sutton	62	52	Irion	27	222
Martin	60	59	Mason	23	229
Midland	60	59	Borden	--	--
Winkler	60	59	Glasscock	--	--
Gaines	56	72	Loving	--	--
Upton	54	89	Terrell	--	--
<b>U.S.</b>	<b>20.3</b>				
<b>TEXAS</b>	<b>40.1</b>				

Source: County Health Rankings and Roadmaps, National Center for Health Statistics<sup>65</sup>

Table 12. Students who think X substance is easy\* to obtain

Region	Tobacco	Alcohol	Marijuana	Ecstasy
TEXAS	34.8%	46.9%	20.7%	8.7%
Regions 9 & 10	33.7%	47.3%	33.7%	12.2%
	Cocaine	Crack	Synthetic Marijuana	Inhalants
TEXAS	9.5%	7.1%	13.7%	34.0%
Regions 9 & 10	12.1%	7.9%	13.5%	31.1%
	Steroids	Heroin	Methamphetamine	
TEXAS	7.6%	5.0%	5.8%	
Regions 9 & 10	8.0%	5.7%	5.7%	

\*: Students answered that the particular substance was either "very easy" or "somewhat easy" to obtain

Source: Texas School Survey, 2016<sup>62</sup>

Table 13. Region 9 Schedule II Drug Dispensations, 2015-2016

County	2015 Dispensations	2016 Dispensations	% Difference
<b>TEXAS</b>	<b>38,453,715</b>	<b>39,164,413</b>	<b>1.8%</b>
<b>REGION 9</b>	<b>261,666</b>	<b>248,438</b>	<b>-5.1%</b>
Andrews	6,511	6,037	-7.3%
Concho	956	826	-13.6%
Crane	1,385	1,352	-2.4%
Crockett	434	359	-17.3%
Dawson	3,942	3,365	-14.6%
Ector	60,519	55,535	-8.2%
Gaines	5,509	5,046	-8.4%
Howard	16,068	18,453	14.8%
Kimble	1,614	1,255	-22.2%
Martin	1,197	1,230	2.8%
Mason	995	936	-5.9%
McCulloch	4,688	4,440	-5.3%
Midland	72,021	68,377	-5.1%
Pecos	3,415	3,048	-10.7%
Reagan	320	427	33.4%
Reeves	5,419	4,083	-24.7%
Sutton	1,463	1,241	-15.2%
Tom Green	66,543	65,113	-2.1%
Upton	509	572	12.4%
Ward	5,704	4,734	-17.0%
Winkler	2,454	2,009	-18.1%

Source: Texas Prescription Monitoring Program (PMP)<sup>87</sup>

	2013-2014	2014-2015	2015-2016	2016-2017
Controlled Substances/Drugs	1,188	1,243	1,214	1,190
Alcohol Violations	98	143	122	140
Tobacco	265	236	202	180
Felony Controlled Substance Violations	12	5	0	7

Source: Texas Education Agency<sup>88</sup>

Region	Tobacco	Alcohol	Marijuana	Ecstasy
TEXAS	87.1%	82.4%	71.6%	89.7%
Regions 9 & 10	87.1%	81.7%	72.8%	90.7%
	Cocaine	Crack	Synthetic Marijuana	
TEXAS	94.2%	94.4%	89.4%	
Regions 9 & 10	94.3%	94.2%	90.4%	
	Steroids	Heroin	Methamphetamine	
TEXAS	89.1%	93.4%	93.2%	
Regions 9 & 10	89.8%	93.7%	93.6%	

\* Students answered that the particular substance was either "very dangerous" or "somewhat dangerous" for kids their age to use.

Source: Texas School Survey, 2016<sup>62</sup>

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>State</b>	<b>53.3%</b>	<b>29.1%</b>	<b>11.8%</b>	<b>2.4%</b>	<b>3.3%</b>
1&2	50.7%	31.4%	11.8%	2.3%	3.7%
2	52.7%	30.5%	10.4%	2.3%	4.0%
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<sup>62</sup>

**Table 17. Regions 9 & 10 Perceived Risk of Harm from Alcohol by Grade Level, 2016**

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>All</b>	<b>51.2%</b>	<b>30.5%</b>	<b>12.4%</b>	<b>2.6%</b>	<b>3.2%</b>
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<sup>62</sup>

**Table 18. Texas Students' Perceived Risk of Harm from Marijuana, 2016**

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>State</b>	<b>58.3%</b>	<b>13.3%</b>	<b>12.2%</b>	<b>12.2%</b>	<b>3.9%</b>
1&2	61.6%	14.1%	9.5%	10.2%	4.6%
2	61.5%	14.4%	8.8%	10.5%	4.8%
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	52.3%	15.6%	14.8%	14.3%	2.9%
<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<sup>62</sup>

**Table 19. Regions 9 & 10 Perceived Risk of Harm from Marijuana by Grade Level, 2016**

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>All</b>	<b>58.7%</b>	<b>14.1%</b>	<b>11.4%</b>	<b>11.9%</b>	<b>3.9%</b>
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<sup>62</sup>

Table 20. Texas Students' Perceived Risk of Harm from Prescription Drugs, 2016

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>State</b>	<b>74.0%</b>	<b>14.2%</b>	<b>4.2%</b>	<b>1.2%</b>	<b>6.3%</b>
1&2	75.7%	11.9%	4.7%	1.2%	6.5%
2	76.0%	12.0%	4.0%	0.7%	7.3%
3	72.6%	16.4%	4.1%	1.0%	5.9%
4&5	77.4%	11.3%	3.8%	1.1%	6.4%
6&8	74.5%	13.2%	4.6%	1.2%	6.5%
7	69.4%	17.6%	4.9%	1.5%	6.5%
<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<sup>62</sup>

Table 21. Region 9 &amp; 10 Perceived Risk of Harm from Prescription Drugs by Grade Level, 2016

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>All</b>	<b>75.0%</b>	<b>13.0%</b>	<b>3.9%</b>	<b>1.5%</b>	<b>6.7%</b>
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<sup>62</sup>

Table 22. Texas Students' Perceived Risk of Harm from Tobacco, 2016

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>State</b>	<b>63.3%</b>	<b>22.5%</b>	<b>8.0%</b>	<b>1.9%</b>	<b>4.3%</b>
1&2	57.7%	26.1%	9.4%	2.6%	4.3%
2	59.9%	25.7%	8.2%	2.0%	4.3%
3	63.4%	23.1%	7.8%	1.7%	4.0%
4&5	58.4%	24.7%	10.4%	2.4%	4.1%
6&8	62.7%	21.8%	8.6%	2.3%	4.5%
7	59.8%	26.4%	8.2%	1.7%	3.8%
<b>9&amp;10</b>	<b>64.8%</b>	<b>22.3%</b>	<b>7.2%</b>	<b>1.7%</b>	<b>4.1%</b>
11	69.0%	18.2%	5.7%	1.3%	5.8%

Source: Texas School Survey, 2016<sup>62</sup>



Table 23. Regions 9 &amp; 10 Perceived Risk of Harm from Tobacco by Grade Level, 2016

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>All</b>	<b>64.8%</b>	<b>22.3%</b>	<b>7.2%</b>	<b>1.7%</b>	<b>4.1%</b>
Grade 7	76.7%	14.9%	3.0%	0.6%	4.8%
Grade 8	66.9%	21.4%	5.6%	1.7%	4.4%
Grade 9	65.0%	23.5%	6.4%	1.4%	3.7%
Grade 10	61.4%	25.4%	7.3%	1.5%	4.4%
Grade 11	62.7%	22.0%	9.0%	2.0%	4.3%
Grade 12	54.2%	27.2%	12.9%	3.0%	2.6%

Source: Texas School Survey, 2016<sup>62</sup>

Table 24. Regions 9 &amp; 10 Perceived Risk of Harm from Electronic Vapor Products by Grade Level, 2016

Region	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
<b>All</b>	<b>53.9%</b>	<b>14.3%</b>	<b>14.4%</b>	<b>12.0%</b>	<b>5.4%</b>
Grade 7	66.0%	12.4%	9.0%	6.4%	6.2%
Grade 8	58.7%	12.7%	13.2%	10.4%	4.9%
Grade 9	52.2%	18.0%	13.2%	12.0%	4.6%
Grade 10	47.7%	15.0%	16.6%	14.6%	6.1%
Grade 11	51.1%	13.8%	16.7%	12.0%	6.5%
Grade 12	46.7%	13.3%	18.7%	17.2%	4.1%

Source: Texas School Survey, 2016<sup>62</sup>

Table 25. Texas Students' Perception of Peer Approval of Alcohol, 2016

Region	None	A Few	Some	Most	All
<b>State</b>	<b>49.5%</b>	<b>23.3%</b>	<b>13.8%</b>	<b>10.3%</b>	<b>3.1%</b>
1&2	40.5%	26.3%	15.3%	14.7%	3.3%
2	45.5%	25.6%	13.5%	12.0%	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%
6&8	46.3%	24.0%	14.3%	11.3%	4.1%
7	52.6%	22.9%	13.4%	8.7%	2.3%
<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%

Source: Texas School Survey, 2016<sup>62</sup>

**Table 26. Texas Student's Average Age of Initiation to Alcohol, 2014**

Region	Age of Initiation	Early Initiation (<13)
<b>State</b>	<b>12.9</b>	<b>38.0%</b>
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	35.4%

Source: Texas School Survey, 2014<sup>90</sup>

**Table 27: Texas Students' Alcohol Consumption, 2016**

Region	Current Use	School Year Use	Lifetime Use	High-Risk Use
<b>State</b>	<b>28.6%</b>	<b>34.0%</b>	<b>53.0%</b>	<b>11.5%</b>
1&2	35.4%	40.2%	61.0%	14.9%
2	30.7%	35.0%	57.2%	12.2%
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	25.7%	31.9%	51.1%	9.8%
<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<sup>62</sup>

**Table 28. Texas Students' Age of Initiation to Marijuana, 2014**

Region	Age of Initiation	Early Initiation (<13)
<b>State</b>	<b>13.8</b>	<b>23.1%</b>
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, 2014<sup>91</sup>

**Table 29. Texas Students' Marijuana Use, 2016**

Region	Current Use	School Year Use	Lifetime Use
<b>State</b>	<b>12.2%</b>	<b>15.0%</b>	<b>21.0%</b>
1&2	12.7%	15.3%	21.5%
2	11.9%	14.1%	19.3%
3	13.1%	16.3%	21.5%
4&5	12.7%	15.4%	21.8%
6&8	11.9%	14.4%	21.1%
7	10.6%	13.6%	19.7%
<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<sup>62</sup>

**Table 30. Texas Students' Prescription Drug Abuse, 2016**

Region	Past Month	School Year	Ever Used	Never Used
<b>State</b>	<b>10.3%</b>	<b>13.7%</b>	<b>18.5%</b>	<b>87.2%</b>
1&2	11.5%	15.2%	20.0%	80.0%
2	10.9%	14.8%	18.9%	81.1%
3	10.0%	14.1%	18.9%	81.1%
4&5	12.3%	15.6%	20.4%	79.6%
6&8	11.0%	14.4%	19.2%	80.8%
7	10.1%	13.9%	18.3%	81.7%
<b>9&amp;10</b>	<b>9.7%</b>	<b>13.3%</b>	<b>19.0%</b>	<b>81.0%</b>
11	7.9%	9.9%	14.3%	85.7%

Source: Texas School Survey, 2016<sup>62</sup>

**Table 31. Texas Students' Age of Initiation to Tobacco, Grades 6-12**

Region	Age of Initiation	Early Initiation (<13)
<b>State</b>	<b>13.3</b>	<b>33.7%</b>
1&2	12.9	39.6%
3	13.6	30.5%
4	12.7	41.4%
5&6	13.1	36.3%
7&8	13.2	35.7%
<b>9&amp;10</b>	<b>13.1</b>	<b>37.7%</b>
11	13.5	32.6%

Source: Texas School Survey, 2014<sup>90</sup>

**Table 32: Texas Students' Tobacco Use, Grades 7-12**

Region	Past Month	School Year	Ever Used	Never Used
<b>State</b>	<b>14.5%</b>	<b>18.6%</b>	<b>30.5%</b>	<b>69.5%</b>
1&2	19.7%	24.8%	39.6%	60.4%
2	15.4%	20.1%	33.7%	66.3%
3	13.2%	17.3%	27.9%	72.1%
4&5	17.5%	21.8%	34.9%	65.1%
6&8	15.2%	19.7%	32.8%	67.2%
7	13.0%	17.4%	26.5%	73.5%
<b>9&amp;10</b>	<b>17.3%</b>	<b>21.6%</b>	<b>35.7%</b>	<b>64.3%</b>
11	13.7%	16.8%	28.7%	71.3%

Source: Texas School Survey, 2016<sup>62</sup>

**Table 33. Overdose Death Crude Rate per 100K**

Region	2010	2011	2012	2013	2014	2015
<b>TEXAS</b>	<b>6.5</b>	<b>6.7</b>	<b>6.5</b>	<b>6.7</b>	<b>6.7</b>	<b>7.5</b>
1	3.7	4.8	3.0	6.6	5.1	6.6
2	4.9	6.0	5.9	6.8	8.8	5.6
3	5.4	6.0	6.9	6.5	8.0	7.8
4	3.9	4.6	6.1	6.2	6.7	6.4
5	8.7	9.1	8.2	7.1	8.5	8.4
6	9.4	8.0	7.7	8.0	7.4	8.9
7	5.9	5.8	5.6	5.4	4.2	7.7
8	7.4	10.2	7.3	7.0	6.3	7.2
<b>9</b>	<b>6.1</b>	<b>4.0</b>	<b>4.7</b>	<b>6.5</b>	<b>7.1</b>	<b>5.5</b>
10	*	*	*	3.2	4.1	4.6
11	5.3	5.2	5.5	6.0	4.9	4.7

Source: Department of State Health Services<sup>118</sup>

**Table 34. Region 9 Drug & Alcohol-Induced Deaths**

<b>County</b>	<b>2007-2011</b>	<b>2012-2016</b>
<b>REGION 9</b>	<b>485</b>	<b>633</b>
Andrews	--	14
Dawson	14	20
Ector	164	209
Gaines	11	14
Howard	39	48
Mason	--	12
Midland	126	159
Pecos	14	13
Tom Green	102	114
Ward	15	19
Winkler	--	11

-- Data suppressed if count is less than 10

Source: Centers for Disease Control and Prevention<sup>119</sup>

**Table 35. Crude Rate of Drug & Alcohol-Induced Deaths**

<b>County</b>	<b>2007-2011</b>	<b>2012-2016</b>
<b>TEXAS</b>	<b>15.8</b>	<b>17.2</b>
<b>REGION 9</b>	<b>21.0</b>	<b>25.9</b>
Dawson	--	29.7
Ector	24.2	27.3
Howard	22.5	26.4
Midland	18.7	20.4
Reeves	--	32
Tom Green	18.7	19.6

-- Data was insufficient to report

Source: Centers for Disease Control and Prevention<sup>119</sup>

Table 36. Region 9 DUI Crashes and Injuries, 2016			
County	Fatalities	Crashes involving an injury	Total Crashes
<b>REGION 9</b>	<b>33</b>	<b>335</b>	<b>713</b>
Andrews	0	9	15
Borden	0	0	1
Coke	0	0	0
Concho	0	2	4
Crane	0	1	7
Crockett	0	2	7
Dawson	0	3	9
Ector	12	118	254
Gaines	2	14	22
Glasscock	1	3	3
Howard	2	7	20
Irion	0	7	9
Kimble	1	2	3
Loving	0	0	0
Martin	1	4	9
Mason	0	0	3
McCulloch	0	2	8
Menard	0	2	2
Midland	8	104	235
Pecos	1	11	18
Reagan	0	1	3
Reeves	2	5	10
Schleicher	0	1	3
Sterling	0	0	0
Sutton	0	1	6
Terrell	1	2	2
Tom Green	1	24	43
Upton	0	3	5
Ward	1	3	8
Winkler	0	4	4

Source: Texas Department of Transportation<sup>120</sup>

Table 37. Region 9 Alcohol-Involved Violations, 2017

County	DUI	Drunkenness	Liquor Law	Total Alcohol Violations
<b>REGION 9</b>	<b>2,317</b>	<b>3,452</b>	<b>531</b>	<b>6,300</b>
Andrews	61	40	29	130
Borden	0	0	0	0
Coke	0	0	0	0
Concho	4	0	0	4
Crane	25	17	0	42
Crockett	8	10	1	19
Dawson	8	6	0	14
Ector	968	1,213	118	2,299
Gaines	92	33	27	152
Glasscock	0	0	0	0
Howard	66	221	19	306
Irion	2	0	0	2
Kimble	11	8	10	29
Loving	0	0	0	0
Martin	1	2	0	3
Mason	8	14	0	22
McCulloch	10	34	9	53
Menard	5	5	0	10
Midland	593	1,146	162	1,901
Pecos	11	53	3	67
Reagan	21	7	6	34
Reeves	53	114	0	167
Schleicher	8	6	0	14
Sterling	8	0	0	8
Sutton	4	13	4	21
Terrell	0	0	0	0
Tom Green	263	366	136	765
Upton	6	26	0	32
Ward	65	91	7	163
Winkler	16	27	0	43

Source: Texas Department of Public Safety<sup>121</sup>

County	DWI	DRUG	County	DWI	DRUG	County	DWI	DRUG
<b>TEXAS</b>	<b>79,093</b>	<b>94,714</b>	Glasscock	3	4	Reagan	52	29
<b>REGION 9</b>	<b>2,690</b>	<b>4,064</b>	Howard	106	190	Reeves	26	57
Andrews	78	85	Irion	3	2	Schleicher	7	8
Borden	3	1	Kimble	25	33	Sterling	3	2
Coke	0	0	Loving	0	1	Sutton	25	42
Concho	21	13	Martin	6	11	Terrell	6	5
Crane	22	13	Mason	9	21	Tom Green	278	578
Crockett	19	47	McCulloch	41	68	Upton	11	9
Dawson	18	48	Menard	5	33	Ward	56	47
Ector	999	1,407	Midland	717	1,132	Winkler	28	33
Gaines	52	57	Pecos	71	88			

Source: Texas Office of Court Administration<sup>47</sup>

County	Number of Discharges	Average Length of Stay	Average Charge	Average Charge per day	Median Charge
<b>TEXAS</b>	<b>20,201</b>	<b>5.8</b>	<b>\$18,947</b>	<b>\$3,267</b>	<b>\$13,449</b>
Ector	47	3.6	\$21,566	\$5,990	\$19,645
Howard	22	110.0	\$77,921	\$708	\$19,310
Midland	26	4.6	\$24,021	\$5,222	\$25,356
Reeves	8	3.0	\$5,717	\$1,906	\$6,064
Tom Green	226	5.8	\$14,155	\$2,440	\$10,740

Source: Texas Price Point<sup>127</sup>

County	Number of Discharges	Average Length of Stay	Average Charge	Average Charge per day	Median Charge
<b>TEXAS</b>	<b>2,070</b>	<b>2.3</b>	<b>\$15,516</b>	<b>\$6,465</b>	<b>\$10,906</b>
Ector	11	2.7	\$21,394	\$7,924	\$14,739
Midland	6	1.8	\$16,800	\$9,333	\$14,289
Tom Green	20	3	\$8,726	\$2,909	\$7,117

\*: Against Medical Advice (AMA)

Source: Texas Price Point<sup>127</sup>



Table 41. ADACCV YP Program Success Rates, 2017

	Youth Served	Youth successfully completed	Overall success rate
YPS - CBSG	506	486	96%
YPI - PTND	188	171	91%

Table 42. PBRADA YP Program Success Rates, 2017

YP PROGRAM	Youth Served	Curriculum Cycles	Youth successfully completed	Overall success rate
YPI - Midland	19	3	12	63.0%
YPU - Howard/Martin	147	9	117	79.6%
YPU - Midland	265	14	245	92.5%
YPU - Ector	444	21	414	93.2%

Table 43. AOD Education in Texas 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 Alcohol or Drugs
<b>State</b>	<b>43.9%</b>	<b>44.7%</b>	<b>27.9%</b>	<b>17.2%</b>	<b>27.3%</b>	<b>14.4%</b>	<b>31.6%</b>	<b>28.9%</b>	<b>31.1%</b>
1&2	31.9%	52.3%	23.3%	12.7%	21.6%	9.5%	34.8%	24.7%	32.3%
2	29.6%	56.1%	21.9%	12.8%	19.1%	8.1%	37.0%	22.8%	30.3%
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	42.9%	44.8%	28.5%	13.3%	27.7%	13.5%	33.7%	26.1%	31.1%
<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<sup>62</sup>

Table 44. Graduation and Dropout Rates by Region, 2016

Region	Graduation Rate	Dropout Rate
1	91.3	4.9
2	92.9	4.6
3	88.4	6.0
4	93.5	3.8
5	90.4	6.5
6	88.5	6.5
7	89.3	6.0
8	89.4	6.8
<b>9</b>	<b>87.4</b>	<b>8.3</b>
10	92.6	4.1
11	89.4	6.3

Source: Texas Education Agency<sup>147</sup>

Table 45. Student Perception of Parental Approval of Alcohol, 2016

Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
<b>State</b>	<b>64.9%</b>	<b>13.7%</b>	<b>10.7%</b>	<b>3.3%</b>	<b>1.1%</b>	<b>6.3%</b>
1&2	60.6%	14.1%	13.0%	4.4%	1.5%	6.3%
2	62.3%	14.8%	12.1%	3.9%	0.9%	6.1%
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%	11.6%	3.9%	1.1%	7.0%
7	64.6%	15.2%	11.3%	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	68.2%	10.6%	8.2%	2.9%	1.2%	8.9%

Source: Texas School Survey, 2016<sup>62</sup>

Table 46. Regions 9 &amp; 10 Student Perception of Parental Approval of Alcohol, 2016

Grade	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
<b>All</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>
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<sup>62</sup>

Table 47. Student Perception of Parental Approval of Tobacco, 2016

Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
<b>State</b>	<b>78.4%</b>	<b>7.4%</b>	<b>5.9%</b>	<b>1.0%</b>	<b>0.8%</b>	<b>6.5%</b>
1&2	71.2%	9.7%	9.7%	1.5%	1.2%	6.7%
2	72.8%	9.7%	9.4%	1.3%	0.6%	6.1%
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%	6.1%	0.9%	0.9%	7.0%
7	79.3%	8.4%	5.6%	1.0%	0.6%	5.1%
<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<sup>62</sup>

Table 48. Regions 9 &amp; 10 Student Perception of Parental Approval of Tobacco, 2016

Grade	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
<b>All</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>
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<sup>62</sup>

Table 49. Student Perception of Parental Approval of Marijuana, 2016

Region	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
<b>State</b>	<b>79.0%</b>	<b>6.1%</b>	<b>5.9%</b>	<b>1.4%</b>	<b>1.5%</b>	<b>6.2%</b>
1&2	79.8%	5.5%	5.6%	1.5%	1.6%	5.9%
2	80.3%	5.8%	5.2%	1.6%	1.1%	6.0%
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	77.3%	7.7%	6.9%	1.8%	1.3%	5.0%
<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<sup>62</sup>

Table 50. Regions 9 &amp; 10 Student Perception of Parental Approval of Marijuana, 2016

Grade	Strongly Disapprove	Mildly Disapprove	Neither	Mildly Approve	Strongly Approve	Do Not Know
<b>All</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>
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<sup>62</sup>

Table 51. Regions 9 &amp; 10 Students' Perceived Ease of Access, 2016

Substance	Never Heard of It	Impossible	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy
Alcohol	21.9%	12.6%	6.3%	11.9%	20.7%	26.6%
Tobacco	29.0%	19.1%	7.4%	10.7%	14.4%	19.3%
Marijuana	28.0%	20.7%	7.6%	10.1%	14.1%	19.6%
Cocaine	37.4%	29.7%	11.9%	8.8%	6.0%	6.1%
Crack	41.1%	30.8%	12.4%	7.8%	3.9%	4.0%
Steroids	42.4%	30.0%	11.2%	8.3%	4.0%	4.0%
Ecstasy	46.4%	25.5%	9.1%	6.7%	5.8%	6.4%
Heroin	46.7%	30.8%	11.3%	5.5%	2.7%	3.0%
Methamphetamine	47.7%	30.3%	10.9%	5.3%	2.6%	3.1%
Synthetic Marijuana	46.0%	24.8%	8.7%	7.0%	6.3%	7.2%
Inhalants	41.6%	15.6%	4.9%	6.8%	9.3%	21.8%

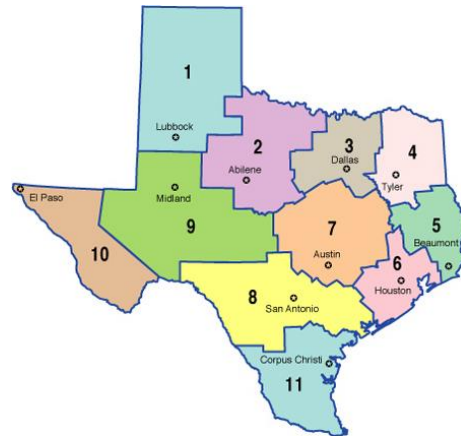
Source: Texas School Survey<sup>62</sup>

Table 52. Regions 9 &amp; 10 Students' Perceived Risk/Harm, 2016

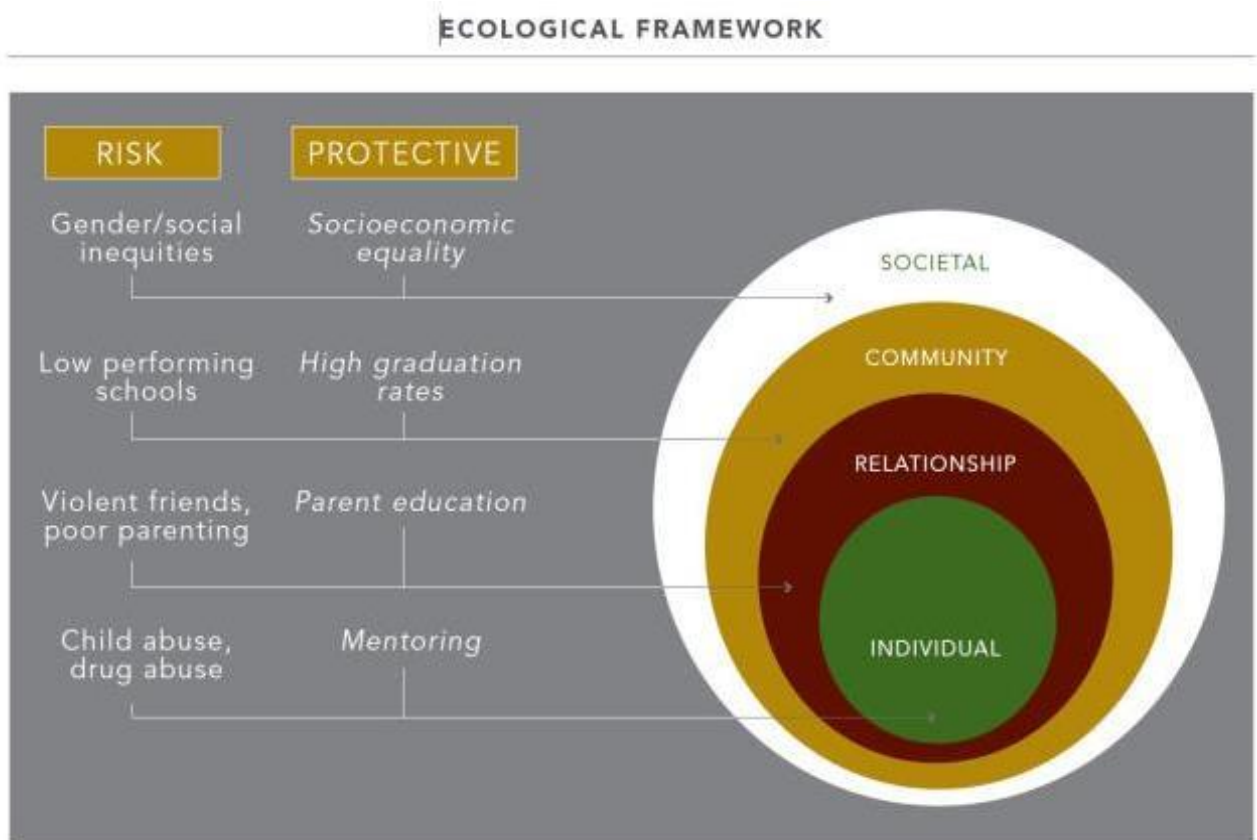
Substance	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not at All Dangerous	Do Not Know
Alcohol	51.2%	30.5%	12.4%	2.6%	3.2%
Tobacco	64.8%	22.3%	7.2%	1.7%	4.1%
Electronic Vapor Product	53.9%	14.3%	14.4%	12.0%	5.4%
Marijuana	58.7%	14.1%	11.4%	11.9%	3.9%
Cocaine	87.7%	6.6%	0.9%	0.6%	4.1%
Crack	89.0%	5.2%	0.8%	0.4%	4.5%
Ecstasy	82.6%	8.1%	1.9%	0.8%	6.5%
Steroids	78.3%	11.5%	3.4%	1.0%	5.9%
Heroin	89.5%	4.2%	0.4%	0.6%	5.4%
Methamphetamine	89.7%	3.9%	0.5%	0.5%	5.5%
Synthetic Marijuana	83.3%	7.1%	1.9%	1.3%	6.4%
Rx Drug Not Prescribed to Them	75.0%	13.0%	3.9%	1.5%	6.7%
Inhalants	77.3%	12.2%	3.3%	1.0%	6.1%

Source: Texas School Survey<sup>62</sup>

# Figures



**FIGURE 1. TEXAS HEALTH SERVICE REGIONS**  
Source: Texas Health and Human Services Commission<sup>2</sup>



**FIGURE 2. EXAMPLES OF RISK AND PROTECTIVE FACTORS WITHIN THE SOCIO-ECOLOGICAL MODEL**  
Source: Urban Peace Institute<sup>9</sup>

## Standard Drinks

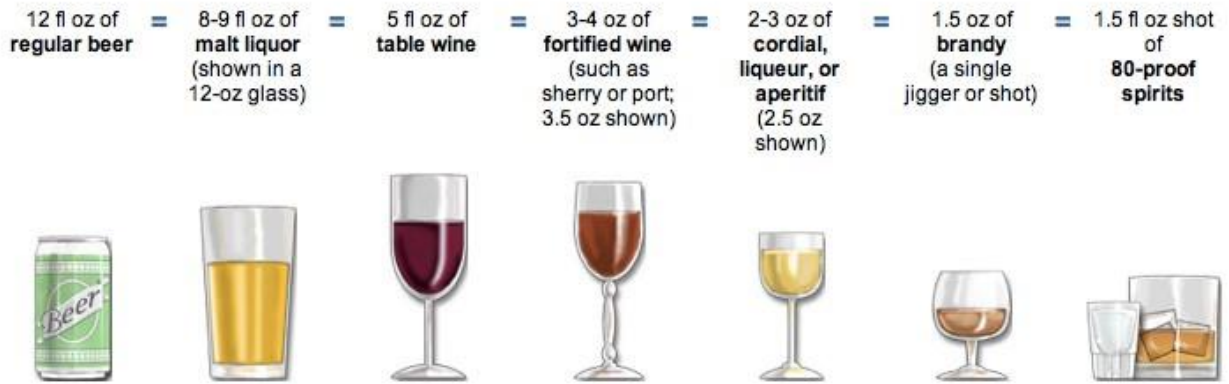


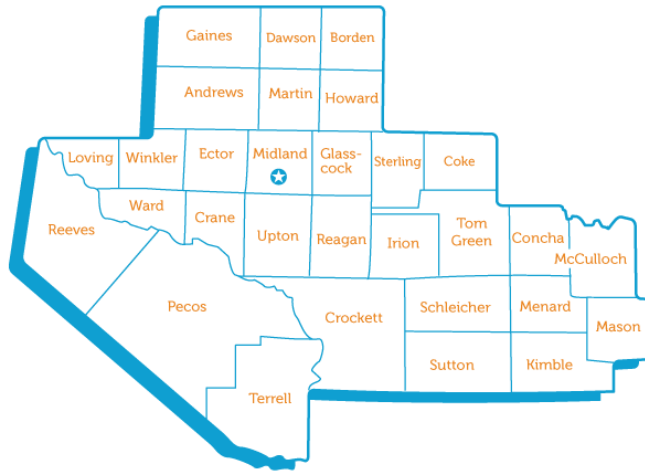
FIGURE 3. NIAAA RUBRIC FOR OPERATIONALIZING THE STANDARD DRINK BY OUNCES AND PERCENT ALCOHOL ACROSS BEVERAGE TYPE

Source: National Institute on Alcohol Abuse and Alcoholism<sup>14</sup>



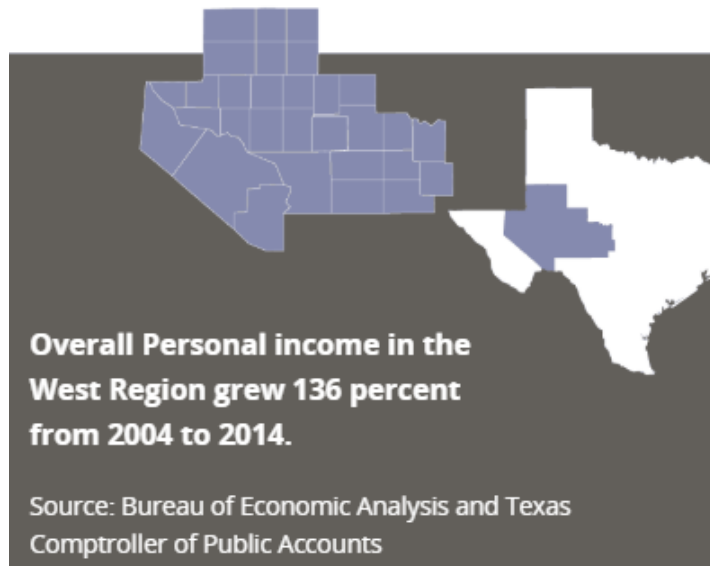
FIGURE 4. STRATEGIC PREVENTION FRAMEWORK (SPF)

Source: Substance Abuse and Mental Health Services Administration<sup>17</sup>



**FIGURE 5. TEXAS HEALTH REGION 9 COUNTIES**

SOURCE: TEXAS COUNCIL OF CHILD WELFARE BOARDS<sup>19</sup>



**FIGURE 6. INCOME GROWTH IN WEST TEXAS 2004-2014**

Source: Texas Comptroller<sup>21</sup>



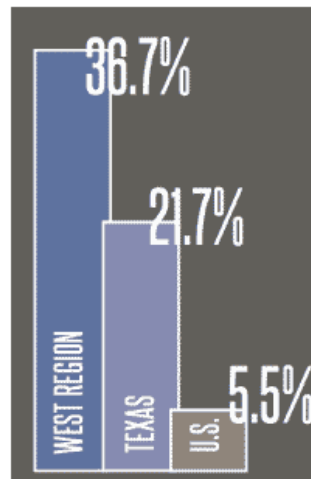
# Jobs and Wages

The West Region **added 80,000 jobs** from 2004 to 2014; Midland and Ector counties led this expansion. Their principal cities, Midland and Odessa, accounted for 78 percent of net job growth.

Wages in Midland averaged **\$61,158** in 2014 — a **93 percent increase** from 2004.

Regional wages grew quickly as well. At **\$55,278**, the average wage topped the state average of **\$52,537**.

## Job Growth, 2004-2014

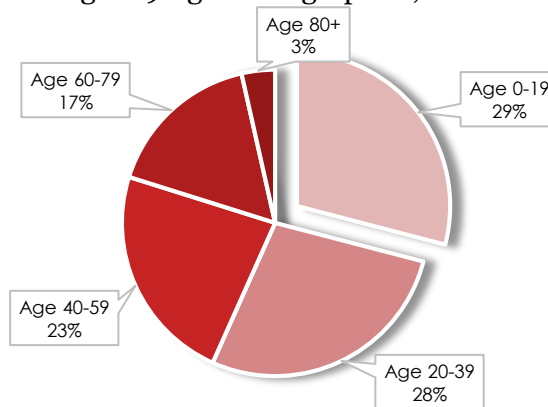


Source: Economic Modeling Specialists Intl.

**FIGURE 7. JOB GROWTH IN WEST TEXAS VS. STATE AND NATIONAL**

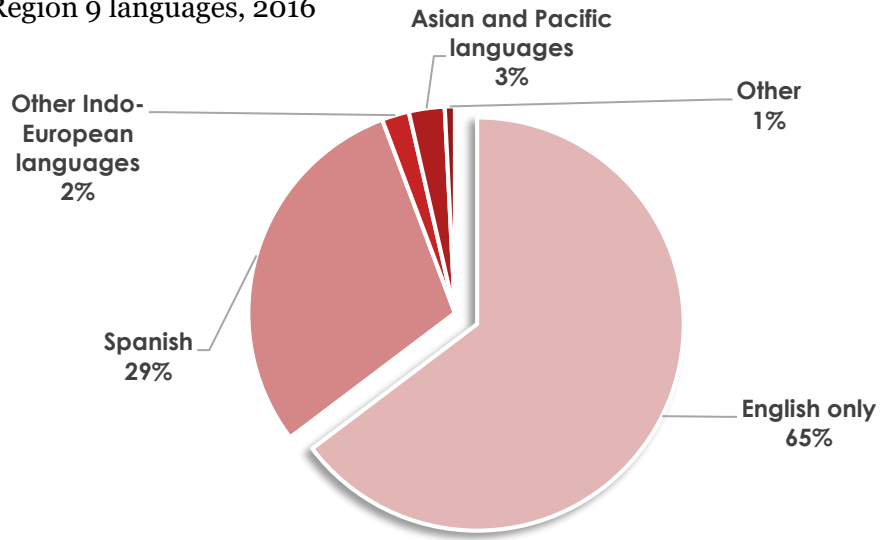
Source: Texas Comptroller<sup>21</sup>

**Figure 8. Region 9 Age Demographics, 2018**



Source: Texas Demographic Center<sup>20</sup>

Figure 9. Region 9 languages, 2016



Source: U.S. Census Bureau, American Community Survey<sup>22</sup>

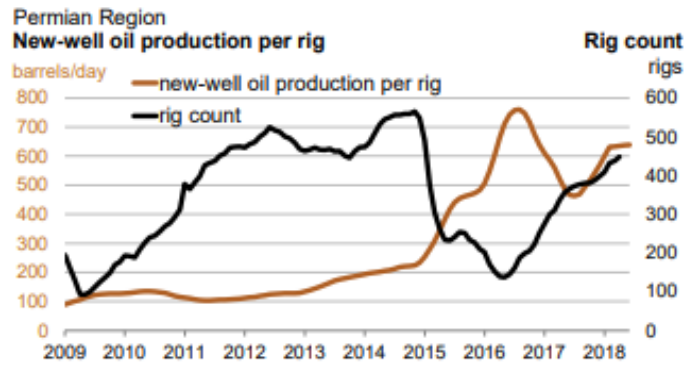


FIGURE 10. PERMIAN REGION NEW-WELL OIL PRODUCTION, 2009-2018

Source: U.S. Energy Information Administration<sup>24</sup>

### Permian Region Oil production

thousand barrels/day

**Oil +78**  
thousand barrels/day  
month over month 

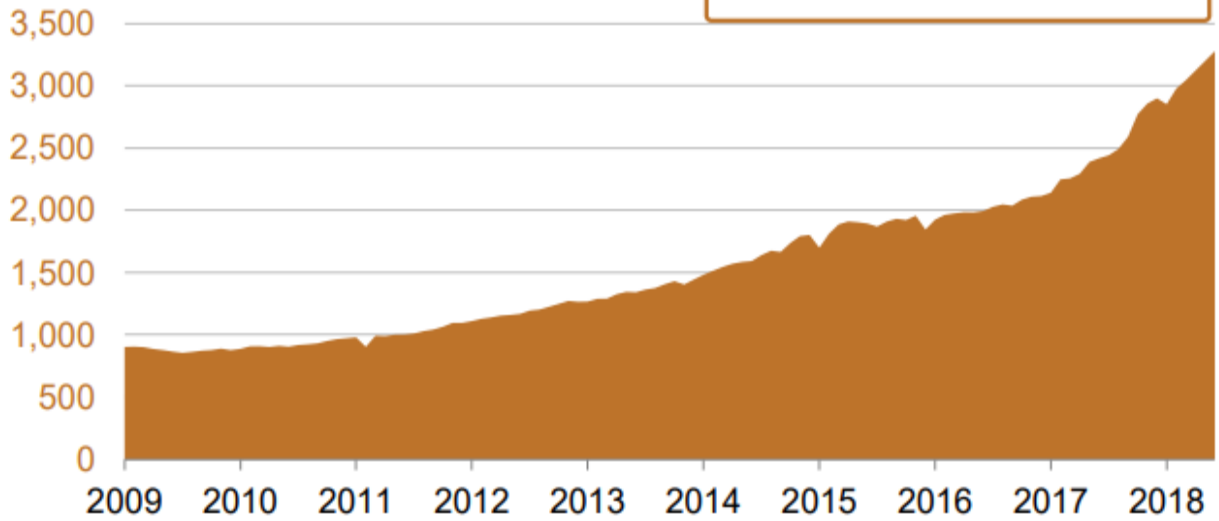
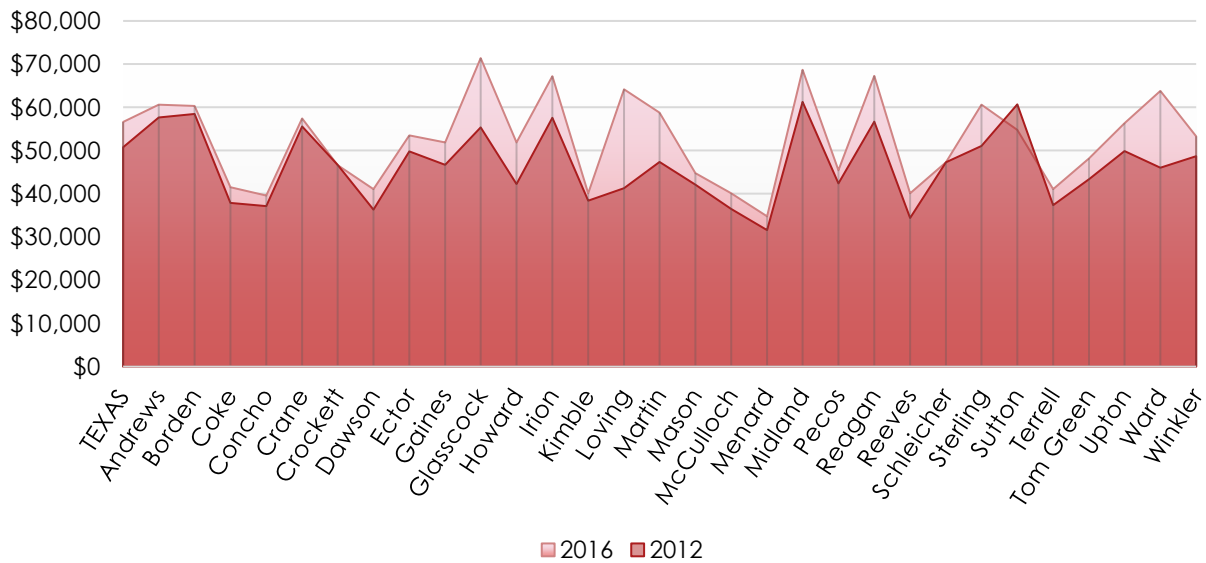


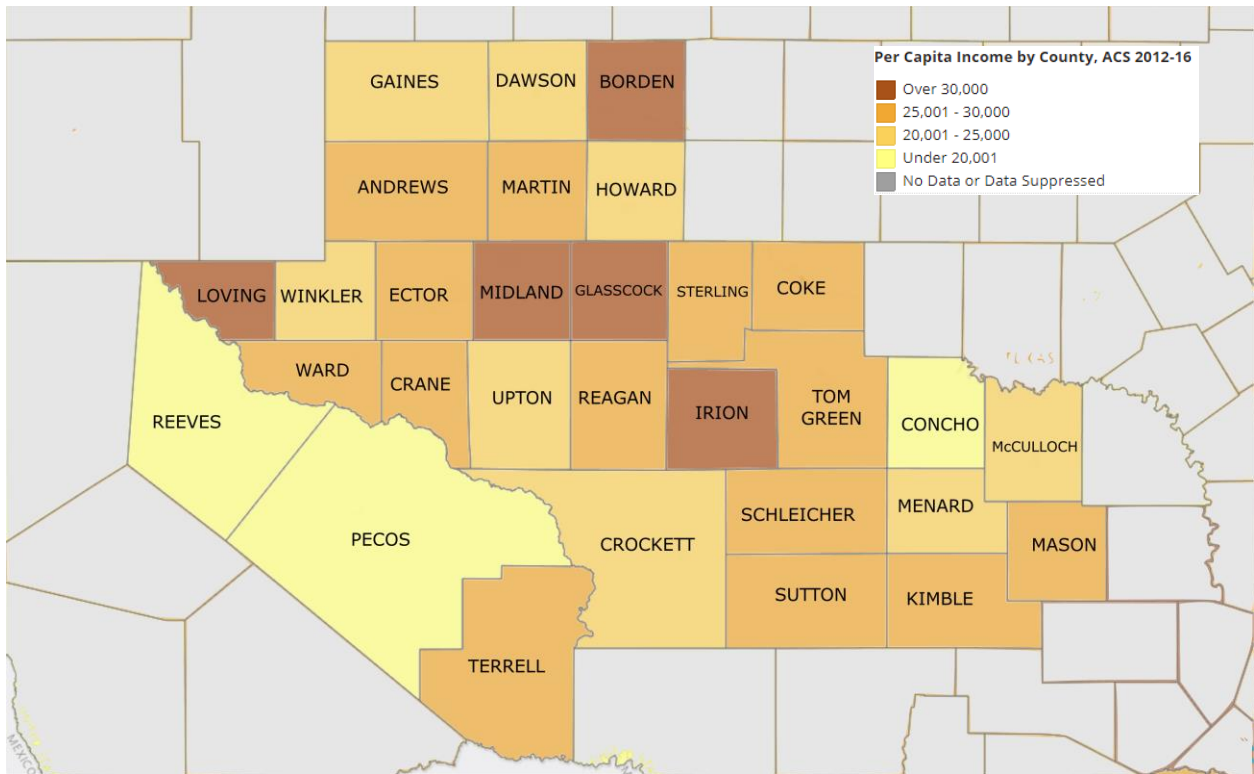
FIGURE 11. PERMIAN REGION CRUDE OUTPUT

Source: U.S. Energy Information Administration<sup>25</sup>

Figure 12. Region 9 Median Income Changes 2012-2016



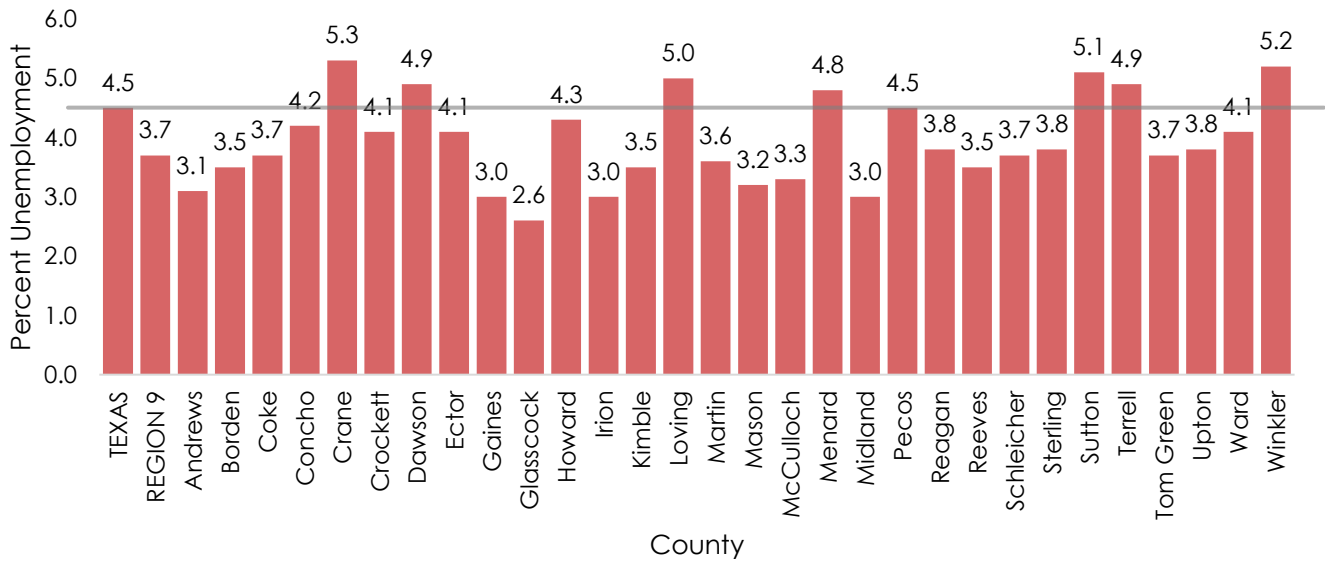
Source: U.S. Census Bureau<sup>32</sup>



**FIGURE 13. REGION 9 PER CAPITA INCOME, 2012-2016**

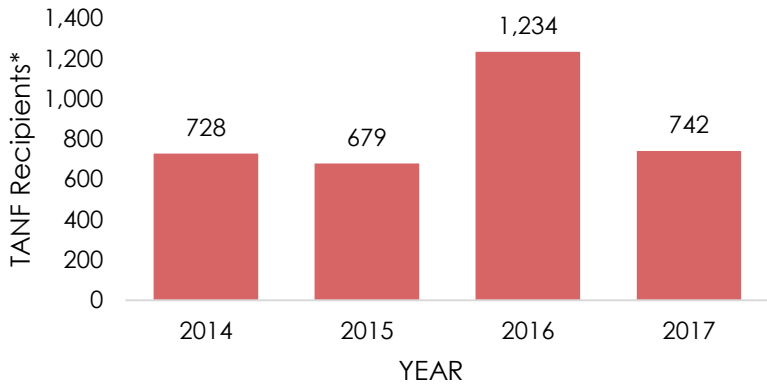
Source: Community Commons<sup>33</sup>

**Figure 14. Region 9 Unemployment Rates, 2017**



Source: U.S. Department of Labor, Bureau of Labor Statistics<sup>34</sup>

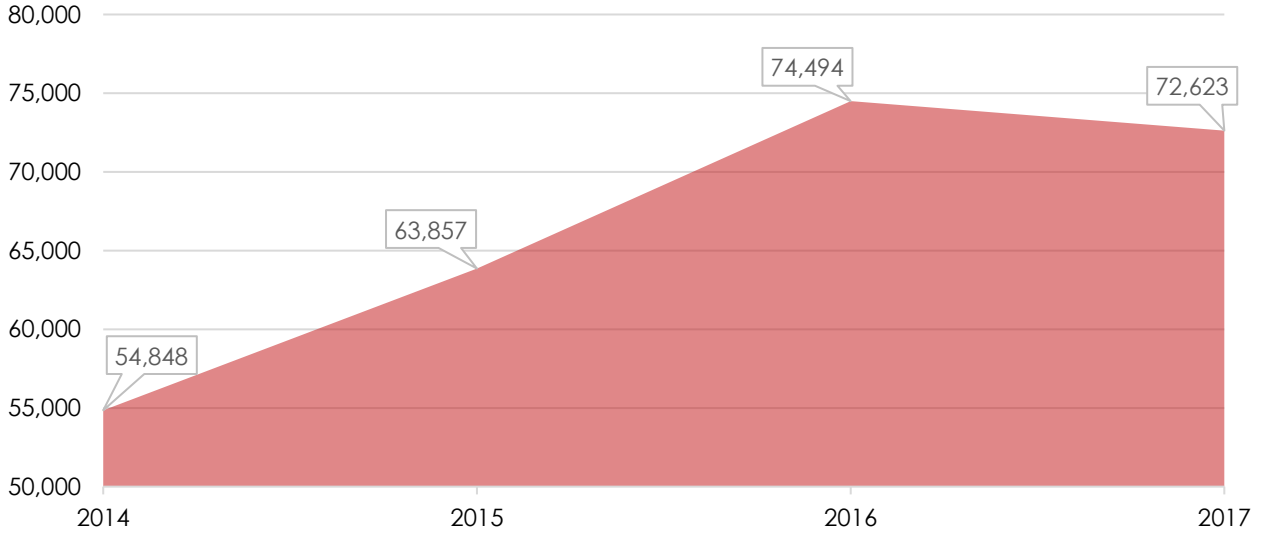
Figure 15. Region 9 Monthly TANF Recipients, 2014-2017



\*TANF Recipients include both TANF Basic and TANF State Program recipients. Recipient counts are the average number of recipients per month for each year.

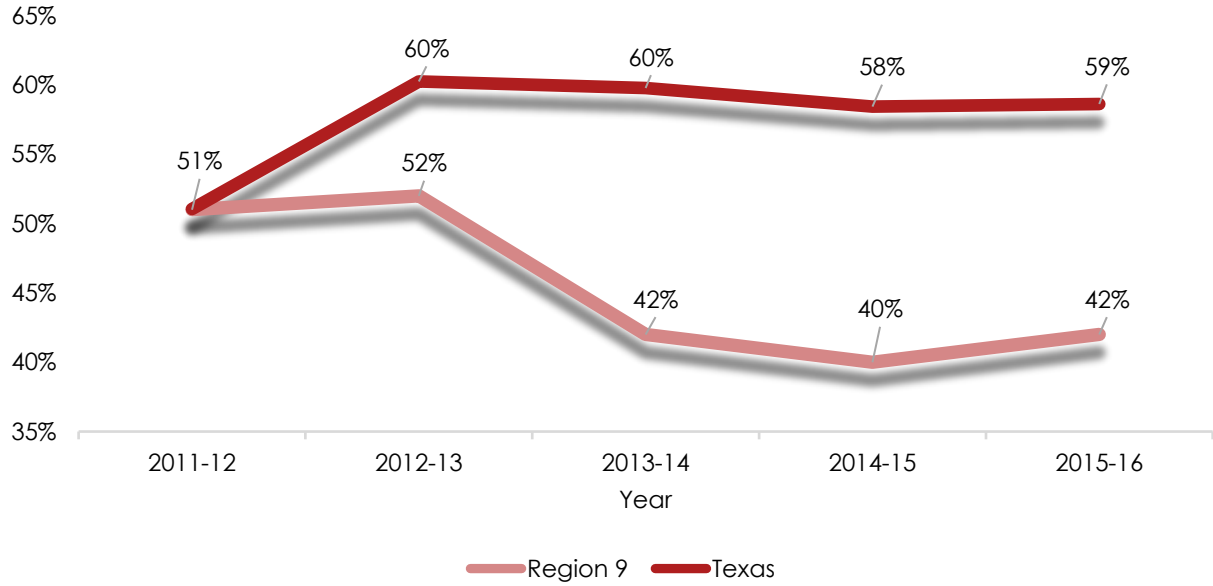
Source: Texas Health and Human Services Commission<sup>35</sup>

Figure 16. Region 9 Monthly SNAP Recipients, 2014-2017

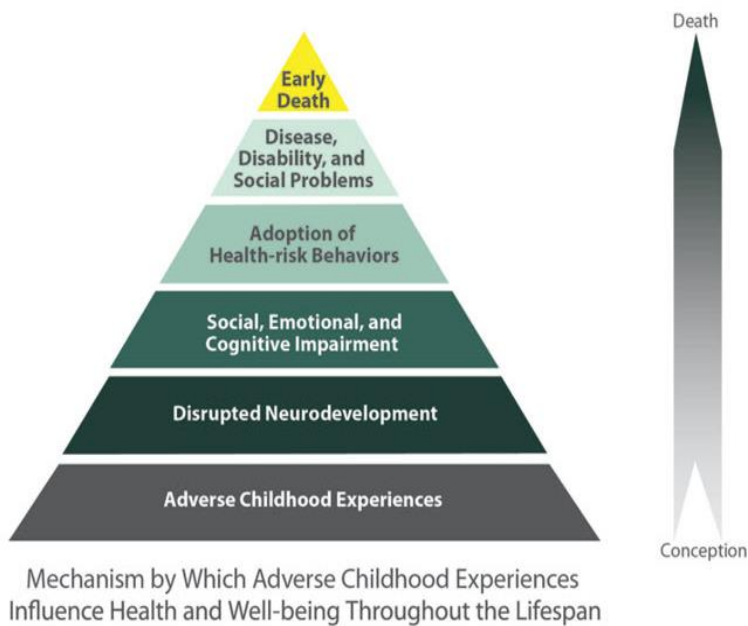


Source: Texas Health and Human Services Commission<sup>38</sup>

Figure 17. Region 9 Free and Reduced Price Lunch Students, 2011-2016



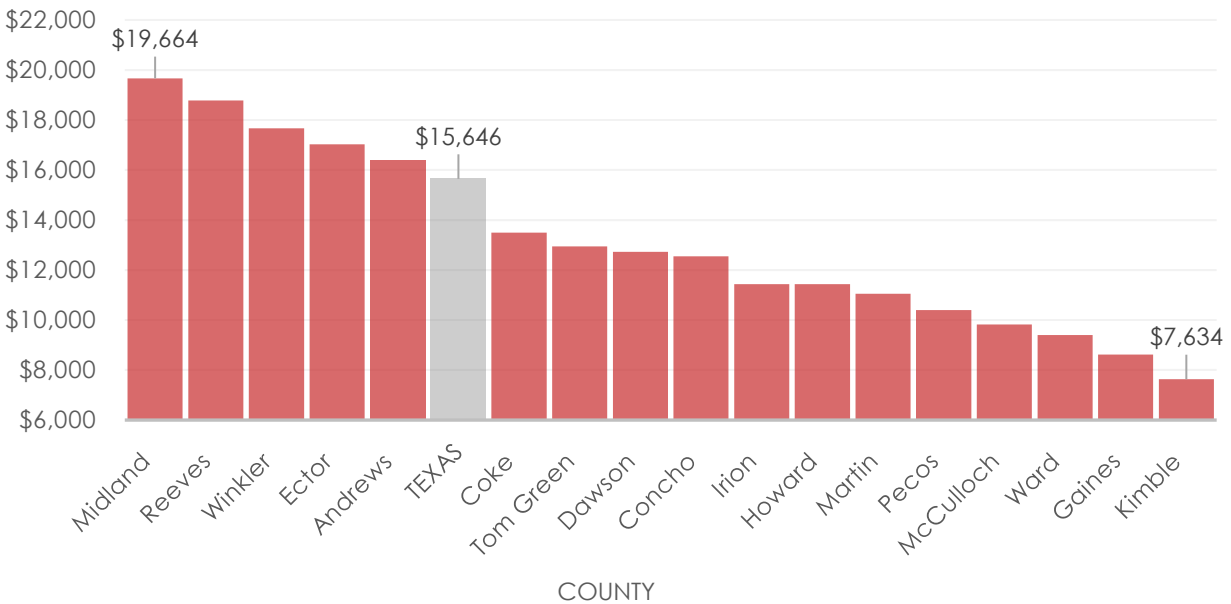
Source: U.S. Department of Education, National Center for Education Statistics<sup>41</sup>



**FIGURE 18. THE ACE PYRAMID**

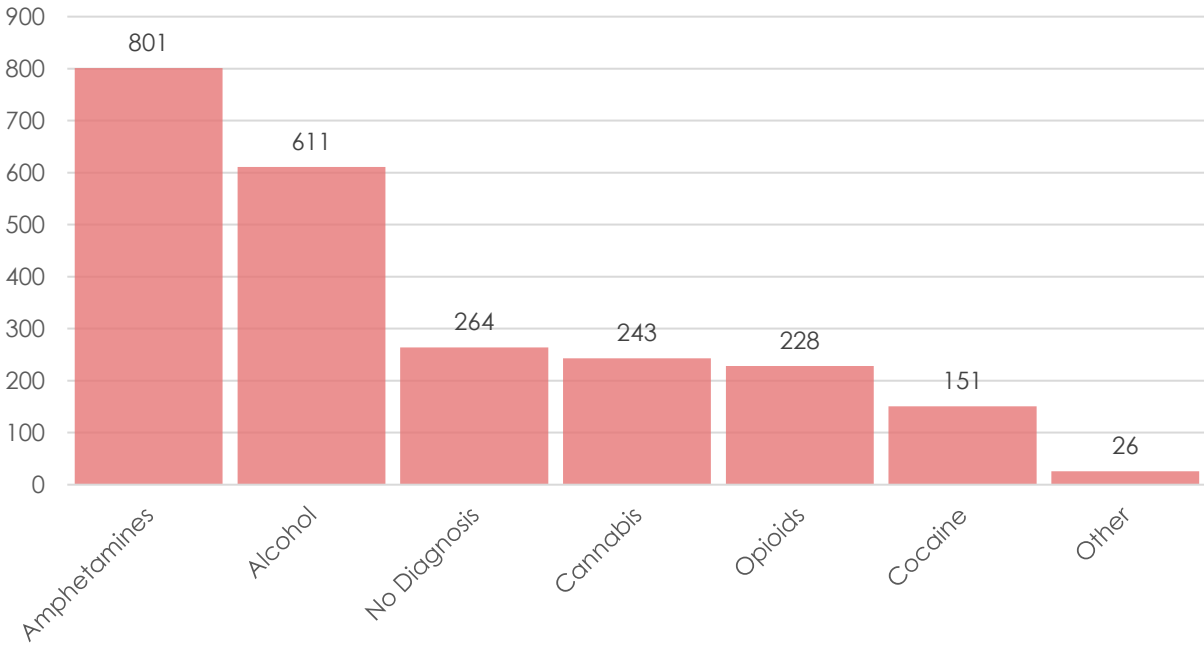
Source: Centers for Disease Control and Prevention <sup>43</sup>

**Figure 19. Region 9 Mean Costs of Hospital Discharges for Mental Diseases and Disorders, 2012**



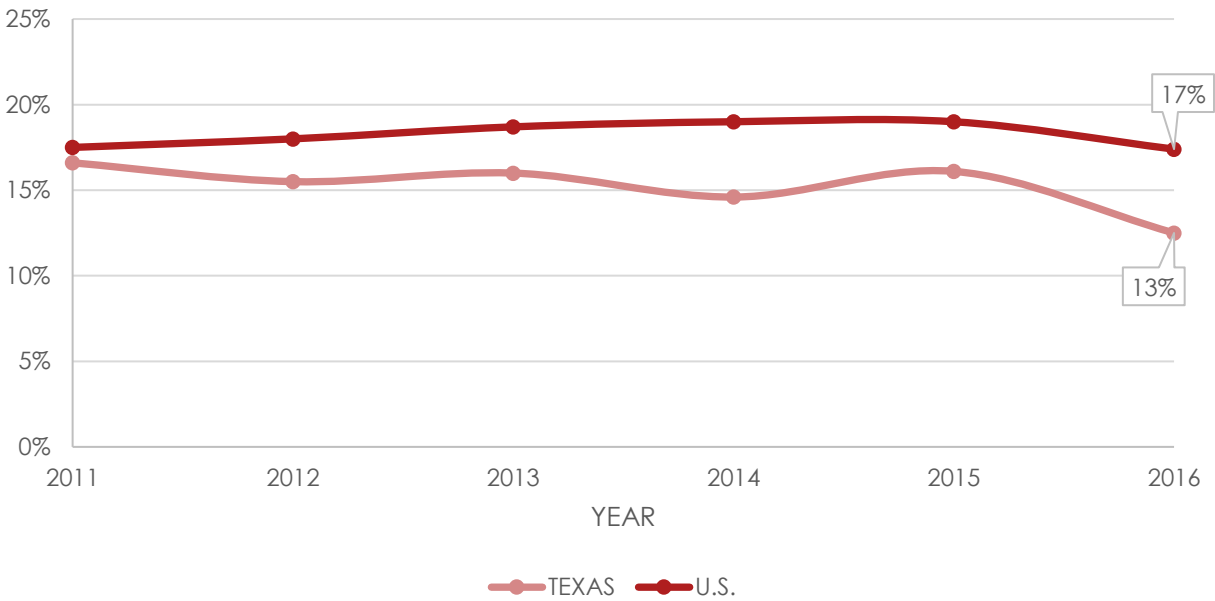
Source: Texas MONAHRQ<sup>53</sup>

Figure 20. Region 9 Drug Screens, 2016



Source: Texas Department of State Health Services, Outreach Screening, Assessment, and Referral Center (OSAR)<sup>54</sup>

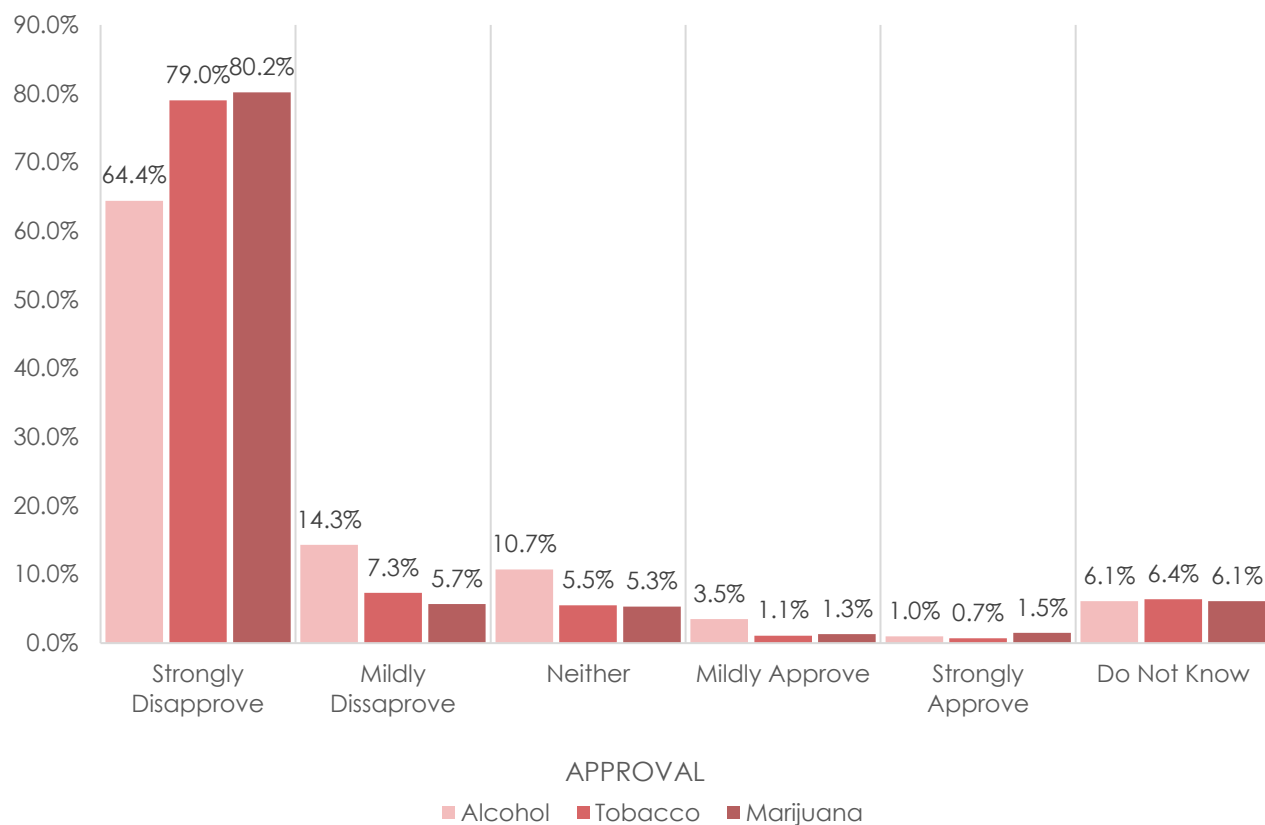
Figure 21. Percentage of Depressed Adults in U.S. vs. TX, 2011-2016



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS)<sup>59</sup>

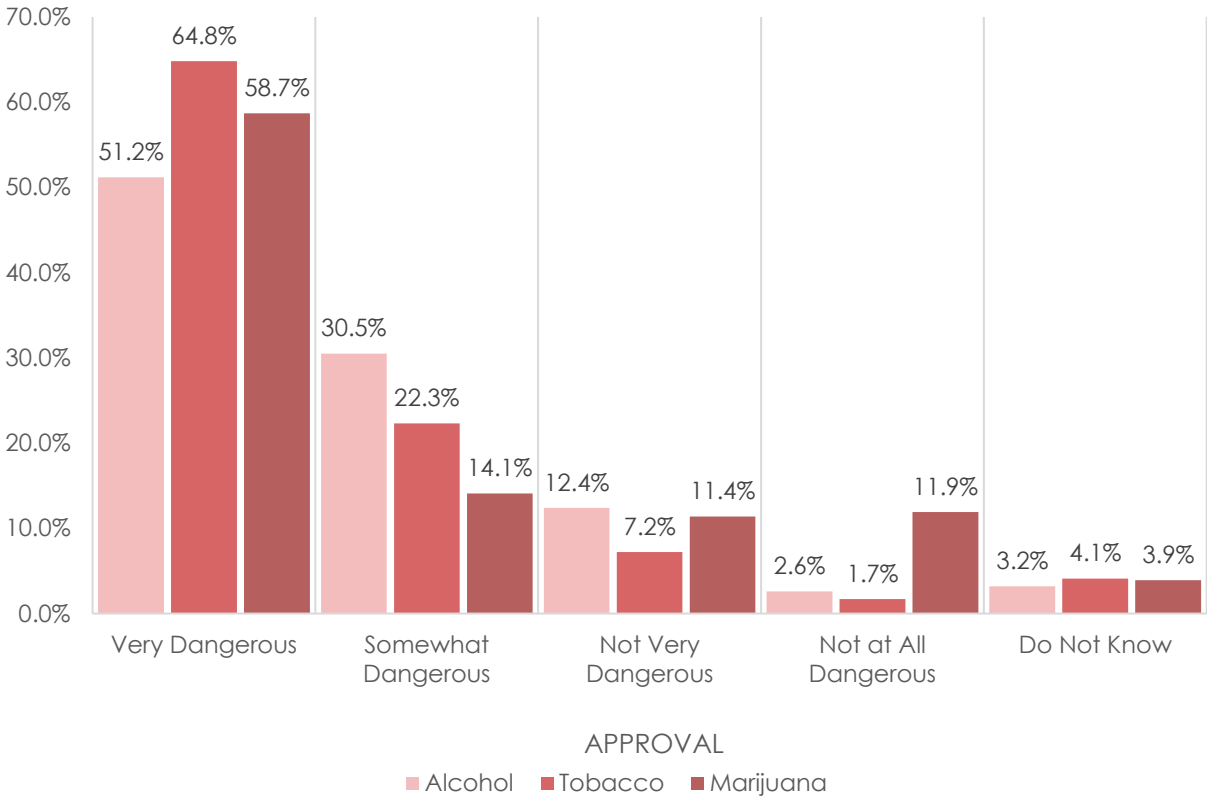


Figure 22. Regions 9 & 10 Students' Perceived Parental Approval of Alcohol, Tobacco, Marijuana, 2016



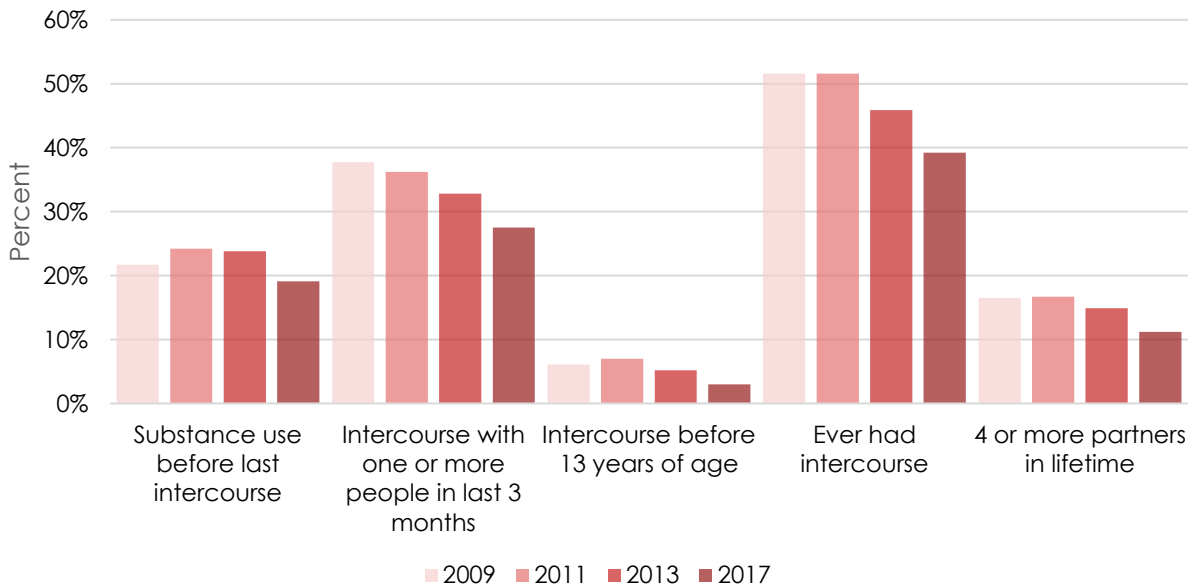
Source: Texas School Survey, 2016<sup>62</sup>

Figure 23. Regions 9 & 10 Students' Perceived Danger of Alcohol, Tobacco, Marijuana, 2016



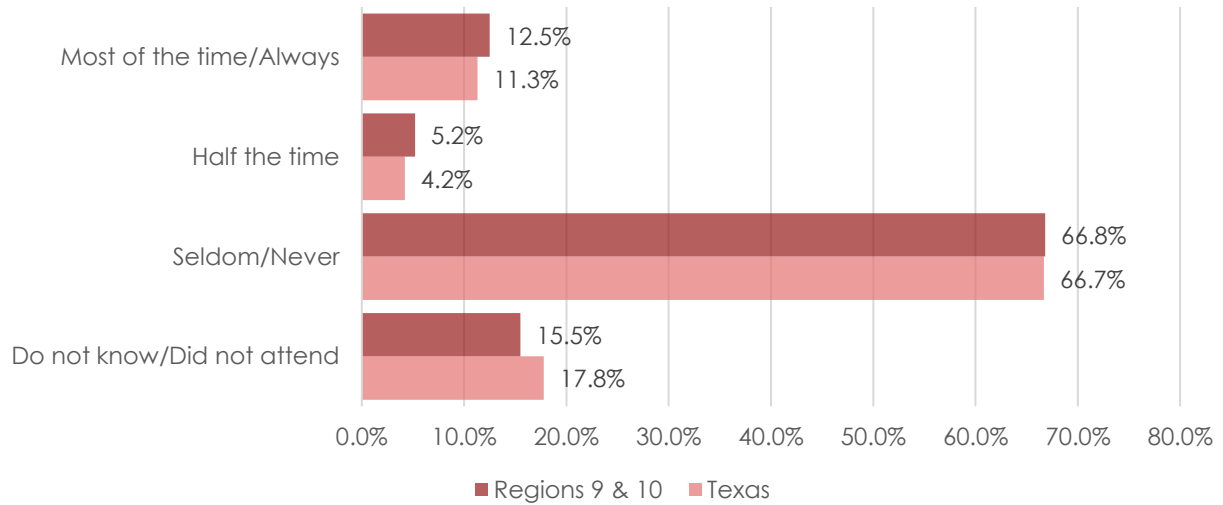
Source: Texas School Survey, 2016<sup>62</sup>

Figure 24. Texas Adolescents' Sexual Behavior, 2009-2017



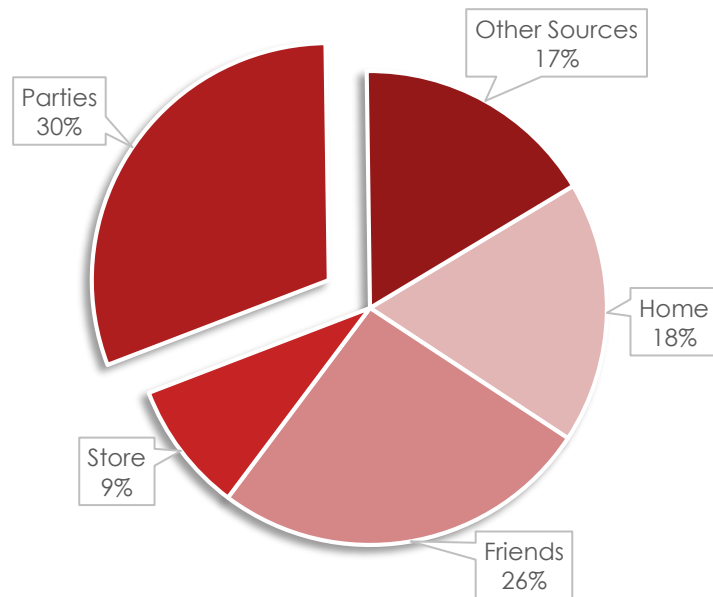
Source: Centers for Disease Control and Prevention<sup>64</sup>

Figure 25. Regions 9 & 10 Students' Access to Marijuana and Other Drugs at Parties, 2016

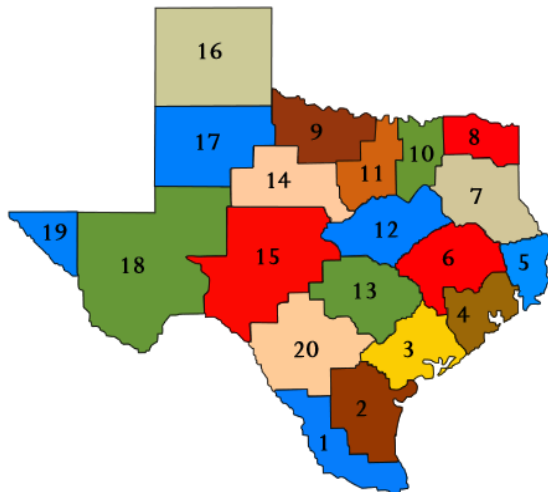


Source: Texas School Survey, 2016<sup>62</sup>

Figure 26. Regions 9 & 10 Students' Alcohol Supply, 2016

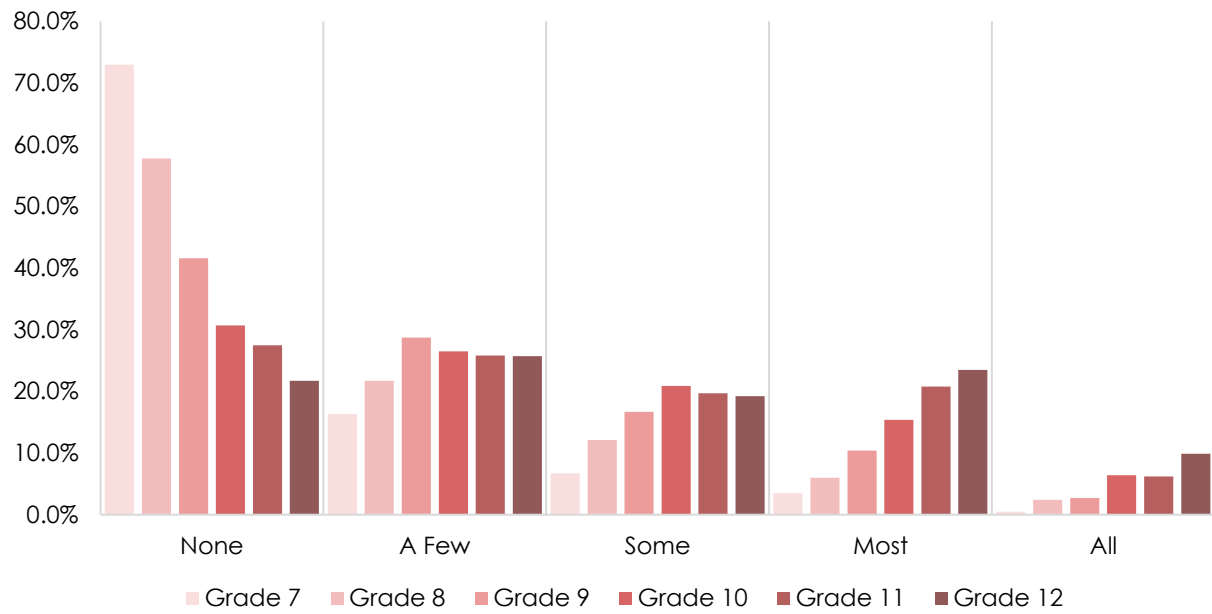


Source: Texas School Survey, 2016<sup>62</sup>



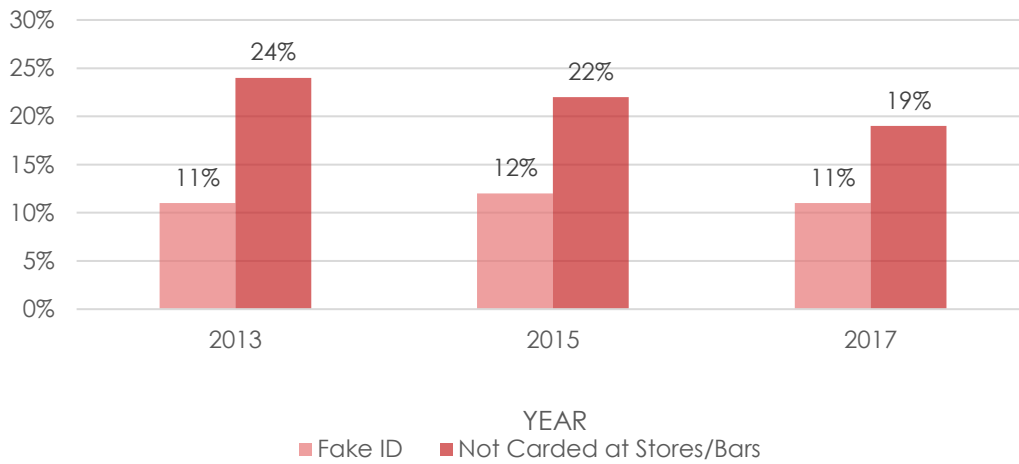
**FIGURE 27. TEXAS EDUCATION SERVICE CENTERS MAP**  
 Source: Texas Education Agency<sup>88</sup>

**Figure 28. Regions 9 & 10 Students' Peer Alcohol Consumption, 2016**



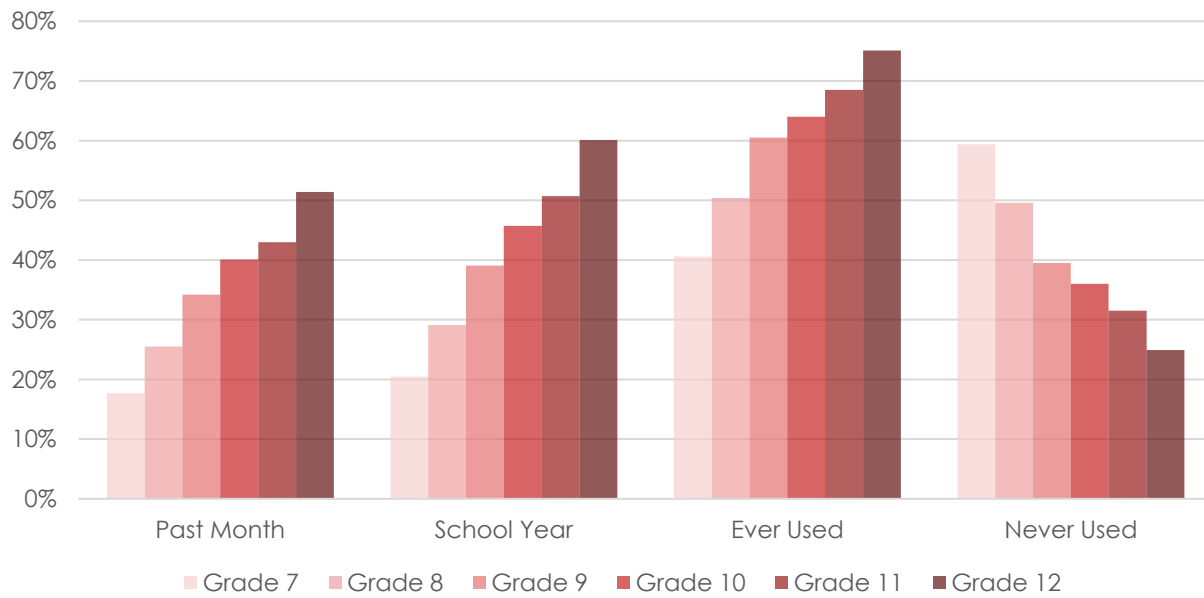
Source: Texas School Survey, 2016<sup>62</sup>

**Figure 29. Underage Texas College Students' Alcohol Obtainment, 2017**

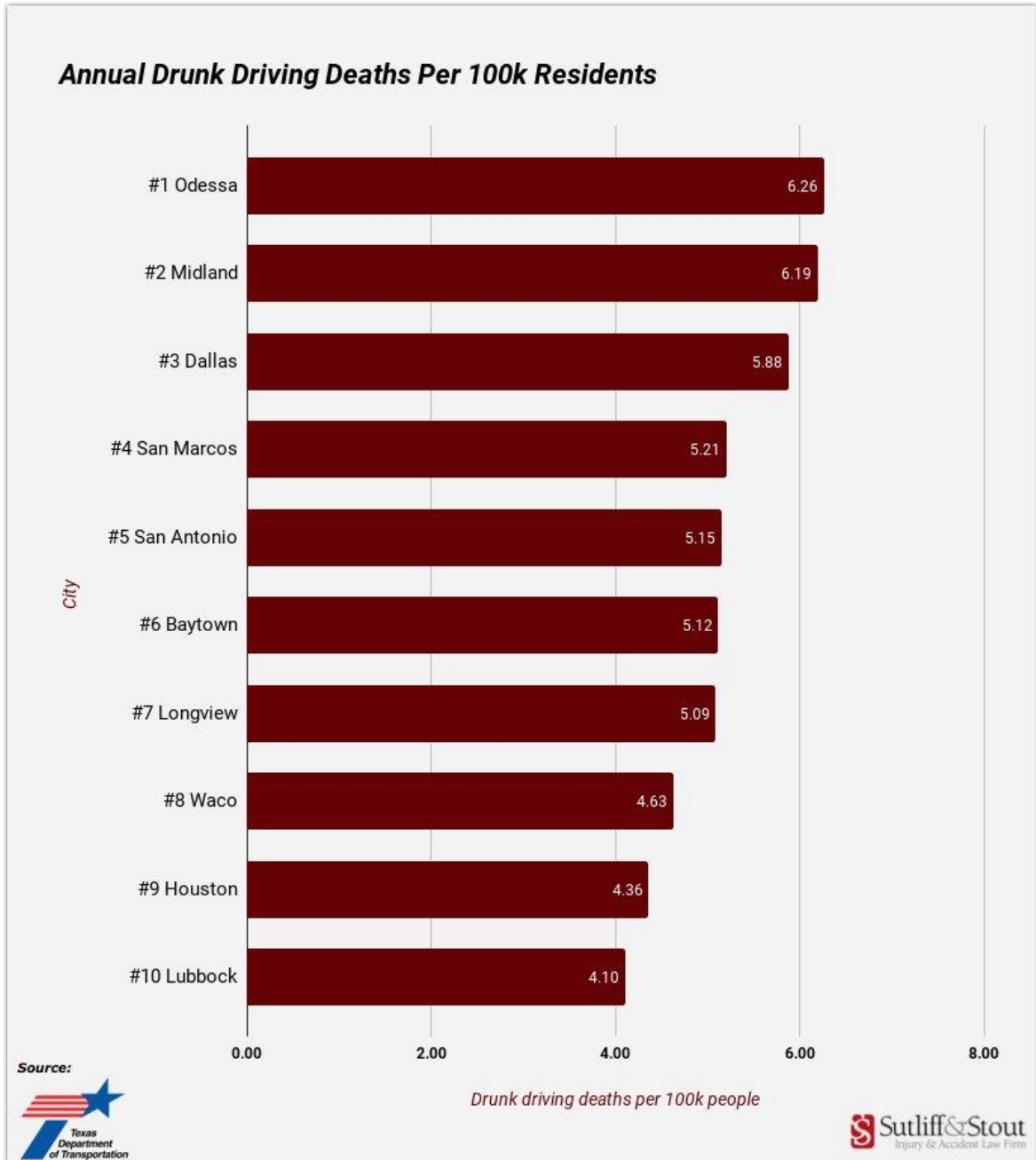


Source: Texas College Survey, 2017<sup>91</sup>

**Figure 30. Regions 9 & 10 Students' Consumption of Alcohol, 2016**

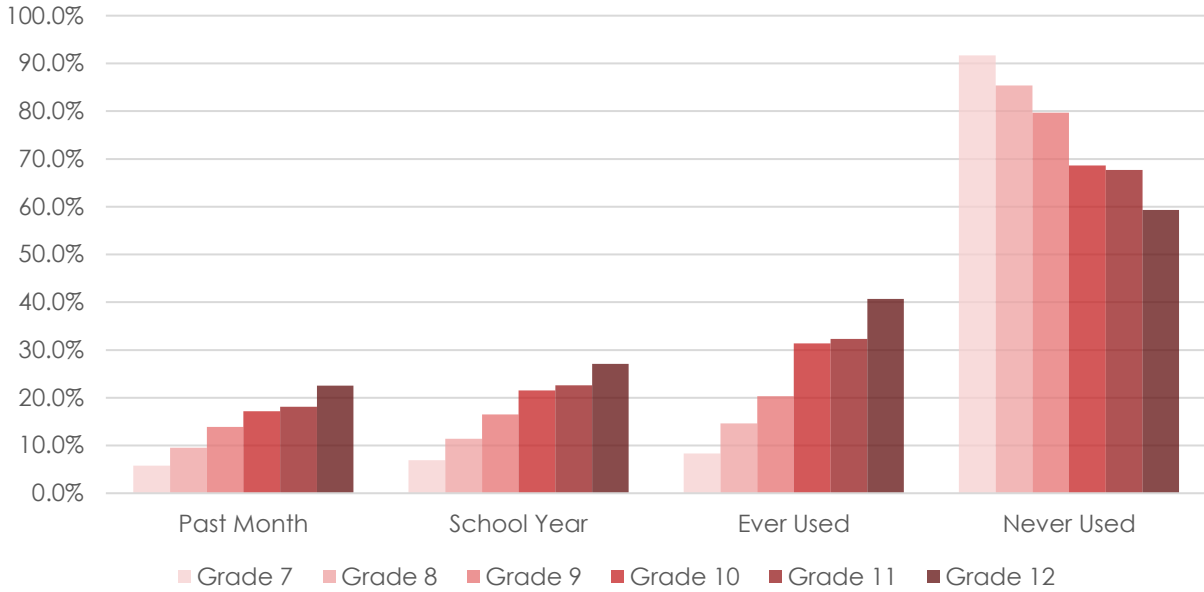


Source: Texas School Survey, 2016<sup>62</sup>



**FIGURE 31. THE 10 TEXAS CITIES WITH THE HIGHEST DRUNK DRIVING FATALITY RATES, 2013-2017**  
Source: Texas Department of Transportation<sup>92</sup>

Figure 32. Regions 9 & 10 Students' Marijuana Use, 2016



Source: Texas School Survey, 2016<sup>62</sup>

Figure 33. Texas College Students' Marijuana Use, 2017

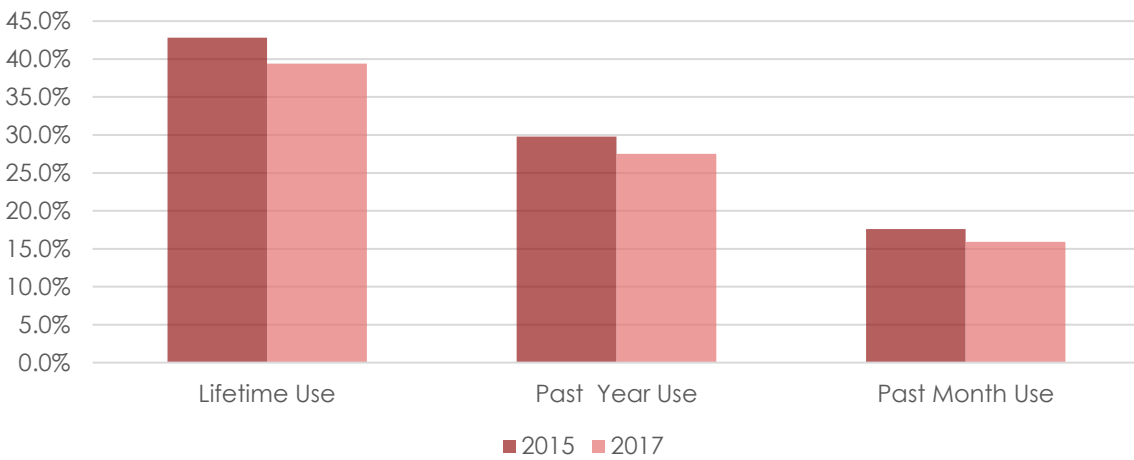
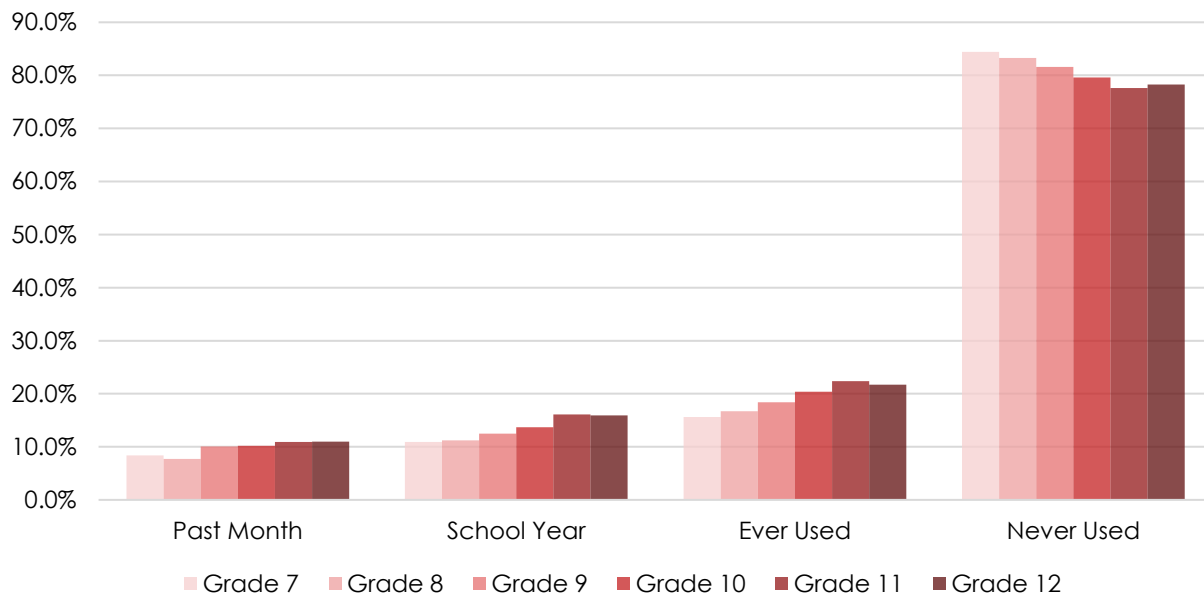
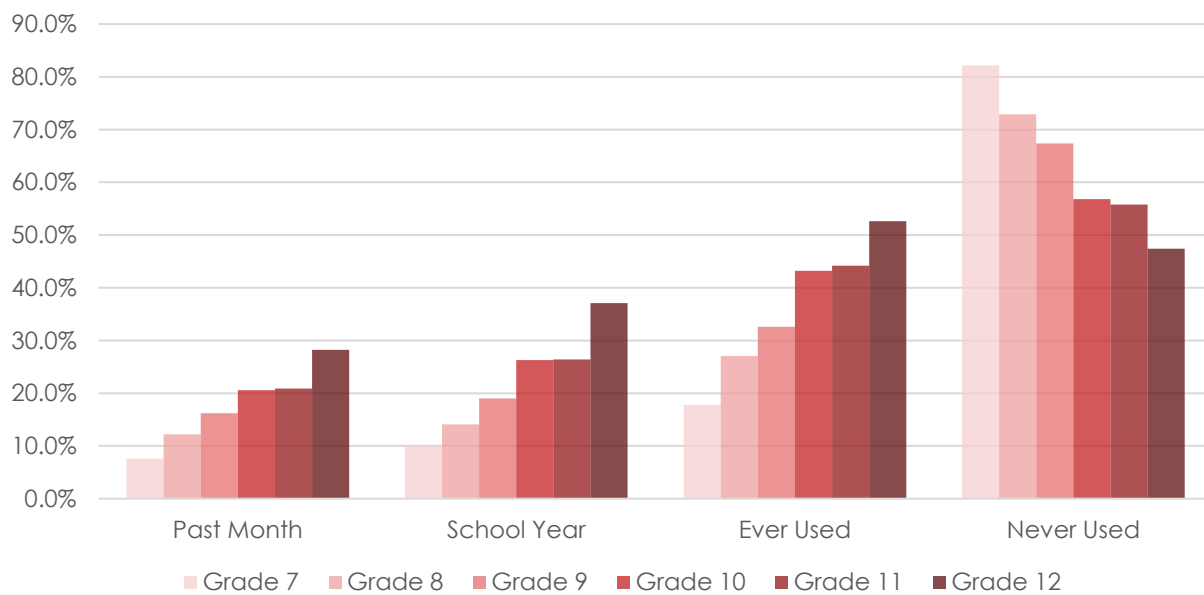


Figure 34. Regions 9 & 10 Students' Prescription Drug Abuse, 2016



Source: Texas School Survey, 2016<sup>62</sup>

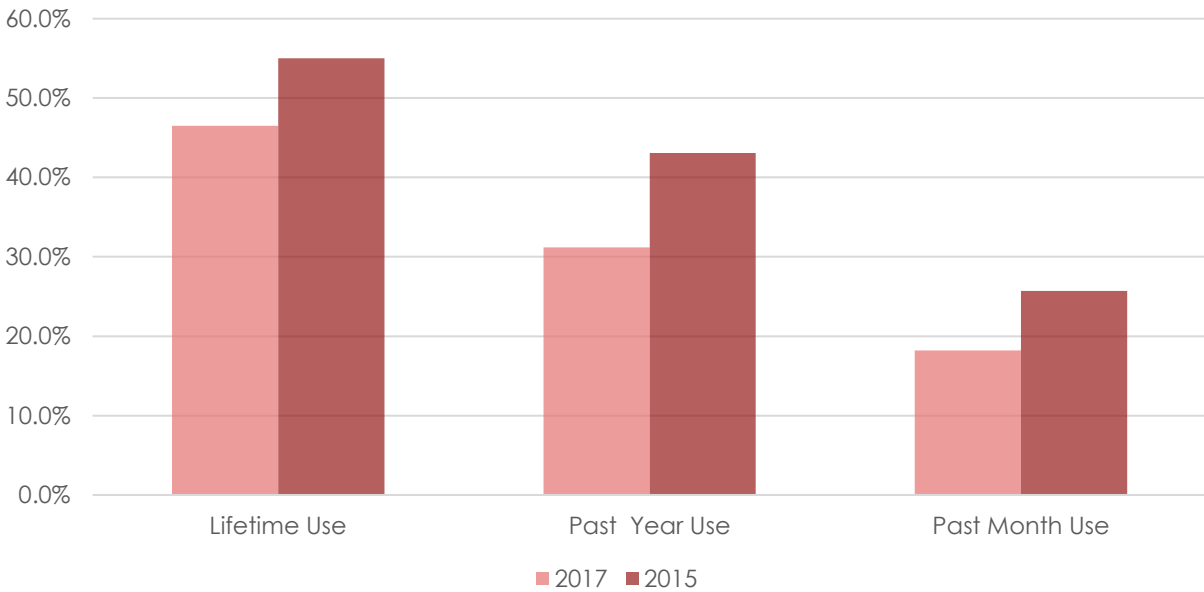
Figure 35: Regions 9 & 10 Students - Tobacco Use



Source: Texas School Survey, 2016<sup>62</sup>



Figure 36. Texas College Students: Tobacco Use



Source: Texas College Survey, 2017<sup>91</sup>

Strength of street opiate painkillers compared to morphine

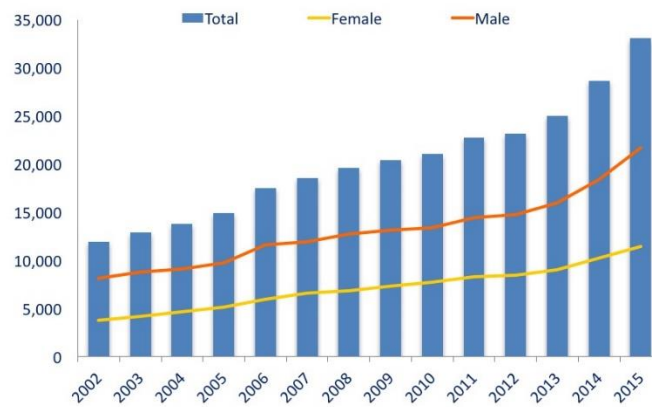


FIGURE 37. STRENGTH OF STREET OPIOIDS COMPARED TO MORPHINE

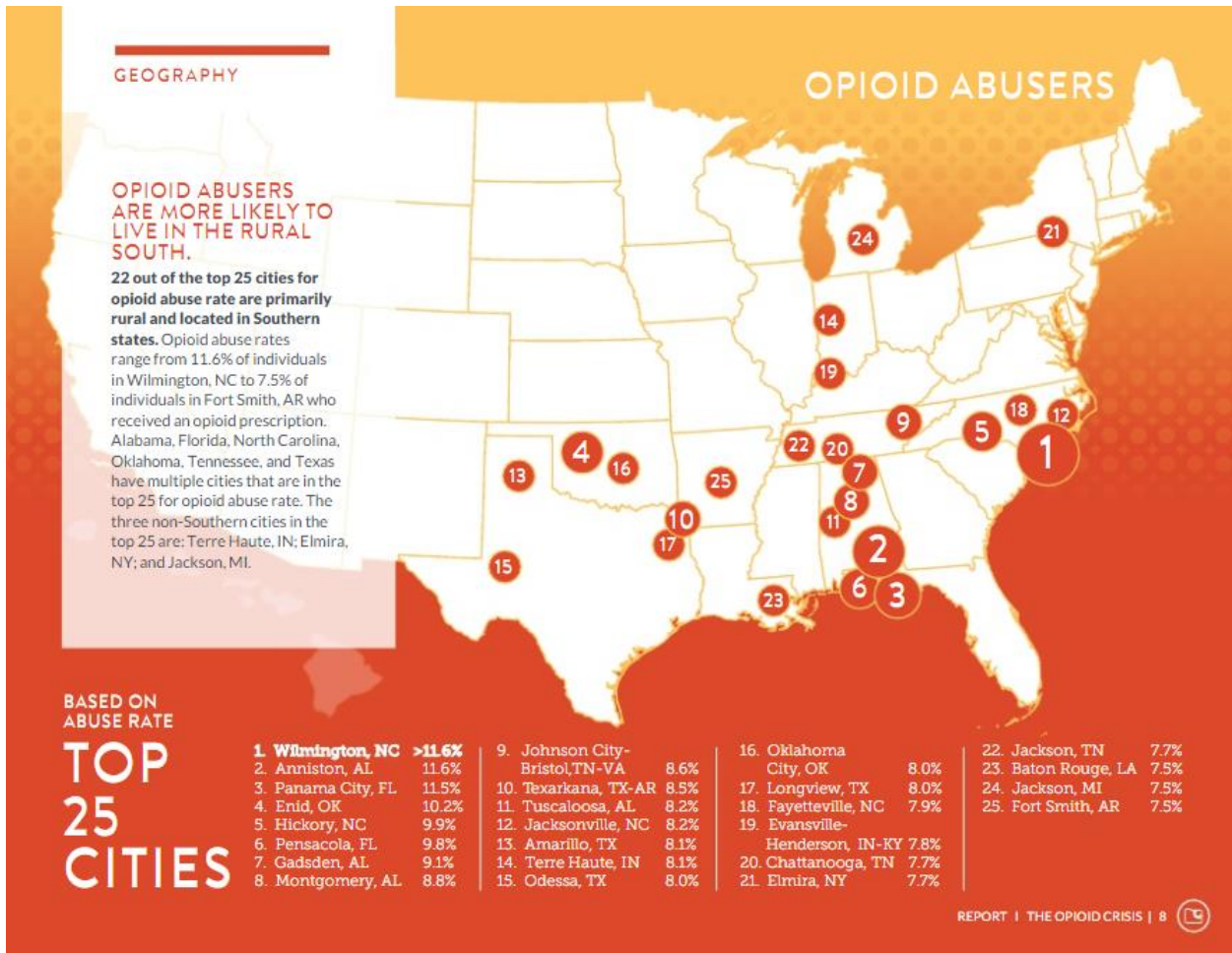
Source: National Journal Presentation Center, Washington Post<sup>103,104</sup>



### National Overdose Deaths Number of Deaths Involving Opioid Drugs



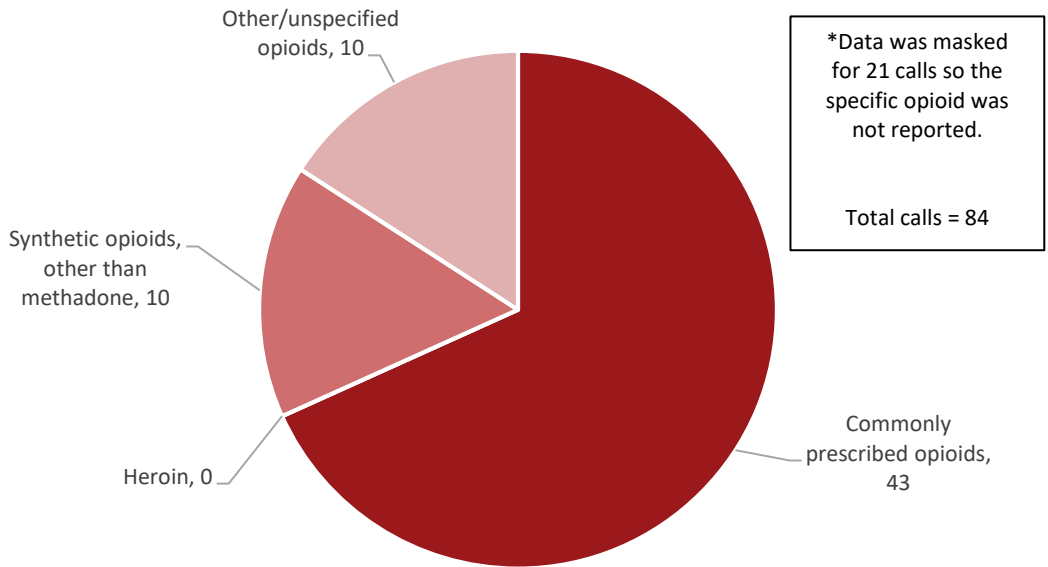
**FIGURE 38. OPIOID OVERDOSE DEATHS, 2002-2015**  
Source: National Institute on Drug Abuse<sup>105</sup>



**FIGURE 39. ODESSA #15 IN TOP OPIOID ABUSE RATES IN NATION, 2017**

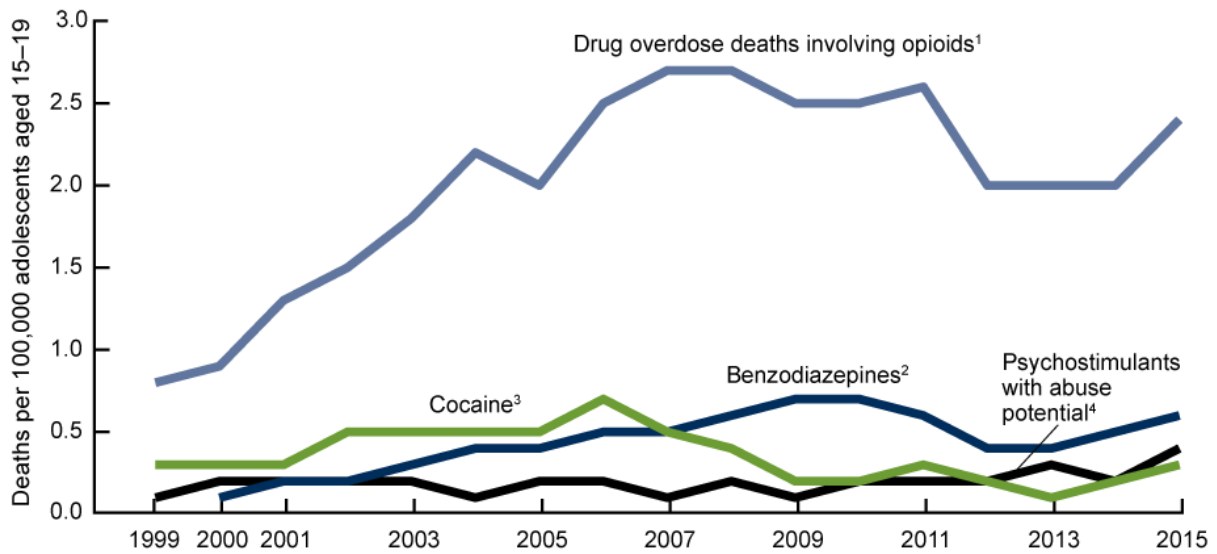
Source: CastLight Health<sup>108</sup>

Figure 40. Region 9 Opioid-Related Poison Center Calls, 2017



Source: Texas Health and Human Services Commission<sup>109</sup>

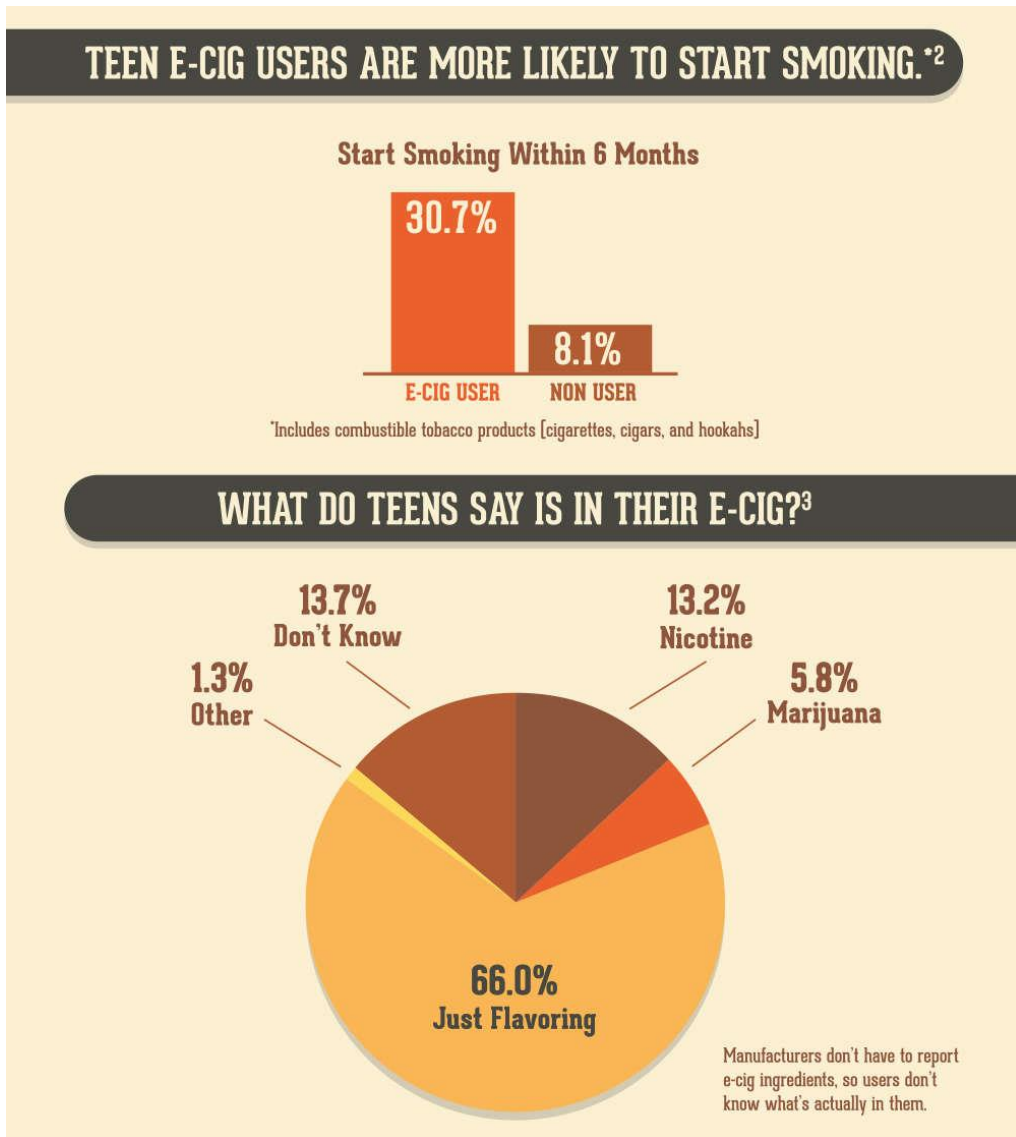
FIGURE 41. DRUG OVERDOSE DEATH RATES FOR ADOLESCENTS AGED 15-19, 1999-2015



Source: Centers for Disease Control and Prevention<sup>112</sup>



**FIGURE 42. JUUL™, THE NEW ELECTRONIC CIGARETTE**  
Source: JUUL<sup>143</sup>



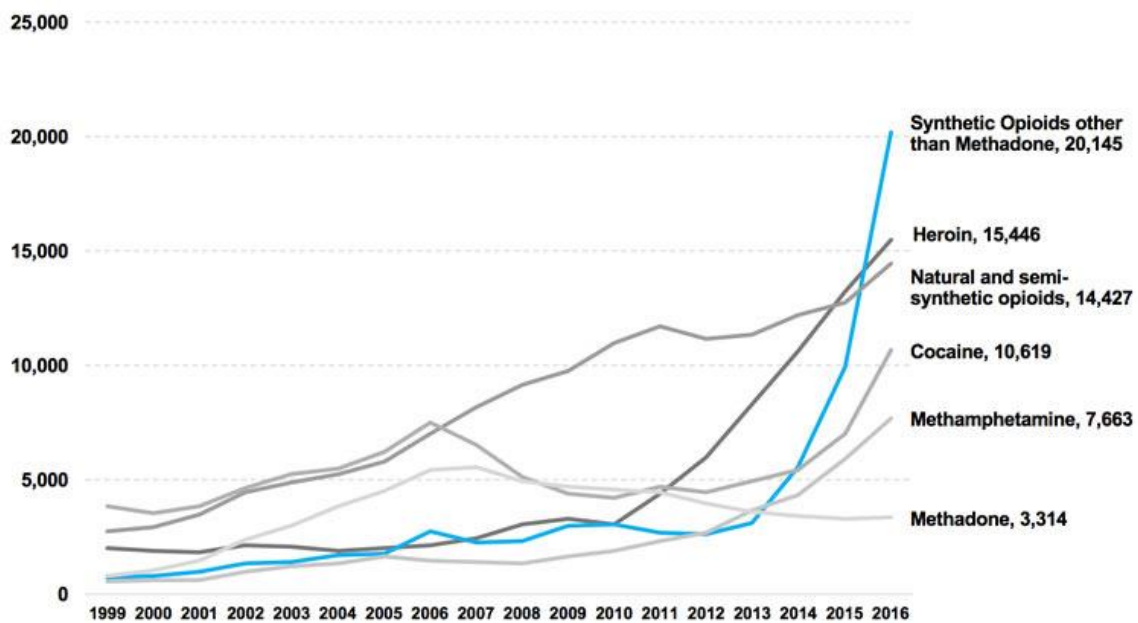
**FIGURE 43. TEEN E-CIGARETTE BELIEFS AND FUTURE SMOKING ODDS**  
Source: National Institute on Drug Abuse<sup>115</sup>



**FIGURE 44. LETHAL AMOUNT OF FENTANYL COMPARED TO A PENNY**

Source: Drug Enforcement Administration<sup>116</sup>

### Drugs Involved in U.S. Overdose Deaths, 2000 to 2016



**FIGURE 45. DRUGS INVOLVED IN U.S. OVERDOSE DEATHS, 2000-2016**

Source: National Institute on Drug Abuse<sup>105</sup>



FIGURE 46. TEXAS DWI FINES BREAKDOWN

Source: Law Office of Brent de la Paz<sup>24</sup>

**Costs of Underage Drinking by Problem, Texas, 2013 \$**

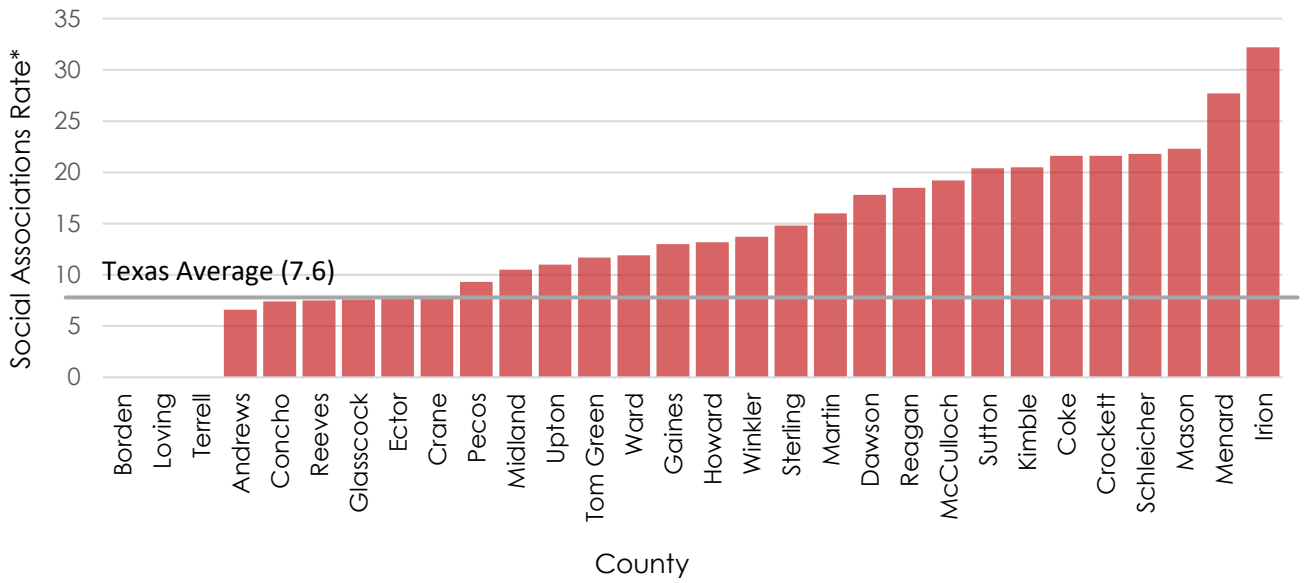
Problem	Total Costs (in millions)
Youth violence	\$3,082.5
Youth traffic crashes	\$779.3
High-risk sex, Ages 14–20 years	\$609.5
Property and public order crime	\$23.3
Youth injury	\$210.1
Poisonings and psychoses	\$63.9
Fetal alcohol syndrome among mothers aged 15–20 years	\$212.2
Youth alcohol treatment	\$18.8
<b>Total</b>	<b>\$5,469.2</b> <b>(e.g. \$5.5 B)</b>

FIGURE 47. UNDERAGE DRINKING COSTS IN TEXAS, 2013

Source: Pacific Institute for Research and Evaluation<sup>32</sup>



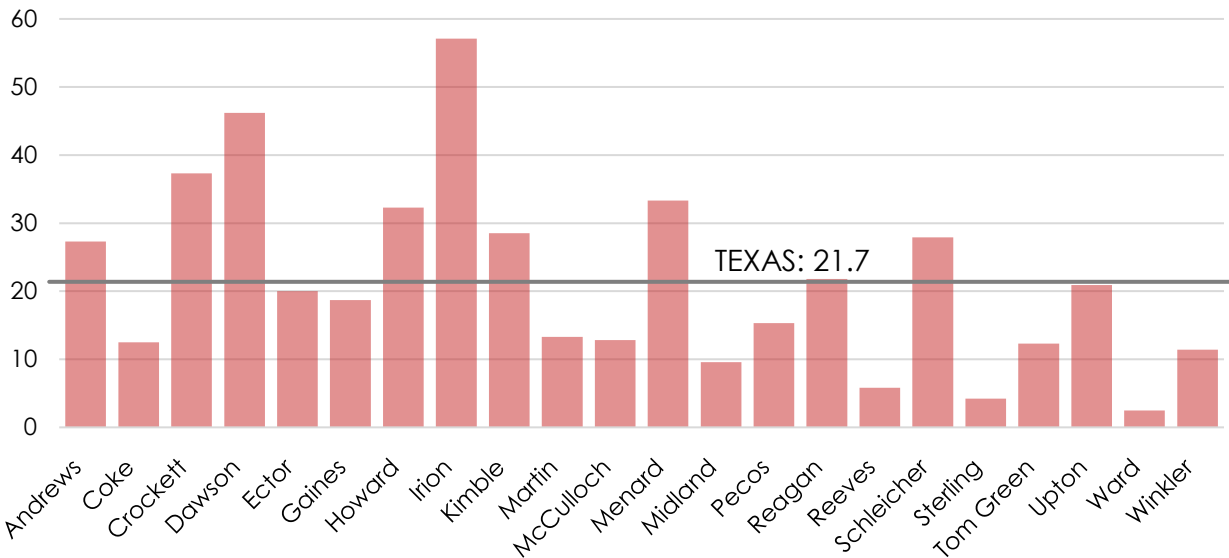
Figure 48. Region 9 Social Associations Rates, 2015



\*Social Association Rate: Number of social associations per 10,000 population

Source: County Health Rankings and Roadmaps<sup>151</sup>

Figure 49. Region 9 Youth Unemployment Rates, 2016



Source: U.S. Census Bureau, American Community Survey<sup>22</sup>

## Appendix B

### PRC Regions

Region	Area	Counties
1	Amarillo, Lubbock	Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum
2	Wichita Falls, Abilene	Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young
3	Dallas/Fort Worth, Arlington	Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise
4	Texarkana, Longview, Tyler	Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood
5	Beaumont, Port Arthur	Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler
6	Houston, The Woodlands, Sugar Land	Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton
7	Austin, Round Rock, Killeen, Temple, Bryan/College Station, Waco	Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, McLennan, Madison, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson
8	San Antonio, New Braunfels, Victoria	Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala
9	Midland/Odessa, San Angelo	Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, McCulloch, Martin, Mason, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler
10	El Paso	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio
11	Corpus Christi, Brownsville, Harlingen, McAllen, Edinburgh, Mission, Laredo	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata

## 2018 Regional Evaluators

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